

# Physical therapy is highly effective for infants with congenital muscular torticollis

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Congenital muscular torticollis (CMT) is a common postural deformity in infants, and one that can be effectively treated by physical therapy. A set of updated, evidence-based recommendations for physical therapy management of CMT is presented in the October issue of *Pediatric Physical Therapy*.

Reflecting the latest research relevant to the prevention, screening, and intervention of CMT, the 2018 update emphasizes the importance of early identification and referral for physical therapy. "Early intervention for infants with CMT, initiated before three to four months of age, results in excellent outcomes," according to the updated clinical practice guideline. The authors are Sandra L. Kaplan, PT, DPT, Ph.D., of Rutgers, The State University of New Jersey, Newark; Colleen Coulter, PT, DPT, Ph.D., PCS, of Children's Healthcare of Atlanta; and Barbara Sargent, PT, Ph.D., PCS, of University of Southern California, Los Angeles.

## Latest Evidence to Guide Physical Therapy for Infants with CMT

Congenital muscular torticollis—sometimes called "twisted neck" or "wryneck—is a postural deformity evident shortly after birth. Typically, affected infants tend to position their head tilted to one side and turned to the opposite side. The changes are due to shortening of the sternocleidomastoid muscle, a long muscle running from the collar bone

to the base of the skull behind the ear. The reported incidence of CMT ranges from 4 to 16 percent of newborns.

The 2018 clinical practice guideline for physical therapy management of CMT reflects new research since the previous guidelines, published in 2013. The update includes 17 "action statements," supported by current research evidence, reviewed by expert practitioners, pediatricians, parents, and other stakeholders. Highlights of the new and updated action statements include:

- Education for all expectant parents and parents of newborns. Parents and caregivers should be taught about the importance of tummy time when the infant is awake to promote strong neck and trunk muscles and positioning to prevent postural preferences.
- Assessment of all infants for CMT and other asymmetries, performed by all healthcare professionals who care for newborns and infants. The guidelines recommend screening all infants for CMT from birth through six months.
- Prompt referral to a physician and physical therapist with experience in treating infants, as soon as CMT or asymmetry is noticed. Evidence shows that starting physical therapy earlier shortens the time to achieve normal neck motion while reducing the need for surgery.
- Physical therapy examination and evaluation, including a revised classification system for CMT severity.
- Physical therapy intervention with the goal of improving neck range of motion, strength, and postural alignment. The guidelines state: "Early intervention for infants with CMT, initiated before three to four months of age, results in excellent outcomes with 92 to 100 percent achieving full passive neck rotation and zero to one percent requiring surgical intervention."
- Follow-up evaluation, including criteria for successful

completion of physical [therapy](#). The guidelines also address when to obtain specialist consultation for infants who are not progressing as expected.

For each recommendation, the strength of the supporting evidence is summarized and priorities for future research are discussed. The guidelines also include flow charts to guide early identification and referral to [physical therapy](#) for [infants](#) with CMT as well as for classification of CMT severity. The authors comment: "Our 2018 update of the CMT [clinical practice guideline](#) is intended as a reference document to guide physical therapists, families, health care professionals, and educators to improve clinical outcomes and health services for children with CMT, and to inform future research."

**More information:** [journals.lww.com/pedpt/pages/default.aspx](https://journals.lww.com/pedpt/pages/default.aspx)

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