

2535 NORTHERN ROAD, SUITE B APPLETON. WI 54915

920.257.4902

FALL 2023



Scan with your phone's camera to learn more!



We know it can be hard to assess and diagnose cranial deformities -

especially when babies have hair or are uncooperative. As a best practice, we recommend completing a simple cranial screen to help you determine the best next steps. The screen involves a few key factors that we use during our consultations to make an accurate clinical recommendation.

SIMPLE CRANIAL SCREEN

O1 CAN YOU SEE OR FEEL ANY FLATNESS OR ASYMMETRY?

O2 IS THERE ANY
NECK TIGHTNESS
OR HEAD TURN
PREFERENCE?

O3 IS THE BABY
SLEEPING ON
THEIR BACK
FOR ALL SLEEP?

O4 IS THE BABY A
TWIN OR DID THEY
SPEND TIME IN
THE NICU?

CAN YOU SEE OR FEEL FLATNESS?

It is important to assess the head from multiple views. It can be tricky in some cases but we rely on our sight and touch to assess from multiple perspectives (as described to the right).

IS THERE NECK OR BODY TIGHTNESS?

Tension in the body - especially in cases of **torticollis** and tongue and/or lip ties - is highly correlated with cranial asymmetry. We find that infants with muscle tension can benefit from a physical therapy evaluation as well as a cranial consultation.

HOW DOES THE BABY SLEEP?

If you suspect a baby has cranial asymmetry, it is important to know how the baby is positioned for naps and bedtime. If the baby is very young and not rolling, it is likely that the **cranial asymmetry will worsen**. This is an excellent time to begin our early intervention program.

TWIN? NICU STAY?

Babies who share the womb with a sibling are at a **greater risk of developing a flat spot.** Same is true for a baby who spent time in the NICU. In addition to a thorough developmental screen, our consultations include an extensive birth history so we are sure to consider all elements of what leads to cranial asymmetry.

SIGNS OF ASYMMETRY



Top View:

- flatness or sloping
- bossing
- ear shift
- forehead shift

Front View:

- asymmetrical eye or cheek size
- forehead sloping

Back View:

- flatness or sloping
- ear shift (forward or up/down)
- asymmetrical head height

Side View:

- increased sloping to the top of head as compared to the other side
- sloping/flatness behind the ear as compared to the other side

WANT TO SCHEDULE AN INSERVICE?

We would love to help you learn more about cranial deformities and best practices for your patients.

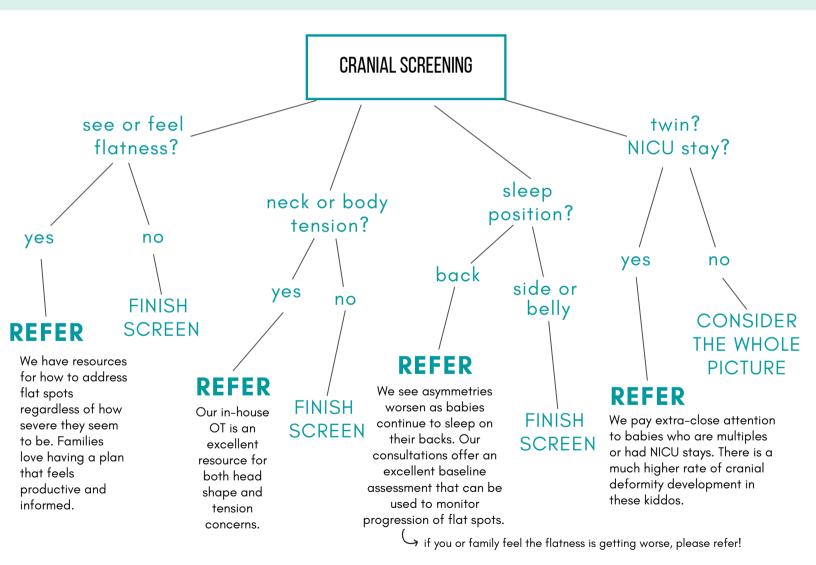
Call or email our office and we can coordinate a time that works best for you.

Phone: 920.257.4902

BABY BEAR CRANIAL CLINIC

how to determine when to refer for a cranial consultation







HEAD SHAPE PROGRAM

a 4-session parental training program designed to treat cranial deformities conservatively while also addressing tension, head turn preference, and developmental milestones

CRO CONSULTATION

our 5-star cranial remolding care is guided by 3D scanning technology and the highest levels of evidence-based best practices

