

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 neurosurgery

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

EXAM LAB

 Hands-On Lab

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

Live Seminar and Webcast Schedule

(Times in Central)

7:30 Registration/Morning Coffee & Tea

8:00 Program begins

11:50-1:00 Lunch (on your own)

4:00 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.

INTERVENTION LAB

 Hands-On Lab  Case Study

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

Target Audience

- Physical Therapists
- Physical Therapist Assistants
- Occupational Therapists
- Occupational Therapy Assistants
- Rehab Nurses

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Treating Torticollis

Looking Beyond the Neck for Better Results

Oklahoma City, OK
November 8, 2019

Live Video Webcast
November 8, 2019

Richardson, TX
November 9, 2019

Treating Torticollis

Looking Beyond the Neck for Better Results

- The secret to comprehensive assessment – 7 body structures you should evaluate that aren't the neck
- Evidence-based and emerging treatments to treat CMT and associated conditions
- Techniques that don't cause your patients discomfort
- Take the guesswork out of discharging patients
- 7 red flags that indicate the need for referral

Contains
2018 update to
Clinical Practice
Guidelines

Oklahoma City, OK
Friday
November 8, 2019

Live Video Webcast
Friday
November 8, 2019

Richardson, TX
Saturday
November 9, 2019

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Treating Torticollis

Looking Beyond the Neck for Better Results

My name is Kim Lephart, PT, DPT, MBA, PCS. As a clinician who has worked for more than 20 years in pediatric settings, I've seen and treated patients with congenital muscular torticollis (CMT). In the past, I focused too much of my attention on treating the neck only and not checking for other asymmetries that can occur. This resulted in seeing minimal gains. What was I missing? There had to be a better way to treat this population. Finally, I discovered that by including 7 body structures in my examination I could effectively treat my patients by strengthening neck muscles, promoting better head posture, and improving fine and gross motor development of the child.

In this lab-intensive training, learn and practice evidence-based tools found in the updated 2018 Clinical Practice Guidelines which I use to accurately assess and treat infants. You'll enhance your skills by learning proven treatment techniques as well as alternative approaches that don't make your patient feel discomfort and results in better outcomes. Ease the fear of parents or caregivers with clear goals and education. Walk away feeling confident and comfortable using these proven strategies that immediately carry over into your clinical setting.

Speaker

KIM LEPHART, PT, DPT, MBA, PCS, is a Board Certified Clinical Specialist in Pediatric Physical Therapy with 20 years of experience in a variety of clinical settings: private clinics, home health, outpatient rehabilitation, aquatics, school systems, and early intervention programs. She owns and practices at STARS, an outpatient pediatric clinic in Culpeper, VA. Dr. Lephart received her initial training in physical therapy from California State University, Long Beach. In 2007, she earned her Master in business administration with an emphasis in healthcare management. Five years later, she obtained her Doctorate in physical therapy from the University of Texas, Medical Branch in Galveston through their Specialized Training for Occupational and Physical Therapists in Early Intervention and Related Services (STAIRS) Program.

Dr. Lephart is actively involved in the Virginia Physical Therapy Association (VPTA). She serves as the president of the VPTA's Pediatric Special Interest Group (PSIG). She is a dedicated member of Virginia's Part C Integrated Training Collaborative (ITC), which coordinates Virginia's Comprehensive System of Personnel Development (CSPD) for early interventionists who provide services under Part C of the Individuals with Disabilities Act (IDEA). Dr. Lephart is a working member of Virginia's Department of Education Committee on the Revision of the Handbook for Occupational and Physical Therapist.

Speaker Disclosures:
Financial: Kim Lephart is the owner of School-based Therapy and Resources, LLC (STARs). She receives a speaking honorarium from PESI, Inc. Non-financial: Kim Lephart is a member of the American Physical Therapy Association; and the Virginia Physical Therapy Association.

Objectives

- Evaluate types and causes of infant torticollis and positional skull deformities.
- Demonstrate evidenced-based examination and treatment strategies for infants with CMT.
- List seven red flags that may warrant referral to a physician.
- Develop a plan of care using five components of first-choice interventions based on the Clinical Practice Guidelines (CPG).
- Examine emerging interventions that have not yet established efficacy.
- Create evidenced-based discharge planning, caregiver education, and recommendations for follow-up care.

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TREATING TORTICOLLIS: LOOKING BEYOND THE NECK FOR BETTER RESULTS
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