CODE: ABS 013

ROLE OF PHYSIOTHERAPY IN MANAGEMENT OF CERVICOGENIC HEADACHE: A SYSTEMATIC REVIEW.

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Background: Cervicogenic headache (CGH) is a secondary headache arising from musculoskeletal dysfunctions of the cervical spine, presenting with unilateral head pain, restricted cervical range of motion, and neck muscle tenderness. If untreated, it may lead to chronic pain, disability, and reduced quality of life.

Purpose: To systematically assess the effectiveness of various physiotherapy interventions in reducing pain, improving cervical mobility, and enhancing functional outcomes in individuals with cervicogenic headache.

Methods and Materials: A systematic search of studies published between 2010 and 2026 was conducted using PubMed, ScienceDirect, PEDro, and Google Scholar. Randomized controlled trials in English with sample sizes ≥30 and adult participants were included. The review followed PRISMA guidelines, with quality assessment using the PEDro scale and data extraction based on the PICO framework to ensure methodological rigor.

Results: Out of 112 identified studies, 26 met the inclusion criteria. Manual therapy, including cervical mobilization and manipulation, was the most frequently studied and effective intervention. Other beneficial approaches included deep cervical flexor training, dry needling, Mulligan's SNAGs, Kinesio-taping, postural correction exercises, and electrotherapy modalities such as TENS and ultrasound. Multimodal physiotherapy programs combining manual therapy and exercise showed superior outcomes and long-term benefits in reducing recurrence and improving patient adherence to therapy.

Conclusion: Physiotherapy interventions, particularly the combination of manual therapy and targeted exercises, significantly improved headache intensity, frequency, cervical mobility, and functional outcomes. These findings support physiotherapy as an effective, non-invasive approach for reducing symptoms, enhancing functional recovery, and preventing chronicity in individuals with cervicogenic headache, promoting long-term rehabilitation outcomes and patient well-being.

Keywords: Motion sickness, Vestibular rehabilitation, Gaze stability, Breathing exercises, Cervicogenic headache.