



DANNY LENNON:

Welcome to the podcast man.

ALEX THOMAS:

Thanks for having me Danny.

DANNY LENNON:

It is good to have you on the podcast. And for the start of this conversation, maybe give some people some introduction, both to yourself and then also to Sports Nutrition Association and some of the relevant overview details, and then we can dive into some specifics off the back of that.

ALEX THOMAS:

I guess, I'll start with the association first. Effectively, we are the global body for regulating the practices of sports nutrition in the respective countries that we've got satellite bodies set up in. So this was something that really started as a way to, I guess, protect myself as a training and exercise and Allied Health center owner in Australia, going back some seven years ago now when I had a team of personal trainers and strength coaches, exercise physiologist, sports scientists, and I had a registered dietician on staff as well. And I was talking to my insurance broker at the time and we were talking about coverage and somehow, just by chance, the topic about nutrition and nutrition information during paid appointments came up, and he made me aware that I wasn't covered in any capacity for

anything that any of those other staff which was a team of any – I think it was about 10 at the time, not including the registered dietitian would be providing to their clients during an appointment, so I wouldn't be covered, and that the liability period that I was facing as the owner was seven years. I remember I didn't sleep too well that night, and I called him up the next day, I was like, okay, well, how do we sort of... how do we get a solution in place so that there is coverage for this stuff. And that was, I guess, where it all started. We came back sort of six to nine months later and had the skeleton framework for a sports nutrition policy. And, I guess, one of the biggest challenges that we had to do was identify where the line of sports nutrition started and ended in this process and then where dietetics and clinical nutrition then took over. And so, a big part of that was working with colleagues of mine, and so we got together and looked at creating like a health risk system that would identify contraindications as it pertained to nutrition specifically. So we had the screening system which was like a green low risk, moderate risk, and then red high risk, there's an absolute referral needed there. And so when it comes to things like PCOS, it's not as simple as just like “go low carb”, believe it or not. There's other things to consider with these chronic diseases and conditions, and so this is the type of Allied Health specialists that you want to refer to for this particular condition, and this is what the triage may look like, and then this is what your intervention supporting that practitioner's plan would then look like as well.

From that point, it just ended up being this sort of like word-of-mouth thing, where within about three months I'd had about 15-20 people contact me saying, hey, are you going to be doing this again, like, how can we do it, we want to be covered as well. And for the next sort of like 12 to 18 months, it was just sort of, I was doing these impromptu intakes with people to help them get cover so that way they

Alex Thomas

would be insured. And so probably in about the 18-to-24-month mark, the insurers and underwriters that we're working with turned around and were like, okay, you need to start regulating these people that you're certifying. So we set up a not for profit regulatory body, got in touch with the state health ombudsman, and then establish what became Sports Nutrition Australia. And then from there, within sort of, I guess, about 12 to 18 months from there, we started getting interest from people in other countries and then established Sports Nutrition New Zealand. My colleague Matt White over there is director of that, and so we've been thinking New Zealand for two and a half to three years now. And Eric Helm is located over there, that was when I was, I think doing the second intake in New Zealand was when I flew over and then met Eric and then he became affiliated with the program as well. And Eric was how I met you actually, if I recall.

DANNY LENNON:

Yeah, correct. That's the link in a lot of things.

ALEX THOMAS:

Yeah. So shout out to Eric, thanks for the introductions over the years Eric! And yeah, it sort of just grew from there, and then we found out that we had policies accepted in pretty much every Asian country apart from China. The insurance world sort of works a little bit differently in China. And then the underwriters just go back to us, and like, rather than give you a list of the countries that will cover you, we will give you a list of the countries that we won't. And it was about 30 countries that, like, that particular policy wouldn't work in, so like a lot of European countries were covered in; and US, as it turned out, is a state by state consideration as far as the legalities are concerned there, where in certain states only a registered dietitian will be able to get an insurance policy and can practice as it that pertain to nutrition. But yeah, in all the states where that isn't the case, we've got approval for sports nutritionist policy there as well. So it was then at the conference that I hosted in Australia, the first Australian conference for

