

# Assure the Best



for  
your

Baby's Physical  
Development



# Early Detection is the Best Prevention!

## Important Parent Ideas:

- Keep a **notebook** for your concerns and observations.
- Review **this chart** and check the signs you see in your baby.\*\*
- Share your concerns**, this chart and your notebook with your child's doctor or health care professional.

\*\*It is okay to check boxes in both the areas of "Typical Development" and "Signs to Watch for."

## Typical Speech Development\*

BY 3 MONTHS

- Sucks and swallows well during feeding
- Quiets or smiles in response to sound or voice
- Coos or vocalizes other than crying
- Turns head toward direction of sound

BY 6 MONTHS

- Begins to use consonant sounds in babbling, e.g. "dada"
- Uses babbling to get attention
- Begins to eat cereals and pureed foods

BY 9 MONTHS

- Increases variety of sounds and syllable combinations in babbling
- Looks at familiar objects and people when named
- Begins to eat junior and mashed table foods

BY 12 MONTHS

- Meaningfully uses "mama" or "dada"
- Responds to simple commands, e.g. "come here"
- Produces long strings of gibberish (jargoning) in social communication
- Begins to use an open cup

BY 15 MONTHS

- Vocabulary consists of 5-10 words
- Imitates new less familiar words
- Understands 50 words
- Increases variety of coarsely chopped table foods

\* Remember to correct your child's age for prematurity.

## Typical Play Development\*

### *While lying on their back...*

- Visually tracks a moving toy from side to side
- Attempts to reach for a rattle held above their chest
- Keeps head in the middle to watch faces or toys

- Reaches for a nearby toy while on their tummy

### *While lying on their back...*

- Transfers a toy from one hand to the other
- Reaches both hands to play with feet

- In a high chair, holds and drinks from a bottle
- Explores and examines an object using both hands
- Turns several pages of a chunky (board) book at once
- In simple play imitates others

- Finger feeds self
- Releases objects into a container with a large opening
- Uses thumb and pointer finger to pick up tiny objects

- Stacks two objects or blocks
- Helps with getting undressed
- Holds and drinks from a cup

## Typical Physical Development\*



### *While lying on their tummy...*

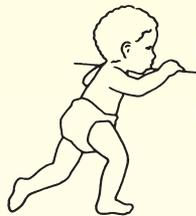
- Pushes up on arms
- Lifts and holds head up



- Uses hands to support self in sitting
- Rolls from back to tummy
- While standing with support, accepts entire weight with legs



- Sits and reaches for toys without falling
- Moves from tummy or back into sitting
- Creeps on hands and knees with alternate arm and leg movement



- Pulls to stand and cruises along furniture
- Stands alone and takes several independent steps



- Walks independently and seldom falls
- Squats to pick up toy

## Signs to Watch for in Physical Development\*



- Difficulty lifting head
- Stiff legs with little or no movement



- Pushes back with head
- Keeps hands fisted and lacks arm movement



- Rounded back
- Unable to lift head up
- Poor head control



- Difficult to bring arms forward to reach out
- Arches back and stiffens legs



- Arms held back
- Stiff legs



- Uses one hand predominately
- Rounded back
- Poor use of arms in sitting



- Difficulty crawling
- Uses only one side of body to move



- Inability to straighten back
- Cannot take weight on legs



- Difficulty getting to stand because of stiff legs and pointed toes
- Only uses arms to pull up to standing



- Sits with weight to one side
- Strongly flexed or stiffly extended arms
- Needs to use hand to maintain sitting



- Unable to take steps independently
- Poor standing balance, falls frequently
- Walks on toes

## Parents' Stories

### 2-3 Months

Jeffrey was born at 42 weeks following an uneventful pregnancy. At three months, we felt he was not developing as well as our first child. When placed on his tummy, he could not push up on his arms. While sitting, he had difficulty holding his head up for any length of time. We were very anxious and our pediatrician referred us to both Early Intervention and to a developmental-behavioral pediatrician for an evaluation. Jeffrey continues in therapy although the developmental-behavioral pediatrician has still not given a definite diagnosis. She feels that his delayed movement skills warrant ongoing therapy. Jeffrey is now 10 months old and although he does not sit by himself, he can push up on his arms from tummy lying and get on his hands and knees. We know that he is getting the help he needs.

*Robert and Cindy P.*

### 4-5 Months

Rachel was a breech baby and experienced meconium aspiration at birth. By age four months we realized she was not holding her head up and using her hands. Our pediatrician referred us directly to Early Intervention services that includes therapy through the state Early Intervention program so Rachel could learn better physical movement. Now at age four and a half, she is learning to walk, attends our neighborhood school and is beginning to maximize her potential.

