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1	Title:
2	The Relationship between Eccentric Hamstring Strength and Dynamic Stability in Elite Academy
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28 ABSTRACT

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Objectives: Previous research describes dynamic stability and functional strength as key aetiological
 risk factors associated with lower limb non-contact musculoskeletal injury. Due to the multi factorial
 nature of injury risk, relationships between the two factors will inform injury management and training
 design.

Methods: Fifty-nine elite academy footballers from two English premier league category 1-status
academies completed the study. All players completed measures of eccentric hamstring strength and
dynamic stability. Relationships between directional stability (Anteroposterior (Ant), Posteromedial
(PM) and Posterolateral (PL)) and eccentric strength metrics (PkT, AvT, PkF, AvF and Θ) bilaterally
were identified for analysis.

Results: Significant correlations were identified bilaterally for functional hamstring strength metrics and PM and PL stability (P \leq 0.05). No significant relationships were identified between anterior stability and eccentric hamstring strength parameters (P > 0.05).

42 Conclusions: Eccentric hamstring strength has a positive influence on directional stability through two 43 planes, PM and PL. The lack of influence of eccentric hamstring strength on Ant directional stability 44 could be attributed to increased ACL risk. Careful consideration of the significance of the relationships 45 between eccentric hamstring strength and directional stability must be given when quantifying injury 46 risk in elite academy footballers.

48	Keywords:	soccer,	eccentric,	dynamic	stability,	injury
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56 Introduction

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Epidemiological research within elite football highlights the incidence of muscular injury, citing that 58 59 they contributed to 31% of all injuries with injury most commonly occurring to the hamstrings¹. These injuries alone in the English Premier League cost clubs in the region of £74.4 million in a single season 60 and £1 billion across the whole of English Football². Indications in the research literature illustrate that 61 hamstring injury incidence has increased^{1,3}, thus increasing the financial burden on placed on 62 63 professional football clubs. Coincidentally, research on the continent has reported rises in anterior cruciate ligament injuries (ACL)^{4,5}. In addition literature also highlights the detrimental effect of ACL 64 rupture on subsequent levels of performance⁶ and the increased chance of re-rupture, with reductions of 65 eccentric hamstring strength highlighted as a key factor⁷. 66

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68 Considering basic functional anatomy and the common mechanism of injury associated with ACL injury 69 in footballers, it seems logical to suggest that the functional strength of the hamstring would be a key 70 factor in maintaining stability within the knee, particularly through the anterior plane. Evidence 71 documents that athletes partaking in injury prevention programmes focussing on improving functional hamstring strength parameters are at a reduced risk of sustaining knee injury⁸. Aetiological risk factors 72 associated with sustaining knee injuries include poor eccentric strength^{9,10} and dynamic stability¹¹. The 73 work of Booysen et al., (2015)¹² examined the relationship between these two risk factors concluding 74 that no correlation exists. It is important to note that within this work dynamic stability was quantified 75 76 utilising an overall stability score when performing the 'Y' Balance Test (YBT). Consideration must be given to the importance of establishing the relationship between functional strength of the hamstrings 77 and directional dynamic stabilisation, as this will inform injury risk reduction strategies employed by 78 79 sports medicine professionals. In functional performance the hamstrings play a vital role in counteracting the stresses on the ACL when competing¹³. Thus, suggesting that poor eccentric control 80 may result in decreased directional dynamic stability within the knee, increasing the athlete's chance of 81 82 sustaining injury.

Although the consensus across literature appears clear for the hamstring, the effect of increased 83 84 functional hamstring strength on the stability of the knee is limited. Research highlights that players who sustain an ACL rupture display significant reductions in hamstring function, post injury or surgical 85 intervention^{14,15}, increasing the risk of re-rupture. Previous injury is highlighted as a key aetiological 86 factor in the recurrence of ACL ruptures^{16,17}. This potentially highlights that returning an athlete post 87 injury with poor function compromises the stability of the knee and exposes the ACL to increased load¹⁸. 88 It is clear that poor function within the hamstring muscle group can contribute to non-contact 89 musculoskeletal injury sustained at the knee¹⁹. Aetiological contributions to sustaining such injuries are 90 well documented as being multi factorial, particularly literature surrounding the ACL²⁰. This said, the 91 92 global effect functional strength has on these aetiological factors is not well reported and further research 93 is required.

