



**TRAIN HARDER
LIVE STRONGER**



**JESSE
VIZCARRA**

12 WEEK FITNESS PROGRAM

CONSISTENCY ♦ DISCIPLINE ♦ RESULTS

 BUILD STRENGTH
  EAT CLEAN
  INCREASE ENDURANCE
  MENTAL TOUGHNESS

No Excuses

PHASE 1

TRAINING PLAN - WEEKS 1-4

BUILD THE FOUNDATION
DISCIPLINE CREATES FREEDOM

Week	Goal	Resistance	Cardio	Notes
1	Learn patterns	2 x 8-12	20-30 min easy	Box squat, incline push-up, row, hinge, carry
2	Repeat + refine	2-3 x 8-12	25-30 min easy	Same patterns; small load increases only
3	Build consistency	3 x 8-12	30 min + 4 pickups	Add step-up/split squat if tolerated
4	Checkpoint	2 x 8-10	25-35 min easy	Reduce volume ~25%; repeat tests

3-DAY TEMPLATE: Day A - squat, push, row, carry, core. Day B - hinge, press, pulldown/row, step-up, core. Day C - squat/leg press variation, push, row, hip extension, carry.

DAY A LOWER + PUSH		DAY B HINGE + PULL		DAY C TOTAL BODY	
1. Box Squat	3 x 8-12	1. Romanian Deadlift	3 x 8-12	1. Leg Press or Goblet Squat	3 x 8-12
2. Push-Up or Bench Press	3 x 8-12	2. Overhead Press	3 x 8-12	2. Incline Push-Up	3 x 8-12
3. Dumbbell Row	3 x 8-12	3. Lat Pulldown or Pull-Up	3 x 8-12	3. Seated Row	3 x 8-12
4. Walking Lunge	3 x 8-12	4. Step-Up	3 x 8-12	4. Hip Thrust	3 x 8-12
5. Plank	3 x 30-60s	5. Dead Bug	3 x 30-60s	5. Side Plank	3 x 30-60s
6. Farmer's Carry	3 x 30-40m	6. KB Carry	3 x 30-40m	6. Sled or DB Carry	3 x 30-40m



STRENGTH
Build Lean Muscle



CARDIO
Improve Endurance



NUTRITION
Fuel Your Goals



MINDSET
Stay Consistent

**A STRONGER YOU
STARTS TODAY**


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TRAIN
LEARN
GROW
LIVE BETTER

HOW TO USE THIS 12-WEEK GOUT HEALTH TEST

Purpose: educate Jesse, identify modifiable triggers, build a safe fitness baseline, and track trends in symptoms, function, nutrition and clinician-measured serum urate. This workbook supports medical care; it does not diagnose or promise a cure.

Gout is an inflammatory arthritis caused by monosodium urate crystal deposition. Long-term control focuses on lowering urate burden, preventing flares, protecting joints and kidneys, and improving cardiometabolic health.

Key clinical target

The American College of Rheumatology describes a treat-to-target strategy with serum urate generally below 6 mg/dL for patients receiving urate-lowering therapy. Lifestyle can help, but recurrent or severe gout often requires medication.

Measure	Baseline	Week 4	Week 8	Week 12
Serum urate (mg/dL)	_____	_____	_____	_____
Flares in prior 4 weeks	_____	_____	_____	_____
Pain 0-10	_____	_____	_____	_____
Waist / weight (optional)	_____	_____	_____	_____
Weekly activity minutes	_____	_____	_____	_____

Safety gate

Seek prompt medical care for a first hot/swollen joint, fever with a swollen joint, rapidly worsening symptoms, inability to bear weight, or concern for infection. Do not stop or change prescription gout medicine without the prescriber.

Sources: American College of Rheumatology (ACR); NIH/NIAMS. See page 20.

GOUT 101 • STATISTICS + RISK MAP

Gout is common and strongly linked with age, genetics, kidney function and metabolic health. Population estimates vary by survey year and definition, so the goal here is understanding scale rather than memorizing a single number.



Visual: about 4 in 100 U.S. adults have reported gout in major national survey estimates; prevalence is higher in older adults.

