# Ep 598: The Neck Migraine Connection Explained with Dr. Jono Taves Transcript

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## Podcast Introduction and Guest Overview

Welcome to the Health Fix Podcast where health junkies get their weekly fix of tips, tools, and techniques to have limitless energy, sharp minds, fit physiques, or life.

Hey, health junkies. On this episode of the Health Fix Podcast, I'm interviewing Dr. Jono Taves. He is a physical therapist and in particular, a doctor of physical therapy trained at the Mayo Clinic and currently working in Colorado.

and we're going to be talking today about the head, the neck, and the jaw airways. All the things that could be contributing to chronic headaches and migraines.

And here's the thing. Migrains can be really difficult to treat and if you've ever had one or suffer from them, you know that they could a pain in the you-know-what and really trying to figure out what is the root issue there.

Sometimes it's not just one thing, it is multiple things. And so Dr. Giano and I go into a lot of different topics when it comes to sources of headaches, but what's really cool about this is we talk about getting into specific part of your neck that could be keeping you plagued with headaches and migraines.

Now Dr. Jono also has a podcast called The Headache Doctor and it's great. I've listened to it. There's a lot of great information there. So if you are a headache or migraine sufferer, this podcast is for you.

If you know anyone that suffers from headaches or migrants, share this Podcast with them. I think this information is crucial because unfortunately a lot of folks are dependent on medications for migraines and sometimes they don't always do the trick and they're band-aids.

They're not solutions and Dr. Jano has some really good information here that can help you get to the root of what's going on with headaches and migraine.

So let's introduce you to Dr Jono Taves. Welcome to the Health Fix Podcast, where health junkies get their weekly fix of tips, tools, and techniques to have limitless energy, sharp minds, fit physiques, or life.

Dr. Jono Tavis, welcome to HealthFix Podcast. Yeah, it's good to be here. Thanks for having me on the podcast. Hey, no problem. Now that I know that you're in Colorado, I'm like, well, shoot, i've got a lot of folks out there that i would love to send your way.

## Why Dr. Jono Focuses on Headaches

And definitely when it comes to headaches and you know, we could talk the whole concept going along the lines of altitude and travel and things of that nature, that's probably a whole nother division.

But when it comes to migraines and headaches and, and you know, looking at that as a practitioner, being a naturopathic doctor myself, it's one of the biggest things that can be incredibly frustrating when you're kind of going through all the lifestyle things, all of health things and trying to figure out what the heck is going on.

So give us a little scoop as to why did you decide to choose headaches as your main focus? What was going? Yeah. a little bit of my background. So I went to school at the Mayo Clinic and the male clinic, you know, it's been tagged the WFMC, right?

Like the world famous Mayo clinic. It's got, yeah, basically some of the best and brightest minds within medicine and it was a privilege to be able to train there.

I would say that it is a good foundation. The thing that launched me into headaches and migraines was really a few mentors that I had early on and they essentially instructed me on what it looks like to take care of someone's neck, jaw, and shoulders and specifically the upper part of the neck.

And so what's unique about the other part in that is one, it's really mobile, but two is that it refers pain into the head and the face. So early on within the first year of practice, I was treating the knack and mainly headaches.

Then I would have migraine patients come on my schedule. I remember the 1st one that had seen multiple neurologists and clinically diagnosed as a migrain.

She had a neck issue and she knew that she had an issue. And so at first I was like, well, this this migraine thing, I'm not really sure if that's something that I can treat.

But I worked on her neck and her migraines essentially went away. That just kept happening. So the first couple of dozen people, it was man, they're migrained symptoms, like clinically diagnosed migrants.

So it was like, well, what's going on here? And so I dove into trying to understand what our healthcare system was doing with these patients and why this problem was being overlooked.

Because again, I was one year out of school and still intimidated by the healthcare And so long story short, realized that there was a lot of symptom management and less objective findings, things that were wrong that needed to be corrected.

And because of that model, that was largely symptom-management, these people just weren't finding relief. So finding something mechanical that can provide a reasonable explanation for these symptoms was really eye-opening.

Then it was like, okay, from here, I just need to lean into this and open up a practice that just does for headache and migraine patients, because they feel like they've tried everything and nothing's worked.

