



# Torticollis & Plagiocephaly



**\*\* Torticollis - Head turn or head tilt due to tightness of the neck muscles \*\***

Linked to -

Position during pregnancy, traumatic/instrumental birth - Positioning on/in play mat/cot next to window/lights/toys on one side  
Small lump may be felt within side of the neck

**\*\* Plagiocephaly - Flattening of the back or one side of the head \*\***

Linked to -

Positioning on/in play mat/cot next to window/lights/toys on one side - Torticollis  
Usually cosmetic - Usually improves as babies begin to move around spending less time on their back

**Low  
Risk**

History of  
less than 6 weeks

Eye/Ear  
position level/symmetrical

No restriction of  
active or passive head/neck movement

No flattening  
of the head

**Advice**

Activities

Be Patient and Reassured  
- time to improvement  
(Torticollis - weeks, Plagiocephaly - months)  
- Typically Cosmetic

**Advice**

Leaflets

Check out the APCP's reassuring  
Leaflet on preferred head turn

[https://apcp.csp.org.uk/system/files/documents/2020-06/Plagiocephaly\\_V4\\_2020.pdf](https://apcp.csp.org.uk/system/files/documents/2020-06/Plagiocephaly_V4_2020.pdf)

Eye/Ear position  
not level/Asymmetrical

Traumatic or  
instrumental birth history

Family history  
of developmental disorders

Restricted passive  
movement of the head/neck

Prolonged time on  
back or in bucket type seats

History of  
more than 6 weeks

Difficulty or  
one sided breast feeding

**What to  
watch for...**

**Action**

Referral

**Contact your Health Visitor about a possible  
referral to Physiotherapy**

**\*\* All provision is covered under your states entitled medical care \*\***

Images Via:

[https://apcp.csp.org.uk/system/files/promoting\\_physical\\_development\\_lying\\_to\\_sitting\\_2015.pdf](https://apcp.csp.org.uk/system/files/promoting_physical_development_lying_to_sitting_2015.pdf)  
<https://www.littlewonderstherapy.com/blog/6-signs-your-child-may-have-torticollis>

Information sourced from:

paediatric orthopaedic normal variants: what they are and how to manage them, M. OMir, APCP  
Journal, Volume 9 Number 2 (2018)

# Normal "Abnormalities"

## Toe-Walking



**\*\* Toe walking is common in babies first learning to stand \*\***

They should be able to stand heels down - frequency will typically reduce over 3-6 months  
You should be able to gently bend their ankles more than 15 degrees beyond right angle

Early intro of standing (e.g. baby walkers) may contribute to tip toeing  
A complex birth history or other developmental concerns may be linked with Autism or Cerebral Palsy

### What is Typical

Symmetrical

Improving  
over 3-6 months

No other  
developmental concerns

Intermittent

#### Advice

Leaflets

Check out the APCP's reassuring  
Leaflet on baby walkers

[https://apcp.csp.org.uk/system/files/documents/2020-06/baby\\_walkers\\_2020.pdf](https://apcp.csp.org.uk/system/files/documents/2020-06/baby_walkers_2020.pdf)

#### Advice

Activity

Encourage play slowly rising up  
and down to tip toes  
Encourage development of  
strength through play

Unable to stand  
with heels down

Constant  
Tip toeing

Asymmetrical

Unchanging  
over 3-6 months

Less than 15 degrees  
bend beyond right angle

### What to watch for!

Arm patterns  
"Hands Up" "Doggie Paw's"

#### Action

Referral

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referral to Physiotherapy**

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# 0 - 3 months

## Play ideas

These areas will help your baby to develop their gross motor skills and body control

They will also help prevent positional issues such as flat head



### Tips!

Always support baby's head when lifting

They can't see far - get close and use lots of colour and sounds

Use lots of facial expressions

Do lots of talking to them!

### Hand play

Helps baby to learn where their body is and different sensations

- Hand to hand
- Hands to mouth
- Hands on toys



### Tummy Time!

Helps to develop head control

Can be flat, on a roll or on your chest

Little and often



### Side lying play

Enables them to bring their hands to midline to play more easily and explore toys

Place toys between their hands

Different textures (crinkly/soft)

Encourage them to feel and look at the toy



### Foot play

Play foot to foot

Encourage baby to reach for their knees and feet if able

Develops trunk control for rolling and body awareness



### Tracking

Encourage baby to watch a toy and follow it side to side by head turning

Helps develop head control

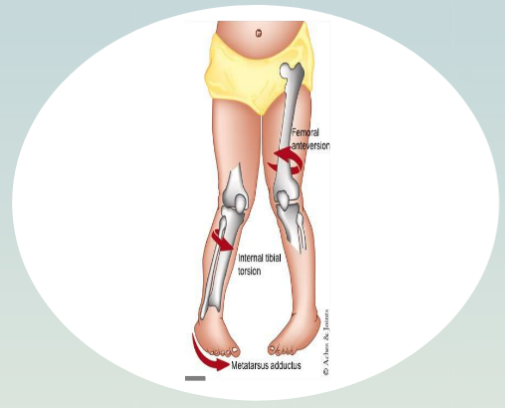
Use noisy and bright toys

Or use your face!



