

**This is an assignment done by a woman who was studying to become a
Special Needs Assistant
She has generously allowed us to share her work.**

Dyspraxia

Introduction:

This project will discuss the complex issues of dyspraxia, the origins of its name and a concise outline of what it is.

Definition:

Developmental Motor Dyspraxia is:

Difficulty in consistently planning, sequencing and then executing efficiently and co-ordinated movement – at will or on command – to perform age appropriate skills.

Causes of Dyspraxia.

The causes of dyspraxia are generally unclear, but it is fundamentally a neurodevelopmental disorder resulting from an immaturity in the developing brain.

Reasons why this might occur:

- (a) lack of oxygen around the time of birth.
- (b) An early viral infection.
- (c) Alcohol or poison abuse such as faetal alcohol syndrome.
(lee and French 1994)
- (d) There is evidence that premature birth leads to the failure of the neurons in the brain to form adequate connections. This has an effect on the brains ability to process information.
(brooks-gunn et al 1992)
(padsman et al 1998)
- (e) It may follow brain damage caused by illness, stroke or an accident later in life. However, often there's no obvious cause.

School Life:

1: Poor Organisation Skills:

The child with Dyspraxia will hardly ever have a pen or pencil available, if he does he often breaks it because he presses so hard when he is writing. He forgets to bring books into school and home again in the evening. He may also spend so much time looking for books or pencils that the teacher has moved on.

2: Handwriting Difficulties:

Due to poor pencil grip the child will hold the pen or pencil awkwardly, thus their writing will be very messy, their letters may not be formed appropriately, they may also have reversal of letters. Their writing appears slow and laboured and they will have low writing confidence. They may find copying from the board hard and never seems to be able to complete written work in time. If the child has to take notes down and listen to the teacher at the same time they will find this very hard and may not be able to concentrate and write at the same time.

3: Physical Education:

This is one of the child with Dyspraxia's most challenging activities. He or she takes absolutely ages to get changed, both before and after the activity, and may seem totally disorganised. He or she forgets the sequence which clothes are to be put back on and may put them on inside out, or back to front. He or she will find throwing and catching any sort of ball difficult. Left and right will be a problem as will in front, behind and beside. He or she will find kicking the ball very difficult and may not be able to aim accurately. He or she tends to be very clumsy, bumping into objects

and other people easily. A child with Dyspraxia often has to put out an enormous amount of effort to do something that another child can do easily. The child will often be very tired at the end of the day.

4: Classroom setting:

The child can not sit still at his desk and will fidget quite a lot. He or she may start laughing or messing around during lessons when they are supposed to be concentrating on written work. Other times he or she may be easily distracted by some sort of activity outside the classroom window. They tends to be clumsy and knock objects over, or bump into other children in the classroom. When it comes to arts and craft their clumsiness can really show, knocking paint pots over. He or she may find cutting out is a big problem even with the use of special spring-loaded scissors. Music will be difficult for the child as they may find it hard to beat in time, keep rhythm or start and stop with an instrument.

5: Maths difficulties:

A confusing issue for the child with Dyspraxia is that in reading and writing they are taught to go from left to right, but in setting out maths problems they have to work from right to left. Sometimes they mix up the addition and multiplication signs, also they may not align the columns correctly and end up with the wrong answer.

Home life:

1: Dressing:

The child with Dyspraxia is likely to struggle with getting ready for school in the mornings when everyone is busy and time is limited. They can get themselves in a hopeless muddle. When it comes to putting on clothes due to poor motor planning they get totally confused as to which items go on first. They may find they can not work out which way they should put their clothes on, and end up putting things on back to front and inside out. When it comes to putting jumpers over their head they become disorientated and do not know where their body is in space. Because of poor fine motor skills, tying buttons on their shirts may prove very difficult especially when they cannot see the buttons, on the top of the shirt. Children with Dyspraxia may appear untidy and sloppy. This child may have poor balance so standing on one leg while putting on trousers may prove impossible and they may fall over easily. Putting on shoes on the correct feet may be difficult, they have problems with left and right, tying laces may cause problems, learning to tie a bow can be hard as they are not able to see where to place one lace over or under the other one.

