

Turn Body Composition into Better Patient Outcomes:

Interpret Data and
Strengthen Clinical
Decisions

Presented by: Kate Fuss, PA-C

seca



Objectives

Describe key body composition metrics and their clinical relevance

Connect findings with treatment decisions and patient behavior change

Outline utilization strategies to:

- Improve patient education, engagement, and behavior compliance
- Extend the lifetime value of bariatric and medical weight loss patients
- Add revenue to your practice
- Differentiate your practice in a competitive market

A person wearing a white lab coat is using a handheld device to measure a patient's arm. The person is wearing a green watch and a ring. The device is black and white. The background is a clinical setting with a white wall and a blue chair.

Clinical Relevance of Body Composition Metrics

Why use Body Composition?

BMI isn't enough and **can't distinguish between fat/muscle mass** or **location** of harmful adipose tissue

Patients want (and deserve) **more than the scale**, weight, and BMI

Uncovers **muscle wasting** from rapid weight loss (GLP-1/surgery)

Unpacks **plateaus, progress, and improves motivation**

Facilitates patient "buy-in" and behavior change

Extends patient lifetime value to the practice

Adds value to clinic visit

Gaps in Current Clinical use

Underutilization

- Have a BIA scale but don't use it
- Limited training
- Time constraints
- Reports not discussed with patient at visit
- Overreliance on weight/BMI

Confusion

- Too many metrics-overwhelm
- Patients rely on providers for laymen interpretation
- Metrics not tied to actionable steps

Limited Engagement

- Inconsistency in usage
- Fragmented reinforcement / follow-up
- Unclear value add to patient and practice

Core Metrics that Matter Most

Anthropometric	Muscle Mass	Fat Mass	Water Parameters	Other/combination
Weight	Skeletal Muscle Mass (SMM)	Fat Mass Index	Total Body Water, Extracellular Water	Resting Energy Expenditure (REE)
BMI	Skeletal Muscle Mass over age	Fat Mass %	Water Ratio (ECW/TBW)	TRU Body Score
	Segmental Skeletal Muscle Mass	Waist Circumference	Bioelectrical Impedance Vector Analysis (BIVA)	Body Composition Chart (BCC)
	Fat Free Mass Index (FFMI)	Visceral Adipose Tissue (VAT)		
	Skeletal Muscle Index by MRI (SMI)			
	Appendicular Skeletal Muscle Index by DXA (ASMI)			
	Phase Angle			

Results Guide



<https://secambca.com/results-guide-metabolic-health/>

Suggested key parameters for metabolic health:
BMI, FM%, VAT, SMM, Segmental SMM, BCC

Focus on 6 Custom Parameters

Six key parameters that tell you more than a simple number on the scale.

BMI

Screening starting point

Skeletal Muscle Mass (SMM)

Your metabolic engine

Body Fat %

Overall adiposity

Visceral Adipose Tissue (VAT)

#1 metabolic risk predictor

Segmental Muscle Mass

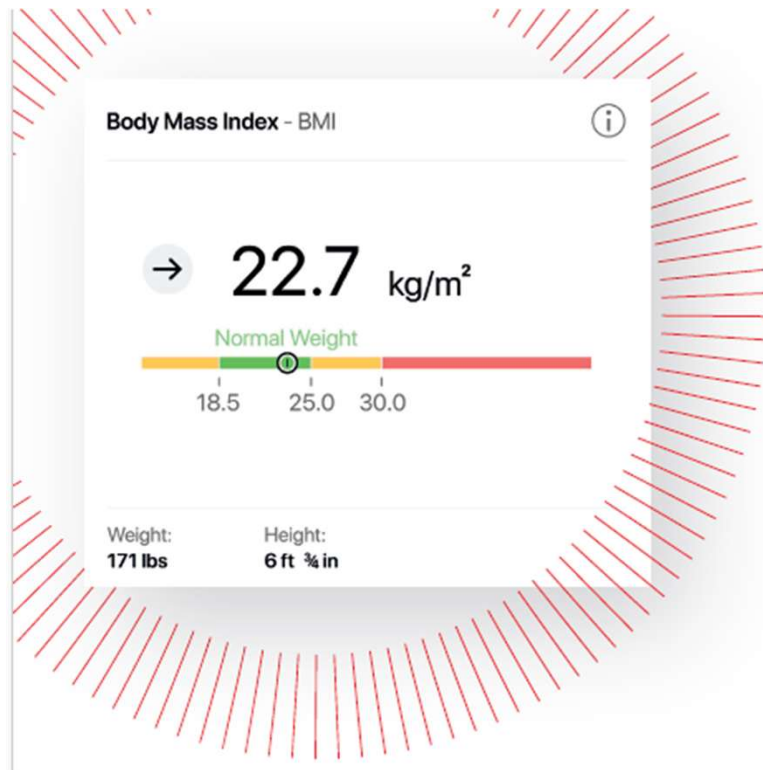
Regional muscle balance

Body Composition Chart (BCC)

Fat vs. muscle over time



Body Mass Index (BMI)

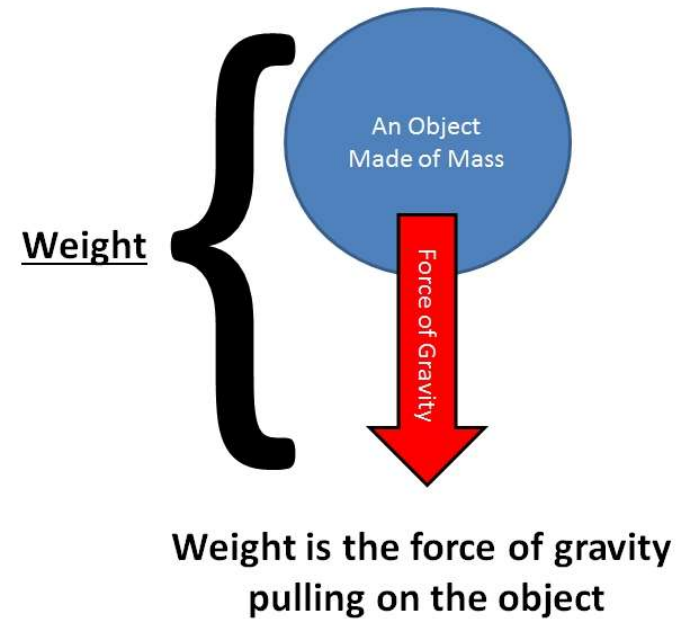


What is the parameter and what are normal ranges?

BMI is calculated from the measured weight and height and is presented in weight in kg divided by meters squared (kg/m^2) so body weight can be assessed irrespective of height.

Explaining BMI

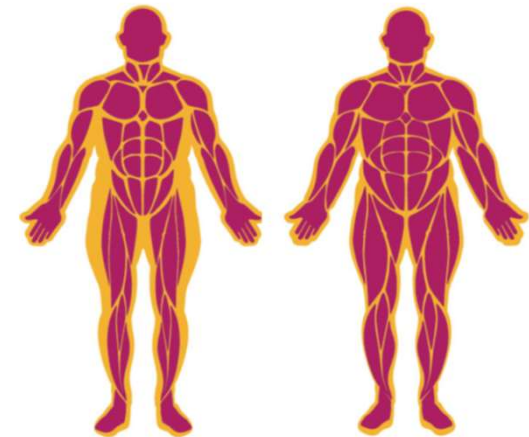
BMI is a measure of your height and weight. Your gravitational pull to the Earth.
I care more about what your weight is MADE of. Let's unpack that together!



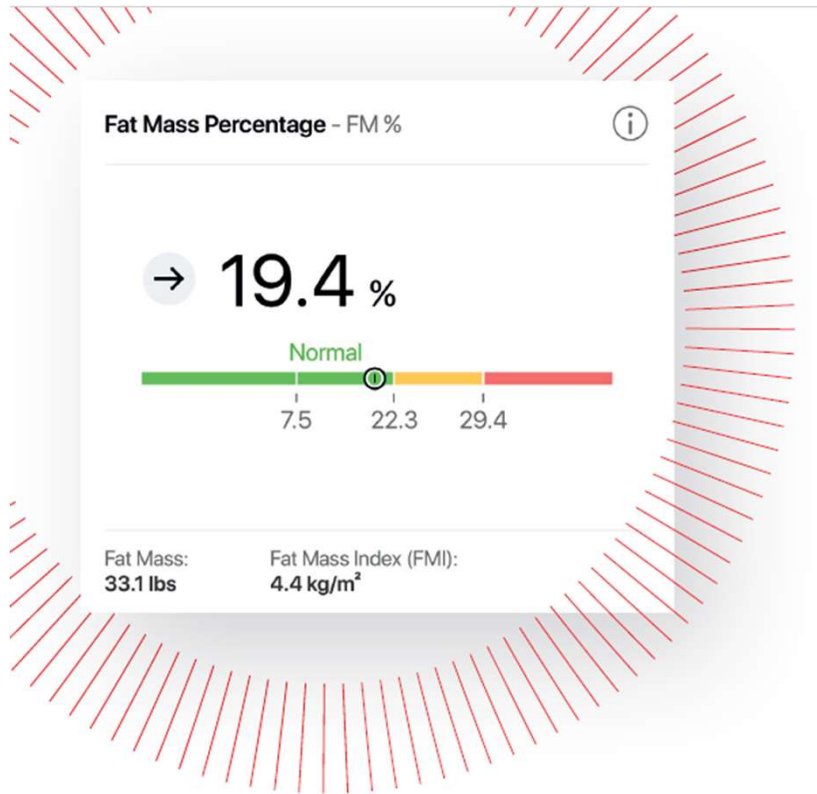
Explaining BMI

Two people with **same BMI** can have very **different health risks**. The person with more muscle tissue and less adipose tissue will generally be healthier, even at the same weight

I am showing you this because it's a good starting point to talk about what you know and what your **expectations are around weight and BMI**. Many people have a long history and lots of emotions around weight and weighing.



