Rehabilitation Methods treatment for headache

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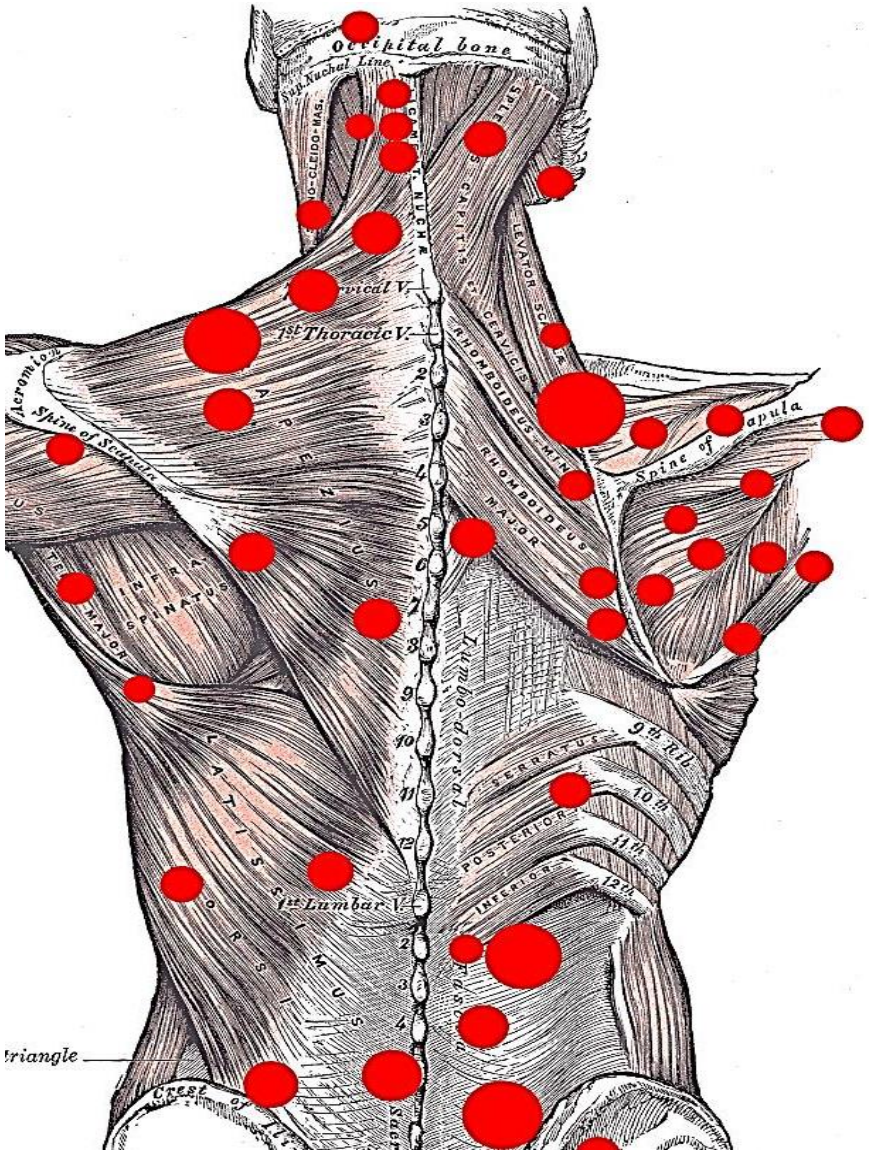
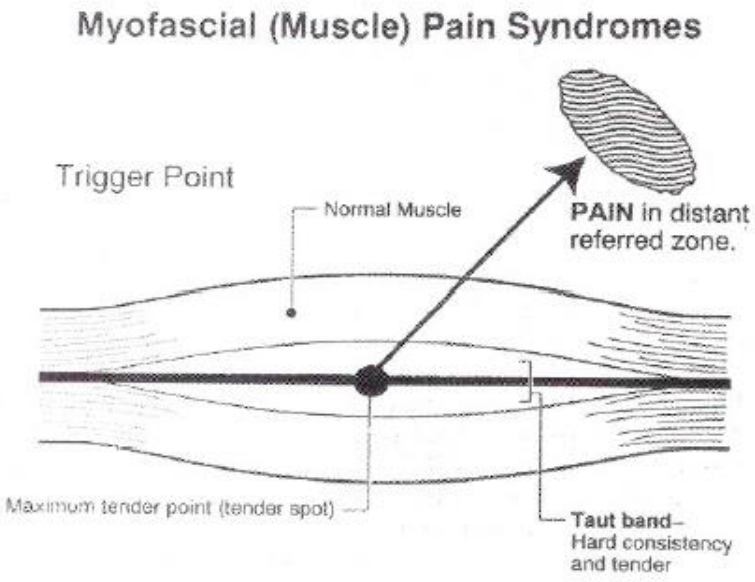
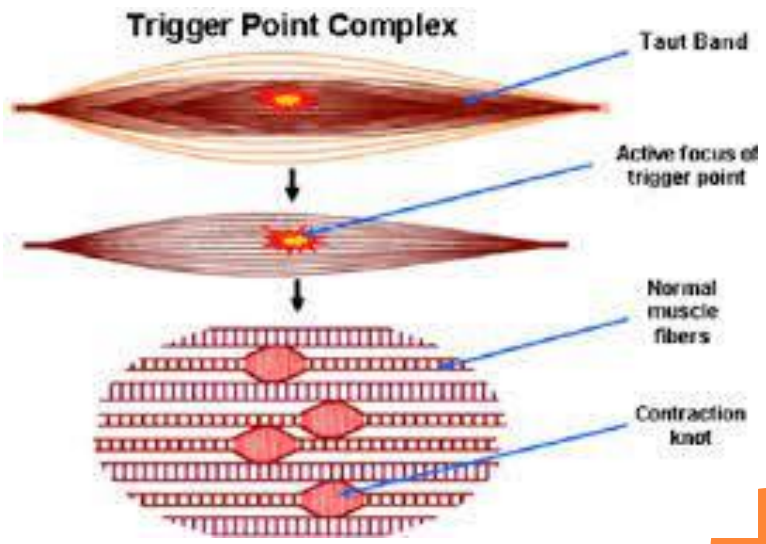
Myofascial Trigger Points

