

Massage for Migraines

- What are migraines what causes them?
- Assessment: Useful Intake Questions & signs that may help identify a client who gets migraines
- Meet our Guest Client & Hear Her Story
- Treatment Demonstration
- Giving Homework: Examples of At Home Self Care for Migraines

Note: these reference slides are available in the online course page

Massage for Migraines

- What are migraines what causes them?

So, what is a Migraine specifically?

- **Migraines aren't fully understood yet by science but they are considered a genetic neurological disease**
- **Migraines, while traditionally associated with debilitating headaches, can actually cause a wide range of mild to severe symptoms that usually include headaches but aren't limited to them**
- **Common additional symptoms include nausea, vomiting, and extreme sensitivity to light and sound**

Who gets migraines?

- **Migraines are quite common, affecting 1 in 5 women, 1 in 16 men, and 1 in 11 children**
- **Migraines are considered to be genetic in origin but triggered by environmental and hormonal factors**
- **Changes in estrogen levels in the body are one of the most common triggers which is likely why it affect 3 times as many women as men**
- **Migraines can occur rarely to several times a month (and in severe cases multiples times weekly)**

How do symptoms present?

- The most common symptom is a severe throbbing pain and/or pulsation in the head, often on one side vs both sides of the head
- The headaches are often severe and debilitating, affecting and limiting daily activities - sufferers often describe this as a “spike in the head”
- While the headaches are usually the most severe and known symptoms, they are often a later part of a *cycle of symptoms* that vary from person to person and sometimes from attack to attack

The Cycle of a Migraine

- **Prodrome Phase**
- **Aura Phase (affects $\frac{1}{3}$ of sufferers)**
- **Attack Phase**
- **Postdrome Phase**

How do symptoms present? (Prodrome Phase of Cycle)

Early stage symptoms are called “prodrome” symptoms and can include any of the following:

- **Constipation**
- **Mood changes**
- **Food cravings**
- **Neck stiffness**
- **Frequent urination**
- **Frequent yawning**

How do symptoms present? (Aura Phase of Cycle)

- In about $\frac{1}{3}$ of migraine sufferers, an “aura” will presage a headache
- Aura phase symptoms usually begin gradually, build up over several minutes, and can last up to 60 minutes
- These will typically be visual phenomena such as flashes of light, blind spots, or even temporary blindness in one or both eyes
- They also can include other neurological symptoms such as tingling or numbness in the arms or legs, numbness or weakness in the face or one side of the body, and/or difficulty speaking

How do symptoms present? (Attack Phase of Cycle)

- After the “aura” stage (if present), migraines will usually progress to an “attack” which can last anywhere from 4 hours to 3 days
- The symptoms of the attack vary from person to person and sometimes from episode to episode but generally include the worst symptoms of the migraine cycle
- The attack phase is typically when the severe headaches occur but can also include nausea, vomiting, and extreme sensitivity to light and sound, and sometimes touch and smell
- Unlike a typical tension headache (which feels like a constant dull ache), migraines usually show up more sharply on one side and can pulse and/or throb

How do symptoms present? (Postdrome Phase of Cycle)

- **After a cycle of a migraine attack ends, sufferers usually feel drained and worn out by the experience**
- **This phase is called the “postdrome” symptom phase and can include fatigue, confusion, and a lack of ability to focus**
- **Some people report feeling elation**
- **Sudden head movements can re-trigger the attack phase**

What Causes Migraines?

- **The actual causes of migraines are not fully understood, but scientists consider genetics to play a role along with environmental factors which are called “triggers”**
- **Some current theories and research are studying the effects that serotonin imbalances might have and also whether the trigeminal nerve is involved**
- **Other neurotransmitters are thought to cause the pain of a migraine, including calcitonin gene-related peptide (CGRP)**

What triggers Migraines?

