

C.M.E. Cuevas – Medek - Exercises HISTORY

Ramon Cuevas got his P.T. degree from the University of Chile, Summa Cum Laude in November 1969, and looking for expandable horizons and new opportunities for his career, he migrated to Venezuela in April 1970. Hired by a private institute called Venezuelan Association of Parents and Friends of Exceptional Children (Spanish acronym AVEPANE), Ramon made his initial contact with the real world of Pediatric rehabilitation, as responsible to organize the first Physical Therapy Program in the institute.

Most of the children waiting for treatment were affected by Down syndrome with an average age of 3 years and few of them in non-ambulatory stage. At that particular time the resources of physical therapy in pediatric rehabilitation worldwide were centered mainly in the following approaches:

- 1)** Passive gymnastic for the neonatal period. Mainly consisting in passive mobility maneuvers for arms and legs given with the child lying on his back.
- 2)** Reflex inhibition postures follow by facilitation exercises, method specially created to provide treatment to children suffering from spastic cerebral palsy.
- 3)** Patterning system in which they privilege extended hours of passive crawling movements combined with strong sensorial stimulation input.

After two years of working with a wide case load of motor delayed children in the AVEPANE Institute, using an eclectic combination of conventional approaches, Ramon learned and recognized that first, he was not producing functional motor improvement in his patients, rather he just was getting the repetition of functions which were already in control by the children, second he understood that “cooperation” and “motivation” from the children under P.T. treatment were an illusory and unreal prerequisites to go under motor therapy, and third, he recognized that perhaps he was not a good practitioner of the conventional approaches.

So in the first months of 1972, in conjunction with this self-critic process of his short career, happily came to massive public knowledge the “early stimulation” concept, developed by teams of researchers working with premature babies in USA.

This new concept was the perfect reason for Ramon to begin experimenting with a total different type of exercises, to treat the dozens of motor delay babies who start to flow to the early stimulation program open at the AVEPANE institute. The main contribution of this pioneer program was that physical therapy intervention was considered the first priority. Originally E.S programs were basically centered in sensory stimulation through tactile, visual and auditive stimuli.

An other big motivation driving the quest for a new form of exercises was a deep conviction of the author, Ramon Cuevas, was the quest to provide decent and hopeful motor therapy, should be under the principle of **MASTERING THE MOMENT**. This means that the therapist must be able to provoke and control the child's subsequent active reaction during the specific moment of the exercise.

Occupational therapist and nurses were the professionals in charge to carry on with these indications. As we can see, at that early times, physical therapy intervention was not considered a priority on early stimulation programs.

The case load diagnostic within the program were: Down syndrome, hypotonic syndrome, cerebral palsy, metabolic disorders and others, and the average age at the initial assessment range from 3 to 4 months postnatal.

CUEVAS-MEDEK EXERCISES EVOLUTION....

Caracas, VENEZUELA , 1971.



supine sitting by hips.....

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Parents and medical team of the institute supported Ramon's new concept of therapy and after one year of close monitored trial period, positive results begin to appear. Compared to the amount of spontaneous evolution in untreated young babies, and also compared to the progress reached by children receiving conventional therapy, the results obtained with C.M.E. therapy were absolutely superior.

Based on these positives results the early stimulation program grew in one year passing from one P.T. in one room to full section in a new location with a staff of 12 professionals in full dedication to the program.