

# Cervicogenic dizziness: a disease or a symptom ?

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# Cervical vertigo or Cervicogenic dizziness

- "vertigo due to neck disorders" (Ryan and Cope, 1955)
- a vertigo or dizziness that is provoked by a particular neck posture, no matter what the orientation of the head is to gravity.
- “dizziness combined with a neck disorder, where reasonable alternatives have been ruled out.”

# 頸源性頭暈定義

狹義定義:

因為頸部神經傳入系統出現異常，  
造成患者產生非特異性平衡失調的情況

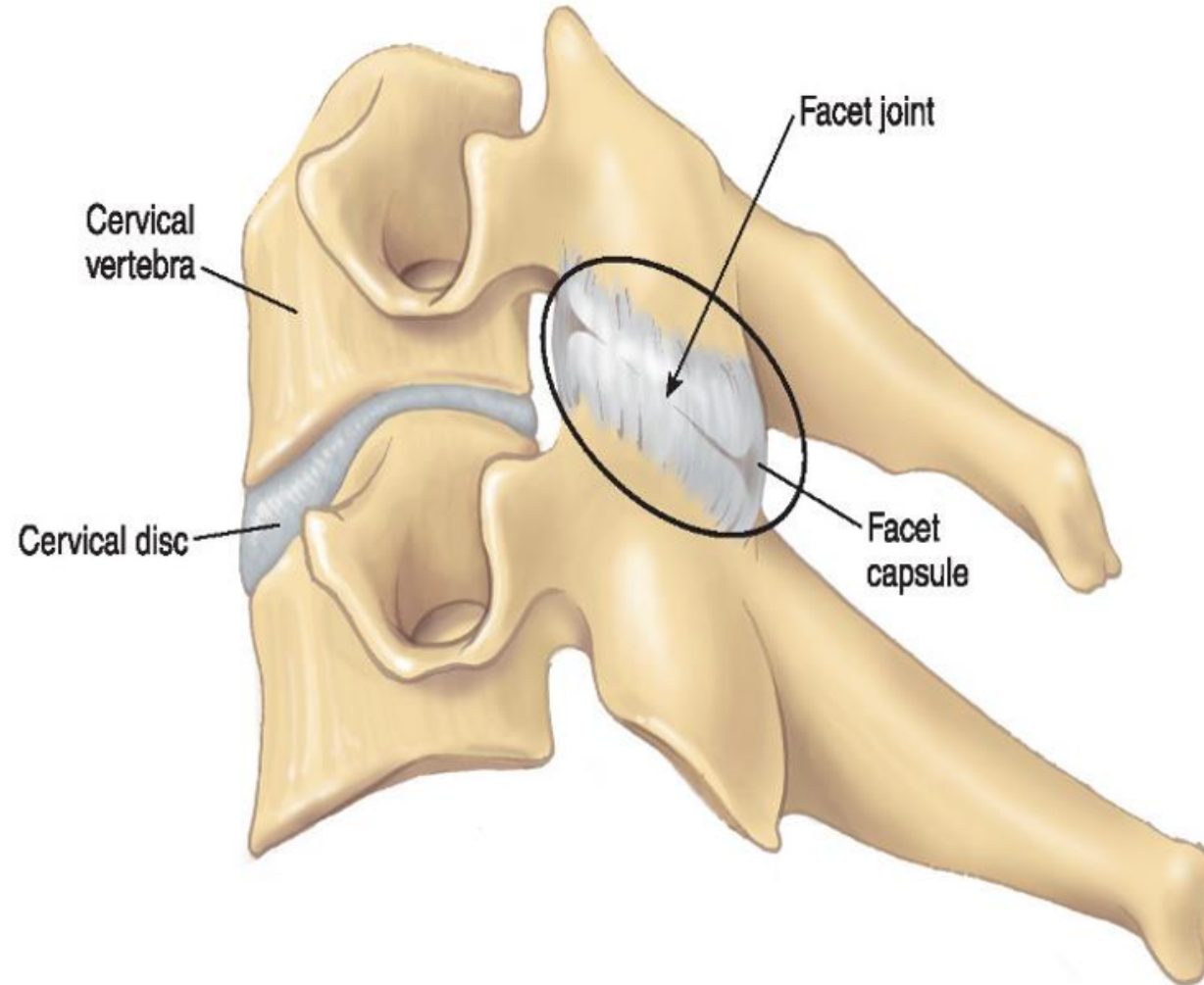
(Neck Proprioception disorder induced dizziness or vertigo)

- 廣義定義

Dizziness is said to be cervicogenic when it is closely associated with the neck pain, the neck injury, or the neck pathology, after excluding the other causes of dizziness.

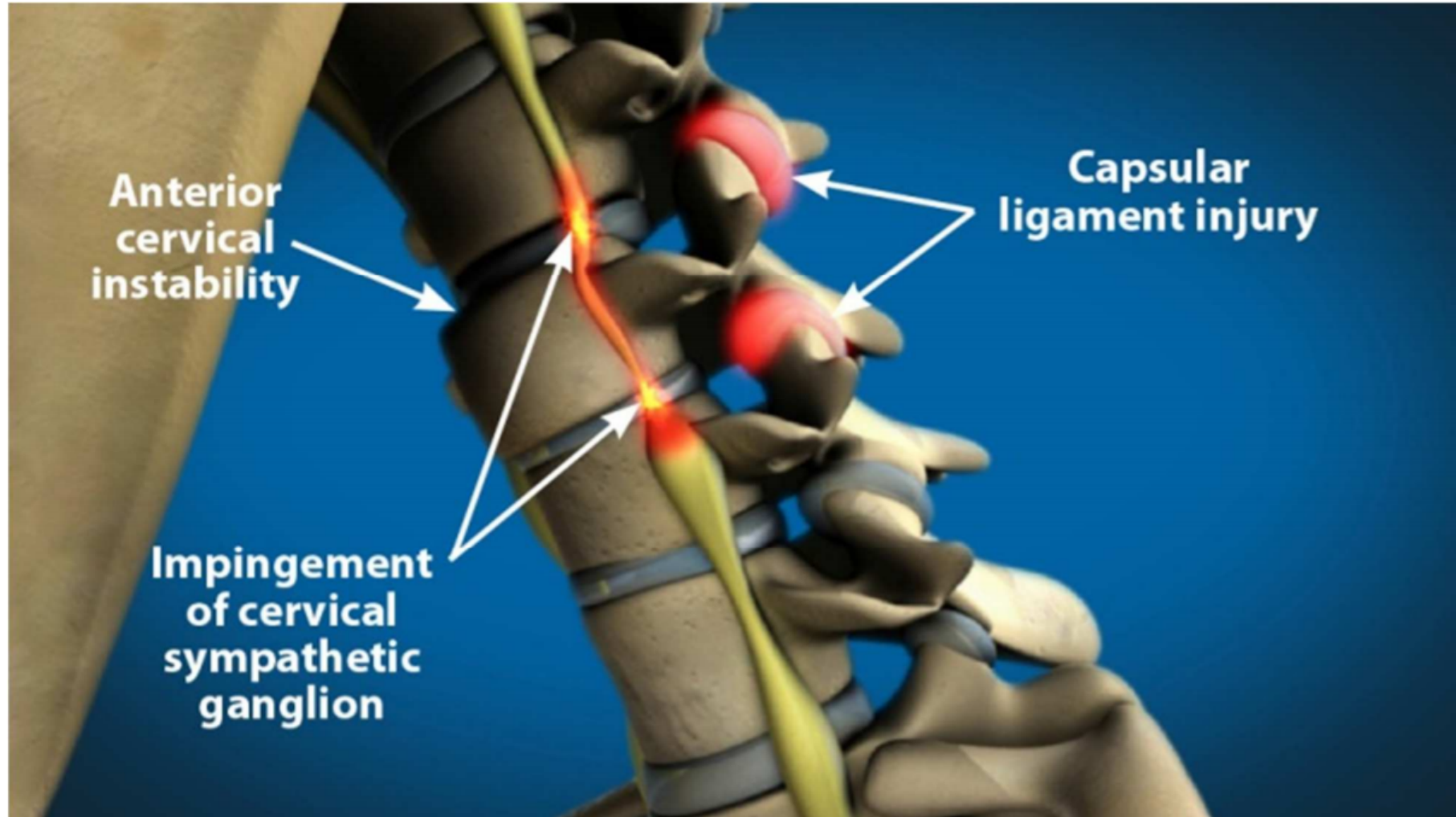
(proprioception, sympathetic, vascular disorders)

# altered somatosensory input





# Barre-Lieou Syndrome



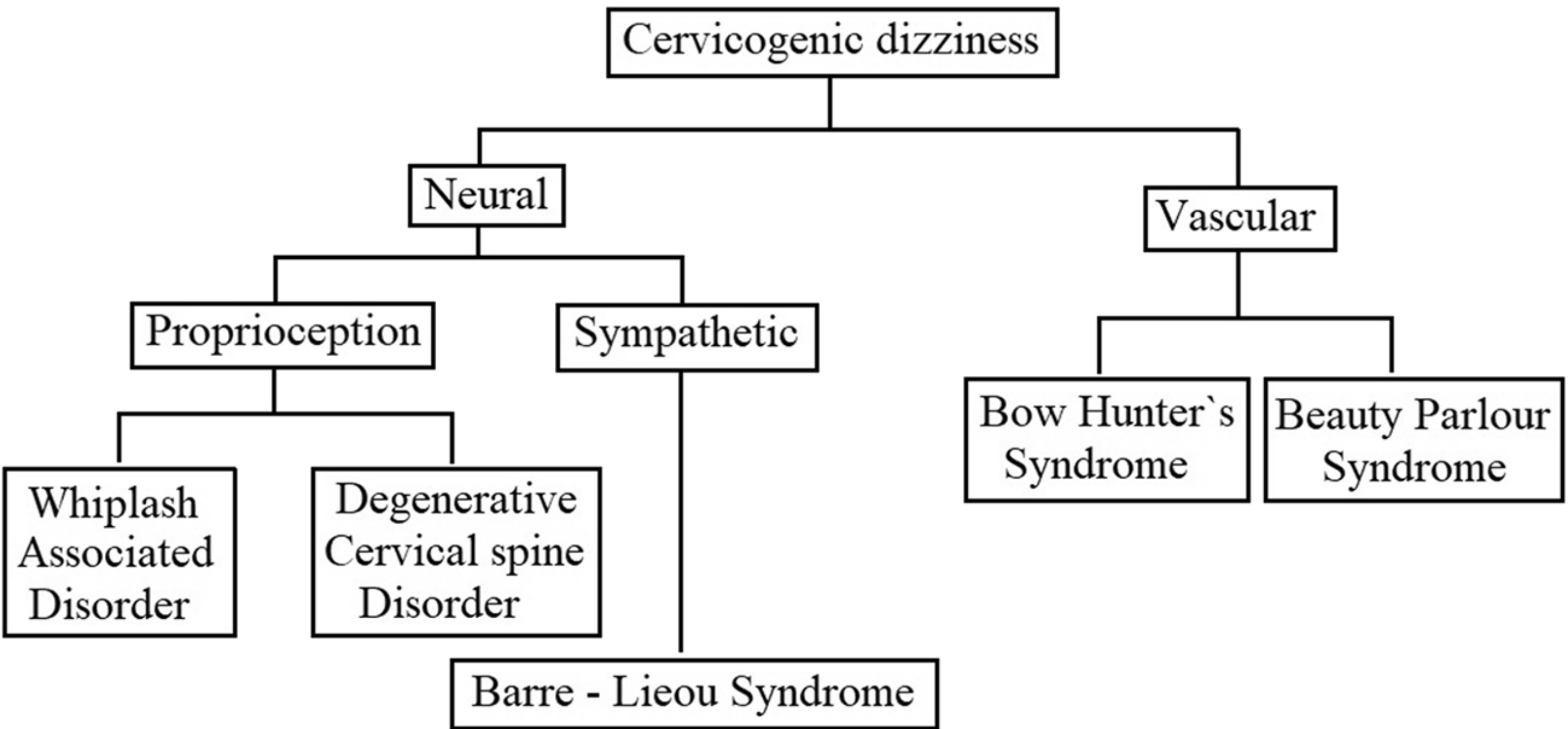
# Symptoms of cervicogenic dizziness

- Dizziness increased with neck movements or neck pain and
- Dizziness decreased with interventions that relieve neck pain (modalities, analgesic, anti-inflammatory or muscle relaxant medication).

