



Caregiver Perceptions of the Impacts of Torticollis and Gastroesophageal Reflux Disease in Infants

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Introduction

Torticollis and GERD

Torticollis:

- Sternocleidomastoid (SCM) muscle becomes shortened
- Head tilts toward the direction of the affected SCM muscle

Gastroesophageal reflux disease (GERD):

- Gastric materials flow from the stomach back to the esophagus
- Can cause vomiting, irritability, choking, and coughing

Infants and Caregivers

- Both diagnoses can largely affect the daily lives of infants.
- Infants rely heavily on their caregivers.
 - Caregivers are, therefore, also affected by the two diagnosis

Current Literature on Torticollis and GERD:

- The diagnoses have been noted as comorbidities in infants.
- There is limited research on the impacts of these comorbid diagnoses on infants and their families.

Exploring the overall impacts of comorbid diagnoses of torticollis and GERD in infants is necessary to provide holistic care to both clients with the conditions as well as their families

Methods

Purpose: To explore caregivers' perceptions of the impacts of torticollis and GERD in infants

Mixed-Methods Research Design

- Caregiver Interviews
 - In person or HIPPA compliant Zoom
- Two surveys
 - The *Parenting Stress Index Short Form – Fourth Edition (PSI-4-SF)*
 - An investigator developed demographic survey
 - Accessed via a QR code/ link

Participants

- 2 Caregivers of children, aged birth to 3 years, with diagnoses of both GERD and torticollis

Results

Table 1: Frequency Distribution of Demographic Survey Responses

Demographic Variable	n	%
How old is your child?		
0-6 months	1	50
6-12 months	1	50
Does your child have any other diagnosis(es) in addition to torticollis and gastroesophageal reflux disease (GERD)?		
Yes	0	0
No	2	100
How old is your child?		
0-6 months	1	50
6-12 months	1	50

Table 2: Interview Themes

Main Themes	Subthemes
Parent's Experiences Impact Their Response to Their Child's Diagnosis	<ul style="list-style-type: none">• Older Child Had One of the Diagnoses in More Severity• Recognition of Problems Prior to an Official Diagnosis• Utilization for Interventions Provided for Another Child
Proactive in Resolving the Child's Torticollis	<ul style="list-style-type: none">• Utilization of Stretches Provided by a Physical Therapist• Positioning to Address Torticollis
The Impacts of GERD on Daily Routines, and	<ul style="list-style-type: none">• Constant Cleaning and Laundry• Intentional Feeding Positioning• Description of Child as "a Happy Spitter"
Parent's Self-Awareness.	<ul style="list-style-type: none">• Awareness of Mental Health• Recognition of Personal Needs

Table 3: Participants' PSI-4-SF Scores

Participant	Defensive Responding	Parental Distress (PD)		Parent-Child Dysfunctional Interaction (P-CDI)		Difficult Child (DC)		Total Stress	
		Raw Score	Percentile	Raw Score	Percentile	Raw Score	Percentile	Raw Score	Percentile
C0	7	12	3	12	5	12	≤ 1	36	≤ 1
B9	10	15	8	12	5	15	6	42	4

Discussion

Main Findings

- Low scores on PSI-4-SF
- Below the normal range on all three PSI-4-SF subscales and on total Stress
 - ~ Suggests very low levels of stress related to their parenting roles
- Participants played an important role in detecting signs of potential issues.
- Importance of caregivers' abilities to recognize when their mental health is being impacted and what coping strategies work best for them personally.

Occupational Impact

- Increased concern related to their infant's feeding and eating
- Their infant's diagnoses of torticollis and GERD impacted multiple occupations for caregiving including:
 - ~ Home management
 - ~ Child rearing

Conclusion

Implications:

- Consider caregivers' roles & responsibilities beyond feeding with torticollis and GERD in infant
- Support caregivers in acknowledging mental health concerns while caring for their infant
- Help caregivers identify practical coping strategies to support mental health to best care for their infant

Limitations:

- Small sample size
- Unable to include caregivers of infants who presented signs of diagnoses but not officially diagnosed.
- Limited time frame
- Biases: Researcher bias; Interviewer bias; Social desirability bias

Future Research:

- Larger sample size
- Inclusion of observational component of caregiver- infant interactions
- Inclusion of caregivers of infants who are not officially diagnosed but present with signs of torticollis and GERD according to clinical judgment.

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