Referring for Treatment of Congenital Muscular Torticollis

Why Physical Therapy?

- Öhman et al found that infants with PT treatment increased symmetry of movement 2 months sooner than infants receiving stretching from parents alone.\(^1\)
- Three studies (Celayir; Emery; and Cameron and Cameron) found excellent results or full resolution in 65% to 99% of infants involved.\(^1\)
- Öhman reports KinesioTape significantly increased Muscle Function Scale scores in patients with CMT.\(^1\)
- Chon et al reports Mokinetic stretching significantly decreases SCM thickness and increases cervical rotation.\(^1\)
- Karmel-Ross reports that infants 4 to 4.5 mos of age using at Tubular Orthosis for Torticollis (TOT) collar obtain 4.7° closer to vertical head posture than those infants who did not.\(^1\)

Long Term Effects

- Schertz et al report infants with CMT are at higher risk for gross motor developmental delay.\(^1\)
- May lead to visual tracking deficits, nystagmus, vestibular deficits, or scoliosis when left untreated.
- Yu et al found that craniofacial deformities increased in severity with increased age in patients with uncorrected CMT.\(^2\)
- Deformities include plagiocephaly, posterior displacement of the ipsilateral ear, and mandibular deviation among others.\(^2,3\)

At MOSAIC we utilize many different treatment strategies in Physical Therapy

- Stretching program under the guidance of a physical therapist
- Positioning program to promote craniofacial symmetry
- Manual therapy
  - Myofascial release
  - Positional release
- Direct strengthening to contralateral SCM
- KinesioTape Method to surrounding musculature
- External orthotics including TOT collar or shaping helmet

References: