Table 5. Suggested Initial Workup for Acute Movement Disorders in Children

Movement Disorder	Differential Diagnosis	Initial Studies to Consider (immediately available results)	Other Suggested Evaluation (as inpatient or outpatient)
Tics	Simple motor tics	CT/MRI brain (if focal neurologic deficits)	
	Complex motor tics		
	Tourette Syndrome		
Stereotypies	Physiologic	CT/MRI brain (if focal neurologic deficits)	Genetic testing
	Autism disorder		- Autism disorder
	Rett syndrome		- Rett syndrome
Chorea	Wilson's disease	Liver function enzymes	Serum/urine copper level
Hemichorea	- chorea	CT/MRI brain (may see ventriculomegaly and brain	Ceruloplasmin levels
Hemiballism	- choreoathetosis	atrophy in advanced cases)	
Choreoathetosis	- "wing-beating" tremor	Slit lamp examination	
	- progressive dystonia	- Kayser-Fleischer rings (neurologic disease)	
	Systemic lupus	CT/MRI brain (if focal neurologic deficits or	ANA
	erythematosus	seizure)	Anti-DNA antibody
	- chorea	CBC, reticulocyte count	Anti-Sm antibody
		- hemolytic anemia, leukopenia, thrombocytopenia	Antiphospholipid antibody
		Urinalysis — cellular casts	Lupus anticoagulant
		Electrocardiogram — pericarditis	
	Acute rheumatic fever	CBC with differential	Throat culture for group A
	(ARF)	Throat swab (rapid streptococcal antigen test)	streptococci
	- Sydenham chorea	ESR/CRP	ASO titer
		Electrocardiogram - prolonged PR interval	- negative titers do not exclude
		Echocardiogram - valvulitis	the diagnosis
			Anti-DNase B titer
	Pregnancy	Urine beta HCG	- Consider ARF
	- chorea gravidarum		- antiphospholipid antibody
	(usually resolves		syndrome
	spontaneously)		- Wilson's disease
			- hyperthyroidism
	Marmietarus	OT (MDI busin	- toxic/metabolic etiology
	Kernicterus	CT/MRI brain	Hearing screen
	- choreoathetosis	- increased T2-weighted signal intensity in the	Genetic testing
	- ballism - tremor	basal ganglia (bilirubin deposition)	- G6PD
	- dystonia	CBC - hemolytic anemia Serum bilirubin	- Crigler-Najjar - galactosemia
	-		
	Diabetes mellitus - hemichorea	Serial blood glucose measurements Serum electrolytes and osmolarity - rule out DKA	CT/MRI brain (basal ganglia pathology)
	- hemiballism	Glycosylated hemoglobin (A1c)	ραιτιοιο _δ y)
		TSH, T4	
	Hyperthyroidism - chorea	130, 14	
		CPC with differential	TCU
	Toxic metabolic	CBC with differential	TSH
	encephalopathy	PT/PTT Serum electrolytes (including Ca, Mg, Phos)	Cortisol Blood lead level
		Liver function enzymes, ammonia	Dioon lean level
		Arterial blood gas	
		CSF studies	
		Blood and urine toxicologic screens	
		CT/MRI brain (or cranial ultrasound in newborn)	
		OT/ MINE STAIL (OF CLAIMAL UIT ASSOCIAL III NEWDOLLI)	

Table 5. Suggested Initial Workup for Acute Movement Disorders in Children (continued)

Movement Disorder	Differential Diagnosis	Initial Studies to Consider (immediately available results)	Other Suggested Evaluation (as inpatient or outpatient)
Myoclonus	Epileptic	CT/MRI brain (if first presentation) EEG	
	Neuroblastoma - opsocionus-myocionus- ataxia syndrome	CT or MRI chest/abdomen/pelvis - tumor evaluation	Urinary vanillylmandelic acid (VMA) and homovanillic (HVA) 123-I-metaiodobenzylguanidine (MIBG) scan
	Cofactor deficiency - myoclonus	CBC (exclude anemia)	Biotin Pyridoxine Cobalamin
	Serotonin syndrome	CBC with differential PT/PTT Creatinine kinase Liver function enzymes Serum electrolytes, BUN, creatinine Urinalysis - myoglobinuria Core temperature monitoring	
Rigidity	Neuroleptic malignant syndrome	CBC with differential Creatinine kinase Liver function enzymes Serum electrolytes, BUN, creatinine Urinalysis - myoglobinuria Core temperature monitoring	
Dystonia	Huntington disease - rigidity - bradykinesia - dystonia	CT/MRI brain (neurodegeneration)	Genetic testing
Any movement disorder with associated psychiatric/behavioral symptoms	NMDA receptor encephalitis	CBC with differential CT or MRI brain CSF studies	EEG (if concern for seizure)
Any movement disorder with associated fever/rigors	CNS infection - meningitis - encephalitis	CBC with differential PT/PTT Serum electrolytes, BUN, creatinine CT brain Blood cultures CSF studies	EEG (if concern for seizure)