



# FREQUENTLY **ASKED** QUESTIONS

DIABETIC

*SHED*

**FREQUENTLY ASKED QUESTIONS**  
**TRAINING**

## **Q. IS IT WRONG TO DO MORE TRAINING THAN WHAT'S PLANNED?**

I've outlined exactly what you need to do. Don't think doing more is better. If you can't get leaner and build muscle on the programs I have developed, you're doing something seriously wrong.

## **Q. HOW DID YOU SELECT THE EXERCISES?**

The program includes a collection of time-tested compound and functional strength training exercises, that challenge the 5 basic human movements of push, pull, squat, hip hinge and weighted carries.

These moves recruit a lot of muscle fibres, and stimulate maximum overall body growth.

Isolation or accessory exercises bring up certain body groups for aesthetic purposes and assist with performance in the main compound lifts.

## **Q. HOW DO I KNOW I AM DOING THE EXERCISES CORRECTLY?**

A simple rule of thumb is if it looks like shit or feels like shit then it probably is shit!

To get the most out of an exercise/movement, you need to

- Move with quality and integrity.
- Move with intensity, focusing on force production.

If you can't bring either to the lift, one of two things is happening: you are fatigued, or the weight is too heavy.

There are many causes of fatigue, whether it is from the previous day of training, previous weekend of travelling or recent competition.

Don't be afraid to lighten the load, hire a knowledgeable coach or feel free to upload a video of your training into the [Diabetic Muscle and Fitness Facebook Group](#) for me and the members to review. Click here to gain access.

## **Q. HOW HEAVY DO I NEED TO GO?**

During the Groundwork and Hellfire training phases try to fail at the designated rep target outlined in your program, give or take 1 or 2 reps a side. If you fail earlier the load lifted is too heavy, if you fail late on - the load is too light!

**If you feel up to it, push yourself to absolute failure, where no more reps can be performed.**

Each session should be somewhat of a test of your new strength.

The Re-Gen phases do not need to be taken to failure.

### **Q. DO I NEED TO WARM UP?**

Not always.

Sometimes you might feel ready to lift as soon as you enter the gym.

Other times you might need to do a bit of foam rolling to relieve tension in tight pesky areas like the glutes, quads and calves or perform 5-10 minutes of light cardio to clear your mind, increase body temp and get the blood flowing.

I do recommend you pace yourself, and prime your body and mind with a light warm up set or two of each exercise before doing any working sets to failure.

**Q. WHAT IF I AM SORE DOING AN EXERCISE?**

Pain produced by movement should be reported, managed, diagnosed and treated by a medical professional.

**Q. DO I NEED TO WEAR A BELT?**

The proposed role of a weight lifting belt is to increase intra-abdominal pressure and improve spinal support, which can help you manage heavier loads, and promote greater muscle growth and strength gains.

There is zero need to wear a belt, especially if you're a beginner as it can distract you from building good quality form and technique.

The more advanced and heavier you lift the better reason for using a belt to aid with super heavy sets.

**Q. HOW DO I AVOID OVERTRAINING?**

Provided you have eaten well, maintained healthy blood glucose control, avoided illness and gotten adequate sleep, the set training phases should allow

you to reach an acceptable level of fatigue without spilling over into detrimental periods of overtraining.

The phases will bring you to a state of short-term overreaching (fatigue) which are then tapered off with programmed de-training blocks that allow your body to optimally hyper-compensate, and maximize muscle development. Think of the detraining blocks as one step back, two forward in your quest to build greater levels of muscle and strength.

### **Q. DO I HAVE TO DO THE DE-LOAD WEEK IF I FEEL OK?**

If you still feel fresh after following one of the 7-week training blocks I will personally shake your hand. I have designed these workouts in a way that, come week 8, your body will be due a rest.

The week of detraining is important to let your body play catch-up and solidify your gains.

I recommend you stick to what I've outlined and use your downtime productively to do other things with your life outside the gym.

Fact: Rest is a prerequisite to high performance.

