

The impact of auditory integration on motor functional disorder in children with attention deficit hyperactive disorder (ADHD)

Chhavi Kumar Sharma, Shahiduz Zafar

Department of Physiotherapy, Galgotias University, Greater Noida, Uttar Pradesh, India

ABSTRACT

Background and objectives. The primary focus of ADHD research and treatment has been on cognitive and behavioral aspects, there is growing evidence suggesting a significant relationship between ADHD and motor functional disorders. This comprehensive review examines the impact of auditory integration on motor functional disorders in children with ADHD.

Materials and methods. We explore the neurological basis of auditory processing in ADHD, the relationship between auditory integration and motor function, and the potential therapeutic applications of auditory integration techniques in improving motor outcomes for children with ADHD.

Conclusions. Our analysis encompasses a wide range of studies, including neuroimaging, behavioral, and intervention research, to provide a holistic understanding of this complex interplay motor function among children with ADHD, offering promising avenues for targeted interventions and improved outcomes.

Keywords: ADHD, auditory integration, motor functional disorder, neurodevelopmental disorders, sensory processing, therapeutic interventions

Abbreviations (in alphabetical order):

ADHD – Attention Deficit Hyperactive Disorder
DSM-5 – Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
EEG – Electroencephalogram

fMRI – Functional Magnetic Resonance Imaging
MEG – Magneto encephalography
MMN – Mismatch Negativity

INTRODUCTION

ADHD shed light on the motor function challenges faced by children with ADHD, revealing a complex interplay between cognitive, sensory, and motor systems [1,2].

Among the various sensory modalities, auditory processing and integration have emerged as critical factors influencing both cognitive and motor functions in children with ADHD [3]. The auditory system plays a vital role communication, and social skills, all of which are areas of potential difficulty in auditory

processing capabilities and motor function, particularly in the context of ADHD [4].

This comprehensive review aims to explore the intricate relationship between auditory integration and motor functional disorders in children with ADHD. We will examine the neurological underpinnings of auditory processing in ADHD, investigate how auditory integration influences motor function, and evaluate the potential of auditory integration techniques as therapeutic interventions for improving motor outcomes in this population.

Corresponding author:

Shahiduz Zafar

E-mail: shahiduz.zafar@galgotiasuniversity.edu.in

Article History:

Received: 4 August 2024

Accepted: 20 September 2024

The significance of this review lies in its potential to bridge the gap between sensory processing and motor function in ADHD research and treatment. By synthesizing findings from diverse fields such as neuroscience, psychology, and occupational therapy, we aim to provide a holistic understanding of the role of auditory integration in motor function.

In the following sections, we will first provide an overview of ADHD and its associated motor challenges. We will then delve into the neurological basis of auditory processing in ADHD, exploring how atypical auditory integration may contribute to motor functional disorders, neuroimaging studies, behavioral assessments, and intervention research. Finally,

ADHD AND MOTOR FUNCTIONAL DISORDERS

Overview of ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopment disorder characterized by recurrent patterns of hyperactivity, impulsivity, and inattention that impede an individual's ability to learn or grow [5]. Three main classifications exist for attention-deficit/hyperactivity disorder (ADHD), according the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This category includes three types: mixed presentation, hyperactive-impulsive, and mostly inattentive [6].

While it is well acknowledged that attention-deficit/hyperactivity disorder (ADHD) is typified by its core symptoms, there is growing recognition that the illness is complex, encompassing a wide range of related challenges across behavioral, affective, and cognitive domains. The awareness of this is rising. Among these associated difficulties, impairments in motor function have drawn more attention in recent years. There are several reasons to be concerned about this emphasis [7].

Motor functional disorders in ADHD

Motor functional disorders in children with ADHD encompass a broad spectrum of difficulties, ranging from subtle motor coordination issues to more pronounced problems with fine and gross motor skills [8]. These motor challenges can significantly impact a child's daily functioning, academic performance, and social interactions.

MATERIALS AND METHODS

Auditory integration techniques and motor outcomes in ADHD

Given the established relationship between auditory integration and motor function in ADHD, various therapeutic approaches have been developed to

target auditory processing as a means of improving motor outcomes. This section reviews the evidence for different auditory integration techniques and their impact on motor function in children with ADHD.