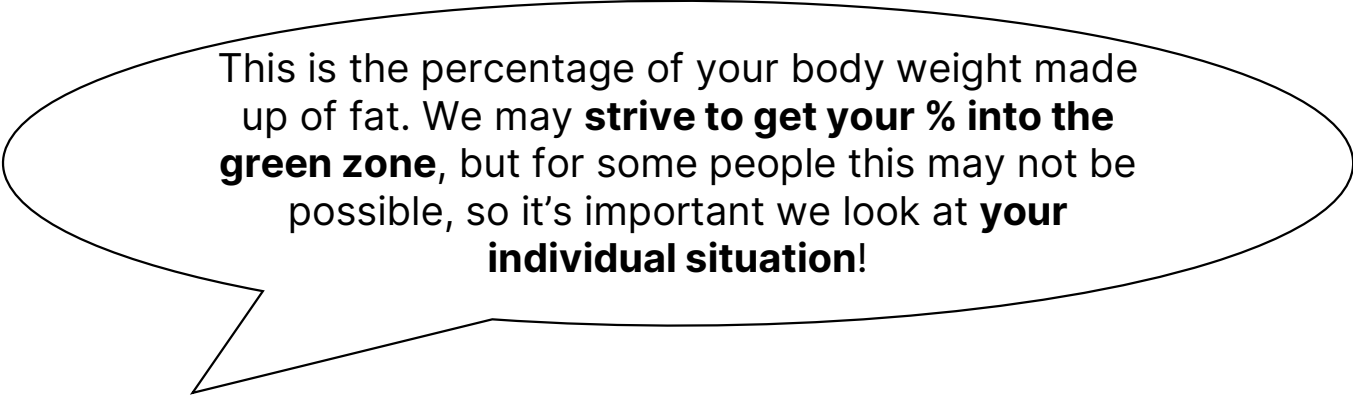
Fat Mass Percentage (Body Fat %)



What is the parameter and what are normal ranges?

The "Fat Mass %" indicates the percentage of total body weight that is composed of adipose tissue. This percentage is evaluated using BMI benchmarks established by the World Health Organization (WHO), which takes into account factors such as gender, ethnicity, and age.

Explaining Body Fat %



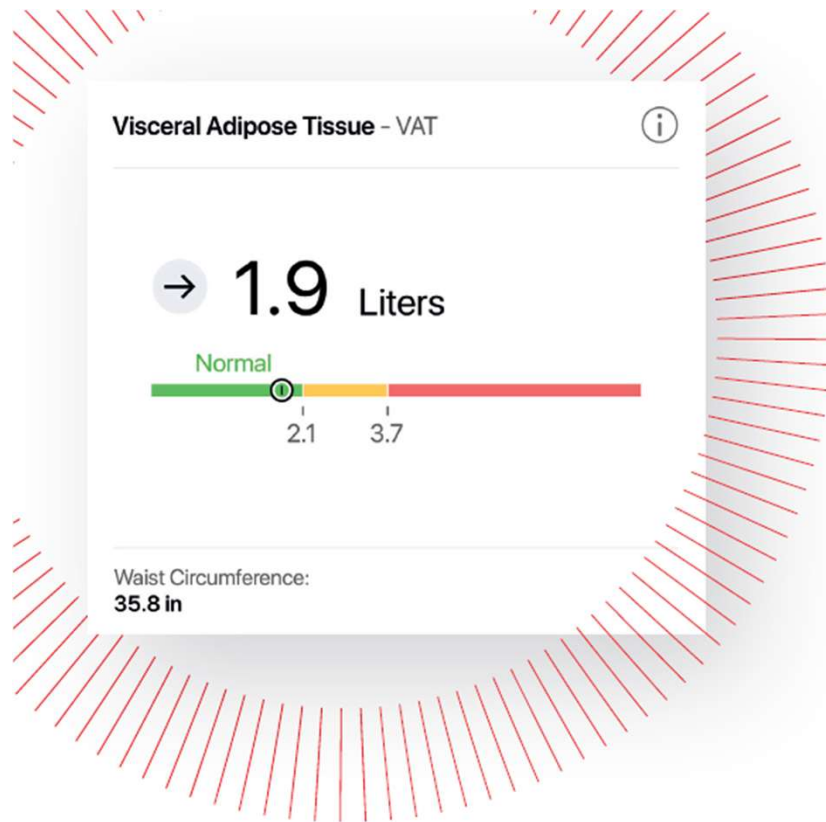
This is the percentage of your body weight made up of fat. We may **strive to get your % into the green zone**, but for some people this may not be possible, so it's important we look at **your individual situation!**

Explaining Body Fat %

We use the WHO benchmarks to tell us if your **body fat percentage is correlated with categories** for normal, increased or high risk

Sometimes it's helpful to look both at the **total pounds (absolute loss)** and **percentage (relative loss)**

Visceral Adipose Tissue (VAT)



What is the parameter and what are normal ranges?

Visceral Adipose Tissue (VAT) refers to fat that is stored deep within the abdominal cavity surrounding internal organs such as the liver, pancreas, and intestines. Excess adipose tissue around the organs is linked to type 2 diabetes, heart disease, and high blood pressure because VAT is more metabolically active and produces hormones and inflammatory markers that contribute to inflammation and other metabolic diseases.

VAT is represented with values adapted for age, gender, and ethnicity and linked to WHO BMI reference ranges:

Explaining VAT

This is your LONGEVITY marker. Visceral fat is the fat stored deep inside your abdomen, surrounding your internal organs. This is the hidden and **dangerous fat**. We'd like to get your number in GREEN to reduce your risk for the "scary things": diabetes, heart disease, high blood pressure, high cholesterol, cancer risk, etc.

By **reducing your visceral adipose tissue**, you will have less inflammation and cardiovascular risk, better metabolic health, and extended longevity!

Explaining VAT

VAT uses your **waist circumference** and MRI comparison data to estimate your volume of internal fat, and gives us an estimate of normal, increased or high.



Educational Brief

EDUCATIONAL BRIEF

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Precision for health

WAIST CIRCUMFERENCE MEASUREMENT & ASSESSMENT

— A Practical Guide to Waist Measurement,
Clinical Relevance, and Its Role in Assessing
Visceral Fat and Cardiometabolic Risk

Why to Measure Waist Circumference

Waist circumference (WC) is a low-cost, anthropometric measurement strongly correlated with abdominal subcutaneous and visceral adiposity, and it predicts cardiometabolic disease risk independent of BMI¹. In individuals with a 'normal' BMI, an increased WC can suggest excess abdominal fat and a higher risk of health problems¹. Many studies show that within every BMI category, larger waist circumference is associated with greater morbidity and mortality risk².

seca uses WC as a key input to improve the accuracy of visceral adipose tissue (VAT) prediction alongside bioimpedance analysis (BIA). Unlike some BIA devices that estimate VAT without WC input, seca incorporates WC and gender into formulas validated against MRI with 97% accuracy³.

Combining WC with other anthropometric or clinical assessments also reduces the risk of over- or under-diagnosis that can occur with BMI-only models⁴.

How to Measure Waist Circumference

Use a stretch-resistant tape with constant tension, such as the seca 201.

- + Stand with feet close together, arms at sides, weight evenly distributed, and minimal clothing.
- + Relax and measure at the end of a few natural breaths.
- + Position the tape level and parallel to the floor.

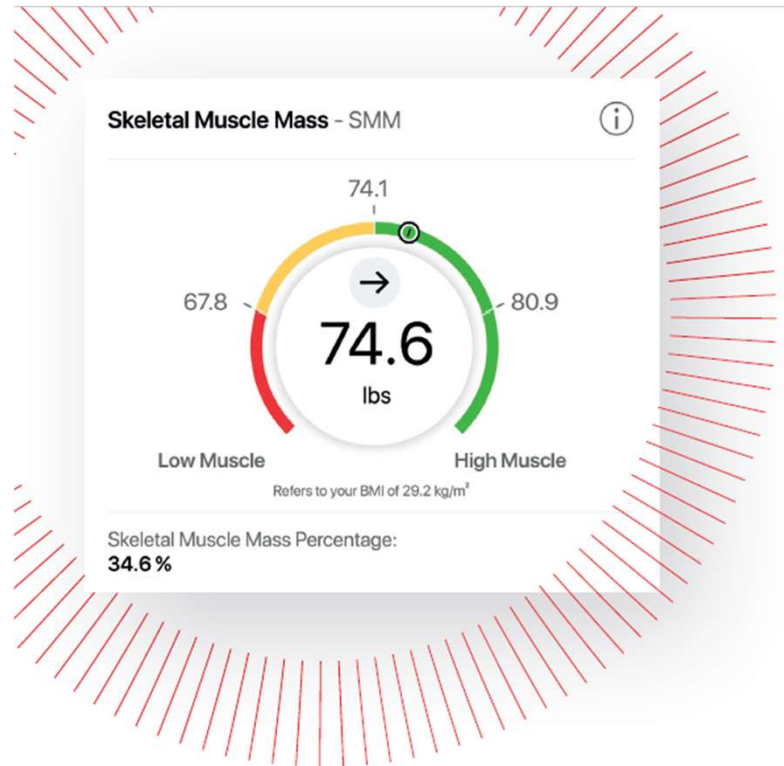
Where to Measure Waist Circumference

- + seca recommends measurement at the midpoint between the lower margin of the last palpable rib and the top of the iliac crest⁴ (WHO method).
- + It is important for consistency that all staff are using the same method, as some may be accustomed to using alternate measuring points like at the belly button (may underestimate)⁵ or the highest point iliac crest⁶.



