

The Facts on Dyspraxia

We would like to thank our partners at the New Zealand Dyspraxia Organization for providing us with the following description of Dyspraxia.

"Developmental Dyspraxia has been recognised by doctors and therapists since very early this century, when Collier first described it as 'congenital maladroitness'. In 1937 Dr Samuel Orton declared it to be 'one of the six most common developmental disorders, showing distinctive impairment of praxis'. Since then it has been described and labeled by many, such as A. Jean Ayres, who in 1972 called it a disorder of Sensory Integration, or Dr Sasson Gubbay who in 1975 called it the 'Clumsy Child Syndrome'. Other labels have included developmental awkwardness, sensorimotor dysfunction, minimal brain dysfunction, motor sequencing disorder, and most recently Developmental Coordination Disorder. The World Health Organisation currently lists it as Specific Developmental Disorder of Motor Function. Gradually over the years professionals have become increasingly able to sift out the symptoms and more closely identify the disorder.

What it is called matters far less to the child than does the understanding and help from those around him/her. Whatever it is called, Developmental Dyspraxia causes disruptions of major proportions in the lives of those whom it afflicts and of the families and world around them. Definition

Developmental Dyspraxia (also known as Developmental Co-ordination Disorder, and the Clumsy Child Syndrome) is a neurologically based disorder of the processes involved in praxis or the planning of movement to achieve a predetermined idea or purpose, which may affect the acquisition of new skills and the execution of those already learned. More specifically, it is a disorder of praxis, or the process of ideation (forming an idea of using a known movement to achieve a planned purpose), motor planning (planning the action needed to achieve the idea), and execution (carrying out the planned movement).

Dyspraxia may affect any or all areas of development - physical, intellectual, emotional, social, language, and sensory - and may impair the normal process of learning, thus is a learning difficulty. It is not a unitary disorder (like measles or chicken pox, where all those affected share a common set of symptoms), and affects each person in different ways at different ages and stages of development, and to different degrees. It is inconsistent, in that it may affect the child one day but not the next - as if sometimes information is 'put away in the wrong drawer' - and it may affect children in different ways at different ages and developmental stages.

It is a hidden handicap as, under normal circumstances, children with Dyspraxia may appear no different from their peers, until new skills are tried or known ones taken out of context, when difficulties may become apparent. In many affected children, Dyspraxia occurs with or as part of other neurological conditions so that defining common symptoms may be confusing. Therefore a diagnosis, naming the disorder, is often very difficult, and sometimes the closest may be 'shows some Dyspraxic tendencies'. In New Zealand, following a major international, multi-disciplinary conference on Dyspraxia held here in 1997, it has become easier for parents to find a professional who is confident in making a diagnosis. Incidence

The World Health Organisation states in their 'Diagnostic and Statistics Manual-IV', that it affects 6% of all children to varying degrees, while other estimates vary between 10-20%. It is commonly believed by those in New Zealand who treat Dyspraxia that this number could be as high as 10%, but as yet insufficient studies have been done to confirm this number. Whatever the incidence, it is only those children whose disorder markedly impairs their learning and development who stand a chance of having their difficulties recognised, diagnosed, and treated."