

Dyspraxia



**ASSIGN
BUSTER**

The term dyspraxia derives from the Greek word praxis, meaning “movement process” (Dworkin, 2005). It is a disorder that affects motor skill development. People with dyspraxia have trouble planning and completing fine motor tasks. This can vary from simple motor tasks such as waving goodbye to more complex tasks like brushing teeth. Throughout the years, dyspraxia has also been called congenital maladroitness, developmental coordination disorder, clumsy child syndrome and sensory integration disorder (Hamilton, 2011). The first documented research in “poor muscular coordination in children” was in 1926 by Louisa Lippitt.

She developed a manual for corrective gymnastics for women to help correct coordination problems. Lippitt felt that the coordination issues were a condition of the nervous system and was one of the first to want to treat it with therapeutic measures (Cermak & Larkin, 2002). The term Dyspraxia was first documented and given a name in 1937 in the U. K. by Samuel T. Orton, who called it developmental dyspraxia. He was a neurologist and he felt that dyspraxia was caused by lesions in the brain, especially to the dominant hemisphere of the brain.

The technology available at the time could not prove or disprove his theories. Most scientists since have discounted his view, and instead believe it to be a problem with neural connections. Even so, his work was important because he was the first to note that dyspraxia caused problems with complex movement and could involve speech as well as body movements (Platt, 2011). In the USA, dyspraxia was first given recognition in 1947, through the work of Strauss and Lehtinen. They published research and were considered

pioneers in the observation of behavioral characteristics of what they termed “ the brain injured child”.

Lehtinen was actually one of the first to use the term “ learning disabilities” (Kass & Maddux, 2005). In 1975, people began to call it “ Clumsy Child Syndrome” and children who had the disorder were called “ Clumsy Children”. This term is now considered inappropriate, as it describes the child and not the movement and has negative connotations (Hamilton, 2011). There are four categories of dyspraxia. They include ideomotor dyspraxia, ideational dyspraxia, oromotor dyspraxia and constructional dyspraxia. Ideomotor dyspraxia is the inability to complete single step motor tasks like waving goodbye or brushing one’s hair.

Ideational dyspraxia is difficulty with multi-step tasks like making a bed or buttoning and zipping pants. Oromotor dyspraxia has to do with speech in that it presents itself as a difficulty coordinating the muscle movements needed to say words. Lastly, constructional dyspraxia is difficulty with spatial relationships like moving objects from one place to another (NCLD Editorial Staff, 2010). Dyspraxia also presents itself differently in different age groups. In babies and young children, it can be seen as a difficulty learning to walk or jump.

It can also show as a difficulty in speaking and being understood. Also, some young children will be slow to establish left or right handedness. Young children with dyspraxia may seem clumsy and frequently bump into things. Babies and children may be easily irritated by touch, like the feeling of some fabrics on their skin (NCLD Editorial Staff, 2010). In school aged children,

dyspraxia looks a bit different. Students will have trouble with fine motor skills and it exhibits itself as difficulty holding a pencil or holding scissors.

These students will also have trouble with sports or gym class due to poor coordination. If they have oromotor issues, they may have slow or difficult to understand speech. These issues often cause social withdrawal because these students feel embarrassed and awkward. This is the age in which students begin to have psychological issues in addition to their dyspraxia (NCLD Editorial Staff, 2010). In adults, dyspraxia looks similar, with some slight differences. Adults with oromotor issues will still have speech issues, but it is generally problems with volume, articulation and pitch.

Some adults with dyspraxia will have difficulty writing. They may not be able to drive and are still very clumsy. It can also become evident when an adult has difficulty with personal grooming due to motor skill issues. They also continue to have texture issues and sensitivity to touch (NCLD Editorial Staff, 2010). References Cermak, S. A. & Larkin, D. (2002). Developmental Coordination Disorder. Albany, NY. Delmar, a Division of Thomson Learning, Inc. Dworkin, J. (2005). Apraxia. Gale Encyclopedia of Neurological Disorders. Retrieved from <http://www.encyclopedia.com/topic/Apraxia.spx>. Hamilton, S. S. (2011). Overview of Developmental Coordination Disorder. Retrieved from <http://www.uptodate.com/contents/overview-of-developmental-coordination-disorder>. Kass, C. E. and Maddux, C. D. (2005) A Human Development View of Learning Disabilities: From Theory to Practice. Springfield, IL. Charles C Thomas Publisher, LTD. NCLD Editorial Staff. (2010). What is Dyspraxia? Retrieved from <http://www.nclد.org/ld-basics/ld-aamp->

language/writing/dyspraxia. Platt, G. (2011). Beating Dyspraxia With a Hop, Skip and a Jump. Philadelphia, PA. Jessica Kinglsey Publishers.