

# ADAPT Practitioner Training Program Q&A with Chris Kresser

Wednesday, November 18, 2020

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**Chris Kresser:** Hey, everybody. Welcome to the first Q&A for the 2020 fall cohort of the ADAPT Practitioner Training Program. [I'm] so happy to welcome you here. [I] hope you're all doing well [and] staying safe in these crazy times we're living in.

Just a couple [of] housekeeping things to get started since this is your first Q&A with me, at least. Especially in these earlier Q&As when we're just starting out, I love to invite folks to come on to the audio and video to ask your question or even just say hello and introduce yourself. It's good for us to get a chance to get to know each other, and being on screen helps to facilitate that. And I'll do that, at least for the first few times, the few months that we're together. [We have found] it's a little trickier with clinicians than the coaches. Clinicians, I think, as a group tend to be busier. A lot of folks are attending these Q&As, sometimes from their

clinic or office, and it's not easy for them to come on audio or video. And perhaps, I don't know, perhaps clinicians are just a little bit more private as a group than some of the health coach students.

Nevertheless, I'm going to invite you to do that, even if that makes you feel a little uncomfortable. And these are all recorded, so don't worry if you miss anything; you'll have access to the recording in the portal. And as you, I'm sure, know by now, you can send questions in advance if you're not able to attend the Q&A live. And on the live call, there are two ways to ask a question. One is to type it into the Q&A box. That's better than the chat. [With] the chat, I can't track the questions and mark them off as answered. So we ask that you just use the chat for chatting among yourselves, [and] sometimes I'll post links in there if I'm talking about something. Or if you're having an audio, tech, or video issue, Emily, who's supporting the call, will do her best to help you. And she might occasionally type links and things in there, as well. So that's what the chat's for.

The Q&A box is different. That's where you would put in your question, and that way I can track them and mark them off as answered. So that's one way. And then the second way, and this is the preferred way early on if you're willing, is to raise your hand in Zoom. So there's a way to do that. If you're on [a] desktop, [it's] at the bottom of the screen. I'm not sure how it works on mobile, but you could probably figure it out. Or Emily could let you know. And then when you raise your hand, Emily will promote you on-screen. And so be ready for that. If you're in your PJs, you can come on audio and video and ask me to come on live, and I'll probably ask you to introduce yourself and tell us where you're from and why you decided to join this course.

Okay, so that's all that, and I'm going to pull up the spreadsheet for any questions that have been sent in, in advance. And then you all can go ahead and either type your questions in or raise your hand. And if no one has any questions, I would also just ask you to raise your hand if you're willing to come on and introduce yourself. That's a perfectly fine use of this time. It's kind of early in the course, so I know you may not have a lot of questions at this point. We can just use this time to get to know each other a little bit better. So who's going to be the brave soul that raises their hand first?

All right, we've got Eric. Thanks for breaking the ice, Eric. So we'll bring Eric on. Hey, Eric, welcome. Good. Where are you calling from and what led you to join?

**Eric:** (Crosstalk 4:44) in California.

**Chris Kresser:** Beautiful.

**Eric:** I'm sitting out back in my little wellness center clinic here.

**Chris Kresser:** Nice.

**Eric:** So yeah, thanks for having this. I'm excited to be starting this journey with you, and let's see. So I'm an acupuncturist. [As] I said, I have a little wellness center here, where it's mostly just me and my wife. We have herbal apothecary, and I've been doing acupuncture and Functional Medicine, acupuncture for about 14 or 15 years and Functional Medicine for the last seven or eight. I did the Kailash program, and have been mostly working with adrenals, hormones, and gut stuff, which seems to be enough for most people.

**Chris Kresser:** Yes.

**Eric:** And that keeps me busy for quite a bit. So I'm just looking, I'm excited just to dive deeper on those things, for sure. And to be able to integrate some more focused nutritional guidance for people as well as just get updated as even from when I started doing Functional Medicine seven or eight years ago, the testing has changed so much, the labs. Our understanding of everything is evolving so quickly that it feels good to just be in constant dialogue about how people are addressing things.

**And I mean, if anything, I guess maybe that would be a question that I would bring up here today is, "How are you keeping up with all of the changes in the protocol?"**

Like, inside of a (train? 6:35), where you're like, okay, I want a protocol, show me how to do something. And yet, wow, it's changing so fast, it feels like inside Functional Medicine. And treating gut infections is an example of something that I do fairly often, but [it] feels like that conversation is changing quite a bit and has changed quite a bit in the last year, two years, three years.

**Chris Kresser:** Yeah, great question. And thanks again for introducing yourself first and breaking the ice. Welcome.

**Eric:** For sure. Thank you.

**Chris Kresser:** Yeah, so [there are] lots of different ways to look at that. On the one hand, as you probably know, I'm kind of a research geek and I like to nerd out with this stuff. And I have lots of different alerts set up in PubMed, and from other sources, so that I can stay on top of all the newest developments. I also, just because I've had this program since 2016, I have very close relationships with top people at the various labs. And so I often know about new tests that become available before they come on to the market and even get to beta test the tests and provide feedback.

