

# WELCOME

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JUMPSTART GUIDE

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# HOW TO USE THIS GUIDE

Welcome to your FNTTP program! This guide acts as the primary resource for giving you a head start on your program.

## Navigation

You can quickly jump to any section in the guide using the interactive page numbers in the table of contents above.

## Key Words

Key words are shown in **bolded blue font**.

## Learning Tips & Related Resources

Learning tips, notes, and related resources are shown as follows, with different icons depending on the purpose/function (e.g. a play button for videos):



LEARNING TIPS LOOK LIKE THIS.

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RELATED RESOURCES LOOK LIKE THIS.

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RELATED VIDEOS LOOK LIKE THIS.

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# READING LIST

Students are required to read the texts on the following pages to complete their NTA program. Depending on the module and book in question, you may be asked to read some books from beginning to end, and only specific sections of others. As these books are written to serve a broad range of students (not just the NTA), please focus on the targeted reading pages.

## Book Purchasing

The required reading materials can be purchased at any major bookstore or online book retailer. Many titles can also be found at your local library.

The Core Reading texts are all available on Booktopia (or Amazon) which we have linked on following page.

Additionally, books may be available used through other online marketplaces to reduce overall costs.

## Book Formats

You may purchase whichever book formats best suit your learning style and budget, depending on publishing formats available, including eBooks (e.g. Kindle, iBooks, EPUB, MOBI, etc.), hardcover, loose leaf, and audiobooks.

## CORE REQUIRED READING

The seven books listed in the table below are required reading throughout your program work; please purchase all.

Title	Purchase Link
Introduction to the Human Body: The Essentials of Anatomy and Physiology (11 <sup>th</sup> ed) <i>by Gerald Tortora and Bryan H. Derrickson</i>	<a href="#">Booktopia</a>
Motivational Interviewing in Nutrition and Fitness <i>by Dawn Clifford and Laura Curtis</i>	<a href="#">Booktopia</a>
The E-Myth Revisited: Why Most Small Businesses Don't Work and What do Do About It <i>by Michael E. Gerber</i>	<a href="#">Booktopia</a>
Signs and Symptoms Analysis from a Functional Perspective <i>by Dicken Weatherby, N.D.</i>	<a href="#">Booktopia</a>
Salt, Fat, Acid, Heat: Mastering the Elements of Good Cooking <i>by Samin Nosrat</i>	<a href="#">Booktopia</a>
Fortify Your Life: Your Guide to Vitamins, Minerals, and More <i>by Tieraona Low Dog, M.D.</i>	<a href="#">Booktopia</a>
An Everlasting Meal: Cooking with Economy and Grace <i>by Tamar Adler</i>	<a href="#">Booktopia</a>

## OPTIONAL READING

In addition to the seven core books listed above, some modules will have additional optional reading resources for you to expand your learning. One text you may wish to purchase as an optional reference resource is:

Advanced Human Nutrition (4th Ed) *by Denis M. Medeiros and Robert E.C Wildman* ([Booktopia](#))

# PROGRAM READING GUIDE

This Reading Guide provides you with the book-based reading assignments for each module (it does not include Student Guides, articles, and other in-course reading activities), ordered as you will move through the program.

As these books are written to serve a broad range of students (not just the NTA), please focus on the targeted reading pages.

Module	Book	Chapters/Sections
Welcome	In-course reading activities only	N/A
Evolution of the Modern Diet	Motivational Interviewing in Nutrition and Fitness	Introduction and Part 1 - Motivational Interviewing Basics
Anatomy and Physiology	Motivational Interviewing in Nutrition and Fitness ----- Introduction to the Human Body	Chapter 3 - Engaging and Focusing; Chapter 4 - Evoking ----- Chapter 1: Organization of the Human Body Chapter 3: Cells
Basics of Nutrition	Introduction to the Human Body ----- Motivational Interviewing in Nutrition and Fitness ----- Salt, Fat, Acid, Heat	Chapter 20: Nutrition and Metabolism ----- Chapter 5 - Planning for Change ----- <b>Sections:</b> Introduction (all); How to Use This Book (all) ; Part One: The Four Elements of Good Cooking (all)

