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Helping Your Child Improve Handwriting Skills: A Guide for

Primitive Reflex Integration

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When I started practicing occupational therapy 18 years ago I knew what primitive reflexes were, but didn’t fully grasp their impact on child development for another eight to ten years. I had kids that would be referred to me for being “clumsy” or “sensitive”

Archives

and I always looked at these kiddos through my sensory processing lens. What I neglected to understand was the impact that unintegrated primitive reflexes have on sensory processing, modulation, motor coordination and learning. There are lasting delays that are unlikely to remediate until primitive reflexes integrate. It was pivotal when I was able to help kids “unlock” their full potential by adding primitive reflex integration activities into their routine.

What are primitive reflexes?

Primitive reflexes are automatic movement patterns that occur in response to head and neck movements. These automatic movements serve as “tools” that all infants are born with. They assist in providing safety immediately after birth.

Primitive reflexes are the building blocks and serve as the foundation for higher level learning and thinking, planning and movement. Each reflex has a lifespan of its own and will integrate, or disappear, on their own through natural developmental movements. Sometimes primitive reflexes are retained.

How do they integrate naturally?

Primitive reflexes are not meant to remain in the body forever. Once the child can move from

involuntary movement to voluntary movement, the reflex will integrate. Typically primitive reflexes will integrate once a child masters a developmental milestone such as developing head control, crawling and walking.

Why would a primitive reflex NOT integrate naturally?

There is no definitive answer to WHY a primitive reflex may not integrate naturally. There are lots of reasons which have been found to predispose a child to have retained primitive reflexes.

- Contributing factors:
  - During pregnancy:
    - Hyperemesis or severe morning sickness
    - Severe viral infection during the first 12 weeks or between 26-30 weeks
    - Alcohol / drug use / smoking
    - Radiation
    - Severe stress
  - During the birthing process:
    - Prolonged labor
    - Placenta previa
    - Use of forceps or “vacuum”
    - Breech
    - Cesarean
    - Cord wrapped around infant’s neck
    - Fetal distress
    - Premature / post-mature (2 weeks early or late)

- In newborns and infants:
  - Low birth weight (under 5 pounds)
  - Incubation
  - Prolonged jaundice
  - “Blue baby”
  - Feeding challenges in the first 6 months
  - High fever, delirium, or convulsions in the first 18 months
  - Adverse reactions to any of the inoculations
  - Delayed walking or talking (later than 18 months)

- Additionally, if a child is placed in “containers” for the majority of their waking hours, they are unable to participate in natural movement-based activities resulting in delayed milestones and potentially retained primitive reflexes.
- Certain diagnoses may also contribute to retained primitive reflexes.
- There is no “fault” to be had, no blame to give. Only knowledge and the tools to help

When primitive reflexes do not integrate, what happens?

Retained (not integrated) primitive reflexes can interfere with the development of more mature,

voluntary movement patterns. Instead of mature, voluntary movement patterns, a child with retained primitive reflexes may develop abnormal movement patterns which can result in clumsiness. If a primitive reflex does not integrate through natural movement, it can be a sign of problems within the nervous system (brain). Since primitive reflexes lay the foundation for sensory processing, postural reflexes, bilateral coordination and academic learning. This means the child might struggles with:

- Attention and focus
- Ability to coordinate arms and legs for cutting, climbing jumping, swimming
- Visual tracking-problems with reading and writing
- Learning – challenges sitting and attending in class; challenges with ocular motor skills which affects reading and writing; challenges with establishing a hand dominance
- Social skills – high anxiety and decreased self-confidence; decreased language and communication skills
- Balance, ability to move safely through the environment

Who does this affect?

- Retained primitive reflexes can affect ANYONE
- Children with specific diagnoses may be more likely to retain primitive reflexes, including (but not limited to):

- Down Syndrome
- Cerebral Palsy
- Genetic Disorders
- Children who receive a diagnosis of Autism, ADD/ADHD, ODD, and SPD often show signs of retained primitive reflexes.

- Children who struggle with tummy time as infants, who spend too many waking hours in containers, who experience trauma (in the womb, during birth, after birth), or who are born prematurely may be more likely to retain primitive reflexes.

What should I do if I suspect my child has retained primitive reflexes?

The best thing to do is reach out to a pediatric occupational therapist. They can do an in depth evaluation of your child's skills and help you determine why these delays may be occurring. Primitive reflexes can be integrated through the use of activities that promote body movements in specific patterns that work with the reflex, and then against the reflex. The therapist can provide home program activities that your family will complete between sessions which will create quick changes for your child. My clinic Connect Pediatric Therapy works with children of all ages who are working towards integration of primitive reflexes. When

families follow through with the exercises then quick progress is made and families can get on with the job of living. Please reach out to us at 402-413-1356 or connectpediatrictherapy.com to schedule a free consultation with an occupational therapist to determine if we can help you child.

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