

Rotational Shot Beginning to End

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Many young throwers have experimented with the glide & rotation. I advocate that young throwers should learn the glide in order to get the proper body mechanics down before they learn the spin. It has been my experience that a common fault in High School throwers is that they flip back from the glide to the spin like a revolving door. This inconsistence in what form to use causes no gain in distance and on the contrary usually results in poor performances.

If you're going to use the spin stick with it! This technique is not easy and requires a thrower to be in great physical shape. The thrower must be strong, flexible, and have extreme balance all which must be done during the season and during the off season.

The following drills including medicine balls are necessary for getting to the next level. Follow the attached handout of medicine ball drills for both the glide and rotation. Medicine ball completed twice a week as needed.

Medicine Ball Drills:

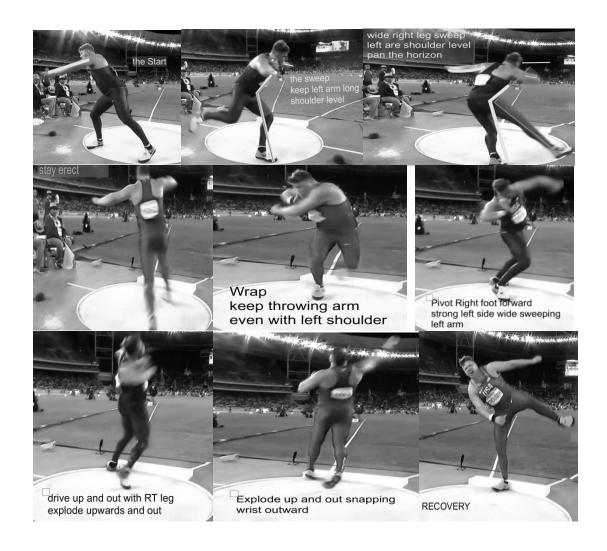
- Sit Down forward press :2x20 use an 8lb-14lb med-ball
- Sit Down Right turn push (snap wrist at release outwards) 2x 20 Right & Left side
- **Double Knee Release drill** (bring med ball under chin with elbows at 45 degrees)
- Single Leg Release drill (place plant leg at 90 and turn back with ball near the ear and release outwards snapping wrist outwards 2 x 20
- Over Head Power Throws (squat and explode the med ball up and over the head)Legslegs-legs)
- **Upright explosive push** (squat and explode outwards focusing on legs driving up and out)
- **Power Position Throw**: use a 8-10lb med ball place in your upper chest under your chin. Lift your right knee at waist level at 90 degrees. Fall into the circle (do not reach for the ground. (Let the ground come to you and hold 2x10 times)
- Come Across and Hold: Repeat the above drill and when you fall into the center of the circle (make sure the athlete stays tall with the upper body keeping the shoulders on top of the hips rather than letting them fall in front of the hips. It is important the thrower

- doesn't rotate at all before landing. Continue to pan the horizon. Thrower can drop the med ball behind the right hip. If he/she drops it and it hits the right foot or knee than the thrower will see that the upper body is not behind the right hip.
- Come Across Hold Open in Slow Motion:Drop to the middle Pivot open up in slow motion and push the med ball outwards 2x20 make you the thrower stays behind the hips.
- **PVC drill**: place the PVC pipe on the shoulders. Repeat the above two drills. When Come Across and Hold and open up in slow motion finish with a push press over the head.

Rotational Drills: (for all these drills start with med ball, to stick, to shot)

- **Pivot Drill:** place hands on hips pivot (Hip & Shoulder Separation) 2x10
- Same drill with Shot followed with the PVC pipe 2x10
- **Fall to Middle Drill**: use an 8-10lb med ball place in your upper chest under your chin. Lift your right knee at waist level at 90 degrees. Fall into the circle (do not reach for the ground. (Let the ground come to you and hold 2x10 times)
- Repeat ... Hold... Drop the shot and open up in slow motion and release shadow throw
- **South African**: Come Across & Hold 2x10 (remember to be erect as you drop to center)
- Come Across Hold Open up in Slow Motion 2x10
- Come Across Open up in Slow Motion push press 2x10 use a med-ball or PVC pipe
- Two Touch Drill
- One Touch Drill (on the sweeping right leg don't fall back keep your upper body inward to maintain the balance)
- Full turn (slow to fast) Non-Reverse to a Reverse
- Use a 10lb shot for Boys and a 6lb for girls when doing these drills

Notes



Part II: Analyzing the Rotational with USA great Crouser 73'

Notes:

Purchase my Basic Shot II DVD Glide, Drop Glide, and Rotational for a \$10 Clinic Discount \$30 at my vendors table today!