## **Definition of Terms List**

<u>The Definition of Terms</u> is a cumulative anthology of definitions developed by the Academy of Nutrition and Dietetics (Academy). The definitions are broad based, have implications for use across the nutrition and dietetics profession, and are consistent with the regulatory and legal needs of the profession.

The terms are a resource for registered dietitians or registered dietitian nutritionists, dietetic technicians, registered, and other nutrition and dietetics practitioners as applicable. As a reference document, the definitions serve as standardized language and standardized application in various practice settings.

Updated 4/2014 Quality Management Committee

## Table of Contents

A-TERMS	2
B-terms	2
C-TERMS	2
D-TERMS	6
E-terms	7
F-TERMS	11
G-TERMS	13
H, I, J, K- terms	13
L- TERMS	13
M-terms	15
N-TERMS	17
O, P-TERMS	22
Q-TERMS	
R-terms	24
S-terms	26
T-terms	27
U, V, W, X, Y, Z-TERMS	29

Term	Definition/Description	Key Considerations
A-terms		
Advanced Practice	The practitioner demonstrates a high level of skills, knowledge and behaviors. The individual exhibits a set of characteristics that include leadership and vision and demonstrates effectiveness in planning, evaluating and communicating targeted outcomes.	The term advanced practice is used after a careful review of the Academy's Standards of Practice (SOP) and Standards of Professional Performance (SOPP) in the various focus areas of dietetics practice and the literature for other professions. For more information on the criteria for advanced practice, please visit <u>www.eatright.org/futurepractice</u> For more information on the Dietetics Career Development Guide, please visit <u>http://www.eatright.org/Members/content.aspx?id=7</u> <u>665</u>
B-terms		
Board Certified Specialist in: Pediatric Nutrition (CSP) Renal Nutrition (CSR) Gerontological Nutrition (CSG) Sports Dietetics (CSSD) Oncology Nutrition (CSO)	Board Certified Specialists are registered dietitians (RDs) or registered dietitian nutritionists (RDNs) credentialed by the Commission on Dietetic Registration (CDR) who have met empirically established criteria and who have successfully completed a specialty certification examination that simulates and/or tests practice-related knowledge, skills or abilities.	For further information on Board Certified Specialists, please visit CDR's website at: http://www.cdrnet.org/certifications/
C-terms		
Certificate Program	<ul> <li>A certificate program is an intensive training program with a component that assesses the participant. Upon completion of the program, participants receive a certificate attesting to the attainment of a new knowledge/skill set (e.g., Academy/CDR Certificate in Adult Weight Management). Unlike a certification program, participants do not receive a professional designation or credential (e.g., DTR, RD, CSP, CSR, CSG, CSSD, CSO).</li> <li>Certificate programs must: <ol> <li>be dietetics-related;</li> <li>have stated learning objectives upon which the course and assessment content is based;</li> <li>include content expert instruction and interactive discussion (which may occur faceto-face or by electronic delivery);</li> <li>include a post-course assessment that assesses the participant's attainment of the program's learning objectives;</li> <li>have all course materials reviewed by a minimum of 3 professionals with demonstrated expertise in the content area who attest to the number of hours needed to complete the program; and</li> <li>be sponsored by Academy/CDR or one of their approved institutions.</li> </ol> </li> <li>In addition, if the program includes a self- study component, the self-study must include an assessment based on stated learning objectives. Course participants must pass the assessment to continue in the program and to receive CPEUs for the self-study component.</li> </ul>	In certification, the focus is on assessing current knowledge and skills. In a certificate program, the focus is on training people to achieve a certain knowledge and skill base. The training and assessment usually cover a focused area of knowledge and skills. Unlike certification, curriculum-based certificates usually do not have ongoing requirements, do not result in an initial designation, and cannot be revoked. Some associations do date the certificate, however, requiring people to retake the course periodically. Reference: Commission on Dietetic Registration Professional Development Portfolio Guide, Page 6. Chicago IL 2011.

Term	Definition/Description	Key Considerations
	Individuals completing a Certificate program receive CPEUs for training and assessment time regardless of whether they pass the post-course assessment and receive the certificate. One CPEU is equivalent to 1 contact hour.	
Certification (Professional)	A process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role, or skill are identified to the public and other stakeholders. Reference: National Commission for Certifying Agencies (NCCA), Standards for Accreditation of Certification Programs, 2005 www.credentialingexcellence.org	Certification is voluntary. An individual does not need to be certified to engage in a given occupation. However, certification may be identified as an organizational requirement in job descriptions, career- laddering systems, reimbursement plans, or project specifications. Certifications may either be accredited or non- accredited. Accredited certification is a fundamentally important issue in terms of the validity and credibility of a certification. Both the registered dietitian or registered dietitian nutritionists and dietetic technician, registered certification programs administered by the Commission on Dietetic Registration are accredited by the National Commission for Certifying Agencies and comply with the "Standards for Accreditation of National Certification Organizations".
Certification (Statutory)	State certification within practice acts provide a lower level of protection for state consumers than licensure, and generally require a lower level of educational attainment. Most often, state certification requires that an individual obtain a private credential from a specified non- governmental professional entity, usually includes title protection, and occasionally includes practice exclusivity.References: Academy of Nutrition and Dietetics. Detailed Chart: State Licensure Provisions. http://www.eatright.org/qualityresources/ Accessed July 26, 2012Academy of Nutrition and Dietetics. Directory: State Dietetics Licensing Boards. http://www.eatright.org/qualityresources/ Accessed July 26, 2012Licensure, certification and title protection outlining legal scope of practice. Detailed Chart: State Dietetics Licensing Boards	A state government certification regulates the use of a professional or occupational title, e.g., certified nurse assistant or certified public accountant. Certification does not establish a monopoly of service; anyone can perform the functions of a nurse assistant or an accountant. Generally, only members of an occupation or profession who have become certified by complying with specified training and testing requirements are allowed to use a protected title. It is generally illegal to use the "certified" title without the proper credentials. Frequently, state standards for certification are found in "right-to title" statutes and are called state certification acts.
Clinical Privileges	See: Title Protection Clinical privileges provide a way to differentiate between different levels of clinical decision- making and application skills. Authorization is granted by the appropriate authority (e.g., the governing body) to a practitioner to provide specific care, treatment, or services in the organization within well-defined limits, based on the following factors: license (state-specific, if applicable), education, training, experience, judgment, and demonstrated and documented competence.	Privileging is the process by which, upon request from the individual healthcare provider, a healthcare organization determines the current knowledge, skill, competence, and statutory scope of practice, if applicable of the requesting individual to perform diagnostic and/or therapeutic procedures and/or interventions and grants authorization to perform identified client/patient-care services within that organization for a defined period of time concurrent with any specified performance review procedures.

Term	Definition/Description	Key Considerations
		RD or RDN healthcare providers and their managers/directors considering incorporation of specific food service, nutrition care, diagnostic and therapeutic procedures into their practice are accountable and responsible for determining both their individual scope of practice and statutory scope of practice, if applicable.
		Statutory scope of practice is referenced in state practice acts, licensure, certification, title protection and other applicable state laws – i.e., health occupational.
		Individual scope of practice is guided by current Academy standards of practice for registered dietitians or registered dietitian nutritionists in nutrition care and in various focus areas (over 15 practice-specific areas have been developed) and standards of professional performance for registered dietitians and the Academy of Nutrition and Dietetics/Commission on Dietetic Registration code of ethics for the profession of dietetics and process for consideration of ethics issues.
		<ul> <li>For information of privileging process refer to <u>www.eatright.org/qualityresources</u>:</li> <li>Practice Tip: RD or RDN and Hospital Privileges April 2010</li> <li>Hager M, PhD RD FADA, and McCauley S, MS MBA RD LDN FADA. Practice Applications - Clinical Privileging: What It Is And Isn't. <i>J Am Diet Assoc.</i> 2009; 109: 401- 402.</li> </ul>
Community Nutrition	Community nutrition encompasses individual and interpersonal-level interventions that create changes in knowledge, attitudes, behavior and health outcomes among individuals, families or small, targeted groups within a community setting. Definition and key considerations created by the Public Health Task Force. Fall 2012	
Community Nutritionist	A professional trained in the delivery of primary, secondary, and tertiary nutrition services within community settings. The professional has training in nutrition throughout the life-span; nutrition education and counseling; and program development. The Academy of Nutrition and Dietetics strongly recommends that they are Registered Dietitians (RDs) or Registered Dietitian Nutritionists (RDNs), and maintain state licensure. Definition and key considerations created by the Public Health Task Force. Fall 2012.	<ul> <li>The main functions of community nutritionists include:</li> <li>developing, providing, and evaluating nutrition education and counseling efforts for small groups and individuals;</li> <li>planning, implementing, and evaluating primary and secondary prevention interventions based on community assessment data and scientific evidence;</li> <li>developing nutrition programs and interventions, including related educational materials and inservice education programs, that meet the cultural and linguistic needs of individuals and target populations;</li> <li>providing referrals to and collaborating with local health organizations to assure comprehensive nutrition services;</li> <li>administering programs and supervising staff; participating in care coordination or providing case management.</li> </ul>

