

Headache

Providing a "Team Approach" to pain relief since 1994

MyoRehab



A headache is the result of any condition that produces pain in the head. Many times, neck and/or upper back pain are included in the definition of a headache.

Labor statistics show that headache is the most frequent cause of lost productivity, accounting for as much as 150 million lost work days a year. The annual cost to American industry is estimated to be approximately \$15 billion.

This statistic does not include the impact on family, friends, and the rest of the community within a headache sufferer's life. The emotional, financial, social and physical impact is impossible to estimate.

Generally, headaches are benign and self-limiting. Common causes are tension, eye strain, dehydration, low blood sugar, and sinusitis. Much rarer are headaches due to serious life-threatening disorders like high blood pressure, brain disorders, etc.

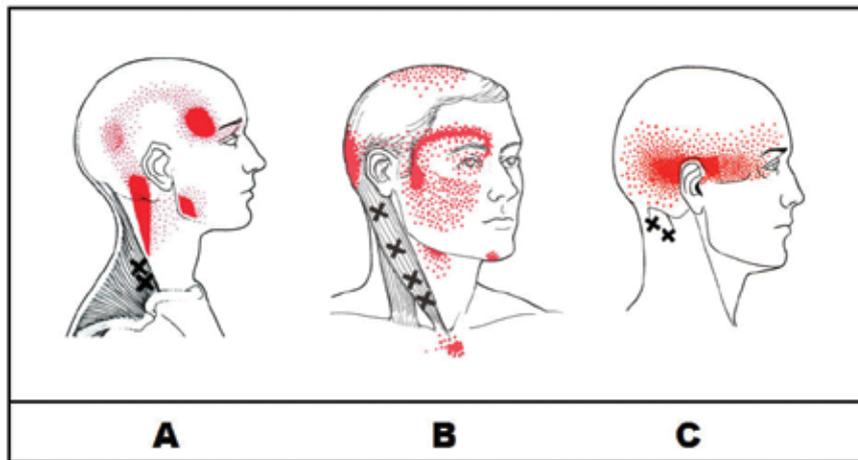
Treatment of a headache is commonly symptom based. That is, the symptom of pain is addressed with painkillers such as aspirin or ibuprofen. As long as treating the symptom works, there is no apparent need to look further.

When headaches persist or frequently return, a physician should be consulted. If examination and diagnostic efforts fail to identify the cause, it may be time to consider thinking outside the box.

According to Devin Starlanyl, MD, an expert on pain, "By far, the most common cause of headaches is referred pain from myofascial trigger points (TrP for short)." She goes on to say, "Pain resulting from TrPs is often confused with neurological, rheumatic, or inflammatory processes. Headache pain resulting from TrPs is often variable and changes with body position or activity."

Trigger points are hypersensitive, self-sustained contraction knots that develop in muscle. They cause a shortening in the length of the muscle called a taut band which in turn restricts range of motion. When these taut bands are stimulated by contracting or stretching, pain is triggered and referred in predictable patterns away from the trigger point.

More than 85% of the time, TrPs are not found at the site of the pain! Ineffective treatments usually result from treating the symptom or site of the pain when the source is actually elsewhere. Take a moment to look



at the illustration; the 'X' identifies the location of the point that triggers pain while the red area defines the resulting referred pain zone.

TrPs usually develop as the result of poor posture, trauma (like a whiplash injury), poor work station ergonomics or just cumulative micro trauma over a lifetime. Once TrPs develop, they don't just go away. Locating them and treating them with manual techniques is almost always 100% effective.

Cathleen came to MyoRehab with a persistent headache. Her doctor suggested continuing treatment with over the counter pain medication. She was tired of living life from pill to pill and tried several types of intervention including meditation, hypnosis and yoga, to no avail. She came to MyoRehab because, she said, treatments were completely drug free.

Cathleen carried a heavy purse over her left shoulder. One of the muscles used to keep her shoulder elevated in an effort to prevent the long strap from slipping is the trapezius (illustration A). The weight of such a heavy bag also digs into the trapezius irritating TrPs that develop from constant overuse.

Treatment of the trapezius and switching to a hand bag provided considerable relief in the first two visits. Modifying postural habits and a short exercise routine permanently resolved Cathleen's headaches.

Bob's case was not that simple. He was involved in a fender-bender several years earlier and was convinced permanent damage to his neck produced daily headaches. X-ray

and MRI results failed to show the damage. Bob was sure his doctors were missing something.

He presented with persistent pain that wrapped around his entire head. After reviewing his medical history and careful evaluation of his pain patterns, range of motion testing was employed to identify taut bands that would indicate the presence of trigger points.

A muscle commonly injured in a motor vehicle accident was identified; the sternocleidomastoid (or SCM for short). This muscle checkreins the movement of the head during a whiplash injury and develops TrPs that will cause the characteristic pain pattern shown in illustration B.

TrPs in the SCM also cause loss of balance or poor "navigation" as when walking through a doorway you often bump your shoulder on the door frame. Treating the SCM and other muscles involved produced what Bob called "miraculous results".

Bob returned from time to time with a band of pain at both sides of his head. It took a bit of detective work to resolve this one; it was time for computer glasses. Bob used head-forward posture to read his computer screen producing TrPs in his suboccipital muscles (illustration C). Bob's headache mystery was finally solved.

Are you being treated for a headache that hasn't gone away yet? If you're tired of living from pill to pill, give us a call at 505-872-3100 and set up an appointment. Come to MyoRehab and find out how our "Team Approach" can work for you.