

Improvement in Speech, Primitive Reflex Integration and Neurodevelopmental Dysregulation in a two-year-old male under Chiropractic care: A Chiropractic paediatric case report.

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Grok prompt

Summarise this case report by Jenna Godfrey into 3 paragraphs using clinical language appropriate for a Chiropractor, and provide 5 multi-choice quiz questions with answers

Grok response

The case report by Jenna Godfrey discusses the potential role of subluxation-based chiropractic care in supporting neurodevelopmental maturation in a paediatric patient with persistent primitive reflexes and language delay. The author situates the case within broader literature suggesting that chiropractic interventions may influence neural plasticity and sensorimotor integration, and highlights the presence of retained primitive reflexes as a possible contributor to developmental delay. In the presented case, a two-year-old male with delayed expressive language, low tone, and regulatory difficulties was referred by a speech-language pathologist after limited progress with speech therapy; a comprehensive paediatric chiropractic assessment identified multiple cranial and spinal subluxations, reduced neuromotor tone, diminished reflex integration, and postural asymmetries.

Clinical assessment revealed restricted cranial bone mobility (left coronal and squamous sutures, left parietal, right temporal), restricted segmental motion (cervical, mid-thoracic, lumbar regions, and pelvic extension), and left ankle hypomobility. Neurological examination demonstrated diminished postural tone, reduced reflex activity, and persistent primitive reflexes including rooting, palmar grasp, TLR, ATNR, Galant, and plantar grasp, with STNR present on postural assessment. Gait and posture showed asymmetries consistent with the identified subluxation patterns. A structured three-phase treatment plan was implemented: an intensive twice-weekly phase for six weeks, a consolidation phase weekly for six weeks, and a maintenance phase biweekly for six visits, incorporating diversified manual adjustments, cranial releasing techniques, activator-assisted care, soft tissue work, and a home programme targeting reflex integration and proprioceptive control.

Outcomes demonstrated clinically meaningful improvements across neuromotor and behavioural domains. Quantitative tracking (health index) improved from 58 to 78 at the first review and 82 at the third review, surpassing the target of 80. Most primitive reflexes integrated except for the asymmetric tonic neck reflex; postural tone and cranial nerve function improved toward normal ranges, and subluxation patterns were reduced. Remarkably, the patient's expressive language accelerated, with a reported increase from 1-2 new words per day to up to 20 daily, accompanied by gains in social engagement, imaginative play, gross motor skills, and emotional regulation. The authors discuss interdisciplinary collaboration and acknowledge limitations inherent to single-case reports, while proposing that subluxation-based chiropractic care may support neurodevelopmental maturation in select paediatric cases with retained reflexes and low postural tone.

Grok quiz

1. What was the primary presenting concern prompting chiropractic involvement in this case?

- A) Visual impairment
- B) Delayed expressive language and low tone
- C) Gastrointestinal symptoms
- D) Orthostatic intolerance

• Answer: B

2. Which of the following reflexes persisted at initial assessment?

- A) Moro reflex
- B) Asymmetrical tonic neck reflex (ATNR) mild on the right
- C) Symmetrical tonic neck reflex (STNR)
- D) Babinski reflex

• Answer: C (STNR persisted; ATNR present but was described as mild on right and moderate on left, but STNR was specifically noted as persistent on postural assessment)

3. What was the composition of the three-phase treatment plan?

- A) Weekly adjustments for 12 weeks, no maintenance
- B) Twice-weekly for 6 weeks, then weekly for 6 weeks, then biweekly maintenance
- C) Daily adjustments for 4 weeks, then monthly maintenance
- D) Biweekly adjustments for 12 weeks with no reassessments

• Answer: B

4. Which outcome measure indicated a successful response to treatment?

- A) Return to baseline health index of 58
- B) Health index improving to 82 at the third review
- C) No change in cranial nerve function
- D) Worsening of primitive reflexes

• Answer: B

5. In the discussion, what key factor did the authors propose as contributing to the observed improvements?

- A) Natural maturation with no intervention
- B) Primary influence of speech therapy alone
- C) Subluxation-based chiropractic care addressing cranial and vertebral motion and afferent input
- D) Exclusive use of pharmacological management

• Answer: C