



ROUTINE HEALTH MAINTENANCE FOR ADULTS:

What to Watch, What to Measure, and What to Screen to Protect Your Health and Independence

Metabolism-U Blueprint Series
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Medical Disclaimer

This publication is for educational purposes only and is not intended to diagnose, treat, cure, or prevent any disease. Screening recommendations vary according to age, sex, anatomy, medical and family history, medications, previous test results, and individual risk. Readers should discuss appropriate screening, laboratory testing, and diagnostic evaluation with their physician or other qualified healthcare professional.

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A Word of Advice:

This article is lengthy and information dense. However, the information is important. It might be best to do a quick read through, followed by a more concise review. Most important, use this information to help you learn more about health maintenance.

Routine Health Maintenance:

One of the paradoxes of healthy aging is that we can feel perfectly well while important changes are quietly developing within our bodies. High blood pressure usually does not hurt. Elevated cholesterol rarely produces symptoms. Early diabetes and kidney disease can progress unnoticed. Osteoporosis may not become apparent until a fracture occurs, and some cancers can develop for years before producing obvious symptoms. At the same time, muscle mass, strength, balance, cardiovascular fitness, hearing, vision, and cognitive function can decline so gradually that we simply attribute these changes to “getting older.”

This is why routine health maintenance becomes increasingly important after age 50. Preventive medicine, however, should not mean ordering every laboratory test, scan, or diagnostic procedure available. More testing is not necessarily better medicine. The objective is to identify meaningful changes, important risk factors, and potentially treatable disease early enough that we still have an opportunity to alter their trajectory.

Health maintenance also should not begin with the laboratory. It begins with something every one of us can do: pay attention to our own bodies. From there, we can add periodic functional assessment, a thoughtful medical evaluation, appropriate laboratory testing, evidence-based disease screening, body-composition assessment, and preventive interventions. No single laboratory value—or even a completely normal physical examination—can tell us whether we are truly aging well.

The Metabolism-U approach

SELF-AWARENESS → FUNCTION → PHYSICAL EXAMINATION → LABORATORY HEALTH → SCREENING → BODY COMPOSITION → EARLY ACTION

The ultimate objective is not simply to accumulate normal test results. It is to preserve health, physiological reserve, and the physical and cognitive capacity necessary to remain independent.

Start With Yourself: What is your Body Telling Your?

Preventive health does not have to begin in a doctor's office. You live inside your body every day, which gives you access to information that no blood test or imaging study can provide. You know how much energy you normally have, how far you usually walk, how easily you climb stairs, how well you sleep, what your normal appetite is, and how your body generally feels. One of the simplest health questions is therefore also one of the most valuable: Has something changed?

Pay attention to unexplained changes in energy, appetite, thirst, weight, waist size, bowel or urinary habits, sleep, vision, hearing, mood, memory, balance, strength, and exercise tolerance. New shortness of breath during activities that previously felt easy, unusual chest discomfort,

persistent palpitations, dizziness, fainting, swelling of the legs, unexplained weight loss, blood in the urine or stool, persistent difficulty swallowing, a changing skin lesion, new weakness or numbness, or a meaningful change in memory deserves attention rather than automatic attribution to aging. These symptoms do not necessarily indicate serious disease, but they may provide an important reason to seek medical evaluation.

Functionality can provide equally valuable information. Ask whether stairs have become more difficult, walks have become shorter, grocery bags seem heavier, or getting out of a chair now requires pushing with your arms. Consider whether you avoid getting onto the floor because returning to standing has become difficult, or whether you have gradually abandoned activities because you no longer feel physically capable of doing them. These changes may reflect deconditioning, loss of muscle, declining cardiovascular fitness, orthopedic problems, medication effects, or underlying illness. Whatever the cause, progressive loss of function should not simply be accepted as the inevitable price of another birthday and should warrant an evaluation.

