1	Eccentric Exercise as	Training Modality:	A Brief Review
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1 **BLUF**

- 2 Using barbell weight releasers 5 10 repetitions, 75 85% concentric 1RM and a releaser
- 3 load of 40 55% may be optimal. Training isokinetically 24 30 maximal contractions, three
- 4 times per week (6 10 weeks), may increase hypertrophy and strength.

1 Abstract

2 An eccentric muscle action involves the lengthening of a muscle due to an external load and occurs as a result of the mechanical disruption of action and myosin. The mechanical nature of 3 the actin and myosin disruption during eccentric muscle actions is reported to allow for greater 4 force production and requires a different neural activation pattern from a concentric action. As 5 a consequence of these differences it is suggested concentric focused resistance training may 6 not overload the eccentric action sufficiently. Therefore the purpose of this review was to 7 8 outline a variety of eccentric training modalities and provide the reader with practical recommendations on programming. A search of the literature was conducted for; eccentric; 9 training; methods; cycling; isokinetics; drop jumps; flywheel; exercise induced muscle 10 damage; repeated bout effect. After this search 106 papers were selected to form the basis of 11 this review. When training isokinetically it was reported six to ten weeks of training at 180° s⁻ 12 13 ¹, three times per week and with 24 - 30 maximal contractions per session resulted in improved hypertrophy and eccentric strength. When using dynamic exercises such as the squat and bench 14 press a barbell load of 75 - 85% concentric 1RM with a releaser load of 40 - 55% (5 - 10 15 16 repetitions, 45 - 90 seconds between repetitions) may be appropriate. If the eccentric training is submaximal the barbell load has been recommended to be 50 - 65% concentric 1RM with a 17 releaser load of 10 - 25% (15 - 20 repetitions, 15 - 30 seconds between repetitions). In 18 conclusion eccentric training may warrant inclusion as part of an athletes training program. 19

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Key Words: Eccentric, training, cycling, isokinetics

1 INTRODUCTION

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A concentric muscle action occurs when muscles apply force, which results in those muscles 3 4 shortening whereas an eccentric muscular action involves the lengthening of a muscle due to 5 an external load (1-3). The combination of these two actions is regularly seen in sport and is referred to as the stretch shortening cycle (SSC) (1,4,5). During the SSC muscle is initially 6 7 lengthened eccentrically, which then facilitates greater force production during the following concentric action (6). This SSC has been suggested to result in a more efficient muscle action 8 9 and can improve factors which are important in sporting performance such as running economy and jumping (5). Although the combination of eccentric and concentric muscle actions during 10 11 the SSC is suggested to be desirable the process leading to each is reported to differ. During a 12 concentric muscle action actin and myosin detachment is suggested to be ATP-dependent whilst during an eccentric muscle action the disruption of the action and myosin process is 13 reported to be mechanical in nature (1,6). The mechanical nature of eccentric muscle actions 14 has been suggested to allow for the production of greater force during eccentric actions than is 15 observed in concentric actions (2,3). In addition to the mechanical differences between the two 16 17 muscle actions neural activation during eccentric muscles actions appears to differ and these differences include; a reduction in muscle activation during maximal eccentric contractions 18 (1), an altered pattern of muscle recruitment with fast-twitch motor units recruited prior to 19 20 slow-twitch motor units (7), an increased neural drive to agonists and a reduction in antagonist activation (8) and a greater cross education effect (9). Despite research reporting the ability of 21 eccentric muscle actions to produce more force than concentric muscle actions and the unique 22 23 neural activation associated with this, traditionally during resistance training the intensity of exercises is set according to an athletes concentric strength. Thus although athletes may be 24 working optimally during the concentric phase of an exercise they may not be working 25

1 optimally eccentrically (4,10-12). This result is supported by the findings that athletes are stronger in the eccentric phase of a lift (13) compared to the concentric phase. Thus it is 2 suggested that traditional training in isolation may not be adequate to maximally enhance 3 4 eccentric strength which is required in many sporting actions and in particular those that wish to effectively utilise the SSC. Indeed training eccentrically has been reported to resulted in; 5 6 improvements in total strength, concentric and eccentric strength (3,10,14,15), increased hypertrophy compared to traditional concentric training (16-18), improvements in jumping 7 8 power (19-21) and reduced risk of injury (22,23). This brief review will outline different 9 eccentric training methods, the use of these training methods to prevent injury or aid the rehabilitation process and provide practical recommendations on the use of eccentric training. 10

11 METHOD

A search of the literature was conducted for eccentric exercise modalities, exercise induced 12 muscle damage (EIMD) and the repeated bout effect (RBE). Databases PubMed, CINAHL, 13 14 Web of Science and SPORTDiscus to February 2015 were searched for terms linked with Boolean operators ("AND", "OR"): eccentric; training; methods; cycling; isokinetics; drop 15 jumps; flywheel; exercise induced muscle damage; repeated bout effect. Papers were selected 16 based on title, then abstract, then text. Only papers, which specifically addressed eccentric 17 training modalities, were included in this review. Once these criteria had been applied 106 18 papers were selected to form the basis of this review. 19

20 **DISCUSSION**

21 Table 1. here

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23 Eccentric Cycling

1 One method, which has been utilised to allow for eccentric overload, is eccentric cycling. 2 Eccentric cycling involves the athlete resisting the action of the pedals which are being driven in reverse by an electric motor (24) (Eccentric cycling). It has been shown to result in; 3 4 increases in strength and power, increased muscle cross sectional area (CSA), increased leg spring stiffness and minimal demands for oxygen (24-30) (Table 1). Eccentric cycling it is 5 suggested therefore presents an attractive training method to a wide range of groups including 6 athletes, the elderly, people with cardiovascular disease and those recovering from injury. 7 Although at present most research has been conducted using untrained participants Gross et 8 9 al. (24) divided trained junior alpine skiers into two groups (concentric and eccentric training groups). The concentric training only group completed 3 lower body weights training 10 sessions per week for 6 weeks which consisted of 4 exercises (5 sets of leg-press and 11 12 hamstring curls, 4 sets of squats and barbell lunges, all sets consisted of 30 repetitions). The participants in the eccentric training group completed the same exercises but only for 3 sets 13 of 30 repetitions, participants then completed a 20-minute continuous session on the eccentric 14 15 cycle ergometer. Initially during these eccentric cycle training sessions the workload was constant (200 – 250 watts at a pedalling cadence of 60-80 rpm) however, after week 2 16 variable wattage was introduced for these sessions. After 6 weeks of training Gross et al. (24) 17 reported that the eccentric cycling group only had improvements in hypertrophy of the lower 18 limb (2.1 \pm 1.6% and 1.5% \pm 1.4% in the right and left legs respectively) and counter 19 20 movement jump (CMJ) height (6.5%). Although no overall improvement was found in isometric strength it was reported strength increased at longer muscle lengths leading to the 21 suggestion that eccentric cycling promoted the addition of sarcomeres in series (24). The 22 results of this study led the authors to conclude the ability of eccentric cycling to promote 23 hypertrophy and its close dynamic correspondence to alpine skiing made it a beneficial 24 training method. At present research would appear to indicate that eccentric training might be 25

a beneficial training method for untrained participants. However, currently there is not
enough research to draw conclusions of its effectiveness on trained athletes and therefore
more research is required.

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5 Table 2. here

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7 Isokinetic and Computer Driven Eccentric Training

Another method of training eccentrically that is widely utilised is isokinetic training (table 2). 8 9 When training isokinetically the load is moved at a constant velocity through the use of an isokinetic dynamometer (31). When utilising isokinetic eccentric training studies have 10 11 investigated the effects of different training velocities (32-34). Paddon-Jones (33) reported that 10 weeks of eccentric isokinetic training (3 days a week, 24 maximal contractions per session) 12 at 180° s⁻¹ resulted in; reduced type I fibre percentage (53.8 – 39.1%), increased type IIb muscle 13 fibre percentage (5.8 - 12.9%), increases in eccentric $(29.6 \pm 6.4\%)$ and concentric torque (27.4)14 \pm 7.3%) at 180° s⁻¹. These adaptations were not found to be present in the participants who 15 trained eccentrically at 30° s⁻¹. Further studies by Farthing and Chilibek (32) and Shepstone 16 (34) also reported faster speeds resulted in greater strength and hypertrophy. These findings 17 were suggested to be as a result of fast contraction velocities leading to greater protein 18 19 synthesis, which in turn promoted greater hypertrophy (34).

