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Coffee with a Clinician: Assessing Impaired Function
Follow-up Q&A

February 11, 2026

Please note that the following is provided for educational and informational purposes only and does not constitute diagnosis or medical advice for any individual. Use of this information does not replace consultation with a qualified healthcare professional familiar with an individual's medical history.

The following include answers to some of the questions posted in the Q&A feature during the February 11, 2026 "Coffee" with a Clinician that were not answered during the live session. We regret that we aren't able to answer all of the questions posted. Future "Coffee" with a Clinician sessions will further discuss topics addressed today.

Q. Are there ways to conserve energy while being in a conversation?
A. There are multiple strategies that a Speech Language Pathologist (SLP) would address in detail with an individual with ME/CFS related to conserving energy in a conversation. Here are a few ideas to consider:

- Manage physical exertion during conversation, such as lying down.
- Manage environmental triggers such as scents and other sounds.
- When possible, look at someone's face to see their expressions and lip movement.
- When on video, use captions because multi-model input is helpful.
- Prepare questions and comments ahead of time.
- Advocate for yourself: Ask the other person to slow down or rephrase a statement.
- When meeting with care providers, ask them to summarize the most important items at the end.
- Let others know your time limit beforehand to support your pacing goals.
- Refer to the ME/CFS Crash Guide for communication tools.

Q. Is there a way to get help without results/concerns being sent to insurance or posted in medical documents that are available to other medical professionals?
A. There isn't a way to avoid this. However, it is important for all providers to know about cognitive impairment. If an individual is seeking disability insurance or work accommodations, the cognitive impairment needs to be documented and can contribute to obtaining proper accommodations and support. Documented cognitive

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impairment may also support health insurance covering certain expenses. If a medical provider is mistreating an individual based on cognitive impairment, it may be time to consider selecting a different medical provider.

Q. Can you outline or give examples of what "accurate documentation" looks like?
A. The BHC Good Day/Bad Day Questionnaire can help build ongoing documentation of impaired function when completed and given to a medical provider at each relevant visit. Here is a link to the Social Security Administration (SSA) Disability Guide.

Q. I often feel PEM starting during an activity like reading, walking, cooking - mental or physical - is that the same PEM that comes hours or days later?
A. Some symptoms experienced during an activity are a warning sign that the individual with ME/CFS or Long COVID is overexerting. See the Workwell PEM Timecourse Handout. We will discuss PEM in more depth during the next "Coffee" with a Clinician.

Q. Do you use the COMPASS-31 assessment? And if so, how does it compare to the FUNCAP?
A. The COMPASS-31 assessment is focused on assessing dysautonomia, and the FUNCAP assessment is a scientifically validated tool for assessing overall function in ME/CFS.

Q. Did "functional disorder" replace "somatic disorder" or are they different?
A. Functional Neurological Disorder (formerly conversion disorder) manifests specifically as neurological issues such as weakness, seizures, and paralysis. Somatic Symptom Disorder is defined by excessive anxiety and focus on physical symptoms, which may or may not be neurological.

Q. Cognitive impairment makes it problematic to answer any questions about energy, good/bad days. Trying to remember how many days over a month cannot always be done. Asking someone to keep a daily journal can also be difficult
A. This is a challenge for many people with ME/CFS and Long COVID experience. An SLP can work directly with patients on developing helpful strategies. Here are some ideas to consider. Keep it simple and don't record details. The goal is to show information over time.

- Each day, draw either a smiley face, neutral face, or frowny face in a notebook to indicate how you felt that day.
- On a calendar color each day with a color that represents your experience such as red for bad, yellow for neutral, or green for good.

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- Pick your top three symptoms and then each day mark a check or minus to indicate if the symptom was present.
- Use AI to voice record symptoms and then direct it to download the information into a table or log.

