

## 1: Williams syndrome - Wikipedia

*In evaluating the infant for significant motor impairment, a framework to organize and analyze data is presented. Five general areas of information are essential: (1) motor milestone attainment, (2) the classic neurological examination, (3) primitive reflex and postural reaction patterns, (4) progressive vs static nature of the dysfunction, and (5) associated evidence for neurological.*

Signs and symptoms[ edit ] Individuals with Williams syndrome [1] The most common symptoms of Williams syndrome are heart defects and unusual facial features. Other symptoms include failure to gain weight appropriately in infancy failure to thrive and low muscle tone. Individuals with Williams syndrome tend to have widely spaced teeth, a long philtrum , and a flattened nasal bridge. Other symptoms may include gastrointestinal problems, such as severe or prolonged colic , [11] abdominal pain and diverticulitis , nocturnal enuresis bed wetting and urinary difficulties, dental irregularities and defective tooth enamel , as well as hormone problems, the most common being high blood calcium. This pattern is consistent with the visual-spatial disabilities and problems with behavioral timing often seen in Williams syndrome. Frontal-cerebellar pathways, involved in behavioral timing, are often abnormally developed in individuals with Williams syndrome, which may be related to their deficits in coordination and execution of fine motor tasks such as drawing and writing. In addition, people with Williams syndrome often exhibit gross motor difficulties, including trouble walking down stairs, as well as overactive motor reflexes hyperreflexia and hyperactive, involuntary movement of the eyes nystagmus. The parietal-dorsal area handles visual processing that supports visual-spatial analysis of the environment, while the ventral is related to semantic recognition of visual stimuli, as well as the recognition of faces. Thus, individuals with Williams syndrome are often able to visually identify and recognize whole objects, and refer to them by name, but struggle with visuospatial construction seeing an object as being composed of many smaller parts, and recreating it and orienting themselves in space. Similar sizes of the auditory cortex have been previously reported only in professional musicians. Facial dysmorphies thought to be characteristic of the syndrome are also present early in development, as is heart murmur. Heart problems in infancy often lead to the initial diagnosis of Williams syndrome. Language abilities are often observed to be deficient until adolescence, in terms of semantics , morphology , and phonology , though not in vocabulary. Infants with Williams develop the ability to lift their heads and sit without support months later than typically developing children. These delays continue into childhood, where patients with Williams syndrome are delayed in learning to walk. Impaired motor ability persists and possibly worsens as children with Williams syndrome reach adolescence. As individuals with Williams syndrome age, they frequently develop joint limitations and hypertonias , or abnormally increased muscle tone. Hypertension , gastrointestinal problems, and genitourinary symptoms often persist into adulthood, as well as cardiovascular problems. Adults with Williams syndrome are typically limited in their ability to live independently or work in competitive employment settings, but this developmental impairment is attributed more to psychological symptoms than physiological problems. Most affected individuals are unable to spatially orient themselves and many experience difficulty when given a task that requires even the most basic visual problem solving. Many adults with Williams syndrome cannot complete a simple six-piece puzzle designed for young children, for example. These visuospatial deficits may be related to damage to the dorsal cortical pathway for visual processing. Williams patients can be highly verbal relative to their IQ. When children with Williams syndrome are asked to name an array of animals, they may well list such a wild assortment of creatures as a koala , saber-toothed cat , vulture , unicorn , sea lion , yak , ibex and Brontosaurus , a far greater verbal array than would be expected of children with IQs in the 60s. The language used by individuals with Williams syndrome differs notably from unaffected populations, including individuals matched for IQ. People with Williams syndrome tend to use speech that is rich in emotional descriptors, high in prosody exaggerated rhythm and emotional intensity , and features unusual terms and strange idioms. Individuals affected by Williams syndrome typically have high empathy, and are rarely observed displaying aggression. This is possibly due to the fact that although they are very friendly to strangers and love meeting

new people, they may have trouble interacting on a deeper level. People with Williams syndrome are frequently very trusting and want more than anything to make friends, leading them to submit to requests that under normal circumstances would be rejected. There are external problems as well. They did show gender bias, however, suggesting separate mechanisms for these biases.

## 2: Motorhead - Wikipedia

1. Chris Plauche Johnson, MEd, MD\* 2. Peter A. Blasco, MD\* 1. 2. \*Associate Professor of Pediatrics, The University of Texas Health Sciences Center, San Antonio, TX 3.

