


# Therapeutic psychomotricity in children: professional profile and reasons for referral to treatment in Uruguay

Psicomotricidad terapéutica infantil: perfil profesional y motivos de derivación a tratamiento en Uruguay

Psicomotricidade terapêutica infantil: perfil profissional e motivos de encaminhamento para tratamento no Uruguai

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Received: 04/04/2024

Accepted: 12/20/2024

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## How to cite

López Gómez, A., & Gallicchio, P. (2025). Therapeutic psychomotricity in children: professional profile and reasons for referral to treatment in Uruguay. *Ciencias Psicológicas*, 19(1), e-4003. <https://doi.org/10.22235/cp.v19i1.4003>

**Data availability:** The data set supporting the results of this study is not available.



**Abstract:** Psychomotricity in Uruguay has diversified the theoretical paradigms that support it and at the therapeutic level it assumes an interdisciplinary perspective, considering sensorimotor, psychoaffective and relational aspects of people. The aim of this study is to understand the current professional profile of those who work in therapeutic psychomotricity with children in Uruguay, their work settings and the reasons that originate the referral. A quantitative, descriptive, cross-sectional study was carried out. 145 psychomotor therapists who performed child psychomotor therapy in 2020 and/or 2021 were surveyed by self-report. The variables were socio-occupational profile, work setting and reasons for referral. Within the sample, 97.9 % are women, 46.2 % of which completed postgraduate studies. They see an average of 23 patients per week, mostly school boys. The most frequent reasons for referral are Autism Spectrum Disorder (71.9 %) and graphomotor difficulties (59 %), with psychomotor inhibition being the least frequent (0.7 %). The classic classification and description of psychomotor disorders does not correspond to the main reasons for referral, which are associated with neurodevelopmental disorders. There is a gap between what psychomotor therapists learn in their degree, the current profile of patients they see and the demands of the work field. Future studies need to review the frameworks and update the classification of psychomotor disorders.

**Keywords:** mind-body therapy; psychomotor skills; neurodevelopmental disorders; children

**Resumen:** La psicomotricidad ha diversificado los paradigmas teóricos que la sustentan y a nivel terapéutico asume en Uruguay una perspectiva interdisciplinaria, que considera aspectos sensoriomotores, psicoafectivos y vinculares de las personas. El objetivo de este estudio es conocer el actual perfil profesional de quienes se desempeñan en clínica psicomotriz en Uruguay, sus encuadres de trabajo y los motivos que originan la derivación. Se realizó un estudio cuantitativo, descriptivo, transversal. Se encuestó mediante autorreporte a 145 psicomotricistas que realizaron terapia psicomotriz infantil entre 2020 y 2021. Las variables fueron perfil sociolaboral, encuadre de trabajo y motivos de derivación. El 97.9 % son mujeres, 46.2 % realizaron estudios de posgrado. Atienden semanalmente 23 pacientes en promedio, mayoritariamente varones escolares. Los motivos de derivación más frecuentes son el TEA (71.9 %) y dificultades grafomotoras (59 %), siendo el menos frecuente la inhibición psicomotriz (0.7 %). La clasificación y descripción clásica de trastornos psicomotores no se corresponde con los principales motivos de derivación, que se asocian a trastornos del neurodesarrollo. Se evidencia una brecha entre lo que los psicomotricistas aprenden en el grado, el perfil actual de pacientes y las exigencias del campo laboral.