Module	Book	Chapters/Sections
Culinary Wellness, Part One	Salt, Fat, Acid, Heat	<p><b>Sections in Part Two:</b></p> <ul style="list-style-type: none"> <li>▶ Kitchen Basics</li> <li>▶ Cooking Lessons</li> <li>▶ Vegetables: How and When (pg. 268)</li> <li>▶ Boiling an Egg (pg. 305)</li> <li>▶ Grain to Water Ratios (pg. 283)</li> <li>▶ Meat (pgs. 344-45)</li> <li>▶ Aromatic Flavor Bases of the World (pgs. 352-53)</li> <li>▶ Fruit: How and When (pgs. 408-09)</li> </ul>
Digestion	<p>Introduction to the Human Body ----- Motivational Interviewing in Nutrition and Fitness ----- Signs and Symptoms from a Functional Perspective ----- Fortify Your Life</p>	<p>Chapter 19: The Digestive System ----- Chapter 6 - Open-ended Questions ----- pp. 107-228 ----- Introduction; Chapters 1-2</p>
Blood Sugar Regulation	<p>Motivational Interviewing in Nutrition and Fitness ----- Signs and Symptoms from a Functional Perspective ----- Fortify Your Life</p>	<p>Chapter 7 - Affirmations ----- pp. 275-286 ----- Chapters 3-5</p>

Module	Book	Chapters/Sections
Fatty Acids	Introduction to the Human Body ----- Motivational Interviewing in Nutrition and Fitness ----- Signs and Symptoms from a Functional Perspective ----- Fortify Your Life	Chapter 4: Tissues ----- Chapter 8 - Reflections ----- pp. 265-274 ----- Chapters 6-7
Mineral Balance	Motivational Interviewing in Nutrition and Fitness ----- Introduction to the Human Body ----- Signs and Symptoms from a Functional Perspective	Part 3, Chapter 9 - Summaries ----- <b>Sections:</b> 6.1-6.6 and 6.17 ----- pp. 229 - 264
Hydration	Introduction to the Human Body ----- Signs and Symptoms from a Functional Perspective	Chapter 21: The Urinary System Chapter 22: Fluid, Electrolyte, and Acid-Base Balance ----- pp. 433 - 441
Sleep, Stress, and Movement	Introduction to the Human Body	Chapter 11: Autonomic Nervous System
Endocrine	Introduction to the Human Body ----- Signs and Symptoms from a Functional Perspective	Chapter 13: The Endocrine System Chapter 23: The Reproductive Systems ----- pp. 319 - 425



Module	Book	Chapters/Sections
Immune	Introduction to the Human Body ----- Signs and Symptoms from a Functional Perspective	Chapter 17: The Lymphatic System and Immunity ----- pp. 442 - 457
Cardiovascular Health	Introduction to the Human Body ----- Signs and Symptoms from a Functional Perspective	Chapter 15: The Cardiovascular System: Heart Chapter 16: The Cardiovascular System: Blood Vessels and Circulation ----- pp. 426 - 432
Detoxification	In-course reading activities only	N/A
Barriers, Influences, and Emotional Wellbeing	Motivational Interviewing in Nutrition and Fitness ----- An Everlasting Meal	Chapters 13 and 14 - Putting MI to work in Nutrition Counseling/Fitness Counseling ----- Chapters 1-7
Environmental Factors	An Everlasting Meal	Chapters 8-14
Culinary Wellness, Part Two	An Everlasting Meal	Chapters 15-20
Practice Resources	The E-Myth Revisited	Chapters 1-9

# PROGRAM LEARNING TOOLS

## Canvas

The NTA delivers programs via Canvas, a modern, user-friendly online learning system which makes it easy for you watch videos, download resources, complete assignments, and track your progress.

