

SET TALK

By Don McCann, MA, LMT, LMHC, CSETT

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HEADACHE RELIEF

If you are a practicing massage therapist, it's almost certain that you have clients who are suffering from full blown headaches, or who come in for stress relief or some other symptoms leading to headache patterns or chronic headaches. Most clients who come in with a headache already established want immediate relief. Our clients have been educated by the media and the drug industry that headache pain should not exist in their lives. The truth is that headaches are often the result of the clients' lives, especially when stressed.

When a client walks into the office for a session, often there have been several stressful occurrences just in the process of getting to the office. We take for granted when we get into a car that everything is going to be okay, and that we will arrive at our destination safely in a reasonable amount of time. This fantasy does not always live up to reality. We have our lives threatened daily in vehicle travel, and can be caught in traffic or rerouted making it next to impossible to maintain on-time schedules. Driving to a massage is no different, and a type "A" personality, who is normally highly stressed, will absolutely be even more stressed after traveling through traffic in a car.

There are several different kinds of headaches – some easy to treat, and some quite difficult. The ones that are easily treated generally are due to stress and tension, and are usually successfully treated with a relaxation massage. Other types of headaches resulting from structural imbalances, or injuries, car accidents, and trauma, are more difficult to treat.

Stress seems to be a trigger for the onset of just about any type of headache. It is important for the massage therapist to be able to recognize and effectively release the areas of soft tissue and muscle contractions involved with the headache. The back of the neck and tops of shoulders are normally tight and are typical areas of complaint in almost any headache situation. However, if you only work the back of the neck and shoulders, you will in essence be facilitating the structural imbalance which is often the culprit. Since the head and neck are usually already protruding forward in 90% of the people with headaches, the cervical vertebrae is not effectively supporting the head, which forces the muscles in the back of the neck to contract tightly to hold up a 13 lb head. So, if we are to successfully address the headache triggers on the tops of the shoulders and the back of the

neck, we need to initially apply massage techniques that will move the head, neck, and shoulders back into structural alignment before working extensively on the contracted muscles on the top of the shoulders and back of the neck. When the head, neck, and shoulders are released back into an improved structural alignment, the musculature in the back of the neck and tops of shoulders will have already relaxed because it is no longer compensating for the forward head posture. The work on the soft tissue of the back of the neck and tops of shoulders can then be deeper and more effective with less sensation for the client. Clients like this.

When the headaches are the more severe type such as clusters and migraines, the structural improvement resulting from working the front of the chest and the neck first, followed by treating the back of the neck and tops of shoulders has a two-fold effect. Not only will the triggers found in the spasmed muscles of the levator scapula, splenius capitus, supraspinatus, trapezius and rhomboids dissipate, but the structural improvement increases the flow of cerebral spinal fluid and circulation of blood to the cranium and brain, often with long-term positive effects on the relief of the client's migraine or cluster headache syndromes.

As I have mentioned, we want to relieve the stress, but also a promote significant structural shifting that will take the stress off the back of the neck and shoulders. The most effective way I have found for releasing the soft tissue is the 3-step approach that has been described in previous articles (*Massage Magazine*, November/December 2001, or you can read a copy of that article on the website.) The following is the sequence of application that I have found to be most effective in accomplishing the structural changes. First, have the client lie supine and work the pectoralis major and minor, then the subclavius directly under the clavicle, followed by working the SCM and all three scalene muscles. This allows the cervical vertebrae to shift back into alignment. I also find that rotating the head as you work the individual strokes on the scalenes, starting at the front and working progressively toward the back, will restore full range of motion in the rotation of the head, and allow a more direct release from the stroke on the tightened musculature. **Caution: Massage therapists must always be aware of the contraindications for treating these areas.**

