

Appendix 1: Diagnostic and chart aid for patients presenting with parkinsonism

Patient Name:	Date:
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X	Compatible with idiopathic PD	Compatible with atypical PD	Comments
Tremor	<p>Slow frequency <u>resting</u> tremor:</p> <ul style="list-style-type: none"> • unilateral or <i>predominantly</i> one-sided initially • “pill-rolling” tremor of thumb and forefinger • hands and feet (affected first) • head, neck, face, lips, tongue (affected later) • worsens with distraction, fatigue, stress, or cold • improves with active movement or sleep 	<ul style="list-style-type: none"> • <u>no</u> resting tremor (resting tremor <u>absent</u> in 2/3 of atypical PD) • action tremor—especially bilateral and symmetrical • essential tremor 	
Rigidity	<p>Increased muscle tone and stiffness, with resistance to passive movement of joints:</p> <ul style="list-style-type: none"> • “cogwheel” (ratchet-like) feel • limbs primarily affected • dyspnea and decreased lung expansion 	<ul style="list-style-type: none"> • axial rigidity (trunk) suggests progressive supranuclear palsy • “knife-clasp” rigidity (sudden muscle relaxation after initial resistance) suggests vascular origin • prominent dystonia early—impaired muscle tone, resistance to passive stretch 	
Bradykinesia	<ul style="list-style-type: none"> • walk is slowed and requires more effort • fewer and slower facial movements (mask-like) • decreased eye-blinking (hypomimia) • voice soft and trails off (hypophonia) • handwriting small (micrographia) • easily fatigued rapid, repetitive movements (e.g., finger-to-thumb pinching) • slowed thought processes (bradyphrenia) • excessive drooling (sialorrhea) • dysphagia (usually late-onset) <p>Difficulty with activities of daily living, especially:</p> <ul style="list-style-type: none"> • removing jar lids • turning in bed • standing up from seated position 	<ul style="list-style-type: none"> • early-onset dysphagia • abnormal plantar responses • abnormal deep tendon reflexes • impairment in ability to use objects correctly (apraxia)—e.g., try to cut food with a spoon or pour coffee over cereal or put both feet in same pant leg • primarily lower body presentation (may have freezing gait) suggests vascular origin 	
Postural instability	<ul style="list-style-type: none"> • rising from chair difficult and slowed • unsteadiness when walking or turning • knees flexed when walking • stooped forward (may lean to one side) • falls straight back—with no effort to recover—if pushed gently backward • history of falling (usually late-onset) 	<ul style="list-style-type: none"> • early-onset postural instability • early-onset falls suggests multiple system atrophy or progressive supranuclear palsy 	
Gait disorder	<ul style="list-style-type: none"> • arm swing reduced when walking • “toe-first” stride, instead of “heel-to-toe” • stride reduced; feet drag and make noise • shuffling gait and slow turns • “freezing” (brief starts and stops resulting from inability to move, with feeling of being stuck to floor) 	<ul style="list-style-type: none"> • <i>unsteady</i> gait predominates 	
Other	<ul style="list-style-type: none"> • age >40 at onset • gradual motor deterioration • dementia (late-onset) • autonomic instability (usually later-onset) 	<ul style="list-style-type: none"> • age <40 at onset • rapid motor deterioration • early-onset dementia • early-onset autonomic instability—e.g., sweating, bladder retention, GI dysmotility 	

