



# Dyspraxia/ DCD in Primary Schools

Developmental coordination disorder (DCD), also known as Dyspraxia in the UK, is a common disorder affecting fine and/or gross motor coordination in children and adults. It can 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. (*movementmatters.uk, 2013*)

Whilst dyspraxia/DCD is primarily a motor disorder, in many cases individuals may experience difficulties with memory, perception and processing along with poor planning, organisation and sequencing skills which can have a significant negative impact on everyday activities. Although, the condition may occur in isolation, it frequently coexists with other conditions such as ADHD (attention deficit hyperactive disorder), dyslexia, language disorders and social, emotional and behavioural impairments. (*Dyspraxia Foundation, 2015*)

The condition affects 5% of the population with a ratio of two boys to every one girl (Langham, 2009). This equates to at least one child in every classroom. Findings from a Dyspraxia Foundation survey (2015), suggests that girls are likely to be diagnosed later than boys, often not until adolescence or adulthood.

Dyspraxia/DCD is a medical condition with educational implications. Young people should be referred to their GP who may then refer on to a paediatrician, occupational therapist, physiotherapist and/or speech and language therapist, depending on the child's needs and the way that services are managed locally. For further information, please download the information sheet from the Dyspraxia Foundation website at:

<http://dyspraxiafoundation.org.uk/wp-content/uploads/2014/10/Guidance-for-parents-seeking-a-diagnosis.pdf>

The exact causes of dyspraxia/DCD remain unknown – in fact it is likely that there is more than one cause. While dyspraxia/DCD is not the result of brain damage, it may have a neurological basis (: *Zwicker et al 2010*). Genetic factors may play a part in some cases (*Sugden et al 2008*) while other risk factors include low birthweight and prematurity (*Langham, 2009*).

Diagnosis of DCD/dyspraxia is unusual before five years of age because children vary widely in their movement opportunities and the rate of their development. It is important that a diagnosis is not given too early as poor motor coordination could be an early indicator of another condition, (e.g.cerebral palsy, muscular dystrophy or an attention disorder) which will require different intervention approaches.

Difficulties may well have already been noted when a child entered reception or nursery (please download factsheet Dyspraxia/DCD Early Years on downloads on the Dyspraxia Foundation website). The difficulties seen in the younger child may continue and will have greater impact on daily life.

Although dyspraxia/DCD affects each individual differently some of the common difficulties noted for the child in junior schools are listed below.

### ***Motor difficulties***

- Difficulties with co-ordination
- Difficulties with ball and bat games
- Bumps into objects, furniture, people, knocks items over
- Easily trips and falls over
- Difficulty walking up and down stairs quickly
- Difficulty learning to ride a bicycle
- Poor stamina
- Poor fine motor skills: development of handwriting, manipulating classroom equipment such as with rulers, scissors
- Difficulty with dressing and undressing e.g. tying shoe laces, tie, buttons
- Lack of sense of danger e.g. walking towards a busy road
- Difficulty using cutlery especially cutting food with a knife

### ***Non motor difficulties***

- Literal use of language
- Difficulties with personal organisation
- Difficulty remembering rules and instructions
- Sleeping difficulties

### **How this may be observed in the classroom:**

- *Games lessons are often difficult* - the child has difficulty with activities that involve running, hopping, jumping, skipping, catching/batting/kicking balls, climbing onto and off apparatus or climbing bars. Has difficulty with team games, understanding and remembering rules, listening to instructions
- *Handwriting difficulties* - both with formation of letters as well as speed. Work appears messy. Has difficulty keeping up in class, completing work, only able to write a few lines or sentences. Hand becomes easily tired.
- *Difficulty using classroom equipment* – includes equipment such as rulers, scissors, compasses, protractors etc
- *Slow at dressing/undressing* - particularly changing for games/PE, tying shoe laces, tie, doing up buttons, putting on coats

- *Difficulty sitting still* - may wonder around the classroom or move around on seat. Fidgets and may disturb others.
- *Difficulty keeping to own space* - work spreads out, PE/games kit spread over area
- *Poor concentration skills* - has difficulty focusing on an activity or only manages to stay on task for a short time
- *Poor organisation skills* – forgets to take homework/books/letters home or bring back to school, generally messy, loses items, poor planning for stories/essays. Has problems adapting to a structured school routine or new school year
- *Falls and trips over* - more so than other children
- *Poor spatial awareness* - knocks into objects in the classroom, knocks over items on the table or bumps into people
- *Poor short term memory* - difficulty remembering or following instructions, forgets what to do for homework, difficulty copying from the board or with dictation
- *Poor stamina* - gets easily tired and frustrated with themselves
- *Social difficulties* - often loners, have problems with forming relationships and can appear isolated in a class group. Takes spoken word literally
- *Emotional* - easily distressed
- *Other difficulties* – often find maths difficult. The child may report physical symptoms - migraines, headaches, feeling sick

### **KEY POINTS TO REMEMBER**

- The child may need supervision and encouragement to stay on a task
- Ensure good seating – it should allow the child to rest both feet flat on the floor and the child be encouraged to sit with upright posture
- Make prepared recording sheets available to reduce the quantity of handwriting required and write out homework for the child if necessary
- Break down activities/tasks into small components
- Never give the child more than 3 -4 instructions at one time and ensure that they are prepared for the instructions before they are given. Be prepared to repeat instructions several times
- Give us much encouragement and positive feedback as possible. It is vital that the child does not lose their self-esteem
- Allow extra time for the completion of a task
- Be aware that during sudden growth spurts difficulties may become more apparent
- Liaise with the relevant medical professionals for further advice in the classroom and P.E. setting

The Dyspraxia Foundation's Friendly Classroom Guidelines gives excellent helpful strategies and activities to assist the child in the classroom and may be downloaded from the Dyspraxia Foundation website at: <http://dyspraxiafoundation.org.uk/wp-content/uploads/2014/12/Primary-Classroom-Guidleines-Scanned.pdf>

## References:

**Dyspraxia Foundation (2015)** – Dyspraxia at a glance [www.dyspraxiafoundation.org.uk](http://www.dyspraxiafoundation.org.uk)

**Movement Matters UK (2012)** <http://www.movementmattersuk.org>

**LINGHAM R et al (2009)** Prevalence of developmental coordination disorder using the DSM-IV at 7 years of age: a UK population-based study *Pediatrics*. 2009 Apr;123(4):e693-700

**Sugden et al (2008)** Issues Surrounding Children with Developmental Coordination Disorder, *International Journal of Disability, Development and Education* , Volume 55, 2008 - Issue 2

**Zwicker J et al (2010)** Brain Activation of Children With Developmental Coordination Disorder is Different Than Peers. *Pediatrics* 2010;126(3) e678-686

### Further information available from:

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