Headaches and Migraines are not normal, should not be ignored, and can be treated effectively, safely, and naturally: They afflict our culture in epidemic proportions and are one of the main reasons people visit their medical practitioner. They are also one of the most common reasons people seek Chiropractic treatment. What has Chiropractic got to offer someone with a headache or a Migraine? Scientific research has linked the neck as a causative mechanism in producing head pain and also in triggering the development of Migraines.

According to Dr Nick Hodgson of Super Healthy in Geelong, “Chiropractors are the ideal health care professional to consult about these problems, because we can determine if there is a cause and effect relationship between the function of your neck and your headaches. In addition, with the five years of University training and specialist natural approach of Chiropractic, we can also provide nutritional and exercise advice to help you help yourself. Obviously it can be important to consult your medical doctor to rule out the rare diseases and pathologies that can also cause headaches, but he will not be able to properly assess the condition of your spine, as a Chiropractor will.”

There have been a large number of scientific studies that have measured the effectiveness of Chiropractic treatment in reducing the severity and regularity of headaches and migraines. “I still get really excited when we see great improvements in a client with debilitating headaches and/or migraines. Even after eighteen years of chiropractic practice, I love to see people recapture their energy and enthusiasm once they are not losing days of their life trying to sleep off the effects of a regular migraine, or struggling to function normally under the influence of pain dulling drugs,” says Dr Hodgson.

To book yourself in for a FREE no-obligation second opinion you can call Dr Hodgson’s office in Belmont on 0419 104 076.

**HEADACHE, MIGRAINE and CHIROPRACTIC – The Scientific Facts**

Headaches and Migraines are extremely common – it is not uncommon for people to refer to their headaches as “my normal headache”. The most common behaviour is to dull the pain with paracetamol (eg. Panadol) and/or non-steroidal anti-inflammatory pills (eg. Ibuprofen), and if these don’t work Codeine (eg. Panadeine), Cox-II anti-inflammatory (eg. Celebrex), and even narcotic pain killers (eg. Vicodin) and benzodiazepines (eg. Valium) are used.

An alternative to masking the pain in the hope that the headache will fix itself is to consider treatment which attempts to improve the underlying issues – the most commonly used natural approach is Chiropractic...

**Unconventional Medicine in the United States.** (N Engl J Med. 1993 (Jan 28); 328 (4): 246-252.)

“Headaches are among the most common of health problems. Chiropractic and other non-medical practitioners are increasingly sought out by the public. Twenty-seven percent of Americans who visit health care providers outside of the medical field do so for headache relief.”

**A Descriptive Report of the Case-Mix Within Australian Chiropractic Practice, 1992.** (Chiropractic J Aust 1993 Sep;23(3):92-7)
"The presenting complaint was back pain in 41% of patient visits, neck pain in 23% and headache in 14%.”

When I started out in practice eighteen years ago, Chiropractic was strongly opposed by the medical establishment as being a viable option for the treatment of headaches, and even more so as a treatment for migraines – the primary argument being that headaches were in the head – which had nothing to do with the backbone – so how could chiropractic possibly change anything? Chiropractors argued however that many headaches started in the neck, and irritation to nerves in the neck could either refer pain to the head, or even set off dysfunction in nerves and blood vessels inside the head – so it made perfect sense to the chiropractor and to the many satisfied customers that working on the spine would improve headaches.

Thankfully scientific opinions can change and much research now proves the chiropractic argument that headaches can start in the spine. From muscle tissue, to nerve tissue, to connective tissue, to joint tissue – evidence now exists that confirms what chiropractors have always known: Let’s summarise some papers…

**THE CAUSE:**

**Atrophy of Suboccipital Muscles in Chronic Pain Patients**: (Journal of the American Osteopathic Association, Vol 94, Issue 12, 1032-1038)

“Subjects with chronic pain had substantial restriction of motion. Axial proton density-weighted images of the rectus capitis major and minor muscles were examined. In the subjects with chronic pain, the muscles had high signal intensity, indicating replacement of dead suboccipital skeletal muscle with fatty tissue. This infiltration was not observed in the control subjects who were free of significant motion restrictions and had no history of recurring neck and head pain.”

**A Proposed Etiology of Cervicogenic Headache: The Neurophysiologic Basis and Anatomic Relationship Between the Dura Mater and the Rectus Posterior Capitis Minor Muscle**: (J Manipulative Physiol Ther 1999 (Oct); 22 (8): 534-539.)

Anatomic structures innervated by cervical nerves C1-C3 have the potential to cause headache pain. Included are the joint complexes of the upper three cervical segments, the dura mater, and spinal cord. A sizable body of clinical studies note the effect of manipulation on headache. These results support its effectiveness. The dura-muscular, dura-ligamentous connections in the upper cervical spine and occipital areas may provide anatomic and physiologic answers to the cause of the cervicogenic headache. This proposal would further explain manipulation's efficacy in the treatment of cervicogenic headache.”


“Cervicogenic headache is pain perceived in the head but referred from a primary source in the cervical spine. The physiologic basis for this pain is convergence between trigeminal afferents and afferents from the upper three cervical spinal nerves.”


“The clinical presentation of cervicogenic headache suggests that there is an activation of the trigeminovascular neuroinflammatory cascade, which is thought to be one of the important pathophysiologic mechanisms of migraine. Another convergence of sensorimotor fibers has been
described involving intercommunication between the spinal accessory nerve (CN XI), the upper cervical nerve roots, and ultimately the descending tract of the trigeminal nerve. This neural network may be the basis for the well recognized patterns of referred pain from the trapezius and sternocleidomastoid muscles to the face and head."

**Further Clinical Clarification of the Muscle Dysfunction in Cervical Headache:** (Cephalalgia 1999 (Apr); 19 (3): 179-185.)

“From the perspective of physical characterization of cervical headache, it appears that response from passive stretch of muscle may not be a strong criterion for cervical headache but deep neck flexor performance may have potential to identify musculoskeletal involvement in headache. The finding may also provide positive directions for conservative treatment of cervical headache.”

**Incidence of ponticulus posterior of the atlas in migraine and cervicogenic headache:** (J Manipulative Physiol Ther. 1999 (Jan); 22 (1): 15-20.)

“A common structural variation of the atlas vertebra is called ponticulus posticus (also known as foramen arcuale or "Kimmerle's anomaly"). Investigators studied the relationship between this condition and headache symptoms in 895 first-time chiropractic patients. The patients’ complaints included migraine with aura (classical migraine), migraine without aura (common migraine), cervicogenic headache, neck pain only, and other problems. They were examined for the presence or absence of partial or complete ponticulus posticus. The authors found a significant correlation of ponticulus posticus with migraine without aura. They explain that because the ponticulus posticus is intimately attached to the atlanto-occipital membrane (where the spine and skull meet) and this membrane, in turn, is attached to the dura (the outermost covering of the brain and spinal cord), small tensions exerted on the dura may result in excruciating head pain of a type experienced in migraine. The beneficial results of chiropractic for migraine and cervicogenic headache are possibly related to the nature of the structures connecting the upper spine to the skull.”

