

Congenital, Genetic, Chromosomal & Neurodevelopmental Disorders Nutrition Specialization Course

6 Month Advanced Specialization Course

COURSE POSITIONING

Designed for nutrition and dietetics students, graduates and practicing dietitians who want advanced competence across structural congenital disorders, chromosomal syndromes, neurodevelopmental feeding conditions, inherited genetic disorders and inborn errors of metabolism. The course integrates growth, feeding function, sensory and behavioral feeding, anatomy, metabolic pathways, medical foods, nutrition support, emergency metabolic care and multidisciplinary practice.

The Course Moves Participants Away From

Common Oversimplification

Advanced Clinical Direction

Autism needs a special elimination diet

Assess food selectivity, sensory feeding, growth, GI function and nutritional adequacy while avoiding unsupported cure claims

Down syndrome causes obesity

Evaluate syndrome aware growth, feeding, thyroid context, sleep, activity and dietary intake individually

Genetic disorder means special diet

Determine whether the specific condition actually creates a nutrition treatment target

Metabolic disease means low protein

Identify the exact substrate involved and preserve essential nutrient

requirements

Congenital heart babies just need more calories

Integrate feeding fatigue, fluid, protein, route, growth and perioperative status

Specialized formula is just a supplement

Understand when medical formula is a central component of biochemical treatment

Core Learning Pathway

Understand Congenital & Genetic Disorders → Understand Genetics & Metabolism → Conduct Growth & Feeding Assessment → Manage Structural Congenital Disease → Support Chromosomal Syndromes → Manage Autism & Neurodevelopmental Feeding → Understand Inborn Errors of Metabolism → Calculate Disease Specific Prescriptions → Use Medical Foods → Develop Sick Day Plans → Provide Nutrition Support → Monitor Growth & Biochemistry → Apply NCP → Defend Complex Cases

Course Roadmap

Month

Primary Development Area

Participant Development

Month 1

Congenital Disorders, Genetics, Growth, Development & Specialized Nutrition Assessment

Understand diagnostic categories, inheritance concepts, growth, development, feeding function and comprehensive assessment

Month 2

Structural Congenital Disorders, Cardiac, Craniofacial & Gastrointestinal Nutrition

Develop competence in nutrition problems created by anatomy, surgery, cardiorespiratory demand and feeding limitations

Month 3

Chromosomal Syndromes, Autism, Neurodevelopmental & Genetic Conditions

Manage growth, feeding, sensory issues, body composition and comorbidity across major syndromic and neurodevelopmental conditions

Month 4

Inborn Errors of Metabolism I: Amino Acid & Protein Metabolism

Develop specialist reasoning in PKU, MSUD, urea cycle disorders and organic acidemias

Month 5

Inborn Errors of Metabolism II: Carbohydrate, Fat, Energy Metabolism & Cystic Fibrosis

Understand galactosemia, hereditary fructose intolerance, glycogen storage disease, fatty acid oxidation disorders and CF nutrition

Month 6

Medical Foods, Feeding Support, Emergency Nutrition, ADIME & Advanced Practice

Integrate specialized formulas, sick day plans, enteral nutrition, biochemical monitoring, transition care and case defense

Specialization Philosophy

The diagnosis identifies the condition. The nutrition assessment identifies the problem the dietitian needs to treat. Participants learn

to distinguish structural, developmental, genetic and metabolic mechanisms so that restriction, supplementation, formula use and nutrition support are applied only when clinically justified.

MONTH 1 | Congenital Disorders, Genetics, Growth, Development & Specialized Nutrition Assessment

A congenital diagnosis does not automatically tell you the nutrition problem.

Week

Focus

Learning Content

Practical Application

Week 1

Understanding Congenital, Genetic, Chromosomal & Neurodevelopmental Disorders

Congenital versus inherited conditions. Structural versus functional disorders. Chromosomal disorders. Single gene disorders. Multifactorial conditions. Neurodevelopmental disorders. Inborn errors of metabolism. Prenatal diagnosis. Newborn screening. Genetic counseling as professional context.

Differentiate structural, chromosomal, neurodevelopmental and metabolic cases before identifying nutrition priorities.

Week 2

Genetics & Metabolism for Dietitians

DNA, genes and chromosomes. Autosomal recessive, autosomal dominant, X linked and mitochondrial inheritance. Enzyme deficiencies, substrate accumulation, product deficiency, toxic

metabolites, cofactors and metabolic pathways.

Follow a simplified pathway and identify whether treatment involves restriction, replacement, fasting avoidance or emergency feeding.

Week 3

Growth, Development & Body Composition

Weight, length or height, head circumference, BMI for age, growth velocity, syndrome specific growth charts where appropriate, pubertal development, muscle, body composition, prematurity and developmental feeding ability.

Interpret longitudinal growth in a child whose expected stature differs from the general population.

Week 4

Comprehensive Specialized Nutrition Assessment

Confirmed diagnosis, growth, development, suck, chew, swallow, sensory feeding, dietary variety, medical foods, GI function, surgery, cardiorespiratory status, biochemical information, medications, mobility, family capacity, affordability and caregiver burden.

Complete a full congenital and neurodevelopmental nutrition assessment.

Month 1 Development Outcome

Move from syndrome based diet lists toward identifying the structural, metabolic, developmental or functional mechanism creating the nutrition problem.

MONTH 2 | Structural Congenital Disorders, Cardiac, Craniofacial & Gastrointestinal Nutrition

Sometimes the nutrition problem comes from anatomy rather than metabolism.

Week

Focus

Learning Content

Practical Application

Week 5

Congenital Heart Disease Nutrition

Congenital cardiac lesions as clinical context. Cyanotic and acyanotic concepts. Single ventricle physiology. Heart failure, increased energy demand, feeding fatigue, poor suck, dysphagia, fluid limitation, fortified feeds, energy dense formulas, enteral nutrition, perioperative care and chylothorax nutrition concepts.

Develop a nutrition plan for an infant with congenital heart disease, poor growth and limited feeding endurance.

Week 6

Cleft Lip, Cleft Palate & Craniofacial Feeding

Breastfeeding challenges, difficulty generating suction, expressed milk, specialized feeding systems, positioning, swallowed air, feeding duration, growth monitoring, preoperative nutrition, postoperative progression and feeding team collaboration.

Build a feeding and growth plan that preserves human milk where feasible and avoids unnecessary formula dependence.

Week 7

Congenital Gastrointestinal Disorders

Esophageal atresia, tracheoesophageal fistula, duodenal and intestinal atresia, malrotation, Hirschsprung disease, anorectal

malformations, gastroschisis, omphalocele and congenital diaphragmatic hernia. Delayed feeding, PN, enteral intolerance, dysmotility, malabsorption and growth faltering.

Follow a neonate from GI surgery through PN, enteral advancement and oral feeding.

Week 8

Short Bowel, Intestinal Failure & Post Surgical Nutrition

Remaining bowel anatomy, intestinal adaptation, fluid and electrolyte losses, enteral stimulation, parenteral nutrition, micronutrients, fat soluble vitamins, vitamin B12 according to anatomy, growth and transition away from PN when possible.

Build an anatomy informed nutrition support plan after major congenital bowel surgery.

Month 2 Development Outcome

Move from special formula thinking toward anatomy, physiology, surgery, absorption, feeding function and growth based care.

MONTH 3 | Chromosomal Syndromes, Autism, Neurodevelopmental & Genetic Conditions

A genetic or neurodevelopmental diagnosis can affect nutrition through very different pathways.

