

## Central Lancashire Online Knowledge (CLoK)

Title	Relationships Between Eccentric and Concentric Knee Strength Capacities					
	and Maximal Linear Deceleration Ability in Male Academy Soccer Players					
Туре	Article					
URL	https://clok.uclan.ac.uk/48646/					
DOI	##doi##					
Date	2021					
Citation	Harper, Damian orcid iconORCID: 0000-0002-5430-1541, Jordan, Alastair R. and Kiely, John orcid iconORCID: 0000-0001-9817-0224 (2021) Relationships Between Eccentric and Concentric Knee Strength Capacities and Maximal Linear Deceleration Ability in Male Academy Soccer Players. Journal of Strength and Conditioning Research, 35 (2). pp. 465-472. ISSN 1064-8011					
Creators	Harper, Damian, Jordan, Alastair R. and Kiely, John					

It is advisable to refer to the publisher's version if you intend to cite from the work. ##doi##

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3	Preferred Running Ahead: Relationships between knee strength capacities and					
4	maximal linear deceleration ability					
5						
6	Authors and Institutions:					
7	Damian J Harper <sup>1,2</sup> ,					
8	Alastair R Jordan <sup>1</sup> ,					
9	John Kiely <sup>2</sup> .					
10						
11	<sup>1</sup> School of Sport, York St John University, York, UK.					
12	<sup>2</sup> Institute of Coaching and Performance, School of Sport and Wellbeing, University of					
13	Central Lancashire, Preston, UK.					
14						
15						
16	Contact Details for Corresponding Author:					
17	Name: Damian Harper					
18	Mail Address: School of Sport, York St John University, Lord Mayor's Walk, York,					
19	North Yorkshire, YO31 7EX, UK					
20	<b>Telephone Number:</b> 01904 876438					
21	Email Address: d.harper@yorksj.ac.uk					
22	Twitter: @DHMov					
23						
24	Acknowledgements: The authors thank all of the players and coaches at the club for					
25	their participation and support during this study. No external funding was received for					
26	this study and the authors have no conflict of interest to disclose.					
27						
28	Abstract word count: 238					
29	Text only word Count: 3718					
30						
31	This is a non-final version of an article published in final form in Journal of Strength					
32	and Conditioning Research. The link to the published article can be found here: http://					
32	doi.org/10.1519/jsc.00000000002739.					

#### 33 Relationships between eccentric and concentric knee strength

# capacities and maximal linear deceleration ability in male academy soccer players

36

37 Abstract

38 The purpose of this study was to investigate the relationships between maximal linear 39 deceleration ability, and knee flexor (KF) and extensor (KE) strength. Fourteen male academy 40 soccer players completed a 30 m linear sprint, a maximal linear deceleration test, and eccentric 41 and concentric KF and KE contractions in both dominant (DL) and non-dominant (NDL) legs at slower  $(60^{\circ} \cdot s^{-1})$  and faster  $(180^{\circ} \cdot s^{-1})$  angular velocities on an isokinetic dynamometer (IKD). 42 43 Maximal linear deceleration ability was evaluated using distance-to-stop (DEC-DTS) and time-44 to-stop (DEC-TTS), with isokinetic peak torque representing KF and KE strength capacity. 45 Relationships were established using Pearson's correlation coefficients (r) with magnitude-46 based inferences used to describe the uncertainty in the correlation. Both concentric KE and KF strength at  $180^{\circ} \cdot s^{-1}$  in the NDL had the highest correlations with deceleration ability (r = -0.7647 and r = -0.78 respectively). In the DL concentric KE and KF strength at  $180^{\circ} \cdot s^{-1}$  also had very 48 49 *likely* large correlations with deceleration ability (r = -0.54 and -0.55, respectively). All 50 correlations between eccentric KF strength and deceleration ability were *unclear*. At  $180^{\circ} \cdot s^{-1}$ , 51 correlations between eccentric KE strength and deceleration ability were also *unclear*, however at  $60^{\circ} \cdot s^{-1}$  both DL (r = -0.63 to -0.64) and NDL (r = -0.54 to -0.55) had very likely large 52 53 correlations with deceleration ability. These findings provide novel insights into the unilateral 54 KF and KE strength capacities underpinning the ability to decelerate rapidly from high sprint 55 velocities. 56 57 **Key Words:** *braking, isokinetic, unilateral, quadriceps, hamstrings* 58

