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Lawrence: Hello, everyone. Welcome to the February 2020 live Q&A. Sorry we started that one a little bit later. Just bear me a sec, I'm just going to bring something up here. We do this every month, this live Q&A, and we tend to alternate between a guest who is [inaudible 00:00:25] high intensity training business and personal training. And in this one, I guess we're more probably focused on the personal training side of things, although Bill has run a successful personal training business sometimes, so I'm sure he has expertise there too.

Lawrence: And to kick this one off, I just want to introduce Bill and many of you know Bill already. Bill is a personal trainer known for his sensible biomechanics based approach to strength training and he's the go-to biomechanics experts for some of the best high intensity trainers, like Dr. Doug McGuff and Scarlett Turner. He started as a trainer in 1983 in New York City and then in 2006, he opened his own studio, Optimal Exercise, in central New Jersey and is the author of Moment Arm Exercise, Congruent Exercise, and the upcoming Joint-Friendly Fitness, Your Guide to the Optimal Exercise Program. I know that title is not yet confirmed, Bill, but that's what I have here. [crosstalk 00:01:21].

Lawrence: Oh, yeah. We do. I apologize. We should have reached out to you before. So just to end it here, presented in national conferences, provided in services for private studios, and consults online [inaudible 00:01:35] with individual exercises. And Bill, welcome to the Membership Q&A. Great to have you.

Bill: Thank you, Lawrence. Thank you for having me.

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Lawrence: You're welcome, by the way-

Bill: Let me just correct that biomechanics expert line there because somebody out there, there's a legitimate biomechanics expert who's teeth are grinding when they hear that. So just so they know, I don't call myself that.

Lawrence: Fair enough. Fair enough. And I should adjust. I will definitely adjust your bio for any future content we do, Bill, based on that feedback.

Bill: Because there's this podcast from 2015 and I cannot take the bio off.

Lawrence: Cool. Sounds good. So this is a really simple format. I know many of the attendees will know how it goes. But essentially, you have a button on your control panel everyone, which you click to raise your hand. I will unmute individuals one by one where you're going to ask Bill your question. Bill might want to ask you a question back to refine it and then there'll probably be an opportunity to have two or three questions before we move on to the next person to make sure it's fair as possible.

Lawrence: This is recorded, so don't say anything that you would rather was not recorded. Although for everyone attending, this is obviously a very niche and private community of high intensity trainers and business owners and so it is a private forum where it's safe to talk about things in this community.

Lawrence: That's it in terms of the intro. I'm really just going to open the floor to questions for Bill. And so you can either raise a hand on the control panel

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or you can actually type the questions in the control pad if you struggle to figure out to raise a hand, like James for sure once did. He was [inaudible 00:03:29] me on Facebook Messenger.

Lawrence: So I'm just looking here for questions, just bear me a sec. Okay, Richard I'm going to unmute you first. Just takes a second. Okay, Richard, I just clicked the unmute button there, but for some reason, it's not picking up your mic. So you might just want to see if you could... oh no, here we go. There he is. He's on now. Hi, Richard.

Richard W: Morning, Lawrence.

Lawrence: Good morning.

Richard W: Morning.

Bill: Hello, Richard.

Richard W: Hi, Bill. So he's what I wanted to start, Bill, is just to give you context, our average demographic is between 65 and 85 years of age, so lots of musculoskeletal issues. So we always seem to be addressing appropriate range of motion, pain-free range of motion and of course, it varies. But I just was curious what you would tend to suggest for a couple of exercises, a standard best practice for range of motion. I wanted to start with leg extension. We're currently doing what we would describe as a soft knee at the top and not going to a full lock joint. Is that something that you would tend to encourage?

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Bill: Yes. Let's see. In various places, I think I talked about the screw-home mechanism or internal rotation, so at the most hyper extended knee position. While it does burn the muscles at the top of leg extension, that's also where the shin rotates, the tibia rotates on the femur. So personally, I haven't used that position in a while because I think what you're doing is, well it is hard muscular work, you are forcing something that's intended as a passive bony lock and you were forcing your way into it.

Bill: And just to use a bad word, functionally, when you're looking straight, you're standing, you don't really need to use a lot of muscular effort to stand. That's how that bony lock functions that you can walk or stand indefinitely without using a lot of muscular effort. So I understand the intent from 50 years ago of locking the knee out and "whatever makes an exercise harder makes it better." But that's a case where what makes it harder is just it's harder on the joint, not necessarily any better muscular effort.

Bill: The other end you got to watch is how far much a deflection that people go on and on that. I definitely err on the side of definitely not more than 90 degrees. So whatever marker you or the trainee can use, like on some leg extensions, like their toes disappear, where the user is sitting, their toes disappear when they hit about 90 degrees. But the toes is not the issue. The issue is that the joint angle. So I would say definitely not more than 90 degrees. You don't ever want that angle to become an acute angle. So short of lockout to as low as they can go without feeling it directly in the

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knees and that might be individual. It's going to be somewhere greater than 90 degrees.

Richard W: Okay. Okay. No, that makes sense. So we haven't really been addressing that side of the coin as consistently, so that's a good one to pay more attention to.

Bill: Hold on. The bottom side of the coin, by the way, that's where a lot of the clinical attention, so to speak, gets paid is the sheer force is at the knee, like at the bottom of the squat for instance. I think I described it in Moment Arm Exercise as like the bow and arrow with the knee. The patella's job is to deflect the pull of the quads away from the center of the knee. If you sink too low, if you seek into an acute angle, the patella does its job. It keeps the line of force away from the center of the knee. But the resistance and the pull from the quads pulls the patella into the knee.

Bill: I think the obvious thing that you could end up with would be like say chondromalacia where the underside of the knee is irritated. So whether you're squatting, leg pressing, climbing steps, leg extension, I think you have to try definitely not that more acute than 90 degrees.

Richard W: Okay. Okay. No, that sounds good. Most of our equipment, Bill, is MedX. So with our chest press, do you recommend just going short of a fully locked arm and the top of that movement? We do that with some of our clients.

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Bill: Yeah, definitely not buckling the elbows. Some people like, to generalize, women can almost hyperextend their elbows. Definitely not that. And I generally will put my fingers, like as a person's approaching lockout, I'll touch the inside of their elbows so that they're not tempted to fully lock out. Again though, I think the other end is also problematic too because if the resistance arms, the moving arms of the machine push the person's elbows too far behind the plane of their back, it's setting them up for an anterior instability.

Bill: So if you can imagine a plywood or a pane of glass across the back, the feet back, that's where I tend to stop people's elbows. That might be a little conservative, they might be able to go back a little bit further and the instruction I use is to keep your hands in your peripheral vision. So a person's facing straight ahead. So for the user, person's facing straight ahead, they keep their heads looking straight, their hands start coming back to them. If they can still see their hands in a peripheral vision, your shoulders probably stay from overstretching. But if they can't see their hands, if the hands come back too far, they're definitely overstretching.

Bill: And I would say that applies to chest pressing, peck flies, everything except rowing, for instance. And again, that's very conservative and that's also for the user, right? For you as the trainer, I would pretend there was a plane at the back surface of the client's posterior side and coach them not to let their elbows go... I tend to stop it right there, but like I said, that's probably hyper conservative. But you definitely don't want the weight pushing them into a stretch at the joint.

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Richard W: Okay. In our demographic, Bill, that really makes sense just because we have so many people with joint issues. It's just amazing. So that would be a good baseline to work from, I think so. Similarly, Bill, on the MedX Lateral Raise, we go up, we abduct out to about elbow is level with the shoulder. So do you feel like that's a decent zone to be in for that exercise?

Bill: Could you describe the design of that machine?

Richard W: Yeah, so you've got independent movement arms and you've got a handle, a grip, the handlebar that rotates internally and out. So we're just doing what would look like a dumbbell lateral raise. You're lifting with the elbows, all the load is under the pad is on the elbow or the lower-

Bill: Is it completely in the frontal plane or is it angle slightly forward?

Richard W: It's slightly forward, yeah.

Bill: The top of a side raise is where you got to be concerned about impingement, right?

Richard W: Right. Yeah.

Bill: They'll know if they go into impingement. They'll wince if they hit it. So I definitely don't go higher than level with the shoulders and I don't think you're going to lose a lot by not going higher. So from what I can tell, peak torque in the shoulders is about 60 degrees, so short of-

Richard W: Short of... yeah.

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Bill: So slightly more than halfway. So as long as you're including part of the range of motion, I think you're challenging the muscles sufficiently and the higher you go, and exactly where, it depends on the wear and tear of that individual's shoulders. Now, that's the higher you go, assuming you can't externally rotate. If someone's using a cable or an elastic band or even a dumbbell and they can externally rotate, they could go higher. I don't know why you would want to, but I do know in rehab, they have people doing that with very light resistance. So internal-external rotation makes a big difference as far as how high you can go up. But as a rule of thumb, not go higher than the shoulders.

Richard W: Okay. Okay. Sounds good. Sounds good. We've actually created a bumper that prevents the client from going beyond that point. So we've added, built on a little attachment that stops them. So that's a safety mechanism that we've added because people would tend to go higher than we would want them to. So I'm glad to hear that that makes sense.

Bill: Let me make a suggestion off the biomechanics here.

Richard W: Yup.

Bill: Building it into the machine like you just did, good idea. Makes it almost [inaudible 00:15:50] proof. From a connecting with the client point of view, I personally rather do that with my hands or by engaging the client because, Lawrence, and Luke, and James touched on this in one of their recent podcasts, ultimately, this is personal training. It's not going to the dentist. It's not an oil change in the car.

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Bill: So yes, you could build it into the machine, but if you were the trainer, the more you look like you're engaging the client by putting your hand behind their elbow on a chest press or putting your hands to stop the end of the chest press or the end of the side raise, I personally think that connects them well with some clients. I've had some, some let's say failed clients who've said, "Oh, I don't like the hovering involved in personal training." Well then, you don't like personal training.

Bill: I think generally though, in terms of marketing that isn't advertising, if the trainer engages the client with a hand, with watching the client and coaching them verbally, I think that helps connect a little bit better or it's a way to connect. I don't know if it's better or worse, but it's a way to connect.

Richard W: No, I certainly would agree with that. Yeah. It's a level of connection. It makes sense in our service line, so yeah, definitely. Lawrence, are there other questions? I don't want to chew up all of the question time.

Lawrence: No, if you've got more, go ahead. I mean, Richard has typed one, but we've got plenty of time and there's no other raised hands yet. So please ask another and then I'll ask Richard. And just to everyone else on the call, if you've got a question, just raise your hand and we'll give you the opportunity. Sorry, yeah, Richard, fire away.

Richard W: Okay. Again, given the folks that we're dealing with, Bill, one-liners that we sometimes hear from clients, which we think is very unfounded, is they'll come back after workout and say, "You know, I hurt myself on this

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exercise." They'll point to low back or whatever the exercise is, "And now I need to avoid that." And of course, they like to say it out loud with three or four other clients hearing it.

Richard W: You can't prevent them from saying what they're going to say, but in general, we're using 10 by 10 speed. We're trying to be super cautious with range of motion, and effective supervision, and so on. So our feeling is that the probability that they got hurt on that exercise is incredibly low and this is probably just an artifact of something else in their life or the fact that they're 72 and they've been crushing their body for their whole life. Do you have not a one-liner per se, but just a context that you put that into when people say something like that, that seems silly given what we understand about this?

Bill: Yes. You know what I say?

Richard W: What's that?

Bill: Okay. That's all. Here's the thing, and I have this in mind because I'm reediting and proofreading. A lot can go into getting injured, right?

Richard W: Yup.

Bill: You can't control the wear and tear on the person's joints before they walked into you. You can't control a preexisting condition that they know about it and simply forgot to tell you on the health history. The only thing we can control is the choice of exercises and how we coach them. But

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even with that, someone still may get hurt again because of things that are outside of your control.

Bill: So if someone thinks it hurt them, I say okay and I bypass it. And maybe at some point, I come back to it, maybe weeks later I come back to it and say, "Do you feel up to trying this again?" And sometimes they say yes and sometimes they say no, but I don't think you get... again, this is marketing. This is not clinical. I don't think you get anything by disputing their observation or correcting their observation.

Bill: Now, a lot of it depends on the obnoxiousness with which they bring it. If someone brings it to you obnoxiously, then yes, of course you defend yourself. With all the ridiculous stuff going on in fitness, they're going to accuse us of hurting them. Give me a break. That individual's experience is that individual's experience. I've had clients coming obnoxiously and I say, "Well, I guess you should train somewhere else," or deflect it. But if somebody says sincerely, "Look, I did this. I think it hurt myself," I say, "Okay, we'll come up with an alternative."

Bill: The other thing too is, especially when it comes to back pain, it makes people crazy and they lash out and they've got to blame something. So they may have a trophy sports car that's too low for them to get up and they twisted their back getting in and out of the front seat, but because you had them do a spine extension, they're going to blame that. It's out of your control. So why fight it? You know what, if you say okay, we'll work around it or come up with an alternative. The person feels like they're heard and maybe you keep them as a client. If you've got to veer off of

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what you think is the purest way of going about it... well, for me, I'm willing to make that concession for the sake of keeping a happy customer.

Richard W: Yeah, certainly. Makes sense.

Bill: Again, it's not an argument you can win. Ultimately, you can't win that argument. Now, if someone comes in and says, "I've been swinging a kettlebell with one hand. I came in here and I did one set to failure and that's what ruined my back." Come on, man. Another thing too, and this comes from possibly a different type setting from yours, 20 some odd years ago, I had maybe a half a dozen, dozen trainers that I was supervising and some of them were technically very good and some of them weren't, but they had great personalities.

Bill: I have a client come to me and said, "I trained with X and they hurt my shoulder." I said, "Really?" And I looked at the workout X with him and he worked out with them one time, like weeks ago. And for months before that and months after that, the client was training with Y who technically was not very good and was doing things that were going to hurt the person's shoulder. But that one time X substituted for Y, the client blamed X.

Bill: So sometimes that complaint comes, who knows. They had a different trainer. They didn't like the trainer. Again, I wasn't going to argue with the person that no, that person hurt a shoulder because that person's a terrible technical trainer and you just happen to like her, but I knew that

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was the answer and I just handled it as painlessly as possible. Again, you got to understand especially at that age, there's other things in play.

Richard W: Yeah. And one of our core values is respect for the individual, so we always want to be attentive and not dismiss what they're telling us and say you're crazy. So, yeah. Last question, Bill, is about low back extension. We have a old, Next Generation Nautilus Low Back, so it has a hard end to it. There's a mechanism, a screw built into it where you can tap out at the top turnaround.

Bill: Is this like the hands-free deadlift or is this like the imitation MedX?

Richard W: It's like the invitation MedX. So you're sitting and you're strapped into the seat.

Bill: Okay. And you're just doing pure spine extension, not hip extension.

Richard W: Correct, yeah. Correct. Well, not all the machines have a hard end to it like that. You just go to what I would imagine is what comfortable extension for the individual. I recently added just a little rubber bumper back there so when people go back, they're not... the steel isn't contacting steel and they have like an abrupt end to the range and so that seems to help some. But in terms of just general practice, what we have told people is just extend back to what feels comfortable to you. If you can get to that end point, fine. If you can't, don't worry about it. Does that sound like a reasonable guideline for individuals in terms of how far do they go with that back extension?

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Bill: Yes, because the problem at the finish end of it is forcing the hyperextension. So while your spine allows hyperextension, if you force Intuit either by your own muscular contraction or the weight is pushing you into forced hyperextension, that's half of where the problems can come from. So the stopper's a good idea cause it's a soft stop, it's not a hard stop. And again, I would go back to the trainer's hand. In other words, when you feel my hand on your shoulders or whatever marker it is.

Bill: And then, the other half of the risk there is at the other end, you want to make sure the person doesn't load the spine into flexion. The weight, it doesn't force them to round their back, especially in the lumbar spine. Short answer is the middle ranges is the safest ranges and I think, coincidentally, for most exercises, that's where the joint angle for peak muscle torque is. I think if you Nick off the ends of the extremes of the range of motion, it's easier on the joints and you make sure you challenge the muscle where it's strongest.

Richard W: Okay, yeah. We sometimes, and now that I'm listening to you, I think we might be able to improve that just a little bit because that first few degrees of getting the weight off the stack is very challenging for people, then as they move, it's a little better.

Bill: I think the classic way to analyze is to pin the weight stack up a couple of holes.

Richard W: Yup. Easy to do. We can just put it right there and just have that be the start spot. Yeah.

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Bill: Yeah, because the thing is at the end of this set, if you don't pin it off and if the person loses it, they're going to lose it into that very vulnerable position. So at least if you pin it off, if they lose it, they're not going to get forced into the extreme flexion.

Richard W: Yup. Okay. Okay. Sounds good. Sounds good.

Bill: All right. I just want to address something you said in passing. You said due the age of your clients, the joint-friendly stuff is particularly appropriate. That's true. It applies to 20-year-olds, but they just don't want to hear it and they don't see the need for it. It's still a mistake. I like to tell people the mistakes I made at 20 haunted me when I'm 40. Mistakes I make now haunt be later.

Bill: I'm not really marketing myself as senior fitness, so to speak, but the fact that of the matter is those are the people who are most receptive to this. It still applies to people in their 20s, but the value is lost on them. They're just invulnerable at that age, I guess.

Richard W: Okay. Yeah. Makes sense. Yeah. Okay.

Lawrence: Awesome. Well look, Richard, those were some amazing questions and some awesome answers.

Richard W: Thanks.

Lawrence: Thank you, Bill. Yeah, that was great. Great start. So I'm just going to mute you for a second, Richard, and I'm going to move on to Richard

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Chartrand, who has been writing questions, but I think, Richard, you are actually available to speak, so I'm going to unmute you and see how that goes. Here we go.

Lawrence: Because what I've noticed is if people type questions and they're really long and complex and then I have to read it and then I get it wrong and don't explain it very well, then it's lost on everyone. So it's always best if we can actually unmute people for that. Hey, Richard. How's it going?

Richard C: Good, I'm wonderful. Thank you.

Lawrence: Yeah, I can hear you.

Richard C: Good. So first of all, thank you, Lawrence and Bill, thank you for taking the time.

Bill: Hi, Richard. How are you doing?

Richard C: I'm wonderful. Thank you. So my question, and I actually had a couple of comments on the last ones, but my first question that I was waiting for is I have a Next Generation Nautilus Leg Press and I, over the years, have moved the seat back and forth based on how tall a person is and my perception is that if I can move the seat closer in, I get more hamstring and glute involvement, but if I go too far, then I potentially can strain my low back. So that's what I've used this seat, how forward or back it is. That's my thinking and now you can correct me. That's not my question, but if I'm wrong there, you can correct me.

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Richard C: The thing though is I've always left the back pad at the same angle with the only exception is when I have a client who has a large abdominal area. I would sometimes bring the seat further back because sometimes, if somebody's quite obese, their range of motion is very limited, so I bring the seat way back unless they really flare up. So my question is what is the purpose of the back pad having it more of an angle, less of an angle in terms of whether it emphasizes different muscles, whether it's more for different body types or whether there's a safety considerations with the back pad itself? I personally just the other day for myself, I've had this machine for 20 years, I think, I've never moved it for myself until the other day where I just decided to try it because I just found a position that felt comfortable and left it there. So I don't even know what it's for.

Bill: Okay. Well, I'm just looking at a picture of the Next Generation Leg Press here. I prefer a more open angle at the seat back and here's why. When you have that harsh 90-degree angle or when the scene is most upright, okay?

Richard C: So let me just make sure I'm on the right page here. By upright you mean I, as a person, am leaning further back?

Bill: No, the seat back is close to the vertical than it is horizontal-wise.

Richard C: All right, thank you.

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Bill: So now, as I'm looking at the picture here of somebody in exactly that position, there's about a 90-degree angle between the thigh and the upper body, right?

Richard C: Yup.

Bill: So at that position, the glutes are not even close to their peak muscle torque angle. So the glutes peak muscle torque is at about 70 degrees of flexion. So from straight hips to just short of 90 degrees. So with the upright seat back, by the time the glutes are even approaching, that's 70 degrees of flexion. The exercise is over because you're about locked out. That's at the finished position, so to my eye. It doesn't really effectively work the glutes at all.

Bill: And now, as your knees are coming back towards you, as you're lowering the weight stack, at that seat back angle, it's very tough to control the curve in your lower back. So as your knees start approaching your body, you might find your lower back coming out of its normal curve and then flattening, which defeats the purpose of using a leg press compared to a barbell squat. I mean, the whole point of a leg press is to be easy on your back.

Bill: And then further, the closer that your knees get to you, you feel all sorts of compression and possible impingement in your actual hip joint. So by moving the seat back angle closer to flat, it more closely resembles what your body does in a squat. Still not exactly right for the glutes, but it's closer than more upright and plus, if your knees aren't driven back, say

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towards your armpits, you have a better shot at controlling your lower back. I think just as a reference, if you look in congruent exercise in the leg press page, I think I elaborate on that a little bit more.

Richard C: Okay. So just to be clear, you're favoring the more leaning back?

Bill: Correct.

Richard C: Okay. Just because at the beginning I thought you [inaudible 00:36:30]. And of course, the challenge there is sometimes I notice I'm if using heavy weights, if leaning back because it does not have shoulder pads-

Bill: Right, your body wants to slide up. So I would only use the most extreme lean back. I would only use if the person, like you said, has a big gut. So usually, I lean it back only so far as they feel secure in it. So if the lowest one people want to feel like they're scooting off the top of the machine, then come back in one at a time until they feel secure.

Richard C: Okay. Because for me personally, where I had it, which was like two holes up, probably are 45 where I used it for years, I was able to use it without ever touching the handles and there was no... I probably moved a little bit as you press into the padding and everything, but for all intents and purposes, I was stable in there because I found that using the handles I did one of two things, which I think most are bad. One is that the grip them excessively or worse, which I did for years, not realizing I was doing it until it came to me one day because I was cheating by pushing down on the handles on the bottom to push myself out of the seat a little bit so I

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can hang heavier weights and flatter my ego. Of course, I realized without the handles, I'm not cheating and that angle, I still felt stable.

Bill: Well, I think you said two holes. As long as it's not a hard 90-degree angle at the finish, as long as you're not as upright as possible, exactly right is probably individual based on preference and feel. I'm looking at this picture and the guy looks like he has three holes showing, so it's a pretty upright seat. So if you're in the second hole, that's relatively low. I mean, there's only one more to go. So I would tell you there's one wrong position-

Richard C: [crosstalk 00:38:52] there's no hole. You're bypassing all the holes. You're going all the way down. [crosstalk 00:38:59] at least 280 pounds and he's only pushed about 170, so he's not moving anywhere.

Bill: Yeah. I think the only worst position is very, very upright so that at the finish of the exercise, your thighs are at a 90 degrees of your torso and at the beginning of the exercise, your knees are way up by your rib cage.

Richard C: And greater glute and hamstring involvement as well by being a little further back because it allows you to come a little further back.

Bill: No. I think the glue to almost irrelevant in a leg press, not completely irrelevant, but almost because again, you're not really positioned. Most of the time, the exercise in leg press is over by the time your glutes have reached that 70 degrees of flexion angle. The hamstrings are going to work no matter what because you're in hip flexion and knee flexion and

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you're moving into hip extension and knee extension. So the hamstring is going to work regardless of where the seat is.

Richard C: Well, I have a glute eater too and I have also a Next Gen Low Back that the previous gentleman was talking about and I find the Next Gen Low Back does do a lot of hip flexion enough and I really feel my glutes in that one as well.

Bill: The low back you're talking about is like a hands-free deadlift?

Richard C: I don't know that I would describe it that way. A Next Gen is... you've got a pad, there's a back pad that forces you to go over it so that you're bending in the background and just flexing in the hips and the pad is up around your shoulder blades and then you're pushing down with your feet. So again, if you Google Next Gen Low Back, you'd probably find a photo. But I find that according to some of the Arthur Jones stuff, before he did the MedX lumbar, we often found that machine was more a hip flexion than it was actual lumbar. Whatever the case may be, I think it also hits the glutes, so I would think that it's... I think at one point he said it probably would have been better named a hip extension rather than a low back. But either way, I'm not too concerned if my leg press is not hitting the glutes because I'm addressing it with other exercises.

Bill: That's right. That's right.

Richard C: And just a quick comment to give somebody else chances. You know, that previous gentleman, and if he's still listening, what I would say is that I

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think we can hurt people going 10/10 in everything else. I come down with a different thought on the last rep is the safest rep because presumably, you're so weak that you can't hurt yourself because I think that's only true if the form remains impeccable to the end.

Richard C: And I think what happens at the end is it's very easy to subtly bring up the shoulder, arch the back. You know what I mean? Or sometimes some smaller muscles in the lower back come into play because the bigger ones are there. So as soon as I see any discrepancy in the form at all or even a hint of one, for me, that's failure and we can stop and make them do a static at that point.

Bill: Yeah. That old line about the last rep is safer than the first rep, that doesn't hold up. I know that's-

Richard C: [crosstalk 00:42:59] BS.

Bill: Well, I wouldn't say it's BS, but it doesn't hold up at the last rep is safer than the first. So many other things have to be kept equal for that to be true. I think that's a case of Jones had a snappy line in an Iron Man Magazine article that people then expanded on far beyond its original use. That's not a line I repeat or try to reconcile.

Lawrence: Yeah, I mean, I can combine two things there. And Richard, the last rep not being the safest and then also Richard Wolf talking about lateral raise, I remember numerous times when he's training in London, I would use the MedX lateral raise and I would go above the shoulder in the range of

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motion because I thought that that was a more effective range of motion, I'd get more stimulus, and in the last rep I would use the most body English possible to get that load up and numerous times, I injured what I thought was even my trapezius or muscles in my back somewhere. So yeah, covering both points there with that.

Lawrence: Okay, so I want to give Jack the opportunity here because I know he's wanted to come on and ask questions on these Q&As. I'm sorry, Richard, go on, yep.

Bill: You're welcome. Hey, Jack?

Lawrence: Hold one second. I haven't got Jack on yet. Hang on. There we go. I'm just going to fiddle around on this control panel, so it might take a moment. There we go. Hey, Jack.

Jack: Lawrence, Bill. Hey, am I on?

Bill: How are you doing, Jack?

Lawrence: You are.

Jack: Doing great. Hey, thanks for taking the call, Bill. So I guess my top question is on the row, we've got a lot of clients who they feel their neck, that's what they say. I feel my neck.

Bill: Which row, which row?

Jack: We're using a MedX Row.

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Bill: Chest supported row?

Jack: Chest supported row. I take to heart your point about modify for them. We've had success using shorter range of motion for folks, but at a certain point it seems to come on once someone's two-thirds, three quarters fatigued and they feel their neck.

Bill: The neck proper or the upper traps?

Jack: Well, probably their upper traps.

Bill: I was going to say so here's the thing, deeper than the obvious muscle chart, right? So below the traps, below the lats, you have at least... I'm sure James Fish will correct me. You have at least levator scapulae that connects the head to the scapula. Thin muscle. And there are other muscles, deep muscles that connect higher parts on the spine with lower parts.

Bill: So it sounds like what's happening with this individual is as their traps are getting fatigued and [inaudible 00:46:37] row and the other scapular retractors, it sounds like their body is trying to recruit the next adjacent muscle to continue the reps, only the next adjacent muscles are much smaller and deeper than the ones doing the bulk of the work and they're getting overloaded and the person's feeling the strain in the neck. I mean absent of any obvious injury big black and blue mark on a person's neck where you hit them for not paying. If you say their two-thirds of the way through, I would use that as failure.

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- Jack: Okay. New definition of failure. Sure. Do you have any suggestions for remedial exercises that might strengthen the muscles that are weak and causing the scapular elevators to get involved to a degree that they don't want to be?
- Bill: No. Let's see here. My understanding is the deeper the muscles are, the more they're involved in holding the posture, okay? And so, it's very difficult to do a neck extension or a shrug and avoid the bigger muscles in order to get at those smaller, deeper muscles. So I think what's happening there is the bigger muscles are sufficiently fatigued and the person's body is looking for the next adjacent muscle.
- Bill: Now, in this person's case, it happens to be that small muscle connecting the traps or maybe the small muscle connecting the scapula to the head, which is simply too small to handle the weight that the bigger muscles can handle. So just like if someone's doing a barbell curl and at some point they lean back and lift their elbows because the biceps are fatigued. So the bicep is looking for the next closest muscles.
- Bill: The problem with involving up in the neck and the shoulder girdle is the next muscles are very small and really annoying when they spasm or when you pull them. So I think the answer here is watch the person to make sure they're retracting the scapula straight back and they're not shrugging their shoulders to effect. In other words, there's a difference between retracting a scapula straight back and shrugging the shoulders.

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Jack: Yeah. And that's what's been trickiest because I'm looking at these folks and there's no discernible uplift in the shoulder blade and yet they're getting that sensation anyway.

Bill: What I would suggest to try, what I do with people on rows is I put my fingers between the shoulder blades, a clinical touch, not a gropey touch, not a creepy touch, and I tried to send-

Jack: Just to be clear, not a creepy touch. Not a creepy touch.

Bill: Not a creepy touch.

Jack: Okay, got it.

Bill: Make sure it's your fingers too. Make sure they can see the rest of your body so they don't... just touch between the shoulder blades and coach them to pull your shoulders and your elbows back, not just your elbows, and you want them to try to squeeze your fingers with their shoulder blades.

Jack: Okay. And then so I found that if you're really working at scapular retraction, that's going to fatigue, but they're still able to perform like the first two-thirds of the movement. But if they try to get that back third, then they start leaning off the pad and all that kind of stuff.

Bill: Yeah, but you have to redefine failure. I mean, the point of the row is the scapular retractors. I mean, yes, the arm flexes are involved and [inaudible 00:51:00] minimally involved, but the point of doing a row is the scapular

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retractors. It's not just to keep moving the weight for additional reps. So I would say if they can't perform the retraction part, that's Marxian. Maybe they just lost their concentration so you coach it one time. But if they still can't keep the scapular back, I would use that as the marker and from a joint point of view, the problem is if they can't retract the scapula but they continue to try, these other swollen muscles are going to try to help and that's when they're going to strain.

Jack: Bill, this is really helpful. I've got a lot to work with and I know we're coming up against the eight o'clock and I'm going to have a client coming in here. Lawrence, do you want to move on to someone else or can I ask another one?

Bill: Go ahead. I got time, Lawrence. If you got time, I got time.

Lawrence: I was going to ask that question. Yeah, go ahead. Yeah, that's great. Thanks, Bill.

Jack: Okay, wonderful. Bill, I'd love hear you talk about how you coach someone through an abdominal crunch. I'm talking about someone who's barely deconditioned, maybe a motor moron, even though I don't like that term. I find this to be a difficult exercise to coach and I apologize, I might have to drop off the line in a minute here, but [crosstalk 00:52:33] recording.

Bill: Okay, so quickly-

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Jack: And let me insert, these are people who they do an abdominal crunch and they "feel" their back.

Bill: Yes. Lying on the floor, bent knees, at least one hand on the thigh. They may need the other hand to hold their head. But your hands on in the middle of your thigh and I coach them to just curl his shoulders up so they can reach towards their knees. They may not be able to touch their knees, but that's the motion you want to coach them on. And also, to breathe in and as they roll forward, exhale and they're leaving most of their lower back on the floor.

Bill: And once they get that piece of it, of sliding their hands down their femurs towards their knees, so if they're doing spine flexion, not trying to come up all over the floor, once they get that, they'll complain that they feel it in their neck. I tell them to put your hands on your head, but not to pull with your arms. I want you to feel the weight of your head in your hands. You're just supporting your neck. You're not trying to snap your elbows forward to come up. And this way, the idea is to just mimic that. Inhale, roll forward, pause, and then come back down.

Bill: Now, if they're doing that short of a range of motion and they're still feeling their back, obviously, if there's a distinct back injury, move on to something else or avoid it. But I just tell them, look, your body is stiff. You haven't moved these joints in a while. As long as it's not acute stabbing pain that lingers, you might have to put up with it until your body gets used to moving the joints in ways you haven't moved them before.

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Bill: So I don't use the phrase failure but basically, I use either joint discomfort or the muscle failing marks the end of the set. So even if they get five or six reps and they say my back is really tight, stop there. And then in time, assuming there's no catastrophic injury, their back will loosen up and they'll be able to go longer.

Jack: Okay. Neat. So if they feel their back, it isn't that necessarily we're doing anything wrong because we're talking about minimal movement here. Maybe it's just a lack of strength and we'll just measure progress by getting additional reps with good form over time.

Bill: And maybe they have terrible posture as they sit all day and their body gets comfortable in the bad posture and now that you're moving the joint, they're feeling the stiffness. It's like in the arthritis literature, they say motion is lotion, right? Even a bad posture your body gets used to it. When you try to get out of the bad posture, you're going to feel there's some discomfort. Once you've ruled out that there's some something catastrophic happening that you're just ignoring, then you're breaking the rust off, to use non-clinical terms.

Jack: I am absolutely going to tell someone today that we're breaking the rust off. I appreciate that.

Bill: Again, as long as you're sure there's no catastrophic... if you're doing everything carefully, if they haven't strained themselves outside of the gym, if there's no preexisting condition... the other way I describe it, when you're a kid in school and you're holding your books with your elbow at a

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right angle, when you put your books down you feel your bicep when do you go to stretch it, right? You feel the tightness. Well, they're holding their back a certain way all day long how many days a week and now you're moving it. Even within a safe range of motion, you're going to feel the tightness. Just because you feel it doesn't necessarily mean there's an injury happening.

Jack: Cool. Yeah, no, I appreciate that because when you're dealing with people's backs and they tell me that they feel it, all my alarm bells go off. So thank you for walking me down off that cliff. Bill, Lawrence, I really appreciate the call and going over a little bit. I have to get off the line, but I look forward to reviewing this on recording later. Bill, can't wait for the book.

Lawrence: Thanks, Jack. Really appreciate the questions.

Bill: Okay, Jack. Thank you.

Jack: All right, ciao.

Lawrence: All right, Bill, have you got time for one more?

Bill: Yeah.

Lawrence: Joel's been really patient, but he's been writing them in, so I'm just going to ask one of Joel's... how far can he go over? There's a few here? What's your hard stop your side?

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Bill: We can go a half hour. It's 11 o'clock. My time's 11 o'clock, so yeah, we can go a half hour.

Lawrence: Okay, cool. All right, so bear with me a second. So Joel asks... and Joel, I know that you're busy getting your daughter ready for school and you can't unmute your phone. But if that's not the case now, just let me know and I'll unmute you. Okay, so he's asked, we have a client who has previous shoulders dislocations and/or shoulder surgery, but otherwise healthy. What exercises should he be wary of and which might he want to consider to increase strength and stability?

Bill: So assuming the person is out of physical therapy and medically treated, he's okay to exercise, you probably definitely want to include an external and an internal rotation. Very lightweights, tubing, manual resistance and with a stable scapula while you're doing that because the rotator cuff, the muscle is going to help stabilize the humerus in the shoulder joint.

Bill: As far as what to be wary of, I'm sure the guy's doctor has told him don't lift weights over your head. In physical therapy, having experience with rehab for shoulder surgeries, my own, they tend to use lighter weights because they're more interested in the coordination between the muscles rather than getting stronger in a given exercise. But if you're working out to get stronger in a given exercise, I think is very important that you stabilize the scapula. If you stabilize the scapula, then the rotator cuff has a stable anchor with which to hold the humerus in the shoulder socket. If the scapula are moving while your upper arm is moving, you're going to make it much tougher for the rotator cuff to do its job. And that's, again,

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not knowing this person's specific injury et cetera. But a general answer for that type of condition.

Lawrence: Yeah. Joel, and I'd also refer you to the last podcast I did with Bill where we talked about his shoulder surgery and we talked about shoulder, the joint structure, and training, and exercising the shoulder safely in lots of different contexts. So I'll link to that from the post for this. And just while I remember, because I know Jack's going to re-listen to the recording of this, there is a post in the membership about I think Richard Chartrand had an issue where the client experienced back pain abdominal machine and there's some discussion in the membership about that. Rick Staten's got a solution, I believe. And then also regarding the MedX row, I know that James Fish has actually mentioned this before and I know some people don't like the way it diverges quite wide at the max contraction position.

Lawrence: And so I think there's a post in the membership I think again from Rick about how he's been able to narrow the fully contracted position so the handles don't diverge as widely and that may make it easier to train clients and get them to actually train more intensely and to a deeper level of fatigue potentially. So I'll link to that too. I know James would want me to say this. He said, "I would never correct Bill." I know you want me to say that for the record. Let's have a look at this.

Bill: And I would never speak after James at a conference. Always speak before James. Make it look too bad.

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Lawrence: Yeah. Okay, cool. All right, there's another one here from Joel. Just bear me a second. And ideas on getting up and off a bench with dumbbells, example, for a dumbbell bench press, if you're by yourself and not supervised?

Bill: Let's see. Well, first, I would try not to use a flat bench. I would use a low incline rather than flat. So just that slight change makes it a little bit easier. I always tell people to get the dumbbells to their thighs and then to the floor because, especially with train to failure, that's a risky thing to do, right? The dumbbells are going to go in any direction. If you train to any kind of failure, that's a tough one to do safely.

Bill: So I guess I would suggest don't go quite to failure with the dumbbells, but go immediately on the floor and go to failure on the pushups. So let's say you've done 30 seconds to a minute worth of dumbbells and you've saved a little bit so you can get the dumbbells to the floor safely. And then if you want to push further into failure, go right to the floor and try to squeeze out the pushups. You're only going to do so much damage failing and a pushup, but you fell on a dumbbell bench press, you got some problems.

Bill: The other thing is you always want to try the dumbbells... if you're going to lose dumbbells on any kind of pressing, climb press, bench press, you want to lose them to the front towards your feet, not towards your head. If the dumbbells fall towards your head, then you're putting your body into external rotation. You're putting your body into the worst position to avoid

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a shoulder injury. So if you're going to lose dumbbells, you try to lose them falling towards your bottom half, not over the shoulder.

Lawrence: That's a great solution going from dumbbell bench press to a shore failure to pushups. I mean, that's really smart.

Bill: Dumbbell bench press, it's just tough to control, right? One arm might be more stable than the other arm, one arm fails first. They come down on your face, they come down over your head. A lot can go wrong there. Hold back enough on the dumbbell bench press so you can dismount them safely and then fail on the pushups. Pushups, you're only going to get so hurt.

Lawrence: I suppose on that spectrum, the dumbbells go crush your exercise. It's probably not something you'd recommend as it's usually over the head, isn't it, or close to it?

Bill: Well, the only difference with that type of exercise is that your elbow is generally closer to your central line. The position of being in a sideways with external rotation and then your elbow being back behind your torso, so like the stretch position of a pec fly machine. That's the worst position to put your shoulder in as far as avoiding an injury. So in my case, I put my shoulder in that position when I was covering a pool and when I yanked, my body kept going forward, my arm stayed in a position and that's what tore the rotator cuff. In jujitsu, that paintbrush submission is a standard submission where you put the person in that that freeway bad position for

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the shoulder and just because you have a dumbbell in your hand doesn't mean the position still isn't bad.

Lawrence: Awesome. Okay, so I'm going to unmute Dr. Fisher because he just raise his hand, so here we go. Hi James.

James: Hey, Lawrence. Bill, can you hear me?

Bill: Hi, James. How are you doing?

James: Well, Bill. How are you?

Bill: Good.

James: Great answers and great questions so far. Really interesting stuff. Actually, I'm just interested, what's the latest thing? What have you changed your mind on recently or any new perspectives? What don't we know that you are currently working on or thinking about?

Bill: I just listened to Lawrence and mine's first podcast in 2015 and I was curious about the same thing. Let's keep in mind, I've been doing this for almost 50 years, which is hard to believe. There's not a lot of drastic change, but the one thing I've been paying a lot more attention to lately is the end of the set. Some of the guys touched on it today with the questions, like losing at the end of the set or breaking your form for the sake of getting that extra rep. And I noticed with my own skeleton, my own joints, that will haunt me later.

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Bill: I do five reps in 30 seconds. I set my timer for 30 seconds and I slow myself down to do five reps in 30 seconds and with the intent of going for a minute and I want the end of that minute to be in as good a form as the first rep. And then, when I'm so motivated, I also find that gives me whether I pick the perfect weight or not, the range of weights that makes that minute challenging is a lot greater than what I was trying to train to failure.

Bill: And then if I'm so motivated at the end of that minute, I might then do a 32nd negative or a 32nd static hold, which turns into a negative or possibly a drop set for the additional 30 seconds to make the full 90 seconds. And I find that the thing I'm really paying a lot more attention to now than previously is how do you continue to challenge to make the workout feel like a workout without breaking the form? Because like I said with me now in my 60s, my form breaks hurt right away.

Bill: So that little, Lawrence, you described, trying to get that extra rep in the sideways, that little bit of extra I find aches much quicker and lasts a lot longer. And since I'm not completely ready to go to the pink and purple dumbbells and wave them in the air 50 times, again, my solution has been to take... now, 10 reps in a minute, it's Darden's classic prescription of two to fours. He never phrased it that way. But if you take two seconds up, four seconds down and do eight to 12 reps, you're pretty much talking about 10 reps in a minute.

Bill: I just found counting the seconds up, seconds down to be nerve wracking. Whereas if I do five reps in 30 seconds, the timer goes off, one

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time. If I'm at four, I know speed up, if I'm at six, I know to slow down. I could adjust for the second half of the set while still keeping the form as tight as I want it. Again, on the days I'm so motivated, that last 30 seconds, that's where I think... see, that's another thing too.

Bill: Being a Menser fan, I used to like forced reps, I don't do forced reps anymore. Forcing a rep out when your posture turns to crap and you're substituting all over the place defeats the purpose its purpose at this time of life. In some of Darden's recent writing where he's playing with the cadences and working different static holds in there, I find it's an interesting way to make a given weight continue to be challenging before adding so much weight that the form gets thrown off.

Bill: So that's a really fine nuanced answer to your question, James, because in big broad terms, I still think the direction I've been going for the last 20 years of cutting off the ends of the extremes of range of motion and not being particularly dogmatic on a lot of those hit conventions, I still think that's the right approach or orientation.

James: Can I ask, are there any exercises now over the last year or so that you have removed from your program or other people's programs, just not for any sort of specific reason, e.g., a client's got that neck so you don't do a certain movement, but just from a general perspective, is there any exercises now that you have removed completely?

Bill: Not that I had already moved before. For instance, I have a toy barbell in my studio, a toy bar that screws together to make a full bar, which is for

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demonstration purposes only. So I use that to demonstrate the carrying angle in the biceps, for instance, when you're trying to do a barbell curl. So we do no barbell exercises whatsoever because I'm pretty convinced that the answer to how's the safest way to work this muscle and joint is never going to be a barbell.

Bill: I'm not training anyone for power lifting, so there's no real loss. So we haven't done barbell exercises in 10 to 12 years. I generally still stick with the so-called congruent exercises I write about. I will do a little more manual resistance for variety. But I stick pretty much with the congruent ranges just because I think they're just easier to manage the safety of the joints. And like I said, I'm not having anyone to use a kettlebell. I can't say I've limited things much more than I already had. As my clients get older, I'm getting even more conservative, I guess.

James: Can I ask how many exercises do you do in a typical workout?

Bill: For me or the clients?

James: For you.

Bill: Let's see.

James: I don't train other people. I'm only interested in your training.

Bill: I see. Yes, yes, yes. Probably 10. I'd say I do 10. I'd say I'd say I trained with weights twice a week, 10 exercises. Much more than 10 I end up half-assing it. Having the luxury of a studio here, I've played with doing

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say four and just doing more days a week, but I ended up just generating more laundry without any extra benefits. So probably 10 exercises about a minute each, a minute, a minute and a half if I'm extra motivated. So probably 15 minutes worth of work and the rest period depends on my motivation or how regular I've been exercising.

Bill: And in fairness, I do a fair amount of "cardio", so I'm already thoroughly warmed up by the time I get to the weight. You know something, what's occurred to me recently is the importance of warming up and cooling down. So I think like many of us get influenced, we tended to think the old Jones line, the first four reps of the exercise are the warmup. And then, you also heard of carpet time and such and I was just as guilty, right? I would walk to where the machines are and consider that my warm up and go right into it and then, put the less weight down and hop in the car and drive home.

Bill: And I noticed as I got older, I would hop in the car and by the time I drove the 10 minutes to my house, I'd be feeling pretty woozy and pretty nauseous. And I started fumbling around like, okay, is it not enough carbohydrates? Is not enough water? What's the issue here? And I dug up some of my old personal training textbooks from 20 years or so ago and they very clearly say that there's blood shunting has to happen to go from non-exercising to an exercising state. You have to do that. So if you do that, if you warm up at say half the rate of work of your workout to start shunting the blood towards the working muscles, they function better, which intuitively, my observation is true.

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Bill: And at the back end of the workout, if you stop, the blood is pooled in the working muscles while you still have a pump, the body is going to work much harder to try to rebalance the shunting of the blood. And if you don't do it, you're going to feel dizzy and possibly faint and want to hit the deck. Funny thing is at 20, you don't notice those consequences, right?

James: Right.

Bill: At 55, it becomes a lot more apparent and most of us start working out when we're in our 20s or earlier. And so, you take the time to warm up and cool down then and it occurs to me, "Oh, this is a waste of time," and maybe it is at 20. But as I got older I realized, "No, I really need that warm up and cool down." I mean, it makes a significant difference in the sheer amount of reps you can do before things start to ache and if you cool down... I cool the clients down by doing mat work and stretching, so this way they're already horizontal. They're not going to faint that they're already horizontal. Myself, I just get on a treadmill or a bike and just go easy for 15 minutes or so. And like I said, the answer was there in those textbooks all along. The consequences of it didn't jump out at me until recently. So this is what you guys have to look forward to.

James: I'm already working through half of that, Bill.

Bill: What's that?

James: I'm already working through half of that. I'm in my 40s now and I'm feeling the workouts I did when I was in my teens.

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Bill: See? Exactly.

James: Yeah, and you said to Richard at the start about targeting all the clients. Yeah, I mean, I completely agree. I have 18 plus students and I tell them you're not training now for tomorrow, you're training now for the rest of your life. It's about being able to do this workout and sustainably.

Bill: I started working with interns from the local university here in the Exercise Science Department last year and I think I've had five or six so far. And what's very interesting is that by skipping over health club employees and new personal trainers, they're much experts or people influenced by the health clubs, they're much, they're much more receptive to training for wellness purposes. And maybe this is just the ones I selected to do the internship, but they seem much more receptive and you're breaking down a lot fewer preconceived ideas.

Bill: Like the rock bottom position of a squat with a barbell squat and I demonstrate, look rock bottom, here's anatomy diagram. Here's why I don't want to do this. Here's as low as you should go. And generally, the response why would you go that low in the first place? Like what would ever possess you to go that low in the first place? And I'm thinking to myself, "Huh." They haven't been exposed to ask to the grass squatting, so it doesn't occur to them to do that. That is very interesting. It's a lot easier reaching them when you're not unlearning them of stuff that they're convinced it's right.

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James: Right. I'm just applying it now, but if the teacher class is a sports therapist, their entire approach to exercise is completely different from a strength training or performance aesthetic, whatever it might be, and they almost approach things from a rehabilitative perspective. So with that in mind, when they target movements or muscles that are not injured, they make sure they never get injured.

Bill: Yeah, yeah.

James: Well then, Bill, thanks very much for answering those. Appreciate your time.

Bill: Hey, James, I enjoyed listening to your last podcast with Lawrence and Luke.

James: Thank you very much, guys. [inaudible 01:22:41].

Bill: It's an interesting phenomenon with it. Everybody starts like they discover it and they're rabidly gung-ho and this is the answer. A lot of people over time start to see it as a model and not the answer for everybody, which I think through in Lawrence's podcasts. Over the... what, it's been five years, Lawrence?

Lawrence: Roughly, yeah. You're probably right.

Bill: I can hear the modification in the approach in various interviews you've done.

James: Right.

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Lawrence: Sorry, I kept James unmuted there because I know you were addressing him with some of that. Yeah, you're absolutely right. It's just I guess I like to think that I've got a little wiser and matured over time and yeah, that's how these things go, isn't it? They just change over time as you become more I guess open-minded knowledgeable about this stuff and still so much to learn, obviously. Awesome.

Lawrence: Look, Bill, thanks so much for doing this. This was fantastic and it's just absolute gold and I know that everyone really enjoyed it and I know that those who couldn't attend will really enjoy listening to it and learn so much. What's the best way for people to find out more about you? If you want to take this moment to update us on your Kickstarter Project as well, where that's up to, and all that stuff.

Bill: Yes. Let's see. We just finished taking photographs for the book this weekend, so that's like four shots of 75 different exercises showing an extreme start and finish and an optimal starting and finish, generally. So we did that over a couple of weekends at my studio and Adam Zickerman was nice enough to let me use his studio for a few machines I don't have and we used my former intern, who's working for Adam now, as the model. Now, I'm in the proofreading and editing stage and then I have to do to get to the real hard work, which is actually get it formatted for publication, which I'm dreading knowing what I went through with Congruent Exercise and Moment Arm Exercise. It'll be fun.

Bill: Unfortunately, when the pictures are attached to this specific parts in a text, it's a lot more challenging than when it's all words. All words, when

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you format a document for publications, it's pretty cut and dry. But if you want the pictures to remain a certain resolution so they print well and if they have to be in specific parts in the text. it's a lot of hoops to jump through. Missing a switch somewhere throws off your resolution and that's the part I'm looking forward to least.

Lawrence: Can you just get an editor to do all that for you though, right?

Bill: You know, I think I am going to start shopping for one and hopefully locally so that I can...

James: Great services.

Bill: Well, that's why I did the Kickstarter so I could pay somebody. But the thing is I noticed people who portray themselves as being tech savvy sometimes don't listen to the client. Yes them to death and it's not what the client ends up wanting. So I have to begin that process, but the content is for the most part done. So what I'm going to do is I'm going to open up the Kickstarter updates to the public and then via the constant contact, people will be able to sign up for the notification that there's new updates up.

Bill: So on Kickstarter, you have updates to your project that you can open up to the public or to backers and Kickstarter will allow you to notify backers when new updates are up there. But if a person isn't a backer, they wouldn't get notified. So I opened up a constant contact account that allows people to sign up for to subscribe and unsubscribe. So this way I

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can put a constant contact mailing out once a week that will lead people to the Kickstarter updates, but it wouldn't be limited to people who we're backers on Kickstarter. Kickstarter does a really elaborate job there. Their update page is almost like a blog page.

Lawrence: Yeah, it looks great. It does look good. Do you know a list of readers already that have bought previous books like an email list? Because you definitely should for this book and future books.

Bill: First of all, Moment Arm Exercise is... was that 2002? And Congruent was 2011. So I suspect those emails are changed. But that's what social media is for. You'd be surprised.

Lawrence: People stick to the same email for decades.

Bill: Well, I know I have, but I figured they're younger people, they'll be more current. But that's also what constant contact is for. That takes a lot of the manual work of accumulating email addresses out of your hands.

Lawrence: It's a great way to distribute your book once it's ready to go and also get feedback along the way. I know a lot of self-published authors have gone down the route of building up a blog, and an email list, and building an audience to basically help with all of that.

Bill: Yeah. So the best way I think is probably LinkedIn because that tends to have less... I think LinkedIn has fewer Russian spies on it than Facebook.

Lawrence: So was that [linkedin.com/billdesimone](https://www.linkedin.com/billdesimone) or...

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Bill: You know what, let me look.

Lawrence: I'll put the link in the membership post anyway and then that links to all of your stuff. There's links to your website, for your studio.

Bill: Yes, it has all the contact information in there. And also, if they search #jffproject, they'll get all the posts I put connected to it in one screen, which I think is-

Lawrence: [crosstalk 01:30:09] hashtag on your Facebook and other platforms?

Bill: On Facebook and on LinkedIn. If you search for #jffproject and everything I that I tagged with that in the course of doing the Kickstarter or intern's material will show up in one screen in order so that you're not searching page after page.

Lawrence: Yup. Awesome. Is there any other links you want to point to or leave for listeners to find out more by you which you think that will suffice.

Bill: Those and then optimalexercisenj.com are the general pages I use for the studio that I've now started to use for the intern project and that has all links and that has an overview of joint friendly fitness and links to books and other media and okay the information on the internship and contact information there.

James: Awesome.

Lawrence: Okay. I'll make sure that's all linked up in the post for this. And again, for everyone, this is obviously recorded in the membership for future

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reference and it will be transcribed if you prefer to read. I just want to take this moment to say thank you everyone for being part of Hibiscus Membership. It's going wonderfully well and it's great to be able to do things like this.

Lawrence: And obviously, thank you, Bill. So much for being really generous of your time and just providing a great piece of content, which I would definitely be re-listening to. And for next month, we have Ryan Hall who people will know as being the Owner of Exercise Science, LLC. But he's also responsible for I believe either the chapter or much of the chapter for the genetic factor in body by science. Ryan's been on the podcast numerous times and is very, very knowledgeable about exercise science. And so that will be a really awesome Q&A with him we're sure it'll be very popular one too. For the details for that and to register, just go to the personal training, live Q&A, Fred, in the membership and I'll point to that from this post as well.

Lawrence: So that's it. So Bill, we went over by a large mountain and I'm really grateful for you extending the time for us to be able to have this rich conversation. So thanks again for joining me. I really appreciate it.

Bill: You're welcome, Lawrence. I'll be in touch.

Lawrence: All right, take care. Bye now.

Bill: Bye-bye.