

- 2 group?
- 3 Running head: Is hamstrings really a 'fast' muscle group?
- 5 **Authors:**

- Pavlos E. Evangelidis¹, Garry J. Massey¹, Richard A. Ferguson¹, Patrick C. Wheeler^{1,2}, 6
- Matthew T.G. Pain¹, Jonathan P. Folland¹ 7
- 8 **Affiliations:**
- 9 ¹ School of Sport, Exercise and Health Sciences, Loughborough University, Ashby Road,
- 10 Loughborough, Leicestershire, LE11 3TU, UK
- ² Department of Sport and Exercise Medicine, University Hospitals of Leicester NHS Trust, 11
- 12 UK
- 13 **Corresponding author:**
- 14 Pavlos Evangelidis, PhD
- 15 School of Sport, Exercise and Health Sciences, Loughborough University, Loughborough,
- LE11 3TU, UK 16
- 17 Telephone: +44 (0) 7895563164
- 18 Fax: +44 (0) 1509 226301
- 19 Email: pavlos.evangelidis@gmail.com

ABSTRACT

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

Hamstrings muscle fibre composition may be predominantly fast-twitch and could explain the high incidence of hamstrings strain injuries. However, hamstrings muscle composition in vivo, and its influence on knee flexor muscle function, remains unknown. We investigated biceps femoris long head (BFIh) myosin-heavy chain (MHC) composition from biopsy samples, and the association of hamstrings composition and hamstrings muscle volume (using MRI) with knee flexor maximal and explosive strength. Thirty-one young men performed maximal (concentric, eccentric, isometric) and explosive (isometric) contractions. BFIh exhibited a balanced MHC distribution (mean±SD (min-max); 47.1±9.1% (32.6-71.0%) MHC-I, 35.5±8.5% (21.5-60.0%) MHC-IIA, 17.4±9.1% (0.0-30.9%) MHC-IIX). Muscle volume was correlated with knee flexor maximal strength at all velocities and contraction modes (r= 0.62–0.76, P< 0.01), but only associated with late phase explosive strength (time to 90 Nm; r= -0.53, P< 0.05). In contrast, BFIh muscle composition was not related to any maximal or explosive strength measure. BFlh MHC composition was not found to be 'fast', and therefore composition does not appear to explain the high incidence of hamstrings strain injury. Hamstrings muscle volume explained 38-58% of the inter-individual differences in knee flexor maximum strength at a range of velocities and contraction modes, while BFIh muscle composition was not associated with maximal or explosive strength. Keywords: Biceps femoris long head, myosin heavy chain, muscle volume, explosive strength, maximal strength, muscle biopsies, MRI

INTRODUCTION

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

The hamstrings muscle group is the primary knee flexor and a major hip extensor and as such the strength of this muscle group is important for human locomotion and athletic activities such as running and jumping. Hamstrings function, particularly rapid 'explosive' force production (i.e. the development of contractile force as quickly as possible from a low or resting level), is also considered important for dynamic knee joint control and stability, and thus maintaining joint integrity (Aagaard et al., 2000; Zebis et al., 2011; Hannah et al., 2014). Furthermore, hamstrings strain injuries are the most common injury in a variety of sprint-based sports (e.g. football and track sprinting; Ekstrand et al., 2011; Alonso et al., 2012) leading to large amounts of time loss in professional and recreational athletes. These injuries most commonly affect the biceps femoris long head muscle (BFIh; Woodley & Mercer, 2004) and appear to occur during high velocity eccentric muscle actions (e.g. late swing phase of sprinting; Chumanov et al., 2012). Therefore, understanding the function of the hamstrings muscle, including its capacity for maximum strength at a wide range of velocities and contraction modes (i.e. the full torque-velocity relationship) as well as explosive strength, is of considerable interest. However, our understanding of hamstrings morphology (size and composition) and how this relates to contractile function is relatively limited. For example, hamstrings myosin heavy chain (MHC) composition in young healthy individuals remains unknown, as current BFIh muscle composition data are derived solely from cadavers (Johnson et al., 1973; Garrett et al., 1984; Dahmane et al., 2006). In a much cited study of cadaver specimens, Garret et al. (1984) reported that hamstrings contained a higher proportion of type II fibres than the quadriceps or adductor magnus and suggested

that this muscle composition may contribute to the high susceptibility of the hamstrings to strain injuries. Type II fibres are known to be more susceptible to damage after eccentric contractions (Fridén et al., 1983) and thus suggested to be more vulnerable to strain injury (Brockett et al., 2004). Moreover, the methodological limitations of the study of Garret et al. (1984) (a small sample of 10 elderly cadavers) highlight the need to determine hamstrings muscle composition in healthy young, recreationally active adults in order to understand if the composition of this muscle may contribute to its high incidence of strain injury. As hamstrings muscle composition has only been determined within cadavers, its influence on muscle function remains unknown. Within the quadriceps femoris, a significant correlation between maximum isometric or isovelocity (15-240° s⁻¹) strength and composition of the vastus lateralis (VL) has often (Thorstensson et al., 1976; Viitasalo & Komi, 1978; Aagaard & Andersen, 1998; Gür et al., 2003) but not always been reported (Inbar et al., 1981; Viitasalo et al., 1981; Schantz et al., 1983). Nevertheless, the balance of evidence from quadriceps studies suggests that hamstrings muscle composition appears likely to influence maximum strength of the knee flexors. Furthermore, in vitro studies demonstrate that type II fibres (MHC-II) have a higher rate of force development (Metzger & Moss, 1990) and greater maximum force at high velocities of shortening (Bottinelli et al., 1999), yet the influence of MHC composition on in vivo hamstrings function remains unknown. Whilst the influence of hamstrings muscle composition on function in vivo remains to be elucidated, muscle size has been consistently found to be a substantial determinant of isometric strength in various muscles (e.g. elbow flexors, r= 0.81, Erskine et al., 2014;

plantar flexors, r= 0.65, Bamman et al., 2000; knee extensors, r= 0.59, Maughan et al.,

