MADISON NEUROLOGY · NEUROLOGY SYMPTOM GUIDE

Slowness of movement

Structured history, interpretation & clinical review

Symptom 68 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

Slowness of movement is assessed for true bradykinesia, weakness, stiffness, tremor, gait change, cognition, medication effects, and asymmetric onset.

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 Slowness of movement

1A. Immediate safety screen

Is the person acutely confused, struggling to breathe, having a seizure, or difficult to awaken?

☐ No ☐ Yes ☐ Not sure

If Yes: Call emergency services now.

Is there new one-sided weakness, facial droop, severe imbalance, or speech/language difficulty?

☐ No ☐ Yes ☐ Not sure

If Yes: Call emergency services now and record the onset time.

Is there sudden visual loss or a new painful red eye?

☐ No ☐ Yes ☐ Not sure

If Yes: Seek emergency eye or emergency-department assessment now.

Is there fever with rapidly worsening illness, a new rash, severe dehydration, or an inability to keep fluids down?

☐ No ☐ Yes ☐ Not sure

If Yes: Arrange same-day or emergency assessment depending on severity and current consciousness.

> **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

Which activities best show the slowness?

☐ Buttons, writing, typing, or fine movements ☐ Walking, turning, or getting out of a chair ☐ Speech, facial expression, or swallowing ☐ Everything feels slow without a specific motor pattern

Did it begin or remain worse on one side?

☐ Yes ☐ No, symmetric ☐ Not sure

Is there rest tremor, muscle stiffness, reduced arm swing, or freezing?

☐ Yes ☐ No ☐ Not sure

Is there a dopamine-blocking medicine, sedative, mood medicine, or recent medication change?

☐ Yes or possibly ☐ No ☐ Not reviewed

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: Asymmetric bradykinesia with parkinsonian features

Did it begin or remain worse on one side? Yes
Is there rest tremor, muscle stiffness, reduced arm swing, or freezing? Yes
Which activities best show the slowness? Buttons, writing, typing, or fine movements / Walking, turning, or getting out of a chair

Prompt clinical review pattern — Promptly

Progressive asymmetric slowness with tremor, rigidity, or reduced arm swing follows a parkinsonism assessment.

Differential to review:

- Parkinson disease or another parkinsonian syndrome

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

Pattern 2: Medication-associated slowness

Is there a dopamine-blocking medicine, sedative, mood medicine, or recent medication change? Yes or possibly
Is there rest tremor, muscle stiffness, reduced arm swing, or freezing? Yes

Prompt clinical review pattern — Promptly

A relevant medicine with parkinsonian features requires drug-induced and primary parkinsonism evaluation.

Differential to review:

- Drug-induced parkinsonism
- Parkinson disease or another parkinsonian syndrome

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

Pattern 3: General slowness without motor signs

Which activities best show the slowness? Everything feels slow without a specific motor pattern
Is there rest tremor, muscle stiffness, reduced arm swing, or freezing? No

Structured clinical review pattern — Routine review

General slowness without specific motor signs requires systemic, mood, cognitive, and medication assessment.

Differential to review:

- Weakness, spasticity, depression, hypothyroidism, or systemic slowness
- Cognitive, apraxic, or functional motor slowness

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

Pattern 4: Speech or swallowing with progressive slowness

Which activities best show the slowness? Speech, facial expression, or swallowing
What is the overall course? Steadily worsening

Urgent assessment pattern — Same day

Progressive slowness with speech/swallowing involvement needs prompt neurological assessment.

Differential to review:

- Parkinson disease or another parkinsonian syndrome
- Weakness, spasticity, depression, hypothyroidism, or systemic slowness

Action: Arrange same-day medical assessment. If symptoms are rapidly worsening or severe, call 911.

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

Prompt clinical review pattern — Promptly

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

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 Parkinson disease or another parkinsonian syndrome

Discriminating features: Progressive asymmetric bradykinesia with rest tremor, rigidity, reduced arm swing, or gait change.

Logical investigations: Neurological examination and specialist movement-disorder assessment; imaging or other testing for atypical features.

3.2 Drug-induced parkinsonism

Discriminating features: Temporal relation to dopamine-blocking or other medicines, often more symmetric but not exclusively.

Logical investigations: Full prescription/non-prescription medication review and neurological examination; do not stop essential medicines without prescriber guidance.

3.3 Weakness, spasticity, depression, hypothyroidism, or systemic slowness

Discriminating features: General slowness can reflect motor deficit, mood, endocrine, pain, or systemic disease rather than parkinsonism.

Logical investigations: Strength/tone/cognition/mood examination and targeted thyroid, metabolic and medication evaluation.

3.4 Cognitive, apraxic, or functional motor slowness

Discriminating features: Planning/sequencing difficulty or variable task performance may mimic bradykinesia.

Logical investigations: Formal motor, cognitive and task examination; positive functional signs and targeted cognitive assessment as indicated.

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. (2017, updated 2025). *Parkinson's disease in adults (NG71)*. https://www.nice.org.uk/guidance/ng71

2. National Institute for Health and Care Excellence. (2019, updated 2023). *Suspected neurological conditions: recognition and referral (NG127)*. https://www.nice.org.uk/guidance/ng127