

## Blazer Editorial re Dyspraxia January 2012

What exactly *is* Dyspraxia? A lot of people ask me that. It's a word that is bandied about a bit, often wrongly attributed to educational difficulties and occasionally sneered at by those who feel it is a made up term used by pushy parents to excuse their less than sporty kids.

Dyspraxia is a problem with motor control, planning and co-ordination. In other words, it affects how we plan movements, achieve movement effectively, and organise ourselves. It also includes mental difficulties in co-ordinating and planning activities, otherwise known as Organisational Dyspraxia (which clearly impacts on a child's ability to get on at school), and the ability to plan and demonstrate fluid speech (Verbal Dyspraxia).

All of us lie on a spectrum according to our ability to run, climb, do tricky things with our hands and manage ball skills but most of us don't have Dyspraxia, as we lie within normal limits regarding our skills, even if we are not that talented. Children with Dyspraxia can have difficulties across the board or struggle in just one or two areas, and their difficulties significantly affect them reaching their potential and even acquiring basic skills for daily living.

Dyspraxia is far more common in boys than girls, and not infrequently, it co-exists with other conditions including ADHD, Autistic Spectrum Disorder or Specific Learning Difficulties such as Dyslexia (reading), Dysgraphia (writing) and Dyscalculia (numbers). Dyspraxia itself is not a Learning Difficulty. Alone, it does not affect children's ability to learn, but may very well negatively affect their ability to show what they actually know in their written work. Dyspraxic kids often battle to write, struggling to form the letters and write quickly and fluidly without aching hands and exhaustion. Beware the child who cannot get anything down on paper who has both Dyspraxia *and* Dysgraphia!

Dyspraxia can only be diagnosed by a Paediatrician. That is not to say that we as Paediatricians have the most experience in this area – we don't. Occupational Therapists (OT's) have by far the most expertise. A diagnosis however can only be made when a medical cause (rare but

often serious) for motor and co-ordination difficulties has been ruled out, hence the need for a careful history and in-depth medical examination.

Dyspraxia can be broken down into Gross Motor Dyspraxia (where children run in an ungainly, inefficient, flappy manner, struggle to co-ordinate balance and climbing, and can be miles behind in terms of managing bicycle skills), Fine Motor Dyspraxia (difficulties with more intricate movements such as buttons and zips, pencil skills, using cutlery), Eye-Hand/Foot Co-ordination (these kids are poor at catching, throwing and kicking balls – NB skills often needed to be easily accepted by other boys at school), Verbal Dyspraxia (a Speech and Language domain with inarticulate, disjointed speech) and Organisational Dyspraxia. The latter can be a tremendous problem at secondary school where teenagers simply cannot get to the right place at the right time with the right equipment. Much younger children might be seen to be completely lacking any organisational skills in collecting equipment to paint etc.

What can be done about it? A diagnosis is essential, whether you seek an OT's advice first or contact a Paediatrician with the appropriate training and experience. After diagnosis, an OT will probably complete an ABC of Movement with feedback from you and also school, or another assessment, and put together a programme of specialised exercises to help your child improve their skills.

Every child can improve. They may not end up as nimble as David Beckham or be an expert cake decorator, but they will learn to do their best and hold their own, with help from experts and also Mum and Dad. Put it this way, famous dyspraxic, Daniel Radcliffe of Harry Potter fame hasn't done too badly, has he?!

For further information, contact The Dyspraxia Association via <http://www.dyspraxiafoundation.org.uk>