



OCCUPATIONAL THERAPY FOR TORTICOLLIS

Also known as “wryneck,” torticollis is the clinical term for a twisted or rotated neck. It is a condition in which the head is tilted toward one side and the chin is elevated and turned toward the opposite side due to unilateral shortening of the sternocleidomastoid muscle. A child with a right torticollis would present with his head tilted to the right and his chin rotated upward to the left.

Torticollis limits a child's ability to turn the head to see, hear and interact freely with his/her environment. Because of this, torticollis may lead to delayed cognitive development, delayed whole body awareness, weakness and difficulties with balance. Since the neurological component that directs development and balance is not impaired, children with torticollis may compensate for their head positioning and progress through their developmental stages asymmetrically, causing secondary orthopedic problems. Torticollis is also associated with a flattening of the back of the head, known as plagiocephaly. As the infant keeps the head turned to the same side, the constant pressure on the back of the head leads to flattening. If unchecked, torticollis and plagiocephaly may contribute to perceptual problems and learning disabilities when children reach school age.

The incidence of torticollis and positional plagiocephaly can be minimized by providing supervised, awake prone time (tummy time), using positioning and play strategies to encourage looking in both directions, and minimizing the use of baby equipment (car seats, bouncy seats, swings, etc.).

What is the Treatment for Torticollis?

Occupational or Physical Therapy treatment helps to restore full neck movement as early as possible to help reverse or stop the progression of skull deformity, cranial facial asymmetry, and to prevent bony and postural changes that may cause asymmetric motor development. An OT or PT will assess the child's range of motion and head shape, and develop a stretching program for the family. Intervention will often include strategies for positioning and playing with your baby in a way that encourages active movement to the non-preferred side. When identified and treated early, the majority of children with torticollis recover completely with no long-term effects.

Activities for Babies with Torticollis

It is important for babies to play in a variety of positions, including prone (on their tummy), lying on their side, sitting, and supported standing. Tummy time is particularly important for babies to develop the ability to lift and turn their head in both directions without their head being in contact with the supporting surface of a crib or seat (see the Island Therapy Solutions TUMMY TIME handout for more ideas about encouraging tummy time in babies who do not like being placed on their stomachs). To encourage active movement of the neck in both directions, present toys to the baby on the non-preferred side. Be aware of how the baby is placed onto the changing table or in the crib, and position them so that they turn towards the non-preferred side to look out towards the middle of the room (towards people). When you carry your baby, be aware of how you are holding them to discourage the natural head tilt. The occupational or physical therapist can provide detailed instruction on how to play with, position, and stretch your baby to minimize the effects of torticollis.