



شبكة المعلومات الجامعية  
التوثيق الإلكتروني والميكروفيلم

# بسم الله الرحمن الرحيم



**MONA MAGHRABY**



شبكة المعلومات الجامعية  
التوثيق الإلكتروني والميكروفيلم



# شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



**MONA MAGHRABY**



شبكة المعلومات الجامعية  
التوثيق الإلكتروني والميكروفيلم

# جامعة عين شمس

## التوثيق الإلكتروني والميكروفيلم

### قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها  
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



### يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



**MONA MAGHRABY**



# **Sensory Integration Therapy as a management of Sensory Deficits in Autistic Spectrum Disorders**

**A Systematic Review**

Submitted for Partial Fulfillment of Master Degree in  
Phoniatrics

By

**Heba Mamdouh Abdul-Majeed**

M.B., B.Ch. Faculty of Medicine, Ain Shams University

Under supervision of

**Prof. Dr. Nirvana Gamal El-Din Hafez**

Professor of Phoniatrics

Phoniatrics Unit – Otorhinolaryngology Department  
Faculty of Medicine, Ain Shams University

**Dr. Mona Sameeh Khodeir**

Lecturer of Phoniatrics

Phoniatrics Unit – Otorhinolaryngology Department  
Faculty of Medicine, Ain Shams University

Faculty of Medicine  
Ain Shams University  
2020-2021



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سببنا نك لا علم لنا  
إلا ما علمتنا إنك أنت  
العليم العظيم

صدق الله العظيم

سورة البقرة الآية: ٣٢

# Acknowledgment

First and foremost, I feel always indebted to **ALLAH**, the Kindest and Most Merciful.

I'd like to express my respectful thanks and profound gratitude to **Prof. Dr. Nirvana Gamal El-Din Hafez**, Professor of Phoniatics, Phoniatics Unit – Otorhinolaryngology Department, Faculty of Medicine, Ain Shams University for her keen guidance, kind supervision, valuable advice, and continuous encouragement, which made possible the completion of this work.

I am also delighted to express my deepest gratitude and thanks to **Dr. Mona Sameeh Khodeir**, Lecturer of Phoniatics, Phoniatics Unit –Otorhinolaryngology Department, Faculty of Medicine, Ain Shams University, for her kind care, continuous supervision, valuable instructions, constant help, and great assistance throughout this work.

Finally, I owe my dear and lovely family a lot for their continuous support and love.

*Heba Mamdouh*

# List of Contents

| Title   | Page No. |
|---|----------|
| List of Abbreviations.....  | i        |
| List of Tables .....  | iv       |
| List of Figures .....   | v        |
| Introduction .....  | 1        |
| Aim of the Work.....  | 5        |
| Review of Literature  |          |
| Sensory Processing.....   | 6        |
| Sensory Processing Disorders.....   | 19       |
| Co-Morbid Conditions of Sensory Processing Disorder .....   | 32       |
| Sensory Integration Therapy as a line of management of Sensory Processing Disorders in Autism Spectrum Disorders..... | 47       |
| Materials and Methods .....   | 60       |
| Results .....   | 64       |
| Discussion .....  | 83       |
| Conclusion .....  | 88       |
| Recommendations .....   | 89       |
| Summary .....   | 90       |
| References .....  | 92       |
| Arabic Summary .....  | —        |