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#### 61 **INTRODUCTION**

62 Evolutionary developments in soccer match play have resulted in elite players 63 required to perform more high-intensity actions (1). For instance, recent time motion 64 analysis studies have shown that players could perform on average 16-39 high intensity  $(> 3m \cdot s^{-2})$  accelerations and 43-54 high intensity  $(< 3m \cdot s^{-2})$  decelerations per match. 65 66 thereby imposing substantial metabolic and mechanical load on players (17,33,37). 67 Whilst an overwhelming amount of research has been devoted to understanding the 68 most optimal training interventions that could be used to enhance maximal acceleration 69 (29,32,34), there is currently little experimental evidence available on how to best 70 develop maximal deceleration capabilities.

71

72 It has previously been suggested that four major physical qualities exert a 73 significant influence on deceleration ability, namely: dynamic balance, eccentric 74 strength, power and reactive strength (22). In studies examining change of direction 75 (COD) performance necessitating the production of large braking forces, it has been 76 shown that high lower limb eccentric strength capabilities increase braking force 77 potential, thereby promoting whole-body deceleration (19,20,24,36). Interestingly, the 78 quadriceps have been suggested to be the 'primary' muscle group regulating sudden 79 deceleration ability (14) due to their role in resisting knee flexion (6) and facilitating the 80 absorption and distribution of eccentric loads at the knee (22). Only one previous 81 study, however, has examined the influence of eccentric KE strength on the ability to 82 decelerate rapidly prior to a COD (20). Importantly, here, players with greater eccentric 83 KE strength decelerated more rapidly during the steps immediately prior to a COD, 84 thereby permitting a faster approach velocity, and a significantly faster COD 85 performance time.

Eccentric KF strength has also been shown to discriminate between the COD performance of elite players (5). These authors suggested that this might be due to the hamstrings role in mediating the braking forces during sudden COD. Similar findings have been reported by Jones et al. (19,21) although they suggested that increases in eccentric KF strength facilitated the generation of hip extensor torque necessary for maintenance of trunk position, and the dynamic control of knee flexion.

93

94 A potential limitation of these previous studies, however, is that specific knee 95 strength qualities were evaluated during decelerations from relatively low sprinting 96 velocities. For example, during the 505 test (15m approach; 180 degree turn; 5m 97 return), commonly used to examine COD performance, horizontal approach velocities typically range between 3.74 to  $4.03 \text{m} \cdot \text{s}^{-1}$  (20). Decelerations during match play, 98 however, frequently commence from high  $(>5.4 \text{m} \cdot \text{s}^{-1})$  sprinting velocities (2,25), 99 100 subsequently imposing greater deceleration demands (40). Although decelerations from 101 high velocity linear sprints are a crucial dimension of match play (3), only one previous 102 study has investigated the knee strength capacities associated with such a maximal 103 linear deceleration task (26). However, the maximal deceleration was performed 104 following a 10m acceleration, and only eccentric KF strength was measured. 105 106 A better understanding of the specific knee strength capacities underpinning 107 deceleration from high sprint velocities could be particularly important for professionals 108 tasked with conditioning populations at heightened risk of injury during rapid 109 decelerations, such as maturing youth soccer players (31). Similarly, a greater

110 understanding of both the KF and KE strength capacities underpinning deceleration

111 from high sprint velocities may serve to better inform the physical preparation of soccer 112 players. Accordingly, the aim of this study was to examine the isokinetic eccentric and 113 concentric KF and KE strength capacities of male academy soccer players, and to 114 determine their relationships to deceleration ability from high velocity sprints. 115 116 **METHODS** 117 **Experimental Approach to the Problem** 118 119 This study incorporated a descriptive within-subject cross-sectional design to 120 investigate the relationships between eccentric and concentric KF and KE strength in 121 both DL and NDL with maximal linear deceleration ability. To diminish the effects of 122 residual fatigue and circadian variation (30) test procedures took place across three 123 testing sessions, during the player's regular training hours (between 10.00 and 13.00), 124 and were separated by at least 48 hours. The first session included assessment of all anthropometric measurements and IKD strength testing. Field based testing sessions 125 126 took place on an artificial turf surface and commenced with a 10-minute standardized 127 dynamic warm-up (e.g. lunges, squats, skipping) and three progressive 20 m 128 accelerations with a submaximal linear deceleration. In session two, players completed 129 a 30m linear sprint. In session three, maximal linear deceleration ability was assessed. 130 All players were accustomed to this maximal linear deceleration protocol during regular 131 field based training sessions prior to testing. 132 133 **Subjects** 

