



Certification Training Manual

PATTERNS

Fetal Crossing Pattern

The first fetal pattern is called fetal crossing. This gentle pattern should be done in the most comfortable position possible. Small children can be placed in the curve of the parent's lap. Older children and adults can sit comfortably curled in a beanbag chair, a pile of pillows, or tucked into the corner of an overstuffed chair. The thumbs are held in the fisted hands, which are tucked up under the chin, right wrist crossed over left. The legs are pulled up with the knees resting loosely apart, the right ankle crossed over the left. The eyes are closed.

You will now switch this to the other side by gently lifting and lowering the chin while the hands rotate round each other at the wrists, bringing the left hand on top of the right. At the same time, the feet rotate around each other at the ankles, bringing the left foot on top of the right foot. By the time the chin has tipped back down, the hands and feet are reversed, with left now being on top. Every 4th or 5th time you reverse, allow the hand to gently brush by the lips. This is a precursor to the hand and thumb finding the mouth. The pattern should not be rushed, but done smoothly and rhythmically. This pattern is calming and reflects some of the first organized movement of the fetus.

Fetal Measuring Pattern

The second fetal pattern is called fetal measuring. This pattern should be done in the most comfortable position possible. Small children can be placed in the curve of the parent's lap. Older children and adults can sit comfortably curled in a beanbag chair, a pile of pillows, or tucked into the corner of an overstuffed chair. The thumbs are held in the fisted hands, which are tucked up under the chin, right wrist crossed over left. The legs are pulled up with the knees resting loosely apart, the right ankle crossed over the left. The eyes are closed.

To properly do this pattern, the client will lift the chin slowly, and while doing so, bring the fists out to the width of the shoulders and the feet out to the width of the hips or sit bones. When starting with right over left, the client will open arms and legs as described, then return to right over left. Halfway through this pattern, the client will put left over right and do the remainder of the patterns returning to the left over right position. The pattern should not be rushed, but done smoothly and rhythmically. This pattern reflects the first awareness the fetus has of the boundaries of their body.

Startle Pattern

The third fetal pattern is called the Startle. This pattern is done lying on a flat surface, with room to spread out. The hands are tucked lightly in fists over the chest. The legs are pulled up and drop down over the abdomen. This pattern is sudden and explosive. All in one sweep, the hands brush past the ears, with the fingertips brushing the ears lightly. The arms brush out suddenly until they are at full extension with fingers extended. At the same time, the legs shoot up and out diagonally to full extension in a whole body startle. This rapid explosion then settles gently back into the original position in preparation for the next startle.

This pattern is the fetus' first response to sounds that it is beginning to hear outside of its mother's body. It is sometimes used to work through and eliminate a startle response in the client.

The Frog Pattern

The fourth fetal pattern is called the Frog. This pattern should be done on a flat smooth surface that will allow the legs to slide. We recommend doing this with socks on, but not shoes. To be done properly, the client will lie on her back. The feet are pulled up as closely to the body as possible, with the soles of the feet together and knees out. At the same time, the arms are curved above the body and the hands meet at the fingertips with the palms up, facing away from the body. The arm curve should start at the level of the navel. Because the eyes are focused at all times on the place where the fingertips meet, the arms will only be able to be lowered "toward" the navel, but will not touch it.

To begin the pattern, the legs will slowly start to extend down, keeping the soles of the feet together at all times, and the arms will begin to arc above the face and over the head, keeping the eyes on the back of the hands at all times. The legs will not go to their full extension because of the requirement that the soles stay together, and the arms will not go fully to the floor because of the requirement that the eyes are in constant contact with the hands.

This pattern supports the infant's first visual focal distance, vertical eye tracking, and the first homologous use of the body, upper working in opposition to lower.

Two-Part Homologous Stretch Pattern

The fifth pattern is the Two Part Homologous Stretch Pattern. This pattern should be done on a flat smooth surface that will allow the legs to slide. We recommend doing this with socks on, but not shoes. To be done properly, the client will lie on her back.

The legs are pulled up, knees to chest. The arms are bent with the upper arm parallel to the torso and the palms up. The arms will first reach up, in a movement parallel to the floor, as though stroking the underside of a smooth surface. Bring the arms to full extension above the head, and then return them to the original position. Once the arms have returned, the legs drop so that the soles of the feet are on the floor. Then slide the feet along the floor to full extension. After the legs have reached full extension, slide them back in and when the feet are close to the sit bones, lift the knees and allow the thigh and bent leg to drop back and into the abdomen. The arm movement can now be repeated. Each completion of arm movement, followed by leg movement

counts as 'one'. Note that this is not an abdominal muscle exercise. It should be done with as little stress on the abdominal muscles as possible and NOT as a leg lift.