And we have several research assistants [who] have been working with us for the past few years, [who] also can amplify my ability to stay on top of this stuff, who are all PhDs or MD/PhD students. Or in some cases, they've already earned their PhD or MD, so they're very sharp and [have] helped me out a lot to stay on top of all this stuff.

But when a new test becomes available, we don't just automatically jump on that test and shift everything because one thing I've learned over the years is, it's really important to verify the accuracy and validity of these new tests. So one is just reproducibility. How internally reproducible are the results of the new test? That's just a basic thing that needs to be determined right off the top. And that's a separate question from how clinically useful are the results. So you could have a test that has reproducible results, it's accurate in that sense, but maybe what it's measuring is not that clinically useful. It's not really going to change the outcome of the treatment that we're going to do. Or it doesn't add much, above and beyond what's already available.

And I would say a similar thing with protocols. If we have a protocol that's effective, which I think our protocols are, [and] then something new becomes available, a new form of a supplement or treatment or new information comes to light about some elements of the protocol, then we're going to pay attention to that, but we're also going to be cognizant of the fact that what we've been doing has already been working, and it didn't just automatically stop working if some tweak became available. And also, we're going to test out whatever that new thing is before we release it in the training.

So a good example of this would be in stool testing, BioHealth used to have stool tests. As many of you know, they shut down, so that test is no longer available. That's in the curriculum;

you'll see it there. And we've been testing out several other options for the past few months, Diagnostic Solutions, Genova [Diagnostics] GI Effects, and then Doctor's Data has a new DNA [polymerase chain reaction] component to the matrix-assisted laser desorption ionization time-of-flight (MALDI-TOF) proteomics and culture-based tests that they were using before. And so we've been doing split tests, where we'll take a sample from the same patient and send them in with different names the same day. So we're checking for reproducibility with that. Then we'll do split tests between those tests. So we'll send a sample into Genova and then send [it] to Diagnostic Solutions and Doctor's Data and see how those line up. We'll cross-check them with metagenomics tests that come from some of the larger microbiome analysis test kits that are available that are [the] gold standard, and we'll see how the microbiome analysis of Doctor's Data, for example, matches up with something like that, like with longevity, for example.

So we do a lot of verification and cross-checking and testing. And then, of course, we're also using them in the clinic; we're gathering case studies so that we can then turn those case studies into curricula for all of you. So it takes a while. That's the downside. But the upside is that once that content becomes available, you can be sure that it's been heavily vetted. And, in the meantime, there [are] lots of ways that you can continue to use the existing testing that can help people.

**Eric:** Yeah. So you guys have primarily been using that BioHealth 401?

**Chris Kresser:** No, we use the Doctor's Data plus the BioHealth in the past.

**Eric:** Got it, yeah.

**Chris Kresser:** But now, we don't have the BioHealth, so we're using the Genova and Diagnostic Solutions and Doctor's Data in different capacities to test them all out. So yeah, we have lots; there's lots of room for talking about that. I think it's a great question. And I think it speaks to a really important maybe deeper question of how we're helping our patients, in a Functional Medicine context. There [are] so many ways to do that. And sometimes it may not even involve lab testing at all. [This] might seem a little bit sacrilegious in a Functional Medicine community, but we have to be able to meet our patients where they are, and sometimes that may not include testing for financial reasons, or the testing may be very limited. Or we might

find in the course of working with a patient that they really, what becomes clear [is] that they really need to focus on the basics, like getting their sleep dialed in, managing their stress, improving their relationships, and social connection. And that might all be far more important than doing a [small intestinal bacterial overgrowth] (SIBO) breath test, for example. So we try to take that more holistic approach.

**Eric:** Yeah, that makes a lot of sense. I think there's definitely that dichotomy of how much to test and just because you can test doesn't mean you should test.

**Chris Kresser:** Exactly, yeah. And I know practitioners who will do \$10,000 of testing up-front, but just as routinely and I think that's absolutely insane. Because, first of all, that's going to be inaccessible to so many people. But second of all, it's what do you do with all those data anyway if you get them all back at the same time? It's overwhelming for the practitioner; it's overwhelming for the patient. And I don't think you can act on that all at the same time anyhow. So we'll talk to you about how to prioritize testing, how to sequence it, [and] what makes the most sense depending on your patient and who's in front of you.

**Eric:** Great.

**Chris Kresser:** All right. Well, thanks again, Eric.

**Eric:** Thanks, Chris.

**Chris Kresser:** Pleasure to have you in the course. All right, who's next? Go ahead and raise your hand. [You] don't need to have a question. Just come on and say hello so we can get to know each other a little better. I see Melanie's hand up. Hi, Melanie, you're still on mute. So I think if you scroll, there you go.

