



**HOW CAN I KEEP A DECONDITIONED NEWBIE SAFE AND MOTIVATED?**

**YOU**

**#3**

**Be The Trainer!**

**A HYPOTHETICAL CLIENT IS OUT OF SHAPE. SHE'S STARTING WEEK 2 AT YOUR GYM. WHAT WORKOUT WOULD YOU PROGRAM FOR THIS SCENARIO?**

**AMY IS A 34-YEAR-OLD MOTHER OF THREE. HER BOYS ARE 10, 8 AND 3. SHE HAS NEVER CONSIDERED HERSELF AN ATHLETE. ON THE FOURTH VISIT TO YOUR GYM, AMY IS AT A CROSSROADS.**

**THE SCENARIO...**

**AMY HAD NEVER TOUCHED A BARBELL BEFORE HER FIRST VISIT TO YOUR GYM LAST WEEK. SHE IS 5'3" AND WEIGHS 145 LBS. WITH HER YOUNGEST BOY NOW IN KINDERGARTEN, AMY IS BACK AT WORK PART TIME. A FRIEND PERSUADED HER TO TRY CROSSFIT. AT AMY'S FIRST SESSION, SHE ASKED YOU TO "HELP ME GET MY BUTT IN GEAR."**

## **THE DETAILS**

Amy has no formal athletic background. Over the years, she has done some running and sporadic training at a Globo Gym.

Amy has a nice hybrid bicycle that she actually rode—once.

You require all new clients to do three private training sessions before joining group classes. You use these sessions to go over the nine basic movements from the Level 1 certs: squat, front squat, overhead squat, press, push press, push jerk, deadlift, sumo deadlift high pull and med-ball clean.

Amy got wobbly at the bottom of the squats. Otherwise, she moved well. Her regular jumps were good. But she got confused when trying to jump with PVC.

Amy did short workouts at the end of her three private sessions last week.

What the workouts were and how Amy did follow in the column at the right.

## **MONDAY**

Max rounds in 5 minutes of:

3 knee push-ups

5 AbMat sit-ups

7 squats

Amy got six rounds.

## **WEDNESDAY**

15-12-9 reps each of:

12 dumbbell push presses (12 lb.)

PVC front squats

Standing ring rows

Amy completed the workout in 8:14 but had to re-do nearly a dozen squats because she didn't go deep enough.

## **FRIDAY**

Three rounds of:

20 deadlifts (22 lb. bar)

20 wall-ball shots (6 lb.)

Amy completed the workout in 6:26.

It was a close call, but you told Amy she was proficient enough to join regular group classes. You would have preferred Amy do a few more privates, but her budget doesn't allow it.

### **TODAY'S PROPOSED WORKOUT:**

It is now Monday. Amy is in for her first group class. She reports that she was very sore over the weekend, particularly in her inner thighs and quads. It's a little better now, but she's still uncomfortable.

Amy says she had some pain in her neck after the sessions on Friday and on Saturday. You ask if she still has it. She hesitates, rolls her head around, and says, "Yeah. No, not really. I guess."

You ask if it could have been some soreness in her traps from going overhead. You touch her traps where they attach at the neck and she says, "Oh yeah, that's it."

The class of 10, mostly newer CrossFitters, is scheduled to do the medicine-ball clean sequence from the Level 1 Cert as a warm-up. After some work on kipping pull-ups, you were going to do skill work on kettlebell swings.

The scheduled class workout is four rounds for time of:

- 10 medicine-ball cleans
- 10 kettlebell swings
- 10 jumping pull-ups
- 10 burpees

You had planned to have Amy use an 8 lb. medicine ball and 12 kg kettlebell.

Do you stick with the plan?

As always, Tony Budding set the problem and gets the last word. Post your thoughts to comments now. Or continue reading to find out what three of our top trainers think. Do you agree them?

**3-2-1... GO!**

## **THE TRAINERS**



**CHRIS SPEALLER**  
**CROSSFIT PARK CITY**



**MIRANDA OLDROYD**  
**CROSSFIT 801**

**CHRIS SPEALLER**  
**CROSSFIT PARK CITY**

I like the proposed workout in general. But it's just going to be too much for Amy.

