



THE INSTITUTE FOR
FUNCTIONAL
MEDICINE®

VERSION 16

Personalizing the IFM *Therapeutic Food Plans*

Practitioner Guide

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Introduction to the Personalizing Guide

This Practitioner Guide is a resource for personalizing The Institute for Functional Medicine (IFM) therapeutic food plans.

This guide outlines the clinical applications of the suite of IFM food plans by feature and therapeutic intent. It also provides guidance on patient education regarding healthy eating, therapeutic use of foods, calorie recommendations, and macronutrient distributions (abbreviated "macros") to support a variety of patients and their health goals.

Using this guide, practitioners will be able to personalize an individual patient's food plan in three easy steps:

- **Step 1:** Select the appropriate food plan based on the food plan's features
- **Step 2:** Select a macronutrient distribution and caloric range as appropriate
- **Step 3:** Select additional options for personalization

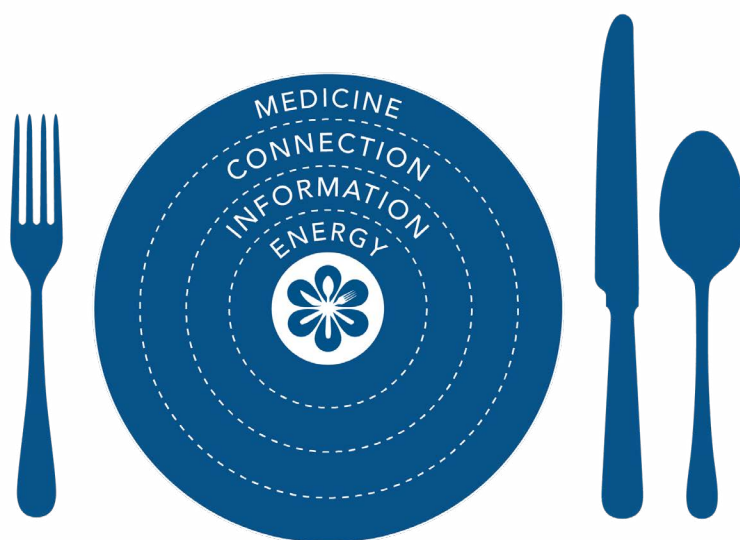
This guide outlines the three step process for selecting a food plan based on each patient's unique physiology and health goals. As patients progress in their health journey, you will likely need to refer back to this guide to adjust their food plan, macronutrient balance, and other personalizations. The recommendations and guidance herein are not intended to supersede the clinical judgment of the practitioner.



Functional Nutrition Fundamentals

The Functional Nutrition Fundamentals are the four guiding principles that describe IFM's philosophy of functional nutrition.

Both practitioners and patients who are new to functional medicine will benefit from learning about these fundamental principles.



Food is medicine. Healthy, whole foods have the potential to prevent and reverse many chronic diseases.^{1,2} Nutrigenomics, a science that studies the impact of food choices on gene expression, highlights the interplay between food choices and gene expression.³ Nutrient-rich foods send signals to the body associated with positive gene expression and optimal health.⁴

Food is connection. People often prefer certain foods, snacks, or beverages because they provide a state of connection to something else—like community or culture. For centuries, food has brought people together, often serving as the central focus of social gatherings and celebratory events. The smell, taste, or texture of food can help an individual connect to memories of pleasurable events, places, and time shared with others.

Food is information. Dietary choices communicate information which influences all organ systems in the body. Food choices influence inflammation, gut health, cognitive function, and more.⁵⁻⁸ A pattern of health-promoting food choices influences pathways within the body and may move an individual towards their greatest state of health and healing.

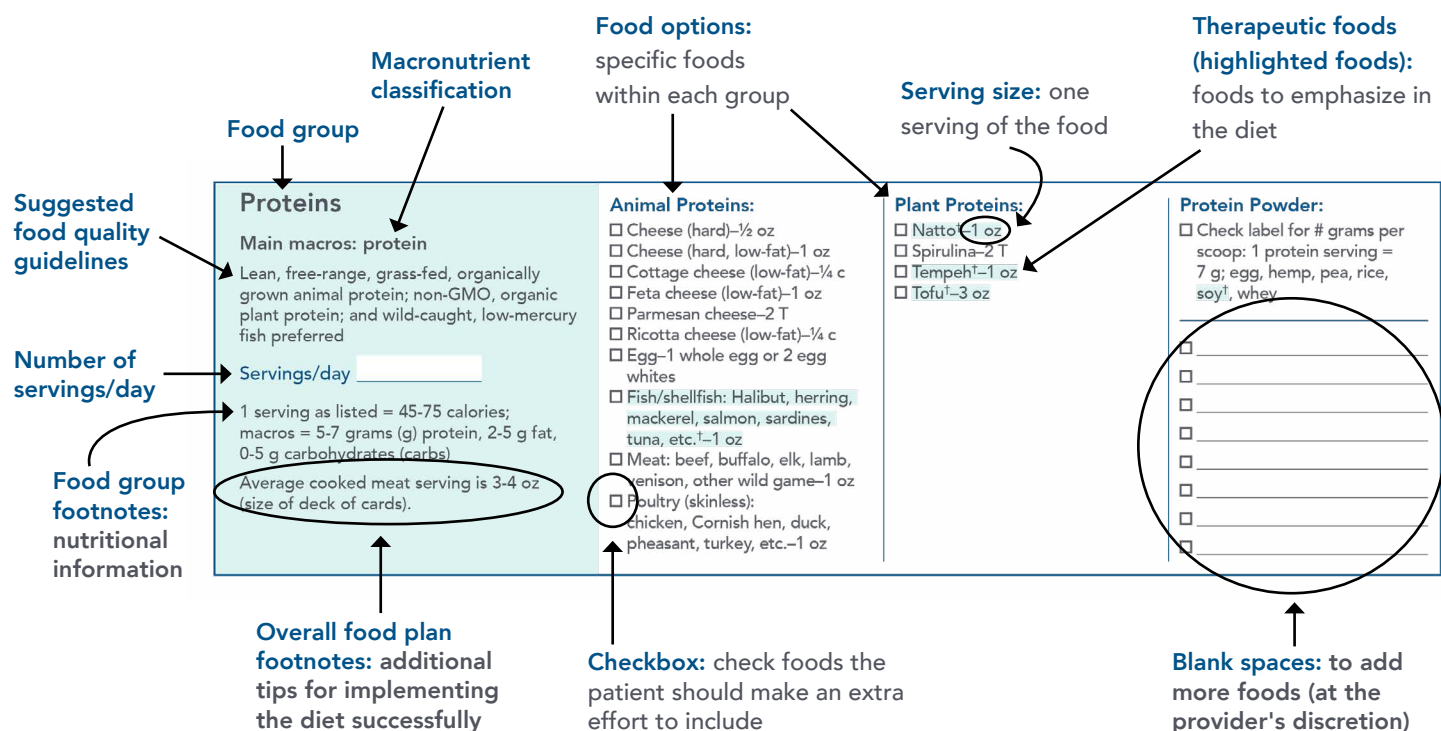
Food is energy. At the most basic level, food provides fuel necessary for the body to function. Every cell in the body requires energy, and the source of that energy is food.

Overview of the IFM Food Plans

Anatomy of an IFM Food Plan

Each IFM Food Plan outlines the food groups patients may choose from to build a balanced diet. Each food group section provides guidelines to help patients understand:

- The macronutrient classification of each group
- Suggested food quality guidelines
- The recommended daily servings from each group
- Nutritional information
- Specific food options within each group
- Serving sizes
- Priority (therapeutic) foods to emphasize
- Checkboxes for marking foods the patient should prioritize
- Additional tips for implementing the diet successfully
- Blank spaces to add more foods (at the provider's discretion)



Overview of the IFM Food Plans

Food Groups

Each food plan organizes foods into sections. Each section represents a **food group** - a category of foods that share similar nutritional properties. The food groups included in each food plan are:

- Proteins
- Legumes
- Dairy & Alternatives
- Nuts & Seeds
- Fats & Oils
- Vegetables - Non-starchy
- Vegetables - Starchy
- Fruits
- Whole grains
- Beverages, Herbs, Spices & Condiments

Macronutrient Classifications

In each food group section, the **macronutrient classification** is displayed below the food group name. This classification highlights the primary macronutrients — protein, carbohydrates, or fats — provided by the foods in the group. Macronutrients are nutrients the body requires in large amounts, primarily for energy.

