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A Quantitative Exploration of Relationships Between Severity of Infant Congenital Muscular Torticollis and Caregiver Understanding of Positioning and Handling During Occupations of Infancy

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A Quantitative Exploration of Relationships Between Severity of Infant Congenital Muscular Torticollis and Caregiver Understanding of Positioning and Handling During Occupations of Infancy



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Background

Congenital muscular torticollis (CMT), is a musculoskeletal disorder typically presenting in infants that is characterized by unilateral shortening and increased tone in the upper cervical muscle called the sternocleidomastoid. (Hardgrib, 2017) This causes the infant to present in a higher degree of lateral flexion on the ipsilateral side, and higher degree of cervical rotation on the contralateral side. (Ellwood et al., 2020). Infants participate in occupations with their caregivers throughout daily routines, and the various impairments including limited neck range of motion, proximal instability, delayed motor development/reflex integration, and position intolerance caused by CMT can hinder occupational performance. CMT has different severities including mild CMT, moderate CMT, and severe CMT, and each individual infant's intervention program can vary based on their client factor deficits and symptoms. This requires caregiver understanding on positioning and handling of the infant during the performance of occupations in order to achieve optimal participation of the infant in occupations that promote healthy development. Caregivers of infants with CMT experience stress, anxiety, and increased demands to incorporate a home exercise program including developmentally supportive positioning and handling into daily routines often without formal education/training. (Oledzka et al., 2020; Kaplan et al., 2018)

Problem

There is a lack of information and statistics on caregivers' self-rating of their understanding on infant positioning and handling during occupations of infancy based on the severity of Congenital Muscular Torticollis.

Purpose

The purpose of this quantitative research type capstone project is to collect and analyze data on caregivers' self-rating of their understanding on infant positioning and handling during occupations based on the type of infant CMT.

Theoretical Framework

- The Biomechanical Frame of Reference for Positioning Children for Function
- The Neurodevelopmental Frame of Reference

Methods

Research Questions and Hypotheses

R1: Is there a relationship between CMT type and caregiver understanding on positioning and handling of their infant during the occupation of play?

Alternative Hypothesis (Ha): There is a statistically significant relationship between CMT severity and caregiver understanding on positioning and handling of their infant during occupation of play.

Null Hypothesis (H0): There is not a statistically significant relationship between CMT severity and caregiver understanding on positioning and handling of their infant during occupation of play.

R2: Is there a relationship between CMT type and caregiver understanding on positioning and handling of their infant during occupation of feeding?

Alternative Hypothesis (Ha): There is a statistically significant relationship between CMT severity and caregiver understanding on positioning and handling of their infant during occupation of feeding.

Null Hypothesis (H0): There is not a statistically significant relationship between CMT severity and caregiver understanding on positioning and handling of their infant during occupation of feeding.

R3: Is there a relationship between CMT type and caregiver understanding of positioning and handling of their infant during the occupation of rest and sleep?

Alternative Hypothesis (Ha): There is a statistically significant relationship between CMT severity and caregiver understanding on positioning and handling of their infant during occupation of rest/sleep.

Null Hypothesis (H0): There is not a statistically significant relationship between CMT severity and caregiver understanding on positioning and handling of their infant during occupation of rest/sleep.

Design

Quantitative Cross-Sectional Survey Design

Sample: Participants and Recruitment

- Target population: caregivers 18 years or older of infants with a current diagnosis of CMT aged 0-12 months old, 100-150 participants.
- Internet survey in group of targeted population.
- Respondents fill out the survey 1 time and remain anonymous

Instrumentation

- Facebook – access to population
- SurveyMonkey – to create and send out survey link, analyze data
- Excel – organize data and perform statistical tests including Students T-test, standard deviation, mean calculation, and normal distribution.

Data Collection and Storage

- Surveys collected on SurveyMonkey had responses organized in Excel throughout the process.
- Responses that did not meet the inclusion criteria were kept, but marked red.
- Responses were sorted by CMT severity.

IRB Approval

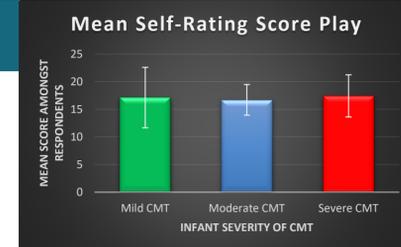
- Obtained 10/28/2021

Quantitative Analysis

The research questions were successfully answered, and the appropriate hypotheses were accepted or rejected with the statistical analysis of the data obtained. Statistics were obtained through 1 self-rating (0-5) of understanding of positioning and handling respective one of the 3 target occupations and questions that were sorted under specific understanding of positioning and handling with one of the 3 occupations (4 questions play, 3 questions rest/sleep, 2 questions feeding respectively). Numbers were also obtained through a 1-5 system assigned to answers as seen in the figure below:

Response Pool 1	Response Pool 2	Response Pool 3	Numerical Value
Extremely familiar	Always	A great deal	5
Very familiar	Often	A lot	4
Somewhat familiar	Sometimes	A moderate amount	3
Not so familiar	Rarely	A little	2
Not at all familiar	Never	None at all	1

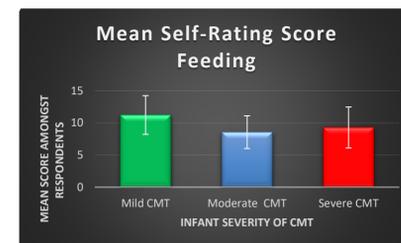
- The analysis of Research Question 1, 2, and 3 was analyzed first by calculating mean score and standard deviation of the 3 severities of CMT to discover significant data outside of the central tendency that would indicate a statistical significance in the difference of one group of severities mean responses.
- Using a two tailed student t-test, the researcher was also able to discover any statistically significant relationships between two severities of CMT at a time within the designated occupation by finding the p-value.



Which hypothesis do we accept, and which do we reject?

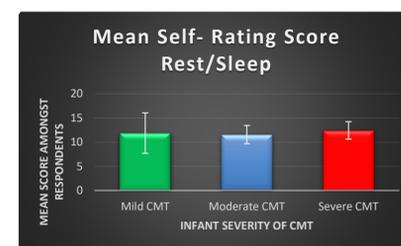
Alternative

Null



Alternative

Null



Alternative

Null

Results

Students T-Test to Determine Statistical Significance Between Severity Mean Respondent Scores : Play

Relationship	P value	Significant?
Mild v Mod	0.77182173	No, p>0.05
Mod v Severe	0.55862418	No, p>0.05
Mild v Severe	0.85687956	No, p>0.05

Mean Score and Standard Deviation of Respondents Self-Rating of Understanding: Play

Severity	Mean Score	Percentage	Standard Deviation
Mild	17.12	68.48%	5.4886246
Moderate	16.71	66.84%	2.76791901
Severe	17.42	69.68%	3.82348632

Students T-Test to Determine Statistical Significance Between Severity Mean Respondent Scores : Feeding

Relationship	P value	Significant?
Mild v Mod	0.00199791	Yes, p<0.05
Mod v Severe	0.4410902	No, p>0.05
Mild v Severe	0.07778974	No, p>0.05

Mean Score and Standard Deviation of Respondents Self-Rating of Understanding: Feeding

Severity	Mean Score	Percentage	Standard Deviation
Mild	11.25	75%	3.01188123
Moderate	8.57	57.13%	2.55106576
Severe	9.29	61.93%	3.19970237

Students T-Test to Determine Statistical Significance Between Severity Mean Respondent Scores : Rest/Sleep

Relationship	P value	Significant?
Mild v Mod	0.78929262	No, p>0.05
Mod v Severe	0.47078619	No, p>0.05
Mild v Severe	0.71068588	No, p>0.05

Mean Score and Standard Deviation of Respondents Self-Rating of Understanding: Rest/Sleep

Severity	Mean Score	Percentage	Standard Deviation
Mild	11.875	59.37%	4.18969825
Moderate	11.57	57.85%	1.87436056
Severe	12.43	62.15%	1.812265393

Conclusion

- Important findings were that there were not many statistically significant relationships between severity of CMT and positioning and handling techniques within the occupations of play, feeding, and rest/sleep. This may point towards a successful education of the population across severities regarding the techniques being implemented in home exercise programs.
- However, it should be noted another important finding in the project was the generally low scores amongst the survey respondents regarding their self-rating of positioning and handling amongst the 3 occupations addressed regardless of their infant's severity of CMT.
- This could point towards a general need to increase education efforts to caregivers of infants with CMT regarding positioning and handling techniques during performance of occupations by Occupational Therapists. With more evidence.
- Due to these generally low scores however, a researcher could perform a qualitative analysis to discover trends in why these scores are so low.

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