In addition to the findings on velocity Duncan et al. (35) reported that eccentric isokinetic training is mode specific with eccentric training resulting in the greatest increases in eccentric strength and concentric training resulting in the greatest improvements in concentric strength. In support of the idea of mode specificity Tomberlin et al. (36), Higbie et al. (16), Hortobagyi

1 et al. (37), Seger, Arvidsson and Thorstensson (38) and Seger and Thorstensson (39) also 2 reported that in untrained participants eccentric isokinetic training resulted in the greatest increases in eccentric strength whilst concentric training led to the greatest increases in 3 4 concentric strength. However, Goddard et al. (40) and Hortobagyi et al. (41) reported training with additional load during the eccentric phase (40-50% concentric load) using a isokinetic 5 dynamometer resulted in similar increases in concentric knee extensor torque and thigh 6 hypertrophy for both concentric and eccentric training groups. When attempting to increase 7 eccentric strength utilising isokinetic training the literature suggests 3 - 4 sets (3 minutes 8 9 between sets) of 10 maximal eccentric contractions, 3 times a weeks for 6 - 10 weeks utilising fast contraction velocities ($\sim 180^{\circ} \text{ s}^{-1}$) results in optimal adaptations in untrained participants. 10

As well as the use of traditonal unilateral isokinetic devices studies have also employed novel 11 multijoint isokinetic devices in order to provide an eccentric overload in untrained participants 12 13 (21,42). Studies by Komsis et al. (42) and Theodosiou et al (21) have reported that 8 weeks (two times per week, 70%+ max eccentric force) of seated leg press eccentric training utlising 14 15 a multijoint isokinetic machine resulted in; greater concentric and eccentric force production and improvements in drop jump (DJ) height. Therefore the use of multijoint bilateral isokinetic 16 devices is suggested to be an alternative to the unilateral devices currently popular in the 17 18 literature.

Studies have also utilised specially designed computer driven apparatus to induce eccentric overload (20,43). In Friedmann-Bette et al. (43) study participants completed leg extensions on a computer driven device, which allowed them to overload the eccentric phase of the exercise 2.32-fold higher than in the concentric phase. Results of this study showed an increase in peak torque (5%). It was also suggested that the eccentric overload training resulted in a shift towards a more type II dominant muscle. In a further study trained participants (explosive strength athletes who had completed at least 1-2 strength training sessions per week for on 1 average the last 5 years) performed leg extensions in the eccentric phase at a load 1.9-fold 2 higher than the corresponding concentric load (20). After 6 weeks of training the eccentric overload group were reported to have increased maximal quadriceps strength (~18%), 3 4 quadriceps CSA (~7%) and a significant increase in jump squat height. Friedmann-Bette et al. (20) suggested these results indicated that eccentric overload training led to a faster gene 5 6 expression and a shift towards a faster muscle phenotype, resulting in a muscle that was better suited to explosive movements. Thus the results of these studies would be of particular interest 7 8 to athletes involved in explosive and power based sports where a shift towards a faster muscle phenotype would be beneficial. 9

The results of the aforementioned studies agree that eccentric training improves eccentric 10 strength to a greater extent than concentric training. However, the results of the effect of 11 eccentric training on concentric strength are equivocal. In a meta-analysis investigating 12 13 eccentric training Roig et al. (3) concluded that eccentric training leads to greater improvements in eccentric strength than concentric training. Concentric training was reported 14 15 to show a non-significant trend towards having a greater impact on concentric strength than 16 eccentric training however, given the ability of eccentric training to improve concentric, eccentric and isometric strength Roig et al. (3) concluded that eccentric training was a superior 17 method for increasing total strength. Despite the findings that isokinetic training results in 18 improvements in strength in a review Guilhem et al. (31) reported that isotonic eccentric 19 training led to a greater increase in strength per session than isokinetic training $(1.1 \pm 1.0\%)$ per 20 session vs. $0.6 \pm 3.0\%$). In agreement with this Vogt and Hoppeler (5) also suggested that 21 22 training eccentrically using isotonic exercise results in greater strength gains than training isokinetically. In addition similarly to eccentric cycling it is also suggested by the author that 23 24 the majority of S&C coaches, athletes and the general population will not typically have easy

access to isokinetic dynamometry. Therefore S&C coaches, athletes and clinicians may be
 required to come up with novel ways to train eccentrically with athletes.

3 Table 3. here

4 Dynamic Eccentric Resistance Training

5 In addition to the use of isokinetic eccentric interventions and eccentric cycling, studies have investigated the effects of accentuated and supramaximal eccentric loading during dynamic 6 7 movements more akin to those seen in sport (table 3). In Sheppard et al. (19) study participants 8 were placed into two groups, who then both completed normal resistance training 3 times per 9 week for 5 weeks. The eccentric overload group however, completed counter movement jumps (CMJ) with additional load (males 20 kg and females 10 kg) in the eccentric phase prior to 10 11 releasing the load and completing the concentric phase of the jump. Sheppard et al. (19) 12 reported that this eccentric overload resulted in gains in peak power (20%), peak velocity (16%) and jump height (11%) characteristics in high performance volleyball players. In contrast 13 Moore et al. (44) found that additional loading during the eccentric phase of a jump squat did 14 not lead to any improvements in force, velocity and power. Moore et al. (44) proposed that this 15 may be due to technical difficulties with the weight release devices or that the initial concentric 16 load (30% 1RM) may not have exceeded the threshold needed for additional eccentric load to 17 lead to improved performance. 18

A study investigating the effects of lifting an additional eccentric load (additional 5% to concentric 1RM) during the bench press exercise through the use of weight releaser hooks (Eccentric overload bench press with weight releasers) reported an increase in subsequent concentric bench press 1RM (5-15 lbs) (11). In a further study investigating dynamic eccentric overload in both the squat and bench press exercise Yarrow et al. (18) reported 5 weeks of eccentric overload training (3 times a week, 3 sets of 6 reps at 40% concentric 1RM and 100%

1 eccentric 1RM) resulted in increased bench press strength (~10%) and squat (~22%). Although 2 these results were similar to those of the traditional training group in the study it was reported that volume was reduced in the eccentric training group leading to the suggestion that eccentric 3 4 training may be more efficient. It was also reported that post exercise lactate clearance was improved in the eccentric training group leading to the suggestion that eccentric training 5 promotes a faster post activity recovery. In a further study investigating the effects of additional 6 eccentric loading (20, 30 or 40 kg) using weight releasers whilst completing bench throws 7 Sheppard and Young (45) reported superior peak concentric barbell displacement with all loads 8 9 compared to the an equal eccentric and concentric bar load. This led the authors to conclude that additional eccentric load can lead to improvements in the bench throw exercise. When 10 using weight releasers it has been suggested that for maximal eccentric isotonic actions a 11 barbell load of 75 - 85% concentric 1RM with a releaser load of 40 - 55% (5 - 10 repetitions, 12 45 - 90 seconds between reps) may be appropriate. If eccentric training is submaximal the 13 barbell load has been recommended to be 50 - 65% concentric 1RM with a releaser load of 10 14 15 - 25% (15 – 20 repetitions, 15 – 30 seconds between repetitions) (6). One potential drawback of this type of training may be the use of weight releasers as there use it is suggested by the 16 17 author is labour intensive and requires spotters to reattach the additional load each time a repetition is complete. This type of training also requires a degree of skill on behalf of the lifter 18 19 to ensure the bar path is smooth and the additional load is released simultaneously on both 20 sides. In addition the use of only single repetitions rather than a series of repetitions may potentially make this a time consuming training modality especially in a team sport 21 environment. 22