And I want to build confidence with them so that we can help them. It makes sense. Because I've definitely, in my practice, had folks that, you know, we've try all the diet lifestyle stuff.

They've seen all of the neurologists, they have the sumatriptans and the, Rizitriptan and all meds and then sometimes when it comes down to it, nothing is working, and we start to go, okay, now what?

Now what do we do? And of course, being an acupuncturist, I would try different neck, jaw, head. feet, you know, I mean, it gets it, gets interesting as to like the different areas.

But you, know at the end of the day, sometimes I am left with, okay, i've tried all my things. I don't know what else to do. So having someone like you in my back pocket would be like, amazing.

so give us a little bit more detail on like this neck issue. Where where's it coming from? What's happening? what kind of other things could be going on with these folks?

Yeah, so early on when I started, it was very much like, okay, this is a neck problem and we just need to solve the neck problems. And we're still very, much there.

I mean, the bulk of what we do is we restore mobility to the back. So I'll zoom out and then I will zoom back in. We've been in business seven years and I have my own podcast called the Headache Doctor podcast.

## Three Essentials Behind Chronic Headaches

On that podcast, I've interviewed lots of different providers and practitioners, local from around the country as well. What I'd done is I distilled down what are the things because there's lots practitioners yourself included that are not

doing what I do and they're helping people with migraines.

Whether that's diet-related acupuncture, maybe it's a sleep specialist. One thing I had to do is try to understand like how are all these things helpful to these individuals that have the same symptoms but they're not necessarily doing what I do.

And so what we've done is we come up with a model that has three spokes to it. So essentially there's three essentials for anyone with the headache or a migraine and they need to cover each of these three essential in order to find like true long-term healing.

Okay. So I'll go over the three and then I will kind of go into the mechanical component, which is our focus. But that is the first essential thing. So the idea is that pain doesn't just manifest from nowhere.

Our healthcare system would like to think that migraines are just a spontaneous neurological event. we don't hold that stance here at Novera. So pain has to come from somewhere.

There has be some tissue irritated, inflammation, something that is actually sending a pain signal. And so that's the first essential component. Understand and typically it's going to be neck, jaw, shoulders, and these areas can refer pain into the head.

It gets all into nitty gritty with like the trigeminal nerve and the pathways that pain travels on through the brain stem. But just trust that If you have a neck issue, specifically the upper neck, then that can easily be interpreted as coming from the head or the face.

And we need to understand that to get to the source of the pain. So that's the first essential. The second essential is understanding what I call developmental barriers.

These are things that keep people in this cycle of pain, so think of a scenario where you go, you get your neck worked on, it works for a little bit, but then it comes back.

things in the barrier category that are going to pull you back into this state of tension, a big one that we look for is sleep and airway. So a lot of the patients we're working with and people in general have underdeveloped airways.

Think of anyone who's had braces, right? Their mouth was too small, their teeth were too crowded, and then they had to like, you know, expand or pull teeth, that sort of thing.

So our mouths are generally too, small and that there's a tangent we could go down there, but essentially like our ability to breathe through our nose properly is impacted.

And so we have a lot of mouth breathers or at least people that are compensating when they breathe. and they have to cock their head back, and then they've got all this tension built up.

So the pain is coming from their neck, but there's something else that's contributing to the neck tension. That's an example of a barrier. There are other things in that category.

But that is the second essential, is understand what is contributing the actual source of pain. The third essential is systemically. When we look at the body and someone's general health, what we're looking at is their threshold.

And so when someone comes to us and it's like, okay, you have a neck issue, and you have an airway issue. If we just correct those two but we miss their general health, it's going to be a lot harder for them to have like long-term healing because their threshold might be so low if their gut health is all out of whack or they're super stressed or their hormones are all over the place.

And so what we have to do is understand someone's general health and correct those things so that we increase their threshold or tolerance for pain, meaning the environment that that pain is experienced in is impacted by things

like stress, hormones, gut health, triggers with different foods, that sort of stuff, stuff that causes your whole body to be inflamed.

And those three essentials are key to our process and it's basically like bulletproof, like anyone that comes to us It doesn't matter type of headache or migraine.

If we follow this plan and we can knock down the three essential barriers, then we find the healing that they've been looking for. Does that make sense?

