



Dyspraxia

What is dyspraxia?

Dyspraxia, a form of developmental coordination disorder (DCD) is a common disorder affecting fine and/or gross motor coordination in children and adults. It may also affect speech. DCD is a lifelong condition, formally recognised by international organisations including the World Health Organisation. DCD is distinct from other motor disorders such as cerebral palsy and stroke, and occurs across the range of intellectual abilities. Individuals may vary in how their difficulties present: these may change over time depending on environmental demands and life experiences.

An individual's coordination difficulties may affect participation and functioning of everyday life skills in education, work and employment.

Children may present with difficulties with self-care, writing, typing, riding a bike and play as well as other educational and recreational activities. In adulthood many of these difficulties will continue, as well as learning new skills at home, in education and work, such as driving a car and DIY.

There may be a range of co-occurring difficulties which can also have serious negative impacts on daily life. These include social and emotional difficulties as well as problems with time management, planning and personal organisation, and these may also affect an adult's education or employment experiences.

Many people with DCD also experience difficulties with memory, perception and processing. While DCD is often regarded as an umbrella term to cover motor coordination difficulties, dyspraxia refers to those people who have additional problems planning, organising and carrying out movements in the right order in everyday situations

What causes dyspraxia?

Although the exact causes of dyspraxia are unknown, it is thought to be caused by a disruption in the way messages from the brain are transmitted to the body. This affects a person's ability to perform movements in a smooth, coordinated way.

Symptoms are evident from an early age. Youngsters are generally irritable from birth and may exhibit significant feeding problems. They are slow to achieve expected developmental milestones, often not sitting independently by the age of eight months. Many fail to go through the crawling stages as babies, preferring to 'bottom shuffle' and then walk.

Children with dyspraxia usually avoid tasks which require good manual dexterity and well developed perceptual skills, such as inset puzzles, Lego and jigsaws.

Between the ages of 3 and 5, children with dyspraxia may demonstrate the following types of behaviour.

- Very high levels of motor activity, including feet swinging and tapping when seated, hand clapping or twisting and an inability to stay in one place for more than 5 minutes.
- High levels of excitability, with a loud/shrill voice. Children may be easily distressed and prone to temper tantrums.
- Awkward movements. Children may constantly bump into objects and fall over.
- Associated mirror movements, such as hands flapping when running.
- Difficulty pedalling a tricycle or a similar toy.
- Poor figure-ground awareness. Children may lack any sense of danger, illustrated, for example, by jumping from an inappropriate height.
- Messy eating. Children may spill liquid from drinking cups and prefer to eat with their fingers.
- Avoidance of constructional toys, such as jigsaws or building blocks.
- Poor fine motor skills, demonstrated by difficulty in holding a pencil or using scissors. Drawings may appear immature.
- Lack of imaginative play. Children may show little interest in 'dressing up' or playing appropriately in a home corner or wendy house.
- Limited creative play.
- Isolation within the peer group. Children may prefer the company of adults.
- Have unclear hand dominance and problems crossing the midline.
- Some children have persistent language difficulties and may be referred to a speech and language therapist.
- Sensitivity to sensory stimulation, including noise, being touched or wearing new clothes.
- Slow to respond to questions or instructions.
- Limited concentration. Tasks are often left unfinished.

If the condition is not identified, problems can persist throughout school life causing increasing frustration and a lowering self esteem.

Between the ages of 5 and 7, behaviour may include the following traits:

- Problems with adapting to a more structured school routine.
- Difficulties with PE (Physical Education).
- Slow at dressing and an inability to tie shoe-laces.
- Barely legible handwriting.
- Immature drawing and copying skills.
- Limited concentration and poor listening skills.
- Literal use of language.
- Inability to remember more than 2-3 instructions.
- Slow completion of class work.
- Continued high levels of motor activity.
- Motor stereotypes - hand flapping or clapping when excited.
- Tendency to become easily distressed and emotional.
- Problems co-ordinating a knife or fork.
- Inability to form relationships with other youngsters, isolation in class.
- Sleeping difficulties, including wakefulness at night and nightmares.
- Reporting of physical symptoms, such as migraine, headaches, or feeling sick.

Poor handwriting is one of the most common symptoms of dyspraxia and, as the child progresses through the educational system, requirement for written work increases. By the age of 8 or 9 some children with dyspraxia have become disaffected and poor school attendance is much in evidence in secondary education.

With access to appropriate support and treatment, the majority of young people with dyspraxia could have their needs accommodated within the mainstream setting.

Parents concerned about their children should speak to their GP or health visitor if the child is aged under five, or the special needs co-ordinator if in full time schooling. A referral may then be made to an outside professional, for example, a paediatrician, educational psychologist, physiotherapist, occupational therapist or speech and language therapist, for assessment.

When an appointment has been made, write down all your concerns. In an unfamiliar setting your child may not behave in the expected manner or give sufficient attention to the tasks set. Assessment usually involves giving a detailed account of your child's developmental history, examination of gross and fine motor skills and a test of intellectual ability.

Treatment is available from specialists in health and education when the condition has been identified. Movement programmes may be offered by therapists and additional support can be made available in school.

Further information available from:

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