*Frank and Jenni S.*

### 6-7 Months

Jason, who was eight weeks premature, was always difficult to diaper. His legs were stiff and difficult to get apart. At six months of age, he arched backward whenever we tried to place him in sitting. By eight months, he could still not sit by himself. When Jason was diagnosed with physical differences, our pediatrician referred him to an Early Intervention program that includes physical therapy where he is learning to walk by himself.

*Larry and Pam R.*

### 8-9 Months

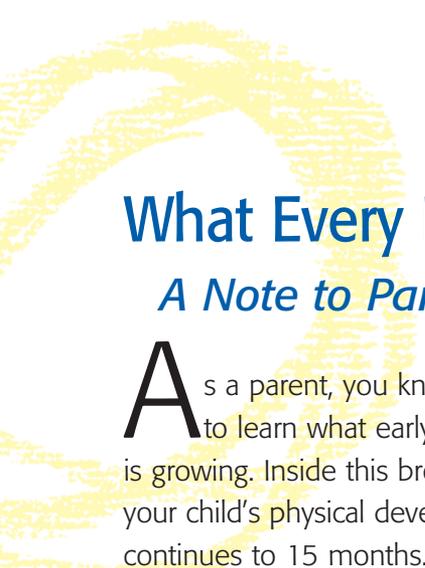
Matt, the second of twins, was the only one of our three children who refused to be placed on his tummy. He also would not take any weight on his feet, even at nine months of age, when his twin brother was walking around furniture. Our pediatrician simultaneously referred us to a developmental-behavioral pediatrician and Early Intervention services for further consultation. Although the pediatrician could not make a diagnosis, he was concerned, and Matt began physical therapy at nine months of age. He took his first steps at fifteen months. His therapist feels that he may no longer need treatment by his second birthday.

*Mike and Terry S.*

### 10-12 Months

Christopher was born five weeks early. He was in the hospital two weeks before coming home. During his first year of life, we began to notice that he did not use his right hand as often as his left. As he began to pull to stand, he dragged his right leg. In standing he leaned toward the left side and dragged the right leg when walking around furniture. At eleven months, when we talked with our pediatrician, he prescribed physical and occupational therapy. Now, at three years of age, Christopher is walking.

*Bob and Sue D.*

A large, stylized yellow brushstroke graphic in the top left corner, resembling a sun or a smile, with a soft, textured appearance.

# What Every Parent Should Know

## *A Note to Parents*

**A**s a parent, you know your child best. It is important for you to learn what early milestones are expected while your baby is growing. Inside this brochure, a **unique chart** allows you to track your child's physical development. It begins at 3 months of age and continues to 15 months. Periodically review the information on the chart, and place a check mark next to the signs you see in your baby.

As you review the chart, record your observations or concerns. If you have any concerns, we encourage you to bring this chart to your doctor or health care professional. This brochure has been approved by the American Academy of Pediatrics.

You know your child best, **trust your instincts**. If you feel your baby is developing at a different pace, seek help. Early treatment of physical differences is vital in assuring the best for your baby.

### ***Help is Available!***

Some sources include your pediatrician, developmental-behavioral pediatricians, pediatric neurologists, physical, occupational and speech therapists and your state Early Intervention program. Visit our web site at [www.pathwaysawareness.org](http://www.pathwaysawareness.org) for additional information.

You may also want to have your child's speech, vision and hand function evaluated. Much can be done to improve a child's physical skills and abilities through speech, occupational and physical therapy.

Remember too, a family's positive attitude is a proven factor in maximizing any child's potential. All children can learn, but intelligence may be masked by difficulty with movement or vision. ***Early detection is the best prevention!***

## **About Pathways Awareness Foundation**

Established in 1988, Pathways Awareness Foundation is a national non-profit organization dedicated to raising awareness about the gift of early detection and the benefit of early therapy for infants and children with physical movement differences.

Our activities are based upon the expertise of the Pathways Medical Round Table—leading physicians, clinicians, nurse practitioners, and lay advisors. They are sensitive to the medical and emotional needs of infants and children with physical movement differences, including cerebral palsy, and their families and/or caregivers.

If you have any questions, please call our “parent-answered” toll-free number, or send us an email. We also welcome your feedback. Your comments will provide valuable information for Pathways Awareness Foundation. We look forward to hearing from you.

***We believe early detection is prevention!***

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*Approved by the American Academy of Pediatrics*