Diagnosis and Management of Cervicogenic and Tension-Type Headaches

Diagnostic Criteria	Guideline-Supported Interventions
Cervicogenic Headache (CGH) (secondary to cervical spine disorders): Unilateral pain from nuchal to oculofrontal region, moderate, non-throbbing, episodic. Linked to cervical disorder (headache reproduced by cervical ROM, flexion-rotation, myofascial trigger points). Normal neurological exam. **Tension-Type Headache (TTH)** Bilateral, pressing/tightening ("band-like") pain, mild to moderate, episodic or chronic. Most common primary headache. May involve mild photophobia, phonophobia, or nausea (no severe nausea/vomiting), scalp/neck muscle tenderness, not worsened with routine activity. Normal neurological exam.	*Goal: Reduce pain, optimize function, promote daily activity through a multimodal approach.* **Education & self-management**: Reassure that TTH/CGH are rarely serious. Provide tailored resources. Encourage exercise, good nutrition, sleep hygiene, stress management, smoking/substance avoidance. Support social/work participation. Use SMART goals, Brief Action Planning. **Exercise:** Tailor strength, mobility, and fitness programs. **Manual therapy**: Spinal manipulation (for CGH), mobilization, soft tissue techniques. **Psychosocial support**: Screen/address barriers (fear, low expectations). Provide stress management and self-efficacy tools. Refer persistent cases to medical/mental health providers. **Medication**: Short-term NSAIDs/analgesics/muscle relaxants with medical oversight; avoid long-term opioids. **Multimodal care**: Combine physical/psychological/social interventions; non-pharmacologic strategies. ***Ongoing follow-up:*** *Ensure alignment with treatment goals.* ***Discharge/referral:*** *Achieved goals, worsening symptoms, failed treatment.*

Red Flags: Immediate Emergency Care Referral

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/surgery, TB history, constitutional symptoms (e.g., fever/chills), 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, "worst headache ever", double vision, difficulty swallowing speaking/walking, facial numbness, drop attacks, nausea, nystagmus.
5. **Traumatic Spinal Fracture:** Age ≥65 years, dangerous mechanism (e.g., pedestrian struck, high-speed collision, fall from height >3 feet), extremity weakness/tingling/burning, inability to rotate neck 45°, midline cervical spine tenderness (Canadian C-Spine Rule).
6. **Acute Narrow-angle Glaucoma:** Severe unilateral eye pain, blurred vision, light halos, nausea/vomiting, optic nerve cupping, visual field deficits.
7. **Cervical Myelopathy:** Gait disturbances, hand clumsiness, non-dermatomal numbness/weakness in upper/lower extremities, bowel/bladder dysfunction.
8. **Giant Cell Arteritis:** Age >60 (often with polymyalgia rheumatica). New temporal headache, scalp tenderness, jaw claudication, vision changes/loss, tender/nodular temporal artery, bruits (carotid/temporal), abnormal fundoscopy (e.g., optic disc edema).

Red Flags: Referral to Medical Provider

1. **Non-traumatic Spinal Fracture:** Sudden severe pain, osteoporosis, corticosteroid use, female, age >60, history of spinal fracture/cancer, possible extremity weakness/tingling/burning.
2. **Spinal Malignancy:** Progressive pain, cancer history, constitutional symptoms (fatigue, weight loss), headache worsening with exertion.
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/severe unilateral throbbing pain, with nausea/vomiting, photophobia, phonophobia, possible aura. Worsened by physical activity. Neuro exam typically normal.

Orange Flags (Symptoms of Psychiatric Disorders)	Yellow Flags (Psychosocial Factors):
Immediate referral: Suicidal ideation, severe distress/psychosis, harm intent. **Non-urgent referral**: Persistent symptoms affecting function (e.g., anxiety). **Co-management:** Triage with medical/psychiatric care, manage comorbid MSK conditions, use tools (PHQ-9, GAD-7, etc.) to guide care/escalation.	**Factors:** Individual (fear, low expectations), social (lack of support), socioeconomic (employment/financial stress), work stressors. **Co-management:** Provide resources (stress management, graded activity), monitor challenges, refer if persistent, use tools (PHQ-9, GAD-7, etc.) to guide care/escalation.