23 - COMPARATIVE STUDY OF THE MOTORS TESTS KTK, TGMD2 AND BPM - FOR APPLICATION IN CHILDREN WITH MENTAL DEFICIENCY

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INTRODUCTION

Barreto (2000) *apud* Molinari and Sens (2003) affirms that the individual's integration, using for that the movement, taking in consideration the affective, cognitive and motive aspects. It is the education for the conscious movement, seeking to improve the efficiency and to decrease the energy expense. To accomplish an intervention work and psychomotor re-education in children with mental deficiency it is indispensable, the use of a psychomotor evaluation of which consists of a psychomotor test. That article has for objective, to compare the three psychomotor tests, KTK, BPM and TGMD2, identifying the purpose of each test and verifying which it would be the most appropriate and more complete to evaluate the development motor of children with mental deficiency. According to Mari et all (2008), " the psychomotor evaluation consists of tests that allow to show a same individual's different stages and also to verify possible delay in the children's motive age in relation to age chronological and/or mental and starting from the results propose activities with intention of influencing in the development, enlarging the repertoire motor and consequently organizing the corporal conscience with base in lived ". Therefore comparative study has the intention of to verify which would be of the tests more adapted for that population.

The psychomotor tests are composed by elements that evaluate aspects of the individual's psychometrical with mental deficiency in specific age group (3 to 11 years of age).

MENTAL DEFICIENCY

The mental deficiency affects between 2 and 3% of the general population and 1% of the children in school age (3 to 11 years). In Brazil, 1,6% of the population present that condition. The American Mental Association Retardation (1992) characterizes the mental deficiency for an evident intellectual function below the average, happening the limitations associated in two or more areas of adaptable abilities: communication, personal cares, domestic competences, social abilities, functional abilities for school, work and leisure (SCARPATO, 2007). Towards Diehl (2006), Intellectual or Mental Deficiency is known by problems with origin in the brain and that cause low knowledge production, learning difficulty and I lower intellectual level. Among the causes more common of this perturbation there are the factors of genetic order, the complications happened along the gestation or during the childbirth and post-natal.

KNOWING THE PERSON'S CHARACTERISTICS WITH MENTAL DEFICIENCY

The people's incapable with mental deficiency to develop efficient strategies for the execution and retention of motive abilities has been noticed by several researchers. It is important to know that all the children with mental deficiency possess a cognitive delay that affects the speed of the learning. However, nor all the children with mental deficiency possess motive difficulties, many are skilful (SCARPATO, 2007). Nunes; Godoy; Barros (2003) tell that the children with mental deficiency present inferior levels of physical aptitude to the presented in people without deficiency (that fact can also be explained by the cognitive delay). Many times, the child with mental deficiency doesn't accomplish the activity or the game proposed by not understanding the instructions supplied by the teacher. In that situation to be possible initially to verify the level of the student's understanding giving pursuit, the teacher can begin for the simplest tasks and to verify the acting of the student when developing the activity. The child's reactions with mental deficiency are not usually the expected or understood by the teachers and to aggressiveness it is a characteristic in the person mental deficiency.

TEST OF CORPORAL COORDINATION FOR CHILDREN - KTK

The test of corporal coordination for children (KTK), appeared due to the need of diagnosing more subtly the motive deficiencies in children with lesions cerebral and/or behaviors deviations.

The development of the test happened for five years of study in several stages and with support of the German Society of Support to the Research. The test of KTK takes about 10 to 15 minutes to be administered. The test room should be of more or less 4x5 meters.

KTK is composed by four tasks: Task 01 - Bar of Balance; 02 Foot jump; 03 - Lateral jump; 04 - transference, all them seeking the characterization of facets of total corporal coordination and the corporal domain (KIPHARD and SCHILLING, 1974 apud GORLA, 2007). To take care of a homogeneous battery. KTK uses the same coordination tasks for several ages. Towards the contents of the tasks should present difficulties increase as the individuals are older. The differentiation for age, for example, it is reached according to approaches as:

1. Increase of the height or distance;
2. Increase of the speed;
3. Larger precision in the execution, in the measure, for example, in function of the largest number of successes in a certain number of attempts (KIPHARD, 1976 apud GORLA, 2007).

