# Alberta Infant Motor Scale (AIMS)

## **Alberta Infant Motor Scale (AIMS)**

	onstructed to measure the motor development of infants agedto onths.	
lo	only valid in the identification of delaysof testing; the ong-term predictive validity of the AIMS in identifying future delays is ill unknown	
	onstructed by Piper and associates to measure gross motor maturation in fants from birth through independent walking.	
Objectives of the AIMS		
	To identify infants whose motor performance is delayed or aberrant elative to agroup.	
ac	To provide information to the clinician and parent (s) about the motor ctivities the infant has, those, and those not in the infant's repertoire.	
	To measure motor performance over time or before and after	
	To measure changes in motor performance that are quite small and thus of likely to be detected using more traditional motor measures.	
5.	To act as an appropriate research tool to assess the efficacy offor 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 withpatterns of movement.
The focus of the assessment is on the evaluation of the sequential development ofcontrol relative to four postural positions: supine, prone, sitting, and standing.
AIMS
Intentionally designed as an observational assessment tool, thereby requiringhandling of an infant by the examiner.
Evaluators
The AIMS may be performed byprofessional 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 toafter the original assessment.
Materials Needed
Examining table for younger infants; (0 to 4 months)
Mat or carpeted area for older infants; the mat should beenough 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.	
Inf	ant's State	
	Whenever possible, the infant should befor 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		
	Theshould be present during the assessment and should undress the infant.	

### **Prompting**

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

Otherwise, should be minimized.

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

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.

	response, butof a movement should be avoided.	
Sec	quencing of the Assessment	
	Examiner discretion andare 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 normedranks 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, andmovements.	
Sco	oring	
	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.