Each food group provides 1-2 primary macronutrients. For example, the "Proteins" food group provides primarily protein, while "Legumes" food group provides both protein and carbohydrates. The exception is the Beverages, Herbs, Spices & Condiments food group, because the foods in this group provide negligible macronutrients.

The practitioner can use these macronutrient classifications to help the patient track macronutrient categories in their Diet, Nutrition, & Lifestyle journal.

Overview of the IFM Food Plans

Food Guidelines

In each food group section, there is either a pre-specified number of daily servings or a space for the practitioner to write or type in the **number of servings per day** the patient should consume from the food group.

Beneath the "servings per day" line, a list of **suggested food quality guidelines** is provided for the food group. The guidelines highlight desirable qualities related to how the foods are grown, produced, raised, or harvested. For example, the following quality guidelines are suggested for Proteins: "Lean, free-range, grass-fed, organically-grown animal protein; non-GMO, organic plant protein; and wild-caught, low-mercury fish preferred."

While the suggested food quality guidelines can help patients select foods with better nutritional profiles and fewer harmful chemical exposures, the cost of these foods will not align with every patient's budget. Practitioners should encourage patients to purchase foods with the suggested quality guidelines as their budget allows.

Each section lists specific **food options** the patient may choose from within the food category. Next to each food option is the appropriate **serving size** and a **check box**. The check boxes may be used to indicate foods the patients should make an extra effort to consume.

Food group footnotes at the bottom of each section demonstrate the nutritional profile (calories, protein, carbohydrates, and fat) in a typical serving of food from the food group.

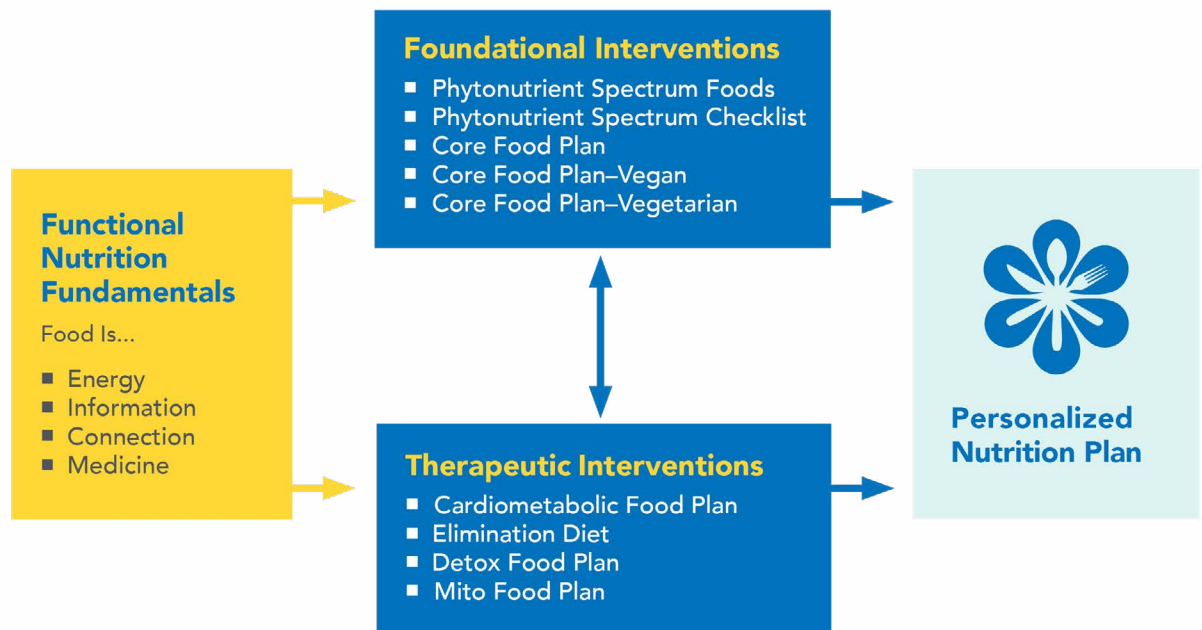
Finally, the **overall food plan footnotes** provide additional tips for diet implementation, though not all food groups include this section. For instance, the overall food plan footnotes for the "Proteins" section provides information about how to estimate a serving of cooked meat.

Step 1: Selecting the Appropriate Food Plan

Exploring Functional Nutrition Dietary Interventions

The diagram below outlines IFM's suite of food plans. The Core Food Plan is IFM's foundational nutrition plan. This food plan, along with the Phytonutrient Spectrum Foods and Checklist, provides basic guidance on healthy eating. The rest of the IFM food plans are considered Therapeutic Interventions, and are most often used to address specific disease states and symptoms. More information about each of these food plans is described in the following pages.

Nutrition Interventions



Step 1: Selecting the Appropriate Food Plan

Features of the IFM Food Plans

Choosing a food plan is the first step in a personalized nutrition approach. To help functional medicine practitioners accomplish this, IFM has created a reference table illustrating the features of each food plan. There are some overlapping benefits among food plans, so practitioners should use this to find the plan that will best help patients meet their health goals.

Features of the IFM Food Plans

General Features of All IFM Food Plans					
	Core	Elim Diet	Cardio	Detox	Mito
Focus on Whole Foods	Core	Elim Diet	Cardio	Detox	Mito
Promotes Organic	Core	Elim Diet	Cardio	Detox	Mito
Adequate Quality Protein	Core	Elim Diet	Cardio	Detox	Mito
Balanced Quality Fats	Core	Elim Diet	Cardio	Detox	Mito
High in Fiber	Core		Cardio	Detox	
Low in Simple Sugars	Core	Elim Diet	Cardio	Detox	Mito
Phytonutrient Diversity	Core	Elim Diet	Cardio	Detox	Mito
Appropriate for Long-Term Use	Core		Cardio	Detox	Mito
Eating Frequency and Calorie Features					
	Core	Elim Diet	Cardio	Detox	Mito
No Calorie Restriction	Core (Optional)	Elim Diet	Cardio (Optional)	Detox	Mito (Optional)
Targeted Calories	Core		Cardio		
Reduced Carbohydrates					Mito
Ketogenic Option					Mito
Intermittent Fasting with Caloric Restriction					Mito
Food Sensitivity Features					
	Core	Elim Diet	Cardio	Detox	Mito
Identifies Food Triggers		Elim Diet			
Reduces Food Triggers		Elim Diet		Detox	
Dairy-Free	Core (Optional)	Elim Diet	Cardio (Optional)	Detox	Mito (Optional)

Food Sensitivity Features (continued)					
	Core	Elim Diet	Cardio	Detox	Mito
Gluten-Free	Core (Optional)	Elim Diet	Cardio (Optional)	Detox	Mito
Grain-Free	Core (Optional)	Elim Diet (Optional)	Cardio (Optional)	Detox (Optional)	Mito (Optional)
Low Grain		Elim Diet (Optional)		Detox (Optional)	Mito
Identifies histamines, oxalates, & nightshades		Elim Diet			
Promotes body awareness of responses to foods		Elim Diet			
Specific Intervention Features					
	Core	Elim Diet	Cardio	Detox	Mito
Foundational eating plan	Core				
Plant-based food plan	Core				
Reduces inflammation	Core	Elim Diet	Cardio	Detox	Mito
Supports healthy microbiome		Elim Diet			Mito
Phytonutrients to heal the gut		Elim Diet			
Reduces toxic burden	Core	Elim Diet		Detox	
Modified Mediterranean approach	Core		Cardio		
Low glycemic impact	Core		Cardio		Mito
Balances blood sugar	Core		Cardio		Mito
Condition-specific phytonutrients			Cardio		
Provides targeted antioxidants				Detox	
Protective antioxidants			Cardio		Mito
Encourages healthy elimination of toxins				Detox	
Balances hormone metabolism				Detox	
Supports nutrient-dependent pathways				Detox	
Supports liver function				Detox	
Therapeutic foods for energy					Mito
High in quality dietary fats					Mito

