

NAVIGATING EXERCISE
 - in -
 EATING DISORDER

RECOVERY

Created & Presented by:
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 MS RD CSSD CPT

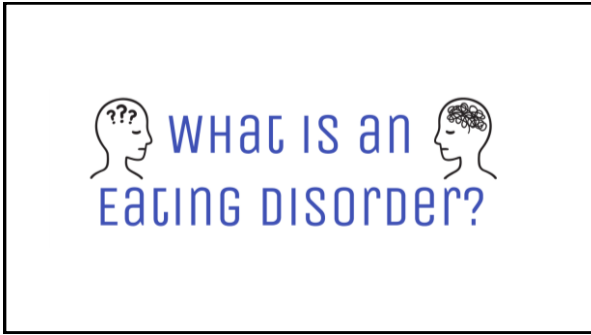
About Me:

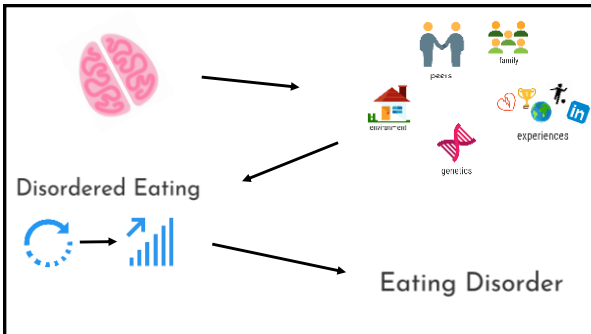
- Registered Dietitian
- Certified Personal Trainer
- Specialist in Sport Dietetics
- Specialist in Eating Disorders
- Work in Eating Disorder Center
- Outpatient Private Practice, San Diego, CA USA



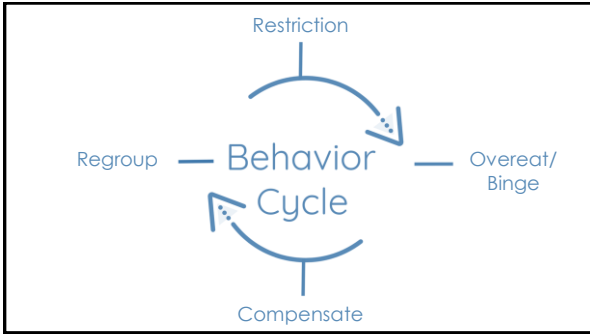

overview

- Exercise as a behavior
- Harms of overexercise
- Treatment
- Case study





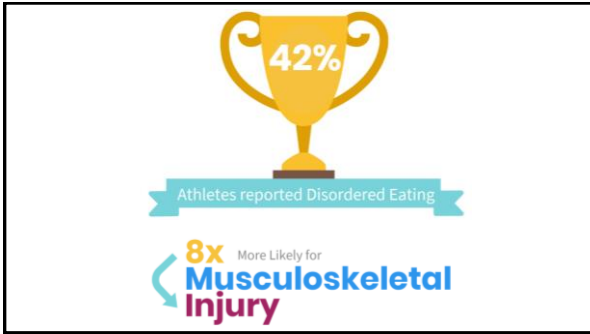




EATING DISORDER BEHAVIORS:

- Restriction
- Purging
- Laxatives
- Obsession with weight/calories/health
- ★ Exercise

over  EXERCISE




42%

Athletes reported Disordered Eating


8x More Likely for
Musculoskeletal Injury

Among College Athletic Trainers


91%



trained Athletes
with Disordered Eating



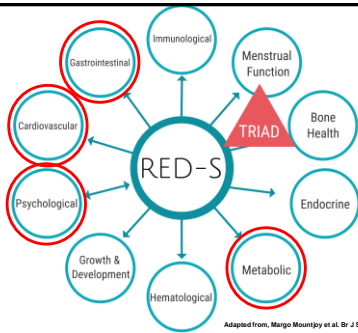
40-80% of AN-R prone to
'Excessive Exercise'



4.5x risk for
Bone Injury
with ↓ sex hormones

RELATIVE ENERGY DEFICIENCY IN SPORT (RED-S)





GOALS:


- Get Patient back to a Life Worth Living
- Recognize non-aesthetic benefits of exercise
- Promote systemic health
- Support curiosity and change