TABLE 1. The laboratory values of the patient

Motor domain	Specific challenges	Prevalence in ADHD
Fine motor skills	– Difficulty with handwriting – Poor pencil grip – Challenges with buttoning, tying shoelaces	30-50% [9]
Gross motor skills	– Clumsiness – Poor balance – Difficulties in sports activities	40-60% [10]
Motor coordination	– Delayed motor milestones – Awkward or uncoordinated movements	50-70% [11]
Motor planning	– Difficulty sequencing complex motor tasks – Challenges in learning new motor skills	30-40% [12]
Rhythm and timing	– Poor timing in motor activities – Difficulties in rhythmic movements	40-60% [13]

The high prevalence of motor difficulties in children with ADHD has led researchers to investigate the underlying mechanisms contributing to these challenges. One area of particular interest is the role of sensory processing, especially auditory integration, in motor function among children with ADHD.

Neurological basis of auditory processing in ADHD

Auditory processing pathways

The auditory system involves a complex network of neural pathways that process and integrate acoustic information [14].

The primary auditory pathway includes:

1. Cochlea: Transforms sound waves into electrical signals
2. Auditory nerve: Transmits electrical signals to the brainstem
3. Cochlear nuclei: First processing station in the brainstem
4. Superior olivary complex: Involved in sound localization
5. Inferior colliculus: Integrates multiple types of auditory information
6. Medial geniculate nucleus: Relay station in the thalamus
7. Primary auditory cortex: Processes basic features of sound

Beyond this primary pathway, auditory information is further processed in secondary auditory are-

as and integrated with other sensory modalities in association cortices [15].

Atypical auditory processing in ADHD

Research has revealed several alterations in auditory processing pathways among individuals with ADHD. These differences can be broadly categorized into structural and functional abnormalities.

Structural abnormalities

Neuroimaging studies have identified structural differences in the auditory processing areas of individuals with ADHD. Table 2 summarizes key findings from structural neuroimaging studies.

TABLE 2. Structural abnormalities in auditory processing areas in ADHD

Brain region	Observed abnormalities	Study
Superior temporal gyrus	Reduced gray matter volume	Castellanos et al. (2002) [16]
Planum temporale	Atypical asymmetry	Hynd et al. (1990) [17]
Corpus callosum	Reduced volume in posterior regions	Hynd et al. (1991) [18]
Cerebellum	Reduced volume in posterior-inferior lobes	Castellanos et al. (2002) [16]

These structural differences may contribute to atypical auditory processing and integration in individuals with ADHD.

Functional abnormalities

Functional neuroimaging and electrophysiological studies have revealed altered patterns of brain activity during auditory processing tasks in individuals with ADHD. Key findings include:

1. Reduced activation in the temporal cortex during auditory attention tasks [19]
2. Atypical patterns of neural synchronization in response to auditory stimuli [20]
3. Altered mismatch negativity (MMN) responses, indicating differences in pre-attentive auditory processing [21]
4. Reduced P300 amplitude, suggesting difficulties in auditory target detection and attention allocation [22]

These functional abnormalities provide evidence for atypical auditory processing and integration in ADHD, which may have cascading effects on other cognitive and motor functions.

Neurotransmitter systems and auditory processing in ADHD

The role of neurotransmitter systems, particularly dopamine and norepinephrine, is well-established

TABLE 3. Neurotransmitter systems in auditory processing and ADHD

Neurotransmitter	Role in auditory processing	Implications for ADHD
Dopamine	<ul style="list-style-type: none"> – Modulates auditory gating – Influences auditory learning and memory 	<ul style="list-style-type: none"> – Altered dopamine signaling may affect auditory attention and processing – May contribute to difficulties in auditory-based learning
Norepinephrine	<ul style="list-style-type: none"> – Enhances signal-to-noise ratio in auditory processing – Modulates auditory plasticity 	<ul style="list-style-type: none"> – Dysregulation may lead to increased sensitivity to auditory distractions – May impact the ability to filter irrelevant auditory information
Glutamate	<ul style="list-style-type: none"> – Primary excitatory neurotransmitter in auditory pathways – Crucial for synaptic plasticity in auditory learning 	<ul style="list-style-type: none"> – Alterations in glutamatergic signaling may affect auditory processing efficiency – May contribute to difficulties in auditory discrimination
GABA	<ul style="list-style-type: none"> – Primary inhibitory neurotransmitter in auditory system – Involved in shaping frequency tuning and temporal processing 	<ul style="list-style-type: none"> – Imbalances may lead to altered auditory sensitivity and processing – May contribute to difficulties in auditory figure-ground discrimination

in ADHD [23]. These neurotransmitters also play crucial roles in auditory processing and motor function. Table 3 summarizes the involvement of key neurotransmitter systems in auditory processing and their potential implications for ADHD.

