

GLP-1 Body Transformation Blueprint

Protect muscle. Preserve strength. Build a system that still works when the medication changes.

Positive body transformation

A practical guide for people using GLP-1 medications who want more than a lower number on the scale.

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THE OUTCOME THAT MATTERS

Do not just get lighter. Get stronger, leaner, and more capable.

GLP-1 medications can make fat loss more achievable by reducing appetite and food noise. That can be a powerful tool. But the scale does not tell the whole story.

01

Keep muscle

Strength work gives your body a reason to retain the tissue that supports power, movement, and long-term function.

02

Eat enough protein

When appetite is low, protein needs a plan. It cannot be an afterthought at the end of the day.

03

Build repeatable habits

The skills you use while losing weight are the skills that make maintenance more realistic later.



The target is body composition, not scale worship. You want less body fat while keeping as much strength, lean tissue, energy, and confidence as possible.

Takeaway: Medication can support the process. Your daily behaviors shape the result.

WHAT CHANGES - AND WHAT DOES NOT

GLP-1s help you eat less. They do not preserve muscle for you.

Semaglutide medications, including Ozempic and Wegovy, and tirzepatide medications, including Mounjaro and Zepbound, are prescribed for different conditions. In weight-management labels, they are used alongside a reduced-calorie diet and increased physical activity.⁵

WEIGHT LOSS IS NOT ONE THING

BODY COMPOSITION MATTERS

Clinical studies show that weight loss commonly includes both fat mass and lean mass.^{6,8} Exact proportions vary by person, medication, rate of loss, nutrition, training, hydration, and the method used to measure body composition.

The “40% muscle” headline needs context.

Some semaglutide reporting comes from DXA-based lean-mass data.⁸ **Lean mass is not the same thing as skeletal muscle.** It also includes water, organs, and connective tissue. That does not make muscle protection optional; it makes honest tracking more important.

Use more than the scale.

Strength in the gym, waist measurements, photos, how clothing fits, energy, and repeatable body-composition assessments can tell you more than one weigh-in ever will.

Reality check: A lower scale weight can still be an incomplete win if strength, energy, and lean tissue are falling faster than they need to.

BEYOND MUSCLE

Your skeleton is losing weight too.

Muscle is not the only tissue at stake during rapid, medication-assisted weight loss. Research reviews have raised concern that pharmacologically driven calorie restriction can also reduce bone mineral density and weaken bone structure - a quieter loss that does not show up in the mirror or on the scale.³

The protective strategy is the one you are already reading about:

01 Load the skeleton.

Strength training does not just signal your body to keep muscle. Mechanical loading - lifting, carrying, standing under weight - is the signal your bones need to stay dense and resilient.

02 Feed the frame.

Adequate protein supports bone as well as muscle. The protein system in this guide protects both.

This matters more with each decade.

If you are over 45, protecting bone during weight loss is not a bonus outcome. It is part of the outcome.

Takeaway: The same two habits that protect your muscle - consistent strength training and adequate protein - also protect your bones. You do not need a separate plan. You need to follow this one.

THE THREE NON-NEGOTIABLES

Protect the body underneath the weight loss.

Rapid weight loss is not automatically a problem. But when appetite is extremely low, protein drops, training disappears, and recovery suffers, the result can be a lighter body that feels weaker, softer, and harder to maintain.

01 Strength train consistently.

At least two full-body sessions each week is a strong starting point.¹⁰ Machines, dumbbells, bands, bodyweight, and a home setup can all work.

02 Make protein a daily system.

Use simple, lower-volume meals and backup options for days when appetite, travel, or a demanding schedule makes eating harder.

03 Keep daily movement in the picture.

Walk, move, and stay physically capable without turning your plan into punishing cardio or a second job.



When to speak with your prescriber: persistent inability to eat or drink enough, ongoing vomiting, signs of dehydration, or side effects that make normal nutrition and activity difficult. Do not self-adjust your dose.

Takeaway: You are not trying to eat as little as possible. You are trying to lose fat while still giving your body what it needs to function well.

THE EVIDENCE FOR DOING IT RIGHT

This approach is not theory. It has been tested.

In a six-month study of 200 adults starting semaglutide or tirzepatide, participants received education on two things at the start of treatment: resistance training and adequate protein.¹ That is the same foundation this guide is built on.

THE RESULT

Roughly 13% of body weight lost - only about 3% of muscle.¹

01 The medication created the deficit.

Reduced appetite and quieter food noise made eating less achievable.

02 The training and protein protected the muscle.

Training told the body to keep the tissue. Protein gave it the means to.

03 The combination produced the outcome that matters.

Not just a lighter body. A leaner one.

Smaller reports point the same direction. In one published case series, people on GLP-1 medications who strength trained 3-5 days per week with high protein lost 13-33% of their body weight - and two of the three participants actually gained lean tissue while doing it.²

Takeaway: Muscle loss on a GLP-1 is not inevitable. It is largely a product of what you do - or don't do - while the scale moves.

NUTRITION

Protein is the anchor.