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Es necesario en futuros estudios revisar los encuadres y actualizar la clasificación de los trastornos psicomotores.  
**Palabras clave:** terapia mente-cuerpo; psicomotricidad; trastornos del neurodesarrollo; niños

**Resumo:** A psicomotricidade tem diversificado os paradigmas teóricos que a sustentam e, a nível terapêutico, adota no Uruguai uma perspectiva interdisciplinar, considerando aspectos sensório-motores, psicoafetivos e relacionais das pessoas. O objetivo deste estudo é conhecer o perfil profissional de quem atua em clínicas psicomotoras no Uruguai, seus enquadramentos de trabalho e os motivos que originam os encaminhamentos. Realizou-se um estudo quantitativo, descritivo, transversal. Foram entrevistados por meio de autorrelato 145 psicomotricistas que realizaram terapia psicomotora infantil em 2020 e/ou 2021. As variáveis foram: perfil sócio-ocupacional, enquadramento de trabalho e motivos de encaminhamento. 97,9 % são mulheres, 46,2 % realizaram estudos de pós-graduação. Eles atendem semanalmente, em média, 23 pacientes, a maioria do sexo masculino e em idade escolar. Os motivos de encaminhamento mais frequentes são o TEA (71,9 %) e dificuldades grafomotoras (59 %), sendo o menos frequente a inibição psicomotora (0,7%). A classificação e descrição clássica de transtornos psicomotores não corresponde aos principais motivos de encaminhamento, que estão mais associados a transtornos do neurodesenvolvimento. Evidencia-se uma lacuna entre o que os psicomotricistas aprendem na graduação, o perfil atual dos pacientes e as exigências do campo de trabalho. É necessário em estudos futuros revisar os enquadramentos e atualizar a classificação dos transtornos psicomotores.

**Palavras-chave:** terapia mente-corpo; psicomotricidade; transtornos do neurodesenvolvimento; crianças

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Psychomotricity is a discipline that has been nourished from its beginnings by various epistemological frameworks to generate its own conceptual framework and intervention models (Henig, 2017). Its history in Uruguay began around 1970, associated with an exclusively therapeutic intervention model and from the paradigm of psychomotor rehabilitation of neurological-based disorders, later incorporating contributions from psychoanalysis, social psychology and neuroscience. Current discussions place the intervention at a crossroads of perspectives that take elements from previous positions, what is known as the conceptual convergence model (Sassano & Bottini, 2013), developmental neuropsychosocial science (Chokler, 2015), or psychomotricity integration (Serrabona, 2017). Today, the psychomotor discipline assumes an ecological and interdisciplinary perspective for the analysis of development, in the understanding that psychomotor problems emerge from a combination of sensorimotor, psychoaffective and relational aspects.

For Henig and Huguet (2017), the approach encourages the deployment of psychomotor functions within a framework of safety and well-being. This would allow, based on new bodily inscriptions, to establish more gratifying, effective and flexible psychomotor functions in order to overcome those aspects that limit active adaptation to the environment. According to Papandrea (2018), psychomotor therapy tries to find new ways of doing and being, establishing a psychocorporal organization that allows adaptation to the environmental demand, but without nullifying the desire or autonomy of the person. To do this, it appeals to body mediation techniques that promote the greatest possible functional capacity of the person (López et al., 2017).

Psychomotor disorders refer to movement disorders in executive and/or expressive function (de León, 2010). They are multifactorial and are expressed in different ways and intensities in each person, reflecting the particular style of functioning (Henig, 2017). They result in psycho-emotional discomfort that is seen in the way the individual relates to and/or acts with his or her body (de León, 2014).

The Uruguayan child psychomotor practice has had as a key referent in de Ajuriaguerra (1973/1996), who classified psychomotor alterations into: lateralization disorders, tics, dysgraphia, motor weakness, dyspraxias and motor instability. Later, Bergés (1990) highlights that psychomotor disorders can be: instabilities, psychomotor inhibition, attitude dystonias, writer's cramp, tics, clumsiness, laterality disorders and dyspraxias.

