

# R.O.O.T.S. Pivot & Troubleshooting Audit

**Practitioner Instructions:** Use this worksheet when a client has reached a clinical plateau or is identified as a "True Non-Responder" (less than 20% improvement in subjective symptoms after the initial Optimize/Target phases). This tool helps identify the occult barriers preventing physiological shift.

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

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## Section 1: Response Classification

*Review the last 4–8 weeks of data to determine the pivot strategy.*

Metric	Observation	Classification
Subjective Progress	<input type="checkbox"/> Incremental (1-2%/week) <input type="checkbox"/> Zero/Worsening	<input type="checkbox"/> <b>Slow Responder</b>
Inflammatory Markers	<input type="checkbox"/> Trending Down <input type="checkbox"/> Static/Locked	(Action: Stay the course/Adjust dose)
Compliance	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	<input type="checkbox"/> <b>True Non-Responder</b>
Energy/Vitality	<input type="checkbox"/> Stable <input type="checkbox"/> Fluctuating <input type="checkbox"/> "Gridlock"	(Action: Pivot to R.O.O.T.S. Audit)

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## Section 2: The "Big Three" Hidden Blocks Audit

*Check all that apply based on updated client interview or clinical suspicion.*

### 1. Occult Infections (Stealth Pathogens)

- ☐ History of tick bites or "bullseye" rash (Lyme/Borrelia)
- ☐ Recurring "flu-like" symptoms or swollen glands (Reactivated EBV)
- ☐ History of night sweats, air hunger, or "foot pain" (Babesia/Bartonella)

### 2. Total Toxic Burden (Environmental Interference)

- ☐ History of living/working in damp or musty buildings (Mycotoxins/Mold)

- ☐ Presence of silver (amalgam) dental fillings or high seafood intake (Heavy Metals)
- ☐ Exposure to home renovations, lead paint, or industrial chemicals (Lead/Toxins)

### 3. Unresolved Trauma (The Limbic Block)

- ☐ ACE (Adverse Childhood Experiences) Score: \_ (Note: If >4, prioritize CDR)
  - ☐ Client exhibits high-alert/sympathetic dominance (Anxiety, Insomnia, Hyper-vigilance)
  - ☐ History of a "major life event" immediately preceding the onset of symptoms
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## Section 3: Deep Timeline Audit (The Silent Triggers)

*Ask the client to recall specific events around the time health first shifted.*

- **Dental History:** Any root canals, extractions, or "cavitations" in the last 10 years?  
\_\_\_\_\_
  - **Travel History:** Any international travel followed by unresolved digestive changes?  
\_\_\_\_\_
  - **Environment:** Any changes in home, office, or vehicle (leaks, new carpet, renovations)?  
\_\_\_\_\_
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## Section 4: Tier 2 Diagnostic Planning

*Based on the audit above, select the next investigative step:*

- ☐ **Organic Acids Test (OAT):** For mitochondrial markers and fungal overgrowth.
  - ☐ **Mycotoxin Urine Panel:** If "musty smells" or light sensitivity are present.
  - ☐ **Provoked Heavy Metal Test:** If weight loss is resistant or neurological issues persist.
  - ☐ **Limbic Retraining/Somatic Referral:** If ACE score is high or CDR is suspected.
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## Section 5: Practitioner Reflection & Pivot Plan

**Primary Barrier Identified:** \_\_\_\_\_

**The Pivot Action (e.g., "Add binders," "Refer for dental scan," "Limbic work"):**

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**Next Review Date:** \_\_\_\_\_

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