

Positioning Strategies for Your Baby with Hypotonia

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Hypotonia

Hypotonia means a decrease of muscle tone¹ which generally means muscles are lacking their natural amount of tension and strength that should normally be present.

Muscles typically have enough tone to keep us up in certain positions and postures even when resting² but when there is a lack of tone our muscles tend to make us feel “floppy”² and weak.

Because of this “floppiness” even at rest, your baby may be at a higher risk for some of their bones to move out of place (dislocation) and for them to be behind in achieving some of their developmental milestones (i.e. holding their heads up, rolling over, sitting, standing, walking, etc.) which can include delays in feeding;

Physical Therapy

Physical Therapists have expertise in movement, motor development, and body function (i.e. strength and endurance)³. Part of our role is to work with the patient (in this case your child) and their families so we can create a program that will help your child’s development and ensure the program is reasonable and effective for the whole family.³

We want to work with you to help your child’s development which is why we have created the following positioning and play ideas for you to practice during your stay at the hospital. These strategies are specific to your child’s hypotonia and practicing them will help your child grow stronger (increase their tone), provide you with safe ways to position your child, and give you an added chance to bond with your child.

In Bed

While laying down, your baby will likely want to drop their arms to their side (making a W shape), let their legs fall into a 'frog leg' position, and let their head fall to the left or right since they are not strong enough to keep it centered.⁴ These positions are not ideal for your baby's development, so we want to avoid them by positioning them in a way that creates the opposite effect. Your baby should spend time in all positions, but the emphasis will always be to ensure they are supported, nestled, and in a more curled up position. We want to encourage hands to mouth and overall curled up and "centered" positions.



*Focus on keeping your baby's elbows and knees pointing towards the center (belly button area). This will help keep their joints in a safe and healthier position for their development. They should spend time in these different positions with their head facing different directions so they can work on head control in various directions.



Pictures from: <https://my.clevelandclinic.org/ccf/media/Files/nursing/neonatal-conference/positioned-for-success.pdf>

Use of Swing

Baby swings are an excellent way to safely allow your baby to play while properly supporting their heads⁵ and allowing you to have your hands free. Just like when in bed or in your lap, ensure their arms, legs, and heads are being supported in a more curled up position. As the child is in the swing, encourage games where they have to move their head side to side, bring their hands to their mouth (perhaps with a toy), and feet to their hands.

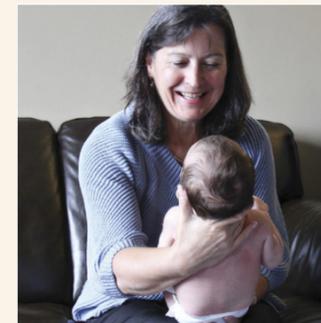


Picture from: Sunny Hill Health Centre for Children- Hypotonia Wheel and Guide⁵

*Always ensure your baby's head and body make a straight line so they are in a good position for their spine and head control development.

Lap Sitting

Before your baby can learn to sit on their own, they need to gain control of their heads. A major focus of lap sitting will be ensuring you are providing enough support to the baby so they can learn to control their own body before challenging them too much because after all, "movement comes from the ability to align one's head with the body and to orient the head in space"⁵



Picture from: Sunny Hill Health Centre for Children- Hypotonia Wheel and Guide⁵



*Ensure the baby's head is supported so they can keep their gaze forward and up. Try entertaining them with toys or funny faces to encourage them to keep their head up and moving in different directions. The more control your baby gains over their own head, the more upright you can begin to position them and eventually you will be able to drop your support down to their shoulders as they get stronger.⁵

Resources:

1. Boston Children's Hospital. Muscle Weakness (Hypotonia). <http://www.childrenshospital.org/conditions-and-treatments/conditions/m/muscle-weakness-hypotonia>
2. Royal Children's Hospital. Department of Occupational Therapy. Low muscle tone. 2005. https://www.rch.org.au/uploadedFiles/Main/Content/ot/InfoSheet_C.pdf#:~:text=Definition%20Muscle%20tone%20refers%20to%20the%20amount%20of,muscles%20that%20have%20less%20tension%20and%20feel%20floppy.
3. Academy of Pediatric Physical Therapy. Fact Sheet- The ABCs of Pediatric Physical Therapy. <https://pediatricapta.org/includes/fact-sheets/pdfs/09%20ABCs%20of%20Ped%20PT.pdf>
4. Tommy's. Positioning your premature baby. <https://www.tommys.org/pregnancy-information/pregnancy-complications/premature-birth/your-babys-time-hospital/positioning-your-premature-baby>
5. Sunny Hill Health Centre for Children. Hypotonia Wheel and Guide: Clinical Recommendations for Infants and Young Children with Hyptonia. http://www.childdevelopment.ca/Libraries/Hypotonia_Wheel_and_Guide/hypotonia_guide.sflb.ashx
6. Cleveland Clinic. Positioned for success! <https://my.clevelandclinic.org/ccf/media/Files/nursing/neonatal-conference/positioned-for-success.pdf>