

PROTOCOL 06

Strength Training for Perimenopause

A ninety-day plan for the years when bone and muscle are both moving. What the evidence supports, what it can't promise, and the two sessions a week that carry the result.

PAGES 1 TO 4

The read. About eight minutes.

PAGE 2

What works, and what to skip

PAGE 3

The ninety days, in four phases

PAGE 4

The four numbers, and how to ask

PAGES 5 TO 8

The worksheets. Print these.

PAGE 5

Six questions to set up

PAGES 6 AND 7

The session card and the tracker

PAGES 8 AND 9

Bad days, day ninety, sources

17

cited sources, each linked to the study itself on page nine

60

minutes a week of training, which is the entire dose

Start here.

Everything came back normal, and you still don't feel like yourself?

You've probably heard you should lift weights. What nobody tells you is how heavy, how often, or what ninety days of strength work can show you. This protocol is specific about all three. That includes the one number we won't pretend to measure.

All you need is two sessions a week, thirty minutes each, and three lifts. Add a walk on most days, and you're at about two and a half hours a week. That's doable on purpose.

One number decides how you start. It's on page four, with three others. You can take that page to any provider you already see. It doesn't ask you to come here for any of it.

WHAT NINETY DAYS WILL AND WILL NOT CHANGE

What moves. Your strength, and the two timed tests on page six. Those carry the best evidence in the whole protocol. They're what these ninety days are for.

What usually does not. Your bone density. It moves on a longer clock than ninety days. That's expected. Page eight shows you what to compare instead.

HOW TO USE THIS

Read pages 2 to 4 now. Seven to ten minutes. What works, the ninety days, and the four numbers.

Print pages 5 to 8. A setup page, a session card, a tracker, and a bad-day plan.

Start with page five. It takes ten minutes, and it decides how you start.

Check in at day 30, 60 and 90. Prompts are on page seven.

SEE A CLINICIAN FIRST IF

You've been told your bone density is low, or your T-score is below -1.0. You've broken a bone in a fall from standing height or less. You take, or recently took, glucocorticoids or another bone-active medication. You have kidney trouble or an eGFR below 30. Your blood pressure or a heart condition isn't controlled. None of these mean you can't do this. They mean one conversation happens before you load. The full list is on page eight.

IF YOU READ NOTHING ELSE

Twice a week, thirty minutes a session. That's the entire dose.

The trial behind this protocol ran eight months at sixty minutes a week. Lumbar spine bone density went up 2.9 percent, while the control group lost 1.2 percent. Compliance was 92 percent across 101 women. The only adverse event was one minor back spasm. The effort is small, but the intensity is not, and that's the part worth having a coach watch.

Every option, ranked by the proof behind it.

Most strength advice for women in their late thirties to fifties comes as a flat list. Everything looks equally important. Here it runs in order, including what to skip. It also covers one thing you've probably been told that the best data doesn't support.

1 Do these first

STRONG EVIDENCE

Lift twice a week, and lift for strength

Two sessions a week. Two to three sets each, seven to nine reps a set. Use 70 to 79 percent of what you could lift once. Across 25 randomized trials in older adults, strength rose at a large effect size, lower body most. This is what moves in ninety days, and it's a real result in its own right.

Go heavy, not moderate

Across 53 trials, heavy training moved bone density in the lower spine about three times as far as moderate or light training. The authors' summary: resistance training, potentially with impact training, is the most effective osteogenic stimulus at the spine and hip. Add impact work once your technique holds. Intensity is what matters, and most programs for women quietly drop it.

Use free weights, not machines

A 2020 review of trials found free weights significantly better than machines for bone density across the whole hip. Use barbells and dumbbells, loaded properly, with a performance coach if you need one.

Get supervised for the heavy phase

The trial behind this protocol ran its sessions under close supervision, in women screened first. That condition is part of the result. Anyone can teach you a squat. The value is someone watching your fifth set.