Term	Definition/Description	Key Considerations
Competence	A principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis. Reference: Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition. 2003.	<ul> <li>Professionals who are competent use up-to-date knowledge and skills; make sound decisions based on appropriate data; communicate effectively with patients, customers, and other professionals; critically evaluate their own practice; and improve performance based on self-awareness, applied practice, and feedback from others. (Academy ethics opinion, May 2003)</li> <li>A determination of an individual's capability to perform up to defined expectations (The Joint Commission).</li> <li>Federal regulations and accreditation standards may have additional information pertaining to competence.</li> </ul>
Competency(ies)	A competency is a synthesis of knowledge, skills, abilities, behaviors and other characteristics an individual must demonstrate in order to perform work roles or occupational functions successfully. Reference: Office of Personnel Management http://www.opm.gov/policy-data- oversight/assessment-and- selection/competencies. Accessed October 8, 2013.	See Definitions: Competence, Level of Practice,         Competent; Level of Practice, Proficient; Level of         Practice, Expert         "Competencies are used for assessing and selecting         candidates for a job; assessing and managing         employee performance; workforce planning; and         employee training and development." (1)         Competencies are defined behaviors that are         observable and measurable.         Competencies reflect effective performance and may         be evaluated against well-accepted standards and         quality indicators.         Competencies may serve a wide variety of purposes         including: self-assessment and professional         development planning, employee evaluations, job up-         skilling, and credentialing.         Reference:         1. Office of Personnel Management         http://www.opm.gov/policy-data-         oversight/assessment-and-selection/competencies.         Accessed October 8, 2013.
Competent	See: Level of Practice, Competent	
Coordination of Nutrition Care	See: Nutrition Intervention, Coordination of Nutrition Care	
Credentialing (Organizational Setting)	The process of reviewing, verifying, and evaluating a practitioner's credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of the	<ul> <li>Employers create practice boundaries within:</li> <li>Mission statements</li> <li>Organization by-laws</li> <li>Organizational charts (decision making/ who answers to whom)</li> <li>Standards and guidelines adopted</li> <li>Job descriptions (your own and all others)</li> </ul>

Definition/Description	Key Considerations
specialized professional background required for membership, affiliation, or a position within a healthcare organization or system. The result of credentialing in an organizational setting is that a practitioner is granted membership in a medical staff. The practitioner is evaluated on an organizational or accreditation specific basis, usually every 2 years.	<ul> <li>Policies and procedures (describe who is qualified to assist/perform)</li> <li>For more information regarding credentialing in an organizational setting, visit the CMS State Operations Manuals for Hospitals at: http://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/index.html?redirect=/CFCsAndCoPs/01_Overview.asp</li> <li>(Conditions of Participation 482.12(a) and 482.22)</li> <li>Accessed June 12, 2012</li> <li>Credentialing: "the process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services in or for a health care organization."</li> <li>Reference: The Joint Commission. Glossary. In: 2012</li> <li>Hospital Accreditation Standards. Oakbrook Terrance, IL: Joint Commission on Accreditation of Healthcare Organizations; 2012: GL-8.</li> <li>To view The Joint Commission Accreditation standards, visit www.jointcommission.org (see Medical Staff and Human Resources standards).</li> <li>To view the Healthcare Facilities Accreditation Program standards, visit www.hfap.org (see Allied Health Practitioners and Medical Staff standards).</li> </ul>
Process by which an agent qualified to do so grants formal recognition to and records such status of entities (individuals, organizations, processes, services, or products) meeting pre- determined and standardized criteria. Reference: Jacobs J A and Glassie J C. <i>Certification and Accreditation Law Handbook,</i> $2^{nd}$ edition. Washington D.C.: American Society of Association Executives; 2004: 3.	The Commission on Dietetic Registration (CDR) is the credentialing agency for the Academy of Nutrition and Dietetics. CDR protects the public through credentialing and assessment processes that assure the competence of registered dietitians or registered dietitian nutritionists and dietetic technicians, registered. CDR currently administers separate and distinct credentialing programs (e.g., Registered Dietitian or Registered Dietitian Nutritionists; Dietetic Technician, Registered; and specialty practice credentials). Other professional credentials, administered by other professional entities, include but not limited to, Certified Diabetes Educator, Certified Nutrition Support Clinician.
The Commission on Dietetic Registration defines the Dietetic Technician, Registered (DTR) as an individual who has met current minimum requirements through <u>one</u> of three routes: 1. Successful completion of a minimum of an Associate degree and Dietetic Technician Program through a program accredited by Accreditation Council for Education in Nutrition and Dietetics (ACEND) of The Academy of Nutrition and Dietetics (Academy).	DTRs work under the supervision of the RD or RDN as the RD or RDN is ultimately accountable for the nutrition care and services for individuals in various health care settings. The Registered Dietitian (RD) or Registered Dietitian Nutritionist (RND) performs all steps of the Nutrition Care Process. The Dietetic Technician, Registered (DTR) performs the Nutrition Care Process steps as assigned and supervised by the RD or RDN based on demonstrated and documented competence.
	Specialized professional background required for membership, affiliation, or a position within a healthcare organization or system. The result of credentialing in an organizational setting is that a practitioner is granted membership in a medical staff. The practitioner is evaluated on an organizational or accreditation specific basis, usually every 2 years. Process by which an agent qualified to do so grants formal recognition to and records such status of entities (individuals, organizations, processes, services, or products) meeting predetermined and standardized criteria. Reference: Jacobs J A and Glassie J C. Certification and Accreditation Law Handbook, 2 <sup>nd</sup> edition. Washington D.C.: American Society of Association Executives; 2004: 3. The Commission on Dietetic Registration defines the Dietetic Technician, Registered (DTR) as an individual who has met current minimum requirements through one of three routes: 1. Successful completion of a minimum of an Associate degree and Dietetic Technician in Nutrition and Dietetics (ACEND) of The Academy of

Term	Definition/Description	Key Considerations
	<ol> <li>Successful completion of a Baccalaureate degree; met current academic requirements (Didactic Program in Dietetics) as accredited by ACEND of the Academy; successfully completed a supervised practice program under the auspices of a Dietetic Technician Program as accredited by ACEND.</li> <li>Completed a minimum of a Baccalaureate degree; successfully completed a Didactic Program in Dietetics as accredited by ACEND of the Academy.</li> <li>In all three routes, the individual must successfully complete the Registration Examination for Dietetic Technicians. To maintain the DTR credential, the DTR must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 50 hours of approved continuing professional education every five years).</li> </ol>	An RD or RDN may assign a DTR interventions within the DTR's individual scope of practice, which may include educating individuals, planning between-meal nourishments according to the individual's diet and food preferences, planning and correcting menus for individuals on special diets based on established guidelines, individualizing menus based on food preferences, observing individuals during meal rounds and reporting observations to the RD or RDN; and with the RD or RDN, modifying the plan of nutrition care. Whether the supervision is direct (RD or RDN is on premises and immediately available or self-employed in private practice) or indirect (RD or RDN is immediately available by telephone or other electronic means) is determined by regulation and facility policies and procedures. <sup>1</sup> Direct and indirect supervision of nutrition care services/nutrition care process is when the supervising RD or RDN is available to the DTR for consultation whenever consultation is required. DTRs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics and Academy Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for DTRs. <sup>2</sup> To view SOP SOPP documents, visit: www.eatright.org/sop <sup>1</sup> Practice Tip: What is Meant by "Under the Supervision of a Registered Dietitian"? www.eatright.org/scope <sup>2</sup> The Academy Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2012 standards of professional performance for dietetic technicians, registered. J Acad Nutr Diet. 2013; 113 (suppl 2): S56-S71 http://www.andjrnl.org/supplements
Dietetics	Dietetics is the integration, application and communication of principles derived from food, nutrition, social, business and basic sciences, to achieve and maintain optimal nutrition status of individuals through the development, provision and management of effective food and nutrition services in a variety of settings.	Dietetics is derived from sciences of food, nutrition, management, communication, and biological sciences including cell and molecular biology, genetics, pharmacology, chemistry, and biochemistry and physiological, behavioral and social sciences.
E-terms	An optry loval practitionar has loss than three	
Entry Level	An entry-level practitioner has less than three years of registered practice experience and demonstrates a competent level of dietetics practice and professional performance. Reference: Ward B, Mueller C, Touger-Decker R, Sauer K. Entry-Dietetics Practice Today: Results from the 2010 Commission on Dietetic Registration Entry-Level Dietetics Practice Audit. J Am Diet Assoc. 2011; 111: 914-941.	

