

Malia’s Impressive Growth and Development!

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I said, “Please God, we will take her home and love her anyway you give her to us... please, please, don’t take her.” (Quote from the book, *Angels Unexpected*, 2015, written by Donna Sanchez, Malia’s Mom.)

Malia wasn’t breathing when she was born on March 6, 2006. She was pale and limp. She didn’t cry at all – there were no sounds coming from our newborn baby girl.... “Why am I not hearing her cry?” Babies are supposed to cry upon entering the world. Why am I only hearing the pediatrician’s voice saying, “Hurry up, give me the baby!?” The answer is, Malia was at death’s door—but thank God... she never entered.

She suffered from oxygen starvation during her delivery. It was termed H.I.E. or Hypoxic Ischemic Event. Due to that lack of oxygen, Malia, who is now 8 years old, lives with the diagnosis of cerebral palsy (CP). She doesn’t walk, has difficulty using her hands, and has a difficult time with speech, and she is totally dependent. However, she is the happiest child we know. Her spirit is amazing and she is very smart.

Malia has a Special Needs Trust due to birth injury and because of that we have been able to research and try the many different methods of therapy that are out there for CP. Starting from the very early age of about 10 months Malia started participating in therapies to help her motor development. At the beginning she was participating in a traditional physical therapy program in a local clinic. In 2007 when Malia was about 18 months old we traveled to a clinic in the Ukraine for 12 days of intensive therapy and once again 6 months later for another 12 days. I have to say we learned a lot from the eastern Europeans. Their therapists, doctors, and parents have a different mindset about how to handle this type of situation and we have been *so fortunate to learn that early on*. Their approach was to be more intensive with therapy from the start and work hard to reach a higher level of development for the child. There is no time to be wasted and the results will not come if we do not work hard for them. American western medicine is great and we appreciate it very much... however... when it comes to matters of brain-injury, we have a lot to learn because we’ve lost the ability to work hard at anything. Brain injury takes serious work and diligence – there’s no medicine or quick fix for it.

After further research for more help for our daughter we also learned about The Institute for the Advancement of Human Potential in Philadelphia and traveled there with our little Malia when she was two and a half years old. This was a big learning for us as well. Malia has been diagnosed as having severe brain damage, yet



Donna Sanchez



Magda Gorecka



Malia and Dr. Masgutova

during our visit at the institute we got many tools and so much needed hope. We were committed and ready to work hard on her recovery and to follow a Home Program with her after we got back home.

At the end of 2009 Malia started working with the physical therapist and ABM practitioner Magda Gorecka who started her MNRI® studies soon after. Until then we were following the home program we learned at the Institute, doing traditional physical therapy at the local clinic and also participated in a therapeutic horseback riding class once a week.

At the age of 4, Malia's development was assessed by a therapist using objective tools. The results from the Peabody Developmental Motor Scale marked her fine motor skills at the equivalent of 5 months old, and her visual skills at the equivalent of 13 months. She had Gross Motor Function Classification Scale (GMFCS) level of IV-V.

In recent years we have been so blessed to have met Dr. Svetlana Masgutova and learned about her method, Masgutova Neurosensorimotor Reflex Integration (MNRI®). We now have been to six Masgutova Family Conferences (dates: August 2010 – August 2013), and we have also been practicing this method at home for 3½ years. It makes absolute sense that we use this method as a basis for all other methods. It's about integrating the most primitive reflexes that these children often do not have integrated, or the reflexes are dysfunctional or pathological. The way I remember and summarize this method is: reflexes are organized in the lower brain and if you have chaos going on down there – you will never be able to reach higher learning or higher function... in other words, these children cannot reach their fullest potential in life without basal organization. Dr. Masgutova is the most genuine, loving specialist I've ever met... she truly, truly cares about these children and it's her life's mission to help them. Because we trust her, we continue with her method. She looked me in the eyes at the first camp and told me, *"I know I can help your daughter, but it's going to take work and commitment—at least 4 years"* she said. I believed her. I was always optimistic and hopeful, but she gave me much more hope and we have seen our daughter only progress with doing what we're doing; just the absence of regression can already be a huge achievement for many children with severe cerebral palsy!



