

CASE STUDY – Recommendations by RDN for Physical Activity Guidance

Case: A registered dietitian nutritionist* wants to recommend an individualized physical activity regimen for an obese patient/client as part of adult weight management.

Statement: The Scope of Practice for the Registered Dietitian Nutritionist (RDN) does not guarantee that a RDN will be able to perform expanded practice skills, but it can guide the RDN to the resources and options that can be used to evaluate whether the RDN can safely and effectively provide an expanded practice skill and advance individual practice.

Explanation of Case: In this example, the RDN uses the Scope of Practice for the RDN, the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for RDNs in Sports and Human Performance Nutrition, and the SOP and SOPP for RDNs in Adult Weight Management to determine whether recommending an *individualized* physical activity regimen to patients/clients as part of the organization's weight management program is within their individual scope of practice. Although the RDN may seek advice and direction from colleagues, the initial review is the RDN's responsibility.

Case Study Resources:

- Available from the Academy of Nutrition and Dietetics (Academy) and Commission on Dietetic Registration (CDR)
 - Education Core Knowledge and Competencies for the RD or RDN (ACEND):
<https://www.eatrightpro.org/acend/accrreditation-standards-fees-and-policies/2022-standards-and-templates>
 - Code of Ethics for the Nutrition and Dietetics Profession:
<https://www.cdrnet.org/codeofethics>
 - Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist and the Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists: CDR Webpage:
<http://www.cdrnet.org/scope> leads to the *Journal* Website to access the Scope and Standards for RDNs and NDTRs Collection: <https://jandonline.org/content/core>
 - Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Sports and Human Performance Nutrition <https://jandonline.org/content/credentialed>
 - Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists in Adult Weight Management
<https://jandonline.org/content/credentialed>
 - Academy Evidence Analysis Library: <https://andeal.org>
 - Nutrition and Physical Activity: General Population Guidelines (2022-23):
<https://andeal.org/topic.cfm?menu=6096>
 - Robinson J, Nitschke E, Tovar A, et al. Nutrition and physical activity interventions provided by nutrition and exercise practitioners for the general population: an

- evidenced-based practice guideline from the Academy of Nutrition and Dietetics and American Council on Exercise. *J Acad Nutr Diet.* 2023;123(8):1215-1237.
- Nutrition Care Process Terminology (eNCPT) <https://www.ncpro.org/>
 - Commission on Dietetic Registration (CDR) Certifications: <https://www.cdrnet.org/board-certified-specialist>
 - Essential Practice Competencies for the Commission on Dietetic Registration's Credentialed Nutrition and Dietetics Practitioners: https://admin.cdrnet.org/vault/2459/web/New_CDR_Competencies_2021.pdf
- Institutional, regulatory, and other resources include:
- RDN's job description
 - Organization policies and procedures
 - Accreditation standards, if applicable <https://www.cdrnet.org/regulations>
 - Academy resources on CMS Conditions of Participation for Hospitals for RDN order writing privileges: <https://www.eatrightpro.org/advocacy/licensure/therapeutic-diet-orders>
 - Centers for Medicare & Medicaid Services (CMS) State Operations Manual: <https://www.cms.gov/files/document/som107appendicestoc.pdf>

USING THE SCOPE OF PRACTICE DECISION ALGORITHM: www.cdrnet.org/scope

The Scope of Practice Decision Algorithm is a resource that permits a RDN to answer a series of questions to determine whether a particular activity is within their individual scope of practice. The algorithm is designed to allow a RDN to critically evaluate their knowledge, skills, experience, judgment and demonstrated competence using criteria resources. The algorithm is used by the RDN to evaluate each separate activity.

Question 1: Has this activity become routine in nutrition or dietetics literature and in nutrition and dietetic practice?

Increasingly, RDNs are obtaining education in exercise physiology, exercise science, or kinesiology (or equivalent). Some RDNs are also gaining an appropriate exercise certification to provide recommendations for individualized physical activity regimens in addition to nutrition services. RDNs without exercise or physical activity credentials may discuss the role of physical activity in weight management and provide general physical activity recommendations based on current guidelines. RDNs may use the governmental resources on physical activity below to provide guidance on general physical activity for healthy individuals or for clients with medical clearance from healthcare provider.

- [Physical Activity. U.S. Department of Health and Human Services](#)
- [Physical Activity Basics \(all ages\). Centers for Disease Control and Prevention](#)
- [United States Department Health and Human Services. Move Your Way](#)

Question 2: Is this activity consistent with the Academy of Nutrition and Dietetics/CDR Code of Ethics and standards of practice and standards of professional performance, evidence-based practice, nutrition practice guidelines or protocols, other national organization standards of practice, accreditation standards or federal and state regulations, and good business practices?

