

# Torticollis and Plagiocephaly:

## Assessment and Treatment of Infants and Children

Cindy Miles PT, PHD, PCS, CDNT



### Faculty

Cindy Miles, PT, PhD, PCS, CDNT established her pediatric private practice in 1981. Dr. Miles is a graduate of the University of Pittsburgh, School of Health Related Professionals and East Stroudsburg University with a Master of Education in exercise physiology. She also holds a PhD in Pediatric Science from the Rocky Mountain University of Health Professions. Her doctoral research was on potential risk factors related to the diagnosis of Torticollis. She is Board Certified by the American Board of Physical Therapy Specialties as a Pediatric Clinical Specialist, specializing in treating children from birth through to young adults. She completed the eight week Pediatric NeuroDevelopmental training course and the Advanced Infant course. Dr. Miles is serving as President of the Academy of Pediatric Physical Therapy and is presently the Co-Chair and Meeting Planner for the Academy's Annual Conference. She held the titles of APPT Treasurer, Treasurer Elect and pediatric sports, fitness SIG chair. Dr. Miles presents nationally on pediatric private practice and reimbursement as well as nationally and internationally on Torticollis, Plagiocephaly, and Fitness for All Abilities. She has published in peer review journals and books on topics related to pediatric physical therapy.

*Disclosure: Financial: Cindy Miles receives an honorarium from Education resources for this course. Non-Financial: She has no relevant non-financial relationships to disclose.*

### About this Course

This dynamic evolving course will concentrate on progressive, effective evaluation and treatment schemes for infants and young children with a diagnosis of torticollis with or without plagiocephaly, including challenging cases. The course is designed to provide therapists with current research and recommendations pertaining to the implications of torticollis, sleep posture and increased use of positional devices on infant postural and motor development. Current evidence-based clinical pathways and guidelines for management of torticollis and infant head shape, including Clinical Practice Guidelines from APTA will be discussed and incorporated. Red flags for related early infancy and preschool diagnoses will be appraised as we explore diagnosis impact on the movement system and resulting impairments in gross, fine and speech motor skills. Current functional, clinically oriented evaluation and evidence-based treatment strategies for infants and young children that can be integrated into routines and play will be provided. Diagnostic procedures and surgical intervention will be reviewed. Recommendations for follow-up and secondary specialist consultations will be presented. Emphasis on home exercise programs and effective strategies to team with parents will be explored throughout both days.

### Objectives

- 1 Identify the incidence, etiology and pathophysiology of torticollis and discuss the importance of early identification and early referral through systematic screenings and evaluations by health care providers
- 2 Identify the impact of torticollis on the movement system and associated body structures and function
- 3 Problem solve current evidence-based treatment regimes for torticollis
- 4 Identify the impact on head shape that may be present with a diagnosis of torticollis. • Discuss guidelines, available research and problem solve solutions to manage including helmet criteria and treatment
- 5 Discuss the relationship of "the change in sleep posture," effects of increased positional devices, and environmental influences on postural development
- 6 Relate current research and recommendations pertaining to SIDS and the efficacy of back to sleep. • Review diagnoses related to the health policy change
- 7 Collaborate and cultivate parent/caregiver's understanding of the child's health condition, interventions, and compliance to home education/therapy program and follow-up recommendations
- 8 Establish individualized goals and incorporate family centered evidenced based treatment regimes as part of their home education/therapy program

### Audience

Physical, Occupational and Speech Therapists and Assistants; Nurses, including NICU, Nurse Practitioners, Orthotists, Physician Assistants and Physicians.

Help your patients achieve better outcomes.

