



INTERVIEW TRANSCRIPT

DISCUSSIONS WITH WORLD-LEADING EXPERTS

How To Be Active When Exercise Triggers Your Migraine

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Introduction (00:04): For many people with migraine, exercise can feel like an impossible choice. It's supposed to help manage the condition, but it can also trigger an attack. Emily Cordes understands this challenge deeply. She lives with migraine and works as an accredited exercise physiologist specializing in movement for people with chronic conditions. Through her platform, Movement with Migraine, Emily helps people stay active safely, even when movement itself feels off limits.

Lisa Horwitz (00:37): Emily, welcome to the Migraine World Summit.

Emily Cordes (00:40): Hello, thank you for having me. Lovely to be here.

Lisa Horwitz (00:44): This is a topic that I know so many people are interested in, so we're going to just jump right in. You live with migraine yourself. What has your personal experience taught you about exercise, and how has it shaped your work today?

Emily Cordes (01:02): Yeah, it's taught me a lot. I developed chronic migraine when I had my first child, and I actually was just finishing up my studies to become an accredited exercise physiologist. And suddenly, I was plunged into the world of chronic migraine, and I found that for me personally, even a short bout of exercise would trigger an attack. So, there I was, exercise physiology student, yoga teacher. I was very into fitness as a younger woman, and I couldn't exercise.

Emily Cordes (01:38): I would go out, and it would just begin almost immediately as I started. So, I think it was an incredibly frustrating process to figure out what I was doing, and how I could do it differently, and how I could get back to being active. And I just really just came to that point of, like, OK, but I'm studying this. This is what I'm going to be helping people do. If I can't figure it out, who can? That was my motivation to just keep going.

Emily Cordes (02:10): So, I got really nerdy about it. Started doing a deep dive into the research around exercise and migraine — which is what led me to also start the Instagram account — because I wanted to share the process, share what I was learning as I was learning it — both from the research and also from my personal experience, and how that was going for me. And I've always tried to be really honest. It hasn't been easy.

Emily Cordes (02:35): It's not easy for a lot of people, especially for those of us who really do find that migraine can be triggered — migraine attacks can be triggered by exercise. But I got there, I'm happy to say. And I've learned a lot along the way about patience — being a big one — and experimentation. I exercise today very differently to how I did pre-kids. I don't know, maybe I would have changed anyway, but definitely pre-chronic migraine. And so I'm active today. I think I'm fairly fit, I'm pretty damn strong, and I still live with migraine, obviously.

Lisa Horwitz (03:20): I love, first of all, that you said it's hard — that it was hard and that it took a long time — because I think we often have a few attempts, and if it triggers an attack, we just kind of say, OK, this is not for me. Do you think the fact that you were so into physical activity before you started having chronic migraine is why you pushed through to try to get back to the other side of being active again?

Emily Cordes (03:55): Partly. I think also, doing the degree that I did and learning just how beneficial exercise is for us on both a physical and mental level, I had that real determination of, like, I don't want that, I don't want to lose that. I want to be able to have the benefits of being an active person so that I have lower risks of developing other chronic conditions; so that I can sleep better. It helps me mentally so much.

Emily Cordes (04:28): I definitely struggled with some anxiety and depression in my 20s, and exercise has always helped me manage that as well. So I think there was a lot. I did love exercise



before, and it was part of that, but it was also this determination of, like, I want this as part of my life to help keep me healthy.

Emily Cordes (04:48): And I made the decision quite early on that even if it didn't help my migraine burden, even if my exercise regimen didn't lower the frequency and intensity of my attacks — which side note, it did — but even if it didn't, I decided I wanted to try and do it anyway because I knew that I would sleep better, feel better mentally, and be lowering my risk of cancer and cardiovascular disease as I got older — which sounds really boring and nerdy to be like, I'm planning that far ahead, but I've always had that mindset of, like, you know, I'm not training for a marathon. I'm training for my health and my ability to keep moving as an older person.

Lisa Horwitz (05:34): You mentioned the benefits of exercise and movement, and you briefly went over some of them now — reduction in anxiety, less depression, better sleep, easier movement. When you got hit with chronic migraine and you were not able to move as well, did you notice an uptick in these other symptoms?

