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Guest Editorial

Physical therapy and Migraines

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Article History

Received: 5th July 2021 Accepted: 29th July 2021 Published: 30th December 2021 Migraine is a most common type of headache that has been seen in almost every age group. This is the chemical imbalance within the brain causing substantial disability and pain. It is usually a pulsating sensation or a throbbing pain at one side of head. The main symptoms of migraine headache along with pain are nausea, vomiting, photosensitivity and extreme sensitivity to sounds. Lethargy in the body and tightness in the muscles around the head has also been seen. It involves almost 4 stages including prodrome, aura, migraine and postdrome lasting from one day to sometimes a week. But this is more common for one or two days. Dehydration, direct sunlight, skipping meals, hunger and stress sometimes may aggravate the migraines. Stress induced migraines are of extreme importance as it affects the muscles such as trapezius, sternocleidomastoid, levator scapulae and facial muscles due to pressure hypersensitivity.

This is a neurological disorder but physical therapy may help in population with migraine. Some techniques could be quite useful such as: Soft tissue release, Posterior-anterior cervical joints mobilization, upper cervical spine manipulation, needling therapy in the affected muscles and therapeutic exercises. Soft tissue release technique may involve myofacsial trigger points release in the trapezius and sternocleidomastoid muscles as these get the tightness allover. Manual stroking by addressing the muscles and stroking away the trigger point from the center. Tender point release has also its utmost importance for releasing the migraines. Interestingly, by releasing the muscles over temporomandibular joint can reduce the migraine pain Posterior-anterior approach for upper cervical mobilization should be used for C1-C3. In this approach the thumbs of therapist glide over the zygophageal joints posterioranteriorly. Upper cervical spine manipulations is applied by localizing the target area in the rotation position and then perform a low amplitude and high velocity thrust towards the contralateral eye of the patient. Spinal mobilization and manipulation actually targets the musculoskeletal disorders caused by the migraines. It directly cannot lessen the migraine but may aid to reduce it by relaxing the muscles. Therapeutic exercise may affect the pain positively by releasing the pressure such as cervical flexion; side bending and lateral flexion are some of the types of cervical isometrics may help to lessen the pain. This basically targets the deep neck muscles that can only be approached through therapeutic exercises. These fore mentioned techniques may help to reduce the migraine pains.

