



Torticollis and Your Baby

This handout was written to help families work with their baby who has torticollis. These activities should only be done under the supervision of your doctor and physical or occupational therapist.



What is torticollis?

Torticollis is an abnormal position of the head and neck. Torticollis may be caused by tightness in the sternocleidomastoid muscle on one side of the neck. Sometimes there is a thickening or lump in the affected muscle, called fibromatosis coli. There may be tightness in other neck or shoulder muscles as well.

There are other possible causes for torticollis such as soft tissue or bony abnormalities, visual problems, or trauma. It is important to work with your doctor to find out the cause of your baby's torticollis. Your doctor will look at your baby's head movement and may also take an X-ray of your baby's neck.

What are the signs of torticollis?

Preference for turning the head to one side:

Your baby will have problems turning their head from side to side and will often keep their head turned only to one preferred side. As your baby gets older, they may be able to look straight ahead, but will have problems turning their head to the other side.

Lateral tilt of the head to one side:

Your baby may hold their head tilted to one side with one ear closer to the shoulder. Parents often see this head tilt when their baby is sitting in the car seat.

Poorly shaped head:

Your baby may have a flattening or bulging on the back or side of the head. This condition is called plagiocephaly. Severe muscle tightness may also change the shape of your baby's facial features on one side of the face. For example, one ear may be slightly higher than the other.

Behavior:

Your baby may become fussy when you try to change the position of their head. When placed on their tummy, your baby may become fussy because they are not able to lift or turn their head.

How should I transport my baby in my vehicle?

A rear facing car seat with low harness slots and a crotch strap that fits close to the infant's body is the best option.

In the car seat, after the harness is snug and secure, you may use rolled towels or light blankets to pad around the baby's head and sides to keep the head and body straight.

Tips for securing your baby in the infant-only car seat:

- Make sure the baby's back and bottom are flat against the car seat back.
- The harness should be threaded through the slots on the car seat at or below the baby's shoulders.
- Tighten harness snugly so it will not allow any slack.
- The retainer clip is at the baby's armpit level to hold the straps in place.
- The seat is rear facing and reclined no more than 45 degrees.

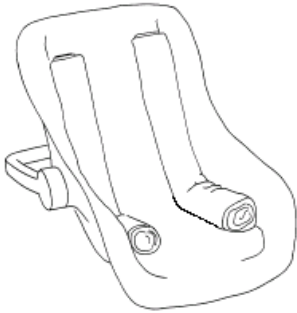
If you are unable to keep your baby's body straight enough call your doctor, occupational or physical therapist for assistance.



What can I do to help my newborn baby (0 to 3 months)?

Positioning:

Look at your baby's head position throughout the day. Your baby prefers to turn to the _____. Help your baby to keep their head in a straight position that is in line with their body or toward the _____ side.



Using your car seat for positioning your baby while at home:

Use towel rolls to help keep your baby's head and body straight. The towel rolls should support the sides of your baby's body as well as the head. Use towel rolls when your child is in a swing or bouncy seat.

When placing your baby in the crib or on the changing table, position your baby so that they will want to turn their head to the _____ side and towards you.

Place all toys and other bright objects on the side of your baby's crib to encourage this position.

Feeding:

When feeding your baby, look at the position of the head. Try to hold your baby so that their head is in a straight position or turned to the _____ side. You can also encourage your baby to turn their head by using the rooting reflex. Before feeding, stroke the side of your baby's _____ cheek to encourage head turning or rooting. You should repeat this 3 to 4 times before feeding your baby.



Holding:

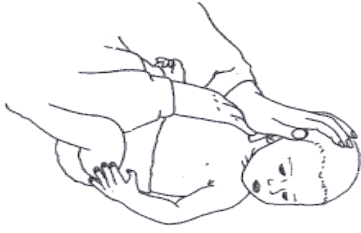
When holding your baby, use your body to help keep the head in a straight position or turned to the _____ side. Today, your baby looked best when held on your _____ shoulder.

Gentle range of motion:

Passive range of motion (gentle stretches) may help your baby achieve full neck motion. Be sure to work gently within your baby's tolerance. Slowly increase the motion over time. Find the position and time of day that works best for your baby.

These gentle stretches should be held for about 30 seconds. Stop the stretch sooner if your baby starts to resist the motion or becomes fussy. You can hold the stretch up to 1 minute if your baby is very relaxed. Use your voice or favorite toys to distract and soothe your baby. Repeat these stretches several times throughout the day or with each diaper change.

