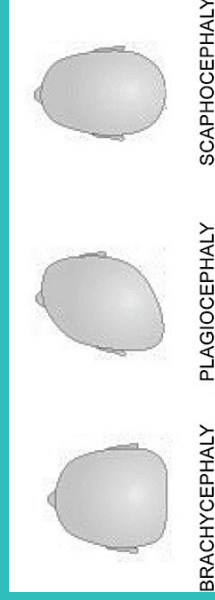




WHAT IS POSITIONAL PLAGIOCEPHALY?

Positional plagiocephaly is characterized by the unusual flattening of the head and often a prominent or flattened forehead is visible. Plagiocephaly exhibits a variety of different head shapes. Brachycephaly is flat across the entire back of the head, while Scaphocephaly is long and narrow.



WHY POSITIONAL PLAGIOCEPHALY DEVELOPS

The incidence of plagiocephaly has increased since the *Back to Sleep* campaign to encourage parents to have infants sleep on their back and reduce the risk of SIDS (Sudden Infant Death Syndrome). Infant seats, car seats, and other back positions place them at risk to develop greater flatness and/or asymmetrical shaped heads.

Torticollis, a tightening in the side muscle of the neck, is strongly correlated with positional plagiocephaly. This causes the head to rest constantly in the same position.

CONTACT US

Contact our office staff to inquire about making an appointment with our Certified Orthotists.



CRANIAL REMOLDING ORTHOSIS

Orthotic Treatment of Positional Plagiocephaly



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TREATMENT

When parents first notice their infant's unusual head shape, they often bring them to their family doctor or Pediatrician. They may encourage repositioning and evaluate circumference and asymmetry measurements, and tightness of the neck musculature.

If cranial remodeling is recommended a prescription/referral may be given for a consultation with a Certified Orthotist.

HOW TREATMENT WORKS

Orthotic treatment focuses on redirecting cranial growth towards greater symmetry. It does so by resisting areas of protrusion and allowing room for growth over flattened areas.

A custom cranial orthosis (helmet) is manufactured from a model of the infant's head. The rigid outer shell maintains the structural integrity of the design and is lined with foam to allow for progressive adjustments. The side opening allows for easy donning and doffing.

INITIAL VISIT

During a consultation (~ 1 ½ hours), a Certified Orthotist will thoroughly evaluate the infant and possibly from there, request a prescription from the doctor or, if ready to proceed with a prescription, a casting (~1½ hour) of the head can take place.

A casting is not painful but may cause the infant to be fussy. A cotton stocking is placed over the infant's head with an opening for the face. A series of plaster strips are applied from the eyebrows to the base of the neck, along the sides of the head covering the ears, and along the sides of the face. ***It is helpful to bring a bottle, favourite toy or even another person to help.***

Try having your infant wear a hat or cap leading up to the casting appointment to get them used to wearing something on their head.

Please note, it is important that no more than 2 weeks pass between the time of the casting and the initial fitting of the helmet.

TREATMENT DURATION

On average, treatment takes approximately 8-16 weeks for infants age 4-7 months. Older infants may require a longer treatment program as head growth slows after 12 months. Early intervention is best to obtain optimum symmetry. Some correction may be possible in infants 18+ months.



FOLLOW UP

The first follow up will be one week after the dispense/fitting of the cranial orthosis (helmet) and after that, every two weeks. Appointments may be more or less frequent depending on response to treatment. At each appointment, the Certified Orthotist will assess the fit of the orthosis. Throughout the course of treatment, lining material may be removed or pads added, as the shape of the head changes. After each adjustment, it's important to closely monitor your infant's head to make sure that they are adapting well to the adjustments. You will be provided with thorough wear and care instructions at the helmet fitting.

