

[00:00:00] **Dr Mike T Nelson:** Hey, welcome back to the [Flex Diet Podcast](#). I'm your host, Dr. Mike T. Nelson, where we talk all about things to increase muscle performance, better body composition, and all without destroying your health in the process today in the program, we have all Gilbert and we're talking all about testosterone.

Testosterone replacement and even, general training nutrition. Th. All things related to testosterone on the program today. And we talked about making sure you're good with all the basic nutrition and training. And if you're looking for better nutrition and recovery information, check out the flex diet certification.

Go to [flexdiet.com](#). And you'll be able to get on the wait list for the next time that it opens. So go to flex diet.com and in it, I discuss eight different interventions to help you with nutrition and recovery. Everything from sleep to neat, to the macronutrients, protein fats, carbohydrates, fasting, and much more.

So go to flex diet.com, flexdiet.com. And enjoy this podcast here with Ali Gilbert, all about testosterone. Make sure to check out all of her information at the links below. . And then as a side note, our buddy, uh, Luke shows up here a lot. You can check him out at, uh, Luke Lehman from muscle nerds. So shout out to him for all the help over the years.

If you're in Australia, definitely check out his facility there too. So enjoy this podcast with Al Gilbert.

[00:02:10] **Dr Mike T Nelson:** Welcome back to the Flex Diet Podcast. I'm here now with Ali Gilbert. How are you doing?

[00:02:15] **Ali Gilbert:** I am doing great. Thank you for having me.

[00:02:18] **Dr Mike T Nelson:** Yeah. And you were just recently at the perform better seminar, correct?

[00:02:22] **Ali Gilbert:** Yeah, the last one of this summer in Providence. So they normally do four per year and this was the first year back in two years we were doing, oh my God, we were all doing virtual presentations in like our living rooms. And it was awful.

[00:02:38] **Dr Mike T Nelson:** Did you like that? I so did not like that at all.

[00:02:41] **Ali Gilbert:** I hated it.oh my God. Cuz I work off the audience a lot and I like to be able to like, go through the aisle and gauge what their emotion is

and all of that. And especially like when you drop a joke and there's silence, you can't even see faces. That's the worst part you're like, yeah.

All right. I'll just laugh at myself.

[00:03:02] **Dr Mike T Nelson:** I know it's so weird. I'm used to it enough. Cause I've done enough lectures where I'm just me yammering into a camera, horrible chicken, scratch all over a slide, but it's not the same thing, especially for like shorter talks. And it's that's the only thing you're doing.

And you have 20 to 60 minutes, it's a brand new audience. And so you, without that live component, it's I, and you probably do something similar where I prepare almost like three different tracks sometimes for a live audience. And I know at what point I can go which direction based on the reaction and kind of what they want.

So you can, tailor it a little bit or add more backstory to certain things. Do you think they're interested in, but. When it's online, you have no idea. You're just like driving in the dark without headlights. You're like, ah, just go and see what happens. And then you find out months later, if it was good or bad.

[00:03:47] **Ali Gilbert:** yeah, I know that it's so weird. Cuz I have a lot of borderline I would say like offensive in an inappropriate way memes as my slides, cuz I don't really have a lot of text on them. So not being able to gauge like any type of emotion from those jokes is tough. Cuz that like you said, is the catalyst as to what direction I go as to whether they look like they're scared or they're laughing.

[00:04:09] **Dr Mike T Nelson:** Yeah. yeah. I remember one talk years ago. I won't say the organization, but it was like a weird cross between, it was primarily an academic E audience, but yet it was primarily lay people that was there. So it was billed as an academic conference, but it was, mostly just general population enthusiasts were there, which is great.

And I remember it just being the whole audience. I'm like watching the talks before mine and no one laughs like everyone was like stone cold, like super serious. And so then I started doing my talk and I remember halfway through, I literally made the decision. I'm like, I don't care if they remember anything from this talk or not.

But my new goal is to get these sons of bitches to laugh, at least once .

[00:04:53] **Ali Gilbert:** Yeah. Oh my God. And when, you can, it's a very powerful feeling.

[00:04:59] **Dr Mike T Nelson:** I, yeah, I finally got it at the end, so I was just like, so happy. I was like, yes, I did it.

[00:05:05] **Ali Gilbert:** I spoke at a medical conference in 2018 and I was like the only fitness professional there.

And I remember they put me last on Sunday. Of course so I'm watching all the talks and, medical conferences are extremely boring. No one leaves the podium like the podium is their anchor and they don't leave. And of course there's a lot of text because you have to put abstracts and stuff like that.

And I. I can't wait to get on that fucking stage, cuz I was the only one like pacing back and forth and dropping jokes and everything. And it was so much fun cuz you're like, people are just like, all right over this like eyes glaze over, stuff like that. So that's fun for me. Like I enjoy public speaking cuz I do interacting with the audience and everything and getting people to laugh.

I talk about like boners and stuff. That's sensitive. So if I can't get people to desensitize and diffuse that awkwardness, then I can't really do my job effectively in my mind. yeah.

[00:05:59] **Dr Mike T Nelson:** And the last step I've had is so for academic stuff, if I know the person organizing the conference, I'll do what.

Ideally, I want to put in my slide deck and then I'll probably pair it back about 30% and then I'll send it to 'em and be like, okay, how much of this can I actually get away with? Because you're the one that's gonna get all this shit for me. If I go over the line, so if you okay, it, then I'm cool.

Like we're good. By all means, if this is too much, then you know, usually gets paired back a little bit, which I understand because there are people in the audience who just get offended by stuff. And they're like, nah, it's not professional. It's dude, I had 50 references in a 20 minute talk.

What do you want?

[00:06:38] **Ali Gilbert:** I know, especially nowadays, there's definitely PowerPoints. I can't use again.

[00:06:43] **Dr Mike T Nelson:** no, I'm sure Perform Better was good though. Yeah,

[00:06:47] **Ali Gilbert:** I, I honestly have I feel like I grew up with that organization. That's where I made the most of my networking connections and everything. My seminar was back in 2004. So I just graduated from Springfield in 03 and I basically was put through like the NSCA system. And then I was like, oh, what is this seminar? And started attending them. And I'm. I wanna speak for them one day. And this was my, I think, fifth or sixth year. Awesome. And I met Charlie, my husband through perform better.

Yeah. A lot of my best friends, like our wedding was basically like a mini perform better conference. I think it's fantastic too, that like this year there was a lot of new coaches, which I oh, nice. Yeah. And it was weird too, cuz there's like people who'd never heard of us. And they're like, I don't know this person's work and all that, but I'm glad that people are getting out and attending because it is so important.

This too, to make the in person connections with people, not just online but those are the relationships that will carry you the rest of your professional career. So that it's not just sliding in the DMS. Like when you need something, it's Hey Mike, I met you at conference.

We sat and talked about whatever, like those personal connections are just so important. And I'm glad that coaches are realizing that because that is really what will get you to where they wanna be when people say it's about who, like it is to a degree because those are like your friendships and stuff.

[00:08:06] **Dr Mike T Nelson:** And even if people are fitness enthusiasts listening to this, if you go to a conference or you're a new trainer and new coach and meet some of the presenters or I've had people that I never talked to at the conference, but they're like, Hey, I saw you speak at this conference. I'm like, oh cool.

I will do whatever I can to help them, because I know that they've, spent their time, spent their money to show up and it's just a big shit test and they're serious about doing it. And I understand that, not everybody can do it and travel and everything else. But when you get a whole bunch of crazy messages, you don't know.

Who's serious and who is not, and you only have a limited amount of time. So you want to help the people that you know, are gonna have the biggest impact.

And at least for me, that's an easy way to, to sort 'em out. It's yeah, I went to this conference, I met you there, whatever it's oh, cool. I'll do whatever I can to help you.

Versus Bob who you've never met in your life is like how to tell me, lose fat, it's ah, yeah.

[00:08:58] **Ali Gilbert:** yes. Yeah. But you're so right too. It does have its self filtering system because that line is so blurred. I literally was telling someone this morning how In the early two thousands, you used to have to cold call people.

Like I would cold call presenters at NSCA conferences being like, hi, my name's Ali Gilbert. Can you please email me your slides? Cause I really enjoyed your lecture and you may get a like a call back. You may get an email or if you sent an email, you may get a response, but it was literally that, or like the message boards that we would pay for otherwise, there was no, like you couldn't just message somebody yeah.

On any thread anywhere like you couldn't get in contact with somebody like that's unheard of .

[00:09:41] **Dr Mike T Nelson:** Yeah. And now it's almost the inverse because I have to figure out a way of. Because I could spend literally my whole day just answering free questions, which a part of me still struggles with because I want to be helpful.

But at the same point, I also know that there's just not much leverage in that they're not paying, they don't have skin in the game. It's only gonna go back to that one person. Versus if I write an article or put out a podcast, same thing with you, you create a certification program, which we'll talk about.

I know that has a lot more leverage and can help the people who really want the help. And obviously, you run a business, so you have to make money. That's, you know how it works. But yeah, back in the day it was like, if someone replied back to you, I was like, oh that's amazing.

But you had no expectation that they ever would. Yeah. Where now it's almost there's an expectation of, I had people not recently, but in the past where they replied to themselves on a DM message, they sent you and they're mad that you, they didn't get, you didn't get back to 'em within a couple hours. And it's usually like the worst phrase question ever.

You've never met the person. You don't even know who they are. You can't even find them online. There's no work they've ever done. Yeah, that I kinda

[00:10:51] **Ali Gilbert:** or they have no profile photo or whatever, but apparently they've been

[00:10:54] **Dr Mike T Nelson:** watching.

[00:10:55] **Ali Gilbert:** Yeah. Oh, I've followed your work forever. I'm like, do you have a name?

[00:10:59] **Dr Mike T Nelson:** Yeah. Like you don't even know their names sometimes it's oh yeah. I know. Anyways, just on two old people bitching about fitness now

I don't wanna be that curmudgeon I know. I try not to be, but I feel every year it's getting more and more. And then I realize I have to limit myself and be like, okay, if you want something, you have to sign up to my newsletter and just ask me a question there.

The newsletter's free for crying out loud. Like you could literally subscribe, ask me a question and unsubscribe, like I don't check to see if you still subscribed or not. I just look to see where it came in from, but some people get mad about that. They're like, why don't wanna be on a newsletter?

I don't wanna answer your question then

[00:11:36] **Ali Gilbert:** I think that's more than fair, honestly. I think that's fair. Yeah. You're not like here's my Venmo link or whatever, which no professional should use that, but still

anyway. yeah. And what was your talk about?

It the title was the metabolic male and it basically encompasses like part the testosterone epidemic of low testosterone.

And then also, because I predominantly coach men, what my approach is to get guys as resilient and healthy as possible before they consider going on testosterone replacement, or if they do wanna go on it. And what that looks like, because it's. It's attached to such a social stigma or multiple stigmas actually that I don't want guys to feel awkward about it because it's so acceptable for women when they go on menopause oh, hormone replacement.

But once a guy gets there, it's steroids or cheating or stuff like that. So it's Hey, we can get a guy in the place physiologically where he feels good and he's in good health to what I personally would think is inevitable for most. And so it's a give and take of educating fitness pros as these are the conversations you can have with men regarding low testosterone.

This is what they're being told by most conventional medical models. And this is what you can do in the training so that you can help affect that because we know a lot of trainers are not going to, nor should they be reading lab work and directing traffic that way. I know that I personally blur the line with that, but what can they do Monday in the gym with their male clientele that can possibly change their life for the better?

So that's what I try to do.

[00:13:13] **Dr Mike T Nelson:** Awesome. And is testosterone in general and then going down. So I hear this a fair amount and I've only read a couple of the studies on it, to be honest. So I'm just curious what your thoughts are on

that.

