Torticollis

What Is Torticollis?

The term torticollis means “twist neck.” Muscular torticollis happens when a muscle on the side of a baby’s neck, called the sternocleidomastoid, is shortened or tightened.

The tightening of the muscle pulls the head toward the affected side. This pulling limits the baby’s ability to turn toward the affected shoulder. The twisting results in a tilted or rotated head position.

Torticollis is a common diagnosis, occurring in as high as 2 percent of babies.

What Causes Torticollis?

Torticollis is often diagnosed in newborns who prefer positioning their head to the left or right. It can result from their position in the uterus, and is often accompanied by flat head syndrome.

Torticollis can also occur as a result of damage to a muscle on the side of a baby’s neck (the sternocleidomastoid) due to birth trauma or underdevelopment. In rare cases, torticollis can develop due to superior oblique palsy or abnormalities of the cervical spine. In similarly rare situations, torticollis can be a symptom of a genetic condition.

Because of this genetic link, torticollis is sometimes coupled with other disorders of infancy, such as developmental dysplasia of the hip (DDH). Early diagnosis and management by experts is critical.

Torticollis Symptoms and Effects

Babies with torticollis have trouble moving their neck because of muscle stiffness. They also tilt their head noticeably in one direction, and they might also have to lean back to view objects. Their chin might point slightly upward.

More than half of babies who have torticollis symptoms also have a flat spot on the affected side of the head (deformational plagiocephaly) caused by lying consistently in one position. Without treatment, torticollis can affect vision and balance.
Some babies who have torticollis also have **DDH**. Like torticollis, DDH can develop due to birth trauma or the baby’s position in the uterus. Experts don’t fully understand the link between the two disorders, and it can get missed in routine exams.

**Torticollis Diagnosis and Treatment**

Torticollis in babies usually becomes obvious by 4 months—the age when your child gains better head control. However, severe cases are already noticeable in newborns.

If you or your pediatrician notice the neck stiffness and irregular head tilt that can point to torticollis in infants, schedule an evaluation with a specialist as soon as possible. The Gillette Children’s Specialty Healthcare craniofacial team evaluates infants suspected to have torticollis.

If your child has torticollis, we begin torticollis treatment with **physical therapy** to stretch and strengthen the muscles of the neck. Physical therapy is most successful when it begins early in life.

Regular physical therapy exercises help babies move the affected side of their neck, creating balance. In most cases, torticollis in children can improve with a few weeks or months of therapy, when combined with daily exercises at home. The condition rarely returns as a baby grows.

**Additional Treatment Options**

If your child doesn’t respond to therapy after several months, or if improvement slows too much, our craniofacial surgeons will re-evaluate them. At this point, we usually perform cervical spine films (X-rays) and an eye (ophthalmologic) exam.

These tests help rule out a cervical spine condition or an eye-related cause for torticollis. If other methods of treatment aren’t working, we might discuss surgery to release the neck muscle.

**Torticollis and Flat Head Syndrome (Deformational Plagiocephaly)**

If your child has moderate to severe torticollis, you might notice a significant impact on the shape of the head. In this case, we offer the **Gillette CranioCap® orthosis** to gradually reshape your baby’s skull, rounding the head over a period of three to four months. Our **Assistive Technology** staff works closely with our **craniofacial team** to custom-fit the orthosis and make adjustments as your child grows.

By reducing the time your child spends in one position, torticollis physical therapy can help decrease the amount of flattening (plagiocephaly) that results from torticollis. Because **deformational plagiocephaly** has no known long-term medical effects, the decision to fit your child with a CranioCap® orthosis is up to you and your family.

**Integrated Care**

If your child has torticollis, early diagnosis and treatment increases the chances for successful correction. Our multidisciplinary team of **craniofacial experts**, **rehabilitation therapists** and **assistive technology** practitioners will work with you to create a treatment plan customized to your child’s unique needs.

Your child might receive treatment from specialists in the following areas:
• **Craniofacial and plastic surgery.**
• **Physical therapy.**
• **Child life.**
• **Social work.**

Throughout your child’s treatment, our internationally recognized team of experts is here to offer support, answer your questions about torticollis causes and provide family-centered care.

**Explore Torticollis Resources**

• Read about cure rates for torticollis; learn about plagiocephaly care and more in our [Craniofacial Services Outcomes Report (PDF)](#).

• [Diagnosing and Treating Deformational Plagiocephaly, Torticollis and Craniosynostosis in Infants (PDF)](#)

Make An Appointment 651-290-8707 Refer a Patient 651-325-2200

This information is for educational purposes only. It is not intended to replace the advice of your health care providers. If you have any questions, talk with your doctor or others on your health care team.

If you are a Gillette patient with urgent questions or concerns, please contact Telehealth Nursing at 651-229-3890.

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