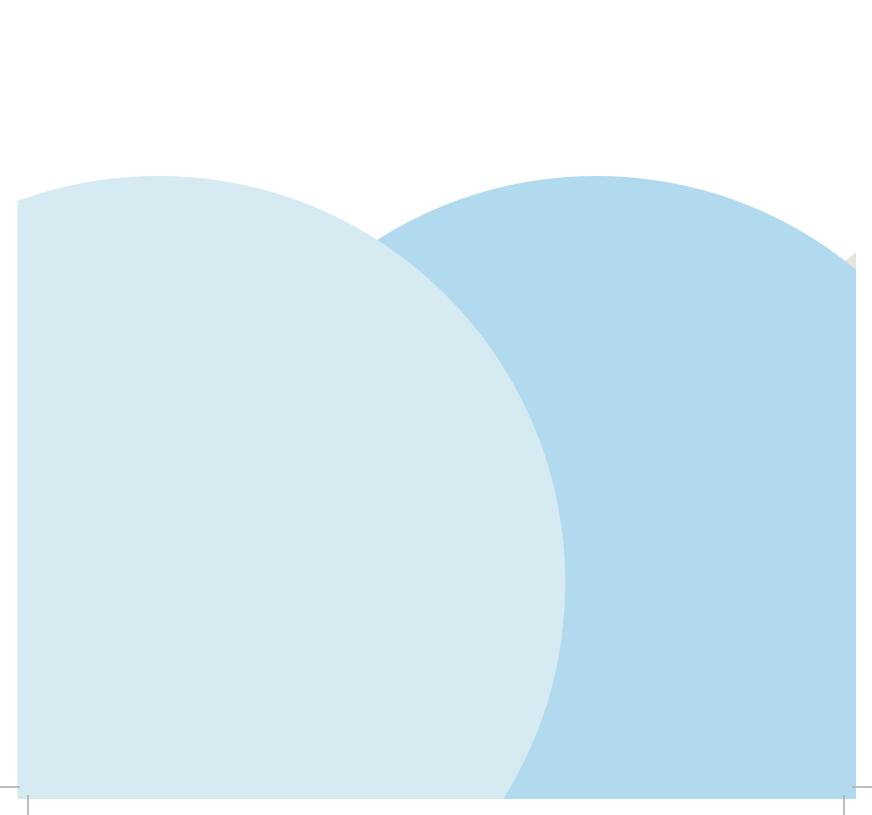


The Melillo Center for Developing Minds



MELILLO METHOD.

Hope lives here.





Welcome to the Melillo Center for Developing Minds

This document will introduce you to our facility and to the Melillo Method[®], which is the core clinical foundation of everything we do.

Your Introduction to The Melillo Center

Congratulations on your decision to choose this center for yourself or your family member. We understand the sacrifices and commitment it takes to come here and will do whatever we can to make sure your experience is a positive one.

OUR MISSION

Our goal — through our revolutionary Melillo Method[®] is to help struggling people of all ages reach their greatest physical, mental, social, emotional and cognitive potential.

THE MELILLO METHOD®

Dr. Robert Melillo is the creator of the Melillo Method[®], a holistic approach to treating patients with a broad spectrum of physical, neurologic and brain-related developmental disorders.

The Melillo Method[®] is a clinical treatment model used to identify physical and neurologic/brain imbalances, with the foundational principle that all health starts with the brain. With the goal of changing the body, brain and nervous systems by understanding the core issues, the Melillo Method[®] works with many symptoms of mental, attention, behavioral and learning disorders in patients of all ages.

HEALING AND HOPE

The first thing you will notice as you enter our reception area is a sign that says **"Hope Lives Here."** We think of this as our motto when it comes to every aspect of our operations.

Our center is named after our focus — working with physical and neurologic developmental issues. The foundation of development of the nervous system and brain starts with development of the body. Dr. Melillo calls this process the brain developmental blueprint.

We believe our center represents the future of health care. Through our evidence-based and cutting-edge treatments, we provide real, measurable results.



THE BRAIN DEVELOPMENTAL BLUEPRINT

There is a specific progression in the development of the brain and nervous system, which is tied to motor and other developmental milestones.

Our Operating System

We are all born with a basic "operating system" in our brain and nervous system, enabling us to walk, talk, think, eat and so on. Though we are born with this basic software, it does not mean anything until we interact with and calibrate our nervous system to the world around us. What initiates this process is movement and active sensing of our world.

However, when a baby is first born, its brain is very immature as most human brain development happens outside of the womb. In other words, our motor cortex is not yet developed and we cannot voluntarily control movement — but we need to move to build our brain.

Primitive Reflexes

Humans are born with basic motor and sensory reflexes known as primitive reflexes, allowing us to move and actively sense and engage with the world around us.

