Sharing Success Across Modalities

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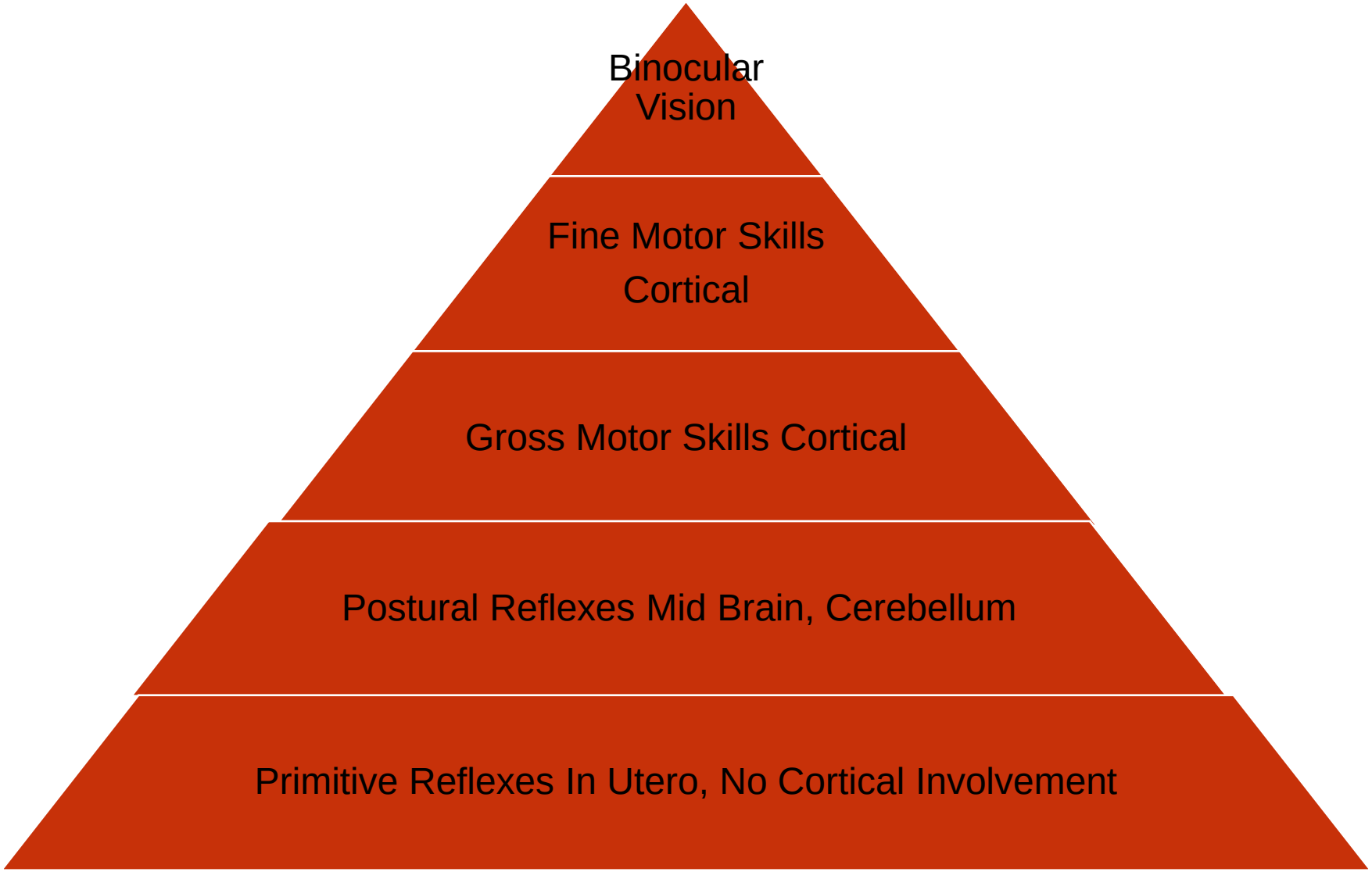
Training History

