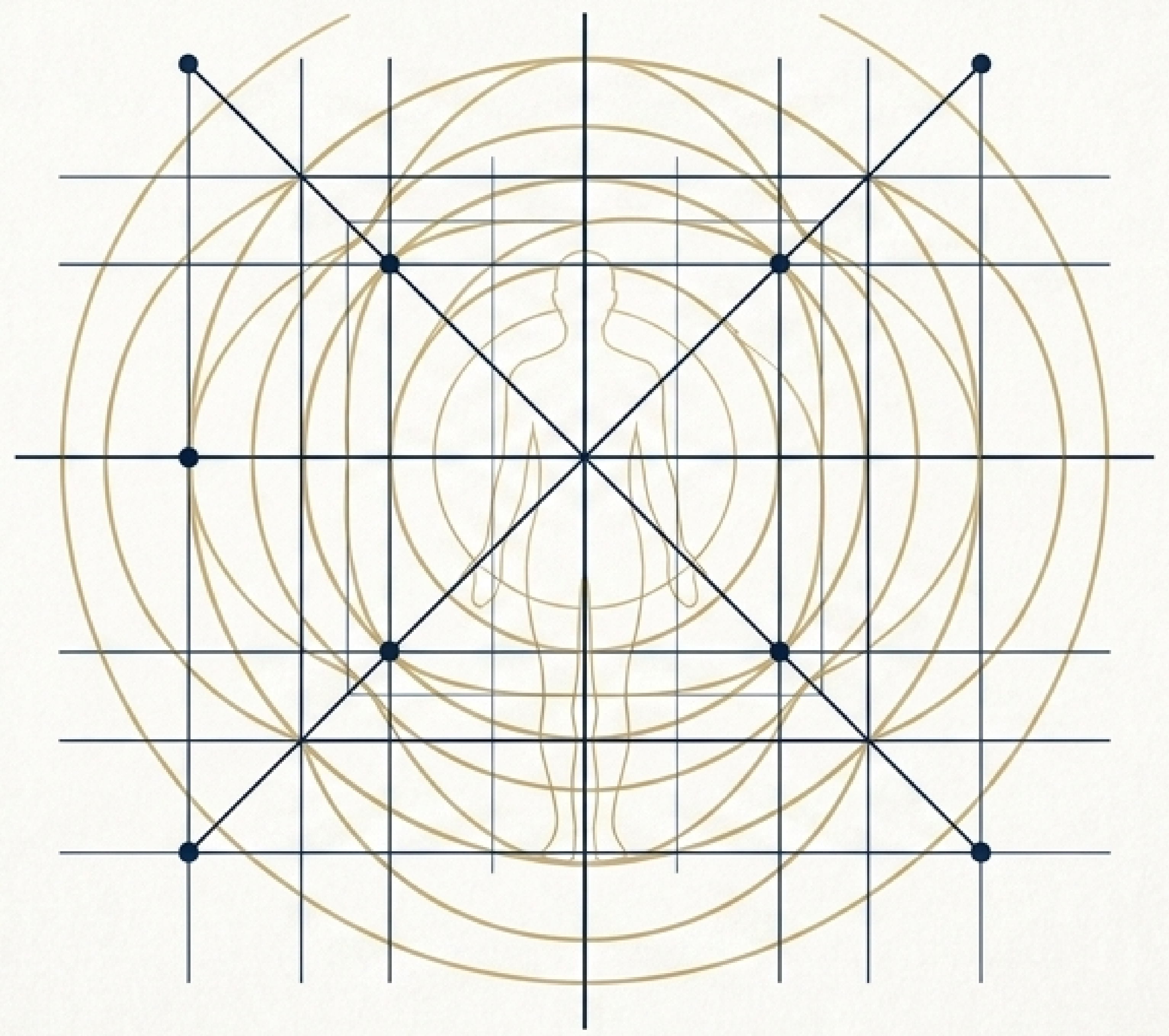
The Life-Coherence Clinical Assessment

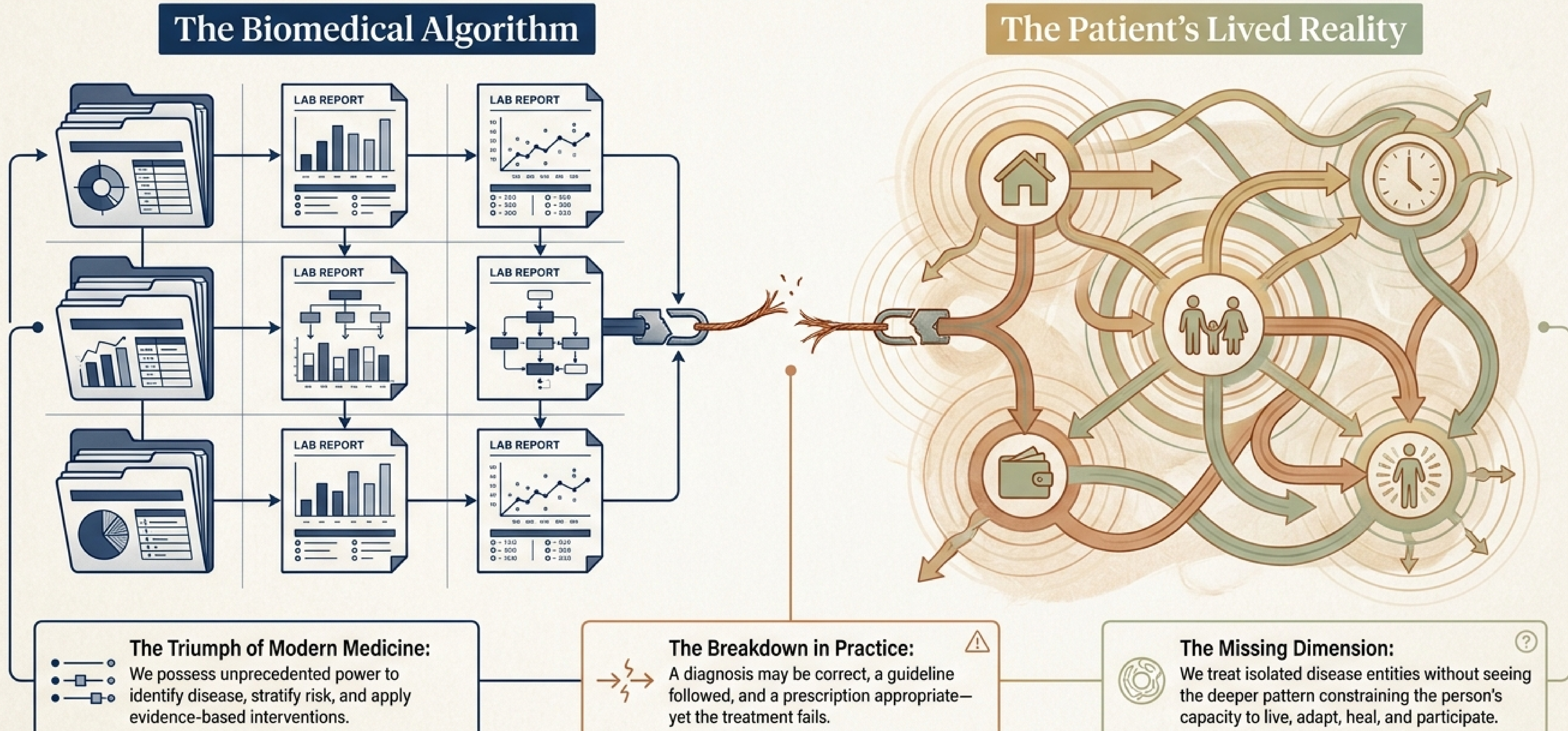
A method for reading disease as loss of life-capacity.

