



This is a peer-reviewed, post-print (final draft post-refereeing) version of the following published document:

**Deighan, Martine A ORCID logoORCID: <https://orcid.org/0000-0002-8640-8028>, Serpell, Benjamin G, Bitcon, Mark J and De Ste Croix, Mark B ORCID logoORCID: <https://orcid.org/0000-0001-9911-4355> (2012) Knee Joint Strength Ratios and Effects of Hip Position in Rugby Players. *Journal of Strength and Conditioning Research*, 26 (7). pp. 1959-1966.  
**doi:10.1519/JSC.0b013e318234eb46****

Official URL: <http://dx.doi.org/10.1519/JSC.0b013e318234eb46>

DOI: <http://dx.doi.org/10.1519/JSC.0b013e318234eb46>

EPrint URI: <https://eprints.glos.ac.uk/id/eprint/3593>

#### **Disclaimer**

The University of Gloucestershire has obtained warranties from all depositors as to their title in the material deposited and as to their right to deposit such material.

The University of Gloucestershire makes no representation or warranties of commercial utility, title, or fitness for a particular purpose or any other warranty, express or implied in respect of any material deposited.

The University of Gloucestershire makes no representation that the use of the materials will not infringe any patent, copyright, trademark or other property or proprietary rights.

The University of Gloucestershire accepts no liability for any infringement of intellectual property rights in any material deposited but will remove such material from public view pending investigation in the event of an allegation of any such infringement.

PLEASE SCROLL DOWN FOR TEXT.

**TITLE:**

Knee joint strength ratios and effects of hip position in Rugby players

**RUNNING HEAD:**

Hip position and knee joint strength ratios in Rugby

**AUTHORS**

**1. Martine A. Deighan**

Faculty of Sport, Health and Social Care  
Oxstalls Campus  
University of Gloucestershire<sup>†</sup>  
Gloucester GL2 9HW  
Tel: 01242 714155  
[mdeighan@glos.ac.uk](mailto:mdeighan@glos.ac.uk)

**2. Benjamin G. Serpell\***

Gloucester Rugby Football Club  
Kingsholm Road  
Gloucester  
GL1 3AX  
UNITED KINGDOM

Trauma and Orthopaedic Research Unit,  
Canberra Hospital  
Woden, ACT  
2602  
AUSTRALIA

Medical School  
The Australian National University  
Canberra, ACT  
0200  
AUSTRALIA

Tel: +61 416 505 714  
[ben.serpell@gmail.com](mailto:ben.serpell@gmail.com)

**3. Mark J. Bitcon**

Gloucester Rugby Football Club  
Kingsholm Road  
Gloucester  
GL1 3AX  
UNITED KINGDOM  
Tel: +44 79 0990 2491  
[mbfitnesscoach2@hotmail.com](mailto:mbfitnesscoach2@hotmail.com)

**4. Mark De Ste Croix**

Faculty of Sport, Health and Social Care  
Oxstalls Campus  
University of Gloucestershire  
Gloucester GL2 9HW  
Tel: 01242 714155  
[mdestecroix@glos.ac.uk](mailto:mdestecroix@glos.ac.uk)

<sup>†</sup>Laboratory where research was conducted

\*Corresponding author

**FUNDING DISCLOSURE:** No financial assistance was awarded for this project

**TITLE:**

Knee joint strength ratios and effects of hip position in Rugby players

**RUNNING HEAD:**

Hip position and knee joint strength ratios in Rugby

**KEY WORDS:** knee, isokinetic, rugby, injury

## ABSTRACT

1  
2  
3 Measures of knee joint function, although useful in predicting injury, can be  
4 misleading because hip position in traditional seated isokinetic tests is dissimilar to  
5 when injuries occur. This study aimed to determine differences between seated and  
6 supine peak torques and strength ratios, and examine the interaction of position with  
7 joint velocity. This was a cross-sectional, repeated measures study. Isokinetic knee  
8 extensor and flexor concentric and eccentric peak torque was measured seated and  
9 supine (10° hip flexion) at 1.04 and 3.14 rad·s<sup>-1</sup> in 11 Rugby players. Repeated  
10 Measures ANOVA and paired t-tests were used to analyses peak torques and strength  
11 ratios. Bonferroni posthoc, Limits of Agreement and Pearson's correlation were  
12 applied. Seated peak torque was typically greater than supine for muscle actions and  
13 velocities. Values ranged from 109 ±18 Nm (mean ±σ) for supine hamstring  
14 concentric peak torque at 1.04 rad·s<sup>-1</sup> to 330 ±71 for seated quadriceps eccentric peak  
15 torque at 1.04 rad·s<sup>-1</sup>. There was a significant position\*muscle action interaction;  
16 eccentric peak torque was reduced more than concentric in supine. Knee joint  
17 strength ratios ranged from 0.47 ±0.06 to 0.86 ±0.23, with a significant difference in  
18 means between supine and seated positions for functional ratio at 3.14 rad·s<sup>-1</sup>  
19 observed; seated it was 0.86 ±0.23 and supine it was 0.68 ±0.15 (p<0.05). Limits of  
20 Agreement for traditional and functional ratios ranged from 1.09 x/÷1.37 to 1.13  
21 x/÷1.51. We conclude hip angle affects isokinetic peak torques and knee joint  
22 strength ratios. Therefore, hip angle should be nearer 10° when measuring knee joint  
23 function because this is more ecologically valid. Using similar protocols sports  
24 practitioners can screen for injury and affect training to minimize injury.  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

48 **KEY WORDS:** knee, isokinetic, rugby, injury  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

