DexaCore
THE PREMIUM DESTINATION FOR BODY COMPOSITION SCANNING

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CLIENT	SEX	DATE OF BIRTH	HEIGHT	Weight	SCAN DATE
John Smith	Male	12/31/1977	69.0 in.	155.1 lbs	10/11/2026

FULL BODY COMPOSITION SCAN

Your Scan at a Glance

A snapshot of every measurement from today's scan.

Your full-body summary. The composition table tracks your headline numbers across scans, with change values highlighted. Supporting metrics give the bigger picture: where fat is stored, bone density, muscle relative to your size, and resting calorie burn. Each metric is explored in detail on the pages that follow.

COMPOSITION · CURRENT & PRIOR SCANS

SCAN DATE	BODY FAT %	CHANGE	LEAN MASS	CHANGE	FAT MASS	CHANGE	TOTAL MASS	CHANGE
10/11/2026	18.0 %	-0.5 %	120.3 lbs	0.6 lbs	27.9 lbs	-0.9 lbs	155.1 lbs	-0.3 lbs
07/11/2026	18.5 %	-0.5 %	119.7 lbs	0.1 lbs	28.8 lbs	-0.9 lbs	155.4 lbs	-0.8 lbs
04/11/2026	19.0 %	-0.5 %	119.6 lbs	0.8 lbs	29.7 lbs	-0.8 lbs	156.2 lbs	0.0 lbs
01/11/2026	19.5 %		118.8 lbs		30.5 lbs		156.2 lbs	

Current scan shown at the top. **Change** columns compare each row to the scan immediately below it. The earliest scan has no comparison and is your baseline.

SUPPORTING METRICS

BONE MASS	VISCERAL FAT	SUBQ FAT	A/G RATIO	Z-SCORE	RSMI	RMR
6.9 lbs	**0.79 lbs**	**0.22 lbs**	**0.92**	**1.1**	**8.59 kg/m²**	**1,639**
Weight of Bones	Fat Around Organs	Fat Under Skin	Fat in Trunk vs Hips	Bone Density	Muscle to Height Ratio	Resting Burn

HOW TO READ THE COMPARISON TABLE

Your most recent scan is at the top. Each **Change** column shows the delta from the prior scan. New clients see a single row; the table fills in as you return. Trends across multiple scans are far more meaningful than any single value.

WHAT PAGE 1 DOESN'T TELL YOU

Headline numbers tell you what changed. They don't tell you *where* on your body it changed, or whether your fat distribution is healthy. The pages that follow break down each metric by region and against population context, so you can see the full picture.

IMPORTANT

This report is for **informational and tracking purposes only**. DexaCore does not provide medical diagnoses or medical advice. DEXA technology provides high-accuracy estimates of body composition; individual variation exists. Bone density findings from a full-body scan are a screening reference and cannot be used to diagnose osteopenia or osteoporosis. Diagnosis requires a dedicated Lumbar Spine and Dual Hip scan interpreted by a physician. RMR is an estimate and individual caloric needs may vary. DexaCore is not a medical facility. If you have any concerns about your results, please share this report with your physician.

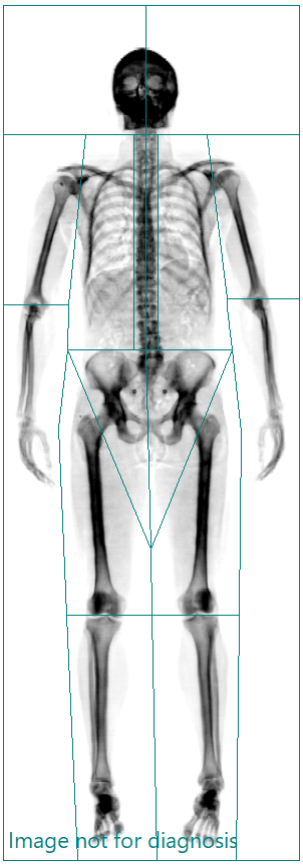
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VISUAL COMPOSITION