Non-ED	ED Recovery
<ul style="list-style-type: none"> Exercise for weight management 	<ul style="list-style-type: none"> Separating exercise & body image
<ul style="list-style-type: none"> Flexible/Intuitive Eating 	<ul style="list-style-type: none"> Follow Meal Plan
<ul style="list-style-type: none"> Less likely for injury 	<ul style="list-style-type: none"> More likely for injury
<ul style="list-style-type: none"> Lack of behavior change doesn't lead to relapse 	<ul style="list-style-type: none"> Behavior change critical for long-term recovery



Signs of Over-Exercise:

- Not resting, "days off" are still active
- Consistently rearrange social plans to fit in work outs
- Exercise despite illness or injury
- Injury from exercise
- Preoccupation with exercise/planning workouts
- Rigid fitness routine
- Not eating enough for amount of movement



↙
Therapist

↕
Dietitian

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Psychiatrist

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Medical

↘
Peer/Family

TREATMENT

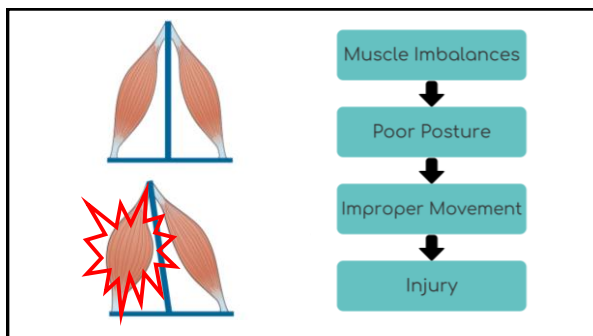
- ✓ Inpatient
- ✓ Residential
- ✓ Partial Hospitalization (PHP)
- ✓ Intensive Outpatient (IOP)
- ✓ Outpatient

How do we know when it's safe to move again?

PHASE TRAINING FOR EATING DISORDER RECOVERY

PHASE 1	PHASE 2	PHASE 3	PHASE 4	PHASE 5
Medical Clearance: <ul style="list-style-type: none"> • >85% Goal Weight • Laboratory • Cardiology • DEXA scan • Gastrointestinal 	Stabilization: <ul style="list-style-type: none"> • Postural assessment • Balance • Corrective & static flexibility 	Strengths: <ul style="list-style-type: none"> • Core • Resistance • Increased Proprioception • Active flexibility 	Endurance: <ul style="list-style-type: none"> • Cardio-respiratory conditioning • Short rest times • Circuit training • Increased GMR • Functional Flexibility 	Performance: <ul style="list-style-type: none"> • Plyometric • Speed, agility, quickness • Functional Flexibility
Behavioral Readiness: <ul style="list-style-type: none"> • Meal plan compliance • Willingness for recovery • Compensatory exercise • Qualitative • Exhibit ability to cope with urges • Meets goal of R/B/P frequency 	<ul style="list-style-type: none"> • Assesses exercise limitations, under & over active muscles, static/dynamic posture • Focus on body-weight movements, correct postural distortions, building core stability 	<ul style="list-style-type: none"> • Focus on adding weight & proprioception to Phase 1 movements • Monitor for proper energy balance 	<ul style="list-style-type: none"> • Focus on increasing duration of training sets & reps of Phase 2 movements • Monitor for proper energy balance 	<ul style="list-style-type: none"> • Focus on training for individual sport and/or goals • Adjust meal plan for weight stability

Created by Peace © By Peace Nutrition 2019
Adapted from NASM OPT Model, for athletes recovering from ED



