

dotFIT - Trusted by Professionals

R&D for Nutrition Programs & Products

- Over 1,700 sport and fitness facilities
- Certified ~75,000 fitness professionals and counting
- Trusted & Used by MILLIONS of Households
- Largest provider of 3rd party tested nutrition programs and products in the sport and fitness channels including collegiate and professional sports



Nutrition powered – ecosystem - 40yrs of delivering safe & effective nutrition programs and products



Supporting Over 250 College & Pro Sport Teams

dotFIT Custom Group Previous Supplements of the Month -all available in your dotFIT U-TUBE Channel. Note: all products have extended video education found in your trainer console and dotFIT U-TUBE

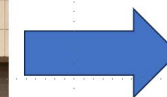
- Feb 18 (2022), Intro, history, why nutrition, dF diff, play-span (Baseline supp)
- Mar 18 – All Proteins, Protein Intro, Updated Stats FAQs & Summaries
- April 8 – AminoFormula - Perf Cat 2, Updated Practitioner Notes/FAQs,
- May 6 – Fat loss intro review, ea. product sum w script & pack script
- June 3 – Essentials (MVM [Ca, V-D], SO-3, Protein) in Play-span
- July 8 – JointFlexPlus with Collagen intro & Photo-aging/skin Note
- Aug 5 – All Nutrition Bars, FAQs, Updated
- Sept 2 – Family Essential Packs (MVM, SO3, Ca, Protein)
- Oct 14 – UltraProbiotic Full; Scripts/collaterals, FAQs
- Nov 4 – MR Powders & Bars, Save Calories for The Holiday – LeanMR
- Dec 9 – Immune Bundles, Presentations, Collaterals & Holiday displays
- Jan 6 – (2023)Popular Diets and New Year Resolution Bundles
- Feb 3 – Popular Gym-Goer Products for The New Year with all collaterals
- Mar 3 – Playspan®, Self-Care & Future of Fitness
- Oct 6 –Alln1 SuperBlend™ Launch:
- Nov 10 – Holiday/New Year weight solution & Nutrition Hack with SB with protein
- Dec 8 – Optimizing BodyComp Part 1 - Weight Loss vs. Fat Loss, Beyond Calorie
- Jan 5 – Optimizing body comp Part 2 – Maximizing Gainz, Minimizing Bodyfat
- Feb 2 (2024) – Part 3 Opt Body Comp, Recap 1&2, monitoring, myths & Contest Prep
- April 19 – dotFIT difference review and product price comparisons
- May 24 – Weight loss drugs (GLP-1RAs,) nutrition companion and more
- Sept 20 – Creatine Beyond Muscle, Brain/Mental/Health, Aging & Females
- Nov8 – SuperOmega-3 with Play-span Finish –Updated
- Feb 20 (2025) – ExtremeCreatineXXXL+, Updated with the premium vasodilator Careflow™
- Mar 21 – Sleep Aid - Complete
- Feb 19 (2026) – The Road to Health, Performance & Staying Young on *Your Terms-Part 1 – Essentials*
- Mar 19 – The Road to Health, Performance & Staying Young on *Your Terms-Part 2- beyond the essentials to optimize performance in each decade*
- April 24 – The Road to Health, Performance & Staying Young on *Your Terms-Part 3 – After maximizing nutrition, what's next in defeating age & body weight and when is it ok to entertain - the practitioner's role*
- May 28 – Protein Global Usage with dF Updated Solutions

August 20 – New Members Goals & How Wt. Loss Drugs are Impacting Fitness

Support Recordings containing the full science of all products is in your trainer console under “dotFIT Tools” then “Supplement Education”



Current member fitness goals and global use of the new weight loss drugs are establishing Strength-Care as the New Healthcare



- “all supported by what we deliver – nutrition integrated strength training.



dotFIT Partnered Facilities

*true strength, health &
fitness resource and network*

What we offer –



we feed your strength

- Reinventing “gyms” through talent and complete fitness services
 - **Holistic solutions for every goal**
 - Health, strength and performance
 - Altering body composition
 - Preserving youth
 - Longevity: healthy aging for lifelong activity and independence
 - ***An ounce of protection is worth a pound of cure***
- Redefining Healthcare into Strength-care
 - ***Nutrition infused strength training***

Health club/gym members priorities and goal types (**late 2025 - current 2026**) based on multiple select questions such as “**What are your reasons for joining a gym? (Select all that apply)**”

1. Strength & Muscle / Physical Fitness

- **42.3%** of respondents say their *primary goal* is to get physically **stronger** (i.e., strength training focus). [Morningstar](#)

2. General Fitness / Staying in Shape

- **~44%** join to **stay in shape** or improve overall fitness. [Smart Health Clubs](#)

3. Overall Health / Healthy Lifestyle

- **~42%** to **maintain/improve health** (e.g., metabolic wellness). [Smart Health Clubs](#)

4. Weight Loss / Body Fat Reduction

- **~33%** list **weight loss** as a key goal. [Smart Health Clubs](#)

5. Muscle Gain

- **~34%** specifically to **gain muscle/increase strength**. [Smart Health Clubs](#)

6. Longevity / Well-Being Motivation

- **~33.2%** are motivated by **longevity and healthy aging**. [MediaRoom](#)

7. Appearance & Confidence

- **~32%** join to **improve appearance / body image**. [Smart Health Clubs](#)

8. Stress Relief / Mental Well-Being

- **~28%** use gym for **stress relief and mental health benefits**. [Smart Health Clubs](#)

9. Social / Enjoyment

- **~31%** exercise because *they enjoy it*; **~28%** for *social reasons*. [Smart Health Clubs](#)

Key Takeaways

- **Strength and overall fitness goals are top-ranked**, often edging out pure weight loss in recent surveys.
- Members increasingly value **health, longevity and well-being** alongside traditional goals.
- **Mental health, enjoyment, and social connection** are significant motivations below the top performance/health goals.

Previous **Primary** Goals 30years Running

- **70% weight/fat loss**
Horrific attrition rates without nutrition
- **20% performance/muscle**
- **10% (100%) health**

Changes started post COVID

Current Normalized **Primary** Goal Distribution (All New Members = 100%)

- All Ages & Genders (2025–2026 blended industry model)

Key shift vs 5-10 years ago:
Strength + health + longevity now outweigh weight loss alone.

Primary Goal % of New Members

Fat Loss / Weight Management	32%
Strength / Muscle / Tone	27%
General Health / Medical / Metabolic	18%
Performance / Athletic Improvement	9%
Longevity / Healthy Aging	8%
Mental Health / Stress / Energy	6%
Total	100%

Breakdown by Age Group (Primary Goal)

Ages 18–29 physique- and performance-driven, but mental health is rising fast

Primary Goal	%
Strength / Muscle / Physique	34%
Weight Loss	26%
Performance / Sport	16%
Mental Health / Stress	10%
General Health	9%
Longevity	5%
Total	100%

Ages 30–44 highest supplement-adoption group — time-crunched, outcome-focused

Primary Goal	%
Weight Loss	35%
Strength / Muscle	28%
General Health / Energy	17%
Performance	8%
Longevity	7%
Mental Health	5%
Total	100%

Ages 45–59 Strength becomes protective, not aesthetic. Longevity accelerates sharply

Primary Goal	%
Weight Loss	30%
General Health / Metabolic	24%
Strength / Muscle Preservation	20%
Longevity	15%
Mental Health / Stress	6%
Performance	5%
Total	100%

Ages 60+ thinks in terms of years of life and quality of movement, not scale weight

Primary Goal	%
General Health / Medical	33%
Longevity / Independence	26%
Strength / Fall Prevention	19%
Weight Loss	12%
Mental Health	7%
Performance	3%
Total	100%

Breakdown by Gender (Primary Goal)

Women

Primary Goal	%
Weight Loss	38%
Strength / Tone	24%
General Health	19%
Longevity	9%
Mental Health	7%
Performance	3%
Total	100%

Men

Primary Goal	%
Strength / Muscle	36%
Weight Loss	22%
Performance	14%
General Health	13%
Longevity	9%
Mental Health	6%
Total	100%

Important nuance:
While weight loss ranks higher as a primary stated goal for women, strength training participation rates are now nearly equal once they're coached properly – EOD they are inseparable

How to leverage This Knowledge Correctly (Practitioner Takeaway), mindful that you are discovering their true needs so that you can create the solution within an experience that keeps them connected to your gym/business 24/7.....

Think in layers, not silos:

- What gets them in the door: Weight loss, strength, appearance
- What keeps them long-term: Health, energy, recovery, longevity

This explains why:

- Strength programming + MVM + Omega-3 + protein works for virtually everyone
- Longevity messaging resonates earlier than people admit
- “Fat loss only” positioning underperforms over time
- Improving strength and body composition (bodyfat loss/tone) are the 2-top goals
 - Inseparable for short and long-term success

Discovering the Goal and Layering in the Solution

Best Practices, 60-second trainer/staff consult script designed to surface the *real* goal (not just the socially acceptable one), while naturally teeing up **strength, health, and longevity (“Playspan®”) programming**. Works equally well **on the gym floor, onboarding/free session consult or first training session, etc.**

Trainer: Most people join for more than one reason, so I’m going to ask this a little differently than usual. Which of these matter to you *right now*? You can pick more than one:
fat loss, getting stronger, having more energy, feeling healthier, aging better, or improving performance.”

Member: stronger, more energy and I would like to lose some fat – to be tone

Trainer (*revealing question*): Got it. Now, if we fast-forward **12 months**, and you could only get **one** of those outcomes, which one would make you say: *“This was 100% worth it?”*

Member: lose the weight/fat to be lean/tone

Trainer Cheat Sheet: What They Say vs What They Mean

Client Says	Real Driver
“I want to lose weight”	Confidence, control, health reassurance
“I want to tone”	Strength without bulk fear
“I want to be healthier”	Fear of decline or medical risk
“I want energy”	Poor recovery, stress, under-fueling
“I don’t want to get old”	Longevity / independence
“I used to be athletic”	Identity loss / performance

Discovering the Goal and Layering in the Solution

Member said: lose the weight/fat to be lean/tone

Trainer (anchor question): Why does *that* matter to you personally, and what changes if you actually achieve it? (listening for: confidence; health scare; keep up with kids; fear of aging; performance identity loss, etc.)

Member: more overall confidence and strength

Trainer: That helps a lot, because strength and fat loss (or toning) goals are directly connected –so what I’ll tell you is this: people who achieve their **(stated goal)** *fat loss goal* the fastest are the ones who train and fuel their body to **stay strong, healthy, and capable long-term**, not just chase short-term results. That’s how we’ll build your plan using the 4-pillars, which includes feeding your muscles while starving the bodyfat with the right nutrition to complement to your customized workout, so everyday moves you closer to your goal and every week you feel and see the difference – and maintain results

Optional 10-Second Add-On (If You Want to Go Deeper)

Trainer: “On a scale of 1–10, how important is this goal *right now*?”

- **7 or lower** → motivational education needed – i.e., physical and mental benefits
- **8–10** → action-ready client

We multiply your results with the 4-Pillars

Everything adds up to **seeing & feeling a positive change every week**

1. Individualize Diet - with flexibility (pick your own or use ours)
 - Matching the goal, including timeframe, to determine calorie needs
2. Customized Exercise – designed based on ability, preference and goal
 - Health, strength/performance and body composition including goal maintenance –and most importantly it tells your nutrition where to go for “toning”
3. Evidence-based supplements (i.e., “instant gratification component”)
 - Your dietary support for caloric efficiency that eases and speeds the journey:
 - Immediately delivers more energy, faster results, supports and builds LBM, health and strength (**eliminates the nutrient deficit from calorie deficit**)
 - Delivers nutrients with little/no calories to feed muscle and starve bodyfat to guarantee that “tone look”
4. Coaching and accountability
 - Includes regular adjustments to the other 3-Pillars based on progress



Nutrition Integrated Strength Training
Because Strength-care is the new Healthcare

Presenting the 3rd -Pillar



Our 3rd Pillar

Trainer: As promised, here is your personalized dietary support package based on your goals (strength/fat loss) - and to maximize your cellular health and metabolism. And specifically feed your muscles while starving bodyfat by delivering targeted nutrients without the calories to achieve that tone look. This way every rep counts and gets you closer and faster to the goal – better yet – maintain the goal by keeping you looking, feeling and moving young.

Optional, only if necessary (why your company chose dotFIT):

“Basically, all else equal, we double results and maintain them using the 3rd pillar– mindful all is specifically designed for exercisers and athletes, curated professionally by me – no store-bought guesses.

We use only dotFIT because it’s a Professional-grade line and the standard trusted by thousands of pros and hundreds of elite teams, and it integrates seamlessly into your program. **That way, every dollar you spend actually moves you toward your goal—safely, effectively, and confidently.**”*

- *• Better outcomes: targeted nutrients for the body composition goal, while supporting health, recovery, and performance.
- Less guesswork: your stack is selected, timed, and adjusted by a pro
- Confidence and safety: 3rd party tested and NSF Certified for Sport
- Simplicity: fewer, right-sized products that actually move the needle

dotFIT - Trusted by Professionals

R&D for Nutrition Programs & Products

- Over 1,700 sport and fitness facilities
- Certified ~75,000 fitness professionals and counting
- Trusted & Used by MILLIONS of Households
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Nutrition powered – ecosystem -
40yrs of delivering safe & effective
nutrition programs and products

The dotFIT Difference

Why your supplements should be professional-grade

✓ At-a-glance (client-friendly)

Trainer-delivered. Science-built. Third-party tested. dotFIT supplements are made for professional use and integrated into your nutrition + training plan—so you get exactly what your body needs, nothing it doesn't.

Client/Staff 1-Pager In club and email campaigns

10 Ten reasons to choose dotFIT

1. **Practitioner-only, not in stores** — recommendations from your coach, tailored to your plan.
2. **NSF Certified for Sport® (select formulas)** — independent screening for purity, potency and banned substances.
3. **Science before marketing** — ingredient forms and doses mapped to clinical research, not trends.
4. **Program-integrated** — built to work with your meals, labs, and training phases.
5. **Right dose, right form** — evidence-based amounts to fill real nutrient gaps safely.
6. **Quality you can verify** — third-party testing backs what's on the label.
7. **No gimmicks** — no "protein spiking," pixie-dusting, or label games.
8. **Consistent, lot to lot** — professional manufacturing standards and documented specs.
9. **Trusted by pros** — chosen by coaches, athletic programs, and fitness facilities for reliability.
10. **Clear documentation** — practitioner guides show *why* each ingredient is there and how to use it.

vs Why switch from mass-market supplements?

- **Price-driven shortcuts** (under-dosed, cheaper forms) ≠ results.
- **Inconsistent quality** across online marketplaces can mean mislabeled or under-potent products.
- **One-size-fits-all** retail formulas ignore your training, labs, meds, and goals.
dotFIT fixes this with professional sourcing, dosing, and testing—delivered by your coach inside a complete plan.

↑ TOP What this means for you

- **Better outcomes:** targeted nutrients support health, recovery, and performance.
- **Less guesswork:** your stack is selected, timed, and adjusted by a pro.
- **Confidence & safety:** third-party testing and NSF Certified for Sport® where it matters.
- **Simplicity:** fewer, right-sized products that actually move the needle.

Part 2

How GLP-1 RAs are reshaping our lives & evolving intersection with our fitness industry and businesses

- Member and general population fitness goals
- Free advertising for what we deliver
- Pharma and Fitness

End of an Era & Dawning of a New Passing of the Baton

The weight loss industry is moving to the
gyms – it is quickly becoming our domain

How GLP-1 RAs are reshaping our lives

Strength care is the new healthcare – and the drugs “savior”

[Large meta-analyses of prospective cohorts \(~2 million people\)](#) show higher muscular strength is associated with ~30% lower all-cause mortality and better quality of life (e.g., Health span & Playspan®)

Stronger people live better longer

How many Americans are using GLP-1 drugs?

“Have used” (lifetime exposure)

- About **~12% of Americans** have used a GLP-1 drug for weight loss
- That equals roughly **35–40+ million people**

Other surveys show even higher:

- **~18% of U.S. adults** say they have used one at some point

“Currently using”

- **~12% (~30-35m) of U.S. adults** currently taking a GLP-1

Household penetration (another lens)

- **~15–23% of U.S. households** have someone using a GLP-1

What this means (big picture)

- In just a few years, GLP-1s have gone from niche → **mass adoption**
 - **Now ~1 in 8 Americans** currently using; **~1 in 5** have tried them
 - One of the **fastest-adopted drug categories** in modern history

Trainer / industry takeaway (your lane and domain)

This is not just a “weight loss trend”—it’s a **behavior-shifting event**:

- Tens of millions of clients are now:
 - Eating less (often under-eating protein and creating large micronutrient gaps)
 - Losing both **fat + lean mass**
 - Needing **structured nutrition + resistance training more than any other time** in modern history

Trainer speak

“Right now, about 1 out of every 8 Americans is on a GLP-1 drug—and nearly 1 in 5 have tried one—so this isn’t a trend, it’s a massive shift in how people are managing weight (appetite), thus making our holistic coaching protocol, not just more relevant, but absolutely more urgent.”

~73–75% of U.S. adults are **overweight or obese**

[A West Health-Gallup](#) (2026) nationwide poll: 52% of ~260m Americans want to lose weight (30% F 22%M), but only a quarter (~65m) are actively trying.

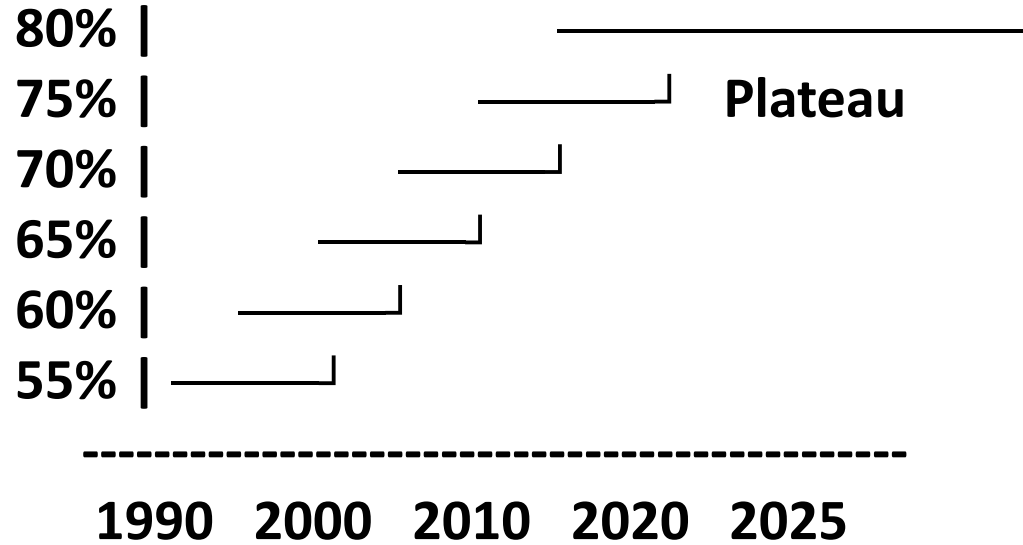
April 6 2026 – Medscape

India's 'Mounjaro Brides': Weight-loss Injections Become Part Of Pre-wedding Preparation

Wellness/Skin clinics in India are now offering Mounjaro with "guided nutrition, and smart workouts" to prepare brides to walk down the aisle.

The Weight Epidemic Timeline Leading to Phase 4

% of Adults Overweight or Obese



1970 began the rise of the weight loss diet industry

*~0% to +2% net change over the last ~5 years;

- Current trend: Plateau → slight recent decline
- Likely contributors to the plateau
 - Behavioral shifts post-COVID leading to more fitness/nutrition engagement
 - GLP-1 medications (emerging impact)

Phase 1: Rapid Rise (1990 → ~2020)

- ~55% → ~74%
- Driven by environment, diet shifts, inactivity

Phase 2: Plateau (~2020 → Present*)

- Holding around ~72–75%
- First time growth has slowed

Phase 3: New Variable (GLP-1 Era)

- Mass adoption begins (~2022+)
- Slight decline appearing
- Potential driver of future decline (nothing else has worked including diets and/or exercise) - and erosion of the diet era

Phase 4: Rise of the “Gym” era as total weight loss solution

- Ushered in by the drugs emerging “hidden” side effects, which are 100% offset by **nutrition infused strength training**, these drugs have moved weight/(bodyfat) loss squarely into our domain/discipline

Drugs side effects that could prevent the appropriate widespread use, thus threatening a reversal in gains

Serious, Hidden & Preventable Side Effects (our role)

- Significant loss of Lean Body Mass (LBM):
 - Up to 50% of weight lost may be from muscle, bone, and organ tissue, not fat.*
- Micronutrient deficiencies due to reduced food intake and new aversions.
- **Upon stopping the drug:**
 - Weight regain is common and primarily **fat**, not lean mass.
 - Loss of cardiometabolic health benefits.
 - Risk of developing **sarcopenic obesity** (low muscle, high fat)
 - Those not gaining significant weight back, moved on to an alternative weight management approach within 12m

Weight regain (mostly fat) & health benefits deteriorate

Discontinue rate: Of ~200K users, overall prevalence of GLP-1 agonist discontinuation was 26.2%, 30.8%, and 36.5% at 3, 6, and 12 months, respectively

How to Use Them Wisely (and Exit Successfully)

- These drugs are **tools**, not lifelong solutions for everyone.
- A **structured nutrition strategy** is critical to:
 - Support activity and **ability to strength train**, and enhance exercise-induced results
 - Exercise decreases among people taking GLP-1 medication – (highlights why nutrition at the start)
 - Offset LBM and nutrient loss.
 - Support metabolism and energy.
 - Improve the odds of transitioning off the drug successfully (strength & energy=continuing activity).

BMJ 2026 Weight regain follow GLP-1 cessation

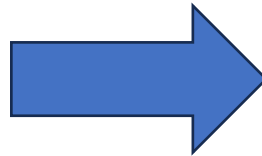
Average weight regain after stopping treatment is .88lbs/m at an average of 39 weeks, with weight and risk markers for diabetes and heart disease predicted to return to pre-treatment levels in less than two years. Study found that weight returns nearly four times faster than after diet and physical activity changes, regardless of the amount lost during treatment

*Drug companies are making more drugs to use in combination with the GLP-1s to help protect LBM (within 1-2yrs of the marketplace)
LBM preserving drugs during weight loss (myostatin inhibitor - taldefgrobep alfa, bimagrumab, an activin receptor type 2B antagonist)

The Bells Toll for the Diet Era¹

“Strength care is the new Healthcare”

New weight loss medications are revolutionizing weight loss, overshadowing traditional diets and fat-acceptance narratives. With drugs achieving over 20% weight loss, the weight loss diet industry faces obsolescence, prompting a shift towards strength, longevity including nutrition with new health narratives (e.g., prevention, recovery, performance, etc.)



- “all supported by what we deliver – nutrition integrated strength training.



¹The Bell Tolls for the Diet Era - Medscape - March 23, 2026.

The Bells Toll for the Diet Era¹

“Strength care is the new Healthcare”

These drugs work by automatically controlling appetite, overcoming the 2 biggest undeniable barriers to weight control, whether it be weight loss, maintenance or regain, which is motivation and will power.

Neither are needed as these drugs make the average person disinterested in many foods including too much of any – i.e., sticking to the calories that lead to weight loss is voluntary not requiring discipline, help or specialized diets including popular or fad diets.

Diet influencers/gurus and researchers may soon be obsolete



“Looks like our grants just dried up”

Weight loss diet researchers may soon be on unemployment



“I guess we are going to have to find something else to promote. What about a great protein bar?”

Game over for podcasting diet gurus promoting a particular diet for weight loss such as Paleo. Intermittent fasting, Low carb, keto, carnivore, etc.,

¹The Bell Tolls for the Diet Era - Medscape - March 23, 2026.

GLP-1 Weight Loss Revolution: What Trainers Must Know

Adoption Explosion (U.S.)

- **~12% of adults currently using (~30–35M people); ~15–20% have used (~40–60M people); 1 in 5 households impacted**
- *Fastest adoption of a weight loss therapy in history – and it's not going away*

What's Actually Happening Physiologically

GLP-1 = Appetite suppression + slower gastric emptying

Results:

- ↓ Calories (often too low); ↓ Protein intake; ↓ Resistance training performance (if not guided)

The Hidden Risk: LBM/Muscle Loss & Weight (fat) regain upon drug cessation

- Up to **25–40% of weight lost can be lean mass** (if unmanaged)
- ↓ Metabolism over time; ↓ strength, function, long-term “Playspan”
- Weight loss ≠ body composition improvement

Trainers Become Essential. Although GLP-1s are an effective tool, they should be considered an adjunct

GLP-1 users NEED structure more than ever

Protein Strategy (Foundation)

- Target: 1/g/lb/LBM or **0.7–1.0g per lb goal bodyweight**
 - Prioritize: High-quality protein (shakes help compliance) ; Even distribution across meals

GLP-1 Weight Loss Revolution: What Trainers Must Know, Cont.....

