

# SI World

Since 2006

*A Place for the Special Needs*



# ABOUT US

Our first center was established in 2006 and we have **11 therapy centres** now. We are committed to provide **sensory integration therapy, occupational therapy, speech therapy** and **physiotherapy** which aim to help **children** with **special needs** in achieving a better development both physically and psychologically.

## Founder's Profile

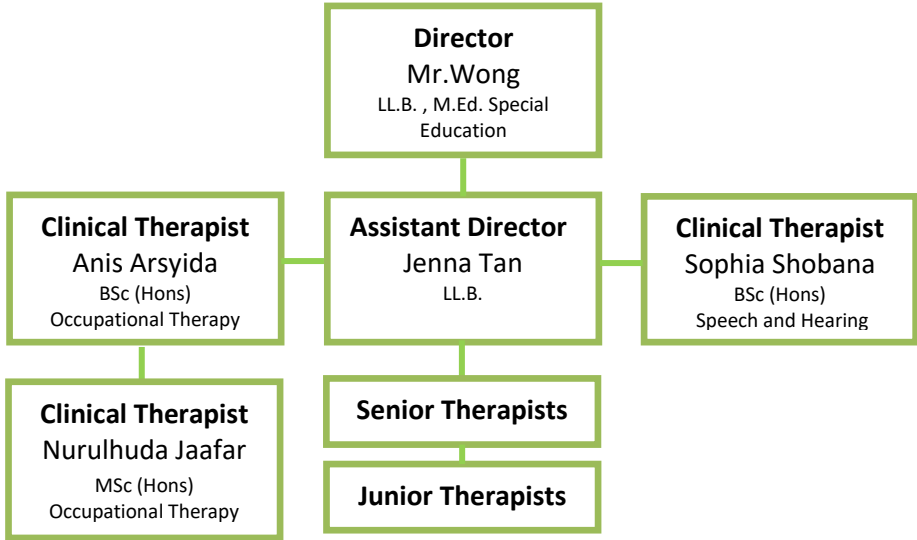


### Mr. Wong Shyh Shyan

LL.B. (London), M.Ed. (Indiana)

Mr. Wong earned a master degree in special education and he has been in line in this field for **17 years**. Within these 17 years, he has provided professional services to various organizations to help them set up more than **40 sensory integration rooms** and has dealt with more than **4500 cases** of people with developmental disabilities. He has also been interviewed by *NTV7 Good Morning Tai Tai, Astro Xiao Tai Yang, RTM 1 Infofokus, Selamat Pagi! Malaysia, Cari.com.my, Sabah Radio Station, Sin Chew Daily, China Press, Nanyang Press, Oriental Daily* and other local newspapers and magazines.

# OUR TEAM



**\*Dip. Physiotherapy**

**\*\*Dip. Occupational Therapy**

**\*\*\*Dip. Psychology**

## Senior Therapists

D’Nur\*, Yasmin\*\*, Farhana\*, Noraini\*, Zarin\*, Fahimah\*, Tharani\*\*\*, Syafiqah\*\*, Izzah\*, Sikin\*

## Junior Therapists

Najihah, Kong Kah Mun, Rosdianti, Leong Zhi Hui, Zainab\*, Norainaa\*, Nurdayana, Kartiyayini, Ng Wei Bei, Hakimah\*, Nadia\*, Renita\*, Roshaziqahanis



# TARGET GROUPS

1. Children or teenagers aged between 0 - 16 years.
2. Conditions that we are treating including:
  - Autism Spectrum Disorder
  - Down Syndrome
  - Dyspraxia
  - Communication Disorders
  - Dyslexia/Dysgraphia/Dyscalculia
  - Cerebral Palsy
  - AD/HD
  - Neurodevelopmental Disorders

# THERAPY CONTENT



- Focusing on sensory-stimulating activities
- Aim: to reach an optimal level of brain functions
- Focusing on daily basic skills
- Aim: to restore daily living and learning skills
- Focusing on speech and language
- Aim: to facilitate communication development

We provide **REVIEWS** from time to time (every 12 sessions by average) by either our Occupational Therapist or Speech Therapist to discuss with the parents about the progress and the further needs of the children. We encourage the parents to join our **INDIVIDUAL FAMILY TRAINING** to learn how to further the occupational or speech therapy at home and it's **RM60/45min.**

# SCHEDULE & FEE DETAILS

Branches	Mon	Tue	Wed	Thu	Fri	Sat	Sun
KAJANG	✘	✓	✓	✓	✓	✓	✓
KEPONG	✘	✓	✓	✓	✓	✓	✓
CHERAS	✓	✘	✓	✓	✓	✓	✓
OLD KLANG RD	✓	✘	✓	✓	✓	✓	✓
SUNGAI PETANI	✓	✘	✓	✓	✓	✓	✓
KLANG	✓	✓	✘	✓	✓	✓	✓
SERDANG	✓	✓	✘	✓	✓	✓	✓
SHAH ALAM	✓	✓	✘	✓	✓	✓	✓
PUCHONG	✓	✓	✓	✓	✘	✓	✓
SELAYANG	✓	✓	✓	✓	✘	✓	✓
KOTA KINABALU	✓	✓	✓	✓	✓	✓	✘

✓ Working Days

✘ Off Days

Morning Session	Afternoon Session
9:00a.m - 10:30a.m	2:00p.m - 3:30p.m
10:45a.m - 12:15p.m	3:45p.m - 5:15p.m
	5:30p.m - 7:00p.m

Session Per Week	Total Sessions Per Month	Time Per (60 mins)	or	Session (90 mins)
1	4	RM210	/	RM315
2	8	RM420	/	RM525
3	12	RM525	/	RM630

# SENSORY INTEGRATION THERAPY

## 1) What is Sensory Integration (SI)?

Sensory integration is the ability of a person to absorb and connect relevant sensory information, organize and interpret it, and respond accordingly. Our sensory integration system mainly consists of seven senses, which are visual sense (sight), auditory sense (sound), gustatory senses (taste), olfactory sense (smell), tactile sense (touch), proprioceptive sense (position and movement) and vestibular sense (gravity, head movement and balance).