In order to get a better differentiation of results in the limits of inferior and superior age, the tasks of KTK were tested according to several demands and with several material configurations, until to meet and to check the best solution. Also the instructions for the accomplishment of the tests were reviewed and for each task, the appraiser had the opportunity to accomplish previous exercises for adapted the material. The trustable of the battery (r=0.90) was established by the method of correlation test/retest in 1.228 children in school age (KIPHARD is SCHILLING, 1974).

STUDS INVOLVING THE KTK TEST

Silva (1989**)** apud Gorla (2007) developed a study that had as objective to detect the age group of larger development of the wide motive coordination (gross) of female and male children, in the ages of seven to ten years, as well as verifying significant differences they exist among the degrees of wide motive coordination for sex and age. The sample was constituted of 1000 school (500 of the male and 500 of the female) and evaluated by the test of KTK. The results showed superiority in the male

except for the 8 year-old age that was superior in the female.

The researches of Rapp and Schoder (1972) apud Gorla (2007), accomplished with children and young healthy and with cerebral lesions (N=43), showed that also the people with mental deficiency improve their revenues of motive coordination in the tasks of KTK, with passing of the age. In this study, its curves showed an unexpected vertical increase in the development motor until the 14 year-old age, and in some cases beyond.

Bianchetti and Pereira (1994) apud Gorla (2007) accomplished an analysis of the contribution of a program of physical activities in the development of the disabled children's corporal coordination of 7 to 9 years of age. The sample was constituted of 8 auditory disabled children of both sexes, of ANPACIM (Association of North Paranaense of Audio Infantile Communication), in the municipal district of Maringá - Paraná. To the group a specific program was applied (36 sessions), with base in the theory of the practice variability (CLIFTON (1985) apud GORLA (2007)). As measure instrument, to evaluate the initial and final situation of the capacity of corporal coordination (pre and post-test), the test KTK was used. In agreement with the results a trustable of 95% was verified as favorable significant difference. The present study suggests new comparative investigations and approaching other pertinent variables.

BATTERY OF PSYCHOMOTOR (BPM)

The Battery of Psychomotor (BPM) was developed by Fonseca in his thesis of Doctorate in 1985. The BPM allows describing the child's profile psychomotor, and it is not an instrument of evaluation psychomotor validated. The psychomotor profile looks for to characterize the potentialities and the child's difficulties, giving support to identify and to intervene in the difficulties of psychomotor learning, satisfying the more needs progressively specifies of the child. Besides, it is possible to portray the dynamic development by means of the application of several evaluations during a period of time, accompanying each phase of the child's psychomotor development.

For the psychomotor test will be applied, the instructor needs training and that initial training is concluded after the accomplishment of 20 evaluations, the domain of the application of BPM is acquired with the practice, study and reflection. The test is applied in children in the age group of 4 to 12 years of age, possesses characteristic more qualitative than quantitative. The evaluation period: 30-40 minutes (trained assessor). It is not used to diagnose neurological deficits, nor cerebral lesions, it identifies children with difficulties of motive learning, the used materials are economic and without any sophistication.

The concern of BPM is with the:

1. **Tonicity**: The tonicity, that indicates the muscle tone, has a fundamental role in the motor development that is guarantees the attitudes, the posture, the pantomimes, the emotions, from where all the human motive activities emerge.

2. **Balance**: The balance gathers a group of static aptitudes (without movement) and dynamics (with movement), embracing the control postural and the development of the locomotion acquisitions. The static balance is characterized by the balance type gotten in certain position or of presenting the capacity to maintain certain posture on a base. The dynamic balance is that gotten with the body in movement, determining successive alterations of the support base.

