

The Glossary & Self-Advocacy Guide

A translation guide for young women, families, and educators navigating medical evaluations and systemic health bias.

Section 1: Navigating Provider Bias & Clinical Advocacy Scripts

Use these terms when a healthcare provider suggests physical symptoms are purely psychological or attributes medical concerns strictly to stress/anxiety.

Term	What It Means	Actionable Advocacy Script / How to Use It
Diagnostic Overshadowing	When a doctor attributes all physical symptoms to a pre-existing psychiatric label (like anxiety) without investigating other causes.	<i>"I want to ensure we aren't experiencing diagnostic overshadowing due to anxiety in my chart. What physical causes have we ruled out?"</i>
Medical Gaslighting	A form of psychological manipulation where a patient's valid physical experiences are denied or blamed on their mental state.	Note: Use this term with parents or therapists to process healthcare trauma. Use "Diagnostic Overshadowing" when speaking directly to doctors.
Clinical Justification	The medical "why" behind a doctor's decision to perform or withhold care.	<i>"I understand you don't believe a scan is necessary today. Could you provide the clinical justification for why we are choosing to wait and document that in my chart?"</i>
Differential Diagnosis	The list of other possible conditions a doctor should consider before settling on "stress."	<i>"What is our differential diagnosis today if we look beyond stress or emotional factors?"</i>
Evidence-Based Request	A way to ask for a treatment or test that is supported by existing medical research.	<i>"Based on the evidence-based guidelines for Dysautonomia, I would like to request a tilt-table test."</i>

Term	What It Means	Actionable Advocacy Script / How to Use It
Holistic Assessment	A request for the doctor to look at the whole body rather than just one symptom in isolation.	<i>"I would like to move toward a holistic assessment. My GI issues, joint pain, and heart rate are likely connected rather than three separate problems."</i>
Aggravating and Alleviating Factors	The technical way to describe what makes a symptom better or worse.	<i>"I've documented the aggravating factors - specifically heat and standing - which trigger these episodes."</i>
Baseline	Your "normal" daily state versus a severe flare-up.	<i>"My baseline is a pain level of 3; today I am at an 8, which prevents me from attending school."</i>
Shared Decision-Making	A collaborative model where the patient/family and doctor work together as a team.	<i>"I value your expertise, and I want to engage in shared decision-making to find a path forward that addresses my quality of life."</i>
Standard of Care	The typical diagnostic path or treatment that is medically recommended for a specific set of symptoms.	<i>"Is this evaluation step considered the standard of care for chronic fatigue and orthostatic intolerance in adolescent patients?"</i>

Section 2: Clinical Terms Organized by Symptom

When speaking with your doctor, use these specific medical terms to describe physical sensations accurately and clearly.

2.1 Autonomic & Cardiovascular Symptoms

Medical Term	What It Means	Why It Matters in Clinical Evaluation
Orthostatic Intolerance	The feeling of lightheadedness or "pre-syncope" that happens specifically when you stand up or sit still for too long.	Distinguishes positional dizziness from general anxiety or panic.
Tachycardia	A heart rate that feels like it's racing (usually over 100 beats per minute) while resting or doing minimal activity.	Provides concrete cardiac metrics rather than subjective descriptions of "racing heart."
Vasodilation	When blood vessels widen, often leading to "blood pooling" (purple or mottled skin) in legs or hands when standing.	Provides visible physical evidence of autonomic dysfunction.
Diaphoresis	Excessive, visible sweating unrelated to heat or heavy exercise.	Essential for accurately evaluating and describing Hyperhidrosis or autonomic flares.

2.2 Neurological & Cognitive Symptoms

Medical Term	What It Means	Why It Matters in Clinical Evaluation
Brain Fog (Cognitive Dysfunction)	A feeling of mental "cloudiness," difficulty finding words, or a lack of focus that isn't just "being tired."	Helps distinguish neurological impairment from lack of effort or academic disinterest.

Medical Term	What It Means	Why It Matters in Clinical Evaluation
Cognitive Load	The amount of mental effort being used in working memory. High cognitive load makes simple tasks feel exhausting.	Explains why schoolwork becomes overwhelming during physical symptom flares.
Aura	A perceptual disturbance (like flashing lights or zigzag lines) that often precedes a Migraine.	Serves as a key diagnostic indicator for complex neurological conditions.
Paresthesia	A sensation of "pins and needles," tingling, or numbness in limbs or face.	Often reported in neurological flares, Migraines, or Fibromyalgia.
Hyper-reflexia	Overresponsive or overactive reflexes.	Identifies objective neurological signs during physical examinations.

2.3 Gastrointestinal & Systemic Symptoms

Medical Term	What It Means	Why It Matters in Clinical Evaluation
Gastroparesis	Delayed gastric emptying causing early fullness after a few bites, nausea, or abdominal pain after eating.	Differentiates functional GI motility disorders from eating disorders or emotional nausea.
Visceral Hypersensitivity	A lowered threshold for pain in internal organs, common in IBS and functional GI conditions.	Explains severe abdominal pain without obvious visible inflammation.
Tenesmus	The feeling of needing to pass stools even though the bowels are already empty.	A specific GI symptom used to evaluate lower bowel dysfunction and IBS.
Menorrhagia	Abnormally heavy or prolonged menstrual bleeding.	Crucial indicator for investigating Anemia, Endometriosis, or hormonal dysfunction.