<https://secambca.com/waist-circumference-clinical-guide/>

Skeletal Muscle Mass (SMM)



What is the parameter and what are normal ranges?

Skeletal muscle mass (SMM) refers to the muscles that are connected to your bones and play a critical role in voluntary, active body movement and posture. Having a healthy amount of skeletal muscle is beneficial as it contributes to your overall strength, metabolism, and daily activities. It's a great indicator of your physical well-being and fitness level. Substantial loss of muscle can result in decreased basal metabolism, functional impairment, and poorer quality of life.

SMM is represented in pounds for your total skeletal muscle mass and colors correspond to comparison to your reference group based on age, gender, ethnicity, and BMI. The marks on the outside of the circle indicate the pounds of muscle mass that correspond to 5%, 50%, and 95% of the reference group:

Explaining SMM

At this time, there is not a specific number that we can tell you is a goal, but we can look at how your **numbers compare to others similar to you**

If it's in the red, your muscle mass is below the 5th percentile compared to others in your reference group. **Small increases are significant here** and it may take some time before you are truly able to gain muscle mass.

Why Muscle Mass Matters to Metabolism



Building muscle helps burn fat and control blood sugar

Gaining just 2-3% more muscle is linked to ~4% less body fat, lower HbA1c & fasting glucose



A >1% annual increase in relative muscle mass was associated with a **33% lower risk** of developing metabolic syndrome

Metabolic syndrome = ↑ waist circumference, ↑ triglycerides, ↓ HDL cholesterol, ↑ blood pressure, and ↑ blood sugar

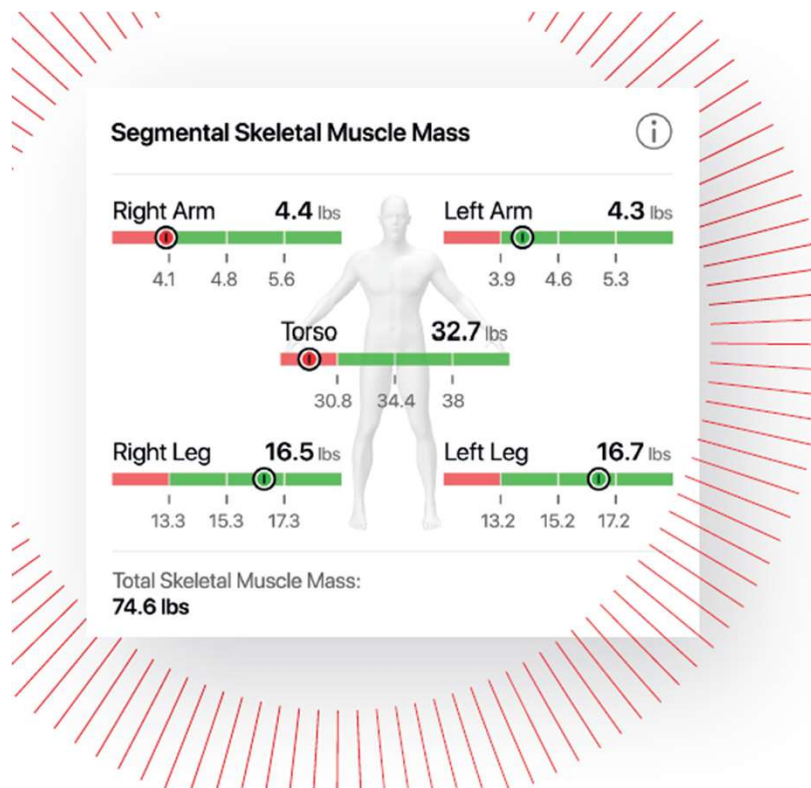


Low muscle + abdominal obesity increases diabetes risk by 57%

Monitoring for sarcopenic obesity is critical

These statistics are based on observational studies conducted primarily in Korean adult populations. They reflect associations, not proven cause-and-effect relationships. Individual results may vary, and findings may not be directly generalizable to all populations.

Segmental Skeletal Muscle Mass

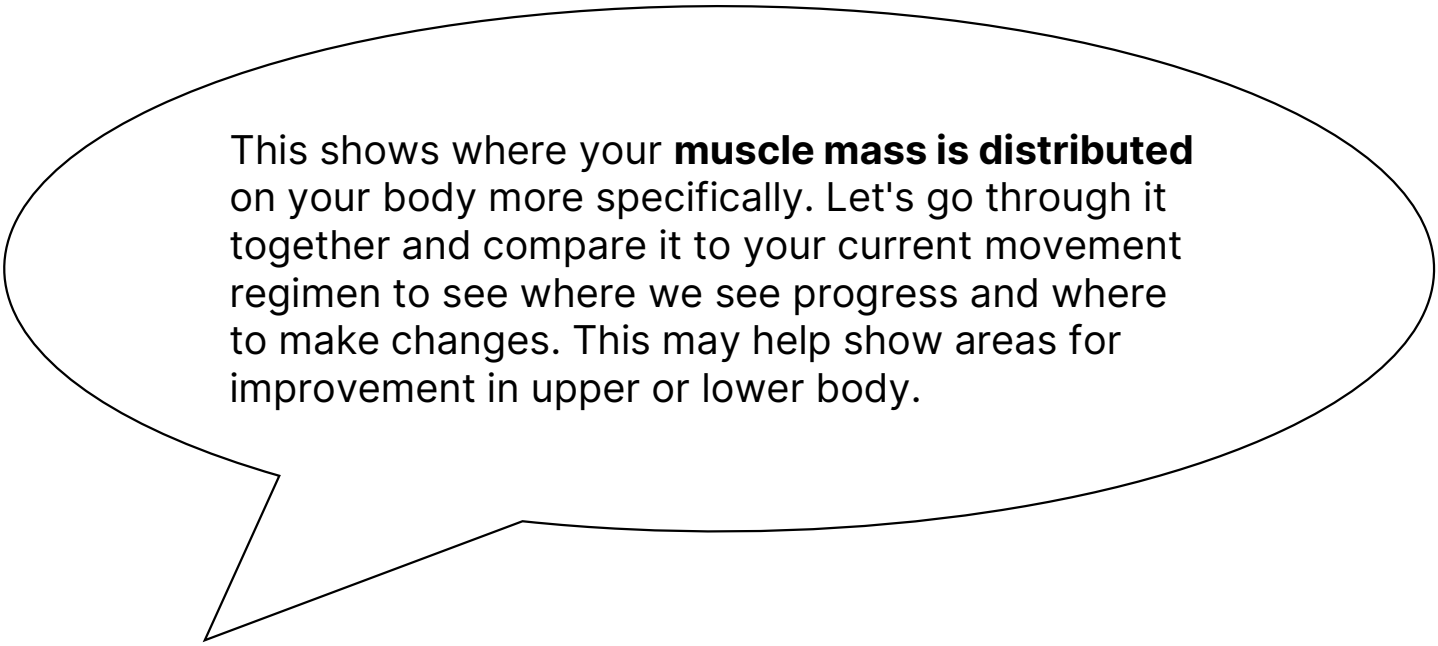


What is the parameter and what are normal ranges?

Segmental Skeletal Muscle Mass (SMM) shows the muscle mass in each limb (right arm, left arm, right leg, left leg) and torso, as well as total SMM in pounds (bottom left corner) which enables detection of muscular asymmetries, past or recent injuries (fractures and immobilization), and may indicate neuromuscular problems to investigate further.

Segmental SMM is represented in pounds and colors correspond to comparison to your reference group based on age, gender, ethnicity, and BMI. The marks under the bar indicate the pounds of muscle mass that correspond to 5%, 50%, and 95% of the reference group:

Explaining Segmental SMM



This shows where your **muscle mass is distributed** on your body more specifically. Let's go through it together and compare it to your current movement regimen to see where we see progress and where to make changes. This may help show areas for improvement in upper or lower body.

Body Composition Chart (Fat vs. Muscle)



What is the parameter and what are normal ranges?

The body composition chart (BCC) combines Fat Mass (FM) and Skeletal Muscle Mass (SMM) in a coordinate system, independent of BMI. Looking at the FM and SMM together can describe body composition as one of 4 generalized types and indicate how body composition is changing over time.