Term	Definition/Description	Key Considerations
Evidence-Based Dietetics Practice	Evidence-Based Dietetics Practice involves the process of asking questions, systematically finding research evidence, and assessing its validity, applicability and importance to food and nutrition practice decisions; and includes applying relevant evidence in the context of the practice situation and the values of clients, customers and communities to achieve positive outcomes.	<ul> <li>Evidence-based dietetics practice is consistent with the general definition and key considerations of "Evidence-Based Practice". See Evidence-Based Practice.</li> <li>Evidence-based dietetics practice is based on the best available evidence including research, national and/or international guidelines, policies, consensus statements, expert opinion and quality improvement data.</li> </ul>
		The determination of "best available evidence" is based on the hierarchy of evidence. Evidence Analysis Library <u>http://www.adaevidencelibrary.com/topic.cfm?cat=1</u> <u>231</u> Accessed June 6, 2012 The systematic review of scientific evidence is an ongoing process.
		Evidence-based dietetics practice involves continuing evaluation of outcomes which becomes part of the evidence base.
		Evidence-based dietetics practice applies to individual clients, customers and communities.
		Evidence-Based Guidelines for dietetics practice are available at <u>www.adaevidencelibrary.com</u> .
		The International Confederation of Dietetic Associations defines Evidence-Based Dietetics Practice at <u>http://www.internationaldietetics.org/International-</u> <u>Standards/Evidence-based-Dietetics-Practice.aspx</u> Accessed June 12, 2012.
Evidence-Based Nutrition Practice Guidelines and Evidence-Based Toolkits (Guidelines/Toolkits)	Evidence-Based Nutrition Practice Guidelines are statements and treatment algorithms which are developed using the process of asking questions, systemically finding research evidence, and assessing its validity, applicability and importance to food and nutrition practice decisions. The guidelines are designed to assist the registered dietitian (RD) or registered dietitian nutritionist (RDN), RD or RDN/dietetic technician, registered (DTR) team and other intended users and patient/client in making decisions about appropriate nutrition care for specific disease states or conditions in typical settings. Evidence-Based Toolkits are a set of companion documents which are disease or condition specific and detail how the RD or RDN or RD or RDN/DTR team and other intended users apply the Evidence-Based Nutrition Practice Guideline in practice. The toolkits include forms such as documentation forms, outcomes monitoring sheets, patient/client education resources, case studies and medical nutrition therapy (MNT) protocols for implementing the Evidence-Based Nutrition Practice Guideline. Evidence-Based Nutrition Practice Guideline. Evidence-Based Nutrition Practice Guidelines and Toolkits	<ul> <li>Clinical nutrition practice guidelines aim to promote the delivery of evidence-based health care and to reduce inappropriate variations in practice. The guidelines have the potential to improve the safety, quality, and value of health care and the health status of patients/clients/populations. Outcomes of care can be identified and evaluated.</li> <li>The guidelines meet the standards of the National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality described at <a href="http://www.guideline.gov">http://www.guideline.gov</a>.</li> <li>National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality is a public resource for evidence-based clinical practice guidelines.</li> <li>To be effective, a clinical nutrition practice guideline should be:</li> <li>Based on evidence, or in the absence of evidence, expert consensus.</li> <li>Periodically reviewed and, as indicated, revised based on new empirical studies and/or changes in expert consensus.</li> <li>Adapted, as appropriate, to the specific patient/client populations served in various settings*.</li> </ul>

Term	Definition/Description	Key Considerations
	incorporate the Academy's Nutrition Care Process and Model as the standard process for patient/client care. Evidence-Based Nutrition Practice Guidelines and Toolkits for dietetics practice are available at <u>www.andevidencelibrary.com</u>	<ul> <li>Approved by appropriate clinical and administrative leaders in the organization where they are implemented.</li> <li>Disseminated and implemented by registered dietitians and other professionals who will apply the guideline in patient/client care.</li> <li>Supported through changes in the organization's systems, such as information management processes and equipment management processes and equipment management grocesses.</li> <li>*These may include but are not limited to: acute care facilities, rehabilitation centers/skilled nursing facilities, continuing care retirement communities/nursing facilities, home health care, clinics or physician offices, office of the registered dietitian, Medical Homes, Accountable Care Organizations and other community settings.</li> <li>See: Medical Nutrition Therapy Protocols, Evidence-Based Dietetics Practice and Evidence-Based Practice.</li> <li>The Academy's Evidence-Based Nutrition Practice Guidelines and Toolkits are intended as general frameworks for the care of patients/clients with particular health problems and not for application to the treatment of all patients/clients in all circumstances. Complicating conditions such as severe illness or co-morbidity, for example, may require different treatments or considerations. The independent skill and judgment of the registered dietitian or referring health care provider must always determine treatment decisions. Protocols/guidelines for practice are provided with the express understanding that they do not establish or specify particular standards of care for legal, medical, or other purposes.</li> </ul>
Evidence-Based Practice	<ul> <li>Evidence-based practice is an approach to health care wherein health practitioners use the best evidence possible, i.e., the most appropriate information available, to make decisions for individuals, groups and populations.</li> <li>Evidence-based practice values, enhances and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision- making based not only on the available evidence but also on client characteristics, situations, and preferences. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities.</li> <li>Evidence-based practice incorporates successful strategies that improve client outcomes and are derived from various sources of evidence including research, national guidelines, policies, consensus statements, systematic analysis of clinical experience, quality improvement data, specialized knowledge and skills of experts.</li> </ul>	<ul> <li>Evidence-based practice is about decision making in daily practice.</li> <li>Placing the client's benefits first, providing evidence based practice requires adopting a process of lifelong learning that involves continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current best evidence relative to each question, and taking appropriate action guided by evidence.</li> <li>Reference: Gibbs, L. Evidence-Based Practice for the Helping Professions: A Practical Guide with Integrated Multimedia, Pacific Grove, CA: Brooks/ Cole an Imprint of Wadsworth Publishers, 2003.</li> </ul>

Term	Definition/Description	Key Considerations
Evidence-Based/ Practice Guidelines	<ul> <li>Evidence-based guidelines are determined by scientific evidence.</li> <li>Practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care.</li> <li>References:</li> <li>QI 9: Clinical Practice Guidelines, Element A. 2009 Standards and Guidelines for the Accreditation of Health Plans. NCQA.</li> <li>Institute of Medicine. Field, M.J. and Lohr, K.N., eds. Clinical Practice Guidelines: Directions for a New Program. Washington, DC: National Academy Press; 1990:38.</li> <li>National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ) <a href="http://www.guideline.gov">http://www.guideline.gov</a></li> </ul>	To be effective, practice guidelines should be based on evidence, or in the absence of evidence, expert consensus. Professional standards may be incorporated into practice guidelines. National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality is a public resource for evidence-based clinical practice guidelines. See: Best Available Research/ Evidence and Evidence- Based Nutrition Practice Guidelines and Toolkits
Evidence, Best Available Research/	Accessed July 26, 2012 The best available research/evidence refers to the most appropriate research/ evidence available to answer a question. Evidence-based guidelines and systematic reviews are considered the best available sources of research/ evidence. If these do not exist, then primary research is the best available and the type of question would determine the best research/evidence.	For more information, visit the Academy of Nutrition and Dietetics Evidence Analysis Library at: www.adaevidencelibrary.com
	<ul> <li>"The four most common types of evidence analysis questions are: diagnosis, treatment, prognosis and etiology. The type of question you are trying to answer determines the best research design to seek.</li> <li>For instance, a randomized controlled trial (RCT) would be the most appropriate type of study to answer a question about therapy or treatment. This hierarchy is often shown graphically as a pyramid with expert opinions at the bottom of the pyramid and randomized controlled trials (RCTs) at the top.</li> <li>However, a RCT would not be the strongest research design to answer a question about prognosis. The highest level of evidence for prognosis is a cohort study. Always look for the strongest evidence you can find to answer your type of question.</li> </ul>	

Term	Definition/Description	Key Considerations
	Evidence	
	based Guidelines	
	Systematic Reviews	
	Best Research Design as determined by question type	
	Etiology/Harm Question Treatment Question Question Question Question Cohort Question Cohort Studies Question Cohort Studies over time with Control Trials (RCTa) Control Trials	
	Hierarchy of Evidence by Research Design	
	The type of question you are trying to answer	
	determines the best research design to use."	
	Reference: Academy of Nutrition and Dietetics.	
	Evidence Analysis Manual. Academy of Nutrition	
	and Dietetics Evidence Analysis Library.	
	https://www.adaevidencelibrary.com/topic.cfm	
	<u>?cat=1155</u> Revised January 2012. Accessed March 7, 2012	
Expert	See: Level of Practice, Expert	
F-terms		
Federal Recognition of	Registered dietitians, registered dietitian	Direct recognition statutes extend independent-
RDs as Medicare Providers	nutritionists or nutrition professionals must meet the following qualifications:	practitioner status to non-physician professionals.
Providers	<ul> <li>BS degree or higher in program of nutrition</li> </ul>	According to federal law, CMS can allow persons
	or dietetics;	credentialed as "registered dietitians" with CDR to use
	At least 900 hours practice supervised	that credential as proof of the education and
	experience, e.g., Internship, Coordinated Program or AP4; and	experience requirements.
	• State licensed or certified, if applicable,	If RDs practice in more than one state and enroll to
	otherwise credentialed with CDR.	become Medicare providers, they will need proof of licensure in all states where they practice.
	Includes dietitians or nutrition professionals	
	who are licensed or certified as of December 21,	CMS' final regulation clarifies that Medicare will pay
	2000. After this date, must also be an RD or RDN	dietitians who enroll to obtain provider status in the
	and state licensed or certified, if applicable.	Medicare program regardless of whether they provide the MNT services in an independent practice setting,
	Requires a referral from a physician.	hospital outpatient department or any other setting,
	Communication with physician is expected	except for services provided to patients in an inpatient
	regarding client progress or lack of progress.	stay in a hospital or skilled nursing facility.
	Reference: US Code, Title 42. § 1395x. Social	For more information, visit the US Code Online via
	Security. (vv) Medical nutrition therapy	GPO Access:
	services; registered dietitian or nutrition	( <u>http://www.gpoaccess.gov/uscode/index.html</u> ) For CMS' final regulation, visit the Code of Federal
	professional; 42 C.F.R. 410.134.	Regulations: <u>http://ecfr.gpoaccess.gov/cgi/</u>
Fellow of the	"The Fellow of the Academy of Nutrition and	Academy recognition certificate. Initiated in October
	Dietetics (FAND) recognizes Academy members	2013.
Academy of Nutrition		
and Dietetics (FAND)	who have made significant and sustained	
	contributions to the field of nutrition and	The Fellow of the American Dietetic Association
and Dietetics (FAND)	-	(FADA) credential was suspended in 2002. RDs or
and Dietetics (FAND)	contributions to the field of nutrition and	(FADA) credential was suspended in 2002. RDs or RDNs who have been awarded the FADA credential
and Dietetics (FAND)	contributions to the field of nutrition and	(FADA) credential was suspended in 2002. RDs or RDNs who have been awarded the FADA credential may choose to be grandfathered into the FAND. Once the FAND is obtained, they have the option to either
and Dietetics (FAND)	contributions to the field of nutrition and	(FADA) credential was suspended in 2002. RDs or RDNs who have been awarded the FADA credential may choose to be grandfathered into the FAND. Once

