

Cervicogenic Headache

Dr. Sharif Najafi

Clinical Biomechanics and Ergonomics Research Center, Department of Physical Medicine and Rehabilitation, Aja University of Medical Sciences, Tehran, Iran



Cervicogenic headaches (CGHs) pose a challenge for many therapists because the head pain results from somewhere other than the head: the cervical spine. Cervicogenic headaches (CGHs) pose a challenge for many therapists because the head pain results from somewhere other than the head: the cervical spine.

Interestingly, CGHs are one of the most common types of headache in weight-lifting athletes. Patients who have sustained whiplash or concussion injuries with resulting neck pain sometimes develop CGH.

In fact, headaches developing 3 months or more after concussion are generally not caused by brain or head injury, suggesting a possible cervical spine etiology.

The diagnostic criteria for CGH include headache associated with neck pain and stiffness. Cervicogenic headaches are unilateral, starting from one side of the posterior head and neck, migrating to the front, and sometimes are associated with ipsilateral arm discomfort.

Three forms of cervical headaches can be distinguished, each with its own semiology: 1. Occipit 2. Occipitotemporomaxillary 3. Supraorbital

The successful treatment of cervicogenic headache usually requires a multifaceted approach using pharmacological, non-pharmacological, manipulative, anesthetic, and occasionally, surgical interventions.

In this article, we will review the various aspects of Cervicogenic headache, including clinical symptoms, diagnosis and treatments, and we will review the latest research findings.