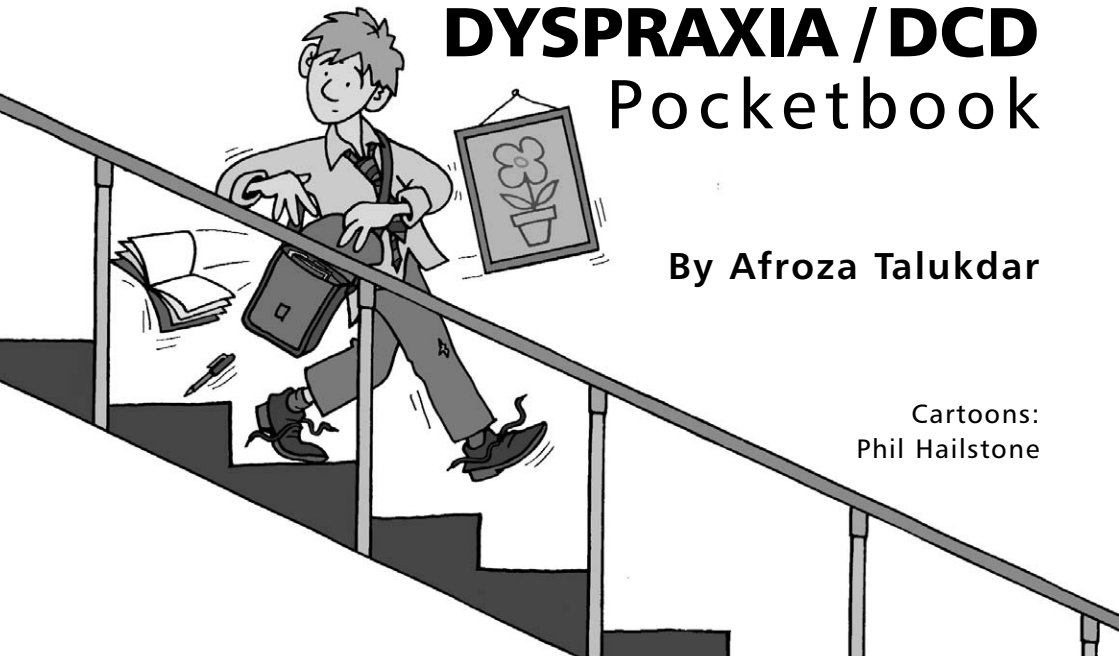


DYSPRAXIA / DCD

Pocketbook

By Afroza Talukdar

**Cartoons:
Phil Hailstone**



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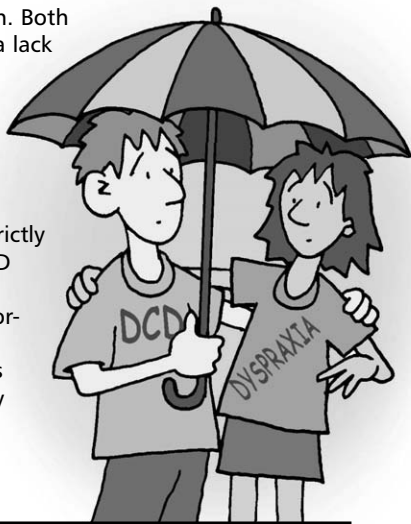
Dyspraxia or DCD?



Understanding dyspraxia/ DCD can be very confusing because so many terms have been used to describe the condition. Both nationally and internationally, there continues to be a lack of consensus regarding both the definition and description of this disorder.

The terms most often used today are 'dyspraxia' or 'developmental co-ordination disorder' (DCD).

DCD is an umbrella term encompassing dyspraxia. Strictly speaking, dyspraxia is a more specific example of DCD and is a more sensory-based difficulty, whilst developmental co-ordination disorder is a more motor-based difficulty. In practice, the distinction is rarely made and the two are often merged by professionals and parents. 'Dyspraxia' is recognised by the majority of people as the generic term to explain a range of movement difficulties.



Other terminology



The box below lists the myriad terms used to describe children with movement difficulties who would now be given a diagnosis of dyspraxia or developmental co-ordination disorder.

Other terminology used to describe the condition

- Developmental apraxia
- Perceptual motor-difficulties
- Physically awkward, poorly co-ordinated
- Motor-learning disorder/difficulties
- Deficit in attention, motor and perception (DAMP)
- Neuro-developmental difficulties/dysfunction
- Sensory integrative dysfunction
- Non-verbal learning difficulty
- Minimal cerebral palsy
- Developmental dyspraxia



Defining dyspraxia



'Dyspraxia' is derived from the Greek word 'dys', meaning faulty/poor and 'praxis' meaning doing/use of the body. It is best described as a motor learning difficulty, characterised by impairment in the ability to plan and carry out sensory and motor tasks. The main difference between dyspraxia and DCD is that pupils with dyspraxia do not know what to do because they have difficulty making sense of the different messages coming to the brain from their sensory organs. In comparison, pupils with DCD know what they want to do but have difficulty telling their muscles how to move.