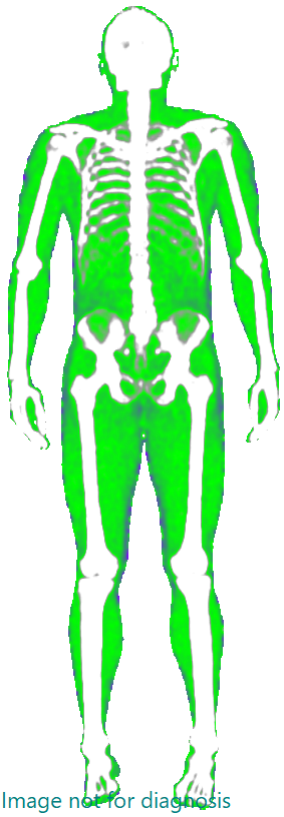
Two Views of Your Body

What the scanner saw, broken down by tissue type.

Your iDXA scan generates two distinct images by separating the dual-energy X-ray signal into the underlying tissue types. The bone view shows your skeleton in isolation. The tissue gradient shows fat distribution overlaid on lean structure. Together they give you a complete, regionally accurate picture of your body composition.



What you see. Your skeleton in isolation, rendered from the bone-density signal. Density variation appears as light and dark regions across the bone.



What you see. Lean tissue shown in green, fat shown in purple, bone shown in white. The deeper the purple, the higher the fat concentration in that region.

COLOR CODING · TISSUE GRADIENT VIEW

BONE LEAN FAT

Image not for diagnosis. iDXA scan images are for body composition tracking only.

HOW WE USE THESE IMAGES

These two views are how DexaCore confirms scan quality and identifies regions of interest. The Tissue Gradient is the most informative for clients tracking fat distribution. Compare the same view across scans to see exactly **where** on your body change is happening.

IMPORTANT NOTE ON IMAGERY

These images are for body composition tracking and educational purposes only. They are not diagnostic radiographs and cannot identify fractures, lesions, or other clinical findings. If you have any health concern related to your bones or organs, see your physician for appropriate imaging.

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HOW YOU COMPARE TO PEERS

Body Fat Percentage

Body fat percentage is the share of your total mass that is fat. We compare your value to peers in your decade using ACSM percentile data, which reflects a fitness-conscious population. ACSM thresholds are more aggressive than general population averages, making them a strong target for clients pursuing performance, recomposition, and longevity goals.

BODY FAT PERCENTAGE

18.0 %

HOW YOU COMPARE TO PEERS

Body Fat Reference Chart · Men

Body fat percentile ranges by age (ACSM).

CATEGORY	PCT	18 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80+
Very Lean	**99th**	4.2	7.3	9.5	11.1	12.0	13.6	14.2
Excellent	**90th**	7.9	12.5	15.0	17.0	18.1	17.5	18.5
Good	**75th**	11.5	15.9	18.5	20.2	21.0	21.1	21.8
Average	**50th**	16.7	22.0	22.1	23.6	24.2	24.1	24.8
Elevated	**25th**	22.1	24.1	25.7	27.1	27.9	27.1	27.8
Significantly Elevated	**10th**	26.6	27.8	29.1	30.6	31.2	30.6	31.5

Source: American College of Sports Medicine (ACSM) Guidelines for Exercise Testing and Prescription, 10th Edition. Reference values derived from the Cooper Clinic Longitudinal Study. Values for ages 20-79 are published directly by ACSM. Values for 18-29 and 80+ are extended from the adjacent age brackets. Category labels have been adapted for client-facing language.

HOW TO READ
Find your age column, then the category row closest to your value. For values between rows, your result falls within that range.

VERY LEAN
Top 1% for your age. Seen in competitive athletes and physique competitors. Sustained levels here should be coached.

