

Physical Therapy and Torticollis

What is Torticollis?

Torticollis is a condition of the neck in which the child's head tilts toward one shoulder and the chin rotates towards the opposite shoulder. It occurs when one of the muscles in the child's neck, called the sternocleidomastoid (SCM) is tight. This condition may be caused by any number of factors, including the baby's position in the uterus, or trauma to the SCM muscle during birth. A pediatrician, or a pediatric orthopedist usually diagnoses torticollis in the first 2-3 months of life.

Babies with torticollis may exhibit other signs and symptoms including plagiocephaly (flattening of the back of the head on one side), hip dysplasia (when the top of the thighbone or femur does not securely fit into the socket or the acetabulum), and abnormality of the bones in the neck (the vertebrae). You may notice plagiocephaly from continually keeping the head turned and weight bearing on the same area all of the time. In advanced cases of torticollis there may be flattening of the forehead on one side with increased forehead prominence on the opposite side. Plagiocephaly will usually resolve itself when new positions are introduced and as the child increases his/her range of motion. However, some cases may require use of a special helmet to assist in reshaping the head. About 8% of babies born with torticollis have congenital hip dysplasia. When this occurs as a parent you may notice, one thigh looking longer than the other, asymmetrical skin folds, or one hip moving differently than the other. It is important to have the babies hips tested and/or x-rayed to rule out this out. Neck x-rays are also sometimes advised to rule out any abnormality of the vertebrae.

Physical Therapy for Torticollis

Torticollis limits the ability for a child to move their head freely to see, hear and interact with his/her environment. Because of this torticollis may lead to delayed body awareness, weakness and difficulties with balance, and asymmetrical use of their arms and legs through developmental stages. This asymmetry can lead to uneven weight bearing through the legs and favoring one side of the body. Most cases of torticollis respond very well to physical therapy intervention. It is important that parents get their child into physical therapy as soon as possible. The older the child is the tighter the SCM becomes and the harder it becomes to stretch the child due to their increased activity level.

At the physical therapy initial evaluation the parents will be given a home exercise program including range of motion exercises, massage instructions, positioning ideas to discourage the child's favored position, and strengthening exercises to help decrease any asymmetry that may be occurring. Your therapist will help work with you and establish the best program and ideas for your child. The combination of physical therapy and a consistent home exercise program is the key to success! Most parents are surprised at how quickly you see changes and improvements with your child's posture, and interaction with their environment.

General Activities for a child with Torticollis

- 1) To encourage the child to turn his/her head lay the child on his/her back. Position yourself and the child's toys on the opposite side of which the child prefers.
- 2) If the child likes holding his/her ear closer to the right shoulder, lay the child on his/her right side with a pillow underneath their head. This will stretch the child's neck to the opposite side. (If the child holds their head tilted to the left lie the child on their left side.)
- 3) During tummy time turn the child's head to the opposite of the preferred side. If your child likes to look to the right, you would lay him/her on the stomach with their head turned to the left and their right ear on the floor.
- 4) Be observant and aware of:
 - What side the baby is held on and which way they tend to look.
 - How the baby is fed and the position of their head. If the parent consistently holds the bottle to one side, it will be beneficial to switch sides. This will encourage the child to look to their non-preferred direction.
 - How the child is positioned in his/her crib. When the parent walks into the room to pick the child up, does the child consistently look towards one side to see them? If so, place the child's head on the opposite end of the crib.
 - Are all of the child's toys on one side of the crib encouraging him/her to look in one direction?
 - How is the baby positioned in his/her car seat? If the child's head is consistently tilting to one direction, put a towel roll on the side the head is tilting toward to help support the neck in a more neutral position.

Monica Johnson, DPT is a Pediatric Physical Therapist and is a member of the staff of Orthopaedic Associates of Frederick and the Mid-Maryland Musculoskeletal Institute. A graduate of the University of Maryland with a Doctorate in Physical Therapy, she recently joined the Pediatric Orthopaedic and Rehabilitation staff at MMI. Dr. Johnson is a recipient of the Pekar-Abel Award in 2005, given to individuals who have shown a dedication to Pediatric Physical Therapy. She has specific training and expertise in treating adolescent and pediatric muscle, bone and joint problems, sports injuries as well as congenital disorders. She regularly has evening hours to accommodate her patients and their parents busy work and school schedules. New patients are welcome.