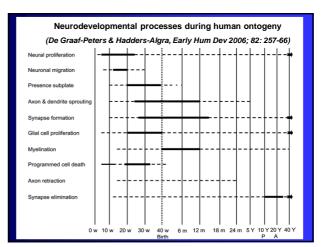
PRINCIPLES OF TYPICAL AND ATYPICAL MOTOR DEVELOPMENT

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CLINICAL CONSEQUENCES OF THE DEVELOPMENTAL **CHANGES OF THE NERVOUS SYSTEM (1)**

A neurological examination should be agespecific

CLINICAL CONSEQUENCES OF THE DEVELOPMENTAL **CHANGES OF THE NERVOUS SYSTEM (2)**

Consequences for prognosis:

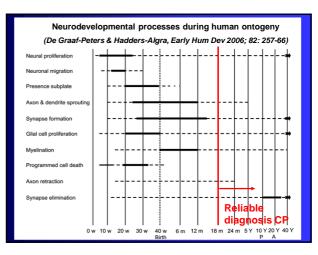
- Neurological dysfunction at early age may disappear -----> normalization
- Infant with a normal neurological function • may grow into dysfunction

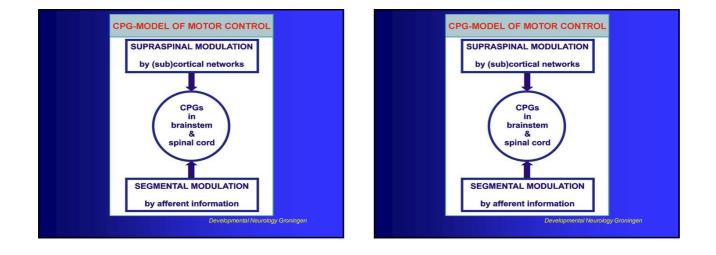
CLINICAL CONSEQUENCES OF THE DEVELOPMENTAL **CHANGES OF THE NERVOUS SYSTEM (3)**

Consequences for expression of dysfunction

Neurological dysfunction

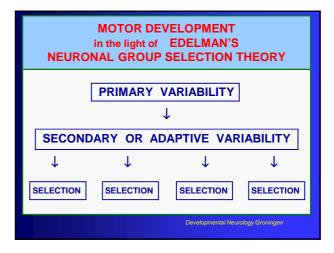
- adulthood : localized, specific signs
- early infancy :
- generalized, diffuse dysfunction











PRIMARY VARIABILITY

- Activity of epigenetically determined, grossly specified primary neural repertoires
- Exploration of all motor possibilities by means of self-generated activity
- Abundant variation in motor behaviour not geared to environmental constraints
- Especially during fetal life and infancy

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PRIMARY VARIABILITY EXAMPLE GENERAL MOVEMENTS (GMs)

- Movements of head, trunk, arms and legs
- Typical GMs characterized by movement complexity and variation which may be regarded as two forms of variation
- Present from fetal week 9-10 until about 4 months post-term → coinciding with presence of cortical subplate

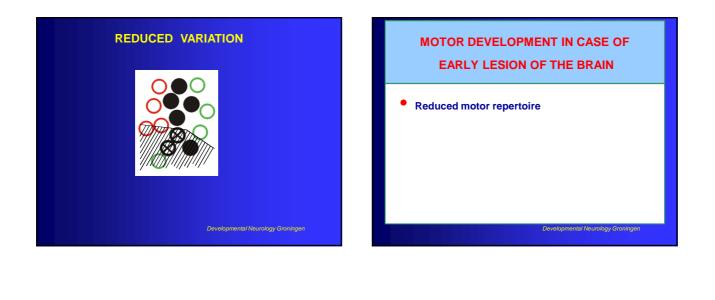
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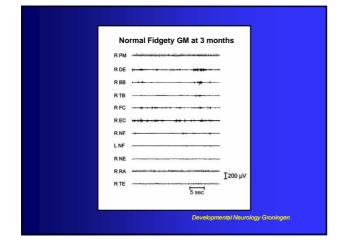
TRANSITION FROM PRIMARY TO SECONDARY VARIABILITY AT FUNCTION SPECIFIC AGES

• Sucking	Prior to term age
• Postural adjustments	4 to 10 months
• Reaching	6 to 10 months
• Fine manipulation	12 to 18 months
• Heel-strike during locomotion	12 to 18 months

QUALITY OF SPONTANEOUS MOTOR BEHAVIOUR PRINCIPLES OF NGST (Neuronal Group Selection Theory, Edelman) TYPICAL MOTOR DEVELOPMENT: primary variability: presence of rich repertoire, variations not adapted to specifics of condition

 secondary variability: best strategy can be selected from varied repertoire → adaptation

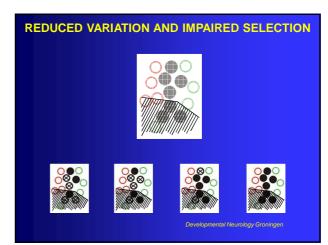




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MOTOR DEVELOPMENT IN CASE OF EARLY LESION OF THE BRAIN

Best motor solutions may differ from those of typically developing child



MOTOR DEVELOPMENT IN CASE OF EARLY LESION OF THE BRAIN

- Reduced motor repertoire
- Best motor solutions may differ from those of typically developing child
- Dysfunctional processing of sensory information
 impaired selection
 need of increased amounts of 'trial-and error' experiences

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