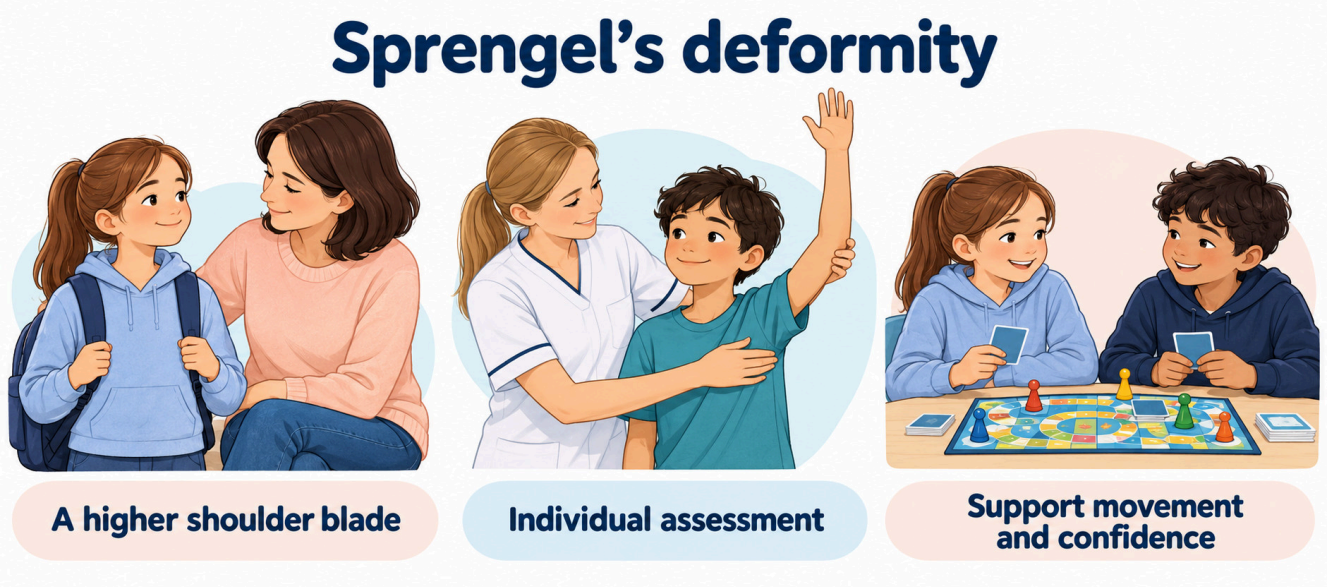
Sprengel’s Deformity

Information for children, parents and carers

Sprengel’s Deformity

A guide to symptoms, treatment and recovery



An individual approach

A specialist assesses shoulder height and movement. Treatment is matched to your child’s function, comfort and everyday needs.

Understanding the condition

Sprengel’s deformity is a rare condition present from birth in which one shoulder blade sits higher than usual. It develops when the shoulder blade does not move down to its usual position before birth.

Supporting your child

Treatment depends on movement and function. Mild cases may be monitored, while others need physiotherapy or surgery. Many children remain active with individual support and specialist advice.

Symptoms and assessment

Understanding the cause and when to seek help

What might you notice?

One shoulder looks higher and lifting the arm overhead may be limited. The affected shoulder blade may be smaller or rotated. Sometimes a bony or fibrous connection links it to the spine.

Who is affected?

The condition is rare and may affect one or both shoulders. It is present from birth, although the difference in shoulder height or movement may become more noticeable as the child grows.

Associated conditions

It may occur on its own or with conditions such as Klippel-Feil syndrome, scoliosis, or rib or kidney differences. The specialist can explain whether any further checks are appropriate for your child.

How is it diagnosed?

Examination checks shoulder height and movement. X-rays or MRI may assess shoulder blade position and any connection to the spine. A paediatric orthopaedic team can provide specialist assessment.

Focus on function and confidence

Ask about activities that are comfortable, movement limitations and the effect on everyday life. A plan should support your child’s independence and confidence as well as shoulder function.

Key message

Treatment depends on movement and function. Mild cases may be monitored, while others need physiotherapy or surgery. Many children remain active with individual support and specialist advice.

Treatment and daily care

Activity guided by your child’s healthcare team

Before starting activity

Use a movement programme selected by the specialist physiotherapist. Exercise can support mobility and posture, but should not be used to force the shoulder blade into a lower position.



Activity guidance

Plan: agree goals based on your child’s movement and function.
Mobility: use gentle exercises taught by the physiotherapist.
Posture: support comfortable sitting and everyday movement.
Play: adapt activities to comfortable movement limits.

Important precautions

Avoid forced overhead movements or painful stretching. After surgery, follow the surgeon’s restrictions and rehabilitation plan before progressing shoulder activities.

Treatment and next steps

Caring for your child and finding support

Monitoring and physiotherapy

Mild cases with good function may be monitored. Physiotherapy can help shoulder mobility, posture and confidence. The programme should match the child's shoulder movement and day-to-day needs.

When surgery is considered

For moderate or severe functional problems, surgery may be considered, often between ages 3 and 8. Procedures may lower the shoulder blade and release tight tissues. The orthopaedic team explains suitability and recovery.

What to expect

Many children lead active lives. Surgery can improve movement and shoulder symmetry, although complete correction may not be possible. Early assessment and individual support help families understand options.

Questions or concerns?

Speak to the paediatric orthopaedic or physiotherapy team about movement, discomfort, daily activities or appearance concerns. Ask about the follow-up plan, recovery advice and local support groups or charities.

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