

Alberta Infant Motor Scale

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STUDY#	
PRONO	Prono (1) Flexão fisiológica vira a cabeça para liberar o nariz Prono (2) Eleva a cabeça assimetricamente a 45° Não consegue manter a cabeça na linha média Apoio em Prono Cotovelos para trás em relação aos ombros eleva a cabeça sem sustentação até 45° Suporte de prono na antebraço (1) Eleva e mantém a cabeça Cotovelos alinhados com os ombros Mobilidade em Prono Cabeça a 90° transferência de peso não controlada Suporte no Antebraço (2) Cotovelos à frente dos ombros chin tuck ativo com alongamento do pescoço
SUPINO	Supino (1) Flexão fisiológica rotação da cabeça boca à mão movimentos braços e pernas Supino (2) Rotação da cabeça em direção à linha média RTCA não obrigatório Supino (3) Cabeça na linha média movimento os braços mas é incapaz de trazer as mãos na linha média Supino (4) Flexores do pescoço ativos Chin tuck leva mãos à linha média Mãos nos joelhos Chin tuck alcança os joelhos com as mãos abdominais ativas
SENTADO	Senta com suporte Eleva e mantém a cabeça na linha média brevemente Senta com braços apoiados Mantém a cabeça na linha média suporta brevemente o peso dos braços Puxado para sentar Chin tuck: cabeça alinhada ou à frente do corpo
EM PÉ	Em pé apoiado (1) Pode apresentar flexão de quadril e joelho inferiores Em pé apoiado (2) Cabeça em linha com o corpo quadril para trás em relação aos ombros movimentos variados das pernas

Alberta Infant Motor Scale: A Comprehensive Guide for Parents and Professionals

Is your baby meeting their developmental milestones? Understanding your infant's motor skills is crucial for their healthy growth and development. This comprehensive guide dives deep into the Alberta Infant Motor Scale (AIMS), exploring its purpose, administration, interpretation, and significance in early childhood development. We'll equip you with the knowledge to better

understand this valuable assessment tool and what it means for your little one.

What is the Alberta Infant Motor Scale (AIMS)?

The Alberta Infant Motor Scale (AIMS) is a widely used, observational assessment tool designed to evaluate the gross motor development of infants from birth to 18 months of age. Unlike standardized tests that rely on specific responses, the AIMS focuses on spontaneous movements, capturing a more natural picture of an infant's motor abilities. This makes it a particularly valuable tool for assessing infants with suspected developmental delays or those born prematurely.

Key Features of the AIMS:

Observational: The assessment relies on observing the infant's spontaneous movements in various positions. This avoids the potential biases associated with directed tasks.

Standardized: The AIMS provides a standardized scoring system, allowing for comparisons across different infants and facilitating the tracking of progress over time.

Comprehensive: It assesses a wide range of gross motor skills, including posture, head control, limb movements, and locomotion.

Easy to Administer: With proper training, the AIMS is relatively simple to administer, making it accessible to a range of healthcare professionals.

How is the AIMS Administered?

The AIMS is administered by a trained professional, typically a pediatrician, physical therapist, or occupational therapist. The assessment typically takes place in a comfortable, familiar setting to minimize stress for the infant. The examiner observes the infant in a series of positions, such as prone (lying on the stomach), supine (lying on the back), and sitting, noting the quality and range of their movements. The observation is scored based on a standardized scoring system.

Scoring and Interpretation:

The AIMS uses a standardized scoring system, typically ranging from 0 to 100, with higher scores indicating greater motor skill development. The score provides a snapshot of the infant's current motor abilities and can be compared to age-based norms. It's crucial to understand that the AIMS isn't a diagnostic tool in itself. A low score might indicate a need for further investigation and potential intervention, but it doesn't provide a definitive diagnosis.

The Importance of Early Intervention

Early identification of developmental delays is paramount. The AIMS plays a vital role in this process, allowing for timely interventions that can significantly impact an infant's developmental trajectory. Early intervention can take many forms, including physical therapy, occupational therapy, and specialized educational programs. The sooner these interventions are implemented, the more effective they tend to be.

Beyond the Score: Understanding the Context

While the numerical score from the AIMS is important, it's essential to consider the overall picture. The assessor should also consider factors such as the infant's medical history, family history, and overall health. The AIMS score should be interpreted within this broader context. A low score shouldn't lead to immediate alarm but rather prompt further investigation and collaborative discussion with healthcare providers.

AIMS and Premature Infants

The AIMS is particularly valuable for assessing premature infants. Due to their early birth, premature babies may exhibit delayed motor development compared to their full-term peers. The AIMS provides a tool for tracking their progress and tailoring interventions to their individual needs. Using corrected gestational age (the age the infant would be if born at full term) is crucial when interpreting the AIMS scores for premature infants.

Conclusion

The Alberta Infant Motor Scale is a powerful tool for assessing infant motor development. Its observational nature, standardized scoring, and ease of administration make it invaluable for parents and healthcare professionals. While the score provides valuable information, it's crucial to consider the broader context and involve other healthcare providers for a comprehensive understanding of the infant's development. Early identification and intervention based on AIMS assessments can positively impact a child's long-term development.

FAQs

Q1: Is the AIMS a diagnostic tool? No, the AIMS is an assessment tool that helps identify potential developmental delays. It does not provide a diagnosis. Further evaluation may be needed to determine any underlying medical conditions.

Q2: Who can administer the AIMS? The AIMS should only be administered by trained professionals such as pediatricians, physical therapists, or occupational therapists who have received specific training in its administration and interpretation.