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During functional performance, changes in muscle length or alterations in knee position initiate a 95 stabilisation response, due to the stimulation of mechanoreceptors within the joint or the muscle²¹. Key 96 97 receptors responsible for this afferent response include Muscle Spindles, Golgi Tendon Organs (GTO's), Ruffini Endings, Ruffini Corpuscles and Pacinian Corpuscles^{11,22}. As to which receptors stimulate the 98 afferent signal however, is arguably irrelevant, as proprioceptive responses from the mechanoreceptors 99 100 within the joint and muscle are likely to occur at the same time. Reducing injury risk associated with the hamstrings and the knee is reliant on the muscle's ability to generate the required effected functional 101 102 response⁹.

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Research has focussed on eccentric hamstring strengthening interventions to decrease injury occurrence in the hamstrings and the knee²³. This experimental paradigm fails to consider the effect of functional training on other aetiological factors associated with injury, such as dynamic stability. It also fails to contemplate the multi factorial nature of sustaining these injuries²⁴. The aim of the current study is therefore to establish whether a relationship exists between eccentric strength and stability performance. Establishing this relationship would inform the design of conditioning protocols implemented to reduce injury risk in athletes. It was hypothesised that high eccentric strength measures would relate to low dynamic stability scores. In consideration of the specific nature of the evidence base in regards to injuryepidemiology, a population of elite youth soccer players took part in the current study.

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114 Methods

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Fifty-nine elite academy male footballers from two English premier league category 1-status academies
completed the present study, age 17.98±2.29 years; height 180.40±7.93 cm and weight 73.65±6.38 kg.
All players were in full training, free from injury and available for competitive selection. Any player
who had returned from injury within two months leading to the study were not included. All participants
provided written informed consent in accordance with department and faculty research ethics
committees (STEMH), and in accordance with the Helsinki Declaration.

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Participants completed a familiarisation trial 7 days prior to testing to negate potential learning effects²⁵, which included 3 repetitions of the Nordic Hamstring Curl on the NordBord and the YBT. Prior to any testing all participants completed a standardised warm up (5 minutes cycling at submaximal intensity, a combination of skipping, high knees and butt kicking drills, 10 forward lunges per leg and 2 Nordic hamstring movements with low resistance²⁶. All testing was completed between 13:00 and 17:00 hrs to account for the effect of circadian rhythm and in accordance with regular competition times²⁷.

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130 All strength testing was completed on the NordBord (Vald Performance) to determine eccentric knee flexor strength; with its reliability, being previously described²⁴. Players knelt on a padded board, with 131 the ankles secured immediately superior to the lateral malleolus by individual ankle braces that were 132 133 attached to custom made uniaxial load cells (Delphi Force Measurement, Gold Coast, Australia) with 134 wireless data acquisition capabilities (Mantracourt, Devon, UK). Post completion of the standardised 135 warm up previously described participants completed 1 set of 3 maximal repetitions of the bilateral Nordic Hamstring exercises. Instructions to the players were to gradually lean forward at the slowest 136 137 possible speed while maximally resisting this movement with both limbs while holding the trunk and hips in a neutral position throughout and the hands held across the chest. Participants were loudly 138

exhorted to provide maximal effort throughout each repetition. A trial was deemed acceptable when the 139 140 force output reached a distinct peak (indicative of maximal eccentric strength), followed by a rapid decline in force when the participant was no longer able to resist the effects of gravity acting on the 141 segment above the knee joint²⁶. In synchronisation with the eccentric strength parameters quantified via 142 the Nordbord, joint kinematics were also measured during each repetition. Joint kinematics were 143 recorded from the sagittal plane using a Canon XA35 camera (Figure 1). The camera was placed on a 144 fixed stand set 3m away and 0.5m from the floor. Three reflective circular markers were attached to the 145 146 right greater trochanter, right lateral femoral condyle, and right lateral malleolus to calculate knee joint 147 kinematics. Minimal clothing was recommended to avoid movement of the markers. The Nordic hamstring exercise completed on the NordBord was analysed using a variation of the motion analysis 148 protocol adopted from a previous study²⁸. Video clips were digitized and transformed into a two-149 dimensional space using motion analysis application software (IOS Nordics Application). Each 150 151 participants' break point angle was calculated using the reflective markers placed on the landmarks 152 previously set.

