

A COMPARISON OF THERABAND VERSUS BODY WEIGHT EXERCISES ON UPPER BODY POWER AND SHOTPUT PERFORMANCE AMONG FEMALE RECREATIONAL SHOT PUT ATHLETES

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Indla Sai Bhargavi MPT Sports, SVIMS College of Physiotherapy, Tirupati, A.P

Dr. A. Viswanath Reddy

Associate Professor & Vice- Principal, SVIMS College of Physiotherapy, Tirupati, A.P

Dr. K. Madhavi

Professor & Principal, SVIMS College of Physiotherapy, Tirupati, A.P

ABSTRACT

Background: Shot put performance relies on maximal upper body power. Resistance training, including theraband and bodyweight exercises, can enhance strength, power, and reduce injury risk. **Methodology:** 30 female recreational shot put athletes were assigned to theraband or bodyweight training groups for 8 weeks. Upper body power and shot put performance were assessed using the seated medicine ball throw (SMBT) and throwing distance test (TDT). **Results:** Both groups improved significantly, with the theraband group showing greater gains. **Conclusion:** Theraband exercises were more effective than bodyweight exercises in enhancing upper body power and shot put performance among female recreational shot put athletes.

KEYWORDS

Theraband exercises, bodyweight exercises, upper body power, shot put performance.

INTRODUCTION

Shot put is a track and field event in which athletes “put” a heavy spherical ball using a pushing motion rather than an overhead throw [1,2]. It has been part of Olympics since 1896 for men using a 7.26 kg and 1948 for women using a 4 kg shot [3]. The performance depends on generating maximal force in minimal time, requiring power, strength and speed [4,5,8]. Where power is essential that enhances the reaction time, coordination, and balance [9,10].

This training focuses on increasing force production and execution speed through methods such as plyometric exercises [11], ballistic movements like medicine ball throws [12], dynamic effort movements [13], and resistance movements with weights and bands [14]. Therabands are affordable, portable, and color-coded for varying resistance that improves muscle power and prevent injuries [15–20]. Bodyweight exercises that similarly enhance strength and stability without external equipment [21,22], while power-focused training develops fast-twitch fibers for explosive strength [23,24].

Shot put carries a high risk of upper extremity strains, particularly in the wrist, hand, and shoulder, due to its explosive, rotational demands [6,7]. Upper body power is commonly assessed via the seated medicine ball throw (SMBT) and throwing distance test (TDT), both are validated and low-risk measures [25–27]. Theraband and bodyweight exercises have been studied for strength, speed, and endurance but research on the specific effects on power and shot put performance—particularly among overhead sport are limited, therefore this study is aimed to evaluate the effect on upper body power and shot put performance among recreational female athletes.

MATERIALS AND METHODOLOGY

A comparative experimental study was conducted at SVIMS College of Physiotherapy, Tirupati, after ethical clearance (IEC No: 1822, 25 April 2025). Thirty female recreational shot put athletes (age 17–26 years, BMI 18.5–24.9 kg/m², ≥6 month's experience, training ≥3 times/week) were recruited, excluding those with recent shoulder injuries or surgery. Materials included a 4 kg medicine ball, measuring tape, chalk, and therabands. Written informed consent was obtained, and pre- and post-training assessments were conducted using the seated medicine ball throw (SMBT) and throwing distance test (TDT). Participants completed an 8-week theraband or bodyweight training program, 3 sessions per week, with post-training measurements recorded to evaluate improvements.

Study Protocol

Both groups trained 3 days per week for 8 weeks, with 45–55 minute sessions including warm-up, main exercises, and cool-down. The standardized warm-up (4–5 min walking/jogging and callisthenics) progressed from upper extremities to trunk and lower extremities.

Theraband Exercises

The 8-week theraband program progressed in intensity and duration.

Weeks 1–2 (30 min, red bands) included 3 × 15 reps of standing shoulder press, chest fly, triceps French press, biceps curl, and rhomboid squeeze. Weeks 3–4 (green bands) focused on lateral raises, front raises, trunk twists, concentration curls, and scapular retractions. Week 5 (35 min) included straight arm pull down, chest press, triceps kickback, rear deltoid exercises, and deadlifts. Weeks 6–7 (40 min, blue bands) incorporated seated resistance band row, bent-over row, overhead press, scapular retraction, and triceps extension. Week 8 (40 min, green bands) emphasized final conditioning exercises.

