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Case History – Infant with Plagiocephaly

Personal Information:

M.C. is a 6-month-old female, twin gestation, born via planned c section. She was the presenting twin and was delivered first. There were no complications at time of delivery and no respiratory distress. This was the first pregnancy for her mother, and it was uncomplicated and unremarkable. Both parents were involved in preparing for the babies and were delighted upon their arrival.

Medical History:

M.C.'s medical history was unremarkable with exception of head flattening and decreased tolerance to the tummy time / prone position. M.C. was referred to this CST by her pediatrician for plagiocephaly at the age of 4.5 months for these issues.

Other information: M.C. did not receive treatment prior to her CST evaluation/treatment. M.C.'s treatment was completed in 6 sessions. She was seen by this therapist on a once per week basis. Each session lasted a total of 60 minutes and included talking with mom getting a weekly update on home activities. Actual treatment time per session ranged from 30 minutes to 45 minutes.

M.C. was billed a total of \$270.00. Mom and Dad both work for a large corporation and since M.C. had a referral from the pediatrician, their flexible spending account reimbursed 100% of the CST cost.

The parents were going to consider helmet therapy if CST did not help to improve the shape of M.C.'s head, which could have cost the family up to three thousand dollars, and not entirely certain of insurance reimbursement for her specific head measurements.

Evaluation:

Objective:

M.C. was found to have a grade 5 plagiocephaly with right occiput flattening and temporal asymmetry. Her right ear was higher and more anterior when compared to the left side. She had positive appearance of frontal bossing on the right. She presented with pelvic torsion and her right leg felt stiffer when compared to the left.

Subjective:

In my assessment, M.C.'s head flattening was secondary to sleeping on her back with her head turned to her right for the first 4.5 months of her life. In addition to this, M.C. was not provided with tummy time activities, until initiation of treatment with this therapist. The emphasis of hands-on treatment revolved around releasing the horizontal diaphragms and balancing the sphenoid with occiput, as the sphenoid had elements of a side bend, torsion and lateral strain and felt very tenacious initially.

Gradually through the duration of the sessions, which were spaced close together (less than two weeks), the tissue became softer, and the sphenoid balanced out. Upon conclusion of CST, M.C. was found to have improved cranial symmetry and was classified as grade 2 plagiocephaly. Her transcranial diameter discrepancy changed from 15 mm to 7mm. This is a remarkable improvement in a short period of time. M.C.'s parents opted not to have her fitted for a helmet, secondary to their satisfaction with the outcome.

Follow up: In real time, this child is now almost one year old. I just spoke to her mother at a local breakfast eatery. She reported that she has had another baby, and she has been very proactive with tummy time positioning and changing the position that her new baby lays in, to prevent the head flattening problem. M.C. is doing very well and is beginning to take some steps with handheld assistance. Mom reported that she cannot tell that M.C.'s head was flat at all.