

**Functional Medicine University's
Functional Diagnostic Medicine
Training Program**

**IMPLEMENTING FUNCTIONAL
DIAGNOSTIC MEDICINE INTO
YOUR CLINIC**

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<http://www.FunctionalMedicineUniversity.com>

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The Main Focus of Functional Diagnostic Medicine (FDM)

The main focus of FDM is to provide you, the practitioner, with an organized system to assess and treat the underlying cause of the many chronic diseases that your patients suffer from.

FDM is patient focused and not disease focused. For instance you are not treating a patient's Rheumatoid Arthritis (RA) you are assessing for the weaknesses and imbalances in the patients physiology to try and understand why the patient has RA. You are discovering and correcting the underlying cause of a disease process or dysfunction so the body can in turn return to a state of health and wellness.

In order for this system to work in your clinic it must be clinically effective, easily implemented, have a high degree of patient compliance, and be financially rewarding. We believe FDM provides such a system.

The Main Role of FDM in the Clinic

1. **The prevention of disease and dysfunction** by examining and focusing on the major risk factors of mortality and morbidity:
 - a. Identifying the risk factors that can be reduced or avoided i.e. avoid the consumption of Trans Fatty Acids (hydrogenated or partially hydrogenated fats) or stop smoking.
 - b. Making the patient aware that they have risks for developing a particular disease i.e. family history of cardiovascular disease or type II diabetes
 - c. Making the patient aware that they are at risk for developing a disease because of exposure to certain environmental agents i.e. advising a woman with polycystic ovarian disease that working 40 hours/week in a print shop may be a strong risk for her disease pattern.
 - d. Helping the patient avoid, reduce, and modify the risk with focused and individualized treatment
2. **The early detection of disease and dysfunction through the use of:**
 - a. **A focused history-** Functionally oriented signs and symptoms analysis
 - b. **Primary FDM Testing and Gateway Analysis:**
 - i. Functionally oriented physical exam techniques
 - ii. In-office assessment techniques
 - iii. In-Office lab assessment techniques (advanced urinalysis testing)
 - c. **Functionally oriented blood chemistry and CBC analysis techniques**
 - d. **Advanced FDM Testing:**

- i. Digestive and GI assays: Stool analysis,
- ii. Salivary hormone assays
- iii. Detoxification panels
- iv. Allergy panels
- v. Micronutrient assays: Mineral, vitamin and Essential Fatty Acid panels
- vi. Adrenal stress profiles
- vii. Metabolic profiles

3. Advanced patient specific treatment techniques:

- a. Lifestyle modification
- b. Therapeutic exercise
- c. Structural support
- d. Diet
- e. Nutritional support (supplements and medical foods)
- f. Stress reduction
- g. Other treatments (i.e. botanical medicine, homeopathy)

It's important to make sure that your treatment protocols:

- Address the underlying cause elucidated by the first and second line testing
- Respect biochemical individuality
- Focus on restoring the patient's physiological function
- Cause no harm to the patient

Benefits of FDM to your Patients

1. Improved quality of their health care because you are focused on them and not their disease
2. Reduced costs
3. Reduced suffering
4. Increased likelihood of a cure
5. Reduced incidence of premature aging, mortality, and morbidity

What Types of Conditions are Best Addressed by FDM?

The focus of FDM is less on the condition and more on identifying and removing the underlying cause and the obstacles that block healing, and improving existing physiological systems. Patients that have a condition who choose to use a practitioner utilizing FDM will have their condition treated but will also achieve a high quality of life because the focus is on the whole person and not the disease.

Here's a list of what FDM allows you as a practitioner to do with your patients.