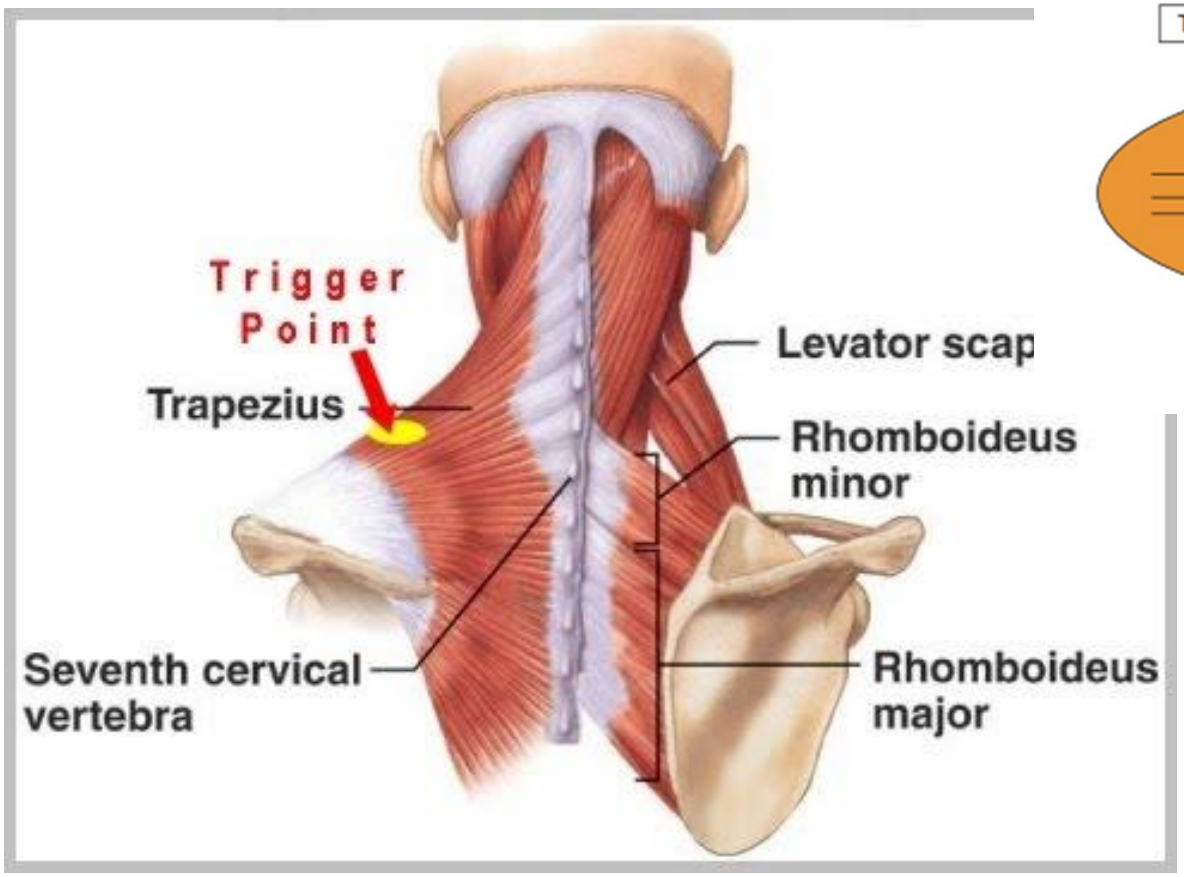


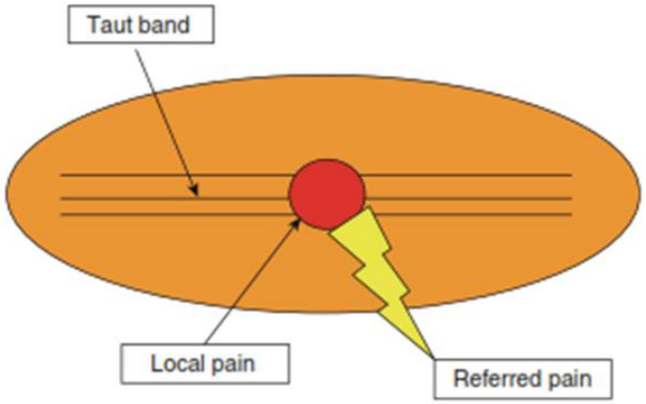
Trigger point





Myofascial trigger point





Types of trigger point

- **Active vs Latent**

Active:

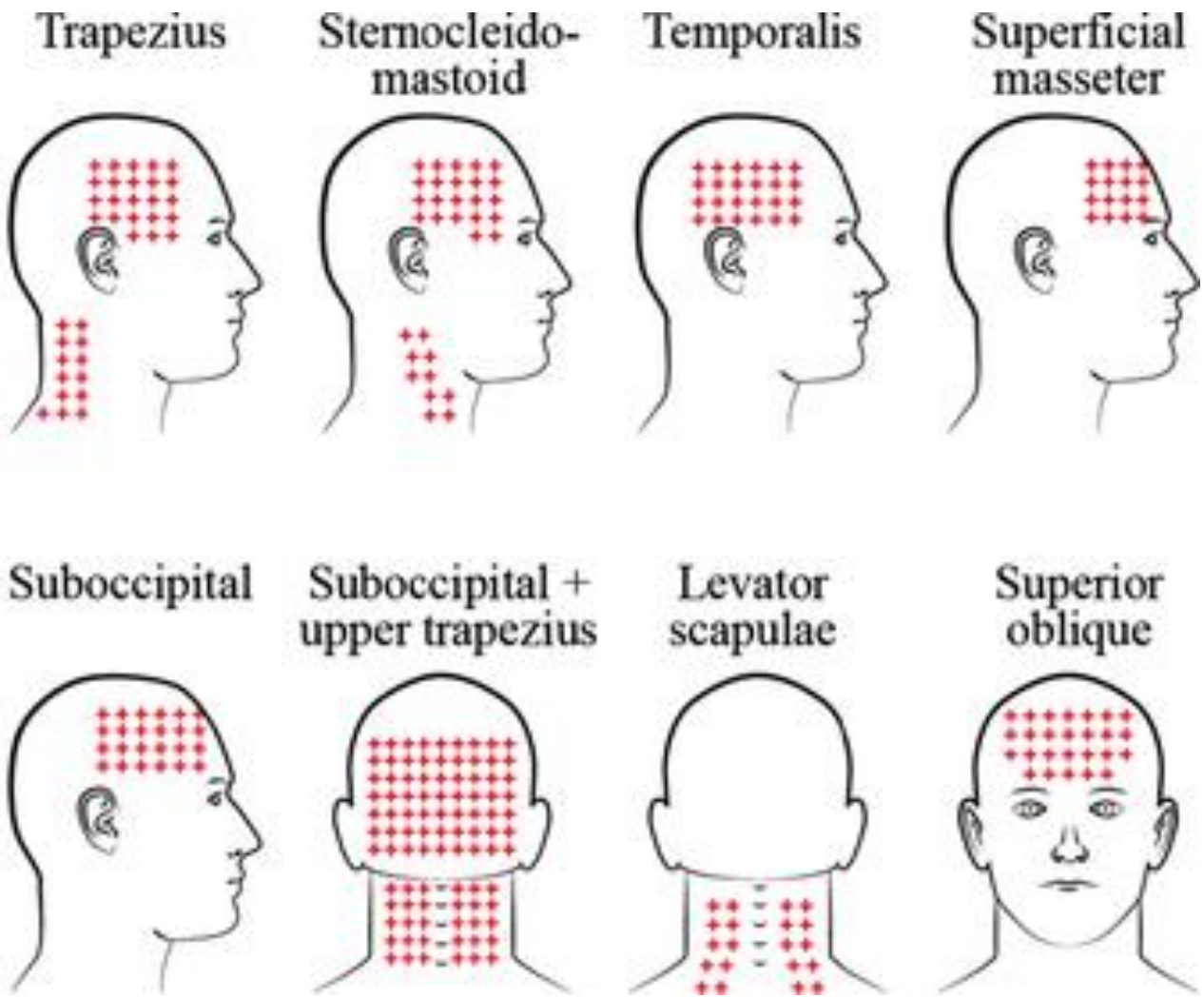
- Symptomatic
- Tender and painful
- Referred pain pattern
- Local twitch response
- Motor or Autonomic symptoms on palpation
- impaired range of motion, muscle weakness, and loss of coordination.

