Neurological & Spinal Milestone Guide (0–2 Years)

Designed for parents who want to support their baby's nervous system, postural development, and lifelong health—naturally and proactively.

Why Early Movement Shapes the Spine & Brain

The first two years of life lay the foundation for your child's spine, brain, posture, and balance. Each milestone isn't just about gross motor progress — it's the expression of a maturing nervous system. Movement drives brain development, helps integrate primitive reflexes, and forms the spinal curves essential for upright, coordinated function.

> **Spinal Curves Develop in Stages:**
>
> - **Cervical Lordosis** forms during tummy time and head lifting (~0–4 months)
> - **Lumbar Lordosis** develops during crawling and sitting (~6–10 months)
> - The thoracic and sacral curves (primary curves) are present from birth

When these curves form properly, they support lifelong balance, mobility, and neurological signaling. When disrupted (e.g., due to immobility, tension, subluxations, or retained reflexes), they can affect everything from sleep to digestion to milestone timing.

Key Milestones & Their Neuro-Spinal Significance

Age	Milestone	Chiropractic & Neurological Insight
0–3 mo	**Tummy Time** Head lifting begins	Stimulates cervical lordosis, strengthens extensor muscles, and begins integrating the Tonic Labyrinthine Reflex. Helps decompress upper cervical spine after birth strain.

4–6 mo	**Rolling** Front-to-back & back-to-front	Cross-body coordination emerges. Requires fading of the ATNR reflex to bring hands to midline. Rolling promotes thoracic spine rotation and segmental spinal motion.
6–8 mo	**Sitting Unsupported**	Triggers lumbar curve development and upright postural reflexes. Core activation begins. Watch for pelvic imbalances or spinal curvature if baby leans or slumps consistently.
7–10 mo	**Crawling on Hands & Knees**	Activates cross-pattern motion and integrates the STNR reflex. Critical for hemispheric brain development, spinal stabilization, and sacropelvic alignment. Skipping crawling can lead to retained reflexes.
9–12 mo	**Pulling to Stand / Cruising**	Pelvis and lower extremities begin bearing weight. Spinal curves are reinforced. Assess for asymmetrical leg use or foot positioning — may indicate subluxation or joint restriction.
12–15 mo	**Independent Walking**	Demands full postural integration. Requires mature vestibular and proprioceptive systems. Check for persistent toe-walking, wide stance, or balance issues.

Chiropractic Observations That May Warrant Evaluation

> **Consider a chiropractic evaluation if you notice:**
>
> - Head tilt or baby always looking to one side (possible torticollis or upper cervical subluxation)
> - Flatness on one side of the head (positional plagiocephaly)
> - Favoring one breast or difficulty nursing on one side
> - Delayed head control or strong head lag past 4–5 months
> - Doesn’t roll or rolls only one direction
> - Never crawls on hands and knees or uses asymmetrical crawl pattern
> - Persistent toe-walking or W-sitting past 18 months

- Recurrent ear infections, constipation, or poor sleep with no clear cause

These are not diagnoses — they are functional signs that the spine and nervous system may benefit from gentle, neurologically-informed support.

How to Support Natural Development at Home

- Prioritize **daily tummy time** from birth — even brief sessions count
- Let baby move freely on the floor — minimize time in containers (bouncers, swings, etc.)
- Alternate carrying positions and feeding sides to promote symmetry
- Encourage crawling — don't rush to standing or walking
- Choose soft-soled shoes or barefoot for new walkers
- Use play that stimulates cross-patterning: tunnels, climbing, reaching across midline

We offer milestone-based wellness check-ins during your baby's first year to assess spinal alignment, reflex integration, and healthy neuro-motor progression. Chiropractic adjustments for infants are gentle, specific, and tailored to support developmental timing.