

HANDOUT FOR PARENTS AND TEACHERS

By Jean McNamara, PT
SPECIAL TO ADVANCE

Pediatric therapists are often confronted with similar concerns in many of the children they treat. One area frequently addressed is W-sitting. The following was written for parents and teachers to help answer common questions about this issue.

The W-position is one of many sitting positions that most children move into and out of while playing, but it's a four-letter word to some parents. Why is it presumed to be OK for some children and forbidden for others?

W-sitting is among several positions frequently chosen by children to sit in; other positions include those pictured here.

When playing in these other sitting postures, children develop the trunk control and rotation necessary for midline crossing (reaching across the body) and separation of the two sides of the body. These skills are needed for a child to develop refined motor skills and hand dominance.

W-sitting is not recommended for anyone. Many typically developing children do move through this position during play, but all parents should be aware that the excessive use of this position during the growing years can lead to future orthopedic problems.

Why do children W-sit? Every child needs to play and children who are challenged motorically like to play as much as anybody. They don't want to worry about keeping their balance when they're concentrating on a toy. Children who are frequent W-sitters often rely on this position for added trunk and hip stability to allow easier toy manipulation and play.

When in the W-position, a child is "planted" in place or "fixed" through the trunk. This allows for play with toys in front, but does not permit trunk rotation and lateral weight shifts (twisting and turning to reach toys on either side). Trunk rotation and weight shifts over one side allow a child to maintain bal-

ance while running outside or playing on the playground and are necessary for crossing the midline while writing and doing table top activities.

It's easy to see why this position appeals to so many children, but continued reliance on W-sitting can prevent a child from developing more mature movement patterns necessary for higher-level skills.

Who should not W-sit? For many children, W-sitting should always be discouraged. This position is contraindicated (and could be detrimental) for a child if one of the following exists:

- There are orthopedic concerns. W-sitting can predispose a child to hip dislocation, so if there is a history of hip dysplasia, or a concern has been raised in the past, this position should be avoided.

If there is muscle tightness, W-sitting will aggravate it. This position places the hamstrings, hip adductors, internal rotators and heel cords in an extremely shortened range. If a child is prone to tightness or contractures, encourage another pattern of sitting.

- There are neurologic concerns/developmental delays. If a



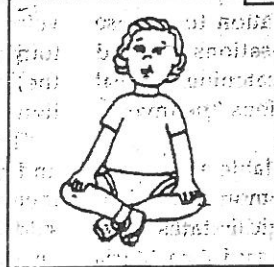
W-sitting



Side sitting



Long sitting



Tailor sitting

child has increased muscle tone (hypertonia, spasticity), W-sitting will feed into the abnormal patterns of movement, trying to be avoided (by direction of the child's therapist). Using other sitting postures will aid in the development of more desirable movement patterns.

W-sitting can also discourage a child from developing a hand preference. Because no trunk rotation can

take place when W-sitting, a child is less inclined to reach across the body and instead picks up objects on the right with the right hand, and those placed to the left with the left hand.

Try sitting in various positions. Notice how you got there, got out, and what it took to balance. Many of the movement components you are trying to encourage in a child are used when getting in and out of sitting. Transfers in and out of the W-position, however, are accomplished through straight-plane (directly forward and backward) movement only. No trunk rotation, weight shifting, or righting reactions are necessary to assume or maintain W-sitting.

How to prevent W-sitting. The most effective (and easiest) way to prevent a problem with W-sitting is to prevent it from becoming a habit in the first place. Anticipate and catch it before the child even learns to W-sit. Children should be placed and taught to assume alternative sitting positions. If a child discovers W-sitting anyway, help him to move to another sitting position, or say, "Fix your legs." It's very important to be as consistent as possible.

When playing with a child on the floor, hold his knees and feet close together when kneeling or

creeping on hands and knees. It will be impossible to get into a W-position from there. The child will either sit to one side, or sit back on his feet; he can then be helped to sit over to one side from there (try to encourage sitting over both the right and left sides). These patterns demand a certain amount of trunk rotation and lateral weight shift and should fit with a child's therapy goals.

If a child is unable to sit alone in any position other than a W, talk with a therapist about supportive seating or alternative positions such as prone and sidelying. Tailor sitting against the couch may be one alternative; a small table and chair is another.

The therapist(s) working with the child will have many other ideas. Caregivers should ask if W-sitting is now, or may in the future, be a problem.

• *About the author:* Jean McNamara is with Helping Hands School in Clifton Park, NY. The article was written in conjunction with the OT/PT staff there.