# Diagnosis of cervical vertigo (dizziness)

2019 laryngoscope Thompson-Harvey and Hain

- Dizziness
- Lack of reasonable alternative (ie ear disease, brain disease, and migraine)
  - Normal vestibular testing
  - Normal brain imaging
- Evidence of neck injury (one or more)
  - Abnormal cervical MRI
  - Severe stiffness to palpation
  - Temporal proximity of dizziness to injury confined to the neck



After excluding other causes ➡

1. Postural measurement of blood pressure
2. Romberg's
3. Cerebellar signs
4. Head impulse test +/- Unterberger
5. Video/Electronystagmography

## Suspected case of cervicogenic dizziness

Age more than 40 years

Age less than 40 years

Plain roentgenogram of cervical spine

Degenerative changes present

Normal

Positional test<sup>#</sup>

Negative

Positive

BPPV

Canalith repositioning maneuvers

Dizziness on turning the neck

Yes

No

Dynamic Transcranial Doppler

Positive

Negative

BHS

1. d-DSA, 3D CT
2. Decompression surgery
3. Fusion of vertebrae
4. Cervical collar
5. Anticoagulants

Posturography / Joint position error / Smooth Pursuit neck rotation test

Negative

Positive

DCD / BLS

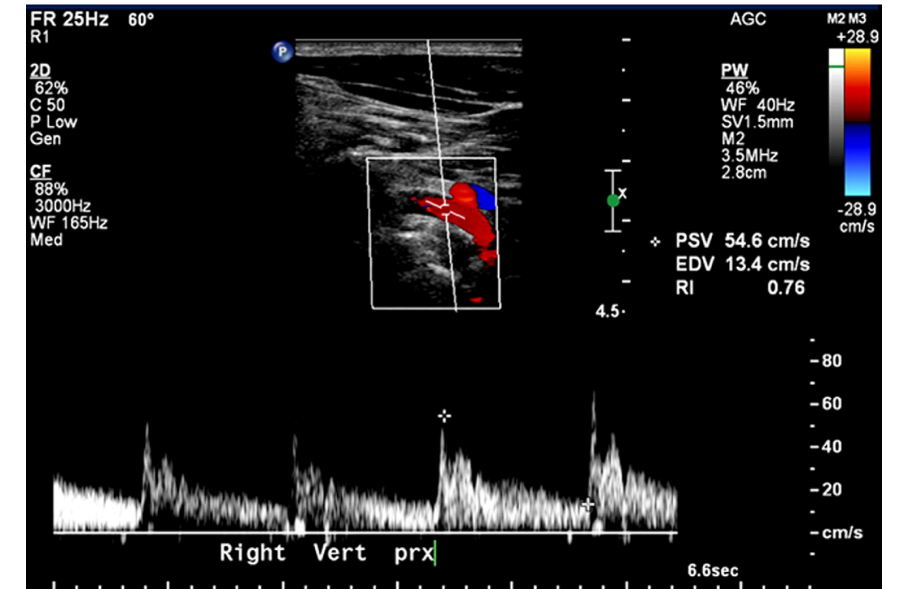
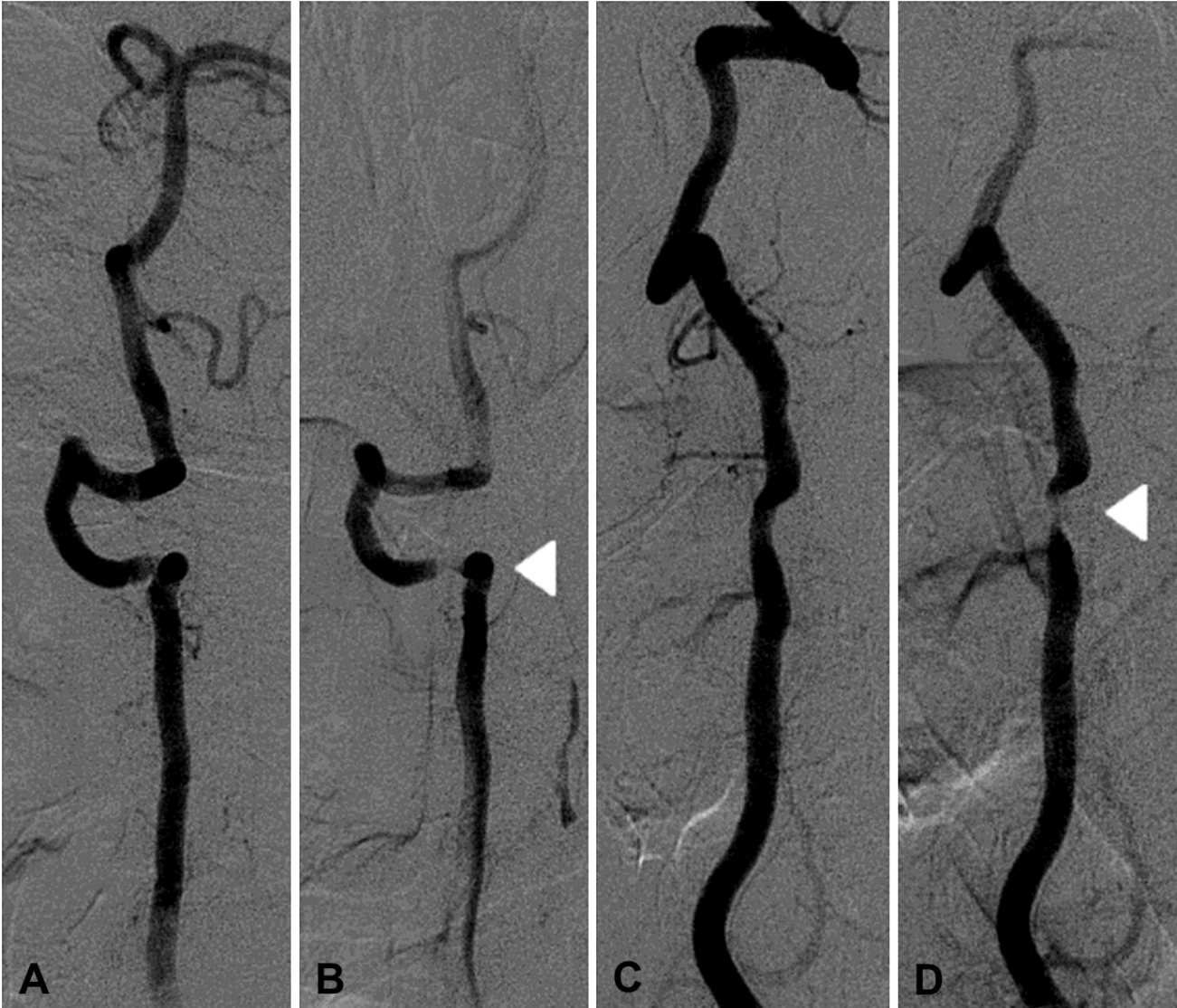
1. Physiotherapy
2. Manual therapy
3. Cervical traction
4. NSAIDs, Muscle relaxants
5. Surgical correction

WAD

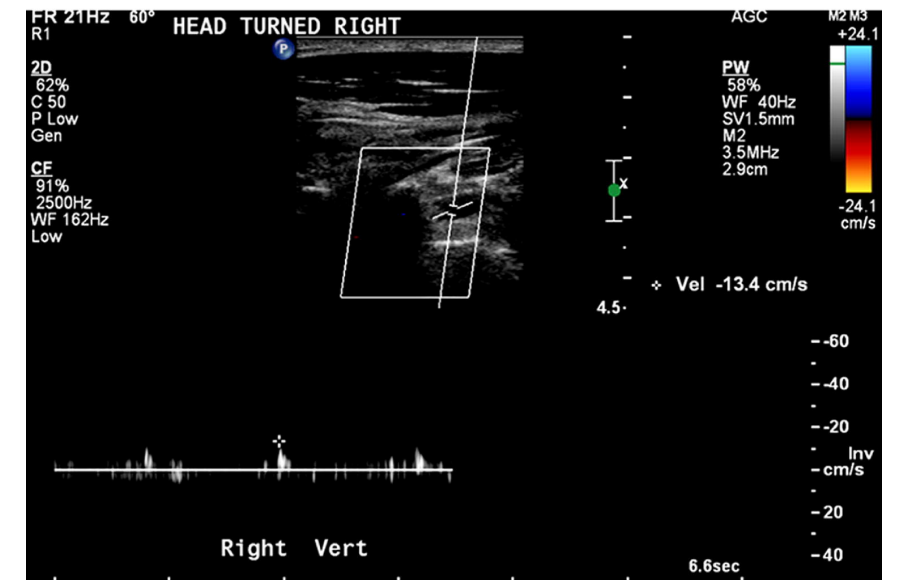
1. Physiotherapy
2. Manual therapy
3. Patient education and support
4. Vestibular rehabilitation

European Archives of  
Oto-Rhino-  
Laryngology (2018)  
275:2421–2433 K.  
Devaraja

