

BLUEPRINT 360 · BOOK EDITION

BUILT TO LAST

Strength, balance and independence after 50



MATT ARNOLD · COACHING SINCE 2009

BUILT TO LAST.

Strength, balance and protein for adults 50 and up

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MEDICAL DISCLAIMER

Educational, not medical advice. Talk to your doctor.

This book is for education. It isn't medical advice, and it doesn't replace care from your doctor, physical therapist or other clinician. Talk to your doctor before you start a new exercise or nutrition plan, especially if you have a health condition, take medication, or have fallen in the past year. If something in this book doesn't fit your situation, your clinician's advice comes first.

Stop exercising and get help if you have any of the warning signs on pages 17 and 18.

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FROM MATT

A note before you start

I've been coaching since 2009. In that time I've learned that most people over 50 don't need a harder workout. They need a plan they'll actually do, and someone to tell them it's not too late. It isn't.

I wrote this book for everyone I've coached along the way, every person I've had the chance to work with. People who want to carry their own groceries, get down on the floor with the grandkids and get back up without a negotiation, and take the stairs without thinking about it. Not to look like anyone on Instagram. Just to keep doing the stuff they love, for a long time.

So this book is simple on purpose. Two short strength days, walks that build a little each week, a few minutes of balance and enough protein. No gym required. If you've got a chair, a counter and a couple of grocery bags, you've got a home gym. Congratulations.

A few things I'd ask of you.

Talk to your doctor first. I mean it. Read the safety pages before you lift anything, and take the book with you to your next appointment if you want.

Write down where you start. You'll forget, and in eight weeks you'll want to see how far you've come.

And go easy on yourself. Some weeks will go sideways. That's not failing, that's life. Do the small version and keep showing up. Boring and consistent wins.

If something in here doesn't make sense, or you're not sure it fits you, send me a message on Instagram @matthew.arnold.fitness.

let's get after it.

Matt

THE SHORT VERSION

If you only read one page

Seven things that matter most. The rest of the book is how.

- 1 Talk to your doctor first, and know the stop signs.**
Chest pain, fainting or sudden trouble breathing means stop and call 911. Pages 16 to 18.
- 2 Write down where you start.**
Five checks at home, about 15 minutes. Redo them at week 4 and week 8. Page 19.
- 3 Lift twice a week.**
Full body, two sets, and stop with 3 or 4 reps left in the tank. Pages 26 to 29.
- 4 Walk at a talking pace, and build to 150 minutes a week.**
You can talk, but not sing. Ten-minute walks count. Page 32.
- 5 Practice balance a few minutes a day, next to something you can grab.**
Pair it with brushing your teeth or waiting for the coffee. Page 31.
- 6 Eat about 30 grams of protein a meal, and sleep 7 or more hours.**
That's 0.5 to 0.7 g per pound a day. Kidney disease, or a protein limit from your doctor? Follow your doctor's number. Page 33.
- 7 Go, adjust or stop, and keep showing up.**
If it's back to normal by the next morning, you did the right amount. On a bad week, do less, but do something. Pages 24 and 37.

START HERE · TODAY

Start here

Five small steps. Do them today and you've started.

1 · 3 min	Read the safety pages. Pages 16 to 18. If anything there sounds like you, call your doctor before you go on.
2 · 2 min	Do the chair-stand check. Page 20. Write the time on your scorecard, page 22.
3 · 2 min	Put this week on your calendar. Two strength sessions and two walks, with real times. Page 25.
4 · 2 min	Plan tomorrow's breakfast. About 30 grams of protein. Ideas on page 33.
5 · 1 min	Pick a bedtime. One that gives you 7 or more hours of sleep.

What you'll need

- a sturdy armless chair, pushed against a wall
- a kitchen counter or a sturdy table
- two grocery bags you can fill
- a timer (your phone works)
- comfortable shoes

No gym needed. Every exercise has a home version, and a gym version if you have one.

NEXT Then follow your first week, one day at a time. Page 9.

START HERE · YOUR FIRST WEEK

Your first week

One simple plan, starting Monday. Keep everything easy. The goal this week is to show up, not to be sore.

DAY	DO THIS	MINUTES
Weekend before	Read the safety pages (16 to 18). Do the five checks and fill in your scorecard (page 22). Put this week on your calendar.	about 30
Monday	Strength A (page 26). Two sets, stop with 3 or 4 reps left. Then 5 minutes of mobility and balance.	35–40
Tuesday	Walk 20 to 25 minutes at a talking pace. Then 5 minutes of balance.	25–30
Wednesday	Mobility and balance , 15 minutes (pages 30 and 31).	15
Thursday	Strength B (page 27). Same effort as Monday. Then 5 minutes of mobility and balance.	35–40
Friday	Walk 25 to 30 minutes at a talking pace. Then 5 minutes of balance.	30–35
Saturday	Optional walk , any length. 5 minutes of balance.	5 or more
Sunday	Rest. 5 minutes of mobility. Look back at your week and write down how it went.	5

Every day

- About 30 grams of protein at each meal, or 0.5 to 0.7 g per pound a day (page 33). Kidney disease or a protein limit? Your doctor's number comes first.
- 7 or more hours of sleep.
- Balance always next to a counter or wall.

Osteoporosis, a past spine fracture or a new hip? Read page 30 before Monday. Chest pain, dizziness or unusual breathlessness: stop, and see page 17. Week 2 is the same plan again. Then turn to page 36.

IF YOU'RE A CLINICIAN

A note for clinicians

A coach's practical plan, built to match the evidence. Not a clinical protocol.

Who it's for. Independent adults 50 and up who can stand from a chair without using their arms and have no red flags on pages 17 to 18. Patients who need their arms to stand, are just out of hospital, or have a recent fracture should start with physical therapy, not this book.

What it prescribes. Full-body strength twice a week (two sets, stopping with 3 or 4 reps left), walking that builds to 150 minutes a week, daily balance near support, and about 30 g of protein per meal. That's a conservative start inside current guidance: muscle-strengthening on 2 or more days and 150 to 300 minutes of moderate activity a week, with balance training for older adults.^{1,2} In healthy adults, strength gains are larger with at least two sessions a week and 2 to 3 sets per exercise.³

Protein. 0.5 to 0.7 g per pound (about 1.1 to 1.5 g/kg) a day: at or a little above PROT-AGE and ESPEN's 1.0 to 1.2 g/kg for healthy older adults, and within their 1.2 to 1.5 g/kg for active or ill older adults.^{4,5} Kidney disease: KDOQI sets lower targets for CKD 3–5 not on dialysis and higher ones on dialysis, so the book defers to yours.⁶

Every number in this book is sourced on pages 43 and 44. Screens, the pain rule and precautions are on the next page.

FOR CLINICIANS, CONTINUED

Screens, pain and precautions

What it screens. Five home checks. Only the five-times chair stand has a published cutoff: over 15 seconds is low strength (probable sarcopenia) in EWGSOP2.⁷ It isn't a fall-risk score. For fall risk, use CDC STEADI (30-second chair stand with age and sex norms, 4-stage balance, Timed Up and Go).⁸ Population norms (45,470 adults, 14 European countries) put the median at about 9 to 10 seconds in the 50s and about 15 seconds by the late 80s and 90s, so the cutoff flags about half of the oldest patients.⁹ The push-up, carry, one-leg and mile checks are personal tracking measures, not validated screens.

Pain rule. Adapted from the pain-monitoring model (Thomeé 1997, patellofemoral pain; tested in a randomized trial in Achilles tendinopathy, Silbernagel 2007): up to 5/10 during exercise is acceptable if it settles by the next morning and isn't rising week to week.^{10,11} This book sets a stricter ceiling (stop at 5) because readers train unsupervised. Both use the same next-morning check. Applying the model to osteoarthritis and general training is extrapolation.

Precautions. Spine fracture: physical therapy first, and a neutral-spine hinge only once cleared.¹² Hip precautions are approach- and surgeon-specific, and the evidence for routine precautions is low quality.¹³ Pages 16 to 18 cover red flags, medicines and when to call you.

Medicine notes, warning signs and hip precautions are general safety guidance; adjust them for your patient.

PART 1

Why it matters



Strength after 50 isn't really about the gym. It's carrying the groceries in one trip, taking the stairs without thinking about it, and getting up off the floor after playing with the grandkids. This part explains what you're protecting, and why eight weeks of short sessions is worth it.

You're not training for a number. You're training for the stuff you want to keep doing.

COACH MATT ARNOLD

PART 1 · WHY IT MATTERS

Think of it like a bank account

Not maintaining what you have. Building what you'll need.

When the account is full, ordinary things feel ordinary. Stairs. Carrying the groceries in one trip. Getting up off the floor with the grandkids. A long travel day.

When it runs low, those same things start to feel like work. Nothing in your life got harder. There's just less in the account. Most people don't notice until a trip, a fall or a flight of stairs tells them.

You can add to it at any age. Strength training improves physical function in older adults,¹⁴ and it builds strength and muscle even in people 75 and older.¹⁵ There are three parts to the account:

Strength	Lifting things, 2 or more days a week. Aging tends to take muscle and strength unless you give them a reason to stay. Lifting is that reason. ¹⁶
Heart and lungs	Mostly easy cardio you can talk through. This is what gets you up hills and through long, busy days.
Balance	A few minutes a day, plus walking. Falls are the leading cause of injury death for adults 65 and older. ¹⁷ In older adults living at home, exercise lowers the rate of falls by about 23%. ¹⁸

NEXT The four habits that fill the account, on page 14.

PART 1 · WHY IT MATTERS

The four habits

If you do nothing else, do these. The rest of this book is how.

2×

strength a week^{1,3}

full body, 30 to 35 minutes

150

minutes of cardio a week^{1,2}

work up to it, mostly at a talking pace

30 g

protein per meal^{4,19}

about that, three or four times a day

7+

hours of sleep²⁰

7 to 8 is the sweet spot after 65

One question to ask yourself: if tomorrow asked a third more of you than usual, a long travel day, a walking tour with the family, helping a friend move, would you have it?

If you're not sure, that's what this book is for. You've got more control over the next twenty years than most people think.

Do this week

☐ Pick which of the four habits is weakest for you right now. That's your first target.

NEXT Before you test anything, three short safety pages. Page 16.

PART 2

Where you stand



Before you change anything, find out where you are. Three short safety pages, then five checks that take about 15 minutes with a chair, a counter and two grocery bags. The numbers aren't a grade. They're a starting line you get to beat at week 8.

If you never write down where you started, you can't tell that you're getting better.

COACH MATT ARNOLD

PART 2 · WHERE YOU STAND

Read this first

This is coaching, not medical advice. Your doctor comes first.

Talk to your doctor before you start, especially if you:

- have heart, lung or kidney disease, a stent, or a recent heart problem
- have high blood pressure or diabetes
- have osteoporosis or a past spine fracture
- have a joint replacement or a recent surgery
- have fallen in the past year

Bring this book along and ask what's safe for you.

Ask about your medicines too

- Blood pressure pills can make you dizzy when you stand up.²¹
- Insulin and some diabetes pills can drop your blood sugar during or after exercise.²²
- Beta blockers keep your heart rate low. Go by the talk test: you can talk, but not sing.²³
Don't go by a heart-rate number.
- Blood thinners make any fall or bump to the head more serious.²⁴
- Sleeping pills, anxiety pills and some antidepressants can affect balance. Ask whether any of yours do.²⁴

This list is broader than standard exercise screening guidance²⁵ on purpose. When in doubt, ask.

PART 2 · WHERE YOU STAND

When to stop

Read this before your first workout. Then you'll know.

Call 911 for

- chest pain, pressure or tightness
- sudden trouble breathing
- fainting
- stroke signs: sudden loss of balance, trouble seeing, a drooping face, weakness or numbness on one side, or slurred speech²⁶
- the worst headache of your life
- a fall where you hit your head, can't get up, or can't put weight on your leg

Stop right away

If you feel chest discomfort, dizziness, a racing or skipping heartbeat, or you're much more out of breath than you should be, stop and sit down. If it doesn't settle in a few minutes, call 911. If it settles, call your doctor before your next workout.

PART 2 · WHERE YOU STAND

See your doctor soon

Not an emergency. Still worth a call this week.

- new shortness of breath with things that used to be easy
- joint pain, or a joint that's swollen, red or warm, still there after three days
- pain that wakes you up at night or is there even when you rest
- dizziness or balance changes that don't go away
- a resting heart rate that's suddenly high or irregular
- weight loss you can't explain
- back pain with numbness down a leg. Go to the ER if you also have trouble controlling your bladder or bowels, or numbness between your legs.
- one calf that's swollen, warm or sore. Call the same day.
- any fall, even if you weren't hurt

More than one in four adults 65 and older falls each year, and fewer than half tell their doctor.²⁴ Tell yours.

NEXT All clear? Now find out where you stand. Page 19.

PART 2 · WHERE YOU STAND

The five checks

About 15 minutes at home. Do them before you change anything, then again at week 4 and week 8.

1 · Legs**Chair stands**

How fast you can stand up five times.

2 · Balance**One-leg stand**

How long you can stay steady, up to 30 seconds.

3 · Upper body**Counter push-ups**

How many good reps, up to 20.

4 · Grip and trunk**Carry**

How long you can walk tall with two bags, up to 60 seconds.

5 · Heart and lungs**Mile walk**

How long a brisk mile takes.

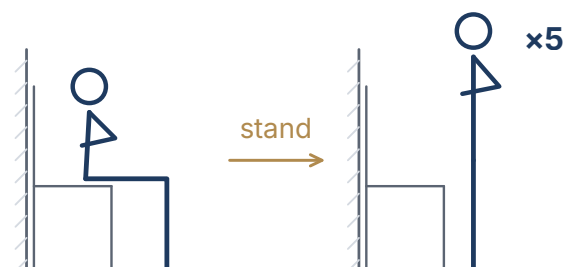
Set up safely

- Wear shoes. Put the chair against a wall so it can't slide, and keep a counter close.
- If you've fallen in the past year or feel unsteady, have someone with you.
- Stop any check if you feel chest pain, dizziness or unusual shortness of breath. Skip anything that causes sharp pain.
- You're measuring, not competing. The point is the gap between today and week 8.

PART 2 · THE CHECKS

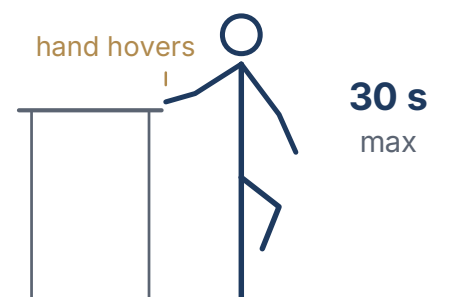
Checks 1 and 2

1 · Chair stands



Sit in the middle of the chair, feet flat, arms crossed on your chest. Stand all the way up and sit all the way down, five times, as fast as you safely can. Time it. If you need your arms to stand, write that down instead and ask your doctor about physical therapy before you start this plan.

2 · One-leg stand

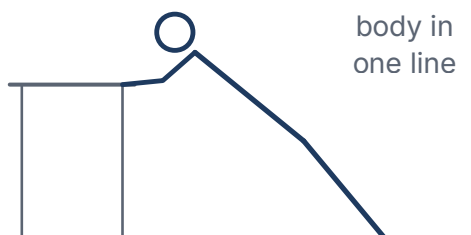


Stand next to a counter, one hand hovering just over it. Lift one foot and stay steady, eyes open. Stop at 30 seconds, or the moment you step, reach or grab. That's your time. Best of two tries; record your weaker side.

PART 2 · THE CHECKS

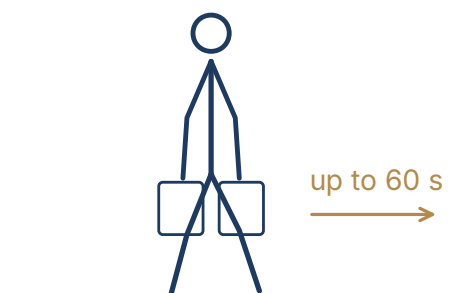
Checks 3, 4 and 5

3 · Counter push-ups



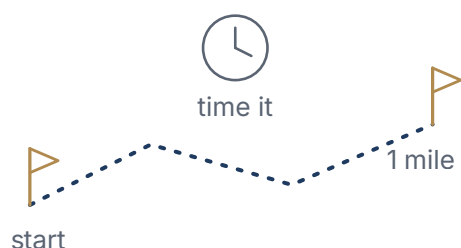
Hands on the edge of a kitchen counter, a little wider than your shoulders. Walk your feet back until your body is in one straight line. Lower your chest to the counter and push back up. Count good reps, up to 20. Use the same counter every time. Shoes on, on a floor that doesn't slide. If your feet slip, step closer.

4 · Carry



A weight in each hand you can hold while standing tall, like two full grocery bags. Walk and keep breathing. How many seconds, up to 60? Use the same bags next time.

5 · Mile walk



On flat ground, phone in your pocket, walk a measured mile at a brisk pace you can keep the whole way and still say a few words. Time it. If a mile is more than you can do today, write "not yet" and come back to it.

PART 2 · PRINTABLE

Your scorecard

Write the date and today's numbers. Same chair, counter and bags every time.

CHECK	UNIT	TODAY	WEEK 4	WEEK 8
Date				
1 · Chair stands	seconds for 5			
2 · One-leg stand	seconds (max 30)			
3 · Counter push-ups	reps (max 20)			
4 · Carry	seconds (max 60)			
5 · Mile walk	minutes			

What the numbers tell you

- **Chair stands over 15 seconds** (or you need your arms): leg strength is your first job. In the European guideline for muscle loss, over 15 seconds counts as low leg strength.⁷ It's a strength check, not a fall-risk test.
- **Short of 30 seconds on one leg:** do the balance work on page 31 every day, always next to support.
- **Everything else:** these are your numbers, not a test against anyone. Better at week 8 is the goal.

NEXT Now you know where you stand. Part 3 is what to do about it. Page 24.

PART 3

What to do



Two strength days, walks that build week by week, a few minutes of balance and protein at each meal. Nothing fancy. Every move has a home version, a gym version and an easier option, so the plan fits the body and the kitchen you actually have.

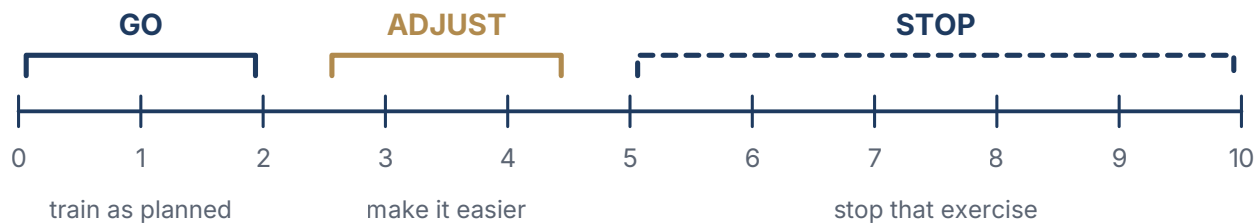
Boring and consistent beats fancy and occasional. Every time.

COACH MATT ARNOLD

PART 3 · WHAT TO DO

Is this pain okay?

Go, adjust or stop. Decide during the warm-up and the first set.



Rate how it feels from 0 (nothing) to 10 (the worst you can imagine).

Go · 0 to 2	Mild discomfort that stays the same or eases as you warm up. Train as planned. Most days should look like this.
Adjust · 3 to 4	Pain of 3 or 4, stiffness that changes how you move, pain that's worse the next morning, or pain that's creeping up week to week. Make it easier: lighter, slower, smaller range, or half the sets. Keep moving.
Stop · 5+	Pain of 5 or more, sharp, new or nerve-type pain (numbness, tingling, shooting), or pain that builds as you go. Stop that exercise. If numbness or tingling spreads or doesn't go away, call your doctor.

For familiar joint, tendon or muscle aches only. Chest, jaw or arm pain with effort is never okay: stop and see page 17.

The next-morning rule

If it's back to normal by the next morning, you did the right amount. That rule is adapted from a pain-monitoring approach used in knee and tendon rehab.^{10,11} Normal muscle soreness peaks a day or two after a workout and fades over the next few days.²⁷ If pain in a joint or one spot is still there three days later, get it looked at.

PART 3 · WHAT TO DO

Your week

Weeks 1 and 2. Build the habit and learn the moves. Finish every session feeling better than you started.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Strength	A · 30–35			B · 30–35			
Walk		20–25			25–30	optional	
Mobility + balance	5	5	15	5	5	5	5

plan the week

Minutes per session. Strength A and B are on pages 26 and 27; mobility and balance on pages 30 and 31.

How hard?

Two sets of every lift, using the reps listed, with a weight that feels easy and smooth. Stop with 3 or 4 reps left in the tank. Breathe out as you lift, and don't hold your breath. Walks are at a talking pace: you can talk, but not sing.²³

If a session leaves you wrecked, it was too much. Cut it back next time, but keep the appointment.

Do this week

- ☐ Put every session on your calendar, with a real time, before Monday.

PART 3 · WHAT TO DO

Strength A

Full body. Warm up first: two easy minutes of marching or walking, then a few slow reps of the first move with no weight.

2 × 8	Sit-to-stand Home: from a chair against the wall, arms crossed. Too hard? Push off your thighs. Gym: goblet squat to a bench or leg press.	rest 90 s
2 × 10	Row Home: one-arm row with a full water jug, other hand on a table, back long. Gym: seated cable row. Osteoporosis? Use the wall press-back (page 27) instead.	rest 60 s
2 × 10	Push Home: wall or counter push-up. Gym: incline dumbbell or machine press.	rest 60 s
2 × 10 each	Standing hip extension Home: hands on the counter, squeeze one leg straight back. Gym: hip extension machine.	rest 60 s
2 × 8 each	Seated march Home: sit tall at the front of the chair, lift one knee at a time, slowly. Gym: same, or a cable press-out.	
2 × 10	Wall slide Forearms on the wall, slide up and down slowly.	

Reps listed are per set. "Each" means each side. Osteoporosis, a spine fracture or a hip replacement? Read page 30 first.

PART 3 · WHAT TO DO

Strength B

Full body, different angles. Same warm-up as Strength A.

2 × 8 each	Step-up Home: bottom stair, one hand on the rail. Gym: low box, or leg press.	rest 60 s
2 × 5 holds	Wall press-back Home: back to the wall, elbows bent at your sides, press them back into the wall and hold 10 seconds each time. Gym: lat pulldown, 2 × 10.	rest 60 s
2 × 10	Overhead press Home: seated, two water bottles or light dumbbells. Gym: seated machine press.	rest 60 s
2 × 10	Hip hinge Home: wall hinge, then lift a light bag from the chair seat, never the floor. Gym: light dumbbell Romanian deadlift.	rest 90 s
2 × 30 s each	Suitcase carry One bag, one side, walk tall. Switch sides.	
2 × 6	Seated cat-cow Hands on knees, slowly round and arch your upper back.	

On every hinge: hips back, back stays flat, knees soft. Osteoporosis, a past spine fracture or a hip replacement? Read page 30 first.

PART 3 · THE MOVES, IN PICTURES

Strength A, in pictures

What good looks like. Your version can be easier, and that counts.



Sit-to-stand

2 × 8 · REST 90 S

- Feet flat and about hip-width apart, weight through your whole foot.
- Lean forward a little, then stand all the way up.
- Sit back down slowly. Don't drop into the chair.
- Too hard? Push off your thighs, or use a higher chair.

Shown as a squat in front of a sofa. Start from a sturdy chair pushed against the wall, arms crossed.



Push

2 × 10 · REST 60 S

- Hands a little wider than your shoulders.
- Body in one straight line from head to heels.
- Lower your chest toward the edge, then push back up. Breathe out as you push.

Shown on a low, solid table. Start higher, at a wall or kitchen counter, and work your way down over the weeks.

For the row and hip extension, follow the descriptions on page 26.

PART 3 · THE MOVES, IN PICTURES

Strength B, in pictures



Step-up

2 × 8 EACH · REST 60 S

- Whole foot on the step.
- Press through that heel and stand tall at the top.
- Step down slowly, same leg leading each time, then switch.

Shown on a low box. At home, use the bottom stair with one hand on the rail.



Overhead press

2 × 10 · REST 60 S

- Sit tall, feet flat, ribs down.
- Press straight up, then lower slowly to shoulder height.
- Start light: two water bottles are plenty.

Shown at the start position, weights at shoulder height. These dumbbells are heavier than you need to begin.



Carry

2 × 30 S EACH

- Stand tall, shoulders down, eyes ahead.
- Walk with short, steady steps and keep breathing.
- In Strength B, carry one weight on one side, then switch.

Shown with a weight in each hand, like the carry check on page 21.

PART 3 · WHAT TO DO

Moving safely with osteoporosis or a new hip

Plus five minutes of mobility for every morning.

Osteoporosis? Strength and balance training are still recommended.¹² Keep your back flat on every hinge and lift, do your rows upright (the wall press-back on page 27), and skip the rounded part of cat-cow, sit-ups, toe touches and any twisting with a load. **Had a spine fracture?** See a physical therapist before you start. Begin the hip hinge only once they've cleared you.

Had a hip replacement? Follow the precautions your surgeon gave you. They depend on how the surgery was done, and many people have few or none after the first weeks.¹³ Common ones are no deep hip bending, no crossing your legs and no turning the toe in. After some front-approach surgeries, avoid swinging the leg far back with the toes out. Until you're cleared, use a higher chair for sit-to-stands, keep hip extension and hip circles small, and ask before step-ups.

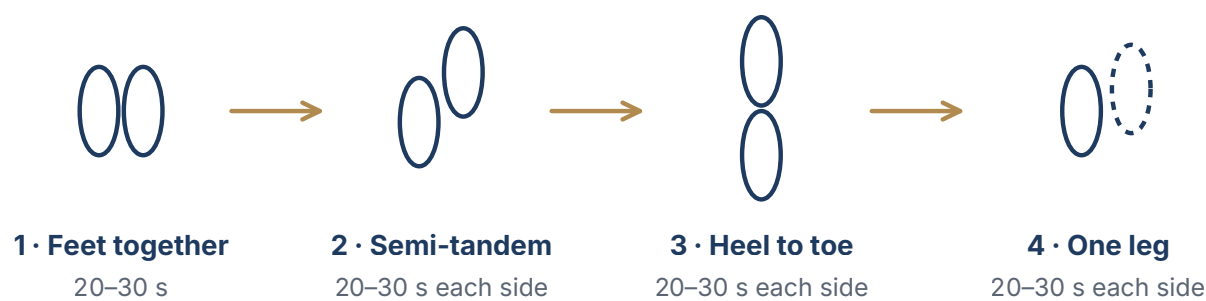
Five minutes a day

Seated cat-cow	8 slow rounds, hands on knees Wakes up the spine. Flat-back version if you have osteoporosis.
Hip circles	5 each way, hand on a counter Gets back the hip motion sitting takes away.
Arm reaches	5 each side, standing tall Reach up and slightly back. Keeps the shoulders reaching.
Ankle rocks	10 each side, hands on a wall Stiff ankles make balance and squatting harder.
Wall slides	10 slow reps Same as in Strength A.

PART 3 · WHAT TO DO

Balance

A few minutes a day, always next to something you can grab.



Fingertips near a counter or wall, eyes open. Move on when it feels easy.

Start at step 1. Hold each position 20 to 30 seconds, fingertips near a counter or wall, eyes open. Spend a week or two at each step before you move on. When step 4 is easy, add slow head turns.

Balance work is one of the best-studied ways to lower falls in older adults, especially combined with strength.^{18,28}

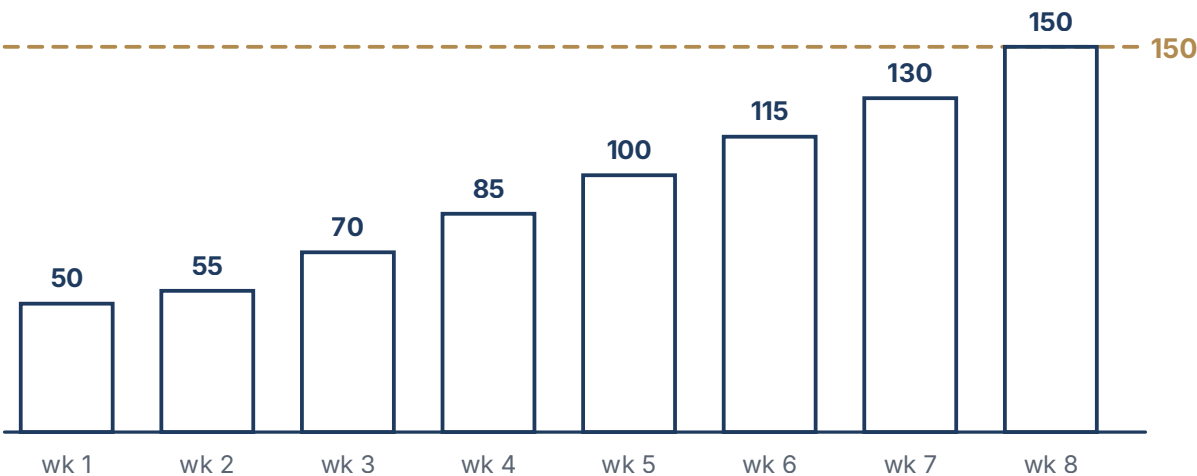
Do this week

- ☐ Pair it with something you already do every day, like waiting for the coffee or brushing your teeth.

PART 3 · WHAT TO DO

Walking up to 150 minutes

The guideline is 150 minutes a week of moderate activity.¹ You don't start there. You build to it.



Total walking minutes per week, at a talking pace. From week 3, about 15 more each week.

Weeks 1 and 2 are two walks plus an optional third. From week 3, add a walk or add a few minutes to each one. Ten-minute walks count. A walk after dinner counts.

If a week goes sideways, repeat it. The chart is a direction, not a deadline.

REAL LIFE

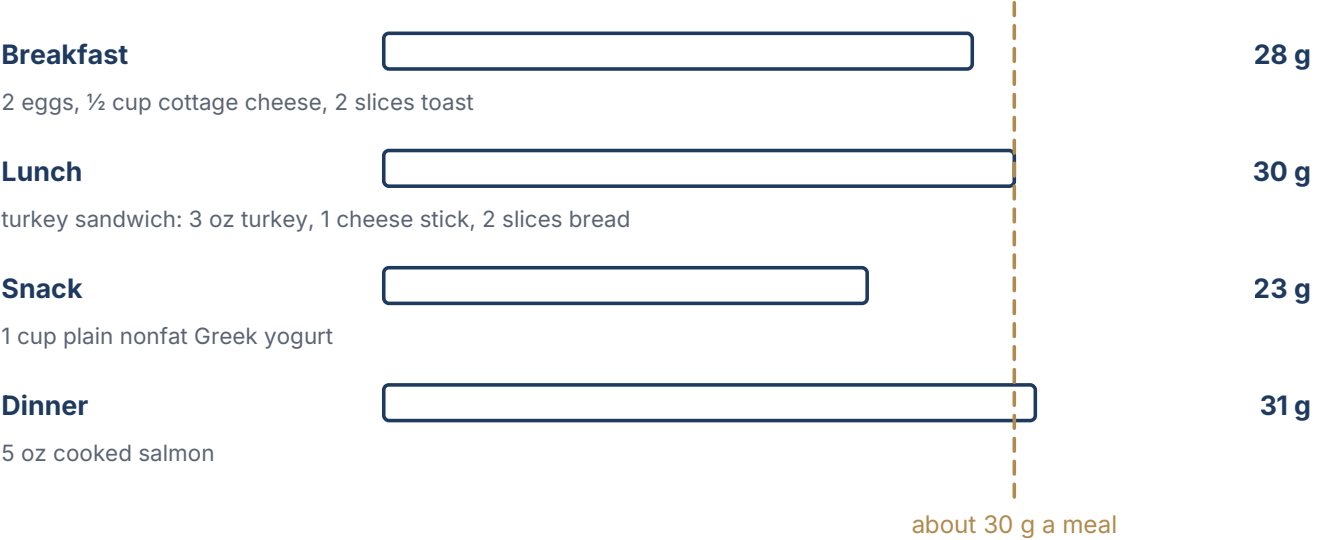
Rainy or icy week? Walk laps inside the grocery store or the mall before you shop. Same minutes, same credit.

PART 3 · WHAT TO DO

Protein: about 30 grams a meal

If you change one thing about how you eat, change this.

As we get older, most people need a bit more protein at a meal to get the same muscle benefit.¹⁹ Aim for **0.5 to 0.7 g per pound of bodyweight a day**, spread over three meals and a snack.^{4,5} For a 160-pound adult that's about 100 grams, or 30 at each meal.



One sample day, about 110 g. Numbers from USDA FoodData Central for the amounts shown.²⁹

More isn't always better. In studies of healthy adults, going past about 0.7 g per pound didn't add more muscle from training.³⁰

If you have kidney disease, diabetes that has affected your kidneys, or your doctor has set a protein limit, follow your doctor's number, not this one. Ask before you raise your protein.⁶

PART 3 · WHAT TO DO

Where the protein is

Grams of protein for a normal serving.²⁹

FOOD	SERVING	PROTEIN
Chicken breast, roasted	4 oz cooked	35 g
Salmon, cooked	5 oz	31 g
Lean ground beef (90%), cooked	4 oz	30 g
Cottage cheese, 2%	1 cup	24 g
Greek yogurt, plain nonfat	1 cup	23 g
Whey protein powder	1 scoop (30 g)	23 g
Tuna, light, in water	4 oz drained	22 g
Deli turkey breast	3 oz	19 g
Lentils, cooked	1 cup	18 g
Eggs	2 large	13 g
Tofu, firm	½ cup	11 g
Milk, 1%	1 cup	8 g
String cheese	1 stick	7 g
Toast	2 slices	4 g

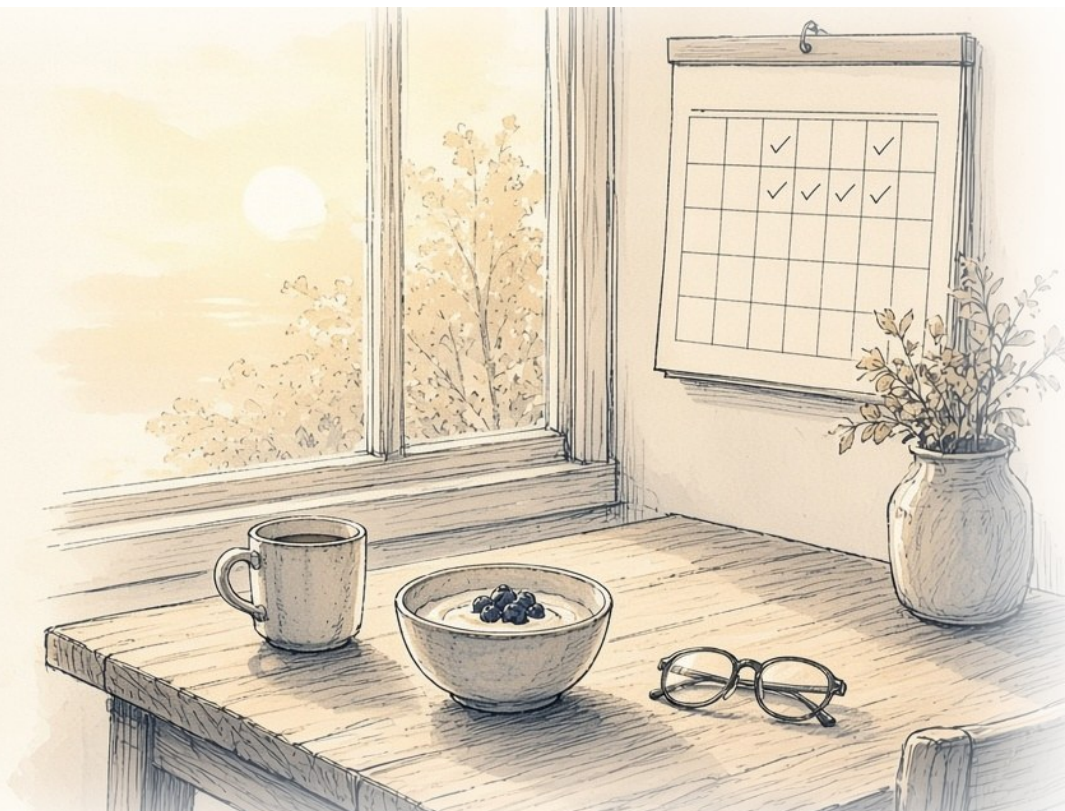
Do this week

- ☐ Fix breakfast first. Toast and coffee is about 4 grams. Two eggs and half a cup of cottage cheese gets you near 25.

NEXT That's the plan. Part 4 is how to keep it going. Page 36.

PART 4

How to keep going



The first two weeks run on motivation. Weeks 3 to 8 run on habits. This part covers how to add a little each block, what to do on a bad week, and where to write it all down so you can see the progress.

Bad weeks are part of the plan. Do less, but do something.

COACH MATT ARNOLD

PART 4 · HOW TO KEEP GOING

Weeks 3 to 8

Same two workouts. A little more each block.

Weeks 1–2	2 sets of the listed reps, light. Learn the moves. Stop with 3 or 4 reps left.
Weeks 3–4	2 sets of 10, same weights. Smoother and steadier than week 1.
Weeks 5–6	3 sets of 8, a little heavier where 10 felt easy. Stop with 2 or 3 reps left.
Weeks 7–8	3 sets of 10. Then redo your checks and fill in week 8 on page 22.

When to add weight

When the last set feels easy two sessions in a row, go up a little: a heavier jug, a fuller bag, a lower counter, or the next dumbbell. Holds get longer instead of heavier.

When to back off

A rough week, a cold, a flare-up: drop back one block and build again. Nothing is lost by repeating a week.

REAL LIFE

Back from two weeks away? Do one week at the weeks 1–2 level, then pick up the block where you left off.

PART 4 · HOW TO KEEP GOING

Before every session

Three questions, 60 seconds.

- ☐ Did I sleep okay?
- ☐ Have I eaten in the last three hours?
- ☐ How do my joints feel today?

If two of the three answers are bad, don't skip. Do less. Cut the sets in half, slow down and pick the easier versions. Showing up at 60% beats not showing up.

The exception: if you have a fever, feel dizzy, or a joint is swollen, rest today and check pages 17 and 18.

End of every two weeks

- ☐ Did you get all four strength sessions in?
- ☐ Did you finish sessions feeling better than you started?
- ☐ Did soreness clear up within two or three days? If not, cut back a little next time.
- ☐ Are your walking minutes on track with page 32?

Pick the smallest version of the plan you can actually do this week. Do it. Next week, do it again. That's the whole trick.

PART 4 · PRINTABLE

Strength log, weeks 1 to 4

For each set, write the weight or version and the reps. Example: "jug, 10 / 10". Copy this page for weeks 5 to 8.

STRENGTH A

MOVE	WEEK 1	WEEK 2	WEEK 3	WEEK 4
Date				
Sit-to-stand				
Row				
Push				
Hip extension				
How it felt (0–10)				

STRENGTH B

MOVE	WEEK 1	WEEK 2	WEEK 3	WEEK 4
Date				
Step-up				
Wall press-back				
Overhead press				
Hip hinge				
Suitcase carry				
How it felt (0–10)				

When the last set feels easy two sessions in a row, go up a little (page 36).

PART 4 · PRINTABLE

Daily check-off

Protein, steps and sleep, four weeks. A check, a number, or leave it blank. Don't aim for perfect.

WEEK 1

	MON	TUE	WED	THU	FRI	SAT	SUN
Protein at 3 meals							
Steps							
7+ hours of sleep							

WEEK 2

	MON	TUE	WED	THU	FRI	SAT	SUN
Protein at 3 meals							
Steps							
7+ hours of sleep							

WEEK 3

	MON	TUE	WED	THU	FRI	SAT	SUN
Protein at 3 meals							
Steps							
7+ hours of sleep							

WEEK 4

	MON	TUE	WED	THU	FRI	SAT	SUN
Protein at 3 meals							
Steps							
7+ hours of sleep							

Protein: about 30 g at each meal, 0.5 to 0.7 g per pound a day (page 33). Kidney disease or a doctor's limit comes first. Steps: there's no target in this book. Write the number from your phone and try to beat your own week-one average. Your walking minutes on page 32 are still the main target.

AFTER WEEK EIGHT

What's next

You did the hard part. You started.

Eight weeks in, redo your checks and look at the gap. Then keep going: repeat weeks 5 to 8 with a little more weight, or add a third strength day.

Keep your scorecard and your logs. In a year, they're the best proof you have that this works for you.

You don't have to figure out the next twenty years on your own.

Questions? Send me a message on Instagram @matthew.arnold.fitness.

let's get after it.

— coach matthew arnold

Blueprint 360 Coaching · @matthew.arnold.fitness

THE BACK OF THE BOOK

Glossary

The few words this book uses that might be new.

Rep	One full movement: down and back up.
Set	A group of reps done back to back. "2 × 10" means two sets of 10.
Reps left in the tank	How many more good reps you could have done. Stopping with 3 or 4 left keeps it hard enough to work and easy enough to recover from.
Talk test	Moderate effort: you can talk, but not sing.
Hip hinge	Bending at the hips with a flat back and soft knees, like closing a car door with your backside.
Block	Two weeks of the plan. You add a little each block (page 36).
Mobility	Moving a joint through its comfortable range, slowly and with control.
Next-morning rule	If it's back to normal by the next morning, you did the right amount (page 24).
Sarcopenia	Age-related loss of muscle strength and mass. The chair-stand check is one simple screen for low leg strength.
Osteoporosis	Bones that have lost density and break more easily. Strength and balance training are still recommended, with the changes on page 30.

ABOUT THE AUTHOR

About Matt

Matt Arnold has been coaching since 2009. He's a Certified Health Coach and runs Blueprint 360 Coaching, where he works with adults 50 and up on strength, balance, walking and eating enough protein.

His approach is the one in this book. Start where you are. Keep it simple. Check with your doctor. Then do the small version of the plan, every week, for a long time.

He'd rather you finish a session feeling better than you started than chase a number. Most of the time, the numbers follow.

Get in touch

Questions? Send me a message on Instagram @matthew.arnold.fitness.



Coach Matt Arnold

References

Numbered in the order they first appear. All links and PubMed records checked October 25, 2026.

1. Piercy KL, et al. The Physical Activity Guidelines for Americans. *JAMA*. 2018;320(19):2020-2028. PMID 30418471.
2. Bull FC, et al. World Health Organization 2020 guidelines on physical activity and sedentary behaviour. *Br J Sports Med*. 2020;54(24):1451-1462. PMID 33239350.
3. Currier BS, et al. American College of Sports Medicine Position Stand. Resistance Training Prescription for Muscle Function, Hypertrophy, and Physical Performance in Healthy Adults: An Overview of Reviews. *Med Sci Sports Exerc*. 2026;58(4):851-872. PMID 41843416.
4. Bauer J, et al. Evidence-based recommendations for optimal dietary protein intake in older people: a position paper from the PROT-AGE Study Group. *J Am Med Dir Assoc*. 2013;14(8):542-59. PMID 23867520.
5. Deutz NE, et al. Protein intake and exercise for optimal muscle function with aging: recommendations from the ESPEN Expert Group. *Clin Nutr*. 2014;33(6):929-36. PMID 24814383.
6. Ikizler TA, et al. KDOQI Clinical Practice Guideline for Nutrition in CKD: 2020 Update. *Am J Kidney Dis*. 2020;76(3 Suppl 1):S1-S107. PMID 32829751.
7. Cruz-Jentoft AJ, et al. Sarcopenia: revised European consensus on definition and diagnosis. *Age Ageing*. 2019;48(1):16-31. PMID 30312372.
8. Centers for Disease Control and Prevention. STEADI: Older Adult Fall Prevention. <https://www.cdc.gov/steady/index.html>. Accessed October 25, 2026.
9. Grgic J, et al. Reference values for the five-times-sit-to-stand test: a pooled analysis including 45,470 participants from 14 countries. *Geroscience*. 2026;48(2):3059-3067. PMID 40875134.
10. Thomeé R. A comprehensive treatment approach for patellofemoral pain syndrome in young women. *Phys Ther*. 1997;77(12):1690-703. PMID 9413448.
11. Silbernagel KG, et al. Continued sports activity, using a pain-monitoring model, during rehabilitation in patients with Achilles tendinopathy: a randomized controlled study. *Am J Sports Med*. 2007;35(6):897-906. PMID 17307888.
12. Giangregorio LM, et al. Too Fit To Fracture: exercise recommendations for individuals with osteoporosis or osteoporotic vertebral fracture. *Osteoporos Int*. 2014;25(3):821-35. PMID 24281053.
13. Smith TO, et al. Assistive devices, hip precautions, environmental modifications and training to prevent dislocation and improve function after hip arthroplasty. *Cochrane Database Syst Rev*. 2016;7:CD010815. PMID 27374001.
14. Liu CJ, Latham NK. Progressive resistance strength training for improving physical function in older adults. *Cochrane Database Syst Rev*. 2009;(3):CD002759. PMID 19588334.
15. Grgic J, et al. Effects of Resistance Training on Muscle Size and Strength in Very Elderly Adults: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Sports Med*. 2020;50(11):1983-1999. PMID 32740889.
16. Fragala MS, et al. Resistance Training for Older Adults: Position Statement From the National Strength and Conditioning Association. *J Strength Cond Res*. 2019;33(8):2019-2052. PMID 31343601.

17. Centers for Disease Control and Prevention. About older adult fall prevention. Updated September 4, 2026 (reviewed September 8, 2026). <https://www.cdc.gov/falls/about/index.html>. Accessed October 25, 2026.
18. Sherrington C, et al. Exercise for preventing falls in older people living in the community. *Cochrane Database Syst Rev*. 2019;1:CD012424. PMID 30703272.
19. Moore DR, et al. Protein ingestion to stimulate myofibrillar protein synthesis requires greater relative protein intakes in healthy older versus younger men. *J Gerontol A Biol Sci Med Sci*. 2015;70(1):57-62. PMID 25056502.
20. Hirshkowitz M, et al. National Sleep Foundation's sleep time duration recommendations: methodology and results summary. *Sleep Health*. 2015;1(1):40-43. PMID 29073412.
21. Montero-Odasso M, et al. World guidelines for falls prevention and management for older adults: a global initiative. *Age Ageing*. 2022;51(9):afac205. PMID 36178003.
22. American Diabetes Association Professional Practice Committee. 5. Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes: Standards of Care in Diabetes-2026. *Diabetes Care*. 2026;49(Suppl 1):S89-S131. PMID 41358898.
23. Centers for Disease Control and Prevention. How to measure physical activity intensity. Updated December 4, 2025. <https://www.cdc.gov/physical-activity-basics/measuring/index.html>. Accessed October 25, 2026.
24. Centers for Disease Control and Prevention. Facts about older adult falls. Updated September 4, 2026 (reviewed September 8, 2026). <https://www.cdc.gov/falls/data-research/facts-stats/index.html>. Accessed October 25, 2026.
25. Riebe D, et al. Updating ACSM's Recommendations for Exercise Preparticipation Health Screening. *Med Sci Sports Exerc*. 2015;47(11):2473-9. PMID 26473759.
26. Aroor S, Singh R, Goldstein LB. BE-FAST (Balance, Eyes, Face, Arm, Speech, Time): Reducing the Proportion of Strokes Missed Using the FAST Mnemonic. *Stroke*. 2017;48(2):479-481. PMID 28082668.
27. Cheung K, Hume P, Maxwell L. Delayed onset muscle soreness: treatment strategies and performance factors. *Sports Med*. 2003;33(2):145-64. PMID 12617692.
28. Nicholson WK, et al. Interventions to Prevent Falls in Community-Dwelling Older Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2024;332(1):51-57. PMID 38833246.
29. US Department of Agriculture, Agricultural Research Service. FoodData Central, SR Legacy (April 2018). <https://fdc.nal.usda.gov>. Accessed October 25, 2026.
30. Morton RW, et al. A systematic review, meta-analysis and meta-regression of the effect of protein supplementation on resistance training-induced gains in muscle mass and strength in healthy adults. *Br J Sports Med*. 2018;52(6):376-384. PMID 28698222.

The warning-sign lists (pages 17 and 18), the medicine cautions (page 16) and the hip-replacement precautions (page 30) are general safety guidance rather than findings from a single study. They vary by person and by surgeon. The beta-blocker note and the front-approach hip line are clinical consensus without a single verified citation. USDA protein values are rounded to the nearest gram for the servings shown.

Photo credits

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BUILT TO LAST

Strength after 50 isn't about the gym. It's carrying the groceries in one trip, taking the stairs without thinking about it, and getting up off the floor after time with the grandkids.

This book is for adults 50 and up who want to keep doing all of it, starting from wherever they are today. Short sessions, at home, no gym needed, and a doctor-first approach to safety.

INSIDE, YOU'LL LEARN

- 01** **Where you stand:** five simple checks you can do at home in about 15 minutes.
- 02** **What to do:** two short strength days, walking that builds week by week, daily balance and about 30 grams of protein a meal.
- 03** **How to keep going:** an eight-week plan, printable trackers, and what to do on a bad week.

ABOUT THE AUTHOR



Matt Arnold has been coaching since 2009. Through Blueprint 360 Coaching, he works with adults 50 and up who want to stay strong, steady and independent for the long haul.

Educational, not medical advice. Talk to your doctor before you start a new exercise or nutrition plan.