

The Impact of Misdiagnosis on Cognitive Engagement in Rehabilitation Programs

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DESCRIPTION

Cognitive dysfunction and fatigue are common yet underestimated consequences of medical misdiagnosis, and their interplay creates a significant barrier to recovery, rehabilitation and overall quality of life. Misdiagnosis is more than an error in labeling disease, it is a disruption of a person's psychological and physiological balance. The uncertainty repeated evaluations, unnecessary treatments, and eventual correction of diagnosis leave behind cognitive scars that manifest as memory lapses, difficulty concentrating, slowed information processing and mental fatigue.

Cognitive dysfunction after misdiagnosis often emerges subtly, with patients noticing a gradual inability to focus, sustain attention, or retain new information. Many report struggling to follow conversations with clinicians or family members, finding it difficult to integrate complex health information into a coherent understanding of their situation. Prolonged activation of this system due to diagnostic uncertainty or mistrust in the medical process can impair memory and executive function. The combination of cognitive dysfunction and fatigue following misdiagnosis undermines the very foundation of patient participation in healthcare. Rehabilitation programs, lifestyle modifications and medication adherence require consistent cognitive engagement, motivation, and physical energy.

Patients experiencing memory lapses may forget instructions, appointments, or the purpose of prescribed therapies, while fatigue erodes the stamina needed to sustain exercise routines or cognitive exercises designed to restore function. The erosion of trust that often follows misdiagnosis exacerbates this disengagement, as patients may question the value of adhering to rehabilitation protocols in the first place. Without targeted interventions, a vicious cycle develops: cognitive dysfunction and fatigue reduce compliance, which then hinders recovery, reinforcing feelings of inefficacy and deepening both psychological and physiological exhaustion.

The role of healthcare providers in addressing cognitive dysfunction and fatigue following misdiagnosis is pivotal. Open acknowledgment of the error, coupled with empathetic

communication, can reduce the psychological burden and rebuild trust. When patients feel heard and validated, their anxiety lessens, which can indirectly improve cognitive performance. Beyond communication, there must be deliberate inclusion of psychological and cognitive assessments in post-misdiagnosis care plans. Screening for memory difficulties, attention deficits and fatigue allows for early identification and intervention. Rehabilitation professionals, particularly those in occupational therapy, psychology, and physiotherapy, can collaborate to design individualized strategies that compensate for cognitive limitations while gradually restoring stamina. Techniques such as breaking down complex instructions into manageable steps, using written reminders, and incorporating rest intervals into rehabilitation programs can accommodate the reduced capacity of these patients without sacrificing progress.

Fatigue management in this population requires both behavioral and medical strategies. Structured sleep hygiene programs, graded exercise therapy, and mindfulness-based stress reduction have shown promise in alleviating fatigue associated with chronic illness and psychological distress. Nutritional optimization and hydration strategies also play supporting roles, as deficiencies or imbalances can exacerbate energy deficits. Importantly, these interventions should be introduced gradually, with patient input, to avoid overwhelming individuals already grappling with reduced cognitive capacity. Incremental progress must be celebrated, reinforcing self-efficacy and motivating continued engagement.

Cognitive rehabilitation is another emerging area of importance. Interventions such as computerized cognitive training, memory exercises, and attention retraining can provide structured pathways for recovery. While these techniques require motivation and consistency, tailoring them to individual patient tolerance can yield improvements over time. Combining cognitive rehabilitation with psychological counseling addresses both the functional impairments and the emotional sequelae of misdiagnosis. Cognitive behavioral therapy, for instance, can help patients challenge maladaptive thought patterns, reduce rumination, and regain a sense of control over their health trajectory.

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