The values of Fat Mass and Skeletal Muscle Mass are individual values for age, ethnicity, and gender (but not BMI) of the reference population:

Muscle Mass (x axis)

- Low Muscle falls in red and represents below the 5th percentile
- Normal/high muscle mass is in green and represents above the 5th percentile

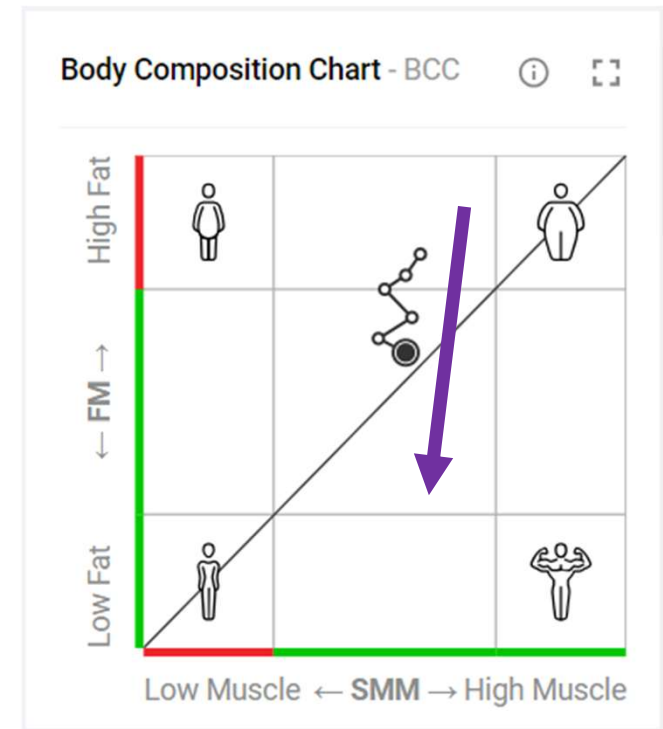
Fat Mass (y axis)

- High fat mass falls in red and represents above 95th percentile
- Normal/low fat mass is in green and represents below the 95th percentile

Body Composition Chart (Fat vs. Muscle)

This chart shows your body composition changes. On the **Y axis is your "fat mass"** (FM) and on the **X axis is your "skeletal muscle mass"** (SMM)

During **weight loss** we are hoping to see a **decline in fat mass (line going down)**, with as little loss of muscle as possible (not going left), and eventually gaining muscle would (move to the right)



A More Comprehensive Picture

BMI

Screening tool, but
incomplete

Skeletal Muscle Mass

Metabolic engine
that burns fat

Body Fat %

Overall
adiposity

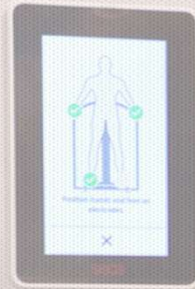
Visceral Fat

#1 predictor of
metabolic disease

Segmental, Skeletal Muscle Mass

Guides personalized
interventions

Framework for Focused Results



Setup Software to Flow with Coaching



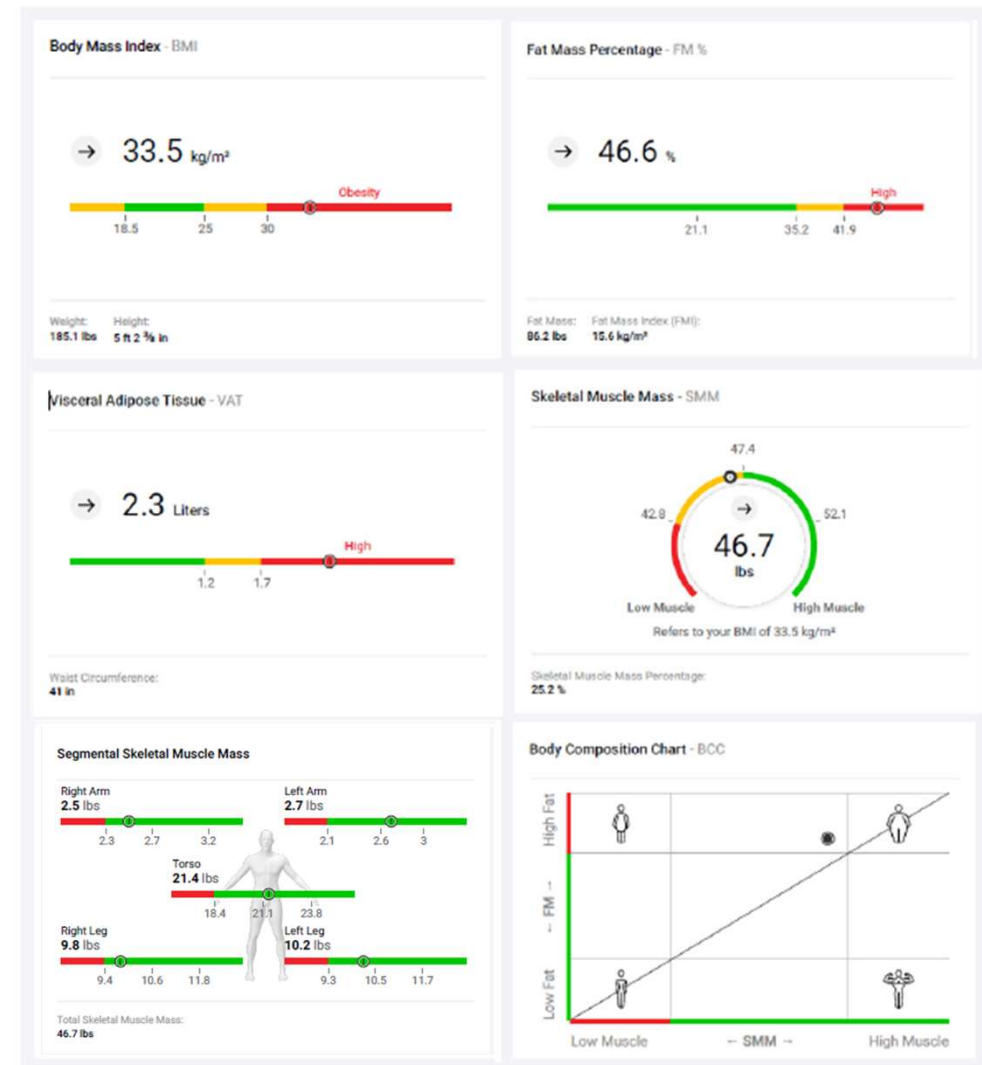
- **Prioritize what matters** to the patient and to you as their clinician
- **Identify key parameters** you want to review and setup reports to flow with conversation
- **Connect changes in data to outcomes** you are hoping to see change in

Core Metrics

Customize your Reports with the metrics that you use in order of how your conversation flows

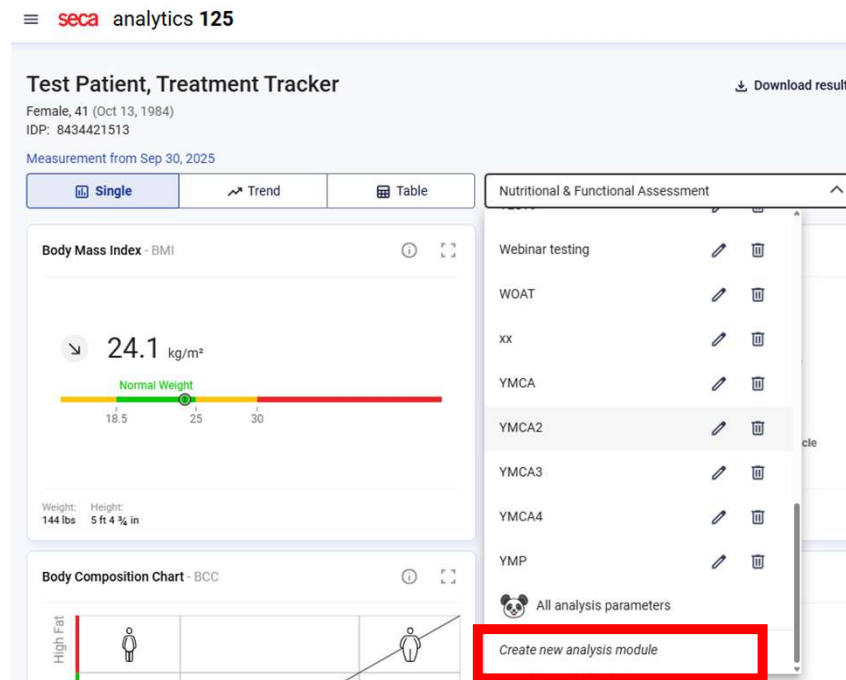
Suggested key parameters for metabolic health:

- ✓ BMI
- ✓ FM %
- ✓ VAT
- ✓ SMM
- ✓ Segmental SMM
- ✓ BCC



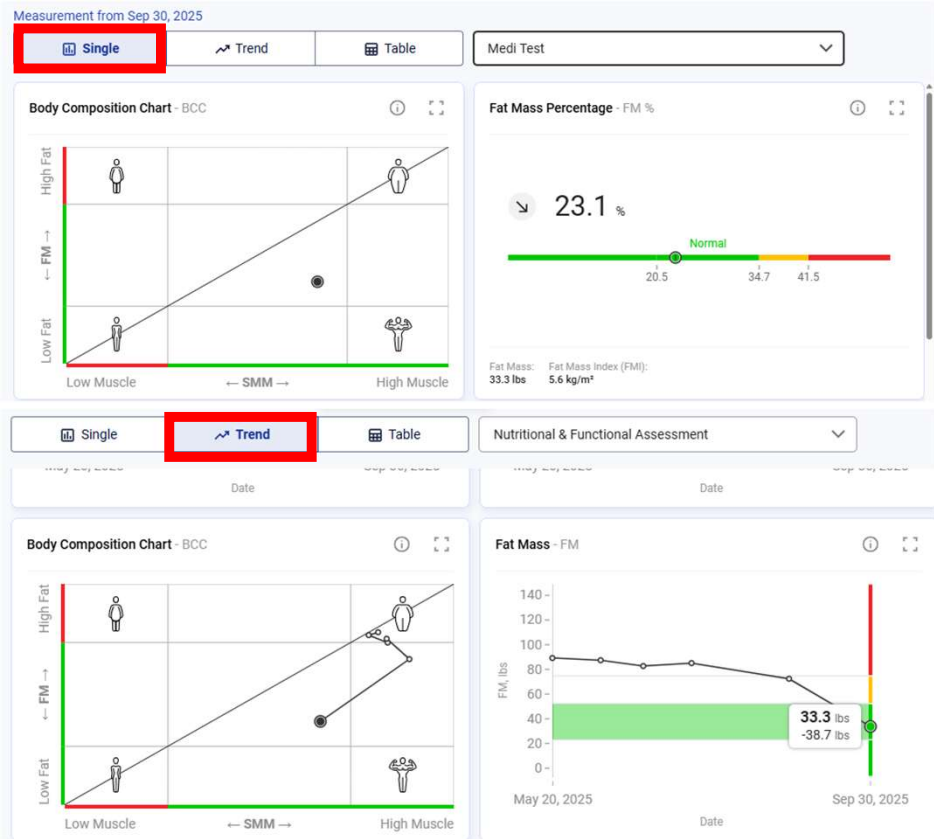
Focus on your Key Parameters

- Create new analysis module
- Select the parameters you want to see on a template
- Name template, select trend/table metrics