Step 1: Selecting the Appropriate Food Plan

Foundational Interventions

Phytonutrient Spectrum

Phytonutrients are particularly important for health promotion for patients of all ages. For this reason, IFM developed the Phytonutrient Spectrum suite to be used independently, or as a supplement to any of the food plans described in this document. The suite includes:

- **Phytonutrient Spectrum - Comprehensive Guide**
- **Phytonutrient Spectrum Foods**
- **Phytonutrient Spectrum Foods - Elimination Diet**
- **Phytonutrient Spectrum Checklist**
- **Phytonutrient Spectrum - Rainbow Recipes**

Core Food Plan

The Core Food Plan (CFP) is a first step towards healthier eating. It is called the "core" food plan because it lays the foundations for healthy eating that will carry an individual throughout life. It is designed to encourage eating in a way that will nourish and energize the body, while improving a person's relationship with food. It is an introduction to the types of foods that provide the macro- and micronutrients needed to sustain health. This food plan is ideal for those who are generally healthy, but want to improve their eating choices, or for those who are new to healthy eating, but are not ready for foundational interventions or an advanced therapeutic food plan.

The Core Food Plan provides a healthy balance of high-quality macronutrients (protein, fats, and carbohydrates) and beneficial micronutrients (minerals, vitamins, and phytonutrients) to establish a baseline of healthy eating. It takes elements from the Mediterranean diet and the hunter-gatherer approach (sometimes referred to as the "Paleo" diet), and encourages eating low-glycemic carbohydrates. This food plan can be easily adapted to suit personal preferences and health needs.

The standard Core Food Plan has two main variations: vegan and vegetarian.

Core - Vegan

This variation is appropriate for individuals who do not consume any animal products, including honey. It can be further customized for vegans who choose not to consume soy products. Note that recommended macronutrient distributions are recommended for vegans depending on their soy intake.

Core - Vegetarian

Core-Vegetarian is appropriate for all individuals with dietary needs and preferences that fall in the vegetarian spectrum, including:

- **Lacto-vegetarians:** those who avoid all meat, poultry, fish, and eggs, but consume dairy products.

Step 1: Selecting the Appropriate Food Plan

- **Ovo-vegetarians:** those who avoid all meat, poultry, fish, and dairy, but consume eggs.
- **Ovo-lacto-vegetarians:** those who avoid all meat, poultry, and fish, but consume eggs and dairy products.
- **Pescatarians:** those who add fish to any of the above variations.

The Core Food Plan - Food Lists are intended to provide patients with foods to choose from on a daily basis. As the Core Food Plan is not a therapeutic dietary intervention, therapeutic foods are not highlighted on any of the food lists associated with this plan.

Therapeutic Interventions

Cardiometabolic Food Plan: The Cardiometabolic Food Plan is typically used to address blood sugar dysfunction, insulin resistance, truncal obesity, dyslipidemia, hypertension, metabolic syndrome, and associated inflammation. It is a modified Mediterranean approach which emphasizes low-glycemic foods, reducing simple sugars, increasing dietary fiber, and highlights phytonutrient-rich vegetables and fruits. Therapeutic foods are noted in the Cardiometabolic Food Plan food list. This plan can be adjusted to provide calorie recommendations, various macronutrient targets, serving allowances, intermittent fasting, and other customizations to support cardiometabolic balance.

Detox Food Plan: The Detox Food Plan eliminates common food triggers and emphasizes foods that provide long-term nutritional support for the major organ systems involved in detoxification, such as the gut, liver, and kidneys. It places an emphasis on eating organic when possible and reducing exposure to contaminants, such as plastics. The goals of this plan are to create a gut–liver axis of support, lower the toxic burden, and provide enhanced nourishment for detoxification support. Therapeutic foods to support detoxification are highlighted in the Detox Food Plan food list.

Elimination Diet: The Elimination Diet helps identify trigger food(s) which may be associated with adverse food reactions including allergies, intolerances, or sensitivities. In clinical practice, symptoms that have failed to respond to other treatments usually improve or resolve with the Elimination Diet. Since the primary goal of the Elimination Diet is to identify food triggers, only foods listed on this plan's food list should be consumed. Therapeutic foods are not highlighted on this list. Fermented foods, high-histamine foods, and nightshades are highlighted if practitioners would like to recommend avoidance of these when indicated.

As part of this food plan, a guided food reintroduction process allows individuals to identify trigger foods and the associated adverse reactions. If a patient's symptoms fail to resolve after successful completion of the Elimination diet, another Therapeutic Intervention may be indicated.

Step 1: Selecting the Appropriate Food Plan

Mito Food Plan: The Mito Food Plan focuses on supporting healthy mitochondria with nutrients that support cellular energy production, including phytonutrient-rich plant foods, high-quality fats, and low-glycemic carbohydrates. This food plan is often recommended to support patients with fatigue, neurological conditions (e.g., multiple sclerosis, Parkinson's disease), and cognitive health concerns (e.g., "brain fog"). The Mito Food Plan has flexible calorie allowances and options for advanced personalization, including intermittent fasting. Therapeutic foods are highlighted in the Mito Food Plan food list.

Food Plan Transitions

A common question from patients involves the length of time one should follow a therapeutic food plan. Nutritional and dietary needs evolve as a patient moves through a layered healing process. Specific therapeutic interventions may be chosen for a set time frame, but those interventions may not be needed long term. Certain foods can be used to move a patient towards a new state of health, after which they may follow a maintenance food plan. The Elimination Diet is a good example of such an approach. It is often recommended for 21 days, as it provides an opportunity for individuals to identify food sensitivities and intolerances.

When patients achieve their health goals, it is often valuable to identify the most beneficial way to maintain that new state of wellbeing by creating a personalized maintenance plan. As this implies, some of the plans are to be followed only for a specified time frame, while others are designed for life-long eating.

The Core, Cardio, Detox, and Mito Food Plans are appropriate for long-term use. Please see the Features of the IFM Food Plans: General Features of all IFM Food Plans table on page 9 to see which food plans are appropriate for short vs. long-term use.

The Elimination Diet food plan is designed for short-term use because it limits a variety of foods, including some healthy options. There are two main reasons why the Elimination Diet food plan is best for short-term use:

- The Elimination diet removes a broad range of foods. Once trigger foods are identified, it is vital to reintroduce a variety of foods to support nutritional balance.
- Food restriction is mentally and emotionally challenging for some patients. The ultimate goal is to help the patient reintroduce foods so they can eat a healthy, nutrient-dense diet while maintaining their best health.

Finally, it is possible to retain elements of the short-term diets in a maintenance plan. For example, if a patient experiences significant relief from removing gluten on the Elimination food plan, they may decide to limit or avoid gluten altogether in their maintenance plan while reintroducing other foods.

Step 2: Selecting a Macronutrient Distribution and Caloric Range

Macronutrient Distributions

After selecting a food plan, the next step is determining the best macronutrient distribution and caloric range for a patient. IFM has developed several macronutrient distribution charts to help practitioners accomplish this step. These macronutrient distribution charts provide targeted caloric guidelines, which include the specific number of food servings from each category that a patient should consume each day.

As you will see, there is a primary macronutrient recommendation for each food plan. However, some of the distributions are appropriate for multiple food plans, so practitioners have flexibility when customizing their recommendations.

Macronutrient Distributions for the IFM Therapeutic Food Plans

Macronutrient Distribution	
20P/30F/50C Recommended option: Core-Vegan	20P/60F/20C - Recommended options: Core°, Mito - Secondary options: Cardio, Detox
25P/30F/45C - Recommended option: Core° - Secondary option: Cardio	No Calorie Specifications - Recommended options: Elimination Diet, Detox - Secondary options: Core°, Core-Vegan, Mito
30P/30F/40C - Recommended option: Cardio - Secondary options: Core°, Elimination Diet, Detox, Mito	

°Core includes the Core Vegetarian plan as well

Step 2: Selecting a Macronutrient Distribution and Caloric Range

Selecting the Appropriate Caloric Range

A patient may not want or need a specific caloric target. In these instances, general guidelines for the number of servings to eat within each category may be recommended. These guidelines appear in the first two rows of the macronutrient distribution chart as shown below.

Calories	1000–1200	1200–1400	1400–1800	1800–2200	2200–2500
Lower Caloric Needs	Reduced	Mildly Reduced	Standard	Active	
Average Caloric Needs		Reduced	Mildly Reduced	Standard	Active

The caloric ranges for each distribution are calculated to estimate the needs of a client with a BMI in the normal range. If client has specific health goals in mind, or if the client needs more or less calories, the caloric guidelines can be adjusted accordingly:

- **Active:** Individuals in larger bodies; athletes, or those who want to gain muscle; may also include those who are pregnant or nursing
- **Standard:** Individuals in an average-size body who are moderately active
- **Mildly Reduced:** Individuals in smaller bodies, those who need less calories because of physical inactivity or disability
- **Reduced:** Individuals who need significantly less calories based on body size, low muscle mass, or age



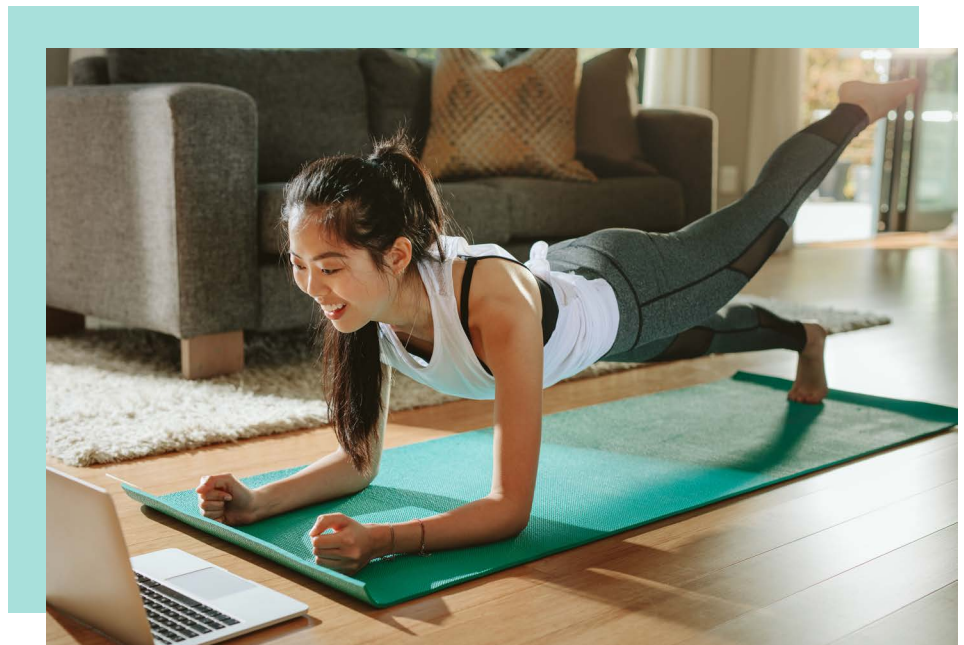
Step 2: Selecting a Macronutrient Distribution and Caloric Range

Alternatively, patients may desire a more personalized calorie target to support weight loss or other health goals. The steps below will guide you through the simple equation that will allow for a more personalized caloric target.

1. Determine the resting metabolic rate (RMR) using the equation in the box below
2. Adjust using the daily activity factor
3. Reduce or add calories to account for desired improvements in body composition

Activity Level Definitions

- **No activity:** Person mostly rests. May also apply to individuals who need significantly fewer calories based on small body size, low muscle mass, or age.
- **Minimal activity:** Little or no regular exercise; sedentary.
- **Light activity:** About 30 minutes or light exercise 1-3 days per week. May also apply to individuals with smaller bodies or those who need fewer calories because of disability.
- **Moderate activity:** About 45 minutes of moderate exercise 3-5 days per week. May also apply to those who are pregnant or nursing.
- **Heavy activity:** About 1 hour of hard exercise 6-7 days per week. May also apply to those with a physical job or larger framed individuals.



Step 2: Selecting a Macronutrient Distribution and Caloric Range

RMR Calculation*

Men	$9.99 \times \text{weight (kg)} + 6.25 \times \text{height (cm)} - 4.92 \times \text{age (y)} + 5$
Women	$9.99 \times \text{weight (kg)} + 6.25 \times \text{height (cm)} - 4.92 \times \text{age (y)} - 161$

Activity Factor Adjustment	Resting Metabolic Rate	Body Fat Loss	Muscle Gain
No Daily Activity	RMR	-250	+250
Minimal Daily Activity	RMR × 1.2	-250	+250
Mild Daily Activity	RMR × 1.3	-500	+500
Moderate Exercise	RMR × 1.5	-500	+500
Heavy Exercise (6–7x per week)	RMR × 1.7	-500	+500

Personalized Calorie Target

Resting Metabolic Rate (RMR):	_____
Adjustment, Activity Factor:	_____
Adjustment for Body Fat Loss or Muscle Gain: **	_____
Other Adjustments (such as pregnancy [†] and lactation [‡]):	_____
Recommended Calories/Day:	_____

This table uses the Mifflin-St Jeor equation to calculate RMR.

The RMR calculation utilizes metric measurements. To convert standard measurements to metric, the following conversions can be used: 1 kg = 2.2 pounds; 1 cm = 0.4 inches.

*If you do not want to calculate the Mifflin-St. Jeor equation by hand, you may use the calculator on [Medscape's Mifflin-St Jeor Equation webpage](#).

**If desiring both body fat loss and muscle gain, subtract 500 calories for fat loss and ensure adequate protein for muscle gain.

[†]Pregnancy (assuming started with a healthy weight):

- 1st trimester: +0 calories
- 2nd trimester: +340 calories
- 3rd trimester: +452 calories

[‡]Lactation (assuming started with a healthy weight):

- 1st 6 months: +330 calories
- 2nd 6 months: +400 calories

Step 2: Selecting a Macronutrient Distribution and Caloric Range

Tables 1-3 on the following pages show how many servings of food from each food group a patient may consume, depending on their macronutrient distribution and calorie intake range. The information in these tables can be used to guide the patient's selection of foods based on their individual needs.

20P/30F/50C Macronutrient Distribution—Vegan (without Soy)

This macronutrient distribution applies only to vegans who do not consume soy products. In order to get an adequate balance of protein, fat, and carbohydrates, vegans who do not eat soy-based foods must get more of their calories from carbohydrate-rich foods that also contain protein.

Table 1. Food Distribution for 20P/30F/50C Plan by Caloric Ranges—Vegan (without Soy)

Calories	1000-1200	1200-1400	1400-1800	1800-2200	2200-2500
Lower Caloric Needs	Reduced	Mildly Reduced	Standard	Active	
Average Caloric Needs		Reduced	Mildly Reduced	Standard	Active
Proteins	2 to 3	3 to 4	3 to 4	4	4
Legumes	2 to 3	3	3	5 to 6	6
Dairy/Alternatives	1	1 to 2	1 to 2	2 to 3	3 to 4
Nuts & Seeds	3	3	3 to 4	4 to 5	5 to 6
Fats & Oils	3 to 4	4 to 5	5 to 6	6 to 7	7
Vegetables, non-starchy	5	5 to 7	7 to 9	7 to 9	10 to 11
Vegetables, starchy	1	1	1	1 to 2	2 to 3
Fruit	1 to 2	2	2	2 to 3	3
Grains	1	1	1 to 2	2	2 to 3

Step 2: Selecting a Macronutrient Distribution and Caloric Range

25P/30F/45C Macronutrient Distribution—Standard

This macronutrient distribution is IFM’s standard distribution. This distribution is most often associated with the Core Food Plan, and it is appropriate for most healthy individuals. It is also suggested for active adults, athletes, teens, and those who are pregnant or nursing. This distribution can also be used as a transition for those not yet ready to make significant dietary changes.