You'll receive information about logging in to your Canvas account during the week before class starts.

## Zoom

Zoom is a video conferencing tool with HD video, high-quality audio, screen sharing, and built-in chat. In addition to Canvas, this tool will allow you to connect with your instruction team and fellow students, ask questions, and apply what you're learning in the program.



SEE ZOOM'S [GETTING STARTED](#) SUPPORT PAGE FOR DETAILS ABOUT SETTING UP ZOOM ON WINDOWS, MAC, AND MOBILE.

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## Nutri Q

Nutri-Q is an online client management and nutritional analysis tool you will use to work with clients in the classroom. Please do not create an account just yet; you'll receive information about logging in to your student Nutri-Q account once your class begins.

## TECH TIPS

To get a head start on class, you can create your accounts and get acquainted with a few of the tech tools you'll use (outside of your online classroom). From there, we'll suggest a few simple activities to try so you'll hit the ground running when it comes time to use these tools in your assignments.

1. First, create your free Zoom account. [Watch this video](#) to find out how to set these up!
2. Next, create your free Canva account at [canva.com](https://canva.com)

Now that you have your accounts set up, here are a few things try:

- ▶ **Zoom** – Learn how to start a meeting ([here's how](#)) and in that meeting, record yourself talking about your favorite food and why that food is your favorite ([here's how to record](#)). Keep it short, about 1-2 minutes.
- ▶ **Canva** – In the program, you'll use Canva to make either an infographic or a short eBook. [Watch this video](#) to learn more about how Canva works, and feel free to play around with the tool and create whatever inspires you!

# WELCOME TO THE NTA

## AN OVERVIEW OF THE NTA'S MISSION & VISION

### THE NTA MISSION

The Nutritional Therapy Association, Inc. was founded in 1997 to:

**To deliver a science-based education that fosters a community of confident holistic nutrition professionals who harness the power of real food and empower people to reconnect with the innate wisdom and unique needs of their bodies, thereby supporting lasting wellness.**

### THE NTA VISION

**We empower a passionate community of life-changing nutrition professionals to create a ripple effect that transforms lives and shifts the outlook of health to one of hope, today and for generations to come.**

#### Bio-individuality

When it comes to nutrition and health, there is never a one-size-fits-all approach that is optimal for everyone. We are all unique **bio-individuals** and what is optimal for *you* may not be optimal for someone else. Nutritional Therapy is always tailored to each individual's needs, lifestyle, activity level, stress level, ancestry, etc.

#### The Nutritional Foundations

Although each of us has unique bio-individual needs, and our genes will respond differently to various foods and lifestyles, the NTA *does* believe that there are

certain fundamental factors that must be in balance to experience optimal health. These include the following six factors that we call “**The Nutritional Foundations:**”

- ▶ **Nutrition:** Eating a properly prepared, nutrient-dense, whole food diet.
- ▶ **Digestion:** Absorbing and assimilating the nutrients we eat.
- ▶ **Blood Sugar Regulation:** Ensuring a steady, balanced supply of energy.
- ▶ **Fatty Acids:** Absorbing and utilizing healthy fats for fuel, structure, and healing.
- ▶ **Mineral Balance:** Absorbing and utilizing macro and micro minerals.
- ▶ **Hydration:** Supplying cells and tissues with sufficient water.

Though nutrition is the primary focus of Nutritional Therapy, we cannot pretend that nutrition is everything. Without it, we cannot have optimal health, but it must be accompanied with healthy lifestyle choices and balancing other important health factors, including:

- ▶ Sleep, Rest, & Relaxation
- ▶ Stress Management
- ▶ Movement
- ▶ Community & Social Support
- ▶ Barrier Navigation

## A 3-Pronged Approach To Knowing

The NTA's integrated approach to supporting foundational health is guided by a 3-pronged approach to information gathering drawn from the work of Victoria LaFont Jackson's Paradigm of Practice model (2018). *Ancestral wisdom, experiential knowledge, and scientific research* are the three main categories of information that we use to best comprehend the knowledge that we acquire as Nutritional Therapy professionals. One goal of the curriculum is to help you gather and identify these types of information and, further, to empower you to determine the validity and functionality of the source.

