



Reflections on the Importance of Primitive Reflexes on Function: My Journey using Rhythmic Movement Training

By Heidi McLarty, OT Reg. (Ont.), August 2015

My journey with Rhythmic Movement Training (RMT) began in 2009 when I took my first course. The whole realm of the significance of primitive reflexes on function was new to me. I had been used to focusing on assessing my client's sensory processing and making sensory diet suggestions according to their profiles. At the time, I had worked in pediatrics for 4 years and was becoming discouraged and disheartened at many client's lack of progress from my "therapy." I was searching for something more, something different and something more effective for my clients. Some other OTs I had met online shared their profound experiences using RMT, so I decided to give it a shot. That Summer I had the opportunity to participate in Camp Avanti, a camp for children with Sensory Processing Disorder, and directly after this, my first RMT course. My experience at Camp Avanti was a great learning experience and I had a chance to connect with many other leading OTs trained in Sensory integration from all over the world. Over the years I have taken many courses based in Sensory Integration processes and practice including a sensory integration mentorship intensive at the Star Centre in Denver, CO with Lucy Jane Miller and her team, as well as the Sensory Defensiveness course with Pat and Julia Wilbarger and the Therapeutic Listening course with Sheila Frick, among many other sensory specific courses. I have found many useful tools have come out of each course, and this extensive course background has enabled me to expand the intervention methods I use on a daily basis in my practice.

However, upon reflection about my clinical reasoning and which tools I have been using most frequently since 2009, I use the RMT movements the most because of the profound changes that I have witnessed with the vast majority of my clients. About a year and a half after I went to my initial RMT course, I decided that I needed to become an RMT instructor of this work because I felt that I needed to share such powerful work with others in Canada. I completed the required course work and case studies and became the first RMT instructor in Canada in January of 2012. Since that time, I have taught many OTs, PTs, teachers and parents (and even a couple of developmental optometrists who are seeking to further their training in integrating primitive reflexes – they actually have their own optometrist specific training available as well). I continue to maintain my enthusiasm and optimism using this work as I continue to see many changes in a wide variety of clients I am servicing, and hear many other cases from others. Many clients have seemed to try almost every other treatment method and strategy to help



their loved one or themselves, and it seems like RMT stimulates changes like no other programs or exercises have before its implementation.

Here is a summary of some of the common results/effects I have seen as a result of RMT:

- Improved sleep in pediatric and adult clients experiencing a variety of conditions such as Sensory Processing Disorder, Autism, developmental delay, anxiety, etc.
- Improved self-regulation in clients with Sensory Processing Disorder, Autism, developmental delay, etc. (as demonstrated by a more calm/focused demeanor, ability to sit to participate in activities and less sensory seeking behaviours).
- Improvements in hand eye coordination skills in pediatric clients. I have witnessed kids being unable to dribble a basketball and/or catch a ball, be able to do these activities with ease a few months later.
- Improvements in Visual Motor Integration skills as related to drawing and writing in pediatric clients I have seen.
- Decreases in sensory hypersensitive responses such as startling to sounds, flinching with visual input, and hypersensitive response to change in body position (testing related to the Moro reflex). I have noted this in clients of all ages. Some pediatric and adult clients have noted decreases in their auditory sensitivity as well.
- Decreases in general anxiety responses and clients have reported feeling more calm and relaxed and have been able to improve their participation in meaningful and functional activities they have enjoyed in the past. (Especially in those adult clients experiencing body anxiety responses secondary to some sort of trauma or injury they have experienced in the body).
- Increased social awareness and interactions with others. Also I have noticed an increased desire to connect and communicate with others in those with developmental delays and Autism.
- Decreased muscle tone in a 5 year old child with Spastic Hemiplegic Cerebral Palsy. I have witnessed client's muscle tone changing over a matter of weeks from spastic high muscle tone to more "flaccid" low muscle tone (similar to the effects of BOTOX but the client had not received BOTOX in a year and a half and had no other changes to her routine, medications or diet). We were able to work on strengthening her extensor muscle strength in her affected arm because of this change in tone.
- Many significant improvements in a 3 year old client with very severe Autism. This client had very severe self-regulation problems, sensory processing problems and very limited speech – he would scream much of the day and would quickly become physically aggressive with others. Very limited functional play skills observed and he would hoard toys and walk around with toys in his hands constantly. After a period of a couple of



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months, this boy significantly improved his self-regulation skills, became more interested in the world around him, started eating more variety of foods, began speaking in sentences and engaged much more easily with others. His grandparents commented that he was the most “well behaved” child at the Christmas party! In addition to this, other people were commenting and asking what they had done with him because the changes were so significant.

