DR. SCHUBINER'S

F.I.T. CRITERIA

Functional / Inconsistent / Triggered (F.I.T.)

A Neuroplastic Symptom Checklist developed by Howard Schubiner MD, MindBody Expert

1. First things first: Ruling OUT a structural disorder

Ruling out a structural condition is usually relatively straight-forward. Many conditions are clearly MBS, such as irritable bowel syndrome (IBS), non-ulcer dyspepsia, migraine and tension headaches, CRPS (complex regional pain syndrome), fibromyalgia, POTS (postural orthostatic tachycardia syndrome), myofascial pain syndrome, multiple chemical sensitivities and irritable bladder syndrome (interstitial cystitis).

Many other conditions are often MBS, and simple testing can rule out a serious problem, such is the case with chronic tendonitis, numbness, burning and tingling sensations, chest pains, palpitations, pelvic pain syndromes, insomnia, chronic abdominal pain, tinnitus, dizziness, repetitive strain injury, anxiety, depression, and chronic fatigue syndrome.

For the majority of people with chronic neck and back pain, the correct diagnosis is MBS, although few doctors, physical therapists and chiropractors will be aware of this.

As long as the tests, X-rays, and MRIs do not show a tumor, infection, autoimmune disease, inflammatory condition, or fracture, and if the neurological examination is normal to rule out nerve damage, then the presence of degenerative discs, spurs, facet problems, and bulging discs should not be interpreted to be causing pain.

- Please see your doctor to rule out any structural cause for your symptoms then proceed to step 2. -

2. Ruling IN a neuroplastic disorder/MindBody Syndrome (MBS)

Once a structural condition is ruled out, one should look carefully at the symptoms to rule in a mind body/neuroplastic disorder. This can be accomplished by understanding how the human pain system works. You can group features of MBS into three categories: Functional, Inconsistent, and Triggered (FIT).

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Let's give your symptoms the "F.I.T." test.

Check any statement in the three "F.I.T." categories that apply to your symptoms.

Functional

This means that the symptoms of MBS do not fit with and are not explainable by known structural conditions.

- ☑ Symptoms begin without a physical precipitation (often occurring with no injury, upon waking up in the morning, or during a time of stress)
- ☑ Symptoms persist after an injury has healed (all injuries heal within 3 months & scars do not cause pain)
- ☑ Symptoms are in a distribution pattern that is symmetric in the body, mirror image on the left and right side (this rarely occurs with structural pain)
- ☑ Symptoms occur on one whole side of the body or occur on half of the face, head, or torso (this does not fit into a pattern that corresponds to physical damage)
- ☑ Symptoms spread over time to different areas of the body
- ☑ Symptoms radiate to the opposite side of the body or down a whole leg or arm (unlike a nerve pain that would only affect the part of the arm or leg where that nerve is located)
- ☑ Symptoms occur in many different body parts at the same time
- ☑ Symptoms that have the quality of tingling, electric, burning, numb, hot or cold (these are commonly MBS, especially when there is no evidence for actual nerve damage)
- ☑ Symptoms occur from a prior injury that has healed

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Inconsistent

This means that the symptoms vary in ways that a structural condition would not.

- ☐ Symptoms shift from one location in the body to another, either within hours, days or weeks at a time
- ☑ Symptoms are more or less intense depending on the time of day, or occur first thing in the morning or in the middle of the night (this is due to subconscious brain activity)
- ☑ Symptoms occur after, but not during, activity or exercise (a structural injury hurts when used and is better when rested)
- ☑ Symptoms occur when one thinks about them or when someone asks about it
- ☑ Symptoms occur when stress is increased or one thinks about stressful situations
- ☑ Symptoms are minimal or non-existent when engaged in joyful or distracting activities, such as when on vacation or when not thinking about the symptoms
- ☐ Symptoms are minimal or non-existent after some kind of therapy, such as massage, chiropractic, Reiki, acupuncture, an herbal or vitamin supplement (anything that calms the danger signal will tend to decrease symptoms)

Triggered

This means that the symptoms are brought on by stimuli that would not actually cause the symptom physically, but they activate the brain to generate the symptom

- ☑ Symptoms are triggered by things that are not related to the actual symptom, such as foods, smells, sounds, light, computer screens, menses, changes in the weather (weather has been shown in research to not increase pain, despite what most people think) or specific movements
- ☐ Symptoms are triggered by the anticipation of stress, such as prior to school, work, a doctor's visit, a medical test, a visit to a relative, or a social gathering; or during those activities
- ☐ Symptoms that are triggered by simply imagining engaging in the triggering activity, such as bending over, turning the neck, sitting or standing (this is a great exercise to diagnose MBS as it confirms that the brain is creating pain in the absence of actually performing the activity)
- ☑ Symptoms are triggered by light touch or innocuous stimuli, such as the wind or cold (people with MBS are often overall sensitive to touch and light touch doesn't actually affect the deeper body part where the pain is being felt)

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Criteria and Results Explained:

Even if ***only one*** of the above characteristics is present, that is enough to confirm the diagnosis of MindBody Syndrome (MBS), as long as you have ruled out a tumor, disease, infection, an inflammatory condition, or fracture, and neurological examinations are normal to rule out nerve damage.

More Evidence:

There are several other common features of MBS that may help you decide if your symptoms are MBS:

Most people with MBS have had **a significant amount of stressful life events**, especially in childhood, but this is variable. Some may not have had an unhappy childhood, yet have many episodes of MBS over the years. Some may have grown up with an anxious parent, had to take on more responsibility than a child should have to, or felt unseen and not prioritized.

Also, if you've had **a variety of different types of MBS symptoms over the years**, it is very likely that the current issue is also MBS (assuming that there is no clear and specific structural disorder.

Associated personality traits: Research shows that there is a higher risk for the development of neuroplastic pain/mindbody syndrome/psychophysiological disorders in people who

- Put more pressure on themselves.
- Have perfectionistic tendencies
- Are more self-critical and self-blaming
- Feel more obligations
- Have a stronger sense of duty
- Worry excessively
- Take responsibility for external problems
- Are overly conscientious and caring about others especially to the exclusion of doing things for themselves

If you would like to discuss your assessment with me, please email me at simone@themindbodyapproach.com.

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