[00:13:27] **Ali Gilbert:** It is what 1% per year? Pretty much so in, since they started this one study 1982, so 40% in the last 40 years, which is a lot.

And that also is represented by the fact that many of the main labs. So lab core quest BioReference, those are the most commercially known labs. They have lowered their reference ranges in testosterone, some of them twice, but most of them, at least once within the last couple decades as well, because guys are showing up with lower and lower levels.

So obviously that's also attached to, if your insurance based it, it's harder to obtain treatment another conversation for another day. The fact that guys are showing up at lower levels. Like our grandfathers would be considered like super physiological compared to what most adult men are showing up with now.

So it, it is its own pandemic in a sense.

[00:14:28] **Dr Mike T Nelson:** And what are some of the reasons for that from environmental lifestyle? I'm sure it's a combination of probably everything.

[00:14:36] **Ali Gilbert:** It is lifestyle, a big one, sedentary being sedentary having a lot of body fat, pretty much inflammation and insulin resistance, which are big drivers of poor health as you very well know.

But also combine that with being exposed to a lot of plastics and thalates and endocrine disrupting chemicals, which. We could rewind maybe 10, 15 years. If people used glass or stainless steel, we'd be like, oh my God, what a dork? , they're such like tree huggers or whatever. And now I'm like, oh man, this is like reality because they have shown what fake estrogens, which are way more powerful than real estrogen can do to somebody.

If you have water, that's in a plastic water bottle and you let it sit in the sun, or if you're using Tupperware and you heat it up in the microwave, that's plastic. So there's lots of rabbit holes. We can go down with that, but studies have shown that has contributed and it is a big part of it.

I wouldn't say it's the only part. I think a lot of people focus too much on that stuff and not enough on what really matters the most, which is the nutrition and the movement and training. So I think lack of movement, lack of nutrition in a sense, like we don't. Lack food, obviously in the United States, cuz we have an obesity epidemic as well, but I would say lack of proper nourishment in combination with weightlifting and training and all of that.

And guys also, this gets highly debated, but the masculinity movement and the movement to eradicate men in a sense does suppress testosterone levels from a, like a subconscious standpoint and guys are lost as to where their role is in society. They're used to being the leader, the provider, the alpha, and now that women have become more independent and entering the workforce and everything roles get switched and flipped and it's this, sea of like where do I belong and combine all of that together.

And then we've got lower and lower levels.

[00:16:44] **Dr Mike T Nelson:** So my little rule of thumb for most people is if you talk about Xeno, estrogens and plastics, it seems like all things in fitness, like it's a pendulum from one extreme to the next. I've gotten emails from people. This guy a couple years ago had low testosterone.

He was absolutely convinced that it was from the plastics and everything else, but yet he didn't eat anything in plastic. He just kept fruit in the fridge, in a plastic container. And then you do a dietary analysis. The guy barely ever ate

fruit either. , so oh, okay. Probably a little overreaction there, but yet, you look at some of the studies and there is like a legitimate thing.

And so my little rule of thumb is I'm curious on your thoughts. I wouldn't heat anything in plastic, but I'm not too worried about keeping something cool in a plastic container in the fridge. That's my sort of happy medium, two sentences on it.

[00:17:37] **Ali Gilbert:** Yeah, honestly, I'm with you. Like I, I used to actually put, the studies connecting every, almost every like endocrine disruptor.

In my slides. And I realized like, all right, Ali, this is a little overboard red number, 40 die, which is in pre-workouts and like Gatorade and stuff like that. Lavender oil, the BPA and the receipts, like I'd scare the shit outta people for reasons that were not warranted, all right.

This is not really a big rock I've learned. I'm not afraid to admit I was wrong in presenting all of this as this is why your T is low when it's actually really your, your lifestyle and stuff. But yeah, so I don't heat anything up in plastic anymore. Definitely used to. But I would say I use like a stainless steel water bottle.

I will store things in plastic. Yeah. Yeah. If I'm carrying around water all day, definitely in the Florida heat. But I'm with you, like I'll store things in plastic. We can't avoid it is the bottom line. Listen, when we're born, if you're in a hospital, you're put on a plastic tube, like it's just unavoidable.

So what can we do in the rest of our lives that can help combat our ability to not succumb to things that can bring us down? I don't think that plastics are going to ultimately just bring us down. I think there's other big rocks that we have to address, but yeah, I'm with you. I don't get overly anal about it.

If I cook something, I don't throw it in plastic right away. Cuz just subconsciously I'm like, no, that's bad. Yeah. but I mean I drink Gatorade zero, like stuff like that. I think I'm doing okay. I mean I'm. Totally what you would say normal, but I don't think any of us are normal.

[00:19:10] **Dr Mike T Nelson:** People are boring anyway. Yeah. We don't talk to many

on the show.

exactly. But I think there like we said, the rabbit holes, I mean eliminating EMFs and stuff like that. It's a lot of scary stuff. And one of the bigger studies I reference is from Dr. Shannon Swan, who she was, she's now more known because she was on Joe Rogan.

But in 2017 she did this landmark study that basically predicted men would be infertile by 2050, which is now right around the corner due to satellites and plastics and stuff like that. Which if you read her book called countdown, which talks about like the fertility crisis and all this exposure you're you would be like, oh my God I don't wanna leave my house but we don't need to live like that.

[00:19:53] **Ali Gilbert:** We just went through that for two years. Like we don't need that.

[00:19:57] **Dr Mike T Nelson:** Yeah. And I think, and she probably points us out if I remember correctly that. Exposure to certain things during pregnancy is very different compared to exposure as you're developing, compared to where, when you're an adult. So I think a lot of times people read, studies of, in AI things and you're like, oh, there's just certain development periods that is very sensitive.

But I think sometimes we over extrapolate that to, I'm a male 45 years old, and I read this study about, developing fetus exposed to bisphenol a and I'm like, oh my God, the world's ending. And it is you're not even the same population here. You're so far extrapolated out into another dimension.

totally.

And how the fact that women who are pregnant due to whatever exposure to certain thalates can affect the sperm count of their adult male child. And I think I mentioned that in one talk and then people were asking me precautions for pregnant women. I was like, Okay. Not my wheelhouse. I don't do, postpartum or pregnancy stuff.

I was like, I'm going to extract myself from that because I don't want more questions regarding all what can I do? Because I don't know the answer because that's not something I significantly spend a lot of time trying to know. I just know that this is what she mentioned in her book and in numerous podcasts and stuff.

But yeah, if you really wanna scare yourself, you absolutely can. There's the infos out there. Again, take it a, as you want again, address the big rocks,

nutrition and training or slash movement will always come first. Cuz we can control that. We have control over that. We can't control what we're exposed to unless you live in one room and don't wanna leave your house and you have that whole climate controlled and you have no mold, no air that is.

Bad or whatever. I'm sure people do that somewhere.

yeah. And I would argue that because the way physiology is wired, that becoming a bubble boy is just almost the worst thing. Because now if you ever go outside of your sterile bedroom, you've been living in your bomb's basement for seven years, the risk that you're gonna have, these massive stress reactions to things that your cells are just not prepared for as the other part, people don't think of either.

I think it was like trees that don't have any wind, don't even grow up straight. Anytime you start removing too much stress from the system. So look at aro, sarcopenia, sticking people in the space station on the moon, microgravity bedrest, the whole system just goes backwards, like super fast.

Yeah. I it's I respect people who have children who want to give them like organic food or whatever, but I think we've all grown up with somebody who never had junk food. That didn't really end well for them.

No, those are the people I usually have as clients later on that all they eat is junk food and they don't do exercise and they sleep four hours a night and they can't figure out why nothing's going well.

[00:22:54] **Ali Gilbert:** exactly it. It's not because you're touching too many CVS scarves slash receipts.

[00:23:00] **Dr Mike T Nelson:** yeah. So in terms of action and action, accurate and actionable regarding, we'll start with training, like what are some things in that area? Cause I, a hundred percent agree with you that you can spend your whole life worrying about EMFs and other exposure, you can limit it as best you can.

But I remember I did a seminar talk in New York city, God, 2019, maybe 2018. And we stayed right downtown, which was great. And then I well logged on to get the wireless code and. There must have been four full screens of wireless connections that I had to scroll all the way through to find the right connection.

And I'm like, if EMFs are really bad, all these people would be so baked by now, like them out. Yeah. And again, not saying that there's no effect, we also have to be realistic of, even Ben, down at Ben house's place in the jungle in Costa Rica, that there's wifi there on purpose because people have to go there, they have to work, they have to communicate, so it's hard to escape it where I think we sometimes forget like nutrition and training has a huge amount of control and we get to decide a lot of times what to do in those areas.

[00:24:13] **Ali Gilbert:** Big time. And there's a there's a lot of guys that try to biohack whatever that term means for people. I had a guy recently, like you can just tell by the supplements they take , all right. I know what you're doing. They're like the new

[00:24:27] **Dr Mike T Nelson:** trendy ones. I'm a little bit out of the loop.

[00:24:28] **Ali Gilbert:** So anything that has to do with N a D so if they're not doing the, and our NM, those, there was he was on rap micin oh, wow. All these things that like, I, okay. I understand the direction he's going. And then you look at the, in cuz I have people do chronometer for a few days before I do a consult.

Yeah. All right. Keto diet makes sense. Total sense. The pendulum swings very hard as we've mentioned in our industry. So we used to have. The body building background people meet heads like me, where you understood traditional strength, training and everything. And then when high intensity exercise and circuit training exploded, that seemed to be all that people did.

And so I've gotten a lot of guys who come from that background who have actually never learned how to truly, really deadlift. Don't have a traditional strength training background, but like those breathless sweaty hard workouts because it makes them feel good. It's what they've educated themselves on.

It's part of the culture of what they're doing. And that in combination with a low carbohydrate diet, we know does not marry very well. Nope. , you can ultimately determine what they're gonna feel like. So it's always. Textbook. I'm like, all right. And most women get pegged with not eating enough to support this training.

All my guys, literally, I think I've had one guy. I don't tend to get guys who are obese or maybe over 25, 30% body fat. I get guys who are below that who wanna get next level lean, but have tried to do that by crash dieting and adding exercise, and then taking away calories, add fineum until they're like, I feel like shit.

And so that's pretty much the picture that is always painted and it's educating them that, Hey, you actually have to lift with rest periods that are longer than 30 seconds that are going to provide you with some more like time under tension and grindy. So that you can get stronger and build muscle, and it's almost like a foreign concept to them, but also they know that, but they just didn't want to go there.

So that's pretty much the initial stages of changing the way they train and then getting them not afraid to add carbohydrates if they are afraid, but also adding in more protein because, that's like what, no one eats enough of ever .

[00:26:55] **Dr Mike T Nelson:** Yeah. Unless you get the few craze, body builders who are the sort of wannabees who read some pro eats 300 grams per day, and then they're just walking around their office, crop dusting, everyone, cuz they're trying to get 350 grams of protein in and they weigh like a buck 50

[00:27:10] **Ali Gilbert:** Yes, exactly.

Yeah. It's

[00:27:12] **Dr Mike T Nelson:** always one extreme or the

[00:27:13] **Ali Gilbert:** other yeah. Yeah. It's always the extreme. So it's like. Let's sit down and analyze why you feel the way you do, because you are training five days a week, this circuit style, high intensity, and then you're adding a run. And for, I have a lot of military guys or guys who are veterans, they add the run with the weight vest and then they also do BJ J.

So now we are up to one, to maybe three hours of training, a day, six to seven days a week. And women, the magic number for women is 1200 calories for guys. I have personally determined it is 1800, cuz that is like what? They've averaged

[00:27:53] **Dr Mike T Nelson:** 1850. Yeah. Yeah. I dunno why that, and I think it has something to do with the.