With the strong impact of neuroscience in this century, these classifications have been questioned, with increasing theoretical links between the classical paradigm and neurodevelopmental and behavioral disorders. In Uruguay, Henig et al. (2017) carried out a review of the classical classification of psychomotor disorders, comparing them with what is described in the Diagnostic and Statistical Manual of Mental Disorders [DSM5] of the American Psychiatric Association [APA] and the International Classification of Diseases (ICD) of the World Health Organization. This was done under the understanding that training new psychomotor therapists in diagnostic tools according to the new paradigms and tending towards a common interdisciplinary language favors the patient's therapeutic process. This search for consensus is faced with the resistance of psychomotor specialists towards the

determinism of diagnoses in child development processes. This comes from an epistemological position that considers the process to be multifactorial, dynamic and influenced by experience and environment (Joly, 2011), with the risk of labelling patients statically over time (Vericat & Orden, 2013). Ravera (2002) suggests that it is preferable to talk about psychomotor symptoms that allow for the configuration of a mosaic of functioning.

Within the clinical presentations linked to neurodevelopmental disorders, we can find in their description, the signs and symptoms associated with classic psychomotor alterations, such as psychomotor clumsiness, psychomotor instability, dyspraxias or dysgraphia. The term neurodevelopmental disorders is currently used to name a broad and heterogeneous set of conditions in brain development that originate early, significantly and persistently, inducing deficits in functioning and adaptive behavior (López & Förster, 2022). According to the DSM5 classification (APA, 2014), intellectual disability (ID), communication disorders, autism spectrum disorders (ASD), attention deficit hyperactivity disorder (ADHD), development coordination disorder (DCD) and learning disorders (LD) fall under this name.

This study has two aims. First, to describe the profile of psychomotor professionals, of the children who are seen by them and the work framework that is predominantly implemented in Uruguay. Second, to investigate the reasons that generate referral and initiation of treatment, to know which are the most frequent. As a hypothesis, it is proposed that the current reasons for referral include a series of clinical conditions not contemplated in the classification of psychomotor disorders developed by de Ajuriaguerra and Bergés. This is the case even though they continue to be the basis of the clinical training of graduates in Psychomotricity, in accordance with what is expressed in the current study plans (Escuela Universitaria de Tecnología Médica [University School of Medical Technology], 2023; Universidad Católica del Uruguay, 2021).

## Materials and methods

### Study design

This is a quantitative, descriptive and cross-sectional study. Psychomotor therapists who worked in the area of child psychomotor therapy in 2020 and/or 2021 were surveyed by self-report, with data being collected from November 2021 to February 2022.

### Sample

A non-probabilistic sampling was established. The population was made up of all psychomotor therapists registered within the Ministry of Public Health of Uruguay, considering as inclusion criteria: having a qualified or revalidated degree in the country and having practiced in 2020 or 2021 in the field of psychomotor therapy with children. 145 valid questionnaires were received.

### Data collection

A survey was designed using a Microsoft Forms questionnaire. A first version of the 22-item survey was piloted with 10 psychomotor therapists working in clinical practice, who answered questions regarding item clarity, suggestions, additions to be made, or items to be deleted, resulting in a final instrument of 25 questions. The survey required between 15 and 20 minutes to complete.

The study was approved by the Ethics Committee of the Universidad Católica del Uruguay and required informed consent. All surveys were anonymized.

### Study variables

*Socio-occupational profile:* set of characteristics such as gender, age, number of years since graduation, postgraduate training, whether they have access to supervising their work with other professionals, and number of patients treated.

*Work framework:* set of methodological constants considering aspects such as: place of work, profile of children served, and duration of the intervention.

*Interprofessional relations:* Two aspects were investigated: 1) professional profile of those who refer, 2) other approaches received by those who access psychomotor treatment.

*Reasons for referral from other professionals for psychomotor treatment:* Two possible situations that lead to the consultation were consulted: 1) presence of one or more symptoms that affect development; 2) specific clinical diagnosis.

## Data analysis

For the descriptive analysis of quantitative data, the SPSS v.25 software package was used. The results are presented through the analysis of frequencies, percentages and associations between variables using the chi-square statistic with a confidence level of 95% (significance level  $\alpha = .05$ ).

