Like infant reflexes, rhythmic movements are based on natural, spontaneous baby movements. Stimulation from rhythmic movements in the first year of life is fundamental for the development and maturation of the brain.

The brain requires stimulation from the senses for new nerve growth, branching of existing nerves, and myelination of nerves. The main sensory stimulation for the process of brain maturation comes from the balance, tactile and proprioceptive senses. These three senses are fully engaged while doing rhythmic movements. The rhythmical baby movements done in the first year of life give the brain the stimulation required for maturation and for connectivity between parts of the brain. For many reasons, children may not get enough opportunities to do these rhythmic movements in infancy.

When there is not enough brain stimulation in infancy, it can result in a compromised ability to process sensory information and access the cortex. Access to the cortex is the basis for many skills such as focusing, control of impulses, managing the emotions, abstract thinking, learning, planning, making decisions and using foresight.

The main pathways that are developed with rhythmic movements are through the brainstem, the reticular activating system, the cerebellum and the cortex. The cerebellum has direct links to the speech centers of the cortex and we often see children who are able to overcome speech difficulties and language delays by stimulation of the cerebellum with rhythmic movements. The cerebellum in turn stimulates the cortex to improve eye movements, attention, reading comprehension, speed of information processing and working memory.

Rhythmic Movement Training™—A Brief History

Psychiatrist Dr. Harald Blomberg developed Rhythmic Movement Training™, along with master kinesiologist and expert on reflex integration, Moira Dempsey.

Dr. Blomberg first became interested in rhythmic movements because of his own challenges with polio. He learned the rhythmic movements from Kerstin Linde, a self-taught movement therapist in Sweden. Dr. Blomberg studied Kerstin Linde’s work as she used rhythmic movements to help children and adults with severe physical, emotional and mental health challenges. Dr. Blomberg was astounded by how effective the
rhythmic movements were for many types of conditions. For more than 20 years Dr. Blomberg has seen excellent results teaching rhythmic movements and reflex integration activities to patients in clinics, in private practice and in mental health hospitals. With movement, he has helped children and adults overcome the symptoms of ADD/ADHD, learning disabilities, developmental delay, autism and even severe psychiatric disorders such as psychosis and schizophrenia. These case studies and information about Rhythmic Movement Training™ are detailed in Harald Blomberg, MD, and Moira Dempsey’s 2011 book, Movements That Heal.

Dr. Blomberg explains that the rhythmic movements not only help integrate reflexes, but they also mature the brainstem and cerebellum and activate critical links among the brainstem, cerebellum, limbic system and prefrontal cortex. This “whole-brain linking” creates optimal functioning and accounts for why the movements are so helpful for a large variety of conditions.

Rhythmic Movement Training™ courses are available now in many countries throughout the world (more information at rhythmicmovement.com).

Practice Guidelines for Rhythmic Movements

These movements can be done actively, on your own, OR passively, with assistance from a facilitator. Ideally, movements are rhythmical, flowing and symmetrical. If these movements are difficult and visibly nonrhythmical or asymmetrical, it may be a symptom of active childhood reflexes and/or an underfunctioning of the cerebellum. As we learn with practice to move rhythmically and symmetrically we improve the functioning of the brainstem and cerebellum and help to integrate reflexes.

During all passive movements, facilitator works with recipient to draw out the innate and most comfortable rhythm for recipient. Facilitator asks recipient to choose between slow, medium, fast, vigorous or soft movements. It is vital to get feedback, either verbal or non-verbal, from the recipient as to what feels best to him or her.

Notes: Do not use rhythmic or developmental movements that involve movements of the head or neck in cases of Down syndrome without prior approval from a health-care practitioner. For individuals who are prone to seizures, check with a health-care practitioner before engaging in a movement program.
Three Rhythmic Movements

Passive Stimulation in Fetal Position

Lie on the side in a loose fetal position. Use a pillow for comfort or adults can rest on the arm. Rock recipient gently in a front-to-back direction.

Passive Rolling of the Bottom in Prone Position

Recipient lies in prone position with forehead on hands. The armpits should be close to the floor if this is comfortable. Move the hips in a rhythmic, rocking motion going side to side. Hip movements should be symmetrical, that is, they are the same distance from the midline on each side. This movement originates from the mid-lower thoracic spine and ideally the head and shoulders are relaxed and still while hips are moving.

