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## The assessment of movement demands and neuromuscular fatigue in female softball players

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**The assessment of movement demands and  
neuromuscular fatigue in female softball players**

This thesis is presented for the degree of

**Doctor of Philosophy**

**Kathryn A. Cardwell**

Edith Cowan University  
School of Medical and Health Sciences

2022

# ABSTRACT

Softball has experienced an increase in worldwide popularity over the last 15 years, and it is expected to rise following the reinstatement of softball as an Olympic sport in 2021. Previous softball research has primarily focused on the biomechanical characteristics of its athletes. However, there is a current lack of research concerning the movement demands occurring in gameplay and the development of neuromuscular fatigue in softball players during sport-specific movements, training sessions, or in competition play. Prior research has demonstrated that a majority of power generated during a bat swing or overhand throw comes from the lower body, with the hip musculature playing an essential role in stabilisation and kinetic energy transmission. Understanding the development of neuromuscular fatigue, particularly in the hip musculature of softball athletes, will allow coaches and sport scientists to optimise training sessions, athlete monitoring techniques, and recovery methods. Accordingly, the overall aims of this thesis were to 1) describe the movement demands of female softball players during defensive and offensive gameplay, with a focus on the frequency and duration of movements occurring and differences between positional groups; 2) determine the reliability of the ForceFrame Hip Strength Testing System in assessing hip and shoulder strength of female softball players unaccustomed to isolated joint isometric measures; 3) assess changes in isometric hip strength in female softball players caused by a repeated batting protocol; and 4) compare changes in isometric strength of female softball players in training and game settings. The outcomes of this thesis will help to establish a description of the movement demands of softball games, which may optimise future softball training and recovery methods. Additionally, data gathered in this thesis will provide a solid foundation for conceptualising neuromuscular fatigue in softball players. These results will thus allow for a greater understanding of athlete preparation.

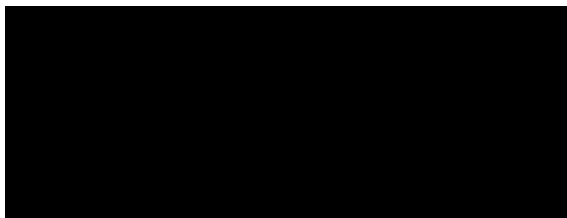
Study one determined that softball is primarily composed of low intensity activities, like standing or walking, with intermittent periods of high intensity activity (e.g. sprinting, bat swings, high intensity throws). The cumulative effect of these high intensity activities across game durations of two hours or greater, compact tournament schedules and environmental factors may amplify neuromuscular fatigue. Study two concluded that the ForceFrame was a reliable tool in assessing hip and shoulder isometric strength in female diamond-sport athletes, potentially providing sport scientists with a suitable alternative to handheld dynamometers in

field-based isometric testing. Study three documented changes in electromyographic amplitude and median frequency, isometric hip strength, and batted ball velocity of female softball players during a repeated batting protocol. Results indicate repeated batting can lead to neuromuscular fatigue and underscores the importance of routine monitoring of softball players in settings with limited recovery. Results of study four demonstrated significant levels of fatigue following softball training and gameplay, as well as evidence of cumulative fatigue in softball players following several games during a multi-day tournament. The results of this study provide the groundwork for determining an appropriate balance between competition-level training and adequate recovery.

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To my family – Mom and Daddy, words cannot express how much your encouragement and love has kept me going. I’ve worked so hard to be successful, and you have both told me again and again how proud of me you are. Those words lifted me out of some dark times, and I could not have asked for better parents. Likewise, Kristine and Anna, I could not have asked for better sisters. The two of you were always available for a chat or text message, and I can’t even recall the number of times that I cried to one of you on the phone. But with your encouragement and support, I’m finally at the end of this crazy journey. Thank goodness. I love you both and look forward to all of the future sister weekends and sangria parties we have in the future.

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# LIST OF ABBREVIATIONS

<b>Abbreviation</b>	<b>Definition</b>
°	Degree
ABD	Abduction
ADD	Adduction
AL	Adductor longus
ANOVA	Analysis of variance
BBV	Batted ball velocity
C	Catcher
CI	Confidence interval
cm	Centimetre
CV	Coefficient of variance
EMG	Electromyography
ER	External rotation
GM	Gluteus medius
GPS	Global Positioning System
H	Hip
HHD	Handheld dynamometer
HI	High intensity
Hz	Hertz
ICC	Intra-class correlation
IF	Infield
IR	Internal rotation
kg	Kilograms
km.h <sup>-1</sup>	Kilometres per hour
L	Left-handed
LI	Low intensity
m	Metre

MVIC	Maximal voluntary isometric contraction
MDF	Median frequency
N	Newton
n	Number
OF	Outfield
<i>p</i>	Significance
P	Pitcher
PSD	Power spectral density
R	Right-handed
RMS	Root mean square
RPE	Borg Rating of Perceived Exertion
S	Shoulder
s	Seconds
sEMG	Surface electromyography
SD	Standard deviation
SEM	Standard error of measurement
SWC	Smallest worthwhile change
TEM	Typical error of measurement
TFL	Tensor fascia latae
TMA	Time-motion analyses
V	Volts
yrs	Years

# **CHAPTER ONE**

## **General Introduction and Aims of the Thesis**

Sets out the research objectives and provides an overview of the thesis structure

## **1.1 Background**

The global popularity of softball has increased dramatically over the last 15 years, with an estimated 65 million people in over 140 countries playing softball or baseball (World Baseball Softball Confederation, 2017). Many believe that with the reinstatement of softball as an Olympic sport in 2021, interest will continue to rise. Previously, softball research has primarily focused on the physiological characteristics of its athletes (Cahill & Jones, 2010; Lowe et al., 2010; Nimphius, 2011b; Nimphius et al., 2010, 2012; Terbizan et al., 1996), biomechanical analyses of the windmill pitch (Barrentine et al., 1998; Forshaw et al., 2013; Guido Jr. et al., 2009; Maffet et al., 1997; Minetos et al., 2020; Nimphius et al., 2016; Oliver & Plummer, 2011; Remaley et al., 2015; Werner et al., 2017) or the relationship between upper body strength and bat swing velocity (Messier, 1982; Reilly-Boccia et al., 2015; Teichler, 2010; Weimer et al., 2007). However, there is a current lack of research concerning neuromuscular fatigue in softball players, so it is important to also understand the movement demands of the game and then determine and gain understanding of fatigue during sport-specific movements, training sessions, or competition play.

Neuromuscular fatigue is defined as any exercise-induced reduction in the ability to produce force or power within a muscle or muscle group (Taylor et al., 2016). Extensive research has demonstrated a reduction of force in the lower body following gameplay in sports like Australian Rules Football (Buchheit et al., 2017), soccer (Cortes et al., 2012; Paul et al., 2014; Wollin, Pizzari, et al., 2018), and rugby (Roe, Phibbs, et al., 2016). Though softball's physical demands may not be as strenuous as running-dominant sports such as these, its average game durations of longer than two hours, continuous anticipation and concentration during gameplay and the repetitive nature of frequent maximal-effort movements may exacerbate neuromuscular fatigue development. Research has also confirmed playing performance declines as a result of neuromuscular fatigue in cricket and baseball (Christie, 2012; Escamilla et al., 2007; Freeston et al., 2014; Murray et al., 2001; Tripp et al., 2007; Veness et al., 2017), two sports with intermittent gameplay similar to softball. To better prepare softball athletes for fatiguing gameplay or training sessions, research must look deeper into neuromuscular fatigue development in softball players.

To understand fatigue in softball, research is firstly required into the movement demands of softball, as there is currently limited research in this area. Time-motion analyses (TMA) are

one effective method of quantifying movements during sporting events, providing sport scientists with a comprehensive view of the physical demands athletes face during competition. Previous research applying TMA have primarily investigated: distance covered during match play (Coutts et al., 2010; Wisbey et al., 2010), repeated-sprint activities (Spencer et al., 2004; Spencer et al., 2005), work-to-rest ratios (D'Auria & Gabbett, 2008; Deutsch et al., 2007) and differences in movement by position (Deutsch et al., 2007; Spencer et al., 2005; Virr et al., 2014). Except for one study tracking throwing volumes during collegiate softball games (Axe et al., 2002), there have been no TMA studies to date for softball games at any level. While batting and throwing are considered primary movements in softball, other movements like jumping, sprinting, and lateral movements may also play a significant role in neuromuscular fatigue development. A detailed time-motion analysis of softball gameplay may allow sport scientists to understand further why neuromuscular fatigue may develop.

Along with understanding game demands, monitoring fatigue levels is of paramount importance. Athlete monitoring measures are commonly employed to assess player recovery following training or competition (Halson, 2014; McGuigan et al., 2020; Ryan et al., 2019). A 2012 survey of high performance practitioners in New Zealand and Australia reported that 61% of respondents implemented weekly or monthly performance tests (e.g. jump tests, isometric measures, strength evaluations) for fatigue monitoring (Taylor et al., 2012). In particular, isometric strength measures have broad utility in the assessment and monitoring of athletes (Roe, Phibbs, et al., 2016; Skillington et al., 2017; Wollin, Pizzari, et al., 2018), as they provide insight into the timing and location of neuromuscular fatigue development (Babault et al., 2006). However, the reliability and validity of the equipment used for these measures must be known, as well as the determination of sport-specific testing measures.

Though softball movement demands remain somewhat unknown, softball players regularly perform complex whole-body movements such as jumping, sprinting, throwing and batting which transfer angular momentum up through the kinetic chain from the lower extremities, to the trunk and upper extremities. The muscles of the hips and pelvis are responsible for the stability of the body during these types of actions. Consequently, research has been undertaken to investigate isometric hip strength as a measure of neuromuscular fatigue in running-dominated sports like rugby, soccer, and Australian football (Buchheit et al., 2017; Crow et al., 2010; Fulcher et al., 2010; Roe, Phibbs, et al., 2016; Ryan et al., 2018; Thorborg et al., 2011; Wollin, Pizzari, et al., 2018). However, there is a gap in research relating to isometric hip



strength for diamond-based sports like softball or baseball. Studies have shown that 50% of the energy generated in an overhand throw arises from the lower body (Kibler et al., 2006). Further, the generation of force during a bat swing is conveyed up the kinetic chain through the legs, as demonstrated in baseball (Fortenbaugh, 2011; Shaffer et al., 1993; Welch et al., 1995). Therefore, repetitive tasks like batting and throwing have the potential to reduce neuromuscular function and impact performance.

In addition to isometric strength testing, electromyography (EMG) may provide a local estimation of neuromuscular fatigue of specific muscles. Currently, studies using EMG on softball players have focused on the muscles of the upper body (Chang et al., 2010; Remaley et al., 2015; Rojas et al., 2009) or have detailed lower body activation in position-specific movements (e.g. catchers rising from a squat, the windmill pitch) (Oliver & Plummer, 2011; Plummer & Oliver, 2014). However, due to the involvement of the lumbopelvic-hip complex in pelvic stability during energy transfer from the lower extremities to the upper extremities (Gilmer et al., 2018; Oliver, 2014; Oliver & Keeley, 2010; Plummer & Oliver, 2014; Washington et al., 2018), it is necessary to assess changes within specific hip musculature of softball players in response to neuromuscular fatigue. As softball players are likely to perform numerous bat swings throughout a game and more so during training, this movement may significantly contribute to fatigue development. Additionally, unlike position-specific demands (e.g. pitching, catchers squat), nearly all playing positions bat, making batting a universal contribution of fatigue development. A combined analysis of changes in isometric strength and EMG waveforms (e.g. amplitude and median frequency) of the hip musculature of softball players intermittently from batting may provide further insight into neuromuscular fatigue development and its impact on performance variables (e.g. batted ball velocity).

Research is also required to assess differences in intensity and workload in training and competition settings for softball players. Though softball games are interspersed with low to moderate intensity periods of play (*General Physical Activities Defined by Level of Intensity*, 2011), it is not uncommon for softball training sessions to be more consistently active, with skills training, batting practice, and simulated gameplay. Research has established that training sessions in cricket often surpass the workload demands of those experienced during competition (Vickery et al., 2018). Other investigations have demonstrated that amongst cricket playing positions, seam bowlers experienced significantly higher workloads in training than non-bowlers due to their involvement in batting, fielding and bowling drills (Cooke et al.,

2019). One could infer a similar result for softball players who participate in batting and fielding drills in every training session. As training sessions are likely to occur more frequently than competition, scheduling an appropriate amount of recovery following intense training may help prevent overtraining and the risk of injury or illness for softball athletes. Indeed, Patel et al. (2021) have determined that more softball injuries occur in training than in gameplay. Condensed tournament schedules and multiple games within a day may further increase neuromuscular fatigue. An analysis must first compare neuromuscular fatigue development following training and single games or tournament play to appropriately prescribe recovery for softball athletes.

## **1.2 Aims of the Research Studies**

As a result of current gaps in the literature, this thesis seeks to:

- a) assess softball players' movement demands during offensive and defensive gameplay, focusing on the frequency and duration of movements and differences between positional groups;
- b) examine the test-retest reliability of the ForceFrame Hip Strength Testing System (Vald<sup>®</sup> Performance, Newstead, QLD, AUS) in female diamond-sport athletes unaccustomed to isolated joint isometric assessments in the hip or shoulder regions, and examine the inter-method agreement of the ForceFrame and a handheld dynamometer (HHD);
- c) assess neuromuscular fatigue development measured by isometric force and EMG in hip strength assessments of female softball players intermittently during a repeated batting protocol and evaluate changes in performance variables (e.g. batted ball velocity, RPE) caused by fatigue;
- d) compare fatigue levels between a training session and gameplay on hip adductor and abductor strength and to confirm evidence of cumulative fatigue development during tournament play.

## **1.3 Research Questions and Hypotheses**

**Study One** – *A Time-Motion Analysis of Female Softball Players during a National Tournament*

**Question 1:** What are the movement demands of female softball players during a national tournament?

**Hypothesis 1:** Softball gameplay will be of moderate intensity, interspersed with periods of high-intensity activity. The demands of the sport will vary by positional group, with the pitcher and catcher performing more throwing movements but less walking or running than the infielders or outfielders.

**Study Two – Reliability of Isolated Hip and Shoulder Strength Measures in Female Athletes**

**Question 1:** Does the ForceFrame have acceptable reliability when measuring isolated hip and shoulder strength in female softball players?

**Hypothesis 1:** The ForceFrame will demonstrate acceptable reliability when measuring isolated hip and shoulder strength of female softball players.

**Question 2:** How does the reliability of the ForceFrame compare to previously documented data using handheld dynamometers?

**Hypothesis:** In line with previous research (O'Brien et al., 2019), the reliability of the ForceFrame will be similar to that of handheld dynamometers.

**Study Three – Neuromuscular Fatigue Development in Female Softball Athletes during a Repetitive Batting Protocol**

**Question 1:** How does the median frequency and amplitude of EMG waveforms in the hip adductor and abductor muscles of female softball players change with fatigue during a fatiguing batting protocol?

**Hypothesis 1:** It is hypothesised that the median frequency will shift toward lesser frequencies and the EMG amplitude will increase as a result of neuromuscular fatigue in the hip adductor and abductor muscles of female softball players during a fatiguing batting protocol.

**Question 2:** How will isometric hip strength change with fatigue during a fatiguing batting protocol?

**Hypothesis 2:** We also hypothesise that isometric hip strength during hip adduction and hip abduction will decrease throughout the protocol.

**Question 3:** How will batted ball velocity and ratings of perceived exertion (RPE) change during a fatiguing batting protocol?

**Hypothesis 3:** Developing neuromuscular fatigue will lead to decreases in batted ball velocity and increases in RPE throughout the fatiguing batting protocol.

#### **Study Four** – *Changes in Isometric Hip Strength Following Training and Gameplay in Female Softball Athletes*

**Question 1:** Do significant levels of fatigue develop in female softball players during training and gameplay?

**Hypothesis 1:** It is hypothesised that significant levels of fatigue will develop in the training and gameplay settings and

**Question 2:** Is there evidence of a cumulative effect of fatigue following multiple games within a tournament setting?

**Hypothesis 2:** We hypothesise there will be evidence of cumulative fatigue following multiple games within a tournament setting.

### **1.4 Significance of the Research**

With the increasing popularity, and hence, a greater number of athletes participating at all levels of the sport, an understanding of the game's characteristics can better inform softball practice planning and athlete health welfare protocols. Compacted tournament schedules and average game durations of greater than two hours may exacerbate fatigue development, particularly in less conditioned athletes. As the success or failure of a single play may dictate the outcome of softball games, it would be beneficial for coaches to have fatigue management strategies to reduce athlete performance declines. This thesis is taking the initial steps in understanding the demands of softball, which will provide coaches and sport scientists a greater understanding of athlete readiness and recovery.

### **1.5 Limitations**

The limitations of this thesis are as follows:

**Study One** – *A Time-Motion Analysis of Female Softball Players during a National Tournament*

a) *Individual idiosyncrasies or movement habits*

Analysis of movements during gameplay is subject to individual idiosyncratic movements or personal habits of the athlete (e.g. pacing between plays, jumping after each pitch), where variability could cause an increase in specific movements that are not directly related to gameplay. However, all movements were analysed in this study, regardless of the reason or how it may have influenced the data.

b) *Game score*

The frequency and duration of movements during gameplay may have changed depending upon the score of the game (i.e. behind in score leading to more defensive play). As the selected team placed 3<sup>rd</sup> in the national tournament with a win-loss record of 5-7, the varied outcomes of the games played covered a broad spectrum of scenarios (e.g. high scoring games, significant losses) which may have lessened this impact.

*c) Exclusion of warm-up or cool-down activities*

The analysis was conducted on events occurring during gameplay only, omitting warm-up and cool-down activities. While the addition of movements occurring during warm-up and cool-down may help investigate cumulative fatigue throughout complete game-day preparation and play, the scope of this investigation analysed movements occurring during the game only.

**Study Two – Reliability of Isolated Hip and Shoulder Strength Measures in Female Athletes**

*a) Testing scheduling*

Attempts were made to keep testing time consistent each session. However, not all subjects were able to return consistently due to scheduling conflicts. Therefore, the diurnal schedules of those athletes may have been affected. In attempts to mitigate this effect, submaximal warm-up contractions preceded testing.

*b) Maximal effort contractions*

The nature of maximal effort contractions lends to the possibility of fatigue impacting later tests. Recovery periods of 30 seconds took place between trials, but it is uncertain if fatigue from previous efforts impacted later tests.

*c) Subjects from different sports*

The majority of the subjects were softball players, however, several female subjects from a local state-level baseball team were tested due to recruitment difficulties. Though baseball and softball are sports of similar rules, game format, and common movements, at present it cannot be assumed that the physical characteristics of athletes of the same sex from both sports are comparable.

**Study Three – Neuromuscular Fatigue Development in Female Softball Players during a Repetitive Batting Protocol**

*a) Participant numbers*

Initial power analysis calculated an appropriate sample size of 11 subjects ( $\alpha = \leq 0.05$ ,  $1 - \beta = 0.8$ ). Due to the impact of COVID-19, suspension of participant recruitment occurred. The final analysis included four subjects, where the results are written as a case study.

*b) Laboratory-based testing*

The use of laboratory-based testing may limit the ecological validity of the study. However, laboratory testing allowed for more detailed analysis of the bat swing motion and follows prior literature precedents (Chang et al., 2010; Fortenbaugh, 2011; Shaffer et al., 1993).

*c) Use of Isometric Measure to reflect EMG changes during a dynamic task*

It has been speculated whether isometric contractions provide a good representation of fatigue development during human movement as fatigue is influenced by contraction type, activity, and duration (Barry & Enoka, 2007; Enoka & Stuart, 1992; Hunter et al., 2004; Kay et al., 2000). However, continuous changes in muscle length and the positioning of electrodes over active motor units during dynamic contractions cause fluctuations in EMG spectral shift that may not be related to fatigue (Beck et al., 2014; Hägg, 1992). The decision to use an isometric measure was based upon the well-established reliability of EMD data during this contraction type (Christ et al., 1994; Fauth et al., 2010; Kellis & Katis, 2008; Sleivert & Wenger; Viitasalo & Komi, 2008), with the assessment of batted ball velocity and RPE to further assess changes during a dynamic movement (i.e. batting).

**Study Four – Changes in Isometric Hip Strength Following Training and Gameplay in Female Softball Players**

*a) Timing of testing*

Coach's preferences determined the timing of testing; thus, testing occurred in the days leading up to tournament and on the last game of tournament. As a result, we cannot demonstrate how a single game affected the athletes without recognising the influence of multiple games in the previous five days. Further, due to travel schedules, several athletes were tested before and after training on a different day from the rest of the team. Absolute results may vary for these athletes due to factors such as different training intensities, the previous day's airline travel, and time of day for testing. However, the analysis was performed as within person, mitigating at least a portion of this limitation.

## **1.6 Delimitations**

The delimitations of the thesis are as follows:

### **Study One**

*a) Sex*

Subjects recruited for the current study were restricted to female softball athletes.

*b) Playing level*

Only subjects currently playing on a state-level softball team were recruited for this study.

## **Study Two**

### *a) Sex*

Subjects recruited for the current study were restricted to female softball and baseball athletes.

### *b) Playing level*

Only subjects currently playing on a state-level team were recruited for this study.

## **Study Three**

### *a) Sex*

Subjects recruited for the current study were restricted to female softball athletes.

### *b) Playing level*

Only subjects currently playing on a state-level softball team were recruited for this study.

## **Study Four**

### *a) Sex*

Subjects recruited for the current study were restricted to female softball athletes.

### *b) Playing level*

Only subjects currently playing on a state-level softball team were recruited for this study.

## **1.7 General Overview of the Following Chapters**

This thesis consists of seven chapters. First, a review of literature is presented in Chapter Two. Subsequently, four experimental studies are presented. Chapter Three includes the results of the first study, which explores the movement demands of softball players during gameplay in a national tournament. Chapter Four contains the second study, which investigates the reliability of the ForceFrame when assessing isometric hip and shoulder strength of female diamond-sport athletes. Chapter Five includes the results of the third study, which assesses changes of median frequency and amplitude of EMG waveforms, isometric hip strength, and performance variables of female softball athletes during a repetitive batting protocol. Chapter Six includes the fourth study, which evaluates the development of fatigue during training sessions and gameplay and any cumulative effect of fatigue in a tournament setting. Chapter Seven contains a general summary and conclusion to the entire thesis.

# **CHAPTER TWO**

## **Review of the Literature**

*Discusses the main emphasis of prior research and summarises key findings that underpin the design and implementation of the current research*



## **2.1 Background**

There is a current lack of research concerning the movement demands occurring in gameplay and the development of neuromuscular fatigue in softball players during sport-specific movements, training sessions, or in competition play. Further investigations of neuromuscular fatigue development, particularly in the hip musculature of softball athletes, will allow coaches and sport scientists to optimise training sessions, athlete monitoring techniques, and recovery methods. The following chapter presents relevant literature on this project. It is divided into six sections presenting introductory details of softball gameplay, TMA as a method of quantifying movement demands, an explanation of neuromuscular fatigue, methods of assessing neuromuscular fatigue, the development of fatigue in various playing formats, and a summary of conclusions from this review and applications to this project.

## **2.2 Softball Gameplay and Movement Mechanics**

A softball game is played between two teams of nine players, each alternating between fielding and batting. Typically lasting seven innings, the game's objective is to score more runs while batting than the other team by the last completed inning. In Australia, the state-level softball season occurs in the spring, beginning in September and culminating with the National Tournament in early January. Other universal sports, such as Rugby Sevens or the Union of European Football Association (UEFA) Champions League Football conclude protracted seasons with the most critical performances occurring in a tournament that is generally spread across several weeks and incorporates several rest days between matches (*2018/19 Champions League match and draw calendar*, 2018; *HSBC Sevens Series Rounds*, 2018). In contrast, softball games are often played as part of a condensed tournament schedule across several days rather than throughout a lengthy season. The Women's World Championship lasts nine to ten days (*Softball Australia Archived Events*, n.d.), and the 2021 Olympics tournament will occur over six days (*Softball Olympic Games 2021 Schedule*, 2020). Additionally, it is not uncommon for players to participate in multiple games per day. In the 2019 Australian Open Women's National Championship (the "Gilley's Shield"), teams played, on average, two games a day for seven days, depending on tournament standing (*Softball Australia Archived Events*, n.d.).

At present, research has yet to produce a comprehensive analysis of movements that occur during softball gameplay. Regardless of this fact, numerous studies have detailed the kinematics and kinetics of two of the most common movements, batting and overhand throwing. In these movements, softball players utilise the kinetic chain to transfer angular momentum from the ground up through the lower extremities, trunk and upper extremities. Skills such as these require the sequential, proximal-to-distal movement of joint segments to facilitate the ballistic nature necessary to throw out a baserunner or hit the ball to the outfield (Flyger et al., 2006). A vital component of the successful energy transfer from the lower to upper extremities relies on optimal stabilisation by the muscles of the hips and pelvis, specifically the glutei muscles, hip abductors and hip adductors (Gilmer et al., 2018; Washington, 2018). Shaffer and colleagues (1993) report that “the uncoiling of the wound-up pelvis, trunk, and upper extremities on a stable base provides the power for the baseball batting swing”. Indeed, pelvic stability during a bat swing allows for maximum pelvis rotation velocities of 714°/s and maximum upper trunk and arm rotation velocities of 937°/s and 1160°/s, respectively (Welch et al., 1995). Previous research has suggested that the mechanics of proximal body segments (e.g. the legs, hips, trunk) may influence the movements of distal body segments (e.g. the shoulder, elbow, wrist) (Kibler et al., 2006; Oliver & Keeley, 2010; Plummer & Oliver, 2014; Washington, 2018). Kibler (1998) reported that a 20% decrease in kinetic energy from the hips and trunk during an overhand task like a throw would require a 34% increase in rotational velocity at the shoulder to produce the equivalent amount of force the hand. Unquestionably, the hips and pelvis muscles play a significant role in angular momentum transfer through the kinetic chain, and instability or weakness in these muscles may increase injury susceptibility. Therefore, an understanding of the movements used and the demands of these movements in softball gameplay is needed to develop sport-specific training for all positions and movements.

### **2.3 Time-Motion Analyses**

The determination of movement demands during softball gameplay is crucial to establishing specialised training and conditioning programs, and time-motion analyses are an effective and reliable method of quantifying movements during sporting events (Duthie et al., 2003). Prior studies in various sports have used this method to investigate distance covered during match play (Coutts et al., 2010; Wisbey et al., 2010), repeated-sprint activities (Spencer et al., 2004;

Spencer et al., 2005), work-to-rest ratios (D'Auria & Gabbett, 2008; Deutsch et al., 2007) and differences in movements by position (Bloomfield et al., 2007; Deutsch et al., 2007; Spencer et al., 2005; Virr et al., 2014). Many time-motion analyses focus on running-dominant sports like rugby, Australian Rules Football or soccer. However, the demands of these sports are vastly different from softball, and as such, details from such research cannot be directly applied.

Conversely, cricket has a similar intermittent start-stop nature as softball, and several time-motion analyses have evaluated the demands of cricket. Duffield and Drinkwater (2008) compared movement patterns and changes of activity of batters during Test or One-Day matches. The authors determined that, though cricket incorporates more low intensity activities (e.g. standing, walking) than other running-dominant sports, the amount of sprinting and striding is comparable to that found in a Super 12 rugby match or a field hockey game. In a cricket Test century, durations of high intensity movements were also similar to those reported in soccer, field hockey, and rugby union (1-2 seconds compared to 2-3 seconds, respectively) (Duffield & Drinkwater, 2008). Movement patterns between different playing positions across three cricket match formats (Twenty20, One-Day, and multi-day matches) have also been compared (Petersen et al., 2010). Across all match formats, fast bowlers exhibited the greatest workload compared to wicket-keepers, spin bowlers and fielders, covering 20-80% greater distance, up to 8x more frequent sprints, and at least 35% less recovery time between high intensity efforts. Additionally, despite the intermittent nature of cricket, distances covered by all positions ranged from an average of 4.45 km in Twenty20 matches to ~18.1 km in multi-day matches (Petersen et al., 2010). Despite cricket historically being considered a low intensity sport (Rudkin & O'Donoghue, 2008), these studies indicate that the physiological demands of lengthy cricket match formats and repetitive movements may be as significant as other running-dominant sports like soccer or rugby.

While softball is currently considered to be a sport of low to moderate intensity (*General Physical Activities Defined by Level of Intensity*, 2011), time-motion analyses similar to those by Duffield and Drinkwater (2008) and Petersen et al. (2010) could provide a greater understanding of the activity and movement demands occurring within softball gameplay and lead to the creation of sport-specific training for all positions and movements. To date, only one study has completed a time-motion analysis of collegiate softball gameplay. Axe et al. (2002) determined that a typical collegiate softball pitcher throws an average of 89.6 pitches

per game, while infielders, outfielders, and catchers combine to make an average of 31.8 high effort throws per game. The authors used this data to generate interval-based throwing programs to rehabilitate players based on position. However, their report does not include analysis of movements such as running, jumping, bat swings, or other frequent activities that occur during a softball game, nor does it address training for uninjured softball players. As softball players perform countless high intensity activities throughout a game (e.g. bat swings, sprints, throws), neuromuscular fatigue caused by the repetitive nature of such maximal-effort movements may disrupt the kinetic chain and hinder efficient energy transmission.

## **2.4 Neuromuscular Fatigue**

Neuromuscular fatigue is defined as any exercise-induced reduction in the ability to produce force or power within a muscle or muscle group (Taylor et al., 2016). This reduction manifests as overall impaired muscle function or a decline in the central nervous system's ability to activate muscle contractions (Carroll et al., 2017). When investigating fatigue, scientists tend to classify neuromuscular fatigue into two separate categories: peripheral fatigue and central fatigue.

Peripheral fatigue occurs within the muscle itself and can be further broken down into impairments at the transmission level of the neuromuscular junction, muscle membrane, and sarcoplasmic reticulum, or at the contractile level (Asmussen, 1979). On the other hand, central fatigue is associated with all spinal and supraspinal factors capable of causing a reduction in motoneuron excitability (Bigland-Ritchie et al., 2000; Carroll et al., 2017; Taylor et al., 2016; Taylor & Gandevia, 2008; Taylor et al., 2006). Overall, neuromuscular fatigue induces the decline of function for many components of the nervous system. These include decreased excitation supplied by the motor cortex (Gandevia, 1998; Gandevia et al., 1996; Smith et al., 2007); fatigue-sensitive muscle afferents limiting voluntary command (Gandevia et al., 1996); decreased descending drive from the motor cortex to the motoneurons (Boyas & Guevel, 2011; Enoka, 2008; Enoka et al., 2011; Taylor et al., 2016; Taylor & Gandevia, 2008); the reduction in recruitment and rate coding (Deschenes, 1989; Taylor et al., 2016); and modifications in neuromuscular transmission, muscle action propagation, excitation-contraction coupling and decreased neurotransmitter release at the post-synaptic membrane (Boyas & Guevel, 2011).

Understanding fatigue mechanisms during sports performance may help coaches and sport scientists adjust player workloads or playing time to facilitate recovery.

Previous research has indicated that low intensity exercise leads to greater central fatigue development than peripheral fatigue (Carroll et al., 2017; Millet & Lepers, 2004; Taylor et al., 2016). Low intensity longer duration exercise also has a greater effect on central fatigue development than high intensity short duration exercise due to more significant declines in voluntary activation (Carroll et al., 2017; Froyd et al., 2016; Goodall et al., 2017; Thomas et al., 2015). Additionally, research suggests that the intermittent start-stop nature of cricket contributes to the early development of central fatigue (Christie, 2012). Finally, high intensity movements such as sprints, vertical jumps, throws and bat swings, although predominately affecting peripheral fatigue, may also contribute to central fatigue factors due to increased motor unit firing rate or recruitment to maintain performance as peripheral fatigue accumulates (Decorte et al., 2012). However, without a detailed description of the movement demands of softball gameplay, future research cannot estimate how much of an impact high intensity movements such as these will play in fatigue development. Neuromuscular fatigue may manifest in physical performance declines measured as reductions in throwing velocities, throwing accuracy and compromised neuromuscular control, as has been previously demonstrated in baseball (Escamilla et al., 2007; Freeston et al., 2014; Murray et al., 2001; Tripp et al., 2007). As softball games typically last two hours and are considered an intermittent-activity sport (McArdle et al., 2015), it may be that softball players are more susceptible to neuromuscular fatigue, and tournament schedules (with many games scheduled within a short time frame) may compound fatigue accumulation. This speculation supports the need for the implementation of routine athlete monitoring methods, especially during competitive gameplay.

## **2.5 Assessment of Neuromuscular Fatigue**

In high performing athletic populations, monitoring is commonly employed to assess athletes' recovery from neuromuscular fatigue following training or competition (Halson, 2014; McGuigan et al., 2020; Ryan et al., 2019). A 2012 survey of high-performance practitioners in New Zealand and Australia indicated that 61% of respondents used some form of performance test (e.g. jump tests, sport-specific performance assessments, strength tests) weekly or monthly

for fatigue monitoring (Taylor et al., 2012). Although there are several ways in which coaches can assess an athlete's readiness to play, monitoring fatigue levels is of paramount importance due to how it affects performance. The following sections will address selected methods for assessing neuromuscular fatigue.

### ***2.5.1 Electromyography***

One of the commonly used measures in research to assess neuromuscular fatigue at peripheral locations is electromyography (EMG), which is the measure of the electrical activity of the selected muscle. The amplitude and frequency of spikes of the raw EMG demonstrate the recruitment and the rate of stimulation of activated motor units (Konrad, 2005). Fast-twitch muscle fibres fire at a higher frequency than slow-twitch muscle fibres (30-50 Hz compared to 10-20 Hz, respectively) (Cram, 2011). EMG analysis is often undertaken during maximal voluntary contractions (MVCs) to assess fatigue, as fatigue is generated rapidly and neural input by all motoneurons involved in the contraction stress the entire nervous system uniformly (Taylor et al., 2016). During a typical MVC, greater fast-twitch muscle fibre recruitment is represented by a large proportion of frequencies with higher amplitudes in the upper bandwidth on an EMG power spectrum graph. However, during muscle fatigue, the accumulation of hydrogen ions reduces conduction velocity and the excitability of the muscle fibre membrane (Babault et al., 2006; Masuda et al., 1999). As a result, motor unit firing rates and overall force production is reduced while contraction time increases. The depletion of available fast-twitch motor units and greater reliance on slow-twitch motor units causes a shift toward the lower frequencies of the EMG power spectrum, a common indicator of neuromuscular fatigue (Beck et al., 2014; Bigland-Ritchie et al., 1981; Masuda et al., 1999). Figure 1 illustrates the power spectrum shift from higher to lower frequencies in fatigue developed during an isometric contraction.

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**Figure 1.** A comparison of power spectral density of EMG signals with and without fatigue. Median frequencies for the “no fatigue” and “with fatigue” data are indicated with lines at 60 Hz and 50 Hz, respectively. Taken from Tkach et al. (2010).

Several methods have been developed to analyse EMG signals, but median frequency (MDF), the frequency where the EMG power spectrum is divided into two regions with an equal area (Cifrek et al., 2009; Hägg, 1992; Phinyomark et al., 2012), is widely used in assessing muscle fatigue. Median frequency has demonstrated the most accurate conduction velocity estimates compared with other analyses such as mean frequency or the ratio between high and low frequency components (Dilodeau et al., 1995; Pincivero et al., 2001; Roman-Liu, 2016; Stulen & De Luca, 1981). Further, MDF is reliable on a trial-to-trial and day-to-day basis (De Luca et al., 1983), and is less affected by noise and artefact and influenced by muscle fatigue to a greater degree (De Luca et al., 1983; Stulen & De Luca, 1981).

In addition to MDF, changes in EMG amplitude have also been used to indicate neuromuscular fatigue development. During muscle fatigue, EMG amplitude increases due to changes in motor unit firing rate, recruitment, the shape and synchronisation of motor unit action potentials, and conduction velocity (De Luca, 1979; Gonzalez-Izal et al., 2012). However, factors such as muscle architecture, geometry, EMG cross-talk, and subcutaneous tissue thickness also influence EMG amplitude (Farina et al., 2004). Therefore, amplitude is rarely used individually but rather in combination with other measures, such as spectral analyses like MDF (Cifrek et al., 2009; Dimitrova & Dimitrov, 2003). Simultaneous considerations of amplitude and MDF can provide information on whether EMG changes are fatigue-induced or force-induced. Cifrek et al. (2009) note:

- (1) If the EMG amplitude increases and the EMG spectrum shifts to the right, *muscle force increase* is the probable cause,
- (2) If the EMG amplitude decreases and the EMG spectrum shifts to the left, *muscle force decrease* is the probable

cause, (3) If the EMG amplitude increases and EMG spectrum shifts to the left, this is considered to be the result of *muscle fatigue*, (4) If the EMG amplitude decreases and the EMG spectrum shifts to the right, this is considered to be *recovery from previous muscle fatigue*. (p. 332)

Currently, studies using EMG to assess the movements of softball players have focused on the upper body (Chang et al., 2010; Remaley et al., 2015; Rojas et al., 2009) or have detailed lower body activation in position-specific movements (e.g. catchers rising from a squat, the windmill pitch) (Oliver & Plummer, 2011; Plummer & Oliver, 2014). However, considering the kinetic chain and the importance of lower-limb applications of force (Suchomel et al., 2016), further investigations are needed to understand neuromuscular fatigue generated during softball-specific movements, such as batting.

### ***2.5.2 Changes in Isometric Force***

Most investigations of neuromuscular fatigue utilise isometric contractions during sub-maximal (Maton, 1981; McNeil et al., 2011; St Clair Gibson et al., 2001; Taylor & Gandevia, 2008) or maximal voluntary contractions (Bigland-Ritchie et al., 1983; Bigland-Ritchie et al., 1978; Bigland-Ritchie et al., 1992; Fauth et al., 2010; Rubinstein & Kamen, 2005; Taylor & Gandevia, 2008). Research demonstrates that fatigue first develops centrally during a maximal isometric contraction, then progresses to peripheral fatigue (Babault et al., 2006). Isometric contractions allow for the collection of stable EMG waveforms, limiting the spectral shift caused by factors unrelated to fatigue, such as a weakened signal due to a shift of the electrode from directly over the motor unit (Beck et al., 2014; Hägg, 1992). It is well established that EMG measurements during isometric contractions are reliable (Christ et al., 1994; Fauth et al., 2010; Kellis & Katis, 2008; Sleivert & Wenger; Viitasalo & Komi, 2008). Studies have also determined that isometric contractions exhibit a more significant leftward shift of an EMG signal's frequency content (i.e. evidence of developing neuromuscular fatigue) than from concentric or eccentric contractions (Kay et al., 2000). However, isometric contractions cause an accumulation of muscle metabolites due to ischemic conditions within the muscle during repeated isometric contractions (De Luca et al., 1983; Kay et al., 2000), potentially facilitating fatigue development. Researchers have also speculated whether isometric contractions provide a good representation of fatigue development during human movement due to the influence of contraction type, activity and duration on fatigue (Barry & Enoka, 2007; Enoka & Stuart, 1992;



Hunter et al., 2004; Kay et al., 2000). Despite these factors, the stability and quality of EMG data gathered during isometric contractions indicate its usefulness in measuring neuromuscular fatigue.

#### *2.5.2.1 Force during Isometric Hip Adduction and Abduction*

As the muscles of the hips and pelvis are responsible for the stability of the body during running and kicking movements, investigations regarding isometric hip strength in running-dominated sports like rugby, soccer and Australian football are prevalent (Buchheit et al., 2017; Crow et al., 2010; Fulcher et al., 2010; Roe, Phibbs, et al., 2016; Ryan et al., 2018; Thorborg et al., 2011; Wollin, Pizzari, et al., 2018). However, there is limited research on isometric hip strength in diamond-based sports. Inferences of changes in isometric strength from running-dominated sports cannot necessarily be applied to diamond-based sports as there is less continuous running and more intermittent gameplay in softball and baseball. A majority of power development in the kinetic chain occurs within the hips and pelvis, so understanding muscular strength changes in these regions is crucial to the performance and wellbeing of softball and baseball players.

At present, two studies have investigated changes in strength (measured by isometric force) of the hip musculature in softball players following a single game. Corben and colleagues (2015) evaluated bilateral hip strength of 19 female adolescent softball players ( $15.2 \pm 1.2$  years) before and after a single game pitching performance ( $5 \pm 1$  inning). Post-game fatigue was evident in all hip strength tests (hip adduction/abduction, flexion/extension), with a 19.3% and 15.2% reduction of strength in the dominant and non-dominant hips, respectively. Oliver et al. (2019) also measured isometric hip strength, range of motion, and vertical jump performance in five female collegiate softball pitchers and four collegiate softball catchers. In contrast to Corben et al. (2015), the authors detected limited reductions in isometric hip internal and external rotation of pitchers only (2.02% and 1.95%, respectively). Surprisingly, there were no significant losses in hip adduction/abduction strength for either pitchers or catchers.

Though research has not yet demonstrated evidence of force declines in hip adduction or abduction following a pitching performance in all age groups, one could speculate that adults may be more efficient in their movement patterns, producing less fatigue overall than the subjects used by Corben et al. (2015). Alternatively, adults may perform efforts at a greater

intensity and decelerate greater magnitudes of momentum, generating greater fatigue than adolescent athletes. Age is a component of skills technique and injury prevalence in softball players; therefore, the generalisation of the findings from Corben et al. (2015) to highly experienced (>4 years of softball training at the state level or above) adult women is unknown. Such speculation emphasises the necessity of further research using adult softball players. Another limitation of the Corben et al. (2015) and Oliver, Plummer, et al. (2019) studies is that both delimited subjects to softball pitchers and catchers, with no assessment of changes in strength in other position players. Previous comparisons of hip strength between baseball position players and pitchers established that position players demonstrate significantly greater hip abduction strength than pitchers in the trail leg (i.e. leg on the same side as the throwing arm) (Laudner et al., 2010). The authors speculated that the difference in hip strength might relate to the addition of batting, of which pitchers in baseball and softball rarely participate. The authors also noted that the differences between pitchers and position players' hip strength might be due to the use of a pitching mound, which allows pitchers to use the downward slope to generate force towards home plate, while position players must generate force on level ground. While softball pitchers do not use a mound to pitch from, their throwing volume and throwing intensity is vastly higher than position players due to pitching demands and windmill pitching mechanics (Axe et al., 2002). However, changes in hip strength has not yet been compared between softball pitchers and position players. Additional research is needed to evaluate if changes in isometric hip strength occur in all softball positions, as the hip musculature is essential during rotatory actions prevalent in the sport.

#### *2.5.2.2 Validity and Reliability of Isometric Upper Body Strength Measures*

In addition to the importance of the hip musculature in softball athletes, evaluations of isometric strength changes within the upper body could be valuable for sport scientists and coaches when monitoring softball players. Mullaney et al. (2005) reported a strength loss of 18% during shoulder internal rotation in the throwing arm of collegiate baseball pitchers following a pitching performance ( $7 \pm 2$  innings). Skillington et al. (2017) also described significant reductions in shoulder strength (8.8 kg of force to 8.2,  $p = 0.003$ ) in adolescent female softball pitchers throughout a weekend tournament. Conversely, no significant changes in strength were detected in shoulder internal and external rotation of collegiate softball pitchers and catchers after a single game (Oliver, Plummer, et al., 2019). Strength developed within the chest, shoulders, and arms supplement the power generated by the lower body during

movements like throwing and batting (Kellett, 2017); thus, fatigue within the upper body of softball athletes may hinder performance outcomes such as batted ball or throwing velocity. Therefore, supplemental research of upper body isometric strength changes in softball players following single game and tournament play is necessary.

### *2.5.2.3 Reliability of Isometric Measures*

As the measurement of adductor and abductor strength may be a practical measure capable of identifying the magnitude of neuromuscular fatigue in softball players, the reliability of the equipment used for these measures must be known. Isokinetic dynamometers are considered the gold standard for measuring isometric forces, but these devices are expensive and impractical for field-based use. Currently, handheld dynamometers (HHD) are a tool that many sport scientists use for testing isometric muscular strength in athletes due to the low cost of the devices and the ease of use in the field. Indeed, HHD were used in the two studies that focused on hip strength changes in softball players (Corben et al., 2015; Oliver, Plummer, et al., 2019). However, research has demonstrated that results from HHD may be influenced by administrator strength when providing an opposing force to the isometric movement (Wadsworth et al., 1992); lack of experience with the device (Wikholm & Bohannon, 1991); and the use, or lack of, stabilising equipment (Alfuth & Hahm, 2016; Jackson et al., 2017; Katoh, 2015).

