**SYMPTOMS AND LABS**

- **Suspected Parkinson's disease (PD):** Tremor, slowed walking, loss of dexterity, poor balance.
  - EXAM: PD - Unilateral resting tremor, cogwheel rigidity, decreased arm swing, micrographia, shuffling gait.
  - LABS: Lab work is not necessary prior to being seen by neurology.

- **Suspected Essential tremor:** Bilateral action tremor.
  - EXAM: ET - High frequency action tremor
  - LABS: Thyroid function should be checked.

**SUGGESTED PREVISIT WORKUP**

- Rule out medication induced tremor in the case of new onset tremor.
- Consider the possibility of anxiety contributing to tremor in a patient with a previously mild tremor.
- DBS patients should call the office of the doctor who manages their DBS.
- Urinalysis should be checked with any acute decline in Parkinson's symptoms.

- Patients treated with DBS should have home programmers which would allow them to make sure that the unit is still on.
- Tremor of PD most often starts unilaterally in the hands but a unilateral resting leg/foot tremor can also be the presenting symptom.
- Reconsider the diagnosis of essential tremor in anyone with a new onset tremor that progresses significantly over the course of months to a few years.

- The most common cause for an acute worsening in Parkinson's symptoms is infection, usually UTI.
- Never suddenly withdraw levodopa or a dopamine agonist because of the risk for a withdrawal syndrome.
- A family history of tremor and/or alcohol responsive tremor is strongly suggestive of the diagnosis of essential tremor.

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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