

Evidence for the use of dry needling and physiotherapy in the management of cervicogenic or tension-type headache: A systematic review.

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Abstract

BACKGROUND:: There is good evidence in the literature supporting physiotherapy in the management of some forms of headache. Dry needling of myofascial trigger points is becoming an increasingly common approach despite a paucity of research evidence supporting its use. The purpose of this review was to determine the evidence supporting the use of dry needling in addition to conventional physiotherapy in the management of tension-type and cervicogenic headache.

METHODS:: Ten databases were searched for evidence of the effect of dry needling on the severity and frequency of tension and cervicogenic headache based ICHD classifications.

RESULTS:: Three relevant studies were identified and all three showed statistically significant improvements following dry needling, but no significant differences between groups. Only one study reported on headache frequency or intensity, reporting a 45mm improvement in VAS score following the addition of dry needling to conventional physiotherapy. Two studies showed significant improvements with dry needling over 4-5 weeks of treatment. No adverse events were reported.

CONCLUSIONS:: The literature suggests that while there is insufficient evidence to strongly advocate for the use of dry

needling, it may be a useful addition to conventional physiotherapy in headache management. Further research with a stronger methodological design is required.

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