The ForceFrame Hip Strength Testing System (Vald Performance, Albion, QLD) is a device intended for measuring isometric contractions of the hip and shoulders while eliminating the need for additional stabilisation or opposing forces applied by an administrator. It has previously demonstrated moderate to high reliability (ICC: 0.53 – 0.94) in male soccer and Australian Rules Football players when tested on a single day with multiple trials (Desmyttere et al., 2019; Ryan et al., 2018), acceptable reliability (ICC: 0.86 – 0.92) in female Australian Rules Football players when evaluated across multiple days (Kadlec et al., 2021), and a moderate to good correlation with HHD ( $r = 0.53 - 0.71$ ) (O'Brien et al., 2019). However, it is imperative to determine the reliability of the ForceFrame in different populations, sports and within the upper- and lower-body, as well as determine how it compares to proven measures like the HHD.

#### *2.5.2.4 Influence of Subject Positioning on Isometric Strength*

At present, research has not standardised subject positioning when testing athletes' isometric strength. For example, of studies evaluating hip adduction strength, investigators have utilised hip and knee angles of 0° (Fulcher et al., 2010; Thorborg et al., 2011), 45° (Desmyttere et al., 2019; Fulcher et al., 2010; O'Brien et al., 2019; Roe, Darrall-Jones, et al., 2016), 60° (Kadlec et al., 2021; Ryan et al., 2018), or 90° (Buchheit et al., 2017; Fulcher et al., 2010). Delahunt and colleagues (2011) compared hip adductor muscle activity and strength production of male Gaelic games athletes when positioned at 0°, 45°, and 90° of hip and knee flexion and concluded that the most significant adductor muscle activity and strength values occurred at hip and knee angles of 45° (Delahunt et al., 2011). Similarly, Lovell et al. (2012) determined that hip adduction muscle activity was highest at 45° of hip and knee flexion; however, in contrast to Delahunt et al. (2011), the investigators determined that hips and knees positioned at 0° produced the greatest force output. Fulcher et al. (2010) also reported that handheld dynamometer intra- and interrater reliability was greatest when the subject was positioned with hip and knees angled at 90°, compared to 0° and 45°. Additionally, research does not have a consensus on the lever length when testing hip adductor strength. Two studies have concluded that the short lever positioning for testing (i.e. the force transducer is positioned between the medial condyles) produces a greater level of adductor EMG activity when compared to long lever testing positions (i.e. strain gauge is positioned at or just above the medial malleoli) (Delahunt et al., 2011; Lovell et al., 2012). Kadlec et al. (2019) reported a large relationship between short and long lever positioning when measuring adductor strength in male Rugby Union athletes, indicating similar strength results. However, one might suggest that isometric testing should occur in a position most similar to sport-specific movements. In softball players, a hip and knee angle of approximately 60° is typical in the ready position for fielding. Though this position may not elicit the same isometric strength values as other positions, the results gathered from testing softball players' in a sport-specific and oft-repeated position may be more informative of fatigue status and athlete readiness-to-play. Therefore, considerations for how the isometric strength values will be used (e.g. athlete monitoring, injury prevention or rehabilitation) and attention to the demands of the sport should dictate how subjects are positioned during isometric testing.

## **2.6 Playing Formats and Fatigue**

As noted earlier, softball games are often played as part of a condensed tournament rather than throughout a long season. Prior research in softball and baseball has demonstrated that competitions played over several days causes a decrease in muscular strength (Skillington et al., 2017) and flight time: contraction time ratio (Nimphius, 2011a), a measure often used to indicate the presence of neuromuscular fatigue. Literature within other sports indicates that multi-day competitions cause an increase in muscle damage and joint stiffness (Clarke et al., 2015), a decrease in hitting accuracy (Gescheit et al., 2017), fewer repeated-sprint activities and an increased exercise-to-rest ratio (Spencer et al., 2005). It has also been established that neuromuscular function remains diminished 24 to 72 hours following competition (Cormack et al., 2008; Doeven et al., 2018; Houghton & Dawson, 2012; McLellan & Lovell, 2012; Roe, Phibbs, et al., 2016). Factors such as these highlight the importance of routine athlete monitoring during gameplay.

Unfortunately, neuromuscular decline is not limited to occurring only within competitive play. Research has also documented differences in workload and intensity encountered in training and competition (Cooke et al., 2019; Dawson et al., 2004; Ireland et al., 2019; Murphy et al., 2016; Petersen et al., 2011; Tallent et al., 2017). In a study of tennis's physical demands, investigators determined that training sessions were unlikely to adequately replicate competitive tournament demands (Murphy et al., 2016). In Australian Rules Football, the frequency of high intensity movements was much less in training than competition, providing longer recovery times than would regularly occur during competition (Dawson et al., 2004; Ireland et al., 2019). Simulated or skills-based training sessions for cricket players also did not match game demands, measured by mean heart rate and distance covered (Petersen et al., 2011). However, specific positions like fast bowlers regularly exceeded game demands during training, likely due to the requirement of both batting and bowling training (Cooke et al., 2019; Petersen et al., 2011; Tallent et al., 2017). To appropriately prescribe recovery from training or competition, coaches and sport scientists need to regularly assess their athletes' readiness. Future research involving softball athletes is necessary to establish neuromuscular declines caused by training sessions and competition.

## **2.7 Summary and Conclusion**

The increase of softball's global popularity over the last 15 years prompts the necessity for further research to determine the sport-specific movement demands and the impact of neuromuscular fatigue on softball players during gameplay. Factors such as game durations of greater than two hours, the continuous anticipation and concentration during play, and the repetitive nature of frequent maximal-effort movements may exacerbate neuromuscular fatigue development. Therefore, it is first imperative to assess the movement demands of softball gameplay and then assess athletes' recovery from training or competition. Evaluations such as EMG analysis and measures of isometric force are practical methods of monitoring athletes' neuromuscular status and readiness-to-compete. However, further investigations are needed to apply these measures to softball players to determine the overall demands of a softball game and the impact of neuromuscular fatigue on softball players' muscular strength and performance.

At the request of the author,

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## **CHAPTER FIVE**

### **Neuromuscular Fatigue Development in Female Softball Athletes during a Repetitive Batting Protocol**



## 5.1 Introduction

Batting is a complex, highly coordinated multi-joint movement that requires precise timing and accuracy, and is considered one of the most challenging skills to develop in sports (Mihoces, 2003; Reilly-Boccia et al., 2015; Williams & Underwood, 1986). The development and transfer of momentum from the lower extremities to the upper extremities through proximal-to-distal sequencing is vital to the power generation of the bat swing. The batter must maintain stability in the hips and pelvis throughout the movement to minimise loss of force during the transfer from the lower to the upper body (Washington, 2018). Because batting is the primary offensive movement in softball, disruptions within the kinetic chain caused by fatigue may directly impact the success of the individual athlete and the team.

Bat swings occur approximately 17 times per game for individual softball players (Cardwell, 2021). However, this value does not account for pre-game batting practices, which may double, or even triple, bat swing frequency. Further, most bat swings performed in game are taken with the intent to drive the ball to the outfield, requiring maximal power generation and bat speed. At present, only one study has investigated the effect of fatigue caused by batting. Bounds (2010) evaluated a functional fatigue protocol specific to batting, with collegiate softball players completing 100 maximal bat swings for contact at a rate of one swing every three seconds. In their report, significant decreases in bat swing velocity (6.8%) and batted ball velocity (6.1%) were detected (Bounds, 2010). Previous research has determined that higher bat swing velocity is associated with increased time for decision, decreased swing time, and increased batted ball velocity (DeRenne et al., 1995; Reyes & Dolny, 2009; Szymanski et al., 2009). Consequentially, the effect of fatigue could significantly impact the offensive success of softball batters. As lower body power plays a significant role in bat swing velocity (Hoffman et al., 2009; Miller & Bembien, 2017; Szymanski et al., 2009; Till et al., 2011), it is necessary to evaluate the level of neuromuscular fatigue and its impact on hip musculature when batting.

Many investigations of neuromuscular fatigue utilise isometric contractions during maximal voluntary contractions (Bigland-Ritchie et al., 1983; Bigland-Ritchie et al., 1978; Bigland-Ritchie et al., 1992; Fauth et al., 2010; Rubinstein & Kamen, 2005; Taylor & Gandevia, 2008). Isometric hip strength has been used to assess neuromuscular status of baseball and softball pitchers (Corben et al., 2015; Mullaney et al., 2005; Oliver, Plummer, et al., 2019); however, these variables have not been evaluated in response to potential batting induced fatigue. While

the information on the neuromuscular status of pitchers is useful in understanding the effects of repetitive movement in maintaining movement efficiency, these data cannot be applied in a practical way to batters due to differences in movement and frequency. The primary lower body movements of pitching rely heavily upon hip flexion while batters utilise axial rotation (Campbell et al., 2010; Welch et al., 1995). Further, pitchers pitch approximately 112 times throughout a seven inning game, compared to batters who may take 17 bat swings in the same time frame (Cardwell, 2021). As a result, changes in isometric strength that occur in batters and pitchers are likely very different; therefore, additional research is needed to evaluate reductions in isometric hip strength in response to batting.

Although measures of isometric strength provide an evaluation of neuromuscular status in large muscle groups, EMG allows for a more detailed estimation of neuromuscular changes occurring within individual muscles. It is possible to evaluate changes in motor unit recruitment and rate coding of isolated muscles through the use of amplitude and frequency of the EMG waveforms during isometric contractions (Konrad, 2005). At present, studies have primarily used EMG to assess upper body movements of softball players (Chang et al., 2010; Remaley et al., 2015; Rojas et al., 2009) or to detail lower body activation in position-specific movements (e.g. catchers rising from a squat, the windmill pitch) (Oliver & Plummer, 2011; Plummer & Oliver, 2014). Though the results of these investigations contribute to a better understanding of movements found in softball, there is still an absence of information regarding EMG changes in the hip musculature of softball players as a result of batting.

Finally, changes in performance variables are often used as indicators of neuromuscular fatigue. Elite athletes' ability to adapt to changing task requirements allows for movement variability, or the normal variations in motor performance across multiple repetitions of a task (Stergiou & Decker, 2011). Despite their best efforts, however, elite athletes are not immune to the effects of neuromuscular fatigue, which may manifest as pattern changes in muscle activity, increased modulations of isometric force, and alterations in movement dynamics (Cortes et al., 2014). As a result, variability within the performance outcomes (i.e. changes in batted ball velocity) may provide meaningful indicators of fatigue development. Similar to the results of the study by Bounds (2010), other investigations using baseball players have also described reductions in running and throwing velocity, throwing accuracy, and compromised neuromuscular control as a result of fatigue (Escamilla et al., 2007; Freeston et al., 2014; Murray et al., 2001; Tripp et al., 2007). As softball games are often played within a condensed

tournament schedule and softball players routinely participate in multiple games per day, regular assessment of performance variables should be implemented to prevent injury or overuse. However, research must first detail how performance variables change with exposure to repeated bat swings.

Considering the kinetic chain and the importance of lower-limb applications of force (Suchomel et al., 2016) in common movements of softball play (e.g. batting, throwing, jumping), further investigations are needed to determine the effects of neuromuscular fatigue from repeated bat swings on muscle strength, muscle activity, and performance variables in softball players. The current study aims to 1) assess neuromuscular fatigue development measured by isometric force and EMG in hip strength assessments of female softball players intermittently during a repeated batting protocol and 2) evaluate changes in performance variables (e.g. batted ball velocity, RPE) caused by fatigue.

## **5.2 Methods**

### ***5.2.1 Experimental Approach to the Problem***

Our aim was to examine changes in isometric force, electromyographic activity, batted ball velocity, and perceived exertion before, during and after completing a fatiguing batting protocol. The methodology for this study was designed to induce a fatigued state rather than replicate match play conditions. Thus, the protocol was completed in a controlled environment rather than on a playing field. The protocol alternated single trials of maximal voluntary isometric contractions in hip adduction and abduction with sets of 10 batted balls off a batting tee, with the subject completing nine rounds of isometric contractions and 80 bat swings in total. Though results in Chapter 3 indicate a softball player takes approximately 17 bat swings throughout a game (Cardwell, 2021), a total of 80 bat swings was chosen to magnify any fatigue development that occurred within the subjects. Bilateral isometric force and measures of sEMG median frequency and amplitude of the adductor longus (AL), tensor fascia latae (TFL), and gluteus medius (GM) muscles were assessed during isometric contractions. Batted ball velocity was determined for each hit using a calibrated radar gun and averaged across a single round. Exercise intensity, measured by the Borg Rating of Perceived Exertion (RPE) scale, was evaluated after each round of isometric contractions.

### 5.2.2 Subjects

Due to constraints caused by COVID-19 during data collection, subject participation was limited, and the study did not achieve statistical power. Four female softball players participated in this study, and their results are presented as individual case studies. The subjects were assessed for within-subject changes as a result of neuromuscular fatigue. Table 8 presents demographic data for each subject. The Human Research Ethics Committee approved the research protocol (Approval #21828). Subjects provided written and informed consent before starting the study.

**Table 1.** Demographic data of all subjects.

	<b>Age</b>	<b>Body mass</b>	<b>Height</b>	<b>Bats/Throws</b>	<b>Level of Softball Experience</b>	<b>Actively Training or Competing?</b>
<b>Subject 1</b>	25 yrs	83.5 kg	1.77 m	R/R	11 yrs, State and National teams	Not active
<b>Subject 2</b>	18 yrs	65 kg	1.67 m	R/R	12 yrs, State and Junior National teams	Off-season softball
<b>Subject 3</b>	23 yrs	62.0 kg	1.66 m	L/R	10 yrs, State and National teams	Not active
<b>Subject 4</b>	20 yrs	65.7 kg	1.63 m	L/R	5 yrs, State team	Australian Rules Football

Right-handed, R; Left-handed, L.

### 5.2.3 Procedures

Testing was completed in a laboratory setting with temperature control. Height was measured to the nearest 0.1 cm with subjects standing barefoot on a stadiometer. Weight was measured to the nearest 0.1 kg with subjects in exercises attire without shoes on an electronic scale (A&D Electronic Scale, UC-321). A Wave Wireless EMG (Cometa Systems, Bareggio, IT) system recorded EMG signals, sampling at 2000 Hz. Surface electrodes (Ag-AgCl, inter-electrode distance of 2 cm) were placed bilaterally over the muscle bellies of the AL, TFL, and GM of the subject. Electrode location was determined by manual palpation and previously established guidelines (Cram, 2011) (Figure 9).

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**Figure 2.** The location of surface electrodes over the adductor longus (a), tensor fascia latae (b), and gluteus medius (c) (Cram, 2011).

Before electrode placement, the skin was carefully shaved and abraded to keep inter-electrode resistance below 5 k $\Omega$ . EMG data was measured on the front and back legs. For a right-handed batter, the front leg is the left leg, which receives loading following bodyweight shift during swing initiation. The back, or right leg, is responsible for power generation during the swing. These designations are reversed for left-handed batters. Figure 10 illustrates the responsibilities of each leg during a bat swing.

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**Figure 3.** In batting, power generation develops in the back leg. The front leg receives loading following a bodyweight shift during swing initiation. Credit to Paige Sandvik for illustration.

Following electrode placement, the subject performed a standardised dynamic warm-up (Appendix B), followed by 2 min of non-contact bat drills and five submaximal effort bat swings for contact. The subject was allowed to use their own softball bats and set the batting tee height to their preference.

#### ***5.2.4 Batting and Testing Protocol***

Figure 11 is a visual depiction of the overall protocol. The protocol began with the Pre-test, involving a single 5 s MVIC for both hip adduction and abduction, with 10 seconds between each contraction. EMG data and isometric force were collected during all isometric contractions, and the subject was asked for their RPE score immediately following the final MVIC. Following a two-minute rest period, the subject began the first batting set, comprising of ten batted balls from a tee, paced every 10 s by a stopwatch. Though previous research has indicated some kinematic differences when batting off a tee versus using a front toss method of batting (Washington & Oliver, 2018) and front toss may be more similar to a game setting, the use of the tee was selected for ability to replicate hitting conditions on each swing, as well as being a commonly used tool in training sessions. The subject was instructed to hit the ball as hard as they could. Subject 3 and 4 were primarily slap hitters (a hitting style used by left-handed batters who take a running start before hitting the ball) (Chang et al., 2011; Washington, 2018), but they batted stationary for the study. Subjects 1 and 2 were right-handed batters and, therefore, always batted stationary. Batted ball velocity was recorded for each hit. After the tenth batted ball of the set, the subject undertook the testing protocol, which consisted of a single 5 s MVIC for each hip adduction. After a 10 s recovery period, the subject performed a single five-second MVIC for hip abduction. Force and EMG data were collected during each MVIC. RPE scores were recorded after completing both MVICs, with the score encompassing total exercise intensity felt thus far. After a 2 min rest period, the subject returned to the batting tee and began another round of batting. They completed eight sets of batting (i.e. ten swings per set), with the testing protocol and then 2 min rest between each set and after the final set. Hence, a total of 80 batted balls and nine sets of MVICs were completed throughout the entire batting protocol.

Other measures taken during testing were batted ball velocity, isometric hip strength, and exercise intensity. A calibrated radar gun (Stalker Radar, Richardson, TX, USA) measured each trial's batted ball velocity (BBV). The radar gun was held at chest height behind the batting net to record ball speed off the bat. Isometric hip strength was measured immediately following each batting set. The ForceFrame Strength Testing System (ForceFrame) (Vald Performance, Albion, QLD) measured isometric hip adductor and abductor strength by undertaking a maximal voluntary isometric contraction (MVIC). The subject was instructed to lie supine with hips and knees bent at 60° of flexion determined by a digital goniometer (Digital Protractor

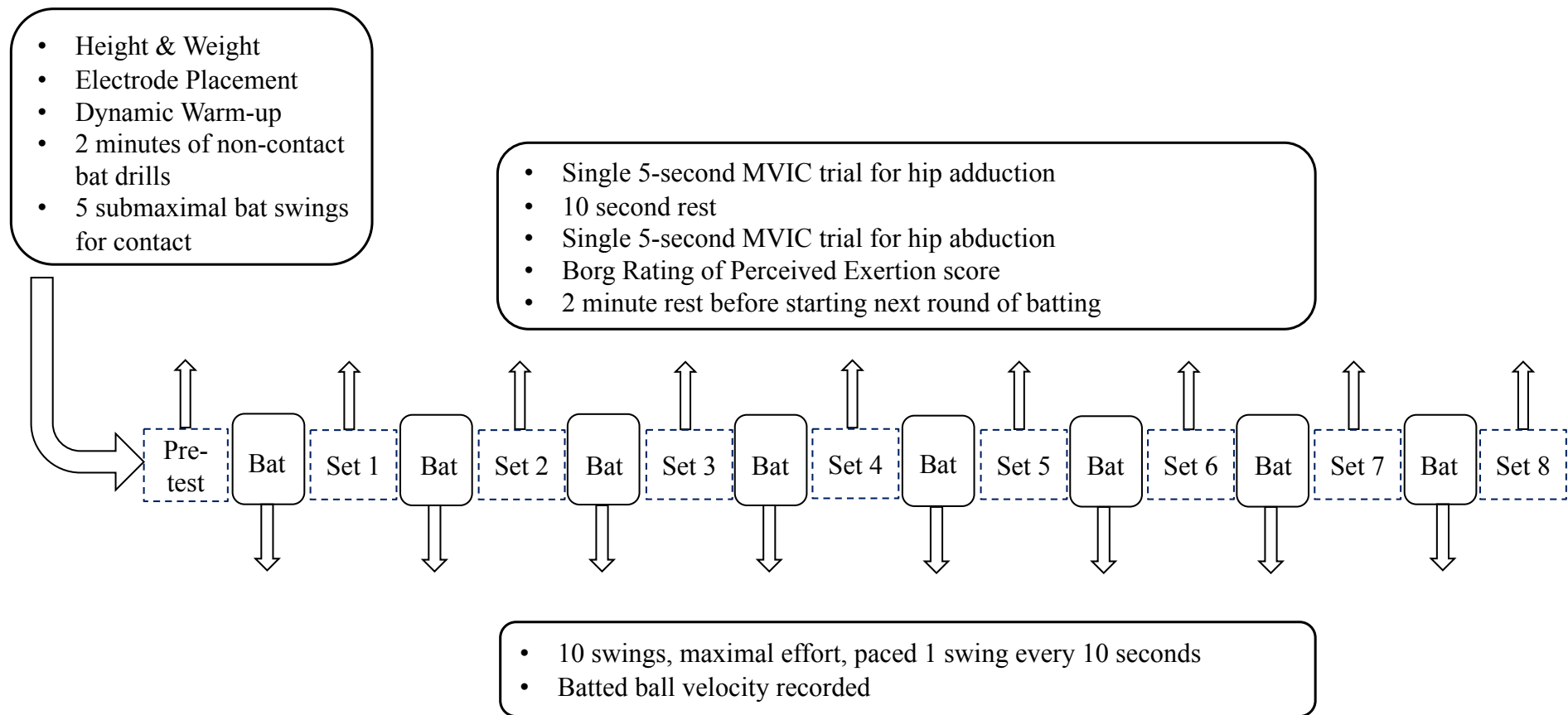
Goniometer, Medigauge, Columbia, MO) (Ryan et al., 2018). The crossbar height was adjusted so that hips and knees remained at 60° and the force transducers were in contact with the medial femoral condyle during adduction and lateral femoral condyle during hip abduction. Prior to testing, the subject was given instruction and allowed up to five submaximal trials for familiarisation with the ForceFrame. For each movement, the subject was instructed to push with maximal effort for five seconds, and the peak isometric force of each leg was recorded. This measurement occurred before the commencement and after the conclusion of each batting set. The Borg Rating of Perceived Exertion (RPE) 6-20 scale (Borg, 1982) was used to estimate exercise intensity. Explanation of the scale occurred before testing began, and subject RPE scores were estimated following after each round of isometric measures. A copy of the scale was on hand for subject reference during the protocol.

### ***5.2.5 Data Analysis***

Limited subject recruitment (due to COVID-19 interruptions) lead to a case study approach and intra-subject differences were qualitatively assessed. Variables determined were median frequency (MDF), maximum EMG amplitude, BBV, peak isometric force, and RPE.

All raw EMG signals were Bandpass filtered at 6-500 Hz. Filtered EMG signals were checked visually to ensure correct signal acquisition. For each individual muscle, median frequency of the filtered EMG signal was calculated from the power density spectrum of the middle three seconds of a five-second contraction of each MVIC during each trial, discarding the first and last second. Processing of the EMG amplitude data was performed by using a root mean square (RMS) with a window of 100 ms to smooth the data for each muscle during each MVIC. The maximal value (amplitude) was identified over the middle three seconds of the five-second MVIC, discarding the first and last second. Amplitude was then normalised to subject's Pre-test values of hip adduction and hip abduction and presented as Normalised Peak EMG (%).

