

Chapter 1 : Right Side Head Pain: The Meaning of Right Sided Headache

But if it's related to a problem in your neck, there's a good chance it's a cervicogenic headache (CH). Symptoms One sign of CH is pain that comes from a sudden movement of your neck.

Overview Cervicogenic headaches can mimic migraines , so it may be difficult to distinguish a cervicogenic headache from a migraine headache. The primary difference is that a migraine headache is rooted in the brain, and a cervicogenic headache is rooted in the cervical spine neck or base of the skull region. Some headaches are caused by eyestrain , stress , tiredness , or trauma. If you feel a headache coming on, you may be able to isolate the cause. Cervicogenic headaches are different because they are caused by problems with the nerves, bones, or muscles in your neck. Instead, the pain you feel is referred pain from another location in your body. In addition to a throbbing head pain, symptoms of a cervicogenic headache may include: What causes cervicogenic headaches? Because cervicogenic headaches arise from problems in the neck, different conditions can trigger this type of pain. These include degenerative conditions like osteoarthritis, a prolapsed disc in the neck, or a whiplash injury. Falling down or playing sports can also cause injury to the neck and trigger these headaches. Cervicogenic headaches may also occur due to your posture while sitting or standing at work. This is called cervical protraction. Sitting or standing in this position for long periods of time can put pressure or stress on the neck and base of the skull, triggering a cervicogenic headache. Falling asleep in an awkward position such as with your head too far to the front or back, or off to one side can also cause these types of headaches. This can happen if you sleep in a chair or while sitting up in bed. A compressed or pinched nerve in or near the neck is another cause of cervicogenic headaches. How to treat and manage cervicogenic headaches A cervicogenic headache can be debilitating and recurrent, but several techniques can help you manage pain and prevent further occurrences. Your doctor will first confirm that you have a cervicogenic headache. Your doctor may apply pressure to different parts of your neck or base of your head to determine where your pain originates, and to see if a particular spot is triggering a headache. Your doctor may also see if different neck positioning provokes a headache to occur. If either of these things cause a headache, this means the headache is cervicogenic. Medication Since inflammation and other problems with the nerves, muscles, tendons, or joints can cause these headaches, your doctor may recommend oral over-the-counter medications or prescribe an oral medication to relieve pain. Your doctor may also recommend alternative therapies to lessen nerve, joint, or muscle pain in the neck. These include massage therapy , spinal manipulation through chiropractic care , cognitive behavioral therapy , acupuncture , and relaxation techniques. Other options for managing pain include: Your doctor can also diagnose and treat a cervicogenic headache with a nerve block. If your headache stops after this procedure, this confirms a problem with the nerves in or near your neck. Sometimes, doctors use imaging tests to take pictures of the inside of the neck to check for problems with the joints or soft tissue. Prevention Some occurrences of cervicogenic headaches are not preventable. This is the case with headaches stemming from a condition like osteoarthritis , which tends to set in with age. Some of the same strategies for managing pain may also prevent these headaches. For example, practice good posture when sitting or driving. Also, avoid head and neck collisions when playing sports to prevent injury to the cervical spine. Outlook If left untreated, cervicogenic headaches can become severe and debilitating. The outlook for cervicogenic headaches varies and depends on the underlying neck condition. However, it is possible to alleviate pain and resume an active lifestyle with medication, home remedies, alternative therapies, and possibly surgery.

Chapter 2 : Taylor & Thornburg Physical Therapy, Inc.:Publications & Research

The relationship of the neck to headache has been recognized by physicians for over a century. However, whether the neck is the cause of a separate diagnostic entity, cervicogenic headache or simply a part of other headache complexes is the source of controversy. In recent years, there has been an.

