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CORRECTIVE TRAINING FOR THE FIRST YEARS OF CLASSICAL BALLET AT THE HUNGARIAN DANCE UNIVERSITY

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Abstract

At the beginning of the academic year, all students newly admitted to the classical ballet dancer training course at The Hungarian Dance University are assessed at the child development and therapy center called Bárányfelhő. After the assessment of their motor and neurodevelopment, children can have special skills development training integrated into their curriculum. Among the 33 children assessed in September 2020, significant differences were found in regard to cross-body movements as well as the independent use and coordination of the upper and lower extremities. In the seventh month following the evaluation, the ballet masters of these classes reported development in the children's concentration, coordination, balance, and attention, as well as the independent use of the limbs and proprioception. The skills development training has a compound effect: as students` coordination skills improve, they experience more success and, as a result, become more self-confident. This kind of specific skills development at the Hungarian Dance Academy not only addresses a gap in professional dancer training but is also unique among professional dancer courses.

Keywords: ballet, movement development, Basic Therapy, motor skills problems related to neuromotor immaturity, coordination, developmental gross motor skills

1. INTRODUCTION

The maturity of the nervous system affects the coordination skills of classical ballet students, which in turn has a major impact on the performance of future dancers. Newly enrolled students of classical ballet at the Hungarian Dance University (hereinafter referred to as HDU) have been assessed by the Bárányfelhő Development and Therapy Centre at the beginning of each academic year (i.e., the end of August) since 2017 to assess movement and neurological immaturities. This allows for a focus on the improvement and development

of neurological immaturities through developmental activities based on Basic Therapy[1]. After a neurodevelopmental assessment, children admitted to the first grade can opt for and receive special skill-development lessons integrated into their curriculum given by the physical education teachers specialized in basic movement training at the Bárányfelhő Development and Therapy Centre. Thus, it can be ensured that talented students with good physical attributes for ballet will not be impacted by neurological immaturities that can hinder their studies or compromise their commitment to dance.

Over the last thirty years, several Hungarian and foreign studies have statistically confirmed teachers' observations that every year more and more children with neurological immaturity and learning difficulties are attending schools (Hallahan, 1992; Pávai, 2021). It is important to note that with proper attention and development, these children can become healthier, more aware, and more successful in dance.

Consultations with the leaders of the special skills development classes (also known as *Corrective Training* courses) at the HDU and with the ballet masters of the classes led to three findings that represent the hypotheses of the current study.

1. The training in question is a developmental process that aids in neural maturation; this not only helps movement coordination but possesses a much more complex mechanism of action.
2. This development has a positive impact on children's performance.
3. The effectiveness of this development is facilitated by constant communication and cooperation between the special needs teachers (i.e., development teachers) and the ballet masters.

2. CAUSES AND SYMPTOMS OF NEURODEVELOPMENTAL IMMATURITY

The nervous system consists of central and peripheral structures. Anatomically and functionally, the central nervous system is made up of the cerebral and spinal cords. The sensory, or peripheral, nervous system is made up of spinal nerves, cranial nerves, and peripheral nerves and is divided into two parts. The somatic nervous system is responsible for conscious perception, voluntary movement, and information processing (i.e., integration), while the autonomic nervous system is made up of diffuse nerve networks that permeate the human body and innervate the viscera, blood vessels, and endocrine glands. The autonomic nervous system consists of two parts which are antagonistic to each other in their function: the sympathetic nervous system and the parasympathetic nervous system. The combined action of these two parts of the autonomic nervous system ensures the stability of the body's internal environment (i.e., homeostasis). The central nervous system includes the motor system and the sensory system. The lowest level of the nervous system is the spinal level, which is responsible for the connections between the nervous system and muscles (e.g., the relaxation or contraction of a muscle group). The spinal reflexes can be overridden by the brainstem nuclei, which regulate involuntary and semi-voluntary movements that become automatic with practice (e.g., crawling, climbing, walking, riding a bicycle, playing the piano, or driving a car). At the next level, the cerebellum controls muscle tone, postural reflexes, and balance based on input information from touch, hearing, and vision. The highest level is the cortex, which organizes and analyses our voluntary movements. Between 6.5 and 7.5 years of age, when children enter school, the brain develops significantly:

