

PHYSIOTHERAPY INTERVENTIONS FOR MIGRAINE: EFFECT ON FREQUENCY, DURATION, PAIN INTENSITY, USE OF MEDICATION AND DISABILITY. A SYSTEMATIC REVIEW WITH META-ANALYSIS

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Background. To assess the effects of non-instrumental physiotherapy (PT) interventions targeting the cranio-cervical-thoracic region on headache frequency, pain intensity, episode duration, medication use, and disability in individuals with migraine (M), compared with no intervention, sham intervention, or other active interventions (any other PT intervention, pharmacological treatment, or other non-PT, non-pharmacological interventions).

Methods. This systematic review included randomized controlled trials (RCTs) enrolling adult patients diagnosed with migraine. Eligible studies evaluated PT interventions involving manual therapy and/or exercise targeting the cranio-cervical-thoracic region, compared with no intervention, sham intervention, or other active interventions. MEDLINE (PubMed), Web of Science, Scopus, and CENTRAL were searched from inception to November 2025. Risk of bias was assessed for each outcome using the Cochrane Risk of Bias 2.0 tool. Random-effect meta-analyses were conducted for each outcome within each headache type and comparator (PT vs no intervention; PT vs sham intervention; PT vs other active interventions) when at least three comparisons were available. Certainty of evidence was evaluated using the GRADE approach.

Results. A total of 16 studies were included, comprising 833 participants. Most studies were judged at high risk of bias across outcomes.Low-certainty evidence suggests that PT may reduce headache frequency post-treatment compared to no intervention; may reduce headache intensity and disability post-treatment, and disability at follow-up, compared to sham intervention; and may reduce the use of symptomatic medication at follow-up compared to other active interventions.Low-certainty evidence also suggests that PT may not reduce disability either post-treatment or at follow-up compared to other active interventions.Evidence for all other outcomes is very uncertain across all comparators (no intervention, sham intervention, and other active intervention).

Conclusions. This systematic review suggests that manual therapy techniques and specific exercises targeting the cranio-cervical-thoracic region may provide clinically relevant benefits for individuals with migraine. Low-certainty evidence supports reductions in headache frequency, intensity, disability, and the use of symptomatic medication. However, substantial methodological limitations and the risk of bias in the included studies warrant cautious interpretation.