

# MEAL REPLACEMENT PROGRAM GUIDE

## Full and Modified Meal Replacement Programs

This guide will help you get started on your journey to healthy changes physically, behaviorally, and emotionally.

**Contact us:**

Main Program Line: 858-616-5600

Medical Team: 858-616-5789

[www.positivechoice.org](http://www.positivechoice.org)

Your Instructor Name:

Phone number:

View program  
materials and  
links here



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# YOUR INITIAL APPOINTMENTS

**To ensure your safety, you will complete medical screening and visits with our skilled team. Once you are cleared to begin the program, our Enrollment Consultants will work with you to get your initial body measurements and find the best classes and locations for your weekly visits.**

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## **Part One: Labs, EKG, and SECA Body Composition**

The screenings you have completed will be evaluated by our medical team then we will call you to schedule a Medical Clearance appointment. It takes 3-4 days for all your lab values to come in. If you don't hear back from us after one week, call our medical team at 858-616-5789.

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Your next two appointments are scheduled one right after the other. If you are doing video appointments and are a Kaiser member, you will receive a message with instructions on how to connect with your appointments through KP.org. Non-members will receive this information through your personal email. If you are doing an in-person appointment your appointment will be at the Positive Choice clinic in the Garfield Specialty Center, please check in on the 4th floor.

## **Part Two: Medical Clearance Appointment**

Meet with our medical team to go over your medical results and complete your medical clearance. Our medical team will work with you to select the right program for you and answer your questions.

### **Enrollment Consult**

Our enrollment team will work with you to select the best class day, time, and location for your weekly visits. You will receive the first part of your class materials.

### **Cost:**

Labs and EKG and Medical Clearance: (co-pays for KP Members; \$342 for non-members)

Enrollment Consult: \$325 (members & non-members)



# YOUR PROGRAM DETAILS

You will fill in this section during your Enrollment Consult, please be sure to have this with you during that appointment and have it available at your Getting Started Session.

## Getting Started Session

**Date:**

**Time:**

You will learn about the program and how to use meal replacements. Online or in person option.

**Cost: \$100 (paid at your first in-person class)**

## Fundamentals Courses (optional)

**Date:**

**Time:**

Develop wellness skills as you start meal replacements before your first module begins.

**Cost: \$185**

## Your Weekly Sessions and Clinic Visits

**Start Date:**

**Class Day:**

**Class Time:**

**Instructor Name:**

**Clinic Location:**

You will attend class at the same day, time, and with the same instructor and group participants. There are no make-up sessions or refunds available for missed classes.

On the same day as your class, you will also do a clinic visit where you will pay for your program, order and pick up your meal replacements, weigh in, and meet with our medical staff. Every other week, labs will be completed anytime the week prior to your class.

In-person classes are an open enrollment program, so you will join an existing group session with other program participants who have been on meal replacements.

**Cost: \$185 per week**

## Your Meal Replacement Program Details (check those that apply):

Numetra 800 calories/day

Other:

Full  
(meal replacements only)

Modified  
(meal replacements plus protein and vegetables)

Chicken Bouillon  Optional

Required

# SECA BODY COMPOSITION RESULTS

The SECA Body Composition Analyzer sends mild electro-magnetic waves through your body and measures how different cells in your body resist against the current. Muscle, fat, and water resist the current differently and this allows the SECA to accurately measure body composition including muscle mass, skeletal density, and water mass. A comprehensive SECA test can tell you how much muscle you have and where it is distributed throughout your body, the amount of pounds of fat in your body, an estimation of hydration and daily caloric needs, and measures cell health. If desired, ask your Enrollment Consultant about how you can receive a comprehensive SECA (additional fee applies).

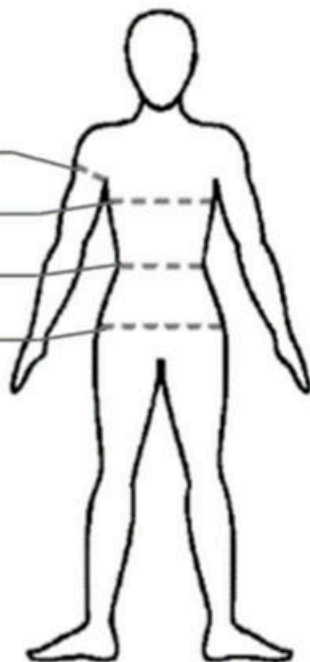
In the test you received today we will be focusing on three measurements: Fat Mass (FM), Fat Free Mass (FFM) and Visceral Adipose Tissue (VAT).

**Body mass index (BMI)** is a calculation that can be an indicator of health. BMI (your weight in kilograms divided by the square of your height in meters) doesn't account for above or below normal muscle mass or bone density, nor does it indicate percentage of body fat. It is an indicator but not an exact measurement.

We encourage exercise, including strength training, throughout your time in the program. For best results, make a commitment to complete two strength workouts a week. You can find fitness videos on [positivechoice.org/exercise-videos](http://positivechoice.org/exercise-videos) or scan this code.



	PRE	POST
UPPER ARM		
CHEST		
WAIST		
HIP		



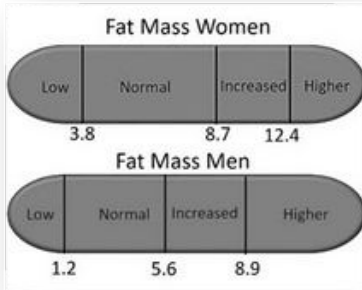
Measure at the widest point, in inches:

1. Upper arm (armpit)
2. Chest (bust)
3. Waist (navel)
4. Hips (widest part or 7 to 9" below waist)

AGE	HEIGHT
WAIST TO HIP RATIO	GOAL WEIGHT RANGE

	PRE	POST
TOTAL BODY WEIGHT		
BODY MASS INDEX (BMI)		
SECA BODY FAT %		
SECA VISCERAL FAT		

# YOUR RESULTS

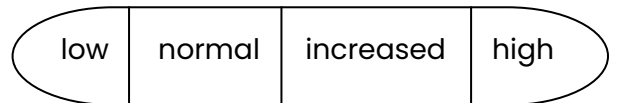


## Fat Mass (FM)

FM is the total number of pounds of fat that makes up your body weight.

Your FM is: \_\_\_\_\_ lbs. or \_\_\_\_\_ %

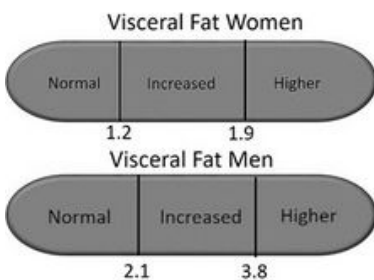
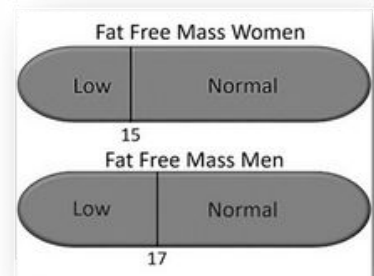
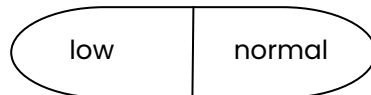
This value is:



## FAT FREE MASS (FFM)

Your FFM is: \_\_\_\_\_ lbs. or \_\_\_\_\_ %

This value is:

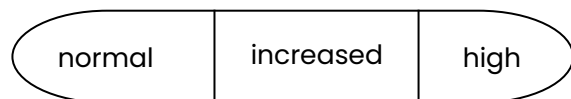


## Visceral Adipose Tissue (VAT)

Recommended < 2 lbs. for women or < 4 lbs. for men

Your VAT value is: \_\_\_\_\_ liters or \_\_\_\_\_ lbs.

