

		Parkinson's disease	Functional Parkinsonism	
<b>Tremor</b>	<i>Type</i>	Rest	Rest/postural/action	
	<i>Finger tremor</i>	+	Unusual	
	<i>Frequency</i>	Slow, 4-6 Hz	Different frequency in different body parts	<b>Variability</b> <b>Entrainability</b> (change induced in the tremor, particularly to take up the same frequency and phase as the voluntary tapping)
				Same frequency in different body parts
	<i>Effect of distraction</i>	Increase with mental calculation	Decrease in amplitude or disappears: <b>distractibility</b>	
	<i>Effect of holding weight</i>	Tremor not transmitted	Tremor may be transmitted to other body segments	
<b>Rigidity</b>		Plastic rigidity	"Voluntary resistance"	
	<i>Cogwheeling</i>	+	Coactivation sign (oppositional rigidity « Gegenhalten » with no real cogwheeling)	
	<i>Effect of reinforcement maneuvers</i>	Rigidity increases	Rigidity diminished	
<b>Bradykinesia</b>	<i>Sequence effect</i>	+	No	
	<i>Distractibility</i>	No	Marked slowness of voluntary movements with <b>distractibility</b>	
	<i>Hypokinesia</i>	+	No	
	<i>Fatiguing</i>	+	No	
			Difficulty for performing everyday tasks/manuals tasks with grimacing, sighs. Exaggerated discrepancy between the major apparent difficulty in movement initiation and the actual speed of movement execution	
<b>Balance</b>	<i>Pull test</i>	Variable retropulsion Patient may fall	Bizarre response to the pull test, extreme response for very light pulls but never falls.  Better balance observed compared to patient's complaining.	
<b>Gait</b>	<i>Type</i>	Slow, stiff, with retropulsion or propulsion	Slow, stiff, may be painful	
	<i>Arm swing</i>	Flexed posture with reduce arm swing	Diminished or absent on the most affected side; arm held stiffly extended and adducted to the side	
		Decrease while running	Persist while running	
	<i>Freezing</i>	Common	No	
	<i>Other</i>		Buckling of the knees; atasia-abasia	
<b>Speech</b>			Baby talk; gibberish; stuttering.	
<b>Writing</b>		Micrographia	Slow but no micrographia	
<b>Other neurologic features</b>			Give-way weakness, non-anatomic sensory loss, unusual diffuse muscle pain and tenderness, complaints of memory disturbances, visual dysfunction	

**Table S1 : Clinical differences between functional parkinsonism and Parkinson's disease**

**Table S2: : Diagnosis criteria for FND and PD in the included studies**

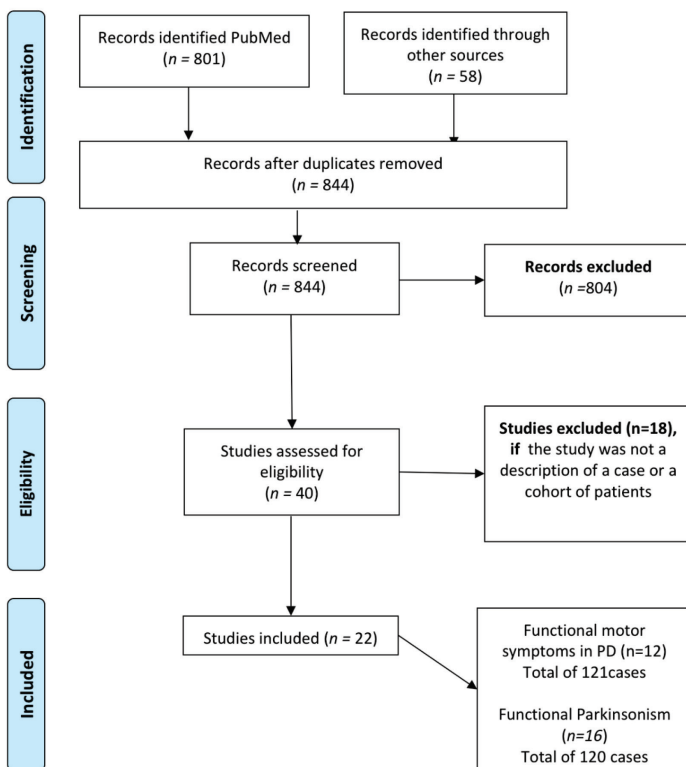
Author, date	Clinical criteria for functional symptoms	Clinical criteria for Parkinson's disease
Walter AS, 1988	Case reports – no diagnostic criteria	
Lang AE, 1995	Fahn and Williams criteria	-
Factor SA, 1995	Fahn and Williams criteria	-
Booij, 2001	NA	UK Brain Bank criteria
Gaig C, 2006	Fahn and Williams criteria	NA
Benaderette S, 2006	Fahn and Williams criteria	UK Brain Bank criteria
Felicio, 2010	Fahn and Williams criteria	UK Brain Bank criteria
Onofrj, 2011	DSM IV TR	UK Brain Bank criteria
Jankovic J, 2012	Home-made criteria	
Baik JS, 2012	Case reports – no diagnostic criteria	
Pourfar MH, 2012	Case reports – no diagnostic criteria	
Umeh CC, 2013	Case reports – no diagnostic criteria	
Sage JI, 2015	NA	NA
Pareés I, 2013	Fahn and Williams criteria	UK Brain Bank criteria
Colosimo C, 2015	Fahn and Williams criteria	NA but UKBBC fulfilled
Bonnet C, 2016	Case reports – no diagnostic criteria	
Erro R, 2016	Case reports – no diagnostic criteria	
Langevin JP, 2016	Case reports – no diagnostic criteria	
Taylor S, 2016	criteria for both SWEDDs and PD patients required at least two of the following: rest- ing tremor, bradykinesia, and rigidity or asymmetric resting tremor or asymmetric bradykinesia. At baseline, SWEDDs and PD patients were required to have had a diagnosis of PD for less than 2 years and be at a Hoehn and Yahr stage of 1 or 2.	
Polara G, 2018	Fahn and Williams criteria	UK Brain Bank criteria
Wissel B, 2018	Gupta and Lang criteria for FMD DSM-5 for other FND	UK Brain Bank criteria
Kumar R, 2018	Case reports – no diagnostic criteria	

NA : Not Available; UKBBC : UK Brain Bank Criteria; FND : Functional Neurological Disorder; PD : Parkinson Disease

**Table S3. Comparison of patients with functional parkinsonism and patients with PD-FND reported in the articles of the review.**

	Functional parkinsonism	Functional neurological disorder in Parkinson's disease.
<b>n =</b>	120	121
<b>Age at evaluation (years)</b>	50.7	61.3
<b>Women %</b>	62.1%	57 %
<b>Psychiatric history</b>	67.2 %	60 %
<b>Stress factor identified</b>	46.8%	82.5 %
<b>Duration of symptoms (years)</b>	5.03	7.8
<b>Nuclear imaging</b>	All normal	All abnormal
<b>Functional tremor</b>	72.2 %	33.8%

**Figure S1: Flow diagram of functional parkinsonism and functional motor symptoms in Parkinson's disease studies' selection process.**



The literature search was performed from the PubMed electronic database, using the following Mesh heading : ("psychogenic" OR "functional disorder" OR "conversion" OR "hysteria" OR "somatoform") AND ("Parkinson" OR "parkinsonism" OR "tremor").  
PD : Parkinson's Disease