

How movement anchors GLP-1 success and saves employers millions

Executive summary

GLP-1 medications are transforming obesity care. They offer real hope to millions and unlock new possibilities for employers aiming to support metabolic health. But as excitement builds, so does scrutiny.

Clinical data shows up to 39% of lean body mass is lost during GLP-1 usage.¹ Muscle loss is linked to increased fatigue, a higher risk of falls, MSK conditions, and costly downstream care.

At the same time, sustainability is emerging as a challenge. Up to 70% of GLP-1 users discontinue within a year², and many regain weight after treatment ends — creating long-term cost exposure without lasting results.

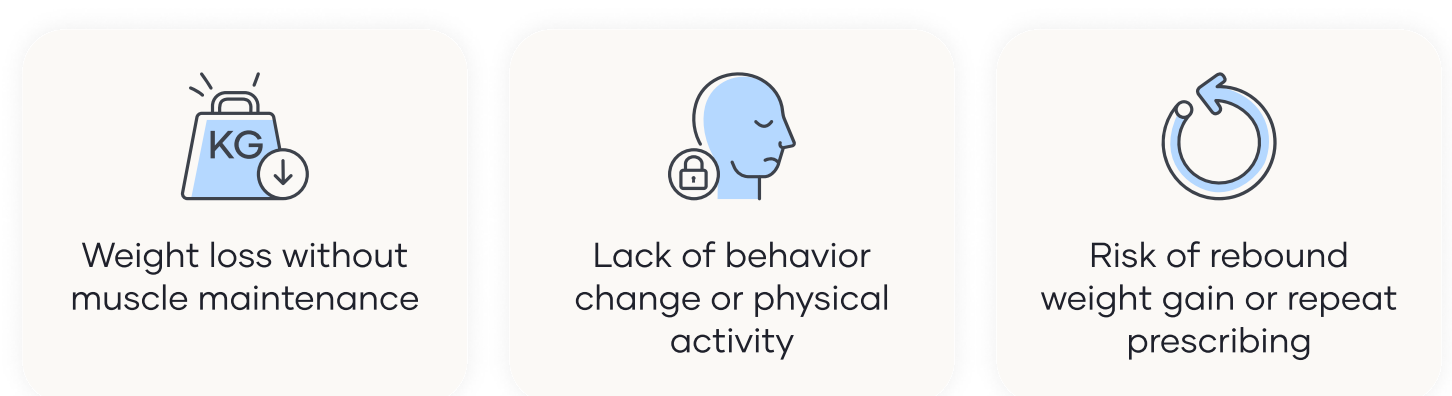
GLP-1s can cost employers up to \$10,000 per member annually³, with projections estimating they may account for 9% of total medical spend⁴. Yet many of these dollars are going to members without long-term habit change — or to those who may not have needed medication in the first place. Without a strategy to preserve muscle and sustain results, employers are investing in short-term change without long-term return.

To solve for this, leading employers are adding structured movement to the plan. **Sword Move** builds the foundation for positive long-term physical activity improvement to support the benefits of GLP-1 use. Move is a proactive, pain care solution that helps members preserve muscle, decrease the risk of injury, and build sustainable activity habits — all while complementing GLP-1 use.

After the shot: movement is missing from GLP-1 treatment plans

GLP-1s are a breakthrough in obesity care. Just don't expect an isolated cure-all. Many employers rushed to adopt these medications without a support plan.

Now, they're seeing the gaps:



In fact, up to two-thirds of weight lost on GLP-1s is regained within one year of stopping the medication⁵. And when weight returns, it's often not lean mass but fat — compounding metabolic risk and setting the stage for re-prescription.

GLP-1 medications work by suppressing appetite and slowing gastric emptying, which results in weight loss. Without accompanying behavior change to build lasting physical activity habits, weight loss comes with tradeoffs — especially in lean mass. Muscle is metabolically active, essential for daily function, and key to long-term health. Lose it, and risk rises across the board.

1. Muscle matters: the effects of medically induced weight loss on skeletal muscle Prado, Carla M et al. The Lancet Diabetes & Endocrinology, Volume 12, Issue 11, 785 - 787

2. <https://pubmed.ncbi.nlm.nih.gov/38717042/>

3. <https://www.wtwco.com/en-us/insights/2024/02/ghp-1-drugs-implications-for-employer-health-plans>

4. GLP-1 Drugs: 2024 Pulse Survey Report (U.S. data) by the International Foundation of Employee Benefit Plans

5. Wilding, 2022

What's missing: the risks of an incomplete model

Even with strong nutritional support, GLP-1s can't do it all. Without structured movement, these medications carry a serious downside: **muscle loss**.

Clinical research shows that **up to 39% of lean body mass is lost during GLP-1 usage**. This isn't just a cosmetic issue — it's a critical loss of metabolically active tissue that affects strength, mobility, and long-term health.