**Occipital headaches stemming from the lateral atlanto-axial (C1-2) joint:** (Cephalalgia. 2002 (Feb); 22 (1): 15-22.)

“Patients presenting with occipital pain underwent diagnostic blocks of their lateral atlanto-axial joints if they demonstrated clinical features presumptively suggestive of a C1-2 origin for their pain. Of 34 patients investigated, 21 obtained complete relief of their headache following diagnostic blocks, indicating that a C1-2 source of occipital pain is not rare. The clinical features used to select patients for blocks, however, had a positive predictive value of only 60%. Further study of headaches from C1-2 seems justified in order to establish more definitively the prevalence of this condition and how it might become better recognized in practice.”

**Trauma of the cervical spine as cause of chronic headache:** (J Trauma. 1975 (May); 15 (5): 441-446)

When talking about the underlying causes of headaches there is a number of viewpoints: The first that we have looked at is an anatomical one – where is the pain coming from? The second is a functional question – what is going wrong in a person with headaches? The next group of studies look at both angles…

**Myofascial trigger points, neck mobility, and forward head posture in episodic tension-type headache.** (Headache. 2007 May;47(5):662-72.)

“To assess the differences in the presence of trigger points (TrPs) in head and neck muscles, forward head posture (FHP) and neck mobility between episodic tension-type headache (ETTH) subjects and healthy controls. In addition, we assess the relationship between these muscle TrPs,
FHP, neck mobility, and several clinical variables concerning the intensity and the temporal profile of headache... Active TrPs in the upper trapezius, sternocleidomastoid, and temporalis muscles were more common in ETTH subjects than in healthy controls... ETTH patients showed greater FHP and lesser neck mobility than healthy controls..."

You may start to think that you are reading the same research over and over again, but each paper investigates the same measures in different types of headaches, and find consistent patterns of dysfunction...

**Myofascial trigger points and their relationship to headache clinical parameters in chronic tension-type headache.** (Headache. 2006 Sep;46(8):1264-72.)

“...To assess the presence of trigger points (TrPs) in several head and neck muscles in subjects with chronic tension-type headache (CTTH) and in healthy subjects; and to evaluate the relationship of these TrPs with forward head posture (FHP), headache intensity, duration, and frequency... Active TrPs in upper trapezius, sternocleidomastoid, and temporalis muscles were associated with CTTH. CTTH subjects with active TrPs usually reported a greater headache intensity and longer headache duration than those with latent TrPs. CTTH subjects with active TrPs tended to have a greater FHP than CTTH subjects with latent TrPs.”

**Trigger points in the suboccipital muscles and forward head posture in tension-type headache.** (Headache. 2006 Mar;46(3):454-60.)

“...To assess the presence of trigger points (TrPs) in the suboccipital muscles and forward head posture (FHP) in subjects with chronic tension-type headache (CTTH) and in healthy subjects, and to evaluate the relationship of TrPs and FHP with headache intensity, duration, and frequency... Suboccipital active TrPs and FHP were associated with CTTH. CCTH subjects with active TrPs reported a greater headache intensity and frequency than those with latent TrPs. The degree of FHP correlated positively with headache duration, headache frequency, and the presence of suboccipital active TrPs.”


“...To describe the differences in the performance of the craniocervical flexion test (CCFT) between individuals with chronic tension-type headache (CTTH) and healthy controls. To assess the relationship between the CCFT, forward head posture, and several clinical variables related to the intensity and temporal profile of headache... These findings suggest possible impairments of the musculoskeletal system in individuals with CTTH, although it is not possible to determine if these impairments contributed to the etiology of CTTH or are as a result of the chronic headache condition.”

Let’s summarise what is happening here: As your head is held habitually in a forward position, you develop contraction, shortening and bunching of your neck muscles and your neck movements become stiffer and restricted: The chiropractic term for this is Subluxation – malfunction of the mechanics of your spine.

**Forward head posture and neck mobility in chronic tension-type headache: a blinded, controlled study.** (Cephalalgia. 2006 Mar;26(3):314-9.)
Forward head posture (FHP) and neck mobility were objectively assessed in 25 patients with chronic tension-type headache (CTTH) and 25 healthy controls... Patients with CTTH showed a smaller cranio-vertebral angle than controls, thus presenting a greater FHP. Patients also had lesser neck mobility for all cervical movements, except for right lateral flexion. There was a positive correlation between the cranio-vertebral angle and neck mobility. Within the CTTH group, a negative correlation was found between the cranio-vertebral angle and headache frequency, but neck mobility did not correlate with headache parameters...

The local and referred pain from myofascial trigger points in the temporalis muscle contributes to pain profile in chronic tension-type headache. (Clin J Pain. 2007 Nov-Dec;23(9):786-92.)

To assess the local and referred pain areas and pain characteristics evoked from temporalis muscle trigger points (TrPs) in chronic tension-type headache (CTTH)... In CTTH patients, the evoked local and referred pain from active TrPs in the temporalis muscle and its sensory characteristics shared similar patterns as their habitual headache pain. Local and referred pain from active TrPs in the temporalis muscles may constitute one of the sources contributing to the pain profile of CTTH.

Referred pain from trapezius muscle trigger points shares similar characteristics with chronic tension type headache. (Eur J Pain. 2007 May;11(4):475-82.)

Referred pain and pain characteristics evoked from the upper trapezius muscle was investigated in 20 patients with chronic tension-type headache (CTTH) and 20 age- and gender-matched controls... Our results showed that manual exploration of TrPs in the upper trapezius muscle elicited referred pain patterns in both CTTH patients and healthy subjects. In CTTH patients, the evoked referred pain and its sensory characteristics shared similar patterns as their habitual headache pain, consistent with active TrPs...

Myofascial trigger points, neck mobility and forward head posture in unilateral migraine. (Cephalalgia. 2006 Sep;26(9):1061-70.)

This paper describes the differences in the presence of myofascial trigger points (TrPs) in the upper trapezius, sternocleidomastoid, temporalis and suboccipital muscles between unilateral migraine subjects and healthy controls, and the differences in the presence of TrPs between the symptomatic side and the non-symptomatic side in migraine subjects. In addition, we assess the differences in the presence of both forward head posture (FHP) and active neck mobility between migraine subjects and healthy controls and the relationship between FHP and neck mobility... Migraine subjects showed a significantly greater number of active TrPs, but not latent TrPs, than healthy controls. Active TrPs were mostly located ipsilateral to migraine headaches. Migraine subjects showed a smaller cranio-vertebral angle than controls, thus presenting a greater FHP. Neck mobility in migraine subjects was less than in controls only for extension and the total range of motion in flexion/extension. However, there was a positive correlation between the cranio-vertebral angle and neck mobility. Nociceptive inputs from TrPs in head and neck muscles may produce continuous afferent bombardment of the trigeminal nerve nucleus caudalis and, thence, activation of the trigeminovascular system. Active TrPs located ipsilateral to migraine headaches might be a contributing factor in the initiation or perpetuation of migraine.