## INTRODUCTION

1  
2  
3 Thigh muscle strength imbalance has been implicated as predictive of some common  
4 lower limb musculoskeletal injuries in field and court sports (1, 8, 9, 18, 19, 22, 24-  
5 26). Research in this area has examined strength imbalances on isokinetic devices  
6 measuring a range of variables including hamstring and quadriceps torques,  
7 conventional hamstring-quadriceps ratio ( $H_{con}:Q_{con}$ ), functional hamstring-quadriceps  
8 ratio ( $H_{ecc}:Q_{con}$ ), bilateral ratios, and stronger-weaker ratios (12, 16). The reliability  
9 of these measurements at various velocities has been established and some have been  
10 shown to be more reliable than others. For instance, absolute measures have been  
11 shown to be more reliable than strength balance ratios (12, 16, 28). For absolute  
12 measures, the fewer the repetitions the better the reproducibility (12, 28); concentric  
13 actions have been shown to have greater reliability than eccentric actions (12, 28);  
14 measurements taken at slower velocities are typically more reliable than measures at  
15 high velocity (12, 16, 17); and less variability has been observed with extensor  
16 movements compared to flexor movements (12, 28). For strength ratios,  $H_{ecc}:Q_{con}$  is  
17 reported to be more reliable than others; possibly because  $H_{ecc}:Q_{con}$  more accurately  
18 reflects the dynamic function of hamstring and quadriceps muscle groups and  
19 consequently better describes dynamic muscular stabilization of the knee (16).  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33

34 There is compelling evidence to suggest a relationship between muscle  
35 imbalance and lower limb soft tissue injury (9, 24) and studies have indicated that  
36 effective activation of the eccentric component of the hamstrings during active knee  
37 extension reduces loading on the anterior cruciate ligament (1, 18). Furthermore,  
38 training studies have shown that strength balance ratios can be improved and that  
39 improvements may reduce the incidence of lower limb musculoskeletal injury (2, 14).  
40 Despite this evidence, doubt over the value of the hamstring-quadriceps strength  
41 balance ratios as a screening tool for injury risk remains. This may, in part, be due to  
42 a perceived poor relationship between isokinetic strength and muscular power (19,  
43 21), and isokinetic strength and sprinting performance (20). Other limitations may  
44 include the movement velocity used in available studies which do not represent the  
45 limbs movement velocity during real world movements such as sprinting, or the  
46 influence of hip joint position. It may also have not been helped by the inconsistency  
47 in studies' methodology and outcomes (1, 8, 9, 23, 28).  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 It is hardly surprising therefore that current data exploring the relationship  
2 between hamstring-quadriceps balance ratios and injury are conflicting. For example,  
3 Orchard et al.(24) reported a significant relationship between  $H_{con}:Q_{con}$  ratio and  
4 hamstring injury but Bennell et al.(4) found no relationship between the same  
5 outcome variables. More recently, Croisier et al.(9) reported a strong correlation  
6 between  $H_{ecc}:Q_{con}$  ratio, determined from eccentric hamstring torque at a slow  
7 velocity ( $0.53 \text{ rad}\cdot\text{s}^{-1}$ ) and concentric quadriceps torque at a fast velocity ( $4.19 \text{ rad}\cdot\text{s}^{-1}$ ),  
8 and hamstring injury. These conflicting data may be largely due to Bennell et al.(4)  
9 using  $H_{con}:Q_{con}$ . Croisier et al.'s (9) work demonstrated that the  $H_{con}:Q_{con}$  would not  
10 have detected approximately 30% of hamstring injuries in their study.  
11  
12  
13  
14  
15  
16  
17

18 One major consideration that has been ignored in previous studies of either  
19  $H_{con}:Q_{con}$  or  $H_{ecc}:Q_{con}$  is the influence of hip joint position (1, 20, 24). Studies which  
20 have investigated the relationship between isokinetic test performance and lower limb  
21 musculoskeletal injury have typically reported data obtained from participants tested  
22 in a seated position. However, rarely are field and court sport athletes active with  
23 those kinematics (e.g. the hip flexed at  $90^\circ$ ). Most lower limb injuries occur while  
24 athletes engage in some running activity; specifically, at foot plant (1, 4, 7, 9, 18, 23).  
25 For over-ground running trunk angle is reported to typically be approximately  $10^\circ$  to  
26 the vertical with foot plant occurring directly inferior to the torso (see figure 1)(29).  
27 Thus, when hip and knee joints are nearer full extension dynamic knee joint stability  
28 is most important. Consequently, it could be argued that isokinetic screening where  
29 hip angle is more similar to when executing real world sporting tasks, using an  
30 eccentric hamstring strength testing protocol, would be more ecologically valid than  
31 other traditional methods.  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43

44 Altering hip angle for lower limb isokinetic screening might have an effect on  
45 hamstring and quadriceps torques and subsequent knee joint strength ratios. At the  
46 very least the stretch-tension relationship of the hamstrings and quadriceps muscle  
47 groups will likely differ (20). Therefore, the relative contribution of the active  
48 contractile components of the muscle to overall force production would change. This  
49 theory is supported by work which has examined the effect of hip position on knee  
50 torque production (3, 6, 15, 20), as well as changes in neuromuscular activation  
51 (determined from electromyography) throughout range of motion (17). However,  
52 studies which have compared the effect of hip position on isokinetic test performance  
53 are limited to only determining whether a significant difference between positions  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 exists (3, 6, 15, 20). No studies have explored the level of agreement between peak  
2 torque measures from supine and seated positions using Bland and Altman's Limits of  
3 Agreement (3, 5, 6, 15, 20). If  $H_{ecc}:Q_{con}$  is to be used as a screening tool for injury  
4 risk it is important to determine the level of agreement of values obtained when the  
5 hip joint is placed in different positions. If there is good agreement between positions  
6 then strength balance ratios would not change and ratios calculated from each position  
7 would be equally able to predict musculoskeletal injury. In addition to being limited  
8 by statistical constraints, published research which has investigated the effect of hip  
9 position on knee joint strength ratios is limited to examining  $H_{con}:Q_{con}$  ratio only (15).  
10  
11  
12  
13  
14  
15