Torticollis and Your Baby



Head rotation:

Place your baby on their back. With one hand, gently hold the _____ shoulder against the surface. Place your open palm gently on your baby's cheek. Slowly help your baby turn their head to the _____ side.

Lateral head tilt:

Place your baby on her back. Use one hand to gently hold your baby's _____ shoulder against the surface. Place your other hand around the back of your baby's head. Slowly help bring your baby's _____ ear towards their shoulder.



You can also perform this same stretch while holding your baby in a sidelying position on your lap. Place your baby on their _____ side. Place one hand in front of your baby holding their _____ shoulder. Use your other hand to slowly help your baby bring the _____ ear up towards their shoulder.



Activities to encourage active head movement:

Encourage your baby to actively move their head to gain full neck motion. These activities should be repeated several times throughout the day.

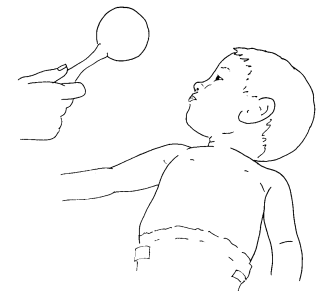
Tummy time:

Place your baby on their tummy several times throughout the day. Choose a time when your baby is awake and comfortable. Using a wedged surface that is 5 to 6 inches high may make it easier for your baby to lift their head and begin looking around.



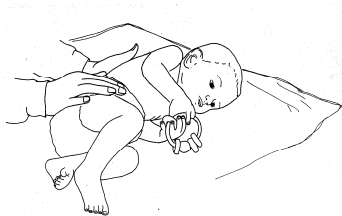
Visual tracking:

When lying on their back, help your baby to look at and follow faces or toys. Slowly move the toy to the _____ side in order to encourage head turning to look at the toy. Repeat this activity while your baby is lying on their tummy or sitting with support.



Sidelying time:

Place your baby on their right side. You may need to support your baby with pillows or towel rolls behind their back. Repeat this activity placing your baby on their left side. When your baby is on their _____ side, use a small folded towel under their head to keep it in a midline position.



What can I do to help my baby 3 to 6 months of age?

Positioning:

Your baby should spend as much time as possible lying on their tummy. A boppy pillow or foam wedge can be used if your baby still has difficulty lifting their head up. You should continue to place your baby's crib, infant seat, swing, or bouncy chair in a position within the room that will encourage your baby to turn their head to the _____ to watch you or your family.

When your baby is able to sit with support at the waist, you may use a boppy pillow, high chair, or hook-on table chair for short periods of time. You may need to use towel rolls along the side of your baby's legs and body for extra support. Sitting upright takes the pressure off your baby's head and helps it become rounder. You should avoid putting your baby in an exersaucer unless it has a locking mechanism. Otherwise your baby can spin their body rather than turn their head to look around the room.

You can now hold or carry your baby facing away from you. Lean or tilt their body to the _____ side to encourage your baby to tilt their head. This position will help your baby strengthen their weaker neck muscles.

Roll your baby onto their _____ side before picking them up from the crib or changing table. Once they are lying on their side, you can place one hand underneath their arm and slowly lift them up. Encourage your baby to lift their head up from the surface as you complete the lift.

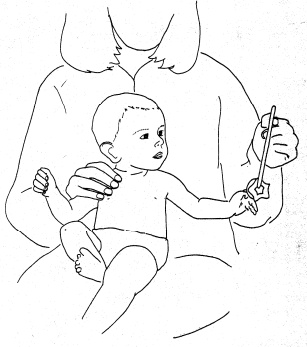


Gentle range of motion:

Continue gentle stretching activities until your therapist suggests that you stop. See the instructions for gentle range of motion in the Newborn (0–3 months) section of this handout. Older infants are often more resistant to stretching activities. Find positions that your baby will tolerate for each stretch. You can use toys or music to distract and calm your baby. These stretches should still be done several times throughout the day.

Activities to encourage active head movement:

Encourage your baby to actively move their head. This is even more important now that your baby is older. These activities help your baby to turn their head to the _____ and tilt their head to the _____. This will help stretch out the tight muscles while strengthening the weaker neck muscles.



Visual tracking:

At this age you can easily encourage your baby to turn their head using toys and rattles. Place your baby on their back and show them a favorite toy. Slowly move the toy towards the _____ shoulder. If your baby loses focus, bring the toy back to the center and repeat the activity several more times.

