

# TORTICOLLIS EVALUATION

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M F

Chronological Age: \_\_\_\_\_ Adjusted Age: \_\_\_\_\_

Born at \_\_\_\_\_ weeks weight \_\_\_\_\_ length \_\_\_\_\_

Referring Physician: \_\_\_\_\_

## MEDICAL HISTORY

**Complication of pregnancy or delivery:** \_\_\_\_\_

**Relevant medical history** \_\_\_\_\_

- ☐ Full Term
- ☐ Premature
- ☐ Multiple Birth
- ☐ NICU

### Attempted interventions:

- ☐ Repositioning - How long \_\_\_\_\_
- ☐ Neck Exercises - How long \_\_\_\_\_

### Surgery

- ☐ Shunt
- ☐ Synostosis **Which Suture** \_\_\_\_\_ **Date of Surgery** \_\_\_\_\_

### Etiology

- ☐ Positional
- ☐ Syndromic
- ☐ In Utero – Position: \_\_\_\_\_

If there is a head tilt, when did you first notice the head tilt?

In what position does your baby sleep?

If you are not holding your baby, where is he/she?

Does he/she sleep in a positioner (swing, Rock n' Play, bouncery seat etc)?

Developmental History: Please provide acquisition of the following motor skills in months.

Roll: Tummy to back: Back to tummy: Sit: Transition sit to tummy: Transition to sit:

Combat crawl: Creep on all fours:

Pull to stand: Cruise: Independent steps: Come to stand from center of floor:

Discarded creeping on all fours/Walking only: