Masgutova Neurosensorimotor Integration Method:

At its core, the MNRI Method is designed to facilitate the emergence, maturation, and integration process of primary reflex motor *patterns* for anyone, regardless of condition or age. To support the integration of primary reflex motor *patterns*, MNRI Method program techniques have also been developed to integrate motor reflex *movements* (subordinate components of primary motor reflex patterns) and *tactile, visual, auditory,* and *proprioceptive* sensory systems.

ABOUT THE METHOD > Why Reflex Integration is Important

The nervous system contains many specialized subsystems, each moderating and coordinating a broad range of specialized functions in the body as outlined in the following table (for more information go to Reflex Physiology & the Nervous System):

THE NERVOUS SYSTEM

CENTRAL NERVOUS SYSTEM Body's coordinator & decision maker	**BRAIN** Directs & coordinates more complex innate reflexes and learned reflexive responses.				
	SPINAL CORD Directs & coordinates less complex innate reflexes.				
PERIPHERAL NERVOUS SYSTEM Network of peripheral nerves connecting the Central Nervous System to the body.	**SOMATIC** NERVOUS SYSTEM Manages somatic reflexive responses: • Triggered thru skeletal muscles • Innate, involuntary & non-directed • Learned, voluntary & directed	**AUTONOMIC** NERVOUS SYSTEM Manages autonomic reflexive responses: • Triggered thru smooth muscles of the organs, glands & blood vessels • Innate, involuntary & non-directed • Can be learned and directed thru conditional association			
	MANAGES: • Innate *lifelong* motor reflexes • Innate *primary* infant motor reflexes • Innate *lifelong* reflex motor *schemes* • Learned reflexive activity	**PARASYMPATHETIC** NERVOUS SYSTEM Engages & moderates non-alarm state reflexes, maintaining vital functions, fostering calm, & optimizing growth through: • *Restoration* • *Social Engagement*	**SYMPATHETIC** NERVOUS SYSTEM Engages & moderates mobilization state reflexes, readying the body for action through: • *Focus & Advance* Under positive stress, in response to normal life challenges • *Fight & Flight* Under negative s stress, in response to potential danger	**NON-MYELINATED** VAGUS NERVE Engages & moderates immobilization state reflexes, stilling the body's vital functions to a minimum to ensure preservation through: • *Pause* To fulfill normal life-sustaining imperatives (birth process, sleep …) • *Freeze* To ensure survival in response to sudden, unexpected, life-threatening event.	**ENTERIC** NERVOUS SYSTEM Manages the gastrointestinal system

While each subsystem is responsible for specific functions, the integrated nature of the nervous system links and coordinates subsystems to ensure and optimize the body's overall long-term, near-term and immediate survival; using information from one subsystem to moderate, balance, and optimize the function of the remaining systems. As we learn about the intra-functional, specialized role each individual subsystem plays it is important to remember that the functional health of one system can impact the functional health of other subsystems as well as the efficiency and effectiveness of the body's overall function. **It is because of the intra- and inter-functional roles played by the subsystems that primary infant motor reflex integration can:**

1. Signal the functional health of the somatic system's underlying neural, sensory, and motor response systems.
2. Inform the function of the autonomic nervous system, influencing its ability to moderate and coordinate internal alarm states, and to regulate emotional and behavioral responses.
3. In conjunction with healthy autonomic function, provide the developmental foundation necessary for each individual to reach his motor, communication, and cognitive potential.

As simple as it may seem, understanding the integration state of primary infant motor reflexes can arm professionals and caregivers with the knowledge necessary to address the underlying cause of emotional and behavioral regulation issues as well as maturational and developmental motor, communication, and cognitive challenges.