EXCELLENT TO GOOD
The range seen in trained, highly-active individuals. Reflects consistent exercise and disciplined nutrition. A strong target for most clients.

HOW TO IMPROVE
Lower body fat % comes from reducing fat mass while preserving lean mass:

- **Caloric deficit** of 200 to 300 below your TDEE
- **Resistance training** 2 to 3 times per week
- **Adequate protein**, 0.8 to 1.0 grams per pound of body weight daily
- **Daily movement and cardio**, extra steps raise your TDEE
- **Sleep 7+ hours** for appetite control and recovery

IMPORTANT
These categories are general reference ranges. Healthy body fat targets vary by individual goals, training history, and medical context. Sustained very low body fat is associated with hormonal disruption, reduced testosterone, and reduced bone density.

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FAT DISTRIBUTION PATTERN

Android & Gynoid · A/G Ratio

Where on your body fat is concentrated.

The android region is your midsection (between the ribs and pelvis). The gynoid region is your hips and upper thighs. The ratio of fat between these zones tells you whether your distribution leans toward central (apple) or peripheral (pear) storage. Apple distribution carries higher metabolic risk; pear distribution is more neutral.

ANDROID (MIDSECTION)	GYNOID (HIPS & UPPER THIGHS)
10.7 %	11.5 %

A/G RATIO

0.92

FAT DISTRIBUTION PATTERN

A/G Ratio Reference Chart · Men

Where on your body fat is concentrated.



A/G RANGE	CLASSIFICATION	WHAT IT MEANS
Below 0.60	Low	More fat in the gynoid region than typical. Common in younger and athletic men.
0.60 to 1.00	Typical	Within healthy reference range. The most common pattern for adult men.
1.00 to 1.20	Elevated	Increased central fat distribution. Worth a closer look at your visceral fat.
Above 1.20	High	Significant central fat distribution. Warrants a closer look at your visceral fat.

WHY IT MATTERS

Two people can have the same total body fat with very different health risks, depending on where that fat sits. The android region (midsection) is closely linked to visceral fat and cardiometabolic risk; the gynoid region (hips and upper thighs) is metabolically more neutral. Tracking your A/G ratio shows how your fat distribution is changing, even when your total body fat stays the same.

HOW TO IMPROVE

You can't choose where fat leaves first. Distribution improves as total fat mass comes down:

- **Caloric deficit** of 200 to 300 below your TDEE
- **Resistance training** 2 to 3 times per week
- **Cardio**, mixing steady Zone 2 with short HIIT sessions
- **Adequate protein**, balanced meals, and less processed food and alcohol
- **Sleep 7+ hours** and manage stress

IMPORTANT

A/G ratio is a screening metric, not a diagnostic tool. On its own, an Elevated or High ratio is not a reason for concern; your visceral fat gives the fuller picture.

Reference ranges from peer-reviewed DXA literature and GE-Healthcare data. Classifications are for client tracking, not formal clinical categories.

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WHERE YOUR ABDOMINAL FAT IS STORED

Visceral & Subcutaneous Fat

Two types of fat. Two very different metabolic stories.

Not all fat is the same. **Visceral fat** sits deep within your abdominal cavity, surrounding your internal organs. This is the fat you cannot see in the mirror or pinch, and it is more strongly linked to metabolic risk. **Subcutaneous fat** sits directly under your skin. The value tracked here is the subcutaneous fat in your midsection, the same region used for your visceral fat measurement. It is less metabolically harmful, though excess amounts still impact body composition. Subcutaneous fat is more cosmetic. For this reason, we track visceral fat more closely than subcutaneous fat.

