
COURSE RESOURCE

SERVICE DESIGN & PRICING FRAMEWORK

Coach reference | Working With GLP-1 Clients: for Personal Trainers

GLP-1 clients are a distinct coaching population: they are often losing weight rapidly, eating far less, and at real risk of losing muscle along with fat. That reality changes what your service should include, how often you check in, and what you can charge for. This framework shows you how to package, price, and pace a GLP-1 coaching offer that protects lean mass, drives retention, and stays firmly inside a trainer's lane.

SCOPE OF PRACTICE

You are selling training, general nutrition-habit coaching, and progress tracking, NOT medical management. You never prescribe, dose, titrate, pause, or advise on medication, and you never diagnose side effects. Your job with anything clinical is recognise, document, refer. Build this boundary into your intake, your contract, and your marketing so a client never mistakes you for their prescriber.

WHAT EVERY GLP-1 PACKAGE MUST INCLUDE

Regardless of tier or price, a credible GLP-1 offer is built on five deliverables. If a package is missing one of these, it is a generic training package with a GLP-1 label on it. Price and depth scale across tiers; these five components do not disappear.

- Assessment & baseline: intake questionnaire, movement screen, strength baseline (e.g. goblet squat, hinge, push, pull, carry), circumference measurements, bodyweight, photos, and a documented note of who prescribed the medication and when the client started. You measure and record; you do not interpret labs.
- Resistance-first programming: a structured plan prioritising full-body strength work to defend muscle during a caloric deficit, progressed on a schedule rather than by feel.
- Protein & habit coaching: general guidance on hitting a daily protein target, hydration, and fibre through whole-food habits, plus practical tactics for eating enough when appetite is suppressed.
- Structured check-ins: a fixed cadence of reviews where you look at strength trend, measurements, energy, adherence, and any red-flag signals, then adjust the plan.

- The toolkit: the client-facing handouts, trackers, and reference sheets from this certification (protein guide, symptom-tracking log, strength log, red-flag reference) that make the service tangible and give the client something to use between sessions.

WHY IT MATTERS

Rapid weight loss without a resistance and protein stimulus tends to strip lean mass alongside fat. Muscle preservation is the single clearest reason a GLP-1 client needs a trainer, so it is the spine of the service and the core of your value proposition. Keep evidence statements general and directional; the course team will attach verified citations.

TIERED PACKAGE IDEAS

Offer three tiers so clients self-select by budget and desired contact. The table below is a structural template, not a price list; fill in rates using the pricing considerations that follow and your local market. Every tier still includes the five core deliverables above; what changes is contact frequency, in-person versus remote delivery, and check-in depth.

Tier	Best for	Core delivery	Check-in cadence	Toolkit access
Foundation (remote)	Self-directed clients on a budget	App-delivered program + protein/habit plan	1 structured check-in every 2 weeks (async or short call)	Full digital toolkit
Hybrid (most popular)	Clients who want accountability + some hands-on coaching	Remote program + 2 in-person sessions/month	Weekly async review + monthly deep-dive call	Full toolkit + personalised progress dashboard
Premium (high-touch)	Clients wanting maximum support through the ramp-up	1-2 in-person sessions/week	Weekly in-person review + async messaging access	Full toolkit + priority messaging + quarterly reassessment

Anchor pricing with the middle tier. Most clients gravitate to the Hybrid option when it sits between a bare-bones remote plan and a high-touch premium package, and it is usually your best margin-to-effort balance. Name the tiers by what the client gets, not by session count alone.

PRICING CONSIDERATIONS

Price the outcome and the ongoing relationship, not the hour. GLP-1 coaching is a multi-month engagement with a clear job to be done (protect muscle, build durable habits), which supports package and membership pricing over one-off sessions.

- Sell in blocks, not singles: a 12-week minimum commitment matches the medication ramp-up window and gives you and the client enough time to show measurable strength and habit change.
- Prefer recurring billing: monthly membership or a paid-upfront block improves cash flow and retention versus pay-as-you-go, which invites drop-off exactly when appetite and energy dip.
- Charge for the assessment: a paid onboarding/assessment fee filters serious clients, covers your baseline-testing time, and sets the tone that this is a structured program.
- Value the toolkit and async work: check-ins, program adjustments, and messaging are real labour. Build them into the package price rather than giving them away, or the model quietly becomes unprofitable.
- Don't discount into loss: if a client needs more support during a rough side-effect stretch, that is a reason to keep them on a higher-touch tier, not to cut the price. Protect your margin so you can keep serving them.

SESSION CADENCE ACROSS THE MEDICATION PHASES

GLP-1 clients move through phases, and support needs shift as they go. These phases are a coaching-experience framing, not medical stages, and the timing varies by individual. Never tie your programming to a dose or titration decision; adjust based on how the client is training, eating, and recovering.

Phase	What you'll often see	Training focus	Suggested contact
Ramp-up / early	Appetite drops sharply; possible nausea, fatigue, low food volume	Establish movement patterns, keep sessions shorter, protect adherence over intensity	Higher touch: weekly or more; monitor energy and eating
Steady loss	Consistent weight loss; energy stabilising; risk of under-eating protein	Progressive overload; drive the resistance stimulus to defend muscle	Regular: your standard tier cadence; tighten protein coaching
Plateau / maintenance	Weight change slows; focus shifts to composition and strength	Build strength and capacity; reinforce habits for the long term	Steady to slightly reduced; emphasise autonomy

Transition (if tapering off, per their prescriber)	Appetite may return; habit durability is tested	Lock in eating and training routines that survive without the medication	Re-elevate touch briefly to support the behavioural handoff
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KEY SIGNAL

If a client reports persistent vomiting, signs of dehydration, dizziness, severe or ongoing abdominal pain, or is eating dangerously little, that is a recognise-document-refer moment. Log what you observed, stop pushing intensity, and direct them to their prescriber or medical provider. Do not attempt to manage the symptom yourself.

RETENTION

Retention on a GLP-1 client is won by making progress visible and by being the steady point of contact through a physically disruptive process. Weight on the scale is dropping anyway, so make sure your unique value, strength and lean-mass preservation, is the number you celebrate.

- Report strength trends, not just weight: at each check-in, show the client their strength log going up while bodyweight comes down. That contrast is your retention engine and the proof they still need you.
- Re-test on a schedule: repeat the baseline assessment every 8-12 weeks so improvement is measured, not assumed, and give the client a fresh set of numbers to chase.
- Own the ramp-up dip: proactively check in during the hardest early weeks. A trainer who reaches out during nausea and low energy keeps a client who would otherwise ghost.
- Plan the off-ramp early: talk about long-term habit durability from the start so the client sees a reason to stay with you through and beyond the medication, not just during it.
- Use a simple renewal script at each block's end: 'Here's what your strength and measurements did over the last 12 weeks, here's what I want to build next, and here's the package that gets us there.' Present the next commitment as the natural continuation, not a new decision.

CONSENT

Before you collect photos, measurements, or symptom notes, get written consent

covering what you record, how you store it, and that observations are for coaching and referral purposes only, not medical assessment. Reaffirm at intake that the client's prescriber owns all medication decisions and that your role is training, general nutrition habits, and progress tracking.