[1] This is a special type of therapy developed in Hungary in 1994 by Éva Marton-Dévényi, Márton Szerdahelyi, Gábor Tóth, and Katalin Keresztesi (Marton-Dévényi, Szerdahelyi & Keresztesi, 1999).

the connections between the hemispheres are strengthened, and the cortical body makes a large number of connections with the cerebellum and balance system. Prior to this, the choice of dominant hands, feet, ears, and eyes is an important step in the maturation of the nervous system (Blythe, 2002/2015). These brain and nervous system structures make up the conscious and unconscious background of our movements, the maturation and proper functioning of which is communicated to the outside world through stages in the development of the movement.

The sensory system provides information on posture and body position during movement, while the vestibular system, with its connections to the other senses, plays an essential role in balance, posture, and coordinated movements and is vital for the development of static and dynamic balance as well as the corresponding eye movements and the planning of movements in general. Those who show a delay in the development of the balance system also show a delay in the development of all large motor movements (Pyfer & Johnson, 1981). Sense of direction is based on vision, the functioning of the balance system, and the establishment of brain dominance and coordinated action. Proprioception is the perception of stimuli generated within the body both at rest and in motion, while kinesis is the perception of the movement itself, which conveys information only from active muscle contractions (Blythe, 2002/2015). Both play a significant role in dance and sports, as they ensure awareness of posture and the spatial position of body parts without visual feedback. To achieve this, the child first relies on primitive reflexes, which are then replaced by postural reflexes that continue throughout life (e.g., head posture, wince, or startle reflexes) and by voluntary control itself (Blythe, 2002/2015). Movement development is a series of elementary movement patterns. From lying prone, crawling, and eventually reaching the sitting position, the child learns to control his posture and becomes able to balance. Each of these stages is a spontaneous stage of development that reflects the maturity of the nervous system. The neurodevelopment of movement is completed when the child chooses dominant body parts (i.e., dominant hands, feet, eyes, and ears). If a child cannot remain still, it is a sign that his balance system still needs to be developed, as this movement contributes to his brain development. (Blythe, 2002/2015). Progressing through the developmental stages not only helps the nervous system to mature but also promotes the healthy development of the spine and hips, the formation of spinal curves, and muscle growth (Bajnok, 2021/a). Attention, balance, and coordination are general skills that, without exception, form the basis of later learning abilities; thus, the immaturity of the nervous system underlies many learning, behavioral, and health problems.

Signs of neurodevelopmental immaturity occur when the progression through the developmental movement sequence of positioning - uprighting - positioning - dominance -selection is delayed or when movement coordination shows deviation and some large movements do not develop (Marton-Dévényi et al., 1994/2020). Another manifestation of delayed neurodevelopment may be the failure of the child to inhibit certain primitive reflexes in time to develop the associated conscious movement or adult reflex (Blythe, 2002/2015). Another possible cause may be the multitude of visual stimuli that is characteristic of today's world. Imagination plays an extremely important role in brain development: it develops our thinking, our emotions, and our knowledge of the world (Marton-Dévényi et al., 1994/2020). Many children are provided with ready-made images through electronic playback devices, so they do not need their imagination (which is extremely important in dance); in addition, they may encounter content (e.g., aggression) that they do not understand and cannot process, which can make them aggressive, anxious or susceptible to sleep disorders (Marton-Dévényi et al., 1994/2020). The lack of movement resulting from the excessive use of telecommunication

