Cervicogenic Dizziness

The diagnosis of cervicogenic dizziness is often controversial due to the lack of clinical tests to confirm the diagnosis. It is often a diagnosis of exclusion. Vestibular function tests, imaging, hearing and blood tests may be performed to rule out neurologic or peripheral vestibular causes of the symptoms. Your health care provider may perform a test to look for nystagmus (quick eye movements) or reports of dizziness by having you rotate your body while keeping your head still.

Cervicogenic dizziness is thought to be caused by the inflammation or irritation of proprioceptors in the neck. This irritation leads to inaccurate information being sent to the brain. The brain interprets this input along with input from the vestibular system. When the information doesn’t match up, this creates a sensory mismatch and symptoms of dizziness and imbalance may occur.

Common symptoms of cervicogenic dizziness include; disequilibrium, lightheadedness, neck pain, unsteadiness, decreased neck motion, increased muscle tightness, and dizziness. It is common for symptoms to increase with head movements or when maintaining a static neck position for a long time.

Diagnosis is given based on the patient’s signs and symptoms, and the absence of inner ear or neurologic causes for the symptoms.

Treatment of cervicogenic dizziness is aimed at addressing the specific impairments which may include; decreased neck mobility, increased muscle tightness, presence of trigger points, poor cervical posture, imbalance, and motion sensitivity to head movements. Treatment strategies may include gentle ROM exercises, soft tissue mobilization, neck stretches, cervical strengthening, balance training exercises, head and eye movement exercises, and habituation exercises. Studies have shown that physical therapy is effective in reducing the dizziness, neck pain and motion sensitivity associated with head movements and improving balance function.

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