Developmental Milestones: Motor Development

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Objectives After completing this article, readers should be able to:

- 1. Identify the milestones for gross and fine motor development.
- 2. Recognize the child whose development falls outside of the expected range.
- 3. Describe the sequences involved in gross and fine motor development.

This is the first of three articles on developmental milestones; the second and third articles will appear in the September and November 2010 issues of Pediatrics in Review, respectively.

Introduction

Infancy and childhood are dynamic periods of growth and change. Neurodevelopmental and physical growth proceed in a sequential and predictable pattern that is intrinsically determined. Skills progress from cephalic to caudal; from proximal to distal; and from generalized, stimulus-based reflexes to specific, goal-oriented reactions that become increasingly precise. As one clinician has stated, "infants [and children] are very orderly in their ways; they actually behave [and develop] according to laws that can be explored, discovered, confirmed, reconfirmed, and celebrated." (1) By convention, these neuro-developmental "laws" or sequences often are described in terms of the traditional developmental milestones.

Milestones provide a framework for observing and monitoring a child over time. According to recent American Academy of Pediatrics and *Bright Futures* guidelines, pediatricians should incorporate developmental surveillance at every health supervision visit. Surveillance involves analyzing the milestones in the context of a child's history, growth, and physical examination findings to recognize those who may be at risk for developmental delay. A thorough understanding of the normal or typical sequence of development in all domains (gross motor, fine motor, problem-solving, receptive language, expressive language, and social-emotional) allows the clinician to formulate a correct overall impression of a child's true developmental status. However, it must be emphasized that even experienced pediatricians cannot rely solely on their knowledge of the milestones to identify children who have developmental concerns. Developmental screening using validated and standardized tools should occur at the 9-month, 18-month, and 30-month (or 24-month) health supervision visits or whenever surveillance uncovers a concern.

Although neurodevelopment follows a predictable course, it is important to understand that intrinsic and extrinsic forces produce individual variation, making each child's developmental path unique. Intrinsic influences include genetically determined attributes (eg, physical characteristics, temperament) as well as the child's overall state of wellness. Extrinsic influences during infancy and childhood originate primarily from the family. Parent and sibling personalities, the nurturing methods used by caregivers, the cultural environment, and the family's socioeconomic status with its effect on resources of time and money all play a role in the development of children. Developmental theory has, itself, developed as clinicians have tried to grapple with which influence is more predominant.

The focus of this series of articles is to help the clinician frame general concepts of development according to the developmental streams rather than highlight developmental

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abnormalities. The milestones cited are, on average, those at the 50th percentile for age. By understanding what is "normal" or typical, the clinician can appreciate more keenly what is abnormal or delayed. This article concentrates on normal motor development, with a brief mention about specific "red flags" that should alert clinicians to potential motor developmental problems. The second article in the series discusses cognitive and language development. The final article addresses the development of social-emotional skills. An all-inclusive table of milestones is provided in this first article as a reference (Table 1) both in print and online; Table 1 appears online only in the September and November articles.

Gross Motor Milestones

The ultimate goal of gross motor development is to gain independent and volitional movement. During gestation, primitive reflexes develop and persist for several months after birth to prepare the infant for the acquisition of specific skills. These brainstem and spinal reflexes are stereotypic movements generated in response to specific sensory stimuli. Examples include the Moro (Fig. 1), asymmetric tonic neck (ATNR) (Fig. 2), and positive support reflexes (Fig. 3). As the central nervous system matures, the reflexes are inhibited to allow the infant to make purposeful movements. For example, during the time when the ATNR persists, an infant is unable to roll from back to front, bring the hands to midline, or reach for objects. This reflex disappears between 4 and 6 months of age, the same time that these skills begin to emerge. The Moro reflex interferes with head control and sitting equilibrium. As this reflex lessens and disappears by 6 months of age, the infant gains progressive stability in a seated position (Fig. 4).

