

# Children with Motor Difficulties in Grade 7/8: A Resource for Educators



*Ben is turned off school. He struggles to get through the days and experiences many frustrations. He has a very difficult time with written work and is becoming quieter and more socially isolated as time passes. He never seems to have the right books for class, can't find his homework, is unprepared for tests and his grades have slipped. He has one friend at school that he spends most of his time with and they enjoy comic books and computer games. Both boys are frequently the subject of teasing. Ben is not involved in any extra-curricular activities and spends his time at home, watching TV and playing on the computer. Ben does well in the oral parts of the curriculum and seems to be a bright boy, but he is underachieving. His parents are not sure where to turn.*

## RECOGNIZING MOTOR DIFFICULTIES

### What is DCD?

Developmental Coordination Disorder (DCD) is a medical condition in which there is marked impairment in the development of motor coordination, and the impairment significantly interferes with academic achievement or activities of daily living (DSM IV, 2000). DCD may exist in isolation OR may co-occur with other conditions such as language-based or non-verbal learning disabilities or attention deficit hyperactivity disorder. Children with DCD usually have average or above average intellectual abilities.

### What will a teacher see if a child has DCD?

- The child may appear to be clumsy or awkward in his/her movements. He/She may bump into, spill or knock things over frequently.
- The child may experience difficulty with gross motor skills (e.g., running, hopping, climbing), fine motor skills (e.g., pre-printing tasks, cutting with scissors, doing up buttons or zippers), or both.
- The child's motor skills might not match his/her abilities in other areas. For example, intellectual and language skills may be quite strong while motor skills are delayed.
- The child may have difficulty learning new motor skills. Once learned, however, certain motor skills may be performed quite well while others may be performed poorly.

- The child may avoid or appear to be uninterested in particular activities, especially those that require physical activity.
- The child may experience secondary emotional problems, such as low frustration tolerance, decreased self-esteem and lack of motivation.
- The child may have difficulty with activities of daily living. For example, managing knapsacks, going on overnight or field trips, dressing for gym class.

## WHAT CAN A TEACHER DO TO HELP A CHILD PERFORM AT SCHOOL?

The most important thing a teacher can do to help a child reach his/her full potential is to make sure the task and the learning environment are right for the child. The following “M.A.T.C.H.” strategy will help the teacher *match* the activity to the child.

### M.A.T.C.H. the Activity to the Child

#### **M**odify the task

This involves changing aspects of an activity that are too difficult for the child to perform. The important thing about modifying a task is that the child can still experience success if they make a genuine effort to participate in the activity.

#### **A**lter your Expectations

Consider what the ultimate goal of an activity is and then think about where you can be flexible. Allowing extra time or alternate methods of completing a task can make the difference between a lesson learned and an experience of failure for a child with DCD.

#### **T**eaching Strategies

Children with DCD have full capacity to learn with their peers, but may require a slightly different teaching approach. Investigate alternate teaching strategies designed for children with special needs.

#### **C**hange the Environment

Pay attention to what is going on around a child when he/she is experiencing success or difficulty (i.e. noise, level of activity, visual distractions). Minimize the environmental factors that make performance difficult for the child.

#### **H**elp by Understanding

Understanding the nature of DCD will help you to problem solve and provide all of your students with rich learning experiences. If children feel supported and understood, they are more likely to attempt new activities and to persevere until they achieve success.

# Grade 7/8

## MATCH the Activity to the Child!

- M**odify the activity
- A**lter your expectations
- T**each strategies
- C**hange the environment
- H**elp by understanding

What you might see...	How can <u>you</u> MATCH?
<b>Difficulty keeping up with volume of handwriting required for assignments- slow; poor written output; often incomplete/poor note-taking reflected in school performance; crucial information missed, unable to listen well and take notes simultaneously; complains of hands being tired</b>	Reduce amount of writing required.
	Allow rough and final drafts of written work on computer.
	Photocopy notes from class and teach the child how to pick out key meanings while peers are copying from board.
	Allow more time to complete in-class assignments.
	If encouraging speed, accept a less accurate product (and vice versa).
	When possible, send home 'lecture' notes a day early and encourage students to preview.
	Allow parents to type up final drafts.
	Ensure that all written output is necessary - ask yourself "What skill is this demonstrating to me?"
<b>Difficulties with self-organization (e.g., making sure to take necessary things home to complete homework, moving self and belongings between classes)</b>	Daily checklist to prepare knapsack for home. Child should be directly involved in generating the list.
	Explicitly teach organization skills to the class and follow up with individuals as needed.
	Teach child to use agenda effectively.
	Provide an extra shelf or labeling in locker. Post daily schedule in locker and color code the same subject across days.
<b>Clumsy in gym class; performance in team (competitive) games is not equal to performance in individual games</b>	Allow child to choose non-competitive games when possible (e.g., running, swimming, cycling, skating, skiing); in these activities, performance is measured against self.
	Put children with similar abilities together to work on new skills.
	Emphasize fun, activity and participation/fitness rather than proficiency.
	Be aware of safety risks to a child with poor coordination.
<b>Bumps into people,/objects</b>	Ensure unobstructed pathways to frequently used areas of classroom (e.g., pencil sharpener, teacher's desk, exit doorways); seat the child in edge desk of the row.
	Allow child to leave early to go to next class or to the bus.

