MNRI® Dysfunctional and Pathological Reflex Repatterning and Integration - 3 day

Dates: September 28 - October 1, 2016
With Dawn Burnell-Powers
Location: Ann Arbor, MI

Course Overview:

The MNRI® Dysfunctional and Pathological Reflex Re-Patterning and Integration course expands a practitioner's understanding of the nervous system, focusing on how automaticity, the vestibular, proprioceptive, and gravity systems are contributing to the existing pathology or dysfunction of each reflex. This knowledge helps practitioners diagnose systems, establish priorities when creating programs and adjust exercises to meet specific needs allowing for faster results in complex individuals. Each of the infant and birth reflexes will be revisited and variations and adaptations will be demonstrated in detail, along with several other reflexes not covered in the introductory course. The MNRI reflex assessment tool will be explained in detail. Students will be encouraged to incorporate this tool into their practice, allowing them to gain proficiency in diagnosing and scoring over time. It is essential that students have attended a conference prior to taking the course and have seen this tool in practice. This is an advanced course that assumes students are proficient in all basic D & P techniques and have an understanding of the neurological relationships between the oral-facial, tactile, archetypal, visual and acoustic reflexes; as well as, the role that MNRI neuro-structural therapy plays in normalizing the protective response of the nervous system.

NOTE: *This is not a course for parents or caregivers, as many different adaptations will be explored, beyond what is being prescribed for their child. Parents wanting to gain this valuable understanding are encouraged to make an appointment with a core provider or register their child for a MNRI conference. In this way, all the information they receive will pertain directly to their child's individual situation. Short of this, parents are always welcome to attend monthly webinars. The instructor is not allowed to diagnose or offer specific suggestions of therapeutic interventions for children not under their care.*

Learning Objectives: MNRI® Dysfunctional and Pathological Reflex Repatterning and Integration

1. Explain the MNRI method basis in the context of a brief, scientific, and historical prospective.
2. Explain the conceptual basis for terms and their definitions:
    a. "Dysfunctional" and "Pathological" Reflexes
    b. The content of the approach on: patterning, repatterning/re-routing/re-training/re-education
    c. Neuromodulation

3. Define reflex and explain its levels of development relative to the brain neurological maturation.
4. Describe embryonic development and the chronological development of each reflex emphasizing the relationship between the reflexes pre and post birth.
5. Explain the basis of:
    a. Neurological development and maturation of a reflex circuit
    b. The role of neurons and glial cells in the myelination of the brain and nervous system in pre and post birth terms
    c. The nerve plexus created by the reflex
    d. What makes a facilitating and opposing reflexes for motor response and its neurostructural aspects.
6. Describe what conditions of the Nerve System development make a reflex dysfunctional or pathological.
7. Describe the interaction between the Central, Cranial, and Peripheral Nervous Systems in reflex development and response in stress and typical conditions.
8. Explain the role of the Enteric and Somatic Nerve Systems and their impact on reflexes and vice versa.
9. Describe the physiological and psychological basis of movement and the MNRI concept of neuro-sensory-motor reflex integration.
10. Explain:
    a. The mechanism of development of a reflex from appearance in utero to integration post-birth
    b. The characteristic components of reflexes
    c. How they influence all neurological and physiological development.
11. Describe the individual components of a reflex:
    a. Each part's optimal functions for the reflex system to mature and to support motor development
    b. Possible evaluation strategies to determine which of the components is impeding development in order to develop a treatment strategy.
12. Demonstrate how to apply the MRNI® Method:
    a. For the neurological reeducation/neuromodulation of dysfunctional and pathological reflexes
    b. To move the individual into a parasympathetic state more of the time
    c. To facilitate the ability to develop and access greater resources for self-regulation and communication skills
    d. To serve as the fundamental foundation for optimal motor, communication and cognitive learning, and growth.
13. Explain:
    a. The relationship between reflexes and excitatory and inhibitory neurotransmitters

    b. How reeducation/neuromodulation of reflexes affect/normalize the neurotransmission into greater balance in individuals with impaired neurodevelopment.

