optml

PROTOCOL NO. 01

12-WEEK MAINTENANCE PROTOCOL · FOR POST-GLP-1 PATIENTS

The Bridge.

Your 12-week protocol for keeping the weight off after a GLP-1. Eating, training, supplements, labs — every variable accounted for, every week.

DURATION
12 weeks

PHASE
Post-GLP-1

OUTCOME
Lifetime maintenance

AN OPTML PROTOCOL
No. 01

A NOTE BEFORE YOU BEGIN

The medication did *half* the work.

Without a structured plan, the average GLP-1 patient regains roughly two-thirds of what they lost within 12 months of stopping. That isn't the medication failing. That's biology doing exactly what it's wired to do.

Your appetite hormones rebound. Your metabolism is lower than it was at the same body weight before. Your brain still remembers the old set point and will work — quietly, persistently — to return you to it. **Maintenance is not "the same as before, minus the meds."** It's a different sport.

This protocol is the playbook for that sport. **Twelve weeks to install a new metabolic baseline** — through a deliberate dose taper, a structured eating protocol, hard resistance training, a defined supplement stack, and a lab schedule that catches drift early.

Patients who finish this protocol almost never come back asking for higher doses. They stay where they want to be — sometimes for life — using almost nothing besides what they've already built.

WHEN TO START THIS PROTOCOL

You've been at or near your goal weight for **at least 6 weeks.** Your weight loss has slowed naturally. You're tolerating your current dose well. Your OPTML clinician has cleared you to begin a taper.

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Your body is wired to bring the weight back.

The cruelest part of weight loss is that the body fights to undo it. Not because of weak willpower — because of three measurable physiological changes that begin within weeks of any meaningful weight loss and persist for months or years after.

AVERAGE REGAIN

~67%

of weight lost on GLP-1 returns within 12 months of stopping — without a structured plan (STEP-1 trial)

METABOLIC ADAPTATION

15%

lower resting metabolic rate at the new weight than someone who's always been that weight

HUNGER HORMONE

+2×

post-loss ghrelin levels — your "I'm hungry" signal genuinely runs louder than before

The three forces fighting your maintenance.

1 · HORMONAL REBOUND

Ghrelin climbs. Leptin crashes. The first signals you to eat more, the second tells your brain "I'm starving" even when you're not. **This isn't psychology. It's chemistry.**

2 · METABOLIC ADAPTATION

A lighter body burns fewer calories. A previously larger body that's now smaller burns *even fewer* — the body actively downregulates thyroid output and NEAT (non-exercise movement) to defend the old weight.

3 · MUSCLE LOSS

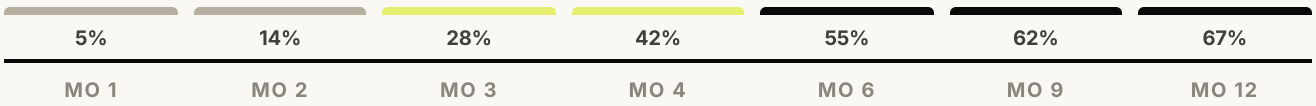
If you trained inconsistently during the loss phase, you finished with less muscle than you started. Less muscle = lower metabolism = **regain happens with smaller portions than caused the original weight gain.**

All three are reversible. All three are addressed in this protocol. Hormonal rebound is managed by the taper. Metabolic adaptation is offset by training. Muscle loss is prevented — or reversed — in the same 12 weeks.

Without a plan — *this is the default.*

The shape of post-GLP-1 regain is almost identical from patient to patient. Slow for the first 6–8 weeks. Steep through months 3–9. Plateaus around two-thirds returned. This is what The Bridge is designed to interrupt.

WEIGHT REGAIN WITHOUT STRUCTURED MAINTENANCE (% OF LOST WEIGHT RETURNED)



Aggregate regain trajectory across multiple post-GLP-1 cohorts. Most regain happens between months 3–9 — when patients have psychologically "moved on" but their biology hasn't.

Why this protocol intervenes when it does.

WITHOUT THE BRIDGE

- **Months 1–2:** Feels fine. Weight stable. False confidence.
- **Months 3–6:** Steep regain. Patient blames "willpower."
- **Months 6–12:** Returns to clinic asking for higher dose.
- **Year 2:** Often back at start weight or higher.

