

Weight Management, Obesity & Body Composition Dietetics Specialization Course

6 Month Advanced Specialization Course

COURSE POSITIONING

Designed for nutrition and dietetics students, graduates and practicing dietitians who want advanced competence in obesity, weight reduction, weight maintenance, healthy weight gain, body composition, sarcopenic obesity, pharmacotherapy, GLP 1 based treatment, metabolic and bariatric surgery, eating disorder screening and long term weight management. The course develops person centered clinical reasoning rather than scale focused dieting.

The Course Moves Participants Away From

Common Oversimplification

Advanced Clinical Direction

Weight loss equals calorie deficit

Integrate biology, appetite, behavior, medication, environment, comorbidity, nutritional status and long term maintenance

A higher BMI automatically means poor health

Use BMI as one measure alongside adiposity, body composition, metabolic health and function

A patient who is not losing weight is noncompliant

Reassess metabolic adaptation, intake, treatment burden, medication, environment and behavior without judgment

GLP 1 medication does the dietitian's job

Monitor nutritional adequacy, protein, hydration, symptoms, muscle preservation and long term eating

Bariatric surgery means eat less

Understand altered anatomy, progression, lifelong supplementation, complications and long term follow up

Everyone should reach an ideal body weight

Set individualized goals according to health benefit, safety, preferences, function and sustainability

Core Learning Pathway

Understand Weight Regulation → Assess Body Composition → Evaluate Health Risk → Identify Nutrition Diagnosis → Screen for Eating Disorder Risk → Build Individualized Nutrition Therapy → Apply Behavior Change → Preserve Lean Mass → Understand Metabolic Adaptation → Support Pharmacotherapy → Manage Bariatric Nutrition → Address Underweight & Sarcopenic Obesity → Plan Long Term Maintenance → Apply NCP → Defend Complex Weight Management Cases

Course Roadmap

Month

Primary Development Area

Participant Development

Month 1

Weight Regulation, Obesity Physiology, Body Composition & Specialized Assessment

Understand energy regulation, adipose biology, body composition, health risk and comprehensive assessment

Month 2

Nutrition Therapy, Behavior Change & Sustainable Weight Reduction

Develop individualized dietary, behavioral and lifestyle interventions while protecting nutritional adequacy

Month 3

Obesity Pharmacotherapy, GLP 1 Nutrition & Muscle Preservation

Understand medication assisted weight management and dietetic care before, during and after pharmacotherapy

Month 4

Metabolic & Bariatric Surgery Nutrition

Develop competence in preoperative assessment, postoperative progression, micronutrients, complications and long term care

Month 5

Healthy Weight Gain, Underweight, Sarcopenic Obesity & Body Recomposition

Learn nutritional restoration, muscle gain, body recomposition and special population weight management

Month 6

Complex Weight Management, Maintenance & Advanced Dietetic Practice

Integrate comorbidities, eating disorder risk, weight stigma, ADIME, multidisciplinary care and case defense

Specialization Philosophy

Weight management is not synonymous with weight loss. The dietitian should determine whether weight reduction, maintenance, weight restoration or body composition improvement is clinically appropriate and should protect nutritional adequacy, muscle,

function and psychological safety throughout care.

MONTH 1 | Weight Regulation, Obesity Physiology, Body Composition & Specialized Assessment

Understand why body weight changes before telling someone to eat less or eat more.

Week

Focus

Learning Content

Practical Application

Week 1

Energy Balance & Regulation of Body Weight

Energy intake and expenditure. Resting expenditure. Thermic effect of food. Physical activity and nonexercise movement. Appetite, hunger and satiety. Sleep, stress, genetics, food environment, medication effects and adaptive responses to weight change.

Compare two people with similar reported intake but very different weight histories, activity, health conditions and treatment needs.

Week 2

Obesity Physiology & Adipose Tissue

Adipose storage and endocrine functions. Visceral and subcutaneous adiposity. Insulin resistance. Metabolic inflammation concepts. Biological appetite regulation. Genetics, environment and the tendency toward weight recurrence after weight reduction.

Explain why obesity cannot be reduced to personal choice or willpower.

