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REBALANCING FOR CHILDREN: Pediatric Physical Therapy, Intuition and Healing

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Abstract

I work with children from infancy through age 5 years, helping them accommodate to or overcome musculoskeletal, sensorimotor and/or neurological problems that have often defied correction within conventional medical treatments. For more than thirty years I have studied and practiced mainstream approaches to physical therapy for children. I follow or am involved in research on child development. I have learned to work intuitively, helping children connect with their inner wisdom that guides them to normalize their abilities and differences..

Key Words: Pediatric Physical Therapy; Developmental Evaluation; Children; Physiotherapy

Introduction

Pediatric physical therapy with infants and young children is my life's work. It is not a job or a career. It is my joy! My patients are newborns to age five years. I find working with young babies much easier than working with children who are mobile and who can communicate via language. The world is new for babies. Emotional overlays have not yet accumulated; behavior itself is just developing and unfolding. With children who are mobile and verbal, I often find that I have to undo habitual patterns of movement, behavior and communication before I can figure out what the real issues are.

Children come to me because of neurological, motor and/or sensorimotor difficulties: when they are delayed in developmental skills; when their bodies are stuck in habitual patterns of movement and emotion that they cannot relax; when they startle easily and are therefore unstable physically and emotionally; when their muscle tone is overly high or low, making skill development difficult; when they cannot breastfeed; when aspects of the sensory (visual, auditory, movement, tactile...) environment are over- or under-stimulating resulting in negative behaviors; and/or because they are frustrated with life in general. In some cases, the local physicians, who are limited on time, send them my way with the expectation that "Jackie will figure it out."

Integrative care

My work embodies two philosophies once thought to be incompatible: the mainstream, Western model and intuitive approaches. I have been fortunate in finding ways to integrate both of these.

For more than thirty years I have studied and practiced mainstream approaches to physical therapy for children. I follow or am involved in research on child development. I pay close attention to what other experts are discovering in the fields of infancy, neurology, developmental medicine, physical therapy and others. I incorporate the best information available from a variety of pediatric disciplines into my approaches with children.

Intuition is helpful because it plays a special role in my interactions and interventions with infants and young children. I rely on knowledge incorporating evidence-based practice or the best information available and couple it with my intuitive skills. I have been called “magic hands,” “a legend” “a holographic thinker,” “the best there is” because of my success at diagnosis and positive outcomes with children.

As a physical therapist, I have detailed knowledge of the neuro-musculoskeletal aspects of the growing child. Having a Masters degree in infant and toddler behavior and development and having acted as a standardization examiner for numerous developmental tests, I have a keen sense of child development from physical, cognitive and emotional domains. I also learn from others by organizing annual international multicultural, multidisciplinary conferences which bring together gifted physicians, therapists, healers to share their expert knowledge and clinical experiences.

And I also rely heavily on intuition, the full definition of which is hard to capture in words. To me, intuition is *seeing* with the mind’s eye. It is a window into immediate knowing about the state of another person’s beingness, a world beyond or behind my eyes, a clarity behind my conscious thought, a sixth sense, a gut instinct. I cross over into the worlds of intuition by putting everything else aside and behind me when I am working with a child. I let go of my own desires and needs. I become completely present in the moment. I absorb the experience, often without actively thinking about what is going on.

It frequently occurs that I see something in my peripheral vision that I don’t even acknowledge consciously. It is not until later, often when I am falling asleep or awakening, that it reaches consciousness, unlocking a clinical puzzle I’ve been trying to work out. I listen when it *comes* to me. Then I understand what a child needs.

Mary was 2 ½ years old when she was referred to me by her neurologist. Mary had broken her leg a year before and was still limping. The neurologist requested two weeks of physical therapy, then discharge. I got the idea that he was certain that Mary’s problem was an overly concerned mother. I saw Mary for two sessions. Then one morning I awoke and, surprising even myself, announced to my husband that Mary had a tumor at the fourth lumbar vertebra.