16 Consistent application of a screening method which measures eccentric  
17 hamstring strength in a hamstring-quadriceps ratio is necessary because some of the  
18 most severe and costly injuries in sport typically occur during active extension of the  
19 knee and during the terminal swing phase during running/sprinting (9, 23, 24, 26).  
20 Understanding the effect of hip angle on hamstring and quadriceps concentric and  
21 eccentric torques and knee joint strength ratios, and applying such knowledge, might  
22 enhance current screening methods and subsequently lead to the development of a  
23 standard, more ecologically valid, isokinetic protocol. Information obtained from  
24 such screening methods may enable sports practitioners to more effectively identify  
25 athletes at greater risk of lower limb musculoskeletal injury and allow them to alter  
26 training practices to reduce injury risk or to establish progress from rehabilitation.  
27 Therefore the aims of this study were to compare isokinetic strength measurements  
28 recorded in a near supine position where kinematics were more similar to what would  
29 be observed while executing real world sporting tasks (i.e. hip flexion  $10^\circ$  to the  
30 vertical) to seated measurements to determine the effect of hip position on  $H_{con}:Q_{con}$   
31 and  $H_{ecc}:Q_{con}$ .  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48

## 49 METHODS

### 50 51 52 53 Experimental Approach

54  
55  
56 This was a cross-sectional, repeated measures study. Participants attended the  
57 laboratory on three occasions; the first being for familiarization; the other two were  
58  
59  
60  
61  
62  
63  
64  
65

1 test sessions, the order of which was randomized for seated or supine position. There  
2 were between 7 and 14 days between sessions.  
3  
4

## 5 **Subjects**

6  
7  
8  
9 Eleven academy players from an English Premiership Rugby Union Club  
10 (characteristics mean  $\pm$   $\sigma$ , age  $19.3 \pm 0.8$  y, body mass  $92.8 \pm 12.6$  kg, stature  $182.22$   
11  $\pm 8.07$  cm) volunteered to participate in this study. All participants completed the  
12 testing in the 3 weeks immediately prior to commencement of preseason games. All  
13 players were free from injury or illness. Written informed consent was obtained from  
14 all participants and a health questionnaire screen took place. The University Research  
15 Ethics Committee approved the study.  
16  
17  
18  
19  
20  
21  
22

## 23 **Procedures**

### 24 *Equipment*

25  
26  
27 Stature and body mass were measured using a stadiometer (Holtain, Crymych, Dyfed,  
28 UK) and scales (Cranlea, Birmingham, UK). A warm up prior to testing was  
29 performed on a Monark cycle ergometer (Monark 814E, Varberg, Sweden).  
30 Isokinetic measurements were made on a Biodex System 3 (Shirley, NY, USA). All  
31 statistical analyses were performed using SPSS for Windows (V16.0, SPSS Inc.,  
32 Chicago, IL, USA  
33  
34  
35  
36  
37  
38  
39  
40  
41

### 42 *Warm-up and Dynamometer Positioning*

43  
44 For 48hr prior to testing all participants refrained from intense exercise, especially  
45 eccentric exercise to reduce the likelihood of delayed onset muscle soreness affecting  
46 the results. All participants were asked to remain adequately hydrated prior to testing  
47 but refrain from drinking caffeine 12hr before testing. Food was not consumed 2hr  
48 prior to testing. All tests involved a standardized procedure, including a 3 min warm-  
49 up on a cycle ergometer at a self-regulated moderate intensity.  
50  
51  
52  
53  
54

55 In the seated test, participants were placed in a seated position with the  
56 backrest positioned at 1.4 rad flexion. The axis of rotation of the dynamometer was  
57 aligned with the lateral epicondyle of the dominant knee, and the cuff was placed  
58  
59  
60  
61  
62  
63  
64  
65



1 approximately 2 cm superior to the medial malleolus. Straps were tightened around  
2 the chest, pelvis and thigh for stabilization. Range of motion was set using the  
3 voluntary knee extension position that the participant deemed to be comfortably  
4 straight but not hyper extended 0 to 1.31 rad knee flexion. Range of motion was  
5 limited in this way to more easily enable the extended or flexed knee to achieve the  
6 necessary preload in the eccentric test. The same ROM was used for the other leg. A  
7 hard cushion was used so that the length of the acceleration and deceleration phase  
8 was shortened. Once positioned, the gravity correction procedure involved the  
9 participants relaxing their leg so it could be weighed during passive knee flexion, in  
10 accordance with the manufacturer's recommendations  
11

12 For the other test, participants were placed lying supine with the backrest  
13 positioned at 0.2 rad flexion. All other procedures were the same as that described for  
14 the seated test. Figure 1 describes the rationale behind the supine angle and shows the  
15 two testing positions.  
16

17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27 **\*\*\* Figure 1 near here\*\*\***  
28  
29  
30

### 31 *Isokinetic Protocol*

32 For each velocity and mode of muscle action, participants were permitted four  
33 familiarization repetitions of increasing effort with 30 s rest before the test and 90 s  
34 between the test and the next set of familiarization repetitions. During the test  
35 participants were instructed to push and pull or resist the attachment as hard and as  
36 fast as possible. Three continuous maximal efforts at 1.04 rad·s<sup>-1</sup> and 4 at 3.14 rad·s<sup>-1</sup>  
37 were performed with concentric tests taking place before eccentric tests. Knee  
38 extensors always acted first. Verbal encouragement by the same experimenter but no  
39 visual feedback was given. Both knees were tested on the same day but starting leg  
40 was randomized. The order of seated and supine testing was also randomized  
41 between participants.  
42  
43  
44  
45  
46  
47  
48  
49  
50

