

MALE REPRODUCTIVE, ANDROLOGICAL AND MEN'S HEALTH DIETETICS SPECIALIZATION COURSE

6 Month Advanced Specialization Course

A structured specialization for nutrition and dietetics students, graduates and practicing dietitians who want focused competence in male reproductive nutrition, fertility, metabolic and hormonal health, sexual health, prostate and urological nutrition, male oncology and healthy aging.

Who This Course Is For

Nutrition and dietetics students, graduates and practicing dietitians who want to develop specialized skills in male reproductive nutrition, male fertility, metabolic health, sexual health, prostate and urological nutrition, male oncology and advanced men's health care.

Specialization Approach

The course begins with male reproductive physiology, spermatogenesis and specialized assessment, then progresses into fertility, semen information, metabolic and hormonal health, sexual health, prostate and urological conditions, oncology, aging, clinical documentation and advanced case management.

Clinical Focus

Participants learn to integrate reproductive history, medical diagnosis, semen findings supplied by the clinical team, metabolic status, dietary intake, supplements, medications, body composition, lifestyle, psychosocial concerns and patient goals without independently diagnosing medical or andrological conditions.

Overall Aim

To develop dietitians who can reason through male reproductive and men's health nutrition problems systematically, support

medical care appropriately, recognize referral needs and defend nutrition decisions using evidence and assessment rather than generic fertility or hormone boosting plans.

COURSE ROADMAP

Month

Primary Development Area

What the Participant Should Gain

Month 1

Male Reproductive Physiology, Andrology and Specialized Assessment

Understand male reproductive physiology, spermatogenesis, endocrine regulation and structured nutrition assessment.

Month 2

Male Fertility, Sperm Health and Preconception Nutrition

Learn how nutrition, lifestyle, metabolic health and medical factors interact with male fertility and semen findings.

Month 3

Testosterone, Metabolic Health and Sexual Function

Understand medically diagnosed testosterone concerns, obesity, insulin resistance, cardiometabolic health and erectile function from a nutrition perspective.

Month 4

Prostate, Urological and Male Specific Health Conditions

Develop nutrition reasoning for prostate health, urinary symptoms,

pelvic concerns and relevant male reproductive conditions.

Month 5

Male Oncology, Aging, Body Composition and Complex Health

Address prostate and testicular cancer nutrition, muscle and bone health, aging, metabolic disease and multimorbidity.

Month 6

Advanced Male Reproductive and Men's Health Dietetic Practice

Integrate assessment, nutrition diagnosis, intervention, monitoring, documentation, referral and advanced case management.

MONTH 1: MALE REPRODUCTIVE PHYSIOLOGY, ANDROLOGY AND SPECIALIZED ASSESSMENT

Theme: Understand male reproductive physiology before trying to influence fertility or hormones through nutrition.

Purpose: To establish the scientific and clinical foundation required for specialized male reproductive nutrition practice.

Week

Focus

Learning Content

Practical Application

1

Male Reproductive Physiology

Male reproductive anatomy relevant to dietetics. Testicular function. Spermatogenesis. Epididymal maturation. Accessory glands. Reproductive life stages. Relationship between reproductive health and general health.

Participants map the male reproductive system and identify where nutrition can support health without claiming to treat structural disease.

2

Male Reproductive Endocrinology

Hypothalamic pituitary gonadal axis. GnRH. LH. FSH. Testosterone. Estradiol in males. SHBG concepts. Prolactin and thyroid information as medical context. Hormonal regulation of spermatogenesis.

Participants connect endocrine physiology with metabolic and nutritional health while distinguishing dietetic interpretation from medical diagnosis.

3

Specialized Male Nutrition Assessment

Medical history. Reproductive history. Fertility goals. Weight history. Dietary intake. Supplements. Medications. Smoking. Alcohol. Physical activity. Sleep. Occupation. Heat exposure. Gastrointestinal concerns. Chronic disease. Psychosocial factors.

Participants complete a structured male reproductive and metabolic nutrition assessment.

4

Clinical and Laboratory Information

Glucose related markers. Lipids. CBC. Iron. Vitamin B12. Folate. Vitamin D where clinically relevant. Testosterone and gonadotropin results as medical context. Introduction to semen analysis. Distinguishing nutrition interpretation from diagnosis.