3. **Laterality**: The laterality translates itself for the establishment of the dominant lateral of the hand, eye and foot, on the same side of the body. The laterality corporal refers to the individual's internal space, qualifying him to use a side of the body with more disentangles. What generally happens is the confusion of the laterality with the right notion and left that this involved with the corporal schema. The child can have the acquired laterality, but not to know which is the right and left side or vice versa. However, all the factors are intimately tied up, and when the laterality is not much defined it is common happen problems in the space orientation, difficulty in the discrimination and in the differentiation among the sides of the body and inability of following the graphic direction. The manual laterality appears at the end of the first year of life, but settles down physically about the 4-5 years.

4. **Corporal perception**: The formation of the “me ", that is, of the personality, comprehends the development of the notion or schema corporal, through which the children takes conscience of their bodies and of the possibilities to express through them. Ajuriaguerra mentioned by Fonseca (1995) tells that the child's evolution is synonymous of understanding and knowledge more and deeper of its body, it is through him that is elaborated all the vital and organized experiences all its personality. The perception of the body in psychometrical doesn't evaluate its form or its motive accomplishments, seek other line of the analysis that is centered more in the study of its psychological and linguistic representation and in its inseparable relationships with the literacy potential. This factor resumed dialectical the totality of the learning potential, not only for involving a process perceptive complex sensoriums, as well as for to integrate and to retain the synthesis of the lived and experienced affective attitudes.

5. **Structural space-temporary:** The structural space-temporary elapses as functional organization of the laterality and of the corporal perception, once it is necessary to develop the understanding space intern of the body before projecting the referential somato-genic in the external space. This factor emerges of the motor, of the relationship with the objectives located in the space, of the relative position that it occupies the body, finally of the multiple integrated relationships of the tonicity, of the balance, of the laterality and of the corporal schema. The space structuring takes the taking of conscience for the child, of the situation of its own body in a certain environment, allowing to become aware it him from the position and of the orientation in the space that can have in relation to the people and things.

6. **Global praxis**: Praxis has the capacity to accomplish the voluntary movement pre-established with form of reaching an objective by definition. Global Praxis this related with the accomplishment and the automation of the complex global movements, that are uncoiled in a certain time and that demand the activity of several muscular groups.

7. **Fine praxis**: Fine praxis understands all the fine motive tasks, where it associates the function of coordination of the movements of the eyes during the fixation of the attention and manipulation of objects that demand visual control, besides embracing the programming functions, regulation and verification of the activities grasps and finer and complex manipulate. Children that have upset in the manual dynamic coordination generally have problems visual motor, presenting countless difficulties of drawing, to cut out, to write, that is to say, in all the movements that demand precision in the coordination eye/hand.

STUDS INVOLVING THE BATTERY OF PSYCHOMOTOR BPM

Rezende et all (2003) accomplished a study with objective of analyzing its applicational for children's evaluation with mental deficiency. For the obtaining of the results, BPM was applied in 9 children with diagnosis of mental deficiency, of both sexes and age of 6 to 10 years, everybody registered in APAE of Cianorte-PR. The found results were 7 cases of profile psychomotor deficit and 2 cases of profile no praxis. They can observe results pointing for psychomotor deficits, being usually presented in the mental deficiency; however the battery came of easy applicational, when appraised the 6 suitable factors, that are tonicity, laterality, corporal notion, balance, fine and wide praxis. Concluded that applied BPM partially it can be used for mental psychomotor evaluation of the deficiency.

Cardoso and Almeida (2007) accomplished a study with the objective of verifying the effects of a program of psychomotor reeducation developed for a child it blinds in relation to the body perception and laterality. The sample was composed by a twelve year-old child, of the masculine sex, with diagnosis of retinopathy of the premature, being the same selected

intentionally. As evaluation instrument was used the battery of psychomotor, adapted to the objectives of the study and the characteristics of the sample.

