MoveWell
PHYSIOTHERAPY

Cervicogenic Headaches

Physiotherapy has been shown to be highly effective in the management of cervicogenic headaches.

The University of Queensland completed the first multi-centre randomised controlled blind study of cervicogenic headache published in 2002. Physiotherapy treatment (joint mobilisations, specific muscle re-education exercises and spinal soft tissue mobilising techniques) was found to significantly improve symptoms in recognised cervicogenic headache sufferers, and was significantly more effective than medical management. It is suspected that over 30% of headaches are cervicogenic in origin, and physiotherapists are well placed to determine whether the cervical spine is playing any part in the production of headache symptoms.

The Cervicogenic International Headache Society Group (1998) published the following Diagnostic Criteria for diagnosing cervicogenic headache.

- Unilateral pain without sideshift (within that episode & typically between) NOTE: Can also be *bilateral* if bilateral trauma and/or degenerative changes.
- Begins in neck or occiput (maybe with shoulder/arm pain) (compare to migraine – begins in front especially behind the eye)
- Moderate intensity (not stabbing/lancinating, so can carry on activities but not very pleasant)
- Frequency/Duration highly variable – episodic → continuous (some all the time, some very infrequent)
- Associated symptoms (mild & intermittent)
  → nausea (not very often); dizziness (@ times); photophobia (like hangover – no bright light/loud noise); 'blurred vision' (haziness/head feels a bit fuzzy or light)
- Precipitated by neck movement/posture (ranges from very easy to very hard to define) or
- Pain reproduced with external pressure to upper Cervical or occiput or
- Restricted neck mobility (very subtle)
- Positive anaesthetic block (in research and in practice!)
- The upper 3 (C1-3) cervical levels are most commonly involved cervicogenic headaches.

Physiotherapy Treatment Of Cervicogenic Headache

Physiotherapy treatment will include joint mobilizations and/or manipulations to the upper cervical spine, specific retraining of the deep neck flexors (upper cervical spine stabilising muscles), stretching tight muscles in the upper quadrant, postural correction exercises (thoracic spine extension range, lower trapezius muscle strength, head on neck position), neural mobilizations, and patient education. The physiotherapist may also use dry needling techniques and will give the patient home exercises to assist with management and decrease recurrence.

Multi-Source Headache

It is important to point out that many headache sufferers may suffer multi-source headaches. For example, a Migraine sufferer may simultaneously experience a Tension Type Headache and Neck Headache. Treatment varies depending in the symptoms and headache source.

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