

Outline

Torticollis and Positional Skull Deformities – When to Treat or Refer

- Three types: Brachycephaly, plagiocephaly, scaphocephaly
- Craniosynostosis
- When and how to treat it
- When is it time for consultation with neuro-surgery

How to Properly Assess a Child with CMT

- Posture
- Cervical range of motion: active and passive
- Muscle function scale for Infants
- Thoracic and lumbar spine
- Muscle flexibility of extremities
- Screen for developmental hip dysplasia
- Skin, facial, and skull asymmetries
- Visual motor skills: tracking, presence of nystagmus, midline control
- Classification of level of severity

How to Best Treat CMT – Looking Beyond the Neck

- Cervical PROM
- Addressing other asymmetries below the neck
- Positioning
- Incorporate play into treatment
- Strengthening
- Addressing vision
- Why and how we address fine and gross motor skills
- Tummy time challenges
- Adapting the environment
- Caregiver education

Other Therapeutic Approaches for CMT

- Microcurrent
- Myokinetic stretching
- Kinesiological taping
- TAMO approach
- TOT and other collars
- Botox
- Surgery

Emerging Interventions Without Evidence of Efficacy

- Manual therapy/cervical manipulation
- Craniosacral therapy
- Soft tissue massage
- Feldenkrais
- Total Motion Release

When to Refer for Consultation

- 7 Red flags that indicate the need for referral to MDs

How to Improve Your Goal Writing

- Symmetrical movement
- Motor development
- Parent/caregiver understanding

Discharge Planning and Follow-up Recommendations

- Criteria for discharge
- Parent/caregiver understanding
- Follow-up screening recommendations

Case Examples

Live Webinar Schedule

(Times listed in Central)

9:00 Program begins

11:30-12:00 Lunch Break

3:30 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon).
Actual lunch and break start times are at the discretion of the speaker.
A more detailed schedule is available upon request.

Objectives

1. Assess types and causes of infant torticollis and commonly associated skull deformities.
2. Employ evidenced-based examination and intervention strategies for infants with CMT.
3. Differentiate red flags that may warrant referral to a physician.
4. Determine prognosis based on clinical findings.
5. Examine intervention approaches that have not yet established efficacy.
6. Integrate evidenced-based discharge planning, caregiver education and recommendations for follow-up care.

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Evidenced-Based Examination and Treatment of Congenital Muscular Torticollis

Looking Beyond the Neck for Better Results

- The secret to comprehensive assessment – 7 body structures you should evaluate that aren't the neck
- Techniques that don't cause your patients discomfort
- Take the guesswork out of discharge
- 7 red flags that indicate the need for referral

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Evidenced-Based Examination and Treatment of Congenital Muscular Torticollis

Looking Beyond the Neck for Better Results

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LIVE Interactive Webinar

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Evidenced-Based Examination and Treatment of Congenital Muscular Torticollis

Many of my peers struggled as their CMT treatment protocols focused mainly on the neck. Other asymmetries in the body remained untouched, leaving young patients with minimal progress. Small results were better than nothing, but I knew they could do more. The problem was... they had no idea how to.

Having years of experience in neurological, orthopedic and pediatric PT, I knew that there was more to the problem of torticollis than just the neck posture. **The 7 body structure exam changed everything!** With this evidence-based protocol, you'll be able to:

- Strengthen neck muscles
- Promote better head posture
- Improve fine and gross motor development

I'll show you exactly how I approach each case of CMT, from in-depth evaluations to the most current clinical practice guidelines, in my brand-new online course Evidenced-Based Examination and Treatment of Congenital Muscular Torticollis: Looking Beyond the Neck for Better Results

After more than 20 years in pediatric settings, I've created this step-by-step course to share this transformative insight to help you assess and treat your young patients. You'll learn **alternative approaches and proven treatment interventions** that gradually lengthen and strengthen the muscles to correct CMT, without making your patients feel uncomfortable.

You'll also be able to ease parents' fears with a family education portion that will extend your treatment beyond your patient's sessions. **Walk away feeling confident** in your approach when you discover the effective interventions you'll gain in this seminar!

Rosemary Peng, PT, MSPT

Target Audience:

Physical Therapists • Physical Therapy Assistants • Occupational Therapists
Occupational Therapy Assistants • Chiropractors • Rehab Nurses
Other Healthcare and Rehabilitation Professionals



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Meet Your Speaker

ROSEMARY PENG, PT, MSPT, has been practicing for over 35 years, with a specialized focus on pediatrics and neurology. She is a clinical specialist at Kessler Institute for Rehabilitation's Chester outpatient campus and is a consultant for early intervention in New Jersey and school-based settings. In addition, Rose is an adjunct instructor at Rutgers University School of Health-Related Professions – in the Department of Physical Therapy (Newark campus).

Over the years, she has worked in the school system as a school physical therapist and worked in the inpatient department of Children's Specialized Hospital in New Brunswick, NJ. Rose brings a wealth of knowledge, experience, and enthusiasm to her workshops that leaves attendees feeling confident, energized, and prepared to tackle CMT in their patients.

Speaker Disclosure:

Financial: Rosemary Peng has an employment relationship with Kessler Institute for Rehabilitation, Inc. She receives a speaking honorarium from PESI, Inc.

Non-financial: Rosemary Peng is a member of the American Physical Therapy Association; and the Academy of Pediatric Physical Therapists.

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