PHASE TRAINING FOR EATING DISORDER RECOVERY

PHASE 1	PHASE 2	PHASE 3	PHASE 4	PHASE 5
Medical Clearance: <ul style="list-style-type: none"> • 10% Goal Weight • Laboratory • Cardiology • DEXA scan • Gastrointestinal 	Stabilization: <ul style="list-style-type: none"> • Postural assessment • Balance • Corrective & static flexibility 	Strength: <ul style="list-style-type: none"> • Core • Resistance • Increased Proprioception • Active flexibility 	Endurance: <ul style="list-style-type: none"> • Cardio-respiratory conditioning • Short rest times • Great training • Increased BMI • Functional Flexibility 	Performance: <ul style="list-style-type: none"> • Plyometric • Speed, agility, quickness • Functional Flexibility
Behavioral Readiness: <ul style="list-style-type: none"> • Meal plan compliance • Willingness for recovery • Compensatory exercise questionnaire • Exhibit ability to cope with urges • Meets goal of R/R/P frequency 	Assess exercise limitations, under & over-active muscles, static/dynamic posture Focus on body weight movements, correct postural distortions, building core stability Monitor for proper energy balance	Focus on adding weight & proprioception to Phase 3 movements Monitor for proper energy balance	Focus on increasing duration of training, sets & reps of Phase 4 movements Monitor for proper energy balance	Focus on training for individual sport and/or goals Adjust meal plan for weight stability

Created by Pezco By Piece Nutrition 2019
 Adapted from NASM QRP Model, for athletes recovering from ED

Dietitian's Role:



Meal Plan



Frequency



Intensity



Duration



Rest/Repair



Meal Plan

- Basal Metabolic Rate
- Digestion
- Cognition
- Activities of Daily Living (ADLs)



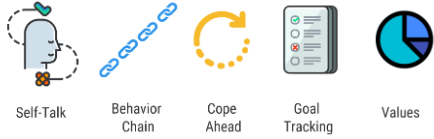
Re-Fuel

- Build
- Repair
- Energy Output
- Replenish Energy Storage
- Replace Electrolytes/Fluid



Therapist's Role

Therapist's Role:



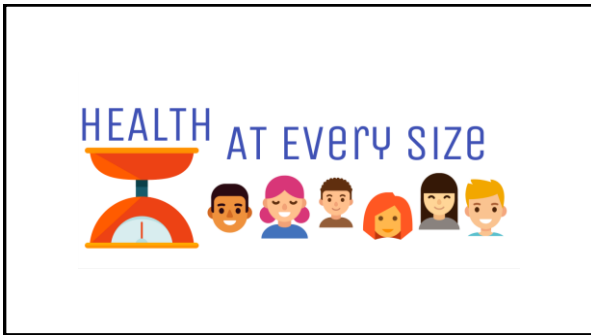
ALL FOODS FIT

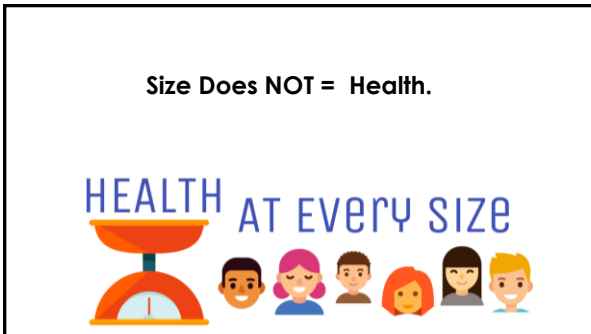


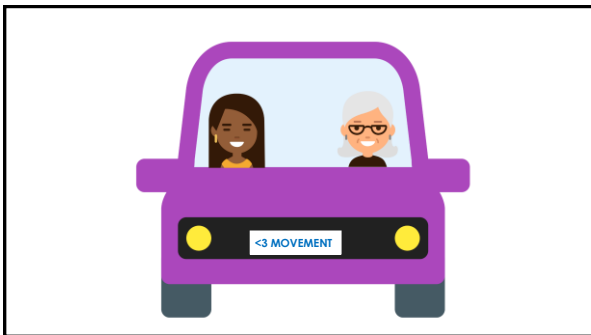


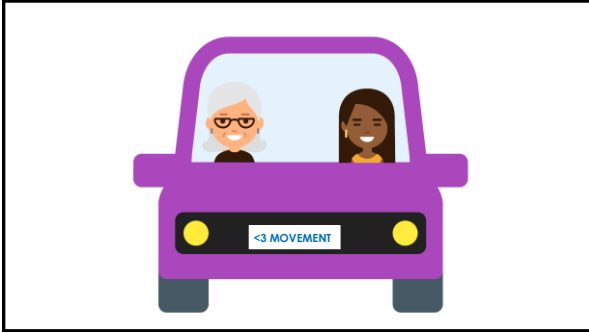
Eating Intuitively

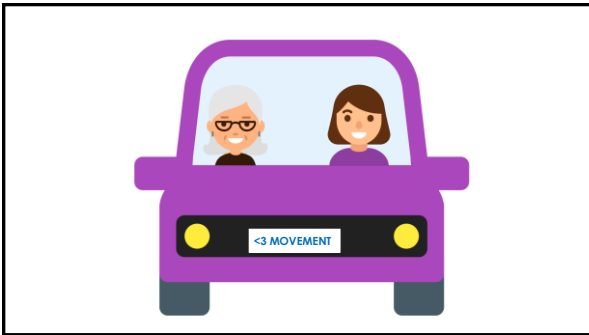
- Hunger/fullness
- Enjoy all foods
- Ignoring diet culture
- Trust your body
- Positive relationship with food















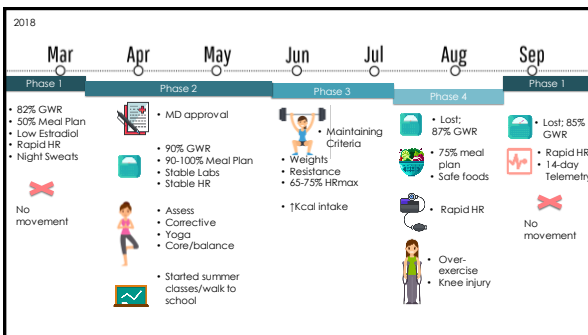


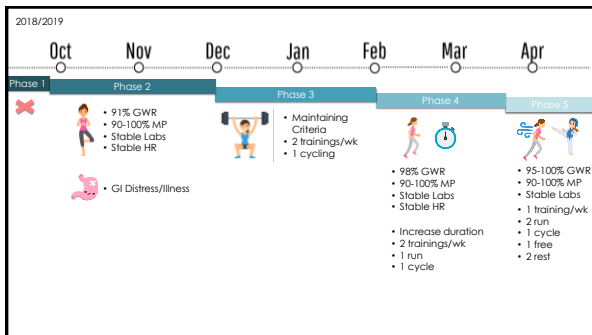
Age: 19-21 years
Height: 5'3
Weight History:
 - Lifetime High: 133# (competitive gymnastics)
 - Low (past 5 years): 118# (restrictive intake, compensatory exercise)
Goal Weight: ≥140# (≥ 121% IBW)
Received Treatment for AN-R
 - Medical Stabilization
 - PHP
 - IOP
 - OP
Eating Disorder Behaviors: Restriction, over-exercise
Exercise Goal: desires returning to competitive long-distance running, cross-fit, & yoga

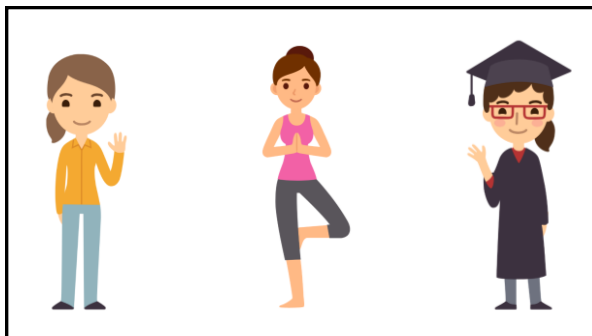


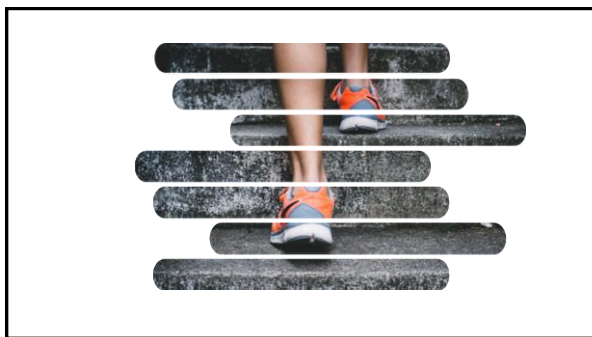
Requirements before Joyful Movement:

1. Weight restoration to 90% goal weight (took 5 weeks)
2. Normal lab values
3. Completion of meal plan
4. Exhibits willingness to try challenging foods
5. Meeting goals set by therapist









Thank You

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Nutrition + Sport + Education



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