

Department:	Rehabilitation Centre		
Document:	Multidisciplinary Policy and Procedure		
Title:	Physiotherapy Protocol for Torticollis		
Applies To:	All Physiotherapist, Physicians and Nurses		
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1. PURPOSE:

- 1.1 To reduce the contracture of sternocleidomastoid muscle (SCM) and maintain or improve range of motion of neck muscles.

2. DEFINITIONS:

- 2.1 Torticollis: is a deformity of the neck that includes elements both of rotation and flexion due to contractures of sternocleidomastoid muscle (SCM). This results in tilting of the head towards the affected side and rotation of the chin the opposite side.

3. POLICY:

- 3.1 Patient should have a Referral Form from the treating physician.
- 3.2 Physician /Physiotherapist initially assesses, evaluates and fills out the specific Form.
- 3.3 Do re-evaluation after 2 weeks (natural course for recovery period).
- 3.4 Appointment will be given daily in the first month, then every other day depending on the response to the management plan.

4. PROCEDURE:

- 4.1 Physiotherapist shall be explaining, gives information and home instruction/program to the family regarding the patient condition.
- 4.2 Physiotherapist should observe all the time the following precautions:
 - 4.2.1 Avoid strong pull of the head to prevent injuries/trauma to the neck.
 - 4.2.2 Avoid deep and strong massage.
 - 4.2.3 Do not over stretch the neck muscles.
 - 4.2.4 Slight traction, massage, warm compresses/Hot Moist Pack are required before stretching to relax the muscle
- 4.3 Management /Plan in treating torticollis
 - 4.3.1 Gentle massage.
 - 4.3.2 Range of motion exercises.
 - 4.3.3 Gentle passive stretching on the involved side with 5-10 counts with 10 sec hold.
 - 4.3.4 Proper positioning and postural education.
 - 4.3.5 Strengthening exercises for the neck and trunk muscle using play therapy.
 - 4.3.6 Home instruction/program.
 - 4.3.7 Use of neck collars if needed.
- 4.4 Frequency and duration of treatment:
 - 4.4.1 Frequency of visits will depend on the level of involvement, age of the child and parents' ability to perform a home program successfully.
 - 4.4.2 Initially, the patient should be treated 3 times a week.
- 4.5 Discharge Planning:
 - 4.5.1 Any patient who reaches the treatment goals set by the therapist is re-evaluated and discharged.

5. MATERIALS AND EQUIPMENT:

- 5.1 Hot Moist Pack (HMP)

6. RESPONSIBILITIES:

- 6.1 Physician: Assess, diagnose and prescribe medicine.
- 6.2 Physiotherapist: Initial assessment, evaluates and fills out the General Evaluation Form and documents data in the Referral Form.
- 6.3 Nurse: Triage, and if the patient is more than 12, she should help male physiotherapist to do physiotherapy.

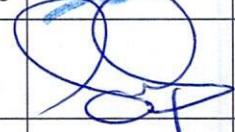
7. APPENDICES:

- 7.1 Referral form. (Electronic)
- 7.2 Assessment forms. (Electronic)
- 7.3 Follow up notes. (Electronic)
- 7.4 Discharge form. (Electronic)
- 7.5 Education form. (Electronic)

8. REFERENCES:

- 8.1 Physiotherapy Department Protocols in MCH- Al-Jouf.

9. APPROVALS:

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