

## HISTORY/PHYSICAL EXAMINATION WORKSHEET

Date / time of exam: \_\_\_\_\_ Infant's age in hours at time of exam: \_\_\_\_\_ Day of Life: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Gestational age: \_\_\_\_\_ Gender: ☐ male ☐ female ☐ ambiguous (undetermined)

Weight (gms) \_\_\_\_\_ %tile \_\_\_\_\_ Length (cm) \_\_\_\_\_ %tile \_\_\_\_\_ Head circumference (cm) \_\_\_\_\_ %tile \_\_\_\_\_ Ponderal Index %tile: \_\_\_\_\_

Assessment of size: ☐ AGA ☐ LGA ☐ SGA If SGA: ☐ symmetrical ☐ asymmetrical (describe if asymmetrical; include potential causes) \_\_\_\_\_

The following information was obtained from (check all that apply): ☐ medical record ☐ infant's mother ☐ infant's father ☐ other \_\_\_\_\_

### MATERNAL HISTORY

Age \_\_\_\_\_ Gravida \_\_\_\_\_ Para \_\_\_\_\_ Full term \_\_\_\_\_ Preterm (include gestations/year) \_\_\_\_\_ Abortions\* \_\_\_\_\_ Live birth \_\_\_\_\_

\*Describe: spontaneous AB(s) at what week(s) and year(s), therapeutic AB(s), what year(s): \_\_\_\_\_

Year of birth for each pregnancy. If living, current health status. If died, age at death and cause if known: \_\_\_\_\_

Last menstrual period (LMP) \_\_\_\_\_ EDC (by dates/ultrasound / describe): \_\_\_\_\_

Week of gestation prenatal care begun: \_\_\_\_\_ No. of prenatal visits \_\_\_\_\_

Pre-pregnancy weight \_\_\_\_\_ Height \_\_\_\_\_ BMI (based on pre-pregnancy weight; indicate if BMI normal, under or overweight) \_\_\_\_\_

Weight gain \_\_\_\_\_ Maternal blood type \_\_\_\_\_ Antibody screen \_\_\_\_\_ Indirect coombs \_\_\_\_\_ Rhogam? (when) \_\_\_\_\_

RPR \_\_\_\_\_ Rubella \_\_\_\_\_ Hepatitis B \_\_\_\_\_ VDRL \_\_\_\_\_ HIV \_\_\_\_\_ Group B strep (at ? week of pregnancy) \_\_\_\_\_

Amniocentesis (include findings) \_\_\_\_\_ Ultrasound (wk(s) of gestation / findings) \_\_\_\_\_

### MEDICATIONS and vitamins. List all medications taken during pregnancy and reason when applicable

☐ Prenatal vitamins ☐ Antibiotics (wk gestation; reason; if perinatal, then no. doses & time PTD) \_\_\_\_\_

☐ Other including over-the-counter and herbal (list all & reason): \_\_\_\_\_

☐ Alcohol use during pregnancy (wks gestation) \_\_\_\_\_ ☐ Tobacco use \_\_\_\_\_

☐ Substances of abuse (provide detail; treated with methadone?) \_\_\_\_\_

☐ Steroids (no. of doses & time PTD): \_\_\_\_\_ ☐ Tocolytics \_\_\_\_\_

### PREVIOUS AND CURRENT HEALTH STATUS

Maternal chronic illness(es) ☐ No ☐ Yes (describe): \_\_\_\_\_

Family medical history: \_\_\_\_\_

Previous pregnancy health and complications ☐ Healthy, uncomplicated ☐ Complicated by: \_\_\_\_\_

Current pregnancy ☐ Healthy, uncomplicated ☐ Pregnancy-related complications (weeks gestation when hospitalized, complications): \_\_\_\_\_

Accident(s) during pregnancy (describe injuries; week of gestation) ☐ None ☐ Fall \_\_\_\_\_ ☐ Car \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Domestic abuse previous or during pregnancy \_\_\_\_\_

Any other pertinent information \_\_\_\_\_

## HISTORY/PHYSICAL EXAMINATION WORKSHEET

### LABOR AND DELIVERY HISTORY

**Onset of labor** (date/time): \_\_\_\_\_ Labor augmented ☐ No ☐ Yes (reason) \_\_\_\_\_

**Rupture of membranes** ☐ Before onset of labor ☐ After onset of labor ☐ SROM (date/time) \_\_\_\_\_ ☐ AROM (date/time) \_\_\_\_\_