### 51 **Statistical analyses**

52 Hip flexion angle and testing velocity were the independent variables. Peak torques  
53 for concentric and eccentric muscle actions for the hamstrings and quadriceps muscle  
54 groups and knee joint strength ratios were the dependent variables.  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 The highest gravity corrected peak torque on the windowed and filtered output  
2 was rounded to the nearest 1 Nm and recorded for further analysis. To reduce the  
3 effects of acceleration and deceleration of the lever arm on torque output, only peak  
4 torque data obtained from a period of constant velocity, (within a 5% range of the pre-  
5 set angular velocity) were used for analysis. Descriptive statistics were presented as  
6 mean  $\pm \sigma$  for all peak torque values and torque ratios. Both  $H_{con}:Q_{con}$  and  $H_{ecc}:Q_{con}$   
7 were calculated using peak torque data. A Repeated Measures ANOVA was  
8 performed on peak torque data. There were four within-subject factors; position  
9 (seated or supine), agonist (quadriceps or hamstrings), muscle action (concentric or  
10 eccentric) and velocity (1.05 or 3.14 rad·s<sup>-1</sup>). Where significant interaction or main  
11 effects were found, paired t-tests with Bonferroni adjustment were used to assess for  
12 differences between pairs. The same analysis was performed on  $H_{con}:Q_{con}$  and  
13  $H_{ecc}:Q_{con}$  but with position and velocity as within-subject factors. Pearson correlations  
14 were calculated between seated and supine variables. Ninety-five percent ratio Limits  
15 of Agreement (LOA)(5) based on log transformed data and antilogged to give a  
16 dimensionless ratio, which represents random error, were calculated to determine the  
17 extent of agreement between seated and supine variables. Limits of Agreements were  
18 only calculated where there was no significant difference between seated and supine  
19 variables. Alpha level was set at  $p < 0.05$ .

## 38 RESULTS

41 Mean values of peak torque, Pearson correlations, and 95% ratio LOA are displayed  
42 in Table 1.

47 \*\*\*table 1 near hear\*\*\*

50 The Repeated Measures ANOVA demonstrated significant main effects of position  
51 Significant main effects of position (seated greater than supine,  $p=0.014$ ), agonist  
52 (extensor greater than flexor,  $p < 0.001$ ), muscle action (eccentric greater than  
53 concentric,  $p=0.002$ ) and velocity (slower greater than fast,  $p < 0.001$ ) were also  
54 identified. A significant position\*muscle action interaction ( $p < 0.05$ ) for peak torque  
55 (see Figure 2).

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

**\*\*\*Figure 2 near here\*\*\***

The interaction was due to eccentric peak torque being reduced more in the supine position compared to concentric peak torque. Paired t-tests revealed a significantly lower extensor concentric peak torque at 3.14 rad·s<sup>-1</sup>, extensor eccentric peak torque at 1.05 rad·s<sup>-1</sup> and flexor eccentric peak torque at 3.14 rad·s<sup>-1</sup> in the supine position (Table 1). Pearson correlations between seated and supine peak torques varied from low to high. Where no significant difference between seated and supine peak torque existed, 95% ratio LOAs were calculated and varied from  $x/\div 1.38$  to 1.53. That is, seated and supine peak torque measurements will differ due to random error by between 38% and 53% on either side of the systematic bias which ranged from 6% to 21%.

Mean values of  $H_{con}:Q_{con}$  and  $H_{ecc}:Q_{con}$ , Pearson Correlations and 95% ratio LOAs are shown in Table 2.

**\*\*\*table 2 near here\*\*\***

No other significant interactions were observed but the Repeated Measures ANOVA (Table 3) revealed a significant main effect of velocity ( $p<0.05$ ) on  $H_{con}:Q_{con}$  and  $H_{ecc}:Q_{con}$  due to a higher ratio at the faster velocity. There was also a significant ( $p<0.05$ ) main effect of position but for  $H_{ecc}:Q_{con}$  only. Paired t-tests revealed the seated  $H_{ecc}:Q_{con}$  was significantly greater than the supine equivalent at the faster velocity only (Table 2). However, it was in this ratio that there was a significant Pearson correlation ( $p<0.05$ ) between seated and supine. All other correlations were low. Larger differences between seated and supine were observed in the  $H_{ecc}:Q_{con}$  compared to the  $H_{con}:Q_{con}$  with the mean seated H:Q being greater than supine. Where there was no significant difference between seated and supine H:Q, 95% ratio LOAs were calculated and varied from  $x/\div 1.37$  to 1.51 on either side of the systematic bias which ranged from 9 to 14% (table 2).

**\*\*\*table 3 near here\*\*\***

## DISCUSSION

1  
2  
3  
4 The first aim of this study was to compare knee flexion and extension isokinetic peak  
5 torque measured in a supine compared with a seated position. A significant  
6 position\*muscle action interaction effect was found with greater concentric torque  
7 recorded in a seated position compared with eccentric torque in a supine position.  
8  
9 Subsequently the significant main effects for position (seated torque greater than  
10 supine) and muscle action (eccentric greater than concentric) are in agreement with  
11 the existing literature (3, 6, 15, 20). We found that for 3 of the 8 peak torque variables  
12 mean peak torque was significantly greater in the seated position compared to the  
13 supine position; for the other 5 measures agreement was poor, i.e. the random error  
14 limits were between 37 and 53% and there was a large systematic bias ranging  
15 between 6 and 21% (Table 1). Furthermore, in most instances correlations were only  
16 weak to moderate. Therefore, it can be argued that results obtained in a seated  
17 position would typically be significantly different and unrelated to testing in the near  
18 supine position.  
19

20  
21 Both concentric and eccentric peak torque was negatively affected by testing  
22 in the supine position. However, the magnitude of that effect was greater for  
23 eccentric actions (Figure 2). This is not surprising since supine peak torques were  
24 dissimilar and unrelated to seated peak torques as indicated by some significant  
25 differences, and poor agreements and correlations.  
26