And not only adults suffer with headaches...
Diagnosis and treatment of TMJ, head, neck and asthmatic symptoms in children: (Cranio. 1990 (Oct); 8 (4): 342-349)

“Pathologic strain patterns in the soft tissues can be a primary cause of headaches, neck-aches, throat infections, ear infections, sinus congestion, and asthma.”

THE CURE:

So the debate about the significance of the neck in the cause of headaches should well and truly be put to rest: And if the neck is a major contributor to headaches, it would seem logical that a therapy that treats necks would have a significant impact on the severity and regularity of headaches. But do we know this for a fact, and can we tell which type of neck treatment may work better than the other?

Clinical Study on Manipulative Treatment of Derangement of the Atlantoaxial Joint: (J Tradit Chin Med 1999 (Dec); 19 (4): 273–278.)

“The clinical diagnosis of derangement consists of: Dizziness, headache, prominence and tenderness on one side of the affected vertebra, deviation of the dens for 1 mm-4 mm on the open-mouth X-ray film, abnormal movement of the atlantoaxial joint on head-rotated open-mouth X-ray film. An accurate and delicate adjustment is the most effective treatment.”

One defining characteristic of chiropractic treatment versus other so-called physical therapies, is the importance that chiropractic method places on a precise and specific analysis and correction, versus a generalised manipulative or massage approach. This appears to be an intelligent and telling difference...

The Effect of Manipulation (Toggle Recoil Technique) for Headaches With Upper Cervical Joint Dysfunction: A Pilot Study: (J Manipulative Physiol Ther 1994 (Jul); 17 (6): 369–375.)

“Twenty-six patients (16 males, 10 females) all had chronic headaches with upper cervical joint dysfunction. Significant diminishing of the severity and frequency of headaches was reported in a large majority of the subjects (24 out of 26)… as a group for duration, severity and frequency all measures were significant…”


“This article reviews current literature on the role of manual medicine in the diagnosis and treatment of cervicogenic headache. Manual diagnostic procedures and treatment procedures are described for the cervical spine. Emphasis is placed on accurate diagnosis using a biomechanical model and precise localization of forces.”

Post-traumatic upper cervical subluxation visualized by MRI: a case report. (Chiropr Osteopat. 2007 Dec 19;15:20.)

“This paper describes MRI findings of upper cervical subluxation due to alar ligament disruption following a vehicular collision… A 21-year old female presented with complaints of acute, debilitating upper neck pain with unremitting sub-occipital headache and dizziness following a vehicular collision… The patient experienced improvement through chiropractic care.”

In 1996, the Agency for Health Care Policy and Research (AHCPR) was scheduled to produce a set of clinical practice guidelines on available treatment alternatives for headache. This headache project was based on the systematic evaluation of the literature by a multidisciplinary panel of experts. Due to largely political circumstances, however, their efforts never came to fruition. The
work was never released as guidelines, but was instead transformed with modifications and budget cuts into a set of evidence reports on only migraine headache. Thanks to FCER funding, the evidence reports have now been updated on both cervicogenic and tension-type headaches…

**Behavioral and Physical Treatments for Tension-type and Cervicogenic Headache (a.k.a. The Duke Headache Evidence Report):**

“This report found (1) Compared to amitriptyline use, chiropractic is shown to produce slightly lesser effects during the treatment period but markedly superior results afterward in the treatment of tension-type headache; (2) Compared to various soft tissue procedures, a course of manipulation treatments (diversified and/or toggle-recoil techniques, depending on the level of the palpated segmental dysfunction) is shown to produce sustained improvement in headache frequency and severity in the treatment of cervicogenic headache.”

**Spectrum of pathophysiological disorders in cervicogenic headache and its therapeutic indications:** (Journal of the Neuromusculoskeletal System 1995; 3:182-7.)

“This describes a number of patients who were diagnosed with cervicogenic headache (headache arising from neck structures) and received chiropractic care. The patients reported improvement.”

Is chiropractic only appropriate for one type of headache – the muscle tension headache? It would appear that this is not the case with studies documenting a diverse variety of headache “types” responding well…


“It is concluded that the type of manual therapy used in this study seems to have a specific effect in reducing post-traumatic headache. The result supports the hypothesis of a cervical mechanism causing post-traumatic headache and suggests that post-traumatic dizziness, visual disturbances and ear symptoms could be part of a cervical syndrome.”

Another sceptic’s view is that chiropractic is only effective for headaches that were going to disappear anyway. However chiropractic has been shown to be effective in a range of headache type, severity, regularity and chronicity – headaches highly unlikely to mysteriously disappear…

**Chiropractic Treatment of Chronic Episodic Tension type Headache in Male Subjects: A Case Series Analysis:** (Journal of the Canadian Chiropractic Association, 1994; 38(3): 152-159.)

“Ten male outpatients 18-40 years old with a history of chronic headache of at least six months in duration occurring at least once a week were seen in the Palmer College of Chiropractic West Outpatient clinic. Diversified technique was the primary care. Results showed an over 50% decrease in headache frequency and duration…”

**Occipital headaches; statistical results in the treatment of vertebragenous headache:** (Swiss Annals VIII, 1985; 127-36.)

“332 patients received an average of 8.6 chiropractic adjustments. Results: 80% of patients had excellent (pain-free) and good (almost pain-free) outcomes with 10 reporting a 75% decrease in pain.”

Some would argue that there is no difference between having the specific corrective adjustment that a Chiropractor delivers versus just having a therapeutic massage – but this argument is not supported by research…

“To study whether the isolated intervention of high-speed, low-amplitude spinal manipulation in the cervical spine has any effect on cervicogenic headache… After randomization, 28 of the group received high-velocity, low-amplitude cervical manipulation twice a week for 3 wk. The remaining 25 received low-level laser in the upper cervical region and deep friction massage (including trigger points) in the lower cervical/upper thoracic region, also twice a week for 3 wk… The use of analgesics decreased by 36% in the manipulation group, but was unchanged in the soft-tissue group; this difference was statistically significant. The number of headache hours per day decreased by 69% in the manipulation group, compared with 37% in the soft-tissue group; this was significant… Finally, headache intensity per episode decreased by 36% in the manipulation group, compared with 17% in the soft-tissue group; this was significant… Spinal manipulation has a significant positive effect in cases of cervicogenic headache.”

What about if we add the normal medication option to the equation? It would appear that chiropractic care is at least as effective as your drug of choice…

Efficacy of Spinal Manipulation for Chronic Headache: A Systematic Review: (J Manipulative Physiol Ther 2001 (Sep); 24 (7): 457-466.)

“SMT appears to have a better effect than massage for cervicogenic headache. It also appears that SMT has an effect comparable to commonly used first-line prophylactic prescription medications for tension-type headache and migraine headache.”

So, will one adjustment cure your headaches, or will a structured course of treatment be more beneficial? The evidence supports the chiropractic argument that regular care is more effective than incidental or sporadic care…

Dose Response for Chiropractic Care of Chronic Cervicogenic Headache and Associated Neck Pain: A Randomized Pilot Study: (J Manipulative Physiol Ther 2004 (Nov); 27 (9): 547-553.)