Metabolism-U Insight

Know your normal. You do not need to diagnose yourself; however, you do need to recognize when something has meaningfully changed. Awareness can lead to recognition, which in turn can lead to early evaluation and prompt intervention, while a problem may still be easier to address.

A Brief At-Home Functional Assessment

Laboratory tests tell us a great deal about internal physiology, but they cannot tell us whether we can climb stairs, carry groceries, maintain our balance, or get off the floor. A brief functional assessment performed periodically, at home, can provide a window into your functional capabilities and ability to remain healthy and independent as we age.

There are four important at home test we can perform to assess and track our functional ability. Personally, I perform these tests on myself annually, but as I get older I most likely will increase testing to every six months. The performance test include:

1. **30-Second Chair Stand Test:** If it is safe for you, sit in a sturdy chair with your arms crossed over your chest and stand up and sit down for 30 seconds without using your hands. Notice whether the movement is smooth, controlled, and reasonably easy. This simple task requires lower-body strength, power, balance, and coordination. Count the number of times you complete a cycle and not how many seconds you can do. The most useful comparison may not be with someone else your age, but with yourself six or twelve months earlier.
2. **One-Leg Balance Test:** While standing beside a sturdy counter or other support, assess your balance by standing on one leg for 60 seconds; if you can do so safely. Again, the objective is not to establish a record; it is to recognize deterioration.

3. **Timed Floor-to-Stand Transition Test:** This is probably one of the most important tests you can do, because getting up from the floor, can potentially save your life. It also assesses near total body functionality. If your orthopedic health and balance permit, get down onto the floor and return to standing using your normal technique (if possible, strive for without having to hold onto anything), and have someone time how long it takes you to get to the floor and then stand up.
4. **Timed gait test:** Measure a 100-foot distance on a flat, clear and safe pathway (such as a hallway), and as fast as you can safely walk (not run), measure your time. It's a good idea to use a helper to help time your walk. Don't hesitate to use your walker or other assisted devices, if needed.
5. **Hand Grip Strength:** Hand strength usually requires a device to measure it, however, you can roughly assess your grip strength by loading a bag with a handle with known weights. Hand grip is a very important to assess as it indirectly relates to life expectancy.

Monitor yourself carefully during these tests and immediately stop if you experience shortness of breath, chest discomfort, dizziness, and other conditions that you may find disturbing. If you have any concerns about your health or significant medical conditions, it's a good idea to ask your personal health care professional if it is safe for you to do these test.

Importantly, if you find yourself struggling to perform any of these tests, regardless of your current condition and age, you should consider consulting with a physical therapist or other qualified professional to help you develop a safe plan to improve your functional abilities. Its very important to monitor yourself for deterioration, over time, and seek immediate guidance to help rectify the areas of concern.

These are not diagnostic tests, and nobody should perform an activity that creates a meaningful risk of falling or injury. Their purpose is much simpler. They help answer one of the most important questions in healthy aging: Can I still physically do the things required to live the life I want?

The Routine Health-Maintenance Visit

Self-awareness is the first layer of surveillance. Professional preventive care adds the next layer of surveillance, and a periodic comprehensive health assessment provides an opportunity to step away from individual symptoms and examine the entire person.

A thoughtful visit should update personal and family medical history, medications and supplements, previous illnesses and surgeries, allergies, vaccinations, and prior screening results. Blood pressure deserves particular attention because hypertension is common, frequently asymptomatic, and highly treatable. Weight remains useful, but waist circumference and body composition can add information that the bathroom scale cannot provide.

The physical examination should consider a detailed assessment of the person and include virtually all body systems, rather than performed as a ritualized list of maneuvers. The exam and/or evaluation should consider the cardiovascular and pulmonary systems, abdomen, skin, peripheral circulation, neurologic and musculoskeletal systems, and bowel and bladder changes. The physical evaluation should also assess our mood and cognition, especially our memory and ability to process information. Don't forget, annual eye and dental/oral health evaluations are essential.

