DIRECTIONS FOR LDTREATMENTWITH REFLEX THERAPY

Sulltana Bilbilaj[1] EntelaFerko[2]

[1]AkademiaPedagogjike e Tiranes, E-mail: tanabilbili@yahoo.com

[2]AkademiaPedagogjike e Tiranes, E-mail:entelaf@yahoo.com

Increasing number of children with learning difficulties is a nationwide problem that requires immediate attention apart from neurobiology sciences, psychology, pedagogy, medicine, etc.. Children with learning disorders, ADHD, dyslexia, hypo / hyper tonic, autistic, hyperactive, language disorders, oral retention, coordination disorders, sensory disorders, emotional disorders and various other neural developments are known to maintain reflexes that have contributed to their symptoms and level of dysfunction. Difficulty in learning, from the presence of the initial reflexes beyond biological, Babinski, Moro and Startle, Walk or Steps (Stepping), Research (Rooting), feeding (sucking), Asymmetric Tonic Neck Reflex (ATNR), Tonic Reflex Maze (TLR), Palm Reflex (Palmar) Plantar Reflex (Plantar) GalantReflex, such as parachute reflexes are neurological disordersand children may have difficulty speaking, reading, and/or writing, spelling, reasoning, perceiving, memorizing, organization and processing information. Primitive reflexes are essential for the survival and development in the womb and in the first months of life. Times of occurrence that initial reflexes begin are in early prenatal stages of the child in theuterus. Some initial reflexes are present at birth and are an indicator of development neurobiology. By anatomical and biological perspectives, initial reflexes stay for a short period of time and under the influence of specific movements, they refrain and postural reflexes take place. This is the stage when they are integrated with the higher centers of the brain control. If they are kept beyond their normal age of integration they can disturb some or all the functions of the higher brain centers which includes behavior; such as learning and integration of large or fine movements and more neurological disorders.

Key words: *learning disorder, primitive reflexes, movement, therapy*