



Dyspraxia

What is Dyspraxia?

Dyspraxia was previously known as the clumsy child syndrome and is referred to elsewhere as developmental co-ordination disorder.

A dyspraxic child will have difficulties with gross and/or fine motor control. Gross motor control is related to whole body or limb movements. Fine motor control is related to hand and finger movement, eye movement and the organs of speech. Each child will have a unique constellation of difficulties which then affect many aspects of his life.

There are other terms in use which you might come across. These are:

- i) Graphomotor dyspraxia which means writing difficulties.
- ii) Constructional dyspraxia, where a child might have difficulty in knowing how to place things in relation to one another and thus have a difficulty, for instance, making a model.
- iii) Ideomotor dyspraxia, where a child might have a difficulty with a particular motor task, such as picking up a mug or plate.
- iv) Ideational dyspraxia, where a child has difficulty in organising and carrying out a sequence of operations.
- v) Verbal dyspraxia or articulatory dyspraxia. This can affect different aspects of speech production, i.e.: correct breathing, controlling the rhythm, speed and volume of speech, pronouncing parts of words in the correct order, and also the swallow reflex.
- vi) Oculomotor dyspraxia which relates to eye movements.



What is the cause of Dyspraxia?

It is thought that dyspraxia represents a neurological immaturity or lack of development, particularly in the right cerebral cortex of the brain.

How many children are dyspraxic?

Different research studies yield different estimates of the prevalence of dyspraxia. Estimates vary from 2% - 10% of the child population.

Dyspraxia is thought to affect more boys than girls in the ratio of approx 3-4 to 1.

How do I know if my child is dyspraxic?

Look through the following checklist. Does your child show any of these symptoms to a significantly more marked degree than other children of his age? If so, he may be dyspraxic.

The Pre-school Child

- History of lateness reaching milestones e.g. rolling over, sitting, crawling, walking and speaking.
- May not be able to run, hop or jump.
- Appears not to be able to learn anything instinctively but must be taught skills.
- Poor at dressing.
- Slow and hesitant in most actions.
- Poor pencil grip.
- Cannot do jigsaws or shape-sorting games.
- Artwork is very immature.
- Has no understanding of in/on/behind/in front of etc.
- Unable to catch or kick a ball.
- Is commonly distractible.
- Is commonly anxious.
- Finds it difficult to keep friends or judge how to behave in company.



The School Age Child

- All the problems of the pre-school child may still be present with little or no improvement.
- Difficulty with buttons, zips and laces.
- PE is avoided.
- Attention span is poor and the child reacts to all stimuli without discrimination.
- Generally poorly organised.
- Writing is laborious and immature.
- Great difficulty may be experienced in copying from the blackboard.
- Unable to remember and/or follow instructions.
- May have difficulty with maths, spelling and reading.

The DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders : 4th Edition : Text Revision (2000) presents diagnostic criteria for developmental coordination disorder as follows :

- A. Performance in daily activities that require motor co-ordination is substantially below that expected given the person's chronological age and measured intelligence. This may be manifested by marked delays in achieving motor milestones (e.g. walking, crawling, sitting), dropping things, 'clumsiness', poor performance in sports or poor handwriting.
- B. The disturbance in criterion A significantly interferes with academic achievement or activities of daily living.

- C. The disturbance is not due to a general medical condition (e.g. cerebral palsy, hemiplegia or muscular dystrophy) and does not meet the criteria for a Pervasive Developmental Disorder.

The criteria also state that if the person has learning difficulties, the motor difficulties are in excess of those usually associated with it.

Effects of dyspraxia on the child

Dyspraxia can have effects on the child in aspects of development additional to motor skills. The child may lose confidence, develop low self-esteem and show associated anxiety, stress and depression.

The child may be frightened of trying for fear of failing and thus tend to give up on school work. In some circumstances, the child might be unwilling to attend school.

Parents and teachers will need to remember that children with special educational needs tend to be bullied more than other children.

What should I do next if I suspect my child is dyspraxic?

Pre-school Age Children

Talk to your GP and health visitor. A referral can then be made to a paediatrician or child development centre. A multi-professional assessment including, as deemed appropriate, an Occupational Therapist, Psychologist and Speech and Language Therapist can then take place.

School Age Children

Talk to your GP or school nurse, and also make contact with the class teacher or special educational needs co-ordinator (SENCO), as appropriate.

Appleford Assessment Service

For nearly twenty years Appleford has provided high quality education for dyslexic children. With appropriate treatment many of our young people have gone on to achieve their ambitions and to become happy, fulfilled adults after an unpromising start.

Now there is a new opportunity for parents worried about their children's education and developmental progress.

Appleford can now offer parents a specialist, professional assessment service for the diagnosis of dyslexia, dyscalculia, ADHD, dyspraxia and other coordination difficulties, autism, Asperger's disorder and speech and language disorders including semantic-pragmatic disorder.

All the available research indicates that the earlier a child's difficulties are diagnosed and treated the more optimistic the outcome for the child. So, it is sensible to have your child assessed as early as possible.

The assessment and diagnosis of ADHD is made together with an assessment of the child's intellectual abilities and educational attainments in literacy and numeracy skills by:

Dr. Peter Gardner

B.A., DipPsych., M.A., Ed.D., A.F.B.Ps.S., M.I.Mgt., F.Inst.D.

Chartered Psychologist

Peter gained an Honours Degree in Psychology from Nottingham University, a postgraduate diploma in Academic Psychology from University College London, a Master of Arts Degree in Therapy and Counselling from Antioch College, U.S.A. (London Branch) and a doctorate from the University of Bristol.

He has been a lecturer in a number of universities and was a tutor at the Child Guidance Training Centre, London, responsible for post-graduate training of educational psychologists on a British Psychological Society – and Department of Education and Skills – accredited course.

He is a Chartered Educational Psychologist, a Chartered Forensic Psychologist and a Chartered Counselling Psychologist of the British Psychological Society. He is a Full Practitioner Member of the British Psychological Society Division of Neuropsychology. He is a registered Psychotherapist (United Kingdom Council for Psychotherapy) and was a committee member of the Psychology and Psychotherapy Association.

Much of his work is legal work, including the preparation of detailed court reports and submission of oral evidence, working for Crown Courts, Magistrates Courts and Guardian *ad litem* panels. He acted as an expert witness in the precedent-setting Phelps v London Borough of Hillingdon education negligence case in the High

Court in July 1997 and was described by Mr. Justice Garland as 'particularly well qualified, careful and fair.' His legal work is split roughly 50:50 between Claimant and Defendant work.

He is a founder of both Appleford School and of Daneswood, Shipham, near Cheddar, a care home for young adults with severe, profound and multiple learning difficulties, which is registered with and approved by CSCi.

Contact details

To make an appointment for your child or you to be assessed, please contact:

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Does your child have
DYSPRAXIA?



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