

## **Why does my child seem so uncoordinated/awkward?**

**Written by: Gena Livingston PT**



Did you ever notice the little boy on the soccer field who just could not quite kick the ball, tripped over people and had poor coordination when trying to dribble? Or the little girl in ballet class who had a difficult time imitating the teachers body movements and sequencing the dance steps? What about the first grader on the playground who constantly barged into other children and just didn't seem to see obstacles in front of him causing him to trip and fall constantly? Most people refer to these children as clumsy, but there may be a better explanation.

For the last 100 years poor motor coordination or clumsiness has been recognized as a problem. Recently, the term Developmental Coordination Disorder (DCD) has been used when referring to children with motor coordination difficulties. This is a fairly common childhood disorder and is usually identified in school age children between the ages of 6-12. Studies indicate that the prevalence of DCD is estimated at 8-12% of all school- aged children with more boys diagnosed than girls (2:1). As a result of the wide diversity in the DCD diagnosis, finding its true cause has been difficult and is unknown at this time. Some speculate that DCD can be caused by an injury that occurs before or during the birthing process. Others say that DCD is a result of damage on the cellular level.

In order for a child to be diagnosed with DCD it must impact on some aspect of his or her life. These children often exhibit poor balance, tripping on uneven surfaces, an awkward running pattern, dropping items, frequent tripping and falling, difficulty imitating body positions and following 2-3 step motor directions. These motor problems will affect the child's ability to complete motor oriented tasks. Because of these problems, children often perform poorly in sports demonstrating slow reaction and movement times. Since these children do not feel

successful when participating in sports, they may feel insecure. This insecurity can lead to a more sedentary lifestyle for the child thus causing poor muscular strength, decreased muscle force and ultimately weight gain. Unfortunately, children with DCD may experience other difficulties, besides the physical limitations. These children may exhibit psychosocial problems. Because these children may not excel in one area, they may seek less socially desirable types of attention. They may be the class clown or act out more often than the other children. Adolescents with DCD have been found to have fewer friends, lower self esteem and more anxiety than their peers without DCD.

Historically parents have been told not to worry about their child's clumsiness. The child will outgrow the problem. However, current research states that children do not outgrow clumsiness and without intervention, will not improve.

Motor control processes are complex and depend on integrating the sensory, perceptual, cognitive and motor systems. A skilled Pediatric Physical Therapist can work on integrating all of these systems to assist the child in working toward age appropriate functional goals. By breaking down components of a task, practicing each component repetitively and translating the new skill into the child's natural environment, motor skills can be greatly improved, confidence and self assuredness enhanced and enthusiasm and participation in sports and age appropriate games greatly increased. I have worked with hundreds of children with symptoms that fall into this category with excellent and permanent results that both parents and children are greatly pleased with.