Absolutely, absolutely. One of the ones that comes to mind when you're talking about the breathing, because that is definitely something I've sent folks to specialists on to look at.

Another one that's kind of maybe more, let's say, recent, more popular is the tongue tied situation. I'm very curious. how that plays in because i think a lot of people are aware of like okay airway yes need to see my sleep study need, to, see you know my jaw placement all of that but the the tongue tie thing is a new one for folks give us on that yeah so tongue ties um it's basically a part of your anatomy right like your tongue's too tight and it''s something that i, think is largely overlooked it should be caught as an infant as a newborn If you work with a midwife, they'll probably screen for it.

I would say a lot of dentists aren't really looking for. It I myself had like a moderate degree of a tongue tie and so I went through a procedure to get it cut just like two or three years ago.

So essentially your tongue isn't as mobile as it should be in your mouth, right? And so when it comes to something like as simple as swallowing, you're looking at a compensation pattern in order to allow the same like seal and then swallowing pattern to happen.

When it should just be happening with your tongue, you're having to use accessory muscles throughout your face or your neck because your tone is supposed to seal on the roof of your mouth and sort of in this wave motion swallow the food back and If it doesn't have the mobility to do that, then you'll compensate.

You'll kind of thrust your head forward, you use facial muscles. And so there's a lot more energy in order to get that done. So that's number one, like you're using more, energy you are compensating, which can cause tension.

The second thing is, it's essential for the tongue to be mobile and for swallowing to, be proper for your upper palate to develop properly. As a child, It's important for little kids to eat solid foods, right?

## Tongue Ties, Airway, and Mouth Breathing

Because they get that chewing pattern down and their jaw develops. And then when they're swallowing, their tongue is constantly pressing on the roof of their mouth.

So all of that leads to the development of the upper palate, which should be broad and sort of flat. If it's really high and narrow and it doesn't have that repeated pressure of tongue, it won't develop properly.

What that does is it impacts the nasal passage. because you have this narrow and high arched upper palate which basically impacts your nasal passage causing like deviated septums or just like a small airway and so that that then leads to mouth breathing in order to get the appropriate amount of oxygen in and mouth bringing it again is going to cause your head to cock back, jaw to thrust forward and that's where a lot of people when they're clenching or grinding at night if their teeth are worn down you know they go to their dentist and they get a night guard or whatever but ultimately They're just not able to breathe through their nose well and they're trying to compensate throughout the night and it looks like sleep apnea.

And so that airway issue is a big one for us and is something we look for because it's definitely going to cause that neck tension that ultimately leads to a headache or migraine.

That makes perfect sense. It's one of the things I see a lot, but I'm also seeing a lots of like you're describing the jaw and so folks will come in and say, well my migraines are because I clenched my jaw, and its affecting my trigeminal nerve and that's what's causing my headaches and I'm like, okay, but we've worked on her trigeminal nerve, you know, we worked in on, neck tension, things of that nature, But we're not getting to the root of this.

So now that it makes me think, Okay, like structurally, if we got tight jaw, or grinding or clenching, mouth guards a bandaid, I mean, it's not gonna fix.

Tell us how you guys are working with folks on that level. Structurally, how are we working to reconnect things? What are you doing in there? Yeah, there's a few things.

I'm not an airway specialist, meaning I am not the one doing a tongue tie release. We're also not trained in myofunctional therapy, which is basically the type of therapy someone would go through to retrain their swallow and making sure they're breathing through their nose and things like that.

So those specialists do come in handy. Seeing someone who specializes in airway, usually they're dentists. It's going to be the minority though. So you kind of need to careful.

Like if you just Google airways specialist, it probably leads to, you know, a CPAP machine, which isn't like a never do that, but it's definitely you want to work with someone you think's more holistically and isn' just going force air down your mouth or nose.

And so I would say partnering with a provider that like specializes in that. As far as in our department though, if someone's dealing with airway issues, simple things like breathe right strips or mouth taping.

Making sure that they can breathe through their nose comfortably for five minutes is kind of a baseline test because if they cant then, you know, it's probably like we need to go see an ENT because you don't even have the capacity to do this.