## 2) What is Dysfunction in Sensory Integration (DSI)?

DSI = ‘indigestion of the brain’, or a ‘traffic jam in the brain’

**a) Inefficient sensory intake**, i.e. when our brains take in too little (hyposensitivity) or too much (hypersensitivity) sensory information, we can’t react in a meaningful way.

**b) Neurological disorganization**, i.e. the brain may not receive sensory data because of a “disconnection,” or the brain may receive sensory messages, but inconsistently, or the brain may receive sensory messages consistently but not does connect them properly with other sensory messages to produce a meaningful response.

**c) Inefficient motor, language or emotional output** i.e., inefficient feedback causes difficulty in looking and listening, attending appropriately to people and objects,

processing new information, remembering, interacting with others, learning, etc.

### 3) Causes of DSI

It is commonly believed that DSI may be congenital or acquired. Congenital causes could be due to genetic factors, abnormal fetal position, intake of inappropriate medicine by mother during pregnancy, etc; whereas acquired causes are mostly relevant to the environmental factors, for example, children are exposed to sensory deprived environment, causing these children to have poor development and significant problems with sensory integration.

### 4) Some common signs and symptoms of DSI

- a) **Poor body coordination:** poor sense of balancing , causing one to fall down easily when walking, unable to perform tumbling action, poor handcrafting skill, etc.
- b) **Inattention and hyperactivity:** unable to sit still and concentrate, moving around all the time, run instead of walk, etc.
- c) **Learning disabilities:** messy handwriting, illiterate, copy wrong questions or miss some questions when copying, etc.
- d) **Speech and language difficulty:** Delayed in speech as compared to other peers, poor self-expression, etc.
- e) **Behavioral problems:** hard to be pleased, annoyed easily, do not know how to share things with others, lack of sympathy, unusual response to stranger or unfamiliar environment, etc.

## 5) Sensory Integration Therapy

An intervention which provides abundant of proper stimulation to the **dysfunctional nervous systems** to go back their ways via various **interesting** and **exciting exercises** and **games**. Regardless of children's abilities or developmental age, they need sensory-motor activities. 3-dimensional, hands-on and hard-work play help to build better brains and bodies.



# OCCUPATIONAL THERAPY

## 1) Pediatric Occupational Therapy (OT)

A skilled therapeutic treatment that assists children to regain, improve and maintain physical and psychological well-being through **purposeful activities**. The ultimate goal is to maximize individuals' **independency** such that they can independently perform tasks such as,

- a) **Self-care:** dressing, tying shoelaces, buttoning up, etc.
- b) **Learn:** Paying attention, copying information from whiteboard, writing, etc.
- c) **Play:** Playing imaginative games, interacting with others, etc.

## 2) Problems that OT can treat are including:

Sensory integration problems, motor problems, behavioral problems, daily living skill problems, social skill problems, etc.

## 3) What kinds of treatments are used in OT?

- a) **Gross motor skill training:** climbing, tumbling, etc.
- b) **Fine motor skill training:** jigsaw puzzle, play dough, writing, etc.
- c) **Basic daily skill:** tying shoelaces, dressing, toileting, etc.
- d) **Behavioral training:** reward, punishment, etc.
- e) **Sensory integration activity:** massage, joint compression, tactile brushing, etc.
- f) **Social skill:** expressing feeling in appropriate ways, turn-taking skill, etc.

**4) Benefits of OT in children development:**

- a) Learn how to self-regulate**
- b) Learn how to focus on tasks**
- c) Engage in play with peers**
- d) Others**

# Speech Therapy

## 1) What is Speech Therapy (ST)?

Speech therapy (Speech-language Pathology) is a treatment which deals with concerns related to speech-language, communication and feeding. It works to improve functional abilities within the areas from pharynx through mouth via functional activities. It is done by restoring or enhancing the expressive and receptive language skill, articulation skill, speech fluency, social language skill etc.

## 2) What are the common symptoms of speech-language problems?

- a) Stuttering (Stops in the middle, repeating sounds, holding a sound or syllable for a long time)
- b) Cluttering (Speaks in bursts or pause in unexpected place due to disorganization when speaking)
- c) Dysprosody (Monotone)
- d) Echolalia (Repeat words, short phrases or any context from the speaker)
- e) Articulation disorder (makes sounds, syllables, and words incorrectly)
- f) Word finding difficulty (Difficult in finding the right words such as nouns, verbs or adjectives, results in sentences pausing or substitution using other words)
- g) Receptive language disorder (Problems in understanding language, can't follow long or complicated instructions; or can't get the point of Instructions)

**h)** Expressive language disorder (Problems in using language, can't form long or complicated sentences, or talks a lot but can't get to the point)

**3)** How can speech therapy help?

**a)** Using specialized therapy tools to strengthen oral musculature, to increase tongue retraction, to control airflow patterns etc.

**b)** Guides children how to produce the specific speech sounds or sound patterns that they are having difficulty with.

**c)** Helps children to learn new words and guides them how to put these words together to form phrases and sentences (semantics and syntax).

**d)** Guides children social language skills so that they can more appropriately participate in conversations with others.

**e)** Guides children the strategies on how to control behaviors such as repetitions, prolongations to increase speech fluency.

