

THE EXECUTIVE METABOLISM GUIDE

Fix Your Metabolism

Learn what insulin, glucose, and HbA1c say about your energy and your waistline, which nine markers catch trouble years early, and how we fix it.

> **“I’m working harder than I ever have and not seeing any results.”**
>
> WHAT EXECUTIVES TELL US

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WHY THIS GUIDE EXISTS

The pattern we hear every week.

It’s 2:30 on a Tuesday, three meetings into a six-meeting afternoon. Lunch was reasonable, yet the third coffee of the day barely registers. By 5 p.m. the tank is empty. By 9 p.m. you’re in the pantry looking for something sweet.

You train three days a week and eat better than most people at your table. The scale hasn’t moved in three months. Your annual physical comes back normal, so you leave with the same body and no plan.

We hear a version of this on almost every call we take. The details change from man to man, but the cause underneath them is usually the same. The body has started losing its sensitivity to **insulin**, the hormone that decides whether fuel gets burned or stored.

This guide explains how that happens and why an executive schedule speeds it up. It walks you through the nine markers that catch it years before a standard physical does. Then it gives you the levers that reverse it, starting this week.

Only 12%

of American adults meet every marker of optimal metabolic health.

Araújo et al., Metabolic Syndrome and Related Disorders, 2019

38%

of American adults have prediabetes, about 97.6 million people.

CDC, National Diabetes Statistics Report

3-6 yrs

before a diabetes diagnosis, the metabolic changes were already measurable.

Tabák et al., The Lancet, 2009

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01 · HOW METABOLISM WORKS

Insulin decides where your fuel goes.

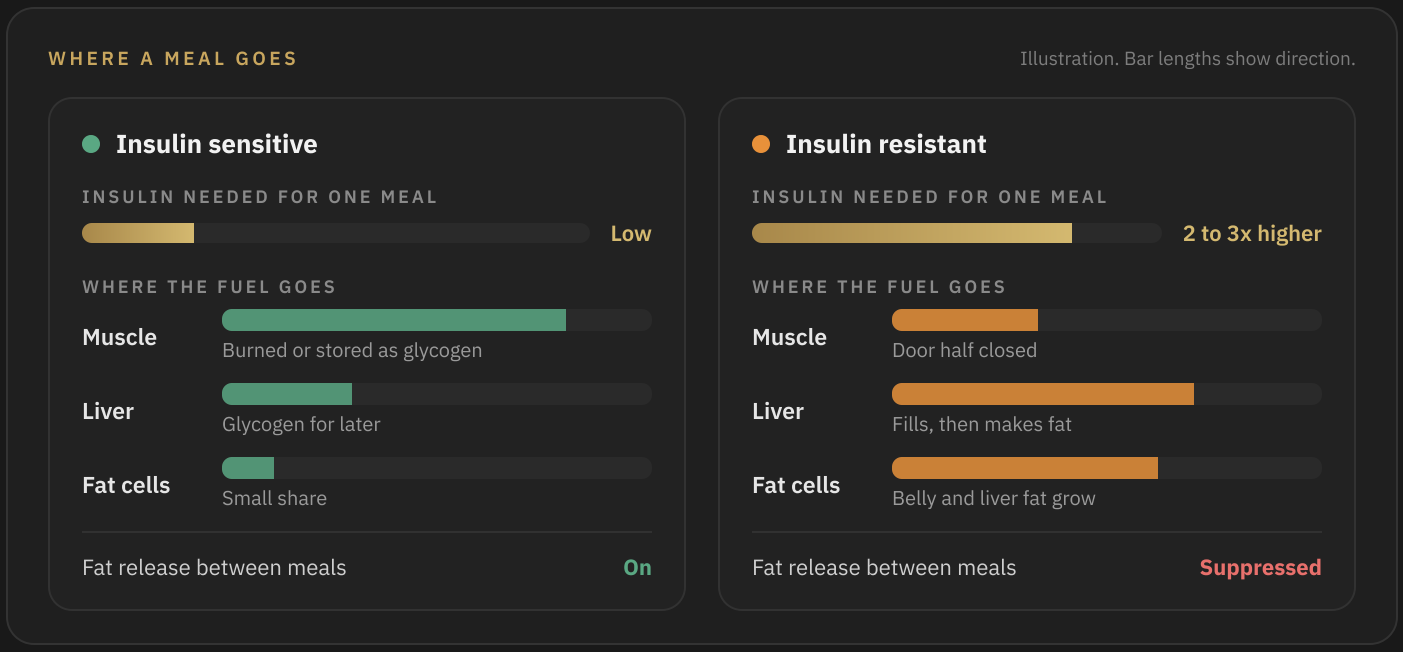
Metabolism is the system that turns food into energy, stores the surplus, and pulls it back out when you need it. **Insulin runs that system.**

Every meal raises your blood glucose. Your pancreas answers with insulin, which works like a key. It opens your muscle, liver, and fat cells so glucose can leave the blood and get used or stored.

