



Differences in Isometric Strength Between the Dominant and Non-Dominant Upper Extremity in Competitive Tennis Players

KEYWORDS

Tennis, Isometric Strength, injury prevention, Sport.

FRANCISCO CORBI

Department of Health and Management. Institut Nacional d'Educació Física de Catalunya, centre de Lleida. Universitat de Lleida. (Lleida, Spain).

ERNEST BAGET

Sport Performance Analysis Research Group. University of Vic, Barcelona, Spain. Contact address: Sagrada Família 7 (08500) Vic, Spain.

ABSTRACT Alteration in muscular imbalances between homolateral and contralateral limbs has been associated with increased risk of injury. The objective of this study was to compare the isometric peak force of the dominant and the non-dominant upper limb in competition tennis players. Maximal isometric voluntary contraction was tested in 12 male competition tennis players using a strain gauge connected to a portable MuscleLab™ 4000e. Dominant and non-dominant flexion/extension and rotation positions were tested at the wrist, elbow and shoulder, and internal/external rotation at the elbow and shoulder. Significant differences were found for wrist flexion and extension, shoulder flexion and extension, internal arm rotation and the rest of the movements studied. The main finding of this study was to confirm the utility of isometric testing devices as a useful, inexpensive tool for evaluating strength ratios between the dominant and non-dominant side in tennis players.

INTRODUCTION

Tennis practice requires high levels of power and strength for strokes and movement patterns (Girard, Lattier, Micallef, Millet, 2006). The high intensity and volume developed in training and competition play lead to many adaptations in various body tissues, especially in the dominant arm. Enhanced maximal metabolic vasodilatation in the dominant forearm (Sinoway, Musch, Minotti and Zelis, 1986), increased size in bone tissue from the homolateral limb (Ellenbecker & Roetert, 2003), and higher lean mass in the dominant upper extremity (Sanchís-Moysi, Idoate, Olmedillas, Guadalupe-Grau, Alayón, Carreras, Dorado and Calbet, 2010) have been described. Furthermore, previous studies reported specific isokinetic ratios between dominant and non-dominant arm rotation torque in shoulders, forearms and elbows (Forgiarini et al., 2010; Saccol et al. 2010; Ellenbecker & Roetert, 2003; Ellenbecker et al., 2006). Factors such as the contraction mode (concentric vs. eccentric), the velocity rate (60, 120, 180 or 240 %/s) and the movement pattern (abduction, adduction, flexion, extension, internal and external rotation) seem to influence them (Shklar & Dvir, 1995). Alteration in isokinetic muscular imbalances has been associated with an increased risk of injury and could explain some overuse injuries in the homolateral upper limb (Ellenbecker, 1995; Ellenbecker & Roetert, 2003). When interlimb strength differences are higher than 10 to 15%, the risk of injury increases (Blache & Monteil, 2012). For these reasons, ongoing analysis of strength levels is essential, not only to improve performance, but also to prevent injuries. Unfortunately, isokinetic dynamometers have complicated protocols, require a lot of time for subject implementation, and are very expensive tools that are not available to everyone. The aim of this study was to analyze isometric ratios between dominant and non-dominant positions in the upper limb in competition tennis players using a low-cost strain gauge.

METHODOLOGY

Maximal isometric voluntary contraction was tested in 12 male competition tennis players from the Catalan Tennis Federation's International Tennis Centre in Cornellà (Spain). Inclusion criteria were no history of upper extrem-

ity surgery; no shoulder, back or knee pain for the past 12 months, and no rehabilitation for the same period. All players were right-hand dominant. Subjects performed three maximal voluntary contractions (3-5 seconds in duration) with one minute of rest between sets and 5 minutes between positions. Dominant and non-dominant flexion/extension and rotation positions were tested at the wrist, elbow and shoulder, and internal/external rotation at the elbow and shoulder. Maximal voluntary isometric peak force was measured at 100 Hz frequency using a strain gauge (500N) connected to a portable MuscleLab™ 4000e (Bosco-systemlab, Rome, Italy). The normality of variable distribution was assessed using the Kolmogorov-Smirnov test. The relationship between quantitative variables was established by performing a linear correlation analysis and calculating the Pearson's linear correlation coefficient (r). A paired t-test was used to determine any significant differences between the mean values for the dominant and non-dominant arm. Statistical significance was set a priori at $p < 0.05$. All statistical analyses were performed using SPSS for Windows 15.0 (SPSS, Inc. Chicago, IL, USA).

