



Headaches After Traumatic Brain Injury

Headaches are common for people who are recovering from a TBI.

Headaches can

- Affect daily life
- Make it hard to think
- Make it hard to remember things



Migraines

Occur when the brain becomes overly sensitive, which causes pain.

Symptoms

Issues with light and sound, vomiting, moderate to severe pain with throbbing.

Cervicogenic Headaches

Caused by problems in the nerves, bones, or muscles in your neck.

Symptoms

Pain starts in the neck, shoulders, and back of the head. Neck movement can make the pain worse.

Tension Headaches

Caused by muscle tension or stress.

Symptoms

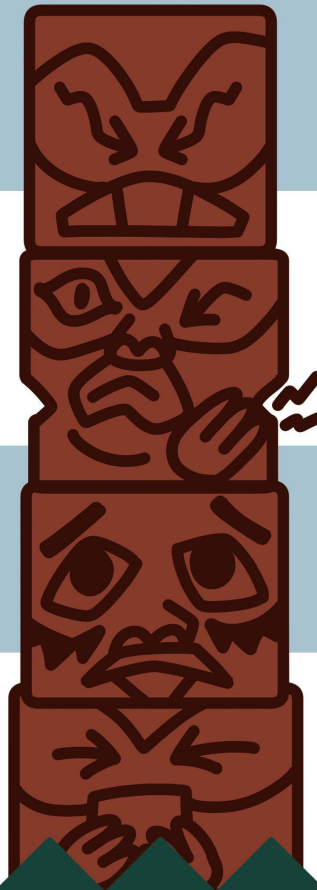
Tightness around the head. Typically occurs later in the day.

Rebound Headaches

Caused by overuse of medicine or caffeine use.

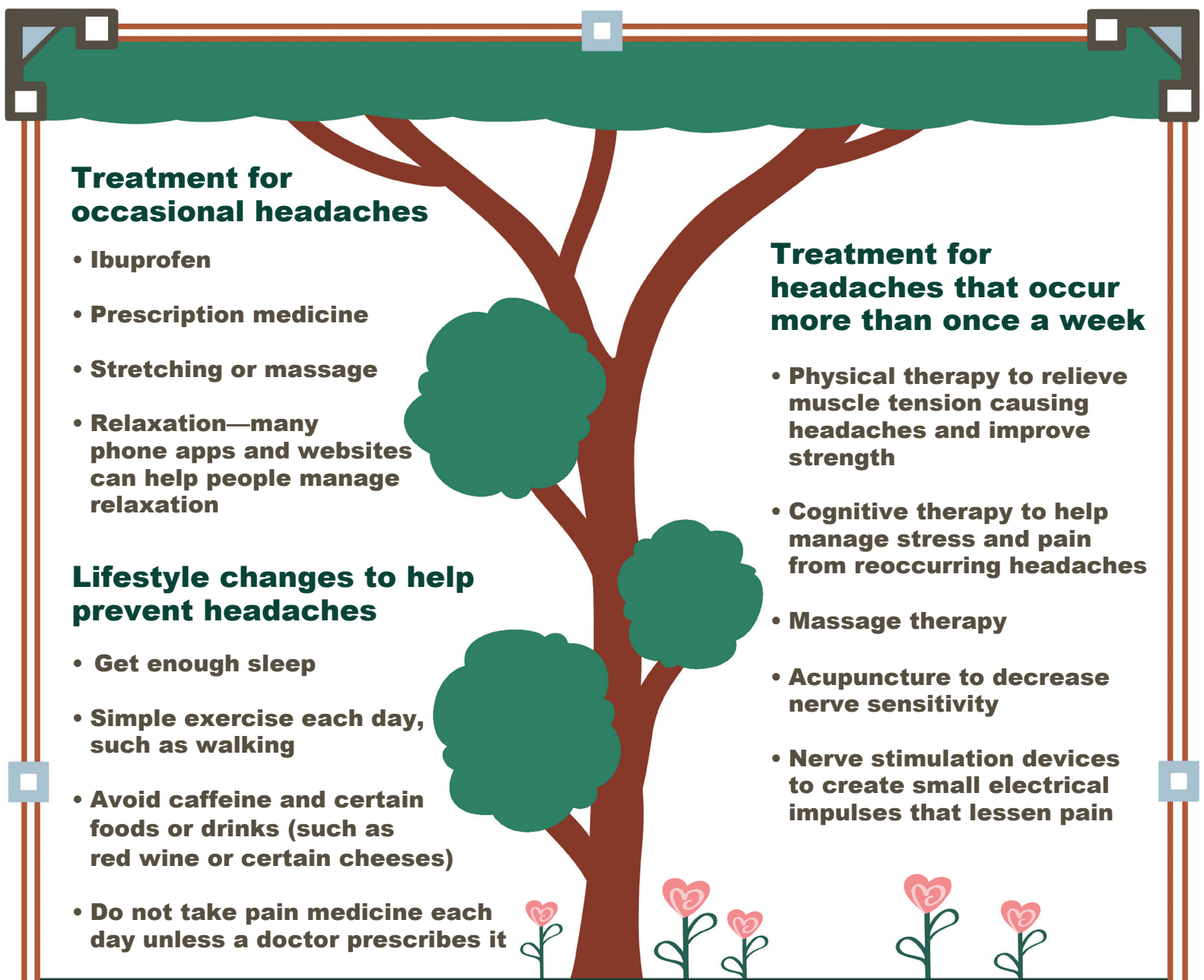
Triggers

Medicine wearing off or sudden change in caffeine intake.



Most headaches are not dangerous and do not need immediate care. Those who are recovering from a TBI should seek medical care if

- Headache pain gets worse over time.
- They have nausea and/or vomiting with the headache.
- They have weakness in an arm or leg or problems speaking.
- They have increasing sleepiness with the headache.



Treatment for occasional headaches

- Ibuprofen
- Prescription medicine
- Stretching or massage
- Relaxation—many phone apps and websites can help people manage relaxation

Lifestyle changes to help prevent headaches

- Get enough sleep
- Simple exercise each day, such as walking
- Avoid caffeine and certain foods or drinks (such as red wine or certain cheeses)
- Do not take pain medicine each day unless a doctor prescribes it

Treatment for headaches that occur more than once a week

- Physical therapy to relieve muscle tension causing headaches and improve strength
- Cognitive therapy to help manage stress and pain from reoccurring headaches
- Massage therapy
- Acupuncture to decrease nerve sensitivity
- Nerve stimulation devices to create small electrical impulses that lessen pain

Common medicines used to treat headaches

- Some types of antidepressants (e.g., amitriptyline)
- Medicines that block a protein called CGRP (calcitonin gene-related peptide receptor)
- Medicines for seizures (e.g., topiramate)
- Medicines to lower blood pressure called beta-blockers (e.g., propranolol)
- Botox injections

Speak with your health care provider about an effective treatment strategy for you.

Source: Our health information content is based on research evidence and/or professional consensus and has been reviewed and approved by experts from the TBI Model Systems and Polytrauma Rehabilitation Centers. The resource has also been reviewed by American Indians with TBI and their family members. **Disclaimer:** This information is not meant to replace the advice of a medical professional. You should consult your health care provider regarding specific medical concerns or treatment. The contents of this resource were developed under grants from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant numbers 90DPKT0008 and 90DPKT0009). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this resource do not necessarily represent the policy of NIDILRR, ACL, or HHS, and you should not assume endorsement by the federal government. **Copyright** © 2025 Model Systems Knowledge Translation Center (MSKTC). May be reproduced and distributed freely with appropriate attribution. Prior permission must be obtained for inclusion in fee-based materials.