- More “normalized tone” develop in pediatric clients with low tone. For example, I have noticed that client’s hands seem to look like they have improved arches and tone and they are able to use their hands more functionally, more easily.
- Many pediatric clients are reported to request the movements regularly because they like the movements and find them calming.
- Decreases in aggressive behaviours in those with Autism have been noted in several cases.
- Decreased muscle tone and improved ability to open his hands and more spontaneous kicking of his feet in a 6 month old who has sustained a brain injury during the birthing process and was exhibiting brain injury posturing with high muscle tone in his arms and legs.
- Decreased anxiety, improved function and improved sleep in a 4 year old client with extreme anxiety, “clinginess”, unwillingness to try new things/venture down to explore his finished basement in his own house alone, etc. after using 1 passive movement. His mom reported that he was suddenly sleeping through the night, was much happier, was trying new things, venturing away from his mom, etc. She reported that she no longer thought that he was on the Autism spectrum. His whole world and way of being seemed to transform within a very short time.
- Significantly decreased anxiety in an older adult who had suffered severe anxiety for 2 years after she sustained a fall and broke her hip. This woman reported that she feels she is “getting her life back” because she was able to engage in normal daily activities again.
- Decreases in leg tension/increased functional ROM in clients of various ages using specific movements aimed to help decrease muscle tension. I have also had several clients who have reported that their restless leg syndrome has completely resolved after completing RMT movements over a period of several weeks (with up to 5 minutes of movements per day on average).
- I have witnessed the severity rating of various retained primitive reflexes decrease within a matter of minutes in many adult participants in my workshops as a result of engaging in several RMT movements specific to integrating that particular reflex.



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- I have witnessed changes in back posture (extreme kyphotic curves and apparent “fixations” secondary to scoliosis) in a matter of several minutes, along with the disappearance of an active Spinal Galant in two different adult clients with long standing scoliosis and back issues.

In terms of the RMT method, there is sound theory and rationales related to why it is suggested to use certain movements with the goal of stimulating various areas of the brain to create new connections/link up. It makes a lot of sense that the reason why individuals have problems with attention, emotional maturity, coordination, self-regulation, etc. are related to a general lack of needed connections among different areas of the brain. I have had many clients completely test out of OT (well within the average range) after engaging in the RMT movements over time as part of a home program. This is something that I had not witnessed very often using more “traditional” OT approaches in the past before implementing RMT. In the past I witnessed clients being passed from team to team as they aged because they continued to require OT services to help them work on various goals.

In addition, the movements in this program can be easily taught to caregivers/school staff to use as part of a regular program. This makes it very easy and user friendly to incorporate this work into many client’s daily lives. In the public health care system, many occupational therapists are very limited in terms of what they can offer to their clients, and many are moving towards a consultative model only with recommendations. We do not have the resources or staff to complete therapy intensives like some of our colleagues in the US are able to do. So, using the RMT as a power tool really is very powerful and cost effective in terms of time and energy.

In summary, I am very passionate about using a number of remedial approaches in my OT practice, one of which is the Rhythmic Movement Training (RMT). I learned the RMT and had the opportunity to engage my clients in this program along with other more traditional OT interventions and the changes in them were very apparent to me, despite the fact that they were also engaging in other OT interventions at the same time (as compared to just using the traditional methods in the past, significant changes were noted). As we know, no two nervous systems are alike, and thus, it wouldn’t make for a credible or feasible Randomized Control Trial (RCT) to try to study individuals who are already very different from each other. When I weigh the potential benefits versus the risks of engaging in this method of intervention, the potential benefits far outweigh any potential risks. I have witnessed many positive changes in my own clients and have heard of many other case studies in others. When I present this intervention method as an option, many parents are



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willing to try something that I have witnessed as being helpful for many, despite the fact that reflex integration processes and practices are lacking the RCT research.

Should you have any questions about me using RMT in my OT practice, or about the RMT in general, please do not hesitate to contact me. I would love to chat about this exciting and powerful work. Movements and a program that seem so simple are helping many at a very profound level.

Sincerely,

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