Participants review a simulated male reproductive record and separate nutrition relevant findings from information requiring medical interpretation.

Development Outcome: Participants should move from hormone boosting assumptions toward structured interpretation of diagnosed conditions, objective clinical information and nutrition problems that fall within dietetic scope.

MONTH 2: MALE FERTILITY, SPERM HEALTH AND PRECONCEPTION NUTRITION

Theme: A semen report is part of the fertility assessment, not the entire fertility diagnosis.

Purpose: To develop evidence informed dietetic reasoning around male fertility, preconception nutrition, sperm health, lifestyle and supplement use.

Week

Focus

Learning Content

Practical Application

5

Understanding Male Fertility and Semen Analysis

Spermatogenesis and conception concepts. Semen volume. Sperm concentration. Total count. Motility. Morphology. Common laboratory terms such as oligozoospermia, asthenozoospermia, teratozoospermia and azoospermia as medical terminology. Limitations of semen analysis.

Participants review a simulated semen report and identify nutrition related questions that should be asked next without diagnosing fertility status.

6

Nutrition, Lifestyle and Sperm Health

Body weight and metabolic health. Dietary quality. Fruits and vegetables. Fiber. Protein sources. Dietary fats. Smoking. Alcohol. Physical activity. Sleep. Occupational and heat related considerations. Oxidative stress concepts.

Participants build an individualized fertility support plan around identified dietary, metabolic and lifestyle concerns.

7

Male Fertility Nutrition and Micronutrients

Energy and protein adequacy. Zinc. Selenium. Folate. Vitamin B12. Vitamin D where relevant. Essential fatty acids. Food based improvement. Correction of established deficiency. Avoiding automatic fertility supplement protocols.

Participants identify actual nutritional inadequacies before deciding whether food based improvement, supplementation or referral is appropriate.

8

Fertility Supplements, Antioxidants and Misinformation

Common fertility products including zinc, selenium, CoQ10, carnitine, vitamins C and E, folate, herbal products and combination formulas. Evidence quality. Semen outcomes versus pregnancy outcomes. Dose. Safety. Duplication. Product quality and marketing claims.

Participants critically appraise a commercial male fertility supplement and decide whether its claims are supported, exaggerated or unsupported.

Development Outcome: Participants should understand that male fertility nutrition supports overall reproductive and metabolic health but does not replace andrology, urology or fertility evaluation.

MONTH 3: TESTOSTERONE, METABOLIC HEALTH AND SEXUAL FUNCTION

Theme: Male hormonal and sexual health cannot be separated from metabolic and cardiovascular health.

Purpose: To connect medically established hormonal and sexual health concerns with modifiable nutrition and metabolic factors while maintaining clear professional boundaries.

Week

Focus

Learning Content

Practical Application

9

Testosterone and Hypogonadism

Testosterone production, transport and physiological functions. Primary and secondary hypogonadism concepts as medical diagnoses. Relationship with obesity, visceral adiposity, insulin resistance, sleep and general health. Lifestyle support within dietetic scope.

Participants develop nutrition priorities for a patient with medically diagnosed testosterone deficiency and obesity.

10

Obesity, Insulin Resistance and Reproductive Health

Adipose tissue and endocrine effects. Insulin resistance. Central adiposity. Dyslipidemia. Sustainable energy management where appropriate. Protein adequacy. Resistance exercise collaboration. Muscle preservation and body composition.

Participants build a metabolic nutrition intervention for a male fertility patient with central adiposity and cardiometabolic risk.

11

Erectile Dysfunction and Nutrition

Erectile dysfunction as a medical condition. Cardiovascular and metabolic risk factors. Diabetes. Hypertension. Dyslipidemia. Obesity. Smoking. Dietary quality. Vascular health. Supplement misinformation and referral.

Participants assess a patient with erectile dysfunction and metabolic syndrome and identify nutrition priorities alongside required medical care.

12

Sexual Health, Body Image and Performance Products

Nutrition related contributors versus medical and psychological contributors. Muscle dysmorphia. Restrictive eating. Physique pressure. Testosterone boosters. Anabolic products. Supplement risk. Fertility implications of hormone and performance products. Sensitive counseling.

Participants analyze a gym based supplement stack in a patient who is trying to conceive and identify nutrition, safety and referral concerns.

