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How to Become a Longevity Coach in Philadelphia: Evidence Literacy Near Academic Medicine — Skills, Scope and Training Path

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Philadelphia clients are often one referral away from a specialist at a large health system. That raises the bar for coaches: you win trust by sticking to habits with strong evidence — aerobic activity, muscle-strengthening, balance, sleep and food quality — and by knowing when to stop and refer. Coaches educate and refer. They never diagnose, prescribe, dose or sell.

How to become a longevity coach in Philadelphia: evidence literacy near academic medicine **Short answer:** Philadelphia clients are often one referral away from a specialist at a large health system. That raises the bar for coaches: you win trust by sticking to habits with strong evidence — aerobic activity, muscle-strengthening, balance, sleep and food quality — and by knowing when to stop and refer. Coaches educate and refer. They never diagnose, prescribe, dose or sell. The Philadelphia–Camden–Wilmington metro has about 6,329,118 residents (US Census Bureau, Vintage 2025 estimate). See our [Philadelphia hub](/us/philadelphia).

Skill 1: speak the guidelines fluently

The [US Physical Activity Guidelines](https://odphp.health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines) recommend 150–300 minutes of moderate aerobic activity a week plus muscle-strengthening on two or more days, with balance work for older adults. Every longevity trend a client brings can be checked against that baseline.

Skill 2: know the strength and fitness evidence

Muscle-strengthening activity is associated with lower all-cause mortality in cohort meta-analysis ([Momma et al., BJSM 2022](https://pubmed.ncbi.nlm.nih.gov/35228201/)). Higher cardiorespiratory fitness is associated with lower mortality in treadmill cohorts ([Mandsager et al., 2018](https://pubmed.ncbi.nlm.nih.gov/30646252/)). Explain associations honestly; do not promise causation or a lifespan number. **In coaching:** two short full-body sessions a week, progressed slowly. Get clinician clearance first for clients with joint problems, heart conditions or recent surgery.

Skill 3: evidence literacy next to academic medicine

Philadelphia clients may arrive with papers from PubMed or a second opinion from a teaching hospital. Your job is not to out-doctor the doctor. It is to help the client turn a clear medical plan into daily habits, and to refuse requests to source peptides, change doses or interpret labs. When a client asks "what does this paper mean for me?", help them list questions for their clinician rather than inventing a clinical interpretation.

Skill 4: protect muscle when clients are on GLP-1 medicines

A meaningful share of weight lost on GLP-1-based therapies can be lean tissue ([Neeland et al.,

2024](https://pubmed.ncbi.nlm.nih.gov/38937282/)). The 2025 joint advisory from ACLM, ASN, OMA and TOS emphasises nutrient-dense food, adequate protein and resistance training ([Mozaffarian et al., 2025](https://doi.org/10.1016/j.ajcnut.2025.04.023)). The coach owns the habit layer. The prescriber owns the medicine. See [coaching alongside a prescriber](/academy/level-4/glp1-coach-alongside-prescriber).

Skill 5: write your scope down

Use [NBHWC scope](https://nbhwc.org/scope-of-practice/) language: educate, support behaviour change, refer. Practising medicine, physical therapy, dietetics and pharmacy are regulated in Pennsylvania (and neighbouring NJ/DE). Refuse cure claims and anti-ageing product funnels ([FDA health fraud](https://www.fda.gov/consumers/health-fraud-scams)).

Skill 6: spot the sales pitch in a dense wellness market

Center City and the Main Line see a lot of optimisation marketing. Teach a simple test: what is it, what is the evidence, who supervises it, and what does it cost compared with a year of strength coaching? Coaches never sell or source peptides, GLP-1 medicines or "research" compounds.

Red-flag referrals

- Chest pain, fainting, palpitations or unusual breathlessness on exertion. With chest pain or fainting, call 911. - New or worsening joint pain, swelling or an injury that is not settling. - A fall, dizziness or feeling unsteady. - Unplanned weight loss, or GI symptoms or dizziness while on a GLP-1 medicine.

A Philadelphia-style weekly check-in

1. Strength: sessions completed this week? 2. Fitness: longest walk or train this week? 3. Protein: did planned meals survive commute days? 4. Sleep: after late SEPTA / late-shift days, how was recovery? 5. Referral check: any symptoms for the doctor?

Common questions, honest answers

- *"Can you interpret my labs / biological-age test?"* "No. Bring those to your clinician. I can help turn their plan into habits." - *"Can you get me peptides cheaper?"* "I don't source or sell. That stays with your clinician and pharmacy." - *"Am I too old to start lifting?"* "Most people can start with a matched plan. Check with your doctor first if you have heart, joint or bone concerns."

A 90-day path for new coaches

1. Weeks 1–2: free Level 1, then Level 2. Draft scope and a referral list of licensed local clinicians from public listings only. 2. Weeks 3–6: Level 3. Practise the evidence-quality checklist on three studies. 3. Weeks 7–10: Level 4. Build GLP-1-aware strength templates and the prescriber hand-off. 4. Weeks 11–13: pilot with three to five clients. Consider whether NBHWC certification fits; it is separate from LetsGo Academy.

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, US scope, HHS interim 503A peptide policy literacy (not FDA approval). Level 5 (US$500): jurisdiction cases. Profile: /coach. We do not promise income or client numbers. *Education only. LetsGo Academy is not NBHWC certification and does not grant any licence to practise.*

Disclaimer

Education only. Not medical advice.