Making Sense *Of* Sensory Jargon

Simplified explanations of sensory terms used by your doctor, therapist and online communities.

By an occupational therapist, parent and person with sensory differences

This information is for reference only. It will never replace a trusted health professional in supporting you

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Accommodations

These are the changes to the environment that we can make to support an individual's sensory processing and their ability to comfortably, functionally and safely engage. They consider over-and/or-under-responsiveness and help to reduce the risk of sensory overload.

Examples of accommodations might include noise cancelling headphones, dimmed lighting, reduction of ambient noise (e.g. fans) and specific modes of communication.

Adaptation (& Habituation)

This is a typical process where repeated exposure to a stimulus means that we have a reduced response to it over time. It helps us to filter information, which supports us to focus on other parts of our environment. It can happen at the sensory receptors (adaptation) and in the nervous system (habituation).

This could look like not noticing smells in familiar environments or no longer noticing the sensation of a t-shirt against our skin after wearing it for a few minutes.

Alerting

Our arousal state describes how awake, alert and responsive we are. Activities that are 'alerting' are those which increase our arousal state.

'Alerting' activities often include those that are fast, unpredictable, multi-directional or rotational. We can also alert ourselves using sound, temperature, touch and even taste or smell. Remember that what alerts one person may calm another; the intensity required may differ too.

Arousal

This is the level of nervous system activation which influences how engaged, focused or even overwhelmed we feel. It's how calm or alert we are.

To support function we can increase or decrease arousal to match the task or environment. E.g. alerting ourselves for physical activity or calming ourselves for bed.

Auditory Processing Disorder

In auditory processing disorder, hearing is typical; however the brain experiences challenges in interpreting and making sense of sounds. It is formally diagnosed by an audiologist from around 7 years of age; however its existence as a standalone disorder is debated. It differs from hearing loss and sensory over-or-under-responsiveness.

Common challenges include understanding speech through background noise, following multi-step instructions, identifying the location of sounds, understanding information the first time it's heard and determining differences between similar sounds.

Auditory Sensation

Also known as hearing, this is the ability to perceive sounds. It involves the outer ear, middle ear, inner ear and brain. Fluid and hair cells change vibrations into electrical signals that we can interpret.

The auditory sense is helpful for communicating with others, detecting hazards and determining where and how far away a sound is.

Autonomic Nervous System (ANS)

This is our automatic or involuntary system. It is our sympathetic (active) and parasympathetic (resting) nervous systems.

Fight, flight and freeze, or rest and digest are associated with the autonomic nervous system.

Body Awareness

This is how we perceive, understand and make sense of our body signals.

When we practice this skill we are more aware of what is happening to our body, what this means and what we should do about it / what our body needs more or less of. It differs from interoception, which is specifically our internal sensations.

Calming

Our arousal state describes how awake, alert and responsive we are. Activities that are 'calming' are those which decrease our arousal state.

Activities that are 'calming' often include those that are slow, rhythmic, linear and predictable. We can also calm ourselves using sound, temperature, touch and even smell. Remember that what calms one person may alert another; the intensity required may differ too.

Central Nervous System (CNS)

This is the brain and spinal cord. It is the main processing control centre of our nervous system. While not all sensation will reach our awareness, it analyses data (input) and sends out commands (motor responses).

Messages are sent out through our nervous system, to muscles, which complete an action such as our hands grasping or our heart pumping faster.

Co-Regulation

Co-regulation is the act of one nervous system impacting the arousal state of another nervous system. Humans are reliant on this for the purpose of 'regulation' in their younger years and the ability to co-regulate continues across the lifespan. Co-regulation is a key way that self-regulation develops.

We often co-regulate with our loved ones and people with whom we are connected, however it is possible to co-regulate with any other person.

Deep Pressure (& Heavy Work)

These are two separate modalities with some overlap. Deep pressure typically stimulates tactile (touch and skin) receptors. Heavy work typically stimulates proprioceptive receptors. It's possible that these forms of input can calm and/or alert the nervous system, depending on many other factors, such as arousal state, previous experiences, environment, preferences and more.

