

Positional Plagiocephaly and Torticollis



Positional plagiocephaly is an abnormal head shape that lasts beyond 6 weeks after birth. This is caused by prolonged external pressure to the skull by lying on one area of the head and often becomes a flattened area. This may also be due to positioning in utero, premature birth, birth trauma or torticollis. When severe, this can lead to abnormalities in facial bones as well.

Torticollis occurs when muscles on one side of the infant's neck become tight. This tightness causes the infant's head to remain tilted and/or rotated when the infant is in a resting position. The infant may prefer to look to one side more than the other or has difficulty looking both directions. This difficulty turning the head may lead to positional plagiocephaly or flattened area on the baby's head.

In 1992, the American Academy of Pediatrics began the "Back to Sleep" program. The program has decreased the incidence of Sudden Infant Death Syndrome (SIDS) by 40%. This, however, has led to babies spending more time on their backs increasing the risk for the development of positional torticollis and plagiocephaly.

Torticollis and plagiocephaly can lead to asymmetrical or unbalanced development of a baby's visual system causing him or her to change how they move. This can lead to developmental problems affecting strength and the baby's ability to balance and maintain an upright posture. Treatment provided early will assist the infant to progress through gross motor milestones age appropriately.

The physical therapists at Primary Therapy Source provide a comprehensive evaluation of the child and develop individualized physical therapy interventions to assist the infant in achieving symmetrical muscle strength, flexibility, and postural alignment. A team approach with the child's physical therapist, physician and orthotist have proven effective in treating the children we serve.



If you suspect your child may have positional plagiocephaly and/or torticollis contact your physician immediately. Early intervention with physical therapy and a comprehensive home program are essential to resolving these problems.

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