Week 3

Body Composition & Weight Related Assessment

Weight, height, BMI, waist circumference, body fat, lean mass, muscle, central adiposity, edema, weight history, weight cycling, previous interventions and limitations of body composition devices.

Interpret weight and body composition information without relying on BMI alone.

Week 4

Comprehensive Weight Management Nutrition Assessment

Weight trajectory, diet, meal pattern, beverages, appetite, cravings, emotional eating, binge patterns, restriction, medical conditions, medications, body composition, physical activity, sleep, mood, body image, eating disorder risk, food access, culture and treatment goals.

Complete an advanced weight management nutrition assessment.

Month 1 Development Outcome

Move from BMI based weight loss advice toward individualized assessment of adiposity, nutrition, function, medical risk, behavior and patient goals.

MONTH 2 | Nutrition Therapy, Behavior Change & Sustainable Weight Reduction

A calorie deficit may explain weight reduction, but it is not complete medical nutrition therapy.

Week

Focus

Learning Content

Practical Application

Week 5

Building the Nutrition Prescription

Individualized energy prescription. Protein, carbohydrate and fat quality. Fiber, micronutrients, hydration, satiety, food volume, meal pattern, cultural adaptation and affordability. Compare Mediterranean style, higher protein, lower carbohydrate, lower fat, plant predominant, meal replacement, intermittent fasting, time restricted eating and portion based approaches.

Build two different evidence informed prescriptions for patients with different preferences and medical needs.

Week 6

Protein, Muscle & Body Composition During Weight Loss

Protein adequacy during energy restriction. Distribution concepts. Resistance exercise collaboration. Lean mass change. Sarcopenia risk. Older adults. Micronutrient adequacy during reduced intake.

Redesign an overly restrictive low calorie plan to better protect nutritional status and muscle.

Week 7

Behavior Change & Weight Management Counseling

Goal setting, self monitoring, problem solving, meal planning, food environment, habit formation, relapse management, mindful eating concepts, hunger and fullness awareness, social eating, travel, shift work, motivational communication and patient autonomy.

Counsel a patient who understands nutrition but struggles with consistent implementation.

Week 8

Metabolic Adaptation, Plateaus & Weight Regain

Changes in energy expenditure, hunger and maintenance requirements during weight loss. Plateaus, diet fatigue, weight recurrence, weight cycling, treatment burden and maintenance planning.

Reassess a patient whose weight loss has plateaued without labeling the patient as noncompliant.

Month 2 Development Outcome

Move from blame based plateau management toward structured reassessment of physiology, behavior, environment and treatment burden.

MONTH 3 | Obesity Pharmacotherapy, GLP 1 Nutrition & Muscle Preservation

Medication changes appetite. It does not remove the need for nutrition care.

Week

Focus

Learning Content

Practical Application

Week 9

Understanding Obesity Pharmacotherapy

Medication indications as medical context. Expected response, long term treatment concepts, appetite suppression, satiety, weight recurrence, tolerance, access and shared decision making. GLP 1 receptor agonist therapies, dual GIP and GLP 1 therapies and other

obesity medications as clinical context.

Identify the dietitian's responsibilities before and during pharmacological obesity treatment.

Week 10

GLP 1 Based Therapy & Nutrition

Reduced appetite, early satiety, nausea, vomiting, constipation, diarrhea, reflux, food aversion, very low intake, dehydration, protein insufficiency, micronutrient risk, lean mass loss, meal size and meal frequency.

Develop nutrition care for substantial medication assisted weight loss with persistent nausea and low protein intake.

Week 11

Muscle Preservation During Pharmacological Weight Loss

Lean mass change, protein assessment, resistance training collaboration, older adult risk, rapid weight loss, functional indicators and body composition monitoring.

Build a muscle preservation strategy during significant pharmacological weight reduction.

Week 12

Medication Monitoring & Transition

Follow up of weight, intake, protein, micronutrients, GI symptoms, hydration, body composition, metabolic markers and activity. Maintenance after major weight reduction. Medication discontinuation remains a medical decision. Recognize risk of weight recurrence.

Develop a structured nutrition monitoring plan across active treatment and long term maintenance.

