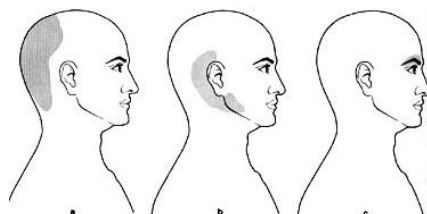


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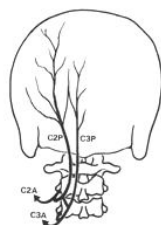
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## Cervicogenic Headache



Cervicogenic headache is a syndrome characterized by chronic hemicranial pain that is referred to the head from either bony structures or soft tissues of the neck—particularly in the upper part of the neck (called the upper cervical spine). It is often a sequela of head or neck injury but may also occur in the absence of trauma. The clinical features of cervicogenic headache may mimic those commonly associated with primary headache disorders such as tension-type headache, migraine, or hemicrania continua, and as a result, distinguishing among these headache types can be difficult.

Commonly, the pain is referred from the first three cervical vertebra and their surrounding structures (C1-C3). There is an existing connection between nerve fibres of the upper neck and that of the nerve fibres on the head. This phenomenon explains how pain experienced in the neck can be felt as head pain.



The pain is likely referred from:

- Muscles of the neck
- Nerves arising within and leading to the neck
- Bones and joints of the neck
- Vascular structures in the neck

### Signs and Symptoms:

Sufferers usually complain of single sided headache which is side locked (meaning it does not change position between sides of the head). Neck pain and cervical muscle tenderness are common and prominent symptoms of primary headache disorders. It can extend from the neck to the base of the skull and around to the front of the head. The symptoms are generally provoked by neck movements and sustained postures, usually being described as dull or moderate in intensity and worse in the mornings.

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Patients with cervicogenic headache will often have:

- altered neck posture
- a stiff neck
- head pain that can be triggered or reproduced by neck movement
- sore and tender muscles usually found in the base of the head, neck and shoulder

It is important you are assessed by a physiotherapist to differentiate if your headache is of a cervicogenic nature and therefore easily treatable by physiotherapy, or in actual fact, other forms of headache.

## Treatment options:

### Physiotherapy



Expected management techniques include the following:

- Postural assessment
- Joint mobilisation/ manipulation
- Acupuncture
- Massage and myofascial release
- Exercise program and self management techniques- which may include Clinical Pilates

### Medications that may be used

- Analgesics
  - Over-the-counter Non Steroidal Anti Inflammatory Drugs (NSAIDS) include aspirin, ibuprofen (Motrin IB, Advil, Nuprin, Rufen), naproxen (Aleve), ketoprofen (Actron, Orudis KT).
  - Prescription NSAIDs include ibuprofen (Motrin), naproxen (Naprosyn, Anaprox, diclofenac (Voltaren, Cataflam, Solaraze), tolmetin (Tolectin), ketoprofen (Orudis, Oruvail), indomethacin (Indocin).
- Antidepressants- Amitriptyline (Elavil, Endep) is the tricyclic most commonly used for tension-type headache.
- Antiepileptic Drugs- Valproate has been effective for stopping headaches in some patients with persistent migraines and tension-type chronic daily headaches.

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