# Flex Therapist CEUs

## Cervicogenic Headache

**Cervicogenic headache: too important to be left un-diagnosed**

**1. According to this study, all of the following headache characteristics should come first for a diagnostic guideline, except for:**

A. Localization
B. Reduction in ROM
C. Intensity
D. Duration

**2. One exceptional disorder that may seem to fit both C1 and C2 is _____, a headache that does not become chronic.**

A. Tractor drivers' head- and neck-ache
B. Menstrually-related migraine
C. Benign paroxysmal torticollis
D. Medication overuse headache

**Magnetic resonance imaging of craniovertebral structures: clinical significance in cervicogenic headaches**

**3. Anesthetic blockades of cervical structures or related nerves can temporarily abolish pain in CEH patients, which may suggest that the pain could be attributed to a neck disorder or structural lesion.**

A. True
B. False

**4. The alar ligament system is involved during:**

A. Cervical extension
B. Lateral flexion
C. Ipsilateral rotation
D. The alar ligament system is involved during all of the above

**5. Study authors suggest that whiplash trauma might cause permanent damage to the alar ligaments.**

**A. True**
**B. False**

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**6. Structural alterations of the alar ligaments and upper articular joints are only seen in symptomatic patients.**

**A. True**
**B. False**

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# Effect of natural apophyseal glides on cervicogenic headache: A randomized controlled trial

**7. Cervicogenic headache is the most common type of primary headache and is related to cervical spine dysfunction.**

**A. True**
**B. False**

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**8. Which of the following is the major sign and symptom of cervicogenic headache?**

**A. Unilateral head pain without side-shift, with neck pain and limitation of neck movement**
**B. Muscle dysfunction**
**C. Hypomobility of craniocervical joints**
**D. Impaired overall mobility of cervical spine**

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**9. Muscle tightness, especially of the _____ muscles, are frequently encountered in subjects with cervicogenic headache.**

**A. Splenius capitis and levator scapulae**
**B. Longissimus capitis and semispinalis capitis**
**C. Upper trapezius and sternocleidomastoid**
**D. Multifidus**

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**10. Mulligan Natural apophyseal glides mobilization technique produces a fast and long-term effect in pain reduction and improvement of range of motion with functional activities in subjects with pain and stiffness of the neck.**

A. True
B. False

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**11. Stretching which muscle is a main cause of improvement and treatment of cervicogenic headache?**

A. Upper trapezius
B. Sternocleidomastoid
C. Longissimus capitis
D. Multifidus

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# Upper cervical and upper thoracic manipulation versus mobilization and exercise in patients with cervicogenic headache: a multi-center randomized clinical trial

**12. All of the following describe spinal mobilization, except for:**

A. It is slow
B. It is rhythmical
C. It is a thrust technique
D. It is oscillating

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**13. The results of the current study demonstrate that patients with CEH who received _____ experienced significantly greater reductions in headache intensity, disability, headache frequency, headache duration, and medication intake, and the effects were maintained at 3 months follow-up.**

A. Manipulation
B. Mobilization
C. Exercise
D. No between group significance was found

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# Manual therapies for cervicogenic headache: a systematic review

**14. Convergence of afferents of the trigeminal and upper _____ cervical spinal nerves onto the second-order neurons in the trigemino-cervical nucleus in the upper cervical spinal cord is likely to lead to the headache.**

A. 6
B. 5
C. 4

**D. 3**

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**15. An Australian study shows a significant reduction in _____ in all active treatment groups as compared to the control group and the effect was maintained at the 12-month follow-up.**

**A. Headache duration and medication intake**
**B. Headache frequency and intensity**
**C. Disability and headache frequency**
**D. Medication intake and headache frequency**

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