Useful References
Motor Development of Very Young Infants

If you would like a copy of any of these references, they will be provided by the DSHS Library. You can mail or email the librarians at the Department of State Health Services (DSHS) Audio Visual Library, 1111 North Loop Blvd., Austin, Texas 78756. Their email address is avlibrary@dshs.state.tx.us

   This study supports the findings of others that preterm infants have mild problems in sensory responsiveness and temperament. Correlational results do not support a definitive relationship between parents' reports of their infants' sensory responsiveness and developmental function. It is a good look at what is considered to be within normal limits for some sensory responsiveness and temperament characteristics, and may help some staff to better distinguish between a problem that needs intervention and something that is within normal limits.

2. Rosario Montirosso, Alberto Del Prete, Roberto Bellù, Ed Tronick, PhD, and Renato Borgatti. 2011. Level of NICU Quality of Developmental Care and Neurobehavioral Performance in Very Preterm Infants; Pediatrics
   Study indicated that the conditions of a NICU affect the baby's overall sensory development. While not related directly to evaluation and assessment, this article raises awareness about how a premature child may be affected by the conditions in the NICU. The article supports increases child find and public awareness directed at NICUs.

   This article presents Information on level of skill necessary for OT’s working in NICU. There is information included that could also be useful for motor therapists when evaluating very young infants.

   Study concluded that since the Back to Sleep initiative in 1994, babies who do not spend time in prone are reaching milestones later or in different manner than they did previous to the initiative. Information regarding infants’ sleep and awake positioning may be important to therapists when evaluating gross motor development, because developmental norms established before “back to sleep” may not be accurate.
5. Marla C. Mahoney and Meryl I. Cohen. 2005. **Effectiveness of Developmental Intervention in the NICU: Implications for PT**; *Pediatric Physical Therapy*. Review of various studies about the efficacy of PT in neonatal ICU's showing positive outcomes. The article contains good, simple handling and sensory techniques proven successful in the NICU that can be transferred to the home.

6. Beverly D. Ulrich. 2010. **Opportunities for Early Intervention Based on Theory, Neuroscience and Clinical Science**; *Physical Therapy, Pediatrics Special Issue*. Target audience is PT/OT. Discusses motor control theory and impact on early intervention. This article discusses the lack of study related to therapeutic interventions with infants. It discusses the need for greater emphasis on rigorous and early intervention of infants with disabilities.

7. Ann H. Zachry and Katherine M. Kitzmann. 2011. **Caregivers’ Awareness of Prone Play Recommendations** *American Journal of Occupational Therapy*. Study indicated that many caregivers were not aware of the importance of “tummy time” and the complications that can occur if babies are not placed in prone for play from birth. Article contains a discussion of the importance of early interventionists educating parents on the importance of prone play, and provides information on how to help parents increase their baby’s tolerance for prone positioning.

8. Margaret E. O’Neil, Maria A. Fragala-Pinkham, Sarah L. Westcott, Karen Martin, Lisa A. Chiarello, Joanne Valvano, Rachel Unanue Rose. 2006. **Physical Therapy Clinical Management Recommendations for Children with Cerebral Palsy -Spastic Diplegia: Achieving Functional Mobility Outcomes** *Special Report* in *the Pediatric Physical Therapy Journal* The article presents recommendations for the clinical management of children with cerebral palsy, spastic diplegia when increased functional mobility is the identified outcome. It includes information about examination, evaluation, planning, and intervention, with specific considerations for birth to 3 years in each topic.