**Melanie:** Is that better?

**Chris Kresser:** Yeah, it is. Welcome.

**Melanie:** Thanks so much, Chris. Hi, I'm Melanie and I'm just going to take advantage and introduce myself. I have two kids at home with me right now who are both sleeping.

**Chris Kresser:** That's how it goes right now, right? Everyone, let's just say right now, everyone gets a complete pass with any of that kind of stuff. Like kids coming in video bombing, whatever. It's all fine. This is just in our life right now.

**Melanie:** Yeah, for sure. Thank you. So I'm a pharmacist, [and] I am currently in Ontario, Canada. And I'm relatively new, like, I've only been practicing for five years. I started with a general hospital residency, just jumping around doing all different things, cardiology, and I [saw] all of these different things, and landed in oncology for a while. So I worked in malignant hematology for about four years. And then, in order to move closer to home, I took a job in inpatient orthopedics just prior to my [maternity] leave. So during this time, I learned about Functional Medicine, actually through my husband, who's a physiotherapist. And [he] became really interested in the *Broken Brain* series that Mark Hyman did, and those sorts of things. So I learned about it through there.

And I started an osteopathy program that I didn't complete, but [it] introduced me to the world of Functional Medicine a bit more. And I decided that I probably should focus a little bit more on Functional Medicine. It's one of my interests versus the bodywork stuff. So here I am. I'm very excited to learn some more things and also just interested in learning about whether or not anyone's worked with a pharmacist in the Functional Medicine realm.

**I know there [are] some organizations out there that I might actually join. But yeah, "I'd be interested to know if you've had any [pharmacists] in your clinics, or what kind of role you've seen pharmacists play?"**

**Chris Kresser:** Yeah, we've definitely had pharmacists in the training before, so it might be worth connecting you with some of those folks from previous cohorts to see what they're up to. I know, my recollection is that they've formed partnerships with MDs or DOs, and they're working in a collaborative capacity. I think that's an interesting opportunity, especially if the MD or the DO is interested in Functional Medicine but may not have the time or deep enough interest to do the deep dive that you're doing. And they rely on you for more of the functional side of things as a value-added offering that they can provide, through their clinic to the, maybe to have a practice that's not exclusively functional, but they want to bring that element

in without retraining themselves. And so I think that's been one of the arrangements that some of the pharmacists [who] have been in the program before [have] done.

**Melanie:** Okay, good to know. Thank you.

**Chris Kresser:** But it's great. I love seeing pharmacists in the program because, on the surface, you might say, wait a second, pharmacists are talking to people about prescribing drugs, and how does that [work]? But that's (inaudible 19:18) a pharmacist could have a functional context and lens and be able to invite people to look at things in a different way than they might otherwise look at it.

**Melanie:** Absolutely. And I think my hope is to, in Canada, there's kind of a tricky model for pharmacists. So I have to be practicing in a certain setting in order to bill for certain things, and pharmacists don't often have private consult services. So I'm hoping to make a change there and maybe start something new. But yeah, I think we're in a good position to, my hope would be to work with patients and work on deprescribing in some areas and definitely working alongside MDs and try and get some changes that way. So yeah, I'm very excited.

**Chris Kresser:** Great. Well, welcome, and thanks for introducing yourself. All right, next, we have Tanya, and Rich, Angela, and Patricia it looks like.

**Tanya:** Let me unmute myself, and I'll start my video. I'm actually in [the] clinic right now, so I apologize. And I'm outside, so I'm sorry that it's a bit windy. But my name is Tanya Zuko, [and] I'm actually a PA. I've been a PA for 11 years now. I did orthopedic surgery for five years, and I've done urgent care for the last few years. I'm also a triathlete and very much into Ironmans and doing stuff like that. My husband has a triathlon coaching business, [and it's] a very successful one. And I've always been very interested in just health, lifestyle, [and] nutrition. I've actually done some nutrition coaching [and] consulting. I'm not formally trained in nutrition, but for our athletes over the last five, six years. And I'm looking to transition out and start my own fully online practice where I'm doing some sort of health consulting, and [I] really want to start to integrate some Functional Medicine, too.

I've been doing health consulting on the side with our athletes and that kind of thing. But I'm looking to formally start something here soon. And that was also one of my questions for you,



Chris, is “**How, as far as recommendations, obviously, I can prescribe as a PA but I have to have a collaborative relationship with an MD. And so I’ve started to research those avenues. But I didn’t know if you had any PAs in the program or had any sort of recommendations as to where to start with that.**”

Yeah, we’ve definitely had lots of PAs in the program. And one thing I’d recommend, not just for PAs, but for anybody, is to try searching the practitioner directory at [KresserInstitute.com](https://kresserinstitute.com), which is where you will all be listed when you finish the course and complete the requirements. And then you search for all states and all places, and you can scroll down and find people with your license type. And then you can click on their URL and see what they’re up to, and maybe reach out, maybe even reach out to them directly. But I know we have several PAs who are practicing. Often, they have their own practice, but of course, they have a supervision arrangement with an MD in their state.