Week

Focus

Learning Content

Practical Application

Week 9

Down Syndrome & 22q11.2 Deletion Syndrome

Down syndrome: syndrome aware growth, hypotonia, oral motor issues, congenital heart overlap, constipation, thyroid context, celiac risk, iron, obesity risk, sleep and transition. 22q11.2 deletion: growth, feeding, dysphagia, aspiration concerns, cardiac disease, GI problems, constipation and calcium related clinical context.

Compare two patients with the same syndrome but different nutrition diagnoses and intervention priorities.

Week 10

Autism Spectrum Disorder & Neurodivergent Feeding

Food selectivity, brand and presentation rigidity, texture, smell, taste, temperature and sensory aversion. Limited variety, fiber, iron, calcium, vitamin D, protein variety, constipation, underweight, obesity, ARFID overlap, gradual exposure, food chaining concepts, caregiver education and elimination diet misinformation.

Manage a child with approximately eight accepted foods while preserving safe foods and expanding variety without coercion.

Week 11

Prader Willi, Turner, Williams & Noonan Syndromes

Prader Willi: infant hypotonia and poor feeding followed by hyperphagia, reduced energy needs, food seeking and structured food environment. Turner: stature, bone health, calcium, vitamin D, cardiometabolic risk and hormone therapy context. Williams and Noonan: feeding, growth, cardiovascular and calcium related clinical concerns where relevant.

Develop syndrome specific nutrition priorities without assuming one fixed diet.

Week 12

Rett, Fragile X, Cerebral Palsy, Spina Bifida & Neuromuscular Disorders

Rett: growth faltering, dysphagia, constipation, bone health and enteral nutrition. Fragile X: food selectivity and behavioral feeding. Cerebral palsy: tone, mobility, dysphagia, reflux, constipation, body composition and energy needs. Spina bifida: reduced lean mass, bowel health and obesity risk. Neuromuscular disorders: weakness, feeding fatigue, respiratory involvement and nutrition support.

Compare energy and feeding needs across ambulatory and nonambulatory neurodevelopmental conditions.

Month 3 Development Outcome

Move from autism or genetic syndrome diet claims toward individualized assessment of growth, feeding, sensory function, mobility, comorbidities and nutritional adequacy.

MONTH 4 | Inborn Errors of Metabolism I: Amino Acid & Protein Metabolism

Metabolic dietetics is biochemical treatment delivered through nutrition.

Week

Focus

Learning Content

Practical Application

Week 13

Phenylketonuria

Phenylalanine metabolism, phenylalanine restriction, natural protein, phenylalanine modified medical formula, protein substitutes, low protein foods, blood monitoring, growth, micronutrients, adjunctive therapies as medical context and maternal PKU awareness.

Create a simulated phenylalanine controlled nutrition prescription with natural protein and medical formula.

Week 14

Maple Syrup Urine Disease

Branched chain amino acids, leucine, isoleucine, valine, metabolic formula, natural protein prescription, biochemical monitoring, catabolism, illness and emergency nutrition.

Contrast a stable day prescription with a sick day metabolic scenario.

Week 15

Urea Cycle Disorders

Ammonia metabolism, nitrogen disposal, protein tolerance, essential amino acid needs, specialized formulas, energy provision, fasting and catabolism avoidance, hyperammonemia as a medical emergency and nitrogen scavengers as clinical context.

Build stable nutrition care while recognizing when emergency metabolic treatment overrides routine dietetic management.

Week 16

Organic Acidemias

Propionic acidemia, methylmalonic acidemia and selected related disorders. Precursor amino acid restriction, adequate energy, avoidance of catabolism, specialized formula, micronutrients, feeding difficulty, tube feeding, biochemical monitoring and metabolic crisis.

Develop a specialist nutrition plan that protects essential nutrition while controlling relevant precursors.

Month 4 Development Outcome

Move from low protein thinking toward disorder specific substrate control, essential nutrient preservation, biochemical targets and emergency risk management.