Malia and Dr. Masgutova

At the beginning of our journey Malia couldn't do anything without help. She was completely dependent on our assistance. At the age of two Malia would try to move small distances around the house by trying to crawl – it wasn't easy but we saw an independent spirit in her early on. Around the age of three we learned that it was important to 'not skip' the stage of belly crawling; we taught her to do this but it was very hard for her and she needed tons of encouragement. In the beginning, it was very difficult for her to lift her head up. She would move her legs and try to use her arms but it seemed that gravity was just trying to glue her body to the floor to make it more difficult. Head control was a big challenge and something we knew needed to be a high priority. Malia's body was governed by low muscle tone with weak muscles demonstrating spastic organization every time she tried to move. Her vision was developing but the visual field was narrow and her eye movements were poorly differentiated from head movement with poor teaming of binocular vision. She would startle easily, her meals took a long time because her chewing abilities were very limited.

First Experience with MNRI®

As we mentioned earlier, Malia's first Family Conference took place in August of 2010. As parents we learned about MNRI® from another parent, Malia's neurologist, and from her therapist, Magda.

Our first experience with the method was overwhelming. The amount of work and learning that took place during those 8 days was huge. Malia did great at participating and staying happy and compliant. At that age (4.3 years) she was still very limited in her motor function. Trunk and head control were very challenging, as

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well as reciprocal movements of the legs, or the use of the arms to reach to an object or grab a toy were very difficult. Malia's speech was limited to less than 20 words and now she's speaking sentences – labored sentences – but speaking and expressing herself nonetheless. Her movement had dyskinetic qualities demonstrating poor functioning of the cerebellum and cerebrum and poor differentiation of postural and distal muscles of the body. Malia improved her belly crawling and started to move around the house in a more upright position by scooting and hopping on her bottom with legs positioned in a 'W' for balance. Frequently though, her hands wouldn't move fast enough and she would lose balance and fall forward without being able to block with her arms.

Cognitive development was always progressing faster with Malia. We always knew that she is a very smart girl though her difficulties with expressive language due to motor impairment and poor motor control and pathology in muscle tone were impacting and slowing down her emotional and cognitive development compared to children in her age group.

Malia's first Assessment of reflex integration levels (August 2010) done by Dr. Masgutova was highly anticipated by all of us. We wanted to find out and learn more about her prognosis and how we could help our Malia.

Listening and witnessing the Assessment for the first time was an incredible experience. There was so much information and all of Dr. Svetlana's words seemed to fit exactly to what Malia's needs and challenges were as if she had known her for years. It was amazing to see the proficiency and knowledge presented by Dr. Masgutova in relation to reflex patterns and their impact on the development and function of a child.

That first Assessment demonstrated a deep dysfunction in a majority of Malia's reflex patterns and, in a few cases, pathology of reflex patterns. Our first Family Conference started us on a long and intense journey of helping Malia to correct the pathology and to start developing more correct reflex patterns and, through that, to facilitate motor, cognitive, and emotional development.

The results of Malia's August 2010 Assessment are presented in the tables below:

On a scale from 0 to 20 points, the data demonstrate that Malia's results were well below the norm (16.00-17.75 points). They were also below the transitional point (10.00-11.75 points) where a reflex pattern is consid-

ered to be on the boundary between the development of normal function and dysfunction, or at the point that both correct and incorrect features of a reflex present themselves. A result below this level means that the particular reflex pattern is dysfunctional.

Considering the above criteria, most of Malia's reflex patterns were deeply dysfunctional or even pathological. Only two reflexes, Core Tendon Guard and Bonding, could be considered to have only light dysfunction. There were no reflex patterns showing positive functioning when she started the program.

As parents and therapist receiving the results of the Assessment, we needed time to process the information and translate it over to functional limitations and understanding why and how development of reflex patterns and their maturation can impact motor development.