Common Triggers for Migraines

- Stress
- Estrogen changes
- Certain medications
- Alcohol (especially red wine)
- Caffeine (too much)
- Sensory Stimulations (bright lights, strong smells, loud sounds)
- Sleep changes
- Weather changes
- Skipping meals
- Certain foods (processed foods, aged cheeses)
- Dehydration

What Causes Migraines? (My Personal Story)

- I started getting low level migraines in my early 40's. Mine hardly ever get to the point of being debilitating, but do include some light sensitivity and medium headaches on the left side of my head. I can generally turn down lights and/or take a short nap and keep working.
- In general, my main trigger is smell...heavy processed scents such as car "trees," candles (especially going anywhere near a candle section in a store)...and weirdly, heavy BO
- I also can get triggered by alcohol. This started with just red wine, progressed to both red and white, and now includes any alcohol beyond a sip or two

Massage for Migraines

- Assessment: Useful Intake Questions &
Bodyreading misalignments that may help
identify a client who gets migraines

How Do Doctors Diagnose Migraines?

- Before we cover how we might assess a client's needs for how massage therapy can help with migraines, it is helpful to know how doctors will diagnose and treat migraines as sufferers might need support in getting a diagnosis and/or taking a medication to treat them.
- Typically a patient will need to work with a neurologist to get a diagnosis.
- There are no direct tests (blood tests, MRIs, CAT scans, etc) that can determine migraines in a patient.
- Migraines occur in brains that are structurally normal, but functioning abnormally. Therefore, they won't show up on an MRI or CAT scan. These tests may be administered by a doctor to rule out other possible causes for pain such as a tumor, stroke, brain bleed, or infection.
- If these tests rule out other causes and a neurologist will likely diagnose migraines based on your medical history, symptoms, and a physical and neurological examination.

How Do Doctors Treat Migraines?

- **There are no “cures” for migraines...but there are medication treatments to manage and prevent symptoms**
- **There are many possible medications that can be used to manage symptoms which broadly land into two main categories: pain relief and preventative**
- **For pain relief, there are a variety of common and migraine specific medications that doctors will try with patients to find a good match**
- **For prevention, there are a wide set of possible medications that can help prevent attacks including blood pressure reducers, antidepressants, anti-seizure, localized botox injections, CGRP monoclonal antibodies, etc**
- **Doctors and patients often have to experiment with different combinations of medications to find the most relief for the least side effects for each specific patient**

How Do Doctors Treat Migraines?

- In addition to medications, reduction of known triggers in the environment is also a helpful strategy when applicable
- When symptoms start, many sufferers can “head off” the more severe symptoms if they can take a nap in a quiet, darkened room
- Ice or a cold compress may also help keep the prodrome phase from fully triggering a full on attack
- Dehydration can also be a factor so drinking plenty of water may also help stave off an attack

Home Remedies to Treat Migraines

- **Meditation and Relaxation techniques**
- **Making and keeping a routine around sleeping and eating**
- **Staying hydrated**
- **Keeping a headache journal can help identify triggers, especially ones that aren't as common**
- **Exercising regularly (with proper warm up and hydration)**

Alternative Medicine Remedies to Treat Migraines

- **Massage Therapy**
- **Acupuncture**
- **Biofeedback**
- **CBT (cognitive behavioral therapy to work on social and stress triggers)**
- **Meditation & Yoga**

Herbal Medicine Remedies to Treat Migraines

- **More studies need to be done but there are some herbal supplements that seem to help with some sufferers**
- **Feverfew & Butterbur herbs have been shown to lower migraine severity however studies have mixed results (Butterbur is not recommended for safety reasons)**
- **High doses of Riboflavin (B-2) may reduce migraine severity and frequency**
- **CoQ10 may reduce frequency**
- **Magnesium may help but studies show mixed results**

How Can Massage Help?

- **Let's get super clear about one main point before we get into massage treatments for migraines...we are not really working on the migraine itself, we are managing the symptoms. Right?**
- **Well...that's somewhat true. However, while we can't solve the root cause of the migraine itself, there is a side effect of chronic migraines that causes them to occur more frequently that we can work on and improve. What is it?**

How Can Massage Help?

