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Why a Retained Spinal Galant Reflex is Mistaken for ADHD

This article contains information regarding a retained Spinal Galant Reflex. Integrated Learning Strategies (ILS) is a learning and academic center. As a reminder, ILS is not a health care provider and none of our materials or services provide a diagnosis or treatment of a specific condition or learning

challenge you may see in your child or student. If you seek a diagnosis or treatment for your child or student, please contact a trained professional who can provide an evaluation of the child.

Years ago Attention Deficit Hyperactivity Disorder (ADHD) seemed to be the common diagnosis for almost every learning challenge. If your child couldn't sit still in school, if they couldn't pay attention to the teacher or retain what they were learning, or if they had behavior problems, they were automatically labeled as ADHD. As research has improved, studies are now showing that many of these children were [misdiagnosed with ADHD](#).

Now that we have more research available, therapists, doctors and researchers are able to more accurately assess children for other types of learning challenges like Sensory Processing Disorders (SPD), Dyslexia, Apraxia, and Auditory Processing Disorders.

Because children who have some of these other learning challenges often display the same types of behavior as kids with ADHD, it is often times easy to confuse one for the other. And, to make things even more complicated, research and studies are now finding that some children who display symptoms of ADHD could actually have a retained primitive reflex from birth that also cause similar symptoms of ADHD.

Now that we have established certain types of learning challenges can be mistaken for ADHD, what does the research show? The field of neurology, in combination with how children learn, is a rapidly growing area and mostly focuses on functions and disorders of the nervous system. [Recent research](#) presents a strong link between primitive reflexes and ADHD, particularly with the Spinal Galant Reflex and the [Moro Reflex](#).

Primitive reflexes are present at birth and happen automatically in response to stimuli in the baby. These reflexes are necessary for proper growth and development. Because primitive responses should disappear when they are no longer developmentally appropriate, many parents don't even know when their babies transition as their development progresses.

While many parents are familiar with the [startle response \(Moro\)](#) and the [rooting reflex](#), there are many other primitive reflexes that are vital for development and learning as they grow older. The Spinal Galant is one of these.

What is the Spinal Galant Reflex

The Spinal Galant Reflex encourages movement and development of range of motion in the hips. This important reflex prepares the baby for crawling and walking. In a newborn, softly stroking just to the side of the spine on the lower back initiates a side flexion in the baby and the child's hip rises toward the touch. If there is stimulation on both sides of the lower spine, this will activate the reflex, which frequently causes urination and could be another reason why [bedwetting](#) happens in children over the age of five.

The Spinal Galant Reflex usually integrates or disappears in normal development by 12 months. If the reflex is still present in a child that is older, it may cause some behaviors that a child could struggle with at school and home.

A few signs and symptoms of a retained Spinal Galant Reflex may include the following:

- Inability to sit still
- Poor concentration
- [Bedwetting and/or poor bladder control](#)
- Clumsy
- Irritated by tucking in a shirt or tight waistbands on pants
- Lack of focus and attention to a task
- Fidgeting
- Trouble with short term memory
- Frequently making noise (buzzing, humming)

How is the Spinal Galant Reflex often mistaken for ADHD?

Do these symptoms sound familiar? Many of these signs are the same problems we see in kids who were diagnosed with ADHD. [Past](#) and [current](#) studies describe that children with ADHD show strong signs of a retained Spinal Galant Reflex. In fact, researchers even speculate that the hallmark symptoms of ADHD, such as the inability to sit still, fidgeting and poor concentration, could be directly attributed to a retained Spinal Galant Reflex in the child.

When we look at the core movements of the Spinal Galant Reflex this starts to make sense. The retained response can be elicited by any stimulus making contact with the lumbar region of the spine. Every time a student's back is against a chair, the reflex is activated so the child wiggles in his or her chair. This constant irritant affects the child's concentration and short-term memory.

If the reflex remains only on one side it may influence posture and walking. If posture and walking are affected, it may present itself as clumsiness. If the child is able to calm the reflex and stop moving, they are likely to lack the energy they need to focus and learn.

The idea that a child with ADHD could be struggling with a retained Spinal Galant Reflex can change the direction of treatment from traditional medication to retraining the brain. The good news is the brain can be encouraged to develop the mature patterns that should have been developed in prior stages, but were missed. In other words, we can re-educate or re-pattern the brain through exercises if done repeatedly.

Retained Spinal Galant vs. ADHD Checklist

A retained Spinal Galant reflex may cause kids to display ADHD-like symptoms. Parents, therapists and educators can use the *Retained Primitive Reflexes roadmap* below to determine if the child should be tested for a retained Spinal Galant reflex. A retained Spinal Galant reflex could potentially be the cause for attention and focus issues in the classroom. Enter your email address below to find out where to get started.

How to test your child for the Spinal Galant Reflex

If you are fairly certain your child has a larger problem with attention and focus and other developmental delays, there are a couple of easy tests you can do with your child to see if they have retained the Spinal Galant Reflex. Please keep in mind that there are other reflexes that may be present in your child, which you will want to have them tested for in addition to the Spinal Galant reflex.

Here is how to begin.

Step 1

Have your child or student get down on their hands and knees. Make sure their arms and back are completely straight. Their back should be flat like a table top.



Step 2

Take a marker or sharpie and gently trace it down the left side of your child's spine (from the top of the neck, down to their lower back). Repeat exercise on the right side of the child's spine.

Step 3

Notice the reaction of the child. Was it ticklish? Was there any pain? Did they dip their back when you traced the marker down their spine? Were the signs worse when you reached their lower back? If they display any types of discomfort, ticklish parts or dipping of their back the closer you got to the lower back, it is a sign of a retained primitive reflex.



Step 4

If your child had any of the reactions listed above, ask them questions like “How ticklish was it?” “On a scale from 1 to 10, how badly did it hurt?”

These types of questions will help you understand how mild or severe your child’s symptoms may be and how much intervention they may need to correct the retained primitive reflex.

Integrate with Success Program

If you suspect your child has one or more retained Primitive Reflexes, there is a way to test your child and help integrate the reflexes with a few simple exercises you can do right in your living room. The Integrate with Success program helps parents, therapists, teachers and professionals integrate six basic and most commonly retained Primitive Reflexes.

To enroll in the course, join the waitlist [here](#). You can also download a free copy of our Retained Primitive Reflexes roadmap that provides information on how to begin navigating your way toward reflex integration. To download your free copy, complete the form below.



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