



CLINICAL

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Relief

Newsletter

Migraine &
Headache
Edition



Minimizing The Fiscal & Physical Impact of Migraines



By Sherry McAllister, DC

Migraine headaches continue to be one of the most complex conditions to manage. Although the first diagnosis was nearly a century ago, as recently as 2021 researchers called medical treatments for the condition “predominantly ineffective” in preventing attacks or decreasing intensity and frequency. They also noted that patients tended to have poor adherence to preventive medications.

One of the reasons migraines are so difficult to manage is due to the variation in types of headaches and that patients typically have one or more other conditions and/or take other medications that can influence the timing and frequency of the headaches.

The silver lining with migraines is that patients can often develop an awareness of when a migraine is imminent and develop habits to either prevent them completely or reduce the length and severity, such as room darkening and finding a quiet space. New, non-pharmacologic treatments are also available that patients with migraine can use as needed.

By understanding the triggers and awareness of a headache approaching, patients with chronic migraines can develop an effective prevention and therapy plan that they can self-manage, reduce pain and disability and improve their quality of life.

An Overlooked Condition

While occasional headaches are nearly universal and relatively simple to treat, migraines are a serious public health concern. An estimated

12% of the population – nearly 1 billion people – have migraines. Individuals with migraines are typically grouped in four categories:

1. **Low-frequency:** Migraines occurring fewer than 4 days each month
2. **Medium-frequency:** 4 to 9 days per month
3. **High-frequency:** 10 to 14 days per month
4. **Chronic migraine:** 15 or more days per month, which affects approximately 1% to 2% of the population.

Obviously, individuals with chronic migraine report suffering the greatest negative personal and financial consequences of their condition. In a peer-reviewed survey of 13,000 Americans with any frequency of migraines, more than 58% of those with chronic migraines reported that it negatively affected one or more areas of their career, compared to 30% of those with episodic migraines. Likewise, more than 57% of Americans with chronic migraine reported worry about long-term financial security due to the condition, compared with less than 30% of those with episodic.

Similar findings were discovered for patients' personal lives. Nearly 17% of all Americans with migraines reported not being in a relationship due to the condition. Of Americans within a relationship, 3% of those with episodic migraines and nearly 10% with chronic migraines reported that the condition impacted their decision to have additional

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Homeopathics for Headaches

"Consider adding this to your current patient regimen"



By Cindy M.
Howard, DC,
DABCI, DACBN,
FIAMA, FICC

Homeopathic medicine, the longest established alternative medicine to come out of Europe, was created in 1796 by Samuel Hahnemann. These remedies are unique because they have specific characteristics that each can treat.

Belladonna one of my favorites, especially for headaches. It is also a great children's remedy, which I use this a lot in the pediatric population because it is very safe and effective for kids. Belladonna acts upon every part of the nervous system. It is beneficial when congestion, twitching or pain are associated with a headache. Other key symptoms include sudden throbbing, heat, pain and fullness in the forehead, occiput, and temples. Pain that is worse with light, noise, or worse on the right side when lying down or worse in the afternoon also responds well. If the headache is relieved by pressure, standing, sitting, or leaning backwards, then belladonna is a perfect remedy. In addition to

headaches, it also relieves spasmodic pain the the epigastrium, nausea, vomiting, hemorrhaging with menses, and pain in the neck and lumbar regions.

Nux vomica is a favorite of mine. In addition to being among my favorite topical headache and migraine products, I also use it quite often by itself as an individual remedy. It works great for any sort of mental strain that results in a headache. You can use nux vomica when you cannot bear noises, lights, or odors. Also, if your headache has you feeling irritable or feels like somebody is driving nails through your head and you do not want to be touched, reach for this remedy. It is a go-to for anybody who gets a headache from alcohol, coffee or even being in sunshine. For our female patients with early onset menses, excessive bleeding, or irregularity, I have utilized nux vomica to help.

Iris versicolor is another beneficial homeopathic medicine. This is great for what we describe as a "sick headache" and beneficial for patients with blurred vision or headaches after eating sweets. I recommend that you cut out the sweets, but for those patients that will not do this, iris versicolor is an option if they develop a headache.

Sanguinaria canadensis is a fascinating remedy with uses ranging from headaches to treating cervical dysplasia. Utilizing sanguinaria topically with the other remedies lessens perimenopause and menopause symptoms. Commonly, headaches that are worse on the right side are relieved by sanguinaria. It also works beautifully for pain in the occipital region that spreads upwards and over the eyes.

Last but not least is **menthol**. Many of us have been using topicals with menthol in them for a very long time. This is great for not only the frontal headache but for those sinus headaches that we have involving the eyes. So, when we have congestion not only in the nasal cavity, but also in the oral cavity this can help remove some of that congestion to decrease the severity of the headache.

When a headache has a muscular component coming from the cervical region, menthol can help soothe the discomfort as well as provide the cool sensation that most patients love to feel.