14. Explain the purpose of automaticity of reflexes pre and post birth and how to use this automaticity to facilitate development in individuals with deficits in neurodevelopment.
15. Describe the development of the vestibular and proprioceptive systems
    a. Relative to the muscle tone regulation throughout the body and antigravity
    b. How these system affects balance and interprets gravity.
16. Describe the function of the brain Reticular Activating System and how it influences the interpretation of the process of reception and perception and protective functions of the "body-brain" system.
17. Demonstrate:
    a. Each reflex broken down into its vestibular and proprioceptive components
    b. How to evaluate how the nervous system is interpreting gravity
    c. How to adapt either the sensory input or the motor movement pattern.
18. Demonstrate different adaptive techniques for working with hyper and hypo active muscle tone throughout the body.
19. Demonstrate different therapeutic strategies to release non-productive protection tendencies that prevent motor functionality and lead to impairment of executive brain function.
20. Analyze:
    a. Each infant and birth reflex pattern, their sensory stimuli and functional motor response
    b. Stages of each reflex's development
    c. How this effects the upper limbs, lower limbs, and the whole core.
21. Demonstrate how to check Dysfunctional and Pathological reflex patterns to locate nonintegrated, immature or impaired reflex patterns.
22. Explain, demonstrate, and identify:
    a. How to check Dysfunctional and Pathological reflex patterns to locate nonintegrated, immature or impaired reflex patterns
23. Demonstrate through hands on practice:
    a. Adaptations and variations of all 22 infant and birth postural and dynamic reflexes
    b. Emphasize quality of touch (sensory stimulation)
    c. Observe changes in understanding of the nervous system
    d. Verbal and non-verbal for activation of reflex patterns
24. Describe the process of using core flexion-extension mechanisms to describe the protection (freezing response) and survival (fight and flight response) strategies of the "body-brain" system.

25. Demonstrate and apply through direct hands-on instruction for neurostructural techniques to optimize functions of breathing, vision, and auditory and articulation systems.
26. Describe the importance of optimizing the body's symmetry mechanisms affecting binocular vision and binaural hearing and to release past stress and traumas.
27. Explain how the activation of biomechanics of reflex patterns offer correction of non-productive, dysfunctional, or pathological sensory-motor automaticity.
28. Describe how the activation of reflex patterns facilitate neurodevelopmental mechanisms for proper physiological functions which provide for easier learning for sensory-motor abilities, skills necessary for daily life functions, and enhance overall emotional, motivational, cognitive, communication and motor challenges.
29. Explain how the integration of the primary motor patterns support cognitive development.
30. Explain how activation of reflex patterns offer support for the coordination of the neuro-structural aspects of the body, its reactions and overall cognitive development.
31. Describe the innate nature of the sensory-motor reflex system and general principals of the Masgutova Method® for facilitation of changes in the physical, emotional, social, and cognitive functions of a person.
32. Explain how MNRI works with the Tonic Neck Reflex pattern to support all other reflex systems that will impact postural control of the trunk and head righting.
33. Demonstrate the impact of the protective Moro and Fear Paralysis reflexes on the development of the other reflexes.
34. Explain how until the Autonomic nervous system can prioritize and self-regulate and shift easily into parasympathetic.
35. Describe how TLR and Moro, together with Trunk Extension and the Tendon Guard Reflex:
    a. Will influence the function of the neck flexors which will in turn affect all the oral-facial-motor abilities.
    b. Working with these supporting reflexes is necessary in order to gain results when working with reflex patterns.
36. Describe how a dysfunctional or pathological Babkin Palmamento reflex (hand-mouth), Hand's Pulling reflex, or Hand Grasp reflex will impact one's ability to self-feed and self-regulate and demonstrate therapeutic techniques for each of these reflexes.
37. Describe how ATNR and Gallant are:
    a. Foundational in all auditory and visual processing
    b. Foundational in upper limb reflexes
    c. Influence muscle tone in face and arms and hands
    d. Play a major communication role in linking Cranial nerves to Central and Peripheral nervous system
    e. Primacy of these reflexes in all speech and auditory and visual processing.