For older adults, physical function belongs in this health review. Gait, balance, strength, falls, mobility, and the ability to perform everyday activities tell us something laboratory testing cannot: how well the entire organism is functioning.

The Metabolism-U Laboratory Dashboard

There is no universally required annual laboratory panel for every healthy adult over 50. Testing and frequency should be individualized according to medical history, medications, previous results, family history, and cardiovascular, metabolic, kidney, liver, or other risks. Nevertheless, several laboratory measurements can provide a useful framework for routine health surveillance.

CBC and CMP

A complete blood count, or CBC, evaluates red blood cells, hemoglobin, hematocrit, white blood cells, and platelets. It can help identify anemia and important hematologic abnormalities. A comprehensive metabolic panel, or CMP, generally provides information about kidney function, electrolytes, glucose, calcium, protein and albumin, and several common liver chemistries. Because these liver-related measurements are already included in a typical CMP, a completely separate liver panel is not automatically necessary, although additional hepatic testing may be appropriate when clinically indicated.

Lipids, ApoB, and Lp(a)

A conventional lipid profile—including total cholesterol, LDL cholesterol, HDL cholesterol, and triglycerides—remains fundamental to cardiovascular risk assessment. Contemporary cardiovascular prevention increasingly recognizes that conventional LDL cholesterol does not tell the entire story. Current cardiovascular guidance recommends measuring lipoprotein(a), or Lp(a), at least once to identify inherited cardiovascular risk and supports selective measurement of apolipoprotein B, or ApoB, to improve risk assessment and guide therapy in appropriate patients. Many physicians do not routinely order an ApoB, but personally, I insist on having my checked at least annually.

For people actively managing cardiovascular risk, ApoB can be particularly useful because it reflects atherogenic particle burden and can change with treatment and metabolic circumstances. Lp(a), in contrast, is substantially genetically determined and is generally established at least once. Lp(a) should not be confused with ApoA-I, which is a different apolipoprotein with a different clinical role.

Glucose, A1c, TSH, Urine, and Selected Tests

Glucose and hemoglobin A1c can identify abnormal glucose regulation, prediabetes, and diabetes and allow metabolic health to be followed over time. TSH is the usual first-line test when thyroid dysfunction is suspected and may be considered according to age, symptoms, medications, family history, and other risk factors. Universal thyroid screening in asymptomatic adults remains an area in which recommendations differ, so it should not be presented as mandatory annual testing for everyone.

A urinalysis can identify blood, protein, glucose, and other abnormalities, although routine annual urinalysis is not required for every asymptomatic adult. In people with diabetes, hypertension, known kidney disease, or other renal risks, urine albumin assessment. It is very important to ask your personal health care provider about your “urine albumin-to-creatinine ratio”. This ratio is very important and may show early signs of kidney problems, before a standard urinalysis or blood test can.

Other additional laboratory testing should be considered including a vitamin D, B12, B6, and folate (B9), as well as certain minerals such as Iron (ferritin) and Magnesium.

Cardiovascular Health: Find Risk Before the Event

Cardiovascular disease remains one of the greatest threats to health and independence after 50, and important risk factors can be identified years before a heart attack or stroke occurs. A meaningful cardiovascular assessment integrates blood pressure, conventional lipids, ApoB , Lp(a), glucose metabolism, kidney health, tobacco exposure, family history, physical activity, and overall cardiovascular risk rather than focusing on a single cholesterol number.

Coronary artery calcium, or CAC, requires a simple and cost-effective test that will provide a specific score, that can help better assess the risk of a cardiovascular event and may result in a meaningful influence treatment decisions, such as it did in my case. If a person has a positive CAC, the test does not need to be repeated in the future, however, a person with a negative CAC should have the test repeated at about every five years. It is not an automatic annual screening test. Other important tests that should be considered include an ECG, echocardiogram, stress test, carotid ultrasound, or other vascular imaging can be extremely valuable when clinically indicated and not to be considered as routine annual screening for every healthy person. It is very important to discuss these diagnostics with your physician. As an example, after having a successful stress test, and echocardiogram, I was informed that my risk of a heart attack was “low” and no further tests or treatments were necessary. Knowing my past medical history, I insisted on have a CAC performed. The results were not good and placed me in a high risk of having a heart attack in the relatively near future. This result significantly changed my treatment plan and monitoring. In most cases, we are our best advocates.

