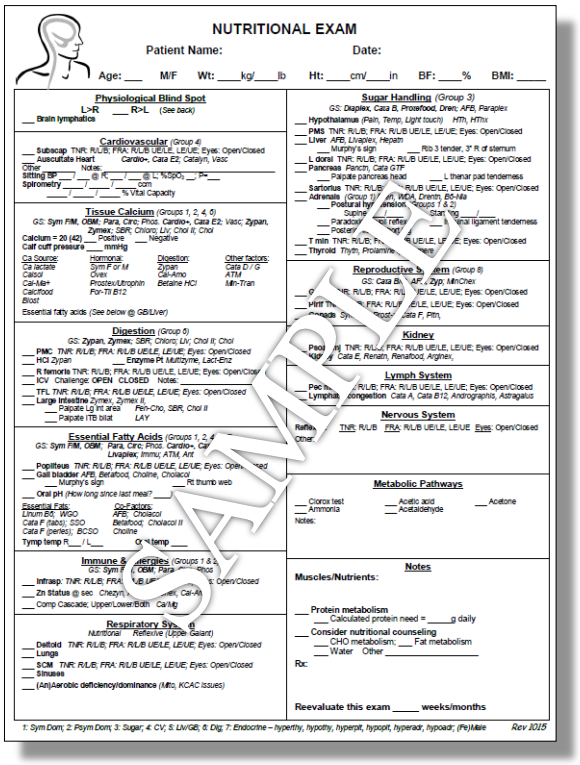
Module VI

Module VI: The Basics of the Functional Nutrition Examination

Besides your understanding of structural and neurological involvement your patients depend upon your nutritional knowledge. For decades we, as applied kinesiologists have been taught that giving a particular nutrient will influence positive change, and specific nutrients can influence a muscle's function. While this is certainly true, have your patients ever told you that they had muscle cramps despite taking plenty of calcium, magnesium, protein, and every other nutrient imaginable? Well, this module may help answer that nutritional dilemma.


NUTRITIONAL EXAM

Patient Name: Date:

Age: ___ M/F Wt: ___kg/___lb Ht: ___cm/___in BF: ___% BMI: ____

Physiological Blind Spot
L>R ___ R>L (See back)
___ Brain lymphatics

Cardiovascular (Group 4)
___ Subscap TNR: R/LB; FRA: R/LB UE/LE, LE/UE; Eyes: Open/Closed
___ Auscultate Heart Cardio-, Cata E2; Catalyn, Vasc
Other Notes:
Sitting BP ___/___ @ R: ___/___ @ L: %SpO2 ___; P=___
Spirometry ___/___/___/___ ccm
___/___/___/___ % Vital Capacity

Tissue Calcium (Groups 1, 2, 4, 5)
GS: Sym FIM, OBM; Para, Circ; Rhos, Cardio+, Cata E2; Vasc; Zypan, Zymex; SBR; Chloro; Liv; Chol II; Chol
Calcium = 20 (42) ___ Positive ___ Negative
Calf cuff pressure ___ mmHg

Ca Source:	Hormonal:	Digestion:	Other factors:
Ca lactate	Sym F or M	Zypan	Cata D / G
Calcol	Ovex	Cal-Amo	ATM
Cal-Mg+	Prostex/Utrophin	Betaine HCl	Min-Tran
Calcifood	For-Tri B12		
Blost			

Essential fatty acids (See below @ GB/Liver)

Digestion (Group 6)
GS: Zypan, Zymex; SBR; Chloro; Liv; Chol II; Chol
___ PMC TNR: R/LB; FRA: R/LB UE/LE, LE/UE; Eyes: Open/Closed
___ HCl Zypan ___ Enzyme Pt Multizyme, Lact-Enz
___ R temoris TNR: R/LB; FRA: R/LB UE/LE, LE/UE; Eyes: Open/Closed
___ ICV Challenge: OPEN CLOSED Notes:
___ TFL TNR: R/LB; FRA: R/LB UE/LE, LE/UE; Eyes: Open/Closed
___ Large Intestine Zymex, Zymex II
___ Palpate Lg Int area Feh-Cho, SBR, Chol II
___ Palpate ITB blist LAY

Essential Fatty Acids (Groups 1, 2, 4
GS: Sym FIM, OBM; Para, Circ; Rhos, Cardio+, Ca
Livaplex; Immu; ATM, Ant
___ Popliteus TNR: R/LB; FRA: R/LB UE/LE, LE/UE; Eyes: Ope ed
___ Gall bladder APB, Betafood, Choline, Cholacol
___ Murphy's sign ___ Rt thumb web
___ Oral pH (How long since last meal? ___

