

Certified Obesity Management Specialist Case Study

Consult 1

Subjective: Mary Smith is a 32-year-old white female who lives with her spouse and their 10-year-old daughter. Mrs. Smith is seen by her primary care physician approximately two to three times a year for care; she was last seen 1 month ago with complaint of weight gain; weight was 240lbs. She has been referred to your weight management program due to her recent development of hypertension (HTN) and increased weight gain (morbid obesity); her only medication is Lisinopril to manage HTN. She has also had recent elevated fasting blood glucose. Client reports she is at her highest adult weight. She reports a recent gain of 15 pounds due to an increase in appetite and sedentary lifestyle. She does have a gym membership and is familiar with using the circuit machines; however she has not used the facility in 6 months. She reports frequent dieting with no maintenance. She does most of the meal planning for the family. She often snacks regularly and is not aware of her total daily intake; she guesses her intake around 2000 calories. She did complete a 3-day food recall for this consult. She works full-time and finds it difficult to meal plan. She often cooks prepared or frozen meals or orders takeout. She also reports history of depression and little to no motivation at this time. Family history includes mother - diabetes, CAD, obesity; father - HTN.

Objective: Weight 241.2 pounds (109.6 kg) and is 64 inches tall, 41.2 BMI. BMI predicted ideal weight 115-145lb (she is 165% above her ideal weight). Measurements: hip 45, waist 41, ratio: 0.91. Blood pressure is 130/80, pulse is 80, regular. Extremities do not have edema. Labs: self reported fasting glucose 121.

Assessment: Client is a 32-year-old morbidly obese female with HTN and a desire for weight management. She is at risk for cardiovascular diseases due to her obesity, family hx and HTN. She is also at risk for NIDDM with her elevated fasting glucose and poor dietary choices. She verbalizes that she understands her risk factors and the necessity of weight management. She also verbalizes the understanding of a healthy diet, but does not adhere to proper nutrition. She is familiar with physical activity recommendations, but discontinued six months ago secondary to bilateral food pain with weight bearing. She is most interested in weight management due to her recent weight gain and diagnosis of HTN; she 'would like to be healthy to see her daughter grow up'. Her 3-day food recall

had an average daily intake of 2800 kcal. Her recommended caloric restriction is 2000 kcal to begin a gradual restriction towards the estimated daily caloric intake of 1300 kcal based on ideal body weight. (20 kcal/kg x ideal body weight). Verbal and written communication regarding a light walking program and nutrition recommendations for reducing to 2000 kcal diet were provided for the client. Discussed portions and portion control, healthy snacking, and goal setting. The Wellness Wheel was reviewed and client will return with it complete at follow up. Goals were discussed and recorded by the client. Client was given a food and exercise log to begin tracking her daily routine.

Plan:

1. Client completed Goals form and signed the contract. Review with follow up appointment.
2. Recommend beginning dietary changes with basic focus on 2000 kcal calorie restriction and increase in healthy nutrition; ie, increase in fruits and vegetables, lean meat.
3. Recommend keeping daily record of food in food journal or with an online program.
4. Recommend returning to gym or walking outdoors with 10-15 minutes of light to moderate (RPE 11-13) cardiovascular exercise 3 days per week. Take frequent rest breaks if necessary.
5. Follow up with primary care physician regarding blood pressure and blood sugar.
6. Follow up with consult in 1 week. Weekly email sent for encouragement.

Handouts:

1. Signed Contract and Waiver
2. Wellness Wheel and Goals sheet
3. Portions, Snacking
4. Exercise and Diet Log

Consult 2 - Perform a 6-minute Walk (review instructions in Exercise module)

Subjective: Mary Smith reported with her exercise and dietary log. She reached her initial goals of reducing caloric intake with healthier choices and walking 10-15 minutes 3 days per week. These were reviewed and discussed with the client. She feels very confident that she can continue with the goals she set last week. Mary Smith was oriented to the six-minute walk test to determine her recommended exercise capacity. She was able to walk without rest. She reported the walk as moderate to brisk. She did not report any foot pain, although she did note lower back discomfort from weight bearing. She states this is similar to the discomfort she feels while walking during her exercise sessions.

Objective: Weight: 240lb (decreased 1.2 lbs/wk)

6-Minute-Walk	SpO2	HR	BP	RPE
Rest	99	88	130/82	6
1:00 min	99	114		10
2:00 min	98	128		12
3:00 min	98	132		12
4:00 min	98	140		12
5:00 min	98	145		12
6:00 min	99	150		13
Exit	100	90	132/84	7

Distance: 1200 feet Rests: 0 MPH: 2.27 METS: 2.7

Assessment: Mary Smith completed the 6-minute walk and rated the exercise as brisk or somewhat hard (13 on the Borg RPE scale). Mrs. Smith was able to complete the six minutes walk with 0 rest(s). She did not exhibit any S/S of exercise intolerance. She was given written material describing the suggested MET level for aerobic exercise machines. It is recommended that this client continue her exercise program of walking for 10-20 minutes at 2.0 mph, 3 days/week. She should progress to a combination of walking 10-20 minutes, 2-2.25 mph, 3 days/week and elliptical trainer for 10 minutes, 2.5-2.7 MET level, 2 days/week or as able. She should continue to utilize intervals of rest and slow progression. Wellness Wheel and Goals reviewed and expanded. Client to create cues at home to assist with her goals.