Development Outcome: Participants should be able to recognize where metabolic and lifestyle nutrition support is useful while understanding that hormonal treatment and sexual health diagnosis remain medical responsibilities.

MONTH 4: PROSTATE, UROLOGICAL AND MALE SPECIFIC HEALTH CONDITIONS

Theme: Nutrition may support urinary and prostate related health, but it does not replace urological treatment.

Purpose: To develop safe nutrition reasoning around prostate and

urological conditions while preventing unsupported prostate diets and excessive restriction.

Week

Focus

Learning Content

Practical Application

13

Benign Prostatic Enlargement and Lower Urinary Tract Symptoms

Benign prostatic enlargement and lower urinary tract symptoms as medical conditions. Fluid intake and timing. Caffeine and alcohol considerations. Constipation. Body weight. Physical activity. Dietary quality. Individual symptom patterns.

Participants develop supportive nutrition and lifestyle strategies for a patient with medically managed urinary symptoms.

14

Prostatitis and Chronic Pelvic Symptoms

Medical evaluation of infection, inflammation and chronic pelvic pain. Food and beverage triggers as individual observations. Hydration. Restriction risk. Supplement claims. Maintaining dietary adequacy.

Participants support a patient who has developed several unnecessary food restrictions because of chronic pelvic symptoms.

15

Prostate Cancer Nutrition

Surgery. Radiation. Hormone therapy. Systemic treatment as medical context. Poor intake. Weight change. Body composition. Bone and metabolic concerns during androgen deprivation therapy.

Supplement misinformation. Survivorship nutrition.

Participants develop nutrition priorities for a prostate cancer patient during treatment and recovery.

16

Testicular and Other Male Reproductive Conditions

Varicocele as a medical and structural condition. Testicular disorders. Testicular cancer. Urogenital infection. Surgical recovery. Protein and energy adequacy. Treatment related nutrition concerns.

Participants develop nutrition priorities around a medically managed testicular or reproductive condition while identifying appropriate specialist referral.

Development Outcome: Participants should distinguish supportive nutrition care from treatment of structural, infectious, oncological or urological disease.

MONTH 5: MALE ONCOLOGY, AGING, BODY COMPOSITION AND COMPLEX HEALTH

Theme: Men's health dietetics extends beyond fertility and testosterone.

Purpose: To address nutrition priorities that emerge with cancer treatment, aging, sarcopenia, cardiometabolic disease and complex multimorbidity.

Week

Focus

Learning Content

Practical Application

17

Male Oncology Nutrition

Prostate and testicular cancers. Nutrition impact of surgery, radiation, chemotherapy and hormone therapy. Malnutrition risk. Muscle loss. Treatment side effects. Survivorship and specialist oncology referral.

Participants assess nutrition risk at different stages of male cancer treatment.

18

Muscle, Bone and Healthy Aging

Sarcopenia concepts. Protein adequacy. Resistance exercise collaboration. Vitamin D and calcium according to individual need. Bone health during relevant hormone treatments. Appetite and functional status.

Participants develop a muscle and bone preservation strategy for an older male.

19

Cardiometabolic Men's Health

Hypertension. Dyslipidemia. Diabetes. Central obesity. Fatty liver. Cardiovascular risk. Relationship with sexual, reproductive and overall male health.

Participants prioritize nutrition care in a patient with reproductive concerns and multiple cardiometabolic diagnoses.

20

Mental Health, Eating Behavior and Men's Nutrition

Emotional eating. Body image. Restrictive dieting. Muscle gain culture. Disordered eating warning signs. Alcohol. Social expectations. Barriers to seeking care. Sensitive and nonjudgmental counseling.

Participants conduct a male focused counseling case and identify when mental health or eating disorder referral is required.

Development Outcome: Participants should understand that reproductive health, sexual function, metabolic health, body composition, cardiovascular health, oncology and aging frequently overlap within the same patient.

MONTH 6: ADVANCED MALE REPRODUCTIVE AND MEN'S HEALTH DIETETIC PRACTICE

Theme: Bring reproductive, metabolic, medical and nutrition information into one structured care process.

Purpose: To integrate specialized assessment, nutrition diagnosis, intervention, monitoring, documentation, referral and multidisciplinary case management.