What FDM Does For Your Patients

1. **Improves digestion:** Stomach, hepato-biliary, and small intestine function
2. **Improves absorption and utilization** of macro and micro nutrients
3. **Addresses nutrient deficiencies**
4. **Improves bowel elimination**
5. **Reduces/eliminates the movement of allergenic molecules through a permeable intestinal lumen**
6. **Improves bowel flora** and eliminates yeast, bacterial, viral, and parasitic infections of the gut
7. **Balances and modulates immune function**
8. **Reduces/eliminates inflammation**
9. **Improves blood sugar regulation**
10. **Reduces/eliminates hyperglycemia, hypoglycemia, and hyperinsulinemia**
11. **Removes/eliminates oxidative stress** and free radical activity in the body
12. **Improves energy production and utilization in the body**
13. **Improves body composition**
14. **Reduces liver toxicity** and optimizes the phase 1 and phase 2 liver detoxification pathways
15. **Eliminates heavy metals**
16. **Improves renal function**
17. **Improves the stress response**
18. **Balances the hormonal milieu**
19. **Improves metabolism**

What Type of Practitioners are Suited for FDM?

1. Health care providers who are licensed to diagnose, prescribe treatment and order labs (DC, ND, MD, DO, DDS, L.Ac, Pharm, PA, NP etc.)
2. Certified Clinical Nutritionists
3. There is a role to be played by support staff/providers within the clinical setting e.g. Chiropractic assistants, RNs, and Dieticians.

Implementing an FDM Program Into Your Clinic

1. Successful Implementation of FDM Requires a System

We will be presenting our system of FDM over the course of the 5 to 6-month training program at Functional Medicine University. This is the system that Dr. Grisanti currently uses in his highly successful practice in Greenville South Carolina.

Experience in the business world has shown that businesses that operate using a systems approach are far more successful than those that don't. Nowhere is this more articulately expressed than in the book called "***The E-Myth Revisited***" by Michael Gerber. A systems approach to the business of healing and medicine will allow you to work on your business rather than focusing all your energy working in your business.

2. Successful Implementation of FDM Requires Support

A successful health care practitioner needs a system and also needs the support of people in the office/clinic who not only understand the system but work with the system rather than against it.

We will be developing audio programs in the weeks to come that address this.

3. Successful Implementation of FDM Requires Tools

In order for a system to be streamlined you must have the tools on hand to quickly, efficiently, and easily do your job. This is why we will be supplying you the following clinic forms to make your job easier:

- Questionnaires
- Intake forms
- Lab tracking forms
- Data gathering forms
- Lab assessment and interpretation forms

- ❑ Written report form templates
- ❑ Sample patient letters
- ❑ Patient handouts
- ❑ Take-home tests patients can do outside of the office setting

4. Successful Implementation of FDM Requires You Know Your FDM Market

You were attracted to this training program because you felt that there was something you could add to your practice that is currently missing. Unless you are still in medical school or have just graduated you probably have an existing database of patients. If this is the case then there are a few questions you must ask yourself:

1. Who is my ideal FDM patient? (We'll give you some clues below!)
2. Who in my practice would be suited for FDM?
3. What areas of FDM am I most interested in?
4. Am I open to taking new patients for FDM?
5. How do I introduce FDM to my current musculoskeletal patients or How do I implement FDM into my predominantly structural practice?

You may currently use functional medicine in your clinic so the above questions may not apply to you, but in our experience of working with doctors we have found it very helpful for practitioners to reflect on their practice experience to keep it fresh and innovative.

5. Successful Implementation of FDM Requires That You Know Who Will Benefit from FDM

Here's a short list of the type of patient/client that we think will most likely benefit from FDM.

This list is by no means exhaustive but will help you identify likely candidates from your current patient database or new patients that come to your clinic.

1. **Patients wanting to lose weight** or change their body composition
2. **Patients with energy issues:** fatigue, weakness etc.
3. **Patients with inflammatory conditions.** Here are the organ systems associated with inflammatory conditions
 - a. Obesity – current research shows that obesity is probably the number 1 cause of inflammation in the body.
 - b. Arthritis (Joint and skeletal system)
 - c. Muscular inflammation (sarcopenia and renal relationships)

- d. Atherosclerosis (inflammation of the cardiovascular system)
- e. Type II Diabetes (inflammation associated with the endocrine system)
- f. Auto-immune (Inflammatory conditions such as Rheumatoid Arthritis, Lupus etc.)
- g. Gastrointestinal inflammation (Inflammatory Bowel Disease, Crohn's disease, Irritable Bowel Syndrome, Gastritis etc.)

