

# MOVEMENT DISORDERS REFERRAL GUIDELINE

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## 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 dyskinesic 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 titers.

## 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

## 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.

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