Isometric force data was also normalised to the subject's Pre-test values and presented as Normalised Isometric Force (measured in newtons [N]). Mean and standard deviations of BBV were calculated using the ten batted balls in each set.



**Figure 4.** A visual representation of the batting protocol. MVIC = Maximal voluntary isometric contraction.

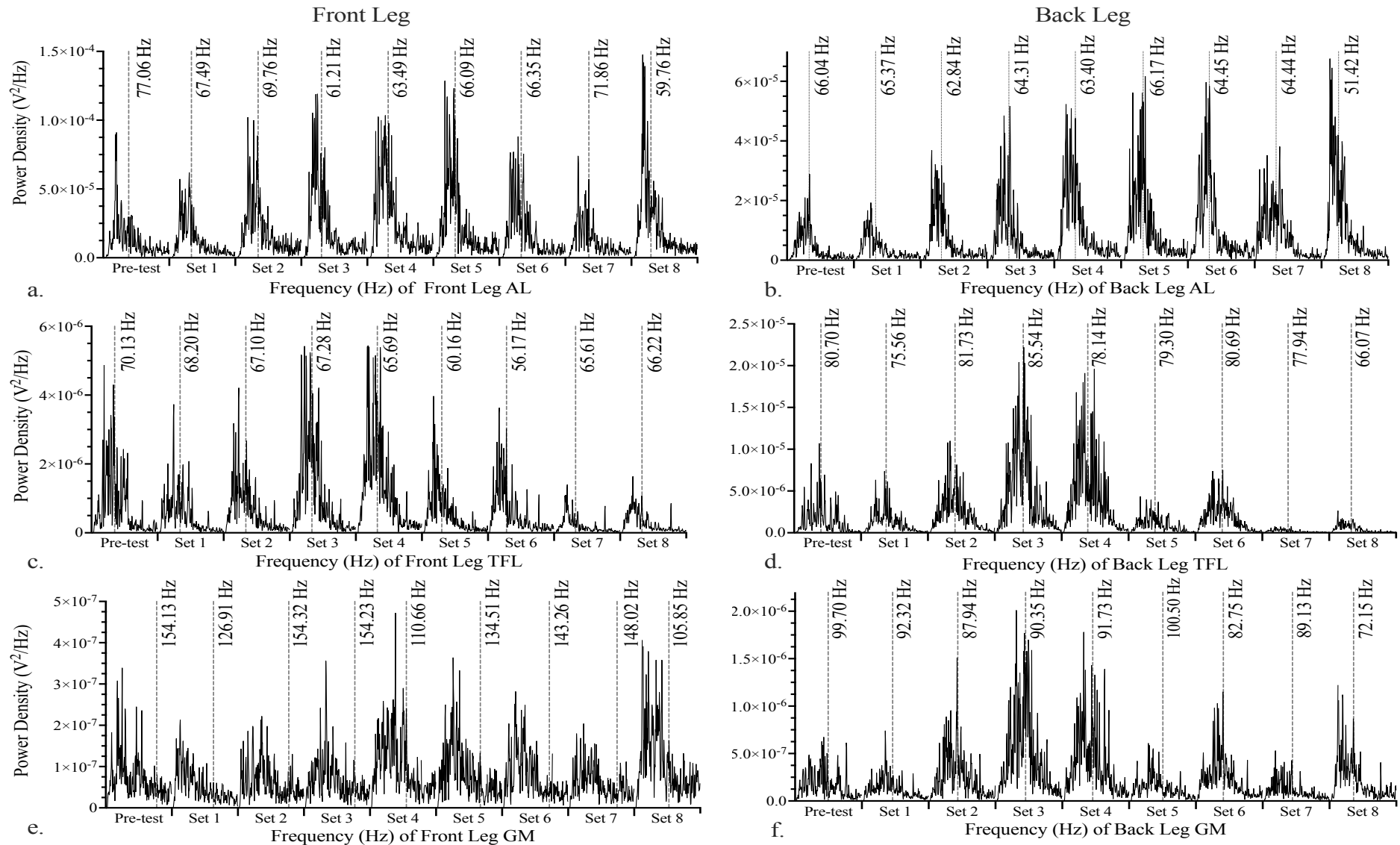


## 5.3 Results

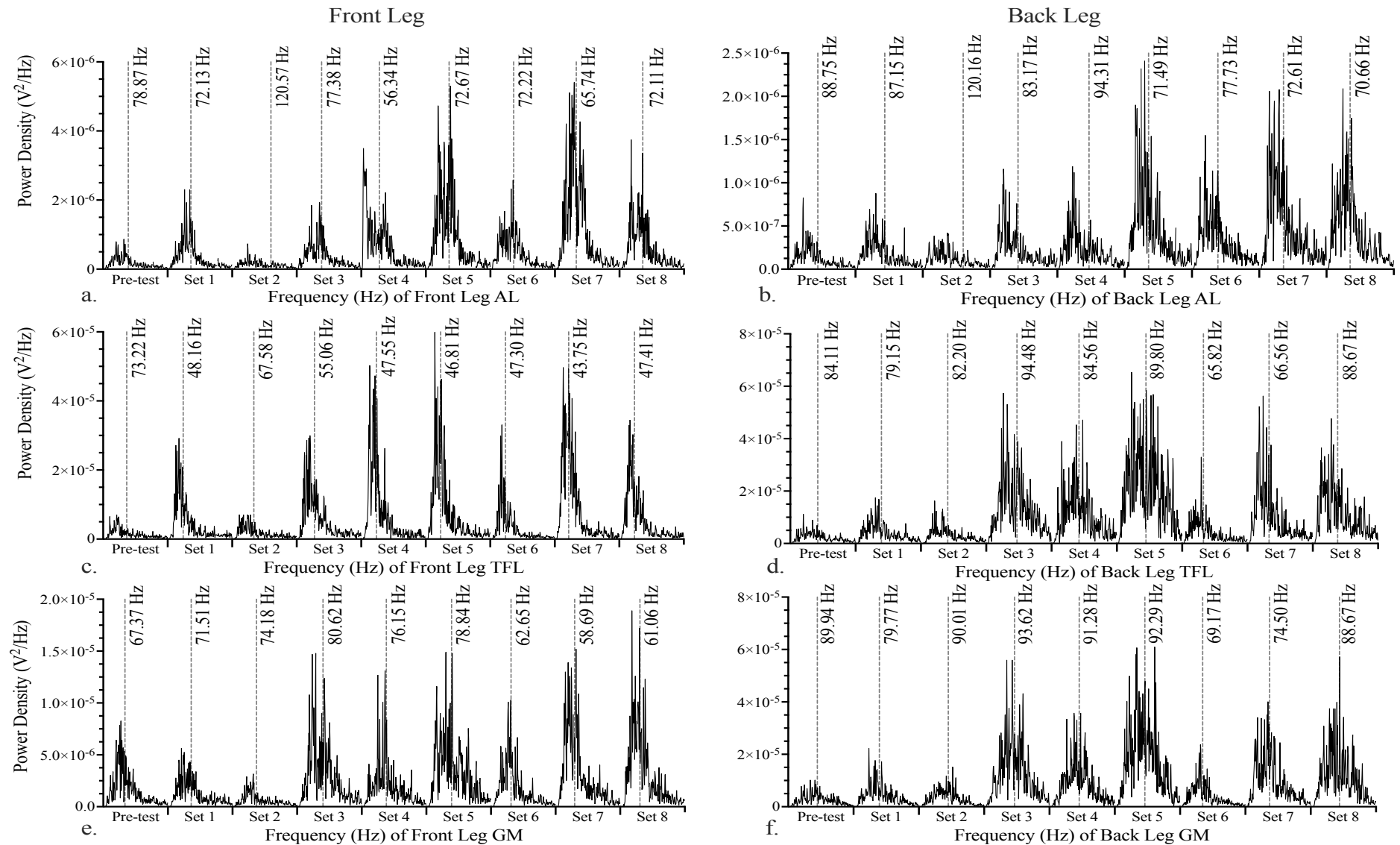
### 5.3.1 Subject 1

Subject 1 demonstrated an initial increase then shift towards lower frequencies for MDF across all sets during hip adduction (Figure 12). During hip abduction, all front leg muscles and the back AL exhibited an initial increase toward higher frequencies before shifting to lower frequencies (Figures 13a-c, e). However, following an initial increase, the back leg TFL and GM muscles' MDF remained similar to Pre-test frequencies throughout the batting protocol (Figures 13d, f). Increases in normalised amplitude of the EMG during hip adduction were displayed in Subject 1's front leg GM and back leg AL (Figures 14a and 14b, respectively). Normalised amplitude of the EMG increased across all muscles in both legs during hip abduction (Figures 14c and 14d).

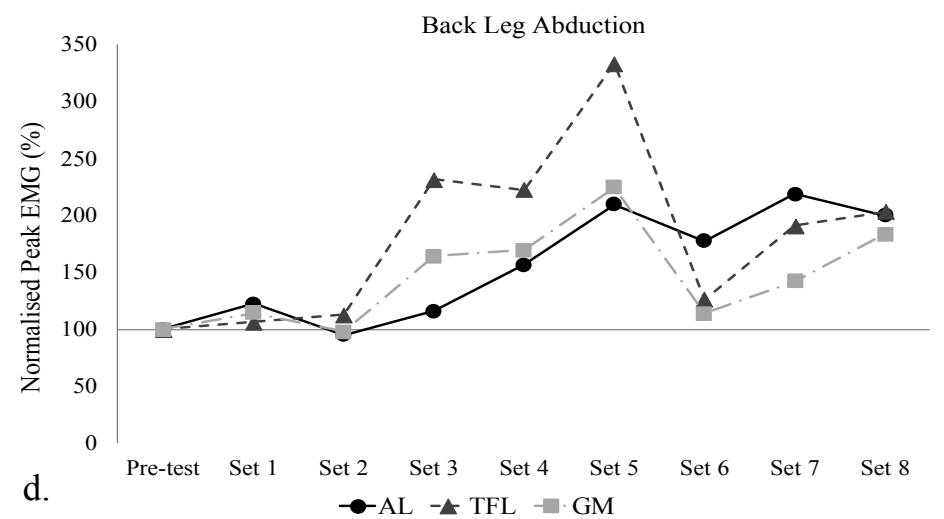
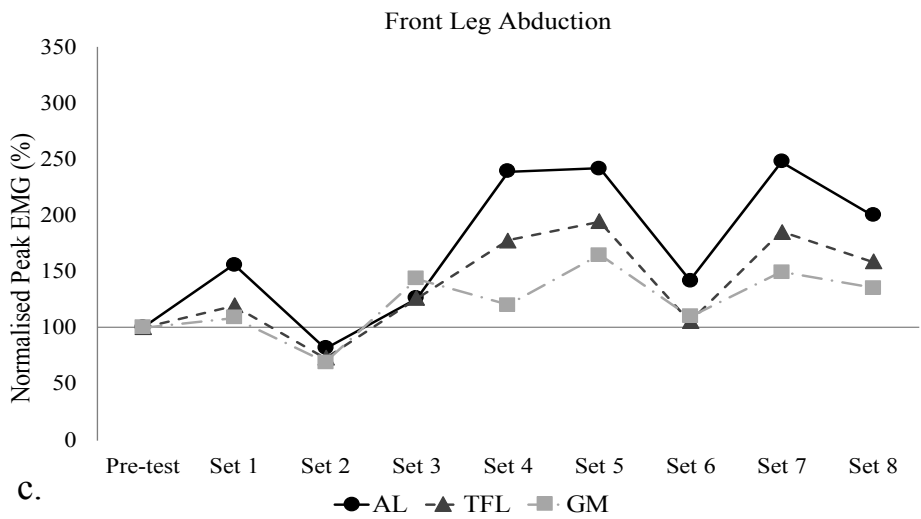
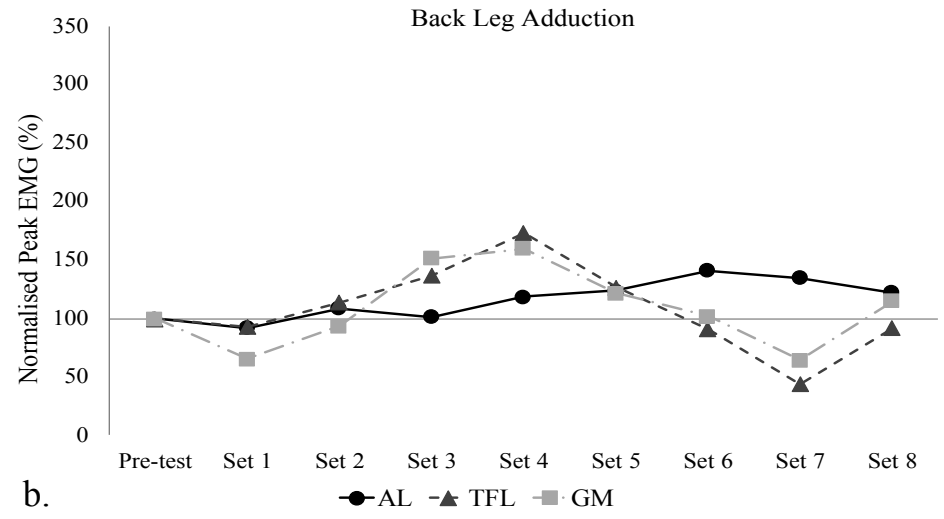
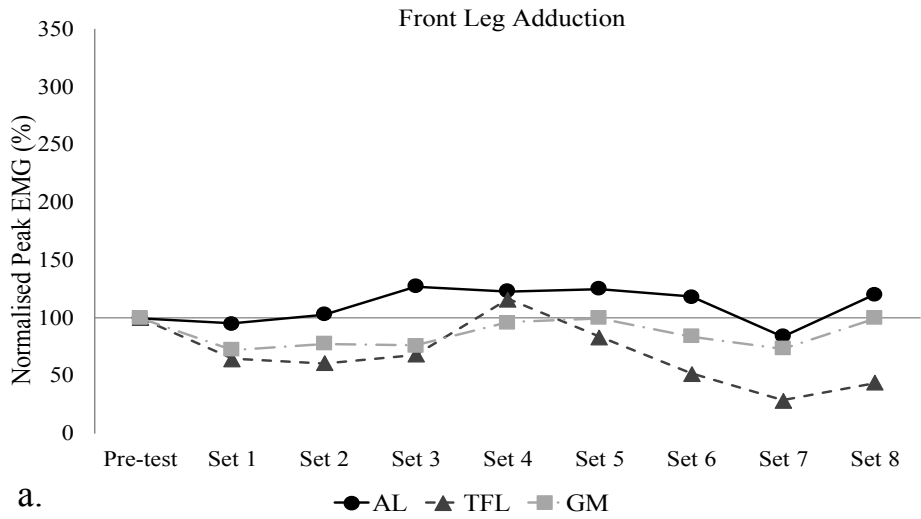
During hip adduction, force increased from Set 1 to Set 4 in all muscles, then declined until the end of the protocol (Figure 15a). Batted ball velocity (also displayed in Figure 15a) was consistent throughout all sets, though displayed large standard deviations in Sets 2, 6 and 8 ( $\pm 9.2 \text{ km.h}^{-1}$ ,  $\pm 13.5 \text{ km.h}^{-1}$ , and  $\pm 11.5 \text{ km.h}^{-1}$ , respectively). Force increased in both legs from Pre-test levels during hip abduction during all sets except for Set 2 and 6 (Figure 15b). Borg RPE scores increased from 16 to 19 from Sets 1-6 but decreased to 17 for the final two sets (Figure 15b).



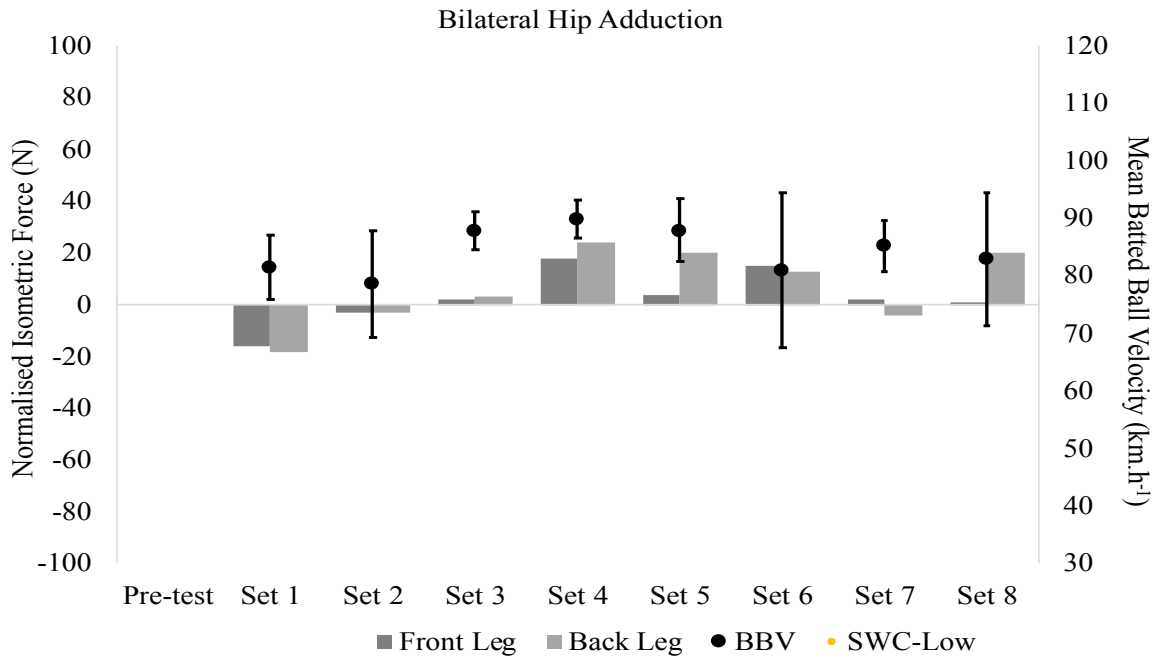
**Figure 5.** A power spectral density (PSD) of filtered EMG signals from the front and back leg adductor longus muscles (a and b), tensor fascia latae (c and d), and gluteus medius (e and f) muscles of Subject 1 during adduction. Median frequencies are demonstrated by dashed lines. Each set is presented over a 200 Hz axis.



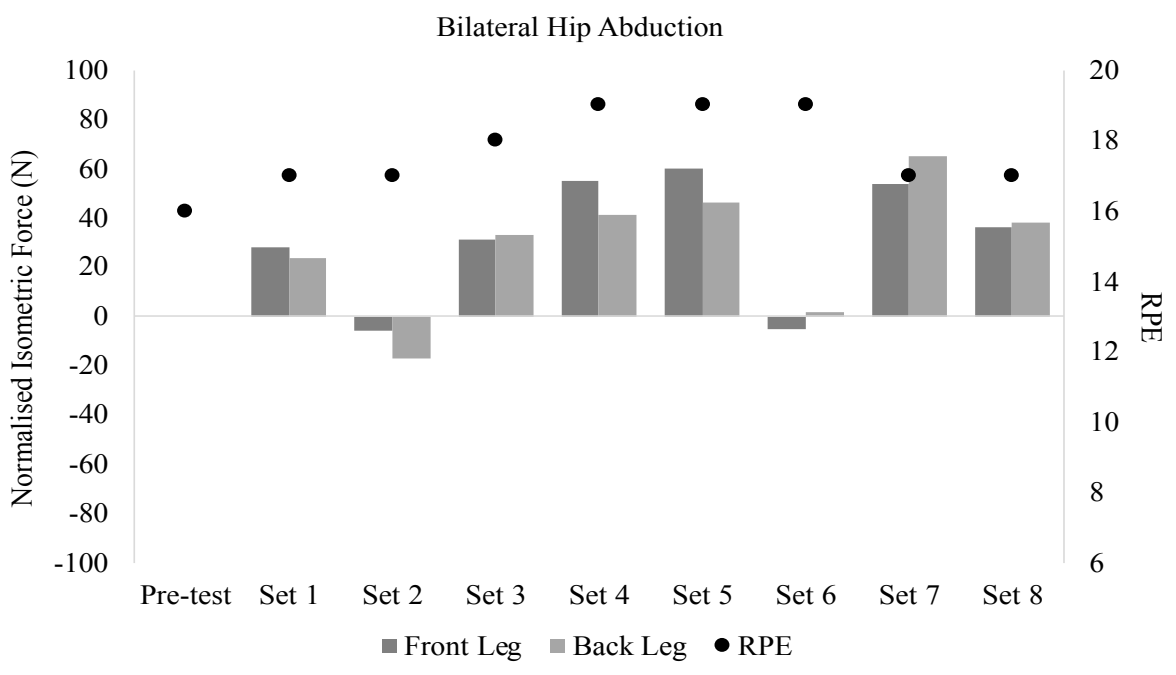
**Figure 6.** A power spectral density (PSD) of raw EMG signals from the front and back leg adductor longus muscles (a and b), tensor fascia latae (c and d), and gluteus medius (e and f) muscles of Subject 1 during abduction. Median frequencies are demonstrated by dashed lines. Each set is presented over a 200 Hz axis.



**Figure 7.** EMG amplitude of Subject 1 during hip adduction (front leg, a; back leg, b) and abduction (front leg, c; back leg, d). Amplitude was normalised to Pre-test amplitude. An increase in amplitude is indicative of increased recruitment of additional motor units. AL: Adductor Longus; TFL: Tensor Fascia Latae; GM: Gluteus Medius.



