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Letter from the Editor:

As dietitians, not only do we use our nutrition knowledge to educate our clients, but we must also incorporate various counseling methods when working one on one with individuals. Whether the client has come seeking advice on a new diet or they have been referred by a healthcare professional or coach to address a specific need, it is our job to determine the best way to reach the person sitting across from us, looking to us (ready and willing or still skeptical) to have all the answers. We have to be careful not to be so quick to give information before really uncovering who the client is, where they are on their journey, and what will resonate with them when it comes to helping solicit behavior change.

I'm reminded of a discussion I had while a graduate student at Columbia University. We were discussing how we would develop nutrition intervention plans when encountering students from a local low socioeconomic status high school. Many of my fellow students started to give the textbook answers of educating on healthy eating practices, offer cooking demonstrations, give grocery store tours. Then, one brave soul raised their hand and suggested, "Help them figure out how to change one fast food meal into a healthy meal prepared at home, and then educate them on making better choices when eating fast food for their other meals." You could almost hear a pin drop in the room at the suggestion of allowing continued fast food, but the conversation took a completely different turn at that point. We began discussing the merits of actually listening to your client so you can meet them where they are and work on small changes, before trying to turn them into the poster child for clean eating 101.

We love to help our clients make great strides in their nutrition habits, but it's important we keep the focus on them and their needs. We can do this by using effective counseling methods to make sure everyone is on the same page. This issue of *SCAN Connection* offers a look at counseling methods from various vantage points, each with its own nuances, but all with the main goal of determining the optimal way to approach a client and assist in their nutrition journey. We discuss using a client-centered holistic approach to counseling athletes; motivational interviewing and how this technique can get clients to discover answers themselves; and using various methods to uncover and treat or prevent conditions secondary to those with which a client initially presents.

We all have our own style when it comes to working with clients, which is a very good thing given we know there's not a one-size-fits-all approach to nutrition. However, there are many resources out there that can offer additional perspectives to help you reach your clients. As *SCAN* hones its focus this upcoming membership year, our goal for *SCAN Connection* is to be one such resource as we continue to bring you information relevant to the various client conditions and challenges, including eating disorders and disordered eating, we encounter as nutrition professionals within the sports, cardiovascular, and wellness spaces.

And now, it's time to connect...

Rebecca Rivera Torres, MS, RD

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Want to write for our newsletter? Have thoughts on something you read? Or, maybe you just have a great topic for an article you'd like to see covered? Connect with one of the Sports Dietetics-USA or Wellness/CV subunit section editors above today!

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Are you reaping all the benefits of your SCAN membership?

We have myriad resources available, including ready-made fact sheets to use with your patients; *PULSE*, our peer-reviewed publication; and continuing professional education (CPE) via *PULSE*, webinars, sessions at FNCE®, and Symposium. Go one step further and join our complimentary subunits to get more in-depth topic information and networking by accessing your My Profile area on SCAN's website, scrolling down to Membership Details, and checking the boxes for any (or all!) of the subunits that interest you. And, what better way to network and discuss nutrition advances and best practices with other RDNs like yourself than to converse directly via our **electronic mailing lists** (EMLs)? Don't forget, we're social too! Like us on **Facebook** and follow SCANDpg on **Twitter**, **Instagram**, **LinkedIn**, and **Pinterest**. So, what are you waiting for? Be in the know and make your SCAN connections today!

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Counseling Methods for the Recreational and Competitive Athlete

by Yasi Ansari, MS, RDN, CSSD

When working with recreational and competitive athletes, a holistic approach to counseling is often a good method to start with. Eve Pearson, a registered dietitian in Fort Worth, Texas, and owner of Nutriworks, Inc, works with a variety of active individuals ranging from 13 to 73 years old, and from elite to recreational athletes, and her holistic approach begins with building rapport and understanding the reason for the visit. The focus of a session will be to address exactly what the athlete needs and wants. When asked to elaborate, Eve provided an example of a long-distance runner who stated that he was hitting a “wall” during races and that his energy level was not the same at mile 18 as it was at the beginning of the race. She suggests not getting too scientific with athlete clients, and instead, focus on the individual’s “energy”—a term that all athletes understand and can measure on their own. She states that it is important for dietitians to understand the level of energy athletes have or level of *lack of energy*, as this will help direct the counseling that is provided. In her example, after reviewing both the athlete’s pre- and post-workout nutrition regimens, she asked if he was willing to incorporate more pre-training fuel. She worked with the athlete to come up with ideas of carbohydrates that he provided in his favorite foods questionnaire and would agree to add to his pre-workout routine.