In addition to primitive reflexes, postural reactions, such as righting and protection responses, also begin to develop after birth. These reactions, mediated at the midbrain level, interact with each other and work toward the establishment of normal head and body relationship in space. Protective extension, for example, allows the infant to catch him- or herself when falling forward, sideways, or backwards (Fig. 5). These reactions develop between 6 and 9 months, the same time that an infant learns to move into a seated position and then to hands and knees. Soon afterward, higher cortical centers mediate the development of equilibrium responses and permit the infant to pull to stand by 9 months of age and begin walking by 12 months. Additional equilibrium responses develop during the second year after birth to allow for more complex bipedal movements, such as moving backward, running, and jumping.

During the first postnatal year, an infant thus moves from lying prone, to rolling over, to getting to hands and knees, and ultimately to coming to a seated position or pulling to stand (Fig. 6). Within the framework of Back to Sleep guidelines, infants must have age-appropriate and safe opportunities for "tummy time" to promote the development of these important prone-specific milestones. It is important to note that crawling is not a prerequisite to walking; pulling to stand is the skill infants must develop before they take their first steps. The ultimate goal of this timeframe is to develop skills that allow for independent movement and freedom to use the hands to explore, manipulate, and learn from the environment.

Gross motor development in subsequent years consists of refinements in balance, coordination, speed, and strength. The wide-based, slightly crouched, staccato gait of a 12-month-old evolves into a smooth, upright, and narrow-based style. The arms change from being held abducted and slightly elevated for balance to swinging in a reciprocal fashion as the gait reaches an adult pattern by age 3 years. Similarly, running develops soon after walking, starting as a stiff-legged approximation and changing into a well-coordinated movement that includes rapid change of direction and speed by 18 months of age.

Simultaneous use of both arms or legs occurs after successful use of each limb independently. At age 2 years, a child can kick a ball, jump with two feet off the floor, and throw a big ball overhand. Milestones for succeeding ages reflect progress in the length of time, number of repetitions, or the distance each task can be performed successfully. By the time a child starts school, he or she is able to perform multiple complex gross motor tasks simultaneously (such as pedaling, maintaining balance, and steering while on a bicycle).

Fine Motor Milestones

Fine motor skills relate to the use of the upper extremities to engage and manipulate the environment. They are necessary for a person to perform self-help tasks, to play, and to accomplish work. Like all developmental streams, fine motor milestones do not proceed in isolation but depend on other areas of development, including gross motor, cognitive, and visual perceptual skills. At first, the upper extremities play an important role in balance and mobility. Hands are used for support, first in the prone position and then in sitting. Arms help with rolling over, then crawling, then pulling to stand. Infants begin to use their hands to explore, even when in the supine position. When gross motor skills have developed such that the

