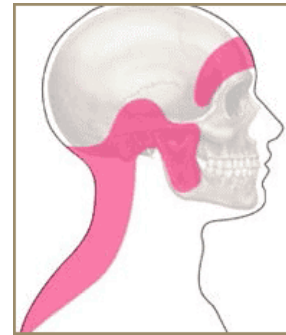


CERVICOGENIC HEADACHE

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Headaches are a common health complaint affecting millions of Canadians. They can be completely disabling for the individual experiencing them, negatively impacting work, recreational, and social activities. Cervicogenic headache is a relatively common cause of chronic headache that is often misdiagnosed or unrecognized. Its presenting symptom complex can be similar to that of the more commonly encountered primary headache disorders such as migraine or tension type headache. The purpose of this article is to outline the mechanism, causes, signs, symptoms and treatment alternatives associated with cervicogenic headaches.

Cervicogenic headache is defined as a headache which has its origin in the area of the neck and/or upper shoulder region. The source of pain will be from biological tissues such as muscles, ligaments, joints, nerves, and bones that have become inflamed, injured and/or irritated. When these structures become stimulated, their nerve endings send pain signals up the pathway from the upper nerves of the neck to the brain. During this process they intermingle with the nerve fibers of the trigeminal nerve, which is responsible for sensation in the face. This interaction of pain signals originating in the neck or upper shoulder region and the trigeminal nerve results in the perception of head pain or headache for the individual.



There are many similarities between the commonly experienced headache disorders and cervicogenic headaches. For example, both migraine and cervicogenic headaches affect females more than males, with headache symptoms generally located unilaterally (on one side of the head). These headache sufferers may complain of severe pain, head throbbing, nausea, phonophobia (sensitivity to sound) and photophobia (severe sensitivity to light). However, these symptoms are reported far more frequently in migraine sufferers. Neck pain and muscular tension are also common symptoms in tension headaches, migraine attacks, and cervicogenic headaches. The problem of symptomatic overlap in these common and frequent headache types makes the accuracy of precise diagnosis difficult. Furthermore, the fact that an individual may have two or more headache types co-existing at any one time further elevates the diagnostic challenge.

Cervicogenic headaches are usually unilateral (occasionally bilateral), and can be experienced in several different regions of the head including the suboccipital region (base of the skull), the forehead, or behind the eyes. The intensity of pain may fluctuate from mild to moderate to severe on a daily basis. Individuals with cervicogenic headache may also exhibit physical signs of altered neck posture, diminished strength or restricted range of motion of the neck/cervical spine. Headache symptoms can be triggered or reproduced by active neck movements or passive positioning. Muscular tenderness and sensitivity can also be found in the suboccipital, cervical, and upper shoulder musculature. An individual may sense that pain in these regions can spread upwards into the head. This can be confirmed by palpation of muscular trigger points that can intensify referred pain symptoms into the head.

The cause of cervicogenic headache may be singular or multi-factorial. Anything that can affect the biological tissues in the neck and upper shoulder region can potentially cause cervicogenic headache. This may include a whiplash injury, sports injury, arthritic changes, muscular stress, prolonged awkward neck postures, chronic postural strain and fatigue.

Headache evaluation should include a proper medical history, along with a physical examination consisting of inspection, palpation for tenderness, range of motion, strength, neurological, provocative/orthopaedic and functional assessment. Diagnostic tests such as x-rays, CT or MRI scans, and laboratory testing may also be helpful in cases where a thorough physical examination and patient history indicate further investigation. Headaches that are a result of an injury such as a blow sustained to the head, likely require immediate medical attention, especially if they are accompanied by fever, convulsions, loss of consciousness, or confusion. The evaluation and assessment of headaches must rule out serious causes of headache symptoms before appropriate treatment can be administered.

After a diagnosis of cervicogenic headache is made, therapy is geared toward rehabilitating the specific biological tissue(s) responsible for the generation of pain. Treatment and management options that have demonstrated effectiveness include: postural education and correction, manual joint mobilization, manipulation, acupuncture, soft tissue therapy, and muscular strengthening. Trying a variety of therapies or combination of therapies may be required to find relief.

The goal of therapy is to minimize headache frequency and diminish levels of pain associated with each episode. Scientific studies show that individuals with cervicogenic headache can benefit from manual modes of therapy, with long-term prevention and control of headaches appearing greatest in patients who are involved in ongoing exercise and physical conditioning programs. It should be remembered that many patients who are diagnosed with traditional symptoms of tension headache and migraine headache also respond to cervicogenic headache diagnosis and treatment.

Cervicogenic headache is a relatively common cause of chronic headache and can be similar to that of the more frequently encountered primary headache disorders such as migraine or tension type headache. The neck/cervical spine can be a hidden and severely debilitating source of headaches. For those suffering from cervicogenic headache symptoms that may be interfering with their activities of daily living, a qualified health professional can prescribe appropriate conservative therapy, rehabilitation and self-management strategies specifically for your circumstance. For more information, visit www.nhwc.ca.

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