

FIVE YEAR MISDIAGNOSIS OF FUNCTIONAL NEUROLOGICAL DISORDER

with Overlapping COVID-19 Vaccination, Cervical Surgery, Anesthetic Stress, and Prolonged Restraint Exposure (~52 Hours)

Temporal associations documented; causality not asserted.

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Independent Patient Case Study / Longitudinal Documentation Review

INTRODUCTION



PURPOSE

This case illustrates how longitudinal neurological information and communication limitations were not consistently integrated across care settings, contributing to narrative drift, diagnostic compression, and preventable downstream consequences in Functional Neurological Disorder (FND).



CASE CONTEXT

- Adult with cerebral palsy and cervical spine disease
- Post-surgical abnormal movement development
- NIH-confirmed Functional Neurological Disorder (FND)
- Five-year longitudinal documentation review (2021–2026)



KEY CONCEPT

Narrative Drift

Progressive narrowing of interpretation in which acute psychiatric or behavioral framing overshadows broader longitudinal neurological context.

ABSTRACTS / FIVE-YEAR LONGITUDINAL FLOW

1



NEUROLOGY AFTER SURGERY

- Cervical pathology documented
- Structural vs functional uncertainty

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NIH FND EVALUATION

- NIH Protocol 93-N-0202
- EEG/EMG Bereitschaftspotential findings consistent with FND

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ACUTE EVENT & ER PRESENTATION

- ~2.5-hour functional seizure episode
- Speech dysregulation / speech-to-text communication

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SYSTEM RESPONSE

- Psychiatric interpretation applied prior to full neurological integration
- Existing longitudinal information not consistently transferred across settings

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DOWNSTREAM CONSEQUENCES

- Medical, psychosocial, legal, and financial impact
- Increased resource utilization
- Extended recovery trajectory

FIGURE 1 – INFORMATION & COMMUNICATION FAILURES



INFORMATION CONTINUITY FAILURE

Prior neurological findings and longitudinal context were not consistently integrated during escalation.



COMMUNICATION ACCESSIBILITY FAILURE

Speech dysregulation and speech-to-text communication were interpreted behaviorally rather than neurologically.



NARRATIVE DRIFT

Acute psychiatric framing progressively overshadowed longitudinal neurological context and prior documented findings.

FIGURE 2 – SYSTEM IMPACT



Diagnostic compression across care settings



Delayed neurological integration



Escalation of psychiatric interpretation



Preventable downstream harm



Increased resource utilization



Patient-safety and trust concerns

CONCLUSIONS



KEY CLINICAL INSIGHT

In complex neurological presentations, impaired patient communication should be treated as diagnostic context—not as evidence against the diagnosis.

WHY THIS MATTERS

When patient information does not reliably follow the patient:

- continuity breaks down,
- interpretations narrow,
- and preventable harm can occur.

TABLE 1 – FOCUS AREAS FOR SYSTEM IMPROVEMENT



Longitudinal continuity



Communication accessibility



Interdisciplinary integration



Narrative preservation



Structured patient summaries



Context-aware clinical review



TAKEAWAY

Patient-centered FND care requires:

- reliable information transfer,
- preservation of longitudinal context,
- and recognition that communication impairment may itself be part of the neurological presentation.