Deep pressure may include massages or squeezes *(if preferred and with consent)*. Heavy work may include pushing and pulling large objects or wall push-ups.

Dyspraxia (DCD)

The formal diagnosis for dyspraxia is Developmental Coordination Disorder (DCD). It is a motor term and is different from childhood apraxia of speech. It is also not purely sensory. This is a movement and coordination disorder. Praxis is how we consider our ideas, plan our movement and physically act out our movements.

DCD could look like difficulty in learning new tasks, completing coordinated movements, such as hopping or ball skills or engaging in everyday activities (especially those that require a sequence of steps) such as feeding or dressing.

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Dysregulation (Sensory)

This refers to when our nervous system is not in a state of 'balance', especially in relation to our environment. We are overwhelmed by the sensory input around us, or may respond in a way that does not match our environment. This may lead to reactions which are not safe or functional for the task we are trying to engage in.

This could look like responses that seem 'too big' or that others perceive as an 'overreaction', running away, fear responses, shutting down or withdrawing. It is important not to confuse dysregulation with deliberate defiance or misbehaviour..

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Emotional Regulation

This is listed in some models as an executive function (emotion regulation) that involves being able to monitor, manage, respond and alter our emotions effectively to match what our body and environment require. These are skills that we develop across our lives, with modelling from others and secure environments.

Emotional regulation is not emotional suppression. It involves 'feeling' and moving through emotions as they are needed and supports our communication, processing and engagement with others and our environment.

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Executive Functioning

These are processes that allow us to 'get things done'. For example, we set a plan, work through it, problem solve and overcome obstacles. They begin to develop in infancy, rapidly grow from 3-5 years and continue developing into early adulthood.

While labelling the exact executive functions is interpreted differently, some general examples include activation/initiation, attention and focus, inhibitory control, working memory, flexibility, emotion regulation, planning, organisation, time management and self monitoring.

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Fidgets

These are sensory tools that are designed to be manipulated with the hands and fingers. The expectation is that the user can engage with the fidget without impacting their attention on a task (and hopefully with the intention of supporting it).

Spinners, squishy toys and clicking objects are common examples. ***Note: There is limited evidence to support the use of fidgets. This is not to say that they are ineffective, but they should be monitored for safety, distraction and specifically tailored to the user's needs.***

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Fight, flight, freeze

This is an automatic survival response when the brain detects physical or emotional threats. Our body prepares us to 'attack' (fight); 'escape' (flight) or remain motionless (freeze).

Some physical changes that are associated with fight & flight are a flood of hormones (for energy), increased heart rate (for blood flow to muscles), increased breathing rate (for oxygen) and sensory changes (e.g. dilated pupils to support vision). Slowed heart rate is associated with 'freeze'.

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Input

Input (for the purpose of sensory processing) refers to our nervous system detecting sensory information from inside or outside of the body.

Our receptors detect this input through some body parts, such as our eyes, ears, nose, mouth, skin, muscles, joints, heart, lungs, stomach, inner ear and more.

Interoception

This is how we perceive and understand our internal body sensations. It helps us to notice what our body needs and respond to it effectively. It can also impact emotional regulation.

This could be anything from hunger, thirst and needing the toilet, to feeling slightly anxious. We may experience these cues from our bodies differently to the people around us.

Masking

Masking is the suppression or hiding of our usual or natural traits, such as stimming or sharing our ideas, interests and opinions. It also includes producing socially expected behaviours or following 'typical' social norms, even when they feel unnatural or uncomfortable.

Masking may occur consciously or unconsciously in order to 'fit in', remain safe or avoid stigma or scrutiny. While masking is commonly seen among the neurodivergent population, it is not exclusive to this population.

Meltdown

A state of 'meltdown' refers to our reduced ability to communicate, problem-solve and/or self-regulate. It may follow sensory overload, and can also occur during intense states of distress or fear.

A meltdown is a stress response and should not be treated as a 'tantrum'. It may include a loss of control, reduced communication and a fight or flight response.

Mixed Profile

This refers to one person having sensory preferences and needs that are both over-responsive in some areas and under-responsive in others. This can occur within and/or across sensory systems.