Sports Nutrition Australia, that you spoke at last year in February of last year, that Shawn Arent flew over and presented. So the current acting president of the ISSN, you presented, Eric presented; I got up and just, I guess, spoke about some stats that had been happening in Australia as it pertained to claims at that point in time, and within about three years we'd seen a 1000% increase in clients. And it was for both exercise as well as nutrition was increasing by something like 1200%. People were claiming that they were having negative reactions to foods, being hospitalized from certain things and then supplements, I guess, is a whole other area but our Therapeutic Goods Administration in Australia just in the last sort of 12 months has had a massive overhaul because we had some pretty crazy cases recently where unfortunately a person has died from caffeine overdose, they had their caffeine powder and they used the protein scoop for it and they thought it was a protein shake, and so they've had 30 grams of caffeine and then pass away unfortunately. And so the supplement industry over here is going through sort of pretty massive reform as a result, but yeah, things like supplements and then misleading clients are sort of occurring or people weren't sort of screening, we had coaches masquerading as dietitians or dietetic experts or whatever they wanted to call themselves, and it was sort of the perfect storm for this increase in clients. And so sort of throwing these stats out and said, hey, we've got a really cool opportunity here to establish the profession at this point within the country as something that really instills pride in people, it's like, hey, I'm a sports nutritionist and it means something. I have a minimum standard in education, the CPD programs are really good, and then I'm a part of a body that invests in my growth and sustainable success in the long term. And so, after that, a lot of speakers from their respective countries are sort of like, hey, we don't have this; like, Shawn came up and was like, hey, we need this in the States,

like, how do we do this, like, it'd be so cool to have coverage for this stuff.

And that sort of was what really tweaked the idea for me to establish the global body. And I feel that this may not be the most interesting thing, like, you're talking to the registration and compliance guy, but I was just like, you know what, I'm going to be the registration and compliance guy and sort of step into it fully, because to me the things that excite me, like, I love research, I love nutrition research personally, I'm super interested in metabolism and energy availability. We've had some crazy at length discussions around that, but the things that I am pulled into the direction of, like, where I don't have to push myself are things where I'm having conversation on finance impacts, and I'm like, wow, how are we not doing this, like, how is there not something in place to sort of do this. And then it's like, right, let's just do it, it just makes sense. And that was just really how the association started. And so, as far as the association itself is concerned, like, our mission statement really at this point in time is just ensuring the sustainable prosperity of the sports nutrition profession, and being able to provide the members with the tools to be able to do that.

DANNY LENNON:

We've been talking about sports nutrition and the phrasing of a sports nutritionist, but it seems that this is a term that really can apply maybe broader than people typically think of – a lot of times people think of, sports nutritionist, we're only referring to someone that's working in elite sport or working in athletics or team sport, for example, on nutrition. Whereas as you've discussed, this is really something that you want that can be rolled out to personal trainers and fitness professionals across these places so that they can practice with some degree of nutrition competency. Can you maybe outline, again, who could be able to avail of this, what are some of the certification requirements that one

Alex Thomas

might need in order to be able to be eligible to be an accredited sports nutritionist?

ALEX THOMAS:

There are a couple of really good points in that. I guess, to address the broader definition of what a sports nutritionist is and what it encompasses, I guess, from our perspective, it's really anything that isn't clinical nutrition. So we're not treating and managing chronic disease, we're looking at general population weight management outcomes through to elite athletes, yeah, like you might be working with elite athletes. But I guess, coming back to your example of personal trainers, as most personal trainers would know, like, hey, it's a really romantic and great ideal to work with the top athletes in a particular area, but the general population is where you pay your bills and that's your bread and butter. And so, it's really similar for the sports nutritionist as well, and I'm going to – I mean, I'm really generalizing heavily here – we have a number of members within Australia that only work with elite populations, and some of the highest caliber athletes, and you can definitely do that, this is like one way and one pathway that you can achieve that very efficiently. However, for the broader member base, typically, you'll get your feet wet with the general population. And I would suggest that's a really good starting point for most people starting out anyway. Athletes can be very complex beasts as we know. As far as qualifications and academic history is concerned, what we do is – and where the curriculum that we look for, what it is, is really an amalgamation and a synergy between nutrition and health science nutrition, up until you get into the chronic disease management stuff and then exercise physiology as well. And so, basically, if people come from an exercise physiology background, and then they actually have a number of nutrition electives that then they've added on to that, so if they've got nutrition one, nutrition two, applied sports nutrition, and then they've done some form of, like, some form of a subject that at least addresses energy availability and