Latent:

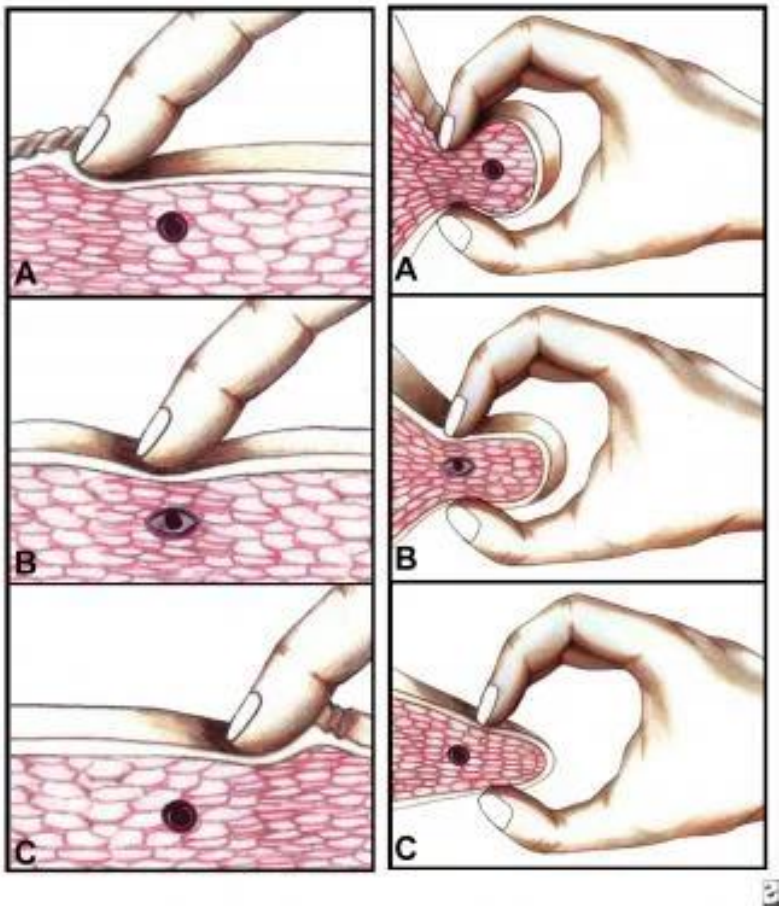
- Asymptomatic
- upon palpation/compression cause pain
- May cause muscle shortening and weakness
- Tender
- Local twitch response
- referred pain

In fact latent trigger point may display all the symptoms of an active trigger point to a lesser degree.

Referral pain due to trigger points

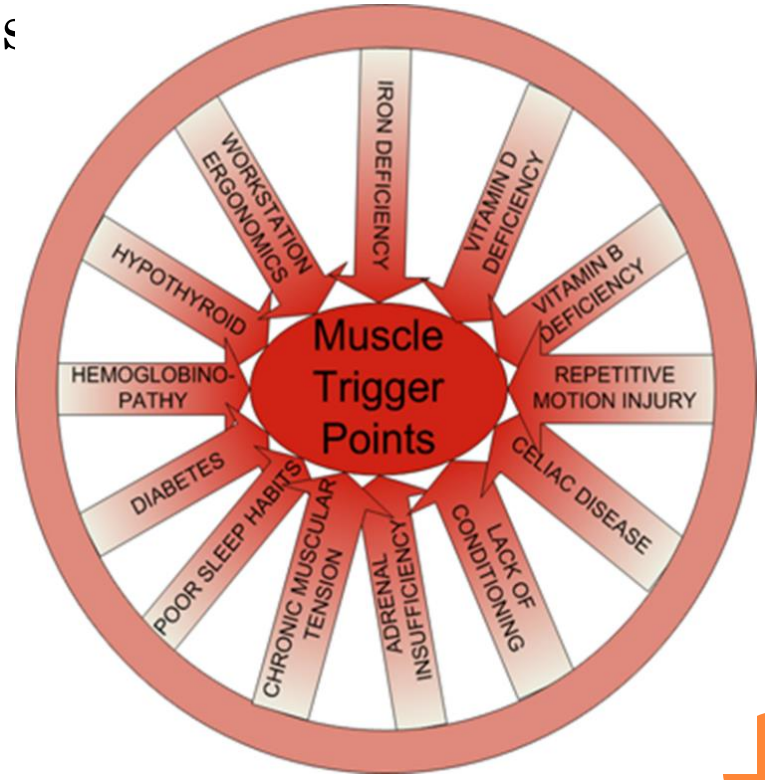


Phyisical exam



Principle of managemment

- Trigger point management
- Correct Perpetuating factors



Common Causes/ Triggers

- Poor posture
- Sleeping habits
- Carrying heavy items on one shoulder
- Poorly designed workstations
- Sitting in chairs or car seats for prolonged period of time
- Trauma to cervical spine
- Whiplash

Treatment

Trigger point management

- Injection
- Stretch and Spray
- Massage
- Heat therapy
- Acupuncture
- Electrotherapy
- Exercise
- Drug

Pharmacologic treatment :

Although evidence is limited and inconsistent,

- **acetaminophen and NSAIDs** may be effective for **mild to moderate pain** and are often the mainstays of pharmacologic therapy.