VISCERAL FAT

SCAN DATE	WEIGHT	CHANGE	AREA	CHANGE
10/11/2026	0.79 lbs	-0.10 lbs	6.12 in²	-0.79 in²
07/11/2026	0.89 lbs	0.23 lbs	6.91 in²	1.87 in²
04/11/2026	0.66 lbs	-0.17 lbs	5.04 in²	-1.35 in²
01/11/2026	0.83 lbs	-	6.39 in²	-

SUBCUTANEOUS FAT

SCAN DATE	WEIGHT	CHANGE
10/11/2026	0.22 lbs	-0.02 lbs
07/11/2026	0.24 lbs	-0.18 lbs
04/11/2026	0.42 lbs	0.19 lbs
01/11/2026	0.23 lbs	-

WHERE YOUR FAT IS STORED

Visceral Fat Reference Chart

Fat stored deep in the abdominal cavity around your organs.



VISCERAL FAT	CLASSIFICATION	WHAT IT MEANS
Below 15 in²	Low	Lower visceral fat. Generally associated with lower cardiometabolic risk.
15 to 25 in²	Elevated	Increased visceral fat. Worth tracking. Lifestyle changes can move this in either direction.
Above 25 in²	High	Higher visceral fat. Associated with greater cardiometabolic risk. Consider lifestyle changes and discussing with your physician.

Your trend matters more than the category. A doubling from 3 to 6 in² is meaningful, even if both readings fall in the Low range.

WHY IT MATTERS

Not all fat is the same. Visceral fat sits deep within your abdominal cavity surrounding your internal organs, and is far more relevant to long-term metabolic health than the subcutaneous fat just under your skin. Higher visceral fat is tied to greater risk of type 2 diabetes, cardiovascular disease, and chronic inflammation. It is also one of the most responsive metrics to consistent training and nutrition changes, which makes it a meaningful number to track over time.

HOW TO IMPROVE

You can't spot-reduce visceral fat. It falls as total fat mass comes down:

- **Caloric deficit** of 200 to 300 below your TDEE
- **Resistance training** 2 to 3 times per week
- **Cardio**, mixing steady Zone 2 with short HIIT sessions
- **Adequate protein**, balanced meals, and less processed food and alcohol
- **Sleep 7+ hours** and manage stress

IMPORTANT

Visceral fat is a screening metric, not a diagnostic tool, and is best interpreted by tracking change over time. If your visceral fat is Elevated or High, discuss with your physician alongside other markers (blood pressure, lipid panel, fasting glucose, waist circumference).

Source: Thresholds reference DEXA-derived visceral fat cardiometabolic risk research (100-159 cm² increased risk, ≥160 cm² high risk), as compiled in Lippi et al. (Frontiers, 2021) and consistent with broader peer-reviewed DEXA literature. Classifications are for client tracking, not formal clinical categories.

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REGIONAL COMPOSITION

Arms · Total, Right, Left

Upper body composition, broken down by side.

Arm lean mass is an important indicator of upper body strength and functional performance. The arms play a key role in daily movement, lifting, and stability, and maintaining muscle here supports overall strength and injury prevention. Tracking left-to-right differences helps identify asymmetries that may reflect injury history or imbalanced training.

BOTH ARMS · TOTAL

SCAN DATE	TOTAL MASS	CHANGE	LEAN MASS	CHANGE	FAT MASS	CHANGE
10/11/2026	21.5 lbs	0.0 lbs	18.4 lbs	-0.1 lbs	2.0 lbs	0.0 lbs
07/11/2026	21.5 lbs	-0.3 lbs	18.5 lbs	-0.1 lbs	2.0 lbs	-0.1 lbs
04/11/2026	21.8 lbs	0.2 lbs	18.6 lbs	0.0 lbs	2.1 lbs	0.2 lbs
01/11/2026	21.6 lbs	-	18.6 lbs	-	1.9 lbs	-

RIGHT ARM

SCAN DATE	TOTAL MASS	CHANGE	LEAN MASS	CHANGE	FAT MASS	CHANGE
10/11/2026	11.1 lbs	0.2 lbs	9.5 lbs	0.2 lbs	1.1 lbs	0.0 lbs
07/11/2026	10.9 lbs	-0.4 lbs	9.3 lbs	-0.2 lbs	1.1 lbs	-0.1 lbs
04/11/2026	11.3 lbs	0.1 lbs	9.5 lbs	-0.1 lbs	1.2 lbs	0.2 lbs
01/11/2026	11.2 lbs	-	9.6 lbs	-	1.0 lbs	-