# List of Abbreviations

| Abb.         | Full term   |
|--------------|---|
| ADHD .....   | Attention deficit hyperactivity disorder                          |
| ADLs.....    | Activities of daily living  |
| ANCOVA ..... | An analysis of covariance   |
| AP .....     | Auditory Processing   |
| APD-----     | Auditory Processing Disorder                                      |
| AS .....     | Asperger`s Syndrome   |
| ASD.....     | Autism spectrum disorder  |
| ASI.....     | Ayres sensory integration therapy                                 |
| ASIFM.....   | Ayres sensory integration fidelity measure                        |
| DSM-IV.....  | Diagnostic and Statistical Manual of Mental Disorders             |
| DSM-V.....   | Diagnostic and Statistical Manual - 5                             |
| FAS.....     | Fetal Alcohol Syndrome  |
| FM .....     | Fine motor  |
| FMP.....     | Fine Motor Perceptual   |
| GAS.....     | Goal Attainment Scale   |
| GI.....      | Gastrointestinal  |
| ID.....      | Inattention Distractibility                                       |
| JMAP.....    | Japanese Miller Assessment for Pre-schoolers                      |
| LET.....     | Low Endurance Tone  |
| MAP .....    | Miller Assessment for Pre-schoolers                               |
| MMAAL.....   | Modulation of Movements affecting Activity Level                  |
| MP .....     | Multisensory Processing   |
| MRBPM.....   | Modulation related to Body Position and Movement                  |
| MSIAER ..... | Modulation of Sensory Input affecting Emotional Responses         |
| MSP .....    | Multisensory Processing   |
| MVIAERL..... | Modulation of Visual Input affecting Emotional Response and Level |
| OCD .....    | Obsessive-Compulsive Disorder                                     |



# List of Abbreviations Cont...

| Abb.         | Full term  |
|--------------|--|
| OSP.....     | Oral Sensory Processing  |
| OSS.....     | Oral Sensory Sensitivity   |
| OT.....      | Occupational therapy   |
| OT-SI.....   | Occupational therapy using the SI approach                         |
| PDD-NOS..... | Pervasive Developmental Disorder Not<br>Otherwise Specified        |
| PR.....      | Poor Registration  |
| QNST-II..... | Quick Neurological Screening Test (2 <sup>nd</sup><br>edition)     |
| RCT.....     | Randomized Controlled Trial  |
| SBMD.....    | Sensory based motor disorder                                       |
| SC.....      | Sensory craving  |
| SCOPE.....   | Short Child Occupational Profile                                   |
| SDD.....     | Sensory discrimination disorder<br>SMD Sensory Modulation Disorder |
| SI.....      | Sensory Integration  |
| SIPT.....    | Sensory Integration and Praxis Test                                |
| SIT.....     | Sensory integration therapy  |
| SMD.....     | Sensory modulation disorder  |
| SOR.....     | Sensory over-responsivity  |
| SP.....      | Sensory Processing   |
| SP.....      | Sensory Profile  |
| SPD.....     | Sensory processing disorder  |
| SPM.....     | Sensory Processing Measure   |
| SPRET.....   | Sensory Processing related to Endurance Tone                       |
| SRS.....     | Social Responsiveness Scale  |
| SS.....      | Sensory seeking  |
| SSN.....     | Sensory Sensitivity  |
| SUR.....     | Sensory under-responsivity   |

# List of Abbreviations Cont...

| Abb.      | Full term                  |
|-----------|----------------------------|
| TD .....  | Typical development        |
| TP .....  | Touch Processing           |
| VeP ..... | Vestibular Processing      |
| VP .....  | Visual Processing          |
| VPD-----  | Visual Processing Disorder |

# List of Tables

| Table No.         | Title   | Page No. |
|-------------------|---|----------|
| <b>Table (1):</b> | Red flags of the 3 subtypes of sensory modulation disorder: .....   | 25       |
| <b>Table (2):</b> | Symptoms of the 2 subtypes of sensory-based motor disorder.....   | 29       |
| <b>Table (3):</b> | Severity levels for autism spectrum disorders according to DSM-V (American Psychiatric Association, 2013). .....  | 39       |
| <b>Table (4):</b> | Summary of the characteristics of the included studies. ....  | 66       |
| <b>Table (5):</b> | Summary of the characteristics of the tools used to diagnose the ASD.....   | 67       |
| <b>Table (6):</b> | Summary of the tools used to assess the effectiveness of the interventional programs .....  | 68       |
| <b>Table (7):</b> | Risk of bias summary: review authors' judgments about each risk of bias item for the included studies according to the Cochrane Risk of Bias Assessment Tool..... | 82       |