Emily Cordes (06:00): Absolutely, and I will also say it was a difficult time. I had a 5-month-old when I reached — I won't say breaking point — but I reached the point of, like, 28 migraine attack days in a month. So, for me, it's very hard to know. My lack of sleep was definitely due to my daughter, but my increased stress levels — it was both becoming a new parent and also developing chronic migraine for the first time in my life. So it was a very tricky period for sure.

Lisa Horwitz (06:32): So exercise is often recommended for migraine management, but we know that it can trigger painful attacks. How do you help people navigate this paradox?

Emily Cordes (06:46): Yeah, so from like a research, evidence-based perspective, we know that there are definitely people who find that exercise will trigger a migraine attack. We also know that there is some interesting research to suggest that when you control for other factors in the environment, a number of people who think that they are getting attacks triggered by exercise actually aren't. It's overheating, dehydration, your blood sugar dropping when you start working out, perhaps fatigue.

Emily Cordes (07:26): So there's a lot more to it that people might think, oh my God, I can't exercise because I get a migraine attack. But actually maybe you need to go for your walk when it's not the hottest, sunniest part of the day and you need to not try and do this fasted — there's a lot of other considerations. So, first off, I would go through that sort of thing. And then I would say, I definitely want to validate people's experience — this is definitely a problem for people.

Emily Cordes (07:55): I would never say that you absolutely can exercise however you want if you live with migraine. That's not always true. And that is really frustrating. And I think it's important to hold space for that frustration. I've definitely met people who have had to give up things that they love because of migraine. People who used to play competitive sports and who just can't seem to get there. And I think, it's not kind to just say, well, you could if we tried harder.

Emily Cordes (08:30): And it's not always true. So then from that, I would then move into trying to set expectations. And one of the main things there is to say that exercising with migraine is a marathon, not a sprint. I love that it's an exercise metaphor, too. But it really is, right? It takes patience, it takes experimentation, and it takes building the intensity and the length of time you're exercising for — it takes a long time. You have to go slowly.

Emily Cordes (09:04): I will say the migraine brain — we all know this — is very sensitive or can be very sensitive to change. You change one thing — you don't have a coffee that you normally have in the morning — attack, potentially for some. You sleep in — great, attack. There's a lot of that for people living with migraine.



Emily Cordes (09:26): And so I think it makes sense that if you go from being very sedentary to suddenly high intensity, vigorous exercise with all the blood pressure changes and the heart rate raising and you're getting hot and sweaty — I think we need to give ourselves a break. That makes sense that our brains might be a bit like, oh God, it's all too much. So, can we change things more gradually? Can we build our fitness slowly so that that jump to high-intensity exercise isn't as intense?

Lisa Horwitz (09:59): I love this. I think there's such a misconception around exercise that it has to be — you know, they say no pain, no gain. But if you're not exerting yourself to the point of feeling awful, that it's not exercise or it's not useful. I personally like to frame it as 5 minutes is better than no minutes. Is that kind of a stepwise approach that people can take?

Emily Cordes (10:26): Yes, 100%. It's something I say all the time. Some is better than none. Every little counts. I think it was 5 minutes a day adds up to like 18 hours a year. So that's — I might have my math wrong — but that's what I can remember. And so that's a decent chunk of time. And if you're just writing it off as, well, 5 minutes doesn't mean anything, there's no point.

Emily Cordes (10:51): We've got to get rid of that all-or-nothing kind of mentality and go with doing what we can for us right then and there. And knowing that this incremental approach really builds. The no-pain, no-gain mantra — it comes from the bodybuilding and strength-building world. The muscles tend to ache after a really good exercise because we are damaging the muscles in order for them to adapt to the stress and become bigger.

Emily Cordes (11:23): So, it is true in a sense that when you feel the pain in your muscles, it might be an indication that you're going to grow those muscles. But it's definitely been expanded to mean that if you don't thrash yourself in a workout, there's no point. And I just — yeah, I'm not on board with that.

Lisa Horwitz (11:43): Me neither. And I'm so glad to hear that a specialist has the same line of thinking that I do.

Emily Cordes (11:49): Yeah.

Lisa Horwitz (11:50): Along this line of thought, can people train their brains and bodies to tolerate exercise better over time or will physical activity and movement always be risky for them?