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

86 1983). Considering the hamstrings, the four studies we are aware of reported quite diverse relationships between muscle size and isometric/concentric strength measures (r= -0.22 to 0.80; Kanehisa et al., 1994; Masuda et al., 2003; Akagi et al., 2012; Denadai et al., 2014). 89 However, none of these studies examined eccentric or explosive strength. It is also possible 90 that the combined influence of muscle composition and muscle size may further explain the variability in hamstrings muscle function, although this has not been investigated. 92 Therefore, the aim of this study was to determine the BFIh MHC isoform distribution and to examine the association of hamstrings muscle size and BFIh MHC composition with knee 94 flexor strength, including maximal strength measurements across the torque-velocity

relationship (concentric, isometric and eccentric) as well as explosive isometric strength.

87

88

91

93

METHODS

Participants

Thirty-one healthy, recreationally active participants (age 21 ± 3 y (range: 18-29 y); height 1.79 ± 0.07 m; body mass 71.8 ± 7.3 kg; mean \pm SD) took part in this study. Participants had a low to moderate level of physical activity and were not involved in systematic physical training or had any previous experience of strength/power training (i.e. weight training, plyometrics) of the lower body musculature. Their physical activity was assessed with the International Physical Activity Questionnaire (iPAQ) short format (Craig et al., 2003) and their average energy expenditure was 1739 ± 814 metabolic equivalent-minutes per week. After completing the physical activity and health screen questionnaires, participants provided written informed consent for their participation in this study, which was approved by the Loughborough University Ethical Advisory Committee. All participants were healthy with no history of musculoskeletal problems or injuries of the lower back, pelvis or legs. Participants were instructed not to take part in any unaccustomed or strenuous physical activity for at least 2 days prior to each laboratory visit and to refrain from alcohol and caffeine for the last 24 h before each visit.

Overview

Participants visited the laboratory on seven separate occasions, each seven days apart at a consistent time of the day (11:00-16:00 h). All the measurements were conducted on the participants' dominant leg (defined as their kicking leg). The first session involved recording anthropometric data and familiarization with the procedures for testing knee flexor explosive isometric strength that was measured during the second and third sessions. The third and fourth sessions involved familiarization with the isokinetic dynamometer procedures, while the knee flexor torque-velocity relationship was examined in the fifth

session. Seven days after the isokinetic dynamometer testing, hamstrings muscle size was assessed by magnetic resonance imaging (MRI) (session 6). In the final session, muscle tissue samples were obtained from the BFIh muscle.

Measurements and Data analysis

Torque-velocity relationship

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

The participants were seated on an isokinetic dynamometer chair (Con-Trex MJ, CMV AG, Dübendorf, Switzerland) with a hip angle of 120° (180°= full extension). This hip angle is similar to that during late swing phase during sprinting (Thelen et al., 2005). Two 3-point belts secured the torso and additional straps tightly secured the pelvis and the distal thigh of their dominant leg. A brace was also placed in front of the non-involved leg. The alignment of the knee joint centre with the dynamometer rotational axis was performed during isometric knee flexion contractions of >50% of maximal isometric voluntary torque at a knee joint angle of ~115°. The dynamometer's shin brace was placed posterior to the shank ~2 cm above the medial malleolus before the shank was tightly secured to the dynamometer lever arm. The range of motion was established (total: 104°, most flexedextended crank angle: 67-171°; 180° full extension) and anatomical zero was set at full extension of the knee joint. Passive torque measurements were recorded while the tested leg was passively moved through the full range of motion and thereafter active torque values were corrected for passive torque. Participants were instructed to grasp the handles next to the seat during maximal contractions. Standardized verbal encouragement was given by the same investigator and online visual feedback of the crank torque was provided on a computer screen. The torque, crank angle and crank velocity signals were sampled at

2000 Hz with a PC using Spike 2 software (CED, Cambridge, UK) and smoothed with a moving average process over 0.065 s time epochs before any further analysis. For isometric strength measurement, participants first completed a standardized warm-up consisting of a progressive series of submaximal contractions before they performed two sets of three maximum contractions, one at each of three different crank angles (165°, 145° and 125° in a consistent order; 180°= full extension) near the angle where knee flexors exert their maximal torque (Knapik et al., 1983). Participants were instructed to flex their knee and "pull" as hard and as fast as possible for 3-5 s. One-minute rest was given between each contraction and 2 min between sets. The contraction with the highest torque irrespective of crank angle was selected for further analysis. Isometric strength was defined as the average torque over a 0.5 s period around the highest instantaneous torque. For the concentric and eccentric strength measurement, participants first completed a standardized warm-up protocol with five submaximal concentric-eccentric contractions of progressively higher intensity. Then, they performed knee flexors maximal concentriceccentric contractions at 50° s⁻¹ (3 sets of 2 reciprocal contractions) and 350° s⁻¹ (3 sets of 3 reciprocal contractions) over the full range of motion. There was ≥1 min rest between each set and ≥2 min rest between velocities. For the concentric-eccentric contractions, the acceleration and deceleration phases were excluded in order to disregard torque overshoot during these phases (Schwartz et al., 2010) and the constant isovelocity period was identified (within ±5% of the prescribed crank angular velocity). Finally, concentric and eccentric strength at each velocity was defined as the highest instantaneous torque recorded within the isovelocity range of the relevant contractions. The high velocity torque ratio was defined as the concentric strength at 350° s⁻¹ divided by the isometric strength (T_{con350}/T_{isom}) .