**Tanya:** Right.

**Chris Kresser:** Yeah, but as you know, as a PA, that’s fairly loose. It doesn’t mean that you have to be even in business or partnership with the supervising physician.

**Tanya:** Exactly, yeah.

**Chris Kresser:** And it’s different in every state. So I don’t know. Where are you calling from, Tanya?

**Tanya:** Florida.

**Chris Kresser:** Okay. I don’t know about Florida. But like, in California, there’s a certain percentage of your charts that need to be reviewed by the supervising physician over a certain period of time. And as long as that requirement is fulfilled, then how the business is set up is not relevant. At least that’s how it is in California.

**Tanya:** Yeah, I know that here, they don’t have to sign any of our charts. We just have to have an agreement signed. That’s pretty much it. It’s pretty loose here as far as that part.

**Chris Kresser:** Right. Right.

**Tanya:** Yeah.

**Chris Kresser:** Yeah. So then it's just a question of how you want to practice. You could set up your own practice and have a micro practice and be a solo provider. We tell you, there's a lot of training on how to do that in this course.

**Tanya:** Okay, super.

**Chris Kresser:** Or you could try to find either other clinicians to collaborate with and/or you could also look for a nutritionist. We have RDs and CNSs in the program, as well as, of course, ADAPT trained health coaches [who] you might also want to collaborate with. So you have more of a multidisciplinary approach and you can provide a higher level of service to your patients. That's really what we're recommending at this point and why we have both programs. And how I've set up Adapt180 Health™, of course, is with that in mind so that they're not just seeing you three or four times a year as the practitioner or the clinician. They get a lot of support and touch points in between the visits with you. And that means they're going to get better outcomes that will lead to more satisfying work for you, happier patients, and better word-of-mouth marketing and growth of your practice. So we'll be talking about that more, too, in the future.

**Tanya:** Okay, super awesome. Thank you. Well, I'm really excited to be here and meet you all.

**Chris Kresser:** All right, yeah. Welcome.

**Tanya:** Thank you.

**Chris Kresser:** Likewise. Yeah, take care. All right, next is Rich. All right, Rich, are you off mute? There you are.

**Rich:** Hello.

**Chris Kresser:** Welcome.

**Rich:** Thank you. So I'm Richard. I'm based in the UK in London. I'm an osteopath. So I have a practice treating lots of musculoskeletal injuries of athletes and performers, and everyday

persons, as well. And I've always been interested more in health for myself and in others around me. I've done a lot of research into things and came across Functional Medicine. And yeah, just through things I've researched and looked at myself, I've made suggestions to patients and found them to be very useful. And also, [I] noticed how many people can really do with an understanding of Functional Medicine and just have no idea about that sort of thing.

**Chris Kresser:** Yeah.

**Rich:** And so yes, I'd look into it to learn more myself and be able to offer more to my patients and those around me. In the UK, it's not as popular or as well-known, but it's definitely becoming more so. And so initially, it was quite difficult to find out which avenue to take, and would I be able to integrate it into my practice. And from what I've researched, this, for me, seems to be the best and most effective way to do it. So I'm excited to jump on board and yeah, learn.

**Chris Kresser:** Great, yeah. We're happy to have you. Over the past four years or five years, I think I've done some workshops and seminars in the UK twice, also in Sweden, and Scandinavia. And definitely, the interest has grown considerably over that period of time. And I know that there [are] some differences that are important, of course, between how Functional Medicine is practiced in the [United States] and how it is practiced in the UK, largely because of the [National Health Service] (NHS) and the fact that people in the [United States] are more accustomed to paying out of pocket for healthcare, especially non-traditional healthcare services than they are in the UK.

But we've had a lot of physicians, osteopaths, and other practitioners from the UK go through the program. And so it might be a good opportunity for you to connect with some of them, too, and see. I think some have stayed within the NHS, and they're just incorporating it within their typical practice. I think some have gone outside of the NHS and set up [a] private practice. And there [are] different ways of doing it, depending on what your goals are and who you want to work with.

**Rich:** Yeah. And have you found that the same model works with having health coaches that work alongside practitioners in the UK?

**Chris Kresser:** Absolutely. It's really great. I think health coaching is exploding in the UK. It's our number two source of students in the health coaching program, and the UK Health [Coaches] Association just approved our program. And so there's a lot of interest over there right now in health coaching. So I think it'd be really smart to include that in your, whatever you do.

**Rich:** Yeah.

**Chris Kresser:** All right.

**Rich:** Okay, thank you.

**Chris Kresser:** Well, we're happy to have you. Thanks. Sorry to keep you up late. Thanks for joining us. All right. Take care. So I'm going to answer one of the questions in the Q&A box, and then we've got Angela, Patricia, and Teresa, who are going to join us in the video call.