You should repeat this visual tracking activity when your baby is on their tummy or sitting. When your baby is sitting, you should hold their _____ shoulder so that their head turns rather than their whole body. When your baby is sitting, you may need to move the toy behind their shoulder to encourage full head rotation.

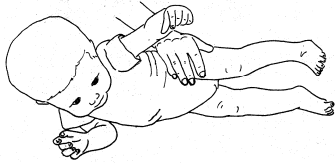
Propped sidelying:

When playing on the _____ side, you can now help your baby to push up on that arm. Place one hand under the propping arm and your other hand on her opposite hip. Place toys in front to encourage tilting of the head towards the _____ shoulder.



Assisted rolling:

Help your baby to roll from back to tummy. Place your hand on their _____ hip and slowly start to roll your baby to their _____ side. As your baby reaches their side, give a slight pulling pressure towards the feet. Wait for your baby to lift their head up off the surface. Slowly continue the roll onto the tummy. You can repeat this rolling motion from tummy to back, stopping for a brief moment while they are on their side.



Lateral head tilt:

Sit your baby on your lap facing either away from or towards you. Slowly lean or tilt your baby's body to the _____ side. This will encourage your baby to "right" or tilt the head to the _____.



What can I do to help my baby 6 to 12 months of age?

Positioning:

Review the ideas discussed in the 3–6 month section of this handout. Let your baby spend time on the floor playing while sitting or lying on their tummy. Support your baby in sitting if needed. When positioning your baby on the floor, place toys or family activity on their _____ side.

Gentle range of motion:

If your baby does not have full range of motion of the neck, you may be asked to continue gentle stretches. Review the Newborn (0–3 month) section of this handout for details.

Activities to encourage active head movement:

Encourage your baby to actively move their head and neck. These activities will help your baby to turn their head to the _____ and tilt their head to the _____. Look for times during the day to add these ideas to your baby's play.



Visual tracking:

Review the ideas listed in the 3–6 month section of this handout. At this age you may use bubbles, a favorite toy, or your face to encourage your baby to turn their head all the way to the _____. Try these activities while they are on their back, tummy or sitting.

Lateral head tilt:

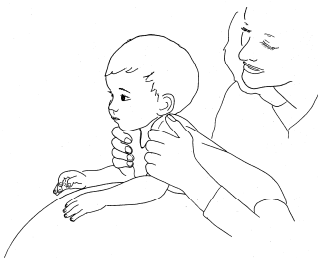
Hold your baby sitting on your lap, or hold them in the air at the waist. Slowly tip their body to the _____. This will encourage their head to tilt to the _____. You can try this activity in front of a mirror for distraction.



Therapy ball:

You may also use a 15–18 inch diameter ball to work on lateral head tilt. Place your baby on their tummy on top of the ball. Hold your baby's waist and slowly roll the ball to your _____. Hold briefly before rolling the ball back to the center.

Holding your baby at the waist, sit them on top of the ball. Slowly roll the ball to the _____, hold briefly then return to the center.





Side sitting:

Place your baby in a side sitting position with weight on his _____ arm and with his feet to the _____. Encourage your baby to reach for toys with their free arm. You can help your baby with one hand on their supporting arm and your other hand on their hip. This will encourage their head to tilt to the _____.

Hands and knees:

Once sitting, help your baby move into a hands and knees position. Do this by moving your baby from sitting into side sitting with their arms on a 4" roll or your leg. Now help your baby move onto their knees. After playing briefly, help your baby return to side sitting. Repeat this activity on the other side.

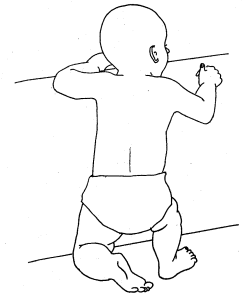


To Learn More

- Occupational Therapy/
Physical Therapy
206-987-2113
- Ask your child's
healthcare provider
- www.seattlechildrens.org

Kneeling to standing:

As your baby begins pulling up to stand, encourage taking turns leading with the right leg and then the left.



When can I stop working with my baby?

Following these therapy ideas should help your baby's torticollis. Many babies are much better by 10–12 months of age. Most often full passive range of motion is seen before full active range of motion. Once your baby appears to have normal head movement, you may still see the head tilt when your baby is tired or ill. Your physical or occupational therapist will help you to decide when to stop doing the suggested activities. Talk with your doctor if you have additional concerns about your baby's torticollis.

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers 206-987-2280 (TTY)

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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