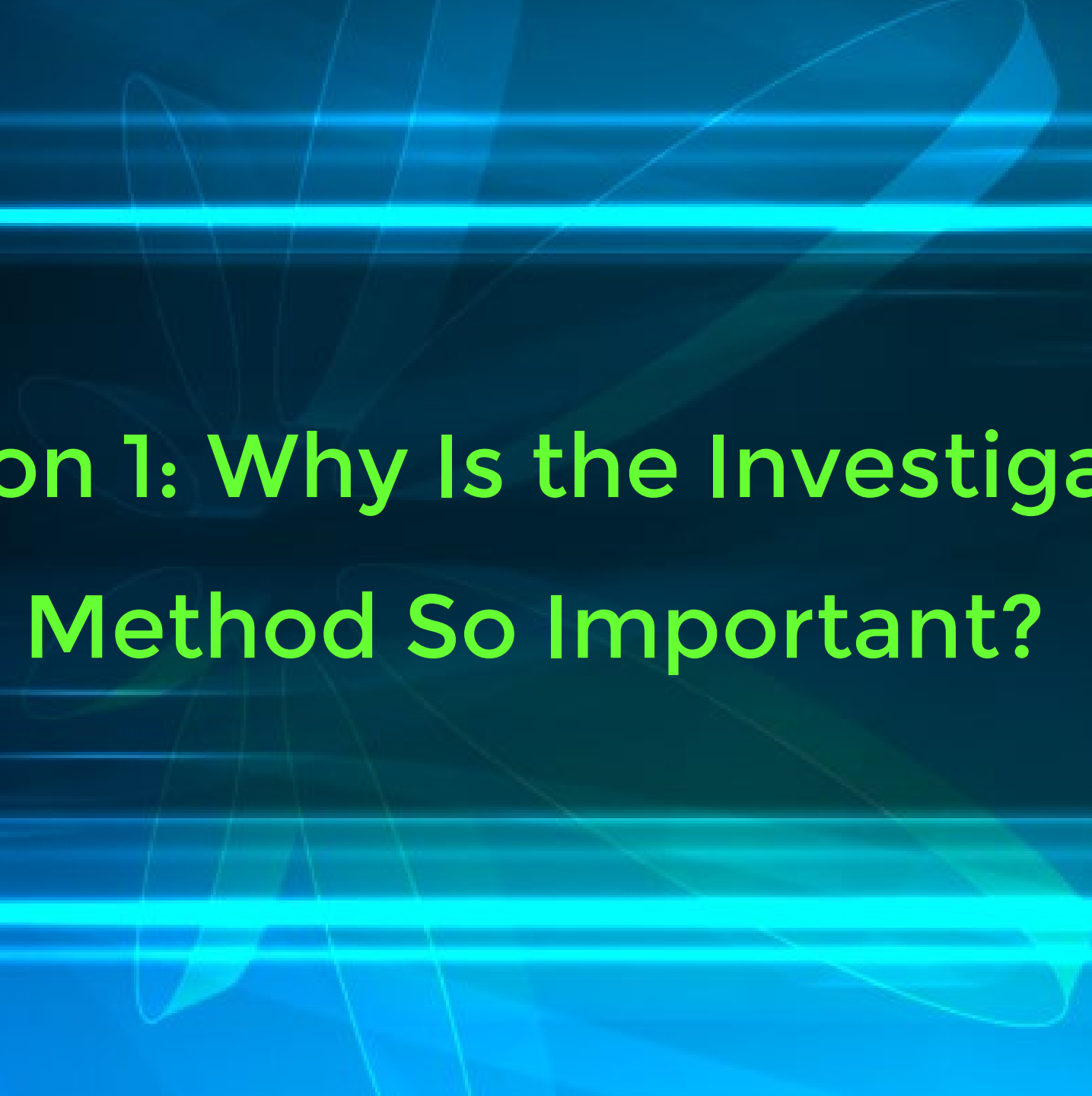


Advanced Principles of Fx Practice

MASTERING THE ART OF FUNCTIONAL HEALTH INVESTIGATION



Lesson 1: Why Is the Investigative Method So Important?

While we can understand biochemistry, we can never truly see all that is biochemically happening within an individual body. What we can do, though, is get clues and rely on data from other experts in various fields.

Step 1 – Immediate Action

In the event of an incident, immediate action to be taken may include making the area safe, preserving the scene and notifying relevant parties. The investigation begins even at this early stage, by collecting perishable evidence.

Step 2 – Plan the Investigation

Planning ensures that the investigation is systematic and complete. What resources will be required? Who will be involved? How long will the investigation take?

Step 3 – Data Collection

Information about the incident is available from numerous sources, not only people involved or witnesses to the event, but also from equipment, documents and the scene of the incident.

Step 4 – Data Analysis

Typically, an incident is not just a single event, but a chain of events. The sequence of events needs to be understood before identifying why the incident happened.

When asking "why", we need to identify the root and underlying causes, as well as the direct causes.

Step 5 – Corrective actions

Many investigations make the mistake of raising actions which deal only with the direct causes – a quick fix, putting last-lines-of-defense back in place. By ignoring the root and underlying causes, not only do they miss an opportunity to reduce the risk of recurrence of the incident, but they also leave open the possibility that other, dissimilar incidents may also occur, arising from the same, common root cause.

Step 6 – Reporting

The investigation is concluded when all outstanding issues have been closed out and the findings have been communicated so that lessons can be shared. Communication mechanisms include formal incident investigation reports, alerts, presentations and meeting topics.

When we use this method of investigation, it is a tried and true, universal method and is why it works so well when we use these principles to discover the deeper causes with clients.



The Critical Thinker

- Will raise questions to unknowns.
- Will question any statement that may appear incomplete to determine additional details about the event that could change the outcome of or affect the decision to be made based on the statement.
- Will gather and assess all the information and utilize abstract ideas to help come to well-reasoned conclusions while all the time testing these conclusions against the relevant data.
- Will communicate effectively to allow answers to be forthcoming from the client and to inspire additional data to be remembered and given.

Questions a Critical Thinker Asks



The questions we ask the client gives us answers to clues that only they know about their body, yet they might not realize they have these critical answers.



Before you can ask the question, you must know why you are asking it and what clue the data will provide.



