

Can physical therapy help?

Yes, a physical therapist helps an infant to develop balanced neck muscles through play-based activities in prone, supine and in sitting. These activities increase the infant's use of the extensor muscles in the neck and back. The activities also target the use of the opposite SCM, facilitating tilting the head and turning the chin towards the non-favored side.

The physical therapist provides gentle passive range of motion to the tight SCM in order to help it to stretch in order to allow the head to move through the normal range. To address plagiocephaly, the physical therapist works on prone activities with an emphasis on symmetry of responses to visual, auditory and vestibular input.

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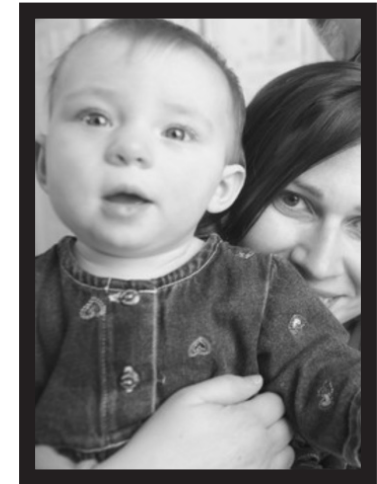
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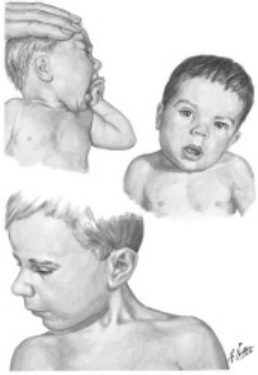
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What is a torticollis?



Torticollis literally means twisted neck. Torticollis describes tightness of the sternocleidomastoid muscle (SCM), a muscle connecting the head and the neck to the trunk of the body. The SCM tilts the head towards the same side, as the muscle is located, and turns the chin towards the opposite side.

How often does torticollis occur?

Congenital torticollis, meaning present since birth, occurs in up to 2 out of 100 infants. Acquired torticollis occurs in 3 to 11 out of 100 infants.

What is plagiocephaly?

Plagiocephaly in normal infants is an abnormal head shape due to external pressure placed on the back of the head, usually slightly towards the right or left lower side of the head. There is often muscle involvement noted (torticollis).



How often does plagiocephaly occur in infants?

Plagiocephaly which is present at birth occurs in 6 to 13 out of 100 babies at birth. Plagiocephaly occurs in up to 22 out of 100 babies at 6 to 7 weeks of age.

What are the symptoms of torticollis and plagiocephaly in infants?

The infant shows a difference in rotation and bending of the head. There is a preference towards the right or the left side. The head tilts toward one shoulder. The back of the head has a flat area. The baby is not as active in motor skills.

What tests are helpful?

A physical examination observing:

- A preference for keeping the head to the right or left
- The ability to tilt and rotate the head equally to each side.
- The ability to lift the head with symmetry when on the tummy
- The head for signs of flatness & the ears for symmetry
- The front of head for protrusion

X- Rays are not recommended, and carry risk with exposure.

What are problems that infants have secondary to torticollis and plagiocephaly?

- Infants may have delays in motor skill development.
- Infants may develop facial asymmetry secondary to the abnormal muscle balance. There may be an asymmetrical appearance of the eyes and ears
- Infants may have difficulty with eating or with talking due to the misalignment of the jaw from the asymmetrical pull
- Infants may have disturbances in visual skills due to the asymmetrical position of the head and the limitations in active mobility to allow visual scanning.

What are the risk factors for torticollis & plagiocephaly?

- Malposition in utero
- Stretching the SCM at birth
- Injury to the SCM
- Preferred head positioning
- Back sleeping and waking time
- Bottle feeding to one side
- Male sex