The soreness in Amy's inner thighs makes it apparent she is pretty deconditioned. The 60 wall-ball shots on Friday may have pushed her over the edge. On the positive side, Amy is becoming more aware of some muscles she may not have been using in the past.

Working on medicine-ball cleans is important. Even if Amy falls short of mastering the skill completely today, she is likely to feel better.

While the rest of the class is warming up, I would pull Amy aside for some squat therapy. It would be nothing too intense. I'd just have her crank out 10 good squats, then move on jumping pull-ups, pass-throughs and other mobility drills.

Instead of the class WOD, I would have Amy do:

- Row 200 meters
- 8 pop and drops with a  
6 lb. medicine ball
- 8 jumping pull-ups
  
- Row 200 meters
- 6 pop and drops
- 6 jumping pull-ups
  
- Row 200 meters
- 4 pop and drops
- 4 jumping pull-ups
  
- Row 200 meters
- 2 pop and drops
- 2 jumping pull-ups

This is a tough call. It would be far easier to just see how Amy does on the class WOD. But Amy is new to CrossFit and hasn't worked out in a while. I don't want to scare her away. I don't want her thinking CrossFit is "too tough" for her.

The higher rep ranges and squatting/overhead work seemed to take a toll on Amy. I'm learning what kind of capacity she has and adjusting accordingly.

The squat is the cornerstone of much that we do, so we have to work on it. The 10 reps in the warm-up won't wear Amy out before the WOD. Let's lay off the inner thighs by not doing medicine-ball cleans, kettlebell swings and burpees.

The Concept2 rower is a great way to warm Amy up and take most of her joints through a range of motion. The pop and drop is a portion from the medicine-ball clean progression that I think will help with the "jump" issue in the long run. It also forces her to stay tight in the catch position, helping with squats. The idea is to kill two birds with one stone while giving Amy some much-needed encouragement.

The jumping pull-ups shouldn't create any additional soreness in Amy's traps because we are pulling instead of pushing. Amy can push hard on the rows because the other movements have only 20 reps each. But we can even adjust the length of the row if the need arises.

Post-workout, I would have Amy stretch out and foam-roll her sore spots.

**MIRANDA OLDROYD**  
**CROSSFIT 801**

There's nothing really wrong with the planned workout. But it may not be right for Amy.

Amy is a lot like many of my real clients. Most families in my state (Utah) have at least three kids. Many moms here work only part time or don't work at all.

Amy's inconsistent workout history and unused bike tell me she finds it difficult to stick to exercise programs. People like her often give up if things become "too hard" or "too painful." I don't want Amy's soreness to scare her away.

So far, Amy has done squats every day. This is fantastic because the bottom of the squat is a weakness. But it has also made her really sore and uncomfortable. Is Amy comfortable being uncomfortable yet? Probably not.

But I would modify the workout. Instead of the medicine-ball clean progression for the warm-up, I would go over the jerk progression with a light medicine ball or training bar.

I would have Amy do the kettlebell swing with the class and keep it in her workout because the depth is minimal. It's another opportunity to teach Amy midline stabilization and the importance of keeping her weight back on her heels.

I would dump the rest of the movements to give Amy's quads and adductors a break. I would add short runs to loosen up her legs. I'd top things off with strict presses to practice overhead movement without

repeating the push press and without making the workout movements too complicated too quickly (which would be the case with the push jerk).

My workout would be four rounds for time of:

Run 250 meters

15 kettlebell swings  
(12 kg if solid, otherwise lighter)

9 strict presses (25 lb.)

Amy is still in a preliminary phase. I want to be careful to do everything I can to promote regular attendance and consistency of movement.

I always try bear in mind individual capabilities, both physical and psychological.

Is Amy physically capable of doing the planned workout? Of course she is. Is she psychologically ready to be even more sore than she already is? Maybe not.

Mental toughness is often harder to achieve than physical toughness. We need to give Amy a chance to learn what she is made of. When people find that place, they start asking for stronger Kool-Aid!