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

Explosive isometric strength

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

Participants lay in a prone position on a custom-made isometric dynamometer at fixed hip (140°, 180°= full extension) and knee (150°) joint angles selected to replicate the joint positions during the late swing phase of sprinting (Thelen et al., 2005) when hamstrings strains are thought to occur. To minimize any extraneous movements, participants were fastened with two straps across the hips, a strap over the lower back and a strap over the distal thigh just above the knee joint. A metal ankle cuff with a lining of high density neoprene was placed ~4 cm above the medial malleolus and the distal leg was tightly secured to the cuff with straps. Force was measured with a calibrated strain gauge (linear response up to 500 N, Force Logic UK, UK) in series with the ankle cuff and perpendicular to the tibia. The force signal was amplified (x370) and sampled at 2000 Hz with an external analog-to-digital converter (Micro 1401-3, CED, Cambridge, UK). A PC recorded and displayed the data using the Spike 2 software (CED, Cambridge, UK). The force signal was filtered with a 4th order Butterworth filter with a low pass cut-off frequency of 500 Hz. The distance between the knee joint space and the centre of the ankle cuff was measured to calculate knee flexion torque. After a standardised warm-up, participants performed 3 maximal knee flexion contractions to establish the target torque for the subsequent explosive contractions (see below). A computer screen provided real time visual feedback by displaying the torque response. Thereafter, participants completed 10 explosive contractions with 30 s rest between contractions. They were instructed to contract 'as fast and as hard as possible' for ~1 s with an emphasis on 'fast' without any countermovement or pre-tension. Real-time visual feedback was provided on the computer screen displaying the torque response, with specific performance feedback of the time from 1% to 80% of peak torque. For the

detection of any countermovement or pre-tension, the resting torque was displayed on a sensitive scale. Standardized verbal encouragement was given throughout the maximal and explosive contractions.

During offline analysis, the three valid explosive contractions (achieved torque ≥80% of peak torque with no discernible counter-movement or pre-tension - change of baseline signal <0.2 Nm for the 100 ms prior to the onset of contraction) with the fastest time from onset to 50% of peak torque were selected for further analysis. Analysis of these contractions consisted of measurement of the time from contraction onset to 10, 50, and 90 Nm and the time from contraction onset to 15, 45 and 75% of peak torque. We used this approach as it facilitates comparisons over the same range of torques for all participants, and may relate more directly to physiological determinants specific to that range of torques (Maffiuletti et al., 2016). Although this does not directly measure the explosive strength in Nm/s, it does quantify the explosive strength characteristics. Force onsets were identified manually by visual identification by a trained investigator using a systematic approach which is considered to be more valid than automated methods (Tillin et al., 2013). The three analysed explosive contractions were averaged within each measurement session, before averaging across the two sessions when these measurements were made.

Magnetic resonance imaging (MRI)

A 1.5 T MRI scanner (Signa HDxt, GE) was used to scan the dominant leg in the supine position with the hip and knee joints extended. T1-weighted axial plane images were acquired from the anterior superior iliac spine to the knee joint space in two overlapping blocks and oil filled capsules were placed on the lateral side of the participants' thigh to help with the alignment of the blocks during analysis. The following imaging parameters were

mm x 0.508 mm, slice thickness: 5 mm, inter-slice gap: 0 mm. MR images were analysed with Osirix software (version 4.0, Pixmeo, Geneva, Switzerland). The BFIh, biceps femoris short head, semitendinosus and semimembranosus muscles were manually outlined in every third image starting from the most proximal image in which the muscle appeared. All manual segmentation measurements were completed by the same investigator. Muscle volume was calculated using cubic spline interpolation (GraphPad Prism 6, GraphPad Software, Inc.). To examine reliability of the analysis procedures, the images from 6 randomly selected participants were re-analysed a week later and the coefficient of variation (CV) was calculated. The CV for muscle volume was on average 0.6%. Muscle sampling and myosin heavy chain composition Muscle samples (\sim 0.04 g) from the mid-section BFlh (\sim 50% thigh length) of the dominant leg were obtained under local anaesthesia (1% lidocaine) using the microbiopsy technique (Pro-Mag Ultra, Angiotech, Medical Device Technologies, FL, USA) performed under direct ultrasound guidance. Samples were immediately frozen in liquid nitrogen and stored at -80°C for further analysis. MHC content was determined by sodium dodecyl sulphate (SDS) polyacrylamide gel electrophoresis using a method derived from that previously described (Fauteck & Kandarian, 1995). Electrophoresis (Mini-Protean 3, Bio-Rad) was performed on 6% (crosslinking 2.7%) polyacrylamide resolving gels with 4% (crosslinking 2.7%) stacking gels at \sim 4°C. The gels were electrophoresed at a constant 100 V for 1 h, and thereafter at a constant 6 mA for ~18 h. Gels were immediately silver stained (SilverQuest Silver Staining Kit, Invitrogen) and protein bands quantified by densitometry (ChemiDoc XRS+ System, Bio-Rad). Muscle samples were classified according to the relative expression of the three MHC

used: imaging matrix: 512 x 512, field of view: 260 mm x 260 mm, spatial resolution: 0.508

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

isoforms: type I, IIA, and IIX (Fig. 1). The MHC analysis was run in duplicate and the mean of the 2 analyses was taken. When the first 2 analyses had a difference >10% a third analysis was run. For each individual, the representative MHC distribution was defined as the mean of all repeats in which the different MHC isoforms were within 10% between analyses. The CV for repeat samples was 3.9% for MHC-I, 5.7% for MHC-IIA and 8.4% for MHC-IIX.