Four of these fantastic homeopathies have been combined into one easy to apply topical gel! Stopain® Clinical Migraine and Headache is packaged in single application gel packets. The gel is applied to the back of the head below the occiput as well as behind the ears, penetrating quickly. If symptoms persist after 30 minutes, an additional packet can be applied as needed up to four times daily. It offers patients the convenience of simple application at home. The minute the headache comes on, this product can stop it in its tracks.

Since some of the homeopathies are also



Watch Cindy's Webinar:
Headaches, Headaches
Migraines & Headaches



great for menstrual pain and discomfort, applying this product over the pelvis for cramps and pain is beneficial. Unless you have a sensitivity to something that is in this product, there are no contra indications.

Homeopathic medicine has been a terrific addition to my treatment protocols to achieve maximum benefits. Safety, ease of use and positive outcomes make them a consistent recommendation, especially for those suffering from headaches.

Dr. Cindy M. Howard is in private practice in Orland Park, Illinois and does private consulting for doctors wanting to increase their functional medicine practice, improve communication to increase patient adherence and help with clinical cases. You can reach Dr. Howard at drcindyhoward@msn.com or 708-479-0020.

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children or any children at all.

Mounting Economic Costs

Economically, the impact of migraines is just as significant. Worldwide, migraine is the most common cause of disability for men and women ages 15 to 49 years old. Researchers estimate that this level of disability equates to 46.6 million people dying one year early.

Healthcare costs for migraine are also escalating rapidly. A 2020 study found that U.S. hospital spending on migraine increased from \$176 million nationwide in 1997 to \$1.2 billion in 2012. Per patient, a 2018 study of commercially insured Americans with migraines found they incur \$16,043 of annual direct and indirect costs compared with \$6,938 for employees without migraine. Short-term disability costs were also significantly higher with Americans with migraines costing \$14,278 compared with \$3,182 for those without.

In addition, migraine patients were twice as likely as those without migraines to use opioids, and among patients with opioid prescriptions, patients with migraines had twice as many more prescriptions than those without the condition. Prescribing opioids for chronic pain increases these patients' risk of misuse or dependency.

A Non-Pharmacologic Approach

As with all chronic, non-cancer pain, an alternative to opioids is commonly recommended. Fortunately, most patients who suffer from migraines can feel them coming and take steps to minimize the pain and shorten its length.

Spotting these migraine triggers is essential to prevention and mitigation. Numerous studies have documented the incidence of triggers including stress, sleep disturbances, hunger, hormonal changes in women, odors, light, and many others. While triggers cannot always be avoided, awareness is key to reducing migraine severity. For example, if a patient understands that stress is a trigger, they can undertake relaxation activities to prevent a migraine.

Besides trigger awareness, numerous non-pharmacologic approaches to managing migraines are available. Many of my patients, for instance, have said that meditation, chiropractic care, light therapy and topical treatments have helped them reduce pain, light sensitivity, nausea and other debilitating symptoms. Here are some simple, practical ways to prevent and manage migraines:

- **Meditation.** Mindful-based meditation is one such relaxation technique that patients with migraines can pursue to manage symptoms. A 2021 randomized clinical trial found that while meditation did not meaningfully reduce the frequency of migraines, it did improve disability, quality of life, self-efficacy, pain catastrophizing, and depression for as many as 36 weeks, with decreased experimentally induced pain suggesting a potential shift in pain appraisal.

- **Chiropractic care.** While chiropractic care is commonly associated with helping relieve back, neck and joint pain, it has also been shown to reduce migraine pain. A randomized controlled trial over 17 months involving more than 100 patients

found migraine days were significantly reduced in all the study participants, but those receiving chiropractic care had significantly shorter migraine duration and reduced headache index.

- **Light therapy:** Non-invasive, photobiomodulation (PBM) therapy incorporates advanced red and near-infrared (NIR) multi-wavelength, high power light-emitting diode (LED) technology. Many doctors of chiropractic (DC) administer LED Light Therapy prior to the adjustment, as infrared light penetration increases circulation, reduces pain and stiffness, and helps ease adjustments. If the LED Light Therapy is administered after the adjustment, the increased circulation induced may help the adjustment to hold, and any pain, stiffness, or soreness still present after the adjustment is often relieved. A 2017 study found that PBM can reduce inflammation in the brain, abdominal fat, wounds, lungs and spinal cord.

- **Topical treatments.** New menthol-based topical gel solutions can be applied to areas at the base of the skull and neck as well as behind and between the ears within two hours of the onset of a migraine attack. More than half (56%) of study participants had mild or no pain after applying a mentholated gel and only two participants took pain medication two hours after applying the gel. In another study, 52% of patients reduced their migraine pain severity level and 32% had no pain progression two hours after the gel was applied.