Table 2a. Food Distribution for 25P/30F/45C Plan by Caloric Ranges—Standard

Calories	1000–1200	1200–1400	1400–1800	1800–2200	2200–2500
Lower Caloric Needs	Reduced	Mildly Reduced	Standard	Active	
Average Caloric Needs		Reduced	Mildly Reduced	Standard	Active
Proteins	5	5 to 6	6 to 7	7 to 8	8 to 9
Legumes	1	1	1 to 2	2 to 3	3
Dairy/Alternatives	0 to 2	2	2 to 3	3	3
Nuts & Seeds	2	2	2 to 3	3 to 5	5 to 6
Fats & Oils	2	2 to 3	3 to 4	4 to 5	5
Vegetables, non-starchy	7	7 to 8	8 to 10	10	10 to 11
Vegetables, starchy	1	1	1	1 to 2	2 to 3
Fruit	2	2	2	2 to 3	3
Grains	1	1 to 2	2	2	2 to 3



Step 2: Selecting a Macronutrient Distribution and Caloric Range

The 25P/30F/45C macronutrient distribution is also appropriate for those who follow variations of vegan and vegetarian diets. Please see page 9 for definitions of each type of vegetarian. Types of vegetarians and vegans include:

- Lacto-vegetarians
- Ovo-vegetarians
- Ovo-lacto-vegetarians
- Pescatarians
- Vegans (with soy)

The following food distribution charts apply to these specific dietary variations.

Table 2b. Food Distribution for 25P/30F/45C Plan by Caloric Ranges—Vegan (with Soy) & Vegetarian

Calories	1000–1400	1200–1400	1400–1800	1800–2200	2200–2500
Lower Caloric Needs	Reduced	Mildly Reduced	Standard	Active	
Average Caloric Needs		Reduced	Mildly Reduced	Standard	Active
Proteins	5	5	5 to 7	7 to 8	8 to 9
Legumes	1	1 to 2	2 to 3	3	3
Dairy/Alternatives	1	1	1 to 2	2 to 3	3
Nuts & Seeds	1 to 2	2 to 2.5	2.5 to 3	3	3 to 4
Fats & Oils	1 to 2	2	2 to 3	3 to 4	4
Vegetables, non-starchy	7	7 to 8	8 to 9	9 to 11	11
Vegetables, starchy	0 to 1	1	1	1 to 2	2 to 3
Fruit	2	2	2	2 to 3	3
Grains	1	1 to 2	2	2	2 to 3



Step 2: Selecting a Macronutrient Distribution and Caloric Range

30P/30F/40C Macronutrient Distribution

The 30P/30F/40C macronutrient distribution is intended to support blood sugar control and metabolic balance. This distribution is most often utilized with the Cardiometabolic Food Plan, as this approach assumes a diet of high-quality lean protein, moderate-fat dairy, and limited servings of grains each day.

The 30P/30F/40C macronutrient distribution can be useful when an individual is following the IFM Elimination Diet, Detox Food Plan, or Mito Food Plan, if there are underlying cardiometabolic or blood sugar concerns. Although these plans typically do not include macronutrient or calorie targets, they may be supportive when clinically indicated.

Table 3. Food Distribution for 30P/30F/40C Macronutrient Distribution by Caloric Ranges

Calories	1000–1200	1200–1400	1400–1800	1800–2200	2200–2500
Lower Caloric Needs	Reduced	Mildly Reduced	Standard	Active	
Average Caloric Needs		Reduced	Mildly Reduced	Standard	Active
Proteins	7	7 to 9	9 to 10	10 to 12	12 to 13
Legumes	1	1	1 to 2	2 to 3	3
Dairy/Alternatives	0 to 1	1	1 to 2	2 to 3	3
Nuts & Seeds	2	2	2 to 3	3 to 4	4
Fats & Oils	2 to 3	3 to 4	4	4	4 to 6
Vegetables, non-starchy	5	5 to 7	7 to 8	8 to 10	10 to 13
Vegetables, starchy	0 to 1	1	1	1	1 to 2
Fruit	1 to 2	2	2	2	2
Grains	1	1	1 to 2	2	2



Step 2: Selecting a Macronutrient Distribution and Caloric Range

20P/60F/20C Macronutrient Distribution

If mild ketosis is desired, the 20P/60F/20C macronutrient distribution can be used and is most often recommended with the Mito Food Plan. This offers a lower-carb approach, with a macronutrient ratio (F:P+C) of 1.5:1. This means that the diet provides 1.5 times as many calories from fat as calories from protein and carbohydrates combined.

Traditionally, ketogenic diets have a macronutrient ratio closer to 4:1, but those with lower ratios (1.5:1 to 2:1) are more sustainable. Ketogenic diets with lower macronutrient ratios are more palatable which supports patients being more successful with this type of approach. While more moderate approaches to a ketogenic diet do not require extensive practitioner-patient contact, it is strongly recommended that patients on such a diet work with an experienced healthcare provider and monitor their ketone levels.

A low-carbohydrate, mild ketogenic approach like the 20P/60F/20C distribution consists of approximately 60–80 grams of carbohydrates per day, no matter what calorie level is suggested. As caloric needs go up, protein and fat portions increase. The exception is the athlete whose calorie burn is intense; 60–80 grams of carbohydrates per day may actually be too ketogenic for such an individual and the carbohydrate allowance may be increased to 100–110 grams, or more per day. Given the unique protein, fat, and carbohydrate requirements, this distribution is not suitable for those who consume a vegan or vegetarian diet.

A stricter ketogenic diet (that is, one with a larger macronutrient ratio) is beyond the scope of the generalized guidance in this guide. Such an approach requires extensive personalization, and ongoing monitoring by both the practitioner and the patient. Practitioners who choose the 20P/60F/20C may transition patients to the 30P/30F/40C distribution for long-term dietary maintenance.

Metabolic flexibility is the ability of the body to alternate between using different fuel sources to produce energy.⁹ Healthcare providers typically use the "metabolic flexibility" to refer to the ability to alternate between glucose and fat as fuel sources. Some patients may not be metabolically flexible enough (e.g., patients with obesity, insulin resistance, type 2 diabetes) to start with the 20P/60F/20C macronutrient distribution. Before trying this macronutrient distribution, steps should be taken to improve metabolic flexibility, such as regular exercise and weight loss.

Step 2: Selecting a Macronutrient Distribution and Caloric Range

Table 4. 20P/60F/20C Macronutrient Distribution by Caloric Ranges

Calories	600	1000–1200	1200–1400	1400–1800	1800–2200	2200–2500
Lower Caloric Needs	Fasting	Reduced	Mildly Reduced	Standard	Active	
Average Caloric Needs	Fasting	Reduced	Reduced	Mildly Reduced	Standard	Active
Proteins	6	6	6	6 to 9	9 to 10	10
Legumes [#] Grains [#]	0	0	0	1	1	1 to 2
Dairy/Alternatives	0	0	1	1	1	1 to 2
Nuts & Seeds	0	3 to 4	4 to 5	5 to 6	6 to 8	8 to 12
Fats & Oils	4	8 to 10	10 to 11	11 to 13	13 to 16	16 to 18
Vegetables, non-starchy	4	6 to 7	7 to 8	8 to 9	9 to 10	10 to 12
Vegetables, starchy Fruit	0	1	1	1	1 to 2	2

The 600 calorie distribution is 32P/55F/13C. This very low-calorie level is recommended only for occasional intermittent fasting days.

[#]When following a lower-carbohydrate or more ketogenic version, no more than 1-2 servings of grains should be consumed per week, at all calorie ranges. On days when a grain is consumed, servings of legumes should be omitted.