Understanding these neurological underpinnings provides a foundation for exploring.

Auditory integration and motor function in ADHD

This section will explore the various ways in which auditory processing and integration influence motor function, with a specific focus on the ADHD population.

Theoretical frameworks

Several theoretical frameworks have been proposed to explain the relationship between auditory integration and motor function. Two prominent theories are particularly relevant to understanding this relationship in the context of ADHD:

TABLE 4. Neuroimaging findings on auditory-motor integration in ADHD

Study	Imaging modality	Key findings	Implications for auditory-motor integration
Patel et al. (2014) [26]	fMRI	Reduced activation in the superior temporal gyrus and supplementary motor area during an auditory-motor task	Suggests impaired coupling between auditory and motor regions in ADHD
Seither-Preisler et al. (2014) [27]	MEG	Atypical asymmetry in auditory-evoked responses correlated with motor timing deficits	Indicates a link between auditory processing asymmetry and motor timing in ADHD
Valera et al. (2010) [28]	fMRI	Reduced activation in the cerebellum during an auditory attention task	Suggests involvement of the cerebellum in auditory-motor integration deficits in ADHD
Kooistra et al. (2009) [29]	EEG	Altered patterns of neural synchronization between auditory and motor regions during a sensorimotor integration task	Indicates disrupted communication between auditory and motor systems in ADHD

TABLE 5. Behavioral studies on auditory-motor integration in ADHD

Study	Task	Key findings	Implications
Pujjarinet et al. (2017) [4]	Beat perception and synchronization	Children with ADHD showed poorer synchronization to auditory beats	Suggests deficits in temporal processing and auditory-motor coupling
Zelaznik et al. (2012) [13]	Finger tapping to auditory cues	ADHD group demonstrated greater variability in inter-tap intervals	Indicates difficulties in motor timing and auditory-motor synchronization
Noreika et al. (2013) [30]	Time estimation and reproduction	Children with ADHD showed impaired performance in both time estimation and reproduction tasks	Suggests a link between timing deficits and auditory-motor integration
Shaffer et al. (2001) [31]	Motor response to auditory go/no-go signals	ADHD group showed slower and more variable responses to auditory cues	Indicates difficulties in integrating auditory information for motor control

ADHD might contribute to motor functional disorders.

Evidence from neuroimaging studies

Table 4 summarizes key findings from neuroimaging studies examining auditory-motor integration in ADHD.

These neuroimaging findings provide evidence for altered neural connectivity and activation patterns in auditory-motor integration circuits in children with ADHD, offering potential explanations for the observed motor functional disorders.

Behavioral studies on auditory-motor integration in ADHD

Behavioral studies have examined various aspects of auditory-motor integration in children with ADHD, motor function. Key areas of investigation include:

1. Rhythm perception and production
2. Auditory-motor synchronization
3. Motor response to auditory cues
4. Auditory feedback in motor learning

These behavioral studies provide converging evidence for impaired auditory-motor integration in children with ADHD, highlighting the potential impact on various aspects of motor function.

1. The “embodied cognition” theory suggests that cognitive processes, including auditory processing, are deeply rooted in the body’s interactions with the environment [24]. This theory posits that motor and sensory systems are intrinsically linked, with each influencing the other’s development and function.
2. The “predictive coding” framework proposes that the brain constantly generates predictions about incoming sensory information and updates these predictions based on sensory feedback [25]. In the context of auditory-motor integration, this theory suggests that the motor system uses auditory feedback to refine and update motor commands.

These theoretical frameworks provide a basis for understanding how atypical auditory integration in

Auditory processing deficits and motor challenges in ADHD

The relationship between auditory processing deficits and motor challenges in ADHD can be understood through several mechanisms:

1. Temporal processing: Difficulties in processing the temporal aspects of auditory information may contribute to impaired motor timing and coordination [32].
2. Attentional modulation: Atypical attentional modulation of auditory processing may affect the ability to use auditory cues for motor planning and execution [33].
3. Sensory integration: Challenges in integrating auditory information with other sensory modalities may impact multisensory motor tasks [34].

