



2022 NSCA PERSONAL TRAINERS VIRTUAL CONFERENCE

October 25 - 28, 2022 | ONLINE | 2.0 CEUs



CONFLICT OF INTEREST STATEMENT

I have no actual or potential conflict of interest in relation to this presentation.

The Secret Nutrition Language of Your Clients: What They Say and What It Means

Stephanie Mull, MS, RD, CSSD, CSCS

Learning Objectives:

- Explain why optimal nutrition is vital for exercise performance and progression.
- Identify measurements of performance that could be connected to suboptimal nutrition.
- Know when to refer to a nutrition professional.

Hidden Messages

Actively LISTEN to your clients!

Trainers see their clients more often than dietitians do.

Nutritional red flags can be hidden in client statements.

Statement #1: “I’m really good all day until.....”

What it actually means:

- low calorie intake, restriction, rigidity

Example:

Breakfast	Protein shake
Lunch	Salad with veggies, protein
4-5 PM	Hits the pantry – no idea of what is eaten
Dinner	Protein, veggies, maybe some starch/grain
Evening	Constantly snacking – popcorn, pretzels, cookies, chips, etc.

Statement #1: “I’m really good all day until.....”

The issue:

- Nutrient distribution uneven
- Performance inconsistent, especially during midday workouts
 - May experience DOMS, poor muscle recovery

Fix it:

- 0.4-0.55 g protein/kg x 4 meals (Schoenfeld, 2018)
- More even calorie distribution
 - Don’t backload the day with intake
 - Carbs/Fat are fuel, protein is for muscle tissue recovery
- Improve relationship with food

Statement #2:

“Is there a way to speed up progress?”

What it actually means:

- Too big of a calorie deficit through an unsustainable strategy

Examples:

- Highly motivated, usually by an event or tired of current body
- Emotions are high
- Considering a commercial program or fad diet

Statement #2:

“Is there a way to speed up progress?”

The issue:

- Expectation for fast rate of fat loss
 - Deficit too big
- Fat loss vs. Weight loss
- Performance decreases (decreased strength, unable to progress), mentally disengaged

Fix it:

- Assess Resting Metabolic Rate
 - Refer to RD/provider who can give a calorie prescription based on RMR
- Consider body composition assessments
- Encourage a moderate calorie restriction
 - 15-25% of TDEE (Most 2017, Das 2009)
- Manage expectations!

PMID: [19390525](#), [27544442](#)

Statement #3: “Are there any supplements I can take?”

What it actually means:

- They want to speed things up
- May be looking for a “magic solution”

Examples:

- Vulnerable!
 - Usually influenced by social media and friends
- Willing to take anything
 - Fat burners, fat blockers, muscle growth aids, hormone boosters, stimulants, appetite suppressants, pre-workouts, post-workouts, vitamins, nootropics

AM Herbalife Joint Support (Glucosamine) - 1 DAILY
Zinc 50 mg - 1
B12 3000 mcg (10,000 i.u.) - 1
Herbalife Omega-3 Fatty Acid - 1
Synthroid 50 mcg - 1
EcoTRIN 81 mg - 1
Eye Drop (left eye) - Prednisolone 1% (AM+PM)
Rx - Rosuvastatin 10 mg - 1

PM Co-Q10 200 mg - 1
Herbalife Omega-3 Fatty Acid - 1
*EYE DROP AGAIN
Herbalife Joint Support - 1
Magnesium Glycinate 400 mg - 1 (pre-bedtime)

DAILY Herbalife Products

AM Herbalife Prepare Drink (Pre-Workout)
" Rebuild Shake (Post-Workout)
Tea + Mango Concentrate Drink

PM Tea + Mango Concentrate Drink w/ Collagen (1 scoop)
Form 1 Protein Shake - 2 scoops
Nightwoks - before bedtime

Statement #3: “Are there any supplements I can take?”

The issue:

- May not be consistent with dietary efforts
 - “cheat meals” and the “what the hell” responses drive diet cycles
- Performance may fluctuate

Fix it:

- Diet provides majority of intake:
 - Whole grains, fruits, vegetables, lean proteins, unsaturated fats
- Supplements fill dietary gaps
 - Protein, meal replacements
 - Vitamins/minerals as needed
 - dietary restrictions (vegan)
 - serum deficiencies

Statement #4: “I’m really good at following a plan. Just tell me what to do.”

