KEEP YOUR CARDIO. BUILD YOUR STRENGTH.

A four-week general-strength on-ramp for runners and cardio regulars who want to become stronger without wrecking familiar sessions.

BY MCKINLEY SLADE

THE PROMISE

Keep the engine. Add the chassis.

Hold familiar cardio steady, add two compact strength exposures, and let next-session performance decide when the new dose can grow.

For adults with at least six stable weeks of running or cardio and no equally stable strength routine.

00 / YOUR LANE

Your cardio is the anchor.

Use this playbook when you have completed at least two recoverable cardio sessions most weeks for six weeks, including one familiar 20-minute conversational exposure, while strength is absent or less established.

THE GOVERNING RULE

Keep the engine. Introduce strength as the new stressor.

Preserve familiar cardio frequency, approximate duration, and familiar quality. Hold cardio progression while two compact general-strength sessions become predictable.

Before Week 1, write down

+ Your current sessions and approximate minutes or distance.
+ Which exposure is long or demanding.
+ How that key session normally feels at its intended effort.
+ Any normal local soreness that is already familiar.

If both cardio and strength are already stable, use the field guide and solve the specific limiter instead of restarting here.

01 / KEEP THE CARDIO

Familiar intensity may stay. Progression waits.

Easy-first applies to newly introduced cardio, not to an endurance routine your body already handles. Preserve familiar work without pushing it upward while strength is introduced.

Keep	Hold for Weeks 1-2	Do not introduce
Current cardio frequency and approximate duration	Mileage, duration, or density progression	A new interval or hill session
A quality session tolerated for at least four weeks	Faster targets or extra repetitions	A second demanding session
Familiar modes and easy-day effort	Long-session progression	A race-specific peak

Weather-related pace changes are not progression. Preserve intended duration and relative effort.

WHY HOLD PROGRESSION

The new strength dose needs a readable signal.

If mileage, speed, lifting volume, and exercise novelty all rise together, you cannot tell which cost changed the next key cardio session.

02 / STRENGTH A + B

Start below what your lungs can tolerate.

The lower-body dose is deliberately small. Unfamiliar eccentric soreness can disturb movement before your cardiovascular system feels challenged.

Strength A	Dose	Strength B	Dose
Stable squat variation	1 x 6-8	**Stable hinge or bridge**	1 x 6-8
Light hinge	1 x 8-10	**Supported split squat / step-up**	1 x 6-8 / side
Horizontal push	2 x 6-10	**Incline or vertical push**	2 x 6-10
Supported row	2 x 8-12	**Vertical pull**	2 x 8-12
Trunk or carry	1-2 rounds	**Trunk or carry**	1-2 rounds

Week 1 and Week 2 use about four clean repetitions in reserve. No failure, grinders, max testing, or high-soreness novelty.

The phrase general strength is intentional. This is not a maximal-strength specialization program.

03 / MOVEMENT MENU

Stable beats impressive.

Choose familiar-feeling, supported variations with a comfortable range. Use the same choices all month so coordination and soreness do not reset each week.

Pattern	Gym default	Home / dumbbell option	Bodyweight option
Squat	Goblet squat	Dumbbell squat to box	Sit-to-stand
Hinge	Romanian deadlift	Dumbbell RDL	Hip hinge to wall
Horizontal push	Machine chest press	Dumbbell floor press	Elevated push-up
Horizontal pull	Cable or chest-supported row	One-arm dumbbell row	Band row
Vertical push	Machine or dumbbell press	Half-kneeling dumbbell press	High-incline push-up
Vertical pull	Lat pulldown	Secure band pulldown	Backpack pullover
Split stance	Supported split squat	Low step-up	Assisted split squat
Trunk / carry	Farmer carry	Suitcase hold or carry	Dead bug

Lower-body default

Start with a goblet squat or sit-to-stand, a light dumbbell Romanian deadlift or bridge, and a supported split squat or low step-up. The goal is a clean exposure you can place beside cardio, not the most difficult version you can complete.

Machines, dumbbells, bands, and bodyweight are all valid. The adaptation does not care whether the exercise looks advanced.

04 / PLACE THE WORK

Protect the key cardio session.

Let C equal current cardio days and D equal the total training days available. Required strength pairings equal the larger of zero or C + 2 - D.

Cardio days	3 total	4 total	5 total	6 total
2	1 strength paired	Both standalone	1 optional	2 optional
3	Both paired	1 paired	Both standalone	1 optional
4	Not compatible	Both paired	1 paired	Both standalone
5	Not compatible	Not compatible	Both paired	1 paired

01 Keep Strength A and B about 48 hours apart when possible.

02 Do not place new lower-body strength in the 24 hours before the long or key cardio session.

03 When pairing, complete cardio first because it is the protected quality.

04 Pair after easy or steady cardio by default; separate by several hours when practical.

If you currently train cardio six or seven days per week, or you are in a peak race phase, this generic overlay is outside its lane. Use individualized integration rather than forcing the table.

05 / FOUR WEEKS

Introduce. Verify. Add one set. Consolidate.

Strength progression belongs to the new strength dose. Cardio progression does not resume in the same week.

Week	New strength dose	Familiar cardio
1 - Introduce	Both sessions exactly as written	Keep baseline stable
2 - Verify	Repeat exercises, load, sets, and reps exactly	Keep baseline stable
3 - Add one dose	If all gates were green: add a 2nd set to A squat and B hinge / bridge	No progression
4 - Consolidate	Repeat Week 3 exactly	No simultaneous progression

IF WEEK 3 WAS NOT EARNED

Repeat Week 2 or reduce the relevant stressor.

