

Diagnosis and Management of Cervicogenic and Tension-Type Headaches

Headache	Common Management	
	Essential	Optional
<p>1. Cervicogenic (secondary to cervical spine disorders):</p> <ul style="list-style-type: none"> • Signs/Symptoms: Unilateral, moderate-intensity, non-throbbing, episodic pain extending from the nuchal to the oculo-frontal area. Headache and cervical disorder develop in a similar time frame. • Exam: Headache reproduced during neck range of motion and tests (e.g., cervical flexion-rotation, myofascial trigger points). Normal upper extremity and cranial nerve neurological tests. 	<ul style="list-style-type: none"> • Education and assurance • Maintain normal activities • Address yellow flags (e.g., CBT) • Self-care (proper diet, exercise, sleep, stress management) • Social and work activities • Ongoing follow-up to ensure alignment with treatment goals • Criteria for discharge/referral: achieved goals, worsening symptoms, failed treatment (e.g., no improvement after 6-8 weeks). 	<ul style="list-style-type: none"> • Exercise therapy • Manual therapy (e.g., SMT, mobilization, soft tissue techniques) • Needling therapies • Medications • Electrotherapies (e.g., low-level laser, TENS, IFC) • Psychological or social support • Multicomponent biopsychosocial care (e.g., exercise therapy, cognitive behavioural therapy, structured education and social support)
<p>2. Tension-Type (TTH) (episodic or chronic):</p> <ul style="list-style-type: none"> • Signs/Symptoms: Bilateral pressing/tightening, non-pulsating pain of mild to moderate intensity (“tight band around head” or at skull base). Possible photophobia, phonophobia, or mild nausea (no moderate-severe nausea/vomiting). Does not worsen with routine activity. • Exam: Normal upper extremity and cranial nerve neurological tests. 		
Red Flags: Immediate Emergency Care Referral		
<ol style="list-style-type: none"> 1. Meningitis: Neck stiffness, severe headache worsening with neck flexion, fever, vomiting, rash, altered mental status, photophobia, flexed hip/knee posturing. 2. Spinal Infection: Immunosuppression, recent infection or surgery, TB (tuberculosis) history, unexplained constitutional symptoms, IV drug use, poor living conditions. 3. Intracranial/Brain Lesion: Sudden intense headache (thunderclap); unexplained headache, dizziness, or visual changes. 4. Vertebral/Carotid Artery Dissection: Severe neck pain or headache, double vision, difficulty swallowing, facial numbness, difficulty walking, drop attacks, nausea, nystagmus. 5. Traumatic Spinal Fracture: Age ≥65 years, dangerous mechanism, extremity weakness/tingling/burning, inability to actively rotate neck 45° left and right, midline cervical spine tenderness (Canadian C-Spine Rule). 6. Acute Narrow-angle Glaucoma: Severe unilateral eye pain, blurred vision, light halos, nausea/vomiting. 7. Cervical Myelopathy: Gait disturbances, hand clumsiness, non-dermatomal numbness, lower extremity numbness/weakness, bowel/bladder dysfunction. 8. Giant Cell Arteritis: Temporal headache, scalp tenderness, jaw claudication, intermittent or permanent vision loss. Commonly associated with polymyalgia rheumatica. 		
Referral to Medical Provider		
<ol style="list-style-type: none"> 1. Non-traumatic Spinal Fracture: Sudden severe pain, osteoporosis, corticosteroid use, female sex, age >60, history of spinal fracture/cancer. 2. Spinal Malignancy: Progressive pain, cancer history, constitutional symptoms (fatigue, weight loss). 3. Inflammatory Arthritides (e.g., spondyloarthropathies, rheumatoid arthritis, systemic lupus erythematosus): Morning stiffness >1 hour, systemic symptoms (fatigue, weight loss, fever), symmetrical joint pain, joint swelling/deformity, skin lesions. 4. Migraine: Moderate to severe unilateral throbbing pain lasting 4-72 hours, with nausea, vomiting, photophobia, phonophobia, and possible aura. Aggravated by physical activity. 		
<p>Orange Flags (Psychiatric Disorders): Major depression, personality disorders, PTSD, substance addiction and abuse.</p> <p>Action: Refer to appropriate provider/psychiatric specialist.</p>	<p>Yellow Flags (Psychosocial Factors): Fear of movement, poor recovery expectations, depression, anxiety, work-related or family issues, litigation or compensation claims, maladaptive coping mechanisms.</p> <p>Action: Address these as part of conservative care, co-manage, or refer to an appropriate provider.</p>	