In supine, the child should be able to lift his head from the supporting surface by 5 months of age (Figure 8-5).\textsuperscript{79} This is not a frequent spontaneous activity and gently pulling the child up to sitting and observing for chin tuck may be necessary for testing. Haley\textsuperscript{78} reported that, when testing in this manner, a complete chin tuck throughout the entire movement did not occur in a sample of infants without disabilities until 8 to 10 months of age.

Head righting also should be present in sidelying and other positions. If the child can sit or stand with proper head positions, it can be assumed the righting reactions have developed and they do not have to be tested.

**Rotational Righting Reactions**

The rotational righting reactions\textsuperscript{83} or body righting reactions\textsuperscript{84} have many different, confusing, and contradictory names. It is best to describe the stimulus and response to avoid misleading terminology. The rotational righting reactions restore the body parts to normal alignment following rotation of some body segment. In the neonate, when the head is turned or the leg is flexed and adducted, the infant rotates like a log (nonsegmentally). This nonsegmental roll can be seen as late as 6 to 12 months of age,\textsuperscript{11,85} after which it is considered an immature response. A mature response occurs when the head is turned or the leg is flexed and adducted and the child rolls showing distinct rotation between the pelvis and shoulder girdle with head and trunk rotation around the central body axis. Somatosensory input results from asymmetrical body contact, joint proprioception, and muscles stretch, and, as the head turns, vestibular and visual inputs also occur.