LEFT ARM

SCAN DATE	TOTAL MASS	CHANGE	LEAN MASS	CHANGE	FAT MASS	CHANGE
10/11/2026	10.4 lbs	-0.2 lbs	8.9 lbs	-0.3 lbs	0.9 lbs	0.0 lbs
07/11/2026	10.6 lbs	0.1 lbs	9.2 lbs	0.1 lbs	0.9 lbs	0.0 lbs
04/11/2026	10.5 lbs	0.1 lbs	9.1 lbs	0.1 lbs	0.9 lbs	0.0 lbs
01/11/2026	10.4 lbs	-	9.0 lbs	-	0.9 lbs	-

READING ASYMMETRY

Most people have small left-to-right differences (1 to 3% is typical). Larger differences may reflect dominant-side training (think tennis, golf, throwing sports), past injury, or single-side movement patterns. Track the difference over time. Targeted unilateral training is the most effective way to close meaningful gaps.

IMPORTANT

Asymmetries from prior injuries can be permanent and do not always need to be corrected. Focus on functional capacity (can you do what you want to do?) rather than perfect symmetry. **A persistent left-to-right difference of 10% or greater in lean mass is worth getting checked out** by your physician or physical therapist, especially if it appeared after a recent injury.

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REGIONAL COMPOSITION

Legs · Total, Right, Left

Lower body composition, broken down by side.

Leg lean mass is one of the strongest indicators of overall functional strength and metabolic health. The legs contain the largest muscle groups in the body, and maintaining leg muscle as you age is critical for balance, mobility, and injury prevention. Tracking left-to-right differences helps identify asymmetries that may reflect injury history or imbalanced training.

BOTH LEGS · TOTAL

SCAN DATE	TOTAL MASS	CHANGE	LEAN MASS	CHANGE	FAT MASS	CHANGE
10/11/2026	47.9 lbs	-0.6 lbs	39.8 lbs	-0.5 lbs	5.5 lbs	-0.1 lbs
07/11/2026	48.5 lbs	-0.6 lbs	40.3 lbs	-0.7 lbs	5.6 lbs	0.2 lbs
04/11/2026	49.1 lbs	-0.6 lbs	41.0 lbs	-0.7 lbs	5.4 lbs	0.0 lbs
01/11/2026	49.7 lbs	-	41.7 lbs	-	5.4 lbs	-

RIGHT LEG

SCAN DATE	TOTAL MASS	CHANGE	LEAN MASS	CHANGE	FAT MASS	CHANGE
10/11/2026	24.4 lbs	-0.9 lbs	20.2 lbs	-0.9 lbs	2.9 lbs	0.0 lbs
07/11/2026	25.3 lbs	0.0 lbs	21.1 lbs	0.1 lbs	2.9 lbs	-0.1 lbs
04/11/2026	25.3 lbs	-0.2 lbs	21.0 lbs	-0.3 lbs	3.0 lbs	0.1 lbs
01/11/2026	25.5 lbs	-	21.3 lbs	-	2.9 lbs	-

LEFT LEG

SCAN DATE	TOTAL MASS	CHANGE	LEAN MASS	CHANGE	FAT MASS	CHANGE
10/11/2026	23.5 lbs	0.2 lbs	19.6 lbs	0.3 lbs	2.6 lbs	-0.1 lbs
07/11/2026	23.3 lbs	-0.5 lbs	19.3 lbs	-0.7 lbs	2.7 lbs	0.2 lbs
04/11/2026	23.8 lbs	-0.5 lbs	20.0 lbs	-0.4 lbs	2.5 lbs	-0.1 lbs
01/11/2026	24.3 lbs	-	20.4 lbs	-	2.6 lbs	-

WHY LEG MASS MATTERS

The legs hold approximately 50% of your body's skeletal muscle. Loss of leg muscle mass with age is one of the strongest predictors of falls, injury, and loss of independence. Maintaining leg muscle through resistance training is one of the highest-leverage interventions for long-term health.