Emily Cordes (12:05): I'm going to put a caveat here and say there is no one size fits all. So there might be some people that just can't exercise in the way that they might want to despite trying all these techniques. And that doesn't mean that they've failed.

Emily Cordes (12:22): It doesn't mean you've failed if you've tried and tried and you've used the concepts of pain neuroscience education — which is sometimes called pain reprocessing therapy — and those modalities that can be so helpful. But it doesn't mean you've failed if they don't work for you. It's just there's no silver bullet. There's no one size fits all.

Emily Cordes (12:46): But I would say that it is absolutely possible to train your brain to be less sensitive and to adapt better to getting out and moving. There's this quote — I wish I could find out and remember who it was — that there's this quote that we are plastic to our last breath. And that's this idea that our brain is constantly changing and creating new connections. And so, I think if we bear that in mind, there is always hope. There is always a possibility that we can change our brains. It doesn't mean it's going to be easy, but it does mean it's possible.

Lisa Horwitz (13:32): What would you say to someone who is interested in exercise, but is afraid to start?



Emily Cordes (13:41): I would say start even smaller, even less intense, even a shorter amount of time than you might think. So, if you think, oh, I used to run for an hour, I'm going to get out and start running again for half an hour — walking and running, intersperse that and then I'll build up.

Emily Cordes (14:00): I would maybe caution you to get out and walk for 20 minutes and don't run and do that on a very regular basis. And then walk for 30 minutes, and then walk for 30 minutes and maybe run for 2 minutes in the middle, and then cool down for the rest, and really step this back. Take your time and also be aware that you may trigger attacks as you go. I'm sorry to be the bearer of bad news, but that doesn't mean you failed. It's data, right?

Emily Cordes (14:33): Every failure is an opportunity to learn and that's even with this experiment with ourselves when we're coming to figure out what works for us to exercise. So, you trigger an attack. Think about — if you're a female and you have a menstrual cycle — maybe it's not at the right time of the month. Maybe you need to think about what else was going on that day. Were you overtired? Were you overly hot? Were you dehydrated? Consider all of it and sometimes maybe you did just push it too much and that's data, and you can step that back for next time.

Lisa Horwitz (15:07): So, if I'm going to start a new exercise plan tomorrow and my goal is to walk for 10 minutes — I've been walking zero minutes, so I want to go with 10 minutes — what are the things I can do before I start my walk to put my body in the best place possible? So hydration?

Emily Cordes (15:24): Yeah.

Lisa Horwitz (15:25): What else? Maybe having a snack?

Emily Cordes (15:27): Yeah. I was going to say a snack, depending how you feel. So, I mean, if it's a 10-minute walk, you might be OK snacking fairly close to the 10-minute walk. Some people prefer to leave at least half an hour after a snack before they exercise in case they feel a bit queasy, but definitely having something in your system. I don't recommend that people with migraine work out fasted unless they're sure that that works for them. Again, there's no one size — but having a snack, having some water.

Emily Cordes (15:59): If it's sunny outside, make sure you've got a hat and your sunglasses. Check the weather. If it's super windy, maybe you want to do a walk around your house instead, or something. There's ways to modify. And take a deep breath and remind yourself that just because you're going to exercise doesn't mean an attack is inevitable. Just to give it a go and enjoy it. Try to enjoy it. Find something — even if you don't enjoy the whole thing — trying to find something that's pleasant about it tends to help if you can.

Lisa Horwitz (16:34): That to me sounds like a part of this idea of a plastic brain and relearning things. Is there something positive you can maybe say to yourself when you wake up that morning: “I'm going to go for a walk. OK, I'm a little afraid.” So instead of thinking, “I'm afraid to walk,” would you think I'm excited to try something new today or I'm looking forward to seeing a bird on my walk? Do those kind of messages help calm the nervous system down?

Emily Cordes (17:02): Yeah, I think the way we talk to ourselves kind of internally — if that makes sense — about exercise makes a big difference. So, you might even just start by noticing what you're currently thinking about it. Are you thinking, “Oh, God, will this set me off and then I'm going to be out of action for the rest of the day?” Or are you thinking, “Oh, I have to go do this.” And then seeing if you can just try to counter that with one other thought, one reason for doing this.

