



Congenital Muscular Torticollis

What is Torticollis?

Congenital muscular torticollis is also known as 'wryneck'. It is typically found in the first six to eight weeks of a newborn's life.

In approximately the first month of life, the parents may notice that the baby holds his/her head tilted and has difficulty turning his/her head to one side.

The reason the baby holds the head tilted and has difficulty turning is due to a tight muscle in the neck. A bump or mass may be felt over the tight muscle of the neck. It is soft and not tender. The mass is attached to the tight muscle on the side of the neck that the child holds his/her head tilted to. The mass decreases over the next several months, by five months of age the mass is almost undetectable.

If your child has been diagnosed with torticollis, there may be other conditions that need to be evaluated. There is a 10% to 20% association of hip dysplasia with torticollis. The child should have their pelvis and hips evaluated as well.

What symptoms would I see?

A child with torticollis will present with a head tilt and the chin pointing to the opposite shoulder.

The majority of the time, the right side is involved, 75%.

There is also a decrease in motion of the neck.

One side of the head may be more flat than the other side.

The bump or mass is found on the affected, short, neck muscle, but again does disappear after four to six months of age.

Why does my child have torticollis?

Similar to hip dysplasia, children who are first born are more likely to have torticollis. The cause may be from an injury to the neck muscle from positioning in utero.

The bump or mass on the muscle is secondary to the injury.

As the mass resolves, the scar that is left on the affected neck muscle will determine how tight or how much torticollis the child will have later on.

How is torticollis treated?

Stretching and range of motion exercises are the mainstream of treatment for torticollis. This includes turning the head so the chin touches each shoulder and the ear touches each shoulder.

Other ways to have the child exercise the affected side is to place toys so the child must turn his/her head using the affected side. Placing the child's crib/bed against the wall, so he/she will have to use the affected side to look out.

In a small population, 10%, surgery will need to be performed to lengthen the short muscle.