Screen for asymmetry (plagiocephaly) at all clinic visits up to age 1 year. Investigate any asymmetry, intervene early, rule out serious causative factors (craniosynostosis, torticollis), and follow recommendations (conservative treatment, referral).

**Quick Screen for Infant Head/Face/Neck Asymmetry**

**Visualize Alignment**
- imagine lines vertical/horizontal, anterior/posterior
- connect landmarks on head/face/neck

**Visualize Proportion**
- divide skull into quadrants, note if quadrant volumes are relatively equal

**Document Asymmetry**
- head, face (bossed, flat, misaligned areas)
- neck (head tilt, shoulder hike, face rotation)

**Examples**

**Torticollis**
- head tilt
- neck twist
- shoulder hike
- shortened SCM

**Plagiocephaly**
- face rotation
- chin may deviate from frontal midline

**Conservative Treatment guidelines**
1. Counseling/anticipatory guidance: teach parents/caregivers to position baby supine (on back) starting at birth and up to 1 year; to rotate baby’s head side to side while supine; to rotate baby’s position in crib; and to include daily exercise and tummy time.
2. Mechanical adjustments: for plagiocephaly, follow a 2-3 month trial of positioning, tummy time, exercises, and/or physical therapy.
3. Refer as needed: for torticollis, teach neck exercises or refer for physical therapy; for asymmetry that does not improve or for any concerns, refer to a craniofacial specialist.

**Goals**: Increase plagiocephaly awareness, screening and intervention, reduce its incidence, and improve infant health outcomes.