

APPLICATION OF THE VIETNAM CORRESPONDING RESPONSE THEORY IN SENSORY THERAPY FOR CHILDREN WITH AUTISM.

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ABSTRACT:

Autism is a neurological disorder that occurs in childhood and can continue into adulthood. Common manifestations in children with autism include repetitive or restricted patterns of behavior, interests, or activities, which may include hyperreactivity and impaired response to sensory input. Therefore, sensory treatment issues need to be addressed to support children with ASD symptoms. Based on this need, the research team from Hai Duong Special Education Center has researched, practiced, and applied the Theory of Viet Nam Corresponding response (VCRT) and Occupational Therapy (OT) in child intervention. The VCRT-OT therapy has been applied to hundreds of children and has yielded promising results. A sample study was conducted on 30 children at the Hai Duong Special Education Center from 2022 to the present. During the implementation process, the expert team utilized the following methods: observation, the Sensory Processing Disorder Screening Checklist, the Age-Based Developmental Checklist, and Neurofeedback to evaluate the intervention process using VCRT-OT for the children.

Statement of the problem

Most children enjoy play activities (such as playing, running, climbing, singing, etc.) and engage in these activities normally due to the brain's ability to organize sensory information effectively. These activities are carried out because the sensory processing input of these children is completely normal. The brain receives sensory information about touch, movement, vision, and sound from the senses, reflecting the surrounding world and responding appropriately.

However, there are some children who have difficulty organizing sensory information. Children often show signs of stress, restlessness, fluctuating emotions (sometimes happy, sometimes sad), or defensive reactions, refusing to participate in activities... The distorted reflection in the brain of the body's functional organs leads to the child not performing mental tasks correctly, which may result in behaviors that could annoy those around them. Parents of these children often compare their child's behavior to other children of the same age and feel anxious, confused, and struggle to handle the situations that arise. At school, teachers are often confused, stressed, and sometimes appear helpless in dealing with the unusual behavior of these students.

Patricia Lemer, author of the book *Outsmarting Autism*, notes that: "The brain usually integrates sensory information simultaneously, much like a conductor allowing the individual instruments of an orchestra to produce a beautiful sound. The wonderful sound of efficient sensory processing is focused attention, an enthusiasm for learning, and appropriate behavior" (*Outsmarting Autism*, page 331, 2019).

Therefore, one of the primary focuses in intervening with children with Autism is sensory therapy.

Therapeutic activities, broadly defined, involve purposeful interventions to maximize an individual's independence and maintain their health, ensuring well-being for those who are limited by a type of physical injury or illness, cognitive impairment, mental health conditions, or psychosocial issues, etc

Autism Spectrum Disorder (ASD) / Autism Spectrum Condition (ASC) is a neurodevelopmental disorder characterized by deficits in communication and social interaction. Common signs in children with autism such as repetitive behaviors, interests, or activities, or limitations, which may include exaggerated responses and reduced reactions to sensory input. Autism is considered a clinical spectrum disorder, with manifestations varying greatly from one individual to another (according to en.wikipedia.org).

To address sensory processing disorders, professionals worldwide have used various therapeutic methods such as Sensory Integration Therapy, Music Therapy, and BalavisX. In addition to these methods, the Hai Duong Special Education Center has researched and applied Corresponding Therapy (Vietnam Corresponding Response Therapy - VCRT) within the framework of Sensory Therapy (OT) to intervene and treat children with sensory processing disorders. In this study, the VCRT-OT method was implemented by traditional medicine specialists, physical therapists, and rehabilitation professionals on 30 autistic students with accompanying sensory processing and motor disorders (with parental consent for participation). All procedures performed on the children were guided by specialists and divided into two groups of techniques: basic and advanced. The basic techniques were

carried out by VLTL (physical therapy) and PHCN (rehabilitation) technicians — these are simple, easy-to-apply techniques used universally for all children in the study; the advanced techniques were performed by VCRT specialists — these are more complex techniques tailored specifically for children with particular difficulties.

Initially, Corresponding Response Therapy was used to support children with cerebral palsy, motor disorders, or those with physical-related issues. During the intervention process, specialists at the center realized that this method could recover, improve functions, regulate sensory responses, and support sensory functions such as Tactile sense, vestibular sense, vision, and body awareness, leading to positive changes in the child. We observed that Corresponding Response Therapy aligns with the theoretical foundation of Occupational Therapy (OT). We have combined both methods and, after nearly four years of application, have achieved promising results.

We have combined the two methods and, after nearly four years of implementation, the results have been promising. We call this combination Vietnam Corresponding Response Therapy (VCRT) on the Sensory Therapy (OT) platform—VCRT-OT.

2. Application of Corresponding response Theory on Sensory Therapy for Children with Autism Spectrum Disorder

2.1. The corresponding response therapy

2.1.1. Concept

The Corresponding response therapy is a method of acupuncture and functional rehabilitation in traditional Vietnamese medicine, founded by healer Lý Phước Lộc, based on the Face diagnosis – Cybernetic Therapy system of Professor and Doctor of Science Bùi Quốc Châu. The Corresponding therapy method is a treatment approach for various diseases that does not use medication, needles, or any medical devices. Instead, it primarily uses the body's natural tools: fingers, hands, elbows, feet, etc., as instruments to influence the disease (by acting on the vital points). When the body is ill, it naturally produces internal medicine (through the endocrine system) – a medicine to self-heal. This medicine is hidden in symmetrical/corresponding points in pain-free areas. At these locations, by pressing with the hands and finding the painful point (in a pain-free area), And by applying pressure to those points, the body will heal..

Acupoints are abnormal manifestations (pain points) or sensitive areas of the body when the body is ill. These points appear systematically. Based on the principle that all organs and parts of the body are closely interconnected as a unified system, when pressure is applied to the acupoints, the corresponding phenomenon occurs immediately – acting as a lever to relieve functional disorders at those painful points. The acupoints carry pathological information and are also the gateway to unblocking the flow of qi and blood, restoring the body's balance. Therefore, Corresponding Therapy (CT) uses acupoints as the foundation for treatment, where identifying the acupoints and applying pressure to them occur simultaneously.