Alex Thomas

they've done the exercise physiology program, then we don't need to do anything other than train them on that health risk triage process, so then they can register immediately.

As for people who come from say a nutrition science background, provided they've then done the complementary exercise physiology subjects that we need them to do as well, so they understand applied bioenergetics and they've done, you know, so it might be Ex Phys 1, Ex Phys 2, and then applied bioenergetics or sometimes it might be applied exercise physiology, you know what it's like, some of these subjects have...

DANNY LENNON:

So to confirm, these are these would be modules to a like undergraduate degree level of knowledge.

ALEX THOMAS:

Yeah. It'd be part of an undergrad program or it might be a – it might be part of a diploma program depending on, again, the academic transcripts of the subjects that are a part of it. And then if they've got that, then we can register them straightaway, but what we find is, for the majority of people, they've sort of done Ex Phys and they haven't really had the nutrition subjects; or they've done health science nutrition, they don't have the Ex Phys stuff; or there are people just coming who have studied personal training, and so they don't have any of it. So we have then an education arm within the bodies that then provides the education for the personal trainers and strength coaches from the ground up; or we then can fill the gaps with the people who have done, so like 50 to 70% of a particular program, whether that's exercise physiology or health science nutrition, and then we can just basically give them the modules that they need to then check the boxes for compliance.

DANNY LENNON:

Right. So if I'm a personal trainer coming along, I can contact the body and say, okay, I need to know what modules I would need to have covered in order to be registered. And

Alex Thomas

then for any of those that, either they don't have some of them, or maybe, in a lot of cases, don't have any of those, you can provide, here is places where you'd be able to do those either directly with you, or if you were to do these diploma programs or these other courses, they would be enough required to tick those boxes.

ALEX THOMAS:

These universities, yeah. And when we were looking at the educational structure from the outset, the answers in the short term, before we'd even created anything was like, go do an Ex Phys degree, then do post grad in nutrition. And so, we were like, okay, six years in Australia, or at that point in time it was about \$50-60,000 worth of debt, and so we sort of went back – we went back to the insurers and we were like, okay, there's got to be sort of a way that we can achieve this more efficiently, and a lot more cost effectively than that. And so, we were then able to sort of break down what the central subjects were, and then how we could deliver that. And so then that's where we created the certificate program which was really for the personal trainers and strength coaches out there who wanted to get their feet wet and experience it in a really time efficient and cost effective manner. So the certificate program, if they have no prior study, takes them approximately 12 to 17 weeks to complete it, and then that's the entry level qualification that they then complete that then enables them to register. And so that costs us, like, talking in Australian dollars, that's about 3400 Australian dollars. And then one of the caveats that we have around that with their registration is that enables them to be registered and practice provisionally for three years, for up to three years. And so, what we want then from that point is if they want to continue practicing is that they then go into a deployment, a relevant deployment program with any of like our affiliate partners or enroll into a relevant university program that would then see them complete either like a postgrad dip or bachelor's in Ex Phys or sport nutrition/performance nutrition, one of those things, so



Alex Thomas

that way they're really doubling down on their career – like, especially within the fitness industry, there's so many short courses and the barrier to entry for education is a lot lower, so we want to be able to allow people to experience that within this industry as well; but if once people make the decision that this is going to be their profession, we want them to double down and not settle for the minimum.

