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# The David Mulhall Centre

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## Testimonials



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## Laurie's Story – age 9

When 9-year-old Laurie first walked into my clinic, he exhibited all the typical signs of dyspraxia. He lumbered into the room, crossing directly in front of his mother as she entered. He looked apathetic, disenchanted, and hardly bothered to look at me as his mother instructed him to reply to my greeting. He flung himself into the seat and proceeded to almost slide off the chair as his legs stretched out before him.

His mother was concerned. He was the youngest of twins but very unlike his brother. Laurie was very sedentary, found physical movement difficult and complained all the time of feeling tired. Even simple movements like climbing the stairs were a chore, his movements cumbersome and heavy. For his age he already appeared thick around the waist, rather like a stout middle-aged man. He did not engage in normal activities, the kind that his peers actively enjoyed, instead retreating into a fantasy world of his own. He had a very active imagination, loved film and especially puppets.

Although his mother had not come to see me about his enuresis, it transpired that she was also almost at her wits' end over his continued bedwetting – a nightly occurrence.

I first of all determined that his start in life had been a difficult one. His mother had experienced some minor complications during pregnancy. The birth had been induced and when he arrived, Laurie was unusually small and still. I got straight down to running my preliminary tests. Each one of these tests pointed to retained primitive reflexes at a high level – it was little wonder that he had problems. I explained to his mother what was affecting Laurie, illustrating my point with certain tests. I told her that he was certainly someone who would benefit from my programme. As I explained how the treatment would help and what she might realistically expect, she struggled to hold back the tears. Her years of worrying about her son, and the fruitless time spent searching for a solution, had obviously taken their toll.

At the Diagnostic Assessment a few days later, it became very apparent why Laurie found life difficult. A very strong TLR reflex had resulted in balance problems, and also accounted for the foreshortening of his hamstrings and his carpal and Achilles tendons. It was no surprise to me that his leg movements were so leaden. Although he didn't tiptoe, as can happen in some cases, he often complained of so-called "growing pains" in his legs.

Adding to his problems was an extremely strong retained ATNR reflex. This was stronger than I had seen in many months. It was this reflex that not only robbed him of accurate control of his limb movements, but also meant that anything requiring him to coordinate eye-hand movement was

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extremely difficult – resulting in both his laboured handwriting and his dislike of games. Laurie was never going to become a sporting jock with this reflex still in place. He was intelligent enough to have worked that out – so why do sport at all?

Finally, the strong Spinal Galant further limited his ability to move – obvious in his splay-footed, somewhat rolling gait and limited hip rotation. It was also this retained reflex that accounted for his enuresis. Laurie was able to depend on his tensed muscles to control his bladder during the day, but as he relaxed into a deep sleep at night he would invariably let go, with the resulting embarrassing outcome. As time goes on, these children learn to retain this tension in the lower body throughout the night and thus appear to have overcome their bedwetting. Back problems, however, tend

to be the result in later life.

At first, his mother found that getting him to undertake the programme was a daily battle. She said, “nothing, no miracle, is ever going to make him fleet of foot”.

Here are my notes from follow-up visits and reports from his mother, taken at monthly intervals over the course of a year’s treatment.



1) Everyone has noted that Laurie is moving faster and more easily. His grandma noted that “he looked clearer”. He actually ran up the stairs for the first time ever – absolutely unheard of.

2) More steady improvement though perhaps not as dramatic as last month. Despite long walks or cycle rides, he no longer complains, “Mummy, I’m tired.” Nose constantly runny (a good sign – the sinuses previously blocked have begun to work more effectively). Sometimes he is very tired physically and he is not an habitual early riser. His eyes look sharper, clearer, more focused.

3) A mixed month – his school results were not as good as hoped. Laurie said he was “Walking faster, jumping, skipping and running more – everything was much more fun”. His nose was no longer runny. Only

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wetting the bed perhaps once a week. Performed brilliantly in the swimming gala. "I have never seen him swim so fast," said his mother.

4) His nose has really cleared. Sleeping long and deeply and has only wet the bed twice that month. He is slimmer, more toned, brighter and sharper. His concentration has improved markedly. Laurie says he is less dreamy in class.

5) Laurie is choosing not to wear his glasses in class as this is easier for him. He is much more self-motivated with his homework. He actually had 16 dry nights in succession – the longest period his mother had known without an accident occurring.

