How vision problems can look like ADHD with Dr. Zelinsky Transcript

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Introduction and guest welcome

Hi, everybody. It's Dr. Laura with Connect My Brain. Thanks so much for tuning in. And boy, do I have a treat for you. I am so excited. on the podcast to give us some great information about why it is so important that we're looking at our children's eyes, not just our kids.

I even have my glasses from her as well. but she's got such a great way of putting visual auditory and vestibular together. And as my audience knows, you know how much I love those three systems.

So without further ado, welcome Dr. Zalinsky to the podcast. Thank you, Laura. It's nice to be here. We're so glad to have you here. Okay. So we're just going to jump in because I want the audience to hear you and to here your background, how you came to bring these pieces together and, and tell us just how does this work with glasses to put these three systems together?

Well, that's a good question. I have a math background that come from a mathematical family. And when I went to optometry school, We learned about how glasses magnify and minify, depending on how you put the lenses in.

And I started thinking about and learning from mentors, who had been older than I was, how the magnification and the minification change the way people perceive things in the space around them.

So if you magnified on one side more than the other, people are going to perceive thing as skewed a little bit. one way or the other. And when they perceive things as being skewed, then their posture shifts.

So I started working with the posture shift and glasses, which would be linking vestibular with visual.

How glasses affect visual, auditory, and vestibular processing

I'm sure you're very well versed in that. But then in 1992, I was working a friend of mine and found by accident that when I put glasses on that angled light to shift people that her perception of sound also shifted in the same way the glasses pushed the light through a closed eyelid.

So from 1992 till about 2000, so about eight years, I was doing that with my patients and I saying, which is better, one or two? And they would say, eh, don't know.

They look kind of the the. And then I would try a sound localization experiment. I'd ring a bell and have them try to figure out where the bell was with their eyes closed.

And they were perfectly accurate with one choice of lenses, and then they we're not accurate what the other choice. Sometimes it was a big difference.

So I thought, okay, you don't see a difference, so I'll prescribe you the lens that makes you hear the best. I would have patients coming back saying, wow, these are the glasses I've ever had.

Never had glasses that made me feel so comfortable. So I started at that time just prescribing based on what made people see and hear and their spatial perception was linked together.

And so thus some were linking the auditory and the visual and vestibular. Then later I starting working with changing posture and seeing how the posture changes also affected where people heard things.

And Svetlana Moskitova works on that often, showing how if your head position is rotated one way or the other, your ears are shifting position, and therefore you're perceiving sounds in a different location.

So sometimes children who rotate their heads, they're doing that to listen better. And sometimes, children whose slouch in their chairs, their able to find my bell easily, but when they are told to sit up straight, then they can't find the bell anymore.

And so we're like, why won't you slouch? Why would you find the bell better than if you're sitting straight? But then when I put glasses on that make it so when they slouched, they cannot find a bell.

And when he sit up straight, that can find it though. That's easier. So by about 2000, the year 2000 I was busy talking to people saying, wow, every single patient I have is changing.

When I, put classes on them, their listening ability is different. I was told there's no scientific proof that shows this, so it must be a fluke. And I said, but it's like magnets.

When you have two magnets and you push them together and they link, and then you rotate them, turn them upside down, then they repel, you turn and link and rotate and repels.

You can't see anything between the magnets, But you can feel some sort of force. Years later, somebody said there are electrons in there. So I truly feel that something in the processing of the brain is linking the auditory and visual space, but we haven't yet found it.

There is a new cell that was discovered in 2021 called the Campana cell and it's in a retina and its the whole thickness of a Retina. Nobody knows what it is for, so perhaps that's the one.

They couldn't see it for the last 150 years because microscopes can't it, it too small and they needed nanoscopes. and real tiny. But that's how all of this started.

I went to Europe in the early 2000s and started teaching optometrists all around. And every one of their patients had the same thing happen. So it was thousands of people over many different countries for decades that were having this reaction.