To credibly provide recommendations for individualized physical activity regimens, RDNs are advised to obtain appropriate education in exercise physiology, exercise science, or kinesiology (or equivalent) and an appropriate exercise certification. Exercise certification is especially important in addressing physical activity with patients/clients who have medical conditions, e.g., cardiovascular conditions, diabetes, pulmonary disease, or osteoporosis.

Examples of appropriate certifications include the following: American College of Sports Medicine (ACSM) Certified Personal Trainer® (CPT), ACSM Certified Exercise Physiologist (ACSM EP-C), ACSM Certified Clinical Exercise Physiologist (ACSM CEP), National Strength and Conditioning Association NSCA-Certified Strength and Conditioning Specialist® (CSCS®), NSCA-Certified Personal Trainer® (NSCA-CPT®) (or equivalent), and National Athletic Trainers' Association BOC-certified athletic trainer.^{1, 2, 3} RDNs are advised to seek certification programs accredited by the National Commission for Certifying Agencies:

<https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA> .

The Code of Ethics,⁴ Revised 2017 Standards of Practice (SOP) in Nutrition Care and the Standards of Professional Performance (SOPP) for RDNs,⁵ Revised 2021 SOP and SOPP for RDNs (Competent, Proficient, and Expert) in Sports and Human Performance Nutrition,⁶ Revised 2022 SOP and SOPP for RDNs in Adult Weight Management,⁷ and the Evidence Analysis Library: Adult Weight Management Guidelines⁸ support RDNs providing general physical activity guidance. Recommending individualized physical activity regimens is applicable when the RDN has earned the necessary exercise certification or credential.

Information addressing RDNs' assessment of physical activity regimens was published in the Standards of Practice and Standards of Professional Performance for RDNs in Sports and Human Performance Nutrition. As part of nutrition assessment within the Nutrition Care Process, the RDN assesses current physical activity levels, exercise/athletic training, and restrictions reported by the client/patient (Sports SOP 1.7). The RDN confers with the interprofessional team and coordinates with colleagues to deliver nutrition education and services that integrate nutrition with exercise/athletic performance, health promotion, and wellness (Sports SOP 3.4, 3.10; Sports SOPP-3.4, 3.4A).⁶

The SOP and SOPP for RDNs in Adult Weight Management (AWM) also include the following: nutrition assessment, assessing physical activity habits and restrictions (AWM SOP 1.7), coordination of care with other members of the health care team which includes exercise professionals (AWM SOP 3.11C), and referral of patients/clients to qualified fitness professional unless RDN holds the appropriate exercise certification (AWM SOPP 3.2B3).⁷

The Academy of Nutrition and Dietetics/CDR Code of Ethics states, “Nutrition and Dietetics practitioners shall: recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate” (Principle 1(f)).⁴ Lastly, the Evidence Analysis Library has guidelines to encourage physical activity as part of Adult Weight Management, scoring it with “Consensus, Imperative” rating.⁸ The Evidence Analysis Library presents data that supports the incorporation of physical activity in adult weight management, but does not specify the RDN as the health professional to prescribe or provide individualized physical activity recommendations.

In reviewing the federal and state regulations, the RDN determines that the federal CMS Conditions of Participation for Hospitals effective July 11, 2014 now allows a hospital and its medical staff the option of granting clinical privileges to an RD or other clinically qualified nutrition professional to write therapeutic diet orders if consistent with State laws and regulations, and organization policies.^{9, 10} A review of the state regulations for hospitals determines that there are no regulations that would prevent a hospital from granting privileges to the RDN. RDN privileging must be ensured through the hospital’s medical staff rules, regulations, and bylaws or other facility-specific process.

If the weight management program is part of a hospital’s outpatient services and is surveyed under the CMS Conditions of Participation for Hospitals, RDNs would need to be privileged to independently initiate or modify orders.⁹ Each hospital and its medical staff must determine the ordering privileges to grant the RDN(s) and specific scope of care services to be granted.¹⁰ Examples of services that may be applicable in a weight management program setting are: initiating or modifying orders for diet, oral nutritional supplements, dietary supplements, laboratory tests, conducting indirect calorimetry measurements, and initiating referrals to other practitioners.

Question 3: Do you have the necessary knowledge, skills and demonstrated competence in practice to perform this activity?

In reviewing education and training, the RDN notes knowledge and ability to perform the Nutrition Care Process to enhance wellness of individuals and groups with diverse needs, as well as an understanding of the role of nutrition and lifestyle choices in health promotion and disease prevention (KRDN 3.1, 3.2 and 3.3)¹¹. Over 40 hours of continuing education and self-study training in adult weight management have been completed by the RDN.

The RDN does not currently have the recommended education and training needed to qualify for one of the exercise certifications to provide *individualized* exercise recommendations.