**CHUCK CARSWELL**  
**CROSSFIT HQ**

In a real-world scenario, I would want to find out much more about Amy's weekend. What did she do and how did she feel? Everybody gets sore, especially in the beginning. Was it really severe for Amy?

Unfortunately, Amy isn't available for questioning because this is a fictitious scenario. So here are my notes and comments about what Amy did last week.

1. 60 wall-ball shots with a 6 lb. ball on Friday.
2. 60 deadlifts with a 22 lb. bar wrecked her legs for most of the weekend.
3. Squats in all three sessions last week.
4. Traps are tender to the touch today.
5. A lot of aggressive opening of the hip is scheduled for today. It's more of the same.
6. The overhead work today is a pull, instead of the pushes in Amy's last two workouts.
7. Burpees today? Yuck. They rate A+ in "suck factor" for the entire body.

I would carefully dose and monitor the warm-up. I would have Amy start with a 10 lb. kettlebell and swing it straight out in front of her face for 7-10 reps. If things went well, she could progress to heavier weight and full range of motion swings, again for 7-10 reps. We would rinse and repeat until we found a weight that Amy could handle with near-flawless technique and minimal trap discomfort.

I would not eliminate the medicine-ball review altogether, but my expectations would be limited. I would ask her to observe, but not perform, any shrugging motion today.

Assuming Amy moves relatively well through the warm-up, her workout would be four rounds for time of:

10 kettlebell swings  
(scale down from 12 kg if necessary)

10 jumping pull-ups

Run 200 meters

In general, moving the hip and knee through a full range of motion is essential. But Amy is still sore from last week. So there will be no medicine-ball cleans or burpees in Amy's workout today. Both the swings and jumping pull-ups are full-range upper-body movements but have limited lower body movement. Both are great for Amy's sore lower-body.

Assuming she keeps her current schedule, Amy will be in the gym two more days this week. My plan would be to progress slowly, managing her soreness, mechanics and consistency as I move her closer to intensity.



**THE LAST WORD**  
**TONY BUDDING, CROSSFIT HQ**

Amy is a new client who is very deconditioned relative to most CrossFitters. She needs to take baby steps on all fronts.

Even the functional movements that CrossFit considers basic can be strenuous for previously inactive people. It's a key point that sometimes eludes new trainers, especially if they are good athletes themselves.

Amy has three kids, so she's hardly been sedentary. But the soreness she experienced from the workload of last week is all the evidence we need to know about what she can handle.

All three of our trainers recognized this and scaled the workout way back.

I found it interesting that they all added a monostructural met-con element—running or rowing—in the 200-meter range. It's a wise decision. Both the athlete and trainer can vary the intensity.

Miranda and Chuck wanted to limit Amy's range of motion in the hips and knees to minimize soreness. Speal wanted movements simplified but was willing to

move Amy into the bottom of the squat again. The squat is certainly the most important movement in the arsenal. At the reduced volume, Amy should be fine.

Jumping pull-ups are generally not a wise choice in workouts for new clients. A correlation may exist between jumping pull-ups (especially with the negative stressed) and rhabdomyolysis. If they are used early in an athlete's regimen, the key is to limit the volume. Also, make sure the athlete doesn't slow down the negative; the lowering of the body should be at full speed until some capacity is developed. Taller boxes can be used so most of the work is being spread throughout the body.

Speal suggested 20 jumping pull-ups with a row and the pop-and-drop medicine-ball squats. Chuck suggested 40 jumping pull-ups with kettlebell swings and runs (kind of a mini-Helen). With the right size box and good management of Amy's intensity, these should both be very safe.

Possibly the most important piece that all three trainers mentioned is keeping Amy motivated. The psychology of training is immensely important. The sessions our trainers programmed will get Amy moving toward her goals with minimal frustration.

You can't get fit without discomfort and soreness. But if you induce too much soreness too soon, you're very likely to lose the client. That's a very real possibility given Amy's history.

Training is a relationship business. It's a long game. These top trainers addressed all sides of the issue. They set Amy on the best course for long-term success.