“There was substantial benefit in pain relief for 9 and 12 treatments compared with 3 visits… Findings give preliminary support for the benefit of larger doses, 9 to 12 treatments, of chiropractic care for the treatment of cervicogenic headache.”

The other occasional argument against chiropractic care for headaches is that it is just purely a temporary fix, and has no impact on the long-term history of the condition. But once again, research disputes this criticism, showing that long term benefits are achievable…

A Randomized Controlled Trial of Exercise and Manipulative Therapy for Cervicogenic Headache: (Spine 2002 (Sep 1); 27 (17): 1835-1843.)

“At the 12-month follow-up assessment, both manipulative therapy and specific exercise had significantly reduced headache frequency and intensity, and the neck pain and effects were maintained. The combined therapies was not significantly superior to either therapy alone, but 10% more patients gained relief with the combination. Manipulative therapy and exercise can reduce the symptoms of cervicogenic headache, and the effects are maintained.”

Chiropractic by itself is an effective therapy for headaches, and it would appear that if some exercise therapy is added, it becomes even more effective.

Upper Crossed Syndrome and Its Relationship to Cervicogenic Headache: (J Manipulative Physiol. Ther. 2004 (Jul); 27 (6): 414-420.)
“The principles of upper crossed syndrome and the use of exercise, chiropractic care, and myofascial release in the treatment of cervicogenic headache are discussed. A review of the literature indicates that analyzing muscle imbalance as well as vertebral subluxation may increase the effectiveness of chiropractic treatment for cervicogenic headache.”

In fact the long term benefits are even more significant and much less dangerous when you compare the chiropractic option to the “usual” treatment for headaches – DRUGS...

**Spinal Manipulation vs. Amitriptyline for the Treatment of Chronic Tension-type Headaches: A Randomized Clinical Trial:** (J Manipulative Physiol Ther 1995 (Mar); 18 (3): 148-154.)

“The results of this study show that spinal manipulative therapy is an effective treatment for tension headaches. Amitriptyline was slightly more effective in reducing pain by the end of the treatment period, but was associated with more side effects. Four weeks after cessation of treatment however, patients who received spinal manipulation experienced a sustained therapeutic benefit in all major outcomes in contrast to the amitriptyline group, who reverted to baseline values.

“Six weeks of drug therapy were compared to six weeks of chiropractic adjustments. The drug therapy was considered slightly more effective than chiropractic however 82% of the patients had side effects which included drowsiness, weight gain and dry mouth. Cardiac problems and glaucoma were also associated with amitriptyline use. Chiropractic patients had no side effects (apart from slight neck stiffness in the first two weeks of the study that 5% of the patients reported). After four weeks, chiropractic and drug therapy was halted in both groups. The patients who used drugs began having headaches again while the chiropractic group continued to express headache relief, as well as higher levels of energy and vitality than the drug therapy group.”

Now we come to the more complex topic of Migraine headaches. More complex on the basis that the mechanisms and causes of migraines are less well understood than for tension type headaches; More complex from a medical point of view since they use more potent and dangerous medications; But perhaps no more complex from a chiropractic therapeutic point of view – the results seeming to be just as impressive for migraines as for other types of headache...

**The Efficacy of Spinal Manipulation, Amitriptyline and the Combination of Both Therapies for the Prophylaxis of Migraine Headache:** (J Manipulative Physiol Ther 1998 (Oct); 21 (8): 511–519.)

“There was no advantage to combining amitriptyline and spinal manipulation for the treatment of migraine headache. Spinal manipulation seemed to be as effective as a well-established and efficacious treatment (amitriptyline), and on the basis of a benign side effects profile, it should be considered a treatment option for patients with frequent migraine headaches.”

The far-reaching benefits of reducing dependency on strong medications for pain relief should never be underestimated: Not only does this mean that the headaches have been reduced, it also means that the long list of potential side effects from the previously used drugs have been avoided too...

**A Twelve Month Clinical Trial of Chiropractic Spinal Manipulative Therapy for Migraine:** (Australasia Chiropractic and Osteopathic Journal 1999 (Jul): 8 (2).)

“32 participants showed statistically significant improvement in migraine frequency, Visual Analogue Score, disability, and medication use, when compared to initial baseline levels. A further assessment of outcomes after a six month follow up (based on 24 participants), continued to show...
A statistically significant improvement in migraine frequency, disability, and medication use, when compared to initial baseline levels.”

**A case series of migraine changes following a manipulative therapy trial:** (Australasian Chiropractic & Osteopathy 1997 (Nov); 6 (3): 85-91)

“Four cases of migraine responded dramatically to spinal care. Many self reported symptoms were either eliminated or substantially reduced. Average frequency of episodes was reduced by 90% with the length of each headache reduced by 38%. Medication use dropped 94%. Other symptoms associated with migraine were reduced including nausea, vomiting, photophobia and phonophobia.”

Sometimes research can attempt to minimise the large effects being measured. Some would argue that chiropractic reduces conditions like migraines and a long list of other debilitating health conditions because the chiropractic adjustment relaxes the person, or stretches some tight muscles – this fails to explain what are obviously some deeper and more dramatic physiological improvements going on…

**A Randomized Controlled Trial of Chiropractic Spinal Manipulative Therapy for Migraine:** (J Manipulative Physiol Ther 2000 (Feb); 23 (2): 91–95.)

“The results of this study support previous results showing that some people report significant improvement in migraines after chiropractic Spinal Manipulative Therapy. A high percentage (>80%) of participants reported stress as a major factor for their migraines. It appears probable that chiropractic care has an effect on the physical conditions related to stress and that in these people the effects of the migraine are reduced.”

**Chiropractic Management of Migraine Without Aura:** (Australasia Chiropractic and Osteopathic Journal 1999 (Nov): 8 (3). A Case Study.)

“It now appears clear that chiropractic care may be used to assist patients with migraine…"

**The Efficacy Of Chiropractic Spinal Manipulative Therapy (SMT) In The Treatment Of Migraine: A Pilot Study.** (Australas Chiropr Osteopathy. 1997 Jul;6(2):41-7.)

“The Chiropractic SMT group showed statistically significant improvement in migraine frequency and duration, when compared to initial baseline levels. Only one participant (3.1%) reported that the migraine episodes were worse after the two months of SMT, and this was not sustained at the two month post treatment follow up period… The results of this study suggest that Chiropractic SMT is an effective treatment for migraine with aura…"

Again we are reminded that the power of the chiropractic adjustment may not just be in stretching the neck, but is more likely to be due to the specific selection of a vertebra needing to be adjusted correctly…

**A Holistic Approach to Severe Headache Symptoms in a Patient Unresponsive to Regional Manual Therapy:** (J Manipulative Physiol Ther 1996 (Mar); 19 (3): 202–207.)