I don't know where that comes from, but I, the same thing, if you ask anyone, I know everybody, Luke said this too, like women, for whatever reason of all sizes, and I've had athletic women who are almost six feet tall with a fair amount of muscle mass, still convinced they need 1200 calories and guys like 1850, like it just, somehow these numbers get burned in their heads.

[00:28:19] **Ali Gilbert:** yeah, because it's like enough under 2000 where they feel like they'll make some success or they'll have some progress with fat loss, but then it's not close enough to where they feel like they're bulking or something. I don't know where that comes from, but I'm just like, all right, you definitely not eating enough.

And they're like, yeah, like my sex, I wanna get fat and I don't wanna get fat. Yeah. And and it's the same conversation that Luke has had with me for the last five years. It. It's water weight, and you're supposed to gain weight when you eat more. If you stand on a scale and I hand you five chicken breasts, the scale better go up, that's more food that is in you.

Talking them off the ledge in that way is part of the strategy. And guys, don't talk about this as much socially as women do. And it's part of the female culture is getting smaller and trying to dye it all the time. And guys, they say that they are trying to gain muscle. And if they say they're bulking, it's like this excessive surplus, that's unnecessary.

And then they get fat and then they get upset and then they crash diet. And it's this cycle. And when I talk about this at perform better, all the dudes are laughing. They're like, yeah, it's so true. Yeah. And I'm like, then you go to the gym for two hours and you do two exercises while talking to your friends.

Your shoulder's fucked up, you don't care. And then I put a picture of a guy who got cupping done with 6,000 cups. And I was like, and then that's recovery. And they're like, yeah. Or they're the guys that do the circuit training and they do too much of that. And stuff like that. It's extreme on both ends for men and women, but for the guys it's raining them in and just getting to change what they're doing.

So it's taking training away and adding food, which is so backwards from what we've learned for so many years to be the logical way to recom or drop body fat and add muscle .

[00:30:09] **Dr Mike T Nelson:** So how do you what would be your first steps with training? So how do you get them to comply other than charge them a lot of money which does work?

[00:30:19] **Ali Gilbert:** It does work. It's cuz I've been asked that before people are like how do you get them to buy in? And I'm like, usually if they have contacted me, they know what they're getting into. They know that I'm very direct and a no BS person, but sometimes they don't know the approach.

And, to answer your question it's more of an educational process and you gotta trust me on this because you have nowhere else to go. So reiterating the fact that they have tried to do X, Y, Z for so many years, and it has not yielded what they wanted. What else is there to do?

You have no other choice than to do something completely different than what you've been doing. And this is how we're gonna get there. And a lot of the times, you know what I learned from Luke, it's getting them more aerobically. But doing that with lifting with cardio. I say that in quotations because it may not be what men usually think.

Cardio, I have to go run for four hours. That's not true. And getting their metrics in order so that they're healthy enough to take on something like a hypertrophy phase and stuff like that. So getting them to comply. Usually at first, everyone's excited about what they're doing when they start to see the results.

And then you show them side by side photos, you show them how their metrics are improving their HRVs, going up, their resting heart rates coming down. Then they start to believe a little bit more, whereas doing it like fly by night or winging it. I don't know if coaches do that, I don't know how cuz that's so difficult to be able to provide something tangible for the client to determine that I'm actually progressing.

Cuz most people go by the scale. But you can't really do that when you're manipulating multiple variables at once, which is very difficult to do, unless you know exactly the strategy you're gonna take with somebody. So doing this enough times where you predict where they will be an X number of weeks helps having a great mentor, like going through this stuff with Luke.

If I have a complex client, I can always ask him. But usually that will help get them to realize, all right, cool. Like I'm on the right path. I feel better. I'm sleeping better. I've got my boner back. Cuz usually the guys who are not eating enough, if once you add calories, a lot of that stuff starts to get better.

Cause as if you diet, you're not gonna sleep well, you're not going to feel good. So it's like just happens

[00:32:40] **Dr Mike T Nelson:** yeah. Michael, that the Castanza principle, right? So we've watched Seinfeld the episode where George Castanza start doing everything backwards of what he is ever done in his life.

And everything starts working. I'm like, psychology aside. If you wanna make the fastest change possible, you've been doing circuit training for the last of three years. So guess what? In your new program, again, psychology aside, we're assuming you'll do everything we tell you to do. There's no circuit training.

You're probably gonna lift heavier shit. You're probably gonna do some aerobic training. You're gonna basically take your whole program and not do what you did before. It'd be the direct opposite. Like you ate 1200, 1800 calories. We're gonna have you eat more calories. You're scared of carbohydrates.

You're gonna eat carbohydrates. You're like the fastest way to get the opposite direction of where you've been going is literally to do the opposite of everything you've been doing. yes.

[00:33:34] **Ali Gilbert:** And they're like, okay. Oh, or they'll text me I trust you Allie. I'm like, I know you do it's. Yeah.

[00:33:41] **Dr Mike T Nelson:** yeah. Which is fine because, I think at first, like I totally agree, like there has to be some education, but there also has to be the, I hired you.

So I'm gonna trust what you're saying, and I've even told clients straight out I think this is the best approach here for six weeks, but we'll measure and track a bunch of stuff as you as do you. And if it doesn't work, I know exactly the next direction to go. And it's not like we're gonna just throw random darts at a board.

Like I literally set stuff up so that if that direction doesn't work, I now exactly know what direction to go in because you're, your first couple weeks, it's not gonna be a hundred percent, but it's probably gonna be much better than all the crazy stuff they were doing before. And then that's just an iterative process over time to refine it and figure out what works best for them as an individual then too,

[00:34:30] **Ali Gilbert:** a hundred percent.

And that's why you have to charge what you do because. I don't think people even realize what you explained that there's a lot behind the scenes that go goes into that. It's not like here, here's what your macros are. Here's your program. Talk to you later. I'm gonna go lie by the pool.

Yeah. Like it's hours and hours on the computer. Just monitoring and checking in on what people are doing and eating. And, it's basically stalking, even though they're aware of it, accessing people's sleep data their food, like everything else. Like the only thing we don't have is they're not doing a daily Bristol stool chart unless they are, if they upload food for that, Hey, more power to you.

I don't do that. Being able to take inventory of everything going on in their life, that's also what makes online coaching a little bit tougher than in person. Or a lot, a bit tougher.

[00:35:23] **Dr Mike T Nelson:** Yeah. Another part too, which I know I've done a horrible job communicating to clients. Is that just because I'm not changing something or talking to 'em doesn't mean I'm just sitting on my ass doing nothing.

I may go for periods of weeks where I'm just stalking what they do on Facebook, looking at their true coach thing, watching their HRV, looking at their Oura scores. And I may only say something at a check in, and obviously if it's going completely awry, then of course we're gonna, oh zip, don't go off the cliff here, get back on the road, but it's this fine line where you almost want them to make a few mistakes that are very minor so that they learn, even though you've told them, Hey, don't take this road.

Oops. You took the road. Okay. Just don't drive the vehicle off the cliff. Like you're trying to let, 'em make these tiny mistakes, even though you've. Guided them and told them not to go that direction, but it's almost just like human nature to figure out where the edges are. And sometimes people only learn by doing that.

So it's this kind of weird sort of almost stocking monitoring in the back room. Just how far am I gonna let 'em, wander into the woods before I reel them back in again, , you're

[00:36:31] **Ali Gilbert:** totally right. It, and nobody really teaches this and nobody's, written a course on it because I think part of it's very contextual because like when COVID hit and people went online, coaches were like so how do I, like, how do I set this up?

What do I do? How often do I check in with people? Like what, how often do you check chronometer? And I was like, honestly, like there's no set law. I think it, it depends on what a client's doing and what your personal time management

can, practice and stuff like that. But you're right. Just because you don't change something.

I think people expect something to change like every four weeks, because they've either read it or another coach did it with them before. But you and I both know. I literally had one guy. I just changed his calories after seven months he was progressing every single week and he was consistent, like bars lined up on chronometer and I was like, this is fantastic.

This is not the typical progress, but the fact that I didn't have to change anything like that was cool. And he didn't really question it. He was like, is it weird that I haven't changed calories? I was like, no, you're still progressing same with program. If people are making adaptations and progressing, if they're not overly complaining that they're bored, then why change what they're doing,

[00:37:39] **Dr Mike T Nelson:** yeah. And I think that was a mistake I made early on is I probably changed stuff too frequently because I was afraid that people would complain of Hey, I'm paying you all this money and you didn't change my programming. And I got nervous about that. So I changed it and it actually got worse, not horribly worse, but.

A little bit worse. And so now I'm like, okay, so if you don't like this or that, or you're running out of time. Cool. We'll make modifications. I don't have any problem doing that if you're bored, but you're still making progress, then I'm gonna be like, okay. You're making good progress. So you're telling me you want something to do just for the sake of novelty, which I'm more than willing to accommodate.

Just realize that I'm doing this only to entertain you and if that's what you want. Cool. We'll do it. But just so you know,

[00:38:27] **Ali Gilbert:** I like that. I like that, that's a little bit nicer than I think I've been abrasive in being like, your entertainment factor is not my priority right now.

[00:38:37] **Dr Mike T Nelson:** right.

[00:38:37] **Ali Gilbert:** I wanna get your results. Plus I've never understood that either just personally, because I do a lot of the same stuff, different variations, but I will never get sick of like deadlifting or anything. So I think part of that comes up to people being able to challenge themselves and push.

Which I think is actually one of the bigger challenges with online coaching is you can't really teach how to train hard and you can only call someone so many names or, talk to them a certain way before they either get really pissed off. Or they just don't know what you're trying to describe, but when you're in person or you're in the gym with somebody and they're like right there, and it's the culture and the energy, like you can't recreate that through the internet.

So I would say that's one of the harder things. If someone is bored, like maybe consider what are you bringing? Are you hitting the high end of the rep range and just checking the box? Or are you like failing in that range

[00:39:30] **Dr Mike T Nelson:** too? Yeah. And that's where I think videos can be helpful. And then for a lot of my clients, like most of my clients are actually women who are more type a former CrossFit, intermediate level athletes, most of 'em. So I spend most of my time, like trying to pull them back from destroying themselves. And I've got a few guys who do strong man, other types of competition. And a lot of the conversations are like the inverse it's okay, so this is week four, you did this exercise again.

And your hip still hurts or your arm hurts. Like maybe we should modify this. And they're like, no, I gotta just try harder and plunge forward. I'm like, when did try harder ever solve anything? It's yes, you need to put work in. Yes. You need to do the things. Yes. It's gonna suck some days, you wanna do it an intelligent manner too, because a lot of people I have just did the same program for, 10 years got really good progress.

And then all of a sudden everything hurts and they can't figure out why, but they're so like I did that program and I made so much progress on it. Like they just can't let go and do something a little bit different. So it's a fine line and you definitely have people who are new, who are just like, like when I was testing in the lab for a study.

So we'd have, 'em go to volitional fatigue, meaning like you literally cannot go on the treadmill or the bike any longer, no matter what. And a couple of people, I just had to exclude from the study, cuz they're like R P six, seven, Nope, I'm outta 10. And I'm like, what? Cuz they realize if they just said they're at a 10, they can stop.

And they don't have to do the study anymore. and I'm like, there's no way that was the 10. That wasn't even a seven, but oh my God, I can't say anything, because it's self rated. So you definitely have that. Issue also .

[00:41:15] **Ali Gilbert:** Yes. And I try to be selective with how I talk to, I get, you get to know how you can talk to people.

Like I, I told Luke, I was like, if you're not very direct with me, then I'm not going to be able to comply in the way you want. Not that I'm non compliant, but like he'll call me out and say things that I can't repeat. And that motivates me, but you can't talk like that to everyone. Some of my guys, I can be like, dude, I warm up with what your top set was like, come on.