Table 1. Developmental Milestones

Age	Gross Motor	Fine Motor	Self-Help	Problem-solving	Social/Emotional	Receptive Language	Expressive Language
1 month	 Chin up in prone position Turns head in supine position 	Hands fisted near face	Sucks well	 Gazes at black- white objects Follows face 	 Discriminates mother's voice Cries out of distress 	 Startles to voice/ sound 	Throaty noises
2 months	 Chest up in prone position Head bobs when held in sitting position 	 Hands unfisted 50% Retains rattle if placed in hand Holds hands together 	Opens mouth at sight of breast or bottle	 Visual threat present Follows large, highly contrasting objects Recognizes mother 	 Reciprocal smiling: responds to adult voice and smile 	Alerts to voice/ sound	 Coos Social smile (6 weeks) Vowel-like noises
3 months	 Props on forearms in prone position Rolls to side 	 Hands unfisted 50% Inspects fingers Bats at objects 	to mouth	 Reaches for face Follows objects in circle (in supine position) Regards toys 	 Expression of disgust (sour taste, loud sound) Visually follows person who is moving across a room 	Regards speaker	 Chuckles Vocalizes when talked to
4 months	 Sits with trunk support No head lag when pulled to sit Props on wrists Rolls front to back 	predominately openClutches at clothes		 Mouths objects Stares longer at novel faces than familiar Shakes rattle Reaches for ring/rattle 	 Smiles spontaneously at pleasurable sight/sound Stops crying at parent voice To and fro alternating vocalizations 	 Orients head in direction of a voice Stops crying to soothing voice 	 Laughs out loud Vocalizes when alone
5 months	 Sits with pelvic support Rolls back to front Anterior protection Sits with arms supporting trunk 	 Palmar grasps cube Transfers objects: hand- mouth-hand Holds hands together Reaches/grasps dangling ring 	mouths pureed food	Turns head to look for dropped spoon Regards pellet or small cracker	caregiver visually	Begins to respond to name	 Says "Ah-goo" Razzes, squeals Expresses anger with sounds other than crying
6 months	momentarily propped on hands • Pivots in prone • In prone	 Transfers hand-hand Rakes pellet Takes second cube and holds on to first Reaches with one hand 	 Feeds self crackers Places hands on bottle 	 Touches reflection and vocalizes Removes cloth on face Bangs and shakes toys 	 Stranger anxiety (familiar versus unfamiliar people) 	 stops momentarily to "no" Gestures for "up" 	 Reduplicative babble with consonants Listens, then vocalizes when adult stops Smiles/vocalizes to mirror
7 months	 Bounces when held Sits without support steadily Lateral protection Puts arms out to sides for balance 	• Radial-palmar grasp	Refuses excess food	 Explores different aspects of toy Observes cube in each hand Finds partially hidden object 	 Looks from object to parent and back when wanting help (eg, with a wind-up toy) 	 Looks toward familiar object when named Attends to music 	 Increasing variety of syllables
8 months	 Gets into sitting position Commando crawls Pulls to sitting/ kneeling position 	after		• Seeks object after it falls silently to the floor	 Lets parents know when happy versus upset Engages in gaze monitoring: adult looks away and child follows adult glance with own eyes 	members, "Where's mama?"etc	 Says "Dada" (nonspecific) Echolalia (8 to 30 months) Shakes head for "no" (continued)

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Table 1. Developmental Milestones—continued

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Age	Gross Motor	Fine Motor	Self-Help	Problem-solving	Social/Emotional	Receptive Language	Expressive Language
9 months	 "Stands" on feet and hands Begins creeping Pulls to stand Bear walks (all four limbs straight) 	 Radial-digital grasp of cube Bangs two cubes together 	Bites, chews cookie	 Inspects bell Rings bell Pulls string to obtain ring 	 Uses sounds to get attention Separation anxiety Follows a point, "Oh look at" Recognizes familiar people visually 	 Enjoys gesture games Orients to name well Orients to bell 	 Says "Mama" (nonspecific) Nonreduplicative babble Imitates sounds
