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MADISON NEUROLOGY LLC

608 403 0000

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

Occipital Neuralgia

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

What is it?

Occipital neuralgia is a piercing, stabbing, or electric-shock pain in the back of the head and upper neck, following the path of the occipital nerves that run from the upper spine to the scalp. The scalp may become so tender that lying on a pillow or brushing hair is painful.

How does it happen?

The occipital nerves are irritated or compressed where they pass through neck muscles or joints — from neck arthritis, prior whiplash or injury, sustained neck postures, or tight muscles. Sometimes no cause is found. It is frequently confused with migraine or cervicogenic headache.

Common symptoms

- Sharp, shooting, or electric pain from the upper neck up over the back of the scalp
- Usually one-sided, occasionally both sides
- Scalp tenderness — pain from light touch, hair brushing, or a pillow
- Pain triggered by neck movement or sustained positions
- Aching background discomfort between shooting pains

How is it diagnosed?

Diagnosis is clinical, supported by temporary relief from a diagnostic occipital nerve block — numbing the nerve with a small injection. MRI of the neck or skull base is done when the history suggests a structural cause.

How is it treated?

First-line measures include physical therapy for neck posture and muscle release, anti-inflammatory medications, muscle relaxants, and neuropathic pain agents (gabapentin, pregabalin, or certain

antidepressants). Occipital nerve blocks provide both diagnosis and weeks-to-months of relief, and can be repeated. For persistent cases, radiofrequency ablation of the nerve or occipital nerve stimulation are effective options.

What does the future hold?

Most patients improve substantially with therapy and injections; many resolve entirely. Chronic cases are managed with periodic procedures and medications. Correcting workstation ergonomics and neck posture prevents recurrence.

Questions patients commonly ask

Q: Is this the same as migraine?

A: No — occipital neuralgia arises from an irritated nerve in the neck/scalp, while migraine arises within the brain; treatments differ, though they can coexist.

Q: How do nerve blocks help?

A: Numbing the nerve confirms the diagnosis and often breaks the pain cycle for weeks to months, buying time for therapy to correct the underlying mechanics.

Q: Will I need surgery?

A: Rarely. Most people respond to therapy, medications, and injections; procedures like radiofrequency ablation or nerve stimulation are reserved for stubborn cases.

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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