

Spinal Galant Reflex

This reflex, which some teachers consider the ‘falling out of the chair reflex’, if retained, can cause multiple and confounding problems.

The spinal Galant reflex is critical for the baby as their body cooperates with the mother’s body in the progression down the birth canal. It appears in the fetus at about 20 weeks after conception and should be fully integrated sometime between 3 and 9 months.

To test for a spinal Galant reflex you can put a client on hands and knees and stroke either side of the muscles next to the lower spine, running your finger or a sharp object such as a pen up along the curve of the lumbar area, about 1-1/2 inches from the ridge of the spine. If the hip rotates or makes any involuntary movement due to quick contraction of the dorsal muscles in the direction of the stimuli, you have an active spinal Galant reflex.

This involuntary movement can result in fidgety children whose back is irritated by being touched by the back of the chair, causing them to squirm, even to the point of falling out of the chair – not an uncommon occurrence with K-1 students with an immature nervous system including a retained spinal Galant. Ask any K-1 special education teacher!

It can also impair the development of an important reflex called the amphibian reflex, which facilitates crawling

A retained spinal Galant is also strongly linked to bedwetting.

The list of issues associated with a retained spinal Galant include:

- Postural issues
- Lateral curvature of the spine
- An aversion to wearing anything fitted in the waist area
- Fidgeting/ ‘ants in the pants’
- Bedwetting
- Bowel incontinence after the age of 5
- A contributor to scoliosis if one side is more activated than the other
- Hip rotation to one side when walking
- Poor short-term memory
- Poor concentration
- Fixation and rigidity of the spine in older children and adults can lead to back pain, and even spastic colitis and IBS in adults

The presence of a spinal Galant cannot necessarily be diagnosed from the list above, only from testing and a full Neurodevelopmental Assessment. This is because, while some of these symptoms, such as poor bladder or bowel control, as well as fidgeting when the back is stimulated, are strongly suggestive of a retained SG, other issues may be due to other central nervous system factors that can only be fully understood if a full NeuroDevelopmental

Movement Assessment is completed and all factors are taken into account. To treat the spinal Galant alone, without treating the whole range of related motor activities, is to ignore the power of our neurodevelopmental process.

Typical activities for integrating the spinal Galant in reflex only programs include:

- Snow Angels (which do not occur in normal neurological development in infants)
- Squeezing a balloon with the arm and leg on one side of the body
- Pressing sides of the body apart and together manually
- Brushing the reactive area of the spine
- ‘Hand/foot walk’ – a variation of Bear Walks that occurring in the Developmental Sequence

In a NeuroDevelopmental Movement program, which traces NORMAL neurological development, we will, rather than creating artificial approaches to integrate this reflex, use the natural processes we know integrate the SG in normal infant development.

One of the best integrators of the SG is in fact a natural vaginal birth. Once the infant has used the reflex in this way, it is more likely to be naturally integrated.

And while any of the above activities suggested in reflex programs may be helpful, we simply need to take the child through a program of normal neurological development to resolve this retained reflex after the age of 9 months. Those activities in an NDM program that can integrate the spinal Galant reflex include the **English 5 Patterns**, particularly, **#1 Hip Bridge**, **#2 Hip Roll** and **#3 Bicycle**. Additionally, doing the first of the three **Infant Patterns** that involves rolling laterally and rolling head to tail are the most natural ways to integrate this reflex. Cat/Cow can also be used but it is not generally recognized as a part of the Developmental Sequence.

We want to continue to emphasize that while there is nothing wrong with doing a reflex integration program, it is always incomplete because reflexes are addressed in isolation. The whole central nervous system is never fully integrated through isolated emphasis on just one facet of development, but rather through a full reflex, motor pattern, mobility, and sensory program in the context of balanced and compassionate parenting.