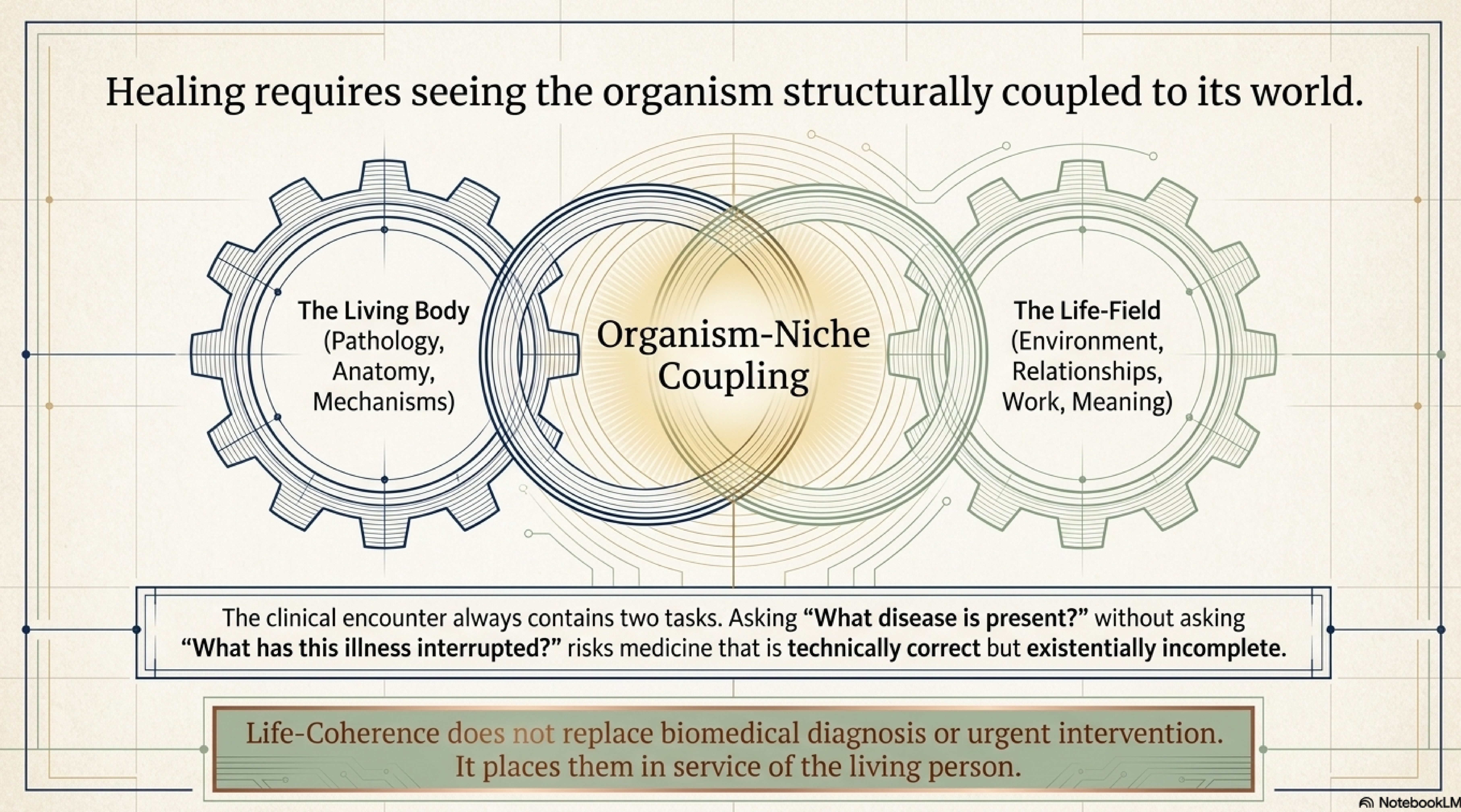


Integrating biomedical rigor with the architecture of lived experience.

NotebookLM

Highly accurate diagnoses. Highly miscoupled care.



