

**Table 1: Evidentiary Table**

Author	Title	Study Description	Data Class, Quality and Reasons	Results and Conclusions
van Vlimmeren et al, 2008	Effect of pediatric physical therapy on deformational plagiocephaly in children with positional preference: a randomized controlled trial	Analysis of 68 infants, age 7 weeks, randomized into physical therapy group or “usual care” group. Usual care = parents given pamphlet on repositioning and tummy-time.	Class I: RCT	<p>PT group demonstrated significant decrease in the risk for severe DP at 6 months (relative risk, 0.54; 95% confidence interval, 0.30-0.98) and 12 months (relative risk, 0.43; 95% confidence interval, 0.22-0.85) compared to control group.</p> <p>PT is more effective for preventing severe plagiocephaly than educating parents on repositioning and tummy-time.</p>
Wilbrand et al, 2013	A prospective randomized trial on preventative methods for positional head deformity: physiotherapy versus a positioning pillow	Analysis of 50 infants, mean age 4 months, randomized to PT or use of a positioning pillow.	<p>Class II: RCT</p> <p>Short treatment time (6 weeks) limits assessment of long-term efficacy between modalities</p>	Both treatment groups demonstrated significant improvement in head shape. There was no significant difference between treatment groups for plagiocephaly. There was a slightly significant greater improvement in pillow group for treatment of combined plagiocephaly and brachycephaly.

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Ohman et al, 2010	Stretching Treatment for Infants with Congenital Muscular Torticollis: Physiotherapist or Parents? A Randomized Pilot Study	Analysis of 20 infants with congenital muscular torticollis, mean age 2.1 months, randomized to PT administered by parents or therapist.	Class III: plagiocephaly assessed as secondary outcome, statistical significance not assessed	Plagiocephaly present in 18 out of 20 study participants. Improvement occurred in both groups and statistical significance was not assessed. Physical therapists achieved greater improvement of CMT in a shorter period of time, suggesting optimal choice for a patient with severe plagiocephaly.