Step 3: Select Additional Options for Food Plan Personalization

After selecting the appropriate food plan, macronutrient distribution, and caloric range, a practitioner may choose to incorporate additional elements of personalization. Two of the additional options described below (Flexible Exchanges for Specific Food Categories, and Calorie Restriction and Intermittent Fasting) are most often used in conjunction with the Mito Food Plan. However, these principles can be applied to any IFM food plan.

Customizing Food Plans for Food Allergies, Intolerances, and Sensitivities

As a general rule, patients should not consume foods to which they are allergic or sensitive, even if those foods are included on a food list. Foods that are known or suspected to cause reactions can be crossed off the food list by the practitioner, or simply avoided. Additionally, all of IFM's food lists can be tailored to meet the individual needs of patients who need or wish to avoid certain groups of foods, including gluten, dairy, or animal products.

- **Gluten:** Some IFM food plans are gluten-free by design. These include the Elimination Diet, Detox Food Plan, and Mito Food Plan. All other food plans can be easily customized for patients who need or want to avoid gluten-containing foods. For patients new to a gluten-free way of eating, practitioners may cross out gluten-containing foods on the list to indicate that this group of foods should be avoided.
- **Dairy:** As is the case with gluten, some IFM food plans are dairy-free by design. These include the Elimination Diet, the Core (Vegan) Food Plan, and Detox Food Plan. All other food plans can be customized for patients who need or want to avoid dairy-containing foods. The Dairy & Alternatives category organizes foods in a way that clearly distinguishes dairy products from non-dairy products. Practitioners can cross out the dairy-containing foods on these lists and instruct the patient not to consume these foods, when necessary.
- **Animal Products:** Each of IFM's food plans can be customized for individuals who want or need to avoid animal products for dietary, ethical, cultural, or religious reasons. Animal proteins are clearly marked and separated from plant proteins on all of the IFM food lists. Select animal proteins can also be crossed off or substituted as needed. Additionally, the Weekly Planner and Recipe Guide for each food plan indicates when recipes are vegan or vegetarian, or when substitutions can be made.
- **Histamine, Nightshades, and Fermented Foods:** High-histamine foods, nightshades, and fermented foods are noted in the Elimination Diet food plan. While some people are sensitive to these foods, it is not necessary to avoid these foods if they are not causing a patient any symptoms.

Step 3: Select Additional Options for Food Plan Personalization

- **Other customizations:** Not all patients need to avoid gluten, dairy, and soy. For people who are not sensitive (as indicated either by symptoms, health conditions or lab tests) to whole, minimally-processed foods that contain gluten, dairy or soy, these foods can provide nutrients, fiber, and phytonutrients. If the practitioner and patient decide it is fine for the patient to eat gluten, dairy, or soy foods, they should be encouraged to choose the highest-quality versions that their budget allows, such as whole grain, minimally-processed, non-GMO, and organic options.

The Food Exchange System

The Food Plans are based on the **food exchange system** commonly used for diabetes and weight management. This is a method of meal planning in which foods are categorized into groups based on similar macronutrient (carb, protein, fat) content. This allows individuals to “exchange” foods with similar overall macronutrient profiles. Please see the Appendix for a comprehensive explanation of the food exchange system.

Calorie Restriction, Intermittent Fasting, Ketogenic Diets, and Supporting Weight Gain

When clinically indicated, caloric restriction, intermittent fasting, or a combination of both may be recommended. With both of these approaches, nutrition density and the quality of food is paramount as overall calories may be restricted.

Calorie restriction is associated with improvements in aspects of health, such as cholesterol levels and blood sugar control, that may contribute to a slower aging process.¹⁰ A range of calorie intakes are used in calorie restriction research, frequently in the range of a 20-30% reduction in calories.¹⁰ For example, if a person typically eats about 1600 calories, they might try eating 1,120-1280 calories per day. The practitioner should individualize calorie restriction recommendations based on the patient's health history, nutritional status, and current health goals. It is advisable that patients focus on eating as many vegetables as possible, and limit higher calorie foods when trying to restrict calories.

Intermittent fasting is another option for personalization. Researchers are investigating the benefits of fasting on various aspects of health. Studies to date link intermittent fasting with improvements in blood pressure, insulin resistance, and triglycerides.^{11,12} Options include fasting for 12 to 14 hours between dinner and breakfast, or fasting for 16 hours between meals, such as from 8 pm at night to noon the following day. Reducing calories to 600 a day once or twice a week is an alternative way to ‘fast’ or reduce calories intermittently. Table 4 includes a 600-calorie column to guide intermittent fasting at a 32P/55F/13C macronutrient distribution for reference.

Step 3: Select Additional Options for Food Plan Personalization

Ketogenic diets have been used for many years to treat epileptic seizures.¹³ Recently, the use of ketogenic diets is being explored to treat various neurological conditions, like mild cognitive impairment (MCI) and Alzheimer's disease.¹⁴⁻¹⁶ In situations where ketosis may be beneficial, a practitioner may recommend that a patient start with the 20P/60F/20C macronutrient distribution and slowly decrease carbohydrates while monitoring ketone status.

As a ketogenic diet is hard to maintain, the therapeutic benefit of this approach should outweigh the potential risks, as in the case of epileptic seizures. Practitioners recommending therapeutic ketosis should closely monitor patients for signs and symptoms related to low blood pressure, kidney stones, nutrient deficiencies, liver function, and other relevant indicators. Practitioners who are not trained nutrition professionals may consider referring their patient to a nutrition provider who can help the patient safely and successfully implement a ketogenic diet.

Supporting weight gain may be necessary for some patients who are underweight or trying to build muscle mass. Add 250 to 500 calories per day, on top of the patient's baseline calorie intake, to support weight gain.

To **support muscle mass**, patients need to optimize their protein intake. Select the 25P/30F/45C or 30P/30F/40C macronutrient distributions to help patients achieve this goal. In addition, spreading protein intake evenly throughout the day, rather than eating protein primarily in the latter half of the day, is linked to a higher muscle mass.¹⁷⁻¹⁹

Protein

Protein intake recommendations have evolved in recent years, with some experts advocating up to 1 gram of protein/lb. (2.2 grams of protein/kg) body weight per day, especially to maximize muscle mass with resistance exercise.¹⁹ When appropriate, a patient can meet or even exceed this protein intake target on their IFM food plan.

For example, if a 57 kg (125 lb) woman follows a 2,080-calorie reference diet with protein at 30% of calories, this comes to 156 grams of protein (>1 g protein/lb. body weight).

For a 70 kg (154 lb) man following a 2,555-calorie reference diet, protein at 30% of calories comes to 191 g of protein (>1 g protein/lb. body weight).

Therefore, IFM's protein recommendations are not significantly different from protein recommendations shared in protein-centric circles.

That said, protein intake recommendations should always be individualized for the patient based on factors such as their kidney health. For example, patients who need to preserve their kidney function, such as those with chronic kidney disease, typically require a lower protein intake than average. The amount of protein an

Step 3: Select Additional Options for Food Plan Personalization

individual with such a condition can consume depends on the stage of kidney dysfunction they are in and co-occurring health conditions such as type 2 diabetes. Enlisting the guidance of a nutrition professional can ensure a client with kidney dysfunction achieves an appropriate protein intake while also meeting their other nutritional needs.

As always, encourage high-quality protein sources, including grass-fed, organic, non-GMO, and wild-caught protein sources. It is also important to consider that a patient's intake of essential micronutrients and health-promoting phytonutrients might be inadvertently limited by overemphasizing a particular macronutrient, such as protein, in their dietary pattern.

Disclaimer Caloric restriction, intermittent fasting, and ketosis should be implemented under close guidance and supervision of an experienced healthcare provider. Caloric restriction, intermittent fasting, and ketosis should not be recommended for anyone with a history of an eating disorder, disordered eating behaviors, children, pregnant or breastfeeding women, and those who are at risk for hypoglycemia and other serious complications.

Eating disorder screening questions are included on some IFM forms. For further screening tools for eating disorders, visit the [National Eating Disorders Association](#).

How to Use the Diet, Nutrition & Lifestyle Journals

IFM offers three Diet, Nutrition & Lifestyle Journals: one-day, three-day, and seven-day options. These journals help practitioners assess a patient's baseline food intake or serve as tools for ongoing food tracking.