The 'Create new analysis module' dialog box is shown. It includes a text field for 'Designation of analysis module' with the placeholder 'NAME YOUR TEMPLATE'. Below this are two checkboxes: 'Analysis module visible to user' (checked) and 'Intended for children' (unchecked). The 'Single' tab is selected, and the 'Trend/Table' tab is also visible. A list of parameters is shown, with 'Skeletal Muscle Mass - SMM' and 'Visceral Adipose Tissue - VAT' checked. Other parameters include 'Skeletal Muscle Mass over Age', 'BMI related (Standard)', 'BMI unrelated (recommended for strength assessment)', 'TRU Body Score', and 'Waist Circumference - WC'. The 'Cancel' and 'Save' buttons are at the bottom right.

View Changes in a way that connects (trend, table, Treatment Tracker)





Treatment Planning & Behavior Change Coaching

Using Body Comp to Guide Clinical Decisions

Identify primary driver of concern

- High fat mass
- High VAT
- Low SMM

Match intervention to physiology

- Nutrition
- Exercise
- Medication

Reassess and Adjust

- What changed?
- Did intervention work?
- What's next?

CASE STUDY #1:

- 50yo Female
- Starting BMI 57
- Sleeve >3 years ago
- Tirzepatide 15mg
- Strong appetite suppression
- Can go all day hardly eating
- Hitting protein goals
- Uses weights while walking



Turn Body Composition into Better Patient Outcomes: Interpret Data and Strengthen Clinical Decisions

4/24/2026

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CASE STUDY #1:

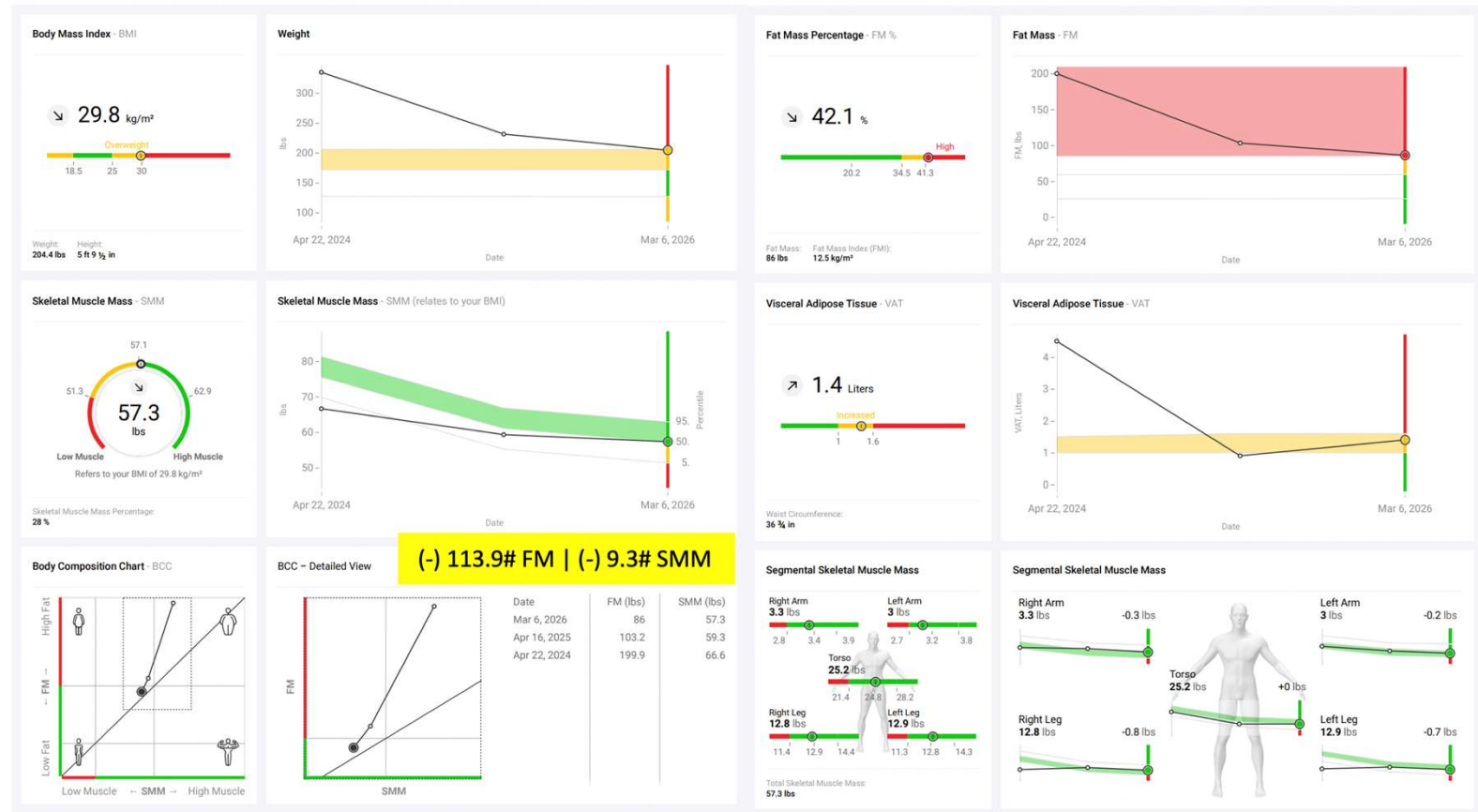
Plan:

- Decrease medication dosage
- Increased intensity of strength training



CASE STUDY #2:

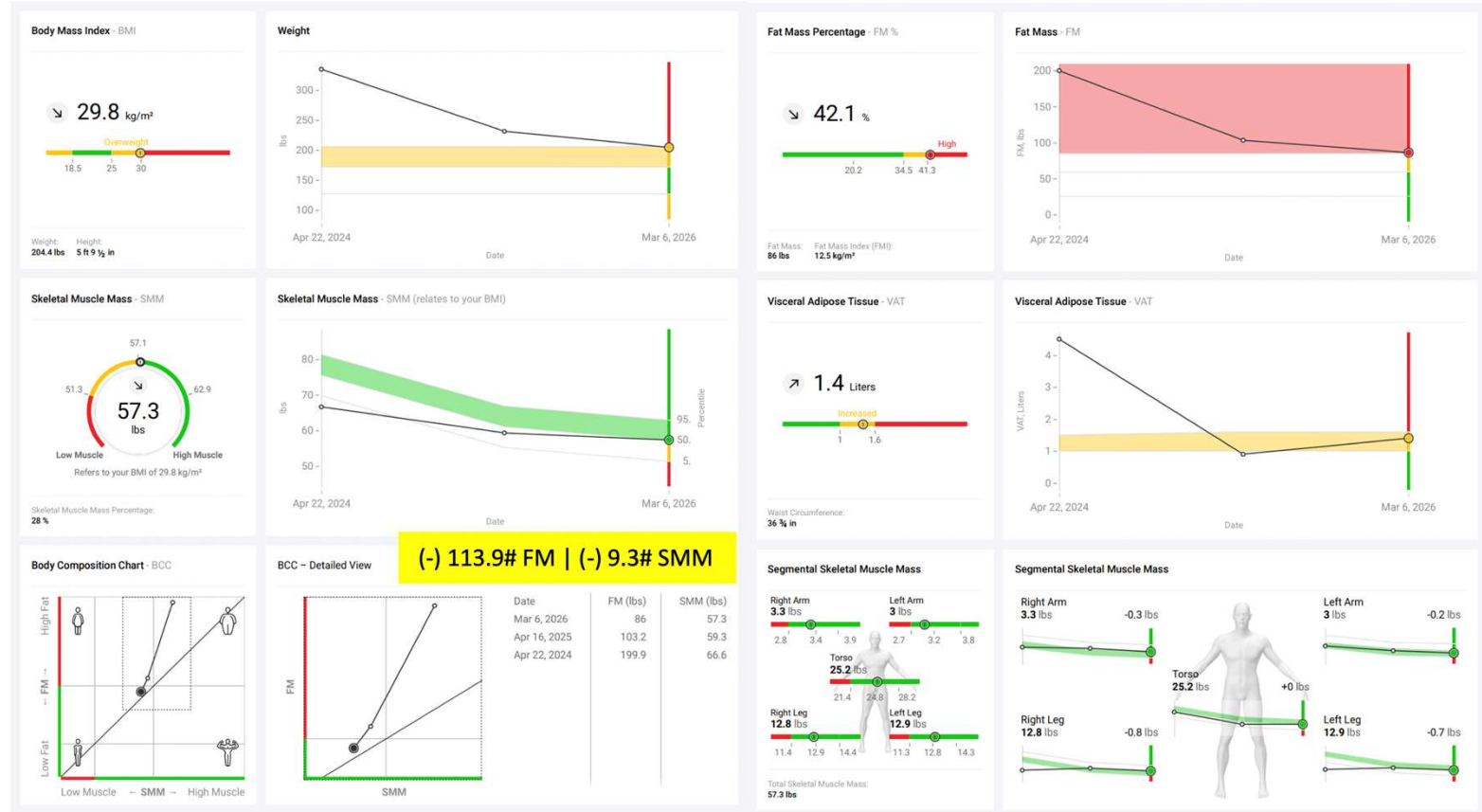
- 35 year old Female
- SADI-S 2 years ago
- 2025: divorce, passing of loved one, and cancer diagnosis of family member
- 2026: started graduate program
- Not currently exercising
- Not hitting water goals
- Low protein levels on lab results



