

Cervicogenic Headache

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Neurological Teaching Course

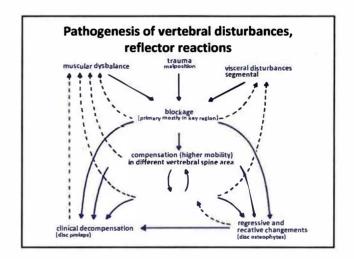
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Cervicogenic Headache Pathogenesis

- Functional disturbances of cervical spine, upper part (hypomobility, hypermobility)
- Insufficiency of neck muscles and additionally of other vertebral spine muscles
- Muscular disturbances of cervical spine and other vertebral spine region (hypertonus, trigger points)
- · Stretchposition of cervical spine
- · Malposition of the whole vertebral spine
- Degenerative changes of the cervical spine, mostly upper part

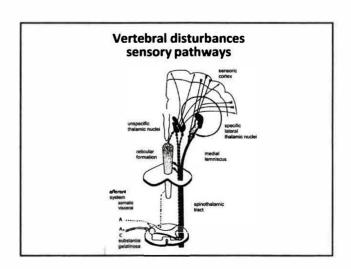
Synonyms

- cervicogenic headache
- vertebragenic headache
- spondylogenic headache
- tension headache ("Spannungskopfschmerz")

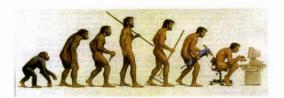


Cervicogenic Headache Etiology

- Mostly caused by nociceptive afferences from the occipitalcervicogenic region,
 - Disturbances of the atlanto-occipital joint
 - Blockage of the passive, partly active mobility with disturbance of the segmental and coordinated muscle groups
 - Muscular dysfunction
 - Muscle spasm, myogelosis, tendomyosis inducing activation of pain afferences
 - Local hyperalgetic areas in cutis and subcutis, caused by disturbed regional joints and muscles
 - referred pain syndrome
 - Irritation signs in middle and lower cervical spine



Evolution of human gait



Evolution from "Homo erectus" to "Homo sedens"

Human axis organ (II)

Position regulated by postural and turning reflexes of the midbrain pontine centre

- Basis for all movements of the human body in the gravity field
- Permanent adaptation of position of the human body in the gravity field and in locomotion
- Readaptation of body position during movement and locomotion, regulated by the postural and turning reflexes due to receptors of cervical spine, lumbar and thoracic spine and the vestibular apparatus

Vertebral column – term of the description period of anatomy

Human axis organ – central organ of the human body

Development of the axis organ, the vertebral column

- · Tunicata, external skeletor
- Development of Chorda dorsalis (amphioxus)
- · Development of cartilage fish
- Development of the vertebral column
 - Horizontal position of the vertebral column
 - · bone fish, amphibians, reptiles
 - → arch bridge construction, partial developed
 - terrestial tetrapods (mammals, aquatic mammals)
 - → arch bridge construction, full developed
 - Vertical position of the vertebral column
 - human being
 - → lattice tower construction

Human axis organ (I) Functions

- Carrying the human head with brain and important sensory organs
- Carrying the human body
- Covering and carrying the spinal cord
- Fixation of shoulder girdle and upper extremities
- Fixation of pelvis with lower limbs
- Fixation of inner organs:
 - chest with cardio-respiratory organs
 - abdominal organs
- Responsible for movements of the head in all directions
- Responsibility for the movement of body and extremities
- Responsibility for locomotion

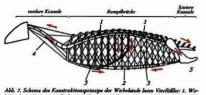
Tetrapods arch bridge construction



20

- Bow consists of two parts: upper belt and lower belt
 - Upper belt: vertebral arch, spine of vertebra, ligaments, back muscles
 - Lower belt: vertebral body, vertebral disc, ligaments, short and long tendons
- bow string: cranial fixed by the rips (chest), caudal fixed by abdominal muscles

Tetrapods scheme of the arch bridge construction



- Flat kyphosis of spine (1)
- Bow string long ventral trunk muscles (2)
- Rips (chest) and diagonal trunk muscles (3)
- Anterior console (4)
- Posterior console (5)

