

## Why do therapists do it?

Why, despite the evidence, do intelligent, scientifically minded, educated and experienced therapists still value it?

01



There is strong evidence for CIMT  
(Constraint Induced Movement Therapy)

What's that got to do with Bobath/NDT?  
Keep reading →

02



Dr Edward Taub is the father of CIMT

He is a behavioral neuroscientist & tested this intervention in monkeys before his adult stroke patients

03



Dr Taub used Bobath therapists to deliver CIMT in his early studies

Dr Ed Taub Explains CI Therapy with Ginger Campbell MD  
<http://brainsciencepodcast.com/bsp/119-taub1>

04



CIMT is an intervention consisting of a cluster of techniques

1. Shaping 2. Intensive Training 3. Transfer Package 4. Restraint

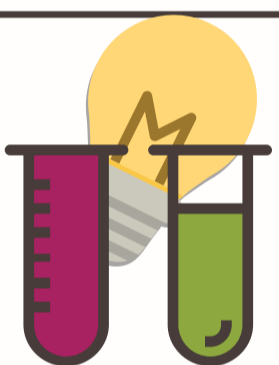
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Bobath / NDT is a Concept

The Bobath concept is currently defined as a problem-solving approach to the assessment and treatment of individuals with disturbances of function, movement, and tone due to a lesion of the central nervous system

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You can't compare a concept to a technique!

07



Berta Bobath was ahead of her time

Addressing neuromuscular plasticity, afferent input in motor control and perception, participation & training of functional tasks at home with a multi-disciplinary approach! **in 1950!**

08



The Modern Bobath / NDT Concept

is underpinned by contemporary theories of motor control, neuromuscular plasticity, biomechanics, and motor learning providing a theoretical basis for the interpretation of posture, functional human movement analysis, and recovery

09



NDT therapist are **SMART**

Berta Bobath stated that "the Bobath Concept is far-reaching and open, it enables us to go on **learning** and to follow continuous **scientific development**" ... Anybody who applies out-dated principles is missing the core philosophy of NDT

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NDT provides a solid framework from which to assess and integrate new techniques and approaches

NDT therapists use CIMT, FES, Treadmill Training, Task Specific Training, Biofeedback, WBV, Strength Training, Kinesiotaping & other techniques or approaches

**BUT** with quality & alignment & in-depth knowledge about neuromotor strategies & how the systems work together as a whole & **THAT** makes **ALL** the difference

Research is asking the wrong questions. The **REAL** question is: Is there a difference in how **NDT trained therapists** apply CIMT (or any other technique) and is **THIS** more effective than therapists who are not NDT trained?