IMPORTANT

Sport-specific asymmetries (kicking sports, cycling, running gait) are common and not necessarily problematic. Watch for sudden changes from your established baseline. **A persistent left-to-right difference of 10% or greater in lean mass is worth getting checked out** by your physician or physical therapist.

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REGIONAL COMPOSITION

Trunk · Total, Right, Left

Core composition, broken down by side.

The trunk region includes the neck, chest, abdomen, and pelvis. Trunk lean mass reflects the strength of your core and postural muscles. Trunk fat mass relates closely to visceral fat risk; as trunk fat decreases, metabolic risk generally improves. Tracking left-to-right differences in the trunk is helpful for identifying postural imbalances and asymmetric core development.

TRUNK · TOTAL

SCAN DATE	TOTAL MASS	CHANGE	LEAN MASS	CHANGE	FAT MASS	CHANGE
10/11/2026	76.0 lbs	0.2 lbs	65.5 lbs	0.5 lbs	8.6 lbs	-0.2 lbs
07/11/2026	75.8 lbs	0.0 lbs	65.0 lbs	0.0 lbs	8.8 lbs	0.0 lbs
04/11/2026	75.8 lbs	0.4 lbs	65.0 lbs	0.3 lbs	8.8 lbs	0.1 lbs
01/11/2026	75.4 lbs	-	64.7 lbs	-	8.7 lbs	-

RIGHT TRUNK

SCAN DATE	TOTAL MASS	CHANGE	LEAN MASS	CHANGE	FAT MASS	CHANGE
10/11/2026	36.0 lbs	-0.1 lbs	31.0 lbs	0.1 lbs	4.1 lbs	-0.1 lbs
07/11/2026	36.1 lbs	0.0 lbs	30.9 lbs	-0.1 lbs	4.2 lbs	0.0 lbs
04/11/2026	36.1 lbs	-0.3 lbs	31.0 lbs	-0.3 lbs	4.2 lbs	0.1 lbs
01/11/2026	36.4 lbs	-	31.3 lbs	-	4.1 lbs	-

LEFT TRUNK

SCAN DATE	TOTAL MASS	CHANGE	LEAN MASS	CHANGE	FAT MASS	CHANGE
10/11/2026	40.0 lbs	0.3 lbs	34.4 lbs	0.3 lbs	4.6 lbs	0.0 lbs
07/11/2026	39.7 lbs	0.0 lbs	34.1 lbs	0.1 lbs	4.6 lbs	-0.1 lbs
04/11/2026	39.7 lbs	0.7 lbs	34.0 lbs	0.6 lbs	4.7 lbs	0.0 lbs
01/11/2026	39.0 lbs	-	33.4 lbs	-	4.7 lbs	-

TRUNK VS. ANDROID

Trunk covers the full torso (chest + abdomen + pelvis). Android (page 4) is just the midsection. They measure overlapping but different regions. Use trunk for overall core composition; use android specifically for cardiometabolic context.

IMPORTANT

Small left-to-right differences in the trunk are normal and reflect everyday postural habits. Larger or growing imbalances may signal scoliosis, hip alignment issues, or asymmetric training. **A persistent left-to-right difference of 10% or greater is worth getting checked out** by your physician or physical therapist.

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SKELETAL HEALTH

Bone Density & Z-Score

Total body bone density compared to people your age and gender.

