

Understanding Cervicogenic Dizziness

Cervicogenic dizziness — information for patients

Your clinician has told you that your dizziness is coming from, or is partly caused by, your neck — a condition called cervicogenic dizziness. This leaflet explains in plain English what it is, how it is checked, and how it is treated. The reassuring news is that it is not dangerous and usually improves with the right treatment.

What is cervicogenic dizziness?

Your neck contains many tiny position sensors. Together with your inner ears and your eyes, they constantly tell your brain where your head is. When neck pain, stiffness or an old injury disturbs those sensors, the messages no longer match what your ears and eyes are reporting. Your brain reads this mismatch as unsteadiness or a floating, off-balance feeling. Importantly, it is usually **not** a true spinning sensation, and it is not a sign of a stroke or anything sinister.

What are the symptoms?

- Unsteadiness, light-headedness or a floating, off-balance feeling — usually **not** true spinning.
- Dizziness that comes and goes **with your neck** — worse after a long day at a screen or with a flare of neck pain.
- Neck pain or stiffness, and sometimes headache from the neck.
- A feeling that focusing is harder when you move your head.
- Between flare-ups many people feel well, though some unsteadiness can linger for a day or two.

How is it diagnosed?

There is no single test for cervicogenic dizziness. Your clinician makes the diagnosis by first checking that nothing else is causing your dizziness, then examining your neck and testing your balance and head–eye control. Improvement with treatment aimed at the neck helps confirm it.

How is it treated?

Treatment is built up in steps, and most people improve within a few weeks:

- **Step 1 — Hands-on neck treatment:** gentle techniques that loosen and mobilise the neck.
- **Step 2 — Exercises:** retraining your balance, head–eye coordination and neck position sense.
- **Step 3 — Advice and a home programme:** posture, screen and workstation set-up, and simple exercises to do at home.
- There is no special tablet for this condition; medicines are only used for related neck pain, migraine or anxiety.

Managing a flare-up

During a bad spell, sit or rest somewhere safe until the worst passes, but try not to stop moving your neck altogether — gentle movement and keeping up your exercises help recovery. If you also get migraines, ask your clinician about migraine prevention, which often helps.

What happens over the long term?

The outlook is generally good. As the neck problem settles and your balance retrains, the dizziness usually improves and the gains tend to last. Keeping up your home exercises is the best way to hold the improvement. Occasional return of symptoms during a neck-pain flare is normal and manageable.

Reducing the impact on your life

- Set up your screen and workstation well, and take regular movement breaks.

- Keep up your home exercises even after you feel better — this holds the gains.
- Look after your neck: posture, gentle activity, and managing neck pain early.
- Tell your clinician if you also have migraines or feel anxious — both can be treated and help your dizziness.
- Keep your follow-up appointments so your progress can be checked.

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This leaflet is general information and does not replace advice from your own clinician.