Tetrapods big herbivores spine serves during locomotion only for fixation of the four extremities

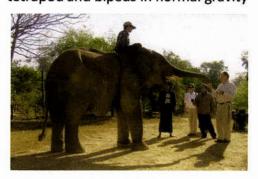


Abb. 9. Ausgestopfte Kuh. Das Praparat zeigt, daß die Bogenbrücke auch nach dem

Vertebral column in tetrapods

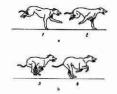
- · Cervical spine
 - Carrying the head with brain, sensory organs including vestibular apparatus
 - Responsible for free movement of the head
 - Receptors for gravity stimulation (neck muscles, tendons, cervical joints)
- Thoracic and lumbar spinal spine fixation of the extremities for standing and locomotion
- · Fixation of ribs and the diaphragm for respiration
- Fixation of inner organs
- Tail, used for balance (special motion receptors)
- Balance of body, continuously regulated by postural reflexes of midbrain-pontine centres
- · Support in jumping of specified mammals

'Great' vertebrates tetrapod and bipeds in normal gravity



Tetrapods

Spine maximal integrated in the running movement, galloping dog - high speed possible



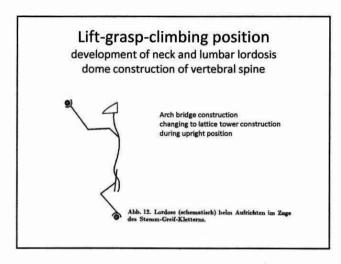
With the same

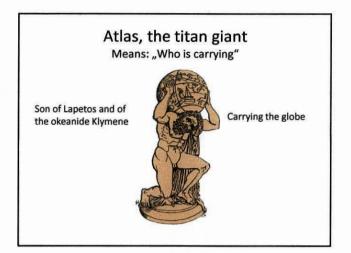
Abb. So-c. Benegungsfolge since galoppics unto a Hundra mit maximaler Beteil gung der Webelefule.

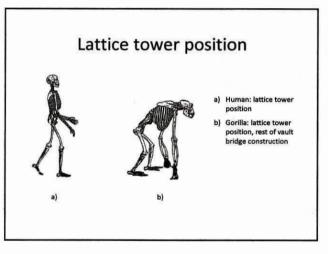
Vertebral column functional changes in special biotopes transient lordosis in the lumbar region



- Lithocranium Walleri
- a) Arch bridge construction
- b) Lordosis during feeding



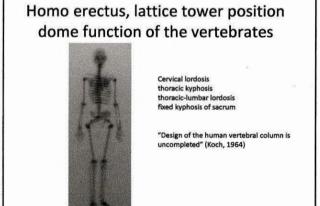


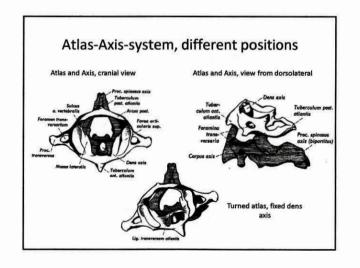


Special function of cervical spine for turning movements in 3 dimensions due to development of the Atlas-Axis-system

Three steps:

- 1. Evolution of 2 condyles on os occipitale (amphibians),
- Development of the atlas-axis-joint, rebuilding of dens by loss of the first disc (tetrapods),
- Specification of axis-dens-system: human, primates, ... great autonomy, high vulnerability





Vulnerability of the human vertebral spine unfinished development of lattice tower position, high vulnerability of axis-dens-system

- overloaded due to non-physiological use of human posture (industrial life), especially of cervical spine, lumbar region,
- typical symptoms (Mumenthaler, Schliack)
 psychological factors, leading to regional dysfunction of vertebral spine, mainly upper part, muscular
- motion trauma of cervical spine (whiplash injury), mostly including the other parts of vertebral spine typical acute symptoms, long-lasting dysfunction, sometimes defect states