Statistical analysis

Data are presented as mean ± SD. One-way analysis of variance was used to examine for differences in muscle volume between the constituents muscles of hamstrings and in knee flexors torque at the different velocities. Bivariate relationships were examined using Pearson product moment correlations between the dependent variables and the Holm-Bonferroni correction was used to control for multiple tests. The level of significance was set at P< 0.05. All statistical procedures were performed with IBM SPSS 22 (IBM Corporation,

Armonk, NY).

RESULTS

249

250 Descriptive data on BFIh MHC isoform distribution, hamstrings muscle size and knee flexor 251 strength 252 On average, the BFIh muscle exhibited a balanced, mixed MHC distribution with 47.1 ± 9.1% 253 MHC-I, 35.5 \pm 8.5% MHC-IIA and 17.4 \pm 9.1% MHC-IIX, but with considerable variation 254 between individuals (Table 1 and Fig. 2). Total hamstrings muscle volume was on average $794.1 \pm 122.2 \text{ cm}^3$ (CV= 15.4%), while the BFlh had smaller volume (210.0 ± 37.9 cm³) than 255 the other biarticular muscles (ST; 228.6 \pm 45.4 cm³, P< 0.05 and SM; 234.8 \pm 47.7 cm³, P< 256 257 0.01, Table 1). 258 The knee flexors exerted their highest torque during slow eccentric contractions (131.1 ± 259 27.4 Nm), and there was considerable inter-individual variability at all contraction modes 260 and velocities (CV= 16.9-22.3%, Table 1). The high velocity torque ratio (T_{con350}/T_{isom}) was 261 0.51 ± 0.10 (CV= 18.6%). Knee flexor explosive strength characteristics, measured as time to 262 specific torques, were found to vary between individuals, particularly during the later stages 263 of the explosive contractions (Fig. 3). 264 Relationships of hamstrings muscle size and BFIh MHC isoform distribution with knee 265 flexion strength 266 Hamstrings muscle volume had moderate to strong correlations with knee flexor torque at 267 all velocities (r= 0.62–0.76, P< 0.01, Table 2). In contrast, no relationship was found between 268 BFIh muscle composition and maximal strength at any velocity (-0.22 < r < 0.20, P> 0.05, Fig. 4) or T_{con350}/T_{isom} (-0.16 < r < 0.24, P> 0.05). When torque values at all velocities were 269

expressed relative to muscle volume there remained no association with BFlh muscle composition (-0.29 < r < 0.35, P> 0.05).

Hamstrings muscle volume was unrelated to explosive strength characteristics (Table 3), measured as time to achieve low absolute levels or relative measures of torque, however it was associated with explosive strength characteristics (time) to high absolute levels of torque (time to 90 Nm; r = -0.53, P < 0.05). BFlh MHC distribution was unrelated to any measure of explosive strength (-0.20 < r < 0.24, P > 0.05, Table 3).

DISCUSSION

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

This study examined the influence of hamstrings muscle size and BFIh muscle composition on knee flexors maximal and explosive strength. We found that within the examined cohort, the BFIh exhibited on average a balanced MHC isoform distribution that appears comparable to that of the vastus lateralis within the quadriceps (see below), and therefore does not support the suggestion that the high incidence of strain injury in this muscle is a result of BFIh composition. Further, we found that 38-58% of the variance in knee flexor maximum torque at isometric and at a range of concentric and eccentric velocities was attributable to differences in hamstrings muscle volume, while BFIh MHC distribution was not related to any measure of maximal or explosive strength. The present study is the first to directly examine the BFIh muscle composition in vivo and our results showed that, on average, the BFIh muscle had a balanced distribution of slow and fast MHC isoforms (47.1 ± 9.1% MHC-I and 52.9 ± 9.1% total MHC-II) in young healthy men. In a much cited study, Garret et al. (1984) reported a BFlh muscle composition within a small cohort of elderly cadavers to be similar to our data (54.5 ± 2.8% type II fibres and 45.5 ± 2.8% type I of total number of sampled fibres). Nevertheless, based on the small differences they observed between the hamstrings and other muscles (quadriceps, 51.9%; adductor magnus, 44.8% type II fibres) Garrett et al. (1984) argued that the 'high proportion' of fast fibres in the hamstrings may contribute to their susceptibility to injury. However, our *in vivo* hamstrings muscle composition data do not support this proposition when compared to equivalent VL data. For example, Staron et al. (2000) reported the VL to contain a greater proportion of MHC-II isoform (66.1% total MHC-II in 95 physically active young men) compared to the BFIh in the current study. Nevertheless, other studies have

reported a more balanced VL MHC distribution (n= 28, 49 \pm 18% MHC-I, 35 \pm 16% MHC-IIA, 16 ± 10% MHC-IIX; Taylor et al., 1997). Based on our findings, the BFlh does not have a 'fast' composition, and appears to have a MHC distribution similar or slower than the VL. Consequently, the composition of the BFIh does not seem to explain the high incidence of strain injuries within this muscle compared to other muscles. Therefore, other aspects of hamstrings structure (e.g. aponeurosis size; Evangelidis et al., 2015) or function (eccentric actions at long lengths; Thelen et al., 2005) are likely to explain the high incidence of strain injuries in this muscle. On an individual basis however, it is possible that the proportion of MHC-II isoforms could still be a risk factor for hamstrings strain injury. Type II fibres are more susceptible to eccentric exercise-induced muscle damage (Fridén et al., 1983), possibly due to structural differences between fibre types (e.g. thinner Z-disks in type II fibres; Fridén & Lieber, 1992). The accumulation of microscopic eccentric exercise-induced muscle damage and subsequent changes in function (reduction of force-generating capacity, shift of optimum fibre length and impairment of the excitation-contraction coupling; Morgan & Allen, 1999) could contribute to a macroscopic injury (Brockett et al., 2004). Within our cohort, total MHC-II isoform content ranged from 29.0-67.4% and it is possible that individuals with a high proportion of type II fibres could be at higher risk of injury. Future retrospective and prospective studies are needed to elucidate the relationship between muscle composition and the incidence of individual strain injuries. Whilst MHC composition is a strong determinant of contractile function in single fibres (Metzger & Moss, 1990; Bottinelli et al., 1999), in this study no correlation was found between BFIh muscle composition and knee flexors maximal or explosive strength in vivo.

