



Video Protocol for a Cooperative Child

1. Patient should be dressed in shorts and short sleeves with bare feet.
2. Film patient sitting quietly in a chair, not speaking with eyes open. Film the entire body first for ~5 seconds, then zoom in on any part that has abnormal movements for ~5 seconds (even if not present in that part at rest).
3. Patient speaking, entire body first for ~5 seconds, then zoom in on part that has abnormal movements for ~5 seconds.
4. Arms stretched straight out in front of body (as if you are a zombie):
 - a. with palms facing upwards (as if holding a pizza) for 5 seconds,
 - b. with palms facing inwards (as if holding a ball between them) for 5 seconds,
 - c. with palms facing downwards for 5 seconds,
 - d. with palms facing outwards for 5 seconds,
 - e. back to palms facing downwards, make fists and open them up completely repeatedly, as fast as possible, 10 times,
 - f. tap thumb and index finger together, as fast and as big as possible, 10 times.
5. Stretch arms out to side, then touch your nose with one index finger, straighten it out, and touch with other index finger, straighten out. Repeat.
6. Stomp right leg on floor 10 times, then left leg 10 times. Make it loud and big.
7. Keep the right heel on the ground and tap the toes of that foot 10 times. Tap the left toes 10 times.
8. Stand up and walk towards the camera at least 10 steps. Turn around and walk back. Walk towards the camera on your tip toes. Walk backwards 10 steps. Then sit back down in chair.
9. If any particular activity is known to trigger the movement (for example, writing, speaking, eating), then film that activity as well.

Video Protocol for a Non-Cooperative Child

1. Child should be dressed in shorts and short sleeves with bare feet if possible.
2. Record child sitting quietly in a chair while distracted with a book or movie not speaking with eyes open. Film the entire body first for ~5 seconds, then zoom in on any part that has abnormal movements for ~5 seconds (even if not present in that part at rest).
3. Record child speaking or interacting with object (food item in container), entire body first for ~5 seconds, then zoom in on part that has abnormal movements for ~5 seconds.
4. Record hands reaching for object placed arm length away 3 times on each side.
5. Record child walking about 10-15 steps from behind and in front. If abnormal movements changes with walking, zoom in on that body part as well.
- 6.

If any particular activity is known to trigger the movement (for example, eating, excitement), then please film that activity as well.

Note: Videos can be emailed to neurologynursing@childrenscolorado.org (please put Attention: Complex Movement Coordinator on the email's Subject Line) and/or bring to clinic appointment for Dr. Collins to view.