Royal Cornwall Hospitals
NHS Trust

Your child has left sternomastoid torticollis

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What is torticollis?

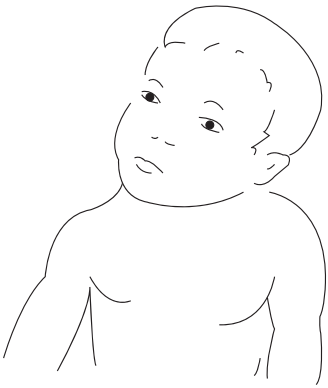
Congenital muscular torticollis or sternomastoid torticollis is a condition that occurs at birth or up to three months of age, where the child's head is tilted to one side and turned to the opposite side.

What causes torticollis?

There are different types of torticollis. The most common form is a tightening of the neck muscles on one side (known as muscular torticollis), which is responsible for approximately 80% of cases. Other causes include problems in the formation of the neck bones or muscles, inflammation, neurological problems, tumours and trauma. This leaflet explains the cause and treatment of muscular torticollis.

What is muscular torticollis?

When the sternomastoid muscle in the neck tightens, it causes the head to turn away from it, tilt upwards and towards the affected side. This makes turning towards the affected side difficult. In a child with left torticollis, the head is tilted to the left and the face is rotated to the right.



No-one knows exactly why the muscles in the neck tighten, but it could be due to:

- birth trauma
- injury to the muscle's blood or nerve supply
- positioning of the neck in the womb.

Sometimes, a lump of fibrous tissue may be felt in the affected muscle, which appears during the first three months and usually disappears by five to six months. It may be small but often quite noticeable.

Are there any other symptoms?

Because children's bones are still relatively soft, there is often some flattening of the back of the skull on the opposite side. This is probably due to the child lying on that area when on their back. You may also notice some difference in facial features on the affected side, due to the tight muscles.

If uncorrected, as the child grows, the face on the affected side may stay 'flattened', causing facial asymmetry. This is reversible if the torticollis is corrected before age one. After that, some facial asymmetry may become permanent.

How is it treated?

Treatment is most successful if the condition is detected early. Treatment involves a physiotherapist teaching the parent stretching techniques for the tight muscles of the neck and shoulder.

Most children with muscular torticollis achieve normal movement through consistent stretching, positioning and movement stimulation.

Most children make a complete recovery of movement in four to six months.

What should I do?

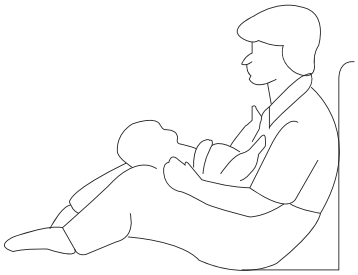
Your physiotherapist will show you how to stretch and position your child. You should perform these stretches at each nappy change.

You must hold each stretch for ten seconds to allow the muscle time to lengthen. The stretches may make your child feel uncomfortable but it is important to do them. If your child is struggling or very uncomfortable, you may need to be more gentle when you stretch him/her.

There is a 20% incidence of hip dysplasia in children with muscular torticollis, so your baby will also need an ultrasound examination of the hips to rule this out.

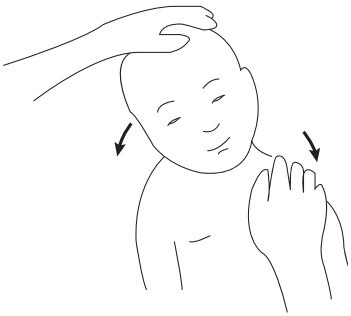
Stretching

For the following exercises, you may want to sit with your child in your lap, facing you.



Side bending

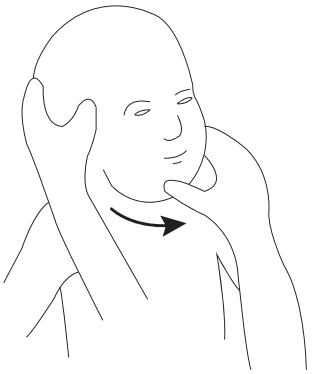
1. Hold the child's **left** shoulder down with your **right** hand.
2. Place your **left** hand on the top of the **left** side of the child's head and slowly bend his/her head towards his/her **right** shoulder.
3. Hold the position for 10 seconds.



Repeat five times, four to six times per day.

Rotating

1. Place your **left** forearm against the child's **right** shoulder and cup the child's head with the same hand.
2. Use your **right** hand to hold the child's chin.
3. Slowly rotate the child's face to his/her **left.**
4. Hold the position for 10 seconds.



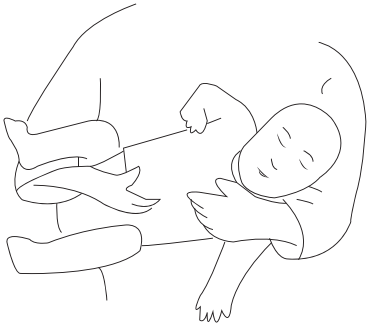
Repeat five times, four to six times per day.

Positioning

When your child is playing on his/her stomach, position all toys so that the child has to turn his/her face to the **left.**

Never leave your baby unattended in this position.

Carrying



1. Hold your child facing away from you, in a side-lying position, with the child's **left** ear resting against your **left** forearm.
2. Place your **right** arm between the child's legs and support the child's body.

Carry your child in this position as much as possible.

What else may help?

- Hold toys so that your child has to look up and to his/her **left.**
- Position child in cot so that activities in the room encourage him/her to look **left.**
- While bottle-feeding your child, position him/her to face **left.**
- While holding your baby across your shoulder, position him/her to face **left.**

Contact details

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