# List of Figures

| Fig. No.           | Title   | Page No. |
|--------------------|---|----------|
| <b>Figure (1):</b> | Quadrants of the Sensory Profile .....  | 7        |
| <b>Figure (2):</b> | Multisensory processing is determined<br>by the features of sensory stimuli and<br>relevant cognitive resources ..... | 15       |
| <b>Figure (3):</b> | Flow chart of excluded and included<br>studies.....   | 64       |

# **INTRODUCTION**

Individuals with ASD have been found to have high rates of abnormalities of sensory functioning. Abnormalities in all sensory modalities have been reported in ASD, and a broad range of disturbances may be observed (**Marco et al., 2011**).

Researchers have found uniform modulation abnormalities in several sensory systems while, at the same time, been burdened by heterogeneity in sensory processing amongst participants diagnosed with autism. Specifically, researchers have indicated that individuals with autism present with a unique combination of hyper-responsiveness, hypo-responsiveness, and sensory-seeking within the auditory sensory system which responsible for the perception of sound, the proprioceptive sensory system which is responsible for the perception of input from joint capsules, ligaments, muscles, tendons, and skin, and in the multisensory system which is responsible for the summation of input from all other sensory systems (**Ashburner et al., 2013**).

Though, researchers have sought to identify a biological cause for the abnormal behaviors observed in individuals with ASD. One hypothesis is that abnormal behaviors are caused by a defect in the nervous system in which sensory stimuli are processed and integrated abnormally (**Ayres, 1972; Lang et al., 2012**). Sensory integration therapy (SIT) is an extension of this hypothesis and further speculates that, given the nervous

system's ability to change (neuroplasticity), providing specific forms of sensory stimulation in the appropriate dosage may improve the nervous system's ability to process sensory stimuli. This may then result in reductions in problem behaviors and more efficient learning (**Lane et al., 2010**). However, the exact nature of the nervous system's impairment and the influence of SIT on sensory processing is currently the subject of debate and ongoing research (**Lane and Schaaf, 2010**).

Using gross motor activities that activate the vestibular and somatosensory systems (**Mailloux and Roley, 2010**), the goal of SIT is to increase the child's ability to integrate sensory information, thereby demonstrating more organized and adaptive behaviors, including increased joint attention, social skill, motor planning, and perceptual skill. Traditional SIT is provided in a clinic with specially designed equipment (e.g. swings, therapy balls, inner tubes, trampolines, and climbing walls) that can provide vestibular and proprioceptive challenges embedded in playful, goal-directed activities (**Case-Smith et al., 2015**).

A systematic review by **May-Benson and Koomar (2010)** examined 27 studies conducted between 1972 and 2007 investigated the efficacy of the sensory integration approach. Findings indicated that sensory integration interventions may contribute to improved outcomes in individualized goals, reading and related skills, sensory-motor skills and motor planning, and socialization, behavioral regulation, and attention but that more research is needed, specifically, studies that more



closely adhere to the principles of the Ayres Sensory Integration® (ASI) intervention.

Despite this highly reported use of ASI in clinical practice, confusion exists about the evidence for its effectiveness (**Schaaf & Case-Smith, 2014**).

One of the researches that investigated the efficacy of SIT for children with ASD is that **Miller et al. (2007)**. It indicated that children with ASD undergoing occupational therapy using the SI approach (OT-SI) made significant gains compared with an Activity Protocol group and a no-treatment group on goal attainment scaling and some other parameters of performance. The OT-SI group improvement trends on the Short Sensory Profile and other measures were in the hypothesized direction. Additionally, **Fazlıoğlu and Baran (2008)** reported that statistically significant differences in the Sensory Evaluation Form for Children with Autism (a measure of sensory processing disorder) scores between SIT groups and control groups indicated that SIT positively affected children with autism (**Iwanaga et al., 2014**).

However, some studies have not affirmed the effectiveness of SIT compared with other therapy forms. A review study (**Baranek, 2002**) suggested that outcomes of SIT for children with autism in psycho-educational and motor categories are stronger than in other areas compared with no