10 months	 Creeps well Cruises around furniture using two hands Stands with one hand held Walks with two hands held 	 Clumsy release of cube Inferior pincer grasp of pellet Isolates index finger and pokes 	Drinks from cup held for child	 Uncovers toy under cloth Pokes at pellet in bottle Tries to put cube in cup, but may not be able to let go 	 Experiences fear Looks preferentially when name is called 	 Enjoys peek-a- boo Waves "bye-bye" back 	 Says "Dada" (specific) Waves "bye-bye"
11 months	 Pivots in sitting position Cruises furniture using one hand Stands for a few seconds Walks with one hand held 	 Throws objects Stirs with spoon 	Cooperates with dressing	 Finds toy under cup Looks at pictures in book 	 Gives objects to adult for action after demonstration (lets adult know he or she needs help) 	 Stops activity when told "no" Bounces to music 	 Says first word Vocalizes to songs
12 months	 Stands well with arms high, legs splayed Posterior protection Independent steps 	 Scribbles after demonstration Fine pincer grasp of pellet Holds crayon Attempts tower of two cubes 	 Finger feeds part of meal Takes off hat 	 Rattles spoon in cup Lifts box lid to find toy 	 Shows objects to parent to share interest Points to get desired object (proto- imperative pointing) 	 Follows one-step command with gesture Recognizes names of two objects and looks when named 	 Points to get desired object (proto-imperative pointing) Uses several gestures with vocalizing (eg, waving, reaching)
	 Walks with arms high and out (high guard) 	Attempts to release pellet in bottle	 Drinks from cup with some spilling 	 string Reaches around clear barrier to obtain object Unwraps toy in cloth 	 Shows desire to please caregiver Solitary play Functional play 	• Looks appropriately when asked, "Where's the ball?"	 Uses three words Immature jargoning: inflection without real words
14 months	 Stands without pulling up Falls by collapse Walks well 	 Imitates back and forth scribble Adds third cube to a two- cube tower Puts round peg in and out of hole 	 Removes socks/shoes Chews well Puts spoon in mouth (turns over) 	 Dumps pellet out of bottle after demonstration 	 Points at object to express interest (proto- declarative pointing) Purposeful exploration of toys through trial and error 	Follows one-step command without gesture	 Names one object Points at object to express interest (proto- declarative pointing)
15 months	 Stoops to pick up toy Creeps up stairs Runs stiff- legged Walks carrying toy Climbs on furniture 	 Builds three- to four-cube tower Places 10 cubes in cup Releases pellet into bottle 	 Uses spoon with some spilling Attempts to brush own hair Fusses to be changed 	 Turns pages in book Places circle in single-shape puzzle 	 Shows empathy (someone else cries, child looks sad) Hugs adult in reciprocation Recognizes without a demonstration that a toy requires activation; hands it to adult if can't operate 	 Points to one body part Points to one object of three when named Gets object from another room upon demand 	 Uses three to five words Mature jargoning with real words
16 months	 Stands on one foot with slight support Walks backwards Walks up stairs with one hand held 	 Puts several round pegs in board with urging Scribbles spontaneously 	 Picks up and drinks from cup Fetches and carries objects (same room) 	Dumps pellet out without demonstration Finds toy observed to be hidden under layers of covers Places circle in form board	 Kisses by touch- ing lips to skin Periodically visually relocates caregiver Self-conscious; embarrassed when aware of people observing 	simple commands, "Bring to mommy" • Points to one picture when named	Uses 5 to 10 words
							(continued)

