

Sam

Sam came for his first lesson at 12 months old. He had been born 3 months early, needed extensive medical treatments, and had had many visits to the hospital because of troubles with breathing. As he and his mother came in the door, the first thing I noticed was how large his head was in proportion to his torso and how he used his big blue eyes. His mother held him very close to her when walking with him on her left hip. He didn't seem to feel how to keep himself upright as he was moved in space. He did not grab onto her clothing when he began to lose his balance; instead he held his breath and he stiffened. When this happened, she seemed to keep his balance for him by adjusting her arms.

I began the lesson with him being held by his mother. As I was talking with her, he followed me with his eyes but seldom turned his head. He noticed and did not object to my quality of touch. He seemed hesitant at first to let me touch him, but I touched his spine in an attempt to help him feel the support that he had to hold his head more easily and to turn when he looked at something. Once my touch seemed to make sense for him, I showed him my hand and said "that's my hand on you". After his head became a little freer he moved it with his eyes to watch me or his mother. It took some 10 minutes before I had the mother lie him down on my table, and I started working with her near by.

I know that the pelvis needs to do its share of the work. The clearer the relationship becomes between the head and the pelvis, the better the overall organization is. The powerful use of the middle of ourselves is important to being able to do what we want. When I first touched this 12-month-old baby, I could feel that he did not use the low back to keep his balance while being held by the mother; I could feel that when he lay on his back, he moved very little in an attempt to roll. Bringing his knees over his chest seemed to be a lot of work, his chest seemed stiff, and pressing the feet on the floor to lift the pelvis was not possible.

His hands and feet would close whenever he started to move. I asked the mother what happened if he wants to get to a toy that is on the floor nearby. She said he looks at it and then looks at me; if that doesn't work, he cries. I could imagine the expression in his clear blue eyes as he would "ask" for the toy. I could imagine how he wouldn't even move his head to indicate his wish. At the second lesson I asked if he had been strapped down in the hospital while they did the procedures that they needed to do. She looked surprised and told me about some of the procedures and how long he was kept immobile. She asked how I knew and I told her that his way of moving reflected what he had been through.

Soon while I was working with him on his back, he began to roll his head and move his eyes to follow a moving object. With my touch I could help him reduce the muscle tonus in his chest and his breathing became a bit easier. He then brought his legs over his belly with a swing. When his feet went to the floor, they

met the floor on the outside edge of the feet, and his small push resulted in hardly any movement of the rest of himself. When his mother held him after this lesson, he began to move his head freely when he looked around. He even followed me with his eyes and head when I hid behind his mother's shoulder. He found this funny.

During our lessons I followed what he attempted to do and I used my hands to help him feel how to do what he wanted with more ease. For example, he was on his back and I used my hands to bring the floor to his feet so that he could push and feel the outcome of what he coordinated. It is similar to how we work with a child with Cerebral Palsy who has a spastic foot. Instead of focusing on bending the foot so it successfully can push on the floor, we use an artificial floor and bring the floor to the foot so that the child's nervous system has the experience of having a foot flat on floor. To paraphrase Anat Baniel, the child whose foot has been spastic lacks the variety of outcomes that most children experience when they use their feet to push or support weight. The problem is that the nervous system of this child lacked the variety of outcomes. With the use of the artificial floor, children experience other results and then begin to look to create this variety of outcomes themselves. Our job is to create the situations where they can be successful, where they can experience a variety of outcomes that are linked to what they want to do.

By the third lesson he could lie on his back and push against my hands so that he moved himself on his back so that his head went up along the floor. This was new to him and he laughed. It was the first time that I saw him have an intention and then move to do what he wanted, except for nursing. Soon he could also roll himself onto his belly by pushing on one foot and reaching for something across his chest. On the belly, I showed him with my hands that he could use his whole back to lift his head and look up. He even began to spontaneously push on his hands. It was during this time that the curve in his lower back started to change shape. It began to curve forward so that his belly and chest were free. While being held by his mother he started to use his own low back more and more to keep his balance. I remembered reading about how the calcification of the bones relates to what we do in the gravitational field (form follows function). I imagined that the lumbar curve was beginning to form because of how he could use the power of his back. I also talked with the mother about allowing him more room in her embrace to make his own adjustments to keep his balance. She could do this and understood the importance of it.

After 6 months of lessons two times per week he could come to sitting on his own, shift his weight in sitting to one arm and reach for what he wanted. He could come onto his knees and hands. He could crawl and began to pull himself up to standing. In standing, he often had the feet wide and turned his feet so the toes pointed out,. We worked in standing, and I slowly moved his pelvis so the weight was over one foot and he could feel that the other was free to move. Before long he began taking steps while keeping one or both hands on the edge of my table.

Sam's parents, caretakers, and the pediatrician were all surprised by the rapid improvement that he made. At 12 months he couldn't roll; at 18 months he was standing. He has become a child who can do what he wants to do, and he enjoys it.