

the **CrossFit** JOURNAL ARTICLES

Skill-Based Warm-Ups for Groups

Tony Budding



Training groups has several challenges, not the least of which is the disparity in experience, skills, and capacities among clients. Skill-based warm-ups can help bridge that gap while setting standards for technique and range of motion and developing coordination. Relatively new clients can learn the movements and sequences well enough to complete a related workout, and experienced clients can refine their skills or at least get a thorough warm-up.

Having the group do skill transfer exercises for the Olympic lifts (à la the Burgener warm-up) with a length of PVC pipe or dowel is a frequently the basis of warm-up sequences at CrossFit Santa Cruz. Another favorite is a medicine ball clean and jerk warm-up using the standard 14-inch Dynamax medicine balls (smaller diameter balls are difficult to jerk overhead properly).

After some mild monostructural movement (run, bike, row) and some dynamic stretching, clients select their medicine balls. We have a wide variety of weights (from 4 to 28 pounds), and most clients know what weight they need (in some cases, they might warm up with a lighter ball than they'll use in the workout). We put the best-moving client in the middle and the others circle around.

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Skill-Based Warm-Ups for Groups (continued...)

We start with the deadlift. Everyone holds the starting position, chest up, heels and butt down, arms straight, eyes forward. The trainer walks around the group making adjustments as needed. When everyone is set, the client leads the group through ten deadlifts, with everyone staying together for each rep (or starting over!). This keeps everyone focused on the group and concentrating on the movement.

Next, we teach the triple extension: hips and knees fully extended and open, shoulders shrugged, arms straight). There is some disagreement about going up onto the toes in the triple extension. Some trainers believe it emphasizes coming all the way up and reaching full extension, while others believe it encourages athletes to come forward on the toes prematurely, losing power. Either way, clients should experience being in the open-hips, shrugged-shoulders position, with the arms straight.

When the static triple extension is accomplished by all, we work on dip-shrugs. The key here is to generate enough momentum on the medicine ball from the extension of the hips and shrugging of the traps (not bending of arms!) that it floats briefly. When the balls are light, clients tend to flick them with their fingers (you can tell by the height and movement of the ball). When the balls are heavier, clients tend to throw the ball with their arms. Both of these errors should be corrected before moving on. One technique is for them to hold the ball with the palms of their hands only, with the fingers straight and away.

When everyone is dip-shrugging satisfactorily, the center client leads the group in ten deadlift-shrugs while the trainer makes corrections as needed. Again, the primary goal of this movement is the sensation of generating enough momentum on the ball from the hips and shoulders that it floats without help from the arms.

Front squats follow. Depending on the experience and skills of the group, it might be necessary to have everyone hold the bottom of the front squat while the trainer checks for proper alignment (heels down, good lumbar curve/support, chest up, eyes and head level). It also might be worth doing ten standard front squats. Either way, I like to end with ten drops into the bottom of the front squat. This dynamic movement mimics the catch of the clean and preempts a number of common faults. The key is to land in the bottom of the squat, not

land part-way down and lower into the bottom. The brakes are on hard, so the feet make a sound when they connect. This is very different from a stomp or donkey kick, which many do.

Then they put it together and do ten hang squat cleans (dip-shrug with straight arms and land in the front squat position). We often have them keep the laces on the MB facing out. If the ball is curled with the arms, the laces will move. Many clients will not come up to full extension (watch the top of their head against the background to see it). This is a great time to correct most of the major flaws of the clean. When everyone is good enough, end with ten full squat cleans (starting with the deadlift portion).

For the jerk portion, we start with the medicine ball overhead, making sure everyone has good alignment and the ball is directly over the ears, not out in front of the head. Then we do ten presses (no hip involved), followed by ten push presses (with the dip-and-drive of the hip).

The landing for the jerk is the same as the landing for the clean. Have the trainees hold the ball overhead, with straight arms and active shoulders, and lower into a partial squat. Make sure they pull the ball back so it stays over their head. Have them feel that position. Then, they do ten drops into the partial squat with the ball overhead. When everyone is good with that, you can put it all together and do the full push jerk.

This warm-up sequence can be done not only with medicine balls but also with PVC or wood dowels, very light barbells, or light dumbbells. Mixing it up teaches people to focus on the movement and mechanics rather than the implement. (The sequence can also be done with heavier balls, dumbbells, or barbells as a workout in itself.)

This entire sequence usually takes between 10 and 20 minutes. Everyone will be fully warm, and you will have taught and/or refined the deadlift, squat, clean, press, push press, push jerk, and to some extent the overhead squat. Not too shabby.

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