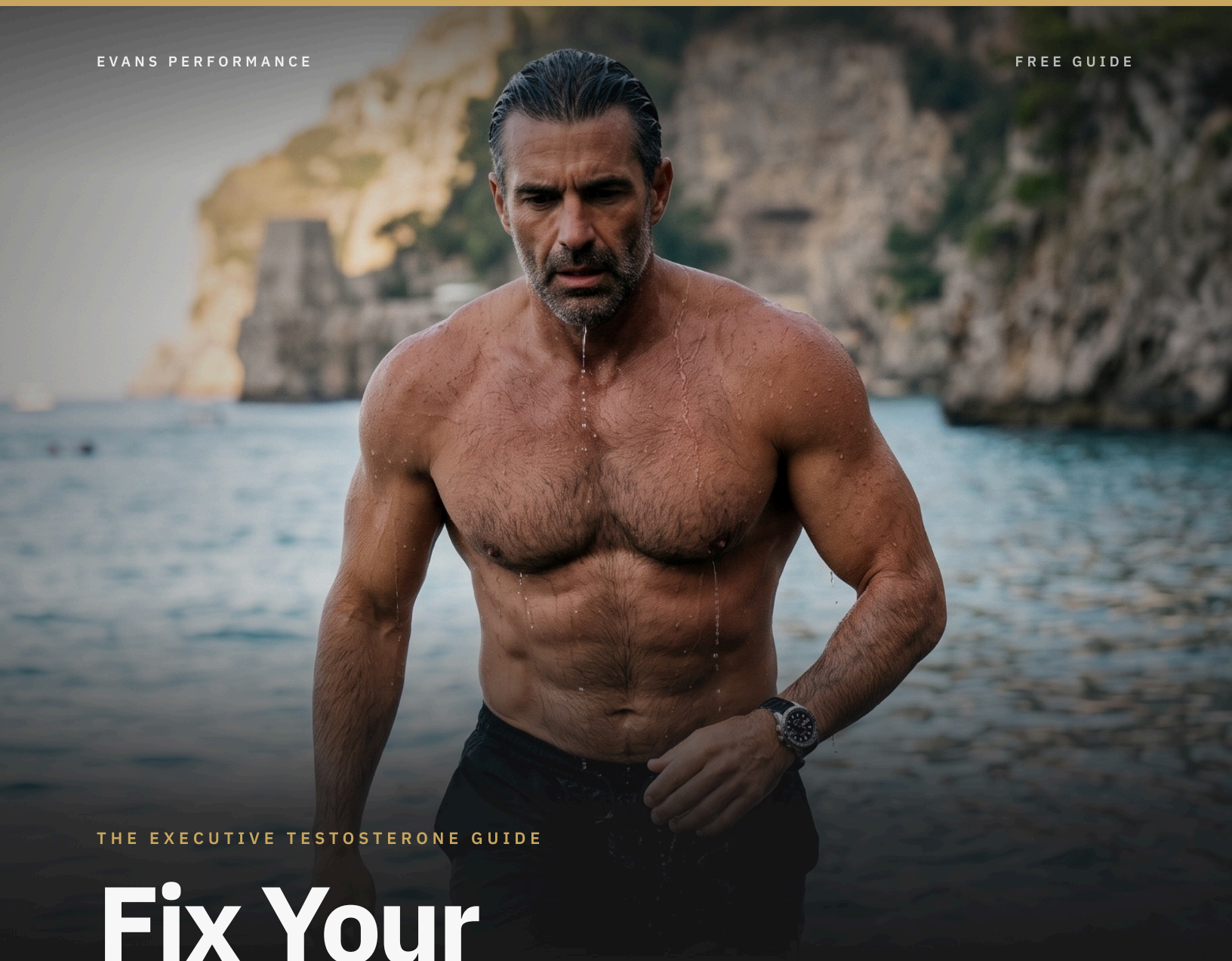


THE EXECUTIVE TESTOSTERONE GUIDE

Fix Your Testosterone

Learn what total T, free T, SHBG, estradiol, and DHEA-S say about your drive and your body, why a normal result can hide a real shortfall, and how we raise it at the source.

> **“My testosterone was 423 and she said that was within range.”**
>
> WHAT EXECUTIVES TELL US

Jared Evans · M.Eng · BSc Molecular Neuroscience · Certified Blood Chemistry Analyst

START HERE

A passing grade can still cost you your edge.

The physical came back clean. Testosterone read 423 ng/dL, inside the lab range, so the conversation moved on. The drive that built your career runs quieter now. Hard weeks take the whole weekend to recover from. The weights you used to add every month have stalled.

Testosterone sits at the end of a chain. Sleep, waist fat, insulin, stress, alcohol, and the signal from your brain all act on it before it reaches your lab report. **One total testosterone number shows only the last link.**

This guide follows the chain from start to finish. It covers the nine markers that show where yours breaks, the five ways it runs low, and eight levers you can start this week.

> **“The edge is slipping in terms of energy and performance.”**
>
> WHAT EXECUTIVES TELL US

> **“I used to have that engine.”**
>
> WHAT EXECUTIVES TELL US

Nearly 4 in 10

men 45 and older seen in U.S. primary care practices had low testosterone.

Mulligan et al., Int J Clin Pract, 2006

42%

lower risk of type 2 diabetes in men with higher testosterone, pooled across prospective studies.

Ding et al., JAMA, 2006

10-15%

drop in daytime testosterone after one week of five-hour nights in healthy young men.