DANNY LENNON:

To touch back on scope of practice which you brought up already, and this is oftentimes quite a big and contentious issue, and this is obviously something that we should give the caveat will differ between jurisdiction, so depending on what country someone is in, depending on what state they may be in, there may be different regulations and laws related to scope of practice – but when we think of what the scope of practice is for different sets of professionals for nutrition advice specifically, there's maybe three layers that we can think of this as, we can maybe talk about that kind of first layer where maybe someone is a coach or a personal trainer with no nutrition certification, we can have then professionals that have some degree of nutrition certification in kind of line with some of the stuff we've just discussed, and then there's, at the maybe third level, those that are actually registered dietitians that have a background in dietetics, and each one of those layers has a different scope of practice in terms of nutrition. Can you maybe outline for people, what the scope of practice for – how it differs between each of those layers maybe?

ALEX THOMAS:

Yeah, cool. So I mean, this is a really good question, because a lot of people get pretty shocked by the answers and I don't take any enjoyment out of it but I'd rather equip people with knowledge and information so that that way they can make better informed decisions with regard to their career. So if you're just a personal trainer or strength coach, then the only thing that you can talk about is your country's national healthy eating standards, that's it. It's macros, post workout nutrition

calories, recommending specific foods, that's all out of scope. And to be fair, we have census reviews and less than 7% of the adult population in my state eat the recommended plant intake per day. So the majority of the population will actually benefit from those recommendations anyway, like, people just don't eat enough plants, like, plants and lean protein, super high volume, low calorie, have a pretty decent thermic effect and will probably help with people's weight management long term pretty easily, and pretty much form the cornerstone of most decent nutritional programs, and then obviously we're just adjusting additional nutrient recommendations based on their bioenergetic profile and then lifestyle needs. When it comes to say a sports nutritionist, then we can talk about macros, we can prescribe, like, provide an actual meal plan to people, we can look at specific sports supplementation but only for low to moderate risk clientele. So if there's any form of chronic disease for that person then they have to immediately be referred to a registered dietitian or any other specific Allied Health practitioner as well. So for instance, if that person has hypertension and cardiovascular disease, then it probably will be a combination then of a registered dietitian as well as their cardiac specialist.

DANNY LENNON:

And it's often a point of confusion, so I think it's worth mentioning that, of course, it's not a case of saying no nutritionist can ever work with someone who happens to have type 2 diabetes, the difference is being that you cannot give advice as a treatment for diabetes. That would be the scope of their doctor and their dietician, and then you can work as their personal trainer alongside that advice but you're not giving any recommendations to this is to help treat your diabetes, you're not giving any clinical considerations, it's more outside of that framework.

ALEX THOMAS:

Exactly. And I guess, understanding where you sit in the framework and within that triage

Alex Thomas

process is extremely important and valuable especially for the client's outcome, both short, mid and long term. So for instance, the sports nutritionist, a personal trainer who's a sports nutritionist, they may do say two days clinically looking at food, three days a week where they're going to be on the gym floor putting people through workouts; and so they might see that person at least once or twice a week, whereas the dietician implementing the plan and writing the plans as far as the prescription of the food is concerned, might see them every four to 10 weeks, and then the cardiologist treating the hypertension and heart disease might see them once a quarter. And so, these specialists actually rely on you heavily to ensure that what they've recommended and what they've prescribed are actually being implemented and followed through on, and you'll be that conduit between them. And so, while they may not be formulating the plan, they're very much the ones on the frontline ensuring that it's actually being actioned.

DANNY LENNON:

Yeah. And I think that's the kind of future model of healthcare that there's great promise for, and that sometimes people can see as a negative that they're going to be referring out and it's almost like, oh all these other people are making the decisions and not me where it's actually the opposite, it gives you even more credibility when you're a part of that, essentially a multidisciplinary team now of helping with this person's healthcare in a way where, like you said, you're out on the front lines day to day, helping them along with this, whilst their broader recommendations for their actual health issue are being passed down from the appropriate specialist, and you can kind of be part of that process.