Integration & Functional Health of Neurosensorimotor System

Integration can only occur when the neural, sensory, and motor circuits, supporting the function of each primary infant motor reflex, are functioning in a healthy manner. A malfunction of any one of the underlying circuits can result in a dysfunctional or pathological primary reflex. Because the nervous system is internal and so expansive, it is not easy to uncover the hidden problems that can exist within its complex structure. Dysfunctional and pathological primary infant reflexes help to *isolate* and *reveal* where in the body neural, sensory, or motor response *bottlenecks* exist. As a result, when professionals and caretakers use Masgutova Method techniques to isolate neurosensorimotor challenges and to facilitate the integration process, underlying issues related to the nervous system are also addressed. Because nervous subsystems play both an intra- and inter-functional role, the integration of even one primary infant motor reflex can often address a much broader cross section of challenges. For this reason, the more neurosensorimotor bottlenecks that can be identified through dysfunctional and pathological reflexes, the greater the possibility of improving a person's overall function.

Integration & Autonomic System Health and Function

In the same way primary infant motor reflex integration can be used to signal and isolate underlying neural, sensory, and motor response issues, emotional and behavioral dys-regulation can be used to signal autonomic system challenges in moderating and coordinating the body's internal alarm states. The autonomic system, when moderating and coordinating internal states performs its role in response to external cues from the environment, allocating more or less control to one of three subsystems based on the level of familiarity, the potential for danger, and the immediacy associated with a challenge or threat, as outlined below.

1. The *parasympathetic* system is allocated predominant control in response to normal/familiar:
    - Non-threatening changes in the environment
2. The *sympathetic* system is allocated predominant control in response to novel/unfamiliar:

- Typical life challenges
- Life challenges that involve potential for danger

3. And, the system managed by the *non-myelinated vagus nerve* is allocated predominant control in response to:

- Normal life-sustaining imperatives
- Sudden, unexpected, life-threatening events

The respective changes in the environment that trigger each autonomic subsystem to establish a predominant internal state in the body, also trigger the somatic system to engage in a particular set of reflexive motor movement responses. When both systems are functioning, as they should, the emotional and behavioral tone of somatic motor movement responses align rationally with the internal states moderated and coordinated by the autonomic nervous system. Because of this relationship, when primary infant motor reflexes are dysfunctional or pathological, the autonomic system's ability to appropriately moderate and coordinate internal states and regulate emotional and behavioral responses can be compromised. When the function of the autonomic system is compromised, emotional and behavioral responses often appear to be out of proportion relative to the magnitude of a change in the environment or general event. The impact of a compromised autonomic system on general internal states can result in responses that can range from being over-vigilant to being under-vigilant.

The following three tables provide a general characterization of the impact the autonomic nervous system can have on the parasympathetic system, the sympathetic system and the system managed by the non-myelinated vagus nerve, when autonomic function is normal versus when it is compromised.

Autonomic nervous system function and the *parasympathetic system*:

AUTONOMIC SYSTEM GENERAL ALARM STATE IMPACT			
PARASYMPATHETIC SYSTEM FUNCTIONS	AUTONOMIC FUNCTION *NORMAL*	AUTONOMIC FUNCTION *COMPROMISED*	
	INTERNAL STATE WELL REGULATED *relative to magnitude of changes or events*	OVER-VIGILANT INTERNAL STATE *relative to magnitude of changes or events*	UNDER-VIGILANT INTERNAL STATE *relative to magnitude of changes or events*
In General:	Maintains the body's vital functions to ensure long-term survival.	Parasympathetic function dampened by over-vigilant heightened alarm state	Parasympathetic function dampened by under-vigilant alarm state.
Calm:	Conditions optimal to promote a general state of calm	Changes that are typically non-threatening result in unexpected fear	Changes that are typically engaging do not result in expected engagement
Restoration:	Conditions optimal to promote internal restoration	Restorative processes can be slowed or stalled, resulting in: A challenged digestive process, nutrition deficiencies or food sensitivities Difficulty falling & staying asleep	Restorative processes may not be re-fueled and the body's reserves depleted: When typical pains (exhaustion, hunger, thirst) are not felt or understood, and ignored Resulting in sleep, nutrition or hydration issues
Engagement:	Conditions optimal to promote healthy social engagement and emotional and behavioral responses are well-regulated	Emotional and behavioral responses can be over-reactive, resulting in: Over-engagement, in response to typically non-engaging changes or events Fight & Flight, or Shut down	Emotional and behavioral responses can be under-reactive, resulting in: Disengagement, relative to typically engaging changes or events Blind disrespect Blind disregard with either no response or response/s related to seeming distractions
Growth:	Conditions optimal to promote physical, social & emotional well-being	Physical, social & emotional well-being can be compromised	Physical, social & emotional well-being can be compromised

Autonomic nervous system function and the *sympathetic system*:

AUTONOMIC SYSTEM
GENERAL ALARM STATE IMPACT

SYMPATHETIC SYSTEM FUNCTIONS	AUTONOMIC FUNCTION *NORMAL*	AUTONOMIC FUNCTION *COMPROMISED*	
	INTERNAL STATE WELL REGULATED *relative to magnitude of changes or events*	OVER-VIGILANT INTERNAL STATE *relative to magnitude of changes or events*	UNDER-VIGILANT INTERNAL STATE *relative to magnitude of changes or events*
In General:	Readies the body for action to ensure near term survival.	Sympathetic function is heightened and over-engaged by over-vigilant alarm state	Sympathetic function is dampened and under-engaged by under-vigilant state
Focus & Advance:	Conditions optimal to address and resolve to typical life challenges, fostering the ability to: • Isolate and take into account the most relevant factors • Maintain and sustain attention with the level of intensity necessary to determine the best combination of actions to address challenge • Maximize success when responding to typical life challenges	Typical life challenges can instill undue fear, resulting in over-reactive emotional and behavioral responses that make it difficult to: • Narrow focus enough to insure only factors relevant to the challenge are isolated and taken into account • Maintain and sustain attention with the necessary level of intensity on only the important factors when planning response • Efficiently or effectively succeed when responding to typical life challenges without some degree of either: ◦ Fight & flight, or shut down Can often: • Have difficulty distinguishing what is important from what is unimportant • Are easily distracted and overwhelmed	The magnitude of challenge associated with typically challenging changes or events can be underestimated, seemingly ignored, or missed, making it difficult to understand the need to: • Identify or isolate any relevant factors unless explicitly guided (even then no guarantee) • Attend to or determine any actions important to addressing challenges • Respond with effectiveness to typical life challenges. Often can seem to: • Lack motivation, lack interest, or simply be lazy • Take undue risk, act with blind disregard, or insolence • Be completely disconnected from the situation
Fight & Flight:	Conditions optimal to address potential danger, fostering the ability to: • Isolate and take into account the factors most important to assessing the magnitude of danger • Sustain attention with the level of intensity necessary to determine the best combination of actions to address danger • Minimize harm to self, others or environment when responding to danger	The potential for danger can be exaggerated, resulting in over-reactive emotional and behavioral responses that make it difficult to: • Narrow focus enough to insure only factors relevant to the potential danger are isolated and taken into account • Maintain and sustain attention on only the important factors when planning response • Minimize harm to self, others, or environment when responding to danger without either: ◦ Over-reactive fight & flight, or shut down	The potential for danger can be missed or underestimated and emotional behavioral responses under-reactive relative to the magnitude of the event, making it difficult to understand the need to: • Isolate or take into account any factors • Attend to or plan any actions important to addressing danger • Respond with care and caution to minimize harm to self, others, or the environment when responding to danger: Often can appear to: • Take undue risk or act with blind disregard • Be oblivious to potential for danger

Autonomic nervous system function and the system managed by the *non-myelinated vagus nerve*:

AUTONOMIC SYSTEM GENERAL ALARM STATE IMPACT			
FUNCTIONS MANAGED BY THE **NON-MYELINATED VAGUS NERVE**	**AUTONOMIC FUNCTION *NORMAL***	**AUTONOMIC FUNCTION *COMPROMISED***	
	INTERNAL STATE WELL REGULATED *relative to magnitude of changes or events*	**OVER-VIGILANT INTERNAL STATE** *relative to magnitude of changes or events*	**UNDER-VIGILANT INTERNAL STATE** *relative to magnitude of changes or events*
In General:	Stills the body's vital functions to a minimum to ensure preservation	Heightened alarm state and over-vigilant nature makes it difficult for body to still vital functions to a minimum	General dampened alarm state and under-vigilant nature compromise body's ability to still vital functions when necessary to ensure preservation
Pause:	Conditions optimal for the body to fulfill normal life-sustaining imperatives (e.g. newborn nursing, sleep), fostering: • Secure resignation, or pause without fear, and • Necessary revitalization	Undue fear can result in over-reactive emotional and behavioral responses that: • Make it difficult to still the body (pause) without fear, resulting in over attentiveness, general colic, or an inconsolable reaction, or • Result in freeze • Jeopardize the body's ability to fulfill normal life-sustaining imperatives	Under-engagement can result in under-reactive emotional and behavioral responses that: • Suggest dis-interest, indifference, apathy or disengagement • Jeopardize the body's ability to fulfill normal life-sustaining imperatives.
Freeze:	Optimizes conditions for the body to respond to sudden, unexpected, life-threatening events and can: • Incite primary infant reflexes to surface, e.g. Moro reflex or others depending on the nature and magnitude of the event, • Feign death, • Minimize harm, and optimize potential for immediate survival	An over-vigilant state can actually increase the magnitude of a life-threatening event: • Causing freeze to occur in response to typically non-threatening, superficial aspects of a traumatic event • Making it difficult for the body still functions as needed to minimize harm • Leaving the body unprepared to deal with the greatest life threat associated with a particular event • Increasing the likelihood for harm to self and others, compromising potential for immediate survival.	An under-vigilant state can cause a life-threatening event to be missed or underestimated and can: • Result in blind disregard and undue risk • Make it difficult to still the body as needed to minimize harm to self and others • Leave the body unprepared to deal with life threatening events • Increase the likelihood for harm to self and others, and compromising potential for immediate survival.

Integration, the Autonomic System & Reaching Potential

The sibling relationship that exists between the somatic and autonomic nervous systems, as the two major subsystems of the peripheral nervous system, intimately intertwines their function. The autonomic and somatic systems work in a symbiotic fashion, each to inform the other, to ensure the body's long-term, near-term and immediate survival, while optimizing the potential for development and growth. It is through the healthy function of these two systems that the optimal foundation emotional and behavioral regulation and motor, communication and cognitive maturation and development is best positioned to allow each of us to reach our full potential.

ABOUT THE METHOD > Reflex Integration & Clinical Observations

It has become apparent through the thousands of assessments completed by Dr. Masgutova that as the number of non-integrated primary infant reflexes increase in an individual, the range and severity of motor, communication, and cognitive challenges and emotional and behavioral regulation issues correspondingly increase. In 2004, Dr. Masgutova and her team tracked primary infant reflex assessment results for a population of 850 children, ages 1-12. The children and their conditions were classified according to the predominant diagnoses provided by their parents. **From this work emerged the following general non-integrated reflex profiles for each characterized condition:**