# (bilateral rotational vertebral artery occlusion) Bow Hunter syndrome

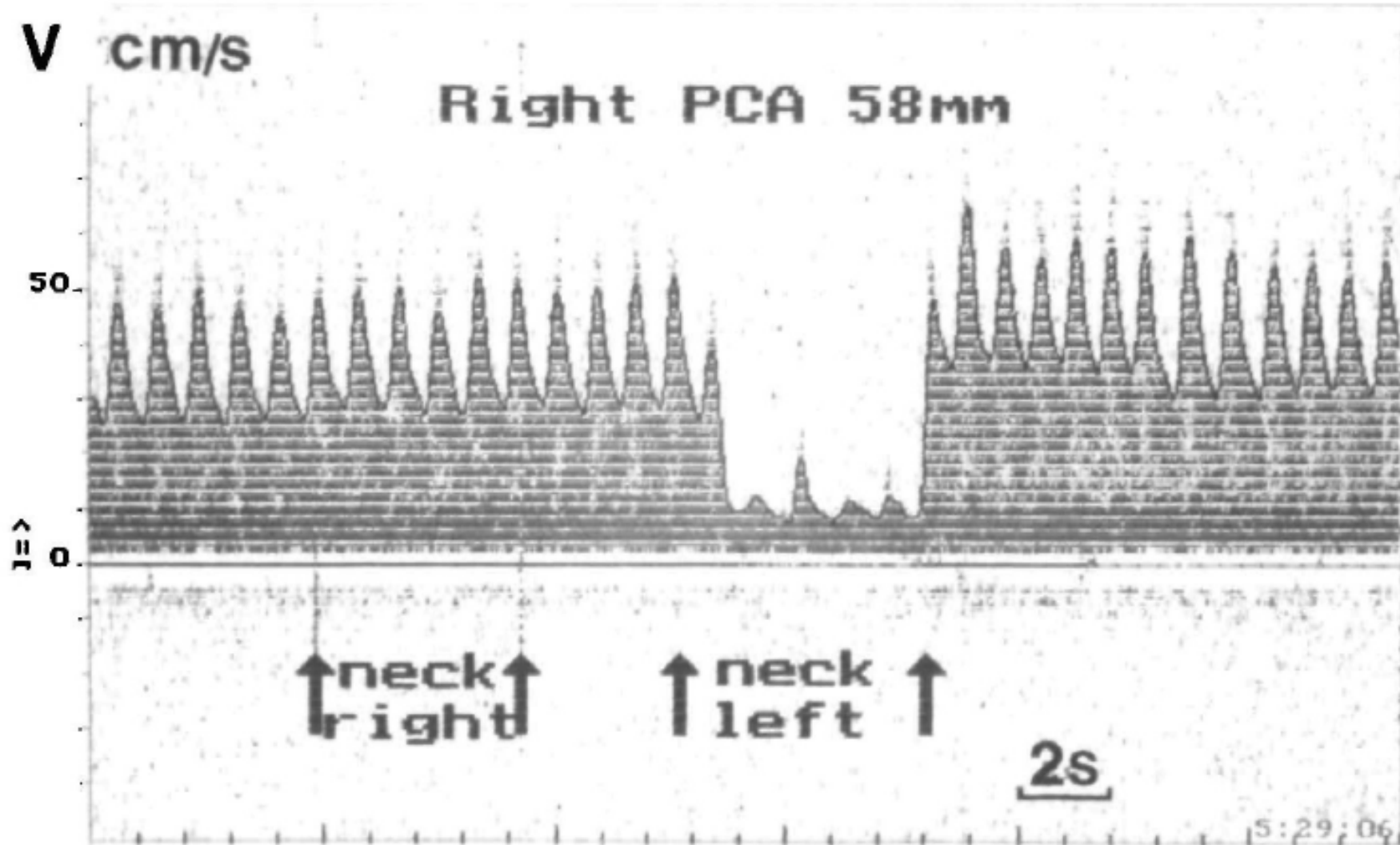


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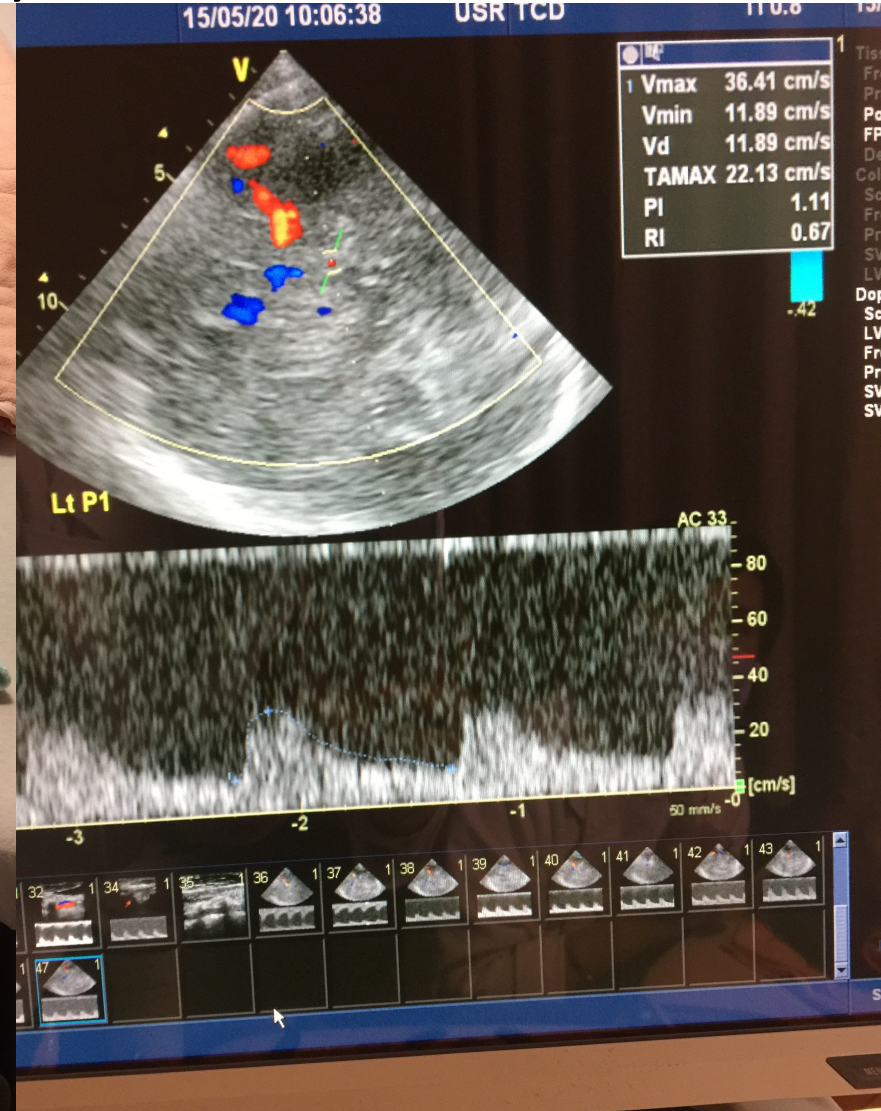
# Dynamic transcranial doppler

