EXECUTIVE PERFORMANCE ADVISORY

The Executive *Vitality Audit*

Identify the Hidden Physiological Drains

Costing You Peak Performance

5 Domains. 3 Executive Profiles. One Personalized Next Step.

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ABOUT THIS AUDIT

Performance Drains Before They Become Performance Failures

The performance ceiling of most executives is not set by their intelligence, their strategy, or their work ethic. It is set by their biology. Specifically, by the physiological drains that accumulate silently over years of high-demand output and that standard medicine does not measure, screen for, or address.

A drain is not a disease. It does not show up on a routine blood panel. It does not trigger a physician referral. It presents as a gradual reduction in the quality of your energy, the reliability of your cognition, the speed of your recovery, and the margin between your current performance and your actual capacity.

This audit assesses five physiological domains that account for the majority of performance degradation in high-functioning executives. Each domain is described with its clinical evidence base, its observable signs, and its underlying mechanism. At the end, you will find three executive profiles. One of them describes where you are. Each profile includes a specific, prioritized recommendation for your most effective next intervention.

This is not a wellness checklist. It is a diagnostic framework built on the same evidence base used in evidence-based functional medicine practice.

HOW TO USE THIS AUDIT

Read each of the five drain domains. For each one, note how many of the observable signs apply to you currently. At the end, review the three executive profiles and identify the one that most accurately describes your present state. Each profile provides a prioritized recommendation and a specific next step. Numbers in brackets refer to the reference list on the final page.

01 RECOVERY SYSTEM

Sleep Architecture and Recovery Debt

CLINICAL OVERVIEW

Sleep is the primary biological mechanism through which the nervous system consolidates memory, clears metabolic waste, and restores hormonal balance. Walker (2009) characterized sleep as the single most effective cognitive performance tool available, with documented effects on prefrontal cortex function, emotional regulation, and decision quality [3]. Xie et al. (2013) demonstrated that the glymphatic system, responsible for clearing neurotoxic waste including amyloid-beta, is almost exclusively active during sleep, establishing the direct mechanism linking sleep deprivation to accelerated cognitive aging [4]. Cappuccio et al. (2010) found in a systematic review of prospective studies that sleeping less than six hours per night is associated with a 12 percent increased risk of all-cause mortality [5].

References: [3], [4], [5]

OBSERVABLE SIGNS

- Requiring an alarm to wake at a target hour
- Afternoon energy collapse between 1 and 3 pm
- Feeling unrestored despite 7 or more hours in bed
- Impaired recall of information reviewed the prior day
- Elevated irritability or emotional reactivity without clear cause

MECHANISM

Inadequate sleep elevates cortisol, suppresses testosterone and growth hormone, impairs insulin sensitivity, and degrades prefrontal cortex function. These effects compound across consecutive nights. Two weeks of six-hour sleep produces cognitive deficits equivalent to 48 hours of total sleep deprivation [3].

02 STRESS SYSTEM

HPA Axis Dysregulation and Chronic Stress Load

CLINICAL OVERVIEW

The hypothalamic-pituitary-adrenal axis governs the stress response. Under acute, time-limited stress it is adaptive. Under chronic, unrelenting activation, it becomes destructive. Tsigos and Chrousos (2002) established that sustained HPA axis activation produces progressive degradation of immune function, metabolic regulation, and reproductive hormone output [6]. McEwen (2005) introduced the concept of allostatic load, the cumulative biological cost of chronic stress adaptation, demonstrating that it accelerates cellular aging and organ dysfunction [7]. Arnsten (2009) showed that stress signaling directly impairs prefrontal cortex structure and function, reducing the capacity for strategic thinking, impulse control, and complex decision-making precisely when those capacities are most required [8].

References: [6], [7], [8]

OBSERVABLE SIGNS

- Difficulty downregulating after high-demand periods
- Sleep that is insufficient even when duration is adequate
- Visceral fat accumulation despite controlled diet
- Reduced tolerance for ambiguity or uncertainty
- Chronic muscular tension in neck, jaw, or shoulders
- Frequent minor illness suggesting immune suppression

MECHANISM

Chronically elevated cortisol suppresses testosterone production, promotes visceral fat deposition, impairs glucose regulation, and degrades hippocampal volume over time. The executive who cannot downregulate is not weak. They are physiologically depleted.