When medication makes it easier to eat less, protein becomes the first thing to protect. It supports recovery, muscle retention, satiety, and the ability to train well.

A practical coaching target:

Aim for about 1 gram of protein per pound of goal / ideal body weight - unless your clinician has given you a different target.⁷

Example: a 150 lb goal body weight = roughly 150 g protein per day. This is a coaching target, not a medical prescription. Individual needs can vary, especially with kidney disease, pregnancy, or other medical considerations.

TIMING	TARGET	WHAT IT CAN LOOK LIKE
Meal 1	25-40 g protein	Greek yogurt + protein powder + berries, or eggs + egg whites + fruit
Meal 2	25-40 g protein	Chicken, turkey, fish, tofu, tempeh, or lean beef with vegetables and a carb you enjoy
Meal 3	25-40 g protein	Simple restaurant order, home meal, or prepared option built around protein first
Backup	20-35 g protein	Ready-to-drink shake, cottage cheese, Greek yogurt, edamame, tuna packet, deli turkey, or a protein-forward snack

Make the target easier: Eat the protein first when appetite is low. Smaller, protein-dense meals beat oversized ones you will not finish.

ONE SUPPLEMENT WORTH ASKING ABOUT

Creatine: inexpensive, well-studied, and relevant here.

Most supplements are noise. Creatine monohydrate is one of the few exceptions - it is among the most researched supplements in existence, with a long track record for supporting strength, training performance, and lean mass retention.

Why it is relevant on a GLP-1: reviews on muscle preservation during GLP-1 therapy have identified creatine, along with adequate protein, as a nutrient worth considering when appetite is low and food volume is limited. ⁴

01 What it is not.

A replacement for training or protein. Creatine supports the work. It does not do the work.

02 A practical note.

Typical use is a small daily dose of creatine monohydrate - the plain, inexpensive form. Fancier versions are not better.



The boundary, as always: Supplements are a conversation to have with your prescribing clinician, especially with kidney disease or other medical considerations. This is a coaching perspective, not a medical recommendation.

Takeaway: If your clinician approves, creatine monohydrate is a low-cost, well-supported addition to a muscle-protection plan. It belongs behind training and protein - never in front of them.

TRAINING

Lift to give your body a reason to keep muscle.

Two 30-45 minute full-body sessions per week is enough to create a meaningful baseline.¹⁰ The goal is not exhaustion. The goal is a consistent signal: this muscle is still useful.

1

Squat

Leg press, goblet squat, split squat, or a sit-to-stand pattern. Train legs and glutes.

2

Hinge

Dumbbell Romanian deadlift, hip thrust, glute bridge, or back extension. Train hamstrings and glutes.

3

Push

Machine press, dumbbell press, push-up, or shoulder press. Train chest, shoulders, and triceps.

4

Pull

Lat pulldown, cable row, chest-supported row, or band row. Train upper back and biceps.

How hard?

Finish most sets with 1-3 reps still in reserve. Controlled reps, good form, and gradual progression matter more than chasing failure.

How to progress?

Add reps first. When you can reach the top of the rep range with strong form, add a small amount of weight and repeat.

Takeaway: Your training does not need to be complicated. It needs to be repeatable enough that you keep showing up.

PROGRESS

Use trends, not emotion, to judge progress.

A scale can be useful. It is just incomplete. Body weight changes with food volume, hydration, sodium, stress, digestion, menstrual cycle, sleep, and travel. Track a pattern - not one random day.

Scale trend	Use a weekly average if daily weigh-ins are helpful; otherwise use a consistent weekly check-in.
Strength and performance	Record major lifts. Preserving or improving reps, load, and technique is a practical sign your body is responding well.
Measurements and photos	Use the same conditions. Waist, hip, and progress photos can show changes the scale misses.
Body composition	Optional tools such as DXA or InBody can add context when interpreted as a trend, not as a verdict.
Energy and recovery	Pay attention to sleep, hunger, digestion, training readiness, and whether you are still able to do real life well.



Keep the goal in view: The best result is not simply the biggest loss. It is a lower-fat, stronger, more capable body you can maintain.

DAILY ACTIVITY AND RECOVERY

Walk consistently. Recover like it matters.

Walking supports fat loss and long-term maintenance without turning your life into cardio. It can be built around calls, commutes, meals, errands, and short breaks in a demanding day.

Start where you are.

Establish a realistic baseline for steps or walking time. Build gradually, especially if medication side effects, fatigue, or a new training plan are in the picture.

Do not stack cardio on a low appetite.

Endless cardio can make recovery harder when calories are lower. Prioritize strength, walking, sleep, hydration, and consistent food structure first.

01 Build an activity floor.

Choose a daily movement minimum that can survive busy weeks - for example, a walk after meals, a morning loop, or 10 minutes between meetings.

02 Protect sleep.

Poor sleep can make food decisions, recovery, energy, and training consistency harder. Treat it as part of your plan, not a bonus.

03 Hydrate on purpose.

Drink consistently through the day. If you are struggling to keep fluids down or are feeling persistently unwell, contact your prescriber.

