Improvement in congenital torticollis, plagiocephaly, and breastfeeding issues in an infant following subluxation based chiropractic care: a case study.

Torticollis in infants presents with observational preferential/static posture of the head with asymmetric cervical spine range of motion (ROM). Tubby in 1912 characterized congenital muscular torticollis (CMT) by lateral flexion and contralateral rotation of the head and neck with possible facial distortion. Incidence of CMT for infants and newborns is 0.3-1.9% of all births. Theories of causation include intrauterine constraint and compartment syndrome during the prenatal period, myopathy of the sternocleidomastoid (SCM), and birth traumas. Poor outcomes of care and concerns of safety prompt may parent to seek alternative care for their child.

A 12 week old boy presents to the chiropractor for a consultation and possible care. The chief complaint is left sided plagiocephaly and right contractures of the SCM muscles. The infant is a twin and in the anterior occiput position in-utero. The mother stated that the labor was prolonged and resulted in a C section.

Frequency of care was 2x week for three weeks followed by a reassessment. Activator instrument was utilized as well as a craniosacral suture release of the occipitomastoid suture. The mother was instructed in passive SCM stretching and head repositioning as well as encouraging active right cervical rotation movements as well as tummy time.

The mother voluntarily decreased the visit frequency due to her perception of the “success” of the treatments. The baby’s active cervical ROM was full and his facial symmetry had visibly improved.