TABLE 6. Common auditory integration techniques

Technique	Description	Theoretical basis
Auditory Integration Training (AIT)	Involves listening to electronically modified music to retrain auditory processing	Aims to reduce auditory sensitivities and improve overall auditory processing [36]
Interactive Metronome (IM)	Computer-based training program that combines rhythmic auditory cues with physical movements	Targets timing and rhythmicity to improve sensorimotor synchronization [31]
The Listening Program (TLP)	Uses specially processed music to stimulate and exercise the auditory system	Aims to improve auditory processing, attention, and sensory integration [37]
Therapeutic Listening	Combines electronically altered music with sensory integration activities	Targets the vestibular-auditory connection to improve sensory processing and motor planning [38]
Auditory-Motor Mapping Training (AMMT)	Combines intonation and hand tapping to facilitate auditory-motor connections	Originally developed for autism, adapted for ADHD to improve auditory-motor integration [39]

4. Feedback processing: Difficulties in processing and utilizing auditory feedback may affect motor learning and online motor control [35].

Understanding these mechanisms provides a foundation for developing targeted interventions to address motor functional disorders in children with ADHD through auditory integration approaches.

Auditory integration techniques and motor outcomes in ADHD

Given the established relationship between auditory integration and motor function in ADHD, various therapeutic approaches have been developed to target auditory processing as a means of improving motor outcomes. This section reviews the evidence for different auditory integration techniques and their impact on motor function in children with ADHD.

Overview of auditory integration techniques

Auditory integration techniques encompass a range of interventions designed to improve auditory processing and integration. These techniques vary in their specific methodologies, but generally aim to enhance.

Evidence for auditory integration techniques in improving motor function in ADHD

Research on the efficacy of auditory integration techniques for improving motor function in children with ADHD has yielded mixed results. This section reviews key studies investigating the impact of these techniques on motor outcomes in ADHD.

Auditory Integration Training (AIT)

While AIT has been widely used for various neurodevelopmental disorders, evidence for its efficacy in improving motor function in ADHD is limited.

- Edelson et al. (1999) [40] found improvements in motor skills following AIT in a mixed sample of children with autism and ADHD, but the study had methodological limitations.
- A systematic review by Sinha et al. (2011) [41] concluded that there was insufficient evidence to support the use of AIT for ADHD, including motor outcomes.

Interactive Metronome (IM)

IM has shown promise in improving timing and motor coordination in children with ADHD.

- Shaffer et al. (2001) [31] conducted a randomized controlled trial of IM training in boys with ADHD. The study reported significant improvements in motor control and visuomotor precision.
- A pilot study by Cospers et al. (2009) [42] found that IM training improved timing and rhythm in children with ADHD, which correlated with improvements in gross motor function.

Table 7 summarizes the findings of key studies on Interactive Metronome for motor function in ADHD.

The Listening Program (TLP)

Research on TLP specifically for motor function in ADHD is limited, but some studies have reported broader benefits that may indirectly impact motor skills.

TABLE 7. Studies on interactive metronome for motor function in ADHD

Study	Design	Sample size	Key findings
Shaffer et al. (2001) [31]	Randomized controlled trial	56 boys with ADHD	Significant improvements in motor control and visuomotor precision
Cospers et al. (2009) [42]	Pilot study	12 children with ADHD	Improvements in timing, rhythm, and gross motor function
Rosenblum & Regev (2013) [43]	Pre-post intervention study	20 children with ADHD	Improvements in handwriting performance and executive function

- A case study by Jeyes & Newton (2010) [37] reported improvements in balance and motor coordination in a child with ADHD following TLP intervention.
- Francis (2011) [44] conducted a pilot study on TLP in children with various neurodevelopmental disorders, including ADHD, and found improvements in sensory processing and motor skills.

Therapeutic Listening

While Therapeutic Listening has been used in occupational therapy settings for children with ADHD, peer-reviewed research on its efficacy for motor function in this population is scarce.

- Hall & Case-Smith (2007) [45] found improvements in sensory processing and visual motor skills in children with sensory processing disorders, including some with ADHD, following Therapeutic Listening intervention.

Auditory-Motor Mapping Training (AMMT)

AMMT, originally developed for autism, has been adapted for use in ADHD with some promising results.