4. Patients with blood sugar dysregulation

- a. Metabolic Syndrome
- b. Type II Diabetes
- c. Insulin sensitivities e.g. hyperinsulinemia which is associated with the following conditions:
 - i. Atherosclerosis
 - ii. Obesity
 - iii. Hypertension
 - iv. Hyperlipidemia
 - v. Cancer especially bowel, breast and prostate cancer
 - vi. Alzheimer's disease
 - vii. Premature aging with the problem of Advanced Glycosylation End Products (AGEs)

5. Patients with cardiovascular disease and dysfunction

- a. Hypertension
- b. Hyperlipidemia
- c. Atherosclerosis
- d. Congestive Heart Failure
- e. Vascular insufficiencies

6. Stress related issues

7. Hormonal issues

- a. Decreased libido
- b. Menstrual problems: endometriosis, PMS
- c. Menopausal issues
- d. Infertility (male and female)

8. Dermatological conditions

Integrating F.D.M. Into Your Clinic

How will you incorporate FDM into your practice?

Before we get onto what we call the “clinical flow” of FDM we think it’s important for you to identify how you will be incorporating FDM into your practice.

Here are a few options:

- a. You set aside 1 or 2 days a week for your FDM work. The remaining days of the week are devoted to your existing practice work and no patients are seen for FDM on those days. This is a model that Dr. Grisanti uses in his successful clinic and is most appropriate for the Chiropractic Physicians wanting to integrate FDM into a structural practice.
- b. You integrate FDM consultations directly into your existing practice model. This is more appropriate for the practitioner that has a mainly consultative style of practice.

One of the commitments we would like you to make for the next 5 months is to commit to blocking off at least 4 hours of your working week to do FDM consultations.

How Many Patients Will You See?

Operating a successful FDM practice requires a combination of preparatory clinical analysis and face time with potential patients. This type of practice is for the serious health practitioner motivated to solving some of the most challenging health conditions.

It is not uncommon for chiropractic physicians to pack in as many patients as humanly possible within a one hour time frame. The two to five minute chiropractic treatment is voiced and endorsed by many a consultant. Unfortunately, that model will not work for chiropractors who have a genuine desire to build a profitable FMD business.

It is recommended that **60 minutes be allotted for a new FDM patient consultation and 30 minutes for clinical Report/Interpretation of Findings.**

It must be reminded that ALL health care professionals are not only responsible for face time with patients but need to set aside time to review and study the case. Although this may be second nature to most physicians and other healthcare professions, I have witnessed some who assumed “winging” the preparatory clinical analysis was ok. I will be the first to tell you that the future of developing a healthy FDM practice will ultimately come to a flaming halt and crash if one does not do their due diligence in the clinical preparation of each and every case.

Aside from the pure ethical reasons for taking the time to prepare a case, the inner confidence derived from a job well done will radiate to your patient increased acceptance of your clinical recommendations. Don't ever underestimate this important ingredient of patient management.

How Will You Charge for FDM?

The issue of fair compensation for developing a FDM practice must not only be addressed but needs to be clearly embraced by the health care professional serious about building a stable and fruitful business. First and foremost, it must be understood that the science and art of FDM is without a doubt the future of healthcare and you will have the distinct pleasure to know deep in your gut that you have the "goods" to help some of the most challenging conditions. To be quite honest, you will soon discover that you may be the only health professional with the answers to solve cases that were at one time considered un-solvable.

Now if you are wondering what this all has to do with the issue of compensation, we will say with 150% confidence, it has EVERYTHING to do with it. Getting paid for your time is of utmost importance if you plan to stay in business.