Leproult and Van Cauter, JAMA, 2011

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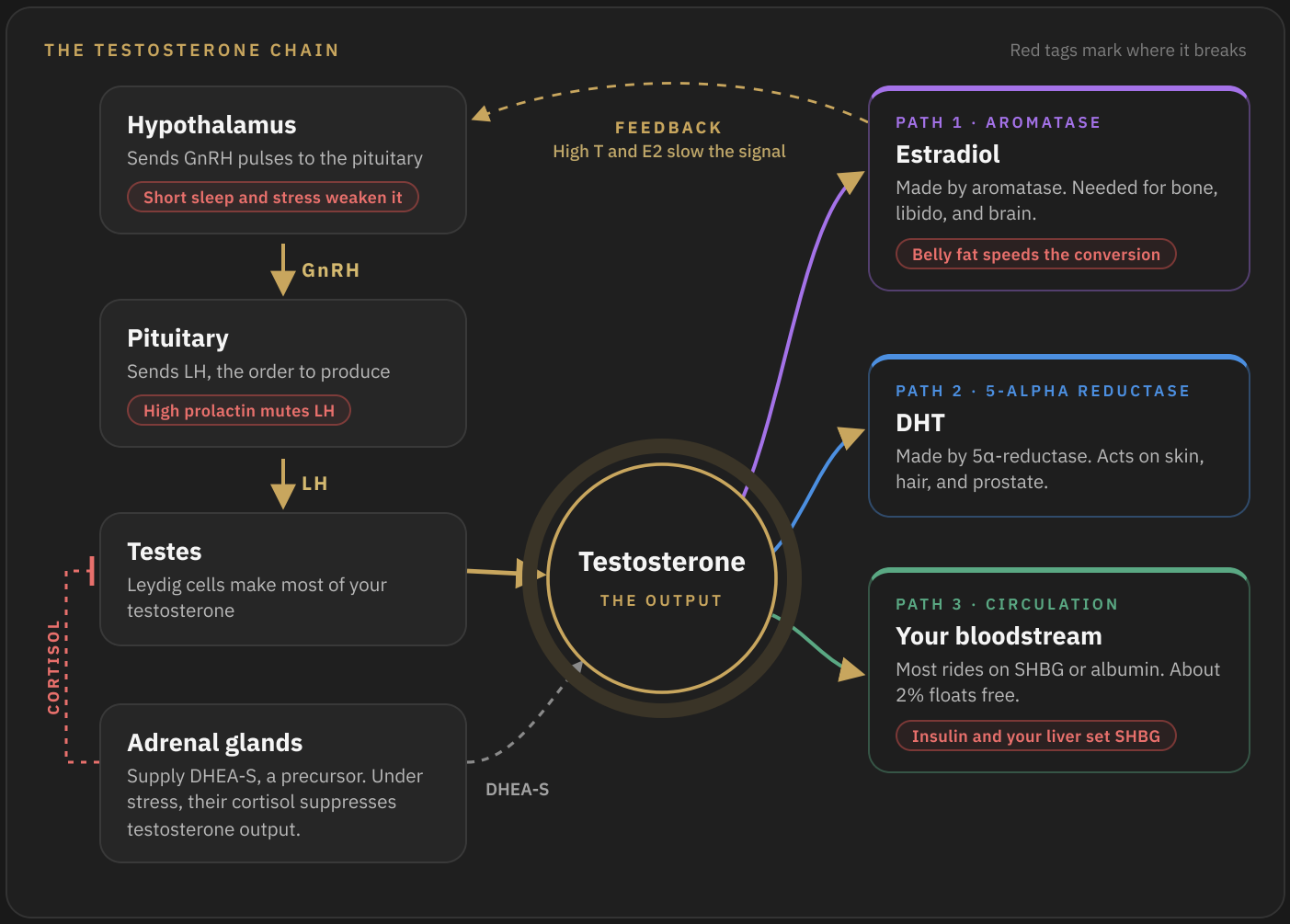
01 · HOW TESTOSTERONE IS MADE

Testosterone is an output.

Your testes make testosterone on orders from your brain, using raw material your body supplies. **The number on your lab report is the last link in a chain.**

The chain starts in the hypothalamus, which sends pulses of GnRH to the pituitary. The pituitary answers with LH, the signal that tells your testes to produce testosterone. When testosterone and estradiol climb high enough, they tell the brain to ease off. That feedback loop keeps the system in balance.

Once it's made, testosterone takes three paths. Most of it circulates in your blood, bound to proteins. Some converts to estradiol through an enzyme called aromatase, which is abundant in belly fat. Some converts to DHT, a stronger androgen that acts on skin, hair, and the prostate. Your adrenal glands add a supply line through DHEA-S, a precursor your body can turn into testosterone. Those same glands make cortisol, so a long stretch of stress shows up here too.



Every link has its own failure point. That's why two men with the same low number can need opposite fixes.

02 · WHERE IT GOES

Only about 2% of it is free.

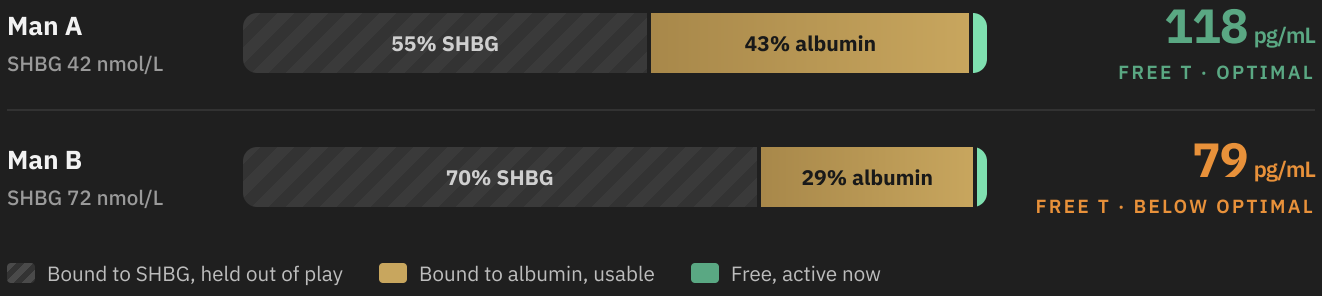
Your lab report shows total testosterone. Total counts every molecule in the sample, including the ones your tissues can't use.

