

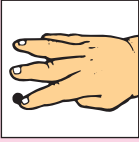
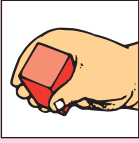
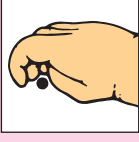
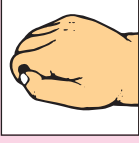
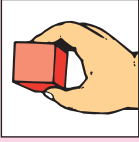
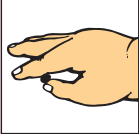

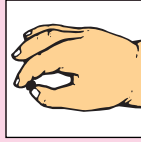
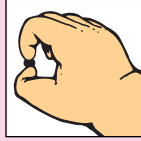






**TABLE 2. Motor Development**

MOS.	GROSS MOTOR SKILLS	FINE MOTOR SKILLS	RED FLAGS
1	Head up in prone	Hands tightly fisted	
2	Chest up in prone position Head bobs erect if held sitting	Retains rattle (briefly) if placed in hand Hands unfisted half of time	Rolling prior to 3 months may indicate hypertonia
3	Partial head lag Rests on forearms in prone	Hands unfisted most of time Bats at objects Sustained voluntary grasp possible if object placed in ulnar side of hand	
4	Up on hands in prone Rolls front to back No head lag	Obtains/retains rattle Reaches/engages hands in supine Clutches at objects	
5	Rolls back to front Lifts head when pulled to sit Sits with pelvic support Anterior protection	Transfers objects hand-mouth-hand Palmar grasp of dowel, thumb adducted	 Poor head control
6	Sits-props on hands	Transfers objects hand-hand Immature rake of pellet	
7	Sits without support Supports weight and bounces while standing Commando crawls Feet to mouth Lateral protection	Radial-palmar grasp of cube Pulls round peg out  Inferior scissors grasp of pellet; rakes object into palm	  W-sitting and bunny hopping, may indicate adductor spasticity or hypotonia
8	Gets into sitting position Reaches with one hand while 4-point kneeling	Scissors grasp of pellet held between thumb and side of curled index finger Takes second block; holds 1 block in each hand	
9	Pulls to stand Creeps on hands and knees	Radial-digital grasp of cube held with thumb and finger tips  Inferior pincer grasp of pellet held between ventral surfaces of thumb and index finger	  Persistence of primitive reflexes may indicate neuromotor disorder

*continued*

TABLE 2. Motor Development (continued)

MOS.	GROSS MOTOR SKILLS	FINE MOTOR SKILLS	RED FLAGS	
10	Cruises around furniture Walks with 2 hands held	Isolates index finger and pokes Clumsy release of cube into box; hand rests on edge  Pincer grasp, held between distal pads of thumb and index finger	 	
11	Stands alone Walks with 1 hand held			
12	Independent steps Posterior protection	Fine pincer grasp of pellet between finger tips Marks with crayon Attempts tower of 2 cubes Precise release of cube Attempts release of pellet into bottle		Failure to develop protective reactions may indicate neuromotor disorder
14	Walks well independently	Tower of 2 cubes Attains third cube		
16	Creeps up stairs Runs stiff-legged Climbs on furniture Walks backwards Stoops and recovers	Precise release of pellet into small container Tower of 3 cubes  Imitates scribble	 	
18	Push/pulls large object Throws ball while standing Seats self in small chair	Tower of 4 cubes Crudely imitates single stroke Scribbles spontaneously		Hand dominance prior to 18 months may indicate contralateral weakness
20	Walks up stairs with hand held	Completes square pegboard		
22	Walks up stairs with rail, marking time Squats in play	Tower of 6 cubes		
24	Jumps in place Kicks ball Walks down stairs with rail, marking time Throws overhand	Train of cubes without stack Imitates vertical stroke		Inability to walk up and down stairs may be the result of lack of opportunity

Illustrations and accompanying text modified with permission from the Erhardt Developmental Prehension Assessment. In Erhardt RP. Developmental Hand Dysfunction: Theory Assessment, Treatment. 2nd ed. San Antonio, Tex: Therapy Skill Builders; 1994.