

A COMPREHENSIVE GUIDE TO

FND

FUNCTIONAL NEUROLOGICAL DISORDER

UNDERSTANDING • MANAGING • HEALING

Real Stories • Practical Tools • Hope for the Future



WHAT FND IS
SYMPTOMS
CAUSES & TRIGGERS
DIAGNOSIS
TREATMENT OPTIONS
LIFESTYLE STRATEGIES
AND MORE...

*You Are
Not Alone*

INFORMATION.
SUPPORT.
EMPOWERMENT.

FROM SURVIVING TO THRIVING

A journey of hope, resilience and reclaiming your life.

FND

Understanding Functional Neurological Disorder

A Patient and Family Guide to Symptoms, Diagnosis,
Treatment, Recovery, and Life With FND

By Vincent Wozlonis

From Surviving to Thriving
A journey of hope, resilience and reclaiming your life.

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This book is intended for educational and informational purposes only. It is not intended to diagnose, treat, cure, or prevent Functional Neurological Disorder or any other medical condition.

Information in this book should not replace evaluation or treatment by a qualified physician, neurologist, mental-health professional, physical therapist, occupational therapist, speech-language pathologist, or other healthcare professional.

Neurological symptoms can have many possible causes. New, severe, rapidly worsening, or unexplained symptoms require appropriate medical evaluation. Emergency symptoms—including sudden weakness, difficulty speaking, loss of consciousness, severe breathing difficulty, a new seizure-like event, severe chest pain, or other potentially life-threatening symptoms—may require emergency medical attention.

A diagnosis of FND should be made by an appropriately qualified clinician based on the person's history and examination and, when appropriate, investigations. FND can also occur alongside other neurological or medical disorders.

Medical knowledge changes over time. Readers should consult current clinical guidance and their healthcare professionals for individualized recommendations.

Author's Note

Functional Neurological Disorder can be one of the most confusing experiences a person and family can face.

A person may suddenly develop weakness, abnormal movements, tremors, difficulty walking, seizures or seizure-like episodes, speech problems, sensory changes, dizziness, cognitive difficulties, fatigue, pain, or other neurological symptoms.

The symptoms can be frightening.

They can interfere with work, school, relationships, driving, independence, finances, and everyday activities.

And sometimes the most frustrating part is hearing:

"Your tests are normal."

That statement can leave a person wondering:

If my scan is normal, why can't I walk normally?

If nothing is damaged, why am I having seizures?

Why can't I control my hand?

Why am I exhausted?

Why don't other people believe me?

This book begins with an important principle:

Your symptoms are real.

FND involves altered functioning of the nervous system. "Functional" does not mean imaginary, fabricated, or voluntarily produced.

At the same time, understanding FND requires moving beyond the idea that every neurological problem must be visible as a lesion on a scan.

The nervous system is an extraordinarily complicated biological system. Its ability to control movement, attention, sensation, communication, cognition, and automatic bodily functions depends upon networks communicating effectively.

When those networks do not function normally, symptoms can occur even when conventional structural imaging does not show an obvious lesion.

The goal of this book is not to tell you what your individual diagnosis or treatment should be.

The goal is to give you a framework for understanding what FND is, how clinicians approach it, what treatment may involve, and how a person can begin rebuilding a meaningful life around recovery and adaptation.

Introduction When the Nervous System Doesn't Work the Way You Expect

Imagine waking up one morning and discovering that your leg does not work properly.

You try to stand.

Your leg feels weak.

You try again.

Your balance is strange.

You go to the emergency department.

A series of tests are performed.

Perhaps the MRI does not show a stroke.

Perhaps blood tests are reassuring.

Perhaps other investigations do not reveal the cause.

You are eventually told that you may have Functional Neurological Disorder.

For many people, this is where the confusion begins rather than ends.

The word functional can sound as though doctors are saying that nothing is wrong.

That isn't the intended meaning.

In FND, the problem concerns how the nervous system is functioning, rather than necessarily being explained by a visible structural lesion.

