Abstract 178

178 - FIVE YEAR MISDIAGNOSIS OF FUNCTIONAL NEUROLOGICAL DISORDER WITH OVERLAPPING COVID VACCINE, CERVICAL SURGERY, ANESTHETIC STRESS, AND A 52 HOUR HANDCUFF RESTRAINT

Category: Treatment

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Background

Functional neurological disorder (FND) is now defined as a rule-in diagnosis based on abnormal brain-network activity rather than structural lesions. Early identification is essential because premature antipsychotic medication and coercive restraint aggravate symptoms and generate legal consequences. FND diagnosis was verified by NIH-funded research protocol Diagnosis and Natural History Study of Patients With Neurological Conditions.

Case Presentation

2021 - After a COVID-19 booster: progressive upper-body tightening with fatigue; CICP claim.

2022 Sept - C5-C6 ACDF: persistent foraminal stenosis. Intra-operative "fighter-flight" stress triggered functional symptoms.

2023 Oct - VCU EMG: chronic left C6 radiculopathy, mild right median mononeuropathy; no brachial plexus injury. Pinched nerve at C6 post-op.

2023 Dec - NIH EEG/EMG: Bereitschaftspotential and no epileptiform activity; functional chorea confirmed.

2025 Feb - 2.5-hour non-epileptic seizure: ED diagnosed "psychotic break," gave haloperidol 5 mg IM + risperidone 1 mg q12h before neurophysiology, issued TDO. Called 911 after staff refused release; handcuffed to bed 52 hrs, accused of "eloping."

Patient-directed communication

Text-to-speech request for GP ignored; returned without GP involvement. This is a local hospital that has all my data. I've been going there for years.

Data compilation

Former school system USDA IT specialist applied audit-style validation to create 5-year de-identified case file.

Discussion

Systemic failures:

1. Premature antipsychotics without neurophysiologic confirmation;

2. Fragmented care and 52-hr restraint amplified symptoms;

3. Legal actions based on unsubstantiated psychiatric label: firearms ban, "eloping" accusation.

Onabotulinumtoxin A trial showed no benefit beyond CBT, confirming need for diagnostic confirmation before intervention. BMJ review stresses early rule-in diagnosis and rehab improves outcomes. Multiple triggers - vaccine, incomplete surgery, anesthetic stress - converged to produce FND; misdiagnosis snowballed into medical-legal crisis.

Recommendations

a. Mandatory functional neuroimaging before psychiatric labeling;

b. Early multidisciplinary pathways;

c. Respect patient-directed communication, such as text-to-speech GP requests, to prevent unnecessary restraint.

References

Vizcarra JA et al. Onabotulinumtoxin A and CBT in functional dystonia. Parkinsonism & Related Disorders.

Source: FNDS 2026 Conference Abstracts PDF. Additional references are listed in the abstract book after this entry, but the extracted snippet provided here cuts off immediately after the Vizcarra citation.

Clean one-line version

Abstract 178 is a patient-authored case report showing how delayed FND recognition, fragmented records, communication-access failure, premature psychiatric framing, and emergency/legal escalation can compound into a medical-legal crisis.

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