This month's *CNS Spectrums* focuses on movement disorders—a group of neurological disorders manifested by slowness or poverty of movement (hypokinesias) or abnormal involuntary movements (hyperkinesias). In addition to the hypokinetic and hyperkinetic disorders, movement disorders also include abnormalities in muscle tone (rigidity, spasticity), in-coordination (ataxia), and disorders of learned, skilled movements that cannot be explained by concurrent sensory, perceptual, or motor deficits (apraxias). There is also a growing recognition and appreciation of sensory and behavioral abnormalities associated with these disorders.

This issue features four facets of the motor-sensory-behavioral disorders that are at the nexus of neurology and psychiatry.

Joseph Jankovic, MD, and colleagues discuss psychogenic tremor, emphasizing the clinical features, evaluation, and treatment of this most common psychogenic movement disorder. As physicians become more sophisticated in recognizing the typical movement disorders, they tend to refer atypical patients to specialized clinics. At the Baylor College of Medicine Movement Disorders Clinic in Houston, Texas, 12% of such patients will ultimately be diagnosed with a psychogenic movement disorder. Therefore, psychogenic movement disorders are increasingly important not only for movement disorder specialists but also for other physicians, psychiatrists, and psychologists who play a critical role in the recognition and management of this challenging group of patients.

In the second article, Lama M. Chahine, MD, and Zeina. N. Chemali, MD, review restless legs syndrome (RLS), a motor-sensory disorder. Despite increased publicity in the lay media about this condition, it is still often misdiagnosed or not recognized as a medical disorder. Early recognition and appropriate treatment, usually with dopamine agonists, can markedly improve the quality of life of patients with RLS.

Leora L. Borek, MD, and colleagues highlight the non-motor aspects of Parkinson's disease, an emerging area of intense scientific and clinical interest. Traditionally, the cardinal motor signs of Parkinson's disease—rest tremor, bradykinesia, rigidity, and postural instability, have been emphasized, but it is the non-motor features, such as behavioral and cognitive changes, pain (and other sensory abnormalities), sleep, and autonomic symptoms, that are the most troublesome, particularly in the more advanced stages of the disease.

In the last article, Frank M. Skidmore, MD, and colleagues review deep brain stimulation (DBS). Initially applied in the treatment of Parkinson's disease and essential tremor, DBS' applications have since expanded to other movement disorders, including dystonia and Tourette's syndrome. More recently, DBS has been applied in the treatment of obsessive-compulsive disorder, depressive disorder, and other neuropsychiatric conditions.

I am grateful to the excellent group of authors who agreed to contribute articles this month. Their scholarly and timely reviews will undoubtedly provide useful information to clinicians who evaluate and manage patients with movement disorders. *CNS*