Modern clinical practice emphasizes identifying positive neurological signs that support an FND diagnosis. In other words, clinicians do not simply say, "We couldn't find anything, therefore it must be FND."

FND may affect movement, sensation, speech, cognition, or episodes resembling seizures.

Some people have one symptom.

Others experience several.

Some recover substantially.

Others have persistent symptoms requiring long-term management.

There is no single FND experience.

That is one of the most important facts to understand.

PART I

UNDERSTANDING FND

Chapter 1: What Is Functional Neurological Disorder?

Functional Neurological Disorder is a condition in which a person experiences neurological symptoms associated with altered nervous-system functioning.

Symptoms may include:

- weakness
- abnormal movements
- tremor
- difficulty walking
- problems with coordination
- sensory changes
- functional seizures
- speech difficulties
- swallowing problems
- visual symptoms
- cognitive difficulties
- fatigue
- pain
- episodes of altered awareness

FND is a neurological diagnosis.

Historically, FND was often framed primarily through psychiatric explanations. Contemporary approaches recognize that FND is more complex and can involve interactions among neurological, psychological, biological, and social factors.

That does not mean that every person with FND has experienced trauma.

It does not mean that every person with FND has a psychiatric disorder.

It does not mean that the symptoms are voluntary.

Instead, FND should be understood as a genuine disorder of nervous-system functioning.

Chapter 2: The Brain, Nervous System, and Body

Your nervous system is not simply a collection of wires.

It is a constantly communicating network.

The brain receives information from the body.

The body receives instructions from the brain.

The brain also constantly interprets information about movement, sensation, balance, emotion, attention, threat, and the environment.

Walking, for example, requires far more than consciously telling your foot to move.

Your brain automatically coordinates:

- balance
- muscle activation
- sensory feedback
- visual information
- timing
- posture
- attention
- prediction
- correction

Much of this occurs automatically.

This is important when understanding FND because some symptoms involve a disruption between what a person intends to do and how the nervous system produces the resulting action.

Chapter 3: Functional Versus Structural Neurological Problems

A structural neurological disorder involves identifiable physical changes such as:

- stroke
- brain tumor
- multiple sclerosis lesions
- spinal cord injury
- certain forms of nerve damage

FND is different.

The central issue is neurological function.

This distinction does not mean functional disorders are less real.

Consider a computer.

A computer can have a broken physical component.

Or its hardware can be intact while software, communication, configuration, or processing is malfunctioning.

The analogy is imperfect because the human nervous system is vastly more complicated than a computer, but it can help explain why symptoms do not always require a visible lesion.

Chapter 4: Why FND Symptoms Are Real

One of the most damaging misconceptions about FND is:

“If the doctor can’t see anything wrong, nothing is wrong.”

That conclusion does not follow.

A neurological examination can reveal abnormalities in function even when conventional imaging is unrevealing.

For example, clinicians may observe patterns of weakness or movement that are characteristic of functional neurological symptoms.

This is one reason a careful neurological examination is so important.

The diagnosis is based on the whole clinical picture—not simply on whether an MRI is normal.

Chapter 5: FND Is Not “All in Your Head”

This phrase can be deeply hurtful.

When people hear it, they often interpret it as:

“You’re imagining this.”

That is not what a modern FND diagnosis means.

Symptoms can be experienced physically and involuntarily.

A person may desperately want their leg to move and still be unable to move it normally.

A person experiencing a functional seizure may not be consciously choosing what happens.

A person with functional tremor is not necessarily producing the tremor deliberately.

Psychological factors can sometimes contribute to FND, but psychological contribution and conscious fabrication are entirely different concepts.

Chapter 6: Common Symptoms of FND

FND can present in many different ways.

Motor symptoms

These can include:

- weakness
- paralysis
- abnormal posture
- tremor
- jerking
- dystonia-like movements
- difficulty walking
- coordination problems

Seizure-type symptoms

Some people experience episodes resembling epileptic seizures but caused by a different mechanism. These are often called functional seizures or dissociative seizures.

