Written by the Inclusive Developmental and Therapy Center therapy team · **medically reviewed by Dr Muhammad Suffyan**, MB BS (**GMC 8023727**) · Last reviewed July 2026

Can I help my child at home?

Yes, you really can. Build your child's balance, strength and coordination through everyday active play, so that running, jumping, climbing and catching start to feel easy instead of effortful. This free program breaks it down into simple weekly steps, built from proven therapy techniques — things any parent can do at home, in everyday moments, at no cost. It doesn't replace a professional assessment where one is needed, but for a lot of children it makes a real difference, and it never does any harm.

- Go at your own pace — a new, gentle focus each week.
- Download the whole program as a printable PDF to keep.
- Includes the signs that mean it's worth getting a bit of extra help.

Gross motor skills are the big-body movements — sitting, standing, walking, running, jumping, climbing and catching — that a child builds almost everything else on top of, right through to sitting upright at a school desk. When those movements feel wobbly, children quietly opt out of the rough-and-tumble play, so they get less practice than everyone around them, and that is exactly when the gap starts to widen. This free gross motor home program turns ordinary active play into six weeks of gentle, structured practice for balance, strength and coordination. Like the rest of our **free home programs for parents**, it asks for nothing you do not already have at home.

Parents describe it to us in the same few ways. "Mera bacha bohat girta hai" — my child falls a lot. He trips over his own feet. She stands at the edge of the park while her cousins climb. Clumsiness at three or four is common, and most of these

children steadily grow steadier. What matters is the direction of travel: is your child slowly getting more confident, or standing further and further back from the play?

This program supports your child's development. It does not diagnose anything, and it is not physiotherapy or occupational therapy. If your child's movement worries you, or any of the red flags below fit, please speak to your doctor, a paediatric physiotherapist or a paediatric occupational therapist — earlier help is always kinder and easier. The program is safe to keep using while you wait for that appointment — and if you would like that appointment to be with us, you can **book a session at our Multan centre**.

گھر پر آج یہ کریں

Urdu · اردو

بچے کے جسمانی توازن اور ہاتھ پاؤں کے تال میل کو مضبوط بنانے میں مدد دیں۔

روزانہ کھلی جگہ پر دوڑنے اور اُچھلنے کا موقع دیں۔

تکیوں کا ڈھیر بنا کر بچے کو اُن پر چڑھنے اور اُترنے دیں۔

نرم گیند یا کپڑے کی گیند پھینکنے اور پکڑنے کا کھیل کھیلیں۔

گانے پر مل کر ناچیں اور لکیر پر چل کر توازن والا کھیل کروائیں۔

Who this program is for

- Children who trip often, bump into furniture or take a lot of tumbles
- A child who hangs back from running, jumping or climbing while other children join in
- Trouble with balance — standing on one foot, walking along a line, taking stairs one foot at a time
- Difficulty catching, throwing or kicking a ball
- A child who tires quickly, slumps at the table, or leans on furniture and on you
- Movement that is lagging behind other children the same age — including children with a known diagnosis such as global developmental delay or Down syndrome, where big-body skills simply need more turns at practice. There are

companion programs for everyday learning with developmental delay and for children with Down syndrome if either fits your child

Important — when to get professional help

This is a supportive home program — it isn't a diagnosis, and it doesn't replace a proper assessment. Please speak to a professional soon if:

- Your child is not walking on their own by around 18 months
- Persistent walking on tiptoes that does not settle
- A body that feels very floppy or very stiff to handle
- Your child loses a movement skill they clearly had before
- One side of the body is much weaker, stiffer or clumsier than the other
- Falls that are getting more frequent rather than less, over months
- Pain, limping, or a leg or arm your child protects and will not use

Getting help where you live

Everything here is free to use **anywhere in the world**. If you'd like a professional to take a closer look, the best next step is someone local to you:

- **Work with us online, from anywhere.** We offer **online sessions and parent coaching** worldwide — book an online consultation and we'll guide you and your child directly.
- Talk to your child's **doctor, paediatrician, GP or health visitor** — share what you noticed.
- Ask about **free early-childhood or early-intervention services** in your area — many countries offer them for young children (e.g. Early Intervention in the US, NHS referrals in the UK).
- Search **"child speech & language therapist near me"**, or ask your doctor for a referral.

Near Multan, Pakistan? You're also warmly welcome in person at our centre — **contact us here**.

☆ Your step-by-step roadmap

Move at your child's pace, not the calendar's — the "weeks" are just a gentle order, not a race. Feel free to repeat any stage for as long as it's helping.

Week 1 — Where your child's gross motor skills are now

Find your child's real starting point, so every game you play sits one step away instead of a year away.

Over one ordinary week, watch four things: how steady your child is on their feet, whether both sides of the body work together, how they cope with stairs and uneven ground, and how long they last before they need to sit down.

Use rough age anchors rather than the child next door. Most children walk alone by around 18 months, run and kick a ball by two, climb well and stand on one foot for a moment by three, catch a large ball most of the time by four, and hop and skip by five.