WITH THE BRIDGE

- **Weeks 1–4:** Slow taper. Training intensifies. Eating dialed in.
- **Weeks 5–8:** Off med or minimum dose. Real-world eating tested.
- **Weeks 9–12:** Stable. Often +3–5 lbs of muscle. Same body weight.
- **Year 2+:** Maintenance on training + protein alone. Lifetime gains.

Measure first. Decide second.

Before you start the taper, you need a baseline. Six numbers, one photo, one mirror moment. These become the anchor you'll measure every change against for the next 12 weeks.

The Day 1 baseline.

METRIC	TARGET / RANGE	HOW TO CAPTURE IT
Bodyweight	**Single morning number**	Same scale. Same time of day (post-bathroom, pre-coffee). Naked. Track weekly average, not daily.
Waist circumference	**~Goal × 0.45 (men) / 0.42 (women)**	At the navel. Soft tape. Same time as weigh-in. The most useful number after bodyweight.
Resting heart rate	**55–75 bpm typical**	First thing in the morning. Watch or finger pulse. Trends, not single days.
Blood pressure	**< 120 / 80**	Home cuff or pharmacy machine. Twice a week through the protocol.
Strength baseline	**From your last training week**	Top working set on Squat, Bench, RDL, OHP. Match or beat by week 12.
Lab panel	**See Chapter 8**	Comprehensive baseline before the taper begins. Refer to lab schedule.
Front + side photo	**Standardized**	Same light, same time, same clothes. Phone in front-camera selfie position. Worth a thousand scale numbers.

THE HONEST PRE-TAPER CHECKLIST

- **6+ weeks** at or near goal weight
- **Tolerating** current dose well (Field Guide No. 01 protocols dialed in)
- **Training** — at minimum Vol. 1 of the OPTML Training System, ideally Vol. 2
- **Eating** — hitting protein floor 6/7 days a week
- **Sleep** — averaging 7+ hrs
- **Cleared** by your OPTML clinician to begin a taper

IF ANY OF THOSE AREN'T TRUE

Hold the taper. Spend 4–8 more weeks getting those pieces in place. **The Bridge is designed for a body that's already moving in the right direction.** Starting before you're ready is the #1 way to regain inside this protocol — not because the protocol failed, but because the starting line wasn't real.

How to come off — without falling off.

Coming off a GLP-1 cold turkey is the surest way to trigger the rebound. The taper protocol is what protects your hormonal environment while your body learns to maintain on training and food alone.

THE PRINCIPLE

Step down one dose level at a time. Spend **4 full weeks at each lower dose** before stepping again. The taper is slower than most patients want — but it gives ghrelin and leptin time to recalibrate before the medication is gone entirely. Cold-turkey withdrawal accounts for most of the rebound seen in clinical data.

The taper schedule.

WKS	PHASE	DOSE ACTION	WATCH FOR
1–4	STEP 1	**Drop to the next-lower dose** of your current GLP-1 (e.g., tirzepatide 10 mg → 7.5 mg, or semaglutide 1.7 mg → 1.0 mg). Continue weekly injection.	**Appetite spike**
5–8	STEP 2	Drop to the lowest maintenance dose (typically 5 mg tirzepatide or 0.5 mg semaglutide). **This is the longest stretch.** Most behavior changes lock in here.	**Snacking creep**
9–10	STEP 3	Drop to the starter dose (2.5 mg tirzepatide or 0.25 mg semaglutide). **Or extend dosing interval** to every 10–14 days. Discuss with clinician.	**Weight creep > 2 lbs**
11	BUFFER	Either stay at starter dose, or skip the injection entirely. Hard training week. Tighten eating. **Build the muscle margin.**	**Hunger noise back**
12	OFF / MAINTENANCE	**Optional final injection at starter dose.** Or fully off. Test stability: are you maintaining without the medication, on training + food alone?	**Weight stable**

HOLD A STEP LONGER IF

Weight climbed > 2 lbs at the new step. Hunger feels uncontrollable. Sleep deteriorated. **It's OK to add 4 weeks at any step.** The bridge is the protocol — not the calendar.

GO BACK UP A STEP IF

Weight climbs > 5 lbs at any step despite hitting the eating and training protocols. **Returning to a slightly higher dose is not failure.** It's the protocol working — you found your minimum effective dose.

