Introduction

Management of plagiocephaly

John A. Jane Jr., M.D.,1 Mark D. Krieger, M.D.,2 and Alan R. Cohen, M.D.3

1Department of Neurosurgery, University of Virginia Health System, Charlottesville, Virginia; 2Department of Neurosurgery, Children’s Hospital of Los Angeles, University of Southern California, Los Angeles, California; and 3Department of Neurosurgery, Boston Children’s Hospital, Harvard Medical School, Boston, Massachusetts

This issue of Neurosurgical Focus explores the current management of plagiocephaly, one of the most frequent outpatient diagnoses made by pediatric neurosurgeons and craniofacial specialists. In spite of its frequency, treatment algorithms vary significantly across centers and specialists. In this issue, the role and efficacy of helmet therapy is explored. This issue begins with a comprehensive review of plagiocephaly by Shweikeh and colleagues, who examine plagiocephaly’s clinical implications and current guidelines for treatment. The authors argue for clearer guidelines and better education of parents and practitioners. Goh and coworkers review the current literature surrounding orthotic therapy. They argue that although Class I evidence is lacking, there are data supporting the use of helmet therapy, even in infants older than 12 months. Gump et al. provide a review of the complications associated with helmet therapy and find that the frequency of adverse events is low. Finally, Couture and colleagues explore the efficacy of passive helmet therapy, a less expensive orthotic treatment option. They provide data supporting the use of passive helmeting and also indicate that helmet therapy can be effective even when initiated after 12 months of age.

Disclosure
The authors report no conflict of interest.

Please include this information when citing this paper: DOI: 10.3171/2013.8.FOCUS13322.