This value is:



## Percentage Body Fat

Recommended percentages are as follows:

- 25-35% body fat for women
- 11-22% body fat for men

Your weight at \_\_\_\_\_ % Body fat = \_\_\_\_\_ lbs.

Your weight at \_\_\_\_\_ % Body fat = \_\_\_\_\_ lbs.

# ABOUT THESE RESULTS

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## **FAT MASS (FM)**

Fat is metabolically active tissue which aids different metabolic pathways (including pathways that regulate weight and appetite), promotes the development of cells and provides your body with many vital functions. Subcutaneous Fat (the fat that is right below your skin) covers your muscles and acts as insulation helping your body maintain its internal temperature. It also is a reserve source of calories.

## **VISCERAL ADIPOSE TISSUE (VAT)**

Visceral fat is the fat that is stored in and around your major organs. This type of fat provides protection and structure for your major organs. Although this fat is vital to your health, if you have a poor diet with too many nutritionally void calories (think refined and processed foods, sugars, etc.) this type of fat can accumulate in excess around the major organs and become a source of inflammation that can greatly increase risk for diabetes, cardiovascular disease, and cancer.

## **FAT FREE MASS (FFM)**

During weight loss it is natural to lose some muscle mass as you lose body fat. If your FFM is below normal you will want to focus on strengthening your muscles as you lose weight to stimulate a healthy metabolic rate. Even if you have a good amount of muscle mass, you will want to work on minimizing muscle loss. Strengthening muscle mass will also greatly help you with balance and agility. Heavy weightlifting to build muscle mass is not allowed on a meal replacement program. Instead, we recommend working out with light weights, bands, or body resistance training.

Learn about our  
additional  
fitness services



# PROGRAM RESOURCES

## Your program materials will include:

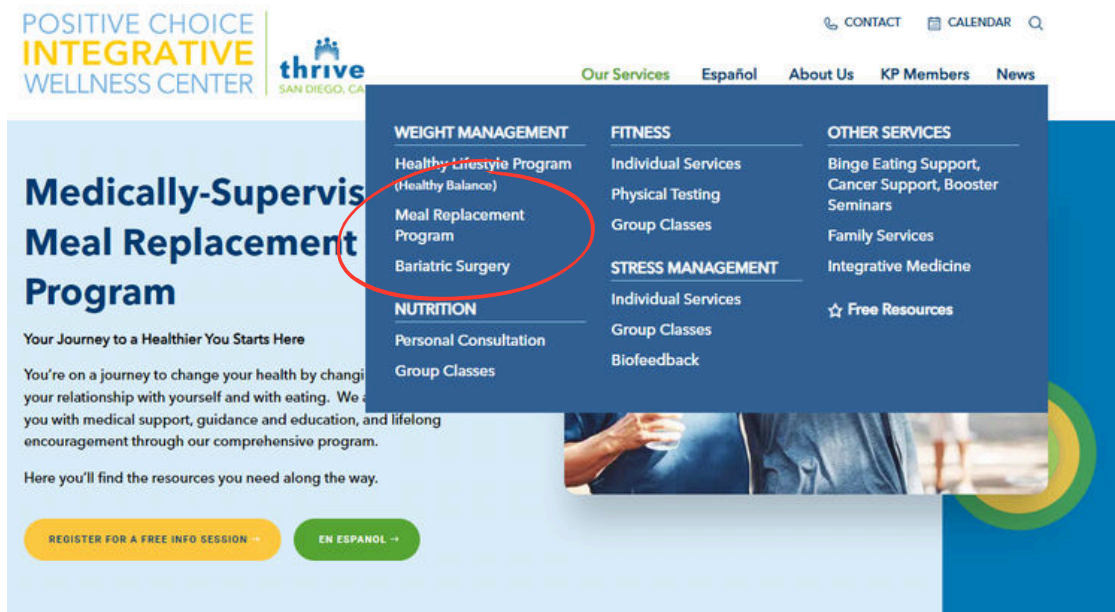
- Meal Replacement Program Guide
- Class Workbook
- Maximize Your Body Potential Book
- Reusable Bag
- Medical Card
- Medical Instruction Letter

View program materials and links here



## Online resources available at [positivechoice.org](https://positivechoice.org):

- Workbook
- Tech Support
- Eating plans
- Clinic locations & hours



The screenshot shows the website for Positive Choice Integrative Wellness Center. The main heading is "Medically-Supervised Meal Replacement Program". A navigation menu is open, listing various services. The "Meal Replacement Program" is circled in red. Other services listed include Weight Management, Fitness, Nutrition, Stress Management, and Other Services. The website also features a search bar, contact information, and a calendar icon.

[>Skip to program materials](#)

**We offer a comprehensive program to help you achieve your short- and long-term goals**



# ABOUT THIS PROGRAM

You are beginning our comprehensive weight loss program using meal replacements. You will be using meal replacements every day and participate in weekly class sessions and weekly medical visits until you reach your goal. Use this booklet as a reference guide for how to use meal replacements, for all your program information, and to answer frequently asked questions.



## PROGRAM OVERVIEW

We take your long-term success seriously and have designed a program that not only assists in your weight loss efforts but focuses on supporting long-term behavior change and weight maintenance.

### Getting Started



- Lab work
- Medical assessment and clearance
- SECA Body Analysis
- Enrollment Consultation
- Getting Started Session (in-person class participants only)

### Weekly Classes and Medical Supervision



- Weekly sessions
- Weekly clinic visits
- Bi weekly lab draws
- If you aren't already, start modified plan at week 16
- Continue these until you reach your goal
- Then, gradually transition back to food (over 3-4 weeks)
- After your first few months, consider switching to our Solutions or BLAST courses for your weekly sessions

### Maintenance Program



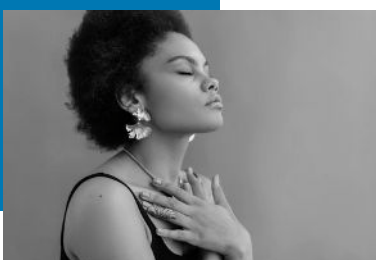
- Nutrition and exercise focused sessions
- Start once you are off meal replacements
- Orientation session + 10 weekly sessions
- Online or in person (select locations)
- Register on our website

### Long term Support



- Attend our ongoing Booster educational sessions
- Attend our 16-session Healthy Balance Program
- Enroll in one of our other nutrition and exercise programs

# LONG-TERM SUPPORT



## **Maintenance Program**

Once you have reached your goals, you will transition off of meal replacements during your weekly group sessions. Then you will transfer to the 10-session maintenance program to learn nutrition, fitness, and long-term maintenance strategies. These groups meet online or in-person at our Garfield Specialty Center location (other locations may be available). See page 38 for details and registration links.

**Cost:** You pre-pay \$500 for your maintenance program. Payable upfront or as \$125 installments at sessions 2, 4, 6, 8. Because of its importance for your success, this is a mandatory fee for all participants.