The results of the Assessment and the knowledge that it is possible to correct them was giving us hope but also brought up many questions, "Can we really impact and change dysfunctional automatic reflexes?", "How long do we need to wait to see the results?", "Is MNRI® really the guaranteed method to make good progress in comparison with all that we tried before?", "How are we going to manage with the Home Program?", "How often do we need to come back to the conferences?" These are questions that parents and therapists ask again

Table 1-A. Reflex Patterns (1-10)										
Reflex #	1	2	3	4	5	6	7	8	9	10
	Core Tendon Guard	Hands Grasp	Hands Pulling	Babkin Palmomental	Babinski	Leg Cross Flexion Extension	ATNR	Abdominal	Bonding	Foot Grasp
Average	9.5	4.75	5.5	3.75	3.25	3.25	4.75	5.25	8.5	3.75

Table 1-B. Reflex Patterns (11-20)										
Reflex #	11	12	13	14	15	16	17	18	19	20
	Automatic Gait	Bauer Crawling	Moro	Fear Paralysis	Hands Support	Segmental Rolling	Landau	Flying/Landing	Grounding	Head Righting
Average	3.25	4.25	6.25	4.75	3.75	3.25	0.75	0	1.5	3.25

Table 1-C. Reflex Patterns (21-30)										
Reflex #	21	22	23	24	25	26	27	28	29	30
	Trunk Extension	STNR	Spinal Galant	Spinal Perez	TLR	Foot Tendon	Spinning	Locomotion	Balancing	Pavlov Orientation
Average	3.75	4.25	4.25	4.25	2.25	3.25	4.25	3.25	2.25	6.00



The MNRI® Team and Malia held by her mother, Donna.

and again in order to find the best for their child and not to miss the opportunity for them to recover to the maximum of their possible potential.

At the beginning of the conference we didn't know any of the answers but gradually started observing, learning, and understanding. In addition to learning from the Core Specialists at the conference, we also participated in the evening lectures organized for parents to facilitate their learning more about MNRI®. We could ask questions, practice hands-on techniques and also share experiences with other parents. Gradually, one little step at a time, we started understanding the importance of primary reflexes and their role in the organization and development of the brain. We began to understand the power of reflexes as automatic responses given us by nature that explained so many of the difficulties that we

saw in Malia's daily life.

The first conference opened up the door to further development. We started seeing the first positive changes in our little girl and we were determined to make every effort to continue the work with both the Home Program and by participating in the next conference in California.

Home Program

The Assessment allowed Dr. Masgutova to create an individualized MNRI® Home Program for Malia. Malia's leading therapist, certified MNRI® Core Specialist, Magdalena Gorecka, helped us with implementing the recommended Home Program.

Magda continues to be Malia's physical therapist. She provides direct hands-on therapy, as well as the support and guidance related to school IEP meetings, equipment needs, etc. ...

In late October 2010, we started working with the intensive Home Program for Malia. It included 5 days a week of MNRI® including, reflex integration exercises, Neurostructural integration protocol, elements of Tactile and Archetype, Oral-Facial program, and balancing board exercises. Continuously, month after month we started seeing progress in Malia, sometimes it seemed slower than we wanted, and sometimes she surprised us with her progress!

Changes in her development that we, and her specialists, have noticed:

- ongoing improvement in gross motor coordination: She has the ability to move around the house independently while on a level surface using modified creeping (for now the movement continues to be homolateral), able to come to high kneeling and balance for up to 15-20 seconds, able to stand up straight with minimal assistance at the pelvis. Malia can sit on a small chair with her feet on the floor and maintain that position, with standby assistance for safety, for several minutes.

- big improvement in the following reflex patterns: Progress is seen with Trunk Extension, Head Righting, Automatic Gait, Leg Cross Flexion-Extension pattern which facilitates her reciprocal movements and control of lower extremities. At the beginning of MNRI®, all the reflexes of Hands Supporting, Hands Pulling, Bauer Crawling, Spinal Galant, Spinal Perez reflexes were exercised passively; right now Malia is able to actively participate and activate the muscles responsible for very specific movements. Her coordination, strength, and balancing responses continue to improve.

- fine motor coordination improvements: Malia started reaching for and holding objects. She still needs several attempts to be successful, but her abilities of purposeful hand movements have changed greatly. She started playing with toys (something that all of



Malia and MNRI® Core Specialist, Connie Jordan.

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us have dreamed of). Her determination is inspiring! Because of her love for music she learned how to put a CD into the CD player and start playing the music!

- vision: Malia's ability to move her eyes independently of the movement of the head has improved and continues to develop. Her visual field has extended and coordination of eye movement has improved.

- auditory perception: Malia's understanding of language and auditory perception are at a high level. Her startle response due to sudden sound stimuli has decreased significantly, demonstrating reduced hypersensitivity of auditory Fear Paralysis and less mixture of Moro with Fear Paralysis.