What raises risk?

Higher serum urate, family history/genetics, male sex, older age, menopause, chronic kidney disease, obesity/metabolic syndrome, hypertension, alcohol, sugar-sweetened drinks, and some medicines (including certain diuretics) can increase risk.

Knowledge check

1. In your own words, what causes the painful inflammation in gout?

Response: _____

2. Which three risk factors in your life are most realistic to address over 12 weeks?

Response: _____

3. Which risk factors cannot be changed and therefore should not become a source of blame?

Response: _____

Important: high urate alone does not always mean a person has gout, and urate can sometimes be normal during a flare. Diagnosis may involve joint-fluid crystal analysis, imaging and clinical evaluation.

FLARE RECOGNITION + BASELINE

Typical flares can cause sudden severe pain, warmth, redness and swelling, often in the big toe or another lower-limb joint. A flare may last days to 1-2 weeks.

Baseline symptom test

1. Where are your gout symptoms usually located?

Response: _____

2. How many flares have you had in the last 12 months?

Response: _____

3. What is your average flare pain from 0-10?

Response: _____

4. What time of day do symptoms usually begin?

Response: _____

5. What were you eating/drinking in the 24 hours before your last flare?

Response: _____

6. Did dehydration, illness, travel, fasting or unusually hard exercise occur beforehand?

Response: _____

7. How much did the flare limit walking, work or sleep?

Response: _____

8. Have you ever had visible or palpable tophi?

Response: _____

9. Have you ever had kidney stones?

Response: _____

10. Has a clinician confirmed gout? If yes, how?

Response: _____

MEDICAL + LAB REVIEW

This page is designed to take to a clinician. It separates what can be self-tracked from what requires medical assessment.

Measure	Baseline	Week 4	Week 8	Week 12
Serum urate	_____	_____	_____	_____
Creatinine / eGFR	_____	_____	_____	_____
Blood pressure	_____	_____	_____	_____
A1c / glucose if ordered	_____	_____	_____	_____
Triglycerides if ordered	_____	_____	_____	_____

1. What gout medicines are you currently prescribed?

Response: _____

2. Any diuretics, low-dose aspirin, niacin, transplant medicines or other drugs that may affect urate?

Response: _____

3. Any kidney disease, stones, hypertension, diabetes or cardiovascular disease?

Response: _____

4. Any medication allergies or prior adverse reactions?

Response: _____

5. What serum-urate goal has your clinician set?

Response: _____

6. What is the plan if flares continue despite lifestyle changes?

Response: _____

Medication is not a failure of 'natural' care. For frequent flares, tophi or significant urate burden, urate-lowering therapy is often the main tool that allows crystals to dissolve over time.

20-QUESTION NUTRITION ASSESSMENT

1. How many sugar-sweetened drinks do you have per week?

Response: _____

2. How often do you drink beer or spirits?

Response: _____

3. How often do you eat organ meats?

Response: _____

4. How many red-meat meals per week?

Response: _____

5. How often do you eat anchovies, sardines or shellfish?

Response: _____

6. How many servings of vegetables per day?

Response: _____

7. How many servings of whole fruit per day?

Response: _____

8. How often do you eat whole grains?

Response: _____

9. How often do you eat beans/lentils?

Response: _____

10. How often do you consume low-fat dairy if tolerated?

Response: _____

11. How many glasses/bottles of water per day?

Response: _____

12. Do you skip meals or fast for long periods?

Response: _____

13. How often do you eat highly processed snacks?

Response: _____

14. How often do you eat foods/drinks with high-fructose corn syrup?

Response: _____

15. How often do you eat restaurant/fast food?

Response: _____

16. Do you track portion sizes or hunger/fullness?

Response: _____

17. Are you trying to lose weight? If yes, is the pace gradual?

Response: _____

18. Which three foods most often precede symptoms?

Response: _____

19. Which healthy foods are easiest for you to prepare consistently?

Response: _____

20. What single nutrition change would be easiest to sustain for 12 weeks?

Response: _____

FOOD STRATEGY • WHAT HELPS MOST

No single 'power food' cures gout. The strongest practical approach is an overall DASH- or Mediterranean-style pattern, adequate hydration, healthy weight management when appropriate, and limiting major dietary triggers.