Muscle is the biggest destination by far. Under insulin's signal, about **80% of glucose uptake happens in skeletal muscle** (DeFronzo and Tripathy, Diabetes Care, 2009). Your liver stores a smaller share as glycogen. Once muscle and liver are full, the liver turns the surplus into fat.

Insulin has a second job that matters even more for your waistline. While insulin is high, it tells your fat cells to hold on to what they have. A man whose insulin stays elevated from breakfast to bedtime spends the whole day in storage mode, no matter how hard he trains.

Insulin resistance is what happens when cells stop responding to the key. The pancreas compensates by releasing more insulin to get the same job done. Glucose stays normal for years because of that extra effort. A standard panel has no way to see it.



02 · WHY NORMAL LABS MISS IT

Glucose is the last marker to move.

A standard physical checks fasting glucose and sometimes HbA1c. Both measure sugar in your blood. Your body defends blood sugar aggressively, so both can hold steady for years while the system underneath them wears down.

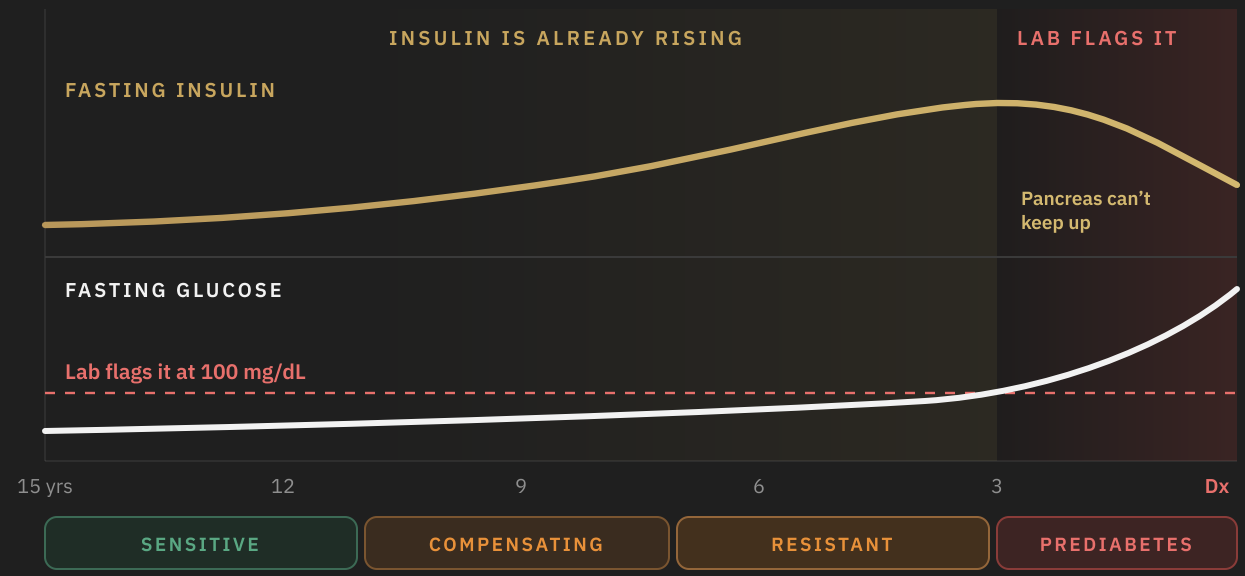
The Whitehall II study followed 6,538 British civil servants and tracked their metabolism in the years before some of them developed diabetes. Insulin sensitivity fell steeply over the last five years before diagnosis. Fasting glucose crept up slowly for years. It climbed sharply only in the final three, once the pancreas's insulin output started to fall (Tabák et al., The Lancet, 2009).

