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6

## 7 **Abstract**

8  
9 Soccer matches consist of a variety of different activities, including repeated sprints.  
10 Time to attain velocity (TTAV), load range (LR) and the torque-angle-velocity  
11 relationship (TAV<sub>3D</sub>) represent an important measurement of muscle performance  
12 however there are few studies related. The aim of this study was to compare these  
13 outcomes between soccer players of different age category. Seventeen professional  
14 (PRO) and seventeen under-17 (U17) soccer players were assessed for concentric  
15 knee flexion/extension at 60, 120 and 300 °/s. For the extensor muscles, differences  
16 were found in favor of the U17 group for TTAV and LR outcomes at 120 °/s,  
17 however, the PRO group maintained higher torques in both movement directions in  
18 comparison to the U17 in TAV<sub>3D</sub> evaluation. These results suggest that muscle  
19 performance of the PRO group is more efficient than the U17 group.  
20

## 21 **INTRODUCTION**

22  
23 Soccer matches consist of a variety of different physical demands and activities,  
24 including running which comprises repetitive periods of sprinting and walking [2, 10].  
25 Peak torque is the most commonly reported outcome measure when using an

26 isokinetic device to assess strength of the lower limbs [1, 17, 22]. Time to attain  
27 velocity (TTAV) (the time to reach a target velocity) as well as load range (LR) (the  
28 capacity to maintain a given velocity during an isokinetic test) have been considered  
29 an important measurement of muscle performance and could help to discriminate  
30 player status following training intervention strategies [4, 7, 8, 30].

31 Another feature of muscle performance, which cannot be observed when single  
32 values of peak torque, average power or total work are reported, is the joint  
33 torque-angle-velocity relationship (TAV<sub>3D</sub>). The TAV<sub>3D</sub> represents the dynamic  
34 behavior of a muscle and can be applied to training [22] as a complement to the  
35 length-tension and length-velocity relationships, providing a more comprehensive  
36 assessment of functional capacity [19, 23].

37 During a soccer match, elite soccer players perform 150-250 brief intense  
38 actions, half of them are shorter than 10 m and almost all actions are shorter than  
39 30 m [11]. This demonstrates the importance of the player being able to develop  
40 strength in the speed required to achieve the goal of the motor task. It is known that  
41 dominant limb and age can influence these outcomes [21], mainly between young  
42 players due to teenage years promote changes in growth and development [9],  
43 where the most advanced present greater muscle strength [29].

44 There is no consensus about the relationship between the isokinetic outcomes  
45 and functional testing. Some studies showed that the flexors/extensors peak torque,  
46 evaluated at different speeds, are not good predictors for the performance of  
47 functional tests as one-leg-hop, triple-jump, vertical-jump, one-leg-rising, square-hop  
48 and repeated-sprint ability [11, 27, 28]. While Cabri *et al.* [6] found a strong

49 correlation ( $r=.77$ ) between the distance of the kick and peak torque of knee  
50 extensors and flexors.

51 However, little is known about the behavior of TTAV, LR and TAV<sub>3D</sub> between  
52 soccer players of different age category [15, 21]. Thus, TTAV and LR may provide  
53 additional information regarding the effects of training programs, helping coaches  
54 and athletic trainers assess specific goals according to the needs of each player [5].  
55 Thus, the aim of this study was to evaluate, describe and compare TTAV, LR and  
56 TAV<sub>3D</sub> between soccer players of different age category.

57

## 58 **MATERIALS & METHODS**

59

60 A total of 34 soccer players, who were preparing for regional and national  
61 competitions, volunteered to participate. The groups consisted of 17 professional  
62 players (PRO) of the First State League and seventeen under-17 (U17). The sample  
63 size was calculated through G\*Power 3.1.9.2 [13] using a two-tailed Student *t* test to  
64 find differences between groups, effect size estimated as 0.8,  $\alpha = 0.05$ . Thirty-four  
65 subjects were necessary for a power of 82%.