2: Toileting:

Children with dyspraxia may have low muscle tone and when they say that they need to “go” to the toilet they need to go now and they may not be able to hold it in for any length of time which may cause them accidents. Due to poor fine motor skills even if they manage to make it to the toilet on time they may not be able to open their buttons or undo the zip quickly enough to avoid an accident. Children with poor motor planning skills may forget the order in which to do the task. They arrive at the toilet knowing

why they are there but they may forget to wash and dry their hands after using the toilet. Because of poor body awareness they may be unable to locate the correct part of their bottom to wipe without looking which could sometimes mean that they have not cleaned themselves properly which in turn could have a knock on effect socially.

3: Mealtimes:

Mealtimes can be a disaster zone for children with Dyspraxia. When the child eats a meal he has to be able to accomplish several tasks at once. Firstly, he has to sit on the chair, remain in one position and manage not to fall over, this requires good balance. Secondly, he needs to be able to use a knife and fork and drink from a cup or glass. If the child has poor bilateral integration, co-ordinating both sides of his body will make using the knife and fork difficult. Thus he may resort to using his fingers at mealtimes. The child with co-ordination difficulties may try to hold the milk carton too close to their body while pouring and may spill a great deal of the drink.

4: Playing:

The child will have significant difficulties with motor planning and execution, playing can be a stressful experience. He may find kicking a ball difficult and may not be able to aim accurately. He may kick too hard or not hard enough. He may not be able to catch a ball. Standing on one leg requires stability in the supporting leg which the child may have problems with so he tends to wobble and may even fall over or bump into objects or other people. Due to poor bilateral integration riding a bike may be hard to achieve.

5: Sibling Rivalry:

Having a child in the family with dyspraxia can have a profound and unsettling effect on siblings. They can see their parents need to spend more time with the child with Dyspraxia and less time with them, they may become resentful of this. They may be angry with both their parents and the affected child, and may act out in school and cause additional problems. They may view their brother or sister as an embarrassment and may not want them around when they have friends over. They may feel that they can't do

certain activities which involve the whole family due to the child with Dyspraxia.

Identification Detailed Description of Characteristics:

1: Late in reaching milestones of development, eg crawling, sitting, walking, standing and speaking:

There is a recognised pattern of physical development that children are expected to follow. These are known as the developmental norm. Variations will always exist, since each child is individual and will progress differently. Knowledge of these patterns of development will help us measure their progress as an individual. The child with dyspraxia may be late in reaching these developmental norms eg learning to support the head, rolling over, sitting, crawling and walking.

2: May have difficulty in running, hopping, jumping, catching or kicking a ball as well as other children of similar age.

Children with Dyspraxia may have difficulty with gross motor skills. These are large movements you do with your arms and legs, so therefore they may have problems running, jumping, etc. Due to poor balance they may find hopping on one leg very difficult. When it comes to throwing or catching a ball they may not be able to aim accurately, may throw too hard or too soft. They may also fall over quite easily if bumped into by other people, which may cause them embarrassment.

3: They may find it hard to walk up and down stairs.

Poor gross motor skills affect this area considerably, a child with dyspraxia may often climb up the stairs better, but will show signs of fear when going downstairs. They may use one foot at a time rather than using alternative feet, part of the problem may be due to poor visual perceptual problems. When they are going down the stairs they cannot judge the depth of each step and they have a fear of falling over.

4: They may not be able to dress or undress easily.

The child with dyspraxia will show several problems when it comes to dressing. He may need help to get and sort his clothes in the order in which he must put them on.

Difficulty with Fine Gross Skills:

These are the small movements you do with your fingers. The child with dyspraxia will find buttoning and unbuttoning a problem especially the buttons at the top of the shirt because he cannot see them and zips may also create a problem. The child may also have problems when it comes to putting on shoes, firstly he or she may have confusion between left and right, secondly, he or she may have problems guiding his foot into the shoe and thirdly tying up laces on the shoes may seem impossible.

Difficulty with Gross Motor Skills:

These are the large movements you do with your arms. The child with dyspraxia has difficulty with balance, trying to stand on one leg while putting the other leg into the trousers without falling over may prove very difficult.

5: Eating, drinking, mastering toileting and cleaning themselves afterwards.

The child with dyspraxia will have problems with eating and drinking, they have to accomplish several tasks at once. Firstly they need to sit on a chair, remain in one position without falling off. Secondly, he needs to be able to use cutlery and negotiate drinking from a glass without spilling. What should be a simple task can end up being very stressful and difficult, the child may resort to using his fingers.

Toileting may be another very stressful and embarrassing time for the child with dyspraxia. The child who is low toned will have to go to the toilet “now” and cannot wait for any length of time, which may cause accidents.