People around the world continue to turn to headache chiropractor treatment. It was estimated in by the National Institutes of Health that already about 48 million people in the USA used chiropractic treatment, and the numbers around the world are growing. The benefits at times seemed to last for years after the treatments. Chiropractic adjustments seem to be most successful in the treatment of back problems, headache and migraine. Tension headaches was published in the Journal of Manipulative and Physiological Therapeutics. It found that headache chiropractor care did provide benefits. How does chiropractic treatment work with headaches? Chiropractic care deals with subluxations misalignment of the vertebrae causing nerve irritation anywhere along the spinal column, not just in the lower back. Sometimes the vertebrae of the spine become misaligned or lose their range of motion for one reason or another. This misalignment puts pressure on nerves leading to and from the brain. A chiropractor helps put them back in place by using gentle and highly skilled adjustments. Do You Have Chronic Headaches? Chronic Headaches - People often visit a chiropractor to seek relief from their headaches, usually only after exhausting the route of pharmaceuticals drugs and becoming concerned with the negative side effects of their long-term use. Chiropractic care remedies headaches by removing the tension, which causes interference of the nerve roots which is the principal reason for the pain. After chiropractic care the headaches are much improved, allowing the patient to discontinue the use of the medicines. There has been much research about chiropractic cervical neck adjustments and the reduction of many types of headaches. The most common two types of headaches are Tension and Migraine. Tension headaches cervicogenic headaches are the most common resulting from contraction of head and neck muscles. They can occur in isolated incidents but all too often become chronic. Some possible causes of muscle contraction associated with tension headaches include stress and fatigue. Although migraine headaches are not as common as tension headaches, they can be debilitating to those who suffer from them. This type of headache occurs when blood vessels of the head and neck constrict, resulting in a decrease in blood flow to the vessels and the consequential throbbing pain, most often on one side of the head with an associated feeling of sickness and sensitivity to light and sound. Doctor Taylor evaluates the neck to determine the ROM range of motion , pain, muscle tenderness and inflammation, and often the reproduction of the headache itself. The question posed by many patients is the reliability of the palpation. The Dr Taylor considers palpation as Our Location.

Chapter 3 : Cervicogenic Headache | Physical Therapy & Injury Specialists Physical Therapy & Injury Spec

Cervicogenic headaches can mimic migraines, so it may be difficult to distinguish a cervicogenic headache from a migraine headache. The primary difference is that a migraine headache is rooted in.

Headaches happen for lots of reasons. Symptoms One sign of CH is pain that comes from a sudden movement of your neck. Another is that you get head pain when your neck remains in the same position for some time. Other signs may include: For example, you may: Feel sick to your stomach Throw up Have pain in your arm or shoulder Feel sick or uncomfortable in bright light Feel sick or uncomfortable with loud noise Have blurry vision Some people get CH and a migraine at the same time. CH can come from problems with the bones in your neck vertebrae that happen over time. For example, people in certain jobs, like hair stylists, carpenters, and truck drivers, can get CH from the way they hold their heads when they work. Sometimes CH happens in people who hold their heads out in front of their bodies. It also can come from a fall, sports injury, whiplash, or arthritis. Or the nerves in your neck might be compressed squeezed. Diagnosis Because there are many types of headaches, it can be hard to be sure you have CH. Your physical therapist will examine you and ask questions about your health. Be sure to share if: To learn more about your headaches, you may need one or more of the following: If the pain goes away with the nerve block, it means your headache is probably caused by a problem with nerves in your neck. He may press on certain areas of your neck to see if that causes a headache. Stretches and exercises can help. It should only be done by a physical therapist. If your pain from CH is severe, you may need an operation to keep your nerves from being squeezed, but this is rare.

Chapter 4 : How Do I Rule In or Out a Cervicogenic Headache? | Motion

Cervicogenic headache is a secondary headache, which means that it is caused by another illness or physical issue. In the case of cervicogenic headache, the cause is a disorder of the cervical spine and its component bone, disc and/or soft tissue elements.

