



PrimarySpineRehab.com

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**Regenerative Medicine**  
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Medical Treatments

Platelet-Rich Plasma Injections  
Prolotherapy Regenerative Injections  
Botox for Recurring Headaches  
Ultrasound-Guided Injections  
Hyaluronic Acid Joint Injections  
Trigger Point Injections  
Cortisone & Lidocaine Injections

*One-to-One Treatment Always with a Licensed Professional*

Rehab and Therapy for:

Orthopedic Complaints  
Post-Surgical Rehab  
Work Injuries  
Auto Injuries  
Back Pain  
Neck Pain  
Vertigo / Vestibular Rehab  
Lymphedema  
Headaches  
Functional Capacity Evaluations

Specialty Physical Therapy:

McKenzie, Graston, and Mulligan Techniques  
Lymphedema Management  
Vestibular Therapy  
Dry Needling  
Kinesio Taping®  
Functional Capacity Evaluations

Payment

Accepting Medicare and most major insurance. Letters of protection accepted.

# BTX-A Shown to Reduce Duration of Pediatric Migraines 90%

Migraine ranks as one of the most prevalent neurological disorders in children and adolescents worldwide. The prevalence has been measured at 9%.<sup>1</sup> Refractory, recurring migraine often leads to hospitalization, sleep disturbance, impaired school performance, falling out of public school, and a need for home schooling and customized education plans. The mean age of onset is only 7.2 years in boys and 10.9 years in girls.<sup>2</sup> Experts recommend prophylactic therapy for children who have more than three migraine attacks per month and who experience considerable impairment.<sup>2,3</sup> Onabotulinumtoxin A (BTX-A) stands apart as the best researched and only FDA-approved medication for chronic migraine prevention in adults. The FDA has approved no treatments for migraine treatment in children younger than 12. At the American Society of Anesthesiologists annual meeting last October, Shalini Shah, MD presented a study suggesting that BTX-A treatment may be effective.<sup>4</sup>



Dr. Shah's five-year, retrospective chart review described patients age 8 to 17 who presented with chronic migraine proving refractory to other medical care. The patients received BTX-A treatments every 12 weeks. Overall, the treatments proved effective in terms of pain intensity, migraine frequency, and migraine duration. The most dramatic change was in migraine duration which fell from an average of 8 hours before BTX-A to 0.75 hours after BTX-A. Severity went from a mean of 6 on a 0-10 scale to a mean of 4. Frequency fell from an average of 15.5 migraines per month to an average of 4 per month.

Researchers recorded no serious adverse effects. The most common adverse event was tenderness at the injection site for one or two hours. BTX-A effectiveness did not wane for individual patients throughout the five year time span of the study. The clinicians are currently conducting a randomized, controlled trial in cooperation with the University of California Irvine with preliminary data due soon.

BTX-A treatments are available to your patients by referral to Primary Spine & Rehab. Additionally, clinicians may also refer to Primary Spine & Rehab for other medical and physical therapy assessment and treatment of serious headaches. Authors typically recommend BTX-A for chronic migraine proving refractory to oral medications. The treatment involves intramuscular injection of the agent across head and neck muscle areas. Treatments are delivered once every 12 weeks. Effects tend to improve with each successive treatment.

**Please offer Primary Spine & Rehab to your patients.**



**Affiliations & Privileges**

Johnson Memorial Hospital, St. Francis Hospital and Medical Center  
The Center for Minimally Invasive Spine and Neurosurgery

## REFERENCES

1. Wober-Bingol C. Epidemiology of migraine and headache in children and adolescents. *Curr Pain Headache Rep.* 2013; 17 (6): 341.
2. Lewis D, Ashwal S, Hershey A, et al. Practice parameter: pharmacological treatment of migraine headache in children and adolescents: report of the American Academy of Neurology quality standards subcommittee and the practice Committee of the Child Neurology Society. *Neurology.* 2004; 63 (12): 2215-2224.
3. Deaton T, Mauro L. Topiramate for migraine prophylaxis in pediatric patients. *Ann Pharmacother.* 2014; 48 (5): 638-43.
4. Calderon M, Wu W, Ma M, et al. A longitudinal evaluation of the effectiveness of Botox® in pediatric patients experiencing migraines: a five-year retrospective study. *American Society of Anesthesiologists Annual Proceedings.* 2017; 43031.541667 - 43031.625: A3082.