

Glossary of Terms

Aspergers Syndrome: One of several Autism Spectrum Disorders (ASD) characterized by difficulties in social interaction and by restricted, stereotyped patterns of behaviour, interests and activities. It is distinguished from the other ASDs by having no general delay in language or cognitive development. Although not mentioned in standard diagnostic criteria, motor clumsiness and atypical use of language are frequently reported. A pervasive developmental disorder, Asperger's Syndrome is distinguished by a pattern of symptoms rather than a single symptom.

Attention: The ability to selectively 'tune in' or attend to a stimulus, to sustain that focus and to 'shift' that focus at will from one stimulus to another. Children can either be overly 'tuned in' to the world around them (easily distracted) or fail to 'tune in' and notice the world around them (lethargic and oblivious to their surroundings).

Attention-Deficit/Hyperactivity Disorder: A persistent pattern of inattention and or hyperactivity-impulsivity that is more frequent and severe than typically observed in individuals at a comparable level of development.

Autism Spectrum Disorder (ASD): A pervasive developmental disorder depicted by markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests.

Balance: The ability to maintain controlled body position during task performance, be it sitting at a table, walking the balance beam or stepping up a kerb. To function effectively across environments and tasks, individual need the ability to maintain controlled positions during both still (static) and moving

(dynamic) activities.

Behaviour: The way a person acts or responds to the environment or a situation around them. This may be a conscious or unconscious choice. A child may behave in a particular manner influenced by their physical environment, the emotional or social constructs, their own alertness levels and/or their experience or confidence in the situation.

Coordination: The ability to perform physical tasks by synchronizing or controlling the movement of multiple parts of the body at the same time. The term 'coordination' is commonly used in reference to whole body movement (e.g. running and jumping, catching a ball, riding a bike). However it is equally applicable to precise arm and hand movements, such as using pencils and scissors, tying shoelaces, doing up a zipper or putting on your seat belt where your eyes guide your movement (referred to as eye hand coordination).

Dysgraphia: A writing disability in which a person finds it difficult to form (and correctly size) letters or write within a defined space. As handwriting demands the simultaneous combination of multiple tasks (letter formation, letter sizing, writing on the line, etc) producing an age appropriate written result can be very difficult for these individuals.

Dyslexia: A language-based disability in which a person has trouble understanding written words. It may also be referred to as reading disability or reading disorder. The core difficulty lies in with word recognition and reading fluency, spelling, and writing.

Dyspraxia: A muscle planning disorder, not a muscular deficit. There are three (3) types of Developmental Dyspraxia - Oral (tongue and lip control), Verbal (articulation) and Motor (muscle). Dyspraxia is believed to be an immaturity of parts of the motor cortex (muscle related area of the brain) that prevents messages from being properly transmitted to the involved body parts.

Executive Functioning: A process of higher brain functioning that is involved in goal-directed activities. It is the part of the brain that enables people to make decisions and direct attention to certain areas in order to be successful in any given area. It is similar to an executive of a company who plans out how the resources of the company will be used, decides what the priorities are, decides what direction things will take in the long term and decides what to do when

there is conflicting information. These abilities are crucial requirements for effective organization and planning and sequencing abilities.

Fine Motor Skills: Fine Motor Skills involve the smaller muscle of the hands, such as doing up buttons, opening lunch boxes, or using pencils or scissors. Fine Motor Skill efficiency significantly influences the quality of the task outcome as well as speed of task performance. Areas influenced by fine motor skills that Occupational Therapists are concerned with include self-care and academic (pencil and scissor) skills.

Global Developmental Delay: The term is used when a young child is slower to reach milestones in many areas of development. Delay may occur in the way a child moves, communicates, thinks and learns, or behaves with others. Delay in this context does not imply any known reason for the delay.

Gross Motor Skills: These refer to skills involving the large muscles of the body (such as the arms and legs) for running, skipping, jumping and ball skills etc. Occupational Therapy is not able to accurately assess the quality of the outcome skills (such as skipping, jumping, and running) but instead assesses the quality of some of the underlying foundation skills required for gross motor skills. Occupational Therapists assess gross motor skills to determine the presence of underlying skills deficits that are affected across many skill areas, including sports participation, dressing, and ability to physically navigate the environment (e.g. around chairs in the classroom).

Handwriting: The written communication by which children's academic performance is assessed. Handwriting involves the simultaneous integration of multiple skills at once, and reflects the combination of physical skills (trunk and shoulder stability and finger control), cognitive skills (letter formation, story planning) and visual skills (use of space on the paper). Handwriting skills are influenced by the performance (how they are performed - how the pencil is held) as well as the product (what the outcome looks like on paper).

