



RETAINED PRIMITIVE REFLEXES

We find many parents try everything from medication and sensory activities to outdoor play to help their child self-regulate, attend and focus, and learn better in the classroom, but there are still gaps. Why are there still delays in my child's learning development?

Approximately 65% to 70% of students who experience delays in their development or learning in the classroom have what are called **retained Primitive Reflexes**.

So what is a retained primitive reflex and how can it affect my child's learning development?

We are all either born with primitive reflexes or have them when we were in our mother's womb, but as we grow older, primitive reflexes should integrate or "go to sleep" to make way for other developmental milestones like crawling, walking, grasping and talking.

When primitive reflexes do not integrate and are retained, they could cause a whole slew of problems for your child or student that can have huge impacts on their learning and motor development. You may not even know it's happening to your child, but you will definitely see the signs, especially if they are struggling in the classroom or if they have trouble with behaviour and emotions.

What are the signs?

There are definitely several [red flags](#) that can alert you to a possible retained primitive reflex. It's sometimes hard to know if your child has one or if it's related to their learning development, but here are a few key signs to watch out for if you think your child may have one or multiple.

Primitive Reflex	Purpose of Reflex	Appears	Should Integrate By:	Signs of Retention
Moro Reflex	Primitive Fight or Flight Reaction	Birth	2 to 4 Months	Hyper Sensitivity, Hyper Reactivity, Poor Impulse Control, Sensory Overload, Social & Emotional Immaturity
Rooting Reflex	Automatic Response to Turn Towards Food	Birth	3 to 4 Months	Fussing Eating, Thumb Sucking, Dribbling, Speech and Articulation Problems
Palmer Reflex	Automatic Flexing of Fingers to Grab	Birth	5 to 6 Months	Difficulty with Fine Motor Skills, Poor Manual Dexterity, Messy Handwriting
ATNR	To Assist Baby Through Birth Canal and Develop Cross Pattern Movements	Birth	6 Months	Poor Eye-Hand Coordination, Difficulty with Handwriting, Trouble Crossing Vertical Mid-line, Poor Visual Tracking for Reading and Writing
Spinal Gallant Reflex	Assist Baby with Birth Process	Birth	3 to 9 Months	Unilateral or Bilateral Postural Issues, Fidgeting, Bedwetting, Poor Concentration, Poor Short Term Memory
TLR	Basis for Head Management and Postural Stability Using Major Muscle Groups	In Utero	3 1/2 Years	Poor Muscle Tone, Tendency to Walk on Toes, Poor Balance, Motion Sickness, Spatial Orientation Issues
Landau Reflex	Assist with Posture Development	4 to 5 Months	1 Year	Poor Motor Development
STNR	Preparation for Crawling	6 to 9 Months	9 to 11 Months	Tendency to Slump While Sitting, Poor Muscle Tone, Poor Eye-Hand Coordination, Inability to Sit Still and Concentrate