Fasting insulin moves even earlier. In a study that followed healthy adults with normal blood sugar for more than two decades, high fasting insulin at the start predicted blood sugar problems later (Dankner et al., Diabetes/Metabolism Research and Reviews, 2012).

In business terms, glucose is a lagging indicator and fasting insulin is a leading one. You already run your company on leading indicators. Your bloodwork should work the same way.

THE ROAD TO DIABETES RUNS THROUGH NORMAL

Years before diagnosis



Insulin rises for years to hold glucose steady. About three years before diagnosis, the pancreas can no longer keep up. Insulin output falls, so glucose takes off. Curves show the direction reported by Tabák et al. (2009) and Dankner et al. (2012), with illustrative values.

A STANDARD PHYSICAL READS

- Fasting glucose
- HbA1c, sometimes

OUR METABOLIC READ

- Fasting insulin
- HOMA2-IR
- Fasting glucose
- HbA1c
- Triglycerides
- TG:HDL
- ALT
- GGT
- Uric acid

03 · THE EXECUTIVE FACTOR

Your calendar is part of your metabolism.

An executive schedule pushes insulin in the wrong direction one ordinary decision at a time. These six show up in almost every man we coach.

Short nights

In a controlled trial, four nights of 4.5 hours of sleep cut whole-body insulin sensitivity by 16% and fat-cell insulin sensitivity by 30% (Broussard et al., Annals of Internal Medicine, 2012).

Back-to-back meetings

Hours of sitting leave your biggest glucose sink idle. In one trial, two-minute walking breaks every 20 minutes lowered the glucose and insulin rise after a meal (Dunstan et al., Diabetes Care, 2012).

Pressure weeks

Cortisol and adrenaline raise blood sugar to prepare you for action. A high-stakes week keeps them elevated, so glucose and insulin run higher even when the food is clean.

Client dinners

Your liver processes alcohol before almost anything else. Late, heavy meals with drinks send the surplus toward liver fat, which shows up as higher triglycerides, ALT, and GGT.

Coffee until 2 p.m.

Skipping breakfast and running on caffeine sets up the afternoon crash. The calories you skipped come back after dinner, usually as sugar.

Travel weeks

Airports, hotel breakfasts, short nights, and time-zone shifts stack all five of these into the same 72 hours.

> **“At 5pm I’m exhausted, I turn into a pumpkin.”**
>
> WHAT EXECUTIVES TELL US

Every one of these has a fix that fits a real calendar. Section 06 lays them out in order, starting with the ones that cost the least time.

04 · THE NINE MARKERS

Nine markers tell the whole story.

When we score a client's bloodwork for fat loss, **insulin signaling is the first system we check**. It sits upstream of hormones, inflammation, and energy. When it is off, those systems struggle to improve until it moves.

Our scoring reads nine markers together. Three show how hard your body is working to control blood sugar. Three show what the last few months have produced. Three show where the surplus is landing.

THE EFFORT

How hard insulin is working

1 Fasting insulin
2-5 µIU/mL
How hard your pancreas works overnight

2 HOMA2-IR
0.75-1.25
Insulin and glucose in one resistance score

3 Fasting glucose
75-86 mg/dL
Blood sugar after an overnight fast

THE TREND

What the last months produced

4 HbA1c
4.6-5.3%
Your three-month blood sugar average

5 Triglycerides
50-80 mg/dL
Fat the liver ships into your blood

6 TG:HDL ratio
0.5-1.9
A simple blood read on insulin resistance

THE OVERFLOW

Where the surplus lands

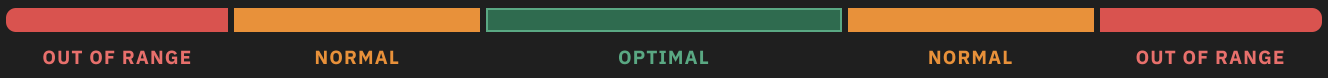
7 ALT
10-26 IU/L
A liver enzyme that tracks liver fat

8 GGT
10-17 IU/L
Liver load, alcohol, and antioxidant demand

9 Uric acid
3.5-5.4 mg/dL
Rises with fructose, alcohol, and high insulin

Optimal ranges are the ranges our scoring uses for men, built on functional blood chemistry research. Standard ranges vary by lab, so use the one printed on your own report.

HOW EVERY MARKER READS



Optimal is where you perform best. Normal is where most labs stop looking. Out of range is where your physician steps in.