“This case history deals with a woman who suffered from severe migraine headache symptoms who found no relief from medical care or cervical chiropractic adjustments. This is the case of a patient suffering from severe headache complaints who was previously unresponsive to regional cervical spine care. Chiropractic spinal adjustments were provided as the only intervention and the patient reported no visits to the emergency room, even after a 1-year follow-up, and the average visual analogue pain decreased.”
A controlled trial of manipulation for migraine: (Aust and New Zealand Journal of Medicine 1978 (Dec); 8 (6): 589-593)

“Spinal manipulation administered by chiropractors, spinal manipulation administered by medical practitioners and physical therapists and a mobilization procedure administered by physical therapists was studied. Eighty-five (85) patients received two manipulations per week over a 2-month period. At the end of the study, all three groups showed clinically significant improvement in the frequency, intensity, and duration of migraine headache episodes.”

Chiropractic Management of Migraine Without Aura: A Case Study: (JNMS 1995; 3(10): 20-26.)

“The results attained showed there was a marked improvement in the migraine symptoms following the chiropractic care. The patient reported an improvement in frequency, intensity, duration and use of medication. “

Not only adults suffer with headaches and migraines, and not only adults can benefit from a chiropractic approach to treating these disabling problems…


“In this case series, five children presented with varying types of head-aches to a family-based chiropractic practice. In each case, spinal subluxations were present. Following reduction of those subluxations through chiropractic adjustments the child’s chief complaint remised. Adjunctive therapy (education on diet, posture and exercise) was not given until the headaches remised. Thus, it was felt that the headache reduction may have been due to the restoration of nervous system function through the chiropractic adjustment. Chiropractic management of headaches should be further researched in children.”


“This report describes a 13 year-old female who had suffered from unremitting headache and neck pain for five days. She described them as a throbbing and stabbing pressure that normally occurred once per week and lasted approximately one hour. She had missed one week of school. She had visited her family MD and he had recommended seeing a chiropractor. Following a series of four chiropractic treatments over a two-week period, her headache and neck pain resolved. Patient had injured her neck in gymnastics. Her neck pain and shortly after her headaches resolved. At a four-week follow-up, she remained pain free.”


“A case of cervicogenic headache (CEH) in an 8-year-old boy that improved after chiropractic spinal manipulation is reported. A significant decrease in headache frequency as reported by the patient and parent was seen after the first treatment. After four treatments the headache frequency decreased to approximately one per month. The patient was followed for 2 months after termination of care and reported headache frequency of approximately two per month.”

Case reports in chiropractic pediatrics: (ACA J of Chiropractic December 1988.)

“A 13-year-old with a history of respiratory difficulty since birth (home birth, uncomplicated). Infant had difficulty nursing due to “stuffiness.” Upon presentation patient was in considerable pain, wearing dark glasses and ear plugs to compensate for increased sensitivity to sound and light.
One week beforehand he had been injured in a football game collision. Medical doctors had given the child painkillers. Patient was hospitalized in traction for two weeks with no improvement… X-ray (Davis series) of the cervical spine showed right lateral displacement of atlas with right rotation of C-2. Following initial adjustment the patient could ride home without wearing his sunglasses and for the first time in two weeks expressed an interest in food. He returned the next day saying he felt, "The best I've felt in six weeks."


“A case of a 10-year-old male with a three-year-history of migraine headaches. During the first month of chiropractic care, it was reported that he only had two prodromal episodes, but no full migraines.”

**Kids Encephalgia / Migraine: A Case Study:** (ICPA Newsletter, Nov/Dec, 1999)

“A 10-year-old girl was brought in to my office on 2-15-99 suffering chronic and severe migraine headaches. History reveals that this patient has been having migraine headaches 6 times a week for the past 3 years. At the current time, the patient has not been able to go to school due to the severity of the headaches… Her paediatrician has prescribed Periactin Syrup as a preventative however it has not been helpful… Past treatment for her headache, has included an elimination diet, prescribed by her paediatrician, which she has been on for the past 2 ½ years, however results have been extremely poor. It is noted that headaches do run on the paternal side of the patient's family… Detailed examination was performed in our office revealing restricted range of motion of the cervical spine is noted. Palpatory tenderness of Cl / C2 on the left. There is also inflammation to the posterior cervical musculature. At the time of examination the patient did have a headache and stated that her pain intensity of her headache was a 10. There are also taunt and tender fibers of the posterior cervical musculature and the trapezium region bilaterally. Cervical x-rays taken in the routine weight bearing position and analyzed revealing an atlas listing of ASLP; decreased cervical lordosis, lower cervical subluxation and rotation of the upper thoracic vertebrae… The patient's symptomatology improved following her third visit at which time she stopped using the Periactin Syrup. She was advised to continue her treatment of 3 times a week. By the end of her third week, the patient was able to begin school again. She also started her dance classes for the first time in 2 years, and actually began to smile again. She was leading a normal and healthy life for a child of her age by the end of the 5th visit.”

**HEADACHE ASSESSMENTS**

Now it’s time to get more practical and more personal: How are headaches affecting you? The next two pages contain a quiz to assess how your headaches are impacting on your life, and then a quiz to help you to rate your current state of health. What are the benefits of doing this?

1. So you have an objective and reliable measure of your current state
2. So you can measure the benefits and effectiveness of any treatment you receive or any self-help that you undertake
3. So you can show the world that what you did really did change your state, and it’s not just a figment of your imagination
This is a questionnaire that assists you to “quantify” the severity of your headaches.

**The headache checklist:** Read each description and tick inside the box which most closely corresponds to how you feel about each one in both the regularity and severity sections. (You will have two ticks in each row next to each description, one for the regularity and one for the severity.)

<table>
<thead>
<tr>
<th>REGULARITY</th>
<th>SEVERITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
</tr>
<tr>
<td>Didn’t attend work/school</td>
<td></td>
</tr>
<tr>
<td>Performance at work/school reduced</td>
<td></td>
</tr>
<tr>
<td>Performance at home reduced</td>
<td></td>
</tr>
<tr>
<td>Performance at sport/recreation reduced</td>
<td></td>
</tr>
<tr>
<td>Reduced energy or concentration</td>
<td></td>
</tr>
<tr>
<td>Feel depressed, angry and/or upset</td>
<td></td>
</tr>
<tr>
<td>Nausea/sick feelings in tummy</td>
<td></td>
</tr>
<tr>
<td>Vomit/throw up</td>
<td></td>
</tr>
<tr>
<td>See spots, flashes and/or halos</td>
<td></td>
</tr>
<tr>
<td>Blurry vision</td>
<td></td>
</tr>
<tr>
<td>Throbbing pain</td>
<td></td>
</tr>
<tr>
<td>Squeezing pain</td>
<td></td>
</tr>
<tr>
<td>Unusual sensations in hand/s and/or arm/s</td>
<td></td>
</tr>
<tr>
<td>Unusual sensations in feet and/or leg/s</td>
<td></td>
</tr>
<tr>
<td>Pain on back of head</td>
<td></td>
</tr>
<tr>
<td>Pain on top of head</td>
<td></td>
</tr>
<tr>
<td>Pain on one side of head</td>
<td></td>
</tr>
<tr>
<td>Pain on both sides of head</td>
<td></td>
</tr>
<tr>
<td>Pain on front of head</td>
<td></td>
</tr>
<tr>
<td>Pain on face</td>
<td></td>
</tr>
<tr>
<td>Pain behind eyes</td>
<td></td>
</tr>
<tr>
<td>Pain behind nose and/or cheek bones</td>
<td></td>
</tr>
<tr>
<td>Pain in neck</td>
<td></td>
</tr>
<tr>
<td>Pain in shoulder</td>
<td></td>
</tr>
<tr>
<td>Stiffness of neck movements</td>
<td></td>
</tr>
</tbody>
</table>

Multiply # in each column

<table>
<thead>
<tr>
<th>SUBTOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>
This questionnaire assists you to "quantify" your general health: Think of your health over the last month and tick inside the box which most closely corresponds to how you feel about each description in both regularity and severity sections. (You will have two ticks in each row next to each description, one for regularity and one for severity.)