Once changes have been implemented, Eve recommends athletes then monitor their energy levels and how they feel during training and races. She also encourages using feedback from coaches to understand if performance is improving. Knowing if the athlete is feeling better and getting positive feedback from coaches will help the dietitian’s approach in the next counseling session. Seeing and feeling improvement further solidifies, for the athlete, the nutritional changes that needed to be made with the help of working with a dietitian.

For a recreational athlete versus a competitive athlete, Eve suggests, “There is not much of a difference when it comes to counseling methods. Both groups take physical activity seriously, and if you are an active individual, you are an athlete,” making it important to learn nutrition strategies to improve performance. Similar to the collaborative approach taken with competitive athletes, she will begin the session by allowing the athlete to elaborate on the goal they provided in their new client

paperwork. This is partially to build rapport, but also to get to the bottom of why they want to lose weight, gain energy, or a variety of other stated goals. The details of how they reach their goals may be different, but counseling methods will remain the same.

In addition, for athletes who want to begin a new supplement or diet, like the ketogenic, Paleo, or Whole30, Eve explains that it is important to talk about and explore why the athlete wants to be on this new eating plan. She states, “Sometimes athletes want to get permission from a dietitian to not go on a new diet they think they should because of things like social media [and peer pressure].” If an athlete still chooses to begin that new diet, she begins by explaining the percentage of clients who haven’t been able to follow this eating plan or why restrictive diets are not sustainable. She will discuss the importance of eating all the key nutrients and why we shouldn’t avoid any. She states, “It is important to keep information simple.” However, if athletes still believe they should follow the diet, she will help them meal plan appropriately.

One counseling method will most likely not work for all athletes, but, by using an athlete-centered approach that gets athletes to be actively involved with their nutritional performance plan and collaborating with them to make changes they are comfortable with, we are creating a game plan for success!

AUTHOR'S BYLINE

Yasi Ansari, MS, RDN, CSSD, is a registered dietitian and local nutrition content writer in Newport Beach, California. Previously she was Clinical Nutrition Coordinator at University of California Los Angeles Athletics and Sports Dietitian at California State University Long Beach Athletics. She holds a Bachelor of Arts in Mass Communication Studies from UCLA and a Master of Science in Family and Consumer Sciences with an emphasis in Nutrition and Dietetics from California State University, Northridge.



Motivating Your Patients: An Overview of Motivational Interviewing

by Susan B. Dopart, MS, RD, CDE

Do you ever find yourself wrestling with your clients rather than dancing?

As healthcare professionals, we are trained to give our patients advice that if not followed, can have negative or even serious consequences. Although we want to make a difference in their lives, research shows that telling patients what to do can actually have a paradoxical effect.^{1,2} In other words, patients not ready to receive necessary information will be *less likely* to change. Giving diet advice without preparation may press the pause button on behavior change. The good news is that there is a language to use with patients to help with resolving ambivalence to behavior change—motivational interviewing (MI), a client-centered, guiding method of communication and counseling designed to elicit and strengthen motivation for change by exploring and resolving ambivalence.³

In MI we evoke from a patient what will help them be successful with change, which we refer to as “change talk.” Change talk is speech that favors movement toward change, such as “I’m ready to do that” or “I need to change.” When the patient is the one talking about change, that is when change will occur. A way to pull out change talk is to ask questions, such as, “When you’ve been successful at diet changes in the past, what helped?” A patient has to think about what made them successful, say it out loud, and then all you have to do is reflect what you hear.