Then finally, by 2014, I put together all the auditory visual linkages information I could find and the phenomenon like the McGurk phenomenon from 1976, and put it together in an article talking about auditory visual integration and how it was helpful in brain injury.

And now it's 2024, it is 10 years later, tons and tons of scientific literature is out showing how auditary space and visual space are linked. There is an Italian researcher named Monica Gori and she has been working with blind children showing how their auditory space develops differently than a non-blind child.

There's Dr. Wallace, who's at Vanderbilt, Mark Wallace. And he found in autistic children, or any children on the spectrum, their auditorium visual senses were not linking.

Research, retinal mapping, and attention differences

They were hearing things out of sync with what they were seeing. So more and more research is showing what we're doing at the MyNight Institute. The bottom line of it is that when you have a regular eye exam, they put in an instrument in front of your eyes that blocks off the side.

You're looking straight through a little hole. Usually they cover one eye up and they say, look through the little whole, read a letter that's not moving on a chart.

That's testing your centralized sight straight ahead, which is about, as Patrick Quaid's research showed, about 6% of the overall that you're aware of.

So if you walk around, there's 94% of the environment that pours in that's blocked off when you're testing at a regular eye exam. And so typical eyeglasses are prescribed for that 6%. And that was developed way back in the

1800s.

It's still more than adequate today for somebody who's an average person, a neurotypical person. But the other 94%, That's the important part for all of our patients that are on the spectrum, that have genetic disorders, and are labeled with learning problems, they have any sort of brain injuries.

It's 94% surrounding, which is processed faster by the brain. That is the importance part. So our prescriptions at the Mind Eye Institute are designed through our patented protocols to prescribe for the 94%, not so much for this lower 6%. Wow, that is just fascinating.

There's so many pieces. I really did not know about you and how you put all this together. That is wonderful because I know over here at Connect My Brain, We love too the visual system, the auditory system the vestibular system but obviously I'm not a doctor of optometry but last year I was looking to find something and I came across MindEye Institute and one of my families I told them about it and before you know it they were scheduled and on their way And the change that we saw in this little girl was absolutely amazing.

And I love that you appreciated too how we do brain mapping here. You encouraged me to, once I get those glasses, do another map and look at the changes.

I mean, instantaneously, there's changes in the maps. So it's now become part of how I talk to every parent that comes and asks me about connect my brain.

At some point, we're talking about that eyepiece because this particular little girl when I met her, it just broke my heart. She's only eight years old and she's telling me how she hates school.

And I mean, you're taking you got like a whole lifetime ahead of you to go to school and to hate it already. She she's already gone through our program.

I think she has been back up for a reassessment once or twice. And remarkably too, The school that she was going to previously, they're not really supposed to be diagnosing, but they literally said, oh, she's not ADD anymore.

And that was like, and that's one of those private schools that cost about 40 grand to go to per year. and to have that comment come back, it really opened my eyes and I love looking at eye movement and I have so many kids that the school just wants to put them on medication.

They think everything that's going on with them is attention deficit and they just need medication and that is why we have sent so much kids to you because we had enough data to go, they can't see properly.

If they cannot see, how in the world do they pay attention? Attention is one of those really big issues. Can you speak to that? Why is it that we do have so much of that going on in our school systems?

And really, a lot of it is about how their eyes are functioning. Well, again, as an optometrist, you would think me as and eye doctor, but when we start realizing that the retina is an actual piece of the brain.

It's an extension of brain tissue. And the Retina has spots on it, like a patchwork quilt, where different spots link with different per spots in the Brain.

So we're doing brain mapping every day also through the Rettina. We're going retinal mapping. There are there's research studies with autism and attention problems showing that is hyperactive in attention deficit children, and it's hypoactive autistic children.

So that's where the key is. It's a missing link. And people assume if you take medication and you change the inside of the body, change chemistry, that then people can place attention better.

But they're not always realizing that the outside, the way that information comes in is critical. So the example I often

use with patients is wild animals.

