

## Just a Heads Up: Approach to Head Shape Abnormalities

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**Abstract :** Prior to the 'Back to Sleep' Campaign in 1992, 1 of every 300 infants seen by Advanced Practice Providers had plagiocephaly. Insufficient attention is given to plagiocephaly and brachycephaly diagnoses in practice and pediatric education. In this talk, Nurse Practitioners and Pediatric Providers will be able to: (1) identify red flags associated with head shape abnormalities, (2) learn techniques they can teach parents to prevent head shape abnormalities, and (3) differentiate between plagiocephaly, brachycephaly, and craniosynostosis. The presenter is a Primary Care Pediatric Nurse Practitioner at Ann & Robert H. Lurie Children's Hospital of Chicago and the primary provider for its head shape abnormality clinics. She will help participants translate key information obtained from birth history, review of systems, and developmental history to understand risk factors for head shape abnormalities and progression of deformities. Synostotic and non-synostotic head shapes will be explained to help participants differentiate plagiocephaly and brachycephaly from synostotic head shapes. This knowledge is critical for the prompt referral of infants with craniosynostosis for surgical evaluation and correction. Rapid referral for craniosynostosis can possibly direct the patient to a minimally invasive surgical procedure versus a craniectomy. As for plagiocephaly and brachycephaly, this timely referral can also aid in a physical therapy referral if necessitated, which treats torticollis and aids in improving head shape. A well-timed referral to a head shape clinic can possibly eliminate the need for a helmet and/or minimize the time in a helmet. Practitioners will learn the importance of obtaining head measurements using calipers. The presenter will explain head calculations and how the calculations are interpreted to determine the severity of the head shape abnormalities. Severity defines the treatment plan. Participants will learn when to refer patients to a head shape abnormality clinic and techniques they should teach parents to perform while waiting for the referral appointment. The purpose, mechanics, and logistics of helmet therapy, including optimal time to initiate helmet therapy, recommended helmet wear-time, and tips for helmet therapy compliance, will be described. Case scenarios will be incorporated into the presenter's presentation to support learning. The salient points of the case studies will be explained and discussed. Practitioners will be able to immediately translate the knowledge and skills gained in this presentation into their clinical practice.

**Keywords :** plagiocephaly, brachycephaly, craniosynostosis, red flags

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