Muscle loss can contribute to:



These consequences often go unnoticed in claims data — but they surface in chronic pain, reduced productivity, and repeat prescribing. This type of progressive muscle loss is known as sarcopenia, and it's more than a clinical term: it contributes to 33% of chronic pain in older adults⁶, increases fall risk by 60%⁷, and raises disability risk 2.5x in those with sarcopenic obesity⁸. Without movement, GLP-1 users don't just lose weight — they lose physical resilience. And employers are left to absorb the cost through MSK claims, absenteeism, and functional decline across the workforce.

And the risk is amplified by inactivity. Just 1 in 4 engage in enough aerobic and muscle-strengthening activity⁹ — meaning the majority of GLP-1 users may already be entering treatment in a deconditioned state.

Movement isn't just a lifestyle recommendation — it's a clinical intervention.

It helps preserve lean mass during weight loss, supports better metabolic health, and builds daily routines that last long after the prescription ends. By embedding movement early, employers can reduce avoidable MSK risk and improve the sustainability of GLP-1 outcomes. Even modest increases in physical activity can prevent downstream issues.



The issue isn't just clinical — it's economic. Sarcopenia contributes nearly \$900 in excess healthcare costs per employee each year¹⁰ — often tied to pain management and functional decline. Inactivity contributes to **27% of total employee medical spend**¹¹ and often manifests through avoidable claims, pain conditions, or absenteeism. If left unaddressed, the muscle loss and inactivity associated with GLP-1 use can quietly erode employer ROI.

Without solving this root cause, a large segment of GLP-1 users will face preventable MSK issues — and employers will be left to absorb the cost.

Movement as medicine: the role of Sword Move

Sword Move is built to close the clinical gap. Move delivers whole-body, movement-first exercise programs to help members build sustainable activity habits, retain strength, and reduce MSK risk.

Benefits managers and health plan providers can deliver proactive AI-informed care for at-risk members that delivers lasting movement habits.

Through the combination of clinical guidance and wearable technology, members using GLP-1 medication can receive personalized movement programs tailored to their specific health goals.

6. <https://www.scielo.br/j/fm/a/RvXsvcxD7wkjScGdYsm97zx>

7. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6596401/>

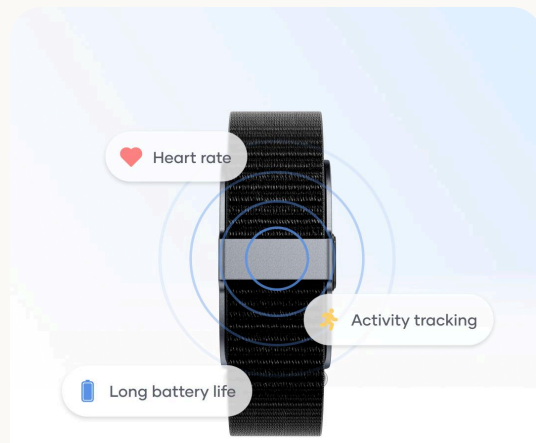
8. Baumgartner RN, Wayne SJ, Waters DL, Janssen I, Gallagher D, Morley JE. Sarcopenic obesity predicts instrumental activities of daily living disability in the elderly. *Obes Res.* (2004) 12:1995-2004. doi: 10.1038/oby.2004.25

9. Elgaddal N, Kramarow EA, Reuben C. Physical activity among adults aged 18 and over: United States, 2020. NCHS Data Brief, no 443. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: <https://dx.doi.org/10.15620/cdc:120213>.

10. <https://pubmed.ncbi.nlm.nih.gov/14687319/>

11. Duijvestijn M, de Wit GA, van Gils PF, Wendel-Vos GCW. Impact of physical activity on healthcare costs: a systematic review. *BMC Health Serv Res.* 2023 Jun 3;23(1):572. doi: 10.1186/s12913-023-09556-8. PMID: 37268930; PMCID: PMC10239135.

How does Move work?



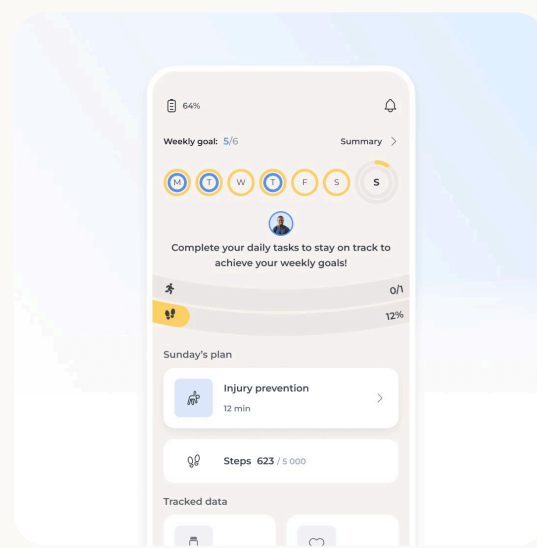
Wearable technology for effortless tracking

Every Move member who needs one receives a complimentary wearable to track activity, heart rate, and step goals — no setup required. Members can also connect their own Apple Watch, Fitbit, or Android device via Google's Wear OS. All data is shared in real time with their Physical Health Specialist to personalize care and keep progress on track.