Click below to change your practice: Already have a specific condition you want to know more about? Play Painful Headaches Originating in the Neck or Cervical Spine Area A cervicogenic headache is a secondary headache caused by a neck disorder or lesion. This type of headache can be a debilitating medical condition, having a very negative effect on quality of life. More than 40 million Americans suffer from chronic, recurring headaches. Over 90 percent of headaches occur in the absence of trauma or underlying disease and are considered to be primary headaches – such as, migraines and tension headaches. When headaches occur as a result of a medical issue or condition, they are classified as secondary headache disorders. Cervicogenic headaches are a type of secondary headache that arise due to problems with the bones, nerves, or soft tissues of the neck cervical region. These headaches can be caused by factors such as trauma to the head and neck or osteoarthritis of the cervical spine joints. The treatment for this type of headache differs greatly from the treatment for migraine and tension-type headaches, making accurate diagnosis essential for achieving pain relief. If you suspect your neck may be the source of your headaches, our physicians have the expertise to diagnose your condition and offer proper treatment, returning you to an active lifestyle. Symptoms The symptoms of a cervicogenic headache can mimic those of a migraine, making the diagnosis difficult. However, there are subtle differences that you need to be aware of and they are: Pain that only occurs on one side of your head or face Headaches that are triggered by neck movement Awkward head positions Pressure on certain parts of the neck Coughing Diagnosis Proper diagnosis starts with an experienced pain management doctor. Accurately determining the correct source of your pain is critical to successful treatment. We are here for you. Our highly skilled pain doctors get right to the source of your pain and will provide treatment tailored to your needs. Our doctors will listen closely to you, provide a comprehensive diagnosis, and use a variety of treatment options to resolve your pain without surgery. Start now on your road to relief by clicking below for your appointment! Award-Winning Doctors In the News As recognized leaders in pain management, our doctors have gained exposure across a variety of media outlets for advanced, non-surgical treatment techniques and delivering personalized, compassionate care to patients.

Chapter 5 : Cervicogenic Headaches - Conditions - Pain Doctor

Cervicogenic Headache Facts & Information. When a headache is caused by a problem in the neck or cervical spine area, it is known as a cervicogenic www.nxgvision.com type of headache can be a debilitating medical condition, having a very negative effect on quality of life.