Brautaset, Stroke Vol 23, No 2 February 1992



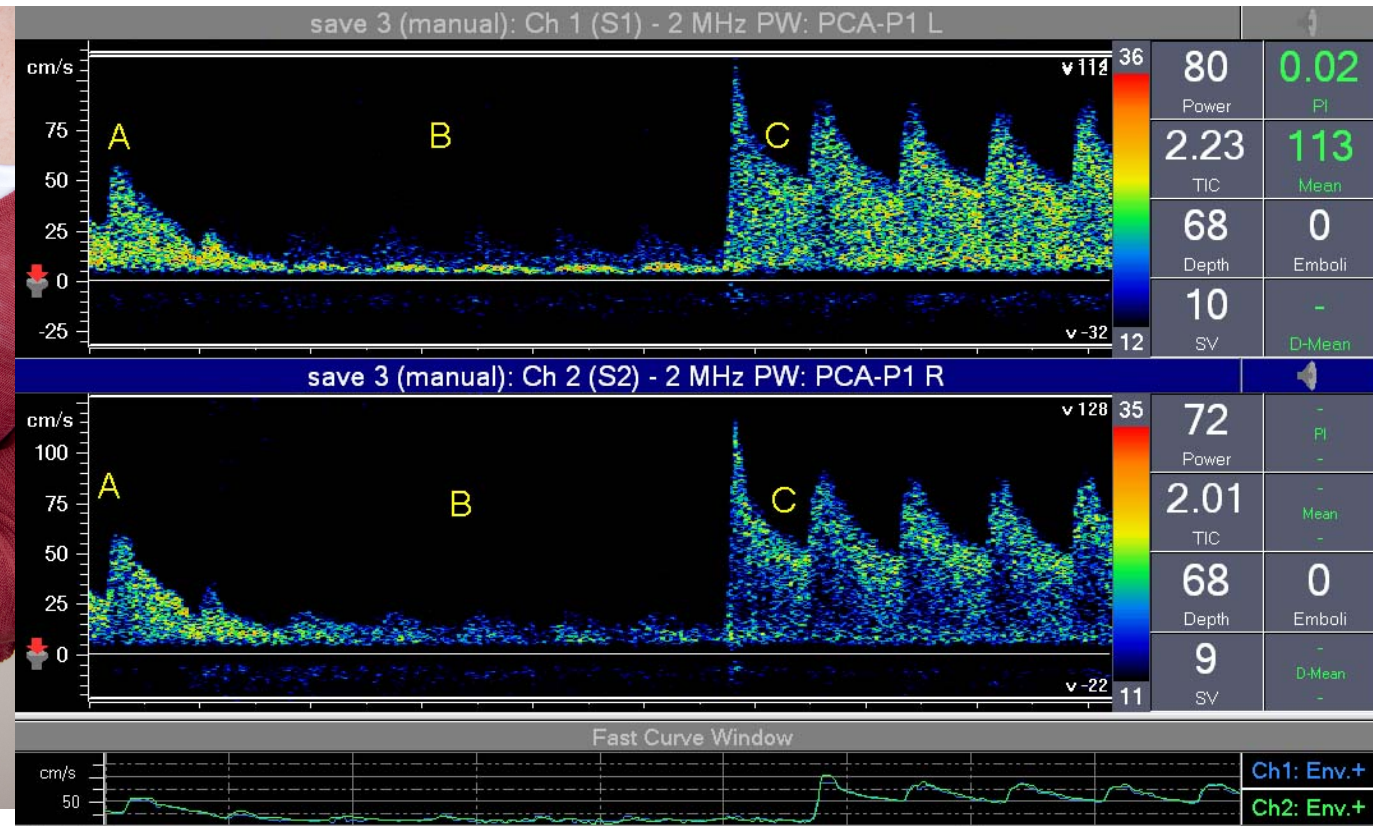


# Dynamic transcranial doppler (left posterior cerebellar artery)





# Dynamic transcranial ultrasound

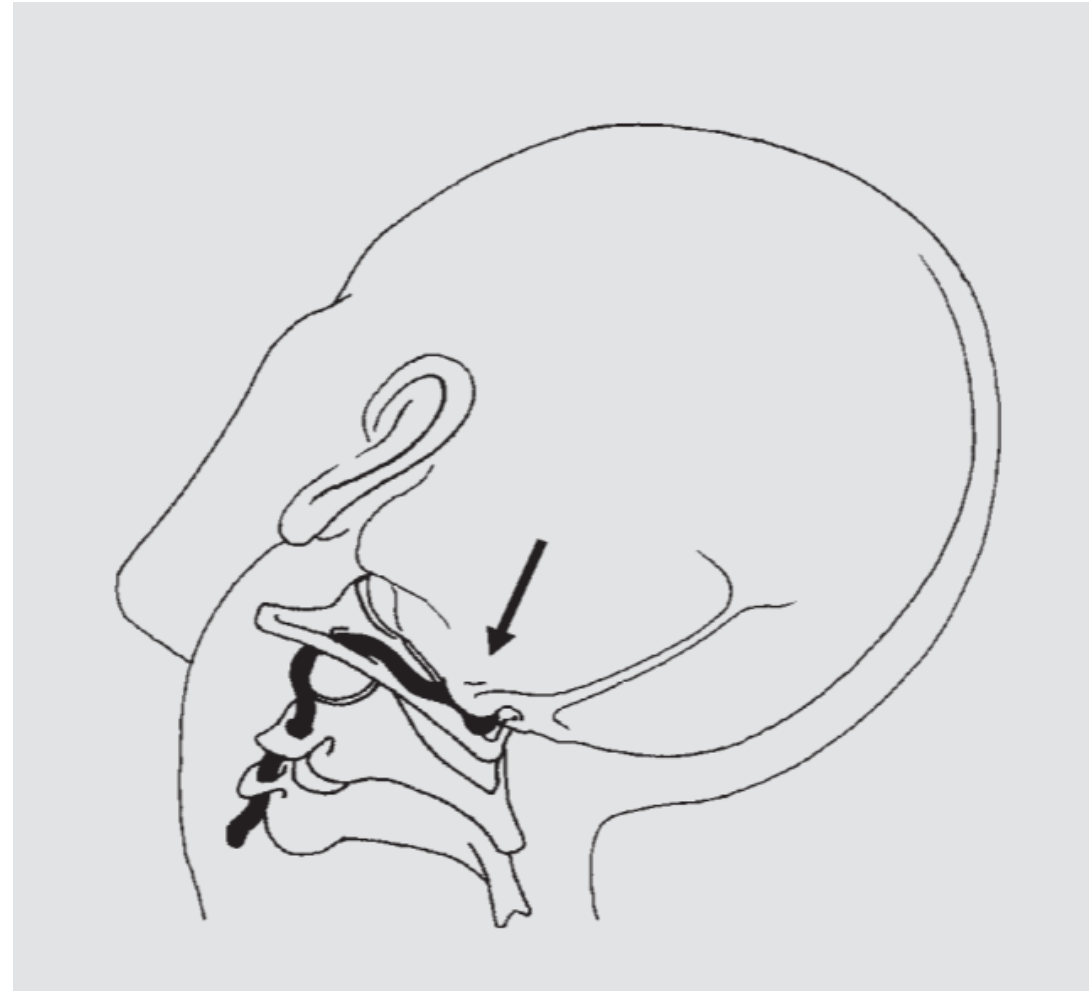
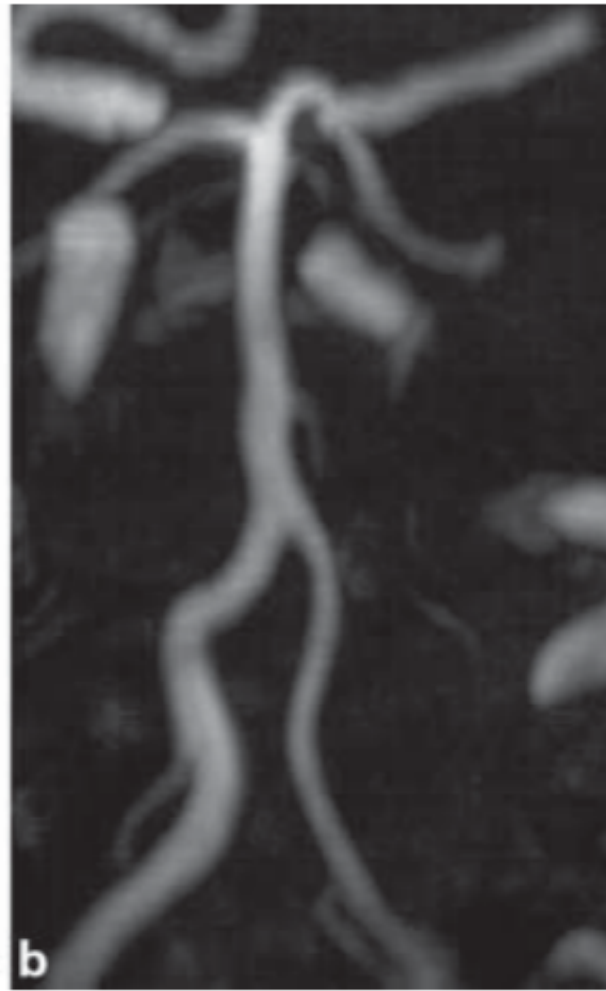
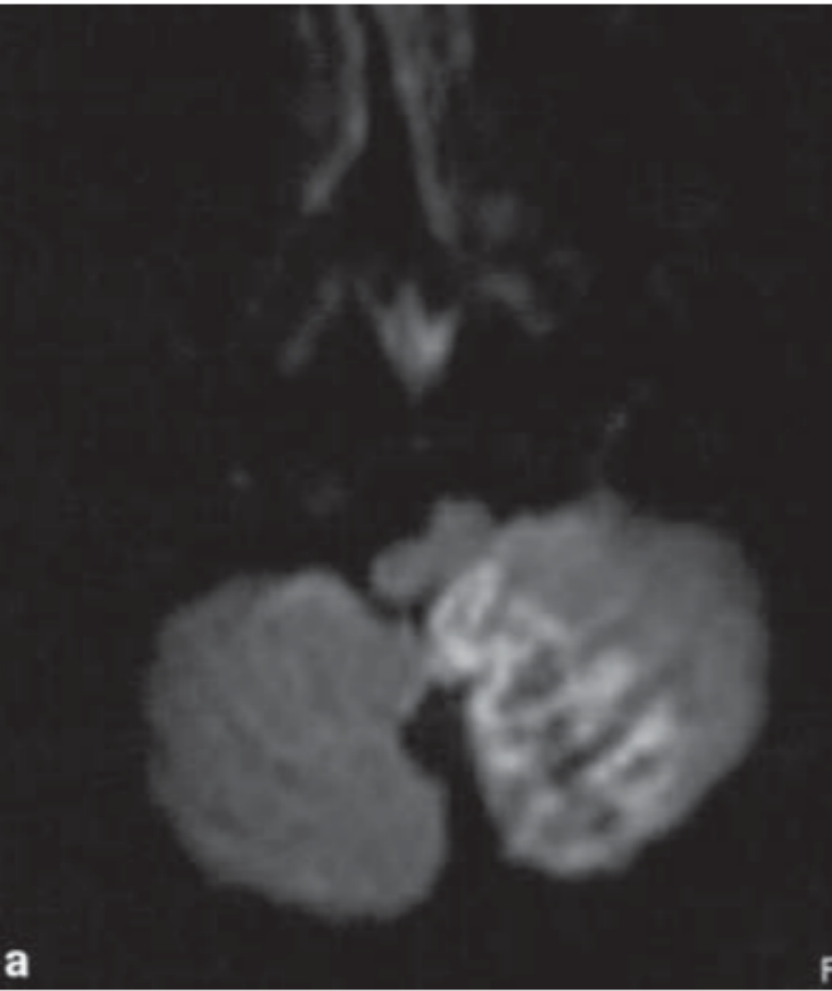


# Beauty parlor stroke syndrome





# Beauty parlor stroke syndrome



# Neck torsion examination head-fixed, body-turned maneuver



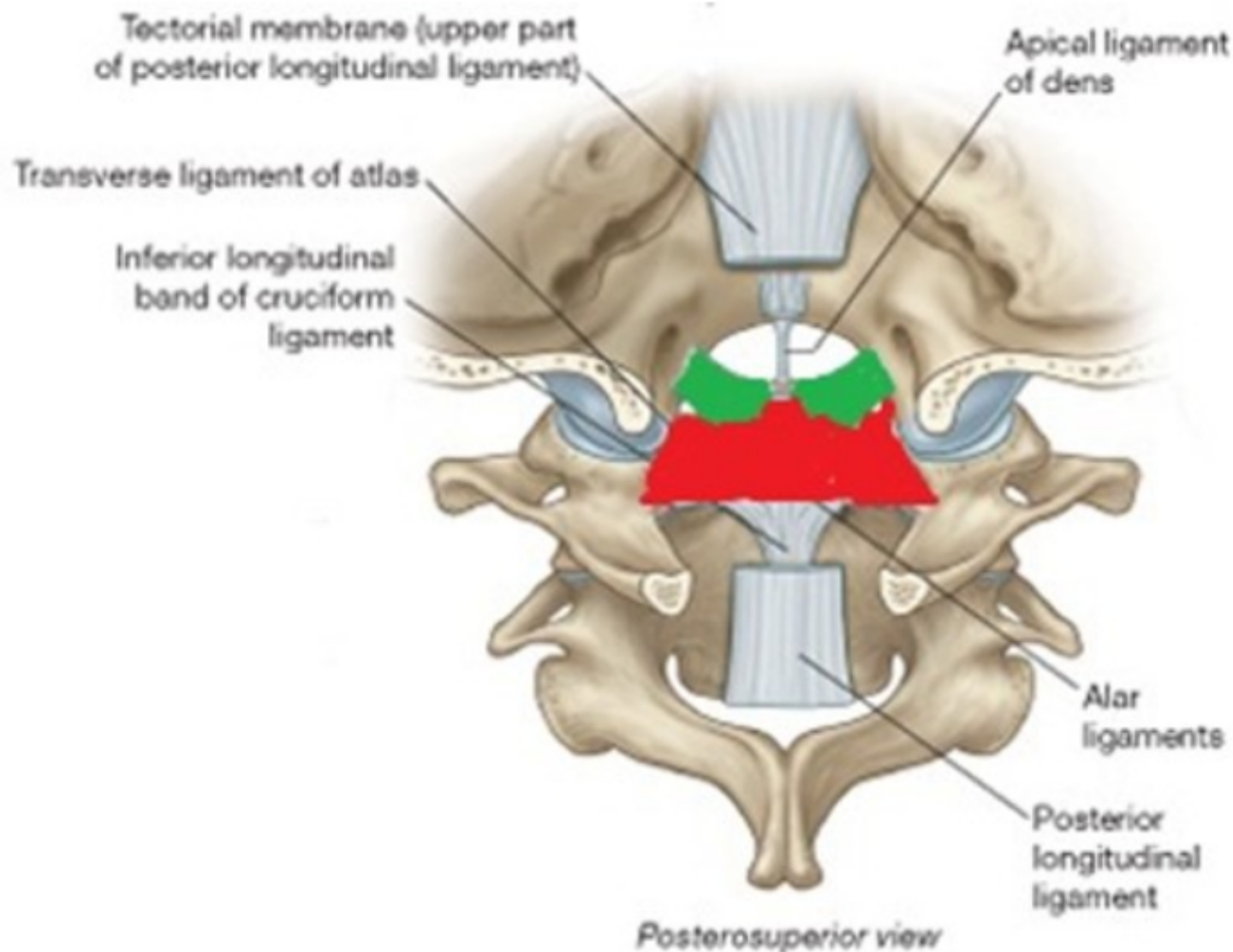
# Upper cervical spine instability test

- Sharp purse test
- Transverse ligament stress test
- Alar ligament test
- C-spine lateral flexion extension view
- (頸部牽引或徒手治療的禁忌)



