

[00:00:00] **Dr Mike T Nelson:** Welcome back to the Flex Diet Podcast. I'm your host, Dr. Mike T. Nelson, and today on the podcast we've got Lacey Dunn. I was able to finally meet her in person at the Real Coaches Summit a few weeks ago now, which was held in Vegas. Amazing time. Highly recommend you check it out next year. Last I heard they're still gonna have one next year.

This is the first year they had it. I was honored to speak there about metabolic flexibility and it was a really fun time. So one of the cool people I got to meet was Lacey. And so I wanted to get her on the podcast today to talk about a wide range of topics, everything from the mental side how you phrase things with clients, even some stuff related to movement trauma.

And then also testing. Seems like everybody is getting into all sorts of functional testing now in my little air quotes. And overall, I think that's great. I love practitioners getting more advanced so they can help more people. The downside is it's really complicated stuff, . So I wanted to have an actual expert such as Lacey here on the podcast so we can dissect a little bit of.

She did a master's in nutrition and dietetic internship from Texas Women's University, bachelor's in dietetics from University of Georgia. So she is a functional medicine provider specialist and also an rd. Registered dietician is also a certified personal trainer through NAM and has done a whole host of continuing education programs and as the author of the Women's Guide to Hormonal.

So enjoy this podcast, chat with Lacey, and if you like this and you want more information, check out all of my stuff. Go to my website, which is just miketnelson.com. There'll be a place there where you can hop on to the newsletter, give you some cool free gifts, and that's where I have most of the information.

I have goes out right now over the Insider Fitness Newsletter if you have any specific questions best places to get on the newsletter, just hit reply there. I'll do my best as I can to help you out. So enjoy this wide ranging topic of chat today with Lacey Dunn.

[00:02:35] **Dr Mike T Nelson:** Welcome back to the Flex Diet Podcast.

I'm your host, Dr. Mike T. Nelson, and I'm here today with Lacy Dunn. How are you?

[00:02:42] **Lacey Dunn, RD:** I'm doing lovely. Thank you. I'm so excited to be on your podcast. I know you just met and you're an absolute genius, so thank you so much for having me

[00:02:50] **Dr Mike T Nelson:** on today. Oh, no. Thank you so much for being on here and sharing all your wisdom.

We got to meet at the Real Coaches Seminar conference, which was super fun. I enjoyed it. I. a lot of people that I had never talked to in person before and wanted to learn more. And so we got to chat a lot and I got to see your talk, which was really well. And yeah. And here we are.

[00:03:11] **Lacey Dunn, RD:** Thank you so much.

Fellow nerds. We are here,

[00:03:13] **Dr Mike T Nelson:** that's for sure. ? Yes. Which is a good thing. Because the topic today is a little bit nerdy. It's about what type of testing you might consider for people looking a little bit more at performance, but obviously we know health is going to affect performance and. . I think one of the starting points I think of is one of the mistakes I made early on was asking clients just about simple things like digestion and just taking their word for it.

I'm like, oh, so how's your digestion? Oh, it's fine. I'm like, oh, okay, great. Instead of asking 'em a specific question of, how often do you use the bathroom? Do you have any, digestive symptoms? You can go down a list of other questions to ask. And what I realized was a lot of people were grading themselves against all their other friends who were really abnormal.

So they thought that they were normal and that they didn't think that there was anything going on. But when you probed a little bit more, you're like, Ooh, your digestion isn't very good .

[00:04:11] **Lacey Dunn, RD:** Yeah, I like to say just because it's common does not

[00:04:13] **Dr Mike T Nelson:** mean it's normal. For sure. Yeah. So what would be some questions you would ask someone just as a general screening, and then we can get maybe more in depth from there.

[00:04:24] **Lacey Dunn, RD:** Ooh, that's a great question. So I'm like OCD and I like asking so many different questions. That's good. , I know my

questionnaire is 15 pages long , but when I'm like a, I know when I start asking people, okay, how are you feeling? I'm essentially aiming a for the main biofeedback of, okay, yes, how is your digestion?

How is bloating, constipation, diarrhea, poop, life? How do you feel after your meals? Do you feel fatigued? Do you feel energized? What does it look like for your sleep? How do your energy levels change throughout the day? What's your mood like? Is there anxiety, depression, O C D A D H D type of behaviors?

How does it feel for you when you are going through your menstrual cycle? If you are a woman, do you have a lot of painful, you. Bad PMs, mood swings, increased fatigue. Do you have a bad period? Is it painful? Do you have a lot of cramping? How is your mood on your period and what is the flow like? So there's a lot of different things that way that I like to go based off of.

But when it comes down to like performance, I also like to question, how do you feel when you go into the gym? What's your mood and your motivation? Like when you go in, do you feel energized to do your workout? Do you feel like trash within the first 30 minutes? How do you feel after your workouts? How is your delayed onset muscle soreness?

How do you feel like you are able to recover and get back to your training program? So there's a lot of different things that I like to look out for. The question I like to always ask somebody is, How could you feel better? What do you think? What symptoms are holding you back from feeling like your very best self?

And then I start to dive into the more nitty gritty past that. Cause a lot of people, they don't know what they don't know. They don't know what brain fog is like. They don't know what true energy during the day feels like cuz they're just on the go. Always busy, right? So I always like to kinda ask a question and then say, okay, is that really okay?

How can we dive deeper into that? What can make you feel better on a day-to-day basis?

[00:06:12] **Dr Mike T Nelson:** No, I think that's really useful because I think now it's becoming a little bit more sexy to skip to whatever the most advanced crazy thing is, whether it's testing or red light therapy or cold plunges. And I like both of those.

I think they can be useful. I think a lot of times people are majoring in the minors, and I know I'm guilty early on, I'm just not asking enough questions and just the client says, oh, I feel great during training. Okay, then maybe I'm still gonna monitor their performance. Because they may quote, feel okay, but if their performance is like cr crashing at like 30 minutes or so, I'm gonna ask 'em like you said, more specific questions.

Okay. How do you feel at the end of training? How did you feel at the beginning or, one thing I liked was I'd just start showing them data. I did this a lot with heart rate variability for stress. There's a lot of clients, it's oh, are you stressed? Eh, yeah. And I would show 'em a graph of the heart rate variability over the course of a week and I'm like, it looks like something's going on cuz a graph is telling me that you're pretty stress.

Oh yeah. This happened and that happened. And it's once they're confronted with something or specific questions, they can't really run away. And again, I don't think they're trying to lie to us or anything, it's just they just, like you said, you don't know what you don't know, so you don't know where to start.

And the other tip I got from my buddy Sean Misko, was related to movement stuff, was actually giving them time to answer and not really trusting what the reflex of answer was. So he would do this with movement stuff. He would have someone do a squat and he'd finished. And yes, the athlete, okay, how do you think that went?

And he would not let them answer for five to 10 seconds because he didn't want the reflex of answer of, oh, it was good. He wants him to stop, take some time, think about it, and then actually give an answer. And so I think I was guilty early on of especially in person, like how do you feel? Oh, I'm good. And so now I like you said, ask more girl being questions and I don't trust that sort of initial reflexive general

[00:08:15] **Lacey Dunn, RD:** answer.

Whenever somebody like I, they say they're not stressed, like I never trust that. I'm like, there's a stressor somewhere. Yes. Where is it? We've gotta find it. , and I love H R V cuz it really does truly show some of that data and also what your heart rate looks like just in general sometimes can be a good indicator of a

[00:08:30] **Dr Mike T Nelson:** stressor.

Yeah. Do you have a cutoff of just heart rate for general population of, hey, I wanna see it below this level as a crude indicator?

[00:08:43] **Lacey Dunn, RD:** 65 to 75 if just resting, would be typically what I mostly aim for. If somebody's below that or above that, I'm like, okay, there's something going on for.

