

6 Months: Recognizing Early Motor Delays

A Comparison Examination of 6 Month Old Infants

Typical

- · Able to symmetrically lift and sustain upper and lower extremities against gravity
- Demonstrates increased antigravity control of the muscles of the trunk and increased freedom of extremity movement
- Exhibits quick visual-motor response of looking, reaching, grasping and transferring objects



- Shows improved ability to hold head and trunk in midline, but still without adequate antigravity movement
- Has excessively abducted and externally rotated upper and lower extremities, with movement primarily on the
- Appears visually interested in objects but unable to reach and grasp

Atypical



- · Rolls independently and easily from supine through sidelying into prone in either direction
- Shows active head righting and upper extremity pushing against the surface to raise body while reaching with the other hand



- · Requires assistance from examiner in rolling from supine to sidelying
- · Unbalanced neck, shoulder and back extension prevents use of the arm to assist in the rolling maneuver



- Bears weight on extended arms and forearms, with extension into the lumbar spine and lower extremities
- Shows emerging upper extremity control in weight shifting for reaching, grasping and playing
- · Grasps toy towards thumb side of palm



- Does not choose prone position for play due to decreased head, shoulder and trunk control
- Has decreased upper extremity power, preventing weight shift towards the pelvis necessary for freedom in the upper extremities
- · Positions elbows behind shoulders, preventing head and trunk lifting



- · Responds quickly and assists in the maneuver by actively flexing neck and lifting head
- Also uses activity in the upper extremities and abdominals to assist
- Shows good symmetry in the head, neck and upper extremities



- · Assists minimally in the pull to sit maneuver
- Demonstrates complete head lag until the upright position
- · Does not assist with upper extremity pulling



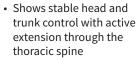
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Typical

Atypical



 Reaches with one arm at a time, using a wide base of support in the lower extremities



- Struggles to maintain head upright and in midline; cannot activate vision or explore because so much effort is required to remain upright
- Must be supported high up in the chest for stability
- Exhibits decreased trunk extension and freedom to reach



 Demonstrates full, sustained extension in the neck and upper thoracic spine, down through the hips and legs



- Lifts head in midline and extends through the upper thoracic spine only briefly
- Does not exhibit extension through the spine and hips



Protective Extension

Horizontal Suspension

- Easily and quickly brings arms forward in a full protective response when tipped toward the surface
- Props immediately on one upper extremity when reaching for a toy



- Does not bring upper extremities forward to the surface in a protective response
- Displays inadequate antigravity neck and trunk strength to free the arms to come forward



anding

- Exhibits immediate sustained weight bearing on extended lower extremities; turns head freely to look around
- Keeps hips slightly flexed and somewhat behind the shoulders
- Uses upper extremities to assist in stabilizing the trunk



- Fails to initiate or sustain active weight bearing when placed in supported standing
- Lacks necessary antigravity head and trunk control
- Unable to align head, trunk, hips, knees and feet in the vertical



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