2 Then these

GOOD EVIDENCE

Eat enough protein, especially if you're losing weight

Women past menopause who dieted on about 0.28 grams of protein per pound a day lost 32 percent of that weight as lean mass. That's not the weight you want to lose. A practical floor is half a gram per pound. That's well above the intake that predicted heavy lean loss, and you go higher because you're training. If you're losing weight in these ninety days, protein isn't optional.

Take creatine, 5+ g a day

Seven trials covered 608 women past menopause. Creatine plus lifting added about 0.8 of a pound of lean mass. It added 17 pounds to a leg press one-rep max. Two honest notes. Bone density was unchanged. And the effect only showed up at 5 g or more, alongside training.

Ask your practitioner whether hormone therapy fits you

The Women's Health Initiative followed 16,608 women. Fractures ran 8.6 percent on hormone therapy and 11.1 percent without. The authors' caution, word for word: in a global model considering other disease outcomes, there was no net benefit, even in women at high risk of fracture. The 2022 menopause society position: if you're under 60, or within ten years of menopause, the balance favors treatment. That's a prescription, and a talk with your own practitioner.

3 Optional

LIMITED EVIDENCE

Push protein to 0.7 g per pound for muscle

About 0.7 grams per pound is the usual muscle-building target. One trial tested it here, and it came back negative. Twenty-three women, ten weeks, 0.54 versus 0.40 grams per pound: no difference. Small studies miss real effects. So it's worth doing, but don't weight it like the tier above.

Correct a real vitamin D deficiency, at a modest dose

Worth doing for its own sake if you're truly low, which is common here from November to February. About 800 to 1,000 IU, taken daily. The case against going higher is in the next tier.

Get your calcium from food

Dairy, canned fish with the bones in, greens, fortified foods. The evidence on supplements is contested in a way the food evidence is not.

4 Skip these

EVIDENCE SAYS OTHERWISE

Don't assume menopause took your muscle

Researchers scanned 1,246 women as they went through the transition. Each scan was lined up to her final period. Mean lean mass loss was under half a pound across three and a half years. That's smaller than a scanner can reliably detect. Fat is where the big change showed up: up 1.7 percent a year, and redistributed. Muscle and strength do decline with age, so this isn't a claim that nothing changed. It's a claim about how much. The number is small enough that muscle is the part you build back.

Don't take high-dose vitamin D for your bones

A three-year randomized trial gave 311 adults 400, 4,000 or 10,000 IU a day. Forearm bone density fell 1.2, 2.4 and 3.5 percent. More was worse, in a dose-dependent line. The authors' conclusion: these findings do not support a benefit of high-dose vitamin D for bone health.

Don't rely on calcium supplements

A 2010 analysis linked calcium pills to a 31 percent higher risk of heart attack. That was at 500 mg a day or more, taken without vitamin D. Five published comment letters dispute it. It has never been overturned. Food first means you don't have to pick a side.

What you do, and when you do it.

Four phases. Technique comes before load, always, and the heavy phase carries the bone stimulus. One thing gets added at a time. That way, when something works, you know what it was.

1-10	11-40	41-70	71-90
BASELINE	PHASE ONE	PHASE TWO	PHASE THREE

BASELINE

Days
1 to 10

Ten days

Measure before you change anything.

- Get your baseline numbers. That's a DEXA for bone density at your spine and hip, plus lean mass and visceral fat. It's also full panel bloodwork, and a strength and mobility check with whoever coaches you.
- Do the setup page on page five. Fill in the first column of your session card on page six.
- **Get clearance if you need it.** A T-score below -1.0 means clinician clearance and a vertebral fracture assessment before you load heavy. This is a prerequisite, not a precaution.
- Have the honest conversation now. We're measuring your bone today to know where you stand and how you start. It gets measured again on a schedule your practitioner sets.

Why it matters: bone loss starts about a year before your final period. It runs hardest through the three years around it. Question three on page five tells you where you are.