- Seither-Preisler et al. (2017) [27] found that AMMT improved auditory-motor synchronization and reduced ADHD symptoms in a small sample of children with ADHD.

RESULTS

The potential mechanisms by which auditory integration techniques may improve motor function in ADHD include:

1. **Enhanced neural synchronization:** Improving the synchronization between auditory and motor areas of the brain [32].
2. **Improved temporal processing:** Enhancing the ability to process and respond to temporal aspects of auditory stimuli, which may transfer to improve motor timing [46].
3. **Increased attentional control:** Strengthening attentional networks through auditory training, potentially improving motor planning and execution [47].
4. **Neuroplasticity:** Promoting structural and functional changes in auditory and motor neural circuits through repeated stimulation and practice [48].

TABLE 8. Recommended assessment components for auditory and motor function in ADHD

Domain	Assessment tools	Purpose
Auditory processing	– Auditory processing disorder (APD) test battery – Speech-in-Noise tests – Dichotic listening tasks	Identify specific auditory processing deficits
Auditory-motor integration	– Synchronized finger-tapping tasks – Rhythm reproduction tests – Interactive metronome assessment	Evaluate auditory-motor synchronization and timing
Sensory processing	– Sensory processing measure (SPM) – Sensory profile	Assess overall sensory processing, including auditory domain

DISCUSSION

This section outlines key considerations for clinicians and provides recommendations for incorporating auditory integration approaches into comprehensive ADHD management.

Assessment considerations

Comprehensive assessment of children with ADHD should include evaluation of both auditory processing and motor function. Table 8 outlines recommended assessment components.

Intervention recommendations

Based on the current evidence, the following recommendations are proposed for incorporating auditory integration approaches into ADHD management:

1. **Individualized approach:** Tailor auditory integration interventions based on the child's specific auditory processing and motor function profiles.
2. **Multimodal intervention:** Combine auditory integration techniques with traditional ADHD interventions (e.g., behavioral therapy, medication) for a comprehensive treatment approach.
3. **Gradual implementation:** Introduce auditory integration techniques gradually, monitoring the child's response and adjusting the intervention as needed.
4. **Collaborative care:** Involve a multidisciplinary team, including occupational therapists, speech-language pathologists, and psychologists, in the implementation of auditory integration interventions.
5. **Parent and teacher education:** Provide education on the relationship between auditory processing and motor function in ADHD to parents and teachers, facilitating a supportive environment for intervention.
6. **Regular monitoring:** Conduct periodic assessments to evaluate progress and adjust interventions accordingly.

TABLE 9. Challenges and solutions in implementing auditory integration approaches

Challenge	Proposed solution
Limited access to specialized equipment	Explore telehealth options or home-based programs with remote monitoring
Time constraints in therapy sessions	Integrate auditory-motor activities into existing therapy routines
Maintaining child engagement	Use gamification and technology-enhanced interventions to increase motivation
Generalization of skills to daily life	Provide strategies for incorporating auditory-motor activities into daily routines
Variability in response to interventions	Regularly assess progress and adjust interventions based on individual response

Potential challenges and solutions

Implementing auditory integration approaches in ADHD management may present certain challenges. Table 9 outlines common challenges and proposed solutions.

CONCLUSION

The evidence suggests a significant interplay between auditory processing and motor function in this population, with implications for both assessment and intervention.

Key findings include:

1. Neurological basis: Structural and functional abnormalities in auditory processing areas of the brain in ADHD, which may contribute to motor difficulties.
2. Auditory-motor integration: Impairments in auditory-motor synchronization, timing, and coordination in children with ADHD.
3. Intervention efficacy: Promising results for some auditory integration techniques in improving motor function, particularly Interactive Metronome and Auditory-Motor Mapping Training.

4. Clinical implications: The need for comprehensive assessment of both auditory and motor functions in ADHD, and the potential benefits of incorporating auditory integration approaches into treatment plans.

While the field has made significant progress in understanding the role of auditory integration in motor function among children with ADHD, several areas require further investigation. As our understanding of the intricate relationships between sensory processing, cognitive function, and motor skills in ADHD continues to evolve, it is clear that a more holistic approach to assessment and intervention is needed. By recognizing and addressing the role of auditory integration in motor function, clinicians and researchers can work towards developing more effective, personalized interventions.