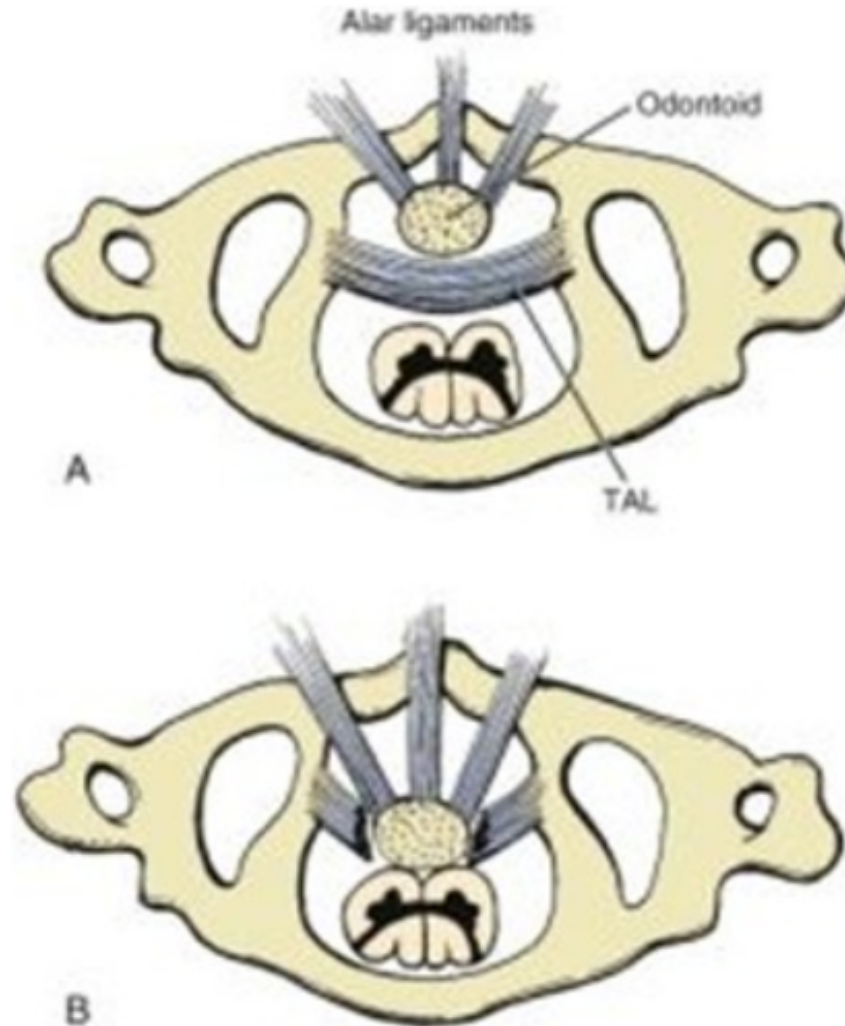
# Atlantoaxial Joint

## Alar Ligament and Transverse Ligament

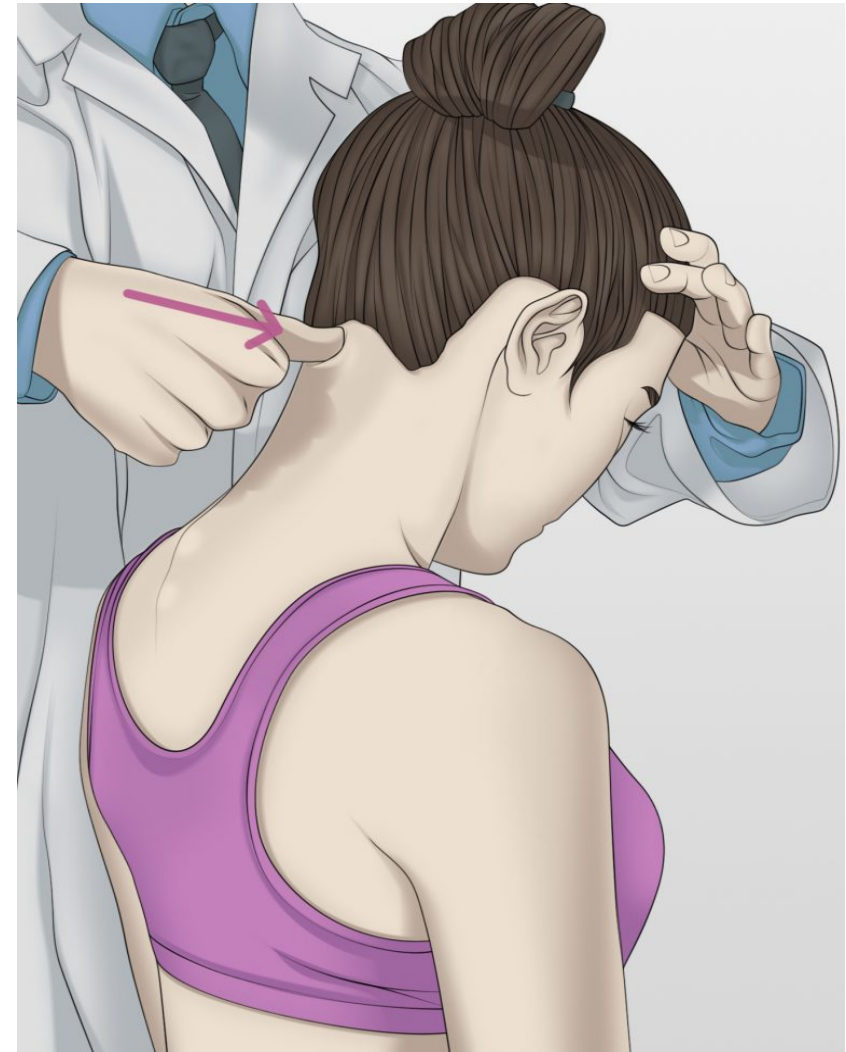
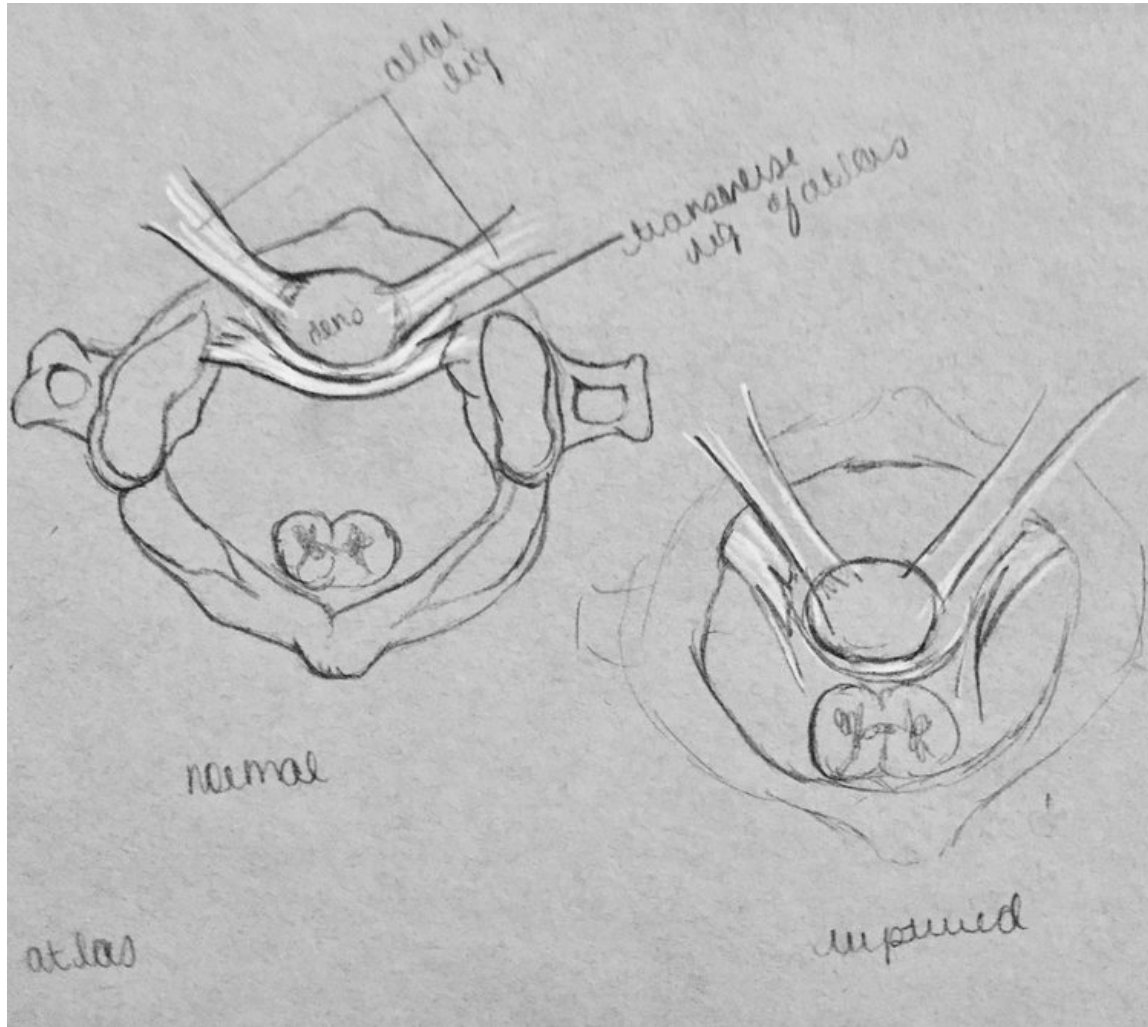


# Pathophysiology of C1-C2 instability

- Excessive movement at the upper cervical spine
- Can be the result of bony fracture, ligamentous laxity or rupture or neuromuscular deficits
- Can result in pain, neurological or vascular compromise



