MADISON NEUROLOGY · NEUROLOGY SYMPTOM GUIDE

Tremor or shaking

Structured history, interpretation & clinical review

Symptom 67 of 94
Clinical educational workbook
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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

Tremor is characterized at rest, with posture, and during action, alongside distribution, medications, thyroid/metabolic clues, parkinsonism, and functional impact.

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 Tremor or shaking

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

When is shaking most prominent?

☐ At rest and reduced with movement ☐ Holding arms or an object steady ☐ During goal-directed movement ☐ Variable across situations

Which body parts are affected?

☐ Mainly one hand or one side ☐ Both hands relatively symmetrically ☐ Head or voice ☐ Legs or whole body

Is there slowness, stiffness, gait change, or balance difficulty?

☐ Yes ☐ No ☐ Not sure

Is there a new medicine, stimulant/caffeine, thyroid symptom, alcohol relation, or family history?

☐ Medicine or stimulant ☐ Thyroid, glucose, or alcohol-related ☐ Family history of similar tremor ☐ None identified

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 rest-tremor pattern

When is shaking most prominent? At rest and reduced with movement
Which body parts are affected? Mainly one hand or one side
Is there slowness, stiffness, gait change, or balance difficulty? Yes

Prompt clinical review pattern — Promptly

Asymmetric rest tremor with slowness, stiffness, or gait change follows a parkinsonism assessment.

Differential to review:

- Parkinsonian tremor or another parkinsonian disorder

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

Pattern 2: Bilateral postural/action-tremor pattern

When is shaking most prominent? Holding arms or an object steady
Which body parts are affected? Both hands relatively symmetrically / Head or voice
Is there slowness, stiffness, gait change, or balance difficulty? No

Structured clinical review pattern — Routine review

Bilateral postural tremor without reported parkinsonism supports essential/enhanced-physiological tremor assessment.

Differential to review:

- Essential or enhanced physiological tremor

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

Pattern 3: Goal-directed or neurologically associated tremor

When is shaking most prominent? During goal-directed movement
Is there slowness, stiffness, gait change, or balance difficulty? Yes

Prompt clinical review pattern — Promptly

Action tremor with other neurological signs needs cerebellar, dystonic, and peripheral localization.

Differential to review:

- Cerebellar, rubral, dystonic, or neuropathic tremor

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

Pattern 4: Exposure-amplified tremor pattern

Is there a new medicine, stimulant/caffeine, thyroid symptom, alcohol relation, or family history? Medicine or stimulant / Thyroid, glucose, or alcohol-related

Prompt clinical review pattern — Promptly

A drug, stimulant, thyroid, glucose, or alcohol clue directs review of reversible tremor amplifiers.

Differential to review:

- Essential or enhanced physiological tremor
- Functional tremor or medication/toxic 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 Parkinsonian tremor or another parkinsonian disorder

Discriminating features: Asymmetric rest tremor with slowness, rigidity, gait or balance features.

Logical investigations: Neurological examination for bradykinesia/rigidity; specialist assessment before labeling or treatment.

3.2 Essential or enhanced physiological tremor

Discriminating features: Bilateral postural/action tremor, family history, or medication/stimulant/thyroid amplification.

Logical investigations: Medication/caffeine/alcohol review, thyroid and metabolic testing, and neurological examination for atypical signs.

3.3 Cerebellar, rubral, dystonic, or neuropathic tremor

Discriminating features: Goal-directed tremor, ataxia, dystonia, weakness, or peripheral neurological signs.

Logical investigations: Coordination, tone, strength and sensory examination; MRI or electrodiagnostics according to associated localization.

3.4 Functional tremor or medication/toxic movement disorder

Discriminating features: Variable entrainable/distractible features or dopamine-blocking and other drug exposure.

Logical investigations: Positive functional movement examination and detailed drug/substance review; avoid excluding neurological disease by variability alone.

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