Month 3 Development Outcome

Understand that pharmacotherapy increases the need for structured nutrition monitoring rather than replacing dietetic care.

MONTH 4 | Metabolic & Bariatric Surgery Nutrition

Bariatric surgery changes the long term nutrition environment, not only portion size.

Week

Focus

Learning Content

Practical Application

Week 13

Bariatric Procedures & Preoperative Nutrition

Sleeve gastrectomy, Roux en Y gastric bypass, biliopancreatic diversion and duodenal switch concepts, SADI concepts and other current procedures. Restrictive and malabsorptive effects. Preoperative nutritional assessment, eating behavior, micronutrient deficiencies, protein status and readiness for long term change.

Complete a preoperative bariatric nutrition assessment and identify risks that need correction before surgery.

Week 14

Postoperative Diet Progression

Immediate hydration, liquid progression, pureed foods, soft foods, regular texture progression, protein, meal volume, eating speed, chewing, fluid timing according to program protocol, dehydration, vomiting and intolerance.

Build a complete staged postoperative diet progression.

Week 15

Micronutrients After Bariatric Surgery

Iron, vitamin B12, folate, thiamine, calcium, vitamin D, fat soluble vitamins where relevant, zinc, copper and protein. Procedure specific supplementation and long term monitoring concepts.

Develop a procedure aware supplementation and monitoring framework.

Week 16

Bariatric Complications & Long Term Nutrition

Vomiting, dehydration, dumping syndrome, reactive postprandial hypoglycemia concepts, food intolerance, constipation, diarrhea, inadequate protein, micronutrient deficiencies, alcohol concerns, weight regain, loss to follow up, excessive restriction and malnutrition after highly malabsorptive procedures.

Manage a post bariatric case with weight regain and emerging nutritional deficiencies.

Month 4 Development Outcome

Move from small portion advice toward lifelong procedure specific nutrition assessment, supplementation, symptom management and follow up.

MONTH 5 | Healthy Weight Gain, Underweight, Sarcopenic Obesity & Body Recomposition

Weight management includes knowing when the goal should be weight gain, muscle gain or weight maintenance.

Week

Focus

Learning Content

Practical Application

Week 17

Underweight & Healthy Weight Gain

Unintentional versus intentional low body weight. Medical causes, poor appetite, GI disease, hyperthyroidism as medical context, mental health, food insecurity, high activity, malabsorption, cancer, chronic illness and eating disorder risk. Energy enrichment, protein, meal frequency, ONS and micronutrient correction.

Develop a nutritionally balanced weight restoration plan without relying only on low quality high calorie foods.

Week 18

Body Recomposition & Muscle Gain

Muscle hypertrophy concepts, resistance training, energy sufficiency, protein, carbohydrate availability, meal distribution, recovery, sleep, realistic rates of change and limitations of body composition measurements.

Develop a body recomposition plan where scale weight may remain stable while composition improves.

Week 19

Sarcopenic Obesity

Excess adiposity with low muscle mass or function. Ageing, inactivity, chronic disease and repeated dieting. Assessment beyond weight. Avoid overly aggressive restriction. Protein, resistance focused rehabilitation, strength and mobility.

Manage an older adult with obesity, low muscle strength and repeated dieting.

Week 20

Special Population Weight Management

Older adults, reproductive life stages, menopause, PMOS, diabetes, stabilized hypothyroidism, CKD, MASLD, cardiovascular disease, mobility limitation, psychiatric medication related weight gain and post cancer treatment.

Compare the same weight target across several diseases and determine why the prescription should differ.

Month 5 Development Outcome

Recognize weight management as a broader field that includes restoration, maintenance, muscle gain and body composition improvement.

MONTH 6 | Complex Weight Management, Maintenance & Advanced Dietetic Practice

Success is not defined only by the number on the scale.

Week

Focus

Learning Content

Practical Application

Week 21

Eating Disorders, Disordered Eating & Weight Management Safety

Binge eating, loss of control eating, severe restriction, purging, laxative misuse, compulsive exercise, ARFID features, body image distress, repeated extreme dieting and fear of weight gain. Recognize when weight reduction conflicts with eating disorder safety.

