

Infantile Torticollis

evidence-informed conservative care for your baby's head tilt



Incidence

Torticollis is very common. Between 3.9-16% of newborns will have a problematic head tilt, with that number increasing in recent years. It is usually first observed by parents when their child between 2 and 4 months old.

The “Big 5” Interventions

1. Passive neck movements
2. Active neck & trunk motions
3. Development of symmetrical movement patterns
4. Environmental adaptations
5. Parent education

Congenital Muscular Torticollis

More than 80% of persistent head tilts in infants are caused by musculoskeletal factors.

“Non-surgical, non-pharmacological interventions for CMT aim to achieve a range of physical, functional and developmental outcomes through a variety of mechanisms. These aims include improving the range of neck motion, reducing head tilt, reducing tumour thickness, achieving an appropriate development of fine and gross motor skills, and attaining symmetrical movement in response to the environment “ -Cochrane '18

1

HIGH STANDARD OF SPECIALIZED CARE

We know what we are doing.

2

ONLINE BOOKING & DIRECT BILLING

We make your life easy is every way we can.

3

FRIENDLY ENVIRONMENT

We built our space and our team just for you!



How long will it take?

There are several factors that will impact your child's care plan, some are in your control and some are not.

Although each treatment plan is created specifically for the child, there are certain factors may help us predict how much care will be needed:

- Degree of restriction/assymetry in neck movement
- Classification of severity and the presence/absence of a nodule/thickening of the SCM muscle
- Delivery history (for example, low birth weight, breech position, long baby)
- Adherence to the Home Exercise Plan
- Age at initiation of treatment.

Although the age treatment was started was listed last, it is actually one of the most important. Based on current research, these are the expectations to treatment length based on age of initiation.

Age Started	Outcomes
Before 1 month	98% achieved normal range by 1.5 months
1-3 months old	89% excellent outcomes within 5.9 months
3-6 months old	62% excellent outcomes with 7.2 months
6-12 months old	19% excellent outcomes within 8.9 months

When are we done?

We like to have clear expectations and goals. These are the 5 Criteria we aim for at discharge:

1. Passive range of motion within 5 degrees of non-affected side
2. Symmetrical active movement patterns
3. Age appropriate motor development
4. No visible head tilt
5. Parent understands what to monitor as child grows.

We also plan a 30-minute re-assessment 3-months after discharge, at 12 months, or once walking (whichever is first).

ALTAVIE HEALTH - DEDICATED TO PEDIATRIC CARE

At AltaVie, all of our practitioners are dedicated to pediatric and perinatal care. We spend our time and energy focus on elevating the standard of care for Okanagan families.

Our services include

- Chiropractic Care
- Massage Therapy
- Naturopathic Medicine
- Occupational Therapy



References

Antares JB et al. Non-surgical and non-pharmacological interventions for congenital muscular torticollis in the 0-5 year age group. Cochrane Database of Systematic Reviews 2018, Issue 3. Art. No.: CD012987.
Kaplan SL, Coulter C, Sargent B. Physical Therapy Management of Congenital Muscular Torticollis: A 2018 Evidence-Based Clinical Practice