CASE STUDY #2:

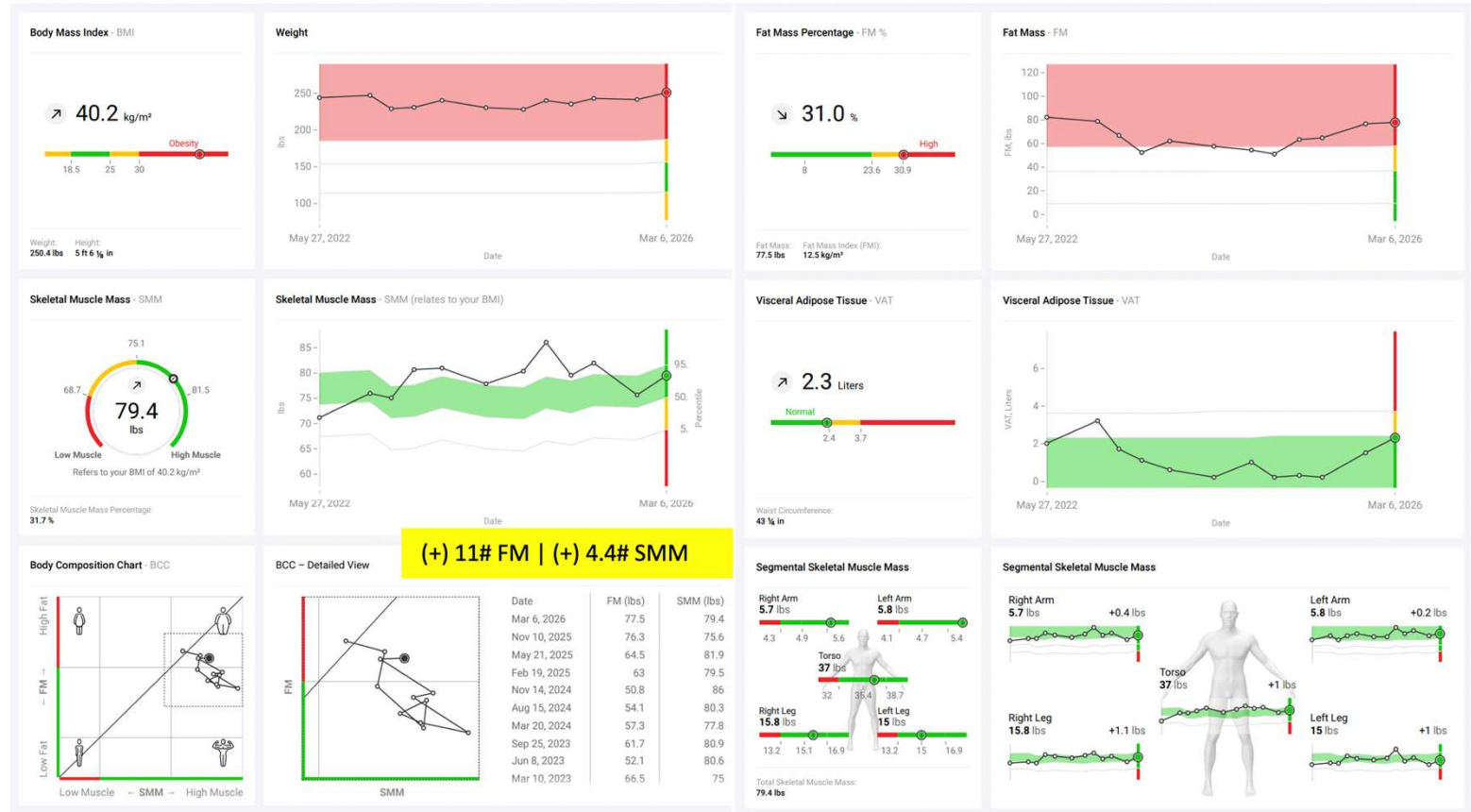
Plan:

- Follow-up with RD for nutritional support
- Aim for going to the gym 1x / week to re-start strength training
- 64oz water/day
- 80-90g protein/day



CASE STUDY #3:

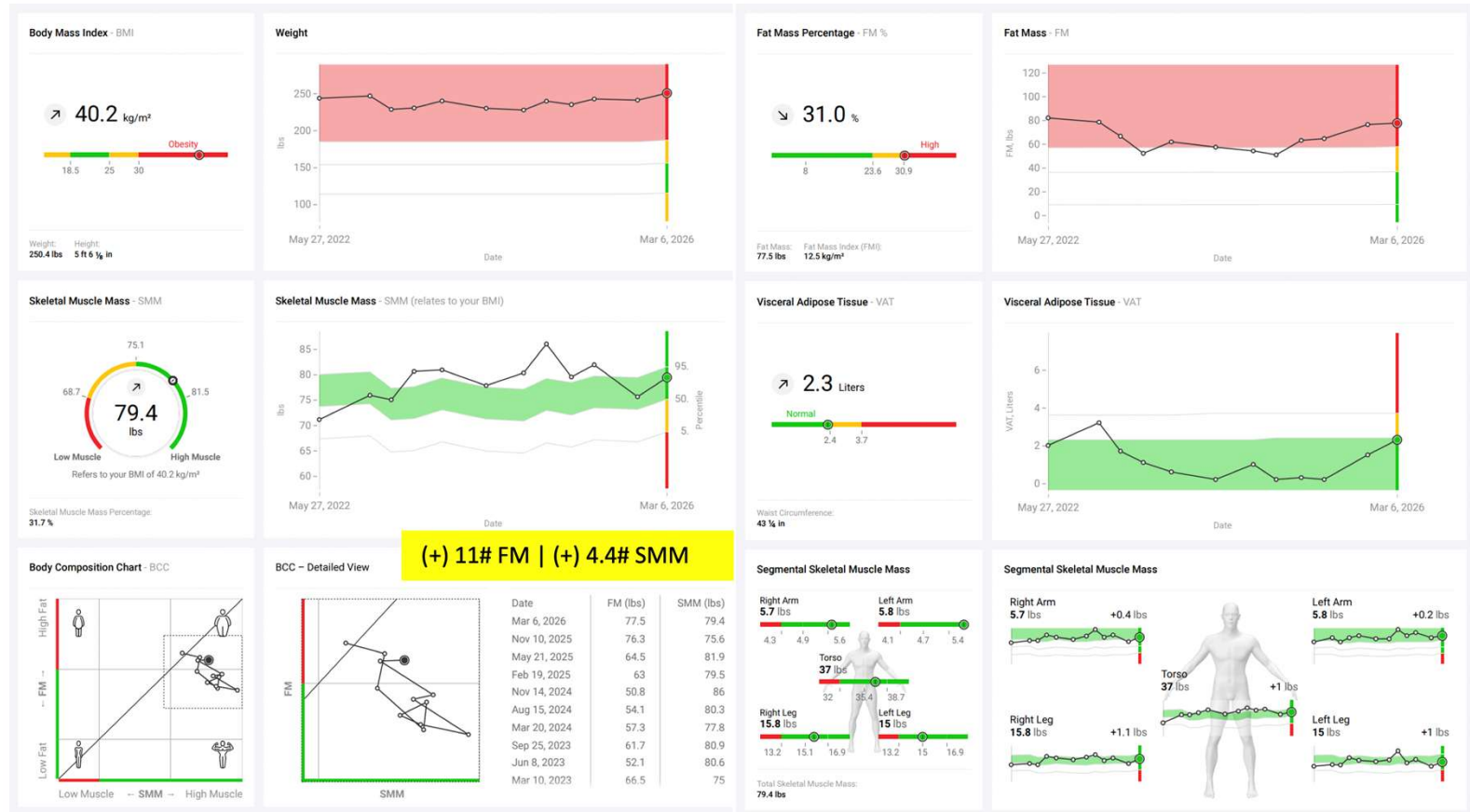
- 36yo Male
- Sleeve 5 years ago
- Phentermine + topiramate
- Athlete – carb loads a few hours before training sessions
- Recently, hasn't been training for a race but does still work out at the gym
- Carbs = pasta, sandwiches, rice, bagels, oatmeal



CASE STUDY #3:

Plan:

- Continue strength training at the gym
- High protein, low carb
- High fiber, low glycemic index foods
- More non-starchy vegetables
- RD follow-up



Coaching around Key metrics

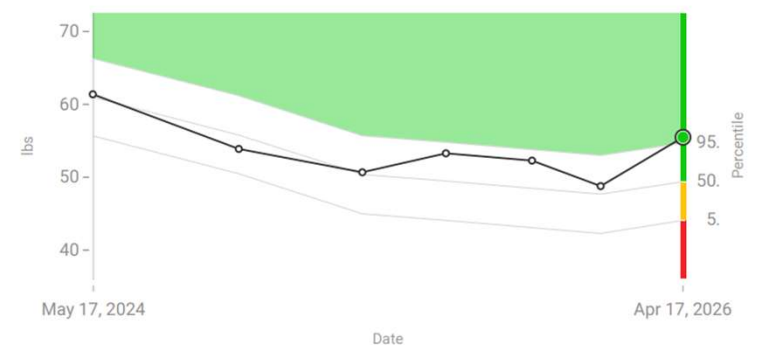
"What's your main take-away from the results?"

