



## NEURO-DEVELOPMENTAL THERAPY PROGRAMS

### e-BROCHURE

# Do you have, or know of, a child or an adult:

- who has been diagnosed as cerebral palsy, spastic, developmentally delayed, mentally retarded, athetoid, epileptic, Downs Syndrome or autistic?
- whose rate of development seems slow, even though a problem hasn't been officially diagnosed? He may have limited speech for his age, his motor development may be very slow, or he may be very clumsy and incoordinate. Or you may not be able to put your finger on exactly what is wrong - he may just seem "not right".
- whose exact condition cannot be diagnosed but whose slow development seems to be connected to a problem in the brain?
- with a learning problem or dyslexia?
- in a coma or is semi-comatose?
- who has suffered traumatic insult to the brain as a result of a car accident, near-drowning, serious illness or any other mishap?

**If you do, and if you are looking at another approach to the many manifestations of brain injury, the contents of this brochure should be of great interest to you.**

## **BRAIN INJURY - WHAT CAN BE DONE?**

Despite the recent advancements of modern medicine, there is usually little hope given to parents of severely brain injured children. Even the parents of children less affected are often told not to expect too much. There seems to be a general acceptance that the child will always have a problem, something that parents are told they must also accept. It is not often that they are given positive encouragement.

Such a negative view of brain injury is in part explained by the fact that there is still a lot to be learnt about the human brain. An important part of this education process involves updating our view of its recuperative powers. One of the most common misconceptions about the human brain is that since it cannot replace destroyed brain cells, it has a limited ability for self-repair. But this thinking is now out-dated and no longer valid. There is a vast amount scientific evidence that demonstrates that an enormous spare capacity or potential for recovery exists in the human brain.

This evidence is so conclusive that the issue is no longer whether or not this potential exists, but rather how it can be reached and utilised so as to facilitate recovery of function after brain injury.

## **ANOTHER APPROACH**

Brain injury rehabilitation is not just a medical issue. Given that the two major weapons of modern medicine are drugs and surgery, we can see why. There are no drugs that will activate the recuperative powers of the brain nor can this be achieved by surgical means. This is not to say that the medical profession is inadequate, for they are doctors not therapists.

What is required is to find and implement an appropriate therapy program. One type of therapy that has been successful in restoring function after brain injury is Neuro-Developmental Therapy. The theory and practical application of this approach is really quite simple.

Brain injury results in the destruction of brain cells, the degree of loss depending on the severity and nature of the trauma. Even though the brain injury may be severe, if life is preserved there must be surviving cells at each brain level. Since the brain consists of billions of cells, the number of surviving cells could be quite large. Recovery of function can occur if these dormant or non-specific areas of the

brain are stimulated into action. If reached, these cells may be able to take over the functions of the destroyed neurons.

Normal brain development demonstrates how this can happen. At birth, a normal brain is immature, as evidenced by the low level of function of the human newborn. The process of normal development helps wire-up and organise the brain - the normal motor stages and the accompanying sensory input transforms non specific cells into functioning neurons, and the whole system gradually becomes highly organised.

Neuro-Developmental Therapy applies the principles of normal development to the treatment of brain injured children. It recognises that normal brain growth follows a structured pattern, a step-by-step process by which higher brain areas progressively develop from the levels below. A normal baby usually crawls before it walks, and wherever possible the same should apply to a brain injured child.

## **THE THERAPY PROGRAM**

For Neuro-Developmental Therapy to be successful, it must be applied with the correct frequency, intensity and duration. A brain injured child has enormous problems to overcome, and if significant progress is to be made, a great deal of effort needs to be put in by both the child and his parents - there is simply no easy way. The actual amount of therapy needed is an individual matter, depending on such things as the child's age, health, severity of problem, capacity for work, and the family situation. It may vary from 1-2 hours a day to a maximum of 4-6 hours.

Experience has shown that an intensive therapy program works best if it is conducted by the child's parents in their own home, with the assistance of volunteer help from the surrounding community. The child is usually more responsive in the home environment, and the parents can give the individual attention the child needs. With careful teaching and training, parents can become excellent therapists for their own child. However, it is not suitable for all parents of brain injured children. Rather, it should appeal to those who have the time, energy and desire to become more involved in their child's therapy program. It is a demanding but potentially rewarding undertaking.

# NEURO-DEVELOPMENTAL THERAPY PROGRAMS

Neuro-Developmental Therapy Programs (NDTP) is a private practice run by Ian Hunter, a Neuro-Developmental Therapist since 1975. Ian Hunter graduated in Physical Education from Melbourne University, and studied for two years in the USA at the Institutes for the Achievement of Human Potential where this treatment was developed. NDTP is based in Melbourne but services patients from all parts of Australia and overseas. The high cost of airfares and the difficulties involved in travelling with a brain injured child make it impractical for families to travel to Melbourne, so NDTP travels frequently around Australia and overseas to see patients.

Initially the child is carefully assessed, and an appropriate and specific therapy program is then devised and taught to the child's parents. Once the child begins the program he is seen for re-assessment every 3-4 months. Since the therapy needs time to take effect, there is usually no need for more frequent visits. If difficulties arise, communication by letter or telephone can often solve the problem, and videos can be sent.

## RESULTS

Unfortunately, it is impossible to predict which children will respond. Some children have progressed dramatically, many others have made significant but less dramatic improvements, while a small number have shown little or no response. NDTP does not make any claims nor give any guarantees. No children are rejected because of the severity of their problem. Instead, it is important that each child is given every chance to succeed.

## FURTHER INFORMATION

Neuro-Developmental Therapy Programs  
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E-mail: [info@braininjury.com.au](mailto:info@braininjury.com.au)  
Web site: [www.braininjury.com.au](http://www.braininjury.com.au)

Suggested reading: "Brain Injury - Tapping the Potential Within" by Ian Hunter published by Hill of Content, available from the above address.

# **CONSULTATION FEE SCHEDULE**

## **PRELIMINARY CONSULTATION**

An optional consultation for parents who are not sure if they want to begin a home therapy program. It involves a brief evaluation of the child and a discussion regarding the suitability of the program for the child and the parents.

Approximate time: 1 hour

Cost: **\$150**

## **INITIAL CONSULTATION**

For children beginning the therapy program. Consisting of careful analysis of child's background history; functional neuro-developmental evaluation performed and the results explained to the parents; individual Neuro-Developmental Therapy program devised and carefully taught to parents. Detailed printed instructions given explaining how to carry out the therapy program.

Approximate time: 4-5 hours

Cost: **\$500**

## **RE-VISIT CONSULTATION**

Approximately every four months. Child re-assessed and any problems discussed with parents. New therapy program devised and taught to parents. Report given to take back to volunteers.

Approximate time: 2-3 hours

Cost: **\$300**

## **LOCATION OF CONSULTATIONS**

Where possible, Neuro-Developmental Therapy Programs will travel to the client's location, thereby saving the cost and inconvenience of travelling to Melbourne.

## **TRAVEL COSTS**

All the costs associated with Neuro-Developmental Therapy Programs travelling to where child lives are the responsibility of the families receiving a consultation during the visit in question. If there is more than one family, this cost will be divided amongst the families having appointments at each visit. The travel cost is to be paid in addition to the consultation fee.

## **PAYMENT CONDITIONS**

Payment required at the conclusion of the consultation by cash or cheque.