



Applied Nutrition in Clinical Practice Transcript – Class 3 Part 1

0:00

All right, so we've completed the full questionnaire and symptomatology assessment, pages 29 to 39. A pretty comprehensive assessment, asking lots of questions and really diving into the history and finding out what's going on with our client. Remember that through that you want to get a date and an age for everything, so we can eventually plot it on our timeline, which we will talk about in great detail. And we saw that we finish there with a bit of a physical assessment. So that's a little bit beyond this questionnaire, but if you know how to do just some basic things, as we talked about, you can do that. And depending on your expertise in your background, you can look at certain physical symptoms. I mean, sometimes you can even just look at a person and see certain physical symptoms in their teeth, on their lips, and on their skin.

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So moving on to dietary and lifestyle analysis. For this, I'll want you to turn to page 26. And on page 26, we have my diet diary that I've created. And this is really a fantastic tool. I've worked in clinics where I get 15 to 30 minutes with a client, and if I have this as one of my tools that I'm using, it's kind of a standalone. There's so much information that I can tell just from this intake form. So just at the top there, I have some instructions, of course, I want them to put their name and the date. It is important to keep an accurate record of your usual food and beverage intake as part of your treatment plan. Please complete this diet diary for three days, including one weekend day. So I actually want them to do it for four days, and I want one of those days to be a weekend day, so I can get a bit of an idea of how they are during a regular work week, and how they are when they're off or on holiday. And also, I like to see sort of when people are at their best and when people are at their worst, and it gives you a bit of an idea of where their setpoint is for how healthy or how unhealthy they'll be. For example, you might have someone when at their worst, they're eating McDonald's. They're going out for a quarter pounder with cheese and some fries and having an ice cream. Whereas you might find another person says on the weekend, I was really tired, I was catching up, I was at my worst. And usually, they're gluten and dairy free and they go and they have some sprouted Ezekiel bread. So it's a very different set point, a very different bar in terms of those two individuals of where their worst is. And you get this comment a lot from people, oh, I think I eat healthy, or, healthier than most people. Well, what does that actually mean? So we have to quantify it, we have to qualify it. And this is a really great tool to do it.

3:07

So I have some instructions there at the top for them. Write down everything you eat and drink, the place you consume it, and any moods or symptoms you felt throughout the day. So I want to know everything they've consumed. I want to



know where they've consumed it, because there's a very big difference in how our body is going to react to a meal when we're on the run, or driving versus at table sitting, being mindful about our food, etc. Michael Pollan says in his book *Food Rules*, eat at a table, a desk is not a table. So making sure that people are not eating at their work table, that they're actually getting up and going to a dining room table or lunch room or something. It's important for switching the nervous system from a sympathetic, fight or flight, go-go-go mode, to a parasympathetic, rest and digest, stop and think mode, where the blood flow actually is going to go from the extremities to the internal organs to allow for proper digestion and proper detoxification. Do not change your eating behaviour at this time as the purpose of this food record is to analyze your present eating habits. I want people not to try to impress me, not to try to do what they think is the best diet. I want to see what they actually eat day to day. Record information as soon as possible after the food has been consumed. When people try to recall what they ate, it's often very different than what they actually ate. So sometimes I get people coming in and saying oh, I forgot to fill out the diet diary. I will not give someone recommendations or a program until that diary is filled out because many, many times I've said okay, well, let's go through what you eat just by recall. And we go through it; I write down breakfast, lunch, dinner snacks, and then they send me their dietary a couple days later and there's a huge discrepancy between the two. What they think they eat, and what they actually do ate are worlds apart, so very important that they write down everything as they consume it.

5:26

Describe the food or beverage as accurately as possible. For example, if you're consuming milk, what kind? Is it whole? Is it 2%? Is a non-fat? Is it cashew milk? Is it almond milk or rice milk or coconut; there could be so many different types of milks? And I gave a couple other examples there. Recording exact portion sizes are not necessary. Try to give an approximation, for example, a bowl of tomato soup. I don't need them saying oh, I had four grams of chicken, or three ounces of water. I just want basic ideas. I'm not into calorie counting, and I don't want them really taking that into account either. And I also mentioned at the last point there, that the days do not have to be consecutive. Sometimes I'm booking with people a month before; I don't really need them to do consecutive days, like right before we meet, they can just do it whenever they remember or whenever it's convenient.