# Normal "Abnormalities"

## In-toeing



**\*\* In-toeing is expected in children under 10 \*\***

Tibial Torsion - (Rotation of the Shin bone) is most common, aged 1-3 (90% correct by age 8)

Femoral Anteversion - (Rotation of the Thigh bone) is most common, aged 4-6

Metatarsus Adductus - (Curvature of the foot) typically flexible (90% correct without intervention)

### What is Typical

Symmetrical

Any changing alignment finished by age 9-10

Presentation should be steadily changing (over months not weeks)

Pain Free

### Advice

Leaflets

Check out the APCP's reassuring Leaflet on In-toeing

<https://apcp.csp.org.uk/system/files/documents/2020-06/Intoeing%20Gait%202019.pdf>

### Advice

Activity

Encourage development of strength through play  
Discourage 'W' sitting

Extreme In-toeing

Any limping when walking

### What to watch for...

Asymmetrical

Significant Leg Length difference

Significant asymmetry of the creases of knees or hips

Pain hips, knees or feet

### Action

Referral

**Contact your Health Visitor about a possible referral to Physiotherapy**

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# Normal "Abnormalities" Funny Knees



**\*\* Bow Leg and Knock Knee's can be part of normal development \*\***

**Genu Valgum - (Knock Knee's)**

Most commonly seen from aged 3 - Usually corrects by age 8 - Less than 8cm between ankles

**Genu Varum - (Bow Leg's)**

Average 10-15 degrees bow at birth - Usually corrects by age 2-3 - Less than 6cm between knees

## What is Typical

Symmetrical

Any changing alignment finished by age 9-10

Presentation should steadily change, but can be sudden

Pain Free

## Advice

Activity

Encourage development of strength through play

Look for change over 3-6 months

## What to watch for...

Extreme In-toeing

Any limping when walking

Asymmetrical

Significant Leg Length difference

Significant asymmetry of the creases of knees or hips

Pain hips, knees or feet

## Action

Referral

**Contact your Health Visitor about a possible referral to Physiotherapy**

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# Normal "Abnormalities"

## Flat Feet



**\*\* Flat Feet are expected in children under 5 \*\***

Babies and toddlers have big fat pads in their feet that contribute to them looking flat  
The heel will look turned out, instep will look collapsed and the forefoot push outwards

### What is Typical

Symmetrical

Can create an arch rising to Tip Toe

No functional problems  
e.g. tripping falling

Pain Free

### Advice

Leaflets

Check out the APCP's reassuring Leaflet on Flat Feet  
<https://apcp.csp.org.uk/system/files/documents/2020-06/Flat%20Feet%20in%20Children%20V3.pdf>

### Advice

Footwear

Check footwear Rule of 3  
1. firm heel  
2. rigid rear sole  
3. fastening

Extreme Flat Feet

Remain flat when rising onto tip toes

Asymmetrical

Delayed weight bearing more than 14 months

Functional issues  
e.g. running, jumping, tripping

### What to watch for...

Pain in knees or feet

### Action

Referral

## Contact your Health Visitor about a possible referral to Physiotherapy

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# Expected Motor Development

**\*\* It is normal for children to develop at different rates \*\***

Comparing them to others or even a text book is not always helpful  
These are some examples of when we might expect to see children develop their motor milestones

Rolling Front to Back/Back to Front - 4-6 months \* Sitting when placed - 6 months  
Pushing up to sit - 9-11 months \* Crawling - 7-10 months  
Standing when placed - 8-10 months \* Pulling to stand 9-11 months  
Cruising/using push along toys - 9-11 months \* Walking - 10-18 months

## Low Risk

Minor delay less than 25% over expected

Milestones improving over 1-3 months

Missed crawling or they bottom shuffle, without other delays

Delay of only one milestone

### Advice

Activities

Be Patient and Reassured - children develop at different rates

### Advice

Leaflets

Check out the APCP's reassuring Leaflet on tummy time, laying to sit, awake time ideas

[https://apcp.csp.org.uk/system/files/publication\\_files/Tummy%20Time%20Leaflet.pdf](https://apcp.csp.org.uk/system/files/publication_files/Tummy%20Time%20Leaflet.pdf)

[https://apcp.csp.org.uk/system/files/promoting\\_physical\\_development\\_lying\\_to\\_sitting\\_2015.pdf](https://apcp.csp.org.uk/system/files/promoting_physical_development_lying_to_sitting_2015.pdf)

[https://apcp.csp.org.uk/system/files/awake\\_time\\_ideas\\_2015.pdf](https://apcp.csp.org.uk/system/files/awake_time_ideas_2015.pdf)

Multiple missed or delayed milestones

Family history of developmental problems

Unusual movement patterns

## What to watch for...

Significant delay more than 25% over expected

Born at less than 32 weeks and/or requiring ventilation

### Action

Referral

## Contact your Health Visitor about a possible referral to Physiotherapy

\*\* All provision is covered under your states entitled medical care \*\*

Information sourced from:

"birth to 5 years, childrens developmental progress" Third edition, Mary D Sheridan

The Malawi Developmental Assessment Tool (MDAT): The Creation, Validation, and Reliability of a Tool to Assess Child Development in Rural African Settings, May 2010 PLoS Medicine, 7(5):e1000273