**Physical Therapy History & Systems Review to Screen for DCD and Other Conditions**

Identify Inclusion Criteria (DSM-5):
- Motor deficits
- Participation and ADL impairments
- Early onset (developmental age)
- No exclusionary conditions (CP, DMD, other neurological conditions, etc...)

Identify Risk Factors:
- <32 weeks gestation
- <1500g birth weight

**Complete Outcome Measures Related to Participation** *(Can Help With Setting Meaningful Goals)*

- Canadian Occupational Performance Measure (COPM): 8yo+ (moderate evidence)
- Goal Attainment Scale: Any age (GAS) (best practice)
- Perceived Efficacy and Goal Setting Program (PEGS): 5-9yo (best practice)
- Children's Assessment of Participation & Enjoyment (CAPE) used with Preferences for Activities of Children (PAC): 6-21yo (weak evidence)

**Examine Motor Performance Through Movement Analysis**

Observe movement tasks identified as difficult by the child or family (e.g., sit-to-stand, jumping jacks/rope, skipping, walking)

**Observational Movement Analysis:**
- Speed of movement
- Range of movement
- Symmetry of movement
- Control of movement

**DCD Qualities:**
- Decreased coordination
- Difficulty with motor planning
- Increased time to complete tasks
- Asymmetries

**Examine Activity Limitations Using Questionnaires**

- Developmental Coordination Questionnaire 2007 (DCDQ’07)
- Movement Assessment Battery for Children Checklist; 2nd edition (MABC-2-C)
- Questionnaires or interviews

**Examine Motor Performance Using Standardized Measures**

Preferred standardized tests: Movement Assessment Battery for Children – 2nd ed. (MABC-2), Bruininks-Oseretsky Test of Motor Proficiency – 2nd ed. (BOT-2)

**Examine Body Functions & Structures**

Flexibility, muscle strength & endurance, body composition, cardiorespiratory fitness, reaction times, coordination, balance, agility, speed, power
Consider Referrals to Other Providers at Any Point

- **Primary physician** to rule out exclusionary conditions, red flags, or when DCD is suspected but not diagnosed
- **Specialists** to further examine comorbidities, developmental, or psychological conditions
- **Occupational therapists** for sensory concerns or fine motor limitations (e.g., handwriting, dressing/buttoning)
- **Other significant adults** including physical education teachers, coaches, and community activity providers to modify activities and increase participation in sports, recreation, and fitness activities

Physical Therapy Intervention for Children at Risk for or Diagnosed With DCD

The first choice intervention combines task-oriented interventions with related body function and structure interventions.

### Task-Oriented Interventions:
- Motor Skill Training (MST)
- Neuromotor Task Training (NTT)
- Cognitive Orientation to daily Occupational Performance (CO-OP)
- Motor Imagery (MI)

### Body Functions & Structures Interventions (in the DCD literature):
- Core Stability Training (CST)
- Cardiorespiratory Training (CRT)
- Functional Movement Power Training Program (FMPT)

Small Group or Individual Sessions

- 4-6:1 or 2:1 for groups
- Combination of individual and group-based sessions to address individual goals and generalize skills with peers
- Monitor the child’s emotional response in group-based intervention

Supplemental Activities to Augment First-Choice Intervention

- Soccer training with a skilled coach or instructor
- Taekwondo provided by a certified instructor
- Other physical activities in the community ranging from individual sports to well-supervised team sports

Education and Home Exercise Program for Child/Parents/Caregivers or Other Significant Adults

- Teach task training methods (part to whole, multiple repetitions, environmental modification)
- Home programs to support PT interventions and goals
- Provide families with resources about DCD & motor performance
- Track adherence & barriers to home programs, as well as success

Provide Appropriate Dosages for Interventions to Improve Motor Performance

- High frequency practice (2-5x/week) across PT sessions, practice at home and school, optional supplemental activities, and home program
- Treat until goal-related task is achieved, estimated average is approximately nine weeks

Provide Collaborative Communication About Discharge Recommendations for the Episode of Care

- Communicate with all providers and child/family about discharge plans
- Review ongoing activity recommendations
- Discuss how and when to consider re-evaluation given the impact of DCD across the lifespan

For more info: APTA–Pediatrics DCD Clinical Practice Guidline | pediatricapta.org/clinical-practice-guidelines/