**f)** Helps in swallowing and feeding issues.

# TESTIMONY

Yong Kah Yean, 3½ year-old

## Before

- **Delayed language & speech** (language & speech remained at 1½ - 2 years): able to speak only two-words phrases and keep repeating questions that others asked her.
- **Lack of concentration:** unable to sit still and pay attention to the teachings in the classroom, could not focus and complete the task given.
- **Poor eye-hand coordination:** unable to perform buttoning or unbuttoning action and had difficulty wearing socks.
- **Poor fine motor skills:** result in difficulty in writing, always color beyond the border.
- **Lack of sense of danger**
- **Lack of eye contact**



## After

- “Daydreaming” look disappears.
- Better understanding of the questions that people ask her and she tries to respond to those questions using her own expression. More words and sentences. Shows initiative to talk and make friends.
- Understands teachers’ instructions better and will follow the instructions given.

- Able to sit still and pay attention in the class, less moving around.
- Love playing with peers, doing activities and completing tasks
- Able to color within the border, knows how to draw basic shapes.
- Can perform buttoning and unbuttoning action independently
- Understands most of the teachings and able to get straight A's for all subjects in the examination.
- Knows how to do the homework that requires logical thinking and she likes to ask questions.
- Able to copy information from blackboard and her handwriting is getting better now.
- Can take shower on her own now; she will help to do some housekeeping tasks and loves to do handcrafting works.
- She has better sense of danger now; she will defend herself and report to teachers when being bullied by peers.
- Now, she even knows how to negotiate with parents and talk back to parents sometimes!

**Parent's comment:** After undergoing one-year-long treatment, together we have witnessed her improvement. I am glad that we had made a wise decision by sending her to SI World, to go through the sensory integration therapy. Otherwise, she would have made no progress at all. We would like to thank SI World and the therapists of their efforts and companionship along the way. Thank you!

## **My Timothy**

My son, Timothy, was only 1½ year-old at that time. He spoke very few words as compared to his cousin, who was younger than him. He seemed to prefer staying in his own world and was not able to interact well with people around him. Our family doctor had raised his concern and ran some tests when we brought him for vaccination. But nothing conclusive had been established; anyway, the doctor advised us to give him another half a year time to see any changes or improvement on him in the future.

Nonetheless, the thing that worried me the most was not the tiny problem such as spoken words; it was the bad behavior and bad social interaction that sparked my attention. He just knew how to cry all the time and was not able to express himself, for example, what was bothering him or where the pain was (whether he fell down or got bitten by his cousin). He was often very blurred about what was going on and could not understand verbal instructions. He did not know how to play with other kids, how to share with others and when to take turn in social interactions. These basic skills which were required in that kind of environment did not seem to develop well in my son's case. He was a rigid boy and had difficulties in accepting new activities. Due to poor verbal expression, the scenario became worse.

I also noticed he always banged on something and hurt himself. He had poor balancing and body coordination skills. He could walk straight into the glass door and fell down most of the time when running or even walking. Poor sense of danger was one of his weaknesses too. His stubbornness and impatience caused everything to become much worse. We as parents, had no idea at all what was wrong with him. We thought he was just being naughty and lazy, so we just disciplined him using a cane. Days passed by and nothing had changed due to our action and this had made his situation become worse. I was in

confinement of my 3<sup>rd</sup> son. It was very heartbreaking to see my Timothy at that time. I was wondering why he was not able to defend himself. Say something, son!

When he was 2 years old, nothing changed. The doctor had to run some test again, and this time with a list of questions. All I could say was that the result was not good. He said to give Timothy another half a year time and hopefully there would be some improvements during that period. If the condition did not improve, then he would need to see some specialists in this area. We had no idea what he was talking about. Well, I thought “OK! We shall wait and see.” At that time, I had a friend whose son had similar symptoms. Her son was undergoing some kind of therapy sessions at SI World, Cheras.

Timothy was 2 ½ years old when he had his first assessment at SI World at Cheras. Mr. Wong explained to me that Timothy had Speech Language Delay. Since then, Timothy has been undergoing sensory integration therapy at SI World. During the early days of his therapy sessions, it was particularly hard for him because he was very stubborn and had discipline problems. He would cry, yell and kick all the way just to get away from doing the therapy. He would use all kind of excuses or made troubles for you and he would not give in easily. At home, “shopping center” is the only name of place that he would not give face. He wanted do things his own way, be it method or time, which made things very difficult for us. He showed some improvements but his discipline was still a problem.

At 4 years old, he attended 3-year-old kindergarten classes. His class teacher labeled him as the trouble maker. Not paying attention in the class, not being able to sit at one place, walking around in the class during lesson time, screaming and throwing himself on the floor when teacher disciplined him were among the comments by the teacher. One day, I sought advised from Mr. Wong regarding enrolling Timothy for



speech therapy. Mr. Wong said as long as he can remain seated at one place and able to listen to you, then he is ready for anything. He suggested allocating him under his wife, Jenna at PJ. So we did and the drama started again.

The first few months were the most difficult moments for us. He really showed his temper and was against us all the time. We had no choice, because if he continued to be like that then when was he to get better? The thing that worried me the most was that he would be kicked out from school because of his discipline problems. Being illiterate and developmentally delayed will be a label for him for the rest of his life. No! This will not happen to him and I will change it no matter what it takes. The situation had caused tension with my in laws as well. But we managed to get through it.

Slowly good things started to immerge. All our hard work has been paid off. His attitude starts to change little by little. Jenna was able to discipline him and got him to do the therapy. Once he co-operated, the therapy helped him on his speech language delay. He can now say more words and simple sentences and even understand simple instructions. Although his speech is not clear, but somehow he makes an effort to tell me what is the story behind. He will observe and listen on how the game is supposed to be played and more willing to share and play at the same time.

He is able to sit for a longer time and complete tasks given by the teachers. His body coordination also has improved a lot; we do not have to worry much when we bring him to playground now. All of these make him a better child and he is ready for learning.

## To the Growth

Parents always hope that their children can grow up healthily and happily. Nonetheless, reality is always the opposite of the ideal.

Chen Chen still did not call me “mummy” even when he approached two years old. This made me feel a bit worried, but the elderly in my family kept telling me that “boys are usually slower in learning to speak than girls do, so there is nothing to worry about”. Perhaps this is what we called self-deceiving. And because of this, we missed out the golden timing for treatment for Chen Chen.

