

“How Do I Know If My Child Has Torticollis?”

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Congenital muscular torticollis is defined as the shortening of a neck muscle called the sternocleidomastoid, causing the neck to flex to one side and rotate to the opposite side. Mildly affected infants appear to always have their head tilted in one direction, while more severely affected infants may only be able to turn their head in one direction. Congenital muscular torticollis is the third most common congenital impairment placing larger infants who have had a difficult vertex delivery at special risk.

The exact cause of torticollis is traditionally thought to occur during a difficult delivery. The delivery can result in tearing and bleeding of the sternocleidomastoid muscle. This bleeding results in scarring of the muscle. The scarring causes a shortening of the muscle and produces torticollis. The scar tissue prevents the normal growth of the muscle. As the cervical spine grows, the affected muscle cannot grow at the same rate. The affected muscle becomes shorter resulting in a disproportional length between the two muscles.

There are many signs and symptoms that are unique to this diagnosis that should be recognized within the first few weeks of life:

- *The infant only keeps his head turned to one side.*

Ie: The infant may always seem to have his head rotated to one side and has difficulty turning his head to the opposite side even when a visually stimulating toy is used to attract the infant.

- *The infant always rests his head on his shoulder.*

Ie: The infant always tilts his head so the (ie left ear) rests on the (ie left shoulder) and is unable to lift his head off the shoulder.

- *The infant has a hard time lifting his head up against gravity when placed on his tummy.*

Ie: The infant cannot lift his head to breathe and when he does, he always turns or tilts it to one side. It is never straight.

Early recognition and treatment for torticollis is imperative because the shortened muscle responds well to daily stretching. Children generally improve with treatment by a physical therapist during the first year of life, with a 90% permanent correction. If untreated during the early months, the muscle becomes very tight and resistant to conservative treatment and may require surgical intervention if significant deformity persists beyond the child's first year.

There are several impairments associated with torticollis that if detected early are easily remedied, although, if left untreated can become permanent. *Plagiocephaly* is a flattening or misshaping of the skull caused by the constant contact of the skull on the supporting surface. *Craniofacial asymmetry*, a flattening of the face and an asymmetry of the facial features often coincides with plagiocephaly. *Scoliosis*, a curvature of the spine can sometimes be caused by torticollis. In addition, the infant will most likely develop faulty movement patterns and muscular imbalances that predispose the infant to developmental delays.

Torticollis can be very easily treated with some stretches, positional changes, strength exercises and developmental activities done on a daily basis. However, if left unrecognized and untreated, torticollis can have very detrimental effects on the symmetry of the body and on development. If your child is demonstrating the above symptoms please consult with your pediatrician and have your child evaluated by a pediatric physical therapist.