- Focus on **what matters most to the patient** and **their health priorities**
- Goal #1: driven by patient's values (intrinsic motivation)
 - *NOT a # on the scale!
- Goal #2: mutually agreed-upon and actionable
 - Nutrition, movement, mindfulness, med adjustment, etc.
- Set follow up for 3* months
 - Some patients like more accountability. Offer 6-8 weeks!
 - Can also come between telehealth visits as an MA/support staff visit (15 mins)

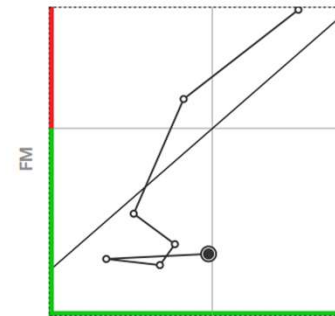
visual data is more compelling

- Use specific data points where the **trend CHANGES** to allow for reflection on their lifestyle
- These are GOLD NUGGETS
- **Leverage these insights into their lives** to frame GOAL SETTING
- **Increases patient "buy in", accountability**, and going back to what has worked for them in the past

Skeletal Muscle Mass - SMM (relates to your BMI)



BCC - Detailed View



BCC - Table View

Date	FM (lbs)	SMM (lbs)
Apr 17, 2026	47.9	55.4
Jan 9, 2026	46.3	48.7
Oct 20, 2025	44.2	52.2
Jul 9, 2025	50.7	53.2
Apr 2, 2025	60.4	50.6
Nov 6, 2024	96.3	53.8
May 17, 2024	124.5	61.3

Celebrate trends in the right direction

- Link **muscle metrics** to **what matters** to the patient
 - Strength, function, power, independence, energy, confidence
- It is more favorable to **gain weight from SMM** that will improve their overall metabolic health
 - Weight stall = (+) 1# SMM with (-) 1# FM
- **Let the BIA scale tell the story**
 - Don't leave patients floundering in social media groups with "comparisonitis"
- Dish out some high-fives and **positive affirmations** for the behaviors that got them here!



Driving Behavior Change with Visuals



- Progress Tracking using the **'treatment tracker' software** shows visual changes in fat mass, fat-free mass, and muscle mass
- Connect **visual changes in the lines with the bars underneath** which represent length of time on certain treatments
- If a big change is happening in a body comp parameter, **what is happening with their treatment modalities** to pivot treatment plans

Visually Putting it all Together



- You can now view **current body composition** in one simplified, consolidated tile bringing weight, fat mass, fat free mass, and muscle mass in one graphic

Treatment Tracker Guide

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<https://hs.seca.com/cardiometabolic-treatment-tracker>

CARDIOMETABOLIC TREATMENT TRACKER EDUCATIONAL GUIDE

Track. Visualize. Adjust.

seca's newest software function connects the patient's treatment plan with their body composition results in one place enabling you to track clinical interventions, visualize body composition changes, and adjust your plan of care to optimize outcomes.

Explore the Educational Guide to learn key features and optimize your Treatment Tracker experience.

Download Educational Guide

Watch the How-To Video



Keeping Engagement High



- Reinforce progress **beyond weight – ESPECIALLY during periods of stalls*****
- Use body composition data to maintain **momentum**
- Create **accountability** between visits
- **Engagement** drives **adherence**
- Regular **touchpoints** improve **outcomes**
- Patients are more likely to return when they **understand progress**
- **Hand them the physical print off so they leave with added value from the visit**

A smiling female doctor with long blonde hair, wearing a white lab coat over a dark top, is sitting at a desk. She has her hand resting on her chin and is looking towards the camera. The background is a bright, modern clinical setting with large windows.

Enhance Clinical
Performance &
Practice Growth

Practice Differentiation

- **Be the expert** in obesity medicine and bariatric surgery
- **Competitive edge** when pairing data with behavior change
- Coaching/counseling in between visits keeps **momentum** going
 - Improves patient outcomes
 - Reduce practice liability
- **Maintains patients within your ecosystem**



Make BIA Standard Practice for ALL

Work with team to maximize work-flow efficiencies

- Early to visit: get them going on the seca BIA
- Late to visit: conduct seca BIA after the visit + support staff give hand printed results
- Direct patient toward Body Composition Course (free!) to review results on their own time
- Wait until seca report is uploaded into chart before closing encounter and submitting charges

Telehealth patients

- Alternate In-Office visits with virtual (or every 2-3 virtual visits)
- Come in between visits on their own for a vital sign visit

FREE Course!

"Understanding Your Body Composition"

← Previous SectionNext Section →



Understanding Your Body Composition

100% COMPLETE

- Introduction
- Why Body Composition Matters
- Body Mass Index
- Skeletal Muscle Mass
- Body Composition Chart
- Body Fat Percentage
- Visceral Adipose Tissue
- Segmental Muscle Mass
- Case Studies
- Summary

Visceral Adipose Tissue

VISCERAL ADIPOSE TISSUE (VAT)

What is Visceral Fat?

Fat stored deep inside your abdomen, surrounding your internal organs (ie: liver, pancreas, and intestines). Unlike the fat you can pinch, visceral fat is hidden and metabolically active.

**Type 2 Diabetes & Insulin Resistance**

**Heart Disease & Hypertension**

**Chronic Inflammation**

**Fatty Liver Disease**

YOUR GOAL: GREEN ZONE

Reducing visceral fat leads to:

- Reduced inflammation
- Lower cardiovascular risk
- Better metabolic health & longevity

VAT predicts cardiometabolic disease independently of total body weight or BMI.

Relatable check: Notice how your clothes are fitting around your waist. That reflects changes in visceral fat!





***Email me for a personalized flyer*

Billing & Coding – Procedures

From Kate's
Experience

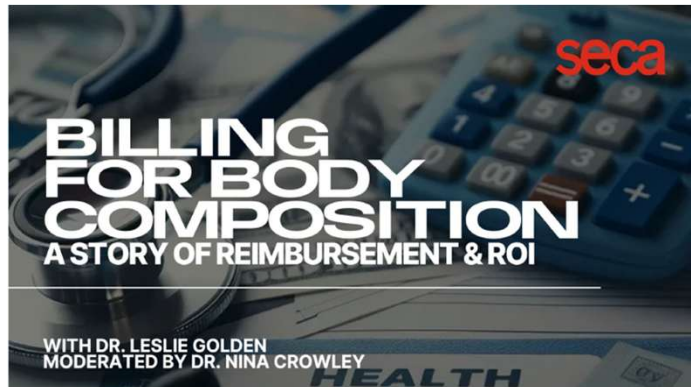
- 1) Enter **diagnosis codes FIRST** (ie: HTN, T2DM, Obesity Class, etc.)
- 2) CPT codes
 - **E&M Codes (99213-99215)** when reviewing results + making clinical decisions
 - Add **Modifier 25** when billing with office visit
 - Bill **CPT 0358T** for the scan itself

C.S.	Code	Description	Start Time(DOS)	End Time(DOS)	Units	Type	Body Site(s)	Mods	Status	Actions
CPT	99214	OFFICE VISIT, ESTABLISHED PT, LEVEL 4	05/01/2026 at 08:30:00 am EDT		1	UN		25		 
CPT	0358T	BIA WHOLE BODY	05/01/2026 at 08:30:00 am EDT		1	UN				 

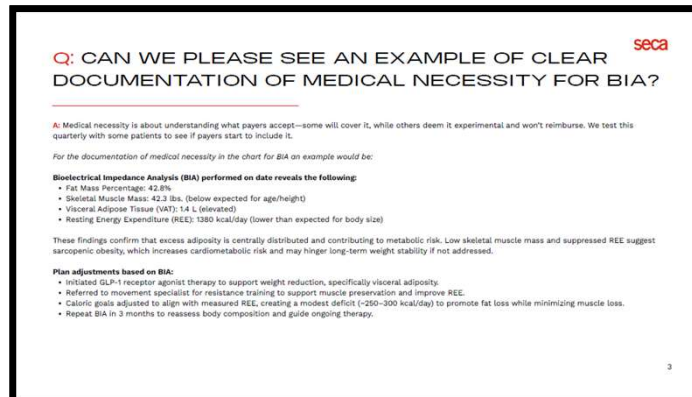
- 3) Set expectations upfront
 - **Coverage is variable** – use ABN (Medicare) or Non-Covered Service Form (commercial)
 - Typical reimbursement \$17-31 commercial/\$22-25 Medicare
- 4) Make it part of your workflow
 - Align with care plan (~3 mo)
 - **Document medical necessity**
 - Set fee based on highest payer reimbursement