Q. Overwhelmed with how much homework I have to get through to best understand what I need to be doing to get the best health out of my days, it's a real double bind.
A. Do 50% of what you feel compelled to do. Pacing is the most important part of self-care with ME/CFS. Some patients find it helpful to identify one thing that can be done each day to feel accomplished, such as increasing fluid intake by a certain amount. We encourage the use of apps that can support pacing and tracking energy utilization. Furthermore, the CFS Self Help Online Course also have suggestions for this challenge.

Q. Any advice on how to accept our own cognitive impairment? I am always hoping I can do more and do things I haven't been able to do for weeks. This is counterproductive for the patient, but accepting the reality of cognitive impairment is often a challenge.
A. Cognitive and communication functions are an enormous part of our identity. An SLP can help identify individualized strategies for managing the sense of loss and grief that accompany cognitive impairment. Here is an idea to consider:

"Can't Control and Can Control Exercise." Draw a line down the center of a sheet of paper. On the left-side, list items that cannot be controlled, and on the right-side list ways to make adjustments for the things that can't be controlled.

For example:

Can't Control	Can Control
Weather	Rest more, modify clothing and fluid intake
Construction Noise	Wear noise cancelling earphones

Be aware of and redirect thoughts of self-judgement to remind the self of management strategies. For example, during word-finding challenges, redirect a negative thought about the problem to a phrase such as, "I have tools I can use."

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Q. Are there any ways we can encourage our providers to capture the more objective evidence (in terms of keeping eyes open during apt, posture changing… etc.) for disability purposes?
A. BHC will share forms created to help with this.

Q. I wanted to ask if Dr. Rediske could please re-iterate/re-explain what was being said earlier about the connection between functionality/functional impairment and joy?
A. Healthcare providers often focus on function as a manifestation of our activities of daily living (ADLs), and they don't consider the role that joy plays in quality of life. It is important to note that the Social Security Administration (SSA) does not focus on joy as one of their determinants for issuing disability. However, healthcare providers should consider the importance of joy within their interactions with their patients.

Q. I appreciate Jennifer focusing on the comorbid conditions, but are patients responding to interventions to increase blood flow? I've tried compression, increased fluids salts, Midodrine, Mestinon, nothing helps except being horizontal with feet elevated. My tilt table test came back "normal", so neurology won't take me seriously. Are there interventions I'm missing?
A. Yes, patients are responding to interventions that increase blood flow using all the things mentioned above for orthostatic intolerance (OI). However, there are many reasons a patient might not respond to such interventions, and every patient is different as to why they may not respond. Some reasons for lack of response may include being in perpetual PEM or having other comorbid conditions that are influencing OI. A very common culprit is Mast Cell Activation Syndrome (MCAS). MCAS can often worsen OI because it can cause inflammation in the lining of the intestine, lessening the absorption of oral meds, oral water, and sodium. The Clinical Care Guide discusses interventions for MCAS and utilizing short-term IV hydration as a strategy to turn things around. IV hydration can help a provider and patient determine if this is an issue or not. A medical provider is needed to determine if the MCAS medications and IV hydration are safe for any given individual interested in such approaches.

Q. I used to say, particularly on a very humid day, "my brain feels like it's swelling" and my Dr. said, "you can't feel your brain!" and kind of laughed/scoffed at me saying that. But I'm asking you all — Can we feel our brains if we suffer from neuroinflammation?
A. It is hard to know if you are actually feeling your brain swell. We talk about neuroinflammation on a cellular level, but we are aware not sure if it translates into actual feeling of swelling of the brain tissue. However, we do know that many of our patients

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experience changes in intracranial pressure, both increased and decreased, for many reasons. Changes in barometric pressure can be one of these factors. Plus, weather changes can cause a number of symptom flares. Other causes of intracranial pressure changes can be compromised blood flow in and out of the brain. Challenges with venous compression syndromes in our patients and disrupted flow can cause a sensation of increased pressure or "swelling" of the brain. Sorry, the provider dismissed this valid question and concern.

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