1. Must be a current “certified LM physician,” certified by either ABLM or IBLM.
2. All hours/requirements must be accrued in the seven years prior to application.
3. Must complete a minimum of 1,200 hours of combined clinical and scholarly lifestyle medicine activity.
   - 750 hours must consist of Clinical Lifestyle Medicine Activity with the following minimums:
     - 120 hours of Intensive Therapeutic Lifestyle Change (ITLC) programming
     - 60 hours of Lifestyle Medicine group facilitation
     - 120 hours of individual Lifestyle Medicine clinical interactions
   - 100 hours must consist of Scholarly Lifestyle Medicine Activity work
4. Must submit 10 unique patient case studies evidencing chronic disease reversal or significant clinical improvement due to lifestyle interventions. Each submitted case must document at least 3 contact points (individual patient visits) over a minimum of 6 months.
5. Must pay the non-refundable application fee of $499.
6. Must be approved by a quorum of the then current ABLM/IBLM board members.

Clinical Hour Reporting Requirements

For each clinical activity claimed (ITLC programming, LM group facilitation, LM individual patient interactions), the applicant must list each program for which he/she is claiming contact hours.

- Examples:
  - **ITLC Programming:** Complete Health Improvement Program (CHIP), Ornish, McDougall 10-Day Program, Other ITLC Program
  - **LM Group Facilitation:** Tobacco Dependence Groups, Chronic Disease Group Visits, Other Group Facilitation
  - **LM Patient Interactions:** Loma Linda Lifestyle Medicine Consultation Clinic, Applicant’s Lifestyle Medicine Practice

For each specific program for which the applicant is claiming contact hours in each of the three LM clinical activity categories (ITLC, LM Groups, LM Individual), the applicant must provide the following information:

- Name of activity (list each ITLC and Group LM activity separately)
- Location of each activity
- Dates of each activity (e.g. May, 2018 – August, 2018)
- Brief description of the activity, including the specific LM interventions employed (not to exceed 150 words)
- Details regarding the applicant’s specific role in the LM intervention activity
- For Group LM activities, the applicant must provide details regarding the number of group sessions, length of each group session, number of participants in sessions.
- For individual patient LM consultations, please provide a description of the clinic setting, number of patient encounters in a typical week, and over what period of time you saw individual patients to account for the minimum 120 hours.
Scholarly Activity Reporting Requirements

Complete at least one Lifestyle Medicine scholarly activity in any of the suggested areas: curriculum development and education; publication and editing; key clinical system/process development (including SMAs and/or ITLCs) and/or business development.

All scholarly activity must be documented for each category for which credit hours are claimed: date of presentation or publication; title of presentation, published article, book chapter; links or PDFs of publications and presentations; letter from program director/faculty member responsible for overseeing teaching activities documenting teaching activity.

- **Presentations** – up to 30 hours per presentation (report actual hours)
  - Media presentations (TV, radio, web, podcasts, blogs)
  - Health professional presentations (community or local/national organization conferences)

- **Curriculum Development and Education** – up to 30 hours per project including creation and/or delivery (report actual hours)
  - Professional CME
  - Medical/resident education
  - Other health professional education

- **Publication and Editing** (report actual hours)
  - Peer reviewed article or case reviews – up to 30 hours per article
  - Non-peer reviewed or lay journal article – up to 15 hours per article
  - Book chapter (20-30 hours per chapter)
  - Editing: articles, curriculum, book chapter(s), books up to 10 hours per project

- **Key Clinical System/Process and/or Business Development** – up to 30 hours per project (report actual hours)
  - Shared medical appointment development
  - ITLC creation
  - Business/service line development (may include implementation of LM into EMR or LM process improvement)

General Case Study Requirements

Clinical conditions that may be used to satisfy the case study requirement are classified as either Category 1 or Category 2 conditions. An individual patient may only be used for one case study and for one condition, i.e., a patient may not be used to satisfy the case study requirement for more than one condition.