<table>
<thead>
<tr>
<th>REGULARITY</th>
<th>SEVERITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
</tr>
<tr>
<td>Aches and pains</td>
<td></td>
</tr>
<tr>
<td>Angry or frustrated</td>
<td></td>
</tr>
<tr>
<td>Asthma, cough or breathing problems</td>
<td></td>
</tr>
<tr>
<td>Bad posture</td>
<td></td>
</tr>
<tr>
<td>Concentration or thinking problems</td>
<td></td>
</tr>
<tr>
<td>Dissatisfied with appearance or shape</td>
<td></td>
</tr>
<tr>
<td>Feel isolated or lonely</td>
<td></td>
</tr>
<tr>
<td>Feel sick or unwell</td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
</tr>
<tr>
<td>Health affects family or relationships</td>
<td></td>
</tr>
<tr>
<td>Heart, circulation or chest problems</td>
<td></td>
</tr>
<tr>
<td>Hormonal, menstrual or sexual difficulties</td>
<td></td>
</tr>
<tr>
<td>Infections or allergies</td>
<td></td>
</tr>
<tr>
<td>Low energy or fatigue</td>
<td></td>
</tr>
<tr>
<td>Make bad dietary choices</td>
<td></td>
</tr>
<tr>
<td>Make bad lifestyle choices</td>
<td></td>
</tr>
<tr>
<td>Nausea, reflux or digestive problems</td>
<td></td>
</tr>
<tr>
<td>Not enough exercise</td>
<td></td>
</tr>
<tr>
<td>Pains in hands, feet, arms &amp;/or legs</td>
<td></td>
</tr>
<tr>
<td>Poor fitness level</td>
<td></td>
</tr>
<tr>
<td>Really tired on days off</td>
<td></td>
</tr>
<tr>
<td>Restricted in basic daily activities</td>
<td></td>
</tr>
<tr>
<td>Restricted work or recreational activity</td>
<td></td>
</tr>
<tr>
<td>Sad, depressed, unhappy or upset</td>
<td></td>
</tr>
<tr>
<td>Take over the counter medication</td>
<td></td>
</tr>
<tr>
<td>Take prescription medication</td>
<td></td>
</tr>
<tr>
<td>Tummy or abdominal pains or problems</td>
<td></td>
</tr>
<tr>
<td>Unhappy at home &amp;/or work</td>
<td></td>
</tr>
<tr>
<td>Vomiting, diarrhea or constipation</td>
<td></td>
</tr>
</tbody>
</table>

Multiply # in each column

<table>
<thead>
<tr>
<th>Never</th>
<th>1X_ = 2X_ = 3X_ = 4X_ = 0</th>
<th>1X_ = 2X_ = 3X_ = 4X_ =</th>
</tr>
</thead>
</table>

SUBTOTAL

TOTAL
OBJECTIVE POSTURE MEASUREMENT

As we saw in the research review, posture is one of the most reliable indicators of headache severity and regularity: So how good, or bad, is YOUR posture?

Digital photography and computers have heralded in a new era in health assessment. Using front and side photos of you standing with your normal posture, and with the latest in digital postural assessment software, we can now complete a thorough and precise analysis of your body alignment, and can accurately measure any changes that happen as a result of anything you do.

Feel free to contact us to find out where you can have one of these high-tech assessments.

Even without all the high-tech equipment, you can still complete an objective analysis of your posture...

With a partner, complete and score the objective posture measurements listed on the next page. I suggest you make a photocopy so that you can do the tests again in 6-12 weeks. This will give you a clear measure of what potential you have for maintaining ideal postural alignment, and then a comparison after you have been following any advice for a while.
POSTURE ASSESSMENT:  

NAME: ...........................................  

Today’s Date: _ / _ / ____

Look at your partner’s standing postural alignment by following the instructions in the table, and score them on each measurement. Then get them to do the movements listed and once again give them a score. Then total up the score and swap over so that you can complete the tests and they can score you.

### POSTURAL ALIGNMENT

<table>
<thead>
<tr>
<th>Scoring Guide</th>
<th>No (0)</th>
<th>A Little (1)</th>
<th>A Lot (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOOKING FROM THE SIDE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is their head in front of their shoulders?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are their shoulders rounded &amp;/or forwards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is their mid-back rounded &amp;/or curved forwards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is their low back arched &amp;/or swayed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOOKING FROM IN FRONT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does their head lean to one side?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is one shoulder higher than the other?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is one hip/pelvic bone higher than the other?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOOKING FROM BEHIND</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does their backbone appear to curve or lean to one side</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Look at their feet and achilles tendons – do their feet point outwards &amp;/or are their achilles tendons not straight?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get the person to bend over at the hips – does their rib cage appear higher on one side?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL FOR ALIGNMENT**

### MOVEMENT TESTS

<table>
<thead>
<tr>
<th>Scoring Guide</th>
<th>Easily (0)</th>
<th>With some effort (1)</th>
<th>Can’t do it (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STAND AGAINST WALL, BACKS OF HEELS AND MID BACK AGAINST THE WALL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuck chin and try to get back of head against wall, while still looking directly forwards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stretch shoulder joints back and try to get backs of shoulder joints against the wall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put a hand between the small of their back and the wall – Can they push the hollow of their low back against your hand?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn/rotate head around to one side</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tip one ear towards the same shoulder (without lifting shoulder)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tip head forwards, and try to touch chin against sternum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bend/lean trunk to one side reaching fingers down side of leg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NOW TAKE ONE STEP AWAY FROM THE WALL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bend forwards at hips, with knees straight and try to touch toes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stand up straight again, and bend head backwards and look up at the ceiling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arch/bend trunk backwards and try to curl spine into a hollow</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL FOR MOVEMENTS**

**TOTAL SCORE**
SUPER POSTURE EXERCISES
The best thing you can do after reading this information, is find yourself a really good Chiropractor who can start to correct the underlying problems in your spine.

While you are seeing the chiropractor you can be doing a lot to help yourself and to assist him/her to give you long-lasting results. As we saw earlier, one primary self-help step you can take is to do some exercises to stretch and rebalance your neck muscles.