Emily Cordes (17:37): Maybe it's a deep breath and thinking, “Oh, I'm proud of myself. I'm going to go out and do this silly walk” — as you've seen on social media — “this silly little walk for my mental health.” I love some of your examples, like “What will I see on my walk?” I used to love



going and trying to spot different birds and see what flowers are out at this time of year because that changes, obviously. Some people just will not enjoy very much about the walk.

Emily Cordes (18:05): And then I say, if there's a favorite podcast or a really good audiobook or your favorite musician, there is no reason why you can't listen to that while you walk. In terms of that little mantra, the sayings, there's no one size fits all with that either, unfortunately.

Emily Cordes (18:24): There's one that I say, one that I do recommend when I talk to people who are living with chronic migraine — if they're low-level pain a lot of the time, which for a lot of us is the case, then going out for a gentle walk — one thing I would recommend that they say to themselves and remind themselves is that they're sore but safe. So, there might be pain present, but they're not damaging themselves by getting out for a gentle walk.

Emily Cordes (18:56): I wouldn't recommend somebody who's in any pain goes and does high-intensity exercise or a really intense bout of strength training, but it sometimes can be quite nice and soothing to go for a gentle walk — to get that body moving — maybe to do like a very gentle bed yoga, chair yoga, regular yoga, if that's your jam. Tai chi, something that gets your body moving.

Lisa Horwitz (19:22): So, I love that you mentioned chair yoga. I think when you suffer with migraine, you might also have vertigo. You might feel uneasy. You might have other symptoms that make it hard to stand for a long period of time. And just the fact that people might not even know that you can do entire workouts sitting down.

Emily Cordes (19:49): Yeah, and it's not just yoga. I'm biased towards that because I was a yoga teacher. I've been a yoga teacher now for 15 years. And so when I couldn't take a regular yoga class because it was an instant trigger for me — you know, I put my head lower than my heart and it was just, oh, whoosh, dizziness. And it was just too much. And my neck, I would find that that would be really sore.

Emily Cordes (20:13): I think tied in with having chronic migraine was that my neck would often spasm during a migraine attack. And, you know, there was just too much going on and I couldn't do it. And chair yoga was a great thing to find because suddenly I could have a yoga practice again. And I teach that clinically where I work at the clinic. And we have a variety of people come and do that class, but definitely a number who have migraine and dizziness issues, vertigo issues.

Emily Cordes (20:43): And it doesn't just have to be yoga on the chair either. You can do strength training sitting on a chair. You can do a gentle stretch session if yoga isn't really your jam. And that's still beneficial. And you can keep yourself feeling supported and kind of giving your body that feeling of safety and support.

Lisa Horwitz (21:04): I love that. Are there certain types of exercise that are more likely to trigger attacks than others?

Emily Cordes (21:13): That's a tricky one. I think research will tell you that there are certain types of exercise that are most beneficial for migraine. And we have evidence that exercise generally triggers migraine, but they tend to focus on aerobic exercise. Anecdotally, and what I hear, is that it's really anything that gets your heart rate really going. So anything that gets more intense.

Emily Cordes (21:39): So people will find that higher-intensity exercise and running and sprinting as well as big bouts of strength training, lifting really heavy things — anything that will raise that blood pressure and raise that heart rate and get the body really going — that tends to be more of a trigger for people. And then beyond that, there are definitely people that have specific things. So some people do find yoga. Some people do find Pilates. A lot of people love Pilates, so no shade on Pilates. I do it myself. But what I'm saying is everybody kind of has different triggers. It's tricky.



Lisa Horwitz (22:24): It makes total sense. It's such a complex condition and every body is so unique. Along these lines, does fitness level play a role? Are sedentary people more susceptible to getting an attack during exercise?

Emily Cordes (22:41): Well, we don't know that, but we do know there is good research that shows a correlation between being more sedentary and having a higher migraine burden. So you're more likely to have more frequent attacks and more intense attacks if you're more sedentary. And the fitter you get — to a point — tends to be linked with having fewer attacks and less intense attacks.

Emily Cordes (23:06): And so that I think is for me, that's what I like to focus on is to remember that if we can find a way to get someone active in any way, we are hopefully going to be improving their migraine overall.