**Category 1 Conditions:** All Category 1 case studies must involve a minimum of 3 patient contacts (in-office or telemedicine visits) over at least 6 months. The applicant must include at least one case study from each of the following clinical categories:

- Diabetes Reversal
- Hyperlipidemia Reversal
- Hypertension Reversal
- Weight Loss
The remaining six case studies may be selected from one or more of the Category 1 conditions or from the list of Category 2 conditions; however, if Category 1 conditions are used to satisfy all or part of the remaining six case studies requirement, the case must still document at least 3 patient contacts, but the time requirement is reduced from at least 6 months to at least 3 months.

**Category 2 Conditions:** All Category 2 case studies must involve a minimum of 3 patient contacts (in-office or telemedicine visits) over at least 3 months.

- Anxiety Improvement
- Arthritis Improvement
- Cognitive Impairment Improvement
- Coronary Artery Disease Improvement (Angina Reduction)
- Depression Improvement
- Fibromyalgia and Other Pain Syndromes Improvement
- Metabolic Syndrome Reversal
- Prediabetes Reversal
- Renal Function Improvement
- Tobacco Cessation
- Vascular Disease Symptom Improvement  
  - Erectile Dysfunction (ED)
  - Peripheral Artery Disease
- Other Conditions—e.g., Irritable Bowel Syndrome, Polycystic Ovarian Syndrome (PCOS), Autoimmune Conditions (e.g., RA, MS, LE, psoriasis), COPD

**Case Study Criteria by Condition Category**

**Category 1 Required Conditions**

Each Category 1 case study must meet the specified criteria for the clinical category for which the case study is being submitted in fulfillment of the requirements for Lifestyle Medicine Specialist designation. Note that the documentation requirements are uniquely specified for the four required case study conditions of diabetes reversal, hyperlipidemia reversal, hypertension reversal, and weight loss. Each case must be followed for at least 6 months and must document both reversal and holding the reversal for at least 3 months.

**Diabetes Reversal**

For submitting a Diabetes Reversal case, the candidate should be able to identify, demonstrate, and document partial or complete remission per the following guidelines.

- Previously diagnosed type 2 diabetes, with diagnostic criteria of:
  - HbA1c >6.5%
  - FSG >126mg/dL or above on more than one occasion
- According to ADA guidelines, diabetes can be either put into partial or complete remission.
  - Partial Remission – HbA1C < 6.5, FSG 100-125 mg/dL or 5.6-6.9 mmol/L in the absence of ongoing pharmacotherapy for a period of at least 6 months
  - Complete Remission – HbA1C < 5.7, FSG < 100 mg/dL or < 5.6 mmol/L in the absence of ongoing pharmacotherapy for a period of at least 6 months
References:


Hyperlipidemia Reversal

For submitting a Hyperlipidemia Reversal case, the candidate should be able to identify, demonstrate, and document the following:

- 20% reduction in LDL levels, reflecting what was shown in the Portfolio Diet study. This reduction should be sustained for at least 6 months and it should be independent of statin therapy. This means:
  - if the patient is already on statin therapy prior to the implementation of lifestyle interventions, a 20% reduction in LDL-cholesterol must be demonstrated with either no change or a reduction in dosage (including elimination) of statin therapy; or,
  - if the patient is not on statin therapy prior to the implementation of lifestyle interventions, a 20% reduction in LDL-cholesterol must be demonstrated in the absence of statin therapy.

References:


Hypertension Reversal

Cases submitted for Hypertension Reversal must have a demonstrated diagnosis of hypertension according to either Hypertension Canada or AHA Guidelines and must meet treatment targets as specified by either Hypertension Canada or AHA Guidelines:

• According to Hypertension Canada guidelines – diagnosis established if:
  ▪ Non-Ambulatory Office Blood Pressure Monitor SBP>140 and/or DBP>90 in patients without Diabetes
  ▪ Non-Ambulatory Office Blood Pressure Monitor SBP>130 and/or DBP> 80 in patients with Diabetes
  ▪ Home Blood Pressure Monitor SBP>135 and/or DBP>85
  ▪ Ambulatory Blood Pressure Monitor SBP>130 and/or DBP>80
• According Hypertension Canada Guidelines -- Treatment Targets are defined as follows:
  ▪ SBP <140 and DBP<90 in patients without Moderate CVD risk
  ▪ SBP<130 and DBP<80 in patients with Diabetes
  ▪ SBP<120 in high-risk CVD patients
• According to AHA Guidelines:
  ▪ Diagnosis established at BP > 130/80
  ▪ Treatment target for most patients in the 18-65 range – BP < 130/80
• Successful Hypertension Reversal cases must demonstrate blood pressure normalization using either AHA criteria or Hypertension Canada guidelines and a reduction in pharmacotherapy (if on pharmacotherapy) for at least 6 months.
• References:


Weight Loss for Overweight / Obesity

Numerous studies show metabolic benefits with as little as 5% to 10% body weight loss. Sleeve gastrectomy leads to about 25% weight loss and medications can lead to weight loss between 5% and 10%. Complicating factors can be co-morbidities and more importantly, weight promoting medications.

