

Dyspraxia / Developmental Co-ordination Disorder

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Dyspraxia followed the term “clumsy child syndrome” but now a “developmental co-ordination disorder or DCD” is the preferred term amongst professionals. Dyspraxia literally means “difficulty with the praxis – action”. It is a developmental condition which means, there are factors which are evident virtually from birth. The incidence of dyspraxia occurring with other developmental disorders (called co-morbidity) like dyslexia, attention deficit and autistic spectrum disorders is high.

There is a great overlap between the presenting symptoms of dyslexia and dyspraxia which is hardly surprising when the neurological basis for both is the same but diagnosis is dependent on which area of the brain is affected.

Dyspraxia is viewed on a spectrum and affects between 2% and 10% of the child population and between 70% to 80% are male. Despite considerable research, very little is known of the causes except that it appears to be immaturity in the area of the brain called the cerebellum. If it is not recognised that a child has dyspraxia, this can lead to secondary emotional and behavioural problems as it is easier to act the clown than it is to hide any limitations. Many dyspraxic children have average or high intelligence but then have low achievement rates in school – leading to intense frustration.



The main identifying signs for parents are :

- Poor gross motor skills (i.e kicking a ball, climbing, hopping and skipping)
- Poor fine motor skills (i.e difficulties carrying out activities using the fingers – writing, tying shoelaces, doing up buttons etc)
- Poor visual perception. (i.e. judging depth, judging distances, knowing their own space.) Many parents of dyspraxic children complain that when walking side by side on a pavement, the child is frequently bumping into them !
- Poor auditory perception (i.e. difficulties understanding instructions and being easily distracted by extraneous noises like the scraping of a chair etc.)
- Speech Difficulties
- Usually, difficulties with Mathematics and poor artistic ability.

A diagnosis of dyspraxia can be made by a psychologist, occupational therapist or physiotherapists with appropriate training. These agencies are usually accessed via a General Practitioner, Health Visitor or Paediatrician.

Identifying signs for Teachers

- Poor Articulation
- Difficulties with dressing and eating
- Limited concentration
- Inability to follow instructions
- Heightened sensitivity to sensory information
- Poor figure-ground awareness
- Inability to record on paper
- Always the outsider and last to be chosen as a partner

The dyspraxic child's cognitive profile will show a significant discrepancy between Verbal and Non Verbal abilities

This dissonance means that the child can “think” very proficiently but cannot “do” nearly as well. This causes intense frustration and lack of self-esteem.

Schools can help the severely dyspraxic child by allowing him or her to have access to a word processor for the recording of their work. If they MUST hand write, ensure that they have additional time allowance to achieve legi-

ble output of work.

Dyspraxia cannot be cured because, like dyslexia, it is neurologically and not medically based but its symptoms can lessen with maturity. The prognosis is usually hopeful if an early diagnosis is made and appropriate therapy provided. This is normally occupational therapy but if speech is affected, a speech and language therapist will be involved. Many of the exercises can be done with parental involvement and, in some cases, with the co-operation and involvement of the School P.E. teacher.

In the EU, dyspraxia is regarded as a disability and is included in the range of disabilities covered under the Disability Discrimination Act – Schools & Colleges, (2002) and other disability legislation in Member States.