Most of it rides on two proteins. **SHBG** (sex hormone-binding globulin) grips testosterone tightly and holds it out of play. **Albumin** holds it loosely, so it lets go when a muscle or brain cell needs it. A small fraction floats free. Free plus albumin-bound testosterone is called bioavailable testosterone. That's the share your body can put to work.

SHBG decides how that split falls. Your liver makes it in response to how you live, so your free testosterone can move while your total stays put.

SAME TOTAL TESTOSTERONE. DIFFERENT MAN.

Both totals 640 ng/dL · albumin 4.5 g/dL



−33 %

Less free testosterone for Man B, with the same total on his report.

193 ng/dL

Man B's bioavailable testosterone, against 289 for Man A.

3 numbers

Total T, SHBG, and albumin. With all three, free T can be calculated.

SHBG HAS A TARGET WINDOW

Optimal for men 40-46 nmol/L

TOO LOW	TARGET · 40-46	TOO HIGH
A metabolic warning. Low SHBG usually travels with high insulin and liver fat.	Where we want you	High SHBG locks testosterone away, so less of it reaches your muscles and brain.
PULLED DOWN BY		PUSHED UP BY
High insulin · Belly and liver fat · Underactive thyroid · Moderate drinking		Age · Crash dieting · Heavy drinking · Overactive thyroid · Chronic stress

Aim for the middle. Find the side your number sits on, then work on the causes listed under it.

Free and bioavailable testosterone calculated with the Vermeulen equation (Vermeulen et al., J Clin Endocrinol Metab, 1999). Example values for illustration. Ask for SHBG and albumin with every testosterone test.

03 · WHY NORMAL LABS MISS IT

A normal result can sit far from your best.

A lab's reference range describes the middle 95% of the men it sampled. It exists to catch disease. For total testosterone, most labs print something close to 250 to 1,100 ng/dL, so a man at 270 and a man at 1,000 get the same word in the margin.

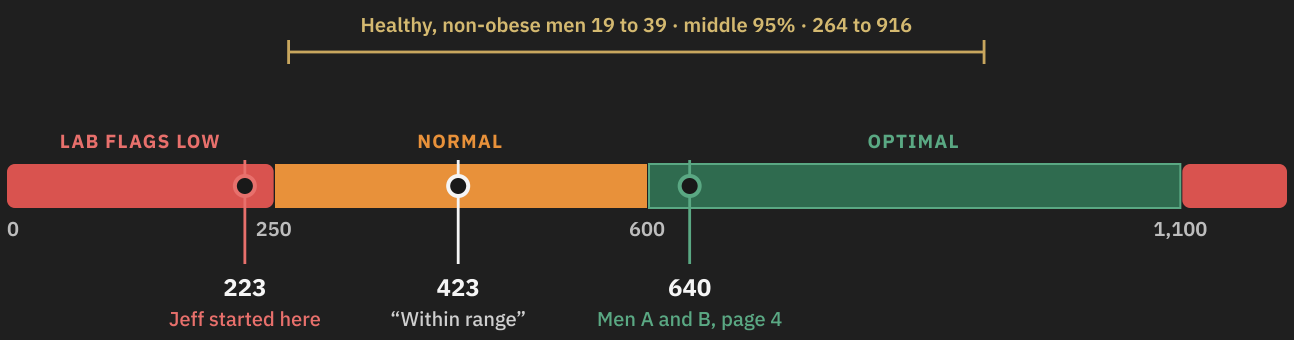
When researchers pooled four large studies to set a range for healthy, non-obese men aged 19 to 39, the bottom 2.5% fell below 264 ng/dL (Travison et al., J Clin Endocrinol Metab, 2017). The floor of normal is a level only one healthy young man in 40 falls below.

The reference population has drifted too. In the Massachusetts Male Aging Study, men of the same age had about 1% less testosterone for each calendar year. A 65-year-old in 2003 ran lower than a 65-year-old in 1988 (Travison et al., J Clin Endocrinol Metab, 2007). Ranges built from today's men inherit that drift.

We grade against optimal. Our optimal range for total testosterone runs **600 to 1,100 ng/dL**, built on functional blood chemistry research.

WHERE A NORMAL RESULT CAN LAND

Total testosterone, ng/dL



WHAT AGE DOES ON ITS OWN

Massachusetts Male Aging Study, men 40 to 70 · Feldman et al., J Clin Endocrinol Metab, 2002

−1.6 % a year
Average yearly drop in total testosterone, measured in the same men 7 to 10 years apart.

−2 to 3 % a year
Yearly drop in bioavailable testosterone in those same men. That is the share your body can use.

+1.6 % a year
Higher SHBG for each year of age across the group, which locks away a bigger share.

A STANDARD PHYSICAL READS

- Total testosterone, if anything

OUR HORMONE READ

- Total T
- Free T
- SHBG
- Albumin
- Estradiol
- LH
- FSH
- Prolactin
- DHEA-S
- Cortisol
- Fasting insulin
- TSH
- Free T3

04 · THE EXECUTIVE FACTOR

The job takes its cut.

Testosterone tracks how you live. These six habits come with the role. Each one acts on a different link in the chain from page 3.

The five-hour night

Testosterone rises through the night. In a controlled study, one week of five-hour nights cut daytime testosterone 10 to 15% in healthy young men (Leproult and Van Cauter, JAMA, 2011).

The waistline

Belly fat is rich in aromatase, which turns testosterone into estradiol. More estradiol tells the brain to send less LH, so production slows while fat storage climbs. The loop can feed itself (Cohen, Medical Hypotheses, 1999).

Quarter-end weeks

Chronic stress keeps cortisol high and drains DHEA-S, the adrenal raw material for testosterone. In a short lab study, raising cortisol lowered testosterone even while LH held steady (Cumming et al., J Clin Endocrinol Metab, 1983).

The third drink

In a controlled trial, three drinks a day for three weeks lowered testosterone about 7% in middle-aged men (Sierksma et al., Alcohol Clin Exp Res, 2004). Alcohol also loads the liver, which makes SHBG and clears estrogen.

