FITNESS

How to Become a Longevity Coach in Minneapolis: Winter Training, Lakes and Minnesota's Client Bill of Rights — Skills, Scope and Training Path

LetsGo Editorial · LetsGo Editorial · 6 November 2026 · 6 min read

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Short answer: Minneapolis clients are active when the lakes are open and sedentary when they freeze. The coach's value is a plan that survives January. A longevity coach helps clients build and keep the habits with the best evidence (activity, strength, sleep, food quality) and refers everything medical. Coaches do not diagnose, prescribe or sell treatments. This page is education only. For local context see our [Minneapolis hub](/us/minneapolis).

Skill 1: speak the guidelines

US guidelines call for at least 150 minutes of moderate aerobic activity a week plus muscle-strengthening on two or more days ([Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines)). Most clients are far from that, so the job is mostly closing the gap, not adding exotic protocols.

Skill 2: strength and fitness literacy

Muscle-strengthening activity is associated with lower all-cause mortality across cohort studies ([Momma et al., BJSM 2022](https://pubmed.ncbi.nlm.nih.gov/35228201/)). Higher treadmill-measured fitness tracks with lower mortality ([Mandsager et al., JAMA Netw Open 2018](https://pubmed.ncbi.nlm.nih.gov/30646252/)), and weaker grip with higher mortality ([Leong et al., Lancet 2015](https://pubmed.ncbi.nlm.nih.gov/25982160/)). These are associations, but they give a coach trainable, repeatable baselines.

Skill 3: coach the winter gap

Activity often drops sharply from November to March. Plan indoor strength and walking before the first snow: a gym, a skyway walking loop downtown, or a rec centre. Treat "I'll restart in spring" as the main risk to progress, and set a minimum weekly dose the client can keep in any weather.

Skill 4: use the lakes and parks well

The [Minneapolis Park & Recreation Board](https://www.minneapolisparks.org/) runs the city's lake trails and parks. They make easy, repeatable test routes: a timed walk around the same lake each month in the warm season, swapped for an indoor test in winter. Keep conditions the same so the number means something.

Skill 5: protect muscle for clients on GLP-1 medicines

Part of the weight lost on GLP-1 medicines can be lean mass ([Neeland et al., 2024](https://pubmed.ncbi.nlm.nih.gov/38937282/)). Coaches support strength training and protein-first meals; dosing, side effects and product questions go to the prescriber.

Skill 6: sleep basics

Adults should regularly sleep seven or more hours a night, per the AASM and Sleep Research Society consensus ([Watson et al., 2015](https://pubmed.ncbi.nlm.nih.gov/25979105/)). Coaches work on wake times, wind-down routines and caffeine timing; loud snoring, gasping or severe daytime sleepiness go to a clinician.

What a first session looks like

A good first session is mostly listening. Ask about goals, a typical week, current activity, sleep, work patterns and any medical care the client already has. Take a health-history form, but do not interpret it: if anything on it suggests a medical issue, ask the client to check with their clinician before you start training. Agree on two or three habits for the first fortnight, not ten. Record a baseline the client can repeat, such as a timed walk, a sit-to-stand count or grip strength. End by writing down what you will and won't do, and how the client can reach a clinician if something changes.

Red-flag referrals

- Chest pain, fainting, palpitations or unusual breathlessness on exertion. Chest pain is an emergency. - Unplanned weight loss, or GI symptoms or dizziness on a GLP-1 medicine. - Low mood, disordered-eating patterns or talk of self-harm. - Any request to source, dose or "stack" peptides or prescription medicines.

Minnesota scope: the client bill of rights

Minnesota has a specific law for unlicensed complementary and alternative health care practitioners. Under [Minn. Stat. 146A.11](https://www.revisor.mn.gov/statutes/cite/146A.11), practitioners covered by the chapter must give clients a written bill of rights and post it in their office. Check with the [Minnesota Department of Health](https://www.health.state.mn.us/) whether your services fall under chapter 146A before you open, and keep a signed copy in each client file. It is a useful discipline even if you are unsure: it forces you to write down your training, fees and complaint process.

A Minneapolis-style weekly check-in

- **Monday:** two strength sessions booked, indoor or outdoor depending on the forecast. - **Midweek:** step count and one walk logged, including skyway or mall walks in winter. - **Weekend:** one longer outing on the lakes, a trail or an indoor track. - **Monthly:** retest the timed walk and grip on the same route and device.

Common questions

- *"Can you read my blood test?"* "No. Your clinician interprets labs. I can help with the habits they recommend." - *"Should I try a peptide a friend uses?"* "I don't recommend or source peptides. Ask a licensed clinician." - *"I always stop training in winter."* "Then winter is the plan. Let's set a minimum that works when it's -10°F."

Credentials and honest marketing

The [NBHWC](https://nbhwc.org/) runs the national board certification exam for health and wellness coaches; scope language is on its [scope of practice page](https://nbhwc.org/scope-of-practice/). No coaching credential lets you prescribe. The FTC expects health claims to be backed by competent and reliable scientific evidence ([FTC Health Products Compliance

Guidance](https://www.ftc.gov/business-guidance/resources/health-products-compliance-guidance)), and FDA's [health fraud page](https://www.fda.gov/consumers/health-fraud-scams) lists the kinds of claim to avoid. Skip "reverse ageing" and disease claims; describe what you do.

Building a client base without medical claims

Most new coaches find early clients through people they already know: workplaces, gyms, running clubs and community groups. Offer a short talk on strength after 40 or sleep basics, with no medical promises. Partner with clinicians by sending them clear, consent-based summaries and respecting their decisions, not by asking them for referrals in exchange for anything. Price by time and support (sessions, check-ins, programme design) rather than by outcomes such as kilograms lost or "years added".

A 90-day path for new coaches

1. **Days 1–30:** finish [Level 1](/academy), write your scope statement, and practise referral scripts. 2. **Days 31–60:** take [Level 3 evidence quality](/academy/level-3/evidence-quality-for-coaches) and [scope of practice](/academy/level-3/scope-of-practice); coach two practice clients for free with written consent. 3. **Days 61–90:** study [US state scope](/academy/level-4/us-state-coach-scope) and [working alongside GLP-1 prescribers](/academy/level-4/glp1-coach-alongside-prescriber); create your profile at /coach.

LetsGo Academy

Start free at [Level 1](/academy). Level 3 (US$300): evidence, scope, GLP-1 and peptide foundations. Level 4 (US$500): prescriber collaboration and US scope. Level 5 (US$500): jurisdiction cases. We do not promise income or client numbers. *Education only. LetsGo Academy is not NBHWC certification and does not grant any licence to practise.*

Safety note

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

Disclaimer

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