



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Service Review on Torticollis in Physiotherapy Department of Princess Margaret Hospital (PMH)**

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**Introduction**

Torticollis is one of the most common congenital orthopaedic conditions.

Physiotherapy Department in PMH provides treatment from infancy to toddlers as well as the recurrent cases with active stimulation, passive stretching exercise, electrical modalities, home exercises and advices.

**Objectives**

To review our service outcomes & the demographic data of the torticollis patient in PMH Physiotherapy Department

**Methodology**

A retrospective review of the new patients with congenital torticollis referred to PMH Physiotherapy department seen between 1/1/2016-31/12/2016 was conducted. Patient's demographic data, active and passive neck range of motion (ROM), comorbidity, with or without operation, physiotherapy treatment duration were analysed.

**Result**

A total of 57 new cases (27 male : 30 female) of torticollis were referred to PMH Physiotherapy Department with mean age 10.3 months (age range from 14 days to 14 years old). The first visit for 54% of patients was before 3 months of age. 3 children were relapsed cases from the resolved torticollis in their infancy period. Comorbidities included bilateral overlapping toes, hypotonia and tight Achilles Tendon. 24 out of 57 cases (around 42 %) were presented with the sternocleidomastoid tumour (SMT) and the others (52%) were postural torticollis. Among them, 3 cases (5%) had performed surgical releases to the sternocleidomastoid muscle with one tenotomy and two bipolar releases. 80% cases with SMT could attain full passive neck range included rotation and side flexion at mean treatment duration of 3.8 +/- 3.38 weeks. The postural torticollis patients were able to be discharged after receiving Physiotherapy with a mean duration of 5.4 +/- 3.8 months. However the child with SMT needed more than 1 year physiotherapy treatment.

This long treatment period was mainly due to the monitoring and resolving of head tilt

problem. It also suggested that it might be a high indication for surgical release if the child could not attain full neck range after receiving 2 months intensive physiotherapy, however, further studies are needed to confirm these results.