



QR code — Ivy Collaborative

IVY COLLABORATIVE HEALTHCARE

We help people **Feel Good, Look Good & Function Well**

2100 Central Avenue, Suite 6 | Augusta, GA 30904 | (706) 364-3461

www.IvyCollaborative.com



IDENTIFYING & MANAGING ABDOMINAL MUSCLE TONE

Self-Help, Traditional Approaches & Ivy Collaborative Support

1. What Low Abdominal Muscle Tone Can Feel Like

You train, eat reasonably well, and still the midsection looks soft or undefined. Clothes catch at the waist. The core feels weaker than the arms and legs. Visible abs need two things at once: enough muscle thickness and a thin enough fat layer over it. Genetics, age-related muscle loss (sarcopenia), pregnancy or diastasis, and a nervous system that will not let you recruit every fiber in a crunch all limit what sit-ups can do. Crunches strengthen what you can voluntarily contract; they do not spot-reduce the fat covering the muscle. A flatter, firmer core is a body-composition and strength problem—not a failure of willpower.



2. Self-Help Strategies	3. Traditional Medicine Options	4. How Ivy Collaborative Can Help
• Strength-train major muscle groups 2–3× weekly; progress the load over time • Train the core as a brace (planks, carries, dead bugs)—not only as a crunch machine • Keep protein adequate and a modest calorie deficit if fat is covering the muscle • Walk daily; add NEAT (steps, standing) rather than only extra sit-ups • Sleep 7–9 hours; chronic stress and poor sleep blunt muscle repair • Track waist, photos, and how clothes fit—not only scale weight • Know the myth: hundreds of crunches will not burn the fat over the abs • See a clinician if a midline bulge, back pain, or a gap after pregnancy suggests diastasis	• Lifestyle counseling and registered-dietitian support for fat-loss and muscle-building nutrition • Physical therapy or core rehab when diastasis, hernia concern, or back pain coexists • Screen thyroid, sleep apnea, or other drivers of stubborn midsection change • Address sarcopenia with supervised strength programming as you age • Medication only when medically indicated for weight or metabolic disease • Surgical body contouring or hernia repair for selected candidates after shared decision-making • Understand limits: gym work builds function but often plateaus short of visible definition • Ask about non-surgical, FDA-cleared devices that build muscle and reduce fat together	• Emsculpt Neo (BTL) — FDA-cleared device that builds muscle and reduces fat in one session • HIFEM+ delivers ~20,000 supramaximal contractions; synchronized RF heats fat to trigger fat-cell reduction • Clinical averages: ~25% more muscle thickness and ~30% less subcutaneous fat in treated areas* • 30-minute sessions; typical course is 4 visits about 1 week apart; no downtime* • Common areas: abdomen, flanks, buttocks, thighs, arms, calves (BMI generally ≤35) • Complements—not replaces—nutrition and training

5. Helpful Links

Self-Help	Traditional Medicine	Ivy Collaborative
nutrition.gov cdc.gov/physicalactivity <i>Protein • Strength • Sleep • Steps</i>	mayoclinic.org (core) nih.gov / NIDDK weight <i>Evaluation • Rehab • Nutrition</i>	ivycollaborative.com — Emsculpt Neo <i>Emsculpt Neo • Schedule your consultation</i> <i>Physician-directed care with Dr. Jocelyn Bayliss, MD</i> <i>dual board-certified psychiatrist</i>

6. Contact Ivy Collaborative Healthcare

2100 Central Ave, Ste 6, Augusta, GA 30904 | 706.364.3461

Complimentary consultations available • Non-invasive muscle building with concurrent fat reduction

You do not have to live with a core that training alone will not define—support is available.



*Averages from Emsculpt Neo clinical studies (BTL Aesthetics), including published HIFEM+RF trials. Individual results vary. Not a weight-loss procedure; best for contouring near a stable, healthy weight (BMI generally ≤35). Destroyed fat cells do not return; remaining cells can enlarge with weight gain. Muscle gains are maintained with ongoing activity and periodic sessions. Metal or electronic implants in the treatment area, pacemakers, defibrillators, pregnancy, nursing, and active hernia in the field are common contraindications—eligibility is determined after physician screening. Serving Augusta, Evans, Grovetown, Martinez, North Augusta, Harlem, and Richmond, Columbia, and Burke Counties.