- Broad study – mean BMI reduction at 6 months for WFPB was about 4
- For submitting a weight loss case, the candidate should be able to identify, demonstrate, and document the following:
  - Initial clinical status including weight and BMI with inclusion of body fat percentage and waist circumference (WC)
  - Identify possible contributing factors to weight gain including the 6 pillars of lifestyle medicine and any medications or medical conditions.
  - Lifestyle interventions utilized along with rationale
  - Demonstrate at least 10% weight loss using LM interventions without pharmacotherapy assistance over at least 6 months.
- References:

Category 2 Conditions

Documentation requirements for Category 2 Conditions are recommended but not required at this time; however, the applicant must document to the satisfaction of the ABLM significant disease reversal or mitigation as the result of lifestyle interventions. For Category 2 conditions, the applicant must demonstrate disease remission/reversal involving a minimum of 3 patient visits over the course of 3 months, including a beginning and a subsequent objective measurement.
Anxiety Improvement

To fulfill the requirement of demonstrating symptom improvement in patients with anxiety in a patient case study, it is recommended that the applicant use a validated assessment instrument such as the Generalized Anxiety Disorder (GAD-7) both before and after lifestyle interventions and document the following:

- The patient has an initial score on the GAD-7 between 6 and 21 (moderate to severe anxiety)
- The patient demonstrates an improvement of at least one severity category (e.g., from moderate anxiety to mild anxiety, from severe anxiety to moderate anxiety)
- The patient demonstrates an improvement in total score of at least 4 points
- GAD-7 scoring severity:
  - None 0-5
  - Mild 6-10
  - Moderate 11-15
  - Severe 16-21

References:

Arthritis Improvement

To fulfill the requirement of demonstrating improvement in rheumatoid arthritis symptoms, it is recommended that the applicant use an accepted scoring system such as the ACR scoring system developed by the American College of Rheumatology which helps physicians measure the improvement in their patients’ rheumatoid arthritis after being treated with various modalities in possible combination with markers such as RA factor and hs-CRP.

References:
Cognitive Impairment Improvement

To fulfill the requirement of demonstrating improvement in cognitive function in a patient case study, it is recommended that the applicant use a validated assessment instrument such as the Montreal Cognitive Assessment (MoCA) both before and after lifestyle interventions and document the following:

- The patient must be age 55 or older
- The patient has an initial score on the MoCA of 25 or less (maximum score = 30)
- The patient has an improvement of at least one severity category (e.g., mild cognitive impairment to normal cognitive function, moderate cognitive impairment to mild cognitive impairment)
- The patient documents an improvement in total score of at least 2 points
- MoCA scoring severity:
  - Normal 26-30
  - Mild 18-25
  - Moderate 10-17
  - Severe < 10

- Note: The MoCA has been validated for 55-85 year-olds. Administration of the MoCA requires training and certification. See MoCA website [www.mocatest.org] for details. MoCA may be used, reproduced, and distributed by health professionals without permission for clinical use with patients.

- References:

Coronary Artery Disease Improvement (Angina Reduction)

Cases submitted for Coronary Artery Disease Improvement (Angina Reduction) must demonstrate improvement of at least one Canadian Cardiovascular Society (CCS) Class using lifestyle interventions that is sustained for at least 3 months.