As the result came out, Chen Chen was diagnosed with Autism. Thereupon we decided to send him to kindergarten and to do speech therapy on the other hand. Right when we thought that everything was going to get better, more and more of Chen Chen’s problems raised our concerns. For example, he could not communicate well with his peers, he was unable to sit still to listen to teachings in class, and sometimes he even fought with his peers.

We felt so hopeless about all these until we got to know about SI World from our friends. After listening to Mr. Wong’s explanation, we came to understand that children actually need more assistance; therefore longer treatment period is needed as well. Lots of parents are mistaken that children will get better very soon once they are sent for treatment.

Although Chen Chen is still having all these problems, it is worthwhile to see him getting better and cuter. To me, it does not matter if others see him as a special child or misunderstand that “special” is related to IQ’s problems. Because I believe one day, Chen Chen will be the same as his peers, who will have his own friends and life.

## **The Heart as a Mum**

My son, Fong Yu Chen is a child with learning disabilities. Therefore, I brought him to consult Dr. Rajini when he was 3 ½ years old. According to Dr. Rajini, even though my son was 3 ½ years old, but his mental age was only around one year old. After that, I brought him to attend sensory integration training until 4 ½ years old and Dr. Rajini found that Yu Chen had little improvement. When Yu Chen was 5 years old, I was introduced by my aunt to SI World for therapies. Half a year later, I brought him to see Dr. Rajini again. According to Dr. Rajini, Yu Chen's attention, memory and thinking abilities had improved obviously. Initially, my son only attended two classes per week in SI World, but I added one more class for him because he had improved a lot in SI World.

My son is now 7 years old. Dr. Rajini said that Yu Chen's attention and memory had improved. He is now at the level of 5 1/2 years old. Before Yu Chen joined SI World, he was not able to follow instructions and he did not know how to identify the things that are dangerous. Now, he understands what I say and he is able to follow instructions. For example, when I tell him that he will be caught by bad people if he runs around, he can understand and stop running. Besides that, Yu Chen loves drinking cold water and candy very much. But there was one time when he was sick, his father told him that drinking cold water will worsen his condition and eating too much candy will lead to tooth decay. After listening to his father, Yu Chen reduced the intake of cold water and candy. Sometimes, he washes his own dishes after he has finished his meals. I am so happy to see his improvements. I would like to thank the therapists in SI World for their hard work, patience, and the help they have given to my son. I am so thankful to my aunt for recommending my son to SI World.

# OUR BRANCHES

## **CHERAS**

9, Jalan Durian 5,  
Taman Cheras,  
56100 Cheras, K. Lumpur.

## **KLANG**

10, Jalan Pandamaran Jaya  
101G/KS05,  
42000 Klang, Selangor.

## **SUNGAI PETANI**

15A, Lorong BLM 1/5,  
Bandar Laguna Merbok,  
08000 Sungai Petani, Kedah.

## **KAJANG**

244, Jalan Berjaya 1,  
Taman Berjaya, Sg. Chua,  
43000 Kajang, Selangor.

## **KEPONG**

40, Jalan 2/62,  
Bandar Menjalara,  
52200 Kepong, K. Lumpur.

## **SHAH ALAM**

3, Jalan Kristal 7/63D,  
Seksyen 7,  
40000 Shah Alam, Selangor.

## **KOTA KINABALU**

54, Jalan Angsa,  
Taman Kinanty Luyang,  
88300 Kota Kinabalu, Sabah.

## **PUCHONG**

20, Jalan Puteri 8/3,  
Bandar Puteri,  
47100 Puchong, Selangor.

## **OLD KLANG ROAD**

61, Jalan Hujan Emas 1,  
Taman OUG,  
58200 Old Klang Road, K. Lumpur.

## **SELAYANG**

2, Jalan 6/2B,  
Taman Desa Bakti,  
68100 Selayang, K. Lumpur.

## **SERDANG**

19, Jalan DD 3A/8,  
Taman Dato Demang,  
43300 Seri Kembangan, Selangor.

Mr. Wong: 016 – 225 9828 or Ms. Jenna: 016 – 206 9828

Email: [siworldmal@yahoo.com](mailto:siworldmal@yahoo.com)

Website: [www.siworld.com.my](http://www.siworld.com.my)

FB: <https://www.facebook.com/siworldmal>

# SI World

Since 2006

*A Place for the Special Needs*



# 中心介绍

本中心成立于 2006 年，目前已设有 16 间复健中心。我们致力于推广感统、职能、语言与物理治疗，以协助大脑功能失常的孩子们能拥有更健康的身心发展，并期望可以为更多的孩子提供更优质的服务。

## 创办人简介



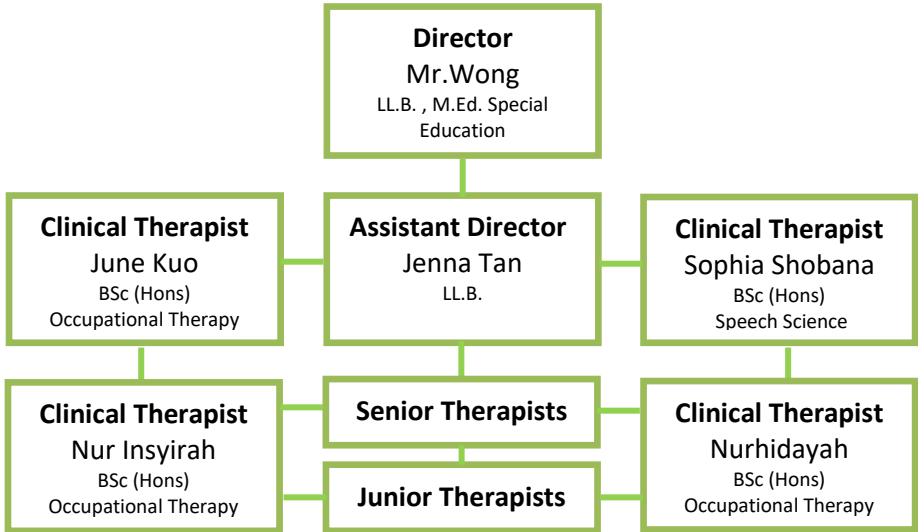
王是宪先生

**Mr. Wong Shyh Shyan**

LL.B. (London), M.Ed. (Indiana)