Below are five of the twelve Super Posture exercises – the ones which will help to improve your neck flexibility and alignment. You can get the rest of the exercises in the Super Posture or Super Healthy manuals – these are available at www.superhealthy.com.au

TIPS:

- If you have any fears or worries that underlying problems may be causing your symptoms; first consult a health care professional to have a full physical and health assessment to determine if this program is suitable for you.
- If any exercise or stretch causes pain, stop immediately.
- Do not bounce or perform jerky movements.
- The exercise or stretch should consist of slow, smooth movements.
- Perform exercises and stretches every day.
- Try to find a time of day that is going to work the best and be the most convenient for you – preferably the same time of day when you can do the exercises each and every day.
- Continue to breathe in a normal and relaxed manner while performing all exercises (that is, don’t hold your breath!)
- If you feel that any of your aches and pains are increasing after performing the exercise routine then consult a health care professional to determine if it is appropriate for you to continue.

1) Shoulder Rolls

a) Standing with best relaxed posture
b) Keep arms and hands dangling by your side
c) Slowly roll shoulders around forwards 6 times
d) Focus the movement in your shoulder joints and shoulder blades
e) Keep arms and hands hanging and touching sides during each shoulder roll
f) Reverse the direction of the roll and repeat 6 times
<table>
<thead>
<tr>
<th>2) Good Morning Stretch – Parts 1 – 4</th>
<th><img src="image1.png" alt="Image" /> <img src="image2.png" alt="Image" /> <img src="image3.png" alt="Image" /> <img src="image4.png" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Standing with best relaxed posture</td>
<td><img src="image5.png" alt="Image" /></td>
</tr>
<tr>
<td>b) Interlock fingers together with hands hanging in front of body, palms of hands facing towards floor</td>
<td><img src="image6.png" alt="Image" /></td>
</tr>
<tr>
<td>c) Part 1 – Let shoulders droop downwards but not forwards and hold position for 10 secs</td>
<td><img src="image7.png" alt="Image" /></td>
</tr>
<tr>
<td>d) Part 2 – Slowly raise hands forwards and upwards reaching in front of body</td>
<td><img src="image8.png" alt="Image" /></td>
</tr>
<tr>
<td>e) When arms reach horizontal, stretch shoulders forwards, pushing hands away from body and hold position for 10 secs</td>
<td><img src="image9.png" alt="Image" /></td>
</tr>
<tr>
<td>f) Part 3 – Continue raising arms till directly above head (or as close as you can get)</td>
<td><img src="image10.png" alt="Image" /></td>
</tr>
<tr>
<td>g) When arms reach vertical, stretch shoulder upwards, pushing hands above body and hold position for 10 secs</td>
<td><img src="image11.png" alt="Image" /></td>
</tr>
<tr>
<td>h) Part 4 – Keep arms above head, and slowly stretch entire side of torso to one side then hold for 10 secs</td>
<td><img src="image12.png" alt="Image" /></td>
</tr>
<tr>
<td>i) Keep arms above head, and slowly stretch entire side of torso to other side then hold for 10 secs</td>
<td><img src="image13.png" alt="Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3) Chest Stretch with Elbow Lift</th>
<th><img src="image14.png" alt="Image" /> <img src="image15.png" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Standing with best relaxed posture</td>
<td><img src="image16.png" alt="Image" /></td>
</tr>
<tr>
<td>b) Hands behind back, interlock fingers together, palms of hands together</td>
<td><img src="image17.png" alt="Image" /></td>
</tr>
<tr>
<td>c) Slowly raise hands and arms backwards behind body as far as you can. Keep elbows as straight as possible</td>
<td><img src="image18.png" alt="Image" /></td>
</tr>
<tr>
<td>d) Draw shoulders as far backwards as possible without arching your mid and lower back</td>
<td><img src="image19.png" alt="Image" /></td>
</tr>
<tr>
<td>e) Hold position for 10 secs</td>
<td><img src="image20.png" alt="Image" /></td>
</tr>
<tr>
<td>f) Slowly bend elbows and raise upper arms backwards a little further and hold for another 10 secs</td>
<td><img src="image21.png" alt="Image" /></td>
</tr>
</tbody>
</table>
Happen: Because over time we have developed a disconnection between our conscious mind and our body. The simplest answer is that we don’t know that we are standing and sitting in these ways - why would we let our shoulders slouch forwards when this creates fatigue, aching in our neck and head, and even rotator cuff pains? Why would we let our head stick out so far forwards when it weighs as much as a bowling ball?

Why do we stand with bad posture, when it takes less energy to stand with good posture? Why would we let our head stick out so far forwards when it weighs as much as a bowling ball? Why would we let our shoulders slouch forwards when this creates fatigue, aching in our neck and head, and even rotator cuff pains? Why would we overwork our neck muscles so much that it leads to a throbbing headache?

The simplest answer is that we don’t know that we are standing and sitting in these ways – our brain doesn’t know where our head is, let alone the rest of our body parts! Why would this happen: Because over time we have developed a disconnection between our conscious mind – and our body?

Posture and body tension are much more than subconscious states. When we have correct posture, we can be aware of any part of our body at any moment we choose, and we can

### 4) Neck Stretch

- a) Standing with best relaxed posture
- b) Hands behind back, interlock fingers together, palms of hands together
- c) Drop head forwards slowly till chin is as close to your sternum as possible
- d) Keep chin touching chest, and slowly tip one ear lobe towards shoulder on that side
- e) Use the hand on the side that you are stretching to pull the opposite hand downwards to increase the stretch on the long side of your neck/shoulder
- f) Hold position for 10 secs
- g) Repeat for the opposite side of your neck

![c-d) Neck Stretch](image)

### 5) Chin Tucks

- a) Standing with best relaxed posture
- b) Keep arms and hands dangling by your side
- c) Try to slide your chin (mouth closed) and skull directly backwards, so that you are still looking straight forwards with your head level at all times
- d) When you have pushed back as far as you can hold for 3 secs
- e) Repeat 6 times

![a-b) Chin Tucks](image)

### BODY AWARENESS

Why do we stand with bad posture, when it takes less energy to stand with good posture? Why would we let our head stick out so far forwards when it weighs as much as a bowling ball? Why would we let our shoulders slouch forwards when this creates fatigue, aching in our neck and head, and even rotator cuff pains? Why would we overwork our neck muscles so much that it leads to a throbbing headache?

The simplest answer is that we don’t know that we are standing and sitting in these ways – our brain doesn’t know where our head is, let alone the rest of our body parts! Why would this happen: Because over time we have developed a disconnection between our conscious mind – and our body?

Posture and body tension are much more than subconscious states. When we have correct posture, we can be aware of any part of our body at any moment we choose, and we can
recognize when there is an incorrect relationship between any two body parts. When we have abnormal posture – we don’t know we have it! And if someone does impose good posture on us – it feels abnormal.

