

# Alberta Infant Motor Scale (AIMS)

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Constructed to measure the motor development of infants aged \_\_\_ to \_\_\_ months.

Only valid in the identification of delays \_\_\_\_\_ of testing; the long-term predictive validity of the AIMS in identifying future delays is still unknown

Constructed by Piper and associates to measure gross motor maturation in infants from birth through independent walking.

## Objectives of the AIMS

1. To identify infants whose motor performance is delayed or aberrant relative to a \_\_\_\_\_ group.
2. To provide information to the clinician and parent (s) about the motor activities the infant has \_\_\_\_\_, those \_\_\_\_\_, and those not in the infant's repertoire.
3. To measure motor performance over time or before and after \_\_\_\_\_.
4. To measure changes in motor performance that are quite small and thus not likely to be detected using more traditional motor measures.
5. To act as an appropriate research tool to assess the efficacy of \_\_\_\_\_ for infants with motor disorders.

## Appropriate Use of the AIMS

Can be used for the identification of motor delays in all infants, 18 months or younger.

Can be used for evaluation of motor development over time in all infants, 18 months or younger, except those with \_\_\_\_\_ patterns of movement.

The focus of the assessment is on the evaluation of the sequential development of \_\_\_\_\_ control relative to four postural positions: supine, prone, sitting, and standing.

## **AIMS**

Intentionally designed as an observational assessment tool, thereby requiring \_\_\_\_\_ handling of an infant by the examiner.

## **Evaluators**

The AIMS may be performed by \_\_\_\_\_ professional who has a background in infant motor development and an understanding of the essential components of movement as described for each AIMS item.

## **Time Requirements**

\_\_\_\_\_ is required to complete the entire assessment.

If unable to complete the assessment in one session, the remaining items may be readministered at any time up to \_\_\_\_\_ after the original assessment.

## **Materials Needed**

Examining table for younger infants; (0 to 4 months)

Mat or carpeted area for older infants; the mat should be \_\_\_\_\_ enough that it does not impede the infant's ability to move

\_\_\_\_\_ appropriate for ages 0 to 18 months

A stable wooden bench or chair to observe some of the pull to stand, standing, and cruising items in the standing subscale.

AIMS score sheet and graph

## **Setting**

The assessment may be done in a clinic or \_\_\_\_\_.

A warm, quiet room is desirable.

Examination should be conducted on an examining table for the young infant and on a mat or carpeted areas after 4 months of age.

## **Infant's State**

Whenever possible, the infant should be \_\_\_\_\_ for the assessment.

An infant who is anxious about removing clothes may be assessed wearing a diaper and shirt.

The infant should be awake, active, and content during the assessment.

## **Parent Involvement**

The \_\_\_\_\_ should be present during the assessment and should undress the infant.

If the infant is anxious, the parent may comfort and position the infant.

## **Prompting**

Certain items require positioning or physical prompting; these items are clearly specified in their descriptions.

Otherwise, \_\_\_\_\_ should be minimized.

Visual and auditory prompts may be used as required.

Toys may be employed to encourage or motivate the infant to move and explore the environment.

The examiner may interact and play with the infant to encourage a response, but \_\_\_\_\_ of a movement should be avoided.

## Sequencing of the Assessment

Examiner discretion and \_\_\_\_\_ are used to determine the starting point on the scale for each infant.

Although the infant must be assessed in each of the four positions, the assessment does not have to follow any particular \_\_\_\_\_.

One item set does not have to be completed before observing the infant in another position.

Items from the four subscales are observed as the infant moves naturally in and out of the four positions.

## Test Type

The AIMS is criterion-referenced with normed \_\_\_\_\_ ranks to allow for the determination of where an individual stands on the ability or trait being measure compared with those in the reference group.

## Content

Test includes 58 items organized into four positions. The distribution of these items is as follows: 21 prone, 9 supine, 12 sitting, and 16 standing.

Each item describes three aspects of motor performance-\_\_\_\_\_, posture, and \_\_\_\_\_ movements.

## Scoring

1. Identify the least mature "observed" item in each position.
2. Identify the most mature "observed" item in each position.

The items between these two items are considered to be the infant's

\_\_\_\_\_.

3. Score each item in the "window" as either "observed" or "not observed".
4. Credit 1 point to each item below the least mature "observed" item.
5. Credit 1 point to each item observed within the infant's "window".
6. Sum the points to obtain a \_\_\_\_\_ score.
7. Sum the four positional scores to compute a total AIMS score.

## **Reliability and Validity**

The original sample consisted of 506 (285 males, 221 females) normal infants, \_\_\_\_\_ from birth through 18 months.

Interrater reliability of 0.99 and a test-retest reliability of 0.99

Correlation coefficients reflecting concurrent validity with the Bayley and Peabody scales were determined to be  $r = .98$  and  $r = .97$ , respectively.