Sensory stimulation — like sound, smell, light, touch and movement — then flows back toward the brainstem and brain. The process activates genes that stimulate the cells in the nervous system to grow and form new connections with other brain cells. Mostly present at birth or even before, these motor sensory reflexes hold names like:

- Asymmetric tonic neck reflex
- Symmetric tonic neck reflex
- Moro reflex
- Palmer grasp reflex
- Babinski reflex
- Tonic labyrinthine reflex
- Rooting, sucking and snout reflex

HOW OUR BRAINS WORK



The Basics

The brain is built from the bottom up, starting in the lower brainstem the medulla. It initially controls basic functions like breathing, heart rate, digestion and temperature regulation. As a child moves and interacts with the world, it stimulates growth in a higher level of the brainstem known as the pons, releasing new reflexes that allow for more sophisticated movement. This, in turn, allows the child to engage with the world around them in more active, stimulating ways, causing areas of the brain to grow. This process continues up the brainstem into the cortex, leading to growth and maturity of the brain — particularly in the prefrontal cortex, the brain's most complex and developed area.

When this process is completed, it's known as bottom-up completion. The next step is top-down control, where the brain takes control of the entire brainstem, regulating everything in the body including the cardiovascular, immune, digestive, hormone, and muscle and sensory processing systems. This development is known as vertical integration.

The brain's right hemisphere is more active in the womb and for the first three years of life, whereas the left becomes more active for the following three years. As the brain matures, the hemispheres conduct different functions. At times, they will work together and in others, one will take the lead and suppress interference from the other. Over time, they become more integrated and synchronized in a process called horizontal integration.

The Result

If anything interferes with vertical or horizontal integration, it affects the functioning of the whole body and brain, known as bottom-up interference and functional disconnection — which we believe are the foundation of all child and adult neurological conditions and symptoms.

Functional Disconnection

Our team examines and treats the imbalance that affects the two brain hemispheres. When the development of certain areas is slowed on one side of the brain, it may lead to an acceleration in other areas (see page 7 for more information about left- and right-brain dominance). In most people, the strengths outweigh the weaknesses — but in a developing brain, the weakness may be too great or the strong side of the brain may overpower the weak. This developmental imbalance results in a disability that may be combined with unusual gifts.



WHO WE HELP

What happens in the first six years of life will determine the fate of the adult brain. The brain is still developing until at least our 40s, so new developmental symptoms may not emerge until we are 20, 30, 40 or even older. Through the years, Dr. Melillo has seen thousands of children and adults with a broad spectrum of disorders and conditions, including but not limited to:

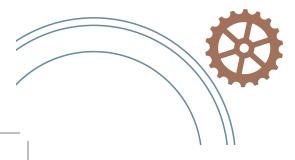
- Attention deficit hyperactivity disorder (ADHD)
- Autism spectrum disorders, including non-verbal
- Pediatric Acute-onset Neuropsychiatric Syndrome (PANS)
- Tourette syndrome
- Obsessive-compulsive disorder
- Dyslexia
- Traumatic brain injury
- Some neurodegenerative disorders
- Other mental, attention, behavioral and learning disorders
- Other musculoskeletal, physical and nutritional issues

Example: Attention deficit hyperactivity disorder (ADHD)

In ADHD, hyperactivity results from overactive areas in the left hemisphere of the brain, making for too much motor activity, tics or stims. Attention deficit stems from underactivity in the same area on the right hemisphere, which is responsible for the poor sustained attention. The answer? To inhibit the left side of the brain and activate the right side.

To accomplish this, we must also inhibit the primitive reflexes and build balance and stability in the body, starting with the large muscles along the spine. As our bodies develop, initial spinal movements allow us to roll over, crawl and eventually stand upright. Next, we build our inner-ear vestibular balance system, which allows us to walk and maintain balance. Finally, our eye motor system enables us to move our eyes and keep them stable as we walk and move.

An imbalance in these systems means there will be an imbalance in the nervous system and brain. Generally, this is known as nerve interference but in the brain, it's called functional disconnection.





WHAT TO EXPECT DURING YOUR EXAMINATION

After checking in for your appointment, we will take you through a physical and neurological evaluation using a number of standardized tools to help determine if you have a physical and neurological imbalance. During the assessment, you may undergo various functional tests so we can obtain objective baseline data.

Before your visit, you will have filled out a number of different forms for yourself or on behalf of your child, such as:

Sensory Checklists

Sensory checklists provide us with baseline data on a child's sensory function. They measure the level of symptoms that may be coming from one or all of the sensory systems: vision, auditory, olfaction, tactile, vestibular and proprioception. This information will help us determine the treatment modalities needed to restore function.

Developed and perfected by Dr. Melillo, our unique approach combines the use of specific sensory stimulations, known as coactivation. Objective and subjective assessments by our team determine the types of stimulation used, to what level and in what combination, leading to powerful results.

Cognitive Style Profile

If you're an adult, you will have filled out the cognitive style profile, another checklist developed by Dr. Melillo to help determine your hemispheric dominance. Just like all of us are either left- or right-hand dominant, humans are leftor right-hemisphere dominant in the way we think and how we view the world. Everyone is different! Some people are more exclusively or extremely dominant on one side, while others experience a mix.