I know you can do more. And they're like, yeah, I'm leaving it on the table. Other guys I can't say that. It will offend them.

[00:41:46] **Dr Mike T Nelson:** Yeah. They'll go break their shit then too. yeah, exactly.

[00:41:49] **Ali Gilbert:** I don't need any of that happening. Like I don't need violence occurring because of my coaching, but yeah. But yeah.

Videos do you know, do help as well. will say. Clients that I had in California, because they were last to get rid of the masks. I was like, I can't tell if they're, quenching or whatever, as they're working through a set, but now it's a lot easier. It's just not in real time, which is tough.

But again, it, the benefits, I think outweigh the good, where, like in person, I was thinking about this the other day, where, you know, beyond obtaining technical proficiency in certain lifts, then it's just an accountability thing. If you don't have the ability to do nutrition and all the other stuff that we're doing, offline.

And I think that's where a lot of the benefit and some of the satisfaction in being able to coach people through so much of their lives, at least after training people in person for 20 years, it's fun, but when you get past teaching people how to do all the lifts, then it's like more of a friendship relationship, and then they're holding an appointment with you.

So it's cool to delve into like, how else can I change somebody's life for the better by manipulating all these other things that are cool to do.

[00:43:00] **Dr Mike T Nelson:** Do you think people being an online trainer, you should have had to train people in person for at least a limited period of time?

[00:43:08] **Ali Gilbert:** I think it really helps. I think, understanding different personality types, similar to how I would suggest any new trainer go to a commercial gym, get in front of many, as many bodies as you can learn how to handle them.

It allows you to identify things in a video that you may not be able to, if you had not had that experience and just being able to deal with different personalities or, okay. Somebody performs a lift like this. I remember seeing that, then it gives you the ability to maybe send them a video of you demonstrating it, how you want it done.

All of that. Also I guess I would feel very weird if I had no in person experience, but was doing the same type of thing online, if I was doing like surgery over the internet, but I never actually did it in person. Like that would just seem really weird.

[00:43:59] **Dr Mike T Nelson:** yeah. I think it's weird. I worked at a commercial gym for a while and I'm glad I did because I actually did the inverse years and years ago, I started online training.

And it was a, oh, was a, I feel so bad for anyone. I trained back God, was it 17, 17 years ago now. Wow. It was just a trash bin fire because I had no experience at that point in person. So I had no idea how many ways people could mess up a squat or a deadlift or a bench press. Like I had no, no rational idea.

And it was hard to get video back then. It was like a real big pain in the ass. So you couldn't really see. So I stopped doing it because I said, this is a disaster. Did some stuff in person and then realized like, oh my God, like some people can't move at all. Like they can barely sit down on the toilet without destroying their knees or having pain, or it was a good experience to just especially with general population to realize how most people actually move.

And so I've often said that if you're training sort of general population. I actually think on some level that's way harder than athletes. Like most people who are pretty athletic, like you can give 'em one or two cues and they can fix whatever's going on. Usually pretty fast. Like the average person, just, they just don't have any frame of reference.

They don't have the reps, they don't have the practice. So I think it's actually much more difficult, but in the marketplace, it's almost like this weird inverse where it's oh, you train pro athletes. It's yeah. Most people just don't break 'em and you're gonna be fine, but to get, Betty to do a nice looking squat, that's hard.

That sticks a lot of skill, but doesn't really get the appreciation per se.

[00:45:32] **Ali Gilbert:** No, you're a hundred percent, right? I commend people being able to coach somebody through that, cuz it's a lot of work and yeah, one, one queue may not work. So you have to find maybe six others that may resonate and may not, but it's also having to dig deep upon your expertise as to, okay, how can I present this and not get frustrated that I think she's not listening to me.

It's not that it's, you're, maybe the way you communicate is not really something that she's understanding. So it's a good challenge. Yeah.

[00:45:59] **Dr Mike T Nelson:** And then switching to nutrition, what be the big things for nutrition just overall and especially related to to sauce, own hormones.

[00:46:06] **Ali Gilbert:** So eating enough is gonna be probably obviously number one, like I have to explain to guys.

Especially my population who wants to get really lean. Okay. The way we're going to do this, I know you wanna be super lean, but you also want high testosterone. And unless you're on testosterone, they don't go hand in hand cuz your body's not gonna say cool, I'm gonna get rid of all this fat and let's prioritize procreation because that just makes no sense to it.

It's trying to keep you alive. So if you're adding all these stressors on top of no food training, emotional, whatever, but it's usually more training then that's not necessarily going to keep your test levels high, ask any bodybuilder who has gotten on stage, especially natural. They do not feel good.

They are not like I am super horny right now. Like they look good, but that doesn't mean that everything below is working. So it's getting them to understand more calories is gonna be better. And a lot of guys do deal with erectile dysfunction and libidos issues that they think is directly related to testosterone.

But number one is stress like that just completely blows that out of proportion. Getting them to eat enough, protein is number one, cuz that seems to be a big struggle for guys and then dependent on what their physiological state is, will be higher or lower carbs. So Luke has this system, he calls least mode where if people are overly stressed out, the approach is to go more aerobically,

conditioning driven, and then start lower carb, especially if they have some insulin resistance or they're just burning carbs at rest.

Then it helps take the glucose load off, gets them prioritizing protein and you make decision fatigue, go away, protein and vegetable. That's all you need to focus on. And then let's focus on training hard. So that would be like the big rock approach. Now, if it's somebody who can tolerate carbohydrates, but they're just not maybe eating enough or they wanna gain some more muscle, like a lot of my hard gainers people who are like, oh my God, I can't gain muscle.

No matter what I do. And I'm like, are you still not eating enough? You're really you're eating all carbohydrates, not enough protein. So let's find that balance. And then it's really upping the calories. I've had to maybe one time in the. A few years since I've started specializing in guys take calories lower.

It's always making the ratios a little bit more balanced, adding protein, and then making sure the micronutrient profile looks good. Maybe they're not taking a multivitamin, but they're taking 6,000 other supplements. so it's chopping that down too. And I think a lot of people really don't appreciate the supplement taking process cuz a lot of my CEOs and busy dudes are like, I fucking hate taking supplements and I've had coaches give me like 20 of 'em and I'm like, let's chop that list down.

Yeah. So I actually now ask people like, are you willing to take supplements that I would say would be necessary for you? Cuz some people really just loathe it and they don't wanna do it. All right, cool. There's like a few staples that we may need, but that's it. And so then looking at it from a broad view, do we have enough boxes checked in that aspect?

Cool. Then as they progress body comp progresses, then we can tweak the ratios and stuff. But that's usually where I start always number one, adding protein, cuz it's never enough. So

[00:49:40] **Dr Mike T Nelson:** yeah, I remember asking John Berardi years ago, cause I had this fly into, it was like a hard gainer. We just couldn't get him to gain any weight.

And I kept upping his calories like higher and higher. This is probably 12 years ago and I asked John, I said what do I like, what do I do with this guy? And he's just keep adding more calories. At some point he will out eat his metabolism. Like his metabolism's not gonna scale up forever.

Which gets into the, Levine study and thrifty versus non thrifty metabolisms and everything else. But like you said, at some point you just have to eat more, and at some point I even have clients that's like. Have a couple donuts, have a pop tart, make French toast, have pancakes.

Cause I have some clients especially more so in the past where they were so worried that they had to have everything had to be super clean. Oh yeah. All the time. And I'm like, dude, you're at 3,500 calories per day. Like you can have a few other things. Like you exercise a lot. You're healthy.

You have no insulin resistance. Like you're gonna be, you're gonna be fine. And even with high level athletes, I worked with a high level CrossFit athlete years ago. And if he didn't have two donuts at the end of the day, Like his performance, the next day was considerably lower. And so we posted a picture of him eating donuts at night and everyone and the internet lost their mind of course.

But he was eating, 3,800 calories of like chicken and rice and vegetables. And all he did was train and eat. Like he was a professional athlete. He didn't do anything else, but nobody wants to see that portion of it. They're just like, oh, he had two donuts. You crazy nutrition person.

You're an idiot.

I love that. You mentioned that though. C it is so true. Cuz there's a point where it's like the two, I would say like the 250/300 mark of carbs beyond that is so difficult to get in quote, clean foods that when you tell guys like, Hey, have cereal, they're like cereal, what

cereal? See that?

Or you wanna have more staring contests with your bowl of white rice? Do you know how much frigging white rice you need to eat? It's a lot, bro.

[00:51:36] **Ali Gilbert:** yeah. And then they complain they can't get it in. And it's you honey, very dense, like slab, some honey on there, like cereal, it's okay to not have what would be considered like the cleanest stuff and you're gonna live and it's gonna be okay.

And guess what? It's gonna taste even fucking better. How about that? but I actually will say there's one time. At least from my experience, cuz I know, and

I mentioned Luke a lot and we're gonna totally blow up his head because I keep mentioning him and credit crediting him with

[00:52:04] **Dr Mike T Nelson:** things, but we'll have to tear him down towards the end.

So his ego stays about the same. Yeah, we

[00:52:09] **Ali Gilbert:** have to. It's gonna get obscene because he's and what I've learned from him and subsequently through you is that if people can't use the carbs and fats that they're eating, they're not going to either lose fat or gain muscle. And I had a. I wanna gain muscle.

I wanna gain muscle and I'm like, all right, let's increase the calories. Just like we talked about that didn't work. And I'm looking at all the stressors in his life and I'm just like, he's going through a breakup right now. And he's having trouble with, business stuff. I was like, you know what? I was like, I think I know what tr or what switch to flip right now lowered the calories significantly lowered the carbohydrates lowered training to two days a week from four increased the aerobic sessions.

So he had three of them a week, instead of one slowly over time, HR V started climbing up. His weight became stable, higher stable, like three pounds higher versus dropping weight. And I was like, holy shit. And I was telling Luke about it. And he's yeah, I've had, I had one guy who was eating like 5,000 calories couldn't gain weight.

Had to drop him into least mode. Take the carbs down a little bit, because you would think oh my God, this person's gonna totally drop weight. And I was like, wow. It, I was like, it worked because that's the first client I had of that type. But had I not known what switched to flip through what I've learned through you guys, like I would just continue to add calories and I'd be feeding a significantly compromised physiological system.

And this poor person would've felt worse and worse. So it's cool that you could identify like what direction to go based on what the physiological biomarkers are telling you. Hey, this is the wrong direction. So it's cool that if somebody can gain weight by eating less, but I would not say that would be like the norm for the most of the hard gainers.

[00:54:03] **Dr Mike T Nelson:** Yeah. And that's how I think of it is are you more metabolically flexible or metabolically inflexible? And if you're probably

like, this person was more metabolically inflexible, which could be carbohydrate or fat and. We need to fix that shit first, because otherwise you're just, yeah, you're putting fuel on a fire, but it's, you're gonna have to pay the costs somewhere.

And what I've noticed with some of those people is that they just get so stuck on the carbohydrate, into the spectrum, that they just unconsciously start moving around more and they train a lot. Most of the time when their stress is super high, the stress is just like the big monkey wrench that just screws with everything.

And people forget that, like training hard in the gym with weights, that's a significant sympathetic stressor. It's not bad. It's just that maybe the only stress you can control in a lot of people's lives. You're probably not gonna magically get 'em to sleep eight hours. You're not gonna magically solve all their issues at work or whatever else they have going on.

So you're left with what levers can you pull? And like you said, it's usually more aerobic training. I do a lot of it with nasal breathing. Drop their strength training. Usually their strength training sessions, quality wise goes up. So now you're getting a better stimulus from those two days. And even though if it wasn't for but yeah I agree a hundred percent.

[00:55:18] **Ali Gilbert:** Yeah. It's fascinating. It's like the more you learn, the less you feel, but yeah, it's cool to have that experience. And that was like a game changer is learning how to create more metabolically, flexible people. And he's a coach. So he asked why are we doing this? So I was like, here's the true test?