Now some people, of course, if you're an athlete, you're gonna have a lower rest or height, resting heart rate. Yeah. But if you're sitting at 45 there, there's a problem. There's a

[00:08:59] **Dr Mike T Nelson:** problem. Yeah. Or you're just a freak and really condition. But yeah, I would say general population, like the amount of people I see walking around at 45 rested is not very many.

Do you find that a higher heart rate does tend to correlate to more like a D h, adhd, more stressed like kind of squirrel brain type symptoms?

[00:09:22] **Lacey Dunn, RD:** I definitely see that. I see it more also with chronic pain and people that are just ongoing like type A personalities as well. And there can be type A that there's not ADD/ADHD/OCD either.

It's just somebody that's constantly trying to seek perfection. So I do see those with that as well. And then the chronic infection types of states or the over

[00:09:40] **Dr Mike T Nelson:** trainers, how do you kinda. , parse that out. Then what would be some questions you would try to ask to figure out what direction to go next then if so, Bob walks in, his resting heart rate is 78 and he is oh, are you stressed?

Oh no, I'm fine. .

[00:09:56] **Lacey Dunn, RD:** I like to list out, okay, what does your day-to-day look like? Throughout the day. What are you thinking of? Where is your mind going? And then we dive into how is sleep? How is digestion? How are you doing with balancing your blood sugar? What does your morning routine look like? Your nighttime routine.

And then I ask, okay, are you checking in with yourself throughout the day? Cuz many times that is what gets people, they're like, oh no, I'm not checking in my, with myself throughout the day. I'm just go. I'm like, okay, when are you

taking a break? And they're like, I don't take a break. And I'm like, all righty, why

So I like to pro, pro probe when it comes down to questions for. ,

[00:10:31] **Dr Mike T Nelson:** do you find that's, I've noticed this with more female clients, like probably 70% of my clients are female, even though my writing is actually to 30 to 40 year old dudes , which is weird. But it seems to be, in my experience, harder for women to take more time for themselves.

Maybe it's because they have more responsibilities. I have a family, they're a trainer, they've got other stuff going on. Do you find that also, or not

[00:10:53] **Lacey Dunn, RD:** a thousand percent because there are gender roles for men and women, and women are quote unquote, supposed to be the caretaker and are supposed to be the person that is just always even with, Christianity like the Psalm.

Psalm, right? Yeah. Proverbs 31. Or 32 women. But when it comes down to women, like we are just told that this is our normal and we're supposed to just get things done. And that's not the case. That's lack of self-care. That's lack of abundance in your life. Not being able to truly be a human and have a rest period for yourself.

Resting is okay. And a lot of women are not

[00:11:23] **Dr Mike T Nelson:** taught that. What do you do to try to get. Women to change that sort of mind frame. Because I've had this, as I tried to explain to 'em that, training per day is an investment in yourself. It's not you neglecting your family or your responsibilities.

And obviously there's limits to that, right? If you're gonna go run for six hours a day every day than me, I maybe you really are running from something. But, 20 to 40 to 60 minute training session every day, every other day is something I think most people can manage. Granted, I do think it takes, some efforts can be more difficult than other cases, but how would you try to get them to prioritize investments in their self more to see the rewards from.

[00:12:06] **Lacey Dunn, RD:** Essentially if you wanna make change happen, you have to change your habits and it's gonna take sacrifice somewhere. And that sacrifice doesn't have to be with your spouse or your children, but it does mean making a change. So it means making a change to make those workouts

happen and then changing the time that you put elsewhere into your family or into your other hobbies, it takes a balancing act and having to change things in your entire life.

And I like to say like it's an hour during the day when you're going to train. It's an hour, right? Maybe an hour and 15 minutes. You have the rest of the time throughout the day. You have to strategically use that. And I know a lot of moms. have mom guilt. Like not being with their kids. And not that I'm a mom, but like the thing is, your kids also need time for themselves.

They need time for creativity. They need time to actually think and grow too. And you don't have to be there the entire time. They need to learn to be by themselves

[00:12:56] **Dr Mike T Nelson:** as well. And everybody, I think, needs some time by themselves or doing something just for themselves to keep their sanity too .

[00:13:04] **Lacey Dunn, RD:** Okay.

And the training is a self-care thing. It really is a self-care

[00:13:06] **Dr Mike T Nelson:** thing. Yeah. Yeah. And so I find that's sometimes difficult. Like I even recommend clients to purposely go to a more expensive gym that has childcare. it's hey, you, your kids will be fine for that hour and a half.

Someone else is watching 'em. You get some time away and sometimes that's a solution. Again, there is a little more cost associated with that, right? Because a lot of times I, I don't have anyone to watch the kids, the person's gone or whatever. So I think there is ways, what is around it,

[00:13:34] **Lacey Dunn, RD:** for sure.

Yeah. And if there's significant guilt, that's a trauma, that's something from your childhood, your inner child, that needs to be worked on too. So that's a lot of things like, I know I'm a dietician, but I push a lot of psychological and behavioral emotional work on my clients because you can do all the diet, the lifestyle, the exercise work.

But if your mindset is not in line with your goals and there's some negativity or something holding you back, then that's gonna truly hold you back actually from GE reaching your fitness goals and of course your health goals as well.

[00:14:06] **Dr Mike T Nelson:** Yeah, when I started out at first, I remember the first couple clients I had years ago, over decades ago now.

I remember thinking, I'm like, ah, I know a fair amount about exercise fizza, and, ah, this can't be that hard. And then after the first two clients, I wanted to jump off a tall bridge somewhere, and I soon realized that this has almost nothing to do about exercise physiology and nutrition.

And granted, those are important components. It's almost all mindset psychology. I realized pretty fast that I probably picked the wrong profession. Like I should have been a psychologist more so than an exercise physiologist .

[00:14:41] **Lacey Dunn, RD:** It's, there's such a component to it. A lot of people don't even believe in themselves.

I know I was pushing a woman in the gym on Sunday and gave her a weight and she's oh, that's fine. And I like the next weight. I was like, you can do this easily. And she's no, I can't do it. I'm like, why do you think you can't do it? She's I've never done it before. That's too heavy.

I'm like, why is it too heavy? That's lack of belief in yourself. And a lot of people struggle with that in the gym.

[00:15:03] **Dr Mike T Nelson:** Yeah. One of the things I did early on was I had before I had a gym in my garage when my train changed over, I just had kettle bells and some odd weights and stuff like that. And so I'd have women start off doing a kettle bell swing and I'd just, give 'em the kettle bell and they're like, oh, how is this?

I'm like, oh, it's just a 16, so they do, three sets of 10 and then, they're like, wow, this is only 16 pounds. I'm like, no, it's 16 kilograms. It's 35 pounds. It's oh, I can't do that . I'm like, you just did it for three sets of 10. What do you mean you can't do it? You just did it fine.

I watched you do all, oh no this I can't do that. I'm like it's weird how you get numbers associated in your head as like your limit of what you can and cannot do. Yeah. That's hilarious. I love that. Any tips on more the psychological side?

Do you do any reframing or how do you get someone past some of those blockages at times?

[00:15:56] **Lacey Dunn, RD:** Oh yeah, reframing is good. I really like cognitive behavioral therapy. . And I really like asking, just probing more the why behind the response. Save somebody who says, okay, I can't lift that 30 pounds. Why can't you lift that 30 pounds? Where does that lack of that belief come from and how can we shift from, I can't do it to, I can do it or I can try to do it.

And I love also pushing people to do workbooks and journaling. Really making sure they're checking in with their selves throughout the day as well. I think that's one of the most important parts of being a human and working on your cortisol or your hormones or whatever you are doing. Making sure that you're checking in with yourself is so important because the subconscious also plays a big role when we're talking about the belief in ourselves and overall our overall

[00:16:40] **Dr Mike T Nelson:** health.

