

Cervicogenic Dizziness

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Fact Sheet

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Some people experience dizziness that seems to be related to problems in the neck. This is referred to as cervicogenic dizziness (CD) and means that symptoms of dizziness arise from the cervical spine. Patients may feel dizzy, lightheaded, and nauseous when moving or at rest. Symptoms may last for minutes or hours. Some patients feel off-balance and unsteady, though it is not uncommon for patients with CD to have trouble describing their symptoms. CD is often accompanied by neck pain, limited motion, and neck stiffness. A range of other symptoms has also been reported. Some people with CD may have headaches, nausea, sweating, tinnitus and ear fullness, general weakness, swallowing trouble, temporomandibular joint (“TMJ”) problems, and pinched nerves affecting the upper extremity. Visual disturbances have also been reported with CD, though these occur less frequently. Sometimes psychological symptoms can occur, such as anxiety or concentrating difficulties. It is thought that CD can develop following a whiplash injury to the neck, or it may occur when there is pathology of the cervical spine, such as degeneration. Some of the time, it is due to other causes. Many patients with CD limit their usual tasks and duties because they are afraid to move.

Because there is no definite test to diagnose CD, a physical therapist will work closely with your medical doctor to make sure there are no other problems (like inner ear or brain disorders) that could be causing your dizziness. Physical therapists that are specially trained to treat CD will address the unique signs and symptoms of each patient’s dizziness. There is evidence to suggest that treatment of the neck problem can decrease the symptoms of dizziness (which may include vertigo, lightheadedness, nausea), and can also improve imbalance.² Physical therapy usually addresses the musculoskeletal problems of the neck, as well as any other problems that may be contributing to the dizziness and imbalance. A type of physical therapy, called vestibular rehabilitation, can also be beneficial in addressing some of the related dizzy symptoms. There has been success in the treatment of CD when physical therapy (to address the musculoskeletal problems of the neck) is combined with vestibular rehabilitation to treat any other problems that may be contributing to the dizziness and balance.³

At this time, researchers only speculate about the exact causes of cervicogenic dizziness. It may be that areas of the neck are not sending the appropriate signals to the brain about body movement and position sense. More research is needed. Adhering to a program of recovery as determined by the physical therapist will help you to feel better and hopefully will help you to learn to manage any symptoms that remain.

References:

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