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Table 1. Developmental Milestones—continued

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Age	Gross Motor	Fine Motor	Self-Help	Problem-solving	Social/Emotional	Receptive Language	Expressive Language
18 months	 Creeps down stairs Runs well Seats self in small chair Throws ball while standing 	 Makes four- cube tower Crudely imitates vertical stroke 	 Removes garment Gets onto adult chair unaided Moves about house without adult 	 Matches pairs of objects Replaces circle in form board after it has been turned around (usually with trial and error) 	 Passes M-CHAT Engages in pretend play with other people (eg, tea party, birthday party) Begins to show shame (when does wrong) and possessiveness 	 Points to two of three objects when named Points to three body parts Points to self Understands "mine" Points to familiar people when named 	 Uses 10 to 25 words Uses giant words (all gone, stop that) Imitates environmental sounds (eg, animals) Names one picture on demand
20 months	 Squats in play Carries large object Walks downstairs with one hand held 	 Completes round peg board without urging Makes five- to six-cube tower Completes square peg board 	 Places only edibles in mouth Feeds self with spoon entire meal 	 Deduces location of hidden object Places square in form board 	 Begins to have thoughts about feelings Engages in tea party with stuffed animals Kisses with pucker 	 Points to three pictures Begins to understand her/him/me 	 Holophrases ("Mommy?" and points to keys, meaning: "These are Mommy's keys.") Two-word combinations Answers requests with "no"
22 months	 Walks up stairs holding rail, putting both feet on each step Kicks ball with demonstration Walks with one foot on walking board 	 Closes box with lid Imitates vertical line Imitates circular scribble 	 Uses spoon well Drinks from cup well Unzips zippers Puts shoes on partway 	Completes form board	 Watches other children intensely Begins to show defiant behavior 	 Points to four to five pictures when named Points to five to six body parts Points to four pieces of clothing when named 	 Uses 25 to 50 words Asks for more Adds one to two words/week
24 months	 Walks down stairs holding rail, both feet on each step Kicks ball without demonstration Throws overhand 	 Makes a single-line "train" of cubes Imitates circle Imitates horizontal line 	 Opens door using knob Sucks through a straw Takes off clothes without buttons Pulls off pants 	 Sorts objects Matches objects to pictures Shows use of familiar objects 	 Parallel play Begins to mask emotions for social etiquette 	 Follows two- step command Understands me/you Points to 5 to 10 pictures 	 Two-word sentence (noun + verb) Telegraphic speech Uses 50+ words 50% intelligibility Refers to self by name Names three pictures
28 months	 Jumps from bottom step with one foot leading Walks on toes after demonstration Walks backward 10 steps 	 Strings large beads awkwardly Unscrews jar lid Turns paper pages (often several at once) 	 Holds self and verbalizes toilet needs Pulls pants up with assistance 	 Matches shapes Matches colors 	 Reduction in separation anxiety 	Understands "just one"	 Repeats two digits Begins to use pronouns (I, me, you) Names 10 to 15 pictures
30 months	 Walks up stairs with rail, alternating feet Jumps in place Stands with both feet on balance beam Walks with one foot on balance beam 	 Makes eight- cube tower Makes a "train" of cubes and includes a stack 	 Washes hands Puts things away Brushes teeth with assistance 	 Replaces circle in form board after it has been turned around (little or no trial and error) Points to small details in pictures 	 Imitates adult activities (eg, sweeping, talking on phone) 	 Follows two prepositions: "put block inon box" Understands actions words: "playing washing blowing" 	 Echolalia and jargoning gone Names objects by use Refers to self with correct pronoun Recites parts of well-known story/ fills in words
33 months	 Walks swinging arms opposite of legs (synchronous gait) 	 Makes 9- to 10-cube tower Puts six square pegs in pegboard Imitates cross 	 Toilet trained Puts on coat unassisted 	 Points to self in photos Points to body parts based on function ("What do you hear with?") 	 Begins to take turns Tries to help with household tasks 	 Understands three prepositions Understands dirty, wet Points to objects by use: "ride in put on feet write with" 	 Gives first and last name Counts to 3 Begins to use past tense Enjoys being read to (short books)
							(continueu)

Table 1. Developmental Milestones—continued

Age	Gross Motor	Fine Motor	Self-Help	Problem-solving	Social/Emotional	Receptive Language	Expressive Language
3 years	no rail	 Copies circle Cuts with scissors side-to-side (awkwardly) Strings small beads well Imitates bridge of cubes 	 Pours liquid from one container to another Puts on shoes 	 Draws a two- to three-part person Understands long/ short, big/small, more/less Knows own gender Knows own age Matches letters/ numerals 	 with/without prompt Fears imaginary things Imaginative play Uses words to 	of pictures (nose of cow, door of car) • Names body parts with function • Understands negatives	 Uses 200+ words Three-word sentences Uses pronouns correctly 75% intelligibility Uses plurals Names body parts by use Asks to be read to
4 years	 Balances on one foot 4 to 8 seconds Hops on one foot two to three times Standing broad jump: 1 to 2 feet Gallops Throws ball overhand 10 feet Catches bounced ball (4¹/₂ yrs) 	 Ties single knot 	 Goes to toilet alone Wipes after bowel movement Washes face/ hands Brushes teeth alone Buttons Uses fork well 	 Draws a four- to six-part person Can give amounts (usually less than 5) correctly Simple analogies: dad/boy: mother/??? ice/cold: fire/ ??? ceiling/up: floor/??? Points to five to six colors Points to letters/ numerals when named Rote counts to 4 "Reads" several common signs/ store names 	interested in "tricking" others and concerned about being tricked by others Has a preferred friend Labels happiness, sadness, fear, and anger in self Group play	 Names things when actions are described (eg, swims in water, 	 100% intelligibility Uses "feeling" words Uses words that tell about time
5 years	 Walks down stairs with rail, alternating feet Balances on one foot >8 seconds Hops on one foot 15 times Skips Running broad jump 2 to 3 feet Walks backward heel-toe Jumps backward 	 Can use clothespins to transfer small objects Cuts with scissors Writes first name Builds stairs from model 	 Spreads with knife Independent dressing Bathes independently 	 Draws an 8- to 10-part person Gives amounts (<10) Identifies coins Names letters/ numerals out of order Rote counts to 10 Names 10 colors Uses letter names as sounds to invent spelling Knows sounds of consonants and short vowels by end of kindergarten Reads 25 words 	friends • Apologizes for mistakes • Responds verbally to good fortune of others	a seriesUnderstands "er"	eight-word sentence Defines simple words Uses 2,000 words Knows telephone
6 years	• Tandem walks	 Builds stairs from memory Draws diamond Writes first and last name Creates and write short sentences Forms letters with down-going and counterclockwise strokes Copies flag 	 Combs hair Looks both ways at street Remembers to bring belongings 	 Draws a 12- to 14-part person Number concepts to 20 Simple addition/ subtraction Understands seasons Sounds out regularly spelled words Reads 250 words by end of first grade 	of same sex Plays board games Distinguishes fantasy from reality Wants to be like friends and please them	 Asks what un- familiar words mean Can tell which words do not belong in a group 	 Repeats 8- to 10- word sentences Describes events in order Knows days of the week 10,000 word vocabulary

