

PHYSIOTHERAPY FOR CHILDREN WITH AUTISM

MOVEMENT | PLAY | PARTICIPATION

Children with autism have individual strengths, interests and support needs. Physiotherapy may help when movement differences affect comfort, daily activities, play or participation.

1 HOW PHYSIO MAY HELP

A paediatric physiotherapist can work with the child and family on practical movement goals.

- Balance, coordination and motor planning
- Strength, mobility and stamina
- Walking, stairs, running, jumping and floor skills
- Playground, swimming, cycling or sport participation

2 MOVEMENT THROUGH PLAY

Play can build movement skills while keeping activity meaningful and enjoyable.

- Obstacle play, climbing and kneeling games
- Active interests such as walks, dance or ball games
- Offer choices and adapt the activity or setting
- There is no single activity for every child

3 A NOTE ABOUT W-SITTING

W-sitting is a common position and is not automatically harmful. Evidence does not support routinely discouraging it, although research is limited. [1, 2] If W-sitting is the only position your child uses for sitting, a paediatric physiotherapy assessment is recommended to explore comfort, movement options and support needs. Assessment may also help if there is pain or difficulty changing positions.

4 WHEN TO SEEK SUPPORT

Consider an assessment if movement differences:

- Lead to frequent falls or difficulty keeping up
- Make stairs, running, jumping or play effortful
- Limit activities the child wants to join
- Come with pain or a noticeable change in walking

5 CHILD-CENTRED CARE

Support can be shaped around what matters to your child and family.

- Use interests, clear language and predictable routines
- Adapt sensory demands and offer meaningful choices
- Respect communication, comfort and consent
- Review progress against everyday goals

Seek prompt medical advice for sudden weakness, loss of skills, persistent or night pain, swelling, or an acute change in walking.

[1] Nordon DG, et al. W-sitting in childhood: a systematic review. Acta Ortop Bras. 2024;32(6). doi:10.1590/1413-785220243206e279277.

[2] Baird DC, et al. Lower extremity abnormalities in children. Am Fam Physician. 2025;111(2):125-139.