### **Q. WHAT ABOUT EXERCISE TEMPO?**

Tempo is an important exercise variable.

To keep things simple, work of the intent CONTROL and DRIVE when you perform an exercise.

For every exercise you perform take:

- 2 Secs to lower the weight.
- 1 Sec pause at the start of the rep.
- Fast 1 sec explosive press or pull (exercise dependent)
- 1 sec hold at the end of the rep

Always ensure you take your muscle fibres through their full range of motion during the set tempo. The control aspect should involve getting the target muscle as lengthened as possible while the driving aspect should involve getting the muscle as shortened as possible.



# **FREQUENTLY ASKED QUESTIONS**

# **CARDIO**

**Q. HOW MUCH CARDIO DO I NEED TO DO?**

Most training programs would have you perform cardio at set time periods across the day. This can prove very inconvenient and doesn't account for activity outside set time periods (including your weight training) which can play a big role in your fat loss results.

Working off a step count is an excellent way to measure physical activity.

10,000 steps per day is a great starting point, depending on your rate of fat loss. The decision trees will tell you when and how much cardio to add in.

If you're consciously making an effort to hit a set step target, you'll actively burn off energy.

## **Q. WHAT IS THE BEST FORM OF CARDIO?**

Walking is the easiest form of cardio to perform. However, there are many other forms, including:

- Swimming
- Hiking
- Biking
- Rowing
- Exercise machines

You won't be able to track step counts for particular forms of cardio. In these cases, only track what you did and for how long in your daily tacker. This will give you a reference for comparison against other weeks.

For example:

Step Count = 7,000 steps  
Cardio 20 min bike ride

## **Q. DO I NEED TO DO HIGH-INTENSITY CARDIO?**

You may.

I have outlined how much to do in the adjustments and assessments aspect of this guide.

High-Intensity Interval Training can be performed on exercise machines or with functional exercises like the prowler, battle ropes and med-ball slams, etc.

**Q. WHICH IS BETTER HIGH INTENSITY OR LOW-INTENSITY CARDIO?**

Both are useful.

Many people think HIIT is better because it is more challenging. However, they overlook the fact HIIT is demanding on the system and can dig into recovery if overdone.

The bulk of your cardio will come from low-intensity steady state movement with programmed segments of HIIT.

**FREQUENTLY ASKED QUESTIONS**

**DIET**

## **Q. ARE LOW CARB/KETOGENIC DIETS ANY GOOD?**

Low carb diets can work for the sedentary individuals who live with type 1 and type 2 diabetes. The disadvantages to a low-carbohydrate diet, as in any intervention, will rest with the context of the individual.

It is possible for a person with type 1 diabetes to follow a Ketogenic diet, but it is essential they clearly understand the difference between nutritional ketosis and diabetic ketoacidosis.

Nutritional ketosis is purposeful choice by the individual, where the diet is very high fat (70-80%), there is low but adequate circulating insulin, the blood glucose level remains in normal range, the blood ketone level ranges between 0.5 – 3.0mmol/l, and blood ph level is normal.

Diabetic ketoacidosis is where there is low circulating insulin, the glucose level is very high, the blood ketone level is usually >5.0mmol/l, and the blood ph is low.

Intense weight training sessions use up lots of glucose, therefore having full glycogen stores will help offset

fatigue and increase performance, which, provides a greater training stimulus.

Achieving nutritional ketosis consistently for people with Type 1 is very challenging as protein intake has to be kept to <1g/kg/d - most people go over this.

Also treating a hypo with fast acting carbs knocks you out of ketosis. This means all the purported benefits of appetite suppressions and cognitive enhancement from a ketone level of 1.0 - 3.0mmol/l are very rarely enjoyed by the type 1.

Also, the social suicide of eating zero carbs can get pretty annoying, to say the least. How many carbs you eat is really a matter of personal choice and trial/error to see what works best for you.