Resistance Training (Non-Negotiable)

- 2–4x/week minimum
- Preserve muscle → maintain metabolism; Signal body to keep lean mass

Supplement Strategy (Your Domain)

Foundation First:

- Protein or Aminos (compliance + adequacy with caloric efficiency); Multivitamin (Active MV / Alln1 SuperBlend™)
- Omega-3 (EPA/DHA for inflammation/recovery + muscle preservation)

Optimization Layer:

- Creatine (muscle + strength preservation)
- Electrolytes (low intake = imbalance risk)
- Digestive support (slowed GI)
- Individual goal supps as desired

The Shift in Weight/Fat Loss Coaching

- Old model: “Eat less, move more”
- New model: **“Protect LBM/muscle & health while weight is coming off” –so they can start & keep moving**

Trainer Takeaway

“GLP-1 drugs help people lose weight—but without proper protein, training, and supplementation, they risk losing the very muscle that keeps them healthy, strong, and metabolically active, not to mention a prisoner of the drugs.”

“Weight loss is happening automatically—proper body composition results and potential drug offramp require coaching.”

The GLP-1 ERA's impact on fitness and the gym business

Bottom Line

Because the drugs work to cut appetite, they effectively reduce body weight (fat and LBM) and related comorbidities, stopping the rise in overweight/obesity —but it will reverse again without what we do - nutrition infused strength training – because there is no other off-ramp.

While initial use has many benefits for *qualified* users, continuous drug use without nutrition infused strength training creates a frail early aging human, meaning the drug risks may now outweigh the benefits.

Moreover, drug cessation generally results in rapid weight regain of mostly bodyfat, not the lost muscle/LBM including bone, creating a fatter, weaker and frailer human than before, therefore highlighting the drug's role as an adjunct to what we provide.

Improving strength and body composition (bodyfat loss/tone) are the 2-top goals making nutrition integrated strength training the only solution – and your domain.

Strength-Care is The New Healthcare

Takeaway:

- The drugs control the appetite to lose the “weight”, we control *the type* of weight lost – thus, final outcomes
- Nutrition Infused Strength Training Rescues the Drugs Efficacy and Moves Weight Loss to Our Domain – because *we feed your strength – as we starve your bodyfat*
- We have perfect storm brewing – as pharma finally needs fitness
- Weight loss is now easier than ever—but results, muscle preservation, and long-term success still depend on coaching. Trainers who combine strength training with proper nutrition (the 4 pillars) will own the outcome—and the future of the fitness business.

APPENDIX

- **WEIGHT LOSS DRUG NUTRITION SUPPORT**
 - Products and Landing page
 - 3rd Party GLP-1 Provider Partner - [NexGen Scientific.](#)
- **HSA/FSA Eligibility for dotFIT Supplementation**
- **TOP 23 GLP-1 DRUG FAQs**
- **Trainer 10 Q&A Quiz**

Drop down in your dF store

Smart Nutrition Support for GLP-1 and other Peptide Users



Smart Nutrition Support for GLP1 & Peptide Users

Fill the gaps, protect your progress, and feel your best while your body adapts.

[Customize Your Bundle](#) [Shop Essentials](#)



Need GLP-1 or peptides?

Whether you're getting started or looking to switch, explore your options through our trusted partner, NexGenRx.

[Explore GLPs & Peptides Now](#)

Support your body with a smarter foundation

Using GLP-1 or peptides can change how you eat, feel, and recover. Start with the right nutritional foundation, then build from there based on your goals.



Foundation for Your Routine

Start with a simple foundation to support your body—then build your routine based on what you need most.

Start with two essentials: your choice of protein and daily nutrition. From there, customize your routine based on your goals.

[Customize Your Bundle](#)

Why Start Here?

Protein

Helps support lean muscle and makes it easier to stay on top of your nutrition when appetite is lower.

Daily Nutrition

Helps fill common nutrient gaps supports overall health with foundational daily support.

Customization

Once you have the basics in place, you can add more support based on your individual needs and goals.

Not sure what you need?

Get personalized guidance based on your goals and routine.

Not sure which products to choose?
Take our supplement screener to find the right support for your foundation.

Takes less than a minute.

[Start Quiz](#)



Customize Your Bundle



Select One

- ☐ WheySmooth Vanilla - 1 Jug 2.53 lbs. (1148 g)
- ☐ WheySmooth Chocolate - 1 Jug 2.59 lbs. (1176 g)
- ☐ Plant Protein Vanilla - 1 Jug - 35.98oz (2.2 lb / 1020g)
- ☐ Plant Protein Chocolate - 1 Jug - 35.98oz (2.2 lb / 1020g)
- ☒ LeanMeal Vanilla - 1 Jug - 2.20 lbs (1000 g)
- ☐ LeanMeal Chocolate - 1 Jug 2.25 lbs (1020g)
- ☐ All Natural WheySmooth Vanilla - 1 Jug 2 LBS. (908g)
- ☐ All Natural WheySmooth Chocolate - 1 Jug 2.2 lbs (980g)

Feed fuller longer & double your weight loss with this tasty shake mix.

~~\$59.95~~ **\$47.96**

Item#:1334

Total: \$159.90 Sale: \$147.91

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- ☒ Alli1 SuperBlend Orange Burst - 1.42 lbs (645 g)
- ☐ Alli1 SuperBlend Pineapple Swirl - 1.42 lbs (647 g)

The complete nutrition drink with a full supply of daily vitamins & minerals and two full servings of vegetables.

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Alli1 SuperBlend

The complete nutrition drink with a full supply of daily vitamins & minerals and two full servings of vegetables.

~~\$99.95~~

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Creatine Monohydrate

Increase strength, power, muscle size, and performance. Improve recovery from high intensity exercise, and initiate cell volumizing effects. A non-stimulant, 3rd party tested and NSF Certified for Sport product!

~~\$26.05~~ **\$29.56**

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LeanMeal

Feed fuller longer & double your weight loss with this tasty shake mix.

~~\$59.95~~ **\$47.96**

Stock: Yes

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WheySmooth

Now you can easily meet your daily protein requirements to gain muscle, lose body fat and improve your health. WheySmooth is a low-calorie protein that can help you increase lean muscle and improve muscle recovery. It has a unique mix of "Slow" and "Fast" releasing proteins. Third party tested and NSF Certified For Sport

~~\$69.05~~ **\$55.96**

Stock: Yes

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50
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2

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Tirzepatide (12.5mg/week)

12.5mg-1mg/mL Injection (2mL)

Learn more



\$247.00/mo

Semaglutide/Pyridoxine (0.25mg/week)

0.25mg/0.5mg/0.5mL Injection (2mL)

Learn more

Your referral (auto-tracked)-- your ongoing monthly rev-share
-Including their recommendation for your support bundle & exercise

CATALOG

Single *peptides*

Browse our research-grade single peptides, each available with a licensed clinician consult.