38. Describe how Upper Limb reflexes (in particular Grasp and Sequential Hands Opening Reflex):
    a. Supports all sequential processing, including but not limited to, sequencing of phonemes and its impact on stuttering
    b. Responsible for myelination between the Broca and Wernike areas
39. Explain how walking and talking are often seen as concurrent developmental milestones:
    a. Because reflexively they are linked
    b. Individuals who miss one or both of these milestones need to reeducate all the reflexes that support both of these motor movements and intentionally link them.
    c. Demonstrate how this is done and give examples of appropriate home programs.

Course Agenda:

Day 1

Hour 1: Foundation of MNRI®

Hour 2: Embryonic development and the chronological development of Reflexes

Hour 3: The anatomy of a reflex and the vestibular system and the RAS

Lunch 1 hour

Hours 4-5: The relationship between cranial nerves, CNS and PNS and the autonomic nervous system (sympathetic and parasympathetic)

Hour 6: The symmetry system and its importance in measuring movement in the nervous system

Hour 7: Introduction to the spinal reflexes Postural control and balance

Hour 8: Review of Perez reflex

Day 2

Hours 1-2: The Proprioceptive system, anatomy and communication with Vestibular system.

Hour 3: The Enteric Nervous system and how it functions

Lunch 1 hour

Hour 4: The intersection of vestibular and proprioceptive systems and how they influence tone throughout the body

Hours 5-6: Adaptive Techniques

Hour 7: Practicing ATNR techniques

Hour 8: Neurotransmitters and the enteric nervous system, excitation and inhibition

Day 3

Hour 1: The vertical canal, postural uprightnesss

Hours 2-3: Repatterining Trunk Extension and all its functional variations

Lunch 1 hour

Hour 4: Injuries that impact spinal reflexes and motor movements

Hours 5-6: Foot Reflexes

Hour 7: Inter-hemispheric integration learning disabilities and mental illness

Hour 8: Sequential Side Rotation and Spinning Reflexes

Day 4

Hour 1: The role of the Pons in higher learning and development

Hour 2: Passive Legs Cross Flexion, Anti-Gravity Legs Cross Flexion, and passive Thomas Auto Gait.

Hour 3: STNR and Head

Lunch 1 hour

Hour 4: Hands Supporting adaptive techniques for hypo and hyper tonal

Hour 5: Hands Pulling automaticity, Head Lag, Feeding

Hour 6: Hands Grasp, working with the hands independently

Hour 7: Sequential Hands Opening and Closing, Thumb release and sequential arm opening

Hour 8: Final questions and review

Financial Disclosure: Dawn Burnell-Powers receives a stipend based upon an enrollment percentage.

Non-financial Disclosure: No relevant relationship exists.

Course Disclosure:*The Svetlana Masgutova Educational Institute has developed and patented a licensed technology trademarked as MNRI®. Because there are no other like-kind products available, course offerings will only cover information that pertains to the effective and safe use of the above-named products. This presentation will focus exclusively on MNRI® and will not include information on other similar or related products or services.*

Special Needs Requests: If you require special accommodations, please notify SMEI at events@masgutovamethod.com at the time of registration so that needed accommodations can be made prior to the course.

Course Completion Requirements: Full attendance is required to receive a certificate of completion and any available credit hours or CEUs.

Target audience:
Speech Language Pathologists, Speech Language Pathologist Assistants, Occupational Therapists, Certified Occupational Therapy Assistants, Nurses, Physical Therapists, Physical Therapist Assistants, Educators, Psychologists, Physicians, Massage Therapists, Mental Health Counselors, Other Health Care Providers, Parents.

Additional Information and Registration:

For more information or to register, visit https://masgutovamethod.com/events?709.
You can also contact the local MNRI® coordinator for this course:
Jacquelin Kilburn • info@jump-in-products.com • 810-231-9042

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