



LESSON 7

In-depth rare diseases

Psychomotor delay of evolutionary age

What is it?

The delay in psychomotor development represents a failure to acquire motor, cognitive, relational and emotional abilities. It means that the child has not properly passed the normal stages of motor development and is lagging behind his peers.

Poor propensity to movement, lack of initiative and little interest in the surrounding environment are the most obvious components in a child with a psychomotor delay.

Psychomotor disorders relate to a difficulty in the integration of gestures: for example, children with these difficulties may not be able to coordinate arms and legs when swimming, being broken down in a race, failing to balance one leg or jumping on a foot.

Analysis of the probable causes

Despite the investigation of the different cases of children with delayed psychomotor development, there is still no definite data on the causes that determine it. Assumptions are made on the basis of the characteristics of these deficits, analysing whether they are more relevant at the motor or psychological level.

In case of persisting motor capacity delays, a neurological problem is assumed and specific investigations, such as radiological and chromosomal tests, are started.

There is still no clarity on the causes of psychomotor delay, but it is thought that genetic, environmental and neurological ones are more frequent.

But being able to make a certain diagnosis is not easy: it is necessary to investigate the life path of the child to exclude the presence of other related pathologies and to hypothesise causes that inhibit normal psychomotor development.

How does the diagnosis of psychomotor delay happen?

A first diagnosis is made by parents if they can recognise signs of a childhood psychomotor delay. It is advisable not to underestimate the problem by thinking it is just a normal delay in basic development and to go to a specialist as soon as possible.

The childhood neuropsychiatrist is the doctor who deals with diagnosis and recovery in cases of psychomotor delay. Its role is to ascertain the problem through various evaluation tools.

Child observation is the first diagnostic phase and includes neurological examination and observation. The baby is observed in his spontaneous behaviours and in situations in which he is placed in the condition to respond to precise stimuli prepared by the doctor.

The evaluation tools used by the childhood neuropsychiatrist use precise assessment scales and examinations. The possible causes are also sought in the life of the child and in the environment in which he lives.

An important task of the specialist is to inform parents about the characteristics of childhood psychomotor delay, alleviate their concerns and help them improve the living conditions of the

child. In projects of interventions on its conditions, the collaboration of the child neuropsychiatrist with other figures specialised in certain sectors is necessary.

Very frequent clinical signs:

Understanding the evolutionary phases of psychomotor development allows you to see the alarm bells to recognise a psychomotor delay.

Here are some signs that facilitate recognition of the difficulty:

The newborn at the age of about three months is unable to control the movement of his head and keep it straight. He does not smile when he is in front of familiar faces and does not follow the movement of objects with his eyes.

The child from the age of four months is impassable in front of external stimuli and is very rigid in posture. He can't sit properly and his head tends to fall backwards. Around eight months he still fails to take the objects and has not developed one of the most important linguistic forms of this phase of growth, lallation.

He is not able to crawl and when he tries a part of the body is dragged. Not even with support is capable of standing. The language is so poor that the child does not speak and cannot even manage.

The recognition of some of these obvious signs of lack of psychomotor development should prompt the parent to go to the paediatrician for further clarification. Next, the primary physician will direct to a child neuropsychiatrist for a first neuropsychiatric evaluation, so that an accurate diagnosis is reached as soon as possible, to start early therapeutic treatment.

What are the possibilities of care available? Therapy for psychomotor delay

So, what to do in case of psychomotor delay? Is it possible to recover? What is the most suitable therapy? These are the questions that parents immediately ask themselves once they have been diagnosed.

The professional who takes care of the child with psychomotor delay is the therapist of the Neuro and Psychomotricity of the Evolutionary Age (TNPEE), who will be able to identify the areas of strength and weakness to better stimulate the baby and guarantee the greatest possible recovery.

The first phase of observation of the child or the child, and of her interaction with the environment, will follow a therapeutic plan that, through the play and stimulation adapted to the level of development of that moment, will give the opportunity to embark on new ways to reach a later motor phase.

The specialist's approach is usually global, especially when it concerns the early stages of evolution, and includes the examination of different functions, namely:

general motor function and fine handling;

visual ability;

hearing and speech skills;

social development.

To "take a photograph" of the child's development at a given time, in order to assess progress over time and to have a common language among the various professionals, the tool often used is the Griffiths scales, tests that provide an assessment of the development profile and evolutionary level and from which it is possible to understand whether it is indicated to perform further insights and/or to start a rehabilitation treatment.

The Griffiths scales are tests that are applied by proposing to the child or child different games that can be pleasant (cuvette, quiet book, bells, etc.) and you observe the behaviour of the little or the little one (turns if called? Does it indicate an object? Do you clasp your hands?). Depending on the type of reactions that these games arouse in the child you can understand the age of development of the small or small under observation.

Griffiths III scales, specifically, are able to assess the overall development of the child in terms of learning, language, mobility and social and emotional aspects, from birth up to 72 months (0-6

years).

In order to ensure that it is effective and to obtain the maximum possible recovery, the neuro and psychomotor treatment, i.e. the taking care of the child by the NPTEE that through techniques, games and stimulation will facilitate the acquisition of that missing or deficit competence, must be stable over time (with usually biweekly meetings and with a duration of 45 minutes each), as early as possible and comprehensive (thus involving all the reference figures of the child as parents, grandparents, teachers). The presence of the parent is in fact fundamental to ensure continuity in the modes of stimulation even at home.

Once you have embarked on the enabling/rehabilitative path with the Neuro Therapist and Psychomotricity of the Evolutionary Age, an element that can indicate a favourable prognosis is represented by the small and continuous new learnings that the child carries out and, step by step, can bring him back to the best possible evolutionary trajectory, until the recovery of skills that had not yet been acquired.



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