Another important vascular screening deserves mention. One-time abdominal aortic aneurysm ultrasound screening is recommended for certain older men, particularly those with a history of smoking, while recommendations differ according to sex, smoking exposure, family history, and individual risk. This is yet another example of a test that we should self-advocate.

Cancer Screening After 50

Cancer screening is one of preventive medicine's most powerful tools, but the correct strategy depends on age, sex and anatomy, previous results, family history, genetics, exposures, and overall health. Colorectal cancer screening should already be underway by age 50 for most average-risk adults, with several effective strategies available, including stool-based testing and direct visualization such as colonoscopy (personally, I always opt for colonoscopy). The appropriate interval depends on the method and previous findings.

For women, breast-cancer screening with mammography remains essential, with timing modified when necessary for hereditary, familial, or other increased risk. Cervical-cancer screening should remain current in women with a cervix according to age, previous results, HPV status, and contemporary recommendations; screening may eventually stop when adequate prior screening has been completed and no high-risk circumstances exist.

For men, PSA screening deserves an informed discussion rather than an automatic checkbox. PSA can identify some prostate cancers before symptoms develop, but screening can also lead to false-positive results, additional procedures, overdiagnosis, and treatment of cancers that might never have become clinically important. Age, family history, ancestry, overall health, life expectancy, previous PSA results, and personal preferences all matter. Personally, I accept the risk of a false positive and opt for an annual PSA test.

For eligible current and former smokers, low-dose CT lung-cancer screening can save lives when used in the correct population. A routine chest X-ray is not an equivalent screening strategy. Skin deserves attention as well. New or changing moles, persistent sores, bleeding lesions, or other suspicious changes should be evaluated, and people with previous skin cancer or other increased risks may require more intensive dermatologic surveillance.

Bone, Muscle, and Body Composition

Traditional preventive medicine has understandably focused on heart disease, cancer, diabetes, and other major diseases. Healthy aging requires us to broaden the lens. An older adult can avoid these diagnoses and still lose independence because of osteoporosis, sarcopenia, weakness, or a fall.

Bone-health assessment should consider age, sex, previous fractures, medications, falls, nutrition, exercise, and medical conditions associated with bone loss. Women generally enter routine osteoporosis screening earlier because of their higher risk after menopause. For men, bone-density testing is more individualized according to age and risk factors.

The Metabolism-U Annual Whole-Body DEXA

Metabolism-U adds another dimension to conventional preventive care: consider an annual whole-body DEXA for longitudinal body-composition surveillance. This is a Metabolism-U health-optimization recommendation, not a universal population-screening guideline, and its purpose is different from guideline-directed DEXA testing for osteoporosis.

Whole-body DEXA can allow us to follow total and regional lean mass, appendicular lean mass, total fat mass, body-fat percentage, regional fat distribution, android/gynoid distribution, visceral adipose estimates when available, and bone-mineral measurements. Repeating the study under reasonably standardized conditions allows changes to be followed over time.

A DEXA scan can identify profound physiological changes. For example, someone who loses five pounds of muscle while gaining five pounds of fat may see no change on the bathroom scale. Another person who gains five pounds of muscle while losing five pounds of fat may also see no change. These are two completely different physiological trajectories hidden behind the same body weight.

There are alternatives to a DEXA scan, such as having a professional measure your skin with calipers, using body impedance devices, and getting weighted under water. In my experience, and for myself, I rely on whole-body-DEXA.

Metabolism-U Insight

Don't simply track how much you weigh. Track what your body is made of—and whether that composition is moving in the direction of greater health and function.

