

Considerations for Normal Sitting

by Barbara Hypes, P. T.

What is normal sitting?

A child's normal sitting position is square on the bottom, with the pelvis—the basin-like bony structure forming the lower portion of the trunk, to which the legs are attached—vertical to the floor. To see how that feels, sit up tall in your chair and put your hands under your buttocks. If you feel the bones poking into your hands, your pelvis is vertical.

Until about age 6 months, your baby will sit with rounded back because the hip and back muscles are not strong enough to hold the baby upright.



At about 4 months, the baby will still be rounded in the back but can prop forward on the arms. With help, a 4- or 5-month-old is able to stay in the sitting position.

The child with normal motor control of the muscles and joints will sit alone, with back straight, at about 7 months.



The legs, in a ring position around the body, give a base of support for sitting. The arms are no longer needed as props, and your child can use them for play.

In normal sitting, children will fall forward or to the side; rarely do they push themselves backwards. As the back and hips get stronger, they practice sitting up and catching themselves as they fall forward. As sitting improves, they start to catch themselves as they move back and to the sides.

Until about 10 months old, your child will sit with knees bent. At about that time, the child will become able to *long sit*—with the legs straight out in front. Sit on the floor with your legs straight out in front; do you feel the leg muscles stretch? These muscles are tight until about 10 months; your child cannot sit with vertical pelvis and straight legs until the muscles stretch.

What are some ways for my child to sit independently?

Independent sitting means your child can sit without using the hands as props. Here are some of the ways your child can sit and keep the hands free for play:

Ring sitting—The legs form a ring shape. This provides a large base of support.

Long sitting—The legs are out in front with the knees straight.

Half-ring sitting—One leg is bent and one is straight.

Side sitting—Both feet are on one side.

Tailor sitting—The legs are crossed and bent at the knees.

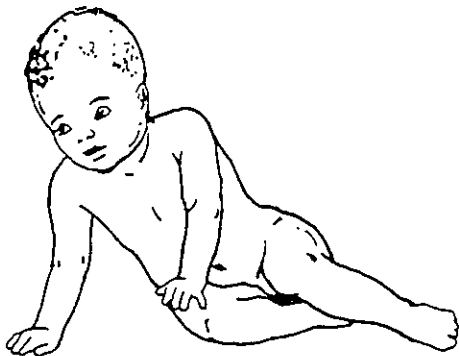
Heel sitting—The child sits on top of the feet.

“W” sitting—The child sits between the feet with the knees together.

Sitting control includes moving into and out of sitting positions. After 4 months, the child's head should not lag or hang behind when you pull the child up by the arms into a sitting

position. The child should lift the head, tuck the chin into the chest, and straighten the knees.

While reaching for a toy from a sitting position, your child may fall forward or to the side. By 7 or 8 months, your child should start to play by rocking on hands and knees. Soon the child will move from hands and knees onto one side of the bottom, and then get into sitting without help.

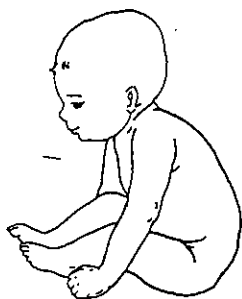


By 8 or 9 months your child should move over the legs from sitting and then up onto hands and knees. The child continues to practice moving up and over the legs to get into and out of sitting. The child also tries to get up to higher surfaces.

Should I get a professional opinion about my child's sitting?

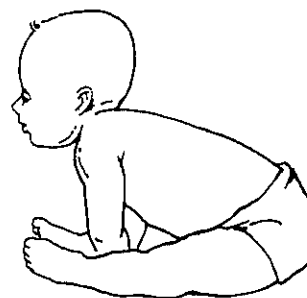
See a doctor or therapist if your child:

- Sits on the back of the pelvis. Even when the muscles are tight, your child should sit with the pelvis vertical.



