

(**craniosynostosis**).

Nursing Alert

After 6 months old, significant head lag strongly indicates cerebral injury and is referred for further evaluation.

Note head control in infants and head posture in older children. By 4 months old, most infants should be able to hold the head erect and in midline when in a vertical position.

Evaluate range of motion by asking the older child to look in each direction (to either side, up and down) or by manually putting the younger child through each position. Limited range of motion may indicate **wry neck**, or **torticollis**, in which the child holds the head to one side with the chin pointing toward the opposite side as a result of injury to the sternocleidomastoid muscle.

Nursing Alert

Hyperextension of the head (**opisthotonos**) with pain on flexion is a serious indication of meningeal irritation and is referred for immediate medical evaluation.

Palpate the skull for patent sutures, fontanel, fractures, and swellings. Normally, the posterior fontanel closes by 2 months old, and the anterior fontanel fuses between 12 and 18 months old. Early or late closure is noted, because either may be a sign of a pathologic condition.

While examining the head, observe the face for symmetry, movement, and general appearance. Ask the child to “make a face” to assess symmetric movement and disclose any degree of paralysis. Note any unusual facial proportion, such as an unusually high or low forehead; wide- or close-set eyes; or a small, receding chin.

In addition to assessment of the head and neck for movement, inspect the neck for size and palpate its associated structures. The neck is normally short, with skinfolds between the head and shoulders during infancy; however, it lengthens during the next 3 to 4 years.