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題目 (Title):

提供更新的物理治療處置先天性肌肉斜頸之實證臨床執業指引

Informing the Update to the Physical Therapy Management of Congenital Muscular Torticollis Evidence-Based Clinical Practice Guideline.

摘要中文翻譯**目的：**

系統性回顧近年關於先天性肌肉斜頸的物理治療診斷、預後以及治療方式的證據，以提供更更新的物理治療處置先天性肌肉斜頸之實證臨床執業指引。

方法：

自2012至2017年期間，在7個資料庫搜尋提到先天性肌肉斜頸嬰幼兒與兒童的物理治療診斷、預後或介入的研究，並進行偏誤風險以及品質評估。

結果：

本文納入20個研究。沒有研究提到物理治療診斷。14個研究提到預後，預後相關因素包括胸鎖乳突肌的拉傷、症狀解除的範圍大小、治療期間長短、是否堅持持續治療、頸椎成效、以及動作成效。6個研究提到介入方式，包括牽拉頻率、微電流、肌內效貼紮、團體治療以及手術後的物理治療。

結論：

新的證據支持低出生體重、臀位產以及動作的不對稱等預後因子和較長治療時間相關。微電流的介入逐漸出現較高證據等級的研究。

Original Abstract

PURPOSE:

To systematically review the recent evidence on physical therapy (PT) diagnosis, prognosis, and intervention of congenital muscular torticollis to inform the update to the PT management of congenital muscular torticollis evidence-based clinical practice guideline.

METHODS:

From 2012 to 2017, 7 databases were searched for studies that informed PT diagnosis, prognosis, or intervention of infants and children with congenital muscular torticollis. Studies were appraised for risk of bias and quality.

RESULTS:

Twenty studies were included. No studies informed PT diagnosis. Fourteen studies informed prognosis, including factors associated with presence of a sternocleidomastoid lesion, extent of symptom resolution, treatment duration, adherence to intervention, cervical spine outcomes, and motor outcome. Six studies informed intervention including stretching frequency, microcurrent, kinesiology tape, group therapy, and postoperative PT.

CONCLUSIONS:

New evidence supports that low birth weight, breech presentation, and motor asymmetry are prognostic factors associated with longer treatment duration. Higher-level evidence is emerging for microcurrent intervention.

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