Acknowledgements:

We would like to express our gratitude to all the colleagues and experts who provided invaluable insights and feedback during the preparation of this narrative review for their support and contributions. Additionally, we acknowledge the support of our families and friends throughout the process.

Conflict of interest: none declared

Financial support: none declared

REFERENCES

1. Polanczyk G, de Lima MS, Horta BL, Biederman J, Rohde LA. The worldwide prevalence of ADHD: a systematic review and meta-regression analysis. *Am J Psychiatry*. 2007 Jun;164(6):942-8. doi: 10.1176/ajp.2007.164.6.942.
2. Fliers E, Rommelse N, Vermeulen SH, Altink M, Buschgens CJ, Faraone SV, et al. Motor coordination problems in children and adolescents with ADHD rated by parents and teachers: effects of age and gender. *J Neural Transm (Vienna)*. 2008;115(2):211-20. doi: 10.1007/s00702-007-0827-0.
3. Serrallach B, Groß C, Bernhofs V, Engelmann D, Benner J, Gündert N, et al. Neural Biomarkers for Dyslexia, ADHD, and ADD in the Auditory Cortex of Children. *Front Neurosci*. 2016 Jul 15;10:324. doi: 10.3389/fnins.2016.00324.
4. Puyjarinet F, Bégel V, Lopez R, Dellacherie D, Dalla Bella S. Children and adults with Attention-Deficit/Hyperactivity Disorder cannot move to the beat. *Sci Rep*. 2017 Sep 14;7(1):11550. doi: 10.1038/s41598-017-11295-w.
5. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington, VA: American Psychiatric Publishing; 2013.
6. Barkley RA. Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment. Guilford Publications; 2015.
7. Sonuga-Barke E, Bitsakou P, Thompson M. Beyond the dual pathway model: evidence for the dissociation of timing, inhibitory, and delay-related impairments in attention-deficit/hyperactivity disorder. *J Am Acad Child Adolesc Psychiatry*. 2010 Apr;49(4):345-55. doi: 10.1016/j.jaac.2009.12.018.
8. Kaiser ML, Schoemaker MM, Albaret JM, Geuze RH. What is the evidence of impaired motor skills and motor control among children with attention deficit hyperactivity disorder (ADHD)? Systematic review of the literature. *Res Dev Disabil*. 2015 Jan;36C:338-357. doi: 10.1016/j.ridd.2014.09.023.
9. Langmaid RA, Papadopoulos N, Johnson BP, Phillips JG, Rinehart NJ. Handwriting in children with ADHD. *J Atten Disord*. 2014 Aug;18(6):504-10. doi: 10.1177/1087054711434154.
10. Harvey WJ, Reid G, Grizenko N, Mbekou V, Ter-Stepanian M, Joobar R. Fundamental movement skills and children with attention-deficit hyperactivity disorder: peer comparisons and stimulant effects. *J Abnorm Child Psychol*. 2007 Oct;35(5):871-82. doi: 10.1007/s10802-007-9140-5.
11. Pitcher TM, Piek JP, Hay DA. Fine and gross motor ability in males with ADHD. *Dev Med Child Neurol*. 2003 Aug;45(8):525-35. doi: 10.1017/s0012162203000975.
12. Klimkeit EI, Mattingley JB, Sheppard DM, Farrow M, Bradshaw JL. Examining the development of attention and executive functions in children with a novel paradigm. *Child Neuropsychol*. 2004 Sep;10(3):201-11. doi: 10.1080/09297040409609811.
13. Zelaznik HN, Vaughn AJ, Green JT, Smith AL, Hoza B, Linnea K. Motor timing deficits in children with Attention-Deficit/Hyperactivity disorder. *Hum Mov Sci*. 2012 Feb;31(1):255-65. doi: 10.1016/j.humov.2011.05.003.

