

## What is it?

There are many official classifications for headaches with cervicogenic headache being one of them. Literally cervicogenic headache means a headache originating from the neck. There has been much debate about its existence since it was first described in 1983 but there are some features which appear consistent with these headaches.

A lot of features of cervicogenic headaches are also typical in headaches such as migraines, tension headaches often making diagnosis difficult. **Typical features of cervicogenic headache include:**

- ✦ Pain originating from the **base of the skull** but may extend to the forehead, temples and behind the eyes.
- ✦ Head ache onset with **neck movement**, awkward or sustained head postures
- ✦ Reproduction of headache due to direct **pressure at the neck**
- ✦ Usually associated with a recent or history of a **neck injury**
- ✦ **Restriction** in the range of motion of the neck and/or stiffness
- ✦ **One sided** and always on that side (sidelocked). In some instances it can be on both sides but one side will be more dominant
- ✦ **Moderate to severe pain** that is non-throbbing and usually originates from the neck and is of variable duration.

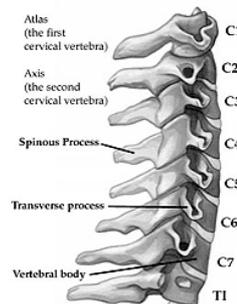
## What causes it?

This is an area that has been debated greatly amongst the health literature.

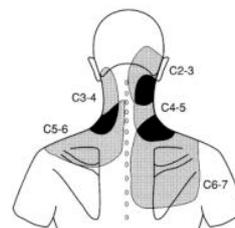
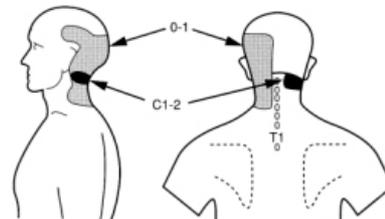
As stated earlier, **there is often but not always a preceding injury** such as a whiplash injury. Whilst most whiplash injuries resolve themselves, there have been reports of persistent headaches post injury.

**Typically, cervicogenic headaches occur due to restrictions at C1-3 (upper joints of the neck).** A diagnostic feature of cervicogenic headache is often the

reproduction of symptoms with direct pressure or mobilisation of those affected levels. It is thought that the headaches are a result of the brain having some confusion of where the pain is coming from due to the way our nerves are hard wired.



Mapping of referral patterns of these joints by deliberately causing pain tend to follow patterns similar to those in cervicogenic headache.



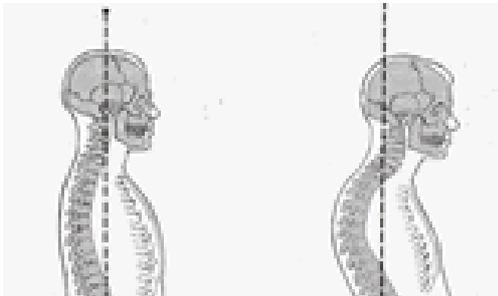
**Muscular tightness around the neck also appears to be a common theme**, regardless of whether this results in a restriction of movement, or as a result of the restriction. A lot of these involved muscles actually connect to the joints listed above.

## How can physiotherapy help?

Your physiotherapist has a number of techniques to help you reduce your pain.

**Manual therapy** may include mobilisation of the neck particularly of C1-3 neck joints. Your physiotherapist may use these techniques to address any movement restrictions either globally or at a particular bony level. Some of these techniques can actually be taught so that you can assist your own treatment as part of a home exercise program.

**Posture** like in most musculoskeletal problems, plays a very important role in the management of cervicogenic headache. Slouched posture in sitting and standing tends to push the head forward thereby requiring the surrounding muscles to work harder in order to hold the head upright. This also tends to tighten the areas that are implicated in cervicogenic headache. This is similar to not getting a wheel balance and alignment for your car and therefore getting uneven wear and tear.



As a general rule, try and imagine a line running from your ear, to shoulder, to hips as pictured above. Ideally these should all be in one line. This may feel awkward at first but will feel better as you get used to it. What is important is how it changes the frequency of the headaches. During treatment, your physiotherapist will guide you on ideal posture which will form an important part of your self-management.

**Exercises** include stretches which can alleviate tension in the muscles (which is often as a result of poor posture). Your physiotherapist may also introduce exercise activities that specifically target the smaller supportive muscles around the neck.

Having an appropriate home exercise program which supports the postural education and manual therapy is the cornerstone for the long term resolution of these problems.

A typical stretch that can help to relieve tension through the muscles that connect from your neck to the shoulder is pictured below. Place your hand behind your back and gently tilt your head away from that shoulder. The other hand may gently apply extra pressure to the head.

Another stretch is the second stretch pictured below which involves gently bringing your chin to your chest and applying gentle pressure from behind.

Hold each stretch for at least 20 seconds. Repeat 3 times. It is important to remember that this may feel initially uncomfortable but should not create pain or make you worse after the stretch. Remember to consult your physiotherapist if this is the case.



## References

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