Measure Function—Not Just Disease

As we mentioned above, having our functionality assessed on a regular basis is a no brainer and should be top on the list, however, most of us never have these easy and inexpensive tests done. This may be one of the most important additions to conventional health maintenance. Medicine routinely measures cholesterol, glucose, kidney function, blood pressure, and bone density. Yet strength, power, balance, mobility, and endurance strongly influence whether we can continue living independently.

In addition to the simple home assessment described earlier, periodic professional functional assessment can include grip strength, sit-to-stand, timed up and go, gait speed, single-leg balance, floor-transfer ability, walking or endurance assessment, fall history, and evaluation of activities of daily living. Cardiovascular fitness can also be measured more formally when appropriate. You should ask your personal physician to assess your functional ability, at least annually. Alternatively, if you want to step it up a notch, have the assessment completed by a physical therapist, or other knowledgeable professional.

These tests should not become another collection of numbers to obsess over. Their value lies in following trajectory. A declining grip strength, progressively slower chair-rise performance, deteriorating balance, or reduced walking capacity may reveal loss of physiological reserve long before a person meets a definition of disability. A person can have a beautiful CBC, CMP, HbA1c, and lipid profile while progressively losing the ability to climb stairs, carry groceries, and get off the floor. That person is not necessarily aging well.

Metabolism-U Insight

A good health-maintenance program does not only ask, “What diseases do you have?” It also asks, “How well is your body still working?”

Vision, Hearing, Oral Health, Sleep, Brain, and Mood

Our health span involves more than avoiding heart disease and cancer. As we mentioned above, vision impairment can contribute to falls and loss of mobility. Hearing loss can interfere with communication and social engagement. Dental and periodontal disease can affect eating and overall health. Sleep disorders can influence cardiovascular health, metabolism, cognition, energy, and quality of life.

Mood and cognition deserve attention as well. Persistent depression, anxiety, social withdrawal, significant memory change, or loss of interest in normal activities should not automatically be

accepted as inevitable features of aging. Sometimes these changes reflect treatable medical, psychiatric, sleep, medication-related, sensory, or social problems. A comprehensive health-maintenance strategy should therefore keep vision, hearing, oral health, sleep, mood, cognition, and social connection on the radar even though not every person requires formal testing of every domain every year.

Vaccinations Are Preventive Medicine Too

Vaccination sometimes receives less attention than laboratory testing and cancer screening, but preventing serious infection is an important part of preserving health in later life. Adults over 50 should periodically review vaccination status rather than assuming childhood immunization provides lifelong protection. Depending upon age, previous vaccination, medical conditions, and risk, this may include influenza, COVID-19, recombinant shingles vaccination, pneumococcal vaccination, Tdap/Td, RSV, and hepatitis or travel-related vaccines when indicated. Immunization schedules evolve, so decisions should be based on the current adult schedule. It is important to ask your personal physician, and in some cases your local pharmacist, if your vaccination record is up to date. RSV, pneumococcal, influenza, and the controversial COVID-19 vaccine, should be especially considered. Getting the flu, COVID-19, pneumonia, and RSV over 50 can be deadly, and in many cases preventable.

Not Every Test Belongs Every Year

One of the easiest mistakes in preventive medicine is assuming that if a test is valuable, repeating it every year must be even better. That is not how screening works. Some measurements may be followed frequently because treatment is being adjusted. Others may be needed every few years. Some screening tests have defined intervals. Others are performed once in a lifetime or only when a particular risk factor appears.

Lp(a) is a good example of a measurement generally obtained at least once. Abdominal aortic aneurysm ultrasound is a one-time screening examination for the population in whom it is recommended. Colonoscopy in an average-risk person with normal findings may have a long screening interval. Mammography has its own recommended interval. Laboratory testing for a person taking certain medications may need to occur much more frequently.

