

# 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**
- 

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

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

**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**
- 

**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**
- 

**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**
- 

**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
- 

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
- 

**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
- 

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
- 

**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

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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