6: They can be accident prone and seen as clumsy and may fall over easily.

This is due to spatial relationship, it involves the ability to perceive the position of two or more objects in relation to ourselves. Children with dyspraxia will be unable to judge distances accurately and may appear clumsy and tend to fall over often.

7: Their speech may be immature and language may be impaired or late to develop.

With verbal dyspraxia the child has difficulty in actually carrying out the movements needed to produce clear speech. Sometimes the child has difficulty in producing the right word at the right time and putting words in the right order.

8: They may be poorly organised and have a short attention span.

Children with dyspraxia may have problems sustaining their attention on a given task. They can be easily distracted by noise, things happening outside the class window or other activities going on around them. They find it hard to sit still and fidget a lot. Children with dyspraxia need to put more effort into seemingly simple tasks. Due to this effort, it can be more difficult to keep their level of concentration up throughout the day.

9: They will have poor pencil grip which in turn will lead to poor handwriting. Artwork can be very immature.

Handwriting is a complex activity which combines many skills at once. Fine motor control. Children with dyspraxia may not have developed a tripod grip – that is, holding a pencil with the web space open between the finger and the thumb and maintaining the position. The child's writing may be erratic with many reversals and poorly formed letters, they may also put too much pressure on the pencil or pen which will in turn result in slow laboured writing.

10: They may avoid games or PE activities.

Fine motor skills: when it comes to getting changed for PE he will take ages and may be very disorganised.

Gross motor skills: affect the following areas:

- (a) Ball skills – the child with dyspraxia will find it difficult to make some of the big movements because of stability.
- (b) Kicking a ball – may be difficult and aim may be inaccurate. He may kick too hard or too soft.
- (c) Standing on one leg – may be difficult as this requires stability, the child may wobble and fall over.

Bilateral integration: because the Dyspraxic child may have delayed development in this area of integrating both sides of their body, they may have problems walking or riding a bike.

Poor body awareness: can have an affect on the child. He may be unaware of where his arms are in relation to the rest of his body. He may bump into equipment or other people.

Poor proprioception: Proprioceptive input tells the brain when and how the joints are bending and extending. This information enables the brain to know exactly where and how each part of the body is moving. The child's feedback messages don't seem to work as well as others. When it comes to throwing a ball, he may throw it too hard at the target, but next time he will still not be able to judge the distance.

11: They may have a difficulty in keeping friends or how to behave appropriately with others.

Behavioural Difficulties: Children can demonstrate difficult and unhappy behaviour for a wide variety of reasons. Some causes are easily identified but others are more complex. The child with dyspraxia will have difficulties with poor co-ordination skills, poor motor skills, poor understanding of language and instructions and specific learning difficulties, which can lead to behavioural difficulties. They may have problems coping with their inability to do certain tasks, get frustrated or have a temper tantrum.

Social Difficulties: Children with dyspraxia often have low self-esteem, they will find it hard to make friends. Their difficulties with gross motor skills will mean that they are often not chosen to play games where skill and competition are necessary. The child with dyspraxia has the inability to undertake activities without seeing their hands, which means that sometimes they can appear untidy and have poor hygiene skills when it comes to the toilet, this can be undesirable for some people which can isolate the child.

Medical treatment available for the Dyspraxic child.

It's not possible to cure dyspraxia, but those affected can learn ways and means around their problem. The child with Dyspraxia and no other intellectual disability falls within the normal intelligence span. With the correct help they will reach their full potential. This involves a team approach utilising the skills of many different specialists to support a child's ability.

The multidisciplinary team includes:

- Paediatricians
- Consultants
- Family Doctors
- Public Health Nurses
- Speech Therapists
- Physiotherapists
- Psychologists
- Occupational Therapists
- Orthoptist.

- (a) Initially it is usually the parents who will notice that something is wrong. The child does not seem to be progressing, they may be late in reaching milestones. The parents will generally meet with their doctor to discuss their concerns.
- (b) The G.P will check the child and try to rule out other medical neurological disorders responsible for the difficulties. The G.P can refer the child for specialist therapy and care.
- (c) The occupational therapist is concerned with the practical and functional skills needed for everyday living. They are particularly interested in assessing the child's fine and gross motor skills in relation to their ability to care for ones self eg dressing washing and feeding. They can advise on suitable home equipment to enable the child to be as independent as possible.