PHASE ONE

Days
11 to 40

Four weeks

Build the movement before the load.

- **Twice a week, thirty minutes, ideally supervised.** Deadlift, squat and overhead press, taught from the ground up at a moderate load.
- **Technique before intensity, every session.** The load you can hold form with is the right load. It should feel too easy in week two.
- Protein to at least half a gram per pound, higher because you're training. Creatine at 5 g a day if it suits your stomach.
- Walk most days, and check the tracker on page seven. Two marks a day: one for protein, one for moving.

Why it matters: people skip this phase because it feels slow. It's what makes the next one safe.

PHASE TWO

Days
41 to 70

Four weeks

The dose that carries the result.

- **If your T-score is below -1.0,** this phase waits until you have clearance and a vertebral fracture assessment in hand.
- **If you're losing weight** through these ninety days, protein stops being optional, and the amount goes up. You don't want to lose muscle.
- **Either way,** this phase carries the bone stimulus. Five sets of five, working toward above 85 percent of your one-rep max. Three lifts, twice a week, free weights, supervised. Add impact loading as your coach clears it.
- If a number came back off on page four, that correction runs through this phase alongside the training.

Why it matters: this is the only part that can't be done from a page. Its safety record came from supervised sessions with screened women. The supervision is doing real work.

PHASE THREE

Days
71 to 90

Three weeks

Hold it, then compare.

- Same structure, same two sessions. Load moves up only where technique allows.
- Repeat your session card in the final week on a fresh page six. Then do the page-eight review.
- Retest what can move: strength, the two function tests, lean mass and visceral fat on a DEXA, and any bloodwork that came back off.

Why it matters: bone density isn't on that list. A real change in bone takes longer than ninety days. Strength and function are what this window moves, and what you compare on page eight.

What to ask for, and what each one changes.

These are four ordinary tests. One of them decides how you start. Most programs for women in their late thirties and early forties never ask for it. Take this page to whoever runs your scan or your bloodwork.

01 Bone mineral density, your T-score

BELOW -1.0 CHANGES THE PLAN

WHY IT'S HERE

This number decides whether you can start loading heavy, or need clearance first. Some gyms will put a barbell in your hands without ever knowing it.

WHAT TO DO WITH THE ANSWER

It comes from a DEXA. It takes a few minutes, and you stay fully clothed. Below -1.0 means clinician clearance, a vertebral fracture assessment, and a review of any bone-active medication before the heavy phase. You still lift, but someone qualified signs off on the load first. Ask for the T-score at both your spine and your hip, because they can differ.

02 Estradiol, with FSH, LH and SHBG

LOCATES YOU, DOESN'T DIAGNOSE YOU

WHY IT'S HERE

These four place you on the transition timeline. That decides how closely your provider watches your bone.

WHAT TO DO WITH THE ANSWER

Ask for the numbers, not the words in range. These hormones swing week to week during perimenopause. So a single draw is a snapshot, and your cycle history matters as much as the result. Nobody should diagnose perimenopause from one blood test.

03 TSH, free T4, free T3, TPO antibodies

IT MIMICS THIS ALMOST EXACTLY

WHY IT'S HERE

An out-of-range thyroid causes most of the same symptoms as perimenopause. The fatigue, the weight that won't move, the mood, the cold, the hair. It's common in this decade, and it's treatable.

WHAT TO DO WITH THE ANSWER

Worth checking once, properly. Most labs flag a TSH above roughly 4, and out of range in either direction matters. Free T3 and TPO antibodies round out the picture. TPO points to an autoimmune cause. Ask for every number with the lab's own reference range beside it. Ranges differ between labs.

04 Vitamin D, 25-OH

CORRECT IT, DON'T CHASE IT

WHY IT'S HERE

Low vitamin D is common at this latitude from November through February. Your skin makes very little of it in winter.