Tech-savvy consumers have started trying out new apps such as:

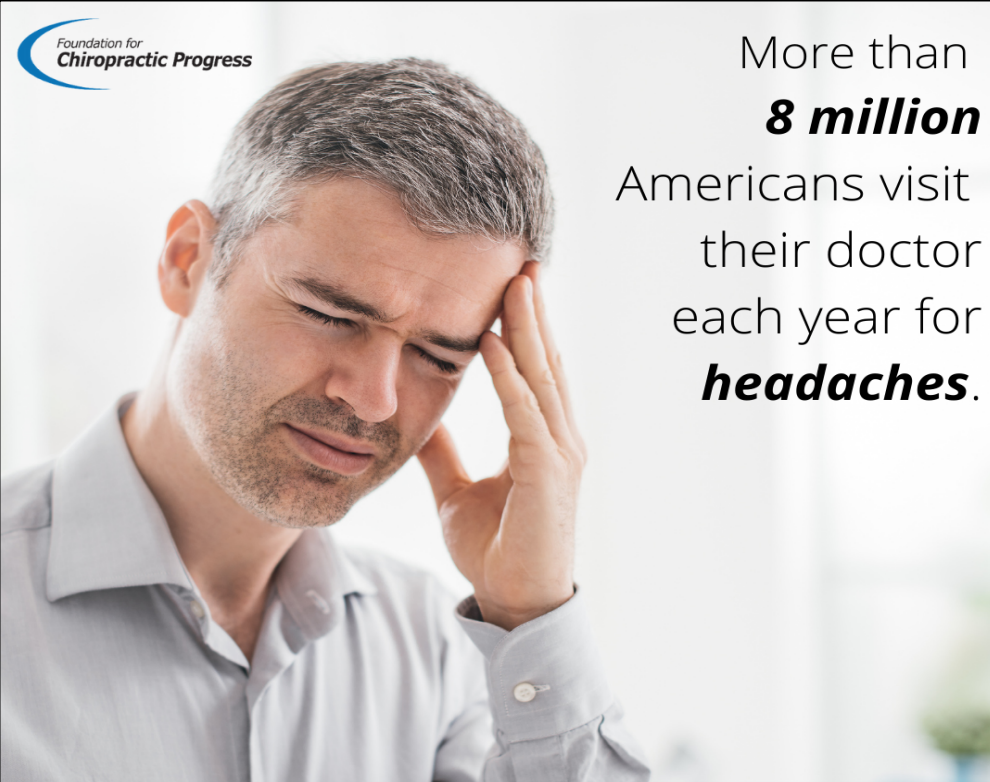
- **WeatherX.** This app forecasts barometric pressure, a trigger for some; it comes with ear plugs to insert which slows down the shift in the pressure.

- **Migraine Buddy.** This is a daily charting system that tracks all aspects of a migraine including symptoms, duration, medication, etc. Users can run a report for his/her doctor for a better overview of the patient's condition.

A Personalized Treatment

As with many chronic conditions, the same care plan will not work for all patients. Migraine headaches are no different. While preventive medication is effective for some patients, others may prefer to take a natural pain management approach focusing on awareness of triggers and engaging in activities or care that take advantage of the body's innate ability to correct dysfunction and promote healing. While only a few management methods were briefly discussed here, their benefits extend beyond migraine headache pain relief, and with consistency, will help improve the patient's quality of life and overall health.

Sherry McAllister, DC, is president of the Foundation for Chiropractic Progress (F4CP). A not-for-profit organization with over 30,000 members, the F4CP informs and educates the general public about the value of chiropractic care delivered by doctors of chiropractic (DC) and its role in drug-free pain management. Learn more or find a DC at www.f4cp.org/findadoc.



Foundation for
Chiropractic Progress

More than
8 million
Americans visit
their doctor
each year for
headaches.

Doctors of chiropractic (DCs) are trained to prevent and manage headaches in a safe, effective and drug-free manner.

Unique Topical Gel Offers Migraine Relief At Your Fingertips

With an estimated 39 million individuals suffering from migraines in the United States — Troy Healthcare developed a unique topical gel specifically for not only migraine & headache pain but also symptoms associated with migraines such as light sensitivity, nausea and aura.

Stopain® Clinical Migraine & Headache is formulated to provide immediate and safe pain relief. This topical treatment does not include acetaminophen, aspirin, caffeine or other NSAIDs and offers an alternative to potentially addictive opioids.

As mentioned in the article from Cindy Howard, DC on page 2. The product contains multiple ingredients that are known homeopathic ingredients to help with headaches. Those ingredients are menthol, belladonna, iris versicolor and sanguinaria canadensis.

Stopain Clinical Migraine & Headache is packaged in single application packets each containing 1 gram of gel. This gel is applied to the back of the neck and behind the ears. It should be applied at first sign of symptoms. If symptoms persist after 30 minutes, apply a second packet. This product can be applied up to 4 times daily.

This is a perfect add-on for your retail space in your clinic. Many migraine (and severe headache) sufferers are looking for alternates to traditional ingestible medications. In addition, your patients can utilize this product at home between treatments to help manage their migraines.

