

ISSA Nutrition Case Study

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Nutrition And Coaching Plan

Findings from collecting preliminary client information

The preliminary clinical data that was collected from a 55 years old insulin-dependent diabetic patient, his primary physician, and his EMR is as follows:

Mr A is a 60-year-old patient who is diagnosed with type II diabetes mellitus and is on Novolin 70/30 innocent insulin, which he takes 20 minutes prior to having his dinner. After his retirement, he lives independently on his own. His total doctor visits per year are four, which are mostly to the OPDs. The last physician check-up's laboratory readings showed HBA1C at 7.1%. His sedentary lifestyle, diagnosis of high blood pressure, and overweight BMI have put him at a moderate risk complication level. His general aim is to lose weight and maintain it for a longer time. His concerns related to his eating habits include excessive carbs and saturated fatty acids intake, which mostly include fried food items. He is continuously gaining weight and is unable to control his glucose levels. His expectations from a nutritional coach are to strategically create a plan that would be satiable and satisfying at the same time. (U.S. Department of Agriculture & U.S. Department of Health and Human Services, 2020)

After the initial assessment of the client, I would provide a basic 3-month/12-week exercise training program, the results of which would be calculated every month. Client motivation and satisfaction would be an integral part of the program and would be altered according to the client's level. (American College of Sports Medicine, 2021)

Client level

This is a level 1 client as he is determined to lose and maintain his weight but is inconsistent with maintaining his schedule of exercise and meals.

Limiting factors

From the *initial assessment and triage questionnaire*, I assessed the following limiting factors:

1. Improper eating schedule
2. Diet, including mostly takeaways from restaurants
3. Less water intake

4. Sedentary lifestyle
5. The increased amount of lower body fat percentage

Outcome goals

The patient's outcome goals would be as follows:

1. He will eat 30% less sugar from now on in his meals for the next 3 months.
2. He will prepare his own meals at home for the next 3 months.
3. He will drink 65oz of water daily.
4. He will start a light walk one hour prior to his meals.
5. He will improve his eating schedule and maintain a timetable for his breakfast, lunch, and dinner.

Behavior Goals

The behaviour goals for the client would be as follows:

A proper sleeping schedule would be maintained, and the client would go to sleep at 8 pm every night and wake up early in the morning for a 30-minute walk session. He would take his meals and insulin at a specified time, and in addition to this, a daily supplement dose would be prescribed. A *daily journal* of what the client has eaten would be advised, similarly, a *Planning and Time Use Worksheet* and the *A-B-C worksheet* would also be given so that the client can plan his meals ahead of his time.

Assessment record

The weight of the client, glucose levels, eating schedule, and daily journal and worksheets would be assessed with every visit.

Recommended eating plan

Limit his fat intake with every meal, try incorporating fruit in meals instead of eating a refined sugar product, take 4-6 Oz of protein three times a day, and eat complex carbs such as brown rice or whole wheat bread, beans, fish, seeds, olive oil and nuts in meals, add healthy dairy products such as Greek yoghurt in meals. Moreover, take calcium and multivitamins in the morning prior to breakfast.

Physician referral

The client would be asked to refer to his primary care physician so that he could manage his diabetic

and hypertensive medications accordingly.

Proposed appointment schedule

The client would be asked to visit the clinic every month with his daily journals, *Planning and Time Use Worksheet*, and the *A-B-C Worksheets* for assessment.

Plateau in progress or if the client changes his goals

If the client presents with a plateau in his progress, he would be evaluated thoroughly, including his medical conditions and daily routine, to determine the reasons for his inconsistency and delayed progress. If he changes his goals due to any specific reason, the nutrition plan will be altered accordingly.

Case study workout plan

Week 1-4

- Aerobic

Every Tuesday, Thursday, and Saturday, brisk walk for 30 minutes.

- Yoga

Yoga poses like legs-up-the-wall pose, reclining bound angle loss, and seated forward bend. Hold each pose for 15 seconds.

- Tai Chi

Tai Chi in a chair or standing for 10 minutes every day.

- Resistance

Every Monday, Wednesday, and Friday, leg press, chest press, and seated row. 3 sets of 10-15 repetitions each.

Week 5-8

- Aerobic

Every Tuesday and Thursday, a brisk walk is conducted for 30 minutes.

- Yoga

Mountain pose, upward-facing dog pose, and child pose holding for 15 seconds each.

- Tai Chi

Tai Chi in a chair or standing for 12 minutes every day.

- Resistance training

Every Monday, Wednesday, and Friday, Overhead press pull-down and leg extension (with or without TheraBand). 2 sets of 10-15 repetitions each.

Week 9-12

- Aerobic training

Every Tuesday and Thursday, a brisk walk is conducted for 30 minutes.

- Yoga

The corpse, plank, and bridge pose to hold for 15 seconds each.

- Tai Chi

Tai Chi in a chair or standing for 15 minutes every day.

- Resistance

Every Monday, Wednesday, and Friday, back fly, chest fly, and shoulder squeeze (with TheraBand). 2 sets of 10-15 repetitions each.

References

- U.S. Department of Agriculture, & U.S. Department of Health and Human Services. (2020). Dietary Guidelines for Americans, 2020–2025 (9th ed.).
<https://www.dietaryguidelines.gov/about-dietary-guidelines/previous-editions/2020-dietary-guidelines>
- American College of Sports Medicine. (2021). ACSM's guidelines for exercise testing and prescription (11th ed.). Wolters Kluwer.
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