SYMPTOMS AND LABS
Chorea or uncontrollable continuous movement
Myoclonus or startling that is associated with impairment of consciousness or that which is associated with opsoclonus (abnormal eye movements)
Dystonia or prolonged contractures of muscle groups
Dyskinesia or sudden and periodic onset of uncontrollable movements that may either be dystonic or dyskinetic and potentially precipitated by movement
Any repetitive movement that is associated with a change in mental status

SUGGESTED PREVISIT WORKUP
Consider obtaining video of abnormal movements if present during the exam
Discuss with neurologist over phone about case to review video
Depending on scenario, will consider MRI scan prior to appointment vs possible EEG if concerned for seizures
If clearly chorea, check throat culture and ASO titer.

SUGGESTED WORKUP
If acute onset and associated with severely restricted food intake, “lightning like” onset of OCD, deterioration in handwriting, abnormal mental status, developmental regression, consider auto-immune evaluation
If physical or psychological pain present because of tics, may need to consider medication intervention
If tremor co-occurring with ataxia, bradykinesia, or weakness, this may be representative of more significant pathology

SUGGESTED MANAGEMENT
Reassurance to parents is typically all that is required for simple and transient tics or stereotypies in the young child who is otherwise typically developing

HIGH RISK
SUGGESTED EMERGENT CONSULTATION
SYMPTOMS AND LABS
Chorea or uncontrollable continuous movement
Myoclonus or startling that is associated with impairment of consciousness or that which is associated with opsoclonus (abnormal eye movements)
Dystonia or prolonged contractures of muscle groups
Dyskinesia or sudden and periodic onset of uncontrollable movements that may either be dystonic or dyskinetic and potentially precipitated by movement
Any repetitive movement that is associated with a change in mental status

SUGGESTED PREVISIT WORKUP
Consider obtaining video of abnormal movements if present during the exam
Discuss with neurologist over phone about case to review video
Depending on scenario, will consider MRI scan prior to appointment vs possible EEG if concerned for seizures
If clearly chorea, check throat culture and ASO titer.

SUGGESTED WORKUP
If acute onset and associated with severely restricted food intake, “lightning like” onset of OCD, deterioration in handwriting, abnormal mental status, developmental regression, consider auto-immune evaluation
If physical or psychological pain present because of tics, may need to consider medication intervention
If tremor co-occurring with ataxia, bradykinesia, or weakness, this may be representative of more significant pathology

SUGGESTED MANAGEMENT
Reassurance to parents is typically all that is required for simple and transient tics or stereotypies in the young child who is otherwise typically developing

MODERATE RISK
SUGGESTED CONSULTATION OR CO-MANAGEMENT
SYMPTOMS AND LABS
Recurrent and long-standing tics that are motor or phonic in nature
May include facial grimacing, repetitive eye rolling or blinking, nose-wiggling, jaw opening, shoulder shrugging, head turning/bending, lip-licking, sniffing, throat clearing, grunting, or habit cough
May be complicated by symptoms of OCD, ADHD, rage attacks
If present for close to a year or longer, more likely to be representative of Tourette Syndrome
Tremor: most commonly is physiologic, essential or medication induced

SUGGESTED WORKUP
If acute onset and associated with severely restricted food intake, “lightning like” onset of OCD, deterioration in handwriting, abnormal mental status, developmental regression, consider auto-immune evaluation
If physical or psychological pain present because of tics, may need to consider medication intervention
If tremor co-occurring with ataxia, bradykinesia, or weakness, this may be representative of more significant pathology

SUGGESTED MANAGEMENT
Reassurance to parents is typically all that is required for simple and transient tics or stereotypies in the young child who is otherwise typically developing

LOW RISK
SUGGESTED ROUTINE CARE
SYMPTOMS AND LABS
Transient and simple motor tics in a young child who is not physically bothered by them
Stereotypies such as hand-wringing or arm flapping in an otherwise normally developing child
If stereotypies present in a child with concerns for autism, consider referral to developmental and behavioral pediatrics, see autism guideline

SUGGESTED MANAGEMENT
Reassurance to parents is typically all that is required for simple and transient tics or stereotypies in the young child who is otherwise typically developing

CLINICAL PEARLS
• Limited research suggests that magnesium and B6 supplementation may be of benefit in reduction of tics.
• Omega-III fatty acid supplementation is known to be helpful in ADHD, a common co-morbidity to tics.
• Iron supplementation may be helpful if a child has symptoms of restless leg syndrome, a similar “urge and release” neurological phenomenon to tics.
• Parental video of movements and tics in question is extremely helpful for both the pediatrician and the neurologist.
• Generally, younger children are not typically bothered by tics and do not usually require intervention.
• Habit reversal therapy can be considered as a form of cognitive behavioral therapy if the child is advanced enough to understand it (usually ~age 10).
• Counsel parents to avoid reprimanding children with tics. Fear, excitement, anxiety, stress, fatigue, and intercurrent illness all can transiently worsen tics.