Personalized support from clinical experts

Each member is paired with a Physical Health Specialist who provides weekly, tailored Move Plans—accessible anytime, anywhere—with digital progress tracking for added accountability.



Tailored movement plans that fit real life

Plans include targeted exercises and step goals customized to each member's lifestyle, job, and progress. No travel required. Quick check-ins ensure the plan evolves as they do —making habit-building and muscle retention easier.

Early outcomes across the Move population:

Many members begin their health journey with low physical activity, high metabolic risk, and limited functional capacity:

77%

are overweight or obese¹²

34%

are current, former, or potential GLP-1 users¹³

64%

have an addressable condition like diabetes or high cholesterol¹⁴

55%

report difficulty with basic physical activity¹⁵

Move supports these members with accessible, clinically guided activity — and the results show measurable improvement.

Outcomes among Inactive and Insufficiently Active members

69%

reach "active or healthy active" status within 10 weeks¹⁶

1 hour

22 minutes less seated time per day¹⁷

All members

4.5

sessions per week completed on average¹⁸

78%

report improved well-being¹⁹

These outcomes are not specific to GLP-1 users — but they address the exact risks that GLP-1-only strategies leave behind. Move is the simple, scalable, and cost-effective addition to GLP-1 medication for lasting positive health outcomes.

12. Health Economics Deck, Move Member Database.

13. Move Member DataBase 3/6/2025-3/25/2025

14. Demographics for all Move members Jan - Jun 2024

15. Move Member Database 1/3/2025-3/25/2025

16. Met-min analysis, Move Members 2024, over 500 MET-minutes per week

17. Members with 5 activities or more, Members that scored 5+ on the Patient Global Impression of Change. Sword member base, 2023-2024 data

18. Self-reported sitting time at the latest reassessment on or after 5 weeks into the Move program

19. Data calculated for the Move BoB, H1 2024

Smarter strategy: GLP-1 pre-authorization with Move

Many employers are now exploring smarter ways to use GLP-1s - not just as a standalone solution, but as part of a broader strategy focused on long-term health outcomes and cost containment.

One emerging approach is clinical optimization: introducing movement-first programs like Sword Move before approving GLP-1 prescriptions. Instead of initiating treatment immediately, members begin with 8-10 weeks of personalized movement support. This builds foundational habits, improves physical readiness, and helps determine whether a prescription is the right next step.

In some cases, structured movement may reduce or eliminate the need for GLP-1 use entirely — avoiding unnecessary pharmaceutical spend and aligning treatment with members' actual needs. And when medication is appropriate, this early movement support helps safeguard against the metabolic rebound that can trigger future prescriptions and escalating costs.

This model is rooted in established evidence:

- ✓ Movement helps preserve lean mass, which is critical given that clinical data shows up to 39% of lean muscle mass is lost during GLP-1 use.
- ✓ Muscle retention reduces downstream MSK risk —one of the largest hidden costs in GLP-1 care
- ✓ Structured behavior change is essential to prevent re-prescription and weight regain

Move fits seamlessly into this approach. Whether used as a prerequisite, co-requisite, or long-term wraparound support, Move provides the structure, clinical oversight, and member accountability that GLP-1 care often lacks. Sword supports multiple integration models tailored to each employer's goals and population needs.

Evidence-based benefits: what we know today

While long-term ROI data is still in development, early results are compelling. Sword Move is already showing measurable improvements in behavior, health, and clinical engagement with target populations.



Increased activity and engagement



Lower sedentary time



Improved member-reported well-being

And because Sword offers outcomes-tied pricing, employers can deploy Move confidently — knowing they only pay when results are delivered.

The path forward: your playbook to future-proof treatment GLP-1 treatment

It's time to evolve GLP-1 benefit strategies. Here's how leading employers are integrating Move for stronger physical health outcomes and long term cost reduction.

Your GLP-1 optimization plan: 4 steps to success

- 1 Audit your GLP-1 utilization and MSK spend**
Understand where your costs—and risks—are concentrated.
- 2 Implement Move as a pre-authorization or co-requisite**
Build resilience before, during, or after prescribing to improve outcomes.
- 3 Train HR and clinical leaders on outcome-based models**
Explore performance-tied pricing with Sword.
- 4 Launch enterprise-wide with aligned incentives**
Many clients opt for success-tied pricing: if Move doesn't engage or improve outcomes, you don't pay.

Combine GLP-1's with Move for lasting holistic health improvements

GLP-1 medications aren't the problem. Inactivity is. Without movement, weight loss erodes strength, and employers lose value.

Medications initiate change, but behavior sustains it. Without a plan to preserve muscle and reinforce daily movement, employers risk turning a \$10,000 investment into a short-term fix. By anchoring care in movement, they gain a force multiplier that protects health, reduces re-prescription, and improves total program value.

Sword Move is the multiplier. It fills the gap with clinically guided, personalized movement that protects muscle, supports metabolic health, and reduces downstream cost.

If you're investing in GLP-1s, you need a partner who protects that investment—and your people.

Build lasting GLP-1 treatment success with Move

Book a demo to learn how Sword Move can help your members get active, stay healthy, and deliver long-term success.