Essential Fats:	Co-Factors:
Linum B5, WSO	APE, Cholacol
Cata F (flaxs); SDO	Betafood; Cholacol II
Cata F (perles); BCSO	Choline

Tymp temp R___/L___ O(temp ___

Immune & Allergies (Groups 1 & 2
GS: Sym F (OBM; Para Rhos
___ Intrasp; TNR: R/LB; FRA: R/LB s: Open/Closed
___ Zn Status @ sec Chezym Cal-Ar
___ Comp Cascade; Upper/Lower/Both Ca/Mg

Respiratory Sy n
Nutritional Reflexive (Upper Gasant)
___ Deltoid TNR: R/LB; FRA: R/LB UE/LE, LE/UE; Eyes: Open/Closed
___ Lungs
___ SCM TNR: R/LB; FRA: R/LB UE/LE, LE/UE; Eyes: Open/Closed
___ Sinuses
___ (An)Aerobic deficiency/dominance (Mito, KCAC issues)

Sugar Handling (Group 3)
GS: Diaplex, Cata B, Prowtfood, Drain; AFB, Paraplex
___ Hypothalamus (Pain, Temp, Light touch) HTh, HThx
___ PMS TNR: R/LB; FRA: R/LB UE/LE, LE/UE; Eyes: Open/Closed
___ Liver AFB, Livaplex, Hepatn
___ Murphy's sign ___ Rib 3 tender, 3" R of sternum
___ L dorsi TNR: R/LB; FRA: R/LB UE/LE, LE/UE; Eyes: Open/Closed
___ Pancreas Panchi, Cata GTF
___ Palpate pancreas head ___ L thenar pad tenderness
___ Sartorius TNR: R/LB R/LB UE/LE, LE/UE; Eyes: Open/Closed
___ Adrenals (Group 1) ...rh, MDA, Drenth, B6-Na
___ Postural hy ...analon, (Groups 1 & 2)
___ Supine Stan ing ___/___
___ Paradoxi ...ical reflex ___ ...al ligament tenderness
___ Posteri ...
___ T min TNR: R/LB; F ...B UE/LE, LE/UE; Eyes: Open/Closed
___ Thyroid Thyrh, Prolamine ...

Reproductive S ...em (Group 8)
GS: Cata B ...AR, , Zyp, MthChex
___ G ...HR; R/LB; FRA: R/L ...E/LE, LE/UE; Eyes: Open/Closed
___ Hirtl Th ...FRA: R/LB ...E/LE, LE/UE; Eyes: Open/Closed
___ Gonads Sy ... Prost ...ata F, Fith,

Kidney
___ Psoa ...m TNR: R/LB; FRA: R/LB UE/LE, LE/UE; Eyes: Open/Closed
Kidn ... Cata E, Renatn, Renatbod; Arginex,

Lymph System
___ Pec ... R/LB; FRA: R/LB UE/LE, LE/UE; Eyes: Open/Closed
___ Lymphatic congestion Cata A, Cata B12, Andrographis, Astragalus

Nervous System
Reflex TNR: R/LB FRA: R/LB UE/LE, LE/UE Eyes: Open/Closed
Other:

Metabolic Pathways
___ Clorox test ___ Acetic acid ___ Acetone
___ Ammonia ___ Acetaldehyde
Notes:

Notes
Muscles/Nutrients:

___ Protein metabolism
___ Calculated protein need = _____g daily
___ Consider nutritional counseling
___ CHO metabolism; ___ Fat metabolism
___ Water Other _____
Rx:

Reevaluate this exam _____ weeks/months

1: Sym Dom; 2: Psym Dom; 3: Sugar; 4: CV; 5: Liv/GB; 6: Dig; 7: Endocrine – hyperthy, hypothy, hyperpit, hypopit, hyperadr, hypoadr; (Fe)Male Rev 2015

SAMPLE

Ninety percent of cortical outflow controls autonomic performance, not structural. Only about 10% of the entire cortical outflow ends up in the muscles. So, if your evaluation and treatment techniques do not focus on the autonomic concomitants of cortical expression, then you are missing a tremendous window of cortical outflow that is critically significant to cortical understanding.

Q: *Do you know if* your nutritional recommendations are appropriate relative to your patient's physiological reflexes?

Q: *How does* changing a muscle's function influence the patient's physiological reflex display, and vice versa?

Q: *How can you tell if* your patient's neurological posture will benefit from a particular nutrient?

Gaining a better understanding of autonomic performance is reason enough to check each organ and/or organ system from a nutritional perspective. Module VI will help you apply functional neurological principals to your nutritional understanding both during a global nutritional examination itself and/or as an individualized approach to each specific system.