## Schedule – Day 1

<b>*8:00-8:30</b>	Registration/Continental Breakfast
<b>8:30-10:30</b>	Etiology, Pathophysiology, Incidence SIDS Research Health Policy Shift Sleep Position Changing Symptomatology/Clinical Implications Health Policy Shift-Impact on Development/Compensatory Postures
<b>10:30-10:45</b>	Break
<b>10:45-12:30</b>	Anatomy Review Differential Diagnosis Associated Pathologies/Impairments Ocular Torticollis GERD Hip Dysplasia Extension Bias/Hypotonia Toe Walking Lab
<b>12:30-1:30</b>	Lunch (on your own)
<b>1:30-3:15</b>	Developmental Components Treatment/Movement Components Vision Development Assessment Documentation Goal Planning
<b>3:15-3:30</b>	Break
<b>3:30-5:30</b>	Treatment Indicators

\*Note for June 7-8 course in Nebraska only, Day 1 will have 10:00 registration and the course will run from 10:30 to 6:30.

## Schedule – Day 2

<b>*7:30-8:00</b>	Continental Breakfast
<b>8:00-10:00</b>	Plagiocephaly/Craniosynostosis Anatomy Etiology/Incidence Assessment Treatment Helmet Criteria Outcomes Case Reviews Facial Asymmetry
<b>10:00-10:15</b>	Break
<b>10:15-12:00</b>	Treatment: Clinical Pathways/Protocols/Outcomes Manual Stretching/Functional Range of Motion (Lab) Functional Strengthening Functional Play
<b>12:00-1:00</b>	Lunch (on your own)
<b>1:00-3:00</b>	Treatment: (continued) Manual Techniques Problem Solving Participant Cases Positioning/Including NICU HEP Taping (Lab)/Tot Collar
<b>3:00-3:15</b>	Break
<b>3:15-5:00</b>	Case Reviews Clinical Decision Making/Follow-up Botox Surgical Intervention Related Infant Trends Insurance Trends Summary/Conclusions

\*Note for June 7-8 course in Nebraska only, Day 2 will have 7:30 registration and the course will begin at 7:45 and have a 45-minute lunch.

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### Credits

This course meets the criteria for 15 contact hours (1.5 CEUs). Application has been made to the **NJ** and **NV** Board of PT Examiners and the **NE** Chapter of the American Physical Therapy Association. The **CO** and **PA** Board of Physical Therapy accept other Boards approvals. This course satisfies CE Requirements for **WA** Physical Therapists. **TX** Physical Therapy Association accredited provider. This course meets the approval for Type 2 CEUs by the **TX** Board of OT Examiners.

Approved provider by the **NY** Board of Physical Therapy for 18 contact hours.

The course has been approved by **FL** Physical Therapy Association for 18 continuing education hours. Approved provider by the **FL** Board of Occupational Therapy.



Approved provider of continuing education by the American Occupational Therapy Association #3043, for 15 contact hours (1.5 CEUs) - Intermediate Level Occupational Therapy Process: Assessment, Intervention. The assignment of AOTA CEU's does not imply endorsement of specific course content, products or clinical procedures by AOTA.

NBCOT professional development provider - 15 PDU's

This course meets the criteria for 15 hours towards NDTA re-certification

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### Locations and Dates - 2019

<b>April 5-6</b>	Pearland, TX	Riverkids Pediatric Home Health
<b>June 7-8</b>	Omaha, NE	Children's Hospital and Medical Center
<b>August 9-10</b>	Puyallup, WA	Children's Therapy Unit
<b>September 20-21</b>	Livingston, NJ	Horizon Elementary School
<b>October 19-20</b>	Las Vegas, NV	Summerlin Hospital Medical Center
<b>October 25-26</b>	Loveland, CO	Medical Center of the Rockies



\$465 fee. Deadline for registration is 3 weeks prior to course. Registration will be accepted after deadline on a space available basis. Cancellation accepted up until 2 weeks before course, minus an administration fee of \$75. NO REFUNDS WITHIN 2 WEEKS OF COURSE.

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Limited enrollment. We encourage you to register online!

**Torticollis/Miles:**

Apr/TX  June/NE  Aug/WA  Sept/NJ  Oct/NV  Oct/CO

**Course Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Needed in the event of an emergency scheduling change

Email: \_\_\_\_\_

Please clearly print your email address for course confirmation

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