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EPISTEMOLOGY IS THE PHILOSOPHICAL STUDY OF THE THEORY OF KNOWLEDGE, INCLUDING ITS ORIGINS. ONE QUESTION THAT EPISTEMOLOGY STRIVES TO ANSWER IS, 'WHERE DOES KNOWLEDGE COME FROM?' ITS ROOTS ARE DERIVED FROM THE GREEK EPISTĒMĒ (MEANING "KNOWLEDGE") AND LOGOS (MEANING "REASON"). TO LEARN MORE, [READ THIS ARTICLE ON THE THEORY OF EXTENDED EPISTEMOLOGY.](#)

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In line with various models of learning and the study of epistemology, the NTA's 3-pronged approach reflects and *respects* the factors that have influenced our beliefs around health and wellness since the earliest stages of humanity.

- ▶ **Ancestral wisdom.** This is the information we've gathered about indigenous or traditional practices from around the world and details how those peoples have coexisted with their local ecosystems. Some data will come in the form of observational research, while other information will be in the form of traditions that have been passed on verbally or in written form. This may be called *traditional medicine* or *folk medicine*, but also encompasses more formalized practices such as Native American Medicine, Ayurveda, and Traditional Chinese Medicine.
- ▶ **Experiential knowledge.** This style of information is what we, ourselves, garner from our own experiences, but also the wisdom we're able to access

from the experience of others. This can include clinical observations and expert opinions. It is often referred to as an observational or anecdotal information. The experiential information that you'll be given through this program will be from both modern practitioners and those that have come before us. These practitioners may include medical doctors, osteopaths, chiropractors, herbalists, and other Nutritional Therapy professionals. The clinical application of experiential knowledge is often called narrative-based medicine (NBM).

- ▶ **Scientific research.** This includes both historic and modern bodies of scientific work that are in the field of research or are based on scholarly scientific information, ideally subject to the peer-review process. The clinical application of this type of knowledge is often referred to as evidence-based medicine (EBM).

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“FOLK TRADITIONS HAVE THOUSANDS OF YEARS OF EMPIRICAL EVIDENCE TO VALIDATE METHODS AND USE. THOUGH TRADITIONAL KNOWLEDGE IS NOT FORMED THROUGH THE SCIENTIFIC METHOD, IT MAY CONTAIN COMMON ELEMENTS SUCH AS OBSERVATION. IT IS BASED ON THE COLLECTIVE EXPERIENCE OF GENERATIONS AS WELL AS THE IMMEDIATE EXPERIENCE OF THE PRACTITIONER. THERE IS USUALLY NO REAL SEPARATION BETWEEN SECULAR AND SACRED KNOWLEDGE.” SOUTHERN FOLK MEDICINE BY PHYLLIS D. LIGHT, PREFACE P. XIX

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Each of these ways of knowing represents very real strengths but also carries its own drawbacks. For instance, wisdom abounds in ancestral ways of living, through practices that have received high marks and carried forward in the test of time. Unfortunately, we tend to make many unfounded assumptions, to romanticize or idealize these lifestyles, or to box them all into a single neat-and-tidy dietary plan. There is no single perfect eating pattern for everyone, but in sorting through the reliable information we have about our ancestors and modern-day hunter-gatherers across the globe, we can gain some general insights. This will be discussed more in the Evolution of the Modern Diet module.



