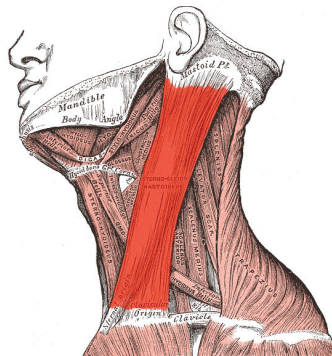




## Infant Torticollis

### What is Torticollis

Torticollis is a condition that occurs in infancy in which the infant's head is tilted toward one side and often the chin is turned toward the opposite side. This atypical head position can be the result of atypical posturing prior to or following birth or the result of a fibrous or contracted sternocleidomastoid muscle, as is seen in congenital muscular torticollis. Congenital muscular torticollis can be associated with other diagnoses such as hip dysplasia, brachial plexus injury, and plagiocephaly, therefore a thorough exam by the primary care physician is necessary. In addition there are many other types of torticollis so it is important for the physician to rule out structural or other medical causes that may result in a similar presentation. Congenital muscular torticollis may be present at birth or become more obvious within the first two months. Early detection and early treatment are keys to a successful outcome.



### Clinical Picture of Torticollis

The effects of torticollis can range from mild to severe. Enlargement of the neck muscles may be visible. The lack of rotation, lateral bending, and inability to maintain a midline head position are usually the most prominent symptoms. However there are often more subtle symptoms of torticollis that often go unnoticed. Infants may display a preference for asymmetrical weight bearing in a variety of positions including prone (lying on stomach), sitting, standing, or while the child moves between positions. In more severe forms, it can affect standing posture, gait, and running form as a child matures. This preference for one-sided weight bearing can result in atypical development of motor function. Even though functional motor skills continue to emerge, compensatory patterns of movement effecting midline orientation, trunk rotation, equilibrium reactions, and bilateral coordination can affect the quality of movement.

### Evaluation

An evaluation by a pediatric physical therapist specializing in infant development will provide the most comprehensive information for developing an effective treatment plan. The therapist begins by gathering details of the infant's birth history and associated symptoms. The therapist will then observe the infants movements in a variety of positions and will observe the child's movements between these positions. The therapist will assess range of motion, strength and muscular balance of the infant's head, neck, trunk, and extremities.

### Treatment of Torticollis

Physical therapy treatment for an infant with torticollis begins with family education and passive cervical stretches to increase range of motion of the neck. As treatment continues, a variety of techniques are introduced such as trunk elongation stretches and strengthening exercises to achieve muscular balance. Treatment is perceived as play by the infant but the techniques used encourage the infant to participate in self-directed movement in the direction of the limitation.

The way in which the infant is held, carried, positioned - for sleep, eating, and play - has an influence on how the infant postures their head. Therefore, parent training on proper positioning and handling techniques, as well as environmental adaptations, are demonstrated so parents can carry over the techniques during the infant's daily activities. Parent participation and carry-over on home recommendations are instrumental for successful treatment.



Each child has their unique strengths and weaknesses as well as family and community support systems. Therapeutic intervention approaches and prognosis will vary depending on the original cause and age of onset of torticollis, as well as the ability to follow through on therapeutic recommendations. Early therapeutic intervention for children with congenital torticollis helps to facilitate long lasting midline control and attainment of goals.

#### References:

Karmel-Ross K, ed. *Torticollis: Differential Diagnosis, Assessment and Treatment, Surgical Management and Bracing*. Binghamton, NY: The Haworth Press, Inc.; 1997.

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## Our Naperville Physical Therapy Team

Sovereign Pediatric Therapy's professional physical therapy staff has grown, and we have expanded our clinic walls to meet the needs of our patients and community. Our beautiful new and spacious physical therapy room is located adjacent to our main clinic at 1315 Macom Drive, Suite 103, Naperville, IL.

Our physical therapy team is highly trained and experienced to support medical professionals and the community in the early identification and treatment of postural and movement dysfunction. Our professional therapists are trained/certified in neuro-developmental treatment (NDT) and are credentialed early intervention (EI) providers.

### Common diagnoses treated in our clinic include:

- Infants at risk for developmental challenges (0-3 yrs)
- Infants and children with cerebral palsy, spinal bifida, arthrogyrosis, idiopathic toe walking, developmental coordination disorders, torticollis as well as other neuromuscular disorders
- Children and adolescent sport or overuse injuries

### Our physical therapy team is highly skilled to provide:

- Serial manual muscle testing for infants and children with brachial plexus injuries and spina bifida
- Pre-surgical evaluations as well as post-surgical management of children with cerebral palsy, spina bifida, clubfoot and other orthopedic conditions, with the capacity to see the children 3-5 days a week
- Custom exercise program to achieve identified goals

Through our comprehensive evaluation process, challenges that may compromise a child's full participation in functional activities are identified (including gym, leisure and sport activities). A treatment plan is then developed that focuses on improving physical strength, endurance, coordination, balance and precision of movement. Our team offers guidance to the caregivers about the child's condition, the therapeutic interventions and the resources available for their children in the community.

For more information regarding our physical therapy services or to schedule an appointment, call 630.585.7337.

### Want to share this News Brief with your co-workers or friends?

Visit our website at [www.sovereignpeds.com](http://www.sovereignpeds.com) and click on the link at the bottom of our home page.



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Also with clinics in Chicago and Crystal Lake



*The Sovereign Pediatric Therapy Naperville Physical Therapy Team L to R: Susan Alliss, Ellen Dufresne, and Jo Briceno.*

### Jo Briceno, PT, Pediatric Physical Therapist

Jo has more than 25 years of experience working as a pediatric physical therapist in a variety of settings. Jo is NDT Certified and NDT baby trained. She specializes in intervention strategies for infants and children with neuromuscular disorders such as cerebral palsy, spina-bifida, muscular dystrophy, as well as genetic disorders. Jo's strengths are in evaluation and assessment of neuromuscular disorders in children, including manual muscle testing and gait assessment. Jo's goal-directed intervention strategies have aided children with multiple physical impairments achieve function far beyond typically expected outcomes. Jo lives in Chicago with her husband and works at both our Naperville and Chicago offices.

### Ellen Dufresne, PT, Pediatric Physical Therapist

Ellen has more than 20 years of experience as a physical therapist, of which the past five have been devoted exclusively to the treatment of children with a variety of neurological and orthopedic conditions. Ellen is NDT trained and her passion is assisting children and families through the difficult transitions that can accompany a medical crisis. As Ellen says, "There is no greater reward than making a difference in the life of a child." Ellen lives in Naperville with her husband, three children and little dog, Sophie.

### Susan Alliss, PTA, CSCS

Susan is the newest addition to Sovereign Pediatric Therapy's physical therapy team. In addition to her skills as a pediatric PTA, she brings her extensive experience and background as a Certified Strength and Conditioning Specialist and ACE Group Trainer. Susan utilizes her background working with young adults to motivate children with coordination disorders and other developmental challenges to improve strength, coordination, and cardiovascular endurance. Susan's experience, enthusiasm, and passion for improving physical function in children motivate them to achieve their highest level of physical conditioning. Susan lives in Plainfield with her husband and son, two cats (Double & Trouble), Norwegian elkhound (Keeota), adopted turtle and lucky goldfish.