If I have wild animal that are racing at my window and banging on the window trying to get in, it's going to scare me and raise my blood pressure. And if I go to the doctor and they say, oh, your blood pressures high, let me give you medicine that will calm it down, then great, the medicine works.

But then I got back and those animals are still trying get into the still scaring me, my blood pressure still goes up because I can't get out of fight or flight mode because my peripheral eyesight keeps seeing the animals moving toward the window and my Peripheral Auditory keeps hearing them growling.

So if you get rid of the external problem, you know, otherwise you could go to the doctor and they could just keep giving you more and more medicine. But if get you rid the problem and get the rid animals and their gone, so you don't have the sounds anymore or the sights, the blood pressure goes back to normal.

You get out of fight or flight mode. So for patients with attention problems, it's the similar thing. Everything that moves around them catches peripheral attention, and then it shifts their attention to something else.

And it is very hard to maintain when you're not tuning out the background. People with Attention Deficit Disorder haven't learned well enough how to tune out Now what about with the autistic population, if they're hypo, what is it that they are perceiving?

They're also, as I said earlier, their eyes and ears are a little out of sync with each other, and they perceives a tunnel, like a straight ahead, I want a cookie, see it there, boom, going for it.

But they're not aware of social cues because that would require watching body language of other people, watching facial expressions of people. They're listening to the tone of voice and the content of the voice.

And some of them, you have a right and a left of each of those four items.

Primitive reflexes and their impact on vision

So there's eight different sensory channels that are pouring into an autistic child. The auditory, the visual, each have peripheral and central. and each of them has a right and a left.

So eight channels pouring in and they're all out of sync with each other. It would be like trying to watch a television show on eight different TV screens where one has just the sounds and one just has the sights and just one the central details and the peripheral.

You'd be exhausting to try to piece them together and figure out what's going on. And you would end up with the gist of what is going but not the details.

That's what a lot of these kids do at school or in life They get the gist, you know, oh, mom's mad at me. Or, Oh, dad wants me to build this. But they don't hear the details.

So you say, go to your room, put on your pajamas, brush your teeth. That's three pieces of information. And sometimes their brain can't take it all in and they see it as one thing, get ready for bed.

They see is as three separate things. When they're hearing their parents with 10 separate then boy, my parents make me do so much when really it's just go in your room, brush your teeth.

The parents are looking at it as one giant thing and the child's looking it is 10 separate things and it hard. Yeah, what a great explanation, that's a really good explanation.

We have that with reading and writing too. Sure, go ahead. Sometimes with writing, the teacher will say, you know, write two sentences and then you can go to play.

And the child will be, okay, boom. And other children will say, wait a minute, that's like 20 words. Another person might say that is like 100 letters.

Someone else might be like, you know, 200 strokes of my pencil. Wow, look at what this teacher is making me do, two hundred strokes before I can go outside and play.

What a mean teacher. When the teacher's thinking is only two sentences, make up an idea, write it down and you're done. And so the processing of how a child thinks in their head, their internal visualization of processing space and time is so critical.

So at the Mind Eye Institute, we put glasses on to wake up that 94% or tone it down. That's from the outside. We get rid of the animals, everything from outside, but then there's a second part of internal visualizations.

all the visual skills that have to be built up. So we find where's the weak ones and how do we build them. And we try to find games and fun things. That is just so great.

You and I both have a appreciation for primitive reflexes. How does this play a part in your approach and, and. how you put these glasses together and you came to this?

Well, my mentor, Albert Sutton, taught me about five primitive reflexes that are linked with eyes. The Morrow Reflex, the TLR Tonic Labyrinth Reflects, The Spinal Galant, ATNR, and the STN are symmetrical tonic neck reflex.

So those five are link with your visual function. Three of them deal with you neck position, your chin up or down And you can tell that, like the TLR for instance, the tonic labyrinth reflex, when children are walking on a bridge or slats and they look down, it gets scary for them and frightening.