Studies have also utilised accentuated or supramaximal eccentric loads to train the elbow flexors and extensors. In Brandenburg and Docherty (10) study participants performed preacher curls to eccentrically train the elbow flexors and supine elbow extension to train the

1 elbow extensors. The participants in the eccentric training group trained for nine weeks at 120% of their concentric 1 repetition max (1RM). After 9 weeks the eccentric training group was 2 3 reported to have greater increases in concentric strength (24 vs. 15%) of the elbow flexors than the concentric group in the elbow extensors. This led the authors to conclude that eccentric 4 overload training may be more effective in improving strength than traditional resistance 5 training alone. In a similar study Vikne et al. (12) reported that an eccentric training group had 6 significant increases in concentric strength (14%), which were very closely matched to the 7 concentric training groups concentric strength results. However, eccentric training resulted in 8 9 a greater increases in eccentric strength (26%) accompanied with increases in cross sectional area (CSA) of the elbow flexors and type I and type IIa fibres (11%). 10 Studies have utilised commercially available flywheel devices (YoYotm Technology Inc, 11 Stockholm, Sweden) to induce eccentric overload (17,46,47). When using these flywheel 12 13 devices (Eccentric flywheel training with the squat exercise) as the participant completes the concentric phase of the exercise the strap that is attached to the flywheel unwinds and force 14 15 and energy is transferred to the flywheel (17). Once the concentric phase of the exercise is 16 completed the strap rewinds and it is during this stage that participants resist the action of the strap being pulled in by the flywheel and thus complete the eccentric action (17). In 17 Norrbrand et al. (17) initial study participants performed 5 weeks of unilateral knee extension 18 (2-3 times per week). Upon completion of training maximum voluntary contraction (MVC) 19 was significantly increased in the flywheel-training group compared to the weight stack 20 device-training group. A twofold greater increase in hypertrophy was reported in the 21

eccentric flywheel group in comparison to the weight stack group. A potential explanation for

the increase in hypertrophy was reported in Norrbrand et al. (47) study where it was proposed

that flywheel training led to greater muscular activation due to increased eccentric loading

which in turn resulted in superior protein synthesis and as a consequence a greater

hypertrophic response. In a further study participants completed 6 weeks of supine squat
flywheel training with the results indicating comparable improvements in strength, power and
muscle hypertrophy between men and women upon completion of training (46). As a result
of these studies it is suggested that flywheel training may be an appropriate method to induce
eccentric overload. However, it should be noted that due to the nature of the devices
monitoring and thus programming might prove difficult.

The findings of these studies into the effects of additional eccentric load on increases in strength 7 8 and power have been attributed to several possibilities (6). The first of these is the suggestion that the increase in eccentric loading promotes greater numbers of motor units to be recruited 9 (6,19) secondly the elastic properties of muscle allow for a more forceful concentric contraction 10 after the stretch associated with the eccentric contraction (11,19). Another potential explanation 11 is that during eccentric loading the agonist muscle are able to achieve an active state and force 12 13 as a result of some cross bridges being attached prior the subsequent concentric portion of an exercise (11,45). Finally it is suggested that the eccentric loading allows for greater agonist 14 15 activation and a reduction in antagonist activation results in greater levels of force production (8,10). Although the exact mechanisms that result in additional eccentric load being able to 16 lead to performance improvements are not yet clear, the methods discussed previously may be 17 of interest to S&C coaches and athlete alike. 18

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20 Figure 1 here.

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22 Eccentric Training and Injuries

1 In addition to eccentric training having the ability to increase strength and hypertrophy several 2 studies have reported that the use of eccentric training can; reduce instances of hamstring injuries (22,48-52), strengthen the ankle during rehabilitation to a greater extent than concentric 3 4 training (53), result in reduced knee pain (54), aid recovery from achilles tendinosis (55) and improve strength in the rotator cuff reducing the chances of injury (56,57). Of particular interest 5 6 to a strength and conditioning (S&C) coach or athlete may be the findings in relation to hamstring injuries as these are common in a range of sports and also have a high risk or 7 reoccurring (49). It is reported that athletes whose peak tension occurs at shorter lengths are 8 9 more likely to suffer from muscular strains, which will result in absence both training or matches (4). In a study investigating hamstring strains Brockett et al. (23) reported that 10 optimum length of peak tension was an indicator of hamstring injury risk with shorter lengths 11 12 more likely to result in injury. Therefore it has been suggested that shifting the optimum length to longer lengths is desirable if the aim is to reduce injury (4,22,23). In a study investigating 13 hamstring eccentric exercise Brockett et al. (22) reported that hamstring lowers (Nordics) 14 15 (Figure 1.) resulted in a shift in the optimum angle for torque generation to longer lengths (7.7°) $\pm 2.1^{\circ}$) with this suggested to result in protection against subsequent strains. A further study 16 by Potier et al. (58) reported 8 weeks of eccentric hamstring training resulted in increased; 17 hamstring muscle strength and increased fascicle length. It is this increase in fascicle length 18 that confers a protective effect and has been reported to be the result of eccentric exercise 19 20 leading to the addition of sarcomeres in series that reduce strain during further eccentric contractions (59,60). Thus these finding in conjunction with other studies which have reported 21 eccentric training of the hamstrings results in a reduction in hamstring injuries (48,50-52) 22 appear to make eccentric training an interesting proposition for S&C coaches who either wish 23 to prevent injury or aid return to sport after injury. When programming the Nordic hamstring 24 exercise it is suggested that in preseason athletes should initially complete 2 sets of 5 repetitions 25

once a week progressing to 3 sets of 12, 10 and 8 repetitions three times a week in weeks 5 –
10 (61). In season it is suggested that athletes should complete 1-2 sessions per week of 3 sets
(12,10,8 repetitions) (61)

4 Drop Jumps

A further method, which has been suggested to overload the eccentric portion of a muscle 5 6 action, is the use of a drop jump (DJ). A DJ is a widely utilised plyometric training method 7 (62,63) and involves an athlete stepping off of a box and then upon making contact with the ground immediately performing an explosive countermovement jump (CMJ) (64). This 8 9 exercise has been suggested as a method that results in improved utilisation of the SSC (64-67). Therefore improving the ability of an athlete to utilise the SSC may be beneficial, indeed 10 11 previously studies have reported that DJ training results in; improvements in sprint 12 performance (65,68-70), improvements in jumping performance (71-75), strength (70,76) and agility (69). As a result of the findings of these studies it appears that DJ may represent a useful 13 14 exercise for a wide range of athletes across a host of sports.