## Results

### Socio-occupational profile of psychomotor therapists

Table 1 reflects the main socio-occupational data of the sample. 97.9% are women with an average age of 36 years. At the educational level, 53.8% have a bachelor's degree, 31.7% a diploma/specialization after their bachelor's and 14.5% a master's degree. 55.9% do not supervise their clinical work with other professionals. In the field of child psychomotor therapy, 52.5% have less than five years of experience and 16.6% less than one year.

**Table 1**

*Socio-occupational profile of psychomotor therapists (n =145)*

Variable	Freq.	%
<b>Gender</b>		
Women	142	97.9
Male	2	1.4
I prefer not to say it	1	0.7
<b>Highest level of education</b>		
Bachelor's degree	78	53.8
Diploma/Specialization after bachelor	46	31.7
Master's	21	14.5
<b>Professional supervision</b>		
Supervise with another professional	49	33.8
Does not supervise	81	55.9
Is a supervisor	9	6.2
Supervises and is a supervisor	6	4.1
<b>Years of professional experience in child psychomotor clinical practice</b>		
up to 1	24	16.6
1 to 5	52	35.9
6 to 10	31	21.4
11 to 20	19	13.1
20 or more	19	13.1

### **Framing of the intervention**

79.3% of psychomotor therapists mention that patient's access and cover the cost of the service through the agreement between the Banco de Previsión Social ([Social Security Bank], BPS) and private care clinics. In second place is the private consultation (40%), paid directly by families. The number of children treated weekly by a single professional is  $M = 23$ . 54.5% work with up to 20 children weekly, 33.8% with 21 to 40 and 1.7% with more than 40.

Regarding the work modality, 66% of psychomotor therapists responded that half or more of their patients are seen individually, followed by 34% who stated that they work in pairs with half or more of them. 83% indicated that they do not work with children and their adult referents at the same time. Regarding coordination or informational meetings, 68.7% mentioned having between two and three meetings a year with the family.

72.2% stated that their patients are seen weekly and 83% indicated that the most frequent duration is 45-minute sessions.

### **Profile of children served**

92.4% of psychomotor therapists say that three out of four patients they see are boys. Regarding the age range they see, they were given the option of indicating up to two age ranges. 82.1% said they work with children from six to nine years old and 57.2% from two to five years old, with fewer psychomotor therapists where the predominant age is zero to two (2.1%) or 14 to 15 years (2.1%).

### **Sources and reasons for referral to psychomotor therapy**

The three main professionals who refer patients for psychomotor treatment are: neuropediatrician (83.5%), class teacher (59.9%) and child psychiatrist (59.2%). The three main treatments that their patients receive are speech therapy (97.2%), psychological (86.9%) and psychopedagogical (82.1%).

Regarding the reasons for referral (Table 2), high-frequency clinical conditions are identified, such as signs of developmental deviation/ASD (71.9%), graphomotor and fine motor difficulties (59%), restlessness/hyperactivity (48.9%) and global developmental delay (44.1%). At the other extreme, with low frequency, neuromotor pathologies and psychomotor inhibition stand out.

Statistically significant relationships were identified between psychomotor therapists who mention working with the two-to-five-year age group and those who very frequently see patients with ASD ( $\chi^2(1, n = 140) = 0.019, p < .05$ ), signs of developmental deviation ( $\chi^2(1, n = 135) = 0.01, p < .05$ ) and global developmental delay ( $\chi^2(1, n = 136) = 0.00, p < .05$ ). For graphomotor difficulties, there is an association between the referral and the six-to-nine-year age group ( $\chi^2(1, n = 139) = 0.025, p < .05$ ).

An association was also established between psychomotor therapists who receive referrals from child psychiatrists and those who treat patients with ASD ( $\chi^2(1, n = 140) = 0.041, p < .05$ ) or with signs of developmental deviation ( $\chi^2(1, n = 135) = 0.027, p < .05$ ), as well as between psychomotor therapists who receive referrals from a neuropediatrician and those who see children with restlessness ( $\chi^2(1, n = 141) = 0.033, p < .05$ ).