Windscreen Wipers

Lie on the back with feet about 4 inches apart. Rotate the legs to make the big toes touch in the middle. The movement should be made with large deflections from the middle toward the floor as far as possible without losing a spontaneous rhythm. Movement should be smooth, rhythmic, coordinated and symmetrical.

Important Note: The Windscreen Wipers movement originates in the hips with the feet following the hip movement. This is not a movement of the feet, but rather a movement of the hips that results in rotation of the feet.
The infant rhythmic movements in this course are from Rhythmic Movement Training™ and other neurodevelopmental movement programs. The rhythmic movements have brought enormous benefit to individuals of all ages. Ideally the rhythmic movements will be a key part of any movement program you develop, because the rhythmic movements provide brain and sensory maturity and a strong, calm foundation to more easily and deeply integrate reflexes.

For most individuals the rhythmic movements are relaxing and pleasant. Many children ask for the movements and parents and children enjoy doing these movements together. The greatest benefit occurs when the movements are done on a consistent basis.

Often it is best to start with only two to five minutes a day of rhythmic movements, then gradually increase the time to fifteen to twenty minutes a day. The movements can be done in small amounts two or more times per day. Some individuals will require much more than fifteen minutes per day and some will do best with much less, until they can gradually build up to doing more. Many find that doing rhythmic movements just before bedtime helps with sleep issues.

It is important to watch and get feedback when you are working with someone.

Any movement program you do or suggest for others must be monitored to make sure the individual is comfortable and not stressed during the movement. Ideally, movement is joyful and comfortable, because that sets the stage for more effective integration.

As long as a child or client is enjoying the movements, it is good to do as much as he or she likes.

Initially there may be physical or emotional reactions to the movements. These are usually short in duration and a positive sign that change is taking place. If you or your child or client have a reaction and begin to resist doing the movements, take a one- to three-day break. Resume the movements consistently as soon as possible. It is often helpful in this transition for parents to do gentle rhythmic and rocking movements with a child at night while the child is sleeping. The feelings of discomfort will pass and then you may resume a full program during the day.

For individuals with very immature tactile or vestibular system, the movements may be uncomfortable. For example, the movements may cause dizziness or slight nausea.
Responses to Rhythmic Movements, continued

similar to motion sickness. For highly sensitive individuals or those prone to seizures it is often best to begin with very short amounts of movements at night while the individual is sleeping and make sure all is well before gradually increasing the amount of movements and/or before introducing rhythmic movements during waking hours. If you have any doubt, seek guidance from a qualified health-care practitioner before beginning a movement program.

Stimulation of the vestibular system, lymph, muscles, fascia, ligaments, joints, tendons and nerves may cause individuals to experience one or more temporary physical reactions. Sometimes negative symptoms and behaviors may get slightly worse before they get better. Over time these symptoms and behaviors often diminish or cease.

If an individual has uncomfortable responses to the movements for longer than one to two weeks, this is very unusual and may be due to other factors such as reactions to processed foods or food intolerances, sensitivity to electromagnetic frequencies, toxicity, illness, stress, etc. In this situation it is best to stop the movement program or greatly reduce the movements and refer out to a health-care practitioner before resuming a full movement program.

To best support children through physical and emotional changes, parents and therapists can offer encouragement and nurturing in the form of hugs, massage, singing together, play, time in nature or any type of comforting activity the child enjoys. As the neuro-sensory-motor system reorganizes and integrates over time, there will be new levels of development and maturity as you progress.

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**Possible Temporary Physical Reactions after Rhythmic Movements**

- dizziness
- itching
- headache
- flatulence
- fever or colds
- fatigue
- diarrhea
- hyperactivity
- nausea
- skin rashes
- swollen eyes
- coughing up phlegm

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**Possible Temporary Emotional Reactions and Behaviors after Rhythmic Movements**

- feeling vulnerable
- irritability
- anxiety
- defiance
- periods of regression
- becoming babyish
- wanting to cling
- anger
- depression
- emotional outbursts
- nightmares
- intense dreams or more dreaming

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OPTIMAL SENSORY PROCESSING IS POSSIBLE!

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