DYSPRAXIA

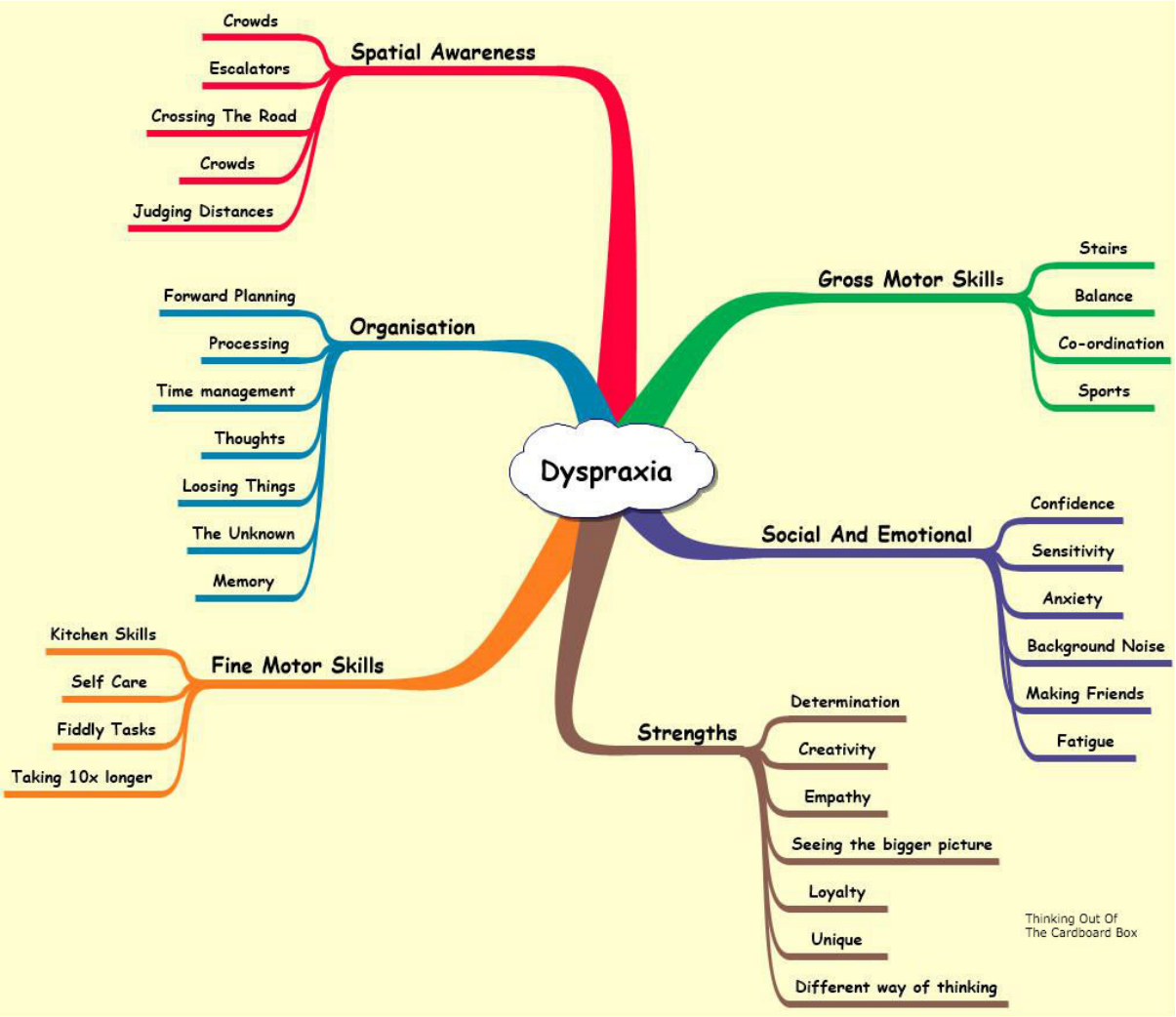
The Hidden Disablity

A person with dyspraxia finds it hard to carry out smooth and coordinated movements. Dyspraxia often comes with language problems, and sometimes a degree of difficulty with perception and thought. Dyspraxia does not affect a person's intelligence, but it can cause learning difficulties, especially for children.

Developmental dyspraxia is an immaturity of the organization of movement. The brain does not process information in a way that allows for a full transmission of neural messages. A person with dyspraxia finds it hard to plan what to do, and how to do it. Experts say that about 10% of people have some degree of dyspraxia, while approximately 2% have it severely. 4 out of every 5 children with evident dyspraxia are boys. If the average classroom has 30 children, there is probably one child with dyspraxia in almost each classroom.

The English medical word dyspraxia comes from: The Greek word dyspraxia comes from the Greek word Praxis, meaning "to practice; (concretely) an act; by extension, a function". The Greek word *Praxis* comes from an older Greek word *Prassein* (prattein), meaning" to *pass through, experience, practice".*

What are the signs and symptoms of dyspraxia?