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Figure 1. Moro reflex. This reflex occurs spontaneously to loud noises or by simply holding the supine infant's hand and releasing the hand suddenly. Classically, the reflex is elicited while holding the infant supine, with the head dropped slightly backward. This produces sudden extension and abduction of the upper extremities with hands open, followed by flexion of the upper extremities to midline (the "startle reflex").

infant is more stable in upright positions and can move into them easily, the hands are free for more purposeful exploration.

At birth, infants do not have any apparent voluntary use of their hands. They open and close them in response to touch and other stimuli, but movement otherwise is dominated by a primitive grasp reflex. Because of this, infants spend the first 3 months after birth "contacting" objects with their eyes rather than their hands, fixating on faces and objects and then visually tracking objects. Gradually, they start to reach clumsily and bring their hands together. As the primitive reflexes decrease, infants begin to prehend objects voluntarily, first using the entire palm toward the ulnar side (5 months) and then predominantly using the radial aspect of the palm (7 months). At the same time, infants learn to release objects voluntarily. In the presence of a strong grasp reflex, objects must be removed forcibly from an infant's grasp or drop involuntarily from the hand. Voluntary release is seen as the infant learns to transfer objects from one hand to the other, first using the mouth as an intermediate stage (5 months) and then directly handto-hand (6 months).

Between 6 months and 12 months of age, the grasp evolves to allow for prehension of objects of different shapes and sizes (Fig. 7). The thumb becomes more involved to grasp objects, using all four fingers against the thumb (a "scissors" grasp) at 8 months, and eventually to just two fingers and thumb (radial digital grasp) at



Figure 2. Asymmetric tonic neck reflex (ATNR). The sensory limb of the ATNR involves proprioceptors in the cervical vertebrae. With active or passive head rotation, the baby extends the arm and leg on the face side and flexes the extremities on the contralateral side (the "fencer posture"). There also is some subtle trunk curvature on the contralateral side produced by mild paraspinous muscle contraction.

9 months. A pincer grasp emerges as the ulnar fingers are inhibited while slightly extending and supinating the wrist. Voluntary release is awkward at first, with all fingers extended. By 10 months of age, infants can release a cube into a container or drop things onto the floor. Object permanence reinforces the desire to practice this skill over and over. Intrinsic muscle control develops to allow the isolation of the index finger, and infants will poke their fingers into small holes for exploration. By 12 months of age, most infants enjoy putting things into containers and dumping them out repeatedly. They also can pick up small pieces of food with a mature pincer grasp and bring them to their mouths.