DIAGNOSIS *As Reported by Parents*	**GENERAL DYSFUNCTIONAL REFLEX PROFILES** *Listed in rank order from most commonly present dysfunctional reflex to least*
AGGRESSIVE BEHAVIOR	1) Bonding, 2) Asymmetric Tonic Neck, 3) Robinson Grasp, 4) Labyrinthine Tonic, 5) Thomas Automatic Gait, 6) Babinski, Hands Pulling, 7) Leg Cross Flexion, 8) Moro, 9) Hands Supporting
AUTISM	1) Labyrinthine Tonic, Bonding, 2) Asymmetric Tonic Neck, Thomas Automatic Gait, Trunk Extension, Flying and Landing, 3) Symmetric Tonic Neck, 4) Babinski, 5) Bauer Crawling, Hands Supporting, Leg Cross Flexion, 6) Landau, Spinal Pereze, 7) Hands Pulling, Moro, 8) Robinson Grasp
CEREBRAL PALSY	1) Labyrinthine Tonic, 2) Asymmetric Tonic Neck, Flying and Landing, Moro, Trunk Extension, 3) Symmetric Tonic Neck, 4) Babinski, Robinson Grasp, Thomas Automatic Gait, 5) Bauer Crawling, Leg Cross Flexion, 6) Spinal Galant, Spinal Pereze, 7) Hands Supporting, 8) Palmomental
CHRONIC "LATECOMERS" & DYSLEXIA	1) Asymmetric Tonic Neck, 2) Symmetric Tonic Neck, 3) Bauer Crawling, Moro, 4) Labyrinthine Tonic, 5) Bonding, Robinson Grasp, Hands Supporting, 7) Flying and Landing, Spinal Galant, 8) Hands Pulling, Pavlov Orientation
DELAYED DEVELOPMENT	1) Palmomental, 2) Bauer Crawling, 3) Thomas Automatic Gait, 4) Labyrinthine Tonic, Pavlov Orientation, 5) Asymmetric Tonic Neck, Symmetric Tonic Neck, 6) Robinson Grasp, Spinal Pereze, 7) Spinal Galant, 8) Flying and Landing
HYPERACTIVITY	1) Bauer Crawling, 2) Trunk Extension, 3) Spinal Galant, 4) Flying and Landing, Spinal Pereze, 5) Leg Cross Flexion, Robinson Grasp, 6) Moro, 7) Labyrinthine Tonic, 8) Symmetric Tonic Neck, 9) Babinski, Hands Supporting, 10) Asymmetric Tonic Neck, Bonding, Landau, Palmomental, Pavlov Orientation
LAZINESS & LOW ACHIEVEMENT MOTIVATION	1) Asymmetric Tonic Neck, Bauer Crawling, 2) Robinson Grasp, Symmetric Tonic Neck, 3) Thomas Automatic Gait, 4) Labyrinthine Tonic, 5) Bonding, 6) Flying and Landing, 7) Pavlov Orientation, Palmomental
WORRY & FEAR (PHOBIAS)	1) Robinson Grasp, Bauer Crawling, 2) Hands Supporting, Spinal Pereze, 3) Spinal Galant, Symmetric Tonic Neck, 4) Landau, 5) Labyrinthine Tonic, 6) Babinski, Bonding, Flying and Landing, Leg Cross Flexion, Moro, 7) Hands Pulling, Palmomental 8) Pavlov Orientation

It is important to note that these are *general,* non-integrated reflexprofiles and are shared here to provide perspective regarding the primary infant motor reflexes that *might* not be integrated for individuals diagnosed with these conditions. Please remember that each individual is unique in their strengths and challenges and, therefore, should be assessed by a qualified MNRI trained resource to determine the actual integration status of primary reflex patterns for each individual.

Reflex integration can change lives. The verbally delayed child can begin to form intelligible sounds, words and/or simple sentences. Individuals with hypertonic rigidity can begin to relax clenched fists, rigid arms and/or legs. The disorganized may begin to move toward self-organization, the dysgraphic to write legibly, the sensory defensive to

tolerate sounds, sights and/or touch opening up positive interaction with the world, shifting from an inner state of constant fear, distrust and concern to calm, wonder and joy. **The prognosis and outcome for those accessing MNRI Method techniques will vary based on the:**

- Underlying cause of the condition -- Congenital disorders, trauma, chronic prolong or intermittent stress, or disease.
- Which, how many, and to what extent the underlying neural, sensory and motor systems supporting reflex function are challenged.
- Number and combination of primary infant reflexes are impacted as well as the developmental maturity of each impacted reflex.
- Developmental time frame within which reflex integration work is completed -- before, during, or after the typical maturation and integration time period, and the
- Rigor with which reflex integration work is completed.

Regardless of the magnitude, complexity, or apparent level of debilitation an individual faces, it is important to understand that dysfunctional or more deeply pathological primary infant motor reflexes, when addressed with the right combination of integration techniques, can lead to improved or even restored function. While the magnitude of the underlying neurosensorimotor challenges may limit the degree of restoration when addressed with the right combination of integration techniques, almost every individual may experience some level of functional improvement - moving them a step closer to reaching their unique potential. The first step to beginning this process is simply learning about the impact integrated primary infant reflexes can have on improved function. The next steps include identification of dysfunctional or pathological reflexes and figuring out the best way to begin the integration process. To learn more about beginning the integration process refer to our website section regarding treatment options. The earlier underlying neurosensorimotor challenges can be identified, the easier it will be to minimize or even eliminate the impact dysfunctional or pathological reflexes can have on overall maturation and development.