**a.**



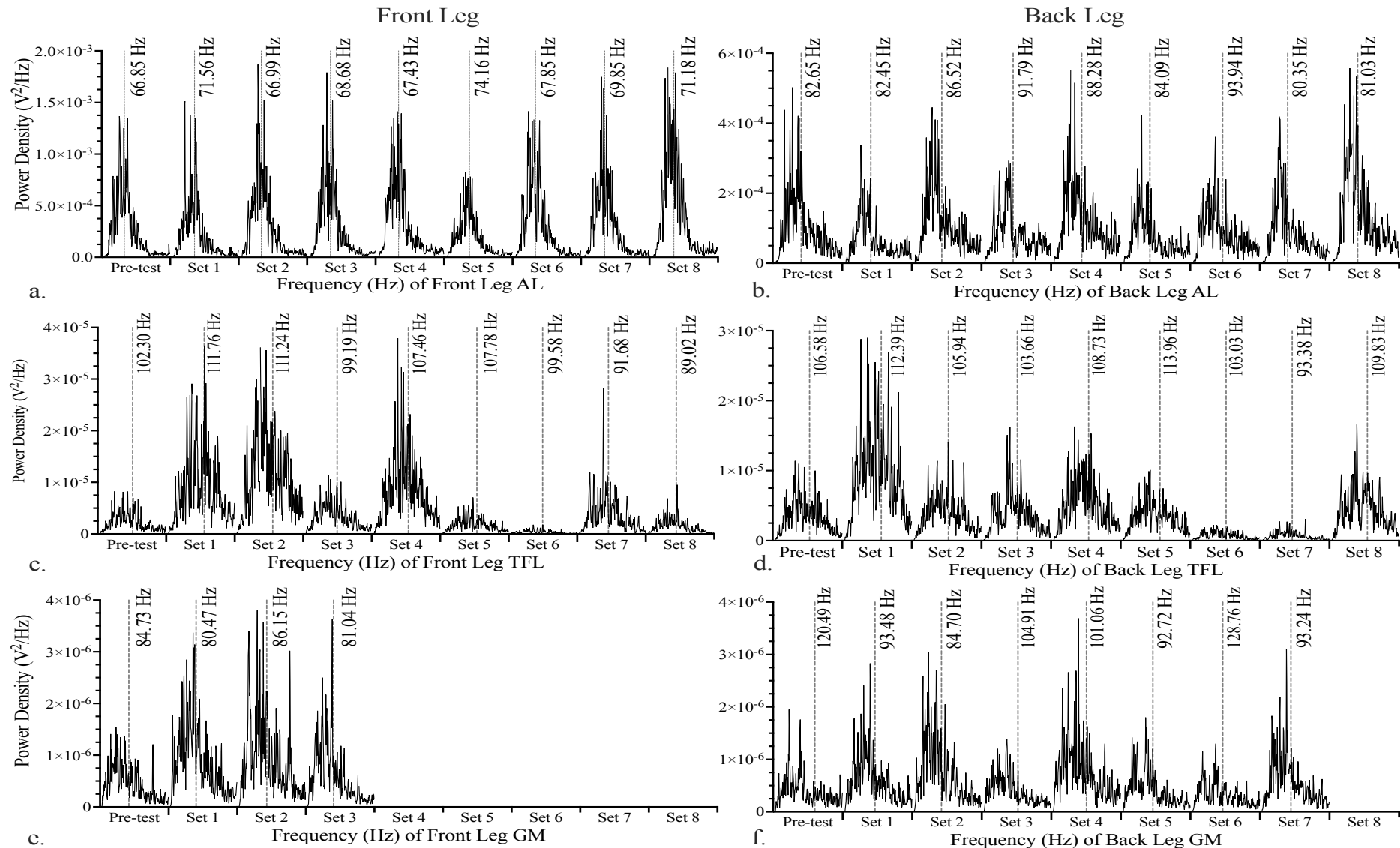
**b.**

**Figure 8.** a) Bilateral isometric hip adduction force for Subject 1 normalised to Pre-test values, overlaid with mean batted ball velocities of each set. Error bars denote standard deviations. b) The bilateral isometric hip abduction force of Subject 1 normalised to Pre-test values. Overlaid values are Borg RPE scores reported after each set.

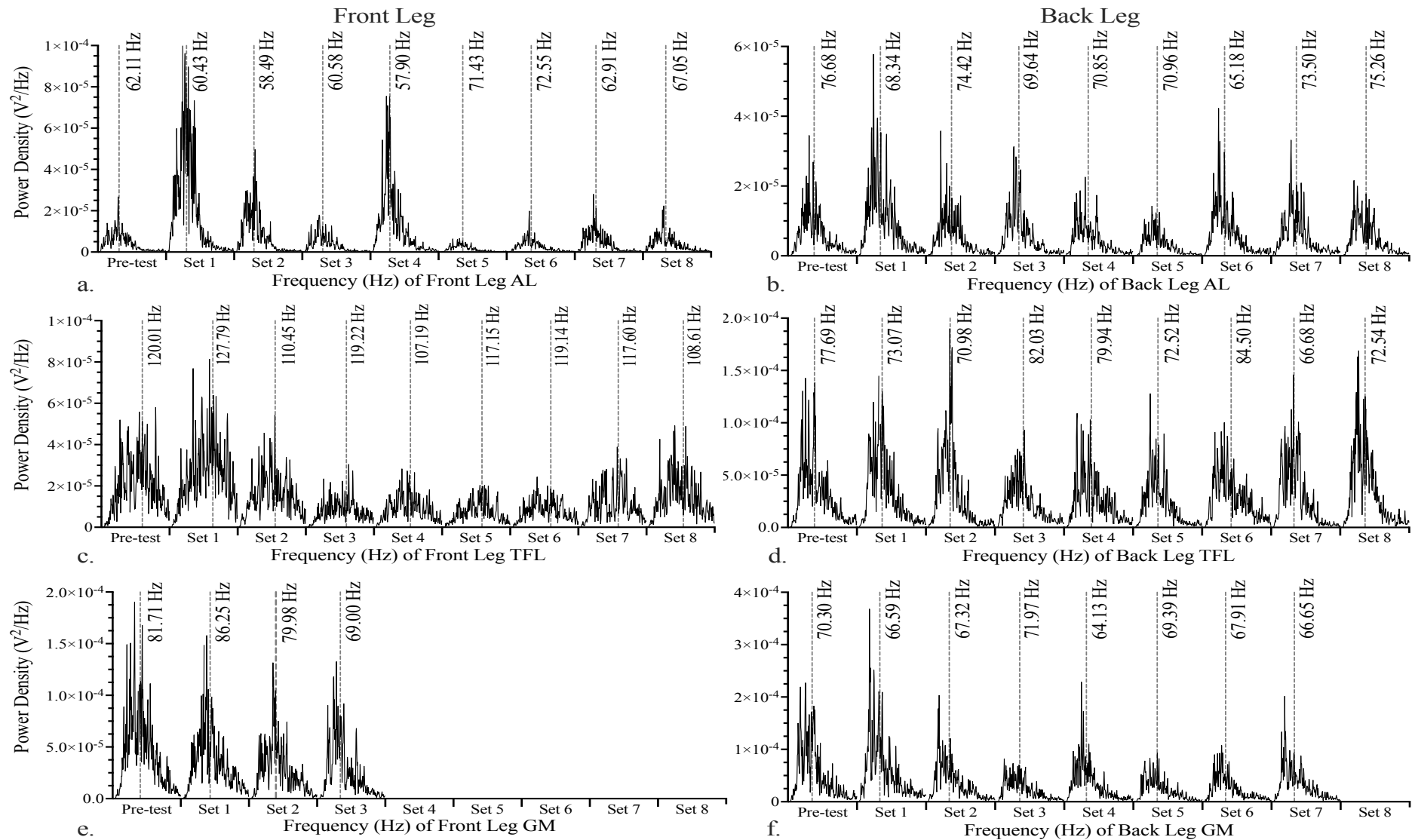
### 5.3.2 Subject 2

Due to electrode failure, data for the GM of Subject 2 was only collected through to the end of Set 3 for the front GM and through to the end of Set 7 on the back GM. During hip adduction, the front AL and back TFL muscles exhibited increases in MDF throughout the entire protocol (Figures 16a, d). MDF shifted to lower frequencies in the front TFL and back GM muscles during hip adduction after initial increases, but were steady in the front GM and back AL muscles following initial rises (Figures 16b, c, e-f). Front and back AL muscles during abduction remained uniform following small initial rises, with cumulative decreases indicated in the front and back TFL and GM muscles (Figure 17). Though variabilities in normalised EMG amplitude were present during adduction in the front AL, front TFL, and the back GM, no clear trend towards fatigue appears (Figures 18a and b). Similarly, no clear indication of movement toward higher normalised amplitudes emerges in any muscles during abduction (Figures 18c and d).

Isometric force during adduction oscillated in both legs, with declines over Sets 1-3 and 5-6 and increased force during Sets 4, 7 and 8 (Figure 19a). Batted ball velocity was stable during first four sets, then declined to finish  $10 \text{ km}\cdot\text{h}^{-1}$  less than earlier sets; while standard deviations stayed below  $\pm 10 \text{ km}\cdot\text{h}^{-1}$  during all sets (Figure 19a). Like adduction, isometric force fluctuated throughout all sets, increasing bilateral force during the final four sets (Figure 19b). RPE score increased from 10 at Pre-test to 13 by the end of the protocol.

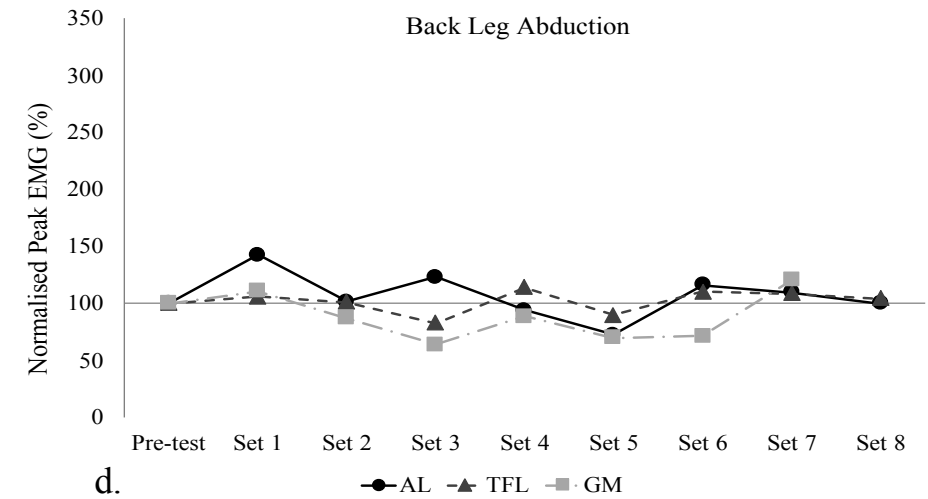
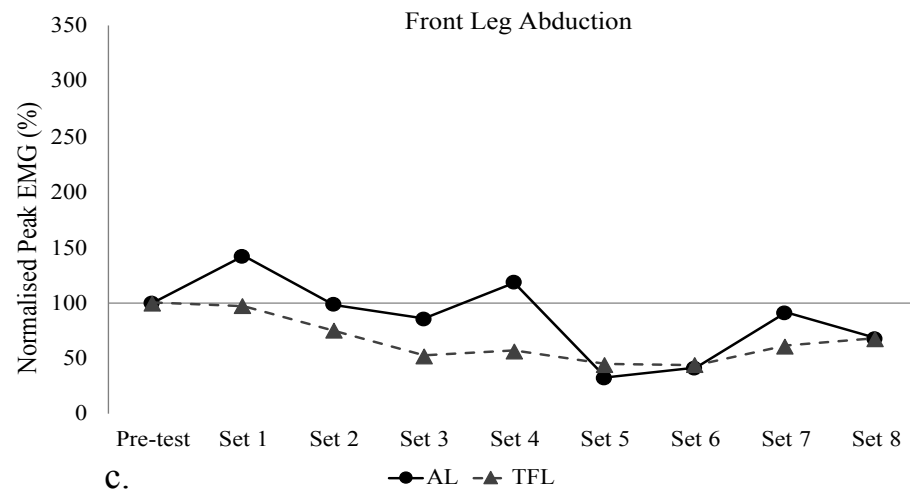
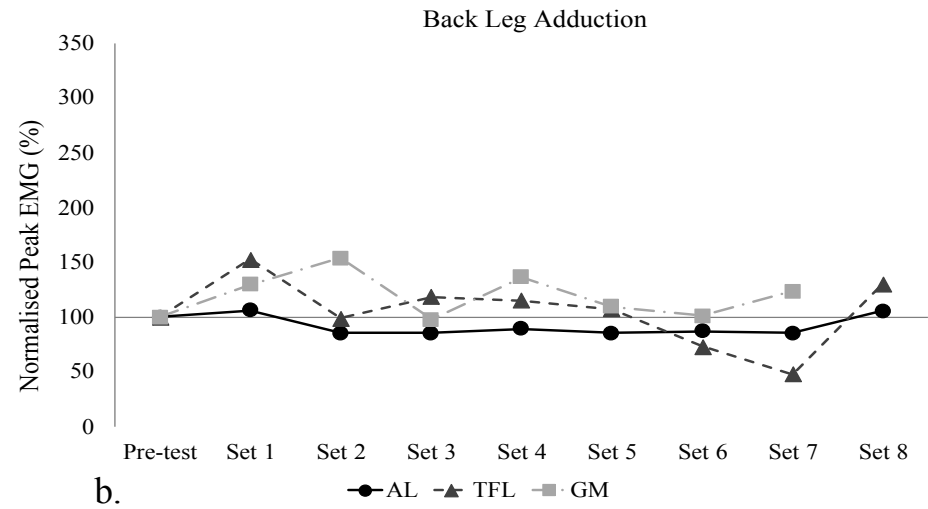
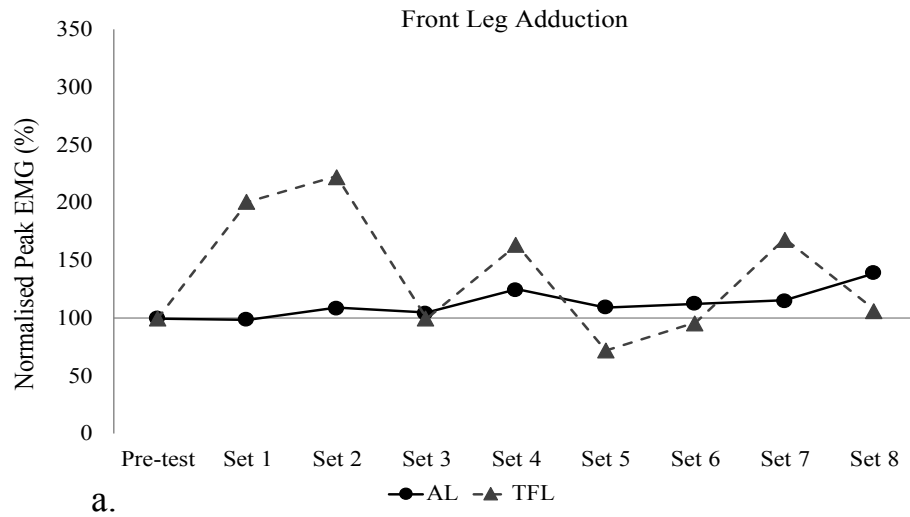


**Figure 9.** A power spectral density (PSD) of raw EMG signals from the front and back leg adductor longus muscle (a and b), tensor fascia latae (c and d), and front gluteus medius (e) muscles of Subject 2 during adduction. Median frequencies are demonstrated by dashed lines. Each set is presented across a 200 Hz axis. No front leg gluteus medius signal was recorded during sets 4-8 due to electrode error. No back leg gluteus medius signal was recorded during set 8 due to electrode error.

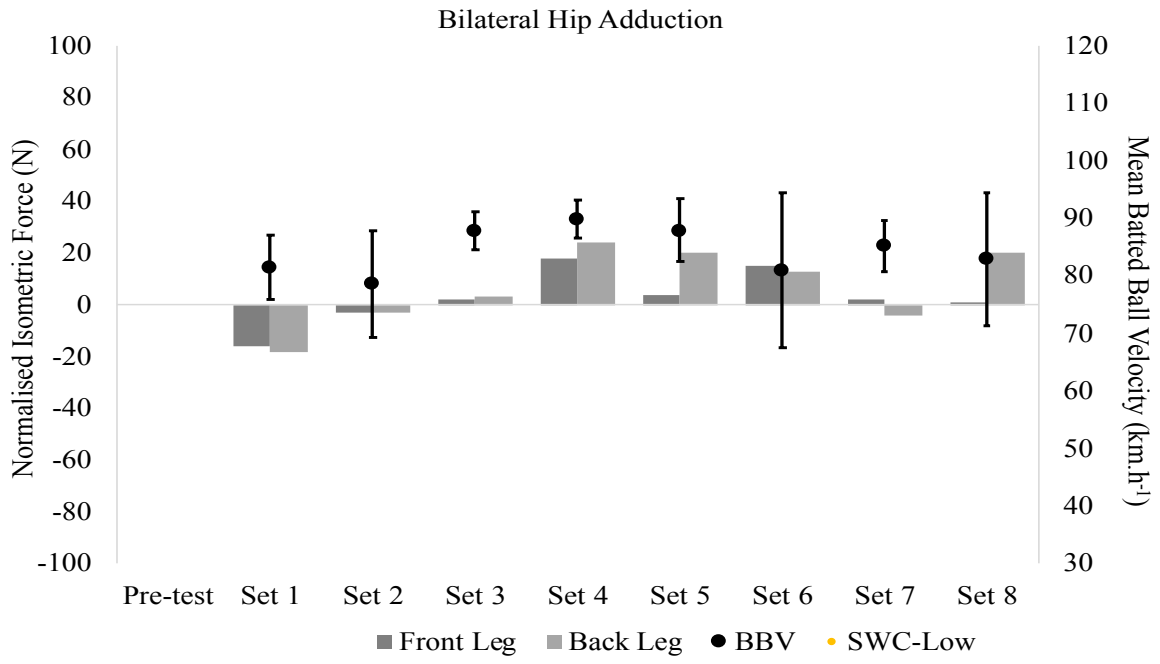


**Figure 10.** A power spectral density (PSD) of raw EMG signals from the front and back leg adductor longus muscle (a and b), tensor fascia latae (c and d), and front gluteus medius (e) muscles of Subject 2 during abduction. Median frequencies are demonstrated by dashed lines. Each set is presented across a 200 Hz axis. No front leg gluteus medius signal was recorded during sets 4-8 due to electrode error. No back leg gluteus medius signal was recorded during set 8 due to electrode error.

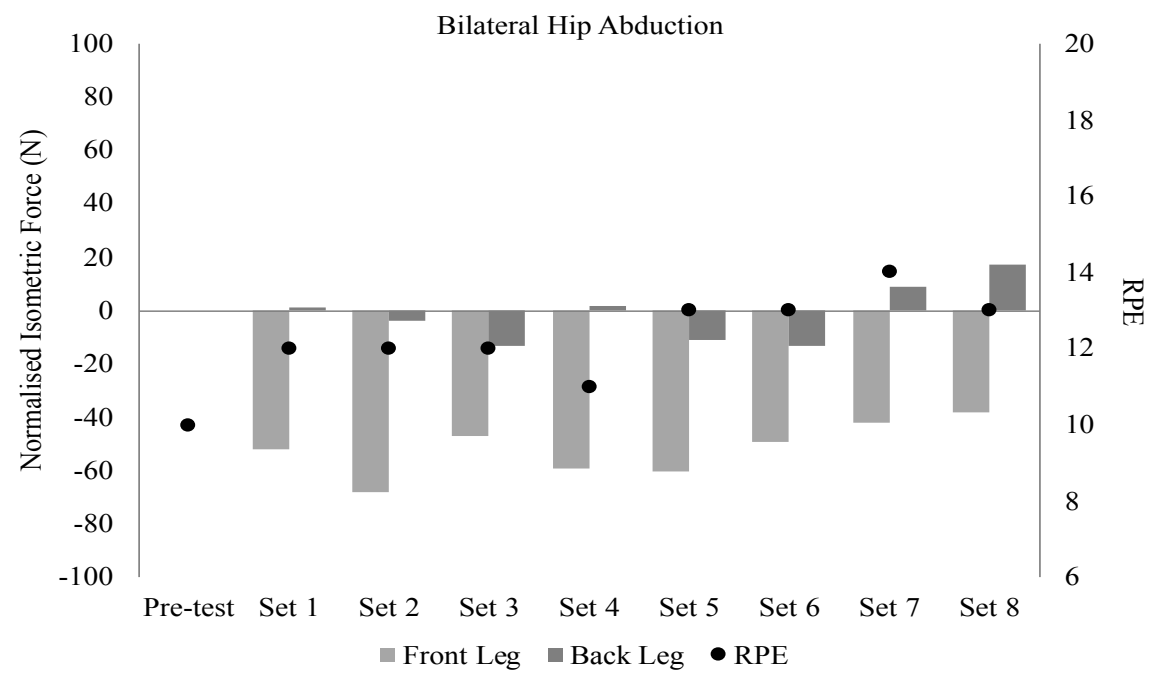




**Figure 11.** EMG amplitude of Subject 2 during hip adduction (front leg, a; back leg, b) and abduction (front leg, c; back leg, d). Amplitude was normalised to Pre-test amplitude. No front leg gluteus medius data was recorded during sets 4-8 due to electrode error. No back leg gluteus medius signal was recorded during set 8 due to electrode error. An increase in amplitude is indicative of increased recruitment of additional motor units. AL: Adductor Longus; TFL: Tensor Fascia Latae; GM: Gluteus Medius.