One-Part Homologous Stretch Pattern

The sixth pattern is the One Part Homologous Stretch Pattern, which will be done by the client immediately after doing the Two-Part Homologous Stretch Pattern. In this pattern, the arm and leg movements previously done separately are now done simultaneously, so the limbs are all moving away from each other at the same time.

The Homologous Stretch Patterns help the fetus begin to distinguish and articulate upper body from lower body, which will be critical for the dance of birth, which is to come. Because the lowest muscles of the arms, the highest muscles of the legs, and the diaphragm, all have connections to the spinal vertebrae T-12, this pattern is important, as well, in activating other functions such as diaphragmatic activity, that will soon be essential for the infant.

Truncal Movements from the waist up and from the waist down

The seventh and eighth patterns are Truncal Movements. To perform Truncal Movements *from the waist up*, the client will lie on a smooth surface, facing up, with arms at the sides and with legs straight down. Keeping the body and head flat on the floor, bend at the waist, not the hips, sliding the right hand down so the fingertips touch or almost touch the outside of the right knee. The lower half of the body is stable, but not rigid.

Then in one sweeping movement, straighten out the body to the original position. Do the same activity to the left. Each time you touch the knee counts as 'one'.

The second half of the Truncal Movement pattern from the waist up requires you to turn over so you are face down. The nose is pointing toward the floor, and the body slides side to side as above. Lift the head just enough to keep the nose from brushing the floor, keeping the neck in line with the spine.

To perform Truncal Movements *from the waist down*, the client will lie on a smooth surface, facing up, with arms at the sides and with legs straight down. Keeping the body and head flat on the floor, bend at the waist, not the hips, sliding the right legs together out to the side in the direction of the right fingertips. The fingertips touch or almost touch the outside of the right knee. The upper half of the body is stable, but not rigid.

Then in one sweeping movement, straighten out the body to the original position. Do the same activity to the left. Each time you touch the knee counts as 'one'.

These patterns help define the waist, activate the many muscles that attach to the spinal vertebrae T-12, and prepare the infant for the movements required during the birth process.

The Ninth Fetal Pattern is the Truncal Movement on the side

To properly perform a side truncal movement, the client will lie on their side on a flat surface, with arms and head tucked in and the knees pulled up snugly against the body in the classic ‘fetal position’.

In one smooth movement, the arms reach, stretch, and straighten above and beyond the head, and the legs are stretched out from the hips. The stretch creates a reverse curve in the body. The arch of the body must have the intention of a reach with the head, hands, and fingertips all strongly reaching up.

The client then curls up again smoothly. Each reach counts as ‘one’.

The Tenth Fetal Pattern is a Twisting Truncal Pattern

The client begins the Twisting Truncal Pattern by lying on her back. The hands held in light fists, with the thumbs tucked, are resting on the chest. The legs are folded up, legs parallel with the feet above the hips.

The client will turn the head halfway to the left, while at the same time moving the knees toward the floor on the right. The shoulders should remain flat on the floor. The trunk will be twisted between the shoulders and the hips.

The client returns head and legs to the central position, then twists in the opposite direction with the head turning halfway to the right, while at the same time the knees move halfway to the left. Again, the shoulders should remain flat on the floor.

Each time the head turns counts as ‘one’.

This pattern is the last one recognized in this series before the birth of the infant.

Infant Patterns

The eleventh pattern consists of three activities seen in the very young infant.

The first of these is a rocking pattern that helps suppress the spinal gallant reflex in the back. In this rocking pattern, the client lies on their back, curled up, with hands in light fists over the cheeks, and the legs tucked up over the belly. The client will then roll gently from side to side, without rolling all the way over onto her side. This is followed by a head-to-tail rocking movement. The client will feel a massaging of the muscles on either side of the spine.

The second infant pattern is a face-rubbing pattern that helps stimulate the ‘front end’ of the digestive system, encouraging the lips to become active and saliva to be produced in the mouth. To perform this pattern the client will lie curled up on their back with the hands in light fists. The fists rub the mouth, cheeks, and chin area. At least one time during this rubbing, the left fist should cross over the midline to the right side and back again. And at least one time, the right fist

should cross over the midline to the left side and back again. The cheeks may become pink, but this should not be done to the point of irritation of the skin.

