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Move to Learn

A simple introduction on why and how to get started with the 'Move to Learn' program



'My child is bright. Why is he having so much difficulty at school?'



This is an all too frequently asked question, and many deeply worried parents have spent small fortunes trying to find answers. It is estimated that 15% to 20% of students in every classroom are not achieving as well as expected. Some have been assessed as having Learning Difficulties (LD), Learning Disabilities, ADD, ADHD, Dyslexia while others have not been assessed but everyone knows they "should be doing better", even if they are getting good passing grades.

Barbara Pheloung, the founder of Move to Learn, was one such parent. Initially spurred on to find answers for her daughter, she spent over 35 years pioneering and developing techniques to help children struggling with learning difficulties. These are some of the answers she has found.

Symptoms and Signs of LD

Working with LD children one on one, and then together with a group of her associates in the Beach House centre and in a regular school, Barbara noticed patterns of immaturities in those who struggle to learn.

- The vast majority of those who came for help suffered with allergies, had lowered immune systems, food intolerances and/or chemical sensitivities
- Most were under or overactive
- Most didn't receive accurate information about the world through their senses
- A large proportion of the children who had difficulties with listening easily were immature in their touch (tactile) system. (The eardrum is covered with skin)
- Many students had poor balance, posture and/or coordination
- Most had one or more areas of significant neurological immaturity
- 56% of the students Barbara worked with at the Beach House had a persisting presence of a midline wall. The midline wall is a neurological division down the middle of the body which prevents easy crossing over of limbs, eyes and ears. This wall also prevents the two halves of the brain from becoming integrated until it disappears. This happens for most of us naturally through play at around 3 years of age,

but many of the older students still had the midline wall of a 2 year old

- 70% of the children had very immature vestibular systems
- None of those who came for help for reading, spelling, maths and social skills had the two halves of their brain working together efficiently.

15 - 20%

In her book, *If Kids Just Came with Instruction Sheets*, which refers to studies of juvenile offenders, Svea Gold found that almost 100% of these juvenile offenders were neurologically impaired and learning disabled, whereas only 15-20% of the general population are neurologically impaired.

Of this 15-20% it's estimated that as little as only 1% receive the help they need to reach their potential.

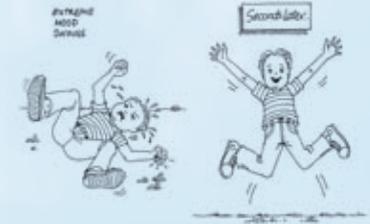
Why do so few get help?

Barbara suggests that several factors contribute to this:

- Teachers struggle with large class sizes, time restraints and competing needs of multiple students
- Only a small percentage of parents can afford the time or money to take their LD child for private help
- Many students do not know what their problem actually is, nor do their parents and teachers. They can see the symptoms of LD – anger, under-achievement, frustration and cop out, but not the causes of LD.

Understanding the cause of Learning Difficulty

Part of the complexity of the problem is that a child can be struggling for a number of reasons. Some have undiagnosed problems with their eyes or ears, some are trying to focus when their little bodies are already well and truly overloaded with allergic irritation and most have underlying neurological immaturities that are slowing down their ability to receive and process information.



Extreme mood swings



Clumsy



Avoids loud noises

Many students do not know what their problem actually is...

By far the majority of children presenting with LD have problems in the area of integration.

Complex tasks such as reading, writing and mathematics require quite sophisticated integrated neurological and physical activity and if a child is immature in this area, sophisticated activities will be stressful and slow at best.

Many children also have retained primitive reflexes. Primitive reflexes play a crucial role in infant and pre-natal survival, but should be integrated as a child moves through normal child development. If this doesn't happen, they can seriously impact on academic learning.

Looking at the whole child

In order to treat, we must look at the whole child. Each child is different, and there are often a number of factors affecting a child's ability to learn. Pinpointing problem areas will help to locate appropriate specialists when needed and avoid the expense and frustration of following every new treatment.

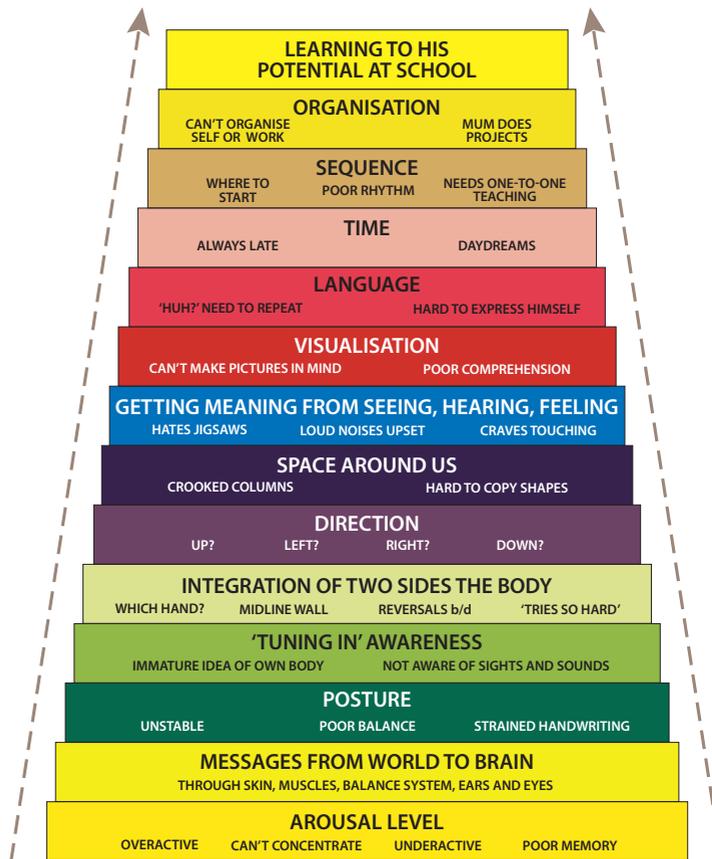
Barbara's book, *Help Your Child to Learn*, contains a questionnaire to help identify where difficulties lie in an individual child. This is a great place to start.

