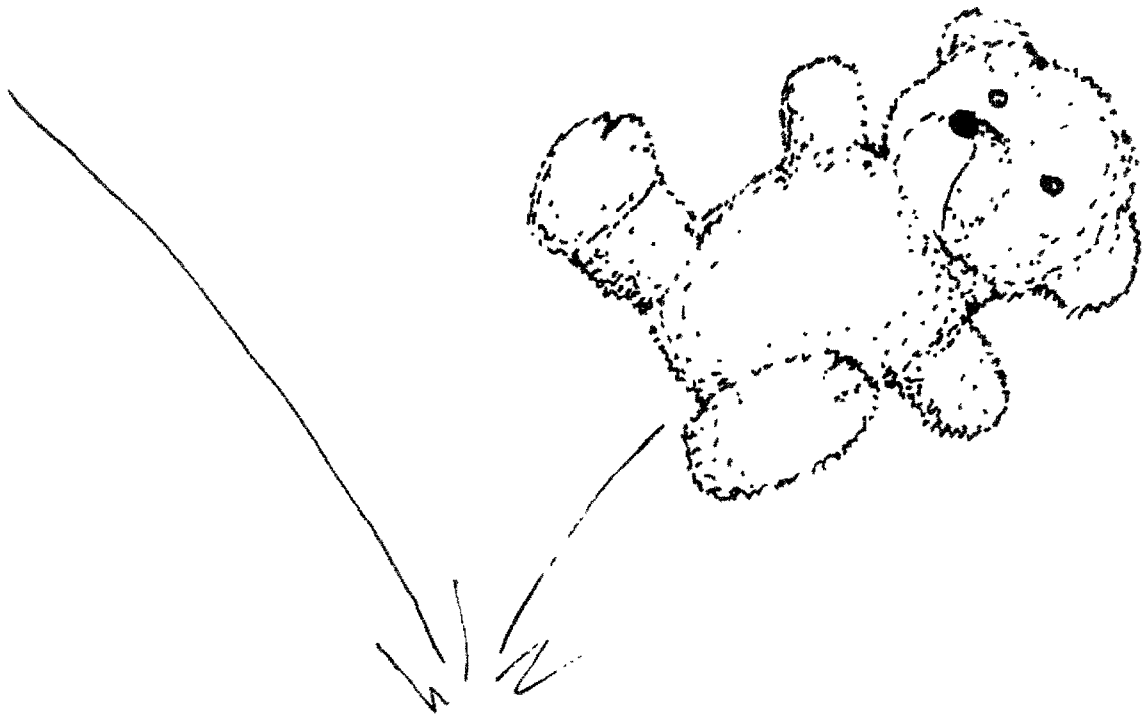

The Clumsy Child

by Lillian Phenice and Kitty Payne

Children who constantly trip, bump into furniture, and drop items are often called clumsy. They have difficulty using their hands in fine motor activities such as printing, cutting, shoe tying, or buttoning. They have difficulty with large motor skills appropriate for their age such as throwing, catching, kicking, running, or jumping. Difficulty in performing simple tasks often results in frustration and isolation. This can be misinterpreted as laziness, misbehavior, and/or mental dullness.

The "clumsy child syndrome" can affect children from any point along the intellectual range. There is a wide range in what can be considered "normal" motor skill development. This development follows a continuous, orderly sequence, yet the rate of progress varies from one child to another. For example, some children walk unsupported as early as 8 months or as late as 18 months and still are considered within a normal range of development. However, in clumsy children motor development in some areas is noticeably delayed. This may indicate a more severe motor dysfunction or simple clumsiness, which can be overcome. Haubenstricker and Seefeldt (1974) have described 10 general characteristics that are associated with motor dysfunction.

1. *Inconsistency.* The child will vacillate between mature and less mature behavior patterns over time long after it would be expected as a normal part of skill acquisition. An example is throwing a ball by pushing it outward with both hands one day, then using arm, hand, and leg leverage on another occasion.

2. *Perseveration.* This is the continuation of a movement after its use

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fulness has ceased to be effective. An example is kicking a ball after the ball is no longer in reach, rather than stopping and moving closer to the ball before kicking at it again.

3. *Mirroring.* The child tries to follow a simple exercise facing the leader. For example, child is given visual and verbal clues to move the right arm in a circle; instead he or she uses the left arm in a mirror image. This inability to take the perspective of another is common in the preschool years but should give way to a more mature pattern during the early elementary-school year.

4. *Asymmetry.* This is the use of asymmetrical limb movements when symmetrical limb movements are more efficient. For example, in skills of hopping and galloping, coordinated movement calls for bilateral use of the arms. The clumsy child will hold one limb either too close or too far from the body in an awkward manner.