- Occasional patients with **more severe pain**: **mild opioid analgesics** or tramadol; these drugs are reasonable in the acute phase.

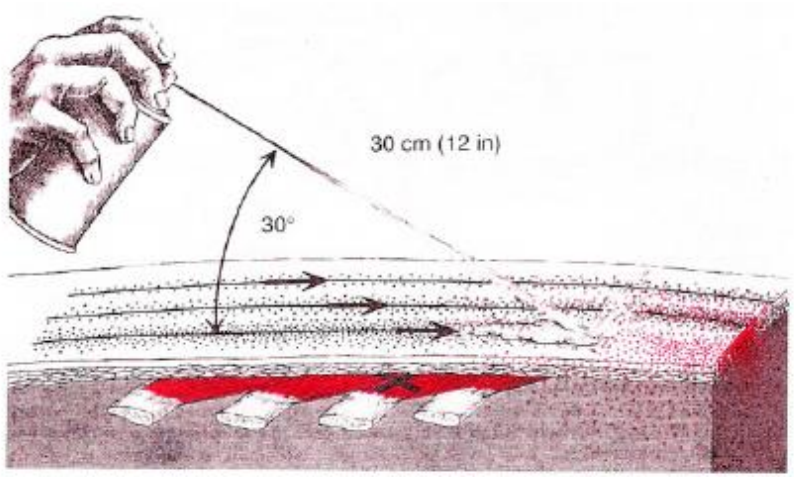
- **Muscle relaxants** may be used at night, including benzodiazepines (oxazepam,).

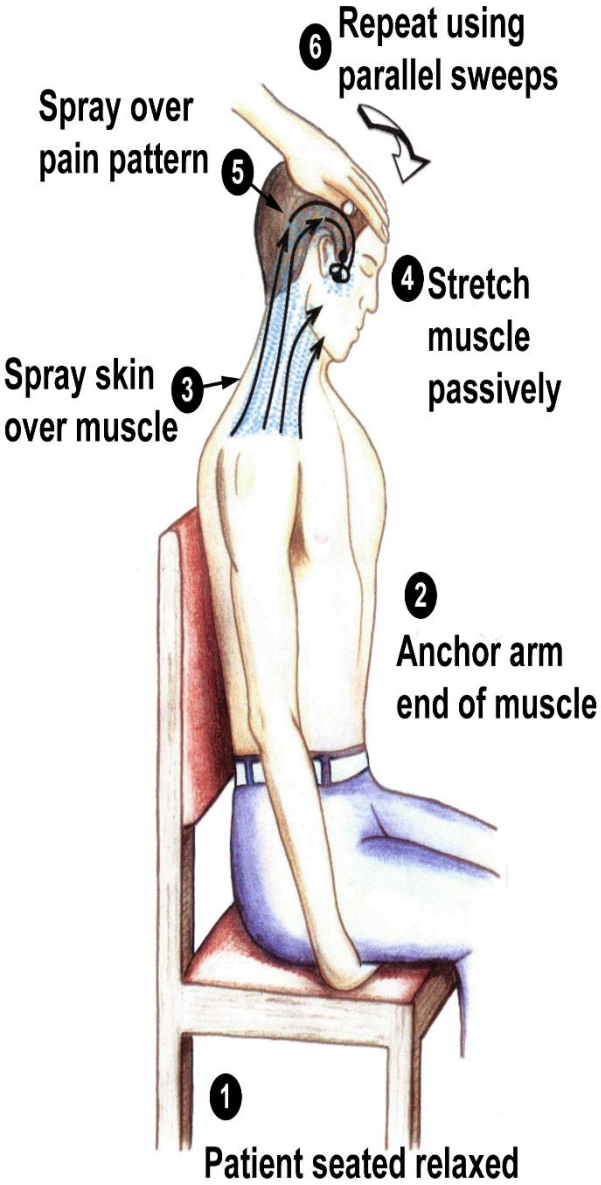
- **Evidence for the effectiveness of muscle relaxants in the relief of neck pain is not as strong as for NSAIDs.**

- **methocarbamol & …** , have anticholinergic properties & significant adverse effects in older patients.

- For older patients with acute neck pain not responding to acetaminophen and nonpharmacologic measures, a time-limited course of a **low dose mild opioid** might be indicated, with **prophylaxis for constipation.**

- # Stretching


30 cm (12 in)
30°


6 Repeat using parallel sweeps
Spray over pain pattern 5
4 Stretch muscle passively
Spray skin over muscle 3
2 Anchor arm end of muscle
1 Patient seated relaxed

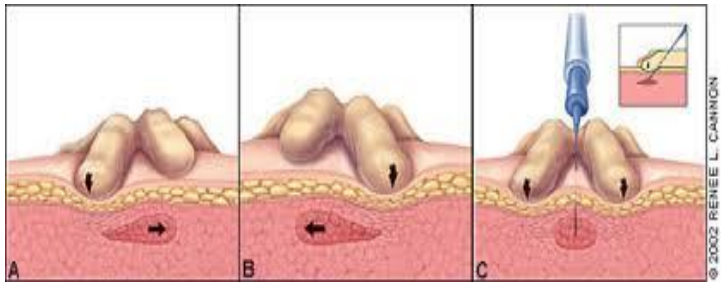
Trigger point injection

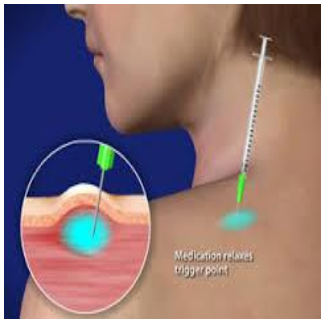
Trigger point injection

- Trigger point injection is a low risk intervention that some believe may be helpful in patients with isolated muscle spasm and taut bands

- Clinical findings attributed to "myofascial pain" or "muscular pain" usually represent underlying pain referred from underlying degenerative changes in the cervical spine.