Term	Definition/Description	Key Considerations
	<ul> <li>The Fellow of the Academy of Nutrition and Dietetics (FAND) recognizes Academy members who have distinguished themselves among their colleagues, as well as in their communities, by their service to the dietetics profession and by optimizing health through food and nutrition.</li> <li>From a personal perspective, being a Fellow signifies not only 'tenure' in the dietetics profession, but also living the Academy's values of:</li> <li><i>Customer Focus</i> - Meets the needs and exceeds the expectations of all customers,</li> <li><i>Integrity</i> - Acts ethically, with accountability, for life-long learning and commitment to excellence,</li> <li><i>Innovation</i> - Embraces change with creativity and strategic thinking, and</li> <li><i>Social Responsibility</i> - Makes decisions with consideration for inclusivity, as well as</li> </ul>	
Fellow of the	environmental, economic and social implications". Reference: Academy of Nutrition and Dietetics. Fellow of the Academy of Nutrition and Dietetics. <u>https://www.eatright.org/members/fand/#?stat</u> <u>e=ShowIntro&amp;_suid=1380639618209026461588</u> <u>678663666</u> . Accessed October 7, 2013	ADA recognition cortification. Suspended in 2002 for
Fellow of the American Dietetic Association (FADA) (Certification)	Registered Dietitians or Registered Dietitian Nutritionists who have attained the Fellow of the American Dietetic Association (FADA) certification have earned a master's or doctoral degree and have accumulated at least eight years of work experience. They have taken on multiple professional roles with diverse and complex responsibilities and functions, and possess a diverse network of broad, geographically dispersed professional contacts. Fellows also have successfully demonstrated an approach to practice that reflects a global, intuitive and evolving perspective; creating problem solving; and commitment to self- growth through a portfolio assessment. Commission on Dietetic Registration. Fellows of the American Dietetic Association. http://www.cdrnet.org/certifications/fellows/fst atelist.cfm Accessed June 12, 2012	ADA recognition certification. Suspended in 2002 for reevaluation.
Focus Area of Nutrition and Dietetics Practice	Defined area of nutrition and dietetics practice that requires focused knowledge, skills, and experience.	The term focus area is adopted based on feedback from members to the Council on Future Practice and relates to how a practitioner specializes in a specific area of practice (i.e., diabetes, community health). For additional information, please see the Dietetics Career Development Guide: <u>http://www.eatright.org/Members/content.aspx?id=7</u> <u>665</u>

Term	Definition/Description	Key Considerations
Food and/or Nutrient Delivery	See: Nutrition Intervention, Food and/or Nutrient Delivery	
Food and Nutrition Practitioner	See Nutrition and Dietetics Practitioner	The term Food and Nutrition Practitioner is acceptable to use interchangeably with the term Nutrition and Dietetics Practitioner.
G-terms		
General Practice	A general practitioner is an individual whose practice may include responsibilities across several areas of practice including, but not limited to community, clinical, consultation and business, research, education, and food and nutrition management.	
Genomics	See: Nutritional Genomics	
H, I, J, K- terms		
L- terms		
Level of Practice, Competent	A dietetics practitioner who has just obtained registered dietitian (RD), registered dietitian nutritionist (RND) or dietetic technician, registered (DTR) status, starting in an employment situation as a professional, and gains on the job skills as well as tailored continuing education to enhance proficiency and knowledge. The definition is based on the Dreyfus Model of Skill Acquisition. Reference: Dreyfus, HL, and Dreyfus, SE. <i>Mind over Machine.</i> New York: The Free Press; 1986:50-51.	<ul> <li>Criteria for Practice: Obtained CDR registration status and is employable as a professional in dietetics.</li> <li>Education: Associate, Bachelor or Post Graduate Degree with completion of supervised practice experiences and is post registration.</li> <li>Experience: Functions at a professional level using science based application learned in the education process and seeks additional learning experiences and networks that will aid in professional competence.</li> <li>Demonstrated Examples: Individual has successfully completed requirements to sit for and pass the RD or RDN/DTR exam and is capable of entry-level practice employment. Additional aptitude in training and technical skills in a specified focus area may have been achieved in the education process by the professional.</li> <li>For additional information, please see the Dietetics Career Development Guide: <a href="http://www.eatright.org/Members/content.aspx?id=7">http://www.eatright.org/Members/content.aspx?id=7</a></li> </ul>
Level of Practice, Proficient	A registered dietitian (RD), registered dietitian nutritionist (RDN) or dietetic technician, registered (DTR) who is three plus years beyond entry into the profession, who has obtained operational job performance skills and is successful in the chosen focus area of practice. The definition is based on the Dreyfus Model of Skill Acquisition. Reference: Dreyfus, HL, and Dreyfus, SE. <i>Mind</i> <i>over Machine</i> . New York: The Free Press; 1986:50-51.	<ul> <li>Criteria for Practice: An RD, RDN or DTR that is employed using dietetic skills with experience as well as continuing education, technical training and or a professional credential (specialist). There is an assurance of competency with proficient achievement in a focus area of practice.</li> <li>Education: The professional who has achieved the required education for RD or RDN/DTR may have acquired post entry-level education degree (Bachelors from Associate, Masters from Bachelors, etc) or completed a residency or specialized course work in a focus area of dietetics practice and/or attained a Specialist credential.</li> <li>Experience: Uses an approach to practice which is centered on experience with a professional skill application of a higher level than supervised</li> </ul>

Term	Definition/Description	Key Considerations
		<ul> <li>practice, uses broad application of knowledge required for specific practice situations, maintains an active network of professionals germane to the focus area, and is active in team work and leadership using an effective level of communication and interaction with others to positively influence the practice area.</li> <li><i>Demonstrated Examples</i>: <ol> <li>Obtains formal education degree or credential to show evidence of a higher level of practice ability or training to further skill level.</li> <li>Participates in research.</li> <li>Identified as a well-known speaker or published in focus area of practice.</li> <li>Sought after for practice and operational advice.</li> </ol> </li> <li>For additional information, please see the Dietetics Career Development Guide: <a href="http://www.eatright.org/Members/content.aspx?id=7">http://www.eatright.org/Members/content.aspx?id=7</a></li> </ul>
Level of Practice, Expert	A registered dietitian (RD), registered dietitian nutritionist (RDN) or dietetic technician, registered (DTR) who is recognized within the profession and has mastered the highest degree of skill in or knowledge of a certain focus or generalized area of dietetics through additional knowledge, experience, or training. An expert has the ability to immediately see "what" is happening and "how" to approach the situation. An expert can easily use the skills within the field of dietetics to become successful through the application of these skills to areas that may fall outside those in the traditional profession. The definition is based on the Dreyfus Model of Skill Acquisition. Reference: Dreyfus, HL, and Dreyfus, SE. <i>Mind over Machine</i> . New York: The Free Press; 1986:50-51.	<ul> <li>Criteria for Practice: An RD, RDN or DTR that is employed using dietetic skills with experience as well as continuing education, technical training and or a professional credential (specialist). There is an assurance of competency with proficient achievement in a focus area of practice.</li> <li><i>Education</i>: The RD, RDN or DTR may obtain additional degree (Bachelors, Masters, PhD, etc.) in addition to years of significant on-the job training. This individual may have additional credentials in more than one focus area of practice based on job experience and career choices.</li> <li><i>Experience</i>: The practitioner transcends reliance on rules, guidelines, and maxims. The practitioner uses "intuitive grasp of situations based on deep, tacit understanding" and has a "vision of what is possible". Uses the "analytical approaches" in new situations plus patterns of recognition to plan as well as diagnosis.</li> <li><i>Demonstrated Examples</i>:</li> <li>Obtains credentials in more than one focus area of practice based on years of experience and career choices.</li> <li>Achieves peer recognition, such as contributions to evidence-based knowledge and potential publishing in peer-reviewed journals.</li> <li>Mentors peers and those identified below expert in the Career Development Guide for the purpose of betterment of the individuals and the profession of dietetics.</li> </ul>