Can I duplicate what I've been learning for the past few years? so I was like let me try to explain this in English. And I was telling him how all the licenses are ramped up and it's just constant catabolism so you're not going to gain weight if your body's in this, threatened state, cuz it doesn't know the difference of why it's threatened and.

It made sense to him. And I was just like, damn like that. Cuz that took a while. Cuz I remember even though learning, CREB cycle and everything in college, it, it still, the application of it to coaching is a different animal. And I tell Luke like it, it took me so many times listening to your lectures over and over to be able to explain it to, like your five year old nephew or something.

So cuz that's what you ultimately need to be able to do. Not necessarily to gen pop clients, but to other coaches who are also new to this too, like why am I doing this? Because I don't think I should be able to give a client instructions without backing it up as to why we're doing this.

Sometimes we know stuff works and we don't know why it works, but to not be able to say I'm doing this because I see this, I think. That should have some backup to it. Yeah. And you should

[00:56:48] **Dr Mike T Nelson:** have some rationale. Like it doesn't even necessarily, I'm fine with people I've worked with who are like, Hey, in my experience, when I did this, it always worked this way.

Cool. That's a valid answer. I don't have any problem with that. But a lot of people just throw stuff on a thing and ah, this should work. But you should have some, you should have some rationale and some thought process in your head. No, it doesn't guarantee you're gonna be right. But you should have at least thought it out.

[00:57:12] **Ali Gilbert:** Back in the day we threw shit at the wall and hope it stuck, we're a little bit more mature a little bit. Yeah.

[00:57:18] **Dr Mike T Nelson:** So how would someone know if they would be, let's say eligible or consider T RT? What are things you look for? And obviously you're gonna address, lifestyle and other things first.

Like what is that process? Cause I'm sure you get a ton of people who are like, Hey, I, I. I just need T RT. You're like, oh, okay. How did you decide this? yeah.

[00:57:44] **Ali Gilbert:** Every now and then I'll be like, Hey, can you write me a script? I'm like, I wish yeah, I didn't pay enough for that capability. But the process I do get a lot of guys also that don't know if they're a low testosterone.

Yeah. And so they're trying to understand, because the symptoms are so broad and they align very closely with depression and depression can be one of the symptoms. And so the traditional protocol, if you go to a GP is here's an antidepressant and some Cialis, cuz this should fix everything.

When in reality it probably is a low testosterone issue. One of the big things that I think many guys overlook that is more of a symptom is a lot of the brain fog

and the cognitive. Decline and that more from, not having the motivation that they used to in work and in their family life and stuff like that whole.

Driven decisive action that kind of goes away and they're I'm not as driven to really succeed professionally, but they don't really wanna say that. So they question it, but then they don't talk about it. And so this goes back to men, not really going to the doctor ever, unless it's like a dire emergency.

Whereas women, if we sneeze wrong, we'll be like, oh my God, what happened? Determining like how this started, how long this has been going on, what else is going on in your life? So obviously getting labs is going to be useful to determine some sort of baseline, even though it's very highly subjective, because again, that's a snapshot in time as to what your numbers are currently, but taking inventory into the rest of your life, are you going through a very stressful.

During COVID every single guy questioned their testosterone level and if they were on TRT, they questioned their protocol because of the mass amount of stress they were under and how it affected them. So understanding that if you have that going on, or if you just had a baby or a life event that was, very cataclysmic or catastrophic, that's going to affect you.

So if they get labs and it confirms that their levels are low and everyone asks what's that number. So the ranges, how they used to be would start at three 50 nanograms per DEC liter and go up to around 1100 and lately that's gone lower and lower. The lowest I have seen was 123. I forget what lab that was, but that's oh, geez.

[01:00:02] **Dr Mike T Nelson:** That was the bottom for the reference range. Uhhuh. Holy crap. Yeah.

[01:00:07] **Ali Gilbert:** yeah. And BioReference was around like 180 something, which like, oh man. Still very low. So yeah. Yeah. A total testosterone, I would say maybe 500 and above would be great, but also very highly dependent on if they're free.

Testosterone is matching that in some way, because that can be affected by diet and lifestyle and stuff like that. So that is where I start with them. And if they have had children, they're done having kids and fertility's not something they need to be aware of which can be, confronted if they go on TRT or not, then it's usually something that they can definitely consider now, not to say, Hey, you don't have to address your training and nutrition and all this other stuff.

Even if they do go on TRT, they still have to address all these things. So there are some guys that are like, TT is a panacea. It's gonna, fix everything in my life. It's gonna paint my house. It's gonna do my laundry. No, it's not gonna solve everything. So you still have to do all these other things.

In addition, it is literally just replacing what you should biologically be producing at this point in time. No more, no less. And I think it gets misunderstood from that aspect a lot. And so if guys have been symptomatic where they just really feel extremely lethargic, they feel borderline depressed.

They've got no motivation. They feel like they're gaining body fat in places they never saw. They can't really bring the heat into the gym anymore. Their libido has waned here and there then. Yeah. Maybe it's time to consider it. I would say.

[01:01:46] **Dr Mike T Nelson:** Yeah. And that's always hard too without blood work because.

I've seen more than a few guys in particular, where there had the aerobic status of a fricking field mouse slept five hours a night. Their basically their house is on fire nonstop. And of course their testosterone was low. It was, 300 to 400 in a couple of the cases, but I'm like, yeah, all those things will present your symptoms almost exactly the same way.

So you're always left with this. What's driving what? And it's definitely a two-way street, right? Not saying you shouldn't get testosterone replacement, cuz it can definitely probably help with a lot of those things. But I think a lot of times, like you were saying that people are not presented with the options, like you, a lot of TRT docs are just like, oh yeah, it's low.

We'll just give you TRT. It's like they don't even ask about lifestyle. They don't ask about anything else. So it's nice to have a discussion about, Hey, these lifestyle factors, like we can work on these and see what happens, we could do maybe talk to your doctor, maybe do a bridge, do whatever.

But I think it's a complicated conversation. And one part of that too, I always tell guys is when you talk to your doctor, ask them if I were to go off of testosterone replacement therapy, one, is that an option? And two, what would I do at that point? Because sometimes I don't think they think.

Far enough into the future that I may potentially have to do this the rest of my life. They're just thinking about in the next six months, it's gonna solve all their

woes, which it's probably not either not to say it's not gonna help either. It's, again, it's, everybody wants the answer and I just want to do the thing and then not worry about it the rest of my life.

And it's not that simple yeah,

[01:03:27] **Ali Gilbert:** it is a commitment. And, I let guys know that listen, this is for the rest of your life. And there are some guys that, that is a deterrent for them until they realize all right, that I might feel better the rest of my life. And I'm okay with that. But I think it's also, it is actually a big pride thing too.

And I remember this resonated with a couple guys who messaged me, cuz I said this on another podcast and they were. Thank you for saying that, because I think guys so badly, they're very competitive by nature that they don't want to feel like they're succumbing to low T by going on replacement.

And they think that they can beat it and they wanna try to beat it and try to stave off going on it at all and doing everything possible. They can to salvage their natural levels, which again, you should absolutely do. No matter what I have seen from experience is that the testosterone level may or may not budge symptoms might improve.

I don't think anyone's felt worse from bettering their health. I. The fact that they do all those things and then realize, all right, maybe this is not going to skyrocket my test levels, but I fixed a lot of the complaints I had before. So maybe I don't need it yet. Cool. We don't have to go on it, but if you still have fixed everything else from a health standpoint and you're still feeling the way you do, yeah.

It might help. And then it's them understanding like this is okay, this is a natural progression for me at this point in my life. And not to feel embarrassed about that, which I think is part of why I enjoy talking about it with guys, because they do feel that way or they feel embarrassed, or they've heard all these fear mongering statements that it's gonna cause heart attacks or prostate cancer and stuff, which all of that has been refuted in the recent literature.

So finding a competent. Medical provider to, have them go on replacement is gonna be important as well. But for them to just identify this is where I am in life and it's okay is also huge because they're not embarrassed that way.

[01:05:36] **Dr Mike T Nelson:** No, I think that's a very valid point because everything is one direction or the other, you'll have people that are like, I'm 55

and I don't do anything. And rah, and then you'll have, someone else who's, maybe going above the physiologic, range. It's nobody wants to feel like they're just in the middle of quote, getting back to normal. And yeah, if you've done a lot of the lifestyle stuff it could just be aging.

It could be, who knows? A friend of mine had an accent when he was a kid. So his testosterone has always been low because he had physical damage and they looked at every single pathway, so it's yeah, to me, I always think of those things as it's just such a. Personal decision.

And my only request with people is just spend some time thinking about it. You don't have to decide today. You don't have to decide tomorrow, find someone like yourself, find good health professionals. You can have an intelligent conversation, consider that it may be for the rest of your life.

It may not be, but, are you okay with that? For me personally, the thought of having to do something the rest of my life, just cuz I just don't want to go there unless I absolutely have to. So I'm not saying it's never an option, but it's just right now. It's eh, I don't just, for me personally, it's eh, like I don't know.

I just, that part of it bugs me and I also definitely afraid of needles, but , but again, the decision I think everyone has to make and if someone decides to do it. Cool, great. Just have an intelligent conversation and spend some time thinking about it before you do it.

[01:07:02] **Ali Gilbert:** Yeah, that, and that's also something I try to really encourage guys, don't make this be a knee jerk reaction to you.

Not having a good workout one day. Yeah. Like that that's not the answer because like you said, a lot of guys don't like needles, so there's only really two very optimal delivery methods, injection or cream. And the cream is best applied SCRO because the scrotal cream or the absorption on the scrotum is eight times more permeable than it is on any other part of your body.

What does that entail twice a day application. And you have to make sure you don't transfer it to your family or your wife or whatever. That's another thing that you have to think about and be responsible for. So it's not a commitment to be taken lightly either. So like you said, it do the research, cuz there are pellet therapies that, where they insert this tic TAC side size pellet in your glue and they say, you don't have to worry about it for six months.

That's been detrimental to guys, like it's not, it's just a very suboptimal way. You can't patent a hormone. So let's create all these different delivery methods that are expensive and that work around what guys don't wanna do, which is apply a cream daily or inject themselves, a couple days a week.

So like you said, it's doing the research and understanding what that entails. And that's what I talk to guys about. This is what you're up for. This is what you know, you're going to expect. This is what, may be considered a negative side effect. And this is what the positives are. It's your decision.

It's not my it's yours. I can help you get there. I can help facilitate you getting to the right individual. And there's also a cost to it. So it's not something you would go through insurance for. So it's going to be an out of pocket cost. So there's a financial commitment as well that you also have to consider for the rest of

[01:08:54] **Dr Mike T Nelson:** your life.

Yeah. Yeah. And I think the world would be better if we stopped passing our own ethics on everybody else, so to speak because like you said, it's, to me, I view it, all that stuff is just, it's a personal decision of what you want to do. And if you decide to do it great, if you don't, whatever, if you're not competing in a drug tested sport and you decide to go the super physiologic range, Hey, to me, that's like your decision, like for where I'm at, it doesn't fit my goals, but yet.

I'll go do ayahuasca and the jungle of Costa Rica. And that's a crazy ass drug too. , you know what, whatever it's everyone has to decide. What is the pros? What are the cons, what are the risks? And then I think it's just the individual decision and there's too much of this. I wouldn't do this or that.

So I can't believe you did this or that. It's that doesn't make any sense to me. It's like each person has to make their own decision and we should stop like judging everyone else for whatever it is they decide. So

[01:09:53] **Ali Gilbert:** anyway, that's my right. No, but it, it is very true because a lot of guys do even get judged for considering it.

