MADISON NEUROLOGY · NEUROLOGY SYMPTOM GUIDE

Restless legs or an irresistible urge to move the legs

Structured history, interpretation & clinical review

Symptom 75 of 94
Clinical educational workbook
Version 1.0 · October 2026

Not for clinical use. This guide cannot diagnose, triage, or exclude an emergency. Seek emergency care for severe, sudden, or worsening symptoms.

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> **Document purpose**
> A structured educational history and diagnostic-reasoning workbook. Treatment is outside its scope.

Scope and safe use

Restless legs are identified by an urge to move, rest-related onset, relief with movement, evening/night predominance, and separation from cramps, neuropathy, akathisia, and vascular pain.

Not for clinical use.
This educational workbook does not diagnose, triage, estimate probability, replace examination, or exclude an emergency. If a safety-screen answer is Yes or uncertain, follow the stated action rather than continuing routine interpretation.

How to complete the workbook

- Record the current episode and the person’s usual baseline; use a witness account for events with impaired awareness.
- Check one option per question unless a clinician documents a different combination. “Not sure” is unresolved information, not a negative answer.
- Complete the safety screen before all other sections. Record exact onset or last-known-well time for sudden deficits.
- Use Section 2 only after the form is complete. More than one pattern may be relevant; urgency takes precedence.
- Use Section 3 to plan focused examination and clinician-selected investigations. No test is automatic or universally required.

Specific escalation rule

New severe headache, new focal weakness or numbness, new speech/language difficulty, reduced consciousness, a prolonged seizure, severe breathing or swallowing difficulty, sudden visual loss, or rapidly progressive weakness requires emergency assessment. Call 911 in the United States.

Section 1: Input form

Checkbox history for Restless legs or an irresistible urge to move the legs

1A. Immediate safety screen

Is there current severe breathlessness, blue lips, chest pain, or inability to awaken?

☐ No ☐ Yes ☐ Not sure

If Yes: Call emergency services now.

Is the person falling asleep while driving, operating machinery, or doing another safety-critical activity?

☐ No ☐ Yes ☐ Not sure

If Yes: Stop the activity now and arrange prompt assessment; do not drive until the safety issue has been evaluated.

Is there new focal weakness, sudden severe headache, confusion, or a prolonged seizure?

☐ No ☐ Yes ☐ Not sure

If Yes: Call emergency services now.

Has a sleep behavior caused serious injury, or is there a new prolonged unresponsive episode?

☐ No ☐ Yes ☐ Not sure

If Yes: Seek emergency or same-day assessment depending on current responsiveness and injury severity.

> **Stop rule:** Any Yes answer triggers the action printed under that question. Any Not sure answer requires prompt in-person clarification; do not treat it as No.

1B. Timeline

How did the symptom begin?

☐ Suddenly, over seconds or minutes ☐ Over hours to days ☐ Gradually over weeks or months ☐ Longstanding or since childhood ☐ Not sure

Use the first occurrence for recurrent episodes; use the current episode for a changing symptom.

What is the overall course?

☐ One persistent episode ☐ Separate recurrent episodes ☐ Steadily worsening ☐ Fluctuating or variable ☐ Currently resolved

Has this exact pattern been assessed before?

☐ Definitely new ☐ The same pattern occurred before ☐ Present and stable for a long time ☐ Not sure

1C. Discriminating features

Is there an irresistible urge to move, often with uncomfortable sensations?

☐ Yes ☐ No, mainly pain or visible movement ☐ Not sure

Are symptoms triggered by sitting or lying and relieved by movement?

☐ Yes, rest triggers and movement relieves ☐ Partially or briefly ☐ No clear relation ☐ Not sure

When are symptoms worst?

☐ Evening or night ☐ Similar throughout the day ☐ Only after falling asleep ☐ Not sure

Is there iron deficiency risk, kidney disease, pregnancy, neuropathy, or a relevant antidepressant/antihistamine/dopamine-blocking medicine?

☐ Yes ☐ No ☐ Not sure

1D. Associated findings

Are there other neurological symptoms—weakness, numbness, speech change, double vision, swallowing difficulty, or severe imbalance?

☐ Yes ☐ No ☐ Not sure

Are there systemic clues—fever, weight loss, cancer, infection risk, pregnancy/postpartum status, or a new medication?

☐ Yes ☐ No ☐ Not sure

How much does this affect daily activity?

☐ Noticeable but activities continue ☐ Some activities are limited ☐ Cannot perform usual activities ☐ Not sure

1E. Clinical context

Who is being assessed?

☐ Adult or adolescent ☐ Child under 12 ☐ Adult aged 65 or older

Could a medicine, substance, withdrawal, or recent dose change be relevant?

☐ No plausible contributor ☐ Yes or possibly ☐ Not reviewed

Include sedatives, dopamine-blocking drugs, stimulants, decongestants, anticholinergics, alcohol, and non-prescribed substances when relevant.

Is there a relevant neurological, muscular, metabolic, cardiovascular, autoimmune, or sleep disorder?

☐ No known relevant condition ☐ Yes ☐ Not sure

What prior information is available?

☐ A previous examination or investigation ☐ Prior records but no clear explanation ☐ No useful prior assessment ☐ Not sure

Additional history and documentation

Record exact dates/times, witness details, relevant medication doses and changes, prior investigation reports, and the person’s baseline function.

Section 2: Interpreting the input form

Answer combinations generate a differential and an assessment pathway—not a diagnosis.