Postconcussion Headache Author s: After 3 months, it is called persistent Post-traumatic Headache¹. Etiology Post Traumatic Headache PTH is the most common symptom of concussion, often as a result of sports injury, falls or motor vehicle accidents. Biomechanical forces imparted to the brain can also be transmitted to the cervical spine resulting in a whiplash-type injury and cervicogenic headaches that are mediated by a combination of local inflammation, central sensitization, and sensory and autonomic pathway dysfunction. Migraine-type headaches are more prevalent, and can occur in patients with no pre-injury history but with a family history of migraines or in those with pre-injury migraine headaches³. Males had twice the rates of concussion. Bicycling, football and basketball were associated with the majority of injuries in males while bicycling, playground activities and horseback riding accounted for TBI in females. Their findings showed that the migrainous type of HA in sports-related concussion was associated cognitive impairment and protracted recovery in a cohort study. In the pediatric population, risk factors are not consistent. Several studies have reported a trend toward female gender and adolescence being risk factors for PTH⁹. Repetitive head injuries did not predict occurrence or recovery from PTH⁹. Developmental disorders, psychiatric disorders, history of headaches or migraines can influence concussion recovery time Though these changes have reduced the incidence of moderate to severe TBI, the benefit of special equipment in reducing concussion or PTH remains to be proven. Physical and cognitive rest following concussion may limit the severity and longevity of post-concussion headaches. It has been postulated that this may lead to cortical spreading depression, changes in intracellular sodium, calcium and extracellular potassium, excess release of opioids and excitatory amino acids, such as beta-endorphins and glutamate This mechanism is well described in migraines, and may also be seen in PTH. Other possible contributors are trigeminal nociception or injury to upper cervical roots by forced flexion and extension of the neck which may trigger the trigeminal nucleus caudalis to cause centrally derived pain. These headaches are typically provoked by stereotypical stimuli including bright lights, stress, dehydration, poor sleep, and certain foods and last from 4 to 72 h after which patients typically experience headache-free periods⁸. Typically PTH resolve within days following the initial injury⁸. Cervicogenic PCD patients typically present with neck pain and stiffness, fatigue, and fogginess, dizziness with movement or prolonged neck stabilization. These headaches are often occipital, radiate to the temples and eyes, and are exacerbated by poor posture, weight training and running. Common findings include paraspinal and sub-occipital muscle tenderness and spasm, decreased cervical spine range of motion, and dizziness. Cervicogenic PCD patients do not experience an early symptom-limited threshold on graded aerobic treadmill testing The prevalence of symptoms decreased over time with only 2. All of those patients with symptoms at 1 year continued to report headache These symptoms can be categorized into five clinical domains: Initial injury details that are important to elicit from the athlete include the mechanism of injury, the presence of loss of consciousness, post-traumatic amnesia or seizure; concussion symptoms experienced at the time of injury, and initial and subsequent medical management of the injury. Characteristics of the headache to determine type of headache, whether migrainous, tension or otherwise should be obtained. Symptoms such as location unilateral vs generalized characteristic gripping vs throbbing , associated symptoms photophobia, nausea and vomiting , can help differentiate the types. Changes in vision, hearing, balance can be associated or be triggers for headaches. Details regarding the course of the headaches-improvements or deterioration, response to different treatment strategies should be sought. A family history of psychiatric disorders and migraine headaches may also predispose patients to post-concussion symptoms or conditions. In symptomatic patients a focused vestibulo-ocular examination including testing of convergence, smooth pursuits, saccades, vestibulo-ocular reflex, visual acuity, visual fields, color vision, as well as fundoscopy is required. All patients should undergo an examination of the jaw, temporomandibular joint, cervical spine that includes range of motion, palpation,