Client Statement:

I have fatigue during the day



What do we know?



Is it accurately ambiguous?

What other questions of inquiry would tell us more?

- When does it happen?
- How often does it happen?
- What could correlate with it happening?
- How is it connected to other factors?
- Are there any fallacies in the reasoning?
- How good is the evidence?

The text is centered on a dark blue background with a faint, stylized leaf pattern. The words "Teaching Tip:" are on the top line, and "Always Investigate" is on the bottom line, both in a bright green, sans-serif font.

Teaching Tip:
Always Investigate



Lesson 2: What to Research?

In our research around the client, we are:

- Learning how the body works
- Making connections within the client case
- Looking for information to share with them as educational tools
- Learning for ourselves, and for them, about supplemental support

The Body

We must know how the body works even if it is in basic and simplistic terms.

Connections

Our research can be done in a systematic way for our own learning as opposed to what we need to know for the client.

Client Education

They need resources that will allow them to understand without getting confused.

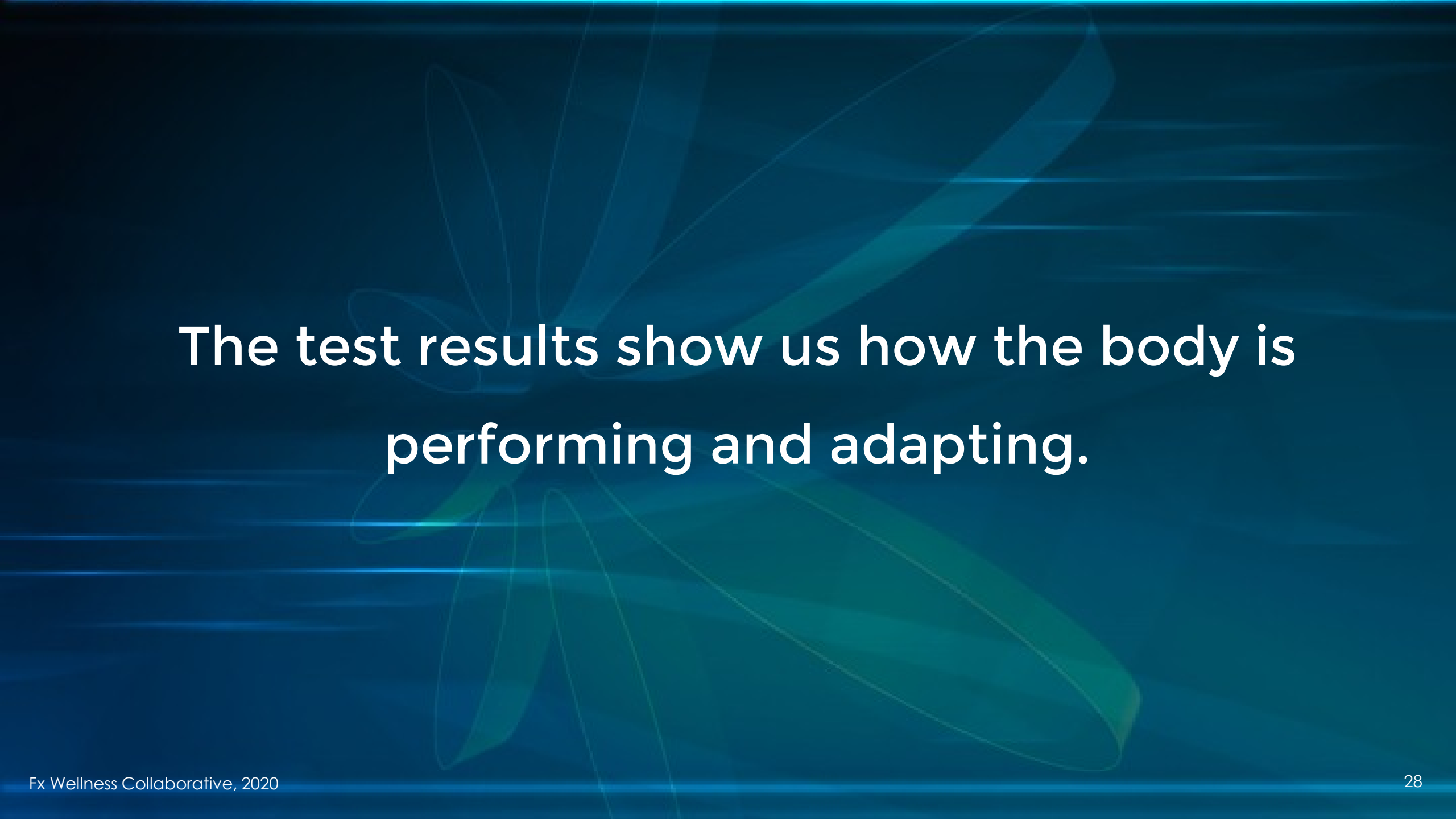
Supplemental Support

No matter how long in practice, you will never know for sure how any one client will respond to a supplement.



Lesson 3: What's In a Test?

If we are not looking for a diagnosis in highs and lows, what benefit can we get from using tests?



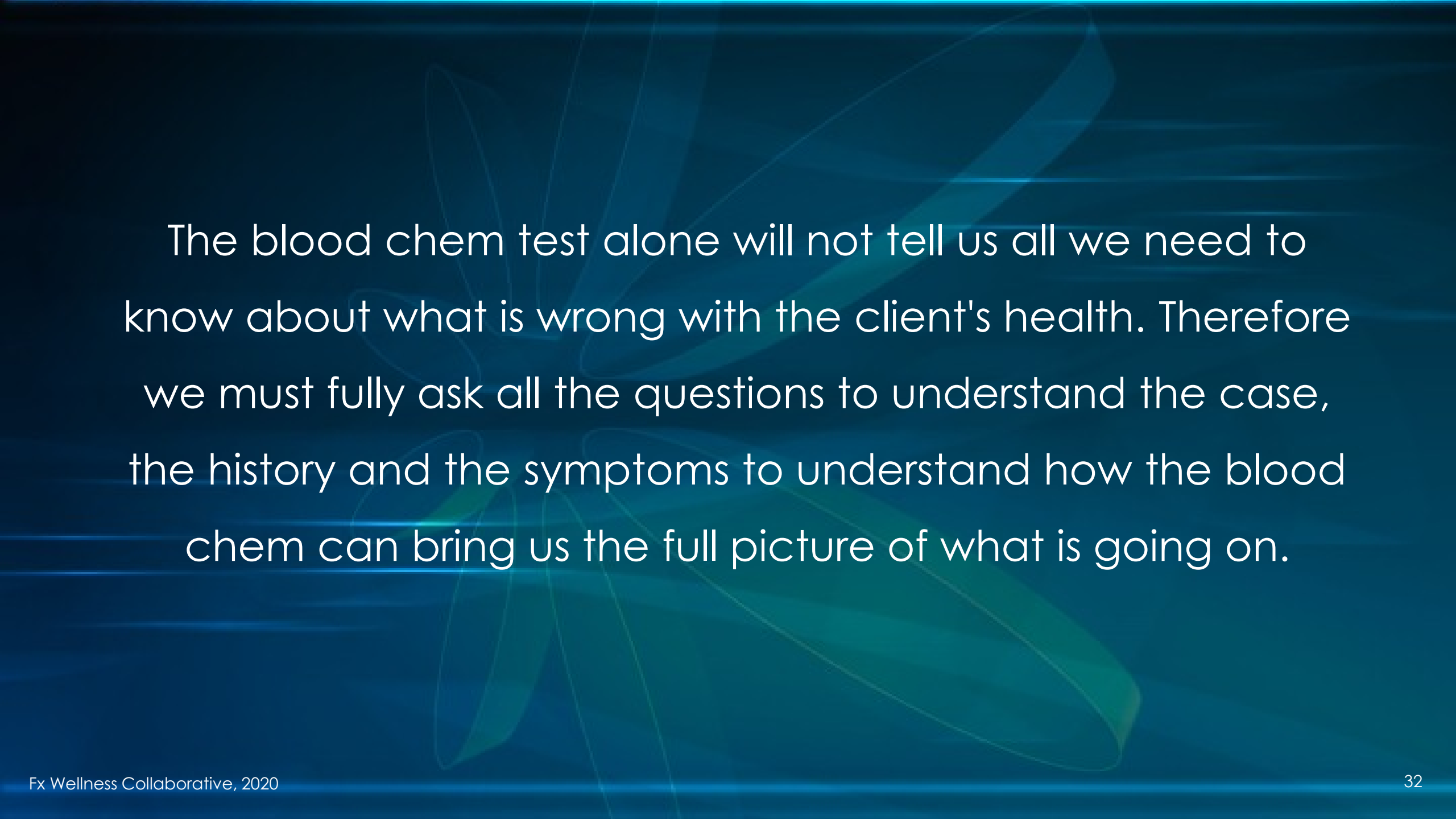
**The test results show us how the body is
performing and adapting.**

We start to see that just because one marker went low, it could be from a shift in another marker that drove it low, so trying to elevate the low marker is pointless if we discount all else that is happening in the body.

There are no good or bad markers. The body is doing what it is supposed to do according to what it needs to keep you alive as it adjusts and adapts.

A large, stylized graphic of a plant with several long, pointed leaves radiating from a central point, rendered in a light blue/teal color against a dark blue background. The leaves have a slight gradient and a soft glow.

Investigating Blood Chemistry Patterns



The blood chem test alone will not tell us all we need to know about what is wrong with the client's health. Therefore we must fully ask all the questions to understand the case, the history and the symptoms to understand how the blood chem can bring us the full picture of what is going on.

Glucose, Serum	80	mg/dL	65-99	MB
Hemoglobin A1c	5.3	%	4.8-5.6	MB
Pre-diabetes: 5.7 - 6.4				
Diabetes: >6.4				
Glycemic control for adults with diabetes: <7.0				
Uric Acid, Serum	3.8	mg/dL	2.5-7.1	MB
Therapeutic target for gout patients: <6.0				
BUN	12	mg/dL	6-20	MB
Creatinine, Serum	0.64	mg/dL	0.57-1.00	MB
eGFR If NonAfricn Am	121	mL/min/1.73	>59	MB
eGFR If Africn Am	139	mL/min/1.73	>59	MB
BUN/Creatinine Ratio	19		8-20	MB
Sodium, Serum	138	mmol/L	134-144	MB
Potassium, Serum	4.6	mmol/L	3.5-5.2	MB
Chloride, Serum	98	mmol/L	96-106	MB
Carbon Dioxide, Total	21	mmol/L	18-29	MB
Calcium, Serum	9.4	mg/dL	8.7-10.2	MB
Phosphorus, Serum	4.1	mg/dL	2.5-4.5	MB
Magnesium, Serum	1.8	mg/dL	1.6-2.3	MB
Protein, Total, Serum	6.8	g/dL	6.0-8.5	MB

Dehydration Pattern

Elevated:

BUN

HGB

HCT

Albumin

Protein

Hypochlorhydria Pattern

Elevated:

BUN

Globulin

MCV

Anion Gap

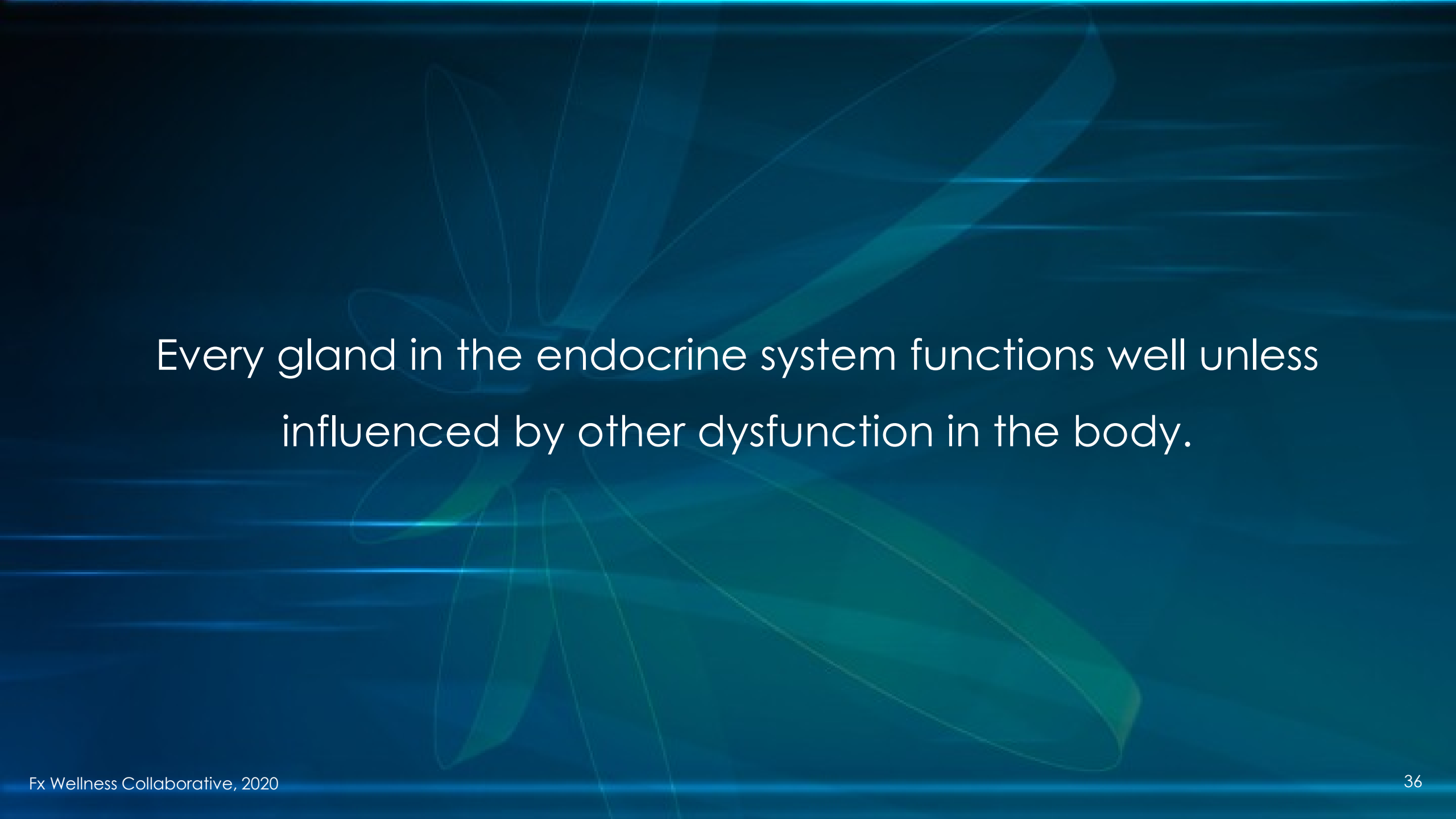
Depressed:

Albumin

Phosphorous

ALP

Iron



Every gland in the endocrine system functions well unless influenced by other dysfunction in the body.



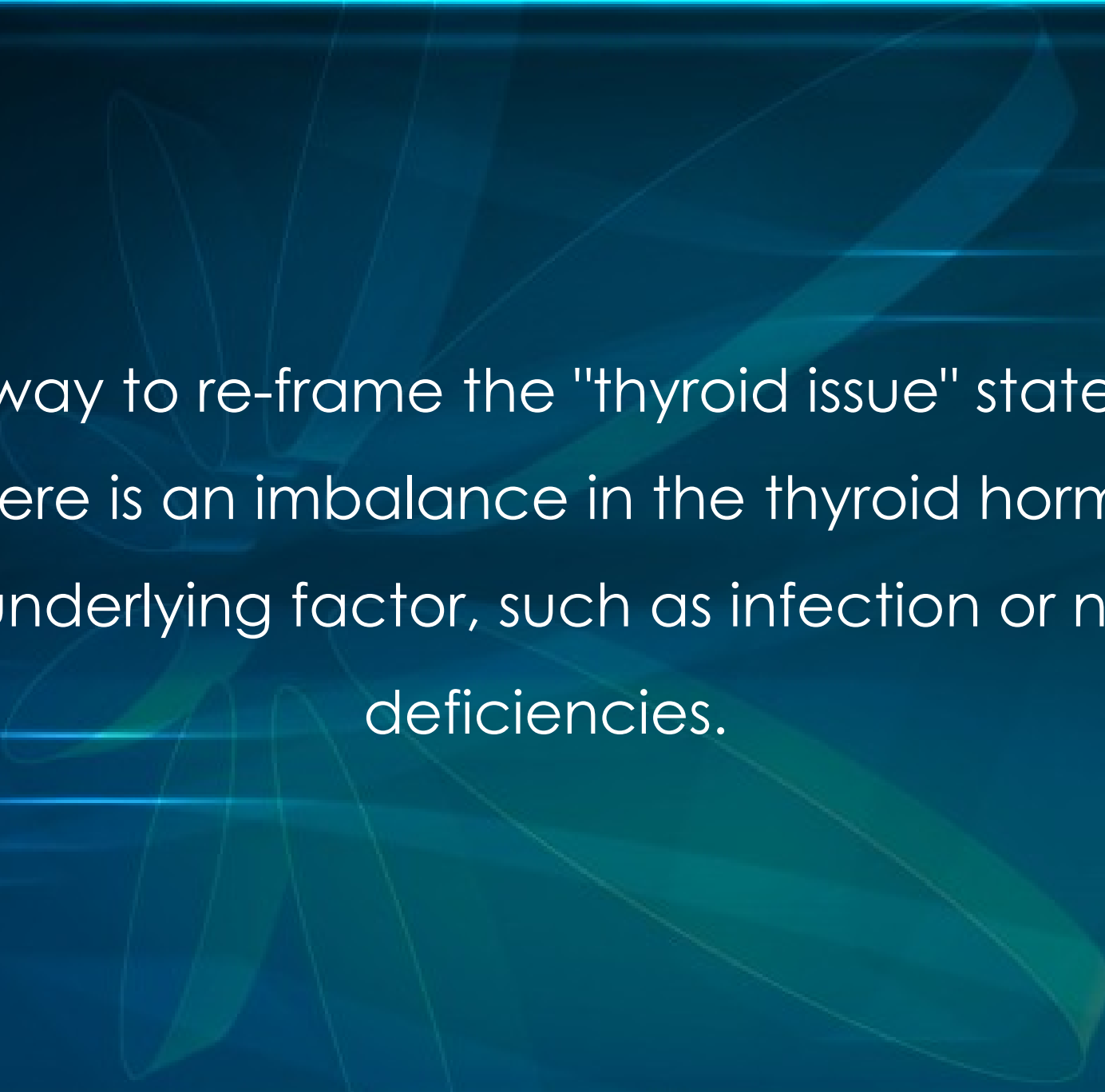
What patterns might we see here?