6) Seems to have dispensed with wearing glasses – chooses not to wear them at all. He had a bad week of wetting the bed when he was unwell with flu. Since then he has been marvellous, he's been up, sparky, even feisty – just a couple of sudden rages. This improvement especially noticeable since he started the SoundSense programme. He has grown taller and leaner – no longer so desperate and ravenous for food at mealtimes.

7) Some sporadic bedwetting. A lot more focused now – he is able to concentrate for much longer periods. Laurie adds that he is finding school "much easier and that he feels more clever"! His handwriting is smaller and more evenly spaced and so much easier to read. Improvements in football – instead of running away from the ball he is now tackling well and is very keen to play! This is in direct contrast to how he was before starting the programme. His speech continues to get clearer and his sentence construction is much better. Not only that, but he is speaking more rapidly!

8) "One bedwetting accident only. He is now running up the stairs most of the time. His school is very pleased – he is staying the course. He has a fairly large part in the school play and despite having a large number of lines to memorise, he is learning the lines! He is just generally so much more active and agile!"

9) "Constantly play-wrestling with his brother and when he wrestles with me, he is noticeably so much stronger. Incredibly dry at night!"

10) The most notable thing is that he has been dry for well over a month now

11) Increased muscle tone, continues to be dry at night.

12) Incredibly active – walked for miles on a 6 hour walk – he is so much stronger. Dry at night. Tying his shoelaces – ties them tighter and better so that they no longer unravel. This had previously proved far too difficult for him.

Five months after Laurie had completed the programme and 4 months after starting at a new school, his mother sent me a card:

*Laurie settled in almost straight away at W---. The staff were expecting to have to help him and have been amazed at his alacrity in coping. He basically got on to it, sorted and organised! He is really beginning to look longer and leaner, his face finer and he is becoming much more muscled.*



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*He loves rugby and is “a born prop”, something in the scrum, I know not! He has just been in the school play, as a soldier, and was dancing, singing, fighting and chasing. I have never seen him move so easily or so fast. I was in tears! Academically he is making steady progress and he is keeping up well with his peers. He is quite popular and the girls think he is quite cute – he quite likes that...*

*I know that none of these advances would have happened without your treatment.*

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## Max's Story – age 35

After a very busy day I was beginning to wind down gently, knowing this was the last appointment of the day. When Max arrived at the door he looked anything but relaxed. After only a short walk from the station he was flushed and perspiring heavily. Although he was dressed in a smart business suit, having just arrived from the City, he looked disheveled and was visibly short of breath. It was a crisp spring day, sunny but not hot, but for Max the sheer physical effort of walking the 7 minutes from the station to my clinic, had involved considerable effort.

After he had composed himself a little, we ran through his concerns. Max was 34 and seemed to most people just like any other successful, personable young executive. As with most adults who suffer from Retained Reflex Syndrome, Max's symptoms did not just affect his life at the physical level, but on a more subtle psychological level. He found making decisions and completing tasks extremely difficult, despite feeling a compulsive need to get things done. He often felt unaccountably nervous and suffered from frequent headaches. He avoided driving because he found it unbearably stressful and tiring.

He would get easily upset and this frequently culminated in heated exchanges with others. He would experience feelings of antagonism towards others and often felt that people were not well disposed towards him or somehow disapproved of him. He knew that these were just 'feelings' and as such were often experienced for no accountable reason and, in his view, often with no real justification. He was worried that something was wrong with his mind, and was taking anti-depressants and seeing a counsellor.

When I ran my preliminary tests, it was very apparent that Max was suffering from the classic signs of dyspraxia, as well as all the other predictors of RRS. Although he was obviously intelligent and likeable, no amount of physical or mental effort was going to enable him to overcome his difficulties at the emotional and psychological level. I explained to him

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what I was seeing: he was like a six cylinder car which was stuck in 3rd gear, while all around were able to cruise past in 5th gear.

We ran Max's Diagnostic Assessment a couple of weeks later. At his subsequent Report Reading, I explained to him why he had these severe dyspraxic tendencies and how these, combined with dyslexic traits, were affecting him. It was all down to his having retained certain early reflexes and, while his symptoms were not severe enough to be picked up clinically, they were enough to obstruct much of what he attempted to do. Both the retained ATNR and TLR reflexes meant that not only were his balance and physical movement severely compromised, but also his eye tracking, making reading difficult and tiring, and accuracy in sports an impossibility. He also had a retained Spinal Galant reflex, which can lead in later life to lower back problems and the osteopath's couch. Though still in place, it not surprisingly scored low, as most adults learn to overcome this reflex by tensing their lower back muscles, so that standard tests would not show it as being present. However, his response to the Segmental Roll (SRR) reflex test, showed that his cross-lateral fluidity was simply non-existent, proof that his Spinal Galant was still present and had interfered with the SRR's development.

