

ABC of 1 to 7

H B VALMAN

DEVELOPMENT AT 2 YEARS

2 years	Normal	Doubtful	Abnormal
Alertness or interest			
Number of words			
2-word phrases			
Walking			
Miniatures			
6-cube tower			

Most 2 year olds can walk and run as well as climb up and down stairs. They mimic activities, understand symbols, and have an independent spirit.

History

The mother should be asked whether the child has had any illnesses since the previous visit and whether she has any problems. The date he began to walk without help is noted and whether he says two-word phrases. If he does not speak more than a few words she should be asked whether he obeys simple commands. She is also asked whether he feeds himself with a spoon or a cup without spilling and how much he helps with dressing.

Examination

His steadiness in walking, symmetry of gait, and distance between his feet during walking are noted.

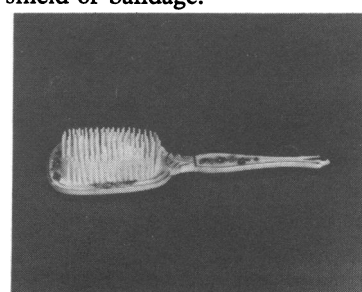
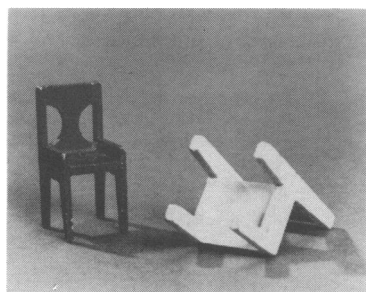




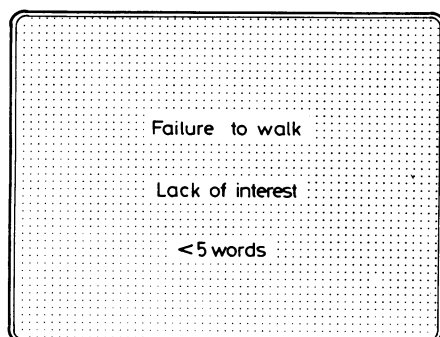
If the child makes short clear two-word phrases this suggests that his speech and hearing are normal. He should be able to identify four parts of his body when asked in a soft voice.

He can usually build a tower of six cubes, and ataxia, tremor, or clumsiness could be noted during this attempt. He turns the pages of a book singly and will name some of the objects in a simple book. He can be given miniatures and will show that he understands their function. A girl will play at making tea and a boy needs no encouragement to push a small car across the table. A miniature chair is placed on the table by the child in a position which shows that he understands its function.

Vision can be tested by showing him miniature toys, held ten feet away from him, and asking him to match them with corresponding toys of normal size on the table in front of him or to name them. The test should be given to each eye separately using a plastic eye shield or bandage.



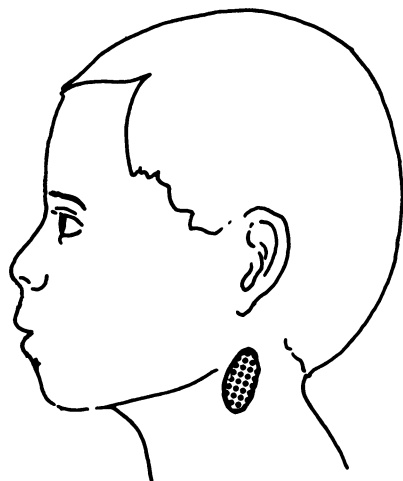
Indications for referral



Failure to walk independently, complete lack of interest in the test objects and ability to say fewer than five words are an indication for referral to a developmental specialist. Strabismus or absence of pincer grip should have been detected at earlier examinations.

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Cervical lymphadenopathy (non-suppurative)



In children aged over 2 years cervical lymphadenopathy usually affects the tonsillar nodes, but more distal nodes in the neck may be affected. Viral or bacterial infection in the upper respiratory tract spreads to these lymph nodes, which change in size with each acute infection. Despite these wide changes in size the nodes seldom disappear completely for several years.

If the nodes do not change in size between two observations a month apart the possibility of tuberculosis should be considered and a tuberculin test performed.

Generalised lymphadenopathy suggests the possibility of infectious mononucleosis, leukaemia, or lymphoma. A full blood count should be performed and a blood film examined for evidence of leukaemia. If the Monospot screening test for infectious mononucleosis is negative bone marrow examination should be considered and blood should be taken for a toxoplasma dye test and cytomegalovirus antibody titre. If all these tests are negative a surgeon should be consulted to consider biopsy to exclude malignant disease.