> **Precedence:** Emergency safety answers override every pattern below. Otherwise, the highest-urgency fully matched pattern takes precedence. If entries are incomplete, contradictory, or match no pattern, use the unresolved-information pathway.

Pattern 1: Core restless-legs pattern

Is there an irresistible urge to move, often with uncomfortable sensations? Yes
Are symptoms triggered by sitting or lying and relieved by movement? Yes, rest triggers and movement relieves
When are symptoms worst? Evening or night

Structured clinical review pattern — Routine review

The urge/rest/movement/evening pattern supports RLS after medication, iron, renal, and neuropathy review.

Differential to review:

- Restless legs syndrome
- Iron deficiency, renal disease, pregnancy, or medication-aggravated RLS

Action: Arrange a routine in-person clinical review. New, severe, or worsening symptoms change this pathway.

Pattern 2: Secondary or medication-aggravated RLS pattern

Is there iron deficiency risk, kidney disease, pregnancy, neuropathy, or a relevant antidepressant/antihistamine/dopamine-blocking medicine? Yes
Is there an irresistible urge to move, often with uncomfortable sensations? Yes

Prompt clinical review pattern — Promptly

A relevant iron, renal, pregnancy, neuropathy, or medication clue directs secondary-cause assessment.

Differential to review:

- Iron deficiency, renal disease, pregnancy, or medication-aggravated RLS
- Peripheral neuropathy, radiculopathy, cramps, or vascular/musculoskeletal pain

Action: Arrange an in-person medical or neurological review promptly, usually within days. Seek sooner care if the pattern changes.

Pattern 3: Possible neuropathic or pain mimic

Is there an irresistible urge to move, often with uncomfortable sensations? No, mainly pain or visible movement
Are symptoms triggered by sitting or lying and relieved by movement? No clear relation

Prompt clinical review pattern — Promptly

Pain or movement without the core urge/rest pattern requires neuropathy, cramp, vascular, and musculoskeletal separation.

Differential to review:

- Peripheral neuropathy, radiculopathy, cramps, or vascular/musculoskeletal pain

Action: Arrange an in-person medical or neurological review promptly, usually within days. Seek sooner care if the pattern changes.

Pattern 4: Sleep-onset or akathisia-like pattern

When are symptoms worst? Only after falling asleep / Similar throughout the day
Are symptoms triggered by sitting or lying and relieved by movement? Partially or briefly / No clear relation

Prompt clinical review pattern — Promptly

Symptoms after sleep onset or throughout the day require periodic-movement, akathisia, and medication assessment.

Differential to review:

- Akathisia, periodic limb movements, anxiety, or sleep-related movement disorder

Action: Arrange an in-person medical or neurological review promptly, usually within days. Seek sooner care if the pattern changes.

Unresolved-information pathway: The entries need structured in-person characterization.

Structured clinical review pattern — Routine review

Do not guess missing answers or convert uncertainty into reassurance. Document what is unknown, perform an in-person examination, clarify the timeline with a witness or records when available, and reassess if any new feature appears.

Action: Arrange a routine in-person clinical review. New, severe, or worsening symptoms change this pathway.

Section 3: Clinical review

Diagnostic modules and focused investigation logic

The examination comes before a test list. Select investigations only after localization, urgency, comorbidity, pregnancy status, renal function, anticoagulation, and prior results have been considered.

3.1 Restless legs syndrome

Discriminating features: Urge to move with rest induction, movement relief, and evening/night predominance, after mimics are considered.

Logical investigations: Clinical phenotype, medication and sleep review; ferritin/iron indices and renal assessment when indicated.

3.2 Iron deficiency, renal disease, pregnancy, or medication-aggravated RLS

Discriminating features: These conditions can cause or amplify RLS and change the assessment.

Logical investigations: Targeted iron/renal/pregnancy and medication review; specialist assessment for augmentation or refractory symptoms.

3.3 Peripheral neuropathy, radiculopathy, cramps, or vascular/musculoskeletal pain

Discriminating features: Fixed sensory deficits, root pattern, visible cramps, exertional/vascular pattern, or lack of core RLS features.

Logical investigations: Neurological/vascular/musculoskeletal examination and targeted neuropathy or vascular testing.

3.4 Akathisia, periodic limb movements, anxiety, or sleep-related movement disorder

Discriminating features: General inner restlessness, medication link, or movements after sleep onset rather than rest-related wakeful urge.

Logical investigations: Medication and sleep-history review; sleep study only when another sleep disorder is suspected.

Reassessment and documentation

- If the symptom pattern changes, repeat the safety screen and timeline rather than carrying forward an earlier interpretation.
- If a test is unrevealing but the deficit persists or progresses, revisit localization and seek specialist review; a normal result does not automatically end assessment.
- If symptoms resolve, document duration, completeness of recovery, recurrence, and any residual deficit. Resolved sudden focal symptoms can still require urgent vascular assessment.
- If the history and examination conflict, obtain collateral information and in-person review rather than forcing a single diagnostic label.

Selected references

Sources provide background standards and do not replace local emergency pathways or current specialist guidance. Accessed October 2026.

1. National Institute for Health and Care Excellence. (2021, updated 2024). *Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s (NG202)*. https://www.nice.org.uk/guidance/ng202
2. Winkelman JW, Berkowski JA, DelRosso LM, et al.. (2025). *Treatment of restless legs syndrome and periodic limb movement disorder: an American Academy of Sleep Medicine clinical practice guideline*. https://pubmed.ncbi.nlm.nih.gov/39324694/

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Educational reference only. Not for clinical use. Treatment is outside the scope of this workbook.