Hexagonal layout of Core clinical features and Supportive features

Ocular Motor Dysfunction
- **O1**: Vertical supranuclear gaze palsy
- **O2**: Slow velocity of vertical saccades
- **O3**: Frequent macro square wave jerks or “eyelid opening apraxia”

Cognitive Dysfunction
- **C1**: Speech/language disorder, i.e., non-fluent/agrammatic variant of primary progressive aphasia or progressive apraxia of speech
- **C2**: Frontal cognitive/behavioral presentation
- **C3**: Corticobasal syndrome

Akinesia
- **A1**: Progressive gait freezing within 3 years
- **A2**: Parkinsonism, akinetic-rigid, predominantly axial, and levodopa resistant
- **A3**: Parkinsonism, with tremor and/or asymmetric and/or levodopa responsive

Supportive features
- **CC1**: Levodopa-resistance
- **CC2**: Hypokinetic, spastic dysarthria
- **CC3**: Dysphagia
- **CC4**: Photophobia

Postural Instability
- **P1**: Repeated unprovoked falls within 3 years
- **P2**: Tendency to fall on the pull-test within 3 years
- **P3**: More than two steps backward on the pull-test within 3 years

References:
- **MDS-PSP criteria** Höglinger GU et al. Clinical diagnosis of progressive supranuclear palsy: The movement disorder society criteria. Mov Disord. 2017 Jun;32(6):853-864.
- **MAX rules** Grimm MJ et al. How to apply the movement disorder society criteria for diagnosis of progressive supranuclear palsy. Mov Disord. 2019 Aug;34(8):1228-1232.

Ogawa T et al. Supplementary data
PSP-P: progressive gait freezing
PSP-SL: predominant speech/language disorder
PSP-F: predominant frontal presentation
PSP-CBS: predominant CBS

Other Predominance Types
- PSP-P: predominant parkinsonism
- PSP-RS: Richardson's syndrome
- PSP-OM: predominant ocular motor dysfunction
- PSP-PI: predominant postural instability