Remember this and remember it well. People will ALWAYS pay for what they WANT. PERIOD!! And that goes for healthcare. Never ever doubt this.

The Clinical Flow of FDM

This section will outline the clinic flow of the Functional Diagnostic Medicine system. This is by no means set in stone but should be considered a working model to either integrate as is or adapt to your current clinic.

This clinic flow mentions a number of different forms and handouts that can be used in the clinic. These will be uploaded to the training site resources section as they are mentioned in the course of this training program and may not be available straight away. Links to these sections can be found in the Resource Section at the end of this guide.

Step #1: Patient is prescribed an initial FDM appointment

There are a number of ways that you can prescribe an FDM consultation:

- An existing musculoskeletal patient may mention a symptom or a condition that is not easily remedied within your current structurally oriented practice. Rather than referring this patient to another doctor you can recommend that book into your FDM shift.
- A new patient hears about your success working with difficult to treat conditions and makes an appointment. These patients are booked straight into your FDM shift.

- You work with these types of patients already so it's more a matter of adapting your current style to the FDM system we will be discussing here.

Step #2: Patient is given important forms to fill out prior to scheduling

Prior to making that first appointment the patient is given a packet of information which contains the following (download forms from the training site. Links in the Resource Section at the end of this guide):

- A New **Patient Acceptance Policy**, which is a form that the patient signs explaining how the FDM system works in your office and what the financial obligations are.
- The **Nutritional Assessment Questionnaire (NAQ)**
- A **Health History Form**
- A **Diet and Lifestyle Diary**
- A **Toxicity Questionnaire**
- A **Health Goals Form**
- The patient also has to fill out and sign a **Request for Medical Records Form** (more on this below).

It is essential that your front desk staff makes it very clear to the patient that they will not be scheduling an appointment until all of the intake forms and the medical records have been received by the office.

Now, this may seem like a lot of forms for the patient to fill out but the amount of valuable information you can gather about the stage of your patient's health is invaluable. This information will literally steer you through the remaining parts of the FDM system.

Why Get the Patient's Medical Records?

Want to know a little secret to obtaining massive success in FDM?

It is called **medical record review**.

This might surprise you but I discovered quite by accident that my **reviewing my patient's medical records** enabled me to be *perceived* by my patients as being part of the health team and more important privy of what has not been done. The gold nuggets of information will simply astound you. Now don't think that I am saying you will discover the missing piece of your patient's health puzzle.

Far from it.

What the medical records will reveal is something which is at epidemic proportions and that is **Mega Disease Specific Treatment** with absolutely NO hint of pinning down the cause of the health challenge.

The real value of medical record review is more what it will do for your psyche and self confidence. Unless you see exactly what is being offered to the sick folks around the world you will never gain the inner raw faith to move the value of FDM to the forefront of the minds of your present and future patients.

So here is my recommendation. Request medical records and study them and feel the joy of knowing that what you have to offer is far superior to the traditional medical model of suppressing symptoms via *pharmaceutical* intervention.

Step #3 – When all forms and records arrive pt. is scheduled for an initial consult

PLEASE NOTE: It's important that your front desk enforce this. Patients will be calling them begging to get onto the schedule. The success of this system requires that **all forms and records must be back into the clinic prior to the appointment being made.**

Step #4- You write your “Initial Findings Report” prior to the 1st visit

When you have all of the forms and medical records in and the initial appointment is made, it's time to start to analyze the data and put together a report of your findings to be presented to the patient at their first visit. Analyzing this data will help steer you as to what diagnostic testing you will want to do with the patient. Having this information prepared prior to the first important will not only make that appointment flow much more efficiently and effectively but it will also be extremely impressive to the patient (see below).

The importance of this first step cannot be over-emphasized. The patient will be extremely impressed that you have paid so much attention to the information they have provided you. A common complaint by patients is that they spend an enormous amount of time filling out forms and questionnaires only to have the doctor pretty much ignore them. Don't do this!