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GREAT WAYS TO SIT ON THE FLOOR



Long sitting



Tailor sitting



Side sitting



News Room

[Back](#)

Is Your Child's Backpack Making the Grade?

ALEXANDRIA, VA – While backpacks are one of the most convenient ways to carry books and school supplies, an overloaded or improperly worn backpack gets a failing grade, according to the American Physical Therapy Association (APTA). Legislators in California agree, with the California Assembly voting to approve a bill requiring school boards to develop cost-effective strategies to reduce backpack loads.

Assembly Bill 2532 requires the California State Board of Education to survey school districts to see how they have addressed the issue of backpack weight in relation to pupil health.

"Wearing backpacks that are too heavy, or wearing them improperly, can put children at increased risk for spinal injury," said David T Hayes, PT, president of the California Physical Therapy Association, the organization that supported the bill.

A study led by APTA member Shelley Goodgold, PT, associate professor of physical therapy at Simmons College in Boston, found that 55 percent of the children surveyed carried backpack loads heavier than 15 percent of their body weight, the maximum safe weight for children recommended by most experts.

"It is disturbing to find children carrying backpacks heavier than the recommended weight limit, particularly given the vulnerability of youths' musculoskeletal systems during these growing years," Goodgold said.

Goodgold explains that injury can occur when a child, in trying to adapt to a heavy load, uses faulty postures such as arching the back, bending forward or leaning to one side. These postural adaptations can cause improper spinal alignment, which hampers functioning of the disks that provide shock absorption. A too-heavy backpack load also causes muscles and soft tissues to work harder, leading to strain and fatigue. This leaves the neck, shoulders and back more vulnerable to injury.

In the Simmons' study, one-third of the children reported back pain that had caused them to visit a doctor, miss school, or abstain from physical activities. "After just one episode, the risk of future back problems increases, and children who experience back pain often have recurrent problems." Recent research studies have shown that heavy backpack loads produce changes in posture and requires more energy. This starts to occur when carrying backpack loads beyond 10 percent of the child's weight. Evidence is also mounting to establish a relationship between backpack weight and musculoskeletal problems.

Goodgold recommends following these tips for safe backpack use:

- **Wear both straps.** Use of one strap causes one side of the body to bear the weight of the backpack. This is true even with one-strap backpacks that cross the body. By wearing two shoulder straps, the weight of the backpack is better distributed, and a well-aligned symmetrical posture is promoted.
- **Wear the backpack over the strongest mid-back muscles.** The size of the backpack

should match the size of the child. It is also important to pay close attention to the way the backpack is positioned on the back. The backpack should rest evenly in the middle of the back. Shoulder straps should be adjusted to allow the child to put on and take off the backpack without difficulty and permit free movement of the arms. Make sure that the straps are not too loose and that the backpack does not extend below the low back.

- **Lighten the load.** Choose to carry only those items that are required for the day. Each night remove articles that can be left at home. When organizing the contents of the backpack, place the heaviest items closest to the back to reduce kinetic forces that cause postural malalignment and overwork muscles.

According to the APTA, the Land's End Collegiate™ and Collegiate Junior™ are desirable backpacks because of their padded and contoured shoulder straps, padded backs, multiple compartments, and appropriate size for children.

When selecting a new backpack, Goodgold recommends choosing ergonomically designed features that enhance safety and comfort:

- A **padded back** to reduce pressure on the back, shoulders and under arm regions, and enhance comfort;
- **Hip and chest belts** to transfer some of the backpack weight from the back and shoulders to the hips and torso;
- **Multiple compartments** to better distribute the weight in the backpack, keep items secure, and ease access to the contents;
- **Compression straps** on the sides or bottom of the backpack to stabilize the articles and compress the contents so that the items are as close to the back as possible and;
- **Reflective material** to enhance visibility of the child to drivers at night.

Some children may find backpacks with wheels a good option. Professor Goodgold cautions, however, that rolling backpacks may present problems, such as getting them up and down stairs or trying to fit them into cramped locker spaces or buses. If a wheeled backpack is chosen, Goodgold says to be sure that the extended handle is long enough so that the child is not forced to twist and bend, and that the wheels are sufficiently large so that the backpack doesn't shake or topple.

How do you keep your child injury-free? According to Goodgold, parents and children should recognize the warning signs that the backpack is too heavy:

- Change in posture when wearing the backpack;
- Struggling when putting on or taking off the backpack;
- Pain when wearing the backpack;
- Tingling or numbness; or
- Red marks.

