

Dyspraxia/apraxia

What is dyspraxia/apraxia?

Dyspraxia describes difficulty with controlling and co-ordinating learned patterns of movement, where there is no damage to muscles or nerves. **Apraxia** describes a loss of the ability to carry out voluntary regulated patterns of movement, although there is no damage or weakness of nerves or muscles. Either of these terms may be used, although “dyspraxia” is heard more commonly in the United Kingdom.

The two terms may be used with the prefix ‘developmental’ when describing the condition in children, as in:

- developmental apraxia of speech
- developmental verbal dyspraxia
- developmental articulatory dyspraxia.

Articulatory verbal dyspraxia is a condition where the child has difficulty making and co-ordinating the precise movements which are used in the production of spoken language although there is no damage to muscles or nerves. A child with dyspraxia may have difficulty producing individual sounds as well as in co-ordinating the sequence of sounds necessary for making words, or co-ordinating the increasingly complex sequences used in words, phrases and sentences.

Dyspraxia may be present in varying degrees from mild to severe in different children. Most clinicians agree on the following diagnostic features, and the child may exhibit one or more of these characteristics.

1 difficulty in control of the speech apparatus

The child may have difficulty in making and co-ordinating the precise movements necessary for accurate speech production. The speech apparatus includes

- the lips
- the tongue
- the soft palate (the fleshy continuation of the hard palate – roof of the mouth – which closes off the nasal passages for blowing, sucking, swallowing and speaking)
- the larynx (voice box)

- muscles used to control breath for speech
- muscles used for facial expression.

Difficulties with feeding may also be experienced.

- 2 difficulty in speech sound production**, with limited sounds used and inconsistent production
- 3 difficulty in sequencing sounds to make a word**
- 4 difficulty in regulating breathing and in controlling the speed, rhythm and volume for speech.** There may also be difficulty in balancing nasal resonance and in maintaining good voice quality.

Language development

Usually the child’s understanding of what is said is relatively normal. The majority of these children however will have been slow to speak, with late development of babbling, first words and word joining. They may continue to show some difficulties with the length and complexity of sentences. Problems with specific forms of grammar (such as auxiliary verbs, verb tenses or pronouns) may persist for a long time.

The speech and language therapist, who is the professional responsible for the assessment and treatment of this condition, will check and monitor all aspects of the child’s speech and language development.

The child with dyspraxia requires skilled assessment and a planned programme of therapy. Progress will be slow and depends on appropriate help being given.

References

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Portwood, M (1999), *Developmental dyspraxia: Identification and intervention (2nd ed.)*. London: David Fulton

Stackhouse, J (1992), Developmental Verbal Dyspraxia I: A review and critique. *European Journal of Disorders of Communication*, 27(1), 19–34

Other relevant Glossary Sheets

- Specific language impairment (1)
- Articulation (10)

Other organisations which can help

Dyspraxia Foundation
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