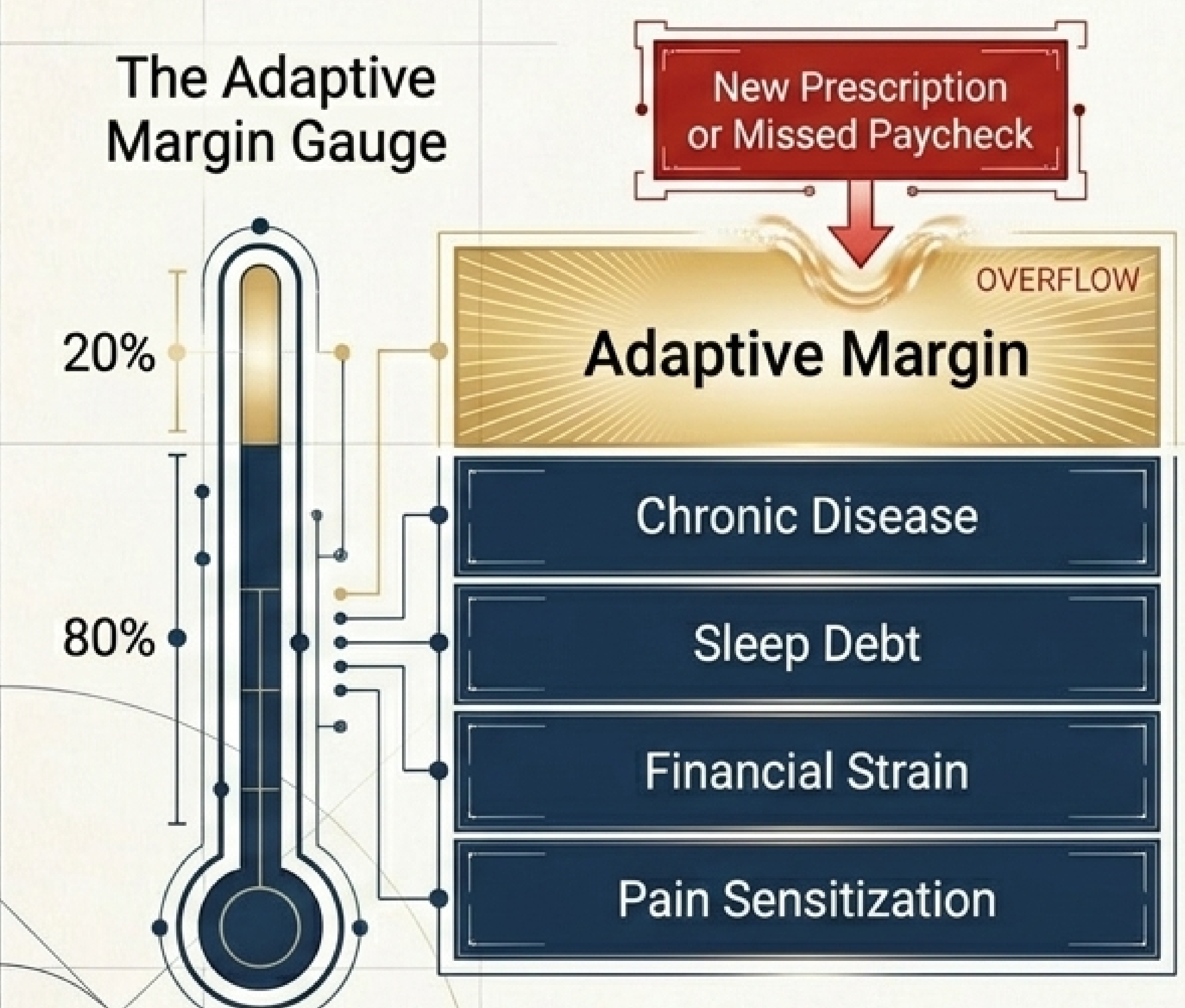

Healing requires seeing the organism structurally coupled to its world.
The Living Body
(Pathology,
Anatomy,
Mechanisms)
Organism-Niche
Coupling
The Life-Field
(Environment,
Relationships,
Work, Meaning)
The clinical encounter always contains two tasks. Asking "What disease is present?" without asking
"What has this illness interrupted?" risks medicine that is technically correct but existentially incomplete.
Life-Coherence does not replace biomedical diagnosis or urgent intervention.
It places them in service of the living person.
NotebookLM

Expanding the diagnostic gaze from pathology to capacity

Symptom	Biomedical Meaning	Life-Capacity Meaning
Chest Pain	Ischemia, vascular risk, cardiac event	Fear of movement, avoidance of work, loss of bodily trust
Hypertension	End-organ risk, arterial stiffness	Shift work exhaustion, financial strain, unresolved fear
Type 2 Diabetes	Hyperglycemia, insulin resistance	Food insecurity, medication cost, shame, cultural dietary pressure

NotebookLM

Adaptive Margin determines the capacity to absorb care.



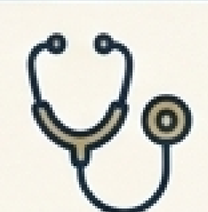
Adaptive Margin is the biological, emotional, and practical reserve that allows a person to absorb disturbance without collapse.

When margin is low, minor clinical demands produce disproportionate deterioration. A treatment plan that consumes margin rather than restoring it will ultimately fail.

NotebookLM

The clinical method, renewed.

Step 1: History



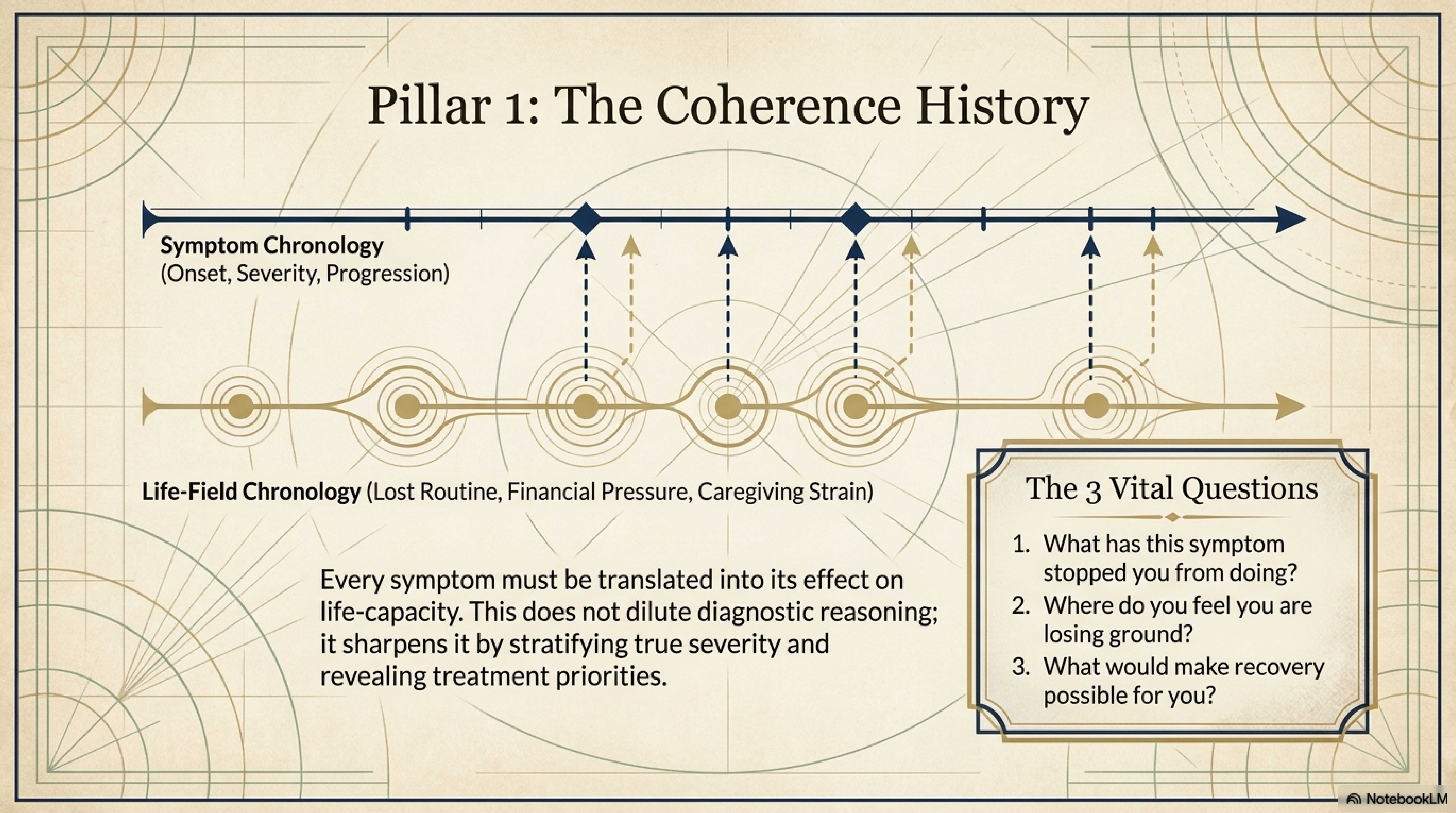
Step 2: Physical Exam

Step 3: Investigation

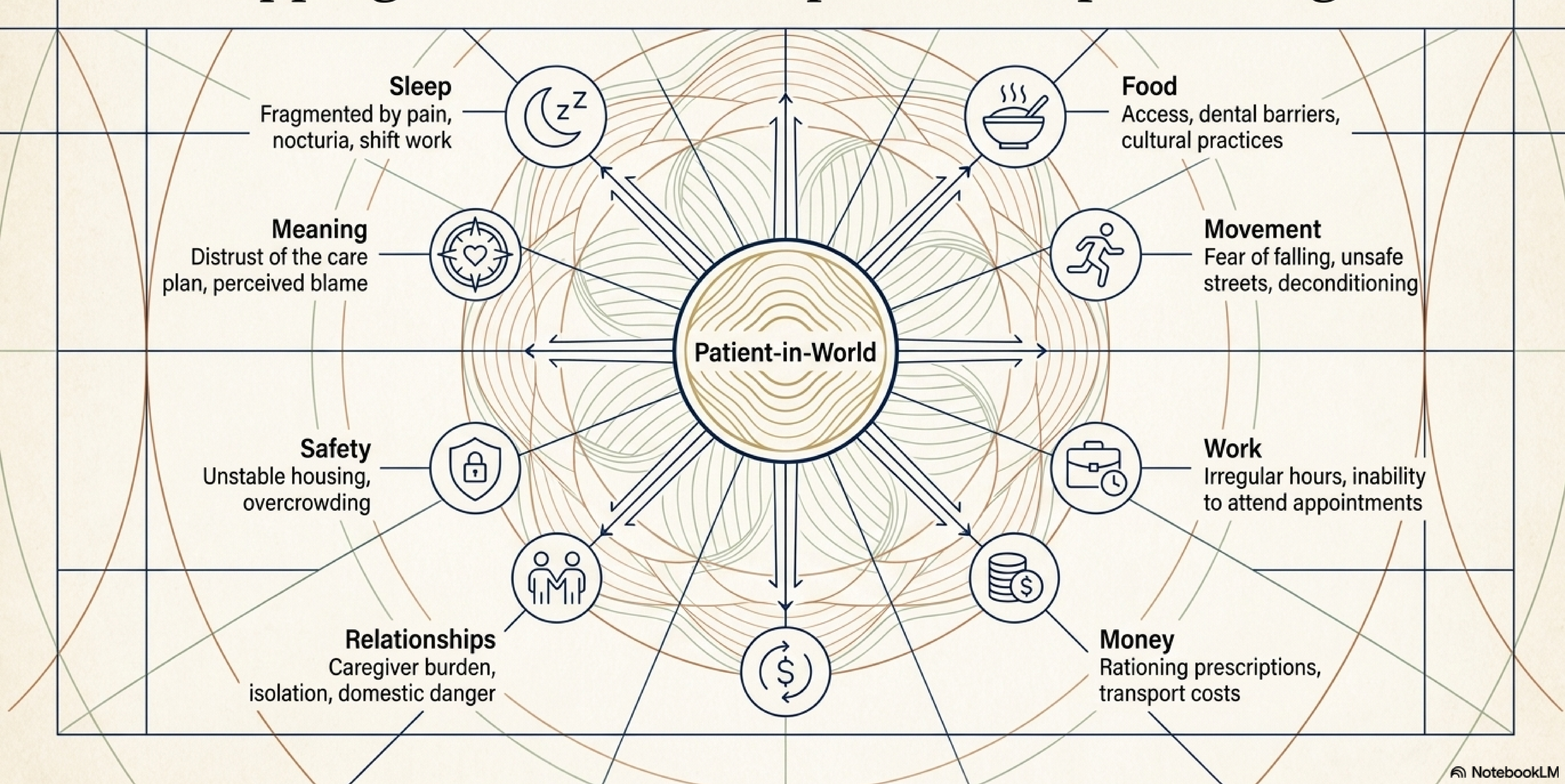
Step 4: Management

Conventional	Conventional	Conventional	Conventional
What symptoms are present?	What signs indicate disease?	What tests clarify diagnosis?	What treatment is indicated?
Coherence	**Coherence**	**Coherence**	**Coherence**
What life has been interrupted?	What does the body reveal about reserve and regulation?	What tests clarify danger, margin, or modifiability?	What feasible repair restores the most life-capacity?

NotebookLM


Pillar 1: The Coherence History