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156 To ascertain dynamic stability measures for each athlete the YBT owing to its moderate-excellent 157 reliability²⁹ accompanied with its ease of use within a sporting environment. Participants were asked to 158 remove their shoes and socks and completed testing on both lower limbs. This was to eliminate stability 159 and balance provided by the footwear. Once stood single leg on the centre plate participants were asked to push the reach indicator block with the contralateral limb in the anterior (Ant), posteromedial (PM) 160 and posterolateral (PL) directions. Each subject maintained a single leg stance with their hands on the 161 162 pelvis whilst pushing the reach indicator as far as possible in each of the directions listed. A trial was 163 classified as invalid if the participant did not return to the start position, failed to maintain a unipodal 164 stance on the platform, kicked the reach indicator block to gain more distance, stepped on top of the 165 reach indicator for support or removed their hands from their hips.

167 Data Analysis

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Participants completed three repetitions on the YBT and the NordBord. YBT scores in each direction 169 170 (Ant, PM and PL) were normalised for lower limb length to calculate maximum distance (%MAXD) utilising the following equation excursion distance/limb length x 100 = % MAXD. This accounted for 171 potential differences in leg lengths amongst individuals³⁰. Mean distance in each direction on the right 172 and left sides were utilised for data analysis. Eccentric strength data for both left and right limbs is 173 174 expressed as Newtons (N), Force (F), Peak Torque (PkT) and Average Torque (AvT) were identified for each participant and utilised for analysis. In addition, break angle (Θ) for each of the repetitions 175 completed was taken and the mean (Θ) used for analysis. 176 177

178 Statistical Analysis

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Pearson's correlation coefficients were calculated to quantify the linear relationship between YBT and eccentric strength profiles. All statistical analysis was completed using PASW Statistics Editor 25.0 for windows (SPSS Inc, Chicago, USA). Statistical significance was set at $P \le 0.05$. Coefficient of correlation (r) and respective level of significance (p value) describes total variance. The following criteria quantified magnitude of the correlation <0.1, trivial; >0.1 to 0.3, small; >0.3 to 0.5, moderate; >0.5 to 0.7, large; >0.7 to 0.9, very large; and >0 to 1.0, almost perfect.

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187 **Results**

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Table 1 summarises the mean and standard deviation scores achieved for all metrics observed within thepresent study.

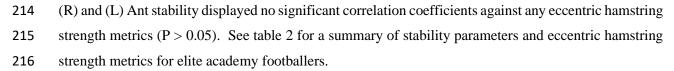
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- 192 ***insert table 1 here***
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Correlations displayed between directional dynamic stability scores quantified with the YBT and 194 eccentric hamstring strength metrics ascertained through NordBord testing demonstrated statistically 195 196 significant correlation coefficients for all eccentric hamstring strength metrics against right (PkT (L): P = 0.04, r = 0.37; PkT (R): P = 0.04, r = 0.37; AvF (L): P = 0.03, r = 0.32; AvF (R): P = 0.003, r = 0.003197 0.39; AvT (L): P = 0.005, r = 0.36; AvT (R) P = 0.04, r = 0.34) and left posterior-medial stability (PkT 198 (L): $P \le 0.001$, r = 0.60; PkT (R): $P \le 0.001$, r = 0.59; AvF (L): P = 0.01, r = 0.32; AvF (R): P = 0.03, 199 r = 0.31; $P \le 0.001$, r = 0.62; AvT (R) P = 0.03, r = 0.38). No significant correlation coefficients were 200 found between break angle and right and left posterior-medial stability ((R) PM: P = 0.59, r = -0.07; 201 (L) PM: P = 0.58, r = 0.07). The magnitude of the statistically significant correlations ranging from 202 203 small to moderate.

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205 Right limb posterolateral stability displayed significant correlation coefficients against PkT (R) and (L) (PkT (R): $P \le 0.001$, r = 0.42; PkT (L): $P \le 0.001$, r = 0.41); AvF (R) (P = 0.05, r = 0.32) and AvT (R) 206 (P = 0.002, r = 0.40). This was replicated for posterior-lateral (L) PkT (R): $P \le 0.001, r = 0.42$; PkT 207 (L): P = 0.002, r = 0.39; AvF (L) P = 0.003, r = 0.38 and AvT (L) P = 0.002, r = 0.39. No significant 208 209 correlation coefficients were displayed for AvF (L), AvT (L) and Θ when compared to (R) and posteriorlateral stability (P > 0.05). The opposite was identified for (L) posterior-lateral stability, where no 210 significant correlation coefficients were displayed for AvF (R), AvT (R) and Θ (P > 0.05). PM stability 211 displaying small significant correlations. 212

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223 Discussion

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225 The aim of the present study was to investigate the relationship between lower limb dynamic stability 226 and eccentric hamstring strength in elite academy footballers. Main findings from this body of work 227 highlight significant correlations between eccentric hamstring strength and PL/PM stability. However, analysis of correlations between Ant stability and eccentric strength demonstrated no significant 228 relationships. Significant correlations were identified for PL and PM stability with the magnitude 229 230 ranging from small to moderate, with PkT and AvT displaying the highest range (r = 0.36 - 0.62), compared to Force values (r = 0.31 - 0.39). This could potentially be explained by the relative nature 231 of force output to body mass²⁶. Break angle also displayed no significant correlations. This metric can 232 233 provide an interpretation of muscle architecture, but does not relate to the actual strength output of the 234 muscle. Observations of this metric were made to determine whether architecture of the muscle had any influence on directional stability performance, due to changing demands in the varying directions of 235 236 movement tested within the YBT.

237

238 Previous work has often referred to dynamic stability, as proprioception¹¹. Proprioception has 239 consistently been highlighted as being, 'the body's ability to sense movements within joints and to have 240 a knowledge of where these joints are in relation to space'³¹. This operational definition within an applied environment may cause some confusion, as measures, tests and exercises actually relate to an 241 242 effected output and not the physiological proprioceptive process. To measure proprioception as a whole 243 function is difficult and as practitioners in sport, we are more concerned about the effected output. Consideration has been given to this in the present study and identification of the relationship between 244 245 eccentric hamstring strength and dynamic stability identified. The present study also considers the 246 directional nature of dynamic stability in relation to functional strength, something not reflected in previous literature in this area¹². Quantification of dynamic stability within research is consistently 247 debated, with no gold standard functional test identified³². In the present study, the YBT was utilised to 248 249 determine stability measures. ACL injuries are commonly associated with high load anterior shearing force, often accompanied with rotation¹⁶. Utilisation of the YBT provided an opportunity to analyse 250

directional stability, allowing association to be made between the anatomical function of the hamstring and the stability score. Findings from the present study provide practitioners with an understanding of the contribution of eccentric hamstring strength on knee function, informing conditioning, rehabilitation and injury prevention protocols. However, small to moderate correlations support the acknowledgement throughout literature that hamstring and knee injuries are multi factorial and may not be the only consideration in injury risk reduction or rehabilitation protocols^{3,6}.

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258 Previous research has focussed on quantifying proprioception/dynamic stability with an overall stability score²¹, when examining the influence of eccentric strength. This limits interpretation of the relationship 259 260 between eccentric hamstring strength, knee function and its relevance to functional performance. In the 261 present study relationships were established between eccentric hamstring strength parameters and 262 directional stability (inclusive of; (R) and (L) Ant, PM and PL). Significant correlations were identified 263 for (R) and (L) PM stability, noted between all strength parameters of PkT, AvT and AvF (L) and (R). 264 Suggesting that increased eccentric hamstring strength in elite academy footballers, contributes to greater stabilisation in this plane of movement. During the performance of the YBT the hamstrings act 265 266 as a dynamic stabiliser at the knee, reducing stress through the joint. The lunge position completed when 267 performing the YBT consists of flexion of the knee and increased rotational stress through the joint. Consideration of the mechanism of injury associated with common knee injuries sustained in elite 268 football, are associated with this movement pattern¹⁶. Potentially indicating that sports medicine 269 270 practitioners should consider this in their choice of exercise prescription in the pursuit of decreasing 271 injury risk.