王先生拥有特殊教育硕士文凭，投身特殊儿童复健领域已有 **14** 年。其间，他协助过多个机构设立超过 **40** 所感统治疗室，处理过 **4500** 多个特殊儿童个案。他曾经接受的专访包括 NTV7《活力早晨》、ASTRO《小太阳》、RTM 1 Infofokas, Selamat Pagi! Malaysia, Cari.com.my, Sabah Radio Station、《星洲日报》、《中国报》、《南洋商报》、《东方日报》等本地报章与杂志。

# 团队



## Senior Therapists

\*Dip. Physiotherapy

Fatin\*, Faizatul\*, Farhana\*, Noraini\*, D’Nur\*, Umi\*, Nawwar\*, Shara\*, Dila\*, Mut\*, Huda\*, Nurnada\*, Intan\*, Lin\*

## Junior Therapists

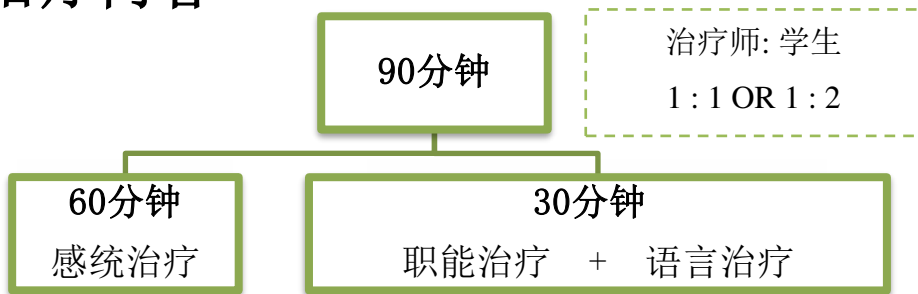
Ema\*, Azie\*, Afia\*, Ayu\*, Syafiqah\*, Shimah\*, Husna\*, Jazlynna\*, Shakirah\*, Afiqah\*, Ning\*, Ana\*, Nadzrah\*, Nabila\*, Thulasi\*, Falinah\*, Anna\*, Jaclyn



# 服务对象

- 1) 年龄介于 0 岁至 16 岁的小孩
- 2) 我们所治疗的特殊儿童主要包括：
  - 自闭症
  - 读写障碍
  - 语言障碍
  - 脑性瘫痪
  - 唐氏综合症
  - 注意力不足过动症
  - 动作协调障碍
  - 其他能力成长问题

# 治疗内容



- 着重于感觉刺激复健
- 着重于日常技巧复健
- 着重于沟通复健
- 目标: 提升大脑基本功能
- 目标: 恢复日常生活能力
- 目标: 促进语言发展

我们定时安排职能或语言治疗师提供**复检**（平均 12 堂一次）来与家长讨论孩子的进展与其它需要。同时我们鼓励家长参加**家长训练**以学习如何在家里延续职能或语言治疗，而费用则是 RM60/45 分钟。



# 时间与收费

Branches	Mon	Tue	Wed	Thu	Fri	Sat	Sun
PETALING JAYA	✕	✓	✓	✓	✓	✓	✓
KAJANG	✕	✓	✓	✓	✓	✓	✓
TAWAU	✕	✓	✓	✓	✓	✓	✓
SUBANG JAYA	✕	✓	✓	✓	✓	✓	✓
KEPONG	✕	✓	✓	✓	✓	✓	✓
CHERAS	✓	✕	✓	✓	✓	✓	✓
OLD KLANG RD	✓	✕	✓	✓	✓	✓	✓
SUNGAI PETANI	✓	✕	✓	✓	✓	✓	✓
KLANG	✓	✓	✕	✓	✓	✓	✓
SERDANG	✓	✓	✕	✓	✓	✓	✓
SHAH ALAM	✓	✓	✕	✓	✓	✓	✓
IPOH	✓	✓	✕	✓	✓	✓	✓
PUCHONG	✓	✓	✓	✓	✕	✓	✓
SELAYANG	✓	✓	✓	✓	✕	✓	✓
SEMENYIH	✓	✓	✓	✓	✕	✓	✓
KOTA KINABALU	✓	✓	✓	✓	✓	✓	✕

✓ 工作日 ✕ 休息日

上午班	下午班
9:00a.m - 10:30a.m	2:00p.m - 3:30p.m
10:45a.m - 12:15p.m	3:45p.m - 5:15p.m
	5:30p.m - 7:00p.m

每星期 次数	每月次数 总计	感统 (60 分钟)		职能/语言 (30 分钟)
1	4	RM210	+	RM105
2	8	RM420	+	RM105
3	12	RM630	+	RM105

# 关于感统

## 1) 什么是感觉统合（简称感统）？

感觉统合是一种让我们能够吸收并且把有关信息结合，然后把它们组织并且诠释，最后做出反应的能力。我们的感统主要由**视、听、嗅、味、触、前庭和本体感**等组成。

## 2) 什么是感统失调

感统失常= ‘大脑消化不良’，或者 ‘大脑交通阻塞’

- i) **不恰当的信息吸收** — 当我们的大脑吸收太多 (过敏) 或太少 (迟钝) 感觉信息时, 我们无法给予正确的反应。
- ii) **神经功能失常** — 大脑没有收到信息, 或者大脑有收到信息, 但是并不持续, 又或者收到信息, 不过却无法恰当的进行信息统合以做出有意义的反应。
- iii) **肢体,语言或情绪反应障碍** — 信息回馈失常造成听觉及视觉障碍, 无法正确处理事物与信息, 记忆力差, 与他人沟通出现困难, 学习障碍等等。