After releasing this musculature on the front of the shoulders and neck, I will then have the client lie one side. While tractioning the shoulder, release the top of the shoulder and supraspinatus working from the coracoid process to the superior angle of the scapula. **It is important not to put a shearing pressure on the cervical vertebrae in this position.** Then work the

posterior fibers of the neck - splenius capitus, levator scapula, and trapezius - working from the base of the cranium into the tops of the shoulders. I use fingertips or thumbs, and again I'm very careful not to put a shearing pressure on the cervical vertebrae – the pressure is directed toward the feet. After working the large fibers of these muscles, I now work the small tightened fibers directly under the ridge of the occiput. This will often further release C1, atlas/axis, and occiput. It is not uncommon for the clients to identify this area as causing their headaches. I will then repeat the shoulder and posterior neck on the opposite side.

After releasing the musculature of the neck and shoulders, I will then work the soft tissue that encapsulates the entire cranium, being careful not to pinch any of the cranial nerves between the thin soft tissues and the bones of the cranium. It is important to release the tissue around the sutures which I find are often sore. Another important area I pay special attention to is the temporalis over the temporal bones and the nerve pathways that are imbedded there. Oftentimes, having the clients open and close their mouths while working this area increases the effectiveness, and allows me to use less pressure. I usually finish with lengthening strokes down the whole back to further reduce pressure that may be pulling on the back of the neck and shoulders.

I have also found cranial/structural or craniosacral work to be incredibly effective in reducing the headache symptoms as well as supporting the client's structural improvement and overall well-being. It has been my observation that, in the majority of headaches, the occiput is usually jammed. The techniques of both cranial/structural and craniosacral will mobilize the occiput. This is important for two reasons: 1) the tightened soft tissue at the base of the occiput will often greatly restrict the motion of the relationship between the occiput and the atlas/axis (C1, C2), which most certainly contributes to chronic and long-term headache patterns; and 2) it increases the mobilization of the dura down the spine to the sacrum, producing a sense of well-being and an increase in the flow of cerebral spinal fluid.

The combination of the cranial/structural or craniosacral with the soft tissue work along the base of the occiput will facilitate the mobilization of the occiput and normalize its relationship to C1 and C2. Many clients who have severe neck and back problems will be so locked up in this area that it may take more than one treatment to restore this mobilization. However, I have found that without mobilizing this area, a major contributor to many types of headaches will not be addressed. The degree of mobilization is directly proportional to the reduction of symptoms.

There are other cranial relationships that I have also found to be present with headache syndromes. They are generally related to the immobilization of cranial sutures or specific cranial bones. Some of the symptoms relate directly to the palatine, the occipital/mastoid suture, and C1. Once the mobilization of these sutures is restored, the headache symptoms usually disappear.

Massage therapists who have had cranial/structural or craniosacral training will have the techniques for mobilizing the cranium. If you haven't had that training, I suggest you release all the restrictions in the soft tissue that covers the entire cranium like a skull cap. The resulting increase in mobility of all the cranial sutures will have a very positive effect and will help to reduce the headache symptoms.

For those of you who have learned my Quick Release Technique, I strongly recommend that you apply this prior to doing any soft tissue work. The Quick Release Technique addresses the head/neck/shoulders, the stress, the trapped energy, the structural imbalance, and the cranial jamming found in most headache situations. The quicker the symptoms of the headache can be relieved, the more confidence a massage client will have in the massage therapist, and the more successful the therapist will be. The Quick Release Technique will dissipate the majority of stress headaches within 10-15 minutes. (*The Quick Release Technique can be found in book Relief from Head, Neck, and Shoulder Pain available through the website.*)

I hope I have given you some additional ideas on how to successfully treat headaches. There is a great deal of written information on the causes and types of headaches in medical literature, but very little on effective treatment. Therefore, this article focuses on treatment protocols that I have found to be effective in treating most types of headaches. There is no shortage of headache clients.

I hope the information in this article will increase your awareness of effective treatment for supporting your clients. Keep up the good massage therapy until we communicate again in the next installment of SET TALK.