Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Information for Patients

Left-Sided Congenital Muscular Torticollis

Physiotherapy Service

What is it?

The word torticollis comes from the Latin for "twisted neck". In the young baby this is due to a fibrosis (or hardening) within one of the long neck muscles (sternocleidomastoid muscle) on the left side of their neck. This is the long muscle which goes from the skull just behind the ear diagonally down to the front of the neck. It is attached to the clavicle (collar bone) and sternum (chest bone). The exact cause of torticollis is not known.

What happens to the muscle?

A hardening appears in the muscle, usually within the first few weeks of life. This hardening may enlarge over the next month. After three to four months, it usually disappears. If left untreated, the muscle may shorten and cause a head tilt and limited movement of the neck.

In more severe cases the shape of the head and face can be affected. However, if managed early in life with advice from a physiotherapist, the muscle should recover. The baby should then be able to hold his/her head straight and turn it equally in both directions.

How is it treated?

- The aims of treatment are to stretch the tight muscles and help the neck muscles work normally.
- The physiotherapist will show you how to gently stretch the tight muscle several times a day.
- It is important for the baby to be fed and happy when doing the stretches, and both baby and parent to be relaxed. Treatment will not harm the baby, but it may be uncomfortable and he / she may protest at being held still. Singing during stretches may help.
- Carry out treatment with the baby secure on a flat surface.

Treatment for a LEFT Torticollis

Your baby tends to hold his / her neck with the left ear down to the left shoulder and turning to look to the right. This is due to tightness in the sternocleidomastoid muscle in the left side of the neck.
The baby needs to be encouraged to hold his / her head straight and to look towards the left, as shown in this photo:



Stretches

Hold each stretch for _____ seconds, as demonstrated by your Physiotherapist, and do _____ times. Do at each nappy change if possible (or at least 4 times a day).

Stretch 1 – Turn to left side

Lie your baby on his / her back and place their head straight (not tilting down towards their left ear). Encourage them to turn their head towards the left to look at something (e.g. a noisy toy). Place one of your hands on their chest (not just on their shoulder) to stop their body twisting. Put your other hand on the right side of the baby's head and using gentle pressure help them turn a little further towards the left. It may be helpful to sing to your baby while doing this.



Stretch 2 – Tilt to right side

Gently position your baby's head in the middle (as well as you can). Cup the top of his / her head with one hand. Place your other hand on the left shoulder to keep it still. Sing or talk to the baby to encourage them to look at your face. Tilt the baby's head to the right, so their right ear goes towards their right shoulder.



Other Activities



1. Cuddle your baby so his / her head turns towards the left
2. Encourage your baby to turn his / her head to the left to look at people, and place toys to his / her left.
3. Carry your baby in this position with his / her head tilted to the right.



4. When lying on his/her back to play, try using a V pillow to position your baby's head straight.
5. Encourage supervised play lying on his/her tummy every day, but your baby should sleep lying on their back with no pillow
6. Limit the time spent in a car seat to journey time only.
7. When sitting playing with you for short periods of time in a baby chair, try using a rolled-up towel to support the baby's neck in a straighter position. (Do not leave anything in a baby chair, cot or car seat while your baby is unsupervised or sleeping due to the risk of suffocation.)

If you have any questions or concerns, please ask your Physiotherapist.

This document is available in Welsh /
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