- **Migraines cause headaches and muscle tension in the head, neck, shoulders, and often the back as well. While the source is the neurological migraine, the result is actually a severe tension headache.**
- **Each time the migraine is triggered without a full recovery piles more and more tension onto the musculature, which in turn actually makes the threshold for triggering another attack lower and lower over time.**
- **The body compensates by normalizing all this tension so that you can continue to function and you learn over time to ignore the signal to rest.**
- **This is especially true for chronic severe sufferers as society won't really allow us to take off several days a week to get through the attacks so we get better and better at simply suffering with them.**

How Can Massage Help?

- **As with any injury that is chronic, re-injury is far easier to do and in this case, migraines become far far easier to trigger keeping sufferers in a fairly debilitating cycle of attacks**
- **Massage therapy, especially myofascial release techniques, can remind the brain what the musculature can feel like without the years of layers of tension piled on top of itself**
- **While not a one time fix, repeated sessions can act like a reboot for the trigger threshold, allowing clients to do more and be around triggers more without triggering attacks with the same high severity and high frequency**
- **Over the course of a series of sessions, sufferers get fewer and fewer attacks that are less and less debilitating**

How Can Massage Help?

- This is by no means a permanent “cure” and stress and other factors can still trigger more severe attacks
- However, over time, clients will gain more and more ability to notice the prodrome phase starting and choose to rest to prevent a more severe set of symptoms
- In addition, they will reach a point at which they won’t need hours to days to reset except on rare occasions
- With a combination of massage therapy sessions, self care tools, and medication when needed, most clients can generally find a 60-90% reduction in their attacks and the severity of them.

First things first...expanding your intake

- **With migraines, finding out exactly how they present for each particular client is really important as they can show up very differently for different people and even from attack to attack with the same client**
- **Getting some baseline information will help you to be able to set reasonable expectations for clients about what kind of relief massage therapy can offer, how long it might last, how many sessions might be needed to create a real long term reduction in attacks, and what kinds of treatments to design**
- **Additionally, clients often don't know much about migraines and might not have considered that they have them so you will often need to educate them about the symptoms to see if they might need to visit a doctor for a medical diagnosis**

First things first...expanding your intake

- In general, clients who get migraines but are currently not in the middle of a cycle can be worked on normally without the likelihood of triggering an attack. That being said, it's worth letting the client know that a deep tissue session has the possibility of triggering an attack and asking them if they would prefer to start out with a lighter session at first to lessen that possibility.
- Some clients will prefer this, others are very used to dealing with their attacks and will prefer to “go for it” and see what happens. I recommend leaving the choice up to them but also making sure that they know to tell you if the session does flare up their symptoms so that you can adjust next time.

First things first...expanding your intake

- **Clients who are in the prodrome or aura phases of their cycle will likely respond best to a lighter to medium intensity session vs a very deep intensity session. A deep session has much more likelihood of triggering a full attack at this phase vs a medium session which can potentially break the cycle and either avoid or lessen the attack. I recommend letting them know this and recommending to them that you start lighter this session.**
- **However, I also recommend that you still leave the choice up to them. Finding the right intensity levels that pair well with each client for each phase they are in is an experiment that you are both running together and will be different for each client.**

First things first...expanding your intake

- Since it is an experiment, collecting data is important for the client to know how their particular migraines occur and what kinds of treatments work best for them. Educate them as to the possibilities but let them make their own choices about where to start, knowing that you'll be able to adjust in subsequent sessions.
- Therefore, at some point in your relationship with the client it is always worth trying out a deeper session to see how they respond to it. If they made the choice to start lighter in the first session, suggest trying a deeper session next time as long as they aren't in the middle of a cycle.