Visit your Resource Drawer within the platform to review the
Thyroid Nutrient Chart PDF and the Thyroid Pathway PDF

Low Magnesium, Zinc, B12, Vitamin A
poor TSH production and signaling

Low B2, Vitamin C, Copper, Manganese
poor thyroid hormone production

Low Selenium, Zinc (ALP), Glutathione (low albumin, high GGT), Low Ferritin
poor T4 to T3 conversion



A correct way to re-frame the "thyroid issue" statement is to say that there is an imbalance in the thyroid hormones due to an underlying factor, such as infection or nutrient deficiencies.



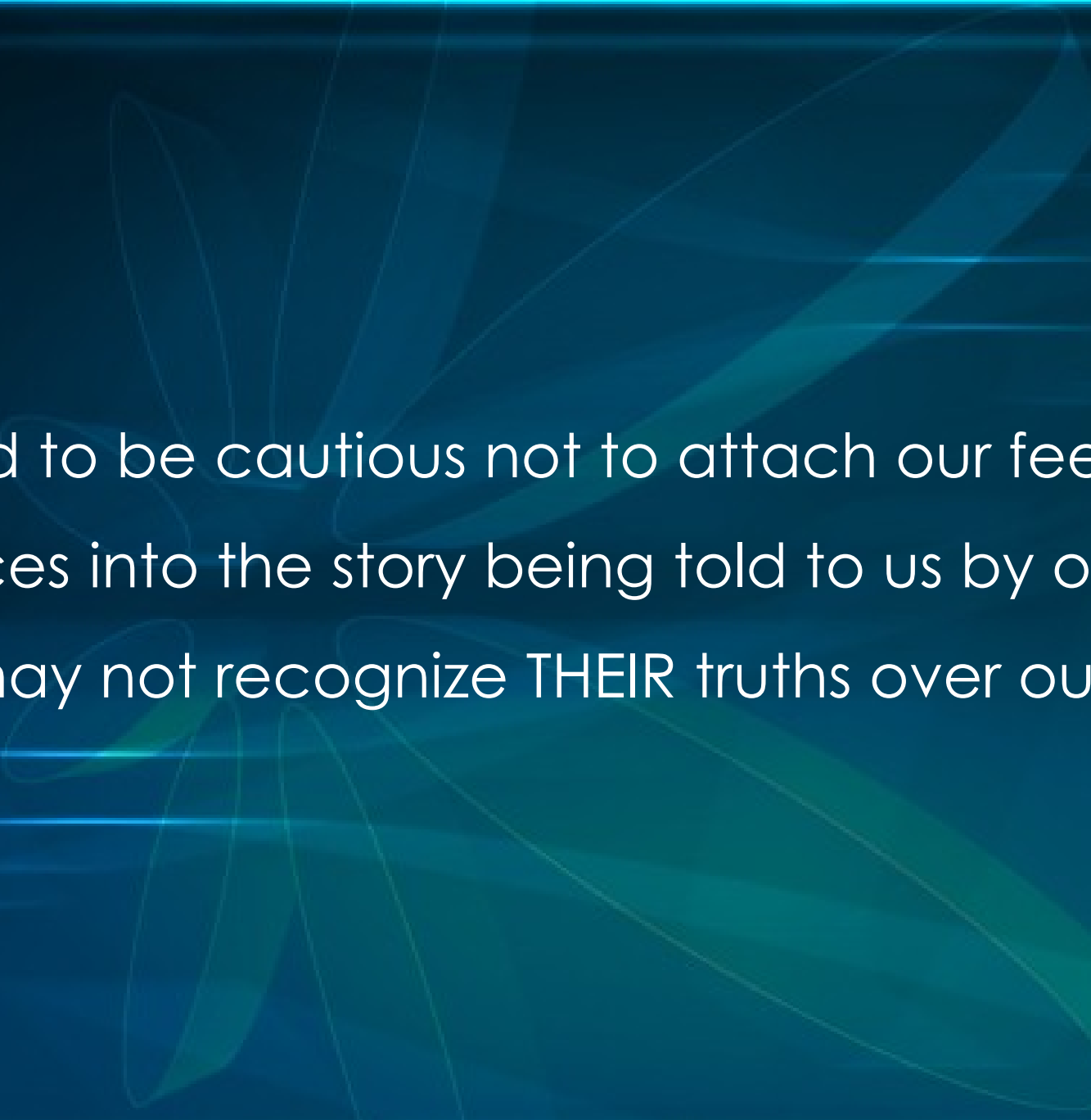
Lesson 4: The “Step-Back” Method



Lesson 5: Using Visualization



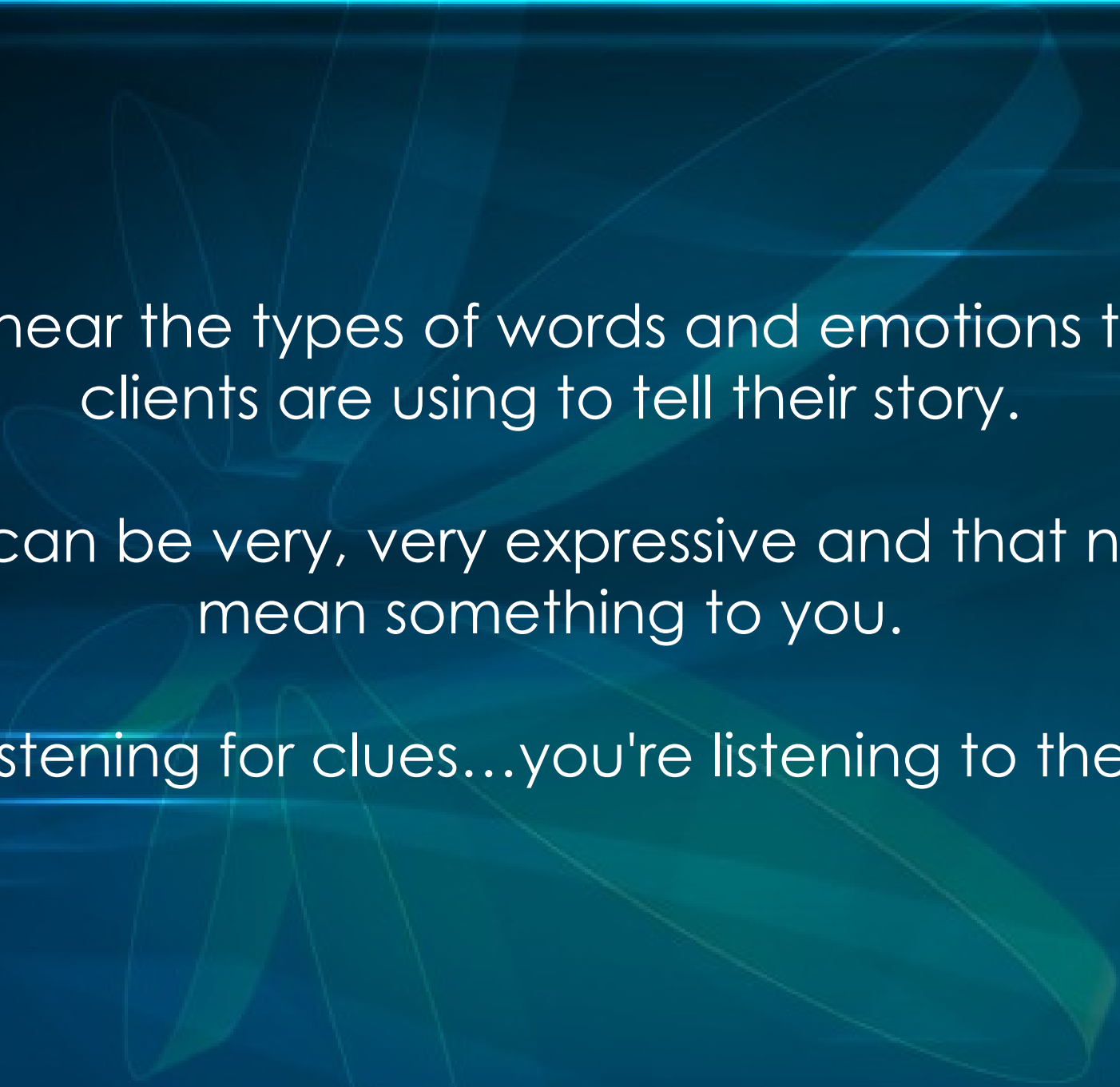
When you're having a conversation with someone, you're listening for keywords in the story.



We need to be cautious not to attach our feelings and experiences into the story being told to us by our client as we may not recognize THEIR truths over our own.



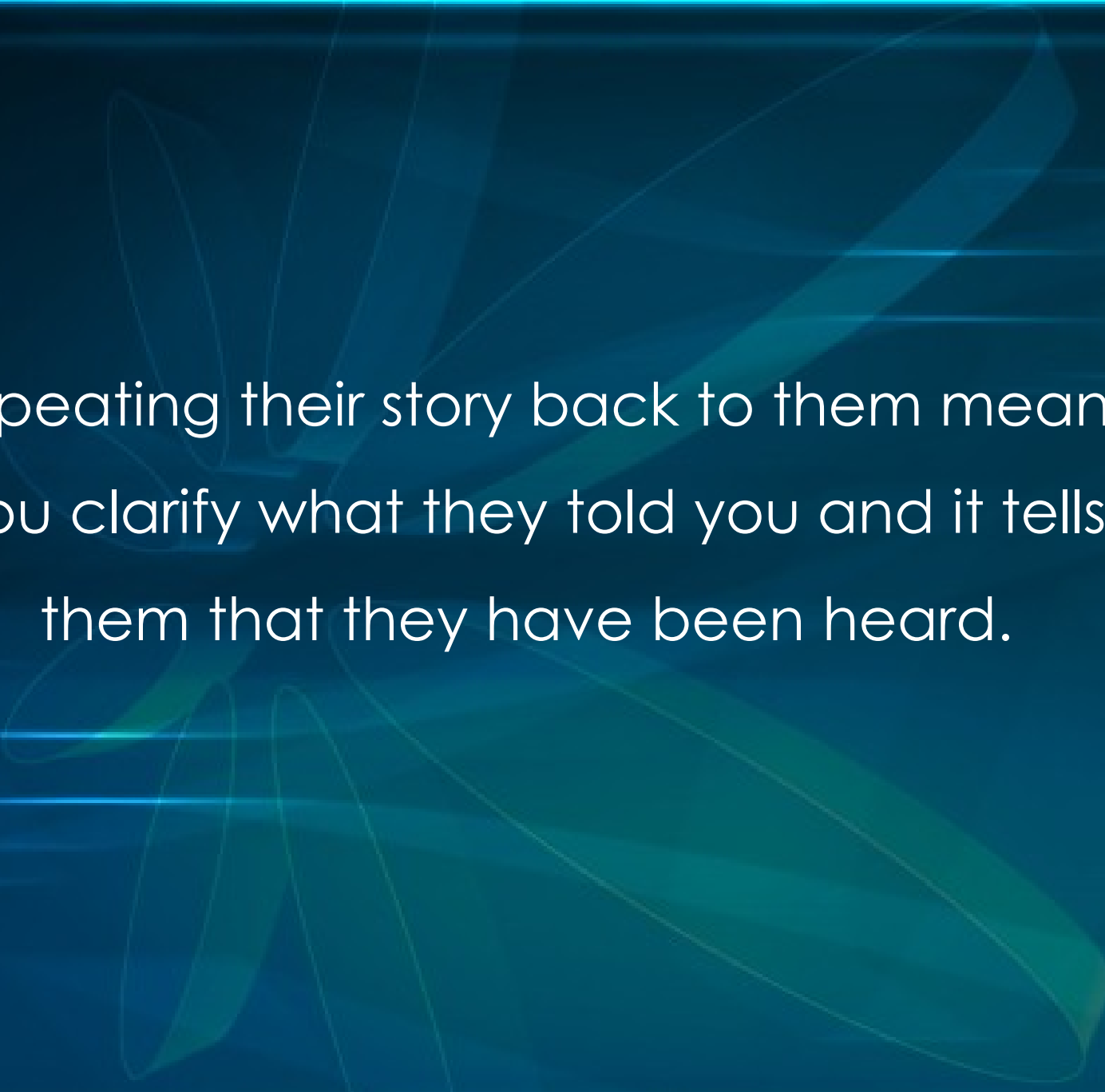
Guide the client with deeper questions.