And I have guys I've coached for two years, who I think would be fantastic candidates for TRT, but they're just not ready. And I'm not like, telling them, listen, if you went on TRT, your deadlift would go up. Oh my God, if you went on TRT, like I'm not like that. People know very well.

I am very pro TRT, but it's not something that I push on people. If it's not something they wanna do, I'm still gonna coach you. You don't have to be on testosterone. But if you wanted to understand what it entails, I will be there to have that discussion. If you wanna understand if your erectile dysfunction is from low T or it's from anything else in your life, I'm there to have that discussion.

If you're 27 years old and you're experiencing. That's what I'm here for. So I totally agree. It's like somebody, being in love with a certain diet, don't push that on others. It might not be their decision and don't judge them if they wanna do it, even though, we make jokes about vegans and stuff, but oh yeah.

[01:10:54] **Dr Mike T Nelson:** That's okay. And keto, Carl, like odds are, yeah. He's probably not gonna be key to anymore if it's part of his name. Yeah, totally. that's fine. I love it. awesome. So where can people find out more about you? I know you've got a seminar coming up. I know you've got course. You've got newsletter working.

Can people find more

[01:11:12] **Ali Gilbert:** from you? Best way to find me is on Instagram at the Ali Gilbert. Slide in the DMS. I'll probably answer you. I do actually get a lot of DMS from guys about questions surrounding this, because it is very sensitive. Like I don't expect someone to comment on a post Hey, I'm having boner issues.

I'm 23 years old. , definitely welcome to, to ask me that privately. And at the end of October, I'm hosting a men's health and fitness summit in Florida called the Silverback summit. And the reason I created it was because we have medical conferences and we have fitness conferences, but when it comes to everything we talked about today for a guy to understand his true risk of TRT, cardiovascular, risk, nutrition, fitness, all that.

Let's provide that for the general population in one place. So I have my most trusted practitioners. Your friend, Brian Kron yes. As well.

[01:12:09] **Dr Mike T Nelson:** Love him. He's been on the program. Tell I said, hi, I'm I can't make it. We'll be down in Texas then otherwise I would be there. So hoping to

have another one next year.

[01:12:18] **Ali Gilbert:** Yes. Yes. For sure. It'll be fun. And then I've got like social activities a night at drive shack, a bourbon tasting barbecue, like man, shit. , it'll be fun. It'll be worth attending some great sponsors as well. And then I do have a course called testosterone school that you can find on my website, Ali gilbert.com that I haven't launched again yet, but probably will be in the next few months.

And that's basically 12 modules of. What we talked about today, nutrition training TRT 1 0 1 and any questions related to that, basically my approach and learning more about testosterone, how it's made and all the different delivery methods of TRT and stuff like that. So I think that's awesome.

That's about it. Yeah. if they sign up to the newsletter, they'll be notified when the course is out again, correct? Yes. Yep.

So get on email list, your website on the website.

[01:13:13] **Dr Mike T Nelson:** Yep. Awesome. Thank you so much for all your time today. I would highly encourage people to check out everything you have and if they can make it to your seminar, I'm sure it'll be an amazing, good time, even though they let Canadians like Brian show up

[01:13:25] **Ali Gilbert:** He hasn't gone across the border yet, so that's

[01:13:27] **Dr Mike T Nelson:** right.

He hasn't made it there yet officially yet. So maybe he'll get stopped. thank you, Mike. I appreciate it. Thank you. Cool.

[01:13:36] **Ali Gilbert:** Change like every four weeks, because they've either read it or another coach did it with them before. But you and I both know. I literally had one guy. I just changed his calories after seven months he was progressing every single week and he was consistent, like bars lined up on chronometer and I was like, this is fantastic.

This is not the typical progress, but the fact that I didn't have to change anything like that was cool. And he didn't really question it. He was like, is it weird that I haven't changed calories? I was like, no, you're still progressing same with program. If people are making adaptations and progressing, if they're not overly complaining that they're bored, then why change what they're doing,

[01:14:14] **Dr Mike T Nelson:** yeah. And I think that was a mistake I made early on is I probably changed stuff too frequently because I was afraid that people would complain of Hey, I'm paying you all this money and you didn't change my programming. And I got nervous about that. So I changed it and it actually got worse, not horribly worse, but.

A little bit worse. And so now I'm like, okay, so if you don't like this or that, or you're running out of time. Cool. We'll make modifications. I don't have any problem doing that if you're bored, but you're still making progress, then I'm gonna be like, okay. You're making good progress. So you're telling me you want something to do just for the sake of novelty, which I'm more than willing to accommodate.

Just realize that I'm doing this only to entertain you and if that's what you want. Cool. We'll do it. But just so you know,

[01:15:02] **Ali Gilbert:** I like that. I like that, that's a little bit nicer than I think I've been abrasive in being like, your entertainment factor is not my priority right now.

[01:15:12] **Dr Mike T Nelson:** right.

[01:15:12] **Ali Gilbert:** I wanna get your results. Plus I've never understood that either just personally, because I do a lot of the same stuff, different variations, but I will never get sick of like deadlifting or anything. So I think part of that comes up to people being able to challenge themselves and push.

Which I think is actually one of the bigger challenges with online coaching is you can't really teach how to train hard and you can only call someone so many names or, talk to them a certain way before they either get really pissed off. Or they just don't know what you're trying to describe, but when you're in person or you're in the gym with somebody and they're like right there, and it's the culture and the energy, like you can't recreate that through the internet.

So I would say that's one of the harder things. If someone is bored, like maybe consider what are you bringing? Are you hitting the high end of the rep range and just checking the box? Or are you like failing in that range

[01:16:05] **Dr Mike T Nelson:** too? Yeah. And that's where I think videos can be helpful. And then for a lot of my clients, like most of my clients are actually women who are more type a former CrossFit, intermediate level athletes, most of 'em. So I spend most of my time, like trying to pull them back from

destroying themselves. And I've got a few guys who do strong man, other types of competition. And a lot of the conversations are like the inverse it's okay, so this is week four, you did this exercise again.

And your hip still hurts or your arm hurts. Like maybe we should modify this. And they're like, no, I gotta just try harder and plunge forward. I'm like, when did you try harder ever solve anything? It's yes, you need to put work in. Yes. You need to do the things. Yes. It's gonna suck some days, you wanna do it an intelligent manner too, because a lot of people I have just did the same program for, 10 years got really good progress.

And then all of a sudden everything hurts and they can't figure out why, but they're so like I did that program and I made so much progress on it. Like they just can't let go and do something a little bit different. So it's a fine line and you definitely have people who are new, who are just like, like when I was testing in the lab for a study.

So we'd have, 'em go to volitional fatigue, meaning like you literally cannot go on the treadmill or the bike any longer, no matter what. And a couple of people, I just had to exclude from the study, cuz they're like R P six, seven, Nope, I'm outta 10. And I'm like, what? Cuz they realize if they just said they're at a 10, they can stop.

And they don't have to do the study anymore. and I'm like, there's no way that was the 10. That wasn't even a seven, but oh my God, I can't say anything, because it's self rated. So you definitely have that. Issue also .

[01:17:49] **Ali Gilbert:** Yes. And I try to be selective with how I talk to, I get, you get to know how you can talk to people.

Like I, I told Luke, I was like, if you're not very direct with me, then I'm not going to be able to comply in the way you want. Not that I'm non compliant, but like he'll call me out and say things that I can't repeat. And that motivates me, but you can't talk like that to everyone. Some of my guys, I can be like, dude, I warm up with what your top set was like, come on.

I know you can do more. And they're like, yeah, I'm leaving it on the table. Other guys I can't say that. It will offend them.

[01:18:20] **Dr Mike T Nelson:** Yeah. They'll go break their shit then too. yeah, exactly.

[01:18:24] **Ali Gilbert:** I don't need any of that happening. Like I don't need violence occurring because of my coaching, but yeah. But yeah.

Videos do you know, do help as well. will say. Clients that I had in California, because they were last to get rid of the masks. I was like, I can't tell if they're, quenching or whatever, as they're working through a set, but now it's a lot easier. It's just not in real time, which is tough.

But again, it, the benefits, I think outweigh the good, where, like in person, I was thinking about this the other day, where, you know, beyond obtaining technical proficiency in certain lifts, then it's just an accountability thing. If you don't have the ability to do nutrition and all the other stuff that we're doing, offline.

And I think that's where a lot of the benefit and some of the satisfaction in being able to coach people through so much of their lives, at least after training people in person for 20 years, it's fun, but when you get past teaching people how to do all the lifts, then it's like more of a friendship relationship, and then they're holding an appointment with you.

So it's cool to delve into like, how else can I change somebody's life for the better by manipulating all these other things that are cool to do.

[01:19:34] **Dr Mike T Nelson:** Do you think people being an online trainer, you should have had to train people in person for at least a limited period of time?

[01:19:43] **Ali Gilbert:** I think it really helps. I think, understanding different personality types, similar to how I would suggest any new trainer go to a commercial gym, get in front of many, as many bodies as you can learn how to handle them.

It allows you to identify things in a video that you may not be able to, if you had not had that experience and just being able to deal with different personalities or, okay. Somebody performs a lift like this. I remember seeing that, then it gives you the ability to maybe send them a video of you demonstrating it, how you want it done.

All of that. Also I guess I would feel very weird if I had no in person experience, but was doing the same type of thing online, if I was doing like surgery over the internet, but I never actually did it in person. Like that would just seem really weird.

[01:20:34] **Dr Mike T Nelson:** yeah. I think it's weird. I worked at a commercial gym for a while and I'm glad I did because I actually did the inverse years and years ago, I started online training.

And it was a, oh, was a, I feel so bad for anyone. I trained back God, was it 17, 17 years ago now. Wow. It was just a trash bin fire because I had no experience at that point in person. So I had no idea how many ways people could mess up a squat or a deadlift or a bench press. Like I had no, no rational idea.

And it was hard to get video back then. It was like a real big pain in the ass. So you couldn't really see. So I stopped doing it because I said, this is a disaster. Did some stuff in person and then realized like, oh my God, like some people can't move at all. Like they can barely sit down on the toilet without destroying their knees or having pain, or it was a good experience to just especially with general population to realize how most people actually move.

And so I've often said that if you're training sort of general population. I actually think on some level that's way harder than athletes. Like most people who are pretty athletic, like you can give 'em one or two cues and they can fix whatever's going on. Usually pretty fast. Like the average person, just, they just don't have any frame of reference.

They don't have the reps, they don't have the practice. So I think it's actually much more difficult, but in the marketplace, it's almost like this weird inverse where it's oh, you train pro athletes. It's yeah. Most people just don't break 'em and you're gonna be fine, but to get, Betty to do a nice looking squat, that's hard.

That sticks a lot of skill, but doesn't really get the appreciation per se.

[01:22:06] **Ali Gilbert:** No, you're a hundred percent, right? I commend people being able to coach somebody through that, cuz it's a lot of work and yeah, one, one queue may not work. So you have to find maybe six others that may resonate and may not, but it's also having to dig deep upon your expertise as to, okay, how can I present this and not get frustrated that I think she's not listening to me.

It's not that it's, you're, maybe the way you communicate is not really something that she's understanding. So it's a good challenge. Yeah.

[01:22:34] **Dr Mike T Nelson:** And then switching to nutrition, what be the big things for nutrition just overall and especially related to to sauce, own hormones.

[01:22:41] **Ali Gilbert:** So eating enough is gonna be probably obviously number one, like I have to explain to guys.

Especially my population who wants to get really lean. Okay. The way we're going to do this, I know you wanna be super lean, but you also want high testosterone. And unless you're on testosterone, they don't go hand in hand cuz your body's not gonna say cool, I'm gonna get rid of all this fat and let's prioritize procreation because that just makes no sense to it.