Q3: How often should the AIMS be administered? The frequency of AIMS administration depends on the individual infant and their needs. It may be administered multiple times to monitor progress, especially if developmental delays are suspected.

Q4: What if my child scores low on the AIMS? A low score doesn't necessarily mean there's a significant problem. It indicates a need for further evaluation and discussion with your healthcare provider to explore potential interventions and support.

Q5: Is the AIMS suitable for all infants? While generally suitable, the AIMS may be less reliable for infants with severe medical conditions or significant neurological impairments. In such cases, alternative assessment methods might be more appropriate.

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physiotherapists, occupational therapists, developmental paediatricians, neuropaediatricians, and paediatric physiatrists.

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Motor Skills Acquisition in the First Year is a descriptive presentation of normal motor development and skill acquisition during the first year of life. It gives a greater understanding of normal motor development and normal movement in infants, in order to treat infants with delayed or aberrant movements. The goal of this book is to inform and enhance knowledge, understanding, and observational skills in the assessment of normal motor development, and to present an analysis of the motor components that babies use to achieve each milestone normally. It provides a background for enlarging the scope of kinesiological analysis and will serve as a stimulus for others to further investigate and analyze the kinesiological aspects of motor development.

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From a hospital admittance to discharge to outpatient rehabilitation, Spinal Cord Injuries addresses the wide spectrum of rehabilitation interventions and administrative and clinical issues specific to patients with spinal cord injuries. Comprehensive coverage includes costs, life expectancies, acute care, respiratory care, documentation, goal setting, clinical treatment, complications, and activities of daily living associated with spinal cord patients. In addition to physical therapy interventions and family education components, this resource includes content on incidence, etiology, diagnosis, and clinical features of spinal cord injury. - Case Studies with clinical application thinking exercises help you apply knowledge from the book to real life situations. - Thoroughly referenced, evidence-based content provides the best evidence for treatment based on the most current research. - Tables and boxes throughout each chapter organize and summarize important information for quick reference. - Clinical Note boxes provide at-a-glance access to helpful tips. - Over 500 clinical photos, line drawings, radiographs, and more bring important concepts to life. - Highly respected experts in spinal cord injury rehabilitation, editors Sue Ann Sisto, Erica Druin, and Martha Sliwinski, provide authoritative guidance on the foundations and principles of practice for spinal cord injury. - Companion DVD includes video clips of the techniques described throughout the book that demonstrate how to apply key concepts to practice.

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Motor Assessment of the Developing Infant, 2nd Edition presents theories of infant motor development and discusses the unique challenges involved in assessing the motor skills of developing infants as compared to that of adults. It provides step-by-step instructions for using the Alberta Infant Motor Scale (AIMS) — a scale that measures infant gross motor skills. It also features a review of two current theories of motor development, line drawings and photographs of 58 gross motor skills, and a percentile graph to plot an infant's score and derive an estimate of his or her percentile ranking. Clinicians, researchers, and parents/caregivers have all reported satisfaction with both the ease of an AIMS assessment and the strong psychometric properties of the scale. Thus, the descriptors of the 58 motor items and the administration and scoring guidelines have stood the test of time and remain unchanged in this second edition. If you have a general Permissions query or require guidance on how to request permission, please visit Elsevier's Permissions FAQ page (<https://www.elsevier.com/about/policies/copyright/permissions>) where you will find further information, or alternatively you may submit a question via (<https://service.elsevier.com/app/contact/supporthub/permissions-helpdesk/>). For Licensing opportunities, please contact H.Licensing@elsevier.com. - Comprehensive coverage of how to use the Alberta Infant Motor Scale, a standardized measurement scale used to assess the gross motor abilities of infants. - Line drawings and photographs of 58 gross motor skills. - Five copies of the AIMS scoresheet are included with the print edition. - The Alberta Infant Motor Scale is trusted by clinicians and researchers across the globe.

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Gordon (USA); Martin Gough (UK); Richard L Lieber (USA); Jens Bo Nielsen (Denmark); Micah Perez (Australia); Caroline Teulier (France). This book provides a comprehensive overview of the challenges of motor development and the consequent impact of poor motor function in later childhood for infants with cerebral palsy (CP). Reviewed by: Oxford Brookes University on behalf of the British Journal of Occupational Therapy, Dec 2014 conceived and edited by Roberta Shepherd with contributions from internationally renowned expert clinicians and researchers discusses new research and new evidence-based treatment interventions shows how to organize very early and intensive physical activity in young infants to stimulate motor development and growth therapies include the specificity of training and exercise, with emphasis on promoting muscle activity and preventing contracture by active instead of passive stretching methods include new interactive technologies in enhancing home-based training sessions carried out by the infant's family extensive referencing in each chapter for further study chapters feature Annotations which illustrate scientific findings

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schools, in community and commercial settings, and among health care providers. Limiting sedentary behavior, increasing physical activity, and maintaining a nutritious diet are three fundamental needs during early childhood. Preschool years are a time when children begin to explore the world around them, and develop more vivid understandings of their surroundings. As this book shows, the early years may be the best time to teach wellness concepts and assist young children in establishing healthy lifestyle habits.

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either with established scientists or independently in order to pursue questions of interest. This unique volume leads the reader through the process of test development step-by-step, including identification of a concept that should be subjected to testing, development of appropriate test items, and the procedures for standardizing a norm-referenced test. Not only will professionals learn to develop new tests, but they will also increase their understanding of the process of test development for instruments which are already available.

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settings

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