

Introduction

Motor Dyspraxia or Developmental Coordination disorder (DCD) is a neurodevelopmental condition which affects gross and fine motor skills, coordination and balance. People with motor dyspraxia have difficulty trusting the messages that their brain receives, preventing them from performing coordinated movements. The condition prevents children from reaching developmental milestones, causes clumsiness and poor balance and coordination (Cacola, 2014) According to Dyspraxia Society (2015) there is no known cause for the condition which it is a result

Signs and Symptoms.

According to NHS, (2015) children are not usually assessed until they reach the age of four or five however parents and early years professionals might suspect dyspraxia much earlier if they notice delays in reaching developmental milestones, difficulty interacting with objects in the environment and delays in acquiring new skills learned by watching, imitating, and exploring Unusual body posture, difficulty playing with toys which include coordination, challenges with feeding themselves and poor sleep and feeding patterns are all early warning signs (NHS, no date). Walking up and down steps can be a challenge and personal tasks such as getting dressed, manipulating buttons, and tying shoelaces can be difficult (Elbasan, Kayihan and Duzgun, 2012). As children develop, they often find it difficult to use scissors or hold a pencil and drawings and writing might appear scribbled in comparison to what would be expected for their age. (Bodison,

Diagnosis

Parents and practitioners who suspect that a baby, toddler, or child may be showing symptoms of dyspraxia, should consult with a GP, which can lead to a referral to a specialist who can assess them. Diagnosis itself is usually undertaken by a pediatrician and an occupational therapist who will later be involved in the ongoing treatment for physical and occupational development. Children are not usually assessed until they reach the age of four or five (NHS, 2015).

Causes

The cause of dyspraxia is unknown although the Queen Mary University of London (2018) suggests that the condition is due to an immaturity of motor neurons in the brain which control the muscles. Although it is unclear as to why children develop dyspraxia, a number of risk factors have been identified including babies born before 37 weeks of pregnancy, low birth weight, family history of dyspraxia and there is also evidence to suggest that drinking alcohol and drug taking during pregnancy

Barriers to learning

Children with dyspraxia have limited concentration and listening skills which reduces the ability to engage in tasks. Pupils need extra time to process instructions and although they have a normal level of intelligence, they have trouble explaining concepts, often knowing the answers but unable to explain how they worked it out. There is little understanding of concepts such as ‘on’ ‘behind’ ‘in front of’. Learners often become physically tired and restricted motor skills prevent pupils from using some tools such as pencils and scissors. Physical exercise isn’t easy due to lethargy and awkwardness with movement (Portwood, 2018). There is often social embarrassment due to the inability to perform tasks and sufferers can feel intimidated and suffer bullying from peers. Children can often suffer frustration which leads

Social Barriers

People with dyspraxia often have difficulties with speech, posture and balance. Lack of hand eye coordination leads to difficulty performing tasks such as jigsaws and shape sorting games and poor concentration are also factors as well as problems moving around furniture, managing steps and everyday activities which most people take for granted. Time management and organisational skills are poor, making planning for everyday tasks a challenge. Dyspraxia sufferers struggle to deal with emotions and often gets frustrated when unable to perform tasks. Processing and remembering information can be a challenge. (Dyspraxia Foundation,

Ministry of Education, New Zealand (2022) suggests discussing with the child and compiling a profile to help teachers understand how they can support the child. Suggestions for the profile include:

- Names of people who are important to the child,**
- Memorable experiences both positive and negative,**
- Things which they are good at,**
- How the child likes to relax,**
- Likes and dislikes**
- Things to avoid,**
- What helps them to learn**
- What makes it difficult to learn,**
- How best to help them from the child’s perspective**

Truong (2016) states that it is important to allow the pupil to take the lead to allow the

Barriers to strategy

A one-on-one assistant with a knowledge of dyspraxia would need to be appointed to assist the pupil and there is often a lack of training and funding to provide this (Evans, et al 2021). Teaching staff who have a lack of knowledge of the condition might become impatient and evidence from Sonu, et. Al. (2020) suggests that often teachers are under pressure and unable to offer positive classroom experiences to pupils and feel that time taken to support children who have challenging behaviours, which are likely to impact the participation of the other children, will disadvantage the rest of the class.

Conclusion

People with dyspraxia are said to be creative and talented problem solvers. Strategic thinkers who are highly motivated with a determination to overcome difficulties. (Partrick, 2015)

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