ABOUT THE METHOD > How MNRI® Method Works

The Masgutova Neurosensorimotor Reflex Integration (MNRI) process begins with a basic MNRI assessment to identify whether dysfunctional or deeper pathological automatic primary motor reflex patterns are present. Once challenged reflex patterns are identified, an MNRI treatment plan is created and the integration process can begin. The information provided here is intended to provide a general overview of the terminology and steps important to understanding the basic MNRI assessment and integration process. If you are interested in learning more about the MNRI assessments and technique procedures, we encourage you to attend one or more of the MNRI continuing education courses, beginning with the foundation course, Dynamic and Postural Reflex Integration. While all MNRI courses are geared for professionals, parents and non-technical caregivers are welcome and quite often participate in classes. Participants learn how to complete a basic assessment and apply the restorative techniques through lecture, demonstration, and practical application.

The Assessment

The MNRI basic assessment is designed to determine the integration state of each primary motor reflex pattern. The first step is to simply determine if a primary motor reflex pattern is active *(not integrated)* or not *(integrated)*. To determine the current reflex pattern state, a sensory stimulus (specific to each reflex) is applied and the resulting response is observed.

***If there is no response*, one of three circumstances may be true:**

1. The child is two months old or younger and the reflex is not yet expected to be present.
2. The reflex pattern has emerged, matured, and integrated to become a subordinate part of a more complex automatic motor reflex scheme and learned motor skill.
3. The reflex never emerged when it should have and needs to be activated and integrated.

The first two conditions are considered normal and no action is necessary. The second condition, when achieved, acts as a maturational milestone, ensuring subsequent normal maturation and development. The third condition, however, is considered out of the ordinary and requires the attention of MNRI restorative techniques.

***If there is a response*, one of three circumstances may be true:**

1. The child is three or under and the primary reflex pattern is expected to be active and present (based on the typical timetable) and does not require special attention at this time.
2. The reflex, after having appropriately integrated, has re-surfaced and needs to be re-integrated.
3. The reflex never integrated when it should have and needs to be integrated.

The first circumstance is considered normal, while the second and third require the attention of MNRI Method restorative techniques.

After completing an MNRI Method assessment, the state of each reflex pattern is characterized as functional, dysfunctional, or pathological. A *functional reflex state* indicates that the reflex is functioning as expected relative to the typical maturational timetable, i.e. the reflex pattern is present and active when it should be or appropriately integrated and not present as it should be. A *dysfunctional state* indicates that a reflex is actively present when it should not be, and a pathological state, more severe in nature than a dysfunctional state, **indicates that a reflex motor response is:**

- Reversed -- the opposite of what is expected,
- Incorrect - generating a response expected for some other stimulus, or
- A-reflexic – generating no response at all, when it should.

Five parameters are used to evaluate the general functional state of each reflex pattern: pattern, direction, timing and dynamics, intensity, and symmetry. Below is a more complete explanation about the role of each parameter in determining the functional state of each reflex pattern.

Pattern

Is the sensory stimulus leading to the correct response or sequence of responses? Normal functioning of each reflex pattern depends upon the appropriate coordination within the underlying neurosensorimotor mechanism. If the basic pattern is incorrect, the body is signaling that dysfunction or deeper pathology exists within some component of the reflex pattern's underlying neurosensorimotor mechanism.

Direction

*Is the reflex response occurring in the correct sequence and ending in the correct posture (static, postural reflexes) or direction of movement (dynamic reflexes)?*Each reflex consists of a specific sequence of movements that culminate in a posture or are continued as movement in a specific direction. The muscle system coordinates these postures and movements.

Timing & Dynamics

Is the reflex response occurring immediately after the stimulus is elicited or is there a delay? The reflex circuit involves sensory input, brain processing, and motor response. The motor response must occur in a fraction of a second from the moment at which the sensory stimulation began. The reaction must occur within a very short time, and it must be quick because the purpose of a reflex is to protect.

Intensity

Does the strength of the response reflect the intensity of the stimulus? The intensity of a reflex is represented by the amount of physical energy supplied by a system of muscles and ligaments in response to a stimulus. The strength of a response should reflex the intensity of the stimulus. Too much, too little, or no response are all inadequate responses.

