

### Description

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Cervicogenic headache refers to a headache that originates from the neck or cervical spine. Muscle spasms around the involved segments, irritation of the joints and/or nerves in the neck cause pain to be felt in the head. Most often, the headache is felt on one or both sides at the base of the skull and radiates into the side of the head or behind one or both eyes. Neck pain and stiffness is the major contributing factor but other symptoms can include nausea, dizziness, lightheadedness and in severe cases vomiting. The upper segments of the neck are most commonly involved (C0/1 – C1/2).

### Anatomy

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The cervical spine is made up of 7 vertebrae (bones) and approximately 20 joints. There are three joints between each vertebra; one central joint, separated by a cartilage pad or disc and two joints either side that provide stability to each segment (facet joints).

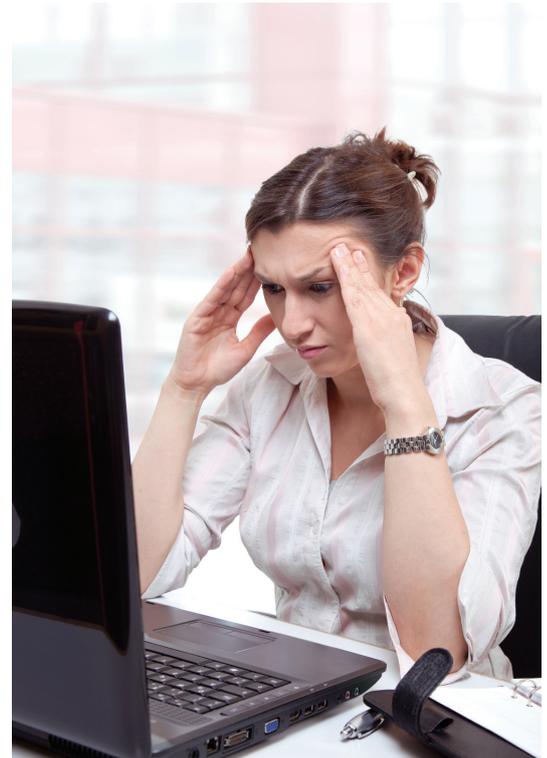
The two uppermost facet joints allow movement between the base of the skull and the neck. It is these skull joints and deep cervical extensor muscles, which are affected with a cervicogenic headache. These joints are richly innervated by nerve fibres, and these nerve fibres refer pain to the head and face.

### Causes

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Poor posture is perhaps the largest contributing factor to the development of a cervicogenic headache. Reduced thoracic extension (or increased thoracic kyphosis) can lead to an increased upper cervical extension posture which places excessive load onto the uppermost facet joints. Other causes can include:

- Neck joint stiffness
- Incorrect desk/computer set-up
- Trauma (eg whiplash associated with a motor vehicle accident)
- Muscle tightness in the neck, shoulders and upper back
- Weakness in the deep neck flexor muscles – the stabilizing/protecting muscles of the neck.
- Stress – work/emotional



## Signs & Symptoms

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- Constant dull headache, usually one-sided but can be both sides
- Pain felt over at the base of the skull, the side of the head or behind the eye
- Pain progresses during the day and is aggravated by prolonged sitting, neck or head movements (eg jolting while traveling in a car/bus), long periods of computer/desk work or repetitive arm movements (eg ironing/cleaning with sustained neck posture)
- Other symptoms that may also be associated with the headache include nausea, light-headedness, ringing in the ears (tinnitus) and dizziness.

## Treatment

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### Immediate care following onset:

1. Accurate assessment and treatment by your physiotherapist
2. Rest and reduce the affect of gravity. Often sitting with your head in a well supported position that decreases the load on the small skull and upper vertebral joints can reduce pain significantly. Rest your neck in a well supported position with both the head and neck cushioned by a pillow and avoid computer/desk work or driving.
3. Heat (you may find temporary relief from a warm heat pack placed on your neck)
4. Anti-inflammatory medication (please see your doctor or pharmacist for advice)

It is vital that the condition is not aggravated by ongoing poor posture. Ergonomic assessment and workstation changes may be necessary to overcome the condition. Whilst recovering, avoid sustained poor postures (reading, computer work, driving etc) or fast neck movements (rotating your head suddenly whilst driving). It is important to have a good neck alignment during sleep with a quality pillow that supports both the head and neck. Depending on the positions normally adopted for sleeping, different pillows suit different individuals (see subscription page).

Your physiotherapist may then incorporate some of the following techniques to reduce your symptoms:

- Joint mobilization
- Manual traction
- Muscle re-training
- Advice on workstation set-up
- Massage
- Postural correction
- Stretching

**Please feel free to discuss any problems or queries with your physiotherapist or get up to date treatment options by subscribing online at [www.rehabonthenet.com](http://www.rehabonthenet.com).**