Question 4: Did you use the Standards of Practice and Standards of Professional Performance to determine your competence? Did you demonstrate your competence to an individual with the knowledge and skills to appropriately assess your ability to perform the activity? Is your competence documented in your personnel record?

The RDN reviews the Revised 2017 Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists⁵, the SOP and SOPP for RDNs (Competent, Proficient, and Expert) in Sports and Human Performance Nutrition⁶ and the SOP and SOPP for RDNs in Adult Weight Management⁷ to determine education, skills and training needed to practice competently in the area of general and individualized physical activity guidance and weight management. The RDN determines skills and education needed to advance their level of practice.

The RDN demonstrates competence to an appropriate qualified colleague or supervisor to provide *general* physical activity recommendations as part of the Nutrition Care Process. The RDN's competence is monitored and documented on a yearly basis through peer review. The RDN's personnel file contains documentation to verify this yearly assessment of competence.

The RDN outlines a plan using the Commission on Dietetic Registration Portfolio Development Process to obtain the necessary education and training to qualify for and gain an exercise certification to provide *individualized* physical activity guidance.

Question 5: If the state(s) where you work license RDNs, is there any language that prohibits this activity? Are there provisions within the scope of practice of any other profession that would limit performing this activity?

Researching the state licensure/state practice act, and the federal regulations applicable for the specified facility, the RDN finds that recommending an individualized physical activity regimen is not explicitly restricted or permitted.

Question 6: Are there any additional credentials (i.e., CSSD, CDCES, CSO, CNSC) or training (i.e., residency/fellowship, certificate of training in Obesity in Pediatrics and Adults) described in published practice guidelines that would be expected of a health professional performing the activity?

The RDN has completed the Certificate of Training in Obesity in Pediatrics and Adults through the Commission on Dietetic Registration; all relevant education and training is documented in the RDN's personnel file and Professional Development Portfolio, including certifications, mentoring, and observations. The Certificate of Training in Obesity in Pediatrics and Adults covers many topics including: current research and future possibilities in overweight and obesity; clinical management of overweight and obesity; popular diets and weight loss programs; over-the-counter dietary supplements: role in weight loss; role of physical activity in weight loss and maintenance; behavior management; meal replacement formulas as a treatment option, medical complications of treatments; nutrition management of bariatric surgery patients; and pharmacotherapy as a treatment option.¹²

The RDN does not currently have an appropriately recognized exercise certification or credential.

Question 7: Does employer/organization, in its policies and procedures or medical staff bylaws, recognize the RDN as qualified to perform the activity?

The RDN reviews the organization's governing body documents, such as medical staff bylaws, rules and regulations, and policies and procedures, and concludes that part of the mission of the organization's adult weight management program includes promoting and recommending to patient's/client's general physical activity guidelines produced by credible agencies.

Medical staff and administration of the organization support the RDNs with the appropriate training, education to provide general guidance and, with an exercise certification, individualized exercise regimens to clients/patients as part of an adult weight management program. To provide individualized exercise regimens, examples of appropriate education include a degree in exercise physiology, exercise science, or kinesiology (or equivalent) or applicable courses in exercise physiology, exercise science, or kinesiology (or equivalent) and a supervised practice program.

The hospital does grant clinical privileges to RDNs through a medical staff-approved allied health credentialing process. The RDN consults with the Weight Management Program's physician medical director who supports the program's RDNs being privileged for delineated activities in providing care and services to patients/clients in the program, e.g., initiating or modifying diet order/nutrition prescription, conducting indirect calorimetry measurements. Once an RDN has received the necessary exercise certification for determining individualized physical activity regimens, this role can be included in the RDN's job description and scope of responsibilities.

Before performing the activity:

- Ensure your activities are consistent with granted clinical privileges and job description.
- Ensure that your job description reflects the scope of your responsibilities.
- Ensure that your personnel file contains documentation of education, training, credentials, if applicable, and competence in performing activities; incorporate exercise education and training and exercise certification once completed.
- Investigate your organization's liability coverage and need for personal professional liability insurance. RDNs who recommend individualized physical activity regimens to patients/clients are advised to carry liability insurance appropriate to that role.
- For billable services, investigate whether activities granted with privileging, if applicable, as performed by an RDN, will be reimbursed by health plan insurers, including Medicare. A physician's order may be necessary in order for certain services to be billed to Medicare, Medicaid or third-party payers.¹⁰

Disclaimer: The Case Studies are intended solely as models to assist practitioners in using the Standards of Practice in Nutrition Care, Standards of Professional Performance and the Scope of Practice Decision Algorithm and in determining their individual scope of practice. The Case Studies should not be viewed as determinative of any particular inquiry or outcome. The results of an actual inquiry may differ according to the specific factual circumstances and state laws applicable to the specific situation.

In this Case Study, the CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician,

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