Symmetry

Is the symmetry of response apparent in the body structure, the reflex motion, response time and intensity of the reaction? Motor reaction in a reflex circuit can be assessed by evaluating the bilateral structure of the body. Symmetry can be seen in the body structure, in the motion of a reflex, in the response time, and in the intensity of reaction.

Ideally, an MNRI Method assessment begins by inviting your child or client to assume the reflex position in which primary motor reflex pattern first emerged in infancy. Often pictures are used (from manual or support tools) to provide a better understanding of the desired position. If a child is too young to understand verbal directions, he is gently placed in position for the assessment to begin. Once in position, the basic elements of each reflex pattern is evaluated (using the five reflex parameters noted above), followed by an evaluation of the variant elements of the reflex pattern. Once basic and variant patterns have been evaluated, the state of each reflex pattern is determined, i.e. functional, dysfunctional or pathological. The assessment continues in this same fashion until the functional state of each primary motor reflex pattern has been determined. As Dr. Masgutova and many certified MNRI resources will attest, many children and older clients that seek an MNRI assessment, simply cannot or will not assume or maintain any position for long. While it can be challenging, certified MNRI resources who have participated in a number of MNRI Educational Family Conferences, have been taught by Dr. Masgutova how to complete assessments regardless of the unique physical, emotional and behavioral dynamics that may be present.

While every MNRI continuing education course provides the knowledge, demonstration, and hands-on practice important for students to understand how to complete a basic MNRI assessment, the knowledge to complete an advanced MNRI assessment develops only as MNRI resources reach higher MNRI certification levels through advanced subject coursework, MNRI Educational Family Conference training, and extensive clinical application. For children or older clients facing greater challenges, we encourage you to seek out the support of senior certified MNRI resources to ensure the unique nuances of your child's situation are addressed in the final MNRI treatment plan.

The MNRI Integration Process

Individual MNRI treatment plans vary based on the unique circumstances faced by each individual. **Each treatment plan consists of the set of primary motor reflex patterns found to be dysfunctional during an individual MNRI assessment and include reflexes that:**

- Integrated when they were supposed to but subsequently *re-surfaced* and need to be re-integrated
- *Did not integrate* when they should have and need to be integrated
- *Never emerged* when they should have and need to be activated and integrated

MNRI treatment plans vary in complexity depending upon the number of reflexes included in the plan and the level of dysfunction present among the reflexes addressed in a particular plan. Regardless of the complexity, treatment plan priority is often given to working on reflexes with the greatest potential to impact positive functional change. Individual treatment sessions will often focus on a subset of reflexes to ensure that your child or client is not overwhelmed and that each reflex addressed in a particular session receives the rigorous attention necessary to impact change in the long run. While the specific MNRI techniques used to support the integration of each primary motor reflex is unique, the steps followed to during the integration process generally occur as outlined below.

1. *Sensory Motor Pairing*
   The process begins by pairing the appropriate reflex pattern sensory response with the appropriate motor response, modeling for the body the correct stimulus response relationship. The pairing is first completed for the basic elements of the reflex pattern, and then for the variant elements of the reflex pattern.
2. *Integrating Exercises*
   A set of integrating exercises are applied to train all active aspects of a reflex pattern: • First working with the basic reflex pattern,
   • Next working against the basic reflex pattern, and
   • Finally working with and against variants of the reflex pattern.
3. *Repetition*
   Generally steps one and two are repeated up to three times for each individual reflex addressed in a treatment session.
4. *Reassessment of Reflex State*
   A quick re-check of the reflex state is often done to assess progress made during reflex session.

In general, MNRI Method techniques are relatively straightforward to implement whether in a clinic or home setting. It is very important, however, that you proceed with under the guidance of a certified MNRI resource or acquire formal training yourself to ensure the MNRI Method techniques are understood, applied correctly, and reinforced with the spectrum of knowledge only more extensive MNRI training can provide. While primary motor reflex patterns remain central to the MNRI Method, Dr. Masgutova has created a number of additional MNRI programs to reinforce and optimize the impact of the basic primary motor reflex integration techniques.