The lack of relevant previous data on the hamstrings prevents any direct comparison with

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

our findings; however similar studies on knee extensors reported mixed results for the relationship of maximum/explosive strength with muscle composition. Some of the studies on knee extensors examined these relationships with participants from diverse training and athletic backgrounds e.g. untrained, endurance, and strength and power athletes (Viitasalo & Komi, 1978; Viitasalo et al., 1981; Gür et al., 2003). Whilst this approach produces a wide range of muscle composition values, numerous other neuromuscular characteristics also likely vary between these groups (e.g. muscle size, architecture, neural drive) and these could confound any relationship of maximum/explosive strength and muscle composition. In the present study within a group of non-athletic young men, muscle composition did not explain their differences in maximal or explosive strength despite the large inter-individual variability in these measures (CV; maximal strength: 16.9-22.3%; explosive strength: 15.7-44.1%). Whilst theoretically it may be surprising that muscle composition was not more strongly predictive of function, this may reflect the extensive range of factors that influence in-vivo function; most obviously muscle size (discussed below), but also including muscle moment arm, neuromuscular activation of the agonists and antagonists, fibre length and pennation, specific tension, parallel and series connective tissue (Folland & Williams, 2007). Inter-individual differences in these factors may oppose or supersede any functional differences due to muscle composition and thus conceal its contribution to maximal or explosive strength in vivo. For example, agonist neural activation seems to be the primary determinant of voluntary explosive contractions, particularly during the initial phase of contraction (<75 ms), explaining up to 83% of the differences within healthy individuals (de Ruiter et al., 2006, 2007; Klass et al., 2008; Folland et al., 2014). However, when neural drive is controlled – via electrical stimulation – the differences in MHC content (Harridge et al.,

324

325

326

327

328

329

330

331

332

333

334

335

336

337

338

339

340

341

342

343

344

345

1996) or intrinsic contractile properties, that reflect muscle composition, become more evident (Andersen & Aagaard, 2006; Folland et al., 2014).

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

367

368

369

Our results revealed that hamstrings volume explained a significant portion of the variance in isometric (38%), concentric (50-55%) and eccentric (48-58%) knee flexor strength. These values are within the range of previous reports of hamstrings isometric/concentric strength (Kanehisa et al., 1994; Masuda et al., 2003; Akagi et al., 2012). The importance of muscle size for eccentric hamstrings strength is a more novel finding. Considering that hamstrings strain injury appears to predominantly occur during eccentric contractions (Chumanov et al., 2012), this finding supports the notion that strength training with an emphasis on hypertrophic adaptations may be a valid approach for preventing hamstrings injury. The proportion of the variance in knee flexor strength explained by hamstrings size may be partly due to the fact that other muscles (i.e. gastrocnemius, gracilis, sartorius and popliteus) contribute to knee flexor torque in addition to the hamstrings, but also the extensive range of neuromuscular factors found to influence function (discussed above). Overall our finding that muscle size explains a substantial proportion of the variance in maximum strength, but composition does not account for any variance, is similar to observations made in two small studies (n< 16) in the knee extensors (Maughan & Nimmo, 1984; Johansson et al., 1987).

In contrast to maximal strength, explosive strength was not influenced by muscle size apart from at high levels of absolute torque (time from rest to 90 Nm; r=-0.53, P<0.01). Whilst no similar data exist on hamstrings, elbow flexor explosive isometric strength has been related to muscle volume during a similar late phase of contraction (150 ms, r=0.69, P<0.001; Erskine et al., 2014). In contrast, explosive strength during the early phase of force/torque

production appears to be predominantly explained by agonist neural activation and the contractile (twitch) response to a single action potential, together explaining 77% of the variance in force after 50 ms of contraction (Folland et al., 2014).

In conclusion, the balanced MHC distribution found in BFIh muscle appears to be comparable or slower to that of the VL, and therefore seems unlikely to contribute to the high susceptibility of the BFIh to strain injury. Hamstrings muscle volume explained 38-58% of the inter-individual differences in knee flexors torque at a range of velocities and contraction modes, while BFIh muscle composition was not associated with maximal or

Perspectives

explosive strength.

Our data show that, within recreationally active young men, hamstrings exhibit a balanced muscle composition that seems to be comparable to that of the VL. Based on these findings, the suggestion that hamstrings contain primarily fast-twitch fibres and that this muscle composition may explain the high rates of hamstrings strain injuries was not supported. From a functional perspective, muscle composition was not a determinant of knee flexor function. In contrast, muscle size explained a large proportion of knee flexor maximal strength and a moderate proportion of late phase explosive strength.

REFERENCES

387

407

388 Aagaard P, Andersen JL. Correlation between contractile strength and myosin heavy chain 389 isoform composition in human skeletal muscle. Med Sci Sports Exerc 1998: 30: 1217-1222. 390 Aagaard P, Simonsen EB, Andersen JL, Magnusson SP, Bojsen-Møller F, Dyhre-Poulsen P. 391 Antagonist muscle coactivation during isokinetic knee extension. Scand J Med Sci Sports 392 2000: 10: 58-67. 393 Akagi R, Tohdoh Y, Takahashi H. Muscle strength and size balances between reciprocal 394 muscle groups in the thigh and lower leg for young men. Int J Sports Med 2012: 33: 386-389. 395 Alonso JM, Edouard P, Fischetto G, Adams B, Depiesse F, Mountjoy M. Determination of 396 future prevention strategies in elite track and field: analysis of Daegu 2011 IAAF 397 Championships injuries and illnesses surveillance. Br J Sports Med 2012: 46: 505-514. 398 Bamman MM, Newcomer BR, Larson-Meyer DE, Weinsier RL, Hunter GR. Evaluation of the 399 strength-size relationship in vivo using various muscle size indices. Med Sci Sports Exerc 400 2000: 32: 1307-1313. 401 Bottinelli R, Pellegrino MA, Canepari M, Rossi R, Reggiani C. Specific contributions of various 402 muscle fibre types to human muscle performance: an in vitro study. J Electromyogr Kinesiol 403 1999: 9: 87-95. 404 Brockett CL, Morgan DL, Proske U. Predicting hamstring strain injury in elite athletes. Med 405 Sci Sports Exerc 2004: 36: 379-387. 406 Chumanov ES, Schache AG, Heiderscheit BC, Thelen DG. Hamstrings are most susceptible to

injury during the late swing phase of sprinting. Br J Sports Med 2012: 46: 90.

- 408 Craig CL, Marshall AL, Sjöström M, Bauman AE, Booth ML, Ainsworth BE, Pratt M, Ekelund U,
- 409 Yngve A, Sallis JF, Oja P. International physical activity questionnaire: 12-country reliability
- 410 and validity. Med Sci Sports Exerc 2003: 35: 1381-1395.
- Dahmane R, Djordjevic S, Smerdu V. Adaptive potential of human biceps femoris muscle
- demonstrated by histochemical, immunohistochemical and mechanomyographical
- 413 methods. Med Biol Eng Comput 2006: 44: 999-1006.
- de Ruiter CJ, Van Leeuwen D, Heijblom A, Bobbert MF, de Haan A. Fast unilateral isometric
- 415 knee extension torque development and bilateral jump height. Med Sci Sports Exerc 2006:
- 416 38: 1843-1852.
- de Ruiter CJ, Vermeulen G, Toussaint HM, de Haan A. Isometric knee-extensor torque
- development and jump height in volleyball players. Med Sci Sports Exerc 2007: 39: 1336-
- 419 1346.
- 420 Denadai BS, de Oliveira FB, Camarda SR, Ribeiro L, Greco CC. Hamstrings-to-quadriceps
- 421 strength and size ratios of male professional soccer players with muscle imbalance. Clin
- 422 Physiol Funct Imaging 2014 Oct 27 doi: 10.1111/cpf.12209; Epub ahead of print.
- 423 Ekstrand J, Hägglund M, Waldén M. Epidemiology of muscle injuries in professional football
- 424 (soccer). Am J Sports Med 2011: 39: 1226-1232.
- 425 Erskine RM, Fletcher G, Folland JP. The contribution of muscle hypertrophy to strength
- 426 changes following resistance training. Eur J Appl Physiol 2014: 114: 1239-1249.
- 427 Evangelidis PE, Massey GJ, Pain MT, Folland JP. Biceps Femoris Aponeurosis Size: A Potential
- 428 Risk Factor for Strain Injury? Med Sci Sports Exerc 2015: 47: 1383-1389.

- 429 Fauteck SP, Kandarian SC. Sensitive detection of myosin heavy chain composition in skeletal
- 430 muscle under different loading conditions. Am J Physiol 1995: 268: C419-424.
- Folland JP, Buckthorpe MW, Hannah R. Human capacity for explosive force production:
- 432 neural and contractile determinants. Scand J Med Sci Sports 2014: 24: 894-906.
- 433 Folland JP, Williams AG. The adaptations to strength training: morphological and
- 434 neurological contributions to increased strength. Sports Med 2007: 37: 145-168.
- 435 Fridén J, Lieber RL. Structural and mechanical basis of exercise-induced muscle injury. Med
- 436 Sci Sports Exerc 1992: 24: 521-530.
- 437 Fridén J, Sjöström M, Ekblom B. Myofibrillar damage following intense eccentric exercise in
- 438 man. Int J Sports Med 1983: 4: 170-176.
- 439 Garrett WE Jr, Califf JC, Bassett FH 3rd. Histochemical correlates of hamstring injuries. Am J
- 440 Sports Med 1984: 12: 98-103.
- 441 Gür H, Gransberg L, van Dyke D, Knutsson E, Larsson L. Relationship between in vivo muscle
- force at different speeds of isokinetic movements and myosin isoform expression in men
- and women. Eur J Appl Physiol 2003: 88: 487-496.
- Hannah R, Minshull C, Smith SL, Folland JP. Longer electromechanical delay impairs
- hamstrings explosive force versus quadriceps. Med Sci Sports Exerc 2014: 46: 963-972.
- Inbar O, Kaiser P, Tesch P. Relationships between leg muscle fiber type distribution and leg
- exercise performance. Int J Sports Med 1981: 2: 154-159.

- Johansson C, Lorentzon R, Sjöström M, Fagerlund M, Fugl-Meyer AR. Sprinters and
- 449 marathon runners. Does isokinetic knee extensor performance reflect muscle size and
- 450 structure? Acta Physiol Scand 1987: 130: 663-669.
- Johnson MA, Polgar J, Weightman D, Appleton D. Data on the distribution of fibre types in
- 452 thirty-six human muscles. An autopsy study. J Neurol Sci 1973: 18: 111-129.
- 453 Kanehisa H, Ikegawa S, Fukunaga T. Comparison of muscle cross-sectional area and strength
- between untrained women and men. Eur J Appl Physiol 1994: 68: 148-154.
- Klass M, Baudry S, Duchateau J. Age-related decline in rate of torque development is
- 456 accompanied by lower maximal motor unit discharge frequency during fast contractions. J
- 457 Appl Physiol 2008: 104: 739-746.
- 458 Knapik JJ, Wright JE, Mawdsley RH, Braun J. Isometric, isotonic, and isokinetic torque
- variations in four muscle groups through a range of joint motion. Phys Ther 1983: 63: 938-
- 460 947.
- 461 Maffiuletti NA, Aagaard P, Blazevich AJ, Folland J, Tillin N, Duchateau J. Rate of force
- development: physiological and methodological considerations. Eur J Appl Physiol 2016: doi
- 463 10.1007/s00421-016-3346-6 [Epub ahead of print]
- 464 Masuda K, Kikuhara N, Takahashi H, Yamanaka K. The relationship between muscle cross-
- sectional area and strength in various isokinetic movements among soccer players. J Sports
- 466 Sci 2003: 21: 851-858.
- 467 Maughan RJ, Nimmo MA. The influence of variations in muscle fibre composition on muscle
- strength and cross-sectional area in untrained males. J Physiol 1984: 351: 299-311.

- Maughan RJ, Watson JS, Weir J. Strength and cross-sectional area of human skeletal muscle.
- 470 J Physiol 1983: 338: 37-49.
- 471 Metzger JM, Moss RL. Calcium-sensitive cross-bridge transitions in mammalian fast and slow
- 472 skeletal muscle fibers. Science 1990: 247: 1088-1090.
- 473 Morgan DL, Allen DG. Early events in stretch-induced muscle damage. J Appl Physiol 1999:
- 474 87: 2007-2015.
- 475 Schantz P, Randall-Fox E, Hutchison W, Tydén A, Astrand PO. Muscle fibre type distribution,
- 476 muscle cross-sectional area and maximal voluntary strength in humans. Acta Physiol Scand
- 477 1983: 117: 219-226.
- 478 Schwartz FP, Bottaro M, Celes RS, Brown LE, Nascimento FA. The influence of velocity
- overshoot movement artifact on isokinetic knee extension tests. J Sports Sci Med 2010: 9:
- 480 140-146.
- 481 Staron RS, Hagerman FC, Hikida RS, Murray TF, Hostler DP, Crill MT, Ragg KE, Toma K. Fiber
- 482 type composition of the vastus lateralis muscle of young men and women. J Histochem
- 483 Cytochem 2000: 48: 623-629.
- Taylor AD, Humphries B, Smith P & Bronks R (1997). Electrophoretic separation of myosin
- heavy chain isoforms in the human m. vastus lateralis: references to reproducibility and
- relationships with force, electromechanical delay, fibre conduction velocity, endurance and
- electromyography. Arch Physiol Biochem 105, 10-18.

- Thelen DG, Chumanov ES, Hoerth DM, Best TM, Swanson SC, Li L, Young M, Heiderscheit BC.
- 489 Hamstring muscle kinematics during treadmill sprinting. Med Sci Sports Exerc 2005: 37: 108-
- 490 114.
- 491 Thorstensson A, Grimby G, Karlsson J. Force-velocity relations and fiber composition in
- 492 human knee extensor muscles. J Appl Physiol 1976: 40: 12-16.
- 493 Tillin NA, Pain MT, Folland JP. Identification of contraction onset during explosive
- 494 contractions. Response to Thompson et al. "Consistency of rapid muscle force
- 495 characteristics: influence of muscle contraction onset detection methodology" [J
- 496 Electromyogr Kinesiol 2012;22(6):893-900]. J Electromyogr Kinesiol 2013: 23: 991-994.
- 497 Viitasalo JT, Hakkinen K, Komi PV. Isometric and dynamic force production and muscle fibre
- 498 composition in man. J Hum Mov Stud 1981: 7: 199-209.
- 499 Viitasalo JT, Komi PV. Force-time characteristics and fiber composition in human leg
- extensor muscles. Eur J Appl Physiol 1978: 40: 7-15.
- Woodley SJ, Mercer SR. Hamstring strains where do they occur? N Z J Physiother 2004: 32:
- 502 22-28.
- 503 Zebis MK, Andersen LL, Ellingsgaard H, Aagaard P. Rapid hamstring/quadriceps force
- capacity in male vs. female elite soccer players. J Strength Cond Res 2011: 25: 1989-1993.

506 Figure Captions

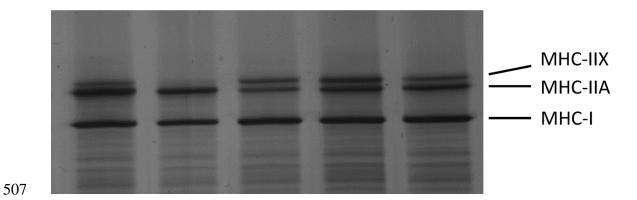


Figure 1. Example sodium dodecyl sulphate (SDS) polyacrylamide gel electrophoresis separation of the different myosin heavy chain (MHC) isoforms in biceps femoris long head muscle sampled from 5 participants.

