

## Dyspraxia

Children who have difficulties with motor planning may also be described as having dyspraxia. Dyspraxia that occurs after brain injury can improve with time and therapy and there are strategies that can be used to help the child/young person.

### What is Dyspraxia?

Dyspraxia is a problem of organising movements that is often present after a brain injury. "Motor planning" is another term that can be used to describe this ability to plan and choose the right movements in the right order or sequence, to achieve a skill or goal. A child/ young person may have the understanding of what is required, and have the ability to do the movements needed, but is not able to successfully put it together in response to a command or to conscious intent.

Dyspraxia can affect the oro-motor (mouth) area, causing difficulties with speech production, or it can affect the whole body. Difficulties can range from mild to severe. Fortunately this is a problem that often improves with time, practice and therapy, unlike the developmental dyspraxias (present from birth) which are more difficult to treat.

### What are the Symptoms?

Variability of ability is a feature of dyspraxia after a brain injury - that is, sometimes a child can do something and sometimes they can't. For example, a child can be seen to do something spontaneously (eg scratching an itchy nose), but is not able to perform the same action when asked, even though they may understand the instruction "touch your nose". The child can automatically perform an action, but if asked to do the same action can have great difficulty. This can be frustrating and hard to understand, and a child/ young person may be wrongly labelled as "lazy", "uncooperative", "not trying" or even "naughty". For the child/ young person themselves, the difficulties caused by dyspraxia can be very frustrating and can have a negative effect on their self-esteem.

Once a child (re)learns a task or skill, they are usually able to continue to do this successfully. However "generalisation" is difficult for people with dyspraxia - that is, using the same skill to do a similar but different activity. For example, a child may have re-learnt to get dressed with their usual clothing, but given something different to wear, or if they have to do this task in a different location, they may encounter difficulties, until they re-establish that particular skill in the new environment.

## Who do I see and how is it Diagnosed?

The child/ young person's therapists (physiotherapist, speech or occupational therapist) usually diagnose this difficulty and these are the people who can give advice about treatment strategies and how to best assist your child.

## Strategies to Assist

- Simply understanding that a child has a problem with dyspraxia will greatly assist the child. Once people realise that they are not being lazy or misbehaving, the pressure and stress is taken out of a situation, making it easier for all to deal with.
- Changing the focus of the task, re-wording a verbal request, giving a visual cue (eg a gesture) in addition to a verbal cue are all ways that can assist individuals with this problem.
- Allowing time and being patient with the child. Sometimes a child can complete a task, but it takes longer because they have to consciously think about the sequence of motor steps.(For example, like an adult learning to drive a manual car who has to think through the steps of which way to move the gear stick and operate the clutch whilst steering the car and taking notice of the traffic).
- Breaking down a complex task into smaller steps, and completing each smaller step before moving on to the next one.

## Key Points To Remember

- Dyspraxia is experienced when a person has difficulty organizing and planning their movements.
- Dyspraxia that occurs after a brain injury can improve with time, practice and therapy.
- Usually the child's occupational therapist, physiotherapist, or speech pathologist will identify dyspraxia and will be able to assist with strategies and therapy.

**This information sheet is for education purposes only. Please consult with your doctor or other health professional to make sure this information is right for your child.**

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