66 The inclusion criteria were: absence of lower limb injuries in the preceding three  
67 months, age over 20 years for the PRO group and age between 15 and 17 years for  
68 the U17. The athletes' characteristics are presented in **TABLE 1**. All testing occurred  
69 during the pre-season, one month before the season started. All participants read and  
70 signed an informed consent prior to the evaluation, this study meets the ethical  
71 standards of the journal [16] and all procedures were approved by the Universidade  
72 Estadual de Londrina Ethics Committee (#055/2012).

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75  
76 Evaluation procedures  
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78 All testing was carried out by the same investigator, in the Laboratory using a  
79 Biodex System 4® Dynamometer (Biodex Medical System Inc., Shirley, NY).  
80 Contraction mode was concentric isokinetic, at 60, 120 and 300 °/s, for knee  
81 flexion/extension. Athletes were instructed not to train on the day of testing or the  
82 afternoon of the day before. The testing protocol was characterized by one set of five  
83 repetitions at each velocity, in random order, with a rest period of 90 seconds  
84 between sets [31]. Prior to the isokinetic test, participants warmed-up on a stationary  
85 cycle for 10 minutes. They were then positioned on the seat of the dynamometer,  
86 and stabilized by belts around their trunk, pelvis and thigh. Hip flexion was set at 85°  
87 and the dynamometer axis was aligned with their lateral femoral epicondyle. The  
88 ankle pad was positioned just above their medial malleolus [20]. All calibration  
89 procedures and gravity correction procedures followed the manufacturers' instruction  
90 manual [3]. Range of motion was set from 90° of flexion to 0° extension, avoiding  
91 knee hyperextension. They were instructed to perform with maximum effort during all  
92 repetitions while verbal encouragement and visual feedback were provided. For  
93 reliability purposes, a coefficient of variation less than 10%, for each set, was  
94 considered acceptable [26].

95 Prior to data collection, familiarization was conducted at each speed with one set  
96 of 10 repetitions at 300 °/s and 120 °/s with 90 seconds rest . At 60 °/s , only one set  
97 of 5 repetitions was performed (because of the difficulty of the speed).

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## 101 Data Analyses

102

103 Isokinetic data processing was performed with specific *Matlab*® algorithms. TTAV  
104 and LR (in milliseconds) were calculated as mean values from all five repetitions at  
105 60, 120 and 300 °/s . TTAV considered the initial phase of ROM, representing the  
106 time taken to achieve the isokinetic velocity phase. From this, LR was calculated as  
107 the duration of the isokinetic phase when the predetermined velocity was maintained  
108 till beginning deceleration [6]. Sampling frequency was 100 Hz.

109 To create the TAV<sub>3D</sub> surface maps, the *surf* mathematical function from *Matlab*®  
110 was used. All five repetitions of each velocity were interpolated according to time  
111 duration. The algorithm estimated the intrinsic geometry by considering torque (z-  
112 axis), joint angle (x-axis) and velocity (y-axis) in the same time frame. The z axis  
113 defines the map height in relation to strength intensity while the x and y axes shape  
114 boundaries of the surface. The dark grey color (**FIGURES 1 and 2**) demonstrates  
115 higher torque while light grey is lower torque. The color intensity is proportional to  
116 each surface throughout the ROM.

117

## 118 Statistical analyses

119

120 The Shapiro-Wilk test was used to verify data distribution, then the Mann-Whitney  
121 test was applied for comparisons between groups and the Wilcoxon test for

122 comparison between the dominant and non-dominant legs. Statistical significance  
123 was set at 5% and all analyses were performed with SPSS version 22.0 (IBM  
124 SPSS®, Armonk, NY, USA).

## 125 126 **RESULTS**

127  
128 No statistically significant differences were found between the dominant and non-  
129 dominant legs in both groups. All statistical differences between the groups were  
130 observed at 120 °/s for extension. The U17 group took longer to perform the  
131 repetition when compared to the PRO group, U17 total time: 840 ms; PRO total time:  
132 820 ms;  $P=.03$ . Still, the U17 group had lower TTAV ( $P <.001$ ) and greater LR  
133 ( $P=.005$ ). However, for other outcomes, such as peak torque and total work at 120  
134 °/s ( **TABLE 1**), the PRO group showed better results. That occurred despite the U17  
135 group's ability to maintain the speed longer when compared to the PRO group.  
136 However, the latter generated more torque and work in less time. More details can  
137 be seen in **TABLES 2 - 4**.