Term	Definition/Description	Key Considerations
Term         Licensure (Regulatory)	Definition/Description The process by which a state governmental agency grants time-limited permission to an individual to be recognized as and/or engaged in a given occupation after verifying that the individual has met predetermined, standardized competency qualifications. Reference: The ICE Guide to Understanding Credentialing Concepts, 2005, the Institute for Credentialing Excellence (ICE).	Key ConsiderationsLicensing is the most restrictive legislative regulation, other than outright prohibition of professional practice, and usually requires specific educational attainment and passage of a competency examination. Licensing programs often include (1) title protection for licensees, meaning that only those the state has properly licensed may use a particular title or hold themselves out as members of a particular profession, and (2) practice exclusivity, meaning only those the state has properly licensed may engage in activities falling within the regulated profession's scope of practice.The goal of licensure is to ensure that licensees have the minimal degree of competency necessary to ensure that the public's health, safety, and welfare are reasonably well protected.Licensure is typically granted at the state level. States vary in terms of their eligibility and maintenance requirements for registration, certification, and licensure.If a state has licensure with practice exclusivity for a given occupation, a person in that occupation must be licensed in each of those states unless an exemption allows practice (often time-limited) by practitioners licensed in another state.Professional associations do not grant licensure, but they may have a role in licensure activities such as advocating that licensure be instituted in states operating as the benchmark standard of qualification and collaborating with the state agencies.Most scopes of practice in licensure law contain only a general statement about the responsibilities, education requirements, and a non-specific list of allowed duties and do not explicitly enumerate services that are complex or beyond their scope. If a duty or practice is not explicitly identified as "not within the scope" it does not mea
Medical Nutrition	Medical nutrition therapy (MNIT) is an outdoase	The Academy's definition of modical putrition thereas
Medical Nutrition Therapy	Medical nutrition therapy (MNT) is an evidence- based application of the Nutrition Care Process. The provision of MNT (to a patient/client) may include one or more of the following: nutrition assessment/ re-assessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation that typically results in the	The Academy's definition of medical nutrition therapy is broader than the MNT definition established by Medicare Part B and other health plans. In addition, the Academy definition may differ from the MNT definition included in state licensure laws. MNT utilizes all domains of nutrition intervention
	prevention, delay or management of diseases and/or conditions.	including food and/or nutrient delivery, nutrition education, nutrition counseling, and coordination of

Term	Definition/Description	Key Considerations
		nutrition care as defined in the International Dietetics & Nutrition Terminology 3 <sup>th</sup> Edition. <u>http://www.eatright.org/HealthProfessionals/content.</u> <u>aspx?id=5903</u> Accessed June 12, 2012
		MNT involves in-depth individualized nutrition assessment, determination of the nutrition diagnosis, determination and application of the nutrition intervention personalized for the individual or group, and periodic monitoring, evaluation, re-assessment and intervention tailored to manage the disease, injury or condition.
		MNT services are provided by the Registered Dietitian (RD) or Registered Dietitian Nutritionist (RND) for individuals and groups utilizing meal plans, medically prescribed diets and tube feedings, specialized intravenous solutions and specialized oral feedings, and the analysis of potential food and drug interactions.
		For MNT billing and payment purposes, RDs or RDNs should review state licensure laws and payer policies to determine practice criteria for providing MNT services.
		As noted in the Evidence Analysis Library, MNT is " focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease."
		Reference: www.andevidencelibrary.com
		Under Medicare Part B, MNT services are defined as "nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a Registered Dietitian or nutrition professional pursuant to a referral by a physician".
		Reference: Medicare MNT Benefit US Code- 42USC§1395x(vv).
Medical Nutrition Therapy Protocols	Medical Nutrition Therapy (MNT) Protocols are a plan or set of steps, which are based on systematically analyzed evidence and clearly define the level, content, and frequency of	Medical Nutrition Therapy (MNT) Protocols aim to standardize nutrition care provided by the RD or RDN and identify reasonably expected outcomes.
	nutrition care appropriate for a disease or condition in settings where implemented*. MNT protocols assist the registered dietitian (RD), RD or registered dietitian nutritionist (RDN)/dietetic technician, registered (DTR) team and other intended users in the application of	MNT Protocols are a component of the Academy's Evidence-Based Toolkits and apply the disease or condition specific Evidence-Based Nutrition Practice Guidelines. They incorporate the Academy's Nutrition Care Process and Model as the standard process, use the standardized language to document the
	Evidence-Based Nutrition Practice Guidelines. *These may include but are not limited to: acute care facilities, sub-acute facilities, post-acute facilities/rehab centers/skilled nursing facilities, continuing care retirement communities/nursing facilities, home health care, clinics or physician offices, office of the	<ul> <li>patient/client care and include the following components:</li> <li>Executive Summary of Recommendations</li> <li>MNT Flowchart of Encounters</li> <li>MNT Encounter Process</li> <li>MNT Protocols can be used for the articulation of MNT to health care decision makers and payers, training students, orientation and performance improvement.</li> </ul>

Term	Definition/Description	Key Considerations
	registered dietitian (RD) or registered dietitian nutritionist (RDN), Medical Homes, Accountable Care Organizations and other community settings.	Evidence-Based Nutrition Practice Guidelines and Toolkits for dietetics practice are available at <u>www.andevidencelibrary.com</u>
	Jettings.	See: Evidence-Based Nutrition Practice Guidelines and Evidence-Based Toolkits definition and key considerations
		Complicating conditions such as severe illness or co- morbidity, for example, may require different treatments or considerations. The independent skill and judgment of the registered dietitian (RD), registered dietitian nutritionist (RDN) or referring health care provider must always determine treatment decisions. Protocols/guidelines for practice are provided with the express understanding that they do not establish or specify particular standards of care for legal, medical, or other purposes.
Medicare Provider	See: Federal Recognition of RDs as Medicare Providers	
N-terms		
Nutrition and Dietetics Practitioner	Nutrition and Dietetics Practitioner is used in communications to address a credentialed practitioner (i.e.; registered dietitian-RD or registered dietitian nutritionist-RDN, dietetic	Credentialed Nutrition and Dietetics Practitioner is used in communications when referring to a RD or RDN and a DTR.
	technician, registered-DTR) and a non- credentialed practitioner (i.e.; practitioner with BS/BA, MS, MPH, and PhD who is not a RD or	Nutrition and Dietetics profession is used in communication to address the profession.
	RDN or a DTR) and is an Academy-member or non-Academy member. (Note: This may also include a Certified Dietary Manager (CDM), Dietary Manager (no credential) and Certified Food Protection Professional (CFPP) and Chef (no credential) with a BS/BA.)	Dietetics professional is never used in communications to describe and promote the registered dietitian (RD) or registered dietitian nutritionist (RDN) and the dietetic technician, registered (DTR) and has been discontinued.
		Use the word professional when referring to the RD or RDN. DTRs are the technical, not professional, group within nutrition and dietetics. Use Nutrition and Dietetics Practitioner and not Nutrition and Dietetics Professional.
		Always change the term Nutrition and Dietetics Practitioner to RD or RDN and DTR. The term RD or RDN and DTR is always the preferred terminology to use.
Nutrition Assessment	A method of identifying and evaluating data needed to make decisions about a nutrition- related problem/diagnosis.	Nutrition Assessment is the first of four steps in the Nutrition Care Process. While the type of data may vary among nutrition settings meeting client or community needs, the process and intention are the same. When possible, the assessment data is
	Reference: The Academy's International Dietetics and Nutrition Terminology Reference Manual 3 <sup>rd</sup> Edition.	compared to reliable norms and standards for evaluation. Further, nutrition assessment initiates the data collection process providing the base for Nutrition Diagnosis (Step 2) and Nutritional Recommendations/Care Plan/Nutrition Intervention (Step 3) that is continued throughout the nutrition care process and form the foundation for reassessment and reanalysis of the data in Nutrition Monitoring & Evaluation (Step 4).
Nutrition Care Process	A process for identifying, planning for, and meeting nutritional needs which includes four steps: Nutrition Assessment, Nutrition	The Nutrition Care Process consists of four distinct, but interrelated and connected steps: 1) Nutrition Assessment, 2) Nutrition Diagnosis, 3) Nutrition

Term	Definition/Description	Key Considerations
	Monitoring and Evaluation. Reference: The Academy's International Dietetics and Nutrition Terminology Reference Manual 3 <sup>rd</sup> Edition.	Evaluation. Even though each step builds on the previous one, the process is not linear. Critical thinking and problem solving will frequently require that dietetics practitioners revisit previous steps to reassess, add, or revise nutrition diagnoses; modify intervention strategies; and/or evaluate additional outcomes. The Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) makes decisions when providing medical nutrition therapy and addressing nutrition-related problems to ensure provision of safe, effective, timely and equitable quality care.
		The RD or RDN performs all steps of the Nutrition Care Process. The Dietetic Technician, Registered (DTR) performs the Nutrition Care Process steps as assigned and supervised by the RD or RDN based on demonstrated and documented competence.
		The International Terminology of Dietetics and Nutrition (IDNT) is one of many standardized terminologies that are used by the health professions. The IDNT is used to describe, document and record nutrition and dietetics practice.
		The Nutrition Care Process and Standardized Language provide the framework and data terms for research that facilitates measurement of nutrition practice and outcomes.
		The Nutrition Care Model is a visual representation that reflects key concepts of each step of the Nutrition Care Process and illustrates the greater context within which the Nutrition Care Process is conducted.
		Reference: The Academy of Nutrition and Dietetics International Dietetics & Nutrition Terminology 3 <sup>rd</sup> Edition.
		The four Nutrition Care Process steps can be applied to many areas of nutrition and dietetics. Practice setting examples include:
		<ul> <li>Food Service - the dishwasher breaks. Registered dietitians or registered dietitian nutritionists:</li> <li>1. Assess the problem (leak)</li> <li>2. Diagnose the problem (faulty seals around the spray arms)</li> </ul>
		<ol> <li>Determine an appropriate intervention (replace faulty seals)</li> <li>Monitor and Evaluate intervention and make changes as needed</li> </ol>
		Community - A state reviewer recommended that a Head Start Center incorporate a wider variety of foods to accommodate cultural and ethnic preferences broadening the children's food experience. The menu requires revision. Registered dietitians or registered dietitian nutritionists:
		<ol> <li>Assess current menus,</li> <li>Diagnose any problem areas (lack of culturally appropriate foods, few fruit and vegetable</li> </ol>