It's trying to keep you alive. So if you're adding all these stressors on top of no food training, emotional, whatever, but it's usually more training then that's not necessarily going to keep your test levels high, ask any bodybuilder who has gotten on stage, especially natural. They do not feel good.

They are not like I am super horny right now. Like they look good, but that doesn't mean that everything below is working. So it's getting them to understand more calories is gonna be better. And a lot of guys do deal with erectile dysfunction and libidos issues that they think is directly related to testosterone.

But number one is stress like that just completely blows that out of proportion. Getting them to eat enough, protein is number one, cuz that seems to be a big struggle for guys and then dependent on what their physiological state is, will be higher or lower carbs. So Luke has this system, he calls least mode where if people are overly stressed out, the approach is to go more aerobically, conditioning driven, and then start lower carb, especially if they have some insulin resistance or they're just burning carbs at rest.

Then it helps take the glucose load off, gets them prioritizing protein and you make decision fatigue, go away, protein and vegetable. That's all you need to focus on. And then let's focus on training hard. So that would be like the big rock approach. Now, if it's somebody who can tolerate car carbohydrates, but they're just not maybe eating enough or they wanna gain some more muscle, like a lot of my hard gainers people who are like, oh my God, I can't gain muscle.

No matter what I do. And I'm like, are you still not eating enough? You're really you're eating all carbohydrates, not enough protein. So let's find that balance. And then it's really upping the calories. I've had to maybe one time in the. A few years since I've started specializing in guys take calories lower.

It's always making the ratios a little bit more balanced, adding protein, and then making sure the micronutrient profile looks good. Maybe they're not taking a multivitamin, but they're taking 6,000 other supplements. so it's chopping that down too. And I think a lot of people really don't appreciate the supplement taking process cuz a lot of my CEOs and busy dudes are like, I fucking hate taking supplements and I've had coaches give me like 20 of 'em and I'm like, let's chop that list down.

Yeah. So I actually now ask people like, are you willing to take supplements that I would say would be necessary for you? Cuz some people really just loathe it and they don't wanna do it. All right, cool. There's like a few staples that we may need, but that's it. And so then looking at it from a broad view, do we have enough boxes checked in that aspect?

Cool. Then as they progress body comp progresses, then we can tweak the ratios and stuff. But that's usually where I start always number one, adding protein, cuz it's never enough. So

[01:26:15] **Dr Mike T Nelson:** yeah, I remember asking John Berardi years ago, cause I had this fly into, it was like a hard gainer. We just couldn't get him to gain any weight.

And I kept upping his calories like higher and higher. This is probably 12 years ago and I asked John, I said what do I like, what do I do with this guy? And he's just keep adding more calories. At some point he will out eat his metabolism. Like his metabolism's not gonna scale up forever.

Which gets into the, Levine study and thrifty versus non thrifty metabolisms and everything else. But like you said, at some point you just have to eat more, and at some point I even have clients that's like. Have a couple donuts, have a pop tart, make French toast, have pancakes.

Cause I have some clients especially more so in the past where they were so worried that they had to have everything had to be super clean. Oh yeah. All the time. And I'm like, dude, you're at 3,500 calories per day. Like you can have a few other things. Like you exercise a lot. You're healthy.

You have no insulin resistance. Like you're gonna be, you're gonna be fine. And even with high level athletes, I worked with a high level CrossFit athlete years ago. And if he didn't have two donuts at the end of the day, Like his performance, the next day was considerably lower. And so we posted a picture

of him eating donuts at night and everyone and the internet lost their mind of course.

But he was eating, 3,800 calories of like chicken and rice and vegetables. And all he did was train and eat. Like he was a professional athlete. He didn't do anything else, but nobody wants to see that portion of it. They're just like, oh, he had two donuts. You crazy nutrition person.

You're an idiot.

I love

that. You mentioned that though. C it is so true. Cuz there's a point where it's like the two, I would say like the 250/300 mark of carbs beyond that is so difficult to get in quote, clean foods that when you tell guys like, Hey, have cereal, they're like cereal, what

cereal? See that?

Or you wanna have more staring contests with your bowl of white rice? Do you know how much frigging white rice you need to eat? It's a lot, bro.

[01:28:11] **Ali Gilbert:** yeah. And then they complain they can't get it in. And it's you honey, very dense, like slab, some honey on there, like cereal, it's okay to not have what would be considered like the cleanest stuff and you're gonna live and it's gonna be okay.

And guess what? It's gonna taste even fucking better. How about that? but I actually will say there's one time. At least from my experience, cuz I know, and I mentioned Luke a lot and we're gonna totally blow up his head because I keep mentioning him and credit crediting him with

[01:28:39] **Dr Mike T Nelson:** things, but we'll have to tear him down towards the end.

So his ego stays about the same. Yeah, we

[01:28:44] **Ali Gilbert:** have to. It's gonna get obscene because he's and what I've learned from him and subsequently through you is that if people can't use the carbs and fats that they're eating, they're not going to either lose fat or gain muscle. And I had a. I wanna gain muscle.

I wanna gain muscle and I'm like, all right, let's increase the calories. Just like we talked about that didn't work. And I'm looking at all the stressors in his life and I'm just like, he's going through a breakup right now. And he's having trouble with, business stuff. I was like, you know what? I was like, I think I know what the trigger or what switch to flip right now lowered the calories significantly lowered the carbohydrates lowered training to two days a week from four increased the aerobic sessions.

So he had three of them a week, instead of one slowly over time, HR V started climbing up. His weight became stable, higher stable, like three pounds higher versus dropping weight. And I was like, holy shit. And I was telling Luke about it. And he's yeah, I've had, I had one guy who was eating like 5,000 calories couldn't gain weight.

Had to drop him into least mode. Take the carbs down a little bit, because you would think oh my God, this person's gonna totally drop weight. And I was like, wow. It, I was like, it worked because that's the first client I had of that type. But had I not known what switched to flip through what I've learned through you guys, like I would just continue to add calories and I'd be feeding a significantly compromised physiological system.

And this poor person would've felt worse and worse. So it's cool that you could identify like what direction to go based on what the physiological biomarkers are telling you. Hey, this is the wrong direction. So it's cool that if somebody can gain weight by eating less, but I would not say that would be like the norm for the most of the hard gainers.

[01:30:38] **Dr Mike T Nelson:** Yeah. And that's how I think of it is are you more metabolically flexible or metabolically inflexible? And if you're probably like, this person was more metabolically inflexible, which could be carbohydrate or fat and. We need to fix that shit first, because otherwise you're just, yeah, you're putting fuel on a fire, but it's, you're gonna have to pay the costs somewhere.

And what I've noticed with some of those people is that they just get so stuck on the carbohydrate, into the spectrum, that they just unconsciously start moving around more and they train a lot. Most of the time when their stress is super high, the stress is just like the big monkey wrench that just screws with everything.

And people forget that, like training hard in the gym with weights, that's a significant sympathetic stressor. It's not bad. It's just that maybe the only stress

you can control in a lot of people's lives. You're probably not gonna magically get 'em to sleep eight hours. You're not gonna magically solve all their issues at work or whatever else they have going on.

So you're left with what levers can you pull? And like you said, it's usually more aerobic training. I do a lot of it with nasal breathing. Drop their strength training. Usually their strength training sessions, quality wise goes up. So now you're getting a better stimulus from those two days. And even though if it wasn't for but yeah I agree a hundred percent.

[01:31:53] **Ali Gilbert:** Yeah. It's fascinating. It's like the more you learn, the less you feel, but yeah, it's cool to have that experience. And that was like a game changer is learning how to create more metabolically, flexible people. And he's a coach. So he asked why are we doing this? So I was like, here's the true test?

Can I duplicate what I've been learning for the past few years? so I was like let me try to explain this in English. And I was telling him how all the licenses are ramped up and it's just constant catabolism So you're not going to gain weight if your body's in this, threatened state, cuz it doesn't know the difference of why it's threatened and.

It made sense to him. And I was just like, damn like that. Cuz that took a while. Cuz I remember even though learning, CREB cycle and everything in college, it, it still, the application of it to coaching is a different animal. And I tell Luke like it, it took me so many times listening to your lectures over and over to be able to explain it to, like your five year old nephew or something.

So cuz that's what you ultimately need to be able to do. Not necessarily to gen pop clients, but to other coaches who are also new to this too, like why am I doing this? Because I don't think I should be able to give a client instructions without backing it up as to why we're doing this.

Sometimes we know stuff works and we don't know why it works, but to not be able to say I'm doing this because I see this, I think. That should have some backup to it. Yeah. And you should

[01:33:23] **Dr Mike T Nelson:** have some rationale. Like it doesn't even necessarily, I'm fine with people I've worked with who are like, Hey, in my experience, when I did this, it always worked this way.

Cool. That's a valid answer. I don't have any problem with that. But a lot of people just throw stuff on a thing and ah, this should work. But you should have some, you should have some rationale and some thought process in your head. No, it doesn't guarantee you're gonna be right. But you should have at least thought it out.

[01:33:47] **Ali Gilbert:** Back in the day we threw shit at the wall and hope it stuck, we're a little bit more mature a little bit. Yeah.

[01:33:54] **Dr Mike T Nelson:** So how would someone know if they would be, let's say eligible or consider T RT? What are things you look for? And obviously you're gonna address, lifestyle and other things first.

Like what is that process? Cause I'm sure you get a ton of people who are like, Hey, I, I. I just need T RT. You're like, oh, okay. How did you decide this? yeah.

[01:34:19] **Ali Gilbert:** Every now and then I'll be like, Hey, can you write me a script? I'm like, I wish yeah, I didn't pay enough for that capability. But the process I do get a lot of guys also that don't know if they're a low testosterone.

Yeah. And so they're trying to understand, because the symptoms are so broad and they align very closely with depression and depression can be one of the symptoms. And so the traditional protocol, if you go to a GP is here's an antidepressant and some Cialis, cuz this should fix everything.

When in reality it probably is a low testosterone issue. One of the big things that I think many guys overlook that is more of a symptom is a lot of the brain fog and the cognitive. Decline and that more from, not having the motivation that they used to in work and in their family life and stuff like that whole.

Driven decisive action that kind of goes away and they're I'm not as driven to really succeed professionally, but they don't really wanna say that. So they question it, but then they don't talk about it. And so this goes back to men, not really going to the doctor ever, unless it's like a dire emergency.

Whereas women, if we sneeze wrong, we'll be like, oh my God, what happened? Determining like how this started, how long this has been going on, what else is going on in your life? So obviously getting labs is going to be useful to determine some sort of baseline, even though it's very highly subjective, because again, that's a snapshot in time as to what your numbers are

currently, but taking inventory into the rest of your life, are you going through a very stressful.

During COVID every single guy questioned their testosterone level and if they were on TRT, they questioned their protocol because of the mass amount of stress they were under and how it affected them. So understanding that if you have that going on, or if you just had a baby or a life event that was, very cataclysmic or catastrophic, that's going to affect you.

So if they get labs and it confirms that their levels are low and everyone asks what's that number. So the ranges, how they used to be would start at three 50 nanograms per DEC liter and go up to around 1100 and lately that's gone lower and lower. The lowest I have seen was 123. I forget what lab that was, but that's oh, geez.

[01:36:37] **Dr Mike T Nelson:** That was the bottom for the reference range. Uhhuh. Holy crap. Yeah.

[01:36:42] **Ali Gilbert:** yeah. And BioReference was around like 180 something, which like, oh man. Still very low. So yeah. Yeah. A total testosterone, I would say maybe 500 and above would be great, but also very highly dependent on if they're free.

Testosterone is matching that in some way, because that can be affected by diet and lifestyle and stuff like that. So that is where I start with them. And if they have had children, they're done having kids and fertility's not something they need to be aware of which can be, confronted if they go on TRT or not, then it's usually something that they can definitely consider now, not to say, Hey, you don't have to address your training and nutrition and all this other stuff.