As infants move into their second year, their mastery of the reach, grasp, and release allows them to start using objects as tools. Fine motor development becomes more closely associated with cognitive and adaptive development, with the infant knowing both what he or she wants to

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Figure 3. Positive support reflex. With support around the trunk, the infant is suspended, then lowered to touch the feet gently on a flat surface. This produces reflex extension at the hips, knees, and ankles so the infant stands up, completely or partially bearing weight. Mature weight-bearing lacks the rigid quality of this primitive reflex.

do and how he or she can accomplish it. Intrinsic muscle refinement allows for holding flat objects, such as crackers or cookies. By 15 months of age, voluntary release has developed further to enable stacking of three to four blocks and releasing small objects into containers. The child starts to adjust objects after grasping to use them properly, such as picking up a crayon and adjusting it to scribble spontaneously (18 months of age) and adjusting a spoon to use it consistently for eating (20 months of age).

In subsequent years, fine motor skills are refined further to draw, explore, problem-solve, create, and perform self-help tasks. By age 2 years, children can create a sixblock tower, feed themselves with a spoon and fork, re-

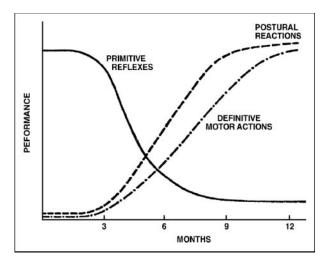


Figure 4. The declining intensity of primitive reflexes and the increasing role of postural reactions represent at least permissive, and possibly necessary, conditions for the development of definitive motor reactions. Reproduced with permission from Johnson CP, Blasco PA. Infant growth and development. *Pediatr Rev.* 1997;18:225–242.

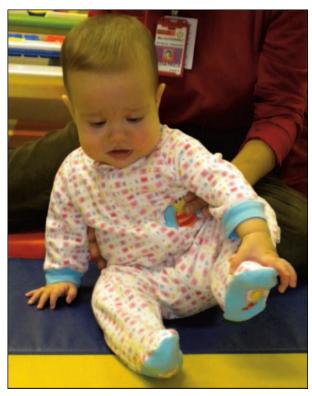


Figure 5. Lateral protection. In the seated position, the child is pushed gently but rapidly to one side. The reaction is present if the child puts out his or her hand to prevent a fall.

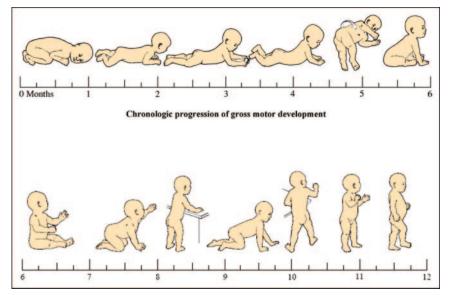


Figure 6. Chronologic progression of gross motor development during the first 12 postnatal months. Reproduced with permission from Johnson CP, Blasco PA. Infant growth and development. *Pediatr Rev.* 1997;18:224–242.

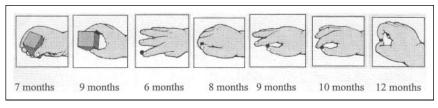


Figure 7. Development of pincer grasp. Illustrations from the Erhardt developmental prehension. In Erhardt RP. Developmental Hand Dysfunction: Theory Assessment, Treatment. 2nd ed. San Antonio, Tex: Therapy Skill Builders; 1994. Reprinted with permission.

Table 2. Motor Red Flags

Age	Red Flag
4 months	Lack of steady head control while sitting
9 months	Inability to sit
18 months	Inability to walk independently

move clothing, and grasp and turn a door knob. They have sufficient control of a crayon to imitate both vertical and horizontal lines. In-hand manipulation skills permit them to rotate objects, such as unscrewing a small bottle cap or reorienting a puzzle piece before putting it in place. They are able to wash and dry their hands. By 36 months of age, they can draw a circle, put on shoes, and stack 10 blocks. They make snips with scissors by alternating between full-finger extension and flexion. Their grasp and in-hand manipulation skills allow them to string small beads and unbutton clothes.

