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Side Effects of Cranial Remolding Orthoses: A Multi-Site Review

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ORIGINAL ARTICLE

Side Effects of Cranial Remolding Orthoses: A Multi-Site Review

Tiffany Graham, MSPO, C/LPO, and Jijia Wang, PhD

Abstract: Infants with deformational head shapes may be treated with a Cranial Remolding Orthosis (CRO). Risks of CROs include skin irritations and other minor side effects. It is important to examine the incidence of complications with CRO treatment to determine if the potential benefits outweigh the risks.

This study retrospectively examined surveys provided by both practitioners and caregivers regarding orthotic treatment side effects and wear time at four clinics in Canada. Statistical analysis including the Chi-square test and Fisher's exact tests were performed to examine how the side effects varied by treatment site and by reported orthotic wear time. Key Words: Brachycephaly, Cranial Remolding Orthosis, deformational head shape, Helmet, Plagiocephaly

(J Craniofac Surg 2022;33: 1358-1362)

Since the implementation of the "Back to Sleep" campaign by the American Academy of Pediatrics in the early 1990s, pediatricians in the United States have recommended infants sleep on their back. ¹⁻⁷ This initiative resulted in a significant decrease in the incidence of Sudden Infant Death Syndrome (SIDS) ³⁻⁵, however, some studies claim it also led to an up to a six-fold increase in the diagnoses of deformational head shapes, ⁶ with reports of up to 43% of newborns having cranial deformation.

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- HeadStart Medical, Ltd provided the raw survey data and asserted no infants or surveys were excluded in the dataset. The funders had no role in the design of the study; analyses, or interpretation of data; in the writing of the manuscript, or in the decision to publish the results.



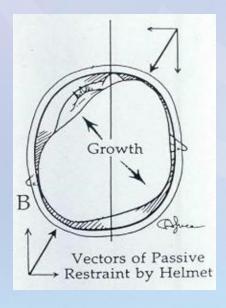


FDA

Cranial Remolding
Orthoses (CROs) are
Class II Medical Devices

skin checks every 3-4 hours

There is a need to "Evaluate head circumference measurements and neurological status at intervals appropriate to the infant's age and rate of head growth..."



FDA identified the following risks to health associated with this type of device: (1) Skin irritation, skin breakdown and subsequent infection due to excessive pressure on the skin; (2) head and neck trauma due to alteration of the functional center of mass of the head and the additional weight of the device especially with an infant who is still developing the ability to control his/her head and neck movements; (3) impairment of brain growth and development from mechanical restriction of cranial growth; (4) asphyxiation due to mechanical failure, poor fit, and/or excessive weight that alters the infant's ability to lift the head; (5) eye trauma due to mechanical failure, poor construction and/or inappropriate fit; and (6) contact dermatitis due to the materials used in the construction of the device.





Side Effects Reporting

- 2013 (Gump et al) review of literature complications were "low or negligible"
 - malodorous perspiration, minor skin irritations, and social stigma
- 2001 (Loveday et al) side effects include: heat rash, reactions to the materials, and older infants able to remove the CROs
 - complications seen by the 29 patients in their CRO group may have been caused by <u>poorly</u> <u>manufactured or poorly fitted CROs</u>
- 2021 (Takamatsu et al) may be a link between fit issues and complications
- (personal theory): wear time is inversely correlated with complications











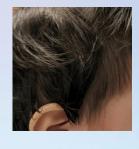




Side Effects Reporting

<u>Side Effect</u>	<u>VanWijk et al</u>
Skin irritations	96%
Augmented sweating	71%
Unpleasant Odour	76%
Difficulty cuddling infant	77%

<u>Side Effect</u>	<u>Lee et al</u>
Rashes	35.4%
Pressure sore / skin breakdown	25.6%
Itching	7.3%
2 or more adverse events	9.8%















Methods

- Retrospective review of caregiver and practitioner surveys
 - 1/30/2020 to 6/15/2021
 - 4 offices in Canada using SnugKap (now named ROKband):
 - New Westminster, BC, Burlington, ON, Calgary, AB, and Edmonton, AB
- 1 wk; every 3 week follow ups
- Stats done using SAS
 - Chi-Squared test; Fisher's Exact tests; pairwise multiple comparison using Bonferroni's method; sig at 5%

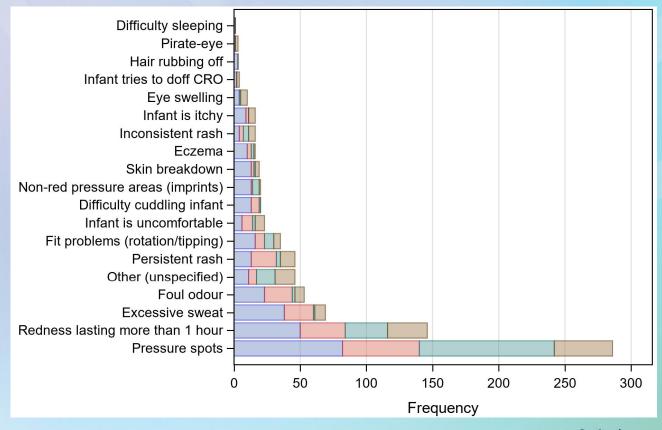






Results

- 4 offices; 453 patients
- 5,025 visits
 - Manually categorized
 - 832 incidences of side-effects
- No significant issues at 4,376 visits (87%)
 - Burlington (89.94%)*
 - Calgary (84.55%)*
 - Edmonton (85.66%)*
 - New Westminster (87.70%)*

