PRIMITIVE REFLEXES WEBINAR FREEBIE

Primitive Reflex 411

We are born with primitive reflexes to keep us alive and safe in utero and throughout the first year of our lives.

Here's a breakdown of the 6 basic primitive reflexes we address in therapy and the top 3 impacts when these reflexes are NOT integrated or DO NOT go away naturally.

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1 MORO REFLEX

An involuntary reaction to threat

- Maintain a constant 'fight or flight' response due to stimulation of the production of adrenaline and cortisol - the stress hormones.
- Vestibular processing challenges: motion sickness, poor balance, and decreased hand-eye coordination.
- Lowered immune system, allergies, frequent ear / nose / throat infections.

2 TONIC LABYRINTHINE REFLEX

Emerges at birth and involves the simultaneous development of postural reflexes. Includes forward and backward components of the reflex

- Poor posture and low muscle tone (hypotonia).
- Challenges processing vestibular input, i.e. poor balance and limited coordination.
- Visual perceptual, sequencing, and ocular motor delays.

3 ASYMMETRICAL TONIC NECK REFLEX

Assists with the birth process and is reinforced by it

- Poor ability to cross midline and discriminate between right and left.
- Challenges with visual perceptual skills, ocular motor skills and tasks like reading and writing.
- Poor handwriting and expression of ideas on paper.

4 SYMMETRICAL TONIC NECK REFLEX

Present for a short period of time to help defy gravity to assist with locomotion

- Poor posture, tendency to slump during table tasks, as well as decreased attention.
- W-Sitting, poor hand-eye coordination, and clumsy.
- Challenges with binocular vision, impacting ability to copy from the board.

5 SPINAL GALANT REFLEX

Plays a part in the birth process; contractions stimulate the lumbar region, causing rotational movements to move baby through the birth canal

- Fidgeting and difficulty sitting still.
- Bedwetting beyond normal age / toilet training has been established.
- Poor concentration and short term memory.

6 PALMAR GRASP REFLEX

Gradual development from involuntary grasp patterns to refined release and finger control, which is then replaced by the pincer grasp around 36 weeks.

- Challenges with manual dexterity with decreased pincer grasp development, thus affecting pencil grip.
- Speech and articulation difficulties due to the connection between the hand and mouth; i.e. Babkin response or overflow associated movements in the tongue.
- Hypersensitive to tactile input on the palm of the hands.

Goal of Primitive Reflex Integration:

- The goal of integrating primitive reflexes is to improve daily living skills, utilizing a bottom up approach. Primitive reflexes are mediated at the level of the brainstem and postural reflexes are controlled from the midbrain.
- Without the proper foundational skills developed, higher level learning and movement is much more difficult.
- With a cluster of abnormal or retained primitive reflexes, signs and symptoms of Dyslexia, Dyspraxia, and ADD can become apparent.

(Source: Reflexes, Learning and Behavior: A Window into the Child's Mind. By Sally Goddard)