The program does not punish uncertainty with more work. It uses the last fully green dose until the response becomes clear.

06 / READ THE RESPONSE

The next key session is your best anchor.

Strength should make the whole system more capable over time. In the first month, it should not repeatedly flatten the cardio work you are protecting.

Gate	Green - ready to repeat or progress	Yellow - repeat or reduce
Strength	Target reps, planned reps in reserve, stable technique, next key session near normal	Repeated lost reps, unexpected grinding, or soreness that changes the next session
Aerobic	Written time at the intended effort, full sentences when easy, normal next-day response	Easy work feels unusually hard twice or recovery repeatedly spills into the next session
Impact	Normal walking, stairs, and stride; no worsening focal symptoms	Localized soreness persists or increases even though movement is still normal
Whole week	Required sessions fit without make-ups; sleep, energy, and calendar stay near normal	Several recovery signals worsen or the plan repeatedly requires catch-up work

Compare like with like

+ Use the same familiar route, interval structure, class, or steady session.
+ Compare intended effort, movement quality, and next-day response - not weather noise alone.
+ For strength, compare target reps, technique, and planned repetitions in reserve.

Pain that changes gait is red. It is not a cue to run differently and finish the workout.

07 / IF CARDIO SUFFERS

Reduce the unfamiliar cost first.

One poor session may be noise. Two key-session declines or soreness that materially changes normal mechanics require an adjustment.

01 Repeat the Week 1 strength dose rather than adding the Week 3 sets.

02 If needed, temporarily remove the secondary lower-body exercise from one strength session.

03 Keep the upper-body and trunk work if those exposures are not causing the problem.

04 Do not compensate by turning easy cardio into a test.

Signal	Response
Normal muscle soreness; movement unchanged	Repeat the dose and watch the next relevant session
Soreness changes stride or technique	Reduce the provoking strength dose; do not progress
Key cardio declines twice	Use the last green strength dose and protect recovery space
New focal pain or swelling	Stop the provoking work and get appropriate assessment

08 / AFTER WEEK FOUR

Choose which progression restarts.

Once the strength dose is ordinary, you can pursue a clearer objective. Do not increase both programs in the same uncertain week.

Priority	Next move
Cardio remains primary	Resume the familiar cardio progression; hold Week 4 strength for two more weeks
Strength / general capability	Keep cardio stable; begin double progression on one or two strength movements
Both feel green	Add one strength set to 1-2 priority movements OR resume cardio progression - not both
Yellow	Return to the last strength dose that left key cardio and normal movement unchanged

Later, the correct strength plan may become more specific to performance, body composition, bone health, or sport durability. This month creates the base from which that decision is useful.

09 / SAFETY + SCOPE

The plan ends where symptoms begin.

Pregnancy or postpartum return, rehabilitation, recent surgery, clinician restrictions, significant health conditions, and persistent unexplained fatigue or performance decline require individual decisions.

RED OVERRIDES THE PLAN

Stop the provoking work. Match the response to the symptom.

Emergency: Stop and contact local emergency services for chest pressure, fainting, unusual or extreme breathlessness, confusion, signs of stroke, or a rapid or irregular heartbeat with symptoms.

Prompt assessment: Stop or modify and seek clinical assessment for new swelling, weakness, or pain that changes normal movement, lifting technique, or gait. Do not use a completed week as permission to train through a concerning symptom.

Minimum week

Preserve the cardio session that matters most and complete one strength session at the last green dose. Drop the second strength session and optional work first. Resume the normal sequence next week without catch-up work.

The written dose is a conservative on-ramp, not a guarantee against soreness or injury.

10 / SOURCES

Why this plan starts small.

The structure applies concurrent-training evidence by preserving established aerobic work, limiting unfamiliar muscular cost, and using performance evidence before progressing the new domain.

[1] CDC. What You Can Do to Meet Physical Activity Recommendations. Updated December 4, 2025.
https://www.cdc.gov/physical-activity-basics/adding-adults/index.html

[2] CDC. Measuring Physical Activity Intensity. Updated December 4, 2025.
https://www.cdc.gov/physical-activity-basics/measuring/index.html

[3] American College of Sports Medicine. Resistance Training Guidelines Update. March 17, 2026.
https://acsm.org/resistance-training-guidelines-update-2026/

[4] Schumann et al. Compatibility of Concurrent Aerobic and Strength Training. Sports Medicine. 2022.
https://pubmed.ncbi.nlm.nih.gov/34757594/

[5] Huiberts et al. Concurrent Training Adaptations With Sex Subgroup Analysis. Sports Medicine Open. 2024 issue.
https://pmc.ncbi.nlm.nih.gov/articles/PMC10933151/

[6] Gao and Yu. Exercise Order in Concurrent Training. Frontiers in Physiology. January 26, 2023.
https://www.frontiersin.org/journals/physiology/articles/10.3389/fphys.2023.1072679/full

[7] American Heart Association. Developing a Physical Activity Plan. Reviewed April 24, 2024.
https://www.heart.org/en/health-topics/cardiac-rehab/getting-physically-active/develop-a-physical-activity-plan-for-you

The exact set counts and two-week gate are coaching rules for this on-ramp, not universally optimal volumes or medical thresholds.