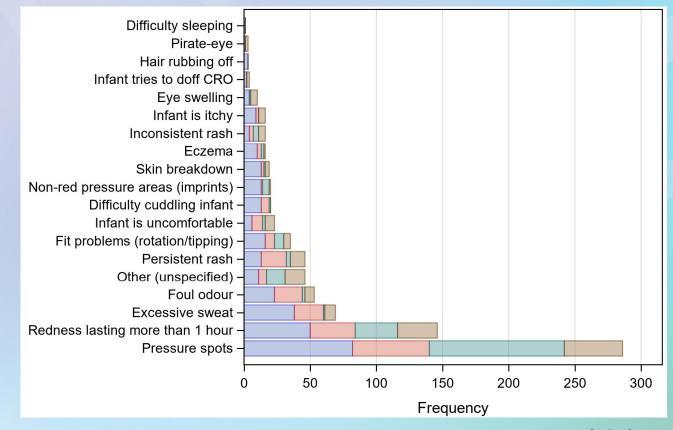






Results by Clinic

- Statistically similar:
 - difficulty cuddling infant
 - persistent rash
 - excessive sweat
 - foul odor
 - infant is itchy
 - pressure spots
 - other side effects
 - eye swelling
 - non-red pressure areas (imprints)
 - skin breakdown

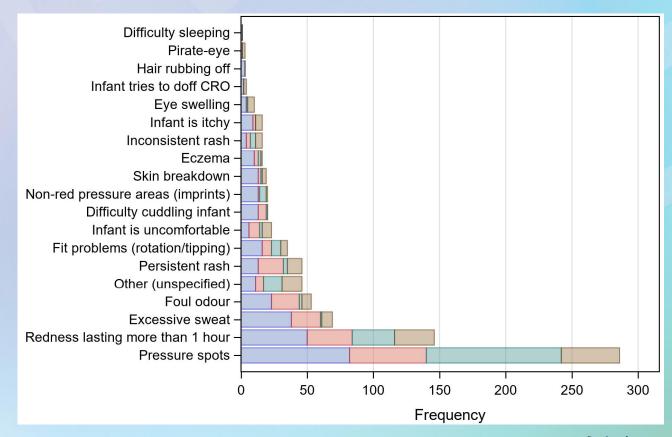






Results by Clinic

- Statistically different:
 - infant is uncomfortable*
 - fit problems (rotation/tipping)*
 - redness lasting more than 1 hour*
 - hair rubbing off*
 - infant tries to doff CRO*
 - difficulty sleeping*
 - Eczema*
 - "pirate-eye"*
 - inconsistent rash*

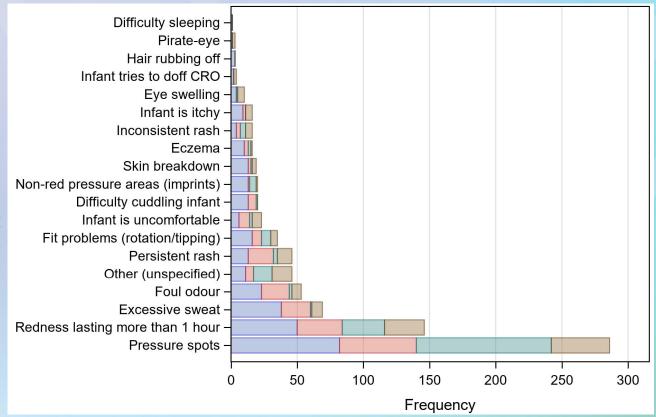






Results

- Fewer than 5 occurrences:
 - · difficulty sleeping
 - "pirate-eye"
 - hair rubbing off
 - infant tries to doff CRO
- Greater than 50 occurrences:
 - pressure spots
 - redness lasting for more than 1 hour
 - excessive sweat
 - foul odour







Results – Incidence of Multiple Side Effects

Number of Side Effects	Frequency	Percent
Survey did not report an answer	5	0.10%
No significant issues to report	4376	87.08%
1 side effect reported	503	10.01%
2 side effect reported	101	2.01%
3 side effect reported	33	0.66%
4 side effect reported	7	0.14%
Total Visits	5025	100%





Results – Incidence of Multiple Side Effects

- •35 "fit problems" (rotation/tipping)
 - 0.7% of surveys
- 3 times more likely to report multiple side effects*