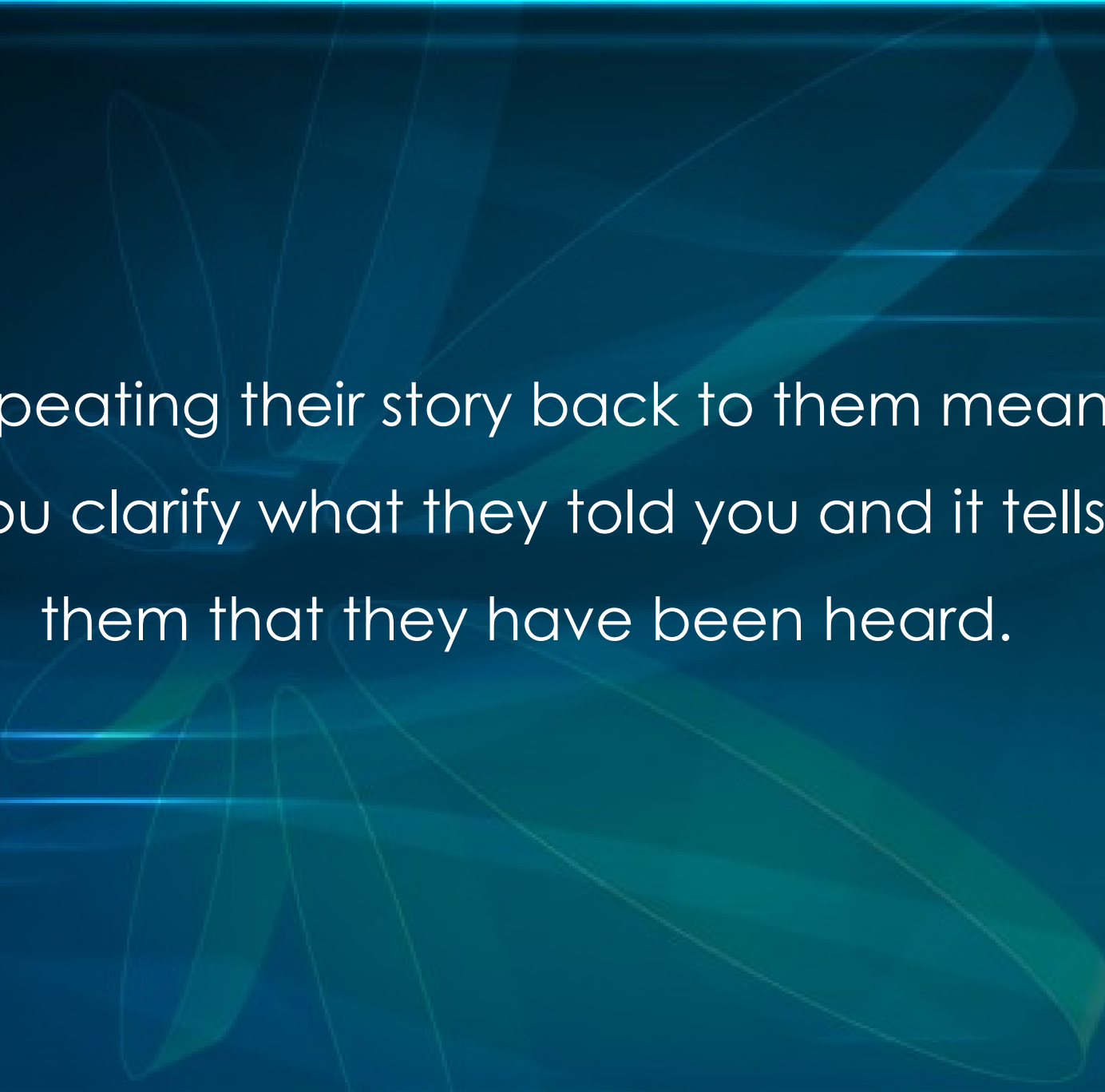
You must hear the types of words and emotions that these clients are using to tell their story.

People can be very, very expressive and that needs to mean something to you.