For example, you may be over-responsive to tactile sensation and under-responsive to auditory sensation. Or, you could be under-responsive to deep pressure tactile sensation and over-responsive to light touch to the skin.

Motor Planning & Praxis

These are often used interchangeably to describe our ability to consider, plan, organise and carry out our movements and tasks.

Praxis allows us to interact with our environment, engage in physical activity and complete self-care tasks. Tasks can require less planning, such as walking or more planning, such as dancing.

Movement Break

These are commonly used during cognitive or repetitive tasks. The proprioceptive and/or vestibular input of moving our bodies may serve as both a mental and physical 'break' from a task, especially when we are less productive or overwhelmed. This can support us to calm or alert our nervous system so our level of regulation matches the task.

A movement break could look like a walk or stretch, with attention being paid to how we move, so we don't over-arouse or tire our bodies as a result.

Multi-Sensory Input

This is when sensory input stimulates more than sensory system at the same time. It is thought to support memory and learning of tasks, as our brains are able to make sense of information using multiple senses.

Some examples of multi-sensory input could be scented playdough or a nature walk.

Nervous System

This comprises our brain, spinal cord and nerves. It is a messaging system that our body uses to send information out, bring information in and respond in a voluntary or automatic way.

Our nervous system controls our heart rate, breathing rate, fight or flight (sympathetic nervous system), movement and more. It also contributes to our emotions.

Neuroception

This is a term that was introduced by psychologist, Stephen Porges, who created the polyvagal theory. It refers to our automatic ability to detect danger through our senses, before we consciously realise it. Our body then shifts into different states (defined in polyvagal theory) as a result.

Our nervous systems are considered to check the environment including facial expressions, body posture and tones of voice. ***Note: this is a theory which is often contested among the neuroscience community***

Neurodivergent

This is a term used to describe a person with a 'brain difference' that does not fall into what is considered 'neurotypical' (the majority). Neurodiversity is the natural variation across all human brains.

Although there is not one universally agreed-upon list, neurodivergence is commonly considered to include autism, ADHD, specific learning differences, Down syndrome, Tourette syndrome, sensory processing differences and more. ***Note: these are brain differences and not problems to be 'cured' or 'solved'. Support needs, however, are real.***

Over Responsive (Hypersensitive)

This is when we might register sensory input as 'too much' and may only need a little bit of that sensory input to meet our threshold. The response to sensory input may be perceived as 'too intense' when compared to the input itself.

This may show up as hyperawareness to sensation, sensory defensiveness, sensory avoidance and sensory sensitivity. We may become frustrated by, avoid or respond in a 'big way' to sensory input that others seem to manage well. ***Note: you can have a 'mixed profile' and be over responsive to some sensations and under responsive to others.***

Overstimulation

This is when sensory input is 'too much' or 'too intense' for our nervous system to process effectively. We might experience a particular input too intensely or for too long a period of time.

The limit for what each nervous system can process varies from person to person and it can even vary within us in different environments, on different days and depending on how stressed or healthy we are. It can lead to a fight, flight or freeze response. If we are overstimulated we may experience 'sensory overload' where we are no longer able to cope. Sensory overload may lead to meltdown or shutdown.

Parasympathetic Nervous System

This part of the autonomic nervous system is for resting, digesting and conserving energy. The vagus nerve (connecting to the heart, lungs and gut) is heavily involved in this system.

Key functions include lowering heart rate to rest, increasing stomach activity and glandular secretion, constricting pupils and slowing breathing rate.

Polyvagal Theory

This was introduced by psychologist, Stephen Porges in 1994, describing how we regulate in response to safety, danger or threat. It involves the vagus nerve, which links the brainstem to various organs.

The three response states include Ventral Vagal (social engagement; calm, safe, connected and communicative), Sympathetic (Mobilisation; fight or flight, defence responses) and Dorsal Vagal (Immobilisation; shutdown, collapse, freeze, faint). ***Note: this is a theory which is often contested among the neuroscience community***

Primitive Reflexes

Primitive reflexes are automatic body processes controlled by the brainstem. They exist in utero and at birth to support survival in the early months of life. These are expected to naturally integrate within the first 12 months of life (some earlier than others). When they do not integrate, reflexes are labelled as 'retained'.