Another excellent resource is the free interactive LD profile test on the Move to Learn website movetolearn.com.au

The Pyramid of Learning

The Pyramid of Learning, from Barbara Pheloung's book *Help Your Class to Learn*, illustrates the stages of normal neurological development. By looking at the immature areas in a child's development and then comparing it with normal neurological development, it's possible to locate and work on areas of immaturity in the correct order. This is very important. Concentrating on organisational skills when a child is overactive or has impaired concentration will usually only reap frustration.

Each stage is foundational for the following stage and *must be in place for learning to be accomplished successfully and enjoyably.*



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I've located some problem areas. What do I do now?

To begin with, every child should have a general health check up by a doctor to make sure that there are no underlying medical problems. Problems in the lowest level of the pyramid are often caused by, or contributed to by, problems in general health, nutrition, allergies and food intolerances or sensitivities, and these should be addressed first.

A naturopath, allergy specialist, nutritionist or doctor who understands the relationship of allergies and food sensitivities to learning might need to be consulted to see if allergies or food intolerances could be a factor.

Ears, eyes, muscles, balance and tactile issues should be investigated next.

Eyes and ears should be checked to make sure that they are healthy and functioning normally. You may need to see an audiometrist or be referred to an audiologist or possibly an ear, nose and throat specialist if there are problems with the ears.

Behavioural developmental optometrists are often the best ones to see for visual perception difficulties, along with some educational psychologists, occupational therapists and teachers.

Difficulties in auditory perception and language are usually best dealt with by speech pathologists, educational psychologists, occupational therapists, sound therapists and also some teachers.

More information about this can be found in Barbara's book, *Overcoming Learning Difficulties*.

Postural or joint & muscle problems, are best investigated by specialists like physiotherapists, osteopaths, chiropractors or Feldenkrais practitioners.

Once these issues have been identified and addressed, there is still a lot that can be done to:

- Help to integrate retained primitive reflexes
- Strengthen muscles
- Improve communication between the two halves of the brain, and
- Improve sensory processing

Most of these things can be addressed through movement!

In order to treat, we must look at the whole child. Each child is different.





The good news is that these developmental stages can be addressed.

The importance of Movement

Much preparation needs to occur before a child is ready for effective academic learning, and most of it occurs through the natural movements and play common to all children. First we learn to roll, then to creep on our tummies, then to rock on hands and knees, then to crawl - and all the time we are learning and preparing ourselves to learn. We are progressing through important developmental stages. Our muscles build strength and co-ordination, our eyes learn to focus and we become integrated and ready to take on more complex tasks such as learning to read and write.

Crawling, for example, helps with vertical eye tracking, visual convergence and detail perception. It encourages the arms & legs of each side to work together, strengthens back & shoulder muscles and helps to develop L/R brain processing as well as helping to integrate the Palmer reflex.

Rolling helps to integrate retained Asymmetrical Tonic Neck reflexes, neck righting & body righting reflexes & Tonic Labyrinthine reflexes. It helps to develop L/R brain processing and stimulates the vestibular system.

But what if, for some reason, one or several of these developmental stages are missed? What if a child doesn't spend enough time rolling or doesn't crawl? What if a child reaches school age and they do not have all the building blocks of learning readiness in place?

The bad news is that these skills build on each other, and if a foundational skill is not acquired, the resulting 'gap' can compromise the entire learning structure. The child may struggle with expected age appropriate physical skills and the conduction of messages in the brain and the nervous system will usually be inefficient and slow, making academic learning more difficult. Many struggle to keep up with their peers and most do not achieve to the level of their natural capacity.

The good news is that these developmental stages can be addressed at any age. If a child is having difficulty at school, sometimes simply guiding them through these developmental milestones again (or perhaps for the first time) can help them fill in the missing gaps and become ready to learn academically.

The Move To Learn movement program

Move to Learn has developed a simple movement program to help children acquire the skills they need in the natural way and order that they were originally intended to be acquired - through movement.

It is a sensory motor program, sequenced to follow the natural stages of human development experienced by children in the pre-school years.

The program assists in integrating left and right brain functions and helps to mature the vestibular system as well as any retained reflexes that should normally have disappeared by the time a child is attending school.

If a child is not well integrated, lacks body awareness or has immaturities with their proprioceptive or tactile systems, there can be a serious impact on the child's readiness, and therefore ability, to learn. The *Move to Learn Movement Program* has proved effective in addressing these immaturities and research has shown that most children benefit with increased concentration and ability to focus even if they are not experiencing difficulties with learning.



Most children benefit with increased concentration and ability to focus

Furthermore, the program can act as a good diagnostic tool. If a child is having a lot of difficulty with the exercises, it is a good indication that further specialist help may be required.

How do we get started?

You can run the program in your own home or classroom with the aid of the *Move to Learn DVD*, or you could seek the advice and support of one of our Certified Practitioners. See our website for details, movetolearn.com.au

The program requires little in terms of training, space or equipment and takes only 15 minutes a day, five days a week. It can be done with an individual, a small group or with a whole class, and statistically significant results have been seen to occur within two to three months.

This program is demonstrated on the *Move to Learn DVD* and outlined in *Ten Gems for the Brain - the Move to Learn Movement sequences*.