

he form police are real—and their favorite beat is the squat. Scroll through social media commentary on any squat demo video and you'll likely find more critiques there than on any other move, says physical therapist and athletic trainer Barb Hoogenboom. Why? The trend toward body weight–focused routines and the rise of CrossFit (which emphasizes the squat) make the

masses think they're experts on how it should be done. In fact, even our fitness director, Jen Ator—a certified strength and conditioning specialist—has had her squat videos on our Facebook page torn apart. Yep, snippy commenters were fitness-nerding-out by insulting her valgus (read: her knees rotate slightly inward) and "lack of ankle dorsiflexion" (when ankles have limited mobility; not the case with Jen!).

While we appreciate the passion of these critics, they tend to overlook the underlying issue: that everyone squats differently depending on their body type, injuries, and even surgeries.

Exacerbating the issue is that we've all been given the same instructions.
"Fitness professionals learn a textbook definition for a proper squat, which gets

passed down to clients," says physical therapist and certified strength and conditioning specialist Mike Reinold, owner of Champion Physical Therapy and Performance in Boston. "But as you train more people, you realize that it's unrealistic—rather, impossible—for everyone's squat to look exactly the same."

That's because the squat, unlike other foundational exercises—the plank, pushup, or situp—involves multiple muscle groups and joints working in various planes of motion. More specifically, your hips hinge back, your torso moves down, and your knees shift forward and outward, which is a lot going on at once. "When an exercise is that dynamic, a ton of factors—from your anatomy to your mobility—can affect the way your squat looks," says Reinold. Of course, textbook form cues (see "Baby Got Back," below) exist for a reason: to max out the effectiveness of the move while keeping you safe from injury. But forcing flawless technique can actually do just the opposite. "The only perfect squat is the one that honors your body and doesn't cause pain," says Hoogenboom.

We got the lowdown on the reasons why your squat might look a bit unconventional, plus how to resolve—or adjust for—each one. Then we asked top experts how to use the universal exercise to meet your specific goals. Get ready to make the squat yours, haters be damned.





SQUAT THIS, SPOT THAT

Many pros use the squat to assess a client's body before a workout. "It reveals practically everything," says Kyle Dobbs, personal training manager at the Wright Fit gym in NYC. "Everything" includes your physical history (traumas, chronic pains), current daily routine (how often you sit, stand, walk, stretch, run, and exercise), and strengths and weaknesses (muscular imbalances). Drop into a basic bodyweight squat and check your own form for these common concerns.

Knees Collapse In

Once you've lowered into position, your knees cave in so they align closer to your big toes than the middle of your feet. It's a condition called valgus, and it can be both the cause and effect of knee pain and is sometimes linked to, oof, ACL injuries.

The Cause: Some experts blame tight hips—from too much sitting, running (without stretching), or both. But some research suggests that stiff ankles may also be responsible. Limited ankle dorsiflexion (a fancy term for how well you can point your foot up) causes your feet to turn in as you squat, which rotates your legs, knees included, inward.

The Fix: Reduce sitting hours as much as possible, and spend at least three minutes stretching your hips with lunges and pigeon pose or happy-baby pose when you wake up, after a workout, and before bed. Strengthening hamstrings and glutes will also help lessen stress on your hips—try three sets of 20 glute bridges four days a week. To improve ankle mobility, trace lowercase Ts for a minute every day.

Asymmetrical Legs

You put more weight on one side as you settle into your squat, so your body looks a bit off-balance. You may only notice by looking in a mirror.

The Cause: You've probably suffered some type of aggravation or injury on the side you lean away from, whether recently (in this case, you'll feel some discomfort) or in the past (you likely developed a muscular imbalance, where your healthier side became stronger than the other to pick up the slack). Pain or not, you'll want to fix imbalances: Your better side will only continue to get stronger until it can no longer overcompensate, which could result in injury to, sorry, either side.

The Fix: See a physical therapist to figure out what's causing you to favor one side. When you have your diagnosis, the therapist can help you treat it.

Lower Back Rounds

As you approach the bottom of your squat, your tailbone tucks under, creating a curve in your spine. Experts have dubbed it "butt wink" (funny)—and over time, it can lead to a disk herniation (not so funny).

The Cause: Tight hip flexors prevent your pelvis from lowering into a deep squat, so your spine steps in to help tilt it backward. Another culprit: sucking in rather than bracing your abs, which throws your back into a flexed position.

The Fix: Stretch your hip flexors at least twice a day: Stand and hold one knee, then the other, into your chest for one minute. To develop abdominal stability, practice bracing your abs (tightening them like someone is about to punch you) and breathing from your diaphragm (your belly will expand and contract) through plank variations, like forearm or side plank.

Knees Pass Toes

At the bottom of your squat, your knees aren't lining up with your toes but extending past them, so your body leans slightly forward. Your heels are actually lifting off the ground, shifting your center of gravity forward. Not only are you missing the full backside-toning benefits of the squat, but you can also fall.

The Cause: The issue usually traces back to poor glute activation. In other words, your quads initiate the sit-back movement instead of your glutes and hamstrings. You might also have tight calves and ankles—perhaps from daily jogs or your darned stiletto habit—which prevent you from grounding your heels.

The Fix: Train your glutes to turn on during exercise by doing deadlifts and donkey kicks, and stretch your lower legs by bending alternate knees in downward dog.

Lower Back Arches

As you deepen into your squat, your spine looks more like half of a U than a V—well beyond a natural curve in your back. The stress on your spine in this position (especially if you add weights) may also increase your risk for disk injuries.

The Cause: Ugh, tight hips strike again! But this time it's combined with tense lats, the muscles around the sides of your back. The two issues produce anterior pelvic tilt, in which your hips rotate forward, jutting out your belly and curving your spine. **The Fix:** At least twice a week, strengthen your core with planks, and foam-roll your lats: Lying on your side with a roller under your armpit, roll your body up and down.



Squats should never be marketed as one-size-fits-all. "Nobody is anatomically perfect like Da Vinci's to accommodate your body's restrictions, especially the build of your individual levers (a.k.a. your

MAKEIT WO RK FOR YOU

diagrams," says Reinold. While you should play around with all types of squats, tweaking your form limbs), can make the move more suitable—and efficient—for you. Check out these eight variations.

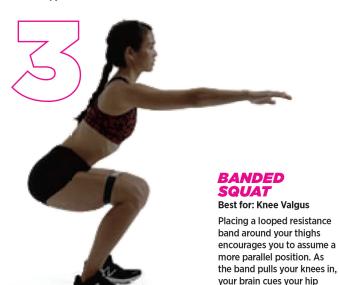


FRONT (OR GOBLET) SQUAT

Best for: Long Torso

More upper body means you're more likely to lean forward as you lower down. Holding a weight in front of you forces you to shift your own weight back (so you don't fall over). It distributes the load equally between your glutes and hamstrings and your quads, making it a go-to among professionals.







Best for: Short Torso

Holding a bar against your shoulders—particularly for those who are short to average height (5'4")—better distributes weight to the posterior chain without overstressing your teeny lower back.



more than shoulder-width toes outward help isolate the posterior chain and inner thigh area-and the width opens up room for your pelvis to dip low.



TOES-OUT SQUAT

Best for: Long Legs

muscles to work harder to

counteract the movement.

Pointing your toes out to 45 degrees (not as extreme as a sumo stance) can give your hips more space to squat lower, as a lengthy lower half makes it tougher to get close to the ground. (Be sure to keep your knees aligned with your middle toe.)



DUMBBELL

Best for: Asymmetry

Holding a weight at each side as you lower into your squat helps you instantly spot and correct any side leaning: If one dumbbell is closer to the ground than the other, something is clearly off. Work on evening out the weights and, in turn, your body.

#SQUATGOALS

Dobbs shares four ways to utilize the bread-and-butter exercise, whatever your workout intent.

Lose Weight

You need high volume to amp the muscle-building, fat-burning effect. Once or twice a week, perform six sets of five reps of a loaded squat (goblet or back) at 50 to 60 percent of max weight. (Choose a load that feels challenging by the third rep of each set.)

Run Faster

Build power with heavy front squats (75 percent of max weight), three to five sets of three to five reps. On other days, do Bulgarian split squats (a lunge in which your back leg is bent, foot on a bench), three sets of 10 per side. Do each once or twice weekly.

Reduce Back Pain

As long as it's cool with your doc, try slow and controlled front or box squats, three to five sets of five reps. Focus on stabilizing your hips and bracing your abs for each rep—they're key to strengthening the muscles in your back.

Shape Your Booty

Back-loaded squats better challenge your posterior chain. Two or three times per week, perform three to five sets of six to 10 reps, at 60 to 70 percent of your max weight. Avoid bouncing and using momentum. and focus on squeezing your glutes with every rep.

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