2.1.2. The Corollaries

5 corollaries of the Corresponding Theory

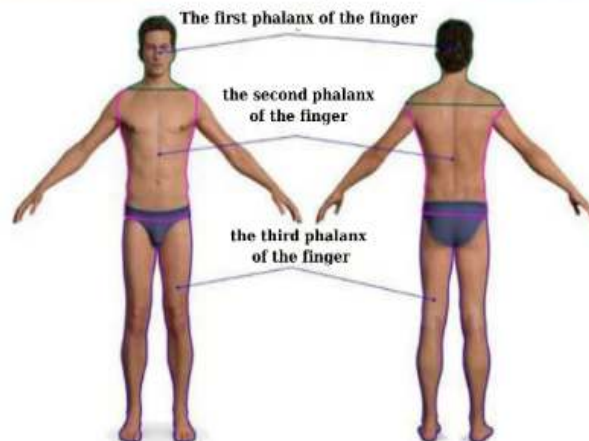
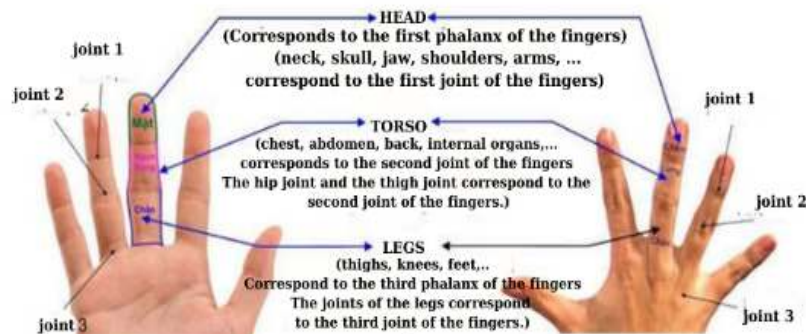
Things with similar shapes are closely connected, attract each other, and have an influence on one another

Corollary 1: The Theory of Similar Morphology

Example 1: The human body consists of three sections: head, torso, and legs. A finger has three phalanges, which correspond to a miniature version of the body: the first phalanx corresponds to the head, the second to the torso, and the third to the legs.

“ FINGERS - BODY ”

Figure 1



ACCORDING TO THE THEORY OF SIMILARITY

The human body consists of three sections: HEAD, TORSO, and LEGS

The head consists of parts such as the brain, face, skull, eyes, ears, nose, etc.

The torso includes all internal organs, the skeletal framework, back, abdomen, etc

The leg includes the entire area from the hip, groin, extending down to the thigh, calf, and foot.

The head communicates with the torso through the neck, nape, shoulders, and arms

The torso is connected to the legs by the hip and groin

The fingers also have 3 phalanges, so they are similar to a miniature version of the body

PHALANX 1 corresponds to the HEAD. Joint 1 corresponds to the neck, nape, shoulders, arms, eyes, ears, etc.

PHALANX 2 corresponds to the TORSO. Joint 2 corresponds to the hip and groin.

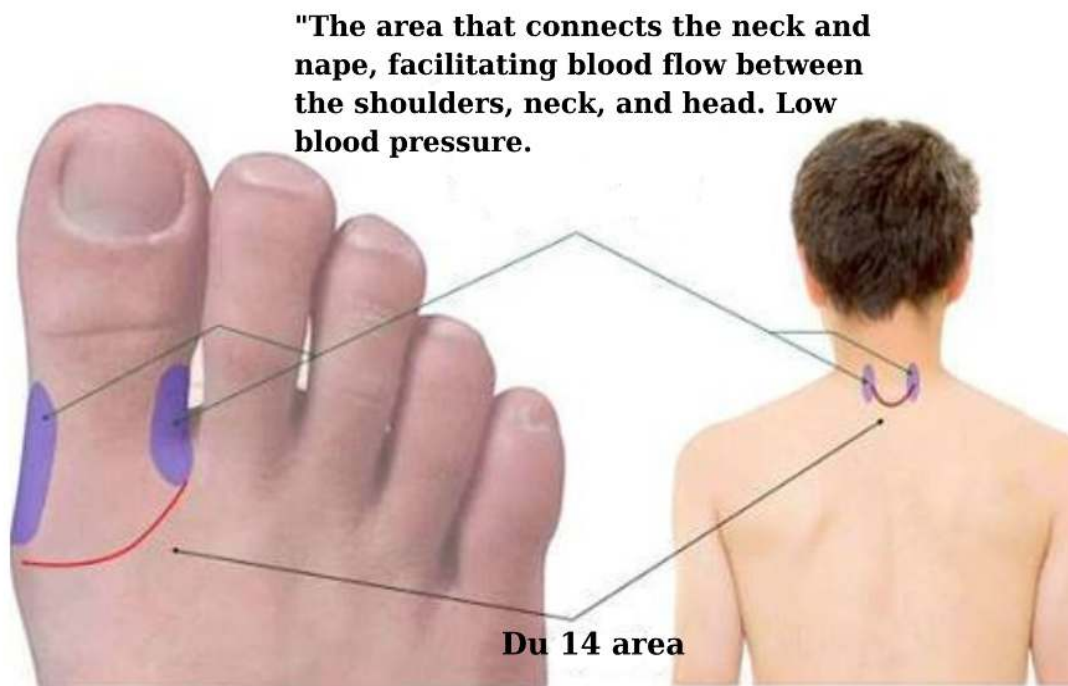
PHALANX 3 corresponds to the LEG. Joint 3 corresponds to the joints in the leg area.

Corollary 2: The Theory of Homologous Correspondence

Things with similar characteristics are closely related, attracting and affecting each other, thus having the potential to enhance the effectiveness of health care or neutralize harmful effects on each other.

For example: The Dazhui area, which is part of the neck, connects the head with the torso; The ball of the thumb connects the tip of the toe (similar to the head) with the foot (similar to the torso). Therefore, when the Dazhui area is in pain, applying pressure to the ball of the thumb can help alleviate the pain.