Very early childhood; your child may take longer than other children to:

- Sit - Crawl (some never go through crawling stage) - Walk - Stand
- Become potty trained (get out of diapers/nappies)
- Speak - Build up vocabulary
- Speak in a clear and articulate way. Many parents of very young children with dyspraxia say they cannot understand what they are trying to say a lot of the time

Early childhood Later on, the following difficulties may become apparent:

- Problems performing subtle movements, such as tying shoelaces, doing up buttons and zips, using cutlery, handwriting.
- Many will have difficulties getting dressed.
- Problems carrying out playground movements, such as jumping, playing hopscotch, catching a ball, kicking a ball, hopping, and skipping.
- Problems with classroom movements, such as using scissors, colouring, drawing, playing jig-saw games.
- Problems processing thoughts.

- Difficulties with concentration. Children with dyspraxia commonly find it hard to focus on one thing for long.
- The child finds it harder than other Children to join in playground games.
- The child will fidget more than other children.
- Some find it hard to go up and down stairs.
- A higher tendency to bump into things, to fall over, and to drop things.
- Difficulty in learning new skills – while other children may do this automatically, a child with dyspraxia takes longer. Encouragement and practice help enormously.
- Writing stories can be much more challenging for a child with dyspraxia, as can copying from a blackboard.

The following are also common at pre-school age:

- Finds it hard to keep friends
- Behaviour when in the company of others may seem unusual
- Hesitates in most actions, seems slow
- Does not hold a pencil with a good grip
- Such concepts as in, out, in front of are hard to handle automatically
- Many of the challenges listed above do not improve, or do so very slightly
- Tries to avoid sports and PE
- Learns well on a one-on-one basis, but nowhere near as well in class with other children around
- Reacts to all stimuli equally (not filtering out irrelevant stimuli automatically)
- Mathematics and writing are difficult
- Spends a long-time getting writing done
- Does not follow instructions
- Does not remember instructions
- Is badly organized

What causes dyspraxia?

Scientists do not know what causes it. Experts believe the person's nerve cells that control muscles (motor neurons) are not developing correctly. If motor neurons

cannot form proper connections, for whatever reasons, the brain will take much longer to process data.

If a person develops dyspraxia later in life it is usually due to traumas suffered by the brain after a stroke, accident or illness. If a person is born with dyspraxia, it is also known as Developmental Dyspraxia. Unfortunately, for many sufferers, there is no obvious cause.

How is dyspraxia diagnosed?

A diagnosis of dyspraxia can be made by a clinical psychologist, an educational psychologist, a paediatrician, or an occupational therapist. Any parent who suspects their child may have dyspraxia should see their GP (general practitioner, primary care physician), or a special needs coordinator first.

When carrying out an assessment, details will be required regarding the child's developmental history, intellectual ability, and gross and fine motor skills:

- Gross motor skills – this refers to how well the child uses his/her large muscles that coordinate body movement. This includes jumping, throwing, walking, running, and maintaining balance.
- Fine motor skills – this refers to how well the child can use his/her smaller muscles. Activities which require fine motor skills include tying shoelaces, doing up buttons, cutting out shapes with a pair of scissors, and writing.

The assessor will need to know when and how developmental milestones, such as walking, crawling, speaking were reached. The child will be screened for balance, touch sensitivity, and variations on walking activities.

What is the treatment for dyspraxia?

Although dyspraxia is not curable, with time the child can improve. However, the earlier a child is diagnosed, the better and faster his/her improvement will be.

The following specialists most commonly help people with dyspraxia:

1. **An occupational therapist** will first observe how the child manages with everyday functions both at home and at school. He/she will then help the child develop skills specific to activities which may be troublesome.
2. **The speech and language therapist** will first carry out an assessment of the child's speech, and then help him/her communicate more effectively.
3. **Perceptual motor training:** This involves improving the child's language, visual, movement, and auditory skills. A series of tasks, which gradually becoming more advanced, are set – the aim is to challenge the child so that he/she improves, but not so much that it becomes frustrating or stressful.
4. **Active Play**
   Experts say that active play – any play that involves physical activity – which can be outdoors or inside the home, gets the motor activity going in children. Play is the way children learn about the environment and about themselves, and particularly for children aged 3 to 5; it is a crucial part of their learning.

   - Active play is where a very young child's physical and emotional learning, their development of language, their special awareness, the development of what their senses are, all come together.

- The more children are involved in active play, the better they will become at interacting with other children successfully.
- Parents, uncles and aunts, and other adults can also become involved with a child's active play – however, sometimes they should take a step back and let the children really explore so they can try out their own understanding of the world. The risk of negative things happening to children if they play outside are far smaller than the risks of negative things happening to them if they don't, such as obesity, poor socialization with other children, and having less fun. It is only by taking risks that children learn the importance of, say, holding on tight, and correcting themselves.
- Parents who have a child with dyspraxia need to balance the risks of negative things happening outside, with the enormous benefits that active play has to offer. Deciding what this balance is depends on many factors, such as the severity of the child's dyspraxia, the outside environment, etc.

Contact **SPELD** for more information about assessments - www.speld.org.au