

CME

Cuevas - Medek - Exercise



RAMON CUEVAS, PT, CME therapy creator

Ramón Cuevas created and developed the CME method in Caracas, Venezuela in the early 1970's. His main motivation was to find a way **“to provoke active-automatic motor response”** in young developmental motor delayed children, regardless the **“cooperation and motivation”** factors. The therapy was originally named **MEDEM** (Spanish acronym for dynamic method for motor stimulation), then in 1980, he changed to **MEDEK**, changing the last “M” of motor for the “K” of kinetic. Finally, the current name CME was established by Ramon in 1998. CME is acronym for Cuevas-Medek-Exercise.

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The basic assumption of Cuevas-Medek-Exercise therapy is that motor control originates from a genetic source induced to manifest as a consequence of gravity force influence with the help of the aging process. Aging process produces maturity and maturity allows the child to take gradual control of posture and movements. Antigravity motor functions are triggered from the moment of birth and reach the pinnacle with the independent gait, around an average age of 12 to 14 months, early walkers can do it at 10 months and late normal between 14-16 months, even 18 months.

CME theoretical frame is based in one premise: **“the brain's recovery potential produces better responses when child is gradually exposed to motor-postural challenges, regardless the condition of his/her musculoskeletal system”**. That's the core idea of CME therapy: “to provoke central nervous system to produce new antigravity postural control reactions, providing the less possible external support”. The rationale behind this postulate, is that the laws of standard developmental process did not apply to developmental delayed children. The special child can not be expected to evolve in the same sequence of average standards, because when the brain is affected, it can only express the “aging maturity” by a random way and shaped with the dominant muscle tone abnormality. This therapy can be applied to children from 3 months of age, until achieved independent walking. Limitations to use this therapy are determined by child's size and weight, because CME practitioners need to expose the infant to the influence of gravitation force, providing progressive distal support.

CME specific characteristics:

1. Provokes the appearance of absent automatic motor functions:

The appropriate exercise is the one that induce the child to actively respond with a motor reaction which is not currently under his/her spontaneous control.

2. Cooperation and motivation from the child, are not requisites in CME:

We cannot use the argument: “the therapy is not working properly because the child is uncooperative and not motivated”. By contrast, accordingly to the CME principle, it will always be the therapist responsibility to find the appropriate ways to make the child respond to the exercises during the therapy session.

3. Expose the child to gravity force influence with gradual progression to distal support:

After the child becomes able to react positive to any given exercise, a new one, using more distal support should be tried.

4. Stretching maneuvers are integrated into the CME:

The stretching maneuvers are performed in the functional exercises, in consequence, the child's brain will receive better proprioceptive information by the combination of 3 components: range of motion, functional antigravity posture and weight bearing.

5. High muscle tone condition in the lower extremities is not an obstacle to stimulate standing position control:

CME sustain and apply the early stimulation of standing position regardless high tone condition. For instance prompt stimulation of standing posture in delayed children older than seven months, with the purpose of develop the control of the vertical trunk which is the base of any further motor function.

6. Trial period is proposed to demonstrate the short term results of CME:

After the initial motor assessment and with direct parent's participation, 2 or 3 basic absent motor functions are chosen as primary goals to be achieved within the first 8 weeks of application of CME therapy program. If the goals are achieved the parents are advised to continue with the CME program, otherwise they are encouraged to continue searching for other options of physical therapy.

CME assessment:

The Current version of the CME evaluation format is a reviewed version of the original test developed in 1972. During 4 years (1976 to 1980), the assessment was under experimental scrutiny as a curricular component of the research project ARYET (Spanish acronym stand for High Risk and Early Stimulation). ARYET project was sponsored by THE NEUMANN FOUNDATION and the Clinic Hospital of the Central University of Venezuela. The project's results were published in Caracas in 1982 in a 3 volumes edition, plus one volume specially dedicated to the CME assessment protocol.

The first version of the motor test was composed by 86 items but it has been gradually simplify in the spirit of saving time during the examination, of course without loosing accuracy, therefore the current CME assessment consist of 41 items to cover neonatal period until reach independent walking. The therapy itself is composed of almost 600 different exercises, and the first CME manual in English made by Ramon, will be available for general public by end of summer 2006.

CME intervention model:

After initial evaluation, motor outcomes will guide the therapist to set up short terms goals for CME program, which should be achieved within the first 8 weeks of treatment. From this moment therapy program should be applied in daily basis twice a day for 6 days a week. Afterwards the therapist will teach parents the home program exercises and determines the amount of exercises and duration of each session. If the chosen goals are satisfactory achieved during the first 8 weeks of treatment, we can be sure that CME therapy program can help the child to reach high levels of motor progress, otherwise, parents are encouraged to search for other motor-therapy approaches, in order do not get stuck with useless therapy. This is a highly ethical CME characteristic.

Example of successful results through CME therapy:

Name: Teya R. Diagnostic: Severe cerebellar hypoplasia, deafness, Official prognosis: wheel chair or walker frame dependant, beginning of standard motor therapy: postnatal period, age when CME therapy began: 5 years, motor functional status at that time: no standing, no walking, the mother carried her straddled on hip.



In figure 1 Teya at 2 years old, in figure 2 she is 3 years old, sitting beside her mother, who said: "I couldn't leave her alone or she'd topple over". Figures 3, 4 and 5 illustrate different moments of therapy whit Ramon in Chile in November 2005. She was 7 ½ years old.



Pictures 6, 7 and 8 shows Teya in Toronto in April 2006 walking totally independent in sidewalk near her home, after return from intensive CME therapy program in Chile in March 2006. This is the best reward to a perseverant mother who did not believe that her daughter's fate was to be wheel chair, or in the best situation, walker frame dependant as she was advised!



Quoted from article written by Jo-Anne Weltman PT, CME III certified practitioner:

"So why have you not heard about CME therapy? Ramon only teaches small groups at a time, as the technique takes time and practice to learn. Currently, he also does all the teaching himself. He wants the exercises taught properly so that the correct response is achieved from each child and the technique does not loose its impact. He has not yet much spare time to promote and advertise CME, as he is busy helping many children. Ramon is trying to complete a book illustrating all this exercises so that he can educated many about CME, and give many more an understanding about this technique. You will not see big colorful advertisements to promote CME, as many other therapies and institutes are able to use. However, this therapy should not be overlooked because of this. The results are far superior to most techniques available to children with motor delay. CME's advertising is in its results".

In 2000 Ramon established the current Cuevas-Medek-Exercise Continuing Education Program (CMECEP), which is the unique entity dedicated to promote CME therapy offering world wide, seminars and formal courses, in order to provide the ultimate information about constant positive evolution of CME therapy. Courses are divided in 4 levels: CME ONE or Introductory, CME TWO or Intermediate, CME THREE or Advanced and CME IV or Instructor Certification course. Currently there are many CME I and CME II certified practitioners and 9 CME III certified practitioners. Simona DeMarchi, CME III certified practitioner from Toronto is in process to be the first CME IV certified instructor. To inquire about CMECEP certified therapist, send email to cme@cuevasmedek.com



DISCLAIMER

There are no world wide approved branches of MEDEK CENTER, other than the Chilean Home office of Cuevas – MEDEK –Exercise.

There are no approved Cuevas – MEDEK - Exercise courses other than the ones offered by Ramon Cuevas through the CME Continuous Education Program, which awards the official CMECEP registered diploma.

There are no authorized CME instructors worldwide to run CME courses without Ramon Cuevas participation.

MEDEK and CME are intellectual property registered by Ramon Cuevas.

For information regarding CME therapy provided directly by Ramon Cuevas, CME materials, publications, seminars and CME courses, send email to cme@cuevasmedek.com