Max started on the Mulhall Integration Programme in **May** that year.

**June** – he had gradually reduced, and then come off his medication. He also had stopped seeing his counsellor. He decided to stop going to the gym, as he wished to avoid the repetitive “cycle of life”.

**July** – Max found he could focus and stay focused for longer periods of time. He no longer got disheartened when picking up a book, a feeling he regularly had previously. He was still experiencing compulsive behaviours. He ran a Corporate Challenge, organised by his City employer. He completed the course, knocking off 4 ½ minutes from his time the previous year.

**August** – he swam 32 lengths in 30 minutes, swimming the crawl. He previously struggled to do 16 lengths and had always felt exhausted.

**September** – he stopped all drinking and smoking.

**October** – still not drinking or smoking. He reported feeling so much more relaxed, so much more “normal”. Walking more upright, which Max describes as a miracle.

**November and December** – all steady and on course.

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**January** – a bit of a dip this month, as he was waiting to move and change his job. Max expressed concern about the fact that a close relative was staying with him who, he now recognised, had a drinking problem – something he once had too. Max had no desire to be drawn into all that again.

At this stage I signed Max off as he had completed the programme and all his birthing reflexes had been successfully eliminated. This in turn, had allowed for the full integration and maturation of the adult responses. He was surprised, maybe a little worried, that he would not have to see me any longer. It was almost as if he was expecting more treatment and yet more change. I explained that the changes would continue to build and have a direct effect on his life.

In **April** I had my last appointment with Max. As he walked into my office he was poised and relaxed, beaming with newfound confidence – a million miles away from the person I first met. “My walk is just incredible. I feel so free and can walk for long periods without tiring. At work and at home, I can actually concentrate over long periods of time and not just in 3- 5 minutes bursts as before. I can now complete tasks in a fraction of the time it took me previously.”

### **Max – Two years on**

I am always touched and delighted when my clients keep in contact. Max is one of those clients. He contacted me to say that he was very busy these days and spending lots of weekends away. In fact, he had spent the whole of the previous weekend walking on the North Yorkshire Moors. Not only that, he was now both a confident and competent enough driver to drive long distances and ferry friends around, which he would never have done before.

Two years after completing his course of treatment, Max sent me the following testimonial:

*Before I was directed to the David Mulhall Centre by a helpful Counsellor, I had been told by the NHS that there was no cure for dyspraxia, but that it was ‘liveable with’. As an adult, I had no formal diagnosis and was shuttled between my GP and an Adult Dyspraxia Support Group in my attempts to get one.*

*I gave up on finding any help, and after trying every kind of fish-oil supplement with no significant improvement, resigned myself to taking anti-depressants for the rest of my life to take away the constant anxiety. They actually made me more clumsy but I didn’t care so much any more. The side effects were many but there seemed no alternative.*

*Once I saw a description of dyspraxia as an adult, I knew that I had had this condition since childhood, but had never received any understanding of my difficulties. In spite of this, I made it to university and completed a*

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*degree. It was later, when I was living on my own in London, in my first real job, that my problems really began.*

*I had experienced some bullying at secondary school due to my awkward walk and inability at football, but my academic success allowed me to rise above it. In my first job things got bad again as I was too slow, my handwriting was terrible and I was permanently disorganised and dishevelled. I failed the professional exams that I worked obsessively hard towards because of my handwriting problems. After this failure I became consumed by addictions.*

*It was only my abilities with I.T. that saved me from the sack and a life on the scrapheap but I still had many difficulties at work with other people who did not appreciate how hard I had to try at the things that came naturally to them. I felt very misunderstood.*

*My treatment at the David Mulhall Centre worked miracles. If all that had been promised was that I would finally walk normally, that would still have been beyond my wildest dreams. That happened within the first 3 months. The constant floating anxiety also disappeared, my posture relaxed and I became a much happier person. I was able to cope with my feelings that had in the past overwhelmed me. My crippling hyper-sensitivity was massively reduced. At work, I became so adept at organising and completing my backlog of tasks that my boss had to get used to me asking him what I should do next. I passed the Project Management qualification first time, unlike several other people at my firm.*