MONTH 5 | Inborn Errors of Metabolism II: Carbohydrate, Fat, Energy Metabolism & Cystic Fibrosis

Some metabolic disorders require restriction while others require preventing fasting.

Week

Focus

Learning Content

Practical Application

Week 17

Galactosemia & Hereditary Fructose Intolerance

Galactose metabolism, classic galactosemia, infant feeding, calcium and vitamin D adequacy, long term monitoring. Hereditary fructose intolerance: fructose, sucrose and sorbitol avoidance and label reading. Distinguish galactosemia from lactose intolerance and HFI from fructose malabsorption.

Develop accurate disease specific carbohydrate restriction without unnecessary food elimination.

Week 18

Glycogen Storage Disorders

Hepatic glycogen metabolism, hypoglycemia risk, fasting intolerance, meal frequency, complex carbohydrate, uncooked cornstarch concepts, protein in selected GSD types, glucose monitoring and exercise considerations.

Build a feeding schedule designed to prevent fasting hypoglycemia.

Week 19

Fatty Acid Oxidation Disorders

MCAD, VLCAD and selected related disorders. Fat oxidation, fasting intolerance, catabolism, illness, emergency glucose provision, meal timing, exercise and disease specific fat modification where appropriate.

Design a fasting avoidance and sick day framework for a fatty acid oxidation disorder.

Week 20

Cystic Fibrosis Nutrition

CFTR dysfunction, pancreatic insufficiency, malabsorption, PERT awareness, energy, protein, fat, fat soluble vitamins, salt, growth, CF related diabetes, enteral feeding and changing body composition in the modulator era.

Develop a nutrition plan for CF with pancreatic insufficiency and poor growth.

Month 5 Development Outcome

Be able to explain why PKU restricts phenylalanine, MCAD requires fasting avoidance and CF may require higher energy plus pancreatic enzyme management.

MONTH 6 | Medical Foods, Feeding Support, Emergency Nutrition, ADIME & Advanced Practice

In complex genetic and metabolic dietetics, the prescription must remain precise even when the patient is sick.

Week

Focus

Learning Content

Practical Application

Week 21

Medical Foods, Specialized Formula & Enteral Nutrition

Amino acid formulas, protein substitutes, disease specific medical foods, natural protein allowance, protein equivalents, energy modules, carbohydrate modules, fat modules, micronutrient adequacy, formula concentration, tube feeding schedules, hydration, taste and adherence.

Calculate a complete simulated metabolic prescription containing natural protein, medical formula, energy, fluids and micronutrient coverage.

Week 22

Sick Day Nutrition & Metabolic Emergency Planning

Catabolism, reduced intake, vomiting, fever, infection, fasting avoidance, emergency carbohydrate, hydration, condition specific temporary changes, home emergency plans and when hospital treatment is required. Red flags include altered consciousness, repeated vomiting, hypoglycemia, suspected hyperammonemia, metabolic acidosis and rapid deterioration.

Apply an established specialist sick day protocol and identify when emergency referral is required.

Week 23

ADIME, Feeding Teams & Multidisciplinary Genetics Practice

Growth, intake, biochemical markers, disease specific metabolites, micronutrients, bone health, development, feeding skills, GI tolerance, adherence, quality of life and caregiver burden. Collaboration with metabolic medicine, clinical genetics, pediatrics,

cardiology, gastroenterology, surgery, feeding therapy, psychology, rehabilitation, pharmacy and social work.

Prepare a specialized ADIME note and multidisciplinary referral communication.

Week 24

Advanced Congenital, Genetic & Neurodevelopmental Case Defense

Integrate diagnosis, genetic or structural basis, development, growth, feeding ability, sensory concerns, swallowing, GI function, surgery, metabolic pathway, restricted nutrient, specialized formula, biochemical markers, fasting tolerance, family capacity, nutrition diagnosis, intervention, monitoring and emergency planning.