03 STRUCTURAL AND METABOLIC SYSTEM

Physical Deconditioning and Movement Deficit

CLINICAL OVERVIEW

Physical deconditioning is not a lifestyle preference. It is a physiological state with documented consequences for cognitive performance, metabolic health, and longevity. Daley (2008) confirmed in a review of reviews that exercise is among the most effective interventions for depression, anxiety, and cognitive function, with effect sizes comparable to pharmacological treatment [9]. Booth, Roberts, and Laye (2012) catalogued the causal relationship between physical inactivity and 35 chronic diseases, establishing sedentary behavior as an independent risk factor rather than a passive absence of benefit [10]. Pontzer et al. (2021) demonstrated in a landmark study across the human life course that physical activity directly modulates total daily energy expenditure and metabolic rate independent of body composition [11].

References: [9], [10], [11]

OBSERVABLE SIGNS

- Resting heart rate above 70 bpm
- Shortness of breath with moderate exertion
- Persistent joint stiffness on waking lasting more than 20 minutes
- Declining performance at a consistent training load
- Difficulty maintaining posture through a full workday
- Progressive weight gain over a multi-year period

MECHANISM

Deconditioning reduces mitochondrial density, impairs insulin sensitivity, elevates systemic inflammation, and degrades the structural integrity of joints and connective tissue. Each of these effects compounds the others and accelerates biological aging.

04 METABOLIC SYSTEM

Metabolic Dysfunction and Insulin Resistance

CLINICAL OVERVIEW

Insulin resistance is the most prevalent and most underdiagnosed metabolic condition in high-performing professionals. It develops silently over years, producing no dramatic symptoms and generating normal results on standard blood panels until late-stage progression. Reaven (1988) described the full metabolic syndrome associated with insulin resistance, establishing its role as a primary driver of cardiovascular disease, type 2 diabetes, and cognitive decline [12]. Ludwig and Ebbeling (2018) argued in a comprehensive review that the carbohydrate-insulin model better explains obesity and metabolic disease in high-functioning adults than the simplistic calories-in-calories-out framework [13]. Swaminathan et al. (2020) documented the specific metabolic consequences of visceral adiposity, including inflammatory cytokine production and hormonal disruption [15].

References: [12], [13], [15]

OBSERVABLE SIGNS

- Energy fluctuations tied to meal timing
- Brain fog or fatigue within 90 minutes of eating
- Carbohydrate or sugar cravings, particularly in the afternoon
- Fasting blood glucose trending toward the upper normal range
- Difficulty losing abdominal fat despite caloric restriction
- Waist circumference above 35 inches

MECHANISM

Insulin resistance impairs cellular energy production, promotes inflammatory signaling, suppresses testosterone via increased SHBG, and drives visceral fat accumulation. It is the metabolic foundation upon which most chronic disease is built.

05 INFLAMMATORY SYSTEM

Systemic Inflammation and Immune Burden

CLINICAL OVERVIEW

Chronic low-grade inflammation is the common mechanism underlying cardiovascular disease, cognitive decline, depression, metabolic dysfunction, and accelerated aging. Furman et al. (2019) characterized "inflammaging" as the progressive inflammatory shift that drives most age-related disease and established that it is modifiable through targeted lifestyle and nutritional intervention [19]. Berk et al. (2013) demonstrated that depression meets the criteria for an inflammatory disease, with elevated cytokines producing the full symptom profile including fatigue, cognitive slowing, and loss of motivation [17]. Raison, Capuron, and Miller (2006) confirmed the bidirectional relationship between inflammatory cytokines and mood, establishing a direct biological mechanism for the emotional dysregulation observed in chronically stressed executives [22].

References: [17], [18], [19], [22]

OBSERVABLE SIGNS

- Persistent fatigue not resolved by adequate sleep
- Joint pain or stiffness without structural diagnosis
- Frequent illness or prolonged recovery from illness
- Skin conditions including eczema, psoriasis, or acne in adults
- Digestive irregularity or food sensitivities
- Low mood or motivational flatness without identifiable psychological cause

MECHANISM

Inflammatory cytokines cross the blood-brain barrier and directly impair neurotransmitter synthesis, synaptic plasticity, and prefrontal function. An executive operating with elevated systemic inflammation is cognitively compromised at the neurobiological level, independent of psychological state.

Identify Your Profile. Prioritize Your Intervention.

Review the three profiles below. Each one represents a distinct pattern of physiological drain. Select the profile that most accurately describes your present experience, not where you were two years ago and not where you intend to be. Where you are now.

The High-Output Depleter

PROFILE SUMMARY

You are producing at a high level. Your output is visible, your standards are intact, and by most external measures you appear to be performing well. The problem is that you are drawing down biological reserves faster than you are rebuilding them. The reserves are not infinite. The indicators below reflect a system that is compensating rather than thriving.