Results – Wear Time Analysis of Side Effects







Discussion



Side Effect	Reported	VanWijk, et al
Skin irritations	9.84%	96%
Augmented sweating	1.32%	71%
Unpleasant Odour	1.02%	76%
Difficulty cuddling infant	0.38%	77%

Side Effect	Reported	Lee, et al
Rashes	1.19%	35.4%
Pressure sore / skin breakdown	0.36%	25.6%
Itching	0.31%	7.3%
2 or more adverse events	2.81%	9.8%





Limitations

- Retrospective evaluation of de-identified survey data
 - No average number of visits per patient
 - Side effects reporting may be artificially inflated
- Orthotist interpretation of categories
 - Ex: 'mesh imprints' = non-red pressure marks
 - Might not need adjustments
 - Pressure marks may be over-reported
 - Ex: 1/5 redness may be clinically appropriate
- Subjective side-effects
 - Ex: infant being uncomfortable or difficulty cuddling infant







Limitations

- Caregiver-reported wear time
- •1 band, 4 clinics
- Some telehealth surveys
- Climate-based side effects
 - Ex: foul odour and excessive sweat
- Reduced wear-time at end of treatment
 - Orthosis outgrown?







References

- 1. Binkiewicz-Glin´ska A, Mianowska A, Sokolo´w M, et al. Early diagnosis and treatment of children with skull deformations. The challenge of modern medicine. Dev Period Med 2016;20:289–295
- 2. Mortenson P, Steinbok P, Smith D. Deformational plagiocephaly and orthotic treatment: indications and limitations. Childs Nerv Syst 2012;28:1407–1412
- 3. Steinberg JP, Rawlani R, Humphries LS, et al. Effectiveness of conservative therapy and helmet therapy for positional cranial deformation. Plast Reconstr Surg 2015;135:833–842
- 4. Freudlsperger C, Steinmacher S, Saure D, et al. Impact of severity and therapy onset on helmet therapy in positional plagiocephaly. J Craniomaxillofac Surg 2016; 44:110–115
- 5. Do rhage KWW, Beck-Broichsitter BE, von Grabe V, et al. Therapy effects of head orthoses in positional plagiocephaly. J Craniomaxillofac Surg 2016; 44:1508–1514
- 6. Loveday BP, de Chalain TB. Active counterpositioning or orthotic device to treat positional plagiocephaly? J Craniofac Surg 2001;12:308–313
- 7. Yoo HS, Rah DK, Kim YO. Outcome analysis of cranial molding therapy in nonsynostotic plagiocephaly. Arch Plast Surg 2012;39:338–344
- 8. Gump WC, Mutchnick IS, Moriarty TM. Complications associated with molding helmet therapy for positional plagiocephaly: a review. Neurosurg Focus 2013;35:E3
- 9. Kelly KM, Joganic EF, Beals SP, et al. Helmet Treatment of Infants With Deformational Brachycephaly. Glob Pediatr Health 2018;5:2333794X18805618
- 10. Kim SJ, Lee KJ, Lee SH, et al. Morphologic relationship between the cranial base and the mandible in patients with facial asymmetry and mandibular prognathism. Am J Orthod Dentofac Orthop 2013;144:330–340
- 11. Kluba S, Schreiber R, Kraut W, et al. Does helmet therapy influence the ear shift in positional plagiocephaly? J Craniofac Surg 2012;23:1301–1305
- 12. Flannery AM, Tamber MS, Mazzola C, et al. Congress of Neurological Surgeons Systematic Review and Evidence-Based Guidelines for the Management of Patients With Positional Plagiocephaly: Executive Summary. Neurosurgery 2016;79:623–624
- 13. Fish D, Lima D. An Overview of Positional Plagiocephaly and Cranial Remolding Orthoses. J Prosth Orth 2003;15:37–45

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- 14. Seruya M, Oh AK, Taylor JH, et al. Helmet treatment of deformational plagiocephaly: the relationship between age at initiation and rate of correction. Plast Reconstr Surg 2013;131:55e-61e
- 15. Department of Health and Human Services: Food and Drug Administration. Neurological devices; classification of cranial orthoses FDA. Final Rule. Fed Regist 1998;63:40650–40652
- 16. FreudIsperger C, Bodem JP, Kargus S, et al. The Incidence of Complications Associated With Molding Helmet Therapy: An Avoidable Risk in the Treatment of Positional Head Deformities? J Craniofac Surg 2015;26:e299–302
- 17. Van Wijk RM, Boere-Boonekamp MM, Groothuis-Oudshoorn CGM, et al. Helmet therapy Assessment in infants with Deformed Skulls (HEADS): Protocol for a randomised controlled trial. Trials 2012;13:
- 18. Takamatsu A, Hikosaka M, Kaneko T, et al. Evaluation of the molding helmet therapy for Japanese infants with deformational Plagiocephaly. JMA J 2021;4:50–60
- 19. Lee S, Kim SJ, Kwon J. Parents' perspectives and clinical effectiveness of cranial-molding orthoses in infants with Plagiocephaly. Ann Rehabil Med 2018;42:737–747
- 20. www.rokband.com







