Assessment for the Diagnosis of Developmental Coordination Disorder (Dyspraxia) in Adults

Criteria for the diagnosis of DCD are detailed in the Diagnostic and Statistical Manual Fifth Edition (DSM-5). This paper summarises clinical practice recommendations for the diagnosis of DCD in adults, published by Blank et al (2019).

Criterion 1: The acquisition and execution of coordinated motor skills is substantially below that expected given the individual's chronological age and opportunities to acquire age-appropriate motor skills.	**Assessment:** There is a lack of ***standardised motor tests*** appropriate for use with adults at present. Assessment is usually by ***developmental history*** and ***clinical observation*** during motor tasks. Symptoms include slowness and/or inaccuracy of motor performance. The Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2) is standardised up to age 21 years.
Criterion 2: The motor skills deficit described in criterion 1 significantly and persistently interferes with the activities of everyday living appropriate to chronological age (e.g. self-care, self-maintenance and mobility) and affects academic productivity, prevocational and vocational activities, leisure and play.	**Assessment:** ***Interview/discussion*** to include social, educational, vocational history and performance. ***Information*** from family members and professionals (e.g. employer, tutor, psychologist) with consent from the individual. Adult Developmental Disorder Checklist Diagnostic Interview for DCD in Adults Adolescent and Adults Coordination Questionnaire
Criterion 3: The motor skills deficits are not better accounted for by any other medical, neurodevelopmental, psychological, social condition or cultural background.	**Assessment:** ***Medical evaluation*** to rule out other possible explanations for a person's motor difficulties including other medical conditions (e.g. cerebral palsy, drug side effects, sensory impairments); other neurodevelopmental disorders or psychological disorders/conditions (e.g. anxiety, attentional problems); social conditions (e.g. deprivation); or acquired motor difficulties (such as trauma, multiple sclerosis or stroke). ***Interview/discussion*** re family/medical history & contextual factors including current & previous interventions, family & social support.
Criterion 4: Onset of symptoms in childhood (although not always identified until adolescence or adulthood)	**Assessment** ***Developmental history*** from the individual and parents/carers (with consent).

A note about terminology

DSM-V provides clear criteria for the diagnosis of DCD which helps communication by ensuring individuals (including the public, clinicians, the media) have a shared understanding of the people being talked about, and enables consistent, reliable diagnoses that can be used in research.

Many adults and older teenagers with lived experience of DCD however, say they prefer the term 'dyspraxia' because they are uncomfortable with the words 'developmental' (which they feel implies they should have 'grown out of' their difficulties), 'coordination' (because this doesn't convey the range of motor and non-motor difficulties that affect their daily lives) and 'disorder' (because they regard themselves as being 'different' rather than 'disordered'). Many adults describe themselves as 'dyspraxic' and consider dyspraxia to be a fundamental part of their identity.

Dyspraxia Foundation recognises DCD as the clinical diagnostic term, but respects people's right to use the term dyspraxia to refer to themselves and their difficulties.

Assessment for diagnosis and assessment of need

Adults with DCD frequently report a range of additional non-motor problems including difficulties with organisation, planning, and attention, as well as symptoms of depression, anxiety and low self-esteem. Whilst these difficulties have a considerable impact on everyday functioning and well-being, they are not currently considered core features of DCD. Non-motor factors would not therefore be considered as part of a **diagnostic assessment**, the purpose of which is to determine whether a person meets criteria for a diagnosis of DCD. Non-motor factors would however be considered during an **assessment of need**, which seeks to identify a person's unique profile of strengths and difficulties and the supports/strategies/adjustments that will enable them to live their best life.

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