**FREQUENTLY ASKED QUESTIONS**

**BUILDING  
MUSCLE WITH  
DIABETES**



**Q. Is insulin an advantage to bodybuilders with diabetes?**

No. People with diabetes need insulin or they will die. Diabetes is a catabolic (muscle wasting) disease if uncontrolled. Insulin is necessary for organising the use and storage of fuels within the body, especially carbohydrate.

Many people get confused and believe the fallacy that people with diabetes using injectable insulin are at an advantage because it's used/abused as an ergogenic aid in hard-core bodybuilding.

People with diabetes do not have an advantage because they use insulin.

[Read this article](#) for a more in-depth explanation on the topic. Insulin, Diabetes and Bodybuilding.

**Q. Can you build muscle quicker if you have diabetes?**

No, you can't.

Deficiencies in insulin production and/or poor action (insulin resistance) result in problems with the body's ability to process glucose and build muscle.

It is fair to say that a poorly controlled person with diabetes has LESS chance of building muscle. This can be counteracted by tight control, frequent strength training, adequate rest and a calorie controlled protein rich diet.

### **Q. Can people living with diabetes get ripped?**

Yes.

It's just a matter of knowing what to do and being consistent.

The following factors need to be respected when it comes to getting ripped with diabetes:

- **Energy Intake** – Calorie intake via food and drink.
- **Energy Expenditure** - Via physical activity and set exercise.
- **Training Stimulus** – Highly specific to muscle gain.
- **Recovery** – Rest and stress management.

**Robust diabetes management** to avoid health complications, muscle breakdown, unwanted fat gain and dips in training performance.

## **Q. Which is better pump or injections?**

**Insulin Injections** require a physical injection. While modern pens are easily stored, quick and painless to administer, some people struggle and find insulin injections time consuming, embarrassing and intimidating.

**Insulin pumps** are battery powered devices that slowly infuse insulin into the body. They are well suited to patients who have trouble managing their blood glucose levels or don't like to use needles.

**There are many benefits to using a pump over needles including:**

- More flexible living: less hassle of injecting in public.
- Precise dosing: pumps can dose insulin to the nearest .025, .05 or .1 of a unit – meaning less chance of overdosing and going low.
- Finer tuned adjustment: during periods of stress, illness, growth and menstruation.

- Measurement of data: pumps sync an abundance of blood glucose readings and behaviour over smartphone and computer.
- This allows for accurate assessment and review of treatment strategies.

One of the biggest problems with pump users is mechanical fault or the pump being physically ripped off or wearing it during sex.

The optimal dosing strategy for insulin has not been identified and will likely depend on personal preference.

**Q. What is the first thing I should do when I feel my blood glucose going high?**

If using a finger prick test, clean your hands first, test and then correct as needed.

If in doubt, test again – even if this means using another meter. Technology isn't always perfect.

If you're using CGM, simply correct.

**Q. If I inject insulin into a muscle what happens?**

Injecting insulin into a muscle can lower blood sugar down more quickly than if injected in fat tissue. Generally, it is not advised.

However, there may be a time and place for this, especially if correcting a very high blood glucose reading or if you have extremely low levels of body fat.

**Q. If I inject insulin into a muscle group will it make it grow quicker?**

No.

**Q. How do I keep my pump and CGM secure? They keep falling off!**

Kinesiology tape or Grif Grips are useful for keeping technology like pumps and CGMs secure during extreme activities and training.

## **Q. What popular supplements can interfere with diabetes management?**

### **Decrease Blood Glucose**

- Chromium.
- Alpha Lipoic Acid
- Cinnamon
- Other insulin mimetics (lowers blood sugar)

### **Increase Blood Glucose**

- Caffeine
- Other stimulants like ephedra.
- Niacin.

## **Q. What medications interfere with diabetes management?**

### **Increase Blood Sugar**

- Barbiturates.
- Thiazide diuretics.
- Corticosteroids.
- Birth control pills (oral contraceptives) and progesterone.
- Catecholamines.
- Decongestants that contain beta-adrenergic agents, such as pseudoephedrine.
- The antipsychotic medicine olanzapine (Zyprexa).