Primitive reflexes include Moro, Rooting, Palmar, Plantar, Asymmetrical Tonic Neck (ATNR), Symmetrical Tonic Neck (STNR), Spinal Galant, and Tonic Labyrinthine (TLR).

Proprioception

With receptors located in our muscles, tendons and joints, it helps us to know where our body and muscles are in space. This supports our balance, muscle tone, tension and the force and speed of our movement, helping us to move in a coordinated and effective way.

Whenever there is a push/pull on our muscles, joints or tendons, we experience this. Proprioception can be closely linked to regulation and can calm or alert our nervous system, however the research on this specific effect is limited.

Regulation (Sensory)

This is when we are in a balanced or 'just right' state of alertness. Our nervous system receives, interprets and responds in a way that is optimal for our environment. When we are regulated, we can meaningfully engage.

Regulation is impacted by the demands of the environment. Drowsy, calm and ready for bed is suitable for sleep time, while heart racing and active is suitable for the middle of a dance concert.

Restraint Collapse

This is a colloquial term, also often referred to as an 'after school meltdown'. It is a high state of distress following a day at school, work, or away from our 'safe zone' (usually home). It is thought to occur where a person has spent their energy 'holding it together' and then 'collapses' or 'falls apart' when they no longer have to 'mask'.

These environments are often less predictable, sensorily overwhelming and may lack suitable accommodations. Restraint collapse theorises that a great deal of energy is spent simultaneously managing all of these inputs throughout the day.

Retained Reflexes

When primitive reflexes do not integrate, they are labelled as 'retained'. This may occur in one or multiple reflexes.

There is some evidence to suggest that retained reflexes are associated with learning, motor and attention challenges. It is also possible for typically developing children to have retained reflexes that go unnoticed.

Self-Regulation

From a sensory perspective, this is the process of being able to adapt our bodies and make changes as required, depending on the internal and external sensory input that we receive. It involves a level of executive functioning and problem solving and often is much harder for young children to do. We typically develop this skill as we age.

An example of self-regulation may be noticing that our heart is racing and taking deep breaths or moving our bodies when we become fidgety.

Sensory Avoidance

If we have a lower threshold for sensory input (a little bit of sensory input feels like a lot), we may experience the sensation more intensely and make attempts to avoid that specific input or sensory input altogether.

This is one way 'over-responsiveness' may present itself. You may see this as covering ears at noises that others don't perceive as being loud, avoiding shopping centres or refusing to eat certain textured foods. ***Note: there are many other factors which impact food sensitivity and refusal.***

Sensory Break

This term is commonly used in school, therapy and early education. It can involve either moving away when an experience is overwhelming our senses, or moving toward a specific or calming sensory experience to help our nervous system to calm (or both!).

As a colloquial term, the meaning can be interpreted differently across environments and it's always best to check the user's intention.

Sensory Defensiveness

Like sensory avoidance, sensory defensiveness involves a lower threshold for sensory input ('a little feels like a lot'); however the input is perceived as a threat. The response to this input may be distress or a physical response.

This is one way 'over-responsiveness' may present itself. It may result in involuntary responses, such as swatting others or shielding our own bodies to avoid a particular sensation.

Sensory Diet

The idea of a sensory diet is to regularly schedule specific sensory experiences throughout the day for the purpose of calming or alerting the nervous system. It is usually tailored to the person.

While not necessarily 'harmful' (if the activities are appropriate), sensory diets have limited high-quality evidence to support them. As they are often time-consuming and challenging for families to complete, engaging in frequent supportive and natural sensory experiences throughout the day may be a more suitable option.

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Sensory Discrimination

This is how we perceive sensory information. It is knowing what the sensory input is, where it occurs on or in our bodies and how intense it is.

This could be turning your head in the right direction to a sound, scratching the right part of your body when it itches, or telling whether somebody has touched you lightly or firmly.

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Sensory Modulation

This is how we respond to sensory information. It is producing a behaviour that functionally matches the type and intensity of the sensory input.

If there are challenges with sensory modulation we might 'over react' or 'not respond' to sensory input. It is not static. We might be over-or-under-responsive to specific sensations or more or less responsive depending on where we are, who we are with, how healthy we are or our past experiences.

