

PHYSIOTHERAPY INTERVENTIONS FOR TENSION-TYPE HEADACHE: 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 tension-type headache (TTH) 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 TTH. 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 18 studies were included, comprising 1092 participants with TTH. Most studies were judged at high risk of bias across outcomes.Low-certainty evidence suggests that PT may reduce headache intensity post-treatment compared to sham intervention and may reduce headache frequency at follow-up and headache disability post-treatment compared to other active interventions.Moderate-certainty evidence indicates that PT probably reduces headache frequency both post-treatment and at follow-up compared to sham intervention.High-certainty evidence indicates that PT reduces headache disability post-treatment compared to sham intervention.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 TTH. Moderate- to high-certainty evidence supports reductions in headache frequency and disability. However, substantial methodological limitations and risk of bias in included studies warrant cautious interpretation.