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During functional movement patterns performed during football specific movements anterior stabilisation is required to support key structures in the knee, such as the ACL. This movement pattern provides the most contentious debate in the present findings. Consideration must be given to the position of the athlete when performing this measure in the YBT, as the hamstring muscle is not contracting eccentrically at reach position. However, to control further stress on the knee and reverse the movement pattern the hamstrings will sustain eccentric load and if the functional strength of the athlete is not

apparent, there is potential to perform poorly on the stability test. Current findings indicate strength has 279 This potentially supports cardarvic research suggesting that reduced 280 no influence on this. 281 mechanoreceptors detected in the ACL, may result in a delayed proprioceptive response when performing functional tasks²². Previous research has identified the influence of decreased ankle 282 dorsiflexion, poor antagonistic function, and hip mobility, to name a few³³. These factors may explain 283 poor anterior or overall stability output, however; only provide limited explanation to why relationships 284 were found in other planes of movement. Consideration must also be given to limb dominance as this 285 286 may demonstrate further relationships between eccentric strength and dynamic stability³⁴. Future 287 research should investigate these considerations in order to establish the multi-factorial nature of injury. 288

289 Dynamic stability is the effected output generated through proprioceptive function. During completion 290 of this movement pattern, the knee and specifically the tibia are subjected to an anterior force, as it 291 would during functional performance when decelerating in an anterior plane. Cardarvic research 292 indicates that the ACL has fewer mechanoreceptors contained within it when compared to the surrounding structures within the joint¹¹. Potentially, suggesting that there may be a delayed signal 293 294 within the proprioceptive pathway to generate the required output through this plane of movement. This 295 said other aetiological factors cannot be discounted such as antagonistic function, ankle dorsiflexion or 296 hip mobility³³.

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298 It is well documented throughout literature that muscle architecture is key to reducing hamstring injury 299 $risk^{24}$. Findings within the present study showed no significant relationships between any stability 300 parameter and Θ . An explanation of this through observation of potential differences in position and resultant muscle length when performing the two tests may be relevant. Consideration to the mechanism 301 302 of injury for hamstring and ACL provides a potential explanation as to why no relationship was found in the current study. However, further research in this area would be required. Research indicates that 303 the ACL is the most commonly injured ligament in the knee³⁵, with increases in re-rupture and poor 304 return of the athlete to the same level pre-injury⁶. Common mechanisms associated with ACL are linear 305 motions from either a rapid acceleration or deceleration or excessive anterior force through the knee 306

joint¹⁶. The findings in the current research highlight relationships between higher eccentric strength
scores and lower dynamic stability scores, with the exception of AP stability and Θ. Consideration
therefore, that increased eccentric strength has a positive influence on stability of the knee is suggested.
Further research in this area should focus its attention on intervention training protocols to examine their
effect on key aetiological contributors to injury.

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313 Conclusion

314 Eccentric hamstring strength metrics are positively associated with PM and PL directional stability performance during the YBT, with no relationships existing between strength and anterior stability. 315 Caution must be applied when interpreting the significance of the findings due to the small to moderate 316 317 relationships identified. However, importantly interpretation of the findings suggest that despite 318 increases in functional hamstring strength, a main stabiliser of the knee during functional performance, 319 has no influence on the stability of the knee. Thus, implying that despite the intervention of eccentric 320 hamstring strengthening protocols within elite footballers, players can potentially still be at an increased 321 risk of sustaining ACL injury. Careful consideration must be given by key stakeholders within 322 performance departments to quantification of injury risk parameters of strength and stability, interpretation of their results and application in conditioning and injury prevention protocols. 323

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325 Practical Implications

Relationships are evident between PM and PL directional stability and eccentric strength
 metrics, which potentially indicates the need for practitioners to consider the inclusion of
 eccentric strengthening programmes. However, further research is required in the format of a
 training study to identify cause-effect relationships.

• Although relationships were identified between eccentric strength and PM/PL directional

331 stability, none were identified with AP stability. Sports medicine practitioners cannot

disregard other aetiological factors associated with poor stability performance and must not

discount these in injury risk reduction protocols.

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• Increases in eccentric hamstring strength parameters may reduce muscle injury risk, but effect on joint injury risk is not conclusive.

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428 Tables Legends

- 429 **Table 1:** Displaying Mean and Standard Deviation.
- 430
- **Table 2:** Displaying Relationships between Stability Parameters and Eccentric Hamstring Strength
 Metrics for Elite Academy Footballers.
- 433
- 434 Figure Legends

Figure 1: Image of the standardisation of the camera used in order to determine the break point angleof the NHE.