**a.**



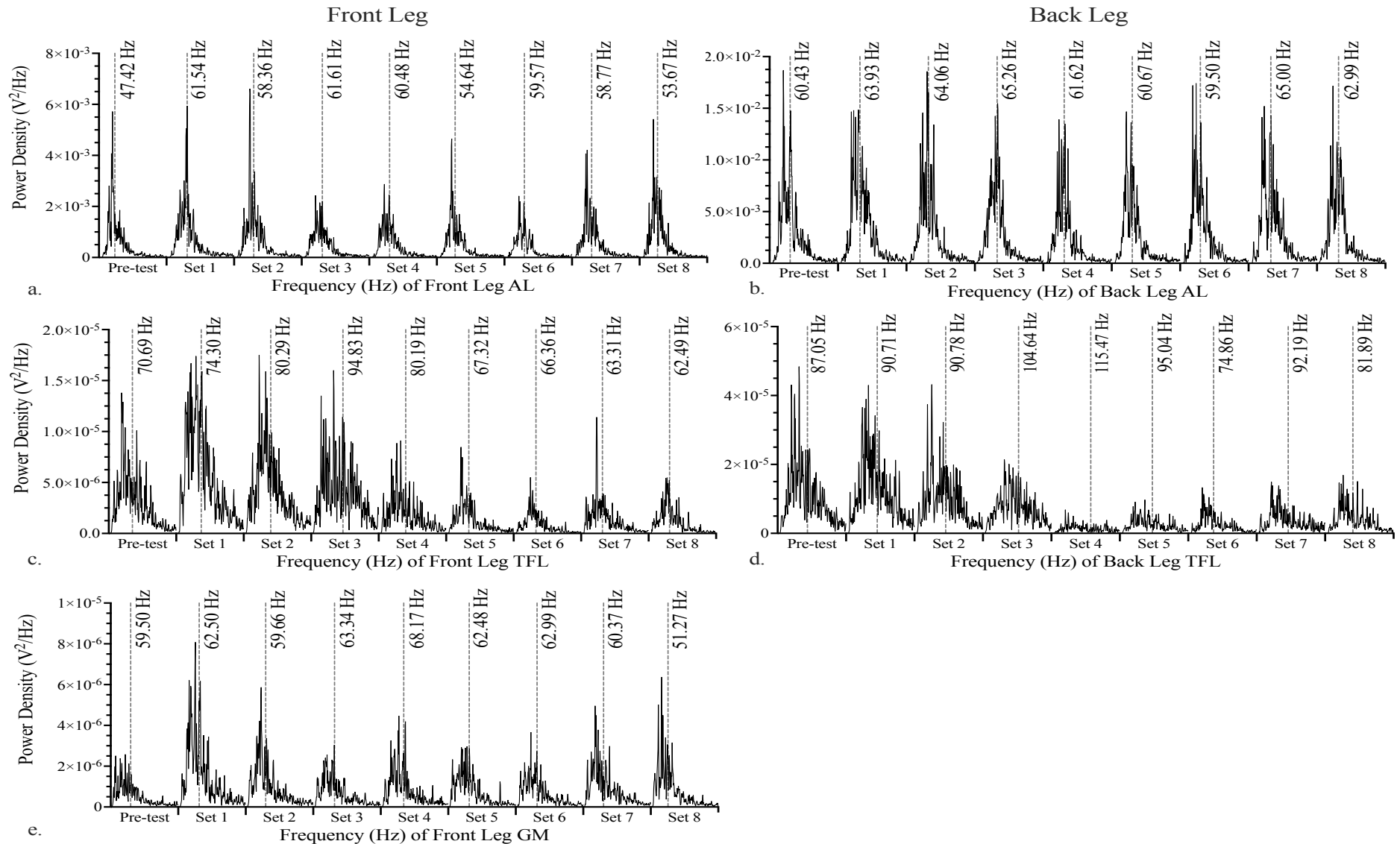
**b.**

**Figure 12.** a) Bilateral isometric hip adduction force for Subject 2 normalised to Pre-test values, overlaid with mean batted ball velocities of each set. Error bars denote standard deviations. b) The bilateral isometric hip abduction force of Subject 2 normalised to Pre-test values. Overlaid values are Borg RPE scores reported after each set.

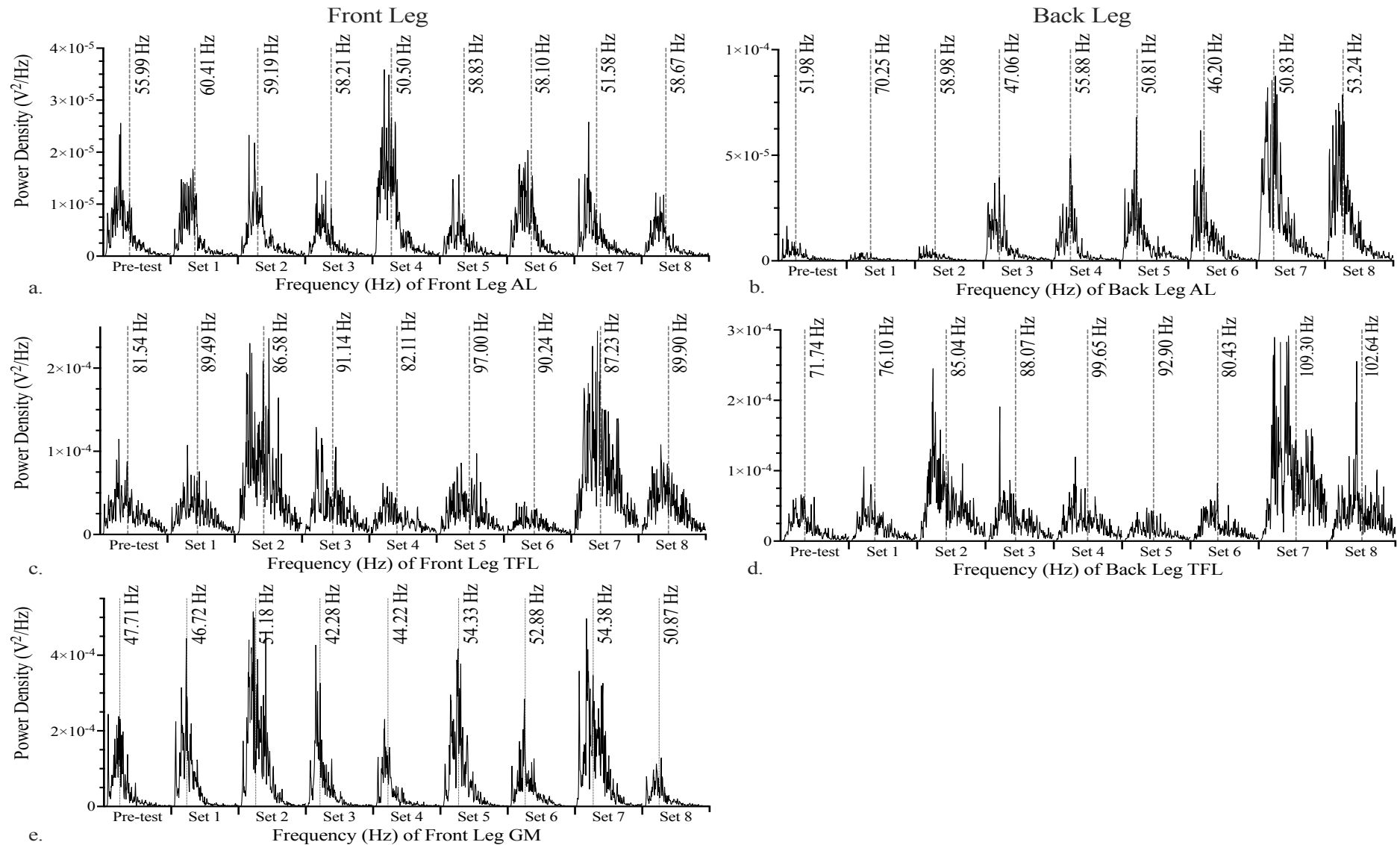
### 5.3.3 Subject 3

Due to electrode error, no analysis was available for the back leg GM muscle of Subject 3. After an early rise in frequency in the early sets, the MDF of Subject 3 was consistent throughout all sets of hip adduction in the front and back leg AL muscles (Figures 20a and 20b); however, shifts to lower frequencies following early rises were present in both TFL muscles and the front GM muscle (Figures 20c-e). During hip abduction, the front and back AL, front TFL and front GM muscles demonstrated initial increases in frequency, then remained steady through the rest of the protocol (Figure 21a-c, e). The back TFL muscle increased in median frequency during hip abduction throughout the protocol (Figure 21d). Similarly, normalised amplitude of the EMG of all muscles during hip adduction was inconsistent with evidence of increased recruitment (Figures 22a and 22b). However, during hip abduction, both TFL muscles and the front AL muscle increased in normalised EMG amplitude (Figures 22c, 22d).

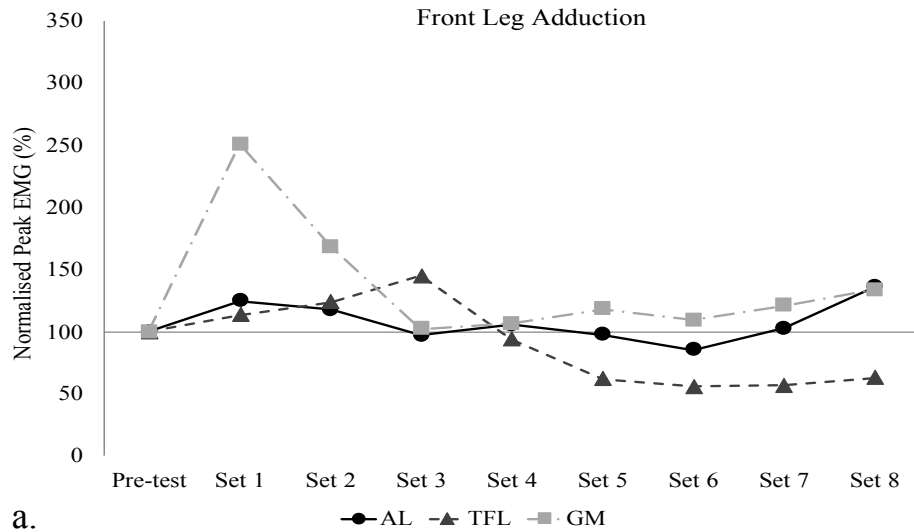
Back leg force production decreased from Set 1 to Set 6 during adduction, then gained strength for the final two sets (Figure 23a). Despite an initial increase of 55 N in the front leg from Pre-test to Set 1, the front leg also displayed a decrease in force production through set 6, then increased again for the final two sets (23a). Batted ball velocity also remained consistent throughout all sets, though large standard deviations developed in sets 4-6 ( $\pm 11.9 \text{ km.h}^{-1}$ ,  $\pm 13.0 \text{ km.h}^{-1}$ , and  $\pm 15.3 \text{ km.h}^{-1}$ ) (Figure 23a). Force production was more evenly distributed between the front and back legs during hip abduction, leading to similar increases in force from Pre-test to Set 2, a subsequent decline until Set 6, and a final increase in force for the final two sets (Figure 23b). Borg RPE scores increased throughout the protocol, rising from 6 at Pre-test to 10 at Set 8 (23b).



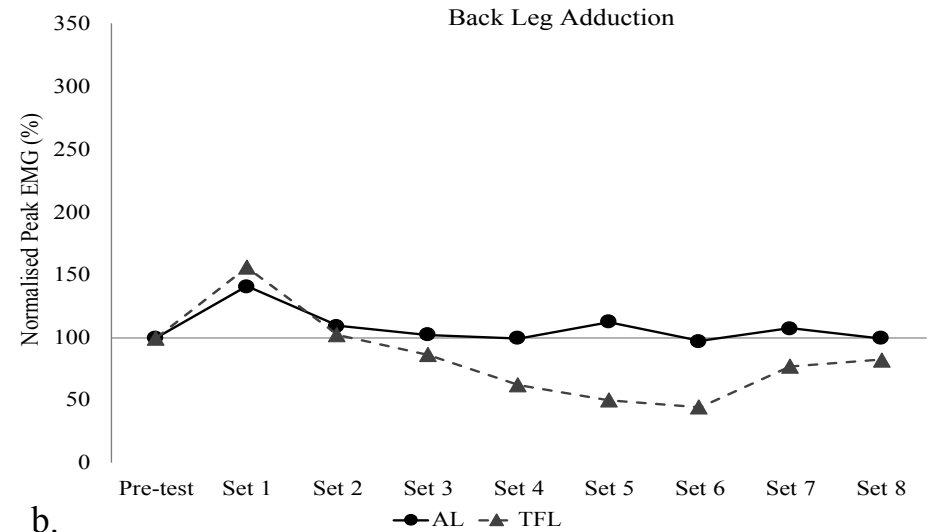
**Figure 13.** A power spectral density (PSD) of raw EMG signals from the front and back leg adductor longus muscle (a and b), front tensor fascia latae (c), and front and back gluteus medius (d and e) muscles of Subject 3 during adduction. Median frequencies are demonstrated by dashed lines. Each set is presented across a 200 Hz axis. No back leg gluteus medius signal was recorded due to electrode error.



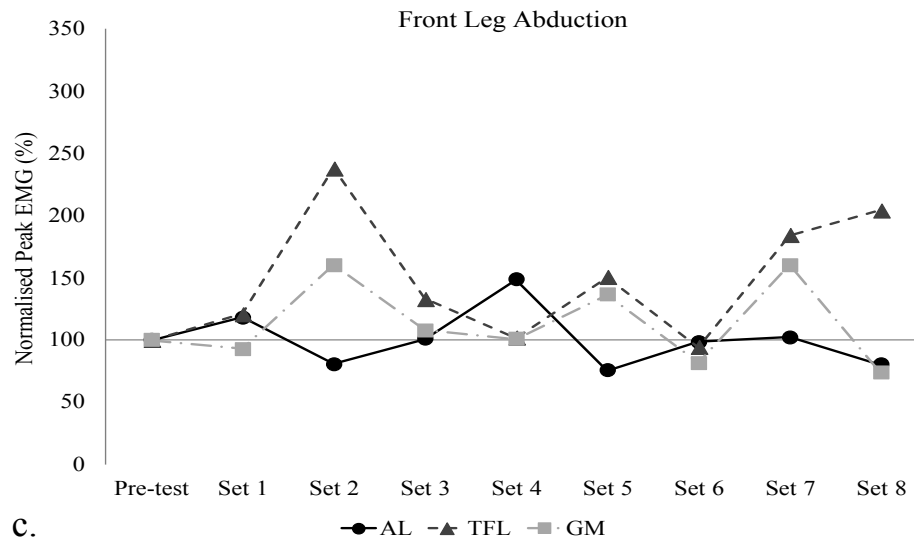
**Figure 14.** A power spectral density (PSD) of raw EMG signals from the front and back leg adductor longus muscle (a and b), front tensor fascia latae (c), and front and back gluteus medius (d and e) muscles of Subject 3 during abduction. Median frequencies are demonstrated by dashed lines. Each set is presented across a 200 Hz axis. No back leg gluteus medius signal was recorded due to electrode error.



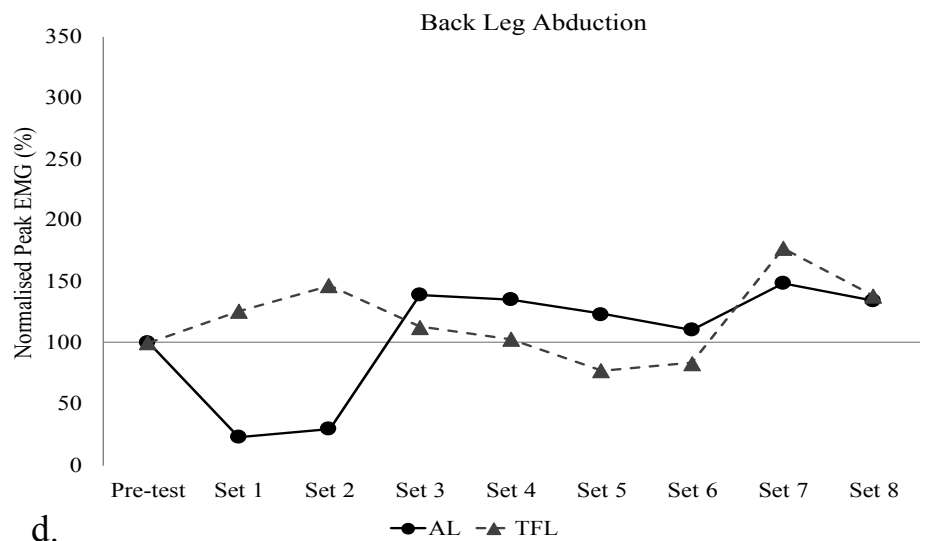
a.



b.

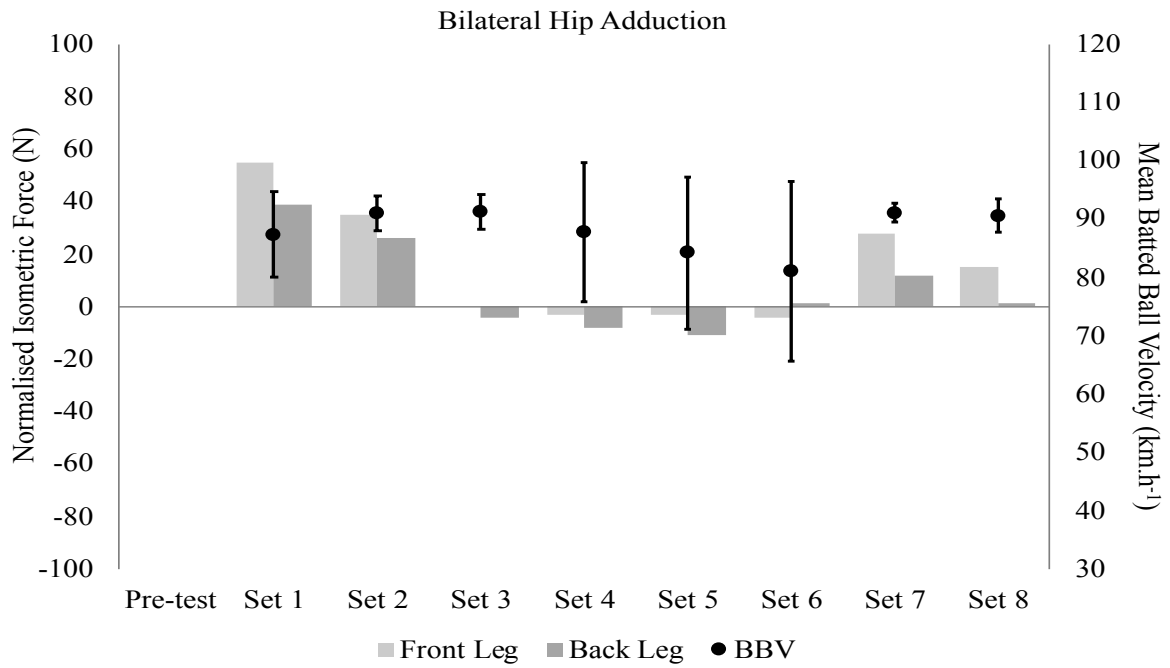


c.

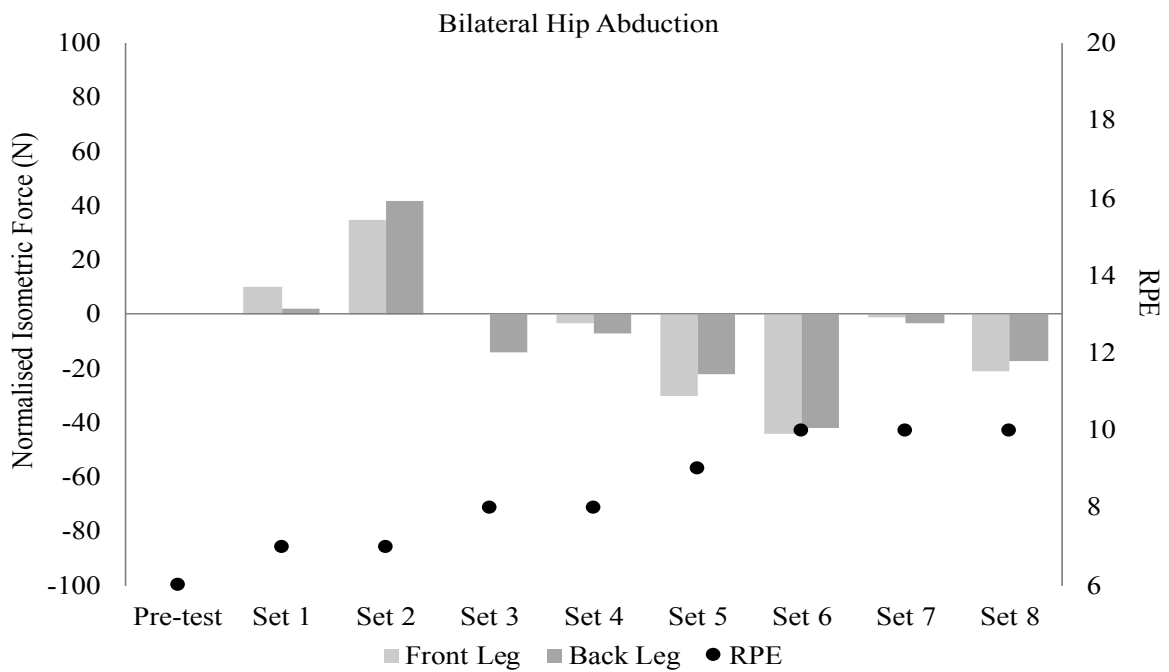


d.

**Figure 15.** EMG amplitude of Subject 3 during hip adduction (front leg, a; back leg, b) and abduction (front leg, c; back leg, d). Amplitude was normalised to Pre-test amplitude. An increase in amplitude is indicative of increased recruitment of additional motor units. No back leg gluteus medius signal was recorded due to electrode error. AL: Adductor Longus; TFL: Tensor Fascia Latae; GM: Gluteus Medius.



a.



b.