“ FOOT - BODY ” Figure 3

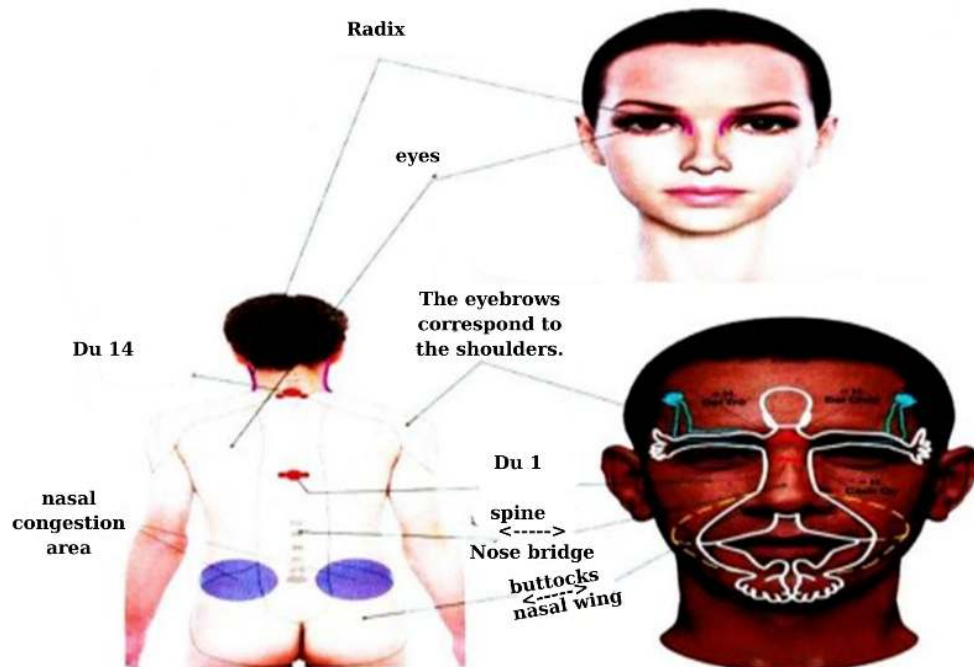


Corollary 3: The Theory of Homonymy, also known as the Theory of Homonymous Naming

Body parts with similar names, such as the nasal bridge – the spine, the knee – the fingertip – the toe tip, are all interconnected and influence each other. Therefore, one can affect a body part with the same name, such as stimulating the nasal bridge to relieve the spine pain or vice versa. (This concept exists only in Vietnamese).

BODY - BACK, FACE, ORGANS

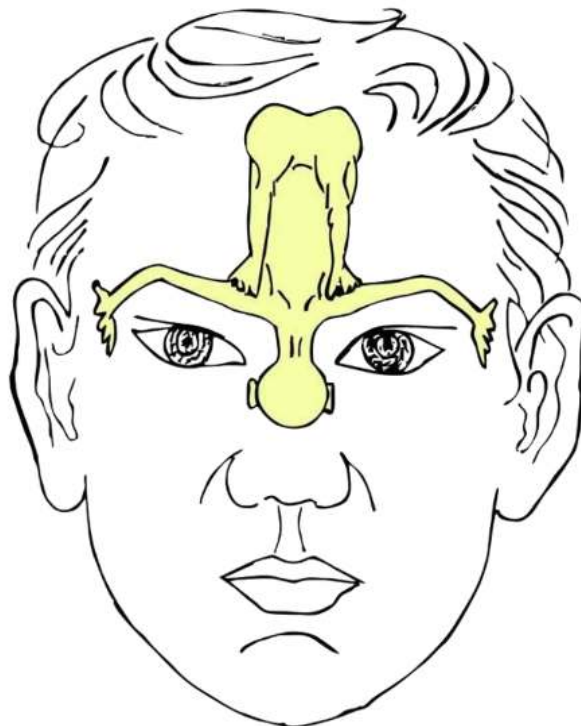
Figure 2A



Corollary 4: The Theory of Homophony, also known as the Theory of Homophonic Sounds

Body parts that have similar sounds when pronounced, such as 'hand' – 'ear', can be used to influence each other. For example: Stimulating the acupoint near the eyebrow (which reflects the arm) can help alleviate ear congestion or hearing loss.

"Face - Body" Figure 6

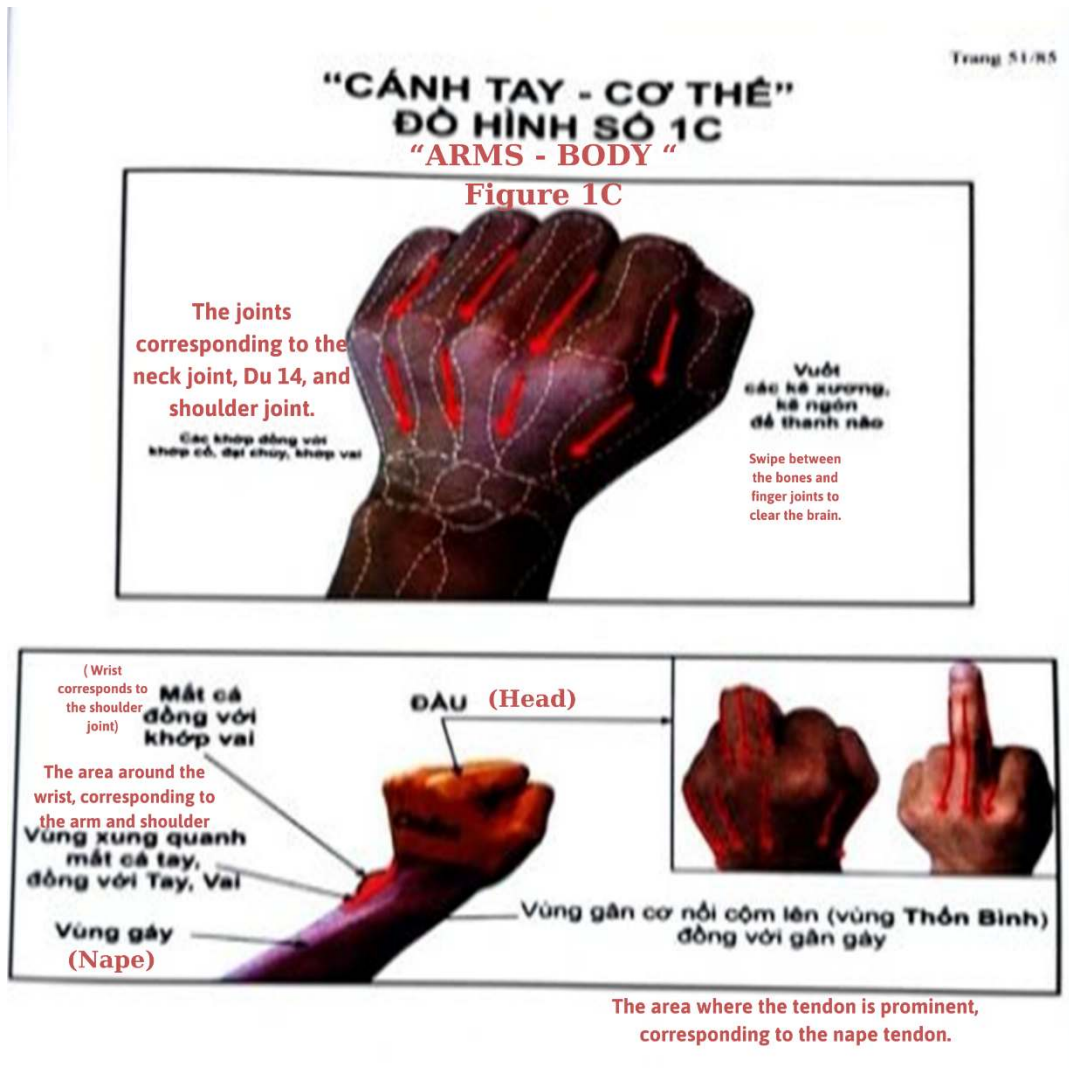


Spinal treatment: H345.