Symptom Chronology
(Onset, Severity, Progression)
Life-Field Chronology (Lost Routine, Financial Pressure, Caregiving Strain)
Every symptom must be translated into its effect on life-capacity. This does not dilute diagnostic reasoning; it sharpens it by stratifying true severity and revealing treatment priorities.
The 3 Vital Questions
1. What has this symptom stopped you from doing?
2. Where do you feel you are losing ground?
3. What would make recovery possible for you?
NotebookLM

Mapping the vectors that pull on adaptive margin



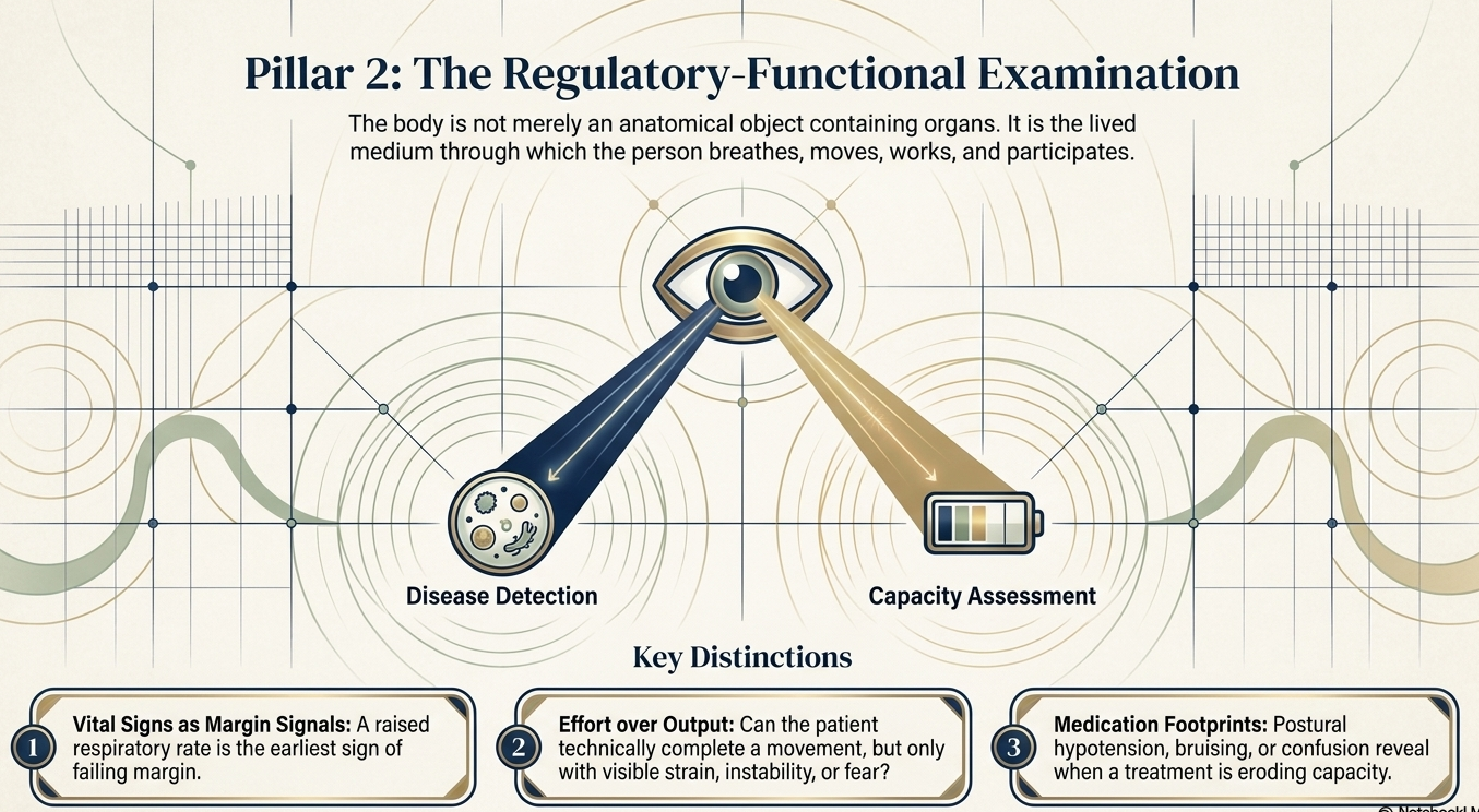
From “Non-Compliance” to “Miscoupling.”

