development - FM, GM, feeding

age	GM	FM	feeding

development - FM, GM, feeding (cont)

newborn to 1 mo.	Flexed posture- maintains position from womb (fetal position) Prone- Lifts head briefly and turns head to the side Movements mostly driven by primitive reflexes, for example: 1. Moro reflex 2. Rooting and sucking reflexes – important for baby's survival, helping them find the source of food	hands fisted, grasp reflex	latches to nip

development - FM, GM, feeding (cont)			
2 months	lifting head	Hands often open or loosely closed. Grasp reflex still strong	begins to put hands on bottle

development - FM, GM, feeding (cont)			
3 months	midline orient-ation, prone - puppy position	hands to mouth, hands together	may begin to hold bottle, opens mouth

development - FM, GM, feeding (cont)			
4 months	chest raise, starting to roll, sits upright with trunk support, head steady	Voluntary grasp begins- holds a toy and shakes it Bilateral approach Mouths toys Starts reaching for toys and bats at dangling toys	may begin to hold bottle, opens mouth

development - FM, GM, feeding (cont)			
5 months	core/abs neck muscles, supine hands to feet, sits with pelvic support	Reaches for toys Palmar grasp, no thumb used Uses both hands to explore toys	may begin to hold bottle, opens mouth

development - FM, GM, feeding (cont)			
6 months	moving, rolling, prone, sitting on own	Reaches with one hand Can only hold one object at a time	may begin to hold bottle, opens mouth

development - FM, GM, feeding (cont)			
7 months	moving backwards, crawling, sits without support	Transfers object from hand to hand Radial palmar grasp Can hold 2 objects	Can hold own bottl when drinking Begins tc hold own food and starts to finger fee solids Uses “raking” c “scooping motion with fingers to secure pieces of food, usually successfi Begins tc use inferior pincer grasp (thumb and side of index finger) to pick up small foo items

development - FM, GM, feeding (cont)

8 months	pushes back into 4 point kneeling, perfect sitting balance kneeling, moving forward, crawling	Imitates clapping hands Compares 2 objects by banging together Index poking Radial raking	Can hold own bottle when drinking Begins to hold own food and starts to finger feed solids Uses “raking” or “scooping” motion with fingers to secure pieces of food, usually successful Begins to use inferior pincer grasp (thumb and side of index finger) to pick up small food items

development - FM, GM, feeding (cont)

9 months	rocking, standing	Inferior pincer Isolates index finger	Can hold own bottle when drinking Begins to hold own food and starts to finger feed solids Uses “raking” or “scooping” motion with fingers to secure pieces of food, usually successful Begins to use inferior pincer grasp (thumb and side of index finger) to pick up small food items

development - FM, GM, feeding (cont)

10 months	crawling on hands and knees	Thumb and finger opposition begins	Indepe-ndent finger feeding Begins to use thumb and tip of index finger (“neat pincer” grasp) to pick up small food items and finger-feed Holds spoon to play, bang, mouth

development - FM, GM, feeding (cont)			
11 months	Cruising with one hand for support Walks with hand held Stands indepe-ndently for a short time- 2 seconds, legs wide, arms up/out	Pincer grasp maturing	Indepe-ndent finger feeding Begins to use thumb and tip of index finger (“neat pincer” grasp) to pick up small food items and finger-feed Holds spoon to play, bang, mouth

development - FM, GM, feeding (cont)			
12 months	Crawls, bear walks or shuffles on bottom May start walking-can take indepe-ndent steps	Mature pincer grip – thumb opposition and tip of index finger Attempts tower of 2 cubes Scribbles after demo	Indepe-ndent finger feeding Begins to use thumb and tip of index finger (“neat pincer” grasp) to pick up small food items and finger-feed Holds spoon to play, bang, mouth

development - FM, GM, feeding (cont)			
15 months	walks, squats	2 cube tower Precise pincer grasp – can pick up crumbs Sponta-neous scribble	Dips spoon in food Brings spoon to mouth, turns spoon over but obtains some food

development - FM, GM, feeding (cont)			
18 months	Pulls toys while walking Squats to play Climbs up onto big chair and turns to sit Starts to jump with both feet Throws ball while standing Runs with stiff posture	4+ cube tower Pegs in a board Drinks from a cup Feeds self with a spoon	Holds cup and drinks from cup independently

development - FM, GM, feeding (cont)	
24 months	uses spoon independently

reflexes		
primitive reflex	stimulus	integration

By **ts3414**
cheatography.com/ts3414/

Not published yet.
Last updated 19th October, 2023.

reflexes (cont)		
rooting	Stroke corner of mouth.	by 3 mo

reflexes (cont)		
moro	Rapidly drop infants head backwards	by 4-6 mo

reflexes (cont)		
plantar grasp	Pressure using thumb on ball of foot	by 9 mo

By **ts3414**
cheatography.com/ts3414/

Not published yet.
Last updated 19th October, 2023.