138 There were no differences for any other outcome. **FIGURES 3** and **4** depict the  
139 maintenance of speed throughout the entire ROM. However, there were no  
140 differences between groups.

141 For TAV<sub>3D</sub> analysis, the PRO group leg extension exhibited a larger dark grey  
142 area, extended until approximately 250 °/s , compared to the U17 group, which only  
143 extended to approximately 200 °/s. Further more, at the end of the ROM (joint angle  
144 of 0 °) the PRO group demonstrated greater values than the U17 group. The TAV<sub>3D</sub>  
145 surface maps for extension for both groups are shown in **FIGURE 1**.

146 The flexion maps demonstrated different curves than extension, maintaining areas  
147 of high torque for a longer ROM and without a prominent peak torque. The PRO group  
148 had higher torque areas and, once again, during the final stage (joint angle of 90°) ,  
149 presented even smaller areas of lower torque when compared to extension. The  
150 TAV<sub>3D</sub> surface maps of knee flexion for both groups are shown in **FIGURE 2**.

151

## 152 **DISCUSSION**

153

154 This study only observed a statistical difference for knee extension TTAV and LR  
155 (120 °/s), with lower values for the U17 group. The behavior of each muscle group,  
156 as presented by the TAV<sub>3D</sub> surface maps, demonstrated that the PRO athletes were  
157 able to maintain higher torques during the test.

158 Differences in strength capacity (of extensors and flexors muscles) reported by  
159 peak torque have previously been shown between these two age category groups  
160 [18, 25]. However, the results of the present study demonstrate that despite strength  
161 differences and physical demands in a soccer match [14], athletes of different ages  
162 have a similar ability to develop acceleration and knee joint velocity, with the  
163 exception of knee extension at 120 °/s. These muscles have an important role and  
164 may be associated with jumping, changing direction while running and kicking as well  
165 as movements where success is partially related to velocity [12].

166 The results demonstrate that the U17 group is able to maintain a required velocity  
167 for longer durations (larger LR), and therefore, it was expected that this group had  
168 also a lower TTVA because these outcomes are inter-related [5, 8, 19]. Le Gall *et al.*  
169 [23] stated that the quadriceps femoris presents maximum development at the age of  
170 21 years while thereafter, performance seems to remain stable. Contrary to this, the

171 hamstrings achieve their maximum improvement at the age of 16 years [25]. Thus,  
172 the fact that the majority of subjects in the U17 group had already reached this age  
173 (16 years) may explain the results for the flexors, because there was any difference  
174 between groups. For the results found for the extensors, the TVA<sub>3D</sub> surface map  
175 provides valuable information and a more detailed biomechanical analysis, because,  
176 although the U17 group shows better results for TTAV and LR, the PRO group  
177 maintained higher torques in both movement directions in comparison to the U17.  
178 That is, the muscle performance of the PRO group is more efficient than the U17  
179 group. This conclusion can only be taken when analyzing the TVA<sub>3D</sub> surface maps,  
180 hence it allowed for a broader view of the isokinetic assessment [17, 19, 23].

181 This study has some limitations, such as the maturational status of athletes and  
182 skill levels. It is suggested that in future studies the athletes should be separated into  
183 groups according to both characteristics. In addition, it is known that isokinetic  
184 evaluations (which are the gold standard for muscle performance) are not always  
185 available in practice. Several studies have related isokinetic results with field tests  
186 [11, 27, 28], though none correlated the outcomes in this study with such tests, so  
187 further studies with these objectives are needed. Furthermore, the recommended  
188 rest periods between strength training could not be done due to logistical issues of  
189 the team. This may have biased the results. Finally, data presented here is  
190 representative of just one soccer team so caution should be exercised when  
191 extrapolating to other populations.

