

Torticollis

What is it?

Congenital muscular torticollis (CMT) is present at birth and is characterized by tight neck muscles and asymmetrical positioning of the head. An infant or child with torticollis may have more than one deformity. Various combinations of torticollis, plagiocephaly, scoliosis and thoracic asymmetry will effect a child's ability to weight shift using postural reactions.

A child with torticollis may present with plagiosphaly, which is the symmetry of the face in craniosynostosis (premature closure of the cranial setters). These skills include turning the head properly and using the eyes equally, weight shifting of the trunk, rolling, propping up on elbows, crawling, sitting and an assortment of transitional movements between different postures.

What are the symptoms?

A child may exhibit one or all of the following symptoms:

- Tilting of the head to one side, the chin pointing to the opposite side
- Limited range of motion in the neck muscles
- A lump or swelling in the sternocleidomastoid (SCM) muscle
- Flattening on one side of the head in severe, untreated cases
- asymmetry of the face
- Melalignment of the ears

How is it treated?

The therapist has a vital role in treating of CMT. Initially, your child will receive an exam by the therapist to determine the severity and the treatment. Conservative forms of treatment include; developmental activities (a physical therapist may encourage a child to crawl toward an object that is just out of reach); therapeutic exercises (such as strengthening and flexibility); balance and coordination activities; adaptive play; mobility training; aquatic physical therapy; and positioning and handling techniques for postural correction and lateral head righting.

Therapists will work closely with each family to develop an individualized program for their child that will match the child's specific needs.

The child's response to treatment may be:

- "Excellent," which typically includes no facial asymmetry and full range of motion in the neck.
- "Good," even may include a slight head tilt, and/or mild cases of limited range and asymmetry.
- "Fair," which may include some facial asymmetry and hypoextensibility of the SCM.
- "Poor," which includes persistent contracture of the SCM muscle with facial asymmetry. Surgery may be listed as an outcome.