

### **Q. What is dyspraxia?**

**A.** Dyspraxia is a specific learning disability resulting from an immaturity of the neurological development of the brain. Problems occur as a result of the brain transmitting incomplete or scrambled messages to the muscles. People with this condition have difficulty planning and carrying out sensory/motor tasks.

### **Q. What are some characteristics of dyspraxia?**

- History of reaching many of the normal developmental milestones later than average, e.g., rolling over, sitting up, walking, talking, etc.
- Difficulty with dressing.
- Clumsiness and a poor sense of spatial awareness.
- Difficulty remembering and following a sequence of instructions.
- Difficulty running, hopping, jumping, throwing, catching, kicking a ball and riding a bike.
- Poor pencil grip, often resulting in handwriting being almost illegible.
- Difficulty keeping friends and knowing how to behave socially among a group of peers.
- Difficulty with speech, reading, writing and spelling.
- Emotional or behaviour problems.
- Easily distracted, poor attention span, reaction to stimuli without discrimination.
- Difficulty in copying from the blackboard in school.
- Poor organisation skills.

### **Q. What can be done to help someone with dyspraxia?**

**A.** Children with dyspraxia will not grow out of it. First and foremost, they need to be understood and recognised. They need the support of professionals such as speech therapists, occupational therapists, physiotherapists and teachers. Therapy on a one-to-one basis is very beneficial and parental involvement with the therapy is very important to ensure that the various exercises are practised at home.

Due to the absence of the motor plan to correctly position the articulators (face, tongue, lips and jaw), children with oral dyspraxia have difficulties pronouncing

sounds, syllables and words. With two or more years of intensive speech therapy, most children will eventually be capable of communicating orally.

Poorly developed gross motor skills (e.g., throwing, catching or kicking a ball, riding a bicycle, etc.) often feature in children with dyspraxia. By working on balance and co-ordination skills, a physiotherapist can build up the child's muscle strength and tone and increase the child's awareness of limbs. For children experiencing problems with their fine motor skills (e.g., handwriting), an occupational therapist can concentrate on the child's co-ordination using skills such as threading, cutting, colouring and copying of shapes and patterns.

While children with dyspraxia are never cured, a programme of physiotherapy, speech therapy and occupational therapy will greatly assist them in compensating and coping with their disability. With proper support, there is no reason why children with dyspraxia cannot reach their full potential.

### **Related Links**

[Dyspraxia Association of Ireland](#)

[Dyspraxia Foundation](#) (UK)

[Apraxia Kids](#) (US)