



Wellness News Network™

Your Source for Health & Wellness Information

Issue 2, August 2016

Infant Torticollis and Chiropractic

Presented by:

Introduction

Torticollis is also known as wry neck and is defined by an abnormal, asymmetrical head or neck position, which may be due to a several causes. Torticollis can results from a variety of causes from scarring of muscles or damage or disease of cervical vertebrae to infection of the adenoids, tonsils, enlarged cervical glands or throat abscesses, to tumors of the head or neck.

Congenital Muscular Torticollis

Occurring in infancy, the cause of congenital muscular Torticollis is unclear. The birth process is thought to damage the sternocleidomastoid muscle in the neck of these infants shortening the muscle. The shortened muscle develops scar tissue and stays shortened, causing the baby's head to be tilted toward the affected side while rotating the head toward the opposite side.



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About 1 in 250 infants are born with Torticollis. Ten to 20 percent of babies with Torticollis also have hip dysplasia, in which the hip joint is malformed and they should also be checked for club foot malformations.



Acquired Torticollis

The most common form of Torticollis occurs with one or more painful neck muscles and will pass spontaneously in 1-4 weeks. In many of these cases no clear cause is found in medicine although in chiropractic we often find biomechanical issues.

Infants may develop Torticollis after birth as a result of too much time spent lying on their back during the day while in car seats, swings, bouncers, strollers or on play mats. Infants with Torticollis have a higher risk of developing flat head syndrome. Most pediatricians recommend repositioning the baby for healthy head and neck movement.

QUESTION:
Approximately how many babies are born with Torticollis?

- A) 1 in 100
- B) 2 in 500
- C) 1 in 250
- D) 2 in 100

ANSWER:
C) 1 in 250

True or False?
Torticollis is almost always preventable in infants

ANSWER:
True

FINISH THIS SENTENCE...
Treatment for Torticollis may include....

- A) frequent repositioning of baby's head and neck
- B) gentle chiropractic neck adjustment
- C) exercise for neck stability
- D) all of the above

ANSWER:
D) all of the above
reading comprehension

Torticollis is almost always preventable in infants.

Correct positioning is important, and most pediatricians recommend parents reposition baby's head every 2–3 hours during waking hours. When Torticollis is not corrected before 18 months of age, facial asymmetry can develop.

The most effective treatment for infants/children with Torticollis involves adjusting the neck, soft tissue stretching, trigger points and exercise for neck stability. A study from 1993 also recommend pillow instruction for home use to position the neck correctly with the infant lying down.



Diagnosis

A chiropractic evaluation of a child with Torticollis begins with history taking to determine circumstances surrounding birth and any possibility of trauma or associated symptoms. X-rays or other imaging

(MRI/CT) may be taken to ensure that there is no underlying pathology causing the Torticollis. Physical examination will include both an orthopedic and neurological evaluation. Torticollis with no neurological involvement will reveal decreased rotation and bending to the side opposite from the affected muscle.

Treatment

When infant Torticollis is due to muscle damage, the cervical spine can be gently adjusted and the damaged musculature needs to be stretched to encourage normal movement of both spine and soft tissue. The involved muscle is gently, passively stretched by turning the baby's head so that the chin is moved towards the affected side. 'Passive' means that the stretching is done by the doctor who can also show the parent/caregiver home stretching.

For home care the infant can also be encouraged to stretch the muscle (active stretching) by putting things that they will be interested in looking at on the unaffected side encouraging active movement of the involved muscle in stretch, or by moving objects from the affected side to the unaffected side encouraging the baby to follow the movement.

Usually there will be improvement within 2 to 3 months and the baby will be able to move its neck fully in less than 12 months. Rarely surgery is needed to lengthen the muscle.

Quote to Inspire

*“Behold the turtle.
He makes progress
only when he sticks
his neck out.”*

James Bryant Conant

TRIVIA QUESTION:

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