Ten hours in a chair

Sitting all day raises insulin. High insulin pushes SHBG down. In men, lower insulin sensitivity tracks with lower testosterone (Pitteloud et al., Diabetes Care, 2005).

Grinding through it

Long endurance blocks stacked on an aggressive diet read as scarcity to the brain. Eating too little raises SHBG. Years of heavy endurance volume can hold testosterone down on their own (Hackney, J Endocrinol Invest, 2008).

> **“My energy and sex drive have dropped 50%.”**
>
> WHAT EXECUTIVES TELL US

Section 08 turns each of these into a lever that fits a real calendar.

05 · THE NINE MARKERS

Nine markers show where it breaks.

When we score a client's hormones, total testosterone is the first number we read. On its own, it tells us the least. **We read nine markers together**, because the pattern shows which link in the chain is weak.

Three show what you produce and how much of it your body can use. Three show the signals that control production. Three show the pressures that push it down.

THE OUTPUT

What you make and can use

1 Total testosterone
600-1,100 ng/dL
Every molecule, bound and free

2 Free testosterone
105-224 pg/mL
The share your tissues use now

3 SHBG
40-46 nmol/L
The protein that locks it away

THE SIGNALS

What controls production

4 LH
1.5-6.15 mIU/mL
Your brain's order to produce

5 Estradiol
24-39 pg/mL
Converted testosterone and a brake on LH

6 Prolactin
2-10 ng/mL
A pituitary hormone that can mute LH

THE PRESSURE

What pushes it down

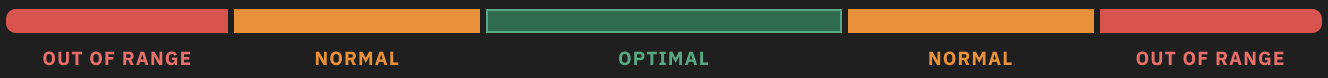
7 DHEA-S
435-617 µg/dL
Adrenal raw material for testosterone

8 Morning cortisol
10-15 µg/dL
Your stress load at the top of the day

9 Fasting insulin
2-5 µIU/mL
The metabolic signal that drags SHBG down

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 always gets action. A few specific results go to your physician first. We flag each one where it appears.

THE FULL AUDIT PANEL ALSO SCORES

100+ biomarkers · 10 body systems

FSH · Albumin · DHT · Pregnenolone · IGF-1 · TSH · Free T3 · Vitamin D · Zinc · RBC Magnesium · Ferritin · Hematocrit · PSA · HbA1c · hs-CRP · ApoB

> "I live on data at work but never on my own health."
>
> WHAT EXECUTIVES TELL US

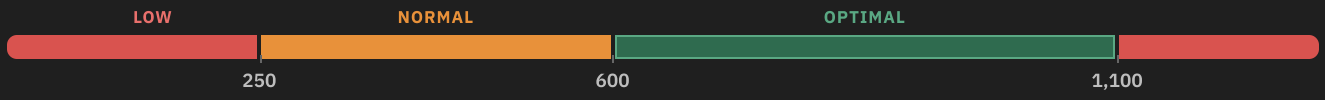
05 · MARKERS 1 TO 3 · THE OUTPUT

What you make, and what you can use.

1 Total Testosterone

Optimal 600-1,100 ng/dL | Lab 250-1,100

Every testosterone molecule in the sample, bound and free. It's the number most physicians check. It runs highest in the morning.



WHAT IT TELLS YOU

Total sets the ceiling. A man at 423 ng/dL is inside the lab range and **177 ng/dL under optimal**. Total alone can't show how much of it reaches your tissues.

WHAT MOVES IT

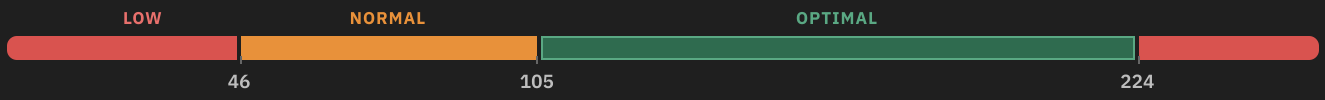
Sleep, losing waist fat, heavy lifting, lower insulin, and fewer drinking nights.

Draw it early in the morning, fasted. Later draws read lower, so compare like with like.

2 Free Testosterone

Optimal 105-224 pg/mL | Lab 46-224

The unbound share, usually about 2% of your total. It's the testosterone that enters cells and does the work.



WHAT IT TELLS YOU

Free testosterone is what reaches your tissues. In the European Male Aging Study, low libido, weaker erections, and fewer morning erections were the symptoms most tied to low total and free testosterone (Wu et al., NEJM, 2010).

WHAT MOVES IT

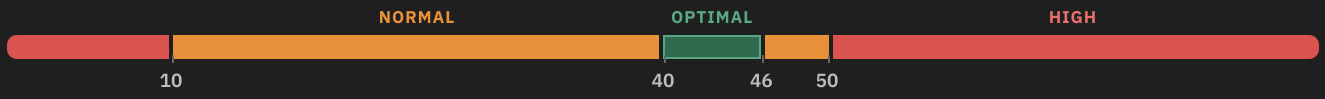
Everything that raises total, plus anything that brings a high SHBG back down.

Direct free T tests vary by lab. We prefer a value calculated from total T, SHBG, and albumin.

3 SHBG

Optimal 40-46 nmol/L | Lab 10-50

Sex hormone-binding globulin, a carrier protein your liver makes. Testosterone bound to it is held out of play.



WHAT IT TELLS YOU

High SHBG hides a shortfall behind a normal total. Low SHBG raises the free share yet usually signals high insulin. In large cohorts, low SHBG predicted type 2 diabetes (Ding et al., NEJM, 2009).

WHAT MOVES IT

Insulin pulls it down. Age, aggressive dieting, heavy drinking, and an overactive thyroid push it up.

The optimal window is narrow on purpose. SHBG matters in both directions.