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Headache

Temporomandibular Disorders Assessment & Treatment



By Donald C.
DeFabio, DC,
DACBSP, DACRB,
DABCO

Temporomandibular disorders (TMD) is a broad term used to describe pain and dysfunction in the temporomandibular joint, face, head and neck. It has been associated with tinnitus, dizziness, fatigue and emotional stress with an estimated prevalence of 75% of the general population being affected at one time or another. The exciting news is that the current research supports a multimodal, conservative approach in the treatment of TMD, including CMT of the cervical spine.

Assessment begins with a history and examination. **If you are the first clinician to evaluate the sudden onset of sharp, excruciating facial pain in the trigeminal region immediate referral is needed.** Once TMD is suspected, exam findings will indicate the primary driver of the pain/dysfunction as either joint (arthrogenic), soft tissue (myogenic) or nerve (neurogenic) related. Often more than one variable is involved.

Relevant Tip: In the treatment of TMD joint dysfunction is often secondary to soft tissue and nerve involvement. Therefore, once the myogenic and neurogenic factors are alleviated the arthrogenic involvement often resolves.

Active and passive motion is assessed for pain, quality and quantity of motion - always on the lookout for noises. **Active opening is expected to be at a ratio of 4:1 to lateral deviation and lateral deviation restricted by more than 5mm to one side indicates intra-articular TMJ dysfunction.** Palpation of the TMJ for localized tenderness is an additional arthrogenic indicator. Patients with bruxing, clenching, and grinding often need dental appliances as does the patient that does not "hold" their treatments. Having a dentist on your referral team is necessary to treat TMD patients.

Relevant Tip: Consider mandible motion as a bilateral hinge joint and both sides need to be assessed and treated individually. For example, one side may be classified as arthrogenic and the opposite may be myogenic.

Soft tissue palpation for the region involves the muscles of mastication as well as related head and neck muscles. Palpate for taut and tender fibers, myospasm, fibrosis and trigger points. **Remember, SCM and upper trapezius trigger points can also refer pain into the jaw and face!**

The mandibular branch of the trigeminal nerve



innervates the primary muscles of mastication and has sensory innervation to the lower third of the face. It can become entrapped by the mastication muscles and may also be involved in trigeminal neuralgia. While palpating the region be attentive for provocation of nerve pain throughout its distribution.

Relevant Tip: Pain management for neurogenic sub classification patients includes photobiomodulation (PBM Therapy) and topicals without counterirritants. Homeopathic and transdermal topicals are excellent choices. Application of topicals to the suboccipital and upper cervical regions can desensitize the C2 and C3 posterior rami which communicate with the Trigeminal Nerve nucleus. Therefore, the appropriate use of Stopain® Clinical Migraine & Headache over the suboccipital and cervical regions can have a significant impact in headache and TMD.

Manual trigger point release, active / passive myofascial release, IASTM, dry needling, and modalities such as ultrasound, TECAR, and PBM are excellent for treatment of myogenic syndromes. Neurogenic classification responds well to topicals, PBM Therapy, TECAR, and cognitive behavioral treatment. Arthrogenic syndromes favor topicals, CMT (**spine and TMJ**), soft tissue release, ultrasound and therapeutic exercises.

Headache, face and neck pain are common symptoms that present to our offices. Once assessed, set up a treatment plan to include modalities, soft tissue work and CMT in conjunction with the appropriate topicals such as Stopain® Clinical Migraine & Headache.



CMT of
the TMJ

Dr. Donald DeFabio is in private practice in Berkeley Heights where he hosts seminars on a multi modal approach to Chiropractic as well as a CCSP to Rehab Diplomate program. His exercise protocols can be found on his You Tube Channel that has over 37K subscribers. For more information or to subscribe to his rehab tips newsletter visit www.DeFabioDifference.com

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Helping Patients
Manage Acute &
Chronic Headaches

Unlocking the Headache Case



By Charlie Kautz,
DC, ART, FMT

A common condition that we treat and help our patients manage are headaches. How do we as chiropractors treat headaches? In a room full of chiropractic physicians or students, the obvious first answer would be the chiropractic adjustment. We all know the power an adjustment can have and there is plenty of research to support its efficacy in treating headaches. The adjustment influences the nervous system and migraine headaches are, in fact, a disease mediated by the central nervous system.

What other treatment modalities do we utilize to support the adjustment? In my clinic, we utilize an effective blend of proprietary topical applications, like Stopain® Clinical, for immediate symptom relief, soft tissue and muscle releases based on the patient's musculoskeletal dysfunctions and low level laser therapy to enhance cellular mitochondrial function. A 2018 study revealed that low level laser therapy was able to reduce the number of symptomatic migraine days, reduce pain intensity and reduce the number of medications that subjects had to take. One specific benefit of low level laser therapy when compared to other treatments was in the reduction of sleep disturbances caused by migraines.

The adjustments, topicals, laser, soft tissue and other manual therapies are important treatment tools and they have proven patient interaction after patient interaction to remedy headache symptoms. I view these modalities as important stepping stones in achieving our treatment goals, but the subluxations and soft tissue dysfunctions that we find did not show up overnight. What caused the subluxation in the first place? What caused the muscle spasm and the tension? Yes, the treatment is important, but most people don't walk into our office seeking a remedy for the headache they have on that particular day—they want a remedy for the headaches they've been experiencing for most days throughout their lives—and they want an answer as to why these headaches are happening in the first place.

This brings us to what is, in my opinion, the most crucial and overlooked “modality” in treating headache cases—a thorough diagnosis with subsequent patient education and understanding of this diagnosis. No, I am not referring to the diagnosis as “G44.209 Tension-type headache, unspecified, not intractable.” “G44.209” is a label. I am referring to identifying the source and contributing factors that brought us to this label — the diagnosis beyond the diagnosis—the true diagnosis. Let's look beyond

trying to remedy the symptoms and clearing the acute headache.

What factors are bringing the symptoms into play? These factors could be structural or musculoskeletal of origin (i.e., anterior head carriage, stomach sleeping, etc.), a nutritional deficiency, or there could be other lifestyle conditions affecting the nervous system such as stress or lack of sleep. These lifestyle or habitual factors are common symptom contributors in the primary patient demographic we see in my clinic— professional touring musicians. The touring lifestyle is not conducive to living your healthiest lifestyle. Subsequently, their repetitive motions on stage and while practicing their instrument, which may be biomechanically faulty, are often times complicated by the structural deviations they are experiencing from staring down at their iPhones and slouching on the tour bus and in the green rooms all day.

Another example of a symptom contributor is that most humans are chronically dehydrated. Dehydration can be from insufficient water intake, but it can also be from mineral depletion. Access to nutritious and whole foods is limited and difficult. Highly processed foods are deprived of the minerals our bodies need to function at an optimal level. Even if we're eating healthy foods, these foods are now being grown in mineral-depleted soils. An imbalance of fluid and electrolytes in the body can certainly result in chronic dehydration headaches. We may need to advise our patients to make diet modifications, supplements minerals and increase their water intake.

Another potential symptom contributor is that for some of our patients, getting regular and optimal sleep can be difficult. According to the American Migraine Foundation, “People living with migraines are between 2-8X more likely to experience sleep disorders, compared with the general public. Those living with chronic migraine—which includes experiencing headache 15 or more days per month—report having almost twice the rates of insomnia as those with less frequent headaches.” We may need to teach our patients on things to avoid (ie. exposure to blue-spectrum light from electronic screens) or practices to implement to reduce cortisol levels at bedtime and make their sleep cycles more optimal and routine.

These contributing factors- nutritional

deficiencies, diet choices, dehydration, poor ergonomics, postural deviations, lack of sleep- they are a “perfect storm” that creates chronic pain symptoms like headaches. Spend time reviewing your patients history and discussing on day one. There are no amount of treatment sessions that are going to prevent the symptoms from returning after our patients leave the clinic if the aforementioned lifestyle factors are not brought to centerstage and addressed during our patient interactions. However, we can treat to improve the symptoms acutely while also making the patient aware of the symptom contributors. If he/she then implements the recommendations, the headaches will not return and your patient thinks you are a miracle worker (and subsequently refer all their friends and family). Teaching our patients makes our adjustments more powerful. It is these windows of opportunity for targeted and patient specific education that provide them with the value and the keys that they need for long-term sustainability and for unlocking the headache case.

Dr. Charlie Kautz has provided advanced treatment protocols for thousands of touring and professional musicians throughout his career. Known as the “Musician's Physician,” he carved a niche by providing mobile, on-site care for some of the biggest names in the music industry with an in-depth and education-based approach. He is now based in Nashville, Tennessee, developing his clinic as a go-to resource for health, wellness, injury management and functional improvements for the music community.

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Recommended Strategies To Help Patients Reduce Migraines

By Jeffrey Forman, Ph.D., NCTMB, CMT



Migraine headaches are a debilitating, referred-pain headache that produces throbbing pain that may last for a few days. They are frequently felt in the forehead and face, around the eyes, in the sinus, by the jaw, the temples, or the back of head and neck area. The factors that may contribute to a migraine are diet, unchecked stress, too much computer time, nicotine, bright lights and florescent lights, and missing a meal or a sleep cycle. The dietary factors that may trigger migraines include nuts, pickled foods, chocolate, cheese, excessive alcohol, MSG, and caffeine. There appears to be a strong familial link for those who suffer migraines. Many people who experience migraine headaches experience an aura or warning sign that one is on the way from 20 minutes to an hour before an attack. Flashing lights, spots, wavy lines, and blind spots are some of the typical ways an aura is described.

STRATEGIES TO REDUCE MIGRAINES:

- Avoid foods and environmental triggers that set them off
- Practice autogenic training and deep relaxation
- Get enough sleep
- Self-massage to the base of the skull and back of the neck using Stopain® Clinical Migraine & Headache topical gel
- Massage the headache relief points shown to the right

DIET, ENVIRONMENT, AND EXERCISE

Eliminate the foods, beverages, and if possible, the environmental factors that contribute to headaches. Also try to reduce computer screen time. If that isn't possible, get up and stretch the neck, shoulders, arms, and upper back and do a few eye-muscle mobilizing exercises every 20–30 minutes. Push away from the computer, stand up and move around, and take a break.

AUTOGENIC TRAINING/DEEP RELAXATION

The pain from migraines is caused by swollen blood vessels of the brain. For this reason, migraines are also referred to as vascular (blood-vessel) headaches. The excess blood causes pressure against the meninges (membranes that cover the brain), which produces migraine pain. Autogenic training, a relaxation technique that uses passive suggestions of warmth and heaviness to increase the blood flow to the distal extremities and the fingers and toes, has proven useful in combating migraines. When the client experiences an aura of a migraine, they should use autogenic training before the headache becomes debilitating. Learning to bring more blood to the hands and feet at will may reduce the engorgement of the arteries in the brain and help the client naturally eliminate their headaches. If your client does not receive signs that a migraine is on the way, ask them to check the temperature of their hands and feet the next time they have one. If they experience cold, suggest that they sit or lie down in a quiet comfortable place, take some long, slow, deep breaths, relax, and use the following autogenic suggestions to passively tell their hands and feet to warm up.

Here are a few sample autogenic suggestions: My right arm and hand feel warm and heavy; Warmth is flowing into my fingers; This wave of relaxation is flowing into my biceps and triceps and then down into my forearm, wrists, and fingers; My arms and hands feel warm, heavy, and completely relaxed; Use similar suggestions for the left arm and the legs, feet, and toes.

STOPAIN® CLINICAL MIGRAINE & HEADACHE MASSAGE VIDEO SERIES



Treating Migraine with Massage Therapy and Stopain® Clinical Migraine & Headache Gel

with Teresa Matthews,
LMT, CPT, BCTMB



Bamboo-Fusion Therapy: How to Help Clients with Migraines & Headaches

with Natalie Cecilia, LMT,
Founder of Bamboo-Fusion

GET A GOOD NIGHT'S SLEEP

Try to get 6–8 hours of sleep each night. Avoid caffeine after the morning and foods that upset digestion. Try to get some exercise each day. Whenever possible, have a consistent bedtime and avoid vigorous exercise and intellectually stimulating activities before bed.

SELF-MASSAGE USING

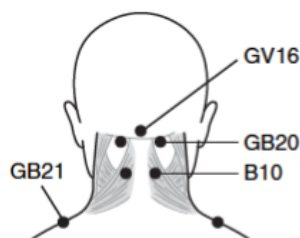
STOPAIN® CLINICAL MIGRAINE & HEADACHE TOPICAL GEL

Open the packet, dispense it onto the fingertips, and massage it into the back of the neck and the base of the skull from the foramen magnum area out to the mastoid processes. Also apply cross-fiber friction to the cervical paraspinal muscles from the sides of the spinous processes laterally. Please note: Do not apply topicals to the forehead and temples because they may irritate the eyes.

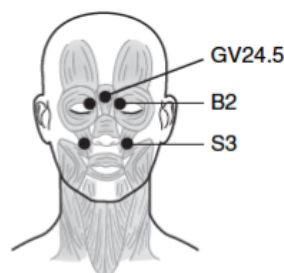
MASSAGE THE HEADACHE RELIEF POINTS

Massage all the headache relief points listed below with firm but not painful pressure for 60 seconds each. Stopain® Clinical can be applied to all the points not on the face or side of the head.

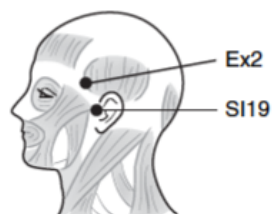
Jeffrey Forman Ph.D. BCTMB, - Founded professional Massage Therapy training programs in the California Community Colleges system and also created the first AA degree in Massage Therapy in California. Now retired as professor and massage program coordinator- De Anza College Cupertino, California, he continues his career as a speaker, author and consultant. The AMTA California Chapter named him the 2017 Educator of the year. For 8 years he was a researcher for the Performance Health Inc scientific advisory board. His most recent book is "Managing Physical Stress with Therapeutic Massage" Cengage Learning (2007).