But if it is just as simple as like opening up, pulling the skin to open up the nasal passage and then they sleep better, like that suggestion alone has cut some of our patients' headaches in half just because they're not thrusting their jaw forward at night trying to And then we take them through our process, because oftentimes when people present with an airway issue and tension, the mechanical, like the compensation patterns that have led to the stress and intention they're dealing with, if we can work through those, then they naturally just start sleeping better.

They're able to breathe through their nose better, so sometimes it's kind of circular. Like the tension will lead to problem being exacerbated, and then once you solve one of the problems, everything else gets easier.

And so when people come to us, if they have a hard time breathing through their nose, it's not like, okay, we got to take care of this right away. We take them through a process, see how far they get.

If it is like hey we've hit a roadblock, then we'll go deeper and maybe refer them out or something like that. Okay, so I'm imagining you're doing breathwork kind of techniques, like you said, seeing how long they can, how they breathe through their nose, maybe the breathe right strips, different things to open up, up the airways as a whole.

Are you working on any, you know, I know not my functional, but are you are working any releases? Are working anything structurally or self massage? Any of those kind techniques?

Just out of curiosity. Yeah, so everyone we see, like our bread and butter techniques are the upper cervical spine joint mobilization. So basically the, upper part of the neck has a few key joints.

The segments of this spine of, the other part, of neck need to move and if they don't move, we basically just apply a specific pressure to those joints to get them moving and then the same can apply to the jaws.

Oftentimes, the jaw is responding to what the neck is dealing with. And so we fix the knack. The jaw kind of calms

down. So stubborn jaw issues oftentimes are solved with the hands-on techniques we can do to the necks.

Then the sinuses will drain. There's a lot of pressure built up because of all that tension, and then things just start working better.

## Jaw Tension, Neck Mobility, and Treatment Approach

Another component of this that might be interesting for your listeners, though, is something called over-breathing. And so there's the mechanical component of breathing.

So meaning like how much air are you getting through your nose? And are your breathing through nose, which is helpful because breathing to your knows produces nitric oxide gets us in that rest and digest state.

Now, there is the other component is efficiency of breeding. are we utilizing the oxygen that we breathe in? And so one test for this is just take three normal breaths through your nose, hold your breath, and then see how many steps you can get before you have to take another breath.

Like normal or the standard should be 80 steps. Now most people are not gonna get 80, like I personally got like 35. And what it means is like your hemoglobin binding to oxygen, it's not releasing that completely, your body's now utilizing all the oxygen that you inhaled, and then it's uncomfortable sitting with the carbon dioxide that's building up, okay?

And so you can essentially train your body like a muscle to be more efficient with breathing you're doing because most people are like over breathing, meaning you exhale and you immediately trying to get more air in.

Right? Whereas like box breathing and things like that, breath work, is trying to train your body to be okay sitting in that like hold your breath, slow down your breathing.

And when we can do that then we increase our parasympathetic nervous system and get in the rest and digest. But lots of people are also over breathing.

And so that's another component of this that without ever changing the like mechanical volume of air that we get in, if someone's inefficient in the air they are getting in then we can increase that as well, which then getting them in that parasympathetic tone to increase really helps with like pain management and then just muscle tension reduction, things like that.

Makes sense, makes sense. Okay, because I think a lot of folks are starting to wake up to like breathing has a huge factor and definitely the body's starved of oxygen will have different massages going up the brain as well.

Now in terms of the… I'm guessing you're talking about the atlanto-occipital axis here. So, okay. Okay. And so some folks may have heard that as like an AO adjustment, different things of that nature is kind of what you are working with in that area.

But you were saying different pressure techniques compared to what some people might be thinking of like traditional adjustments and things to that major.

Some of the ones that I've seen that look a little scary with like towels and thing around the neck. So help shed some light on these kind of things with folks so that they can kind What is this kind of adjustment or pressure?

Like, how is it working? What are you up to? what might they feel? For a lot of people, and I'll just kind back up for a second, when we get behind the ears, there's a lotta points that really hurt and we can feel where those attachments are and go, oh, that's where it hurts, doc, put the needle there or rub me there, give me a massage there.

But it doesn't always relieve a migraine, so tell us what you're gonna be on that. Yeah, so one of the fundamental

things that we have to do is look at the neck from a movement perspective because our body was meant to move.

and we need to move in order to stay healthy. And so when we evaluate the neck, it's important to not just stop it like a still image. It's like an x-ray, MRI, CT, they're all still images.