05 · MARKERS 4 TO 6 · THE SIGNALS

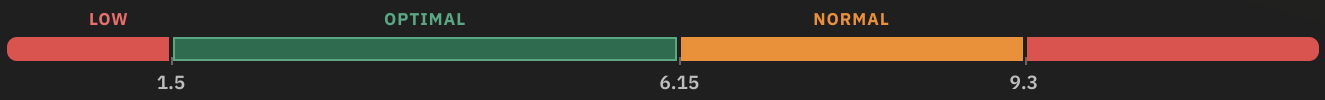
What tells your body to make more.

4 LH

Optimal 1.5-6.15 mIU/mL

Lab 1.5-9.3

Luteinizing hormone, the order your pituitary sends to your testes to produce testosterone.



WHAT IT TELLS YOU

LH shows which end of the chain is struggling. Low testosterone with a low LH points upstream to the brain's signal. **Low testosterone with a high LH means the brain is asking loudly and the testes are falling short**, which belongs with your physician.

WHAT MOVES IT

Sleep, stress load, body fat, and estradiol. Testosterone therapy suppresses it.

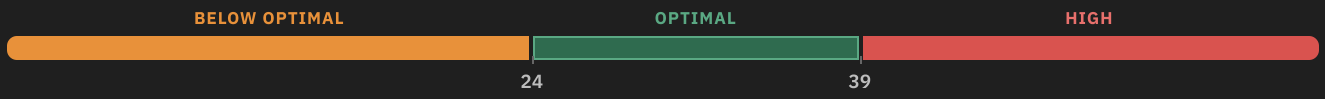
Most standard panels skip LH. Without it, nobody can tell you why your testosterone is low.

5 Estradiol

Optimal 24-39 pg/mL

Lab under 39

The main estrogen in men, made mostly from testosterone through aromatase. You need it for bone, libido, and brain function.



WHAT IT TELLS YOU

High estradiol is the signature of the aromatase loop, with belly fat converting a larger share of your testosterone into estradiol. Low estradiol causes problems too. In a controlled study of 400 men, low estrogen drove fat gain and contributed to a drop in sexual function (Finkelstein et al., NEJM, 2013).

WHAT MOVES IT

Losing waist fat brings a high value down. Alcohol and a burdened liver push it up.

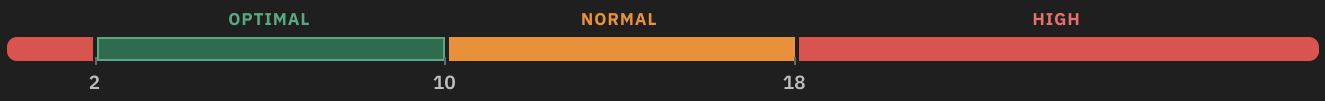
Ask for a sensitive (LC/MS) estradiol when you can. On that test, our optimal range runs 8 to 29 pg/mL.

6 Prolactin

Optimal 2-10 ng/mL

Lab 2-18

A pituitary hormone. In men, elevated prolactin can quiet the LH signal and lower testosterone with it.



WHAT IT TELLS YOU

A prolactin above 10 next to low LH and low testosterone points to the pituitary. **A value past the lab's range goes to your physician.**

WHAT MOVES IT

High stress, an underactive thyroid, extra body fat, and some medications can raise it.

It runs highest in the early morning and varies from draw to draw. Retest a borderline value before acting on it.

05 · MARKERS 7 TO 9 · THE PRESSURE

What pushes it down.

7 DHEA-S

Optimal 435-617 µg/dL | Lab 74-617

An adrenal hormone your body converts into testosterone and estrogen. It's the most abundant steroid hormone in your blood.



WHAT IT TELLS YOU

In men, DHEA-S peaks in the early twenties. After 70 it averages about a fifth of that peak (Orentreich et al., J Clin Endocrinol Metab, 1984). Chronic stress drains it faster. A low value next to a high cortisol reads as an adrenal system spending its reserve on stress.

WHAT MOVES IT

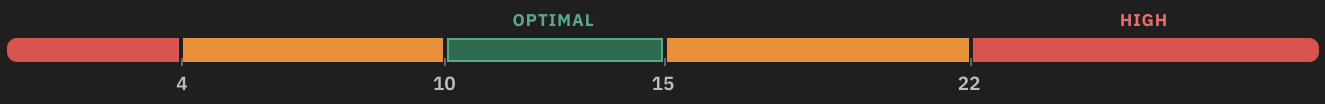
Sleep, a lighter stress load, training you recover from, and steady blood sugar.

Many labs print an age-adjusted range, so a low value can still read normal for your age.

8 Morning Cortisol

Optimal 10-15 µg/dL | Lab 4-22

Your main stress hormone, measured in the morning when it should peak.



WHAT IT TELLS YOU

Cortisol that stays high breaks down muscle, drives belly fat, and drains DHEA-S. Each of those pulls testosterone lower. Running low after a long stretch of pressure points to a system that has been pushed too long.

WHAT MOVES IT

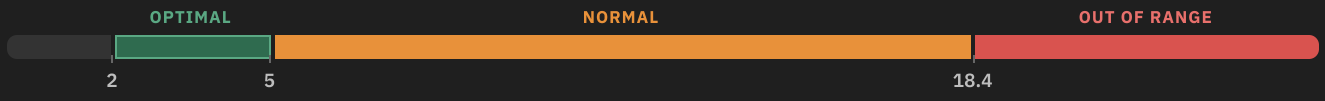
Sleep, a training load matched to your recovery, and real downtime.

A rushed drive to the lab or a bad night can raise a single reading. Read it next to DHEA-S and your HRV trend.

9 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 body works to control blood sugar.



WHAT IT TELLS YOU

Insulin is the link between your metabolism and your hormones. High insulin pulls SHBG down and feeds the belly fat that converts testosterone to estradiol.

WHAT MOVES IT

Losing body fat, lifting, a walk after meals, and sleep. Lever 4 covers it.

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

06 · FIVE WAYS IT RUNS LOW

One low number, five different causes.

