

TORTICOLLIS AND GERD: HOW DO THEY RELATE TO PEDIATRIC DYSPHAGIA?

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Learning Objectives:

- Describe the anatomy of the infant's upper GI system, the physiology of GER, and its relationship to the infant's age, postural control and Torticoillis.
- Identify the body position and orientation of the stomach and the esophagus and how they affect regurgitation amount and frequency
- Compare and contrast the pediatric physical therapist's beliefs and assumptions about GER and infant movement, posture, and intervention to the established evidence-based research.



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The background of the slide features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes create a dynamic, modern look with sharp angles and soft curves.

Torticollis and gastroesophageal reflux disease (GERD) are frequently co-occurring conditions in infants and young children, yet their combined impact on feeding and swallowing function is often underrecognized in clinical practice. This presentation explores the biomechanical, sensory, and developmental interactions between cervical asymmetry and reflux-related esophageal irritation, highlighting how each condition can exacerbate the other and contribute to pediatric dysphagia. Current evidence suggests that muscular imbalance and restricted cervical range of motion in torticollis may alter head-neck alignment, airway protection strategies, and feeding postures, increasing the risk of pharyngeal discoordination. Concurrently, GERD may intensify postural preferences and discomfort, reinforcing asymmetrical movement patterns and negatively affecting oral intake, sucking–swallow–breathe synchrony, and overall feeding endurance. Together, these conditions may create a cyclical pattern of compensatory behaviors, prolonged mealtimes, aversion, and delayed progression of feeding skills. This presentation synthesizes interdisciplinary research and clinical observations to clarify the pathophysiological relationship among torticollis, GERD, and dysphagia in the pediatric population. Case examples illustrate common presentation patterns and red flags for early identification. Implications for assessment include targeted musculoskeletal screening, reflux-related symptom profiling, and functional feeding evaluations. Management recommendations emphasize collaborative intervention—integrating physical therapy, speech-language pathology, and medical treatment—to optimize postural alignment, feeding safety, and developmental outcomes.

Speaker's Bio: Marcel Broadway, M.S., CCC-SLP, earned her B.S. in Communication Disorders from West Chester University and her M.S. in Speech-Language Pathology from Florida State University. She holds ASHA CCC certification and is pursuing a clinical doctorate at Moravian University. Marcel specializes in pediatric dysphagia across NICU, PICU, medically fragile, trach/vent, feeding tube management, outpatient, early intervention, and swallowing studies. She is trained in SOS, SOFFI, NMES/VitalStim, PROMPT, and LAMP. Marcel is an active member of ASHA and PSHA and previously served as Vice President for Programming and Development for NESHAP.

Taylor specializes in patient populations with diagnoses of torticollis, cerebral palsy, developmental delay, Down syndrome, and autism spectrum disorder. Taylor provides services in both the outpatient setting and Early Intervention through Lehigh County. She holds a Doctor of Physical Therapy degree from DeSales University and a Bachelor of Science degree in Kinesiology from Penn State University. She is a member of the APTA, APPTAC, and holds a board certification in Pediatrics (PCS). She has obtained the Pediatric Practice Certification through Evidence in Motion. Taylor is a member of the Lehigh Valley Steel Force Chapter of National AMBUCS Inc., and helps to provide therapeutic tricycles to children and adults with disabilities.