Unfortunately, that's the primary evaluation tool that our healthcare system uses. Oh, we did imaging and so either your neck was fine or it was all screwed up, but it is in the mid-portion of the And so the upper part of the neck is almost like never an issue, right?

Like no one cares about it. It usually shows up okay on imaging, but the problem is we're not looking at how you move. So the next is really mobile and about half of our rotation comes from C1, C2.

Okay, so, the atlas and the axis. The axis is basically this thumb-like structure and atlases sits on top of it and it rotates. Half of rotation, 45 degrees.

Now, that movement on… I mean, I've been doing this for seven years, seen over 1,500 cases, and almost never is that fine. So there's almost always a restriction in movement.

Now if we took a still image, we wouldn't see much. I'm a physical therapist by training. If you go to a chiropractic office, chiopractors can do wonders on people.

but it is different than what we're doing. So a chiropractor is still gonna work in that alignment model. And so their diagnosis and treatment is gonna be based on like shifting or repositioning of the atlas, right?

What we do is we look at the Atlas on the axis and we say, okay, how much of their rotation is actually there? And when we try to rotate it, what happens?

and oftentimes just a little bit of pressure there and it reproduces a headache or migraine, or it's, you know, that sore spot is kind of right where we are working.

And so when people have that irritation, in the upper part of the neck. That's exactly what's actually sending pain into their head. And then once we restore mobility, that's when we start unlocking this, like, wow, I feel better than I ever have.

Because it's not like wrapping a towel around a neck and thrusting. We rarely, if ever, will do a thrust technique. Not saying those should never be done, but just our philosophy is more on a gentle, direct pressure that will improve mobility over time.

And so think of like you hold your elbow or you Hold your phone up to your ear and after like 15 minutes your Elbow gets stiff when we think about that and if your elbow if you didn't actually straighten it out Like let's say years went by and your elbows just bent What would happen is your?

Elbows would initially be sore just like it is after 15 Minutes that soreness would increase the pain would increase, it'd probably start referring to your shoulder, maybe to you wrist, right?

The muscles would be irritated, the joint itself would inflamed, and then the joints around it would start to hurt, okay? So think of the problem of headaches as like the same type of thing.

Now if you had this elbow issue, then over time just know that the body will respond to that loss of movement and adaptively shorten. So it's not like you can just straighten your elbow after years, And if you go to the doctor and the medical doctor says like, oh, let's inject into the joint, like a steroid, right?

And like okay, yeah, that helps. It reduces the inflammation. Or they say take a pill to reduce the pain signal. And you're like oh yeah that helped, but it wasn't solving any issue.

Let's say you go to a massage therapist. The massage therapists massages the muscle tissue that's tight. Well yeah, the muscles tissue is going to be super tight and you massage it and it will feel better, but ultimately the elbow is still not moving.

Let say go a chiropractor and the chiopracter adjusts the joint. We're getting closer. Like the Chiropractor adjusting a joint may relieve some of that pressure within the joints, which will feels good.

but again ultimately like the arm just isn't straightening still and so it's kind of like what we do is we we just get the elbow to straighten again and then once you can move like all those problems start going away and that's how I explain it to people because it kind looks like oh you're just working on the neck like I've had this done before but the philosophy is key and when we get movement back it unlocks things that people didn't think were possible.

Makes sense and yes that is why I'm drilling you on your neck because I am like okay tell me more tell more so I can understand this.

## Upper Cervical Mechanics and Headache Relief

So where I see this and working with the concept of straightening that elbow is looking at basically greasing the joint a little bit in there, but also all the muscles that are holding your head on straight.

And so basically what my other thought on this when you were talking was like, okay, most of us don't have our heads on straight. And I mean that with all the love in the world to all of you.

But I made it in terms of like, we do postures, like a lot of people have posturas where they're stuck a little to this way, a Little to the right to left, and then we have the phones, then We have all The other different things we Do if we drive, whatever.