<b>(continued)</b> <b>What you might see...</b>	<b>(continued)</b> <b>How can <u>you</u> MATCH?</b>
<b>Messy/untidy appearance, slow to dress</b>	Allow more time to dress for gym class, outdoor time & home (e.g., send child out earlier than classmates).
<b>Difficulty following through with instructions, needs frequent reminders to stay on task; may need assistance to complete tasks</b>	Use verbal and/or visual reminders to stay on task.
	Keep activities as routine as possible.
	Use consistent instructions for similar tasks.
<b>Easily frustrated/low tolerance for motor tasks; resists new activities; decreased self-esteem &amp; motivation to perform</b>	Think about and reduce the amount of movement that is required to perform the activity.
	Break the activity into small parts.
	Be available to assist/intervene when the child has difficulty.
	Allow extra time for teaching and practice.
	Provide lots of praise for child's attempts to perform new activities.
<b>Rushes through tasks or is unusually slow; gives up easily</b>	Reassure the child when he or she has difficulty.
	Allow extra time to complete an activity.
	If the goal is to promote speed, accept less accurate product (and vice versa).
	Encourage children to self-evaluate process and product.
Ensure child has time to complete assigned tasks within the allotted time frame.	

**If a child is still experiencing difficulty performing motor tasks despite your best efforts, consider speaking with his/her parents about making a referral to a health professional.**

### **WHO ELSE SHOULD THIS CHILD SEE?**

Encourage the family to see their family physician. It is important that a medical practitioner rule out other conditions that might explain the child's motor coordination difficulties.

A physician, teacher or parent can refer the child to an occupational therapist. Occupational therapists (OT) are educated and trained in analyzing motor skill development and also in determining the ability of a child to cope with the demands and activities of everyday life. The OT will observe and assess the child and may then make recommendations including: specific strategies for handwriting and classroom tasks; tips to make self-care tasks easier; activities to improve the child's motor coordination; ideas for community leisure and sports activities; and techniques to ensure that the child experiences success.

A referral to a physiotherapist may also be appropriate if the child has gross motor difficulties (balance, running, stair climbing and other forms of physical activity).

## REFERENCES AND FURTHER INFORMATION

The term “Developmental Coordination Disorder” (DCD) has only recently received the attention and acceptance of practitioners and researchers in health care and educational fields. Other terms that you may find helpful to search under include “clumsy” and “physically awkward” children. Very little has been published about children with DCD in professional journals and even less has been written in the popular press or parenting magazines. For further reading on DCD, please refer to the booklet “Children with Developmental Coordination Disorder: At home and in the classroom” located on the *CanChild* web site.

### Acknowledgements

The authors are grateful to Lisa Rivard, Brianna McGuire and Michele Leslie for their contributions to the content and to Nina Cavey for graphic design. This project was funded, in part, by the Canadian Institutes of Health Research.

**For more information about children with DCD, visit the *CanChild* Centre for Childhood Disability Research website:**

**[www.fhs.mcmaster.ca/canchild](http://www.fhs.mcmaster.ca/canchild)**

**Cheryl Missiuna, Ph.D., OT Reg. (Ont.)**

Professor and Scientist

School of Rehabilitation Science and *CanChild*

McMaster University, Hamilton, Ontario

[missiuna@mcmaster.ca](mailto:missiuna@mcmaster.ca)

**Nancy Pollock, M.Sc., OT Reg. (Ont.)**

Associate Clinical Professor and Scientist

School of Rehabilitation Science and *CanChild*

McMaster University, Hamilton, Ontario

[pollock@mcmaster.ca](mailto:pollock@mcmaster.ca)



McMaster University  
Institute for Applied Health Sciences  
1400 Main St. West, Rm. 408  
Hamilton, ON  
L8S 1C7  
Phone: 905-525-9140 ext. 27850  
Website: [www.fhs.mcmaster.ca/canchild/](http://www.fhs.mcmaster.ca/canchild/)