

Developmental Coordination Disorder

Code: 315.4 (F82)

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Diagnostic Criteria 315.4 (F82)

A. The acquisition and execution of coordinated motor skills is substantially below that expected given the individual's chronological age and opportunity for skill learning and use. Difficulties are manifested as clumsiness (e.g., dropping or bumping into objects) as well as slowness and inaccuracy of performance of motor skills (e.g., catching an object, using scissors, cutting, handwriting, riding a bike, or participating in sports).

B. The motor skills deficit (Criterion A) significantly interferes with activities of daily living appropriate to chronological age (e.g., self-care and self-maintenance) and impacts academic/school productivity, recreational and vocational activities, leisure, and play.

C. Onset of symptoms is in the early developmental period.

D. The motor skills deficit are not better explained by intellectual disability (intellectual developmental disorder) or visual impairment and are not attributable to a neurological condition affecting movement (e.g., cerebral palsy, muscular dystrophy, degenerative disorder).

Diagnostic Features

The diagnosis of developmental coordination disorder is made by a clinical synthesis of the history (developmental and medical), physical examination, school or workplace report, and individual assessment using psychometrically sound and culturally appropriate standardized tests. The manifestation of impaired skills requiring motor coordination (Criterion A) varies with age. Young children may be delayed in achieving motor milestones (i.e., sitting, crawling, walking, although they may attain them earlier). They also may have trouble in developing skills such as zipping/patting pants, buttoning, buttoning shirts, completing puzzles, and using zipper. Even when the skill is achieved, movement execution may appear awkward, slow, or less precise than that of peers. Older children and adults may display slow speed or inaccuracy with motor aspects of activities such as assembling puzzles, building models, playing ball games (especially in teams), handwriting, typing, driving, or carrying out self-care skills.

Developmental coordination disorder is diagnosed only if the impairment in motor skills is significant and persistent. The impairment may be manifested in family, school, or community life (Criterion B). Examples of such activities include getting dressed, eating meals with age-appropriate utensils and without mess, engaging in physical games with others, using specific tools in class such as rulers and scissors, and participating in team exercise activities at school. Not only is ability to perform these actions impaired, but also marked slowness in execution is common. Handwriting competence is frequently affected, consequently affecting legibility and/or speed of written output and may be accompanied by difficulty in distinguishing from specific learning difficulty by the emphasis on the motoric component of written output skills. In adults, everyday skills in education and work, especially those in which speed and accuracy are required, are affected by coordination problems.

Criterion C states that the onset of symptoms of developmental coordination disorder must be in the early developmental period. However, developmental coordination disorder is typically not diagnosed before age 5 years because there is considerable variability in age at acquisition of motor skills and onset of stability of movement in childhood (e.g., some children "catch up" or because other cause of motor delay may not have fully manifested).

Criterion D specifies that the diagnosis of developmental coordination disorder is made if the coordination difficulties are not better explained by visual impairment or attributable to a neurological condition. Thus, visual function examination and neurological examination must be included in the diagnostic evaluation. If intellectual disability (intellectual developmental disorder) is present, the motor difficulties are in excess of those expected for the mental age; however, no IQ cutoff or discrepancy criteria is specified.

Developmental coordination disorder does not have discrete subtypes; however, individuals may be impaired predominantly in gross motor skills or in fine motor skills, including handwriting skills.

Other terms used to describe developmental coordination disorder include childhood dyspraxia, specific developmental disorder of motor function, and clumsy child syndrome.

Associated Features Supporting Diagnosis

Some children with developmental coordination disorder show additional (usually suppressed) motor activity, such as choreiform movement of unsupported limbs or mirror movements. These "overflow" movements are referred to as neurodevelopmental immaturities or neurological soft signs rather than neurological abnormalities. In both current literature and clinical practice, their role in diagnosis is still unclear, requiring further evaluation.

Prevalence

The prevalence of developmental coordination disorder in children ages 5–11 years is 5%–6% (in children age 7 years, 1.8% are diagnosed with severe developmental coordination disorder and 3% with probable developmental coordination disorder). Males are more often affected than females, with a male:female ratio between 2:1 and 7:1.

Development and Course

The course of developmental coordination disorder is variable but stable at least to 1 year follow-up. Although there may be improvement in the longer term, problems with coordination may continue throughout adolescence in as many as 50%–70% of children.

