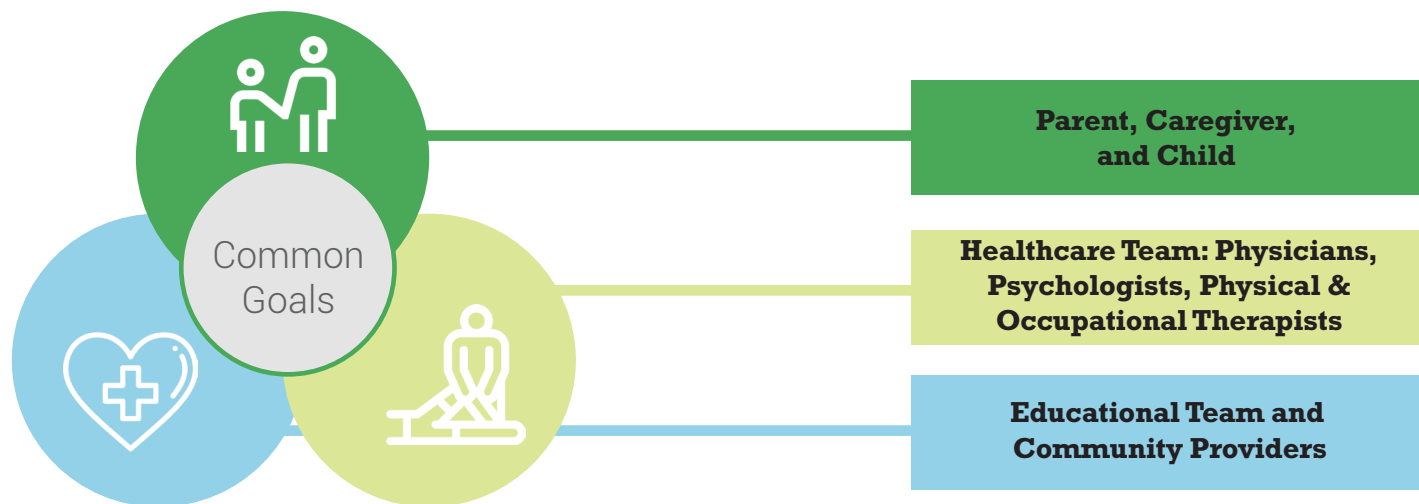


Developmental Coordination Disorder (DCD): Clinical Practice Guideline –Key Points for Healthcare Providers



Collaboration: Work Together on Common Goals

- Address parent and child concerns about motor performance
- Timely examination, considering DSM-5 criteria and ICF domains to determine diagnosis
- Provide intervention focused on increasing participation in activities important to the child and family
- Facilitate learning of strategies to address lifelong fitness and health

DCD: Four DSM-V Diagnostic Criteria Descriptions

Children Must Meet All Four Criteria



A. Motor Performance Deficits

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

B. Participation and ADL Deficits

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The motor skills deficit in criterion A significantly and persistently interferes with activities of daily living appropriate to chronological age (self-care and self-maintenance) and affects academic/school productivity, pre-vocational and vocational activities, leisure and play.

C. Early Onset

☐

Onset of symptoms is in the early developmental period.

D. No Exclusionary Conditions

☐

The motor skill deficits are not better explained by intellectual disability disorder (IDD) or visual impairment and are not attributable to a neurological condition affecting movement (cerebral palsy, muscular dystrophy, degenerative disorder).

What Healthcare Providers Should Know About PT Management of DCD

1

Physical Therapy Best Practices: Screening & Referrals:

- At any point, PTs should make appropriate referrals for red flags, exclusionary conditions, diagnosis, or additional services
- PTs contribute to diagnostic criteria and collaborative discussions about a DCD diagnosis and coexisting conditions with medical, educational, and community partners

2

Physical Therapy Examination:

- Examination should consider all domains of the ICF, including Participation, Activity, and Body Functions and Structures in the context of the child/family culture and environment
- Observational movement analysis drives further tests and measures relevant to the activities important to the child and family
- Collaborations with other medical and educational providers can support diagnostic considerations and the initiation of the plan of care with the child and family

3

Physical Therapy Interventions:

- Task-oriented interventions combined with related body function and structure interventions are the most effective
- Expect positive change in short-term goals and motor performance in ~9 weeks, with an appropriately dosed practice schedule of 2-5 x per week distributed among PT sessions, home and school practice, and supplemental activities, depending on task complexity
- Provide parents with education on motor learning strategies to address current or new challenges the child may experience at home
- Individual community activity/sports should be encouraged with possible progression to recreation/sports with a skilled coach to facilitate participation and lifelong fitness

4

Physical Therapy Discharge Plans:

- PTs should collaborate with healthcare providers at the end of an episode of care
- Discharge children with DCD when activity/participation goals are achieved as a cost-efficient method of care
- PTs should educate parents about the lifelong nature of DCD, methods to address challenges if family strategies have not been successful, and opportunities to re-initiate services to address new goals

For more information:

APTA–Pediatrics DCD Clinical Practice Guideline:
<https://pediatricapta.org/clinical-practice-guidelines/>

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