techniques used, the intervention or placebo used in control groups, the diagnostic criteria for CEH, and primary outcome measures. Because OMT can include HVLA manipulation and mobilization procedures, a rigorous RCT is essential to assess the effectiveness of OMT in treating patients with CEH. (doi:10.7556/jaoa.2017.010)

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Manual Craniosacral Therapy May Reduce Symptoms of Migraine Headache


Physical therapy researchers in Iceland studied the effect of craniosacral therapy (CST) on participants with migraine headache. Participants aged 18 to 50 years were recruited if they had a diagnosis of migraine and reported that they had had 2 or more migraine headaches in the month preceding the study. Participants were allowed to continue their usual activities of daily life and any medications they were taking but were not allowed to have any other form of alternative treatment.

The outcome measure was the Short-Form Headache Impact Test (HIT-6), which covers quality of life aspects such as “pain, social participation, general activity, vitality, intellectual activity and biological suffering.” The HIT-6 has been standardized and validated with 4 levels of influence on the life of the participant: little or no influence, some influence, considerable influence, and highest influence (“very seriously affect life of the individual”).

The 20 participants (18 women, 2 men) were randomly assigned to 1 of 2 groups, A or B. The HIT-6 was filled out 4 times every 4 weeks: first, at baseline; second, after group A received CST and group B waited; third, after group B received CST and group A waited; and fourth, 4 weeks later.

Craniosacral therapy was applied by 1 of 4 therapists who were trained in CST, which is a technique similar to cranial osteopathic manipulative medicine. In this study, the therapists followed the sequence of the so-called 10-step CST, which are diaphragm, cranial bone, and facial bone “releases.”

Results showed significant lowering of HIT-6 scores immediately after CST and then at 4 weeks after receipt of CST (P=.004). The study was limited by the small number of participants, the potential skill level differences between providers of CST, and the lack of a control group. This study was selected for review because it was a well-designed pilot, it adds to the evidence base for application of manual medicine in head pain, and it confirms my own experience in applying cranial osteopathic manipulative medicine to patients with migraine headache. (doi:10.7556/jaoa.2017.011)

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Manual Therapy Lowers Psychological Aggravations in Patients With Tension-Type Headache


Research by this physiotherapist team in Spain on tension-type headache (TTH) showing the benefit
The use of manual therapy has been reviewed in previous editions of “The Somatic Connection.” Tension-type headache, the most common form of headache, is proposed to increase anxiety and depression in this patient population. This study was a pragmatic, double-blind, randomized controlled clinical trial to assess the effect of manual medicine on the mental well-being of patients with TTH.

The study appraised 84 pharmacologically stable patients with a diagnosis of TTH (episodic or chronic) lasting longer than 6 months. Pregnant patients and those with vascular injury, vertebrobasilar insufficiency, arthritis, nausea, neurologic disorders, or a headache diagnosis other than TTH were excluded. Participants were randomly assigned to 1 of 3 treatment groups receiving articulatory techniques (AT), soft tissue treatment (ST), or a combination of AT and ST, or a control group. The State-Trait Anxiety Inventory was used to assess anxiety, and the Beck Depression Inventory was used to assess depression. Participants were blinded to the treatment groups, and clinicians were blinded to the nature and purpose of the study. All intervention groups received 20-minute weekly treatments, which were applied with the patient in the supine position, for 1 month. Likewise, the control group rested supine for 10 minutes with the same evaluation and follow-up. Within- and between-group effects were measured with covariance. The Cohn κ was used to assess changes before and after interventions.

The authors concluded that all intervention groups experienced some decrease in anxiety and depression compared with the control group. Participants who received AT or both AT and ST showed greater decrease than those who only received ST. Nonetheless, differences were observed between TTH types, which need to be further studied before specific treatment recommendations can be made definitively.

Consistent with osteopathic philosophy, this study suggests that osteopathic manipulative treatment, which aligns with the interventions used in this study, reduces pain and dysfunction but also may have mental and emotional benefits. (doi:10.7556/jaoa.2017.012)

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References

Recognizing the Value of Manual Therapy Interventions for Head Pain

The 3 articles on head pain reviewed in the previous pages are among a growing literature base that shows the benefit of osteopathic manipulative treatment (OMT) for patients with various types of head pain. The Journal of the American Osteopathic Association (JAOA) has published reviews,8-9 case studies,10-11 a retrospective study,14 and a clinical research article on head pain.15 The case studies all show successful use of OMT for posttraumatic head pain, after tooth extraction, and in the rare condition of “daily persistent headache.” The retrospective study showed that the cost of treating patients with migraines was much less if OMT was applied than if OMT was not applied. Of note, no adverse events were reported in these studies. Clearly, OMT for head pain represents fertile ground for research at the clinical trial level.