Duration ROM (minutes/hours prior to delivery) \_\_\_\_\_

**Amniotic Fluid** ☐ Clear ☐ Bloody ☐ Meconium ☐ Foul smelling ☐ Other: \_\_\_\_\_

**Volume of Amniotic fluid** ☐ Normal ☐ Oligohydramnios ☐ Polyhydramnios \_\_\_\_\_

☐ Maximum temperature during labor (° C) \_\_\_\_\_

**Fetal monitoring** ☐ External ☐ Scalp electrode ☐ Both **FHR pattern** ☐ Normal ☐ Abnormal (describe) \_\_\_\_\_

☐ Medications during labor (not already described) \_\_\_\_\_

Anesthesia during labor ☐ None ☐ Epidural ☐ Spinal ☐ General

**Delivery** ☐ Vaginal ☐ Vaginal following cesarean (V-back) ☐ Cesarean (reason) \_\_\_\_\_

☐ Vacuum assist Number of applications \_\_\_\_\_ Number of pop-offs \_\_\_\_\_

☐ Forceps assist ☐ Delivery complications (describe any sequential use of vacuum and forceps) \_\_\_\_\_

☐ Cord gases (time): \_\_\_\_\_ Arterial: \_\_\_\_\_ Venous: \_\_\_\_\_

**APGAR SCORES** (include deductions in score as -1 resp, -1 tone, etc.)

1 min \_\_\_\_\_

5 min \_\_\_\_\_ 10 min \_\_\_\_\_

15 min \_\_\_\_\_ 20 min \_\_\_\_\_

**RESUSCITATION** (check all that apply)

☐ Drying \_\_\_\_\_ ☐ Suctioning mouth/throat ☐ Blow by O<sub>2</sub> ☐ Mask CPAP \_\_\_\_\_ ☐ PPV with mask ☐ PPV with T-piece ☐ Endotracheal intubation

☐ Suctioned below cords ☐ PPV with ET tube ☐ Chest compressions (duration) \_\_\_\_\_ ☐ UVC (TIP location in cm): \_\_\_\_\_

☐ Medications (dose/route): \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HISTORY/PHYSICAL EXAMINATION WORKSHEET

### INFANT EXAM

**General observation** (at time of your exam) ☐ In warmer ☐ In incubator ☐ In crib

**Infant state:** ☐ Sleeping ☐ Awake ☐ Comfortable ☐ Crying

**Sedatives and/or pain meds given within the previous 4 hours of exam:** (include type and dose): \_\_\_\_\_

**HEAD:** By visual inspection, palpation **Necessary tools:** ophthalmoscope, otoscope, stethoscope, transilluminator, tongue blade

#### Skull

☐ normocephalic ☐ microcephalic ☐ macrocephalic ☐ hydrocephalic ☐ anencephalic **Transillumination skull** ☐ negative ☐ positive

**Shape and appearance of skull** (describe any abnormalities)

☐ molding ☐ caput ☐ cephalohematoma (R/L, bilat) \_\_\_\_\_ ☐ subgaleal hemorrhage (fluid wave?) \_\_\_\_\_

☐ injury (vacuum mark, forceps mark, laceration, scalp electrode, bruising etc.) \_\_\_\_\_

☐ vacuum mark: Distance leading edge of mark to anterior fontanel (cm): \_\_\_\_\_ Is cup mark centered more than 1 cm lateral to sagittal suture? ☐ No ☐ Yes (in cm) \_\_\_\_\_

☐ craniotabes ☐ cutis aplasia (location): \_\_\_\_\_ ☐ encephalocele (location, open, closed, size): \_\_\_\_\_ ☐ no abnormalities found

#### Sutures

☐ normal mobility ☐ approximated ☐ separated (mm) \_\_\_\_\_ ☐ overriding ☐ no abnormalities found

**Craniosynostosis:** ☐ scaphocephaly (sagittal suture) ☐ plagiocephaly (unilateral coronal) ☐ brachycephaly (bilateral coronal/flat back of head secondary to coronal suture synostosis)

☐ trigonicephaly (metopic)

**Positional skull deformity** (no craniosynostosis present) ☐ plagiocephaly (flat back, top, or side of head) ☐ dolichocephaly (increased AP diameter / shorter bi-temporal diameter)

