CONDITION

Torticollis

Torticollis is an abnormal neck position that tilts the head to one side and may limit movement.

WHAT IT IS
Abnormal head tilt caused by neck muscle tightening

BODY SYSTEM
Muscles, bones and nervous system

MAIN SYMPTOMS
Head tilt, neck pain, stiffness, limited movement

WHAT CAUSES IT
Muscle tightness, dystonia, injury, medicines, infection, or other disorders

HOW IT IS DIAGNOSED
Medical history and physical examination; imaging when needed

MAIN TREATMENT
Physical therapy, symptom relief, or treatment of the cause

CAN IT BE CURED?
Sometimes - treatable causes may fully resolve

IS IT AN EMERGENCY?
Sometimes - after injury or with new neurological symptoms

LONG-TERM OUTLOOK
Most acute cases improve; dystonia may need long-term treatment

Overview

Torticollis is an abnormal position of the head and neck. The head usually tilts toward one shoulder while the chin turns toward the other side. It is sometimes called "wry neck."

Torticollis is a condition rather than one single disease. It can develop suddenly, be present from infancy, or result from an ongoing movement disorder. Some episodes are painful and short-lived. Others need physical therapy or long-term treatment.

In babies, the usual form is congenital muscular torticollis . "Congenital" means present at birth or noticed soon afterward. One neck muscle is shortened or tight, making it harder for the baby to turn the head evenly.

In older children and adults, torticollis can follow muscle strain, injury, infection, a reaction to

medicine, or a problem affecting the bones or nervous system. Cervical dystonia is a long-term neurological condition in which involuntary muscle contractions pull the neck into abnormal positions.

The cause matters because treatment for a simple muscle spasm is different from treatment for an injury, infection, or cervical dystonia.

Symptoms

The main sign is a tilted or twisted head position. The position may be constant, or it may come and go.

Other symptoms can include:

Cervical dystonia may cause repeated pulling, twisting, jerking, or tremor of the head. Some people find that lightly touching the chin or face briefly reduces the movement. This is sometimes called a sensory trick.

A baby with congenital muscular torticollis may prefer looking in one direction. Feeding from one side may be harder. Constant pressure on the same part of the skull can lead to a flat area on the head, called positional plagiocephaly. Some babies have a small, firm thickening in the affected neck muscle.

Symptoms caused by a serious underlying problem are less common. Warning signs can include fever, severe headache, difficulty swallowing, weakness, numbness, trouble walking, or symptoms following an injury.

- Neck pain, tightness, or stiffness
- Difficulty turning or straightening the head
- Muscle spasms or shaking movements
- One shoulder appearing higher than the other
- Headache caused by tense neck muscles

Causes and risk factors

Torticollis has several possible causes.

In congenital muscular torticollis, the sternocleidomastoid muscle is tight or shortened. This is the large muscle running from behind the ear to the collarbone and breastbone. The exact reason is not always clear. Positioning in the womb and stresses around birth may contribute in

some babies.

Acute torticollis can occur when neck muscles tighten or go into spasm. It may follow an awkward sleeping position, prolonged posture, or a minor muscle strain. Sometimes no clear trigger is found.

Other causes include:

A sudden medicine-related muscle spasm is called an acute dystonic reaction . It may pull the head or jaw into an abnormal position. It can also affect the tongue or throat.

Cervical dystonia often has no single identifiable cause. In some people it is linked to another neurological condition, an injury, or an inherited tendency. It usually develops in adulthood, although it can occur at other ages.

- Injury to the neck, spine, or surrounding tissues
- Infection in the throat, neck, ears, or tissues near the spine
- Problems affecting the joints or bones of the upper neck
- Eye problems that cause someone to tilt the head to see better
- Neurological conditions affecting movement or muscle control
- Certain medicines, especially some antipsychotic and anti-nausea medicines
- Rarely, a growth or other structural problem in the head, neck, or spine

Diagnosis

Torticollis is usually identified from the head position and a physical examination. A clinician will ask when it started, whether there was an injury or new medicine, and whether there are symptoms such as fever, headache, swallowing problems, weakness, or numbness.

The examination may assess:

Tests are not always needed. A typical short-lived episode without warning signs may be diagnosed from the examination alone. Congenital muscular torticollis and cervical dystonia are also mainly clinical diagnoses, meaning they are identified from their characteristic features.

An X-ray, CT scan, or MRI scan may be used if there has been an injury or if a bone, joint, infection, or neurological cause is suspected. Blood tests may help when infection or inflammation is possible. Ultrasound is sometimes used to assess a baby's neck muscle or investigate an unusual lump.

- Neck movement, tenderness, and muscle tightness
- Strength, sensation, balance, and reflexes
- The eyes, ears, mouth, throat, and lymph nodes
- Head shape, hip movement, and development in babies

Treatment and management

Treatment is based on the cause, age, severity, and length of symptoms.

For an uncomplicated acute muscle spasm, gentle movement and time may be enough. Heat can help some people relax tight muscles. Over-the-counter pain relief may be appropriate, but it should be used according to the label and advice from a pharmacist or clinician. Forceful stretching or neck manipulation should be avoided, especially when the cause is uncertain.

Babies with congenital muscular torticollis are often referred to a pediatric physical therapist. Treatment may include gentle stretches, strengthening, supervised tummy time, and positioning that encourages the baby to look in both directions. Parents and caregivers should be shown how to do any exercises safely rather than attempting forceful stretches. Starting therapy early can improve movement and reduce uneven pressure on the skull.