27  
28 This study, similarly to others (3, 6, 15, 20), has shown that hip angle  
29 influences both concentric and eccentric peak torque. Based on results from this  
30 study and others (3, 6, 15, 17, 20) it can be hypothesized that hip angle influences the  
31 stretch tension relationship of the muscle, the relative contribution of active  
32 contractile components of the muscle, and/or neuromuscular control; which ultimately  
33 effects a number of isokinetic peak torque indices. For example, it could be argued  
34 that when extending the knee with a greater hip-thigh angle neural activation of the  
35 hamstrings differs to when seated due to less tension applied by the series elastic and  
36 parallel elastic components of posterior chain muscles. Further research to support  
37 this argument is necessary. Repeating this study with a larger sample while  
38 concurrently measuring muscle activity using electromyography would be a  
39 reasonable approach.  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

In agreement with other studies we have found a significant main effect for velocity on both concentric and eccentric torque production, with greater torque found at the slower velocity (12, 15). However, it is important for knee stability that during faster velocity movements that the eccentric hamstring torque is relatively unaffected by velocity to increase the  $H_{ecc}:Q_{con}$  to produce less strain on the ACL. Irrespective of hip positioning we have found that concentric quadriceps decreases by around 20% with increasing velocity but comparable eccentric hamstring torque only decreased by 3%.

The second aim of this study was to determine if there was an influence of hip angle on knee joint strength ratios. This is important to determine if strength ratios are to be used as a screening tool to explore the possible risk of an individual to injury. As the hip is rarely fixed at 90° during most functional movements then assessment of the ratio in a seated position provides little ecological validity. Determination of strength ratios in a prone or supine position where the hip is fixed at a position that more closely reflects running (10° of hip flexion) is more valid, especially as it replicates more closely the length-stretch relationship. It is important when testing in a supine position to correct for gravity, as we have done in this study, as the gravitational influence on torque production will be different from upright running. Unlike previous work, a main effect for  $H_{con}:Q_{con}$  was not found in the current study (15). However, a main effect of position on  $H_{ecc}:Q_{con}$  was observed. To the knowledge of the researchers of the present study this is the first which has examined the effect of hip angle on  $H_{ecc}:Q_{con}$ . The non-significant effect of position on  $H_{con}:Q_{con}$  is not surprising since its calculation requires division of one concentric peak torque by another (14). Assuming hamstring and quadriceps concentric peak torques in the 2 positions were different by the same amount, the same ratio was expected for  $H_{con}:Q_{con}$ ; whereas  $H_{ecc}:Q_{con}$  calculation requires division of an eccentric action by a concentric action (14) and since eccentric actions were more negatively affected by position a smaller  $H_{ecc}:Q_{con}$  from testing in the supine position was expected because the numerator in the equation was disproportionately smaller.

Unlike the main effect of position where an effect was observed for  $H_{ecc}:Q_{con}$  only, a main effect of velocity was observed for  $H_{ecc}:Q_{con}$  and  $H_{con}:Q_{con}$ . This can be explained by the main effect of velocity on the absolute values from which the ratios are calculated. However, these results must be read with caution since torque reliability at higher velocities becomes questionable (9, 12, 28).

1 As noted previously, isokinetic measurement of knee joint strength balance  
2 can be used as a screening tool to predict lower limb musculoskeletal injury (1, 8, 9,  
3 18, 22, 24-26). However, evidence to support the relationship between muscular  
4 imbalances and lower limb musculoskeletal injury is inconsistent (1, 4, 9, 13, 24).  
5 Thus, the development of a standard, ecologically valid testing protocol is necessary  
6 (9, 23-26). Using an eccentric protocol, Croisier et al.(9) revealed a strong  
7 relationship between strength imbalance and hamstring strain. However, their mixed  
8  $H_{ecc}:Q_{con}$  still did not detect approximately 5% of injuries, and despite having a large  
9 sample their alpha level was set at  $p<0.05$ . Therefore, their protocol, while  
10 promising, may have ‘missed’ a considerable number of injuries. This may be  
11 explained by the fact that the protocol used by Croisier et al. (9) tested participants in  
12 a seated position, given the present study has shown that hip flexion angle affects  
13 isokinetic test performance considerably. This begs the question - since hip angle  
14 affects concentric and eccentric peak torque, and this has a carryover effect to  
15  $H_{ecc}:Q_{con}$ , would a  $H_{ecc}:Q_{con}$  calculated from peak torques measured with a hip angle  
16 which more closely reflects that which is observed while executing real world  
17 sporting tasks better predict musculoskeletal injury?  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31

## 32 **PRACTICAL APPLICATIONS**

33  
34  
35  
36  
37  
38 Compelling evidence showing a relationship between knee joint strength ratios,  
39 determined by use of isokinetic dynamometers, and lower limb musculoskeletal injury  
40 exists. Furthermore, training studies have shown that knee joint strength ratios can be  
41 improved and, consequently, injury risk may be reduced. Despite this evidence some  
42 reluctance by sports practitioners to test knee joint strength ratios on isokinetic  
43 dynamometers remains. This may be due to perceptions of a lack of relationship  
44 between isokinetic test performance and other physical performance qualities. It may  
45 also be related to inconsistencies in testing protocols and outcomes. Thus, we argued  
46 that the development of a standard ecologically valid testing protocol be developed.  
47 Evidence leans toward testing protocols which measure hamstring strength  
48 eccentrically being better able to predict injury. However, in studies which have  
49 presented this evidence a considerable number of injuries were still not predicted. We  
50 highlighted that an oversight of much of the research to date is the effect of hip  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