#### Fontanels

Anterior ☐ (measure diagonally "x cm by x cm") \_\_\_\_\_ ☐ soft ☐ flat ☐ sunken ☐ full ☐ tense \_\_\_\_\_

Posterior ☐ size fingertip or smaller ☐ size larger than fingertip ☐ third fontanel present

Auscultate skull, temporal area, fontanel: ☐ no bruit ☐ bruit present \_\_\_\_\_

#### Hair

☐ normal pattern ☐ normal quantity ☐ color uniform ☐ abnormal pattern ☐ single whorl that is located to right or left of midline and within 2 cm anterior to posterior fontanel ☐ > 2 whorls ☐ Abnormally placed or absent whorl: ☐ hirsutism (hair well down the forehead; increased amount; evaluate ethnicity) ☐ fused eyebrows

☐ abnormally long lashes ☐ low posterior hairline ☐ bald patches ☐ color non-uniform / patchy ☐ white forelock \_\_\_\_\_

☐ abnormal texture (brittle or kinky / note location – scalp, eyebrows, eyelashes): \_\_\_\_\_

☐ abnormal texture (brittle or kinky / note location – scalp, eyebrows, eyelashes): \_\_\_\_\_

#### Eyes

Outer canthal distance (cm) \_\_\_\_\_ Inner canthal distance (cm) \_\_\_\_\_ Palpebral fissure length (cm) \_\_\_\_\_

Note: if hypo or hypertelorism or microphthalmia checked below, investigate norms for this gestational age infant: \_\_\_\_\_

☐ equal size ☐ unequal size \_\_\_\_\_ ☐ epicanthal folds ☐ hypotelorism ☐ hypertelorism ☐ microphthalmia

☐ upward palpebral slant ☐ downward palpebral slant ☐ fused eyelids ☐ ptosis ☐ proptosis (exophthalmos/bulging eyes) ☐ nystagmus

☐ sunset eyes ☐ strabismus ☐ bruising ☐ edema ☐ coloboma lid ☐ coloboma iris ☐ discharge (color, amount, location) \_\_\_\_\_

**Sclera:** ☐ white ☐ clear, no hemorrhage ☐ jaundiced ☐ deep blue ☐ conjunctival/subconjunctival hemorrhage

**Pupils:** ☐ dilated ☐ constricted ☐ equal size ☐ unequal size ☐ reactive to light ☐ unequal reaction to light \_\_\_\_\_

☐ red reflex seen ☐ leukocoria (white pupil) ☐ opacity of lens or cornea \_\_\_\_\_ ☐ cataract – location: \_\_\_\_\_

☐ Brushfield spots ☐ other \_\_\_\_\_

## HISTORY/PHYSICAL EXAMINATION WORKSHEET

### Face

☐ flat facial profile ☐ broad ☐ narrow ☐ wide forehead ☐ narrow forehead ☐ frontal bossing ☐ asymmetrical face ☐ Potter facies ☐ normal appearance of face

### Mouth

☐ excessive oral secretions ☐ pink mucous membranes ☐ cyanotic mucous membranes ☐ circumoral cyanosis ☐ microstomia ☐ macrostomia  
☐ long philtrum ☐ smooth philtrum ☐ thin upper lip ☐ mouth (not lip) cleft ☐ cleft lip unilateral ☐ cleft lip bilateral ☐ soft cleft palate ☐ hard cleft palate  
☐ high arched palate ☐ oral thrush ☐ epstein pearls  
☐ palpable or visual masses in mouth (appearance, location) \_\_\_\_\_ ☐ sublingual mucous cysts (describe): \_\_\_\_\_  
☐ bifid uvula ☐ neonatal teeth (location) \_\_\_\_\_ ☐ short frenulum ☐ tongue fasciculation ☐ macroglossia  
☐ normal appearance of mouth, lips, palate, philtrum, tongue

### Chin

☐ micrognathia ☐ normal appearance and size Other: \_\_\_\_\_

### Facial Reflexes and Cry

☐ global facial paralysis ☐ unilateral facial paralysis \_\_\_\_\_ ☐ root absent ☐ root present ☐ gag absent ☐ gag present ☐ cannot assess gag  
☐ poor / weak suck ☐ good suck ☐ unable to assess suck ☐ intubated, unable to assess cry ☐ high pitched cry ☐ hoarse cry ☐ stridor when crying  
☐ cat-like ☐ strong cry, normal tone, symmetric facial movement

