



Repositioning Techniques For Your Infant

EARLY INTERVENTION FOR POSITIONAL PLAGIOCEPHALY

Positional plagiocephaly and torticollis are more commonly diagnosed in today's infants than in previous years and should be evaluated and treated by medical professionals. While many factors contribute to the development of these conditions, a decrease in severity may occur with careful and continuous attention to repositioning of the infant during both sleeping and waking times. The purpose of this flyer is to provide helpful hints in repositioning attempts to prevent positional plagiocephaly.

Evaluate your infant's head for any areas of flatness. The goal of repositioning is to encourage the infant to rest the head on the non-flat areas as well as to encourage weight distribution over all surfaces of the sides and back. Also, stretching of the neck muscles occurs by rotation of the infant's head.

If repositioning and stretching exercises are unsuccessful in promoting symmetrical head growth by four months, the infant may benefit from a cranial remolding orthosis such as a STARband™. The STARband™ is a custom molded plastic and foam orthosis that gently reshapes the infants head. It is most effective for infants 4-18 months and is available by prescription through your physician and a local orthotist.

Sleeping

- Infants should always be placed on their backs to sleep. Modify their sleeping position by placing the infant's head at opposite ends of the crib on alternate nights.
- Rearrange the furniture in the infant's nursery. Even very young infant's are attracted to a light source and will try to turn their heads toward a window.
- If your infant prefers sucking a thumb over a pacifier, encourage him/her to suck the thumb on the opposite side of head flatness by covering the hand on the side of flatness.
- After your infant has fallen asleep, move the head to the non-preferred side (i.e., away from the flattened area).

Play Time

- Supervised tummy time—The more time your infant can spend playing on his/her tummy... the better! Many infants resist this position at first but only because they are unfamiliar with it and most learn to enjoy it over time. Get down on the floor at your infant's eye level and play peek-a-boo, etc., and choose toys that are stimulating for the infant when they are on their tummy.
- Reduce the amount of time the infant spends in carseats, carriers, swings or any other device that allows the child to rest on the back of the head.
- Stretch and massage—Neck tightness (also called torticollis) should be evaluated and treated by a medical professional. Home exercises are often given to assist in the treatment process.

Feeding

- Alternate the arm in which the infant is held for both bottle and breast feeding.
- When feeding, encourage the infant to turn their head opposite the preferred side.

Changing Diapers

- Diapers can be changed from the side so that the infant is encouraged to turn the head to look at the caregiver.

Travel

- Carseats—Towels can be rolled to position the head on one side or the other, and soft foam materials can be placed underneath the cloth liner of the carseat to create additional padding for the head. Move the carseat to the side of the car that encourages the infant to turn their head toward the window and away from the side of tightness on the neck.
- Front carriers (i.e., pouches)—These allow your infant to be close to you without unnecessary forces to the head.
- Carriers (i.e., buckets)—Time spent in this type of carrier should be kept to a minimum.
- Pillows—Several companies manufacture specially designed pillows to help hold the infant's head in the preferred position.

These positioning techniques are not a substitute for medical advice. Please contact your health care provider to receive treatment and ongoing medical attention.

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