

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: _____

Section 1: Response Classification

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

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

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"):

Next Review Date: _____