- Treatment should be directed at the underlying abnormality whenever possible. **Routine use of corticosteroid should be discouraged due to its propensity to cause local muscle necrosis**

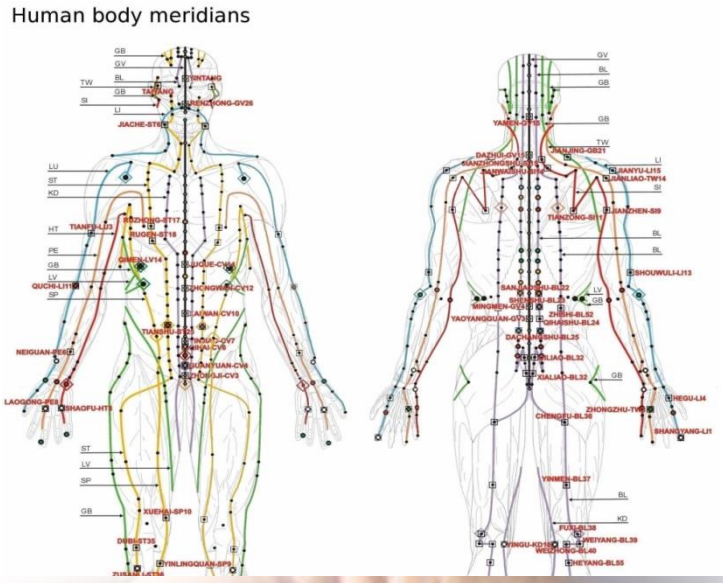


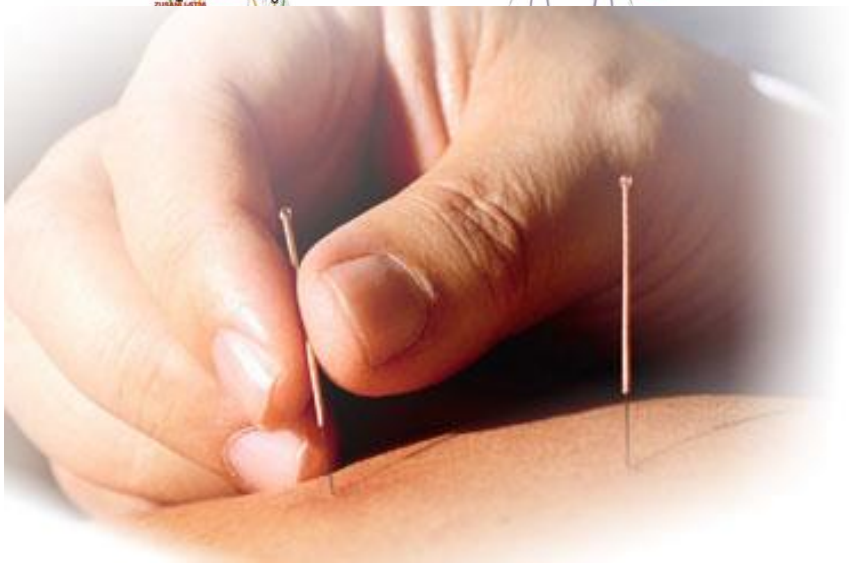


botulinum toxin injections

Meta-analyses of randomized trials in patients with neck pain have found no benefit of botulinum toxin intramuscular injections in the short-term (four weeks) or long-term (six months), when compared with placebo .

Acupuncture





Modality
& electrical therapy

Electrotherapy

Ultrasound

Laser

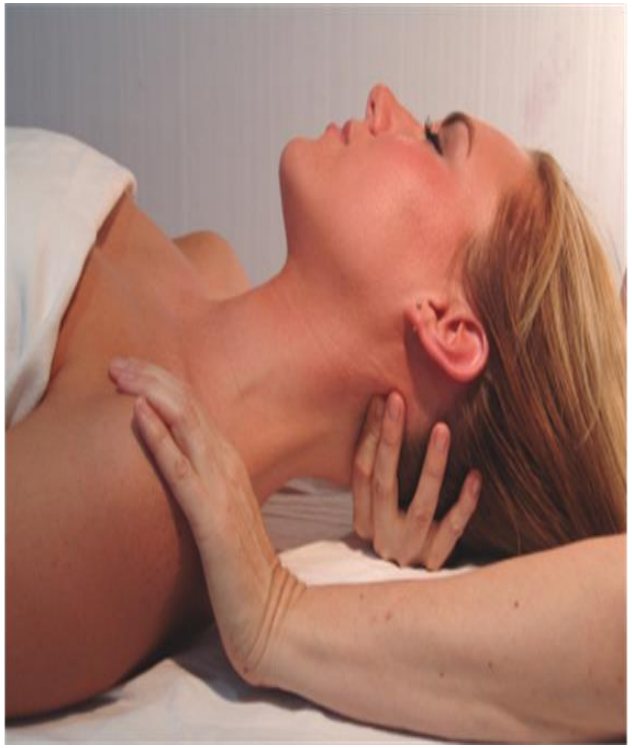
Shockwave Therapy

Manual therapy

- Cervical manipulations and mobilizations
- Thoracic manipulations and mobilizations
- Muscle stretching
- Strengthening exercises esp endurance exercises for deep cervical flexors and scapular stabilizers
- Postural reeducation

MFR Myofascial release technique

Traction & manipulation



Manual therapy

Treatment- Cervical & Thoracic Manipulations

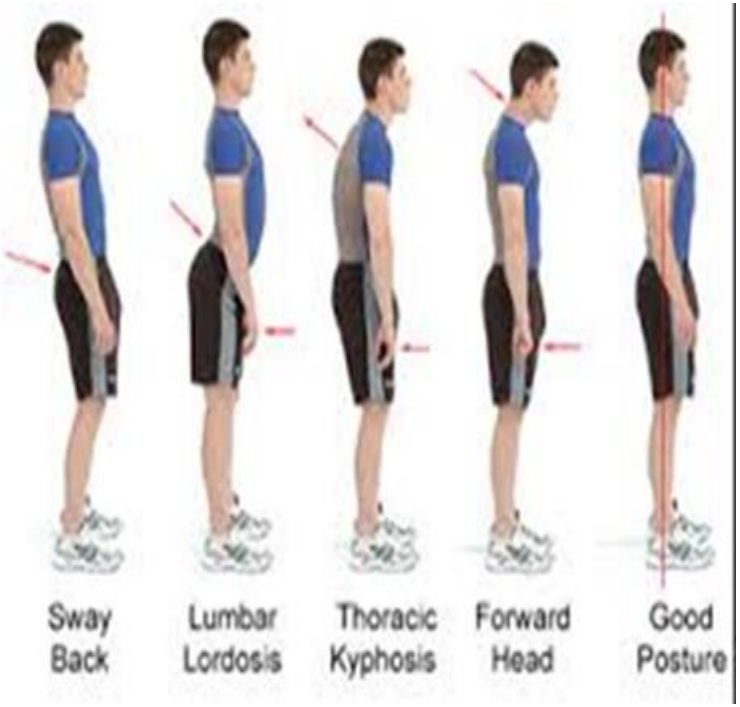
Manual therapy

Treatment- Suboccipital Release

- Why does it work?
  - Many people present with upper cross syndrome or forward head posture w/ kyphosis
    - Desk jobs and use of smartphones may contribute to this
  - Physical trauma and stress lead to restricted fascia and motion at C1 C2

