

# Oculomotor Apraxia

## WHAT IS OCULOMOTOR APRAXIA?

Oculomotor apraxia (OMA) is a condition that makes it hard to move the eyes from side to side. Because their eyes do not move well to the side, children with OMA have trouble shifting their eyes and will often move their head quickly to look at things. They may turn their head past the object they want to see. Once they can see it, their head moves back to a normal position. These head movements are called head thrusts. Head thrusts can be seen in babies, but they may not be noticed until about 6 months of age.

## WHAT CAUSES OMA?

Moving the eyes is a complex process that involves many parts of the brain. Doctors often order a brain scan called an MRI to look at these areas.

The MRI may be normal. In some children, parts of the brain may not be fully developed. These areas can include parts that help connect and control movement and balance.

OMA can:

- Occur by itself
- Be related to genes
- Be part of another medical condition

A common type of OMA present at birth is called Cogan-type OMA. Children with this type often have delays in development. Problems during pregnancy or around the time of birth may increase the risk. OMA has also been reported in older children or adults after injury or damage to certain parts of the brain. OMA can also be seen with other medical conditions. Some examples include:

- Certain inherited movement disorders (ataxia)
- Ataxia-telangiectasia

- Low vitamin E levels
- Gaucher disease

Joubert syndrome

### **WHAT OTHER DEVELOPMENTAL PROBLEMS CAN COEXIST WITH CONGENITAL (COGAN) OMA?**

Children with congenital (present at birth) OMA often have developmental delays. They may have low muscle tone (feel “floppy” when held).

Delays may affect:

- Speech
- Reading
- Motor skills, such as sitting, crawling, or walking

These delays can happen even if the brain MRI looks normal.

### **IF A CHILD HAS OMA, DO SIBLINGS OR FUTURE CHILDREN HAVE A RISK FOR THE CONDITION?**

The genetics of OMA are not fully understood. In many cases, OMA happens by itself and is not inherited. In these cases, brothers and sisters are not at higher risk.

However, some genetic changes can cause OMA along with other medical problems. In those cases, siblings may have a higher risk. The pattern of inheritance can vary. A doctor or genetic counselor can help families understand their specific risk.

### **WHAT IS THE TREATMENT FOR OMA?**

There is no specific cure for OMA. Treatment focuses on helping the child reach their best development.

Children with OMA may benefit from:

- Occupational therapy
- Speech therapy
- Physical therapy

If OMA is part of another medical condition, treatment should focus on that condition.

Regular eye exams with an eye doctor are important. The doctor will check for other eye problems that can occur with OMA.

### **DOES OMA IMPROVE OVER TIME AND RESOLVE?**

OMA does not usually get worse over time. In many children, head thrusts improve as they grow older. Children often learn ways to adjust for their eye movement. Regular medical and eye care are important.

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