The Importance of Mind Moves® Reflex testing and therapy in Autistic Spectrum Disorder

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Autism is a complex developmental disability that causes problems with social interaction and communication. Symptoms usually start before age three and can cause delays or problems in many different skills that develop from infancy to adulthood. (Shriver, 2010).

Autistic Spectrum Disorder (ASD) is classified as different people with autism that have very different symptoms. Health care providers see autism as a “spectrum” disorder, a group of disorders with similar features. One person may have mild symptoms, while another may have serious symptoms. But they both have an autism spectrum disorder (ASD) (Shriver, 2010). Currently, the autism spectrum disorder (ASD) category includes:

- Autistic disorder (also called “classic” autism)
- Asperger syndrome
- Pervasive Developmental Disorder Not Otherwise Specified (or atypical autism) (Shriver, 2010).

The main signs and symptoms of autism involve problems in the following areas:

- Communication - both verbal (spoken) and non-verbal (unspoken, such as pointing, eye contact, and smiling)
- Social - such as sharing emotions, understanding how others think and feel, and holding a conversation
- Routines or repetitive behaviours (also called stereotyped behaviours) - such as repeating words or actions, obsessively following routines or schedules, and playing in repetitive ways (Shriver, 2010).

The cause of autism

The exact cause of autism is still not known. There is no conclusive scientific evidence that any part of a vaccine or combination of vaccines causes autism, even though researchers have done many studies to answer this important question. There is also no proof that any material used to make or preserve the vaccine plays a role in causing autism. Although there have been reports of studies that relate vaccines to autism, these findings have not held up under further investigation (Shriver, 2010).

According to Rhythmic Movement Training International (2011), incomplete integration of primitive reflexes are contributing causes of ADD/ADHD, autism, learning challenges, developmental delay, sensory integration disorders, vision and hearing challenges, behaviour challenges, and extreme shyness, lack of confidence, addiction, and constant feelings of overwhelm. Therefore infant reflexes that are still active are involved in learning challenges such as ADD/ADHD, dyslexia, dyspraxia,

The role of primitive reflexes

Dr Melodie de Jager (2009) describes primitive reflexes as the active process that is the driven force behind the child’s neurological development. The primitive reflex system uses simple movements to wire the brain, organs, senses and muscles neurologically, so that everything can work together (De Jager, 2009). This basic neurological wiring takes place from conception until approximately 14 months (De Jager, 2009).

Primitive Reflexes are essential for development of head control, muscle tone, sensory integration and development. They form the basis of our postural, lifelong reflexes. These primitive reflexes surface in utero and infancy and become inhibited as the movements do their job and become more practiced and controlled (Rhythmic Movement Training International, 2011).

Why reflex testing is important

When the primitive reflexes remain active, many difficulties can emerge (Rhythmic Movement Training International, 2011). Many academic and behaviour issues have at their core the incomplete progression of childhood reflexes (Brown, 2011). Each of these reflexes should develop in the child’s system, become fully integrated and useful as a neural pattern, and then “inhibit” or fall away (go to rest), so the use of the pattern can be a choice, rather than an inevitable reaction. When the orderly progression of reflexes does not go into an inhibited stage, the reflexes can result in a wide variety of emotional, physical and academic challenges. (Brown, 2011).

Teitelbaum et al. (2011) found that movement disturbances in infants can be interpreted as reflexes gone astray and can be early indicators for a diagnosis of autism.

What is Reflex testing?

Reflex testing is a non-invasive procedure where a qualified Mind Moves Instructor tests the reflexes to see if any reflexes are active beyond the normal timeframe; or if some reflexes are absent when they should still be active. The test is done on the client’s body and parents are welcome to attend the session. The age of the client is irrelevant and it is often done on adults and elderly as well.
The connection between primitive reflexes and Autistic Spectrum Disorders
(ASD)

Teitelbaum et al. (2011) found that in children with autistic spectrum disorder (ASD) some reflexes have persist too long into infancy, whereas others first appear much later than they should. (Teitelbaum et al. 2011) The asymmetrical tonic neck reflex (ATNR) is one of the reflexes that may persist too long in autism. Head-verticalization in response to body tilt (OHRR) is another reflex that does not appear when it should in a subgroup of autistic-to-be infants (Teitelbaum et al., 2011).