- Sits with legs squeezed together.
- Sits with legs so bent at the knees that the child falls over backwards.
- Is able to W-sit but cannot use any other position.

- Sits with legs so widely apart that the child collapses forward.



- Sits with the pelvis forward on the thighs with the lower back swayed forward.
- Always keeps hands down for support after age 6 or 7 months.
- Gets stuck in the sitting position and never moves into or out of it.
- Repeatedly falls unexpectedly while sitting. May tremble and seem fearful of moving. Occasional unexpected falls are normal.

How can I work on my child's sitting at home?

First, ask your doctor or therapist about things you can do at home. Here are some suggestions.

- To get the pelvis vertical:

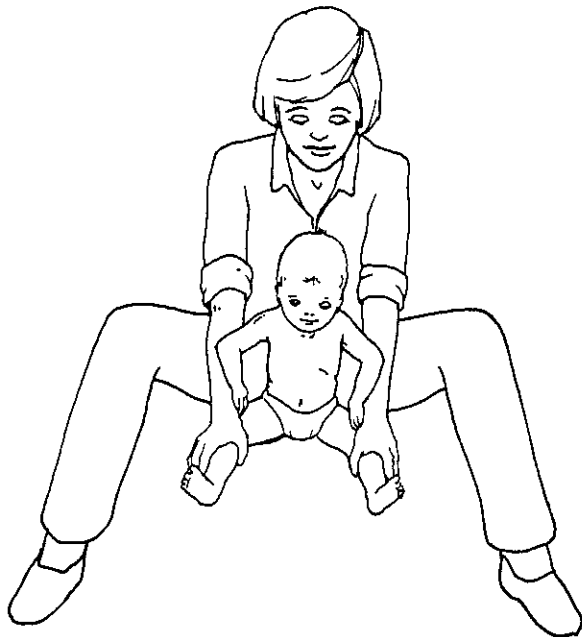
Lift the hips so that the child is sitting on the bottom.



Have the child sit on a small wedge or on the edge of a blanket to lift the hips. To keep the back straight, keep the hips higher than the knees.

- To widen the base formed by the legs, keep the pelvis vertical and:

Lightly hold the child's legs out.

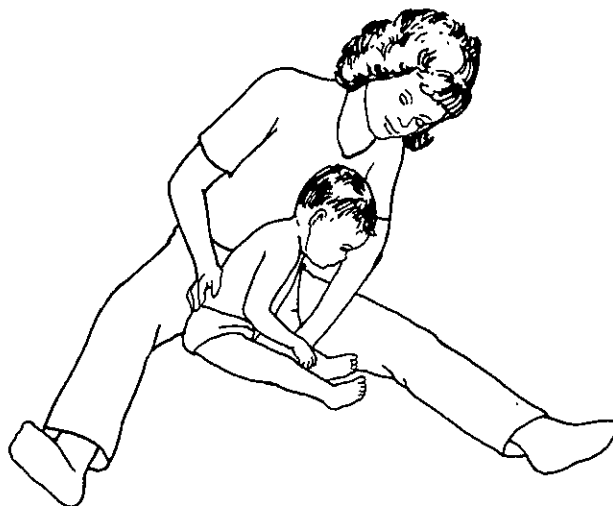


Form the child's legs in a ring.

Cross the legs into tailor sitting.

- When the child's sitting base is too wide, hold the legs together to make the base smaller.

- To straighten your child's back, support the pelvis and back with your leg or against a couch.



- To strengthen back muscles and hips, seat the child on a bench or wheelchair. Have the child reach down and then sit up.
- To free the arms for play, find sitting positions where the arms are not needed as props. The child can be propped up on the couch, supported on a bench, or fitted with adaptive equipment.
- Give your child a variety of sitting possibilities, such as on the couch, kitchen chair, bench, or bolster. Use adaptive equipment such as a bolster chair, posture chair, or wheelchair. Ask your therapist for other ideas on adaptive equipment for sitting.