**Torticollis** (which means *‘twisted neck’* in Latin) is a condition in which the muscles on one side of a baby’s neck are tighter than the other.

It can be caused by a number of different reasons, but the main two types are called:

* **Congenital muscular torticollis**
* **Positional torticollis**

**Congenital muscular torticollis** is caused by tightness of the Sternocleidomastoid (SCM) muscle, at the side of the neck.

The SCM muscle is made of two bands of muscle, which connect the collar bone and breast bone to the bone behind the ear. Sometimes there may be a thickening or lump in the muscle. You may hear this lump called a ‘tumour’, but do not worry about this phrase. The lump is most often caused by a collection of blood and fluid - and usually disappears over time. In some babies the muscle stands out like a thickened band on the tighter side.



When the SCM muscle squeezes, it pulls a baby’s ear down towards their shoulder and it also turns their chin towards the opposite shoulder.

If your baby has a tight SCM they may find it difficult to hold their head in the middle and to turn their head to the other side. Some babies also develop a flatness at the side of their head that they prefer turning to. This is called **positional** **plagiocephaly** and can be easily treated with early physiotherapy and careful positioning / handling.

**Positional torticollis** describes when the muscles on one side of the neck become tighter as a result of a baby holding their head in a certain position for long periods.

A baby may develop positional torticollis as a result of positional plagiocephaly, or the other way around.

There are other possible causes for torticollis - such as bony abnormalities, visual problems, infection, developmental delay or trauma. It is important to work with your physiotherapist / doctor to find out the cause of your baby’s torticollis.

Your baby may need further investigations.

**If you are concerned that your baby may have a torticollis or your baby has difficulty turning their head to either side, speak to your local GP or Public Health Nurse (PHN) as soon as possible. They will refer you on for further treatment and assessment as needed, this may include a referral to a Paediatric Chartered Physiotherapist.**