WHAT TO DO WITH THE ANSWER

If you're truly low, fixing it is easy and worth doing. Dose daily, around 800 to 1,000 IU, never as a large monthly or yearly dose. Going higher for your bones has been tested, and it went the wrong way. That's on page two.

WHAT TO SAY, IF IT HELPS

"I've started strength training, and I'd like a baseline first. Could I get a DEXA with my T-score at the spine and hip? Could we also run estradiol, FSH, LH, SHBG, thyroid with TPO antibodies, and vitamin D? I'd like the actual numbers, not just whether they're in range. I've read that if my T-score is below -1.0, I should have clearance and a vertebral fracture assessment before I lift heavy. I'd like your read on that."

Write your results on page five so everything sits in one place. A number that comes back low is a conversation with a clinician. Don't start a supplement on your own.

Set up your ninety days.

Six questions, ten minutes, one time. Everything after this is showing up and ticking off boxes.

1 What two days each week are yours?

Pick the two you can actually protect for twelve weeks. Same two days every week.

My two training days

Two sessions is the whole prescription. A third is the most common way this gets abandoned by week five.

2 What are your two protein numbers?

Take your weight in pounds. Multiply by 0.5 for your floor and 0.7 for your target.

My floor, grams a day

My target, grams a day

Pounds × 0.5

Pounds × 0.7

3 Where are you on the timeline?

This doesn't change your training. It changes what your provider watches. Tick one.

- ☐ **A** • My periods are still regular, or only a little unpredictable.
- ☐ **B** • My cycles have gone unpredictable, or I've skipped some.
- ☐ **C** • It's been twelve months or more since my last period.

SO MY TIMELINE IS

A or B: you're in the transition, when bone loss runs hardest and loading matters most. **C:** you're postmenopausal, and the results this protocol is built on were measured in women exactly here. Nothing about the training changes.

4 Is your setup done?

One afternoon of work. Check all eight before day one.

- ☐ Clearance from a clinician, if my T-score is below -1.0.
- ☐ Vertebral fracture assessment done, if that applies to me.
- ☐ Both sessions in week one booked, with a coach, by name.
- ☐ My coach knows about any bone-active medication I take.
- ☐ Flat shoes I can lift in. Running shoes are the wrong tool here.
- ☐ Protein floor written somewhere I'll see it daily.
- ☐ Creatine bought, if I'm using it. Plain creatine monohydrate, 5 g.
- ☐ Day 30, 60 and 90 in my calendar now.

5 Does any of this apply to you?

These five need a conversation before you load heavy. Tick only what's clearly true.

- ☐ I've been told my bone density is low, or my T-score is below -1.0.
- ☐ I take, or recently took, glucocorticoids or another bone-active medication.
- ☐ I've broken a bone from a fall from standing height or less.
- ☐ I have kidney trouble, or an eGFR below 30.
- ☐ I have blood pressure or a heart condition that isn't controlled.

Any ticked off? That's one conversation before you load, not a closed door. The safety record behind this protocol came from women screened for exactly these things first, which is the reason it's a good safety record.

6 What did your numbers come back as?

Fill this in when you get results. Page four tells you what to ask for.

TEST	RESULT	DATE	WHAT WE SAID TO LOOK FOR
Bone density, T-score			Below -1.0 changes how you start
Estradiol, FSH, LH, SHBG			Ask for the numbers, not "in range"
TSH, free T4, free T3, TPO			Out of range either way matters
Vitamin D, 25-OH			Correct if low, daily dose

Two sessions a week, written down.

Fill this in during your first training week, then again in the last week of the ninety days. Your coach sets the loads. You write down your results, which is a different thing, and it's the one that's useful at day ninety.