Glutathione 200mg/mL Injection (10mL)

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GHK-Cu/Estriol/SNAP-8 3%-0.003% Topical Cream

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Ibutamoren (MK-677) 25mg Capsule

[View benefits](#)

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Lipo-C 10mL

[View benefits](#)

[Learn more](#)

Ibutamoren (MK-677) 12.5mg Capsule

[View benefits](#)

[Learn more](#)

BPC-157 (Injectable)

[View benefits](#)

[Learn more](#)

GHK-Cu (10mg/mL) 5mL

[View benefits](#)

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Tesamorelin 8mg/mL

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[See blends](#)

Peptide *blends*

Pre-formulated stacks designed by our medical team for synergistic effects across recovery, performance and longevity.

CJC-1295 (No DAC)/Ipamorelin 1.2mg-2mg/mL Injection (5mL)

[Details](#)

GHK-Cu / Epithalon

[Details](#)

AOD-9604 / MOTS-C / Tesamorelin

[Details](#)

IGF-LR3 (200mcg/mL) 5mL

[Details](#)

BPC-157 / TB-500 / KP / GHK-Cu

BPC-157 / TB-500 / KP (Injectable)

CJC / Ipamorelin 1.5mg/2.5mg

GHK-Cu/Epithalon 10mg/2mg/mL

dotFIT is now HSA/FSA eligible!

- We've partnered with Flex to give you the ability to use your Health Savings Account (HSA) or Flexible Spending Account (FSA) for your dotFIT purchases.



Shop online with HSA/FSA Funds in 4 easy steps...

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products to cart**

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**At checkout select "Flex
| Pay with HSA/FSA"**

3

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Telehealth chat consult
to confirm eligibility &
checkout as normal**

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**When approved, within
24 hours you will receive
a letter of medical
necessity & itemized
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*** At this time, the Flex | HSA/FSA payment option is unavailable for recurring orders**

**A PERFECT NUTRITION HACK – FOR BODYFAT/ WEIGHT LOSS GOALS, ESPECIALLY DURING WT. LOSS DRUG THERAPY – E. G., GLP-1 RAs (OZEMPIC, WEGOVY, ZEPBOUND, ETC.) & INTERMITTENT FASTING
*AND A WHOLE LOT MORE!***

Official Weight Loss Drug Therapy Nutrition Companion



Protect LBM & support appetite

Highest quality protein in an ideal, lactose-free blend containing whey isolate. Convenient & economical way to increase protein intake for any goal, especially wt/bodyfat loss, and great for baking! Best tasting protein & fiber mix, low calorie meal replacement available -all my clients that use it love it, because **also reduces necessary grocery costs.**

Easy mixing with any fluids, fruits, etc., and great tasting with your Alln1 SuperBlend™ Visit the [extended recipe section](#)

& mushroom blend to battle stress, anxiety, fatigue and improves sleep quality to enhance overall wellbeing

100% of daily nutrition to strengthen & support overall metabolism

6gms of fiber & 2 full servings of vegies

SB+LeanMR =13gm fiber



Or favorite dF protein



Keeping it All-Natural or Vegan

- One delicious drink mix that tested better than all competitors for taste and formulation.
 - Clinically documented safe and effective dosages
- A full day's worth of vitamins, minerals, antioxidants and more.
- 2 full servings of vegetables and 6 grams of fiber.
- **Supports gut and immune health**
- Powerful anti-inflammatory nutrients.
- Battles stress, anxiety, fatigue and improves sleep quality to enhance overall wellbeing
- Neuroprotection (brain health) and reduced impact of aging including supporting eye/visual performance
- More greens, fiber, vitamin D, pre & probiotics, omega-3s, turmeric, and mushroom blend than the competition.
i.e., clinically safe and effective dosages

**All-Natural Superfood
for SuperHumans**

LeanMeal Smoothie Protein Shake

Also visit the Alln1 SuperBlend™ [Recipes](#) and Protein [Recipes](#) Section

Prep time: 2 minutes; total time: 3 minutes; yield: 1 serving

Description

- The perfect high protein one & done daily power shake, enjoy your daily nutrition with a boost of protein using this easy-to-make recipe

20gm protein;13gm fiber

Ingredients

- 6 ice cubes with 1cup water* (for smoothie texture)
- 1 serving of LeanMeal Vanilla Protein Powder
- ½ - 1 scoop of Alln1 SuperBlend (You can choose to take 1 full serving or split the daily recommendation into 2-doses)
 - Optional: 2 servings favorite fruits

Instructions

- Combine all ingredients in a blender and blend until creamy or shake vigorously in a shaker bottle.
 - * Add more/less water or ice according to taste and texture preference

Nutrition facts based on 1 scoop of dotFIT LeanMeal & 1-svg of Alln1 SuperBlend™

- 20gms protein, 31gm CHO (15g resistant starch/prebiotic), 3.5gms fat, 236mg calcium, 273mg potassium, 215cals (~375cals with 2 fruits)
- Full days' recommendation for: vitamins and minerals, antioxidants, probiotics, prebiotics, Ashwagandha, turmeric & mushroom blend; and 13gm fiber (**19-21gm with fruit**) and 2 full servings of vegetables



Crowd Favorite Smoothie Protein Shake

Also visit the Alln1 SuperBlend™ [Recipes](#) and Protein [Recipes](#) Section

Prep time: 2 minutes; total time: 3 minutes; yield: 1 serving

Description

- The perfect high protein one & done daily power shake, enjoy your daily nutrition with a boost of protein using this easy-to-make recipe

Ingredients

- 6 ice cubes with 1cup water* (for smoothie texture)
- 1 serving of Vanilla Protein Powder (we used dotFIT WheySmooth Vanilla)
- 1 or 2-scoops of Alln1 SuperBlend (You can choose to take 1 full serving or split the daily recommendation into 2-doses)
 - Optional: 2 servings favorite fruits

Instructions

- Combine all ingredients in a blender and blend until creamy or shake vigorously in a shaker bottle.
 - * Add more/less water or ice according to taste and texture preference



Nutrition facts based on 1 scoop of dotFIT WheySmooth and 1 scoop of Alln1 SuperBlend™

