

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.

Characteristics seen in the classroom:

- * Movement & Coordination - 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:

- Speak to class teacher / SENDCo in the first instance
- Occupational Therapy and Physiotherapy Services
- Physical and Medical Needs Advisory Service

**Physical Needs
Dyspraxia****Assessment and Diagnosis:**

If it is thought a pupil 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. This may be from an occupational therapist (OT), a paediatrician, a physiotherapist, or an educational psychologist. After referral, healthcare professionals will carry out assessments which usually include developmental history 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 e.g. eating, dressing, self-help skills.

Frequently used**Interventions:**

- * Occupational Therapy – individualised programme such as Pindora's Box
- * Motor skills programmes e.g. Fun Fit
- * Handwriting practise including hand aerobics
- * Thera-putty
- * Trip trail
- * Balance board activities
- * Adapted resources such as pens, pencils, crayons, specialised grips, adapted scissors, not slip matting
- * Letter & number strips to support correct formation when scribing
- * Fiddle toys to keep fingers / hands supple and moving