**Table 2**

*Reasons for referral to child psychomotor therapy*

	<i>n</i>	% Non-Freq.	% Something Freq.	% Very Freq.
Signs of developmental deviation / ASD	135	6.7	21.5	71.9
Graphomotor and fine motor difficulties	139	3.6	37.4	59
Restlessness/Hyperactivity	141	1.4	49.6	48.9
Global developmental delay	136	9.6	46.3	44.1
ADHD	130	6.9	67.7	25.4
Specific learning difficulties	132	28	47	25
Psychomotor clumsiness/ DCD	139	25.2	56.1	18.7
Constructional dyspraxia	133	27.8	56.4	15.8
Intellectual disability	134	36.6	53	10.4
Impaired Executive Functions	129	34.1	56.6	9.3
Neuromotor pathologies	133	54.9	37.6	7.5
Genetic Syndrome	131	46.6	47.3	6.1
Psychomotor inhibition	135	59.3	40	0.7

## Discussion

### Socio-occupational profile of the psychomotor therapist and work settings

Psychomotricity as a discipline linked to the fields of education and health has a clear predominance of the female gender. The 97.9% of women in this sample is consistent with the same percentage of women registered for professional practice at the level of the Ministry of Public Health (MSP for its initials in Spanish, 2022) and the 98.4% of women reported by the census of the Asociación Uruguaya de Psicomotricidad ([Uruguayan Association of Psychomotricity], AUP for its initials in Spanish, 2021). This also aligns with what is reported in health-related professions, where 76.3% are women, an aspect that is more marked in mental health since in psychology it rises to 86.3% (MSP, 2011).

Regarding age, the average of 36 years, with 75% of the sample between 20 and 40 years old and 67.6% with no more than 10 years of professional experience, is very similar to the AUP survey (2021) which states that the majority of graduates are between 26 and 40 years old and that 77% do not exceed 10 years of professional experience. The fact that the sample is made up of a high number of recent graduates partly explains the fact that postgraduate training is a minority at 46.2%. In Uruguay, the bachelor's degree qualifies for professional practice and job placement is rapid. This, added to the limited work experience, particularly in psychomotor clinical practice where the majority does not exceed five years of professional experience, places new professionals in a situation that makes it essential for undergraduate training to be as complete as possible. It is also essential to have an accessible and updated offer of postgraduate courses based on new childhoods, especially in child psychomotor clinical practice (Mila, 2021), as well as to improve accessibility for those who wish to train through e-learning. For the MSP (2022), it is a priority to generalize training in relation to deviant behaviors and developmental disorders in the different undergraduate and graduate courses and technical courses.

An alternative that has been developed by professions with a psychological profile to enhance the quality of work has been clinical supervision. This device in psychomotricity involves meetings between colleagues with different levels of experience or training, allowing professionals to compare or analyze their practices with others. However, in this sample, 55.9% do not supervise their work nor are they supervisors of others. This contrasts with the fact that the Code of Ethics for Psychomotor Therapists in Uruguay (Asociación Uruguaya de Psicomotricidad [Uruguayan Psychomotor Association] et al., 2021), in its article 48, states that the psychomotor therapist must manage supervision and/or co-vision spaces as a professional learning strategy.

Regarding work settings, the results reflect that the intervention is mostly weekly and in 45-minute sessions. This modality is linked to the fact that, in Uruguay, it is very common to access treatments through a BPS benefit, called extraordinary aid (Ayex), which pays for the intervention if one of the parental figures is working and registered with social security (BPS, 2024). This benefit makes the service accessible to people who could not do it privately. In return, it creates the professional challenge of adjusting the desirable work settings to the working conditions that said benefit determines.

### **Profile of children treated and reasons for consultation**

In this study, 92% of psychomotor therapists state that at least three out of every four people they see are boys/male. This data coincides with the fact that the main reasons for consultation associated with neurodevelopmental disorders such as ASD, ADHD or graphomotor disorders also show a tendency towards greater male prevalence (Thapar et al., 2017). López and Förster (2022) state that 2.3 boys have ADHD for every girl, in the case of ASD the ratio is 3.5 to 1, in specific learning disorders it is 1.6 to 1, and in relation to developmental coordination disorders it ranges between 2 and 7 to 1.