Defend one structural congenital case, one autism or neurodevelopmental feeding case, one chromosomal or genetic syndrome case and one inherited metabolic case.

Month 6 Development Outcome

Be able to defend why a nutrient is restricted, replaced or increased, what must not be unnecessarily restricted and when specialist medical or metabolic management is required.

Dedicated Autism Nutrition Competency Portfolio

Competency

Expected Skill

Food Selectivity

Assess severity, accepted foods and nutritional impact

Sensory Feeding

Identify texture, smell, taste, temperature and presentation barriers

Dietary Variety

Quantify food groups and nutritional gaps

Growth

Monitor undernutrition and excessive weight gain

Micronutrients

Identify likely gaps created by restricted intake

Constipation

Integrate fiber, fluid, GI assessment and food variety

ARFID Awareness

Recognize when restriction requires specialist assessment

Food Exposure

Support gradual expansion without coercion

Caregiver Counseling

Build realistic home strategies

Elimination Diets

Evaluate indication and evidence rather than using routine restriction

Supplements

Assess safety, evidence and actual nutritional need

Referral

Coordinate feeding therapy, developmental care, psychology and medicine

Case Defense

Develop complete autism related nutrition care

Dedicated Down Syndrome Competency Portfolio

Competency

Expected Skill

Growth

Use longitudinal and syndrome aware growth assessment

Hypotonia

Understand effects on feeding and activity

Feeding

Assess oral motor and feeding difficulty

Cardiac Disease

Integrate congenital heart disease where present

Thyroid Context

Recognize need for medical monitoring

Celiac Risk

Recognize symptoms and referral needs

Iron

Assess dietary adequacy and laboratory context

Constipation

Develop individualized nutrition management

Obesity

Avoid over restriction and consider metabolic context

Sleep & Activity

Integrate lifestyle factors

Transition

Support increasing independence

Case Defense

Defend complete Down syndrome nutrition care

Dedicated Metabolic Dietetics Competency Portfolio

Competency

Expected Skill

Metabolic Pathways

Understand substrate, enzyme and product relationships

Newborn Screening

Understand why early detection matters

Natural Protein

Calculate within disease specific prescription

Medical Formula

Understand its role in nutrient replacement

Amino Acid Restriction

Apply only to the appropriate disorder

Fasting Avoidance

Recognize disorders where prolonged fasting is dangerous

Biochemical Monitoring

Connect laboratory targets with nutrition care

Catabolism

Recognize why illness changes metabolic risk

Sick Day Plan

Follow specialist metabolic protocols

Emergency Referral

Recognize deterioration promptly

Growth

Maintain development despite therapeutic restriction

Case Defense

Defend a complete metabolic nutrition prescription

Dedicated Structural Congenital Nutrition Competency Portfolio

Competency

Expected Skill

Congenital Heart Disease

Manage energy, feeding fatigue and growth within cardiac care

Cleft Feeding

Support adequate intake around feeding mechanics and surgery

GI Malformation

Understand how anatomy changes feeding and absorption

Postoperative Feeding

Progress nutrition according to GI function

Intestinal Failure

Integrate enteral and parenteral nutrition concepts

Growth

Monitor longitudinally

Dysphagia

Protect nutritional adequacy within swallowing recommendations

Fluid Limitation

Concentrate nutrition when clinically required

Tube Feeding

Calculate support when oral intake is inadequate