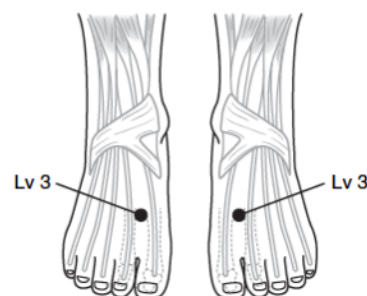
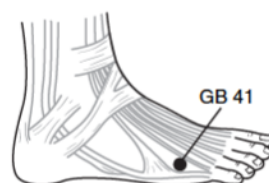
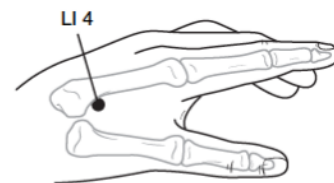
Back of the head and shoulders



Front of the head



Side of the head



Successful Multimodal Approach to Addressing Headaches & Migraines Within My Patient Population



By Jeffrey Tucker,
DC, DACRB

The theory of topicals for muscle aches and pains is sound. I have the office experience to say that Stopain® Clinical and Stopain® Clinical Migraine & Headache with the beneficial added ingredients is effective for headaches and migraines. In a recent Migraine & Headache Summit, I demonstrated the specific way I apply topicals along with fascial therapy to patients in my office. I also teach patients how to self-apply the topicals for headaches and other disorders at home.

During the Migraine & Headache Summit I discussed and demonstrated my hands on step-by-step approach to deep cervical fascial release. The fascia is located just beneath the skin and completely encircles the neck. The procedure assesses the attachments of the investing layer of deep cervical fascia. These include palpation for density, tender points and trigger points in the following areas:

Posteriorly – the spinous processes and attachments of the cervical vertebrae, and the ligamentum nuchae.

Superiorly – the external occipital protuberance and the superior nuchal lines at the base of the skull, the tip of the mastoid process, the lower border of the zygomatic arch, and the lower border of the mandible from the angle to the chin.

Anteriorly – the mandible, the body of the hyoid bone, and the manubrium sterni.

Inferiorly – the sternum and suprasternal attachments, the clavicle with the attachments of the trapezius and sternocleidomastoid muscles, and the acromion of the scapula.

Topicals & fascial therapy are useful for muscle and joint-type pain

I find the combination of a good topical analgesic combined with fascial therapy, mobilization and manipulation is extremely helpful for headaches. Most headaches are caused by blood vessels in the brain running amok and have some associated inflammatory component. I have a specific pattern of applying topicals for headaches and neck pain. One treatment option is to release 'sticky', tight, or dense fascia. I also want the topical to be absorbed into the bloodstream through skin.

Fascial disorders can create pain mechanisms that are remote from the area of pain and discomfort, whereas conditions like knee or cervical osteoarthritis cause pain in the area of degeneration. A local osteoarthritic condition will benefit from a topical right in the area where it hurts. Headaches are a little bit more complicated, so just putting it on where it hurts doesn't necessarily get at the underlying problem.

Tension headaches often start at the base of the skull where neck muscles tighten, sending up an inflammatory response. Topicals are helpful



Applying Stopain Clinical Migraine & Headache – Focus on Suboccipital Muscles with Dr Jeffrey Tucker

for the muscle tissue, which could in turn reduce headache pain.

There are such a large range of head and migraine symptoms—including pain, nausea, and sensitivity to light and sound. I am a big user of the 'entourage' or multi-modal effect, meaning I combine many modalities that work synergistically with each other. My list of modalities and approaches includes TECAR, laser, radial and Piezowave focused shockwave, vibration/percussion devices (Hyperice), whole body vibration, frequency therapy, Zimmer PEMF, Normatech, SCENAR, and various handheld tools for fascial therapy. Each therapy session is complimented with hands on treatments and some botanical component. These combinations boost active care and recovery.

My hands-on fascial approach can be a stand-alone therapy or used to enhance other modalities such as TECAR heat therapy, laser, and shockwave. All of my headache patients learn how to improve their posture, how to provide auto-traction to the neck, and strengthen the neck-shoulder muscles with exercises. I keep trying different combination approaches that may have a synergistic effect to help these difficult headache patients. The fascial therapy along with a topical complement all other treatments to mitigate pain.

JEFFREY TUCKER, DC, is the current president of the American Chiropractic Association (ACA) Rehabilitation Council and practices in West Los Angeles, Calif. He writes for Stopain® Clinical and can be contacted at DrJeffreyTucker.com.



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The Headache Disability Index is a useful tool to understand the frequency and severity of headaches your patients experience - [CLICK HERE TO DOWNLOAD](#)





Essential Tools for Managing Cervicogenic Headaches

By Tim Bertelsman, DC, CCSP, DACO



Almost every manual therapist agrees that spinal manipulation is essential for managing Cervicogenic Headaches (CGH). However, the successful long-term resolution of CGH patients often requires a multifaceted approach that includes more than isolated SMT. So here are three ancillary tools to help you assess and manage this problem more quickly and thoroughly.