192

## 193 **CONCLUSIONS**

194

195 For the extensor muscles, differences were found in favor of the U17 group for  
196 TTAV and LR outcomes at 120 °/s . However, the TAV<sub>3D</sub> evaluation demonstrated  
197 that the PRO group maintained higher torques in both muscles in comparison to the  
198 U17. This suggests that muscle performance of the PRO group is more efficient than  
199 the U17 group.

200

## 201 **Practical Implications**

202

203 - The evaluation of outcomes such as TTAV and LR can provide information on muscle  
204 efficiency of athletes and serve as a support for strength training prescriptions. - Surface  
205 maps improve understanding of muscle behavior and allow for a complementary  
206 analysis that can support strength training prescriptions.

207

## 208 **REFERENCES**

209

- 210 1 *Anderson DE, Madigan ML, Nussbaum MA.* Maximum voluntary joint torque as  
211 a function of joint angle and angular velocity: Model development and  
212 application to the lower limb. *J Biomech* 2007; 40: 3105-3113
- 213 2 *Bangsbo J.* The physiology of soccer: With special reference to intense physical  
214 exercise. *Acta Physiol Scand Suppl* 1994; 619: 1-155
- 215 3 *Biodex Medical System.* Biodex multi-joint system. Isokinetic source book.
- 216 4 *Brown LE, Whitehurst M, Findley BW.* Reliability of rate of velocity development  
217 and phase measures of an isokinetic device. *J Strength Cond Res* 2005; 19:  
218 189-192

- 219 5 *Brown LE, Whitehurst M, Gilbert R, Buchalter DN.* The effect of velocity and  
220 gender on load range during knee extension and flexion exercise in an isokinetic  
221 device. *J Orthop Sports Phys Ther* 1995; 21: 107-112
- 222 6 *Cabri J, De Proft E, Dufour W, Clarys JP.* The relation between muscular  
223 strength and kick performance. 1<sup>st</sup> ed. London, UK: E & FN Spon; 1988
- 224 7 *Carvalho P, Cabri P.* Isokinetic evaluation of the thigh muscles in soccer  
225 players.  
226 *Rev Port Fisioter Desp* 2007; 1: 4-13
- 227 8 *Chollet-Tourny C, Léger H, Beuret-Blanquart F.* Isokinetic knee muscles  
228 strength of soccer players according to their position. *Isokinet Exerc Sci* 2000; 8:  
229 187-193
- 230 9 *Chulani VL, Gordon LP.* Adolescent growth and development. *Prim Care* 2014;  
231 41: 465–487
- 232 10 *Cormie P, McGuigan MR, Newton RU.* Developing maximal neuromuscular  
233 power. Part 2 - training considerations for improving maximal power production.  
234 *Sports Med* 2011; 41: 125-146
- 235 11 *Cotte T, Chatard JC.* Isokinetic strength and sprint times in English premier  
236 league football players. *Biol. Sport* 2011; 28:89-94
- 237 12 *Cunha R, Carregaro R L, Martorelli A, Vieira A, Oliveira AB, Bottaro M.* Effects  
238 of short-term isokinetic training with reciprocal knee extensors agonist and  
239 antagonist muscle actions: A controlled and randomized trial. *Braz J Phys Ther*  
240 2013; 17: 137-145
- 241 13 *Faul F, Erdfelder E, Lang AG, Buchner AG.* G\*Power 3: a flexible statistical  
242 power analysis program for the social, behavioral, and biomedical sciences.  
243 *Behav Res Methods* 2007; 39: 175-191

- 244 14 *Frey-Law LA, Laake A, Avin KG, Heitsman J, Marler T, Abdel-Malek K.* Knee  
245 and elbow 3D strength surfaces: Peak torque-angle-velocity relationships. *J*  
246 *Appl*  
247 *Biomech* 2012; 28: 726-737
- 248 15 *Frisch A, Urhausen A, Seil R, Croisier JL, Windal T, Theisen D.* Association  
249 between preseason functional tests and injury in youth football: a prospective  
250 follow-up. *Scand J Med Sci Sports* 2011; 21: e468-e476
- 251 16 *Harriss DJ, Atkinson G.* Ethical standards in sports and exercise science  
252 research: 2014 update. *Int J Sports Med* 2013; 34: 1025-1028
- 253 17 *Herdy C, Alkimim R, Selfe J, Pedrinelli A.* Isokinetic testing of athletes Brazilian  
254 U17, U20 and professional [abstract]. 22<sup>nd</sup> International Conference on Sports  
255 Rehabilitation and Traumatology: Football Medicine Strategies for muscle and  
256 tendon injuries. London, UK:2013
- 257 18 *Hill AV.* The heat of shortening and the dynamic constants of muscle. *Proc R*  
258 *Soc*  
259 *Biol* 1938; 126: 612-745
- 260 19 *Houwelling TAW, Hamzeh MA.* Does knee joint alignment with the axis of the  
261 isokinetic dynamometer affect peak torque? *Isokinet Exerc Sci* 2010; 18: 217-  
262 221
- 263 20 *Katis A, Giannadakis E, Kannas T, Amiridis I, Kellis E, Lees A.* Mechanisms that  
264 influence accuracy of soccer kick. *J Electromyogr Kinesiol* 2013; 23: 125-131
- 265 21 *Kellis E, Galanis N, Kapetanios G, Natsis K.* Architectural differences between  
266 the hamstring muscles. *J Electromyogr Kinesiol* 2012; 22: 520-526
- 267 22 *Khalaf KA, Parnianpour M, Karakostas T.* Surface responses of maximum  
268 isokinetic ankle torque generation capability. *J Appl Biomech* 2000; 16: 52-59

- 269 23 *Le Gall FL, Laurent T, Rochcongar P.* Évolution de la force musculaire des  
270 fléchisseurs et extenseurs du genou mesurée par dynamomètre isocinétique  
271 concentrique chez le footballeur de haut niveau. *Sci Sport* 1999; 14: 167-172.
- 272 24 *Lehance C, Binet J, Bury T, Croisier JL.* Muscular strength, functional  
273 performances and injury risk in professional and junior elite soccer players.  
274 *Scand J Med Sci Sports* 2009; 19: 243-251
- 275 25 *Lin PC, Robinson ME, Junior JC, O'Connor P.* Detections of submaximal effort  
276 in isometric and isokinetic knee extension tests. *J Orthop Sports Phys Ther*  
277 1996; 24: 19-24
- 278 26 *Malina RM, Cumming SP, Kontos AP, Eisenmann JC, Ribeiro B, Aroso J.*  
279 Maturity-associated variation in sport -specific skills of youth soccer players aged  
280 13-15 years. *J Sports Sci* 2005; 23 : 515-522
- 281 27 *Newman MA, Tarpenninc K, Marino FE.* Relationships between isokinetic knee  
282 strength, single-sprint performance, and repeated-sprint ability in football  
283 players.  
284 *J Strength Cond Res* 2004; 18: 867-872
- 285 28 *Ostenberg A, Roos E, Ekdahl C, Roos H.* Isokinetic knee extensor strength and  
286 functional performance in healthy female soccer players. *Scand J Med Sci*  
287 *Sports*  
288 1998; 8: 257-264
- 289 29 *Payne VG, Isaacs LD.* Human motor development. A lifespan approach. 3<sup>rd</sup> ed.  
290 Mountain View, California: Mayfield Publishing Company; 1995
- 291 30 *Reilly T, Williams AM, Nevill A, Franks A.* A multidisciplinary approach to talent  
292 identification in soccer. *J Sports Sci* 2000; 18: 695-702

- 293 31 *Schwartz FP, Bottaro M, Celes RC, Brown LE, Nascimento FAO.* The influence  
294 of velocity overshoot movement artefact on isokinetic knee extension tests. *J*  
295 *Sports Sci Med* 2010; 9: 140-146