and provocative ligament and cervical dizziness testing. There is also insufficient data that biochemical serum and cerebral spinal fluid biomarkers of brain injury to justify the routine use of these biomarkers clinically¹⁹. However, this recommendation remains controversial. Athletes with a brief LOC are at no higher risk for long-term neurologic sequelae, and indications for imaging should not differ from those listed above. CT scanning continues to be the imaging study of choice in evaluating an acute head injury as it is better at imaging acute hemorrhage, requires less time and is a better tool for monitoring patients than magnetic resonance imaging MRI. A study by Strauss et al identified early diffusion tensor imaging DTI biomarkers of mild traumatic brain injury that significantly predicted outcomes at 1 year following injury. The study found that abnormally high fractional anisotropy is significantly associated with better outcomes and might represent an imaging correlate of post-injury compensatory processes^{24,25}. Although positron emission tomography PET scanning, functional MRIs fMRIs diffusion tensor imaging, magnetic resonance spectroscopy, functional connectivity have demonstrated some compelling findings, these tests are used mainly in a research setting^{26,27}. Different electrophysiological recording techniques eg, evoked response potential ERP, cortical magnetic stimulation and electroencephalography although promising have not shown consistent difference from controls. Neuro-psychological testing Detailed neuro-psychologic testing is employed more often in athletes who are at the professional level or in mTBI research but should be offered to all patients who have persistent symptoms. Impact testing can help identify athletes who are at risk of developing symptoms. Headaches lasting more than 10 days have poorer prognosis. Noise and light sensitivity and early onset migraine predict a more prolonged course. Symptom burden at the time of the concussion may also be predictive of post-concussion syndrome. Physical and cognitive rest is recommended until the acute symptoms resolve, especially in the first 24 to 48 hours. The athlete may return to play when symptom free and not taking any medications that could mask or modify symptoms. Implementation of a graded return-to-play program is recommended, starting with minimal activity and gradually increasing intensity every 24 hours so long as the athlete remains asymptomatic. There is evidence that exercise potentially offers a neuroprotective effect through the activation of specific neuronal circuits, resulting in enhanced vascularization and neuronal proliferation. There are guidelines for concussion management in general and in the athlete. Initial evaluations and recommendations. The consensus recommendations for sideline assessment include initially considering cervical spine injury, immediate full assessment by a health care provider and removal from play. First line treatments of headaches include proper hydration non-caffeinated fluids and nonsteroidal anti-inflammatory medications. Although there are no clinical trials in humans, Ibuprofen 7. Dosage should be limited to no more than 3 days per week maximum 2 doses in the same day³³. However, there is a theoretical risk of vasospasm which may exacerbate hypoperfusion resulting in vascular injury to the brain. The efficacy of triptans has been studied in adults soldiers but not pediatric population. Imaging should be done prior to triptan administration in any child with headache and persistent altered mental status or focal neurological findings. Triptans should be taken at the onset of headache and can be repeated 2 hours later if needed. The dosage recommendations for each of the 7 triptan differ, but all should be limited to no more than 9 days per month to avoid rebound headaches. Caution should be used in patients with known ischemic heart disease, uncontrolled hypertension, or suspected basilar or hemiplegic migraine. Administration within 24 hours of an ergot derivative or other serotonin agonists and during or within 2 weeks of monoamine oxidase inhibitor use should be avoided. Anti-epileptic drugs such as topiramate should also be used judiciously in the setting of cognitive complaints, as these medications could potentially exacerbate these symptoms. For tension type HA, tricyclics nortriptyline mg per day may be preferred. Non-pharmacological treatment alternatives include physical therapy and cervical manipulation, cognitive behavioral therapy, transcutaneous nerve stimulators, biofeedback, and relaxation therapy. The treatment of PTH often necessitates a multidisciplinary approach due to the heterogeneous nature of symptomatology and the variability of clinical presentation⁴². Opioids, steroids, barbiturate hypnotics, and lidocaine injections have not been well studied in the pediatric population for any headache phenotype, and therefore no recommendation has been made regarding its use. They should be avoided in patients with persistent PTH. There is increasing evidence that these compounds may cause long-term detrimental effects and there is a risk of long-term dependence and the development of MOH,

specifically in patients who may be prescribed opioid or barbiturate containing medications. Preventive Therapy There is no clear evidence to help guide the clinician on the timing of initiation of preventive therapy in children to decrease the likelihood of developing persistent PTH. Tricyclic antidepressants, such as amitriptyline and nortriptyline, anti-epileptics such as topiramate, valproic acid, gabapentin, and zonisamide, and beta-blockers, like propranolol, as well as supplements such as melatonin and magnesium have been studied and found useful. Consultations Consultation with a headache specialist or brain injury medicine physician is indicated for patients who have prolonged symptoms. Neuropsychologic consultation may also be considered to document and remediate any deficits that may interfere with the return to sport, school, or work. Consider cognitive behavioral management strategies, especially if prominent psychosocial issues exist. These accommodations include frequent rest breaks, more time for tests, provision of class notes, etc. Participation in a formal pain rehabilitation program may be needed if HA pain becomes refractory to treatment and is functionally limiting. The patient and family be informed of expected improvements over time, and importance of physical and cognitive rest in the early stages. The mechanism of headache generation is not understood. It has become evident, that athletes should not return to play on the day of injury, but there is limited understanding of the optimal amount of rest needed for recovery, ideal time frame to undertake graded aerobic treadmill testing and initiate sub-maximal aerobic exercise treatment to manage the PTH or other postconcussive symptoms. Onabotulinumtoxin A was approved by the FDA for use in chronic adult migraineurs in ; but there is limited experience in PTH or pediatric patients. Peripheral Nerve Blocks have been used with dramatic results. The international classification of headache disorders, 3rd edition beta version. Characteristics and treatment of headache after traumatic brain injury: Am J Phys Med Rehabil. A prospective study of prevalence and characterization of headache following mild traumatic brain injury. Cheng, MD; Jeneita M. J Head Trauma Rehabil Vol. Duration and course of post-concussive symptoms. High school concussion in the " academic year: Am J Sports Med. Characteristics of post-traumatic headaches in children following mild traumatic brain injury and their response to treatment: Dev Med Child Neurol. Posttraumatic migraine as a predictor of recovery and cognitive impairment after sport-related concussion. Summary and agreement statement of the 2nd International Conference on Concussion in Sport, Prague Br J Sports Med ; Demographics and treatment of adolescent posttraumatic headache in a regional concussion clinic. Relationship between the apolipoprotein E gene and headache following sports-related concussion. J Clin Exp Neuropsychol. Epub May 18 Seifert, T. Slowing of cerebral circulation after concussion head injury:

Chapter 6 : Services | Taylor Rehab

What is a Cervicogenic Headache?. Otherwise known as a 'neck headache,' cervicogenic headache refers to a headache which originates from the neck. While the pain begins from damage to the bony structures, soft tissues, or nerves of the upper neck, pain often spreads to or is referred to the frontal-temporal areas of the head - i.e. behind the eyes, ears, forehead, or jaw.

Cervicogenic headaches are a type of secondary headache. This classification is due to the source of the headache being in the neck. The primary nerve in the cervical region associated with cervicogenic headaches is the occipital nerve, located at the base of the skull. In addition to the occipital nerve, this region also implicates the trigeminal nerve, which is why cervicogenic pain can be felt in the facial and forehead regions. Cervicogenic headaches can be differentiated from other types of headaches by several symptoms. Cervicogenic headaches rarely present auras that are commonly associated with migraine headaches. Cervicogenic headache pain is often not described as throbbing or increasing when bending forward, which is often associated with migraine headaches. Patients also rarely experience nausea with cervicogenic headaches and the pain is not responsive to traditional migraine medications. Lastly, and perhaps most indicative of cervicogenic headaches, is the location of the onset of pain. While migraine pain often begins toward the front of the head, cervicogenic headache pain begins in the back of the head, base of the skull, or neck. Cervicogenic headaches are, in part, characterized by pain in the upper neck or base of the skull. One way in which cervicogenic headaches can be readily diagnosed is if treatment of the neck is able to provide rapid relief from the headache. Neck soreness is not required for the diagnosis of a cervicogenic headache, however. The stress to the joint of the neck may still be present, even if it does not cause direct pain to the patient. This can lead to a more difficult diagnosis, which is why it is important to consult your physician.

Causes Of Cervicogenic Headaches Any injury to the neck or cervical region of the spine can lead to cervicogenic headaches. This injury may be an acute, sudden injury resulting from an automobile accident, a sports-related injury, or a fall, or it may be the result of a long-term sustained injury caused by bad posture or age. It is often easiest to identify the source of cervicogenic headaches when they can be traced back to a specific neck injury. The following section focuses on causes that are less immediately recognizable. Weak neck muscles may be a cause of cervicogenic headaches because they do not offer sufficient support and stability to the vertebrae in the upper neck. A lack of stability causes unnecessary motion and increased damage from impacts. Over time, this can damage the vertebral discs in the neck, causing them to shift or bulge. Keeping your neck in a stiff and suboptimal position poor posture can also lead to damage of the neck muscles and joints. However, it is unclear whether posture contributes significantly to cervicogenic headaches. When this happens, the area becomes inflamed and the nerve becomes irritated, leading to increased pain signaling. Damage to the vertebral discs resulting from age, arthritis, or injury can lead to additional bone growth on the vertebrae. This additional growth can reduce the space in the spinal column or directly put pressure on surrounding nerves. In the neck, this can cause pressure and irritation of the cervical or occipital nerves, resulting in a cervicogenic headache.