Week

Focus

Learning Content

Practical Application

21

Specialized Nutrition Diagnosis

Translating assessment findings into nutrition diagnoses. Intake, clinical and behavioral problems. Primary and secondary priorities. PES statements. Separating infertility or hormonal diagnosis from nutrition diagnosis.

Participants develop and defend PES statements across fertility, metabolic, sexual health and prostate cases.

22

Intervention and Monitoring

Nutrition prescription. Food and nutrient delivery. Education. Counseling. Supplement use when justified. Physical activity collaboration. Monitoring dietary intake, body composition, metabolic markers, symptoms and patient reported outcomes.

Participants build complete interventions linked directly to identified nutrition problems and define appropriate monitoring indicators.

23

Documentation and Multidisciplinary Practice

ADIME documentation. Communication with urologists, andrologists, endocrinologists, fertility specialists, oncologists, psychologists and primary care teams. Referral criteria. Professional boundaries.

Participants complete specialized ADIME documentation and multidisciplinary referral communication.

24

Advanced Male Health Case Defense

Integration of reproductive history, semen findings, medical diagnosis, metabolic status, dietary intake, medications, supplements, lifestyle, psychosocial concerns and patient goals.

Participants present and defend one male fertility case and one complex men's health case, explaining the reasoning behind each major nutrition decision.

Development Outcome: Participants should finish able to manage the nutrition component of complex male reproductive and men's health cases while collaborating appropriately with specialist medical teams.

SPECIALIZED MALE FERTILITY CASE PORTFOLIO

Case Area

Practical Competency

Abnormal Semen Parameters

Use medically obtained semen findings as clinical context and identify appropriate nutrition assessment priorities.

Oligozoospermia

Support nutrition and lifestyle while maintaining specialist andrology involvement.

Reduced Motility

Evaluate nutrition, lifestyle and supplement claims without promising correction.

Abnormal Morphology

Distinguish laboratory findings from nutrition diagnosis.

Unexplained Infertility

Avoid assuming that nutrition is the missing cause.

Varicocele

Support general nutrition and metabolic health while structural management remains urological.

Obesity and Infertility

Integrate metabolic health, body composition and reproductive goals.

Diabetes and Fertility

Manage glycemic and cardiometabolic nutrition priorities within

reproductive care.

Fertility Supplement Use

Evaluate evidence, dose, duplication, interactions, safety and product quality.

Assisted Reproduction

Support male nutritional status during medically managed fertility treatment.

Male Preconception

Develop an individualized preconception nutrition and lifestyle framework.

SPECIALIZED MEN'S HEALTH CASE PORTFOLIO

Case Area

Practical Competency

Testosterone Deficiency

Support metabolic and nutritional health after appropriate medical evaluation.

Erectile Dysfunction

Identify cardiovascular and metabolic nutrition priorities while maintaining medical evaluation.

Metabolic Syndrome

Integrate weight, glucose, lipids and reproductive health.

Benign Prostatic Enlargement

Support hydration and lifestyle while urological management continues.

Chronic Pelvic Symptoms

Maintain nutrition adequacy and avoid unsupported restrictive diets.

Prostate Cancer

Manage nutritional consequences of disease and treatment within oncology competence.

Androgen Deprivation Therapy

Address body composition, bone and metabolic considerations.

Testicular Cancer

Support treatment related nutrition and survivorship.

Sarcopenia

Develop age appropriate muscle preservation nutrition.

Complex Multimorbidity

Prioritize care when fertility, obesity, diabetes, dyslipidemia and other conditions coexist.

PROFESSIONAL SCOPE INTEGRATION

Situation

Specialized Dietitian Role

Male Infertility

Provide nutrition care alongside appropriate reproductive medical

evaluation rather than independently diagnosing infertility.

Semen Analysis

Understand results as clinical context without diagnosing fertility status from one report.

Low Testosterone

Address nutritional and metabolic contributors while diagnosis and hormone treatment remain medical.

Erectile Dysfunction

Address cardiovascular and metabolic nutrition factors while appropriate medical evaluation is maintained.

Varicocele

Support nutritional health while urological treatment addresses the structural condition.

Urogenital Infection

Support nutrition status rather than treating infection with diet.

Prostate and Urinary Symptoms

Provide supportive dietary and hydration strategies without claiming dietary reversal.