ABOUT THE METHOD > MNRI® Programs

The Masgutova Neurosensorimotor Reflex Integration (MNRI) Method is comprised of a number of integration programs, each designed to reinforce and optimize the integration of primary motor reflex patterns. Given the central role of primary motor reflex patterns in the Masgutova Method, we encourage you to attend the MNRI Method Dynamic and Postural Reflex Integration course first. This course covers all of the primary motor reflex patterns central to the Masgutova Method. The remaining courses address specific sub-systems important to reinforcing and optimizing the reflex integration efforts of the central primary motor reflex patterns. In saying this, however, we do not want to diminish the importance of any one of the additional MNRI programs. Each program provides unique and essential knowledge and techniques that independently provide benefits necessary for our overall well-being. While each MNRI program can stand on their own, the power of the MNRI Method comes from the combined application of multiple MNRI programs.

MNRI Method programs fall into one of two general classifications: Core MNRI Programs and Advanced MNRI Subject Areas. As the titles suggest, Core MNRI Programs comprise the Core Programs of the MNRI Method. The most highly trained MNRI resources, Certified MNRI Core Specialists are trained in all aspects of the Core MNRI Programs. All other certified MNRI resources are working toward completing each of the Core MNRI Programs. Advanced MNRI Subject Areas are reserved for MNRI students who have completed many of the Core MNRI Programs and would like to supplement their basic knowledge with deeper, more specialized instruction.

Core MNRI® Programs

There are nine different MNRI programs, each addressing a unique aspect of our functional development. The MNRI techniques developed for each program work to improve specific variations of function in the body and all work to reinforce and optimize the integration of primary motor reflex patterns. Each core MNRI program fits into one of the three general categories as indicated below.

1. MNRI Whole Body Reflex Integration Programs

As the name implies, Whole Body Reflex Integration Programs impact the functional maturation of the whole body, beginning in the womb and continuing through the early formative years. **The individual MNRI programs included in this category are explained in more detail in the following links:**

Dynamic & Postural Reflex Integration Program	Archetype Motor Reflex Movements Program
Birth & Post-Birth Reflex Integration Program	Lifelong Reflex Integration Program

2. MNRI Body System Integration Programs

Body System Integration Programs focus on the integration of reflexes within specific systems in the body; specifically, the facial and upper limb systems. Each subsystem is important to developing verbal and written communication skills and other areas of development and, each, combined with other MNRI program techniques help to reinforce and optimize the maturation and integration of primary motor reflex patterns. **The individual MNRI programs included in this category are explained in more detail in the following links:**

Facial Reflex Integration Program	Upper Limb Reflex Integration & Manual Skills Development Program

3. MNRI Sensory System Integration Programs

Sensory System Integration programs focus on the appropriate engagement of sensory systems in the neurosensorimotor mechanism underlying all reflex function. Each sensory system plays an important role as an informational conduit for the body to the outside world. If any one of the sensory systems misinterprets the magnitude of input from the environment (i.e. overly sensitive and over-exaggerating or under sensitive and under-estimating input) the resulting motor response will correspond to the magnitude of the misinterpretation and cause what appears to be emotional and behavioral dysregulation. MNRI Sensory System Integration Program techniques work to restore normal interpretive function to each functional sensory system. Improvement in interpretive function, in turn, can work to improve emotional and behavioral regulation and enhance the maturation and integration process for primary motor reflex patterns. **The individual MNRI programs included in this category are explained in more detail in the following links:**

Tactile System Integration Program	Visual & Auditory Reflex Integration Program
Neuro-Structural Integration Program	

Advanced MNRI® Subject Areas

Advanced MNRI Subject Areas address basic Core Program content and techniques in greater depth. While these courses are generally reserved for professionals pursuing higher levels of MNRI certification, parents who are interested in attending a particular course and have completed the necessary course prerequisites, should contact us at smei.help@live.com to determine exception requirements to gain special approval for course admission.

Check out our advanced courses below:

Children with Challenges Reflex Integration	Dysfunctional & Pathological Reflex Integration
Neurosensorimotor Reflex Integration Points	Reflex Advanced Assessment