

Table 1: Characteristics of 8 patients with acute focal dystonia given benztropine intramuscularly

Case	Age, yr	Sex	Presenting problem	Estimated duration of symptoms before presentation, h	Pain at presentation*	ROM at presentation	Benztropine dose, mg IM	Time from treatment to pain relief or discharge, min	Pain at discharge*	ROM at discharge
1	16	M	Torticollis from playing football	6	9/10	None	4	40	2/10	Flexion: 60° Extension: 30° Lateral: 80°
2	25	F	Torticollis from MVA	8	8/10	Flexion: 10° Extension: 10° Lateral: none	4	50	1/10	Normal
3	43	F	Spontaneous torticollis	12	8/10	Virtually none	4	65	3/10	Flexion: 45° Extension: 30° Lateral: 45°
4	28	M	Spontaneous torticollis	10	9/10	None	4	55	2/10	Flexion: 60° Extension: 30° Lateral: 60°
5	23	F	Spontaneous torticollis	4	10/10	None	2	20	5/10	Flexion: 45° Extension: 30° Lateral: 60°
6	44	F	Paralumbar spasm from aerobic exercise	4	7/10	Flexion: 20° Extension: 10° Lateral: 20°	2	60	0/10	Normal
7	33	F	Paralumbar spasm from MVA	5	8/10	Flexion: 10° Extension: 10° Lateral: none	4	55	3/10	Flexion: 60° Extension: 45° Lateral: 45°
8†	42	M	Paralumbar spasm from lifting	12	10/10	Virtually none	4‡	80	5/10	Flexion: 30° Extension: 30° Lateral: 20°

Note: ROM = range of motion, IM = intramuscularly, MVA = motor vehicle accident.

*Patients used a 10-point visual analogue scale to rate their pain.

†This case was a transfer of care.

‡Morphine (two 10-mg doses subcutaneously) was given 3–4 hours before the benzotropine treatment but provided no pain relief.

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