

PLAGIOCEPHALY AND PHYSIOTHERAPY

A practical guide for families



Flat spots are common and usually improve as babies grow and move.

They affect head shape, not brain growth. Back sleeping remains safest.

01 HOW PHYSIOTHERAPY CAN HELP

It supports comfortable movement and positioning; it does not directly reshape the skull.



Movement check

Head turning, tilt, neck movement, head control and early motor skills.



Neck tightness

Checks for torticollis or a strong preference that limits turning.



Family advice

Play, carrying and feeding ideas that invite comfortable turns both ways.



Exercises + follow-up

Tailored neck activities if needed; monitor movement and head shape.

02 SAFE SLEEP AND AWAKE-TIME PLAY



KEEP SLEEP SAFE

- Always place your baby on their back to sleep, on a firm, flat mattress in a clear cot.
- Do not use pillows, wedges, positioners or rolled towels in the cot.
- When placing your baby on their back, alternate which end of the cot their head is at. Do not reposition them while asleep.



MOVE AND PLAY WHILE AWAKE

- Offer short, frequent, supervised tummy-time sessions; build up gradually.
- Use your face, voice and toys on both sides to invite head turns.
- Vary holding, carrying and feeding positions; offer floor play and comfortable movement.

03 WHEN TO ASK FOR SUPPORT



Talk with your GP, maternal and child health nurse, paediatrician or paediatric physiotherapist if your baby usually looks one way, holds a head tilt, has difficulty turning both ways, or you notice flattening or facial or ear asymmetry.

Prompt medical review: head shape unusual from birth, worsening, or a firm skull ridge.

A clinician can assess for other causes; imaging is not usually needed to diagnose positional plagiocephaly.



Most babies do not need a helmet.

A specialist may discuss one for severe, persistent flattening after assessment.