THE FULL AUDIT PANEL ALSO SCORES

100+ biomarkers · 10 body systems

C-Peptide · Fructosamine · Leptin · Adiponectin · HDL · ApoB · hs-CRP · Homocysteine · Testosterone · SHBG · Cortisol · Free T3 · Ferritin · Vitamin D · RBC Magnesium · Omega-3 Index

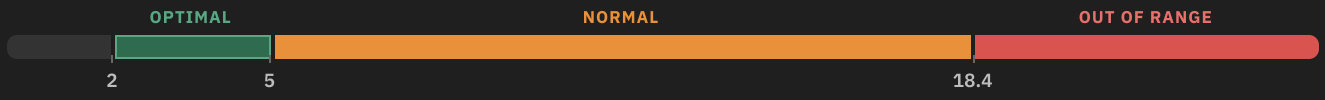
04 · MARKERS 1 TO 3 · THE EFFORT

How hard your system is working.

1 Fasting Insulin

Optimal 2-5 µIU/mL · Lab 0-18.4

The insulin left in your blood after an overnight fast. It shows how hard your pancreas works to hold glucose steady. It usually rises years before glucose does.



WHAT IT TELLS YOU

Jared calls fasting insulin his **number-one predictor of how fast a client will lose fat**. Above 5, insulin keeps fat release suppressed for more of your day.

WHAT MOVES IT

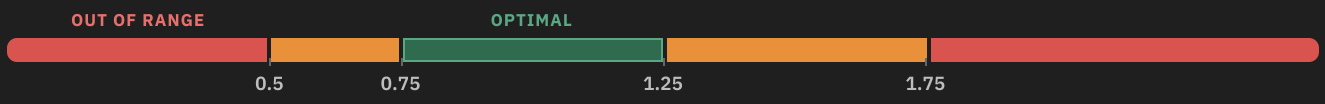
Losing body fat, lifting, Zone 2 minutes, fiber at meals, and sleep.

Most standard panels skip it. Ask for it by name.

2 HOMA2-IR

Optimal 0.75-1.25 · Lab 0.5-1.75

A score calculated from your fasting insulin and fasting glucose. It shows whether your glucose is normal on its own merit or normal because insulin is straining to hold it there.



WHAT IT TELLS YOU

Two men can share a fasting glucose of 88. One holds it there with an insulin of 4. The other needs three times as much insulin to get the same result. His score shows it.

WHAT MOVES IT

The same levers as fasting insulin, since the score follows insulin closely.

Labs rarely report it. We calculate it with the Oxford HOMA2 model, which runs on a different scale from the older HOMA-IR formula.

3 Fasting Glucose

Optimal 75-86 mg/dL · Lab 65-99

Blood sugar after an overnight fast. Labs flag it at 100 mg/dL, the line for prediabetes.



WHAT IT TELLS YOU

In healthy men followed for 22 years, fasting glucose above 85 mg/dL was linked to higher cardiovascular death (Bjornholt et al., 1999). Above 89, each 1 mg/dL raised the risk of a later diabetes diagnosis by about 6% (Nichols et al., 2008).

WHAT MOVES IT

Sleep, a walk after your largest meal, eating carbs last, and losing visceral fat.

A short night or a stressful drive to the lab can raise a single reading. Judge the trend.

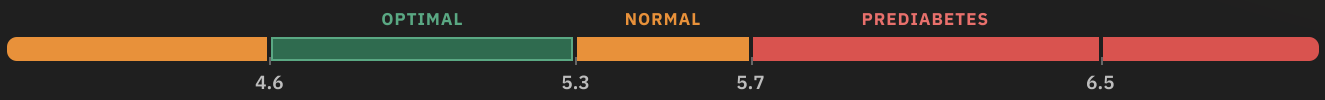
04 · MARKERS 4 TO 6 · THE TREND

What the last three months produced.

4 HbA1c

Optimal 4.6-5.3% · Lab under 5.7%

Your average blood sugar over roughly three months, read from the glucose attached to your red blood cells.



WHAT IT TELLS YOU

Labs call 5.6% normal. At 5.6% you sit 0.3 points above optimal and 0.1 below the prediabetes line. **That gap is where we want to act**, while the fix is still food, training, and sleep.