Even if they do go on TRT, they still have to address all these things. So there are some guys that are like, TT is a panacea. It's gonna, fix everything in my life. It's gonna paint my house. It's gonna do my laundry. No, it's not gonna solve everything. So you still have to do all these other things.

In addition, it is literally just replacing what you should biologically be producing at this point in time. No more, no less. And I think it gets misunderstood from that aspect a lot. And so if guys have been symptomatic where they just really feel extremely lethargic, they feel borderline depressed.

They've got no motivation. They feel like they're gaining body fat in places they never saw. They can't really bring the heat into the gym anymore. Their libido

has waned here and there then. Yeah. Maybe it's time to consider it. I would say.

[01:38:22] **Dr Mike T Nelson:** Yeah. And that's always hard too without blood work because.

I've seen more than a few guys in particular, where there had the aerobic status of a fricking field mouse slept five hours a night. Their basically their house is on fire nonstop. And of course their testosterone was low. It was, 300 to 400 in a couple of the cases, but I'm like, yeah, all those things will present your symptoms almost exactly the same way.

So you're always left with this. What's driving what? And it's definitely a two-way street, right? Not saying you shouldn't get testosterone replacement, cuz it can definitely probably help with a lot of those things. But I think a lot of times, like you were saying that people are not presented with the options, like you, a lot of TRT docs are just like, oh yeah, it's low.

We'll just give you TRT. It's like they don't even ask about lifestyle. They don't ask about anything else. So it's nice to have a discussion about, Hey, these lifestyle factors, like we can work on these and see what happens, we could do maybe talk to your doctor, maybe do a bridge, do whatever.

But I think it's a complicated conversation. And one part of that too, I always tell guys is when you talk to your doctor, ask them if I were to go off of testosterone replacement therapy, one, is that an option? And two, what would I do at that point? Because sometimes I don't think they think.

Far enough into the future that I may potentially have to do this the rest of my life. They're just thinking about in the next six months, it's gonna solve all their woes, which it's probably not either not to say it's not gonna help either. It's, again, it's, everybody wants the answer and I just want to do the thing and then not worry about it the rest of my life.

And it's not that simple yeah,

[01:40:03] **Ali Gilbert:** it is a commitment. And, I let guys know that listen, this is for the rest of your life. And there are some guys that, that is a deterrent for them until they realize all right, that I might feel better the rest of my life. And I'm okay with that. But I think it's also, it is actually a big pride thing too.

And I remember this resonated with a couple guys who messaged me, cuz I said this on another podcast and they were. Thank you for saying that, because I think guys so badly, they're very competitive by nature that they don't want to feel like they're succumbing to low T by going on replacement.

And they think that they can beat it and they wanna try to beat it and try to stave off going on it at all and doing everything possible. They can to salvage their natural levels, which again, you should absolutely do. No matter what I have seen from experience is that the testosterone level may or may not budge symptoms might improve.

I don't think anyone's felt worse from bettering their health. I. The fact that they do all those things and then realize, all right, maybe this is not going to skyrocket my test levels, but I fixed a lot of the complaints I had before. So maybe I don't need it yet. Cool. We don't have to go on it, but if you still have fixed everything else from a health standpoint and you're still feeling the way you do, yeah.

It might help. And then it's them understanding like this is okay, this is a natural progression for me at this point in my life. And not to feel embarrassed about that, which I think is part of why I enjoy talking about it with guys, because they do feel that way or they feel embarrassed, or they've heard all these fear mongering statements that it's gonna cause heart attacks or prostate cancer and stuff, which all of that has been refuted in the recent literature.

So finding a competent. Medical provider to, have them go on replacement is gonna be important as well. But for them to just identify this is where I am in life and it's okay is also huge because they're not embarrassed that way.

[01:42:11] **Dr Mike T Nelson:** No, I think that's a very valid point because everything is one direction or the other, you'll have people that are like, I'm 55 and I don't do anything. And rah, and then you'll have, someone else who's, maybe going above the physiologic, range. It's nobody wants to feel like they're just in the middle of quote, getting back to normal. And yeah, if you've done a lot of the lifestyle stuff it could just be aging.

It could be, who knows? A friend of mine had an accent when he was a kid. So his testosterone has always been low because he had physical damage and they looked at every single pathway, so it's yeah, to me, I always think of those things as it's just such a. Personal decision.

And my only request with people is just spend some time thinking about it. You don't have to decide today. You don't have to decide tomorrow, find someone like yourself, find good health professionals. You can have an intelligent conversation, consider that it may be for the rest of your life.

It may not be, but, are you okay with that? For me personally, the thought of having to do something the rest of my life, just cuz I just don't want to go there unless I absolutely have to. So I'm not saying it's never an option, but it's just right now. It's eh, I don't just, for me personally, it's eh, like I don't know.

I just, that part of it bugs me and I also definitely afraid of needles, but , but again, the decision I think everyone has to make and if someone decides to do it. Cool, great. Just have an intelligent conversation and spend some time thinking about it before you do it.

[01:43:37] **Ali Gilbert:** Yeah, that, and that's also something I try to really encourage guys, don't make this be a knee jerk reaction to you.

Not having a good workout one day. Yeah. Like that that's not the answer because like you said, a lot of guys don't like needles, so there's only really two very optimal delivery methods, injection or cream. And the cream is best applied SCRO because the scrotal cream or the absorption on the scrotum is eight times more permeable than it is on any other part of your body.

What does that entail twice a day application. And you have to make sure you don't transfer it to your family or your wife or whatever. That's another thing that you have to think about and be responsible for. So it's not a commitment to be taken lightly either. So like you said, it do the research, cuz there are pellet therapies that, where they insert this tic TAC side size pellet in your glue and they say, you don't have to worry about it for six months.

That's been detrimental to guys, like it's not, it's just a very suboptimal way. You can't patent a hormone. So let's create all these different delivery methods that are expensive and that work around what guys don't wanna do, which is apply a cream daily or inject themselves, a couple days a week.

So like you said, it's doing the research and understanding what that entails. And that's what I talk to guys about. This is what you're up for. This is what you know, you're going to expect. This is what, may be considered a negative side effect. And this is what the positives are. It's your decision.

It's not my it's yours. I can help you get there. I can help facilitate you getting to the right individual. And there's also a cost to it. So it's not something you would go through insurance for. So it's going to be an out of pocket cost. So there's a financial commitment as well that you also have to consider for the rest of

[01:45:29] **Dr Mike T Nelson:** your life.

Yeah. Yeah. And I think the world would be better if we stopped passing our own ethics on everybody else, so to speak because like you said, it's, to me, I view it, all that stuff is just, it's a personal decision of what you want to do. And if you decide to do it great, if you don't, whatever, if you're not competing in a drug tested sport and you decide to go the super physiologic range, Hey, to me, that's like your decision, like for where I'm at, it doesn't fit my goals, but yet.

I'll go do ayahuasca and the jungle of Costa Rica. And that's a crazy ass drug too. , you know what, whatever it's everyone has to decide. What is the pros? What are the cons, what are the risks? And then I think it's just the individual decision and there's too much of this. I wouldn't do this or that.

So I can't believe you did this or that. It's that doesn't make any sense to me. It's like each person has to make their own decision and we should stop like judging everyone else for whatever it is they decide. So

[01:46:29] **Ali Gilbert:** anyway, that's my right. No, but it, it is very true because a lot of guys do even get judged for considering it.

And I have guys I've coached for two years, who I think would be fantastic candidates for TRT, but they're just not ready. And I'm not like, telling them, listen, if you went on TRT, your deadlift would go up. Oh my God, if you went on TRT, like I'm not like that. People know very well.

I am very pro TRT, but it's not something that I push on people. If it's not something they wanna do, I'm still gonna coach you. You don't have to be on testosterone. But if you wanted to understand what it entails, I will be there to have that discussion. If you wanna understand if your erectile dysfunction is from low T or it's from anything else in your life, I'm there to have that discussion.

If you're 27 years old and you're experiencing. That's what I'm here for. So I totally agree. It's like somebody, being in love with a certain diet, don't push

that on others. It might not be their decision and don't judge them if they wanna do it, even though, we make jokes about vegans and stuff, but oh yeah.

[01:47:29] **Dr Mike T Nelson:** That's okay. And keto, Carl, like odds are, yeah. He's probably not gonna be key to anymore if it's part of his name. Yeah, totally. that's fine. I love it. awesome. So where can people find out more about you? I know you've got a seminar coming up. I know you've got course. You've got newsletter working.

Can people find more

[01:47:47] **Ali Gilbert:** from you? Best way to find me is on Instagram at the Ali Gilbert. Slide in the DMS. I'll probably answer you. I do actually get a lot of DMS from guys about questions surrounding this, because it is very sensitive. Like I don't expect someone to comment on a post Hey, I'm having boner issues.

I'm 23 years old. , definitely welcome to, to ask me that privately. And at the end of October, I'm hosting a men's health and fitness summit in Florida called the Silverback summit. And the reason I created it was because we have medical conferences and we have fitness conferences, but when it comes to everything we talked about today for a guy to understand his true risk of TRT, cardiovascular, risk, nutrition, fitness, all that.

Let's provide that for the general population in one place. So I have my most trusted practitioners. Your friend, Brian Kron yes. As well.

[01:48:44] **Dr Mike T Nelson:** Love him. He's been on the program. Tell I said, hi, I'm I can't make it. We'll be down in Texas then otherwise I would be there. So hoping to

have another one next year.

[01:48:53] **Ali Gilbert:** Yes. Yes. For sure. It'll be fun. And then I've got like social activities a night at drive shack, a bourbon tasting barbecue, like man, shit. , it'll be fun. It'll be worth attending some great sponsors as well. And then I do have a course called testosterone school that you can find on my website, Ali gilbert.com that I haven't launched again yet, but probably will be in the next few months.

And that's basically 12 modules of. What we talked about today, nutrition training TRT 1 0 1 and any questions related to that, basically my approach and

learning more about testosterone, how it's made and all the different delivery methods of TRT and stuff like that. So I think that's awesome.

That's

about it. Yeah. if they sign up to the newsletter, they'll be notified when the course is out again, correct? Yes. Yep.

So get on email list, your website on the website.

[01:49:48] **Dr Mike T Nelson:** Yep. Awesome. Thank you so much for all your time today. I would highly encourage people to check out everything you have and if they can make it to your seminar, I'm sure it'll be an amazing, good time, even though they let Canadians like Brian show up

[01:50:01] **Ali Gilbert:** He hasn't gone across the border yet, so that's

[01:50:02] **Dr Mike T Nelson:** right.

He hasn't made it there yet officially yet. So maybe he'll get stopped. thank you, Mike. I appreciate it. Thank you. Cool.

Thank you so much for listening to the podcast today. Huge. Thanks to Ali for all the great information. It was awesome to talk with her once again. You can check out all of her great information at her website there just aligilbert.com, her Instagram sign up to her newsletter.

If you can make the seminar in Florida would highly recommend it. You can also check out another podcast we did with Brian Kron, who will be there. Unfortunately, as I mentioned, I will not. We'll be in south Padre, Texas around that time, uh, working and hopefully kit board, if the wind is up so big, thanks to Ali.

Make sure to check out all of her stuff. If you enjoyed this podcast, we would love any. Reviews or comments that helps push us up in the competitive rankings. That just takes a few seconds. You can even just click whatever stars you think are appropriate. Uh, leave us any and all feedback there or whatever podcast system you use.

It is all greatly appreciated. Or if you have a friend who might be considering testosterone replacement therapy, Please send this podcast over to them. So thank you so much for listening greatly. Appreciate it. For more information on

nutrition recovery, make sure to check out the flex diet, go to flexdiet.com for eight interventions to maximize nutrition and recovery.

Thank you so much. And we will talk to you again very soon.