Fourteen male youth soccer players (age:  $16.8 \pm 0.9$  years, height:  $175.1 \pm 8.6$  cm, body

135 mass:  $68.5 \pm 7.8$  kg, body fat:  $9.5 \pm 4.3\%$ ) from an English professional League Two

soccer academy participated in this study. All players had completed a period of preseason training, 3 months of the competitive season and were free from any lower limb injury during this period. During the competition phase all players trained at the academy 2-3 times per week, in addition to 1 competitive fixture. The study was submitted and approved by the local University Institutional Ethics Committee. Prior to taking part in the study subjects were informed of the benefits and risks, with informed assent and parental consent then subsequently obtained.

143

#### 144 **Procedures**

145 Anthropometry. Standing height was measured to the nearest 0.1mm using a stadiometer

146 (Seca 217, Hamburg, Germany), and body mass to the nearest 0.1kg using electronic

147 weighing scales (Seca, Hamburg, Germany). Body fat percentage was estimated

148 through air displacement plethysmography using BODPOD (Life Measurements

149 Instruments, Concord, CA, USA).

150

151 *Isokinetic Dynamometer Strength Testing*. Procedures followed those of previous

152 studies measuring IKD strength in soccer players (9,10). Testing was preceded by a

153 standardised 5-minute warm-up of light cycling (Wattbike, Wattbike Ltd, Nottingham,

154 UK) interspersed with two short sprints (10 s each) at 3 and 4 minutes. Participants

155 were seated on the IKD (Cybex Norm, Lumex, Ronkokoma, NY, USA) with a reclined

trunk angle of 15° from the vertical similar to the previous studies. Segmental

157 stabilization was achieved with straps across the shoulders, thigh and tibia (2 cm above

the lateral malleoli). Alignment of knee joint axis with the dynamometer axis of rotation

159 was obtained under active (sub-maximal isometric at mid-range of motion) conditions

160 to help minimize axis misalignment. Range of motion was set from full knee extension

161  $(0^{\circ})$  to 90°. Both legs were tested during concentric and eccentric contraction modes during KF and KE at slower ( $60^{\circ} \cdot s^{-1}$ ) and faster ( $180^{\circ} \cdot s^{-1}$ ) angular velocities, with the 162 163 DL defined as the kicking leg. Prior to maximal testing, participants performed an IKD 164 specific warm up consisting of 5 sub-maximal concentric and eccentric repetitions in 165 both legs at  $60^{\circ}$  s<sup>-1</sup>. Maximal testing was performed in random order, with 5 maximal 166 efforts allowed for each trial. A 2-minute rest period was standardized between each 167 trial. All participants were given consistent and standardized verbal encouragement (i.e. 168 tone and pitch) in order to increase motivation and level of muscle activation. The 169 highest peak torque (N·m) value observed across the 5 maximal repetitions during the 170 isokinetic phase was used for final analysis, and was representative of strength capacity 171 during each test condition.

172

173 Linear Sprint Test. Sprints times were recorded over a 30 m distance (with 20 m split 174 time) using timing gates (Witty, Microgate, Bolzano, Italy) set to a height of 0.8m (8). 175 Times were recorded to the nearest 0.01s. Each sprint commenced from a standing static 176 start position with the front foot positioned 30 cm behind the timing gate to prevent a 177 false trigger. Participants were instructed to initiate their own start with no backward 178 step or 'rocking motion' and to sprint as fast as possible. Each participant was allowed 2 179 trials with at least 60 seconds recovery between with the best 20 m split used as a 180 'criterion' time in the maximal linear deceleration test.

181

*Maximal Linear Deceleration Ability Test.* Maximal linear deceleration ability was
assessed using an acceleration-deceleration ability (ADA) test. Prior to commencement
of the test, a high-contrast colour marker was positioned on the greater trochanter of
each participant. In order to reduce movement artifact of the marker, the marker was