What it actually means:

- Looking for a plan without true behavior change
- Works well for exercise, not for diet

Examples:

- Seeks out menus and plans online
- Very long dieting history
- Uses key words:
 - “clean”
 - “being good”
 - “failing”

year	description	Type	lbs lost	Final Weight
1987	became certified fitness instructor Golds Gym in Las Vegas, NV	exercise	-35	125
1990	Met future husband{Dec 1989}/moved to LA{Jan 1990}/FATHER DIED{April 1990}/wedding{Aug 1990}--STOPPED EATING because of stress/trama {no special diet or exercise}	starved	-15	145
1992	{Dec 1992} Nutrisystem	commercial	-40	175
1997	{Jan 1997-May 1997} Weight Watchers	commercial	-28	197
1997	{June 1997-Oct 1997} First Place (just like weight watchers only with the church and scripture based and only lasted 4 months)	commercial	-14	183
1998	{Jan} Dr prescribed Adipex--starved	prescription pills	-23	180
1999	Cabbage diet lasted 3 maybe 4 days	fad	0	188
1999	Mayo Clinic Diet lasted a month limited items to eat got bored	fad	-5	183
1999	TrimSpa diet pil,I 1 bottle, couldn't take the side effects: racing heart and headaches	fad	0	183
1999	"shake the weight" 4 shakes a day 4 months and only lost 10 lbs	liquid	-10	200
2001	First Place AGAIN	commercial	-15	175
2001	Adipex again	prescription pills	-35	190
2004	Adipex again	prescription pills	-15	185
2006	Medifast only lasted 2 months	commercial	-10	215
2006	Slim Fast	commercial	-10	205
2010	{Jan} Joined Jenny Craig	commercial	-20	220
2010	Joined Weight watchers on-line stopped after 2 months	commercial	-10	215
2010	Dec 2010 went to Doctor in Ruston, LA who prescribed a pill combination of Tenuate + Xenical + Acarbose in conjunction with a 700 calorie a day intake, plus 30 mins of arobic exercise a day ONLY---absolutely NO resistance training, or other muscle building activities.	prescription pills	-57	158
2014	Tried Doctor in Ruston, LA AGAIN (same plan as before) stopped only a month in because I got sick	prescription pills	0	178
2015	{Nov} signed up for Medifast	commercial	0	196
2015	{Jan} tried Doctor in Ruston for third time---couldn't lose	prescription pills	0	196
2016	Medifast support worked with me almost 4 different times to figure out WHY I couldn't lose weight. Husband started Medifast with me on Dec 2, 2016 he lost 35 in a month, I lost ZERO	commercial	0	196
2017	{March} started Pruvitt Keto OS with low carb diet. Still nothing	fad	0	196



Stephanie Mull, MS, RD, CSSD, CSCS

The Secret Nutrition Language of Your Clients: What They Say and What it Means

**2022 NSCA PERSONAL TRAINERS
VIRTUAL CONFERENCE**

Statement #4: “I’m really good at following a plan. Just tell me what to do.”

This issue:

- Diet may be lacking significant nutrients
 - Vegan = low protein, low Calcium, low iron, no B12
 - Keto = low protein, limited carbohydrate, B complex, Mag, K
- Individual consideration is key. Monitor performance (volume, progression, HR) to assess effectiveness of plan.

Fix it:

- *The strategy you adopt to change your body will be the same strategy you follow to maintain the result.*
- Simple, not easy
- Adherence is key!
- Refer to MD for blood work, RD for diet analysis

Overview of Nutrition and Performance

Performance Indicator	Interpretation
Decreased volume	Carb and/or protein may be low
Decreased progression	Suboptimal calorie intake or getting enough sleep
Decreased endurance, aerobic output	Suboptimal calorie intake
Variable HR or tachycardia* upon exertion, poor recovery	Suboptimal calorie intake, dehydration <i>*clinical indication of RED-s or an eating disorder</i>
Slow recovery, DOMS	Inconsistent protein distribution, poor sleep, suboptimal calorie intake

Practical Applications

Foundation of a balanced diet =

- Appropriate calorie intake
- Carbs to support activity level and goals – from whole grains, starches, fruits
- Protein based on muscle growth and body composition goals – from lean sources, high quality
- Fats to fill energy gap – from unsaturated sources
- Vegetables provide micronutrients and fiber

Refer to MD for bloodwork

- RD for dietary analysis, calorie/macro prescription, and improving relationship with food

Listen carefully and guide consistently