TEST OF GLOBAL MOTOR DEVELOPMENT 2 TGMD2

The TGMD2 were created by Ulrich Dale in 2000, and the test is a great revision of the test of development gross motor, it is a system of measure of gross motive abilities governed by norms that it can be used by kinesiologist, general or special educators, psychologists and physical therapists.

The TGMD2 help to identify children in the age 0-3 up to 10-11 that are candidates the special education in the physical education.

The TGMD2 are composed of 12 abilities (six for each subtest):

·Locomotor: to run, to gallop, to jump, to jump in horizontal, to slide

·Control of object: to beat in stopped ball, hit ball in stopped position, to kick, to catch, to play the ball in the air, to play the ball rolling.

Descriptions and detailed illustrations of the gross motive abilities and a system of simplified punctuation allow the administration of the TGMD2 quickly and easily in 15 or 20 minutes. The TGMD-2 combines entertaining activities and a reliable and valid procedure that will bring significant results when identifying children with problems gross motors. The results can be used to develop instruction programs, to monitor progresses, to evaluate treatments and to drive researches on development of gross motor.

The TGMD2 include several improvements from the first edition:

·All the new normative information was made based on the census 2000.

·The normative information now is stratified for relative age, geography, sex, race and residence.

·The age was divided in semester periods for ages 0-3 up to 7-11.

STUDS INVOLVING THE TEST TGMD2

VILLWOCK and VALENTINI (2007) accomplished a research with the objective of investigating the competence perception, the orientation motivationally and the motive competence in children. Were used 298 children chosen aleatory (age between 08 and 10 years) and they were appraised being used of the “Self-perception profile for children ";” Scale ofintrinsic versus extrinsic orientation in the classroom” and the “Test of Gross Motor Development - 2 ". The results of the correlations indicated that: 1) children that were noticed competent intrinsically was motivated; and, 2) children that were noticed competent they demonstrated higher acting.

VALENTINI (2002) accomplished a research with the objectives of investigating the competence perceptions and perfomed children's motor, and the relationships between these perceptions and the acting motor of boys and girls of different ages. Eighty eight children were tested through Test of Gross Motor Development and they answered Pictorial Scale of Perceived Competence Social and Acceptance. The results suggest that: (1) boys and girls of different ages evidence similar perceptions, even so they are not necessary with relationship to these perceptions (2) older children exhibit acting superior locomotor, even so differences don't exist in the abilities of control of objects in the age groups; (3) boys and girls evidence actings similar locomotor, even so boys evidence superiority in them ability of control of objects; (4) development current motor is not configured as predictor of competence perception.

CATENASSIL, MARQUES et all (2007) accomplished a study that had as objective to verify the relationship among the acting in tasks of gross motive ability with the index of corporal mass (IMC) in boys and girls of four to six years of age. For so much, 27 children were analyzed, being 16 boys and 11 girls, with medium age of 5,64 ± 0,67 years. The children were submitted to the Test of Gross Motor Development - Second Edition (TGMD-2), proposed by Ulrich (2000) and to Körperkoordinations - test für Kinder (KTK), the punctuation obtained in the two tests was reduced to a scale common to both. The correlation was verified between that scale and the children's IMC by means of the test of correlation of Spearman, with $P < 0,05$. There was not significant interaction among the variables when analyzed boys and girls or when the analysis was driven with distinction of goods.

CONCLUSIONS

The test KTK is composed by four tasks: Task 01 - Bar of Balance/ 02 Foot jump/ 03 - Lateral jump/ 04 - transference On Platform. The test has objective and the need of diagnosing more subtly the motive deficiencies in children with lesions cerebral and/or behaviors deviations, its duration is of 10 to 15 minutes for each child, it is applied for children of 7 to 14 years of age.

