FREE GUIDE · MEN'S HEALTH

Got Low T?

A straight-talk guide to the signs, the testing, and exactly what the process looks like at a testosterone clinic.



FRONTLINE ALTERNATIVE

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877-I-GOT-LOWT

(877) 446-8569

BEFORE YOU START

Feeling off isn't just "getting older."

Tired all the time. Less drive, in the gym and in the bedroom. A shorter fuse, a softer middle, and a brain that feels a step slow. A lot of men write it off as age or stress and live with it for years.

Sometimes it *is* stress, sleep or lifestyle. But for many men, the cause is **low testosterone**, and low testosterone is a real, measurable, treatable medical condition.

This guide does three things:

- **Helps you recognize the signs**, with a quick self-check you can bring to a provider.
- **Explains how low T is actually diagnosed**: it takes blood work, not a guess.
- **Walks you through the process** at Frontline Alternative, step by step, so you know exactly what you're signing up for, including the honest risks.

The good news: low T is treatable, and getting checked is simple. It starts with a conversation and a blood test, and Frontline walks you through every step.

This guide is educational. It is not medical advice and doesn't replace an evaluation by a licensed medical provider.

CHAPTER 1

The signs: a quick self-check

Low testosterone can show up in your body, your mood and your sex life. Tick any that have been true for you **most days over the past few months**:

- [ ] Low sex drive
- [ ] Weaker or less frequent erections
- [ ] Fatigue that sleep doesn't fix
- [ ] Less motivation or "drive"
- [ ] Low mood or irritability
- [ ] Losing muscle or strength
- [ ] Gaining fat, especially around the belly
- [ ] Brain fog, poor focus
- [ ] Slower recovery from workouts
- [ ] Poor sleep

Ticked three or more? That isn't a diagnosis, because these symptoms have many possible causes. But it's a good reason to get your levels checked. Bring this list to your appointment.

Who should get checked even without symptoms

Guidelines also suggest testing for men with unexplained anemia, bone-density loss, type 2 diabetes, a history of chemotherapy or testicular radiation, HIV, long-term opioid or steroid medication use, male infertility, or pituitary problems.

CHAPTER 2

What testosterone actually does

Testosterone is the main male sex hormone. Beyond sex drive, it helps maintain **muscle mass and strength, bone density, red blood cell production, energy, mood and fat distribution**. Levels naturally drift down with age, and weight, sleep, some medications and certain medical conditions can push them lower.

CHAPTER 3

How low T is really diagnosed

You can't diagnose low T from symptoms alone. The American Urological Association (AUA) guideline sets out a clear standard:

<300

ng/dL total testosterone

The AUA's cut-off for low testosterone.

2×

early-morning blood tests

On separate days, because levels are highest in the morning and vary day to day.

Low numbers + symptoms = testosterone deficiency. A good clinic will also check related labs to find the cause and to make treatment safe, for example LH (a pituitary hormone), blood count/hematocrit, and PSA for men over 40.

CHAPTER 4

The process at Frontline, step by step

No mystery, no pressure. Here's exactly how it works.

1. **Book your consultation**
   Call 877-I-GOT-LOWT or start online. It's the fastest way to find out where you stand.

2. **Fill out the short intake form**
   Basic details and your health history, so your provider has the full picture.

3. **Complete your lab work**
   A full hormone panel and safety labs, timed correctly (morning testing matters).

4. **Review your results with a licensed provider**
   They look at your numbers *and* your symptoms, explain what they mean, and answer your questions.

5. **Get a personalized plan, if treatment is right for you**
   Options, dosing and schedule chosen for you. If treatment isn't the right call, they'll tell you.

6. **Follow-up and monitoring**
   Repeat labs to confirm you're in the target range and safe, then regular check-ins (guidelines call for monitoring every 6–12 months once you're stable).

Busy schedule? Your results review and treatment planning can be done by phone consultation, so much of the process can happen without taking time off work.

CHAPTER 5

How treatment works at Frontline

Testosterone injections
Frontline's TRT program is built around testosterone injections on a set schedule, with your dose adjusted from your lab results and how you feel. Your provider walks you through how and when to take them.

Other forms of testosterone exist (gels, pellets and newer oral options), along with approaches that help your body make more of its own, which matters if you want to protect fertility. If you have questions about any of them, ask your provider which options are right for you.

Your plan is personal: dose and schedule are set by a licensed provider from your labs, symptoms and goals.

