

8-6-2024

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### NSUWorks Citation

Rachael Rice. 2024. *Multidisciplinary Sensory Recommendations for Functional Neurological Symptom Disorder*. Capstone. Nova Southeastern University. Retrieved from NSUWorks, . (147)  
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# Multidisciplinary Sensory Recommendations for Functional Neurological Symptom Disorder

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TGH Outpatient Rehabilitation at Westshore

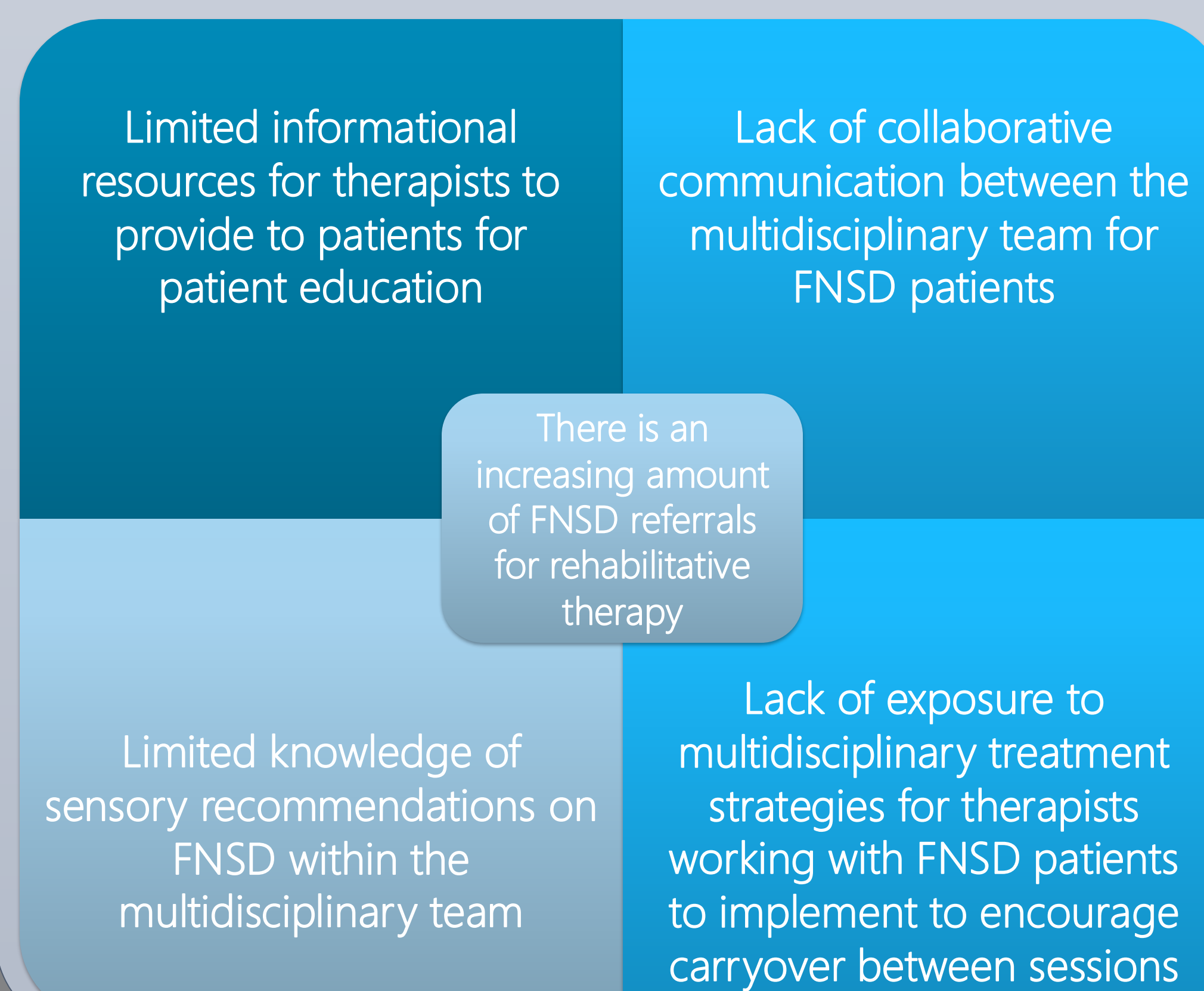
## Introduction

- The purpose for this capstone experience was to provide information and resources related to an increasingly prevalent disorder, as well as contribute to a growing knowledge of best treatment options and carryover for multidisciplinary rehabilitative care.
- Functional Neurological Symptom Disorder (FNSD), also known as FND, is a prevalent condition in outpatient neurological settings and is one of many complex neurological conditions that are treated at Tampa General Hospital (TGH) Outpatient Rehabilitation at Westshore.
- There is an increasing number of FNSD referrals to the clinic's multidisciplinary team and research is limited to support specific treatment parameters and interventions to be utilized during rehabilitation.
- This capstone experience provided insight and high-level clinical practice skills required for working with complex neurological conditions.

## Capstone Site Description

- Tampa General Hospital was named one of the Nation's Best Hospitals by U.S. News & World Report.
- TGH is ranked as the #1 hospital in Tampa Bay and is ranked among the top 50 hospitals in the nation in eight specialties.
- TGH Outpatient Rehabilitation at Westshore is a clinic that specializes in neurological rehabilitation for adults and pediatrics.

## Summary of Needs Assessment



## Literature Review Summary

### Functional Neurological Symptom Disorder

- Functional neurological symptom disorder (FNSD) is a disorder known by many names including functional neurologic disorder (FND), and previously conversion disorder.
- According to the DSM-5, there are several types of FNSD and for each patient there may be one or more neurological symptoms present.
- The presentation of symptoms may include motor or sensory involvement, episodes of apparent unresponsiveness, or speech implications.

### Multidisciplinary Team

- FNSD is best treated through a multidisciplinary approach that addresses both physical and psychological aspects of the disorder.
- The multidisciplinary treatment team may consist of neurology, occupational therapy, physical therapy, speech and language therapy, psychology, etc.

### Occupational Therapy

- The occupational therapy consensus recommendation for FNSD identifies that utilizing a biopsychosocial etiological framework, providing education, incorporating rehabilitation within functional activity, and incorporating the use of taught self-management strategies are current best practice recommendations.

## FNSD Occupational Therapy Evaluation

Patient history & occupational profile  
Goals and home life  
Distress symptoms (1-10)  
Sensory profile  
Sensory motor checklist  
Qualitative goal setting (COPM)  
Pain/symptoms  
Functional deficits  
Identify triggers  
ROM/MMT  
9-hole peg test

Figure 1. A resource for an FNSD occupational therapy evaluation

## FUNCTIONAL NEUROLOGIC DISORDER

RELAPSE PREVENTION PLAN

1. What have you learned about your condition?

2. What triggers make your symptoms worse?

3. What are the most helpful management strategies that you have learned?

4. What coping strategies were unhelpful or made it difficult to improve?

5. What can you do if you notice that your symptoms and function are getting worse?

6. What are the next steps in your recovery?

Figure 2. A resource for an FNSD relapse prevention plan. [PDF] Alana Woolley. OT potential.

## PROPRIOCEPTIVE INPUT/HEAVY WORK

Gross Motor	Fine Motor	Oral Motor
Wall pushups	Theraputty	Chewy/crunchy foods
UEU	Stirring	Blowing through straw
Carrying weighted bags	Pinchpins	Blowing up balloons
Hopping with weighted cuffs	Therabar	Whisper sounds of the letters of the alphabet
Yoga	Scissors	Blow bubbles
Weighted vest/backpack	Spray bottle	Puff up cheeks
Pushing/pulling a weighted cart	Rolling pin	Apply Chapstick (scented or unscented), press lips together move side to side