The Battery of Psychomotor concern with the: 1. Tonicity / 2. Balance/3. Laterality / 4. Corporal perception/ 5. Structural space-temporary; 6. Global praxis; 7.Fine praxis. The BPM has as objective to describe the child's psychomotor profile it is used in children of 4 to 12 years of age, that possess characteristic more qualitative than quantitative. Its accomplishment has the duration of 30-40 minutes (trained assessor).

Approaches of analysis of the basic abilities of the TGMD2 are the following ones: 1.to run/ 2.to gallop/ 3. to jump/ 4. to jump in horizontal/ 5. to slide/ 6. to beat in stopped ball/ 7. hit ball in stopped position/ 8. to kick/ 9. to catch/ 10. to play the ball in the air/11. Hurl on the shoulder/ 12. to play the ball rolling. It is used in children of 3 to 11 years of age, and its duration is of 15 to 20 minutes. The test has the objective of identifying children with motors problems.

KTK evaluates the aspects time and speed when taking place the psychomotor tasks and it is shown concerned in the amount of the execution of the tasks.

BPM evaluates in a more complete and detailed way the psychomotor elements, fine praxis and corporal perception.

The TGMD2 just evaluate the locomotor and the control of objects, seek more in its execution quality than in the amount of tasks.

KTK and BPM use the same psychomotor elements (Balance and Laterality).

The researched studies demonstrate that the child with mental deficiency presents learning difficulty, with that so that a test motor is applied it is necessary first its demonstration so that the child with mental deficiency executes the task, therefore, the three tests possess the demonstration in its tasks.

So that the test is considered complete, it is necessary that the same evaluates the child in a global way, that is to say, in the cognitive aspects (understanding, attention, concentration) and in the aspects motors (Balance, Tonicity, Laterality, Corporal Notion and Structuring space - temporary, Global Praxis, Fine Praxis, Locomotor and Control of Object.

According to the tests above mentioned, we observed that they possess the same objective, the one of detecting the normal said children's acting motor and children with deficiency, and they don't describe the reason of using a certain test. After the discovery of the existence of a psychomotor disorder, the authors use the intervention, that the tests are accomplished in two stages, one with the objective of detecting and to another of psychomotor reeducation.

When identifying the purpose of each test, we verified then that the most appropriate test is that that accomplishes demonstrations in the execution and the most complete is that that analyzes the individual in a global way, therefore the Testes KTK, TGMD2 and the Psychomotor Battery, they act in a complementally way each other. And they can be used alone, but they can be used in equal. For example: If the professional uses KTK, he will verify the speed and the time during the execution of the motive abilities, if the same uses the TGMD2 or BPM, he will verify the quality of the child's execution, therefore to join the amount and the quality, the professional will obtain more information to accomplish the intervention, being like this, the tests serve as parameter to diagnose the aspects they be she worked through the psychomotor reeducation in child with the without mental deficiency.

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COMPARATIVE STUDY OF THE MOTORS TESTS KTK, TGMD2 AND BPM - FOR APPLICATION IN CHILDREN WITH MENTAL DEFICIENCY

ABSTRACT

This article is the result of a bibliographical revision that had as objective to accomplish a comparative analysis among the three tests psychomotor, KTK, BPM (Battery of Psychomotor) and TGMD2 (Test of Gross Motor Development - 2). KTK is a test of corporal coordination for children that it appeared due to the need of diagnosing the motive deficiencies in children with cerebral lesions and/or behaviors deviations, it is applied in children in the age group of 7 to 14 years. KTK is composed by four tasks: Task 01 - Bar of Balance; 02 Foot jump; 03 - Lateral jump; 04 - transference. The TGMD2 identify children in the age 0-3 up to 10-11 that are candidates the special education in the physical education. The TGMD2 are composed of 12 abilities: Locomotor: to run, to gallop, to jump, to jump in horizontal, to slide; Control of object: to beat in stopped ball, hit ball in stopped position, to kick, to catch,