186 positioned on top of black taping that was securely fitted around the shorts of the 187 participant. Participants were instructed to use the same start protocol used for the linear 188 sprint test and sprint maximally over 20 m before performing a maximal linear 189 deceleration. Immediately following the deceleration, players backpedalled to the 20m 190 line to create a clear 'stop' event and to signify the end of the deceleration phase (figure 191 1). Any 20m time that was 5% greater than the best 20 m split time achieved during the 192 linear sprint test was considered as an unsuccessful trial, and the player was asked to 193 repeat the test following at least a 3-minute recovery period. Each player's maximal 194 linear deceleration ability was recorded with a digital camera (Panasonic HDC-HS900, 195 Japan, sampling at 50 Hz) positioned 10 m perpendicular to the plane of motion. 196 Maximal linear deceleration ability was evaluated using distance to stop (DTS) and time 197 to stop (TTS), calculated using DartfishPro Suite digitisation software (Dartfish, 198 Fribourg, CH). Two independent observers determined the start of the deceleration 199 phase defined as the frame in which the hip marker passed the 20 m marker, and the 200 first posterior displacement of the hip marker, preceding the backpedal, which defined 201 the end of the deceleration phase. Pilot testing demonstrated that the between trial 202 coefficient of variation (CV) for DEC-DTS and DEC-TTS was 1.5 and 2.3% 203 respectively. 204 205 < INSERT FIGURE 1 ABOUT HERE > 206 207 **Statistical Analysis** 208 Mean +standard deviation (SD) and 90% confidence intervals (90% CI's) were 209 calculated for all dependent and independent variables. Prior to analyses, assumption of 210 normality for all variables was confirmed using the Shapiro-Wilk test. Pearson's

211	product-moment correlation coefficients $(r)$ were calculated to examine the relationship
212	between deceleration variables (DEC-DTS and DEC-TTS) and the IKD strength
213	measures using SPSS for Mac (version 20.0; SPSS, Chicago, IL, USA). Equality of
214	variance was checked with Levene's test. 90% CI's for all correlations were constructed
215	in accordance with Hopkins (16). If the 90% CI overlapped small positive or negative
216	values the correlation was deemed unclear and removed from the analysis. The
217	magnitude of the correlation co-efficient was interpreted using criteria provided by
218	Hopkins (15): small (0.11 – 0.29), moderate (0.30-0.49), large(0.50-0.69), very
219	large(0.7-0.89) and almost perfect( $\geq 0.90$ ). The coefficient of determination ( $r^2$ ) was
220	used to illustrate the shared variance of correlations and presented as a % ( $r^2 \ge 100$ ).
221	Magnitude based inferences were derived from $r$ values (16) and used to describe the
222	uncertainty in effect of the correlation: very unlikely (<0.49%), unlikely(5-24.9%),
223	possibly (25-74.9%), likely (75–94.9%), very likely (95–99.4%), most likely (>99.5%).
224	
225	RESULTS
226	Sprint testing and maximal linear deceleration ability scores are shown in table 1. The
227	eccentric and concentric KF and KE strength values, for both DL and NDL, are shown
228	in table 2.
229	
230	< INSERT TABLE 1 ABOUT HERE >
231	< INSERT TABLE 2 ABOUT HERE >
232	
233	All correlations between the IKD strength measures and deceleration ability are shown
234	in table 3 (DEC-TTS) and table 4 (DEC-DTS).
235	

236 < INSERT TABLE 3ABOUT HERE > 237 < INSERT TABLE 4ABOUT HERE > 238 239 Relationships between eccentric strength and deceleration ability All correlations between eccentric KF and deceleration ability were unclear. At 180° ·s<sup>-1</sup> 240 241 correlations between eccentric KE strength and deceleration ability were also unclear. However, at  $60^{\circ} \cdot s^{-1}$  both DL and NLD had very likely large correlations with DEC-DTS 242 243 (r = -0.54 and -0.55, respectively) and DEC-TTS (r = -0.63 and -0.64, respectively). For the DL eccentric KE strength at  $60^{\circ} \cdot \text{s}^{-1}$  provided the highest correlation (r = -0.63) with 244 245 DEC-TTS. 246 247 Relationships between concentric strength and deceleration ability 248 Interestingly, the highest correlations for both DEC-DTS and DEC-TTS was observed in concentric KF (r = -0.78) and KE (r = -0.76) strength respectively at  $180^{\circ} \cdot s^{-1}$  in the 249 250 NDL, explaining between 57 to 60% of the shared variance. In the DL concentric KE strength at  $180^{\circ} \cdot \text{s}^{-1}$  also had very likely large correlations to both DEC-DTS (r = -0.64) 251 252 and DEC-TTS (r = -0.54) although the shared variance was less (29-30%).