BODY WEIGHT EXERCISES

The 8-week bodyweight program gradually increased intensity. Week 1 (40 min) included 2 × 5 reps of kneeling push-ups, bent-leg triceps dips, renegade rows, marching front plank, and punches. Week 2 increased to 3 × 5 reps (45 min). Weeks 3–4 added incline push-ups, straight-leg triceps dips, plank variations, and overhead punches (3 × 5 reps). Week 5 included plank forward reach, mountain climbers, bear crawls, and plank exercises. Weeks 6–7 progressed to 4 × 5 reps with pike press, side plank, lateral plank walk, and inchworm exercises. Week 8 (45 min) focused on final conditioning.

STATISTICAL ANALYSIS AND RESULTS

All 30 participants completed the 8-week protocol. Paired t-tests assessed pre–post changes within groups, and independent t-tests compared differences between groups. A significance level of $p < 0.001$ was applied.

Table 1: Between The Group's Analysis Of SMBT Among Subjects Of Theraband Exercises Group And Body Weight Exercises Group.

Groups		Outcome	Mean	t-value	p-value
TERABAND EXERCISES	SMBT	Pre	81.60	12.41	<0.0001
		Post	98.20		
		Mean	16.60		
BODY WEIGHT EXERCISES	SMBT	Pre	79.53	16.73	<0.0001
		post	86.20		
		Mean	6.667		

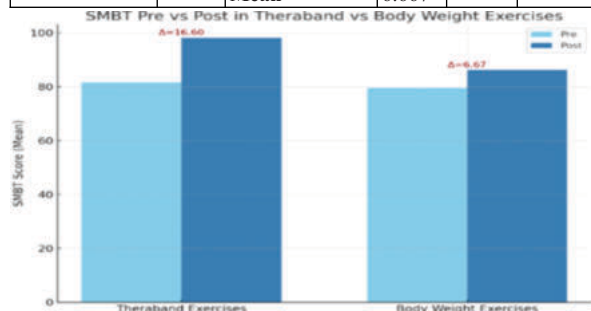


Figure 1: Graph Showing The Mean Values Of Pre & Post Test Data

Of Theraband Vs Body Weight Exercises Using SMBT.

Table 2: Between The Group's Analysis Of TDT Among Subjects Of Theraband Exercises Group And Body Weight Exercises Group.

Groups	Outcome	Mean	t-value	p-value
TERABAND EXERCISES	TDT Pre	132.7	11.16	<0.0001
	Post	156.7		
	Mean difference	24.00		
BODY WEIGHT EXERCISES	TDT Pre	127.0	20.07	<0.0001
	post	132.1		
	Mean difference	5.133		

**Figure 2:** graph showing the mean values of pre & post test data of theraband vs body weight exercises using TDT.**INTERPRETATION:**

Pre-intervention, no significant differences were observed between groups in SMBT and TDT ($p = 0.05$; $p = 0.052$). Post-intervention, both groups improved significantly ($p = 0.0001$), with greater gains in the Theraband group (SMBT = 16.60, TDT = 24.00) compared to the bodyweight group (SMBT = 6.67, TDT = 5.13).

DISCUSSION

This study compared the effects of Theraband and bodyweight exercises on upper body power and shot put performance in female recreational shot put athletes, assessed through SMBT and TDT. Most participants had a normal BMI (80%).

The theraband group showed significant gains in SMBT (81.60 → 98.20) and TDT (132.7 → 156.7). These results agree with prior findings that elastic resistance improves power, endurance, and throwing performance [Sforzo et al., 1996 [31]; Muehlbauer et al., 2013 [34]; Aloui et al., 2019 [44]; Mascarin et al., 2017 [30]]. Elastic bands promote hypertrophy via greater fiber recruitment and protein synthesis [55], while enhancing neuromuscular efficiency, stability, and proprioception [56, 57]. They also improve muscular endurance and delay fatigue in key muscle groups when exercises mimic sport-specific motions [58, 59].

The bodyweight group also improved in SMBT (79.53 → 86.20) and TDT (127.0 → 132.1). Prior studies support these outcomes, showing enhanced power and throwing performance following bodyweight-based programs [Buckley et al., 2014 [41]; Turgut et al., 2019 [43]]. High-intensity bodyweight exercises stimulate hypertrophy and strength [38], improve neuromuscular coordination [61], and strengthen the core—essential for efficient force transfer during shot put [62, 63].

Overall, Theraband training induced larger performance gains than bodyweight exercises, likely due to the added external resistance, sport-specific loading, and improved neuromuscular adaptations.

CONCLUSION

Theraband exercises proved more effective than bodyweight exercises in enhancing power and shot put performance, supporting the alternate hypothesis and rejecting the null.

LIMITATIONS

1. Small sample size.
2. Findings limited to female shot put athletes.
3. Restricted to a narrow geographical area.
4. Focused on a limited age range.

5. No long-term follow-up.

RECOMMENDATIONS

1. Future studies should include larger, more diverse samples.
2. Similar training interventions should be tested across athletes in other sports.

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