### Ears

☐ canals patent ☐ absent ear (R, L) \_\_\_\_\_ ☐ low set ☐ posteriorly rotated ☐ abnormal shape (describe) \_\_\_\_\_  
☐ tag(s) (R, L) \_\_\_\_\_ ☐ pit(s) ☐ preauricular sinus ☐ increased amount of ear hair  
☐ normal appearance of ears ☐ hearing: startles, cries or alerts to sounds ☐ unable to determine hearing status \_\_\_\_\_

### Nose

☐ nasal flaring ☐ patent bilaterally ☐ not patent (R, L) \_\_\_\_\_ ☐ midline ☐ deviated ☐ runny / drainage  
☐ flat nasal bridge ☐ broad nasal bridge ☐ abnormally pointed or beak-shaped ☐ abnormally broad nose ☐ abnormal shape / absent \_\_\_\_\_

### NECK

☐ masses ☐ cystic hygroma \_\_\_\_\_ ☐ goiter ☐ webbing ☐ redundant skin at base of neck ☐ short neck  
☐ limited range of motion ☐ torticollis ☐ normal appearance and mobility ☐ other \_\_\_\_\_

### CHEST / LUNGS / HEART

**Clavicles:** ☐ intact ☐ fractured (R, L) \_\_\_\_\_ ☐ crepitus ☐ swelling ☐ tender ☐ cleidocranial dysostosis (complete or partial absence of the clavicles)

**Chest shape:** ☐ bell-shaped ☐ AP diameter (barrel) \_\_\_\_\_ ☐ pectus excavatum ☐ pectus carinatum ☐ short rib cage ☐ asymmetric ☐ normal appearance

**Nipples:** ☐ wide spaced ☐ secretion (R, L both) \_\_\_\_\_ ☐ mastitis (R, L) \_\_\_\_\_ ☐ supernumerary \_\_\_\_\_ ☐ gynecomastia ☐ normal appearance/location

**Respiratory status:** ☐ rate \_\_\_\_\_ ☐ shallow ☐ labored ☐ retractions (location, severity) \_\_\_\_\_ ☐ hiccups ☐ seesaw

☐ breath sounds (grunting, wheezing, crackles, decreased, discrepancy R/L side, bowel sounds, etc.) \_\_\_\_\_

☐ easy effort ☐ normal rate ☐ clear breath sounds bilaterally with good air entry ☐ no apparent respiratory distress

**Heart:** ☐ tachycardia (sustained HR > 180 bpm) ☐ arrhythmia (describe) \_\_\_\_\_

☐ quiet precordium ☐ hyperactive precordium ☐ PMI location: \_\_\_\_\_ ☐ describe heart sounds (normal S1 and S2, splitting of S2, loud second heart sound, click, gallop, irregular beat): \_\_\_\_\_ ☐ Murmur (grade, locations, quality, timing, thrill): \_\_\_\_\_

## HISTORY/PHYSICAL EXAMINATION WORKSHEET

### PULSES / PERFUSION / COLOR

- ☐ strength brachial \_\_\_\_\_ ☐ strength femoral \_\_\_\_\_ ☐ equal upper and lower ☐ R = L arm ☐ R > L arm ☐ L > R arm ☐ upper > lower
- ☐ pedal palpable ☐ palmar pulses palpable
- ☐ cap. refill time (upper chest) \_\_\_\_\_ ☐ cap. refill time (over knee) \_\_\_\_\_ ☐ mottling ☐ color discrepancy upper to lower \_\_\_\_\_
- O<sub>2</sub> sat** (record location & sat. Do not measure all areas unless monitors are already on) Pre and post ductal saturation monitoring in progress ☐ No ☐ Yes
- ☐ right hand % \_\_\_\_\_ ☐ left hand % \_\_\_\_\_ ☐ foot % \_\_\_\_\_ ☐ discrepancy upper to lower (describe findings): \_\_\_\_\_

### Color

- ☐ acrocyanosis ☐ circumoral cyanosis ☐ central cyanosis ☐ pale ☐ pink ☐ plethoric ☐ other \_\_\_\_\_