### 3) 感统失调的原因

专家普遍认为感统失调主要分为**先天性**与**后天性**。先天性因素包括基因遗传、胎位不正、孕妇食用不适当的药物等等；而后天因素多数与环境密切相关。例如：家长没有提供适当的感觉刺激的游戏或环境给小孩，从而抑制了小孩的感觉统发展。

### 4) 感统失调的表现

- i) **动作协调不良**：平衡感较差，导致走路易摔倒、无法做翻滚动作；手工能力差等。
- ii) **过动及缺乏注意力**：坐立不安、喜欢东奔西跑、爱做小动作、无法集中注意力等。
- iii) **学习障碍**：字体不工整、不识字、抄错题或抄漏题等。
- iv) **语言障碍**：说话较同龄的小孩来的缓慢，表达能力差等。
- v) **行为异常**：显得比较难取悦、易烦恼、无法和其他小朋友分享他的玩具、无法理解别人的需求、对陌生环境或人物反应异常

## 5) 感统治疗

感统治疗是一种透过各式各样**有趣而且刺激的运动与游戏**，以让失常的**神经系统**得到足够而且正确的刺激，帮助它们正常运作的治疗法。其实不管孩子的年龄或能力，他们都需要感觉—运动的活动。立体，实践而且需要用心的游戏对孩子的身心的健全发展有很大的益处。

# 关于职能

## 1) 儿童职能治疗

职能治疗是一种通过**有目的性的活动**，来治疗、协助及维持儿童**身心理上的健康**，使他们能获得最大的生活独立性。儿童职能治疗希望通过这些活动能让孩子尽可能独立地学会

- i) **自理**：如穿衣服、系鞋带、扣钮扣等
- ii) **学习**：集中注意力、抄写白板上的资料、写字等
- iii) **玩乐**：提升想象力、认知能力、人际关系等

2) 儿童职能治疗能治疗的儿童发展问题包括：

感统失调、肌肉问题、行为问题、基本生活自理问题、家居生活技能问题、社交技能问题等。

3) 儿童职能治疗所采用的治疗法包括：

i) **大动作训练：** 攀爬、翻滚等

ii) **精细动作训练：** 拼图、搓玩泥土、写字等

iii) **日常生活技能训练：** 系鞋带、穿衣服、梳洗、如厕等

iv) **行为训练：** 奖励、惩罚

v) **感统训练：** 按摩、关节挤压、刷身体等

vi) **社交技能训练：** 表达感觉、礼让技能等

4) 儿童职能治疗对儿童发展的好处：

- 学习自我调节
- 学习在活动中专注
- 学习适当地表达情感和情绪
- 学习与同伴一起玩耍

# 关于语言治疗

## 1) 什么是语言治疗？

语言治疗(或称语言病理学) 是一门处理言语表达、沟通及吞咽相关问题的专业。语言治疗主要改善從口腔肌肉到咽喉的功能問題。其方法包括恢复或增强语言接受能力或语言表达能力、发音能力、语畅及社交语言等。

## 2) 语言问题普遍上有哪些表现？

- 言语急促 (缺乏组织性的表达导致说话仓促，停顿在不恰当的位置)
- 语韵障碍 (句子无轻重及音调变化，常表现为一种单音)
- 模仿语言/反响语言 (反复复述说话对象的话)
- 构音异常 (声符，韵符及字词发音错误)
- 找词困难 (面对说出恰当词句时的困难，多见于名词、动词和形容词，导致语句停顿或使用介词及其他功能词代替)
- 语言接受异常 (因语言接受异常而无法理解较长或复杂的指示；无法理解指示的重点)

- 语言表达异常（因语言表达异常而无法组织较长或复杂的语句；无法表达重点）
- 口吃（停顿和拖音）

### 3) 语言治疗可以如何帮助小孩？

- 利用功能性治疗工具帮助孩子增强空腔肌肉、增加舌头伸缩性及控制空腔气流的流动等
- 教导孩子如何正确地发出字词或声符的发音
- 帮助孩子学习新字词及教导他们如何将字词组成具有语义及正确语法的短语及句子
- 教导孩子社交语言的技巧好让小孩能够有效地与他人沟通
- 教导孩子一些控制行为的方式，例如控制重复行为及拖音行为，以提高语畅
- 帮助解决吞咽方面的问题

# 家长回馈

杨嘉欣，3岁半，被评估有：

- **语言迟缓**（语言发展停留在1½ -2岁之间）：只能说2个字的词和重复别人发问的问题
- **缺乏专注力**：不能专注完成一件事、不能静坐在课室里听老师讲课
- **手眼协调差**：不能自行扭和揭开扭扣、穿袜困难
- **精细动作弱**：导致书写困难，涂色常超出范围
- **缺乏危机意识**：缺乏对周遭环境的警惕性
- **缺乏眼神交流**



⇒ 2013年10月（经过3个月的治疗）

- 有眼神接触和交流了，不再总是“发白日梦”的样子
- 开始明白别人问她的问题了，同时也尝试用自己的语言回应对方

⇒ 2014年1月（经过6个月的治疗）

- 可以说很多完整的句子了
- 开始和同学们互动，交朋友
- 她明白，也会听从老师的指示
- 可以静坐在课室里听课，不再四处乱跑
- 喜欢和同学或朋友一起玩耍、进行活动和完成任务
- 涂色时，不再涂出格了，也会画简单的形状
- 说的话也变多了，开始吱喳了
- 学会自己扭和揭开扭扣了