14. Kandel ER, Schwartz JH, Jessell TM, Siegelbaum SA, Hudspeth AJ. Principles of neural science. Vol. 4. New York: McGraw-Hill; 2000.
15. Pickles JO. Auditory pathways: anatomy and physiology. *Handb Clin Neurol*. 2015;129:3-25. doi: 10.1016/B978-0-444-62630-1.00001-9.
16. Castellanos FX, Lee PP, Sharp W, Jeffries NO, Greenstein DK, Clasen LS, et al. Developmental trajectories of brain volume abnormalities in children and adolescents with attention-deficit/hyperactivity disorder. *JAMA*. 2002 Oct 9;288(14):1740-8. doi: 10.1001/jama.288.14.1740.
17. Hynd GW, Semrud-Clikeman M, Lorys AR, Novey ES, Eliopoulos D. Brain morphology in developmental dyslexia and attention deficit disorder/hyperactivity. *Arch Neurol*. 1990 Aug;47(8):919-26. doi: 10.1001/archneur.1990.00530080107018.
18. Hynd GW, Semrud-Clikeman M, Lorys AR, Novey ES, Eliopoulos D, Lyytinen H. Corpus callosum morphology in attention deficit-hyperactivity disorder: morphometric analysis of MRI. *J Learn Disabil*. 1991 Mar;24(3):141-6. doi: 10.1177/002221949102400302.
19. Stevens MC, Pearson GD, Kiehl KA. An fMRI auditory oddball study of combined-subtype attention deficit hyperactivity disorder. *Am J Psychiatry*. 2007 Nov;164(11):1737-49. doi: 10.1176/appi.ajp.2007.06050876.
20. Mazaheri A, Coffey-Corina S, Mangun GR, Bekker EM, Berry AS, Corbett BA. Functional disconnection of frontal cortex and visual cortex in attention-deficit/hyperactivity disorder. *Biol Psychiatry*. 2010 Apr 1;67(7):617-23. doi: 10.1016/j.biopsych.2009.11.022.
21. Cheng CH, Chan PS, Hsieh YW, Chen KF. A meta-analysis of mismatch negativity in children with attention deficit-hyperactivity disorders. *Neurosci Lett*. 2016 Jan 26;612:132-137. doi: 10.1016/j.neulet.2015.11.033.
22. Barry RJ, Johnstone SJ, Clarke AR. A review of electrophysiology in attention-deficit/hyperactivity disorder: II. Event-related potentials. *Clin Neurophysiol*. 2003 Feb;114(2):184-98. doi: 10.1016/s1388-2457(02)00363-2.
23. Volkow ND, Wang GJ, Kollins SH, Wigal TL, Newcorn JH, Telang F, Fowler JS, Zhu W, Logan J, Ma Y, Pradhan K, Wong C, Swanson JM. Evaluating dopamine reward pathway in ADHD: clinical implications. *JAMA*. 2009 Sep 9;302(10):1084-91. doi: 10.1001/jama.2009.1308. Erratum in: *JAMA*. 2009 Oct 7;302(13):1420.
24. Wilson M. Six views of embodied cognition. *Psychon Bull Rev*. 2002 Dec;9(4):625-36. doi: 10.3758/bf03196322.
25. Friston K. The free-energy principle: a unified brain theory? *Nat Rev Neurosci*. 2010 Feb;11(2):127-38. doi: 10.1038/nrn2787.
26. Patel AD, Iversen JR. The evolutionary neuroscience of musical beat perception: the Action Simulation for Auditory Prediction (ASAP) hypothesis. *Front Syst Neurosci*. 2014 May 13;8:57. doi: 10.3389/fnsys.2014.00057.
27. Seither-Preisler A, Parncutt R, Schneider P. Size and synchronization of auditory cortex promotes musical, literacy, and attentional skills in children. *J Neurosci*. 2014 Aug 13;34(33):10937-49. doi: 10.1523/JNEUROSCI.5315-13.2014.
28. Valera EM, Spencer RM, Zeffiro TA, Makris N, Spencer TJ, Faraone SV, et al. Neural substrates of impaired sensorimotor timing in adult attention-deficit/hyperactivity disorder. *Biol Psychiatry*. 2010 Aug 15;68(4):359-67. doi: 10.1016/j.biopsych.2010.05.012.
29. Kooistra L, Crawford S, Dewey D, Cantell M, Kaplan BJ. Motor correlates of ADHD: contribution of reading disability and oppositional defiant disorder. *J Learn Disabil*. 2005 May-Jun;38(3):195-206. doi: 10.1177/00222194050380030201.
30. Noreika V, Falter CM, Rubia K. Timing deficits in attention-deficit/hyperactivity disorder (ADHD): evidence from neurocognitive and neuroimaging studies. *Neuropsychologia*. 2013 Jan;51(2):235-66. doi: 10.1016/j.neuropsychologia.2012.09.036.
