



GP RESOURCE



Cervicogenic Headaches: The Neck's Role in Referred Pain

Understanding Cervicogenic Headaches

Cervicogenic headache (CGH) is an extremely common type of headache caused by dysfunction in the upper cervical spine, typically at C1–C3. It is frequently misdiagnosed as migraine or tension-type headache and presents regularly in general practice.

Unlike primary headache disorders, CGH originates in musculoskeletal structures such as joints, muscles, or neural tissues. It often affects patients with neck pain, postural strain, or a history of whiplash. When accurately identified, it responds extremely well to conservative, movement-based care such as physiotherapy.

Up to 35-40%
of patients with recurrent headaches
may have a cervical origin.

Approximately 1 in 24 people
experience cervicogenic headaches.

Recognising When Headache Has a Cervical Origin

While CGH can resemble other headache types, its features are typically mechanical, localised, and distinguishable by key clinical signs:

- Unilateral, non-throbbing pain that begins in the neck
- Aggravation with neck movement or sustained postures
- Restricted cervical range of motion
- Reproduction of pain with palpation of C1 to C3
- Absence of aura, nausea, or photophobia
- Pain that is side-locked and non-pulsatile
- History of neck trauma, postural loading, or prolonged screen use
- A sensation of dizziness may also be associated



Core Recommendation:

Early physiotherapy referral for cervicogenic headaches leads to faster recovery, reduced reliance on medication, and better long-term control of symptoms.



Role of Physiotherapy in CGH Management

Physiotherapy is the most effective conservative treatment for cervicogenic headache. Unlike medication, it targets the underlying mechanical dysfunction by:

- Restoring cervical joint mobility
- Improving motor control and deep neck flexor muscle function
- Correcting postural loading patterns
- Reducing muscle tension and guarding
- Enhancing proprioception and sensorimotor control

Common physiotherapy interventions include:

- Manual therapy to restore upper cervical joint motion
- Motor control retraining of deep neck flexors and scapular stabilisers
- Postural correction to reduce sustained strain
- Ergonomic education and self-management strategies

Referral to Physiotherapy: How Early Diagnosis Supports Better Outcomes

Early referral will improve recovery by addressing the mechanical source before symptoms become persistent. It also helps patients build the skills and strategies needed to manage their condition long term.

Referral is recommended for patients who:

- Experience headaches linked to movement, posture, or physical loading
- Show poor response to analgesia or passive management
- Have ongoing functional limitations due to neck-related symptoms
- Are seeking non-pharmacological care or relapse prevention

Benchmark Physiotherapy manages CGH by addressing the underlying mechanical dysfunction through targeted, movement-based care. Our clinicians work closely with referring GPs to ensure patients receive coordinated care and long-term support.

SUPPORT TOOL FOR GPs

Read more about cervicogenic headache symptoms and relief techniques in our latest blog. This article is a more in-depth guide to diagnosing CGH, with photo references and easy exercise techniques for GPs to help their patients quicker.



Refer to Benchmark Physiotherapy

We work closely with GPs to support patients presenting with cervicogenic headaches. By addressing the mechanical source of pain with targeted, evidence-based care, we help patients restore movement, and reduce recurrence. Contact us to find out more about how we can help your patients restore function and move forward with confidence.

Visit the Benchmark Physiotherapy General Practitioners Hub for more resources to empower your patient for better outcomes with physiotherapy.

Contact us to find out more about how we can help your patients reach their potential.

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References

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