

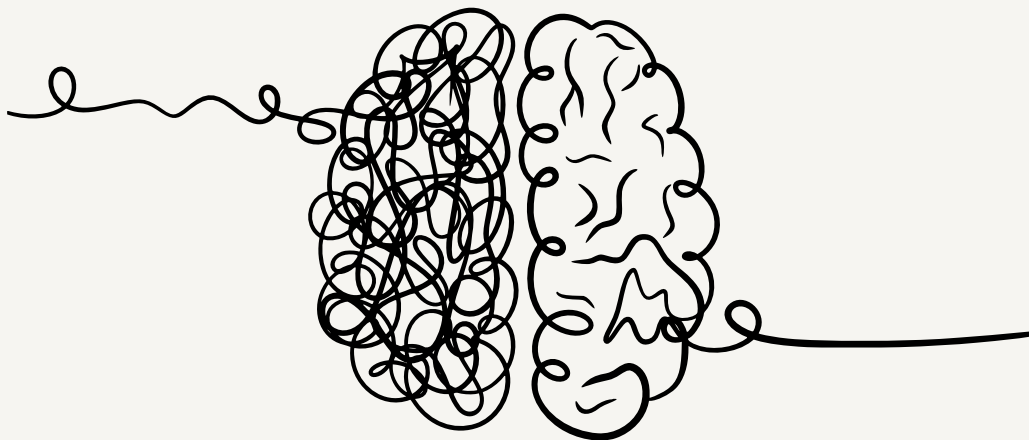
Typical vs. Functional Tic Checklist

A Guide for Understanding Tic Presentations

This handout provides a clear, easy-to-read overview of common tic presentations — including typical tics, functional tics, and mixed presentations. It is designed to help families, providers, and educators recognize patterns, understand distinguishing features, and make informed decisions about next steps in assessment and treatment.

Use this guide to:

- Better understand how tics develop and change
- Recognize characteristics of different tic types
- Support conversations with your child's care team
- Identify when specialized interventions like CBIT may be appropriate



Typical Tic Presentation

This handout is intended to provide general information to help guide you to understanding the tic presentation. This will allow you to better inform yourselves, your providers, and seek appropriate treatment

Age of onset

- <12 years of age. Usually tics develop between 4-9 years of age
- Highest tic frequency between 10-12 years old

Tic Progression

- Tics form in a rostral-caudal pattern, starting in the head/face working the way down the body to shoulders, arms, abdomen, legs, etc.

Tic Patterns

- Usually starts with simple motor tics such as head bob, mouth movement, eye blinking
- Vocal tics are typically a secondary development and are simple such as sniffle, throat clear, grunty sounds

Sex

- Usually more prevalent in boys vs. girls

Family History

- About 50% of tic cases show some family history of tics
- Some correlation with a family history of anxiety, OCD, ADHD

Premonitory Awareness

- Most children are able to feel the tic coming
- Some children have the ability to suppress, but it can be uncomfortable

Tic Attacks

- Not common and almost non-existent in typical tic presentations
- May be period of time when tics are increased, but it is likely due to suppression.

Swearing

- Not common in typical tics

Atypical vocalizations: beans, woowho, speaking in accents, change in pitch, etc.

- Not common in typical tics

Blocking: body freezes, staring off, posturing movements

- Not common in typical tics

Self/other injurious tics

- Not common in typical tics

Throwing tics

- Not common in typical tics

Co-occurring conditions

- Anxiety, OCD, and ADHD are common

Functional Tic Presentation

This handout is intended to provide general information to help guide you to understanding the tic presentation. This will allow you to better inform yourselves, your providers, and seek appropriate treatment

Age of onset

- >12 years of age, usually in the teens

Tic Progression

- Typically rapid in onset

Tic Patterns

- Complex tics may appear within days to weeks of initial tic onset
- Can be constant throughout the day

Sex

- Usually more prevalent teen girls and young adults

Family History

- Very few cases have a family history of tic disorders
- Some correlation with a family history of Anxiety, OCD, ADHD

Premonitory Awareness

- May have awareness of some tics
- Difficulty suppressing or holding tics in

Tic Attacks

- Very common: period of time when tics are at a very high frequency and severity. Self-injurious tics are usually present during this time
- Can last seconds to minutes

Swearing

- Very common in functional tics

Atypical vocalizations: beans, woowho, speaking in accents, change in pitch, etc.

- Very common in functional tics

Blocking: body freezes, staring off, posturing movements

- Very common in functional tics

Self/other injurious tics

- Very common in functional tics

Throwing tics

- Very common in functional tics

Co-occurring conditions

- Anxiety, OCD, Trauma are very common and usually the underlying trigger

Mixed Tic Presentation

This handout is intended to provide general information to help guide you to understanding the tic presentation. This will allow you to better inform yourselves, your providers, and seek appropriate treatment

Age of onset

- <12 years of age. Usually tics develop between 4-9 years of age
- Highest tic frequency between 10-12 years old

Tic Progression

- Tics form in a rostral-caudal pattern initially, starting in the head/face working the way down the body to shoulders, arms, abdomen, legs, etc. in early childhood
- When rapid onset occurs, tics appear complex

Tic Patterns

- Following a typical tic pattern, but will show a rapid onset presentation similar to functional tics

Sex

- Usually more prevalent in girls vs boy

Family History

- About 50% of tic cases show some family history of tics
- Some correlation with a family history of anxiety, OCD, ADHD

Premonitory Awareness

- Most children are able to feel some tics coming

Tic Attacks

- Can be present in about 40% of cases: period of time when tics are at a very high frequency and severity. Self-injurious tics are usually present during this time
- Can last seconds to minutes

Swearing

- common after rapid onset

Atypical vocalizations: beans, woowho, speaking in accents, change in pitch, etc.

- common after rapid onset

Blocking: body freezes, staring off, posturing movements

- common after rapid onset

Self/other injurious tics

- common after rapid onset

Throwing tics

- common after rapid onset

Co-occurring conditions

- Anxiety, OCD, ADHD, Trauma are common