That's the TLR. The peripheral eyesight is very much linked with neck position. So if the neck positions has reflexes that haven't integrated, then the peripheral eye sight is not working efficiently.

The spinal gallant is more of the how the lower back and the upper back link together. And that's linked with the head, like if my head goes up, then my back goes and then I lean back.

So you have the the heads versus the neck, how that head is dealing with upper body, and how upper bodies dealing lower body. The Spinal Gallant the link between upper and lower-body and all the Neck Reflexes are the Head with respect to the Upper torso.

And then the moral reflex, which is a startle reflex. That's linked more with right side, left side and top and bottom. But it's more bilaterality. Brand new baby startles.

After a brain injury, people still startling like that. I broke my back a couple of years ago and now in the winter here in Chicago, when there's so much ice on the ground, I'm like these hundred year old people with both arms are up.

If you put a whole row of hundred-year-old people walking on ice, they all put their arms up like this, kind of like a moral reflex because, and you don't tell them to do that, They just do because that's the vital reflex.

You have to this in order to make sure you stay balanced. Wow. There's just so many pieces to I'm so interested in a healthcare system, regardless of what entity that we're talking about that.

We really begin to appreciate the intricacies of how this nervous system actually works. It's not. part and parcel, it's like an orchestra. And when you put it all together and you support these people, they go in such a better direction.

I know because I got my glasses from you, I was really concerned for myself.

Traumatic brain injury, anxiety, and sensory input

getting progressive lenses, I was so afraid that it would be hard for me to adjust to it. It was nothing, but I think it's because of your approach, because I've looked through those before, and I don't want those.

And I put these on the first time, And I was fine. And so that was really exciting. I got to tell you, since I've had mine, I feel like my brain is better.

Then I brought my daughter to you and she had a traumatic brain injury. We'd done lots of work, but there was a lot of anxiety that we still carried over.

She lost hearing in her right ear. We got it back after about a year. We used the integrative listening system, but I had no idea about can she find sound.

And I remember that day sitting in your office and you had her eyes covered and we tested the left and that was fine. You go to test the right, she couldn't find anything.

I was like, whoa. Then we got her glasses and The change in her for now, I guess, for about a year and two months in, but it's, it' remarkable how her brain has changed.

And this has been, this is been like a polish and this was eight years later, you know? So what could we add into our discussion about traumatic brain injury?

What could be share with the audience for that? Well, first of all, when you're mentioning, thank you for what you are saying, we see that type of change in people all the time.

And as far as your progressive lenses go, the way we prescribe for the 94%, that's the part that people need in order to walk around with progressive.

It's called a navigation system as opposed to an identification system. So if you sharpen the eyesight to see clearly, on a non-moving target, like a letter, but then you say, here's your glasses, now go walk around with them.

And the original testing was done only sitting in a chair, so your hips weren't moving. Then you might not be able to adapt to them, or it might take a week or two to adopt.

But we also, when you came, did moving targets. We had you walking, and then we measured for startle reflexes when we angled light different directions.

So we had a slew of information on all your visual systems, because there's a lot of them, how they work together to prescribe the lenses. So to answer your question of what we can do for people who have brain injury, we work with them listing all the different nervous systems.

It's not just one nervous system. The fight or flight is one. That's on the inside. You also have a rest and digest one, which is the opposite of it, also on inside, but your internal sensors, like your head position, vestibular, or where your muscles are located, those are proprioceptive inputs, all of those internal sensor send signals to your brain, to the central nervous system to make a decision.

And the Central Nervous System consists of, in the textbooks, the brain and the spinal cord, but now it's unrefuted. that the retina is an extension of the brain.

So it's really the Retina and the Brain and spinal cord together that makes your central nervous system. That's the decision maker. Rather than have just the internal signals getting to the central system to make a decision, from the outside we can change with glasses what's going in.

And so when you change the input coming in, you're changing brain activity directly then the decisions on how the space around you is, is modified. Did that answer your question?