WHAT MOVES IT

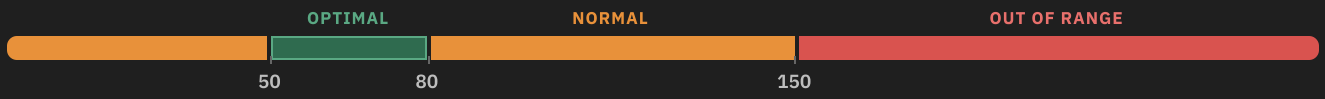
Everything that lowers your daily glucose exposure. It takes about three months to show, which is why we retest in month four or five.

Anything that changes red blood cell lifespan can skew it, including iron deficiency and living at altitude. We read it next to insulin and glucose for that reason.

5 Triglycerides

Optimal 50-80 mg/dL · Lab under 150

Fat circulating in your blood. When the liver takes in more sugar, refined carbs, or alcohol than it can store, it packages the surplus as triglycerides and ships it out.



WHAT IT TELLS YOU

Labs wait until 150 mg/dL to flag it. Above 80, we start looking hard at insulin and the liver.

WHAT MOVES IT

The 222 Rule, fewer liquid sugars and refined carbs, fatty fish, and training.

A big dinner or drinks the night before will raise it. Fast 10 to 12 hours before the draw.

6 Triglyceride-to-HDL Ratio

Optimal 0.5-1.9 · Lab under 2.0

Your triglycerides divided by your HDL. You can calculate it today from any standard lipid panel.



WHAT IT TELLS YOU

In overweight adults, a ratio of 3.0 or higher was one of the three most useful markers for spotting insulin resistance, alongside triglycerides and fasting insulin (McLaughlin et al., 2003).

RUN THE MATH

Triglycerides of 160 and HDL of 40 give a ratio of 4.0. At 90 and 50, the ratio drops to 1.8.

Lower triglycerides with the levers above. Training and losing visceral fat raise HDL.

04 · MARKERS 7 TO 9 · THE OVERFLOW

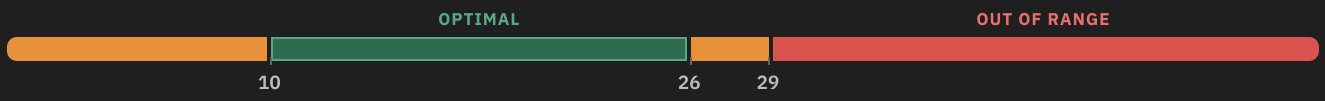
Where the surplus lands.

When muscle can’t absorb the fuel, the liver takes the overflow. These three markers show what that costs.

7 ALT

Optimal 10-26 IU/L · Lab 6-29

An enzyme that leaks from liver cells. It tracks closely with liver fat, which builds when the liver receives more sugar, alcohol, and calories than it can process.



WHAT IT TELLS YOU

ALT creeping into the high 20s often travels with rising triglycerides and a growing midsection. We treat it as the cheapest window into liver fat.

WHAT MOVES IT

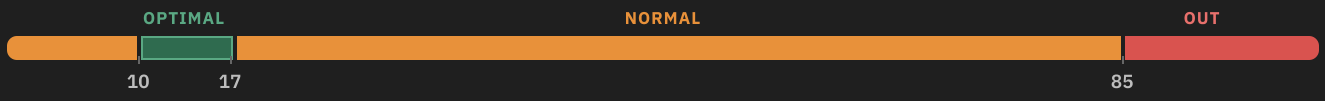
Losing visceral fat, the 222 Rule, and fewer liquid sugars.

Skip heavy training for 72 hours before a draw so the number reflects your liver.

8 GGT

Optimal 10-17 IU/L · Lab 3-85

An enzyme tied to your liver, your bile flow, and glutathione, your body’s main antioxidant.



WHAT IT TELLS YOU

GGT climbs with alcohol, oxidative stress, and a congested liver. For men who drink at client dinners, it is often the first liver marker to rise while the others still read normal.

WHAT MOVES IT

The 222 Rule and losing body fat.

Labs flag it only above 85 IU/L, five times our optimal ceiling.

9 Uric Acid

Optimal 3.5-5.4 mg/dL · Lab 3.45-8.0

A byproduct of breaking down purines and fructose.



WHAT IT TELLS YOU

It rises with beer, sugary drinks, and insulin resistance, since high insulin slows how fast your kidneys clear it. Persistently high uric acid travels with inflammation and higher cardiovascular risk.

