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Developmental Milestones: Motor Development

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 $Objectives \quad \hbox{After completing this article, readers should be able to:} \\$

- 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 neurodevelopmental "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 Languag
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
	Chest up in prone position Head bobs wher 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	sound	 Coos Social smile (6 weeks) Vowel-like noise
3 months	Props on forearms in prone position Rolls to side	 Hands unfisted 50% Inspects fingers Bats at objects 	Brings hands 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		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 open • Clutches at clothes	Briefly holds onto breast or bottle	Mouths objects Stares longer at novel faces than familiar Shakes rattle Reaches for ring/rattle			 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	Gums/ mouths pureed food	Turns head to look for dropped spoon Regards pellet or small cracker	Recognizes caregiver visually Forms attachment relationship to caregiver	respond to	Says "Ah-goo" Razzes, squeals Expresses anger with sounds other than cryin
5 months	momentarily propped on hands Pivots in prone In prone		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)	momentarily to "no" • Gestures for "up" •	Reduplicative babble with consonants Listens, then vocalizes when adult stops Smiles/vocalizes to mirror
months	gg progripación reincidados com especia	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 variet of syllables
months	Gets into sitting position Commando crawls Pulls to sitting/kneeling position Gets into sitting in the sittin	Bangs spoon after demonstration Scissor grasp of cube Takes cube out of cup Pulls out large peg	Holds own bottle Finger feeds Cheerios® or string beans	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	"Come here" Looks for family emembers.	Says "Dada" (nonspecific) Echolalia (8 to 3 months) Shakes head for "no"

Table 1. Developmental Milestones—continued

Age	Gross Motor	Fine Motor	Self-Help	Problem-solving	Social/Emotional	Receptive Language	Expressive Language
9 months	The stands on feet and hands Egins creeping Pulls to stand Bear walks (all four limbs straight) The stand of the stand o	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	Privots 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 song
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 It is a specific to the find toy t	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,
3 months	Walks with arms high and out (high guard)	Attempts to release pellet in bottle	Drinks from cup with some spilling	Dangles ring by string Reaches around clear barrier to obtain object Unwraps toy in cloth	 Shows desire to please caregiver 	Looks appropriately when asked, "Where's the ball?"	waving, reaching) Uses three words Immature jargoning; inflection withoureal words
4 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 (protodeclarative pointing)
	Stoops to pick up toy Creeps up stairs Runs stiff- legged Walks carrying toy Climbs on furniture	Builds threeto 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
	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) Picks up 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 touching lips to skin Periodically visually relocates Caregiver Self-conscious: embarrassed when aware of people observing	Understands simple commands, "Bring to mommy" Points to one picture when named	Uses 5 to 10 words

Table 1. Developmental Milestones—continued

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 teaparty 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 October 1 to 1 t	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 Opens door using knob or using k	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 sentenc (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
	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 in on 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 Regins to use past tense Enjoys being read to (short books) [continued]

Table 1. Developmental Milestones—continued

Age Gross Motor	Fine Motor	Self-Help	Problem-solving :	Social/Emotional F	Receptive Language (Expressive Language
no rail	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 	three-part person Understands long/ short, big/small, more/less Knows own gender	with/without prompt • Fears imaginary things • Imaginative play • Uses words to	of pictures (nose of cow, door of car) Names body oparts with function Understands negatives	Uses 200+ words Three-word sentence Uses pronouns correctly 75% intelligibility Uses plurals Names body parts b use Asks to be read to
years • Balances on or 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 Cuts 5-inch circle Uses tongs to transfer Writes part of 	Goes to toilet alone Wipes after bowel movement Washes face/ hands Brushes teeth alone Buttons Uses fork well	six-part person Can give amounts (usually less than 5) correctly Simple analogies: - dad/boy: mother/??? - ice/cold: fire/ ??? - ceiling/up:	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	step commands Points to things that are the same versus different	Uses 300 to 1,000 words Tells storics 100% intelligibility Uses "feeling" words Uses words that tell about time
years • Walks down stairs with rail, alternating fee • Balances on one foot >8 seconds • Hops on one foot 15 times • Skips • Running broad jump 2 to 3 feet • Walks backwar heel-toe • Jumps backwar	Can use clothespins to transfer small objects Cuts with scissors Writes first name Builds stairs from model	Spreads with knife Independent dressing Bathes independently	10-part person • Gives amounts • (<10)	friends Apologizes for mistakes Responds verbally to good e fortune of others	different one in a series a Understands "er" endings (eg, a batter, skater)	Repeats six- to eight-word sentence Defines simple word Uses 2,000 words Knows telephone number. Responds to "why" questions Retells story with clear beginning, middle, end
years • . Tandem walks	Builds stairs from memory Draws diamond Writes first and last name Creates and writes short sentences Forms letters with down-going and counterclockwise strokes Copies flag	 Combs hair Looks both ways at street Remembers to bring belongings 	14-part person	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	Repeats 8- to 10- word sentences Describes events in order Knows days of the week 10,000 word vocabulary