A low testosterone result tells you something is off. The markers around it tell you where. Functional blood chemistry separates five common patterns. **Each one calls for a different first move.** A booster aimed at the number skips that question.

		MARKER SIGNATURE	FIRST MOVE
1	**The SHBG lock** Plenty made, too much held back	Total T · ▲ SHBG · ▼ Free T	Eat enough to fuel training, cut drinking nights, and trade some endurance volume for heavy lifting.
2	**The aromatase loop** Belly fat converts it to estradiol	▲ Estradiol · ▲ Fasting insulin · ▼ SHBG · ▼ Free T	Lose waist fat and bring insulin down. Estradiol follows the waistline.
3	**The quiet signal** The brain sends a weak order	▼ LH · ▼ Free T · ▲ Prolactin	Sleep and stress load first. Prolactin past the lab range goes to your physician.
4	**The stress drain** Reserves spent on cortisol	▲ Cortisol · ▼ DHEA-S · ▼ Free T	Match training to recovery, rebuild sleep, and cut the junk volume.
5	**The unanswered order** The testes fall behind the signal	▲ LH · ▲ FSH · ▼ Total T	This one belongs with your physician first. Testicular causes need a medical workup.

▲ Above optimal · ▼ Below optimal · In or near optimal

UNDERNEATH ALL FIVE

Upstream drivers we check first

- Insulin and blood sugar
- Sleep
- Inflammation
- Thyroid output
- Zinc, vitamin D, and magnesium

Patterns adapted from functional blood chemistry analysis. They show where to look and diagnose nothing. Cutoffs refer to our optimal ranges for men.

07 · READING THE PATTERN

Three men, three different problems.

Each of these men would hear that his testosterone is fine, or close to it. Read with the markers around it, each result tells a different story and needs a different first move.

PATTERN A

The normal-total trap

Total testosterone	620 ng/dL
SHBG	68 nmol/L
Free testosterone	81 pg/mL
Albumin	4.3 g/dL

His total looks great

HOW IT FEELS

Flat drive, slow recovery, and lifts that stall despite a disciplined routine.

WHAT'S HAPPENING

SHBG holds most of his testosterone. His calculated free testosterone sits 23% under the bottom of optimal. Under-eating for the training load, heavy drinking, chronic stress, and age are the usual drivers.

FIRST FOCUS

Eat enough to fuel the training, swap two long endurance sessions for heavy lifting, and put guardrails on alcohol.

PATTERN B

The aromatase loop

Total testosterone	360 ng/dL
Estradiol	46 pg/mL
SHBG	22 nmol/L
Fasting insulin	14 µIU/mL

HOW IT FEELS

A growing waist, low drive, softer muscle tone, and energy that fades after lunch.

WHAT'S HAPPENING

Belly fat converts testosterone to estradiol. High insulin keeps SHBG low. The extra estradiol tells his brain to send less LH, so production drops while fat storage climbs.

FIRST FOCUS

Lose waist fat with protein-first meals, three lifting sessions a week, a walk after dinner, and the 222 Rule.

PATTERN C

The pressure cooker

Total testosterone	450 ng/dL
Free testosterone	84 pg/mL
DHEA-S	210 µg/dL
Morning cortisol	19 µg/dL

HOW IT FEELS

Wired at night, flat in the morning, short-fused by afternoon, and a sex drive that comes and goes.

WHAT'S HAPPENING

Months of pressure keep cortisol high and drain DHEA-S, the adrenal raw material for testosterone. Testosterone output follows it down.

FIRST FOCUS

Protect seven or more hours of sleep, train to your recovery data, and cut the junk volume.

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

Example values for illustration, graded on our ranges for men. Free testosterone calculated from total T, SHBG, and albumin (SHBG 38 nmol/L for Pattern C, albumin 4.4 g/dL where not shown). Total testosterone under 250 ng/dL, prolactin past the lab range, or a high LH with low testosterone should go to your physician first.

08 · THE FIX

Eight levers, pulled in order.

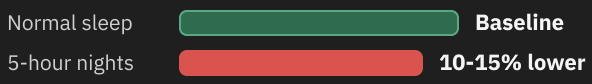
You raise testosterone by fixing the links that hold it down. These eight levers fit inside an executive schedule. Start with the first four.

1 Protect seven to nine hours of sleep

DO THIS

Hold the same sleep window every night, including weekends and travel. Put work away 30 minutes before bed.

DAYTIME TESTOSTERONE AFTER ONE WEEK



WHY IT WORKS

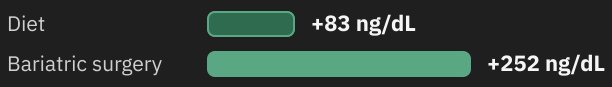
Testosterone climbs through the night and peaks around waking. Cut the night short and you cut the climb. One week of five-hour nights lowered daytime testosterone 10 to 15% in healthy young men (Leproult and Van Cauter, JAMA, 2011).

2 Lose the waist fat

DO THIS

Run a steady deficit with protein at about 1 gram per pound of your goal body weight. Measure your waist at the navel every two weeks and treat it as a hormone marker.

AVERAGE RISE IN TOTAL TESTOSTERONE



WHY IT WORKS

Less belly fat means less aromatase, less estradiol, and a stronger LH signal. In a meta-analysis of 24 studies, the amount of weight lost was the best predictor of how far testosterone rose (Corona et al., Eur J Endocrinol, 2013).

3 Lift heavy, three times a week

DO THIS

Run full-body sessions of 40 to 45 minutes built on compound lifts. Rest two to three minutes between heavy sets. Add weight as you get stronger.

WHY IT WORKS

Testosterone does its work in muscle. Muscle also clears blood sugar, so building it lowers insulin. Short, heavy sessions give the stimulus without the junk volume that drives cortisol up. We call that the Anti-Cortisol Mandate.

4 Bring insulin down

DO THIS

Eat protein first at every meal, carbs last, and walk 10 to 15 minutes after your largest meal.