- speech: Malia's speech came late but it is blooming! At the age of 5½ – 6, she started using more words and began communicating more spontaneously. It was a gradual process of gaining more confidence and motor control to be able to start producing words. These days we continue to work on clarity of speech and pronunciation of consonants. We are also working on extension of exhaling and timing of breathing rhythm and speech.

Malia has made great progress over the years and she still continues to improve her skills. She is very smart, has an amazing sense of humor, and is a very determined young girl. We work as a team, in which Malia is the most important member, to support her continued development.

As she becomes older, and body proportions change, her center of gravity shifts further and further away from the ground. It becomes even more important to maintain a regular therapeutic schedule and to continue with the application of MNRI®. We know that by using reflex patterns, we stimulate the innate genetic resources that serve as the keys to communicating with the brain. The richness of MNRI® gives us tools to address all aspects of child development. From reflex integration, Tactile, Neurostructural, Archetypes to Facial, Auditory-Visual, and cognitive.

Malia's last Reflex Assessment in February 2013 shows significant progress in the level of reflex patterns in-



Malia with MNRI® Core Specialists, Magda Gorecka, right, and Boutaina Rosen, at left.

tegration. That supports and explains why she could make such good progress in her motor development and motor control. The tables below compare results of this February 2013 Assessment against the first assessment in August 2010 (see table 2 A, B, C):

The results of the last Assessment indicate that all Malia's reflex patterns have improved significantly. There are NO reflexes at the pathology level! Only 6.7% (2 of 30) reflex patterns are at the level of deep dysfunction, 40% of reflexes

Table 2 A. Reflex Patterns (1-10)

Reflex #	1	2	3	4	5	6	7	8	9	10
	Core Tendon Guard	Hands Grasp	Hands Pulling	Babkin Palmomental	Babinski	Leg Cross Flexion Extension	ATNR	Abdominal	Bonding	Foot Grasp
Feb 2013 Average	13.5	8.5	10.25	7.5	11.25	11	14.25	13.75	15.5	8.75
Aug 2010 Average	9.5	4.75	6.75	3.75	3.25	3.25	4.75	5.25	8.5	3.75

Table 2-B. Reflex Patterns (11-20)

Reflex #	11	12	13	14	15	16	17	18	19	20
	Automatic Gait	Bauer Crawling	Moro	Fear Paralysis	Hands Support	Segmental Rolling	Landau	Flying/Landing	Grounding	Head Righting
Feb 2013 Average	9.25	11.5	12.25	9.25	10	10.25	5.75	5.5	9.75	9.75
Aug 2010 Average	3.25	4.25	6.25	4.75	3.75	3.25	0.75	0	1.5	3.25

Table 2-C. Reflex Patterns (21-30)

Reflex #	21	22	23	24	25	26	27	28	29	30
	Trunk Extension	STNR	Spinal Galant	Spinal Perez	TLR	Foot Tendon	Spinning	Locomotion	Balancing	Pavlov Orientation
Feb 2013 Average	11.75	13	10	10.25	9.75	9	9.5	8.75	9.75	9.50
Aug 2010 Average	3.75	4.25	4.25	4.25	2.25	3.25	4.25	3.25	2.25	6.00

reached level of light dysfunction, 30% are at the boundary of normal function and dysfunction, and 16.7% are functional at a very low level.

Malia has made amazing progress and she continues improving in her physical abilities and efficiency of her communication. We will continue to support Malia in her journey of ongoing learning and development.

Conclusion

From Magda Gorecka: From my very first experience with MNRI®, I knew that it has amazing depth and provides insight to help understand the physiology, development, and pathology of the human brain. Listening to Dr. Masgutova explaining the role of primary reflexes and her approach to facilitating their integration to open possibility for development was a professional, "Aha," moment for me. Participating in Family Conferences and seeing so many children (and adults) change so significantly in such a short time was and continues to be an amazing experience! It is a privilege to be a part of the MNRI® professional team. I want to say 'Thank You' to Dr. Masgutova for her gift of knowledge.



Thank you to Malia's parents, Donna and John, for their deepest dedication, kindness, and love and also for their support and perseverance in the journey of unlocking possibilities and ongoing development of their dearest daughter, Malia. – MNRI® Team