I called Mary’s mother and told her to get an MRI. She went back to Mary’s neurologist and asked for this special test. He refused, saying that they wouldn’t find anything. Mary’s usually agreeable mother yelled at him and he conceded. Mary had a four-inch tumor along her lumbar spine.

Observation, the first step in helping

My initial approach to infants and young children who come to me for care is to sit back and observe carefully. I find it hard to be as objective once the child and I have begun the process of getting to know each others’ personality. At that point, social interaction and behavior patterns cloud the picture. I also say to the child’s parent/caregiver, “Tell me what’s up” and, later, “Tell me more about your child”, the answers to which may reveal deeper insights. Having reached an internal picture of the child interacting with his/her parent/caregiver and/or environment, I let that picture rest within my inner awareness to be sorted out later.

My observation time usually takes up our entire first session. I carefully note:

Is the child's body symmetrical?

How does the child move?

What are the responses to the environment? Auditory, visual, movement, touch, verbal...

What interests the child?

Does the child independently and spontaneously explore, or hang back?

What are the child's "I'm tired/dissatisfied/ unhappy" signals?

How frequently and in what way does the child check in with the parent?

I initially let the child lead our interaction. Unless the child has autism, I look for sustained eye contact with me, reaching for me, smiling, vocalizing at me. I read the child's eyes. Are they bright or dull, eager, guarded, interested, avoidant or shutting me out? Eyes indeed are the window into what is going on inside.

I listen for sighs or exhalations of deep breaths because they mean the baby/child has relaxed. The sigh is an indication that the child has become comfortable in my environment. Then I can physically work with the child's body.

Centering

I use centering as my intent and goal. I center myself. I help the child become centered. "*Centering* includes quieting oneself, focusing one's attention and ignoring distractions in the environment" (Dailey, 2001).

An uncentered child is physically off balance and, frequently, emotionally uncontained. Such a child might have learned to rely on meltdowns (yelling, crying, tantrums) in order to be rescued from situations that make the child feel emotionally uncomfortable or physically unstable. If a child is uncentered, s/he does not use core strength to stabilize the body; instead it is as if energy is shunted to head/neck, arms and legs. My intuitive self "sees" this as "energy shooting out the fingers and toes." This results in an internal sensation of being physically off-balance and emotionally fearful. My therapeutic intent is that I help the child to find his/her center. This centering is both physical and emotional. Parents often say, "I don't know what you did but my child has changed. He is now happy."

We are more than our physical bodies.

- Robert Monroe

Physical Therapy/Physiotherapy



Many professionals do craniosacral therapy. I do sacrocranial therapy. While others who do body work generally begin with their hands on a patient's head, I begin with my hands on the child's pelvis. With the child lying on the back, I move the pelvis (sacral) in a variety of directions. I can feel responses to this motion from the rest of the body, up the spine to the head (cranium). Responses I look for include changes in breathing patterns, muscle guarding or points of stiffness, fluidity of movement, changes in facial expression.

I guide the child's body from the pelvis. With a child lying supine, I pick up the pelvis and move it passively; I am doing the moving rather than the child. I raise and lower one side, then the other, tilting it forward/backward, rotating it. If the child starts to actively move, I hold the pelvis still and wait for the child's body to relax again. By doing this I can feel where the body is stiff, tense and guarding itself. Then I work to release those areas that are stuck. Sometimes



a child arches his or her body up off the mat into a hyper-extended spinal c-curve, ending with supporting their weight on the top of the head; they arch and rotate, assisting me in releasing those areas that are jammed up physically and bioenergetically.

Many of the body's Qi meridians, through which life energy flows, cross from one side of the body to the other at the pelvis. In children, the chakra energy centers open/become active progressively during their growing years, from the root chakra at the base of the spine (sacrum) in newborns, upward, culminating in the opening of the brow chakra at the forehead (cranium) in adolescence. Sacral/pelvic work affects the areas of the body and energy fields appropriate to both the infant and young child's physical and cognitive maturation and their spiritual/energetic *awakening*.

