## W07-02

## **HOW TO EXAMINE A PATIENT WITH MOVEMENT DISORDERS?**

H.W. Hoek<sup>1,2,3</sup>, P.N. van Harten<sup>4</sup>

<sup>1</sup>Psychiatric Residency & Research, Parnassia Psychiatric Institute, The Hague, <sup>2</sup>Department of Psychiatry, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands, <sup>3</sup>Department of Epidemiology, Columbia University, New York, USA, <sup>4</sup>Psychiatric Residency, Symfora Group, Amersfoort, The Netherlands

Patients with movement disorders do not always complain about their 'troubles with muscles' spontaneously, and sometimes, often out of shame, they try to hide their involuntary movements. E.g. a hand tremor can be temporarily suppressed by pushing the hand against the body or sitting on it. To reveal these movement disorders, a systematic investigation of the patient is required. This investigation consists of a (hetero) anamnesis and a physical examination. The anamnesis demands knowledge of sensitive questions such as: 'Do you notice any movements that are not under your control? Do you feel restless: an inability to keep the legs still? Do you tremble, are you slower than usual?' Next, a physical examination is required. The investigator lets the patient execute several movements such as stretching the arms, opening the mouth and walking.

In this workshop you will learn and practice this highly sensitive examination. In clinical practice this investigation takes less than 5 minutes and will reveal all drug induced movement disorders.