**Decrease Blood Sugar**

- Bactrim (an antibiotic)
- Beta-blockers.
- Haloperidol.
- MAO inhibitors.
- Metformin when used with sulfonylureas.
- Pentamidine.
- Quinidine.

**Q. Do popular painkillers like Aspirin or Ibuprofen affect blood sugar levels?**

There is currently no evidence to suggest so.

Be mindful of using too many pain killers and NSAIDs (non-steroidal anti-inflammatory drugs) as they can reduce the anabolic responses to strength training when overused.

**Q. Why does my blood glucose increase after weight training?**

One of the main reasons resistance training increases blood glucose levels is due to the increased production of counter-regulatory stress hormones such as cortisol and growth hormone.

These hormones serve to mobilise fuel and increase blood glucose levels. Other processes like the Cori cycle and gluconeogenesis also play a significant role. However, that is way beyond the scope of this concise answer. I talk about them in detail in my main book - *The Diabetic Muscle and Fitness Guide*.

In healthy individuals, the temporary rise in blood glucose levels is compensated at the end of training by regular insulin production. This keeps blood glucose levels in range.

But people with type 1 diabetes fail to produce enough insulin to bring blood glucose levels back down to normal levels, which results in hyperglycaemia if insulin medication isn't administered.

### **Q. Why is my blood glucose high when I wake up?**

- Pump disconnect or insulin pen problems.
- You didn't take enough bolus for your pre-bed meal.
- Your basal insulin is not working (out-of-date, bad batch)
- Lack of basal insulin
- Stress
- Particular medications



**Q. I go to bed with a normal blood glucose reading and keep waking up with a hypo, why is this?**

There is too much circulating insulin in your system. You may have trained the evening prior and consequently the insulin mimetic effects of exercise have caused you to go hypoglycaemic. Pump malfunction may be another issue.

**Q. Is it ok to run my blood glucose levels high to lose fat?**

No. This isn't the right way to lose body fat and look great. Long-term hyperglycaemia will dramatically increase your risk of diabetic related health problems, including:

- Cardiovascular disease
- Nerve damage (neuropathy)
- Kidney damage (nephropathy)
- Eye damage (retinopathy)
- Foot damage
- Muscle loss
- Reduced immune function
- Skin conditions
- Hearing impairment
- Alzheimer's disease

**Q. Is it true my body doesn't absorb fuel when I'm high? Surely, I can eat whatever I want then?**

Yes, and then a strong NO.

When your glucose level goes above 10mmol/l (180mg/dl) from eating whatever you want or missing insulin, your kidneys have to work hard to get rid the excess glucose, by flushing the excess out via the urine.

It is true the energy from this glucose is not available to the body; however, every time your glucose level goes high there is damage done to the small vessels in your body.

If this happens repeatedly for a prolonged period of time, you can develop serious health issues with your eyes, kidneys, feet and all other major organs.

**Q. What should I do if my blood glucose is high before I do cardio?**

If your blood glucose is high pre-cardio, consider taking half (or less) of your usual correction dose and assess 25 minutes into training. A full correction dose might stimulate a hypo.

**Q. What should I do if my blood glucose is low before I do cardio?**

Consume an adequate amount of carbohydrates to bring blood glucose back into range. Cardiovascular exercise has the tendency to lower blood glucose, thereby having the potential to amplify the hypo.

Short bouts of High Intensity Interval Cardio can increase blood glucose levels, but the nature of the cardio after may lower blood glucose back down again, defeating the purpose.

**Q. What should I do if my blood glucose is high before I weight train?**

If your blood glucose is high pre-weight training, consider taking your usual correction dose and assess 25 minutes into training.

Strength training has the potential to increase blood glucose levels. Taking less than your normal correction dose may not account for the blood glucose rise that often accompanies this form of stressful training.

