Developmental Coordination Disorder

Developmental coordination disorder (DCD) is a prevalent, widely underdiagnosed condition that starts in childhood and persists into adulthood. Frequently described as “clumsy” or “awkward” by parents and teachers, children with DCD have a history of difficulties mastering simple motor activities, such as tying shoes, handwriting neatly, or riding a bike.

**ASSESSMENT**
Perform a standard health history and physical exam, with probing questions for developmental history and coordination. Rule out neurologic, musculoskeletal or visual disorders that would otherwise explain coordination deficits. Early diagnosis is key to future success.

Patients must meet ALL of the following DSM-5 criteria for a DCD diagnosis:

A. Acquisition and execution of coordinated motor skills are substantially below what is expected for child’s age and opportunity to learn these skills
B. Motor skill deficiency persistently interferes with activities of daily living (ADLs), schoolwork, vocational activities, leisure and play
C. Symptom onset during early developmental period
D. Deficits are not attributable to a neurologic condition affecting movement and are not better explained by intellectual disability or visual impairment

**MANAGEMENT/TREATMENT**
Referral to appropriate specialties will ensure the best outcomes. Occupational Therapy and Physical Therapy intervention can target underlying cognitive and motor deficits associated with DCD and co-occurring conditions to improve task performance and participation in important activities.

If you have questions about a patient with coordination deficits, email OTPT_TRACK_DCD@cchmc.org.

---

**HPE RED FLAGS**

**Developmental History**
- Difficulties with motor planning and learning new skills
- Gross motor and/or fine motor delay, particularly with tying shoes, riding a bike, handwriting or other ADLs
- Avoidance of or decreased participation in sports/extracurricular activities

**Physical Exam**
- Appears clumsy, uncoordinated
- Limited body awareness and control
- Decreased fitness, increased body-mass index (BMI)
- Joint laxity/hypermobility

**Psychosocial History**
- Depression, withdrawal, isolation
- Anxiety, poor self-image, decreased confidence
- Behavioral outbursts, activity refusal

**Medical History**
- Prematurity, low birth weight (those born <32 weeks gestation are 2x as likely to have DCD)
- Onset of symptoms early in developmental period, unrelated to accident/injury
- Commonly co-occur with: ADHD, autism spectrum disorder (ASD), learning disabilities, sensory processing difficulties
- Absence of any other neurologic or medical condition that could explain chronic motor coordination problems

---

Tool developed by Cincinnati Children’s physician-hospital organization (known as Tri-State Children’s Health Services, Inc.) and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. For Evidence-Based Care Guidelines and references, see www.cincinnatichildrens.org/evidence.
# Developmental Coordination Disorder

**Inclusion Criteria**

Your patient must meet ALL of the following DSM-5 criteria to qualify for a DCD diagnosis:

A. Given the child’s age and opportunity for skill learning and use, acquisition and execution of coordinated motor skills are substantially below what is expected

B. Deficient motor skills in A significantly and persistently interfere with activities of daily living (ADL) appropriate to age, and affect schoolwork, prevocational and vocational activities, leisure and play

C. Onset of symptoms is during the early developmental period

D. Motor skills deficits are not attributable to a neurologic condition affecting movement (such as cerebral palsy, muscular dystrophy or degenerative disorder) and are not better explained as an intellectual disability or visual impairment

## Patient Presents

### Standard Workup

- Developmental History
- Medical History
- Psychosocial History
- Physical Exam

### HPE RED FLAGS

#### Developmental History
- Difficulties with motor planning and learning new skills
- Gross motor and/or fine motor delay, particularly with tying shoes, riding a bike, handwriting or other ADLs
- Avoidance of or decreased participation in sports/ extracurricular activities

#### Medical History
- Prematurity, low birth weight (those born <32 weeks gestation are 2x as likely to have DCD)
- Onset of symptoms early in developmental period, unrelated to accident/injury
- Commonly co-occurs with: ADHD, ASD, learning disabilities, sensory processing difficulties
- Absence of any other neurologic or medical condition that could explain chronic motor coordination problems

#### Psychosocial History
- Depression, withdrawal, isolation
- Anxiety, poor self-image, decreased confidence
- Behavioral outbursts, activity refusal

#### Physical History
- Appears clumsy, uncoordinated
- Limited body awareness and control
- Decreased fitness, increased BMI
- Joint laxity/hypermobility

### Evaluate for DCD as follows:

- Perform developmental, social, and medical history and physical exam as listed above.
- Have caregivers complete the DCD Questionnaire (available free at www.DCDQ.ca) to screen for the functional impact of coordination difficulties.

### Positive DCDQ and history, plus sufficient evidence of motor skill deficits identified by standardized testing from OT/PT

- Provide DCD diagnosis and recommend continue follow-up with OT/PT to improve motor skills

### Positive DCDQ and history, though unsure if motor skill deficits are present

- Refer to OT and/or PT to obtain standardized testing to assess motor skills

### Positive DCDQ and evidence of motor skill deficits, but negative DCD history

- Refer to specialists to rule out differential diagnoses (neurology, genetics, ophthalmology, etc.)

### Positive or negative history with co-existing conditions that are not managed

- Refer to appropriate specialists (psychology, behaviorists, etc.) and monitor need for OT/PT to address functional motor difficulties

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link at 1-888-636-7997.