### ABDOMEN

- ☐ soft ☐ nontender ☐ active (normal) bowel sounds ☐ tender ☐ decreased or absent bowel sounds ☐ deferred exam because of tenderness, prematurity, or recent abdominal surgery (check all that apply based on visual inspection) ☐ full ☐ tense ☐ scaphoid ☐ visible bowel loops
- ☐ erythema/cellulitis of abdominal wall \_\_\_\_\_ ☐ omphalitis \_\_\_\_\_ ☐ cord (moist, drying, dry, detached, drainage) \_\_\_\_\_
- ☐ # umbilical arteries \_\_\_\_\_ ☐ umbilical hernia ☐ omphalocele ☐ gastroschisis (bowel visible? in bag? wrapped? If wrapped, describe dressing) \_\_\_\_\_
- \_\_\_\_\_ ☐ decreased tone (prune belly) ☐ ostomy (describe location, bag or dressed, mucous fistula): \_\_\_\_\_
- ☐ exstrophy of bladder Other: \_\_\_\_\_
- Liver:** ☐ right side ☐ left side ☐ midline Liver size (below RCM): \_\_\_\_\_ ☐ palpable spleen
- Kidneys:** ☐ deferred because of tender abdomen or preterm < 32 weeks ☐ normal size R and L ☐ unable to palpate either ☐ kidney(s) enlarged: \_\_\_\_\_

### SKIN

- ☐ jaundice (location) \_\_\_\_\_ ☐ erythema toxicum ☐ milia ☐ diaper rash ☐ cutis marmorata
- ☐ harlequin color ☐ sebaceous gland hyperplasia ☐ miliaria (types: crystallina, rubra, pustulosa, profunda) \_\_\_\_\_
- ☐ sebaceous nevus (size, location) \_\_\_\_\_ ☐ strawberry hemangioma (size, location) \_\_\_\_\_
- ☐ cavernous hemangioma ☐ mongolian spots ☐ neonatal pustular melanosis ☐ pigmented nevi ☐ café au lait patches (no., location) \_\_\_\_\_
- ☐ tuberous sclerosis (hypo-pigmented white macules; no.) \_\_\_\_\_ ☐ injury (bruises, scrapes not yet described) \_\_\_\_\_
- ☐ petechiae (location) \_\_\_\_\_ ☐ sucking blisters (location) \_\_\_\_\_ ☐ subcutaneous fat necrosis ☐ nevus simplex (stork bite)
- ☐ nevus flammeus (port wine nevus) \_\_\_\_\_ ☐ pustules ☐ staph scaled skin syndrome

### GENITALIA / ANUS

- ☐ male ☐ female ☐ ambiguous \_\_\_\_\_ ☐ no abnormalities noted
- Inguinal hernia present ☐ Yes ☐ No Able to reduce hernia ☐ Yes ☐ No ☐ Not attempted (reason) \_\_\_\_\_
- ☐ hydrocele ☐ testicular torsion ☐ location of testes (cryptorchidism, descending, undescended): \_\_\_\_\_
- ☐ normally placed anus ☐ anteriorly placed anus ☐ imperforate anus Appearance of bottom: \_\_\_\_\_ ☐ evidence of fistula: \_\_\_\_\_
- Penis** ☐ circumcised (yes, no) ☐ hypospadias ☐ epispadias ☐ micropenis ☐ chordee ☐ priapism
- Female genitalia** ☐ pseudomenses ☐ clitoromegaly ☐ hydrometrocolpos ☐ other: \_\_\_\_\_

## HISTORY/PHYSICAL EXAMINATION WORKSHEET

### BONES / EXTREMITIES

- ☐ good muscle tone for age   ☐ equal movement of legs   ☐ equal movement of arms   ☐ normal ROM upper/lower   ☐ limited ROM \_\_\_\_\_  
☐ breech positioning   Perform Ortolani and Barlow maneuvers:   ☐ hip dislocation R   ☐ hip dislocation L   ☐ no hip dislocation   ☐ other \_\_\_\_\_  
☐ evidence of muscle wasting   ☐ poor muscle tone for age   ☐ short limbs   ☐ constrictive bands   ☐ length deformity   ☐ achondroplasia   ☐ caudal regression syndrome   ☐ evidence of brachial plexus palsy \_\_\_\_\_  
☐ evidence of fracture(s) \_\_\_\_\_  
☐ contractures \_\_\_\_\_