- Midwifery
- Reiki
- Vision Therapy
- INPP
- Bilateral Integration
- MNRI
- RMTi
- Anat Baniel
- JAIS
- Neuroinflammation and Clinical Strategies - Datis Kharrazian, PhD, DHSc, DC, MS, MMSc, FACN
- Melillo Method
- Touch For Health (level 1 & 2)


Binocular Vision
Fine Motor Skills Cortical
Gross Motor Skills Cortical
Postural Reflexes Mid Brain, Cerebellum
Primitive Reflexes In Utero, No Cortical Involvement

What happens in reality?

- **INPP** is my first love, it has taught me a thorough process from beginning to end.
- So, from a detailed initial medical questionnaire, to a full neurological diagnostic assessment protocol, with a plethora of detailed exercises to engage in in a specific order and way.
- It provided me with a process that I still work too today.

1. Everyone receives a medical questionnaire which is triaged by myself and John before any assessment dates are given. We occasionally do this face to face with the parent / carer
2. A full diagnostic assessment is completed – I never/rarely start treatment at this point
3. A written report is provided following each assessment
4. Therapy begins after I have thought through what approach I'm going to use and decide on a programme.

Why did I need more than one modality?

1. A child presents with fully integrated primitive reflexes but their postural reflexes are weak, absent or are just plain dyspraxic!
2. I was attracting patients who were significantly delayed or had pathology. They were unable to do active management of exercises, INPP was too hard, active and complicated, especially with a fairly noncompliant child.

3. I began attracting verbal/nonverbal autistic children

4. Children who had experienced TBIs (head injuries)

5. Those with pathology i.e. Cerebral Palsy, Down's Syndrome, Birth trauma

6. I needed passive movements and INPP did not provide me with this. I needed movements to stimulate the reflexes and in some cases initiate them.

Currently

1. I assess using INPP diagnostic assessment principles, adapting the tests according to what I'm presented with.
2. The pre-assessment questionnaire is absolutely essential in preparing me for what I am about to encounter.
3. I then throw all modalities in the air and put my hand in my toolbox and bring out the most appropriate exercises to meet that childs' needs.
4. Adapt, Adapt Adapt

Case study 1: child - Mathilda 10yr old Girl

- M has massive anxiety issues
- Diagnosed with Dyslexia and DCD and possible ADHD
- All her Primitive Reflexes are retained
- Postural Reflexes were very weak.

I gave the usual 2 INPP exercises. 2 weeks later the mother called to say that M found the exercises very distressing and was now refusing to do them. What did I do?

Case Study 2: child - Benji 18 months old

- B was born during COVID
- Youngest of 3 children
- B did not speak, crawl or walk
- B struggled to have a regular bowel movement (could be a week or more)
- The health visitors had said that he would eventually meet his milestones and that he was probably autistic.
- On assessment his PR profile as ‘0’s.
- Another practitioner had told Mum that he had fully integrated his PRs and gave them some RMT to do which did not help.
- What did I do?

Case study 3. Michael - a 9 year old boy with complex issues

- M has been transferred to a special school
- M is verbal, funny and so wants to do well in his learning
- M has a diagnosis of Dyslexia and Dyspraxia
- M cannot currently read or write
- On assessment M has Global Developmental Delay.
- M has significant sensory issues,
- M has very poor proprioception and laterality
- Where do you start?

Case study 4 – Saul a boy with a TBI

- S - had a traumatic uterine experience and premature birth in Israel
- Mother had placental abruption and the baby was drowning in blood
- Parents were told that he would not survive and was unresponsive at birth
- M was unable to feed, and mum kangarooed him and fed him via a pipette
- Parents tried everything available to them in Israel
- S eventually survived and could walk with spasticity, toe walking on his right foot
- S also has a significant speech impediment that makes communication hard
- M came initially to see John who quickly referred him to me for an assessment
- It was clear on assessment that S had Cerebral Palsy and that he had never triggered some his reflexes to fully emerge, and others were in full swing.