CHAPTER 6

What to expect, and when

Everyone responds differently, but research on the time course of testosterone therapy shows a typical pattern:

- **First weeks:** many men notice changes in sex drive, energy and mood first.
- **Around 3–6 months:** changes in body composition (muscle, fat) and erections tend to build.
- **6–12 months and beyond:** fuller effects, including bone density over the longer term.

Results vary and aren't guaranteed. Your follow-up labs make sure your dose is doing its job safely.

CHAPTER 7

The honest part: risks and how they're managed

Testosterone therapy is a prescription treatment. Any clinic worth trusting will walk you through the risks, not skip them.

- **Higher red blood cell count (hematocrit).** Checked before you start and on follow-up labs. It's why monitoring matters.
- **Fertility.** Testosterone from outside the body can lower sperm production. **If you want children now or in the future, say so up front**: there are approaches designed to protect fertility.
- **Blood pressure.** In 2025 the FDA added a class-wide warning that testosterone products can raise blood pressure, so it gets checked.
- **Prostate.** PSA is checked before treatment (men over 40) and monitored after.
- **Other possible effects:** acne or oily skin, fluid retention, breast tenderness, injection-site soreness, and worsening of untreated sleep apnea.

What about the heart? In February 2025 the FDA updated testosterone labels with results from TRAVERSE, a large safety trial in men with low testosterone, and removed the boxed-warning language about increased cardiovascular risk. Heart health is still part of your evaluation, and guidelines advise waiting several months after a recent heart attack or stroke before starting.

CHAPTER 8

Habits that help

Therapy works best alongside the basics, and some of these can lift testosterone on their own:

- **Sleep** 7–9 hours
- **Lift weights** regularly
- **Lose excess body fat**
- **Limit alcohol**
- **Manage stress**
- **Get sleep apnea checked** if you snore

CHAPTER 9

Questions to ask any TRT clinic

Use these with us, and with anyone else you consider:

1. Do you confirm low T with **two morning blood tests** before treating?
2. Will a **licensed medical provider** review my labs and explain my results?
3. What **safety labs** do you run before and during treatment?
4. How do you handle **fertility** if I want kids later?
5. How often will I be **monitored**, and what does it cost?
6. What happens if treatment isn't right for me?

CHAPTER 10

Myths vs. facts

Myth: "Low T is just part of getting older. Nothing you can do."
Fact: Levels do drift down with age, but a true deficiency is a diagnosable, treatable condition.

Myth: "You can tell you have low T by how you feel."
Fact: Symptoms overlap with sleep, stress and other conditions. It takes blood work to know.

Myth: "TRT is the same as steroid abuse."
Fact: Medical therapy restores levels to a normal range, under a licensed provider, with lab monitoring.

Myth: "Once you start, you can never stop."
Fact: Treatment is a decision you make with your provider. Stopping should be planned with them, not done abruptly.

Myth: "Testosterone therapy won't affect fertility."
Fact: It can lower sperm production. Tell your provider if kids are in your future.

YOUR NEXT STEP

Find out where you stand.

The only way to know is to test. Start with a consultation at Frontline Alternative.

BOOK YOUR CONSULTATION

877-I-GOT-LOWT

(877) 446-8569 · frontlinealternative.com

Visit us
10300 Heritage St, Suite 240
San Antonio, TX 78216
Serving San Antonio and nationwide

Hours
Monday–Friday, 8am–4pm CST
Start online any time: frontlinealternative.com

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IMPORTANT INFORMATION

This guide is for general education only. It is not medical advice and does not create a provider–patient relationship. Testosterone therapy is a prescription treatment that requires evaluation by a licensed medical provider, and it is not right for everyone. Individual results vary and are not guaranteed. Talk to a provider about your specific situation, medications and medical history. In a medical emergency, call 911.

Sources

- American Urological Association. *Evaluation and Management of Testosterone Deficiency* (2024 amendment). auanet.org: diagnostic cut-off <300 ng/dL on two early-morning tests; baseline LH, hemoglobin/hematocrit, PSA in men over 40; fertility counseling; monitoring every 6–12 months; waiting 3–6 months after a cardiovascular event.
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- Bhasin S, et al. *Testosterone Therapy in Men With Hypogonadism: An Endocrine Society Clinical Practice Guideline.* J Clin Endocrinol Metab. 2018.
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