Every variable. *Every week.*

This is the integrated view — taper, training, eating, and labs in a single 12-week orchestration. The protocol works because all four move together. **Drop any one and the rebound shows up.**

TAPER PHASE		STABILIZE PHASE				BUILD PHASE	TEST				
WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10	WK 11	WK 12

WKS	DOSE	TRAINING	EATING	LABS
1–4	**STEP DOWN 1**	Vol. 2 (4×/wk) — minimum. Maintain effort.	**Maintenance calories.** 1g protein per lb goal weight.	**Baseline panel**
5–8	**STEP DOWN 2**	Vol. 2 continues. Add 1 extra walking day if appetite climbs.	Real-world eating test. Track 4 days a week.	**Wk 8 check**
9–11	**STARTER / EXTEND**	Push intensity. Last set RPE 9 on accessories.	Small surplus possible. Track strength gains.	—
12	**OFF / FINAL**	**Test week.** PR primary lifts. Capture new strength baseline.	Maintenance check. Bodyweight stable.	**12-wk panel**

> **The order matters.** Don't drop the dose until you have 4 weeks of training and eating dialed in. Don't add building-phase intensity until you've stabilized weight off the medication. *Sequence is the protocol.*

Eat more. Not less.

The hardest mental shift in maintenance: stop trying to lose weight. The eating protocol that keeps you at your goal weight is fundamentally different from the one that got you there. More calories, more protein, more carbohydrate around training.

Find your maintenance number.

MULTIPLIER — WOMEN

12–14

Goal bodyweight × 12 (sedentary) to 14 (training 4×/wk) = daily maintenance calories

MULTIPLIER — MEN

14–16

Goal bodyweight × 14 (sedentary) to 16 (training 4×/wk) = daily maintenance calories

ADJUST BY

±100/d

Every 2 weeks based on weekly average weight trend. Small adjustments, sustained.

The protein non-negotiable.

THE FLOOR

1 g of protein per lb of goal bodyweight, every day. Not "most days." Every day. Through the taper, through the stabilize phase, through the build phase, and for the rest of your life.

WHY THIS NUMBER

Higher protein **blunts the ghrelin rebound** (genuine satiety), preserves muscle, raises the thermic effect of food (~25% of protein calories burn in digestion), and locks in metabolic rate. It's the single highest-leverage daily action in this protocol.

> **The tracking rhythm.** Weeks 1–4: log every meal in a tracking app. Weeks 5–8: log 4 days per week. Weeks 9–12: spot-check 2 days a week. By the end of the protocol you should be eating from intuition that's been calibrated by 12 weeks of data — not winging it.

Carbs around training. *Fat at the edges.*

Once protein and calories are dialed, the remaining decision is what shape the rest of your day takes. The simplest, most durable structure for post-GLP-1 maintenance: **carbs around training, fat at the edges of the day.**

The daily structure.

MEAL	COMPOSITION	WHY
Breakfast	**40 g protein, low-mod carb, moderate fat**	Sets satiety for the day. Eggs + Greek yogurt + berries. Or protein shake + oats.
Pre-training	**~30 g carbs, ~20 g protein, low fat**	Fuel the session. Rice + chicken, banana + protein shake, oats + whey. 60–90 min before lifting.
Post-training	**~40 g protein, ~40–60 g carbs**	The most anabolic meal of the day. Replenish glycogen, drive protein synthesis. Don't skip.
Dinner	**40 g protein, moderate carb, balanced fat**	Bigger portion of the day. Protein + starch + cooked vegetables + olive oil.
(Optional) Snack	**20 g protein**	Greek yogurt, cottage cheese, or protein shake. Only if hungry — not by default.

THE CARB TRUTH

Carbs are not the enemy. **Strategic carbs around training** fuel performance, replenish muscle glycogen (which holds water and makes your body look fuller), and improve sleep. Cutting carbs too low post-GLP-1 is one of the most common rebound triggers.

THE FAT TRUTH

Fats are necessary for hormones, satiety, and brain function — but they're calorie-dense and easy to overshoot off a GLP-1. **Aim for ~25–30% of total calories.** Don't fear them. Don't drown in them.

The eating protocol works because it gives your body what it needs — protein for the muscle, carbs for the training, fat for the hormones — instead of what your post-loss biology is asking for, which is whatever's closest. Structure is the antidote to drift.

Vol. 2 is the floor.

