

the school years toolkit

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Common and acceptable variations in typical development

Common variations in speech

There is a range of normal variation in how children say words.

The following areas are often a cause for concern to parents, carers and teachers but are all normal variations that do not require speech and language therapy assessment.

- Lipping in children aged under seven years. This is when children are observed to use a forward movement of the tongue and instead of "s" a "th" is heard.

This is a normal variation and usually disappears as children mature and develop. If this habit persists beyond the age of seven and is causing difficulties with intelligibility or teasing, then consider contacting CYPIT for advice. Please note that lost teeth or braces may impact on the pronunciation of certain sounds e.g. s and th.

- "w" substitution for "r". This is part of normal development and may persist up until the age of seven, although most children will have acquired the "r" sound by the age of five.
- Omitting "t" in the middle and at the end of words. This is a commonplace speech habit and, in the absence of any other difficulties, is not indicative of a speech problem requiring advice from CYPIT.
- "f" substitution for "th" in words like "thing" and "v" substitution for "th" in words like "that". This is another commonplace speech habit which in the absence of any other difficulties does not require advice from CYPIT.



Common variations in children using their right and left hands for different tasks

Children tend to show a hand preference from about the age of four or five when they start attempting more fine motor tasks. Children establish a definite hand dominance at approximately age seven to eight. It can be common for some children to use one hand for writing but then choose to use the other hand for different fine motor tasks.

Quite often children who write with their left hand find it easier when cutting to hold the scissors in their right hand and the paper in the left hand. This allows the action hand (left) to move the paper whilst the scissors tend to remain fairly stationary only needing to open/close.

Section 3 : 2 the **early years** toolkit

Common variations in dressing skills

Some children can take longer to learn dressing skills due to lack of opportunity.

Parents sometimes find it easier and quicker to dress their child in the morning if they are short of time but this may mean that the child does not get the practice they need to learn to dress themselves.

Common variations in gait (walking patterns)

There is a wide range of normal variation in children's walking patterns. The following areas are often a cause for concern to parents and carers but are all normal variations that do not require physiotherapy assessment.

- **Flat feet:** All children are born with flat feet; the medial arch of the foot develops gradually over the first 10 years of life. 20 per cent of six year olds still have flat feet with no evidence of a medial arch. There is no evidence that insoles will help an arch to develop in the foot, however they may be useful if a child is experiencing foot and ankle pain associated with walking.
- **In-toeing:** This is where the knee and foot turn inwards in standing. This is common in children, girls more than boys. Often children who in-toe sit in a W position to play. Up to the age of seven or eight you can expect gradual improvement and many will resolve completely without requiring treatment. Physiotherapy assessment is not required unless the child is having difficulty with walking or running. The child should be encouraged to sit cross legged and not in a W and to participate in sports. You should not ask the child to try and correct their walking pattern as this can be counterproductive.
- **Bow legs:** This is when there is a larger gap between the knees than the ankles in standing. This usually corrects naturally by the age of three with no long-term consequences. Assessment by a physiotherapist is required if one leg only appears bowed and one leg is straight or if the gap is very large (greater than 10cm).
- **Knock knees:** This is when there is a larger gap between the ankles than the knees in standing. It is common in children aged three to eight. This usually improves over time without treatment. Assessment is required by a physiotherapist if one leg appears more bent than the other or if the gap is very large (greater than 10cm). Knock knees that first become apparent in adolescence need to be assessed by a physiotherapist.
- **Curly toes:** This is common in young children and often runs in families. No treatment is required unless there is pain or skin or nail changes.
- **Toe walking:** This is where a child walks on their tip toes. There are several different reasons why this might occur and it often runs in families. If this impacts on a child or young person's ability eg frequent tripping please contact CYPIT for advice.