APTA encourages parents and teachers to become involved in backpack safety initiatives. After just one class on backpack safety developed by Goodgold, more than 40 percent of participating students in a suburban middle school reported that they heeded backpack injury prevention advice and changed how they used their backpacks. In 2001, APTA was added to the American Society of Association Executives' (ASAE) 2001 Associations Advance America Honor Roll for its Backpack Safety program.

[Click to see the correct way to wear a backpack.](#)

For a free brochure on the back or scoliosis, send a self-addressed stamped envelope to American Physical Therapy Association, "Taking Care of Your Back" and/or "Scoliosis," PO Box 37257, Washington, DC 20013.

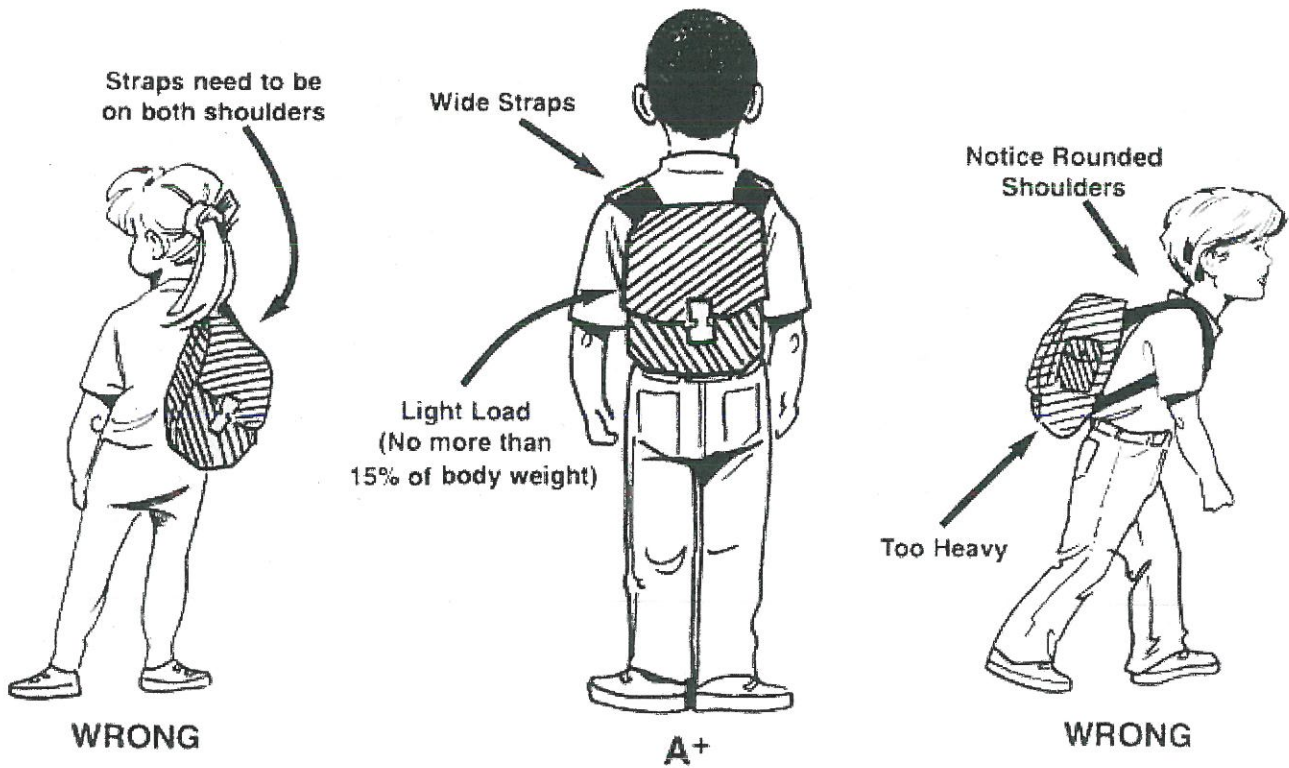
The American Physical Therapy Association is a national professional organization representing more than 61,000 members. Its goal is to foster advancements in physical therapy practice, research, and education.

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Exclusively for APTA Members: **Talking Points for Backpack Safety**

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Is Your Child's Backpack Making The Grade?



Physical Therapy Month Oct. 2009:

Moving Children Forward

Developmental Play Activities for Toddlers and Preschoolers

(The check marks show the areas that these activities address.)