Prostate Cancer

Provide oncology appropriate nutrition within professional competence and referral pathways.

Fertility Supplements

Evaluate evidence, safety and nutritional indication rather than using a standard supplement stack.

Testosterone Products

Recognize fertility implications and refer medication decisions to the relevant clinician.

Eating Disorder Concerns

Recognize warning signs and refer to appropriate multidisciplinary services.

Complex Infertility

Collaborate with urology, andrology, endocrinology and fertility teams.

FINAL SPECIALIZATION PORTFOLIO

Portfolio Component

Final Output

Male Reproductive Assessment

Complete reproductive and metabolic nutrition assessment.

Male Preconception Tool

Structured fertility related lifestyle and dietary assessment.

Semen Analysis Exercise

Nutrition focused interpretation with appropriate referral boundaries.

Male Fertility Case Portfolio

Multiple fertility presentations demonstrating individualized reasoning.

Fertility Supplement Appraisal

Critical evidence and safety review.

Testosterone Case

Metabolic and nutrition management framework.

Erectile Health Case

Cardiometabolic nutrition assessment.

Prostate and Urinary Case

Supportive nutrition and lifestyle framework.

Prostate Cancer Case

Treatment related nutrition management.

Male Oncology Case

Nutrition risk and multidisciplinary referral.

Healthy Aging Case

Muscle, bone and metabolic nutrition strategy.

Specialized ADIME Portfolio

Complete male health nutrition documentation.

Referral Framework

Andrology, urology, endocrinology, fertility, oncology and mental health referral pathways.

Final Case Defense

One advanced reproductive case and one complex men's health case.

EXPECTED SPECIALIZATION TRANSFORMATION

At Entry

At Completion

Male infertility needs fertility foods.

I understand that male infertility requires medical evaluation and individualized nutrition assessment.

A poor semen report means the patient needs antioxidants.

I understand the limitations of semen parameters and critically assess supplement evidence.

Low testosterone can be fixed with testosterone boosting foods.

I understand hormonal diagnosis, metabolic contributors and appropriate dietetic scope.

Erectile dysfunction is mainly a sexual problem.

I recognize its possible relationship with cardiovascular and metabolic health and assess accordingly.

Prostate problems require a prostate diet.

I distinguish supportive nutrition from urological treatment.

Every infertile man needs zinc, selenium and CoQ10.

I support supplementation only when indication, evidence, dose and safety justify it.

Weight loss automatically improves fertility.

I understand that metabolic improvement may support reproductive health but does not guarantee fertility outcomes.

Men's health nutrition mainly means protein and testosterone.

I can integrate reproductive, metabolic, sexual, prostate, oncology, muscle and cardiovascular health.

I know male fertility meal plans.

I can conduct, document and defend a complete specialized male reproductive nutrition care process.

FINAL LEARNING PATHWAY

Stage

Learning Progression

Stage 1

Understand male reproductive physiology and endocrine regulation.

Stage 2

Conduct a specialized reproductive and metabolic nutrition assessment.

Stage 3

Understand spermatogenesis and semen information within dietetic scope.

Stage 4

Assess male preconception nutrition and lifestyle.

Stage 5

Support male fertility using individualized nutrition reasoning.

Stage 6

Critically evaluate fertility supplements and antioxidant claims.

Stage 7

Understand medically diagnosed testosterone and endocrine

concerns.

Stage 8

Address obesity, insulin resistance and cardiometabolic health.

Stage 9

Support sexual and cardiovascular health through nutrition where appropriate.

Stage 10

Understand prostate, urinary and male reproductive nutrition concerns.

Stage 11

Support male oncology care within specialist pathways.

Stage 12

Support healthy aging, muscle and bone health.

Stage 13

Develop nutrition diagnosis, intervention and monitoring.

Stage 14

Document care and collaborate with andrology, urology, fertility and medical teams.

Stage 15

Defend advanced male reproductive and men's health cases professionally.

COURSE PHILOSOPHY

This specialization is designed to move participants beyond fertility foods, testosterone boosting claims and standard supplement protocols. The goal is to understand male reproductive physiology, metabolic health, medical context, evidence, nutrition diagnosis and multidisciplinary care well enough to provide individualized and professionally defensible dietetic support across fertility, sexual health, prostate care, oncology and healthy aging.