

The Muscle Plan

For anyone who noticed the stairs got longer and wants the short list of what actually slows muscle loss. Every line below restates a claim verified against Tier-1 medical sources. Nothing here is invented, and nothing is for sale.

✓ CHECKED AGAINST HARVARD HEALTH PUBLISHING · CLEVELAND CLINIC · MAYO CLINIC

1

It starts earlier than you think

For most people muscle declines about 3% to 5% per decade starting at age 30, and sarcopenia affects up to 50% of people 80 or older. (Harvard Health)

2

Not training has a price

People who do not do strength training as they age can expect to lose four to six pounds of muscle per decade, often replaced by fat. (Harvard Health)

3

The pair beats either half

Protein plus a regimen of heavy resistance exercise leads to the most improvement in muscle mass and strength in healthy older adults. (Harvard Health)

1. Put two resistance sessions in the week

This is the lever. Everything else on this page is secondary to it.

WHY THIS WORKS

Harvard Health describes building muscle through strength training using resistance such as body weight, free weights, elastic bands or machines, ideally combined with power training which adds speed. Both help build and maintain muscle and bolster bone by stimulating it. You are never too old to benefit from the gains.

DO THIS WEEK

- ☐ Book two sessions into the week ahead as appointments, not intentions
- ☐ Start with the four Harvard names: standing calf raise, chair stand, reverse fly, overhead press
- ☐ Eight to 12 repetitions, rest, repeat the set
- ☐ If you have a chronic condition or have never trained, talk to your doctor before starting

SOURCE: HARVARD HEALTH PUBLISHING

2. Get daily protein into the working range

The RDA is the floor. Muscle repair sits above it.

WHY THIS WORKS

The RDA for protein is 0.8 grams per kilogram of body weight. Harvard Health reports that increasing daily intake to 1.0 to 1.2 grams per kilogram can help repair muscle fibers broken down through regular strength and power training. A study of nearly 12,000 adults aged 51 and older found about 46% did not meet daily protein recommendations at all.

DO THIS WEEK

- ☐ Multiply your weight in kilograms by 1.0 and by 1.2 to get your range
- ☐ Spread protein across meals rather than loading dinner
- ☐ If you have kidney disease or a history of kidney stones, set the target with your doctor instead

SOURCE: HARVARD HEALTH PUBLISHING

3. Add plain creatine monohydrate, if you add anything

One form has the evidence. The others do not.

WHY THIS WORKS

Cleveland Clinic states the most common creatine supplement is creatine monohydrate, which increases muscle performance in short-duration, high-intensity resistance exercise, and that other forms of creatine do not appear to have these benefits. Mayo Clinic reports that older

DO THIS WEEK

- ☐ Choose plain creatine monohydrate, not a blend or a novel form
- ☐ Pick a product using third-party testing, as Mayo Clinic advises

adults who take creatine supplements and do resistance exercises can improve strength.

- ☐ Take it daily alongside your training, not instead of it
- ☐ Judge the result over 8 to 12 weeks on strength, not on the scale

SOURCE: CLEVELAND CLINIC AND MAYO CLINIC

4. Know the honest limits of the evidence

This is the part the supplement ads leave out.

WHY THIS WORKS

Cleveland Clinic notes that while studies show creatine plus weightlifting increases muscle growth in people 18 to 30, there is not enough research to say creatine helps muscle growth in people older than 65. Mayo Clinic notes creatine research does not show a clear benefit for total bone mineral density. Creatine is a supporting player, not the intervention.

DO THIS WEEK

- ☐ Treat the training as the intervention and the supplement as optional
- ☐ Expect some weight gain from water retention; it is water, not fat
- ☐ If you stop, expect levels to drop over a few weeks and possible short-term fatigue

SOURCE: CLEVELAND CLINIC AND MAYO CLINIC

5. Check the safety list before you start

Short, specific, and worth reading once.

WHY THIS WORKS

Cleveland Clinic notes there is not enough evidence on creatine safety in people who are pregnant or breastfeeding, or who have diabetes, kidney disease or liver disease, and that creatine may increase mania risk in people with bipolar disorder. Mayo Clinic reports that studies in healthy people have not found creatine harms kidney function at recommended doses, but that research in people who already have kidney disease is limited.

DO THIS WEEK

- ☐ Talk to a healthcare provider before starting, whatever your fitness level
- ☐ Flag any kidney or liver condition, diabetes, or bipolar disorder specifically
- ☐ If side effects appear, Cleveland Clinic suggests splitting the daily amount into smaller doses

SOURCE: CLEVELAND CLINIC AND MAYO CLINIC

EVERY CLAIM ABOVE, TRACED TO ITS SOURCE

Harvard Health Publishing, A guide to combatting sarcopenia and preserving muscle mass as you get older · <https://www.health.harvard.edu/healthy-aging-and-longevity/a-guide-to-combatting-sarcopenia-and-preserving-muscle-mass-as-you-get-older>

Harvard Health Publishing, Muscle loss and protein needs in older adults · <https://www.health.harvard.edu/healthy-aging-and-longevity/muscle-loss-and-protein-needs-in-older-adults>

Cleveland Clinic, Creatine: What It Does, Benefits, Supplements and Safety · <https://my.clevelandclinic.org/health/treatments/17674-creatine>

Mayo Clinic, Creatine (Drugs and Supplements) · <https://www.mayoclinic.org/drugs-supplements-creatine/art-20347591>

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