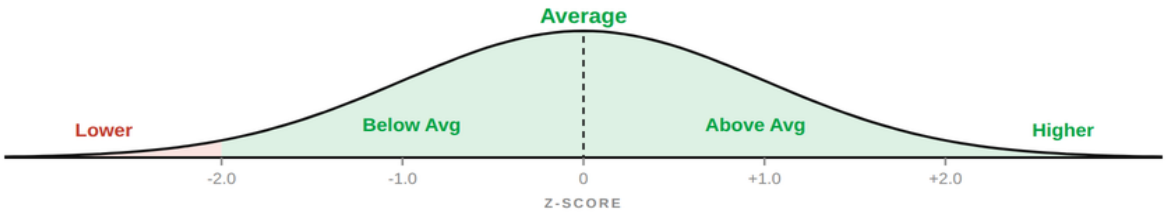
This scan measures your total body bone mineral density (BMD) and compares your result to a reference population of people the same age and gender as you. The Z-score tells you how your bones compare. This is a screening tool only; clinical diagnosis of osteopenia or osteoporosis requires a dedicated Lumbar Spine and Dual Hip scan interpreted by a physician. DexaCore offers this scan; ask our team or book at DexaCore.com.

Age	BMD	Z-score	Percentile
48.7	1.314 g/cm²	1.1	87

SKELETAL HEALTH

Z-Score Reference Chart

Total body bone density compared to people your age and gender.



Z-SCORE RANGE	ISCD CLASSIFICATION	WHAT IT MEANS †
-2.0 and below	Below expected range for age	Bottom 2% for your demographic
Above -2.0 to -1.0	Within expected range for age	2nd to 16th percentile
-1.0 to 0.0	Within expected range for age	16th to 50th percentile
0.0 to +1.0	Within expected range for age	50th to 84th percentile
+1.0 to +2.0	Within expected range for age	84th to 98th percentile
+2.0 and above	Within expected range for age	Top 2% for your demographic

Your trend matters more than the category. Tracking your Z-score over time shows how your bones respond to training, nutrition, and lifestyle.

WHY IT MATTERS

Bone density is a foundation of healthy aging. Z-score compares yours to people your age and gender, so unlike T-score (which compares you to young adult peak bone mass), it accounts for natural age-related decline. Tracking it over time tells you whether your bones are responding to training, nutrition, and lifestyle.

HOW TO IMPROVE BONE DENSITY

Bone responds to **impact and load**:

- **Weight-bearing exercise** like running, jumping rope, or hiking
- **Resistance training** 2 to 3 times per week
- **Adequate calcium**, 1,000 mg daily; 1,200 mg for women 51+ and men 71+
- **Vitamin D**, 400 to 800 IU daily under age 50; 800 to 1,000 IU age 50+
- **Avoid smoking** and excessive alcohol

IMPORTANT

For informational and tracking purposes only. DexaCore does not diagnose osteopenia or osteoporosis. Those are clinical diagnoses made by a physician based on T-score and other factors. If your Z-score is -2.0 or below, take your report to your physician. For a dedicated bone health assessment, book a Bone Density Scan at DexaCore: Lumbar Spine and Dual Hip, with a radiologist-signed report.

Source: ISCD Official Positions (2023) for Z-score classification. Calcium and vitamin D intakes per Bone Health & Osteoporosis Foundation.

† Percentile values shown in the table assume a normal (Gaussian) distribution of bone density within age and gender matched populations. Real-world bone density data exhibits mild skewness, particularly at the extremes, so percentile values are approximations. Differences are clinically immaterial. The ISCD Classification column is the authoritative clinical reference.

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MUSCLE ADEQUACY

RSMI · Relative Skeletal Muscle Index

Your muscle mass relative to your body size.

RSMI measures the lean mass in your arms and legs relative to your height squared. It accounts for body size, making it a more meaningful measure of muscle adequacy than total lean mass alone. The same total muscle in a 6-foot frame versus a 5-foot frame means very different things for strength and metabolism.