The opposite of change talk is called “sustain talk,” which is speech that favors the status quo rather than movement toward change, such as “I don’t need to” or “I’m not sure I can do that.” A practitioner can unintentionally invite sustain talk by expressing empathy. Statements like, “This must be really hard for you” are empathetic but can cause the patient to focus on their struggle, making change less likely to occur. A way to circumvent this is to reflect the struggle but also the goal. For example, “Although this has been difficult for you, you came to your appointment today because you care about your health and want to turn this around.” This affirmation moves the conversation forward toward change talk because a patient generally hooks onto the last thing that was stated.

THE OARS TECHNIQUE

Although our education, advice, and information have a role, the most powerful tool we have for helping people is not what we tell them. What supports change is the manner, attitude, and spirit with which we empower them. We motivate by our presence and undivided attention. Common human reactions to being listened to are feeling

MI TEACHES THAT ENGAGEMENT MUST HAPPEN FIRST, FOLLOWED ONLY THEN BY A FOCUS ON WHAT THE PATIENT IS INTERESTED IN HEARING.

understood; wanting to talk more and open up; and feeling safe, empowered, and hopeful. An acronym we use in MI to help navigate listening conversations is OARS: open-ended questions, affirmations, reflections, and summaries.

For example, an MI conversation with a patient referred for hyperlipidemia might start with, “I know your doctor recommended you see me to help with your cholesterol. I’m wondering what you know about diet and cholesterol, and what would be helpful today?” This open-ended question seeks collaboration with the patient and promotes engagement. As the patient shares what they need, you reflect and summarize what you hear to demonstrate understanding. For example, the patient might state “I do know certain foods are high in cholesterol, but I’m not sure if they are okay to eat or what my diet should look like.” A reflection and summary of what was stated might be, “So you would really like to know specifics on certain foods to include and how to balance your meals and snacks to help lower your cholesterol. Did I get it all?” Understanding and reflecting what the patient needs at the beginning promotes engagement. Steven Rollnick, PhD, co-author of *Motivational Interviewing: Helping People Change*, has stated, “Engagement is 20% of the conversation, and without engagement, a conversation about change will not transpire.”⁴

An affirmation for the above example might be, “You came here today because you care about lowering your cholesterol and health.” Affirmations address the patient’s effort versus a praise statement, such as “I think you are doing great” or “I’m glad you came today.” Even though you are trying to be helpful, praise statements designate you as the expert, thus lowering collaboration and partnership.

PRACTICING MI

Motivational interviewing is like learning a language and takes patience. Many practitioners immediately go to planning (educating, information giving, etc.); MI teaches that engagement must happen first, followed only then by a focus on what the patient is interested in hearing. Why they came in for an appointment may be different than what you originally thought. Knowing what is important to them and navigating the conversation toward that will keep them engaged. Through MI, you empower your patients by giving them information in eyedropper-size units and letting them choose the information that

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Motivating Your Patients: An Overview of Motivational Interviewing (continued)

is most relevant to their situation and interest. Evoking what has made them successful in the past and then reflecting it is what will lead to long-term change.

By using MI, you will have more dancing than wrestling, leaving you feeling more effective knowing you made a difference in your patient's lives!

AUTHOR'S BYLINE

Susan B. Dopart, MS, RD, CDE, has a private practice in Los Angeles and is a trainer and coach in MI. She is a member of the International Motivational Interviewing Network of Trainers (www.motivationalinterviewing.org). She is also the author of *101 Ways to Control Your Diabetes*; *A Recipe for Life* by the Doctor's Dietitian; *Healthy You, Healthy Baby: A Mother's Guide to Gestational Diabetes*; and *A Healthy Baker's Dozen*.