Corollary 5: The Theory of Homogeneity

Body parts with similar properties, such as hardness/softness, are related to each other

For example: The ankle and the shoulder joint are both equally rigid; the elbow and the knee are similar to each other.



2.2. General Issues of Sensory Therapy (OT)

Dr. Anne Jean Ayres' Sensory Processing Theory (1920-1988) was first published in her seminal book in 1972. In it, she introduced the concepts of: Sensory Integration, Adaptive Response, and Praxis.

- Sensory integration refers to selecting (one or more) useful senses in each situation and organizing (one or more) of these senses to achieve the activity goal.
- Adaptive response is the smooth process of successfully carrying out a goal-directed activity while overcoming environmental challenges. The more complex the adaptive

response, the more organized the brain's function becomes to enhance sensory integration ability.

- Praxis is the ability to conceptualize, organize, and perform activities to achieve a goal.

According to Dr. Ayres: More than 80% of the nervous system is involved in processing or organizing sensory input, and therefore the brain is the primary sensory processing unit. When the brain processes sensory information effectively, it automatically responds with adaptive responses that help individuals master their environment.

When feeling unsafe, the body is unprepared and constantly struggles to maintain survival, leading to stress and the constant need to balance sensory input through abnormal behaviors such as: avoidance, defense/seeking, sensory stimulation; sensory overload and emotional outbursts, self-harm or harm to others, etc.

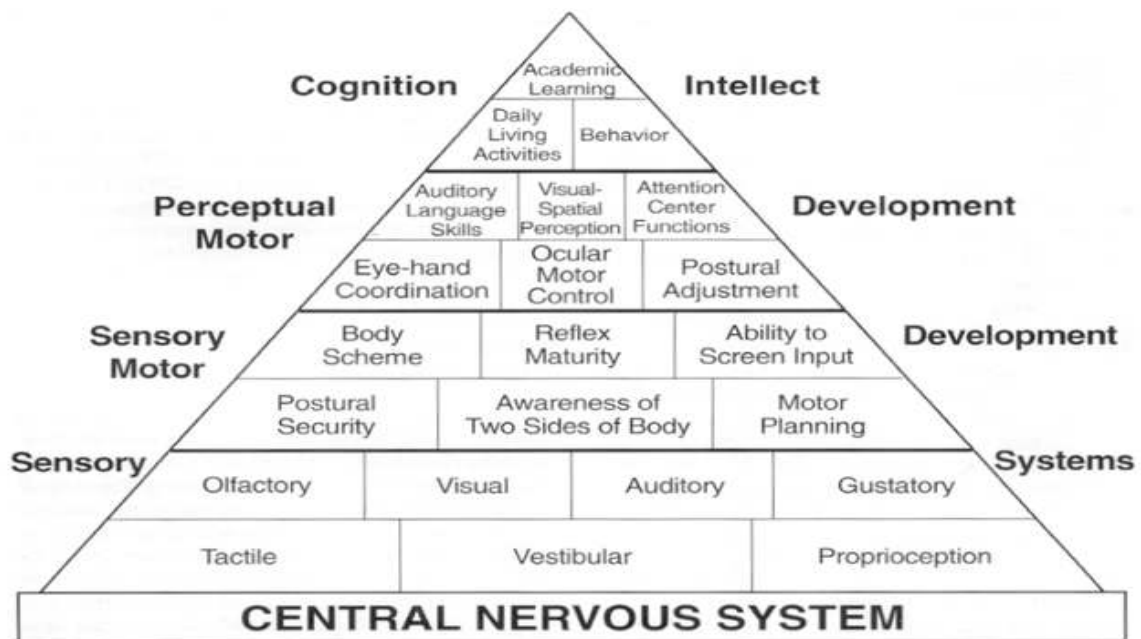


Figure 1-3. Printed with permission.

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Specialists, through various activities, will identify children who face difficulties in integrating sensory inputs: visual, auditory, tactile, gustatory, vestibular, and proprioceptive. Developmental theory explains the relationship between deficiencies, distortions in the reception and processing of sensory stimuli from the surrounding environment. Research shows that sensory processing challenges are neurological issues stemming from the brain's inability to integrate sensory inputs into effective responses. Sensory modulation is the ability to adjust the level, intensity, and quality of the response to sensory input, affecting how children relate to the world. Vision, smell, sound, touch, body position, and movement can be affected individually or in combination. Sensory processing challenges have been described as a disorder as well as a group of symptoms associated with other neurodevelopmental disorders. Pediatric professionals, occupational therapists (OT), and intervention teachers have addressed sensory challenges in children for many decades.

Dr. Lucy Jane Miller and other therapists have described the symptom groups and types of sensory processing disorder as follows

Sensory modulation differences			Sensory discrimination differences	Sensory-based motor differences	
Excessive sensitivity	numbness	Sensation-seeking	Touch Proprioception Vestibular sense Vision Hearing Smell Taste Interoception	Postural difficulties	Motor coordination disorders (movement and coordination issues)

- Differences in sensory regulation related to how the brain responds to the senses and how the child regulates their responses.
- Differences in sensory discrimination related to difficulties in distinguishing stimuli from a particular sense.
- Differences in sensory-based motor skills related to difficulties in integrating the senses for the child to participate in daily activities or learning.

The connection between the brain and behavior is very clear. Children with sensory processing disorders have a disorganized brain, which leads to disorganized behavior. For children with an asynchronous brain, performing ordinary tasks and responding to daily activities can be a significant challenge. It's not that the child doesn't want to participate, but rather that they cannot engage in activities in a typical manner.