Treatment for cervical dystonia often includes botulinum toxin injections into selected neck muscles. Botulinum toxin temporarily reduces excessive muscle contraction, so injections usually need to be repeated. Oral medicines may help some people, although side effects can limit their use. Physical therapy may support movement, posture, comfort, and day-to-day function.

Specialist procedures, such as deep brain stimulation or surgery affecting selected nerves, are reserved for severe cervical dystonia that has not responded adequately to other treatments.

When torticollis is caused by an infection, injury, eye problem, medicine, or another condition, treatment focuses on that cause. Do not stop a prescribed medicine suddenly unless a clinician advises it. A suspected acute dystonic reaction needs prompt medical assessment because specific treatment may be required.

Complications

Ongoing torticollis can cause pain, muscle fatigue, headaches, and difficulty driving, working, sleeping, or taking part in usual activities. Persistent abnormal posture may reduce neck movement.

In babies, untreated congenital muscular torticollis can contribute to an uneven head shape and facial asymmetry. It may also affect how a baby practices early movements, although timely physical therapy often helps.

Cervical dystonia can affect mood, confidence, work, and social activities as well as physical comfort. Depression and anxiety are treatable and are worth discussing during routine care.

Complications from infection, unstable neck injury, or severe medicine reactions are uncommon but may be serious. These situations need urgent assessment rather than home stretching.

Prevention

Many forms of torticollis cannot be prevented. Congenital muscular torticollis is not caused by something a parent did, and there is no established way to prevent cervical dystonia.

Some neck strains may be less likely with regular movement, comfortable work positioning, and safe lifting. Seat belts, appropriate child restraints, and protective equipment can reduce the risk of serious neck injury.

For babies, supervised tummy time while awake and varying the direction the baby faces can reduce constant pressure on one part of the head. Babies should still be placed on their backs for every sleep.

If a medicine previously caused a dystonic reaction, make sure it is recorded in your medical history. Do not restart or avoid prescribed medicines without discussing the reaction with a clinician.

Living with it and what to expect

A simple acute episode often improves over several days. Recovery may be gradual, with pain easing before full movement returns. Symptoms that persist, repeatedly return, or do not follow this pattern need reassessment.

Babies treated early for congenital muscular torticollis often gain more even neck movement over weeks or months. Physical therapy may continue until the baby can hold and turn the head evenly and developmental progress is on track. A smaller number need further investigation or specialist treatment.

Cervical dystonia is usually a long-term condition. Symptoms can change over the years and may fluctuate with stress, tiredness, or activity. Treatment often reduces pulling and pain, but

it may not remove every symptom. Follow-up is used to adjust treatment and monitor its effect on movement and daily life.

Practical changes can help. These may include adjusting screens and seating, pacing activities, using mirrors carefully when driving, and planning rest during symptom flares. A physical therapist can help identify strategies that support movement without forcing the neck.

When to get medical help

Call emergency services after a significant head or neck injury if the neck is twisted, there is severe pain, or the person has weakness, numbness, confusion, difficulty walking, or loss of bladder or bowel control. Keep the neck as still as reasonably possible while waiting for help.

Emergency care is also needed for:

Seek urgent same-day medical advice for torticollis with fever, drooling, worsening throat pain, repeated vomiting, severe or rapidly increasing pain, or a recent infection. A child who appears very unwell or refuses to move the neck also needs prompt assessment.

Arrange routine medical follow-up if symptoms do not begin to settle, keep returning, interfere with sleep or daily activities, or include repeated involuntary movements. A baby who consistently holds the head to one side or develops a flat area on the skull should be assessed early, even if the baby does not seem uncomfortable.

- Difficulty breathing or swallowing
- Swelling of the tongue or throat
- A sudden abnormal neck or jaw spasm after taking medicine
- Neck stiffness with severe headache, confusion, marked drowsiness, or a new rash
- Sudden facial drooping, limb weakness, speech trouble, or loss of coordination

Common questions

How long does torticollis last?

A minor acute muscle spasm often starts improving within a few days. Symptoms caused by an injury, infection, congenital muscle tightness, or cervical dystonia may last longer. Lack of improvement or repeated episodes should be assessed.

Can I sleep with torticollis?

You can usually sleep in any comfortable position that keeps the neck supported. Avoid forcing

the head straight or using a position that increases pain. Sudden severe symptoms after waking still need assessment if they come with fever, neurological symptoms, or recent injury.

Should I stretch a stiff neck?

Gentle movement may help an uncomplicated muscle spasm, but stretching should not be forceful. Do not stretch a neck that may be injured or when there is fever, severe pain, weakness, or numbness. Exercises for a baby should be taught by a pediatric physical therapist or other qualified clinician.

Is torticollis the same as cervical dystonia?

No. Cervical dystonia is one possible cause of torticollis. It produces involuntary, often repeated neck muscle contractions. Torticollis can also result from temporary muscle tightness, congenital changes, injury, infection, or other conditions.

Can torticollis come back?

Yes. Muscle spasms may recur if the trigger returns, and cervical dystonia commonly has fluctuating symptoms. Recurrent episodes deserve medical assessment to confirm the cause and guide management.

Does a baby with torticollis need a helmet?

Not every baby does. Physical therapy and positioning may improve movement and reduce uneven pressure. A helmet may be considered for significant skull flattening in selected babies after an assessment of age, head growth, and severity.

Sources

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