QUICK SCREEN FOR INFANT HEAD/FACE/NECK ASYMMETRY

Screen for asymmetry (plagiocephaly) at all clinic visits up to age 1 year. Investigate any asymmetry, intervene early, rule out serious causative factors (craniosynostosis, torticollis), and follow recommendations (conservative treatment, referral).



- imagine lines vertical/horizontal, anterior/posterior
- connect landmarks on head/face/neck

Visualize Proportion

- divide skull into quadrants, note if quadrant volumes are relatively equal

Document Asymmetry

Examples

head tilt

neck twist

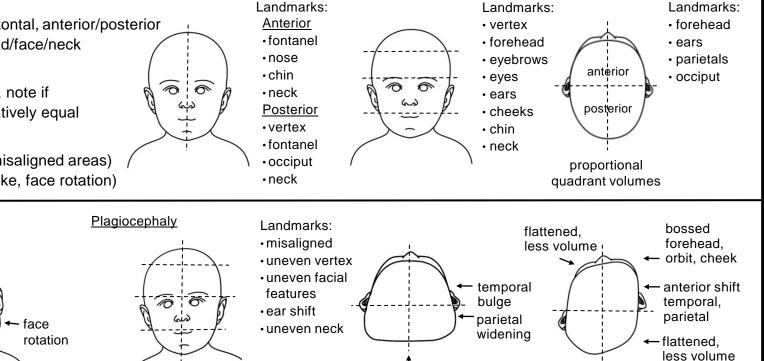
shoulder hike

shortened SCM

- head, face (bossed, flat, misaligned areas)
- neck (head tilt, shoulder hike, face rotation)

Torticollis

To



symmetrical, not proportional

flattening may cross

occipital midline

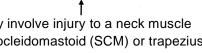
central occipital flattening

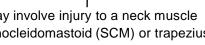
reduced posterior volumes

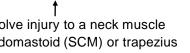
may involve injury to a neck muscle sternocleidomastoid (SCM) or trapezius

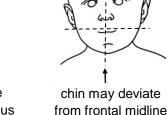
6

5









Conservative Treatment guidelines

- 1. Counseling/anticipatory guidance: teach parents/caregivers to position baby supine (on back) starting at birth and up to 1 year; to rotate baby's head side to side while supine; to rotate baby's position in crib; and to include daily exercise and tummy time.
- 2. Mechanical adjustments: for plagiocephaly, follow a 2-3 month trial of positioning, tummy time, exercises, and/or physical therapy.
- 3. Refer as needed: for torticollis, teach neck exercises or refer for physical therapy;

for asymmetry that does not improve or for any concerns, refer to a craniofacial specialist.

Goals: Increase plagiocephaly awareness, screening and intervention, reduce its incidence, and improve infant health outcomes.

SYMMETRY