Proportions of children with developmental delay were grossly underestimated using the reference values, but were within the expected range when computed relative to the mean standard deviation for the controls. Standardized developmental assessments are important in the early detection of developmental delay in children, determining eligibility for early intervention programs and the evaluation of perinatal, neonatal, and infant treatments. While there is no criterion standard for determining developmental delay, 1, 2 the Bayley Scales of Infant Development BSID 3 and its revisions 4, 5 are the most widely reported measures. The second edition of the Bayley scales BSID-II, in particular, has been used in many studies to determine rates of developmental delay in very preterm children and 6 - 8 perinatal factors associated with poor outcome 9 - 15 and as an outcome measure in perinatal randomized controlled trials. In brief, the MDI evaluates early cognitive and language development, while the PDI evaluates early fine and gross motor development. The third edition of the Bayley scales Bayley-III attempts to address this limitation by refining the measure to include separate composite scores for cognitive, language, and motor domains. In addition, scale scores can be calculated to assess receptive communication, expressive communication, and fine and gross motor development. Parent-report questionnaires are incorporated into the Bayley-III to assess social-emotional and adaptive behavior. Thus, the structure of the new Bayley-III has the potential to provide more clinically useful information relating to early development, improving our capacity to discriminate specific developmental problems and helping to target early intervention programs to more specific areas of weakness. From a research perspective, the Bayley-III may improve understanding of early development in high-risk populations and may be a more sensitive outcome measure for clinical trials. To date, few published studies have used the Bayley-III, and the original enthusiasm for this measure may have waned, with many clinicians suggesting that it overestimates development and, as such, underestimates delay. Gestational age was determined by the best obstetric estimate, based on fetal ultrasound, before 20 weeks in most cases. Developmental assessment at 2 years of age Development was assessed in survivors at 2 years of age, corrected for prematurity, using the Bayley-III scale. The Cognitive scale assesses abilities such as sensorimotor development, exploration and manipulation, object relatedness, concept formation, memory, and simple problem solving. The Language scale consists of Receptive Communication verbal comprehension, vocabulary and Expressive Communication babbling, gesturing, and utterances subtests, while the Motor scale consists of Fine Motor grasping, perceptual-motor integration, motor planning, and speed and Gross Motor sitting, standing, locomotion, and balance subtests. The Composite scores for the Cognitive, Language, and Motor scales are age-standardized with a mean SD score of Percentile ranks, developmental age equivalents, and growth scores are not reported. The standardization sample for the Bayley-III comprised children divided across 17 age bands from 1 to 42 months, with children in each age band. The sample was reported to be representative of the US Bureau of the Census population survey data in terms of parent education, ethnicity, and geographic region. The criteria for the diagnosis of CP included abnormal tone and delays in motor control and function. Developmental delay was calculated according to 1 the Bayley-III norms, and 2 the control group mean standard deviation. Analyses were also performed excluding children with neurological impairments CP, blindness, or deafness. Written informed consent was obtained from parents of controls carried to term. Follow-up was considered routine clinical care for the very preterm infants. The perinatal and demographic characteristics of the 2 groups are displayed in Table 1. No children were blind in either group. In contrast, the means for the control group were higher than expected, with the composite scores being between 0. Analyses were repeated, adjusting for family structure and maternal education. The rates of mild, moderate, and severe delay determined according to reference value and compared with controls are presented in Table 3. The rates for the control group were well below those expected for normally distributed data: Furthermore, the rate of children in the total cohort with moderate to severe delay was minimal. Comment The Bayley-III is currently

the most commonly applied measurement tool for assessing early development both in clinical practice and research settings but, to date, limited evidence exists supporting its construct and predictive validity. The first 2 possible explanations, however, have important implications. We propose that the first explanation is the more likely and that standardized scores of the Bayley-III 2-year-old children underestimate developmental delay and need to be interpreted with great caution. This premise is supported by the finding that the means for the control group for all Bayley-III scales were substantially above the standardized mean, whereas a previous control sample recruited by our group 8 years earlier, assessed using the Bayley-II, had a mean SD MDI of 99. We used the same procedures to recruit the 2 control groups, and there have been no substantial demographic changes during such a short period to suggest that the control groups might be systematically different between eras. Thus, it is highly unlikely that these findings are owing to a high-achieving control group. In extremely preterm children, the rates of developmental delay determined using BSID-II reference values in cohorts born in the s are high. Further research is needed to assess the appropriateness of reference values in other age bands; we therefore stress that our results should not be extrapolated to other ages prior to receiving the results of such studies. In conclusion, the Bayley-III seriously overestimated the developmental progress of 2-year-old Australian children. Also, the appropriateness of the measure and its reference values for children in other age bands needs to be studied. Our findings have important implications for clinical services, follow-up programs, and clinical trials that rely on the Bayley-III for the assessment of developmental delay, and we recommend caution in the interpretation of Bayley-III scores for high-risk children in the absence of appropriate control groups. All authors had access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis. Study concept and design: Anderson, Hutchinson, and Roberts. Analysis and interpretation of data: Anderson, De Luca, Hutchinson, and Doyle. Drafting of the manuscript: Critical revision of the manuscript for important intellectual content: Administrative, technical, and material support: Anderson, De Luca, Hutchinson, and Roberts. Victorian Infant Collaborative Group: This study was supported in part by a project grant from the National Health and Medical Research Council, Australia.

### 3: Peter Blasco – Publications – Oregon Health & Science University

*Dr. Blasco is proud to see patients at the Child Development and Rehabilitation Center (CDRC).. Dr. Blasco dedicated to the interdisciplinary care of children with the spectrum of neurodevelopmental disabilities.*

What Causes Developmental Delay? Minor, temporary delays are usually no cause for alarm, but an ongoing delay or multiple delays in reaching milestones can lead to issues later in life. Delay in reaching language, thinking, and motor skills milestones is called developmental delay. Developmental delay may be caused by a variety of factors, including heredity, problems with pregnancy, and premature birth. The cause is not always known. If you suspect your child has developmental delay, speak with your pediatrician. Developmental delay sometimes indicates an underlying condition that only doctors can diagnosis. Fine and gross motor skill delay

Fine motor skills include small movements like holding a toy or using a crayon. Gross motor skills require larger movements, like jumping, climbing stairs, or throwing a ball. Children progress at different rates, but most children can lift their head by 3 months old, sit up by 6 months, and walk well before their 2nd birthday. By age 5, most children can throw a ball overhand and ride a tricycle. Exhibiting some of the following symptoms can mean that your child has delays in developing some fine or gross motor functions: Speech and language delay

According to the National Institute on Deafness and Other Communication Disorders NIDCD , the most active time for learning speech and language is the first three years of life, as the brain develops and matures. The language learning process begins when an infant communicates hunger by crying. By 6 months old, most infants can recognize the sounds of basic language. Most toddlers can understand a few words by the time they are 18 months old. When they reach the age of 3, most children can speak in brief sentences. Speech and language delay are not the same. Speaking requires the muscle coordination of the vocal tract, tongue, lips, and jaw to make sounds. Speech delay is when a child stutters or has difficulty producing sounds the correct way. A disorder that makes it hard to put syllables together to form words is called apraxia of speech. Language includes speaking, gesturing, signing, and writing. Poor hearing can cause speech and language delay, so your doctor will usually include a hearing test during diagnosis. Children with speech and language delay are often referred to a speech-language pathologist. Early intervention can be a big help. Classic autism usually includes language delay and intellectual disabilities. Symptoms are sometimes obvious early on, but may not be noticed until a child reaches 2 or 3 years of age. Signs and symptoms of autism vary, but usually include delayed speech and language skills and difficulty communicating and interacting with others. Each child will have a unique pattern of behavior with differing levels of severity. Causes and risk factors of developmental delay

According to the Centers for Disease Control and Prevention CDC , about 15 percent of children between the ages of 3 and 17 have one or more developmental disability. Most developmental disabilities occur before a child is born but some can occur after birth due to infection, injury, or other factors. Causes of developmental delay can be difficult to pinpoint and a variety of things can contribute to it. Some conditions are genetic in origin, such as Down syndrome. Infection or other problems during pregnancy and childbirth, as well as premature birth, can also cause developmental delay. Developmental delay can also be a symptom of other underlying medical conditions, including:

**4: Telomerase gene therapy slows ageing, improves health in mice**

*Peter A. Blasco Department of Pediatrics, Center for Children With Chronic Illness and Disability, University of Minnesota, Minneapolis, Minnesota See all articles by this author.*

Lemmy was dismissed from Hawkwind in May after being arrested in Canada for drug possession; [18] [19] he said himself the band dismissed him for "doing the wrong drugs". Kilmister has said they used to steal equipment, as the band was short on gear. Their record label was dissatisfied with the material and refused to release it, although it was subsequently issued as *On Parole* in after the band had established some success. Initial reactions to the band had been unfavourable; they won a poll for "the best worst band in the world" in the music magazine NME. Lemmy had become acquainted with Ted Carroll from Chiswick Records and asked him to bring a mobile studio to the show to record it for posterity. Carroll was unable to get the mobile unit to the Marquee Club, but showed up backstage after the engagement and offered them two days at Escape Studios with producer Speedy Keen to record a single. The band took the chance, and instead of recording a single they laid down 11 unfinished tracks. Carroll gave them a few more days at Olympic Studios to finish the vocals and the band completed 13 tracks for release as an album. It fared worse than both the album and previous single but reached number 61 on the UK singles chart. The stage show featured a spectacular aircraft bomber -shaped lighting rig. During the "Bomber" tour, United Artists put together tapes recorded during the Rockfield Studios sessions in " and released them as the album *On Parole*, which peaked at number 65 on the UK Albums Chart in December. The " Ace of Spades " single was released on 27 October as a preview of the *Ace of Spades* album, which followed on 8 November. Between 26 and 28 January , the band started recording their self-produced new album at Rampart Studios, before moving onto Morgan Studios to continue the sessions throughout February. On 3 April the single " Iron Fist " was released, reaching No. Williams and the Plasmatics. Lemmy and Taylor made numerous telephone calls to find a guitarist, including one to Brian Robertson , formerly with Thin Lizzy , who was recording a solo album in Canada. He agreed to help out and complete the tour with them. This led to an amicable agreement that Robertson would leave, [28] [38] playing his last engagement with the band at the Berlin Metropol on 11 November. The try-outs went well and Gill was hired. The single " Killed by Death " was released on 1 September and reached No. From 19 November to 15 December the band toured America with Canadian speed metal band Exciter and Danish heavy metal band Mercyful Fate and from 26 to 30 December performed five shows in Germany. The single reached No. The performance closed with a flyover by a couple of Second World War German aircraft. In October they toured America and in December were in Germany. While having some popular tracks and using "Eat the Rich" as its second track, the band commented that the album was virtually "nailed together". The tracks were released as *No Sleep at All* on 15 October. A single from the album was planned with the band wanting "Traitor" as the A-side, but " Ace of Spades " was chosen instead. In the studio they recorded four songs with producer Ed Stasium , before deciding he had to go. When Lemmy listened to one of the mixes of "Going to Brazil", he asked for him to turn up four tracks, and on doing so heard claves and tambourines that Stasium had added without their knowledge. Stasium was fired and Peter Solley was hired as producer. The single, which was issued in 7", cassette, shaped picture disc , 12" and CD single, reached No. The band finished the year with six dates in Germany during December. On this occasion, Dee was available and met the band to try out. Playing the song "Hellraiser" first, Lemmy thought "he was very good immediately. It was obvious that it was going to work. Although Bastards received airtime, the record company ZYX Music would not pay for promotional copies, so the band sent out copies themselves. In April the band resumed their tour of the States until early May, playing an engagement with the Ramones on 14 May at the Estadio Velez in Buenos Aires, [42] attracting a crowd of 50, people. In June, they went on a second tour with Black Sabbath, this time supported by Tiamat , until the band succumbed to influenza and headed back to Los Angeles and Cherokee Studios in Hollywood where they were to record an album. The band decided to continue as a three-man line-up and a tour of Europe was performed throughout October and the first two days of November. A three-day tour of South America followed the week after. The album was released on 15 October, the first official album of the