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Sensory Preferences

These refer to the individual differences that everybody has towards or away from specific sensation.

Preferences can increase or decrease our level of comfort and security, however they are usually tolerable and do not cause distress. (If distress occurs, preferences become sensory needs which must be accommodated).

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Sensory Processing

This is how we interpret, make sense of and respond to sensory information. It includes sensory modulation, sensory discrimination and sensory based movement (or praxis).

Note: The term 'sensory processing disorder' is not a formal diagnosis (however, sensory differences are part of the autism diagnostic criteria). It describes challenges in interpreting, making sense of and/or responding to sensory information.

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Sensory Profile

This refers to an individual's sensory preferences and needs, and how they notice and respond to sensory information. It helps us to understand what we can give a person 'more' or 'less' of to meet their 'just right' level of arousal.

The Sensory Profile 2 is a questionnaire that is used to gather this information. The Sensory Processing Measure 2 is another standardised questionnaire.

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Sensory Seeking

If we have a higher threshold for sensory input (a lot of sensory input only feels like a little), we may actively seek out sensory input to meet our need.

This is one way 'under-responsiveness' may present itself. It may look like frequently moving, engaging in messy play, mouthing items, fidgeting and more. It can be functional or may impact engagement and safety.

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Sensory Sensitivity

When we are sensory sensitive, we may experience sensory input more intensely, but there may not be a physical or avoidant response. This differs from sensory avoidance and sensory defensiveness.

This is one way 'over-responsiveness' may present itself. It could occur for one single sensation or a multitude across our sensory systems.

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Sensory Tools

This applies to any physical item or concept that stimulates sensation. They are often used for the purpose of 'calming' or 'alerting' our nervous system, however can also be engaged in purely for learning or enjoyment.

Commonly used sensory tools include playdough, Swiss balls, fidgets and strategic breathing. ***Note: As there is limited evidence as to which sensory tools are more or less effective, it's important to understand what works best for each person. There is no 'one size fits all' approach here***.

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Shutdown

This may be a response to sensory overload (or other physical or emotional factors) in which a person withdraws to the point of appearing disconnected. A person may shift into a low-energy state to cope with overwhelm.

When a person is in 'shutdown' they may not functionally engage with others, while sometimes even appearing as 'present'. ***Note: If this is new, unexplained or if you're unsure, chat to your doctor to rule out medical issues, such as absence seizures***.

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Smell Sensation

Also known as olfaction. Chemical molecules are detected by receptors inside our nasal cavity and identified in the olfactory bulb in the brain.

It can alert us to threats, help us perceive and taste food. Scents are also used to connect with other humans and are closely linked to memory and emotions.

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Stim

Short for 'self-stimulatory behaviour', this refers to actions, body movements or repetitive input that an individual may use to calm or alert their nervous system, to maintain a steady state or to express excitement, anxiety, boredom or distress.

These are often functional and are usually not discouraged, unless they are harmful or are impacting one's ability to function throughout the day.

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Sympathetic Nervous System

This part of the autonomic nervous system drives 'fight, flight & freeze' during stress or dangerous situations. Hormone release causes changes throughout our body to help us to respond.

Key functions include widening airways to increase oxygen intake, increasing heart rate to pump more blood and oxygen, dilating pupils to improve vision, slowing digestion and releasing glucose for a quick burst of energy.

Tactile Defensiveness

This is specifically related to the strong responses associated with touch sensations. Defensiveness may be specific to types of touch or localised to specific areas of the body, and vary from person to person.

Over-responsiveness may present as recoiling when touched lightly on the skin. It can also involve other senses and body systems, such as gagging when we touch certain textures or a fight or flight response to particular clothing materials.

Tactile Sensation

Also known as touch. This is the perception of pressure on the skin and is often grouped with the detection of temperature and pain. We detect light touch, deep pressure, vibration and skin stretching.

The touch sensation helps to alert us to temperature and pain, properties of objects (for learning) and in connecting with others (such as skin to skin contact).

Taste Sensation

Also known as the gustatory sense, taste buds on the tongue and mouth detect chemical properties in food including sweet, sour, salty, bitter and umami (savoury).