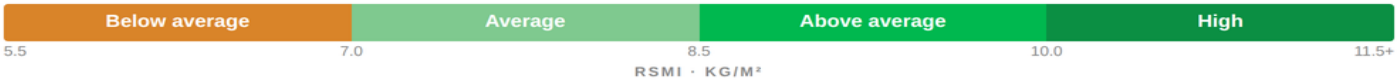
RSMI

8.59 kg/m²

MUSCLE ADEQUACY

RSMI Reference Chart · Men

Limb lean mass adjusted for height.



RSMI RANGE	CLASSIFICATION	WHAT IT MEANS
Below 7.0	Below average	Below average for adults. Worth a closer look at resistance training and protein intake.
7.0 to 8.5	Average	Within healthy reference range. The most common pattern for adult men.
8.5 to 10.0	Above average	Above the average range. Common in trained men.
Above 10.0	High	Significantly above average. Common in athletic men.

WHY IT MATTERS

Limb lean mass is your body's strength reserve. Higher RSMI is associated with better strength, mobility, balance, and healthier aging. Lower RSMI is a screening trigger for muscle inadequacy, which is associated with greater risk for falls, injury, and loss of independence with age.

Unlike body fat, muscle responds slowly; expect meaningful RSMI change over months of consistent training, not scan to scan.

HOW TO IMPROVE

Muscle is built with load, protein, and time:

- **Resistance training** 2 to 3 times per week, hitting all major muscle groups
- **Adequate protein**, 0.8 to 1.0 grams per pound of body weight daily
- **Sufficient calories**, a small surplus when actively building
- **Compound lifts** like squats, deadlifts, presses, and rows
- **Consistency over months** matters more than intensity in any one session

IMPORTANT

This is for informational and screening purposes only. RSMI is a screening reference, not a diagnosis. If your RSMI is below average, focus on consistent resistance training and adequate protein intake to build muscle over time. Consider sharing your results with your physician if low values persist.

Source: Reference thresholds from EWGSOP2 consensus and related sarcopenia literature. Tier classifications are for client tracking, not formal clinical categories.

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DAILY ENERGY BASELINE

RMR & TDEE

The foundation for any nutrition strategy.

RMR (Resting Metabolic Rate) is the calories your body burns at complete rest, just to keep you alive. **TDEE** (Total Daily Energy Expenditure) is what you actually burn in a day, including all activity. Knowing both gives you the foundation for any nutrition strategy, whether your goal is fat loss, muscle gain, or maintenance.

ESTIMATED RMR

1,639

BUILD YOUR TDEE IN THREE STEPS

STEP 1 · START

RMR

Your **RMR**, the calories your body burns at rest.

+

STEP 2 · DAILY MOVEMENT

300 to 500 Cal

Walking, standing, household activity, fidgeting.

+

STEP 3 · WORKOUTS

All Active Cal

Every calorie you burn in training. Use a heart rate monitor or fitness tracker.

FOR FAT LOSS

Aim for a daily intake of **200 to 300 calories below your TDEE**. This produces roughly half a pound of fat loss per week, the rate most clinicians recommend for sustainable, muscle-preserving change. Larger deficits work short term but tend to drive muscle loss and metabolic slowdown over time.

FOR MUSCLE GAIN

Aim for **200 to 300 calories above your TDEE**, paired with progressive resistance training and **0.8 to 1.0 grams of protein per pound** of body weight per day. Larger surpluses tend to add more fat than muscle.

FOR MAINTENANCE

Match your daily intake to your TDEE. If your weight is drifting up or down by more than 2 to 3 pounds over a month at a stable training load, adjust intake by 100 to 200 calories until weight stabilizes. Reassess your TDEE every 6 to 12 months as your body composition or activity level changes.

IMPORTANT

RMR and the calorie recommendations above are estimates, not precise measurements. Actual energy needs and individual results vary based on genetics, hormonal status, training history, and daily movement. DexaCore does not provide medical or nutrition advice.

Source: Mifflin MD, et al. A new predictive equation for resting energy expenditure in healthy individuals. Am J Clin Nutr 1990;51(2):241-247.

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