Torticollis

What it is:

When a baby has tight muscles on one side of the neck, it is called torticollis. This tight muscle causes the baby to keep his or her head tilted or turned to one side most of the time. A baby can be born with torticollis. However, you might not notice your baby has torticollis until your baby is a few months old.

A baby can also have a flat area on the side or back of the head, which is called plagiocephaly. This is common with torticollis because the baby prefers laying on one side of the head. Sometimes children need special helmets to fix plagiocephaly.

What you might see:

• Your baby’s head tilted in one direction.
• Your baby’s chin points to one shoulder and the head tilts to the other shoulder.
• Your baby might have difficulty turning the head.

How it is treated:

Physical therapy is very important to treat your baby for torticollis. It helps to stretch your baby’s tight neck muscles. Your baby’s physical therapist can also help you monitor your baby’s growth and development. Your baby will need to go to physical therapy 1 - 2 times a week. Your baby’s therapist will also make a home program for you to do 3 - 5 times a day to help improve your baby’s muscles. This home program will include positioning and stretching to help your baby move the head to a more midline position.
Positioning your baby:

Since your baby always wants to lay a certain way, your goal is to help your baby want to turn his or her head the other way.

- Place interesting things on the side your baby turns away from. For example, if your baby usually turns his or her head to the right, put toys to the left.

- To sleep, always place your baby on your baby’s back. Place your baby in the crib so the wall is on the side your baby usually turns toward. This way, when your baby wants to look around the room or look at you, he or she has to turn the other way.

- In a car seat, use a towel roll beside your baby’s head and body to keep the neck and trunk straight. The towel roll can also be used when your baby is in a swing or bouncy seat.

- When carrying your baby, place your baby on the shoulder that helps your baby to turn the head to the opposite direction than your baby prefers.

- Put your baby on his or her back while playing. Slowly move a toy from side to side to help your baby turn his or her head in both directions.

- Tummy time is very important for your baby with torticollis. At first, you may use a wedge surface to help your baby to lift the head and look around until the neck muscles are stronger.

- It is important to decrease the pressure on your baby’s head to lower the risk for plagiocephaly when your baby is awake. Try to limit the time your baby spends in a swing, bouncer, or lying on his or her back. Spending more time side-lying and doing tummy time will help increase your baby’s neck strength. It also decreases the pressure on your baby’s head, which lowers the risk for plagiocephaly.

Perform these positioning techniques throughout the day during play and activities. They do not need to be performed all the time.
As your baby starts to get older, you can begin propped side-lying and side-sitting positions. Your baby’s physical therapist will show you how to do this with your baby.

— Assist your baby in rolling into a side-lying position and stay in this position when playing. Use pillows or a towel roll by your child’s back to help keep this position. If needed, use a small towel roll to help keep your baby’s head midline.

**Gentle neck stretching exercises:**

Since the neck muscle is too tight, stretching helps to relax the muscles. This is done by gently turning your baby’s head the other way. For example, if your baby’s head turns to the right, you want to stretch your baby’s neck to the left.

- Home therapy will consist of passive range of motion (PROM) exercises. PROM is when you gently move your child’s neck to allow for stretching of the tight neck muscles. This will allow your baby to improve the range of motion in the neck and also lowers the risk of developmental delays.

- If you child wears a helmet for plagiocephaly, it is important to ask your child’s provider or therapist when to take the helmet off. Usually the health care team will tell you to keep the helmet on at all times except for baths, skin checks and during your baby’s physical therapy appointment. At home when performing PROM exercises, your baby should wear the helmet unless your child’s provider or therapist tells you something else.

- Your baby’s physical therapist will show you how to help stretch your baby’s neck. At first, your baby might cry because the muscles are tight and stretching it pulls the muscles. Think of how you would feel if you tried to do the splits. Stretching helps loosen the muscles. Each day it will get easier for your baby. Soon, it will not hurt, and the torticollis will get better.
Positions for stretching:

You can either sit with your knees bent and your baby on your lap, or you can lay your baby flat on the floor and kneel over your baby when you do the stretches.

Stretch your baby’s neck 3 - 5 times every day. Hold each stretch for 10 - 15 seconds. A good way to remember is to do a stretch every time you change your baby’s diaper, or when there are commercials on TV.

Teach others who take care of your baby how to do the neck stretches. When you see they are doing the stretches right, ask them to stretch your baby’s neck, too.

Stretch #1 neck rotation:

☐ Your child has torticollis on the right side.

• Stretch your child’s muscles by keeping your left hand on your child’s upper chest and shoulder area. This will keep your baby’s body from turning when you stretch the neck.

• Put your right hand on the left side of your baby’s head. Gently turn your baby’s head to the right with the chin over the shoulder, stretching the neck.
☐ Your child has torticollis on the left side.

• Stretch your child’s muscles by keeping your right hand on your child’s upper chest and shoulder area. This will keep your baby’s body from turning when you stretch the neck.

• Put your left hand on the right side of your baby’s head. Gently turn your baby’s head to the left with the chin over the shoulder, stretching the neck.

Stretch #2 neck tilting:

☐ Your child has torticollis on the right side.

• Place your left hand on your baby’s right shoulder.

• Place your right hand on top of your baby’s head. Gently push your baby’s head down so the left ear touches the left shoulder.

☐ Your child has torticollis on the left side.

• Place your right hand on your baby’s left shoulder.

• Place your left hand on top of your baby’s head. Gently push your baby’s head down so the right ear touches the right shoulder.
Stretch#3 Football carrying stretch:

• Place your baby’s back against your stomach or chest.

• Place your baby’s head on your elbow (place the ear of the side that your baby prefers on your elbow) and your other hand between your baby’s legs. Gently tilt your baby’s head to the opposite direction with your elbow.

Now that you’ve read this:

☐ Tell your nurse or doctor what you can do to help your baby turn his or her head to the other side. (Check when done.)

☐ Show your nurse or doctor how you will stretch your baby’s neck. (Check when done.)

☐ Tell your nurse or doctor how you will remember to do the stretches, and how often you will do them. (Check when done.)

If you have any questions or concerns,

☐ call your child’s doctor or ☐ call ______________________________
If you want to know more about child health and illness, visit our library at The Emily Center at Phoenix Children’s Hospital
1919 East Thomas Road
Phoenix, AZ 85016
602-933-1400
866-933-6459
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Family Review of Handout

Health care providers: Please teach families with this handout.
Families: Please let us know what you think of this handout.

Would you say this handout is hard to read?  ☐ Yes  ☐ No

Would you say this handout is easy to read?  ☐ Yes  ☐ No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read?  ☐ Yes  ☐ No

Why or why not?

Would you do anything differently after reading this handout?  ☐ Yes  ☐ No

If yes, what?

After reading this handout, do you have any questions about the subject?  ☐ Yes  ☐ No

If yes, what?
Is there anything you don’t like about the drawings?  ☐ Yes  ☐ No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

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602-933-1395

Thank you for helping us!