Introduction
Psychomotor Slowing (PS) is a clinically observable feature that has been widely substantiated by neuropsychological measures assessing speed of movements such as tasks demanded rapid fingertip dexterity or maintenance of maximal speed over brief periods of time in manual activity. Importantly, patients’ performance on these psychomotor tasks proved to be related to their social, clinical, and functional outcomes. However, there was a relative lack of research in looking into PS. The trend is not only restricted to psychiatric research, motor control in general is often neglected in cognitive psychological research.

Objectives
This study aims at exploring the phenomenon of psychomotor slowing in a group of patients with schizophrenia.

Methodology
A group of 25 schizophrenic patients (mean age 38, sd 5.2) were recruited for this study. The subjects were assessed by occupational therapists and their psychomotor functioning was measured by Valpar Component Work Sample (VCWS). VCWS 4 Upper Extremity Range of Motion is a criterion-referenced test which assesses upper extremity range of motion, including that of the shoulder, upper arm, forearm, elbow, wrist, hand and fingers. In this project, motor coordination (the ability to coordinate eye and hands rapidly and accurately in making precise movements with speed), finger dexterity (the ability to manipulate small objects with fingers rapidly and accurately), and manual dexterity (the ability to move hands easily and skillfully; ability to work with hands in placing and turning) were the study parameters. VCWS 4 would be re-administered 3 weeks following the initial assessment.
**Result**

ANOVA analysis showed the front panel assembly (which involved maximum motor coordination, finger dexterity and manual dexterity) showed lowest performance (about 60% MTM rate of work). It was worthy to note the performance of this group of schizophrenia patients showed significantly poorer result (63 % MTM rate of work in schizophrenia group) than the group of cough mixture abused patients (86 % MTM rate of work in cough mixture abused group) in this criterion-referenced test (p <.01). Moreover, after 3 weeks of intensive MOT training program, low but significant improvement of rate of work was noted (initial assessment: 63 % MTM rate of work, 3 weeks assessment: 75% rate of work, with p < 0.01). Slowed performance has also been associated with negative symptoms and, to a lesser extent, to patients with depressive symptoms (r = .32, p < .05). Some researchers further suggested that PS is the result of depressive symptoms or of negative symptoms such as apathy or motivational problems. It showed that intensive occupational therapy training could enhance upper extremity function of schizophrenia patients. Further training may be needed in incorporating psychomotor training in relation to the enhancement of social and functional outcomes in community level.