to play the ball in the air, to play the ball rolling. The Battery of Psychomotor (BPM) describes the child's profile psychomotor, in the age group of 4 to 12 years. It characterizes the potentialities and the child's difficulties to identify and to intervene in the difficulties of learning psychomotor. The concern of BPM is with the: 1.Tonicity; 2.Balance; 3.Laterality; 4. Corporal perception; 5.Structural space-temporary; 6. Global praxis; 7.Fine praxis. When identifying the purpose of each test, we verified that the most appropriate test is that accomplishes demonstrations in the execution and the most complete is that analyzes the individual in a global way, therefore the Tests KTK, TGMD2 and the Battery of Psychomotor, they act in a complementarity way, being like this, when connect the quantity and the quality, the professional will obtain more information to accomplish the intervention, the tests are just good to diagnose the aspects that will be worked through the psychomotor re-education in child with or without mental deficiency.

Words key: Tests, psychomotor, mental deficiency.

ÉTUDE COMPARATIVE DE L'ESSAI DE LES MOTEURS KTK, TGMD2 ET BPM POUR APPLICATION SUR ENFANTS AVEC MENTAUX DANS

RÉSUMÉ

Cet article est le résultat d'une revue de la bibliographie visant à mener une étude comparative entre les trois tests psychomoteurs, KTK, BPM (*batterie* psychomoteurs) e TGMD2 *(Test of Gross Motor Development)- 2*). Le KTK est un test de coordination pour les enfants qui a émergé en raison de la nécessité de diagnostiquer as deficiências motoras em crianças avec des lésions cérébrales et/ou les écarts de comportement, est appliqué aux enfants avec âgés de 7 à 14 ans. Lê KTK se compose de quatre tâches: Tâche 01 Poutre (solive pour lê équilibre); 02 Saut avec um pied; 03 Saut latéral; 04 Transfert. Le TGMD2 est un test pour identifier les enfants à l'âge de 3 à 11 ans qui sont candidats à l'enseignement spécialisé en éducation physique. Le TGMD2 Le test se compose de 12 compétences: Locomotive: courir, galop, sauter, saut, saut horizontal, slide; Contrôle d´objet: touché de balle arrêtée, quicar em posição parada, coup de pied, attraper, lancer la balle en l'air, lancer le balle. La *batterie* psychomoteur (BPM) décrit le profil psychomoteur de l'enfant, de 4 à 12 ans. Caractérise le potentiel et les difficultés de l'enfant pour identifier et intervenir dans des troubles d'apprentissage psychomoteur. La preocupation de la BPM c´est avec : Ton, l'équilibre, latérale, Body Concept, structuration de l'espace-temps, Global Praxis et Praxis. En identifiant l'objet de chaque test, nous avons constaté que le test plus approprié celui qui effectue à des manifestations et la mise en œuvre plus complète est celle qui examine l'individu dans son ensemble, par conséquent, ces tests sont en agissant de façon complémentaire les uns des autres. Ainsi, en plus de la quantité et la qualité, l'opérateur obtenir beaucoup d'informations pour mener à bien l'intervention, les tests utilisés pour diagnostiquer les aspects qui doit être travaillé par le biais de la réhabilitation psychomoteur dans les enfants que souffrant d'un handicap mental.

Mots-clés: Test psychomoteur, handicap mental, enfants.