## **Booster Sessions and Support Group**

Want to learn more about trending topics or dive into more detail on nutrition, fitness, and wellness education? Choose from our ongoing sessions offered online throughout the month or attend support group.

**Cost:** lifelong access is included in your program fees

## **Solutions: Emotional and Binge Eating Course**

12-session program covering all topics regarding emotional and binge eating. You can begin attending this program as part of your weekly class session requirement after 15 weeks in the program.

**Cost:** \$185 as part of the weekly program; \$540 after program completion for 12-sessions

## **BLAST In-person Fitness Course**

Attend a weekly fitness class at our Garfield clinic location. Ask your instructor for more information and about enrollment details.

**Cost:** \$185 as part of the weekly program

# MEDICAL INFORMATION

**At your first medical check-in, you will receive a medical instruction letter with your specific program details and medication instructions. You can also view this in [kp.org](http://kp.org) in the Letters section.**

## **For medical questions:**

- The medical team may be reached at: **858-616-5789**
- Contact the medical team anytime you experience symptoms that might be related to your meal replacement program or if there are any changes in your medical status.
- If your symptoms are not related to the meal replacement program, contact your personal doctor.
- If you have medical questions that need to be addressed privately, schedule an individual appointment with the medical team or contact them at the number above. If it is not urgent, you can speak with our medical team when you come for your Medical Check-in. Ask the service representative to schedule a walk-in appointment.

## **Important:**

Notify the medical team with any symptoms of fatigue, dizziness, lightheadedness or falls, nausea, vomiting, diarrhea or loose stools, constipation, headaches, or any illness, surgeries, medical procedures, or if you will be traveling out of the country.

## **Lab Work**

You are required to complete lab work every two weeks (or more if the medical team feels it is necessary) while you are on the meal replacement program. If you miss a third consecutive week of labs or miss your Week #3 lab appointment without making prior arrangements with the medical staff, you will be automatically withdrawn from the program and will incur a \$150 rebooking fee to be re-enrolled.

On the occasion you have a schedule conflict and cannot complete your Medical Check-in & Product Pick-up on your designated day, call the medical team.

See website for current clinic days and times [PositiveChoice.org/clinic-hours-and-locations](http://PositiveChoice.org/clinic-hours-and-locations).

Clinic locations  
and hours



# MEDICAL INFORMATION

## Potassium Supplement

Take your prescribed potassium with one of your meal replacements. Potassium on an empty stomach can cause nausea.

Do not take potassium supplement with fiber, as it may prevent absorption. Separate them by 2-3 hours.

Swallow the tablet, do not chew it. Potassium is bitter and the capsule has a coating to make sure it is released in the small intestine for better absorption.

Do not be alarmed if you see your potassium tablet in your stools. The coating of your potassium supplement is designed to release the potassium from the tablet and then the tablet is passed in your stool.

Failure to take the potassium supplement or taking a diuretic may cause low blood potassium levels or deficiencies in other key nutrients which can result in serious heart irregularities.

## Nausea/Vomiting

Contact the medical staff at Positive Choice, your own medical provider, the Urgent Care clinic, or the Emergency Room. You may try the medications listed under Indigestion, but this is a symptom that should be further evaluated.

## Constipation and Urination

You will pass less stools and your stools will probably be smaller and darker than normal while on meal replacements. Black, shiny, tar like stools should be reported to the medical staff.

It is very important to supplement your meal replacements daily with fiber to avoid constipation. You can use Calm™ Magnesium powder daily as well.

If you do experience constipation, meaning you do not have a bowel movement every 3 days, use a laxative (Ex-Lax™, Milk of Magnesia™, Correctol™). Do not wait to use these options if you are constipated.

If you need a laxative more than twice a month talk with our medical team.

Because we ask you to drink 120-150 ounces of fluid a day and the meal replacements have a high protein content relative to carbohydrate content, you will have to urinate more often. If you struggle with nighttime waking to go to the bathroom, we suggest:

- Finish your meal replacements 2.5 hours before bedtime or make your evening meal replacement with less water (pudding is a good option).
- Drink most of your fluid before 4 p.m.
- Do not consume less than 120 ounces of fluids per day, it puts your health at risk and will affect your results on this program.
- If you are struggling and these suggestions aren't working for you, talk with our medical team.

# MEDICAL INFORMATION

## Bad Breath and Dental Health

Losing weight means you are using your fat stores as energy. When stored fat is metabolized for energy it travels in your blood in the form of ketones. Sometimes you can breathe out ketones through your lungs. You have experienced this when you have had “morning breath.”

While losing weight you can minimize “morning breath” by frequent and adequate water intake.

Other suggestions to minimize morning breath include:

- Frequent brushing of teeth, tongue, and gums.
- Consuming a glass of water after each meal replacement.
- Use mouthwash or breath spray
- Have 1-4 pieces of sugar-free gum or 1 to 4 sugar-free breath mints daily, being careful not to use the gum or mints as a food substitute.

*Note: too many artificially sweetened products in a day can cause stomach upset, gas, and diarrhea.*

## Colds and Sore Throats

Treat symptoms with pain medications listed in under “Headaches and Pain”, over-the-counter cold preparations, antihistamines, or decongestants, as your medical history allows.

Saltwater gargles and sugar-free cough drops are often helpful.

Avoid syrups (e.g., Nyquil™) as they often have significant amounts of alcohol and sugar and will take you out of ketosis.

## Dizziness & Fatigue

The first weeks on meal replacements often cause the release of stored water from your body. You will maintain a mild state of dehydration as you lose weight. This can cause occasional dizziness, a lightheaded feeling, or fatigue because of salt and fluid loss.

To minimize the dehydration, get 120-150 ounces of fluid daily, avoid whirlpools, saunas, steam baths, hot yoga, and prolonged baths or showers while on meal replacements.

The occasional lightheadedness makes certain activities dangerous. Swimming alone, piloting a plane (flying in a plane is fine), motorcycle or bicycle riding, regular or scuba diving, and hang-gliding should be restricted.

Severe symptoms (if you fall or faint) require medical evaluation. Kaiser Permanente members should seek immediate medical attention from their medical provider, the Urgent Care clinic, or the Emergency Room by calling 1(800) 290-5000, 24-hours a day, seven days a week.

Non-members should contact their medical provider or an Emergency Room.

## Dry Skin

The low-fat content of the meal replacements may cause some people to experience dry skin.

We suggest:

- Avoid prolonged showers or baths.
- Apply lotion to affected areas once or twice a day; doing this while still damp from your shower or bath is best.
- Use perfume and dye free laundry detergent and fabric softeners,
- Use mild body soaps
- Keep a humidifier running in your home and/or bedroom.

# MEDICAL INFORMATION

## **Indigestion/Heartburn**

Try liquid antacids including Maalox™, Mylanta™, other brand names, or generic versions: two tablespoons up to four times a day.

You may also add over-the-counter products such as Tagamet™, Axiid™, or Pepcid AC™, taken according to the instructions on the package.

## **Hair Loss**

Some people (about 10%) experience temporary, mild to moderate hair loss as their body adjusts to the new, lower calorie intake and burning stored fat as a main fuel.

This phenomenon is called telogen effluvium and usually peaks around the third month after beginning meal replacements. If you experience hair loss during your weight loss phase, ask the medical team about adding another meal replacement to your daily routine. The added protein may stop the hair loss.

