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Management of the child with DCD

Hilde Van Waelvelde

DCD cannot be cured. However, movement skills can be learned. Evidence is available for physio- and occupational therapy to improve the motor abilities of the child with DCD. Obvious evidence in favour of a certain therapy concept is still lacking. Is it may be the therapist making a difference?

Approaches to intervention are divided into two categories: (1) process or deficit-oriented approaches and (2) approaches that teach specific functional skills. Process-oriented therapy concepts are based on an information-processing approach to explain motor control and considered somewhat out of date. A typical wide-spread example is Jean Ayres 'Sensory Integration Therapy' (SIT). Empirical support for these programs is at best equivocal. Task-oriented concepts utilize mostly variants of cognitive models but apply them within a framework of functional skills. A recent approach is the Cognitive Orientation to Daily Occupational Performance program (CO-OP) from Canada. They claim promising results from their effectiveness studies although clear randomized clinical trials are still lacking. The cognitive motor approach of Henderson and Sugden has recently been updated and renamed ecological intervention. They set intervention in a more family, community and ecological setting with lifelong participation being a goal. Neuromotor Task Training (NTT) is a Dutch variant of the task-oriented programs, focusing more on the need of practising an varying skills.

But can a single concept be effective for the heterogeneous group of children with DCD? Can we abandon a more process-oriented approach for every child with DCD, regardless age and regardless results of the clinical assessment?

Finally it should be stressed that not every child with DCD needs therapy, but every child needs special care. Prevention of secondary problems is possible with rather easy measures and examples will be presented.