Here's what you will want to focus on in your report:

1. Look for the places that the body is malfunctioning:
 - a. What systems are dysfunctional?
 - b. What clues from the NAQ, the Health History, The Diet Diary, and the Toxicity Questionnaire could point to an underlying cause?
2. What lab tests and interventions have been made by prior physicians? This can be important for creating your differential diagnosis and to rule out various

conditions or dysfunctions. It's important to also see what treatment methods have already been used and how successful they have been.

3. Is there a pathology or tissue change in the body that may be associated or covering up underlying dysfunctions in the body?

Recommendations of what to cover in your report:

1. Basic bio info on the patient including blood type if they know it
2. Primary symptoms
3. Primary physician
4. Previous/probable diagnosis
5. Current medications and drugs
6. Current supplements
7. Review of Medical Records
 - a. Previous pertinent lab results
8. Probable factors contributing to their condition/dysfunctions
9. Clinical summary
 - a. Short narrative
10. Recommend diagnostic tests
 - b. List each test you are recommending
 - c. Give basic explanations and reasons why this test is recommended. It's important to highlight the value of this test.

Step #5: 1st Initial Office Visit

The purpose of the initial visit

1. To go through your initial report with the patient.
2. To establish baseline health issues – past and present
3. To establish the patient's goals and willingness to change
4. To establish possible underlying causes of their health problems
5. To establish a functional differential diagnosis
6. To begin the assessment phase

At the end of the office visit the patient is given a list of the different assessment tests that you would like them to complete before the 2nd visit, which is the interpretation and report of findings.

NOTE: It's important to let your front desk know what tests you want to order prior to the patient showing up at the desk after the appointment asking for test kits. This gives them enough time to get the billing sorted out and to get the requisition forms and test kits organized.

DO NOT GIVE ANY TREATMENT AT THIS POINT. EXPERIENCE HAS SHOWN THAT TREATMENT GIVEN PRIOR TO THE ASSESSMENT PHASE DECREASES PATIENT COMPLIANCE BY OVER 150%

Step #6: The FDM Assessment Phase

The purpose of FDM assessment

1. To begin to rule in and rule out the underlying causes and dysfunctions in the body
2. To give you objective indicators to back up the subjective indicators
3. To educate the patient about the underlying cause of their problems
4. To allow both the patient and you to know objectively whether or not a particular course of therapy is working. Or not

Primary FDM Testing

These are the tests that can be performed in your clinic either in a clinic room or in a lab space or tests that can be done by the patient at home.

1. Physical Exam incorporating the standard physical exam techniques plus specialized functional and nutritional tests
2. In-Office Tests
3. In-Office Lab Tests
4. Take-Home Tests

Advanced FDM Testing

1. Blood Chemistry & CBC Analysis

- a. Standard chemistry screen
- b. CBC
- c. Thyroid panel
- d. Inflammatory Markers (C Reactive Protein & ESR)

- e. Hormonal Markers (Testosterone, DHEA, Estradiol)
- f. Cardiovascular Markers (Homocysteine & Fibrinogen)
- g. Blood Glucose Regulation Markers (Fasting Insulin and HGB A1C)

2. Advanced Functional Testing (this list is not comprehensive)

- a. Stool Analysis
- b. Intestinal Mucosal Barrier Testing
- c. Food Allergy Testing
- d. Liver Detoxification
- e. Hormonal Assays
- f. Toxic Metabolite Testing
- g. Nutrient testing (Amino Acids, Essential Fatty Acids, Vitamins, Minerals)
- h. Organic Acid Testing

When all the results of these tests are back the patient is scheduled for their **second appointment** where you explain the interpretations of the tests and report your findings.