devices reduces muscular development and does not provide the child's heart and circulatory system with the opportunity to 'train' for future stresses. Lack of movement can also lead to scoliosis, poor posture, and impaired visual acuity (along with other eye issues) and can also affect speech development (Marton-Dévényi et al., 1994/2020; Bajnok, 2021/b). During infant development, it is important to minimize the amount of stimulation around the infant; if the child's developing nervous system becomes used to high levels of stimulation, it will continue to require such levels later on, which can prove problematic for the child. For example, the input from a teacher may not be enough to stimulate the child, so they will instead fidget and play games with their peers to make up for the missing stimuli (Bajnok, 2021/b). Possible developmental abnormalities resulting from an ill-suited environment or sedentary lifestyle can lead to the following problems and disorders: learning problems (e.g., partial ability disorders, hyperactivity, cognitive dysfunction, and motor disorders related to issues such as muscle tone, large movements, fine motor skills, and action planning control disorders), complex learning problems (e.g., dyslexia, dysgraphia, dyscalculia, and hypermotility), and behavioral disorders (e.g., aggressiveness, anxiety, maladjustment) (Király & Szakály, 2011).

3. TRAINING CHARACTERISTICS OF FIRST-YEAR CLASSES AT THE HUNGARIAN DANCE UNIVERSITY

The HDU selects first-year students on the basis of an admission procedure prior to the school year, which is based primarily on the children's aptitudes. The timetable includes daily classes in classical ballet, folk dance, creative dance for children, and skill development in accordance with the requirements of classical ballet. The skill-development classes aim to develop flexibility, strength, stretching, balance, and coordination. In Year 1, it is essential to develop children's correct posture, develop muscle flexibility, develop the muscles necessary for foot extension, develop and coordinate basic head-arm-leg coordination, develop and improve jumping skills, and prepare the feet by establishing pointe technique and orientation in the spatial directions of classical ballet.

4. SIGNS AND MANAGEMENT OF NEURODEVELOPMENTAL IMMATURITY IN 10-11-YEAR-OLDS AT THE HUNGARIAN DANCE UNIVERSITY

4.1 Characterisation of the sample

The sample was made up of students who studied in their first year of the classical ballet course in the academic year 2020. Out of the 36 children in total who successfully enrolled (who were 10-11 years old at the time), 33 were measured. Of the 33, 5 boys and 28 girls were examined. The study population was characterized by a history of physical activity (all children had participated in regular dance or sports activities in the years prior to enrolment), flexibility, and balance.

4.2 Study instruments

The inputs of the study were based on the assessment which took place at the beginning of the year, as the developmental specialists always assess the children using the same basic movement sequence. This complex assessment precedes the start of movement development.

The skills tested in the assessment are summarised in the table below (*Table 1*). For HDU pupils, the only difference between the assessment and a typical Basic Therapy assessment is that the simpler tasks are often skipped in favor of more complex assessment tasks. The more complex assessment tasks adapted to dance training are shown in the first column, while the second column contains the omitted tasks representing skills that children should already possess due to their age (Balázs-Pöll, Herbert & Hutai, 2021).

More complex assessment tasks adapted to dance training	**The average assessment tasks that Basic Therapy aims to measure**
Muscle tone and flexibility of connective tissue	Kinesthetic memory
Developmental level of large movements	Body schema
Presence of infantile reflex residues, postural reflexes, and head posture reflex	Simple finger recognition
Dexterity on one and two feet, standing and moving	
Cross-cutting exercises ranging from simple to complex, rhythm exercises (movement, speech, and clapping)	
Fine motor skills (eye-hand coordination)	
Movement planning	
Basic spatial movements in the three planes	
Balance (static, dynamic) and eye movements after rotation	
Examination of dominant side (hand, foot, eye, and ear)	
Exercises to uncouple and then combine the movements of the upper and lower limbs	
Seriality	

Table 1. Differences between the dance training assessment and the average assessment in Basic Therapy