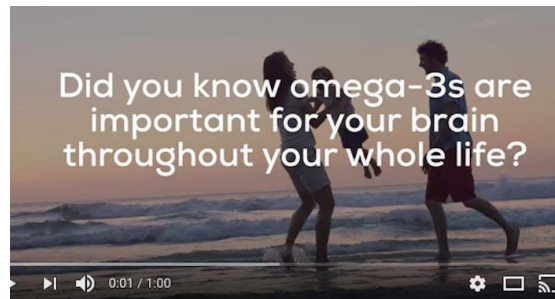
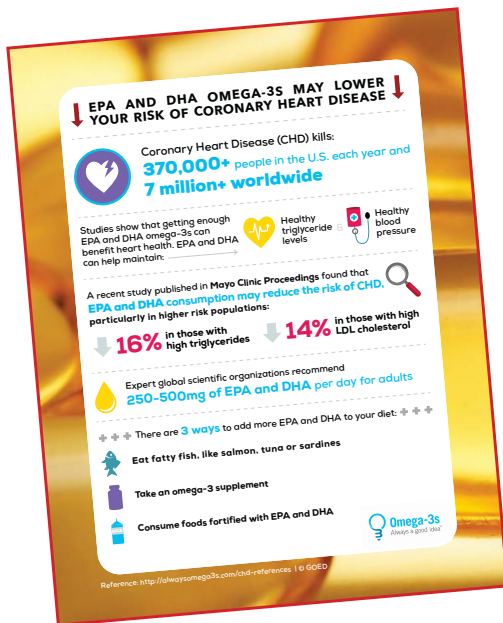
REFERENCES:

1. Moyers, TB, Martin T, Houck, JM, et al. From in-session behaviors to drinking outcomes: a causal chain for motivational interviewing. *J Counsel Clin Psychol*. 2009;77(6):1113-1124.
2. Moyers, TB, Martin, T, Christopher, PJ, et al. Client language as a mediator of motivational interviewing efficacy: where is the evidence? *Alcohol Clin Exp Res*. 2007;31(S3):40S-47S.
3. Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change*. 3rd ed. New York: The Guilford Press; 2013.



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Avoiding Relative Energy Deficiency in Sports (RED-S) in Young Athletes

by Melanie Jacob, RDN

Registered dietitian nutritionists (RDNs) who provide nutritional counseling for adolescents may see clients who present with needs for both sports nutrition and eating disorders. A developing eating disorder may present initially with low energy availability (EA), and it is known that low EA can be a trigger for the development of an eating disorder in genetically pre-disposed individuals.¹ A critical review of combined evidence-based treatment strategies could improve outcomes when treating young clients who have an aspect of relative energy deficiency in sports (RED-S), and as such, treatments that target anorexia nervosa (AN) and RED-S should be reviewed and blended.^{2,3}

BACKGROUND

Adolescent athletes are at risk for low EA for a variety of reasons. This perfect storm happens during a time when the energy demands of adolescent growth and development are high. Dual-sport athletes and athletes participating in high-energy-demanding and weight-sensitive sports are at increased risk. Yet, a state of low EA can happen in any athlete, no matter the sport or gender, including those with normal body mass index and stable weight.^{3,4} Professionals agree that low EA can be intentional or unintentional. Sustained low EA in young athletes can impair health and growth and present with any range of symptoms, including impairments in metabolic rate, endocrine health, reproduction, bone health, and cardiovascular health.

In certain training environments, amenorrhea and low heart rates have been falsely normalized as a sign of training hard enough and being fit. On the contrary, these are often the effect of the body's ability to preserve energy when there is a calorie deficit. In a classic starvation study done in the 1950s, Ancel Keyes reported a drop in metabolic rate of 40%.⁵ Virtually every organ system can be impacted. This is described in detail in the International Olympic Committee's consensus statement "Beyond the Female Athlete Triad—Relative Energy Deficit in Sport (RED-S)."⁶ The body's drive to maintain homeostasis works to turn off any non-essential functions by disrupting a variety of hormones, thus resulting in functional hypothalamic amenorrhea (FHA), which is associated with any combination of stress, weight loss, and excessive exercise.^{7,8} Patients who present with AN often also experience syncope and resting heart rates <50 bpm. Evaluating athletic pulse rates using guidelines by Jennifer Guaidani, MD, will prove useful when assessing these patients for bradycardia and, thus, differentiating between malnutrition and fitness.⁹

Additionally, low EA has both direct and indirect effects on bone density. Adolescence is a time of peak bone accretion. In my clinical experience, when supporting young patients with primary or secondary amenorrhea,



the treatment team needs to evaluate fracture risk when considering a return to play. One personal case involved a 14-year-old female who, once menses resumed and weight was restored, was cleared for an adapted cross-country practice schedule. On the first day back to running, she obtained a stress fracture. This may have been indicative of the latent restoration of the bone density during nutrition restoration.

