Parents, physicians, and childcare professionals often dismiss seemingly minor coordination difficulties in children. Professionals commonly reassure parents that children go through clumsy and awkward phases and that children outgrow clumsiness. However, research shows significant proportions of children do not outgrow clumsiness, and may suffer coordination limitations for life. Being aware of motor milestones helps childcare professionals identify those children who would benefit from intervention for their clumsiness.

One of the many conditions that can affect coordination is known as developmental coordination disorder (DCD). This disorder alone affects more than 6% of children. In the majority of cases, developmental coordination disorder persists into adolescence and adulthood. Research has associated DCD with poor socialization, academic problems, emotional problems, and the expression of deviant behaviors. 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 (OT) 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 OT assessment or treatment.

Children with DCD often demonstrate poor handwriting and poor performance with arts and crafts. For this reason, teachers have been known to label children as lazy or apathetic. Motor delays also interfere with a child’s social-adaptive development. Difficulties with skills such as catching a ball or riding a bike can cause children to withdraw from, to be excluded from, or to dread important social activities. Delay in self-care tasks such as buttoning a shirt and tying shoe laces can cause friction at home.

While many cases go unaddressed for life, diagnosis of DCD most commonly occurs between the ages of six and 12, and rarely before the age of 5. 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 have not achieved the motor skill milestones shown below, should be evaluated for DCD and other conditions:

**By Three Years**
- Climbs well
- Walks up and down stairs, alternating feet
- Kicks ball
- Runs easily
- Pedals a tricycle
- Bends over easily without falling
- Builds a tower of more than eight blocks
- Holds a pencil in writing position
- Draws a circle and a cross

**By Four Years**
- Hops and stands on one foot up to five seconds
- Gallops
- Throws balls over and under handed
- Catches a bounced ball most of the time
- Climbs readily on playground equipment
- Draws squares
- Draws a person with four to six body parts
- Uses scissors to cut out simple shapes

Based on current data, occupational therapy, customized to meet the individual needs of each particular child appears to be the best treatment approach for DCD. While a person is likely to struggle with DCD for life, occupational therapy can serve to improve targeted motor skills, educate parents, teach coping and training techniques, and address issues of self-esteem. Emerge - A Child’s Place offers expert pediatric occupational and speech therapy for children struggling with delayed coordination disorder, dyspraxia, ADHD, and related disorders.

Please tell parents about Emerge – A Child’s Place
Believing in a Child’s Potential to Flourish
References