- 25gms protein, 16.5gm CHO, 4gms fat, 352mg calcium, 208mg potassium, 190cals (~375cals with 2 fruits)
- Full days' recommendation for: vitamins and minerals, antioxidants, probiotics, prebiotics, Ashwagandha, turmeric & mushroom blend; and 6gms of fiber (12-14gm with fruit) and 2 full servings of vegetables

Top 23 FAQs on GLP-1 Weight Loss Drugs (Ozempic®, Wegovy®, Mounjaro®, Zepbound®)

1. What are GLP-1 drugs? And what is the cost (dose dependent)?

Medications that mimic a natural hormone (GLP-1) to help control blood sugar and appetite, leading to weight loss. Costs from ~\$350–\$1300/month unless compounded (~\$99-\$500) – **Oral Wegovy: approximately \$149–299/month –out of pocket**

2. What's the difference between Ozempic, Wegovy, and Mounjaro?

Ozempic and Wegovy are a semaglutide compound and GLP-1 RA only. Mounjaro is a tirzepatide compound both a GLP-1 and GIP (glucose-dependent insulinotropic polypeptide), also a gastric inhibitory polypeptide, that is released in the gut after eating and works with [GLP-1](#) to regulate glucose/hunger – so you have a dual action. More bullets in the gun – now a triple threat is on the way -Retatrutide

3. How do they work for weight loss?

They slow digestion, reduce hunger signals, and help people feel full sooner, which lowers calorie intake.

4. Are these drugs FDA-approved specifically for weight loss?

At this time only Wegovy (semaglutide) and Zepbound (tirzepatide) are currently FDA-approved for weight loss and chronic weight management. Although Ozempic and Mounjaro contain the exact same molecules, they are FDA-approved for type 2 diabetes but may be prescribed off-label for weight loss under a doctor's discretion

5. Who are they for?

People with obesity (BMI ≥ 30) or overweight (BMI ≥ 27) plus a health condition like diabetes, high blood pressure, or high cholesterol.

Top 23 FAQs on GLP-1 Weight Loss Drugs (Ozempic®, Wegovy®, Mounjaro®, Zepbound®) Cont...

6. How much weight can people lose?

‘Plenty, if staying on the drugs. We’ve seen 35% deficits -Voluntary! And 20-30% weight loss in a year. That said, most lose **10–20% of body weight** over a year with consistent use, with better results when including healthy eating and exercise.

7. How are they taken?

Usually by a **once-weekly injection** under the skin. Daily pills (oral semaglutide) also exist.

8. Do you still need diet and exercise?

Yes, unless you want to lose both LBM and fat. The best results come when combined with nutrition including targeted dietary supplementation, exercise, and lifestyle changes.

9. What are common side effects?

Nausea, vomiting, constipation, or diarrhea - usually mild and improve over time; LBM loss if not corrected nutritionally

10. Are there serious risks?

Rarely, they may cause pancreatitis, gallbladder problems, or severe stomach issues. They’re not recommended for people with certain thyroid cancers and other sub-populations with specific polymorphisms

11. Are there long-term health risks?

They have been around since 2005 – but no one knows as it relates to continuous weight loss, except with the loss of LBM leading to sarcopenic obesity, frailty - and cessation leading to weight regain that is primarily fat

Top 23 FAQs on GLP-1 Weight Loss Drugs (Ozempic®, Wegovy®, Mounjaro®, Zepbound®) Cont...

12. Do they affect muscle mass?

Yes. Weight lost includes both fat and lean mass, so **resistance training, protein & micronutrient supplementation** is essential.

13. Can you stop taking them once you lose weight?

If stopped, most people **regain some or all weight** unless lifestyle/nutrition changes are strong and maintained.

14. Do they impact fertility or pregnancy?

They may improve fertility in women with PCOS, but **not safe during pregnancy** — must be stopped before trying to conceive.

15. Do they affect mental health?

Most people feel better with weight loss, but some report mood changes. Always monitor for depression or anxiety.

16. Can you drink alcohol while on them?

Light-to-moderate drinking is not contraindicated, but alcohol can worsen nausea and pancreatitis risk.

17. Are they the same as insulin?

No. They are not insulin. They help the body use its own insulin more effectively.

18. Are results permanent? Do you have to be on them for life?

They only work while being used. Think of them as a long-term tool, not a cure — healthy habits remain key to possibly exit and maintain results. For many *true qualified* users, at this point it appears it will be a lifetime medication

Top 23 FAQs on GLP-1 Weight Loss Drugs (Ozempic®, Wegovy®, Mounjaro®, Zepbound®) Cont...

19. How quickly do they start working?

Appetite reduction can be noticed within the first few days to weeks; significant weight loss usually appears after **2–3 months**.

20. Do they cause nutrient deficiencies?

Not directly, but reduced food intake generally lowers protein, vitamins, minerals and other essential micronutrients, therefore supplementation is advised.

21. Can athletes or active people use them safely?

Yes, but muscle loss is a bigger risk if nutrient including protein intake is inadequate. Strength work and targeted dietary supplementation is critical.

