Hi Alice,

I have been doing some research on internet on whether or not dyspraxia exists. No article seems to mention that there are physical proof it actually exists. Have trustworthy clinical studies been made on dyspraxia? Is there any physiological proof one has dyspraxia?

Best
The Supposedly Dyspractic Student

Answer

Dyspraxia — more commonly called developmental coordination disorder (DCD) — is indeed a very real condition! In fact, it’s thought to affect around six percent of children across the United States. Your suspicions about its existence are not unfounded, though. Researchers and health care providers struggle to define and diagnose DCD. Essentially, DCD is a developmental delay that involves problems planning, coordinating, and executing physical movement. In fact, DCD was once called "clumsy child syndrome," as it was the diagnosis given to children whose clumsiness and lack of coordinated movements couldn't be explained by any other physical or developmental condition, like cerebral palsy [2] or autism [3]. But the symptoms and severity can be wildly different for everyone, making it tricky to nail down a definite diagnosis quickly.

Scientists have been busy at work on defining DCD, and the most common symptoms seem to be trouble controlling eye movements, difficulty executing manual tasks (including writing or handling small objects), problems coordinating body movements (such as having poor balance when standing or walking), and having poor posture. However, in addition to these symptoms, those with DCD may also experience:

- Clumsiness or slowed and delayed movements
- Trouble with social interactions, or emotional or behavioral problems
- Difficulty reading, speaking, or writing
- Vision or perception problems
- Poor short term memory
While health care providers know the symptoms, there’s been an ongoing debate about what DCD really is — why you ask? Well, first, those with DCD may have average to above-average intelligence, yet intellectual delays are often what providers are looking for as the cardinal signal of developmental disorders. Second, DCD symptoms, like atypical behaviors or movement patterns, can sometimes be difficult to tease apart from a child’s natural personality traits or cultural background. Finally, the symptoms often present when children are quite young and might slip under the radar, and it can impact different children’s lives to vastly different degrees depending on their age and lifestyle. The exact cause of DCD has also not been determined yet, further contributing to the confusion.

Another reason why it’s sometimes difficult to diagnose the condition is because it often occurs alongside similar disorders, like attention-deficit/hyperactivity disorder (ADHD), learning disorders, speech disorders, autism, or joint hypermobility syndrome (a condition in which joints move beyond the normal range of motion). Because there can be a lot of symptoms from various conditions happening all at once, it can be a long and winding road to a DCD diagnosis. In children, more common or easily-identified conditions must first be screened for and ruled out before a health care provider settles on DCD. This may involve a whole slew of motor tests where they check for things such as balance, ability to hold a position (sitting or standing for a period of time), and fine motor skills. Because DCD typically appears in childhood, it can be more difficult to diagnose once someone has reached adulthood. However, researchers are working on developing diagnostic tools for DCD in adults, so previously undiagnosed cases may be identified more and more often.

Because DCD is still a bit of an enigma, there aren’t many specific treatment strategies available. After a diagnosis, a health care provider might recommend psychological or physical treatments, or a mix of both. For example, psychotherapy can be used to improve your ability to plan out your movements and problem solve tricky motor skills. A strategy called "motor imagery," where you mentally rehearse physical movements before actually doing them, has been found to work well in some adult populations. Physical therapy — including strength and balance exercises — might also help those with DCD improve their symptoms.

You mention that you’re a student, so you might be thinking about the ways DCD affects your everyday life at school. One place to start is to contact your school’s disability services office. They might be able to find ways to support you and help you succeed — for example, if writing is difficult for you they might assign you a note taker. If you’re having trouble emotionally coping with your condition, a mental health professional (perhaps at your school’s counselling services) could be a good resource to consider. Above all, though, remember to try be kind to and patient with yourself. With the help of family, friends, and health care providers, you’ll likely find the support you need to manage DCD or related developmental disorders.

Alice!
General Health [8]
Aches, Pains & Other Ailments [9]
Miscellaneous [10]

Related questions

Do I have a learning disability? [11]
What is attention-deficit/hyperactivity disorder (ADHD)? Does Ritalin help? [12]
Nervous trembling [13]
Social difficulties: Cultural differences or Asperger's syndrome? [14]
Do I have dyslexia? [15]
Where can I go to improve poor ADHD social skills? [16]

Resources

Disability Services [17]
Medical Services (Morningside) [18]
Counseling and Psychological Services (CPS) (Morningside) [19]
Medical Services (CUIMC) [20]
Mental Health Services (CUIMC) [21]

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