So I'm imagining that that's kind of some of the elbow being bent in that area and why some people aren't like born with migraines and the migraine show up at certain times in life.

and maybe they don't have a concrete connection, but also I'm thinking about, you're in Colorado, someone wipes out on the ski hill, right? And maybe the catch the cat track and they hit their head right at the back of the track, and then now we've got impact plus that, or you endo on your mountain bike, whatever it may be.

But what I am thinking is little restrictions that stay that way for long periods of time. Am I thinking this the right way? Yeah. Yeah, so usually it's not one thing.

I mean, people will have their neck and head trauma. and it'll contribute to it like sports injuries, concussions, things like that. Sometimes the trauma is bad enough where it's like, okay, this was significant and was never actually addressed.

Like whiplash injuries the shearing force through the neck and especially the most mobile joints are going to be the more vulnerable. And so we just see the upper part of the back carrying this 10 to 12 pound head.

You know, one, there's two types of stresses, right? Like there is low load over long periods of time. and every time we're upright, our neck is having to deal with a 10 to 12 pound head.

So think of it like a bowling ball, right? You're holding a bowlling ball. If you hold that bowlingball close to you, it's easier than holding it out in front of you.

Same principle with the neck. Uh, if you're able to move the bowling bowl around, you are going to get less fatigue than if have to hold it in one spot, Right?

So, think about our necks. On one end of the spectrum is like the desk job, and over time, like you can definitely develop these issues, but on the other end is a really quick shearing force where if someone were to throw you a

bowling ball and you have to catch it, you'd have respond to that.

The only problem with that analogy is you're not really able to respond when you are in a whiplash injury. It's just like everything is connected and has that sort of traumatic effect.

And so the thing about the ligaments, the tendons, and the muscles is the brain is sending out a motor plan. So basically it says like, here's what I want to happen and here is how we're going to coordinate.

Well, there's a very efficient way to move. And then there is a way that most people move, which is like compensating and it's inefficient. Then we just increase stress, but we don't necessarily know that there a problem until that tension or stress is built up to the point where it is okay, now we are in pain.

And so that's essentially what we're looking at is like whether you were in a car accident or had concussions as a kid, or you are just like, and especially the young females that are hypermobile that aren't dancer gymnastics, they're definitely at higher risk because the more mobile joints are generally the less stable they are, which is prone to injury or this type of thing.

or prone to those compensations that I mentioned. And so if you are functioning in like a dysfunctional way with the compensating over time, you're at higher risk of like starting to feel all the tension that's building up.

If your listeners are like, man, I never did anything to cause my neck to hurt but I have migraines and I've had them since I was a little kid, that's most of my patients.

We definitely want to look for those barriers but understanding why you got to this point, there's probably dozens of different things that contributed to it.

we just have to get you to a point where your body's more resilient, your neck is moving, We know what the barriers are and that your general health improves.

And when we do that, we don't have to be perfect, but we have we to understand this well enough where what I tell people is it's time on your side versus time against you.

So up until the point where we see someone, time's kind of been working against them because of all the patterns, the dysfunctional patterns. Then we shift that and we get time to your and now you're kind in control.

and you know what the problem is and then you can fix it. That makes sense. I mean, the body's definitely going to send out these signals of pain when it's not moving or when its feeling blocked or saying like, hey, warning light over here.

And so that makes since. So now you had mentioned the three different pillars and there's some lifestyle stuff. And so I'm very curious about what kind of lifestyle stuff that you're recommending for folks.

And does it vary based on age? Does it very based? I will see a lot of perimenopausal, menopauseal women, women who are premenoposal who will have migraines around periods and hormone stuff too, and how you might look and weave that into this as well.

Yeah. a hormone expert, I know that a lot of hormone problems. So when we think about things that impact our body as a whole, systemically, like hormones, usually it just comes down to general health.

Like, you know, how are you sleeping? What's your stress level? what's you diet like? Are you exercising? And so those are those pillars of what your health looks like.

If we improve those, then oftentimes those things will kind of work themselves out. I oversimplified that because we use specialists that have specific programs like yourself, Dr.

J, that can get into the specifics of someone's health background and prescribe at a level that's needed. But when it comes to, okay, if someone comes me and they're like, I have a hormonal migraine, the lever that we're going to pull is like you're carrying a ton of tension.

And when estrogen levels fluctuate, your pain threshold is going to fluctuated as well. And so let's get your healthy lifestyle in order so that maybe the dramatic change in estrogen isn't as dramatic.

