

HEADACHE TYPES Self-Diagnosis Chart

	Cervicogenic Headache	Migraine	Tension-Type Headache	Cluster Headache	Sinus Headache
Clinical Features					
Male:Female Ratio	1:1	1:3	1:1.5	2:1 (historically 8:1)	1:2
Lateralisiation	One side without side-shift	60% one side, with side-shift	Diffuse, both sides	One-sided	Central
Location	The back to the top of the head and behind the eyes	Front of the head, above the eyes and around the temples	Diffuse (all over the place!)	Behind the eye, above the eye, temples	Central along bridge of the nose, cheeks and forehead
Frequency	Chronic, episodic	1-4 per month	1-30 per month	1x every other day to > 8x day	Acute or chronic. Daily, seasonal
Severity	Moderate to severe	Moderate to severe	Mild to moderate	Severe	Moderate to severe
Duration	1 hour to weeks	4 – 72 hours	Days to weeks	15-180 minutes	Hours or days
Pain character	Non-throbbing, non-stabbing Pain usually starts in neck or back of head and moves forward	Throbbing, pulsating	Dull	Acutely severe ‘drilling’ into the eye. Constant stab into the eye, excruciating	Constant, deep pressure
Triggers					
Trigger or contributing causes	Neck movements and postures, limited range of movement and pressure over upper cervical area	Multiple triggers, neck movements and postures not normally a trigger	Multiple, neck movements not common trigger Sustained postures and weak muscles or muscles in spasm	Unknown Possibly abnormality in body's biological clock. Cyclic pattern same time of day and year Could be related to stress work/life	Acute rhinitis: allergy related – seasonal temperature changes. Airborne allergens like pollen. Or some food groups dairy, gluten, sulphates. Pets. Chronic: infected sinuses
Associated symptoms	There are no commonly associated symptoms but might be similar to migraine but milder, decreased range of motion	Nauseas, vomiting, visual changes, hypersensitivity to light and noise	Occasionally decreased appetite, hypersensitivity to light and noise	Associated with ipsilateral (same side); tearing, watery eye, nasal congestion, rhinorrhoea (runny nose), forehead and facial sweating, constriction of the pupil, drooping eyelid, eyelid oedema (swelling). Restlessness or agitation.	Runny nose, tearing red eyes, fever, blocked ears, sore throat, sneezing, coughing. Can be mistaken for a migraine

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Management Options	Cervicogenic Headache	Migraine	Tension-Type Headache	Cluster Headache	Sinus Headache
Pharmacology	<ul style="list-style-type: none"> ● Muscle relaxants ● NSAIDS (non-steroidal anti-inflammatory drugs) ● Anti-depressants ● Antiepileptic 	<ul style="list-style-type: none"> ● Analgesics, nonsteroidal anti-inflammatory drugs (NSAIDs), ergot derivatives, 5-hydroxytryptamine (5-HT) receptor agonists (triptans), antiemetic agents ● Vasoactive neurotransmitters—including serotonin, tyramine, norepinephrine, gamma-aminobutyric acid (GABA), N-methyl-D-aspartate (NMDA), dopamine, and many other substances (e.g., bradykinin, histamine, and prostacyclin) 	<ul style="list-style-type: none"> ● Analgesics ● Triptans ● Muscle relaxants ● NSAIDs ● Anti-depressants 	<ul style="list-style-type: none"> ● Triptans ● Oxygen ● Corticosteroids ● Nerve blocks ● Ergotamine 	<ul style="list-style-type: none"> ● Analgesics ● NSAIDS ● Corticosteroids ● Decongestants ● Antihistamines ● Antibiotics
Physical therapy	<ul style="list-style-type: none"> ● Spinal mobilisation and manipulation ● Soft tissue treatments of muscular trigger points ● Acupuncture ● Exercise therapy 	<ul style="list-style-type: none"> ● Spinal mobilisation ● Soft tissue treatment of muscular trigger points ● Acupuncture 	<ul style="list-style-type: none"> ● Soft tissue treatment including trigger point therapy for muscle spasm ● Spinal joint mobilisation ● Strengthening exercises neck muscles 	<ul style="list-style-type: none"> ● Regular massage and soft tissue treatment for stress and anxiety management ● Ultrasound ● Laser ● Dry needling and acupuncture ● Nebulisation 	<ul style="list-style-type: none"> ● Sinus massage ● Cervical spine (neck) mobilisation ● Ultrasound ● Laser ● Dry needling and acupuncture ● Nebulisation
Additional help	<ul style="list-style-type: none"> ● Correction poor posture ● Strengthening exercises neck and upper back ● Work place correction of poor ergonomics 	<ul style="list-style-type: none"> ● Hot and cold packs ● Relaxation training – including regular massage, deep breathing, meditation, yoga ● Exercise therapy ● Keep headache diary to identify triggers / causes ● Join headache support group 	<ul style="list-style-type: none"> ● Posture correction ● Correcting poor ergonomics at work and home ● Regular massage, yoga, Tai-Chi for stress management ● Regular exercise 	<ul style="list-style-type: none"> ● Aware of contributing triggers ● Regular sleep pattern ● Join headache support group 	<ul style="list-style-type: none"> ● Identify and avoid causes/triggers ● Home steaming or humidifier ● Hot/cold therapy ● Self-facial massage

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