2.3. Application of the theory of correspondence in sensory therapy

2.3.1 The correlation between sensory therapy and correspondence.

	Correspondence therapy	OT
Foundation	Correspondence is an acupressure and rehabilitation method in traditional Vietnamese medicine	Occupational therapy (OT) is aimed at preventing disability and restoring the ability to perform independent body functions.
Goal	Correspondence therapy helps stimulate and restore the function of the nervous system, internal organs, blood circulation, bones and joints, and orthopedics – one of the prerequisites for helping children improve and integrate sensory functions.	OT is based on neurophysiological principles, helping children improve sensory and physical disorders
Principle	Locate acupoints to adjust dysfunctions of the nervous system and body. Correspondence therapy addresses and supports the improvement of abnormal behavioral issues in children.	Improving motor skills, sensory processing, and helps enhance and balance muscle strength.
Correspondence therapy helps children have a healthy body and a relaxed brain, which will promote the body's self-healing/self-balancing ability. The theory of correspondence can be combined with OT theory as a foundational therapy in the intervention of sensory processing disorders and sensory integration in children.		

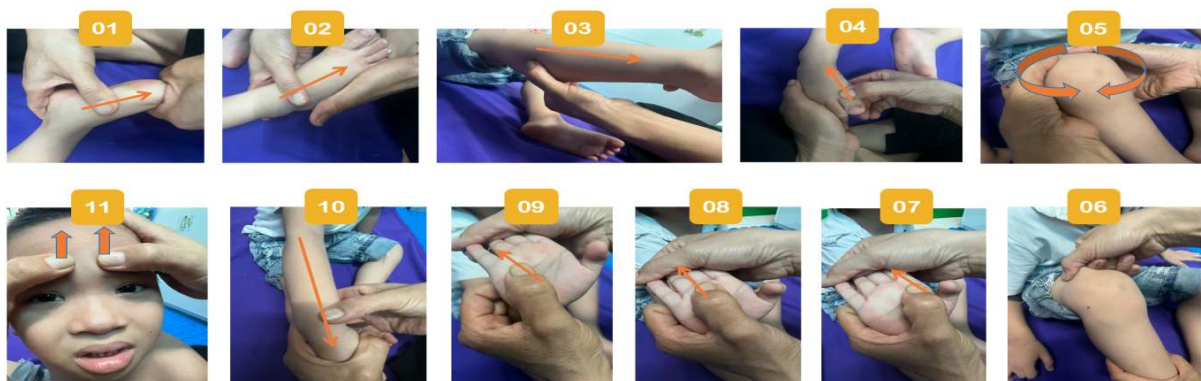
2.3.2. Procedure for Applying Correspondence Therapy

- **Step 1:** Pre-intervention assessment (through direct observation and using tools such as: Neurofeedback, sensory processing disorder screening checklist, developmental checklists, etc.)
- **Step 2:** Develop an intervention plan (For children with disorders in touch, vestibular sense, proprioception, vision, etc., exercises based on correspondence theory should be used, identifying the acupoints to be targeted and the order of intervention).
- **Step 3:** Implement the plan. The therapist follows the developed plan.
- **Step 4:** Evaluate the child's progress (every 3 months).

2.3.3. Sensory Intervention for Children with Autism Using Correspondence Method

Correspondence therapy is a non-pharmacological method. Therapists directly stimulate acupoints.

There are two methods of stimulation: thermal stimulation (moxibustion) and physical stimulation. Physical stimulation mainly uses the body's own tools: fingers, hands, elbows, feet, etc., to stimulate acupoints to support the parts of the body that are affected. The procedures include: **pressing, rubbing, rolling, stroking, pinching**, etc., directly stimulating the acupoints.



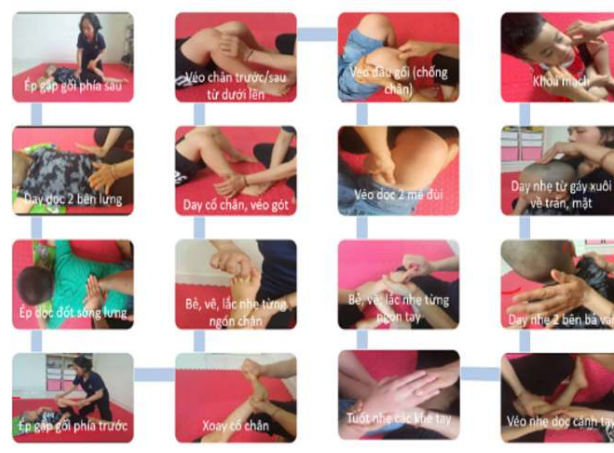
2.3.3.1. Physical Stimulation

The human body is a unified system, and the senses are interrelated. Therefore, supporting the adjustment of one sense will have an impact on the related senses. For example, supporting the tactile sense will positively affect proprioception; supporting the vestibular sense will positively impact the auditory processing area...

There is a series of exercises that affect the entire body of the child to generally adjust the senses.

Series of physical manipulation actions on the body

- *Manipulation 1:* Have the child lie on their stomach, with the left hand holding the ankle and the right hand placed behind the waist. Then proceed to press and bend the leg. Perform 7, 14, or 21 repetitions each time. Afterward, switch sides and repeat the process with the other leg
- *Manipulation 2:* Use the forearm to massage along both sides of the lower back from bottom to top.
- *Manipulation 3:* Use the forearm to massage along the spine from bottom to top. Then, interlace both hands and apply pressure along the spine from bottom to top.
- *Manipulation 4:* Have the child lie on their back. One hand holds the ankle, the other hand holds the child's knee, then proceed to press the knee with 7, 14, or 21 repetitions. Perform similarly on the other side.
- *Manipulation 5:* One hand holds the ankle, the other hand holds the top part of the foot, then rotate the foot (7 repetitions). Afterward, switch sides.
- *Manipulation 6:* Gently bend, shake, and roll each toe in order: big toe, pinky toe, ring finger, middle toe, and index toe. Then, use both thumbs and index fingers to gently massage between the toes. Switch sides and repeat.
- *Manipulation 7:* Use the forearm to massage gently around the ankle and heel. Then, use both thumbs and index fingers to lightly pinch along the calf from bottom to top. Switch sides and repeat.
- *Manipulation 8:* Use the forearm and fingers to massage and pinch around the knee (above and below, inside and outside). Then, gently pinch along the thigh (inner and outer thigh). Switch sides and repeat.
- *Manipulation 9:* Gently bend, shake, and roll each finger in order: ring finger, thumb, middle finger, index finger, and pinky finger. Then, use both thumbs and index fingers to gently massage between the fingers. Repeat on the other hand.
- *Manipulation 10:* Use the hands to gently squeeze from the wrist up to the shoulder. Switch sides and repeat.
- *Manipulation 11:* Use the forearm to gently massage both shoulder blades.
- *Manipulation 12:* Use the fingertips to gently massage from the neck towards the forehead (from the back to the front), and then to both temples.
- *Manipulation 13:* (Locking the meridian): Use the hands to lightly pinch the following points in order: the glabella, both sides of the corners of the mouth, the bridge of the nose, the philtrum, and the center of the upper lip."



