

The Need for Re-visioning the Classification of Cervicogenic Headache: A Viewpoint Study

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There are many causes suggested for a cervicogenic headache (CGH). The last international classification of headache disorders (ICHD-3-beta) has described the cervicogenic headache as a headache caused by a disorder of the cervical spine and its component bone, disc or soft tissues elements. It means this type of headache has several pathogenesis. Some of them briefly describe it as the interactions of sensory inputs in Trigeminal Nucleus Caudalis (1). Muscular trigger points may refer the pain to the head. There are the multiple muscles in cervical spine with this potential which cause the headache with the different location of the pain. Muscular impairment is another cause for the cervicogenic headache. It is usually accompanied by the over activity of the Sternocleidomastoid (SCM) muscle and the deep neck flexors inhibition. Also, temporomandibular disorders (TMD) can create a cervicogenic headache. The myofascial restriction is another reason for this type of the headache with rare prevalence. Entrapment of the occipital nerve or the vertebral artery are other causes of cervicogenic headache with the various reasons such as the disc prolapsed or the facet joint syndrome. As it has been showed, there are many mechanisms which induce one kind of headache. The cervicogenic headache can include different location of pain, different signs and symptoms such as vomiting, nausea, vertigo, eye ache and with or without neck pain. These variations in the clinical features of the cervicogenic headache confuse the clinicians or neurologists for an accurate diagnosis; as it has been said in several articles. These variations in the mechanisms of cervicogenic headache subsequently needs different therapeutic options (2). Lots of therapeutic options with contradictory results have been suggested in literature. For example, one study with high level of evidence suggested the mobilization or manipulation is effective, but another study reversed the result (3). So, some questions are arised. Is it reasonable to do the mobilization techniques for patients suffering from the cervicogenic headache with the cause of upper trapezius trigger point? Why it should be done? Hence, is it an appropriate title for an evidence based on the article; The Effect of Manipulation in Treatment of Cervicogenic Headache. The first question that definitely

comes to mind is which one? What kind of the cervicogenic headache will benefit the manipulation? How about this title; The Effect of Manipulation in Treatment of Cervicogenic Headache Caused by Upper Trapezius Trigger Points?

International classification of headache disorders has been changed in each edition, since 1988 to 2013. Many types of headaches are added and some of them have been altered or dissolved. In the first edition (ICHD 1), the cervicogenic headache was not considered at all. In the last classification (ICHD-3-beta), it included the subgroups of headaches that attributed to disorder of neck. But, there is a need of revision for classification of this type of the headache and considering the subgroups for it. In this way, those insufficient titles will be changed that may reduce the controversy of the results. There are the 11.2.1 cervicogenic headaches with the different subgroups such as a 11.2.1.2 cervicogenic headache caused by the facet joint dysfunction.

Article Highlights

- There are the different mechanisms induced the cervicogenic headache.
- Each of mechanisms needs the different therapeutic interventions.
- For reduction of controversy in articles and obtaining agreed results, the description of the subgroups for the cervicogenic headache is recommended.

Reference

1. Fernandez-de-las-Penas C, Cuadrado ML. Therapeutic options for cervicogenic headache. Expert review of neurotherapeutics. 2014;14(1):39-49.
2. Cesar fernandez-de-las-penas CAC. clinical reasoning for manual therapy management of tension type and cervicogenic headache. journal of manual and manipulative therapy. 2014;22(1):7.
3. Posadzki P, Ernst E. Spinal manipulations for cervicogenic headaches: a systematic review of randomized clinical trials. Headache. 2011;51(7):1132-9.