That's great. Um, and that will be just like general recommendations. Like, you know, are you just, like, craving sugar all the time? What's your sleep look like?

That's a huge one for us, actually. And I'll touch on that. But yeah, what's you sleep looks like, are you exercising? We know that 90 minutes of moderate intensity exercise throughout the week is like going to match what a lot of these like trip down medications are doing.

So there's lots of like just simple general health ways to help manage pain. We kind of take a high level view on on those perspectives and then if it needs to get specific, we would refer out to someone like yourself.

## Lifestyle, Sleep, and General Health Factors

Okay, okay. Well, you mentioned sleep, big factor, lifestyle factor hydration, all those I'm sure come into play here too. So tell us about what you're telling folks about sleep.

What do they need to be doing? Yeah. To help with migraines. Yeah, so usually like when I, when i'm taking someone through our health coaching process, uh, We come up with a plan.

so we interview them and we kind of lay out these three essentials and you say here's the things that we need in each of these. For most people, sleep is one of the first ones that we're addressing because I need them waking up feeling rested.

I needed them to waking feeling better than when they went to bed. And so if someone's waking of feeling worse, like if their headache starts in the morning or their migraine starts the We need to solve that problem.

And so I already mentioned like breathe red strips or mouth taping, like it's airway. The other component of it is just sleeping in a position that your neck is going to be okay with.

I would say avoid stomach sleeping. If you're a side sleeper, hug a pillow, put one in between your knees so that you are not twisted at all. Then generally I recommend a foam pillow so the width of your shoulder is accounted for and your back can still be in neutral position.

And then back sleeping is fine. Back sleeping's pretty low maintenance, meaning you don't need all the additional pillows and you should be okay. And so getting your sleep position correct, maybe doing a few simple stretches for like the shoulders.

It could even be that the over breathing test. Just do that as an exercise or work on your breathing before you go to bed and so you can kind of ramp up your parasympathetic nervous system.

So sleeping position, airway, let's get sleep to be the best it can be so that you wake up feeling rested. And then throughout the day, it's generally just let us move as much as we can.

Sitting is kind of the enemy. So I'm not in the business of recommending office chairs because I'd rather just people stand like I am standing right now.

Standing desks are great, frequent walks. Like low level movement throughout the day is huge. And so if we can get those, then it's, you know, we also teach people like specifics that they can do for their neck and shoulders to their situation.

But in general, We just want to move more. Want to be sleeping. We want, to have our diet in good shape, meaning like eat whole foods, not like, I mean, You can go to the grocery store, Whole Foods, but you Know, whole organic, real foods locally sourced, that sort of stuff.

So of course I think a lot of people are like, okay, I'm intrigued. How many sessions can folks fly out to visit you? How do you work with folks when, you know, they're not in town?

And then we'll talk about in-town, but also I am curious about how many session on average, like kind of what's the sweet spot? Yeah, so just about every week we have someone flying from out of state.

And so we had a program for that. It's fairly intensive. So we'd see a twice a day for the week that you're here. We want people here for at least a week.

If they can give us more, we'll take it. Like I said, every we, have atleast one or two people that are flying out for treatment. And then if you live in Colorado, we actually work with people, generally it's a year long process.

So the first two, three months are more intensive and then we sort of wean off and stick with you throughout the year because headaches and migraines are a big deal.

And so we want to make sure that we cover our bases, those three essentials, and that were actually solving this problem. Then we also have a virtual coaching program where you get that plan with the three essential components specific to your situation.

And then we basically work the plan with you. So those are kind of our three offers. And so there's some homework involved, I see. Are there exercises involved?

Yeah. We, you know, being physical therapists, we are movement based. and so, there are specific exercises that we'll have for basically, yeah, basically everyone.

Think of it like a dentist. I mean, a hundred years ago, dentists weren't as prominent. Brushing and flossing wasn't big of a deal. And then it became a big deal, and now everyone brushes and flosses and realizes that they need to take care of their teeth.

So essentially, we live in an environment that's not really conducive to our necks just being okay. Because that is true, We try to implement our brushing and frossing in our own world of taking care your neck.

and that can look different for everyone. But we, we try to implement things that are sustainable and you can basically stick with for the rest of your life.