Specialized techniques to support difficulties for specific senses:

- Vestibular disorder: **(supporting the body's vertical axis)**
- *Manipulation 1:* Use the thumb and index fingers to pinch firmly the area behind the ankle (heel), the heel, the area around the big toe joint, above and below the big toe
- *Manipulation 2:* Use a fist to stroke upwards along the outer thigh (on both sides)
- *Manipulation 3:* Use the thumb and index fingers to pinch firmly above and below the front of the knee (on both sides).
- *Manipulation 4:* Massage the middle finger thoroughly.
- *Manipulation 5:* Have the child hold their hand, then massage the back of the hand thoroughly."

Tactile & Proprioception:

- *Manipulation 1:* Have the child lie on their stomach, cross the thumbs, and place them between the vertebrae of the lower back, then stroke downward from the nape of the neck to the tailbone. After that, use the forearm to stroke horizontally along both sides of the ribs.
- *Manipulation 2:* Have the child lie on their back, place both hands together and stroke downward from the breastbone to the hip joint. Afterward, use the hands to stroke horizontally across both sides of the abdomen.

Vision: (stimulating points corresponding to the eyes)

- *Manipulation 1:* Strongly stroke under the middle toe.
- *Manipulation 2:* Massage around the ankle, wrist, and the inner side between the thumb and index finger.
- *Manipulation 3:* Pinch gently along the edge of the palm, from the wrist to the pinky finger.
- *Manipulation 4:* Lightly stroke the collarbone from the front to the back.

Hearing: Supporting the kidneys to restore the ears – based on the principle that the ears correspond to the kidneys.

- *Manipulation 1:* Stand the foot upright, press the thumb firmly into the hollow above the outer ankle.
- *Manipulation 2:* Position the leg at a right angle, use both thumbs and index fingers to pinch firmly along the outer edge of the knee.
- *Manipulation 3:* Massage deeply in the area between the thumb and index finger.
- *Manipulation 4:* Pinch the inner thigh and upper thigh.

2.3.3.2. Heat Therapy (Moxibustion)

After massage, apply heat (by burning moxa) directly onto the body. The temperature acts like an acupuncture needle on the acupoints, reaching the reflex areas deeply and accurately.

How to perform: Hold the moxa (direct moxa stick or moxa heating device) at a safe distance; move the moxa slowly, evenly, and continuously. At the acupoint areas, there will be a stronger sensation of heat compared to other areas. Lift the moxa for about 1 to 2 seconds, then repeat.

- Manipulation 1: Apply heat from the tailbone along the spine up to the neck.
- Manipulation 2: Apply heat in a circular motion on the buttocks, kidney area, and neck/shoulder area in a clockwise direction (perform on each side).
- Manipulation 3: Apply heat from the neck down to the hip joint.
- Manipulation 4: Apply heat along the ribs from the inside out on both sides.
- Manipulation 5: Apply heat in a circular motion on the abdomen in a clockwise direction.
- Manipulation 6: With the foot supported, apply heat in a circular motion on both knees.
- Manipulation 7: Apply heat along the inner part of the foot (from the big toe to the heel).
- Manipulation 8: Apply heat in a circular motion around the ankle and ankle joint.

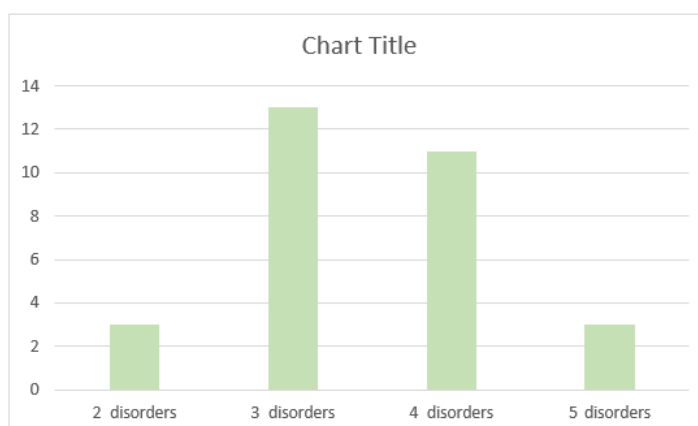
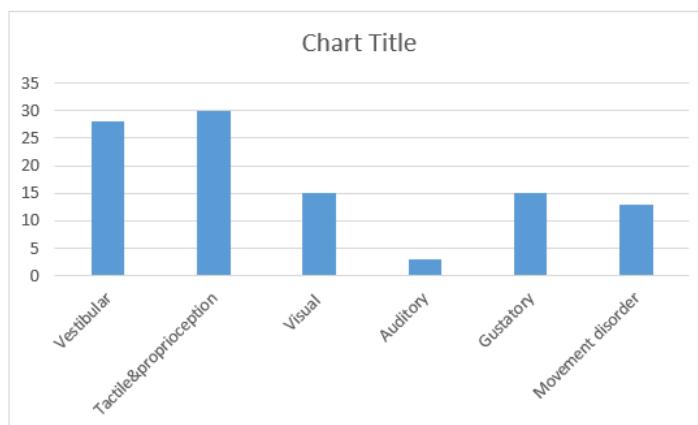
Research Results (based on information from 30 students who received intervention from January 2022 to present)