The main reasons for referral to psychomotor skills reported are related firstly to ASD, both diagnosed and suspected based on signs of developmental deviation, and then to graphomotor and fine motor alterations, associated with the classic professional vision of psychomotor skills, where motor alterations that influence learning processes are addressed.

Therapeutic psychomotor intervention in children with ASD, according to the study by Larraín (2019), promotes autonomy, motor planning, and knowledge of the body scheme and space-time organization. It is an intervention device that includes play, sensorimotor pleasure and the search for initiative, motivation and communicative encounter with others, aspects that are challenging for this profile of children (Morillo et al., 2019; Rabadán & Serrabona, 2017).

Considering that a significant relationship was found between being between two and five years old and having both ASD and signs of developmental deviation as a reason for referral, the fundamental role of early specialized care in these children is highlighted (García Pascual et al., 2019). Psychomotor intervention seeks to provide experiences tailored to each child, which promote social attention, bonding and affective commitment, which modifies, according to Zalaquett et al. (2015), brain development and functioning, appealing to neuroplasticity, at this critical stage of development.

Among the possible intervention strategies, in addition to play, cognitive-behavioral techniques are also used. For Gómez et al. (2020), psychomotor approaches for children with ASD, which adapt evidence-based techniques such as the ABA system (applied behavioral analysis), are beneficial for improving performance in ideomotor praxis, visual construction, balance, fine and gross coordination, and more discreetly, their skills for functional independence and care routines.

Tecedeiro and Lebre (2013) and Zalaquett et al. (2015) highlight that high frequency and extended hours of intervention are necessary to address this profile of children. This accounts for the gap between their intervention models and what is currently carried out in professional practice in the country, where a weekly 45-minute session is the predominant modality. 68.7% of psychomotor therapists indicated that they hold two or three annual meetings with the family and 83% declare that they do not work simultaneously with the child and the family during therapy. These are elements that could be limiting the effectiveness of the treatments, since the success of the intervention requires, according to Gómez et al. (2020), working together with the family, in order to generate an environment that facilitates development. Pickles et al. (2016) maintain that working with the family favors the reduction of the severity of autism symptoms at the end of the treatment, effects that are maintained at least six years later.

The second reason for referral indicated by respondents was graphomotor difficulties, coinciding with what was stated by de León (2010) and Henig and Paolillo (2021) who state that these are frequent reasons for referral into psychomotor therapy. In this study, this is related to the age group most seen, children from six to nine years old, when practical and visual-perceptual difficulties become more evident by interfering with school learning. This explains why one of the main professionals who refers to psychomotor skills is the classroom teacher, indicated by 59.9% of psychomotor therapists.

To address this, Rivas and Torres (2017) indicate that adequate intervention in writing must be individualized, with a comprehensive work model that focuses on the factors that determine the graphic act, its composition quality and the correction of specific errors, first improving the tonic-postural and perceptual-motor conditions, and then working on other neuropsychological functions that involve linguistic processes. From another perspective, Calmels and Lesbergueris (2013) point out that a school history marked by failures or demands that demotivate the child in relation to graphic activity, means that the intervention must address the symptom through what Aucouturier et al. (1985) called a detour strategy, appealing to strengths and interests within the framework of therapeutic mediation. In Uruguay, Henig and Paolillo (2021) consider the graphomotor workshop as a fundamental device for addressing these difficulties, understanding it as a space-time that enables and redefines the bodily experience in manual and graphoplastic activities, through the technical support of the psychomotor therapist.

Thirdly, there is restlessness/hyperactivity, which can be an isolated symptom, form part of high-frequency ADHD in the child population, with a prevalence of 5 to 10% (López & Förster, 2022) or be the central symptom of psychomotor instability described by de Ajuriaguerra (1973/1996).