When programming the DJ it has been suggested that S&C coaches use drop height as a 15 determinate of intensity (67). As drop height increases it is reported that ground reaction force 16 17 also increases upon impact thus resulting in an increase in intensity (77-79). It is widely accepted that initially as drop height increases so does jump height performance however, there 18 19 comes a point where an increase in DJ will lead to a decrease in performance (63,80,81). The initial increase in performance as drop height increases has been reported to be due to a number 20 21 of factors including; increased neural activation resulting in greater motor unit activity, post activation potentiation (PAP) of the muscle and reuse of stored elastic energy as result of the 22 23 initial eccentric muscle action (19,63,66,79,80,82,83). Due to the findings on the effect of drop height when utilising DJ training, programmes need to be individualized due to athletes having 24

1 differing neuromuscular capacities (82). Thus if drop height is too low for an athlete it may 2 not sufficiently overload the athlete or alternatively if drop height is too high the athlete may not adequately be able to control the eccentric and transition phases (82). Several methods 3 4 have been proposed as measures of optimal drop jump performance with two suggested as being the most popular. The first termed the maximal jump height (MJH) method involves 5 looking at the jump height achieved upon completion of DJ's from a range of different heights 6 7 to assess which one results in the best jump height irrespective of ground contact time (82,84). Utilising this method the plyometric box height which corresponds to the greatest MJH for 8 9 each individual athlete would then be the height which the athlete drops from when completing DJ during a training session. The other most popular method to determine opitimal drop height 10 involves taking jump height and dividing it by ground contact with this termed the reactive 11 12 strength index (RSI) (66,82,84). Using this method athletes complete drop jumps from a variety of increasing heights. When the RSI is maintained or shows an improvement with 13 increased drop height and ground contact time is considered to result in a fast SSC (see below) 14 15 it is suggested that athlete can attempt a greater drop height (66). However, there will come a point where the drop height becomes too great and at this point there will be a reduction in the 16 17 RSI or the ground contact time will indicate that it is no longer a fast SSC action (66). Thus using RSI an S&C will be able to establish the best individual drop heights for each athlete. 18 19 Typically this may require the use of a contact mat or force platform however it is suggested 20 that if these are not avaliable simply observing the athletes landing may be sufficient (66). Using this method an S&C coach should look at the landing as longer ground contact times are 21 reported to result in the heels hitting the ground (66). 22

Another factor which an athlete or S&C coach may wish to consider is ground contact time as
this has a bearing on the classification of the SSC action (66). Previously it has been suggested
that a ground contact time of <0.25 seconds would represent a fast SSC whilst anything over

this threshold would be considered a slow SSC (85). Thus athletes who wish to concentrate on 1 2 simply improving jump height are suggested to benefit from longer contact times (66). Whilst athletes such as sprinters whose contact times during running can be as little as 80-95 3 4 milliseconds and whose goal it is to improve speed whilst relying on fast SSC utilisation would benefit from shorter contact times (65). Another consideration may be the knee angle of landing 5 with the suggestion that different sports may require different angles at impact (6). In a study 6 by McNitt-Gray (77) it was reported that gymnasts and recreational athletes had different 7 strategies at the hip, ankle and knee when landing following a DJ whilst Moore and Schilling 8 9 (6) suggested that an American football lineman would require a smaller knee flexion angle upon impact than a volleyball player due to the demands of the sport. In summary the drop 10 height, ground contact time and control strategies upon landing should be taken into account 11 12 when considering prescribing DJ's to an athlete.

13 As previously mentioned DJ intensity is usually dictated by drop height, however, it is also possible to manipulate the mass of an individual to alter DJ intensity (67,78). However, the 14 15 increase in body mass through the addition of a weighted vest during DJ has been reported to 16 result in no significant improvements in performance (78). During this study however, body mass remained constant for both the eccentric and concentric portion of the exercise. An 17 18 alternative to this constant additional load approach is the suggestion that dumbbells or elastic bands provide additional load during the eccentric phase of a DJ (6). Thus as an athlete reaches 19 the bottom position of the CMJ following the drop phase of the exercise they either release the 20 dumbbells or the elastic bands are released allowing them to perform the concentric portion of 21 22 the exercise without any additional load (6). At present only one study has investigated the use of accentuated eccentric loading (AEL) during a DJ. In this study AEL was applied through 23 24 the eccentric phase by using an elastic device which increased downward force by 20% or 30% of body mass (86). The results of this study indicated that additional eccentric load enhanced 25

1 eccentric impulse (p = 0.042), rate of force development (p < 0.001) and resulted in small to 2 moderate effect size increases in iEMG across the eccentric phase (ES = 0.23 - 0.51) however, there was no associated increase in jump height or concentric muscle activation reported (86). 3 4 These findings led Aboodarda et al. (86) to suggest that the additional eccentric loading could be used as a method to increase DJ intensity without the need to increase drop height. It should 5 be noted however that in the same manner as the weight releasers the use of the elastic bands 6 in the Aboodarda et al. (86) study is currently labour intensive as it requires additional spotters. 7 This method is also reliant on the spotter releasing the bands simultaneously so there is margin 8 9 for human error. Based on these findings it is suggested more research is required on the using of AEL during the DJ exercise. 10

In terms of frequency and volume of DJ training it has been previously reported that 11 moderate training frequency and volume of jumps (2 days a week, 840 jumps over 7 weeks) 12 13 produced similar enhancements in jumping performance but greater efficiency compared with high frequency and volume DJ (4 days per week, 1680 jumps over 7 weeks) (70). The results 14 15 of this study also supported the notion that DJ training can significantly increase sprint 16 performance and maximal strength in moderately trained athletes (70) Another consideration when programming DJ training for athletes is the influence of rest intervals on performance 17 18 (83). In a study which investigated this participants completed three sets of 10 DJ with rest intervals of 15, 30 and 60 seconds, the results demonstrated that a 15 second rest period was 19 sufficient for recovery during the performance of DJ (83). In summary it is suggested that 20 three sets of eight to ten jumps, two times per week, for seven to eight weeks with rest 21 periods of 15 seconds between jumps and three minutes between sets may produce optimal 22 results. 23

24 Exercise Induced Muscle Damage

Despite the positive adaptations associated with eccentric training the possible negative effect 1 2 of this type of training is exercised induced muscle damage (EIMD). EIMD is reported to occur as a result of eccentric training being both high in intensity and an activity which athletes are 3 4 unaccustomed to (87,88). EIMD as a result of eccentric training has been reported to result in acute reductions in muscular strength and power (89), decreases in range of motion, delayed 5 onset muscle soreness (DOMS) and swelling and the leakage of blood proteins including 6 creatine kinase (CK) into the blood (90). A number of mechanisms have been proposed as 7 being responsible for declines in performance following eccentric exercise and these include 8 the popping sarcomere theory (59), failure of the excitation coupling (E-C) process (91), 9 DOMS (92) and increased membrane permeability (93). 10

11 The Repeated Bout Effect

Although eccentric exercise has been shown to result in EIMD its effects may be reduced after 12 a bout of similar exercise with this phenomenon termed the repeated bout effect (RBE) 13 14 (2,94,95). This RBE has been reported to result in; a reduction in ROM deficits, faster recovery 15 of muscular strength and power, reduced swelling and DOMS and smaller increases in blood protein markers (94). As yet the mechanisms responsible for the RBE are unclear but are 16 suggested to be neural (95,96), mechanical (97) or cellular in nature (98). Research has found 17 that a preconditioning bout of maximal (99-101) and submaximal eccentric exercise (102,103) 18 as well as isometric contractions at long lengths (104,105) can confer a protective effect against 19 20 EIMD. These effects have been reported to last as long as six months after an initial bout of maximal eccentric exercise (101) or as little as three weeks after submaximal eccentric exercise 21 22 (104). Thus despite the fears of some about the effect of EIMD after a bout of eccentric exercise it is suggested that proper planning can alleviate the effects of EIMD and indeed 23 provide a protective effect against further eccentric induced damage. 24

1 CONCLUSIONS AND PRACTICAL APPLICATIONS

In conclusion it would appear that training eccentrically may be beneficial to a wide ranging
population including; athletes who wish to improve performance, those recovery from injury,
patients suffering from cardiovascular disease and the general public. The results of studies,
which have investigated eccentric training, suggest that it results in; improvements in strength,
power and hypertrophy, a reduction in injury risk, improved rehabilitation from injury and
additionally has general health benefits.

Based on the finding of studies investigating eccentric cycling it is suggested that training for
six weeks, three to five times per week, at an intensity of between 55%-65% heart rate max or
20-55% power max will result in improvements in strength and hypertrophy.

11 When utilising isokinetic eccentric training results have shown that this can lead to greater 12 improvements in eccentric strength and overall strength. It has also been reported that faster 13 contraction speeds result in greater adaptations with less EIMD suffered by participants. Thus 14 the inclusion of six to ten weeks of isokinetic training at 180° s⁻¹, three times per week and with 15 24 - 30 maximal contractions per session may result in improved hypertrophy and eccentric 16 strength.