A healthy, well rounded diet during the maintenance phase and beyond will help ensure regrowth of any hair lost during the weight loss phase.

## **Headaches and Pain**

You may use aspirin or non-steroidal anti-inflammatories (Ibuprofen, Motrin™, Naprosyn™, Advil™, Nuprin™, etc.), or acetaminophen (Tylenol™),

If you are prescribed pain killers, headache, and migraine medicine, use as directed.

## **Hunger**

Most people will feel some hunger and fatigue the first several days on meal replacements. Some will feel mild fatigue and hunger for a week or two. As you start burning predominately fat as your energy source you have a higher concentration of ketones in your blood stream which acts like a natural appetite suppressant.

Speak with our medical team if hunger, fatigue continue. Tips for minimizing hunger:

- Consume all 5 of your meal replacements every day. If you miss one, double the next one.
- Space them out evenly. Have your first meal replacement within 1-2 hours upon waking and then every 3-4 hours. Do not go longer than 4 hours without one unless you are sleeping.
- Skipping meal replacements will slow weight loss and risk causing your body to metabolize muscle mass for fuel (which can damage your heart muscle and jeopardize your health).
- Eating foods that are not a part of your program can make you feel hungrier and affect ketosis (a metabolic process where the body burns fat for fuel and that keeps you from feeling hungry). It can then take several days to return to this state after eating.
- Too many artificial sweeteners, flavorings or caffeine can make you feel hungrier.

If you are following these recommendations and continue to feel hungry, please speak with your counselor or the medical team.

# MEDICAL INFORMATION

## Exercise

Physical activity will help increase energy level, improve sleep, and maintain muscle mass while you lose weight. Mild to moderate aerobic exercise and muscle strengthening with light weights are recommended. Helpful tips include:

- Go easy your first week and then gradually increase the intensity and/or duration of your exercise routine for the first several days on meal replacements as you may feel light-headed or tired.
- Warm-up and cool-down periods that include stretching help avoid muscle cramping.
- A meal replacement taken 30 minutes prior to exercise helps avoid fatigue.
- If you are doing moderate to high amounts of exercise you may take a 6th shake.
- Try the online exercise videos at [PositiveChoice.org/exercise-videos](https://www.PositiveChoice.org/exercise-videos) or for an even greater selection of workouts visit the Positive Choice Integrative Wellness Center YOUTUBE channel. There are videos on cardio, yoga, simple yoga, strength training you can do at home, exercise for seniors, etc. Videos are 5 minutes, 10-15 minutes, or up to 45 minutes. There is something there for every fitness level.
- If you want to increase your exercise level but feel tired or light-headed, please talk with our medical staff so we can adjust your program.
- After your first two modules, you can sign up for in-person BLAST exercise classes for your weekly sessions

## Weight Changes

You may experience a large weight loss the first week on meal replacements. Some of this weight is water loss (diuresis). This will normalize within the first month and you will notice patterns in your weight loss. Weight loss varies day to day and depending on hydration it can vary by the hour. Choose one day/time of the week to weigh yourself or just weigh-in at clinic visits. Avoid weighing often.

Skipping meal replacements, significant changes to your exercise, consuming less than recommended fluids, or eating foods that are not part of the program will slow or stop weight loss.

## Sugar-free drinks and sweeteners

You may use artificial sweeteners, but keep in mind that artificial sweeteners may cause sweet cravings, stimulate appetite, and possibly disrupt the balance of healthy bacteria in your gut making weight maintenance more difficult. If you choose to use artificial sweeteners, use as little as possible.



## Risks of Negative Long-Term Physical, Psychological, and Behavioral Effects from Restrictive Dieting/Very Low Calorie Diets (VLCD)

Eating disorders are serious, potentially life-threatening conditions that affect a person's emotional and physical health. Restrictive dieting, such as a very low calorie diet (VLCD) program, has been shown to be a potential contributor in the development of binge eating problems in individuals who have a tendency to binge eat (Marcus, 1993). Normal-weight individuals with Bulimia Nervosa (BN) nearly always report that dieting preceded the onset of binge eating.

While many people with binge eating behaviors will achieve significant weight loss during a medically supervised comprehensive VLCD program, they also appear to be at risk for early major regain of lost weight, as well as for poor outcome one year following weight-loss treatment (Yanovski, et al. 1994).

Repeated dietary restraint has been linked to:

- Impaired senses of hunger and satiety, increasing likelihood of future overeating episodes (Craighead and Allen 1995, Lowe 1993).
- Restrictive eating requires the mind to follow strict dietary guidelines, which overrides listening to the body's natural controls over food intake. This eventually leads to physical and psychological deprivation that often results in a greater sense of a lack of control with food and eating behaviors and therefore an increase in overeating episodes (Herman & Polivy, 1984; Polivy, 1996).
- Becoming especially prone to overeating in response to negative emotions (such as disappointment) or low arousal (such as boredom) and thereby make it more difficult to ignore the urge to eat (Craighead & Allen, 1995).
- Long-term negative impact on body image, body attitudes, mood, self-esteem, and weight (due to weight regain after resuming a normal diet). These negative impacts have been shown to lead to psychological, social, and emotional problems (Varma & Pawar, 2015).
- An increase in mortality with dieting for obese individuals without comorbid conditions (Bosomworth, 2012).

Negative Effects of Compensatory Behaviors

The following behaviors, when used repeatedly to prevent weight gain or control weight, are risk factors for eating disorders:

- Self-induced vomiting
- Misuse of laxatives and diuretics
- Reducing insulin for weight loss
- Excessive exercising
- Prolonged fasting or skipping meals

Use of these behaviors can result in serious health consequences of the endocrine, cardiovascular, gastrointestinal, and neurological systems, including death.

For these reasons, we would highly discourage a VLCD program for people with previous or current Binge Eating Disorder (BED), Bulimia Nervosa, Anorexia Nervosa, binge eating behaviors, and more than two previous enrollments in our VLCD program, even if they are overweight.

# MODIFIED MEAL REPLACEMENT PLAN

Everyday you will have 5 meal replacements plus protein, vegetables, and a green salad.



## Protein

Choose one:

- 3 ounces of cooked meat: skinless poultry, fish, shellfish, sirloin, flank or round beef or pork tenderloin
- 3/4 cup of non-fat cottage cheese
- 8 ounces of non-fat, plain Greek yogurt
- 2 eggs
- 6 egg whites
- 3/4 cup egg substitute
- 1/2 cup of cooked beans: black, garbanzo, kidney, lima, navy, pinto, soy, white, lentils, etc.
- 1/2 cup cooked quinoa
- 4 ounces plain seitan
- 9 ounces tofu
- 2 ounces (1/3 cup) cooked tempeh
- 3 ounces vegan alternatives: veggie burger, soy protein, etc.

## Vegetables

Choose 1/2 cup cooked or 1 cup raw:

- Artichoke
- Asparagus
- Bamboo shoots
- Beans (wax, green)
- Beets
- Bell pepper, all colors
- Broccoli\*
- Brussels Sprouts\*
- Cabbage\*
- Cauliflower\*
- Carrot
- Celery
- Cucumber
- Eggplant
- Iceberg lettuce
- Jicama
- Kohlrabi
- Leeks
- Mung bean sprouts
- Mushrooms
- Okra
- Onions
- Pea Pods
- Peppers, all kinds
- Radishes
- Seaweed, cooked
- Spinach
- Summer squash
- Zucchini
- Yellow squash
- Tomatoes
- Turnips
- Water chestnuts

If you have uncomfortable gas, try limiting or avoiding vegetables with an \*. Cooked vegetables may cause less gas than raw vegetables.