**So the first one is from Kate. "I'd love to get more information on how to partner with people in terms of ordering labs. I'm an acupuncturist in Maryland and at the moment, we can't order them. I think they're changing the scope of our practice at some point."** That's good news. **"But at the moment, we can't order labs."**

I didn't answer that specifically, but I was kind of pointing in that direction where if you're a clinician or practitioner of any sort that is not able to order labs, either any labs or certain labs, then yeah, partnering is definitely the way to do that. In California, as an acupuncturist, we have a pretty broad scope of practice and we're able to order most labs.

But there has still been one lab, SIBO breath testing, actually, most labs don't permit acupuncturists to order them, even acupuncturists in California, although I think one or two do. And then, in part, because lactulose, which is a substrate that we use for testing SIBO breath tests, lactulose, unlike in other countries, in the [United States], it's available only by prescription. And so the patient's going to be taking lactulose, [and] they'll need a prescription for that. And that's why they limit who can order it to people who are able to prescribe.

So having a partnership with a physician or a naturopathic doctor, if they're able to prescribe (in some states they are, [and] in some states they aren't), a nurse practitioner, a physician assistant, anyone with prescribing privileges can be a great way of handling that. They establish the account with the lab and their name is on the order. And if you're working together, depending on how you set up your partnership, you may suggest the SIBO breath test would be appropriate. They may briefly review and sign off on the order or you may have a standing agreement set up that they're approving those orders for tests or recommendations from you. So this is something that tons of people who've been through the program have done, and I think, if you do it responsibly and ethically, it's a great solution.

**Rick asked, "I was interested to know why Chris decided to release this entire year's curriculum within the first few months for this cohort."**

Great question. So a couple [of] reasons. Number one is that we are switching to an evergreen format for this course moving forward. I think some of you know that. You're the last cohort that's going through this program in a kind of linear fashion. And we just found that for practitioners, because most practitioners who take this program are already working, seeing patients, busy, they've got very different schedules. We've got people from around the world, so [there are] different time zones, and people who actually were interested in and needed different material at different times. So, for example, we have a few people who are super keen to start their private practice. Maybe they just graduated from school, or maybe they've left a position at another clinic, and they want to start practicing Functional Medicine. And they really want all of that content about how to start and manage your Functional Medicine practice and they're willing to put in several hours a day, if they have to, because they're super motivated to make it happen.

On the other hand, we have some people who, maybe they are just highly focused on learning work, and they want to skip to that part of the curriculum right away and do a deep dive there. So we wanted to make it more flexible to accommodate the different needs in the program. And because there's not as much time-bound live stuff that happens here where you need to be at a certain place at a certain time, it was possible to set things up in such a way that [for]

people who wanted to gain access to the entire course all at once, we could enable that. So that's the answer.

All right, let's go to Angela on the live call, and then Teresa and Patricia. Hi.

**Angela:** Hi, how are you doing?

**Chris Kresser:** Good. Welcome.

**Angela:** Thank you. So I wanted to take the opportunity to introduce myself, as well. My name is Angela (Newton? 34:52). I'm an osteopath from Melbourne. And [the] kids are heading to school right now, so hopefully they (inaudible 35:00).

**Chris Kresser:** Right, it's Friday [here]. It's Thursday morning there, right?

**Angela:** Yeah. It's just going on 8:30, Thursday morning. Sunny, 31 degrees today in Melbourne. So happy. I've been in osteo for 15 years, practicing in a quite large clinic of eight other osteopaths with a lot of flexibility [and] a very supportive owner. Basically, he owns the business, and along the way, I've had my own health concerns. So my family and I have been very lucky to come across some very good practitioners in, we sort of say integrative medicine in Australia, I think. So more integrative medicine. And so with my own patients in my own practice as an osteopath, I've ended up becoming almost quite reliant on her. Like, you take a very detailed history, we spend an hour with our patients initially, and you gather a lot of information, and then I would be referring to her for a lot of people who maybe weren't getting to the bottom of their complaints with their general practitioner. And she's just, everyone's been so impressed. So that's been great. And I'm really happy that people are making inroads into their health at a deeper level.

But then I took myself off to study under ACNEM, which is Australasian College of Nutritional [and] Environmental Medicine, and I've done quite a few courses through them trying to think, well, I'll implement this rather than sending them off to my integrative medicine guru. But I found it's hard. I think, number one, people come in, they already have an expectation if I've already been there (inaudible 37:10) many years, and yeah, just number two as an osteopath, like others have said, there [are] limitations, and maybe stretching your scope of practice into

what you can recommend, supplements, diet, and lifestyle. So you wouldn't want to risk your registration at all. So I guess, in a nutshell, I've had the desire to want to do something like this to give me a well-rounded approach. And then I've got a bit of a nudge by meeting a fellow osteopath, who's done your course. And he's in Melbourne, as well.

**Chris Kresser:** Oh, great.

**Angela:** So I think that sort of consolidated that it can be done. I guess it can be done. And it's funny that since I joined the course, how everything's aligned. I've now got two GPs who are more than happy to do blood work for me, help me with the blood work side of things as I move forward. And all that was a simple conversation. Yeah, it was just a simple conversation. The passion and the knowledge just came across without me really trying, and they've been more than happy to work alongside each other.

