

# Facilitating a DCD diagnosis: Movement Assessment Battery for Children (MABC-2)

Use of a standardized, norm-referenced test documenting performance in daily activities requiring motor coordination can provide useful information to support Criterion A of the DSM-5 criteria necessary for the diagnosis of DCD. The **Movement Assessment Battery for Children (MABC-2)** (Henderson, Sugden, & Barnett, 2007), is a revision of the **Movement Assessment Battery for Children** (Henderson & Sugden, 1992), is a tool highly recommended for this purpose (Blank et al., 2011).

Using an observational approach, the MABC-2 helps the examiner to observe how the child performs each task in the test, and to identify behavioural characteristics the child may demonstrate while completing motor tasks. The MABC-2 includes a checklist for use by classroom and special education teachers to identify task difficulties under different conditions (such as when the child and environment are either stable or moving) A behaviour section of the checklist considers the extent to which a child's attitudes and feelings about motor tasks are situation-specific or more generalized.

The MABC-2 contains eight tasks in each of three age ranges: 3–6, 7–10, and 11–16 years. Tasks relate to three specific areas: manual dexterity, ball skills, and balance (static and dynamic). A profile of a child's performance over the different test sections can be established. Total standard scores are calculated and converted into percentiles to determine how a child's motor coordination compares to typically developing children of the same age.

Recent clinical recommendations (Blank et al., 2011) suggest that children whose performance falls below the 15th percentile may benefit from intervention, with those between the 6th and 15th percentile being at risk for DCD and those whose motor performance is at or below the 5th percentile representing children with DCD (if other criteria are met).

Although the MABC-2 can be used as an evaluative measure (pre- and post-intervention) (Blank et al., 2011), evidence of a practice effect suggests that when the measure is used for this purpose it should be re-administered at a gap of at least 3 months after the initial assessment. Given that the focus of intervention may be directed towards activity and participation goals rather than a change in motor impairment (motor coordination), there are several other outcome measures that may be more appropriate for this.

More detailed information on the use of the MABC-2 can be found in the European Academy of Childhood Disability (EACD) recommendations for DCD, accessible at <http://www.eacd.org/publications.php>.

The MABC-2 can be ordered at [Pearson's online store](#).