

CODY JUSSEL

CAN I SAY THAT?

Understanding our scope of practice when giving nutrition advice to clients

State	Nature of Statute
Alabama, Alaska, Delaware, District of Columbia, Illinois, Maryland, Massachusetts, Minnesota, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, South Dakota, Tennessee	Licensure of dietitian, nutritionist
Arizona, Colorado (except deceptive advertising), New Jersey, Michigan (see footnote)	No statute
Arkansas, Georgia, Hawaii, Idaho, Iowa, Kansas, Missouri, New Hampshire, Louisiana, Ohio, Oklahoma, Oregon, South Carolina, West Virginia, Wyoming	Licensure of dietitian
California	Title protection for dietitian, RD, DTR
Connecticut, Indiana, Utah, Vermont, Wisconsin,	Certification of dietitian
Florida	Licensure of dietitian, nutritionist, nutrition counselor
Kentucky	Licensure of dietitian; certification of nutritionist
Maine	Licensure of dietitian, DTR
Mississippi	Licensure of dietitian; title protection for nutritionist
Montana	Licensure of nutritionist; title protection for dietitian
Nebraska	Licensure of medical nutrition therapist
Nevada	Licensure for dietitian, LD, and RD
New Mexico	Licensure of dietitian, nutritionist, nutrition associate
New York, Washington	Certification of dietitian, nutritionist
North Dakota	Licensure of dietitian, nutritionist, RD
Texas	Title protection for dietitian
Virginia	Title protection for dietitian, nutritionist

Effective as of November 2013. Michigan updated as of July 1, 2014. The licensure requirements for dietitians and nutritionists were repealed. Source: Academy of Nutrition and Dietetics. <http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure/summary-of-licensure-statutes-by-state>

DTR indicates Dietetic Technician Registered. LD indicates Licensed Dietitian.

GENERAL NON-MEDICAL NUTRITIONAL ADVICE

Principles of good nutrition and food preparation

Foods to be included in the normal daily diet of healthy individuals

The essential nutrients needed by the body

Recommended amounts of the essential nutrients for healthy individuals

The actions of nutrients on the body

The effects of deficiencies/excess nutrients on the body

Foods that are sources of essential nutrients

PRACTICE OF NUTRITION AND DIETETICS

Nutritional assessment to determine nutritional needs and recommend appropriate nutrition intake

Nutritional counseling or education as components of preventative, curative, and restorative health

Development, administration, evaluation, and consultation regarding nutritional care standards

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Practice of dietetics; limited to licensees*	<ul style="list-style-type: none">• Nutritional assessment to determine nutritional needs and to recommend appropriate nutritional intake, including enteral and parenteral nutrition.• Nutritional counseling or education as components of preventive, curative, and restorative health care.• Development, administration, evaluation, and consultation regarding nutritional care standards.
General, nonmedical nutrition information; not restricted†	Providing information on the following: <ol style="list-style-type: none">1. principles of good nutrition and food preparation;2. food to be included in the normal daily diet;3. the essential nutrients needed by the body;4. recommended amounts of the essential nutrients;5. the actions of nutrients on the body;6. the effects of deficiencies or excesses of nutrients; or7. food and supplements that are good sources of essential nutrients.

*Dietetics. Ohio Rev Code Ann §4759-01(online), 2013. Web link: <http://codes.ohio.gov/orc/4759>

†Dietetics. Ohio Rev Code Ann §4759-2-01(M), 2009. Web link: <http://codes.ohio.gov/orc/4759-2-01>

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The benefits of following the Australia Dietary Guidelines and Eat for Health guideline recommendations.

Food groups, types and amounts of foods to be included in a healthy diet.

Comparing clients' general pattern of eating to the Australian Dietary Guidelines and/or Eat for Health Program recommendations.

Assisting clients to change their eating patterns using the Australian Guide to Healthy Eating.

General nutrition advice for weight management that aligns with the above guidelines.

Providing examples of meals and snacks.

Encouraging the use of the guidelines for healthy food preparation and cooking.

Educating clients about how to read food labels for nutrition information.

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recommend that a client avoid a specific food group (e.g. grains or dairy)

suggest or advise that a client use nutritional supplements

provide specific nutritional advice relating to a medical condition

to recommend, provide or design a one-day or seven-day meal plan for a client that is

inconsistent with the recommendations outlined in the Eat for Health Program guidelines

Advice	Problem	Possible Result
1) An exercise professional advises a client to drink orange juice at every meal to obtain adequate vitamin C.	The client was already taking a single vitamin C supplement, a multivitamin with vitamin C, and consuming other vitamin C-rich foods such as bell peppers, strawberries, and cantaloupe. This knowledge comes from a nutrition assessment, which is not in the SOP of an exercise professional and may be illegal in some states.	Drinking an additional 48 oz of orange juice daily increased the client's vitamin C intake by another 500 mg/d, which is 8 times the DV. As a result, the client's vitamin C intake exceeded the UL, which could lead to gastrointestinal (GI) distress, excessive iron absorption, and kidney stones.
2) A client tells an exercise professional that she is exercising more and drinking lots of water but still feels tired. The professional advises the client that she might be anemic and should begin taking an iron supplement daily.	The client goes to the store and buys an iron supplement identified for "active women." The supplement has 45 mg of iron per dose. She adds this to her regular supplement routine, including a multivitamin/mineral supplement for women, which contains 18 mg of iron and a calcium + vitamin D supplement. This knowledge comes from a nutrition assessment, which is not in the SOP of an exercise professional and may be illegal in some states.	The client is now consuming 63 mg/d of iron, not including the iron from food and the fortified cereal she consumes each day with 8 mg of iron. The DV for iron is 18 mg/d. The client is now consuming 250% of the DV but doesn't know if she is anemic and needs extra iron. High levels of iron can interfere with the absorption of other nutrients, especially zinc and calcium, and can cause constipation, gastrointestinal distress, and nausea.
3) After asking about her diet, an exercise professional advises an overweight client to reduce her intake of high-fat items such as red meats, butter, nuts, peanut butter, and vegetable oil.	The exercise professional's medical history form does not include PCOS. The client was diagnosed with PCOS 6 mo earlier and has been following a therapeutic diet provided by an RDN.	As a result of reducing her intake of dietary fats, the client begins consuming more carbohydrates, which contributes to her insulin resistance (a characteristic of PCOS) and could increase the risk of developing type 2 diabetes.

DV indicates daily value; PCOS, polycystic ovary syndrome; and UL, tolerable upper intake level.

RESOURCES

- <https://www.acsm.org/blog-detail/acsm-certified-blog/2019/09/09/nutrition-scope-of-practice>
- <https://www.precisionnutrition.com/can-personal-trainers-give-nutrition-advice>
- <https://optimizemenutrition.com/>
- <https://www.myplate.gov/>
- <https://www.eatrightpro.org/advocacy/licensure/licensure-map>
- <https://www.health.gov.au/resources/publications/the-australian-dietary-guidelines>
- https://dietitiansaustralia.org.au/sites/default/files/2022-01/Nutrition-Advice-within-SoP-for-AusREPs_F.pdf

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TEACHING PRINCIPLES OVER PROTOCOLS

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