
COURSE RESOURCE

COURSE MASTER REFERENCES & READING LIST

Coach reference | Working With GLP-1 Clients: for Personal Trainers — organised by course topic; citations to be verified before publication

This is the master reference map for the course. It lists the topics, guideline bodies, and professional organisations the course team should consult for each module — NOT finished citations. Every specific paper, author, journal, year, and statistic must be located and verified by the course team before it appears in learner-facing material. Placeholders below marked [VERIFY] are deliberate: fill them with the exact, checked source.

SCOPE OF PRACTICE

This course trains coaches to work alongside a client's medical care, never to replace it. Nothing in this reading list authorises a trainer to diagnose, prescribe, dose, or adjust GLP-1 medication. Our lane is coaching training, general nutrition habits, and progress tracking. The operating mantra throughout: recognise, document, refer.

EVIDENCE NOTE

GLP-1 research is moving quickly and much of it studies medical or clinical populations, not gym clients. Read every source with that gap in mind. Keep any evidence statement in the course directional and honest (e.g. "resistance training is generally associated with better preservation of lean mass during weight loss") and let the verified citation carry the specifics. Do not paraphrase a study into a number the study did not state.

HOW TO USE THIS LIST

- Work topic by topic; for each, start with the named guideline/organisation body, then locate primary sources through it.
- Prefer current clinical practice guidelines, position stands from certifying/professional bodies, and peer-reviewed reviews over blogs, press releases, or manufacturer marketing.
- For each source you add, record: author(s), year, title, journal/publisher, and a stable link or DOI in the [VERIFY] slot.

- Flag the population studied (clinical vs general/athletic) so instructors can caveat appropriately.
- Note the last-reviewed date; re-check drug-related sources at least annually, as labels and guidance change.

1. PHARMACOLOGY & HOW GLP-1 MEDICATIONS WORK (COACH-LEVEL LITERACY ONLY)

Goal: enough plain-language understanding to talk with clients and recognise signals — not to advise on medication. Consult the official prescribing information for each drug and reputable clinical/consumer-health explainers.

- Official manufacturer prescribing information / product monograph for the specific medication the client names — [VERIFY: exact drug, current label version, year].
- National drug regulator resources (e.g. FDA in the US; Health Canada; EMA in the EU) — [VERIFY: agency page + access date].
- A major clinical body's plain-language overview of GLP-1 receptor agonists for obesity/diabetes — [VERIFY: organisation, title, year].
- A peer-reviewed review article on mechanism of action written for non-specialists — [VERIFY: authors, journal, year].

SCOPE OF PRACTICE

Trainers never comment on which drug, what dose, timing, or titration. If a client asks, the answer is a referral to their prescriber or pharmacist. Log the question, don't answer it.

2. BODY COMPOSITION & LEAN MASS DURING WEIGHT LOSS

Goal: understand why rapid weight loss can cost lean mass, and why coaching aims to protect it. Consult exercise-science and obesity-medicine sources on body-composition change during caloric deficit and pharmacological weight loss.

- Position stands on body composition and weight management from a major exercise-science body (e.g. ACSM) — [VERIFY: title, year].
- Reviews on lean-mass preservation during weight loss and during GLP-1-assisted weight loss specifically — [VERIFY: authors, journal, year; note population].

- Reference material on valid body-composition tracking methods available to coaches (circumference, photos, and their limits) — [VERIFY: source].

WHY IT MATTERS

Lean-mass loss is the outcome coaching most directly influences. Frame the client's goal as "lose fat while defending muscle and function," which is squarely in a trainer's scope, rather than as a number on the scale, which is driven largely by the medication.

3. RESISTANCE TRAINING PROGRAMMING

Goal: evidence-informed programming to preserve strength and lean mass in an appetite-suppressed, possibly fatigued client. Consult certifying-body programming guidelines and apply standard progressive-overload principles.