31. Shaffer RJ, Jacques LE, Cassily JF, Greenspan SI, Tuchman RF, Stemmer PJ Jr. Effect of interactive metronome training on children with ADHD. *Am J Occup Ther*. 2001 Mar-Apr;55(2):155-62. doi: 10.5014/ajot.55.2.155.
32. Tierney A, Kraus N. The ability to move to a beat is linked to the consistency of neural responses to sound. *J Neurosci*. 2013 Sep 18;33(38):14981-8. doi: 10.1523/JNEUROSCI.0612-13.2013.
33. Söderlund GB, Jobs EN. Differences in Speech Recognition Between Children with Attention Deficits and Typically Developed Children Disappear When Exposed to 65 dB of Auditory Noise. *Front Psychol*. 2016 Jan 29;7:34. doi: 10.3389/fpsyg.2016.00034.
34. Dionne-Dostie E, Paquette N, Lassonde M, Gallagher A. Multisensory integration and child neurodevelopment. *Brain Sci*. 2015 Feb 11;5(1):32-57. doi: 10.3390/brainsci5010032.
35. Pfordresher PQ, Dalla Bella S. Delayed auditory feedback and movement. *J Exp Psychol Hum Percept Perform*. 2011 Apr;37(2):566-79. doi: 10.1037/a0021487.
36. Berard G. Hearing equals behavior. New Canaan, CT: Keats Publishing; 1993.
37. Jeyes G, Newton C. Evaluation of The Listening Program in assessing auditory processing and speech skills in children with Down syndrome. *Music Med*. 2010;2(4):208-13. doi: 10.47513/mmd.v2i4.334.
38. Frick SM, Hacker C. Listening with the whole body. Madison, WI: Vital Links; 2001.
39. Wan CY, Bazen L, Baars R, Libenson A, Zipse L, Zuk J, et al. Auditory-motor mapping training as an intervention to facilitate speech output in non-verbal children with autism: a proof of concept study. *PLoS One*. 2011;6(9):e25505. doi: 10.1371/journal.pone.0025505.
40. Edelson SM, Arin D, Bauman M, Lukas SE, Rudy JH, Sholar M, et al. Auditory integration training: A double-blind study of behavioral and electrophysiological effects in people with autism. *Focus Autism Other Dev Disabl*. 1999;14(2):73-81.
41. Sinha Y, Silove N, Hayen A, Williams K. Auditory integration training and other sound therapies for autism spectrum disorders (ASD). *Cochrane Database Syst Rev*. 2011 Dec 7;2011(12):CD003681. doi: 10.1002/14651858.CD003681.pub3.
42. Cospser SM, Lee GP, Peters SB, Bishop E. Interactive Metronome training in children with attention deficit and developmental coordination disorders. *Int J Rehabil Res*. 2009 Dec;32(4):331-6. doi: 10.1097/MRR.0b013e328325a8cf.
43. Rosenblum S, Regev N. Timing abilities among children with developmental coordination disorders (DCD) in comparison to children with typical development. *Res Dev Disabil*. 2013 Jan;34(1):218-27. doi: 10.1016/j.ridd.2012.07.011.
44. Francis H. The effects of The Listening Program on children with ADD and ADHD. *Int J Listen*. 2011;25(1-2):46-54.
45. Hall L, Case-Smith J. The effect of sound-based intervention on children with sensory processing disorders and visual-motor delays. *Am J Occup Ther*. 2007;61(2):209-15. doi: 10.5014/ajot.61.2.209.
46. Tallal P, Gaab N. Dynamic auditory processing, musical experience and language development. *Trends Neurosci*. 2006;29(7):382-90. doi: 10.1016/j.tins.2006.06.003.
47. Klingberg T, Fernell E, Olesen PJ, Johnson M, Gustafsson P, Dahlström K, et al. Computerized training of working memory in children with ADHD-a randomized, controlled trial. *J Am Acad Child Adolesc Psychiatry*. 2005;44(2):177-86. doi: 10.1097/00004583-200502000-00010.
48. Hyde KL, Lerch J, Norton A, Forgeard M, Winner E, Evans AC, Schlaug G. Musical training shapes structural brain development. *J Neurosci*. 2009;29(10):3019-25. doi: 10.1523/JNEUROSCI.5118-08.2009.