A note for your patient's healthcare team

Your patient is participating in **Brain Retraining 101**, an educational program for people living with chronic symptoms that persist after structural causes have been ruled out. This page explains the program's basis and how it fits alongside your care.

WHAT THE PROGRAM IS

Brain Retraining 101 is purely educational. It is not medical treatment, and it is designed explicitly to work alongside medical care, not replace it. Participants are consistently directed to complete full medical workups, continue prescribed care, and bring all medical questions to their healthcare providers. The program includes structured lessons, trained coaches, and a supportive community.

THE FRAMEWORK

The program draws on the growing research base around neuroplastic symptoms, sometimes described under other names: central sensitization, psychophysiologic symptoms, functional conditions, nociplastic pain, or persistent physical symptoms. Grounded in predictive processing, this framework holds that certain chronic symptoms are generated by the brain as a learned protective response that persists after any original trigger has resolved. These maladaptive neural firing patterns do not appear on standard imaging or laboratory tests, though they are observable in research settings using advanced brain imaging.

CLINICAL SIGNS CONSISTENT WITH A NEUROPLASTIC PRESENTATION

- Symptom onset during a period of stress, or persistence past expected tissue healing
- Inconsistent, fluctuating presentation; multiple symptoms across body systems
- Symptoms that move, spread, or present symmetrically
- Triggers unrelated to physical load (weather, sounds, smells, time of day)
- Symptoms that decrease during engaging activity; delayed post-activity onset

WHAT HELPS, AND WHAT HARMS

Research analyzing recovery narratives in this population finds that belief in the possibility of recovery is strongly associated with improvement, while being told recovery is impossible functions as a nocebo and is associated with worse outcomes.

> *A statement as simple as "your symptoms are real, and people with this presentation do recover" can meaningfully change a patient's trajectory.*

Nothing about this framework asks you to endorse a specific program; continued medical care, openness, and the absence of a non-recovery prognosis are what matter most.

For clinicians who want the research: The Association for the Treatment of Neuroplastic Symptoms (ATNS), run by medical doctors, maintains a regularly updated summary of the scientific literature: **neuroplastic.org**

Program information: raelanagle.com · Brain Retraining 101 is led by Raelan Agle, MSW, who fully recovered from a ten-year experience with ME/CFS and has since conducted hundreds of interviews with recovered patients, clinicians, and researchers in this field.

Provided by your patient as part of an educational program. Brain Retraining 101 does not diagnose, treat, or provide medical advice.