Lisa Horwitz (23:21): I exercise regularly, and I've been thinking about this interview a lot recently while I've been exercising because usually movement doesn't trigger an attack for me. But I have found that I have workouts scheduled, and I might be at a level three or four of pain, and I decide to just start the movement anyway. And what I find is that normally by the end, my pain level is much greatly reduced. Is this a common thing that you see with people you work with?

Emily Cordes (23:55): Yeah. So, again, not much research around this — but anecdotally from my own experience working with people and chatting to a lot of people on Instagram as well about this — that this tends to be definitely true for a lot of people. I know personally — before I developed chronic migraine, when I had episodic migraine — if I felt an attack beginning, there were times where I could go for a run — when I was running — and I would abort it. I don't know; that's fabulous.

Emily Cordes (24:28): It doesn't always work like that now, but similar to you, I do find if I can catch it when my pain levels are lower and I go and do something, moving in somewhere — usually a walk for me, that's my standard. Then yes, I also find that I can lower my pain levels. And I've definitely had this discussion with a lot of people. Some people swear by exercise to abort their attacks.

Emily Cordes (24:51): I do know some people who get very frustrated because it's kind of a 50-50, which was definitely how it became for me for a while towards the end of episodic migraine before I got pregnant. There were a couple of times where I was like, oh, it didn't work this time. And that was frustrating. But then I kind of think if it doesn't make it worse, at least you benefited from a bit of exercise.

Lisa Horwitz (25:17): I know, that's kind of how I feel, too. I get to a point where I feel if I'm going to be in pain anyway, I might as well just do what I want to do, which might not always be the best approach.

Emily Cordes (25:28): Not always. It's such a murky area because we have to think about what else you're doing the rest of your life, too, and making sure that we are pacing appropriately and respecting the pain to some extent. You know what I mean? Like not ignoring our pain signals and pushing through. So, I don't want to be — I definitely don't want to tell people: “Ignore the pain, do it anyway.” That's definitely not where I'm coming from.

Emily Cordes (25:54): It's more if the pain is manageable and you can take some deep breaths and really check in with yourself. And on a deep level, exercising is doing what feels right for you. You know, we have to learn to trust ourselves. That takes time when you've got chronic illness. But then give it a go and experiment and you don't have to commit to: I'm going to do this every time. It's a case by case situation, I guess.



Lisa Horwitz (26:26): How do you determine what pain is safe to move through and when to stop?

Emily Cordes (26:32): For me personally — I'll speak to personally and then in the clinic. Personally, I kind of know when I'm at a level four, that's my max. If I were to be — and that's where the line is blurry. So on a day where I feel like it's about a four out of 10. And we all know our head pain and other symptoms well. I think once we've been living with them for a while, we start to get a feel for it. I kind of know if I'm at that [level], I will rest. If I'm just a little below that, I'll go out.

Emily Cordes (27:06): So that is a really difficult one to answer because I can't give you a specific. I just kind of — I've learned through my own experience. Clinically, I like to work with the traffic light system, which you may have heard of for those living with chronic pain. We talk about “green” as that baseline pain. And then a “red” would be a day where you're not going to do anything.

Emily Cordes (27:29): I am surprised sometimes people will come into the clinic and they'll say, “It's a ‘red’ day. I really shouldn't be here. Can we just talk, not exercise?” And I'm like, “We could have canceled, but OK, absolutely. Well, let's go through some stretching. “Red” day, respect that, like no movement. But there's that “orange” in the middle. So, then I will talk to people and say, if they start on a “green” and we shift into the “orange” for a little bit, that's OK. That's sort of, in a way, helping you see that a tiny bit of an increase in pain doesn't always escalate.

Emily Cordes (28:06): But if we're there in an “orange,” I will do very gentle exercise. I don't — if you're at a higher than baseline already — I don't want to push it into a “red.” And we're working with people to hope that they're leaving on a “green” again. So not doing anything that's going to — definitely if they're there with a migraine attack, it's always gentle, pretty much.

Lisa Horwitz (28:29): In terms of recovery: So let's say we're having a day where we were able to move our body in some way. How should we recover from this movement to help us prevent any future attacks that day?