The survey outputs were derived from a structured interview with two ballet teachers and four special needs teachers in the first-year classes between 23 and 31 March 2021 of the academic year. The interview questions focused on the initial and current differences between students who take part in corrective training and those who do not (as experienced by the ballet masters), progress made in previous months, challenges faced, and teaching strategies used by the ballet masters in relation to development. The interview with the developers focused on the development process and the conditions within the institution, as well as the development of the students and the challenges experienced by the developers. At the time of the interview, the pupils had been attending corrective training for seven months. Collaboration between ballet masters and developers is extremely important, as the developers receive constant feedback on the students' progress, and the masters regularly report when problems or specific movement patterns appear in a particular area for certain children. This encourages special needs teachers to pay focused attention to strengthening that area. Developers are perceived as being able to communicate well with the ballet masters, and masters understand the need for such development (Balázs-Pöll, Herbert & Hutai, 2021; Tóth, 2021)

4.3 The development intervention

In the first-year classes at the HDU, children participate in special movement development sessions twice a week; these are adapted based on the assessment results, which are partially aligned with the classical ballet curriculum of the year. Specialists use a variety of developmental exercises, such as Basic Therapy, and adapt these to the children's needs. The aims of the timetabled corrective training include the following: "rewiring" the nervous system, relearning and strengthening developmental gross motor skills, establishing and coordinating control over limb-joint movement, facilitating automatic movement, overall coordination of cross-body movements and harmonizing transverse movements, improving movement learning and control, improving visual-spatial orientation and developing movement memory and seriality, strengthening the control processes of the central nervous system, and increasing focus control.

The Basic Therapy practice sequence is a basic developmental system that follows the developmental continuum based on the child's natural development of movement and targets the most important areas in this continuum. The practice sequence is as follows: each developmental sequence starts with large developmental movements, flexibility, and balance, then builds on these to establish and then refine the coordination of movement. Fine motor skills are developed next, followed lastly by lateral flexibility. When developing dominance, the child's development in regard to large movements over a long period of time takes place first; this is followed by developing a sense of the body's midline, which forms the foundation on which cross movements such as climbing and walking are built. Stable unilateral dominance is then developed through intermodal exercises and sensory 'translation' tasks (Marton-Dévényi et al., 1994/2020).

The development of large developmental movements, flexibility, and balance includes the basic groups of exercises that lay the foundation for movement readiness. These are 1.) head movements, rolling, correct crawling, crawling exercises, and sit-ups 2.) gait and its variations and 3.) early childhood animal imitation movements, which are the human-specific elementary movement patterns and their variations, including the

spider-walk, crab-walk, bunny hop, and dwarf-walk (Marton-Dévényi et al., 2020). The presence of flexibility (i.e., leaping) is a very important aspect of locomotor development. The trampoline is mentioned in Basic Therapy as an important tool for this purpose, the use of which triggers the almost explosive development of movement and speech while also improving balance (Marton-Dévényi et al., 1994/2020). Movements to rhythm and jumping are also an essential part of ballet lessons, as pupils have to learn to move to music from the very beginning. In balance exercises, Basic Therapy develops dynamic, static, and transitional balance, but the emphasis is placed mainly on developing dynamic balance. Examples of exercises for this purpose include gait balance, head-torso control, limb and head balance, and the stimulation of the vestibular system through head rotations, spinning, and rotation. The development emphasizes spatial movement and directional control, which are important both in classical ballet classes and in dance classes in general. Exercises are performed in relation to fixed or moving objects or in relation to the dancer's own body or that of their partner. These exercises lead to the development of body schema, right-left discrimination, and directional awareness. When developing movements in space, they follow the principles of "first passive, then active,"; "first with eyes open, then with eyes closed"; "first with one's own body as the center, then immediate space, then wide space". From here, they move on to specific gymnastic exercises used to establish movement coordination. These include crossing, body line crossing, limb separation, and simultaneously extended lifts of the hands and feet to develop crossed rhythmic movements such as opposite knee-elbow touches, which are also very important for dancers.