1 position on isokinetic test performance. In fact it has been argued in this paper that  
2 the ecological validity of isokinetic testing protocols for knee joint strength ratios is  
3 typically questionable because they typically test athletes in seated positions (i.e. hip  
4 angle of 90°). Most functional tasks in field and court sports, rugby included, are  
5 executed with far less hip flexion (i.e. hip angle of approximately 10°). This study  
6 showed that hip position has a significant effect on isokinetic peak torque and  
7 agreement between seated and supine measurements was poor. Furthermore, the  
8 effect of hip position on peak torques carried over to affect functional knee joint  
9 strength ratio. Thus, an isokinetic testing protocol which considers eccentric  
10 hamstring strength where measurements are recorded with a hip flexion angle nearer  
11 10° is likely to be most ecologically valid. Using such a protocol strength imbalances  
12 can be determined and lower limb musculoskeletal injury may be predicted. By  
13 adopting screening methods such as this, sports practitioners can affect training to  
14 reduce injury risk and therefore enhance performance.  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

## 29 **ACKNOWLEDGEMENTS**

30  
31  
32 No financial assistance was awarded for this project. The authors wish to thank  
33 participants for volunteering their time.  
34  
35  
36  
37  
38  
39

## 40 **REFERENCES**

- 41  
42  
43  
44 1. Alentorn-Geli E, Myer GD, Silvers HJ, Samitier G, Romero D, Lazaro-Haro  
45 C, and Cugat R. Prevention of non-contact anterior cruciate ligament injuries  
46 in soccer players. Part 1: Mechanisms of injury and underlying risk factors.  
47 *Knee Surg Sports Traumatol Arthrosc* 17: 705-729, 2009.  
48  
49 2. Askling C, Karlsson J, and Thorstensson A. Hamstring injury occurrence in  
50 elite soccer players after preseason strength training with eccentric overload.  
51 *Scand J Med Sci Sports* 13: 244-250, 2003.  
52  
53 3. Barr AE and Duncan PW. Influence of position on knee flexor peak torque. *J*  
54 *Orthop Sports Phys Ther* 9: 279-283, 1988.  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

- 1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65
4. Bennell K, Wajswelner H, Lew P, Schall-Riaucour A, Leslie S, Plant D, and Cirone J. Isokinetic strength testing does not predict hamstring injury in Australian Rules footballers. *Br J Sports Med* 32: 309-314, 1998.
5. Bland JM and Altman DG. Statistical methods for assessing agreement between two methods of clinical measurement. *Lancet* 1: 307-310, 1986.
6. Bohannon RW, Gajdosik RL, and LeVeau BF. Isokinetic knee flexion and extension torque in the upright sitting and semireclined sitting positions. *Phys Ther* 66: 1083-1086, 1986.
7. Cochrane JL, Lloyd DG, Buttfeld A, Seward H, and McGivern J. Characteristics of anterior cruciate ligament injuries in Australian football. *J Sci Med Sport* 10: 96-104, 2007.
8. Croisier JL. Factors associated with recurrent hamstring injuries. *Sports Med* 34: 681-695, 2004.
9. Croisier JL, Ganteaume S, Binet J, Genty M, and Ferret JM. Strength imbalances and prevention of hamstring injury in professional soccer players: a prospective study. *Am J Sports Med* 36: 1469-1475, 2008.
10. Duthie G, Pyne D, and Hooper S. Time motion analysis of 2001 and 2002 super 12 rugby. *J Sports Sci* 23: 523-530, 2005.
11. Duthie GM, Pyne DB, Marsh DJ, and Hooper SL. Sprint patterns in rugby union players during competition. *J Strength Cond Res* 20: 208-214, 2006.
12. Gleeson NP and Mercer TH. Reproducibility of isokinetic leg strength and endurance characteristics of adult men and women. *Eur J Appl Physiol Occup Physiol* 65: 221-228, 1992.
13. Grace TG, Sweetser ER, Nelson MA, Ydens LR, and Skipper BJ. Isokinetic muscle imbalance and knee-joint injuries. A prospective blind study. *J Bone Joint Surg Am* 66: 734-740, 1984.
14. Holcomb WR, Rubley MD, Lee HJ, and Guadagnoli MA. Effect of hamstring-emphasized resistance training on hamstring:quadriceps strength ratios. *J Strength Cond Res* 21: 41-47, 2007.
15. Hopkins J, Sitler M, and Ryan J. The effects of hip position and angular velocity on quadriceps and hamstring eccentric peak torque and ham/quad ration. *Isokinet Exerc Sci* 3: 27-33, 1993.



16. Impellizzeri FM, Bizzini M, Rampinini E, Cereda F, and Maffiuletti NA. Reliability of isokinetic strength imbalance ratios measured using the Cybex NORM dynamometer. *Clin Physiol Funct Imaging* 28: 113-119, 2008.
17. Kellis E and Katis A. Quantification of functional knee flexor to extensor moment ratio using isokinetics and electromyography. *J Athl Train* 42: 477-485, 2007.
18. Kelly AK. Anterior cruciate ligament injury prevention. *Curr Sports Med Rep* 7: 255-262, 2008.
19. Lehance C, Binet J, Bury T, and Croisier JL. Muscular strength, functional performances and injury risk in professional and junior elite soccer players. *Scand J Med Sci Sports* 19: 243-251, 2009.
20. Manou V, Saraslanidis P, Zafeiridis A, and Kellis S. Sitting vs. prone isokinetic strength in elite male and female sprinters: Relationship with sprinting performance. *J Hum Movement Stud* 45: 273-290, 2003.
21. Morriss CJ, Tolfrey K, and Coppack RJ. Effects of short-term isokinetic training on standing long-jump performance in untrained men. *J Strength Cond Res* 15: 498-502, 2001.
22. MSFC B. Clinical practice guides for muscular injuries, epidemiology, diagnosis, treatment and prevention. *Apunts Med Esport* 164: 179-203, 2009.
23. Orchard J. Biomechanics of muscle injury strain. *New Zeal J of Sports Med* 30: 92-98, 2003.
24. Orchard J, Marsden J, Lord S, and Garlick D. Preseason hamstring muscle weakness associated with hamstring muscle injury in Australian footballers. *Am J Sports Med* 25: 81-85, 1997.
25. Orchard J, Seward H, McGivern J, and Hood S. Intrinsic and extrinsic risk factors for anterior cruciate ligament injury in Australian footballers. *Am J Sports Med* 29: 196-200, 2001.
26. Orchard JW. Intrinsic and extrinsic risk factors for muscle strains in Australian football. *Am J Sports Med* 29: 300-303, 2001.
27. Roberts SP, Trewartha G, Higgitt RJ, El-Abd J, and Stokes KA. The physical demands of elite English rugby union. *J Sports Sci* 26: 825-833, 2008.
28. Sauret J, De Ste Croix M, Deighan M, Iga J, and James D. Reproducibility of an isokinetic eccentric muscle endurance task. *Eur J Sport Sci* 9: 311-319, 2009.