Sensory symptoms

These may involve:

- numbness
- altered sensation
- tingling
- visual changes
- hearing-related symptoms

Communication symptoms

These may include:

- altered voice
- difficulty speaking
- stuttering
- problems finding words
- swallowing difficulties

Cognitive symptoms

Some people report:

- brain fog
- forgetfulness
- concentration problems
- difficulty retrieving information
- mental fatigue

FND can therefore affect much more than movement.

Chapter 7: Functional Weakness and Paralysis

Functional weakness can be one of the most frightening FND symptoms.

A person may feel as though an arm or leg has stopped responding normally.

The experience may be extremely physical.

The person may struggle to stand, walk, grip objects, or move a limb.

Neurologists can use specific examination techniques to identify patterns that support functional weakness.

One example is Hoover's sign, a clinical maneuver that can help demonstrate differences between voluntary and automatic movement under particular circumstances.

Such signs are part of the reason FND is considered a rule-in diagnosis rather than simply a diagnosis of exclusion. BMJ

Chapter 8: Functional Tremor and Abnormal Movements

Tremor is rhythmic or irregular shaking.

Functional tremor may change depending on:

- attention
- distraction
- voluntary movement
- rhythm
- posture

A neurologist may perform specific examinations to look for characteristic features.

The goal is not to “catch” the patient.

The goal is to understand how the nervous system is producing the movement.

That distinction matters.

Chapter 9: Functional Seizures and Dissociative Seizures

Functional seizures can look extremely similar to epileptic seizures.

They may involve:

- shaking
- altered awareness
- unresponsiveness
- collapse
- unusual movements
- changes in breathing
- prolonged episodes

Functional seizures are not the same as epilepsy.

However, epilepsy and functional seizures can occur in the same person.

Diagnosis may require careful neurological assessment and, in some cases, video-EEG monitoring.

This distinction is important because treatment differs.

Anti-seizure medication treats epilepsy but does not automatically treat functional seizures.

Chapter 10: Walking, Balance, and Coordination

Walking is a highly automated neurological activity.

When functional movement symptoms interfere with walking, people may experience:

- dragging a leg
- inconsistent steps
- difficulty initiating movement
- unusual gait patterns
- buckling
- imbalance

Physical therapy can be particularly important for these symptoms.

FND-focused physiotherapy commonly emphasizes education, retraining movement, reducing excessive attention to symptoms, and restoring automatic movement.

Chapter 11: Speech, Vision, and Sensory Symptoms

FND can affect communication.

Some people develop:

- unusual voice changes
- stuttering
- difficulty producing speech
- altered articulation
- swallowing complaints

Speech-language professionals can be involved in assessment and rehabilitation.

Consensus recommendations describe approaches involving education, symptom management, movement/communication retraining, and psychological strategies when appropriate.

Sensory symptoms can include numbness, altered sensation, visual disturbance, or other unusual experiences.

Because these symptoms can also occur in many other medical conditions, appropriate evaluation remains important.

Chapter 12: Fatigue, Pain, and Brain Fog

Fatigue can become one of the most disabling parts of FND.

It may be difficult to explain to someone who has never experienced it.

Ordinary activities can consume extraordinary amounts of energy.

Pain may also occur alongside FND.

Cognitive symptoms—including concentration difficulties and “brain fog”—can affect work, school, conversations, reading, and planning.

Functional cognitive symptoms are recognized within the broader spectrum of functional neurological symptoms.

The key is not to assume that every symptom is caused by FND.

A person can have FND and another medical condition simultaneously.

PART II

GETTING DIAGNOSED

Chapter 13: When Something Doesn't Feel Right

The first step is taking symptoms seriously.

If you experience a new neurological symptom, seek appropriate medical evaluation.

Keep track of:

- when symptoms began
- what happened immediately beforehand
- how long symptoms lasted
- what makes them better
- what makes them worse

- medications
- sleep
- illnesses
- injuries
- stressors
- other symptoms

A symptom diary can be extremely useful.

