



Developmental Coordination Disorder Information Sheet for Parents

What is Developmental Coordination Disorder (DCD)?

Developmental Coordination Disorder or DCD (sometimes referred to as dyspraxia) is a lifelong neurodevelopmental condition that causes problems with movement and coordination. People with DCD find it difficult to coordinate their bodies to perform everyday tasks, like dressing themselves, writing neatly, catching a ball or riding a bike.

While those who go on to receive a diagnosis of DCD may present with some movement delays or difficulties early in life (e.g., feeding, crawling and walking), difficulties are often more noticeable when learning more complex movement tasks required for daily living, early education and playground activity in childhood.

What causes DCD?

The causes of DCD are not well understood. Like other neurodevelopmental conditions, the brain is thought to develop differently, impacting on a person's ability to learn and plan movement. Research indicates a strong genetic and heritable basis for the disorder, and early life factors such as complications during pregnancy and birth are also associated.

While DCD can present as an isolated disorder, movement difficulties often co-exist with difficulties in other domains (i.e., language, socialisation, behaviour). Within current diagnostic practice, it is not uncommon for a diagnosis of DCD to be made alongside other diagnoses aligned to other difficulties or behaviours a child may display (e.g., child apraxia of speech, autism spectrum disorder, attention deficit hyperactivity disorder).

How prevalent is the disorder?

DCD is estimated to occur in ~5% of school-aged children and is more common in boys (3:1).

I am concerned about my child's movement – what now?

If you are concerned about your child's movement, talk to your doctor or paediatrician. The **diagnosis of DCD should involve a multidisciplinary team**, including an occupational therapist or developmental neuropsychologist to assess motor skills, and a paediatrician to rule out neurological conditions (e.g., cerebral palsy) and other potential explanations for the movement difficulties (e.g., visual impairment, intellectual disability).

While a **diagnosis of DCD is not currently recommended before 5 years of age**, children identified 'at risk' can be supported by a range of allied health professionals.

Therapy

Occupational therapy is considered the primary intervention to support the development of movement skills required for school and everyday living. Task-oriented approaches (i.e., focusing on functional tasks) including Cognitive Orientation to Occupational Performance (CO-OP) therapy and Neuromotor Task Training (NTT), are two evidence-based therapies currently recommended. Other therapy approaches, such as Sensory Integration Therapy (SIT), are less effective.

Physiotherapy is also important for those experiencing issues with muscle tone and strength.



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Accredited exercise physiologists (AEPs), with specialist training, can provide therapy targeted towards the skills required for participation in playground, sporting and leisure activity.

Education

It is important that parents, educators and therapists work together to ensure the learning needs are met and school is a positive experience.

Most educators will not be familiar with DCD or know what support is required, so it is often up to the parent to provide information about the disorder to the educator and the strategies that will best support a child's needs. Some of the additional provisions that can be beneficial to children with DCD are additional working time, rest breaks, use of a laptop or tablet device, slant/slope boards, alternative activities at recess and lunch breaks, and assistance building social connections.

Many therapists will be happy to speak to a child's educators about appropriate provisions, so establishing a connection between your therapist/s and educators is encouraged.

Social and emotional health

Children with DCD experience frustration in performing activities reliant on movement, and often have less confidence in their ability to play with other children. They are also at increased risk of exclusion and bullying by peers. DCD can therefore have substantial impacts on a child's motivation, confidence and self-esteem, and often leads to mental health issues such as anxiety.

If you notice changes in your child's behaviour, such as constant worry or negative thoughts, increased clinginess, feeling unwell, irritability, frustration, difficulty eating and/or sleeping, school refusal, poor concentration, talk to your doctor. Mental health plans are available to access psychologists to assist in your child's social and emotional well-being.

Parents raising children with DCD and other related neurodevelopmental conditions are also at increased risk of mental health issues.

Physical Health

Reduced ability can result in avoidance and withdrawal from playground, sporting and leisure activity. This can result in a preference for more sedentary behaviour. Encourage your child to be active. While team sports can be challenging, look for opportunities that are less competitive, provide supportive coaching, and less complex in terms of skills requirements.

Strengths of Children with DCD

Having a movement difference does make life a little more challenging for a child with DCD, but with it comes many hidden strengths too. Children with DCD are caring and empathetic towards others. With the right support in place, children with DCD can lead happy, healthy and independent lives.

For further information

DCD Australia Inc. is the national peak body supporting people with DCD and their families in Australia. Visit our website to find out more at dcdaustralia.org.au

Production of this resource was made possible by a UWA Research Impact Award