Emily Cordes (28:43): It depends on the movement that you've done. So, if we're doing a strength workout, for example, then I tend to recommend that they make sure they have a meal with a decent amount of protein in it within an hour, an hour and a half. If they really have got very, very sweaty and they've lost a lot of bodily fluids, sweat, then definitely an electrolyte drink for some people can be nice. But that's not something I'm going to push. It's just one of those if that feels right for you.

Emily Cordes (29:16): With an aerobic or a strength workout, I would always say a cool-down is important. So, walking a bit more slowly. If you're finishing up a strength program, you might jump on the treadmill at the gym or walk around the block [at] a low, gentle level. Let your body and your mind come back down to that baseline.

Emily Cordes (29:39): And the usual principles apply of strength training, giving it a day after at least to recover before you work those muscles again so that they have time to adapt. Funnily enough, with the aerobic exercise, I would say I would prefer people to have fewer rest days and do less in each session because I think our migraine brains benefit from that consistency and that predictability.

Emily Cordes (30:08): Rather than — so definitely wouldn't recommend like going out on the weekend and doing a two-hour hike if you don't do any other walking in the week. You know, I think you'd be much better off doing 10 to 15 minutes every day. And over time, you can increase that and then you can have the occasional — of course, we want to be able to have the occasional fun, go out for, over here, a bushwalk, or a hike.

Emily Cordes (30:32): But yeah, so for aerobic: consistency over volume. Which is interesting because the research — sorry, just to get a little bit nerdy — the research shows that the benefits tend to kick in for migraine-burden reduction with 30 minutes, three times a week aerobic exercise.



Emily Cordes (30:56): And that is what I try to aim for with clients because we know that we have that evidence there. There's a few — there's a number of studies now that kind of back this up, but that doesn't mean for me that I wouldn't encourage people to be walking on the days in between as well to keep it going. To do a little bit of something, to keep your brain used to that increase in heart rate while you're out and about.

Lisa Horwitz (31:24): So, I love this answer. And I love that you point out the research showing that aerobic exercise, especially three times a week, 30 minutes each time, reduces the burden and the severity of migraine. What would you consider, then, aerobic exercise? Is a speed walk aerobic enough? Does it have to be running or spinning?

Emily Cordes (31:49): It doesn't have to be running — no. This is moderate intensity. So, you could still maintain a conversation, but you probably couldn't sing. That's the really good test, where you could still talk, keep walking briskly, and you could chat to somebody who is next to you or on the phone, but you couldn't belt out a song because you're using, you know, you're breathing too fast.

Emily Cordes (32:13): There's also good evidence for high intensity exercise being very beneficial, but that one's a tricky one, isn't it? Because then we're leaning into that territory of higher intensity being more likely to trigger attacks. So that depends very much on who we're working with. And strength training, there's some good — there's definitely some good research now that strength training can be beneficial as well.

Emily Cordes (32:38): And I think I just tend to aim for a combined program of a bit of aerobic, some strength, as well as some flexibility, and really tailoring it to what the person in front of me wants to do. Like it's all very well for me to say three times a week, you got to get out and do aerobic exercise. And twice a week, I want you to do this strength training program in the gym.

Emily Cordes (32:59): If they don't generally like exercise, but the idea of starting Pilates and swimming occasionally appeals, then we'll work with that. You know, we'll go with that. It's their life. They've got to enjoy what they're doing.

Lisa Horwitz (33:11): So often the best exercise plan is the one that's appealing to you.

Emily Cordes (33:16): Yes and the one that's appropriate for the person in question. So, it's all well and good to have research and evidence. And that's really important because we know we're on the right track. But it's really important to listen to the person that you're working with and go with what they need and they want and will work for them and their life.

Lisa Horwitz (33:37): How do you design an exercise plan for someone whose migraine attacks are triggered by physical activity? So, someone who's coming in and they're like, “OK, day one.” What does day one look like?

Emily Cordes (33:51): Day one probably looks like 5 minutes walking. Finding a baseline — no matter how small that baseline is — finding a baseline that won't trigger an attack. Because someone might say to me, “Oh, I can't exercise because [exercise] triggers my attacks.” But then I might talk to them and find out that they walk their kids to school every morning and back and they don't get an attack from that. And then it's like, oh, well, that's interesting, isn't it?

