Torticollis

History

- When was the onset?
- Is there any history of neck or spine trauma, or birth trauma?
- What is the clients daily posture or sleeping posture?
- What relieves or aggravates this condition?
- Is the client taking any medication?
- Is it painful?
- Are there any other associated condition? Ex. TMJ

Visual Assessment

- there can be a cervical scoliosis convex to the unaffected side
- neck side bends to the affected side
- Face rotates opposite
- Affected side shoulder is elevated
- Neck may also be in extension or flexion with Acute Acquired Torticollis
- Often fascial bone asymmetries with Congenital torticollis

Specific Tests

- Compression and cervical distraction tests
- Vertebral artery test
- Spurling's test

Informed Consent

Treatment of Acute Acquired Torticollis

- Treatment begins supine
- Heat to muscles with trigger points
- Treatment begins on the side not in spasm
- Slow gentle effleurage and petrissage on anterior and posteriolateral muscles
* Agonist contraction *PIR for scm* – side bend to unaffected side
  - rotation to the affected side
* *Golgi tendon organ release* – must be pain fee on all attachments of sternocleidomastoid
* *Origin and insertion technique* – must be pain free on all attachments of sternocleidomastoid
- Work surrounding muscles on affected side
- Return to the spasm
- Work to the side not in spasm is interspersed with work to the spasm. Specifically to splenius cervicus and capitus, multifidi, rotators and suboccipitals.

- As the spasm disappears scalenes, upper trap and levator are treated on the affected side
* Agonist contraction *PIR of scalenes*
    - side bend to the unaffected side to inhibit middle scalene
    - side bend to the unaffected side then head rotation to the affected side to inhibit anterior scalene
    - side bend to the unaffected side then head rotation to the unaffected side to inhibit posterior scalene
- spasm has decreased use vibrations, stroking, fingertip kneading and light muscle stripping
- *Trigger points in scm*
- Neck is treated with gentle effleurage, petrissge, muscle stripping and trigger point work
- Pain free *PR ROM* of the neck
- *GTO suboccipitals*
- *Long axis traction*
- Stretch clavicular head of scm – rotate head to unaffected side stabilize the clavicle
- Stretch sternal head of scm – rotate head toward the affected side and the chin is tucked into the shoulder
- Upper trap and levator are also stretched
- Soothing strokes and petrissage to muscles of mastication, forehead and scalp

Homecare and hydro

- Hydrotherapy is heat to the tight muscles
- Diaphragmatic breathing
- Self massage
- Above stretches are taught – AF ROM is used before hand to prepare the tissues
- Postural imbalances are addressed to prevent recurrence
    - hold book in bed in front instead of to one side
    - If the client sleeps on one side the pillow is placed between the head and shoulder keeping the head in midline
    - a travelling neck support pillow can be used to sleep in a plane or vehicle
- Weak muscles are strengthened
- The client is referred to a chiropractor if cervical vertebral subluxations are present.