253

#### 254 **DISCUSSION**

This is the first study to measure the KF and KE eccentric and concentric strength capacities in both DL and NDL, and examine their relationship with the ability to decelerate in less distance and time from high sprinting velocities. The main findings of our study was that (1) concentric KF and KE strength in the NDL measured at faster angular velocities had the largest correlations with both DEC-DTS and DEC-TTS, (2) in the DL, concentric KE and KF measured at faster angular velocities also had very likely 261 large correlations with deceleration ability, and (3) very likely large correlations were 262 found between eccentric KE strength in both DL and NDL at  $60^{\circ} \cdot s^{-1}$  and deceleration 263 ability. Interestingly, all correlations between eccentric KF and deceleration ability were 264 *unclear*.

265

266 Most previous studies examining the importance of lower limb strength on 267 deceleration ability have used COD tasks, with more severe COD angles or faster 268 approach velocities resulting in increased deceleration demands (i.e. a greater need to 269 reduce forward momentum). There is clear consensus amongst these studies that higher 270 levels of lower limb eccentric strength facilitates superior braking capacity 271 (19,20,24,36). Our findings add to this research by highlighting that it is specifically 272 higher levels of KE eccentric strength at slower angular velocities that is especially 273 required in both the DL and NDL. Both the DL and NDL had very likely large 274 correlations with DEC-DTS and DEC-TTS. These findings agree with Jones et al. (21), 275 who established that players with greater eccentric KE strength were able to produce 276 significantly greater deceleration, thereby suggesting these players could maintain a 277 higher entry velocity into the COD event.

278

Taken together these findings demonstrate the importance of unilateral eccentric KE strength in promoting deceleration ability. Accordingly, strength and conditioning practitioners should seek to design and select exercises challenging the KE musculature in slow tempo eccentric contractions. Examples of potentially useful exercises include the use of accentuated eccentric exercises (4) using commercially-available specialized equipment (39). Future research, however, is required to establish the influence of accentuated eccentric training on deceleration ability.

287	Currently, within the literature, there remains a lack of certainty relating to the
288	influence of eccentric KF strength on deceleration performance. Surprisingly, all
289	relationships in our study between this capacity and deceleration ability were unclear.
290	In studies examining global COD performance (i.e. total time taken to perform the COD
291	task), eccentric KF strength was significantly correlated to COD performance (19,24),
292	and was capable of discriminating between elite and sub-elite players (5). The
293	subsequent speculation was that eccentric KF strength could play multiple roles during
294	deceleration, such as: mediating braking forces (5); supplementing the hip extensor
295	torque necessary to maintain trunk position (19); controlling KF during pivots and
296	turns, and contributing to the absorption of forces (24). In agreement with our findings,
297	when the deceleration phase prior to a COD has been investigated, eccentric KF
298	strength has been shown to have a less significant role in the production of braking
299	forces required to decelerate rapidly (20). In this study players with greater overall
300	eccentric strength (KF plus KE) had higher hip extensor moment during the
301	deceleration steps, thereby implying that eccentric KF strength plays an important role
302	in controlling trunk flexion, and providing necessary co-contraction to assist with knee
303	stability.

304

305 Only one previous study (26) has examined the relationship between eccentric 306 KF strength and the capacity to decelerate linearly in less distance. Contrary to our 307 findings this study found that eccentric KF strength at slower angular velocities was the 308 best predictor (32%) of DEC-DTS. In the study by Naylor & Greig (26) the deceleration 309 was un-anticipated. This could place greater reliance on eccentric KF strength in order 310 to control trunk and pelvic positions, and to obtain higher and quicker levels of knee 311 joint stabilization (35). Another possible explanation is that players in our study 312 performed the deceleration following a 20 m sprint compared to a 10 m sprint in the 313 protocol used by Naylor and Greig (26). Therefore, the players approach velocity and 314 momentum were likely higher in our study making the deceleration demands 315 considerably more challenging. In fact the average approach velocity prior to 316 deceleration was  $6.3 \text{ m} \cdot \text{s}^{-1}$ , which is higher than previous studies ( $3.6 - 5.8 \text{ m} \cdot \text{s}^{-1}$ ) 317 examining the deceleration phase prior to a COD (13,21,27).

318

319 As a high number of decelerations during match play are executed from high (>  $5.14 \text{ m.s}^{-1}$ ) sprinting velocities (25), the specific strength capacities required to 320 321 decelerate from high velocities is a critical consideration when devising physical 322 preparation protocols for soccer players. As approach velocities increase, larger braking 323 forces must be applied. Such large forces are typically attained by positioning the 324 centre of mass posteriorly to the braking foot (13), a position imposing substantial load 325 on the quadriceps (6). Further research is required to investigate the role of different KF 326 contraction types on deceleration performance, during planned and un-anticipated 327 conditions. The authors are aware of no research that has, for example, investigated the 328 role of isometric KF strength on deceleration ability.

329

Another important finding identified from the correlation analysis was concentric KE and KF strength, at faster angular velocities, in the NDL, had *almost certainly* very large relationships with DEC-TTS and DEC-DTS. Significant increases in concentric KE strength at faster angular velocities  $(240^{\circ} \cdot s^{-1})$  of the NDL have been found following a 5 week period of speed and agility training with an enforced deceleration (23). To our knowledge this is currently the only study to date that has specifically examined the effect of field-based, linear deceleration training on changes
in unilateral KE and KF eccentric and concentric strength. While concentric strength is
most frequently associated with acceleration abilities, these findings suggest that
superior concentric strength —particularly at faster angular velocities— provides a
substantial contribution to the capacity to decelerate rapidly in less time and distance.

341

342 Concentric contractions have been shown to be superior to isometric and 343 eccentric contractions in their ability to generate force rapidly due to more effective 344 neuromuscular activation properties (38). Our study found that the largest correlations 345 with concentric strength in the DL and deceleration ability were also at faster angular 346 velocities, in both the KE and KF. This further supports the importance of developing 347 explosive concentric KE and KF strength in facilitating the complex inter-limb co-348 ordination patterns required to decelerate rapidly. In order to specifically target the 349 development of faster knee joint angular velocities these findings illustrate the 350 importance of including both field based deceleration co-ordination training, together 351 with gym based resistance training approaches, within conditioning programs. For 352 example, velocity based resistance training (VBT) designed to maximize the amount of 353 repetitions performed with high movement velocity (low % velocity loss) has been 354 shown to result in enhanced neuromuscular performance, stimulating improvements in 355 fundamental actions like deceleration in soccer players (28).

356

A potential limitation of our study is that the players could pre-plan their
deceleration strategy. In match play it is likely most decelerations are performed in
unanticipated situations, thereby posing more sophisticated challenges to motor control.
It would be useful to understand the physical capacities required to decelerate

14

361 maximally under reactive unanticipated conditions. Furthermore, IKD strength 362 assessment could be perceived to be a less 'functional' assessment. However, we 363 suggest that IKD strength assessment poses similar load characteristics to those 364 experienced during a maximal linear deceleration. For instance during eccentric 365 quadriceps strength assessment a postero-anterior load vector is created that is similar to 366 that seen during the early ground contact phase of deceleration. The force vector 367 application could have an important role in enhancing the specific strength qualities 368 required for deceleration (12). Finally, future studies should consider additional IKD 369 metrics, such as angle specific torque, which would reveal further insight into the 370 specific joint angular strength qualities required for deceleration (11). 371 372 In summary, this is the first study to measure the KF and KE eccentric and 373 concentric strength capacities in both DL and NDL, and to examine their relationships 374 with deceleration ability from high sprinting velocities. Notably, a high unilateral 375 eccentric KE strength at a slower angular velocity was the only eccentric strength 376 quality related to both DEC-DTS and DEC-TTS. Interestingly, concentric KE and KF 377 strength in the NDL, at higher angular velocities, demonstrated the greatest influence on 378 deceleration ability. In the DL concentric KE at higher angular velocities also had likely 379 large correlations with both DEC-DTS and DEC-TTS. Although the correlations 380 reported in this study cannot assume causality, these findings provide new, potentially 381 useful, information to coaches, sport science and medical practitioners concerned with 382 the preparation of players for the frequent high intensity decelerations implicit in soccer 383 match play.

384

385

#### 386 PRACTICAL APPLICATIONS

387

388 Players perform frequent decelerations from high sprinting velocities during 389 match play. The maximal linear deceleration test used in this study provides a practical 390 means to measure a player's maximal deceleration capabilities from high sprinting 391 velocities —a measure which is difficult to obtain from traditional COD test protocols. 392 To enhance a player's deceleration ability from high sprinting velocities, specific 393 attention could be needed to developing eccentric strength in the KE. For example, 394 eccentric overload that can be safely and effectively achieved using flywheels or other 395 eccentric devices (39) could be used as an acute and/or chronic training intervention to 396 enhance kinetics (e.g. braking forces) and also reduce the risk of tissue damage 397 associated with decelerating (18). Conditioning exercises should also transfer to better 398 deceleration performance through consideration to the force vector application (i.e. 399 postero-anterior braking forces). For example, horizontal braking forces can be 400 systematically overloaded using a cable pulley during a unilateral hop and stick exercise 401 (7).