- (d) A speech therapist is concerned with all aspects of communication. They assess children's hearing, language, speech and mouth development. They may also attend to feeding problems.
- (e) A physiotherapist will assess children's motor skills and help with movement and posture difficulties. Their objective is to provide exercises and activities to improve these skills.
- (f) An educational psychologist can advise teachers and parents about children who may be experiencing learning or behavioural difficulties.

These specialists should offer advice and exercises to help the child with dyspraxia learn how to perform the daily tasks and activities they may be struggling with and to develop reading and writing skills. They may also offer advice about behaviour modification.

Motor Difficulties: There are endless strategies to use at home or at school in a therapy setting to help with the various motor difficulties. Concentrating on working on hips and shoulders will improve this gross motor skill.

For example:

- (a) **Gross Motor Skills** – Use of ball games, throwing bean bags, skipping, star jumps, jumping on a trampoline, using an exercise ball will all help.
- (b) **Handwriting** – The use of carbon paper to deal with pencil pressure, children may be putting too much pressure or too little. Light up pens will also help with pressure. Triangular pencils are available to help with pencil grip.
- (c) **Fine Motor Skills** – Use threading activities, buttoning and unbuttoning activity dolls, pick up sticks, cutting out, simple puzzles, stickle bricks, Lego, screwing and unscrewing bolts and screws, and baking or kneading dough are all excellent for promoting fine motor skills.

Strategies to help the child with dressing, toileting, eating and organising themselves.

The sequence of dressing needs to be taught as well as the skill of putting on each item. Visual clues may need to be given to reinforce the learning.

- Use of a dressing doll to practice fine motor difficulties, eg buttoning, unbuttoning, using a zip, laces.

- Sequence clothes, lay out clothes layer by layer, last item off, first item on.
- Elasticated skirts or trousers make it easier than buttons or zips.
- Use Velcro on shoes instead of laces.
- Avoid tight fitting neck jumpers, child may get disorientated and fall over.

Toileting: The child with dyspraxia will have to learn strategies to help them be successful in this area.

- Ensure that they wear easy to put on and off clothes, elasticated waists.
- Flashcards may help with the sequence of events to complete the task, eg toilet seat, paper, wipes, flush, wash hands, dry hands.
- Place a mirror in the bathroom so that the child can check appearance.
- Providing wet-wipes rather than standard toilet tissue.

Eating:

- Make sure the child is sitting properly where possible with both feet on the ground.
- The use of specific cutlery for the child will help.
- Use a piece of dycem under the plate to stop it moving.
- Use straws or beakers to avoid spills.

Organisational Strategies:

- The use of laminated timetables can be a huge advantage for the child.
- Marking shoes L and R.
- Use Velcro instead of laces.
- Lay clothes out the night before so as to avoid stress in the morning when time is limited.
- Buy clothing that has a picture on the front so that the child can tell when it is on the right way.

The multidisciplinary team creates a holistic approach for the child and allows for more effective treatment. The good news is that early recognition does mean earlier intervention. The first step in this process is to identify the

strengths and weaknesses and to work on both. One of the most important issues for success for the child is maintaining self-esteem. If this can be done, there is a greater chance of future success, both academically and socially.

Alternative Treatments

When looking into the question of alternative therapies, it would seem that there are many therapies available. Many parents have used a variety of alternative therapies with mixed views.

- Acupuncture: This is the insertion of needles into the skin at points where the flow of energy is thought to be blocked.
- Homeopathy: Is a gentle, holistic system of healing, suitable for everyone. Homeopathy focuses on the individual concentrating on treating your specific physical and emotional symptoms, to give long lasting benefits.
- Kinesiology: Is a non-invasive methods, using precision muscle feedback and body awareness that can help you to reduce stress and pain, improve performance at school, work and home.
- Neuro-Developmental Therapy: aims to promote the development of the nervous system and the inhibition of primitive reflexes
- Cranial Osteopathy: is a refined and subtle type of osteopathic treatment that encourages the release of stresses and tensions throughout the body, including the head.
- Nutritional Supplements: these are used more and more if children are faddy eaters and are not maintaining a balanced diet.