⇒ 2014年6月（经过11个月的治疗）

- 明白老师的讲解，能应付考试，而且全科拿A。
- 美术老师称赞她在涂色方面比六岁的孩子还要用心和专心。
- 语言方面，会表达自己的想法，发表自己的意见。
- 会主动找朋友、老师谈天，而且有问有答。
- 画也已经有结构了。
- 游戏方面，会玩和拼有主题的积木。
- 会做逻辑思考的作业，也很爱发问问题。

⇒ 2014年11月（经过16个月的治疗）

- 可以抄写黑板上的字了。
- 写字方面更是进步了许多。
- 会自己洗澡、帮忙做一些简单的家务，而且喜欢动手做手工。
- 能吸收和应用大人和老师的讲解。
- 有危机意识和概念了，对四周环境的警觉性也提高了，不再横冲直撞。
- 在学校，如果有同学作弄她，她会反抗和向老师投诉。这证明她会保护自己，不再被人欺负。
- 年终考试成绩也比上半年好。
- 开始会向父母提要求和讲条件，偶尔还会顶嘴呢！

**家长感言：**经过这一年多的治疗，她的进步大家是有目共睹的。很庆幸，当初做了一个正确的决定——那就是及时把她送进 SI World 做感统治疗。如果不是，她很可能还在原地踏步，不会有今天的进步。

最后要感谢 SI World 和它的一班治疗师。谢谢你们！

## 我亲爱的 Timothy

我亲爱的 Timothy 当年只有一岁半。当时他能说的字句远远少过小于他的表弟所能说的字句。他似乎沉醉于他自己的世界，也无法和身边的人很好地互动及交流。这些问题引起了为他注射疫苗的医生的关注，医生也因此为他作了一些简单的诊断，但在那个阶段暂无法作出明确的结论。无论如何，医生劝我们给孩子半年的时间然后再观察他的情况有何进展或改变。

其实，让我最担心的不是他字句说得少那样芝麻绿豆的事，而是他无法好好地与别人互动。他成天只会哭，不善于表达到底什么东西让他不舒服或是哪一处弄伤了(究竟他是跌倒了还是被表弟咬伤了)。他时常不在状况内，也无法清楚地明白指示。他不知道如何与其他小朋友游戏，也不知如何分享及礼让。这些基本的互动技巧在他身上几乎不存在。他是个挺刻板的小孩，因此很难适应新的事物。不良的表达能力让情况每况愈下。

此外，我也察觉他经常会撞到东西或伤害自己。他的平衡感和身体协调也不太好。他可以直奔玻璃门或走路奔跑时经常跌倒。缺乏危机意识也是他的弱点之一。他的固执及缺乏耐性让情况更加糟糕。身为家长的我们对我们家小孩究竟发生了什么问题真是毫无头绪。我们以为他只是顽皮、懒惰，所以一向都用藤条来管教他。日子一天天地过去了，但我们的管教方式似乎对他毫无效果。恰好当时是我第三个孩子的分娩期，看到 Timothy 如此的状况真是让我悲痛万分。我无法理解为何他就不能捍卫他自己、替自己辩解？说说话啊孩子！

转眼，他已两岁了，但情况依旧一如既往。这次，医生为他做了一些测试，也准备了一系列的问题。我所能说的是测试结果不太理想。医生说再给孩子半年的时间，但愿之后他的情况会有所好转。他还说如果孩子的情況还是维持现状，那可能需要带他见见这一方面的专科了。我们当时无法理解医生的意思。心想，“好吧，我们就静观其变吧”。恰好当时我有个朋友的孩子有着与我孩子相同的症状。她的孩子就在位于 Cheras 的 SI World 参与感统治疗的课程。

Timothy 是在他两岁半的时候在 Cheras 的 SI World 做了第一次的评估。王先生向我解释说 Timothy 面对语言迟缓问题。那天起，他就开始在 SI World 参与感统治疗，一直维持到现在。在他接受治疗的那段时间是非常艰苦的，因为他非常的固执，纪律也不太好。为了逃避治疗，他会一直哭喊及拳打脚踢。他也会给你一大堆的理由或是制造很多的问题给你，更不会轻易向你妥协。在家里，唯有“购物广场”这个词才可以镇得住他，让他不会给你脸色看。他往往喜欢用自己的方法和跟着自己的节奏去完成一件事情，这对我们造成了极大的困扰。虽然可以看到他的进步，但他的纪律依然是让我们非常头痛的。

四岁那年，Timothy 进了幼儿园的三岁班。他的班主任把他视为最会制造问题的小孩。上课不专心、坐立不安、上课时四处走动、大喊大叫及躺倒在地上不起来是他的老师们经常给的投诉。有一天，我向王先生询问有关孩子进行语言治疗的资料。王先生说孩子必须长时间好好地坐着并且愿意聆听别人说的话时，那才表示孩子已准备好接受语言治疗。

他也建议将孩子送去 PJ 中心，让他的妻子，Jenna, 负责孩子的疗程。我们依指示照办，这又引起了一些插曲。

刚开始的几个月对我们是最煎熬的。Timothy 经常发脾气和跟我们作对。但我们没有选择，因为倘若放任他不管那他的情况几时才会好转？我最担心的是他会因为纪律问题而被要求退学。书写及成长迟缓可能就会是他一辈子的标签了。不！这是绝对不可以发生在他身上的。无论如何我一定要改变这个情况。孩子的情况也让我和家人的关系一度变得紧绷。但我们最终还是熬过了最难熬的时候。

渐渐的，情况好转了起来。我们所付出的似乎得到了回报。Timothy 的态度开始一点一点地变好了。Jenna 让孩子变得有纪律了，也让孩子愿意配合做活动。他的配合间接帮助到了他语言迟缓的问题。他现在可以说更多的词语了和一些简单的句子了，也明白简单的指示。虽然他的言语还不太清楚，但起码他尝试告诉我发生了什么东西、与我沟通。他学会观察及聆听怎么玩某种游戏、比较愿意分享及游戏了。他坐在椅子上的时间变长了，也能够完成老师给他的任务。他的动作协调也变好很多了，我们带他去游乐场也没那么担心了。这些转变让他变得更健全的孩子，也让他具备学习的能力了。