**Chris Kresser:** That's great.

**Angela:** So far so good.

**Chris Kresser:** Good, yeah. Well, excited to have you and there are a lot of people in your shoes. And we've had many before in previous cohorts who are looking to transition to more functional and integrative medicine from a different type of practice. And sometimes it's conventional medicine, like primary care. Other times, it might be an acupuncturist who's been primarily doing acupuncture, putting needles in people, and prescribing herbs, but wants to start incorporating functional lab testing and different types of treatment. Or a chiropractor who's been mostly doing adjustments, manual adjustments, and wants to start branching out to Functional Medicine. And I think there [are] lots of different ways to make that transition, of course. Some people just go cold turkey and open a Functional Medicine practice. But for many people, they want to have more of a segue between their current practice and their new practice.

And, in fact, some may want to maintain, for example, a chiropractor, [who] wants to keep doing adjustments, but just not have that be 100 percent of what they do. And so what seems to work well for a lot of people is rather than necessarily trying to convert your existing patients to functional and integrative medicine, just start talking about or advertising that you're doing

that and you'll start to get new patients [who] are coming in [who] are explicitly interested in that. And so, over time, the balance will shift where you've got more, new patients coming in [who] are seeking functional and integrative medicine and expecting that, and you still have existing patients [who] are expecting whatever you did before. And then almost inevitably, some of those patients will just organically become interested in what you're doing. So that can work well for many people.

**Angela:** Yes, or having a good chat, too. His name's Rick, he works in just (inaudible 40:44) Melbourne. Yeah, he sort of said, because obviously, we can get private health cover for our provider numbers. But [on] then the Functional Medicine side, this is where it gets a bit gray and how much I skip over into that. But it has been interesting to him. He actually books them separately and he outlays that if you want to do his Functional Medicine program, or whatever, and get advice on that side of things, it's a separate appointment.

**Chris Kresser:** Keep them separate, yeah.

**Angela:** But he's keeping [them] separate and I think that in Australia, that might be, at the moment, and as an osteopath, the best thing for me to [do is] keep it separate. So yeah, I don't know, but I find that hard. Because when I get into histories, I want to, and I've just set up at home here because of COVID[-19] restrictions and I've been ill myself. So just to try to really control things, which has given me the luxury of a lot more time, which has then given me this bit of I really want to get into this. But I guess it will evolve.

**Chris Kresser:** It will. These are [the] early days. And as you move through the program, I see this happen over and over, you'll just get the clarity of how you want to do it. And you'll also get feedback as you try things, and it'll work out. So thanks again. Welcome. Great to have you in the program. All right, next is Teresa.

**Teresa:** What do I do? Am I on?

**Chris Kresser:** You are. You're on. We can see you and hear you. Welcome.

**Teresa:** Okay. Hi.

**Chris Kresser:** Where are you calling from and what brought you here?



**Teresa:** I'm coming from Fort Leavenworth, Kansas, and I'm a physician assistant. And I actually work with Rick Henriksen.

**Chris Kresser:** Oh, yeah.

**Teresa:** Kestrel Wellness. Yeah.

**Chris Kresser:** Awesome. Cool.

**Teresa:** Yeah. And I've been doing a little bit more health coaching with him. But I really want to learn more about the Functional Medicine side to where I'm competent in it.

**Chris Kresser:** Yeah.

**Teresa:** And on a personal level, I became very ill six years ago. And that's what brought me into Functional Medicine for myself. And seeing just a variety of Functional Medicine providers, and so I kind of have an N of one in my own experience. But I want to be able to apply this to a wide variety of people. I was conventionally trained as a PA, but I don't see myself going back to that place.

**Chris Kresser:** Right. Maybe you could say a little bit more about how you have things set up with Rick because I know Tanya's interested in how PAs are collaborating with physicians. And Rick has a pretty interesting model, I think. So it might be helpful for folks to know a little bit about that.

**Teresa:** Yeah. Rick is actually in Utah, so I'm doing telemedicine with him. And he has a membership-based clinic.

**Chris Kresser:** DPC, direct primary care type of setup, right?

**Teresa:** Yeah. So he sees patients, and then I see them after they see him and do more of the health coaching piece. But with time, I want to be able to see my own patients and do what he's doing and feel confident in that.

**Chris Kresser:** Yeah. How did, I mean, so this is a great example, too, of how this can work where Rick's in Salt Lake City, not far from me, and you're in Kansas. And yet, you're able to collaborate in this way. It's a pretty cool age that we're living in that makes this possible. And of course, COVID[-19] has really probably accelerated the transition toward this way of practice even faster than it would have happened already. And we can talk a little bit more about some of the legal and regulatory changes that have happened recently and that may continue and how that impacts people. So how did you hook up with Rick?