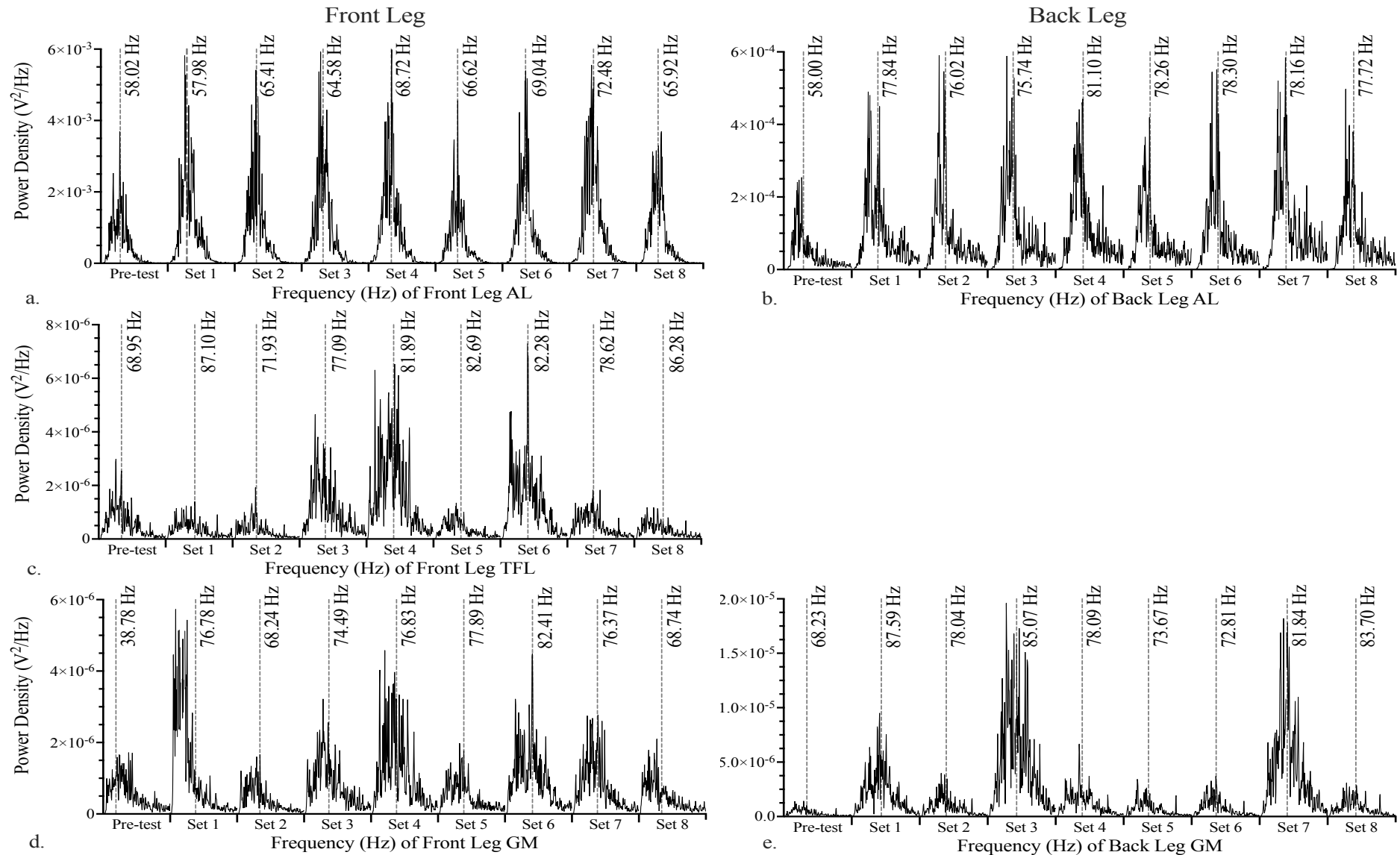
**Figure 16.** a) Bilateral isometric hip adduction force for Subject 3 normalised to Pre-test values, overlaid with mean batted ball velocities of each set. Error bars denote standard deviations. b) The bilateral isometric hip abduction force of Subject 3 normalised to Pre-test values. Overlaid values are Borg RPE scores reported after each set.

#### **5.3.4 Subject 4**

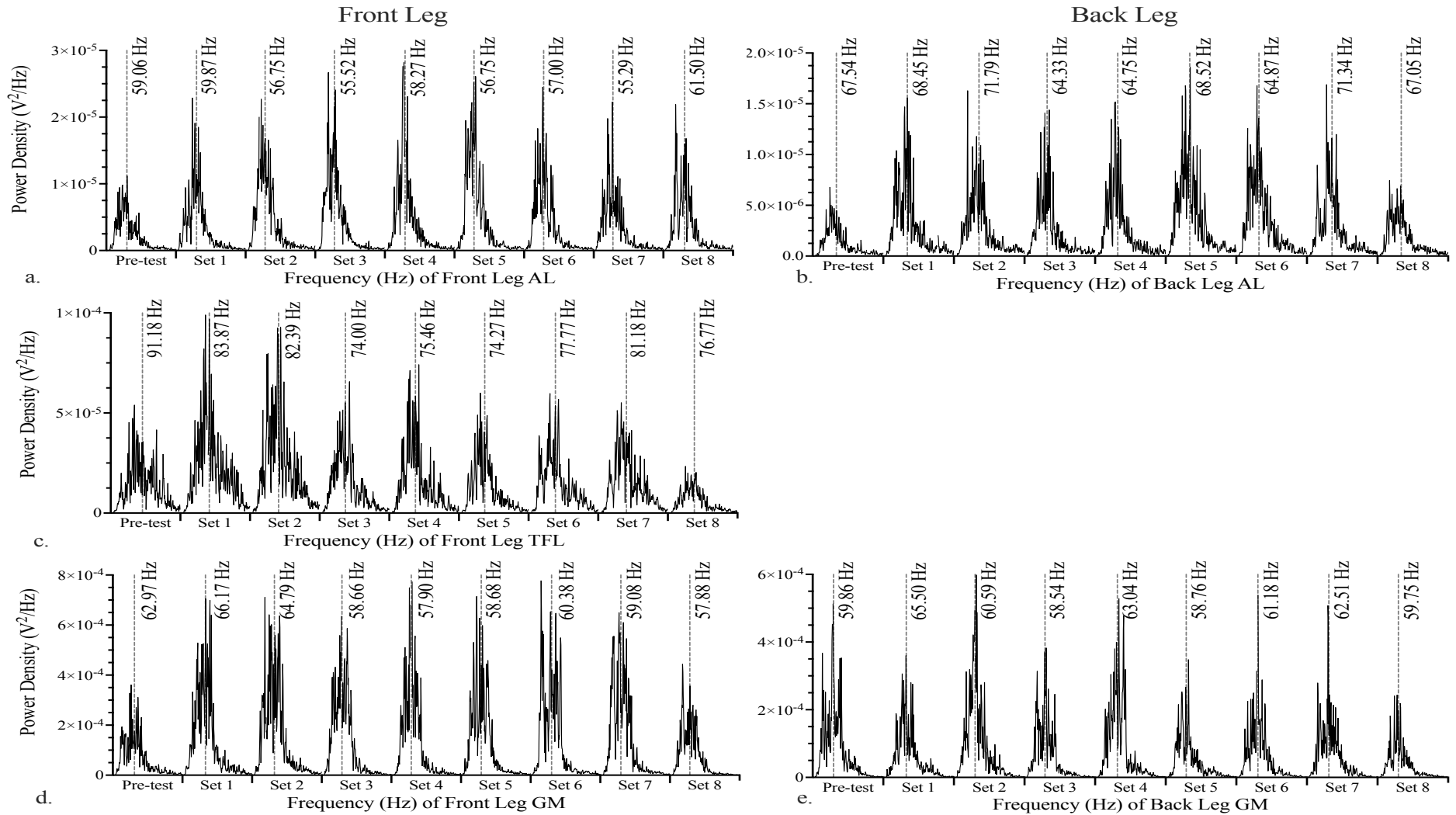
Electrode failure on the back leg TFL muscle of Subject 4 prevented analysis of this muscle. Increases in median frequency during adduction were seen in both AL muscles, the front TFL muscle and the back GM muscle (Figure 24 a-c, e). MDF exhibited an initial increase in frequency followed by shift to lower frequencies in the front GM muscle only (Figure 24d). During abduction, the front leg AL increased in MDF throughout the protocol (Figure 25a). The back leg AL and GM muscles increased, then decreased in overall MDF during abduction (Figures 25b, e), while the front leg TFL and GM muscles decreased in frequency during the protocol (Figures 25c, d). During hip adduction, the normalised EMG amplitude was consistent for all muscles, with some increase. However, the normalised amplitude increase did not occur linearly and may be related to other factors besides fatigue (Figure 26a and b). Similarly, normalised amplitude of the EMG during hip abduction fluctuated above Pre-test values for all muscles, except for the back GM, which decreased (Figure 26c and d).

Subject 4 increased force in both legs during hip adduction by approximately 50 N over Pre-test values to Set 1. Force continued to be higher than Pre-test values throughout all sets, though force began to decline after Set 4 (Figure 27a). Batted ball velocity fluctuated by over 40 km.h<sup>-1</sup> throughout the protocol, and standard deviations were correspondingly large ( $\pm 10.7$  to 27.1 km.h<sup>-1</sup>) (Figure 27a). During hip abduction, front and back leg force increased from Pre-test to Set 1 but declined throughout the rest of the protocol (Figure 27b). RPE scores increased from 12 to 14 throughout the study (Figure 27b).

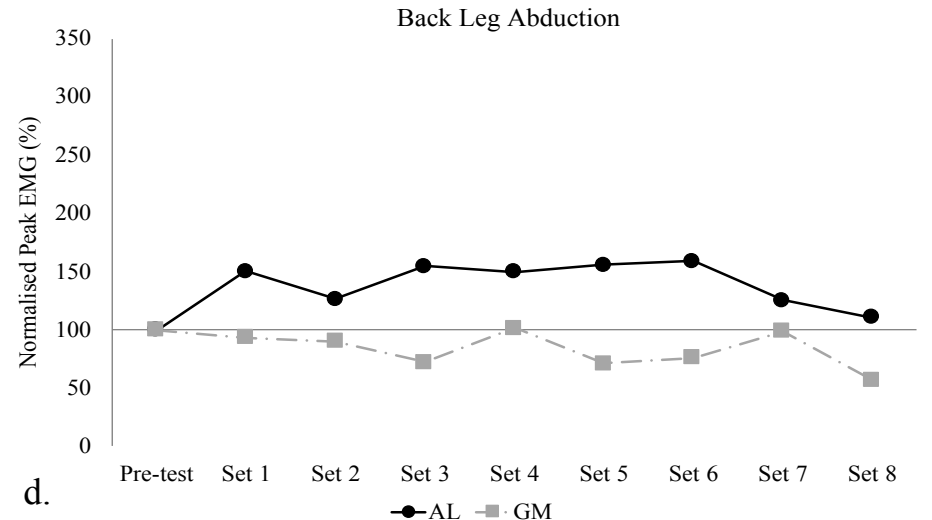
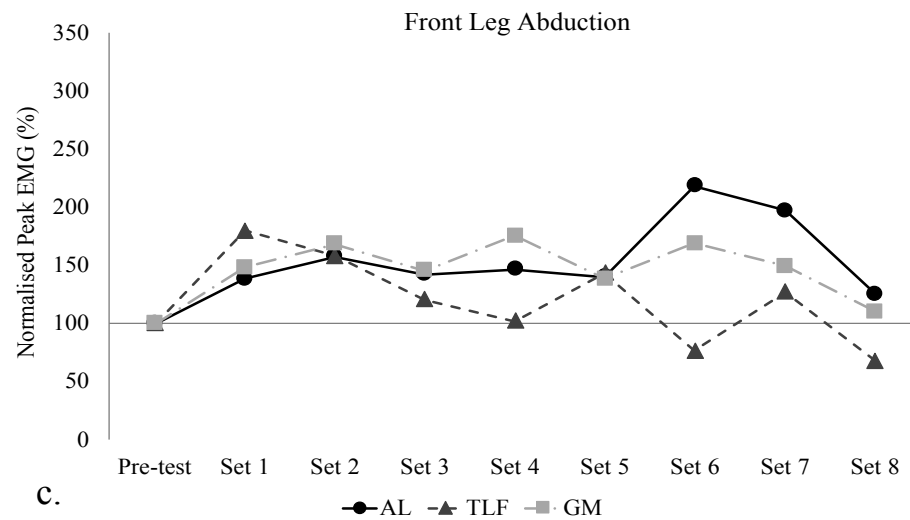
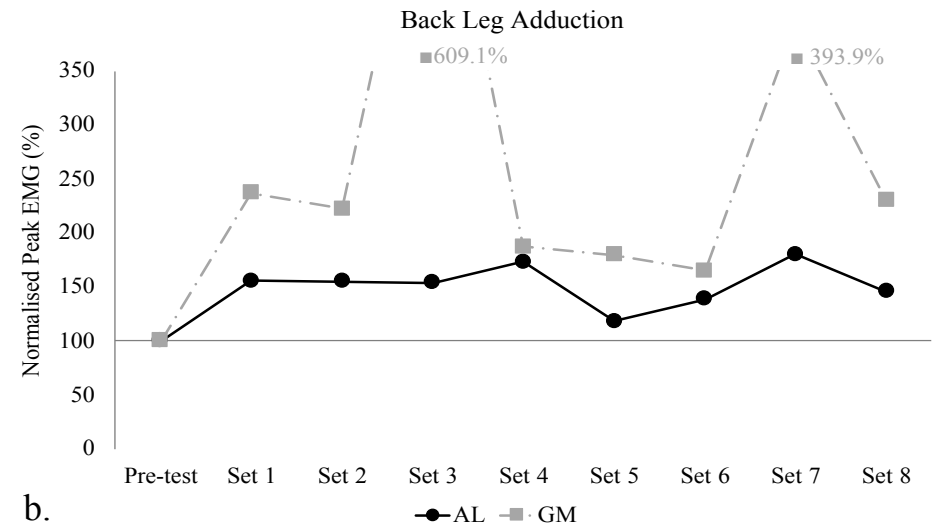
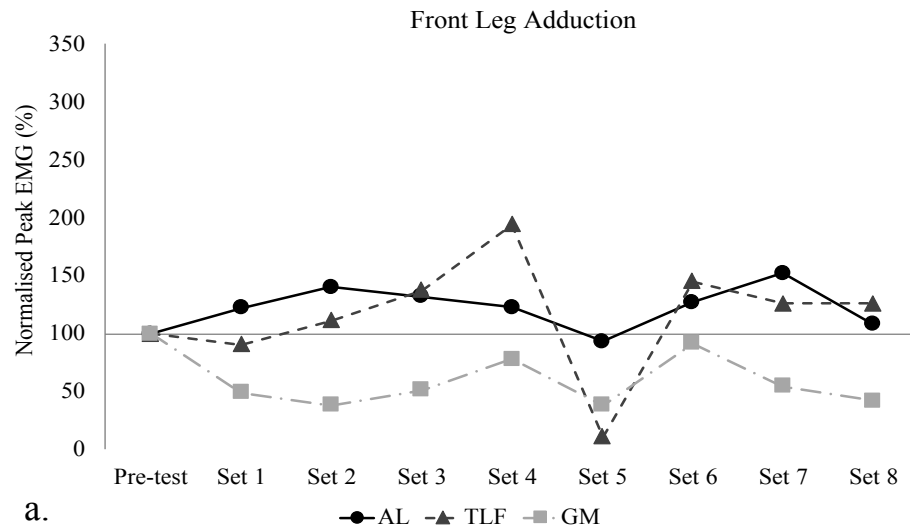




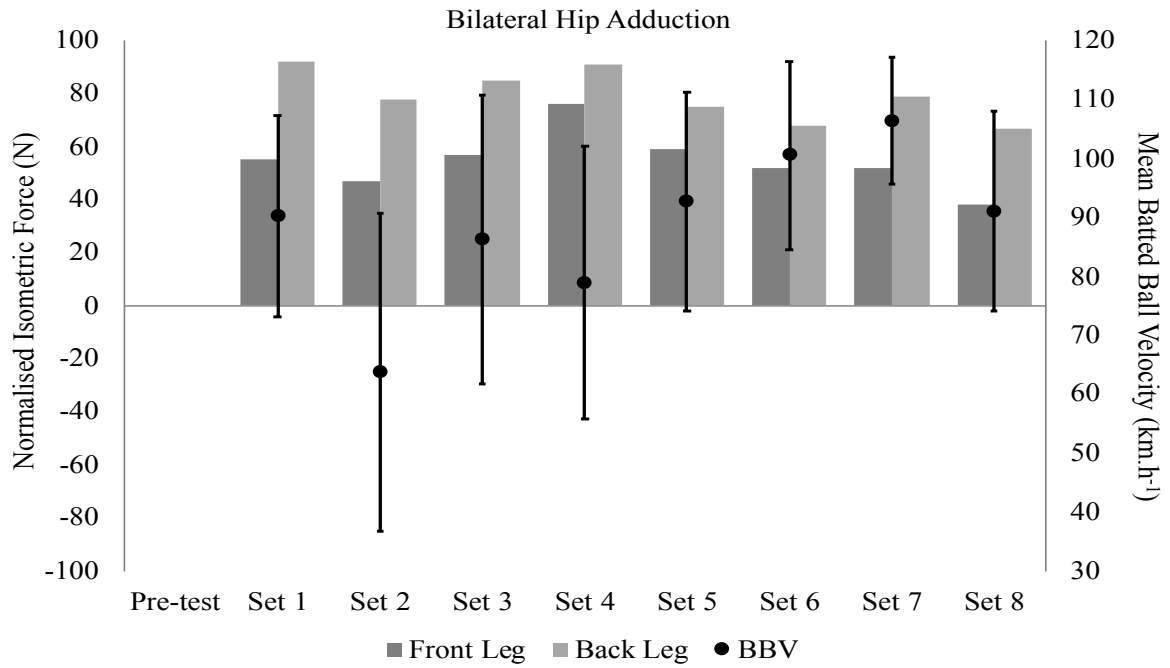
**Figure 17.** A power spectral density (PSD) of raw EMG signals from the front and back leg adductor longus muscle (a and b), tensor fascia latae (c and d), and gluteus medius (e and f) muscles of Subject 4 during adduction. Median frequencies are demonstrated by dashed lines. Each set is presented across a 200 Hz axis. No back leg tensor fascia latae signal was recorded due to electrode error.



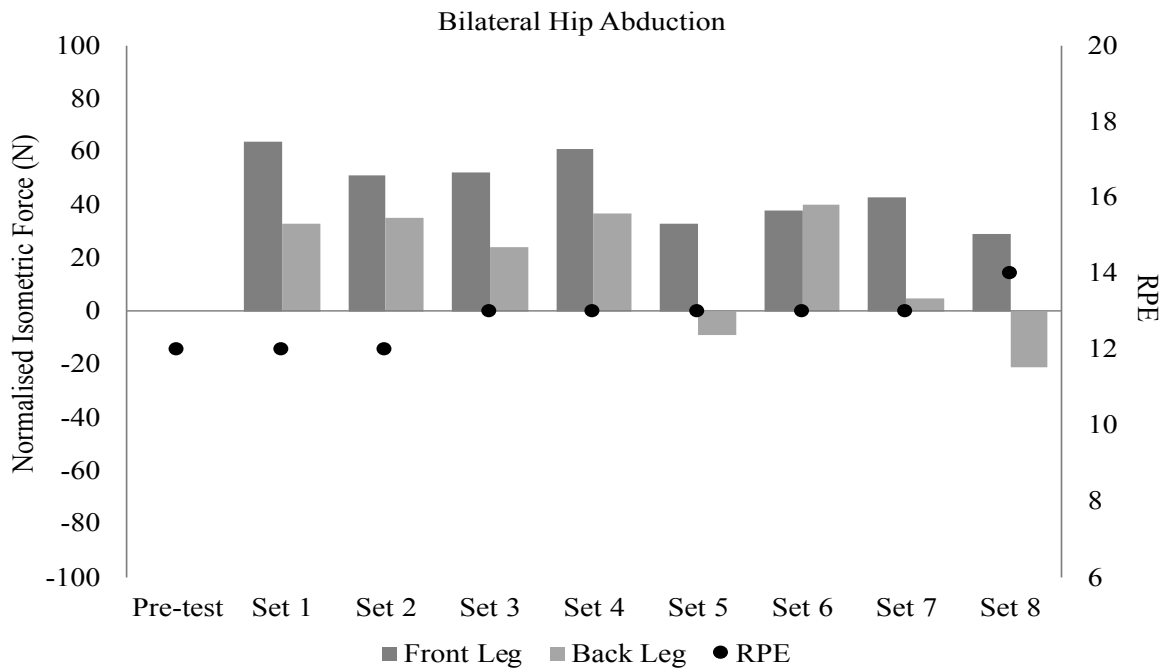
**Figure 18.** A power spectral density (PSD) of raw EMG signals from the front and back leg adductor longus muscle (a and b), tensor fascia latae (c and d), and gluteus medius (e and f) muscles of Subject 4 during abduction. Median frequencies are demonstrated by dashed lines. Each set is presented across a 200 Hz axis. No back leg tensor fascia latae signal was recorded due to electrode error.



**Figure 19.** EMG amplitude of Subject 4 during hip adduction (front leg, a; back leg, b) and abduction (front leg, c; back leg, d). Amplitude normalised to Pre-test amplitude. An increase in amplitude is indicative of increased recruitment of additional motor units. No back leg tensor fascia latae signal was recorded due to electrode error. AL: Adductor Longus; TFL: Tensor Fascia Latae; GM: Gluteus Medius.



a.



b.

**Figure 20.** a) Bilateral isometric hip adduction force for Subject 4 normalised to Pre-test values, overlaid with mean batted ball velocities of each set. Error bars denote standard deviations. b) The bilateral isometric hip abduction force of Subject 4 normalised to Pre-test values. Overlaid values are Borg RPE scores reported after each set.

## **5.4 Discussion**

Through a series of case studies, the current study aimed to 1) assess neuromuscular fatigue development measured by EMG and isometric force in hip strength assessments of female softball players intermittently during a repeated batting protocol and 2) evaluate changes in performance variables (e.g. batted ball velocity, RPE) caused by fatigue. Evidence of developing neuromuscular fatigue occurred in all subjects, though amounts varied by individual.

### **5.4.1 EMG**

Cumulative shifts towards lower frequencies occurred in at least two muscles for each subject during the protocol, providing evidence of overall reductions in the number of fast twitch motor units and a greater reliance of slow twitch motor units (Beck et al., 2014; Bigland-Ritchie et al., 1981; Masuda et al., 1999). Subject 1 was the only individual who exhibited this shift in all muscles evaluated. Increases in normalised EMG amplitude across all muscle groups in Subject 1 serves as further confirmation of fatigue development. Subject 1 was also considerably weaker in hip adduction strength than her abduction strength and in comparison to the other subjects. General weakness, and therefore, less fatigue resistance, in the adductor muscle group would explain MDF shifts to lower frequencies in the adductor muscles of Subject 1, while no other subject displayed this response.

Subject 2 displayed cumulative MDF shifts to lower frequencies in both TFL and the back GM muscles. While there was some elevation of normalised amplitude of the EMG in the front and back AL muscles, no clear trend was present in any muscles. This elevation in amplitude may be related to the recruitment of additional motor units and muscle fibres (Hagberg, 1981; Martinez-Valdes et al., 2018; McDonald et al., 2019). As Subject 2 was the only subject who was active in off-season softball training, she was possibly in a more conditioned state, and therefore, may have been more fatigue resistance than the other subjects due to her sport-specific training level at the time.

Subjects 3 and 4 demonstrated cumulative negative shifts in MDF in the front leg TFL and GM muscles, and Subject 3 displayed increases in normalised EMG amplitude of both TFL and the back leg GM muscle. As noted previously, these subjects were trained as slap hitters, though for this study, batted stationary. One could speculate the TFL and GM muscles of these

individuals may be more adapted to the run-up phase of slap hitting rather than the infrequent demand to act as stabilisers during a stationary swing. Shifts towards lower frequencies in the TFL and GM muscles of subjects 3 and 4 substantiate this theory. Batters performing a slap hit initiate less torso rotation, which requires significantly less weight transfer and generates less rotational power than in a stationary bat swing (Chang et al., 2011; Washington, 2018). It is unlikely that these two subjects would hit stationary often in training sessions; therefore, fatigue caused by excessive loading during bodyweight transfer may have impacted these subjects more than others. Subject 3 also had not participated in off-season physical training and consequently, more influenced by fatigue. Though Subject 4 displayed some evidence of neuromuscular fatigue (through shifts in MDF), she was active in off-season training for Australian Rules Football, which may have provided her with a conditioning status better able to tolerate the batting protocol.