## **Q. What should I do if my blood glucose is low before I weight train?**

Consume a liquid carbohydrate sports drink. This acts fast and won't bloat you like a solid food meal.

The amount of carbs you need to consume will largely depend on the severity of your hypo.

Weight training can increase your blood glucose levels, accommodate this when eating and avoid over treating your hypo with too many carbs, which will inescapably drive you into hyperglycemia.

Or,

Short bouts of High-Intensity Interval Cardio can increase blood glucose levels. The strength training that follows may increase blood glucose further and get you back into safe range. 15-30 secs on with 45-60 sec active recovery - I personally use the bike and row sprints.

The severity of your hypo will largely be down to how much insulin is circulating in your system, the more insulin, the more severe the hypo. Subsequently, carbohydrate may be needed.

**Q. Can people with diabetes compete in bodybuilding or powerlifting?**

Yes, they most certainly can.

Check out my own personal story in my book *The Diabetic Muscle and Fitness Guide*.

**Q. Will the small needle in the CGM negatively affect my muscle contractions or lifts?**

NO. The needle is micro fine and won't interfere with your workouts.

**Q. How will I know how much bolus insulin to inject?**

Base your bolus dose of insulin for a set meal on how your blood glucose will sit three to four hours after the meal. Your bolus insulin dose should be based on the following key factors:

1. Type of food.
2. Pre-meal blood glucose level.
3. Proximity of exercise or stressful events.
4. Proximity of substances that raise blood glucose.
5. Digestion issues.

**Q. As a competitive male or female bodybuilder/physique athlete, how do you test blood glucose or inject insulin if covered in tan? Surely this will be unhygienic?**

If you're a competitive bodybuilder/physique athlete and need to wear artificial tan on competition day, injecting insulin can be difficult. Avoid injecting through tan, as this is extremely unhygienic. I apply a plaster to an unexposed area of my glutes then peel off and on, as and when needed to inject.

**Q. Does Insulin use in non-diabetic bodybuilders increase muscle mass?**

No. A study by Tommelen et al. in the European Journal of Endocrinology found that exogenous insulin administered systemically (whole body) does not increase muscle protein synthesis in healthy, young adults.

Check out the research by clicking the link below.

[MECHANISMS IN ENDOCRINOLOGY: Exogenous insulin does not increase muscle protein synthesis rate when administered systemically: a systematic review.](#)

## **Q. What are the cons of using injectable insulin?**

Hypoglycaemia, a common side effect of injectable insulin use; it brings a number of problems.

1. It can result in you eating unnecessary calories at times when you may not even be hungry. This increases the potential for fat gain, especially if the hypos are frequent.
2. If you suffer regular hypos, the issue of 'hypoglycaemia unawareness' can diminish your counter-regulatory responses and body's ability to recognize hypos, thus increasing the chances of going extremely low and possibly losing consciousness.
3. Hypos reduce mental alertness which increases the chance of injury when training.

**Q. As long as my HbA1C is good I'm healthy, right?**

Not 100% correct.

HbA1c is the most valid measure of long-term health risk for both Type 1 and Type 2 Diabetes. The aim is to keep HbA1c at or below 6.5% (48 mmol/mol) to ensure lowest health risk.

That being said there is growing evidence that if your glucose levels are very variable, with lots of highs and lows, this can independently increase the risk of cardiovascular disease.

If you achieve an HbA1c of less than 6.5% (48mmol/mol) but at the cost of frequent hypoglycaemia, this can impact on memory and will prevent you from driving.



**FREQUENTLY ASKED QUESTIONS**

# **DIABETES NUTRITION**

**Q. What is the best food to treat a hypo?**

A liquid glucose sports drink.

**Q. Are diabetic foods better for you?**

No.

They are a rip-off, high in calories and generally taste awful.

**Q. How do I know the waiter hasn't confused my drink with a non-diet full sugar version?**

When in doubt ask, and if you have your blood glucose monitor with you test a small sample. A diet soft drink will have no detectable glucose whereas a non-diet drink will be flagged as high.