References: [3], [6], [7]

INDICATORS

- Energy that is functional but not optimal, requiring effort to sustain
- Sleep that is adequate in duration but not consistently restorative
- Stress that is managed but not genuinely downregulated
- Physical performance that is maintained but not improving
- A sense that you are operating below your actual ceiling

PRIMARY DRAINS

- Sleep Architecture and Recovery Debt
- HPA Axis Dysregulation and Chronic Stress Load

YOUR RECOMMENDED NEXT STEP

The priority intervention for this profile is recovery architecture. The goal is not to add more structure to your performance. It is to reduce the biological cost of the output you are already generating. Sleep quality, cortisol regulation, and HPA axis recovery are the three levers with the highest return at this stage.

The Metabolic Underperformer

PROFILE SUMMARY

Your performance limitations are primarily metabolic. Energy fluctuations, body composition changes, cognitive variability, and recovery deficits are rooted in insulin dysregulation, inflammatory burden, or both. These are physiological states with measurable biomarkers and targeted interventions. They are not character deficits and they are not permanent. They are the direct and correctable consequences of a metabolic system under chronic strain.

References: [12], [17], [19]

INDICATORS

- Energy and cognition that vary significantly with meal timing and composition
- Abdominal fat that resists dietary intervention
- Fatigue, joint pain, or brain fog that standard medicine has not explained
- Blood markers trending toward the upper end of normal ranges
- Physical performance declining relative to training input

PRIMARY DRAINS

- Metabolic Dysfunction and Insulin Resistance
- Systemic Inflammation and Immune Burden

YOUR RECOMMENDED NEXT STEP

Metabolic restoration is the foundational intervention for this profile. Nutritional strategy, insulin sensitivity, and inflammatory load must be addressed before structural or performance work will yield lasting results. The Executive Performance Panel is the diagnostic starting point. Fasting insulin, HbA1c, hsCRP, and ApoB are the four most actionable markers for this profile.

The Structurally Limited Executive

PROFILE SUMMARY

Your primary performance limitation is structural. Chronic pain, movement restriction, postural compromise, or physical deconditioning is actively taxing your cognitive and metabolic resources. The body allocates significant neurological and hormonal bandwidth to managing structural dysfunction. That bandwidth is unavailable for output. Resolving the structural load does not just reduce pain. It returns resources to performance.

References: [9], [10]

INDICATORS

- Chronic pain patterns that have been present for more than six months
- Movement limitations that affect daily function or training capacity
- Postural habits developed as compensation for pain or restriction
- Declining physical capacity relative to a prior baseline
- Sleep quality impaired by physical discomfort

PRIMARY DRAINS

- Physical Deconditioning and Movement Deficit
- Sleep Architecture and Recovery Debt

YOUR RECOMMENDED NEXT STEP

Structural restoration is the entry point for this profile. Joint function, movement integrity, and soft tissue quality must be addressed before training load can be applied productively. Adding exercise volume to a structurally compromised system accelerates dysfunction rather than resolving it. The sequence matters: restore first, then build.

FROM AUDIT TO ACTION

The Gap Between Identifying a Drain and Eliminating It

Awareness of a physiological drain does not resolve it. Understanding the mechanism does not correct it. This audit is a diagnostic instrument. What you do with it determines its value.

The profiles in this audit are not permanent categories. They are current states. States can be changed. The question is whether the intervention is correctly matched to the physiology, correctly sequenced, and consistently applied.

The most common failure mode after completing a self-assessment like this is attempting to address every domain simultaneously. Broad, diffuse effort produces diffuse results. Each profile in this audit is designed to direct your attention to the two or three levers with the highest leverage for your specific pattern of dysfunction.

A structured advisory engagement takes this audit as a starting point, pairs it with laboratory data from the Executive Performance Panel, and builds a coherent, evidence-based protocol from both. No guesswork. No generic programming. A precise intervention matched to your specific physiology.

APPLY FOR PRIVATE ADVISORY

Engagements are limited to a small number of clients at any given time. Advisory begins with a private strategy consultation to evaluate fit, review your audit results and current laboratory panel, and identify the highest-leverage intervention for your specific profile.

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Peer-Reviewed Sources

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This report is intended for informational purposes and does not constitute medical advice. All clinical decisions should be made in consultation with a licensed healthcare provider. Andre West, DC, MBA, CFMP practices within the scope of his licensure and certifications.