

## Cervicogenic Headache

Cervicogenic headache, in a way, is one of the most unusual headache disorders because the pain truly isn't in the head. 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 neck disorder or lesion.

Information and diagnostic criteria for cervicogenic headache from the International Headache Society's International Classification of Headache Disorders, 2nd Edition (ICHD-II) offers us a clear look at the symptoms of cervicogenic, how it's diagnosed, and how it's treated:

*Previously used term:*

Cervical headache

*Coded elsewhere:*

Headache causally associated with cervical myofascial tender spots is coded as 2.1.1  
Infrequent episodic tension-type headache associated with pericranial tenderness, 2.2.1  
Frequent episodic tension-type headache associated with pericranial tenderness or 2.3.1  
Chronic tension-type headache associated with pericranial tenderness.

*Diagnostic criteria:*

1. Pain, referred from a source in the neck and perceived in one or more regions of the head and/or face, fulfilling criteria C and D
2. Clinical, laboratory and/or imaging evidence of a disorder or lesion within the cervical spine or soft tissues of the neck known to be, or generally accepted as, a valid cause of headache<sup>1</sup>
3. Evidence that the pain can be attributed to the neck disorder or lesion based on at least one of the following:
  1. demonstration of clinical signs that implicate a source of pain in the neck<sup>2</sup>
  2. abolition of headache following diagnostic blockade of a cervical structure or its nerve supply using placebo- or other adequate controls<sup>3</sup>
4. Pain resolves within 3 months after successful treatment of the causative disorder or lesion

## Notes:

1. Tumours, fractures, infections and rheumatoid arthritis of the upper cervical spine have not been validated formally as causes of headache, but are nevertheless accepted as valid causes when demonstrated to be so in individual cases. Cervical spondylosis and osteochondritis are NOT accepted as valid causes fulfilling criterion B. When myofascial tender spots are the cause, the headache should be coded under 2. *Tension-type headache*.
2. Clinical signs acceptable for criterion C1 must have demonstrated reliability and validity. The future task is the identification of such reliable and valid operational tests. Clinical features such as neck pain, focal neck tenderness, history of neck trauma, mechanical exacerbation of pain, unilaterality, coexisting shoulder pain, reduced range of motion in the neck, nuchal onset, nausea, vomiting, photophobia etc are not unique to cervicogenic headache. These may be features of cervicogenic headache, but they do not define the relationship between the disorder and the source of the headache.
3. Abolition of headache means complete relief of headache, indicated by a score of zero on a visual analogue scale (VAS). Nevertheless, acceptable as fulfilling criterion C2 is equal to or more than 90% reduction in pain to a level of less than 5 on a 100-point VAS.

### **Diagnosing cervicogenic headache:**

In diagnosing cervicogenic headache, doctors look for the actual source of the pain. Nerve blocks are often used for this purpose. By administering nerve blocks, the doctor can determine which nerve is causing the pain. To confirm the diagnosis of cervicogenic headache, the headache must be relieved by nerve blocks.

### **Treating cervicogenic headache:**

Treatment for cervicogenic headache should target the cause of the pain (in the neck) and varies depending upon what works best for the individual patient. Treatments include nerve blocks, physical therapy and exercise, Botox injections, and medications. Physical therapy and an ongoing exercise regimen often produce the best outcomes.

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### Resources:

<sup>1</sup> International Headache Society. "International Classification of Headache Disorders, 2nd Edition" (ICHD-II), First Revision. May, 2005.

<sup>2</sup> Silberstein, Stephen D.; Lipton, Richard B.; Dodick, David W. *Wolff's Headache and Other Head Pain*. New York. Oxford Press. 2008.

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<http://www.healthcentral.com/migraine/types-of-headaches-531077-5.html>. Last updated February 20, 2012. Medical review by John Claude Krusz, PhD, MD.

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