

## Movement in Autism: From Understanding to Therapy

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Even though autism is referred to as a social-cognitive disorder, traditional theories interpreting this condition (i.e., theory of the Brain) do not shed light in its most persistent aspects. Simultaneously, sensory-motor deficiencies in autism contest for the disorder's "core" in therapeutic practice. Studies show that 79% of children with ASD have clear motor disorders and a furthermore 10% borderline, postulating that the greater the movement impairments, the greater the social communication deficits of the autistic children. Therapeutic intervention even in autism demands delving into sensory-motor development in the first year of life. Motor learning theory gives satisfactory answer to disorders of motor control, hypotonia, joint hyperextensibility, toe walking, developmental coordination disorder, executive function impairments, dyspraxic phenomena appearing in autism. Behaviours as sensory- motor stereotypes, stereotypical use of objects, but also lack of eye contact, are as well rooted in the first year of life; according to the psychodynamic theory, they consist of the auto-sensory defense against "premature stress", grounding the child in primitive motor stages. Physiotherapy, as a dominant therapy in premature and high-risk infants, because of high prevalence of ASD among this population, ensures early intervention in autism: it is proven that, due to early concurrent genesis of brain's synapses, movement improvement triggers other areas' development (sensory-knowledge-social). Furthermore, besides occupational therapy, physiotherapy proposes additional therapeutic strategies for complete solution of motor problems in autism. Motor Development as Key to Early Diagnosis, parents' collaboration, interdisciplinary approach, including psychomotor therapy, help to motor improvement in autism.

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