



Congenital muscular torticollis affecting the left

This leaflet is for the parents / carers of babies who have congenital muscular torticollis, also known as infant torticollis. It gives general information and advice on what torticollis is and describes stretches to carry out with your child. Your physiotherapist will also give you the APCP leaflet [‘Head turning preference and plagiocephaly’](#).

What is torticollis?

Torticollis means ‘twisted neck’ in Latin. It is the shortening of the sternocleidomastoid muscle, causing the chin to turn towards the opposite side and the head to tilt towards the affected muscle. It is relatively common and can be present at birth or take up to three months to develop.

Torticollis can be caused by a sternocleidomastoid tumour, which is a benign (non-cancerous) swelling that gradually subsides, and can shorten the muscle. It occurs on one side of the neck. If the tumour persists, it may be checked with an ultrasound scan.

Torticollis can also be associated with plagiocephaly, a flattening of the head on the side that the baby finds it easier to lie on.

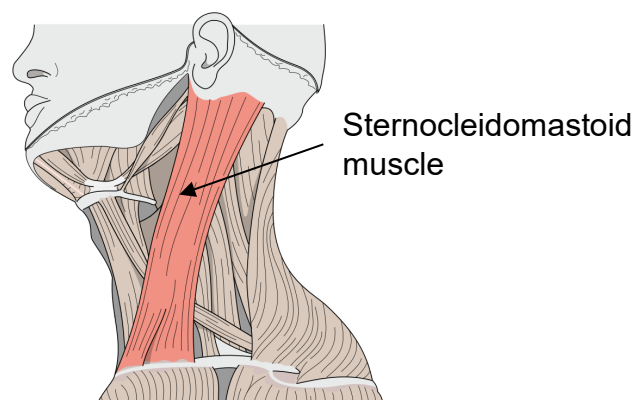
In some cases, it is not clear why a baby has torticollis, but contributory factors could be:

- Positional – more common in breech babies.
- Forceps delivery.
- Trauma.
- Repetitive patterns (i.e. attention drawn to one side continuously due to favourite toy in pram).

Most babies don’t feel any pain as a result of torticollis. With treatment, the muscle will grow and stretch, but without intervention, it may cause permanent limitation of the baby’s neck movement and require surgery when they are older.

Signs and symptoms

- Preferential head turn – mostly look one way, may have difficulty holding head in the middle.
- Difficulty turning their head to breastfeed.
- A swelling on the side of the baby’s neck.



What is the treatment?

With treatment, most babies will regain full range of movement of their necks. Your physiotherapist will monitor your baby's movement and if there has been no improvement in three months, they can be referred to the Orthopaedic Department for assessment. Please refer to the APCP leaflet 'Head turning preference and plagiocephaly' for general advice on positioning.

Torticollis can occur on the left or the right hand side of the neck. The following pictures and descriptions are for an infant with a **left sided torticollis** and a **preferential head turn to the right**. If your child has a right torticollis, see the leaflet called 'Congenital muscular torticollis affecting the right'.

Carrying your child

With your child facing away from you, lying on their side, have your child's LEFT ear resting against your LEFT forearm.

Get your forearm or hand between the child's ear and shoulder to help stretch the tight muscles in their neck. You can use your forearm to lift your baby's head away from the shoulder to get a side bending stretch.

Place your RIGHT arm between your baby's legs and support your baby's body and grasp their RIGHT shoulder with your RIGHT hand.



Side stretch

The best place to do this exercise is on the floor or on a changing mat. Place your baby on their back.

Hold your baby's LEFT shoulder down with your RIGHT hand.

Use your LEFT hand cupped over the top of their head. Slowly bend their RIGHT ear towards their RIGHT shoulder.

Hold for 10 seconds. Repeat ___ times.

Do this exercise ___ times a day.



Rotation (head turning)

Place your RIGHT hand on your baby's RIGHT shoulder. Place your LEFT hand on the side of your baby's face.

Slowly turn your baby's head to look over their LEFT shoulder.

Hold this position for ___ seconds. Repeat ___ times.

Do this exercise ___ times a day.

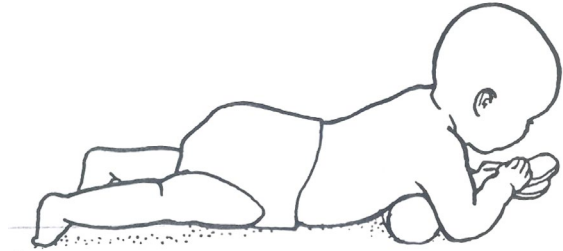


Points to consider

- It may feel uncomfortable doing AD breathing during the "*Unstick phase*". Your child may find it necessary to take a few slightly larger breaths at intervals during this phase. It gets easier with practice.
- By placing your hands on your child's chest you may be able to feel the secretions moving, which helps if your child's chest is quiet.

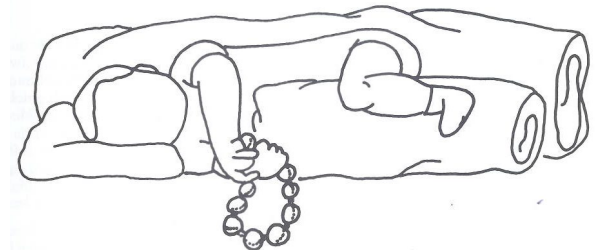
Positions for play

Playing on their stomach (tummy time) is important for when your child is awake. It helps them to learn head control and strengthen their back and neck muscles. Encourage your baby to look to the side that they have difficulty with while they play on their tummy.



Side lying play

Side lying is also important for your baby's development to encourage hand to hand play, which is important for feeding, and hand eye co-ordination. It will also allow gravity to give your baby a gentle neck stretch.



References

1. Physio tools, version 3.066, 12th November 2003 silver level
2. <http://medical-dictionary.thefreedictionary.com/torticollis>

If you have any questions about torticollis, please contact:

Physiotherapy Department
Dingley Specialist Children's Centre
University of Reading
Earley Gate, Reading RG6 6BZ
Tel: 0118 322 5248

For more information about the Trust, visit our website at www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Paediatric Physiotherapy, October 2024.
Next review due: October 2026.