6:30

So then we actually have the charts on the pages. And on day one, again, we have a place for the time where they consume the meal; very important because I don't want to just know breakfast, lunch and dinner, because breakfast could be at 6 am, it could be a 10 am. Someone could have breakfast at 6 am and then not have lunch till 3 pm and dinner at 10 pm. It's going to be very different implications. So I want to know the exact time they had their meal. The place they had their meal; was it in the car, was it at a desk? A table? Is it standing



up? Is it at a fast food joint? The food and drink they consumed and any mood or symptoms. So that's the dietary portion of these forms.

7:13

And then underneath, you'll see that there's actually a place to record sleep. So as you may recall, in my symptomatology assessment, we discussed sleep in a couple places. But here I get a real-life day to day analysis of how sleep actually is. I find out the time that they slept. So is it 10:30 pm till 6 am? And the quality of this sleep; was it light, good? Were they in pain? Did they get up a lot, did they have to pee a lot? And I get that, that really great information right there.

7:48

And then I want to know about exercise. So again, in the questionnaire, we asked about exercise, but this is a real-life analysis in real time of what exercise they're doing in those four days. And I want to find out the time they exercised. Was it at 5 am or was it at 10 pm? Very different implications there. The place that they exercised; was it an elliptical in their basement? Was it outside for a nice walk? Was it at the CrossFit gym? Was it rowing on their river? Was it a hike in the woods? Very different implications, again. I like to get people outside as much as possible, very healthy to get some fresh air, some sun, full spectrum lighting, especially in the winter. The duration, so how long did they actually exercise for? And finally, the type of exercise, and again, as I mentioned, when we were going through the questionnaire, there's a right type for everyone. Not everyone can do CrossFit. It's just too intense for them. And not everyone can just do yoga all the time. And usually, it's a good combination, and you have to do the right exercise for your body type.

9:02

So you've got a couple pages there, page 26 and 27. And then I give them a four day diet diary. Page 27 is just repeated two more times. So you get four days. I've given you an example of both pages, and you have those templates there in your toolkit for your reference, and you're welcome to use them, of course. So that's the dietary and lifestyle analysis. I get that form, they bring it in at the first appointment, they fill it out beforehand.

9:32

And then finally, the last tool for assessment is the last tool for assessment is the medical tests. So if people have had medical tests within the past six months or so I ask them to bring those in. If they haven't had it for a while, I ask them if they can get the most recent medical tests. And then I look them over when they bring it in, in our research portion, which we'll get to. So we really have four fantastic tools to pull in the information, and it's all about asking the right questions, as I mentioned earlier. We've got the questionnaire and symptomatology assessment, we've got the physical assessment, we've got the dietary and lifestyle analysis, and medical tests. These are all ways we're going to bring in information to analyze and really try to figure out what's going on with our clients.



10:39

So after I have all that information, I'm a bit overwhelmed. I've got all these symptoms, I've got ages, I've got dates for everything, I've got a diet diary, I've got stories that the person told me, I spent between two and four hours going through all this information with them. And back in the day, when I used to have this information and come back to my office and start to work on it, I would be like, completely overwhelmed. So I wouldn't really know what to do with this information, how to organize it, how to analyze it, how to put it in an easy to understand format, so that I can actually figure out what's going on. So this is my first step in actually analyzing all the information. There was the first contact where I booked that appointment with them and got to know them. Then in step two, I met with them and we did all the intake, got all the intake forms, I asked them lots of questions. And then now I'm actually starting the analysis, and the first step in that is doing the timeline.

11:52

The timeline is critical for organizing the information. So I've actually given you a couple examples in the upcoming slides of timelines, but we'll get there in a moment. But before we do get there, I want you to turn to page 40. And on page 40, what you'll see is a template for you, a worksheet for you to create your own timeline for your client. So essentially, what you're doing is you're taking everything that had a date, or an age during the intake, and you're plotting it step by step on this timeline so you can see how that person got to where they are today, and I'll talk about that more in a moment. So you can put the client's name and the date, where you had the first appointment with them at the top. I always like to have the main concern at the top of every page that I'm working on, just so I can keep that in my mind. And another sort of rabbit hole that people get into when they're first starting out to be aware of, is that you get off on tangents. So a common thing is that what I found happened when I started, and what a lot of my students have told me, is that when you start to analyze everything, you get off course, you forget what the main concern is, what this person actually came to see you with, because there are so many other symptoms. And we always have to come back to the main concern, because that's why our client came to us in the first place. So we can't forget the main concern, and we want to always have it there handy. Another thing you can do is you can write the main concern down on a sticky pad, and just pull that off and keep it on your desk so it's always in front of you whenever you're working on this client.