The practitioner and patient will use the Diet, Nutrition & Lifestyle Journals to fill out the patient's nutrition information. The patient may fill in the "Day Event" and "Food & Drink Intake" columns. The patient may also fill in the "Macronutrients and Phytonutrients" column on their own, or the practitioner and patient can do this together.

If the patient is targeting a specific calorie intake and macronutrient distribution, they should record the number of servings of protein ("P"), fat ("F"), and carbohydrates ("C") consumed at each meal and snack in their Diet, Nutrition & Lifestyle journal. They can record these servings in the corresponding spaces next to "P," "F," and "C." The patient can reference the food group nutrition information for the P/F/C breakdown of specific foods, read nutrition labels, and check an approved food databases to fill in the correct macronutrient information.

The patient may also fill in the "Mental," "Emotional," and "Spiritual" columns in the journal. The information included in these columns provides important insights into factors that affect a patient's dietary behaviors. The following are examples of things that can be documented in each category:

Step 3: Select Additional Options for Food Plan Personalization

- **Mental:** Thought patterns or worries experienced by the patient
- **Emotional:** Emotional events or triggers that occurred during the day
- **Spiritual:** Spiritual practices, prayers, or meditations performed

Please note that food journaling may not be appropriate for patients with an active eating disorder or disordered eating behaviors or a history of an eating disorder or disordered eating behaviors.

Anatomy of the Diet, Nutrition & Lifestyle Journal

Below is an overview of the Diet, Nutrition & Lifestyle Journal, indicating which sections the patient should fill out on their own and which ones the practitioner and patient can fill out together.



Diet, Nutrition & Lifestyle Journal—1 Day

Patient Name Allie B.

Date 01/15

Food Plan Type Core Food Plan

Day 1

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time 6:30 am		
Breakfast Time 7:00 am	two scrambled eggs cooked in avocado oil, 1 slice whole grain toast, orange, tea	2 servings P 1 serving F 2 servings C ☒ R ☒ O ☐ Y ☐ G ☐ B/P/BL ☒ W/T/BR
Mid-AM Snack Time 10:00 am	apple and peanut butter	0.5 servings P 0.5 servings F 1 serving C ☒ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☒ W/T/BR
Lunch Time 12:00 pm	tofu bowl with red/yellow peppers, carrots, brown rice, ginger-sesame dressing	2 servings P 2 servings F 3 servings C ☒ R ☐ O ☒ Y ☐ G ☐ B/P/BL ☒ W/T/BR
Mid-PM Snack Time 3:00 pm	full-fat yogurt, cantaloupe	1 serving P 1 serving F 2 servings C ☐ R ☒ O ☐ Y ☐ G ☐ B/P/BL ☒ W/T/BR
Dinner Time 6:30 pm	roasted chicken, mashed sweet potatoes (heavy whipping cream, butter), beet salad	2 servings P 3 servings F 3 servings C ☒ R ☒ O ☐ Y ☐ G ☐ B/P/BL ☒ W/T/BR
PM Snack Time		____ P ____ F ____ C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR

Patient enters foods consumed at the meal.

Patient enters when the meal was consumed.

Patient fills out the number of servings of protein, fat, and carbohydrates consumed at each meal and snack. Alternatively, the patient and practitioner can fill this out together.

Patient fills out the colors of foods consumed at each meal.

Frequently Asked Questions (FAQs)

Q: Who are the comprehensive food plan guides intended for?

A: The comprehensive guides for each food plan are a great resource for patients but can also serve as a review for the practitioner. The only "guide" that is not intended for patients is this one, the "Personalizing the IFM Therapeutic Food Plans," which says "Practitioner Guide" on the title page.

Q: How do you decide which food plan to use when a patient has multiple conditions?

A: Consider the patient's current dietary habits and the specific health conditions they are dealing with to choose the appropriate food plan. You can always start with a basic food plan, such as the Core Food Plan, and transition to a more advanced or modified food plan from there. You can also modify one food plan using elements of other food plans. For more information, please refer to the Nutrition Interventions flow chart on page 9.

Q: Does IFM have an anti-inflammatory food plan?

A: While all of the IFM food plans include anti-inflammatory foods, the Elimination Diet is especially focused on reducing inflammation by removing inflammation-triggering foods. In addition, the Mito Food Plan includes a focus on anti-inflammatory nutrients.

Q: What is the best food plan for autoimmune conditions?

A: Generally, the Elimination Diet is the best food plan for autoimmune conditions. However, individual factors must also be considered, including the patient's medical history, labs, and food preferences, when selecting a diet for an autoimmune condition.

Q: How does the intuitive eating model fit with the IFM food plans?

A: Intuitive eating is an eating approach that focuses on tuning into the body's internal cues, including hunger and satiety signals, to make food choices that are good for you. Functional medicine and intuitive eating share multiple similarities, including an emphasis on cultivating self-awareness and mindfulness around food. In addition, functional medicine can help address the root cause of food issues, such as food cravings, to help shift a patient's food preferences so they desire healthy, nutritious foods.

Frequently Asked Questions (FAQs)

Q: How should I direct clients to reintroduce foods after food plans other than the Elimination Diet food plan?

A: During the reintroduction process for food plans other than the Elimination Diet, such as the Detox Food Plan, the practitioner will work with their client to safely reintroduce the previously removed foods to identify specific triggers, keeping in mind that the goal is to expand the variety of healthy foods the client eats, not to maintain a long-term restrictive diet. The **Food Reintroduction Symptom Tracker**, a resource available in the Toolkit, outlines how to do the reintroduction process. For example, after the Detox Food Plan, many individuals find that they need to limit refined grains indefinitely, but there are other healthy foods that can be trialed during the reintroduction process, including organic dairy products.

Q: How long should a patient stay on the Detox Food Plan and how should they transition back to regular eating?

A: There is not a specific time frame for the Detox Food Plan, as the amount of time a client should stay on the plan depends on the individual body burden of toxicity of the client. The practitioner may monitor potential shifts in the client's body burden as you evaluate for improvement in their symptoms over time.

Regarding reintroducing foods: After the client follows the Detox Food Plan for a period of time and feels better, the practitioner may suggest trying to reintroduce some of the foods omitted on the Detox Food Plan. The goal is to expand the variety of healthy foods the client eats, not to maintain a long-term restrictive diet. That said, if a client is prone to challenges with toxicity, they will likely want to continue many aspects of the Detox Food Plan long term, like opting for organic foods when possible, reducing exposure to contaminants (such as plastics), and eating plenty of foods that support detox, like cruciferous vegetables.

Q: What is meant by 'therapeutic food' with each of the plans?

A: In the **Therapeutic Food Plans** course, therapeutic foods are defined as foods that provide targeted benefits within a specific food plan. For instance, in the Detox Food Plan, cruciferous vegetables are considered therapeutic because they actively support key detoxification processes. These foods go above and beyond basic nutrition, playing a crucial role in achieving the health goals of each plan.

Appendix

The Food Exchange System

The food exchange system is a meal planning system in which foods with a similar macronutrient (protein, fat, and carbohydrate) amount per serving are grouped together. All of the IFM food plans are based on this system.

For example, cheese, meat, and poultry go in the "Proteins" food group because they contain approximately the same amount of protein, fat, carbohydrates, and calories per serving. The word "exchange" refers to foods that may be substituted with any other food in the same Food Group.

The food exchange system is a useful tool for estimating the total calorie, carbohydrate, protein, and fat content of a meal or snack.

The food exchange system is also less time-intensive and overwhelming for many patients than tracking food in a food tracking app.

Table 5 demonstrates the calorie and macronutrient distributions for each IFM food group.

