

Depending on the quality of the third month of life, the dynamics of changes in motor development

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ABSTRACT

The study's objective was to demonstrate that children at risk for cerebral palsy need to have both quantitative and qualitative motor development by the third month of life in order to reach milestones and that this development may serve as an early warning indicator for the condition. The study's participants included 93 kids (69 born at term). The average body weight of the newborns, who arrived at 38-week, week 4, was 102 g to 814 g. After the third month of life, all children were assessed (both quantitatively and qualitatively), followed by evaluations at 4.5 years, 7 years, and 12 years of age. Children with

probable CP were monitored until the 18th month, at which point the diagnosis was determined. At the 4.5th month of life, if a child's development was correct, it would creep and assume a crawl position. At the final assessment (the 12th month of life), the child would begin to walk. If at the age of 3 months, a child achieved a quadrangle of support and symmetrical support. If a child's dynamics of development were off and they failed to reach a quadrangle of support and symmetrical support, either their growth would be delayed (until the 12th month of life) or CP would manifest. With a high probability, accurate qualitative evaluation in the third month of birth ensures accurate quantitative development in the 4.5th, 7.5th, and 12th months of life. If the child had a very poor qualitative assessment in the third month of life, CP would likely be diagnosed at 18 months.

INTRODUCTION

A key characteristic of brain tissue is spontaneous, patterned activity, which is the foundation of motor action in particular. Motor disorders or other developmental issues may be the source of milestone abnormalities or signs of motor delay. Despite the fact that these symptoms may not be specific, early identification is crucial for executing an early response. Early therapies, such as physical therapy, can stop or reduce developmental delays and the avoidable side effects of motor problems. It is advised to use standardised assessment techniques that provide invaluable information compared to the clinical observation itself to help with the early detection of motor issues and developmental delays. When compared to evaluations based on the use of standard, validated scales or sheets, it appears that assessments based entirely on clinical observation can identify fewer children with developmental abnormalities, and they do so at a later time. The tools used to evaluate development should be available, validated, simple to use, and acceptable to both the researcher and the subject. They should also offer useful advantages. In regular medical practise in Poland, the child's attainment of milestones as a planned and sequential progression from one skill to another and by assessing muscle tone, or occasionally merely reflexes, are used to monitor motor development. On the other hand, modern ideas contend that reflexes should not be the primary method of analysis

for motor action. The fluid and adaptable process of motor development is dependent on ongoing feedback from the environment, the body, and the brain. The intricate process of motor development is not reflected in the observation of children reaching milestones. In addition, developmental milestones fluctuate greatly during the first year of life and don't provide any information about possible causes of delays in their achievement.

The assessment of whether or not they were on time does not enable the early detection of youngsters with motor impairments. The assessment of mobility, which describes how movements are performed, may, on the other hand, aid in the early detection of children with motor disorders, preventing the loss of crucial time for intervention that may be caused by waiting for the achievement of milestones. Despite the fact that locomotion patterns are global, the individual motor elements (quality), also known as partial movement patterns, are likely recognised separately and individually by the Central Nervous System (CNS).

This is a result of the CNS's variable "timing" of memory processes. According to several scholars, the third month of life is crucial for motor development because it is when there are major changes. The following aspects of motor behaviour should be present by the third month of life: a symmetrical supine position on the back with the arms raised above the ground in the region of the lower limbs, bent at the hip and knee joints with the pelvis in a middle position, and

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supported symmetrically on the elbows.

The 'back-to-abdominal turning process' consecutive movement components were initially identified in the past as kinesiological elements of optimum motor development. It makes sense to treat the absence of these elements in diseased development as a bottleneck in motor ontogenesis. According to Vojta, turning to the side is part of the movement that occurs when a baby reaches the 4.5th month of life and moves from the back to the abdomen. It makes sense to treat the absence of these elements in diseased development as a bottleneck in motor ontogenesis. According to Vojta, turning to the side is part of the movement that occurs when a baby reaches the 4.5th month of life and moves from the back to the abdomen. A child's centre of gravity shifts laterally, the pelvis slants in the frontal plane, and the activity of the legs is distinguished when they accomplish an intended grip. When the direction of the vectors of the surrounding muscles is distal, the underlying lower half of the chest is expanded, the upper shoulder is supported, and the chest is stretched asymmetrically. While the Hammersmith Infant Neurological Examination (HINE) describes turning to the side as one of the stages of motor development occurring at the fourth month of life, it was also demonstrated in the Motor Assessment of the Developing Infant, which similarly occurs in child development between the fourth and 5.5th months of life.