Yeah. How much of it do you think is subconscious and any thoughts on rewiring your subconscious?

[00:16:49] **Lacey Dunn, RD:** Oh, I don't know the percentage, but my favorite training programs and I'm like absolutely, currently obsessed with them for rewiring your brain. That neuroplasticity. I don't know if you've heard of Primal Trust, but I absolutely love that one.

. And then there's D N R S and e MD R that I love as well. Yeah, those are the top. I know. Emdr, neuroplasticity. Yeah. I love those programs. Of course, there's a motion code and then of course there's like myofascial release types of stuff that you could do, get rid of the quote unquote trauma in your muscles.

But I truly believe it's work internally rewiring your brain, your thought patterns, recognizing what your behaviors are, because if you can't recognize it, you can't

[00:17:23] **Dr Mike T Nelson:** change it. Yeah. My good friends Brian and Carrie, they used, they still do a lot of mindset stuff, but I helped them with some research for mindset certification and their big thing, which I agree with, the first one is just awareness.

And it's, I often joke that I'm like, I'm just a big awareness coach because especially when you do stuff online, I have the luxury a lot of times now of looking at their emails and seeing exactly how they wrote stuff out. And I don't have to come up with an immediate response. I can look at it. I can think about how I'm gonna craft my response to it.

And what I realized a lot of times was just mirroring back to people's things that they said. So early on I didn't sort to correct any mindset stuff. And then eventually I'm just like I'm just gonna start doing it from day one now, because one, that's why they're paying me two. If they don't like it, they'll drop off, whatever.

That's fine. And it was crazy to me how many people literally were not aware of what they wrote. So I put little things like, did you realize what you said about your body image in this sentence above? And they're like, oh, I said that. Oh, I did say that. Oh, I didn't know I said that. But they clearly typed it out.

It is a weird sort of disconnect between just conscious, unconscious and what they were underlyingly programmed to do. ,

[00:18:39] **Lacey Dunn, RD:** that's important when it comes down to making notes, . So I absolutely love that you have clients keep doing that and the feedback and the journaling work, keeping all that data

[00:18:48] **Dr Mike T Nelson:** is important.

And then you mentioned about the myofascial and the movement system. Do you, there's this term that sort of memories and trauma is stored in the body, any thoughts on. .

[00:19:02] **Lacey Dunn, RD:** Yeah. So there's one of the books that I was reading on, it's called Emotion Code. . I'm not 100% like on the whole crystals and the pendulums and all that type of stuff.

Yeah. But I do know that we can hold trauma in our muscles. And so what's critical with that is if there is some shape or form of store trauma or trapped trauma, then that can prevent that muscle from being utilized correctly. And then if you have, tightness in one area, then you're gonna cause a muscular imbalance in another area.

So I do telling people to sit in with their body. And it doesn't mean like you do gotta do a full meditation session, but like figure out where that tightness is,

where that hurt is, and being able to like work on yourself and ask the why behind that hurt and getting into. your, like your history or the traumas of your parents, whatever it is.

But most importantly, doing that to make sure that you're optimizing your performance in the gym as well. I know a lot of people don't think about it that way, but I do truly see a big difference because some women, they come from, an ex, an experience in their history of a lot of emotional neglect.

And I see that actually with hips hip tightness and so not, and then there's no science behind this whatsoever, but like I see people working on their emotions and then being able to stretch the movements, strengthen the movements, and then being able to see more progression in the gym. And I think that's really actually just more belief in yourself than anything.

But there is definitely some quote unquote, like people that believe in all that type of

[00:20:27] **Dr Mike T Nelson:** stuff. Yeah. Another good book in that area is *The Body Keeps The Score* by Bessel Vanco. It's for people listening. It's really good, but ooh, like halfway, like a third of the way into the book, it's some heavy shit

Like I, I have to go back and finish reading it again cause I got about two thirds of the way in and I have to be like, in a very sort of specific mindset in order to read it. But I found that it's super useful. And then so I do some hands on work on people too, and I've noticed that certain things that get you'll see the same patterns over and over again, right?

So I had a gymnast once who got referred to me from the Mayo, from a friend down there and all of her injuries. She had six injuries all on her right side, and she was 17. And I'm like thinking, wait a minute. Like you're doing basically a symmetrical type sport, or at least that's what you're graded on.

Why are all your injuries on one side? So we did some stuff with the R P R level two, just E M D R, but you're looking at eye movement and then you're looking at what areas their eyes are wanting to avoid because it's a period of high stress. And so on her right side, like you could watch her eye go out and would come back and it would do different things that we did some specific work with her eyes in that position and hopefully cleared it.

But it's crazy to me how all of that plays a role in just your performance and how you're mentally attached to it. The other one I had, which was crazy, a guy left side, he got hit in the head of the puck when he was playing goalie when he was like 18. And I saw him like seven years after this.

So he did some work and he would get about three quarters of the way down in a squat and would just get like blinding knee pain. and you look at his squad and you're like, I don't know, looks fine. Like he's, using a lot of weight, didn't have any issues before. , again, same thing.

Looked at his left side in that position and as soon as we worked through that area, he went out and squatted with no pain again. And the interesting part is that he didn't even remember that he got knocked out at that point. Cause I asked him afterwards, I said did you remember anything about this?

He's oh yeah, I forgot to tell you. I was playing goalie when I was like 17, got hit on the side of the head with a puck, got knocked out for 20 seconds or something like that. So it's went back to the body keeps the score. It's crazy how all those things are stored unconsciously at the same time, they may not show up for years, but again, they may show up at some point.

And the trick is obviously neither one of us are psychologists. I'm not a trauma expert by any stretch of the imagination, but. Just looking at areas that people want to avoid and trying to figure out why are they trying to avoid that area. So in his case, if anyone would approach him from like that his right side, he would literally almost turn and spin out of the way, right?

Because to his wow brain it's threatening, right? So that's some of those similar to the emdr where you're doing lateral movements to try to reeducate those parts of the brain. And the craziest one I ever saw was I an R P R level two in New York and a guy we did some work on, he had a e es issue with the left side of his eyes.

We did a, he went through the protocol, got everything better, and I asked him, it was a two day training and I said, did you realize where you came in and sat in the room each day? And he's yeah, I sat over there like on the left side of the room. Like you, you could not have been closer to that wall as if you were to crawl into the wall.

And I'm like, Were you the first person to come in or the last person to come in? He's no, I was here early every day. He was the very first person to sit down in the room. So he literally could have picked any spot in the room for 40 people.

But his brain is like, if I sit there next to that wall, no one can approach me from that left side where it feels uncomfortable again, it was a completely unconscious thing.

So it's just fascinating how your brain and everything gets wired, but all, like you said, with neuroplasticity, you can then, change some of those things too. So that doesn't have to be that way all the time.

[00:24:34] **Lacey Dunn, RD:** Yeah, that's fascinating stuff. And that makes me question like the health of the neurons and also neuro inflammation and how that's impacting maybe somebody's overall stress response or ability to utilize glucose as fuel.

Everything in regards to their training, their mind muscle connection. Oh.

[00:24:51] **Dr Mike T Nelson:** So much. Yeah. And you've, I dunno if you saw this experiment they did with quite a week, few years ago, they did it with binoculars. So what they did is they took a group of people, they're looking at pain research and they created a set amount of pain on their finger.

And they had one group looked through binoculars to make their finger look smaller. The other group flipped them around to make their finger look bigger. The group that they induced the same amount of pain, no csection. And the group that made their finger look bigger, they all reported significantly more pain.

And what was fascinating is they put a little pressure sensor around the finger to measure local inflammation. And so even though the insult was the same between both groups, the group that saw their finger as bigger and reported it as more painful actually had more local inflammation to the same basically stimulus.

Interesting. Which, that always makes my head still spin, cuz it's, I think we always think of everything as a one-way street. And it's probably more of a two-way street, meaning our perceptions do feed into what's literally going on in our body and obviously our body is literally feeding into what our perceptions are.