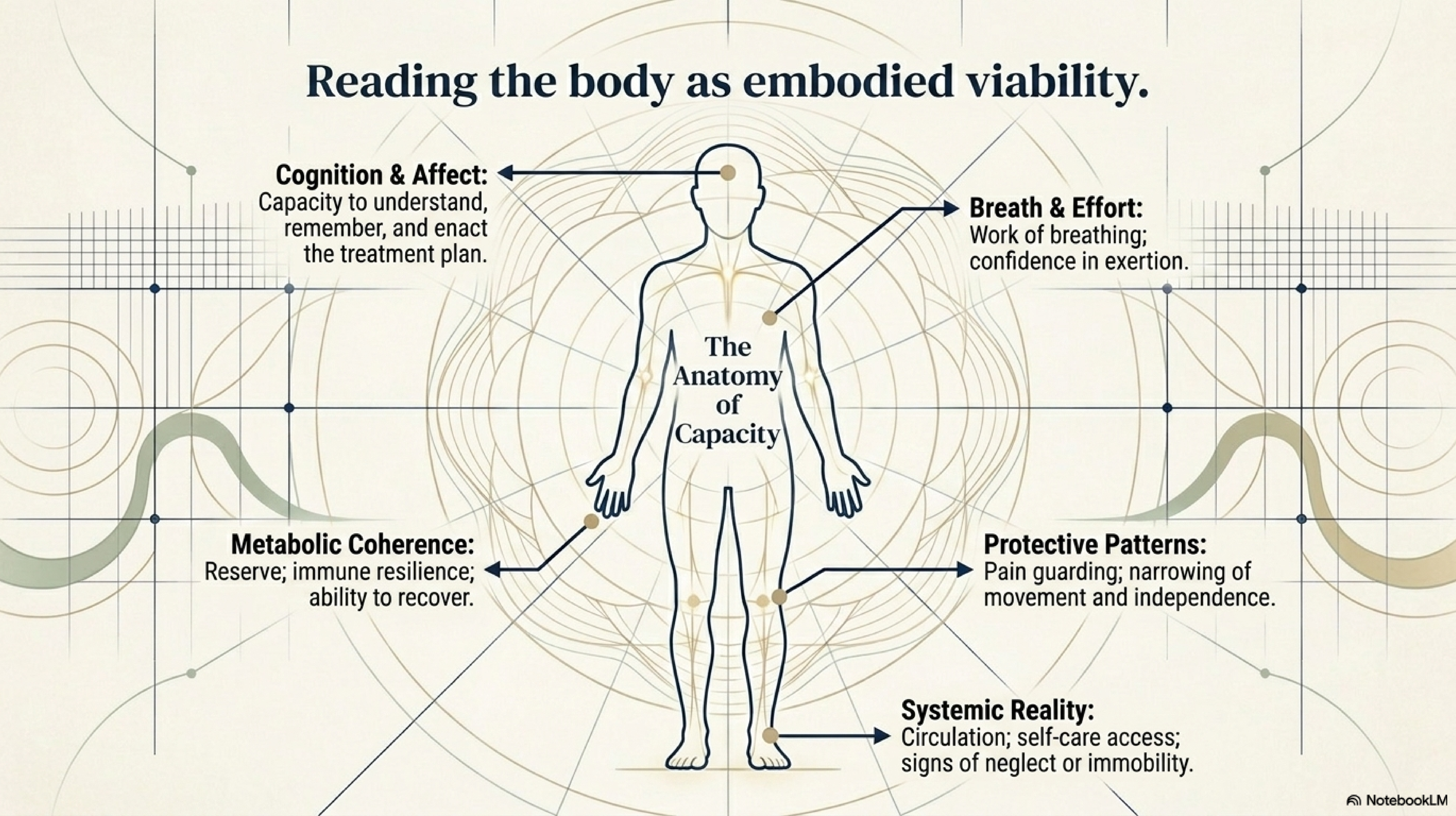
~~Non-Compliance~~ *Miscoupling*

Clinical Event	The Old Framing (Blame)	The Coherence Framing (Structural)
Patient misses appointment	Unmotivated or difficult.	Structurally blocked by transport, work, or caregiving.
Repeated medication failure	Non-adherent or careless.	The care plan is unlivable (cost, complexity, side effects).

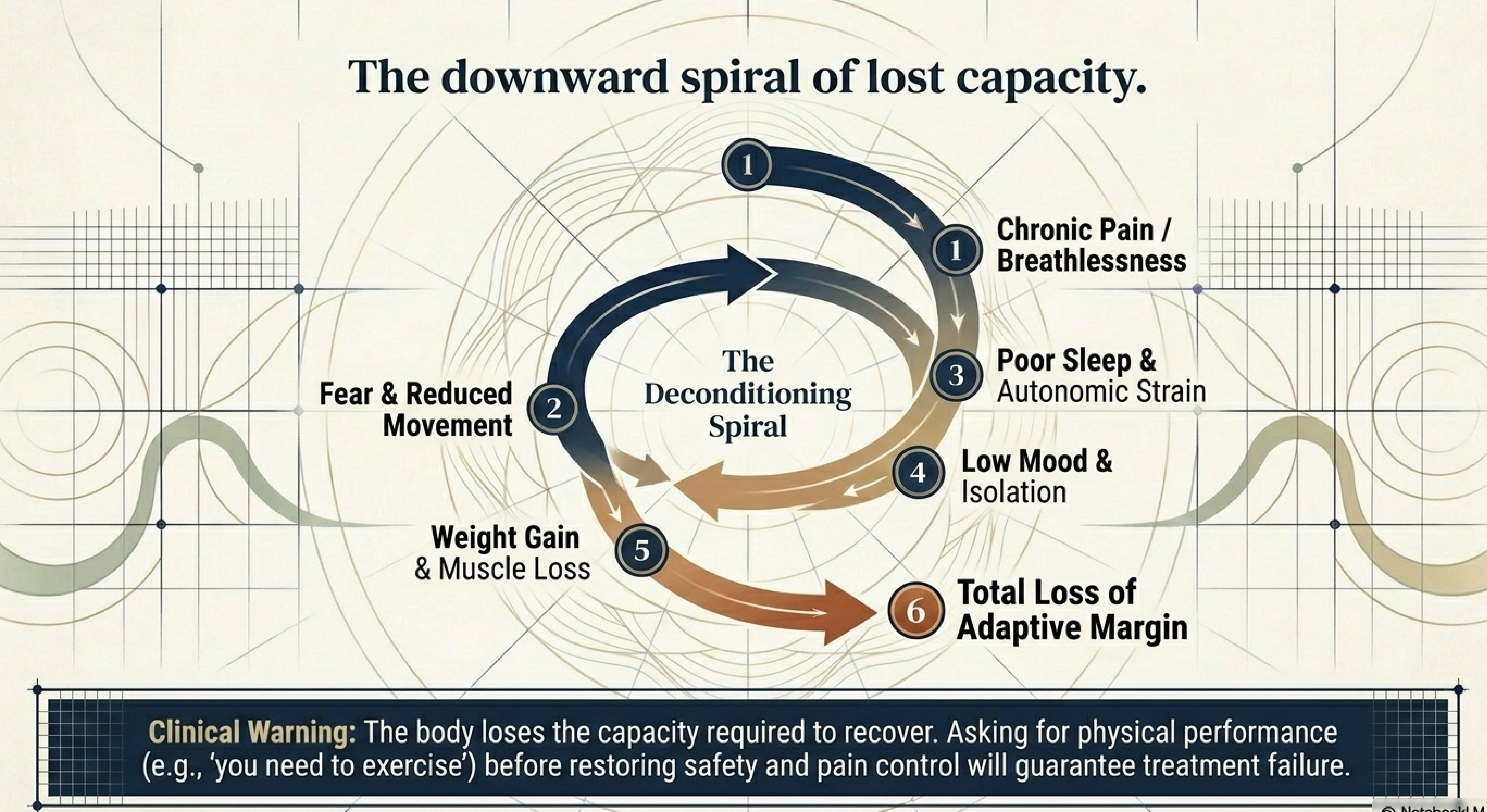
To call for self-management without understanding the conditions of self-management is to misread the clinical situation.

