Prevalance

5-18% (Geuze et al 2001)

Boys are the most common

Likely to remain less coordinated into adulthood.

If a child has DCD and ADHD it can cause severe problems.

Comorbidity

It is very common for a child with DCD to also have ASD/ADHD/SLI

47% of children with DCD showed five or more symptoms of ADHD and 19% met criteria to be diagnose (Kadesjo & Gillberg 1999)

DCD develops with other disorders. A child with DCD is significantly more likely to have language and attention problems.

Summary of the typical development of motor skills.

Motor skills develop gradually over many years, and this development seems to be constrained by maturational processes that govern the development of the nervous system. Virtually all movements are heavily dependent on perceptual inputs, particularly information from vision, the vestibular (balance) system and proprioception (sense of body movement). For this reason we should think of these skills a “perceptual motor” skill rather than simply motor skills. Many movements that we make depend upon extensive practice and learning, and the representations of movement patterns stored in the brain are often referred to as motor schemas. Such schemas are represented in cortical circuits that extend across the frontal, temporal and parietal lobes of the brain.

Hofsten & Rosblad 1988

Participants had to put a pin underneath the table to mirror where a pin was on the top of the table. There was a condition where the participants had to close their eyes. It was this condition which was the hardest. It confirms the need for visual information.

Differences in children with DCD

Some only have problems in motor control; some only have problems in fine control.


Based on scores of motor functions and balance the DCD group could be placed into 3 categories’: those with severe deficits in all areas, those with deficit in balance and transitive movements, those with deficits in motor sequencing.

*differences in DVD may reflect variations in underlying dimensional abilities.