Pinocchio and *dead dogs* are sequential exercises that practice movements based on harmonious cooperation between hands and feet on the same side, first in a lying position and then in a standing position. Many of the cross-body exercises are also intersectional exercises, which develop body mimicry. The next step, the limb-splitting exercise, requires separate movements of the four limbs, usually from left to right, in the direction of reading. Movement seriality is very important, as children are required to learn sequences in their school assignments and in ballet class. During the Basic Therapy, shorter and longer sequences (up to 64 elements) are taught. These will help develop children's memory. The development of multicomponent seriality (i.e., sequencing) exercises the frontal lobe, which aids in the planning and synchronizing of verbal functions and actions and is involved in maintaining voluntary focus and attention (Marton-Dévényi et al., 1994/2020). The core material continues with the development and/or improvement of fine motor skills, eye exercises, and dominant eye-hand cooperation. In the phase of improving motor coordination, disciplinary and breathing exercises (involving the performance of alternating fast and slow movements, which are then repeated with a focus on breathing), as well as relaxation-strengthening-extension exercises are present. The latter is assigned to the children in the ballet and skill development classes, so they are not emphasized in the corrective training. During the exercises carried out in the corrective training, temporal orientation is also developed; for example, in a limb separation, rhythmic exercise, it is difficult to recite a sentence or to count months and seasons back and forth, and this skill can be improved through practice. Gestalt (i.e., focusing not only on the problem itself when searching for a solution but also on the system surrounding it) and play are present in all developmental phases; considering the children's age, play can be particularly useful in achieving positive attitudes. As acknowledged by other therapeutic approaches, such an integrated approach is often a source of joy for the child (Marton-Dévényi et al.1994/2020).

One of the main aims of Basic Therapy is to develop movement coordination by developing deep sensory qualities (e.g., position and movement sensation in the joints and muscles) (Marton-Dévényi et al., 1994/2020). The development scheme of Basic Therapy is shown in Figure 1 below, which is detailed in this paragraph (4.3). *Table 2* summarises the differences between the tasks used in the corrective training course at the HDU and those which are typically found in Basic Therapy.

