

The vestibular sense responds to body movement through space and change in head position. It automatically coordinates the movements of one's eyes, head and body and is central in maintaining muscle tone, coordinating the two sides of the body and holding the head upright against gravity. It is vital as a foundation for many areas of development.

Children who do not register vestibular information the usual way are often very fearful of movement, heights and / or change of head position. This type of problem is often called gravitational insecurity and is an over reaction to vestibular input.

Some suggestive signs of this problem include:

- anxiety when feet leave the ground
- fear of falling or being moved suddenly
- dislike being upside down
- uneasiness when walking on uneven surfaces
- intolerance of movement, sometimes manifested by nausea, vomiting and flushing
- upset when tipped backward e.g. for nappy change, lying down to sleep.

Adults may have experienced similar reactions with motion sickness or an inner ear infection.

Skill Building Suggestions

- It is important to realise how movement affects the child and that the problem has a neurological basis.
- Encourage movement activities as part of a daily routine. Movement activities can include: swings, hammock, scooter board, slide, see saw, bikes, barrel, rolling down a slope, rolling up in a rug, climbing play equipment, trampoline, rocking horse, rocking chair, sit and spin toys etc.
- Prepare the child prior to a movement activity using language, signing or a Compic, and a calming touch, such as firm holding and massage. Avoid fearful experiences with movement by not forcing the child, and instead encouraging the child to actively initiate the movement and reinforce positive reactions.
- Start with very gentle movement activities that are safe, i.e. close to the floor or in a confined space. For example, sit in a hammock with feet on the floor, lie in a barrel, lie on a scooter board with hands / feet on the ground, sitting in a box on a scooter board, climbing over cushions on the floor, lie on a swing with feet on the floor.
- Use deep touch pressure to help the child feel more secure and promote a calming effect during movement activities. For example, firm holding at the hips or shoulders, or add wrist or ankle weights or a backpack with bean bags for the child to carry, or holding onto a rope, hoop or towel.
- Try introducing very gentle back and forth movements first, as these are usually easier to tolerate than fast and circular movements. However, it is important to be a close observer of the child's individual responses and commence with movements that the child feels most comfortable with first. Then as the child's confidence increases different directions of movement can be tried.

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- Gradually build up the speed and length of time spent on a movement activity starting with very slow movement for a brief period and gradually progressing to faster movements for a longer time.
 - Engaging in play activities during the movement may help distract from the situation. For example, give the child an interesting toy, such as a vibrator, torch, textured ball, or activity toy, or blow bubbles for the child to reach while lying in a hammock or sitting on a scooter board.
 - Be very careful to observe the child's reactions and be guided by their responses. Too much vestibular input can easily overload the system and may cause nausea, vomiting and in extreme cases, seizures.

It is recommended that an Occupational Therapist be contacted for more specific advice to suit the individual needs of the child.