# Neurodevelopmental Treatment (NDT)

## Edited Video Transcript

All right, so next our neurodevelopmental treatment (NDT) therapy techniques. The idea here is that recovery from something like a stroke follows these patterns of normal development in that we're going to help the person move normally. That is to enable them to feel normal movement that's going to kind of help this neural recovery process. So, we're going to help the person achieve normal movement. By doing that they feel normal movement that promotes that neural recovery.

### Handling to Control Pressure

One of the aspects I’m going to talk about today is this idea of handling. So with handling, you use these key points of control both proximally and distally. Like we just said, proximal stability promotes distal mobility. So [with] this you're going to control posture. You're going to control the trunk. You're going to control the shoulder girdle. You're going to control distally to shape normal movement. The idea we're teaching behind NDT is these handling techniques to push, kind of help them achieve normal movement. So our example here: “Pick on you all again. [I’ll] have you scooch forward. Doesn't matter, okay?”

The idea—our gentleman in the video: we watched the beginning how he was seated in this nice upright posture. Now, how was he positioned? He was kind of slumped, right? The challenge with this is that [that position] actually impacts our position of the scapula, and that's going to impact how we can use that arm. So, we're going to promote this normal posture by handling. We're going to control the hips, control the lumbar spine, control the thoracic spine, and the scapula—the classic NDT positioning, right?

I’m going to be here, so by being here, I can control her foot. I can control her leg, all right? “So go back into that slump.” I can control her hips and her lumbar spine. I can put my knee in her low back, and as I relax her low back, she can go into that lordosis, that low back curve of the back by pushing in, and then helping facilitate at the front of her arm, like right at the collarbone.

So then from there, what I can do is I can take my other hand, palpate her scapula. Now my pinky finger is on her medial border. The heel of my hand is on her inferior angle. My thumb is on her lateral border. So then, I can actually facilitate control of the scapula. I can even go into retraction, protraction, elevation, depression. But you can even have them try. “So I’m going to have you shrug your shoulder as much as possible.”

### Move in a Normal Pattern

You're going to help them move, help them feel, help them move in normal movement. We can move on and have them actually move the arm, alright? So, she has a little bit of subluxation. I can grab her disarm. I can come up. I can have her try to move the arm. The idea is by having her moving these normal movement patterns right now, I’m helping her instead of moving in that slouch flexing synergy pattern. I’m helping her move in a more normalized pattern by helping her move in that normalized pattern. You're going to grease that new groove—that's going to make it easier for her to move, move in that groove in the future, yes. And by doing that, the idea is that you're making that new pathway.