29. Williams K. Biomechanics of running. *Exerc Sport Sci Rev* 13: 389-431, 1985.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

## FIGURE LEGEND

**Figure 1:** (a) The approximate lower body joint angles while running in rugby union (10,11,27,29) providing some justification for the selected hip joint angle adopted for the supine test; (b) The two testing positions

**Figure 2:** The interaction ( $p=0.004$ ) between position and muscle action type on peak torque.

**Table 1:** Descriptive statistics (mean  $\pm$  s) for isokinetic peak torque (Nm) in the seated and supine positions.

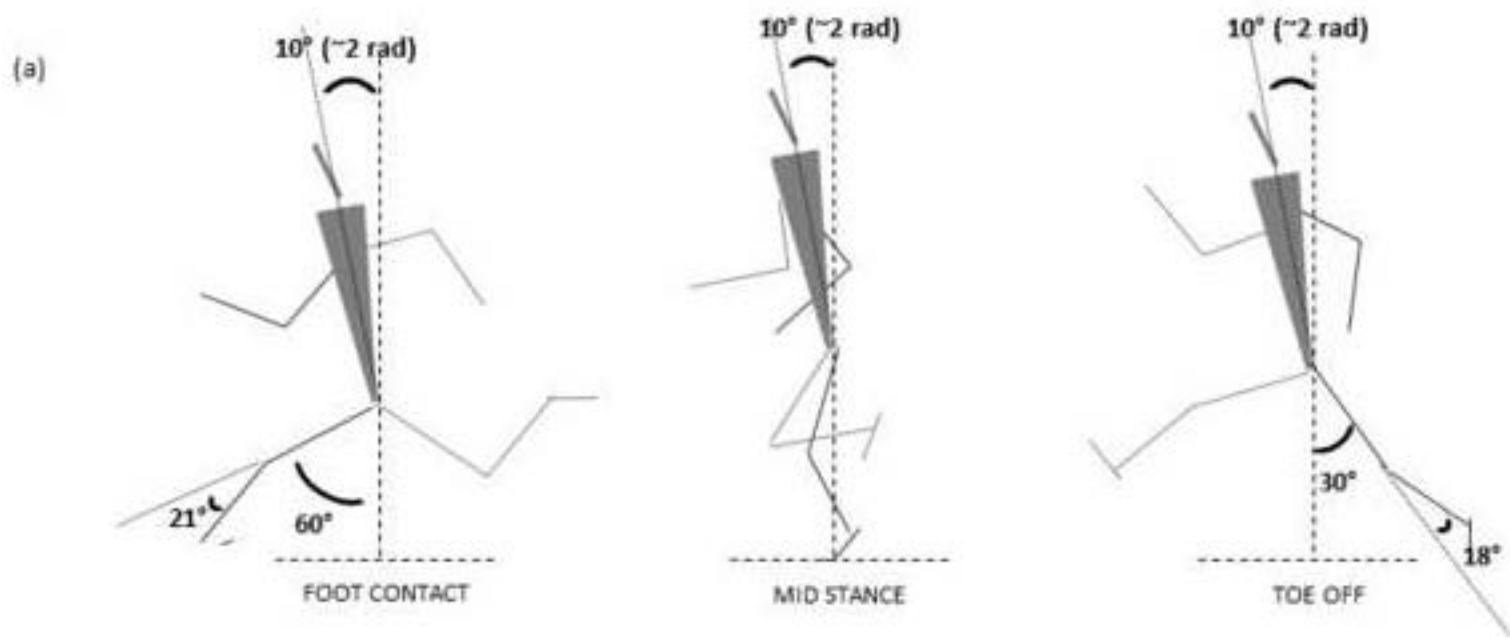
**Table 2:** Descriptive statistics (mean  $\pm$  s) and 95% ratio Limits of Agreement (LOA) for traditional H:Q ratio ( $H_{con}:Q_{con}$ ) and functional H:Q ratio ( $H_{ecc}:Q_{con}$ ).