	DEADLIFT	SQUAT	OVERHEAD PRESS	IMPACT WORK	NOTES
Session 1 · Sets × reps					
Session 1 · Load					
Session 1 · Last set looked					
Session 2 · Sets × reps					
Session 2 · Load					
Session 2 · Last set looked					

Phase one is moderate load while the pattern is being built. Phase two is five sets of five, working toward above 85 percent of your one-rep max. Your coach decides the numbers that go in these boxes, and the boxes are blank because a page can't see you lift.

THE ONE QUESTION THIS WEEK IS REALLY ASKING

Did your fifth set look like your first?

If technique falls apart on the last set, the load is too high for this week, whatever the plan said. That single observation is most of what supervision is for, and it's what keeps the safety record intact.

What I noticed this week

YOUR WEEK, IN FOUR NUMBERS

Sit-to-stand ×5, secs

Timed up-and-go, secs

Deadlift, best 5

Squat, best 5

These four are what you'll compare at day ninety. All four moved in the trial behind this protocol, and strength moved most.

HOW TO TIME THE TWO FUNCTION TESTS, THE SAME WAY TWICE

Sit-to-stand, five times. A dining chair with its back against a wall, arms crossed over your chest. Stand all the way up and sit all the way down five times, as quickly as you safely can. Time it from the first stand to the fifth sit.

Timed up-and-go. Same chair, with a mark on the floor ten feet away. Start seated, stand, walk to the mark, turn, walk back and sit down. Time the whole thing. Use a walking aid if you normally use one.

Doing these the same way both weeks matters more than matching anybody's standard, so keep the same chair, the same shoes and the same time of day. Clinicians score formal versions of both tests. If you want the scored version, ask for it by name.

Ninety days.

Two marks a day. A dot in the corner if you hit your protein floor, a line through the box if you trained or walked. Missing a day isn't a failure, so don't stress it. Missing three in a row is your signal to look at what changed and how you can correct it.

	MON	TUE	WED	THU	FRI	SAT	SUN
WK 1	1	2	3	4	5	6	7
WK 2	8	9	10	11	12	13	14
WK 3	15	16	17	18	19	20	21
WK 4	22	23	24	25	26	27	28
WK 5	29	30	31	32	33	34	35
WK 6	36	37	38	39	40	41	42
WK 7	43	44	45	46	47	48	49
WK 8	50	51	52	53	54	55	56
WK 9	57	58	59	60	61	62	63
WK 10	64	65	66	67	68	69	70
WK 11	71	72	73	74	75	76	77
WK 12	78	79	80	81	82	83	84
WK 13	85	86	87	88	89	90	

Dot protein floor hit **Line** trained or walked **Blank** a day, not a verdict

DAY 30

Have both sessions held every week? If you've missed some, was it the day, the time, or the coach?

DAY 60

Are you into the heavy phase yet? If not, what's holding it up, and is it a technique thing or a clearance thing?

DAY 90

Fill in a fresh copy of page six, then do the review on page eight.

Decide this now, not on the bad day.

YOUR PLAN FOR A BAD DAY

Sore, tired, or the day got away from you? Go anyway and take the load down. Two sets instead of five, at a weight that feels easier. The session existing matters more than the session being good, because the habit you're protecting is showing up twice a week for twelve weeks.

Something actually hurts, sharply or in one spot? That's different. Stop the movement, tell your coach, and leave the muscle groups near it alone.

Missed a whole week? Come back one phase behind where you left off, not where the calendar says. A week off costs you a week. Coming back at the wrong load can cost you the quarter.

My two rules for a bad day:

STOP AND SEE A CLINICIAN

- New joint or muscle pain, especially if it came on suddenly or after a lift.
- Any fracture, or a fall you're not sure about.
- You're starting or stopping a bone-active medication, glucocorticoids included.
- Kidney trouble, or an eGFR below 30, before you push protein or start creatine.
- Blood pressure or a heart condition that isn't controlled.
- Any thought of starting hormone therapy. That's a prescription and a conversation, and this page is neither.

Every one of these means the protocol is part of the answer instead of all of it, and finding that out in week two is worth far more than in week twelve.