402

The present study also highlights the importance of high velocity concentric strength for enhancing maximal deceleration performance. Consideration to training approaches that facilitate generation and maintenance of high knee joint extension and flexion velocities may promote superior muscle contractile properties required for quick and accurate positioning of limbs when decelerating. To achieve this coaches might consider using velocity based training devices to monitor and maintain movement velocity within specific thresholds during an exercise. This could promote favorable

410	adaptations such as maintenance of type II muscle fibres that are critical for rapid limb
411	movements and force production when decelerating rapidly (28).
412	We hypothesize, in agreement with others (7), that the ability to perform a
413	maximal linear deceleration could be a critical component of COD performance.
414	Secondly, from a perspective of injury prevention, players with greater strength
415	capacities important for decelerating should better attenuate high impacts, thereby
416	resulting in lower levels of mechanical stress and tissue damage.
417	

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533		

### FIGURE CAPTIONS

**Figure 1.** Acceleration-deceleration ability (ADA) test layout used to assess players maximal linear deceleration ability.



Table 1. Sprint and maximal linear deceleration performance scores

Variables	Mean <u>+</u> SD	90% CI	
Sprint			
20 m (s)*	3.12 <u>+</u> 0.12	3.06 - 3.18	
30 m (s)	4.26 <u>+</u> 0.12	4.20 - 4.32	
Deceleration			
Approach Velocity $(m \cdot s^{-1})$	6.31 <u>+</u> 0.48	6.08 - 6.53	
DEC-DTS (m)	3.7 <u>+</u> 0.52	3.45 - 3.95	
DEC-TTS (s)	1.03 <u>+</u> 0.15	0.96 - 1.11	

*Abbreviations:* SD = standard deviation; CI = confidence interval; DEC-DTS = deceleration distance to stop;

DEC-TTS = deceleration time to stop; m = meters; s = seconds.

\*Each players best 20 m split time used as the 'criterion' time for the maximal linear deceleration test.

**Table 2.** Isokinetic dynamometer eccentric and concentric peak torque (N·m) capacities of the knee extensor and knee flexor muscles in dominant (DL) and non-dominant legs (NDL) measured at slower ( $60^{\circ} \cdot s^{-1}$ ) and faster ( $180^{\circ} \cdot s^{-1}$ ) angular velocities

Angular velocity	IKD strength capacities	DL (mean <u>+</u> SD)	90% CI	NDL (mean <u>+</u> SD)	90% CI
$60^{\circ} \cdot \mathrm{s}^{-1}$	ConKE	193.71 <u>+</u> 32.24	178.45 - 208.98	189.86 <u>+</u> 25.77	177.66 - 202.06
	ConFK	101.71 <u>+</u> 18.75	92.84 - 110.59	100.36 <u>+</u> 17.58	92.04 - 108.68
	EccKE	223.14 <u>+</u> 40.79	203.84 - 242.45	214.79 <u>+</u> 53.39	189.51 - 240.06
	EccKF	124.71 <u>+</u> 28.49	111.23 - 138.20	121.36 <u>+</u> 23.09	110.43 - 132.29
$180^{\circ} \cdot s^{-1}$	ConKE	133.07 <u>+</u> 29.61	119.06 - 147.09	131.29 <u>+</u> 25.92	119.02 - 143.55
	ConKF	74.00 <u>+</u> 18.75	92.84 - 110.59	72.79 <u>+</u> 17.37	64.56 - 81.00
	EccKE	193.86 <u>+</u> 41.32	174.30 - 213.42	189.21 <u>+</u> 33.21	173.50 - 204.93
	EccKF	119.86 <u>+</u> 32.78	104.34 - 135.37	111.86 <u>+</u> 28.85	98.20 - 125.51

Abbreviations:  $N \cdot m = Newton meters$ ; SD = standard deviation; CI = confidence interval; Ecc = eccentric; Con = Confidence interval; Ecc = eccentric; Ecc =

concentric; KE = knee extensor; KF = knee flexor

Table 3. Relationships and qualitative inference between isokinetic strength variables and deceleration time to stop (DEC-TTS).

