Emma is an 18 month old little girl referred to our facility in early 2006 for a speech language evaluation. Emma’s diagnoses include Aicardi Syndrome, Agensis of the Corpus Callosum (complete), seizure disorder, cerebral palsy, failure to thrive and global developmental delays. Mother reported that Emma’s specialists had predicted that “best-case scenario, Emma might one day sit unsupported” and that her family should not develop expectations beyond that. The family had been advised to equip their home for wheelchair access and to plan on life-long, one-on-one care for Emma.

Emma was referred to our Speech Therapy Clinic due to communication delays and severe sensory integration deficits. At the time of initial evaluation Emma was 7 months old and her mother reported that Emma displayed only one vocal sound, cried only when in pain, exhibited a severe startle reflex and appeared to have limited visual skills. Results of a language assessment indicated an age equivalency of 4 months for receptive language and a 2-3 month age equivalency for expressive language. A plan of treatment was begun utilizing traditional pre-linguistic therapy modalities including oral motor stimulation, introduction of cause/effect toys, prompting of imitation and numerous sensory integration techniques.

Emma was reassessed at 18 months. Results of that assessment indicated a minimal gain with a standard score of 67, %1 in auditory comprehension and a standard score of 60, %1 in expressive comprehension for an overall age equivalency of less than 10 months. Emma’s mother described her as “a floppy rag doll” who slept 18-20 hours a day and exhibited no desire for interaction or contact with any other person. She reported that she was unable to kiss Emma due to hypersensitivity on her face, hands and feet. At 18 months Emma would refuse any food other than her baby formula. Mother described Emma’s sensory deficits in feeding as “the three Ts” (temperature, taste and texture) and reported that any change to the formula. Mother described Emma’s sensory deficits in feeding as “the three Ts” (temperature, taste and texture) and reported that any change to the formula. Emma developed a moderate righting/balance reflex, had begun some bearing of weight on her hands and upper extremities, was crossing midline and using a pincher grasp. From a cognitive/communication standpoint Emma was improving by leaps and bounds. After just 3 IM sessions her mother reported a marked increase in Emma’s babbling and vocal volume. She consistently localized to her name and familiar people and displayed a direct imitation of speech sounds such as mouthing “Momma” and “bye-bye.”

The most touching of the reports from the family came from Emma’s father who is a Navy sailor. He went on extended sea duty just after we began using IM with Emma and returned 3 months later. After spending two days at home with Emma, he tearfully said “for the first time ever, she knows who I am. She recognizes me when she sees me.”

We discontinued IM after 5 months with plans to continue at a later date. Emma is still seen in our clinic and is walking with a gait trainer, learning sign language and is enrolled in special education classes with our school district. Everyone in Emma’s life can testify to the global improvements she made as a result of IM. Intense language therapy is now the goal in order to teach hierarchical skills to her improved neurological pathways.

We would encourage any therapist working with a neurologically involved client to consider IM. Using IM as a therapy tool for Emma has greatly altered our way of evaluating the candidacy of a client. We no longer feel that the client must be of a specific age and/or able to use the program on a progressive, independent basis. We have seen that the brain networks as a result of motor movements and timing regardless of who supplies the responses. We make no promises to parents who are pursuing IM as a part of their child’s therapy because every little brain is different and every child displays their own unique characteristics. But for the most part, parents are willing to try most anything to help their child and when told the story of Emma they are excited about the possibilities.

Have fun fellow therapists! We CAN change the lives of children and their families.