

Congenital Muscular Torticollis

What is Torticollis?

Torticollis means “twisted neck.” The most common cause is congenital muscular torticollis (also known as ‘wryneck’). It is typically found in the first six to eight weeks of a newborn’s 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 his/her 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 congenital muscular torticollis, there may be other conditions that need to be evaluated, such as dysplasia of the hip which your physician should look for. There are other common causes of torticollis such as hearing or vision problems and bone malformations in the neck. Your doctor may take an X-ray to help determine the cause in the first several months of life.

What symptoms would I see?

A child with torticollis will present a head tilt with chin pointing to the opposite shoulder. About 75% of the time, the right side is involved. There is also a decreased motion of the neck and one side of the head may be flatter than the other. The bump or mass is found on the affected, short, neck muscle but disappears after four to six months of age.

Why does my child have torticollis?

First-born children 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?

Radiographs may be needed to rule out other causes of abnormal head position.

Stretching and range of motion exercises are the mainstream of treatment for torticollis. This includes turning the head so the chin and ear touch 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 only 10% of cases, surgery is needed to lengthen the short muscle.