Build most meals from

Vegetables + whole fruit: varied colors and fiber. **Whole grains:** oats, brown rice, barley, whole-grain breads. **Plant proteins:** beans, lentils, tofu, nuts and seeds. **Low-fat dairy:** milk/yogurt if tolerated. **Healthy fats:** olive oil, nuts, seeds. **Water:** make it the default beverage.

Limit

Beer and excess alcohol; sugar-sweetened beverages and high-fructose corn syrup; organ meats; frequent large portions of red meat; and high-purine seafood such as anchovies, sardines and some shellfish.

About cherries, coffee and vitamin C

Some observational or small-study evidence suggests cherries and coffee may be associated with lower urate or fewer flares, but they are not substitutes for proven treatment. ACR guidelines conditionally recommend **against adding vitamin C supplements specifically to treat gout**.

Your 3-food upgrade

1. Breakfast upgrade:

Response: _____

2. Lunch/dinner upgrade:

Response: _____

3. Beverage upgrade:

Response: _____

7-DAY GOUT-FRIENDLY MEAL BUILDER

Day	Breakfast	Lunch	Dinner	Hydration / notes
1				
2				
3				
4				
5				
6				
7				

Meal formula

Aim for: 1/2 plate non-starchy vegetables + 1/4 whole grain/starchy plant + 1/4 protein, adjusted for your calorie and medical needs. Use fruit or plain low-fat dairy as optional sides/snacks.

Avoid crash dieting or dehydration. Rapid weight loss and fasting can temporarily affect urate and may provoke problems in susceptible people.

HYDRATION + TRIGGER TEST

Hydration supports normal kidney function, but forcing extreme amounts of water is not a gout treatment and may be unsafe for people with heart/kidney conditions. Follow clinician guidance if fluid-restricted.

7-day observation

Day	Water / fluids	Alcohol	Sugary drinks	Exercise	Joint symptoms 0-10
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____

1. What pattern do you notice between hydration and symptoms?

Response: _____

2. What beverage can you replace first?

Response: _____

3. Do you have any medical reason to restrict fluids?

Response: _____

20-QUESTION FITNESS + EXERCISE TEST

1. How many days/week do you currently exercise?

Response: _____

2. Average weekly minutes of moderate aerobic activity?

Response: _____

3. Do you perform resistance training? How often?

Response: _____

4. Can you walk 20 minutes without joint pain?

Response: _____

5. Can you climb one flight of stairs comfortably?

Response: _____

6. Can you perform 10 controlled sit-to-stands?

Response: _____

7. Can you hinge at the hips without pain?

Response: _____

8. Can you carry groceries without pain?

Response: _____

9. Any current joint swelling, redness or warmth?

Response: _____

10. Which movements aggravate the affected joint?

Response: _____

11. Which low-impact activities feel best?

Response: _____

12. Average daily step count if known?

Response: _____

13. How many hours/day are you sedentary?

Response: _____

14. How many hours/night do you sleep?

Response: _____

15. Rate energy 0-10.

Response: _____

16. Rate stress 0-10.

Response: _____

17. What is your primary 12-week fitness goal?

Response: _____

18. What is your biggest exercise barrier?

Response: _____

19. What is one activity you genuinely enjoy?

Response: _____

20. What measurable fitness result would make this program successful?

Response: _____

EXERCISE WITH GOUT • GREEN / YELLOW / RED

Regular activity supports weight, cardiovascular fitness, strength and function. Exercise does not dissolve urate crystals by itself, and a painful acute flare is not the time to load the inflamed joint.

GREEN • normal training day

No active hot/swollen joint: perform comfortable aerobic exercise and progressive resistance training. Start conservatively and increase gradually.

YELLOW • modify

Mild residual soreness or stiffness: reduce impact, load, range of motion or volume. Consider cycling, swimming, upper-body training or other pain-free options.

