DD 722 Cervicogenic Headaches

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Opening Statement ...

- Diagnosis is the key to successful treatment!
Headaches and Cervico-thoracic Pain

• Differentiate the types of tissues that may be involved with a chief concern of headaches, neck and upper back pain...
Strain of Middle Trapezius Muscle

- Crampy pain
- Knot
- Spasm pain
- Dull ache
Myofascial Trigger Point
Myofascial Trigger Point

• Localized pain with palpation
• Active trigger point may produce referred pain
Myofascial Pain Syndrome
Referred Pain

• Paresthesias
• Crawling sensation (formication)
• Dull or deep ache
• Myotogenous
• Myotomal
Myofascial Referred Pain
Upper Trapezius Fibers

- Headache
  - Temporal
  - Cervicogenic
- Tension neckache
- Angle of jaw pain
Sternocleidomastoid Muscle
Clavicular Division

- Tension headaches
- Atypical facial neuralgia
- Cervicocephalalgia
Joint Pain
Zygapophyseal or Facet Joint

- Sharp pain on motion
- Constant dull or deep ache

Dwyer, April, Bogduk
Ligament Pain
Scleratogenous Pain

- Resembles radiating pain but it is a referred deep, dull ache
Scleratogenous or Myofascial Triggers

- Diffusely referred and hard to localize
- Deep and achey quality

Kellgren & Feinstein
Nerve Pain

- Burning and/or hot
- Tingling and/or numbness
- Nerve root tension signs

Scar tissue around nerve root

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Lhermitte’s Sign
Nerve Pain

- Stabbing or lightning-like pain down spine and any combination of extremities
- Flexion or extension
Cervicogenic Cephalgia

• Head pain that is referred from the bony structures or soft tissues of the neck is commonly called "cervicogenic headache."
Cervicogenic Headaches

Neurogenic

- Neurogenic
- Occipital neuralgias
- Greater Occipital (2\textsuperscript{nd} Cervical)
- Third Occipital
Cervicogenic Headaches
Neurogenic

• Differentiate Cranial and Occipital neuralgias
Headache Differential Diagnosis

**Headaches**

<table>
<thead>
<tr>
<th>Sinus:</th>
<th>Cluster:</th>
<th>Tension:</th>
<th>Migraine:</th>
</tr>
</thead>
<tbody>
<tr>
<td>pain is behind browbone and/or cheekbones</td>
<td>pain is in and around one eye</td>
<td>pain is like a band squeezing the head</td>
<td>pain, nausea and visual changes are typical of classic form</td>
</tr>
</tbody>
</table>

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Differential Diagnosis

<table>
<thead>
<tr>
<th>Tension-Type Headache</th>
<th>Cervicogenic Headache</th>
<th>Migraine Headache</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilateral</td>
<td>Unilateral</td>
<td>Unilateral</td>
</tr>
<tr>
<td>Non-pulsating</td>
<td>Non-pulsating</td>
<td>Pulsating</td>
</tr>
<tr>
<td>Neck/shoulder pain</td>
<td>Neck/shoulder pain</td>
<td>Neck/shoulder pain</td>
</tr>
<tr>
<td>Precipitated by neck movement/posture</td>
<td>Precipitated by neck movement/posture</td>
<td></td>
</tr>
</tbody>
</table>
Cerebrovascular Cephalalgia

• *The worst headache ever...*
• Unrelenting pain
• Unable to sleep
• Nausea, numbness, nystagmus
• Dizziness, diplopia, drop attack, dysarthria, dysphagia
FAST Testing Protocol

- **Face** = smile, stick out tongue
- **Arms** = raise arms and check for drifting
- **Speak** = able to converse, no confusion
- **Treatment** = Call 911 and arrange for ambulance
CVA or TIA

- Take vital signs
- Orthopedic testing, manipulation and myofascial treatments are contraindicated
- Do not leave the patient until ambulance arrives
- Do not treat patient with any manual methods
Closing Statement ...

• Diagnosis is the key to successful treatment!
Cardiovascular Pain
Angina

Chest pain with exertion that settles within a few minutes with rest
Cardiovascular Pain
Myocardial Infarction

• Heaviness or tight chest pain possibly including upper posterior thoracic spine, throat and arm that does not settle within 20 minutes