

**Cervical Dystonia - Table 1 Common Clinical Patterns and Muscle Involvement**

Clinical Pattern	Potential Muscle Involvement		
	Ipsilateral	Contralateral	Bilateral
Torticollis and torticaput/capitis - Torticollis only - Torticaput only Figs 1a-c, 2a-b	LevScap (P), SplnCerv &/or SplnCap (P) - Scalenes (S), LongCerv (s) - OCI, Spln cap	SCM (P), SSCerv/SSCap (S) - DescTrap - SSCap	N/A* <i>see note</i>
Laterocollis and/or caput/capitis Fig. 1d	Spln Cerv/Cap (P), SSCap/Cerv (P), Lev Scap (P), LongCerv (P), DescndTrap (S)	N/A	N/A
Anterocollis Figs. 1e,f	N/A** <i>see note</i>	N/A** <i>see note</i>	Scalenes (P,S), LoCol (P)
Anterocaput/capitis Fig. 1e	N/A** <i>see note</i>	N/A** <i>see note</i>	LoCap (P)
Retrocollis and/or Retrocaput/capitis Fig. 1f	N/A** <i>see note</i>	N/A** <i>see note</i>	SScerv/Cap (P), SplnCerv/Cap (P). Rectus capitis major (S)
Anterocollis and Retrocaput/capitis Fig. 1f	N/A	N/A	SCM (P)
Descending Trapezius (DescTrap), Levator Scapulae (LevScap), Longissiums Cervicis (LongCerv) Longus Capitis (LoCap), Longus Colli (LoCol), Oblique Captis Inferioris (OCI), Semispinalis capitis (SSCap), Semispinalis cervicis (SSCev), Splenius capitis (SplnCap), Splenius cervicis (SplnCerv) Sternocleidomastoid (SCM)			
Primary muscle = (P), Secondary muscle (s)			
<i>*excepting when a no-no dystonic tremor is present where bilateral dystonic activity is seen, severity of dystonia may be asymmetric</i>			
<i>** Bilateral muscle involvement is typical, but dystonia severity may be asymmetric</i>			