# Sharp Purse test (C1-C2 instability) (transverse ligament injury)

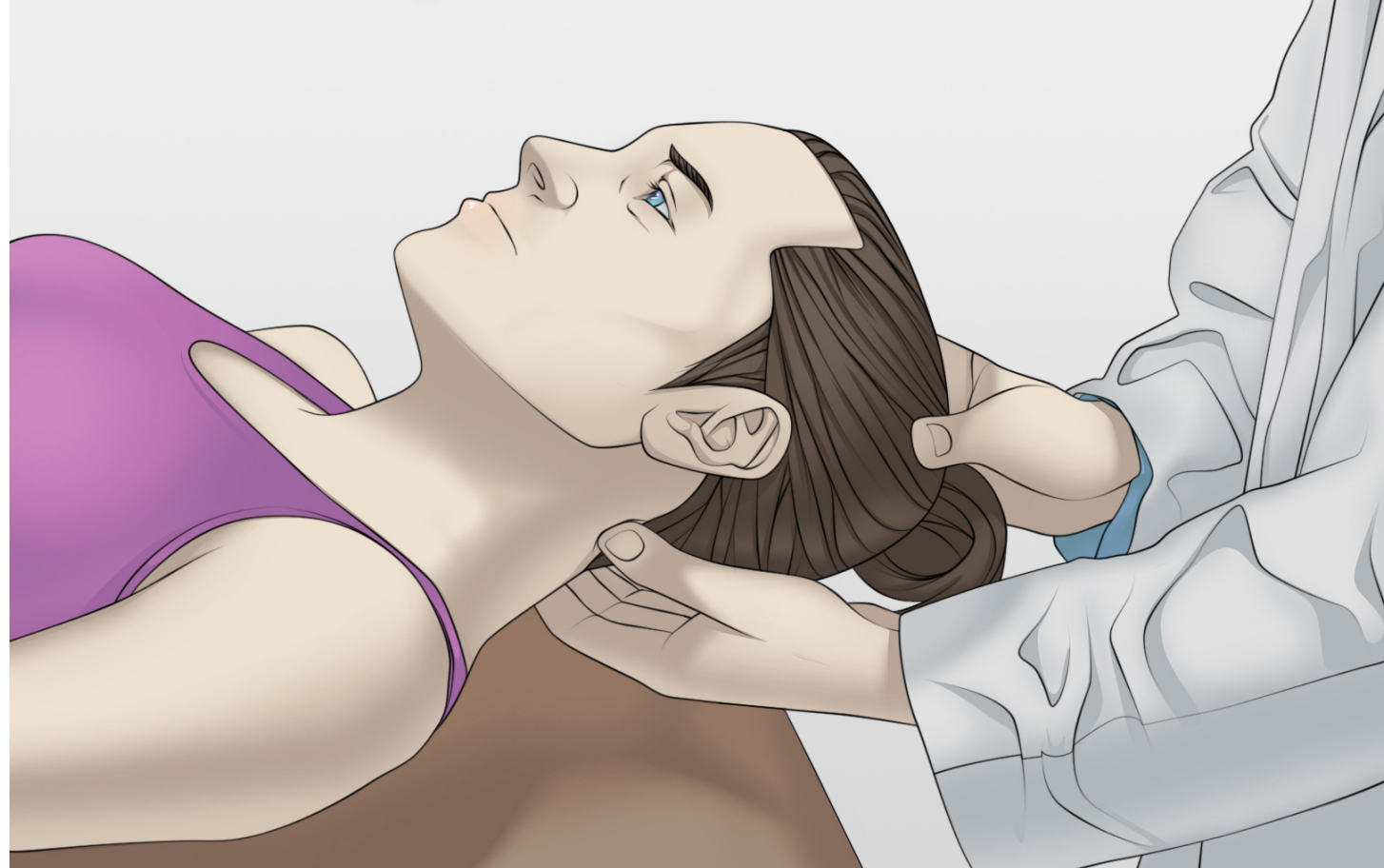




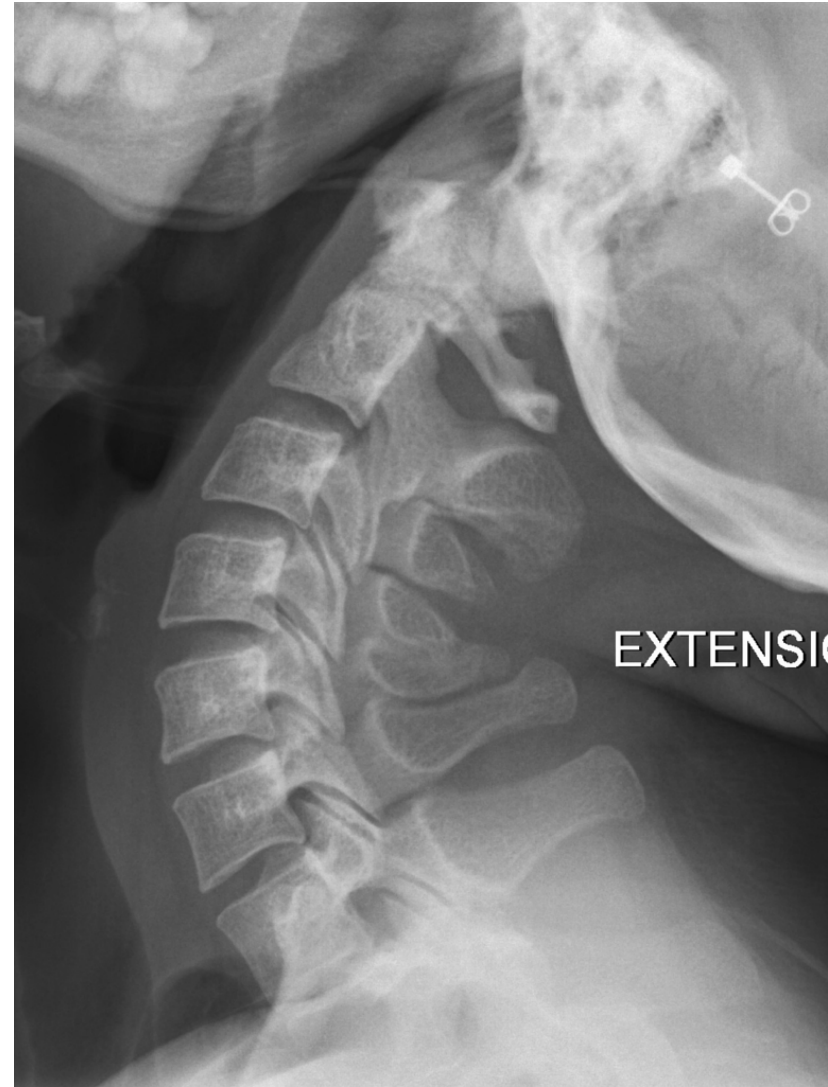
# Alar ligament test

## Procedure

1. Patient supine, examiner stabilizes C2 (axis) with a grip over the lamina.
2. Examiner then proceeds to laterally flex the head and C1 (atlas) to the left and right, noting the degree of joint motion and end feel



# C-spine x-ray (lateral flexion and extension) r.o C-spine instability



# Cervical Proprioception evaluation (cervical joint position error test)



Abnormal > 4.5 degrees



## Assessment

# Impaired cervical proprioception in patient with neck pain (whiplash injury, cervical spondylosis,);

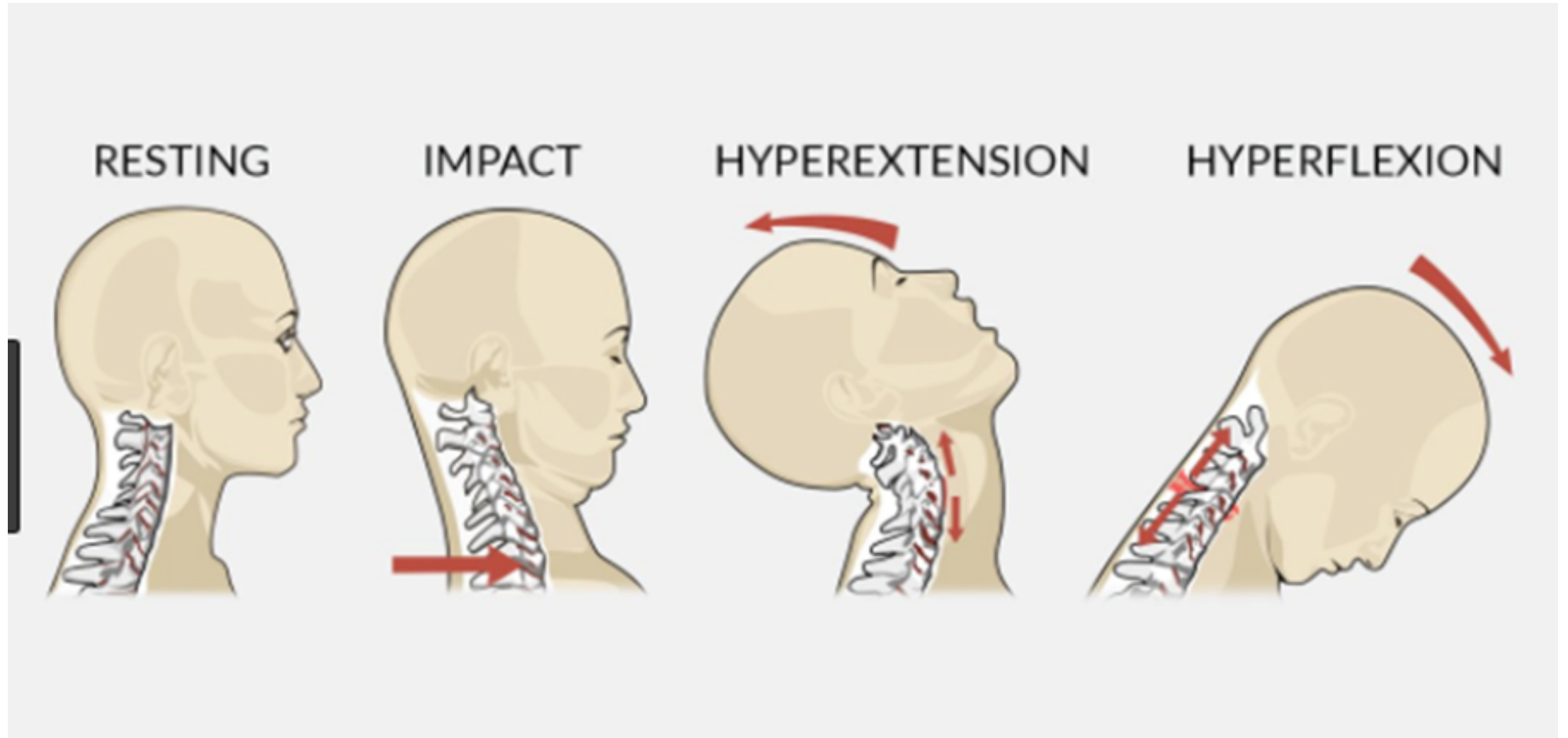
- M. Uremovic et al.: Loss of Proprioception After Whiplash Injury, Coll. Antropol. 31 (2007) 3: 823-827
- Reddy et al. BMC Musculoskeletal Disorders (2019) 20:447
  - Proprioception is impaired in subjects with cervical spondylosis when compared to healthy control group.
  - Higher pain intensity was associated with greater cervical JPE in patients with cervical spondylosis.