When someone is unusually talented or gifted in a particular area on one side of the brain, it occurs because a specific area of the brain that controls different functions is more connected, faster and efficient. This imbalance means the individual will hold an advantage in a particular skill — but as the strength grows, so too can a weakness or vulnerability on the opposite side of the brain. Eventually, that weakness can overcome the strength, leading to challenges in another functional area.

This developmental imbalance in the body, nervous system and brain is what we believe to be the primary basis of most mental and physical conditions. The cognitive style profile can help us — and you — understand how your brain works, your strengths and weaknesses, and how it shapes who you are.

Master Hemispheric Checklist

You will also have filled out the Melillo Master Hemispheric Checklist. Refined over the past 20 years, the checklist is designed to assess symptoms, identify deficits in each area of the right or left hemisphere, and establish if there is a neurological imbalance (and on which side).

Along with other functional tests and exam findings, this will help identify which hemisphere is deficient or overactive, and where. It will also help determine the severity of the imbalance, providing us with an idea of how long treatment will take to try to restore optimal function and balance.

Functional Testing

Most clinicians focus only on symptoms and trying to treat them. They never ask important questions like: 'Why does a patient exhibit these symptoms?' or 'What is the root cause?'

The only way to truly identify the cause is to understand and measure function. To that end, Dr. Melillo created a new clinical area of study: developmental functional neurology/neuroscience. Our center focuses on restoring function, rather than simply managing symptoms.

Our process:

- Measure an individual's functions
- Compare the results with a normative database (especially age-based) to see how far they deviate from normal function
- Review the results of all functional areas for a complete picture
- Develop a personalized treatment plan based on the most significant functional deficits

Our team typically reviews dozens of functional measurements based on accepted objective tests in areas like vision and visual processing, hearing and auditory processing, balance and inner ear function, tactile and touch, proprioception, smell and cognitive functions. For patients under five years old, many objective functional tests cannot be performed, which is why the checklists and examination are critical.





We use cutting-edge tools with the goal of changing the brain and optimizing all related functions. Treatment will vary for each person based on their needs; however, the overall procedure will be similar. We offer both in-person and virtual treatment options. Our treatments are progressive, directed by specific goals that are generally set by the objective functional tests that provided data for that function based on your age. Our first goal is to restore functions to the optimal levels. Once within the normal range, we believe we have corrected the root cause and restored optimal function. When this occurs, symptoms will likely disappear — but our primary goal remains restoring function, not eliminating symptoms. Whatever your treatment plan, there are different levels of frequency, intensity and duration, and multiple levels designed to continually push you to new functional levels in each area until your goal is reached.

Our treatments involve multiple modalities that include:

- Motor training
- Core stability, coordination and endurance
- Sensory stimulation with light, sound, eye movements, smell, tactile and proprioception
- Vestibular stimulation

We also use other stimulating modalities such as:

- Transcutaneous Electrical Nerve Stimulation (TENS)
- Transcranial Direct Current Stimulation (tDCS)
- Ultrasound
- Laser therapy (Photobiomodulation)
- Neurofeedback
- Interactive Metronome/gait training
- Auditory and visual processing
- Academic and cognitive training
- Facilitated communication
- Pulsed electromagnetic fields

DIET, NUTRITION & SUPPLEMENTS

With every patient, we assess and address specific diet, nutritional and supplemental needs, all of which play a role in your treatment plan. Our perspective is that most nutritional deficiencies or needs are secondary to the imbalance in the nervous system, so our focus remains on addressing physical and neurological imbalances. In working with developmental issues, we want to stimulate growth in the body, brain and nervous system. The brain and muscles use most of the body's calories, so in the beginning, we avoid elimination diets, instead planning for the patient to eat the calories they need. Elimination diets may be used as treatment progresses. Based on our experience, once we establish balance in the nervous system, you can return to eating whatever you wish (healthy foods, of course!).

AFTER YOU LEAVE THE CENTER

Home Program

Home therapy is a core part of every patient's treatment plan, and we will provide you with video and written instructions to start a program at home. We will also supply you with the appropriate equipment, showing you how to operate it, where to place it and the frequency, duration and intensity at which you should use it.

As our programs are progressive and goal-directed, you will reach different levels of functions and exercises. If you're the parent of a young patient, we will work with you to provide the information and training you need to coordinate the most effective home treatments to complement your child's treatment at the center.

Revaluations & Progress Reports

In our experience, regular communication makes all the difference in the program's outcome.

Since we focus on functions — and not just symptoms — we will periodically complete reevaluations and follow-up testing to measure improvements, as well as when your treatment is complete and your goal has been reached. For most patients, we reevaluate every 12 weeks; if you are traveling long distances, we recommend every six months. Based on objective changes, we can estimate how long it will take to reach your goal.

Most patients will be expected to fill out forms that document any at-home activities. For virtual patients or those who have returned home, we will conduct monthly follow-up calls to answer questions or outline any changes to the program.

Our team typically reviews dozens of functional measurements based on accepted objective tests in areas like vision and visual processing, hearing and auditory processing, balance and inner ear function, tactile and touch, proprioception, smell and cognitive functions. For patients under five years old, many objective functional tests cannot be performed, which is why the checklists and examination are critical.





BOOK AN APPOINTMENT

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