

# Assure the Best

for your Baby's Physical Development



### Parents' Stories

### Birth

Abby was born full term and had difficulty with feeding, low muscle tone and head control. At our first visit with our family physician, she was diagnosed with a chromosomal abnormality and referred immediately for physical and speech therapy. Abby improved dramatically in her movement and speech skills. Now, at age 16, she is a happy, active teenager. We are so grateful to our family physician for the early referral to pediatric physical and speech therapy.

James and Brenda A.

### 2-3 Months

Jeffrey was born at 42 weeks following an uneventful pregnancy. At three months, he could not push up on his arms and had difficulty holding his head up when placed on his tummy. We shared our concerns with our pediatrician who referred us to a developmental-behavioral pediatrician. Jeffrey is now 10 months old and although he does not have a definite diagnosis, 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 she was not holding her head up or using her hands. Our pediatrician referred us to our state's 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 maximizing 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. At eight months, he could still not sit by himself. Our pediatrician referred him to an Early Intervention program that includes physical therapy. Jason is now learning to walk by himself.

Larry and Pam R.

### 8-9 Months

Matt, the second of twins, refused to be placed on his tummy. He also would not take any weight on his feet, even at nine months of age, while his twin brother was walking around furniture in our living room. Our pediatrician referred us to a developmental-behavioral pediatrician and Early Intervention services. Matt began physical therapy at nine months of age. He took his first steps at fifteen months. He may no longer need treatment by his second birthday.

Mike and Terry S.

#### 10-12 Months

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

Bob and Sue D.

## **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."



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## Typical Speech Development\*

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

## **BY 6 MONTHS**

**BY 3 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

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

<sup>\*</sup> Remember to correct your child's age for prematurity.

## Typical Play Development\*

## Typical Physical Development\*

While lying on their back... ☐ Visually tracks a moving toy from side to side ☐ Attempts to reach for a rattle held While lying on their tummy... above their chest Pushes up on arms ☐ Keeps head in the middle to watch ☐ Lifts and holds head up faces or toys ☐ Uses hands to support ☐ Reaches for a nearby toy while selfi n sitting on their tummy ☐ Rolls from back While lying on their back... to tummy ☐ Transfers a toy from one hand ☐ While standing with to the other support, accepts entire ☐ Reaches both hands to play with feet weight with legs ☐ In a high chair, holds and drinks ☐ Sits and reaches for from a bottle toys without falling ☐ Moves from tummy ☐ Explores and examines an object or back into sitting using both hands ☐ Turns several pages of a chunky ☐ Creeps on hands and knees with alternate arm (board) book at once and leg movement ☐ In simple play imitates others ☐ Finger feeds self ☐ Pulls to stand and ☐ Releases objects into a container cruises along furniture with a large opening ☐ Stands alone and takes ☐ Uses thumb and pointer finger several independent to pick up tiny objects steps

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



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

<sup>\*</sup> Remember to correct your child's age for prematurity.

### Signs to Watch for in Physical Development\*



- ☐ Difficulty lifting head
- ☐ Stifflegs 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

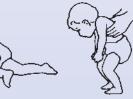


- ☐ Arms held back
- Stifflegs



- Uses one hand predominately
- ☐ Rounded back
- ☐ Poor use of arms

  → in sitting
  - ☐ Difficulty crawling
  - ☐ Uses only one side of body to move



- to straighten back
- ☐ Cannot take weight on legs



- ☐ Difficulty getting to stand because of stifflegs 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

<sup>\*</sup> Remember to correct your child's age for prematurity.

## What Every Parent Should Know

It is important for you to track your child's physical and speech development.

Our unique chart allows you to do just that. Remember to trust your instincts. You know your child best. If you feel your baby is developing at a different pace, seek help. All children can learn. Early detection is the BEST prevention.

### **About Pathways Awareness**

Established in 1988, Pathways Awareness is a national program of the Pathways Foundation, a 501 (c) (3) Not-For-Profit Public Foundation. Pathways is dedicated to raising awareness about the gift of early detection and the benefit of early therapy for infants and children with early motor delays to assure their best. Our activities are based upon the Pathways Awareness Medical Round Table, leading physicians, clinicians, nurse practitioners, and lay advisors.

### Pathways Awareness Medical Round Table

Co-Chairmen H. Garry Gardner, M.D., FAAP John F. Sarwark, M.D., FAAP, FAACPDM, FAAOS

### Committee

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Questions? Please call our "parentanswered" toll-free number, or email us. We will send you more information and refer you to therapists in your area.



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This message endorsed by the American Academy of Pediatrics, the National Association of Pediatric Nurse Practitioners, the Section on Pediatrics of the American Physical Therapy Association and American College of Osteopathic Pediatricians.

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