Developmental Play Activities	Strength	Coordination	General Balance	Balancing on One Leg
Walking Over Different Surfaces <i>Have fun walking on gravel, sand, grass, snow, air mattresses, and up and down hills</i>			✓	
Walking Backward/ Sideways <i>Take a walk thru the park or organize a treasure hunt – make it more challenging by walking backwards or sideways</i>	✓		✓	
Walking on a Balance Beam <i>Work on stepping up and down or walking across a “bridge”</i>	✓		✓	✓
Running <i>Race from here to there and everywhere!</i>	✓	✓		
Jumping <i>Play hopscotch, pretend to be bunny rabbits or use hoola hoops to jump in/out</i>	✓			✓
Climbing <i>Create an obstacle course to climb in, out, over, under, on, off</i>	✓	✓		
Pushing and Pulling Toys <i>Make toys heavier/lighter to make it easier/harder; add groceries to a cart or push a fire truck to a fire</i>	✓		✓	
Ride-On Toys/ Tricycles <i>Ride on level surfaces, in the grass or gravel or around obstacles</i>	✓	✓		
Kicking a Ball <i>Kick back and forth to peers or play kickball or monkey in the middle</i>	✓	✓		✓
Throwing <i>Throw to each other or into a bucket or at a target (water balloons are always a success)</i>	✓	✓	✓	
Catching <i>Practice catching from peers, tossing and catching themselves or throwing against a surface and catching it</i>	✓	✓	✓	
Walking on Tiptoes <i>Pretend to be quiet to not wake up the monster/animal etc. This may be contraindicated if there is an increase in tone.</i>	✓		✓	

Resources

"Learn the Signs. Act Early."

Web: www.cdc.gov/actearly

GOVERNMENT RESOURCES

- Centers for Disease Control and Prevention (CDC)
National Center on Birth Defects and Developmental Disabilities
Web: www.cdc.gov/ncbddd
- National Dissemination Center for Children with Disabilities
Web: www.nichcy.org/states.htm
- Department of Education
Web: www.ed.gov/index.html
- National Institute of Mental Health
Phone: 1-866-615-6464
Web: www.nimh.nih.gov
- State Health Insurance Program (SCHIP)
Phone: 1-877-KIDS-NOW Web: www.insurekidsnow.gov

SPECIAL RESOURCES

- American Academy of Pediatrics
Phone: 1-847-434-4000 Web: www.aap.org
- Parent to Parent-USA
Web: www.p2pusa.org

AUTISM SPECTRUM DISORDERS (ASD)

- Autism Society of America (ASA)
Phone: 1-800-3-AUTISM Web: www.autism-society.org
- Cure Autism Now
Phone: 1-888-8-AUTISM Web: www.cureautismnow.org
- National Alliance for Autism Research
Phone: 1-888-777-NAAR Web: www.naar.org
- Organization for Autism Research
Phone: 1-703-351-5031
Web: www.researchautism.org
- Autism Coalition
Phone: 1-914-935-1462 Web: www.autismcoalition.org
- First Signs
Phone: 1-978-346-4380 Web: www.firstsigns.org
- National Institute of Child Health & Human Development
Web: www.nichd.nih.gov/autism
- CDC's National Immunization Program: "Vaccines and Autism" Internet Site
Web: www.cdc.gov/nip/vacsafe/concerns/autism/default.htm

CEREBRAL PALSY

- United Cerebral Palsy
Phone: 1-800-872-5827 Web: www.ucpa.org
- National Institute of Neurological Disorders and Stroke (NINDS)
Web: www.ninds.nih.gov

INTELLECTUAL DISABILITY (also known as Mental Retardation)

- The Arc of the United States
Phone: 1-301-565-3842 Web: www.thearc.org
- American Association of Intellectual and Developmental Disabilities (AAIDD)
Phone: 1-202-387-1968 Web: www.aaid.org

HEARING LOSS

- Centers for Disease Control and Prevention, Early Hearing Detection and Intervention Program
Web: www.cdc.gov/ncbddd/ehdi
- American Academy of Audiology
Phone: 1-800-AAA-2336 Web: www.audiology.org
- American Academy of Pediatrics Bright Futures
Phone: 1-847-434-4223
Web: brightfutures.aap.org/web/
- American Speech-Language-Hearing Association
Phone: 1-800-638-8255 Web: www.asha.org

VISION LOSS

- National Federation of the Blind
Phone: 1-410-659-9314 Web: www.nfb.org
- American Council of the Blind
Phone: 1-800-424-8666 Web: www.acb.org
- American Foundation for the Blind
Phone: 1-800-232-5463 Web: www.afb.org

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Phone: 1-800-233-4050 Web: www.chadd.org
- CHADD National Resource Center
Phone: 1-800-233-4050
Web: www.help4adhd.org
- Attention Deficit Disorder Association (ADDA)
Phone: 1-484-945-2101 Web: www.add.org

www.cdc.gov/actearly



Learn the Signs. Act Early.