Functions and Duties of the Special Needs Assistants

- **1) To help the child develop organisational skills.**
Encourage the use of a labelled pencil case that is “seen through” so that the contents may be checked. Help the child to organise his school bag, taking out the books needed for class and making sure that the correct books are put back into his bag to take home for homework.
- **2) To help the child record work in an appropriate way.**
Handwriting difficulties are very common in children with dyspraxia owing to poor coordination and inadequate visual perception. In terms of helping the child with writing, make sure that the child is sitting properly, as poor posture can have an enormous effect on handwriting. Make sure that his desk and chair are at the right height. The use of a sloped board may make writing easier. Check the child’s pencil pressure. If he or she is pressing too hard, his or her writing will be erratic and distorted and they will quickly become exhausted. Encourage a comfortable effective pencil grip. Handwriting practice sheets or programmes are helpful as they give the child a model to start from and clear indications of where to start on the page. This help can reduce considerable anxiety for the child.
- **3) Assisting the child in challenging areas, eg reading, maths, PE, Arts and craft.**
Reading appears to become more difficult as the child moves up classes, this tends to be due to the size of the print and the quantity of words on the page and occasionally the starkness in contrast between the white page and the black print. The use of a reading window can help the child to focus, also preparing specific writing activities on coloured paper will help. Another confusing issue for the child with dyspraxia is that in reading and writing they are told to go from left to right, but in setting out maths problems they have to work from right

to left. This can prove problematic as the presentation and layout of calculations can easily be misplaced affecting the end result. The use of card windows to reveal only one calculation, and grid paper can make life a lot easier for the child. As children with dyspraxia have significant difficulties with motor planning and execution, PE can be a stressful experience. Getting changed is a difficult area, as the child with Dyspraxia is often slow getting changed and seems to be totally disorganised. To help the child make sure that all clothes are labelled or have coloured tags, ensure that all clothes are put in a set place and in the order in which they must be put back on. Ensure that he has some sort of seating arrangement in the changing room, due to poor balance if he has to stand on one leg and try and put on tracksuit bottoms he is likely to fall over or bump into other people.

- **4) To assist the child with dressing, toileting, feeding and general hygiene.**

The child with Dyspraxia is likely to struggle with putting coats on off at the beginning and end of playtime. Encourage them to label coats and place them at the end of the coat rail, this will make it easier for them to find. Toileting can be a huge problem for the child. Also they may need help at times with buttons or zips. Using a sequence of cards showing a seat, toilet roll, flush and taps remind him of the whole process will help and build self confidence and self esteem. Wet-wipes may help the child. Mealtime can be a disaster zone for the Dyspraxic child, help can be given by ensuring the child is seated properly and they are eating without dropping things and drinking without spilling. They may need help opening drink cartons or yogurts.

- **5) To assist the child to board and alight from school bus.**

Help may be needed to assist the child to board and alight from school buses, with all their belongings safely.

- **6) To assist the child on out of school trips, activities, walks.**

Assisting the teacher with out of school activities, where the child with special needs is participating and may require one to one help.

- **7) To assist the class teacher with preparation and tidying up of classroom.**

A Special Needs Assistant will play a role in helping to prepare and tidy up the classroom and in particular with regard to any equipment the child with Dyspraxia may require eg special spring-loaded scissors for arts and craft, sloped angled boards for writing, special pens and pencils, tape-recorder, calculator or laptop, visual aids.

- **8) To encourage the inclusion of the child within the school setting.**

The Dyspraxic child may find it difficult to make friends and to be part of a group. Their difficulty with motor skills will mean that they are not often chosen to play games where these skills are necessary. They may need your assistance in terms of encouraging inclusion in activities, to promote peer acceptance and integration. To establish a supportive relationship with the child, to devise and develop methods of enhancing and reinforcing child's self esteem.

- **9) To liaise with the class teacher.**

To observe the child and work with the class teacher, to develop a system of recording and monitoring the child's progress. Predicting the potential areas of difficulty and setting out Individual Educational Plans matching the tasks and activities with the ability of the child.

- **10) To motivate, encourage and help the child to concentrate and finish exercises.**

The child with dyspraxia may find it difficult to concentrate for long periods of time, they can be easily distracted by noises, things going on outside the classroom window, or other activities going on around them. They may find it hard to sit still without fidgeting. An S.N.A may need to develop a number of strategies to motivate the child. Praise is a great motivator, and it is important to give credit for effort expended along the way rather than just for the end result.

To be an effective Special Needs Assistant, there are certain skills required, being a good listener, a good communicator, a positive role model, well organised and adaptable, but the most fundamental skill required is that we love children and enjoy working with them. After this everything else is easy.

“When love and skill work together, expect a masterpiece.”