## Green Salad





Choose 2 cups of greens plus 1/2 cup of raw vegetables:

- Arugula
- Beet greens
- Bibb
- Bok choy
- Boston leaf
- Butter head
- Cabbage
- Collard greens
- Kale
- Loose leaf
- Mixed spring greens
- Mixed power greens
- Romaine
- Spinach
- Watercress

Iceberg lettuce is a vegetable, not a leafy green

1 Tbsp of a dressing: lemon juice, lime juice, balsamic vinegar, unseasoned rice vinegar, or other vinegars mixed with olive oil, mustard, salsa, pico de gallo, etc. If you buy salad dressing, choose one with few ingredients.

## SAMPLE SCHEDULE

 <b>Breakfast</b> <b>7:30 a.m.</b> 1 meal replacement	 <b>Snack</b> <b>10:30 a.m.</b> 1 meal replacement	 <b>Lunch</b> <b>12:30 p.m.</b> Green salad with vegetables 1 meal replacement	 <b>Snack</b> <b>3:30 p.m.</b> 1 meal replacement	 <b>Dinner</b> <b>6:30 p.m.</b> Meal replacement soup with protein and cooked vegetables added	
 <b>Breakfast</b> <b>7:00 a.m.</b> 1 meal replacement	 <b>Snack</b> <b>9:30 a.m.</b> 1 meal replacement	 <b>Lunch</b> <b>12:00 p.m.</b> Green salad with vegetables 1 meal replacement	 <b>Snack</b> <b>2:00 p.m.</b> 1 meal replacement	 <b>Dinner</b> <b>5:00 p.m.</b> Protein with vegetables	 <b>Snack</b> <b>6:30 p.m.</b> 1 meal replacement
 <b>Breakfast</b> <b>8:00 a.m.</b> 1 meal replacement	 <b>Snack</b> <b>11:00 a.m.</b> 1 meal replacement	 <b>Lunch</b> <b>1:00 p.m.</b> Green salad, protein, and vegetables 1 meal replacement soup	 <b>Snack</b> <b>4:00 p.m.</b> 1 meal replacement	 <b>Dinner</b> <b>7:00 p.m.</b> Meal replacement	

### Important:

Fruit, grains, or starchy vegetables, that are not listed, are not recommended on the Modified Plan.

Avoid oil, butter, or fat when cooking. Try cooking sprays.

Be sure to drink 120–150 ounces of fluid every single day. This fluid amount includes what is used to make your meal replacements.

# PREPARING MEAL REPLACEMENTS

## Shakes

You will mix powdered meal replacements with water, coffee, or carbonated drinks (like sparkling water or diet soda). You can mix with any amount of water you prefer, generally 8-20 ounces. You can mix with cold water, blend with ice, or make a hot drink. To make warm drinks, slowly add warm water to the powder and create a paste, slowly adding more water while stirring carefully. Shakes can be made up to a day in advance if kept cold. You can add sodium-free and calorie-free spices (like cinnamon, pumpkin pie spice, peppermint extract, sugar free syrups).

Shakes can be prepared as pudding. Mix with 6 ounces of water and store in the fridge until cold. You can also put it in the freezer for a bit.

**Tip:** Purchase a milk frother to use to blend your shakes and make them creamy. Blender bottles are also great options for mixing shakes. Rinse and wash after use since protein drinks can quickly start to smell!

## Soups

Add your powder to a bowl or mug and slowly add hot water to make a paste. Then gradually add more water, slowly stirring. Let it sit for a few minutes for best results. You can add sodium-free and calorie-free seasonings (like herbs, spices, lime, and a little hot sauce). You can slowly reheat soups.

## 120-150 ounces of fluids daily

You must stay between 120-150 ounces of fluids every day, no more or less than this. This includes what you use to prepare your meal replacements and anything else you drink during the day. You may have up to two cups of coffee or caffeinated drinks daily and you can mix your shakes into your coffee.

**Tip:** Purchase a gallon water jug (128 ounces) from the grocery store and pour all of your fluids from this. Or use measured bottles or cups to drink from to assure you stay within fluid requirements.

### *Artificial sweeteners:*

You may use artificial sweeteners, but keep in mind that they may cause sweet cravings, stimulate appetite, and possibly disrupt the balance of healthy bacteria in your gut making weight maintenance more difficult. If you choose to use artificial sweeteners, use as little as possible.

You may use breath mints and gum, however limit to no more than 4 daily to avoid stomach upset often caused by artificial sweeteners.

## Have a meal replacement every 3-4 hours.

A regular and consistent schedule will maximize results and minimize hunger, cravings, and low energy. Avoid drinking too much before bed to reduce trips to the bathroom at night.

**Tip:** Set timers on your phone so you stay on schedule. Try setting everything you need for the day out on the counter or in your bag.

# PREPARING FOR YOUR WEEKLY VISITS

**Each week you will come to the clinic for medical checks, weekly class sessions, to order meal replacements, and to pay your program fee.**

## **Preparing for your first meal replacement order**

Each week you will select 5 boxes of meal replacements, as a combination of your choice, including shakes, soups, and/or bars. You must have a minimum of 3 shakes every day and the other two meal replacements can be shakes, soups, or bars.

### **Numetra flavors** (800 calorie; 160 calories per packet or bar):

Shakes: Vanilla, Chocolate, Strawberry, Mocha, Caramel Coffee Frappe, Cookies & Cream

Soup: Tortilla, Creamy Chicken

Bars: Caramel Cocoa, Fudge Graham, Cinnamon, Peppermint Cocoa Crunch, Dark Chocolate S'more's

### **Soup and Bouillon:**

You may have a max of 2 packets per day of these "salty" items due to strict sodium guidelines. This means you can have 2 soups (then no bouillon), 1 soup (option for 1 bouillon), or no soups (option for 2 bouillons). Check your program prescription to see if soup is required on your program. You must purchase bouillon with your weekly order (\$7) if you want to use it.

### **Tip:**

Purchase an extra box of meal replacements to use if you are hungry, if you spill one, to keep at the office or in your purse. Your medical information card will have alternatives if you find yourself without a meal replacement.

**Fiber:** We recommend alternating fiber sources often, including:

- Bran, Flax, Chia Seeds: Add 1 tablespoon to a meal replacement twice a day.
- Sugar-free Psyllium husks (Metamucil™, Citrucel™, etc). Mix 1-2 teaspoons in water and drink twice a day.
- Fiber tablets ( Fibercon™ or Fiber Tabs™). Take 1-2 tablets twice a day.
- NutriSource Fiber (purchase at Positive Choice, \$13): This fiber is formulated to be added to your meal replacements without changing the taste or texture. Mix 1 scoop into your meal replacements 2-5 times a day.
- Separate fiber and potassium pills by 2 hours or more.

# CLINIC LOCATIONS

## **GARFIELD: 5893 Copley Drive, San Diego, CA 92111**

Monday- Thursday 7:30 am – 4:30 pm

Friday in-person groups only from 8:30 am – 12 pm

Lab open until noon.