### Hands/Arms

- ☐ normal appearance of hands and arms   ☐ radial dysplasia   ☐ simian crease   ☐ short fingers   ☐ incurved little finger   ☐ low-set thumb   ☐ accessory digit  
☐ syndactyly \_\_\_\_\_   ☐ polydactyly \_\_\_\_\_   ☐ hypoplastic nails   ☐ long tapered fingers   ☐ index finger overlapping third finger   ☐ lymphedema

### Feet/Legs

- ☐ talipes equinovarus \_\_\_\_\_   ☐ equinovalgus \_\_\_\_\_   ☐ accessory digit \_\_\_\_\_  
☐ syndactyly   ☐ polydactyly \_\_\_\_\_  
☐ wide spaced great to second toe   ☐ congenital absence of tibia or fibula \_\_\_\_\_  
☐ normal appearance of feet and legs   ☐ other \_\_\_\_\_

### BACK / NEUROLOGIC

#### Spine

- ☐ myelomeningocele \_\_\_\_\_   ☐ sacral dimple   ☐ sacral sinus   ☐ sacral pit   ☐ tuft of hair lower lumbar area  
☐ lipoma (location) \_\_\_\_\_   ☐ scoliosis \_\_\_\_\_   ☐ spine straight   ☐ other \_\_\_\_\_  
☐ no abnormalities noted (from base of skull to coccyx – spine straight, no pits, skin disruption, masses)

### Level of Consciousness / Tone / Reflexes

- ☐ Infant paralyzed (unable to assess tone, reflexes, level of consciousness)   ☐ infant recently sedated or given analgesic

**Level of Consciousness**   ☐ normal   ☐ lethargic   ☐ responds to painful / noxious stimuli (withdraws, grimaces)   ☐ unresponsive to any stimuli

**Tone**   ☐ generalized weakness, tone   ☐ flaccid weakness of extremities, normal facial tone   ☐ upper limb weakness, normal lower limb tone

- ☐ hypertonia   ☐ jittery   ☐ opisthotonus posturing   ☐ seizures (describe) \_\_\_\_\_

- ☐ right ankle clonus (no. of beats) \_\_\_\_\_   ☐ left ankle clonus (no. of beats) \_\_\_\_\_

- ☐ normal tone overall for gestational age (active, alert, good tone, moderate flexion, symmetric strength and movement)

**Strength: Pull-to-sit** (evaluate with stable term infant only):   ☐ poor upper girdle tone   ☐ normal upper girdle tone

- |                     |  |  |  |
|---------------------|--|--|--|
| <b>Root</b>         | <input type="checkbox"/> present <input type="checkbox"/> absent | <b>Suck</b>  | <input type="checkbox"/> present <input type="checkbox"/> absent |
| <b>Palmar Grasp</b> | <input type="checkbox"/> present <input type="checkbox"/> absent | <b>Babinski</b>  | <input type="checkbox"/> present <input type="checkbox"/> absent |
| <b>Tonic Neck</b>   | <input type="checkbox"/> present <input type="checkbox"/> absent |  |  |
| <b>Moro</b>         | <input type="checkbox"/> present <input type="checkbox"/> absent | <input type="checkbox"/> limited or asymmetric <input type="checkbox"/> deferred |  |
| <b>Galant</b>       | <input type="checkbox"/> present <input type="checkbox"/> absent | <input type="checkbox"/> deferred  |  |
| <b>Stepping</b>     | <input type="checkbox"/> present <input type="checkbox"/> absent | <input type="checkbox"/> deferred  |  |

### Deep Tendon Reflexes (DTRs)

- Knee (patellar)   ☐ absent   ☐ exaggerated   ☐ normal   ☐ unable to obtain  
 Biceps   ☐ absent   ☐ normal   ☐ unable to obtain

Reflex	Onset (weeks gestation)	Well Established (weeks gestation)	Disappears (in months)
Root	30	34 to 36	3 to 4
Suck	30	34 to 36	12
Palmar Grasp	28 to 32	32	6
Moro	28 to 32	37	6
Truncal incurvation (Galant)	28	40	3 to 4
Stepping	34 to 36	38	3 to 4
Babinski	34 to 36	38	12
Tonic Neck (fencing position)	35	1 month	6 to 7