**Teresa:** Well, we actually both went to the University of Utah. I was a gymnast there back in the day. And then, given that I'd been so sick, one of my former teammates connected with him in Utah. So I became his patient, actually. And then I wanted to get back into medicine a little bit, just part-time based on what my health could [allow me to] do. And so he brought me on board, and it's been a really good arrangement. I was really thankful for that.

**Chris Kresser:** That's great. Cool.

**Teresa:** Yeah.

**Chris Kresser:** All right. Well, welcome, Teresa, and [I] look forward to having you in the program.

**Teresa:** Okay, thank you so much.

**Chris Kresser:** All right. So Dr. Mike Garrett in Texas said that he does DPC, too. For those of you that aren't aware, DPC is direct primary care. And it's typically a membership-based service where patients pay a monthly membership fee. And that provides access to clinical services. And it's a really interesting model. A lot of physicians are moving in that direction because it's often a better option, less stressful than [the] typical fee for service. You're able to have fewer patients and spend more time with patients. And I think it also opens up some interesting opportunities for different levels of DPC membership that, I know, some clinicians, for example, who have a kind of basic DPC membership and then others [who] are doing a Functional Medicine DPC membership that's like a higher tier and includes more.

So Mike, to answer your question, it's Rick Henrikse. And the name of the company is, or his practice is called Kestrel Wellness, so K-e-s-t-r-e-l. Rick's a friend. I've known him for many, many years. We met at one of the first ancestral health symposiums way back in the day. I'm not sure when that was. And he was also a professor at medical school at [the] University of Utah. Great guy, really knowledgeable. Great Functional Medicine practitioner and is experimenting with that model. So yeah, you might want to check out his website and services to see what he's up to.

All right, [does] anyone else want to come on the live call and ask a question? Or type a question in the Q&A box? Or just come on and say hello, introduce yourself, [and] get to know folks. Oh, Patricia is there. Sorry, Patricia, I didn't realize you'd already been brought on. I wasn't looking at my Zoom screen. All right.

**Patricia:** There I am.

**Chris Kresser:** There you are. Yes, hi.

**Patricia:** Hi, Chris. Well, I'm so excited to do this program. I practiced in private practice for 25 years as a chiropractor specializing in more chronic pain syndromes with a rehab focus. So I've been doing hour visits for most of my career, unlike the (inaudible 48:31) adjusting. And through that, I've seen really sick people. And I reluctantly came to this program because I've seen Functional Medicine fail in both how it's practiced, keeping people on this hook, and then people not really even understanding what treatment they're getting for what.

So when I completed the first lesson, I was so delighted, because [of] the ability to communicate to a patient where and why they're starting, I believe that compliance and family support because it's so expensive. That I'll have a wife, saying, "Well, he's not better, but he's spending \$400 a month." So I'm excited to integrate a protocol that gives us a starting point, understanding that starting point myself. Some of your resources like that *Time* magazine article, even though it's old, 10 years old, it was so relevant when my daughter had asked me, "What do you mean we'd start with [the] diet for cancer?"

So myself, my family, [my] children, [have] been under the care of many Functional Medicine doctors with some success in order to keep going. But I'm just looking forward to moving toward a protocol that isn't a recipe or cookie-cutter, but it gives the patient an understanding.

**Chris Kresser:** Yeah. Great point. So many great points there to talk about. And we will be talking about all of them extensively through the program. But I'm, as you can imagine, a big believer in education, not just publicly through my website, but with my patients. A lot of what I do in an encounter is education. And that's even more explicit with Adapt180 Health™ now, where we have classes and workshops and seminars, group mindfulness training, group fitness training, and a whole bunch of other educational and training opportunities that we're offering our members. Because I love this saying, most healthcare is self-care, right? So it's such a pithy way of reminding us that most of what is going to create health happens outside of the doctor's office, right?

**Patricia:** And it's hard.

**Chris Kresser:** It's hard and it requires support.

**Patricia:** Yes.

**Chris Kresser:** And that's a big piece that's often overlooked. The other thing that I want to highlight in what you mentioned is, I've been doing this for over 10 years now, this fall. And over that period of time, I've really become more and more passionate about making Functional Medicine accessible for a greater number of people. And what that often means is letting go of preconceived notions of what it's supposed to look like. Like I was talking with Eric earlier about [how] people get into this thing where they think they have to do \$10,000 of testing with every patient in order to make progress. And that just hasn't been my experience at all. And I have certain patients [who] we've done very little testing with, but we've made phenomenal progress just by looking at their diet, behavior, and lifestyle and giving them support in those areas.

So there are lots of different paths to the top of the mountain. And I think, what we'll be encouraging everyone to do in this course is to meet people, meet your patients where they

are. So in some cases, lots of testing might be appropriate and possible. In other cases, it may not be. But that doesn't mean that you can't practice Functional Medicine and get good results.