RED • stop and assess

Hot, red, rapidly swollen joint; severe pain; fever; new inability to bear weight; chest pain; fainting or severe shortness of breath. Stop training and seek appropriate medical evaluation.

Fitness baseline

Measure	Baseline	Week 4	Week 8	Week 12
5x sit-to-stand time	_____	_____	_____	_____
6-min walk distance*	_____	_____	_____	_____
Plank / modified plank	_____	_____	_____	_____
Comfortable steps/day	_____	_____	_____	_____

*Only if medically appropriate and performed safely.

PHASE 1 • WEEKS 1-4 • FOUNDATION

Focus: Technique, easy aerobic base, consistency. Adjust around symptoms and clinician advice.

Day	Strength	Cardio / movement	Gout-aware note
A	Squat/box squat • push • row • carry	20-35 min easy-moderate	Use pain-free range
B	Hinge • press • pulldown • core	20-35 min easy-moderate	Hydrate normally
C	Leg press/goblet • push • row • hip extension	20-40 min easy-moderate	Modify if joint irritated

Weekly check

1. How many sessions did you complete?

Response: _____

2. Did any session precede a flare or unusual joint pain?

Response: _____

3. What movement improved most?

Response: _____

4. What will you adjust next week?

Response: _____

Progression rule: add only a small amount of load, time or repetitions when technique is solid and joints are calm. Consistency beats aggressive progression.

PHASE 2 • WEEKS 5-8 • BUILD

Focus: Gradual strength/endurance progression. Adjust around symptoms and clinician advice.

Day	Strength	Cardio / movement	Gout-aware note
A	Squat/box squat • push • row • carry	20-35 min easy-moderate	Use pain-free range
B	Hinge • press • pulldown • core	20-35 min easy-moderate	Hydrate normally
C	Leg press/goblet • push • row • hip extension	20-40 min easy-moderate	Modify if joint irritated

Weekly check

1. How many sessions did you complete?

Response: _____

2. Did any session precede a flare or unusual joint pain?

Response: _____

3. What movement improved most?

Response: _____

4. What will you adjust next week?

Response: _____

Progression rule: add only a small amount of load, time or repetitions when technique is solid and joints are calm. Consistency beats aggressive progression.

PHASE 3 • WEEKS 9-12 • CONSOLIDATE

Focus: Sustainable routine + retesting. Adjust around symptoms and clinician advice.

Day	Strength	Cardio / movement	Gout-aware note
A	Squat/box squat • push • row • carry	20-35 min easy-moderate	Use pain-free range
B	Hinge • press • pulldown • core	20-35 min easy-moderate	Hydrate normally
C	Leg press/goblet • push • row • hip extension	20-40 min easy-moderate	Modify if joint irritated

Weekly check

1. How many sessions did you complete?

Response: _____

2. Did any session precede a flare or unusual joint pain?

Response: _____

3. What movement improved most?

Response: _____

4. What will you adjust next week?

Response: _____

Progression rule: add only a small amount of load, time or repetitions when technique is solid and joints are calm. Consistency beats aggressive progression.

SLEEP, STRESS + RECOVERY TEST

Sleep and stress do not replace urate control, but they influence appetite, recovery, activity and overall cardiometabolic health.

1. Average sleep duration?

Response: _____

2. Usual bedtime/wake time?

Response: _____

3. How often do you wake because of pain?

Response: _____

4. Do you snore loudly or have suspected sleep apnea?

Response: _____

5. Rate morning energy 0-10.

Response: _____

6. Rate current stress 0-10.

Response: _____

7. What are your top two stressors?

Response: _____

8. What recovery practice works best for you?

Response: _____

9. How much screen time occurs in the final hour before bed?

Response: _____

10. What one sleep behavior can you improve this week?

Response: _____

Recovery plan

Choose a consistent sleep window, reduce late-night alcohol and heavy meals, keep exercise regular, and discuss persistent insomnia or possible sleep apnea with a clinician.

PERSONAL FLARE ACTION PLAN

A flare plan should be agreed on with a clinician before the next attack when possible.