I think a lot of times we think that it's just it's one way and what we think about it doesn't matter. There's some interesting experiments showing that even what you think about can change, obviously your physiology, placebo effect, all that kinda stuff.

[00:26:11] **Lacey Dunn, RD:** Oh, a hundred percent. There are studies showing that just a negative energy will increase markers of inflammation.

Yeah, and I think they, that's a huge connection too when we're talking about stress in cortisol. Stress can be real or perceived stress. Both of them impact the body the same exact way. Whether that's caring from work pissing you off or breaking a leg, it's still a stressor to your body. Your body does not know what that stressor is.

Yeah. Both impact

[00:26:36] **Dr Mike T Nelson:** your physiology. Yeah. How do you look at heart rate? Do you use H R V? Obviously you can use more advanced tests looking at cortisol, like how do you kinda get your arms around stress since it is such a big thing of our physiology?

[00:26:52] **Lacey Dunn, RD:** The first thing I typically do is I look at symptoms, biofeedback, so sleep, digestion, energy levels, brain cognition mood throughout the day.

I like to look at all that first, and then if somebody does have a heart rate tracker or heart rate, they can check their heart H R V, then I definitely will look at that data. That's not like everybody does not have that data, but if they do, they have an Apple watch or they can just scan on their phone.

I do looking at heart rate and resting. Resting heart rate as well, not just H R V. And then if somebody's s super struggling, blood sugar crashes throughout the day, fatigued upon morning, tired and wired at night, up and down in their energy, or of course if there's a ricochet of hormonal imbalances, digestive distress, chronic inflammation, or pain, that's when I'll dive into the testing because I am a big fan of not tests, don't guess.

And a lot of people think they're just chronically stressed and they have high cortisol, and sometimes that's not the case. Sometimes it can be adaptive, sometimes it can be low. So I always try and go base with biofeedback first. Let's get the lifestyle recommendations down, lifestyle diet. Because even if you test, if you don't have those foundations done, you're not gonna be able to make any changes anyway.

[00:28:00] **Dr Mike T Nelson:** Yeah. The key foundations, , do you tend to do testing first or do you say, Hey, I can tell you're a stressed basket we're gonna work on these things. You're sleeping four hours a night, you're drinking one

liter of coffee, like you're not exercising. I can tell you pretty affirmatively your testing's gonna be dog shit.

So let's work on lifestyle stuff first and then go that route. Or, and I will confess, I do this sometimes with like lipids for E P A D H A fish oil, heart rate variability. I may test some stuff initially anyway knowing that it's gonna be horrible. But I'm using the testing to drive them to see changes almost back to the awareness thing again.

Because sometimes they will cognitively say, yes, I'm stressed, but they don't really believe it. Where if you show 'em a laundry list of testing that you knew was gonna be skewed anyway, they're like, oh my God, I didn't realize it was that big of a mess. It's huh. Yeah. , any thoughts on which way? Or both ways or just a case by case

[00:29:02] **Lacey Dunn, RD:** basis?

Oh, it's definitely case by case. Cuz some people they come in and right away. . They're not balancing their blood sugar. They're over training. I just had a woman that came to me and she was exercising seven days a week, running and exercising twice a day, and she wanted to do a cortisol test, and I'm like, yeah, we can 100% do a cortisol test.

I'm more than happy to do that for you, but I would rather you not waste your money first because I know you're chronically stressed. Let's reduce the exercise , let's get your food and intake up. Let's focus on parasympathetic rest and digest work. Let's do all that. , you don't have a period. It's probably why.

Yeah. Let's not do any hormone test. She wanted to do a Dutch test too, and I'm like, yeah, there's no. So let's get the foundations done first. And it's just like when somebody comes and they're like, okay, I have gas and bloating and they wanna do a gut test. And it's okay, what does it look like when you sit down to eat first?

What are you eating? Are you eating a large amount of like roughage and salads? Like I always focus, cause I love testing, but you've got to look at what are the easy foundations first. And then you can, like you, you said you can utilize testing sometime to prove a point. If somebody comes to me and they have a bunch of symptoms, tired and wired at night, chronic pain, digestive distress, and they're telling me they're not stressed, sometimes I'll pull a six point cortisol just to show them, Hey, look at your cortisol levels.

You're stressed. Yeah.

[00:30:21] **Dr Mike T Nelson:** This by case. For sure. . Yeah. I remember years ago, I think it was when the Dutch test first came out, when it was becoming more popular, I was at a conference with my buddy, Dr. Ben House, and this guy saw one of our talks and he came up to him afterwards and he's yeah, I wanna do a Dutch test.

And Ben's why do you wanna do that? And he's I wanna see what my hormones are. And he's okay, how many hours a night do you sleep? He's do you know how many calories you eat? And he's 2100. He is like a six foot 3, 250 pound male. Oh no. He is like, how often do you train?

He's ah, at least twice a day. And he is just take this \$700 or whatever you're gonna spend on it and just hire a trainer . He is I can guarantee you're probably all screwed up. And he was very symptomatic to begin with, but then he was very insistent that he needed the test. And he is yeah, do the test if that's what's gonna make you change your habits.

Great. But you're probably better off taking that money, hiring a professional to help you through some of your lifestyle changes that I absolutely a hundred percent guarantee are gonna change your testing. But he was just so hung up on that. He wanted that confirmation that he was really screwed up, even though he, yeah.

So it's just a weird thing sometimes how people get, they want the. Expensive confirmation at times just before they'll even do anything. Then too,

[00:31:36] **Lacey Dunn, RD:** people want a diagnosis, right? They wanna be put in a box as much as, yeah, they want a label, like we say, right? They want a box, they wanna label and also they want data.

A lot of the type A type of people, they want proof, Hey, there's something wrong with me before changing their habits. Cuz then they can also monitor and follow that data, which I get. But at the same time it's like you shouldn't put a label on anything anyways. So it's very interesting the habits in what people do for sure.

In regards to

[00:32:02] **Dr Mike T Nelson:** testing. Yeah. And then you get into the issue of if you test enough stuff and they're not working with a professional like

yourself, like you know what to look at and what's useful and what's not useful. And if you run enough tests, You're gonna find something screwy on every single person on the planet, right?

And then if they're these neurotic, worried, people, they're like, oh my God, my ferritin's a little bit low. I'm so screwed. Like they pick out the one thing out of 400 whatever things you tested, and they just get like hyper focused on that one thing Then. .

[00:32:36] **Lacey Dunn, RD:** And also like the body is not just like a car, like no , one thing is not gonna be able to be fixed.

There's a reason why somebody's symptomatic. So typically if you have low ferritin levels, there's a reason why your iron is low. You don't just need iron supplementation, like what's your copper what's your vitamin A? What is your absorption in your gut like for the iron? So there's definitely so much more, and I'm a big fan of like also not just utilizing one test and using that as a key marker for your symptoms.

For example, I don't know if you've seen a lot of people are getting stuck on, I'm hypothyroid, my thyroid have low thyroid.

[00:33:07] **Dr Mike T Nelson:** My tssh is screwed. It must be my thyroid. ,

[00:33:09] **Lacey Dunn, RD:** right. It's why? Why is your T s H high. What's your thyroid levels look like? What's your cellular thyroid look like?

Because they're cellular, hypothyroidism. The be the ability to utilize your thyroid hormone. And then the always the question is the why. Behind the why. Why are you even, why are your levels trying to go down? Cause that's a safety response. Your body does not want that thyroid hormone to upregulate processes in your yourselves for a reason.

So we've got to figure out what that reason is or what those reasons

[00:33:34] **Dr Mike T Nelson:** are. Yeah. And I typically, unfortunately see that in females eating the mythical 1,250 calories per day, like probably doing too much cardio and sleeping seven hours a night and trying to run a family and everything else. And they're like, why is my thyroid all screwy?

