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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Cervicogenic Headache

Patient education guide · Headache & Facial Pain · Madison Neurology LLC

What is it?

Cervicogenic headache is head pain that actually originates in the neck — referred from the upper cervical joints, discs, or muscles into the back of the head, temple, or behind the eye, almost always on one side. It is common after whiplash and in people with neck arthritis or sustained postures, and is frequently mistaken for migraine or tension headache.

How does it happen?

Pain signals from the upper three cervical joints converge on the same nerve nucleus that serves the head, so neck pathology is 'felt' as head pain. Common sources: facet joint arthritis, whiplash injury, disc problems, and chronic muscle strain from desk work or poor sleep position.

Common symptoms

- One-sided head pain starting in the neck and radiating to the back of the head, temple, or eye
- Pain provoked or worsened by neck movement or sustained postures
- Reduced neck range of motion; tenderness of the upper neck
- Same-side shoulder or arm discomfort in some
- No nausea or true light/sound sensitivity (unlike migraine), though overlap occurs

How is it diagnosed?

Diagnosis is clinical: the pattern, neck examination, and reproduction of familiar head pain with upper-neck pressure. Response to a diagnostic block of the suspected neck joint or nerve confirms the source; MRI shows relevant neck changes but must match the clinical picture.

How is it treated?

Physical therapy targeting neck mobility, posture, and deep neck flexor strength is the foundation and helps most patients. Anti-inflammatories and muscle relaxants help flares. Image-guided injections (facet joint or nerve blocks) diagnose and treat; radiofrequency ablation of the joint nerves gives months of relief in confirmed cases. Ergonomic corrections sustain the gains.

What does the future hold?

Good: most patients improve substantially with targeted physical therapy and, when needed, injections. Because the source is mechanical, long-term habits — workstation setup, exercise, sleep position — are the maintenance plan.

Questions patients commonly ask

Q: If it's my neck, why does my head hurt?

A: The upper neck and head share the same pain relay station in the brainstem, so the brain interprets neck pain as head pain — called referred pain.

Q: Will imaging show the problem?

A: MRI often shows age-typical neck wear; what matters is whether the clinical exam and blocks pinpoint a pain source — imaging alone doesn't diagnose it.

Q: Is whiplash-related headache permanent?

A: Usually not — most improve over months with active therapy; early movement-based treatment prevents chronicity.

National support groups & resources

- **National Headache Foundation** — headaches.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **American Chronic Pain Association** — theacpa.org

(Organization contact details were current at the time of compilation; please verify online.)

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