1. My earliest warning signs are:

Response: _____

2. The joint(s) usually affected are:

Response: _____

3. My clinician-approved flare medication plan is:

Response: _____

4. Activities I will temporarily modify are:

Response: _____

5. People/providers I will contact if symptoms are unusual or severe:

Response: _____

During a typical confirmed flare

Rest the affected joint, elevate when practical, and use ice for short periods if helpful. Follow the prescribed anti-inflammatory plan. Do not use exercise to 'push through' an acutely inflamed joint.

Urgent distinction

A hot swollen joint can also be caused by infection. Fever, feeling very ill, a first-ever severe attack, unusual symptoms, or rapid deterioration deserve prompt medical assessment.

GOUT MYTH vs FACT TEST

Statement	Answer / teaching point
"Gout is only caused by eating badly."	False. Genetics, kidney handling of urate, medications, age and metabolic factors are important.
"If I eat perfectly, medication is never needed."	False. Lifestyle helps, but recurrent/severe gout often needs urate-lowering therapy.
"High uric acid always means gout."	False. Some people have hyperuricemia without gout.
"Hard exercise during a flare will flush it out."	False. Protect the inflamed joint and treat the flare appropriately.
"One special food can cure gout."	False. No single food has been proven to cure gout.
"The goal is only pain relief."	False. Long-term care also aims to reduce urate burden and prevent joint/kidney complications.

1. Which myth surprised you most?

Response: _____

2. What will you verify with your clinician?

Response: _____

12-WEEK SCORECARD

Week	Workouts	Cardio min	Plant-rich meals	Sugary drinks	Alcohol	Flare days	Pain 0-10
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____	_____

Use this page to look for trends, not to prove causation. A flare can have multiple triggers and sometimes no obvious trigger.

FINAL 20-QUESTION KNOWLEDGE TEST

1. What substance forms crystals in gout?

Response: _____

2. What serum urate target is commonly used in treat-to-target care?

Response: _____

3. Name two reasons diet alone may not control gout.

Response: _____

4. Name three beverage/food categories commonly limited.

Response: _____

5. What two eating patterns are commonly recommended?

Response: _____

6. Why is gradual weight loss preferred over crash dieting?

Response: _____

7. What should you do with an acutely hot/swollen joint during exercise?

Response: _____

8. Why can a first hot swollen joint require urgent assessment?

Response: _____

9. Name two health conditions commonly associated with gout.

Response: _____

10. Why can kidney function matter in gout?

Response: _____

11. Does high urate always equal gout?

Response: _____

12. Can urate be normal during a flare?

Response: _____

13. What is the role of hydration?

Response: _____

14. Name two low-impact cardio options.

Response: _____

15. Name three resistance-training movement patterns.

Response: _____

16. What is one sign you should stop a workout?

Response: _____

17. What is a realistic 12-week nutrition goal?

Response: _____

18. What is a realistic 12-week fitness goal?

Response: _____

19. What information will you bring to your next clinician visit?

Response: _____

20. What is your personal plan for preventing the next flare?

Response: _____

JESSE'S 12-WEEK ACTION PLAN + SOURCES

My three commitments

1. Nutrition:

Response: _____

2. Exercise:

Response: _____

3. Medical follow-up / monitoring:

Response: _____

Evidence-based takeaways

Build a DASH/Mediterranean-style eating pattern; limit alcohol, high-fructose/sugary drinks and major high-purine animal-food triggers; pursue gradual weight management if appropriate; exercise regularly when joints are calm; and use clinician-guided treatment to control urate and flares.

Primary educational sources

American College of Rheumatology: 2020 Guideline for the Management of Gout; patient gout guidance updated 2025.

NIH / National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS): Gout overview and diagnosis/treatment guidance.

Arthritis Foundation: gout patient education and diet resources, used as secondary patient-facing context.

Important medical disclaimer

This workbook is educational and is not a diagnosis, individualized medical treatment plan, or promise to 'heal' or cure gout naturally. Gout is highly treatable, but persistent hyperuricemia can require prescription urate-lowering therapy. Jesse should review medication, kidney function, serum urate targets, exercise limitations and dietary changes with a qualified clinician.

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