I have an idea . And

[00:33:54] **Lacey Dunn, RD:** they're like, I wanna lose weight. And they're like, but eating more is gonna make me gain weight. And it's oh, that's when you have to reteach some patterns there. It's breaking

[00:34:03] **Dr Mike T Nelson:** through all that. So where did you start in that case? Because I think that's more. Common than not. And I don't know, we talked about this a conference too, like how many females that come in eating like 1,250 calories, guys, it's like 1800.

And I don't know how those numbers got burned in. Everybody's like brains, but that just seems to be either the number they're trying to get or the number they think they're supposed to be at or whatever. But how do you try to reverse that? Because you know that at the end we're probably gonna have to come back and exercise a little bit.

We're probably gonna have to feed your body more, energy, availability, all that kind of stuff. But to the person, they're just like, oh, I've been told like more calories, just make me fat.

[00:34:42] **Lacey Dunn, RD:** First thing I want them to know is your body adapts. So we go over what metabolic adaptation is because if you don't, they don't know the why behind why I'm increasing the food and decreasing the calories, then they're not gonna follow the program.

So we focus on the why, and then what I do is I also promise them I'm not gonna make you gain weight. So if you start gaining weight, we're gonna back down, but you're paying me for a reason. And I tell them, I promise you the last thing that I'm want to do for your metabolism is to upregulate insulin and make you gain just straight body fat.

That would be the last thing that would be helpful for your metabolism. So I try and tell people, okay, I'm your friend. I'm your best friend in this. And then educate them on the why. And it does take time. I tell people like, you're right now. You don't trust your body, but you will. You will see the changes.

You just have to be patient. Give me trust and know that I have your best interest at heart. And also I tell them, you've been doing this for a while. How's this worked? And they say no. I'm like, okay, if you try it again, is they go, is it still gonna work? They're like, no. I'm like, okay, then we

[00:35:38] **Dr Mike T Nelson:** gotta make a change.

Yeah. I think the the old doctor, Phil, how's that working for you? ? I use that a lot. . And it, again, back to the psychology, it's a weird thing because humans are just so creatures of habit of how long they'll. stay with a routine that's comfortable, even though they consciously know it's not working, just because of the thought of potentially doing something else in and of itself is scary.

[00:36:06] **Lacey Dunn, RD:** Yeah. And some people get scared of being uncomfortable, especially if they want to build muscle. And they wanna change their body composition. They get scared of gaining a little bit of body fat in that process. My favorite quote is it's it's a short-term investment, like being a little bit uncomfortable is a short-term investment for long-term certification.

Yeah. So I try to remember, remind them, Hey, it's like going to college and you're learning he, it's not comfortable, but then you get out, you're like, wow, look at my degree.

[00:36:33] **Dr Mike T Nelson:** Yeah. I try to, I had a little bit of a harder time with that, with some guys who come in that are already relatively lean, but they want to add muscle.

And yeah, there's the occasional genetic freak where you feed 'em more and they just add more muscle. They don't gain a lot of fat, but reality is, for most people, it's okay, what. How bad do you want it, and what cost do you want to pay? Yes, we're gonna do everything we can to try to skew that ratio as best we can in terms of muscle, but exclusion of drugs and genetic freaks, nobody gains just pure muscle.

Especially if you've been training for, a couple of years, a decade already, it's gonna take that period of increasing your calories, probably changing your training around you are gonna gain some fat, right? . So if I have a guy for a year, And they're like, I want to gain as much lean body mass as possible or muscle.

Okay, then let's take nine months of the year. Let's work on gaining lean body mass. Yes, you are gonna gain some fat during that time, but we'll take the last three months, a paradoxically a much shorter period of time and lose the fat and you'll be better off body composition where you are. But I understand that it takes that nine months or longer of being uncomfortable.

And then it's back to, okay, what are your goals really? If you wanna just maintain where you're at, cool, great. Then we can do that too. But it's you wanna do this one thing, but you don't wanna quite pay what a potential cost is

to do it. And if you decide now that you don't wanna. That's fine too, but I just see a lot of people are trying to ride the two horses with one ass and it just doesn't go very well.

[00:38:07] **Lacey Dunn, RD:** Yeah there's a lot of push for body recomposition, gaining muscle, losing fat, and people think that just anybody and everybody can do that, and that rarely happens, right? We know beginner lifters that can happen and the genetic elite that can happen. Or if you don't, you didn't work out for a year, then you can go back to it.

But most people. If you've been training for five years, you're not really gonna have much body recomposition. You're gonna have to put effort and even be more intense when it comes down to your new nutrition and training in order to see those changes because the body adapts over time. So yeah, that's really important.

And then two just to bring up, one thing that I've seen help people in that type of scenario is having outside goals, not just body goals, because I see a lot of people, they get stuck and, okay, I need this for myself. I need this body composition to change. I wanna look like X, Y, Z. And I'm like, okay, what are the other things that fulfill you in your life?

Because that you're always gonna have. A change you want in your body. So what other hobbies, what other habits, what other pursuits can you make to give you that fulfillment as well? Maybe it's a new hobby. Learning guitar, learning to paint or fulfillment in, your church or your friends.

It's just not focusing on just the body composition. Cause I think a lot of people get so hyper-focused on that and it prevents 'em from really being able to see that change cuz they get so stuck in it.

[00:39:20] **Dr Mike T Nelson:** Yeah. And they assume that when they get to whatever point that is, that their psychology will change.

So I've seen those people, they'll be happy. They're like, ah, once I get leaner, I fit into these pants, I'll be happy. And I'm like, you doesn't work. You can't really hate yourself. Lean like you may get there, but you, that doesn't automatically mean that. Feelings of your body are gonna completely change, then it's you probably need to see a psychologist more than, dietician, exercise physiologist, let's try to work on both at the same time.

And I made the mistake early on, like I just took them at their word and oh great, we'll get 'em to their goal. And we got 'em to their body com goal and they were still just as unhappy. And then they were really pissed at me. They're like, oh my God, I thought this was the thing that was gonna make me happy.

I did it. I did the thing and took a lot of hard work and now I'm not happy. And then they're just like, oh, . So yeah,

[00:40:15] **Lacey Dunn, RD:** that's why I like what I do now. I used to do a lot of body building prep and helping people with the body composition. Oh yeah, I still do, but I do a lot more of the health fixing. So it's getting people to be healthy and happy versus quote unquote happy in their body.

It's so much better to see people reach and focus on feeling good in their day-to-day than just looking good. .

[00:40:36] **Dr Mike T Nelson:** . Yeah. And I think even having an honest discussion upfront of, okay, once you actually hit whatever goal it is, one, what cost are you willing to pay? This could be side effects, this could be, body composition changes, et cetera.

And then, okay, once you actually hit that goal, no one probably really cares that much. Is the reality. And if it's so true, if you wanna do it, like a friend of mine, he finally got his deadlift up to 500 and he and I was all excited for him. He worked with on it quite a while, and I warned him about this, but he came to the realization, he texted me back Monday and he's you know what?

I realized nobody really cares that much. . I'm like, yeah, exactly. Like the world didn't change because you've pulled four 50 and now after several months, yeah, it took him almost a year. You pulled 500. 5 0 5, yeah. Yeah. Cool. This is . Did you expect the sky to open like lines to show up at your door?

It does the same thing like, I got my PhD, people are like, oh wow, you have your PhD now. Oh, all this. No, no one gives a shit. Nobody really cared like I did, people were happy for me, but it, that wasn't under any unrealistic expectation that, oh, now I've made it and the rest of my life is so easy, I can just sit around and do nothing.

It's no, nothing. Nothing really works that way. But I think realizing that you're doing it because it's an internal goal that you wanna do, that you wanna see that

you can achieve. Cool. That's great. If you're doing it to impress somebody else or some kinda these external things that you can't control E, that gets messy.