A lack of agreement about dyspraxia and DCD difficulties leads to differences in diagnostic accuracy between different medical professionals working with the condition and, consequently, the medical approaches to assessment and treatment also vary.

The Dyspraxia Foundation (1998) defines dyspraxia as *'an impairment or immaturity of the organisation of movement. Associated with this there may be problems of language, perception and thoughts.'*

For the purposes of this book, I will be referring to the condition as 'dyspraxia', whilst acknowledging that, in fact, there is a subtle difference between dyspraxia and DCD.

What we know



Here's what we know about dyspraxia:

- The term 'dyspraxia' is used to explain a range of movement difficulties in the absence of problems with the muscles themselves
- It is a medical diagnosis but there are no blood tests or scans to diagnose it
- It is not a single disease but it is a collection of symptoms
- It is not linked to a pupil's age or intellect
- It is present from birth but becomes more apparent as the child gets older
- It is a life-long condition but it is not a progressive or life-threatening illness
- It can be mild or severe and can affect each person in different ways
- Not all pupils with the diagnosis display the same difficulties
- It is a hidden problem – pupils with dyspraxia look the same as their peers but have real difficulty with movement activities, such as riding a bike
- Dyspraxia has a profound impact on a pupil's self-esteem and confidence

What causes dyspraxia?



We know that in people with dyspraxia there is *'an immaturity in the way that the brain processes information, which results in messages not being properly or fully transmitted'**. What we do not know is what causes this.

There is no evidence to suggest clinical neurological abnormality in people with dyspraxia. The prevailing view is that the causes are likely to be genetic in basis with interaction with the environment, eg prematurity, increasing the risk. Further research is needed.

*Dyspraxia Foundation - www.dyspraxiafoundation.org.uk



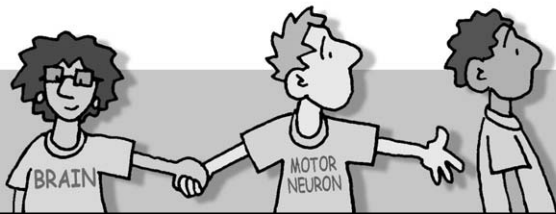
How common is dyspraxia?



Research has shown that, on average, around 6% of pupils have some degree of dyspraxia; some authors consider the figure to be as high as 10%. A true figure is difficult to obtain as dyspraxia commonly occurs with other conditions (more later).

It's reasonable to assume that at least one pupil in an average class of 30 will have motor co-ordination difficulties. Boys are four times more likely to be affected than girls.

As all aspects of development are linked, the movement difficulty (even when it appears to be subtle) has a significant impact on a pupil's subsequent social, emotional and intellectual development and may impair the pupil's normal process of learning.



Can dyspraxia be cured?



There is no 'cure' for dyspraxia but, like other specific learning difficulties, if it is identified at an early stage much can be done to mitigate its effect on a pupil's learning and emotional wellbeing.

Most interventions aim to develop the motor skills of pupils with dyspraxia. The evidence suggests that if an effective motor-based programme is implemented regularly, it not only improves a pupil's motor performance but also has a positive impact on their attention and concentration.

Although these difficulties do not ever simply 'go away', early identification and appropriate interventions may allow pupils to develop various coping strategies, build confidence and self-esteem and make good progress in all areas.

About the author



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Afroza Talukdar qualified as a secondary science teacher over 20 years ago and has taught in mainstream primary and secondary schools. Currently, and for the past 15 years, she has been working as SEN advisory teacher for a local authority, providing specialist advice on SEN issues to both primary and secondary school teachers as well as running courses, training sessions and organising conferences. Over the years, she has developed a specialist interest in dyspraxia, working as a specialist teacher providing advice to mainstream teachers on how best to address the needs of

children with motor co-ordination difficulties. Afroza has completed a number of postgraduate qualifications reflecting her increasing specialisation in the field of SEN and dyspraxia.

Afroza is a member of the education panel on the Dyspraxia Foundation. She has a national publication on provision and assessment maps on dyspraxia, aimed at improving provision for pupils with dyspraxia in a mainstream classroom setting.

Afroza's vast experience working with pupils with dyspraxia, their teachers and their parents has provided unique insight and understanding and has inspired her to write this book. She can be contacted at: afrozatalukdar@gmail.com