# Sensation Intervention

## Edited Video Transcript

### Compensatory Strategies for Sensation Deficits

In class, we talked about protective sensation. So let's say you do the monofilament test, and you find somebody: “Hey, I worry about your protective sensation. At this level, you know you can't feel if you injure yourself.” Okay? So, that's when we would start using these compensatory strategies on protective sensation. Teach—like working with them to turn the water heater down. Practice on a part of the body where they can feel it, developing habits to protect themselves in these situations. This is where we can do compensatory strategies if they have a sensation deficit. We can teach them on compensatory strategies. The most common is using your eyes. You all saw that difference when you're looking at something—it's easier to feel it, right? We can also look at remedial sensory interventions.

### Remedial Strategies for Sensation Deficits

**Hyposensitivity.** So if we look at somebody who's hyposensitive, they're not able to feel, so their threshold may be way up here. When we go to touch them with that cotton ball, that cotton ball is giving them sensation there… So, it's not detected by the brain. What do we do is we keep touching them with what we're actually going to focus on. We're going to find something just above their threshold. Same principle we've applied all semester—*something that's challenging but doable*. If they can most of the time feel that, then that's where I’m going to go overtime. I'm going to expect their threshold to drop, then I can go for another challenging task. So for a great example of a sensory task is items buried in rice. You have the person reach in, feel around, and find an item. There are items in here somewhere. There we go, okay. You can do this with occupations, and you can do this with these therapeutic activities. So, that's one for somebody who's hyposensitive. You're going to find something just above the threshold.

**Hypersensitivity.** Now, we have hypersensitivity following a burn, with a scar, with nerve injuries like a crush injury—sensations that should *not* be painful *are* painful. So, there's another concept we can put in here. I'm going to call it tolerance. Their tolerance is set here: “I can't wear a shirt against that scar on my arm. I can't wear a jacket because even that feeling of that soft fabric is irritating.” So, their tolerance is here…that jacket is here or here… What do we do? Find something that's a little bit challenging but doable. We're going to work with them to find a stimulus that's just above that threshold and work with them until it's okay. That threshold is going to drop. We're going to find a new, challenging stimulus. Yes? Yeah, so you'll learn this principle as well when we get into sensory processing issues, which is what this sounds like. It is related to this, but there are some subtle differences in several different models. You'll learn about a more advanced model of this. I really like [Winnie] Dunn’s sensory processing model [the *Sensory Processing Framework*]. It helps me make sense of it, but a lot of the interventions are similar—find something that's challenging but doable, okay?

So, what can we do? We can work with this woman. We have these graded sensory bins ranging from one to ten, where one has these soft cotton balls. Two, these little particles, moving up. So, going from the least noxious to the most noxious. Oh, for example, so someone who's ***hyposensitive***—let's say someone had a peripheral nerve injury, okay? That peripheral nerve injury—they're starting to regain *sensation to that region—but is still diminished*. Let's say they had carpal tunnel surgery. They have partial *sensation in that area, but it's diminished*. That would be hyposensitive. Let's say that person had a stroke. It damaged the sensory part of the brain, so they're hyposensitive. They can't feel that touch well. Whereas with **hypersensitive**, most commonly you're going to see that with issues around chronic pain. You're going to see that with issues with nerve injuries. You're going to see that with reflex-like or complex regional pain disorder (CRPD). *They're going to find normal stimuli noxious*.

So, this woman who couldn't tolerate wearing a shirt; you're going to work with her, okay? “This is challenging, but I can handle doing this.” You do this for five minutes. Don't do these hypersensitive interventions too long. You can really—they'll get annoying. Don't go there. Your goal is to make it calm, peaceful. So talk with them about their day, what they're doing, talk to them about the sensation, talk to them about what they're having for dinner tonight, then after a couple few sessions of this: "This is tolerable. So, you can go up to the next one. These wands are really similar, where you have this graded sensation going from the softest,” right? It's the most noxious, but then you train them on one, find that level just above that tolerance, challenging but doable, their brain will over time reset, okay? Questions?