Treatments For Cervicogenic Headaches The specific treatment for cervicogenic headaches varies by patient and by what is found to be the cause of the headaches. For patients whose cervicogenic headaches are a result of damage to vertebral discs, there is often underlying inflammation contributing to nerve irritation. In this case, an injection of a steroid may suffice to reduce the inflammation and relieve the pressure on the nerve. For patients with a severely damaged or herniated cervical disc, a steroidal injection may not be sufficient. In that case, surgery may be a better option for long-term relief. The tissue bulging from a herniated disc may put pressure on the surrounding nerves, including the occipital nerve. Excess disc material can be surgically removed to relieve pressure on the surrounding nerve fibers. If the problem found in the neck is a result of musculature, then muscle-specific treatment options may provide short- and long-term relief. In the short-term, muscle relaxants can be used to relieve strain of the neck muscles. Following successful pain relief by muscle relaxants, more long-term muscle-related approaches can be taken. For patients who are prone to neck injuries, they may benefit from muscle exercise and strengthening, while many patients may find

long-term benefits from physical therapy using a combination of stretching and exercise. To directly address the nerve triggering the cervicogenic headache, nerve blocks can be administered by a physician to inhibit the problematic signaling. Nerve blocks directly block signaling from the nerve fiber and prevent the pain signals from being transmitted. This is useful as a form of pain relief during other treatments, and it can also be used when no clear skeletal or muscular source of the nerve irritation can be identified. Conclusion There are many different types of headaches, many of which have overlapping symptoms. Properly identifying the type of headache can be useful in identifying the cause of the headache. Cervicogenic headaches are a type of secondary headache characterized by an origination of pain in the upper neck and subsequent pain around the eyes or forehead. Cervicogenic headaches are also associated with neck problems such as strain or limited range of motion. Providing your doctor with an accurate description of your symptoms will allow them to make a more accurate diagnosis. Although cervicogenic headaches may be chronic, treatment options exist depending on their cause. Some patients may require steroidal injections or surgery, while physical therapy is much less invasive and provides relief for most patients. References Antonaci F, Sjaastad O. Current Neurology and Neuroscience Reports. An investigation of cervical spinal posture in cervicogenic headache. Exercises for mechanical neck disorders. Cochrane Database of Systemic Reviews. Clinical Evaluation of Cervicogenic Headache: The Journal of Manual and Manipulative Therapy. Characterization of headache after traumatic brain injury. Pain is not normal, start the conversation today. Our trustworthy, compassionate doctors are ready to help you!

Chapter 7 : Taylor Chiropractic Center - Chiropractor in Wellington, Florida

Headaches affect almost half of the population. % of all headaches are referred from the cervical spine and are classified as "cervicogenic" (1).