Chapter 14: Finding the Right Medical Team

FND may require several professionals.

Your team might include:

- primary-care physician
- neurologist
- physical therapist
- occupational therapist
- speech-language pathologist
- psychologist or psychiatrist
- pain specialist
- rehabilitation physician
- social worker

Not everyone needs every specialist.

Treatment should be individualized.

Chapter 15: How Doctors Diagnose FND

Modern diagnosis emphasizes positive clinical evidence.

A neurologist may identify particular patterns of inconsistency or incongruence that are characteristic of functional symptoms.

Examples include differences between voluntary and automatic movement or changes in symptoms with attention and distraction.

The clinical review literature emphasizes that FND should not be diagnosed solely because investigations are normal or because a person has a history of psychological

difficulties.

Chapter 16: Neurological Examination and Positive Clinical Signs

A neurological examination may involve:

- strength testing
- reflexes
- sensation
- coordination
- gait
- balance
- eye movements
- speech
- movement patterns

In FND, clinicians may look for specific positive signs.

These findings can provide evidence supporting the diagnosis.

A good explanation from the clinician is important.

Patients deserve to understand:

What the diagnosis is.

Why the clinician believes it.

What symptoms fit.

What treatment options exist.

What happens next.

Chapter 17: MRI, EEG, Blood Tests, and Other Testing

Medical testing can be valuable.

MRI may identify structural abnormalities.

EEG may be useful when evaluating seizure-like episodes.

Blood tests may identify metabolic, inflammatory, infectious, endocrine, or other conditions.

But testing has limitations.

A normal test does not automatically prove FND.

Conversely, an abnormal test does not automatically rule FND out.

FND can coexist with other medical conditions.

Chapter 18: Conditions That Can Resemble FND

Many neurological and medical disorders can produce symptoms that overlap with FND.

Examples include:

- epilepsy
- migraine
- stroke
- multiple sclerosis
- movement disorders
- neuropathy
- spinal disorders
- metabolic disorders
- medication effects
- sleep disorders

This is why proper medical evaluation matters.

A person should not diagnose themselves from an internet checklist.

Chapter 19: Why Diagnosis Can Take Time

The nervous system is complicated.

Symptoms may change over time.

Different clinicians may see different stages of the illness.

Some patients initially receive several possible diagnoses.

This can be emotionally exhausting.

If you are struggling to understand your diagnosis, ask your neurologist:

“What specific findings led you to diagnose FND?”

That question can produce a much more useful conversation than simply asking whether your MRI was normal.

Chapter 20: What to Do After Receiving an FND Diagnosis

Receiving a diagnosis may produce mixed emotions.

You might feel:

- relieved
- frightened
- angry
- confused
- validated
- skeptical
- hopeful

All of these reactions can occur.

The diagnosis should be the beginning of a treatment conversation.

Ask:

What type of FND do I have?

Which symptoms are functional?

Are there other diagnoses?

What treatment is appropriate?

Can I see an FND-informed therapist?

Would specialized physical therapy help?

What should I do during a flare?

What warning signs should prompt reassessment?

PART III

TREATMENT AND REHABILITATION

Chapter 21: Treatment Is Possible

An FND diagnosis does not mean:

“Nothing can be done.”

There are evidence-based treatment approaches.

The exact treatment depends on symptoms.

For motor symptoms, rehabilitation—including specialized physical and occupational therapy—is often central.

Psychological treatment may also be useful for some patients and some symptom types.

Treatment response varies considerably between individuals. BMJ

Chapter 22: The Role of the Neurologist

The neurologist may:

- establish or clarify the diagnosis
- identify coexisting neurological conditions
- explain the neurological mechanism
- recommend treatment
- coordinate specialist care
- reassess changing symptoms

Good communication is part of treatment.

Understanding the diagnosis can help a patient move from fear toward active rehabilitation.

Chapter 23: Physical Therapy for FND

FND-focused physical therapy is different from simply strengthening a weak muscle.