5. *Loss of dynamic balance.* Inability in maintaining postural control in relation to gravity is common among children with motor dysfunction. This is a primary cause for bumping into things and falling. Another example is difficulty in stopping a movement once begun.

6. *Fall after performance.* This is related to maintaining balance. The child is commonly observed falling to the floor after completing a motor task. This may become a lazy habit, for it is easier to fall down than to fight to maintain balance.

7. *Extraneous motions.* This is the use of excessive movement, especially of the arms, during the performance of motor skills, which intensifies the appearance of clumsiness. For example, in skipping, the arms should move smoothly and alternately to assist in forward and upward movement. The arms should not flap about or be extended horizontally from the body. The head and shoulders should be stable and erect rather than bobbing.

8. *Inability to maintain rhythm or pattern.* This involves the inability of the child to establish and maintain a rhythmic pattern. For example, galloping repetition cannot be maintained, so that the child departs from the skill pattern.

9. *Inability to control force.* The use of an inappropriate amount of force is evident in the attempts at other skills involving manipulation, such as bouncing a ball. The ball ends up bouncing too high or rolling off with hardly a bounce. As another example, inadequate force may be used in attempting a jump, so that the child never really gets off the ground.

10. *Inappropriate motor planning.* Successful completion of motor tasks, especially those of a serial nature, is dependent upon appropriate motor planning. For example, in outdoor play, the child is unable to kick the ball and then run to a base. The first step may be successfully achieved, but the child simply does not remember to run to the base. The misapplication of force, delay, or prematurity of a motor response and the inability to plan adequate responses for a complex sequence of stimuli are examples.

Although not all of these characteristics will be displayed by every clumsy child, if several of these patterns are noted during repeated observations and are taken in context with intellectual and chronological age, then some type of developmental delay or disorder may be present.

Except for severe conditions, the impact of clumsiness may not seem important until the child goes to school. At this point, the child begins to compare the self with others. When the child finds motor tasks difficult or impossible, frustration results. The child becomes unhappy, and poor performance in motor skills can often lead to feelings of inadequate and insecurity. The level of tolerance of frustration is also affected, which in turn could lead to temper flare-ups or abandonment of difficult tasks by refusing to go further or turning to something else. The clumsiness brings on problems, and the problems aggravate the clumsiness (Illingworth, 1980). Among the most devastating of these problems is a tendency for peers to be cruel to children who are clumsy.

Findings on parent reactions to the clumsy child vary. Reactions may be less severe among families with a history of clumsiness. In families where motor skill ability is highly regarded, it may be difficult for parents, particularly fathers, to accept a child's, and especially a son's, difficulty. Often parents are more concerned about their own fitness than that of their children. I recently stopped by a friend's home and found her young son sitting on the porch steps. "What are you doing?" I asked. "Waiting for my mom to get back from jogging, so she can drive me over to my buddy's house," he replied. (His buddy's house is only a few blocks away.)

How Can the Child Be Helped?

The first step in successful management is in the earliest possible recognition of the problem. This is more likely when parents and preschool personnel are better informed. The benefits of establishing an active lifestyle reach far beyond coordinated play, and far beyond childhood, as well. Much research can be cited that links early attention to a lifestyle rich in physical activity and the accompanying advantages in terms of physical and psychological health (Pangrazi and Dauer, 1981; Malina & Rarick, 1973; Rarick, 1973). Ida Santos Stewart (1982) reminds us that two-year-olds form their cognitive and social-emotional knowledge on a base of physical action. Stewart quotes a White House Conference on Children document as reporting that "to a child, his body and what he can do with it is his identity. Most of his activities depend on physical motion" (p. 44). Stewart concurs and urges that, at age two, a major focus should be on gross motor development.

In consideration of these recommendations, recognition of the problem and successful management must occur long before the child enters the public school system. The sooner the problem is recognized and appropriate help is given, the greater is the potential for overcoming or circumventing the motor difficulties. There is evidence to show a direct relationship between the age when the problem is detected and the success of the preventive effort.

Many motor development studies of both animals and humans support

intervention or training as a worthwhile goal during infancy and early childhood. Studies conducted in the 1930s and 1940s (McGraw, 1935; Hebb, 1949; Havighurst, 1948) began implicating experience as a key factor in reaching motor potential. Experiences in a variety of motor tasks, according to Hebb (1949), bring several types of advantages to the young child, including improved selection and discrimination among responses, increased attention to tasks, ability to transfer elements rather than repeat learning, retention of what was learned, and ability to choose better alternatives when several are offered. Little available research seems to refute these earlier findings. The recent work of brain-growth researchers such as Epstein (1978) and Toepfer (1981) seems to add support to the view of motor competency as a learnable skill.

