

Definition:

Developmental dyspraxia is an impairment or immaturity of the organisation of movement. It is an immaturity in the way that the brain processes information, which results in messages not being properly or fully transmitted. The term dyspraxia comes from the word praxis which means 'doing, acting'. Dyspraxia affects the planning of what to do and how to do it. It is associated with problems of perception, language and thought.

Other names for dyspraxia include Development Co-ordination Disorder (DCD), Perceptuo-Motor Dysfunction and Motor Learning Difficulties.

Dyspraxia Foundation

Characteristics seen in school:**Movement & Co-ordination - difficulties with**

- hopping, jumping, running, catching or kicking a ball.
- games including shape sorters, building blocks, jigsaws
- Using scissors, colouring pens
- Fine movements such as handwriting, tying laces, fastening buttons, using a knife & fork
- Keeping still
- Using stairs
- Getting dressed

Concentration & Learning

- Do better one-to-one than in a group
- Poor attention span
- Do not automatically pick up new skills

Where to go for help:

- Educational Psychology Service
- LAB 21 – LSAT Service
- Woodlands Outreach Service
- Severndale Outreach Service
- Occupational Therapy Service
- Speech and Language Therapy Service

**Communication and Interaction
Cognition and Learning, Physical
Dyspraxia****Assessment and Diagnosis:**

If it is thought a child may have dyspraxia, the GP, Health Visitor or SENCo may refer the child to another healthcare professional for additional information. They cannot confirm the diagnosis by themselves, but can provide additional information to help with the diagnosis process. These people may include an occupational therapist, a paediatrician, a physiotherapist, a clinical psychologist or an educational psychologist.. After referral, healthcare professionals will carry out assessments which usually include developmental history, information regarding intellectual ability and tests of gross and fine motor skills. A diagnosis is made against a set of criteria including motor skills being significantly below age expected levels, lack of skills affecting day-to-day activities, no other medical condition.

Frequently used Interventions:

- Occupational Therapy – individualised programme or programme such as Kool Kids, motor skills programmes
- Speech & Language Therapy support
- Handwriting practise including hand aerobics
- Write from the Start – Lois Addy
- Wordshark
- Balance board activities
- Adapted resources such as pens, pencils, crayons, specialised grips, adapted scissors, not slip matting