Learning Difficulty: Considered a neurological disorder, this is a learning disability resulting from a difference in the way a person's brain is "wired". Children with learning disabilities are as 'intelligent' as their peers, but they may have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information if left to figure things out by themselves or if taught in conventional

ways. Thus, these children's ideal way of learning varies hugely according to the area of learning most affected. These children require significant modification to the way academic tasks are presented to and expected of them.

Low Muscle Tone: A condition of abnormally low muscle tone (the amount of tension or resistance to movement in a muscle). This muscular condition results in the child's muscle requiring greater stimulation in order to activate for the muscle to activate, which also increases the response time of the muscle, requires more energy fatiguing the child and subsequently often compromises the child's performance (particularly over time).

Organisation: Organisation is the ability to establish what you want to do, to know where to begin the task, the sequence in which to carry it out (including collecting the necessary materials), to problem solve in the event of a challenge, and to persist with the task to completion (within an appropriate time frame). Organization skills are directly influenced by the executive functioning of the individual.

Pencil Skills: All skills involving pencils including scribbling, colouring, drawing and writing. All these skills require the same basic principles of performance (how the pencil is held and moved), as well as the product (what the outcome looks like), although the specifics vary according to the child's age. The most mature of these skills is handwriting.

Planning and Sequencing: The ability of a person to perform a multi-step task or activity in a logical and calculated manner to achieve a well defined result. Planning and sequencing is required for both physical tasks (such as how to climb a tree) as well as cognitive tasks (such as planning a story sequence, or much later, setting out a project). This ability is required in academic tasks, play skills (team games) as well as everyday self-care tasks (getting dressed, tying shoes or buttering bread).

Play skills: Child-directed engagement by which children learn new concepts and to develop new skills that will provide the basis for success in future settings. As children grow and learn, they progress through stages of increasingly more complex levels of play. Play can be sedentary, interactive, imaginative, cooperative, physical, creative, messy, quiet, structured or unstructured. Play is ideally self-motivating, fun and satisfying. During play, children are provided with

opportunities for social interaction with peers. Although generally thought of as spontaneous and innate childhood ability, many children with learning difficulties need to actively learn how to play.

Self Care Skills: The everyday tasks undertaken to be ready to participate in life activities (including dressing, eating, cleaning teeth etc). While these are typically supported by adults in young children, it is expected that children develop independence in these as they mature. The skills that support self-care independence include organization, sequencing and planning, and physical control. Thus self-care skills act as precursors to many school related tasks.

Sensory Integration: Sensory Integration refers to the effective registration (and accurate interpretation) of sensory input in the environment (including one's body). It is the way the brain receives, organises and responds to sensory input in order to behave in a meaningful & consistent manner with the world around the child. Although assumed to be intact at birth, Dysfunction of Sensory Integration (DSI) occurs where children are overly sensitive to stimulus (sensory sensitivity or avoiding), overly needy of more than typical sensory stimulation (sensory seeking) or fail to appropriately and quickly register sensory stimulation (low registration). Dysfunction of Sensory Integration results in deficits in coordination, distractibility and inattention, language, behaviour, play and social skills and learning difficulties.

Speech and Language Difficulties: Speech and language difficulties may be related to expressive or receptive language. Expressive (spoken or produced) language (or "speech") includes the mechanics of producing speech (such as the process of making sounds using the lungs, vocal cords, mouth, tongue, teeth, etc). Receptive (understanding of) language includes interpreting language in order to follow instructions. Speech and language difficulties may be a delay (typical development though delayed) or a disorder (not following the typical skill development sequence). These are typically diagnosed and treated by a Speech Pathologist, but the commonly occurring learning difficulties are also addressed by Occupational Therapists.

Visual Perceptual Skills: Visual Perceptual Skills relate to the interpreting and understanding of visual information, in order to use it effectively. A number of everyday activities rely heavily upon effective visual perceptual abilities. Some examples include recognizing an incomplete object as the whole that it is (e.g.

recognizing half a shoe hidden beneath the bed is in fact a shoe); sequencing visual objects (such as letters and numbers in a meaningful order); visual differentiation (noticing small but important differences between visual objects such as “a” differs from “d”, or isolating the multiple letters that combine to form a word for spelling, or page of words for reading); recognizing an object as separate to its environment (e.g. so you can “see” the school bag on the bedroom floor), and the ability to recognize a form after it is no longer visible (such as sight or spelling words; visual memory).

Contact us today to make an initial enquiry or book an assessment for your child
on 1800 KID SENSE (1800 543 736)