[00:42:10] **Lacey Dunn, RD:** Yeah, and I also agree whenever somebody says, Hey, I wanna reach this goal for myself, I'm also questioning. Why did you choose this specific goal? , because then there's some internal things sometimes that are also there that you've got to rip open the bandaid in order to really get them to truly honor and love their body again.

So it goes back to

[00:42:28] **Dr Mike T Nelson:** trauma too. Yeah. Yeah. And then also realizing once you hit that goal, you're probably just gonna set another goal, . You know what I mean? It's like most people who are that committed to the lifestyle, it's like they, the thought of them just all of a sudden, oh, I hit my training goal.

I'm just gonna stop training the rest of my life. It's that's not really realistic either. You're gonna probably change it and be happy for one day, and then you're gonna move on to doing something else after that then. And that's okay. That's part of the process. , that's part of the journey.

And I think the longer people do it, they become much more process based and less outcome based, which is useful. .

[00:43:04] **Lacey Dunn, RD:** Yeah, I, when I work with a lot of my, quote unquote like adrenal clients, so the people that are high stress, low cortisol, or anybody that's going through a hormonal thyroid imbalance, autoimmune issue.

The key thing, just like exercise, just like reading a body, like reaching a body composition goal is all those things that you had to do to change your physiology, change your hormones, you actually have to keep doing those things. When you get back to a healthier place, you can't go back into the old habits, right?

You can't go back into scrolling on your phone at night, skipping your meals, or most importantly, you can't go back to adding in, back in fragrances, doing the toxic cookware. You've gotta keep all these habits in, or you're gonna fall back

[00:43:41] **Dr Mike T Nelson:** to where you were. . Yeah. And the good part is, and obviously I know you tell 'em this, that after a while those habits just become easier and become more of an autopilot, unconscious thing again.

I think initially, at first they're like, oh my God, this is gonna be so much work. This is gonna be so hard. This is so much effort. And for people like us and we listen to this podcast, just like the thought of not exercising doesn't really enter my brain that much. Yeah. I take time off, I'll go do some other stuff, but I can't imagine taking a year off from exercise.

You know what I mean? It just, it becomes part of your habit, just like brushing your teeth. It just becomes something that you do. But yeah, you're still doing the things, but it also becomes a lot easier to keep doing the things than it was at first, too. Yeah.

[00:44:25] **Lacey Dunn, RD:** It's a set part of who you are in your schedule and just another thing that you do to take care of yourself.

Just like your nighttime routine, brushing your teeth, it becomes the same exact.

[00:44:34] **Dr Mike T Nelson:** So do you think, and then I'll ask a little bit about testing, but back to the psychology, like I have this theory that I don't know where I stole it from. I give 'em credit, but I can't remember, if you can change somebody's identity, that would be the fastest way to get their behaviors to change versus trying to only work on their behaviors.

Does that make sense? Getting them to believe that I actually am someone who exercises, I am someone who invests in my health, versus just trying to get them to do the tasks. Obviously they have to do both, but what I found is if I can try to figure out the reason that they don't believe they are that person and change that, then getting 'em to do the tasks becomes,

[00:45:21] **Lacey Dunn, RD:** No, I love that. Yeah that's truly important too. I'm in my head, I'm just thinking like a lot of women, but you probably

[00:45:26] **Dr Mike T Nelson:** already do this already. Yeah. .

[00:45:27] **Lacey Dunn, RD:** Yeah. I'm just thinking of like how women come to me or even men and saying their identity is in their career or their indi Right.

Identity is being their job and like really reframing, Hey, you are so much more than that. Look at all the things in your life. Yeah, I absolutely love that.

[00:45:43] **Dr Mike T Nelson:** Yeah. Cool. And it seems like testing is super popular now and especially I've seen more of a resurgence of not even blood testing, but a lot of urine tests.

And I'm wondering if that's because some of the rules are different where, people can do urine testing but they need certain licensees, whatever to do blood testing. What are your thoughts on that? Because it. You can't swing a dead cat without finding some new testing from some company.

And again, a lot of it I'm sure you use, it's super useful. It's not bad. . But it just seems to me as an outsider looking in that I've looked at a fair amount of high-end testing and I'm just like, where's your C? Where's your, like just basic complete blood count, C m P. Let's start with , like some basic blood work and not give me like four organic acid tests and two Dutch tests that you just did.

Like I wanna, I don't know, it just seems like sometimes it's a little bit backwards and that, not to say there's not a time and a place for those, but I just wonder if part of that is access or people requesting it, thinking that, oh, I heard that this is the new sexy thing to do. Just like clients do all the time with training and nutrition.

I heard this magical supplement or this super secret squirrel Russian periodized technique is gonna be the thing that I need to do. I think

[00:46:59] **Lacey Dunn, RD:** It's a combination of things. I think a lot of doctors aren't willing to pull. They'll pull a cbc, they'll pull a cb like a C B C A C M P, maybe a vitamin D, but they're not willing to dive even deeper.

And so people get so frustrated not knowing their issues and they're like, okay, my doctor said all my results are fine. And they had to do three or four tests done. And then the next thing they were gonna do is they think, okay, it's so complex they see the marketing cuz let's be real Instagram, Facebook, Twitter.

Oh yeah. It's everywhere. They're all pushing the, yeah, they're all pushing the expensive tests because one, they make money on them. And then two, it's a lot easier to blame a complex, say I'm a complex patient, I'm a complex issue. And put yourself to become like a true victim of your own circumstances.

It's a lot easier to do that than just look at the basics first. So I think that's an. And also the availability of these at-home tests, like the Dutch, like a four point cortisol, even the, like the every Lou IgG food sensitivities. , the availability is

so much higher now and they can order these tests themselves without even having the doctor go over them.

So they are quote unquote self-diagnosing because they're so freaking frustrated that their doctor isn't willing to look deeper or even ask questions about their own health. So I think it's an issue in the medical system that is causing all this to happen. The push in the functional medicine world is because of the lack of the actual help and the conventional medicine world.

And I'm, my tough issue is like I'm a combination of conventional. Medicine and functional medicine, I believe both can be utilized. And the issue is people, they get so frustrated with the conventional medicine that they completely just shut it down and say, none of that is worthy. I've gotta go over to the functional medicine when in fact we've gotta use a combination of both.

And we've also gotta focus on the foundations first. Like people come and they're like, okay, I want a Dutch test. And they have irregular periods. And I'm like, if you have irregular periods, . We're not gonna know when to do the Dutch test. And then most likely your cortisol's already through the roof or your estrogen levels are already low.

If we're checking a Dutch test, trying to look at your estrogen metabolism ratios, your estrogen's probably so low, it's going to be useless. So I hate when people spend their money and they're not gonna be able to see the progesterone because they're not ovulating. So I try and get people to focus on, okay, let's get the results that are gonna be the most important for you and the most useful, and let's not spend money on tests that we do not need.

Like if somebody has absolutely, like they have not done the, their B vitamins, their vitamin D, their iron, have not done a like in full nutrient panel. The last thing I'm gonna do is tell him to go take an organic acid test.

So big fan of the basics first, a hundred thousand percent. And I'm hoping that more doctors like get with the flow when it comes down to ordering labs. But the issue is it's all about that lab reimbursement insurance reimbursement. So hopefully one day that will change. But I just want people to know that's one of the main issues why doctors won't pull labs is because the symptoms aren't matching with the insurance reimbursement.

And also doctors are, quote unquote trying to follow the guidelines that they're given. And if they don't follow those guidelines for let's give an example. Most

doctors don't pull antibodies for the thyroid until T s H goes up to 10, right? They're trying to follow those set guidelines from endocrinology.