# Cervical Proprioception rehabilitation





# Whiplash injury



# Dizziness caused by Myofascial pain syndrome (2018 Pain Med, Aydin T)

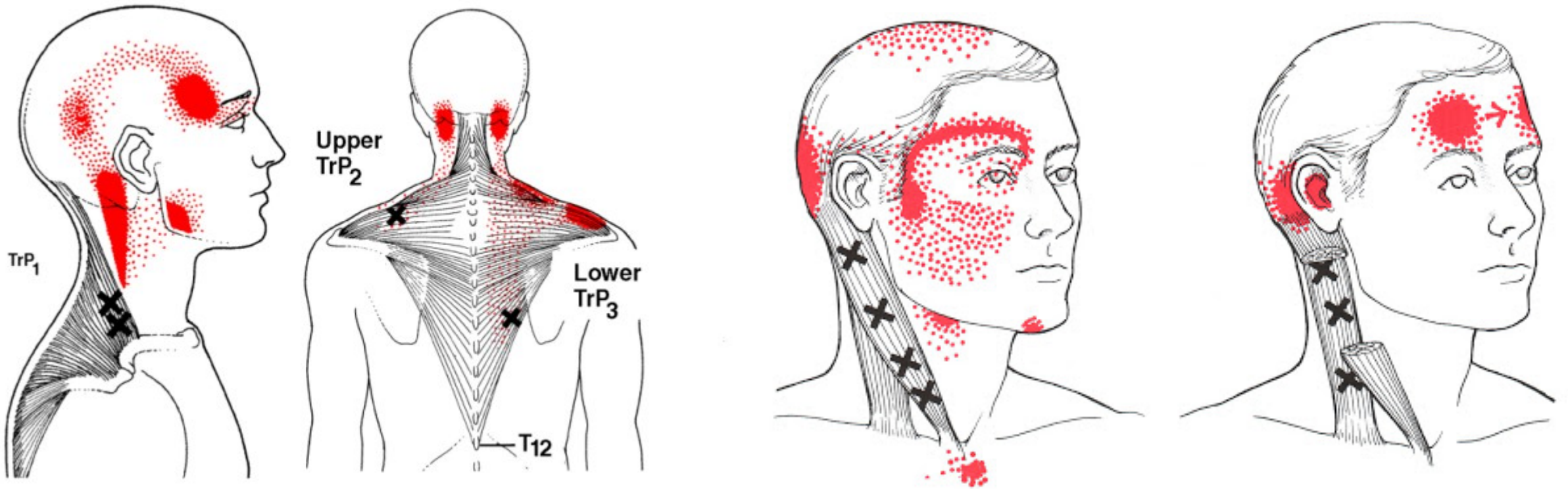
- prospective randomized clinical study.
- Aydin T, Dernek B, Senturk Ege T, Karan A, Aksoy C (2018)
- The effectiveness of dry needling and exercise therapy in patients
- with dizziness caused by cervical myofascial pain syndrome;

# Cervical Myofascial pain syndrome

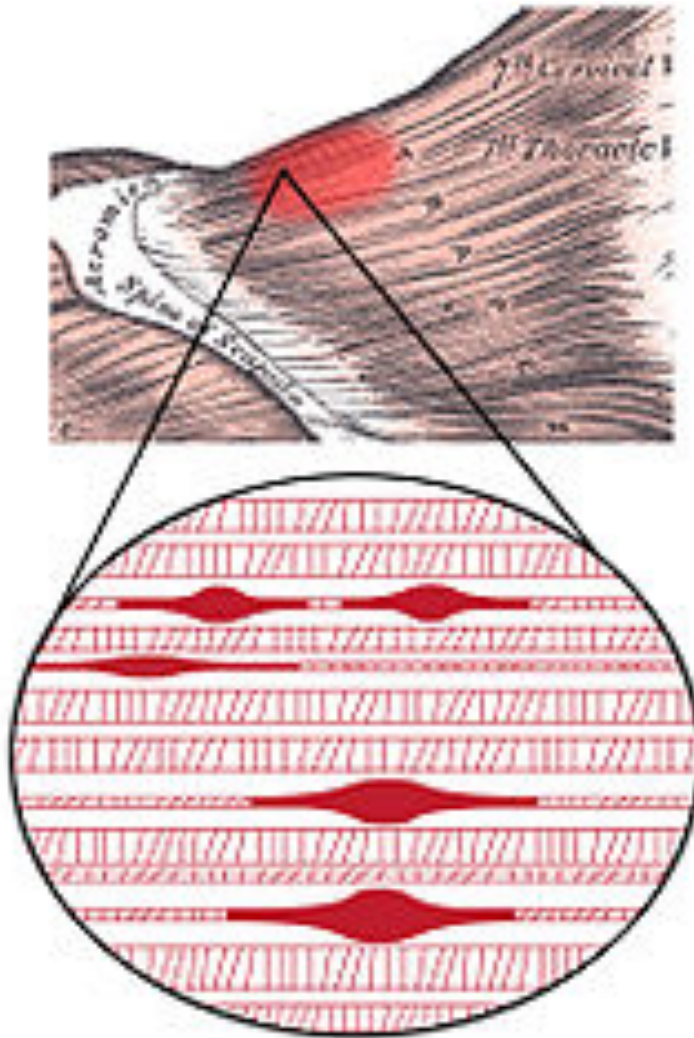
- Nilay Sahil, Agri 2008 Jul;20(3):14-9.
- The most affected muscles were trapezius (53.1%), M. sternocleidomastoid, trapezius and paraspinalis (22.2%), sternoclavicular and trapezius (21.0%), M. trapezius and paraspinalis (3.7%).
- Autonomic symptoms with TP palpation were lacrimation (31.7%), skin reddening (58.8%), tinnitus (35.4%), and vertigo (35.1%).



# Cervical myofascial pain syndrome

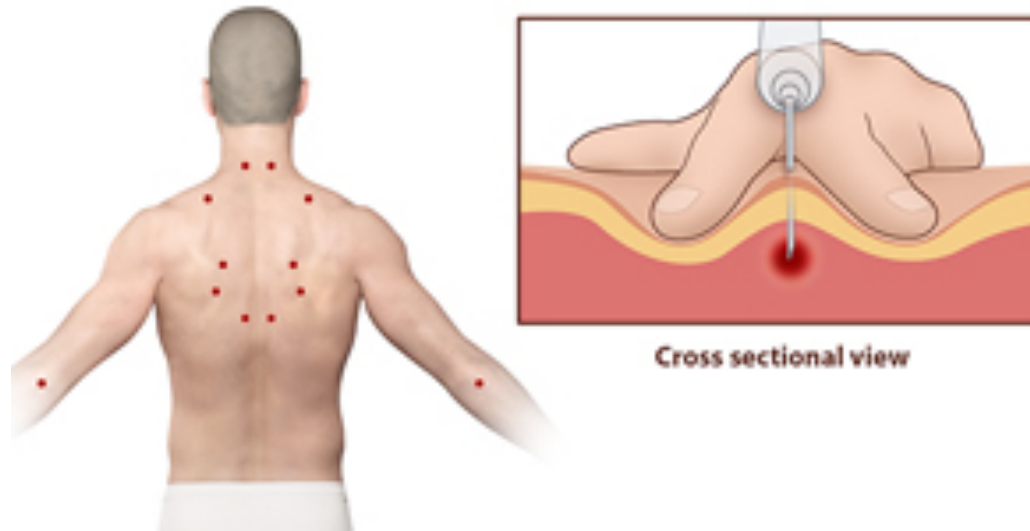
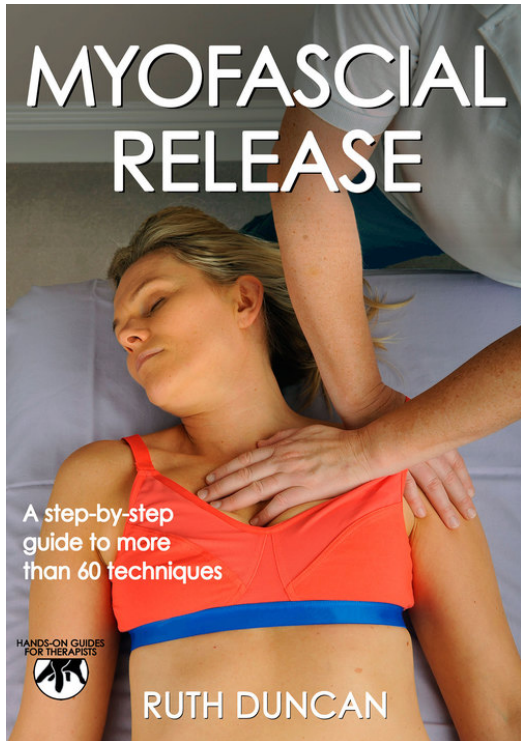