Cervicogenic headache

- Neurological findings
- Dysesthesia on scalp, one side, both sides
- Dysesthesia in C2 (sometimes)
- Dysesthesia in trigeminal area (sometimes) first branch or all branches, one side, both sides
- Pressure pain occipital, one side, both sides
- Orthopedic findings
 - blockage occipital/C1, C1/2
 - tensed region upper neck part
 - pressure pain paraspinal upper cervical spine
 - stretch position of whole vertebral spine
 - dysfunction of other vertebral spine

From tetrapods to homo sedens high vulnerability of the cervical spine due to direct impacts and to malfunction due to industrial life



Cervicogenic headache Differential diagnosis (I)

- · Meningeal headache (meningitis, SAB, etc.)
- Headache due to CSF disturbances

CSF pressure headache

CSF sub pressure headache

Headache due to cerebrovascular disturbances

stroke

intracerebral hematoma

hypertensive attack

Arteritis temporalis

· Headache due to intracranial space occupying processes

Cervicogenic headache Symptomatology

- Pressure headache, from neck region to occipital, mostly to the forehead, both sides, seldom one side
- · Helmet-feeling, sometimes ring-shaped feeling
- · Pressure feeling retro-bulbar
- Increase of pain during coughing, unpleasant position of head and body, during fever state
- Initiation due to external influence local cooling, trauma of vertebral spine, etc.
- Additional pain symptoms:
 - pain distribution in C2 with dysesthesia
 - atypical face pain
 - pseudo-trigeminal pain

Cervicogenic headache Differential diagnosis (II) Vasomotoric headache

- Migraine (different forms), Migraine cervicale (old terminology)
- · Cluster headache
 - Erythroprosopalgia = Horton neuralgia
 - Chronic paroxysmale Hemicrania (CPH)
 - Hemicrania continua (HC)
- · Rare vasomotoric headache
 - Ice cream headache
 - coughing headache
 - Carotidodynia

Cervicogenic headache Differential diagnosis (III)

- · Occipital neuralgia, (over diagnosed, Mumenthaler, 1970)
 - differentiation to cervicogenic headache not possible clinically
 - · Insertion tendinosis of neck muscles
 - · local zones of hyperalgesia
 - · often disturbances of occipital joints
- · Tension headache, real form
 - differentiation to vertebragenic headache clinically not possible
 - diagnosis only acceptable:
 - · no signs of cervico-occipital irritation
 - · no signs of cervical irritation
 - · no effect after special vertebral treatment
 - · psychic irritation

X-ray cervical spine

female patient, 47^a diagnosis: cervicogenic headache







b) Anteroflexion, blockage in upper part and lower part of

Upper cervical syndrome

- Combined symptoms
 - Cervicogenic headache
 - Cervicalgia
 - Migraine cervicale (old terminology)
 - Cervicogenic dizziness
 attacks of vertigo, spontaneous or due to quick head movement
 - in addition:
 - middle and lower cervicale syndrome cervico-dorsalgia, dorsalgia, lumbalgia combination with pseudoradicular symptoms

Cervical MRI

female patient, 47^a diagnosis: cervicogenic headache



Stretch-position of cervical spine, mostly upper part, multisegmental disc protrusion, incipient vertebrostenosis C5/C6

Cervicogenic headache Examination program

- Neurological examination
- Manual examination, functional state of vertebral spine, especially cervical spine
- Examination of malstereotypias of body position and body movement
- · X-ray of cervical spine with functional radiogram
- · X-ray of the additional vertebral spine
- Cervical MRI

Cervicogenic headache Therapy program

- Deblockage of blocked cervical spine motion segments, using manual therapeutic methods, mainly postisometric relaxation (Lewit)
- Physiotherapy program for correction of malposition and malstereotypes
- Physiotherapy program for correction of insufficient neck muscles and vertebragen muscles
- Local infiltration of tensed muscle areas, tendomyogelosis, etc.,

Xyloneural

"Tilscher scheme"

Drug treatment

Muscle relaxants, analgetica, etc.