

TS symptoms are different for each student and may include any movement or sound.

The most common motor symptoms are eyeblinking, head jerking and shoulder shrugging.

Motor Symptoms

Abdominal jerking	Head jerking/rolling	Pulling clothes
Ankle flexing/moving	Hitting - others/self	Scratching
Arm flailing/flapping	Hopping	Shivering
Arm flexing/jerking	Inhaling/exhaling	Shoulder shrugging/rolling
Blowing on hands/fingers	Jaw/mouth moving	Skipping
Body jerking/tensing/ posturing	Joint cracking	Smelling fingers/objects
Chewing clothes/paper/ hair	Jumping	Spitting
Clapping	Kicking	Squatting
Eyeblinking	Kissing - hand/others	Stepping backwards
Eye rolling/squinting	Knee, deep bending	Stomping
Eye twitching	Knee knocking	Stooping
Facial contortions	Knuckle cracking	Table banging
Facial grimacing	Leg bouncing	Tapping objects
Finger tapping	Leg jerking	Tearing books/paper
Finger moving	Lip licking/smacking	Teeth clenching/unclenching
Foot dragging	Lip pouting	Throwing things
Foot shaking/tapping	Muscle flexing/unflexing	Toe walking
Hair patting/tossing/ twisting	Muscle tensing/untensing	Tongue thrusting
Hand clenching/ unclenching	Nose twitching	Twirling in circles
	Picking at lint	Twirling objects
	Pinching	

Trichotillomania (pulling hair out)*

Copropaxia (making obscene gestures)*

* Clinical experiences of the authors suggest that these symptoms may be manifestations of Obsessive-Compulsive Disorder (OCD) in the TS student.

The most common vocal symptoms are sniffing and throat clearing.

Vocal Symptoms

Barking	Humming	Shouting
Belching	Laughing	Shrieking
Blowing noises	Making animal noises	Sniffing
Calling out	Making "tsk," "pft" noises	Snorting
Clicking/clacking	Making guttural sounds	Squealing
Coughing	Making motor/jet noises	Syllables: "hmm," "oh," "wow," "uh," "yeah"
Gasping	Making unintelligible noises	Talking in character voices
Grunting	Moaning	Throat clearing
Gurgling	Noisy breathing	Whistling
Hiccuping	Saying "hey hey," "ha ha"	Yelping
Hissing	Screaming	
Honking	Screeching	

Unusual speech patterns (Accenting words peculiarly/stammering or stuttering/using unusual vocal rhythms)

Coprolalia (uttering obscene words)*

Echolalia (repeating others' words)*

Palilalia (repeating own words)*

* Clinical experiences of the authors suggest that these symptoms may be manifestations of Obsessive-Compulsive Disorder (OCD) in the TS student.

■ General Information - TS

- **Gender Frequency.** TS is six times more common in males than in females.
- **Age of Onset.** The average age of onset of Tourette syndrome is 6.5 years. The average age of onset of coprolalia is 13.5 years; however, only 10 to 15 percent of individuals with TS develop coprolalia.
- **Symptom Control.** Tics can be suppressed or controlled by the student for seconds to hours, depending on the severity of the case and the psychological and environmental factors. Excessive control can produce an explosive build-up which must be released. Anxiety, anger, excitement, fatigue, physical illness and stress significantly increase symptoms, thereby reducing the ability to suppress tics.
- **Diagnosis.** Today, the correct diagnosis of TS is often delayed for more than 5 years. Sixty percent of the diagnoses are made by students with TS, parents, relatives or friends who discover information about the disorder in the media.

TS is often misdiagnosed or not diagnosed by professionals because there is a lack of knowledge regarding TS. Some professionals mistakenly consider:

■ *Compulsions*

Common compulsions may include washing, cleaning, checking, repeating, touching and counting rituals.²¹

Adjusting/readjusting clothes

(socks, sleeves) to feel just right

Asking the same question repeatedly

Avoiding people/objects

Biting (nails, arms, objects, others, self)

Checking/rechecking

(doors, locks, windows, stoves)

Constantly fiddling with objects, clothes

Coprolalia (uttering obscene words)

Copropaxia (making obscene gestures)

Counting/grouping objects repeatedly

Cracking joints/knuckles

Echolalia (repeating the words of others)

Echopraxia (repeating the actions of others)

Erasing repeatedly

Evening-up (socks, touching with one hand and then the other)

Excessive handwashing, bathing, cleaning

Excessively ordering/arranging objects

Having to respond with a verbalization even when unnecessary

Hoarding

Licking/biting objects

Needing to engage in rituals for good luck

Needing to experience sensations (pinch, cut or burn self)

Needing to finish verbalizations if interrupted

Needing to start over if interrupted

Needing to say/do what told not to say or do

Not being able to change to a new task/activity

Palilalia (repeating aloud one's own words)

Perseverating on a task

Picking skin/sores

Playing computer/video games over and over in the mind

Reading/rereading, reading backwards

Reciting sequence of statements/series of numbers

Repeating actions (in/outdoor, up/down from chair)

Repeating sounds, words, numbers, music, movies to oneself

Seeking reassurance

Sexually touching others (breasts, buttocks, genitals)

Sexually touching self (sometimes masturbation)

Sniffing or smelling hands/objects

Stealing

Sucking thumb

Touching objects exact number of times

Touching objects, self, others, wounds

Trichotillomania (pulling hair out)

Visualizing a particular image

Vomiting

Writing/rewriting until paper looks perfect or has hole in it



²¹ Adams, G.B. and Torchia, M. School personnel: A critical link in the identification, treatment and management of OCD in children and adolescents, Milford, CO: The Obsessive Compulsion Foundation.

■ Obsessions

Common obsessions may include, but are not limited to, contamination, harm, illness, death and constant doubt.¹⁹

Being afraid of losing things	Focusing on specific numbers/words
Being concerned about dirt/germs/ illness (AIDS)	Having aggressive thoughts, images, impulses
Being concerned with colors of special significance	Having sexual thoughts, images, desires
Being concerned with symmetry, exactness, cleanliness, order	Needing to know or remember things
Being preoccupied with knives, scissors, blood, fire	Obsessing about obsessions ²⁰
Body Dysmorphic Disorder (needing perfect body)	Performing mental rituals (counting, reciting, spelling)
Counting letters, steps, objects, breaths	Ruminating on one idea, action, feeling (hurt feelings, embarrassing event, angry encounter)
Focusing on a movie, TV show, computer/video game, music, sounds	Scrupulosity (thinking about religion)
Focusing on minute details	Thinking about food and eating
Focusing on moral issues (right/wrong, fairness)	Thinking about forbidden behaviors
Focusing on sensory input (noises made by fluorescent lights, textures of clothing, computer games, pain)	Thinking about hoarding/collecting
	Thinking macabre or gory thoughts
	Worrying about harming self/others
	Worrying that something terrible might happen (fire, burglary, divorce, death of relative/friend)



¹⁹ Adams, G.B. and Torchia, M. School personnel: A critical link in the identification, treatment and management of OCD in children and adolescents, Milford, CO: The Obsessive Compulsion Foundation.

²⁰ Johnston, H.F. and March, J.S. (1993). Obsessive-compulsive disorder in children and adolescents. In W. Reynolds (Ed.), Internalizing disorders in children and adolescents (pp. 107-148). New York: John Wiley and Sons.