reflexes (cont)		
galant	Hold infant in prone suspension; scratch or tap alongside the spine w/ finger, from shoulder to butt	by 2 mo

reflexes (cont)		
ATNR - fencing reflex - Extension of extremities on the face side, flexion of extremities on the skull side	Supine; Turn head to side.	by 6 mo

reflexes (cont)		
palmar grasp	Place finger in palm	by 4-6 mo

By **ts3414**
cheatography.com/ts3414/

Not published yet.
Last updated 19th October, 2023.

reflexes (cont)		
STNR - Arms extend, legs flex. Arms flex, legs extend	Place in quadruped; cervical extension . Place in quadruped; cervical flexion with chin tuck.	by 8-12 mo

reflexes (cont)		
babinski	Foot stroked (heel to base of toes)	by 1 year

reflexes (cont)		
downward parachute	Suspended vertically, child usually held under arms in vertical suspension and lowered rapidly to simulate a falling sensation	4 months to 1 yr

By **ts3414**
cheatography.com/ts3414/

Not published yet.
Last updated 19th October, 2023.

reflexes (cont)		
forward parachute	Suddenly tip infant forward while vertically suspended. Infant held under the arms at mid-thorax and tilted forward.	6-9 months to persist

reflexes (cont)		
sideward parachute	Tip infant off-balance to side.	7 mo to persist

reflexes (cont)		
backward parachute	Tip infant off-balance backward	9-10 months to persist

assessments

type	name	description

assessments (cont)

motor assessment	BOT-2	Purpose: Standardized test assesses & provides an index of overall motor proficiency; fine & gross motor composites, including consideration of speed, duration, and accuracy of performance, and hand &/or foot preferences Method: Long & short forms with 8 subtests Population: 4 – 21 yrs

assessments (cont)

visual motor/-perceptual	BEERY VMI	Purpose: Assesses visual motor integration Method: Copying geometric forms, sequenced according to level of difficulty; stops at 3 failures Population: • 30-item Full Format: 2 to 100 years. • 21-item Short Format :2 – 7 years.

assessments (cont)

sensory processing	sensory profile	Purpose: Measures reactions to daily sensory experiences Method: Obtains caregiver's judgment and observation of a child's sensory processing, modulation, and behavioral and emotional responses in each sensory system via a caregiver questionnaire Population: The Sensory Profile has various versions: • Sensory Profile (125 items) for ages 3 -10 years (10 yrs 11 months) • Sensory Profile Short Form (38 items) for ages 3 – 10 yrs. • Sensory Profile 2 (192 items) includes an infant, toddler, child, and school companion form for ages Birth -14 (14 yrs 11 months) yrs i) Infant Sensory Profile: Birth – 36 months ii) Toddler Sensory Profile: 7 – 35 months iii) Child Sensory Profile: 3–14 yrs. iv) Short Sensory Profile: 3–14 yrs. v) School Companion Sensory Profile: Teachers complete for students aged 3–14 years.

assessments (cont)

visual motor/-perceptual	developmental test or visual perception	Purpose: Assesses visual perceptual skills and visual motor integration for levels of performance and for designing interventions. Method: DTVP-3 has 5 subsets: 1. Eye-hand coordination 2. Copying 3. Figure-ground 4. Visual closure 5. Form constancy Results of the 5 subtests are combined to form three composite scores: Motor--Reduced Visual Perception, Visual-Motor Integration, and General Visual Perception, DTVP-A:2 has 7 subtests: 1. Eye–Hand Coordination 2. Form Constancy 3. Copying 4. Visual Closure 5. Visual-Motor Search 6. Visual-Motor Speed 7. Figure–Ground Population: • Developmental Test of Visual Perception Third Edition (DTVP-3): Ages 4 – 12 (12-11yrs) • Developmental Test of Visual Perception- Adolescent and Adult 2nd Edition (DTVP-A 2): Ages 11 – 74 (74.11 yrs).

assessments (cont)

motor assessment	peabody	Purpose: Standardized rating scales of gross & fine motor development. In-depth assessment, training, and remediation of gross and fine motor skills Method: Test items administered one level below child's expected motor age in order to maintain a base age level Population: Birth – 5 yrs.

