



The Association of Paediatric Chartered Physiotherapists

APCP Information - Babies who bottom shuffle Information for Parents and Carers

What is bottom shuffling?

Babies who tend to bottom shuffle sit on their bottoms and move themselves around using their legs, and sometimes their arms to propel themselves. They use this method rather than crawling. They may bottom shuffle in a variety of ways. These can include leaning to the side and using one arm and leg. Some may use both legs together and some bounce.

Typically, babies who bottom shuffle do not like playing on their tummy and may be reluctant to take weight through their legs. They will lift their legs up when you attempt to support them in standing. Most bottom shufflers are “late walkers” (typically anything from 18 – 24 months of age).



Is it normal for children to bottom shuffle?

YES – Children can reach their developmental milestones early and others much later. Some may miss out on developmental milestones all together – such as crawling. Some babies will learn to bottom shuffle instead – this is a normal variant

The rate at which a child develops is affected by many factors such as:

- Genetics/family history -someone else in the family may have been a bottom shuffler or late to walk
- Temperament.
- Experience and opportunity – some babies may have spent time in hospital, for example following a premature birth or prolonged illness or some babies may not have had the opportunity to play on the floor

Why do some babies bottom shuffle?

Babies who bottom shuffle typically have not tolerated being placed on their tummy and therefore do not develop the strength in their arms, neck and back muscles to enable them to push themselves up, move around on their tummy or crawl.

They often prefer to lie on their back or to be supported in a sitting position. These babies may be reluctant to roll from their back onto their side or their tummy or vice versa. This makes it very difficult for them to learn to sit themselves up from lying down.

In general, babies who bottom shuffle have joints that are more supple/flexible than average. This makes it more difficult for the child to stabilise their joints to take weight through their arms and legs, making it harder for them to crawl and to stand and step so they bottom shuffle instead.

Babies who bottom shuffle can move very quickly and their hands are free to hold and play with toys. Therefore, they often have little motivation to pull up to stand on their feet or use their arms to crawl.

How can I help my child?

Help your child take weight through their arms. Encourage tummy time so that they can learn how to weight bear through their arms and so that their arms and shoulder girdle will become stronger, making it easier for them to learn to sit themselves up from lying.

If they do not tolerate lying flat on the floor, give them some support under their chest using a rolled-up towel or lay them across your legs. Sit on the sofa, lean back and lay your child on your chest (progress to lying on the floor with your child on your chest)

Encourage your child to shuffle over obstacles on the floor, such as over your legs/cushions, etc so that they have to bring their weight forwards onto their arms to move themselves forwards.



Help your child to kneel

Encourage your child to pull themselves up onto their knees, against you or on a piece of furniture. Kneeling helps to improve stability around the hips and lower body. As your child becomes more stable in kneeling, you can help him/her to stand up. Sit on the floor behind your child, place one of his/her feet flat on the floor then hold him around his hips so that the child feels secure and you can help him/her to balance or guide him/her up into standing.

Help your child to take weight through their legs

Kneel or sit on the floor with your legs crossed; sit your child on your lap with their legs over yours and their knees bent so that their feet are flat on the floor. If your child tends to lean backwards, use your body to keep their back straight and leaning forwards slightly to stop them leaning back. Encourage your child to lean forwards to reach for toys/objects, progress to reaching down to retrieve objects from the floor. Stand your child at low furniture.

Help your child to pull to stand from your lap

Kneel or sit cross legged on the floor in front of a sofa or coffee table. Sit your child on your lap making sure that their hips and knees are at 90 degrees and their feet are flat on the floor. Place an interesting object/toy on the surface, encourage your child to reach forwards for the object. Then move their hips forwards and up, over their feet (supporting them around their hips with your hands) as they straighten their knees.

Bottom shufflers tend to try to stand with their bottom behind their feet so they need help to bring their hips forwards, over their feet. Encourage them to lean their tummy against the table/surface. When your child learns to stand up independently you no longer need to support them around their hips. You can help your child learn to sit down by bringing their hips back and down onto your lap.

Will a 'sit in' baby walker or baby bouncer help my child learn to stand and walk?

NO, definitely not! These do not help children to develop their ability to stand or walk and have been the cause of many serious accidents.

When to seek further advice or help from health professionals

- If your child has difficulty moving their arms or legs, for example if they appear to be weak or floppy or stiff
- If your child appears to be using one side of their body more than the other - this may be the arm and/or leg, do they have a strong preference to turn their head to one side?
- If your child always falls to one side or backwards when they lose their balance.
- When your child stands, is he/she unable to bring one or both feet flat on the floor or if their foot position is very different on both feet
- If your child shows significant delay in other areas of their development, for example play and language, fine motor skills, vision or hearing.

Speak to your health visitor or GP or contact your Children's Therapy Service

This leaflet has been produced following a review of relevant literature and where there is lack of evidence, a consensus of expert opinion is agreed, correct at time of publication.

This leaflet has been adapted and accredited to the University Hospital Dorset NHS Foundation Trust

APCP

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V1 Published July 2023

V1 Review July 2028



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