Plan: From this exercise assessment, there is no obvious contraindication to proceed with cardiovascular exercise. I recommend this client continue with her monitored multidisciplinary weight loss program. Follow up appointment scheduled in 1 week to further review and discuss dietary changes and exercise progression. Weekly email sent for encouragement.

Handouts:

1. Blood Pressure
2. Exercise Options and Recommendations per 6' walk test
3. Recipes

Consult 3

Subjective: Mary Smith reports with a print out from her online tracking program. She continues to reduce her snacking, and she is making better choices with her meals and snacks. She has decreased her “grazing” on food at work by keeping a water bottle at her desk. She enjoys the online tracking program because she can see the charts to help her visualize her dietary and exercise needs. She has noticed an increase in her ability to walk to her car without feeling out of breath. She does note that the elliptical is often difficult (RPE 15) for her and she had to rest more frequently than when walking. She has been able to increase the time between rests from 2 minutes to 4 minutes.

Objective: Weight 238 lb (decreased 2 lbs/wk), Waist 40.5, Hip 45

Average caloric intake 2050/day

Assessment: Ms. Smith is continuing to progress and remains motivated. She is losing at recommended rate without complaint of hunger or deprivation.

Plan: Continue to progress with exercise time and duration as able. Weekly email sent for encouragement.

Handouts:

1. Recipes
2. Positive Self-Talk
3. Stress Management
4. ADA Food Guidelines
5. Blood Sugar Control

Consult 4

Subjective: Mrs. Smith does not report with her exercise and food log. She says she feels overwhelmed and defeated after having her spouse birthday weekend. She is not happy that the rate of weight loss is “so slow”. She has gained weight and is using negative self-talk. She has not recorded for two days due to “failing to follow the rules”. She has maintained her walking routine 3 days this past week, but discontinued the elliptical due to schedule issues. She feels somewhat confident that she can return to her exercise routine now that her spouse’s birthday is in the past.

Objective: Current Weight 241 lb (increased 3 lbs/wk)

Average caloric intake: not recorded

Assessment: Client is feeling overwhelmed due to unusual events in her schedule. Reviewed Self-Talk handout and Stress Management. She is to return to logging food and exercise to regain focus and awareness of her choices.

Plan: Follow up in 1 week. Revisit handouts on Goals, Positive Self-Talk and Stress Management. Weekly email sent for encouragement. Recipe given to client.

Consult 5

Subjective: Mrs. Smith reports with exercise and food log. She feels confident and proud of her success this past week. She notes being able to talk herself through a few situations that in the past she would have resorted to eating. She took a short walk with her dog instead. She was still focused on food but understand she will not change in one month’s time. She has been reviewing her handouts and practicing the material. She is working to be more flexible with her thinking and her behavior chain. She has added a walking DVD to her routine to prevent using weather as an excuse to exercise. She is able to exercise 20 minutes with the DVD. She continues to increase her water intake, but has gotten “sick of water”. She is trying to add lemon or other extracts to flavor without artificial chemical flavors. She would like to add a Pilates or Yoga DVD to her routine.

Objective: Current Weight 237 lb (decreased 4 lb/wk)

Average caloric intake 2000 kcal/day

Waist 40.25, Hip 45

Assessment: Mrs. Smith is following recommendations for self-motivation and positive thinking. She is working on flexibility with her life style management. She needs continued support and praise. Suggest setting up cues and motivation throughout her house – ex. shoes at the back door ready to go, Post It note on the bathroom mirror or desk at work, or set a timer on the television to limit sedentary time.

Plan: Follow up in 1 week with exercise and dietary log. Review initial goals and create ways to expand on them to discuss with follow up appointment. Use library membership to sample exercise DVD's for variety. Weekly email sent for encouragement.

Handouts:

1. Goal Progression
2. Serving Sizes
3. Recipe

Consult 6

Mrs. Smith reports to focus on dietary review and recommendations. Focus on diet composition, ADA recommendations per predicted caloric intake and restriction. Review recipes and cooking options to reduce calories and add variety. Discuss complex carbohydrates and give handout. She has added a Yoga DVD 1 day per week for variety with her exercise. She continues to maintain her aerobic exercise as well. She has put the dog leash and her walking shoes at the back door so that she sees them when she enters her house. She has increased her dog walking due to this cue.

Objective: Current weight 235 (decrease 2 lb/wk)

Average caloric intake 1800 kcal/day

Assessment: Client continues to meet small goals. She is reviewing her handouts and practicing her lifestyle management. No changes in aerobic exercise suggested at this time as she continues to lose weight per the recommended rate of 1-2 lbs per week. Recommend and demonstrated basic upper body resistance training. Suggest using an online calorie and exercise tracking program like www.sparkpeople.com or www.calorieking.com

Plan: Follow up in 2 weeks. Weekly email sent for encouragement.

Handouts:

1. Strength Training
2. Flexibility
3. Eating Out
4. Serving Sizes