Treatment may emphasize:

- normal movement
- automatic movement
- retraining
- functional goals
- reducing excessive attention to movement
- confidence
- gradual activity
- self-management

The purpose is not to pretend symptoms aren't happening.

The purpose is to help the nervous system learn more effective movement patterns.

Consensus recommendations describe education, movement retraining, attention strategies, and self-management as components of FND rehabilitation.

Chapter 24: Occupational Therapy

Occupational therapy focuses on meaningful daily activities.

That can include:

- dressing
- cooking
- bathing
- writing
- computer use
- returning to work
- household activities
- energy management

The goal is not merely to measure impairment.

The goal is to restore participation in life.

Chapter 25: Speech and Language Therapy

Speech-language pathologists can help with:

- speech

- voice
- communication
- swallowing
- cough
- related symptoms

Treatment is individualized.

Some approaches emphasize changing attention, retraining communication patterns, education, and functional practice.

Chapter 26: Psychological Therapies and FND

Psychological therapy does not mean:

“Your symptoms are imaginary.”

Instead, psychological treatment may address factors that influence symptoms, coping, attention, fear, trauma when relevant, anxiety, depression, or behavioral patterns.

Not everyone with FND needs psychiatric treatment.

But mental-health support can be valuable for many people living with a disabling chronic illness.

Chapter 27: Managing Functional Seizures

Functional seizures require an individualized plan.

Important goals may include:

- understanding the diagnosis
- recognizing typical episodes
- reducing fear surrounding attacks
- learning appropriate coping strategies
- addressing triggers or maintaining factors
- coordinating medical care

If an episode is different from a person's established pattern, particularly if it is prolonged or associated with injury or medical danger, emergency assessment may be appropriate.

Never assume that every future episode is automatically FND.

Chapter 28: Managing Pain and Fatigue

Pain management should be individualized.

Potential components include:

- physical rehabilitation
- sleep improvement
- pacing
- activity modification
- psychological approaches
- treatment of coexisting pain conditions
- medication when appropriate

Fatigue requires balancing activity and recovery.

Doing too much on a good day can sometimes produce a crash afterward.

The answer is usually not complete inactivity.

Instead, rehabilitation often involves finding sustainable levels of activity.

Chapter 29: Medications: What They Can and Cannot Do

There is no single medication that cures FND.

Medication may nevertheless be appropriate for other conditions occurring alongside FND.

Examples include treatment for:

- migraine
- depression
- anxiety
- pain
- sleep disorders
- epilepsy when epilepsy is also present

Medication decisions belong with the treating clinician.

Never stop prescribed medication suddenly without medical advice.

Chapter 30: Building an Individualized Treatment Plan

A treatment plan should answer:

What are my symptoms? What are my functional goals? What treatment is available? What can I practice at home? What should I avoid? What should I do during a flare? How will progress be measured?

Progress does not necessarily mean every symptom disappears immediately.

Progress may mean:

- walking farther
- returning to school
- cooking again
- reducing falls
- participating socially
- becoming more independent
- having fewer attacks
- gaining confidence

PART IV

LIVING WITH FND

Chapter 31: FND and School

Students with FND may require accommodations.

Potential accommodations might include:

- breaks
- reduced physical demands
- extra time
- quiet testing environments
- mobility support
- attendance flexibility
- access to counseling

- modified assignments

The appropriate accommodations depend on the student's actual limitations and applicable educational law.

A physician or rehabilitation professional can help document functional limitations.

Chapter 32: FND and Employment

Work can become complicated when symptoms affect:

- mobility
- concentration
- stamina
- communication
- reliability
- driving
- physical activity

Possible workplace accommodations may include:

- flexible scheduling
- remote work
- additional breaks
- ergonomic equipment
- modified duties
- reduced physical demands

Employment and disability rights vary by jurisdiction.

Seek qualified legal or vocational guidance when necessary.

Chapter 33: FND and Disability

FND can be disabling.

