

What makes CME different from other approaches?

Point at issue: Stimulation of motor behavior.

Classical approach:

Therapy facilitates motor function providing all necessary support to execute functions or maintain posture (walkers, standards, parallels bars and others orthopedics devices are commonly used).

CME approach:

Therapy provokes motor function exposing the body segments to gravity force influence providing the minimal possible support. Orthopaedics devices could be recommended only after children get control on standing position. That means we do not intend to facilitate the child's reactions, on the contrary, we intend to pose a physical challenge to the child's brain, which must create the appropriate response from inside.

Point at issue: Motivation plays important role to boost motor-postural functions.

Classical approach:

Presenting toys to children with simultaneous verbal commands help them to achieve motor functions.

CME approach:

The motivation factor could eventually allow children to perform motor functions only if such functions are already under control by them. Because of that, CME try to achieve on therapy new postures & functions which are not under obvious and spontaneous control by the child.

Point at issue: Emotional status is crucial to achieve motor progress.

Classical approach:

Crying situation should be avoid under therapy, because performance will decrease or totally terminated.

CME approach:

We believe that babies are born with a powerful encoded master plan site in some portion of the brain, who leads them to achieve gradually but steady anti-gravity control of their body.

The postural motor behavior then, is the result of genetic spontaneous maturity triggered by environmental influence, mainly represented by “G” force. That means to focus the response to therapy from a reflex point of view, rather, than an intellectual one, so, results do not become dependent of the cooperation factor, neither by children emotional reactions. Any mature and controlled postural-motor activity should be performed regardless the emotional status of the child, then, if the child starts crying during the exercises session, we accept like something natural the emotional expression and without stopping therapy we move ahead with the exercises plan in an obvious gentle manner until to elapse scheduled session time. Cry is a very natural and normal behavior in children submitted to any kind of therapeutic intervention. Also child’s social maturation level plays important role over intensity of their emotional expressions.

As far we are sure that our hands are correctly applying right amount of pressure, on the right place, we should not feel worried by the crying situation.

Point at issue: Presence of hypertone alterations in lower extremities poses a mayor limitation to standing position.

Classical approach:

Hypertone conditions in lower extremities leads therapy to one main goal: To obtain relaxation on involved segments prior condition to move or place children in to standing position. Alleged reason to do so: Is, was, or use to be: standing position will increased hypertone condition.

CME approach:

Muscle tone abnormalities are very common condition to most of postural-motor delay syndromes. These abnormalities show up mainly in two opposite types:

- a. Increased tone, called hypertone
- b. Decreased tone, call hypotone.

About hypotone, classical therapy approaches do not offer concrete guide lines about it, but make a big issue regarding the hypertone condition. An old statement very well known by most people related to infants rehab. Field says: “if the child presents hypertone in low extremities, should never be place on standing position because hypertone condition will be increased”.

CME method prone exactly the opposite idea: “Regardless the hypertone conditions, by means of different exercises we must try to place the child as soon as possible in to standing position until the main goal is achieved: the child becomes able to control anti-gravity reaction, holding knees and trunk straight supported by the most distal support as possible”.

Point at issue: Stimulation on early intervention programs is a global and integrated process in witch is involved from the therapeutic perspective, a multifacetic professional participation such as different kinds of therapists.

Classical point of view:

First, the official diagnosis of developmental delay must be granted by a medical doctor (usually neurologist, rarely a pediatrician), then the child is referred to a program in witch is treated mainly by o.ts. (specially if the age is under 12 months) and others therapist including p.t.). different types of medical test use to be performed before to produce the referral note.

CME point of view:

CME statistic data show that 75% of early psycho-motor delay detection (between 3 to 6 months of age) is produced by parents or another family member. Because of that, we prefer to listen to their concerns, which are commonly related to a lack of postures or / and movements expected to the child’s age. Consequently assessment should be performed as soon as possible. If the evaluation objectively points out any delay condition related to postural-motor we proceed right away to teach them a very concrete and specific exercise program to be applied at home.

In succession parents are encouraged to consult their neurologist in quest for diagnosis.

Point at issue: Physiotherapy treatment in motor delay is a long process in which incoming results depend mainly on two factors:

- a. Remaining brain’s recovery potential.**
- b. Therapeutic quality of PT intervention.**

Classical point of view:

Go ahead with treatment until results are achieved.

CME point of view:

Go ahead with treatment in a very regular way, prior setting some very concrete goals to achieve, by a period of 8 weeks (trial period).

Re-assessment is done when period elapse, and only if improvement can be objectively demonstrated, we recommend to parents to continue using this therapy until achieve maximum possible progress.