

# **The improvement made with self esteem following physiotherapy treatment for dyspraxia**

**By**

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## **INTRODUCTION**

The aim of this poster is to establish the changes made with self esteem following 8 weekly physiotherapy sessions using the Lee method of treatment.

The importance of self esteem has been discussed by many authors in relation to the influence it has on intellectual, social and gross motor movements (Laszlo & Bairstow, 1985; Lee & French, 1994 and Portwood, 1999). There have also been reports on the effects of poor self esteem as a result of failure leading to truancy and in some cases delinquency (Chu, 1998; Portwood 1996, 1998, 2000).

Several authors have commented on the subjective improvement by parents and professionals on children's self esteem following treatment ( Lee & French, 1994: Addy, 1996: Portwood, 1996: Lee & Smith, 1998). However, to date there has been very little evidence using objective testing to prove these subjective findings.

## **Method**

### **Subjects:**

All children aged 6 years and over undergoing treatment between January – March 2002 were included in the programme. In total there were 25 children who completed the programme.

### **Test:**

The B/G steem – a self esteem scale produced by Barbara Maines and George Robinson was used. This system was considered suitable as:

- it was easy to administer
- it could be used on young children ( 6 years and over)
- simple language was used
- yes/no answers were only required
- results were easy to extrapolate
- it had been standardised on English children

### **Procedure:**

- The children were asked to complete the questionnaire at home prior to the initial assessment. Parents were allowed to read the questions to their child but not to make any comments or assist with answers.
- All the children underwent an 8 week course of physiotherapy treatment using the Lee Method which included a daily home programme. Following treatment children were advised to continue with some activities and exercises alternate days for 6 weeks followed by twice a week for 6 weeks. Families were also encouraged to consider outside hobbies and activities during this time.
- The procedure was repeated at the review which took place 3 months following the completion of treatment (a total of 5 months from the initial assessment).

## Results

| Child no: | Age of child | B/G steem score prior to treatment | Rating of score | B/G steem score at 3 month review | Rating of score |
|-----------|--------------|------------------------------------|-----------------|-----------------------------------|-----------------|
| 1         | 12           | 12                                 | Low             | 17                                | Normal          |
| 2         | 10           | 12                                 | Low             | 15                                | Normal          |
| 3         | 11           | 12                                 | Low             | 22                                | High            |
| 4         | 8            | 17                                 | Normal          | 19                                | High            |
| 5         | 10           | 15                                 | Normal          | 18                                | High            |
| 6         | 6            | 16                                 | Normal          | 19                                | High            |
| 7         | 7            | 16                                 | Normal          | 19                                | High            |
| 8         | 8            | 12                                 | Low             | 20                                | High            |
| 9         | 8            | 13                                 | Low             | 17                                | Normal          |
| 10        | 7            | 7                                  | Low             | 13                                | Low             |
| 11        | 8            | 14                                 | Low             | 17                                | Normal          |
| 12        | 8            | 17                                 | Normal          | 20                                | High            |
| 13        | 9            | 17                                 | Normal          | 19                                | High            |
| 14        | 9            | 12                                 | Low             | 15                                | Normal          |
| 15        | 10           | 15                                 | Normal          | 18                                | High            |
| 16        | 6            | 16                                 | Normal          | 18                                | High            |
| 17        | 8            | 14                                 | Low             | 15                                | Normal          |
| 18        | 7            | 13                                 | Low             | 16                                | Normal          |
| 19        | 7            | 12                                 | Low             | 15                                | Normal          |
| 20        | 8            | 15                                 | Normal          | 19                                | High            |
| 21        | 9            | 19                                 | High            | 21                                | Very high       |
| 22        | 7            | 14                                 | Low             | 15                                | Normal          |
| 23        | 6            | 15                                 | Normal          | 19                                | High            |
| 24        | 9            | 16                                 | Normal          | 20                                | High            |
| 25        | 6            | 11                                 | Low             | 14                                | normal          |

## Summary of ratings

| Ratings   | Total number before treatment |   |            | Total number following Treatment |   |            |
|-----------|-------------------------------|---|------------|----------------------------------|---|------------|
|           | Count                         | - | Percentage | Count                            | - | Percentage |
| Low       | 13                            | - | 52%        | 1                                | - | 4%         |
| Normal    | 11                            | - | 44%        | 10                               | - | 40%        |
| High      | 1                             | - | 4%         | 13                               | - | 52%        |
| Very high | 0                             | - | 0%         | 1                                | - | 4%         |
| Total:    | 25                            | - | 100%       | 25                               | - | 100%       |

## **Discussion**

Main points:

- all children made improvement with their scores
- each child made on average an improvement of 3.21 points
- only one child's scores remained in the "low" rating following treatment but his score had been very low initially and had improved by 6 points following treatment
- all the other children whose initial score had been low (48% of the study) were now in the normal range
- A number of children whose scores had been in the normal range were now in the high range and one had moved up to the very high range
- Prior to treatment only 1 child (4% of the study) had a rating of high but this had increased to 13 children achieving a high score by the end of treatment (52% of the study)
- Parents verbally reported that their children appeared to have gained more self confidence and self esteem. They were willing to attempt and join in activities with other children and did not give up so easily on difficult tasks. Many had also achieved certificates for sporting activities

## **Conclusion**

The results indicate that physiotherapy treatment has a measured positive impact on self esteem and the authors intend to follow these patients on an annual basis to evaluate whether these improvements are maintained over years.

## **References**

- Addy L (1996) A multiprofessional approach to the treatment of developmental co-ordination disorder. *Br J Ther Rehabil* (11): 593 – 9
- Chu S (1998) Developmental dyspraxia 1: the diagnosis. *Br J Ther Rehabil* 5 (3): 131 – 8
- Laszlo JL, BairstowPJ (1985) *Perceptual Motor Behaviour – Developmental Assessment and Therapy*. Holt Rinehart and Winston, Eastbourne
- Lee MG, French J (1994) *Dyspraxia- A handbook for therapists*. Association of Chartered Physiotherapists. Publications. Chartered Society of Physiotherapy, London
- Lee MG, Smith GN (1998) The effectiveness of physiotherapy for dyspraxia. *Physiotherapy* 84(6): 276-84
- Maines B, Robinson G, B/G Steem, Lucky Duck Publishing, Bristol
- Portwood M (1996) *Developmental Dyspraxia – A practical manual for parents and professionals*. Durham County Council, Durham