



Cervicogenic Dizziness

Helping clients with dizziness, vertigo and balance issues to move, function and feel better



How can the neck make you dizzy? Dizziness related to neck (cervical) dysfunction is a controversial topic amongst dizziness researchers. Cervicogenic dizziness has been known in the past as cervical vertigo. However, this term is no longer used because vertigo is defined as an 'illusion of movement' (rotations, tilts or shifts to the side) and true vertigo is actually rarely associated with neck-related dizziness.

Symptoms

People with **cervicogenic dizziness** often find it difficult to describe. Some say it feels like general disorientation, light-headedness (but not like near fainting), a 'bobble head' or spacey feeling. The symptoms are often worse during head movements or after maintaining certain neck positions for a long time, especially craning the neck forward when on the computer.

Dizziness usually occurs during or soon after experiencing neck pain, stiffness and/or decreased neck range of motion. It may be accompanied by a headache at the back of the head and made worse by head movements. Often the dizziness decreases as the neck pain decreases. The symptoms usually last minutes to hours. People with cervicogenic dizziness may also complain of general imbalance, which can increase with head movements or movement in the environment.

Treatment

The majority of people with **cervicogenic dizziness** improve with appropriate neck treatment. Though neck massages alone rarely work in resolving the dizziness with the neck pain. Conservative treatment of the neck, such as joint mobilisations, stretches, exercises, and education on proper posture has been shown to be effective in improving neck related dizziness symptoms (and headache).

When manual therapy is indicated, Kim uses either the Watson Headache @Approach or seated joint mobilisations (never cervical manipulation or 'joint cracking'). Neck treatment might also include sensori-motor control training; strength and endurance training; stretching and/or postural/positioning advice.

Some people require both neck treatment and vestibular based therapy. Vestibular rehabilitation exercises are individualised to address the problems found during testing and may include eye exercises, balance exercises, walking, or graded exposure to neck movements or environments that make patients dizzy. These help to 'recalibrate' the way the brain processes the various sensory inputs. In general, the prognosis for patients with cervicogenic dizziness is good, with most patients having improvement of neck symptoms, headaches, balance, dizziness, and quality of life.

Diagnosis

- **Cervicogenic dizziness** is a difficult and sometimes controversial diagnosis because there is no single diagnostic test to confirm that it is the cause of dizziness. Other causes of dizziness need to be ruled out for a diagnosis of cervicogenic dizziness to be made.

- Cervicogenic dizziness is thought to result from a sensory mismatch between somatosensory information (the part of the sensory system concerned with the conscious feeling of touch, pressure, pain, temperature, position, movement and vibration, which arise from the skin, muscles, joints, and fascia of the neck/ cervical spine), and input from the eyes and vestibular system (inner ear balance system).