Figure 3. A list of gross, fine, and oral motor heavy work activities

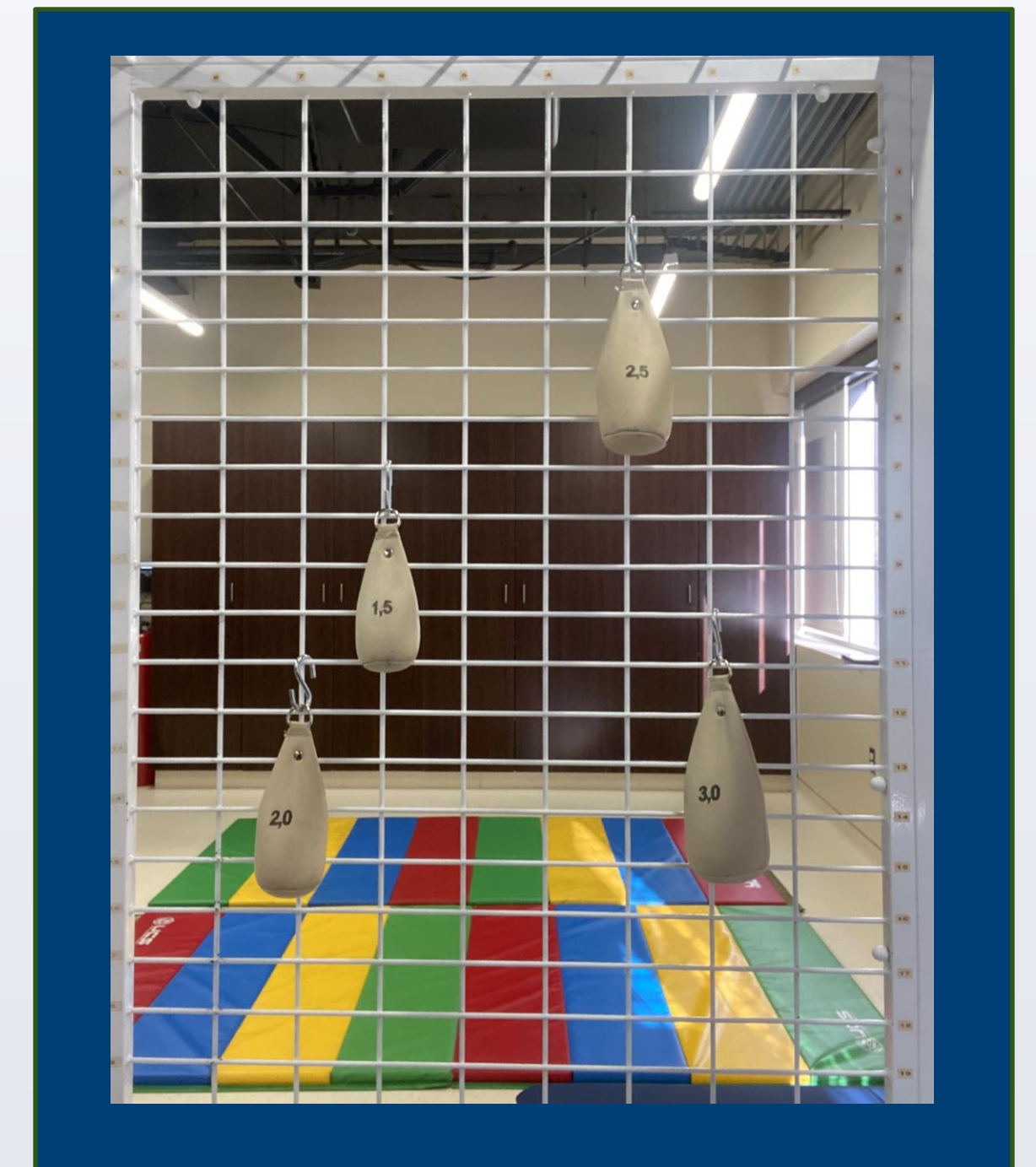


Figure 4. A universal exercise unit was used to simulate a game of battleship, providing proprioceptive input and challenging working memory

Beginning position	Goals
-Cords attached at waist level or lower for grounding. The lower the cords, the more proprioceptive input through the LE	Weightbearing UE and LE, proprioceptive input, balance, stabilization, strengthen hip, knee, trunk
-Feet positioned on Bosu ball, Airex pad, box, or the floor.	
-Weights positioned in a bucket on the floor or on the other side of the side of the structure	
-Movement	Special considerations
-Weight shifting	-Cognitive challenge for attention, visual perception, and short term working memory
-Bending	
-Reaching overhead	

Figure 5. Patient positioning, goals, movement and special considerations during engagement in the battleship activity

## Implications for OT Practice

- Occupational therapists in the clinic have an improved understanding of their role in the multidisciplinary team treating FNSD.
- From a multidisciplinary perspective, there is an improved line of communication between psychology and physical rehabilitation to improve collaboration and carryover of concepts between therapies in the Westshore clinic.
- Therapists from a variety of clinical settings are informed of strategies that can be implemented for sensory regulation to improve patient symptoms during treatment sessions or times of increased symptom presentation.
- Patients with FNSD will be treated by OTs who are educated about FNSD and who can provide insight and recommendations to improve patient care.

## REFERENCES & ACKNOWLEDGMENTS

References Available Upon Request

Thank you to Nicole Goldstein, Dr. Emily Foard, and the TGH Westshore therapists and staff for their insight and expertise in working with complex neurological cases. Additionally, I would like to thank Dr. Kane and Dr. Kopp for their insight, collaboration, and mentorship throughout this capstone experience.

## Capstone Goals Achieved