Despite the findings on the effectiveness of isokinetic eccentric training it has been reported that isotonic eccentric training is a more effective eccentric training method. Thus the use of accentuated or supramaximal (greater than concentric 1RM) loads during the eccentric phase of an isotonic movement may enhance the subsequent performance of the concentric phase of a movement. When using weight releasers it has been suggested that when training maximally a barbell load of 75% - 85% concentric 1RM with a releaser load of 40 - 55% (5 - 10 repetitions, 45 - 90 seconds between reps) may be appropriate. If eccentric training is submaximal the barbell load has been recommended to be 50 - 65% concentric 1RM with a
releaser load of 10 - 25% (15 - 20 repetitions, 15 - 30 seconds between repetitions)

When using DJ's to provide an eccentric overload it is suggested if the goal is to increase 3 jump height athletes would benefit from longer contact times (>250ms) Whereas sprinter 4 who rely on fast SSC utilisation should try to limit ground contact time. Based on these 5 6 findings and as a consequence of athletes having differing neuromuscular capabilites there is 7 a need for optimal drop height to be assessed prior to starting DJ training and subsequently 8 individualised. The use of three sets of eight to ten jumps (15 seconds between jumps and 3 minutes between sets), two times per week, for seven to eight weeks is suggested to produce 9 optimal results. 10

11 Finally eccentric training has been shown to be a useful tool in both the prevention of injury and in its rehabilitation. Of particular interest is the idea that the inclusion of exercises such as 12 hamstring lowers (Nordics) can result in a shift in optimum length and therefore a reduction in 13 14 the risk of hamstring injuries. Thus it is suggested that the exercises be included in preseason 15 training when athletes should initially complete 2 sets of 5 repetitions once a week progressing to 3 sets of 12, 10 and 8 repetitions three times a week in weeks 5-10. Whilst once the season 16 has started it is suggested that athletes should complete 1-2 sessions per week of 3 sets (12,10,8 17 repetitions) In summary eccentric training has been shown to be beneficial in numerous studies 18 and therefore it is suggested may warrant inclusion in a periodised training plan. 19

1 **References**

- Enoka, R.M. Eccentric contractions require unique activation strategies by the nervous
 system. Journal of Applied Physiology. 81(6): 2339-46. 1996.
- Isner-Horobeti, M.E., Dufour, S.P., Vautravers, P., Geny, B., Coudeyre, E. & Richard,
 R. Eccentric exercise training: modalities, applications and perspectives. Sports
 Medicine. 43(6): 483-512. 2013.
- Roig, M., O'Brien, K., Kirk, G., Murray, R., McKinnon, P., Shadgan, B. & Reid, W.D.
 The effects of eccentric versus concentric resistance training on muscle strength and mass in healthy adults: a systematic review with meta-analysis. British Journal of Sports Medicine. 43(8): 556-68. 2009.
- Cowell, J.F., Cronin, J. & Brughelli, M. Eccentric muscle actions and how the strength and conditioning specialist might use them for a variety of purposes. Strength and Conditioning Journal. 34(3): 33-48. 2012.
- Vogt, M. & Hoppeler, H.H. Eccentric exercise: mechanisms and effects when used as
 training regime or training adjunct. Journal of Applied Physiology. 116(11): 14461454. 2014.
- Moore, C.A. & Schilling, B.K. Theory and application of augmented eccentric loading.
 Strength & Conditioning Journal. 27(5): 20-27. 2005.
- Nardone, A., Romano, C. & Schieppati, M. Selective recruitment of high-threshold human motor units during voluntary isotonic lengthening of active muscles. The Journal of physiology. 409(1): 451-471. 1989.
- Pensini, M., Martin, A. & Maffiuletti, N.A. Central versus peripheral adaptations
 following eccentric resistance training. International Journal of Sports Medicine.
 23(8): 567-74. 2002.
- 9. Hortobagyi, T., Lambert, N.J. & Hill, J.P. Greater cross education following training
 with muscle lengthening than shortening. Medicine and Science in Sports and
 Exercise. 29(1): 107-12. 1997.
- Brandenburg, J.P. & Docherty, D. The effects of accentuated eccentric loading on strength, muscle hypertrophy, and neural adaptations in trained individuals. Journal of Strength and Conditioning Research. 16(1): 25-32. 2002.
- Doan, B.K., Newton, R.U., Marsit, J.L., Triplett-McBride, N.T., Koziris, L.P., Fry,
 A.C. & Kraemer, W.J. Effects of increased eccentric loading on bench press 1RM.
 Journal of Strength and Conditioning Research. 16(1): 9-13. 2002.
- Vikne, H., Refsnes, P.E., Ekmark, M., Medbo, J.I., Gundersen, V. & Gundersen, K.
 Muscular performance after concentric and eccentric exercise in trained men. Medicine
 and Science in Sports and Exercise. 38(10): 1770-81. 2006.
- Hollander, D.B., Kraemer, R.R., Kilpatrick, M.W., Ramadan, Z.G., Reeves, G.V.,
 Francois, M., Hebert, E.P. & Tryniecki, J.L. Maximal eccentric and concentric strength
 discrepancies between young men and women for dynamic resistance exercise.
 Journal of Strength and Conditioning Research. 21(1): 34-40. 2007.
- Alves, T., Guarnier, F.A., Campoy, F.A., Gois, M.O., Albuquerque, M.C., Seraphim,
 P.M., Netto, J., Jr., Vanderlei, L.C., Padovani, C.R., Cecchini, R. & Pastre, C.M.
 Strength gain through eccentric isotonic training without changes in clinical signs or
 blood markers. British Medical Council Musculoskeletal Disorders. 14: 328. 2013.
- Hortobagyi, T., Dempsey, L., Fraser, D., Zheng, D., Hamilton, G., Lambert, J. & Dohm,
 L. Changes in muscle strength, muscle fibre size and myofibrillar gene expression after
 immobilization and retraining in humans. Journal of Physiology. 524 Pt 1: 293-304.
 2000.

