**SYMPTOMS AND LABS**

**HIGH RISK**
- Sudden worsening of tremor or Parkinson’s symptoms in a patient with a deep brain stimulator (DBS).
- Acute onset tremor/movement disorder which is severe and disabling.

**EXAM:**
- High amplitude resting and/or action tremor. Severe rigidity, bradykinesia

**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.

**LABS:**
- Urinalysis should be checked with any acute decline in Parkinson’s symptoms.

**MODERATE RISK**
- Suspected Parkinson’s disease (PD): Tremor, slowed walking, loss of dexterity, poor balance.
- Suspected Essential tremor: Bilateral action tremor.

**EXAM:**
- PD: Unilateral resting tremor, cogwheel rigidity, decreased arm swing, micrographia, shuffling gait. ET-high frequency action tremor

**SUGGESTED WORKUP**
- Neuroimaging does not need to be performed prior to being evaluated by neurology in the case of suspected Parkinson’s disease or essential tremor.

**LABS:**
- Lab work is not necessary prior to being seen by neurology.

**LOW RISK**
- Long standing bilateral tremor of the hands which is non-bothersome and not interfering with daily activities

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**
- Reassurance that essential tremor is a slowly progressive condition.
- If the patient is already taking a beta blocker switching to propranolol can be attempted.
- Examine the medication list for possible medication induced tremor.

**LABS:**
- Thyroid function should be checked.

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**CLINICAL PEARLS**

- 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.

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*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.*