Important Milestones By The End Of 3 Months

Babies develop at their own pace, so it's impossible to tell exactly when your child will learn a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if your own baby's development takes a slightly different course.

Social and Emotional

- Begins to develop a social smile
- Enjoys playing with other people and may cry when playing stops
- Becomes more expressive and communicates more with face and body
- Imitates some movements and facial expressions

Movement

- Raises head and chest when lying on stomach
- Supports upper body with arms when lying on stomach
- Stretches legs out and kicks when lying on stomach or back
- Opens and shuts hands
- Pushes down on legs when feet are placed on a firm surface
- Brings hand to mouth
- Takes swipes at dangling objects with hands
- Grasps and shakes hand toys

Vision

- Watches faces intently
- Follows moving objects
- Recognizes familiar objects and people at a distance
- Starts using hands and eyes in coordination

Hearing and Speech

- Smiles at the sound of your voice
- Begins to babble
- Begins to imitate some sounds
- Turns head toward direction of sound

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Does not seem to respond to loud noises
- Does not notice hands by 2 months
- Does not follow moving objects with eyes by 2 to 3 months
- Does not grasp and hold objects by 3 months
- Does not smile at people by 3 months
- Cannot support head well by 3 months
- Does not reach for and grasp toys by 3 to 4 months
- Does not babble by 3 to 4 months
- Does not bring objects to mouth by 4 months
- Begins babbling, but does not try to imitate any of your sounds by 4 months
- Does not push down with legs when feet are placed on a firm surface by 4 months
- Has trouble moving one or both eyes in all directions
- Crosses eyes most of the time (occasional crossing of the eyes is normal in these first months)
- Does not pay attention to new faces, or seems very frightened by new faces or surroundings
- Experiences a dramatic loss of skills he or she once had

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1-800-CDC-INFO

www.cdc.gov/actearly



Learn the Signs. Act Early.

Important Milestones By The End Of 7 Months

Babies develop at their own pace, so it's impossible to tell exactly when your child will learn a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if your own baby's development takes a slightly different course.

Social and Emotional

- Enjoys social play
- Interested in mirror images
- Responds to other people's expressions of emotion and appears joyful often

Cognitive

- Finds partially hidden object
- Explores with hands and mouth
- Struggles to get objects that are out of reach

Language

- Responds to own name
- Begins to respond to "no"
- Can tell emotions by tone of voice
- Responds to sound by making sounds
- Uses voice to express joy and displeasure
- Babbles chains of sounds

Movement

- Rolls both ways (front to back, back to front)
- Sits with, and then without, support on hands
- Supports whole weight on legs
- Reaches with one hand
- Transfers object from hand to hand
- Uses hand to rake objects

Vision

- Develops full color vision
- Distance vision matures
- Ability to track moving objects improves

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll
- Head still flops back when body is pulled to a sitting position
- Reaches with one hand only
- Refuses to cuddle
- Shows no affection for the person who cares for him or her
- Doesn't seem to enjoy being around people
- One or both eyes consistently turn in or out
- Persistent tearing, eye drainage, or sensitivity to light
- Does not respond to sounds around him or her
- Has difficulty getting objects to mouth
- Does not turn head to locate sounds by 4 months
- Does not roll over in either direction (front to back or back to front) by 5 months
- Seems impossible to comfort at night after 5 months
- Does not smile on his or her own by 5 months
- Cannot sit with help by 6 months
- Does not laugh or make squealing sounds by 6 months
- Does not actively reach for objects by 6 to 7 months
- Does not follow objects with both eyes at near (1 foot) and far (6 feet) ranges by 7 months
- Does not bear weight on legs by 7 months
- Does not try to attract attention through actions by 7 months
- Does not babble by 8 months
- Shows no interest in games of peek-a-boo by 8 months
- Experiences a dramatic loss of skills he or she once had

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Important Milestones By The End Of 1 Year (12 Months)

Babies develop at their own pace, so it's impossible to tell exactly when your child will learn a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if your own baby's development takes a slightly different course.

Social and Emotional

- Shy or anxious with strangers
- Cries when mother or father leaves
- Enjoys imitating people in his play
- Shows specific preferences for certain people and toys
- Tests parental responses to his actions during feedings
- Tests parental responses to his behavior
- May be fearful in some situations
- Prefers mother and/or regular caregiver over all others
- Repeats sounds or gestures for attention
- Finger-feeds himself
- Extends arm or leg to help when being dressed

Cognitive

- Explores objects in many different ways (shaking, banging, throwing, dropping)
- Finds hidden objects easily
- Looks at correct picture when the image is named
- Imitates gestures
- Begins to use objects correctly (drinking from cup, brushing hair, dialing phone, listening to receiver)

Language

- Pays increasing attention to speech
- Responds to simple verbal requests
- Responds to "no"
- Uses simple gestures, such as shaking head for "no"
- Babbles with inflection (changes in tone)
- Says "dada" and "mama"
- Uses exclamations, such as "Oh-oh!"
- Tries to imitate words

Movement

- Reaches sitting position without assistance
- Crawls forward on belly
- Assumes hands-and-knees position
- Creeps on hands and knees
- Gets from sitting to crawling or prone (lying on stomach) position
- Pulls self up to stand
- Walks holding on to furniture
- Stands momentarily without support
- May walk two or three steps without support

Hand and Finger Skills

- Uses pincer grasp
- Bangs two objects together
- Puts objects into container
- Takes objects out of container
- Lets objects go voluntarily
- Pokes with index finger
- Tries to imitate scribbling

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Does not crawl
- Drags one side of body while crawling (for over one month)
- Cannot stand when supported
- Does not search for objects that are hidden while he or she watches
- Says no single words ("mama" or "dada")
- Does not learn to use gestures, such as waving or shaking head
- Does not point to objects or pictures
- Experiences a dramatic loss of skills he or she once had

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Important Milestones By The End Of 2 Years (24 Months)

Children develop at their own pace, so it's impossible to tell exactly when yours will learn a given skill. The developmental milestones below will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if your child takes a slightly different course.

Social

- Imitates behavior of others, especially adults and older children
- More aware of herself as separate from others
- More excited about company of other children

Emotional

- Demonstrates increasing independence
- Begins to show defiant behavior
- Separation anxiety increases toward midyear then fades

Cognitive

- Finds objects even when hidden under two or three covers
- Begins to sort by shapes and colors
- Begins make-believe play

Language

- Points to object or picture when it's named for him
- Recognizes names of familiar people, objects, and body parts
- Says several single words (by 15 to 18 months)
- Uses simple phrases (by 18 to 24 months)
- Uses 2- to 4-word sentences
- Follows simple instructions
- Repeats words overheard in conversation

Movement

- Walks alone
- Pulls toys behind her while walking
- Carries large toy or several toys while walking
- Begins to run
- Stands on tiptoe
- Kicks a ball
- Climbs onto and down from furniture unassisted
- Walks up and down stairs holding on to support

Hand and Finger Skills

- Scribbles on his or her own
- Turns over container to pour out contents
- Builds tower of four blocks or more
- Might use one hand more often than the other

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Cannot walk by 18 months
- Fails to develop a mature heel-toe walking pattern after several months of walking, or walks only on his toes
- Does not speak at least 15 words
- Does not use two-word sentences by age 2
- By 15 months, does not seem to know the function of common household objects (brush, telephone, bell, fork, spoon)
- Does not imitate actions or words by the end of this period
- Does not follow simple instructions by age 2
- Cannot push a wheeled toy by age 2
- Experiences a dramatic loss of skills he or she once had

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Important Milestones By The End Of 3 Years (36 Months)

Children develop at their own pace, so it's impossible to tell exactly when yours will learn a given skill. The developmental milestones below will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if your child takes a slightly different course.

Social

- Imitates adults and playmates
- Spontaneously shows affection for familiar playmates
- Can take turns in games
- Understands concept of "mine" and "his/hers"

Emotional

- Expresses affection openly
- Expresses a wide range of emotions
- By 3, separates easily from parents
- Objects to major changes in routine

Cognitive

- Makes mechanical toys work
- Matches an object in her hand or room to a picture in a book
- Plays make-believe with dolls, animals, and people
- Sorts objects by shape and color
- Completes puzzles with three or four pieces
- Understands concept of "two"

Language

- Follows a two- or three-part command
- Recognizes and identifies almost all common objects and pictures
- Understands most sentences
- Understands placement in space ("on," "in," "under")
- Uses 4- to 5-word sentences
- Can say name, age, and sex
- Uses pronouns (I, you, me, we, they) and some plurals (cars, dogs, cats)
- Strangers can understand most of her words

Movement

- Climbs well
- Walks up and down stairs, alternating feet (one foot per stair step)
- Kicks ball
- Runs easily
- Pedals tricycle
- Bends over easily without falling

Hand and Finger Skills

- Makes up-and-down, side-to-side, and circular lines with pencil or crayon
- Turns book pages one at a time
- Builds a tower of more than six blocks
- Holds a pencil in writing position
- Screws and unscrews jar lids, nuts, and bolts
- Turns rotating handles

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Frequent falling and difficulty with stairs
- Persistent drooling or very unclear speech
- Cannot build a tower of more than four blocks
- Difficulty manipulating small objects
- Cannot copy a circle by age 3
- Cannot communicate in short phrases
- No involvement in "pretend" play
- Does not understand simple instructions
- Little interest in other children
- Extreme difficulty separating from mother or primary caregiver
- Poor eye contact
- Limited interest in toys
- Experiences a dramatic loss of skills he or she once had

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Learn the Signs. Act Early.

Important Milestones By The End Of 4 Years (48 Months)

Children develop at their own pace, so it's impossible to tell exactly when yours will learn a given skill. The developmental milestones below will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if your child takes a slightly different course.

Social

- Interested in new experiences
- Cooperates with other children
- Plays "Mom" or "Dad"
- Increasingly inventive in fantasy play
- Dresses and undresses
- Negotiates solutions to conflicts
- More independent

Emotional

- Imagines that many unfamiliar images may be "monsters"
- Views self as a whole person involving body, mind, and feelings
- Often cannot tell the difference between fantasy and reality

Cognitive

- Correctly names some colors
- Understands the concept of counting and may know a few numbers
- Tries to solve problems from a single point of view
- Begins to have a clearer sense of time
- Follows three-part commands
- Recalls parts of a story
- Understands the concepts of "same" and "different"
- Engages in fantasy play

Language

- Has mastered some basic rules of grammar
- Speaks in sentences of five to six words
- Speaks clearly enough for strangers to understand
- Tells stories

Movement

- Hops and stands on one foot up to five seconds
- Goes upstairs and downstairs without support
- Kicks ball forward
- Throws ball overhand
- Catches bounced ball most of the time
- Moves forward and backward with agility

Hand and Finger Skills

- Copies square shapes
- Draws a person with two to four body parts
- Uses scissors
- Draws circles and squares
- Begins to copy some capital letters

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Cannot throw a ball overhand
- Cannot jump in place
- Cannot ride a tricycle
- Cannot grasp a crayon between thumb and fingers
- Has difficulty scribbling
- Cannot stack four blocks
- Still clings or cries whenever parents leave
- Shows no interest in interactive games
- Ignores other children
- Doesn't respond to people outside the family
- Doesn't engage in fantasy play
- Resists dressing, sleeping, using the toilet
- Lashes out without any self-control when angry or upset
- Cannot copy a circle
- Doesn't use sentences of more than three words
- Doesn't use "me" and "you" correctly
- Experiences a dramatic loss of skills he or she once had

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Learn the Signs. Act Early.

Important Milestones By The End Of 5 Years (60 Months)

Children develop at their own pace, so it's impossible to tell exactly when yours will learn a given skill. The developmental milestones below will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if your child takes a slightly different course.

Social

- Wants to please friends
- Wants to be like her friends
- More likely to agree to rules
- Likes to sing, dance, and act
- Shows more independence and may even visit a next-door neighbor by herself

Emotional

- Aware of gender
- Able to distinguish fantasy from reality
- Sometimes demanding, sometimes eagerly cooperative

Cognitive

- Can count 10 or more objects
- Correctly names at least four colors
- Better understands the concept of time
- Knows about things used every day in the home (money, food, appliances)

Language

- Recalls part of a story
- Speaks sentences of more than five words
- Uses future tense
- Tells longer stories
- Says name and address

Movement

- Stands on one foot for 10 seconds or longer
- Hops, somersaults
- Swings, climbs
- May be able to skip

Hand and Finger Skills

- Copies triangle and other shapes
- Draws person with body

- Prints some letters
- Dresses and undresses without help
- Uses fork, spoon, and (sometimes) a table knife
- Usually cares for own toilet needs