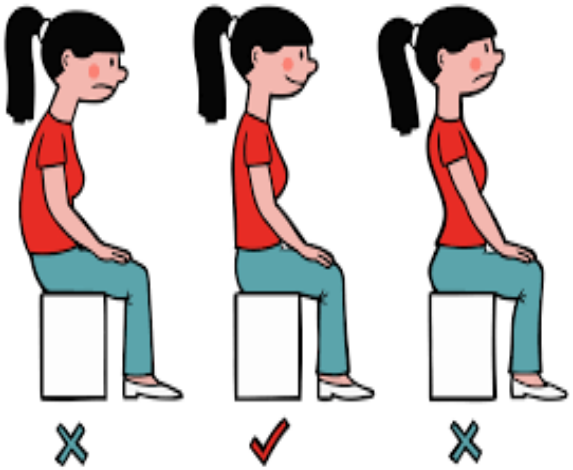
- The suboccipital release helps to soften fascia in the suboccipital area and open space between C1 and C2

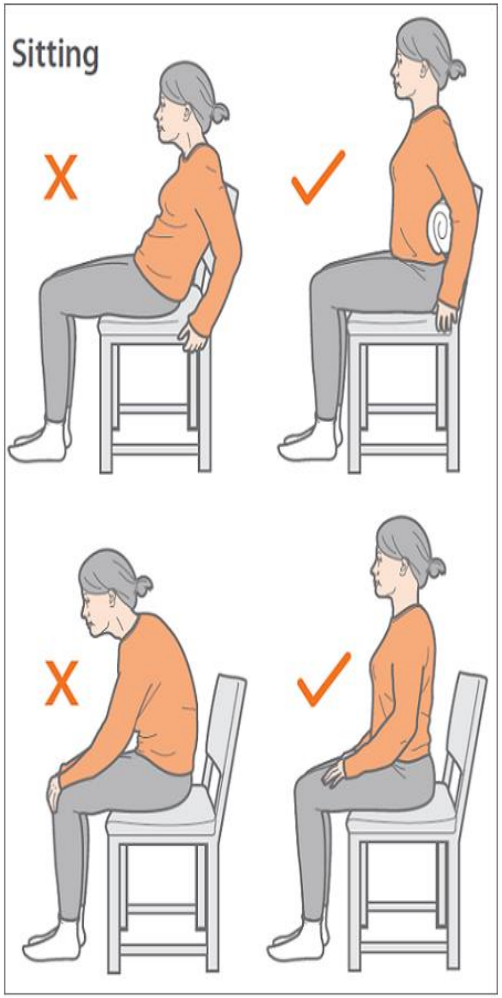
Life Style


Sway Back
Lumbar Lordosis
Thoracic Kyphosis
Forward Head
Good Posture

Standing

Sitting





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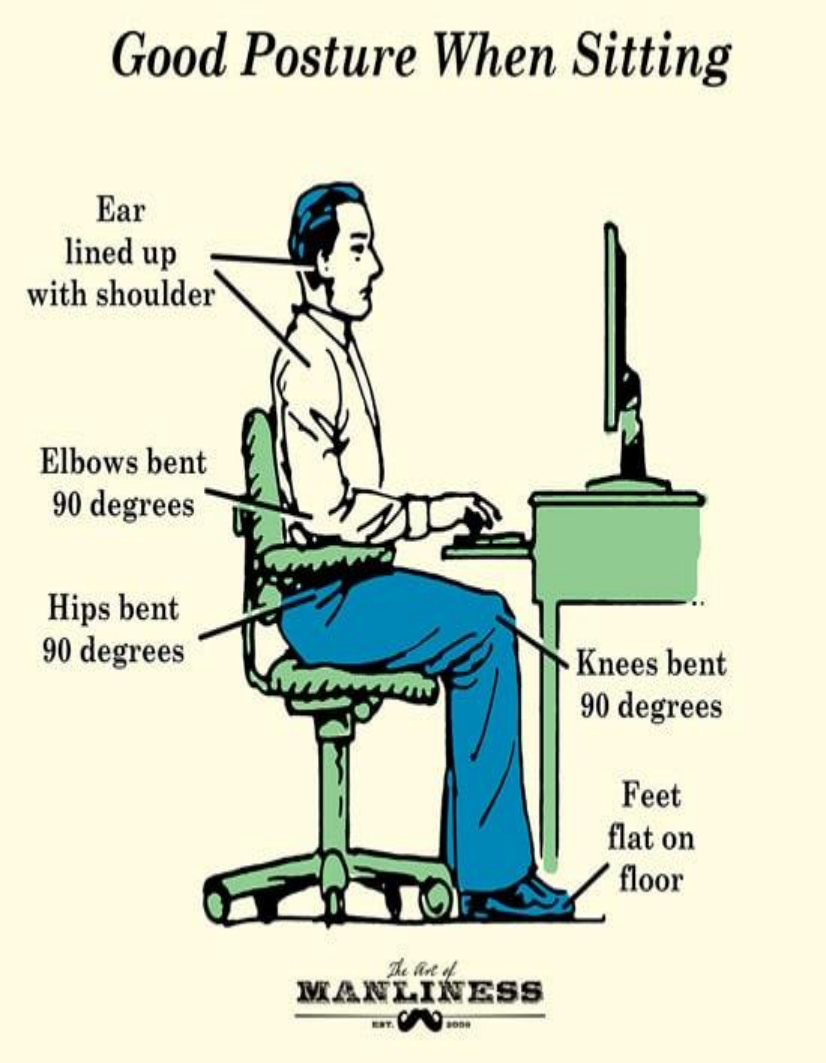
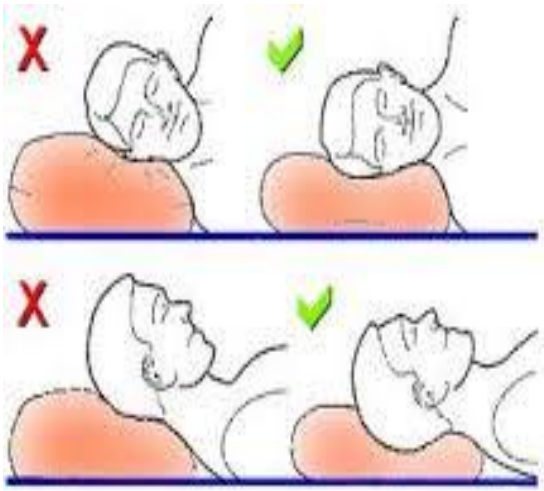

Good Posture When Sitting
Ear lined up with shoulder
Elbows bent 90 degrees
Hips bent 90 degrees
Knees bent 90 degrees
Feet flat on floor
The Art of MANLINESS