So it's like you wanna hate your doctor, but at the same time your doctor's following the things that they were taught in middle school, medical school. So it's just so hard. I'm rambling, but I'm just hoping this will all change

[00:50:21] **Dr Mike T Nelson:** For sure. Yeah, it's, and I feel bad for doctors. I know a fair amount of, MDs who just basically left the practice entirely.

A couple of 'em opened their private cash only business because the way the system was set up, a lot of times it's patient comes in with whatever, some complex thing and, oh, I've got 10 minutes to talk to 'em. , even if they they went out of their way to do additional education, they're up to date on, what's going on.

They have 10 freaking minutes to talk to the poor person, much less go over in any basic labs, so it's a, yeah, I, yeah, a little tirade. I hope, I was hoping a couple years ago the system would get so bad that we'd just burn it all down and have to start over and it would just be more emergency medicine physicians actually have time to, talk to patients and, cause I've talked to a fair amount of people now who just decided not even to go to medical school because they're like, I can't.

Operate in the model that's gonna be at the end, which I'm just unfortunately gonna be forced into also. So it's just a mess all around .

[00:51:23] **Lacey Dunn, RD:** It's getting better

[00:51:23] **Dr Mike T Nelson:** there. There are couple. It's getting better. I do agree with

[00:51:25] **Lacey Dunn, RD:** that. Paloma and Index Health. I think there's one other, not Dr.

X, some other doctor that they're doing more functional medicine based with a focus on conventional and functional. So it's gonna, it's gonna get better, but for now, like when it comes down to testing, the key thing I want everybody to recognize and know first is get your foundations under control, diet, lifestyle, really work on stress management, sleep, take care of yourself, most importantly, and then do any testing.

[00:51:55] **Dr Mike T Nelson:** Yeah. And what are your thoughts? People, most states will allow them to do their own blood tests. Doing that in sort of addition and bringing that to their physician so that way they're like, hey, yep, we did our cbc, we did a C M P, but I think my iron is low. So I went and I did my own iron panel, and when I go in to do my fault of my physician, here's my iron panel results.

Do you mind looking at 'em? I've done that with a fair amount of clients now, and most of the time the physicians are like, oh, okay, cool. Because obviously no enough to understand and interpret it. It's I think, a, maybe a stop gap to try to get around some of the issues.

They don't have to worry about reimbursement. They're like I don't know. The patient brought it in on their own. They don't have to worry about, the requests and all that kind of stuff. The data's already in front of 'em. They have a little bit more time to talk about it, but I know that's also tricky because there's so much other testing.

I've seen some other, I know some very physicians now who are literally like, Yep. On my intake form it says a maximum of 40 pages cuz they're like, I didn't have that on there before and I had some people with 80 pages of testing that would come in. So you've got obviously the extreme of the extreme people who then go and test everything then and bring that in.

So it's messy .

[00:53:06] **Lacey Dunn, RD:** Ah, yeah. I definitely, I love the fact that people can go get their own blood work done. That's, I diagnose my own hypothyroidism because my doctor wouldn't pull labs. So I love the fact that you can go in there and get the testing but the most important thing is like having somebody to look at the testing.

Yeah. And then making sure to not overwhelm your doctor either cuz your doctor's not gonna look at 80 pages of testing. You're exactly

[00:53:27] **Dr Mike T Nelson:** correct. Yeah. And what are your thoughts about urine test versus blood tests in terms of just accuracy? Because obviously if you're looking at urine you have to then look at, a lot of times see byproducts of the original thing where right.

Of times you're doing blood tests and you can look at the original thing. It's itself.

[00:53:49] **Lacey Dunn, RD:** The key thing is when it comes down to urine, are we talking about hormone testing in particular? Yeah,

[00:53:53] **Dr Mike T Nelson:** mostly hormone testing. Yeah.

[00:53:55] **Lacey Dunn, RD:** Okay. So blood is pretty much always going to be king when we're talking about urine.

There is such a ability for variability and lack of sensitivity sometimes because we're talking about water clearance, kidney clearance, and with the urine too, we can't look or diagnose based on any oral or transdermal type of supplementation. So bioidenticals, you would never wanna use urine to assess with blood.

I love blood is king when we're talking about estrogen, progesterone, testosterone on a normal basis and then we can, but that doesn't tell us like urine metabolites. That doesn't tell us the bio bioavailability or the tissue sensitivity. Neither does urine though. So urine is not gonna tell us the tissue sensitivity either, but it can tell us the metabolites of our testosterone, of our estrogens.

The key thing is focusing on. Why do we need to look at those? And then what are the key symptoms, first and foremost? Because if you have on a low end range estrogen I know I previous said this, but if you have a low end range estrogen, all your metabolites are gonna be low anyways. So why would you go pull a urine to look at your, your E one, your two, your E three?

Sure you have totals, but why? Look at your two methoxy, your two oh H. Why look at those metabolism pathways if all that's gonna be low anyway and you can't even work on changing those ratios. I'm a big fan of urine, but it's all about utilizing it based on the person too, because there's so much variability in that we've gotta really chase the symptoms.

In the person and not chase the lab totals either, because there can be so much like inconsistency and especially with urinary cortisol. Oh my gosh, so much inconsistency when we're talking about urinary cortisol. So I think the key thing is like looking at and using, utilizing a lab and reading it and interpreting it based on the patient, not the lab value.

And then focusing on what are the key like fundamentals. So always chasing blood first and then you can dive into the urine. And then there's salivary too, which is a whole different story, but like I definitely suggest people, if you can stick to blood, then go into the urine. If you have a lot of estrogen dominance

issues, irregular cycles, you can look at your urinary metabolites throughout the entire cycle, which is really cool variability in that.

But really cool to be able to see how those levels go up and down throughout an entire cycle, all about what that person. .

[00:56:11] **Dr Mike T Nelson:** Yeah. And it's still just a snapshot of a single point in time, which again, extremely useful for a lot of times, but it may not always be the be all and end all right. And ranges.

Like a lot of times I'll have people send me a result and I'm like, oh yeah, it's just barely over the range. Or it may be in range, but you look at four other things and you're like, eh, there's probably something going on here too. So you can't always just go by, oh, it's in range or outta range. And like you said, you have to look at the whole context of why you're doing it and what's most useful for that person, and then map it back to what are their symptoms and what you're trying to do. Yeah.

[00:56:49] **Lacey Dunn, RD:** The hardest part with the Dutch is getting it at that screenshot in time when you need to do it that five to seven days before your period, or like day 21 before you get your period. The issue is like a lot of women, they will get that done and it's on the wrong day.

And then the entire ratios of estrogen and progesterone, not saying they're not useful, it'll be different, but they're way lack of use. There's like way off levels and you can't utilize that as okay, these are your levels throughout your entire menstrual cycle either. So I always try and go with the blood if we

[00:57:18] **Dr Mike T Nelson:** can't first.

Awesome. Great. And any, if someone's looking to do more peeing or do a deeper dive, what would be your kind of your top recommendations for them? Ooh,

[00:57:30] **Lacey Dunn, RD:** I love that. First thing, a complete blood panel. So I do the cm, P, C, bbc, thyroid antibodies, nutrients. I also like looking at things like uric acid, G T, ldh.

. But my main, I look at the main things for sex hormones, thyroid hormones, nutrient status C, B C, C, B. And if anybody wants, ever wants my list, I've been more than happy. Just shoot me a message at Faith and Fit on Instagram. I will

give you literally the list that I give clients. Nice. You can pull that yourself if you want, but that's the basis that I go off of.

And then if anybody has gut issues and they've worked on how they eat, what they eat, focusing on the lifestyle strategies of supporting healthy digestion, then I go into the GI map. There is Controversial opinion on the GM app, but 60 to 70 to 80% of the immune system is within our gut wide range.

But we don't know the per, like the specific percentage. But I do like to do the gut test too because you are not what you eat, you are what you digest, absorb, and assimilate. And I see a lot of issues with any hormonal thyroid. Overall autoimmune disease really stem from a gut issue. So I think that is the next step.

