

Emerge



A Child's Place

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Occupational Therapy
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Many Preschoolers Will Not Outgrow Clumsiness on Their Own



Bonnie Hacker, OT
Founder / Director

Strong empirical evidence now demonstrates that children with developmental coordination disorder (DCD) have trouble with motor skills that persist into adolescence or adulthood.¹⁻⁶ In their long-term follow-up study, Cantell et al found that 46% of children diagnosed with DCD had symptoms that persisted into adulthood.¹ Furthermore, research connects developmental coordination disorder with secondary problems including poor physical fitness, poor social competence, academic problems, behavioral problems, and reduced self-esteem.^{4,7-11} Research from the 1990s repeatedly quotes parents saying their family physician told them their child would outgrow clumsiness when the child did not, but the incidence of this is probably reduced do to the greater awareness of DCD in the healthcare community. The scientific literature now supports recommendations for additional services for some children.



Developmental Coordination Disorder affects academics and socialization, and it persists into adolescence and adulthood.

Long-standing and current differences in terminology probably make appropriate referral more challenging. Medical literature has used terms such as clumsy child syndrome and minimal brain dysfunction. Education professionals have used terms such as poorly coordinated children and movement-skill problems. Occupational and speech therapy have gravitated toward terms that denote underlying etiologies such as dyspraxia and perceptual motor difficulties. Participants at an international multidisciplinary consensus meeting in 1994 agreed to use the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM IV) term, "Developmental Coordination Disorder." While the other terms may serve to refine diagnoses and treatment plans, the accepted diagnostic term "Developmental Coordination Disorder" was able to span professional disciplines and provide cohesiveness to the research that now demonstrates which children should receive pediatric occupational therapy. **The 4 DSM IV diagnostic criteria state:**

1. Performance in daily activities that require motor coordination is substantially below norms given the person's chronologic age and measured intelligence. This change may manifest as marked delays in achieving motor milestones (e.g.: walking, crawling, sitting) and as dropping things, clumsiness, poor performance in sports, or poor handwriting.
2. The disturbance in criterion 1 substantially interferes with activities of daily living or academic achievement.
3. The disturbance is not due to a general medical condition (e.g.: cerebral palsy, hemiplegia, muscular dystrophy), and it does not meet criteria for a pervasive developmental disorder.
4. If mental retardation is present, the motor difficulties are in excess of those usually associated with it.

Developmental coordination disorder reveals itself in the pre-school years. Doctors need not wait until school begins to address these problems that can result in emotional distress in the school setting. Children who are not reaching their motor skill milestones should receive an evaluation from a pediatrician, a family practitioner, or a pediatric occupational therapist. Pediatric occupational therapy & speech therapy has a lot to offer children struggling with DCD and other difficulties that can present as clumsiness. Refer children to **Emerge - A Child's Place** for expert, pediatric therapy assessment or treatment.



Emerge - The Place Children Prefer

At Emmerge, children find spacious rooms, large windows, colorful surroundings, and lots of toys and playful equipment. In general, Emmerge is a place children like at first sight and look forward to visiting again. Important therapy has never been so much fun.

Please tell parents about Emmerge - A Child's Place
Believing in a Child's Potential to Flourish

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