**Video 1**: Segment one (2001, age 15): The patient is sitting with his upper limbs upon the legs, with no evidence of resting tremor. With arms outstretched, there is a mild dystonic posturing of both hands, with asymmetrical pronation-supination tremor of left hand, also present (but less severe) in wing-beat position. In the finger-to-nose test, we may observe the kinetic component of the tremor, more evident on the left. Amplitude of the postural tremor is greater than that of its kinetic component. The patient is a little clumsy while dressing, probably as the result of dystonic posturing (together with the presence of a venous catheter). While writing (he is right-handed), there is a dystonic posture of the right hand, with fingers flexion and occasional thumb extension; and an increasingly severe dystonic tremor. When attempting to write with his left hand, dystonic posturing and associated tremor prevent him from doing a spiral. He has a normal base gait, with bilateral arm swing, no turns decomposition and no tandem gait difficulties. There iss a mild dystonic posture of the right foot.

Segment two (2018, age 32): 17 years later, the patient is in a wheelchair, with marked anteflexion of the trunk. He presents significant atrophy of the interosseus muscles and distal hands, and motor deficit in his feet. When asked about his age, he answers intelligibly. He is then asked what color is the pen the examining physician is holding and correctly answers that it is black, while pursuing the pen throughout his visual fields; ocular movements are difficult to evaluate, due to his difficulty in understanding the task. There is no evidence of resting upper-limb tremor; he is unable to hold his arms outstretched to evaluate postural tremor. There is marked lower limb spasticity, with a clasping-knife sensation. Knee and ankle jerk reflexes are intensified, with a high amplitude response.