The correct question is therefore not, “What tests should everyone get every year?” It is, “What information do I need now, based upon my age, health, risks, medications, previous results, and goals?” That distinction helps protect people from both undertesting and over testing.

What is important is to educate yourself on these test and “collaborate” with your personal physician and “YOU” decide what is important for “YOU”!

The Annual Healthy-Aging Review

Although every test does not need to be performed annually, there is enormous value in stepping back about once a year and looking at the entire picture. Begin with yourself. Has anything meaningfully changed in your energy, weight, appetite, sleep, bowel or urinary function, breathing, exercise tolerance, vision, hearing, memory, mood, strength, or mobility? Can you still

rise from a chair, walk briskly, balance, carry everyday objects, climb stairs, and get down to and up from the floor?

Then look at your medical surveillance. Is your blood pressure known and controlled? Are cardiovascular risk factors being appropriately assessed? Are glucose and other relevant metabolic markers being followed? Are you current on colorectal, breast, cervical, prostate, lung, skin, or other appropriate cancer screening? Has osteoporosis risk been addressed? Are vaccinations current? Are vision, hearing, oral health, sleep, mood, and cognition receiving appropriate attention?

Next, look beyond disease. Are you maintaining muscle? Is excess body fat increasing or decreasing? Is your waist expanding? If you are using the Metabolism-U approach, what does your annual whole-body DEXA show about lean mass, fat mass, and body composition? Are strength, balance, mobility, and endurance stable—or gradually deteriorating?

Finally, look at the behaviors that create health rather than merely measure it. Are you physically active? Are you resistance training and maintaining cardiovascular fitness? Are you eating an appropriate diet with sufficient protein and other essential nutrients? Are you sleeping and recovering? Are you avoiding tobacco and excessive alcohol? Are you maintaining relationships, purpose, curiosity, and engagement with life? This annual review converts preventive medicine from a collection of unrelated appointments and laboratory values into a coherent healthy-aging strategy.

The Metabolism-U Health Maintenance Framework

The purpose of routine health maintenance is not to create anxiety about everything that might go wrong. It is to give us the information and opportunity necessary to influence what happens next. Know your body and recognize meaningful changes rather than dismissing everything as aging. Know the biomarkers that meaningfully influence cardiovascular, metabolic, kidney, liver, and overall health. Screen appropriately for important diseases when finding them earlier can improve outcomes.

Know your body composition and protect muscle and bone while controlling excess body fat rather than relying exclusively on body weight. Measure function, because strength, balance, mobility, endurance, and the ability to perform everyday tasks are genuine health outcomes. Identify risk early, because family history, lifestyle, emerging laboratory abnormalities, and subtle functional changes create opportunities for intervention. Most importantly, act on what you learn. Information without action does not improve health.

Final Thoughts

Modern preventive medicine gives us an extraordinary opportunity. We do not always have to wait for disease to announce itself. Today, more than ever, we can identify many conditions that will otherwise significantly shorten our lives and decrease our functional ability, and independence. However, medical screening tests alone does not create health. A laboratory report cannot build muscle. A DEXA scan cannot improve body composition. A blood-pressure cuff cannot improve cardiovascular fitness. A cancer-screening test cannot replace healthy behavior. Testing gives us

information. What we do with that information determines whether it ultimately improves our lives.

The most effective healthy-aging strategy therefore combines two complementary approaches: look for problems early and build a body resilient enough to face the future. That means appropriate preventive medicine, but it also means resistance training, cardiovascular exercise, sound nutrition, adequate recovery, meaningful relationships, and continuing engagement with life. It means periodically asking not simply how long we might live, but how capable we are likely to remain during those years.

The ultimate objective of routine health maintenance is not a perfect laboratory report. It's certainly not to live forever, but it is necessary to help preserve the health, physiological reserve, and physical capacity necessary to continue living life on "YOUR" own terms and remain as healthy as possible and as independent as possible.

Better Metabolism – Stronger Body – More Independent You.

ABOVE ALL — NEVER SETTLE.