

👤 57 yrs

↑ 6'0"

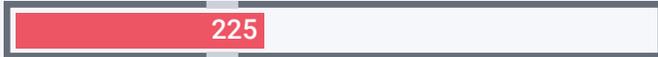
🏋️ 225 lbs

📊 BMI 30.5

⚠️ Metabolic Syndrome

## BODY COMPOSITION

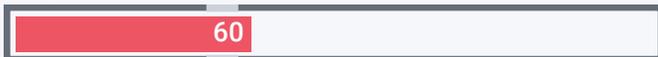
Weight ▶ Recommended: 136-184 lbs ◀



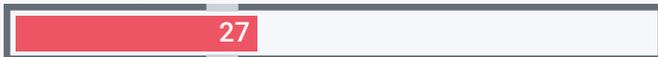
Percent Lean Mass ▶ Recommended: 76-82% ◀



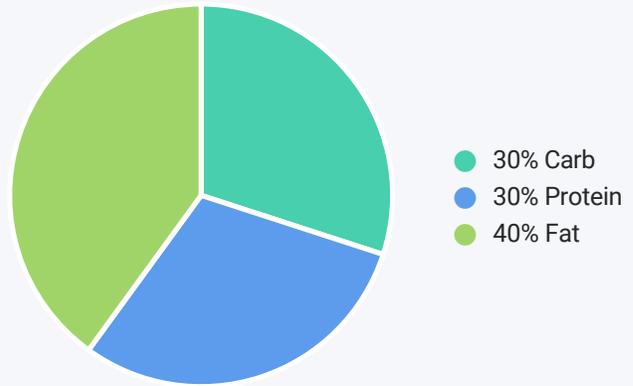
Body Fat Mass ▶ Recommended: 41-55 lbs ◀



Percent Body Fat ▶ Recommended: 18-24% ◀



## MACRONUTRIENT PLAN



Additional Information

## EXERCISE PLAN

# 167

Max Heart Rate (BPM)

Intensity(BPM)	Time(Min)	Frequency
Recovery (< 100)	10	3
Moderate (100 - 134)	30	
High (> 134)	20	
Total time	60	Days per week

### High Intensity Activities

Jogging, cycling, swimming, playing tennis, etc.

### Moderate Intensity Activities

Brisk walking, weight training, hiking, etc.

### Light Intensity Activities

Yoga, stretching, casual walking, light house work, etc.

## CALORIC INTAKE

# 2400

Baseline

# 1900

Recommended

Recommended	Calories	Grams
Carbs	570	142
Protein	570	142
Fat	760	84

# JOHN SMITH'S WELLNESS ASSESSMENT

## BLOOD PRESSURE

130/90

Systolic ▶ Recommended: < 120 mm Hg ◀

130

Diastolic ▶ Recommended: < 80 mm Hg ◀

90

8-Year Hypertension Risk (%)

64.2

Average Hypertension Risk (%)

54.6

Optimal Hypertension Risk (%)

13.3

## HEART HEALTH

10-Year Risk Cardiovascular Disease (%)

16.9

Optimal Cardiovascular Disease Risk (%)

6

## BLOOD SUGAR

Blood Glucose ▶ Recommended: 70-99 mg/dL ◀

110

Diabetes 8-Year Risk (%)

18

Average Diabetes Risk (%)

25.9

Optimal Diabetes Risk (%)

3

## LIPID PANEL

Total Cholesterol ▶ Recommended: < 200 mg/dL ◀

250

Triglycerides ▶ Recommended: < 150 mg/dL ◀

210

HDL Cholesterol ▶ Recommended: > 50 mg/dL ◀

45

LDL Cholesterol ▶ Recommended: < 100 mg/dL ◀

160



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# JOHN SMITH'S GENETIC MARKERS



Two Copies  
Average Risk



One Copy  
Elevated Risk



Two Copies  
Elevated Risk

## NUTRITION AND DIET

These ten genetic markers play key roles in how you absorb, store and metabolize food.

ADRB2-16



Beta-2 Adrenergic Receptor

Those who are homozygous (A/A) have an increased risk of metabolic syndrome, which can increase the risk for obesity (primarily abdominal fat), hypertriglyceridemia, glucose intolerance, hypertension, and decreased HDL cholesterol levels.

Men are more likely to carry more overall body fat than those who carry the G allele; the abdominal region is the target for fat accumulation. Regular endurance training is recommended, as well as a low fat low carb diet.

ADRB2-27



Beta-2 Adrenergic Receptor

There is no increased risk for insulin resistance, weight loss sensitivity, or obesity

Those who are homozygous (C/C) may maintain a healthy weight by regular endurance training

FABP2-54



Fatty Acid Binding Protein 2

This genotype is not associated with increased sensitivity to saturated fats or refined carbohydrates, therefore no increased risk of obesity.

Fat absorption rate is lower than those with an Alanine polymorphism. There is not an increased sensitivity to saturated fats or carbohydrates.

ADRB3-64



Beta-3 Adrenergic Receptor

Associated with normal fat sensitivity and exercise

Because normal fat breakdown and thermogenesis is expected, to maintain a healthy weight ensure regular exercise and a balanced diet.

PPARG-12



Peroxisome Proliferator Receptor Gamma

There is an increase in the possibility of obesity, insulin resistance, and a resistance to weight loss. Individuals are likely to be more sensitive to the harmful effects of fats and refined carbohydrates.

For optimal weight loss, consider a very low calorie diet (VLCD), which includes minimizing the amount of refined carbohydrates and fats. The low fat low calorie diet should be combined with a high intensity training program.

FTO



Fat Mass & Obesity Related

A heterozygous (T/A) genotype is associated with moderately increased sensitivity to fats and an increased risk to obesity.

A moderate increased risk of sensitivity to fats. An increase in exercise intensity is recommended, as well as a high protein diet to reduce cravings and hunger.

FTO



Fat Mass & Obesity Related

A heterozygous (C/T) genotype is associated with moderately increased sensitivity to fats and an increased risk of early onset obesity.

A moderate increased risk of sensitivity to fats. An increase in exercise intensity is recommended, as well as a high protein diet to reduce cravings and hunger.

# JOHN SMITH'S GENETIC MARKERS

## SUPPLEMENTS

Proper intake of vitamins and minerals helps provide a healthy and productive life.

MTHFR



Methylenetetrahydrofolate Reductase

Homozygosity of (C/C) is associated with a normal MTHFR activity and homocysteine levels.

With normal MTHFR activity, daily recommended consumption of methyfolate (400-600 µg) should be consumed, usually fulfilled by a proper diet.

MTHFR



Methylenetetrahydrofolate Reductase

Homozygosity of (A/A) is associated with a normal MTHFR activity and homocysteine levels.

With normal MTHFR activity, daily recommended consumption of methyfolate (400-600 µg) should be consumed, usually fulfilled by a proper diet.

VDR



Vitamin D Receptor

No increased risk of Vitamin D deficiency and osteoporosis

No increased risk of low bone mineral deficiency, recommend dose of vitamin D (600 IU) daily

## FITNESS AND EXERCISE

Your genetics, body composition and desired goals determine a unique exercise program for you.

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ACTN3



Alpha-actinin-3

Gene is non-functional (X/X) or truncated polymorphism, inactive speed gene.

More likely to perform best in endurance events and sports.