WHAT MOVES IT

Hydration, fewer sugary drinks and beers, and losing body fat.

Hard training and dehydration can raise it for a day or two.

BEYOND BLOOD SUGAR

Insulin resistance spreads to every system.

Metabolism sits upstream. When insulin signaling slips, the systems you care about most start slipping with it.



Blake, an attorney who owns his own firm, brought his blood pressure from **130/83 to 120/80** by week eight with us.

05 · READING THE PATTERN

One marker is a clue. Three make a pattern.

A fasting glucose of 92 after a short night means little on its own. Next to an insulin of 12 and triglycerides of 140, it means a lot. These are three patterns we see constantly in executives, shown with example values.

PATTERN A

The overtime pancreas

Fasting glucose	**88 mg/dL**
Fasting insulin	**11 µIU/mL**
HbA1c	**5.4%**
Triglycerides	**115 mg/dL**

Every value sits inside the lab range

HOW IT FEELS

The belly won't move, energy dips after lunch, and cravings show up late in the day.

WHAT'S HAPPENING

The pancreas is producing two to three times the insulin an efficient system needs. Glucose looks fine because insulin is doing overtime to keep it there.

FIRST FOCUS

Lower the insulin load with protein-first meals, a walk after the largest meal, three lifting sessions a week, and protected sleep.

PATTERN B

The full liver

Triglycerides	**165 mg/dL**
TG:HDL ratio	**3.6**
ALT	**28 IU/L**
GGT	**38 IU/L**
Uric acid	**6.6 mg/dL**

HOW IT FEELS

Foggy mornings, a heavy midsection, and energy that depends on caffeine.

USUAL DRIVERS

Client dinners, two to four drinks a few nights a week, and late meals.

FIRST FOCUS

The 222 Rule, carbs last at dinner, and an earlier last meal. Triglycerides usually respond first, so they become the early scoreboard.

PATTERN C

The crash cycle

Fasting glucose	**71 mg/dL**
HbA1c	**4.5%**
Fasting insulin	**3 µIU/mL**
LDH	**128 IU/L**

Low numbers can be a problem too

HOW IT FEELS

Shaky or irritable when a meal runs late, a hard crash mid-afternoon, and waking a few hours after falling asleep.

WHAT'S HAPPENING

Blood sugar dips too low between meals, so stress hormones step in to raise it. LDH, an enzyme your cells use to turn glucose into quick energy, runs low in this pattern too.

USUAL DRIVERS

Coffee as breakfast, long gaps between meals, and a heavy stress load.

FIRST FOCUS

Regular protein-anchored meals, coffee after food, and a hard look at the stress load driving it.

Optimal · Above optimal, inside lab range · Below optimal · Past the lab range

Example values for illustration, graded on our ranges for men. A fasting glucose of 126 mg/dL or higher, or an HbA1c of 6.5% or higher, should go to your physician first.

06 · THE FIX

Eight levers, pulled in order.

The fix fits inside an executive schedule. It comes down to eight levers, pulled in order and held through travel weeks and hard quarters. Start with the first four.

1

Build every meal around protein

DO THIS

Aim for about 1 gram per pound of your goal body weight each day, spread across three or four meals. A man targeting 185 pounds eats about 185 grams.

WHY IT WORKS

Protein slows how fast a meal reaches your blood, keeps you full longer, and protects the muscle that clears your glucose.

2

Eat your carbs last

DO THIS

Start with protein and vegetables. Finish with the rice, bread, or potatoes.

ONE-HOUR GLUCOSE, SAME MEAL



WHY IT WORKS

Protein, fat, and fiber slow how fast the starch reaches your blood. In a small study of adults with type 2 diabetes, eating the same meal with carbs last lowered the one-hour glucose reading from 199 to 126 mg/dL (Shukla et al., Diabetes Care, 2015).

3

Walk after your largest meal

DO THIS

Walk 10 to 15 minutes within half an hour of eating. On meeting-heavy days, stand and move for two minutes every half hour.

WHY IT WORKS

Working muscle pulls glucose out of your blood with far less insulin, which blunts the spike from the meal.

4

Lift three times a week

DO THIS

Run full-body sessions of 40 to 45 minutes built on compound lifts. Add weight as you get stronger.

WHY IT WORKS

Muscle is your largest glucose sink. More of it, used often, means each meal needs less insulin.

06 · THE FIX, CONTINUED

Then the four that hold it.

