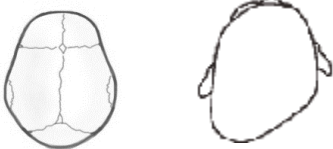
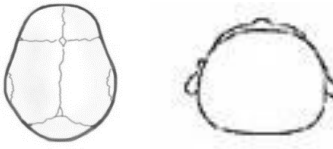
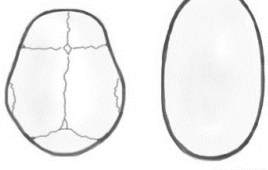


PT Advice for Skull Flattening

The most common skull flattening presentations are:

<p>Plagiocephaly:</p> <ul style="list-style-type: none"> • Flattening on one side of the back of the head • Ear may be pushed forward • Forehead may bulge, this is called “bossing” 	<p>Normal</p> 
<p>Brachycephaly:</p> <ul style="list-style-type: none"> • Back of the head flattens equally on both sides 	<p>Normal</p> 
<p>Dolichocephaly:</p> <ul style="list-style-type: none"> • Flattening and lengthening on the sides of the skull (equally on both sides) 	<p>Normal Dolichocephaly</p> 

Many babies are born with a mild or moderate flat spot on their head, which can be due to position in utero, if they are a twin, or premature birth. A lot of babies develop Plagiocephaly due to a head turn preference (Torticollis).

It usually resolves around 6 to 8 months of age, especially if you seek advice from a pediatric Physiotherapist as early as possible. But for some babies, the flattening is severe, it affects their face and ear symmetry, or it just doesn't resolve fast enough. A custom cranial orthosis or “helmet” may then be considered. This treatment is most effective between 6 and 12 months of age. Helmets are generally worn 23 hours a day, for up to 6 months. They are not covered by the BC Medical Services Plan (MSP), but some funding can be covered by Pharmacare or extended health benefits. Your Orthotist or Physiotherapist will help you figure out funding for it.



Source for image:

www.aboutkidshealth.ca

For more information:

- <https://www.aboutkidshealth.ca/Article?contentid=24&language=English>
- http://www.bcchildrens.ca/Resource-Centre-site/Documents/P-Q/BCCH1630_PreventingFlatheadParentsGuide_2012.pdf



COMOX VALLEY Child Development Association


By Melanie Rioux, Physiotherapist.


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What can be done to prevent/treat flat head?

Position the baby's head off the flat spot as much as possible. Here are some tips:

<p>Sleep Positioning:</p> <p>The Canadian Paediatric Society advises that infants must be placed on their <u>backs</u> on a firm mattress for sleeping to reduce the risk of Sudden Infant Death Syndrome (SIDS). <u>No</u> pillows, blankets, towels, pads and/or products to maintain a sleeping position should be placed in the crib.</p> <p>Once baby is asleep, you can turn their head to their least favorite side.</p>	
<p>You can also change the direction of the baby in the crib, or the placement of the crib in the room, so that they are encouraged to look towards the least preferred side. Babies tend to look most towards the door, waiting for parents to enter, or at toys and windows.</p>	

<p>Limit Time Spent in Baby Equipment:</p> <p>Limit time spent in infant car seats to <u>car trips only</u>.</p> <p>Limit time spent in swings, seats, and other equipment that places pressure on the back of the head. Ask your therapist if your child is ready for upright positioning equipment (chairs, exersaucers, etc.).</p>	 <p style="text-align: right; font-size: small;">© University of Michigan</p>
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<p>Vary Holding & Carrying Positions:</p> <p>When baby has better head control, you can try to carry them on their tummy or tilted to the sides, to encourage the development of neck muscles.</p> <p>You can also carry your baby against your chest or over your shoulder with their head turned to the least preferred side.</p>	
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Lots of Awake Play Time on the Floor:

When awake and happy, place baby on their tummy or side, much more often than on their back.

Try lying them down on the non-flat side of their head more often than the other side.

You can start tummy time on your chest, or place a rolled up towel under their chest.

Bring their elbows and forearms under their shoulders.

Most babies find tummy time difficult at first, so make it as fun as possible! A few seconds or minutes at a time, they will build tolerance and develop more strength.

If your baby is 3 months or older, maybe they are ready to also learn and practice rolling from back to tummy, towards the left and towards the right.

Practice sitting, supported at the ribcage first... then hips... then legs... then without support but with close supervision or a pillow behind them. Sit them on the floor sometimes and on your lap sometimes, to change the leg positions and help develop the core muscles. Teach your baby to put their hands down in front and to the side to support themselves.