band as a three-piece since *Another Perfect Day* and the best distributed album the band had had for years. A further four dates in October in Russia concluded the year. In his opinion, the three-piece line-up was performing excellently and it was high time they made another live record. The band were invited to join the Ozzfest Tour and played dates across the States during early July until early August and were in Europe from early October until late November. In October and early November, the band toured the states with Nashville Pussy. The two shows were billed under the Kerrang! The show also featured the return of the Bomber-lighting rig. I nodded off through the tenth anniversary, we never did anything on the twentieth, so the twenty-fifth made sense. This album, *Hammered*, was released the following year. The band returned to the States for a seven show tour between late September and early October. Two weeks earlier, the *Hammered* album was released and supported by the "Hammered" tour, which kicked off in the States at around the same time. The final venue was the Wembley Arena in London, where instead of Psycho Squad, the band were supported by Hawkwind, with Lemmy performing "Silver Machine" on stage with them. Throughout the rest of October and better part of November, the band were on a European tour with Anthrax. The band performed seven shows across Belgium, the Netherlands and Spain between 21 and 28 October and from late-November until early-December they were in Germany and Switzerland, touring with Skew Siskin and Mustasch. On 9 December, the previously recorded *Live at Brixton Academy* album was released. They had already spent time in the studio, working on *Inferno*, which was released on 22 June and followed by the "Inferno" tour of Ireland with Class of Zero for three dates. Joined by Sepultura, the tour hit Great Britain. The band continued the tour with Sepultura across Europe through the rest of November and December. If they gave us a Grammy for one of our albums or songs, it would mean something. In , the band performed a four-date House of Blues tour in the States in March with Meldrum and from June until early August played at European open-air festivals with some indoor headlining shows. Twelve shows in Europe with Meldrum took them through the end of November to early December, the first two shows also featuring Skew Siskin. It does not feature artwork by Joe Petagno, the artist who designed many of their classic covers. In June the band performed on the main stage of the Download festival. The band concluded the tour without the supporting bands, playing one more show at the Roseland Ballroom on 20 September, and the final engagement, at The Stone Pony, Asbury Park, New Jersey on 21 September. We go on stage, no delays. Being in bands where you have to wait around for a couple of hours fucks you up. And for that we should all be grateful. In an interview with Hungarian television in July, drummer Mikkey Dee announced that the album was finished, with 11 tracks.

### 5: Futures dip as US-China tariffs take effect - AOL Finance

*Dr. Peter Blasco is a pediatrician in Portland, Oregon and is affiliated with OHSU Hospital. He received his medical degree from Weill Cornell Medical College of Cornell University and has been in.*

### 6: Dr. Peter Blasco, MD " Portland, OR | Pediatrics

*We report on a month-old girl with developmental motor delay, microcephaly, and mild truncal ataxia who was revealed to have rhombencephalosynapsis on magnetic resonance imaging.*

### 7: Lister Petter: Business & Industrial | eBay

*Truncal Ataxia, Hypotonia, and Motor Delay With Isolated Rhombencephalosynapsis Michael C. Krueer, MD, Peter A. Blasco, MD, James C. Anderson, MD, Dianna M.E. Bardo.*

*The theory of the cost-of-living index Natural evil in the horror film : Alfred Hitchcocks The birds Cynthia Freeland Political philosophy and rhetoric Forgetting Your Past Theory and calculations of electrical apparatus Non-zero offset vertical seismic profile data recorded using a downhole marine airgun source and vertical The wrong way to plan Cultural Identity and Creolization in National Unity I will tell you just a little Schaums Outline of General Topology Shimano flight deck 6501 manual The inferences supporting infant baptism Swirling sky Jim Tully Index of Scripture passages. Finding romantic fulfillment : discovering the ultimate bridegroom Pseudoangiomatic stromal hyperplasia. Cv for job application Explosion (Five direction) More on variables 13 reasons why book alternate ending Physical science grade 11 exam papers and memos 2014 Star wars shadows of the empire book Mr. Kidd on Western civilization. Technical protection devices and computer law Listening (auscultation and smelling (olfaction Human Enlightenment The world at your feet book Nilsson riedel 10th edition solutions BASIC programs for the Atari 600XL 800XL Philosophy and racial paradigms Naomi Zack Organizing for defense Training for the stage Vernier caliper ing formula Jerrold zar biostatistical analysis Nomination of Anthony Lake to be director of Central Intelligence Nellies Promise (American Girls Collection) Presidential ideology and public opinion Vauxhall Cavalier 1300, 1977-July 1981 Building a simple application Physicians and poetry.*