It is a particular style of functioning, where acceleration of movement, impulsiveness in gesture and speech, and spatial and temporal disorganization prevail (Delion & Golse, 2004). For psychomotor therapists, it is not only an organic condition, but a reflection of the subjective experience of one's own body. Its repercussions include graphic and instrumental alterations in relationships and the ability to adapt to social environments, difficulties in emotional regulation including emotional lability and anxiety (Thapar et al., 2017), and even deep anguish reflected in the tonic-emotional plane (Boscaini et al., 2021).

Herguedes (2019) reports that currently psychomotor treatment is one of the pillars in the multimodal approach to ADHD in France and Switzerland, since it produces improvements in both nuclear symptoms, i.e., hyperactivity, impulsivity and attention deficit, as well as in psychomotor, affective and communicative skills.

In contrast to restlessness, psychomotor inhibition, despite being a classic clinical profile for the discipline, is the disorder least frequently reported as a reason for referral. Inhibition involves retention of movement and expression, and an insecurity felt by the child that prevents him or her from exploring and interacting (Schnidrig, 2006). Factors such as the less disruptive nature of the behavior, the fact that stillness can be valued as a positive attribute (Saal et al., 2020) and the overlap of symptoms with other clinical profiles such as psychomotor clumsiness, childhood depression or selective mutism, generate less detection and referral. This occurs despite the fact that evidence accounts for the positive effects of psychomotor treatment for these children (Sánchez et al., 2020).

This study is not free from limitations that make it impossible to generalize the data obtained. Firstly, this is an intentional sample from a universe that is difficult to determine and with a limited number of survey respondents. Furthermore, the type of analysis does not allow for inferences and generalizations, although it does allow for some trends and potential relationships to be observed, which would require further investigation. It is also noteworthy that the bibliographical search confirmed what several authors mentioned in relation to the scarcity of studies in the area, which makes an exhaustive comparative analysis of the results obtained difficult.

## Conclusions

This study describes the socio-occupational profile of psychomotor therapists working in psychomotor clinics in Uruguay, as well as the main reasons for referral.

The majority of psychomotor therapists surveyed have graduated in the last ten years, they quickly enter the clinical workforce and have limited access to continuing education or supervision, an aspect that can influence the quality of their interventions. Consequently, it is a priority to strengthen



undergraduate training, as well as to diversify the offer and accessibility of both continuing education and professional supervision.

The study identified discrepancies between the reasons for referral and the psychomotor disorders proposed by the classic authors included in the study plans. This creates a potential gap between what graduates in Psychomotricity learn in their undergraduate training and the knowledge and skills that the current profile of children and the work field requires within the framework of interdisciplinary work. The main reasons for referral identified in this study fall within the umbrella term neurodevelopmental disorders, and future research will need to advance in redefining the classification of psychomotor disorders, articulating psychomotor symptoms with this perspective. This would facilitate interdisciplinary dialogue and the search for evidence and updated bibliography that allows for a deeper understanding of specific frameworks, objectives and approach strategies from an ecological perspective focused on the person and their context.

The specificity of the intervention today requires that psychomotor therapists know about and know how to address neurodevelopmental processes, provided that these can be analyzed in light of the relational, environmental and social framework in which they occur.

It is considered a necessary line of research to carry out studies on the clinical evolution of those who attend psychomotor treatment, through long-term monitoring, which allows generating evidence of its effects, an aspect that is underdeveloped at the disciplinary level.

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**Authors' contribution (CRediT Taxonomy):** 1. Conceptualization; 2. Data curation; 3. Formal Analysis; 4. Funding acquisition; 5. Investigation; 6. Methodology; 7. Project administration; 8. Resources; 9. Software; 10. Supervision; 11. Validation; 12. Visualization; 13. Writing: original draft; 14. Writing: review & editing. A. L. G. has contributed in 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14; P. G. in 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14.

**Scientific editor in charge:** Dra. Cecilia Cracco.