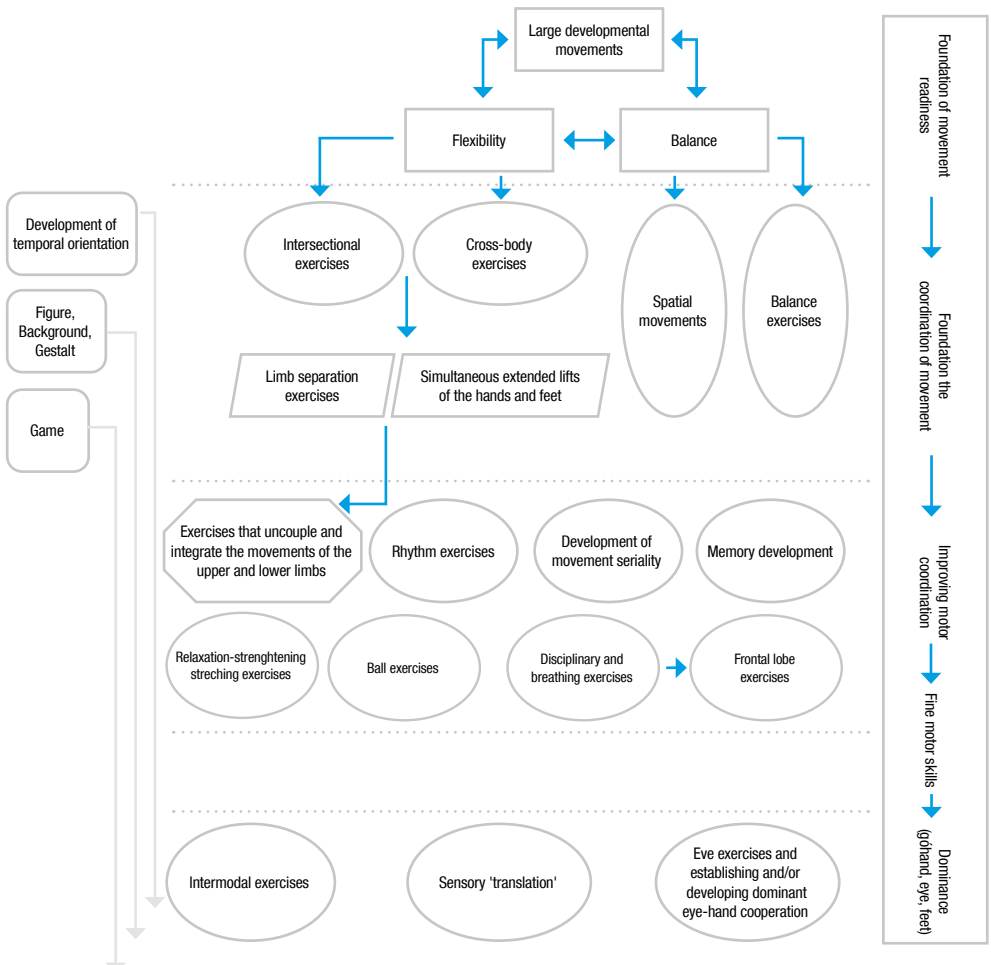

Figure 1. Flowchart of the Basic Therapy development system

The more complex tasks of corrective training adapted to dance training	**The general tasks of Basic Therapy**
Exercises to practice correct crawling are present	Large developmental movements: infant movements, head movements, rolling, crawling, climbing, sit-ups; gait and its variations, etc.
Flexibility is at the forefront of dance training and is, therefore, not emphasized in corrective training.	Development of flexibility: jumps, use of a trampoline.
Balance exercises: develops dynamic, static, and transitional balance, with an emphasis on dynamic balance.	Dynamic, static, transitional, and gait balance, head-torso control, limb and head balance, stimulation of the vestibular system through head rotation, spinning, and rotation.
Strong emphasis on spatial movement and directional control.	Spatial development is present.
Intersectional exercises are also emphasized: *Pinocchio, dead dogs.*	Present.
Limb separation exercise.	Present.
Development of movement seriality, which is essential for dancers.	Present.
Movements to rhythm are present in class.	Present.
Temporal orientation is present in class.	Present in therapy.
Relaxation-strengthening-stretching exercises are not emphasized in corrective training.	Relaxation-strengthening-stretching exercises are present.
The presence of game is important.	The presence of game is important.

Table 2. Differences between corrective training and the tasks of typical Basic Therapeutic Development

As shown in *Table 2,* corrective training for dance students places less emphasis on relaxation, strengthening, stretching, and flexibility exercises, as these are already included in their dance training. Corrective training, however, incorporates elements of playfulness and focuses on large movements in the same way as Basic Therapy. Cross movements, seriality, and dynamic balance development are of particular importance in this process.

5. RESULTS

The results of the consultations with the teachers of the special skill development classes (also known as corrective training) and the ballet masters of the HDU classes support the above hypotheses: as 1.) the corrective training improved the movement coordination of the sample, but also had a more complex mechanism of action in terms of the children's confidence and sense of achievement, which was explicitly reported by the ballet masters; 2.) the interviews showed that the ballet masters of both classes saw a range of development in the children attending the developmental classes; 3.) the interviews revealed that the children's development was facilitated by constant communication and collaboration between the ballet masters and the development teachers. The ballet masters adapted a number of developmental exercises into the ballet classes, which meant that the practice did not remain at the knowledge level but was actually put into conscious practice.

In September 2020, 33 out of the 36 children in the first-year class were assessed and found to have discrepancies in regard to cross movements and lower and upper limb independence and alignment. The more detailed results of the pre-developmental assessment are listed below, showing the percentage of children found to have discrepancies in the areas assessed, which include large movements (10 children, 30%), cross movements (12 children, 36%), lower and upper limb independence and coordination (11 children, 33%), rhythm (5 children, 15%), seriality (10 children, 30%), balance (8 children, 24%), cross dominance (7 children, 21%) (Balázs-Pöll, Herbert & Hutai, 2021).

