

Therapeutic Diet Reintroduction & Metabolic Flexibility Tracker

Client Name: __ Current Protocol: __ Date: __

Section 1: The 3-Step Reintroduction Protocol

Use this section to transition from your "Target" phase (AIP, Low-FODMAP, Keto, etc.) back to "Metabolic Flexibility." **Test only ONE new food every 4 days.**

Step 1: The Test Dose * Choose a "borderline" food (e.g., goat cheese, almonds, or a specific nightshade). * Eat a small portion twice in one day (e.g., breakfast and lunch). * **Stop** eating the food immediately after these two doses.

Step 2: The 72-Hour Observation Window * Do not introduce any other new foods for the next 3 days. * Monitor for "Silent Triggers" (non-digestive symptoms) and GI upset.

Section 2: Reintroduction Log

Day	Food Tested	Dose/Amount	GI Symptoms (Bloat, Pain, BM change)	Silent Triggers (Joints, Sleep, Skin, Mood)
Day 1 (Test)				
Day 2 (Wait)	—	—		
Day 3 (Wait)	—	—		
Day 4 (Wait)	—	—		

The Rotation Rule: If the food is tolerated, add it to your diet, but **do not** eat it two days in a row. Aim for a 4-day rotation to prevent new sensitivities.

Section 3: Ortho-fixation & Mindset Check

To ensure we are building resilience and not "Ortho-fixation" (unhealthy obsession with food purity), reflect on the following:

1. Did you feel extreme anxiety or guilt if a meal wasn't "perfect" this week? [] Yes [] No
 2. Did you avoid a social engagement solely because of food restrictions? [] Yes [] No
 3. **The 10% Buffer:** Did you allow yourself one "non-protocol" meal or treat to test your metabolic resilience? [] Yes [] No
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Section 4: Clinical Reflection

Result of Reintroduction (Circle One): * **SAFE:** No symptoms. Move to 4-day rotation. *

CAUTION: Mild symptoms (slight bloating/brain fog). Wait 2 weeks and re-test. * **AVOID:** Significant flare (pain, skin rash, exhaustion). Remove for 3–6 months.

Practitioner Observations:

Next Steps:

- Next food to be tested: _____
 - Current Bioenergetic Goal: (e.g., Increase plant diversity to 15+ types/day)
 - Next appointment date: _____
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