Screen a weight seeking patient for eating disorder risk and determine when specialist referral should replace active weight loss treatment.

Week 22

Weight Stigma, Bias & Ethical Practice

Weight bias in healthcare, internalized stigma, respectful language, consent before discussing weight, nonjudgmental weighing, avoiding moral food language, separating health behavior from body size, culture and realistic outcomes.

Rewrite a stigmatizing consultation into person centered professional dietetic communication.

Week 23

Weight Maintenance, Monitoring & ADIME

Weight maintenance physiology, relapse versus failure, self monitoring, diet quality, activity, resistance exercise, sleep, environment planning, medication assisted maintenance, post bariatric maintenance, body composition, cardiometabolic markers, nutrition diagnosis, ADIME and follow up.

Develop a long term maintenance plan after clinically meaningful weight reduction.

Week 24

Advanced Weight Management Case Defense

Integrate reason for referral, weight history, previous dieting, body composition, waist measures, medical conditions, medications, appetite, eating behavior, eating disorder risk, dietary intake,

protein, micronutrients, activity, sleep, mental health, social determinants, goals, nutrition diagnosis, intervention and monitoring.

Defend one lifestyle case, one pharmacotherapy case, one bariatric case and one underweight, sarcopenic obesity or complex weight management case.

Month 6 Development Outcome

Be able to justify why weight change is appropriate, what health outcome is targeted, how muscle and nutrition are protected and how maintenance will be supported.

Weight Management Case Portfolio

Case Area

Practical Competency

Early Weight Gain

Identify modifiable contributors before severe obesity develops

Obesity Without Major Comorbidity

Develop individualized nutrition intervention

Obesity With Diabetes

Integrate glycemia and weight management

Obesity With MASLD

Integrate liver and metabolic health

Obesity With CKD

Balance renal and weight related priorities

Obesity With Cardiovascular Disease

Prioritize cardiometabolic health

PMOS

Integrate metabolic and reproductive nutrition

Menopause Related Weight Change

Address body composition and metabolic health

Emotional Eating

Apply appropriate behavioral nutrition strategies

Repeated Weight Cycling

Build a sustainable long term approach

Weight Plateau

Reassess physiology, intake, treatment and environment

GLP 1 Therapy

Maintain nutritional adequacy during appetite suppression

GLP 1 With Low Protein Intake

Protect muscle and nutritional status

Pharmacotherapy With GI Symptoms

Adapt intake, meal pattern and hydration

Pre Bariatric Surgery

Complete specialized assessment

Post Bariatric Surgery

Manage diet progression and supplementation

Bariatric Weight Regain

Conduct comprehensive reassessment

Post Bariatric Deficiency

Identify nutritional risk and escalation needs

Underweight

Develop healthy weight restoration

Sarcopenic Obesity

Improve composition while protecting function

Psychiatric Medication Weight Gain

Integrate metabolic nutrition with mental health treatment

Eating Disorder Risk

Recognize when active weight management should be reconsidered or referred

Long Term Weight Maintenance

Develop recurrence prevention strategy

Final Case Defense

Defend complete weight management care

Professional Scope Integration

Situation

Weight Management Dietitian's Role

Obesity

Conduct comprehensive nutrition assessment and provide individualized MNT

BMI

Use as one assessment measure rather than the sole determinant of health or treatment

Obesity Related Disease

Address nutrition while medical diagnosis remains clinician led

Pharmacotherapy

Provide nutrition support while medication choice and dose remain within prescribing scope

GLP 1 Therapy

Monitor intake, protein, micronutrients, hydration, GI tolerance and muscle preservation

Bariatric Surgery

Provide preoperative and postoperative nutrition within multidisciplinary surgical programs

Bariatric Micronutrients

Assess, educate and monitor according to procedure and clinical protocol

Eating Disorder Risk

Recognize concerns and refer to appropriately qualified specialist teams

Underweight

Investigate nutrition related contributors while unexplained weight loss requires medical evaluation

Sarcopenic Obesity

Integrate nutrition with muscle preserving exercise and clinical care

Psychiatric Medication Weight Gain

Treat nutritional and metabolic consequences without independently changing psychiatric medication

