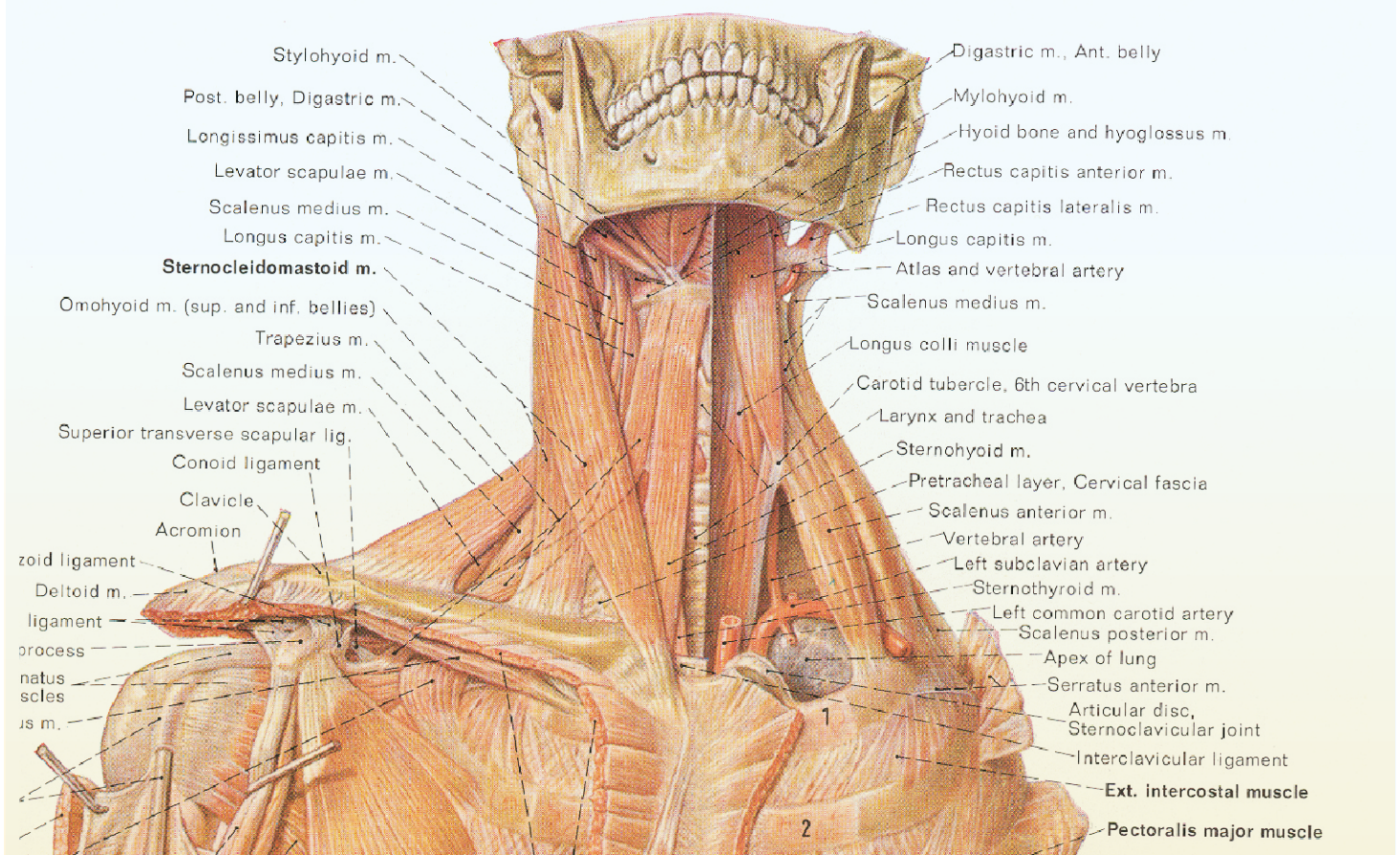


Torticollis, or Requa neck, is a condition in which the head is tilted toward one side, and the chin is elevated and turned toward the opposite side.

- 3RD Most Common Congenital Musculoskeletal Disorder
- Present in 80-85% of Plagiocephaly Cases
- Child May Lose Range of Motion in the Neck
- Is a Cause of Facial Asymmetry Occuring After Birth
- 20% of Congenital Muscular Torticollis Cases Have Congenital Dislocation of the Hips



The Sternocleidomastoid muscle extends from the mastoid process of the jaw to the sternum/clavicle. Because of this positioning the SCM muscle can tilt the head to the same side as the muscle but rotate the head in the opposite direction. So, in the picture above the SCM muscle on the right side of the neck will tilt the head to the right but rotate it to the left. This is why the flattened area of the skull in infants with Plagiocephaly will be opposite to the side the tight muscle.



CAUSES OF CONGENITAL MUSCLUAR TORTICOLLIS

- Fibrosis of the sternocleidomastiod muscle
- Benign Paroxysmal(sudden spasm or exacerbation of disease symptoms) Torticollis
- Congenital absence of one or more cervical muscles
- Klippel-Feil Syndrome (rare cervical vertebrae malformation)
- Hemivertebrae (a developmental anomaly in which one side of a vertebrae is incompletely formed)
- Other congenital anomalies of the spine

POTENTIAL LONG TERM COMPLICATIONS from TORTICOLLIS

Plagiocephaly

Developmental Asymmetry (reduced tendency for activity to the right or left side of the body)

Facial Asymmetries

Scoliosis

Occlar (eye) or Vestibular (inner ear) Balance Impairment

Asymmetric Weight Bearing in Sitting, Crawling or Walking

Under Utilization of the Hand on the Side of the Neck Tightness

Shortening of the Muscles Surrounding the Neck and Shoulders (trapezius, scalene and platysma muscles) among others

High tone due to limited mobility in the cervical spine





Photo 1



Photo 2

QUICK TESTS TO DIAGNOSE NECK TIGHTNESS

Stool Test:

Have the infant sit, facing forward, in the parents lap. Have another person walk slightly behind the infant and call them. See if the infant turns their trunk or shoulders to see the person. The infant may also tilt their head back in an attempt to “reach” the person behind them **Photo 1**. The infant should be able to turn their head parallel to the shoulder without tilting their head or rotating their shoulders.

Hand Grasp Test:

Lay the infant on their back(supine) on a table/bed. Engage the infant to grasp your index fingers. Slowly raise the infant from the table/bed. Note which hand releases first- Infants with CMT will consistently release grasp on the side of the neck tightness.

Relaxed Test:

Have your infant sit facing you and do not stimulate them. Let them relax and look at you. Observe how they hold their head. Is their head/face vertical or do they tilt to one side or the other as in **Photo 2**.