- References:

Depression Improvement

To fulfill the requirement of demonstrating symptom improvement in patients with depression in a patient case study, it is recommended that the applicant use a validated assessment instrument such as the Patient Health Questionnaire 9 (PHQ-9) both before and after lifestyle interventions and document the following:

- The patient has an initial score on the PHQ-9 between 11 and 21 (moderate to severe depression)
- The patient demonstrates an improvement of at least one severity category (e.g., from moderate depression to mild depression, from severe depression to moderate depression)
- The patient demonstrates an improvement in total score of at least 4 points
- PHQ-9 scoring severity:
  - None 0-4
  - Mild 5-9
  - Moderate 10-14
  - Moderately Severe 15-19
  - Severe 20-27

- References:


Fibromyalgia / Other Pain Syndromes Symptom Improvement

To fulfill the requirement of demonstrating symptom improvement in patients with fibromyalgia or other pain syndromes in a patient case study, it is recommended that the applicant use a validated assessment instrument such as the Revised Fibromyalgia Impact Questionnaire (FIQR) both before and after lifestyle interventions and document the following:

• The patient has an initial score on the FIQR of at least 45
• The patient demonstrates an improvement (decrease in total points) of at least 14% (minimal clinical importance) of the total initial FIQR score
• References:

Metabolic Syndrome Reversal

It is recommended that cases submitted for Metabolic Syndrome Reversal meet the following criteria:

• Diagnosis established if any three of the following criteria are present:
  ▪ Waist circumference > 102cm (40in) in men and > 88cm (35in) in women
  ▪ Serum triglycerides >150 mg/dL (1.7mmol/l)
  ▪ Serum HDL <40mg/dL (1/mmoll) in men and <50mg/dL (1.3 mmol/l) in women
  ▪ Blood pressure > 130/85
  ▪ Fasting glucose > 100mg/dL (5.6mmol/l)

Applicants must demonstrate the reversal in all three criteria that were used to diagnose metabolic syndrome in the patient for at least 3 months for Experiential Pathway applicants.
• References:

Prediabetes Reversal

It is recommended that cases submitted for Prediabetes Reversal meet the following criteria:
  • Patients have an initial HbA1C of 5.7 to 6.4 and/or a FG of 100-125mg/dL or 5.6 to 6.9 mmol/L to be considered pre-diabetic
  • Patients achieve a HbA1C of less than 5.7 and FG less than 100mg/dl or 5.6mmol/L in the absence of pharmacotherapy
  • References:

Renal Function Improvement

To fulfill the requirement of demonstrating improvement in renal function, it is recommended that the applicant use established biological markers such as BUN, creatinine, eGFR, and cystatin-C to document significant improvement in renal function (e.g., at least a 5-point increase in eGFR) due to lifestyle medicine interventions.

• References:

**Tobacco Cessation**

Cases submitted for Tobacco Cessation should demonstrate complete cessation of all tobacco use in previous tobacco users for at least 6 months by means of lifestyle interventions. Pharmacotherapy (Wellbutrin, Chantix, nicotine replacement therapy) may be a part of the intervention, but the patient must be off all pharmacotherapy for at least 3 months before the case study can be submitted.

- **Note:** A maximum of 2 tobacco cessation cases may be submitted in fulfillment of the case study requirement.
- **References:**

**Vascular Disease Symptom Improvement – Erectile Dysfunction:**

To fulfill the requirement of demonstrating improvement in erectile dysfunction in a patient case study, it is recommended that the applicant use a validated assessment instrument such as the Sexual Health Inventory for Men (SHIM), an abridged and slightly modified 5-item version of the 15-item International Index of Erectile Dysfunction, both before and after lifestyle interventions and document the following:

- The patient has an initial score on the SHIM of between 5 and 16 (severe to mild-to-moderate erectile dysfunction)
- The patient has an improvement of at least one severity category (e.g., severe erectile dysfunction to moderate erectile dysfunction or higher, mild-to-moderate erectile dysfunction to no significant erectile dysfunction)
- The patient demonstrates an improvement in total score of at least 3 points
- **References:**
Vascular Disease Symptom Improvement – Peripheral Artery Disease:

To fulfill the requirement of demonstrating symptom improvement in patients with peripheral artery disease in a patient case study, it is recommended that the applicant use a validated assessment instrument such as the Vascular Quality of Life Questionnaire 6 (VQ-6), a short version of the VascuQoL-25, both before and after lifestyle intervention and document the following:

- The patient has an initial score on the VQ-6 of between 6 and 15
- The patient must have an improvement in total score of at least 4 points

References: