

## THE DEADLIFT

The deadlift is unrivaled in its simplicity and impact while unique in its capacity for increasing head to toe strength.

Regardless of whether your fitness goals are to “rev up” your metabolism, increase strength or lean body mass, decrease body fat, rehabilitate your back, improve athletic performance, or maintain functional independence as a senior, the deadlift is a marked shortcut to that end.

To the detriment of millions, the deadlift is infrequently used and seldom seen either by most of the exercising public and/or, believe it or not, by athletes.

It might be that the deadlift’s name has scared away the masses; its older name, “the healthlift,” was a better choice for this perfect movement.

In its most advanced application the deadlift is prerequisite to, and a component of, “the world’s fastest lift,” the snatch, and “the world’s most powerful lift,” the clean; but it **is also, quite simply, no more than the safe and sound approach by which any object should be lifted from the ground.**

The deadlift, being no more than picking a thing off the ground, keeps company with standing, running, jumping, and throwing for functionality but imparts quick and prominent athletic advantage like no other exercise. Not until the clean, snatch, and squat are well developed will the athlete again find as useful a tool for improving general physical ability.

The deadlift’s primal functionality, whole-body nature, and mechanical advantage with large



loads suggest its strong neuroendocrine impact, and for most athletes the deadlift delivers such a quick boost in general strength and sense of power that its benefits are easily understood.

If you want to get stronger, improve your deadlift. Simple

Fear of the deadlift abounds, but like fear of the squat, it is groundless. No exercise or regimen will protect the back from the potential injuries of sport and life or the certain ravages of time like the deadlift. (See the inset “Doc & Coach” on page 2)

At Bootcamp we deadlift with relatively low loads using sandbags. We compensate by increasing the intensity but you should not fear the heavy bags.

Major benchmarks would certainly include bodyweight, twice bodyweight, and three times bodyweight deadlifts representing a “beginning,” “good,” and “great” deadlifts respectively.

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For us, the guiding principles of proper technique rest on three pillars: orthopaedic safety, functionality, and mechanical advantage.

Consider each of the following cues to a sound deadlift. Many motivate identical behaviours, yet each of us responds differently to different cues.

- Natural stance with feet under hips
- Symmetrical grip whether parallel, hook, or alternate
- Hands placed where arms won't interfere with legs while pulling from the ground
- Bar above juncture of little toe and foot
- Shoulders slightly forward of bar
- Inside of elbows facing one another
- Chest up and inflated Abs tight
- Keep your weight on your heels
- Bar stays close to legs and essentially travels straight up and down
- Torso's angle of inclination remains constant while bar is below the knee
- Head straight ahead
- Shoulders and hips rise at same rate when bar is below the knee
- Arms remain perpendicular to ground until lockout
- Arms locked and not pulling
- Shoulders pinned back and down
- Lats and triceps contracted and pressing against one another

### Doc and Coach

(Transcript of actual conversation)

Doc: Many of my patients shouldn't be doing the deadlift.

Coach: Which ones are those, Doc?

Doc: Many are elderly, marginally ambulatory, and frail/feeble and osteoporotic.

Coach: Doc, would you let such a patient, let's say an old woman, walk to the store to get cat food?

Doc: Sure, If the walk weren't too far, I'd endorse it.

Coach: All right, suppose after walking home she came up to the front door and realized that her keys were in her pocket. Is she medically cleared to set the bag down, get her keys out of her pocket, unlock the door, pick the bag back up, and go in?

Doc: Of course, that's essential activity

Coach: As I see it the only difference between us is that I want to show her how to do this "essential activity" safely and soundly and you don't.

Doc: I see where you're going. Good point.

Coach: Doc, we haven't scratched the surface.