

# Ayres Sensory Integration Assessment® Interpretation Tool©

Problems in Vestibular Bilateral Integration	Problems in Somatopraxis		Problems in Visuopraxis	Problems in Sensory Reactivity	
Problems in Sensory Perception					
Vestibular Processing	Proprioception	Tactile Perception	Visual Perception	Hyperreactivity	Hyporeactivity
<p><input type="checkbox"/> Processing of rotary motion</p> <p><input type="checkbox"/> Perception of head position and changes in center of gravity</p> <p><b>SIPT/EASI</b></p> <p><input type="checkbox"/> PRN   V:N</p> <p><b>SPM</b></p> <p><input type="checkbox"/> Balance and Motion</p> <p><input type="checkbox"/> Gravitational Security   <b>ACO</b></p> <p><input type="checkbox"/> Schilder's AE 2   <b>ACO</b></p> <p><input type="checkbox"/> Prone Extension   <b>ACO</b></p> <p><input type="checkbox"/> Vestibular Discrimination   <b>AASH</b></p> <p><input type="checkbox"/> Spatial Perception   <b>SII</b></p>	<p><input type="checkbox"/> Body position awareness – look at posture</p> <p><input type="checkbox"/> Grading of force</p> <p><b>SIPT/EASI</b></p> <p><input type="checkbox"/> KIN   Prop:JP</p> <p><input type="checkbox"/> EASI   Prop: F</p> <p><b>SPM</b></p> <p><input type="checkbox"/> Body</p> <p><input type="checkbox"/> Body Image   <b>SII</b></p> <p><input type="checkbox"/> RAMP   <b>ACO</b></p> <p><input type="checkbox"/> Finger Nose   <b>ACO</b></p> <p><input type="checkbox"/> Finger Thumb   <b>ACO</b></p> <p><input type="checkbox"/> Schilder's AE 1   <b>ACO</b></p> <p><input type="checkbox"/> Co- Contraction   <b>ACO</b></p>	<p><b>Use of hands in</b></p> <p><input type="checkbox"/> craft</p> <p><input type="checkbox"/> cooking</p> <p><input type="checkbox"/> inhand- tool manipulation</p> <p><input type="checkbox"/> dressing</p> <p><input type="checkbox"/> self-care</p> <p><input type="checkbox"/> play with small toys</p> <p><b>SIPT/EASI</b></p> <p><input type="checkbox"/> MFP   TP:S</p> <p><input type="checkbox"/> FI   TP:L</p> <p><input type="checkbox"/> GRA   TP:D</p> <p><input type="checkbox"/> LTS   TP: L</p> <p><input type="checkbox"/> Tactile Discrimination   <b>AASH</b></p> <p><input type="checkbox"/> Dressing   <b>SII</b></p> <p><input type="checkbox"/> Other ADL   <b>SII</b></p> <p><input type="checkbox"/> Personal Space   <b>SII</b></p> <p><input type="checkbox"/> Social   <b>SII</b></p> <p><input type="checkbox"/> Able to find or manipulate objects without vision</p>	<p><input type="checkbox"/> Visual perception</p> <p><b>SIPT/EASI</b></p> <p><input type="checkbox"/> SV   VP:S</p> <p><input type="checkbox"/> FG   VP:S</p> <p><b>SPM</b></p> <p><input type="checkbox"/> Vision [items re perception]</p> <p><input type="checkbox"/> Visual Discrimination   <b>AASH</b></p>	<p>Signs of over- responsiveness or heightened responses on ADULT ADOLESCENT SENSORY HISTORY/SPM/SII items or observations related to:</p> <p><input type="checkbox"/> Vestibular input</p> <p><input type="checkbox"/> Tactile input</p> <p><input type="checkbox"/> Visual input</p> <p><input type="checkbox"/> Auditory input</p> <p><input type="checkbox"/> Oral sensory</p> <p><input type="checkbox"/> Other sensory input(e.g., temperature, pain, etc)</p> <p><b>Clinical Observations:</b></p> <p><input type="checkbox"/> Vestibular input</p> <p><input type="checkbox"/> Tactile input</p> <p><input type="checkbox"/> Visual input</p> <p><input type="checkbox"/> Auditory input</p> <p><input type="checkbox"/> Oral sensory</p> <p><input type="checkbox"/> Other sensory input(e.g., temperature, pain, etc)</p>	<p>Signs of under- responsiveness or varying responses on ADULT ADOLESCENT SENSORY HISTORY/SPM/SII items or observations related to:</p> <p><input type="checkbox"/> Vestibular input</p> <p><input type="checkbox"/> Tactile input</p> <p><input type="checkbox"/> Proprioception</p> <p><input type="checkbox"/> Visual input</p> <p><input type="checkbox"/> Auditory input</p> <p><input type="checkbox"/> Other sensory