## Chiropractic Quality Standard Headache



- 1. **Waiting Times:** On contacting a chiropractic clinic, patients seeking care for headache are offered an appointment within three working days, unless red flags suggesting serious pathology are identified at the initial contact, in which case signposting to acute care is provided.
- **2. Patient History:** Patients presenting with headaches are assessed on the basis of a full history (see Patient History Guide) and headache-specific questionnaire (such as HIT-6) to assess the impact of the headache and to assist in informing a diagnosis.
- **3. Clinical Examination:** The assessment of patients presenting with headaches includes a thorough clinical examination, which includes a detailed neurological evaluation (including cranial nerves), and blood pressure measurement.
- 4. **Red Flags:** Patients presenting with headaches will be assessed for signs and symptoms of potential serious pathology (see Guide to Red Flags) and immediate referral facilitated, if appropriate.
- 5. **Diagnostic Imaging:** Routine diagnostic imaging (including x-rays, CT and MRI) is not required for patients presenting with headache, but should be considered if onset was traumatic or if neurological testing warrants.
- 6. **Patient Explanations:** Patients with headaches are given an explanation of their likely headache type (see Differential Diagnosis Guide), an initial diagnosis, any suspected causal factors, details of different treatment options, and an expected prognosis. Patients are also given information on the risk of medication-overuse headache.
- **7. Plan of Care:** A plan of care is formulated in partnership with patients' presenting with headache which considers their personal preferences, but aims to reduce symptoms and increase the ability to function. The plan of care includes a formal review within four weeks of the commencement of treatment.
- 8. **Informed Consent:** Patients with headaches are asked to consent to treatment after they have received an explanation of the risks and benefits of treatment, the likely outcomes with and without treatment, and a plan of care has been agreed.
- 9. **Package of Care:** Patients with headaches are managed according to their headache type, but should expect to be treated with an individualised package of care, which might include manual therapies, exercise and lifestyle advice, acupuncture, cognitive behaviour interventions, and often concurrent management with other healthcare professionals, particularly with regard to medication.
- 10. **Interprofessional Collaboration:** When managing patients with headache, chiropractors are attentive to the involvement of other health professionals, the medications that patients are taking, and write reports of their findings and management to the patient's GP. Chiropractors recognise their own limitations in the diagnosis and management of headache, and refer to other healthcare professionals, as appropriate.
- 11. **Monitoring and Reassessment:** The progress of patients with headache is continually kept under review with regular formal reassessments, the use of validated outcome tools, and potential referral to another healthcare professional, particularly if they show no demonstrable signs of improvement within four to eight weeks.
- 12. **Supported Self-Management**: Patients with headache are discharged from acute care once signs and symptoms become manageable or are absent. Ongoing supportive self-management, including rehabilitation and prophylactic care, is offered, depending on the headache type.

## **Scope and Context of this Quality Standard**

This quality standard covers the chiropractic assessment and management of adult patients presenting with headache.

Headaches are one of the most common health complaints, with most people experiencing them at some point in their life. The World Health Organization (WHO) reports that almost half of all adults worldwide will experience a headache in any given year<sup>1</sup>. In the Global Burden of Disease Study 2017, headache disorders were the second most prevalent condition worldwide, as well as the second highest cause of years lost due to disability (YLD) <sup>2</sup>.

In the UK, migraine headache occurs in 15% of the adult population, with around 200,000 individual episodes estimated every day, resulting in high levels of disability and work absence, as well as having a significant impact on the wider economy<sup>3</sup>. Episodic tension-type headaches affect 80% of people at some time, and are chronic (having more days with a headache than without one) in up to 3% of the population<sup>3</sup>. Medication-overuse headache is the third most common cause of headache, affecting up to 2% of adults<sup>3</sup>. Despite these figures, headache is under-estimated, under-diagnosed and under-treated, and remains a major public health concern<sup>1,4</sup>.

Chiropractors regularly see patients that present with headache, often having not been seen by any other healthcare professional, and with no diagnosis having been made. Chiropractors have the skills and competencies to assess patients in order to diagnose most primary headaches, identify secondary headaches that require further investigation and, importantly, recognise the red flags that indicate a medical emergency.

As well as having a role in the management of some primary headaches and a few secondary headaches (in particular cervicogenic headaches), chiropractors also play an important public health role in providing support and advice to patients, signposting, and making appropriate referrals.

There are a wide range of different patient presentations associated with headache and the management in each case will be different, requiring an individualised approach. These quality statements are therefore general but nevertheless provide aspirational but achievable markers of high-quality, cost effective patient care.

Given the chronic nature of many headaches, where appropriate, this standard should be read in conjunction with the chiropractic quality standards on "Chronic Pain" and "Supportive Self-Management in Chronic Care", both also published by the Royal College of Chiropractors.

## **About the Royal College of Chiropractors' Quality Standards**

This quality standard covers the chiropractic assessment and management of adult patients presenting with headache. Quality Standards are tools designed to help deliver the best possible outcomes for patients. They are a series of specific, concise quality statements with associated measures that provide aspirational, but achievable, markers of high-quality patient care covering the treatment of different conditions. They also form an important part in addressing the increasing priority being placed on improving quality and patient outcomes.

The primary purpose of The Royal College of Chiropractors' quality standards is to make it clear what quality care is by providing patients, the public, healthcare professionals, commissioners and chiropractors with definitions of high-quality chiropractic care.

By providing a clear description of what a high-quality service looks like, clinics can improve quality and achieve excellence. The quality standards should encompass statutory requirements, best practice and existing clinical guidelines, but they are not a new set of targets or mandatory indicators for performance management. They are, however, a useful source to form the basis of clinical audit and to identify priorities for future improvement.

Chiropractors are encouraged to adopt the Royal College of Chiropractors' quality standards as practice policy. They can be used in a wide range of circumstances, such as a source of identifying CPD, or clinic promotion, perhaps when tendering for NHS contracts, or even at a national level. They enable healthcare professionals to understand the standard of service chiropractors provide, and allow commissioners to be confident that the services they are purchasing are of high quality. Importantly, they also help patients to understand what service they should expect.



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