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CLINICAL ASSESSMENT OF INFANT HEAD SHAPES - PAGE 1

Referrals for orthotic evaluation are recommended for deformational plagiocephaly (Types 3-5), and for deformational brachycephaly (Types 2-3)

DEFORMATIONAL PLAGIOCEPHALY (DP) - Primary deformity is asymmetry				
TYPE 1 - Normal	TYPE 2 - Mild	TYPE 3 - Moderate	TYPE 4 - Severe	TYPE 5 - Very Severe
CLINICAL FEATURES	CLINICAL FEATURES	CLINICAL FEATURES	CLINICAL FEATURES	CLINICAL FEATURES
<input type="checkbox"/> Minimal posterior flattening	<input type="checkbox"/> Posterior flattening <input type="checkbox"/> Minimal ear shift	<input type="checkbox"/> Posterior flattening <input type="checkbox"/> Ear shift <input type="checkbox"/> Forehead asymmetry	<input type="checkbox"/> Posterior flattening <input type="checkbox"/> Ear shift <input type="checkbox"/> Forehead asymmetry <input type="checkbox"/> Orbital, cheek, face or jaw deformity <input type="checkbox"/> Frontal and /or parietal sloping	<input type="checkbox"/> Posterior flattening <input type="checkbox"/> Ear shift <input type="checkbox"/> Forehead asymmetry <input type="checkbox"/> Orbital, cheek, face or jaw deformity <input type="checkbox"/> Frontal and/or parietal sloping <input type="checkbox"/> Temporal bossing and increased cranial vault height
CLINICAL RECOMMENDATIONS	CLINICAL RECOMMENDATIONS	CLINICAL RECOMMENDATIONS	CLINICAL RECOMMENDATIONS	CLINICAL RECOMMENDATIONS
<input type="checkbox"/> Repositioning & tummy time <input type="checkbox"/> Monitor for improvement / progression	<input type="checkbox"/> Repositioning & tummy time <input type="checkbox"/> Monitor for improvement / progression	<input type="checkbox"/> Repositioning & tummy time <input type="checkbox"/> Refer for orthotic evaluation	<input type="checkbox"/> Repositioning & tummy time <input type="checkbox"/> Refer for orthotic evaluation	<input type="checkbox"/> Repositioning & tummy time <input type="checkbox"/> Refer for orthotic evaluation

The classification scale shown here is adapted from Argenta^[1] and provides a qualitative approach to the identification of infant skull deformities. Mild deformities should be monitored in very young infants (under four months of age) to ensure the deformity does not progress towards greater levels of severity. Moderate and severe cranial deformities should be referred for further orthotic evaluation and/or treatment. All infants with identified neck muscle asymmetry, weakness or tightness should be referred for therapeutic evaluation and/or treatment.

1. Clinical classification of positional plagiocephaly, Argenta L, David L & Thompson J. (2004). The Journal of Craniofacial Surgery 15(3):368-372.

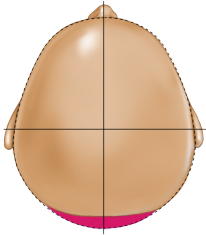
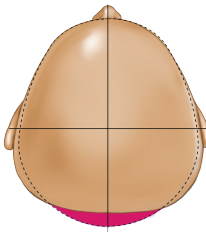
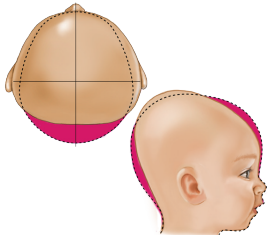
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CLINICAL ASSESSMENT OF INFANT HEAD SHAPES - PAGE 2

Referrals for orthotic evaluation are recommended for deformational plagiocephaly (Types 3-5), and for deformational brachycephaly (Types 2-3)

DEFORMATIONAL BRACHYCEPHALY (DB) - Primary deformity is disproportion		
TYPE 1 - Mild	TYPE 2 - Moderate	TYPE 3 - Severe
		
CLINICAL FEATURES	CLINICAL FEATURES	CLINICAL FEATURES
<input type="checkbox"/> Central occipital flattening	<input type="checkbox"/> Central occipital flattening <input type="checkbox"/> Widening of the posterior skull <input type="checkbox"/> Frontal flattening or bossing	<input type="checkbox"/> Central occipital flattening <input type="checkbox"/> Widening of the posterior skull <input type="checkbox"/> Frontal flattening or bossing <input type="checkbox"/> Frontal and/or parietal sloping <input type="checkbox"/> Temporal bossing and increased cranial vault height
CLINICAL RECOMMENDATIONS	CLINICAL RECOMMENDATIONS	CLINICAL RECOMMENDATIONS
<input type="checkbox"/> Repositioning & tummy time <input type="checkbox"/> Monitor for improvement / progression	<input type="checkbox"/> Repositioning & tummy time <input type="checkbox"/> Refer for orthotic evaluation	<input type="checkbox"/> Repositioning & tummy time <input type="checkbox"/> Refer for orthotic evaluation

The classification scale shown here is adapted from Argenta^[1] and provides a qualitative approach to the identification of infant skull deformities. Mild deformities should be monitored in very young infants (under four months of age) to ensure the deformity does not progress towards greater levels of severity. Moderate and severe cranial deformities should be referred for further orthotic evaluation and/or treatment. All infants with identified neck muscle asymmetry, weakness or tightness should be referred for therapeutic evaluation and/or treatment.

1. Clinical classification of positional plagiocephaly, Argenta L, David L & Thompson J. (2004). The Journal of Craniofacial Surgery 15(3):368-372.