

## Management

Working on any difficulties early on can make a significant difference in preparing children for challenges as they move through education and beyond. There is no medication to treat or cure DCD, although it can be managed by a therapist in a number of ways:

- Activity ideas.
- Individual or group therapy.
- Home and school programmes.
- Coping strategies.
- Modifying the activity/environment.



## How can you help your child?

There are lots of things you can do to help your child, many of which can also be fun and playful. Encourage your child to keep trying and praise them regularly for their effort.

## Gross motor activities

Obstacle courses, playground equipment, climbing, trim trails, scooters, trampolines, karate, space hopper, ball skills, swimming.

## Fine motor activities

Duplo®, Lego®, K'NEX®, model making, baking, threading beads, drawing and colouring, musical instruments.

## Modifications to increase your child's independence

Certain modifications to increase your child's independence may be helpful:

- Having loose clothing with minimal fastenings, large buttons, Velcro® fastening shoes.
- Using pencil grips, gel rollerball pens, Stabilo® pens.

## School Support

This may include:

- Adapting the environment to minimise distractions and supplying a clear visual timetable.
- Access to a laptop and development of key board skills as necessary.
- Extra time in exams as required.

## Books and Websites

- Dyspraxia: Developmental Coordination Disorder, by Professor Amanda Kirby, 2006.
- The Out-Of-Sync Child Has Fun: Activities for Kids with Sensory Processing Disorder by Carol Kranowitz, 2006.
- [www.dyspraxiafoundation.org.uk](http://www.dyspraxiafoundation.org.uk)
- [www.boxofideas.org](http://www.boxofideas.org)

## Reference

American Psychiatric Association (2013)  
DSM-5 Diagnostic and Statistical Manual of Mental Disorders

## Acknowledgements

Professor Amanda Kirby, Medical Director,  
Discovery Centre, University of Wales, Newport.

Dr Somnath Banerjee, Associate Specialist Paediatrics and Convener, George Still Forum.

Published by Health Insights 4U Ltd, 2012.

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Supported by an unrestricted educational grant from Flynn Pharma Ltd.

UK/MXL/0116/0012 Date of preparation: March 2016

# ADHD and Coordination Difficulties

Understanding Developmental  
Coordination Disorder and Dyspraxia

## A guide for parents

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# Introduction

ADHD (Attention Deficit Hyperactivity Disorder) is a common condition occurring in 3% to 9% of school-age children and young people in the UK. It has three main features: inattention, hyperactivity and impulsiveness.

## What often occurs with ADHD?

A child with ADHD may also have other medical conditions that include:

- Developmental Coordination Disorder (DCD).
- Oppositional Defiant Disorder (ODD).
- Conduct Disorder (CD).
- Autism Spectrum Disorder (ASD).
- Tics or Tourette's Syndrome (TS).
- Sleep disorders, anxiety or depression.

## What is DCD?

In the UK the term DCD is often used interchangeably with 'dyspraxia'. DCD is defined as:

- Poor performance in daily activities that require motor coordination, which is considerably below that expected for the child's age and intelligence. DCD may significantly interfere with the child's daily activities or academic achievements.
- DCD is not caused by medical conditions such as cerebral palsy, hemiplegia or muscular dystrophy.

## What is Dyspraxia?

As well as having coordination difficulties, children with dyspraxia will have problems working out and planning how to do a physical task. They will often rely on an adult or another child to show them what to do.

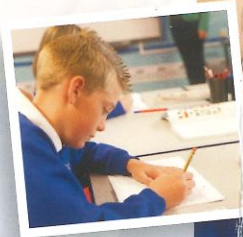
- Whilst DCD and dyspraxia are often used interchangeably, not all people with DCD have dyspraxia.



## How does DCD affect the child?

A child with DCD is often thought to be awkward, clumsy or even stupid, when this is not the case. He/she may experience:

- Problems with executive functioning e.g. organisational skills, time management.
- Poor academic performance.
- Difficulty socialising with peers.
- Frustration and low self-esteem.
- Poor behaviour at home and school.



## Referral

A child with coordination difficulties can be referred by the GP to see a Paediatrician, Occupational Therapist or Physiotherapist for further assessment, help and support.

## What does the assessment include?

A Paediatrician will carry out an assessment that includes the child's birth details, development and academic ability, as well as a physical and neurological examination to exclude other medical conditions. An Occupational Therapist or Physiotherapist will evaluate the child through standardised assessments and observations when he or she is playing and completing tasks in a number of areas:

- Gross and fine motor coordination.
- Posture and body awareness.
- Manual dexterity and bilateral coordination (using two hands together).
- Visual perception (how they interpret what they see) and sensory processing.



## Clinical features

About 5% of school-age children have DCD and it is more common in boys (4 boys:1 girl). It is reported that up to 50% of children with ADHD may also have DCD. A child with DCD may have difficulties in the following areas:

## Gross motor skills

This refers to the coordination of the arms and legs and also includes posture and balance. Children with poor gross motor skills can have problems with:

- Riding a bicycle, catching/throwing a ball.
- Hopping and skipping.
- Tripping and falling over.
- Running awkwardly.
- Bumping into people, knocking things over.



## Fine motor skills

This refers to hand skills and manual dexterity. Children with poor fine motor skills can have difficulties in:

- Using a pencil for drawing or writing.
- Cutting with scissors.
- Using a knife and fork.
- Doing up buttons and zips when dressing.
- Tying shoelaces.



## Sensory processing problems

Sensory processing is the way in which children respond to what they see, hear, touch, taste or smell.

Children with DCD may have difficulty analysing and dealing with sensory messages coming from their body and the environment. They often like to touch and fiddle around with things. They may avoid certain textures or get upset with certain sounds. They can find it hard to filter information, for example, a low hum can easily distract them.