

# Starting Strength

## Training the Emergency Weight Loss Trainee

by

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It may surprise some of you to hear a Starting Strength Coach make the declaration that training for strength is not always the primary objective of every trainee's program. There are in fact times when strength must become a secondary concern for both client and coach – even in novice programming. Those would include members of our community who need to lose a lot of weight, and those who coach those who need to lose a lot of weight.

As a Starting Strength Coach, I certainly stand by the idea that a focus on strength should be the primary concern for the vast majority of the population starting their journey on a path to better health and fitness. While the details of exercise performance and programming obviously shift a bit with the population (men/women, young/old, athlete/non-athlete, fit/non-fit, etc.) most people need to get strong first, as the foundation for whatever other goals they may ultimately have in the future. However, there is a very serious caveat for the extremely obese trainee:

**Your weight loss is more important than your Novice Linear Progression. Get the weight off first, and then focus on “The Program.”**

Let me make very clear that I am in no way advocating that you do not train, or that you do not train with barbells. In fact, strength training is an essential component of a healthy and successful extreme weight loss program. The retention of as much muscle mass as possible during a period of rapid weight loss is important for the longer-term maintenance of a healthy bodyweight in the future.

However, the Starting Strength Novice Linear Progression (and all the accompanying details) may not be appropriate or even feasible in all circumstances. And that's okay. There will be time for The Program later.

If your health and quality of life depend on you losing 100 pounds or more, you need to make this happen, and you need to make it happen *fast*. This will take extreme dedication and focus, and there are certain elements of the Starting Strength Novice Linear Progression that are not compatible with a focus on rapid extreme weight loss.

First and foremost is the exercise selection. If you are an Emergency Weight Loss Trainee (EWLT) – an untrained BMI of very approximately 45 or, more reliably a bodyfat of 45% or more,

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or even more reliably, if your adiposity prevents you from obtaining a below-parallel position in the squat – there is a high likelihood that several, perhaps even all, of the exercises in the program cannot be performed safely or effectively, and the initial approach to the program must change. It should be obvious that excessive bodyfat must be addressed with diet and training, that even 35% is too high, and that a trainee with 35% will not be on a caloric surplus. But there is a point at which a new trainee gets an *entirely different program*: if your bodyfat mechanically prevents you from obtaining the correct positions in the primary barbell exercises, you are an EWLTL. There is quite a bit of gray area here, but you probably know who you are, and your coach should too.

Second is the idea of a linear progression. Sustaining a multi-month linear progression is no easy task. After the initial “easy gains” are realized (usually the first 6-8 weeks) then trainees have to start paying more attention to diet and recovery. We generally suggest that very demanding physical activities (high-intensity or long duration cardio) be very limited or removed, and that clients try and maintain a reasonable caloric surplus that creates an environment for growth.

This will be the opposite of the advice for an EWLTL. Lots of cardio and a severe caloric deficit are going to make sustaining an aggressive and long term linear progression difficult. And the attempt at doing so may create unnecessary wear and tear on the trainee’s body, or even cause an injury. So we are going to try for steady and sustained progress on our lifts where possible, but we aren’t going to force the issue once we are neck-deep in the weight loss program.

The good news is that an extremely overweight (and therefore already anabolic) trainee still has a pretty good environment for some strength gains, even in the presence of a caloric deficit – for a while. The exercises the trainee can do are likely to progress pretty well. The bad news is that we cannot completely insulate you forever from the catabolic effects of a long-term caloric deficit and lots of cardio. At some point, strength is going to become very hard to improve. You have to accept this, not worry about it, and continue pushing forward with your weight loss goals, while adjusting your strength training program appropriately.

## **On the Platform (for coaches) – What to Avoid**

If you are going to actually get out on the platform with an EWLTL, there are a few important points to understand regarding the client’s physical limitations. Many of the standard exercises you use with “normal” clients may not be within the reach of a 300-400+ lb male or a 200-300+ lb female. Modifications, substitutions, and alterations will be the name of the game.

Do not humiliate or embarrass your client in the gym. As obvious as this may seem, it can happen unintentionally if you are inexperienced with this population. The fact that they are even in the gym standing next to you required a significant break from their comfort zones, so don’t push the limits. This is especially true if working in a public gym with crowds around. Obese clients will sweat more, breath harder (even wheeze), and generally struggle more than an average-weight client. And don’t think they aren’t aware of this – they are. Try to avoid movements that exacerbate these conditions, highlight their obesity, or put them in awkward positions. There is a difference between working your client hard and embarrassing them unnecessarily.

One of my general rules of thumb is to *avoid doing anything on the floor*. Getting up and down off the floor is difficult for an obese person, and they don’t want to have to repeatedly do it in front of other people, including you. For most people, getting up and down off the floor is not an exercise; it’s just something you do as part of your day. For an obese person, it’s an major event to be avoided

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if possible. Nobody wants to be seen struggling with something that is easy for everyone else. Floor exercises are usually ab exercises, and EWLTS don't need to worry about abs.

These problems may even extend to using benches. Lowering themselves down to and getting up from a bench is an extreme challenge to their strength and balance. They will likely need your help with this for bench presses. Once I get them settled onto the bench and through the instructions and warm ups, I will generally tell them to stay there until we're done. Most of them can't sit up from a supine position, so don't make them try – be a professional and help them get up with some dignity.

In the past I have had clients that were large enough that stability on the bench was a safety issue. For some, lying on the bench puts tremendous pressure and strain on the lower back. Often this can be fixed by shimming their feet. Sometimes it can't. An incline bench press is a good alternative in either situation.

I avoid high-intensity cardio with obese clients. They don't need it. Strength training, lower intensity/long duration aerobic work, and a low carb/low fat diet is a proven formula for improving body composition. They get all the anaerobic conditioning they need from the weight training. There are several reasons to avoid extremely high intensity interval work when beginning with a new obese client: 1.) It's unnecessary. They can lose weight without it. 2.) It's too hard for them – trust me, they'll quit. 3.) They can't push hard enough to get anything out of it. And 4.) depending on the modality, it's humiliating and embarrassing. Television shows like “The Biggest Loser” are grossly irresponsible in their representation of how an obese client should be conditioned. Watching the morbidly obese trying to jump rope, bear-crawl up hills, do burpees, and awkwardly cram themselves into a Concept2 Rower may make for interestingly tasteless entertainment, but it's a sure-fire way to humiliate, injure, permanently discourage EWLTS.

## **The Right Way to Perform Cardio**

Instead of high intensity interval training (HIIT), my personal preference is to start the person off on a treadmill. It's simple, safe, progressive, and proven to work. I never allow them to use the handrails. I want them supporting their own bodyweight. When the client starts on the treadmill I place them on a very moderate speed, erring on the side of too slow rather than too fast. Foot pain, ankle pain, and shin splints are common when a really heavy/weak client starts this type of work. High speeds make these things more likely.

Once I get them going I will bump the incline setting up to about level 2 or 3 and leave it. Most treadmills have incline settings from 1-15, and I use the incline, not the speed, to scale and progress the client. This is the primary advantage of the treadmill over walking outside. It's very hard to find a low grade incline that someone can walk up for a sustained period of time. And it's impossible to progressively increase the degree of incline by tiny increments from workout to workout unless you are using a treadmill.

There is no set “program” that you must use for the treadmill work, only some guidelines I'll recommend. Just make sure over time the total work load is going up.

First off, I do not believe that the cardio work is optional. Yes, you can potentially lose weight without it, but progress will be slower, and I'm looking for fast results with my clients. If I have a client who is 100+ lbs overweight, we want the weight off ASAP and cardio helps tremendously to speed up the progress. Second, cardio work (especially something as simple as walking) is an extremely low hurdle to clear as a good first step towards some positive emotional momentum.

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Start with anywhere from 10-20 minutes, at a low speed and a low incline setting. For the first several workouts we will focus on increases in *time*. Work up to 30 minutes using the original speed and incline setting from the first day. Once we get to steady sustained 30-minute workouts at a low speed and a low incline, we're going to work on increasing the incline, and then start adding time again in 5-minute increments every week or two. Depending on the rate of fat loss, the target is 30-60 minute sessions on the treadmill 3-6 times per week.

For someone struggling with obesity, *habits* are extremely important, and doing cardio regularly will help with adherence to the diet. One discipline feeds another. Taking a day off from training often leads to several days off from training. And several days off from training almost always means the diet will slip too.

For this reason, I have my clients do the cardio work 30 minutes 3 days per week minimum, and closer to 6 days per week if there is a significant amount of weight to lose, then build up to one hour sessions over time. Once the duration is up to one hour, then just work on increasing the intensity of the workouts during that one hour time frame using the incline function of the treadmill. There is no need to go beyond an hour of steady-state cardio. Just go harder within that hour working up to more time spent at the higher incline settings. At a maximum I recommend 6 days per week for 1-hour sessions. If you are going to hit it this hard, do so 3-on/1-off, getting a break every 4th day. This is preferable to 6 days in a row. Most trainees will require somewhere in between the minimum and maximum recommendations for sustained fat loss.

If possible, do your cardio sessions fasted – first thing in the morning, before breakfast on an empty stomach. I realize there is a debate about the effectiveness of doing fasted cardio first thing in the morning versus doing it at some other time of the day. I don't really care about the debate – I *know* that fasted cardio works better for fat loss. It has worked for me personally and it has worked for my clients. I've done it both ways with lots of different clients and results are quicker and more dramatic when 30-60 minutes of cardio is done fasted. I also know that almost all high-level bodybuilders in the world (i.e. the guys who get paid to be super-lean) do their cardio fasted, even with the benefits of elite genetics, anabolic steroids, and extremely potent (and dangerous) fat burning agents like Clenbuterol.

If you disagree with me on the effectiveness of fasted cardio from a physiological stand point, that's fine. But you still need to get your cardio done. And hitting it first thing in the morning is a better way to build and sustain the habit of regular cardio. Pushing it to later in the day forces this extremely boring and monotonous activity to compete with the rest of your life's To-Do List, increasing the likelihood of non-compliance with the routine.

Brand new commercial grade treadmills are extremely expensive to buy and maintain. Buying a cheap treadmill is a bad idea. They don't last and won't fit an obese trainee anyways. Franchises like SNAP Fitness and Anytime Fitness are empty for most of the day and are open 24/7. Most of these places have at least one row of nice treadmills. Memberships for \$25-35/month are common and most allow you to cancel anytime. This is not a bad option for an obese trainee's cardio – low cost, plenty of accessibility, and a degree of privacy you won't get at a larger LA Fitness.

## **Setting up the Strength Training Routine**

Like the Starting Strength Novice Linear progression, I favor a template that consists of 3 full-body strength training sessions per week. If nothing else, it provides a nice anchor around which you can build your cardio sessions. An initial easy set-up is to strength train on Monday/Wednesday/Friday and do your 30 minute cardio sessions on Tuesday/Thursday/Saturday, with Sunday off.

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For the strength training workouts I recommend you perform about 4 exercises per day:

Squat or Squat Variation

Bench Press or Press or Variation

Upper Body Pull (lat pulldown or row)

Deadlift or Deadlift Variation

The idea here is to train as much muscle mass as possible as efficiently as possible, just as we would do with the Starting Strength NLP. However, we may have to modify the exercises because of the trainee's girth and range of motion limitations.

### **Squats**

Excessive body-mass, lack of leg strength, and shoulder mobility will make squats tricky for many EWLTs – they are too big to achieve a proper squat position with a barbell across the back. Even if they can, the movement mechanics may be compromised to the point where the exercise is dangerous, painful, or ineffective.

Many obese novices lack the leg strength to perform even an unloaded parallel squat. In this instance a Leg Press Machine or an above-parallel box squat is a good choice. There are also some commercially available squat machines in many gyms that are useful for the obese trainee, but quality and availability vary widely. I have the Legend Fitness plate loaded squat machine in my gym, but again, it's a rarity in most commercial gyms.

I have had clients in the past who were surprisingly strong and mobile in the squat position, even with bodyweights in excess of 400 lbs. However, this type of client (usually male) will often have problems getting the bar into a proper low-bar back position. Further complicating things is the tendency for a client this large to have a lot of fat on the traps, which behaves differently under the bar than muscle. The bar can rest on top of the traps, but the barbell will roll off the fat and onto the neck. This makes even high-bar squatting difficult, and dangerous, especially if the trainee is strong. A sudden significant shift of the loaded barbell's position on the back can create changes in back angle mechanics at the wrong time, which may lead to injury.

If used, the barbell squat can be done with or without the box. It has been my experience that the security of the box helps the client feel a little more comfortable with the movement and get consistent depth. If we start above parallel, I can titrate the depth down over time in lieu of adding weight to the bar. In the grand scheme of things, at first there isn't going to be a helluva lot of difference between a box squat and a regular squat for this particular client; we'll transition off the box later.

### **Deadlifts**

It isn't uncommon for the EWLT's waist girth to impede the ability to do a correct deadlift. It can't be coached out of them – the set-up for a proper pull just can't happen until some belly is lost. Clients with excessive waist girth will routinely pull the bar off the floor well forward of mid-foot, and this is dangerous.

The simplest solution is just to forgo full deadlifts for the time being and do rack pulls or block pulls. These are essentially the same movement – a power rack or a set of pulling blocks or stacks of  $\frac{3}{4}$  inch mats or plywood elevates the bar to somewhere between mid-shin and the knee, allowing an obese

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client to pull heavy with better mechanics. Light day pulls might be dumbbell or kettlebell Romanian deadlifts, which provide an easier and shorter range of motion.

### **Pressing/Bench Pressing**

If these exercises can be done, they should be done. Both the press and the bench press are staple movements for building muscle mass in a novice – but they can be difficult for an extremely obese trainee. The difficulty with the bench press has already been discussed, and an incline bench provides a suitable alternative. Presses with a barbell can sometimes be difficult if a trainee has inflexible shoulders, extremely common in obese trainees. I suggest experimenting with seated DB Presses or a seated machine variant of the movements. Absent that equipment, a standing wall pushup, where the wall is the “bar” and the resistance is the bodyweight at an angle from the wall, is also a suitable short-term exercise option. Select the movement that allows for the fullest range of motion possible. Over time, as better mobility is gained through training, weight loss, and strength, the transition can be made to the standard barbell pressing exercises.

### **Lat Pulldowns and Hanging Rows**

Work with an obese client should be focused on training the legs and the back. This is where the most muscle resides, so building up these areas will have the most impact on the metabolism. Because of weight and girth, chins and barbell rows (my two favorite upper-back builders) will be inaccessible for a long time. Lat Pulldowns with various grips and machine-based rowing variants will be good exercises to include in the program. The coach may find it useful to alternate lat pulldowns with a bodyweight variation called a hanging row, performed on a set of rings or a pair of straps with handles. The opposite of a standing wall pushup, the resistance varies by the amount of lean-back from the handles. This will give them an opportunity to do some work with their own bodyweight in way that can be easily adapted to fit their current size and strength.

### **Programming**

When I work with an obese client at KSC, the initial program will look something like the example below. Sets and reps vary depending on the client and the exercise. But it's usually not a rigid protocol as long as there is some weekly progression. I tend to offer a bit more variety in the novice programming for this population, as I find that compliance is better when training is more fun and less monotonous for people who are already less likely to be here. If I find an exercise they really like and are good at, we may do it more often. If there is something they really hate, we may omit it. The routine below is not a prescription for any one person, so pick the exercises that best suit your client and progress them as often as you can.

#### **Monday**

High Box Squats 5 × 5

Incline Barbell Press 5 × 5

Hanging Rows 3 × 10

Dumbbell Romanian Deadlift 3 × 10

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### **Wednesday**

Leg Press 3 × 10

Standing Wall Pushups (or DB or Machine Presses) 3 × 10

Rack Pulls 3 × 5-8

Barbell Curls 3 × 10

### **Friday**

Plate loaded Squat Machine (or Box Squats) 3 × 10

Incline Barbell Press 5 × 5

Lat Pulldowns 3 × 10

Dumbbell Romanian Deadlift 3 × 10

The goal of the initial program is simply to get them into some comfortable movements that they can actually perform with correct technique and keep them interested long enough to build the right habits. As they get stronger and lose weight the goal would be to transition the leg presses/machine squats/box squats into squats, transition the incline presses into bench presses and presses (at least one of the days), and get them into regular deadlifts a couple days per week.

## **The Diet**

For the Emergency Weight Loss Trainee, the diet is everything. It can't be an afterthought. Simply "trying to eat better" or "eating in moderation" doesn't work. I favor a radical approach, mainly because I've seen it work over and over again, whereas I have seen the "everything in moderation" approach fail a lot. Remember, we're in a hurry to get the weight off.

Before I accept an EWLT into my gym, it is agreed that Lyle McDonald's *Rapid Fat Loss Diet* will be followed. His e-book is available for cheap and his advice in the book works. Again, this is an area that creates a lot of controversy and debate. I realize that other approaches work, and I realize that there may be some drawbacks to this approach and that some criticism is fair. But saying that it *doesn't work* is simply dishonest or ill-informed. Drawbacks aside, the end result is that if you follow this extremely simple but severe approach, in a few months you will have lost a significant amount of body fat and retained a good deal of muscle mass. If you have a different approach that is equally simple, fast, and effective, that is fine. But I know that this approach works, and it's what I universally recommend for extreme weight loss.

I'm not going to outline his diet here. If you are interested, buy his e-book. It's short and simple, and very clearly presents his rationale for the approach and instructions for beginning and maintaining the diet.

## **Other Considerations for Extreme Weight Loss**

A trainer or coach must understand that succeeding with an obese client involves things outside your control and outside your scope of practice, since much of your client's success depends on things outside the gym – the emotional and psychological. It is not important for you to be able to "fix"

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all of these issues, but it is important that you understand them if you are going to work with this population.

For example, the spectrum of psychological factors that affect a person's relationship with food is quite broad. Some severe emotional and/or physical trauma at some point in their lives, perhaps their childhood, or a history of verbal/physical/sexual abuse from a parent, sibling, or other family member is not uncommon in this population. In this instance, food can become a coping mechanism in the same way that others use drugs, alcohol, or any other vice. Food may provide a sort of "high" that temporarily relieves the internal conflict and angst they may battle daily. It's quite common that the obese person is unaware of this connection. It often takes the intervention of a professional counselor or therapist to connect the dots for them.

At the other end of the spectrum may be the person who simply "got lazy" with his diet and exercise habits and has found himself in a hole that is hard to get out of. I have dealt with dozens of clients who were at one time very fit, healthy, and conscientious about their diet and exercise. But along comes marriage, a few kids, bills, a stress-filled job, and all of a sudden 10-15 years has gone by in the blink of an eye, with the resulting 10-15 years of stress eating, nightly alcohol consumption, and little to no exercise. This is the best case scenario for a trainer or strength coach, because this scenario provides the best chance for success. It's really just an issue of forming new habits, and often the commitment to start with a coach is the catalyst they need to get them back on track. Helping a client form new habits is no easy task, but it's within our domain. If they can make just a month or two of regular training appointments, and get access to the right information, they can often right the ship.

And as with many personal training clients, there is a problem with personal responsibility and accountability. But the truth of the matter is that most EWLTs have a "blame everything else first" mentality. "It's my genetics." "I have low Thyroid." "I have a stressful job." The list of reasons goes on forever. All of these things may indeed be contributing factors to a person's obesity, but whatever the underlying causes, a person must ultimately take some personal responsibility for their situation. If they won't do that, no counselor, coach, program, or diet can help.

If you are a trainer or coach, it is *not* your job to play the role of therapist or counselor to your clients. Every situation must be handled individually, but if and when you feel it is appropriate, it is not out of the question to recommend outside counseling services to compliment their physical training. This is of course situation-dependent, and it must be handled delicately. There must be a certain level of trust and personal closeness between client and coach, and timing is everything. It can be awkward, and you can run the risk of really pissing off your client. The upside is that he just might get the help he needs to turn his life around.

Many obese people don't like to be reminded that they are obese. It isn't uncommon for obese people to seek out and befriend other obese people – there is comfort when associating with other humans who share our habits. Unfortunately this can perpetuate the cycle. Those of you who start an exercise or diet program can expect resistance and opposition from your obese friends. It may be quite passive: "Oh, you started with a trainer? Aren't they really really expensive?" "What! You want to eat fish and vegetables for dinner!" For someone who is used to "comfort food" every night for dinner followed by dessert, grazing, and snacking, you are presenting a threat to their lifestyle – and one they didn't choose.

It's not an overt attack on your efforts, but it isn't exactly a measure of support either. Unfortunately it's par for the course, and it basically comes from the perceived "threat" your actions pose to *them*. What if you lose weight and get fit? How will that make them look and feel? It's uncomfortable for them to think about. It's all very subconscious, but all very real, and all very common.

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This phenomenon also extends to family. Spouses, children, parents, and siblings may not be as supportive as you had hoped for. This is especially true if they themselves are also obese. You are also forcing them to examine their own behaviors – something they really may not like. Most common will be spousal jealousy directed at the now-thinner partner who is suddenly a threat to the stability of the union.

The unfortunate reality is that without some social and familial support, there is a much greater likelihood of failure. We can't always get rid of our family members (although we would like to at times), but we can reduce our interactions with them – especially if those family members are not part of the nuclear family (our spouses and our children). It may very well be that the obese trainee needs to remove themselves from certain social settings or groups of people whose behaviors run counter to their own personal goals – this can include both family and friends. This is a hard choice to make, and one the coach should *never* involve himself with. General recommendations and discussions are fine, but it's best to stay out of issues regarding a client's family.

In summary, I want to say that successful attempts at losing 100+ pounds are fairly rare and usually involve several attempts before something finally “clicks” and success is realized. I have led several EWLTS along this journey and I have experienced as much failure as success with this population. Many will quit the process even in the face of massive early success. There isn't much you can do about this except move on. However, the formula I have provided here will work if it is applied by both coach and trainee.

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