

# Solution Focused Task Oriented Movement Therapy Guidelines

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## Sitting with hip level support

Typically developing infants first learn to sit independently when placed in sitting on a flat surface by leaning forwards and propping on the upper extremities. From this position they will bring the trunk erect for short periods of time before toppling over to the side or backwards.

Over the next few weeks infants usually learn to maintain the trunk erect as they explore different options for maintaining their balance, and start to look around and reach for interesting objects.

Infants with developmental delay may need practice at maintaining the trunk erect and balanced. Providing external support at the level of the pelvis allows the infant to start maintaining an upright and steady trunk when moving the head and reaching in different directions.



## Using fixed hip-level external support to stabilise pelvis

Let the infant sit on a flat surface with their back facing a fixed upright surface.

Position a firm flat 10-15 cm high cushion or box on either side, with the length of the cushion against the buttocks and thigh.

Position the cushions so that the hips are in 10-20 degrees abduction and the knees flexed to a few degrees.



## Engaging the infant's attention




When an infant is alert and interested in engaging with the environment the postural system is primed to provide the sustained muscle effort to keep the head and trunk erect and steady.




It is therefore important when assessing sitting that you provide an environment that is tuned to the infant's interest and takes into account their approach-avoidance behaviour and willingness to take on new challenges.

You may need to spend time to figure out the best ways to engage the infant using social games and a selection of different toys to elicit reaching behaviour.

# Posture and stability




With hip level lateral support the infant is able to:	Yes	Not yet	Adapt
Sit erect for 30-60s.			Raise the height of the side cushions.
Move the head to look to the left and right.			
Move the head to look up and down.			
Hold and manipulate small toys with one or both hands.			Engage infant's attention.
Lift hand to face. Right Left			
Lift hand high up. Right Left			

 <p>Sits erect – may use hands for support</p>	 <p>Turns head to look to left and right</p>	 <p>Looks up and looks down</p>
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 <p>Brings hands to mouth and head</p>	 <p>Holds toy with one or both hands</p>	 <p>Lifts both hands high up</p>
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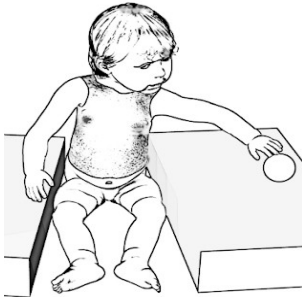



# Reaches for toys

With hip level lateral support the infant is able to:	Yes	Not yet	Adapt
Prop on one hand to help stabilise the trunk.			Move the toy closer.  Try different toys – find one that infant really likes.
Reach forward for a toy placed between lower extremities (legs).			
Reach for a toy on the raised surface of side-block. Right Left			
Lifts hand up to shoulder height to take toy. Right Left			

 <p>Reaches forwards to a toy on floor and comes erect again.</p>	 <p>Reaches to a toy on side-block</p>	 <p>Reaches up high for a toy.</p>
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## Reaches for toys further than arms-length

With hip level lateral support the infant is able to:	Yes	Not yet	Adapt
Reach forwards to play with feet and come erect again. May prop on one hand.			
Reach forwards and up with two hands.			
Reach for toy on raised surface further than arms-reach.			
Lift hand high and reach for toy further than arms-length			
Prop on one hand and reach across the body.			

 <p>Reaches for feet and comes up straight again</p>	 <p>Reaches to side for a toy further than arms-length</p>	 <p>Lifts arm high and reaches far to side</p>
 <p>Reaches forwards with both hands for a toy.</p>	 <p>Props on one hand and reaches across body with the other hand</p>	