Prior to the survey, all parents are asked to complete an anamnesis which can help teachers to understand existing issues. The anamnesis includes information regarding the child's role in the family, his/her relationship with peers and adults, and his/her tolerance for failure. The child's current condition is always taken into account, and development is suggested to parents on the basis of the movement assessment. The special needs teachers are also placed into contact with the parents when appropriate, but for the most part, the ballet masters and special needs teachers are in regular contact regarding the development of the children in question. In the surveyed cohort, there were also children with attention deficit and concentration disorders as well as those with hyperactivity, but at the university developmental school, it is not the task of the special needs teachers to deal with these disorders (Balázs-Pöll, Herbert & Hutai, 2021; Tóth, 2021).

The main tasks of the special needs teachers are to reach a consensus among themselves as much as possible and to appropriately address the needs of the school, the needs of the children, and the needs related to age-specific issues. The development, or lack thereof, has a significant impact on performance (Tóth, 2021). The professionals at the Bárányfelhő Development and Therapy Centre are effective and solution-oriented, and approach problems in a complex way. Children's family backgrounds are examined and, where appropriate, the experts may also keep in touch with the parents to address specific issues. In addition, the specialists also observe the children in their ballet classes, which

helps the ballet masters to choose useful developmental exercises that can be incorporated into the lessons. A child with neurological immaturity will also be treated with patience by the school, as they may be slightly underperforming in their first year relative to what is expected for the first-year classical ballet exam.

During the interview in March, both ballet teachers reported that they observe the same mistakes in their ballet classes that the special needs teachers observe during corrective training. The developmental considerations also reflect the patience of the exam board towards the children. For the teacher, the focus on development is an acknowledgment that a child is unable to perform certain expected movements not because of a lack of professional efforts on the part of the ballet master but because there is an obstacle that is unrelated to his or her pedagogical competence; after all, a ballet master is not a special needs teacher.

In the mixed (i.e., boys and girls) class, six out of the 16 students were taking part in development. The master of the mixed-year group has noticed a downward trend for each consecutive first-year group, which she attributes to sedentary lifestyles and excessive use of electronic devices. This tendency was most evident in the children's coordination, load-bearing capacity, and fitness. From the very beginning, the instructor was able to differentiate between those who were improving and those who were not. The ballet master also noticed differences in her class in regard to their relaxation-tension (when rolling from one vertebra to the next, some children are unable to release their limbs), kinesthetic perception (even after many instances, the child is still not able to see or feel what he is doing wrong, and why), and spatial perception.

In March, the ballet master had already begun to see improvements in the children attending corrective training in terms of their concentration, coordination, attention, limb separation, and kinesthetic perception. As their coordination improved, they were able to receive and implement more and more spoken instructions. In addition to improvements in eye-hand coordination, the children were also able to better position themselves and their body parts in space. The instructor noticed a complex development impact in that as the children's coordination improves, they receive more positive reinforcement (which the teacher consciously pays attention to and communicates to them); this provides the students with a sense of achievement, increasing their self-confidence.

In the parallel girls' group, 6 out of 16 students attended corrective training. Their ballet teacher found the corrective training very useful and was curious to see the extent to which further improvement could be achieved with the children; in addition, the instructor was grateful for the fresh, youthful impetus and help provided by the developers. In regard to the classical ballet class, the instructor highlighted that the developmental students do not learn new things as easily as other students, and consequently become confused during practice. Although this was not the case at the beginning of the semester in September, later on the teacher felt that those selected for development showed differences in their movement system and coordination skills. She also noticed changes in the other students in the development program, mostly in terms of their concentration; for example, they were better able to remember the sequence of exercises. The children's balance also showed improvement, and they were better able to coordinate their own bodies. While there was still a noticeable difference between pupils who are in the corrective classes and those who are not, she stated that those taking part in the corrective classes are ambitious to have a chance to fit in with their peers. The ballet master remarked that development is

important because developers can point out problems that the ballet master. while perceiving that there is an issue, may be unable to identify its cause. By understanding the importance of the nervous system, ballet masters can take different approaches towards the children's instruction. Corrective training can also develop students in complex ways, including their personalities, as children become more open and courageous as they are able to perform better in class (Murányi, 2021).

6. CONCLUSION AND OUTLOOK

In order to monitor the effectiveness of the development, the developers' suggestions are provided through a survey that is included in the admission procedure, an end-of-school-year control test, and training for ballet masters on the subject. The end-of-year control test would provide objective values to compare with the percentage results gained from the September inputs, and thus, in addition to feedback from ballet masters, a more nuanced picture of the impact of corrective training could be obtained. It is difficult to look at the end-of-year results of Basic Therapy separately from other factors, as the many scheduled dance classes also contribute to the children's yearly progress and performance. In order to separate the developmental results of corrective training from those of classical ballet training, we would need to start a study in which a control group of students of the same age who have passed the same admission procedure (but are not studying at the HDU and are not involved in any other physical activity besides Basic Therapy) would be given the same corrective training for the same number of hours per week as the ballet students.

In conclusion, the specific development at the HDU is a unique and niche project among professional dance schools. The establishment of corrective training at the Dance Artist Institute of the HDU is very important in that it gives neurologically immature but talented children a chance to become professional dance artists. It is important to note, however, that this process requires the cooperation of professionals and parents. There is a psychological, neurological, or physical reason behind every phenomenon; understanding such factors enables us to offer help to the child in need, if not to become a professional dancer, then to be able to lead a healthy, happy, and independent life.

References

Bajnok, I. (2021/a). *Oviból suliba - online beiskolázási expo - Iskolaérettség, iskolaválasztás, fejlesztés, pedagógia – mozgásfejlődés, mozgásterápiák, gyermeksport, gyógytorna.* Élő online előadás a Felelős szülők iskolája programján belül. 2021. március 4. URL: https://www.facebook.com/felelosszulokiskolaja/videos/274830487371956

Bajnok, I. (2021/b). *Csecsemők mozgásfejlődése*. Élő online előadás a Tudásszomj-oltó előadások szervezésében. 2021. február 26.

Bárányfelhő Fejlesztő és Terápiás Központ (2018). *Bárányfelhő Fejlesztő és Terápiás Központ.* URL: https://baranyfelho.hu/

Blythe, S. G. (2015). *Reflexek, tanulás és viselkedés*. Medicina Könyvkiadó Zrt.

Hallahan, D. P. (1992). Some Thoughts on Why the Prevalence of Learning Disabilities Has Increased. *Journal of Learning Disabilities, 25*(8), 523-528. URL: https://doi.org/10.1177/002221949202500806

Király, T., & Szakály, Z. (2011). *Mozgásfejlődés és a motorikus képességek fejlesztése gyermekkorban*. Dialóg Campus Kiadó. URL: http://tamop412a.ttk.pte.hu/TSI/Kiraly-Szakaly%20-%20Mozgasfejlodes%20es%20a%20motorikus%20kepessegek%20fejlesztese%20gyermekkorban/mozgasfejlodes_korr.html

Marton-Dévényi, É., Szerdahelyi, M., Tóth, G., & Keresztesi, K. (2020). Alapozó Terápia. *Fejlesztőpedagógia*, 80-107.

Marton-Dévényi, É., Szerdahelyi, M., Tóth, G., & Keresztesi, K. (2020). *Alapozó Terápia Tanulmány*. Alapozó Terápiák Alapítvány.

Pávai, R. (2021). *A tanulási zavarokkal küzdő gyerekek arányának alakulása a Lackner Kristóf Általános Iskolában az elmúlt tíz évben*. [Szakdolgozat]. Soproni Egyetem.