



# Assure Baby's Physical Development

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## Typical Speech 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."

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

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\* 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

### 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 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, 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.*

## What Every Parent Should Know

Pathways.org's **unique chart** allows you to track your child's physical and speech development. 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

The Mission of Pathways.org, since 1985, is to promote and advance infants' and children's motor, sensory and communication development to all parents and healthcare providers. Pathways Medical Roundtable is instrumental in achieving our mission through strategic and supportive direction.

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## Questions?

Please call our "parent-answered" 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, American College of Osteopathic Pediatricians and Pediatric Section of the American Physical Therapy Association.*

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