Case Defense

Defend nutrition care according to anatomy and physiology

Congenital, Genetic & Neurodevelopmental Case Portfolio

Case Area

Practical Competency

Congenital Heart Disease

Manage growth and feeding fatigue

Single Ventricle Infant

Integrate high risk cardiac nutrition

Cleft Palate

Develop feeding and growth plan

Congenital GI Disorder

Manage postoperative feeding

Short Bowel

Integrate anatomy, fluids and nutrition support

Down Syndrome

Integrate growth, feeding and metabolic health

Autism With Severe Food Selectivity

Expand variety without removing safe foods

Autism With Constipation

Integrate diet, fluid and GI assessment

Autism With Obesity

Address dietary pattern without worsening rigidity

Autism With Possible ARFID

Recognize specialist referral needs

Prader Willi Syndrome

Manage changing appetite physiology

Turner Syndrome

Integrate bone and metabolic health

22q11.2 Deletion

Manage feeding, growth and cardiac overlap

Williams Syndrome

Integrate growth and calcium related clinical context

Noonan Syndrome

Manage poor growth and cardiac related nutrition

Fragile X

Address behavioral feeding and weight concerns

Neurological, Metabolic & Advanced Case Portfolio

Case Area

Practical Competency

Rett Syndrome

Manage growth, dysphagia and enteral feeding

Cerebral Palsy

Integrate energy, body composition and feeding ability

Spina Bifida

Manage altered energy needs and bowel health

Neuromuscular Disorder

Integrate muscle, feeding and respiratory concerns

Cystic Fibrosis

Manage malabsorption and growth

PKU

Build phenylalanine controlled nutrition

MSUD

Manage branched chain amino acids

Urea Cycle Disorder

Manage protein within metabolic safety

Organic Acidemia

Build specialized prescription

Galactosemia

Apply disease specific restriction

Hereditary Fructose Intolerance

Develop safe fructose, sucrose and sorbitol avoidance

Glycogen Storage Disease

Prevent fasting hypoglycemia

MCAD

Apply fasting avoidance

VLCAD

Apply disease specific nutrition

Sick Day Metabolic Case

Follow emergency protocol

Final Case Defense

Defend complete advanced nutrition care

Professional Scope Integration

Situation

Dietitian's Role

Congenital Disorder

Treat nutritional consequences after appropriate medical diagnosis

Genetic Diagnosis

Not made by the dietitian

Genetic Counseling

Refer to clinical genetics and genetic counseling

Autism

Treat feeding and nutrition problems without claiming diet treats autism

ARFID Concern

Recognize risk and refer within specialist feeding and mental health pathways

Down Syndrome

Use syndrome aware assessment while endocrine, cardiac and GI diagnosis remain medical

Congenital Heart Disease

Provide MNT within cardiology and surgical care

Cleft & Craniofacial Disorders

Support feeding and growth within a craniofacial team

GI Malformations

Provide nutrition according to anatomy and surgical status

Cerebral Palsy

Manage nutrition and feeding within rehabilitation and swallowing care

PKU

Provide specialist metabolic nutrition according to established biochemical targets

Urea Cycle Disorder

Manage prescribed protein while acute hyperammonemia remains an emergency

Fatty Acid Oxidation Disorder

Support fasting avoidance and emergency plans established by the metabolic team

Specialized Formula

Calculate and monitor within specialist metabolic competence

Emergency Metabolic Plan

Follow established disease specific protocol rather than improvising

Complex Genetic Disease

Collaborate with genetics, metabolic medicine, pediatrics and relevant organ specialists