#### ***5.4.2 Isometric Force***

During the isometric hip adduction assessment, Subjects 2, 3, and 4 matched or exceeded Pre-test strength values (i.e. peak force) in Sets 7 and 8. Subject 1 surpassed her Pre-test values in Set 3 and remained above through the remainder of the protocol. Similarly, all subjects exceeded their Pre-test hip abduction strength by Set 7 in the back leg. This result was also present in the front legs of Subject 1, 3, and 4. Previous research has demonstrated that athletes apply compensatory mechanisms to counterbalance the loss of force generation due to fatigue (Bonnard et al., 1994; Cowley et al., 2014; Hautier et al., 2000; Pinniger et al., 2000; Sparto et al., 1997). One could speculate the subjects in the current study applied various strategies to maintain strength in the latter sets. Greatest isometric force production each trial also alternated between the front and back legs in all subjects.

#### ***5.4.3 Performance Variables***

Movement variability to adapt to changing task requirements allows athletes to maintain motor performance across multiple repetitions of a task (Stergiou & Decker, 2011). However, athletes are not immune to the effects of neuromuscular fatigue, which may manifest as pattern changes in muscle activity, increased modulations of isometric force, and alterations in movement dynamics (Cortes et al., 2014). As a result, performance variables such as batted ball velocity

can be considered measures of outcome variability. Subjects 1 and 3 were able to maintain batted ball velocity throughout the protocol, though standard deviations of  $\geq 10$  km.h<sup>-1</sup> developed in Sets 2, 6, and 8 for Subject 1 and Sets 4-6 for Subject 3. With eleven and ten years of softball experience, respectively, it is likely that these subjects attempted to make minor modifications to their batting strategy in efforts to maintain batted ball velocity. Though Subject 2 exhibited consistency in her batting strategy (as evidenced with standard deviations  $< 10$  km.h<sup>-1</sup> for all sets), she could not counter the effects of neuromuscular fatigue. Consequently, her batted ball velocity declined by 10 km.h<sup>-1</sup> throughout the protocol.

In contrast, Subject 4 presented inconsistencies in both batted ball velocity and standard deviation, with a range of 45.8 km.h<sup>-1</sup> and a standard deviation of  $\pm 21.64$  km.h<sup>-1</sup>. In the presence of neuromuscular fatigue, Subject 4 may have demonstrated her increased fatigue level through batted ball velocity rather than other metrics tested in the current study. Further, while Subject 4 had participated in State level teams for several years, her playing history was limited to the past five years. As outcome variability depends on the athlete's skill level (Nakata et al., 2012; Wagner et al., 2012), this subject may continue to develop the ability to make small modifications to her batting stance and swing to maintain performance variables.

It should be noted that bat swing mechanics allow for the flexibility to compensate and adapt to the task constraints to ensure optimal performance (Katsumata, 2007). In addition to adjustments for consistent outcome variables, increased movement variability can protect the athlete from overuse injuries by altering the magnitude, rate, frequency, or application site of a load when in a fatigued state (Edwards et al., 2012). Exercise-induced fatigue is responsible for a decline in force production and, more importantly, impacts the athlete's ability to perform in a smooth and controlled pattern (Cortes et al., 2014). As more acute injuries occur in training than in gameplay for softball players (4.79 practice injuries per 1000 exposures vs. 3.26 game injuries per 1000 exposures) (Patel et al., 2021), regular assessment of performance variables, like batted ball velocity, and the extent of outcome variability through standard deviations may help sport scientists and coaches prevent overuse injuries in softball or baseball players.

## **5.5 Conclusion**

Batting is a fundamental skill in softball and baseball, requiring precise timing and coordination of segmented body movements to propel the ball into play. Pelvic stability is an essential

component of a successful transfer of momentum from the lower extremities to the upper extremities (Shaffer et al., 1993; Washington, 2018; Washington et al., 2018). While previous research has described neuromuscular changes in softball or baseball pitchers caused by repeated movements during gameplay, there is limited research on fatigue development as a result of softball batting. While shifts toward lower median frequencies, increases in normalised EMG amplitude, changes in isometric strength and batted ball velocity occurred in all subjects, results varied by individual. As such, it is still inconclusive to what degree repeated batting activities have on the development of neuromuscular fatigue. However, as the present study was short of significant power, it is recommended that a future study be completed with more subjects and investigate the effects of both batting and throwing repetition on neuromuscular fatigue. Meanwhile, we suggest coaches and sport scientists implement regular monitoring of performance variables for softball and baseball players if significant amounts of batting occur with little recovery, such as in a tournament setting.



At the request of the author,

Chapter 6 is unavailable in this version of the thesis

# **CHAPTER SEVEN**

## **General Summary and Conclusion**

Summarises research findings and offers suggestions for future avenues of research

## 7.1 General Summary

The overall purpose of this thesis was to determine the movement demands in softball and examine the development of neuromuscular fatigue in the hip musculature of female softball athletes by assessing physiological demands during training, competitive play, and sport-specific repetitive movements. Additionally, this thesis established the reliability of the ForceFrame Hip Strength Testing system in female diamond-sport athletes unaccustomed to isolated joint isometric assessments in the hip or shoulder regions. This thesis's results may provide a solid foundation in research regarding neuromuscular fatigue in softball players' hip musculature.

Study one (Chapter Three) was the first study to conduct a time-motion analysis of softball games. The results demonstrated that softball is primarily comprised of low intensity activities, like standing or walking, with brief periods of high intensity activity, potentially lasting more than 8 seconds in length. While the greater amount of low intensity movements found in softball may allow for some recovery during gameplay, as is suggested in cricket (Duffield & Drinkwater, 2008), other factors, such as game length, tournament schedules and environmental factors may influence the likelihood of acute muscle fatigue. Additionally, this study presented information that may be used to develop sport-specific training and conditioning programs for individual playing positions, particularly emphasising muscular endurance to counter residual muscular fatigue.

Study two (Chapter Four) determined the ForceFrame was a reliable tool in assessing hip isometric strength in female diamond-sport athletes and offers similar intra-class correlations for hip adduction and abduction in male athletes (Desmyttere et al., 2019; Ryan et al., 2018). This study was also the first to assess isometric shoulder strength and established moderate to high reliability, though CV values were above (or nearly above) the set criterion for reliability (CV: 9.6 – 13.8%). Additional familiarisation periods may lower the CVs in athletes unaccustomed to isometric strength testing. Finally, while this study concluded some agreement exists between the ForceFrame and HHD, these devices should not be used interchangeably due to significant bias and large limits of agreement. Nonetheless, this study demonstrated that the ForceFrame may be a suitable alternative to the HHD in field-based isometric strength testing of female athletes.

Study three (Chapter Five) provided a preliminary investigation into the development of neuromuscular fatigue in softball athletes' hip musculature during batting performances. Though there was variation between subjects, trends in median frequency, EMG amplitude, isometric force and batted ball velocity indicates possible neuromuscular fatigue development. Future research should extend this study to a greater number of subjects and coaches and sport scientists should implement regular monitoring of performance variables for softball players if significant amounts of batting occur with little recovery, such as in a tournament setting.

Study four (Chapter Six) demonstrated significant levels of fatigue following softball training sessions and gameplay, and it indicated that the rate of fatigue development was similar in both settings. Additionally, reductions in isometric strength from pre-training to pre-game ( $p < 0.01$ ) may be indicative of cumulative fatigue development during a multi-day softball tournament, though confirmation of this hypothesis was limited by the small sample of games. While this study looked solely at declines in physical strength, previous research has suggested that mental fatigue may also impact playing performance (Tallent et al., 2017; Veness et al., 2017). Thus, softball players may be subject to added neuromuscular fatigue during multi-day tournaments. The results of this study provide the groundwork for determining an appropriate balance between competition-level training and adequate recovery, though further investigations are needed.

These studies have collectively demonstrated that, though softball is a sport of primarily low intensity activities, the repetitive nature of frequent maximal-effort movements (e.g. bat swings, sprints, high intensity throws) throughout a game or tournament may lead to the manifestation of neuromuscular fatigue and physical performance declines. Changes in the isometric hip or shoulder strength of softball players can serve as a potential indicator of neuromuscular fatigue development, and regular monitoring should occur to minimise the risk of overuse injuries or illness. As successful transfer of momentum from the ground up through the body depends on optimal stabilisation of the hip musculature (Gilmer et al., 2018; Washington et al., 2018), the results from this thesis can lead to the development of sport-specific training and strength and conditioning programs for softball athletes and methods of monitoring neuromuscular fatigue and recovery from training, games, and tournaments.

## 7.2 Directions for Future Research

Although this thesis has attempted to address gaps within the current literature of softball, there are still opportunities for further research within this topic. Each of the previous studies outlined recommendations for future areas of research; however, additional topics are indicated below:

- As stated before, study 3 should be repeated with a greater number of subjects to fully understand the impact of neuromuscular fatigue following a repetitive batting protocol.
- Future research should also evaluate EMG changes in the hip musculature in response to neuromuscular fatigue developed during repetitive overhand throwing attempts. With study one (Chapter Three) indicating approximately 20 high intensity throws made per position player throughout a game (in both live and dead play settings), the repetitive nature of this movement and the involvement of the whole body to develop power indicate the necessity of this research topic.
- Further investigations of joint specific changes throughout a preseason or lengthy training season would also supplement the successful development of softball-specific strength and conditioning programs. These investigations could utilise isometric strength measurements for specific body regions (hip, shoulder), in addition to common full-body strength tests like the isometric mid-thigh pull or one-repetition maximum tests.
- Additional research should also be conducted to expand the data collected in Chapter 6 to include more games and practice sessions for comparison.
- Finally, with previous research demonstrating declines in performance variables as a result of fatigue development, future studies should evaluate the effect of fatigue on changes in skill acquisition and movement variability during softball-specific movements.

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# APPENDIX A

## Proof of Ethics

From: **Research Ethics** [research.ethics@ecu.edu.au](mailto:research.ethics@ecu.edu.au)  
Subject: 21828 CARDWELL Ethics Approval  
Date: December 17, 2018 at 5:10 PM  
To: [REDACTED]  
Cc: [REDACTED]

RE

Dear Kathryn

**Project Number: 21828 CARDWELL**  
**Project Name: Assessment of Performance, Movement Demands, and Neuromuscular Fatigue in Female Softball Players**  
[REDACTED]

The ECU Human Research Ethics Committee (HREC) has reviewed your application and has granted ethics approval for your research project. In granting approval, the HREC has determined that the research project meets the requirements of the *National Statement on Ethical Conduct in Human Research*.

The approval period is from 18 December 2018 to 31 October 2020.

The Research Assessments Team has been informed and they will issue formal confirmation of candidature (providing research proposal has been approved). Please note that the submission and approval of your research proposal is a separate process to obtaining ethics approval and that no data collection can commence until formal notification of both ethics approval and approval of your research proposal has been received.

NOTE: if your research proposal has not yet been approved, please contact Research Assessments or your [Coordinator, Research Student Support](#) for more details.

All research projects are approved subject to general conditions of approval. Please see the attached document for details of these conditions, which include monitoring requirements, changes to the project and extension of ethics approval.

Please feel free to contact me if you require any further information.

Kind regards,

Sue

**Sue McDonald**, Research Ethics Coordinator, [REDACTED] Office of Research & Innovation, Edith Cowan University, 270 Joondalup Drive, Joondalup, WA 6127  
Email: [research.ethics@ecu.edu.au](mailto:research.ethics@ecu.edu.au) [REDACTED]

## APPENDIX B

### Standardised Warm-up For Chapter 5

- Yoga Push-up x 5
- Scorpion x 5
- Lying Trunk Rotations x 5
- Inchworm - 10 m
- Lunges with Shoulder Rotation - 10 m
- Walking Backwards – 10 m
- Lateral Skips with Arm Swings – 10 m
- Catcher Lunges – 10 m
- Walking Quads with Calf Raises – 10 m
- Walking Hamstrings with Toe Up – 10 m
- Walking External Hip Rotations – 10 m
- Knee Hugs – 10 m
- Walking Hamstring Stretch – 10 m
- Carioca – 10 m x 2

# APPENDIX C

## Study 1 RStudio Code

### *Frequency data*

```
library(dplyr)
```

```
library(tidyr)
```

```
library(ggplot2)
```

```
Day_7_SA_SS <- read.delim("~/TMA Study/SS/Day 7 SA SS Timecode.csv",
```

```
  sep = ",",
```

```
  colClasses = c("character", "character", "character", "NULL", "NULL",  
"NULL"))
```

```
data2 <- Day_7_SA_SS %>%
```

```
  mutate_at(c("category"), factor) %>% # convert category into a categorical variable
```

```
  separate(start.time, c("Start.Hour", "Start.Min", "Start.Sec", "Start.cSec")) %>% # split  
start.time into four columns
```

```
  separate(end.time, c("End.Hour", "End.Min", "End.Sec", "End.cSec")) %>% # split  
End.Time into four
```

```
  mutate(start_csec = 60*60*100*as.numeric(Start.Hour) + # new column = scaling/adding of  
component columns
```

```
    60*100*as.numeric(Start.Min) +
```

```
    100*as.numeric(Start.Sec) +
```

```
    as.numeric(Start.cSec),
```

```
  end_csec = 60*60*100*as.numeric(End.Hour) +
```

```
    60*100*as.numeric(End.Min) +
```

```
    100*as.numeric(End.Sec) +
```

```
    as.numeric(End.cSec)) %>%
```

```
  mutate(duration_csec = end_csec - start_csec) %>% # new duration column = end - start  
times
```

```
  dplyr::select(category, start_csec, end_csec, duration_csec) # just retain these four columns
```

```
fielding_times <- data2 %>%
```

```

filter(category %in% c("Flames Field", "Between Innings"))

for (ff in 1:nrow(fielding_times)) {
  data2$fielding_session[data2$start_csec >= fielding_times$start_csec[ff] &
    data2$end_csec <= fielding_times$end_csec[ff]] <- ff
}

FS_BI <- data2 %>%
  select(fielding_session, category) %>%
  filter(category == "Between Innings") %>%
  distinct(fielding_session) %>%
  pull(fielding_session)

FS_FF <- data2 %>%
  select(fielding_session, category) %>%
  filter(category == "Flames Field") %>%
  distinct(fielding_session) %>%
  pull(fielding_session)

BI <- data2 %>%
  filter(fielding_session %in% FS_BI) %>%
  group_by(category) %>%
  summarise(total_duration_sec = (sum(duration_csec)/100))

FF <- data2 %>%
  filter(fielding_session %in% FS_FF) %>%
  group_by(category) %>%
  summarise(total_duration_sec = (sum(duration_csec)/100))

write.table(FF, file = "Day_7_SA_SS_FF.csv", sep = ",", row.names = FALSE)

write.table(BI, file = "Day_7_SA_SS_BI.csv", sep = ",", row.names = FALSE)

```

### ***Sprint Duration Data***

```
library(dplyr)
library(tidyr)
library(ggplot2)

Day_3_QLD_RF <- read.delim("~/TMA Study/RF/Day 3 QLD RF Timecode.csv",
  sep = ",",
  colClasses = c("character", "character", "character", "NULL", "NULL",
"NULL"))

data2 <- Day_3_QLD_RF %>%
  mutate_at(c("category"), factor) %>% # convert category into a categorical variable
  separate(start.time, c("Start.Hour", "Start.Min", "Start.Sec", "Start.cSec")) %>% # split
start.time into four columns
  separate(end.time, c("End.Hour", "End.Min", "End.Sec", "End.cSec")) %>% # split
End.Time into four
  mutate(start_csec = 60*60*100*as.numeric(Start.Hour) + # new column = scaling/adding of
component columns
  60*100*as.numeric(Start.Min) +
  100*as.numeric(Start.Sec) +
  as.numeric(Start.cSec),
  end_csec = 60*60*100*as.numeric(End.Hour) +
  60*100*as.numeric(End.Min) +
  100*as.numeric(End.Sec) +
  as.numeric(End.cSec)) %>%
  mutate(duration_csec = end_csec - start_csec) %>% # new duration column = end - start
times
  dplyr::select(category, start_csec, end_csec, duration_csec) # just retain these four columns

Sprints <- data2 %>%
  filter(category %in% c("Live Sprinting"))

write.table(Sprints, file = "~/Desktop/Sprints/Day_3_QLD_RF_Sprints.csv", sep = ",",
row.names = FALSE)
```

### ***Batting Data***

```
library(dplyr)
```

```
library(tidyr)
```

```
library(ggplot2)
```

```
Day_4_SA_XXXXX <- read.delim("~/TMA Study/XXXXX/Day 4 SA XXXXX  
Timecode.csv",  
                           colClasses = c("character", "character", "character", "NULL", "NULL",  
                           "NULL"))
```

```
data2 <- Day_4_SA_XXXXX %>%
```

```
  mutate_at(c("category"), factor) %>% # convert category into a categorical variable
```

```
  separate(start.time, c("Start.Hour", "Start.Min", "Start.Sec", "Start.cSec")) %>% # split  
start.time into four columns
```

```
  separate(end.time, c("End.Hour", "End.Min", "End.Sec", "End.cSec")) %>% # split  
End.Time into four
```

```
  mutate(start_csec = 60*60*100*as.numeric(Start.Hour) + # new column = scaling/adding of  
component columns
```

```
    60*100*as.numeric(Start.Min) +
```

```
    100*as.numeric(Start.Sec) +
```

```
    as.numeric(Start.cSec),
```

```
  end_csec = 60*60*100*as.numeric(End.Hour) +
```

```
    60*100*as.numeric(End.Min) +
```

```
    100*as.numeric(End.Sec) +
```

```
    as.numeric(End.cSec)) %>%
```

```
  mutate(duration_csec = end_csec - start_csec) %>% # new duration column = end - start  
times
```

```
  dplyr::select(category, start_csec, end_csec, duration_csec) # just retain these four columns
```

```
batting_times <- data2 %>%
```

```
  filter(category %in% c("Flames Bat"))
```

```

for (ff in 1:nrow(batting_times)) {
  data2$batting_session[data2$start_csec >= batting_times$start_csec[ff] &
    data2$end_csec <= batting_times$end_csec[ff]] <- ff
}

FS_FF <- data2 %>%
  select(batting_session, category) %>%
  filter(category == "Flames Bat") %>%
  distinct(batting_session) %>%
  pull(batting_session)

FF <- data2 %>%
  filter(batting_session %in% FS_FF) %>%
  group_by(category) %>%
  summarise(total_duration_sec = (sum(duration_csec)/100))

write.table(FF, file = "~/Desktop/Batting/XXXXXX/Day_4_SA_XXXXXX.csv", sep = ",",
row.names = FALSE)

Sprints <- data2 %>%
  filter(category %in% c("Live Sprinting"))

write.table(Sprints, file = "~/Desktop/Batting/Sprint/Day_4_SA_XXXXXX_Sprint.csv", sep =
",", row.names = FALSE)

```



## APPENDIX D

### Study 4 RStudio Code

```
library(dplyr)
```

```
library(tidyr)
```

```
library(ggplot2)
```

```
library(lmerTest)
```

```
library(readxl)
```

```
library(multcomp)
```

```
library(effects)
```

```
demographic_data <- read_excel("Study 4 Data_stripped.xlsx",  
                               sheet = "Demographics",  
                               col_names = c("Player", "Weight", "Height", "Age"),  
                               skip = 1,  
                               trim_ws = TRUE)
```

```
practice_data_wide <- read_excel("Study 4 Data_stripped.xlsx",  
                                sheet = "Practice",  
                                skip = 3,  
                                col_names = c("Player", "Pre.Abduction.Left", "Pre.Abduction.Right",  
                                              "Pre.Adduction.Left", "Pre.Adduction.Right", "Post.Abduction.Left", "Post.Abduction.Right",  
                                              "Post.Adduction.Left", "Post.Adduction.Right", "Play.Time"))  
practice_data_wide
```

```
game_data_wide <- read_excel("Study 4 Data_stripped.xlsx",  
                             sheet = "Game",  
                             skip = 3,  
                             col_names = c("Player", "Pre.Abduction.Left", "Pre.Abduction.Right",  
                                             "Pre.Adduction.Left", "Pre.Adduction.Right", "Post.Abduction.Left", "Post.Abduction.Right",  
                                             "Post.Adduction.Left", "Post.Adduction.Right", "Play.Time"))
```

```
game_data_wide
```

```
practice_data <- practice_data_wide %>%
```

```
  pivot_longer(Pre.Abduction.Left:Post.Adduction.Right, # the columns we want to make tall
    values_to = "Force", # new column that will hold what were previously column
names
    names_to = "Variable") # new column to store the values from the cells in the old
columns.
```

```
practice_data
```

```
game_data <- game_data_wide %>%
```

```
  pivot_longer(Pre.Abduction.Left:Post.Adduction.Right, # the columns we want to make tall
    values_to = "Force", # new column that will hold what were previously column
names
    names_to = "Variable") # new column to store the values from the cells in the old
columns.
```

```
game_data
```

```
practice_data <- practice_data %>%
```

```
  separate(Variable, c("Timepoint", "Action", "Side")) %>%
  mutate_at(c("Player", "Action", "Side"), as.factor) %>%
  mutate_at("Timepoint", factor, levels = c("Pre", "Post"))
practice_data
```

```
game_data <- game_data %>%
```

```
  separate(Variable, c("Timepoint", "Action", "Side")) %>%
  mutate_at(c("Player", "Action", "Side"), as.factor) %>%
  mutate_at("Timepoint", factor, levels = c("Pre", "Post"))
game_data
```

```
all_data <- bind_rows("Practice" = practice_data, "Game" = game_data, .id = "Setting")
```

```
model_lmm <- lmer(Force ~ Timepoint*Setting + Action + (1|Player/Side), data = all_data)
```

```
summary(model_lmm)
```

```
e <- allEffects(model_lmm)
```

```
e
```

```
plot(e)
```

```
coef(model_lmm)
```

```
confint(model_lmm, level = 0.95)
```

```
Resid_model_lmm <- residuals(model_lmm)
```

```
Resid_abs_model_lmm <- abs(Resid_model_lmm)
```

```
Resid_model_lmm2 <- Resid_abs_model_lmm^2
```