



Episode 32: Unpacking Clinical Language: Eye Control and the Vestibular System

Hosts: Tracy Stackhouse · Michelle Maunder · Cory Dundon

LISTENER NAME

DATE LISTENED

TOTAL LISTENING + REFLECTION TIME (MINS)

CPD HOURS CLAIMED

Episode Summary

How do you explain something like ocular motor control to a parent without losing them in jargon? This episode sits right in that translation space, the constant move between precise clinical language and words a family can actually use, and follows eye control all the way down to the vestibular system that holds it up. It grew out of a report Michelle was writing, where she kept typing the word motor and stopping herself: what does motor even mean to a parent new to their child's development? From there we follow ocular motor control as the way in, eyes in head, head on body, with vestibular and proprioceptive processing underneath, and one little client whose distractibility and clumsiness traced back to not being able to separate her eyes from her head. There is friendly ribbing about reaching for AI versus a shelf of neuroscience books, and a real point underneath about telling good information apart from confident nonsense.

Resources & Mentions

- The SPIRIT model (Sensory, Affective, Motor), Tracy Stackhouse
- Ayres Sensory Integration
- SOSI-M and COMPS, motor and postural assessments
- Clinical Observations (Clin Obs), adapted from Jean Ayres
- Mary Kawar, on vestibular and ocular function in supine and prone
- Daniel Stern, on the movement system and the development of self
- Charles Sherrington, the motor system as the final common pathway
- Lois Bly, on motor development
- **DFX Learning Journeys**, build your clinical reasoning skills

Reflection Prompts

Take a few quiet minutes to consider each prompt and write freely.

- 1 Where do you notice yourself slipping into clinical shorthand like ocular motor or praxis, and what would it take to translate that for a family without losing the precision?

2 Think of a child on your caseload described as distractible or clumsy. Have you looked at their eye control, and have you looked at it in more than one body position?

3 How confidently can you separate a sensory discrimination picture from a protective or autonomic one when a child struggles with eye control? What would help you tell them apart?

4 When you reach for AI or a quick search in your clinical work, what is your process for checking it against trusted sources before it shapes a plan?

5 What is one assessment you could adapt this week to observe a capacity in supine or prone, not just upright, to find a child's developmental landing pad?