DAY NINETY, SIDE BY SIDE

THE FOUR NUMBERS	WEEK 1	WEEK 13
Sit-to-stand ×5, seconds		
Timed up-and-go, seconds		
Deadlift, best set of five		
Squat, best set of five		
Sessions kept, out of 24		

What a good result looks like: the two function tests faster, both lifts up, sessions kept in the high teens or better. Lean mass may move 1.5 to 2 pounds, right at the edge of what a scanner can detect, so treat it as a bonus. Bone density isn't one of the four, because it moves on a longer clock.

IF YOU WANT THE MEASURED VERSION

ALYZE is a whole health club in Bountiful with a CLIA-certified lab in the building. The DEXA reads bone mineral density at your spine and hip, lean mass by region, and visceral fat. Estradiol, FSH, LH, SHBG, thyroid with TPO antibodies, ferritin and vitamin D can all be tested here, and a practitioner reads your results with you. The heavy phase happens here too, with a performance coach, because that's the phase a page can't give you.

The easiest way in is the 7-day free trial, with no card and no commitment. It includes a session with a personal trainer. Signature membership includes the full anALYZE Assessment every quarter. **alyze.health** · (801) 348-6440 · 155 W 500 S #3, Bountiful



SCAN TO START

Reviewed by Tyra Hepworth, DNP, Medical Director, ALYZE. This workbook is educational and is not medical advice, and it is not a substitute for assessment by a clinician who can examine you. Do not start, stop or change any medication or supplement on the strength of a page. Every claim in here is sourced on page nine.

Every number in here, and where it came from.

Seventeen sources. Each one was checked against the published record, and every link goes to the study itself rather than to somebody's summary of it. Where the evidence is thin, or contested, the page it sits on says so.

WHAT ACTUALLY CHANGES, AND WHEN

- 1 **Greendale GA, et al.** Changes in body composition and weight during the menopause transition. *JCI Insight*, 2019. pubmed.ncbi.nlm.nih.gov/30843880 The lean mass figure on page two comes from here. 1,246 women, DXA anchored to the final menstrual period.
- 2 **Lovejoy JC, et al.** Increased visceral fat and decreased energy expenditure during the menopausal transition. *International Journal of Obesity*, 2008. pubmed.ncbi.nlm.nih.gov/18332882
- 3 **Greendale GA, et al.** Bone mineral density loss in relation to the final menstrual period in a multiethnic cohort. *Journal of Bone and Mineral Research*, 2012. pubmed.ncbi.nlm.nih.gov/21976317
- 4 **Sowers MR, et al.** Amount of bone loss in relation to time around the final menstrual period. *Journal of Clinical Endocrinology and Metabolism*, 2010. pubmed.ncbi.nlm.nih.gov/20215399

THE TRAINING DOSE, AND THE TRIAL BEHIND IT

- 5 **Watson SL, et al.** High-intensity resistance and impact training improves bone mineral density and physical function in postmenopausal women with osteopenia and osteoporosis: the LIFTMOR randomized controlled trial. *Journal of Bone and Mineral Research*, 2018. pubmed.ncbi.nlm.nih.gov/28975661 Read with its erratum, /30861219
- 6 **Watson SL, et al.** Heavy resistance training is safe and improves bone, function and stature in postmenopausal women with low to very low bone mass. *Archives of Osteoporosis*, 2019. pubmed.ncbi.nlm.nih.gov/30612163
- 7 **Kistler-Fischbacher M, Weeks BK, Beck BR.** The effect of exercise intensity on bone in postmenopausal women: a systematic review and meta-analysis. *Bone*, 2021. pubmed.ncbi.nlm.nih.gov/33357834
- 8 **Shojaa M, et al.** Effects of dynamic resistance exercise on bone mineral density in postmenopausal women: a systematic review and meta-analysis. *Osteoporosis International*, 2020. pubmed.ncbi.nlm.nih.gov/32399891
- 9 **Borde R, Hortobágyi T, Granacher U.** Dose-response relationships of resistance training in healthy old adults: a systematic review and meta-analysis. *Sports Medicine*, 2015. pubmed.ncbi.nlm.nih.gov/26420238