Final Specialization Portfolio

Portfolio Component

Final Output

Congenital Nutrition Assessment

Complete specialized framework

Genetics for Dietitians Map

Inheritance and metabolic pathway summary

Growth Assessment

Syndrome aware growth interpretation

Congenital Heart Case

Feeding and growth plan

Craniofacial Feeding Case

Cleft related nutrition pathway

GI Malformation Case

Postoperative nutrition strategy

Down Syndrome Case

Growth and comorbidity nutrition framework

Autism Feeding Assessment

Sensory, selectivity and nutrient adequacy profile

Autism Food Expansion Plan

Noncoercive structured variety framework

Prader Willi Case

Appetite and food environment strategy

Cerebral Palsy Case

Feeding and energy assessment

CF Case

Growth, malabsorption and PERT aware nutrition

PKU Prescription

Phenylalanine and medical formula plan

MSUD Case

Branched chain amino acid management

UCD Case

Protein and emergency risk framework

Organic Acidemia Case

Specialized prescription

Galactosemia Case

Carbohydrate restriction framework

GSD Case

Fasting prevention plan

Fatty Acid Oxidation Case

Sick day and fasting avoidance plan

Medical Formula Exercise

Complete specialized feeding calculation

Tube Feeding Case

Metabolic formula enteral plan

Sick Day Tool

Emergency nutrition framework

ADIME Portfolio

Complete professional documentation

Transition Tool

Pediatric to adult care preparation

Referral Framework

Genetics, metabolic, developmental, cardiac, GI and feeding pathways

Final Case Defense

Advanced congenital, genetic and neurodevelopmental nutrition presentation

Expected Specialization Transformation

At Entry

At Completion

Autism needs a gluten free diet

I assess selectivity, nutritional adequacy, sensory feeding and GI concerns before considering any restriction

Autistic children are just picky eaters

I understand sensory, behavioral, developmental and ARFID related feeding complexity

Down syndrome causes obesity

I evaluate growth, thyroid context, sleep, feeding, activity and diet individually

Prader Willi means strict calorie restriction

I understand the changing feeding phenotype, hyperphagia and structured environmental management

Cerebral palsy means low energy needs

I individualize requirements according to movement, tone, body composition, growth and feeding ability

Genetic disorder means special diet

I determine whether the condition actually has a nutrition specific treatment

Metabolic disease means low protein

I identify the exact substrate involved and preserve essential nutrient requirements

PKU means avoid protein

I understand phenylalanine prescription, natural protein, medical formula and biochemical monitoring

Fatty acid disorder means low fat

I understand that several disorders primarily require avoidance of prolonged fasting and catabolism

Specialized formula is a supplement

I understand that medical foods can form a central part of metabolic treatment

The metabolic patient looks well so the diet can be relaxed

I understand that biochemical risk may exist before obvious symptoms develop

Congenital dietetics is mainly feeding babies with birth defects

I can integrate structural disease, neurodevelopment, genetics, metabolism, sensory feeding, growth and lifelong care

Final Learning Pathway

Learning Step

Learning Step

Understand Congenital Disorders

Understand Genetics & Inheritance

Understand Metabolic Pathways

Conduct Specialized Growth Assessment

Assess Feeding Function

Manage Congenital Heart Nutrition

Support Craniofacial Feeding

Manage Congenital GI Disorders

Support Intestinal Rehabilitation

Manage Down Syndrome Nutrition

Manage Autism & Sensory Feeding

Manage Prader Willi Syndrome

Support Turner, Williams & Noonan Syndromes

Support 22q11.2 Deletion

Manage Fragile X & Rett Nutrition

Manage Cerebral Palsy Nutrition

Support Spina Bifida Nutrition

Support Neuromuscular Disorders

Manage Cystic Fibrosis Nutrition

Understand PKU

Understand MSUD

Manage Urea Cycle Disorders

Manage Organic Acidemias

Understand Galactosemia & HFI

Manage Glycogen Storage Disorders

Manage Fatty Acid Oxidation Disorders

Calculate Medical Formula

Avoid Unnecessary Restriction

Develop Sick Day Plans

Recognize Metabolic Emergencies

Provide Nutrition Support

Monitor Growth & Biochemical Outcomes

Apply ADIME

Prepare Transition to Adult Care

Collaborate With Genetics & Metabolic Teams

Defend Advanced Cases

In One Line

This specialization develops dietitians who can provide advanced nutrition care across structural congenital disorders, Down syndrome, autism and neurodevelopmental feeding disorders, chromosomal and genetic syndromes, cerebral palsy, inherited metabolic disease and complex feeding problems while integrating growth, sensory and functional feeding, biochemical nutrition therapy, medical foods, emergency metabolic care and

multidisciplinary practice.