Yes. Anything else though, like that anxiety piece, I think that that was, and I that is what you're saying, but just to kind of maybe hone in on it for the audience that when you are stuck in that fight or flight, because you aren't getting symmetrical sensory input, that can also be a contributor to anxiety.

Is that correct? That is correct. Well, there's more than three, just for simplification. You could think of three different brains. The thinking brain, the central nervous system making a decision, that's the highest level.

And there's many, many areas to that. But before the thinking gets anything, The emotional brain takes over. and the emotional will flavor what the Thinking brain does as a Decision.

So, you know, a phone rings and a caller ID says it's a spam caller. You're like, my eyes tell me it is a Spam caller, I don't want to deal with that, hang up.

And then you get irritated and agitated. But then the caller ID calls up and says, oh, here's a doctor's office telling you whether you have cancer or not.

And that then your brain goes into, Oh my goodness, what's that? And you then get more anxious. If the call ID goes off and you see your closest friend who you haven't talked to in a while, your whole body can relax and go, ah, I can't wait to pick up the phone.

So the decision depends on what your emotional brain does, experiences have shown. And so the emotional brain is governing the thinking brain. A lot of children that have had failures or the teachers get mad at them, or they try their very, very hardest and they still get bad grades.

Or they tried real hard to read and can't read because the letters don't make any sense. The people with dyscalculia, where they aren't able to do math problems, they get so frustrated because they're smart but they can't keep up with other people.

Those children have an emotional brain that needs to be made to feel good, to give self-esteem to, before the thinking brain can take over. And then below that, then you have your reflex brain, which is where you're talking about the primitive reflexes and other things, digestion too.

The digestion in many kids with the leaky gut syndrome, it can be a factor. So when the reflex brain on the bottom is not doing well, then it is influencing the emotional brain, how much information you can take in at once, uh, much tolerance you could push through, and then that's affecting the thinking brain.

Wow, beautiful. I love the way that you explained that that is really, really helpful because, you know, I think, unfortunately, if something is going on with a child, You know you get the feedback from the teacher and then there's pushes to go in a particular way.

There's a healthcare system that stays in such a more traditional model rather than all of this great information that's out there and there are there's so many wonderful tools.

I think it's just so important like doing this podcast. One of the reasons I love doing this podcast is because I loved to teach. And when COVID came and it disrupted all of conferences that I was supposed to go teach at, I've got to find another platform.

I had my own little podcast that was managing at the time, very, different than today. Now I have a podcast manager, Marcy, you're great. And but it's a great way to get people to hear another side, to here another perspective.

And ultimately we're bringing hope. where maybe they didn't think hope existed. And there are so many different kids just in my little practice. I'm sure that Dr.

Zielinski has lots of people like me sending to him, but I've got kids with genetic disorders. Mm-hmm. Injury I've had

I have a kid that has CP. I Have kids that have all been labeled either ADD or dyslexia or any of the numerous labels that are out there.

And every single one of them. have come to see you and the insight that you have provided. You have opened a door one little person. I know I can't like we can get into the full details, but one person here with a genetic disorder.

When I did his map, there was like such disruption in the back of the brain where the visual cortex is. And then looking at him physically, you could see, he can't see.

We sent him right up to you. And what you gave us back was so valuable. Like he's seeing through a straw and he is, I mean, it blew me away though. He's been on this planet for four and a half years with a genetic disorder and nobody has even thought to look at how well he sees or not.

Working with children, skipping, and developmental skills

And just like you've already mentioned the primitive reflexes that influence vision. So now we're down in that lower brain. If those aren't integrated.

That's coming up to his emotional brain and I can see that even in the office and it's going to impact how his higher brain is actually gonna come online.

And so really good news, we were able, he's leaving those glasses on. He's left them on for like 20 minutes at a time. So that is really encouraging. I feel really fortunate to have met you.

and what you have to offer is just so phenomenal. Tell us a little bit more about MindEye Institute. How do people, you know, how do they connect with your facility?