A diagnosis does not automatically establish eligibility for disability benefits.

Disability determinations generally depend on functional limitations and applicable rules.

Keep records of:

- diagnoses
- treatment
- symptoms
- functional limitations
- missed work
- therapy
- hospitalizations
- medication effects

Document what you cannot reliably do, not merely the name of the diagnosis.

Chapter 34: Driving and Transportation

Driving requires attention, coordination, vision, reaction time, and reliable control.

Some FND symptoms may make driving unsafe.

Examples include:

- loss of consciousness
- unpredictable attacks
- significant weakness
- impaired vision
- uncontrolled movements

Driving restrictions vary by location and medical circumstances.

Discuss driving with your clinician rather than assuming that a diagnosis automatically makes driving either safe or unsafe.

Chapter 35: Relationships, Marriage, and Family

FND affects families as well as individuals.

Partners may become caregivers.

Parents may become advocates.

Children may become frightened.

Family members may not understand why symptoms fluctuate.

Communication helps.

Instead of saying:

“You need to try harder.”

Try:

“What would help you today?”

Support should encourage independence rather than unintentionally reinforcing disability.

Chapter 36: Parenting With FND

Parenting requires enormous energy even without a neurological disorder.

Parents with FND may need to:

- plan activities
- pace themselves
- accept assistance
- simplify household tasks
- communicate openly with children

Children need age-appropriate explanations.

A simple explanation might be:

“My brain and body are having trouble communicating normally. It isn't your fault, and the doctors are working on helping me.”

Chapter 37: When Other People Don't Understand

One of the hardest parts of FND can be other people's reactions.

Someone may say:

“You look fine.”

“You were walking yesterday.”

“It's just stress.”

“You need to get over it.”

These statements can be painful.

You do not have to convince everyone.

A short explanation may be enough:

“I have a neurological condition called Functional Neurological Disorder. My symptoms are real and can fluctuate.”

Then redirect the conversation toward what you need.

Chapter 38: Dealing With Stigma

Stigma can come from:

- strangers
- employers
- relatives
- friends
- healthcare professionals
- sometimes even the patient themselves

Self-stigma sounds like:

“I should be able to control this.”

“I’m lazy.”

“I’m weak.”

“I’m broken.”

Replace those thoughts with a more useful question:

“What can I do today that moves me toward functioning better?”

Chapter 39: Mental Health and Emotional Well-Being

Living with unexplained symptoms can create emotional distress.

You may experience:

- anxiety

- depression
- frustration
- grief
- anger
- isolation
- fear of symptoms returning

These feelings deserve treatment when they become significant.

Seeking psychological support is not an admission that FND is imaginary.

It is one part of caring for a whole human being.

Chapter 40: Finding Your Identity Beyond FND

A diagnosis can become all-consuming.

You may begin introducing yourself as:

“My FND.”

But you are not your diagnosis.

You are still:

- a parent
- child
- artist
- worker
- student
- musician
- athlete
- friend
- partner
- creator
- human being

Recovery includes rebuilding an identity larger than illness.

PART V

RECOVERY AND LONG-TERM MANAGEMENT

Chapter 41: What Does Recovery Mean?

Recovery has different meanings.

For one person it means complete symptom remission.

For another it means returning to work.

For another it means walking independently.

For another it means learning to live confidently despite persistent symptoms.

There is no single definition.

Avoid comparing your recovery to somebody else's.

Chapter 42: Setbacks, Flare-Ups, and Relapses

A setback does not necessarily mean treatment has failed.

Symptoms can fluctuate.

During a flare, ask:

What changed?

Did my sleep change?

Have I been overexerting myself?

Am I experiencing another illness?

Have medications changed?

Am I under unusual stress?

Do I have a new symptom that needs medical assessment?

Most importantly:

Do not automatically assume every new symptom is FND.

New neurological symptoms deserve appropriate clinical consideration.

Chapter 43: Understanding Triggers

Potential symptom triggers vary greatly.

