<u>Understanding Sensory Processing Disorders</u> Dawn M Solomon OTR/L March 2011

Goal: Be able to identify an appropriate referral for a Sensory Processing Disorders (SPD)

What is Sensory Processing? Concept was developed by Jean Ayres, PhD, OTR (1954-1988). Sensory Processing or Sensory Integration is the way the brain works. We all have sensory processing skills. It is our ability to take in information through our senses from our environment, organize it, interpret it and make adaptive responses. It includes all of our senses: Vision, Smell, Taste, Hearing, and Touch along with two other senses Proprioception and Vestibular.

<u>Proprioception</u>: Tells us where our joints and muscles are. How much pressure to apply.

Proprioception dysfunction causes children to misinterpret sensations, received through their muscles and joints about body positions and movement. It prevents kids from knowing where they are in space and what their bodies are doing. It affects their posture, motor control, sense of personal space and sense of self.

<u>Vestibular</u>: Tells us where our head is in space, our sense of head position and movement governed by the inner ear.

Vestibular dysfunction impedes a child's overall development. It may affect their muscle tone, balance, coordination, bilateral skills, gross motor skills, auditory processing, visual-spatial skills and emotional security.

SENSORY PROCESSING DISORDERS (SPD) **

Sensory Modulation Disorder	Sensory Discrimination Disorder	Sensory-based Motor Disorder
(SMD)	(SDD)	(SBMD)

|--|

SOR= Sensory Over-Responsivity SUR= Sensory Under-Responsivity SS = Sensory Seeking/Craving

Symptom clusters suggestive of a Sensory Processing Disorder adapted from <u>Infant/Toddler</u> <u>Sensory Profile Caregiver Questionnaire birth-36 months</u>, Winnie Dunn Ph.D OTR/L with Debora B. Daniels MA CCC-SLP

General Processing

Young infants less than 6 months very active Seems unaware of people coming and going into a room

^{**} Above chart adapted from Sensational Kids, Lucy Jane Miller Ph.D OTR/L

Child's behavior deteriorates when there is a change in schedule

Seeks excessive, running, jumping, crashing

Sedentary

Becomes disorganized with movement

Poor fine and gross motor coordination

Seems irritable as compared to children of the same age/tantrums easily/low frustration tolerance

Tantrum is out of proportion to incident, unable to calm self within a reasonable amount of time

Unable to sit at a table for table top activity unless strapped into a highchair

Parents reporting unable to go into stores such as Wal-Mart, Target or Multisensory environment

without their child running, crying, tantrums and/or is unable to sit in shopping cart

Difficulty falling asleep unless held or bounced/or easily awakened

Lacks ability to play with developmentally appropriate toys

Seems to not notice or cry when hurt or overly reacts to getting hurt

Poor endurance/tires easily/weak grasp

Auditory Processing

Hyper sensitive to sounds, typically ambient sounds in the environment which are the low frequency sounds such as a vacuum, water running, blender, hair dryer, and lawn mower Not responding to sudden noises such as the phone, dog barking for children under the age of 6 months

Taking a long time to respond to their name or to familiar voices

Having to speak loudly to get a child's attention, appears to be ignoring you

Having to touch the child to gain their attention

Seeking to make noise with their mouth

Distracted in noisy environment and unable to eat when there is noise

Visual Processing

Child can only handle being backwards in shopping cart versus face forward

The child enjoys looking at objects that are shiny or moving such as things that spin (ceiling fan, toys with wheels etc)

The child avoids eye contact

The child either enjoys looking at them self in the mirror or does not recognize themselves in the mirror

Becomes very excited during TV shows or video games that have fast paced bright colors

Prefers to be in the dark

Reacts to all faces the same way (< 6 months)

Tactile Processing

Seems unaware of wet or dirty diapers

Does not like being held or cuddled/held

Does not like having their hair washed

Does not like having their face cleaned or noise wiped

Distressed over having nails cut

Difficulty with certain clothing long sleeve/short sleeve terrycloth/cotton problem with socks or shoes

Becomes anxious when walking on grass, unlevel surface sand

Seeks feeling vibration from dryer, speakers etc

Bumps into things not noticing them

Vestibular Processing

Appears clumpsy, uncoordinated, trips easily

Problems with balance activities

Seeks running, jumping crashing

Spins self

Using the body as a whole

Cries with getting into car seat/arches back into extension does not like riding in the car

Cries when getting out of car seat/wants to stay in it

Head and neck with cervical rotation to one side

Does not like when their feet leave the ground

Does not like or resists having their head tipped back for bath or diaper change

Positions their heads upside down to look through legs/hangs over end of chair upside down

Requires more physical support than others their age (low tone)

Does not like being in a swing or swung

Seeks swinging and spinning

Oral Sensory Processing

limiting foods by taste or texture
limiting food by less than 20 preferred foods
need to mouth objects past 18 months
not ever developmentally having the need to mouth objects
refusing to try new foods
resists having teeth brushed
licking or chewing non-food items
difficulty with suck, breathe swallow synchrony

Questions/comments

Future workshop 2 of 3 to discuss/review Sensory Processing Disorders and relationship to Modulation, differences between SS and SUR/SOR, SDD and SBMD.

Dawn M Solomon, OTR/L Shining Stars Therapy Pediatric Therapy Services 119 South Fuquay Avenue Fuquay-Varina NC 27526 (919) 557-8305

dawn@shiningstarstherapy.com