



Torticollis is a sign caused by contracture or fibrosis of the resulting in an ipsilateral head tilt, most often involving the sternocleidomastoid (SCM) muscle

ETIOLOGY

Congenital Muscular Torticollis (CMT)

- Most Common (up to 80%)⁵
- Birth trauma, intrauterine compression/oligohydramnios, malpresentation

Acquired Torticollis

- Tumors/Masses
- Inflammation
- Infection
- Trauma
- Neurological (CNS, CN XI, Ocular)
- Drug-Induced (Dystonia)

Syndromes

- Grisel's Syndrome
- Sandifer Syndrome

PRESENTATION

HISTORY	PHYSICAL EXAM
Newborn (Birth trauma, breech presentation, oligohydramnios, instrumental delivery) Acquired (Older age, trauma, pain, infection, mass, malignancy, comorbidities, intermittent vs. constant)	Ipsilateral Head Tilt - Painful or Stiff Neck - Neck Mass - Thickened SCM / Palpable "Knot" - Dysmorphic features - Concurrent Hip dysplasia (2-20%)⁴



Shortened SCM Muscle with Ipsilateral Head Tilt

PINCH Tool for Clinical Assessment¹

P – Pain
I – Intermittent / Constant
N – Neurological signs
C – Congenital / Acquired
H – Head Shape

Suggested tool to guide clinical assessment and differential diagnoses

DIAGNOSIS

Torticollis is a **clinical diagnosis** but requires investigation to rule out non-muscular causes, especially if any red flag symptoms are present.

IMAGING

Congenital: Neck Ultrasound (If mass present)

Trauma: Cervical Spine Imaging (X-ray)

If Neurological Signs: CT or MRI Head and Neck



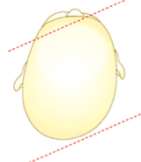
MANAGEMENT

- Aim:** Increase range of motion and improve cosmetic outcomes.
- First line:** Stretching exercises (physiotherapy) +/- Surgical management if unsuccessful (SCM release or resection).
- Treat any underlying disorders accordingly.
- Post-operative physical therapy is important to reduce recurrence rates.

COMPLICATIONS

Potential complications include:

- Craniofacial asymmetry (up to 90%)⁶
- Plagiocephaly
- Permanent deformity
- Recurrence
- Cervical spine changes
- Gross motor delay
- Feeding difficulties



Plagiocephaly