Term	Definition/Description	Key Considerations
		<ul> <li>choices, short menu cycle, nutritional inadequacies),</li> <li>3. Determine appropriate interventions (changes, additions, deletions to menu), and</li> <li>4. Monitor and evaluate the implementation of menus and acceptance of new items. The registered dietitian continually makes revision as appropriate.</li> </ul>
Nutrition Counseling	See: Nutrition Intervention, Nutrition Counseling	
Nutrition Diagnosis	A Nutrition Diagnosis identifies and labels a specific nutrition problem that dietetics professionals are responsible for treating independently. Reference: The Academy's International Dietetics and Nutrition Terminology Reference Manual 3 <sup>rd</sup> Edition.	Nutrition Diagnosis is a critical step between nutrition assessment and nutrition intervention. This Step 2 in the nutrition care process results in the nutrition diagnosis statement or PES statement composed of three distinct components: Problem, Etiology, and Signs or Symptoms.
Nutrition Education	See: Nutrition Intervention, Nutrition Education	
Nutrition Intervention	A purposefully planned action intended to positively change a nutrition-related behavior, environmental condition, or aspect of health status for an individual (and his/her family or caregivers), target group, or the community at large. Reference: The Academy's International Dietetics and Nutrition Terminology Reference Manual 3rd Edition.	A Nutrition Intervention (Step 3) consists of two components: 1) Planning and 2) Implementation.
Nutrition Intervention, Coordination of Nutrition Care	Consultation with, referral to, or coordination of nutrition care with other providers, institutions, or agencies that assist in treating or managing nutrition-related problems. Reference: The Academy's International Dietetics and Nutrition Terminology Reference Manual 3 <sup>rd</sup> Edition.	Coordination of nutrition care is one of four nutrition interventions and is comprised of two classes: 1) Collaboration and Referral of Nutrition Care and 2) Discharge and Transfer of Nutrition Care to New Setting or Provider.
Nutrition Intervention, Food and Nutrient Delivery	An individualized approach for food/nutrient provision. Reference: The Academy's International Dietetics and Nutrition Terminology Reference Manual 3 <sup>rd</sup> Edition.	Food and/or nutrient delivery is comprised of six classes: 1) Meal and Snacks, 2) Enteral and Parenteral Nutrition, 3) Supplements, 4) Feeding Assistance, 5) Feeding Environment, and 6) Nutrition-Related Medication Management.
Nutrition Intervention, Nutrition Counseling	Nutrition Counseling is a supportive process, characterized by a collaborative counselor– patient/client relationship. Counseling integrates information obtained from nutrition assessment and diagnostic processes to establish food, nutrition and physical activity priorities, goals, and action plans and empowers individuals and groups to take responsibility for self-care to treat an existing disease and/or condition and promote health. Reference: The Academy's International Dietetics and Nutrition Terminology Reference Manual 3 <sup>rd</sup> Edition.	When provided by a registered dietitian (RD) or registered dietitian nutritionist (RDN), Nutrition Counseling is advising and assisting patients/clients on appropriate nutrition intake by integrating information from the nutrition assessment with information on food and other sources of nutrients and meal preparation while being cognizant of cultural background and socioeconomic status. Nutrition counseling is comprised of two classes: 1) Theoretical Basis/Approach, and 2) Strategies.

Term	Definition/Description	Key Considerations
Nutrition Intervention, Nutrition Education	Nutrition education is defined as the formal process to instruct or train patient(s)/client(s) in a skill or to impart knowledge to help patient(s)/client(s) voluntarily manage or modify	Registered dietitians (RDs) or registered dietitian nutritionists (RDNs) and dietetic technicians, registered (DTRs) providing nutrition education follow a standardized nutrition care process that includes
	food choices and eating behavior to maintain or improve health. Reference: The Academy's International Dietetics and Nutrition Terminology Reference Manual 3 <sup>rd</sup> Edition.	some form of a nutrition assessment, as well as nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation. These unique steps distinguish RDs or RDNs and DTRs from other health care practitioners who provide nutrition education.
		Nutrition education is comprised of two classes: 1) Content and 2) Application. Nutrition Education may be provided in individual or group settings. RDs or RDNs and DTRs provide nutrition education to optimize nutritional status, prevent disease or maintain and/or improve a patient's/client's health and well-being.
		DTRs routinely provide nutrition education services based on their job description, facility procedures and standards of practice. DTRs providing nutrition education may or may not be directly reimbursed depending on payer policies, state licensure laws and/or facility policies.
		Other groups and health plans may define nutrition education differently than the Academy. For billing and payment purposes, RDs or RDNs and DTRs should check state licensure laws and payer policies to determine practice criteria for providing nutrition education.
		Current Procedural Terminology codes for education and training (98960-62) may be used by RDs or RDNs to bill for nutrition education services. Check payer policies to verify coverage of education and training services.
		<ul> <li>Normal nutrition information is also provided through Nutrition Education and includes the following:</li> <li>Principles of good nutrition and food preparation;</li> <li>Food to be included in the normal daily diet;</li> <li>Essential nutrients needed by the body;</li> <li>Recommended amounts of the essential nutrients based on established standards;</li> <li>Actions of nutrients on the body;</li> <li>Effects of deficiencies or excesses of nutrients; and</li> <li>Foods, nutrient supplements and dietary</li> </ul>
		supplements that are good sources of essential nutrients.
Nutrition Informatics	"The effective retrieval, organization, storage and optimum use of information, data and knowledge for food and nutrition related problem solving and decision making. Informatics is supported by the use of	The tendency to think of nutrition technology as nutrition informatics often occurs and unfortunately leads to a mind/set focused on technology versus the broad application of nutrition informatics.
	information standards, processes and technology."	Simple definition: The intersection of information, nutrition and technology.
	Reference: Adapted from the definition of	

Term	Definition/Description	Key Considerations
	biomedical informatics; Shortliffe EH, Cimino JJ, eds. <i>Biomedical</i> <i>Informatics: Computer Applications in Health</i> <i>Care and Biomedicine</i> . 3 <sup>rd</sup> ed. New York, NY: Springer Science+Business Media, LLC; 2006: 24.	
Nutrition Monitoring and Evaluation	Nutrition Monitoring and Evaluation defines nutrition care outcomes the desired results of nutrition care. It is the change in specific nutrition care indicators, between assessment and reassessment which are measured and compared to the patient's/client's previous	Nutrition Monitoring and Evaluation (Step 4) in the Nutrition Care Process identifies patient/client outcomes relevant to the nutrition diagnosis and intervention plans and goals.
	status, nutrition intervention goals, or reference standards. Reference: The Academy's International Dietetics and Nutrition Terminology Reference	This Step 4 determines the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised.
	Manual 3 <sup>rd</sup> Edition.	
Nutrition Screening	Nutrition Screening is the process of identifying patients, clients, or groups who may have a nutrition diagnosis and benefit from nutrition assessment and intervention by a registered	Nutrition screening may be conducted in any practice setting as appropriate. Nutrition screening tools should be quick, easy to use,
	dietitian (RD) or registered dietitian nutritionist (RDN).	valid and reliable for the patient/population/setting. Nutrition screening tools and parameters are established by registered dietitians (RDs) or registered dietitian nutritionists (RDNs), but the screening process may be carried out by dietetic technicians, registered (DTRs) and others who have been trained in the use of the screening tool.
		Nutrition screening and rescreening should occur within an appropriate timeframe for the setting. For more information regarding nutrition screening, please visit the Evidence Analysis Library at <u>www.andevidencelibrary.com</u>
Nutritional Genomics (Nutrigenetics, Nutrigenomics)	"An umbrella term that describes the application of genetic technology to food and nutrition and includes nutrigenetics and nutrigenomics." <sup>1</sup> "It is the study of how dietary	The nutritional genomics community is standardizing terminology across disciplines and countries, with "nutritional genomics" being the field.
	and other lifestyle choices influence the function of living beings at the molecular, cellular, organismal, and population levels." <sup>2</sup>	"Nutrigenetics" concerns the "goodness of fit" of an individual's genetic makeup with his environment.
	"Nutrigenetics concerns the individual's genetic make-up (DNA) and the proteins those genes produce and how well those proteins work." <sup>2</sup>	"Nutrigenomics" concerns the influence of environmental factors (of which food is a major component) on gene expression.
	"Nutrigenomics is the study of how foods affect our genes and how individual genetic differences can affect the way we respond to nutrients (and other naturally occurring compounds) in the foods we eat." <sup>3</sup>	Epigenetics concerns "the development and maintenance of an organism orchestrated by a set of chemical reactions that switch parts of the genome off and on at strategic times and locations. Epigenetics is the study of these reactions and the factors that influence them."
	References: <sup>1</sup> DeBusk RM, Fogarty CP, Ordovas JM, Kornman KS. Nutritional Genomics in Practice: Where Do We Begin? <i>J Am Diet Assoc.</i> 2005; 105(4): 589- 598.	University of Utah. Genetic Science Learning Center. http://learn.genetics.utah.edu/content/epigenetics/ Accessed June 5, 2012
	<sup>2</sup> DeBusk RM. Nutritional Genomics: Implications for Dietetics. <i>Women's Health Report</i> , Spring	