3.1 Overall Results

3.1.1. Study Sample and Initial Statistics (Year 2022):

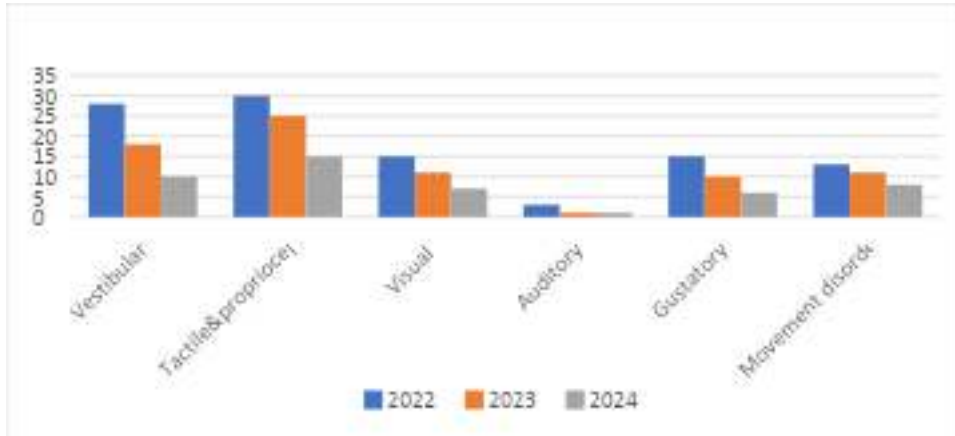
No	Student Name	Vestibular	Tactile& proprioception	Visual	Auditory	Gustatory	Movement disorder	
1	Nguyễn An Hòa	1	1	1	0	1	1	5
2	Bùi Long Nhật	1	1	0	0	0	1	3
3	Vũ Văn Duy Anh	1	1	0	0	1	0	3
4	Trần Đức Duy	1	1	1	0	1	0	4
5	Bùi Anh Thư	1	1	0	0	1	0	3
6	Nguyễn Đình Quốc Bảo	1	1	1	0	0	1	4
7	Vũ Thị Hiền Diệu	1	1	0	0	1	0	3
8	Vũ Tri Quyết	1	1	1	1	0	1	5
9	Nguyễn Tùng Dương	1	1	1	1	0	0	4
10	Vũ Tuệ Minh	1	1	1	0	1	0	4
11	Trần Gia Bảo	0	1	1	0	0	0	2
12	Bùi Thị Yến Như	1	1	1	0	0	1	4
13	Hà Minh Khang	1	1	1	0	0	1	4
14	Nguyễn Thái Sơn	1	1	0	0	0	0	2
15	Hoàng Phương Trang	1	1	0	0	1	0	3
16	Đàm Gia Phong	1	1	1	0	0	1	4

17	Nguyễn Việt Hùng	1	1	0	0	0	1	3
18	Nguyễn Nam Hải	0	1	0	1	0	0	2
19	Dương Hải Bình	1	1	0	0	1	0	3
20	Nguyễn Thị Kim Ngân	1	1	1	0	0	0	3
21	Đình Hải Đông	1	1	0	0	0	1	3
22	Bùi Đăng Quang Khải	1	1	1	0	0	1	4
23	Nguyễn Thảo Nguyên	1	1	0	0	1	1	4
24	Đình Hạnh Ngân	1	1	0	0	0	1	3
25	Bùi Lê Thúy Diễm	1	1	0	0	1	0	3
26	Nguyễn Nhật Minh	1	1	0	0	1	0	3
27	Hà Duy Trọng Nhân	1	1	1	0	1	1	5
28	Nguyễn Gia Kiên	1	1	1	0	1	0	4
29	Phùng Quốc Bảo	1	1	1	0	1	0	4
30	Phạm Quốc Nam	1	1	0	0	1	0	3
	2022	28	30	15	3	15	13	



3.1.2. Progress Statistics During the Intervention Period (2022 - 2024)

	Vestibular	Tactile&proprioception	Visual	Auditory	Gustatory	Movement disorder
2022	28	30	15	3	15	13
2023	18	25	11	1	10	11
2024	10	15	7	1	6	8

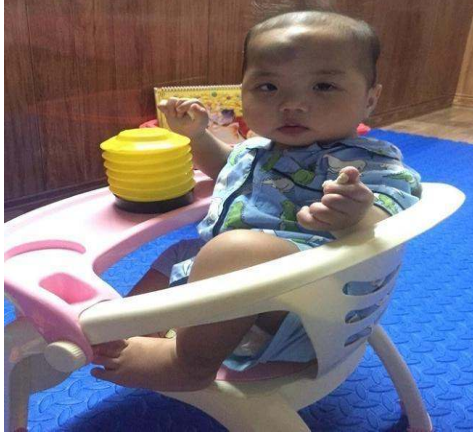



Looking at the intervention result statistics, the number of cases with vestibular sensory disorders decreased from 28 cases in 2022 to 10 cases in 2024; cases with tactile and proprioceptive disorders decreased from 30 cases in 2022 to 15 cases in 2024; cases with visual disorders decreased from 15 cases in 2022 to 7 cases in 2024; cases with auditory disorders decreased from 3 cases in 2022 to 1 case in 2024; cases with gustatory disorders decreased from 15 cases in 2022 to 6 cases in 2024; and cases with motor difficulties decreased from 13 cases in 2022 to 8 cases in 2024.



Note: The cases included in the reduced numbers are those whose symptoms significantly decreased after an intervention period of 6 months to 2 years. The remaining cases showed improvement compared to the initial stage, but difficulties still remained quite evident.

Case Studies (Typical Examples)

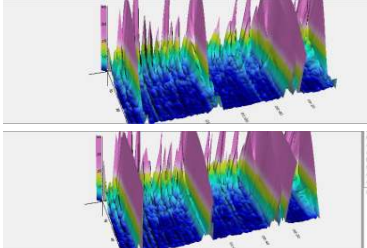
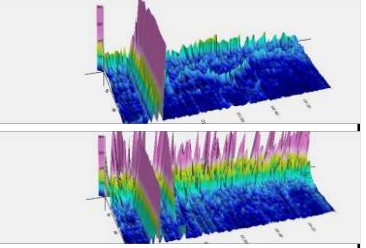
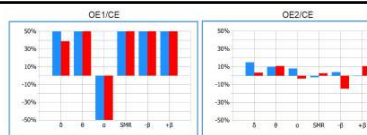
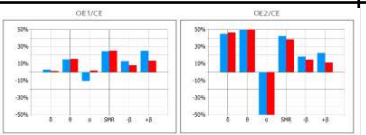
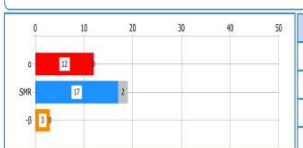
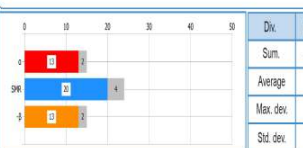
3.1. D.G.P (2021)

	18 months	28 months
Images before and after intervention		
Body shape	<ul style="list-style-type: none"> - Swollen arms and legs - Stiffness - Unable to walk - Unusually swollen head - Puffy eyes 	<ul style="list-style-type: none"> - The swelling in the arms and legs has disappeared - The joints are flexible - Can walk independently - The forehead is no longer unusually swollen - The hands are flexible in fine motor skills
Vestibular	Difficulty keeping the head, arms, and legs straight simultaneously while lying face down; unable to crawl or walk, can only stand with assistance; enjoys swaying on a hammock or ball for extended periods without dizziness; unable to catch oneself from falling.	Can lie and keep the head, arms, and legs straight simultaneously; crawls quite proficiently, can spread arms and legs to stabilize the body; can catch oneself from falling; can walk independently, even carrying objects while walking.
Touch	Avoids walking barefoot on sand, grass, gravel, or prickly mats; fears the sensation of a haircut or having objects placed on the head (clips, hats, straps...); dislikes others touching their body; has no awareness of wet or dry clothes (e.g., when wetting themselves)	Can move freely on sand, gravel, or prickly mats; not afraid of haircuts; aware of wet clothes (e.g., when having an accident in pants).
Proprioception	Discomfort when muscles are stretched; difficulty determining the position of their body relative to objects and people, frequently falls or bumps into obstacles.	More cooperative when performing stretching exercises; reduced frequency of stumbling or falling.
Vision	Squinting, unable to open the eyes wide. Cannot see far.	Clear vision, eyes wide open, able to see at a greater distance.

