

Welcome to **RAM**

Resistance Applied Metabolic Prescription

The way to optimal health and fitness!

Your personalized RAMP metabolic prescription has been created based upon your current fitness capacity utilizing the most precise and scientific muscle conditioning formulas.

RAMP incorporates 7 components to success that help you achieve your goals and maintain them in the shortest time possible. These seven components are 1) Strength Training, 2) Cardiovascular Endurance, 3) Flexibility, 4) Body Composition, 5) Nutrition, 6) Mind / Body, 7) Supplementation.

Included with your workout is a Sample Meal Plan that illustrates an estimation of the type and amount of foods your body needs to achieve your goal. Please consult with a certified professional if you believe you have food related conditions before beginning.

We track your success with a progress report every 8-weeks. Please let contact us one week in advance to schedule and update and new plan.

Our health coaches are here to provide you with the support you need. Please don't hesitate to ask for assistance.

Here are a few tips to help you get started:

- Perform 10 minutes of cardio upon waking to enhance fat loss
- Eat all meals 2.5-3 hours apart
- Consume a protein shake within 30 minutes following a workout to increase lean mass and reduce fat
- Drink water before, during and after exercising
- Get an adequate amount of sleep to optimize your metabolism (7-8 hours is optimal)
- Repeat. Flourish and prosper by living a healthy lifestyle

We know from years of experience that the first 30 days are the most exciting & challenging. Stay determined and watch the changes happen as you start to look and feel your best.

Remember, your greatest wealth is your health!



**Everything your body needs,
nothing it doesn't.**

Use this checklist to track all
feeding times.

After eating, place a check in
the corresponding box.

Meals should be eaten approxi-
mately 2.5-3 hours apart.

Choosing healthy food is vital to
your long term success!

Be true to yourself and reap the
benefits of a healthy life!



Breakfast

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Lunch

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Dinner

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MEAL PLAN 1800

60-20-20

Consume foods 2.5 – 3 hours apart.

Snacks are placed in between meals.

Meals listed below can be substituted individually or by row.

Breakfast

1 c Raisin Bran
8 oz Skim milk
1/2 Cantaloupe

8 oz Water

Breakfast

12 oz Fruit smoothie
1.5 oz Dry roasted soybeans

8 oz Water

Breakfast

2 Whole wheat pancakes
2 tbs Maple syrup
8 oz Skim milk

8 oz Water

Breakfast

1 c Shredded wheat cereal
8 oz Skim milk
3/4 Banana
5 oz Orange juice

8 oz Water

Breakfast

1 English muffin
2 tbs Peanut butter
1/2 Pink or red grapefruit
8 oz Decaf coffee

8 oz Water

Lunch

1 c Lentil Soup
1 c Mixed baby green salad
w/ arugula butter
1 Pita bread
2 tbs Low cal dressing
1 oz Swiss cheese
8 oz Fruit flavored water

Lunch

1.25 c Macaroni salad
8 Baby carrots
1 Apple

8 oz Herbal tea

Lunch

1 tbs. Peanut butter sandwich
8 oz Skim milk
1 c Sliced cucumber

8 oz Fruit flavored water

Lunch

1 Baked potato
3 oz Tofu
2 c Green salad
2 tbs Fat free dressing

8 oz Herbal tea

Lunch

1 c Mixed vegetables
1 c Mixed baby greens salad
w/ arugula butter
1 c Long grain brown rice

Dinner

1.25 c Spaghetti
1/2 c Marinara sauce
1 c Broccoli
2 c Green salad
1 tbs Balsamic vinegar

8 oz Water

Dinner

1 Veggie burger
1 Whole wheat hamburger roll
1 tbs Balsamic vinegar
2 c Green salad

8 oz Water

Dinner

1 baked potato
2.5 oz Cheddar / colby cheese
1/2 c Boiled soy beans
1 c Green salad

8 oz Water

Dinner

1 c Vegetarian chili
1 sl French bread
1 Red tomato
1/4 Cucumber

8 oz Water

Dinner

1 c Cooked couscous
2 c Green salad
1 tbs Fat free dressing
1/2 c Black beans

8 oz Flavored seltzer water

Snack

1/2 c Fruit salad
1/4 c Sunflower seeds
Protein bar

8 oz Water

Snack

1 c Non fat yogurt
1/2 c Blueberries
Protein shake

8 oz Water

Snack

6 oz Apple sauce
1 English muffin

8 oz Water

Snack

1/2 c Low fat cottage cheese
2 Celery stalks

8 oz Brewed tea

Snack

1 oz Rolled Gold pretzels
1 oz Mozzarella string cheese
1 Peach

8 oz Water

Macro=Macro Nutrients Prot=Protein Carb=Carbohydrates Cal=Calories oz=ounces c=cup(s) pc=piece(s) sl=slice(s) tbs=tablespoon(s) tsp=teaspoon(s) w/=with

Please check with your physician for allergies or any contra indications to certain foods or medicines.



