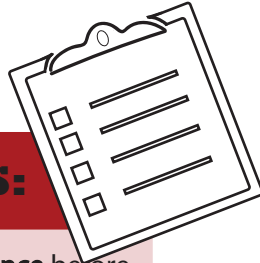


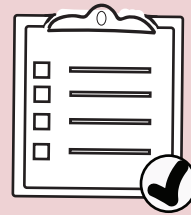
Signs of Atypical Infant Movement



CLINICAL FEATURES:

- The child demonstrates a **hand preference** before 12mo of age
- The child demonstrates **stiffness or tightness in the legs** between 6–12mo of age (e.g. unable to bring their toes to mouth when having their diaper/nappy changed)
- The child keeps their **hands fisted (closed/-clenched)** after the age of 4mo
- The child demonstrates a **persistent head lag** beyond 4mo of age
- The child is **not able to sit without support** beyond 9mo of age
- The child demonstrates **consistent asymmetry of posture and movements** after the age of 4mo

IF "YES"
TO ANY OF
THESE SIGNS



Refer to a child
neurologist or a
developmental
pediatrician for
diagnostic
assessment



WARNING SIGNS:



- The child demonstrates a **persistent startle (Moro) reflex** beyond 6mo of age
- The child demonstrates **consistent toe-walking or asymmetric-walking** beyond 12mo of age

MONITOR
CLOSELY



REFERRAL RECOMMENDATIONS:

When referring to a medical specialist for diagnosis, also refer to:

- All children should be referred to a **motor intervention specialist** (e.g. pediatric occupational therapist and/or pediatric physical therapist)
- If the child manifests a delay in communication they should be referred to a **speech-language pathologist**
- If the child manifests hearing concerns a referral should be made to an **audiologist**
- If the child manifests vision difficulties (e.g. not fixating, following, and/or tracking) a referral should be made to an **optometrist** or an **ophthalmologist**, and to a **functional vision specialist** (e.g. occupational therapist with expertise in pediatric vision; early childhood vision consultants)
- If the child manifests feeding difficulties (e.g. poor sucking, swallowing, choking, not gaining weight) a referral should be made to a **feeding specialist** (e.g. occupational therapist or speech-language pathologist)