

Low FODMAP Protocol

Reintroduction/Challenge Phase Guide

The **Low-FODMAP Diet** is based on Monash University's research, which indicates approximately 75% of people with IBS and other chronic GI conditions will feel better after completing a Low-FODMAP protocol. The program generally takes 6-8 weeks and consists of three phases - Elimination, Reintroduction (sometimes called Challenge Phase), and Personalization.

- **Elimination Phase:** For 2-3 weeks you will eliminate High-FODMAP foods and replace them with Low-FODMAP alternatives. Approximately 75% of patients experience improvement in their symptoms by the end of this phase.
- **Reintroduction/Challenge Phase:** After completing reintroduction, over the next 6 weeks you will systematically re-introduce higher FODMAP foods under the guidance of a dietitian. This will help you learn the specific foods and categories of foods which trigger your symptoms.
- **Personalization Phase:** Going through reintroduction allows you to personalize your diet and enjoy many more foods than maintaining a strict Low-FODMAP diet.

After completing the Elimination Phase, you will begin the Reintroduction Phase. During Reintroduction, you will continue to eat all Low FODMAP foods (similar to the Elimination Phase) with one exception. Each week you will choose one challenge category/food from the options below. Keep the same challenge food for the three days. Many foods contain more than one FODMAP group, so it is very important to choose the appropriate challenge food(s) each week. The guide below will provide the best options for Reintroduction.

During each Reintroduction week, you will want to record your symptoms daily so that you can track how each FODMAP category impacted your symptoms. The goal by the end of Reintroduction is to identify those specific FODMAP categories that are triggering symptoms.

FODMAP CATEGORY	FOOD OPTIONS	DAY 1	DAY 2	DAY 3
Galactan	Almonds or Canned Butter Beans	15 Almonds or 3 Tbsp Butter Beans	20 Almonds or ¼ c. Butter Beans	30+ Almonds or ½+ c. Butter Beans
Lactose	Skim or 1% Milk	¼ c. Skim or 1% Milk	½ c. Skim or 1% Milk	1+ c. Skim or 1% Milk
Sorbitol	Avocado or Blackberries	¼ Avocado or 2 Tbsp Blackberries	½ Avocado or ¼ cup Blackberries	1 Avocado or ¾ c. Blackberries
Mannitol	White Button Mushrooms or Cauliflower	2 Tbsp Mushrooms or 1/4 c. Cauliflower	¼ c. Mushrooms or ½ c. Cauliflower	½+ c. Mushrooms or ¾+ c. Cauliflower
Fructose	Honey or Mango	1 tsp Honey or ¼ cup Mango	2 Tsp Honey or ½ Mango	1+ Tbsp Honey or 1+ Mango
Fructan	Garlic or Wheat Pasta*	½ Clove Garlic or ½ cup Wheat Pasta	1 Clove Garlic or 2/3 c. Wheat Pasta	2+ Cloves Garlic or 1+ c. Wheat Pasta

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Washout Days – No Challenge Foods (Continue to track symptoms)

FODMAP GROUP	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
GALACTANS (GOS) Impact on symptoms from baseline	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase
LACTOSE Impact on symptoms from baseline	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase
SORBITOL Impact on symptoms from baseline	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase	<input type="checkbox"/> None <input type="checkbox"/> Mild increase <input type="checkbox"/> Severe increase
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* Use if additional challenges are recommended by your dietitian

ADDITIONAL NOTES: