



# Dyspraxia In Children



Opening Hours  
Mon - Fri: 9am - 7pm  
Sat: 9am - 6pm

583 Orchard Road  
Forum Galleria  
#13-02/03 Singapore 238884

Phone 6100 9235  
Fax 6234 1956

Email [inquiry@dynamics.com.sg](mailto:inquiry@dynamics.com.sg)  
Website [www.dynamics.com.sg](http://www.dynamics.com.sg)



## Definition:

The Dyspraxia Foundation defines dyspraxia as 'an impairment or immaturity of the organisation of movement'. Another term for dyspraxia is Developmental Co-Ordination Disorder (DCD).

## Diagnosing Dyspraxia:

Dyspraxia is usually diagnosed by developmental paediatricians, neurologists or clinical psychologists. Typically, an occupational therapist may also be involved in the evaluation process in order to assess motor planning, sequencing and co-ordination, as difficulties in these areas are frequently the hallmarks of dyspraxia.

## Symptoms of Dyspraxia:

Dyspraxia may present differently in children of different ages. As with any developmental delays or difficulties, early identification of dyspraxia will enable early intervention and will provide practical steps to help your child to achieve their potential. Children with dyspraxia frequently experience difficulties with self-esteem and confidence, especially when they are older, as they begin to recognise that certain activities and tasks are more difficult for them than their peers.

## Infants and Toddlers:

- May be fussy and irritable as infants.
- May have feeding difficulties.
- May be slower to achieve motor developmental milestones.
- May miss out on some developmental milestones e.g. 'bottom shuffle' instead of crawling then go straight to walking.



## Pre-school Children:

Children who are diagnosed with dyspraxia before they start school frequently have difficulty acquiring those skills which 'come naturally' to other children. Difficulties coping with every day activities can cause significant problems for the child and for families.

- May be prone to temper tantrums.
- May struggle to stay still, making participation in sedentary tasks difficult for the child.
- May appear clumsy; constantly bump into objects and falling over.
- Difficulties learning to pedal a tricycle or a bicycle.
- Messy eating and drinking.
- May avoid constructional toys such as Lego, building blocks or jigsaw puzzles.
- Poorly developed fine motor skills e.g. difficulty holding a pencil, crayon or using scissors. These tasks are frequently very challenging for pre-schoolers with dyspraxia and they may display associated avoidance behaviours.
- Drawings may appear immature.
- Hand dominance may not be well established (i.e. right or left handedness).
- Frequently have difficulties with task completion and organisational skills.
- May be isolated from their peers. This is frequently because children with dyspraxia are aware of their own limitations and therefore choose not to get involved in activities with their peers out of a fear of failure. At times, they may be rejected by their peers if they are not able to keep up with the games.



## School-age Children:

- Continued difficulties with organisational skills. Children with dyspraxia are often reported to lose their belongings and have difficulties keeping their environments neat and tidy (e.g. school desk, bedroom).
- Difficulties in adapting to a structured school routine.
- May be slow at completing activities of daily living e.g. dressing, eating and bathing. Frequently experience difficulties with functional fine-motor tasks such as tying shoelaces, doing up zippers and buttons.
- Frequently experience difficulties in Physical Education classes at school or sports activities due to impaired motor planning and co-ordination. This often leads to problems with self-esteem when they feel like they cannot keep up with their peers or are teased by others.
- Often have difficulties with handwriting; particularly spatial organisation, letter formation and work speed. Children with dyspraxia frequently find it challenging to keep up in class and copy work from the board accurately.  
May struggle to remember and execute more than two or three instructions at once.

If your child is exhibiting many of the abovementioned difficulties, it is recommended that he/she be assessed by a trained professional in order to further investigate the underlying causes. These symptoms are frequently but not always indicative of dyspraxia, and it is important not to jump to conclusions without consulting a clinician.

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YOUR CHILD NEEDS!**

**6100 9235**

## What can be done to help my child if he/she is Dyspraxic?

If your child has been diagnosed with dyspraxia, it is recommended that he/she be referred to an occupational therapist for intervention. Occupational therapists are concerned with a child's ability to manage all aspects of their lives at home, at school and at play. Occupational therapists recognise that the specific difficulties that a child with dyspraxia experiences may significantly impact their self-esteem, confidence and social functioning. The therapy environment and the relationship between the child and the therapist create opportunities for the child to work on developing his/her skills that are impaired, as well as opportunities for success and mastery of skills in a safe environment without the fear of failure. Therapy may include direct intervention to work on specific skills such as gross-motor skills or handwriting, or the therapist may suggest changes in the child's environment to maximise his/her functioning (e.g. different seated position in the classroom to minimise distractions). Activities may also be adapted to enable the child to perform more successfully (e.g. use of a rubber pencil grip to improve functional pencil grip, use of assistive technology such as a laptop instead of writing for older children).



We are Approved  
Institution (AI) for providing Early  
Intervention under The MCYS  
"Baby Bonus" scheme.

## Tips to Maximise Potential of Children with Dyspraxia:

- Always use positive reinforcement, encouragement and praise to build up self-esteem and confidence.
- Acknowledge that certain tasks such as handwriting are difficult for the child, and provide an outlet for frustration when things get too much for the child.
- Break down activities and tasks into smaller components in order to make the task manageable.
- Teach organisational strategies such as use of lists, visual schedules, graphic organisers for handwriting etc.
- Assist with short term visual memory by not expecting the child to be able to copy large blocks of text. Use strategies to help with copying from the board by using different colours per line or giving a ruler to copy text for each line.
- Allow the child sufficient time to complete a task before moving onto the next thing, as consistently leaving tasks unfinished may lead to him/her feeling like a failure.
- Choose suitable extra-curricular activities for the child to participate in. Activities in which the child is more likely to succeed are recommended.
- For older children, encourage autonomy by involving them in decisions which directly affect them. Give suitable alternatives without forcing the child to participate in activities that are particularly challenging.
- Where indicated, use of assistive devices such as a laptop instead of writing in certain subjects (this is subject to the school's approval).

With appropriate intervention and support both at home and at school, children with dyspraxia can cope very well and can lead balanced, fully functional lives.

