

([Laughlin, Luerssen, Dias, et al, 2011](#)).

Treatment of torticollis and plagiocephaly initially involves exercises to loosen the tight muscle and switching head position sides during feeding, carrying, and sleep. If the plagiocephaly is not resolved within 4 to 8 weeks of physical therapy, a customized helmet may be worn to decrease the pressure on the affected side of the skull (see [Fig. 10-4, B](#)). If no improvement occurs with physical therapy or a molded helmet over a period of 2 to 3 months, the infant may be referred to a pediatric neurosurgeon or craniofacial surgeon; the referral should optimally occur by 4 to 6 months old ([Laughlin, Luerssen, Dias, et al, 2011](#)).

The helmet is worn 23 hours a day for a prescribed period (usually 3 months). Repositioning and physical therapy are said to be more effective when used before the infant can roll over or move his or her head alone (i.e., before approximately 3 to 4 months old) ([Robinson and Proctor, 2009](#)).

Nursing Care Management

Minor skull flattening is not considered significant, but parents should learn to prevent plagiocephaly by altering the infant's head position during sleep. Infants should be placed prone on a firm surface during awake time (tummy time), which prevents plagiocephaly and facilitates development of upper shoulder girdle strength; the latter helps in the progressive development of movements such as rolling over and starting to rise up on all fours, which are precursors to crawling and eventually walking. Thirty to 60 minutes of supervised tummy time per day in infants younger than 6 months old is recommended ([Laughlin, Luerssen, Dias, et al, 2011](#); [Robinson and Proctor, 2009](#)).

Despite the perceived increase in the incidence of positional plagiocephaly, the supine sleeping position is still recommended because it has led to a significant decrease in loss of infant lives from SIDS ([American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome, 2011](#)). Additional measures to prevent positional plagiocephaly include avoiding excessive time spent in car seat restraints, infant seats, and bouncers ([Laughlin, Luerssen, Dias, et al, 2011](#)). Alternating the infant's head position for sleep times can also prevent unilateral molding. When a nurse or parent notices plagiocephaly, a consultation with the primary practitioner