This is a useful pattern in clients with failure to thrive issues, anorexia, and other eating or digestive restrictions.

The last of the Infant Patterns helps the infant integrate the idea of his feet into the full picture of himself. To do this pattern, the client will lie on their back, grab their toes and gently kick the toes free of the hands, flicking them up into the air. The eyes will be focused on the toes throughout.

Circling #1 and Circling #2

Patterns #12 and #13, the Circling Patterns, are generally assigned at the same time. These patterns provide the infant with a sense of how one half of the body works against the other half. They also begin to give the child a sense of their vertical midline and provide early eye tracking opportunities.

To perform Circling #1 successfully, a smooth surface with ample space for full circular movement is important. The client will lie on his stomach with arms in front of his face, palms down on the floor. The legs are bent at the knees, with the calves and feet slightly off the floor, and the soles of the feet touching each other. The client then reaches out with the right hand and pulls so that the body turns toward that hand. The eyes are looking at this lead hand. Stop turning when the head is even with the right hand. Then put the left hand on the floor in front of the head as in the initial position. Get ready to reach and pull again with the right hand. These pulls will turn the body in a full circle to the right. Each full rotation counts as 'one'.

Next, the client will repeat the same pattern, reaching with the left hand so the body circles to the left.

To perform Circling #2 successfully a smooth surface with ample space for full circular movement is important. The client will lie on his stomach with arms in front of his face, palms down on the floor. The legs are straight down from the hips and always together. The client will reach out with his right hand and pull so that his body turns toward that hand. The eyes are looking at this lead hand. Stop turning when the head is even with the right hand. Then use the left hand to reach across in front of the body on the far side of the lead hand and pull so that the body continues turning in the same direction. Note: always keep the eyes on the lead/right hand when turning to the right, even when the left crosses over it.

Next the client will repeat the same pattern, reaching with the left hand so the body circles to the left.

Tonic Neck Pattern

The Tonic Neck Pattern, Pattern #14, is used with any client in whom good midline function has not yet been established. It also offers early opportunities for horizontal eye tracking in the infant.

To perform the Tonic Neck Pattern, the client will lie on his back (supine) on a smooth surface. This pattern is easier to do if the client is wearing socks to allow the feet to slide easily on the surface. The client will then make light fists of both hands with only the pointer or index finger extended. The right arm, with this pointed hand, is extended straight out from the shoulder, resting on the floor and the head is turned toward this hand, eyes focused on the pointed finger. Meanwhile, the left hand, with its light fist and pointed finger, is bent, resting on the floor with the finger pointed in the area of the left ear. The left leg is bent out to the side with the sole of the foot near the inside of the opposite knee.

When the head turns, it begins the process of switching the whole pattern to the other side. The spine will remain straight while the head and limbs switch smoothly to the other side. Now left arm and leg are straight, while right arm and leg are bent.

As the head turns side-to-side, the eyes should trace a horizontal pathway and special care should be taken to make sure that the eyes are open as they pass through the midline.

Homolateral Pattern

The Homolateral Pattern, Pattern #15 is done prone or face down on a smooth surface. Pants should be worn rather than shorts to protect the inside of the knees from abrasions that could arise from repeated rubbing against the surface.

Throughout this pattern the torso remains straight and stable, though not rigid, while the arms and legs move smoothly around this aligned spine. This will require full range of motion in the shoulders and the hips and can encourage it in those with limited shoulder or hip mobility. Throughout the execution of this pattern, remember that the infant at this stage of development will always, when placed on their stomachs, turn their mouth toward an upturned thumb. So, if you can't potentially access thumb to mouth, stop and reorganize your pattern.

Begin with the head turned toward the right, the right elbow bent at a comfortable angle and the hand resting palm down within view of the eyes, straight out from the mouth. The right leg is bent at a 90-degree angle at the hip and at a 90-degree angle at the knee, in a position that is frequently used while sleeping.

On the left side, the arm is resting next to the body and the palm is up. The left leg is straight down and the foot points in.

Turning this pattern to the other side starts with the head leading the body, which stays in line with the spine, rather than arching at the neck to turn. As the head turns from right to left, the right hand moves down along the side of the body, the hand brushing flat along the floor, coming to rest palm up. The right leg straightens and lines up straight down from the hip, the right foot pointed in.