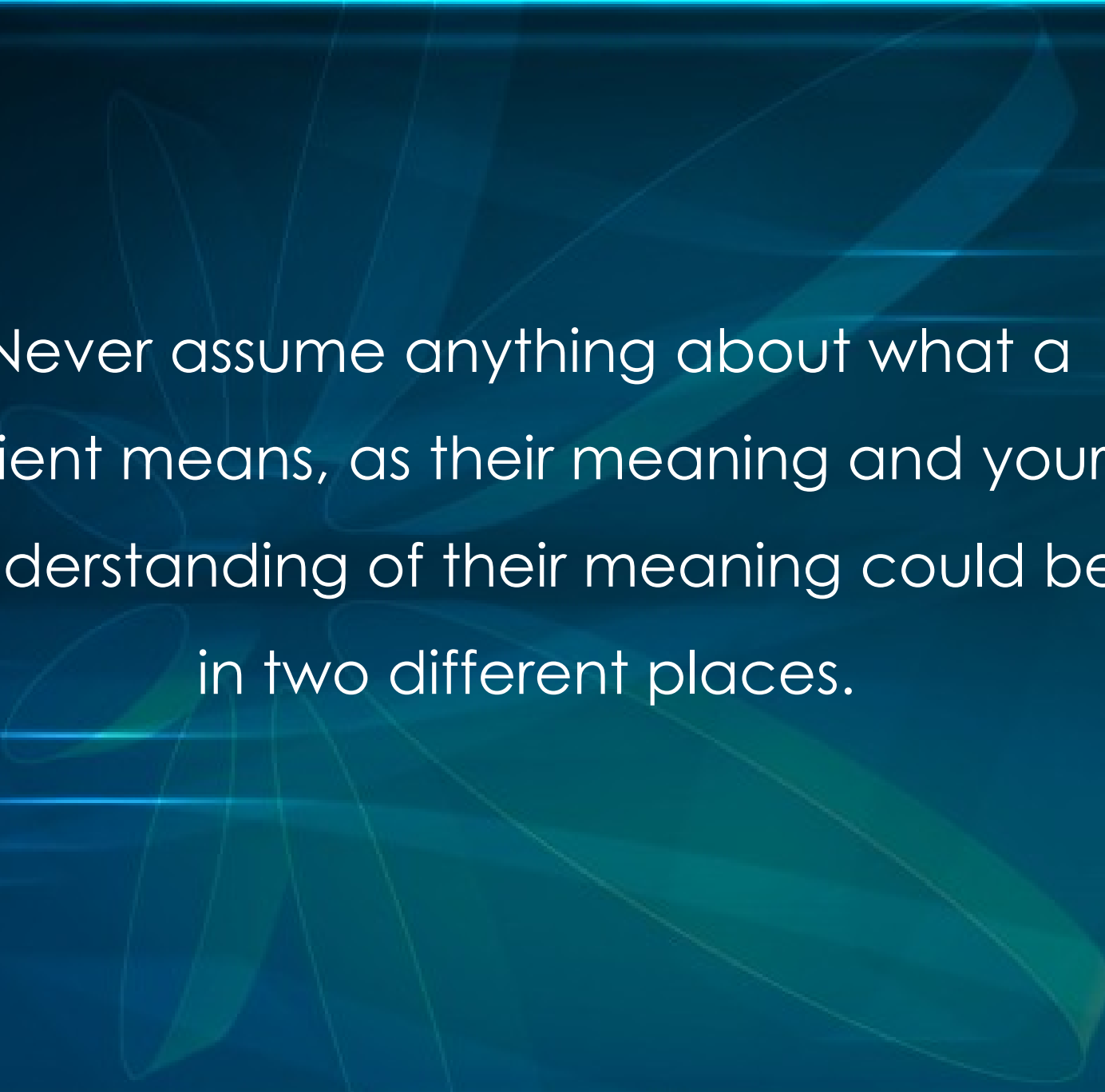
You're listening for clues...you're listening to their story.



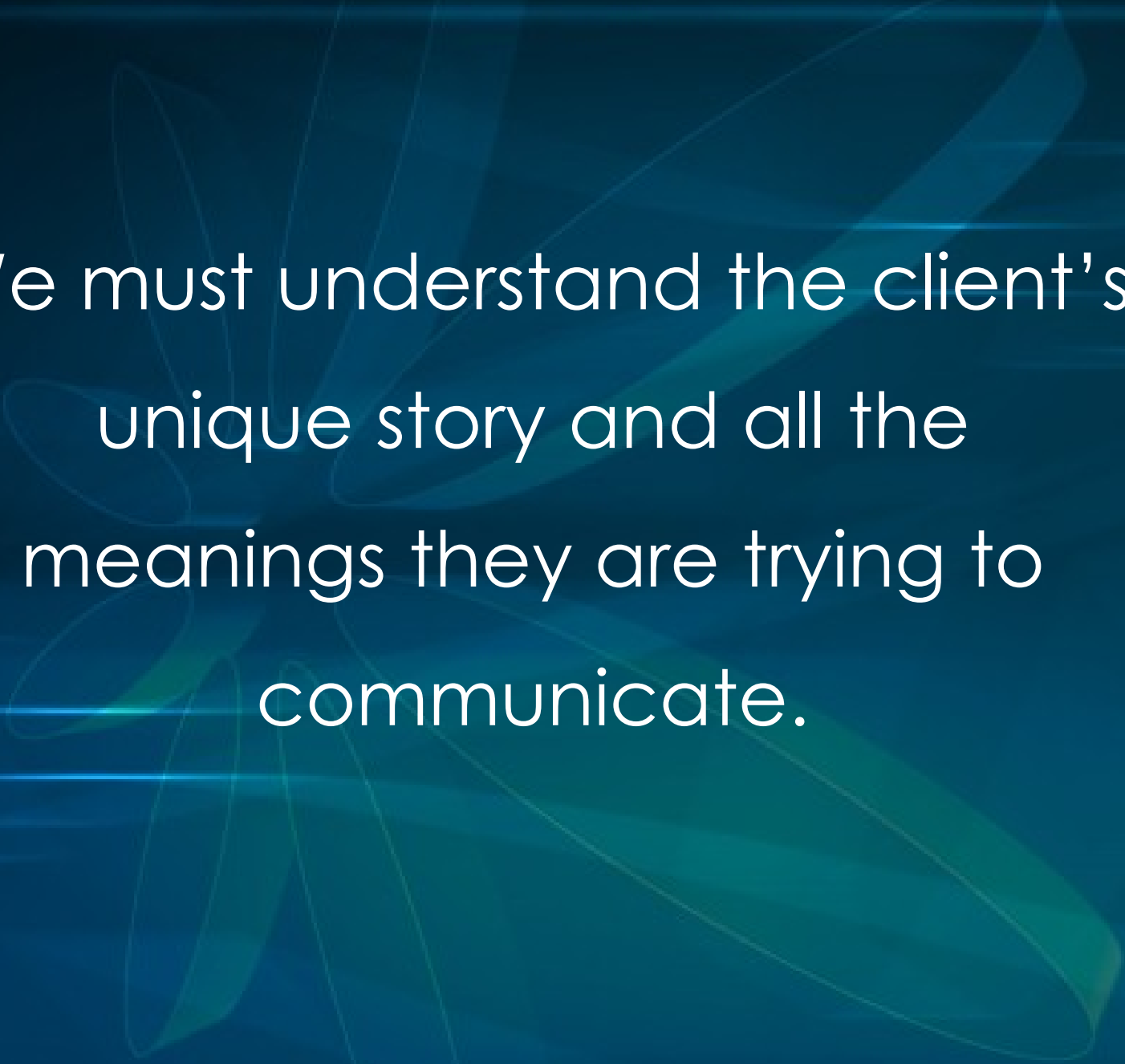
Repeating their story back to them means
you clarify what they told you and it tells
them that they have been heard.



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you clarify what they told you and it tells
them that they have been heard.



Never assume anything about what a client means, as their meaning and your understanding of their meaning could be in two different places.



We must understand the client's
unique story and all the
meanings they are trying to
communicate.