Term	Definition/Description	Key Considerations
	2008. <sup>3</sup> NCMHD Center of Excellence for Nutritional Genomics Web Site. <u>http://nutrigenomics.ucdavis.edu</u> Copyright 2006-2007. Accessed July 11, 2012	
Nutritionist	There is no uniformly defined definition for the title "nutritionist". States that define "nutritionist" in statute or regulation define it variantly.	The Academy believes that all Registered Dietitians or Registered Dietitian Nutritionists are nutritionists but not all nutritionists are Registered Dietitians or Registered Dietitian Nutritionists. Regulatory: Some state licensure boards have enacted legislation that regulates use of the title "Nutritionist" and/or sets specific qualifications for holding the title, often but not uniformly including an advanced degree in nutrition. Please refer to your state licensure board for your state's specific licensing acts. Reference: Academy of Nutrition and Dietetics. State Licensure Agency Contact List. http://www.eatright.org/HealthProfessionals/content. aspx?id=7093 Accessed June 12, 2012
O, P-terms		
Position Papers	A position paper is a critical analysis of current facts, data, and research literature. It assists in promoting optimal nutrition, health and well- being. Academy members, consumers, industry, and the government use position papers to shape food choices and impact the public's nutritional status. The featured position statement presents the Academy's stance on an issue.	A position paper consists of an abstract, a position statement, and a support paper. Position papers are written by health professionals who possess thorough and current knowledge of the topic. At least one author must be a member of the Academy of Nutrition and Dietetics. Please see the Academy's website for additional information: <u>http://www.eatright.org/positions/</u>
Practice Act	See: Certification (statutory) and Licensure	
Practice Exclusivity	A provision in state licensure laws providing that only those in the state that are properly licensed may engage in activities falling within the regulated profession's scope of practice.	States with practice exclusivity generally have multiple legislative exemptions, allowing specific groups (notably members of another profession operating within the scope of their profession) to engage in the otherwise protected practice.
Practice Papers	A practice paper is a critical analysis of the current research literature that addresses a practice topic to translate science into practice. It provides registered dietitians (RDs) or registered dietitian nutritionists (RDNs)and dietetic technicians, registered (DTRs) with information to enhance critical reasoning and quality improvement in nutrition and dietetics practice.	<ul> <li>The practice paper may include the following components:</li> <li>Implications for the Nutrition Care Process;</li> <li>Description of best practices;</li> <li>Decision trees;</li> <li>Benchmark levels;</li> <li>Practice guidelines, including links to evidence-based analysis, when available;</li> <li>Practice definitions;</li> <li>Academy's Standards of Practice and Standards of Professional Performance and;</li> <li>Opposing and emerging science. It is up to the discretion of the Academy Positions Committee (APC) workgroup to recommend that the author(s) include a section on opposing views or emerging science.</li> </ul>

Term	Definition/Description	Key Considerations
		Please see the Academy's website for additional information: <u>http://www.eatright.org/positions/</u>
Privileges, Clinical	See: Clinical Privileges	
Proficient	See: Level of Practice, Proficient	
Public Health Nutrition	The application of nutrition and public health principles to design programs, systems, policies, and environments that aims to improve or maintain the optimal health of populations and targeted groups. Definition and key considerations created by the Public Health Task Force. Fall 2012.	
Public Health Nutritionist	A professional trained in both nutrition and the core competency areas of public health (including biostatistics, epidemiology, health behavior, health policy and, management and environmental science). The professional has advanced didactic and experiential training in public health and nutrition practice, or hold advanced degree(s) in public health nutrition or nutrition science. The Academy of Nutrition and Dietetics strongly recommends that these professionals should be Registered Dietitians (RD) or Registered Dietitian Nutritionists (RDNs) and should maintain state licensure. Definition and key considerations created by the Public Health Task Force. Fall 2012.	<ul> <li>The main functions of public health nutritionists include:</li> <li>taking a leadership role in identifying nutrition-related needs of a community;</li> <li>advocating for and participating in policy development and evaluation including identifying the impacts and outcomes of these efforts;</li> <li>assessing, planning, directing, and evaluating health- promotion and disease- prevention efforts;</li> <li>administering and managing programs, including supervising personnel;</li> <li>developing and/or assisting in budget preparation;</li> <li>identifying and seeking resources (e.g., grants, contracts) to support programs and services;</li> <li>providing technical assistance/consultation to policy- makers, decision-makers, and others within and outside of health agencies;</li> <li>participating in research, evaluation, and demonstration projects, including interpreting and applying research findings and successful interventions to public health and nutrition programs;</li> <li>collaborating with others to promote environmental and systems changes;</li> <li>assuring access to healthy and affordable food and nutrition-related care; and,</li> <li>systematically collecting, analyzing and interpreting data on population demographics, health and disease trends, and food consumption patterns through nutrition surveillance programs and systems.</li> </ul>
Q-terms		
Quality Management	A systematic process with identified leadership, accountability, and dedicated resources for the purpose of meeting or exceeding established professional standards. Reference: Adapted from the National Quality Center's Quality Management 101 PowerPoint presentation, slides 9 and 3. National Quality Center. Quality Management 101. Titles I & II Technical Assistance (TA) Webex. January 11, 2007.	

Term	Definition/Description	Key Considerations
	http://nationalqualitycenter.org/index.cfm/585	
	7/15038 Accessed June 5, 2012	
Quality Nutrition and Dietetics Practice	Quality nutrition and dietetics practice is built on a solid foundation of education and credential assessment processes to assure the competence of the RD or RDN and DTR. Reference: Academy of Nutrition and Dietetics. Quality Management Committee. Quality Dietetics Practice Brochure <u>http://www.eatright.org/qualityresources</u>	<ul> <li>Quality nutrition care services is when the RD or DTR with the technical support of the DTR:</li> <li>Assesses the nutrition needs of individual and groups and determines resources and constraints;</li> <li>Establishes priorities, goals, and objectives that meet nutrition needs and are consistent with available resources and constraints;</li> <li>Provides nutrition counseling in health and disease;</li> <li>Develops, implements and manages nutrition care systems;</li> <li>Develops and manages food service operations whose chief function is nutrition care and provision of medically prescribed diets; and</li> <li>Evaluates making changes in and maintaining appropriate standards of quality in food and nutrition care services.</li> </ul>
D downood		
R-terms Reasonable and	Reasonable and prudent refers to the actions of	
Prudent	a person who exercises qualities of attention, knowledge, intelligence and judgment that society requires of its members for the protection of their own interests and the interests of others. Reference: National Association for Court Management <u>http://www.nacmnet.org/Glossary.html</u> Accessed June 5, 2012	
Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN)	The Commission on Dietetic Registration defines the Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) as an individual who has met current minimum (Baccalaureate) academic requirements with successful completion of both specified didactic education and supervised-practice experiences through programs accredited by The Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics and who has successfully completed the Registration Examination for Dietitians. To maintain the RD or RDN credential, the RD or RDN must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 75 units of approved continuing professional education every five years).	Consideration: Successful completion of the Registration Examination for RDs or RDNs demonstrates minimum competence for practice. Individuals eligible to sit for the Registration Examination for Dietitians but who have not taken the examination or have taken the examination without successfully completing it, are NOT permitted to use the unapproved and professionally inappropriate "RDE" abbreviation for "Registration-eligible Dietitian"; there is no approved professional designation. Individual facilities should determine an appropriate title for individuals who are eligible to sit for the registration exam based on the Qualified Dietitian Federal Definition which lists duties and qualifications of staff within Hospitals, Critical Access Hospitals (CAH), Long Term Care facilities, and End Stage Renal facilities. Until such time as the Registration Examination for Dietitians is passed, individuals who are eligible to sit for the registration exam should have all medical record documentation co-signed by an registered dietitian (RD) or registered dietitian nutritionist (RDN) just as is required while the individual is completing the supervised practice