TO LEARN MORE ABOUT HOW WE STUDY ANCESTRAL DIETS, HOW THEY COULD BENEFIT US, AND WHY WE MAY MISUNDERSTAND OR MISCONSTRUE THEM, [READ THIS BEAUTIFUL NATIONAL GEOGRAPHIC ARTICLE.](#)

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Experiential knowledge is deeply rooted in the idea of expertise. This may be a practitioner’s clinical expertise but may also be something more informal and could even represent the “expertise” we have about our own bodies. This aligns wonderfully with the concept of bio-individuality and is often passed on through apprenticeship-style models of learning. In their book, *Rethinking Expertise*, Harry Collins and Robert Evans describe expertise as “something based in what you can do rather than what you can calculate or learn” (Collins and Evans, 2007, p. 23). It is based on collections of stories that we gather, from both our own and others’ experiences.

Regrettably, these anecdotes are highly subject to bias—bias of the practitioner, the client, and even the community at large. This bias could take the form of a firm belief, scientific, spiritual, or otherwise. It may even be influenced by fears or paranoia. Experiential knowledge, because it is not necessarily subject to the test of time or to rigorous scientific testing, can also fall prey to an “innocent until proven guilty” mentality. Historically, this has allowed for the widespread acceptance that compounds like mercury could be good for health because they seemed to be the short-term solution to a particular problem. In her book *How to Read a Paper*, Trisha Greenhalgh notes a number of harmful practices once strongly supported by ‘expert opinion’: bloodletting for just about any acute illness, thalidomide for morning sickness (which ultimately led to serious birth defects), benzodiazepines for mild anxiety and insomnia (leading to severe dependence and withdrawal symptoms).



IF YOU’D LIKE TO READ MORE ABOUT THE HISTORICAL USE OF MERCURY IN MEDICINAL AND OTHER HOUSEHOLD PRODUCTS, [SEE THIS ARTICLE.](#)

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Scientific research is an underpinning of evidence-based medicine, requiring systematic investigation of theories and hypotheses. It is based on the scientific method, requiring the questioner to make an observation, then to gather information and ask questions about that observation. At this point, the questioner can form a hypothesis and test it. They are then able to analyze the results to see whether they should accept, reject, or modify their original hypothesis. A single exploration of a hypothesis, though, isn't enough proof to accept that idea as the truth. For that, the experiment would need to be repeated multiple times and by varied people to assure the result is always the same. This rarely happens, however, sending investigators back to the "drawing board" to modify the original hypothesis. Results of published studies are put through the peer review process, in which other knowledgeable scientists in the field review and critique the work.

Unbiased research is based on the creation of a *null hypothesis*. That is, the researcher assumes their hypothesis is wrong and sets out to prove so. For instance, you notice that the skin on your arm has become itchy. You suspect that it's due to a new lotion that you recently began using. With a null hypothesis, you set out to prove it's *not* that lotion making your arm itchy. Instead of *only* experimenting with discontinuing use of the lotion, you also experiment with *using* the lotion but discontinuing other variables—such as the wool sweaters you've been wearing and your new laundry detergent. Your motive is to remain as open to the possibilities and objective as possible. It's this kind of reproducible and unbiased data that clinicians should consider in their approach to clinical work.



EVIDENCE-BASED MEDICINE IS: "THE CONSCIENTIOUS, EXPLICIT, AND JUDICIOUS DEVELOPMENT AND USE OF CURRENT BEST EVIDENCE IN MAKING DECISIONS ABOUT THE CARE OF INDIVIDUAL PATIENTS." (SACKETT, ROSENBERG, GRAY, HAYNES, & RICHARDSON, 1996)

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Sadly, analysis of published studies shows an unexpectedly high number of positive results, indicating at least one— but probably multiple— issues with the way our research system is set up. Scientific journals are more likely to publish positive than

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negative results. Researchers are more likely to submit research for publication if the results were positive. This may be to preserve tenure (for many academic scientists, a certain number of publications per year are required by contract), to boost a broader academic standing, or simply to preserve valuable resources and time. A common issue is that [researchers retroactively change their original hypothesis after study results seem to contradict it.](#)