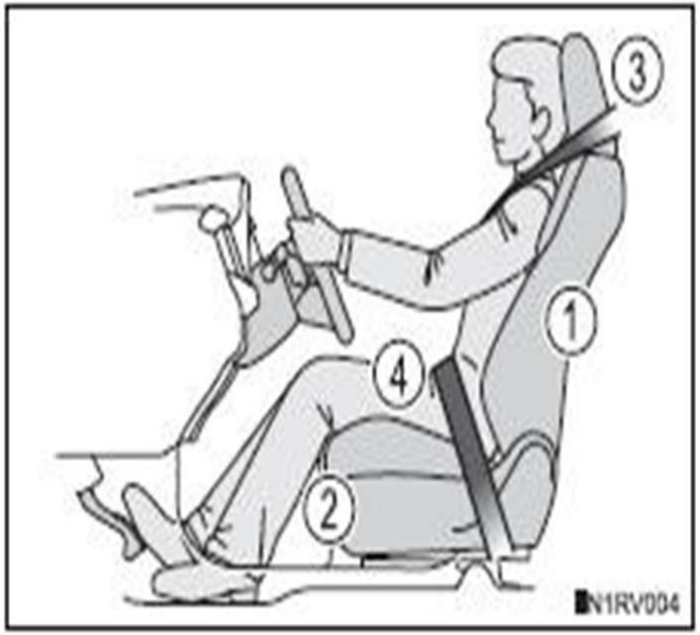
Correct position for mobile use

Sleeping



Driving

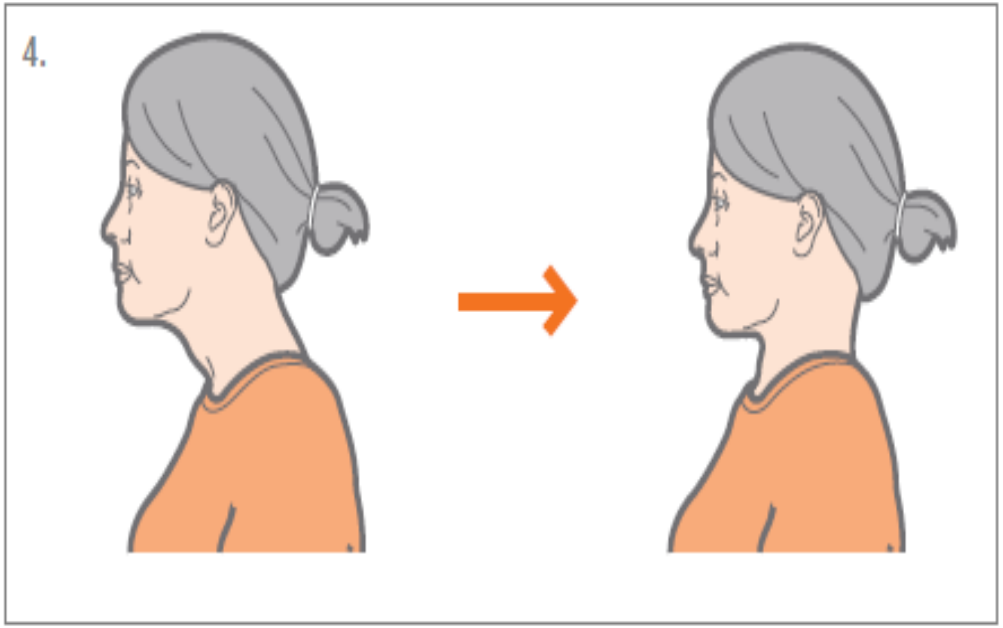
IMPROVE YOUR DRIVER POSTURE
CORRECT
INCORRECT