- Higbie, E.J., Cureton, K.J., Warren, G.L., 3rd & Prior, B.M. Effects of concentric and eccentric training on muscle strength, cross-sectional area, and neural activation.
 Journal of Applied Physiology. 81(5): 2173-81. 1996.
- Norrbrand, L., Fluckey, J.D., Pozzo, M. & Tesch, P.A. Resistance training using
 eccentric overload induces early adaptations in skeletal muscle size. European
 Journal of Applied Physiology and Occupational Physiology. 102(3): 271-81. 2008.
- Yarrow, J.F., Borsa, P.A., Borst, S.E., Sitren, H.S., Stevens, B.R. & White, L.J. Early phase neuroendocrine responses and strength adaptations following eccentric-enhanced
 resistance training. Journal of Strength and Conditioning Research. 22(4): 1205 1214. 2008.
- Sheppard, J., Hobson, S., Barker, M., Taylor, K., Chapman, D., McGuigan, M. & Newton, R. The effect of training with accentuated eccentric load counter-movement jumps on strength and power characteristics of high-performance volleyball players.
 International Journal of Sports Science & Coaching. 3(3): 355-363. 2008.
- Friedmann-Bette, B., Bauer, T., Kinscherf, R., Vorwald, S., Klute, K., Bischoff, D.,
 Muller, H., Weber, M.A., Metz, J., Kauczor, H.U., Bartsch, P. & Billeter, R. Effects of
 strength training with eccentric overload on muscle adaptation in male athletes.
 European Journal of Applied Physiology and Occupational Physiology. 108(4):
 821-36. 2010.
- 21. Theodosiou, K., Bogdanis, G.C., Gkantiraga, E., Gissis, I., Sambanis, M., Souglis, A.,
 Sotiropoulos, A. & Papadopoulos, C. Multiarticular isokinetic high load eccentric
 training induces large increases in eccentric and concentric strength and jumping
 performance. Journal of Strength and Conditioning Research. 2014.
- 24 22. Brockett, C.L., Morgan, D.L. & Proske, U. Human hamstring muscles adapt to
 25 eccentric exercise by changing optimum length. Medicine and Science in Sports and
 26 Exercise. 33(5): 783-90. 2001.
- 27 23. Brockett, C.L., Morgan, D.L. & Proske, U. Predicting hamstring strain injury in elite
 athletes. Medicine and Science in Sports and Exercise. 36(3): 379-87. 2004.
- 29 24. Gross, M., Luthy, F., Kroell, J., Muller, E., Hoppeler, H. & Vogt, M. Effects of
 30 eccentric cycle ergometry in alpine skiers. International Journal of Sports Medicine.
 31 31(8): 572-6. 2010.
- Elmer, S., Hahn, S., McAllister, P., Leong, C. & Martin, J. Improvements in multi-joint leg function following chronic eccentric exercise. Scandinavian Journal of Medicine and Science in Sports. 22(5): 653-61. 2012.
- Gerber, J.P., Marcus, R.L., Dibble, L.E., Greis, P.E., Burks, R.T. & LaStayo, P.C.
 Effects of early progressive eccentric exercise on muscle size and function after anterior
 cruciate ligament reconstruction: a 1-year follow-up study of a randomized clinical
 trial. Physical Therapy. 89(1): 51-9. 2009.
- Gerber, J.P., Marcus, R.L., Dibble, L.E., Greis, P.E., Burks, R.T. & Lastayo, P.C.
 Safety, feasibility, and efficacy of negative work exercise via eccentric muscle activity
 following anterior cruciate ligament reconstruction. Journal of Orthopaedic and
 Sports Physical Therapy. 37(1): 10-8. 2007.
- 43 28. LaStayo, P.C., Pierotti, D.J., Pifer, J., Hoppeler, H. & Lindstedt, S.L. Eccentric
 44 ergometry: increases in locomotor muscle size and strength at low training intensities.
 45 American Journal of Physiology, Regulatory, Integrative and Comparative
 46 Physiology. 278(5): R1282-8. 2000.
- 47 29. Lastayo, P.C., Reich, T.E., Urquhart, M., Hoppeler, H. & Lindstedt, S.L. Chronic
 48 eccentric exercise: improvements in muscle strength can occur with little demand for
 49 oxygen. American Journal of Physiology. 276(2 Pt 2): R611-5. 1999.

- 30. Leong, C.H., McDermott, W.J., Elmer, S.J. & Martin, J.C. Chronic Eccentric Cycling
 Improves Quadriceps Muscle Structure and Maximum Cycling Power. International
 Journal of Sports Medicine. 2013.
- 4 31. Guilhem, G., Cornu, C. & Guevel, A. Neuromuscular and muscle-tendon system adaptations to isotonic and isokinetic eccentric exercise. Ann Phys Rehabil Med. 53(5): 319-41. 2010.
- Farthing, J.P. & Chilibeck, P.D. The effects of eccentric and concentric training at different velocities on muscle hypertrophy. European Journal of Applied Physiology and Occupational Physiology. 89(6): 578-86. 2003.
- Paddon-Jones, D., Leveritt, M., Lonergan, A. & Abernethy, P. Adaptation to chronic
 eccentric exercise in humans: the influence of contraction velocity. European Journal
 of Applied Physiology. 85(5): 466-71. 2001.
- Shepstone, T.N., Tang, J.E., Dallaire, S., Schuenke, M.D., Staron, R.S. & Phillips, S.M.
 Short-term high- vs. low-velocity isokinetic lengthening training results in greater
 hypertrophy of the elbow flexors in young men. Journal of Applied Physiology. 98(5):
 1768-76. 2005.
- Duncan, P.W., Chandler, J.M., Cavanaugh, D.K., Johnson, K.R. & Buehler, A.G. Mode
 and speed specificity of eccentric and concentric exercise training. Journal of
 Orthopaedic and Sports Physical Therapy. 11(2): 70-5. 1989.
- 36. Tomberlin, J.P., Basford, J.R., Schwen, E.E., Orte, P.A., Scott, S.C., Laughman, R.K.
 & Ilstrup, D.M. Comparative study of isokinetic eccentric and concentric quadriceps
 training. Journal of Orthopaedic and Sports Physical Therapy. 14(1): 31-6. 1991.
- 37. Hortobagyi, T., Barrier, J., Beard, D., Braspennincx, J., Koens, P., Devita, P., Dempsey,
 L. & Lambert, J. Greater initial adaptations to submaximal muscle lengthening than
 maximal shortening. Journal of Applied Physiology. 81(4): 1677-82. 1996.
- 38. Seger, J.Y., Arvidsson, B. & Thorstensson, A. Specific effects of eccentric and concentric training on muscle strength and morphology in humans. European Journal of Applied Physiology. 79(1): 49-57. 1998.
- 39. Seger, J.Y. & Thorstensson, A. Effects of eccentric versus concentric training on thigh
 muscle strength and EMG. International Journal of Sports Medicine. 26(1): 45-52.
 2005.
- 40. Godard, M.P., Wygand, J.W., Carpinelli, R.N., Catalano, S. & Otto, R.M. Effects of accentuated eccentric resistance training on concentric knee extensor strength. The Journal of Strength & Conditioning Research. 12(1): 26-29. 1998.
- Hortobagyi, T., Devita, P., Money, J. & Barrier, J. Effects of standard and eccentric
 overload strength training in young women. Medicine and Science in Sports and
 Exercise. 33(7): 1206-12. 2001.
- 42. Komsis, S., Komsis, G., Gissis, I., Papadopoulos, C., Patikas, D., Mademli, L.,
 Papadopoulos, P. & Vrabas, I.S. The effects of eccentric training on electromyographic
 activity and performance in soccer players. American Journal of Sports Science. 2(2):
 23-29. 2014.
- 42 43. Friedmann, B., Kinscherf, R., Vorwald, S., Muller, H., Kucera, K., Borisch, S., Richter,
 43 G., Bartsch, P. & Billeter, R. Muscular adaptations to computer-guided strength
 44 training with eccentric overload. Acta Physiologica Scandinavica. 182(1): 77-88.
 45 2004.
- 46 44. Moore, C.A., Weiss, L.W., Schilling, B.K., Fry, A.C. & Li, Y. Acute effects of
 47 augmented eccentric loading on jump squat performance. Journal of Strength and
 48 Conditioning Research. 21(2): 372-7. 2007.