Many of the strengths and weaknesses of the three types of information encouraged by the NTA are outlined in the table below:

Information Type	Strength	Weakness
Ancestral Wisdom	<ul style="list-style-type: none"> <li>▶ Reflects information that created generational longevity</li> <li>▶ Low-zero rates of chronic illness</li> <li>▶ Perspective aligned with coexistence with nature and local environments</li> <li>▶ Represents something larger than our individual experiences</li> <li>▶ Dangerous or unhelpful practices filtered out through the test of time</li> <li>▶ Reflective of bio-individuality</li> </ul>	<ul style="list-style-type: none"> <li>▶ Idealizing ancestral lifestyles may neglect to consider hardships and evolutionary changes</li> <li>▶ Predisposes desire to create a one-size-fits-all ancestral diet that isn't consistent with history</li> <li>▶ May create social isolation in the modern world</li> <li>▶ Relies on historical dietary and lifestyle data that was not well documented (tends to be based on many assumptions)</li> <li>▶ Less accepted by allopathic medical practitioners</li> </ul>

Information Type	Strength	Weakness
<p>Experiential Knowledge</p>	<ul style="list-style-type: none"> <li>▶ Direct “apprenticeship” style of passing information</li> <li>▶ Real-life, clinically useful</li> <li>▶ Represents years of experience and observation, shared as “clinical pearls” Not bound by the modern technological limits of research</li> <li>▶ Often respectful of bio-individuality</li> </ul>	<ul style="list-style-type: none"> <li>▶ Bias of practitioner and current trends may play an inappropriate role, influence the work and subsequent information</li> <li>▶ Inappropriate extrapolation (what has worked for one population may not work for others)</li> <li>▶ Practitioner may be inclined to convey only positive results, not failures</li> <li>▶ Results may reflect a positive short-term outcome, but be blind to long-term detriments</li> <li>▶ Often not peer-reviewed or are difficult to peer review</li> <li>▶ Less accepted by allopathic medical practitioners</li> </ul>

Information Type	Strength	Weakness
Scientific Research	<ul style="list-style-type: none"> <li>▶ Subject to the peer review process, control groups, etc.</li> <li>▶ Part of the larger scientific conversation that reflects a historical culmination of knowledge</li> <li>▶ Theoretically unbiased, relying on a <i>null hypothesis</i></li> </ul>	<ul style="list-style-type: none"> <li>▶ Majority of published studies report only positive results</li> <li>▶ Scientists are under pressure to publish based research to preserve job/tenure</li> <li>▶ Mathematical “magic” can be used to show relevance, even when study results aren’t obviously significant</li> <li>▶ Statistical significance itself is a questionable concept</li> <li>▶ Inaccessible to many populations due to cost, language, technology, and knowledge barriers</li> <li>▶ Often difficult to translate to clinical work</li> <li>▶ Results may reflect a positive short-term outcome, but be blind to long-term detriments</li> <li>▶ Bound by the modern technological limits of research</li> <li>▶ Disregard for bio-individuality</li> </ul>

Even in evidence-based medicine, there is a role for experiential knowledge. The phrase “the art of medicine” illustrates a blending of evidence and narrative (experiential) styles.

Nutritional Therapy professionals blend ancestral wisdom into this paradigm as well. All three types of information will be incorporated into Student Guides throughout the program. The NTA believes that integrating each of these ways of knowing provides the most balanced approach to client work. Because NTPs don’t diagnose or treat, we will focus our informational lens on healthy function, basic disruptions of healthy function, and Foundational support.

Ancestral wisdom and experiential knowledge are generally self-explanatory. Research, however, takes a little more skill to interpret, find, and use. We'll be introducing these concepts slowly, in a Student Guide introduced later in the program.