When we start out, it's a little bit more intensive. You know, might have like five to 10 things you're doing, but eventually we get to the point where it just like, yeah, keep implementing these things.

Just like you would never stop brushing your teeth. Okay. So it is for life, that's good, makes sense because now we have something to work on but also something that if, you know obviously if the headaches are gone, folks are going to want to do these thing because I mean if you've had a migraine you certainly don't want another one.

That's right. Totally. Hands down. Now, of course, it would be a miss if I didn't mention because you are in Colorado. It is a higher altitude environment.

A lot of people do get migraines when they go up to areas.

## Working With Patients and Final Resources

I mean, Colorado Springs too, but I've seen it up in, you know, the mountains and skiing and whatnot and those different areas Would you say that the altitude shift is about airways?

Or would you Say it's about how someone's breathing just in general with the over breathing component? How would You put it together for like, high altitude migraines?

And would, you would invite someone to come come down and see on their way out of town if they're flying out to Denver and say, Hey, yeah, They can't get it worked out.

Right. Yeah, for sure. It's funny, some people move here and they see an increase in their headaches from migraines. Some people will move and it's like, yeah, they're fine.

So there's a few factors. One is barometric pressure changes and those will impact already irritated joints just like someone with knee arthritis feels it.

And so the weather constantly shifting can definitely be a part of that. That's a neck problem, essentially. And so once we fix the neck, the barometric pressure shifting isn't as big a deal.

The other thing is altitude. It's basically just, you know, The body here is under slightly more stress than at sea level. the oxygen that they need and then they come to altitude, it's like, okay, I just feel worse, like things are worse.

And it is just like that general altitude sickness. But that's the threshold component. So that is like the general health. When we are in an environment that our body has to work harder just to function, we're more vulnerable to experiencing the underlying problems that we were dealing with.

I would say going up in altitude is that. You are just adding another stressor to your body. I think a lot of people that I saw back when I was working in Colorado doing acupuncture, a lotta folks would come up on vacation, they were prone to migraines, and then it would just be like, you know, explosion form.

And so, so good to know that, lifestyle stuff is a factor, but also that if nothing else they've done wherever they came from is working for them, then might as well take a little trip down the road there.

Yeah. So basically on the website, there's the virtual care option. There's an in-person care options. It all leads to basically the same calendar. And so we have an onboarding specialist, which will have a 15-minute phone call with you and make sure he understands your situation and knows how to properly funnel you through our process and which offer is best for you, how it provides you with the best solution possible.

Hop over there. Are you on Instagram, social media at all or better to look at the podcast? Yeah, for sure. So Novera Headache Center on Instagram, and then I actually have a pretty robust TikTok following at the headache doctor.

So whatever platform you're on, it's either Novera Headache Center or the headache doctor. Dr. Giano Tavis, thank you so much for coming on and sharing so about headaches that I had no idea in terms of that little lovely spot up in the connection between our head and our spine.

Go figure. We've got that joint too now to help with mobilization and needing to mobilize things. So thanks again for come on. I sincerely appreciate it.

Yeah, It was fun. Thanks for having me. Hey Health Junkies, I'm asked all the time about what brands from supplements to toothpaste to clothing that I use.

90% of the items that are sent to me to test out do not pass my standards. You might be wondering, what are your standards? Well, like companies that small companies, they're still family owned or at least owned by the original owners or someone from that group to maintain the standards Now I also love a company with a great story of how the business came to be.

I like things that are high quality, non-toxic, as well as transparency. Major big deals. Now, above all, I love things

at work. So, Made in the US is definitely a major bonus, but while I have worked with the couple of different clothing companies over the years, that these companies sometimes need support in other countries to get off the ground and it's really important about how they treat their companies, sometimes more than being 100% made in the U. S.

Nevertheless, I'm working on putting together a list of companies that I like their products and what they stand for along with discounts for you to try them out.

Full disclosure, i do make a little commission if you buy any of the items on the page and this money goes back to helping me keep producing this podcast.

If you're curious about a few of my favorite apparel companies for life's adventures, check out the website TheHealthPodcast. CODEADX. ME. That's The Health Fix Podcast. CODEADx. Me.

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