PROTEIN, CREATINE, AND THE SUPPLEMENT CORRECTIONS

- 10 **Bopp MJ, et al.** Lean mass loss is associated with low protein intake during dietary-induced weight loss in postmenopausal women. *Journal of the American Dietetic Association*, 2008. pubmed.ncbi.nlm.nih.gov/18589032 The protein floor on pages two and five is set above the intake reported here.
- 11 **Rossato LT, et al.** Higher protein intake does not improve lean mass gain when compared with RDA recommendation in postmenopausal women following resistance exercise protocol. *Nutrients*, 2017. pubmed.ncbi.nlm.nih.gov/28895933 A direct negative test, underpowered at 23 participants, which is why page two calls the higher target optional.
- 12 **Naddafha S, et al.** Creatine supplementation and resistance training in postmenopausal women: a systematic review and meta-analysis. *Journal of the International Society of Sports Nutrition*, 2026. pubmed.ncbi.nlm.nih.gov/42141930 The prediction interval crosses zero, and one author chairs a creatine advisory board supported by a manufacturer. Both are why page two states the ceiling alongside the effect.
- 13 **Burt LA, et al.** Effect of high-dose vitamin D supplementation on volumetric bone density and bone strength: a randomized clinical trial. *JAMA*, 2019. pubmed.ncbi.nlm.nih.gov/31454046
- 14 **Bolland MJ, et al.** Effect of calcium supplements on risk of myocardial infarction and cardiovascular events: meta-analysis. *BMJ*, 2010. pubmed.ncbi.nlm.nih.gov/20671013 Contested in five published comment letters and never overturned, which is why page two calls it contested rather than settled.

HORMONE THERAPY, AND WHAT NINETY DAYS SHOWS

- 15 **Cauley JA, et al.** Effects of estrogen plus progestin on risk of fracture and bone mineral density: the Women's Health Initiative randomized trial. *JAMA*, 2003. pubmed.ncbi.nlm.nih.gov/14519707
- 16 **The North American Menopause Society.** The 2022 hormone therapy position statement. *Menopause*, 2022. pubmed.ncbi.nlm.nih.gov/35797481
- 17 **Heaney RP.** The bone remodeling transient: implications for the interpretation of clinical studies of bone mass change. *Journal of Bone and Mineral Research*, 1994. pubmed.ncbi.nlm.nih.gov/7817796 A remodeling period runs three to six months, which is the whole ninety-day window, and it is why page three says bone moves on a longer clock.

HOW THE BARS ON PAGE TWO WORK

4 of 4 · Strong evidence. Several randomized trials, or a large meta-analysis, all pointing the same way.

1 of 4 · Limited evidence. Small trials, or the researchers themselves call the certainty low.

We never move a bar up to make a tier look stronger. If a bar sits at one, the copy beside it says so in plain words.

3 of 4 · Good evidence. Meta-analyzed, but on fewer trials, or resting on one well-run study.

0 of 4 · Evidence says otherwise. The research points away from it, so it's on the page to be skipped.

Next in the library. Protocol 02, Sleep Reset in 90 Days · Protocol 05, Stronger in 90 Days

Reviewed by Tyra Hepworth, DNP, Medical Director, ALYZE. This workbook is educational and is not medical advice. Three honest limits, each stated on the page it affects: bone density moves on a longer clock than ninety days, so it is not one of the four numbers you compare, which is on pages three and eight. Lean mass of 1.5 to 2 pounds sits at the edge of what a scan can detect, which is on page eight. And the heavy phase needs supervision, because the trial's safety record is conditional on it, which is on pages one, two, three and six.