- Enter building and go to the 4th floor Positive Choice reception area to make payment.
- Go to 6th floor, weigh in on scales. To find scales, head towards the windows once you are off the elevators and make a right. Scales are halfway down the hall on your right. Just step on and wait. The scales will balance and then print out your weight on a slip of paper.
- Head back to waiting area and have a seat. One of the medical team will come and get you to complete your medical check-in.
- To get to the Product room, go past the scales make your first right turn, look for sign (about midway down hall) and ring doorbell to alert staff you need product.
- Check you received the correct product and correct number of boxes, bouillon, fiber etc.

## **BOSTONIA First Floor 1630 E Main St, El Cajon, CA 92021**

Thursday 9:00 am - 4:30 pm (closed 12:30 to 1:30 pm)

- Check in at Positive Choice Reception desk on first floor. Walk past the elevators on the left and look for small office that will be on your left across from the bathrooms (vending machine room.)
- When lab work is required, please go to the Bostonia Laboratory (non-KP members must take your receipt of payment with you) and complete lab work.
- Ask the Service Representative where to go for medical check-in/product pick-up (location may vary.)
- Check you received the correct product and number of boxes.

## **OTAY MESA Building 4, First Floor 4650 Palm Ave, San Diego, CA 92154**

Wednesday 9:00 am - 4:30 pm (closed 12:30-1:30 pm)

- Check in at Positive Choice Reception desk on first floor. Make payment.
- Service Representative will direct you around corner to the scales for weigh-in.
- Right next to the scales is the lab station to complete lab work (when labs are required).
- Lab assistant will direct you to product room for product pick-up.
- Check you received the correct product and number of boxes.

## **VISTA 780 Shadowridge Dr, Vista, CA 92083**

Monday and Tuesday 7:30 am - 4:30 pm (closed 12:30 - 1:30 pm)

- Once you enter the building, proceed to the Positive Choice area on the 1st floor.
- At the check in station, you will purchase and pick up product with the representative. The representative will bring you your meal replacement product bag.
- After making payment and picking up your products please have a seat at the reception area and a medical assistant will call you back.

# PROGRAM FEES AND REQUIREMENTS

## Program Fees

### FULL/MODIFIED PROGRAM COSTS

(IN CLINIC PICK UP)

	KP Members	Non-Members
<b>Enrollment Fees</b> Includes enrollment, materials	<b>\$325</b> Copays also apply for initial labs, EKG, clearance	<b>\$325+</b> \$342 for initial labs, EKG, clearance
<b>Weekly Fee</b> Meal replacements, classes, medical supervision, labs	<b>\$185 /week</b> Full/Modified	
<b>10 Maintenance Sessions</b>	<b>\$350 Full/Modified Program</b>	
<b>Lifelong Boosters</b>	<b>\$150</b>	

### Program Expectations

This is a medically supervised, very low-calorie diet program. In order to participate, you must attend class sessions and clinic visits weekly. If you are unable to attend or need any exceptions to this expectation, you must contact us. For missed medical appointments, contact the medical team, for missed classes, contact your instructor, and for missed payments contact our main program line. Inability to attend appointments or make on-time payments will result in removal from the program.

If you miss class sessions or appointments, you are still responsible for your full weekly program fees. Labs are required every 2 weeks to stay in the program. All in country travel must be cleared by the medical team.

Weekly classes start on time, to avoid disruptions, please arrive 30-45 minutes early if you plan to do your medical check-in before class. Otherwise, plan to do your medical visit after class.

### Receipts and Health Care Spending and Tax Deductions

You must save your weekly receipts if you need them for future tax or reimbursement purposes. We cannot re-print receipts. Tax deductions and reimbursement of weight loss program expenses through an employer's healthcare savings account may be possible, including:

- Medical Clearance appointments and Enrollment Consultation
- Program fees (it is possible that meal replacements will not be reimbursed, please check your employer's healthcare savings account manager).
- Maintenance Program fee

**LETTER OF MEDICAL NECESSITY** - Positive Choice can provide this letter for you if required. Please request this from our reception staff no earlier than session #2 and please allow for a 2 week turn around. The letter will be mailed USPS to your home address on file.

# MEDICAL PROGRAM AGREEMENT

## **Medical Agreements for Program Participation**

As a medically supervised weight management program participant using meal replacements:

- I understand that while every effort will be made to accommodate my preferred program and/or meal replacement choice, the Positive Choice medical staff will make the final decision based upon review of my medical history.
- I agree to follow the Medical Instruction Letter I receive from the Positive Choice medical team.
- I agree to complete weekly medical check-ins at my assigned clinic location and on the same day as my scheduled class.
- I agree to complete lab work every other week or as ordered by the Positive Choice medical staff.
- I understand if I miss session #3 lab work or two consecutive lab appointments, I need to call the medical team at 858-616-5789 within 48 hours of the missed lab appointment or I will be withdrawn from the program.
- I agree to notify the Positive Choice medical team of changes in medical status, medications, and any medical or surgical procedures.
- I am aware that if I am placed on a Medical Leave of Absence (MLOA) from the program, I will need medical clearance if I choose to return.
- I understand that I will be encouraged to increase my physical activity.
- I agree to abstain from alcohol and non-prescription drugs while on meal replacements. Use of these substances can result in automatic withdrawal from the program (Note: Please notify Positive Choice medical team if you are using medicinal cannabis).
- I am aware that common conditions associated with this program, although temporary in nature, are sensitivity to cold, dry skin, lightheadedness, hair loss, fatigue, increased urination, constipation, and muscle cramps. Although infrequent, there is a risk for gout and gallbladder attacks. Whether I am on a weight loss program or not, obesity increases my risk for morbidity and mortality.
- I am aware that significant psychological, emotional, and social problems sometimes surface in response to major weight loss. I agree to consider additional support options which may be beneficial as I deal with my weight and overeating issues. Although we will discuss many personal and emotional life issues, this is not group therapy.

# PROGRAM GROUP AGREEMENT

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## **Group Agreements for Program Participation**

- As a group member I agree to participate!
- It is always up to me how much and what I share about myself. I will be a considerate contributor and sensitive to the needs of others in my group.
- I will respect the group's confidentiality. If I am in an online group, I understand I must be in a room or area by myself to ensure group member voices are not heard and/or faces are not seen by non-group members.
- If I am in an online group, I understand that camera and microphones should be available and used.
- I agree to mute myself, so I do not distract others with background sounds if I am in an online group. If I am in an in-person group, I will not use my phone or tablet while in group.
- I am aware that family members, friends, or coworkers must enroll in a separate group.
- I agree to communicate with my counselor any needs or concerns I have about my group. My input and feedback are important.
- I agree to leave my counselor a message if I will be absent, or if I decide to withdraw from the program.
- I understand that missed classes cannot be made up as all groups are closed and confidential. I agree to notify a Positive Choice service representative of any telephone, email, or address changes.
- If I am in the online meal replacement program, I agree to attend sessions #1 and #2. If I miss session #1 for any reason, my counselor will contact me to review missed session material. If I miss session #2, I will need to be scheduled for a make-up session within the same week. If I miss the session #2 make-up, I will need to be re-enrolled into a new group. Re-enrollment requires a \$150 fee.

