

By DEBBIE LAVDAS



Torticollis: options and treatment

Is this a cosmetic condition or something far more serious?

You know when you think you see something a little “off” about your baby but then talk yourself out of it? This is exactly what I did when my baby was a few months old. I’d ask my husband if he thought the baby’s head looked oval instead of circular, and if he noticed whether the baby turned his head to only one side. He shrugged it off with an “Everything’s fine.”

But I didn’t think it was fine.

I finally had the pediatrician look closely at my baby’s head, and she suspected torticollis with mild plagiocephaly. I’d never heard of it and have two other kids who never had it. My pediatrician then talked about the reshaping helmets worn by such kids. I gasped at the idea that my perfect little Fox would be wearing a *helmet*.

Despite the facts in front of me – my baby’s head shape and what my pediatrician had told me – I actually continued to deny that anything could be wrong. But one day I caved. Following a gut-level hunch, I had a children’s physical therapist look at him. Within minutes of doing a few muscle tests, she confirmed that Fox indeed had torticollis with mild plagiocephaly, and she recommended that he start physical therapy right away, which we did.

Torticollis, which means “twisted neck,” refers to the positioning of the head relative to the body. If your baby has a

certain head-tilt position (instead of holding his head straight up) or doesn’t seem to turn his head equally in both directions, it could be torticollis.

Plagiocephaly develops when babies with torticollis look one way so much that the back and sides of the head become misshaped from overuse on one side, and it can result from the pressure of lying flat in the same area. Plagiocephaly causes a baby’s head to have a flat spot (“flat head syndrome”) or be misshaped.

The cause of torticollis with plagiocephaly could result from a number of things: the position of the developing baby in the womb; premature birth; and a lack of tummy time. In addition, the trend of positioning babies to sleep on their backs may lead to a higher incidence of head flattening.

If your baby has torticollis, will he need a helmet to help reshape his head? It depends. It could be so mild that your baby will essentially fix himself as he spends less time lying down. Or the condition could go beyond cosmetic imperfection and, if severe, contribute to scoliosis, visual depth-perception problems and asymmetric TMJ joints. It can even put too much pressure on the brain for it to grow properly.

The very frank and approachable Dr. Afshin Aminian, medical director



Symptoms to look for When should you see your pediatrician?

- ✦ Facial asymmetry or one folded ear
- ✦ A misshaped head and/or preference to look only to one side, especially after 3 months of age

Pediatricians can help determine when intervention is warranted, especially when risk factors such as prematurity, a restrictive uterine-growth environment, breech positioning or significant reflux are present.

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Baby

of the CHOC Children's Orthopaedic Institute (**choc.com/orthopaedics**), weighed in on the topic and shared some surprising concerns and complications. Most cases, he noted, are mild and the baby will be fine. However, he added that, interestingly, the majority of moms take their babies in for cosmetic factors when a much more significant worry is hip problems later in life.

He talked about people in their 40s who are diagnosed with arthritis, when the source of the condition is torticollis and the associated hip problems. In this case, a hip X-ray should be performed to check exact length measurements.

When asked about helmets, Aminian cautioned against their use. He said kids wear helmets in the U.S. only. "You don't see kids in Africa wearing helmets, do you? They don't even have shoes," he said.

Aminian also talked about parental depression that can result from helmet use (they are to be worn 23 hours a day). Last year an Orange County woman threw her baby off a parking garage and was charged with murder. Before she did it, she removed her child's helmet; he had torticollis and wore it to help correct his plagiocephaly.

The mother said that she suffered from postpartum

depression, and in an Aug. 25, 2011, interview with the OC Register, her husband said, "She didn't look at our son as normal. She didn't accept him. She didn't accept that he was like this."

Early intervention with torticollis is key. It's often not serious and is reversible if it's treated before age 1. Still, some facial asymmetry may remain.

"Working with the really little ones with torticollis treatment is one of my favorite areas of interest," says Lori Roelofs, a pediatric physical therapist.

She helps babies stretch their less-dominant sides to strengthen their muscles and help develop balance. Roelofs recommends early intervention; don't worry, because the child's head will often round out on its own. Parents may deal with frustration if the deformity is still present after age 1. Roelofs believes that a wait-and-see strategy can be harmful; parents should make informed decisions ASAP. She notes that cranial-remolding helmets work best when initiated by 5 months of age.

Since all parents want their babies to be perfect, medical matters of the head often tug hard at the heart and can lead to denial and late treatment. Keep a good eye on the shape of your baby's head – and listen to your gut. **OCF**

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Did you know?

- Some 70 percent of congenital muscular torticollis treated early with a repositioning program and physical therapy will be resolved by age 1. The results are better if therapy is started by 3 months of age.
- In some cases, when babies do not respond to physical therapy by age 1, surgical release of the sternomastoid muscle may be required.
- The Safe T Sleepwrap and head wedge is a great way to counter baby rolling onto his tummy and helps you position his head while ensuring safe sleep. **www.safetsleep.com**
- About 20 percent of kids with congenital muscular torticollis will develop dysplasia of one or both hips.