Swallowing difficulties, feeding disorders, avoidance and aversions can have a multitude of causes beyond sensory, including medical, behavioural, psychological, emotional and experience-driven. Tactile sensitivity can also impact food preference (food textures).

Therapeutic Listening

This is a sound-based intervention. It uses dedicated headphones and specially edited music, and claims to organise the nervous system and improve sensory processing, emotional regulation, focus and attention. Therapeutic Listening is a branded program, and other similar programs also exist.

While small studies report benefits, evidence on listening programs is limited, with some studies even reporting specific listening programs to have little to no effect. Larger, well-designed, randomised controlled trials are still required. Cost, time and the need for a trained practitioner for this program must also be considered.

Threshold

In relation to sensation, this refers to the minimal level of intensity of sensory input that is required for a person to detect it.

If a threshold is low, we are easily stimulated and overwhelm may be more likely. If a threshold is high, we require more intensity to detect input.

Under Responsive (Hyposensitive)

This is when sensory input is registered as 'too little' or not at all. Lots of sensory input is needed to meet our threshold. We may 'miss' or 'seek' sensory input in a way that interferes with day-to-day functioning. We can also have a 'mixed profile' (over responsive to some sensations and under responsive to others).

'Missing' and 'Seeking' input are different responses. Seeking can include fidgeting, mouthing items or taking movement risks. These can be safe, and regulating; but they can also be the opposite. We may 'miss' or fail to 'register' important internal body signals or environmental cues that help keep us safe (e.g. not responding to belly discomfort, or not noticing a siren, despite functional hearing.

Vagus Nerve

The vagus nerve or 'Wandering Nerve' is the longest nerve in the autonomic nervous system. It extends from the brainstem, through the neck, chest and abdomen and down to the colon. It has branches in the lungs, heart, liver, stomach and intestines.

The vagus nerve is the primary nerve in 'resting and digesting'. It also helps to control heart rate, breathing and immune responses.

Vestibular

Our vestibular sense is located in our inner ear. It helps us to detect changes in head position, movement, direction and acceleration. It helps us orient ourselves in relation to gravity, to get up and stay up or maintain balance.

It may impact our balance, posture, coordination, movement and may even (to some extent) influence our focus. It can also help us to move without directly thinking about the movement itself.

Visual Sensation

This is the detection of light waves that are turned into nerve signals. A simplified process is that light passes through the cornea, enters via the pupil, is focused by the lens onto the retina at the back of the eye and is converted into electrical signals which travel along the optic nerve to the brain.

The visual sensation is the collection of visual information. Perception, processing and interpretation of this information occurs in the brain.

Weighted Blankets

These are blankets which are filled with dense beads or pellets in evenly distributed portions across the blanket. The expectation is that the deep pressure is calming for some users.

In adults, these are often a preference and should be used under guidance and recommendations often state no greater than 10% of the user's body weight. ***Note: These are a high risk item for children. Evidence for weighted blankets in children is limited, with no clear benefit evident. Risks in children include suffocation and they are unsafe to use during sleep.***

Zones of Regulation

The Zones of Regulation is a framework, created by Leah Kuypers. It uses four coloured 'zones' to identify and respond to emotions and energy levels. The zones include green (calm, alert or focused), blue (low energy, sad, tired or bored), yellow (frustrated, silly, heightened or anxious) and red (scared, angry, panicked or out of control).

Although research evidence is limited, it claims to give children a neutral method to notice, talk about and respond to their feelings. Some criticism is noted where colours may symbolise being 'good' (green) or 'bad' (red), or when the 'green zone' is treated as the 'optimal zone'.



HI, I'M DANIELLE

Becoming an occupational therapist 15 years ago taught me skills. Becoming a parent 9 years ago taught me which to use and which to adapt.

I'm here to support parents, therapists and teachers to balance their own wellbeing and their child's development.. with a lot less stress!

Connect with me for OT, supervision, parent coaching and lots of achievable ideas!

Danielle

Bee Kind

@sensorymotionmama

danielle@sensorymotion.com.au

https://sensorymotion.com.au

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