Teitelbaum et al. (2011) believe that movement disturbances in autism and Asperger’s syndrome are related to the sequential development of infantile reflexes. When a reflex is retained, the body needs to compensate and does this by using an excessive amount of physical and mental energy in an effort to override the effect. This results in an outward behaviour or lack of an expected behaviour and predisposes an individual to more stressed (Brown, 2011).

By having the primitive and postural reflexes assessed by an Advanced Mind Moves Instructor (AMMI), one will identify signs of underdevelopment/immaturity in the functioning of the nervous system. This in turn is used to develop an intervention program that allows for the integration of these reflexes with the resulting improvement in ability (Vercueil, 2010).

For children on the autistic spectrum, connections between the sensory organs and the brain result in them experiencing sights, sounds, touch, smells and gravity in a profoundly different manner from that of typically developing children. Every minute of every day they can battle against invasive sensations that overwhelm their hyper acute or hypo acute sensory system, requiring major effort to alert their bodies to allow for learning and social interaction. On top of which, may be an inability to filter and process more than one sensory modality at a time. Sensory integration is a major culprit in the difficulties faced by children on the autistic spectrum. (Vercueil, 2010).

One way to improve ability and improve sensory integration in children on the autistic spectrum disorder, is to inhibit the active reflexes and therefore minimize some of the symptoms. This is done by a personalised home-program consisting of exercises that an Advanced Mind Moves Instructor recommends to the person in the autistic spectrum disorder (ASD), after a thorough Mind Moves Reflex Assessment was done. The Advanced Mind Moves Instructor (AMMI) recommends Mind Moves exercises that focus on inhibiting the first active primitive reflex and thereafter follow the normal developmental sequence of primitive reflexes.

There is no cure for autism, nor is there one single treatment for autistic spectrum disorders. However there are ways to help minimize the symptoms of autism and to maximize learning (Shriver, 2010).
Core Muscle Workout (De Jager, 2009) as example of a Mind Moves exercise that might help an autistic child.

Step 1:
- Lay on back
- Move left arm and left leg SLOWLY together upwards, so that arm is upward and straight next to left ear and leg is bend with knee as close to the chest as possible
- At the same time, turn head to look at left arm and left leg
- Move the left arm and left leg to the original position (arm next to the side and leg straight down on the ground
- Then do the same on the right side.
- Move right arm and right leg SLOWLY together upwards, so that arm is upward and straight next to right ear and leg is bend with knee as close to the chest as possible
- At the same time, turn head to look at right arm and right leg
- Move the right arm and right leg to the original position (arm next to the side and leg straight down on the ground
- REPEAT x10

Step 2:
- Repeat step 1 BUT now you move the head in the opposite direction than the moving arm and leg.
- REPEAT x10

Step 3:
- Lay on back
- Hold your head still
- Move the arms and legs across. Thus, right hand touches left knee and left hand touches right knee.
- Repeat x10

Step 4:
- Start with step 4 only after steps 1-3 are being done easily
- Crawl on all fours while moving head to left and right while keep on crawling.

Step 5:
- Start with step 5 only when step 4 is being done easily.
- Stand up
- Hold head still
- Cross over like in step 3 – but know while standing and head is still
- While crossing over look up, down, left and right with the eyes only (no head movement)
- Then while crossing over with hand and leg, focus far and nearby with your eyes only (no head movement).
Recommended reading:

Parents, therapists and teachers who works with autistic children, can benefit from reading dr Melodie de Jager's books:

- *Mind Moves Moves that mend the mind* and
- *Brain development MILESTONES and learning.*

Both books are available in English and Afrikaans from the Mind Moves Institute. For more Information and workshops [www.mindmoves.co.za](http://www.mindmoves.co.za).

References:


