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#### **Manuscript Title**

Effects of sprint vs. strength training on risk factors for hamstring injury in football players

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Running head: Training to reduce the risk of hamstring injury

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#### **ABSTRACT**

BACKGROUND: This study aimed to compare the effects of in-season sprint training vs. Nordic hamstring exercise (NHE) training on risk factors for hamstring strain injuries (HSI). **METHODS:** Eighteen male university football players (20.9±2.5 years: 181±7 cm; 75.8±9.1 kg; 15.2±3.5% of body fat) were randomly allocated to a sprint group or NHE group. They completed baseline isokinetic strength and sprint mechanics assessments prior to their assigned intervention performed twice weekly for 4-weeks, before posttesting. A mixed design ANOVA with repeated maesures assessed time, group and interaction effects for all risk factors. RESULTS: There were significant increases in hamstring eccentric peak torque at 60° s<sup>-1</sup> (48% - 9.9%), the torque produced at 20° (+15%) and 10° (+21% - 31%), as well as a rightward shift in angle of peak torque towards knee extension (-27% - 36%) in both groups (p<0.05). We also observed a significant increase (+24.5%) in hamstring eccentric peak torque at 180°·s<sup>-1</sup> in the strength group only and significant improvements (+29.4%) in the rate of torque development of the dominant leg at 60°s-1 in the sprint group only (p<0.05). No significant effect were noted on sprint performance or sprint mechanics (p>0.05). CONCLUSIONS: These findings suggest that both training programmes can be effective to mitigate the risk of HSI, but through different mechanisms.

**Key words:** rate of torque development, angle of peak torque, sprint mechanics, eccentric strength

#### Introduction

Hamstring strain injury (HSI) is the most commonly reported injury in professional (25.4% of all injuries)<sup>1</sup> and amateur football (13% of all injuries).<sup>2</sup> Player careers and team performances can be negatively affected as a result of HSI, with a previous study revealing that 4-6 hamstring injuries are expected per 25-player squad, resulting in 14 matches missed per season.<sup>3</sup> These statistics and the high HSI re-injury rates (12.5 to 22.7%)<sup>1</sup> highlight the need to optimise HSI prevention strategies for footballers.

Hamstring eccentric strengthening is one exercise modality that has received the greatest attention to date in the literature, with, in particular the Nordic hamstring exercise (NHE) showing large decreases (-51%) in HSI incidence in recent systematic reviews and meta-analyses. 4-5 However, the recent UEFA Elite Club Injury Study showed that, unlike other injuries, HSI have not decreased in the past 18 years. 6 More recently, sprint training has been mentioned as a potential solution, not merely a mechanism, for HSI. 7 Hamstring injuries often occur during the late swing and early stance phases of sprinting when the hamstrings contract forcefully while reaching their maximum length. 7 Therefore, maximal speed running could represent a more appropriate stimulus for hamstring activation compared to isolated eccentric strengthening exercises, as it elicits greater levels of hamstring activity, 8 while capturing the unique nature of this cyclic activity, i.e. elastic energy transfer, reflexes, hip-knee kinematics, intra- and intermuscles coordination. 7.9

Only two intervention studies have been published to date comparing the effects of sprint training and NHE on factors associated with HSI. Freeman et al.<sup>10</sup> showed that two 4-week training programmes based on NHE *vs.* sprint training, respectively, significantly improved hamstring eccentric strength (+6.2-9.8%) but sprint training resulted in greater improvements (+8.6% *vs.* 0%) in maximal speed in secondary school athletes. More

recently, Mendiguchia et al.<sup>9</sup> compared the effects of 6 weeks of sprint training (loaded and unloaded) with those of NHE and football only training during the pre-season in elite footballers. Their results showed that compared to the other types of training, sprint training resulted in a greater increase in the fascicle length of the biceps femoris (+16% vs. +7% and -0.1%, respectively for the sprint vs. NHE and football groups) and greater improvement in sprinting performance and sprinting mechanics, in particular the maximal theoretical horizontal force (F<sub>0</sub>, +7% vs. -3% and +1.6%, respectively for the sprint vs. NHE and football groups). While these results are promising, they were not all from footballers and some were obtained in pre-season, when improvements following training are more likely. In addition, only a small range of parameters associated with HSI were considered in these studies, while it is well-established that HSI mechanisms are multifactorial.<sup>11</sup>

The main modifiable risk factors for HSI reported in prospective studies are low eccentric hamstrings strength, 12 excessive imbalance between eccentric hamstrings and concentric quadriceps strength (Hecc: Qcon), 13 interlimb asymmetry in hamstring strength above 15%, 12 shorter fascicle length of the biceps femoris, 14 and low horizontal force production capacity during sprinting (F<sub>0</sub>). 15 Other variables suggested as potential risk factors for HSI from comparisons of injured and uninjured athletes include an angle of eccentric hamstring peak torque (APT) closer to knee flexion, 14,16 and a smaller rate of eccentric hamstring torque development. 17

Within this context, the aim of the present study was to investigate the effects of an inseason sprint training programme compared to a NHE-based training programme on a variety of risk factors for HSI in amateur football players.

#### **Materials and Methods**

#### **Participants**

Eighteen participants were recruited for this study. This sample size was calculated from a power analysis based on Freeman et al. <sup>10</sup>'s study (effect size: 0.49; expected power: 0.80, alpha level: 0.05). At the time of the study, the team was involved in two football practice sessions, one match and two strength and conditioning sessions weekly. Participants were randomly allocated, while controlling for playing position, to a sprint training group (n = 9; 20.6 ± 1.3 years; 179.9 ± 6.8 cm; 74.6 ± 7.8 kg; 15.2 ± 4.0 % of body fat) or a NHE training group (final n = 7 after two drop-outs due to ankle and shoulder injuries, 21.3 ± 2.7 years; 182.4 ± 7.4 cm; 77.4 ± 10.3 kg; 15.2 ± 2.1 % of body fat). Exclusion criteria were any current injury or a hamstring injury sustained within the past 12 months, as well as any current medical treatment or nutritional supplements that could affect muscular performance. Participants gave written informed consent and the study was approved by the local University ethics committee in accordance with the principles set forth in the Helsinki declaration (Oxford Brookes university Research Ethics Committee, Chair, Dr David Eyans, approval number 191305, date: 27/09/2022).

#### **Procedures**

Participants were assessed before and immediately after a 4-week training intervention period.

#### Baseline and post-intervention strength testing

After a 10 min standardised warm-up on an ergocycle (Monark 874E; Monark, Varberg, Sweden) at 100W with 6 s intermittent sprints in the last 4 min, participants completed isokinetic dynamometer strength testing (Biodex system 4; Biodex, Shirley, NY). Participants position and dynamometer settings has been described elsewhere.<sup>18</sup>

Strength testing was performed on both the dominant (leg used to kick a ball) and non-dominant legs and at two angular velocities,  $60^{\circ} \cdot s^{-1}$  and  $180^{\circ} \cdot s^{-1}$ , with all these conditions randomised. These velocities are characterised by excellent test-retest reliability (Intraclass correlation coefficients of 0.95-0.98). The range of motion was from 0° (full knee extension) to 90° of knee flexion and participants were given verbal encouragement to provide maximal effort throughout the range. The test consisted of concentric contractions of the quadriceps and hamstrings and eccentric contraction of the hamstrings at  $60^{\circ} \cdot s^{-1}$  (three repetitions) and  $180^{\circ} \cdot s^{-1}$  (five repetitions). Each condition was preceded by a familiarisation set.

The following variables were calculated as the average of the two best contractions at  $60^{\circ} \cdot s^{-1}$  and the three best contractions at  $180^{\circ} \cdot s^{-1}$ .

- Concentric peak torque of the quadriceps (Qoo, N.m)
- Eccentric peak torque of the hamstrings (Hecc, Non)
- Hecc:Qcon
- Rate of torque development for H<sub>ecc</sub> (RTD<sub>200</sub>, N·m·s<sup>-1</sup>), calculated as the ratio between the change in torque and the corresponding change in time, over a rolling window of 200 ms intervals.<sup>20</sup>
- H<sub>esc</sub> at angles of 30°, 20° and 10°
- APT
- Asymmetry for all parameters: = ([(dominant-non dominant)/dominant] x 100.

#### Baseline and post-Intervention sprint mechanics testing

After a 10 min standardised warm-up consisting of jogs, changes in direction, accelerations and dynamic stretching, participants performed two 30 m sprints, separated by 5 min, from a three-point start position (crouched position with one hand on the ground). They were performed on the usual football pitch (3G artificial grass) used

for the team practice sessions. Sprint time and sprint mechanics were measured with MySprint application for iPhone, using the method validated by Samozino et al. (2015).<sup>21</sup> The following parameters were calculated, using the fastest of the two sprints performed:

- 30 m sprint time (s)
- Theoretical maximal horizontal force (F<sub>0</sub>, N·kg<sup>-1</sup>)
- Theoretical maximal velocity (V<sub>0</sub>, m·s<sup>-1)</sup>
- Maximal power output (P<sub>max</sub>, W·kg<sup>-1</sup>)
- Maximal value of the ratio of the horizontal force and resultant force (RF) peak, %)

#### Training interventions

Both training interventions were performed at the end of football practice sessions. This timing is not likely to affect strength gains as mentioned by Lovell et al.<sup>22</sup> A total of two sessions per week were completed by both groups. Progression to the exercise for both groups over the 4 weeks is displayed in Table 1. The NHE was performed using the technique described by Delextrat et al.<sup>18</sup> Sprints were undertaken from a standing start, with 5 min rest between repetitions.

#### Statistical analyses

All data are presented as mean  $\pm$  standard deviation with 95% confidence interval (CI) Statistical analyses were conducted using SPSS statistical software (version 27.0, IBM Corp., Armonk, NY, USA). Initial tests were performed to check the normality of all variables using the Shapiro-Wilk test, while homogeneity of variances was evaluated using the Levene's test. A mixed design two-way analysis of variance (ANOVA) with repeated measures was performed to assess the effect of time, group and their interaction on all outcome variables described above. Student T-tests were undertaken as post-hoc tests in case of significant interactions. A p-value < 0.05 was considered significant. Effect sizes were calculated as Partial Eta Squared  $\left(\eta_p^2\right)$  for the ANOVA and

interpreted as no effect (0-0.05), minimum effect (0.05-0.26), and strong effect (0.26-0.64), while Cohen's d represented the effect size for post-hoc tests, and were interpreted as small (>0.2), medium (>0.5) and large (>0.8).<sup>23</sup>

#### Results

The compliance rate for all completed training sessions was 84.4%.

#### Quadriceps Concentric Peak Torque (Qcon)

There was no significant effect of time (p = 0.169 to 0.668), group (p = 0.439 to 0.948), or time x group interaction (p = 0.076 to 0.545) on  $Q_{con}$  for either legs or angular velocities (Table 2).

#### Hamstrings Eccentric Peak Torque (Hecc)

There was a significant increase in  $H_{ecc}$  between pre and post-tests in the non-dominant leg (+9.9%, F(1,14) = 4.829, p = 0.045) and the dominant leg (+8.1%, F(1,14) = 4.651, p = 0.049) at  $60^{\circ} \cdot s^{-1}$ . There was also a significant interaction between group and time for the non-dominant leg at  $180^{\circ} \cdot s^{-1}$  (F(1.14) = 6.390, p = 0.024). The post-hoc test revealed a significant increase in  $H_{ecc}$  between pre and post-test within the NHE group (+24.5%, t(1) = -2.209, p = 0.035, d=0.89), whereas the sprint group showed no variation between these time points (t(1) = 1.169, p = 0.139, Table 2).

#### Functional Hamstrings to Quadriceps Ratio (Hecc: Qcon)

There was no significant effect of time (p = 0.075 to 0.993), group (p = 0.208 to 0.880), or time  $\times$  group interaction (p = 0.185 to 0.362), on  $H_{ecc}$ :  $Q_{con}$  for either legs or angular velocities (Table 2).

#### Rate of Torque Development (RTD<sub>200</sub>) for Hamstrings Eccentric Contractions

There was a significant time x group interaction for the dominant leg at  $60^{\circ} \cdot s^{-1}$  (F(1,14) = 5.475, p = 0.035, d = 1.01). A significant increase between pre- and post-tests was highlighted by the post-hoc test in the sprint group (+29.4%, t(1) = 3.473, p = .004), while no significant difference between these time points was shown in the strength group (t(1) = 0.522, p = 0.310), (Table 3).

#### Angle of Peak Torque (APT) for Hamstrings Eccentric Contractions

The statistical analysis showed significant effects of time between one and post-tests, with a reduction in APT towards a more extended leg position in the non-dominant leg (-36.3%, F(1,14) = 6.369, p = 0.024) and the dominant leg (-32.4%, F(1,14) = 8.742, p = 0.010) at  $60^{\circ} \cdot s^{-1}$ . This was also the case for the dominant leg at  $180^{\circ} \cdot s^{-1}$  (-26.8%, F(1,14) = 6.687, p = 0.022, Table 3).

#### Hamstring eccentric torque (Hecc) at angles of 30°, 20° and 10°

A significant increase in  $H_{ecc}$  at 20° from pre to post-test was noted for the dominant leg at  $60^{\circ} \cdot s^{-1}$  only (+15.0%, F(1,14) = 4.88, p = 0.044). At 10°, a significant increase in  $H_{ecc}$  from pre to post-tests was shown in both the non-dominant (+30.6%, F(1,14) = 5.015, p = 0.049) and dominant leg (+21.1%, F(1,14) = 5.685, p = 0.044) at  $60^{\circ} \cdot s^{-1}$ , and in the non-dominant leg at  $180^{\circ} \cdot s^{-1}$  (+27.3%, F(1,14) = 6.285, p = 0.033, Table 4).

#### <u>Asymmetry</u>

There was no significant effect of time (p = 0.338 to 0.859), group (p = 0.444 to 0.782), or time × group interaction (p = 0.150 to 0.872) on asymmetry variables calculated for either legs or angular velocities.

#### Sprint performance and sprint mechanics

There was no significant effect of time (p = 0.335 to 0.524), group (p = 0.701 to 0.889), or time  $\times$  group interaction (p = 0.144 to 0.883) on sprint performance (30 m time) and sprint mechanics variables (p > 0.05, Table 5).

#### **Discussion**

Our main findings highlighted significant increases in peak  $H_{ecc}$  at  $60^{\circ} \cdot s^{-1}$  and  $H_{ecc}$  produced at  $20^{\circ}$  and  $10^{\circ}$ , as well as a shift in the APT towards leg extension in both groups after the 4-week intervention period. Group-specific changes included a significant increase (+24.5%) in  $H_{ecc}$  at  $180^{\circ} \cdot s^{-1}$  in the non-dominant leg in the strength group only and significant improvements (+29.4%) in RTD<sub>200</sub> of the dominant leg at  $60^{\circ} \cdot s^{-1}$  in the sprint group only.

#### Peak torque

While the improvement in H<sub>ecc</sub> following NHE in our study has been classically reported in the literature,<sup>5</sup> a relatively novel finding is the significant improvement in this variable in both legs at 60°·s<sup>-1</sup> following the sprint training programme (+7.5% to +7.7%). Freeman et al.<sup>10</sup> observed outcomes of this magnitude (+6.2%) with a comparable 4-week sprint training protocol. The main reason behind the effectiveness of sprint training is that it

induces peak activation of the hamstrings to an even superior degree than any eccentric strength exercise,<sup>8</sup> hence stimulating a sufficient load to deliver specific eccentric strength adaptations. Nevertheless, the strength gains at both slow and fast velocities following NHE were greater in our present study as well as the study of Iga et al.<sup>24</sup>

Angle and peak torque (APT) and torque at 30°, 20° and 10°

The APT is a variable reflecting the length-tension relationship of the hamstring. 16,25 In the present study, both training interventions resulted in significant rightward shifts in APT (towards a more extended leg position) in both legs at 60°, \$-1 (-32.4% to -36.3%,) and in the dominant leg at 180°.s<sup>-1</sup> (-26.8%). Significant shifts from 14% to 42% in the APT in the direction of longer muscle lengths after eccentric strength training have been reported in previous studies. 18,25-26 The rather moderate changes in our study could be explained by our short intervention duration and the fact that the good strength level of our players. 18 The observed changes in APT in the present study are paralleled by significant increases (+10.1 to +37.1%, small to strong effect sizes) in the torque produced at angles of 20° (dominant leg at 60° s<sup>-1</sup> only) and 10° (both legs at 60° s<sup>-1</sup> and non-dominant leg at 180%), which is similar to previous studies. 18,22 During sprinting, HSI most commonly occurs at knee extension angles less than 30°, 27 while peak Heccis often detected at shortened angles.<sup>25</sup> Therefore, it is proposed that a shift in APT towards angles of 0-30°, as measured in our study (20.0°-25.2°) at 60°·s<sup>-1</sup> could provide a protective effect.<sup>28</sup> In favour of this hypothesis, van den Tillaar et al.<sup>8</sup> showed that the NHE elicits hamstring maximal activation at angles similar to sprinting, indicating that the both exercises could promote adaptations to occur at the optimal phase of the running cycle. Our results also refute concerns expressed in the literature over the NHE producing a low stimulus at extended knee positions, 25 and are in agreement with the findings of Iga et al.<sup>24</sup> demonstrating greater EMG activity of the hamstring at extended knee positions (0°-60°) compared to more flexed positions (61°-90°) during the NHE.

Several mechanisms have been suggested in the literature to account for the aforementioned adaptations following NHE and/or sprint training. These include architectural modifications such as an increase in the biceps femoris fascicle length,<sup>9</sup> muscle hypertrophy,<sup>22</sup> and neural adaptations. The benefit of longer fascicles in the biceps femoris, evidenced with as little as 3 weeks of eccentric training,<sup>29</sup> is extensive as it prevents overstretching beyond the mechanical threshold that would cause excessive strain, from an increase of in-series sarcomeres and a reduced decline in excitation-contraction coupling.<sup>30</sup> This protective effect is essential during high-speed running where the hamstring must provide sufficient force in a lengthened state.

### Rate of Torque Development (RTD200)

This variable has been suggested as a risk factor for HSI in retrospective studies, showing for example that previously injured hamstrings were characterised by significantly lower RTD compared to non–injured limbs.<sup>17</sup> Grazioli et al.<sup>31</sup> also reported that fatigue caused by a football match, known to be associated with a greater number of injuries,<sup>32</sup> led to greater decreases in RTD compared to other aspects, such as maximal voluntary strength. Interestingly, the present study showed a significant increase (+29.4%) in RTD<sub>200</sub> in the dominant leg at 60°·s<sup>-1</sup> as a result of sprint training only. This result, similar to a previous study showing a greater maximal RTD after a period of resisted sprint training in sprinters,<sup>33</sup> suggests a potential protective effect of this type of training to decrease the risk of HSI. An increased RTD, usually resulting from a faster discharge rate of action potentials and the recruitment of a greater number of

motor units at the start of resistance training<sup>34</sup> is likely to allow a faster development of hamstring eccentric force to ensure the attainment of the required torque to decelerate the swing of the limb.<sup>17</sup> Finally, the lack of changes in RTD<sub>200</sub> at the faster angular velocity in the present study as well as the study of Opar et al.<sup>17</sup> may be due to the lower reliability of strength variables observed at higher compared to lower angular velocities.<sup>19</sup>

#### Sprint performance and sprint mechanics

Our results did not show any significant improvement in 30 m time after both interventions. This result is in agreement with the findings of Freeman et al. 10 following very similar training programmes to ours, suggesting that the duration, type or volume of these in-season trainings might not be sufficient to improve sprint performance. Regarding sprint mechanics, the theoretical maximal horizontal force (F<sub>0</sub>) has been recently highlighted as a risk factor for HSI in two prospective studies on amateur and professional football players. 15,35 Our results show no effect of NHE on any of the sprint mechanics variables investigated, including Fewhich is in agreement with the study of Mendiguchia et al. 9 following 6 weeks of NHE training. This result was expected, in view of the differences between a complex whole-body movement as fast velocity (sprinting) and an isolated muscle strengthening exercise (NHE). For example, resistance training exercises elicit significantly lower activation of the hamstring muscles (from 18% to 75% of sprint values)8 and the NHE does not address the elastic energy transfer, reflexes. hip-knee kinematics, or intra- and inter-muscles coordination taking place during sprinting. Our results did not show any significant effect of sprint training on sprint mechanics, in agreement with Morin et al. 37's study, showing that very-heavy sledresisted sprint training, but not unloaded sprint training, increased F<sub>0</sub> and mechanical effectiveness. This suggests that using some resistance in sprint training is essential to

attend to the whole force-velocity spectrum and elicit positive adaptations in sprint mechanics that could potentially reduce the occurrence of HSI.9

One limitation of the present study was the relatively small sample size. Despite a power calculation based on the main outcome variable of peak hamstring eccentric strength, our study might be slightly underpowered for some other factors investigated. The post-testing sessions were undertaken in December, combining high-levels of physical fatigue and busy academic schedule for our players, which may also have hindered some of the adaptations investigated. Finally, we could not measure some potential confounding variables known to affect HSI, such as hamstring flexibility or pelvis anterior tilt.

#### **Conclusions**

Our findings showed significant increases in harmstring eccentric peak torque and the torque produced at 20° and 10°, as well as a shift in the APT towards leg extension in both groups. Furthermore, we showed a significant improvement in the rate of torque development in the sprint group only. These results suggest the possibility of personalised training for footballers (i.e. sprint training for players with low RTD, NHE training for those with low hamstring eccentric strength). The practicality of both the NHE and sprint training is of great benefit to sub-elite performers who may not have access to performance enhancing facilities. Further studies should investigate the mechanisms by which these adaptations occur, and consider the effectiveness of the combination of these training methods on HSI risk factors.

#### **REFERENCES**

- 1. Klein C, Henke T, Platen P. Injuries in football (soccer)—a systematic review of epidemiology and aetiological aspects. Ger J Exerc Sport Res 2018;48(3):309-322.
- 2. Whalan M, Lovell R, McCunn R, Sampson JA. The incidence and burden of time loss injury in Australian men's sub-elite football (soccer): A single season prospective cohort study. J Sci Med Sport 2019;22(1):42-47.
- 3. Ekstrand J, Hägglund M, Waldén M. Epidemiology of muscle injuries in professional football (soccer). Am J Sports Med 2011;39(6):1226-1232.
- 4. Al Attar WSA, Soomro N, Sinclair PJ, Pappas E, Sanders RH. Effect of injury prevention programs that include the Nordic hamstring exercise on hamstring injury rates in soccer players: a systematic review and meta-analysis. Sports Med 2017;47(5):907-916.
- 5. Van Dyk N, Behan FP, Whiteley R. Including the Nordic hamstring exercise in injury prevention programmes halves the rate of hamstring injuries: a systematic review and meta-analysis of 8459 athletes. Br J Sports Med 2019;53(21):1362-1370.
- 6. Ekstrand J, Spreco A, Bengtsson H, Banr R. Injury rates decreased in men's professional football: an 18-year prospective cohort study of almost 12 000 injuries sustained during 1.8 million hours of play. Br J Sports Med 2021;55(19):1084-1091.
- 7. Edouard P. Mendiguchia J, Guex K, Lahti J, Samozino P, Morin JB. Sprinting: a potential vaccine for hamstring injury. Sport Perform Sci Rep 2019;1:1-2.
- van den Tillaar R, Solheim JAB, Bencke J. Comparison of hamstring muscle activation during high-speed running and various hamstring strengthening exercises. Int J Sports Phys Ther 2017;12(5):718-727.
- Mendiguchia J, Conceição F, Edouard P, Fonseca M, Pereira R, Lopes H, et al. Sprint versus isolated eccentric training: Comparative effects on hamstring architecture and performance in soccer players. PLoS One2020;15(2): p.e0228283.

- Freeman BW, Young WB, Talpey SW, Smyth AM, Pane CL, Carlon TA. The effects
  of sprint training and the Nordic hamstring exercise on eccentric hamstring
  strength. J Sports Med Phys Fitness 2019;59(7):1119-1125.
- 11. Opar DA, Williams MD, Shield AJ. Hamstring strain injuries: factors that lead to injury and re-injury. Sports Med 2012;42(3):209-26.
- Bourne MN, Opar DA, Williams MD, Shield AJ. Eccentric Knee Flexor Strength and Risk of Hamstring Injuries in Rugby Union: A Prospective Study. Am J Sports Med 2015;43(11):2663-2670.
- 13. Croisier JL, Ganteaume S, Binet J, Genty M, Ferret JM. Strength impalances and prevention of hamstring injury in professional soccer players: a prospective study. Am J Sports Med 2008;36(8):1469-1475.
- 14. Timmins RG, Bourne MN, Shield AJ, Williams MD, Lorenzen C, Opar DA. Short biceps femoris fascicles and eccentric knee flexor weakness increase the risk of hamstring injury in elite football (soccer): a prospective cohort study. Br J Sports Med 2016;50(24):1524-1535.
- 15. Edouard P, Lahti J, Nagahara R, Samozino P, Navarro L, Guex K, et al. Low Horizontal Force Production Capacity during Sprinting as a Potential Risk Factor of Hamstring Injury in Football. Int J Environ Res Public Health 2021; 18(15): 7827.
- 16. Brockett CL, Worgan DL, Proske U. Predicting hamstring strain injury in elite athletes. Med Sci Sports Exerc 2004;36(3):379-387.
- 17. Opar DA, Williams MD, Timmins RG, Dear NM, Shield AJ. Rate of torque and electromyographic development during anticipated eccentric contraction is lower in previously strained hamstrings. Am J Sports Med 2013;41(1):116-125.
- 18. Delextrat A, Bateman J, Ross C, Harman J, Davis L, Vanrenterghem J, et al. Changes in torque-angle profiles of the hamstrings and hamstrings-to-quadriceps ratio after two hamstring strengthening exercise interventions in female hockey players. J Strength Cond Res 2020;34(2):396-405.

- 19. Drouin JM, Valovich-mcLeod TC, Shultz SJ, Gansneder BM, Perrin DH. Reliability and validity of the Biodex system 3 pro isokinetic dynamometer velocity, torque and position measurements. Eur J Appl Physiol 2004;91(1):22-29.
- 20. Mentiplay BF, Perraton LG, Bower KJ, Adair B, Pua YH, Williams GP, et al. Assessment of lower limb muscle strength and power using hand-held and fixed dynamometry: a reliability and validity study. PloS one 2015;10(10): p.e0140822.
- 21. Samozino P, Rabita G, Dorel S, Slawinski J, Peyrot N, Saez de Villa real E, et al. A simple method for measuring power, force, velocity properties, and mechanical effectiveness in sprint running. Scand J Med Sci Sports 2016;26(6):648-658.
- 22. Lovell R, Knox M, Weston M, Siegler, JC, Brennan S, Marshaft RW. Hamstring injury prevention in soccer: before or after training?. Scand J Med Sci Sports 2018;28(2): 658-666.
- 23. Cohen J. Set correlation and contingency tables. Appl Psychol Meas 1988;12(4): 425-434.
- 24. Iga J, Fruer CS, Deighan M, Croix MDS, James DVB. 'Nordic' hamstrings exercise-engagement characteristics and training responses. Int J Sports Med 2012; 33(12):1000-1004.
- 25. Brughelli M, Mendiguchia J, Nosaka K, Idoate F, Los Arcos A, Cronin J. Effects of eccentric exercise on optimum length of the knee flexors and extensors during the preseason in professional soccer players. Phys Ther Sport 2010; 11(2): 50-55.
- 26. Clark R, Bryant A, Culgan JP, Hartley B. The effects of eccentric hamstring strength training on dynamic jumping performance and isokinetic strength parameters: a pilot study on the implications for the prevention of hamstring injuries. Phys Ther Sport 2005;6(2):67-73.
- 27. De Ste Croix M, ElNagar YO, Iga J, Ayala F, James D. The impact of joint angle and movement velocity on sex differences in the functional hamstring/quadriceps ratio. The Knee 2017; 24(4):745-750.

- Cohen DD, Zhao B, Okwera B, Matthews MJ, Delextrat A. Angle-specific eccentric hamstring fatigue after simulated soccer. Int J Sports Physiol Perform 2015;10(3):325-31.
- Guex K, Degache F, Morisod C, Sailly M, Millet GP. Hamstring architectural and functional adaptations following long vs. short muscle length eccentric training. Front Physiol 2016;7:340.
- 30. Blazevich AJ, Cannavan D, Coleman DR, Horne, S. Influence of concentric and eccentric resistance training on architectural adaptation in human quadriceps muscles. J Appl Physiol 2007;103(5): 1565-1575.
- 31. Grazioli R, Lopez P, Andersen LL, Machado CLF, Pinto MD, Cadore EL, et al. Hamstring rate of torque development is more affected than maximal voluntary contraction after a professional soccer match. Eur J Sport Sci 2019;19(10):1336-1341.
- 32. Woods C, Hawkins RD, Maltby S, Huise M, Thomas A, Hodson A. The Football Association Medical Research Programme: an audit of injuries in professional football—analysis of hamstring injuries. By Sports Med 2004; 38(1):36-4.
- 33. Martínez-Valencia MA, Romero-Arenas S, Elvira JL, González-Ravé JM, Navarro-Valdivielso F, Alcaraz PE. Effects of Sled Towing on Peak Force, the Rate of Force Development and Sprint Performance During the Acceleration Phase. J Hum Kinet 2015;46:139-148.
- 34. Bompa T, Buzzichelli C. Periodization training for sports, 3rd edition. Champaign, IL: Human kinetics; 2015.
- 35. Lahti J, Mendiguchia J, Edouard P, Morin J. A novel multifactorial hamstring screening protocol: association with hamstring muscle injuries in professional football (soccer) a prospective cohort study. Biol Sport 2022;39(4):1021-1031.

36. Morin JB, Petrakos,G, Jiménez-Reyes P, Brown SR, Samozino P, Cross MR. Very-Heavy Sled Training for Improving Horizontal-Force Output in Soccer Players. Int J Sports Physiol Perform 2017;12(6):840-844.



#### **Conflicts of interest**

We do have any conflict of interest to report.

#### **Authors' contribution**

All authors read and approved the final version of the manuscript

Individual authors' contribution are as follows:

AS: study design, implementation of training programme, testing, statistical analyses, write-up.

LT: study design, design of training programme, proof-reading of drafts.

GW: study design, statistical analyses, proof-reading of drafts.

EB: study design, statistical analyses, proof-reading of drafts.

AD: study design, testing, statistical analyses, write-up.

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#### **TABLES**

Table 1. Four-week progression of the training programme.

	Week 1	Week 2	Week 3	Week 4
NHE	2x 5 repetitions	2x 6 repetitions	3x 5 repetitions	3x 6 repetitions
Sprint	5x 30m	6x 30m	5x 40m	6x 40m
NHE: Nordic Ha	amstring Exercise.			

Table 2. Mean±standard deviation (95% confidence interval) for the concentric peak torque of the quadriceps ( $Q_{con}$ ), eccentric peak torque of the hamstrings ( $H_{ecc}$ ) and  $H_{ecc}$ : $Q_{con}$  in the dominant (D) and non-dominant (ND) legs at 60°.s<sup>-1</sup> (60) and 180°.s<sup>-1</sup> (180).

	Pre training		Post training		
	Sprint	NHE	Sprint	NHE	$\eta_p^2$
Q <sub>con</sub> D	210±37	206±50	192±45	216±44	T: 0.01, © 0.02
60 (N.m)	(181-239)	(160-252)	(158-227)	(174-57)	I: 0.14
Q <sub>con</sub> D	144±34	142±35	145±25	149±31	0.06, G: 0.01
180 (N.m)	(117-170)	(110-174)	(126-165)	(120-177)	0.03
Q <sub>con</sub> ND	192±20	198±63	190±21	214±42	T: 0.13, G: 0.04
60 (N.m)	(177-207)	(140-255)	(174-205)	(175-25)	I: 0.21
Q <sub>con</sub> ND 180	148±27	140±45	148±12	153±34	T: 0.10, G: 0.01
(N.m)	(128-169)	(99-182)	(139-157)	(121-184)	I: 0.10
H <sub>ecc</sub> D 60 (N.m)	<b>167± 32*</b> (142-91)	166±53* (117-215)	180± 31* (156-203)	<b>180± 36*</b> (147-213)	<b>T: 0.25</b> , G: 0.01 I: 0.01
H <sub>ecc</sub> D	173±35	172±36	160±23	177±32	T: 0.03, G: 0.02
180 (N.m)	(146-199)	(139-206)	(142-178)	(147-206)	I: 0.10
H <sub>ecc</sub> ND 60 (N.m)	<b>167±31*</b> (143-190)	<b>157± 55*</b> (106-209)	<b>179±43</b> * (146-212)	<b>177± 51*</b> (129- 224)	<b>T: 0.26</b> , G: 0.01 I: 0.02
H <sub>ecc</sub> ND 180 (N.m)	156±26 (136-176)	<b>135±40</b> * (98-171)	144± 26 (124-164)	<b>168±34</b> * (136-199)	T: 0.10, G: 0.01 <b>I: 0.31</b>
H <sub>ecc</sub> :Q <sub>con</sub> D	0.81±0.18	0.80±0.13	0.99±0.34	0.84±0.12	T: 0.21, G: 0.05
60	(0.67-0.95)	(0.68-0.92)	(0.73-1.25)	(0.73-0.95)	I: 0.09
H <sub>ecc</sub> :Q <sub>con</sub> D	1.27±0.44	1.23±0.19	1.14±0.30	1.22±0.29	T: 0.10, G: 0.01
180	(0.93-1.61)	(1.06-1.40)	(0.91-1.37)	(0.95-1.49)	I: 0.07
H <sub>ecc</sub> :Q <sub>con</sub> ND	0.87±0.14	0.81±0.20	0.95±0.22	0.81±0.09	T: 0.04, G: 0.11
60	(0.76-0.98)	(0.63-0.99)	(0.78-1.12)	(0.72-0.89)	I: 0.06
H <sub>ecc</sub> :Q <sub>con</sub> ND	1.08±0.31	1.01±0.31	0.98±0.20	1.12±0.19	T: 0.01, G: 0.01
180	(0.85-1.32)	(0.72-1.29)	(0.83-1.13)	(0.94-1.29)	I: 0.12

\*: significant differences between pre-and post-tests, p<0.05 (  $\eta_p^2$ : partial eta squared, T: Time, G: group, I: time × group interaction). NHE: Nordic Hamstring Exercise.

Table 3. Mean±standard deviation (95% confidence interval) for the angle of peak torque (APT) and the rate of torque development (RTD<sub>200</sub>) of the eccentric torque of the hamstrings in the dominant (D) and non-dominant (ND) legs at 60°.s<sup>-1</sup> (60) and 180°.s<sup>-1</sup> (180).

	Pre-training		Post-training $\eta_p^2$		
	Sprint	NHE	Sprint	NHE	
APT D 60 (°)	<b>34.9±9.3</b> * (27.8-42.1)	<b>32.0±8.1</b> * (24.5-39.6)	<b>20.0±19.4</b> * (5.1-34.9)	<b>25.2±1)1.6*</b> (14.4-35.9)	<b>T.0.38,</b> G: 0.01 1: 0.08
APT D 180 (°)	<b>40.4±8.8</b> * (33.6-47.1)	<b>37.7±7.4</b> * (30.9-44.5)	<b>24.1±16.2</b> * (11.7-36.5)	<b>33.1±17.2</b> * (₹3-49.0)	<b>T: 0.32,</b> G: 0.03 I: 0.13
APT ND 60 (°)	<b>35.2±11.6</b> * (26.3-44.1)	33.6±16.4* (18.4-48.8)	23.5±18,4* (9.4(3)7.6)	<b>20.3 ± 24.3*</b> (-2.1-42.7)	<b>T: 0.31,</b> G: 0.01 I: 0.01
APT ND 180 (°)	39.7±14.3 (28.8-50.7)	40.0±18.1 (23.2-56.7)	30.9±19.3 (16) 1-45.8)	37.0±26.0 (13.0-61.1)	T: 0.05, G: 0.01 I: 0.01
RTD <sub>200</sub> D 60 (N.m.s <sup>-1</sup> )	<b>222 ± 52*</b> (182-261)	236±105 (138-333)	<b>287± 75</b> * (229-344)	219±78 (148-291)	T: 0.12, G: 0.04 I: <b>0.28</b>
RTD <sub>200</sub> D 180 (N.m.s <sup>-1</sup> )	310±73 (254-366)	305±74 (237-373)	278±27 (257-299)	298±72 (232-364)	T: 0.08, G: 0.01 I: 0.03
RTD <sub>200</sub> ND 60 (N.m.s <sup>-1</sup> )	187±49 (149-225)	214±55 (163-265)	177±26 (157-197)	222±48 (179-266)	T: 0.01, G: 0.26 I: 0.26
RTD <sub>200</sub> ND 180 (N.m.s <sup>-1</sup> )	264±44 (229-298)	293±98 (203-384)	259±70 (205-313)	278±59 (224-333)	T: 0.01, G: 0.08 I: 0.01

\*: significant differences between pre-and post-tests, p<0.05 (  $\eta_p^2$ : partial eta squared, T: Time, G: group, I: time × group interaction). NHE: Nordic Hamstring Exercise.

Table 4. Mean±standard deviation (95% confidence interval) for the eccentric hamstring torque produced at 30°, 20° and 10° of leg extension in the dominant (D) and non-dominant (ND) legs at 60°.s-1 (60) and 180°.s-1 (180).

	Pre-training		Post-training		$\eta_p^2$
	Sprint	NHE	Sprint	NHE	`\ ip
Torque 30°	152±32	152±52	154±32	161±34	T:0.04, G: 0.01
D 60 (N.m)	(128-176)	(104-200)	(130-179)	(130-192)	
Torque 30°	141±35	152±27	137±30	145±37	T: 0.03, G: 0.03
D 180 (N.m)	(114-167)	(127-177)	(114-160)	(110-179)	I: 0.01
Torque 30°	150±34	130±54	157±39	133±62	T: 0.03, G: 0.07
ND 60 (N.m)	(123-176)	(80-180)	(427-188)	(76-190)	I: 0.01
Torque 30°	134±31	117±34	132±27	128±31	T: 0.02, G: 0.04
ND 180 (N.m)	(110-158)	(86-148)	(111-153)	(±00-157)	I: 0.04
Torque 20° D 60 (N.m)	<b>140±41</b> * (108-171)	<b>145±57</b> * (93-198)	154±40* 123-174)	<b>174±44*</b> (133-215)	<b>T: 0.26,</b> G: 0.03 I: 0.04
Torque 20°	118±41	138±37	133±41	140±48	T: 0.06, G: 0.04
D 180 (N.m)	(86-149)	(104-172)	(102-165)	(96-185)	I: 0.03
Torque 20°	135±37	125±59	157±50	126±53	T: 0.08, G: 0.06
ND 60 (N.m)	(106-164)	(70-179)	(119-195)	(77-127)	I: 0.06
Torque 20°	122± 33	113±31	123±42	118±45	T: 0.01, G: 0.02
ND 180 (N,m)	(97-148)	(85-142)	(91-155)	(77-160)	I: 0.01
Torque 10° D 60 (N.m)	<b>139± 35</b> * (102-176)	<b>135± 76</b> * (14-256)	<b>173± 23*</b> (149-198)	<b>159± 49*</b> (81-237)	<b>T: 0.42,</b> G: 0.01 I: 0.02
Torque 10°	116±30	134±47	150±58	176±44	T: 0.35, G: 0.12
D 180 (N.m)	(68-164)	(56-226)	(57-242)	(45-268)	I: 0.01
Torque 10° ND 60 (N.m)	<b>110±46</b> * (62-159)	<b>107± 46</b> * (59-155)	<b>151±70</b> * (78-224)	<b>132± 52*</b> (78-187)	<b>T: 0.33,</b> G: 0 .02 I: 0 .03
Torque 10° ND 180 (N.m)	<b>96± 38</b> * (50-143)	<b>106±37</b> * (68-145)	<b>117±36</b> * (73-162)	<b>141± 43</b> * (95-186)	<b>T: 0.41,</b> G: 0.07 I-:0.04

<sup>\*:</sup> significant differences between pre-and post-tests, p<0.05 ( $\eta_p^2$ : partial eta squared, T: Time, G: group, I: time × group interaction). NHE: Nordic Hamstring Exercise.

Table 5. Mean±standard deviation (95% confidence interval) for sprint mechanics variables

	Pre-trair	Pre-training		Post-training	
	Sprint	NHE	Sprint	NHE	$\eta_p^2$
30-m time	4.70±0.16	4.61±0.16	4.67±0.22	4.73±0.18	T: 0.04, G: 0.01
(s)	(4.56-4.85)	(4.44-4.78)	(4.47-4.87)	(4.54-4.92)	I: 0.14
$F_0$	7.63±0.44	8.08±0.77	7.78±0.90	7.25±0.80	T: 0.09, G: 0.01
(N.kg <sup>-1</sup> )	(7.22-8.04)	(7.28-8.90)	(6.95-8.61)	(6.41-8.09)	I: 0.16
$V_0$	8.42±0.48	8.55±0.30	8.61±0.69	8.70±0.75	T: 0.08, G: 0.01
(m.s <sup>-1</sup> )	(7.97-8.86)	(8.23-8.87)	(7.97-9.26)	(7)91-9.41)	I: 0.01
$P_{\text{max}}$	16.1±1.4	17.3±1.8	16.7±2.1	15.7±1.6	T: 0.04, G: 0.01
(W.kg <sup>-1</sup> )	(14.8-17.3)	(15.4-19.2)	(14.8-13.6)	<b>(</b> 3.0-17.3)	I: 0.18
RF <sub>max</sub>	51.4±1.7	53.1±2.9	52.0±3.2	50.1±28.0	T: 0.08, G: 0.01
(%)	(49.8-53.0)	(50.1-56.1)	(49.0-55.9)	(47.1-53.0)	I: 0.16

<sup>\*:</sup> significant differences between pre-and post-tests, p<0.05 (  $\eta_p^2$ : partial eta squared, T: Time, G: group, L' time x group interaction). NHE: Nordic Hamstring Exercise.