For children who are walking, I augment or replace hands-on my therapy balance equipment which requires the child first to develop active control of the pelvis and, from then, of the rest of the body. I begin with a rocking horse, swing, and/or balance boards. I work toward the kind of balance devices that snowboarders, surfers, and skateboarders can use to perfect their skills. With the kind of work children do in my clinic, even an 18-month old learns to control challenging movements smoothly while, at the same time, maintaining a state of emotional calm and cognitive alertness.



Finding and stabilizing his/her center of gravity, enhances self-awareness. The child's body, in the meantime, learns how to learn better ways of functioning and of handling stresses and tensions. This skill is carried on, both physically and emotionally, into other realms of life and stays with the child forever. I help children *learn how to learn*. I verbalize the process. "It's OK to cry because this is making you frustrated but when you are finished, you still need to do this. I wouldn't ask you to do something if I didn't think recognize that there are steps in learning, that people are not necessarily successful the first time they you could do it;" "This is hard but you are getting better and better;" "Remember when you couldn't do that? It was really hard but now it's easy." With this process, children try an activity.



I reward children for increments of learning. I give trophies when a child learns to walk. But, more importantly, I give Certificates of Excellence to children to help them recognize the progress they make. I might give one for climbing one rung on the rope ladder and a few sessions later give one for climbing to the top of the rope ladder or I might give praises to a child for trying three times even though they were unsuccessful and later give one for completing the activity. This is documentation of personal change that the child can have read to them. It helps the adults in the child's life understand the importance of small increments of change. A reward helps the child understand that there are steps in learning new skills. It is a celebration of the work of the child, recognition of triumph over struggle. It also is an important signpost in the child's progress that helps parents and caregivers to understand and celebrate change.

I received a card from a parent, 5 years after I had last seen her daughter. She wrote "(my daughter) is having a great year in school. She still has the trophy you gave her for learning to walk and brings it to school every year for show and tell!"

Even children with whom I worked as babies carry the skills of learning in their bodies; if they return later in childhood for more therapy, they settle into motor learning in a relaxed way. "Learning to learn" enhances initial skills in self-determination and self advocacy. This helps the child be more patient with him/herself as frustration tolerance improves. A well balanced/centered child can be more confident, disciplined, resilient, responsive and interactive in positive ways with his or her environment and with other children and adults.

Children like "playing at Jackie's". I just follow the lead of the child *in the moment*.

Notes from families are indications of what has transpired from my work with children:

"She is doing great. She is stronger and more confident. We don't understand how the other parts of her have changed too but we are really happy about it!"

"We learned to play more purposefully with (our daughter) while still fully enjoying ourselves! We now know how unique our daughter's abilities are. Jackie gave us tools to encourage her in a healthy way."

"The whole experience was very moving to me: realizing how much time Jackie had spent thinking and consulting about our son; watching his deep trust of her and being so relaxed about it. I feel so lucky about it all and am so grateful to have Jackie in our lives."

"My brother is 2 years old. He has autism. Jackie is teaching him concentration and focus. He likes it!"

"He is such a special guy and I am so happy to see how much his confidence has grown. We are blessed to have made Jackie's acquaintance."

"When we first came to Mast Clinic, I was very nervous and scared for our son. I had been reading too much (especially on the internet) and I didn't know what to do. Jackie was the only person who really listened to my concerns. She reassured me that he'd be OK but, most of all, she made it fun for him. Our son LOVED coming to play with Jackie. I can't say it enough how glad I am that she was there to help us, help him."

"Being at Mast Clinic is a very Zen experience."

From a mother: "When I get home, I tell my husband, I've feel like I've been with Mother Teresa."

From the father about his wife: "It's as if she is the one getting therapy. She just glows when she comes home after our son's sessions."

"Whatever has happened to our son is miraculous. I can't describe it. He is now so self-confident and proud of what he can do."

In Summary

When we integrate bioenergetic and intuitive work with conventional medical diagnosis and interventions, children have a much better chance to accommodate to their individual differences and physical challenges. .

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