

Coaching Summary JULY 13, 206

- Purpose of the meeting: Q&A session covering nutrition, exercise, bone health, hip mobility, and gut health for women, particularly post-menopausal.
- Pre-workout protein intake recommended for post-menopausal women who are hard gainers — 10–15g (e.g., two boiled eggs $\approx$ 12g) to preserve muscle mass and keep essential amino acids available.
- Fasted vs. fed exercise matters less unless a woman is chronically dieting, skipping meals, or fasting beyond a reasonable 12–13 hour overnight window.
- Raw leafy greens dropped from diet due to digestive improvement; cooking vegetables (broccoli, cauliflower, asparagus) offers better nutrient density and reduces oxalate issues.
- Stomping ranked higher than heel drops for bone health; stomping on stairs is even more effective, and step-ups with sidestepping also provide measurable benefit.
- Hip discomfort during long drives linked to asymmetrical hip loading; piriformis stretches (figure-4), hip flexor lunges, and foam rolling/trigger point therapy recommended over temporary massage relief.
- Scoliosis-related leg length discrepancy identified as a key factor in Katie's hip pain; spinal decompression, dead hangs, and pelvic articulation exercises (cat-cow, bridge rolls) suggested.
- Egg sensitivity vs. allergy distinction matters for food choices — yolks may cause inflammation in sensitive individuals; egg whites tolerated better by some, and rotation reduces sensitivity risk.
- Yolked supplement (containing Fortitropin, derived from egg yolk) noted as effective for hard-gaining women; Debra reported gaining a couple of pounds of lean muscle mass across two 3-month cycles.
- Protein intake challenge discussed — breakfast target of 30g is difficult for some; adding a small protein powder supplement to an existing meal (e.g., Greek yogurt toast) suggested as a practical fix.
- Dairy intolerance limits protein sources for some members; alternatives like black milk and almond milk noted to contain $\sim$ 420mg calcium, more bioavailable than cow's milk, though nut-based products should be rotated.
- Elimination diet overview provided — removing seven common triggers (gluten, wheat, dairy, soy, eggs, etc.) for $\sim$ 3 weeks, followed by structured reintroduction to identify food sensitivities causing leaky gut or systemic inflammation.
- Women with Hashimoto's (autoimmune thyroiditis, $\sim$ 90% of thyroid patients) are more susceptible to food sensitivities; removing gluten and dairy often produces significant symptom relief.
- Stool testing recommended for persistent intolerances — identifies microbiome imbalances, guides strain-specific probiotic use, and can be retested after 3 months to assess gut recovery.
- Testosterone cream vs. male-formulated gel raised as a cost question; consensus was to stay with a working prescription rather than switch, as individual sensitivity to formulation changes varies.