- John Ruskin (1849-1906).

Educational Options:

Mainstream school is best suited for the child with dyspraxia who has no other medical conditions. The child with Dyspraxia is often of average or above average intelligence. There are a variety of approaches and techniques which can be used in mainstream schools to help the child to overcome their difficulties, some aspects of their development can be learned. Certain aspects can be changed and others accommodated by using adaptations or compensatory strategies. With the correct help they will reach their full potential. Within the mainstream school they can access all of the supports that they require through the Dept. of Education and Science.

Resource Teaching.

Learning Support Teacher.

Equipment grants – Laptops, sloped angle boards.

Extra time in State Exams.

Exemptions from troublesome subjects eg languages.

Accommodations – Use of tape-recorder instead of writing down answers

It is important for the child with Dyspraxia to attend mainstream school so that they may view themselves as normal but with a difference. They have many difficulties and without help their self esteem may take a nose dive and they may end up feeling that it is not worth making any effort at all.

Learning Support Teachers assist the child so that they are taught at the same pace alongside their peers, this relaxed environment will enhance their overall learning.

Services Available.

General Practitioner: Health Nurse Visitor:

The GP is often the first port of call for worried parents, whose child may have developmental problems. The GP will examine the child and if he has any doubts he will refer to the relevant agencies.

Health Care Visitors may be the first to identify a possible special need in a child as they have a particular responsibility towards all children under five years of age. They offer help, counselling, support and advice and provide information about local support groups for the family.

Speech Therapist:

Speech Therapists are concerned with all aspect of communication. They assess children's speech and language, mouth and tongue movements. Children with communication difficulties often have behavioural and social problems. Speech Therapists may work in community settings, hospitals or schools.

Occupational Therapists:

Occupational Therapists are concerned with the practical and functional skills needed for everyday living. They will assess fine and gross motor skills in relation to feeding, washing and dressing oneself appropriate to their age. They will give advice on suitable home equipment to help the child at home or in school.

The Dyspraxia/DCD Association Cork

This association is a Munster-based support group. It supports the DCD Unit in St Finbarr's Hospital Cork. It advocates for the children with and parents and families of the child with Dyspraxia/Developmental Coordination Disorder. It hosts Ireland's only on-line parent's forum where parents from all over the world can discuss dyspraxia-related concerns. It has published two booklets which are available either in hardcopy or to download without charge. www.dyspraxiadcdcork.ie

The Dyspraxia Association of Ireland:

The above association was formed in 1995, by parents of children with dyspraxia. The association's aim is to:

- 1) Raise awareness of dyspraxia in Ireland and create a better understanding of the difficulties children and parents face.
- 2) Ensure adequate resources are available to support the needs of children with dyspraxia. This includes occupational therapists, speech and language therapists, support and education.
- 3) Provides an information sharing network for parents.
- 4) Improve diagnostic services.
- 5) Organise meeting for parents and their children.
- 6) Provide a parent/professional link.

DCD (Developmental Coordination Disorder)

Unit, St. Finbarr's Hospital, Cork.

This is a specialist unit, where all of the various specialist therapists work together in conjunction with the Southern Health Board. They provide a service to parents and schools to ensure that relevant knowledge and systems are in place to recognise children with difficulties within the school systems. They may set up assessments for the child, they can then put a system of therapy in place. They may meet with the support teacher, and maintain a level of cooperation and coordination of services that will benefit the individual child.

Citizens Information Service:

A comprehensive, confidential and professional service offered to people. It specialises in providing information regarding social welfare entitlements, health services and employment rights.

Social Worker:

Social Workers are employed mainly by local authorities, they are based in local area offices. They will undertake different kinds of social welfare responsibilities for children with special needs and their families, including advising on accessing resources, benefits and services to which children and parents are entitled too.

Conclusion:

Dyspraxia is a condition which may seem hard for people to recognise and understand unless they have a child with the condition. Dyspraxia is often termed “the hidden handicap” as there are no obvious signs of the child’s dysfunction. They do not have any overt neurological signs as are evident in Cerebral Palsy, or a cluster of superficial features such as those seen with children with Down Syndrome. The child appears to be “normal”. But we have seen it presents itself with obvious coordination and language difficulties but may have other covert characteristics that can greatly impact on home and school life. Once the child has been successfully diagnosed and a system of treatment put in place the Dyspraxic child will benefit most from one to one therapy to help them reach their full potential.

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