

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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