McGraw (1935) instituted special motor training, beginning at one month of age, to one of a pair of identical twins. The second twin served as an untrained control. Although fundamental skills showed little change via training, the development of "ontogenic" skills, late acquired ones, did occur more easily and rapidly for the child with special motor training.

Recommendations for Involvement in Fitness

- Begin in infancy with many opportunities to feel, reach, squeeze, and move freely in a safe space.

The newborn needs periodic changes of scenery such as color changes and visual graphics, bold lines, and contrasting background, as well as visual motion and sound. These experiences will help in the development of spatial relationships.

An infant who spends considerable time strapped in an infant seat should be given opportunities to manipulate materials that stimulate eye-hand coordination as well as tactile and sound sensory perceptions. For example, the reclining seat might be placed in the center of a baby play table, where the child can reach trays filled with varied textures, shapes, or sound-making devices. This can keep a three-to six-month-old busy for quite a long time.

Crawling, standing, and walking bring new problems and challenges to the toddler. Sitting up by oneself and standing are tremendous physical accomplishments. The amount of practice is usually limited to the area of the playpen, the crib, or the living room where the child can move from upholstered chair to chair without fear of getting hurt. Here is an opportunity to provide objects that the child will find worthwhile to move toward, such as a brightly colored rubber, cloth, or plastic ball. These objects should be just out of reach, but not frustratingly

far. Encourage the toddler to search for hidden toys (this helps to increase physical coordination), as well as to engage in search and to find activities which are basic to learning. Feeling sure of one's body and growing physical powers occupies the full time of a 6-month-old to 1½-year-old child. As children discover they can move by themselves within a secure and challenging environment, they will begin to develop body control.

A traditional baby walker is in most cases clumsy and encases the child much too rigidly. It does not give the child the opportunity to experience reaching for attractive objects or to experience standing and consequently balancing. The ease with which the child develops balance will depend on whether suitable challenges are provided.

Every time young children move, they add to their store of knowledge of themselves and the world in which they live. For a two-year-old child, results of actions must come quickly. Therefore, a playground should provide manageable areas for climbing, sliding, running, and swinging. It should offer many assorted physically manipulative challenges. A playscape should be so safe that no inhibition of activity is required.

- Teach and plan for skills that are important to build competence in basic movements. Provide materials and activities for young children. Catching, throwing, galloping, hopping, and kicking are all important maneuvers in play. Flexibility and balance are important to graceful movements.

The attention span of a three-year-old is slightly longer than the two-year-old's. Therefore, a child benefits from play materials and equipment such as lifting, handling, comparing, grouping, and ordering. Also, a three-year-old requires a lot of space for gross motor physical activities. It is important for the adult to provide a relaxed attitude toward a child's use of equipment. Allow the child to be adventuresome and experimental in physical play. Overly anxious, fearful adults who interfere with a child's play inhibit the child in attaining physical prowess, poise and self-confidence.

Four- to six-year-olds can initiate their own physical and other play activities. During this period, manipulative skills are improving vastly, and a child can experiment with all kinds of constructions out of snap blocks, tinker toys, or Leggo Technic, or with expressive activities such as woodworking, clay working, and painting. These activities satisfy the urge to create and accomplish something.

Outdoor play for four- to six-year-olds can involve many risks. It is not uncommon to see children flirt with danger, use equipment in unorthodox ways, or climb over walls, up trees, or over each other. They often manage to get into awkward and difficult predicaments. Outdoor equipment needs to be challenging but also relatively free from danger. This is a time when adults can model appropriate uses of the body as well as the play equipment. When children are in control of the equipment, they are in control of themselves as well.

- Involve the children as much as possible in planning exercise and activities. Interest and involvement in decision making by children are keys to continued commitment.

Creative play is at its high point for the six- to eight-year-old. How a parent or teacher furnishes the activity room or playscape will encourage or discourage accomplishment in a variety of areas and interests. At this time, play is at its apex in content, variety, manipulation, skills, and perseverance. Children at this age have great stamina and power of concentration to engage in physical play for hours, and they are beginning to become addicted to games of skills and change. The children can join their parents in sports like croquet and badminton.

- Exercise caution when encouraging or allowing competitive team sports for children. Children's physical and psychological reactions should be monitored carefully.

The responsibility for involvement in a child's physical development must be taken seriously. Include a comprehensive assessment of the child's motor abilities, as well as medical and psychological evaluations. Then plan a program to fit the physical developmental needs of the child. Consider the present and changing range of skills represented by infants and children. Remember, actively moving and enjoying should be primary goals.

Support physical fitness programs in your schools. Recognize the importance of a balanced development that includes attention to physical fitness. A child with coordinated motor skill abilities will be happier within the family, the school, and the community.

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