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## **REDESIGNING PHYSIOTHERAPY SERVICE DELIVERY FOR PLAGIOCEPHALY AND TORTICOLLIS: A QUALITY IMPROVEMENT PROJECT**

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### **Background:**

Rates of infant plagiocephaly and torticollis (head flattening and tilt) have increased since implementation of the Back to Sleep campaign. Locally, there has been >6-fold increase in physiotherapy (PT) referrals for these conditions without a corresponding increase in PT services. One Canadian site improved their efficiency by using group PT assessment and treatment.

### **Objective:**

The purpose of this quality improvement project was to understand PT service delivery patterns for plagiocephaly and torticollis across Canada, to inform a local solution.

### **Methods:**

The Knowledge to Action Cycle framed this project. PTs and parents were included in the project team. An online survey was distributed through Canadian rehabilitation facilities to identify current service delivery models, barriers and facilitators. Results were analyzed using descriptive statistics and narrative summary. Relevant clinical practice guidelines were reviewed and appraised (AGREE II). Survey findings, parent input and practice guidelines were integrated to develop a new service delivery model.

### **Results:**

Survey responses were received from all Canadian provinces and one territory (n=17). PT referrals for plagiocephaly and torticollis ranged from 0->1000 in the previous 12 months (mean: 269/year). Seven sites (41%) had implemented alternate service delivery models. Six centres (35%) offered group sessions; one used a clinic model. All centres providing 1:1 treatment reported <100 referrals per year. Barriers to group treatment included: not viewed as gold standard, space issues, standardizing curriculum, language. Benefits included: wait list management, parent support, economic value, efficiency. A clinic model of care was implemented in March 2018.

### **Conclusion:**

Nearly half of the participating Canadian paediatric rehabilitation sites had implemented alternate PT service delivery models for infant plagiocephaly and torticollis. Integrating PTs and parents as team members allowed for assessment of survey findings and practice guidelines

within local context. A clinic model was developed and implemented as a locally acceptable and feasible service delivery option.