WHY IT WORKS

Lower insulin lets SHBG recover toward optimal. It also shrinks the belly fat that converts testosterone to estradiol, so two links improve at once.

08 · THE FIX, CONTINUED

Then the four that hold it.

5

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

Drinking lowers testosterone, loads the liver that clears estrogen, and breaks up deep sleep. We never ask clients to quit. We set limits they can keep through client dinners.

6

Match training to recovery

DO THIS

Push on green recovery days and pull back on red ones. Deload every four to six weeks. Trim hard endurance work in your heaviest work weeks.

WHY IT WORKS

Training past your recovery keeps cortisol high and testosterone low. Years of heavy endurance volume can hold it down on their own (Hackney, J Endocrinol Invest, 2008). HRV and resting heart rate flag the overload early.

7

Eat enough, fat included

DO THIS

Keep the deficit moderate. Include whole-food fats like eggs, olive oil, salmon, and nuts. Eat a real meal after you train.

WHY IT WORKS

Crash diets read as scarcity, which raises SHBG and weakens the signal to produce. In a pooled analysis of six intervention studies, men's testosterone ran lower on low-fat diets (Whittaker and Wu, J Steroid Biochem Mol Biol, 2021).

8

Let your labs pick your supplements

DO THIS

Add supplements last, each one chosen from a marker that calls for it. Zinc, vitamin D, and magnesium are the usual candidates.

WHY IT WORKS

In a small study, zinc restriction lowered testosterone in young men. Zinc raised it in older men who were marginally deficient (Prasad et al., Nutrition, 1996). Your bloodwork shows which gaps are real.

WHAT TO EXPECT

Sleep and alcohol changes show up first, in how you feel and in your HRV. SHBG and estradiol follow as insulin and waist fat come down. Testosterone moves over months, so we retest in month four or five. **Across 2,395 European men aged 40 to 79, testosterone rose in proportion to the weight they lost** (Camacho et al., Eur J Endocrinol, 2013).

BEFORE YOUR FIRST PANEL

Fourteen days, then the draw.

Week one starts with sleep, protein, and alcohol. Week two adds training load and ends with a morning draw on the right panel. Add one or two changes at a time.

Week 1

DAYS 1 TO 7

- [ ] Set a fixed bedtime that gives you seven and a half hours in bed, weekends included.
- [ ] Eat 30 to 40 grams of protein at breakfast.
- [ ] Lift twice, full body, 40 to 45 minutes.
- [ ] Walk 10 minutes after your largest meal.
- [ ] Apply the 222 Rule to every drink this week.

Week 2

DAYS 8 TO 14

- [ ] Lift three times, adding weight where the reps came easy.
- [ ] Swap one long endurance session for a 30-minute Zone 2 walk.
- [ ] Measure your waist at the navel and write it down.
- [ ] Book a morning, fasted draw with the panel on page 19.
- [ ] Fill in the scorecard on page 20 when results arrive.

On the road

Guard the sleep window first, because testosterone climbs while you sleep. Lift in the hotel gym on training days. Hold the 222 Rule at every dinner.

If you wear a tracker

Track total sleep first. If most nights come in under seven hours, fix that before anything else on this page.

> **“I want to feel alive every day.”**
>
> WHAT EXECUTIVES TELL US

After day 14, your panel decides the next move. A man in the SHBG lock needs a different month from a man with a quiet signal.

09 · TRT AND BOOSTERS

Find the driver before you pick a fix.

Most men we talk to have tried testosterone boosters, are weighing TRT, or both. Here is what each route does, answered on the same four questions.

	TESTOSTERONE BOOSTERS	TESTOSTERONE THERAPY	FIX THE DRIVER Our approach
WHAT IT IS	Over-the-counter blends sold to raise testosterone.	A prescription that supplies testosterone from outside your body.	Labs find the weak link. We fix what sits upstream of it, then retest.
WHAT THE RESEARCH SHOWS	Researchers checked the first 50 products a Google search returned. Of 109 ingredients, 27 had any study showing a rise. Thirteen products exceeded safe upper limits for zinc, niacin, or magnesium (Clemesha et al., World J Mens Health, 2020).	It treats confirmed deficiency. The Endocrine Society guideline calls for a physician to diagnose it and monitor it (Bhasin et al., J Clin Endocrinol Metab, 2018).	In a small year-long trial of overweight men low in vitamin D, the men given vitamin D raised total testosterone about 25% (Pilz et al., Horm Metab Res, 2011). Losing waist fat raises it too, as page 13 shows.
YOUR OWN PRODUCTION	Most ingredients have no data showing any change.	Your brain stops sending LH, so your own production and sperm output drop while you're on it.	Stays yours. Every lever works through your own signal and your own testes.
WHO DECIDES	You, from the label.	Your physician, with a full panel in hand.	Your labs, read with our team.

IF YOU'RE WEIGHING TRT, BRING THESE TO YOUR PHYSICIAN

- Two morning total T draws
- Calculated free T
- SHBG and albumin
- LH and FSH
- Estradiol
- Prolactin
- Hematocrit
- PSA

A full panel answers why your testosterone is low. The decision about TRT belongs with your physician, made with those answers in hand.

ALREADY ON TRT

Any change to your prescription is a conversation with the physician who manages it. The levers in this guide still apply. Body fat, sleep, insulin, and alcohol keep shaping your estradiol, your energy, and your results on therapy.

10 · WHY THE SYSTEM MATTERS

Testosterone sits downstream.

Most men could start these levers on their own. Where they stall is the order, the feedback, and the weeks the calendar wins.

