



A quick guide for occupational therapists: **Diagnosis of developmental coordination disorder in children and adults**

Context

Developmental coordination disorder (DCD) is a neurodevelopmental disorder that affects 2–5% of school-aged children in the UK (Lingam et al 2009), with difficulties continuing into adulthood in many cases (Blank et al 2019). DCD is diagnosed across the lifespan and occurs across cultures, races and socio-economic groups (Blank et al 2019). DCD is recognised by the World Health Organisation (2001) where it is listed as a ‘Specific Developmental Disorder of Motor Function’. In the UK, criteria published by the American Psychiatric Association (DSM-V, 2013) are usually used for the diagnosis of DCD.

There is emerging evidence of the long-term impact of DCD on mental and physical health, social participation, educational achievement and employment (Kirby et al 2013), despite this people with DCD have a range of strengths and the potential to achieve their life goals.

Developmental coordination disorder (DCD) is the term that is used to describe individuals who fulfil the diagnostic criteria for DCD. The terms DCD and dyspraxia are sometimes used interchangeably. Whilst dyspraxia is not a formal diagnosis, RCOT respects people’s right to use the terms ‘dyspraxic’ and ‘dyspraxia’ to describe themselves and the difficulties they experience in their daily lives.

Occupational therapists are the health professionals most likely to be involved with children with DCD (Cleaton et al 2020) and are key professionals in the assessment and support of neurodiverse adults, including those with DCD. Occupational therapists’ skills and expertise mean they play an essential role in the assessment, diagnosis and support of people whose difficulties managing everyday activities are (or may be) due to DCD.

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1. The role of occupational therapy in assessment and diagnosis of DCD

- 1.1.** Occupational therapy support should be available according to a person's occupational need (RCOT 2021) and should not be dependent on a diagnosis. However, timely access to a person-centred diagnostic assessment delivered in a way that respects a person's personal, spiritual, religious and cultural needs or choices is important, and an occupational therapy assessment can be a key part of the diagnostic process. Having a diagnosis can assist a person's occupational performance, engagement and participation by:
 - 1.1.1.** Providing an explanation for the difficulties they experience in their daily lives.
 - 1.1.2.** Leading them to trusted, relevant sources of information and support.
 - 1.1.3.** Enabling access to treatment and services (for example, in education and employment).
- 1.2.** A medical doctor should be involved in the assessment and diagnosis of DCD.
 - 1.2.1.** Diagnosis is made by applying the DSM-V diagnostic criteria (American Psychiatric Association 2013). Occupational therapists have the skills, knowledge, and expertise to provide evidence for:
 - Criterion A: the acquisition and execution of coordinated motor skills is substantially below that expected given a person's age and opportunities for skill learning.
 - Criterion B: motor difficulties significantly and persistently interfere with a person's ability to carry out age-appropriate activities of daily living.
 - Criterion C: symptoms have been present from an early age and did not develop following an illness or injury.
 - 1.2.2.** The involvement of a medical doctor is necessary to assess Criterion D i.e., to consider other possible explanations for a person's movement difficulties and to identify any co-occurring conditions.
 - 1.2.3.** Where there is no local access to medical assessment and an individual meets all other criteria, the occupational therapist should state that the person meets criteria A, B and C for diagnosis of DCD, but a medical examination is required to assess Criterion D. Referral to a paediatrician or the person's GP is recommended.
 - 1.2.4.** If a person's coordination skills have deteriorated and/or there are indications they may have another disorder/condition e.g., attention deficit hyperactivity disorder (ADHD) or autism, they should be referred to a relevant service for further investigation.
- 1.3.** Occupational therapists have the skills to administer standardised movement assessments to determine whether a person fulfils DCD diagnostic Criterion A (American Psychiatric Association 2013).



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