Some people notice associations with:

- fatigue
- illness
- pain
- stress
- sensory overload
- fear
- injury
- poor sleep
- excessive activity

But a trigger is not necessarily the same thing as the underlying cause.

Finding patterns can help with management without creating self-blame.

Chapter 44: Pacing and Energy Management

Pacing means distributing activity so that you do not repeatedly exceed your sustainable capacity.

Imagine you have an energy budget.

You can spend that energy on:

- bathing
- cooking
- working
- exercising
- shopping
- socializing

You cannot spend the same energy twice.

Pacing may mean doing something for 20 minutes instead of 60.

It may mean resting before exhaustion rather than after collapse.

The objective is sustainable function.

Chapter 45: Sleep, Nutrition, and Daily Routine

Basic health behaviors matter.

Try to establish consistent routines around:

- sleep
- meals
- hydration
- medication
- movement
- appointments
- relaxation

Good nutrition does not cure FND.

Exercise does not cure every symptom.

Sleep does not eliminate neurological disorders.

But supporting general health can make rehabilitation easier and may reduce additional burdens on the nervous system.

Chapter 46: Rebuilding Confidence and Movement

Fear can change movement.

After repeated falls, a person may become afraid to walk.

After repeated attacks, a person may become afraid to leave home.

After losing control of a hand, a person may stop using it.

Rehabilitation often involves rebuilding confidence gradually.

Set achievable goals.

For example:

Week 1: Walk to the mailbox.

Week 2: Walk around the block.

Week 3: Visit a nearby store.

The exact goals should be individualized with your treatment team.

Chapter 47: Creating Your Personal FND Action Plan

Write down:

My common symptoms My known triggers or patterns My helpful strategies My treatment team My medications My emergency contacts What I want healthcare professionals to know My next rehabilitation goal

Keep a copy accessible.

Chapter 48: When Symptoms Change

One of the most important principles in FND management is:

Do not ignore new symptoms simply because you have FND.

People with FND can develop other neurological or medical disorders.

A change in symptoms should be discussed with a clinician when it is:

- new
- severe
- persistent
- progressive
- substantially different from usual
- associated with injury
- associated with concerning systemic symptoms

FND should never become a reason to dismiss genuine medical concerns.

Chapter 49: Questions to Ask Your Healthcare Team

Take this list to appointments.

Diagnosis

What findings support my diagnosis?

What type of FND do I have?

Are there other conditions I have?

Do I need additional testing?

Treatment

What treatment do you recommend?

Can I see an FND-informed physical therapist?

Would occupational therapy help?

Would speech therapy help?

Would psychological treatment be useful?

Daily life

Is it safe for me to drive?

Can I exercise?

What should I do during a flare?

Should I continue working?

What accommodations might help?

Long term

How will we measure progress?

When should I return?

What symptoms should prompt earlier reassessment?

Chapter 50: Hope, Adaptation, and Moving Forward

An FND diagnosis can change your life.

But it does not have to define the rest of it.

You may have days when your body cooperates.

You may have days when it doesn't.

You may improve quickly.

You may improve slowly.

You may experience setbacks.

You may discover abilities you thought you had lost.

The path is rarely perfectly straight.

The goal is not to become the person you were before your symptoms at any cost.

The goal is to build the best life possible with the nervous system you have today—and to keep giving rehabilitation, medical care, and yourself a chance to improve.

There is an important difference between accepting a diagnosis and giving up.

Acceptance says:

“This is what I am dealing with.”

Giving up says:

“Nothing can change.”

Those are not the same.

Treatment research continues.

Clinical understanding continues to evolve.

New rehabilitation approaches continue to be studied.

And individual people continue to discover ways to regain function, independence, confidence, and purpose.

Your diagnosis is a chapter.

It does not have to be the entire book.

PRACTICAL RESOURCE SECTION FND Symptom Diary Date Symptom Severity
0–10 Duration Possible Trigger What Helped

Medical Appointment Worksheet

Date: _____

Doctor: _____

My three biggest concerns New symptoms Changes since last appointment Questions I
need answered Treatment recommendations Next appointment Medication Tracker
Medication Dose Time Reason Side Effects

Always verify medication information with your prescribing clinician or pharmacist.

