Does your infant have torticollis?

Just as parents are concerned about their children’s teeth and so they go the dentist for a checkup, many parents are now bringing their children to pediatric chiropractors to have their spinal development checked.

A young spine usually develops perfectly by the end of a mom’s pregnancy. However, it is what happens during the birth process and the weeks, months, and years following that often alters the normal functioning of a child’s spine. The spinal bones, known as vertebrae, can be misaligned from the baby’s position in the womb or it can even suffer problems during labor from the trip through the birth canal or from the birth process itself. Assuming the baby makes an uneventful and stress-free entrance into the world, other events such as falls from a changing table or a bed or even a sudden stop in the car can cause these small spinal vertebrae to misalign. Likewise, reaching childhood milestones, such as learning to walk, is accompanied by many falls which may also cause trauma to the child’s spine.

Some of the more noticeable signs to look for which may be indicators of a spinal misalignment in a newborn or infant are the child’s head being consistently tilted to one side, decreased mobility of the head or neck to one side, or difficulty nursing particularly on one side. One such condition that creates these signs is known as torticollis.

Torticollis, which may be known as “wry neck”, is a positional change in the neck which involves involuntary tilting and turning of the head and usually is associated with muscle spasm in the side to which the head tilts. The condition can affect infants, children, or adults. Torticollis affects 2 percent of babies in early infancy, and it is then referred to as congenital torticollis.

It is significant to note that torticollis is not a diagnosis but rather a sign of some other underlying disorder. Documentation as sited in leading obstetric and pediatric medical journals states that most torticollis seen in new babies is due to birth trauma. Torticollis following birth stress will typically appear at birth or within the first several weeks following birth. Such torticollis is usually due to misalignment (subluxation) of the first few bones in the neck and/or injury to neck muscles resulting in a “knot or spasm” in one of the neck muscles. Among these birth traumas, breech delivery is the most common. The use of forceps and vacuum extraction aids in the delivery process have also been implicated in the development of torticollis. Additionally, a prolonged abnormal position in the womb during pregnancy (intra-uterine constraint) can cause injury resulting in torticollis at birth or shortly thereafter.

According to recent medical research, misalignment of spinal bones in the neck, known as subluxation, is responsible for up to 50% of congenital torticollis. The subluxation irritates nearby nerve structures and causes the muscle spasm and postural changes characteristic of torticollis. Doctors of Chiropractic correct these misalignments by applying gentle corrective forces to the appropriate areas of the spine. Special infant and
toddler techniques are utilized so that the chiropractor’s approach is particularly gentle, often using only a fingertip to make this correction. This procedure is known as a chiropractic spinal adjustment. There are pediatric chiropractors specifically trained to care for this tender age group. The Journal of Manual Medicine recently published a European medical doctor’s study reporting that 43 of 44 infants with torticollis responded favorably to this type of conservative spinal care.

Once it has been established that subluxation is present, a course of spinal adjustments should be commenced promptly. If torticollis is allowed to persist for greater than a year, surgical intervention may be necessary. In 1998, the medical journal Spine reported that the major factor predicting failure of conservative management was the duration of subluxation before initial care was rendered; children with long-standing subluxation were more likely to experience recurrences and require surgery.

The most common medical form of therapy for torticollis involves physical therapy to stretch the spasmed muscles. However, addressing solely the muscular component of torticollis is often not successful. According to a 1993 medical report, failure to detect and correct subluxation will likely result in residual problems in head posture even after “successful” neck muscle therapy. A chiropractic physician may recommend or perform soft tissue manipulation, stretching and cranial adjustments as an adjunct to spinal adjustment.

The longer torticollis is allowed to persist, the more likely one is to develop scoliosis and facial/head asymmetry. This facial or head asymmetry and twisting is known as plagiocephaly. It occurs due to the continued muscle spasm and pulling on the mastoid process which is the bone behind the ear. The longer this pulling occurs, the more distorted and flattened the head appears. It is interesting to note that there are more and more cases of head shape asymmetry such as flattening of the back of the skull, in part due to the recommendations to place babies on their backs to sleep.

One of the current medical solutions for plagiocephaly is the use of a helmet known as the “DOC Band”. The DOC Band is a 5-6 ounce open-topped helmet, which applies light, steady pressure to the distorted areas of the infant’s head. Not only does the child need to wear this device for 23 hours a day and perhaps for as long as many months, but also the child must be re-evaluated either weekly or every other week for follow-up treatment.

It is critically important to inform parents of children suffering from torticollis and/or plagiocephaly that there are alternative treatments available. Like torticollis, plagiocephaly has also been successfully addressed by gentle chiropractic adjustments to the spine and cranium in conjunction with gentle stretching and soft tissue manipulation. In addition, it is essential to teach parents how to stretch and massage the spasmed muscle and to give parents home care recommendations such as changing the positions used for feeding, sleeping, sitting in a car seat, looking at toys, etc.
It should be stated that chiropractic is not intended as a treatment for any particular disease or symptom. The primary purpose of chiropractic is to improve nervous system function through the detection and correction of structural imbalance. Nonetheless, in cases of torticollis which result from subluxation, chiropractic often produces rapid resolution.

Dr. Risa Sloves is a Board Certified Diplomate in Clinical Chiropractic Pediatrics and Maternity Care. She practices with her husband, Dr. Mark Joachim, at their office Associates In Family Chiropractic and Natural Health Care, P.C. 156 East Avenue, Norwalk, CT  06851. She can be reached at her office (203) 838-1555.

www.ctchiropractic.com  www.eliminate-my-allergies.com
www.ctspinalpaincenter.com