

# Watson Headache® Approach



*Watson Headache Approach  
... internationally recognised as a leading  
examination and treatment approach*

*... a scientifically validated Approach  
differentiating disorders of the upper  
cervical (neck) from other causes of  
headache and migraine*

The 'chain reaction' is initiated by an asymmetrical distribution of pressure disorder between the 2nd and 3rd vertebrae (which can occur on either side), leading to one-sided headache or headache that swaps sides, but can also lead to an 'all-over' headache or on both sides simultaneously.

When the upper neck is palpated skillfully, this disturbance is usually obvious. Recognising and correction of this is crucial. Practitioners skilled in the Watson Headache® Approach then treat the cause and not the consequences of this 'chain reaction' - other manual / cervical approaches treat the end result and not the initiating cause.

The consequences of the disorder between the 2nd and 3rd vertebrae are i) spasm of a small muscle which then ii) simultaneously stresses the top three joints at the base of the skull... and each of these joints is capable of referring pain to your head.

However, whilst as practitioners skilled in the Watson Headache® Approach, we recognise that this disorder is likely relevant, a more powerful connection needs to be made for you.

For decades, the key diagnostic feature of neck relevancy to headache or migraine is temporary reproduction of typical head pain when examining the movements of the upper neck. However, this is not foolproof. A fundamental principle of, and unique to the Approach, is for easing and resolution of the reproduced head pain as the examination technique is sustained.

This is done by slow sustained pressure (not sudden, 'cracking' movements), applied by the thumbs and moving the joints in the way they are designed to move. This also means that you are in control.

Apart from identifying the cause of the 'chain reaction' and 'reproduction and easing-resolution' of typical head pain, another differentiating feature of the Watson Headache® Approach is that it utilises specific techniques unique to the Approach which enable identification of the exact spinal joint/s responsible for head pain. This diagnostic accuracy is unparalleled, taking the guesswork out of examination and treatment, significantly increasing the chances of a successful outcome.

A recent study using the Watson Headache® Approach demonstrated reproduction in 100% of tension headache and 95% of migraine patients.

## **Introduction**

The Watson Headache® Approach seeks to differentiate between disorders of the upper cervical spine (neck) from other causes of headache /migraine. The Approach comprises manual (hands-on) examination of the small movements of the top three neck joints.

## **Why the upper three joints?**

A substantial body of research has shown that the only extra cranial (i.e. not within the head or brain) part of the body with direct influence on the brainstem (also known as the control centre of headache/migraine) is the top three neck joints and spinal segments (comprising joints, ligaments, muscles, disc).

## **The beginning...**

Clinical observations of over 8000 headache and migraine patients resulted in the Founder of the Watson Headache® Approach, Dr Dean H Watson PhD, identifying a previously unrecognized clinical pattern occurring in the upper necks of headache and migraine patients. This pattern comprises a 'chain reaction' of three musculo- skeletal events culminating in headache and / or sensitisation of the brainstem, which is now universally accepted as the underlying disorder in migraine and other forms of headache.

## **Phase 1. The Initial Examination**

If a disorder in the upper neck is the cause of headache or migraine, the physical examination identifies the previously unrecognized, and most important disorder - the trigger of the 'chain reaction'.

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*The Watson Headache® Approach is unerringly accurate - it is a comprehensive approach based on sound principles and fundamentals that, when fully understood and followed, is very successful.*

This finding contradicts traditional medical perspectives that disorders of the upper neck rarely cause headache and secondly, that upper neck disorders are not involved in migraine, tension or cluster headache.

Furthermore, research has demonstrated that reproduction and subsequent easing of typical head pain in migraineurs using techniques unique to the Watson Headache® Approach desensitised the brainstem - the only manual cervical approach shown to diminish brainstem sensitisation - the underlying disorder in migraine and headache conditions.

Treatment will not commence unless you are satisfied that the examination has established the upper neck as being involved in your headache/migraine, or if the examination is not appreciably different to previous, unsuccessful examinations/treatments - it is your decision. Following a previously unsuccessful path again is of no benefit to anyone.

## **Phase 2. Treatment**

Appreciable changes in headache/migraine need to be evident within 4-5 treatments - without positive changes, ongoing treatment cannot be justified.

Initially, to optimise the chances of improvement, treatments need to be close together and experience indicates that four treatments spread equally over two weeks is optimal. If improvement has occurred, then treatment continues with increasing intervals between the next two-three treatments - it is important to keep the momentum going.

**At no stage does treatment involve sudden, cracking movements of the neck.**

Common-sense expectation is that the longer the history of headache/migraine the more treatment is required - this is not the case. Irrespective of whether there is a history of 30 years or 12 months, appreciable changes are achieved within 4-5 treatments in 80% of patients, and typically improvement lasts for 12 months at least - without the need for ongoing treatment.

To claim everyone has a successful outcome would be misleading. What is evident though, because the examination has demonstrated the exact mechanism and which upper neck joints are involved, the vast majority experience significant improvement.

Whilst the Watson Headache® Approach provides the most advanced clinical reasoning and treatment techniques, a successful outcome cannot be guaranteed - the outcome can be affected by other factors.

## **Phase 3. Post treatment (and during 'Phase 2. Treatment')**

Research has shown that spinal disorders in particular, have a tendency to recur, and if in the upper neck, recurrence of headache/migraine. For example sustained head / neck postures, particularly neck flexion (forward bending) or a 'poking chin' or forward head posture are frequently associated with headache or migraine. Research has shown that in these positions the weight of the head on the neck increases from 5.4 kg to 27.2 kg - these postures place significant stress on the upper neck! Similarly, trauma to the head and /or neck can also lead to recurrence of headache or migraine.

Preventing recurrence is therefore as important as providing short-term relief through 'hands on' treatment; ongoing treatment to maintain improvement is actively discouraged and therefore your assistance is often required.

This usually involves an uncomplicated exercise program along with identification and modification of any headache contributing postures and lifestyle activities often complement the precise techniques of the Watson Headache® Approach.

For further information please contact:



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