RESULTS

The sample met the criteria of normality. All variables were significantly different in the dominant side compared to the non-dominant side. For wrist flexion and extension, shoulder flexion and extension, and internal arm rotation, significant differences were found with $p < 0.001$, and in the case of the rest of the movements studied, with $p < 0.05$. The average difference (%) between sides ranged from 10.7% (in external arm rotation) and 11.5% (in shoulder extension) to 26.4% (in internal arm rotation) and 24.6% (in wrist extension) (see Tables 1 and 2).

Table 1: Isometric peak force results and mean isometric peak force difference (mean ± SD) between dominant and non dominant arm; paired sample t-test for differences in dominant and non dominant arm, and correlation coefficient (r) between isometric peak force in dominant and non dominant arm *(p<0.05), **(p<0.001).

	Isometric peak force		Dominant – Non dominant	
	Dominant (N)	Non dominant (N)	Mean difference (%)	r
Extension				
Wrist	157.4 ± 47.9	117.2 ± 30.6	24.6 ± 7.0**	0.87**
Elbow	199.2 ± 66.6	163.9 ± 45.7	15.3 ± 15.9*	0.96*
Shoulder	126.1 ± 29.4	111.3 ± 25.4	11.5 ± 4.2**	0.98**
Flexion				
Wrist	260.7 ± 65.3	219.1 ± 47.9	19.3 ± 18.1**	0.83**
Elbow	219.4 ± 64.3	192.6 ± 67.0	13.1 ± 13.0*	0.97**
Shoulder	197.0 ± 39.1	160.3 ± 28.5	17.6 ± 11.2**	0.78**
Rotation				
External	107.3 ± 30.1	96.5 ± 25.1	10.7 ± 9.4*	0.90**
Internal	197.8 ± 62.2	143.2 ± 41.6	26.4 ± 12.7**	0.85**

Table 2: Mean isometric peak force difference (mean ± SD) between flexion and extension and between internal and external rotation in dominant and non dominant arm; paired sample t-test (p) for differences between flexion and extension and internal and external rotation in dominant and non dominant arm, and between mean differences in dominant and non dominant arm *(p<0.05), **(p<0.001)).

	Mean differences Dominant (%)	Mean differences Non dominant (%)	Dominant – Non dominant p (t-test)
Flexion - Extension			
Wrist	39.8 ± 7.2**	44.1 ± 8.2**	0.822
Elbow	23.7 ± 14.2*	30.0 ± 13.6**	0.480
Shoulder	38.2 ± 11.7**	30.6 ± 9.6**	0.006
Internal – external rotation			
Shoulder	48.6 ± 10.8**	33.6 ± 15.2**	0.003

DISCUSSION

The differences between homolateral and contralateral body sides appear to be greater in tennis than in other sports due to the high level of asymmetry. In our study, homolateral positions developed higher strength levels than contralateral ones for all positions, though the greatest differences were observed in shoulder positions. Shoulder internal rotation and flexion, wrist flexion and elbow extension were found to be most highly related to tennis strokes, especially in serves(Elliot, 2006; Elliott, Fleisig, Nic-

holls and Escamilia, 2003). The results of our study seem to indicate strength ratios between isometric and isokinetic values similar to those reported in previous studies. This confirms the usefulness of isometric tests as a strength assessment tool. Further, isometric tests have been conducted in many sports because of their ease of application and high test-retest reliability(McGuigan, Newton, Winchester and Nelson, 2010). Many isometric maximal strength tests, such as the mid-thigh isometric pull, correlate well with 1 repetition maximum and vertical jump performance(McGuigan et al., 2010), and the position strongly influences the relationships that are observed with dynamic tasks (Haff, Stone, O’Byrant, Harman, Dinan, Johnson and Han, 1997). However the correlations between isometric and dynamic peak force appear to be lower at light load conditions (Kawamori, Rossi, Justice, Haff, Pistilli, O’Byrant, Stone and Haff, 2006), and when the joint angle in isometric assessment is selected so that it represents the joint angle at which peak force is developed in a dynamic pattern, the relationship between isometric and dynamic force-time increases (Murphy et al., 1995; Kawamori et al., 2006). More studies need to be conducted to establish isometric functional ratios.

CONCLUSION

The main finding of this study was to confirm the utility of isometric testing devices as an interesting and unexpensive tool to evaluate strength ratios between dominant and nondominant side in asymmetric sports. In tennis players, our study seems to confirm the difference strength levels observed with other assessment tools between homolateral and contralateral upper limb, being observed significant differences in the maximum isometric peak force between both limbs in competition players.

REFERENCE

- Blanche, Y., Monteil, K. (2012). Contralateral strength imbalance between dominant and non-dominant lower limb in soccer players. *Science & Sports*, 27 (3), e1-e8 | Girard, O., Lattier, G., Micallef, J-P, Millet, GP. (2006). Changes in exercise characteristics, maximal voluntary contraction, and explosive strength during prolonged tennis playing. *British Journal of Sports Medicine*, 40: 521-526 | Chandler, J., Kibler, W., Stracener, E., Ziegler, A., Pace, B. (1992). Shoulder strength, power and endurance in college tennis players. *American Journal of Sports Medicine*, 20, 455-458 | Ellenbecker, TS. (1995). Rehabilitation of shoulder and elbow injuries in tennis players. *Clinics in Sports Medicine*, 14, 87-110 | Ellenbecker & Roetert (2003). Age specific isokinetic glenohumeral internal and external rotation strength in elite tennis players. *Journal of Science and Medicine in Sport* 6, 63-70 | Ellenbecker, TS., Roetert, EP. (2003). Isokinetic profile of elbow flexion and extension strength in elite junior tennis players. *Journal of Orthopaedic & Sports Physical Therapy*, 33 (2), 79-84 | Ellenbecker, TS., Roetert, EP., Riewald, S. (2006). Isokinetics profile of wrist and forearm strength in elite female junior tennis players. *British Journal of Sports Medicine*, 40 (6), 411-414 | Elliott, B. (2006). Biomechanics and Tennis. *British Journal of Sports Medicine*, 40 (5) (May), 392-6 | Elliott, B. G., Fleisig, R., Nicholls, S., and Escamilla, R. (2003). "Technique Effects on Upper Limb Loading in the Tennis Serve." *Journal of Science and Medicine in Sport / Sports Medicine Australia*, 6 (1), 76-87 | Forgiarini, MS., Conforto, G., Teixeira, R., Frota, C., Fleury, AM., Andrade, M. (2010). Shoulder functional ratio in elite junior tennis players. *Physical Therapy in Sport*, 11, 8-10. | Haff, GG., Stone, MH., O'Bryant, H., Harman, E., Dinan, C., Johnson, R. and Han K. (1997). Force time dependent characteristics of dynamic and isometric muscle actions. *Journal of Strength and Conditioning Research*, 11, 269-272 | Kawamori, N., Rossi, S.J., Justice, BD., Haff, EE., Pistilli, EE., O'Bryant, HS, Stone, MH. and Haff G.G (2006). Peak force and rate of force development during isometric and dynamic mid-thigh clean pulls performed at various intensities. *Journal of Strength and Conditioning Research*, 20 (3), 483-491 | McGuigan, M., Newton, M.J., Winchester, JB., Nelson, AG. (2010). Relationship between isometric and dynamic strength in recreationally trained men. *Journal of Strength and Conditioning Research*, 24 (9), 2570-2573 | Murphy, A.J., Wilson, G.J., Pryor, JF. and Newton, R.U. (1995). Isometric assessment of muscular function: The effect of joint angle. *Journal of Applied. Biomechanics.*, 11, 205-215 | Saccol, M., Gracitelli, G., Silva, R., Laurino, C., Fleury, A., Andrade, M., Silva, A. (2010). Shoulder functional ratio in elite junior tennis players. *Physical Therapy in Sport*, 11: 8-11. <http://dx.doi.org/10.1016/j.ptsp.2009.11.002> | Sanchis-Moysi, J., Idoate, F., Olmedillas, H., Guadalupe-Grau, A., Alayón, S., Carreras, A., Dorado, C., Calbet, JAL (2010). The upper extremity of the professional tennis player: muscle volumes, fiber-type distribution and muscle strength. *Scandinavian Journal of Medicine and Science in Sports*, 20, 524-534 | Sinoway, LI., Musch, TI., Minotti, JR., Zelis, R. (1986). Enhanced maximal metabolic vasodilatation in the dominant forearms of tennis players. *Journal of Applied Physiology*, 61, 673-678 | Shklat, A., Dvir, Z. (1998). Isokinetic strength relationships in shoulder muscle. *Clinical Biomechanics*, 10 (7), 367-373 |