And then a six point cortisol. Cause I like to see the cortisol waking response if I can. It gives me even more data for how somebody is able to fight inflammation or have aphasia, the killing of destructive red blood cells. So those are the top things that I do. Blood panel. Cortisol and then gut test.

After we've done all that and we've made changes based on what we see on those levels, then we can dive into the deeper things, whether it's a mold test, a heavy metal test. I don't personally like doing organic acids. I know some people do. , but those are the other ones that I would go with next.

And then of course, like a viral lime type of

[00:59:06] **Dr Mike T Nelson:** panel. Yeah. I want to believe the organic acid test is the BL end all, and I so wish it was . Yeah. But I've that's a whole different topic, but it, the promise of it is so cool, right? Because it's oh, wow, look at all these things and metabolism. You're missing this and that.

If we just change that. But I don't know, I just, in my practice was some people who have done it. I haven't seen that it maps as direct as what I had hoped. Again, it doesn't mean it's worthless, it just means. It's like a buddy of mine says it's eh, it's like reading tea leaves, yeah, it might be this.

We could try this or try that. It's useful, okay. But it doesn't come out like on a digital scale and say, ah, this is exactly your problem, right? , it's helpful in the right circumstance, but it's not as, I guess the be all, end all because everybody who makes a new test, they wanted to advertise as this is the b l end all and all you ever really need, and you're gonna need a lot of data points to try to figure out what's going on with someone because it's complicated.

It's not simple. . Yeah.

[01:00:05] **Lacey Dunn, RD:** Yeah. I'm contemplating doing organic acid's, like training just to I've done a couple, but just to see what they say, but I'm just, I'm on the fence. I'm so on the fence and I'm on the fence when it comes down to the hair mineral analysis testing too. Yeah. I'm like, I don't, that's so indirect, right?

So ratios in those. Minerals indicating hypothyroidism or adrenal stress. I'm like, why wouldn't you just directly test the adrenals or direct directly test for the thyroid? Why take your hair out and cut it off and send it in? Like it just

[01:00:35] **Dr Mike T Nelson:** just doesn't make sense. Yeah. My pet peeve is people doing all these crazy tests for stress when, Hey, how about we look at your resting heart rate and your H R V to start Again.

I'm not saying that there's not any value in some other testing, but you could do that on your own for free and see if it's weird, and obviously if you need to go more in depth, by all means go, more in depth. But again, it's. Starting simple with the basic stuff. Just like training, just like nutrition.

But that's not sexy. Nobody wants to hear that. Eh, you go listen weight, do some cardio, eat some protein, eat whole foods. Eh, that's boring. I don't wanna hear about that. .

[01:01:10] **Lacey Dunn, RD:** Yeah, I know it's like telling somebody to do eight reps, four sets, but they wanna do drop sets and like intensity techniques and bio reps, and you're like we don't have to start with that.

We don't need to start with that. Let's start with the foundations and then

[01:01:23] **Dr Mike T Nelson:** progress. Yeah. Yeah. Let's look, I had, the worst I ever had was a client came in once, just had all sorts of pain, all sorts of stuff going on, and I said, hey, what program you been doing? He pulls out this crumpled piece of paper out of his pocket.

He's this one. And I looked at it and I'm like, this has no overload in it. Like this is literally like the same thing every week. I'm like, how long have you been doing this? He's 12 years. Oh my God. I'm like, 12 years. I'm like, I thought he was joking. I'm like, This is a joke, right? He's no, this is like the 13th time I've rewritten this piece of paper and I'm like, one, that's a lot of gonadal fortitude.

So good on you for doing it. Two, right? Like how did you end up doing the same program like for that long? And he's I hired a trainer years ago, and he told me like, this is the last program I'll ever need. I'm like, oh, my . He took that literally, yeah. He was a literal person on top of it, but I was like, oh, like how's it been working for you?

He's not good at all. I was like, oh, my joints hate me. I haven't made any progress and it just sucks. I'm like, yeah. So I just wrote his program. I took his old one and I literally put an arrow and did the exact opposite of everything that , he hadn't like ever done. Like bench press, row bicep, curl, tricep, press down, Oh my God. Yeah, we need adaptation

[01:02:46] **Lacey Dunn, RD:** people. We don't wanna change it every single workout, but we need a progressive overload with adaptation program. I love that. Yeah. Poor guy.

[01:02:53] **Dr Mike T Nelson:** Yeah. I felt bad for him. I was just like, oh man, awesome. Thank you so much for all your time today. Really appreciate it working.

Where's the best place people can find you? I know you've got a book, I know you've got your own practice with testing and podcast. Bunch of great stuff on Instagram.

[01:03:08] **Lacey Dunn, RD:** Yeah. Thank you so much for having me. This has been a fun conversation and if anybody wants to find me, follow me. I am @faithandfitness on Instagram.

My book is the Women's Guide to Hormonal Harmony, which is on Amazon. So I dive, and that's not just female work too, talk about a lot about nutrition training, the thyroid cortisol levels, and then of course women's hormones too. So that's there as well. And then my podcast is Uplift Fit Nutrition, which is the name of my practice.

So if anybody wants to connect with me, it's uplift@nutrition.com. Or you can just shoot me a message at Faith and fit on Instagram. And like I said, I'm more than happy to give you a link for, or, give you a list of labs that you might want to pull for any of your overall health statuses as

[01:03:48] **Dr Mike T Nelson:** well.

Yeah. That's awesome. And I highly recommend people check out your book too, because I think books are highly undervalued. Like the fact that you could pick up your book and get, so much of your wisdom for a fraction of the cost and the amount of time and effort it takes to write a book is just it's insane.

But the fact that people can get it for very reasonable price, I think is still an under the underutilized value. So thank you for doing that. Oh, thank you.

[01:04:13] **Lacey Dunn, RD:** Yes. That was my main goal. Oh my god. They're not easy, but I kid you not the, i, it's literally putting your brain in a resource so that when people come to me and they're like, okay, I can't afford to work with you.

I'm having these issues. What can I do? I'm like, here's my book. Just take it, read it. Understand. Try and take control yourself and then we can go from there.

[01:04:32] **Dr Mike T Nelson:** Yeah. Awesome. Thank you so much for all your time. I highly encourage people to check everything out you have going on, and thank you so much.

[01:04:38] **Lacey Dunn, RD:** Thank you. You have a greatest of your

[01:04:40] **Dr Mike T Nelson:** day. Yes, thank you. Bye.

[01:04:47] **Dr Mike T Nelson:** Thank you so much for listening to the podcast today. Really appreciate it. Huge thanks to Lacey for coming on to the podcast and letting me ask her just a whole host of questions. I always like interviewing people who have significant experience because what you've quickly realized is it's not just one particular area.

When you work with clients that you need to be good at, or at least know where your limits. And when to refer people out and get them moving in the right direction. So you may go in for testing and you may end up talking about testing and then also mindset and a bunch of other stuff. So I highly encourage you to check out all laci's information, check out her Instagram.

She's got wonderful information there all the time. I check out her book, we'll have all of the links and everything down below here that you can get to it right away. Huge thanks to her for coming down the podcast. If you enjoyed this,

leave us whatever review of stars you feel is appropriate. Even a short written review goes a long way to help the distribution of this podcast.

And to help us get more guests to come on here, and I've also opened any feedback you have, let me know and you can get the Insider newsletter for free via the website, which is miketnelson.com. Go to the website and you can hop on to the newsletter. There's different offers and gifts we'll give you to ethically bribe you to join the free newsletter.

And if you have any questions, you can hit reply there to the newsletter or if you just want to say hi, that's probably the best place to reach me. So thank you so much for listening to this podcast. As always, greatly appreciate it. We will talk to you next week.