Endocrine Disease

Support MNT after appropriate endocrine evaluation

Weight Stigma

Provide respectful, person centered and nonjudgmental care

Complex Obesity

Collaborate with obesity medicine, endocrinology, bariatric surgery, psychology, exercise and other relevant specialties

Final Specialization Portfolio

Portfolio Component

Final Output

Weight Management Assessment

Complete advanced assessment framework

Weight History Tool

Structured weight trajectory and previous intervention review

Body Composition Exercise

Interpretation beyond BMI

Obesity Case

Complete MNT process

Nutrition Prescription Exercise

Energy, protein, fiber and micronutrient planning

Behavior Change Case

Practical counseling framework

Weight Plateau Case

Structured reassessment

GLP 1 Nutrition Case

Intake, symptoms and muscle preservation plan

Obesity Medication Monitoring Tool

Nutrition and functional monitoring framework

Bariatric Preoperative Case

Complete nutrition assessment

Post Bariatric Nutrition Plan

Diet progression and long term care

Bariatric Micronutrient Tool

Supplement and monitoring framework

Weight Regain Case

Comprehensive recurrence assessment

Underweight Case

Nutritional restoration plan

Sarcopenic Obesity Case

Body composition and functional care

Eating Disorder Screening Tool

Risk identification and referral framework

Weight Stigma Communication Exercise

Person centered counseling framework

Weight Maintenance Plan

Long term strategy

Weight Management ADIME Portfolio

Complete professional documentation

Referral Framework

Obesity medicine, endocrine, bariatric, mental health and exercise pathways

Final Case Defense

Advanced weight management presentation

Expected Specialization Transformation

At Entry

At Completion

Weight management means calorie deficit

I understand biological, behavioral, medical, environmental and nutritional contributors to weight

BMI tells me whether the patient is healthy

I integrate adiposity, body composition, health complications and functional status

The patient is not losing because they lack discipline

I reassess biology, medication, environment, treatment burden and behavior without judgment

Protein makes weight loss healthier

I individualize protein and combine adequate nutrition with muscle strengthening strategies

Everyone with obesity should lose as much as possible

I individualize goals according to health benefit, safety, preferences and sustainability

GLP 1 medications replace dietary intervention

I understand that pharmacotherapy increases the need for structured nutritional monitoring

Rapid weight loss means treatment is working well

I assess muscle, nutrient adequacy, symptoms and function alongside weight

Bariatric surgery means smaller portions

I understand altered anatomy, diet progression, protein, hydration, micronutrients and complications

A person with obesity cannot be malnourished

I recognize malnutrition and sarcopenia across body sizes

Weight regain means failure

I understand obesity as a chronic condition requiring reassessment and long term management

Weight management means weight loss

I can manage weight reduction, maintenance, healthy gain and body composition according to clinical need

I make weight loss plans

I can conduct, document and defend a complete evidence informed weight management process

Final Learning Pathway

Learning Step

Learning Step

Understand Weight Regulation

Understand Obesity Physiology

Conduct Comprehensive Weight Assessment

Assess Body Composition

Screen for Eating Disorder Risk

Establish Appropriate Weight Goals

Build Individualized Nutrition Prescription

Apply Behavior Change

Preserve Muscle

Understand Metabolic Adaptation

Manage Weight Plateaus

Support Obesity Pharmacotherapy

Manage GLP 1 Related Nutrition

Support Metabolic & Bariatric Surgery

Monitor Micronutrients

Manage Weight Regain

Support Healthy Weight Gain

Manage Sarcopenic Obesity

Integrate Metabolic Comorbidities

Address Weight Bias

Develop Nutrition Diagnosis

Provide Individualized Intervention

Plan Long Term Weight Maintenance

Document & Collaborate

Defend Advanced Weight Management Cases

In One Line

This specialization develops dietitians who can provide structured, evidence informed and person centered weight management across obesity, weight reduction, weight maintenance, healthy weight gain, body composition, sarcopenic obesity, obesity pharmacotherapy, GLP 1 based treatment and metabolic bariatric surgery while protecting nutritional adequacy, muscle health and long term wellbeing rather than focusing on the scale alone.