

# THE R.O.O.T.S.™ COMPLEX CASE ROADMAP & LAYERING WORKSHEET

Client Name: \_\_\_\_\_ Date: \_\_\_\_ Primary Goal: \_\_\_\_\_

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## SECTION 1: THE UNIFIED NARRATIVE (REVEAL PHASE)

*Instead of listing 10+ symptoms, identify the 2-3 leverage points where systems intersect.*

**The 3 Key Nodes (Identify Primary Triggers):** \* ☐ **Assimilation (Gut):** (e.g., Bloating, permeability, food sensitivities) \_\_\_\_\_ \* ☐ **Defense & Repair (Immune):** (e.g., Autoimmunity, systemic inflammation) \_\_\_\_ \* ☐ **Biotransformation (Liver/Detox):** (e.g., Chemical sensitivity, skin issues) \_\_\_\_\_

**The "Leverage Point" Hypothesis:** *If we address \_\_\_\_\_ **and** \_\_\_\_\_, we expect the other symptoms to improve.*

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## SECTION 2: HIERARCHICAL LAYERING TRACKER

*Use this to ensure the client is physiologically ready for advanced interventions.*

Layer	Phase	Goal	Status
<b>STEP 1: Extinguish the Fire</b>	<b>Optimize</b>	Reduce inflammation (Diet, Sleep, Nervous System). Aim for 30% symptom reduction.	<input type="checkbox"/> In Progress <input type="checkbox"/> Complete
<b>STEP 2: Open Drainage</b>	<b>Organize</b>	Ensure daily BM, hydration, and sweat. <b>Do not move to Step 3 if constipated.</b>	<input type="checkbox"/> In Progress <input type="checkbox"/> Complete
<b>STEP 3: Surgical Targeting</b>	<b>Target</b>	Antimicrobials, heavy metal detox, or hormone protocols.	<input type="checkbox"/> Not Started <input type="checkbox"/> Active

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## SECTION 3: THE 24-MONTH CLINICAL EVOLUTION

*Map the journey to manage client expectations and prevent "protocol burnout."*

- **Phase 1: Stabilization (Months 1–3)**
  - Focus: Optimize & Reveal.
  - Action Items: \_\_\_\_\_
- **Phase 2: The Deep Work (Months 4–9)**
  - Focus: Target (Root Cause Resolution).
  - Action Items: \_\_\_\_\_
- **Phase 3: Resilience & Sustainability (Months 10–24)**
  - Focus: Hormesis, Maintenance, and Prevention.
  - Action Items: \_\_\_\_\_

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## SECTION 4: THE "NON-RESPONDER" PIVOT (REFLEXION)

*If the client plateaus for >4 weeks despite 100% compliance, check for hidden "deal-breakers."*

**Check for Occult Triggers:** \* ☐ **Mold/CIRS:** History of water damage? ☐ Yes ☐ No \* ☐  
**Infections:** History of tick bites or EBV? ☐ Yes ☐ No \* ☐ **Dental:** History of root canals or  
cavitations? ☐ Yes ☐ No \* ☐ **Environment:** High exposure to glyphosate/heavy metals? ☐  
Yes ☐ No

**Practitioner Observations:**

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## NEXT STEPS:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Next Appointment Date:** \_\_\_\_\_

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