



Torticollis

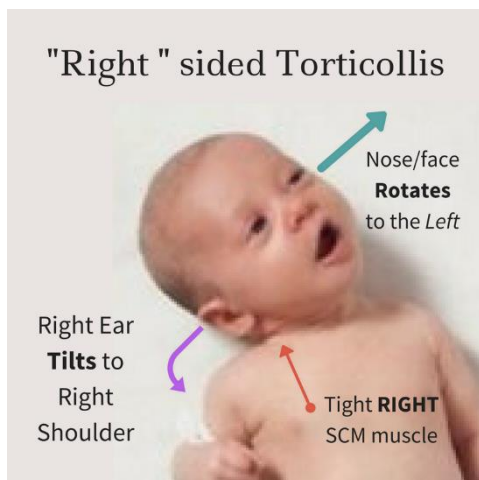
What is Torticollis?

Torticollis means "twisted neck" in Greek. This condition is non-painful and generally involves both a rotational aspect and a bending aspect, caused by the tightening of the sternocleidomastoid (SCM) muscle. With tightening of the SCM, your baby will bend their head toward the affected side and rotate their head toward the unaffected side. Torticollis is named based on the side of the affected SCM, and therefore the side of the head tilt.

For example:

If your baby tilts their head to the **Right**, and rotates toward the Left, they have **Right** torticollis.

If your baby tilts their head to the **Left**, and rotates toward the Right, they have **Left** torticollis.



Your baby's torticollis may be discovered by 2-3 weeks of age if the SCM is significantly tighter on one side of the neck than the other. Otherwise, it is usually discovered by 2 months of age when the baby's tilted position becomes more noticeable (mild cases may take longer to notice).

Common Causes

Prenatal:

- ❖ In-utero crowding: Could have a number of potential causes, including small uterus size, multiple births, large baby size, and low amniotic fluid
- ❖ Lateral/superior presentation of the fetus during the last month or just before birth with vaginal delivery

During Birth:

- ❖ Use of forceps: May injure muscle/other soft tissue in neck
- ❖ Use of Vacuum: May injure muscle/other soft tissue in neck
- ❖ Breech positioning

Post-natal:

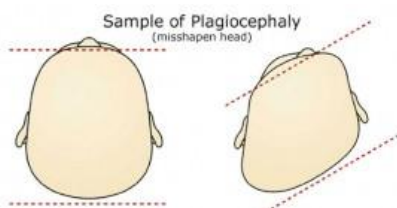
- ❖ Extended NICU stay
- ❖ Co sleeping
- ❖ Sleeping in car seat
- ❖ Too much time spent in upright position without ability to control head movement
- ❖ Too much time spent in "containers" such as Bumbo seats, exersaucers, jumpers, and walkers
- ❖ Lack of tummy time
- ❖ One-sided weakness – stronger side dominates movement
- ❖ Baby has large head – leads to habitual tilting to provide rest to cervical musculature

Associated Signs/Symptoms

- ❖ Long term tightness in SCM muscle and abnormal cervical posturing.
- ❖ Preference for the use of one side of the body.
- ❖ Greater visual attention toward one side of the body.
- ❖ Delayed motor milestones due to decreased use of one side of the body.



- ❖ **Plagiocephaly:** The flattening of one side of the posterior aspect of a child's skull. As the child prefers to hold their neck in a position of rotation and side-bending, there are unequal stresses being placed on the posterior aspect of the skull when the child is in the supine or supported sitting positions.



Treatment

Physical Therapy!

The large majority of torticollis cases will resolve with conservative treatment, including specific strengthening, positioning, stretching, and lifestyle modification techniques and exercises. With full resolution of symptoms, no long-term effects are expected.

Treatment in physical therapy can take up to 12 months to fully assist in resolution of symptoms.

The more consistent you are with the completion of your Home Exercise Program (HEP), the better off your baby will be!

Your therapist may recommend Tot collars (neck brace) or positioning caps to assist with alignment and positioning.

Home Exercise Program (HEP):

Your physical therapist will provide you with an HEP that caters to the specific needs of your baby, taking into account the involved side and all strengthening, activity, and stretching needs.

Cranial Remolding Orthoses:

When plagiocephaly or other head shape abnormalities are involved, your Physical Therapist may refer your baby to neurology to determine the need for a helmet. This helmet will assist with symmetrical growth of your baby's skull and allow you to focus more on your baby's neck exercises.

Non-Conservative treatment:

Surgical intervention or the use of Botox injections can be utilized in severe cases to assist with SMC tightness and cervical posture.

Important Reminders...

Supervised tummy time needs to be enforced while the baby is awake!

Avoid placing your baby in an exersaucer, walker, or jumper.

Please follow your home exercise program DAILY to ensure the best results for your baby.

Stretching should be performed slowly and gently under the recommendations of your therapist. Stretching should be discontinued if nasal flaring, color changes in the face, gasping, or other signs of distress are noted.

Change your child's position frequently throughout the day, use external supports and devices to promote midline head positioning (ie head supports, towel roll, etc), and encourage time spent on the floor playing.

A fluctuating head tilt (switching from one side to the other) should be monitored and discussed with your child's pediatrician and/or therapist for further assessment.