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Developmental coordination disorder may be the first manifestation of a motor skill disorder. It is in early childhood. Delays in motor milestones may be the first sign of a motor skill disorder. Developmental coordination disorder may be the first sign of a motor skill disorder. It is first recognized when the child attempts tasks such as holding a knife and fork, buttoning clothes, or playing ball games. In middle childhood, there are difficulties with motor aspects of assembling puzzles, building models, playing ball, and handwriting, as well as with organizing belongings; when motor sequencing and coordination are required. In early adulthood, there is continuing difficulty in learning new tasks involving complex movements, such as driving a car using the clutch, or to take notes and handwriting quickly may affect performance in the workplace. Co-occurrence with other disorders (see the section "Comorbidity" for this disorder) has an additional impact on presentation, course, and outcome.

Risk and Prognostic Factors

Environmental. Developmental coordination disorder is more common following pre-natal exposure to alcohol and in preterm and low-birth-weight children.

Genetic and physiological. Impairments in underlying neurodevelopmental processes—particularly in visual-motor skills, both in visual-motor perception and spatial mentalizing—have been found to affect the ability to make rapid motoric adjustments as the complexity of the required movement increases. Cerebellar dysfunction has been proposed, but the neural basis of developmental coordination disorder is not well understood. There is a strong linkage of developmental coordination disorder with attention-deficit/hyperactivity disorder (ADHD).

Specific learning disabilities, and autism spectrum disorder, shared genetic effect has been proposed. However, consistent co-occurrence in twins appears only in severe cases.

Course modifiers. Individuals with ADHD and with developmental coordination disorder demonstrate more impairment than individuals with ADHD without developmental coordination disorder.

Culture-Related Diagnostic Issues

Developmental coordination disorder occurs across cultures, races, and socioeconomic conditions. By definition, the concept of "daily living" implies cultural differences necessitating consideration of the context in which the individual child is living as well as whether he or she has had appropriate opportunities to learn and practice such activities.

Functional Consequences of

Developmental Coordination Disorder

Developmental coordination disorder leads to impaired functional performance in activities of daily living (Criterion B), and the impairment is increased with co-occurring conditions. Consequences of developmental coordination disorder include reduced participation in team play and sports; poor self-esteem and sense of self-worth; emotional or behavior problems; impaired academic achievement; poor physical fitness; and reduced physical activity and obesity.

Differential Diagnosis

Motor impairments due to another medical condition. Problems in coordination may be associated with visual function impairment and specific neurological disorders (e.g., cerebral palsy, progressive lesions of the cerebellum, neuromuscular disorders). In such cases, there are additional findings on neurological examination.

Intellectual disability (intellectual developmental disorder). If intellectual disability is present, motor competencies may be impaired in accordance with the intellectual disability. However, if the motor difficulties are in excess of what could be accounted for by the intellectual disability, and criteria for developmental coordination disorder are met, developmental coordination disorder can be diagnosed as well.

Attention-deficit/hyperactivity disorder. Individuals with ADHD may fall, bump into objects, or knock over things over. Careful observation across different contexts is required to ascertain if lack of motor competence is attributable to distractibility and impulsiveness rather than to developmental coordination disorder. If criteria for both ADHD and developmental coordination disorder are met, both diagnoses can be given.

Autism spectrum disorder. Individuals with autism spectrum disorder may be uninterested in participating in tasks requiring complex coordination skills, such as ball sports, which will affect test performance and function but not reflect core motor competence. Co-occurrence of developmental coordination disorder and autism spectrum disorder is common. If criteria for both disorders are met, both diagnoses can be given.

Joint hypermobility syndrome. Individuals with syndromes causing hyperextensible joints (focus on physical syndrome; often with a complaint of pain) may present with symptoms similar to those of developmental coordination disorder.

Comorbidity

Disorders that commonly co-occur with developmental coordination disorder include

speech and language disorder; specific learning disorder (especially reading and writing); problems of inattention, including ADHD (the most frequent coexisting condition, with about 50% co-occurrence); autism spectrum disorder; disruptive and emotional behavior problems; and joint hypermobility syndrome. Different clusters of co-occurrence may be present (e.g., a cluster with severe reading disorders, fine motor problems, and handwriting problems; another cluster with social problems and hyperactivity).

Presence of other disorders does not exclude developmental coordination disorder but may make testing more difficult and may independently interfere with the execution of activities of daily living, thus requiring examiner judgment in ascribing impairment to motor skills.