

development - FM, GM, feeding

age	GM	FM	feeding
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development - FM, GM, feeding (cont)

newborn	Flexed	hands	latches
to 1 mo.	posture-	fisted,	to nip
	maintains	grasp	
	position from	reflex	
	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		



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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
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development - FM, GM, feeding (cont)

3 months	midline orientation, prone - puppy position	hands to mouth, hands together	may begin to hold bottle, opens mouth
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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
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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
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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
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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 bottle when drinking Begins to hold own food and starts to finger feed solids Uses "raking" c "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
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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
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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
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development - FM, GM, feeding (cont)

10 months	crawling on hands and knees	Thumb and finger opposition begins	Independent 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
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development - FM, GM, feeding (cont)

11 months	Cruising with one hand for support Walks with hand held Stands independently for a short time- 2 seconds, legs wide, arms up/out	Pincer grasp maturing	Independent 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
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development - FM, GM, feeding (cont)

12 months	Crawls, bear walks or shuffles on bottom May start walking- can take independent steps	Mature pincer grip – thumb opposition and tip of index finger Attempts tower of 2 cubes Scribbles after demo	Independent 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
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development - FM, GM, feeding (cont)

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

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

development - FM, GM, feeding (cont)

24 months uses spoon independently

reflexes

primitive reflex stimulus integration



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reflexes (cont)

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

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

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

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

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

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

reflexes (cont)

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

reflexes (cont)

downward	Suspended vertic-	4
parachute	ally, child usually	months
	held under arms in	to 1 yr
	vertical suspension	
	and lowered rapidly	
	to simulate a falling	
	sensation	

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reflexes (cont)

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

reflexes (cont)

sideward	Tip infant off-ba-	7 mo to
parachute	lance to side.	persist

reflexes (cont)

backward	Tip infant off-ba-	9-10
parachute	lance backward	months to persist

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assessments			assessments (cont)			assessments (cont)		
type	name	description						
			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	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.



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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.



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assessments (cont)

playfulness of playfulness test 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 developmental 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 appropriate. 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 evaluation 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



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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
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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.
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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.
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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.

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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.

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tx for grasp (cont)

Difficulty with finger isolation – the fingers tend to move as a unit, rather than moving individually.

-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)

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