Term	Definition/Description	Key Considerations
		Additionally, some states grant provisional licensure. Licensure laws in the state govern practice in that state. Employers should use the RD or RDN credential as the baseline competency assessment for qualified individuals to practice independently. RDs or RDNs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics.
		Reference: American Dietetic Association/Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues. <i>Journal of the American</i> <i>Dietetic Association.2009; 109(8):1461-146.</i>
		The Academy Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2012 standards of practice in nutrition care and standards of professional performance for registered dietitians. <i>J Acad Nutr Diet</i> . 2013; 113 (suppl 2): S29-S45.
Registration Eligible	The term "Registered Dietitian Eligible" is not a professional designation. The "RDE" is not a credential and should not be used.	
	RDE is the acronym and RD Eligible, Registered Dietitian Eligible, RDN Eligible or Registered Dietitian Nutritionist Eligible is the same only spelled out and should NOT be used.	
	Commission on Dietetic Registration. Registration Eligibility General Information. <u>http://www.cdrnet.org/certifications/rddtr/eligibility.cfm</u> Accessed June 5, 2012	
	The term "Dietetic Technician, Registration Eligible" is not a professional designation. The "DTRE" is not a credential and should not be used.	
	DTRE is the acronym and DTR Eligible or Dietetic Technician, Registration Eligible is the same only spelled out and should NOT be used.	
	Commission on Dietetic Registration. Registration Eligibility General Information. <u>http://www.cdrnet.org/certifications/rddtr/dteli</u> <u>gible.cfm</u> Accessed June 5, 2012.	
Retired Registered Status	Commission on Dietetic Registration (CDR) established the retired registered designation in June 2003. In 2004, CDR made the decision to discontinue Retired Registration status effective June 1, 2005.	CDR's Retired Registered Status is separate and distinct from the Academy's Retired membership class. All individuals who have been accepted as Retired Registered as of May 31, 2005 will maintain retired status for life.
		CDR defines a Retired Registered individual as a former registered dietitian or dietetic technician, registered who is no longer practicing dietetics on a paid or unpaid basis, and has filed a complete

Term	Definition/Description	Key Considerations
		application for Retired Registered status.
		http://www.cdrnet.org/PDFs/Setting%20the%20Stand ards%20since%201969website.pdf
		Accessed June 5, 2012
S-terms		-
Scope of Practice (Statutory)	The Academy has adopted the following definition from The Center for the Health Professions, University of California, San	The scope of practice typically describes the practitioner's practice, qualifications, board representation, and fee and renewal schedule. The
	Francisco. "Legal scopes of practice for the health care	scopes may also list specific examples of responsibilities such as taking histories, patient care, education and training.
	professions establish which professionals may	
	provide which health care services, in which settings, and under which guidelines or parameters. With few exceptions, determining scopes of practice is a state-based activity.	For additional information: Scope of Practice Laws in Health Care: Exploring New Approaches for California. March 2008. http://www.chcf.org/publications/2008/03/scope-of-
	State legislatures consider and pass the practice acts, which become state statute or code.	practice-laws-in-health-care-exploring-new- approaches-for-california Accessed June 5, 2012
	State regulatory agencies, such as medical and other health professions' boards, implement the laws by writing and enforcing rules and regulations detailing the acts."	
	Reference: Promising Scopes of Practice Models for the Health Professions. Catherine Dower, JD; Sharon Christian, JD; and	
	Edward O'Neil, PhD, MPA, FAAN.The Center for the Health Professions, University of California, San Francisco, 2007.	
	http://futurehealth.ucsf.edu/Content/29/2007- 12_Promising_Scope_of_Practice_Models_for_t he_Health_Professions.pdf	
	Accessed June 12, 2012 For additional information please see the Center for Health Professions	
	http://futurehealth.ucsf.edu	
Scope of Practice (Individual)	See: Scope of Practice in Nutrition and Dietetics	An individual's scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual's professional practice. Individuals and organizations must ethically take responsibility for determining competence of each individual to provide a specific service. Not all Registered Dietitians (RDs) or Registered Dietitian Nutritionists (RDNs) and Dietetic Technicians, Registered (DTRs) will practice to the full extent of the range of nutrition and dietetics practice.
		The Academy Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Scope of practice for the dietetic technician, registered. <i>J Acad Nutr Diet</i> . 2013; 113 (suppl 2): S46- S55.
		The Academy Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Scope of practice for the registered dietitian. <i>J Acad Nutr Diet</i> . 2013; 113 (suppl 2): S17-S28.

Term	Definition/Description	Key Considerations
Scope of Practice in Nutrition and Dietetics	Scope of practice in nutrition and dietetics encompasses the range of roles, activities, and regulations within which nutrition and dietetics practitioners perform. For credentialed practitioners, scope of practice is typically established within the practice act and interpreted and controlled by the agency or board that regulates the practice of the profession in a given state.	Registered dietitians (RDs) or Registered Dietitian Nutritionists (RDNs) and dietetic technicians, registered (DTR) must comply with the Academy of Nutrition and Dietetics/ Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics. Reference: American Dietetic Association/Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues. Journal of the American Dietetic Association.2009; 109(8):1461-146.
Specialist	A practitioner who demonstrates additional knowledge, skills and experience in a focus area of dietetics practice by the attainment of a credential.	The term specialist requires a credential such as CSP, CSR, CSG, CSSD, CSO, CDE, and CNSC. To learn more regarding the criteria for specialist, please visit <u>www.eatright.org/futurepractice</u> For additional information, please see the Dietetics Career Development Guide: <u>http://www.eatright.org/Members/content.aspx?id=7</u> <u>665</u>
T-terms		
Telehealth	The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Telehealth will include both the use of interactive, specialized equipment, for such purposes as health promotion, disease prevention, diagnosis, consultation, therapy, and/or nutrition intervention/plan of care, and non- interactive (or passive) communications, over the Internet, video-conferencing, e-mail or fax lines, and other methods of distance communications, for communication of broad- based nutrition information.	<b>Telemedicine:</b> is applicable to physicians and other practitioners, and is the use of medical information exchanged from one site to another via electronic information and telecommunications technologies to improve patients' health status, to engage in the diagnosis and treatment of medical conditions, to support clinical care, or to provide health services or aid health care personnel at distant sites.
Telenutrition	Telenutrition involves the interactive use, by a Registered Dietitian or Registered Dietitian Nutritionist, of electronic information and telecommunications technologies to implement the Nutrition Care Process (nutrition assessment, nutrition diagnosis, nutrition intervention/plan of care, and nutrition monitoring and evaluation) with patients or clients at a remote location, within the provisions of their state licensure as applicable. See Telehealth definition for types of communication.	
Therapeutic Diet	A diet intervention ordered by a health care practitioner as part of the treatment for a disease or clinical condition manifesting an altered nutritional status, to eliminate, decrease, or increase certain substances in the diet (e.g., sodium, potassium).	A therapeutic diet is a component of a treatment program for an individual whose health status is impaired or at risk due to disease, injury, or surgery. A Registered Dietitian (RD) or Registered Dietitian Nutritionist (RND) may perform the therapeutic diet as initiated by or in consultation with a physician or other ded for use by individual RDs or RDNs and DTRs.

Term	Definition/Description	Key Considerations
	Reference: McCauley S, MS MBA RD LDN FADA and Hager M, PhD RD FADA. Practice Applications - Why Are Therapeutic Diet Orders	practitioner authorized to prescribe via approved written or electronic standing orders, order sets, or protocols using evidence-based guidelines.
	an Issue Now and What Does It Have To Do with Legal Scope of Practice? <i>J Am Diet Assoc.</i> 2009; 109: 1515-1519.	The definition for Therapeutic Diet is used by CMS in its Resident Assessment Instrument Minimum Data Set (MDS) 3.0 for Long Term Care/Nursing Homes. CMS additionally included the Academy of Nutrition and Dietetics' interpretive recommendations for clarifying a "supplement" and mechanically altered diets for coding purposes on the MDS:
		• Therapeutic diets are not defined by the content of what is provided or when it is served, but <b>why</b> the diet is required. Therapeutic diets provide the corresponding treatment that addresses a particular disease or clinical condition, which is manifesting an altered nutritional status by providing the specific nutritional requirements to remedy the alteration.
		• A nutritional supplement (house supplement or packaged) given as part of the treatment for a disease or clinical condition manifesting an altered nutrition status, does not constitute a therapeutic diet, but may be <i>part</i> of a therapeutic diet. Therefore, supplements (whether given with, in-between, or instead of meals) are only coded in K0500D, Therapeutic Diet when they are being administered as part of a therapeutic diet to manage problematic health conditions (e.g. supplement for protein-calorie malnutrition).
		<ul> <li>A mechanically altered diet should not automatically be considered a therapeutic diet.</li> <li>MDS 3.0 RAI Manual, Chapter 3, Section K:</li> </ul>
		Swallowing/ Nutritional Status http://www.cms.gov/Medicare/Quality-Initiatives- Patient-Assessment- Instruments/NursingHomeQualityInits/MDS30RAIMan ual.html Accessed June 12, 2012.
Title Protection	A provision in state practice acts providing that only those the state has properly licensed may use a particular title (e.g., LD, licensed dietitian, RD, registered dietitian, dietitian, DTR, dietetic technician, registered, nutritionist, RDN, registered dietitian nutritionist) or hold themselves out as members of a particular profession.	Title protection programs offer one of the lowest levels of regulation, in which there is no practice exclusivity, but in which only those individuals who meet the specified requirements are permitted to use a particular title or hold themselves out as a member of that profession. Unlike licensing and some certification programs, mere title protection programs generally do not provide a mechanism for removing harmful practitioners from practice.
	References: Academy of Nutrition and Dietetics. Detailed Chart: State licensure Provisions. <u>http://www.eatright.org/qualityresources/</u> Accessed July 26, 2012	
	Academy of Nutrition and Dietetics. Directory: State Dietetics Licensing Boards. <u>http://www.eatright.org/qualityresources/</u> Accessed July 26, 2012	

Licensure, certification and title protection outlining legal scope of practice. <u>Detailed Chart: State Licensure Provisions</u> <u>Directory: State Dietetics Licensing Boards</u> See: <b>Certification (statutory) and Licensure</b>	
0	outlining legal scope of practice. Detailed Chart: State Licensure Provisions Directory: State Dietetics Licensing Boards