At age 4 years, a palmar tripod grasp allows for finer control of pencil movements, and the child can copy a cross, a square, and some letters and numerals and can draw a figure of a person (the head and a few other body parts). Scissor skills have progressed to permit the cutting of a circle. When a child reaches the age of 5 years, he or she can dress and undress independently, brush the teeth well, and spread with a knife. More precise in-hand manipulation skills enable the child to cut a square with mature scissor movements (independent finger use) and to print his or her own name and copy a triangle using a mature tripod pencil grasp (using the fingers to move the pencil rather than the forearm and wrist).

Developmental Red Flags

As the clinician performs developmental surveillance, the absence of certain key milestones in a patient should raise the level of concern. Table 2 lists the developmental red flags specific to the motor domain. If one of these red flags is discovered, a medical and more thorough devel-

opmental evaluation is warranted.

Although reported in this article in isolation, motor skills development overlaps significantly with the other streams of development.

Summary

- The development of motor skills is critical for a child to move independently and to interact with his or her environment meaningfully and usefully. Skills develop in a cephalic-to-caudal progression and from proximal to distal. Thus, consistent head support occurs before voluntary control of arms and legs, and large muscle control of the upper arms occurs before small, intrinsic muscle control in the hands.
- Skills also progress from generalized responses to stimuli (primitive reflexes) to goal-oriented, purposeful actions with ever-increasing precision and dexterity.

References

1. Lipsitt LP. Learning and emotion in infants. *Pediatrics*. 1998; 102:1262–1267

Suggested Reading

- American Academy of Pediatrics Committee on Children with Disabilities, Section on Developmental Behavioral Pediatrics; Bright Futures Steering Committee; Medical Home Initiatives for Children with Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. 2006;118:405–420
- AAP Task Force on Infant Positioning and SIDS. Changing concepts of sudden infant death syndrome: implications for infant

sleeping environment and sleep position. *Pediatrics*. 2000;105: 650-656

- Case-Smith J, Allen AS, Pratt PN, eds. Occupational Therapy for Children. St. Louis, Mo: Mosby Year-Book, Inc; 1996
- Fiorentino MR. Reflex Testing Methods for Evaluating CNS Development. Springfield, Ill: Charles C Thomas; 1973
- Hagan JF, Shaw J, Ducan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 3rd edition. Elk Grove Village, Ill: American Academy of Pediatrics; 2008
- Johnson CP, Blasco PA. Infant growth and development. *Pediatr Rev.* 1997;18:224–242
- Sturner RA, Howard BJ. Preschool development 1: communicative and motor aspects. *Pediatr Rev.* 1997;18:291–301

PIR Quiz

Quiz also available online at http://pedsinreview.aappublications.org.

- 1. An 18-month-old girl is seen for a health supervision visit. Her mother has no concerns regarding her daughter's development. Her growth parameters are at the 25th percentile. She walks well, climbs onto her mother's lap, and whispers a few words to her mother. The *best* next step in the evaluation of this child's development is:
 - A. Full developmental surveillance.
 - B. Further evaluation of language skills.
 - C. Implementation of a developmental screening tool.
 - D. Review of developmental milestones with the mother.
 - E. Scheduling of a visit for full developmental assessment.
- 2. A 6-month-old infant is unable to roll from back to front or bring hands to midline. The most likely cause of this infant's difficulty is:
 - A. Absence of lateral protection postural reaction.
 - B. Absence of protective extension reaction.
 - C. Persistence of asymmetric tonic neck reflex.
 - D. Persistence of Moro reflex.
 - E. Persistence of positive support reflex.
- 3. A 15-month-old typically developing girl is able to release cubes into a cup and has a mature fine pincer grasp. She *most* likely also is able to:
 - A. Build a tower of three blocks.
 - B. Copy a vertical line.
 - C. Feed herself with a spoon and fork.
 - D. Put on her shoes.
 - E. Turn a doorknob.
- 4. An 18-month-old typically developing boy can walk well and run. He most likely also is able to:
 - A. Jump with two feet off the ground.
 - B. Kick a ball.
 - C. Pedal a tricycle.
 - D. Stoop and pick up a toy.
 - E. Toe-walk.

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