COUNSELING STRATEGIES IN PRACTICE

Low EA should be treated by a team who understands the associated negative health consequences and uses evidence-based strategies to treat the young athlete. However, there are limited evidence-based guidelines to assist the healthcare team in participation clearance and return to play.¹⁰ The challenge for any multidisciplinary team is, therefore, to agree on the approach and be unified in communication to the athlete and family.

Family-based treatment (FBT), which utilizes parents as an essential part of the treatment team, is now used first line to treat adolescents with AN.¹¹ Family-based treatment is used to focus on reduction of symptoms, while parents take charge of all food decisions to help restore nutrition and health. This temporary role helps to quickly reverse negative energy balance. This approach could be used with athletes who are presenting with negative energy balance as well.

When coaching parents on nutrition priorities, the emphasis is placed on eating 3 meals and 3 snacks daily, serving full-fat foods, and ensuring caloric density. Lastly, serving a wide variety of foods, including fun foods, is reinforced. The treatment team should agree on limiting high-intensity workouts and discontinue any extra workouts beyond practice when cleared.

Efforts to prevent low EA and eating disorders should be aimed at athletes, coaches, and athletic administrators. However, when helping young athletes, parents should also be a primary target to help expand knowledge beyond creating an environment for success.⁸ Parents are often already supporting athletes with grocery shopping, meal

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Insights From an Eating Disorder Bootcamp for Professionals

by Kylie Johnson, MS, RDN

Registered dietitian nutritionists, therapists, and nurses had the opportunity to attend an Eating Disorder Bootcamp for Professionals during Eating Disorder Awareness Week in Des Moines, Iowa. Founder of this nationwide bootcamp, Jessica Setnick, MS, RD, LD, CSSD, CEDRD, has earned a well-respected reputation as an expert in eating disorders. Expertise garnered from years in eating disorder practice has allowed her to follow her true passion of educating healthcare professionals about appropriately recognizing and treating eating disorders.

Setnick began the workshop by discussing what is known about eating disorders—not a lot. Eating disorders first gained awareness in the public eye in 1983 when Karen Carpenter passed away from complications of anorexia nervosa. Setnick argued that, 35 years later, we still know very little about eating disorders. For this reason, treatment advances have not kept up to par with other disease states. Setnick often circled back to the lack of progression in the field. For instance, the *Diagnostic and Statistical Manual of Mental Disorders* (version 5; DSM-5) is a manual for assessment and diagnosis of mental disorders, but the included eating disorder diagnostic criteria often result in patients being underdiagnosed. Setnick suggested that the vocabulary term “eating disorders” actually limits clinicians and proposed use of the phrase “dysfunctional eating behavior” instead.

Setnick then discussed the origins and treatments of eating disorders. She explained there is not a one-size-fits-all treatment model because there is no one overall origin. For the best outcomes, we must personalize and tailor our nutrition counseling, partnering with the patient to investigate and determine the specific origin of their disorder. Asking critical questions is a key part of this investigation. As Setnick says, “If you are not asking, then most patients are not telling.” She also suggests that dietitians and other healthcare professionals should not feel as though they have to have all the answers to ask the critical questions.

Setnick left the bootcamp participants, some newly interested in the field of eating disorders and some experienced professionals, not only with valuable insight but also with a call to action. It is our duty as eating disorder professionals to advocate for patients and educate other healthcare professionals about how to appropriately identify and treat eating disorders. Together, she said, we need to mobilize our cause to improve patient outcomes.

You can find out more information about attending one of Setnick’s eating disorders bootcamps at http://understandingnutrition.com/store/store_results.php?Category=10&Section=Eating+Disorders+Boot+Camp. Additionally, Setnick has authored 2 books on the topic of eating disorder treatment: *Academy of Nutrition and Dietetics Pocket Guide to Eating Disorders* and *The Eating Disorders Clinical Pocket Guide: Quick Reference for Healthcare Providers*, and she offers professional consultation and coaching.