*Today I do not need to take anti-depressants. I am organised, co-ordinated, walk normally and can run faster than I could at 18. I have hope again, can respond to my own feelings and am no longer shut-down, or feeling overwhelmingly desolate. It definitely worked for me.*

## Tillie's Story – age 5

When I first met Tillie, it was early autumn. The children were all back at school, the summer now a hazy memory of beach-filled holidays and ice creams. Settling into school would be more difficult after such a long break. Having read about me in the local press and seen my website, Tillie's mother wanted to see whether I could help. Because she was concerned about Tillie's inability to focus or sit still for any length of time, she had decided to delay returning to work in the legal profession, to dedicate more time to Tillie.

Tillie, a pretty fair-haired 5 year old, had a very short attention span, and seemingly used distraction to avoid tasks she found difficult. She found writing difficult and was unable to sit still. She had problems with her gross



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and fine motor skills, she was clumsy and frequently hurt herself by falling over or just falling off chairs, especially when tired. Although Tillie was very sociable and had a wide circle of friends, they were all rather wary of playing with her, quite simply because she was so clumsy and often hurt them. Emotionally she was highly strung and seemed unable to grade her response – it was either all or nothing. In school, she was a chatterbox and ran the risk of being labeled “disruptive”.

During the Initial Consultation, I learned that during the first 15 – 20 weeks of the pregnancy, Tillie’s mother had undergone a series of tests and scans because Down’s Syndrome had been suspected. Although the birth was not induced, she had received an epidural and in the early months of life, Tillie had been a very demanding child needing little sleep and requiring a lot of stimulation – in the first 3 months she had experienced screaming sessions. Tillie had also walked very early, at 12 months (14 months is the norm). Other things which seemed to be unassociated, were that she couldn’t read while travelling in the car; found bright light disturbing and got regular headaches. Although Tillie was clumsy, she was actually very good at catching. Every one of these things and the subsequent physical tests I then ran, indicated that Tillie was a candidate for the MIP.

Tillie had all the hallmarks of RRS with many of the early foetal and primitive responses still present. Two reflexes in particular stood out in her case. A strong Spinal Galant explained why she was constantly fidgeting and unable to stay seated for any length of time and a strong Moro which, because of the over-adrenalisation, explained why bright light was uncomfortable and why she regularly got headaches.

Here are my notes from follow-up visits and reports from her mother, taken over the course of a year’s treatment.

**4 Nov 04** – More accidents at school.

**2 Dec 04** – *We have noticed a big improvement in her handwriting. Whereas last year specific remarks had been made about her lack of concentration, and attention in class was a particular concern, this was not even raised at this year’s parents meeting.*

**6 Jan** – Tillie seems to be talking incessantly, her skin very dry. Only complained twice about stomach pains (which I had explained could be present that month as we worked on her immature alimentary system.)

**14 Feb** – Handwriting has improved again. Of her own volition wrote a card with cursive script.

**18 Apr** – Skin still very dry in patches, especially top of neck

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**24 Mar** – At home Tillie can now sit and colour and write notes to her friends. She is much more adventurous and curious. She actually said today she wanted to try something new (a new smoothie rather than her usual at our local restaurant). Tillie feels her writing and maths have become much easier.

**25 May** – Much more tired than normal, sleeping very much more deeply and she now needs to be woken. She is so much more tactile, wanting cuddles, something she never ever wanted even as a baby.

**22 Jun** – Her reading, writing and games are all improving. Even her father has noticed these improvements!

**5 Sep** – Tillie's school report was very good but her teachers are still slightly concerned with Tillie's concentration and attention span.

**25 Oct** – Chatty but not abnormally so. Her form teacher thinks she is fantastic, sought out her mother to tell her that "Tillie is concentrating and applying herself really well". Her concentration is now no longer a problem. "We are all absolutely delighted."



**23 Nov** – Tillie is really doing extremely well, her attention span is now up there with that of her peers. Teacher says she is really excelling in maths and science.

When I had my final meeting with Tillie's mother, prior to signing Tillie off, this is what she said:

*I had a recent meeting with Tillie's teachers and they all said that she has shown an amazing change since last autumn and is now providing spectacular results at school. One of her teachers actually said, "Tillie's like a sponge – she has such brilliant concentration and focus ... she is an absolute joy to teach."*

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Tillie's mother concluded, "This is a transformation beyond our wildest dreams. We are delighted with the effects of the treatment."