5

Add Zone 2 cardio

DO THIS

Build to 150 to 180 minutes a week at a pace where you can still hold a conversation. Rucking, incline walking, and cycling all count.

WHY IT WORKS

Zone 2 builds the mitochondria that burn fat and glucose, which improves insulin sensitivity between meals and overnight.

6

Protect seven or more hours of sleep

DO THIS

Hold the same sleep window on weekends, travel nights, and deadline weeks.

WHY IT WORKS

Four short nights measurably cut insulin sensitivity, so a short-sleep week makes every meal harder to handle.

7

Put guardrails on alcohol

DO THIS

Follow the 222 Rule, which means two drinks on two days a week, with the last one finished two hours before bed.

WHY IT WORKS

Your liver clears alcohol first and parks the rest of the meal. Drinking nights show up in triglycerides, GGT, and uric acid. We set limits clients can keep through client dinners and holidays.

8

Let your labs pick your supplements

DO THIS

Add supplements last, once the first seven levers are in place. Choose each one from a marker that calls for it.

WHY IT WORKS

Magnesium, vitamin D, and omega-3s are common examples. Each one earns its place from your bloodwork, which keeps your money and attention on what your body actually needs.

WHAT TO EXPECT

Triglycerides can respond within weeks. Fasting insulin follows as body fat comes down. HbA1c reflects about three months, so judge it at the retest. On the scale, **our average fat loss client loses about 10 pounds and drops 2 to 4% body fat in the first month**. Most clients drop 15 to 20 pounds of fat by day 90.

START THIS WEEK

Your first 14 days.

Add one or two changes at a time. By day 14 you'll be running the first seven levers. The eighth waits for your labs.

Week 1

DAYS 1 TO 7

- [ ] Eat 30 to 40 grams of protein at breakfast.
- [ ] Eat your carbs last at lunch and dinner.
- [ ] Walk 10 minutes after your largest meal.
- [ ] Set a bedtime and keep it on the weekend.
- [ ] Lift twice, full body, 40 to 45 minutes.

Week 2

DAYS 8 TO 14

- [ ] Lift three times.
- [ ] Add two Zone 2 sessions of 30 to 45 minutes.
- [ ] Apply the 222 Rule to every dinner out.
- [ ] Finish dinner two to three hours before bed.
- [ ] Pull your latest labs and fill in the scorecard on page 17.

On the road

Keep three habits when you travel. Eat protein at every meal, walk after the biggest one, and hold the 222 Rule at every dinner.

If you wear a tracker

Watch resting heart rate and HRV across these two weeks. Better sleep and fewer drinking nights show up in both.

> **"Tell me exactly what to do so I'm not second-guessing it."**
>
> WHAT EXECUTIVES TELL US

This plan is the same starting point for every man who reads it. Your labs decide what comes after day 14, which is the subject of the next page.

07 · WHY THE SYSTEM MATTERS

Knowing the levers is the easy part.

You could start every lever in this guide tomorrow. Most of the men we coach could have, too. What stalls them is sequencing, feedback, and the weeks when the calendar wins.

Your labs decide the order. A man whose insulin is the bottleneck needs a different first month from a man held back by cortisol, thyroid output, or low iron. Pull the wrong lever first and you can train hard for six weeks with little to show for it.

HOW WE FIND YOUR RATE LIMITER

Worked top-down

Tier 1 · Upstream Gates everything below it	**Insulin signaling** This guide	Inflammatory load	Nutrient cofactors
Tier 2 Moves once tier 1 is clear	Thyroid output	Stress load	Leptin signaling
Tier 3 · Downstream Partly resolves once tiers 1 and 2 move	Testosterone, SHBG, and estradiol		

We score 100+ biomarkers across 10 body systems, then work this list from the top. The first constraint that is actually off becomes your first month's focus.

WHAT THE PROGRAM ADDS TO THIS GUIDE

100+ biomarkers
Scored against optimal across 10 body systems, with your rate limiter named.

Nutrition targets
Calories, macros, and starting-lineup foods built around how you already eat.

Training built for you
Home, gym, and hotel versions, tracked so the weights keep moving.

Recovery from your data
We read sleep, HRV, and recovery from your wearable and adjust your training to match.

Weekly accountability
Weekly check-ins, monthly scorecards, and direct access to Jared and Emily.

A second lab panel
In month four or five, so you see the change in your own numbers.

If you follow the program and don't get results within 6 months, we coach you for free until you do.

OUR GUARANTEE

PROOF

He ate more and lost 21 pounds.

Luke is 44, a doctor of physical therapy who runs a hospital department. He trained around a knee surgery and an ongoing shoulder problem. In 90 days he went from 190 to 169 pounds. His waist dropped from 38 to 32 inches.

Over the same 90 days, his daily calories went up about 45%. **Eating more while losing fat is what a working metabolism looks like.**





−21 lbs

190 to 169 pounds in 90 days

−6 in

Waist from 38 to 32 inches

+45 %

Daily calories over the same 90 days

> "I was stuck in a rut physically. Jared and Emily individualized a program for me and took the time to understand my goals and build something that actually fit my life. I am stronger, have more energy, and leaner."
>
> LUKE, 44, DOCTOR OF PHYSICAL THERAPY

JEFF · MANAGING DIRECTOR

223 to 509

Testosterone in ng/dL in six months, naturally, with no TRT.

AUGUST COHORT

4 of 5

Men who started with us in August lost 10+ lbs in month one.

JOSH · SVP, INSURANCE

77 to 56

Resting heart rate in beats per minute by week eight.

08 · YOUR SCORECARD

Score yourself.

Pull your most recent labs and fill in what you have. Circle where each value lands, then bring this page to your audit. Blank rows are useful too, since they show what your last panel never measured.

MARKER	OPTIMAL (MEN)	TYPICAL LAB	YOUR VALUE	WHERE IT LANDS
Fasting insulin	2-5 µIU/mL	0-18.4	_____	OPT NORM OUT
HOMA2-IR	0.75-1.25	0.5-1.75	_____	OPT NORM OUT
Fasting glucose	75-86 mg/dL	65-99	_____	OPT NORM OUT
HbA1c	4.6-5.3%	under 5.7%	_____	OPT NORM OUT
Triglycerides	50-80 mg/dL	under 150	_____	OPT NORM OUT
TG:HDL ratio	0.5-1.9	under 2.0	_____	OPT NORM OUT
HDL	55-93 mg/dL	45-100	_____	OPT NORM OUT
ALT	10-26 IU/L	6-29	_____	OPT NORM OUT
GGT	10-17 IU/L	3-85	_____	OPT NORM OUT
Uric acid	3.5-5.4 mg/dL	3.45-8.0	_____	OPT NORM OUT
hs-CRP	0-0.55 mg/L	0-1.0	_____	OPT NORM OUT
ApoB	52-80 mg/dL	52-90	_____	OPT NORM OUT

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This guide is for education and does not replace care from your physician. Optimal ranges are performance targets for men. Review your results and any changes to medication with a qualified healthcare provider.

YOUR NEXT MOVE

See what your last physical missed.

This guide showed you the nine markers. A 15-minute Executive Health Audit tells you which one to work on first.

We'll go over your situation, your goals, and your schedule. Then we'll identify the constraints that have been holding you back and tell you where we'd focus first, whether or not you join. Bring your most recent labs if you have them. You can book without them.

Book Your Executive Health Audit

15 minutes by phone with Jared.
He takes eight audits a week.
evans-performance-systems.cal.com/jared/executive-health-audit

If your wife will be part of the decision, invite her onto the call. Plans stick when the household is behind them.



WHO YOU'LL WORK WITH

Jared and Emily Evans

Jared went from 265 to 185 pounds and has kept it off for more than six years. It started on a 14,000-foot climb in Colorado, when he fell behind the group and decided his body would never limit his life that way again.

Together they spent five years building this system and have coached 150+ executives through it from Fort Collins, Colorado.

Jared Evans
M.Eng · BSc Molecular Neuroscience, The Ohio State University · Certified Blood Chemistry Analyst · NASM-CPT

Emily Evans
NASM-CNC · MA Speech Communication Sciences · Former Cleveland Clinic ICU Therapist

WHAT HAPPENS AFTER YOU BOOK

STEP 1

Executive Health Audit

A 15-minute phone call on your situation, goals, schedule, and first focus.

STEP 2

Executive Health Strategy

A 45-minute video call where Jared shows you the system and the plan he'd build for you.

YOUR FIRST 30 DAYS

The system goes live

By day 30 we've analyzed your bloodwork and installed your supplement stack, nutrition targets, training plan, recovery protocol, and accountability system.