Tiredness Neck pain that affects your ears Even though you can treat many ear infections at home , if you have symptoms of mastoiditis, you should see your doctor as soon as possible. Lifestyle Choices and Right-Side Headache Pain It is good to remember that a common cause of right side headache pain is due to our lifestyle choices. Sometimes, making a few changes is enough to reduce the severity and frequency of one-sided headaches. Stress Stress may be causing stabbing pains on one side of the head because it can trigger headaches. However, researchers from Johns Hopkins say that even drinking small amounts of alcohol can trigger severe migraine-type headaches in some people. Research published in the journal BMC Research Notes found that nearly one-third of all types of headaches are connected to hunger. Smoking increases the frequency of migraines that cause pulsating pain on one side of the head. Any constant pressure on your head can cause localized pain on the right or left side. Abouch Krymacantowski on Medscape says that hats, helmets, or headbands can cause pressure on the forehead or scalp. These types of headaches cause pain in a small localized area on one side of your head. Nummular headaches can affect a size of your scalp up to 6 cm in diameter and usually affects the top of the head or either side of the head. In some cases, the symptoms of a stroke can feel like throbbing pain on one side of the head like a migraine. John Cuhna on MedicineNet says that severe head pain with a stroke happens if a blood vessel bursts. This is accompanied by facial numbness, confusion, and loss of balance. Some reasons for pain on right side of head and neck can include: Problems with the vertebrae in the back of your neck can cause a stiff painful neck and a headache on one side of your head. Pinched nerves in your neck can cause pain that starts at the top of your neck and spreads to the area behind one eye. Inflammation behind your right ear will cause dull pain on the right side of the head and also a stiff neck. You may also have tenderness at the top right side of your neck. Home Remedies to Treat Right Side Head Pain Without Medication There are many ways to relieve one-sided headaches that cause sudden shooting pains or dull intense headaches without using medication. Here are some ways to ease a headache above the right eye or pain on the right side or back of your head. First of all, try some natural alternatives to ibuprofen to help lift your headache and get rid of the pain in your head. Warm or cold compress. Put a cold compress on your right temple to help ease a throbbing migraine. The cold compress helps to reduce irritation and numb the pain. Alternatively, you can place a warm compress on the back of your head to help relax tense muscles that are causing head pain. Take a warm bath. A warm bath can help to ease tension headaches and relax the tight muscles in your neck and shoulders. Add a few drops of eucalyptus essential oil to your bath to help clear your sinuses and get rid of a sinus headache. Sometimes, all you need to do to get rid of a pounding headache is get some extra sleep. Sleep helps your brain relax and can boost the effectiveness of painkillers. Eating a light snack or a meal can help to reduce the intensity of a headache. Also, a light meal will boost your sugar levels and help your brain to function better. How to use essential oils to get rid of headaches One way to help relieve throbbing pain on the right side of your head is to use a combination of essential oils. Many essential oils have analgesic properties that are very effective in getting rid of headaches naturally. To use essential oils to treat a headache, try some of the following: One of the best essential oils for headaches that helps to relieve intense migraine pain. This has a double effect of helping to unblock sinuses and cool irritated and inflamed nerves. Can help to calm nerves to ease tension and anxiety headaches. Has anti-inflammatory properties which work great on migraines. Has cooling effect and help in sinusitis relief. Head massage for headache pain relief Is massaging your temples effective for headache relief? The journal Cephalalgia says that massaging the temples can help to relieve symptoms of many types of headache. You can boost the effectiveness of the temple massage by using an essential oil blend to treat dull to intense pains on the right side of your head. How to massage your temples for headache relief: Add 4 drops lavender oil, 4 drops eucalyptus oil, and 4 drops peppermint oil to 1 oz. Take some of the oil blend on your fingertips and gently massage your temples. Place your thumbs on your temples and then massage your scalp with the tips of your

fingers to get rid of headache pain. Keep massaging for 3 to 4 minutes and then relax with your eyes closed to help get rid of your headache quickly. Even intense, throbbing headaches that only affect the right side can be caused by a lack of sleep, fatigue, or a migraine. Severe headaches with certain accompanying symptoms can, however, be symptomatic of a serious condition. Lawrence Newman on WebMD, you should see a doctor for your headaches if you also have any of the following symptoms: A severe headache that is accompanied by fever, a rash, stiff neck, and vomiting. Frequent headaches accompany changes in behavior or personality changes. You are over 55 and start getting a new type of headache. Coughing, bending over, or physical activity triggers headaches. You start to get more than 3 headaches a week. Severe headaches are debilitating and interfere with your daily life. Read my other related articles:

Chapter 8 : Postconcussion Headache – PM&R KnowledgeNow

Headache is the most prevalent pain disorder, affecting 66% of the global population 1, and thereby it represents a major health problem, disturbing both quality of life and work productivity 2, 3.

Chapter 9 : Cervicogenic Headaches (Neck Headache): Causes, Symptoms, Treatment |

By LG Taylor, Patch Poster | Feb 28, pm ET. 0. This post was contributed by a community member. www.nxgvision.com presents a www.nxgvision.com on Cervicogenic Headaches led by Dr. Daniel Hurley.