NotebookLM


Pillar 2: The Regulatory-Functional Examination
The body is not merely an anatomical object containing organs. It is the lived medium through which the person breathes, moves, works, and participates.
Disease Detection
Capacity Assessment
Key Distinctions
1
Vital Signs as Margin Signals: A raised respiratory rate is the earliest sign of failing margin.
2
Effort over Output: Can the patient technically complete a movement, but only with visible strain, instability, or fear?
3
Medication Footprints: Postural hypotension, bruising, or confusion reveal when a treatment is eroding capacity.
NotebookLM

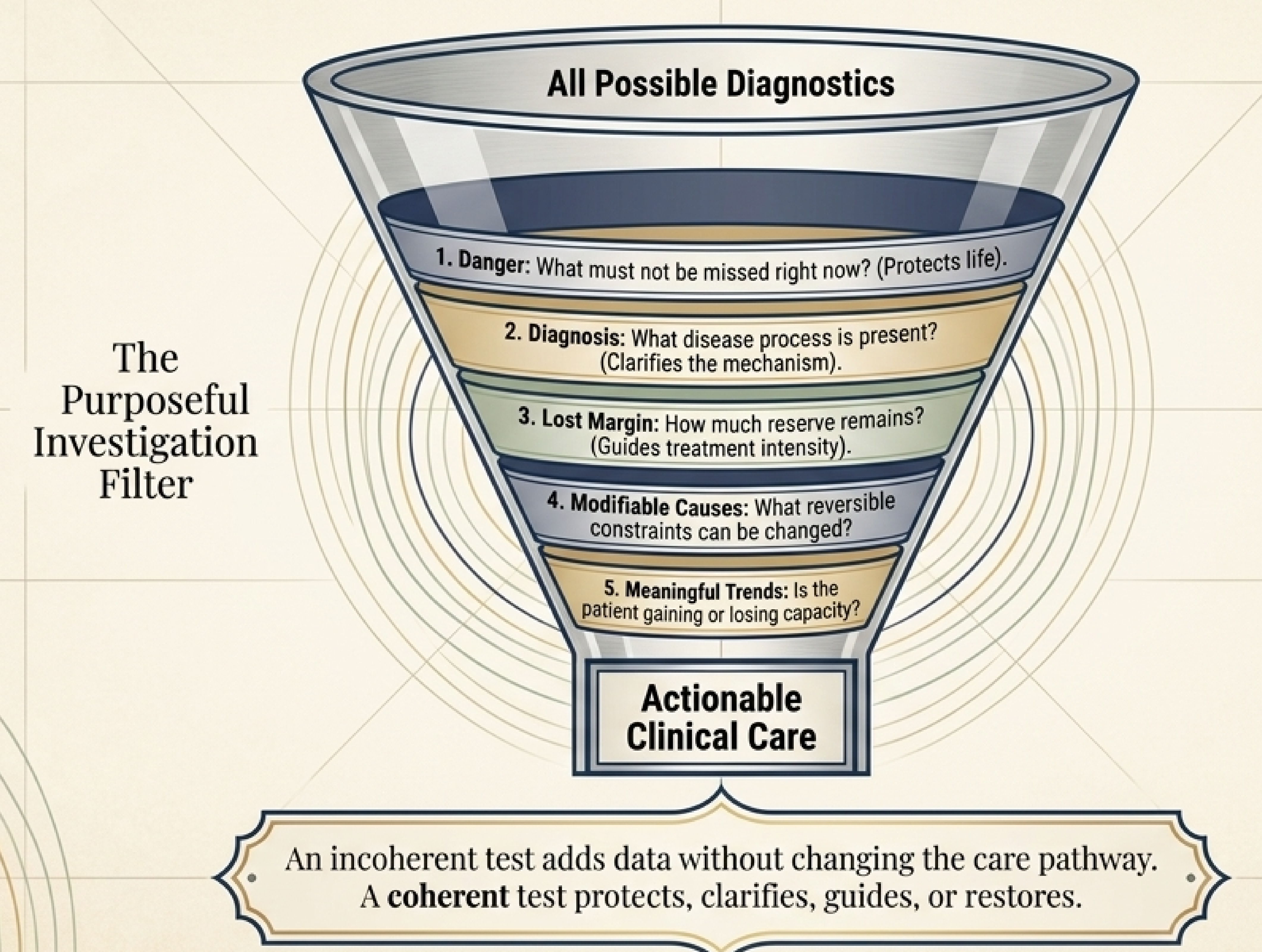


Reading the body as embodied viability.
Cognition & Affect:
Capacity to understand, remember, and enact the treatment plan.
Breath & Effort:
Work of breathing; confidence in exertion.
The Anatomy of Capacity
Metabolic Coherence:
Reserve; immune resilience; ability to recover.
Protective Patterns:
Pain guarding; narrowing of movement and independence.
Systemic Reality:
Circulation; self-care access; signs of neglect or immobility.
NotebookLM