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Acts extremely fearful or timid
- Acts extremely aggressively
- Is unable to separate from parents without major protest
- Is easily distracted and unable to concentrate on any single activity for more than five minutes
- Shows little interest in playing with other children
- Refuses to respond to people in general, or responds only superficially
- Rarely uses fantasy or imitation in play
- Seems unhappy or sad much of the time
- Doesn't engage in a variety of activities
- Avoids or seems aloof with other children and adults
- Doesn't express a wide range of emotions
- Has trouble eating, sleeping or using the toilet
- Can't tell the difference between fantasy and reality
- Seems unusually passive
- Cannot understand two-part commands using prepositions ("Put the doll on the bed, and get the ball under the couch.")
- Can't correctly give her first and last name
- Doesn't use plurals or past tense properly when speaking
- Doesn't talk about her daily activities and experiences
- Cannot build a tower of six to eight blocks
- Seems uncomfortable holding a crayon
- Has trouble taking off clothing
- Cannot brush her teeth efficiently
- Cannot wash and dry her hands
- Experiences a dramatic loss of skills he or she once had

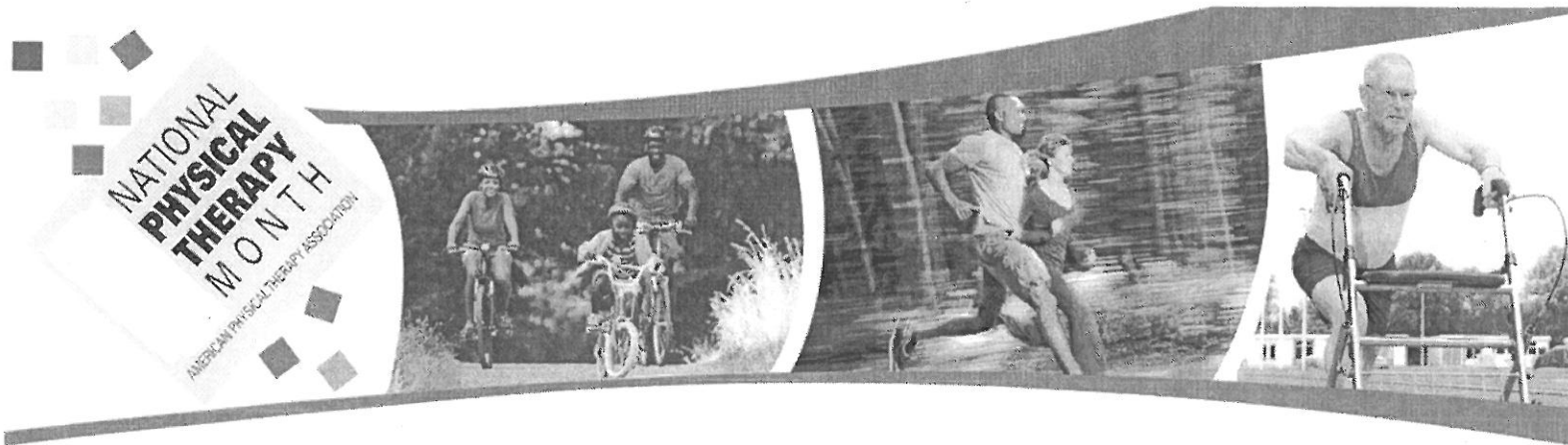
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“Smart Moves” for Families

- Plan weekend family activities involving physical activity, such as hiking, swimming, bicycling, mini-golf, tennis, or bowling.
- Help your child plan physical activities with friends and neighbors, such as skating or softball.
- Have your kids brainstorm a “rainy day” game plan of indoor activities such as fitness games such as Wii Fit or Dance Dance Revolution.
- Remember that your family does not need to join a health club or buy fancy equipment to be active. Walking is inexpensive and easy. So is designing a backyard obstacle course. Weights can be made from soda or detergent bottles filled with sand or water!
- Provide positive rewards for your child when he or she engages in physical activities, such as workout clothes, a new basketball, or an evening of roller-skating.
- Provide positive feedback about your child's lifestyle changes. Remember not to focus on the scale (for you or your child).
- Be your child's "exercise buddy." Plan daily walks or bike rides and set goals together for increasing physical activity rather than for losing weight. It's also great “bonding” time!
- As you schedule your child's extracurricular activities, remember to plan time for exercise and activity as a priority for the entire family. Don't just "squeeze it in."
- Encourage children to try individualized sports such as tennis and swimming. Studies show such activities are the basis of lifelong fitness habits.
- Parents and children can do exercises while watching television (or at least during commercials), such as sit-ups, push-ups or running in place. Discourage snacking or eating meals while watching.

Source: American Physical Therapy Association