NDTA™ 21/05/08 12:18 AM



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### Clinician's Corner

# Who Owns the Research?

Theory vs. Philosophy in the NDT Debate

By Marcia Stamer, PT

Eavesdropping is an enjoyable pastime for many of us, and I am no exception. Restaurant conversations can be entertaining, and so can the many tidbits of information one can pick up walking among therapists at professional conferences. I would imagine that many of you have heard comments about NDT—both positive and negative—as you circulate at conferences; I personally find it rather a lot of fun if these comments are made when my identity as an NDT instructor remains unknown. I have learned what I would think are honest opinions in these circumstances.

Many of us have also attended meetings and conferences or received correspondence where more public opinions about NDT are offered. I will never forget staffing the NDTA™ booth at the Physical Therapy Combined Sections meeting in Nashville in 2004 when a faculty member of a university walked up and immediately said to me "I don't send any of my students on affiliations that teach about NDT because there is no research to support it." Fortunately, although I am not known for my quick thinking and articulate responses under these conditions, I could just hand her Janet Howle's book, *Neuro-Developmental Treatment Approach: Theoretical Foundations and Principles of Clinical Practice*.

I tend to obsess over things, which helps me sort out difficult ideas over time. So I am obsessed by this problem of research—which brings me to the APTA's III STEP conference last year, some of the recent debates at the American Academy of Cerebral Palsy and Developmental Medicine regarding the efficacy of NDT, and some recent correspondence. It seems to me that one of the issues, although usually unnamed as an issue, is "Who owns the new theories and knowledge gained by the basic sciences?" This issue comes up when I hear people say, "The newer theories of motor control, such as Neuronal Group Selection Theory or new findings in plasticity research, are discussed in Howle's book about NDT. These theories aren't NDT, so those discussions don't belong in that book!"

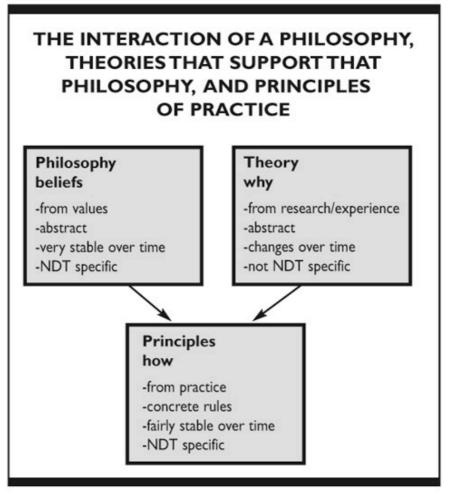
Whoa!! Wait a minute! This is a huge error in understanding what NDT is and is not.

NDT is a treatment philosophy and a clinical practice model. It is not itself a basic science theory of motor development, motor control, motor recovery, or motor learning. Clinical models designed to structure therapy practice rely on scientific research and the interpretation of this research to constantly support, revise, and confirm or refute the model's philosophy. The diagram to the right shows this relationship.

NDTA™ 21/05/08 12:18 AM

A philosophy is a belief system. Theories come from science and research and can be pulled from many fields to help shape a clinical model and philosophy. The potential fields include, but are not limited to motor control, motor learning, motor development, recovery and plasticity after brain injury, psychology, nutrition, and education. Treatment ideas are then "tools" that a therapist uses based on the therapist's particular philosophy and the clinical treatment model she espouses.

So my response would be that no, NDT does not "own" the research in the basic sciences. No one in clinical practice "owns" theory. The sciences help those of us in clinical practice to decide whether we continue to believe in the NDT philosophy or not. That is why new theories and research are in Howle's book.



Now I have a confession to make. At III STEP, and in conferences for the past few years, I was beginning to be persuaded that research was leading us to an "eclectic approach" in clinical practice. From different backgrounds and beliefs, it seemed to me that therapists were talking in a more common language. Everyone was buying into functional outcomes, evidence-based practice, the exciting findings in motor recovery research, etc. So I thought, well, we do seem to be speaking more alike than we used to, and that's great. Maybe NDT philosophy will be kind of absorbed into general physical, occupational, and speech pathology clinical practice models.

But then I attended the case study presentations at III STEP and saw how various clinicians interpreted "functional goals" and "evidence-based practice" in their treatments, which indeed had a structure and philosophy. What I saw frequently was practice without regard for the compensatory movements that in the long term could lead to devastating secondary impairments. There seemed to be little to no analysis of the various body systems that contributed impairments to the functional (activities) limitations. Maybe I was too critical, but it often seemed to me that the practice that patients were doing could be monitored by someone who simply memorized the criteria of a given standardized test item.

So my conclusion was this: Maybe clinicians talk a good talk and it all sounds rather similar, but maybe the implementation of that talk is very different according to the treatment model that the therapist uses. If that is true, I still find the NDT clinical treatment model the best because of its in-depth problem-solving analysis of posture and movement along with the on-going evaluation and monitoring of the most

NDTA™ 21/05/08 12:18 AM

efficient and functional movement for our patients now and in their futures.

The next issue of Network will further address the issue of NDT philosophy and practice in relation to the ever-evolving changes in our understanding of posture and movement. I would invite and encourage all readers to submit ideas for discussion and articles for consideration for inclusion into this issue.

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