



WELLNESS ELITE FITNESS · A FIELD GUIDE

VOL. I — THE BASELINE PROTOCOL

The Baseline *Protocol.*

Four numbers that move the needle.



*What we read before we write a program — and what
most personal trainers miss.*

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INTRODUCTION

Why *most* programs underperform.

Generic personal training works on a generic body. The body you actually have is shaped by sleep debt, hormone curves, lab values you've never seen, and a body composition the scale will never reveal.

If you've trained before — seriously trained — you already know this. You followed the plan. You hit the macros. The mirror moved a little. The scale moved a little less. Then everything stalled, and the trainer's answer was ***do it harder***.

The real answer is rarely effort. It's information.

Every body is a system of feedback loops — strength, recovery, inflammation, hormones, sleep, and the way they all push against each other. A program written without those readings is a program written for an average person, not for you. It will get you partway, and then it will plateau exactly where the average plateaus.

This guide names the four numbers we look at ***before*** we write anyone's program. They're not the only inputs that matter. They are the ones that change the chart fastest when a coach reads them right.

"Most trainers give you a workout. We give you a system. The system runs on four numbers."

NUMBER ONE

DEXA.

The bathroom scale is the single most misleading instrument in modern fitness. It tells you what gravity does to your body. It tells you nothing about what your body is made of.

A DEXA scan answers what the scale can't. It separates lean mass from fat mass, by region. It measures visceral fat — the fat that sits behind your abdominal wall and drives most of the cardiometabolic risk. It measures bone density, which is the long-game number nobody asks about until they break a hip in their seventies.

What it tells us

- **Lean mass** by limb and trunk — where you're symmetric, where you're not
- **Fat mass** by region — abdominal, gynoid, peripheral
- **Visceral adipose tissue (VAT)** — the metabolically active fat
- **Bone density** at the hip and spine — the longevity number
- **Symmetry index** — left vs. right, often a hidden injury history

What we do with it

If your VAT is high but your subcutaneous fat is normal, your program looks different than someone with the inverse. If your left leg has 6% less lean mass than your right, we know which side compensates and what's going to fail under load. If your bone density is in the lower quartile for your age, we program ground-reaction-force lifts *specifically* — not because they're trendy, but because they are the intervention with the strongest evidence for bone remodeling.

"The scale tells you what gravity did to you today. The DEXA tells you what your training has built."

NUMBER TWO

Bloodwork.

Most people get bloodwork once a year, hand it to a primary care physician, and get a single sentence back: *everything looks fine*. "Fine" is a population average. It's not a coaching signal.

We read bloodwork the way a coach reads it — for what it tells us about training response, recovery capacity, and where the body is actually working overtime. Reference ranges are for diagnosing disease. We're using the same numbers to write a program.

The panels we ask about

- **Lipid panel** — total cholesterol, HDL, LDL, triglycerides, ApoB if available
- **Metabolic panel** — fasting glucose, HbA1c, fasting insulin, HOMA-IR
- **Hormone panel** — total + free testosterone, estradiol, DHEA-S, cortisol AM, thyroid (TSH, free T3, free T4)
- **Inflammation** — hs-CRP, ferritin, homocysteine
- **Nutrient status** — vitamin D, B12, magnesium RBC, omega-3 index

What it changes about the program

If your morning cortisol is elevated, we shift your hardest sessions away from early morning until the curve flattens. If your fasting insulin is high but your HbA1c is normal, we know the metabolic strain is invisible on the standard physical and we program differently around carbohydrate timing. If hs-CRP is chronically high, we deload more aggressively after intense sessions because recovery is going to be the bottleneck, not training stimulus.

Most personal trainers cannot read bloodwork. Most who can will refuse to **act** on it because of liability. Our standard is different: we read it, we coach against it, and where a medical question comes up we refer you to your own physician or to Dr. Swet Chaudhari, MD, Medical Director of Elite Aesthetic MD, the independent practice located inside Wellness Elite Fitness, before adjusting training.

NUMBER THREE

HRV & *Sleep*.

Heart-rate variability is the single best low-cost signal of recovery capacity available today. It's the time between consecutive heartbeats — measured in milliseconds — and it tells us how much capacity your nervous system has to handle today's training load.

Sleep duration is the floor. Sleep architecture — how much of that time was spent in deep sleep, REM, and how fragmented it was — is the ceiling.

What we read

HRV (RMSSD, MILLISECONDS)

Day-to-day variation in beat-to-beat timing. Higher generally signals more parasympathetic capacity (better recovery state). Lower means the nervous system is under strain. We track *your* baseline — the absolute number is less important than the trend against your own week-over-week.

RESTING HEART RATE

A trailing indicator. Climbing RHR over a week without explanation often precedes overreach by 5-7 days.

DEEP SLEEP + REM (MINUTES)

Deep sleep correlates with growth hormone release and physical recovery. REM correlates with motor learning and cognitive consolidation.

What it changes about the program

HRV chronically low? We deload, full stop — pushing through is how injuries happen. HRV high but sleep architecture poor? The volume can stay, but we move heavy compound work to the morning of your highest-quality sleep night. Resting heart rate climbing over five days without a session that explains it? Something is wrong upstream — illness, alcohol, work stress — and the program adjusts before performance drops.

Wearables we read fluently: Oura, Whoop, Garmin, Apple Watch. We do not require a wearable to coach you well. We do require **some** way to read recovery, even if that way is your own honest report each morning.

"HRV is the only number that asks 'should I train hard today?' before you walk into the gym — and tells you the truth."

NUMBER FOUR

Strength *Baseline.*

The first three numbers tell us about the body. The fourth tells us about the lifts. Without it, every program is a guess about where to start.

We test strength across the major movement patterns — not for ego, not to set a record on day one. We test to write the program at the right intensity. Too light, you don't adapt. Too heavy, you injure something or you stall. The right intensity is unknowable without the number.

What we test, and why

- **Trap-bar deadlift, 3RM** — total-body strength expression with a low technical floor. Safer for assessment than conventional deadlift.
- **Overhead press, 5RM** — shoulder integrity + thoracic mobility check. The cleanest tell of upper-body health.
- **Goblet squat, AMRAP at bodyweight** — knee-dominant pattern + hip mobility integration.
- **Farmer's carry, distance at 50% bodyweight per hand** — grip endurance, postural strength, core under load.
- **Dead-hang time** — shoulder health and an under-rated longevity marker. The number a 70-year-old will care about most.

How the numbers shape the program

If your trap-bar deadlift is strong but your overhead press is weak relative to it, we know your posterior chain is overdeveloped relative to your shoulder girdle — and we know which planes of movement need extra volume. If your dead-hang time is under 30 seconds, we program grip endurance early and aggressively, because grip is the first thing most lifters lose with age and the easiest to defend against.

We retest every 8-12 weeks. The point isn't the number itself — it's the trend line. A program that doesn't move the trend line is a program that needs to be rewritten.

SYNTHESIS

How the four numbers *fit together*.

Each number alone is useful. Together, they describe a body the way a coach actually needs to see it.

Imagine two clients. Both 45 years old. Both want to "lose 15 pounds and feel strong again." Same goal, on paper. Different bodies underneath.

Client A: DEXA shows high VAT but normal subcutaneous fat. Bloodwork shows fasting insulin elevated, HbA1c borderline. HRV running low, sleep fragmented. Trap-bar deadlift baseline is strong from years of recreational training.

Client B: DEXA shows lean mass deficit, normal VAT. Bloodwork shows low free testosterone, low vitamin D, normal everything else. HRV trending normal, sleep architecture clean. Strength baseline very low across the board, never trained seriously.

The "lose 15 pounds and feel strong" goal is identical. The programs are not even in the same family.

Client A trains shorter, harder, with carbohydrate timing built around the metabolic strain. Recovery is the bottleneck — we deload more aggressively than the client would intuitively want. We suggest taking the insulin number to your physician or to Elite Aesthetic MD.

Client B trains longer, more frequently, at moderate intensity to build the lean mass that's not there yet. We program lower-back-friendly hinges to protect against the under-developed posterior chain. Vitamin D and testosterone questions go to your physician or to Elite Aesthetic MD.

One generic program for both clients fails both. The numbers are how we don't fail.

*"The same goal, on paper, can mean two completely different programs.
The four numbers are how we tell them apart."*

NEXT

What to do with *this guide*.

If you have your own DEXA, your own bloodwork, your own wearable, your own strength numbers — you already have what you need. Read this guide as a framework. Apply it on your own.

If you're not sure where to start: that's what we do.

A Strategy Session at WEF is a 30-minute conversation, complimentary, in our consult room. We ask about the four numbers. If you have them, we read them with you. If you don't, we tell you which ones matter most for the goal you're working on, and how to get them. We tell you, honestly, whether we are the right coaches for you.

The program we write afterward is built on Atlantis and Panatta strength platforms — the equipment most premium training facilities in the country use because it's been engineered for the long career, not the photo shoot. Watson specialty work where the goal calls for it. When a number falls outside what coaching alone should answer, we refer you to your own physician or to Dr. Swet Chaudhari, MD, Medical Director of Elite Aesthetic MD, the independent practice located inside Wellness Elite Fitness. Medical care is provided by Elite Aesthetic MD, not by WEF.

Everyone is welcome to tour. We are built for people who care about the long game, who read their numbers, and who want a coach who reads them too.

We will be here next month if now isn't the right month. The work compounds either way.

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