Emily Cordes (34:21): Because then I will talk to them about how that's still movement that can be considered exercise. And that actually for them, it's more when they shift into that slightly higher intensity or they want to add a jog or they want to play pickleball or something that adds something a bit different. So we'll start with the baseline. What are they currently doing that doesn't trigger an attack that is exercise? And if nothing, can we find it? Can we find the baseline even if it's 3 minutes?



Emily Cordes (34:51): And then can we work from there to build it very slowly? So, again, marathon, not a sprint. If they're going for a walk with their kids like that — walking their kids to school — can they go for a short walk again later in the day and maybe include 30 seconds of walking really briskly or even a slight jog if they're wanting to start running? And can we build from there? And if they're just doing that, I ask them to experiment with other modes of exercise.

Emily Cordes (35:24): So, have they tried strength training? If they're focused on aerobic, maybe if we can increase their muscle strength, that might help as well. So there are a few different kinds of ways that we can approach it.

Lisa Horwitz (35:39): So, once people start having an exercise routine, should they warm up differently than people without chronic pain or modify their exercise intensity?

Emily Cordes (35:51): Yeah, good question. I think the key here is that warmup is really important. Just getting that body and brain to slowly adjust to that increased intensity of movement. Even if it's just going from sitting to a gentle walk to then a slightly brisker walk, we want to do that slowly. So that warm-up period is important. And I think other than that, I wouldn't say there's anything particularly special.

Emily Cordes (36:24): I think if you're going to be strength training, then you want to do some warm-up movements that are similar to the movements that you will do when you've got weights. So, doing some gentle body weight squats or just some of the movements, just without weights. And if you're going to go for a run, then you're warming up by walking first and then walking more briskly and then moving into it. So, yeah, I wouldn't say there's a specific — there are specific things to do. I would just highlight the importance of the warm-up.

Lisa Horwitz (36:59): How has a regular exercise routine helped you personally manage your migraine?

Emily Cordes (37:07): It really has. So, I will say that. I've been very grateful that I've been able to get back to exercising more and more. The shift that I've made is that I got into strength training, which I didn't really do before I lived with chronic migraine. I used to rely on Pilates, yoga, running, and walking.

Emily Cordes (37:32): And I found getting to a gym — which is funny because gyms themselves can be problematic for people — but I managed to find a gym that doesn't have the fluoro lights and there's no yucky fragrances pumped out. And getting somewhere that I can use weights and I can take it slowly. And then I'm slowly building my muscular strength.

Emily Cordes (37:56): That actually allowed me to return to Pilates and I've also been gradually over time increasing the amount that I walk — the length of time that I can walk for before I trigger an attack. And I definitely notice that the weeks that I'm able to work out the way I want to — because it's not always migraine, it's kids and scheduling and life that stop you sometimes.

Emily Cordes (38:20): For the weeks that I do work out the way I want to, I sleep better. My mood is better and I do tend to have fewer migraine attacks. I will say — just to put it out there — that I'm not perfect. I definitely still will occasionally trigger an attack with exercise because I'll misjudge and I'll be really enjoying it and I'll be at the gym and I'll just think, “Yeah, now I'm going to get on the stair machine and yeah, I'm going to put it up.” And then I'm there and I'm sweating and I'm hot and I'm loving it. And then later in the day, I'm like, “Yeah, I wouldn't have recommended anybody I'm working with do that. I enjoyed it at the time, but oh, well, here we go.”

Emily Cordes (39:04): But that's data, right? I'm learning, and I'm having fun with it basically. Yeah.



Lisa Horwitz (39:13): I love that. I mean, I don't love that you're still having attacks, but I love that you're honest about it. And I love that it's just proof that even if you have all the training and the knowledge and the experience that sometimes our bodies just do what they want to do, and we just have to accept it. I think so much of the time managing migraine is just managing expectations and being flexible.

Emily Cordes (39:40): So true. Adaptability, right? Which is the best thing we've got as humans. We're a very adaptable species. And we can adapt. We've got this migraine burden to live with, but we can adapt, and we can find ways to work with it and work out with it.

Lisa Horwitz (40:02): So, we kind of covered this before, but I want to just emphasize it one more time. That mindset is really critical when we're facing something important to us that gives us mixed feelings like exercise. Is there a mantra or a perspective that you've found useful in adopting a helpful mindset?