IKD strength capacity		Correlation coefficient (90% CI)	Coefficient of determination % (90% CI)	Magnitude of correlation	Likelihood correlation is harmful/trivial/beneficial	Qualitative inference <sup>a</sup>
NDL						
	ConKE <sub>180</sub>	-0.76 (-0.46 to -0.90)	57 (21-81)	Very large	0/0/100	Almost certain
	$EccKE_{60}$	- 0.64 (-0.26 to -0.85)	41 (7-72)	Large	0/1/99	Very Likely
	ConKF <sub>180</sub>	- 0.61 (-0.21 to -0.84)	37 (4-71)	Large	0/2/98	Very Likely
	ConKF <sub>60</sub>	- 0.55 (-0.12 to -0.81)	30 (1-66)	Large	1/3/96	Very Likely
DL				-		
	$EccKE_{60}$	- 0.63 (-0.26 to -0.85)	40 (6-72)	Large	0/2/98	Very Likely
	ConKE <sub>180</sub>	- 0.54 (-0.11 to -0.80)	29 (1-64)	Large	1/4/95	Very Likely

<sup>*a*</sup> Uncertainty of the correlation: Likely = 75–95% (likelihood of the true correlation being.....); Very likely = 95–99%; Almost certain = >99%.

*IKD strength correlations deemed unclear (chances of correlation being both* >5% *harmful and beneficial)* = NDL EccKF<sub>60</sub>; NDL EccKE<sub>180</sub>; NDL ConKE<sub>60</sub>; DL EccKF<sub>60</sub>; DL ConKE<sub>60</sub>; DL ConKF<sub>60</sub>; DL ConKF<sub>60</sub>; DL ConKF<sub>180</sub>

*Abbreviations:* IKD = Isokinetic dynamometer; CI = confidence interval; NDL = non-dominant leg; DL = dominant leg; Ecc = eccentric; Con = concentric; KE = knee extensor; KF = knee flexor;  $60 = 60^{\circ} \cdot s^{-1}$ ;  $180 = 180^{\circ} \cdot s^{-1}$ .

Table 4. Relationships and o	alitative inference between isokinetic strength variables and deceleration distance to stop (DEC-DTS).	
	$\beta$	

IKD streng	gth capacity	Correlation coefficient (90% CI)	Coefficient of determination % (90% CI)	Magnitude of correlation	Likelihood correlation is harmful/trivial/beneficial	Qualitative Inference <sup>a</sup>
NDL						
	ConKF <sub>180</sub>	-0.78 (-0.49 to -0.91)	60 (24-83)	Very large	0/0/100	Almost certain
	ConKF <sub>60</sub>	-0.7 (-0.36 to -0.88)	49 (13-77)	Very large	0/1/99	Almost certain
	ConKE <sub>180</sub>	-0.64 (-0.26 to -0.85)	41 (7-72)	Large	0/1/99	Very likely
	$EccKE_{60}$	-0.55 (-0.12 to -0.80)	30 (1-66)	Large	1/3/96	Very likely
DL				-		
	ConKE <sub>180</sub>	-0.55 (-0.12 to -0.81)	30 (1-66)	Large	1/3/96	Very likely
	$EccKE_{60}$	-0.54 (-0.11 to -0.80)	29 (1-64)	Large	1/4/96	Very likely
	ConKF <sub>180</sub>	-0.54 (-0.11 to -0.80)	29 (1-64)	Large	1/4/96	Very likely

<sup>*a*</sup> Uncertainty of the correlation: Likely = 75–95% (likelihood of the true correlation being.....); Very likely = 95–99%; Almost certain = >99%.

*IKD strength correlations deemed unclear (Chances of correlation being both* > 5% *harmful and beneficial)* = NDL EccKF<sub>60</sub>; NDL EccKE<sub>180</sub>; NDL ConKE<sub>60</sub>; DL EccKF<sub>60</sub>; DL ConKE<sub>60</sub>; DL ConKE<sub>60</sub>; DL ConKE<sub>60</sub>.

*Abbreviations:* IKD = Isokinetic dynamometer; CI = confidence interval; NDL = non-dominant leg; DL = dominant leg; Ecc = eccentric; Con = concentric; KE = knee extensor; KF = knee flexor;  $60 = 60^{\circ} \cdot s^{-1}$ ;  $180 = 180^{\circ} \cdot s^{-1}$ .