

Role of cervical and thoracic manipulation in treatment of Cervicogenic headache

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Several studies of varied research designs have shown that cervical joints mobilization and manipulation can be effective for cervicogenic headache (because CGH is related to cervical joint dysfunction). Manipulation is used to decrease cervical joint dysfunction and pain. Simple soft tissue techniques are designed to relax tight muscles and fascia. Forces applied too fast or too heavy cause the muscles to fight back. Various types of manual therapy consist of direct techniques (soft tissue technique, articular treatment, mobilization with impulse, muscle energy, direct myofascial release) and indirect techniques (strain-counter strain, indirect balancing, indirect myofascial release, craniosacral).

There are important precautions and contraindications for high velocity low amplitude (thrust) manipulation of cervical spine, some of them are: unstable fracture, severe osteoporosis, primary or secondary bone tumors, central cervical disc herniation, spinal cord tumors, cauda equina compression, ...

For getting optimal results from manipulation, you should do meticulous physical and spinal examination and confirm the presence of cervical facet dysfunction as the source of CGH and then rule out contraindication for manipulation.

Systematic reviews of RCTs using manual therapy in CGH patients suggest better outcomes compared to no treatment, although there is a need for more high-quality clinical studies. Both mobilization and manipulation are effective for treatment of patients with CGH, although manipulation appears superior to mobilization in short-term. In addition, patients with neck pain with or without headache have more short-term relief when manual therapy is combined with exercise as compared to exercise alone.