## ROLE & SCOPE

The role of an NTP is a great honor and responsibility we take on because of the passion to help support others on their healing journeys. By starting with ourselves, our families, and our communities, we are grateful to be a part of a healing community that is transforming peoples' lives in amazing ways, everyday.

## EVALUATIVE TOOLS

NTPs use a variety of evaluative tools to determine imbalances and deficiencies, make tailored bio-individual recommendations, and monitor client progress. Each provides a puzzle piece which—when combined with the others—helps paint a holistic, comprehensive picture of how you can best support each client over time. These tools include:

- ▶ Motivational Interviewing
- ▶ Food & Mood Journals
- ▶ The Nutritional Assessment Questionnaire (NAQ)
- ▶ Culinary Wellness
- ▶ The Functional Clinical Assessment (FCA)

## Motivational Interviewing

**Motivational Interviewing** (MI) is a client-centered coaching method that leverages your client’s intrinsic motivation to change. In MI, clients identify goals that are relevant to their life, and the practitioner helps elicit specific changes in habits, behavior, etc. they can make to achieve them. This is in stark contrast to directive counseling approaches in which the practitioner simply tells clients what to do.

## Food & Mood Journal

The **Food & Mood Journal** may look simple, but it is a powerful tool for identifying areas for improvement, creating personalized action plans, and increasing client awareness of eating habits, mood, movement, and digestion. As Peter Drucker said:

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“WHAT GETS MEASURED GETS IMPROVED.”

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The simple act of tracking can often lead to positive dietary and lifestyle changes even without conscious change.

## Nutritional Assessment Questionnaire

The **Nutritional Assessment Questionnaire**, or “NAQ” for short (pronounced “knack”), is a detailed questionnaire that uses over 300 signs and symptoms criteria to identify potential nutritional deficiencies, imbalances in the body, and which organs or body systems need the most attention from a nutritional perspective.

Students will first learn to complete and interpret NAQs manually using the *Signs and Symptoms Analysis from a Functional Perspective* book, but will be able to use Nutri-Q later in the program. This proprietary software tool automatically compiles results, creates reports, and allows clients to complete NAQs online.

## Culinary Wellness

In **Culinary Wellness**, students learn how to communicate the importance of food quality and sourcing, how to decipher food industry language and marketing tricks, food selection and shopping best practices, and how to prepare food properly to maximize nutrients and enjoyment.

## Functional Clinical Assessment

NTP students learn a hands-on evaluation process called the **Functional Clinical Assessment** (FCA), which uses various practical tests, palpations, **Lingual-Neuro Testing** (LNT), and the powerful biofeedback abilities of the Central Nervous System (CNS) to determine:

- ▶ Is there a specific nutrient deficiency?
- ▶ Will a particular nutrient work for a client?
- ▶ When is the client nutritionally sufficient?

This approach allow practitioners to:

- ▶ Identify and quantify weaknesses and imbalances throughout the body.
- ▶ Provide individualized nutrition, supplement, and lifestyle recommendations.
- ▶ Document progress over time (which can greatly increase client compliance and retention).

# SCOPE OF PRACTICE

Upon successful completion of this program and receiving a passing grade on all required assignments and examinations, graduates are certified by the Nutritional Therapy Association, Inc. to practice according to the following scope of practice.



**NOTE:** NTPs WORK WITH “CLIENTS,” NOT “PATIENTS,” AND DO NOT DIAGNOSE OR TREAT. REFER TO THE **SCOPE OF PRACTICE** DOCUMENT FOR MORE DETAILS.

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## NTP Scope of Practice

Nutritional Therapy Practitioners are trained to evaluate client nutritional needs and imbalances while helping to re-balance, using the Nutritional Foundations and supporting clients to achieve optimal wellness through dietary changes.

## TERMINOLOGY

Graduates of the Nutritional Therapy Association AU/NZ receive a Diploma, not a “credential,” “certification,” or “license.

