

Congenital Muscular Torticollis: Practice Questions

Guideline-informed retrieval practice for recognizing the postural pattern, screening context, and recalling first-choice intervention components.

30-second framework

1	Recognize the typical learning pattern: lateral flexion toward one side with rotation to the other.
2	Screen for non-muscular or concerning contributors before assuming a muscular cause.
3	Recall all five first-choice intervention components as a set.

Active recall

Which head-and-neck pattern is typical in CMT?

Answer: Lateral flexion toward the involved side with cervical rotation away from it. The pattern remains a starting point for assessment, not a diagnosis.

What are the five first-choice intervention components?

Answer: Neck PROM; neck and trunk AROM; development of symmetrical movement; environmental adaptations; and parent/caregiver education.

What is the safest next step with atypical or non-muscular findings?

Answer: Consult or refer through the clinical and supervision pathway rather than assuming CMT or intensifying a home program.

Sources and study boundary

Sargent B, Coulter C, Cannoy J, Kaplan SL. *Physical Therapy Management of Congenital Muscular Torticollis: A 2024 Evidence-Based Clinical Practice Guideline From the APTA Academy of Pediatric Physical Therapy*. *Pediatric Physical Therapy*. 2024;36(4):370-421. doi:10.1097/PEP.0000000000001114.

APTA Pediatrics. Congenital Muscular Torticollis Clinical Practice Guideline and Implementation Resources. Accessed October 2026.

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