

Philadelphia County Infant/Toddler Early Intervention
Physical Therapy Best Practice Guidelines***

Based on the priorities and concerns of the family and the severity of the child's motor concern, a physical therapist may be recommended for the team as a Primary Service Provider or as a consultant when:

Quality of Motor Skills/Muscle Tone

- Identified tonal abnormalities-stiffness with (high tone), floppiness (low tone) or fluctuating/poorly controlled movement
- As an infant, consistently arches back when lying on the back or being held
- Differences in intentional movement between right and left side of body
- Infant (full term) is not holding head in midline, kicking legs and moving arms by age 3 months
- Persistent asymmetries (favors one side) in movement after 3 months adjusted age
- Torticollis - especially when presenting with head flattening (or occupational therapist may be used as consult)
- Medically Fragile (tracheostomy, ventilator, bleeds) with significant positioning needs
- Child has difficulty maintaining balance to hold safely in position or to move in their environment such as not extending arms to catch self in sitting, jittery movement, frequent falls, not catching themselves with their arms when they fall, unsteady walking, wobbly base support

Motor Milestones (Three month delay generally most significant in child's first year)

- Pattern of not attaining motor milestones 3 month delay or greater
- Infant holds head up when lying on tummy by age 3 months
- Visually tracks movement by age 3 months
- Roll over by age 8 months (Typical rolling 4 to 6 months)
- Sit up without help or support by age 9 months. (Typical age of sitting is 6 months)
- Crawl on hands and knees by age 1 year (Typical crawling occurs between 7 and 11 months)
- Drags or favors one side
- Always seems to favor using one hand over the other before age 2 years
- Walk by age 18 months
- Walk down steps by age 2 years

Specific Diagnoses, Orthotics and Equipment

- Specific diagnoses with high risk for motor delay (Down Syndrome, Spina Bifida, extreme prematurity and extensive stays in NICU, Cerebral Palsy)
- Need to determine orthotics (foot alignment, bracing, inserts)
- Need for equipment (positioning, wheelchair, ambulatory devices)

***These guidelines do not supersede the child's determination by the multidisciplinary team (based on assessment and observation) and the individualized needs of the child. The intent of these guidelines is to provide information and guidance to the IFSP team members.