

Issues with reference to Dysparaxia

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Most children upon entering school will bring with them a range of movement skills that will equip them for successful participation in the primary school curriculum. However, it is known that some children on entry do not have these skills and that this lack of skill will have negative effects in the physical education curriculum and beyond. This current text is about 'physical literacy' and this is a term that sums up the movement competence of the person. It is very similar to a term I have used for a number of years-that of 'movement vocabulary' which is particularly pertinent for those in the very important early years of schooling. It is important because we know for example that those children with movement problems, often called 'dyspraxic' or the more preferred international term 'developmental coordination disorder' (DCD) tend to stay with the child throughout their school years if some form of intervention is not provided (Losse et al, 1991). Not only that, but in children with other developmental disorders such as dyslexia, attention deficit/ hyperactivity disorder and autistic spectrum disorder, there is a high prevalence of movement disorders (Kaplan et al 1998, 2004). One can also explain this the other way around and say that children with DCD also have a high prevalence of cognitive, attentional, social and language disorders (Green & Baird, 2004). Either way this is examined, the core issue of motor competence or physical literacy is a central feature. Our work has intervention in children with DCD and we have taken an ecological approach (Sugden & Henderson, 2007). This approach recognises that various individuals and organisations are in a child's life and they all have a role to play. Thus, school, home, community and health service may all contribute to the child acquiring 'physical literacy'. For some of these interventions, the influence may be through direct teaching or specialist therapy such as at school or through the health service. Through others such as at home or in the community the influence is more indirect with child being encouraged to participate in simple everyday activities that involve movement skills. Coordination of these inputs is essential.

This approach has had some recent success with over 50% children identified as having movement problems severe enough to be diagnosed as DCD, moving out of that particular category for over 2 years following a 16 week programme intervention schedule based on these principles. A further 25% of these children stayed out of the DCD category as long as intervention was ongoing but drifted back following withdrawal of the programme (Sugden & Chambers, 2003; Sugden & Chambers, 2006). The implications are clear from this kind of study. Work with children showing movement difficulties should be multifaceted, involve numerous individuals playing different roles, incorporated in the daily life and routines of the child and families and be grounded in a strong evidence base for the type of teaching and/or intervention (Sugden, 2007).

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