Have you ever driven your car home, singing along to the great music on your CD player? You jump out in a hurry to get in for dinner and to see your family. The next morning you climb back in the car, turn the key in the ignition, and you are nearly deafened by the loud irritating music! Who stole into your car overnight and turned up the volume – some phantom teenager? No, it was you… As you were driving home the night before you had gradually turned up the volume to drown out the traffic noise, and your out-of-tune harmonies.

There are some words that describe this phenomenon – attenuation, tolerance, and desensitization. When your brain perceives any kind of information which is sustained – it turns the volume down on that input; to avoid overload, and so you can concentrate on other things. Similarly, as we gradually develop bad posture, our brain gradually resets your conscious awareness of your body positioning so that it doesn’t have to continuously remind you that you are getting out of alignment.

Now weeks, months and even years later, a chiropractor comes along and tries to straighten you up – and it feels weird – it’s like that loud stereo when you got back in the car – irritating.

Here’s your choice – you can leave your body in its misaligned state – creating excessive loads on your spinal structures; increasing your chances of sprains, strains and wear; initiating your headaches and migraines; reducing your energy and immune levels; restricting your breath and circulation; stretching and constricting your spinal cord; and, interfering with your ability to feel happy and healthy. Or; you can do something about it!

**BODY AWARENESS EXERCISES**

One of the primary reasons that we get into a chronic state of body misalignment is because our mind has become disconnected from our body: You no longer have an awareness of some of your body parts’ positions in space. The reason you walk around with your head forwards is because you don’t even sense that this is abnormal. One shoulder sits higher than the other because you don’t feel that it is in a different position to the one on the other side. The steps you have already taken will have made massive strides in helping you to be more aware of your body posture pattern, and the exercises will have helped you to realign and rebalance the muscles and ligaments, and to retrain your nervous system. But, now you have to live with yourself on a minute to minute, hour to hour, day to day basis – **And, the only way you will maintain good posture is if you develop a much better level of self-awareness.** Once you achieve this, you will automatically perceive when you start to fall back into old habits, and you will have the strategies to self-correct instantaneously.

The following process can be done synchronously with the Super Posture Exercises – That is, they don’t replace or replicate the Super Posture exercises – and yet they can stand alone, and/or complement each other. My general directions are to do the Super Posture Exercises in the morning and the Body Awareness Exercises in the evening – but you can set your own timeline to suit your lifestyle.

We will show you the first two steps of five in developing better body awareness: You can get the rest of the exercises in the Super Posture or Super Healthy manuals – these are available at www.superhealthy.com.au
1) The Neck Roll
a) Take bathroom towel, and fold it into ¼
b) Roll up the towel into a tight log shape 10-12 cms thick
c) Lie on your back, preferably on carpet or a rug (as opposed to hard floor surface or on the other hand a soft couch or bed)
d) Position the rolled towel under the hollow of your neck – vary thickness of the roll so it fits perfectly into the curve without lifting your head off the floor at all
e) The back of your head should be resting on the floor, and you should be looking directly up at the ceiling so that your neck is in best possible alignment
f) The bottom of the roll should be resting across the top of your shoulders, the top of the roll should be underneath the base of your skull – experiment with different thicknesses to find the perfect “fit”
g) Hands by your side, arms resting on floor, turn your hands outwards so that the palms are facing up towards the ceiling
h) Try to flatten and widen your shoulders to rest on the floor
i) Maintain this relaxed position for at least 5 minutes

2) Breathe – Part I a
a) Lying on the floor in position as per exercise 1 with knees bent up, and your towel still in position
b) Place one hand on top of the other with the palm of the bottom hand, resting lightly on your belly button region
c) Breathe in slowly, deliberately and deeply, through your nostrils, and try to focus all breath down into your hands – that is – draw the breath down as far into your abdomen as you can
d) Focus your awareness on your hands and feel the inflation and expansion happening
e) Maximize and at the same time localize the inspiration into the one area
f) Steadily breathe out through your mouth, now feeling and connecting with the deflation
g) Breathe in and out 6-10 times each time trying to be totally aware and in touch with each breath’s direction, location, movement and feeling
3) Breathe – Part I b
a) Lying on the floor in position as per exercise 2, with your towel still in position
b) Place both hands lightly around the front of your lower rib cage, so that the ends of your fingers are criss-crossed
c) Breathe in slowly, deliberately and deeply, through your nostrils, focus all breath into your hands – that is – pull the breath down into the middle of your torso so that the lower rib cage expands
d) Focus your awareness on your hands and feel the inflation and expansion happening
e) Maximize and at the same time localize the inspiration into the one area
f) Steadily breathe out through your mouth, now feeling and connecting with the deflation
g) Breathe in and out 6-10 times each time trying to be totally aware and in touch with each breath’s direction, location, movement and feeling

4) Breathe – Part I c
a) Lying on the floor in position as per exercise 2, with your towel still in position
b) Place one hand on top of the other with the palm of the bottom hand, resting lightly on your upper chest/sternum region
c) Breathe in slowly, deliberately and deeply, through your nostrils, and focus all breath into your hands – pull the breath into your upper chest and lungs as much as you can
d) Focus your awareness on your hands and feel the inflation and expansion
e) Maximize and at the same time localize the inspiration into the one area, puffing up your upper chest each time
f) Steadily breathe out through your mouth, feeling and connecting with the deflation
g) Breathe in and out 6-10 times each time trying to be totally aware and in touch with each breath’s direction, location, movement and feeling
PUTTING IT ALL TOGETHER

To receive effective and long lasting improvements in your headache status, we need to put all the parts together to make you whole. The key to any behavioural change is continuity and persistence with the new behaviours, till they become new and permanent habits.

TIME MANAGEMENT:

Which days of the week are you going to visit your Chiropractor? What time of day are you going to do your Super Posture exercises? What time of day are you going to do your Body Awareness exercises? How many days of the week are you going to commit to do the exercises? You need to consider these factors in respect to your normal daily schedule and other commitments: Now complete the following contract...

Chiropractic Schedule:

Which days of the week will you visit the Chiropractor initially? (Usually 2-3 times a week till things have improved sufficiently, then your schedule will begin to stretch out as the improvements begin to hold and you begin more of a preventative and wellbeing program.)

Time of day: ___ am / pm, Days of week: Mon Tue Wed Thu Fri Sat

Posture Exercise:

Time of day: ___ am / pm, Days of week: Mon Tue Wed Thu Fri Sat Sun

Body Awareness:

Time of day: ___ am / pm, Days of week: Mon Tue Wed Thu Fri Sat Sun

Name: ...................................... Date: __ / __ / 20__ Signature: ..................................

DISCLAIMER:

The entire contents of this book are based upon the opinions of Dr Nick Hodgson, Chiropractor. This information is not intended to replace a one-on-one relationship with a qualified health care professional and is not intended as medical advice. It is intended as a sharing of knowledge and information from the research and experience of Dr Hodgson. Dr Hodgson encourages you to make your own health care decisions based upon your research and in partnership with a qualified health care professional. It is highly recommended that the individual be sure that they have made a fully informed decision before commencing to follow any of the instructions herein.

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