

# ENDOCRINE TIPPING POINT: ADRENAL & THYROID RECOVERY TRACKER

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Status: [ ] Initial Assessment | [ ] Weekly Follow-up | [ ] Crisis Stabilization

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## 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.

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## 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"?

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## 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.

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## SECTION 4: REFLECTION & SCORING

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

**Orthostatic Stability:** [ ] Improving | [ ] Stagnant | [ ] Worsening

**Practitioner Observations:**

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**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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