



*Dynamic Chiropractic* – October 20, 1997, Vol. 15, Issue 22

## **Chiropractic Effective for Cervicogenic Headache**

### **New Study Shows Significant Improvement in Number & Intensity of Headaches**

By Editorial Staff

A study recently published in the *Journal of Manipulative and Physiological Therapeutics (JMPT)*,<sup>1</sup> demonstrates that "spinal manipulation has a significant positive effect in cases of cervicogenic headache."

The study compared 53 subjects who had cervicogenic headaches in accordance with the standards of the International Headache Society (see Table 1). Approximately half of the group (on a randomized basis) received chiropractic manipulation; the other group (soft tissue) received low-level laser and deep friction massage. The care was given in six sessions over three weeks. Each subject was examined prior to treatment and at the five week mark. The analysis of the data was completed by a blinded observer.

While both groups improved with care, the improvement of the soft tissue group was only statistically significant for the number of headache hours per day. The manipulation group's improvements were statistically significant for all three measurement criteria:

#### **Average Number of Analgesics per Day**

<b>Group</b>	<b>Before Care</b>	<b>After Care</b>
Soft Tissue	1.0	0.7
Manipulation	1.5	0.8

#### **Average Headache Hours per Day**

<b>Group</b>	<b>Before Care</b>	<b>After Care</b>
Soft Tissue	4.0	2.4
Manipulation	5.2	2.0

### Average Headache Intensity per Episode

Group	Before Care	After Care
Soft Tissue	41	37
Manipulation	44	28

Equally compelling was the change in the use of analgesics that each group experienced:

### Use of Analgesics

Group	Decrease	Unchanged	Increase
Soft Tissue Group	12	5	8
Manipulation	20	6	2

Those receiving manipulation for their cervicogenic headache:

- Decreased their analgesic use by 36%,
- Decreased their headache hours by 69%
- Decreased their headache intensity by 36%

While the results of this study may not be good news to the makers of over-the-counter pain medication, it should be encouraging to chiropractors to now have a randomized, blinded study to confirm a significant part of their clinical experience.

Table I. The 1990 criteria of the International Headache Society for the diagnosis of cervicogenic headache.<sup>2</sup>

### Diagnostic Criteria for Cervicogenic Headache

1. Pain localized to neck and occipital region. May project to forehead, orbital region, temples, vertex or ears.

2. Pain is precipitated or aggravated by special neck movements or sustained neck posture.
  
3. At least one of the following:
  1. Resistance to or limitation of passive neck movements.
  2. Changes in neck muscle contour, texture, tone or response to active and passive stretching and contraction.
  3. Abnormal tenderness of neck muscles.
  
4. Radiological examination reveals at least one of the following:
  1. Movement abnormalities in flexion/extension.
  2. Abnormal posture.
  3. Fractures, congenital abnormalities, bone tumors, rheumatoid arthritis or other distinct pathology (not spondylosis or osteochondrosis).

Comment: Cervical headaches are associated with movement abnormalities in cervical intervertebral segments. The disorder may be located in the joints or ligaments. The abnormal movement may occur in any component of intervertebral movement, and is manifest during either active or passive examination of the movement.

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#### *Reference*

1. Nilsson N, Christensen HW, Hartvigsen J. The effect of spinal manipulation in the treatment of cervicogenic headache. *J Manipulative Physiol Ther* 1997;20:326-30
2. Olesen J. Classification and diagnostic criteria for headache disorders, cranial neuralgias and facial pain. Copenhagen: International Headache Society, 1990.



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