The downward spiral of lost capacity.
1
1
Chronic Pain / Breathlessness
Fear & Reduced Movement
2
The Deconditioning Spiral
3
Poor Sleep & Autonomic Strain
4
Low Mood & Isolation
Weight Gain & Muscle Loss
5
6
Total Loss of Adaptive Margin
Clinical Warning: The body loses the capacity required to recover. Asking for physical performance (e.g., 'you need to exercise') before restoring safety and pain control will guarantee treatment failure.
NotebookLM

Pillar 3: Purposeful Investigation

The Purposeful Investigation Filter

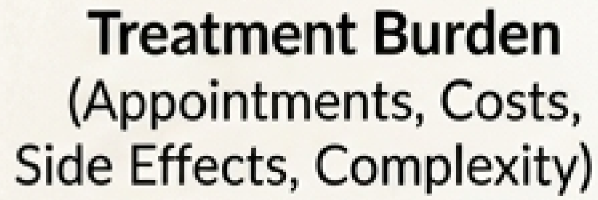


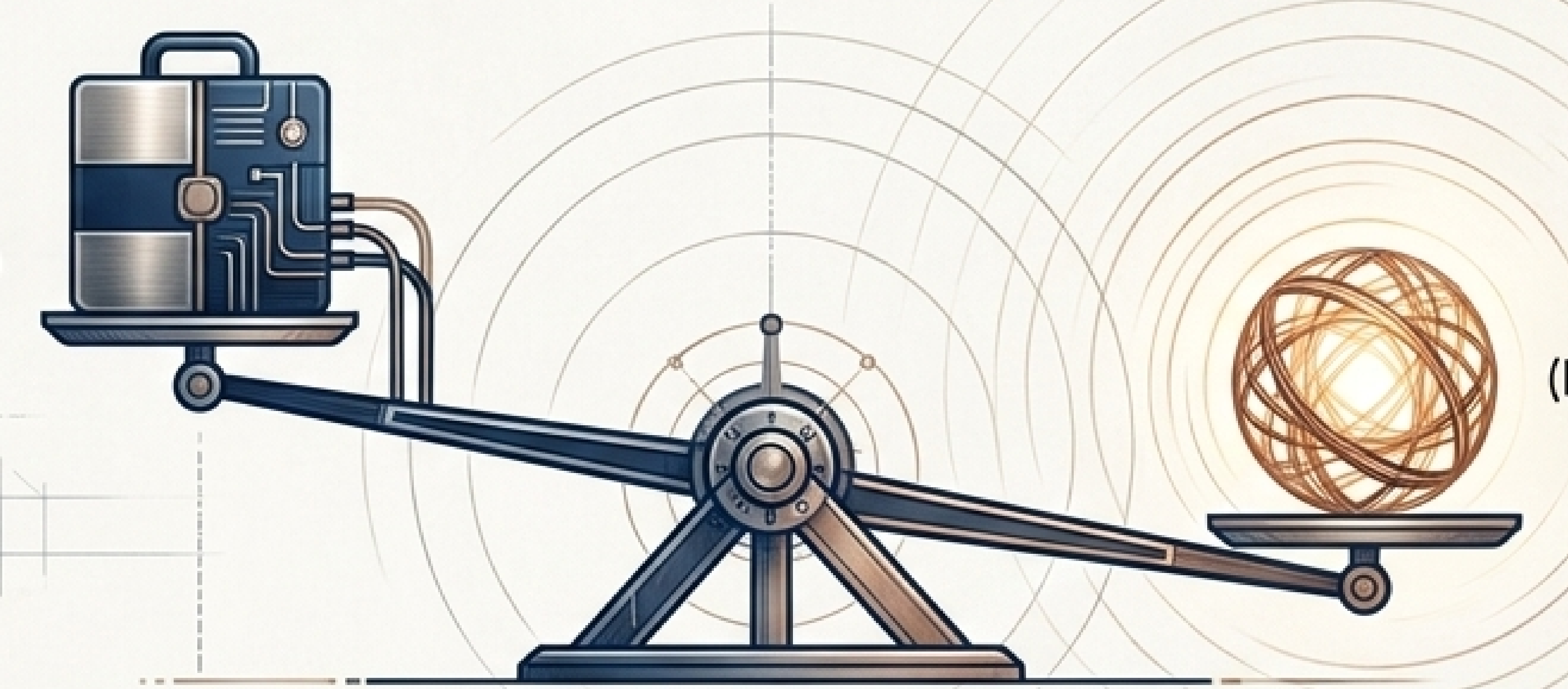
An incoherent test adds data without changing the care pathway.
A **coherent** test protects, clarifies, guides, or restores.

NotebookLM

Pillar 4: The Life-Capacity Repair Plan

A prescription is not complete when it is written; it becomes **treatment** only if it can **enter the patient's life.** The **goal is disease control placed in service of life-capacity.**





Restored Margin
(Better Sleep, Pain Relief, Simplicity, Support)

The Core Question:
What is the least-forcing, most feasible intervention that restores the most capacity?

Actionable Steps

Simplification, deprescribing, sleep restoration, financial navigation, and family dialogue are clinical outcomes, not soft alternatives to medicine

NotebookLM

The Equation of Feasible Care

$$\left(\text{Biomedical Rigor} + \text{Restored Margin}\right) - \text{Treatment Burden} = \text{Life-Capacity Restored}$$

Biomedical Rigor:
Upholding the highest standards of diagnostic precision and danger recognition.

Restored Margin:
Intervening to protect sleep, movement, safety, and functional reserve.

Treatment Burden:
Ruthlessly minimizing the complexity, cost, and exhaustion of being a patient.

A treatment that is **biologically correct but practically impossible** is not yet coherent care. Medicine does not need to choose between precision and humanity; it requires a clinical method capable of both.

NotebookLM