Takeaway: The plan should help you feel better in real life - not leave you too depleted to enjoy it.

THINK BEYOND THE PRESCRIPTION

Build the off-ramp before you need it.

Medication decisions belong with your prescriber. But your coaching system should prepare you for every outcome: continuing treatment, changing doses, pausing, or eventually stopping.

Why the plan matters

In a STEP 1 extension, participants regained about two-thirds of the weight they had lost during the year after semaglutide and the lifestyle intervention were withdrawn.⁹ That does not predict any one person's outcome. It does make maintenance habits worth building while appetite is more manageable.

01 Keep your training routine.

The signal to retain muscle remains important whether the scale is moving quickly, slowly, or not at all.

02 Know your food structure.

Have repeatable protein-forward meals, restaurant decisions, grocery staples, and a plan for appetite changes before they become a crisis.

03 Maintain a simple dashboard.

Keep monitoring body weight trends, strength, waist, energy, and your ability to stay consistent without overcorrecting.

Takeaway: What you protect on the way down is what supports you later.

BRING A PLAN TO YOUR APPOINTMENT

Questions worth asking your prescriber.

The right medication plan is individual. Bring questions that help you build a safer, more durable body-composition strategy - not simply pursue the fastest possible loss.

- 01 What is a sensible **rate of weight loss** for me, given my health history and starting point?
- 02 What **protein target** makes sense for me, and are there medical reasons I need a different target?
- 03 What symptoms mean my **appetite suppression or side effects** need to be discussed sooner?
- 04 Should we track **body composition, strength, or other markers** in addition to body weight?
- 05 What is my **plan if I pause, stop, or change** this medication?

Important: This guide provides general coaching education. It does not replace individualized medical care, medication instructions, diagnosis, or treatment. Follow the prescription label and the advice of your licensed prescriber.

RESEARCH AND SOURCE NOTES - ADDITIONS

New evidence behind this edition.

1. Peralta-Reich D, et al.

Prospective 6-month study of 200 adults initiating semaglutide or tirzepatide with resistance training and protein intake education. Presented 2025. Participants lost approximately 13% of body weight with approximately 3% muscle mass loss by bioelectrical impedance.

2. SAGE Open Medicine case series, 2025.

Three patients on semaglutide or tirzepatide performing resistance training 3-5 days weekly with high protein intake; lean soft tissue changes ranged from -6.9% to +5.8% despite 13-33% total weight loss.

3. Narrative review, Pharmaceuticals, 2026.

High-quality weight loss framework including bone health; notes that pharmacologically driven energy restriction can adversely affect bone mineral density, with adequate protein and mechanical loading required to preserve skeletal integrity.

4. Review on nutrition support during GLP-1 therapy, 2025.

Identifies resistance training, optimal protein intake, and nutrients including creatine and branched-chain amino acids as muscle-preservation strategies during GLP-1 receptor agonist treatment.

Interpretation note:

The 200-adult study assessed body composition by bioelectrical impedance rather than DXA; both are best read as trends, not verdicts. Case series findings are small-sample and directional, not proof of causation. Numbered markers throughout this guide point to the sources listed here and on the final page.

MAKE THE OPPORTUNITY COUNT

Lose weight. Keep your strength.

Medication can create momentum. Private coaching turns that opportunity into a training, nutrition, and accountability system built to protect muscle, lose fat, and make progress fit real life.

Positive body transformation.

Private coaching for busy professionals who want clear priorities, practical nutrition, efficient strength training, and accountability that fits real life.

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RESEARCH AND SOURCE NOTES

5. FDA Prescribing Information. Wegovy (semaglutide) and Zepbound (tirzepatide), revised 2026. Both labels describe use with a reduced-calorie diet and increased physical activity, along with contraindications and safety information.

6. Look M, et al. Body composition changes during weight reduction with tirzepatide in the SURMOUNT-1 study. Diabetes Obes Metab. 2025. DXA sub-study reported approximately 75% of weight lost as fat mass and 25% as lean mass.

7. Jager R, et al. International Society of Sports Nutrition Position Stand: protein and exercise. J Int Soc Sports Nutr. 2017;14:20. General protein guidance for exercising individuals.

8. Wilding JPH, et al. Impact of Semaglutide on Body Composition in Adults With Overweight or Obesity: Exploratory Analysis of the STEP 1 Study. J Endocr Soc. 2021;5(Suppl 1):A16-A17. DXA sub-study data on fat mass and lean mass.

9. Wilding JPH, et al. Weight regain and cardiometabolic effects after withdrawal of semaglutide: the STEP 1 trial extension. Diabetes Obes Metab. 2022;24:1553-1564.

10. American College of Sports Medicine. Physical Activity Guidelines. Adults are advised to include muscle-strengthening activity involving major muscle groups on at least two days per week.

Interpretation note: "Lean mass" reported by DXA is not a direct measure of skeletal muscle alone; it includes water and other non-fat soft tissue. This guide avoids treating a single lean-mass percentage as a personal prediction.