Some Guidelines if Clients are in the Middle of a Cycle

- Lower lights and sounds to the lowest levels that still allow you to work
- Avoid using any essential oils or scents in the room
- Putting a client face down in the face cradle can trigger an attack or make symptoms worse...I recommend working face up for the entire session if the client is in the prodrome, aura, or attack phases (and with some clients going face down during the postdrome phase can re-trigger the aura and attack phases)
- Most clients will not be able to have a session in the attack phase and will likely need to stay home. However, every so often a new client comes in hoping that massage will help during an attack. With a new client who's having a severe attack, I recommend light work to try and tone symptoms down, relax the nervous system, and hopefully give them enough relief to get a good night's sleep and wake up out of the attack. Let the client know that once they are out of the attack phase, you'll be able to work more deeply and try to give more of a long term result.

Intake Questions for 1st Time Clients that Already Know They Get Migraines

- **How often do your headaches occur?**
- **How severe are your symptoms?**
- **What, if anything, seems to improve your symptoms?**
- **What, if anything, appears to worsen your symptoms?**
- **Do you have other symptoms such as GI issues or visual phenomena?**

Additional Questions to Help Craft a Treatment

- **Where are you at in your cycle today? (no symptoms, prodrome, attack, postdrome phases - you may need to explain these)**
- **Have you had medical massage therapy before? If so, how did you respond to the treatment?**
- **Do you have anything going on over the next few days that is super important? If so, can we go a bit lighter today just in a case a deeper session would trigger an attack?**

Intake Questions for Clients Who Don't Know They Get Migraines or that you Suspect Might Get Them

- I hear that you get neck/shoulder/back pain and tension a lot. Do you get headaches as well? Grind your teeth at night or have TMJ?
- Oh, you do get headaches? How often? How severe? Any nausea or visual phenomena?
- Where do you actually feel the headache pain? Does it feel like a “vise” or like a “spike”? More on one side or equal on both sides?
- Does anyone else in your family have migraines?

Cues that Might Identify Headaches in Clients

- **Noticeable jaw tension: Could look like either biting down, jaw retraction, or an off center mandible**
- **Head forward posture**
- **Head that is tilted, shifted, or turned off center**
- **Noticeable eye strain or forehead tension**
- **Upper crossed syndrome of the shoulders**

What to Say When you Suspect a Client Gets Migraines

- **Example Language:** “I hear that you do get headaches at least once a month and that they tend to show up like a sharp spike on one side. This sounds like possible migraines vs just regular tension headaches. I’m not a medical doctor and I can’t diagnose these as migraines so it might be worth visiting a neurologist for a more formal evaluation for migraines. While I should be able to help provide relief, if these are migraines, there are specific medications available that can really help keep these under control that are worth exploring.”

Educating Clients & Managing Expectations on How Massage Can Help

- **With migraines, massage therapy is never able to directly affect the root neurological issue causing them. Most of what we can do is about managing symptoms and supporting clients to learn the self care practices that work best for them.**
- **That being said, what we can do is help release the long term build of tension that the repeated attacks have caused which in most clients can help raise the threshold for triggering attacks so that they don't happen as frequently, and aren't as severe.**
- **This usually takes a series of sessions which should help get clients to a place where the attacks are far more manageable. Once there they'll need sessions only every so often if stress piles up and the attacks ramp up again.**

Educating Clients & Managing Expectations on How Massage Can Help

Guidelines for session series depending on severity of migraines

- **With someone who gets mild and infrequent migraines a series of 3-5 sessions 2 weeks apart would go a long way towards a sharp reduction in their frequency and severity**
- **With someone who get more severe migraines 1-2x + per month a series of 5-8 sessions 1 week apart would go a long way towards a sharp reduction in their frequency and severity**

Educating Clients & Managing Expectations on How Massage Can Help

Guidelines for session series depending on severity of migraines

- **After a series creates a noticeable change in the migraines frequency and severity, a client will likely need maintenance massage sessions to keep their gains and prevent the cycles from ramping back up**
- **A session every 3-8 weeks usually does the trick for this depending on the client**