Training is the single most important variable in this protocol. Without it, the eating protocol fails. The supplement stack is irrelevant. The lab numbers drift. Resistance training is the metabolic infrastructure that everything else relies on.

THE MINIMUM STANDARD

Vol. 2 of the OPTML Training System — 4 days per week, full body — is the floor for this protocol. If you're currently on Vol. 0 or Vol. 1, you need to bridge up to Vol. 2 before starting The Bridge, or in parallel during weeks 1–4 of the taper.

Why Vol. 2 specifically.

01 **Frequency × volume defends muscle.**

Vol. 2's 4×/week full body, hitting each muscle twice, delivers 12–15 working sets per muscle group — the intermediate hypertrophy zone. This is the volume needed to *actively build* muscle on maintenance calories, not just preserve it.

02 **Anchor lifts protect metabolic rate.**

Heavy compound work raises resting metabolic rate more than higher-rep work. The squat, bench, RDL, and hip thrust in Vol. 2 are the lifts that keep your maintenance number high.

03 **4 days a week is the recovery sweet spot post-GLP-1.**

You're tapering off a medication that affected fatigue. Vol. 3 is too much. Vol. 1 doesn't deliver enough stimulus to defend muscle through the rebound. Vol. 2 is engineered for this window.

> **If you can't commit to 4 days a week through the whole protocol — pause the bridge.** Training is not the optional variable. It's the protocol. Without 4 hard sessions a week, the rest of this document is asking your body to do something that biology will not permit it to do.

When you finish week 12: **you should have at least 3–5 lbs more muscle than you started this protocol with.** That muscle is what carries you for the next decade of maintenance.

The supporting stack. *Nothing more.*

Supplements don't replace the protocol. They support it. Five compounds matter; the rest are noise. Sleep is the unsupplementable variable that determines whether any of this works.

The five.

CREATINE MONOHYDRATE · 5 G DAILY

The single most-studied performance supplement. Improves strength, cognition, and muscle retention during caloric maintenance. Take any time, with or without food. Daily, indefinitely.

WHEY OR CASEIN PROTEIN

Not a supplement — a food. The fastest way to hit your protein floor when solid food is hard. 1–2 scoops a day is normal. Casein at night extends overnight protein synthesis.

MAGNESIUM GLYCINATE · 200–400 MG PM

Improves sleep depth, prevents constipation, supports muscle recovery. Glycinate is the gentle form — non-laxative at normal doses.

VITAMIN D3 · 2,000–5,000 IU DAILY

Most patients run deficient. Affects testosterone, mood, insulin sensitivity, and bone density. Test your levels (Ch. 8) and dose accordingly.

OMEGA-3 (EPA / DHA) · 2 G DAILY

Anti-inflammatory, supports recovery, supports cardiovascular health on a higher-protein diet. Look for 2,000+ mg combined EPA+DHA. Quality matters — third-party tested brands only.

The sleep mandate.

7+ hours, every night. Sleep is when ghrelin and leptin normalize. Sleep is when muscle is built. Sleep is when blood sugar regulates. **A patient sleeping 5–6 hours regains weight roughly 2× faster than one sleeping 7–8** — at the same calories, same training, same protein. Of every variable in this protocol, sleep is the one where shortcuts cost the most.

Catch drift early. By the numbers.

Two lab panels through the protocol: a baseline before the taper and a re-check at week 12. Your OPTML clinician will order these. Knowing what's being measured — and why — turns your labs from a passive checkbox into an early-warning system.

The panel.

MARKER	WHY IT MATTERS	WHAT TO WATCH FOR
HbA1c	**Insulin sensitivity**	Baseline likely improved on GLP-1. Watch for drift back upward through the taper. > 5.7 is yellow.
Fasting glucose & insulin	**Metabolic health**	HOMA-IR calculated from these. Trends matter more than single readings.
Lipid panel	**Cardiovascular health**	LDL, HDL, triglycerides, ApoB. Often improved on GLP-1 — preserve those gains.
Thyroid (TSH, free T4)	**Metabolic rate**	Low T4 = lower metabolism = harder maintenance. Catch early if it's drifting.
Vitamin D, B12, iron, ferritin	**Energy & recovery**	Deficiencies show up as fatigue and poor training recovery. Easy to fix once measured.
Testosterone (total + free)	**Muscle & recovery**	For both men and women. Resistance training raises it. Track to confirm the work is working.
hs-CRP	**Inflammation**	Should drop on GLP-1 + training. If climbing — diet, sleep, or stress drift.

