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Alberta Infant Motor Scale (AIMS)

Availability:	**This instrument is available in the public domain. For more information about the instrument contact Dr. Johanna Darrah at: johanna.darrah@ualberta.ca.**
Classification:	**Supplemental – Highly Recommended:** Cerebral Palsy (CP) **Supplemental:** Congenital Muscular Dystrophy (CMD) **Exploratory:** Mitochondrial Disease (Mito)
Short Description of Instrument:	**Construct measured:** Infant Gross Motor Development **Generic vs. disease specific:** Generic. **Means of administration:** Examiner observation. **Intended respondent:** Administrator. **Background:** The Alberta Infant Motor Scale (AIMS) was developed to assess infant motor development primarily to discriminate between infants with and without motor dysfunction and secondarily to predict which infants may have future motor delays and to evaluate infants over time. Its validated for infants aged 0 – 18 months. Motor skills examined include weight bearing, posture, and antigravity movements. A 58-item test, the AIMS is administered in four different positions: prone (21 items), supine (9 items), sitting (12 items), and standing (16 items).Each item represents a motor behavior that is commonly observed in infants who are developing typically, for example, rolling from prone to supine, sitting with arm support, and pulling to standing. The items are arranged according to the developmental sequence of motor skills in each position. An item is credited according to the following three criteria: (1) the body parts that are bearing weight; (2) the postural alignment of each body part; and (3) the antigravity movements involved in that item. In each of the four positions the least mature and most mature "observed" items are identified for the infant. The items between these 2 items represent the "window" of the movement repertoire for the infant.
Comments / Special Instructions:	The AIMS may be performed by any health professional who has a background in infant motor development and an understanding of the essential components of movement as described for each AIMS item. Evaluators must also have acquired skill in performing obesrvational assessments of movement. The AIMS is intended to be an observational assessment tool, thereby allowing the infant/toddler to demonstrate his/her skills spontaneously in the clinic or home setting. No special equipment is required.
Scoring:	**Scoring**: One point is allocated for each observed item within this window. The raw subscore of the infant comprises the points for each item below the least mature observed items in the window, plus all the observed items within the window in that position. The total score is the sum of all the subscores in the four positions. The total score can also be converted into an age-based percentile rank according to the normative data in the manual. **Adminstration Time:** 10 to 30 minutes; Equipment Needed: Book, form, pen, and observation surface.

Rationale / Justification:	**Strengths/Weaknesses**: This is a norm referenced measure, originally validated in a study from 1990-1992 involving 2200 infants/toddlers from Alberta, Canada in, the AIMS was revalidated between 2010–2012 with 650 infants/toddlers from six Canadian cities. No special equipment needed. Not validated for use before term or term equivalent. **Psychometric Properties**: It has concurrent validity for infants aged 0–13 months in Bayley Scales of Infant Development-II and Peabody Devlopment Motor Scale – Version 2. It can discriminate between normal, suspect, and abnormal development. Preterm infants have lower scores than term infants. Its sensitivity and specificity for detecting atypical motor development is better in the later ages of infants. Intrarater and interrater reliability are excellent.
References:	**Key References:** Piper MC, Darrah J. Motor Assessment of the Developing Infant. Philadelphia: W.B. Saunders; 1994. Piper MC, Pinnell LE, Darrah J, Maguire T, Byrne PJ. Construction and validation of the Alberta Infant Motor Scale (AIMS). Can J Pub Health. 1992;83 Suppl 2:S46–S50. Pin TW, Darrer T, Eldridge B, Galea MP. Motor development from 4 to 8 months corrected age in infants born at or less than 29 weeks' gestation. Dev Med Child Neurol. 2009;51(9):739–745. Pin TW, de Valle K, Eldridge B, Galea MP. Clinimetric properties of the alberta infant motor scale in infants born preterm. Pediatr Phys Ther. 2010;22(3):278–286. **Additional References:** Bartlett DJ, Fanning JE. Use of the Alberta Infant Motor Scale to characterize the motor development of infants born preterm at eight months corrected age. Phys Occup Ther Pediatr. 2003;23(4):31–45. Spittle AJ, Doyle LW, Boyd RN. A systematic review of the clinimetric properties of neuromotor assessments for preterm infants during the first year of life. Dev Med Child Neurol. 2008;50(4):254–266. van Haastert IC, de Vries LS, Helders PJ, Jongmans MJ. Early gross motor development of preterm infants according to the Alberta Infant Motor Scale. J Pediatr. 2006;149(5):617–622.