And what do the need to do first in order to see if it's a great place for them? I will tell you that. But beforehand the four and a half year old, the question you're saying is how could they be on this planet and not have anyone check their eyesight?

Somebody probably did check there eyesight and through that drinking straw, they saw 2020 because the goal of a regular eye exam is can you see the letters?

And the answer for that kid is absolutely. You ask me to look, I look I can see them. I put that little straw right there. So they're gonna pass an eye examine.

And then you say well what about the other 94%? he has it, he's just not using it. So it's like I have two hands but if I'm left-handed and I use my left hand for everything but I don't choose to use right hand doesn't mean I dont have it so if you go to a hand doctor they're like yeah so the quick example I used for that and then I'll answer your question is juggling because I am a juggler and if i put you into a room full of juggleers and everybody's jiggling and you can't This is like a child going into a classroom where everybody's reading and you can't, then you go to the doctor because your parent says, well, you've got to go the the doctors, something's wrong.

And they say, no, You've two hands, two lungs, got two eyes. You have everything the people in the juggling room have. Go back and juggle. So the children are put into the classroom, but nobody's testing.

Do their eyes and their ears connect with each other? Can they listen and watch the teacher at the same time? And a lot of them can't. They can listen to the teacher or watch the teachers or switch back and forth real quickly, but they don't get the full extent and it drains their energy.

So you need a whole bunch of motivation for them to even want to do that. It's horrible to watch so many really smart children. And again, before I get to your how do you find Mind Eye and what do we do, I just want go over one nine-year-old we had yesterday who is a really smart kid and she can't read so they've labeled her with dyslexia and because she's there's nothing wrong with her intellect but what I found is that she was so good with

pictures.

I asked children to make up a story and I listened to the innovation so she made up this incredible story in an image of a man who was half man and half wolf or fox.

She made him a fox And she had, with one hand, had a paw, and one had had human hand. And the nose was the land of a fox, but the face was, like, she has this entire story in her head that just came out, just made up on the spot.

Really innovative. So we drew pictures of her story, And, She was fine with the pictures. She could create the picture herself. Then, when you added a word, Like fox on one, then she went into meltdown behavior because now you're giving her letters and she can't deal with letters.

And it was when we got to one word at a time, she just melted down. Then you get the, when are we going to get out of here? When are going eat? But when I went back to pictures, She was fine.

She would have sat with me for another hour and then we started playing ball and She could catch so much better than most nine year olds. I mean, way better.

So her judgment of space on the periphery with a moving target was fantastic. So, her inside imagination was superb. Her judgment when she caught a ball for peripheral was phenomenal for her age.

And yet, she can't read a letter to save her life and to read even a three-letter word. Something like the word, the, is impossible because the is, uh, like, and she gives up.

So what we're starting with for her is starting where she's good, which is pictures, slowly, and then we are working to have her recognize letters through a tactile input, through back tracing, but not giving her letters in front in a paper because it's too hard.

So we have to take each child from where they are. So to answer your question, we're at MindEye.com. So M-I-N-D-E-Y- E dot com. That's our website. There's a brain quiz that you could take.

If you write to info at mindeye. com, then somebody can write you back. We have patient advocates that can call you and discuss your child's specific needs And we can tell you whether we would be a fit from that view or not.

We don't bring eyesight back. Like, we've had people call and say, you know, my child has optic nerve atrophy, and the optic is shot. There's no optic.

So we still do some things for visualization internally, but we don' want to set somebody's hopes up that if you come here, miraculously, a damaged optic will be miracously fixed.

It doesn't. We don't fix anything, we dont heal anything. What we do is we can teach you how to build new brain pathways. So if you have some pathways that aren't functioning well or that have been damaged or never developed, then we could teach how you develop them.

But like we have one child, he needs to learn how skip. This was just this morning's question, so it's on my mind. And we called the mother to say, How is the skipping coming along? And the He doesn't like it, so we're not doing it.

Yeah. This is back to classic. But this is a skill he needs to do. So then you go and you say, well, how long are you making him do it for? And she says, oh, we tried to this 10 to 15 minutes a day.

Well, he can't skip. 10 minutes is way too long, because that seems like forever to a little kid. How about just try once or twice each day? Because if you do even a bit each, that's better than none.

And it's tolerable. So you have to find what's in their tolerance level. Lack of compliance is our number one downfall. We have make sure to prescribe something that the child will comply with.

Tell the audience the power behind making sure that child can skip. And just to let you know that one little person from here that you gave that exercise to, he's mastered it.

because he has a mother that's… Absolutely. And we're like that here too. We have to be the ones that shape and guide. What's the power behind skipping?

Well, that is reciprocal. You have use one half of your body and the other half in sync with each other. So when I talked about the decision, the thinking brain, it actually is split into two parts.

There's one part that has habits, habitual movements, and there's another part that's actually making new decisions and really thinking. As you know from the QEEGs, you can see the activity, whether it's in the heavy-duty thinking part or not.

So for skipping, at the beginning it is new, so you have to make a decision of, okay, right side you're going to hop and left side, then you are going move and then the left-side, now you going hop, and the right- side So there's a signal going from one side of the brain to the other back and forth, back, and fourth.

And it has to go in a good rhythm. So you're coordinating the right side the body with the left side body, the side right of brain with left of side brain.

It's hard because you have to use your peripheral eyesight to judge where the floor is, especially if you are going to skip over a puddle or over something.

You're using your sense of balance and your sense of peripheral eyesight, as well as the sensors on your feet, the sensor's in your neck.

Mind Eye Institute services and contact information

Because if you've ever tried to skip with your head tilted, it's much harder. But when children master that, and then later master jump rope, which is a judgment in time, then everything's different.

I mean, I've had so many students that make breakthroughs in their learning when they've mastered jump ropes. Yeah, I was just talking to some parents this morning and looking back at this developmental journey and then looking at his map and he's 11. And I'm like, we can definitely do neurofeedback, but I like to also caution people.

It's not a magic wand. We have to look at the whole person. If there's things that they missed, We have to go back and get them because you just can't bring the brain where it needs to be.

And I'm hearing just like, he has no motivation. He, and he's been like this every since he was really little and has got enough in there showing how many interruptions have actually happened.

You do your heart breaks and you go, they're 11. They've only been here 11 years and they are already ready. to kind of push back on everything. So that movement piece, I'm seeing areas in his parietal lobe, which is like right there where the sensory motor cortex is.

And on his map, it's showing pariotal low deficit and we gotta move. We gotta get our kids moving. Well, this has just been wonderful. Thank you so much for carving out this time.

Give everybody again, the name of your practice, your contact phone number, because people, they do, They start calling. And I heard you on Dr. Hanson's Connect My Brain podcast, and I'd like some more information.

How do they find you? Well, it's easy. Our phone numbers 2020. So it is really hard to remember. The beginning is

May Day, which is may 1st. It's 501-2020.

and our area code is 847. So it's 847-501-2020 and we're at mindeye.com and you can write an email to info at MindEye. Com to talk to an advocate. And I just want the audience to know, I have searched, North Carolina, Georgia, Alabama, and I only like to recommend the best.

And I have been by this person, Dr. Zelinsky. I go to her, my daughter goes to here, and so many of our little cherubs here at Connect My Brain go her.

You have to see that, how much change has actually happened in the lives of these children and even myself and my It's really worth the travel. So please check it out, mindeye.com.

And if you have any questions, you can always reach back out to me at connectmybrain. com. If you didn't have a chance to write down the number or whatever, feel free to send me a message and I will help connect you to the Mind Eye Institute.

Dr. Zielinski, thank you so much for joining us today. Thank you, Laura. It's a gratifying profession as you get also, it's fun to help people every day.

We start our day at the Mind Eye Institute with how many people's lives are we gonna change today? Yes, absolutely. Well, you're doing it, so feel confident and be excited, and then we'll see you around the next time, okay?

All right. Bye.