Once they have graduated, they may use the following terms (though some limitations apply depending on the right to practice in your state):

- ▶ Functional Nutritional Therapy Practitioner™ (FNTP)

Please note that the following are *not* correct:

- ⊘ “Nutrition Therapy Practitioner”
- ⊘ “Nutritional Therapist”



- ◊ “Nutrition Therapist”

Using the correct terminology helps to reflect the integrity and reputation of you, your community, the NTA, and our training programs. We appreciate your efforts to use the correct terminology online, in your materials, when working with clients, or meeting other practitioners.

# BIO-INDIVIDUAL LEARNING

DEFINING YOUR UNIQUE “WHY” & LEARNING STYLES

## START WITH WHY

As Simon Sinek argues, the key to success in any endeavor is starting with “why.” This “why” is one’s driving purpose, one’s cause, one’s reason for being. Most people struggle to reach their goals because they focus on the wrong things. They pour their energy into *what* they do and *how* they do it, but never fully define *why* they do it in the first place. This is because “what” and “how” tend to be more tangible and easier to define, while “why” requires more energy, time, and deeper self-reflection. This is time well spent, however, since a strong, clear, emotionally charged “why” will help us keep us going when the going gets tough.



WATCH SIMON SINEK'S POPULAR TED TALK [HOW GREAT LEADERS INSPIRE ACTION.](#)

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Before continuing, take a moment to watch Simon Sinek’s TED Talk and consider writing a personal manifesto about why you’re taking this program. Give yourself

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time and permission to dig deep. Remember that this is *your* “why” and nobody else’s. If the work of Simon Sinek is new to you, you may want to watch a primer video to hear about his story in developing this meaningful exercise of finding your personal 'Why' **Finding My Why**.

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WATCH SIMON SINEK'S [FINDING YOUR 'WHY'](#).

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## LEARNING STYLE & ENVIRONMENT

### Personal Study Schedule & Style

To be successful in this program, you have to take ownership over your own learning. Define and stick to a schedule of when you’ll study, when you’ll read, when you’ll watch the videos, and when you’ll take some time to assimilate or “play” with the information that you have recently heard or read. We are all unique, and we have our own ways of learning and our own unique frameworks for information. Take the time to understand and experiment with what learning styles and study techniques work for you.

For example, if you have higher energy in the morning, schedule studying first thing. If your mind is more active later in the day, schedule study time then. If you prefer visual input, start with the videos first, and then the module reading. Make highly visual mind maps instead of relying on text alone. If you’re a kinesthetic learner, consider listening to the videos as you walk or move. Picture information in motion and placed in physical space. If you’re more extroverted, schedule frequent study groups with classmates to talk through what you’re learning. If you’re more introverted, prioritize time alone to read, interpret, and internalize the curriculum before discussing the content with others.

## Respect & Openness

The NTA is committed to fostering an open, accepting learning environment that honors diverse opinions, experiences, and beliefs. We are all adults in this program, and each student, course mentor, and instructor comes to the NTA with a wealth of experience and knowledge. Please respect this collective wisdom, and be willing to share what you know, amend what you believe, and question basic assumptions. This allows us to maintain a safe space for all students to learn, grow, and travel along one's journey of health, learning, and transformation.

# REFERENCES

Collins, H., & Evans, R. (2007). *Rethinking Expertise*. Chicago: The University of Chicago Press.

Greenhalgh, T. (2014). *How to Read a Paper: The Basics of Evidence-based Medicine*. BMJ Books.

Jackson, V. L. (2018). *Paradigm of Practice: Transforming the How of Healthcare*. Retrieved from: <https://paradigmofpractice.com/>

Light, P. (2018). *Southern Folk Medicine: Healing Traditions from the Appalachian Fields and Forests*. North Atlantic Books.

Sackett, D., Rosenburg, W., Gray, J., Haynes, R., & Richardson, W. (1996). Evidence based medicine: what it is and what it isn't. *BMJ*, 71-2.