Emily Cordes (40:25): I wouldn't say there's a particular mantra, other than coming back time and time again to reminding ourselves that brains can change — that's the one thing we, our brains, are very good at. Our brains are very good at changing, and brains can relearn patterns and become less sensitive.

Emily Cordes (40:53): I find it very interesting that even just learning about the science of chronic pain and how our nervous systems become sensitized — even just learning that can lower people's pain levels because it takes away a little element of the fear. Now, with that in mind, if we know that exercise can be beneficial for us, if we know that exercise doesn't have to trigger an attack — even if it has done before. And if we know that over time exercise can help us in so many ways, including lowering the migraine burden, then maybe we can start to work with that fear and reduce the fear that we have of movement. If that's where we're coming from — if we've got that fear that it's going to trigger an attack — and also just remembering that some is better than none.

Emily Cordes (41:45): Every little bit counts. You are not a failure if you can't get out and do a 30-minute workout, you are just a human trying to do the best that you can while living with migraine. And if you can get out and go for a 5-minute walk and that makes you feel better, then excellent. That's what we're going for. There's no one size fits all, you have to achieve this in order to tick that box. So you work with your body and brain where you're at right now and start from there.

Lisa Horwitz (42:21): Have you seen success with your clients on increasing their ability to exercise over time?

Emily Cordes (42:29): A hundred percent. Definitely, definitely. Both the people I work with and the people I interact with on Instagram. There are a lot of those stories, of people who have been able to return to swimming, return to getting out for social walks with their friends, tennis, Pilates, and establishing workout routines that work for them, and feel nourishing for them, and support them. And they might never have thought that that was possible when they're in the depths of this, especially chronic migraine.

Emily Cordes (43:12): I really do want to highlight episodic migraine. I work with people differently because they don't necessarily have it every time they exercise. It's just sometimes — if you're getting one migraine attack a month, tends to be around your period — then we might work with doing something more gentle as you're approaching that time.

Emily Cordes (43:31): When you're living with chronic migraine, honestly, it can feel like the most impossible thing in the world — the idea that you're going to be able to exercise regularly. And I have seen it happen and it's just, it's wonderful. It definitely gives me hope that this is possible. It's just



finding the right approach for the person, and remembering that it's a marathon, not a sprint, allowing them to take their time.

Lisa Horwitz (44:03): I love that. Where can we learn more about what you're doing or follow your work?

Emily Cordes (44:10): I have a website, which is just my name — emilycordes.com. And also over on Instagram, Movement with Migraine (@movementwithmigraine). I have been a little bit quieter there recently, but I still love to hang out there and share what I can about exercise with migraine.

Lisa Horwitz (44:28): So, to sum up beautifully what we've talked about today, I think the few things I want to walk away with is: There's hope, any movement is better than no movement, go slowly, be kind to yourself, and find ways to remind your brain that even though you might be afraid of movement, there can be some joy in it. Try to reframe the fear of pain.

Emily Cordes (44:59): Yes, I hope that the standout is have a bit of self-compassion as well, to be kind to yourself and go slow. And I'd like to leave you with this: That this is hard. You don't deserve this. This isn't something you're doing. It's not your fault. Working out when you live with migraine makes it more complicated. And if you can have a little bit of self-compassion about that and just be kind and gentle to yourself, I think that's a really great base.

Emily Cordes (45:37): You're going to be less likely to push yourself too hard into pain if you're doing it to nourish yourself — if exercise is something you're doing to be nice to yourself, to give yourself the benefit of moving your body and to be able to connect with your body in a positive, joyful way. When we live with chronic conditions and migraine, often the body and the brain become — it's a complicated relationship, right?

Emily Cordes (46:08): So, then if we can find a way that our body can support us to move and help us feel better, then that can be a really beautiful thing and a really nice way to connect with our body in a different way, in a positive way. So, start with self-compassion, go from there, go slowly, experiment, try to have a bit of fun, if possible, and yeah, stick with it.

Lisa Horwitz (46:39): Emily Cordes, thank you so much for your time today.

Emily Cordes (46:42): Thank you for having me. It's been a pleasure.