

ADV TRAVELS

EVEREST BASE CAMP

12-WEEK TRAINING MANUAL

Build the engine. Train for the trail. Arrive prepared.

PROGRAM AT A GLANCE	DETAIL
Duration	12 weeks before departure
Focus	Aerobic endurance, uphill stamina, leg strength, balance, pack practice, recovery
Designed for	Generally healthy adults preparing for a guided multi-day trek
Core principle	Consistency and gradual progression—not speed or heroic workouts

Important safety note

Everest Base Camp is a demanding high-altitude trek; the destination is around 5,364 m (17,598 ft). This manual is general fitness education—not personalized medical advice, medical clearance, or a substitute for a qualified guide.

- Consult a clinician before starting if you have a chronic condition, significant injury, take medicines that affect exercise, are pregnant, or have heart or lung disease. Ask a clinician familiar with high-altitude travel whether this trek is appropriate for you.
- Fitness does not prevent altitude illness. Conditioning can make walking easier, but acclimatization, ascent rate, itinerary, and individual susceptibility drive altitude risk.
- Follow the operator's acclimatization schedule and guide instructions. Do not use training as a reason to rush the ascent.
- Stop exercise and seek urgent medical help for chest pain, fainting, severe or unusual breathlessness, or new neurological symptoms.

Altitude illness: non-negotiable rules

- Possible acute mountain sickness (AMS): headache with nausea, dizziness, unusual fatigue, or poor appetite after gaining altitude.
- Emergency warning signs can include confusion, loss of coordination, difficulty walking straight, breathlessness at rest, worsening cough, or rapidly worsening symptoms.
- Never ascend to sleep higher while experiencing altitude-illness symptoms. If symptoms worsen at the same altitude, descend and seek medical help. Suspected severe illness is an emergency.
- Discuss altitude medication and an emergency plan with a travel-medicine clinician before departure. Do not self-prescribe.

How to use this manual

1. Start at your current ability. If a week is too difficult, repeat it or reduce the workload.
2. Use the talk test: most aerobic work should feel conversational, with full sentences possible.
3. Increase only one major variable at a time—duration, incline, pack weight, or intensity.
4. Schedule at least one full rest day each week. Sleep, nutrition, and recovery are part of training.
5. If pain changes your gait, worsens during exercise, or persists, stop the aggravating activity and seek appropriate advice.

Effort	How it feels	Use
RPE 2–3	Easy; relaxed conversation	Recovery and warm-ups
RPE 3–4	Steady; full sentences possible	Most walks and aerobic sessions
RPE 5–6	Challenging but controlled	Short uphill intervals after base fitness builds
RPE 7+	Hard; speech difficult	Generally unnecessary for this plan

The 12-week training plan

Template for a generally healthy beginner-to-intermediate adult. Walking outdoors, treadmill incline, stairs, stationary bike, or elliptical are options. Prefer hiking-specific walking as departure approaches. If you already train regularly, progress conservatively rather than adding all the work at once.

Weeks 1–2 | Establish the habit

Build a baseline; finish sessions feeling you could do a little more.

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Day	Session	Effort
Mon	Rest or 20–30 min easy walk	RPE 2–3
Tue	30–40 min brisk walk + 10 min strength	Conversational
Wed	Rest, mobility, or 20 min easy cycling	Very easy
Thu	30–40 min walk; gentle hills if comfortable	RPE 3–4
Fri	Strength, 20–30 min	Controlled
Sat	45–75 min easy outdoor walk	Comfortable
Sun	Rest or 20–30 min recovery walk	Very easy

Goal: complete the week without excessive soreness. No weighted pack needed.

Weeks 3–4 | Build aerobic capacity

Increase time on feet and introduce modest climbing.

Day	Session	Effort
Mon	Rest + gentle mobility	—
Tue	35–45 min brisk walk; 4 × 2 min gentle uphill	RPE 3–4
Wed	Strength, 30–35 min	Controlled
Thu	35–45 min steady walk or low-impact cardio	RPE 3–4
Fri	Rest or easy 20 min walk	Easy
Sat	75–100 min hike/walk on rolling terrain	Steady
Sun	30–40 min easy walk	Recovery

Goal: tolerate two consecutive easy walking days.

Weeks 5–6 | Add climbing and strength

Develop leg endurance and controlled uphill effort.

Day	Session	Effort
Mon	Rest	—
Tue	40–50 min walk with 5 × 3 min uphill; easy recoveries	RPE 4–5 on hills
Wed	Strength, 35–40 min	Controlled
Thu	40–50 min steady walk or cardio	RPE 3–4
Fri	Rest or mobility	—
Sat	1.5–2 hour hike; light daypack only if comfortable	Easy-steady
Sun	35–50 min easy walk	Recovery

Goal: finish long walks with stable energy and no altered gait. Keep pack light.

Weeks 7–8 | Trek-specific endurance

Practice sustained climbing, descents, and consecutive days.

Day	Session	Effort
Mon	Rest	—
Tue	45–60 min incline walk/hills; 5–6 × 4 min uphill	RPE 4–5
Wed	Strength, 35–45 min	Controlled
Thu	45–60 min steady walk	RPE 3–4
Fri	Rest or 20–30 min easy walk	Easy
Sat	2–3 hour hike with comfortable daypack	Steady

Sun	60–90 min easy walk/hike	Easy
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Goal: practice pacing and foot care; increase pack load gradually.

Weeks 9–10 | Peak preparation

Practice sustainable long days, not races.

Day	Session	Effort
Mon	Rest	—
Tue	50–65 min hill/incline session; controlled intervals	RPE 4–5
Wed	Strength, 30–40 min; no training to failure	Moderate
Thu	45–60 min steady walk	RPE 3–4
Fri	Rest	—
Sat	3–4 hour hike on safe terrain with daypack	Steady; gear rehearsal
Sun	1.5–2 hour easy hike/walk if recovered	Easy

Goal: rehearse footwear, layers, daypack, snacks, and water. Reduce load if recovery suffers.

Weeks 11–12 | Taper and arrive fresh

Reduce fatigue while keeping a gentle rhythm.

Day	Session	Effort
Mon	Rest	—
Tue	35–45 min brisk walk with short hills	RPE 3–4
Wed	Light strength and mobility, 20–25 min	Easy
Thu	35–45 min comfortable walk	RPE 3
Fri	Rest	—
Sat	Week 11: 90–120 min easy hike; Week 12: 45–60 min walk	Comfortable
Sun	Rest or 20 min recovery walk	Very easy

Goal: finish rested. In final 7–10 days avoid hard sessions, new gear, and workouts that cause soreness.

Strength routine (2 sessions weekly through week 10)

Warm up 5–8 minutes. Start with 1–2 sets; build toward 2–3 sets when technique and recovery allow. Rest as needed. Choose a load that leaves 2–3 good repetitions in reserve.

Exercise	Dose	Cue
Sit-to-stand or squat to chair	8–12 reps	Control lowering; comfortable knee tracking.
Low step-ups	6–10 each leg	Use a rail if needed; step down slowly.
Hip hinge or light Romanian deadlift	8–12 reps	Hinge at hips; keep load close.
Calf raises	10–15 reps	Rise and lower with control.
Supported split squat	6–8 each side	Use support; shorten range if needed.
Glute bridge	10–15 reps	Move smoothly; avoid arching.
Bird-dog or dead bug	6–10 each side	Keep trunk stable; breathe normally.
Single-leg balance near support	20–30 sec each side	Stand near a wall or sturdy rail.

Do not train to exhaustion. Stop any movement that causes sharp pain or joint instability.

Pack and hiking progression

- Weeks 1–2: walk without a weighted pack; learn comfortable footwear and socks.
- Weeks 3–4: try a light daypack on one walk only if shoulders, back, and gait feel comfortable.
- Weeks 5–6: carry the essentials expected on a day hike. Add weight in small increments.
- Weeks 7–10: rehearse actual daypack fit and load. Prioritize comfort and safe movement over a target weight.
- Weeks 11–12: reduce pack load and volume. Do not test new boots or a heavy pack just before departure.

The operator's equipment list and porter arrangements determine what you carry. This is not a recommendation to carry a full expedition pack.

Recovery, food, and hydration

- Keep a consistent sleep schedule and allow enough sleep to wake rested.
- Persistent fatigue, deteriorating sleep, irritability, or declining performance are reasons to reduce training.
- Eat regular balanced meals and include protein to support recovery.
- For longer walks, practice familiar, easy-to-digest snacks and meals you can carry.
- Drink regularly according to thirst and conditions; avoid forcing excessive water. Follow clinician guidance if you have fluid restrictions.
- Do not use supplements or altitude medication as substitutes for gradual acclimatization.

At altitude

- Training at low altitude does not reproduce sleeping and trekking at high altitude.
- Follow the itinerary, rest days, and guide instructions. Above 3,000 m, gradual sleeping-altitude increases and extra acclimatization days are important.
- Avoid heavy exercise and alcohol during the first 48 hours after arriving at high altitude; keep initial activity mild.
- Never ascend to a higher sleeping altitude while altitude-illness symptoms are present.

Gear checklist

Item	Check before departure
Footwear	Broken-in boots/shoes suited to route; no last-minute new footwear.
Socks and blister kit	Tested socks, blister dressings, tape, personal foot-care supplies.
Layers	Base layers, insulating layer, waterproof/windproof shell, warm hat and gloves.
Sun protection	UV-protective sunglasses, sunscreen, lip protection, hat.
Daypack	Comfortable fit, rain protection, water-carry system, space for layers.
Trekking poles	Optional for many trekkers; practice adjustment and use.
Water and snacks	Bottles or bladder; familiar snacks.
Health items	Personal medicines, prescriptions, insurance details, clinician-approved plan.
Documents and emergency plan	Travel documents/permits as applicable, operator contacts, evacuation coverage.

Weekly training log

Copy this table for each week. Note completed sessions, effort, pain, and recovery.

Week of	Sessions completed	Longest walk	Energy / recovery	Issues / changes

Departure readiness checklist

- ☐ I progressed gradually and did not ignore persistent pain or illness.
- ☐ I can walk for several hours at a conversational pace on suitable terrain.
- ☐ I practiced consecutive walking days and recovered appropriately.
- ☐ My footwear, socks, layers, daypack, and poles (if using) have been tested.
- ☐ I discussed relevant medical concerns and high-altitude risks with a qualified clinician.
- ☐ I know altitude-illness warning signs and will tell my guide promptly.
- ☐ I understand symptoms mean no further ascent until assessed; worsening symptoms require descent.
- ☐ I checked insurance for high-altitude trekking and evacuation coverage.
- ☐ I know the operator's emergency communication and evacuation procedures.

Sources and further reading

CDC Yellow Book (2026), High-Altitude Travel and Altitude Illness

<https://www.cdc.gov/yellow-book/hcp/environmental-hazards-risks/high-altitude-travel-and-altitude-illness.html>

CDC Travelers' Health, Travel to High Altitudes

<https://wwwnc.cdc.gov/travel/page/travel-to-high-altitudes>

CDC Yellow Book (2026), Adventure Travel

<https://www.cdc.gov/yellow-book/hcp/travel-for-work-other/adventure-travel.html>

This is a general template, not a validated medical protocol. The operator's itinerary, qualified guides, current travel advice, and individual medical advice take precedence.