- 45. Sheppard, J.M. & Young, K. Using additional eccentric loads to increase concentric
 performance in the bench throw. The Journal of Strength & Conditioning Research.
 24(10): 2853-2856. 2010.
- 4 46. Fernandez-Gonzalo, R., Lundberg, T.R., Alvarez-Alvarez, L. & de Paz, J.A. Muscle damage responses and adaptations to eccentric-overload resistance exercise in men and women. European Journal of Applied Physiology and Occupational Physiology. 114(5): 1075-84. 2014.
- 8 47. Norrbrand, L., Pozzo, M. & Tesch, P.A. Flywheel resistance training calls for greater
 9 eccentric muscle activation than weight training. European Journal of Applied
 10 Physiology and Occupational Physiology. 110(5): 997-1005. 2010.
- 48. Arnason, A., Andersen, T.E., Holme, I., Engebretsen, L. & Bahr, R. Prevention of hamstring strains in elite soccer: an intervention study. Scandinavian Journal of Medicine and Science in Sports. 18(1): 40-8. 2008.
- 49. Brughelli, M. & Cronin, J. Altering the length-tension relationship with eccentric exercise : implications for performance and injury. Sports Medicine. 37(9): 807-26.
 2007.
- 17 50. Gabbe, B.J., Branson, R. & Bennell, K.L. A pilot randomised controlled trial of
 18 eccentric exercise to prevent hamstring injuries in community-level Australian
 19 Football. Journal of Science and Medicine in Sport. 9(1-2): 103-9. 2006.
- S1. Greenstein, J.S., Bishop, B.N., Edward, J.S. & Topp, R.V. The effects of a closed-chain,
 eccentric training program on hamstring injuries of a professional football cheerleading
 team. Journal of Manipulative and Physiological Therapeutics. 34(3): 195-200.
 2011.
- 52. Mjølsnes, R., Arnason, A., Raastad, T. & Bahr, R. A 10-week randomized trial
 comparing eccentric vs. concentric hamstring strength training in well-trained soccer
 players. Scandinavian Journal of Medicine & Science in Sports. 14(5): 311-317.
 2004.
- Sollado, H., Coudreuse, J.M., Graziani, F., Bensoussan, L., Viton, J.M. & Delarque, A.
 Eccentric reinforcement of the ankle evertor muscles after lateral ankle sprain.
 Scandinavian Journal of Medicine and Science in Sports. 20(2): 241-6. 2010.
- 54. Young, M., Cook, J., Purdam, C., Kiss, Z.S. & Alfredson, H. Eccentric decline squat
 protocol offers superior results at 12 months compared with traditional eccentric
 protocol for patellar tendinopathy in volleyball players. British Journal of Sports
 Medicine. 39(2): 102-105. 2005.
- Langberg, H., Ellingsgaard, H., Madsen, T., Jansson, J., Magnusson, S.P., Aagaard, P.
 & Kjaer, M. Eccentric rehabilitation exercise increases peritendinous type I collagen synthesis in humans with Achilles tendinosis. Scandinavian Journal of Medicine and Science in Sports. 17(1): 61-6. 2007.
- 56. Ellenbecker, T.S., Davies, G.J. & Rowinski, M.J. Concentric versus eccentric isokinetic
 strengthening of the rotator cuff. Objective data versus functional test. The American
 Journal of Sports Medicine. 16(1): 64-9. 1988.
- 42 57. Mont, M.A., Cohen, D.B., Campbell, K.R., Gravare, K. & Mathur, S.K. Isokinetic
 43 concentric versus eccentric training of shoulder rotators with functional evaluation of
 44 performance enhancement in elite tennis players. The American Journal of Sports
 45 Medicine. 22(4): 513-517. 1994.
- 46 58. Potier, T.G., Alexander, C.M. & Seynnes, O.R. Effects of eccentric strength training on
 47 biceps femoris muscle architecture and knee joint range of movement. European
 48 Journal of Applied Physiology and Occupational Physiology. 105(6): 939-44. 2009.
 49 50 Margan, D.L. New insights into the behavior of muscle during active lengthening.
- 49 59. Morgan, D.L. New insights into the behavior of muscle during active lengthening.
 50 Biophysical Journal. 57(2): 209-21. 1990.

- Proske, U. & Morgan, D.L. Muscle damage from eccentric exercise: mechanism,
 mechanical signs, adaptation and clinical applications. Journal of Physiology. 537(Pt
 2): 333-45. 2001.
- 4 61. Sayers, B.-E. The Nordic eccentric hamstring exercise for injury prevention in soccer
 5 players. Strength & Conditioning Journal. 30(4): 56-58. 2008.
- 6 62. Jidovtseff, B., Quievre, J., Harris, N.K. & Cronin, J.B. Influence of jumping strategy
 7 on kinetic and kinematic variables. The Journal of Sports Medicine and Physical
 8 Fitness. 54(2): 129-138. 2014.
- 9 63. Walshe, A.D. & Wilson, G.J. The influence of musculotendinous stiffness on drop jump performance. Canadian Journal of Applied Physiology. 22(2): 117. 1997.
- 11 64. Blackwood, B. Drop jumps. Strength & Conditioning Journal. 27(4): 57-59. 2005.
- 12 65. Coh, M. & Mackala, K. Differences between the elite and subelite sprinters in kinematic
 13 and dynamic determinations of countermovement jump and drop jump. The Journal
 14 of Strength & Conditioning Research. 27(11): 3021-3027. 2013.
- Flanagan, E.P. & Comyns, T.M. The use of contact time and the reactive strength index
 to optimize fast stretch-shortening cycle training. Strength & Conditioning Journal.
 30(5): 32-38. 2008.
- Waller, M., Gersick, M. & Holman, D. Various jump training styles for improvement
 of vertical jump performance. Strength & Conditioning Journal. 35(1): 82-89. 2013.
- Bryne, C., Kenny, J. & O'Rourke, B. The acute potentiating effect of drop jump on
 sprint performance. Journal of Strength and Conditioning Research. DOI:
 10.1519/JSC.0b013e3182a0d8c1. 2014.
- 23 69. De Villarreal, E.S., Requena, B. & Cronin, J.B. The effects of plyometric training on
 24 sprint performance: a meta-analysis. The Journal of Strength & Conditioning
 25 Research. 26(2): 575-584. 2012.
- 70. De Villarreal, E.S.S., González-Badillo, J.J. & Izquierdo, M. Low and moderate
 plyometric training frequency produces greater jumping and sprinting gains compared
 with high frequency. The Journal of Strength & Conditioning Research. 22(3): 715725. 2008.
- Marshall, B.M. & Moran, K.A. Which drop jump technique is most effective at
 enhancing countermovement jump ability, "countermovement" drop jump or "bounce"
 drop jump? Journal of sports sciences. 31(12): 1368-1374. 2013.
- Clutch, D., Wilton, M., McGown, C. & Bryce, G.R. The effect of depth jumps and
 weight training on leg strength and vertical jump. Research Quarterly for Exercise
 and Sport. 54(1): 5-10. 1983.
- Gehri, D.J., Ricard, M.D., Kleiner, D.M. & Kirkendall, D.T. A Comparison of
 plyometric training techniques for improving vertical jump ability and energy
 production. The Journal of Strength & Conditioning Research. 12(2): 85-89. 1998.
- Hilfiker, R., Hübner, K., Lorenz, T. & Marti, B. Effects of drop jumps added to the warm-up of elite sport athletes with a high capacity for explosive force development.
 The Journal of Strength & Conditioning Research. 21(2): 550-555. 2007.
- 42 75. Markovic, G. Does plyometric training improve vertical jump height? A metaanalytical review. British Journal of Sports Medicine. 41(6): 349-355. 2007.
- Ramírez-Campillo, R., Andrade, D.C. & Izquierdo, M. Effects of plyometric training volume and training surface on explosive strength. The Journal of Strength & Conditioning Research. 27(10): 2714-2722. 2013.
- 47 77. McNitt-Gray, J.L. Kinetics of the lower extremities during drop landings from three
 48 heights. Journal of Biomechanics. 26(9): 1037-1046. 1993.
- 49 78. Makaruk, H. & Sacewicz, T. The effect of drop height and body mass on drop jump intensity. Biology of Sport. 28(1): 63. 2011.

