

Dyspraxia

Also called Developmental Coordination Disorder

Your child's body does not follow instructions the way it should, so everyday tasks are slow and hard. It is not carelessness.

HOW COMMON

5 to 6 of every 100 kids

OFTEN NOTICED

In the early school years

NOT CARELESSNESS

A real motor difference

TREATABLE

Yes - therapy and practice

What this is

- Dyspraxia means your child's brain has trouble planning and steering body movements, so ordinary tasks come out slow and messy.
- Your child is not careless, lazy, or refusing to try. The effort going in is often huge, and what comes out still looks clumsy.
- It has nothing to do with how smart your child is, and it is not a muscle disease. Those get checked for and ruled out first.
- Your doctor may call it developmental coordination disorder. Dyspraxia and DCD are two names for the very same thing.

What it can look and feel like

- Buttons, zippers, laces, and cutlery stay hard long after other children have them, so getting dressed drags on and on.
- Handwriting is slow, messy, and tiring. Your child knows the answer out loud, but what reaches the page is far shorter.
- Catching, throwing, and changing direction fast are hard, so your child gets picked last and then starts avoiding sport.
- Bike riding, stairs, and climbing frames come late, and your child bumps into furniture and drops things all day long.
- Mornings become a daily fight and you run late. It looks like your child is stalling, but the motor system is just slow.
- Spills, torn worksheets, food on clothes, and lost belongings are constant, and adults keep calling it carelessness.
- Teenagers dodge gym class, gain weight, and pull back from friends. Worry and low mood follow years of being the clumsy one.

What is happening in your brain and body

- The cerebellum, the part at the back of the brain that fine tunes movement, does not predict and correct as smoothly here.
- Most people build a mental preview of a movement before making it. Your child's preview is fuzzy, so the movement wobbles.
- Movements never go on autopilot, so your child has to think about forming letters while also thinking about what to write.
- That double load eats up attention in class, which is why written work suffers even when your child understands the lesson.
- Being born very early or very small raises the chance a lot, with rates near **30 to 50 in 100** in some preterm groups.

What can make it more likely

- It runs in families, and much of it is inherited. This is how your child's movement system was built, not something you did.
- Being born early, weighing very little at birth, or a difficult delivery with low oxygen all raise the chance of this.
- Alcohol exposure before birth is a known cause of later coordination trouble, usually alongside other developmental delays.
- Screens, sloppiness, and not practicing enough do not cause this, though sitting out sport does make fitness worse over time.

What to expect

- This is not outgrown. Roughly **half to two thirds** of children still have real difficulty as adults, but skills do improve.
- Practice on a task your child actually wants to do brings real gains, often within **10 to 20 sessions** of the right therapy.
- Fitness, weight, and confidence need watching, since children who avoid moving get less fit and then avoid moving even more.
- Adults do well with the right fit: keyboards instead of handwriting, work that suits them, and extra time to learn new skills.

What helps Treatment works. Most people get better.

Talking therapies

- **Occupational therapy** is the core treatment. Your child picks real goals, like tying laces, and works on those directly.
- **CO-OP** teaches a routine your child can use anywhere: pick a goal, make a plan, do the plan, then check how it went.
- Teaching the exact task beats general exercises. Swinging, brushing, and balance boards do not transfer to laces or writing.
- Practice has to be frequent, repeated many times, and done where the skill is really used, not only in the therapy room.
- **Talk therapy** helps with the worry, the perfectionism, and the avoiding that build up, and gets your child moving again.

Medicines

- No medicine treats dyspraxia. Occupational or physical therapy plus real practice is the treatment that actually works.
- If your child also has **ADHD**, treating it improves handwriting and control. About half of these children have both.
- If worry or low mood keeps your child off the field, **antidepressants** plus therapy may help them take part again.
- Ask for a neurology check and a blood test for muscle enzymes if your child is weak, loses skills, or has odd reflexes.
- Skip fish oil and other supplements sold for coordination. Studies have not shown that any of them improve movement.

Everyday things that help

- Ask the school in writing for an evaluation. Occupational therapy can then be written into an **IEP** or a **504 plan**.
- Ask for keyboarding, less copying from the board, extra time, a slant board, and a gym class plan your child can pass.
- Change the task, not just the child. Slip-on shoes, elastic waists, velcro, and a fatter pencil grip give back time today.
- Choose swimming, cycling, martial arts, or hiking. These build fitness without fast ball skills or being picked last.
- Build in extra minutes and stop the rushing. Getting ready really is slower for your child, and hurrying makes it worse.

Get help right away if

- Your child talks about dying or hurting themselves. Call or text **988**, or go to the nearest emergency room.
- Your child loses movement skills they already had, or is getting weaker. Get seen right away.
- Refusing to go to school, hopeless talk, or being bullied in gym class. Call your care team this week.

Questions to ask your care team

- *What tests were used, and have muscle and nerve problems been ruled out?*
- *Does my child also have ADHD, a learning disorder, or a language problem?*
- *How many occupational therapy sessions, and which goals will we work on?*
- *What will the school put in writing for handwriting and for gym class?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.