SHOPPING GUIDE

MEAL PLAN 60-20-20

VEGETABLES

- | <input checked="" type="checkbox"/> | Qty. | |
|-------------------------------------|-------|------------------|
| <input type="checkbox"/> | _____ | Salad greens |
| <input type="checkbox"/> | _____ | Baby carrots |
| <input type="checkbox"/> | _____ | Celery |
| <input type="checkbox"/> | _____ | Tomato |
| <input type="checkbox"/> | _____ | Avocado |
| <input type="checkbox"/> | _____ | Potato |
| <input type="checkbox"/> | _____ | Broccoli |
| <input type="checkbox"/> | _____ | Cucumber |
| <input type="checkbox"/> | _____ | Mixed Vegetables |

FRUITS AND FRUIT JUICES

- | <input checked="" type="checkbox"/> | Qty. | |
|-------------------------------------|-------|------------------------|
| <input type="checkbox"/> | _____ | Cantaloupe |
| <input type="checkbox"/> | _____ | Fruit Smoothie |
| <input type="checkbox"/> | _____ | Grapefruit |
| <input type="checkbox"/> | _____ | Apples |
| <input type="checkbox"/> | _____ | Apple Sauce |
| <input type="checkbox"/> | _____ | Peaches |
| <input type="checkbox"/> | _____ | Blueberries |
| <input type="checkbox"/> | _____ | Grapes, red or green |
| <input type="checkbox"/> | _____ | Bananas & Strawberries |

MEAT/POULTRY/FISH/PROTEIN ALTERNATIVES

- | <input checked="" type="checkbox"/> | Qty. | |
|-------------------------------------|-------|----------------------------------|
| <input type="checkbox"/> | _____ | Dry Roasted Soy Beans |
| <input type="checkbox"/> | _____ | Sunflower Seeds |
| <input type="checkbox"/> | _____ | Protein Bar |
| <input type="checkbox"/> | _____ | Protein drink |
| <input type="checkbox"/> | _____ | Peanut butter |
| <input type="checkbox"/> | _____ | Morning Star Farms Garden Burger |
| <input type="checkbox"/> | _____ | Almonds |
| <input type="checkbox"/> | _____ | Egg beaters / eggs |
| <input type="checkbox"/> | _____ | Soy Beans |
| <input type="checkbox"/> | _____ | Tofu |
| <input type="checkbox"/> | _____ | Black Beans |
| <input type="checkbox"/> | _____ | Protein Bar |

GRAIN GROUP

- | <input checked="" type="checkbox"/> | Qty. | |
|-------------------------------------|-------|-----------------------------|
| <input type="checkbox"/> | _____ | Raisin Bran |
| <input type="checkbox"/> | _____ | Whole Wheat Pancakes |
| <input type="checkbox"/> | _____ | Shredded Wheat Cereal |
| <input type="checkbox"/> | _____ | Whole Grain English Muffins |
| <input type="checkbox"/> | _____ | Oatmeal |
| <input type="checkbox"/> | _____ | Rye bread |
| <input type="checkbox"/> | _____ | French bread |
| <input type="checkbox"/> | _____ | Whole wheat pita bread |
| <input type="checkbox"/> | _____ | Rice pilaf |
| <input type="checkbox"/> | _____ | Wild brown rice |
| <input type="checkbox"/> | _____ | Whole Wheat Macaroni |
| <input type="checkbox"/> | _____ | Whole Wheat Spaghetti |
| <input type="checkbox"/> | _____ | Couscous |
| <input type="checkbox"/> | _____ | Popcorn |
| <input type="checkbox"/> | _____ | Pretzels |

DAIRY PRODUCTS

- | <input checked="" type="checkbox"/> | Qty. | |
|-------------------------------------|-------|---------------------------------|
| <input type="checkbox"/> | _____ | Skim milk |
| <input type="checkbox"/> | _____ | Yogurt, Frozen |
| <input type="checkbox"/> | _____ | Mozzarella string cheese |
| <input type="checkbox"/> | _____ | Swiss Cheese |
| <input type="checkbox"/> | _____ | Low Fat Cottage cheese |
| <input type="checkbox"/> | _____ | Cheddar or colby low-fat cheese |
| <input type="checkbox"/> | _____ | Plain Greek yogurt |

MISCELLANEOUS

- | <input checked="" type="checkbox"/> | Qty. | |
|-------------------------------------|-------|-------------------------------|
| <input type="checkbox"/> | _____ | Maple Syrup |
| <input type="checkbox"/> | _____ | Italian dressing, low calorie |
| <input type="checkbox"/> | _____ | Balsamic Vinegar |
| <input type="checkbox"/> | _____ | Marinara sauce |
| <input type="checkbox"/> | _____ | Mayo, low fat |
| <input type="checkbox"/> | _____ | Maple syrup |
| <input type="checkbox"/> | _____ | Black olives |
| <input type="checkbox"/> | _____ | Green or Black Tea |
| <input type="checkbox"/> | _____ | Jam, jelly, any flavor |
| <input type="checkbox"/> | _____ | Vegetarian Chili |
| <input type="checkbox"/> | _____ | Arugula Butter |
| <input type="checkbox"/> | _____ | Flavored seltzer water |
| <input type="checkbox"/> | _____ | Lentil Soup |