13:51

So there are a few places to fill out on that page to make your timeline. You can put anything that might have happened preconception or prenatal. So what's a little bit about the mother's history? Were they exposed to pesticides, herbicides, heavy metals? Were they really stressed before conception? And then prenatal, did anything go on while the fetus was being developed of your client, obviously. Was their high stress? Were they exposed to any drugs? There are



certain drugs that are used for people to hold pregnancies. And anything else that you might think of. And then we can actually fill in the timeline on the left-hand middle column there. So at six months old, they got an ear infection. They had antibiotics at five years old. Maybe their tonsils gotten inflamed and they got those removed. Maybe at 12 years old she got her first period and maybe at 14 years old, she got a yeast infection, et cetera, et cetera. And we combine that up, you'll see some examples in a moment.

15:04

Then there's a space there on the right hand to actually write down your analysis of those items on your timeline. So you've got triggers and triggering events that might have caused those items in the timeline. For example, if someone had ear infections, a triggering event, or an implication of that might be a bacterial infection. Or perhaps they were bottle fed, which could increase ear infections. Or they took antibiotics, things like that. So we can write down our implications and that's really your analysis. So these sheets are really here for you to use them as you please, there are really no rules on how to use them. Then at the bottom, I like to have a place for medical tests, a place for notes for me, so I can see what might have come out over the years, things that had concluded a diagnosis or a result of a test. So that's page 40.

16:12

And then just a couple points here on this slide is that the timeline really makes things easy to understand. So I really like to put it into chronological order, so I can understand where things came from. And we'll see that in a moment. And what we get here is we get the client's specific slope of health. So if you've been in any of my courses before, or you've perused through the notes, you can see on page 43, we've got the slope of health. Before I get here, I want to go through this in great detail with you, but I just want to back up here for a moment to page 42, because we're at the beginning of protocol development. And although there are the seven steps that we're going through, when we get into analysis, and research and protocol development, in those there are lots of steps. So I've broken it down for you in a checklist that you can go through. You can print this out, and you can use this the first few times you do protocols, maybe the first 10 times. Once you've done this a number of times, you're going to be a pro at it, you probably will not need this checklist. But on the left-hand column there you can see protocol development. And at the top is the timeline. So this is after I've done the assessment, the first thing I do when I get back to my office, is I make that timeline. And again, that timeline gives me the person's specific slope of health. So going on to page 43, you can see my slope of health that I've developed. And this is something that I show in pretty much every class, and I give it to every single client. This helps us to understand what health is.

18:12

You ask 10 people on the street what health is, you're going to get 10 completely different answers. And some person's going to say, it's a six pack and the football game, and another person's could say, it's yoga and a green juice. It's just all over



the show. So we want to be on the same page of what health is. This has a number of applications for me, this slope of health. One, it helps me to define to my client, what health is; that it's not a thing that we either have or don't have, it's actually a continuum. And we're never stagnant on the slope of health, we're either moving towards health or away from health.

18:49

On the bottom there, we have lifestyle and causes. I'll go through it quickly with you. So we have heredity, which is our inherited factors, we get half of our genes from our mother, half of our genes from our father. Epigenetics says that we can influence those genes, it's not our destiny, and diet and lifestyle influences to those genes. So if we have a poor diet and lifestyle, it pulls us further down the slope of health.

19:14

Then we might get vitamin and mineral deficiencies if we have a poor diet and lifestyle. And the vitamins and minerals are the gears of the body, they make everything move. If they're out of balance, we move down the slope of health. Then there are all sorts of chemicals, artificial food additives, many of which we can control by buying organic food, but if we consume them, it brings us further down. Pesticides and chemical exposures, environmental pollution, so again, some we can control, some we can't control. A smoggy day in the city, car exhaust, off-gassing of furniture, off-gassing of carpets, off-gassing a new car smell; some we can't control, we just have to live our lives. But whatever way you slice it, these are all chemicals adding an extra load to the body. We need nutrients to actually detox these, which I talked about in my detox course. Digestive problems and internal toxicity can get to a point where you're making toxins on the inside of your own body. So we want to make sure that we're not constipated, because that puts an extra load on the body. And then finally, suppressive medications, which are sometimes necessary. If you have an infection, you might need antibiotics. But whatever you cut it, there's still an extra load on the body. And that's the lifestyle side of the slope of health.

20:45

And then the other side is the medical, what we might call the effect. Effect of what? The effect of how we live day to day. And up the top there, you can see blood tests. Blood tests are usually normal at the beginning of the disease process. Our blood is the roadway of the body, it wants to stay within a very, very tight range. For example, our blood pH needs to stay between 7.35 and 7.45; if it gets out of there, we're in a coma. Yet, our urine and our saliva, the pH can fluctuate from like 5 to 8, even in a day, it can do that multiple times. So in the beginning of a disease process, blood tests are usually normal. Then we might get some physical signs and symptoms, a little pain, fatigue, digestive upset. And we could just ignore those symptoms, suppress them, try to get through them, or even get an over-the-counter drug to suppress those symptoms. If we do that long enough, though, they could come back stronger, and they could come back with friends. Then we go back to the doctor, we say, Doctor, what's going on?