ALEX THOMAS:

Yeah, and, I mean, like, these guys go, these specialists study for 10 plus years, and so like to have them be able to formulate these plans and prescribe these interventions is a hell of a lot easier than trying to do the research yourself anyway. So for me, I was like, when I

was actively working with clients on a weekly basis, to me it was just a no-brainer, it was like this person is far more efficient at this; so for every one in five clients or one in four clients that might have a contraindication and consideration that I was working with, if I was referring them out, I could work with two to three more people than if I was to try and sit there and formulate a plan that wouldn't even be as effective as what the specialist was coming up with. And that, again, it was their bread and butter, they could do that stuff autonomously; whereas for me, to even comprehend the condition, it required so much cognitive effort.

DANNY LENNON:

Two questions on that kind of referral network: for a coach or a nutritionist who doesn't have that or doesn't know how to go about that, what recommendations would you have of them being able to know who do I contact or who do I refer to if someone is going to come in with X condition? And then second, off the back of that, probably that's going to be more relevant to an online coaching scenario where maybe someone has clients dotted all around the world, it's going to be kind of impractical to be able to have a referral network in every city they coached someone, whereas if they're coaching them in-person locally, they can have the kind of a set number of people they're going to contact – how would you advise people navigate each of those issues?

ALEX THOMAS:

Yeah, I think, really good questions again, and I think you can check out the associations. Typically, your association with any country, say, for instance, if it's your dietitians, so within Australia, we've got the Dietitians Association of Australia, and they'll have listed their members and you can reach out to them and contact them. If you're conscious of the fact that you they've got a performance goal or you've got education and energy availability and you suspect there's low energy availability with a particular client, there's performance goals and also other considerations, then

within Australia, for instance, again, we've got the Sports Dietitians of Australia. And so these are dietitians who have then gone in and done another, an additional two to three years of study particularly in the area of sports then. So like performance metabolism, all that kind of stuff, where they've looked at both chronic disease management as well as those other things. So typically, they are sports dietitians in your respective country as well and then also you can look for – a good place to start would be just like a sports doctor as well. So that sort of covers what I would do if I was in-person. I would look out and see who is close to me and then go from there. Now that we've got code in place, I would then look it up, see if you can get access to the names, and then check out their profile on social media, and then see if their values – are they relevantly evidence based, and do they acknowledge the pillars of evidence based practice and the hierarchy of evidence, whilst not being blindly dogmatic to it at the same time. And that's what I would suggest. I would like to check out the board's websites and body's websites, see their members, then try and track them down on social media and then reach out to them from there.

DANNY LENNON:

I think there's also, often anyone who's been a practitioner for long enough will know that there's oftentimes practical and logistical barriers to this as well, that we could have the best intent in the world and have a number of professionals that we can refer out to and we can even have those recommendations given to certain clients but then just real life can sometimes get in the way whether that's a client doesn't want to go see another practitioner, maybe it's they don't have the income right now to be able to pay, I can go and pay 80 euros or \$100 to go see this psychologist or this dietician on top of coming to you for my personal training, and there's these logistical barriers to getting referrals out sometimes that sometimes can make this tricky in prospect, but still is something that should

Alex Thomas

be aimed for as much as possible, but I think there are challenges sometimes practically.

ALEX THOMAS:

Yeah, definitely. And I think this sort of highlights a cool point that I want to get across, and that's, I guess, the difference, how I see the difference in a sports nutritionist business model and I guess the service model when compared to the traditional personal training, especially now that COVID hit, we had an article about Sports Nutrition Australia in the Canberra Times newspaper, because we saw, when Corona hit, our industry at the time, with Fitness Australia which was the biggest registration body for personal trainers, there's I think three or four within Australia specifically for personal trainers and fitness professionals with Fitness Australia the biggest, they had about 35 to 50,000 members and they were all displaced immediately, like, they didn't have a place to work out and they were out of the job. And so we saw a massive influx of enrollments, and so our intakes doubled as a result of that because people were like, well, I should study, I should probably do something that's not site specific, and people jumped on and we're like, hey, I can keep burning if I'm working in nutrition while this is happening and run in a check-in based model where people are just reporting with their food data because, hey, people are still eating food, they might not be able to get to a gym but they can have some positive support and help someone helping them become more mindful of what they're eating, especially when their activity is dropping and they're being restricted in lockdowns and stuff. And so we opened up more intake places to be able to help as many as possible, and so we would normally do say a 100 people within a three-month – within this particular three-month period, we ended up doing about an additional 150 which was massive for us, but it was tiny compared to the 35 to 50,000 people that were displaced. And what the article was sort of focusing on was the new, like, the differences in how things were being done, and so, what were options for

people to, I guess, pursue who were fitness professionals and where they could go. And so, for me and what we teach within the model is that a personal trainer might see, your strength coach might see so, even like an exercise or sports scientists or an exercise physiologist, they might see a client on average one to two times a week and then they'll work with an average of say, I think the stats from within Australia were about 25 to 32 clients on average was what they would have at any given time.

And so with a sports nutritionist, you wouldn't necessarily consult with your client once you've established their nutritional intervention more than say three to five weekly. But you would still be getting that weekly data every week in that form of like a check-in, so that might be like an email or filling out a Google form or using an online system. We've got a couple of web programs that we work with and recommend. But we leave it up to them who they use. We just have one particular web program that we say, hey, enter the health risk in, so that way we've always got a digital copy of that risk assessment being completed. So that way in the event of a claim, we can demonstrate this and then that particular web program gets backed up daily and then gets kept on record for eight years. So as unfortunate it was that people were being displaced and they were completely out of jobs, our members that were practicing whilst they saw a reduction, they weren't completely out of a job, so it wasn't like that if we go back to the say like the 80-20 rule, 20% of the fitness industry sort of still existed and 80% were gone, and they couldn't do anything about it. We had our members experiencing just a 20% drop in what they were doing and maintaining 80%.

DANNY LENNON:

Right. And so I wanted to ask about maybe, and this kind of circles back to even summarizing a lot of what we discussed with the Sports Nutrition Association specifically,

Alex Thomas

and you've outlined some of those benefits, but I wanted to go into, for someone that's maybe thinking about this, for example, let's say I'm a personal trainer and I'm coaching people maybe online as well, I'm already giving some degree of nutrition advice and I have been able to find some insurance company that's given me some degree of cover, and what is it that I can get from being part of SNA that isn't what I'm currently being able to get from just like sourcing some degree of insurance cover and just continuing to do what I've always kind of done?

ALEX THOMAS:

Like, for those people, ultimately, it's their own personal decision. And if you've got it and that's what you want, I'm not going to say do otherwise. But if you wanted to be a part of global body that has standards and ethics in place that will ensure your long term prosperity and sustainability as a professional, then that's what the association is about, and the growth of the association. So at the moment, we're in Australia, New Zealand, Asia, and just about to launch in the USA as well, and then we're targeting Europe at either the end of this year or beginning of next, just depending on project completion timelines. But a lot of the policies that exist as well will have things like, again, this is just so people are aware, they'll have sort of like what I would refer to, and I am not a, like in Australia, you have to be like a financial advisor or something to talk about insurance, I'm not so I have to just make that really clear, but they'll have these, for lack of a better word, get out of jail free cards where it's like, we're going to cover you, we're going to take your money, but in the event of a claim, what we're going to do is we're going to assess that you hold the relevant qualifications with respect to your profession in your country and the country standards. And so for us to have the established bodies for sports nutrition in the respective countries, that enables us to tick that box in the event of such a claim. Look, if you want to be really squeaky clean with your insurance, then yeah, ensure that you've got