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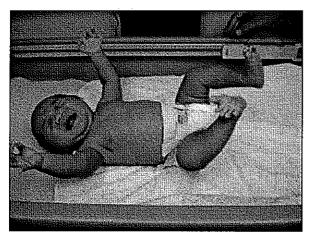


Figure 1. Moro reflex. This reflex occurs spontaneously to loud noises or by simply holding the supine infant's hand and releasing the hand suddenly. Classically, the reflex is elicited while holding the infant supine, with the head dropped slightly backward. This produces sudden extension and abduetion 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

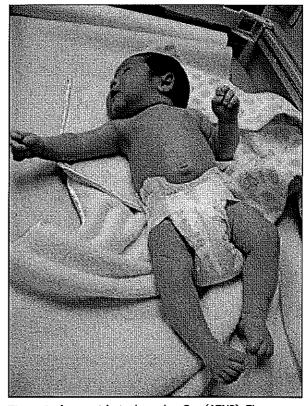


Figure 2. Asymmetric tonic neck reflex (ATNR). The sensory limb of the ATNR involves proprioceptors in the cervical vertebrae. With active or passive head rotation, the baby extends the arm and leg on the face side and flexes the extremities on the contralateral side (the "fencer posture"). There also 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

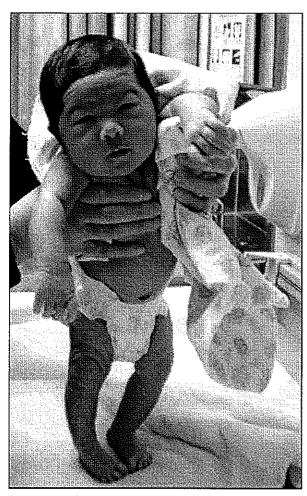


Figure 3. Positive support reflex. With support around the trunk, the infant is suspended, then lowered to touch the feet gently on a flat surface. This produces reflex extension at the hips, knees, and ankles so the infant stands up, completely or partially bearing weight. Mature weight-bearing lacks 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 six-block tower, feed themselves with a spoon and fork, re-

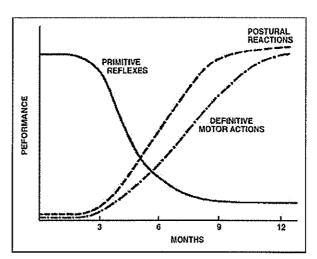
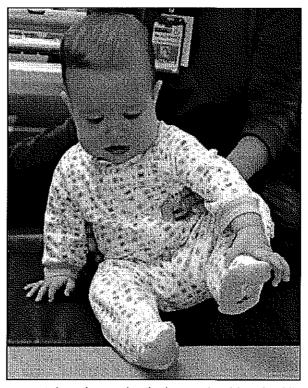


Figure 4. The declining intensity of primitive reflexes and the increasing role of postural reactions represent at least permissive, and possibly necessary, conditions for the development of definitive motor reactions. Reproduced with permission from Johnson CP, Blasco PA. Infant growth and development.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



Rigure 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.

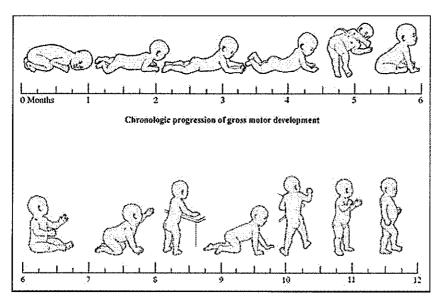


Figure 6. Chronologic progression of gross motor development during the first 12 postnatal months. Reproduced with permission from Johnson CP, Blasco PA. Infant growth and development. *Pediatr Rev.* 1997;18:224–242.

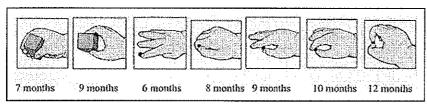


Figure 7. Development of pincer grasp. Illustrations from the Erhardt developmental prehension. In Erhardt RP. Developmental Hand Dysfunction: Theory Assessment, Treatment. 2nd ed. San Antonio, Tex: Therapy Skill Builders; 1994. Reprinted with permission.

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		
	4 months	Lack of steady head control while sitting
18 months Inability to walk independently	O MONUIS	muomey 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.

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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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