

ENDOCRINE TIPPING POINT: ADRENAL & THYROID RECOVERY TRACKER

Client Name: Date:

Status: ☐ Initial Assessment | ☐ Weekly Follow-up | ☐ Crisis Stabilization

SECTION 1: THE REVEAL (Symptom Checklist)

Check all that apply. If 3+ boxes are checked in the "Red Flag" category, the client may be in Functional Adrenal Collapse.

Red Flag Indicators (Adrenal/HPA): - ☐ **Orthostatic Hypotension:** Dizziness or lightheadedness when standing up quickly. - ☐ **Salt Cravings:** Intense desire for salty foods or adding extra salt to everything. - ☐ **Internal Trembling:** A feeling of "shaking" inside the body without visible tremors. - ☐ **Profound Lethargy:** Feeling "unplugged" or bedbound despite adequate sleep. - ☐ **Wired but Tired:** Exhausted all day but unable to sleep or "calm the brain" at night.

Metabolic Brake Indicators (Thyroid/ESS): - ☐ **Cold Intolerance:** Feeling chilled even in warm rooms; cold hands/feet. - ☐ **Brain Fog:** Extreme difficulty focusing or "processing" simple information. - ☐ **Fluid Retention:** Sudden puffiness in the face or ankles.

SECTION 2: LABORATORY PATTERN TRACKER

Compare current labs against the "Functional Emergency" markers identified in Lesson 4.

Marker	Crisis Pattern	Client Value	Notes
Diurnal Cortisol	Flat Curve (Bottom of range)		Total 24hr output < 5 nmol/L?
DHEA-S	Low (Precursor Exhaustion)		Below age-optimal range?
Reverse T3	High (> 25 ng/dL)		The "Metabolic Brake" active?

Marker	Crisis Pattern	Client Value	Notes
Free T3	Low (Below 3.0 pg/mL)		Is the active hormone sequestered?
Sodium/Potassium	Borderline Low / High		Evidence of "Salt Wasting"?

SECTION 3: TARGET STABILIZATION PROTOCOL

Based on the assessment above, check the interventions currently being implemented.

Phase A: Electrolyte Resuscitation - ☐ **Salt Signal:** Adding a pinch of high-quality sea salt to every glass of water. - ☐ **Magnesium Support:** 400-600mg Magnesium Bisglycinate daily. - ☐ **Potassium Intake:** Increasing potassium-rich foods (Ratio 2:1 Potassium to Sodium).

Phase B: Endocrine Support (Short-term 3-6 months) - ☐ **Adrenal Glandulars:** Use of bovine-sourced concentrates for "jumpstarting." - ☐ **Licorice Root:** (ONLY if BP is normal/low) to extend cortisol half-life. - ☐ **Evening Blunting:** Phosphatidylserine or Holy Basil (if "Wired at Night").

Phase C: Circadian Anchoring (Sustain) - ☐ **Morning Light:** 10 mins of direct sunlight before 9:00 AM. - ☐ **Digital Sunset:** Screens off or blue-blockers on 2 hours before bed.

SECTION 4: REFLECTION & SCORING

Energy Level (1-10): _ (1 = Bedbound, 10 = Fully Functional)

Orthostatic Stability: ☐ Improving | ☐ Stagnant | ☐ Worsening

Practitioner Observations:

Next Steps / Protocol Adjustments: - ☐ Re-test Reverse T3 in _____ weeks. - ☐ Monitor Blood Pressure daily if using Licorice Root. - ☐ Move from "Target" (Resuscitation) to "Sustain" (Resilience) once morning cortisol rises.

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