

## ACTIVITY: CASE STUDY ANALYSIS

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Max is a 2-year-old child who attends his school district's early intervention program. He has been referred to occupational therapy primarily because of parent-reported gross motor skill deficits, refusal to drink out of cups without lids and difficulty with dressing. The occupational therapist has observed unsteady ambulation. The OT also observed that Max tends to become dysregulated when transitioning from a preferred activity to a different activity in-clinic. Max demonstrates other rigid, stereotypical ASD behaviors such as tending to focus on objects rather than peers and repeatedly turning wheels on car toys. He also dislikes diaper changes and being touched by people he is not familiar with. He is able to tolerate large amounts of swinging in the clinic but is only able to sit up on a swing with moderate assistance.

Hypotheses: **Tactile defensiveness, hyporesponsiveness to vestibular sensory input, poor postural control and rigidity due to ASD.** These sensory processing and modulation problems are interfering with his play occupations in-clinic, at school as well as at home.

- What types of sensory-processing strategies would you apply in-clinic to increase the quantity and quality of Max's play participation?
- What types of sensory-processing strategies would you recommend to parents?