REVIEWED
By Chris at 9:10 am, Jun 20, 2019

Cervicogenic Headache

Published: October 24, 2016

The Basics

Cervicogenic headache is referred pain (pain perceived as occurring in a part of the body other than its true source) perceived in the head from a source in the neck. Cervicogenic headache is a secondary headache, which means that it is caused by another illness or physical issue. In the case of cervicogenic headache, the cause is a disorder of the cervical spine and its component bone, disc and/or soft tissue elements. Numerous pain-sensitive structures exist in the cervical (upper neck) and occipital (back of head) regions. The junction of the skull and cervical vertebrae have regions that are pain generating, including the lining of the cervical spine, the joints, ligaments, cervical nerve roots and vertebral arteries passing through the cervical vertebral bodies.

The term cervicogenic headache is commonly misued and does not simply apply to a headache associated with neck pain; many headache disorders, including migraine and tension-type headache, can have associated neck pain/tension. Rather, there must be

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evidence of a disorder or lesion within the cervical spine or soft tissues of the neck, known to be able to cause headache. Such disorders include tumors, fractures, infections and rheumatoid arthritis of the upper cervical spine. There is debate as to whether cervical spondylosis (age-related wear and tear affecting the spinal disks in your neck) can cause cervicogenic headache.

People with cervicogenic headache often have reduced range of motion of their neck and worsening of their headache with certain movements of their neck or pressure applied to certain spots on their neck. The headaches are often side-locked (on one side only), and the pain may radiate from the neck/back of the head up to the front of the head or behind the eye. The headache may or may not be associated with neck pain.

People suspected of having cervicogenic headache should be carefully assessed by their doctor to exclude other primary (migraine, tension-type) or secondary (vessel dissection, posterior fossa lesions) causes of headaches.

Nerve blocks are used both for diagnostic and treatment purposes. If numbing the cervical structures abolishes the headache, that can confirm the diagnosis of cervicogenic headache and also provide relief from the pain.

Treatment for cervicogenic headache should target the cause of the pain in the neck and varies depending on what works best for the individual patient. Treatments include nerve blocks, medications and physical therapy and exercise. Physical therapy and an ongoing exercise regimen often produce the best outcomes. Other providers that may need to be involved in management of cervicogenic headache include physical therapists, pain specialists (who can do the injections/blocks) and sometimes neurosurgeons or orthopedic surgeons.

Please refer to the **International Classification of Headache Disorders 3rd edition (beta version) website** for more information on the criteria used to diagnosis cervicogneic headaches.

Resources:

The International Headache Society. **https://www.ichd-3.org/11-headache-or-facial-pain-attributed-to-disorder-of-the-cranium-neck-eyes-ears-nose-sinuses-teeth-mouth-or-other-facial-or-cervical-structure/11-2-headache-attributed-to-disorder-of-the-neck/11-2-1-cervicogenic-headache/**

Bogduk N, Govind J. Cervicogenic headache: an assessment of the evidence on clinical diagnosis, invasive tests, and treatment. Lancet Neurol 2009; 8:959.

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