When we score a client’s labs, testosterone, SHBG, and estradiol land in the last tier. They partly resolve once insulin, inflammation, nutrients, thyroid output, and stress load move. **A man who chases his testosterone number while his insulin runs high is pulling the last lever first.**

HOW WE FIND YOUR RATE LIMITER

Worked top-down

Tier 1 · Upstream Gates everything below it	Insulin signaling · 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** This guide

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

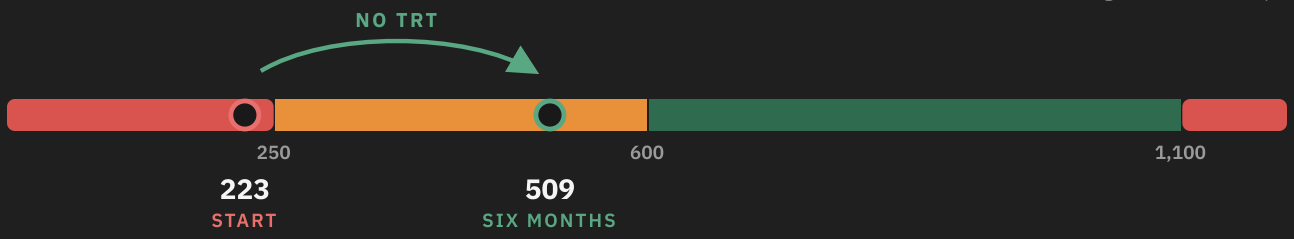
PROOF

223 to 509, with no TRT.

Jeff is a managing director in global strategy consulting. His starting testosterone was 223 ng/dL, below the floor of the lab's normal range. Six months later it read 509 ng/dL. He got there with no TRT. His body fat dropped 6% over those six months. His sleep score rose 20%.

JEFF · TOTAL TESTOSTERONE

ng/dL · six months apart

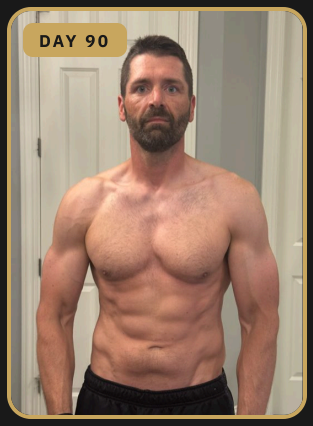


+286 ng/dL
Total testosterone in six months, naturally

−6 %
Body fat over the same six months

+20 %
Sleep score, from his case study





LUKE · 44 · DOCTOR OF PHYSICAL THERAPY

Waist fat is where aromatase lives. Luke took six inches off his, from 38 to 32 inches. He went from 190 to 169 pounds in 90 days. He trained around a knee surgery and an ongoing shoulder problem. His daily calories rose about 45% along the way.

"I am stronger, have more energy, and leaner."

BLAKE · ATTORNEY

1 to 7

Energy on a 10-point scale by week eight. His brain fog went from 10 to 3.

MONTH ONE, ON AVERAGE

+66 %

Our average client sees a 66% increase in energy during the first month.

JOSH · SVP, INSURANCE

77 to 56

Resting heart rate in beats per minute by week eight.

11 · CHECK YOURSELF

Read the signs, then test it right.

Check every line that fits the last three months. The first three are the symptoms most closely tied to low testosterone in the European Male Aging Study (Wu et al., NEJM, 2010).

- [ ] **1** Lower sex drive than a few years ago
- [ ] **2** Fewer morning erections
- [ ] **3** Weaker erections
- [ ] Energy that fades by mid-afternoon
- [ ] Less drive and competitive edge at work
- [ ] Belly fat that holds on despite training
- [ ] Strength and muscle harder to build or keep
- [ ] Slower recovery between workouts
- [ ] Waking at night, or sleep that doesn't refresh
- [ ] A shorter fuse or a flatter mood
- [ ] Brain fog or slower focus
- [ ] Under seven hours of sleep most nights

Four or more checks, or any of the first three, means your hormones deserve a full panel. Symptoms tell you to look. Your labs tell you where.

HOW TO TEST IT RIGHT

1. **Draw early in the morning, fasted.** Testosterone peaks in the morning.
2. **Keep the day before ordinary.** No hard session, no heavy drinking, a full night of sleep.
3. **Pause biotin a few days ahead.** It interferes with many hormone tests and turns up in hair and skin formulas.
4. **Repeat a low result** before anyone acts on it.
5. **Use the same lab and time of day** for every retest.

ASK FOR THESE BY NAME

Total testosterone · Free testosterone · SHBG · Albumin · Estradiol, sensitive · LH · FSH · Prolactin · DHEA-S · Morning cortisol · Fasting insulin · HbA1c · TSH · Free T3 · Vitamin D · Zinc · Hematocrit · PSA

Our clients skip this step. The program panel covers 100+ biomarkers, drawn at a lab near you.

> **"I'm feeling my age for the first time."**
>
> WHAT EXECUTIVES TELL US

12 · 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
Total testosterone	**600-1,100 ng/dL**	250-1,100	_____	OPT NORM OUT
Free testosterone	**105-224 pg/mL**	46-224	_____	OPT NORM OUT
SHBG	**40-46 nmol/L**	10-50	_____	OPT NORM OUT
Albumin	**4.5-5.0 g/dL**	3.6-5.1	_____	OPT NORM OUT
Estradiol	**24-39 pg/mL**	under 39	_____	OPT NORM OUT
LH	**1.5-6.15 mIU/mL**	1.5-9.3	_____	OPT NORM OUT
FSH	**1.6-8.0 mIU/mL**	1.4-12.8	_____	OPT NORM OUT
Prolactin	**2-10 ng/mL**	2-18	_____	OPT NORM OUT
DHEA-S	**435-617 µg/dL**	74-617	_____	OPT NORM OUT
Morning cortisol	**10-15 µg/dL**	4-22	_____	OPT NORM OUT
Fasting insulin	**2-5 µIU/mL**	0-18.4	_____	OPT NORM OUT
TSH	**1.0-2.0 mIU/L**	0.4-4.5	_____	OPT NORM OUT
Vitamin D (25-OH)	**50-90 ng/mL**	30-100	_____	OPT NORM OUT
Zinc (plasma)	**99-130 µg/dL**	50-130	_____	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

Find out what's holding your testosterone down.

You know how the chain works now. In a 15-minute Executive Health Audit, we pin down the weak link in yours.

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.