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Torticollis

Torticollis is a diagnosis commonly referred to as “tilted neck.” It is prevalent in infants and affects approximately 2% of all births in the United States today. The name is derived from two Latin words, *tortus* meaning twisted and *collum* meaning neck. Any asymmetrical posturing of the head and neck is termed torticollis. The cause or origin of torticollis is unknown, however theories include: intrauterine malpositioning, birth trauma, a benign sternocleidomastoid tumor, or improper positioning after birth. Most parents are sensitive to this diagnosis because of its obvious effects on the appearance of their infants, as often reflected by the stares and insensitive comments from family and friends. Its presence can also be easily identified in family pictures.

This diagnosis is very treatable with excellent prognosis in most cases; however many pediatricians today are not sensitive to the fact that most home exercise programs for torticollis

for a therapist to intervene later with appropriate treatment. Don’t wait-and-see and take a chance that your baby with torticollis will “grow out of it.” Instead, parents should take action to correct the issue as soon as it is diagnosed.

The latest research indicates that torticollis does not in any way impede on a child’s function mentally but may infringe on a child’s physical abilities by preventing turning of the neck to one direction. Torticollis is also strongly linked to *plagiocephaly* (flattening of the side of the head that the baby prefers to rotate towards). That condition appears in up to 61% of the cases with torticollis. It is often treated with a combination of physical/occupational therapy as well as cranial helmets. These helmets are usually prescribed by pediatric neurologists who are experts in diagnosing appropriate candidates based upon the severity of the flattening of the skull. Cranial helmets are effective in treating *plagiocephaly*

The treatment is not painful, however most infants find it uncomfortable and 95% will cry while being treated. Optimal treatment should take place 2-3 times a week ranging from 20-30 minutes based upon the

facilities for this diagnosis. An important caveat here is finding a facility and a therapist that accepts your insurance to treat torticollis. Parents may have difficulty finding a pediatric specialist who is both experienced

with this diagnosis and who is versed in navigating the insurance/EI conundrum.

Prior experience in dealing with torticollis is important. The neck



tolerance and presentation of the infant. The treating therapist should engage in a manual “hands-on” approach throughout the entire period of treatment. Effective results with torticollis cannot be accomplished through play. It requires a combination of the expertise and manual skills of a pediatric specialist, along with an effective home program. This is a proven successful recipe for the elimination of torticollis.

Finding a provider who is experienced in the treatment of an infant with torticollis and getting help in paying for that treatment may prove to be challenging. With the updated *Early Intervention (EI) Guidelines*, infants with torticollis are not being approved for government coverage unless the infant also presents with great developmental delays. Most parents are not even aware that they may be eligible to use their own private or employer-provided health insurances in some outpatient

in an infant is an extremely sensitive area and must be treated with the utmost care. Inexperienced therapists treating torticollis may inadvertently inflict greater harm than good by putting the infant’s neck under too much stress. Parents need to act as an advocate for their child, ask questions and make sure that they are answered to their satisfaction.

In most cases, torticollis is easily resolved with early detection, correct diagnosis, and the right professional intervention. It is important to seek help as soon as one thinks there is such an issue, because the longer you wait, the longer the correction will take. ■

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without physical therapy intervention prove ineffective.

Parents of children with a diagnosis of torticollis are becoming more proactive in seeking appropriate treatment for their child and are abandoning previous theories and conjectures that this diagnosis will just go away with time. It is true that as infants develop, their neck muscles form and harden as they are challenged by gravity in prone and sitting positions; however, if those muscles form with a tilt laterally, or with rotation in a shortened muscular position, it becomes much more difficult

by directing forces away from the flattened side of the head, thus allowing the skull to form properly.

Actual treatment of torticollis generally entails a 3-step approach: lengthen the side that is tight or shortened, strengthen the muscles against gravity positioning, and relaxation of the cervical muscles through light massage. This treatment combined with a focused and intensive home exercise program implemented by parents and monitored by the treating therapist is the perfect combination to elicit the best results.