# Trigger point of myofascial pain syndrome



Taut bands

# Cervical myofascial pain management



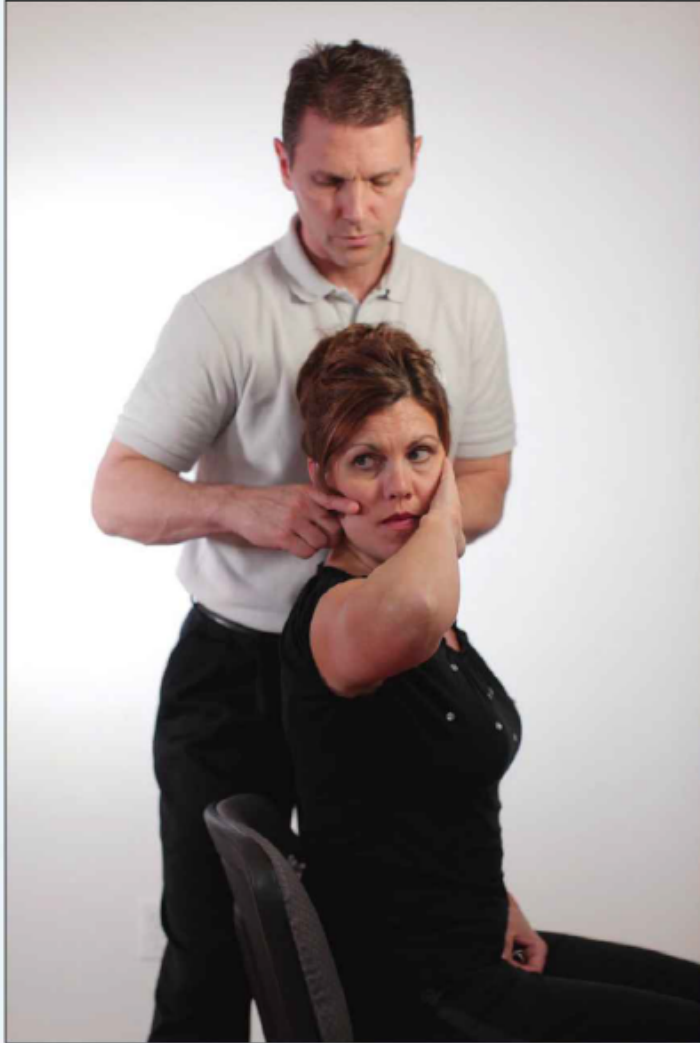


# physiotherapy for cervicogenic dizziness



# C1 SNAG FOR CERVICAL ROTATION DIZZINESS

## TECHNIQUE AT A GLANCE



**Figure 2.1**  
Cervicogenic dizziness: C1 right rotation SNAG with over-pressure



**Figure 2.2**  
Cervicogenic dizziness: model C1 PA glide



**Figure 2.3**  
Cervicogenic dizziness: C1 PA glide



# C1 SELF-SNAG FOR CERVICAL ROTATION DIZZINESS

## TECHNIQUE AT A GLANCE

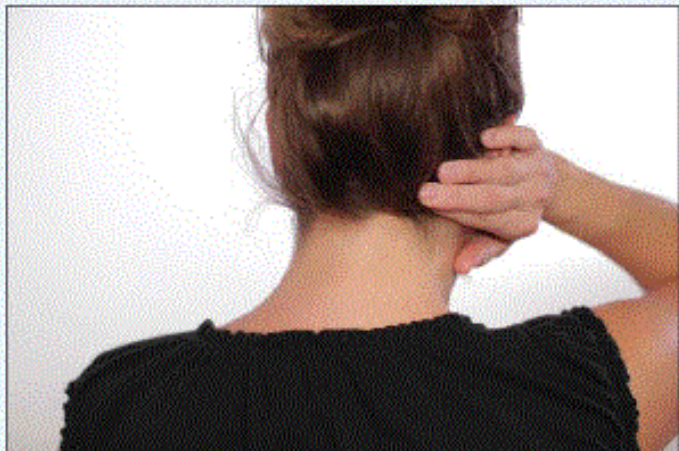


Figure 2.6A  
Self C1 PA glide rear view



Figure 2.6B  
Self C1 PA glide side view



Figure 2.7  
Self C1 SNAG right rotation



Figure 2.8  
Self C1 SNAG with over-pressure



# C2 SNAG FOR CERVICAL EXTENSION DIZZINESS

## TECHNIQUE AT A GLANCE

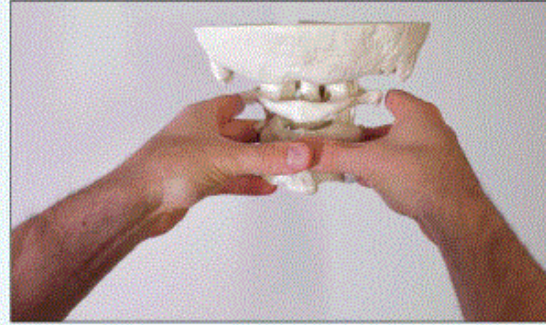


Figure 2.9  
Cervicogenic dizziness: model C2 PA glide

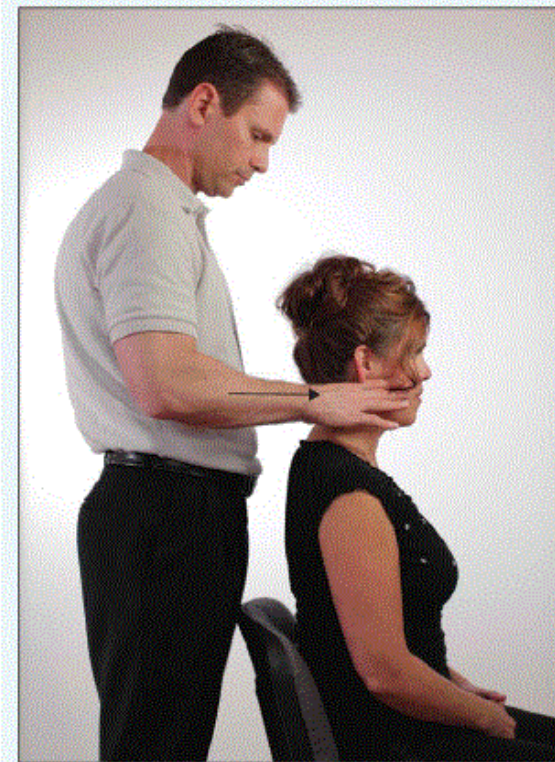


Figure 2.10  
Cervicogenic dizziness: C2 PA glide starting position

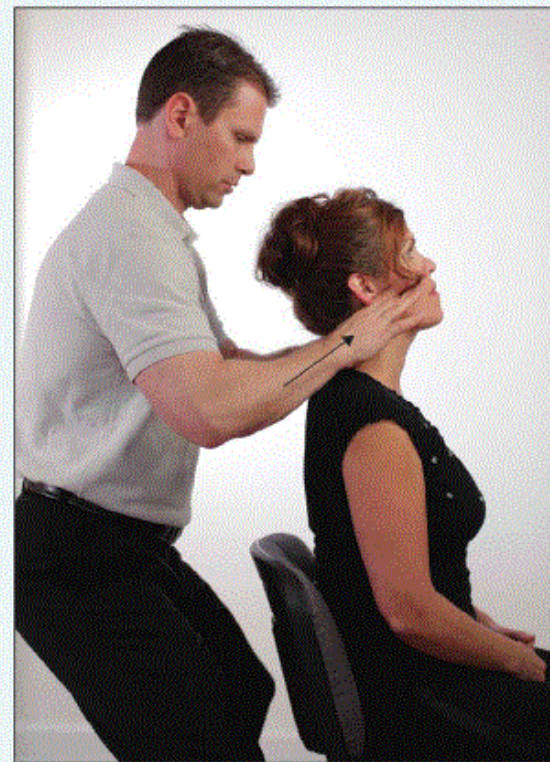


Figure 2.11  
Cervicogenic dizziness: C2 extension SNAG seated



# C2 SELF-SNAG FOR CERVICAL EXTENSION DIZZINESS

## TECHNIQUE AT A GLANCE



Figure 2.15A  
Self C2 PA glide (rear view) start position



Figure 2.15B  
Self C2 PA glide (side view) end position



Figure 2.16  
Self C2 extension SNAG with a towel

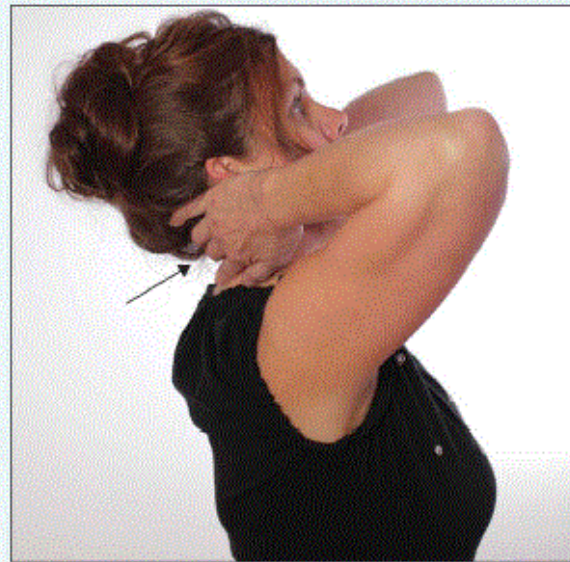


Figure 2.17  
Self C2 extension SNAG end position

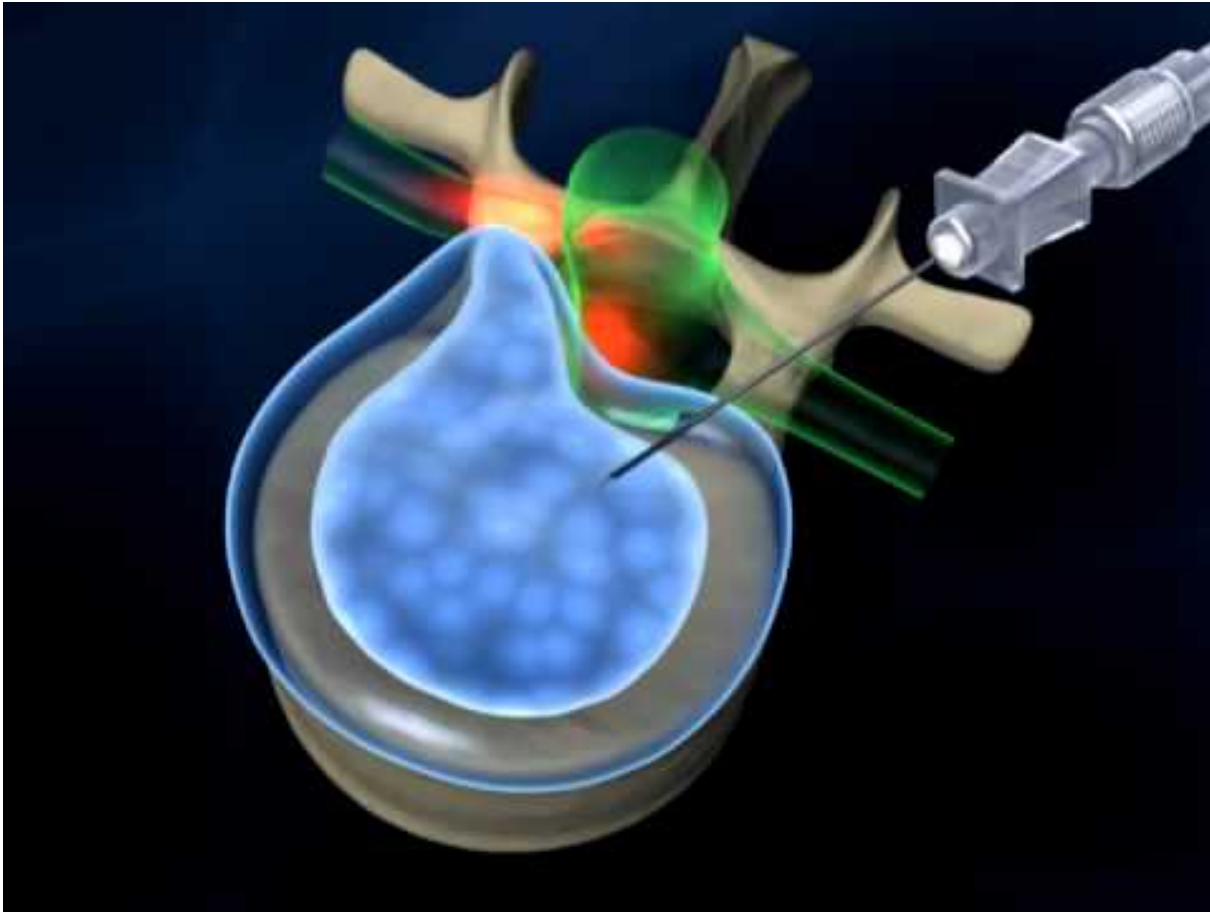


# Acupuncture for cervical vertigo

**Zhuanzhuan Hou**, Evidence-Based Complementary and Alternative Medicine, Volume 2017

- Acupuncture was more effective than conventional medicine therapy (CMT) in effectiveness, improvement rate of vertigo and headache, and increased average blood flow velocity of vertebral-basilar artery

# radiofrequency ablation nucleoplasty



Yin H-D, Br J Radiol 2017

Radiofrequency ablation nucleoplasty improves the blood flow in the narrow-side vertebral artery