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- Fasano A, Deuschl G. Therapeutic advances in tremor. Mov Disord 2015;30:1557–1565.
- Lipsman N, Schwartz ML, Huang Y, et al. MR-guided focused ultrasound thalamotomy for essential tremor: a proof-of-concept study. Lancet Neurol 2013;12:462–468.
- Elias WJ, Huss D, Voss T, et al. A pilot study of focused ultrasound thalamotomy for essential tremor. N Engl J Med 2013;369:640–648.
- Chang WS, Jung HH, Kweon EJ, Zadicario E, Rachmilevitch I, Chang JW. Unilateral magnetic resonance guided focused ultrasound thalamotomy for essential tremor: practices and clinicoradiological outcomes. J Neurol Neurosurg Psychiatry 2015;86: 257–264.
- Sammartino F, Krishna V, Kon Kam King N, Lozano A, Hodaie M. Tractography-based ventral intermediate nucleus targeting: novel methodology and intraoperative validation. Mov Disord Epub 2016 May 23.
- Huss DS, Dallapiazza RF, Shah BB, Harrison MB, Diamond J, Elias WJ. Functional assessment and quality of life in essential tremor with bilateral or unilateral DBS and focused ultrasound thalamotomy. Mov Disord 2015; 30:1937–1943.
- Jung HH, Kim SJ, Roh D, et al. Bilateral thermal capsulotomy with MR-guided focused ultrasound for patients with treatment-refractory obsessive-compulsive disorder: a proofof-concept study. Mol Psychiatry 2015;20:1205–1211.

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RYDEL-SEIFFER FORK REVISITED: BEYOND A SIMPLE CASE OF BLACK AND WHITE

In 1903, A. Rydel and F.W. Seiffer published the use of what is now commonly known as the Rydel-Seiffer tuning fork.1 In their paper, they described an adaptation of the standard tuning fork to make it semiquantitative on an 8-point scale in measuring vibration sensing. The Rydel-Seiffer tuning fork has been used extensively over the past century and normative values have been published.2 It has also been validated with the use of more modern sensory nerve action potentials.3 Vibration threshold measurement with the Rydel-Seiffer tuning fork is therefore increasingly used in outcome measures assessing neuropathy from diverse etiologies: chemotherapy-induced peripheral neuropathy,4 Charcot-Marie-Tooth disease,5 multifocal motor neuropathy,⁶ and immune-mediated neuropathies.⁷

The modern Rydel-Seiffer tuning fork has a black triangle on one prong and a white triangle on the second prong (figure, A). After the fork is snapped into motion, the prongs start to oscillate and the illusion of 2 triangles becomes visible on each damper. The intersect between the 2 virtual triangles moves up the scale with gradual attenuation of the amplitude of the

oscillation. The position of the intersect is recorded on an arbitrary scale from 0 to 8 once the subject is no longer perceiving vibration.

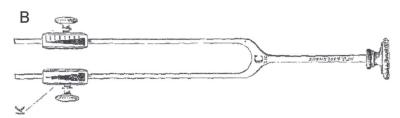
We have observed consistent discrepancy between the values obtained from the black triangle in comparison to the white triangle on the Rydel-Seiffer fork. Values obtained from the virtual intersect of the white triangle are consistently lower in comparison to that from the black triangle (figure, C and D). This discrepancy can be as much as 25% or 2 units in the scale of 0 to 8. This is best appreciated during the motion of the prongs (video on the *Neurology*® Web site at Neurology.org).

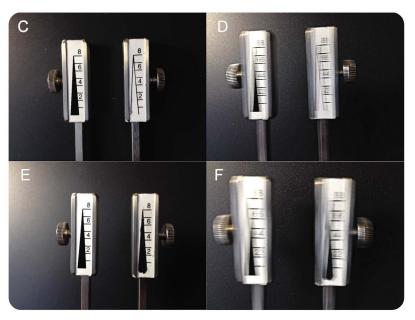
There is currently no report distinguishing between the black and white scales and both are used interchangeably.^{2,3} Of note, the original publication from Rydel and Seiffer depicts the tuning fork with 2 black triangles on the dampers (figure, B). It is unclear as to why or when a modification was made and one of the black triangles was substituted with a white triangle.

Remarkably, the observed discrepancy between the 2 scales can be eliminated by simply darkening the white triangle on the fork with a marker (figure, E and F). It is of interest that, upon introducing color to the white triangle (purple or red), the readings obtained from the black triangle showed lower values in comparison

Supplemental data at Neurology.org







(A) An example of a modern-day Rydel-Seiffer tuning fork. (B) Original design of the tuning fork as published by Rydel and Seiffer in 1903 (reprinted with permission of Springer).¹ (C) Rydel-Seiffer tuning fork at rest. (D) Rydel-Seiffer tuning fork in motion with the black triangle showing intersect between 4 and 5 (on the 0 to 8 scale) and white triangle showing intersect between 3 and 4 (discrepancy is better appreciated in the video). (E) Same Rydel-Seiffer tuning fork with the white triangle blacked out at rest. (F) Rydel-Seiffer tuning fork with 2 black triangles in motion showing equivalent reading with intersect at 4.

to the colored triangle (video). The perceived intersection between the triangles seems to be therefore influenced by the contrast and the color of the triangles. This is likely attributable to visual afterimage processing, although a more tangible explanation remains elusive.

To maintain an acceptable interrater reliability in the use the Rydel-Seiffer tuning fork, we suggest that the original design with the 2 black triangles is considered. Alternatively, consensus should be established on which triangle to use in the future for clinical practice and clinical research.

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- Rydel A, Seiffer W. Examinations of feelings of vibrations or so-called "bone sensitivity" (pallaesthesia). Arch Psychiatr Nervenkr 1903;37:488–536.
- Martina IS, van Koningsveld R, Schmitz PI, van der Meché FG, van Doorn PA. Measuring vibration threshold with a graduated tuning fork in normal aging and in patients with polyneuropathy. European Inflammatory Neuropathy Cause and Treatment (INCAT) Group. J Neurol Neurosurg Psychiatry 1998;65:743–747.
- Pestronk A, Florence J, Levine T, et al. Sensory exam with a quantitative tuning fork: rapid, sensitive and predictive of SNAP amplitude. Neurology 2004;62:461–464.
- Cavaletti G, Cornblath DR, Merkies IS, et al. The chemotherapy-induced peripheral neuropathy outcome measures standardization study: from consensus to the

- first validity and reliability findings. Ann Oncol 2013;24: 454–462.
- Murphy SM, Herrmann DN, McDermott MP, et al. Reliability of the CMT neuropathy score (second version) in Charcot-Marie-Tooth disease. J Peripher Nerv Syst 2011; 16:191–198.
- Cats EA, van der Pol WL, Piepers S, et al. Correlates of outcome and response to IVIg in 88 patients with multifocal motor neuropathy. Neurology 2010;75:818–825.
- Merkies ISJ, Schmitz PIM, van der Meche FGA, van Doorn PA. Reliability and responsiveness of a graduated tuning fork in immune mediated polyneuropathies. The Inflammatory Neuropathy Cause and Treatment (INCAT) Group. J Neurol Neurosurg Psychiatry 2000;68: 669–671.

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Rydel-Seiffer fork revisited: Beyond a simple case of black and white

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