Appendix

Table 5. Calorie and Macronutrient Distributions for each IFM Food Group

IFM Food Group	Calorie and Macronutrient Breakdown
Proteins	1 serving = 45-75 calories Macros: 5-7 g protein, 2-5 g fat, 0-5 g carbs 1 serving provides 1 P (Protein) in the food journal
Legumes	1 serving = 85-125 calories Macros: 8-10 g protein, 3 g fat, 7-15 g carbs 1 serving provides 1 P and 1 C (Carbohydrate)
Dairy & Dairy Alternatives	1 dairy serving = 90-160 calories Macros: 8 g protein, 0-8 g fat, 12 g carbs 1 dairy alternative serving = 35-115 calories Macros: 1-9 g protein, 0-5 g fat, 1-15 g carbs [^] 1 serving provides approximately 1 P and ½ to 1 C
Nuts & Seeds	1 serving = 45 calories Macros: 1-3 g protein, 5 g fat, 1-3 g carbs 1 serving provides 1 F ⁺
Fats & Oils	1 serving = 45 calories Macros: 0-2 g protein, 5 g fat, 0-2 g carbs 1 serving provides 1 F
Non-Starchy Vegetables	1 serving = 1/2 cup cooked or 1 cup raw or 3 cups raw leafy greens = 25 calories OR 1 serving = 78 g cooked or 90 g raw vegetables or 105 g raw leafy greens = 25 calories Macros: 2 g protein, 0 g fat, 5 g carbs 3 servings provide 1 C
Starchy Vegetables	1 serving = 80 calories Macros: 3 g protein, 1 g fat, 15 g carbs 1 serving provides 1 C
Fruits	1 serving = 60 calories Macros: 0-2 g protein, 0 g fat, 15 g carbs 1 serving provides 1 C
Whole Grains	1 serving = 80-100 calories Macros: 3 g protein, 1 g fat, 15 g carbs 1 serving provides 1 C

Beverages, Herbs, Spices, and Condiments are low-calorie. In typical serving sizes, these foods provide trivial calories.

[^]The nutritional values of dairy alternatives vary widely.

⁺Few nuts are good sources of protein. Most supply very small amounts of plant protein per serving. Therefore, nuts are considered predominantly a source of fat.

Flexible Food Exchanges

Flexible food exchanges are a subcategory of the food exchange system and are incorporated into IFM food plans. A flexible food exchange refers to a food from one category that can be exchanged for a food from another category because they contain similar macronutrient profiles.

Table 6 illustrates the food categories from which foods can be flexibly exchanged. Note that nutritional information for fat is not provided. This is because the specific food categories highlighted here are primarily protein/carbohydrate (legumes, dairy, and dairy alternatives) and carbohydrate (starchy vegetables, fruits, whole grains).

Legumes/Dairy/Dairy Alternatives Flexible Exchanges

Due to the similarities in the macronutrient profiles shown, daily servings of one food category can be “exchanged” for another food category with a similar macronutrient profile. For example, legumes, dairy, and dairy alternatives are sources of protein and carbohydrates, so patients can split their allotted daily serving(s) between these food categories based on preference, ketone status, or calorie recommendations. A patient may choose to consume a serving from the legumes category one day, and opt for a dairy or dairy alternative the next day. Another option would be to omit legumes and use the daily servings for dairy and dairy alternatives.

Table 6. IFM Food Groups That Can Be Flexibly Exchanged

Food Categories	Nutritional Information per Serving
Legumes	85-125 calories, 8-10 g protein, 3 g fat, 7-15 g carbohydrates
Dairy	90-160 calories, 8 g protein, 0-8 g fat, 12 g carbohydrates
Dairy Alternatives	35-115 calories, 1-9 g protein, 0-5 g fat, 1-15 g carbohydrates
Starchy Vegetables	80 calories, 3 g protein, 1 g fat, 15 g carbohydrates
Fruits	60 calories, 0-2 g protein, 0 g fat, 15 g carbohydrates
Whole Grains	80-100 calories, 3 g protein, 1 g fat, 15 g carbohydrates

Appendix

Starchy Vegetables/Fruits/Grains Flexible Exchanges

The same rule described above applies to the starchy vegetables, fruits, and grains categories. For example, under the 20P/60F/20C macronutrient distribution, a patient in the standard caloric range of 1800-2200 can choose 2-3 servings of foods from the starchy vegetable, fruit, and grains categories. Using the flexible guidelines, the servings can be split any number of ways, including:

- No starchy vegetables, two fruit, one grain
- One starchy vegetable, one fruit, one grain
- One starchy vegetable, two fruit, no grain
- Two starchy vegetables, one fruit, no grains
- ...and so on

Flexible Exchanges for Nuts and Seeds

Nut and seed allergies, intolerances, and sensitivities are common. In some cases, patients may need or want to avoid foods in this category. Because of the unique macronutrient distribution of these foods, the following exchange can be made:

1 nut serving = 0.5 protein serving + 0.5 fat serving

That is, for every one serving of nuts or seeds not eaten, the patient should consume a half serving of protein and a half serving of fat.

Summary of the Flexible Exchanges

Using food exchanges, which can be applied to any food plan and any macronutrient distribution, provides further opportunity for personalization. Patients who need or want to eat dairy-free, gluten-free, or grain-free diets can do so while utilizing flexible exchanges.

Appendix

How to Use the Food Exchange System in the Diet, Nutrition & Lifestyle Journal

Featured below is an example day of food tracking using the food exchange system from a patient's Diet, Nutrition, and Lifestyle Journal. For example, at breakfast, Erik ate egg whites cooked in coconut oil. The egg whites count as three servings of protein (3 P) and the coconut oil as two servings of fat (2 F).



Diet, Nutrition & Lifestyle Journal—1 Day

Patient Name Erik A.

Date 2/1

Food Plan Type Mito Food Plan

Day 1

Day Event	Food & Drink Intake (include type, amount, brand)	Macronutrients (PFC) and Phytonutrients
Rising Time 5 am		
Breakfast Time 6:15 am	egg whites and veggies cooked in coconut oil, black coffee	3 servings_P 2 servings_F _____C ☐ R ☐ O ☐ Y ☒ G ☐ B/P/BL ☒ W/T/BR
Mid-AM Snack Time 9 am	apple and nuts	1 serving_P 1 serving_F 1 serving_C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☒ W/T/BR
Lunch Time 11:30 am	green smoothie (spinach, mango, coconut milk, whey protein powder, ice)	3 servings_P 4 servings_F 1 serving_C ☐ R ☒ O ☐ Y ☒ G ☐ B/P/BL ☒ W/T/BR
Mid-PM Snack Time 2 pm	grapefruit and nuts	0.5 servings_P 0.5 servings_F 2 servings_C ☐ R ☐ O ☒ Y ☐ G ☐ B/P/BL ☒ W/T/BR
Dinner Time 5 pm	baked salmon, steamed asparagus, side salad with olive oil and balsamic vinegar	3 servings_P 5 servings_F _____C ☐ R ☐ O ☐ Y ☒ G ☐ B/P/BL ☐ W/T/BR
PM Snack Time	Fasting until 6 am	____P _____F _____C ☐ R ☐ O ☐ Y ☐ G ☐ B/P/BL ☐ W/T/BR

Appendix

How to Add Foods Not on the Food Lists

The food lists provided for each food plan are thorough but not exhaustive. Patients may be interested in including foods in their diet that are not explicitly stated in an IFM food plan. When adding foods to a patient's food plan, first ensure that the food is consistent with the purpose of the food plan. For example, if a patient wants to add breakfast cereal to their Cardiometabolic food plan, this would not align well with the objectives of the food plan. However, if a patient wants to add a whole food, this can be woven into the food plan. For example, if a patient wants to add plantains, this food will fall under the "Starchy Vegetable" category because plantains are a starchy food with a similar macronutrient composition as other starchy vegetables. One serving of plantain will be ⅓ cup of plantain.

The Elimination Diet is an exception where it may be difficult to add foods. If your patient asks about adding certain foods to the Elimination Diet, work with them to ensure those foods don't contain ingredients that should be avoided.

You can help your patient find nutrition information for any foods they may want to add using one of the following reliable resources:

- [USDA FoodData Central](#)
- [FA/INFOODS Food Composition Databases](#)
- [Global Food Matters Database \(Tufts University\)](#)

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