Medical Term	What It Means	Why It Matters in Clinical Evaluation
Post-Exertional Malaise (PEM)	A worsening of symptoms following minor physical or mental exertion.	A key diagnostic hallmark of Dysautonomia, ME/CFS (Myalgic Encephalomyelitis / Chronic Fatigue Syndrome), and Fibromyalgia.
Malaise	A general feeling of discomfort, illness, or lack of well-being that signifies something is "off" or wrong.	Helps frame generalized systemic illness beyond standard "fatigue."
Dyspnea	Labored or difficult breathing; "air hunger."	Identifies respiratory or hematological symptoms (such as Anemia).
Nocturia	Frequent waking during the night specifically to use the bathroom.	Distinguishes sleep disruption/urological issues; can be a sign of Obstructive Sleep Apnea (OSA)
Subluxation	A joint that partially slips or feels out of place.	Key indicator when evaluating connective tissue disorders like hypermobile Ehlers-Danlos Syndrome (hEDS).

Section 3: Cheat-Sheet of Frequently Dismissed Conditions in Teen Girls

An overview of conditions disproportionately underdiagnosed or misattributed to stress in adolescent females.

Condition	What It Is	Common Diagnostic Overshadowing / Misdiagnosis
Dysautonomia	An umbrella term for malfunction of the Autonomic Nervous System controlling involuntary body functions like: heart rate, blood pressure, and digestion.	Misattributed to psychosomatic stress, somatic symptom disorder, or school avoidance.
POTS (Postural Orthostatic Tachycardia Syndrome)	A form of dysautonomia where heart rate increases significantly upon standing.	Frequently misdiagnosed as panic attacks or primary anxiety.
Depression	A persistent mood disorder causing sadness, loss of interest, and mental exhaustion; often occurs secondary to living with chronic undiagnosed pain.	Mislabeled as the primary cause of physical exhaustion and body pain, ignoring the underlying chronic illness driving the mood changes.
OCD (Obsessive-Compulsive Disorder)	A neurological/mental health condition involving uncontrollable, recurring thoughts (obsessions) and behaviors (compulsions).	Physical fatigue and exhaustion caused by high cognitive load are often dismissed as general teenage laziness or avoidance behavior.
Endometriosis	Tissue similar to uterine lining growing outside the uterus, causing severe chronic pain.	Dismissed as "normal bad cramps" or low pain tolerance.
Dysmenorrhea	The medical term for severe, painful menstrual cramps; can be "primary" (normal cramping) or "secondary" (caused by underlying conditions like endometriosis).	Dismissed as "normal teenage cramps," dramatic behavior, or low pain tolerance rather than investigated for underlying cause.

Condition	What It Is	Common Diagnostic Overshadowing / Misdiagnosis
hEDS (hypermobile Ehlers-Danlos Syndrome)	A connective tissue disorder causing joint hypermobility, skin extensibility, and tissue fragility.	Dismissed as "growing pains," clumsy behavior, or anxiety.
Hyperhidrosis	A disorder characterized by abnormally excessive, visible sweating that is not related to heat or physical exertion.	Dismissed as social anxiety, nervousness, or poor hygiene rather than evaluated as an autonomic or endocrine disorder.
MCAS (Mast Cell Activation Syndrome)	Immune system mast cells overreacting, causing multi-system allergic and inflammatory symptoms.	Dismissed as idiopathic anxiety, recurring minor allergies, or stress hives.
Fibromyalgia	Widespread musculoskeletal pain accompanied by fatigue, sleep, memory, and mood issues.	Mislabeled as psychosomatic chronic pain or depression.
Celiac Disease	An autoimmune reaction to gluten causing small intestine damage and systemic symptoms.	Dismissed as stress-induced IBS or functional stomach ache.
Anemia	Lack of healthy red blood cells or hemoglobin leading to reduced oxygen flow and symptoms like: fatigue, cold hands, and shortness of breath.	Dismissed as general teenage laziness, poor diet, or burnout.
Migraines	Complex neurological condition involving throbbing pain, light/sound sensitivity, and sensory auras (visual disturbances).	Dismissed as regular tension headaches or stress.
Gastroparesis & IBS	Gastrointestinal disorders affecting stomach emptying and large intestine function. Symptoms include: cramping, abdominal pain, bloating, gas, and diarrhea or constipation.	Mislabeled as anxiety-induced nausea or eating disorders.

Condition	What It Is	Common Diagnostic Overshadowing / Misdiagnosis
OSA (Obstructive Sleep Apnea)	Breathing repeatedly stopping and starting during sleep due to airway blockages.	Dismissed as teenage laziness, poor sleep hygiene, or depression.
PMDD (Pre-Menstrual Dysphoric Disorder)	Severe, disabling extension of PMS causing intense emotional and physical symptoms before periods.	Dismissed as emotional instability or standard teenage hormonal fluctuations.
Primary vs. Physiological Anxiety	Differentiating mood disorders from physical conditions (like POTS/MCAS) that cause physiological symptoms like adrenaline surges.	Physical symptoms are assumed to originate in the mind rather than the body.