AUTHOR'S BYLINE

Kylie Johnson, MS, RDN, is a Des Moines-based neurology dietitian with a passion for helping those with disordered eating.

Avoiding Relative Energy Deficiency in Sports (RED-S) in Young Athletes (continued)

preparation, and team dinners. To capitalize on this, RDNs can apply what has worked within the context of the FBT-informed approach and utilize parents to nourish young athletes and help manage the urges to exercise beyond advice, as athletes with any aspect of RED-S may be resistant to treatment plans that include resisting activity or increasing calorie intakes. Early intervention is also key, as parents may be the first to notice any warning signs of RED-S.

AUTHOR'S BYLINE

Melanie Jacob, RDN, is passionate about training professionals and advocating for best practices for eating disorder treatment. She is the co-author of the *Academy of Nutrition and Dietetics practice paper, “Nutrition Intervention in the Treatment of Eating Disorders.”*

REFERENCES:

1. Bulik CM. Towards a science of eating disorders: replacing myths with realities: the fourth birgit olsson lecture. *Nor J Psychiatry*. 2016;70:224-230.
2. Lock J, Le Grange D, Agras W, et al. Randomized clinical trial comparing family-based treatment with adolescent-focused individual therapy for adolescents with anorexia nervosa. *Arch Gen Psychiatry*. 2010;67(10):1025-1032.
3. Thein-Nissenbaum J, Hammer E. Treatment strategies for the female athlete triad in the adolescent athlete: current perspectives. *J Sports Med*. 2017;4(8):85-95.
4. Joy E, Kussman A, Nattiv A. 2016 update on eating disorders in athletes: A comprehensive narrative review with a focus on clinical assessment and management. *Br J Sports Med*. 2016;50(3):154-162.
5. Garner DM. The effects of starvation on behavior: implications for dieting and eating disorders. *HWJ*. 1998;68-72.
6. Mountjoy M, Sundgot-Borgen J, Burke L, et al. The IOC consensus statement: beyond the Female Athlete Triad-Relative Energy Deficit in Sport (RED-S). *Br J Sports Med*. 2014;48:491-497.
7. Gordon CM, Ackerman KE, Berga SL, et al. Functional hypothalamic amenorrhea: an endocrine society clinical practice guideline. *J Clin Endocrinol Metab*. 2017;102(5):1413-1439.
8. Brown KA, Dewoolkar AV, Baker N, et al. The female athlete triad: special considerations for adolescent female athletes. *Transl Pediatr*. 2017;6(3):144-149.
9. 2015 Sports, Cardiovascular, and Wellness Nutrition (SCAN). Recognition and treatment of deficient energy intake in athletes. https://msstate ftp.sidearmsports.com/pdf/sportsmed/nutrition_deficientenergyintake.pdf. Accessed March 1, 2018.
10. Relative Energy Deficit in Sports Clinical Assessment Tool. *Br J Sports Med*. 2015;49:421-423.
11. Couturier J, Kimber M, Szatmari P. Efficacy of family-based treatment for adolescents with eating disorders: systematic review and meta-analysis. *Int J Eat Disord*. 2013;46(1):3-11.



Resources and Events

Events to Connect With Colleagues and Learn

Ongoing/On-Demand Events

SCAN offers on-demand webinars

For information: <https://www.scandpg.org/cpe/>

CDR offers online continuing education modules in various areas and ongoing opportunities to become board certified in sports dietetics (next exam window - July 9-27, 2018).