Write down one movement your child nearly manages — not the finished skill you wish they had. That near-miss is your target for the next few weeks.

Take a thirty-second video of your child walking, running and climbing. Children rarely perform on cue in a clinic room, and short, real footage tells a therapist far more than any description.

Try this: This is close to what we do first when we watch a child move: look, then aim one step above what they can already do, so success comes often.

Rough age anchors, not a test

By 18 months
Walks alone

By 2 years
Runs, kicks a ball

By 3 years
Climbs, stands on one foot

By 4 years
Catches a large ball

By 5 years
Hops and skips

Children vary widely.
Direction of travel matters more than a date.

Week 2 — Big movements and balance

Build steady balance and confidence moving the whole body.

Walk along a line of tape, a low kerb or a chalk line, arms out wide.

Practise standing on one foot while you count together — start with a hand on the wall, then let go.

Play “statues” — move freely, then freeze and hold still.

Let your child go barefoot indoors and on safe grass. Feet grip and balance better without shoes.

Try this: Turn balance into a game with counting or music and your child will practise far longer.

Week 3 — Jump, hop and land

Develop leg strength and the control needed to land safely.

Jump with two feet over a rope or a line on the floor.

Hop like a bunny, jump like a frog and stomp like a giant.

Jump off a low, safe step and land with bent knees.

Say what you see — “you bent your knees that time” tells your child exactly what worked, in a way “good boy” never does.

Try this: Land like a soft, quiet cat — bending the knees teaches safe, controlled landings.

Week 4 — Climb, crawl and crash

Build core and upper-body strength through active play.

Crawl through tunnels made from chairs, blankets and cushions.

Climb safely at the park with you close by for support.

Build a cushion mountain to climb over, crawl under and jump onto.

Push and pull real weight — a laundry basket across the room, a bucket of water into the garden. Heavy work is calming as well as strengthening.

Try this: Crawling on hands and knees is powerful exercise — it builds the whole upper body and core at once. Pushing, pulling and carrying work the same way, which is why they also turn up in our sensory home program for children who are easily overwhelmed.

Week 5 — Ball skills and coordination

Practise using the two sides of the body together — the skill underneath catching, cutting and, later, handwriting.

Roll, then throw a large soft ball back and forth close together.

Kick a ball towards a simple goal made of two shoes or cones.

Try catching a slow balloon or beach ball before a smaller ball.

Play games that make a hand cross to the other side of the body — popping bubbles on the far side, passing a ball around your own waist. Therapists call this crossing the midline; it is how the two halves of the body learn to cooperate.

Try this: Start with a balloon — it floats slowly and gives your child time to get their hands ready. The same two-sided coordination sits under cutting and, later, writing — if writing stays slow and effortful once your child is at a school desk, read about handwriting difficulty, or dysgraphia.

Week 6 — Put it all together

Combine the separate skills into flowing movement your child chooses for themselves.

Set up a simple obstacle course to crawl through, jump over and balance along.

Play chasing, hopscotch or “follow the leader” with big movements.

Dance and copy each other’s actions to favourite songs.

Take one skill somewhere new — the park, a cousin’s house, the school gate. A skill your child uses without your prompt, in a place it was not taught, is a skill they truly own.

Try this: An obstacle course lets your child practise every skill at once — and it still just feels like play.

Little tricks that make it work

- ✓ Aim for active play every day, even just ten minutes at a time.
- ✓ Keep it safe: clear the space, use soft landings and stay close.
- ✓ Take play outdoors to the park or garden whenever you can.
- ✓ Do not correct every stumble. Constant fixing makes a wobbly child stop trying.
- ✓ Join in yourself — children move more when a grown-up plays too.
- ✓ Celebrate having a go, not just getting it right.
- ✓ Follow your child's energy — stop before they get overtired or frustrated.

How you'll know it's working

- → Confidence usually shifts before skill does — your child joins in the game before they get good at it
- → Steadier balance, fewer trips and falls, and a quicker recovery when a wobble does happen
- → More stamina — your child lasts longer at active play before asking to be carried
- → Smoother catching, throwing and kicking, with both hands working together
- → Stairs, kerbs and uneven ground managed with less help
- → A willingness to join active play with other children, which is usually the change families notice most

Is this based on real methods? This program is guided by widely used motor milestones from bodies such as the CDC and WHO, and by two well-established ideas about how children learn to move: they get better at a movement by practising that movement in short, frequent, playful bursts, and the practice has to sit just above what they can already manage. It is a parent-coaching program, not

physiotherapy or occupational therapy, and it makes no attempt to diagnose — it sits alongside professional care rather than in place of it.

Educational information, not a diagnosis. Our guidance follows standard, research-based practice (CDC, NHS, ASHA and WHO), is written by our therapy team and **medically reviewed by a GMC-registered doctor**. Every child is different, so we can't promise specific results — always use your own judgement and speak to a qualified professional about your child. **Read our full disclaimer**.

FAQ

Movement & Coordination: questions parents ask