A 6-month-old girl is brought to the physician for a routine well-child examination. She has been breastfeeding well and recently started stage 1 solid foods. Her brother has a speech delay requiring therapy 3 times a week. She is at the 40th percentile for length, 50th percentile for weight, and 60th percentile for head circumference. On examination, the infant sits momentarily on propped hands. She transfers her bottle from her left to right hand. When her father calls her name, she turns to him and smiles, revealing a mandibular central incisor. She is unable to pull to a stand. Moro and grasp reflexes are absent. Firm stroking of the soles of her feet causes the big toes to turn up. Which of the following is the most appropriate assessment of this child's development?

	Gross Motor	Fine Motor	Cognitive
A.	Delayed	Delayed	Delayed
B.	Delayed	Delayed	Normal
C.	Delayed	Normal	Delayed
D.	Delayed	Normal	Normal
E.	Normal	Delayed	Delayed
F.	Normal	Delayed	Normal
G.	Normal	Normal	Delayed
H.	Normal	Normal	Normal

Submit

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	Gross Motor	Fine Motor	Cognitive	
A.	Delayed	Delayed	Delayed	[0%]
B.	Delayed	Delayed	Normal	[1%]
C.	Delayed	Normal	Delayed	[1%]
D.	Delayed	Normal	Normal	[14%]
E.	Normal	Delayed	Delayed	[0%]
F.	Normal	Delayed	Normal	[3%]
G.	Normal	Normal	Delayed	[2%]
✔ H.	Normal	Normal	Normal	[79%]

Proceed to Next Item

Explanation:

User Id: [redacted]

Developmental milestones during first year of life				
Age (months)	Gross motor	Fine motor	Language	Social/cognitive
[illegible]	• Lifts head/chest	• Hands unfisted 50% of the time	• Alerts to [illegible]	• Social smile [illegible]

Proceed to Next Item

Explanation:

User Id: [redacted]

Developmental milestones during first year of life				
Age (months)	Gross motor	Fine motor	Language	Social/cognitive
2	• Lifts head/chest in prone position	• Hands unfisted 50% of the time • Tracks past midline	• Alerts to voice/sound • Coos	• Social smile • Recognizes parents
4	• Sits with trunk support • Begins rolling	• Hands mostly open • Reaches midline	• Laughs • Turns to voice	• Enjoys looking around
6	• Sits momentarily propped on hands (unsupported by 7 months)	• Transfers objects hand to hand • Raking grasp	• Responds to name • Babbles	• Stranger anxiety
9	• Pulls to stand • Cruises	• 3-finger pincer grasp • Holds bottle or cup	• Says "dada," "mama"	• Waves "bye" • Plays pat-a-cake
12	• Stands well • Walks first steps independently • Throws ball	• 2-finger pincer grasp	• Says first words	• Separation anxiety • Comes when called

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Assessment of developmental milestones is essential at every well-child examination. Developmental delays can be an ominous sign of a serious medical condition, such as a brain tumor or other neurologic problem. Prompt recognition is also important as early intervention with physical, occupational, and/or psychosocial therapies is critical in optimizing skill acquisition and overall long-term health.

Infant development progresses from **cephalic to caudal**; from **proximal to distal**; and from stimulus-based reflexes to specific, goal-oriented reactions that become increasingly precise with age. This infant demonstrates appropriate motor and cognitive

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Infant development progresses from **cephalic to caudal**; from **proximal to distal**; and from stimulus-based reflexes to specific, goal-oriented reactions that become increasingly precise with age. This infant demonstrates appropriate motor and cognitive developmental skills for a 6-month-old. By age 4 months, primitive reflexes (eg, Moro, grasp) have either already disappeared, or are starting to disappear as the infant initiates purposeful movement of the extremities. The tongue protrusion reflex also should disappear by age 4 months, allowing for coordination to ingest solid foods at age 4-6 months. The Babinski reflex is the only primitive reflex that may persist in healthy children up to age 2 years but can disappear as early as age 12 months.

Educational objective:
A healthy 6-month-old infant should be able to sit momentarily on propped hands, transfer objects from hand to hand, and respond to name. Stranger anxiety also develops at this age.

References:

1. **Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening.**

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