that and sort of look at the fine print. And if you want to be a part of the body that will invest in your sustainable prosperity, that's what we do, like, that's why we update the curriculum annually. We have the advisory board review. The advisory board, like, people can go online, check out it's just [sportsnutritionassociation.com](http://sportsnutritionassociation.com), and they'll see everyone who's involved and behind it, we'll have some more announcements about who's involvement and what we're doing in the coming weeks depending on when this airs and then if we've got those, like, the top people in their field with regard to nutrition and pragmatic nutrition and professional nutrition in the world contributing, whilst at the same time from our end we will hold you accountable as well. So if you actually want to be held accountable, then that's great; if you don't, then don't be with us, that's completely fine as well. But that's a big thing as well, like, we want to ensure that you are improving, you are growing as a professional and we're investing in that. And we are able to do some really cool projects as well, so we're able to fund research that we deem as necessary, we're able to sort of tackle some cool projects, look at things like having a specific accreditation for physique sports. Right? Like, what are the dos and don'ts, and what are the absolute contraindications when it comes to physique sports. There's a white cutting paper that we've been talking about in the pipeline for a lot, like, how long now, Danny, now, like 12 months.

DANNY LENNON:

Right, it's been a while.

ALEX THOMAS:

It's changed a few times, and now that people are contributing, it's now become this sort of who's who of weight cutting now which will be really cool, and we're looking to sort of submit that for peer review in the next sort of two months. And so, we're able to really look at the industry and look at what we can do within it to really positively impact it in a way that is going to set people up for success in the long term. We'll challenge people to be the standard and

Alex Thomas

set a standard for the profession that long term means something, because some people, and for a lot of people that I meet within Australia, they're like, oh I just wish – for instance, looking at the fitness professions, for instance, they're like, oh I wish there was just more in place when it came to personal training. Sometimes if I go out and people ask me what I do, I don't even say that, and it's like, we've got a really unique opportunity here to sort of learn from what's happened with personal trainers and be able to put some things in place that will help people feel really proud of what they do.

DANNY LENNON:

Yeah, it goes beyond any of those individual elements, particularly like the insurance piece is almost like the initial prerequisite that you need to have ticked off if you're going to be some degree of professional, but being part of the organization is all the layers on top of that. So it's not only making sure that you're taking care of yourself from that perspective, it's making sure you have not only the right certifications but that your knowledge is actually relevant to what you want to do. And then on top of that, it's making sure you conduct yourself in an ethical manner as a competent professional as opposed to these, like you said earlier, tick the box exercises. So for people who want to know more about Sports Nutrition Association, remind them again of where they can find more of the information, and then anywhere else online that you want to direct their attention.

ALEX THOMAS:

Yeah, for sure. So [sportsnutritionassociation.com](http://sportsnutritionassociation.com) is the website where we've got all the information about it, and then the advisory board with people like yours truly and myself contributing which is really cool. And then we've also got any sports nutritionist who registers with any of the respective countries is a part of the association, then gets listed on the [sportsnutritionregistry.com](http://sportsnutritionregistry.com) as well. So that's really cool as well, so we'll have region specific, like, an international directory for every sports

Alex Thomas

nutritionist that's then accredited and registered and practicing. And then, look, if people have any questions or want to talk to me about things specifically or pick my brain, they can just hit me up on Instagram. My handle is @aussiesportsnutritionist, and that's pretty much it.

DANNY LENNON:

I will link to that stuff in the show notes to this episode that people can check that out as well. And with that Alex I'll leave you with the final question that we end the podcast on. And it's simply: if you could advise people to do one thing each day that would benefit their life in any way, what might that one thing be?

ALEX THOMAS:

Slow down and breathe.

DANNY LENNON:

Thank you so much man for the conversation. Great to chat to you again, and thanks for running through all this information, I'm sure there will be a lot of practitioners that will be very interested in what you've put across and also have learned a few things that'll be important for them and their business going forward, so thanks for doing this.

ALEX THOMAS:

Thanks so much for having me, my friend. I know we spoke about it about a year ago and I'm glad we finally go to it.