It is known that the spinal dura matter is innervated with nociceptors that arise from the upper cervical nerve roots; this innervation allows the spinal dura to be the generator of pain, primarily headache.

The 4 suboccipital muscles are innervated by the posterior primary rami of the C1 nerve root.

**KEY POINTS FROM THIS ARTICLE:**

1) Authors Scali and Marsili of this article are both chiropractors.

2) Chronic headaches in a significant amount of patients are of cervical origin.

3) These authors did meticulous investigations bilaterally of 3 suboccipital muscles on 13 human cadavers:
   - Rectus Capitis Posterior Major (C2 spinous process to the occiput)
   - Rectus Capitis Posterior Minor (posterior arch C1 to the occiput)
   - Obliquus Capitis Inferior (C2 spinous process to the transverse process of C1)

4) Results:
   - In 86% (11/13), the fibers from the Rectus Capitis Posterior Major entered the space between C1 and C2 and firmly attached to the dura.
   - In 100% the fibers from the Rectus Capitis Posterior Minor entered the space between the occiput and C1 and firmly attached to the dura.
   - In 86% (11/13) the fibers from the Obliquus Capitis Inferior entered the space (atlantoaxial interspace) between C1 and C2 and firmly attached to the dura.

5) Manual traction of the Rectus Capitis Posterior Major caused dural movement from the spinal root level of C2 to the spinal root level of T1.
6) “Observations during neurosurgical procedures revealed that mechanical stress applied to the dura mater results in cephalgia.”

7) Dural tension results in many clinical manifestations, especially headache.

8) These authors suggest that proper function of the suboccipital muscles is required to prevent abnormal dural tension from occurring during various upper cervical spine motions, especially Occiput-C1 flexion/extension and C1-C2 rotation.

9) These studies suggest a direct correlation between dural tension and clinical head pain.