- Resistance-training and progression guidelines from a certifying body (e.g. ACSM, NSCA) — [VERIFY: document, year].
- General starting framework to adapt per client and verify against current guidelines: full-body or upper/lower resistance work 2–4 sessions/week; compound-focused; roughly 6–15 reps per set for most working sets; 2–4 working sets per movement pattern; progress load or reps gradually as tolerated.
- Guidance on training around low energy availability and fatigue — prioritise compound lifts, keep sessions time-efficient, autoregulate volume on low-energy days — [VERIFY: source].

KEY SIGNAL

Persistent strength loss, dizziness, or inability to complete previously easy sessions may reflect under-fuelling or a medical issue. Reduce load, document the pattern, and refer to the prescriber — do not just push through.

4. NUTRITION & PROTEIN (GENERAL HABIT COACHING ONLY)

Goal: support adequate protein and overall nutrition quality within a trainer's general-nutrition scope. Consult sports-nutrition and dietetics bodies; refer individualised medical-nutrition needs to a registered dietitian.

- Protein and sports-nutrition position stands from recognised bodies (e.g. International Society of Sports Nutrition; Academy of Nutrition and Dietetics /

Dietitians of Canada / ACSM joint statements) — [VERIFY: titles, years].

- Guidance on protein distribution and total intake during weight loss for lean-mass preservation — [VERIFY: source; keep any gram-per-kg figure tied to the verified citation, not stated from memory].
- Practical resources on eating adequately with reduced appetite (protein-first meals, smaller frequent meals, hydration) — [VERIFY: source].

SCOPE OF PRACTICE

Trainers coach general nutrition habits (e.g. "aim to include a protein source at each meal") and use qualified language. Prescriptive meal plans, therapeutic diets, and management of medical conditions belong to a registered dietitian — refer.

5. GI & OTHER SIDE EFFECTS (RECOGNISE AND REFER)

Goal: recognise commonly reported side effects and known warning signs so the coach can adjust the session and refer appropriately — never manage them. Rely on the official prescribing information for the authoritative side-effect and warning list.

- Side-effect and boxed-warning sections of the official prescribing information / product monograph — [VERIFY: drug, label version].
- A reputable clinical body's patient-facing guidance on managing common GI effects — for referral context, not for the coach to administer — [VERIFY: source].

Category	Coach action
Common, mild, self-reported (e.g. nausea, reduced appetite, fatigue)	Note it, adjust session intensity/duration, encourage the client to raise it with their prescriber.
Persistent or worsening	Document specifics and dates; direct the client to contact their prescriber; do not suggest remedies or dose changes.
Severe / red-flag (e.g. severe or persistent abdominal pain, signs of dehydration, fainting, allergic reaction)	Stop exercise; treat as urgent per your emergency protocol; refer to medical care immediately.

KEY SIGNAL

Severe, persistent abdominal pain is a documented warning sign for these medications. A

trainer's only job here is to stop the session and route the client to medical care fast — recognise, document, refer.

6. SCOPE OF PRACTICE, SAFETY & PROFESSIONAL STANDARDS

Goal: keep every coach clearly inside the trainer's lane and aligned with certification standards. Consult the coach's own certifying body's code of conduct and scope-of-practice documents as the governing reference.

- Scope-of-practice and code-of-ethics documents from the coach's certifying body (e.g. NASM, ACE, NSCA, ACSM, or the applicable national body) — [VERIFY: document, year].
- Guidance on the trainer–dietitian and trainer–physician referral relationship and when to refer — [VERIFY: source].
- Local regulations on who may provide nutrition advice, which vary by jurisdiction — [VERIFY: relevant regulator for the coach's region].
- Client-communication and informed-consent standards relevant to working with a client on medication — [VERIFY: source].

CONSENT

Before training a client on a GLP-1 medication, obtain written acknowledgement that you are their trainer (not their medical provider), that you coordinate with but do not replace their prescriber, and that they consent to you documenting and referring health signals. File this with the client's intake.

MAINTENANCE & VERIFICATION CHECKLIST

- Every [VERIFY] placeholder is replaced with a checked citation (author, year, title, source, link/DOI) before publication.
- No statistic, percentage, dosage, or study claim appears in the course without a matching verified source.
- Population and date recorded for each source; drug-related sources re-checked at least annually against current labels.
- Every module reinforces recognise, document, refer and stays within trainer scope.