## Financial Agreements for Program Participation

As a medical weight management program participant:

- I understand this program is not covered by my Kaiser Permanente Health Plan and I agree to pay all program fees.
- I understand I am financially responsible to pay all weekly fees. If I miss my scheduled weekly payment and meal replacement pick-up, I can go to a Positive Choice location during business hours. NOTE: Fees are still required for missed weekly classes and meal replacements.
- I agree to check that the meal replacements I ordered are what I received. The meal replacements are prescriptions. Once the meal replacements leave the clinic, they cannot be returned or exchanged.
- I agree to pay my \$500 Maintenance Program fee in four (4) \$125 payments at sessions #3, #5, #7, and #9 of the weight loss-phase. This non-refundable fee must be paid in full by session #9.
- I agree to take responsibility to initiate contact so I can avoid being withdrawn from the program and/or incurring added fees. Contact as directed below:
- If I miss session #2 or if I miss two consecutive sessions, I will contact my counselor.
- If I miss two consecutive weeks of payment, I will call 858-616-5600 to make my payment over the phone.
- If I miss session #3 lab work or two consecutive lab appointments, I will call the medical team at 858-616-5789 within 48 hours of the missed lab appointment.
- I may withdraw from this program anytime or I may be withdrawn from the program for non-compliance with program policies.
- I understand in withdrawing, I will not be refunded any pre-paid fees. Pre-paid Maintenance Program fees may be applied to one re-enrollment.
- I understand that I can re-enroll in a program at any time.
- I understand that my medical clearance is valid for 12 months. If I choose to re-enroll after 12 months, I will need to complete all pre-program assessment appointments and pay associated fees:
- \$150 fee if medical clearance was completed within 12 months.
- Full program start-up fees if medical clearance has expired (greater than 12 months).
- Fees are subject to change.

# GETTING STARTED CHECKLIST

**There are a few things you will need to have available before you start taking your meal replacements and begin your first weekly session.**

- Review your medical instruction letter (available on kp.org)
- Prepare your first meal replacement order combination preference
- Decide on your fiber preference
- Pick up your potassium prescription
- Purchase a blender bottle, blender, frother, or whisk
- Make sure you have a water bottle with measurements listed
- Consider using a 1 gallon water jug to get started
- Complete 7 days of Daily Behavior Records

**At your first class session or clinic visit, you'll receive your program materials.**

- Bring your reusable bag to each clinic visit
- Have your workbook, Maximize Your Body Potential, and pen ready for classes.



# DAILY BEHAVIOR RECORDS

**Keeping a record of your behaviors will help you learn the best time to have your meal replacements, prepare you for possible challenges in the program, and guide you when you return to eating food.**

## **Here are a few tips:**

- Be specific— include details about thoughts, feelings, people, things, or events.
- Be prompt— record eating behavior immediately after eating or, better yet, just before eating.
- Be honest— this exercise is only for your benefit and no one will see it.
- Be complete— record all information. Though there may not be many emotions associated with meals, the thoughts and feelings that occur before, during, or after unplanned or impulsive snacking are often part of a pattern contributing to eating challenges. There are no right or wrong answers—only information.

## **Watch out for the resistance traps...**

You may find it difficult to develop the habit of regular record keeping. It takes time, but the information gathered will be worth it. Recording on challenging days is especially important because that is when you can begin to discover the patterns that contribute to weight gain.

Sometimes people are reluctant to write everything down because they fear judgement. Everyone in your group is going through the same struggles and your counselor knows how tough it is to not use food as a coping mechanism. Making the effort to record eating in response to stressors in your life provides a great opportunity for you and your group to work through and develop new skills to respond to stress in healthier ways.

## **Reflection:**

As you record what you eat, how much, when, where, what is happening around you, and how you are feeling, take time to consider habits that you may want to focus on during your time in the program. We will not collect these sheets, these are for your personal use. Many people find this information helpful at the end of the program when you are transitioning back to food.

# Daily Behavior Record

**Day**      Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

## Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
What and how much did you eat or drink?						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you observe about yourself?						

# Daily Behavior Record

**Day**      Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

## Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
What and how much did you eat or drink?						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you observe about yourself?						

# Daily Behavior Record

**Day**      Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

## Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
What and how much did you eat or drink?						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you observe about yourself?						

# Daily Behavior Record

**Day**      Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

## Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
What and how much did you eat or drink?						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you observe about yourself?						

# Daily Behavior Record

**Day**      Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

## Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
What and how much did you eat or drink?						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you observe about yourself?						

# Daily Behavior Record

**Day**      Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

## Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
What and how much did you eat or drink?						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you observe about yourself?						

# Daily Behavior Record

**Day**      Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

## Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
What and how much did you eat or drink?						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you observe about yourself?						

# TRANSITIONING OFF MEAL REPLACEMENTS

## NUMETRA

Once you are ready to transition off of meal replacements, you will follow this 3-week plan while still attending your weekly class. Although you may choose to extend this transition, we do not recommend that you shorten it. Following this plan reduces digestive upset, gradually improves your metabolic rate, minimizes hunger, and makes your transition easier.

This is not your lifelong eating plan. You will create your long-term eating plan for weight maintenance during your 10-session Maintenance Program. To learn more about the program, visit the following section called "Maintenance Program."

Food Group	Phase 1	Phase 2	Phase 3	Off meal replacements
Meal Replacements	3	2	1	0
Protein	2	2	3	4
Vegetable	2	4	5	5+
Leafy Salad	2 cups leafy greens + ½ cup raw veggies (non-starchy) +1 Tbsp. dressing			
Bean/Grain/ Starchy Veggie	0	1	1	2-3
Fruit	1	2	2	2-3
Fat	2	2	3	4
Milk/Plant-Milk/Yogurt (Optional)	0	0	1	1-2
Fluids	120-150 ounces	64 ounces plus what is in your meal replacements		
Multivitamin and Fiber			Recommended	
Potassium	Yes			No
Calories	980	1030	1165	1230-1460

### Nutrition Support

We offer an online nutrition support and information group weekly to help you through this transition process. Visit our website program page under the Transitioning Back to Food section for details and to log in.

Additional resources and support group



# TRANSITIONING OFF MEAL REPLACEMENTS

## NUTRIMED

Once you are ready to transition off of meal replacements, you will follow this 3-week plan while still attending your weekly class. Although you may choose to extend this transition, we do not recommend that you shorten it. Following this plan reduces digestive upset, gradually improves your metabolic rate, minimizes hunger, and makes your transition easier.

This is not your lifelong eating plan. You will create your long-term eating plan for weight maintenance during your 10-session Maintenance Program. To learn more about the program, visit the following section called "Maintenance Program."

Food Group	Phase 1	Phase 2	Phase 3	Ready for Maintenance
Meal Replacements	3	2	1	0
Protein	2	2	3	4
Vegetable	2	4	5	5+
Leafy Salad	2 cups leafy greens + ½ cup raw veggies (non-starchy) +1 Tbsp. dressing			
Bean/Grain/ Starchy Veggie	1	2	2	2-3
Fruit	0	1	1	2-3
Fat	1	2	3	4
Milk/Plant-Milk/Yogurt (Optional)	0	0	1	1-2
Fluids	120-150 ounces	64 ounces plus what is in your meal replacements		
Multivitamin and Fiber			Recommended	
Potassium	Yes			No
Calories	795	950	1145	1230-1460

### Nutrition Support

We offer an online nutrition support and information group weekly to help you through this transition process. Visit our website program page under the Transitioning Back to Food section for details and to log in.