**Patricia:** And this chapter, for me, is I don't want to do both. I finished with chiropractic last year so that I can do this well. Trying to do both and give advice and sell supplements, I always felt like I was just moderate. And I'd like to become better than moderate and really have a purpose. I did have a couple [of] quick questions.

**Chris Kresser:** Sure, yeah, please.

**Patricia: Something I haven't seen or heard in your podcast, "[What is] your take on hair analysis? That's very big up in the Grass Valley/Nevada City area where I am."**

**Chris Kresser:** It depends on what's being analyzed. So there are definitely certain essential elements and also heavy metals where hair analysis is a legitimate evidence-based way of assessing levels. And then there are other compounds where that's not the case. And this is a perennial thorn in my side that I wish there was just a single test that we could run with a single body fluid, let's say CRM, or saliva or hair that could give us accurate reads on essential vitamins, minerals, trace minerals, and then also heavy metals. There just isn't.

**Patricia:** Okay.

**Chris Kresser:** So there's some, like magnesium, for example, serum, over 99 percent of magnesium is stored in the tissue. And so measuring it, not only in the serum but even in the inside of the red blood cell is not necessarily a particularly accurate way of assessing magnesium. To do that, you need tissue. So a buccal swab, or something like that. Iodine, you can measure in the blood, in the urine, but the urine is mostly going to tell you about your most recent consumption of iodine over the past three days. Whereas to get a better read on your longer-term iodine status, hair actually can be helpful for that and measuring thyroglobulin, not antibodies, but thyroglobulin.

So I'm not expecting anyone to remember this. We'll talk about this later, but it just highlights that there's no one-stop shop for assessing nutrients and metals at this point, unfortunately.

**Patricia:** And then the other question is kind of understanding what the first-year program is.

**“Do you anticipate a second-year program? Or is that set through more of a continuing education format?”**

**Chris Kresser:** It’s kind of somewhere in between those two. So the first program [was] really designed with the goal of giving people what I wish I had 10 years ago when I was starting out to become a successful Functional Medicine practitioner within one year and to be able to help 70 to 80 percent of the patients that walk through your door. And the next level of this is going to be a practitioner mentorship and immersion program, and it will be affiliated with Adapt180 Health™, and it will be strongly case-based, as this is already. But it will be even more that way. You can think of it as more like a residency internship.

And then there will also be curricula on some of the things that we haven’t covered in this course, like male and female sex hormones, toxins like heavy metals, mold and other biotoxins, and chronic infections, like tick-borne diseases, and reactivated viral infections and things like that. But you’ll be learning even more in the context of actual patients [who] are coming through Adapt180 Health™. You’ll have a chance to observe appointments; you’ll have a chance to participate in grand rounds types of calls where we’re reviewing cases and talking about them. So I’m really excited about that piece.

We don’t have an exact launch date, but it’s soon. We may have a beta version of that as soon as early next year.

**Patricia:** Great. Thank you.

**Chris Kresser:** So we’ll keep you posted. Thanks again, Patricia.

**Patricia:** You bet.

**Chris Kresser:** All right, so we have time for one more. Carla has had her hand up. And then we’ve got to wrap up because it’s getting close to the top of the hour. And while Carla’s coming on, I just want to quickly respond to Teresa. **She’s asking, “[Are] some providers in the program are themselves ill and trying to heal themselves as well as helping others?”**

Absolutely. That's not at all uncommon. Probably a fairly substantial percentage of people are dealing with something. And that's what brought them to Functional Medicine, as was the case for you, Teresa, and for me. So, all right, Carla.

**Carla:** Hi, Chris.

**Chris Kresser:** Welcome.

**Carla:** So, I'm Carla. I'm an acupuncturist. I live in Scottsdale, Arizona, and I've been practicing for almost six years now. I originally went to medical school in Mexico. After medical school, I lived in Ohio for a few years, and I had my kids. So I didn't continue my medical education. And when I was ready to go back, I really didn't want to go into conventional Western medicine. So I started using acupuncture. I love it, but I don't think it's enough. So when I found Functional Medicine, I'm completely passionate about it. And I'm very, very excited about this program to learn more and be able to offer that to my patients.

**Chris Kresser:** That's great. And do you have any ideas of how you're going to do it? Are you going to practice by yourself?

**Carla:** No, I think it's going to be wise to find somebody [who] I can practice with. But I don't know how I'm going to do it. I don't think it's that easy. But I'm sure I'll get there.

**Chris Kresser:** Yeah, and you'll have lots of opportunities to meet other people in this program. And like I was saying before, I think as you go through, you'll have a lot more ideas for how to make it work.

**Carla:** Absolutely.

**Chris Kresser:** Great. Well, thanks for coming on and introducing yourself, and welcome to the program.

**Carla:** Thanks (inaudible 59:11).

**Chris Kresser:** And thank you [to] everyone who's on the call. I'm really excited about training with you all this year and what you've got coming your way. And [I'm] happy to be of service in

any way that I can and looking forward to seeing you on our next Q&A. Take care, everybody.  
Enjoy the rest of your week.