BASELINE (PRE-TAPER)

Full panel above. Captures where you are at peak GLP-1 effect. This is the version of your bloodwork you're protecting through the next 12 weeks.

WEEK 12 (RE-CHECK)

Same panel. Compare line-by-line. The decision about whether to stay off the medication, taper further, or return to a maintenance dose is driven by these numbers — not by how you feel.

You're not on a diet. *You're a lifter.*

The patients who keep the weight off don't just change what they eat. They change who they are. The identity shift is the most underrated variable in this entire protocol — and it's the only one that can't be supplemented.

The identity shift.

01 **Stop calling yourself "on" anything.**

You are not "on the medication." You are not "on a diet." You are not "trying to lose weight."

You are a person who trains, eats with structure, and sleeps well.

Identity precedes behavior. Most regain happens because the identity reverted.

02 **Train when you don't feel like it.**

The day you skip a training session because you don't feel like it is the day you become a former lifter. Train on the bad days. The bad-day session is the one that builds the identity.

03 **Hit protein on the days you don't want to.**

Days when food doesn't appeal, or you're traveling, or work blew up — these are the protein-floor days that matter most. A protein shake counts. Greek yogurt counts. Showing up counts.

04 **Weigh yourself weekly, not daily.**

Daily weighing trains anxiety. Weekly weighing trains observation.

Same day, same time, weekly average across 7 days.

That number tells you the truth. The daily noise doesn't.

05 **Build the snapback rule.**

When weight climbs 5+ lbs above goal: don't panic, don't restart the medication, don't binge-correct.

Tighten the protocol for 2 weeks.

Track everything. The 5-lb climb usually disappears inside a fortnight if you actually do the work.

> The medication gets you to the weight. The protocol keeps you there. **The identity is what makes the protocol survive the day life decides to come at you hard.**

It's not failure. It's the protocol working.

Some patients finish The Bridge and never need a GLP-1 again. Some find their minimum effective dose is small and indefinite. Both outcomes are wins. The point of this protocol was never zero medication — it was zero unnecessary medication.

OUTCOME 1 — OFF THE MEDICATION

Maintenance on training + food alone.

Weight stable, labs hold, training continues. **Re-check labs every 6 months.** This is the most common outcome when the protocol is followed honestly. Continue Vol. 2 of the Training System indefinitely.

OUTCOME 2 — MINIMUM EFFECTIVE DOSE

A small dose, infrequently.

Some patients maintain best on 2.5 mg tirzepatide every 10–14 days, or 0.25 mg semaglutide weekly. **This is a legitimate, sustainable maintenance protocol.** Not a failure — a fit.

OUTCOME 3 — RE-ENGAGE AT HIGHER DOSE

Restart, more deliberately.

Weight has climbed > 10 lbs despite hitting the protocol. **This is OK.** The Bridge taught you the maintenance infrastructure. You'll keep more of it next time around, even on the medication.

The honest signal — call your clinician if:

- **Weight has climbed > 5 lbs for 3+ weeks** despite hitting all four pillars (taper, training, eating, sleep)
- **Hunger is mentally overwhelming** for more than a week — not just inconvenient, but constantly intrusive
- **Energy has dropped persistently** — could be thyroid drift, sleep debt, or dose timing
- **Lab markers worsened materially** at the 12-week re-check — HbA1c climbing, ApoB up, hs-CRP up
- **You stopped doing the protocol** — and want to restart honestly without restarting the medication first

> The right dose of any medication is the smallest one that produces the outcome you want. **For some patients that's zero. For others it's not. Both are professional medicine.**

— The OPTML Team

optml

The medication got you here. This is how you stay.

AN OPTML PROTOCOL

No. 01 · The Bridge

FOR OPTML PATIENTS

FREE TOOLS · OPTML.HEALTH

Keep optimizing.

Free tools to put this guide into action — no sign-up required. Scan to get started.

SCAN TO OPEN

The OPTML Method

optml.health/method

SCAN TO FIND

Training sets

optml.health/training-volume-calculator.html

SCAN TO FIND

Daily calories

optml.health/tdee-calculator.html

THE NEXT STEP

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