Step #7 – Writing Your “Review of Clinical Findings” Report

It goes beyond the scope of this guide to go into detail about the art of preparing a report which ensures high patient compliance, however, we have a special video explaining in detail how to write your “**review of clinical findings**” report

Step #8 – The “Review of Clinical Findings” Appointment

The second visit or what we like to call “**review of clinical findings**” is simply an extension of a job well done during the first visit. At this stage of your clinical procedure, most patients are anxious to find out what their lab tests revealed and are ready with open eyes and ears to know what to do next.

This makes it a pure joy to offer this type of health care.

Patients are commonly ready and willing to get started and rarely if ever need any form of extra motivation to move forward.

The following is a simple list of topics discussed during “**review of clinical findings**”

- Discussion of results.
- Interpretation of findings.
- Implementation of treatment plan.

- Go over the patient's goals and see if they are in line with the program you intend to recommend.

Step #9 – The Treatment Plan

This next section will give you an idea of some of the many ways you can approach the treatment of your patients. We will be covering many of these areas in the weeks to come. This is meant to whet your appetite!

Diet

1. Start by making simple dietary changes with a focus on the following:

- a. Eliminating elements that are known to be incompatible with health (trans fatty acids in the form of hydrogenated or partially hydrogenated oils and margarine, refined sugar)
- b. Eliminating suspected allergens and making appropriate substitutions where possible
- c. Making recommendations on appropriate protein, fat and carbohydrate ratios specific to the patient's needs.
- d. Focus on balanced glycemic control and stabilization
- e. Use medical foods wherever appropriate
- f. Focus on foods that are high in a particular nutrient that is deficient

2. There are appropriate situations for individualizing the diet to a particular condition:

- a. Allergy elimination diet
- b. Low inflammation diet
- c. Detoxification diet
- d. Glycemic stabilization diet
- e. Dysbiosis diet
- f. Gluten free diet

Hydration

1. The majority of the body is water so it's essential that you educate your patients about the need for proper hydration, which includes the following:
 - a. Consuming appropriate amounts of pure, filtered, and undistilled water appropriate to their body weight

- b. They eliminate diuretic beverages or at least replace the loss of body fluids caused by drinking diuretic beverages with appropriate water.

Adequate Digestion

1. Supporting stomach function with HCl and Pepsin when needed
2. Supporting small intestine function with digestive enzymes when needed
3. Supporting hepatobiliary function with cholagogues and gallbladder nutrients when needed

Proper elimination

1. Supporting the large intestine with fiber when needed
2. Supporting the kidneys
3. Supporting the lymphatic system with lymphatic drainage
4. Assisting the body to sweat with steam or sauna treatments where appropriate

Biotransformation

1. Supporting liver detoxification with appropriate diet and nutritional support
2. Stress hormone balancing
3. Sex hormone balancing
4. Thyroid hormone balancing

Basic Nutritional Support

It's important that your patient's basic nutritional needs are covered. You must balance this with the nutrient/supplement protocols you plan to make based on the assessments of the testing you have done. Patients can get very overwhelmed not only at the cost of supplements but also at the volume of pills they have to take. The following represent basic nutritional support:

1. Multiple vitamin and mineral supplements
2. Essential Fatty Acids
3. Antioxidants

Rest and Relaxation

1. Sleep cycle support with specific herbal and nutritional formulas, relaxation techniques and appropriate dietary counseling

Stress Management

1. Nutritional and botanical support
2. Breathing techniques
3. Guided imagery

Movement and Exercise

1. Exercise goals
2. Cardiovascular/aerobic
3. Flexibility/stretching
4. Resistance training

Step #10 – Follow Up Appointments

It's important to specify the timing of follow-up appointments so you can maximize patient compliance and ensure the success of your program.

The purpose of the follow-up appointments

1. To assess your patient's progress. You can do this by using many of the systems you used to make the initial assessment:
 - a. Health questionnaires i.e. ask them to re-do the NAQ
 - b. Re-doing first line tests
 - c. Asking patients to fill out a health journal where they can track their diet, lifestyle changes, exercise routine, sleep patterns and stress reduction techniques
2. To keep the patient on track with their health goals and making them aware of the success they are achieving using FDM.

