



THRIVING *with* RETT



CHIROPRACTIC GUIDE

Dr. Erica O'Brien Bush,
Chiropractor

Greetings! My name is Dr. Erica O'Brien Bush. I have a darling daughter named Darcy who was born in 2015. Darcy was diagnosed with Rett Syndrome in November of 2016, at the age of 17 months.

I own and operate my own chiropractic office in Northwest Houston, Texas, USA. My knowledge base consists of neurology, neuroanatomy, physiology, pathology and musculoskeletal systems.

As a chiropractor, my basic approach with patients is as follows ... I assess:

Pain & Other Symptoms

What is the patient's complaint? Is there pain, numbness, weakness? From here, I have to consider the following three parameters so that I know how to proceed with treatment/therapy:

- / **Alignment / Asymmetry:** Are the shoulders and hips symmetrical? Is there curvature of the spine (a.k.a. scoliosis)? There are therapies that I can do to posturally support spinal, shoulder, and hip muscles. These involve a Swiss exercise ball, a chair, and concerted time and effort.
- / **Range of Motion:** Ideally, the functional range of motion of any joint should be symmetrical with the other joint (i.e. neck should rotate both ways, both elbows should bend the same, etc.) Assess for difference in ranges of motion; take note of stiffness or pain caused by a joint moving (or NOT moving) in a certain way.
- / **Muscle Tone / Tension:** Rett patients typically have "low tone," which means that limbs and joints are more hypermobile and "floppy" than someone who is neurotypical.

Reflex Integration...where the magic has truly happened for my kid!

The particular area of therapeutic approach that Darcy, her therapists, and I have had the most success and results with is a protocol called neuro-sensori-motor reflex integration.

What is reflex integration?

Reflex integration is a process to help a neurological arc that has both a specific stimulus and a predictable response or responses work more efficiently. Reflex Integration means the reflex arc is connected and communicating; it works to meet the nervous system's requests. An example of a reflex arc is to put your hand on a hot stove burner, only to have your brain cause a reaction from your arm and hand to pull away from the hot stove so that you don't burn yourself.

Basically, through proper and sustained sensory input of my daughter's hands, arms, legs, trunk, and core, we have been able to improve her core strength, posture, balance while seated, being able to sit independently, and even significantly decrease the amount of nonsensical hand movements. Her variety happened to be hand-mouthing, and now she is even able to push buttons on toys! After my daughter's regression from age 13 to 19 months, she lost all fine motor movement in her hands and incessantly hand mouthed. I never thought she would be able to get through the course of the day without arm braces to prohibit the hand mouthing.

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The therapeutic reflex patterns that have been the most significant in my opinion are hand supporting, hands pulling, STNR, ATNR, Babkin Palmomental, Robinson's hand grasp. All of these reflexes can be illustrated in video format on YouTube.

Websites you should check out to learn more about reflex integration:

<https://masgutovamethod.com/>
(for information on reflex integration)

<https://masgutovamethod.com/estore/all/parents-guide-to-mnri>
(to purchase the parent's guide to reflexes and sensorimotor integration)

<https://reflexintegration.net/quantum-reflex-integration-2/>
(for information on a slightly different reflex integration approach)

<https://www.youtube.com/watch?v=AfULnUH6tA4&feature=share>
(a short video on sensory integration, from an occupational therapist perspective)

My contact information:

Erica L. O'Brien, D.C.
Email address dr.eric.a.o@gmail.com
Cell phone number 832-865-8329 (call or text)