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Functional Movement Disorder (FMD)

Patient education guide · Movement Disorders · Madison Neurology LLC

What is it?

Functional movement disorder is one of the most common diagnoses in movement disorder clinics: involuntary tremor, jerks, dystonia-like postures, gait problems, or weakness arising from a reversible disturbance in how the brain controls movement — a software problem, not hardware damage. Symptoms are real, involuntary, and often disabling — and, uniquely in neurology, potentially fully reversible with the right treatment.

How does it happen?

FMD arises when stress, injury, illness, or psychological strain disrupts the brain's automatic movement programs — attention becomes locked onto the movement and the 'automatic pilot' fails. Risk factors include prior trauma, anxiety, depression, chronic pain, and other functional symptoms, but many patients have none of these. The brain scans structurally normal because the wiring is intact — the signaling pattern is what malfunctions.

Common symptoms

- Tremor that varies with attention — it may stop when you're distracted or copying movements with the other hand
- Sudden jerks, spasms, or fixed postures
- Unusual gait patterns; dragging a leg; sudden knee-buckling without falls
- Symptoms appearing suddenly, often after a trigger (injury, illness, stress), and fluctuating
- Frequently coexisting fatigue, pain, dizziness, or memory concerns

How is it diagnosed?

Diagnosis is made positively — by a neurologist demonstrating specific signs (distractibility, variability, entrainment of tremor to another rhythm) — not merely by excluding disease. This positive diagnosis is

good news and should be explained clearly: it means the nervous system structure is intact and the problem is reversible.

How is it treated?

The foundation is understanding the diagnosis. Specialized physical therapy — retraining automatic movement and diverting attention away from the symptom — is the most effective treatment and can restore normal movement, sometimes rapidly. Occupational and speech therapy address specific symptoms; cognitive behavioral therapy treats the stress, trauma, or mood components that perpetuate the circuit; medications help coexisting anxiety, depression, or pain. Boomerang relapses are part of recovery, not failure.

What does the future hold?

FMD has the best potential of any movement disorder: many patients improve dramatically, and some recover completely, particularly with early specialized treatment and a good understanding of the diagnosis. Symptoms can recur under stress — having a self-management plan keeps relapses brief.

Questions patients commonly ask

Q: Are you saying it's psychological?

A: It's neurological — a reversible disorder of brain network function, where stress physiology plays a role. The symptoms are involuntary and as real as any in neurology; the difference is the structure is intact, so recovery is possible.

Q: Why did it start after a minor injury?

A: A physical trigger commonly flips the brain into a protective pattern that then persists — the injury healed, but the alarmed movement program stayed switched on until it's retrained.

Q: Can it come back?

A: Yes, often briefly under stress; patients who understand the mechanism and have self-retraining tools recover from relapses quickly.

National support groups & resources

- **FND Hope** — fndhope.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673

(Organization contact details were current at the time of compilation; please verify online.)

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