无论纪律还是学业，他还有很大的进步空间。SI World 这一路帮了孩子和我们这些家长很大的忙。谢谢你们！

## 至成长岁月

每对父母都希望自己的孩子能够健康快乐地成长，但现实与理想总是对立的。

晨晨在两岁时始终都没有开口叫过妈妈。那时我已经有点担心，但家中的长辈总说：“男孩总是比女孩迟些说话，没什么大不了的。”也许是自欺欺人吧！就这样耽误了最佳的黄金治疗期。

终于，晨晨被诊断出得了自闭症。于是，我们决定一边送他去幼稚园，一边去做语言障碍矫正。就在我们觉得一切就要有转机的时候，晨晨的各种问题也接踵而来。如：不能跟小朋友友善地沟通，不能安静地坐在课室里听老师上课，有时还会跟小朋友发生肢体冲突……。

种种的问题让我们也变得手足无措，这时通过朋友的介绍，我们来到了 SI World。在 Mr. Wong 的讲解中，我们明白了原来孩子还需要更多的辅助，而且治疗的时间也会相应地长一些。好多父母的误区是一直都认为只要孩子来到中心，不用多久就可以变成一个正常普通的孩子。

虽然现在的晨晨还是有这样那样的问题，但看着他一天比一天可爱，一天比一天进步，这一切都很值得。虽然在外人眼中他还是一个有点特殊的孩子，有的人甚至还会误解特殊就是智商问题，但这些都不重要。我相信总有一天，晨晨也会跟同龄的孩子一样，有自己的朋友，有自己的生活。

## 妈妈的安慰

我的孩子洪宇辰是有学习障碍的孩子。因此，在他 3 岁半的时候，我带他去见了心理科医师，Dr. Rajini。Dr. Rajini 说他虽然年龄是 3 岁半，但是他的思想只有 1 岁多的思想。之后，我们也有带他去做些感统治疗。直到 4 岁半宇辰(因为是在半年里见一次 Dr. Rajini)见 Dr. Rajini 时，Dr. Rajini 说宇辰的情况有少许的改善。直到他 5 岁那年，我是通过我的婶婶的介绍下来到 SI World 里做感统治疗。5 岁半时宇辰又去见 Dr. Rajini 的时候，Dr. Rajini 说宇辰的专注力，记忆力及思想能力皆有改善。我的孩子在 SI World 每个星期上两堂课进步很多，所以我多加一堂。从在去年年尾 12 月时见 Dr. Rajini 直到今年 5 月，过了接近半年的时间，Dr. Rajini 说我的孩子现在 7 岁，但他的专注力和记忆力进步到了 5 岁半的程度。因此，在 SI World 接受治疗后，宇辰的情况改善了很多。

以前的他是个不听讲听不明白指示的孩子，而且不懂什么是危险的事物。现在他都明白了。如：我和他说如果你乱跑的话会给坏人抓去截断手脚，他明白后都不敢乱跑了。就算他爸爸牵着他的手时他见不到我也会叫爸爸等一下，等到我过来后才一起走。此外，他喜欢喝冰水和吃糖果。有一次他咳嗽得很辛苦，他爸爸就告诉他喝冰水会咳嗽和吃糖果会长蛀牙。之后他也减少吃这些东西和少喝冰水了。现在有时吃完晚饭后他会自己洗碗碟。看到他这些改善，我真的很高兴。在这里，我要特别感谢 SI World 的各位治疗师们耐心的教导及帮助。我也非常感谢我的好婶婶把 SI World 介绍给我。婶婶，谢谢您！



## 中心地址

### **PETALING JAYA**

10, Jalan SS2/52,  
47300 Petaling Jaya, Selangor.

### **CHERAS**

9, Jalan Durian 5, Taman Cheras,  
56100 Cheras, K. Lumpur.

### **KLANG**

10, Jalan Pandamaran Jaya  
101G/KS05,  
42000 Klang, Selangor.

### **SUNGAI PETANI**

15A, Lrg BLM 1/5,  
Bdr Laguna Merbok,  
08000 Sungai Petani, Kedah.

### **KAJANG**

244, Jalan Berjaya 1, Taman Berjaya,  
Sg. Chua, 43000 Kajang, Selangor.

### **KEPONG**

40, Jalan 2/62, Bandar Menjalara,  
52200 Kepong, K. Lumpur.

### **SEMENYIH**

70, Jalan Ecohill 1/3J,  
Setia Ecohill,  
43500 Semenyih, Selangor.

### **SHAH ALAM**

3, Jalan Kristal 7/63D, Seksyen 7,  
40000 Shah Alam, Selangor.

### **KOTA KINABALU**

54, Jalan Angsa, Taman Kinanty  
Luyang, 88300 Kota Kinabalu, Sabah.

### **PUCHONG**

20, Jalan Puteri 8/3, Bandar Puteri,  
47100 Puchong, Selangor.

### **OLD KLANG ROAD**

61, Jalan Hujan Emas 1,  
Taman OUG,  
58200 Old Klang Road, K. Lumpur.

### **TAWAU**

TB 2263, Tmn Cynthia,  
Jln Chong Thien Vun,  
91000 Tawau, Sabah.

### **SUBANG JAYA**

82A, Jalan USJ 2/4Q,  
47600 Subang Jaya, Selangor.

### **SELAYANG**

2, Jalan 6/2B, Taman Desa Bakti,  
68100 Selayang, K. Lumpur.

### **SERDANG**

19, Jalan DD 3A/8,  
Taman Dato Demang,  
43300 Seri Kembangan, Selangor.

### **IPOH**

13, Persiaran Bandar Baru Tambun 9,  
31400 Ipoh, Perak.

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