

# Maintenance Transition & "New Normal" Protocol Worksheet

Client Name: \_\_\_\_\_ Date of Transition: \_\_\_\_\_

## Section 1: The Stability Triad (Transition Readiness)

*Before moving to maintenance, confirm the client meets the following criteria:* - ☐ ]

**Symptomatic Resolution:** 80%+ improvement in chief complaints sustained for 90 days. - ☐ ] **Metabolic Flexibility:** Ability to recover from a "deviation" (meal/stress) within 24–48 hours. - ☐ ] **Biomarker Normalization:** Key labs (HbA1c, HS-CRP, etc.) are within optimal functional ranges.

## Section 2: The MED De-escalation Ladder

*Identify the Minimum Effective Dose (MED) by scaling back intensive interventions.*

Category	Current "Target" Protocol	New "Sustain" (MED) Plan	Frequency (e.g., Daily, Pulse 3x/wk)
Kill/Detox		<b>REMOVE</b> (Antimicrobials/Binders)	N/A
Support			
Foundation			
Nutrition			

## Section 3: Seasonal Adaptation Planner

*Current Season:* ☐ Winter ☐ Spring ☐ Summer ☐ Autumn

Focus Area	Seasonal Strategy	Notes
Nutritional Focus		<i>Ex: Root veggies (Winter) / Bitter herbs (Spring)</i>

Focus Area	Seasonal Strategy	Notes
Lifestyle/Movement		<i>Ex: Strength (Winter) / HIIT (Summer)</i>
Sustain Bio-hack		<i>Ex: Sauna (Winter) / Morning Sun (Summer)</i>

## Section 4: The 80/20 Social Flexibility Rules

*Define the "Non-Negotiables" vs. the "Buffer Zone" to prevent therapeutic orthorexia.*

**The 80% (Non-Negotiables):** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**The 20% (Buffer Zone/Social Flexibility):** *List 2-3 areas where the client can "flex" without guilt (e.g., occasional dairy, glass of wine, skipping a workout).*

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## Section 5: Recovery & Reflection

**Recovery Check:** If you deviate from your protocol, how long does it take to feel "normal" again? - ☐ < 24 Hours - ☐ 24-48 Hours - ☐ > 48 Hours (Return to Target Phase)

**Client Confidence Score (1-10):** \_ (How confident do you feel maintaining these results with less intensive support?)

**Practitioner Observations:**

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## Next Steps:

- ☐ Schedule **Annual Functional Review (AFR)** for (Date): \_\_\_\_\_
  - ☐ Transition to **Maintenance Membership** support level.
  - ☐ Next check-in call: \_\_\_\_\_
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