22. What happens if you miss a dose?

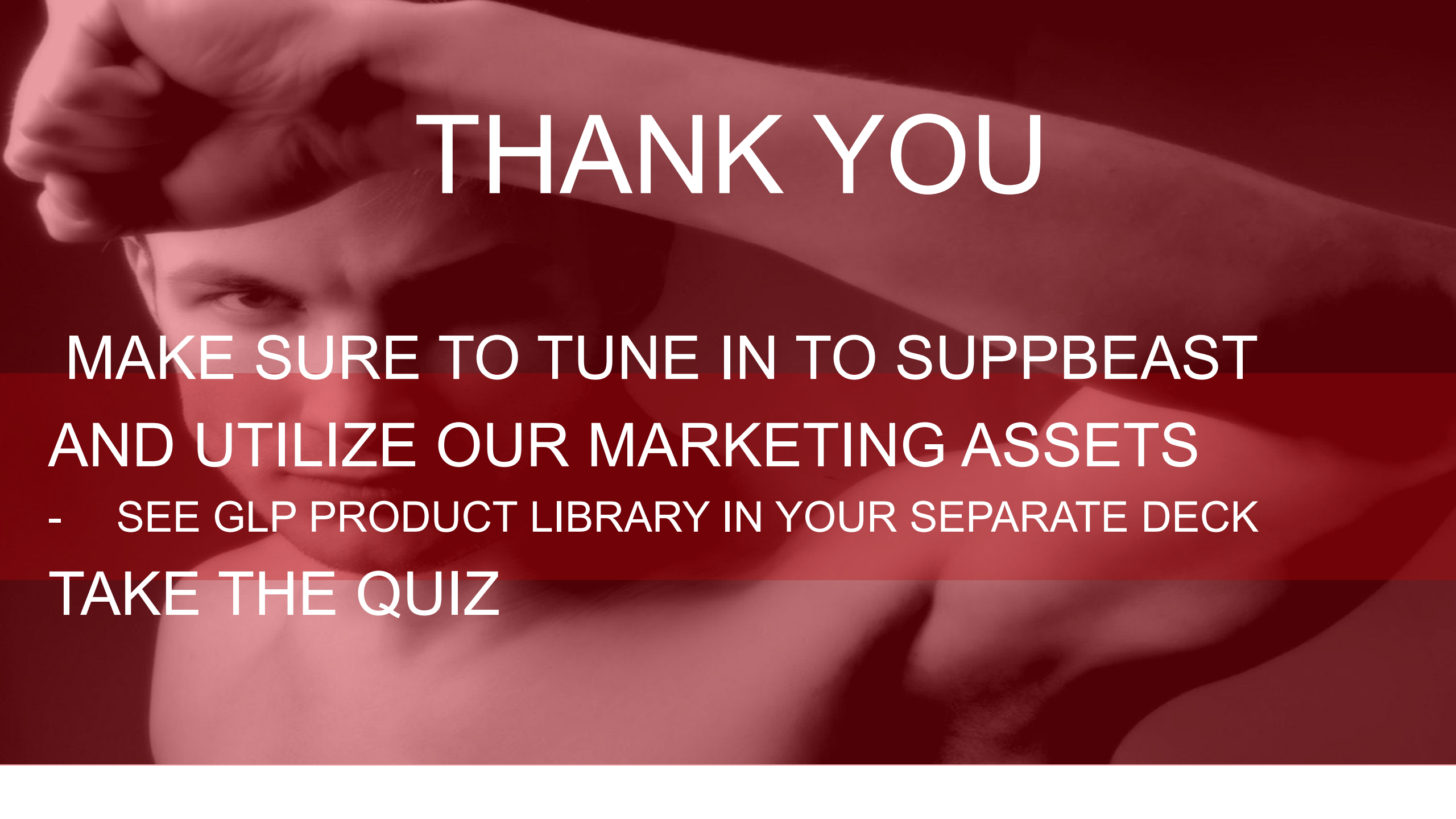
If it's within a few days, you can usually take it late. If it's too close to the next dose, skip and resume on schedule (always check the medication guide).

23. Are they covered by insurance?

Coverage varies. Some insurance plans and employers cover them, others don't. Out-of-pocket costs can be high

Trainer Takeaway:

GLP-1 drugs help with weight loss, but **habits drive lasting results**. Trainers can add huge value by focusing on **strength training, protein and micronutrient intake, and lifestyle coaching** while clients are on these medications.

A person's face and arm are visible in the background, tinted with a deep red color. The person's arm is raised, with their hand near their head. The text is overlaid on this background.

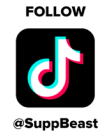
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TAKE THE QUIZ

Follow the new podcast, SuppBeast, available on all channels!



What to Expect:

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The Fact Checker – not an “influencer”, just an EXPERT

Neal is featured weekly on the popular podcast, SuppBeast, which discusses through a factual science and hands-on experience lens everything important and controversial about nutrition, body composition, weight control, performance for all ages and healthy aging, leaving viewers with only the facts that include the practical solutions for humans to grow and stay strong

QUESTION I

- What are the two most important goals currently driving most gym members?
- A. Flexibility and balance
- B. Weight loss and cardio endurance
- C. Strength and body composition (fat loss/tone)
- D. Social interaction and enjoyment

QUESTION 2

- What is the biggest shift in member goals compared to 10+ years ago?
- A. Strength, health, and longevity now outweigh weight loss alone
- B. Weight loss is still the dominant goal by far
- C. Performance training is no longer important
- D. Most members only care about appearance

QUESTION 3

- How should trainers think about member goals for long-term retention?
- A. Focus only on what gets them results fastest
- B. Focus only on their stated goal
- C. Avoid discussing long-term health
- D. Think in layers: what gets them in vs. what keeps them long-term

QUESTION 4

- What is a key risk for clients using GLP-I weight loss drugs?
- A. Increased appetite
- B. Excess muscle gain
- C. Loss of lean body mass (muscle)
- D. Inability to lose weight

QUESTION 5

- Why are trainers more important than ever in the GLP-I era?
- A. Clients don't need guidance anymore
- B. Weight loss is automatic, but body composition requires coaching
- C. Exercise is no longer necessary
- D. Supplements replace training

QUESTION 6

- What is the NEW coaching model for fat loss clients?
- A. Eat less, move more
- B. Train harder, eat less
- C. Focus only on calories burned
- D. Protect muscle and health while weight is coming off

QUESTION 7

- Which strategy is considered “non-negotiable” for GLP-I users?
- A. Cardio 7 days per week
- B. Eliminating carbohydrates
- C. Resistance training (Nutrition integrated) 2–4x per week
- D. Fasting daily

QUESTION 8

- What is the foundational nutrition priority for weight/fat loss clients, especially on GLP-I drugs?
- A. Micronutrient supplementation and proper protein and fiber intake to preserve muscle
- B. Low fat intake only
- C. Avoiding all supplements
- D. Only tracking calories

QUESTION 9

- What commonly happens when clients stop GLP-I drugs without proper support?
- A.They continue improving automatically
- B.They lose more muscle and fat evenly
- C.They maintain results easily
- D.Weight regain occurs, mostly as body fat

QUESTION 10

- What is the most important overall takeaway for trainers?
- A. Drugs replace the need for coaching
- B. Nutrition is optional if training is consistent
- C. Strength training alone is enough
- D. Nutrition + strength training (4 pillars) are essential for results and retention and potential drug off-ramp

ANSWER KEY

- 1. C
- 2. A
- 3. D
- 4. C
- 5. B
- 6. D
- 7. C
- 8. A
- 9. D
- 10. D

TRAINER TAKEAWAY

- Weight loss is now easier than ever—but results, muscle preservation, and long-term success still depend on coaching.
 - **The drugs control the appetite to lose the “weight”, we control *the type* of weight lost – thus, final outcomes**
- Trainers who combine strength training with proper nutrition (the 4 pillars) will own the outcome—and the future of the fitness business.