FITNESS

How to Become a Longevity Coach in Miami: Heat, Tourism Clients and Honest Claims — Skills, Scope and Training Path

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Short answer: Miami clients train outdoors most of the year, see a dense wellness market, and often ask about peptides, GLP-1 medicines and "stacks" they heard about on social media. A longevity coach here earns trust by coaching the habits with the strongest evidence — sleep, protein, strength, walking — and by refusing to become a grey-market pharmacy. Coaches educate and refer. They never diagnose, prescribe, dose or sell. The Miami–Fort Lauderdale–West Palm Beach metro has about 6,457,309 residents (US Census Bureau, Vintage 2025 estimate). See our [Miami hub](/us/miami).

Skill 1: guidelines first

Anchor plans to the [US Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines): 150–300 minutes of moderate aerobic activity a week, muscle-strengthening on two or more days, and balance work for older adults. In a city full of boutique studios and recovery lounges, the guidelines keep the plan from becoming a shopping list. When a client wants to "optimise everything," start by asking which guideline minutes are already covered and which are missing.

Skill 2: strength and fitness literacy

Cite strength ([Momma et al., 2022](https://pubmed.ncbi.nlm.nih.gov/35228201/)) and fitness ([Mandsager et al., 2018](https://pubmed.ncbi.nlm.nih.gov/30646252/)) associations carefully — support for habits, not guarantees. Observational data link higher cardiorespiratory fitness and regular muscle-strengthening to lower long-term mortality; that is not the same as promising a client they will live longer if they buy a membership. For Miami clients who already run on the beach or cycle the causeways, add two strength sessions so outdoor volume does not crowd out muscle work.

Skill 3: heat-aware outdoor coaching

Summer humidity and midday heat are real. CDC's [heat and medications](https://www.cdc.gov/heat-health/hcp/clinical-guidance/heat-and-medications-guidance-for-clinicians.html) page matters for clients on common drugs, including some blood-pressure medicines and diuretics. Shift hard sessions earlier, watch for dizziness, and refer medical symptoms. Do not invent a "safe heat index for your medicine" number — that belongs with the clinician. Hydration plans are habit coaching; electrolyte "protocols" that claim to treat disease are not.

Skill 4: protect muscle for clients on GLP-1 medicines

FDA-approved GLP-1 and dual agonists can produce substantial average weight loss in trials ([Wilding et al., 2021](https://pubmed.ncbi.nlm.nih.gov/33567185/)), and lean-mass loss is a documented concern ([Neeland et al., 2024](https://pubmed.ncbi.nlm.nih.gov/38937282/)). Help clients keep protein-first small meals and twice-weekly strength when appetite drops ([Mozaffarian et al., 2025](https://doi.org/10.1016/j.ajcnut.2025.04.023)). Dosing, side effects and product choice stay with the prescriber. Coaches never source pens. FDA has clarified compounding policies as supply has begun to stabilize ([FDA](https://www.fda.gov/drugs/drug-alerts-and-statements/fda-clarifies-policies-compounders-national-glp-1-supply-begi

Skill 5: tourism and short-stay clients

Snowbirds and short-stay visitors often want a "reset week" packed with saunas, red light and diagnostics. Help them prioritise sleep, hydration, walking and one strength session before stacking services. Do not promise that a week of appointments will reverse ageing. FDA's [health fraud page](https://www.fda.gov/consumers/health-fraud-scams) explains how to spot cure-all claims. If a visitor asks you to continue a medicine started elsewhere, send them to a local clinician — do not become a travel pharmacy.

Skill 6: restaurant and nightlife culture

Brickell, Wynwood and South Beach make eating out feel like the default. Practise protein-first ordering, smaller portions and a stop-at-comfortable-fullness rule. Alcohol questions belong with the medicine label and the prescriber; coaches practise pacing and exit plans, not "safe drink counts".

Skill 7: scope and referral scripts

National Board for Health & Wellness Coaching materials describe coaching as partnering on behaviour, not diagnosing or treating disease ([NBHWC scope](https://nbhwc.org/scope-of-practice/)). Practise scripts for: - "Can you get me peptides?"

"I don't source medicines. Ask your clinician." - "Should I change my dose before a night out?"

"Dose changes are your prescriber's call." - "This studio says their protocol cures [disease]."

"That is a medical claim. Talk to your doctor; we stay on habits."

A Miami week that still hits the guidelines

Early outdoor walks before the heat builds, two strength sessions indoors or in shade, protein-first meals that survive restaurant culture, and a clear path back to the client's clinician when medicine questions appear. Recovery lounges are optional after the basics are stable. Track weekly minutes, not daily perfection.

Building a practice without grey-market income

Charge for coaching time, programmes and education. Do not take affiliate income from research-use-only peptides, compounded "research" pens or cure-all stacks. Write your Florida scope down; practising medicine, pharmacy, dietetics and PT are regulated. Decline sourcing requests in writing when they become persistent.

Common Miami client questions

- *"Everyone here is on a peptide — why won't you help me order?"* "Because coaching is not a pharmacy. Ask your clinician." - *"Can we stack sauna, cold plunge and red light every day of my trip?"* "We can plan one or two recovery sessions after sleep and strength are covered — not a medical stack." - *"I feel dizzy after midday runs."* "Stop, cool down, hydrate, and tell your doctor — especially if you take medicines that raise heat risk."

Where Miami coaches fit next

Miami's wellness density is a double-edged sword: clients can find almost any service, and they can also find almost any claim. Your differentiator is evidence literacy and a clean referral path. Keep a short written scope, practise declining sourcing requests, and build relationships with clinicians who want habit support for patients already on approved therapies — not a back channel for grey-market product.

Heat plus medicines: a coaching checklist

Before an outdoor block in summer, ask whether the client has talked with their clinician about heat risk on their current medicines, whether they have a fluid plan for the session, and whether dizziness or unusual fatigue has already shown up on recent hard days. Any yes that sounds medical leaves the coaching lane.

Want to coach this? LetsGo Academy

Start free with [Level 1](/academy). [Level 3 (US$300)](/academy/level-3/evidence-quality-for-coaches) covers evidence quality and GLP-1/peptide foundations. [Level 4 (US$500)](/academy/level-4/glp1-coach-alongside-prescriber) covers working alongside a prescriber and US state scope. Level 5 (US$500) covers jurisdiction and grey-market case studies. *Train as a longevity coach for the GLP-1 and peptide era — education and referral, not a grey-market pharmacy.* Already coaching? Create your profile at /coach. We do not promise income or client results. *Education only. Not medical advice. LetsGo Academy is not a licence to practise.*

Safety note

Education only. Coaches educate and refer; they never prescribe, dose, source or sell medicines.

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