input(e.g., temperature, pain, etc)</p> <p><b>Clinical Observations:</b></p> <p><input type="checkbox"/> Vestibular input</p> <p><input type="checkbox"/> Tactile input</p> <p><input type="checkbox"/> Proprioception</p> <p><input type="checkbox"/> Visual input</p> <p><input type="checkbox"/> Auditory input</p> <p><input type="checkbox"/> Other sensory input(e.g., temperature, pain, etc)</p> <p><input type="checkbox"/> Sensory Seeking   <b>AASH</b></p> <p><input type="checkbox"/> Visual Seeking Oculo-Motor   <b>AASH</b></p> <p><input type="checkbox"/> Seeks Movement   <b>AASH</b></p> <p><input type="checkbox"/> Seek Touch   <b>AASH</b></p>
Problems in Motor-Related Functions					
Postural/Ocular Mechanisms	Postural Mechanisms	Body-Centered Praxis	Visuopraxis		
<p><b>SIPT/EASI</b></p> <p><input type="checkbox"/> SWB   Bal</p> <p><input type="checkbox"/> EASI   PC</p> <p><input type="checkbox"/> EASI   O:M &amp; Pr</p> <p><input type="checkbox"/> SIPT   MAc</p> <p><input type="checkbox"/> Ocular Visual Pursuit   <b>ACO</b></p> <p><input type="checkbox"/> Anticipatory Postural Control   <b>ACO</b></p> <p><input type="checkbox"/> Ocular Motor   <b>AASH</b></p> <p><input type="checkbox"/> Ext Tone   Muscle Tone   <b>SII</b></p> <p><input type="checkbox"/> Righting/Equilibrium Response   <b>ACO   SII</b></p> <p><input type="checkbox"/> Posture and Movement   <b>CO   SII</b></p>	<p><b>SIPT/EASI</b></p> <p><input type="checkbox"/> SWB   Bal</p> <p><input type="checkbox"/> EASI   PC</p> <p><b>SPM (Body)</b></p> <p><input type="checkbox"/> Postural Items</p> <p><input type="checkbox"/> Supine Flexion</p> <p><input type="checkbox"/> Prone Extension <b>ACO</b></p> <p><input type="checkbox"/> Postural Control   <b>AASH</b></p> <p><input type="checkbox"/> Muscle Tone   <b>SII</b></p> <p><input type="checkbox"/> Motor Skills   <b>SII</b></p> <p><input type="checkbox"/> Slumps and stoops   <b>CO</b></p> <p><input type="checkbox"/> Rounded shoulders   <b>CO</b></p> <p><input type="checkbox"/> Floppy limbs   <b>CO</b></p> <p><input type="checkbox"/> Heavy tread/stomp   <b>CO</b></p> <p><input type="checkbox"/> Proximal joint stability   <b>CO</b></p> <p><input type="checkbox"/> weight shifting   <b>CO</b></p> <p><input type="checkbox"/> whole body movement <b>CO</b> [not able to move segmentally]</p>	<p><b>Ability to plan novel actions with face and body</b></p> <p><b>SIPT/EASI</b></p> <p><input type="checkbox"/> PrP   Pr:P</p> <p><input type="checkbox"/> OPr   Pr:P</p> <p><input type="checkbox"/> PrVC   Pr:FD</p> <p><input type="checkbox"/> SPr   Pr:S</p> <p><input type="checkbox"/> BMC   BI</p> <p><b>SPM</b></p> <p><input type="checkbox"/> Planning</p> <p><input type="checkbox"/> Finger Nose   <b>ACO</b></p> <p><input type="checkbox"/> Finger Thumb   <b>ACO</b></p> <p><input type="checkbox"/> Diadokokinesis   <b>ACO</b></p> <p><input type="checkbox"/> Supine Flexion   <b>ACO</b></p> <p><input type="checkbox"/> Motor Planning   <b>AASH</b></p> <p><input type="checkbox"/> Sequencing   <b>AASH</b></p> <p><input type="checkbox"/> Oral Motor Planning   <b>AASH</b></p> <p><input type="checkbox"/> Fine Motor   <b>AASH</b></p> <p><input type="checkbox"/> Difficulties Driving a Car   <b>AASH</b></p> <p><input type="checkbox"/> Uncoordinated/ clumsy in actions</p> <p><input type="checkbox"/> Difficulty learning new skills</p>	<p><input type="checkbox"/> Visual-motor or visual praxis ability</p> <p><b>SIPT/EASI</b></p> <p><input type="checkbox"/> DC   VPr:D</p> <p><input type="checkbox"/> CPr   VPr:C</p> <p><input type="checkbox"/> SIPT   MAc</p> <p><input type="checkbox"/> Rapid Localisation   <b>ACO</b></p> <p><input type="checkbox"/> Able to plan and learn visual motor tasks e.g., writing, drawing, building</p>		
Bilateral Integration					
<p>Items that measure ability to Coordinate both sides of the body</p> <p><b>SIPT/EASI</b></p> <p><input type="checkbox"/> BMC   BI</p> <p><input type="checkbox"/> SPr   Pr: S</p> <p><input type="checkbox"/> Oral Praxis   Pr: S</p> <p><input type="checkbox"/> GRA   TP:D</p> <p><input type="checkbox"/> MFP   TP:S</p> <p><input type="checkbox"/> Bilateral Finger Nose   <b>ACO</b></p> <p><input type="checkbox"/> Bilateral Finger Thumb   <b>ACO</b></p> <p><input type="checkbox"/> Bilateral Diadokokinesis   <b>ACO</b></p> <p><input type="checkbox"/> Star Jumps/Recip. Strides/Spotty Dog   <b>ACO</b></p> <p><input type="checkbox"/> Skipping &amp; Running</p> <p><input type="checkbox"/> Bilateral RAMP   <b>ACO</b></p> <p><input type="checkbox"/> Bilateral Coordination   <b>SII</b></p> <p><input type="checkbox"/> Use of tools in both hand seg knife and fork – scissors/paper</p> <p><input type="checkbox"/> Buttons and fastenings</p>					
Common Behavioral Signs					
<p><input type="checkbox"/> Appears to crave movement/ lack signs of dizziness</p> <p><input type="checkbox"/> Appears to have good praxis skills in contrast to struggles with bilateral skills</p> <p><input type="checkbox"/> Emotional Expression   <b>SII</b></p> <p><input type="checkbox"/> Self Stimulatory Behaviours   <b>SII</b></p>	<p><input type="checkbox"/> Appears to seek heavy work, joint traction or compression activities</p> <p><input type="checkbox"/> Has low awareness of body position</p> <p><input type="checkbox"/> Self Stimulatory Behaviours   <b>SII</b></p> <p><input type="checkbox"/> Self Injurious Behaviours   <b>SII</b></p>	<p><input type="checkbox"/> Appears to seek extra touch input or seeming not to use tactile feedback, or both.</p> <p><input type="checkbox"/> Uses vision more than usual to guide actions</p> <p><input type="checkbox"/> Self Stimulatory Behaviours   <b>SII</b></p> <p><input type="checkbox"/> Self Injurious Behaviours   <b>SII</b></p>	<p><input type="checkbox"/> Misses seeing things Shows confusion in differentiating objects and shapes</p> <p><input type="checkbox"/> Appears not to use vision as much as expected</p>	<p><input type="checkbox"/> Has high activity level</p> <p><input type="checkbox"/> Disorganised activity</p> <p><input type="checkbox"/> Appears to have poor attention and distractibility</p>	<p><input type="checkbox"/> Has low activity level</p> <p><input type="checkbox"/> Disorganised activity level</p> <p>Appears to have</p> <p><input type="checkbox"/> Lethargy</p> <p><input type="checkbox"/> Apathy</p> <p><input type="checkbox"/> Poor Attention</p>
Notes to Assist in Differentiating Problems and Patterns					
<p>If low scores on tactile perception and praxis are present, then low scores in this area are more likely part of a broader somatodyspraxia pattern vs. vestibular bilateral integration.</p>	<p>Signs of poor proprioception frequently accompany both vestibular bilateral integration problems and somatodyspraxia.</p>	<p>Somatodyspraxia may include problems in vestibular processing and bilateral integration and/or visual dyspraxia.</p>	<p>Signs of both somatopraxia and visuodyspraxia may be present; poor visuopraxis scores without poor visual perception may be part of somatopraxis pattern.</p>	<p>Problems with regulating sensory responses can occur in conjunction with problems in vestibular bilateral integration, somatodyspraxia, or visuodyspraxia.</p>	<p>Signs of overresponsiveness, underresponsiveness, and fluctuating responses may be seen together; poor sensory perception can be confused with sensory hyporeactivity.</p>

Note: This tool is intended for use in conjunction with the instructional information provided in *Clinician's Guide for Implementing Ayres Sensory Integration* and in specialized ASI training programs. BOT-2 = Bruininks-Oseretsky Test of Motor Proficiency; DTVP-3 = Developmental Test of Visual Perception; ID = identification; KIN = Kinesthesia; MVPT-3 = Motor-Free Visual Perception Test; PDMS = Peabody Developmental Motor Scales; SIPT/EASI = Sensory Integration and Praxis Tests; SP = Sensory Profile; SPM = Sensory Processing Measure; TVPS-3 = Test of Visual Perception Skills; VMI = Beery-Buktenica Developmental Test of Visual-Motor Integration.