

23 - Types of apraxia

Types of apraxia

© SPMM Course 8. Apraxia □ Damasio and Geschwind (1985) defined apraxia as a condition with varying combinations of the following disturbances in order of progressive dysfunction: o A failure to produce the correct movement in response to a verbal command, o A failure to correctly imitate a movement performed by the examiner, o A failure to perform a movement correctly in response to a seen object and o A failure to handle an object correctly □ Although a number of categories, such as limb kinetic, ideomotor, and ideational, exist, these labels are seldom useful in clinical practice. It is more helpful to describe the apraxia by region (orobuccal or limb), and to provide a description of impaired performance, recording both spatial and sequencing errors on several different types of task. □ Apraxia is of limited localizing ability, but the left parietal and frontal lobes appear to be of greatest importance. □ Progressive, isolated limb apraxia is virtually diagnostic of corticobasal degeneration. Types of apraxia Functional classification: Apraxia type Definition Localization Constructional apraxia

Inability to construct elements into a meaningful whole. e.g., inability to draw or copy simple diagrams or figures. Right cerebral hemisphere, often parietal lobe. Ideational/conceptual Impairment in carrying out sequences of actions (multiple-step task) requiring the use of various objects in the correct order to achieve an intended purpose. The patient does not know 'what' to do. Left parieto-occipital and parietotemporal regions Ideomotor (most common type among all apraxias) The disorder of goal-directed movement. The patient knows what to do but not how to do it. Impairment of pantomiming ability to use tool. Abnormalities include the use of body-part-as-object substitution, e.g. the patient uses his own finger to represent a toothbrush when asked to brush his teeth and abnormal orientation of body part performing the action. Improves on imitation and with the use of the actual tool. Tool use is more affected than gestures. Mainly in the left hemisphere; frontal and parietal association areas. Unilateral lesions of the left hemisphere in right-handed patients produce bilateral deficits, usually less severe in the left than in the right limb

Regional classification: Buccofacial apraxia (aka facial-oral apraxia) Inability to coordinate and carry out facial and lip movements such as whistling, winking, coughing, etc. on command. The most frequent type of all focal brain lesion related apraxia syndromes. Associated with left inferior frontal lobe and the insula, and commonly accompanies the aphasia caused by lesions of Broca's area. Limb-kinetic Loss of hand and finger dexterity resulting Dominant frontoparietal or primary motor

© SPMM Course from the inability to connect or isolate individual movements. Affects use of tools, gestures, especially distal fingers movements. Can be either ideomotor or ideational type. cortex Other variants Apraxia of speech, apraxia of eyelid opening and apraxia of gait.

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