

Does Your Child Have Low Muscle Tone? (Hypotonia)

Hypotonia is our topic of the month. We will provide valuable information about this treatable condition.

Things to know about hypotonia:

- Children with normal muscle tone have the ability to sustain postural control against gravity.
- The degree of stiffness required to move the body for the child with hypotonia is inadequate.
- The child cannot generate enough force at the joints to support movements like sitting up, rolling or standing.
- Low muscle tone can be associated with a feeling of heaviness or limpness when the infant or child is picked up. Parents often describe it as “dead weight.”
- There is a large continuum of low muscle tone ranging from slight involvement to severe.

Basic problems of the infant or child with hypotonia:

- Parents notice excessive floppiness of the infant and general inactivity. The infant feels very flexible and has difficulty controlling their head and trunk during feeding, dressing, bathing and carrying.
- The infant is limited in physical ability to maintain secure and balanced positions like sitting, standing or crawling. If the infant cannot move around to explore the environment, cognitive delay may result.
- A school age child with low muscle tone may be considered a couch potato, floppy, clumsy in dance class, uncoordinated or uninterested in athletics.
- If hypotonia is left untreated the infant or child may be at risk for shoulder and hip dislocation, scoliosis, pelvic torsion and oral motor problems.

The cause of hypotonia may be:

- Hypotonicity may be a characteristic of a central nervous system dysfunction such as cerebral palsy, Down Syndrome or developmental delay.
- Connective tissue disorders, metabolic and endocrine disorders and a variety of syndromes can result in hypotonicity.

How is hypotonia treated?

- Postural tone is changeable and treatment relies on the infant's or child's self initiated activity to change low muscle tone.
- Automatic responses to changes in posture are stimulated and more independent movement results.

- As the infant or child repeats and practices these movement patterns, they become more independent and develop the ability to roll, sit walk, jump and hop without help.
- The pediatric physical and occupational therapist work together to increase function in gross motor, fine motor, oral motor and cognitive development.