For information:

<https://www.cdrnet.org/products/assess-learn-online-continuing-education-modules> and <https://www.cdrnet.org/certifications/board-certification-as-a-specialist-in-sports-dietetics>

IAEDP offers on-demand webinars

For information: <http://www.iaedp.com/webinars-schedule/>

Eating Recovery Center offers on-demand webinars

For information: <http://www.eatingrecoverycenter.com/professionals/on-demand-professional-development>

Jessica Setnick offers ongoing, in-person Eating Disorders Bootcamps

For more information: http://understandingnutrition.com/store/store_results.php?Category=10&Section=Eating+Disorders+Boot+Camp

Nancy Clark's on-demand, home-study course *Nutrition for Sports, Exercise & Weight Management: What Really Works and Why?*

For more information:

<http://www.nutritionportsexerciseceus.com/>

Renfrew Center offers ongoing, in-person conferences

For information: <http://renfrewcenter.com/events>

Conferences

May 22-24, 2018

Collegiate and Professional Sports Dietitians Association (CPSDA) Annual Conference, Indianapolis, IN.

For more information: http://www.sportsrd.org/?page_id=1808

May 29-June 2, 2018

American College of Sports Medicine (ACSM) Annual Meeting, Minneapolis, MN.

For information: www.acsmannualmeeting.org

June 9-12, 2018

American Society for Nutrition's Nutrition 2018, Boston, MA.

For information: <https://meeting.nutrition.org>

June 18-20, 2018

National Wellness Conference, St. Paul, MN.

For information: [National Wellness Institute, www.nationalwellness.org](http://www.nationalwellness.org)

July 9-27, 2018

CDR Board Certified Specialist in Sports Dietetics examination (at various U.S. sites). Postmark deadlines for applications are April 20-May 31, 2018 (application fee rises with later postmark).

For information: [Commission on Dietetic Registration: www.cdrnet.org](http://www.cdrnet.org)

Resources to Connect With Your Patients

American Heart Association/American Stroke Association (www.heart.org)

AHA's downloadable Cholesterol Toolkit includes information on assessing and communicating cardiovascular risk to patients, monitoring statin usage, and co-developing a lifestyle plan to lower risk. To access the toolkit, from the home page, search on Cholesterol Toolkit for Professionals.

Answers by Heart Fact Sheets offer brief patient information in a Q&A format on diverse topics such as cardiac rehabilitation, metabolic syndrome, managing medicine, and stress management. From the home page, search Answers by Heart.

National Stroke Association (www.stroke.org)

The ComeBackStrong customizable mobile app helps stroke survivors and caregivers set medication reminders, add emergency contact numbers, find a support group, and improve rehabilitation via an instructional video. The app is available in the Apple App Store and Google Play Store.

Preventive Cardiovascular Nurses Association (PCNA; www.pcna.net)

The PCNA's downloadable 75-page Heart Healthy Toolbox offers resources for professionals (including a brief guide to motivational interviewing and helping patients overcome barriers). It includes sections on healthy eating, physical activity, and total health. From the home page, click on Clinical Tools, and scroll down to Tools for Healthcare Providers and then Heart Healthy Toolbox.

PCNA's booklet "Blood Pressure: How Do You Measure Up?" and double-sided patient handout "High Blood Pressure" have been updated with the new blood pressure guidelines. From the home page, under Clinical Tools, select Education for Your Patients, and click on Blood Pressure.

Sports, Cardiovascular, and Wellness Nutrition (SCAN; www.scandpg.org)

The SD-USA subunit of SCAN offers Sports Nutrition Fact Sheets on topics of interest to sports dietitians, exercise professionals, athletes, or the general public. SCAN members can download them for free at: <https://www.scandpg.org/sports-nutrition/sports-nutrition-fact-sheets/sn-fact-sheets/>.

US Anti-Doping Agency (USADA; www.usada.org)

USADA's TrueSport program has teamed up with dietitians to create a downloadable nutrition guide that provides general guidelines on macro- and micronutrients and fluids/hydration to help optimize dietary intake for sports competitors. From the home page, navigate to Resources, then click on Nutrition Guide.

US Olympic Committee (USOC; www.teamusa.org)

USOC Nutritionists have created various downloadable resources for athletes, coaches, and parents, including athlete eating guidelines, fact sheets, and recipes. On the home page, search resources and fact sheets.

WomenHeart (www.womenheart.org)

WomenHeart: The National Coalition for Women with Heart Disease has Web-based Virtual Support Networks for women with heart disease, heart failure or atrial fibrillation. Register at www.supportgroupscentral.com/womenheart.