

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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MEAL PLAN 2100

40-30-30

Consume foods 2.5 – 3 hours apart.

Snacks are placed in between meals.

Meals listed below can be substituted individually or by row.

Breakfast

8 oz Light fruit yogurt
1/2 c Granola cereal
1 c Green tea

8 oz Water

Breakfast

2 Poached egg
4 sl Canadian style bacon
8 oz Skim milk
1 Grapefruit

8 oz Water

Breakfast

3/4 c Oatmeal
2.5 tbs Chopped almonds
1.5 c Egg whites

8 oz Water

Breakfast

2 sl French bread toasted
4 oz Canadian bacon
3 sl Cantaloupe
2 tsp Slivered almonds

8 oz Water

Breakfast

2 Plain waffle
1/2 c Blueberries
4 Breakfast links (Meatless)
8 oz Apple juice unsweetened

8 oz Water

Lunch

6 oz Turkey or chicken breast
3 sl Red tomato
2 sl Red onion
3 oz Provolone cheese
2 sl Rye bread
1 tbs Low calorie mayonnaise
8 oz Fruit flavored water

Lunch

1 Veggie burger hint of fresh garlic
4 oz Low fat cheese
1 tbs Ketchup
2 tbs Fat Free Italian Dressing

8 oz Herbal tea

Lunch

1 Med. Roast beef sand. (plain)
1 Avocado
1/2 c Berries (Your Choice)

8 oz Fruit flavored water

Lunch

1/2 c Tuna salad
2 Pita bread
3 Celery stalks
3 Carrots

8 oz Herbal tea

Lunch

2 c Mixed greens/arugula butter
3/4 Avocado
10 Green olives
4 Baby carrots
1/2 c Garbanzo beans
1 tbs Low calorie dressing
8 oz Water

Dinner

6 oz Chicken breast baked/broiled
1 c Oriental vegetables
4 tbs Dry roasted cashews
3/4 c Wild brown rice

8 oz Water

Dinner

2 c Lentil soup
6 oz Skim milk mozzarella cheese
2 c Spinach salad (no dressing)
8 oz Low Fat milk

8 oz Water

Dinner

6 oz Salmon baked or broiled
3/4 c Wild brown rice
2 c Mixed vegetables

8 oz Water

Dinner

6 oz Ground turkey
1 c Zucchini
5 oz Penne pasta

8 oz Water

Dinner

6 oz Chicken breast roasted
1 Whole wheat pita bread
2.5 c Spinach salad
2.5 tbs Oil and vinegar dressing
12 Red or green grapes

8 oz Flavored seltzer water

Snack

6 tbs Sunflower seeds (dry roast)
3/4 c Low fat plain yogurt

8 oz Water

Snack

12 Baby carrots
3/4 c Hummus

8 oz Water

Snack

1 c Low fat cottage cheese
12 Cherries

8 oz Water

Snack

3/4 c Bagel chips
1/3 c Balsamic dressing

8 oz Brewed tea

Snack

1 Protein Shake
with frozen berries
or Protein Bar

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 40-30-30

VEGETABLES

- | <input checked="" type="checkbox"/> | Qty. | |
|-------------------------------------|-------|------------------------------------|
| <input type="checkbox"/> | _____ | Avocado |
| <input type="checkbox"/> | _____ | Lettuce |
| <input type="checkbox"/> | _____ | Broccoli - Asparagus - Cauliflower |
| <input type="checkbox"/> | _____ | Carrots/Baby Carrots |
| <input type="checkbox"/> | _____ | Onions |
| <input type="checkbox"/> | _____ | Mixed Vegetables |
| <input type="checkbox"/> | _____ | Spinach Leaves (salad) |
| <input type="checkbox"/> | _____ | Oriental Style Vegetables |
| <input type="checkbox"/> | _____ | Garbanzo Beans |
| <input type="checkbox"/> | _____ | Summer Squash / Zucchini |

FRUITS AND FRUIT JUICES

- | <input checked="" type="checkbox"/> | Qty. | |
|-------------------------------------|-------|---------------------------|
| <input type="checkbox"/> | _____ | Orange Juice |
| <input type="checkbox"/> | _____ | Vegetable Juice |
| <input type="checkbox"/> | _____ | Apple Juice |
| <input type="checkbox"/> | _____ | Grapefruit |
| <input type="checkbox"/> | _____ | Banana |
| <input type="checkbox"/> | _____ | Cherries or other berries |
| <input type="checkbox"/> | _____ | Cantaloupe |
| <input type="checkbox"/> | _____ | Red & Green Grapes |
| <input type="checkbox"/> | _____ | Tomato |
| <input type="checkbox"/> | _____ | Cucumber |

MEAT/POULTRY/FISH/PROTEIN ALTERNATIVES

- | <input checked="" type="checkbox"/> | Qty. | |
|-------------------------------------|-------|-------------------------------|
| <input type="checkbox"/> | _____ | Chopped Almonds |
| <input type="checkbox"/> | _____ | Dry Roasted Cashews |
| <input type="checkbox"/> | _____ | Sunflower Seeds, dry roasted |
| <input type="checkbox"/> | _____ | Chicken Breasts, no skin |
| <input type="checkbox"/> | _____ | Protein Shake |
| <input type="checkbox"/> | _____ | Veggie Burgers |
| <input type="checkbox"/> | _____ | Roast Beef, deli, lean |
| <input type="checkbox"/> | _____ | Canadian Bacon |
| <input type="checkbox"/> | _____ | Deli Turkey or Chicken Breast |
| <input type="checkbox"/> | _____ | Salmon, Tuna |
| <input type="checkbox"/> | _____ | Lentil Soup |
| <input type="checkbox"/> | _____ | Hummus |
| <input type="checkbox"/> | _____ | Protein Shake |
| <input type="checkbox"/> | _____ | Breakfast Links |
| <input type="checkbox"/> | _____ | Ground Turkey |
| <input type="checkbox"/> | _____ | White Fish |

GRAIN GROUP

- | <input checked="" type="checkbox"/> | Qty. | |
|-------------------------------------|-------|------------------------|
| <input type="checkbox"/> | _____ | Granola Cereal |
| <input type="checkbox"/> | _____ | Oatmeal |
| <input type="checkbox"/> | _____ | Wheat Bread |
| <input type="checkbox"/> | _____ | Whole Wheat Pita Bread |
| <input type="checkbox"/> | _____ | Rye Bread |
| <input type="checkbox"/> | _____ | Wild Brown Rice |
| <input type="checkbox"/> | _____ | Sweet Potato |
| <input type="checkbox"/> | _____ | Bagel Chips |
| <input type="checkbox"/> | _____ | French bread |
| <input type="checkbox"/> | _____ | Gluten Free Waffles |
| <input type="checkbox"/> | _____ | Quinoa |
| <input type="checkbox"/> | _____ | Penne Pasta |

DAIRY PRODUCTS

- | <input checked="" type="checkbox"/> | Qty. | |
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| <input type="checkbox"/> | _____ | Skim milk/low fat milk |
| <input type="checkbox"/> | _____ | Low fat yogurt |
| <input type="checkbox"/> | _____ | Mozzarella cheese (low fat) |
| <input type="checkbox"/> | _____ | Low fat cheddar or colby cheese |
| <input type="checkbox"/> | _____ | Low fat cottage cheese |
| <input type="checkbox"/> | _____ | Butter or Smart Balance |
| <input type="checkbox"/> | _____ | Egg beaters/egg whites /eggs |
| <input type="checkbox"/> | _____ | Provolone cheese |

MISCELLANEOUS

- | <input checked="" type="checkbox"/> | Qty. | |
|-------------------------------------|-------|---------------------------------|
| <input type="checkbox"/> | _____ | Protein Bar (any flavor) |
| <input type="checkbox"/> | _____ | Hot cocoa |
| <input type="checkbox"/> | _____ | Balsamic dressing |
| <input type="checkbox"/> | _____ | Olives, black or green |
| <input type="checkbox"/> | _____ | Green Tea, herbal |
| <input type="checkbox"/> | _____ | Seltzer water, flavored |
| <input type="checkbox"/> | _____ | Low cal Mayonaise |
| <input type="checkbox"/> | _____ | Sparkling water (fruit flavors) |
| <input type="checkbox"/> | _____ | Low Cal Italian dressing |
| <input type="checkbox"/> | _____ | Organic Ketchup |