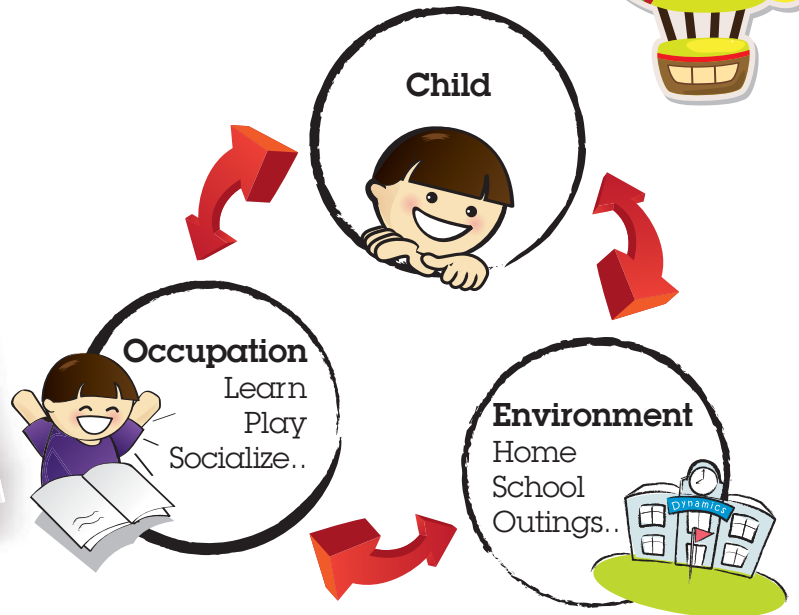


# From Sensory Integration to Sensory Modulation



## What is Occupational Therapy?

Occupational therapy is concerned with a person's ability to participate in daily life activities or occupations, including self-care, work, and play.



## What is Sensory Integration?

Sensory Integration (Ayres, 1972)

Gradual desensitization or stimulation of all needed sensory systems in attempt to normalize their function.

## Sensory Dysfunction:

A continuum between Hyper- Sensitivity and Hypo-Sensitivity. The dysfunction can be manifested in any one or more of these senses:

- ★ Touch (Tactile System)
- ★ Proprioceptive System
- ★ Sounds (Auditory System)
- ★ Taste (Gustatory System)
- ★ Vestibular System
- ★ Visual System
- ★ Smells (Olfactory System)



## Sensory Modulation:

The capacity to regulate and organize the degree, intensity, and nature of responses to sensory input in a graded and adaptive manner.

This allows the individual to participate in an optimal manner in his/her occupations and to adapt to daily challenges (Miller & Lane, 2000).

## Sensory Modulation Dysfunction (SMD)

A problem in regulating and organizing the degree, intensity and nature of responses to sensory input in a graded manner.



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## Winnie Dunn's Model (the author of the Sensory Profile):



Winnie Dunn is talking about 4 quadrants of sensory processing:

**1. Poor registration** – a reduced ability to register sensory stimulation, this can be manifested in either seeking sensory input or looking more passive and less responsive.

**2. Sensory seeking** – a need to have more sensory input. A sensory seeking child may look active and 'on the go'.

**3. Sensory sensitivity** – over registration of sensory stimulation, e.g. if the child shows sensory sensitivity in the sense of touch, the child may not want to touch certain textures or materials.

**4. Avoidance** – the child will avoid or refrain from engaging in certain activities or refrain from certain sensory stimulation to avoid an unpleasant sensation.

## Skills that a Paediatric Occupational Therapist will assess and treat include:



### Fine Motor Skills

Fine motor is the ability to manipulate the small muscles of our body to perform accurate activities. In occupational therapy we look at the fingers and hands muscles. Coordinated and accurate Fine motor will impact academic success.

### Handwriting

Handwriting is one of the most important functions of the fine motor skills for school aged children. Occupational therapists work on formation, sizing, motor control and legibility.

### Visual Perception

The way we perceive what we see. The ability to interpret what we see and giving it meaning. Visual perception is a very important skill that uses our vision to provide us with information about our environment.

### Gross Motor Skills

Gross motor skills are the coordination and execution of motor tasks with the bigger muscles of our body. We typically look at:

- Motor coordination
- Motor planning
- Balancing responses
- Postural control
- Ball skills

**A Paediatric Occupational Therapist** looks at the child as a whole, looking at performance and using analysis to assess what are the skills that may prevent the child from performing to the child's developmental stage.

We want to achieve

**Success Nothing Less!**

