

WHAT IS DYSPRAXIA?

Dyspraxia is often referred to as Developmental Co-ordination Disorder or DCD and is a difficulty in movement and coordination impacting upon everyday living and learning. Movement is coordinated through muscles and joints which respond to stimuli detected through **receptors**.

It is a difficulty in **planned** movement, actions and coordination – the individual knows what they want to do, but struggle to carry it out.

There are three systems which may be affected:

- Tactile impacting the feedback mechanism for planned movement and coordination
- Vestibular impacting balance and coordination
- Proprioceptive located in muscles and joints impacting awareness of body position

The main facts:

- 1. Dyspraxia is a developmental condition which means it is present from birth and not acquired
- 2. It is highly likely to occur with other developmental conditions, such as dyslexia or ADHD
- 3. Dyspraxia affects approximately 1 in 6 individuals
- 4. More boys are affected by dyspraxia than girls, roughly in a ratio of 1 to 4
- 5. It is known as a specific learning difficulty because it impacts mainly upon physical development and can have a significant impact upon learning in certain situations
- 6. It is not associated with a lack of experience or practice; hence diagnosis can only be made after intensive course of intervention or remediation (therapy)
- 7. Sensory difficulties are often associated with dyspraxia including hypersensitivity and/or hyposensitivity
- 8. It occurs across the ability spectrum
- 9. Although it is most effective to identify dyspraxia within the educational setting, a full diagnosis can only be conducted by a specialist clinician due to it being a neurophysiological condition there are a number of other conditions which have similar symptoms which must be ruled out before a diagnosis can be made.
- 10. Ideally a joint education and health assessment should be carried out, by a specialist teacher and occupational therapist or physiotherapist



- 11. The most effective intervention is tailored to the individual and provided daily
- 12. Since it affects fine movements as well as large muscle groups and movements, it impacts handwriting, self-help skills (feeding, personal hygiene, dressing), feeding, reading (tracking) and even speech
- 13. It is associated with voluntary movements, not those which are automatic, such as reflexes

The main difficulties associated with dyspraxia:

Main area of difficulty	Things to look for:
Poor hand-eye coordination	 Late motor milestones, such as sitting, crawling (may never crawl) walking Cutting is messy Messy eater – uses fingers Writing is illegible Struggles to catch or kick a ball with accuracy Tracing skills are poor
Difficulty crossing midline and with laterality	 Difficulty with laces, riding a bike, using a knife and fork, any activity requiring a coordination of both sides of the body Struggles to sit cross-legged
Body-in-space awareness	 Tendency to bump into things Personal hygiene is poor due to difficulty in locating parts of the body which they cannot see Poor feedback leads to being heavy handed
• Balance	 Trips or falls over easily Struggles to dress - particularly trousers which require balance Kicking a ball, hopping, skipping, jumping May appear restless when sitting
Tactile sensitivity – hypersensitivity	 Finds it difficult to wear certain materials Avoids certain textures of food Avoids messy play
Tactile sensitivity – hyposensitivity	 Drops items and appears clumsy as cannot feel for items easily Stomps as doesn't feel the ground under their feet when walking
Speech and articulation	Difficulty forming sounds with clarity due to fine motor control – may tend to use lips to pronounce words
Muscle tone	May appear low toned,May have an awkward gait