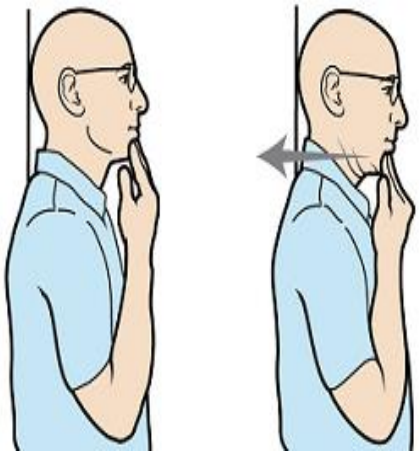

3
1
4
2
N1RV004

Carrying

Exercise

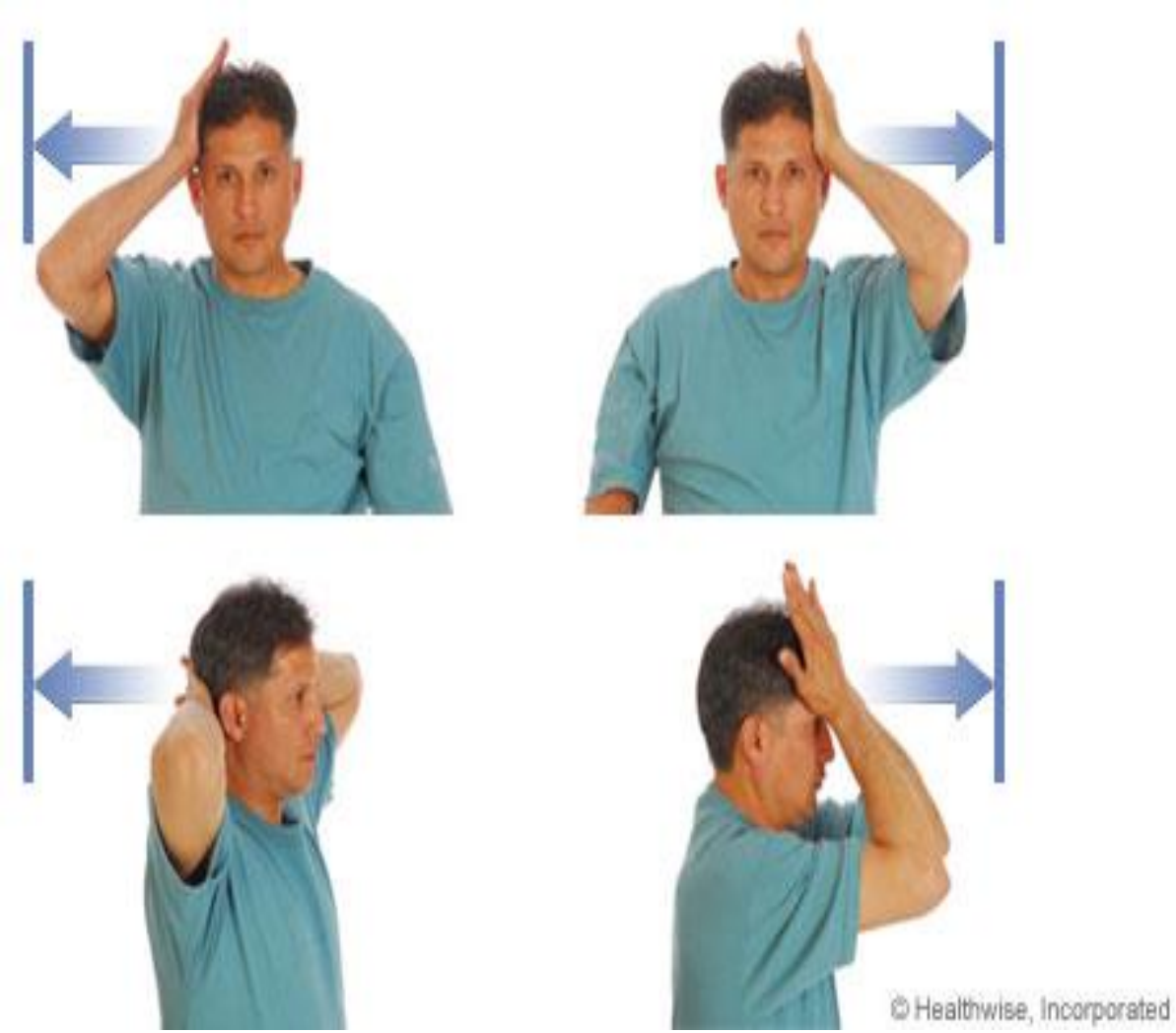
Chin Tuck





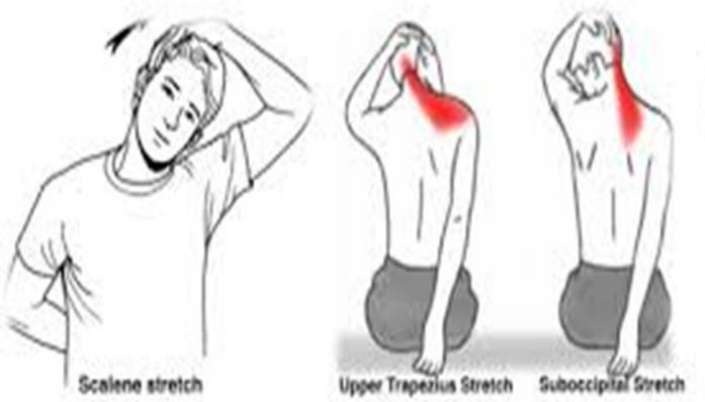
Cervical ROM

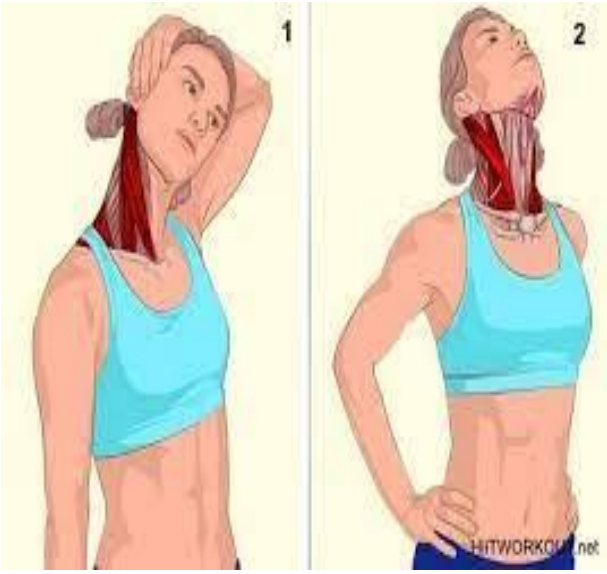
Strengthening Exercise



Stretching

- Muscles to target:
  - Upper trapezius
  - Levator Scapulae
  - Scalenes
  - Pectoral

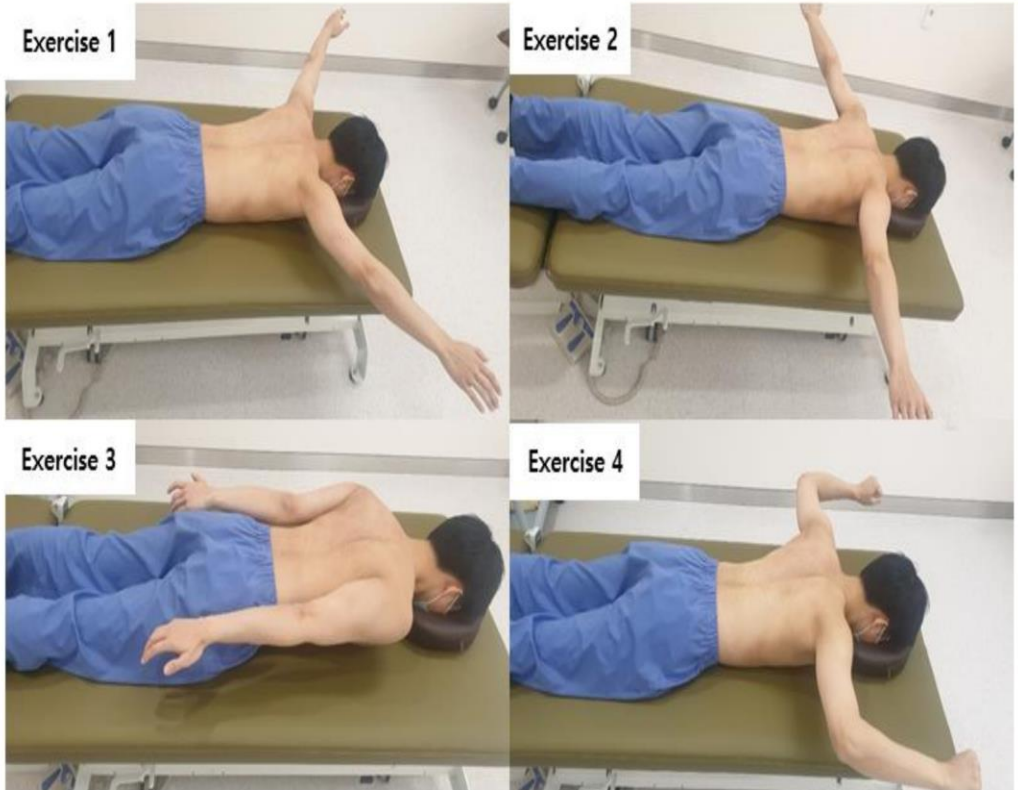




Stretching Exercise

Strengthening of Scapular Stabilizing Muscles

- Scapular Squeezes
- Rows



Shoulder Shrug

Thanks for your attention

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