Additional resources and support group



# TRANSITIONING OFF MEAL REPLACEMENTS ACCELERATED VERSION

Occasionally someone will need to transition off meal replacements faster than usual. This can happen prior to a vacation, a scheduled surgery, out of country or lengthy travel etc. Follow this 14-day, accelerated plan in those instances.

Food Group	Days 1-5	Days 6-10	Days 11-14	Ready for Maintenance
Meal Replacements	3	2	1	0
Protein	2	2	3	4
Vegetable	2	4	4	4+
Leafy Salad	2 cups leafy greens + ½ cup raw veggies (non-starchy) + 25 calories of dressing (optional)			
Bean/Grain/ Starchy Veggie	1	1	2	2-3
Fruit	0	1	1	2-3
Fat	0	1	2	4
Milk/Plant-Milk/Yogurt (Optional)	0	0	1	1-2
Fluids	120-150 ounces	64 ounces plus what is in your meal replacements		
Vitamin/Mineral		Recommended		
Potassium	Yes			No
Calories	980	1020	1165	1290-1440

## Nutrition Support

We offer an online nutrition support and information group weekly to help you through this transition process. Visit our website program page under the Transitioning Back to Food section for details and to log in.

Additional resources and support group



# FOOD OPTIONS

## Proteins

### 1 serving is approx. 150 calories

- Meat 3 oz. cooked: poultry (skinless), fish, shellfish, lean beef (sirloin, flank or round) or pork tenderloin
- Cottage cheese non-fat  $\frac{3}{4}$  c.
- Yogurt, Nonfat, plain, Greek, 8 oz.
- Eggs 2, 6 whites, or  $\frac{3}{4}$  c. egg substitute
- Beans  $\frac{1}{2}$  c. cooked: black, garbanzo, kidney, lima, navy, pinto, soy, white, lentils, etc.
- Quinoa  $\frac{1}{2}$  c. cooked
- Seitan (plain) 4 oz.
- Tofu (lite, firm or extra firm) 9 oz.
- Tempeh 2 oz. or  $\frac{1}{3}$  c. cooked Vegan alternatives:
- 3 oz. veggie burger, soy protein, etc.

## Fruits

### One serving approximately 60 calories

- Apple 1 small (tennis ball)
- Apricots 3
- Banana 1 small (4-6 in)
- Berries 1 c.
- Grapefruit  $\frac{1}{2}$
- Grapes 15
- Melon 1 c., (watermelon, cantaloupe, etc.)
- Orange 1 medium
- Nectarine 1 medium
- Peach 1 medium
- Pear 1 medium
- Pineapple 1 c.
- Plums 2
- Fruits not on this list use portion equaling approximately 60 calorie

## Vegetables

### 1 serving is $\frac{1}{2}$ cup cooked or 1 cup raw

- Artichoke
- Asparagus
- Bamboo shoots
- Beans (wax, green)
- Beets
- Bell Pepper, all colors
- Broccoli\*
- Brussels Sprouts\*
- Cabbage\*
- Cauliflower\*
- Carrot
- Celery
- Cucumber
- Eggplant
- Jicama
- Kohlrabi
- Leeks
- Turnips
- Water chestnuts
- Mung bean sprouts
- Mushrooms
- Okra Onions
- Pea Pods
- Peppers, all kinds
- Radishes
- Seaweed, cooked
- Spinach
- Summer Squash (zucchini, yellow)
- Tomatoes

\*Adding in new types of fibers can cause excess flatulence until the GI tract adapts. If you have uncomfortable gas, try limiting or avoiding these vegetables. Switch to the other vegetable choices until your body adjusts. Also, cooked vegetables may be better tolerated than raw vegetables

# FOOD OPTIONS

## **Grain/Legume/Starchy Vegetable**

### **1 serving approximately 100 calories**

Barley ½ c. cooked  
Beans ½ c. cooked: black, garbanzo, kidney, lentil, lima, navy, pinto, great white, soy, etc.  
Bread, whole-grain 1 slice  
Cereal (Fiber >5 g. per serving), ½ c.  
Corn ½ c. raw or cooked  
Couscous ⅓ c. cooked  
Grits ⅓ c. cooked  
Millet ½ cooked  
Oats ½ c. cooked  
Pasta ½ c. cooked  
Split peas, ½ c. cooked  
Peas, ½ c. cooked  
Pita ½ of 6-inch round  
Polenta ½ c. cooked  
Popcorn air popped, 3 c.  
Potato ½ c. cooked (Russet, golden, sweet, ...)  
Quinoa, ½ c. cooked  
Rice ⅓ c. cooked  
Rice cakes, multi-grain, 2  
Squash winter (acorn, butternut), ½ c. cooked  
Tempeh 4 oz. or ⅔ c. cooked  
Tortilla corn or whole grain 1, 6-inch round  
Wild rice ⅓ c. cooked  
Yam ½ c. cooked

## **Milk/ Plant-Milk/ Yogurt**

### **1 Serving approximately 100 calories**

- This food group is optional: If you choose to eliminate milk/soymilk or yogurt, consume: 1 additional serving of Bean/Grains/Starchy Veg. instead.
- Milk, non-fat 1 c.
- Plant-Milk, 1 c. (hemp, oat, or soy milk)
- Yogurt/Plant-Based, 6oz. (oat milk, nut milk, flax milk) (less than 10 g. sugar per serving.)

## **Healthy Fat**

### **1 Serving approximately 45 calories and 5 g fat**

- Avocado, ⅛ whole 1/4 oz.
- Nuts (6 almonds, 2 Brazil nuts, 8 cashews, hazelnuts, macadamia nuts, 8 peanuts, 6 pecans, 1 tbsp pine nuts, 9 pistachios, 4 walnut halves)
- Oil, 1 tsp., (avocado oil, olive oil)
- Olives, 8 to 10 small 1 Tbsp.
- Seeds (chia seeds, flax seeds, pumpkin seeds, sesame seeds, sunflower seeds)



# 10-SESSION MAINTENANCE PROGRAM

**Once you have completed your meal replacement program, you will transition back to eating food and then start the maintenance phase of your program.**

The maintenance phase of your meal replacement program is an essential part of long-term success. This is where you practice the skills you've learned and receive additional support and information on lifelong nutrition and fitness. You have pre-paid for these sessions and no longer have weekly fees or clinic visits. Follow these steps to get started:

## **Step One:**

### **Schedule and Attend Maintenance Orientation**

Once you begin transitioning off meal replacements and back to food, you schedule and attend a Maintenance Orientation. This session lays the foundation for your 10-session program and helps ease the transition from meal replacements to food. This is a 90-minute, online session and you can attend it while you are still transitioning off meal replacements.

## **Step Two:**

### **Attend Orientation and Schedule Maintenance Sessions**

At Orientation, you will schedule your 10-session Maintenance series. There are online and in-person options.

## **Step Three:**

### **Begin Your Maintenance Sessions**

Your weekly Maintenance sessions will be at the same time and with the same instructor each week. These sessions are "open enrollment" so you will enter into a group that has been in session. Since everyone attends an Orientation session, you will have everything you need to comfortably enter into this group. You should attend all 10 sessions for best results. *If you decide to stop attending sessions, you will be forfeiting the remainder of your pre-paid Maintenance sessions.*

Register for your  
Maintenance  
Orientation and  
Maintenance  
Sessions



Maintenance Session  
Links and Materials

