

## Diagnosis of DCD/dyspraxia

If you are concerned that a child might need to be assessed for DCD, discuss this with the child's parents and ask them to request a referral to occupational therapy (OT). This can be through the GP or another health professional who knows the child e.g. speech and language therapist.

The occupational therapy service will use information from the family and school staff to help work out whether the child would benefit from a motor co-ordination assessment.

A multi-disciplinary approach to diagnosis is important, so where a child has been assessed by an OT and fits the A and B criteria for DCD (see below), the OT will refer on to one of the community doctors to investigate whether there is an underlying medical or developmental reason for poor coordination.

The doctor will consider all the available information (including from school), as well as making their own assessment. If the child has significant motor co-ordination difficulties which can't be explained by any other condition, then a diagnosis of DCD may be given.

### Diagnostic and Statistical Manual Edition Five (DSM-5)

#### Diagnostic criteria for Developmental Coordination Disorder

- A. The acquisition and execution of coordinated motor skills is substantially below that expected given the individual's chronological age and opportunity for skill learning and use. Difficulties are manifested as 'clumsiness' (e.g. dropping or bumping into objects) as well as slowness and inaccuracy of performance of motor skills (e.g. catching an object, using scissors or cutlery, handwriting, riding a bike, or participating in sports).
- B. The motor skills deficit in Criterion A significantly and persistently interferes with activities of daily living appropriate to chronological age (e.g. self-care and self-maintenance) and impacts academic/school productivity, prevocational and vocational activities, leisure and play.
- C. Onset of symptoms is in the early developmental period.
- D. The motor skills deficits are not better explained by intellectual disability (intellectual developmental disorder) or visual impairment and are not attributable to a neurological condition affecting movement (e.g. cerebral palsy, muscular dystrophy, degenerative disorder).