Flare-Up Plan

When symptoms increase:

Step 1

Stop and assess.

Step 2

Ask whether this is similar to previous episodes.

Step 3

Use your clinician-approved management strategies.

Step 4

Reduce unnecessary physical and cognitive demands.

Step 5

Hydrate and rest appropriately.

Step 6

Contact your healthcare team if symptoms are persistent or concerning.

Step 7

Seek emergency care for potentially life-threatening symptoms.

Family Support Guide

Family members can help by:

- listening
- believing the person's experience
- encouraging appropriate treatment
- helping with practical tasks
- avoiding unnecessary criticism
- encouraging independence
- attending appointments when invited
- learning about FND

Family members should avoid becoming permanent replacements for the person's own abilities whenever rehabilitation can safely promote independence.

FND Communication Card

I have Functional Neurological Disorder (FND).

My symptoms are neurological and may fluctuate.

My symptoms are not necessarily visible.

If I am experiencing a new or unusual medical emergency, please evaluate me appropriately rather than assuming every symptom is caused by FND.

Emergency contact:

Neurologist:

Important medical information:

Glossary

FND

Functional Neurological Disorder.

Functional neurological symptom

A neurological symptom related to abnormal nervous-system functioning.

Functional seizure

A seizure-like episode that is not caused by epileptic electrical activity in the brain.

Epilepsy

A neurological disorder involving a predisposition to epileptic seizures.

Neurologist

A physician specializing in disorders of the nervous system.

Physiotherapy / Physical Therapy

Rehabilitation focused on movement and physical function.

Occupational Therapy

Therapy focused on activities of daily living and meaningful participation.

Speech-Language Pathology

Professional assessment and treatment of communication, speech, voice, swallowing, and related problems.

EEG

Electroencephalography, a test that records electrical activity of the brain.

MRI

Magnetic resonance imaging.

Biopsychosocial

An approach recognizing interactions among biological, psychological, and social factors.

Rehabilitation

A process designed to improve function, independence, participation, and quality of life.

Pacing

Managing activity and rest to reduce cycles of overexertion and exhaustion.

Final Words

If you are living with FND, you may have spent months or years trying to explain something that other people could not see.

You may have wondered whether anyone believed you.

You may have questioned yourself.

You may have been told contradictory things by different people.

You may have felt that your life was divided into before FND and after FND.

But there is another way to look at the story.

There is the chapter where symptoms began.

There is the chapter where you searched for answers.

There is the chapter where you received a diagnosis.

And there can be another chapter:

learning how your nervous system works, learning how to work with it, rebuilding function, adapting where necessary, and reclaiming the parts of life that matter to you.

FND is real.

The challenges can be real.

The disability can be real.

But so can rehabilitation.

So can adaptation.

So can progress.

And so can hope.

Selected Medical References and Further Reading

Aybek S, Perez DL. Diagnosis and management of functional neurological disorder. *BMJ*. 2022;376:o64. This review describes contemporary diagnosis, including the use of positive clinical signs, and discusses rehabilitation and psychological approaches. *BMJ*

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of Neurology, Neurosurgery & Psychiatry. The consensus document describes the role of speech-language professionals in FND.

Nielsen G, et al. Physiotherapy for functional motor disorders: a consensus recommendation. *Journal of Neurology, Neurosurgery & Psychiatry*. The recommendations describe education, movement retraining, attention strategies, and self-management in functional motor symptoms.

Managing functional neurological disorder: treatment recommendations for health professionals in Australia. *BMJ* . The recommendations address diagnosis, communication, multidisciplinary treatment, rehabilitation, and long-term management.

McWhirter L, Carson A. Functional cognitive disorders: clinical presentations and treatment approaches. *Practical Neurology*. This review addresses cognitive symptoms that can occur within the functional neurological spectrum.