



# Forrest Hill Physiotherapy

# DOCTORS NEWSLETTER

- **Physiotherapy**
- **Real Time Ultrasound Imaging**
- **Clinical Pilates**
- **Continance Physiotherapy**
- **Massage therapy**

## CERVICOGENIC HEADACHE— A REAL PAIN IN THE NECK

Headache is a common disorder that can often become chronic or recurrent. The most common types of frequent intermittent headache are the primary headaches of migraine with and without aura, and tension-type headaches (Zito, 2006). A secondary headache form is **cervicogenic headache**. Approximately 70% of people who suffer frequent intermittent headaches report neck symptoms associated with their headache, and it is proposed that the cervical spine may contribute to migraine and tension-type headaches. Recent studies have shown that 14-18% of chronic headaches can be categorised as cervicogenic in nature (Zito, 2006).

A cervicogenic headache refers to the form of headache arising from a musculoskeletal disorder of the cervical spine. Cervicogenic headache can be described as a referred pain into the head, from convergence of the upper cervical afferent nerves and afferents from the trigeminal nerve. Structures that could be causing this referral include osseous, articular, muscular, neural and vascular structures. Most commonly, it is the upper cervical joints causing the cervicogenic headache. The most common presentation of a cervicogenic headache is shown in Table 1.



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| <ul style="list-style-type: none"> <li>• <b><i>Provocation of headache by neck movements or sustained, awkward head postures</i></b></li> <li>• <b><i>Restriction of neck range of motion</i></b></li> <li>• <b><i>Unilateral headache that doesn't shift sides</i></b></li> </ul> |
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**Table 1.** Common presentation of cervicogenic headache.

Physiotherapy assessment for cervicogenic headache includes assessing for restriction in neck range of motion, palpable tenderness over the upper cervical or occipital region on the symptomatic side, identification of poor postures, and assessing for impaired muscle function in the neck, scapula and shoulder regions. Assessment of impaired muscle function is extremely important, as recent studies have shown that patients with neck pain demonstrate a reduced level of activity in their deep neck

stabilising muscles, poor endurance and poor muscle strength (Falla et al, 2006).

Best evidence for the treatment of cervicogenic headache is the combination of both exercise and manual therapy techniques (Jull et al., 2002). Exercises are aimed at restoring the function, coordination and endurance of the deep neck muscles, as well as larger muscle groups around the neck, scapula and shoulder. Physiotherapy can help to reduce the frequency and intensity of cervicogenic headaches using the following tools:

- ***Restoring muscle function and coordination***
- ***Joint and soft tissue mobilisation techniques***
- ***Postural cues including postural taping***
- ***Reviewing work, sport and lifestyle ergonomics***

**READ OVER THE PAGE FOR A DETAILED CASE STUDY OF A CERVICOGENIC PATIENT AND OUR MANAGEMENT and APPROACH**



**A very Happy New Year to all our referring GPs on the North Shore! Patient care is a team approach and we value your input and management guidelines. We look forward to assisting your patients in 2012.**



## A Case Study of a Cervicogenic Patient .....

Mrs L is a 42 year old female who has worked in office administration over the last 20 years. Mrs L has suffered with intermittent headaches over this time. She has been at her current job for 2 years, and had noticed that her headaches had become more intense and frequent since she started this job, which now included more data entry and answering phones. Mrs L recalls being involved in a motor vehicle accident at age 17, and does remember having some mild whiplash symptoms that resolved over the next few weeks.

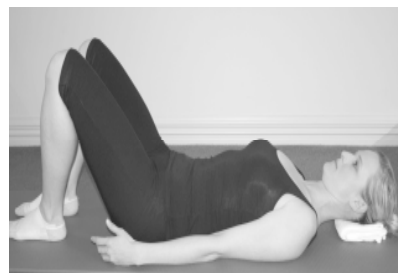
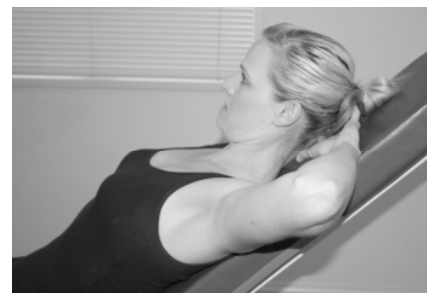
Mrs L's headaches are always right sided. She notes that they can start behind the right eye or forehead. Mrs L also feels that her neck is very stiff and painful, particularly on the right side, underneath the skull. She finds it very difficult to get comfortable at night and will often discard her pillow and can't sleep on her stomach. Mrs L will often wake with a headache and stiff neck in the mornings. Mrs L has varying severity of headache or neck pain on most days. She is worse when she has to stand to prepare a meal, sit at the computer for over 10 minutes or vacuum. Her worst pain is holding the phone between her right ear and shoulder when she is talking. Mrs L was taking both ibuprofen and panadol multiple times daily and used her wheat bag often to relieve her symptoms.

Mrs L sat with an excessive 'chin poked' posture. Her right shoulder was more elevated and rounded than on the left. She had severely restricted left cervical spine rotation and side bending her head to the right was both restricted and reproduced her headache. Mrs L's upper neck mobility was limited and palpation over her right upper cervical joints reproduced her headache.

Initially, Mrs L was asked to make some changes to the layout of her work station including keyboard and phone placement, as well as computer screen height to suit her. Mrs L also organised a replacement chair with more lumbar support. Physiotherapy treatment included soft tissue and joint mobilisation and manipulation, as well as a progressive neck stabilisation programme to restore her deep neck flexor muscle control and endurance. Mrs L started brisk walking for 20 minutes/day and was instructed on work-based exercises to do regularly to offload her neck.



Mrs L made good progress with physiotherapy. She had a reduced frequency and intensity of headache and neck symptoms. Mrs L has cut down her pain relief to once every few weeks. She has also improved her exercise tolerance and is walking up to 45 minutes during the week. Mrs L has also now started **Clinical Pilates**, monitored by a physiotherapist, which has been catered to her specific requirements.



### **REFERRAL STICKERS....**

***Give our Reception a call if you run out of these handy pre-printed Post-It notes. Much easier than writing our details down—just stick them onto your referral letter or the ACC form.***

## Remember our Key Points of Difference — Standards we Strive for.....

- all of our physiotherapists are **post-graduate trained** or currently undergoing post-graduate study in Musculoskeletal and Manipulative Therapy, Sports Physiotherapy and Acupuncture.
- we have a policy of gaining a **second opinion** from a colleague, should a patient's condition not improve as expected within 3 treatments.
- we have an **integrated "team approach"** to **differential diagnosis** and the management of spinal and peripheral presentations.
- a strong emphasis on teaching **patient self-management** and enhancing healthy lifestyles. Teaching skills with a view to longer term injury prevention.
- a **Clinical Pilates** studio with Polestar certified practitioners to overcome muscle imbalances, spinal instabilities and postural dysfunction.
- **treatment reports to you** regardless of whether the patient is referred by you or self-referred.

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