Meanwhile, the left side, which was straight, has now come up into the bent position. The arm circles around much like one would see in a 'crawl stroke' in swimming, hovering just above the surface, and the hand lands near the eyes and mouth. The left leg has now come up into the bent position.

Note, even though all of these movements happen at once, the head always leads the movement. Each time you turn the head counts as ‘one’. A nice smooth and steady rhythm should be the goal. Do not hurry this pattern. Work for accuracy and a smooth rhythm.

Cross Pattern

The Cross Pattern, Pattern #16 is done prone or face down on a smooth surface. Pants should be worn rather than shorts to protect the inside of the knees from abrasions that could arise from repeated rubbing against the surface.

Throughout this pattern, the torso remains straight and stable though not rigid, while the arms and legs move smoothly around this aligned spine. This will require full range of motion in the shoulders and the hips and can encourage it in those with limited shoulder or hip mobility. Throughout the execution of this pattern, remember that the infant at this stage of development will always, when placed on their stomachs, turn their mouth toward an upturned thumb. So, if you can’t potentially access thumb to mouth, stop and reorganize your pattern.

Begin with the head turned toward the right, the right elbow bent at a comfortable angle and the hand open and resting palm down within view of the eyes, straight out from the mouth. The left leg is bent at a 90-degree angle at the hip and at the knee. The left hand will be straight down, resting on top of the left thigh with the palm up. The right leg is straight down and the foot points in.

Turning this pattern to the other side starts with the head leading the body, which stays in line with the spine, rather than arching at the neck to turn. As the head turns from right to left the right hand moves down along the side of the body, the hand brushing flat along the floor, coming to rest palm up. The left leg straightens and lines up straight down from the hip, the foot pointed in.

Meanwhile the left arm circles around much like one would see in a ‘crawl stroke’ in swimming, and the hand lands near the eyes and mouth. The right leg has now come up into the bent position.

Even though all of these movements happen at once the head always leads the movement. Each time you turn the head counts as ‘one’. A nice smooth and steady rhythm should be the goal. Do not hurry this pattern. Work for accuracy and a smooth rhythm.

Note that if you are having trouble getting into the cross pattern position, you can go back to the homolateral pattern. Then, keeping the head and arms just as they are, simply switch the legs and you are in a cross pattern. Now you are ready to begin the pattern.

Three Kinds of Crawling

Patterns #17, #18, and #19 trace the evolution of belly crawling in the infant. All crawling is best done on a smooth surface. The first pattern, Homologous Crawling, is an activity in which first upper body moves and the lower body follows. Homolateral Crawling is the movement of right

side limbs simultaneously against left side limbs. Cross Pattern Crawling is an activity in which the left arm and right leg are active, then vice versa.

One caveat: we do not teach anyone ‘how’ to crawl. These patterns we believe will evolve as the client does the activity. It is our belief that we get in the way of the client’s growth if we impose crawling on them. Specific reflexes that have been integrated in earlier patterns will begin to unfold in crawling and we would not want to ‘train’ a client to crawl anymore than one would give a student a complex math problem and the solution at the same time. We want each client to ‘work the steps’.

Three Kinds of Creeping

Pattern #20 traces the evolution of hands and knees creeping in the infant. Creeping can be done on any surface. The first pattern, Homologous Creeping, is an activity in which first upper body moves and the lower body follows. Homolateral Creeping is the movement of right side limbs simultaneously against left side limbs. Cross Pattern Creeping is an activity in which the left arm and right leg are active, then vice versa.

Our caveat for creeping: we do not teach anyone ‘how’ to creep. These patterns we believe will evolve as the client does the activity. It is our belief that we get in the way of the client’s growth if we impose creeping on them. Specific reflexes that have been integrated in earlier patterns will begin to unfold in creeping and we would not want to ‘train’ a client to creep any more than one would give a student a complex math problem and the solution at the same time. We want each client to ‘work the steps’.

Two Animal Walks

Pattern #22 is composed of two walks, a Bear Walk, and a Duck Walk. We have used these walks particularly in helping stretch the heel cord in clients who toe walk. Plus, they can be fun.

A Bear walk is done on all fours with the palms flat on the floor. It is a homolateral walk, meaning that the right arm and right leg will move forward at the same time, then the left arm and left leg will move forward at the same time.

A Duck walk is done in the squatting position with the spine straight and the hands tucked in front. Walk forward in this position, keeping the hands tucked in.

Pattern #23 is a Homolateral Brachiating Walk. This pattern uses some of the components of the earliest infant walking.