Billing for BIA, Reimbursement, ROI

Webinar Replay + Slide Deck



Detailed Q&A Guide



6-page Practice Guide



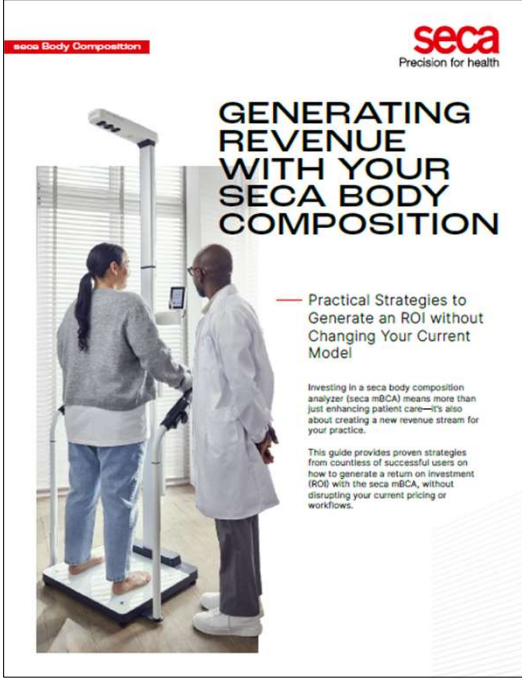
Resources Available at: <https://secambca.com/billing-for-body-composition-a-story-of-reimbursement-roi/>

Turn Body Composition into Better Patient Outcomes: Interpret Data and Strengthen Clinical Decisions

Billing & Coding – Self Pay

- 1) Concierge subscription / Membership model
 - le: \$97/mo... includes X number of measurements per month
- 2) Pay per use
 - \$25-75/ measurement

Seca's ROI Guide



seca Body Composition

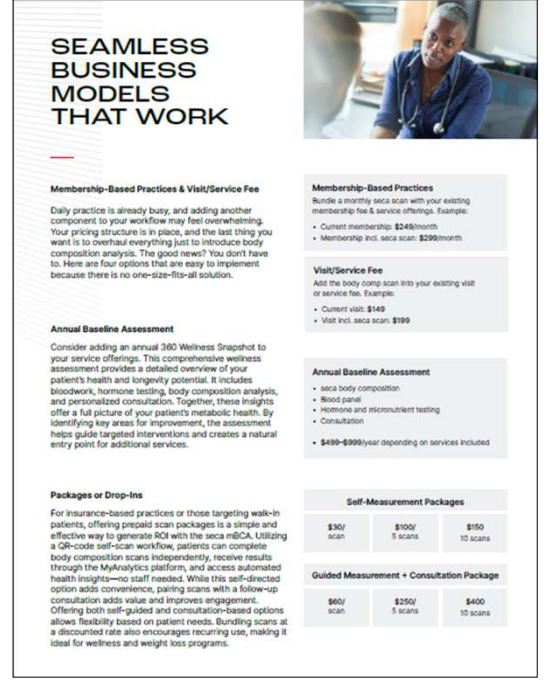
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Precision for health

GENERATING REVENUE WITH YOUR SECA BODY COMPOSITION

— Practical Strategies to Generate an ROI without Changing Your Current Model

Investing in a seca body composition analyzer (seca mBCA) means more than just enhancing patient care—it's also about creating a new revenue stream for your practice.

This guide provides proven strategies from countless successful users on how to generate a return on investment (ROI) with the seca mBCA, without disrupting your current pricing or workflows.



SEAMLESS BUSINESS MODELS THAT WORK

Membership-Based Practices & Visit/Service Fee

Daily practice is already busy, and adding another component to your workflow may feel overwhelming. Your pricing structure is in place, and the last thing you want is to overhaul everything just to introduce body composition analysis. The good news? You don't have to. Here are four options that are easy to implement because there is no one-size-fits-all solution.

Annual Baseline Assessment

Consider adding an annual 360 Wellness Snapshot to your service offerings. This comprehensive wellness assessment provides a detailed overview of your patient's health and longevity potential. It includes bloodwork, hormone testing, body composition analysis, and personalized consultation. Together, these insights offer a full picture of your patient's metabolic health. By identifying key areas for improvement, the assessment helps guide targeted interventions and creates a natural entry point for additional services.

Packages or Drop-Ins

For insurance-based practices or those targeting walk-in patients, offering prepaid scan packages is a simple and effective way to generate ROI with the seca mBCA. Utilizing a QR-code self-scan workflow, patients can complete body composition scans independently, receive results through the MyAnalytics platform, and access automated health insights—no staff needed. While this self-directed option adds convenience, pairing scans with a follow-up consultation adds value and improves engagement. Offering both self-guided and consultation-based options allows flexibility based on patient needs. Bundling scans at a discounted rate also encourages recurring use, making it ideal for wellness and weight loss programs.

Membership-Based Practices

Bundle a monthly seca scan with your existing membership fee & service offerings. Example:

- Current membership: \$249/month
- Membership incl. seca scan: \$299/month

Visit/Service Fee

Add the body comp scan into your existing visit or service fee. Example:

- Current visit: \$149
- Visit incl. seca scan: \$199

Annual Baseline Assessment

- seca body composition
- Blood panel
- Hormone and micronutrient testing
- Consultation

• \$499-\$999/year depending on services included

Self-Measurement Packages		
\$30/ scan	\$100/ 5 scans	\$150 10 scans

Guided Measurement + Consultation Package		
\$60/ scan	\$250/ 5 scans	\$400 10 scans

<https://secambca.com/revenue-generation-medical-practices/>

Bringing it all
Together



Conclusions

Bringing It All Together

- Body composition = tool
- Behavior change = driver
- Outcomes = goal

Key Takeaways

- Focus on a few key metrics – setup software
- Translate data into meaning
- Tie results to action
- Use trends to drive engagement

Clinical + Practice Impact Summary

- Added clinic value
- Better adherence
- Better outcomes
- Modernized practice
- Additional revenue

Stay in touch with Kate!



Kate (Kathryn) Fuss, PA-C

Bariatric & Obesity Medicine Physician Assistant
CEO & Founder | Banana Bariatrics, LLC

Banana Bariatrics provides virtual aftercare program for bariatric & obesity medicine practices:

- > *Runs alongside your Practice*
- > Structured educational content (ASMBS)
- > Expert-led support groups (MBSAQIP)
- > Behavior change coaching
- > Peer community support

- ☐ **Schedule a demo:** <https://bananabariatrics.com/private-practice/>
- ☐ **Connect on LinkedIn**
- ☐ **Email for a personalized "Understanding Your Body Composition" Course flyer:** info@bananabariatrics.com
 - Company logo and brand colors

stay in touch with seca

Evidence-Based
Hormone Therapy and
Metabolic Considerations
in Midlife Women



Presented by Dr. Jeremy McConnell, MD

Evidence-Based Hormone Therapy and Metabolic Considerations in Midlife Women

Explore the powerful connection between sleep and metabolism with Dr. Jeremy McConnell in this free webinar. Learn how disrupted sleep drives metabolic dysfunction, how to screen for OSA, and how to use body composition metrics like visceral fat to improve outcomes. Gain actionable tools and clinical insights.

[Read more](#)

RESEARCH GUIDE

BMI VS. BODY FAT:
RETHINKING THE NUMBERS
THAT DEFINE HEALTH

For decades, Body Mass Index (BMI) has been used to assess health — but new research shows it may not tell the full story.



Research Brief: BMI vs. Body Fat Percentage: Rethinking the Numbers That Define Health

A new study reveals BMI may not be the best predictor of health. Discover why body fat percentage (BF%) offers stronger insight into long-term outcomes, and how body composition analysis helps clinicians identify risk earlier, communicate better with patients, and move beyond outdated measures.

COMMUNICATING THE VALUE OF BODY COMPOSITION FOR METABOLIC HEALTH

From Clinical Impact
to Practice ROI



Presented by
Dr. Michael Glickman, MD

Communicating the Value of Body Composition for Metabolic Health, from Clinical Impact to Practice ROI

Explore the powerful connection between sleep and metabolism with Dr. Jeremy McConnell in this free webinar. Learn how disrupted sleep drives metabolic dysfunction, how to screen for OSA, and how to use body composition metrics like visceral fat to improve outcomes. Gain actionable tools and clinical insights.

[Read more](#)



From Data to Dialogue: Coaching with Body Composition in Functional Medicine

Discover how to use body composition data in functional medicine coaching. Learn strategies to guide care, motivate patients, and empower lasting change.

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ADIPOSYTY-BASED CHRONIC DISEASE IN PRACTICE:

Using Clinical Staging and Body
Composition to Guide Treatment —
AACE 2025 Update



Presented by Kurt Hestekamp, DO, FACC, FACP, ABOM
Moderated by Dr. Nina Gossling, PhD, RDH, LD

Adiposity-Based Chronic Disease in Practice: Using Clinical Staging and Body Composition to Guide Treatment — AACE 2025 Update

Discover how to use body composition data in functional medicine coaching. Learn strategies to guide care, motivate patients, and empower lasting change.

[Read more](#)



Revenue Generation Strategies for Medical Practices with seca Body Composition

This free guide shares proven ways to generate new revenue streams using seca body composition analysis in insurance-based practices. Learn how to set smart pricing, bundle services, and integrate seamlessly into existing workflows to maximize ROI—without overhauling your current model.

Webinars, Podcasts, Practice Guides, Results Guides, Research Briefs, Blogs, Newsletter



<https://www.linkedin.com/showcase/seca-mbca-north-america>



https://www.instagram.com/seca_northamerica

www.secambca.com

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