
Erratum

The following abstract was inadvertently omitted from the ACC Conference proceedings in the Spring 2008 issue (volume 22, number 1). We apologize for this oversight and regret any inconvenience that this may have caused.

Plagiocephaly: The Oblique Skull a Method of Chiropractic Correction

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Introduction: Plagiocephaly is general term used to describe cranial asymmetry. Pathogenically, plagiocephaly is classified as synostotic (SP), caused by abnormal sutural development or deformational (DP) (non-synostotic or positional), caused by external forces acting on the cranium. Commonly accepted treatments for DP include alternate sleeping postures, carefully monitoring the child when placed in a prone position, as well as in resistant cases use of cranial orthoses or helmets. Chiropractic -Sacro Occipital Technique (SOT) cranial care might offer a conservative option that is a bridge between alternate sleeping and use of a helmet.

Case Report: This case report presents a four and a half month old male child presenting at a chiropractor's office. The child's working diagnosis was: (1) Occipital condyle compression, (2) Plagiocephaly; and (3) KISS syndrome type 1. Specific SOT cranial treatment was used to correct the child's presenting plagiocephaly. This patient received 12 treatments over a period of 3 months and showed a significant improvement in head shape.

Discussion: DP has some concomitant syndromes that might be coincidental or related in a primary or secondary manner, which include scoliosis, KISS, and torticollis. From a biological plausibility standpoint it would seem that allowing the brain to grow in a symmetrical fashion, balanced stress on vascular membranes, and maintaining normal anchoring of muscular attachments would be beneficial. Recent research has indeed found a relationship between DP and neurodevelopmental delays and that posterior DP may even affect visual field development.

Conclusion: The purpose of this paper was to offer an alternative view of how DF might be treated in a chiropractor's office and at what stage intervention might prove effective. Since parents often are not willing to "just wait and see" and are leaning towards some degree of intervention, chiropractic cranial care appears to be a viable intermediate therapy and may facilitate a reduced need for helmet therapy. (This is an abstract from a conference presentation only and does not represent a full work that has been peer-reviewed and accepted for publication.)