**Table 3:** Significance of main effects on H:Q ratio of position and velocity, and position\*velocity interaction.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

# Figure

[Click here to download high resolution image](#)



(b)



Figure 1: (a) The approximate lower body joint angles while running in rugby union (9,10,26,28) providing some justification for the selected hip joint angle adopted for the supine test; (b) The two testing positions

## Figure

[Click here to download high resolution image](#)

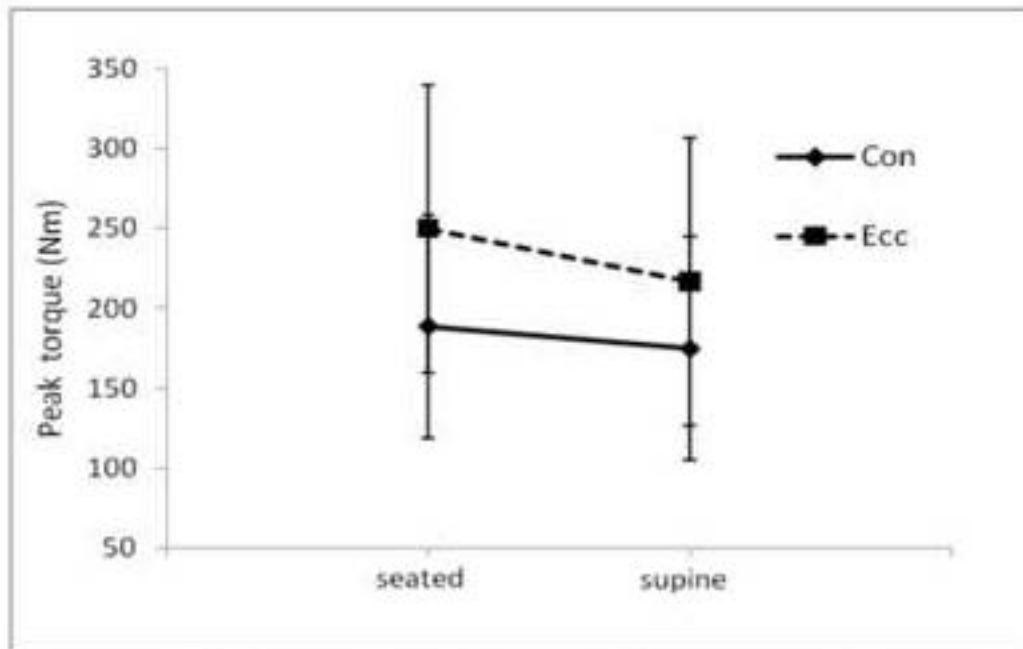


Figure 2: The interaction ( $p=0.004$ ) between position and muscle action type on peak torque.

Table 1: Descriptive statistics (mean  $\pm$  s) for isokinetic peak torque (Nm) in the seated and supine positions.

|                     | Quadriceps               |                          |                          |                          | Hamstrings               |                          |                          |                          |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                     | Con                      |                          | Ecc                      |                          | Con                      |                          | Ecc                      |                          |
|                     | 1.05 rad·s <sup>-1</sup> | 3.14 rad·s <sup>-1</sup> | 1.05 rad·s <sup>-1</sup> | 3.14 rad·s <sup>-1</sup> | 1.05 rad·s <sup>-1</sup> | 3.14 rad·s <sup>-1</sup> | 1.05 rad·s <sup>-1</sup> | 3.14 rad·s <sup>-1</sup> |
| Seated              | 272 $\pm$ 49             | *219 $\pm$ 27            | *330 $\pm$ 71            | 305 $\pm$ 56             | 144 $\pm$ 26             | 121 $\pm$ 16             | 179 $\pm$ 45             | *186 $\pm$ 60            |
| Supine              | 260 $\pm$ 33             | 211 $\pm$ 37             | 307 $\pm$ 70             | 277 $\pm$ 78             | 123 $\pm$ 19             | 109 $\pm$ 18             | 147 $\pm$ 20             | 138 $\pm$ 30             |
| Pearson Correlation | 0.44                     | **0.57                   | 0.23                     | 0.03                     | 0.44                     | **0.57                   | ***0.70                  | ***0.83                  |
| 95% ratio LOA       | 1.06 x/ $\div$ 1.38      | n/a                      | n/a                      | 1.12 x/ $\div$ 1.37      | 1.19 x/ $\div$ 1.53      | 1.15 x/ $\div$ 1.38      | 1.21 x/ $\div$ 1.54      | n/a                      |

\*Significantly higher peak torque in seated compared to supine condition ( $p < 0.00625$ ) based on Bonferroni adjustment of p

\*\* $p < 0.05$

\*\*\* $p < 0.01$

Table 2: Descriptive statistics (mean  $\pm$  s) and 95% ratio Limits of Agreement (LOA) for traditional H:Q ratio ( $H_{con}:Q_{con}$ ) and functional H:Q ratio ( $H_{ecc}:Q_{con}$ ).

|                     | Traditional H:Q Ratio ( $H_{con}:Q_{con}$ ) |                          | Functional H:Q Ratio ( $H_{ecc}:Q_{con}$ ) |                          |
|---------------------|---|--------------------------|--|--------------------------|
|                     | 1.05 rad·s <sup>-1</sup>                    | 3.14 rad·s <sup>-1</sup> | 1.05 rad·s <sup>-1</sup>                   | 3.14 rad·s <sup>-1</sup> |
| Seated              | 0.53 (0.07)                                 | †0.56 (0.07)             | 0.66 (0.09)                                | *†‡ 0.86 (0.23)          |
| Supine              | 0.47 (0.06)                                 | †0.51 (0.09)             | 0.58 (0.07)                                | †‡ 0.68 (0.15)           |
| Pearson Correlation | -0.11                                       | 0.10                     | -0.03                                      | **0.78                   |
| 95% ratio LOA       | 1.13 x/÷ 1.51                               | 1.09 x/÷ 1.37            | 1.14 x/÷ 1.41                              | n/a                      |

\*Significantly greater in seated compared to supine ( $p < 0.0125$ ) based on Bonferroni adjustment of p

\*\* $p < 0.01$

† Significant main effect for velocity

‡ Significant main effect for position

Table 3: Significance of main effects on H:Q ratio of position and velocity, and position\*velocity interaction.

|                          | position | velocity | position*velocity |
|--------------------------|----------|----------|-------------------|
| Traditional<br>H:Q ratio | 0.090    | 0.046    | 0.549             |
| Functional<br>H:Q ratio  | 0.003    | 0.018    | 0.316             |