1. Assessment: Deep Neck Flexors

Upper cervical joint dysfunction is a crucial finding in CGH patients. This dysfunction is secondary to chronic muscular imbalance and sustained poor posture in many cases. Loss of strength in the deep neck flexors and over-activation of the SCM and upper trapezius is common in CGH patients. (1,2) Janda recommends screening for neck flexor weakness with the Neck Flexion Test. (1) And the Deep Neck Flexor Endurance Test is another valuable tool to screen for deficiency. (3,4)

Check out this ChiroUp tutorial video for a quick demo of both tests, plus two more essential skills for managing cervicogenic headaches.



2. Treatment: Nerve Flossing

The greater occipital nerve is frequently implicated in CGH, particularly in traumatic whiplash cases. Recent research has shown that "The obliquus capitis inferior remains relatively immobile during traumatic events, like whiplash injuries, placing strain as a tethering point on the greater occipital nerve." (5) This trauma may lead to irritation, inflammation, and loss of neuroplasticity, i.e., adhesions.

In patients with cervicogenic tension-type headaches, the combination of neural mobilization and soft tissue techniques significantly improves pain and function. (6) In case you skipped the video above, here's how suboccipital nerve flossing is performed:

Suboccipital Nerve Flossing

Begin with the patient lying supine, headpiece slightly extended. Have the patient bring their fingertips to their clavicles. Firmly grasp the patient's head and move their neck into full flexion while maintaining a chin tuck. Ask the patient to fully extend their arms, wrists, and fingers while you simultaneously move their head and neck into full extension. Return to the start position and slowly repeat ten flossing cycles. Stop if there is a reproduction of pain or neurologic symptoms. To improve available ROM, contract-relax stretching of the suboccipitals may precede this maneuver.



3. ADL Advice: Workstation

Routine daily activities involving workstations and cell phones can be potent postural trainers to guarantee a flexor-dominated (forward/ head, forward/shoulder) posture. While manipulation is an effective tool for resolving the symptom of this postural fault, it's no match for the cause. Thirty seconds of HVLA three times per week rarely wins the long-term war against eight plus hours of ongoing postural stress.

Lasting improvement necessitates a plan to minimize cumulative trauma.

In addition to equipping our patients with corrective exercises, we must seek to eliminate the habits, hobbies, activities, and postures that perpetuate postural imbalance; and workstations are at the top of that list. Make sure your patients understand the essentials of an ergonomically-friendly workstation.

Dr. Tim Bertelsman is a board-certified Chiropractic Sports Physician and a Diplomate of the Academy of Chiropractic Orthopedists. He is a post-graduate instructor for the University of Bridgeport Orthopedic Diplomate program and is a member of the NCMC Speakers' Bureau. He was selected as the Illinois Chiropractic Society Chiropractor of the Year in 2019. Dr. Bertelsman is the co-founder of the online clinical and business resource ChiroUp.com.

MIGRAINE HEADACHES

BY THE NUMBERS



THE PROBLEM:

A migraine is an intense throbbing headache that may be accompanied by nausea, vomiting, and sensitivity to light or noise.

Worldwide, an estimated **ONE BILLION** people suffer at least one migraine headache each year.

Adult women are **THREE TIMES MORE LIKELY** than men to experience migraines.

OVER 80% of migraineurs miss work due to their headaches, with an average of 4-6 absences per year.

Migraines are set off by **TRIGGERS** and the headache occurs when the number of triggers reaches a critical threshold. This can be likened to a glass of water that overflows at a certain point.

For many patients, upper cervical tension and joint restrictions act as migraine triggers.

So, it's not surprising that chiropractic care is a proven effective migraine prevention strategy.

THE SOLUTION:

Spinal manipulation has demonstrated similar effectiveness but **LONGER-LASTING BENEFIT** and **FEWER SIDE EFFECTS** than a well-known medical therapy (amitriptyline).

Researchers from Harvard Medical School found that migraine headache patients who received chiropractic care in addition to usual medical care experienced, on average, **TWO FEWER MIGRAINE DAYS EACH MONTH**, compared to those who did not receive chiropractic co-management.

Research shows a significant reduction of migraine intensity in almost half of those patients receiving spinal manipulation, and nearly one in four participants reported greater than **90% FEWER ATTACKS**.

**Click to watch the ChiroUp Webinar -
Top Tools for Managing Cervicogenic & Migraine Headaches**

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A two-hour pre-recorded program structured as a panel discussion and Q&A.



Check out this informative program brought to you by Stopain® Clinical!



Tim Bertelsman,
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Moderated by:
Jay Greenstein,
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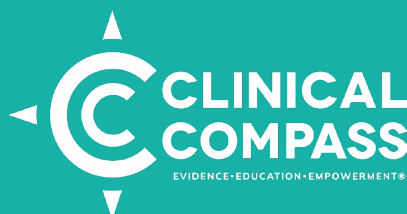
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Migraine + Headache RESEARCH CORNER

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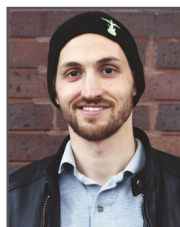
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