**Q. Do sugar alcohols increase blood glucose?**

Although slow to act, sugar alcohols can raise blood glucose levels. As a general rule, I count 50% of the sugar alcohol grams from total carbohydrate.

**Q. Can people with diabetes eat carbs?**

Yes, they can, provided they meet an individual's calorie targets for their specific body composition goals.

Carbohydrate intake must also be covered with the appropriate amount of insulin.

**Q. Can people with type 1 diabetes eat a ketogenic diet? Is it the best way to get lean?**

Yes, and then No.

It is possible for a person with type 1 diabetes to follow a Ketogenic diet, but it is essential they clearly understand the difference between nutritional ketosis and diabetic ketoacidosis.

Nutritional ketosis is purposeful choice by the individual, where the diet is very high fat (70-80%), there is low but adequate circulating insulin, the blood glucose level remains in normal range, the blood ketone level ranges between 0.5 – 3.0mmol/l, and blood ph level is normal.

Diabetic ketoacidosis is where there is inadequate circulating insulin, the glucose level is very high, the blood ketone level is usually  $>5.0\text{mmol/l}$ , and the blood pH is low.

In practical terms it is challenging for a person with Type 1 diabetes to remain in nutritional ketosis for a long time. This is because they may have to treat hypos with glucose, and their body does not have the auto regulation of insulin levels to deal with peaks and troughs of stress hormones.

The most recent metabolic ward studies by Kevin Hall's Group at NUSI have shown clearly, the most important factor for getting lean is being consistently in a negative energy balance, irrespective of macronutrient profile.

Considering the challenge of staying in nutritional ketosis with type 1 diabetes, you may get more value from focusing on consistent negative energy balance.

**Q. How much fibre do I need to eat daily?**

Generally speaking, 35g for Woman/38g for Men from a mixture of fruits and vegetables.

**Q. What is the best fat loss diet for someone living with diabetes?**

All popular fat loss diets involve calorie restriction. The best diet for fat loss is one that you can stick to over the long term. The easier it is to stick to, the easier it is to reduce your body fat to a desired level.

Large calorie deficits can result in loss of energy, more hypos, muscle loss, reductions in exercise performance and undesirable changes in body chemistry.

Overly restricting certain food groups can prove socially awkward and drive you insane.

**Q. Are there any bad foods people with diabetes should avoid?**

There is no such thing as a bad food. Respect the dose and frequency of the type of food you eat. Too much of the wrong types of food will inevitably lead to fat gain or problems with blood glucose.

**Q. Is it ok to get drunk with diabetes?**

Personal preference.

Getting drunk frequently is not healthy or wise.

When drunk you can jeopardize blood glucose management, increase risk of injury and consume unwanted calories.

**Q. Are low calorie, zero carb spirits the best option to drink over wine, beer and alcopops?**

Not necessarily. Although spirits may be low in calories, they can get you drunk quicker.

When drunk, food choice tends to go out the window along with common sense.

Be mindful it's easy to mess up your diet, and miscalculate medications, the drunker you get.

Wine, beer and cocktails can be drunk. They just need to be covered with the right amount of insulin (especially if they contain carbs) and fall within your calorie needs.

## **Q. What is food environment? And, how can I improve my food environment?**

In respect to losing body fat and getting in shape, food environment is an important factor.

Food environment includes a number of key factors.

- Access to food (time, cost, availability etc.)
- Knowledge of how nutrition affects your health
- Cooking skills
- Influence of other people, especially your peer group on your food/drink choices etc.

Here are 5 great tips to improve your food environment to assist with your muscle building and fat loss efforts:

- ✓ Order your shopping online to avoid buying crap for the sake of it
- ✓ Hang around, shop and eat with like-minded friends
- ✓ Empty your cupboards of junk food. Make it impossible to get to.
- ✓ Order/Shop in bulk so you don't run out.
- ✓ Be mindful of other people who bring junk food into the house at set times every week.

