A Pilot Study to Identify Sensory Integrative Dysfunction in Children with Bilateral Cochlear Implants in South Africa.

Ethical consent ref nr: 87/2018

Make today matter

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#### Faculty of Health Sciences

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#### Introduction

- Cls provide access to sound and language to hearing impaired (1)
- Vestibular deficits and impact of CI surgery is well documented (2)
- Show vulnerability in motor skills i.e. balance and coordination (3)
- Vestibular receptors most sensitive, constant pull of gravity (4)
- However, therapeutic intervention in children with Cls focuses on audition and speech (3, 5)





### Background

- Vestibular bilateral integration deficits were identified in children with CIs from the USA (Koester et al, 2014). (1)
- An additional study in Iran recommended that vestibular evaluations and interventions should be prioritised for children with CIs (Ebhrahimi et al, 2016). (6)
- OTs not typically considered part of the CI team
- 1060 children across SA received CIs since 1988 (SACIG Annual Reports 2016)
- Two-folded problem: (i) lack of evidence in literature in context of OT and sensory perception in SA, (ii) role of OT is underestimated in cochlear team





 To determine the pattern of sensory integrative dysfunction in children with bilateral cochlear implants in South Africa. (2,8,9)



#### **Methods**

- Quantitative study: descriptive, comparative design
- Population: SA children aged 5 yrs 8 yrs with bilateral CIs, without other known diagnoses
- Measurement tool: Sensory Integration and Praxis Tests (SIPT)
- Numerical data was gathered from deidentified SIPT reports
- Sample: 9 SIPT reports from Gauteng province
- Descriptive statistics was used to analyse SIPT data from SA
- Inferential statistics was used to compare SA results to USA results



#### Results: SA Scores associated with Bilateral Integration and Sequencing (BIS) pattern Adapted to SA norms (Van Jaarsveld et al, 2012) (8)

SIPT scores associated with BIS pattern	SA Means	
Standing and Walking Balance	-2,28	Duchlausetia
Oral Praxis (imitating mouth movements)	-1,21	Problematic
Kinesthesia	-0.95	
Sequencing Praxis	-0,94	
Postrotary Nystagmus	-0,86	– At risk
Bilateral Motor Coordination	-0,82	
Motor Accuracy	-0,73	
Graphesthesia	-0,70	
Manual Form Perception	-0,27	UNIVERSITEI VAN PRETORIA UNIVERSITEI VAN PRETORIA

#### **Results: SA scores not associated with BIS**

Adapted to SA norms (Van Jaarsveld et al, 2012) (8)

SIPT scores Not associated with BIS or VPBIS	SA Means
Constructional Praxis (copying 3D structures)	0,33
Postural Praxis (imitating postures)	-0,07
Design Copying	-0,77
Finger Identification	-0,38
Localization of Tactile Stimuli	-0,44
Space visualisation (perception of 3D space)	-0,82
Figure ground perception	-0.09

NOTE: All 9 children scored SD -3.00 for Praxis on Verbal command



#### Results: Comparison SA vs US (Koester et al, 2014)



Tests Associated with BIS or VPBIS

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## **Summary of findings**

- Children in SA with bilateral CIs present with the BIS pattern of Sensory Integrative Dysfunction (2,8,9)
- No significant statistical differences between results from SA vs USA: BIS pattern present in both groups



## Limitations & Suggestions for future research

- Small sample size (9 SIPT reports) from one province in SA
- Follow-up study to increase sample size:
  - include children with hearing aids and unilateral cochlear implants
  - other provinces
  - obtain information regarding emotions, behaviour and sensory regulation



## **Recommendations for practice**

- OTs have a crucial role to play within the CI team:
- Assessments: Creating awareness for holistic assessments that include a thorough evaluation of sensory perception and motor performance, including vestibular related function
- Intervention: Findings contribute to the body of knowledge to inform and empower OTs to design effective intervention plans for children with Cls, particularly with attention to vestibular-related sensory integrative deficits *Poster: Data Driven Intervention Guidelines for OTs working with your children with Cls*
- Outcomes: To facilitate optimal performance and participation in occupations, optimally benefit from CIs, enjoy life to their fullest

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## **Conclusion and Acknowledgements**

- Special thanks to co-authors:
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# **Thank You**