3.2. B.D.Q.K (2020)

	32 months	38 months
		
Body shape	<ul style="list-style-type: none"> -Cerebral palsy -Unable to walk -Head rotates -Jaw muscles pulled and distorted -Loss of control over the limbs -Signs of muscle atrophy in the arms and legs -Strabismus (crossed eyes) -Flat neck -Scoliosis (spinal curvature) -Both temples are abnormally flat 	<ul style="list-style-type: none"> -Can walk about 3-5 meters without assistance -Can roll the body -Limbs are stronger -Skin is brighter, less yellowish -Fewer neck spasms
Vestibular	Afraid of climbing stairs and holds onto the handrail tightly; constantly shaking their head, unable to catch themselves from falling, cannot crawl yet, enjoys rolling on the floor; unable to stand/walk; feels threatened when tilting their head back or flipping upside down on a prickly ball.	Can climb stairs with assistance, improvement in head shaking (though still present, but less frequent), knows how to shift their body in the crawling preparation position; less resistance when lying on their back on the prickly ball.
Touch	As an infant, refused to breastfeed; disliked being cuddled; overreacted to scratches on the skin, disliked nail cutting, feared touching rough surfaces: prickly mats, sand, gravel, rice; frequently waved hands	There has been a gradual improvement in touching/walking on sand, gravel, prickly mats, rice, less resistance when cutting nails. when there are scratches on the skin, they are willing to apply a bandage/cotton, reduced hand waving
Proprioception	Grabbing an object with more force than necessary, sluggish posture; bending and stretching muscles more than usual; unable to sense the body when performing deep pressure exercises.	More stable posture, less sluggish; feels pain when performing deep pressure exercises.
Vision	The right eye is strabismic (crossed); looks sideways.	The black pupils are clearly visible in both eyes; the sclera (white part of the eye) is not fully.

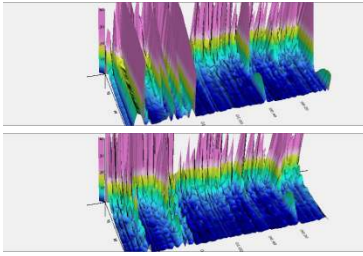
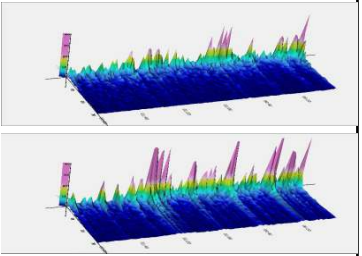


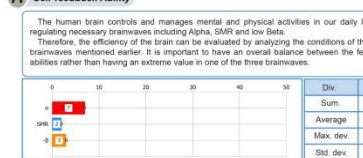

B.D.Q.K was assessed using the Neuro Feedback method, with the results before and after the intervention as follows:

	Before	After	Result																																																																						
EEG chart			Mental health condition improved, especially the left hemisphere showing a significant decrease in the ratio of pink waves.																																																																						
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3.3. N.K.N (2016)

	6 years and 2 months old	7 years old
		
Vestibular	Sitting on the floor in a 'W' position to stabilize posture, moving slowly and cautiously, can sway and tilt the head to the ground for long periods without feeling dizzy; enjoys rocking chairs and swivel chairs; loses balance when both feet are not on the ground; moves clumsily and awkwardly	Body movement has become more stable, with confident steps and better balance.
Touch	Unable to recognize messiness (dirt) on the face; does not notice clothes being disheveled; does not realize when items are dropped; does not move away when being leaned on or crowded	Can feel some sticky spots on the face; knows how to adjust part of disheveled clothing; aware of standing in a crowd.
Proprioception	Weak muscle tone; stomps or drags feet when walking; poor motor control; holds/carries objects with less force than necessary, often dragging them.	Less dragging of the feet; can hold/carry objects more firmly; improved coordination.
Vision	The left eye is severely strabismic, sometimes the pupil is not visible.	The black pupils are clearly visible in both eyes; the sclera (white part of the eye) is not fully exposed.

Neuro feedback assessment results of child N.K.N before and after the intervention:

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The above are three typical cases out of hundreds of interventions using the VCRT-OT method. The children are currently continuing their intervention at Hai Duong Special Education Center. Their progress is recognized and supported by their families. This demonstrates that VCRT-OT is a promising method that can be applied in the intervention of developmental disorders, especially autism spectrum disorders.

4. Conclusion

VCRT-OT is an intervention and therapy method for children with autism, based on the combination of two approaches: Vietnam Corresponding Therapy and Occupational Therapy (OT). VCRT-OT is very easy to understand and implement if we acknowledge the close relationship between the human body and the use of its parts: fingers, hands, elbows, legs... to stimulate acupoints. Acupoints form a system with a close interconnection. The corresponding phenomenon occurs immediately when pressure is applied to the acupoints, acting as a lever to relieve functional disorders at those painful points, unblock the flow of qi and blood, and restore the body's balance. A range of issues such as emotions, behavior, attention, and memory can improve significantly when combined with gross and fine motor activities, as well as a proper nutrition plan.

VCRT-OT opens up opportunities for rehabilitation specialists, physical therapists, and occupational therapy practitioners. Hai Duong Special Education Center is fortunate to be located near many universities such as Hai Duong University of Medical Technology, Hai Duong Medical College, Hai Phong University of Medicine, etc. Therefore, the specialized human resources for VCRT-OT are abundant. The method is implemented by technicians who have been trained in medical expertise.

VCRT-OT receives professional support in OT knowledge and techniques from experts from Permata Kurnia School – Malaysia.

VCRT-OT is truly an essential method for children with developmental disorders.

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