

**PDD DISORDERS—FALLON**

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We can understand sensory integration which is a part of the larger PDD issue better if we try to examine our own frustrations. For instance have you ever:

- been irritated when driving because the sun was shining in your eyes?
- got annoyed with a band playing too loudly?
- felt the need to rip a tag right out of the blouse?
- feel like the world is pulling at you?
- feel like not speaking to someone because their voice bothers you?
- wanted to kick off new shoes because they are not broken in?

If you have ever experienced these sensory “annoyances” yourself, stop to think about what it is like to have a TRUE sensory integration problem. How about being autistic where the sensory input to the body needs to be tuned out because virtually every system of the body is on overload? These are the problems a child with sensory integration must face every day of his/her life.

Sensory integration problems (SIP) appear often at birth. Very often the child with SIP is considered to be “colicky.” They may cry constantly or often and need to be held all the time. While “true” colic will disappear outside of infancy, the child with SIP will continue to have difficulty.

What exactly is SIP? By definition, SIP is the disorganization of multisensory input into the body. Those who experience SIP have small or profound difficulty with

taste, touch, smell, sound, or visual input. This input becomes disorganized by the brain and can be considered noxious to the body.

If you or I had sun in our eyes, we would put on sunglasses. If we felt that the noise from loud music was hurting our ears, we would turn it down or leave the room. For children with SIP, they cannot turn down the music or put on sunglasses. The child with SIP needs to have the sound of the world turned down on a regular basis. When the child with SIP goes to play with the children in the gym, the sound of the ball hitting the floor, the echo of the voices in the gym, the rush of children playing, causes the child to “tune out” not only those sounds which are a part of the activity, but also tune out the essential parts of the activity in which they need to be a participant. The child tunes out the world for protection, but also tunes out the world that they need.

This can best be illustrated by thinking of the world as foreground and background. The foreground being the main and focused activity that goes on in a room for example, and background being all of the other “activities” that go on in the room.

In the child with ADD/ADHD the foreground and the background can be interchanged, but in the process the background and the foreground can be blurred.

In the child with autism, the foreground and the background are essentially switched. The background is in the foreground and the foreground is in the background. This is the world of the autistic child.

Overall, these alterations in the F/B perception have a tremendous impact on

the child.

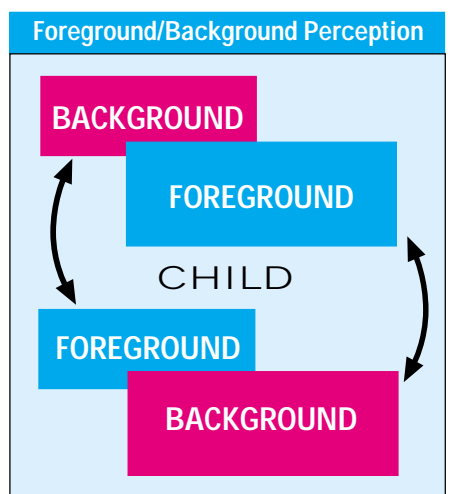
Picture the boy on the soccer field who waits and waits for the ball that never seems to come to him. He invariably loses interest and consequently stops concentrating or even paying attention to the game. Soon he will just stand or sit on the soccer field with legs crossed, picking apart pieces of grass. Or consider the child sitting on the bench during a Little League game who is much more interested in what his mom brought him to drink rather than the action of the game.

While these aspects of foreground and background describe the attention and focus aspects of sensory integration, it is important to examine other aspects as well.

**Self stimulation**

Many children on the PDD spectrum exhibit self stimulating (“stimming”) behaviors. The classic portrayal of the autistic child rocking in the corner of the room is far from the norm for autistic children. While only the most severely autistic child will exhibit this completely withdrawn type of behavior, autistic children, as well as other PDD children, will exhibit a myriad of other self-stimulating behaviors.

It is important to note that all children, as well as adults, exhibit self-stimulating (SS) behaviors. When the self-stimulating behaviors impact the quality of life or begin to detract from the everyday functioning of the child or the adult, these behaviors can be considered detrimental. Thumb sucking, while most likely a



functional necessity for the child, and especially for the non-breastfed child, thumb sucking as an adult or older child, is purely a self-soothing, self-stimulating behavior. Sexual self stimulation, constant scratching or rubbing, or some ritualistic behaviors can be considered self stimulating behaviors.

Almost ALL autistic children exhibit some self stimulating behavior. These behaviors range from staring at the computer, looking at their fingers, rhythmic pounding of the fists, or fascination with moving body parts. At times they can exhibit self injurious behaviors which are self stimulating such as head banging and or face/hand slapping.

This SS behavior is most often observed when the anxiety level of the child is very high. Transitional changes, which can be difficult for them such as the

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