And they give a diagnosis, which is a naming of a group of symptoms. And they have really great books, like the Merck manual that they use to diagnose to figure out what the disease is. And then once they have a name for it, they can have stronger treatments for it. Treatment protocols like surgery, drugs, stronger things as we move down the slope of health.

22:23

And I have a little personal assessment for people: where do they think they are on the slope of health? And that is where the timeline really comes in handy. So not only do I make this timeline for me as a tool of analysis, but I actually include it in their protocol package. So as you can see there in putting it all together on page 42 in your notebook, the fourth bullet down shows the timeline. So I actually given them a copy of this. And we use that quite a bit in the consult to refer to, so I can help them determine where they are on the slope of health. We go through this in great detail. How did they get there? So maybe they're seeing you today for chronic candida or yeast infections, and we see that they had chronic ear infections and antibiotics as a child, their tonsils were taken out, they ate lots of sugar, their parents smoked in the house, etc., etc., etc. And it really gives the person an idea and a story of what's actually going on because their timeline is essentially their slope of health. See how valuable these tools can be? It's all about helping your client understand how their body works, how they got to where they are today, and where they came from. That's important, so they don't go back. And what's most important is how they're going to get back up that slope of health, and that's where we actually go through the protocol, which we will get to.

24:01

The third bullet point there is how long will it take to climb back up? And sometimes I even ask my clients, how long do you think it'll take to climb back up? And they usually reply, I don't know. Sometimes they say a month, two months, a couple years. But I'd like them to say it because I want it to be realistic. I want there to be an understanding that to build health, it takes time. To build disease, it also takes time, and to reverse disease, it takes time. So we're so used to taking a pill for every ill. You have a headache? You take a Tylenol; the pain goes away. But when we're building health, it takes a lot longer. In fact, it happens so gradually sometimes that people don't even notice they're getting better. And then when you do follow up with them and you say well, you used to have this, this, this, and this they're like, oh, really? I don't remember that? So how long will it take to climb back up? We create some realistic expectations. And then what do you think it takes to get back up? And we talked about how it's going to take physical resources, mental and emotional resources, and probably financial resources. So it's going to take change, it's going to take energy. And remember, we have that client energy mode? They come to you with a certain amount of energy, they're going to need to use some of that up. That's what it's there for. So I love the slope of health as a tool. I put it in every program, I give them their timeline, it really is useful for us when we go through all this.



25:51

Now I've given you a bunch of examples in terms of timelines that you can look at and reference. I use that form for quite a bit on page 40, but most of the time, I just make my own timeline myself in a Word document. I find it's a lot easier that way, I can kind of slip it in. But you can use whatever works for you. And for this person, we have their main concern as hair thinning, and possible PCOS, polycystic ovarian syndrome. So again, I like to have the main concern right at the top. I put the date at the top, and then I create their timeline. So you can see that this person is 35 years old. At the bottom there, their main concern is thinning hair. And you could see that I've plotted everything with a date or an age on that timeline to really get an idea of where it came from. And we're going to go through a number of these to really drive it home. We're going to talk about this more in our live streams as well. And then at the bottom, I have a little bit on the medical. So she had her blood sugar taken, her glucose, and it was a 7.6, which is really high for optimal. Her ferritin was 27, so for the optimal, that's pretty low as well. And we also looked at DHEA. So that's just an example of one for a 35-year-old.

27:28

This is an example of one for an eight-year-old, so pretty complex. Born C-section, breastfed for six months, fever seizures started between zero and two, and they're fully vaccinated. So looking for patterns early on in life, this person's main concern was seizures, allergies, behavioral issues as well. And then here's another example of a 28-year-old who was seeing me for Crohn's disease. And looking over the past, you could see that there were multiple places with antibiotics. You can also see here that they were hospitalized when they were 18. They were diagnosed with H. Pylori, but this was probably the beginning of the Crohn's. So they're here today at 28 with a diagnosis of Crohn's, but usually you can see symptoms, or the manifestation, or even the beginning of a disease many years before.

28:31

So those are a few really good examples of how we can use the timeline to our advantage, both to show our client where they came from, where they are, and how we're going to get them back. And also, to understand how the disease might have developed and what might have been the contributing factors.