A 13-year-old boy presented with sudden-onset give-away weakness, nonanatomic sensory loss, and posturing of the right foot followed by episodic left leg tremor, relatively unchanged for 14 months prior to this evaluation. The right first toe was fixed in extension; the others in flexion. Although there was resistance to passive plantar flexion, such movement occurred spontaneously upon forced extension of the second–fifth toes (figure; video on the Neurology® Web site at www.neurology.org), unlike the behavior seen in organic striatal toe.1 Fixed posturing and resistance to manipulation are features of psychogenic dystonia.2 Foot flexion and inversion, without toe extension, appears to be the more common phenotype of psychogenic foot dystonia.

Alberto J. Espay, MD, MSc, Cincinnati, OH; Anthony E. Lang, MD, FRCPC, Toronto, Canada

Author contributions: Dr. Espay: drafting/revising the manuscript, study concept or design, study supervision; Dr. Lang: drafting/revising the manuscript, acquisition of data, study supervision.

Acknowledgment: The authors thank Martha Headworth, Medical illustrator of the UC Neuroscience Institute, for the design and creation of the figure.

Disclosure: Dr. Espay serves/has served on scientific advisory boards for Boehringer Ingelheim, Solvay Pharmaceuticals, Inc., and Abbott; has received honoraria from Novartis, the American Academy of Neurology, and the Movement Disorders Society; serves on the editorial board of The European Neurological Journal; serves/has served on the speakers’ bureaus for Novartis and UCB; and receives/has received research support from Medtronic, Inc., Allergan, Inc., CleveMed, the University of Cincinnati, the Davis Phinney Foundation, and the Michael J Fox Foundation; and is funded by the KL2 Research Scholars mentored career development award, the NIH Institutional Clinical and Translational Science Award (RR026315-02). Dr. Lang has served on scientific advisory boards for Abbott, Allon Therapeutics, Inc., Biovail Corporation, Boehringer Ingelheim, Cephalon, Inc., Ceregene, Eisai Inc., Medtronic, Inc. Lundbeck Inc., NeuroMolecular Pharmaceuticals, Novartis, Merck Serono, Solvay Pharmaceuticals, Inc., TarloPharma, and Teva Pharmaceutical Industries Ltd.; has received speaker

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**Figure**

An extended first toe can be due to psychogenic or organic (e.g., striatal toe) dystonia

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Address correspondence and reprint requests to Dr. Alberto J. Espay, Gardner Center for PD and Movement Disorders, University of Cincinnati Academic Health Center, 260 Stetson St., Suite 2300, Cincinnati, OH 45267-0525; alberto.espay@uc.edu

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Alberto J. Espay and Anthony E. Lang
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