**FREQUENTLY ASKED QUESTIONS**

**ADJUSTING**



**Q. Does female menstruation affect diabetes, training and diet? Do I need to adjust anything?**

It can. Appreciate menstruation is a physiological process that uses energy. If you're highly active, the energy demanding process of menstruation can leave you feeling drained and tired.

It can also cause weight fluctuations and change the action/onset of your medications. This is due to a cascade of hormonal events.

**Q. Should I do more weight lifting if I don't drop weight?**

Strength training serves as your stimulus for muscle growth. It does not lend itself as your main fat loss tool. The only time it needs to be adjusted is when you're sick or feeling down and can't train.

Physical activity outside the gym, along with calorie intake, play the biggest role in your efforts to lose fat.

Consequently, they are the most important factors to adjust when you reach a plateau.

**Q. How many calories should I drop?**

In and around 100-200kcal.

**Q. What macros should they come from?**

Technically they can come from any macronutrient.

Generally speaking, carbohydrate and fat would be the first macronutrients to trade out.

It's important to keep a baseline intake of protein in place due to its role in preventing muscle breakdown, building muscle and helping keep appetite down.

I generally don't consume any lower than 1.8g per kg (0.8g/lb.) of protein per day for this reason.

**Q. What if I lower my calorie intake, take a hypo, and end up eating extra calories to bring my blood sugar back to normal range? Should I count these calories?**

Yes. You need to count these calories as part of your overall daily intake. If you go over your calorie intake, trim calories from another day to balance your energy intake out across the week, or simply do some

additional steps to burn off the energy once blood glucose levels have stabilized.

**Q. I didn't meet my minimum protein target but met my overall calorie target. I took a bad hypo and ate more carbs than planned to bring my sugars back to normal. I've no calories left. What should I do?**

If you haven't met your protein goal and consumed the rest of your calories from carbs/fat, don't panic.

There is no need to eat extra protein. Carbohydrate and fat are both muscle sparing. Hunger is the only problem you might encounter if this incident occurs earlier on in the day. If necessary, trade calories from another day to tide you over until bed.

If the hypos are reoccurring, try and get to the source of the problem.

**Q. Do I have to drop calories from a particular meal?**

You can drop calories from whatever meal you wish. Ideally, drop calories at a meal time when hunger is at its lowest.

**Q. How many steps should I add to my activity when I plateau?**

1000 per day is a great place to start.

**Q. Is there any other form of cardio like HIIT I can do instead of steps? They bore me.**

Yes, you can perform HIIT cardio instead of steps. As a rule of thumb 10 mins of HIIT cardio = 1000 steps.

Ideally 10-30secs all-out effort followed by 1 min of downtime - active recovery. Generally speaking, if you can go harder for 30 secs you are not going hard enough.

There are a range of different forms of HIIT exercise:

- ✓ Hill sprints
- ✓ Rowing machine
- ✓ Burpees
- ✓ Battle ropes
- ✓ Light prowler pushes
- ✓ KB complexes

## **DON'T OVERDO HIIT CARDIO**

Too much HIIT can build fatigue and steal strength. Avoid HIIT training within 4 hours of going to bed as it may keep you awake and reduce sleep quality.

### **Q. Do I have to track my foods? It annoys me.**

Tracking macros and calories is a tool to get in shape, nothing more, nothing less. The great thing about tracking is the ability to build habits and mindfulness of food portion size. This pays massive dividends in preventing obesity.

However, some people will hate tracking. In this case, other methods like portion sizes (a fist full, thumb size, containers, etc.) can be used.

Effectiveness is judged regarding what results are obtained, not the method.

## WANT TO LEARN MORE...?

**BEING FULLY EDUCATED AND EMPOWERED IS ESSENTIAL IF YOU WANT TO MANAGE YOUR DIABETES, TRAIN HARD AND BUILD A STRONG, HEALTHY BODY.**

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This is a huge deal for me. I haven't messed around with the quality of information and experience on the table.

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