ESTUDIO COMPARATIVO DE LAS PRUEBAS MOTORAS KTK, TGMD Y BPM. PARA LA APLICACIÓN EN NIÑOS CON DEFICIENCIA MENTAL

RESUMEN

Este es un análisis comparativo entre tres pruebas psicomotoras, KTB, BMP (Batería psicomotora) e TGMD2 (Prueba de desarrollo motor grueso). KTK es una prueba de coordinación corporal para niños que se desarrollo debido a la necesidad de diagnosticar las deficiencias motoras en niños con lesiones cerebrales o desvíos comportamentales, es aplicado en niños de 7 a 14 años, KTK se compone por 4 tareas: Tarea 1 Viga de equilibrio; 2- salto monopedal; 3 Salto lateral; 4- Transferencia. La prueba TGMD2 identificara los niños en edades de 0-3 hasta 10-11 que son candidatas a educación especial en Educación Física, El TGMD2 se compone de 12 habilidades: Locomotora: correr, trotar, saltar, salto horizontal, deslizamiento. Control de objeto: golpear bola detenida, rebote en posición detenida, patear, tomar, lanzar la bola al aire, lanzar la bola rodando. La Batería Psicomotora (BPM) describe el perfil psicomotor del niño en la edad de 4-12 años. Caracteriza las potencialidades y dificultades de los niños para identificar e intervenir en las dificultades de aprendizaje psicomotor, la BPM se centra en: 1-Tonificar; 2-Equilibrio; 3-Lateralidad; 4-Nocion corporal; 5- Estructuración espacio temporal; 6-Praxia Global; 7-Praxia fina. Al identificar la finalidad de cada prueba, verificamos que la prueba mas adecuada e aquella que realiza demostraciones en la ejecución además de analizar al individuo de forma global. De esta manera las pruebas KTK, TGMD2 y la Batería Psicomotora (BPM) actuan de manera complementaria una con otra tanto en términos de cantidad como en calidad, de esta manera el profesional obtendrá más información para realizar la intervención adecuada. Las pruebas sirven apenas para diagnosticar los aspectos a ser trabajados a través de la reducción psicomotora en el niño con o sin deficiencia mental.

Palabras llave: pruebas psicomotoras, deficiencias mentales, niños.

ESTUDO COMPARATIVO DOS TESTES MOTORES KTK, TGMD2 E BPM PARA APLICAÇÃO EM CRIANÇAS COM DEFICIÊNCIA MENTAL

RESUMO

Este artigo é o resultado de uma revisão bibliográfica que teve como objetivo realizar uma análise comparativa entre os três testes psicomotores, KTK, BPM (*Bateria Psicomotora*) e TGMD2 *(Test of Gross Motor Development- 2*). O KTK é um teste de coordenação corporal para crianças que surgiu devido à necessidade de diagnosticar as deficiências motoras em crianças com lesões cerebrais e/ou desvios comportamentais, é aplicado em crianças na faixa etária de 7 a 14 anos de idade. O KTK é composto por quatro tarefas: Tarefa 01 - Trave de Equilíbrio; 02 - Salto Monopedal; 03 - Salto Lateral; 04 Transferência. O TGMD2 identificar crianças na idade 0-3 até 10-11 que são candidatas a educação especial na educação física. O TGMD2 é composto de 12 habilidades: Locomotor: correr, galopar, pular, saltar, pulo horizontal, deslizar; Controle de objeto: bater em bola parada, quicar em posição parada, chutar, pegar, jogar a bola no ar, jogar a bola rolando. A Bateria Psicomotora (BPM) descreve o Perfil Psicomotor da criança, na faixa etária de 4 a 12 anos. Caracterizar as potencialidades e as dificuldades da criança para identificar e intervir nas dificuldades de aprendizagem psicomotora. A preocupação da BPM é com a: 1.Tonicidade; 2.Equilíbrio; 3.Lateralidade; 4.Noção Corporal; 5.Estruturação espaço-temporal; 6.Praxia Global; 7.Praxia Fina. Ao identificar a finalidade de cada teste, verificamos que o teste mais adequado é aquele que realiza demonstrações na execução e o mais completo é aquele que analisa o indivíduo de forma global, portanto os Testes KTK, TGMD2 e a Bateria Psicomotora, agem de forma complementar uns aos outros, sendo assim, ao juntar a quantidade e a qualidade, o profissional obterá mais informações para realizar a intervenção, os testes servem apenas para diagnosticar os aspectos a serem trabalhados através da reeducação psicomotora em criança com o sem Deficiência Mental.

Palavras chave: Testes psicomotores, deficiência mental, criança.