

Collin's Success and Development

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Patient's history

This is a story about an adorable little boy named Collin, who has learned to interact in this world, despite some major setbacks. Collins' Mother showed me a picture from the MRI of his brain one day. I said, "This can't be true; he could not maintain life without a brain". She assured me that the tiny layer of cells on the very edge of the picture were his brain. Later, I realized that it was only one slide of many. Her doctors shared the worst of the bunch with her. Regardless, Collin did have a major loss of brain tissue. His mother and I agreed that we would just have to build new pathways to make up for the missing tissue, as much as we possibly could.

Collin was born at 37 weeks gestation by a scheduled C-section. He had been diagnosed with Aqueduct Stenosis Hydrocephalus in utero (at 24 weeks gestation). He had a VP shunt placed the day after his birth. His diagnoses include: Lobar Holoprosencephaly, absence of the Septum Pellucidum, Chiari 1 Malformation (found at birth), failure to thrive (at 9 months), feeding tube placed (at one year), low growth hormone levels, low muscle tone, Nystagmus (at 18 months), and far sightedness in the left eye.

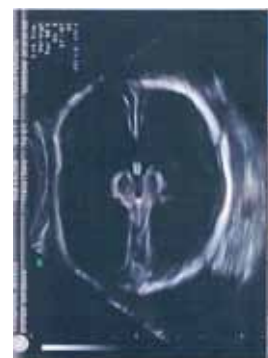


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Progress with Therapy

Collin was evaluated twice by another physical therapist and was on a waiting list before starting weekly physical therapy with me. He has had developmental therapy, vision therapy, occupational therapy, and speech therapy. Mom reports that the biggest shifts she has noted are from the reflex integration therapy which served as building blocks for the other therapies to work off.

When I started treating Collin, he had limited visual tracking. His head was generally turned to the left and he mostly only looked to the left, with the ability to focus visually for only very short durations. He could not hold his head against gravity at all. He had difficulty moving his limbs against gravity, with very limited movement noted secondary to his extremely low muscle tone. He had a strong startle to sounds. His reflexes were mostly hypotonic (with a few hypertonic). He had some limited hand movement (a little more if his shoulder was supported). He was starting to develop tonal patterns in his legs.



Collin's MRI.

Collin started receiving weekly 1 hour MNRI® treatment on September 22, 2009.

He received weekly physical therapy and a pretty intensive Home Program (about 5 hours per week). We worked on Reflex Integration Exercises, Neurostructural Reflex Integration, Tactile Integration, Oral-Facial Reflex Activation, and Visual and Auditory Reflexes Integration. Mom reports that cha-cha rhythm techniques and their sounds have become very familiar in their house and lots of embracing squeezes were used to increase body awareness.

Mom noted that Collin came out of his strong 'freeze' stage after a few months of MNRI® therapy. He was calmer and happier overall. He was able to be in a room with more than a few people, without getting overstimulated. She could see that he was changing, from initially



Above, Collin as a baby.
Below, Collin as a toddler.



having no idea where his body was in space, to having a little control, so he could sit in an externally propped sitting position. His head control and his visual tracking improved significantly. He eventually progressed to being able to independently sit in a propped position, and even lift one arm occasionally. He progressed from being in apparent pain with his tonal patterns that emerged as he started to move, to looking much more comfortable as he gained motor control. He started paying much more attention to people, enjoying their interaction, rather than being stressed by the input.



He learned how to roll, which gave him the chance to explore his environment independently for the first time in his life. He could roll anywhere he wanted to go. He went from hating tummy time, to choosing it. He was able to play with more toys and eventually carry them from place to place. He learned to push up to a hands and knees position and hold this position for up to 30 seconds, with some rocking. He started to stand, requiring less assistance as we progressed.

The oral-motor reflex integration sessions made a huge change for him. He still did not have words, but could make sounds to let people understand his needs more. His oral-motor sphere started changing crucially. Collin progressed from no oral feeding to oral feeding and from G-Tube feeding to tolerating some oral feeding.



Collin today after treatment.

By the time of his discharge from Early Intervention physical therapy at 3 years old (10/02/2011), Collin had progressed from having very little ability to interact in his world, being in a constant state of 'freeze' to being a mobile, communicative little boy. This was after approximately two years of weekly MNRI® therapy, with an intensive home program. He still has many limitations, but has made amazing progress for his diagnosis, most importantly learning to enjoy his life!

Currently (March 2013), Collin is able to eat whatever his family is eating. He will probably have longer term tube feeding at night, secondary to his low growth hormone levels.



Working with Collin and his devoted Mother was a labor of love. It was a great pleasure to travel along their path for awhile and watch Collin progress in all areas. Thank you, Collin, Jessica, Ryan, and P.J. for the opportunity! – Diana Lilja