

SOME COMMON SENSORY INTEGRATION TERMS

(Terms that may be incorporated into your student's therapy (OT) report)

Adaptive Response: Appropriate action (reaction) to an environmental demand

Aversive Response: Intolerance or reactive response to normal movements or sensations

Bilateral Integration: Integration of both sides of the body for movement and functional output

Central Auditory Processing Disorder: Difficulty in perceiving, discriminating, localizing, processing and responding to sounds (including speech).

Cocontraction: The involvement of all muscles around a joint to stabilize the joint in movement

Depth Perception: The ability to see in 3 dimensions and to perceive distance. This affects our ability to move accurately and respond consistently, based on the distances of objects within our environment (e.g. waking, reaching etc.)

Dyspraxia: Difficulty with planning motor tasks

Feedback: Information within the body either *received* from a response (initiation/production) or from changes that *occur* (in the body or environment) from the response

Feedforward: Body's awareness of information that prepares the body to react to the signal/information

Gravitational Insecurity: Fear of moving, being upright or having feet off of the ground (poor vestibular or proprioceptive processing) and of resulting postural deficits.

Hypersensitivity to Movement: Heightened responses (disorientation, nausea etc) to linear or rotary movement. May be a delayed response.

Kinesthesia: Perception of movement and position of a body part or joint. (rate, speed, force etc.)

Lateralization: Processes handled more efficiently in one side of the brain (e.g. left - verbal/logical processes)

Modulation: Brain's ability to monitor and control its own activity and body responses to sensory input.

Nystagmus: Back and forth (side to side) eye movements

Perception: Subjective interpretation (of the brain) to sensory input.

Praxis: Ability of the brain to 'motor plan', i.e. organize and carry out an action

Prone: body positioned flat with head and stomach facing down

Proprioception: Brain's ability to perceive and interpret sensations of the joints and muscles

Responsiveness: Reaction to sensory input

Sensory Defensiveness: Excessive reaction to sensations not normally considered noxious

Sensory Integrative Dysfunction: Brain's difficulty with integrating and modulating sensory information effectively or efficiently in motor, learning, speech/language or attention disorders

Sensory Modulation: The brain and body's ability to balance and organize sensory information in for a graded response.

Sensory Processing: The body's ability to take in sensory information, process it and organize the information for a physical (behavioural) output

Sensory Stimulation: treatment involving direct application of sensory stimulus to facilitate a particular response, e.g. deep pressure for calming behaviour

Somatosensory: Body sensations from both tactile and proprioceptive information

Supine: body horizontal, face and stomach facing up

Tactile Defensiveness: Over reaction to tactile (information from the skin) information, usually negative responses, resulting in distractibility, restlessness, behavioural concerns

Vestibular: sensation related to movement and position of the head affecting posture, balance and visual field.