

The Effects of Kinesio Taping applied Cervical Muscle on Pain, Disability and Quality of Life in Patients with Episodic Migraine

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Neck torment has been a significant general wellbeing trouble and a typical musculoskeletal issue for a long time. Incessant mechanical neck torment (MNP) influences around 30–half of everyone, with high commonness in the moderately aged individuals. MNP produces versatility limitation, useful inability, decline in muscle quality, and lessening in wellbeing related personal satisfaction; in addition, it is one of the fundamental driver of work non-attendance.

The aim of this study was to investigate the effect of kinesio taping on pain, pain threshold, disability and quality of life in patients with episodic migraine due to the effects of neck muscles. A randomized placebo controlled prospective study was planned. Thirty-six (n=36) with episodic migraine patients were randomized to kinesio taping (n=12), placebo (n=12), and control (n=12) groups. Three groups were included in this study for 6 weeks. The control group received a home exercise program, daily living activity recommendations. In addition to the placebo group, sham banding was applied to the trapezius and deep cervical muscle groups. In treatment group, Kinesio taping was applied to the trapezius and deep cervical muscle. Demographic and clinical data were collected from patients. Pain pressure threshold (Baseline Dolorimeter), Visual Analog Scale (VAS), Migraine Disability Assessment Scale (MIDAS) and Short Form-36 (SF-36) were used to evaluate the patients before and after treatment. KT group, pain-related assessments(headache duration, headache days within 1 month, VAS, pain pressure threshold) were found significant differences than the other groups(p<0,05). SF-36 physical component score

and the disability within 1 month due to migraine (days) were found significant in the KT group(p<0,001). Kinesio taping combined with exercise was found effective on pain, disability and quality of life in patients with episodic migraine.

Kinesio taping (KT) is a passive intervention method used clinically for the management of pain it was developed in Japan by KensoKase in the 1970s, but its use has become more popular in recent years. It has been hypothesized that KT may produce its effects through (a) pain reduction; (b) stimulation of blood circulation; (c) diminishing of edema by improving lymph circulation; (d) induction of muscle relaxation which provide correction of joint position; and (e) providing support and stability to the muscles and joints without limiting the range of motion (ROM).

A few Researchers have examined the adequacy of KT in the administration of MNP. Fluctuation of the site, pressure, and length of KT application among studies may influence its results; in certain examinations KT was applied as a Y-molded strip from the dorsal area (T1–T2) to the upper-cervical locale (C1– C2) and the overlying band was a space-tape set opposite to the Y strip, over the (C3–C6) district be that as it may, in different investigations the application was distinctive as the Y strip began from the thoracic vertebrae (T3–T5) to the occiput of the skull, and the overlying strip was set at the center of the neck. The measure of strain could be another factor that influences the outcomes; in an examination, the pressure somewhere in the range of 15 and 25% was more compelling than the use of the tape without strain.

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