Cervicogenic Headache

Understanding neck-related headaches and your recovery



Key message: Headaches arising from the neck may improve with physiotherapy, gradual movement and practical self-management.

B-Well Physiotherapy Services

Phone	0300 303 4811
Email	bwell.mskberkshire@nhs.net
Website	www.bwellberkshire.co.uk

Understanding cervicogenic headache

What is it?

• A cervicogenic headache originates from structures in the neck, such as joints, muscles, discs or nerves. Pain is felt in the head, but its source is the neck.

• The upper neck and head share nerve pathways. Irritation or stiffness in the neck can produce pain that travels into the head.

Common symptoms

• Headache on one side, often starting in the neck and spreading towards the forehead, temples or around the eye.

• Neck pain, stiffness, reduced movement or tenderness around the neck and shoulder muscles.

• Symptoms may increase with neck movement or staying in one position for a long time.

Why can it happen?

• Prolonged computer work or looking down at devices; previous whiplash or neck injury.

• Muscle tension, stiffness, age-related changes or osteoarthritis of the neck.

How is it assessed?

• A clinician will discuss your symptoms and examine neck movement, posture, shoulders and pain patterns. Scans are not usually needed unless symptoms are unusual or severe.

Treatment and movement

Physiotherapy

• Your physiotherapist may recommend neck mobility, strengthening and stabilisation exercises, stretches, posture advice, soft-tissue treatment or manual therapy.

• Treatment should be tailored to your symptoms and goals.

Exercise and self-management

• Try gentle neck movements and stretches within a comfortable range.

• Build deep neck and upper-back strength gradually and return to normal activity at a manageable pace.

• Take regular screen breaks and adjust your workstation and sitting position.

Simple neck movements

• **Flexion:** gently tuck your chin and move your head forwards.

• **Rotation:** slowly turn your head left and right.

• **Side flexion:** gently tilt your ear towards each shoulder.

• The original guidance suggests two sets of ten repetitions. Follow your physiotherapist’s advice and stop if symptoms worsen markedly.

Pain relief and other treatments

• Paracetamol, an anti-inflammatory such as ibuprofen (if suitable), or heat or cold packs may help. Check medicine suitability with a GP or pharmacist.

• For persistent symptoms, specialists may consider injections or occipital nerve blocks in selected cases.

Looking after yourself

Everyday self-help

• Keep screens near eye level; avoid holding a phone between your ear and shoulder.

• Support your back, change positions regularly and avoid long periods without movement.

• Try walking, swimming or Pilates as appropriate, and prioritise sleep, hydration and stress management.

When to seek medical advice

• Contact a healthcare professional if symptoms worsen, do not improve or change, or if you develop arm weakness, numbness, tingling, dizziness, visual changes or unsteadiness.

Seek urgent medical help

• A sudden extremely severe headache, new confusion or neurological symptoms require emergency assessment. Severe headache with fever and neck stiffness, or persistent vomiting, also needs urgent assessment.

What to expect

• Many people improve with physiotherapy and self-management, although recovery may take several weeks. Keeping active and continuing exercises may help reduce recurrence.

B-Well Physiotherapy Services

0300 303 4811

bwell.mskberkshire@nhs.net

www.bwellberkshire.co.uk