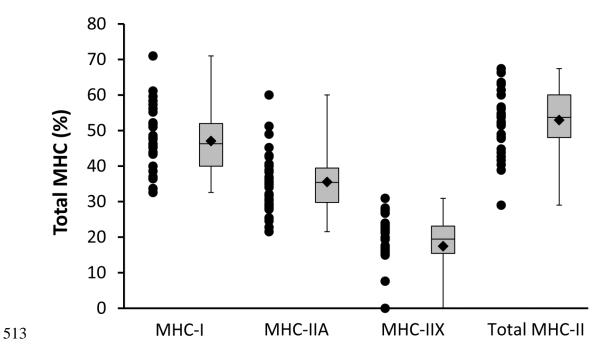


Figure 2. BFlh MHC isoform relative distribution (n= 31) presented in a combined box plot and scatterplot. Box plot's whiskers correspond to minimum and maximum values and the filled rhombi correspond to the group mean values.

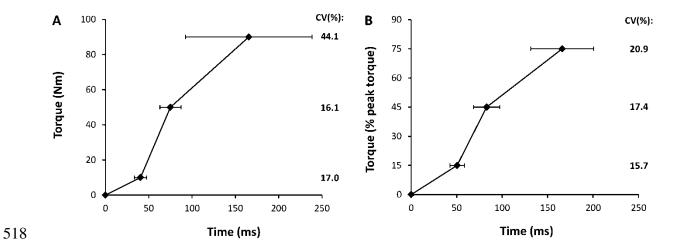


Figure 3. Knee flexion explosive strength characteristics expressed as time from zero to absolute (A) and relative (B) torque levels. Data expressed as mean \pm SD (n= 31) with interindividual coefficient of variation (CV) presented at each torque level.

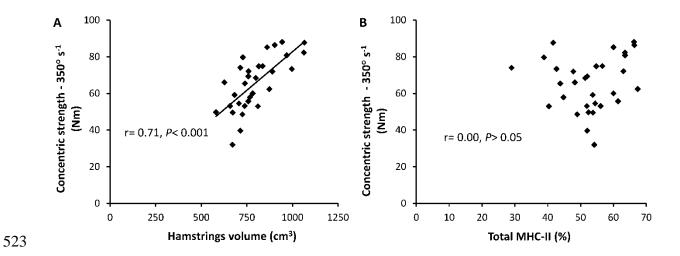


Figure 4. Relationships between concentric strength at 350° s⁻¹ and (A) hamstrings volume and (B) BFlh total MHC-II isoform content (n= 31). BFlh: biceps femoris long head, MHC: myosin heavy chain.

Table 1. Descriptive data of biceps femoris long head muscle composition, hamstrings muscle volume, and knee flexor strength.

		Mean ± SD	Range	CV (%)
Muscle	мнс-і	47.1 ± 9.1	32.6 – 71.0	19.3
composition (%)	MHC-IIA	35.5 ± 8.5	21.5 – 60.0	23.9
	MHC-IIX	17.4 ± 9.1	0.0 - 30.9	52.4
Muscle volume	BFlh	210.0 ± 37.9	157.4 - 289.4	18.1
(cm ³)	BFsh	$120.6 \pm 22.3^{\dagger}$	76.6 - 170.4	18.5
	ST	228.6 ± 45.4*	120.5 - 342.5	19.9
	SM	$234.8 \pm 47.7^{\dagger}$	125.3 - 330.2	20.3
	Total	794.1 ± 122.2	581.1 - 1065.6	15.4
Maximal strength	Ecc 350° s ⁻¹	$115.7 \pm 23.6^{\dagger}$	58.0 - 164.5	20.4
(Nm)	Ecc 50 ° s ⁻¹	131.1 ± 27.4	66.9 - 174.2	20.9
	Isometric	128.3 ± 21.7	92.1 - 176.4	16.9
	Con 50 ° s ⁻¹	$108.3 \pm 21.1^{\dagger}$	65.9 - 154.0	19.5
	Con 350 ° s ⁻¹	$65.4 \pm 14.6^{\dagger}$	32.0 - 88.1	22.3
	T_{con350}/T_{isom}	0.51 ± 0.10	0.29 - 0.71	18.6

Data presented as mean \pm SD (n= 31). The muscle volumes of the constituent muscles were compared to BFlh, and maximal strength measures were compared to isometric strength. MHC, myosin heavy chain; BFlh, biceps femoris long head; BFsh, biceps femoris short head;

ST, semitendinosus; SM, semimembranosus; Ecc, eccentric; Con, concentric; * P < 0.05, † P < 0.05

535 0.01.

		Hamstrings -	BFlh muscle composition			
		volume	MHC-I	MHC-IIA	MHC-IIX	
Maximal strength	Isometric	0.62 [†]	0.01	0.20	-0.20	
	Con 50° s ⁻¹	0.74^{\ddagger}	0.08	0.15	-0.22	
	Con 350° s ⁻¹	0.71 [‡]	-0.11	0.12	0.00	
	Ecc 50° s ⁻¹	0.76^{\ddagger}	0.04	0.05	-0.09	
	Ecc 350° s ⁻¹	0.69^{\ddagger}	0.01	0.09	-0.10	
	T_{con350} / T_{isom}	0.27	-0.16	-0.09	0.24	

MHC, myosin heavy chain; BFlh, biceps femoris long head; Ecc, eccentric; Con, concentric;

⁵⁴⁰ † *P*< 0.01, ‡ *P*< 0.001

			Exp	losive stren	gth character	ristics	
	•	Time to absolute torque			Time to relative torque (%MVT)		
	•	10 Nm	50 Nm	90 Nm	15%	45%	75%
Hamstrings	volume						
(cm ³)		-0.10	-0.43	-0.53*	0.01	-0.16	-0.24
MHC-I (%)		-0.09	0.14	0.06	-0.01	0.14	0.24
MHC-IIA (%)		0.01	-0.06	-0.15	0.03	-0.05	-0.05
MHC-IIX (%)		0.08	-0.09	0.08	-0.02	-0.09	-0.20

MHC, myosin heavy chain; MVT, maximal voluntary torque; * P< 0.05

545

542

543