Common Goals for Migraine Session 1

- **Explain the condition and educate the client as to the likely possibilities and impacts it will have including what to expect in order to improve it - this is one of those conditions where client education is equally if not more important than table work**
- **Myofascial release of all musculature of the shoulder girdle, neck, jaw, and head**
- **Myofascial release of the front line of the body to help relieve desk work tension that results in head forward posture**

Common Goals for Migraine Sessions Later in Series

- **Work on face down back line when client is totally out of a cycle (take advantage of these times to work face down as you will likely have lots of session with these clients where they will be face up throughout)**
- **Address tight hips and any pelvic alignment issues**
- **Work on restoring a more neutral foot/ankle position and movement to provide better support for the pelvis, ribcage, shoulders, and head**
- **Work on medial and lateral pterygoids which often get locked up and immobilized from repeated headaches**
- **Address shoulder joint restrictions**
- **Work on releasing tension in the arms, forearms, and hands**

Consider working entirely in Supine in first session so that you can easily communicate with client while working

- Establishing good communication on what intensity level the client is experience with myofascial release work, as well as how painful or not ROM assessments are is important, especially during the first session
- Doing the first session in supine will allow you to more easily talk with the client, as well as notice changes in breathing and facial expressions
- In addition, supine allows for a greater range of motion in the head, neck, and shoulders than prone and gives you an opportunity to start with the head and neck while communicating so that the client feels like you are immediately addressing their main concern
- For our example treatment, we'll start with that, then switch to working on quads and major hip flexors to improve sitting posture, then work up the body finishing with the head, neck, and jaw

Consider Swapping some “Table Time” for more time to explain the condition and give homework practices

- While the hands-on treatments *are* important, the client’s understanding of the condition and the need to make significant short and medium term lifestyle changes is *equally, if not more important*
- Be willing to spend less time on the table and more time explaining the anatomy involved, talking through their daily habits to look for contributing factors, and spend time to make sure they have a solid grasp of self care practices to do on their own at home
- For a normal 60 minute session, I’d give at least 10 minutes of this over to the above

Massage for Migraines

- Meet our Guest Client & Hear Her Story
- Treatment Demonstration

Proposed Treatment Sequence: 50 minutes in supine for a client who is new or in the middle of a cycle

- **Start with a gentle suboccipital hold (or simple head hold if client is having an attack)**
- **If desired by client, place bolster or small pillow under head while working on front fascial lines**
- **Work on lateral and front fascial lines of the upper legs, checking in with client to make sure pressure isn't triggering symptoms to start or get worse**
- **Work on trigger points in QL, psoas, and iliacus at a depth and intensity that client is comfortable with as long as it doesn't trigger worsening symptoms**

Proposed Treatment Sequence: 50 minutes in supine for a client who is new or in the middle of a cycle

- **Work on rectus abdominis, obliques, and diaphragm**
- **Reposition ribcage and compress lower ribs on exhale to stretch intercostals and soften traps**
- **Work on pecs, serratus anterior, and subscapularis**

Proposed Treatment Sequence: 50 minutes in supine for a client who is new or in the middle of a cycle

- **Posterior neck sequence working on traps, splenius capitis, levator scapula, attachments on transverse processes of cervical vertebrae, end sequence with gentle traction of vertebrae and suboccipital hold**
- **Anterior neck sequence working on SCM and scalenes**
- **Work on temporalis, masseter, frontalis and finish with fascial releases of face**
- **Repeat gentle traction of vertebrae and suboccipital hold**

Massage for Migraines

- Giving Homework: Examples of At Home Self Care for Migraines

Client Homework Practices (demonstrate/explain each)

- **Stretches for anterior neck including extension and rotation**
- **Self release of temporalis including opening and closing jaw**
- **Self release of masseter and face muscles**
- **Therabody Smart Goggles**
- **Keeping a trigger journal**
- **Notifying friends, family, and coworkers that you get migraines and asking for support around needs to help eliminate triggers**

Massage for Migraines

- Q & A
- How to download slides, get your certificates,
when video will be available