By **ts3414**
cheatography.com/ts3414/

assessments (cont)

playfulness	test of playfulness	Purpose: Standardized observation tool for use with infants, children, and adolescents. Assesses a child's playfulness and measures engagement, motivation, social interactions, affect, and creativity during play. Method: Observed behaviors are rated according to intrinsic motivation, internal control, disengagement from constraints of relating, and framing Population: 6 months – 18 yrs.

assessments (cont)

overall development assessment	hawaii early learning profile	Purpose: Non-standardized scale of developmental levels. An educational curriculum-referenced test that assesses six areas of function (cognitive, gross motor, fine motor, language, social-emotional, self-help) Method: Administered in natural environment; developmentally approp. Items administered according to protocols. Administration by observation of student; parent interview; or play interaction with child. Population: • HELP: 0-3 years • HELP: 3-6 years

assessments (cont)

visual motor/-perceptual	motor free visual perception test	Purpose: A standardized, quick eval to assess visual perception (spatial relationships, visual discrimination, figure ground, visual memory) Method: Number of items administered depends on child's age Population: 4 – 80+ yrs

assessments (cont)

overall developmental assessment	pediatric eval of disability inventory	Purpose: Standardized behavior checklist and rating scale that assesses capabilities and detects functional deficits, to determine develop. level, monitor the child's progress and/or to complete a program evaluation Method: Observation & interview (self-care, mobility, & social skills) Population: 6 months – 7 yrs

handwriting

tripod grasp	The thumb and index fingers "pinch" the pencil just above the tip and the DIP joint of the middle finger is placed behind the pencil, creating a tripod support as the child writes.

handwriting (cont)

static tripod grasp	This grasp typically develops between the ages of 3 and 4. The child forms the grasp with the fingers, but movement is initiated at the wrist.

handwriting (cont)

dynamic tripod	This grasp usually develops by age 5. The child forms a tripod grasp with the fingers and moves the fingers to move the pencil.

handwriting (cont)

lateral grasp	This is a variation of the tripod grasp, in which the thumb is placed next to the index finger, rather than opposite, to brace the pencil. The web space is closed, and more wrist extension is required to write using this grasp.

handwriting (cont)

quadrupod grasp	The thumb, index and middle fingers hold the pencil and the DIP joint of the ring finger is placed behind the pencil, creating a four sided or quadrupod support.

tx for grasp

Poorly integrated palmar reflex – the fingers show a tendency to curl when the palm is pressed.	-Squeezing and opening the hands repeatedly, either with hands empty or using a small stress ball. -Play activities that require strong, forceful grasp, such as playing on monkey bars or swinging on a trapeze bar. -Forceful hand based heavy work, such as putty exercises with resistive putty, squeezing cylindrical glue bottles, squeezing a hand exerciser. -Picking up small items with tweezers or connected chopsticks.

tx for grasp (cont)

Inadequate prehension patterns – the fingers do not form a quality or forceful tip or palmar pinch. Cause may be poor thumb stability, low finger strength, motor learning or motor control problems.	-Putty exercises focusing on tip and palmar pinch -Activities that require pinch – placing clothespins, placing small pegs, popping bubble wrap. -Coloring using broken crayons – the size of the crayons forces the fingers to form a tripod grasp to hold the crayons. Hand over hand assistance may be required at first to provide input for appropriate finger position and force of grasp on the crayon.

tx for grasp (cont)

Decreased thumb strength	-Putty exercises focusing on thumb strength. -Lateral pinch activities including placing clothespins using lateral pinch, push-button toys using the thumb. -A soft Thumb Spica splint may be necessary if decreased thumb strength is not correctable through exercise and activity.

tx for grasp (cont)

Difficulty with finger isolation – the fingers tend to move as a unit, rather than moving indivi-dually.	-Activities that isolate the index finger – pointing, pushing buttons, finger painting with one finger. – “Flicking” games – one finger is used to flick an object at a target. -Pressing keys on a piano or keyboard with hands in set position (no hunt and peck). -Holding a small toy or coin in the ring and little fingers while writing to keep them tucked. -Coloring using broken crayons – may incorporate holding a small toy in the ring and little fingers.

tx for grasp

Poorly integrated palmar reflex – the fingers show a tendency to curl when the palm is pressed.	-Squeezing and opening the hands repeatedly, either with hands empty or using a small stress ball. -Play activities that require strong, forceful grasp, such as playing on monkey bars or swinging on a trapeze bar. -Forceful hand based heavy work, such as putty exercises with resistive putty, squeezing cylindrical glue bottles, squeezing a hand exerciser. -Picking up small items with tweezers or connected chopsticks.

tx for grasp (cont)

Inadequate prehension patterns – the fingers do not form a quality or forceful tip or palmar pinch. Cause may be poor thumb stability, low finger strength, motor learning or motor control problems.	-Putty exercises focusing on tip and palmar pinch -Activ-ities that require pinch – placing clothespins, placing small pegs, popping bubble wrap. -Coloring using broken crayons – the size of the crayons forces the fingers to form a tripod grasp to hold the crayons. Hand over hand assistance may be required at first to provide input for appropriate finger position and force of grasp on the crayon.