

HITTING THE NAIL ON THE HEADache



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Headaches are horrible no matter the intensity...and they can be a real pain in the neck. The migraine that keeps you in bed might be more painful than the subtle irritation behind your eyes, but both have a crippling effect on your day. It affects everything – from your mood to your work.

Globally it is experienced by millions of people, with the statistics telling us that the prevalence among adults is as high as 50%. In developed countries up to 1 adult in 20 has a headache every – or nearly every – day.¹

Headaches have in general held on to their mysterious nature, because even though our understanding of headaches has grown a lot over the last few decades – there is still a lot we don't know.

The funny thing is most people can describe their headache pain in detail - even when they don't really have one... Who has not at some point uttered the dreaded 'my head feels like it is exploding' sentence.

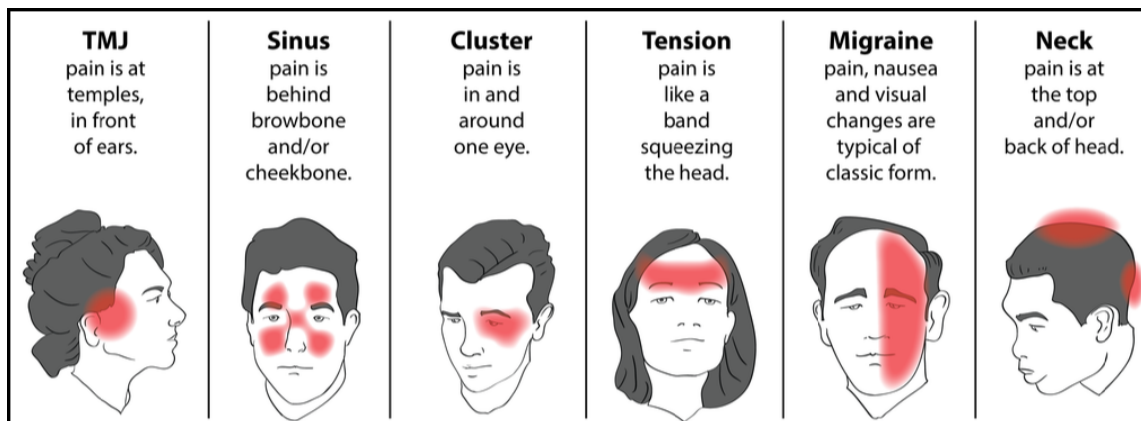
So, let's try and simplify it.

Headaches are classified into 2 categories – primary and secondary.

Primary headaches are not related to any other condition and they include *migraine*, *tension-type* and *cluster headaches*. With tension-type headaches being the most common.

The other category of headaches are secondary headaches - they are caused by underlying conditions. The list of conditions is very long, but the most common cause is medication-overuse headache. Three other culprits that I also want to mention that we often see in clinical practice are neck (cervicogenic), TMJ (jaw joint) and sinus headaches.

This diagram shows the most common referral patterns for the above mentioned headaches.



As humans our classic response to a headache is to drink medication, and although in theory it's not wrong to numb the pain – this very seldom deals with the root of the problem.

The good news is that you can add physiotherapy to your headache conquering arsenal. Physiotherapy has been proven to decrease or resolve the intensity, frequency, and duration of headache and to decrease medication use in regards to headaches.²

We do this mainly through MANUAL THERAPY, EXERCISES AND EDUCATION.

- **Manual therapy**
Hands-on techniques are designed to alleviate joint and muscle stiffness, increase mobility of the neck, decrease muscle tension and spasms, and improve muscle performance.
- **Exercises**
It might sound out of place, but specific exercises have been proven to decrease pain, improve endurance, decrease inflammation, and promote overall healing. By activating and strengthening your postural muscles we are equipping your body to stabilise your head. This in turn decreases tension and stiffness around the neck, which will decrease the intensity of most headaches.
- **Education**
Educational strategies have been found helpful at lessening severity and/or frequency of headaches. These strategies include identifying highly individualized triggers (i.e., dietary, sleep, movement/postural habits, stressors, hydration).



Poor sitting posture.

Next time, before you have to fill up another bottle of pain killers – consider going to your local physio – they might just hit the nail on the headache.

For a list of references, please mail us at: info@physiofirst.co.za.

References:

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2. Bevilaqua-Grossi D, Goncalves MC, Carvalho GF, et al. Additional effects of a physical therapy protocol on headache frequency, pressure pain threshold, and improvement perception in patients with migraine and associated neck pain: a randomized clinical trial. *Arch Phys Med Rehabil*. 2016;97(6):866–874.
3. Fernandez-de-las-Penas C, Courtney CA. Clinical reasoning for manual therapy management of tension type and cervicogenic headache. *J Man Manip Ther*. 2014;22(1):45–50.
4. Jull G, Trott P, Potter H, et al. A randomized controlled trial of exercise and manipulative therapy for cervicogenic headaches. *Spine (Phila Pa 1976)*. 2002;27(17):1835-1843.