Techniques to increase compliance

We have found that using progress questionnaires throughout the treatment phase of the FDM program helps keep the patient focused on the successes and bringing them back to their initial health goals.

Full Re-evaluation

At some point a full re-evaluation must take place. This is basically a repeat of many of the tests they have already done.

It is important to write an evaluation report at this time outlining your assessment of where the patient is in terms of their health goals and the resolution of the dysfunctions. At this time you must make the following decisions:

1. The patient has done what they came to do and it's time to move them away from "Condition Care" and put them into a ***Maintenance Program***.
2. The patient still has a way to go with their treatment and it's time to fine-tune their treatment protocol. They must be encouraged to carry on with your work. At this stage it's important to emphasize how far they have come.
 - a. Re-visit the initial NAQ you ran at their initial examination
 - b. Review their initial health goals

Patient compliance requires that you show them that they are far along the road to health and wellness and that they need to do a little more work but to emphasize how far they have come.

The Functional Diagnostic Medicine Implementation Worksheet

We have prepared the following worksheet to help you get clear about the ways FDM will be implemented into your clinic and to help you focus on the “clinical flow”. Please feel free to bring questions and comments about this worksheet to our Functional Diagnostic Medicine Forum on the Functional Diagnostic Medicine training site.

| | |
|--|--|
| <p>What type of patient will you recommend functional diagnostic medicine i.e. who is your target patient?</p> | |
| <p>Do you currently see this type of patient in clinic? If so how many in a working week?</p> | |
| <p>How do you plan to integrate FDM into your existing practice model? A complete integration? Separate FDM consulting days from other things you do in clinic?</p> | |
| <p>How much will you charge for:</p> <p>Initial consultation?</p> <p>Follow-up visits?</p> <p>First-line testing?</p> <p>Would you have a total program charge or charge for each appointment?</p> | |

| | |
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| <p>What forms will you include in your initial assessment?</p> | |
| <p>What procedures will you put in place to handle the intake forms and medical requests in your office?</p> | |
| <p>Who will make the first appointment?</p> | |
| <p>Where in your clinic will you do your FDM consulting?</p> | |
| <p>What forms and other materials will you need to have on hand?</p> | <p>NAQ Health History Questionnaire Health Goals Toxicity Questionnaire Diet and Lifestyle Diary</p> |

| | |
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| <p>How much time will the initial consultation take?</p> | |
| <p>Who will do your First Line In-House Testing?</p> | |
| <p>What First-Line Testing do you think you will do?</p> | |
| <p>Where in your clinic will this take place?</p> | |
| <p>What do you need to do to get the space ready?</p> | |
| <p>What forms do you think you will use and need to have in the room?</p> | |

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| <p>Who will input the data onto the tracking forms?</p> | |
| <p>What procedures will you have in place to make sure that this information gets to you?</p> | |
| <p>Who will give the supplements to the patient?</p> | |
| <p>Where will the supplements be kept?</p> | |
| <p>Who manages the supplement inventory?</p> | |

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| <p>How will the patient get answers to treatment questions? Who will field those questions?</p> | |
| <p>How often will you require follow-up appointments?</p> | |
| <p>How will you manage those visits? What forms will you need? What will you cover?</p> | |
| <p>How soon after the treatment plan is given will you retest?</p> | |
| <p>Who handles the scheduling for follow-ups and re-tests?</p> | |

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| <p>What procedures will you have in place if the patient does not meet the program goals?</p> | |
| <p>What type of maintenance plan would you consider for those that achieve the program goals?</p> | |
| <p>If you do a maintenance program how will you handle the scheduling of appointments in the months between appointments?</p> | |
| <p>Who will handle this?</p> | |
| <p>How will you introduce the FDM program to your staff?</p> | |

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| <p>How do you plan to market FDM?</p> | |
| <p>How will you make your existing patients aware of your work?</p> | |
| <p>How do you plan to let the wider community know?</p> | |