79. Wallace, B.J., Kernozek, T.W., White, J.M., Kline, D.E., Wright, G.A., Peng, H.-T. & 1 Huang, C.-F. Quantification of vertical ground reaction forces of popular bilateral 2 plyometric exercises. The Journal of Strength & Conditioning Research. 24(1): 207-3 212.2010. 4 5 80. Asmussen, E. & Bonde-Petersen, F. Storage of elastic energy in skeletal muscles in 6 man. Acta Physiologica Scandinavica. 91(3): 385-392. 1974. Komi, P.V. & Bosco, C. Muscles by men and women. Medicine and Science in 7 81. Sports. 10(4): 261-265. 1978. 8 Byrne, P.J., Moran, K., Rankin, P. & Kinsella, S. A comparison of methods used to 9 82. identify 'optimal' drop height for early phase adaptations in depth jump training. The 10 Journal of Strength & Conditioning Research. 24(8): 2050-2055. 2010. 11 83. Read, M.M. & Cisar, C. The influence of varied rest interval lengths on depth jump 12 performance. The Journal of Strength & Conditioning Research. 15(3): 279-283. 13 2001. 14 84. Barr, M.J. & Nolte, V.W. Which measure of drop jump performance best predicts 15 sprinting speed? The Journal of Strength & Conditioning Research. 25(7): 1976-16 1982.2011. 17 85. Schimidbleicher, D., Training for power events, in Strength and power in sport, P.V. 18 Komi, Editor. 1994, Blackwell Scientific: London. pp. 381-395. 19 Aboodarda, S.J., Byrne, J.M., Samson, M., Wilson, B.D., Mokhtar, A.H. & Behm, D.G. 20 86. Does performing drop jumps with additional eccentric loading improve jump 21 performance? The Journal of Strength & Conditioning Research. 28(8): 2314-2323. 22 2014. 23 24 87. Byrne, C., Twist, C. & Eston, R. Neuromuscular function after exercise-induced muscle damage: theoretical and applied implications. Sports Medicine. 34(1): 49-69. 2004. 25 Tee, J.C., Bosch, A.N. & Lambert, M.I. Metabolic consequences of exercise-induced 26 88. muscle damage. Sports Medicine. 37(10): 827-36. 2007. 27 89. Eston, R., Byrne, C. & Twist, C. Muscle function after exercise-induced muscle 28 damage: considerations for athletic performance in children and adults. Journal of 29 Exercise Science & Fitness. 1(2): 85-96. 2003. 30 31 90. Kanda, K., Sugama, K., Hayashida, H., Sakuma, J., Kawakami, Y., Miura, S., Yoshioka, H., Mori, Y. & Suzuki, K. Eccentric exercise-induced delayed-onset muscle 32 soreness and changes in markers of muscle damage and inflammation. Exercise 33 34 Immunology Review. 19: 72-85. 2013. Warren, G.L., Hermann, K.M., Ingalls, C.P., Masselli, M.R. & Armstrong, R.B. 91. 35 Decreased EMG median frequency during a second bout of eccentric contractions. 36 Medicine & Science in Sports & Exercise. 32(4): 820-829. 2000. 37 92. Cheung, K., Hume, P. & Maxwell, L. Delayed onset muscle soreness : treatment 38 strategies and performance factors. Sports Medicine. 33(2): 145-64. 2003. 39 40 93. Hyldahl, R.D. & Hubal, M.J. Lengthening our perspective: morphological, cellular, and molecular responses to eccentric exercise. Muscle and Nerve. 49(2): 155-70. 2014. 41 42 94. Clarkson, P.M. & Hubal, M.J. Exercise-induced muscle damage in humans. American Journal of Physical Medicine and Rehabilitation. 81(11 Suppl): S52-69. 2002. 43 95. McHugh, M.P., Connolly, D.A., Eston, R.G., Gartman, E.J. & Gleim, G.W. 44 Electromyographic analysis of repeated bouts of eccentric exercise. Journal of Sports 45 Science. 19(3): 163-70. 2001. 46 McHugh, M.P. Recent advances in the understanding of the repeated bout effect: the 47 96. protective effect against muscle damage from a single bout of eccentric exercise. 48 Scandinavian Journal of Medicine and Science in Sports. 13(2): 88-97. 2003. 49

- 97. Koh, T.J. & Brooks, S.V. Lengthening contractions are not required to induce protection from contraction-induced muscle injury. American Journal of Physiology, Regulatory, Integrative and Comparative Physiology. 281(1): R155-61. 2001.
- 4 98. Nosaka, K. & Aoki, M.S. Repeated bout effect: research update and future perspective.
 5 Brazilian Journal of Biomotricity. 5(1): 5-15. 2011.
- 6 99. Clarkson, P.M. & Tremblay, I. Exercise-induced muscle damage, repair, and adaptation
 7 in humans. Journal of Applied Physiology. 65(1): 1-6. 1988.
- Howatson, G., Van Someren, K. & Hortobagyi, T. Repeated bout effect after maximal
 eccentric exercise. International Journal of Sports Medicine. 28(7): 557-63. 2007.
- 101. Nosaka, K., Sakamoto, K., Newton, M. & Sacco, P. The repeated bout effect of reduced-load eccentric exercise on elbow flexor muscle damage. European Journal
 of Applied Physiology and Occupational Physiology. 85(1-2): 34-40. 2001.
- 13 102. Chen, T.C., Chen, H.L., Lin, M.J., Wu, C.J. & Nosaka, K. Potent protective effect
 14 conferred by four bouts of low-intensity eccentric exercise. Medicine and Science in
 15 Sports and Exercise. 42(5): 1004-12. 2010.
- 16 103. Lavender, A.P. & Nosaka, K. A light load eccentric exercise confers protection against
 a subsequent bout of more demanding eccentric exercise. Journal of Science and
 Medicine in Sport. 11(3): 291-8. 2008.
- 19 104. Chen, H.L., Nosaka, K. & Chen, T.C. Muscle damage protection by low-intensity
 20 eccentric contractions remains for 2 weeks but not 3 weeks. European Journal of
 21 Applied Physiology and Occupational Physiology. 112(2): 555-65. 2012.
- Chen, T.C., Chen, H.L., Pearce, A.J. & Nosaka, K. Attenuation of eccentric exercise induced muscle damage by preconditioning exercises. Medicine and Science in Sports
 and Exercise. 44(11): 2090-8. 2012.

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Table 1. Eccentric cycling studies					
Study	Population	Intervention	Results		
Elmer et al. (25)	Untrained subjects Eccentric group N = 6 (1 female) Mean age: 25 ± 6 years	Eccentric cycling group trained 3 times per week for a total of 7 weeks. Intensity started at 54% max heart rate and at end of study was 66% of max heart rate	Significant increases in leg stiffness (10 \pm 3 %) and jumping P _{max} (7 \pm 2 %) compared to the concentric training group		
Gerber et al. (27)	Untrained subjects N = 32 Aged 18-50 years	3 weeks after ACL surgery participants completed a 12 week eccentric cycling program. Intensity was self selected and ranged from 20-40rpm	Quadriceps strength (124.2 Nm – 159.2 Nm) and hopping distance (80.3 – 112.9 cm) significantly increased in the eccentric cycling group compared to traditional training group. Activity level also decreased to lesser extent in the eccentric group.		
Gerber et al. (26)	Untrained subjects N = 32 Aged 18-50 years	1 year follow up to the original Gerber et al. study (29)	Significantly greater improvements in quadriceps $(1430 \pm 426 - 1763 \pm 458$ cm ³) and gluteus maximus muscle (596 $\pm 173 - 719 \pm 169$) volume in eccentric group compared to concentric group. Improvements in quadriceps strength $(137 \pm 34 - 182 \pm 45 \text{ Nm})$ and hopping distance $(71 \pm 13 - 124 \pm 38 \text{ cm})$ were also significantly greater in the eccentric group.		
Gross et al. (24)	Trained alpine skiers N = 15 Mean age: 17.6±1.4 years	Eccentric cycling group performed three one hour weights sessions a week (3 sets of leg exercises) followed by 20mins on eccentric ergometer (various workloads) for 6 weeks	Significant increase in lean thigh mass, 6.5% improvement in squat jump height and no significant improvement in isometric force		

Study	Population	Intervention	Results
LaStayo et al. (28)	Untrained subjects N = 14 Mean age: 23.9 years	Eccentric cycling group trained for 8 weeks, 2-5 times a week and for 15- 30mins at an intensity of 54-65% HR _{peak}	Significant increases in isometric strength (36%) and CSA (52%). No significant changes in concentric training group
LsStayo et al. (29)	Untrained subjects N = 9 Mean age: 21.5 years	Eccentric cycling group trained for 6 weeks, 2-5 times per week, 10-30mins and at an intensity of 50-60rpm	Oxygen demand was less during eccentric cycling compared to concentric cycling despite higher workloads. There was a 33% increase in isometric leg strength in the eccentric group while no significant improvements were recorded in the concentric group.
Leong et al. (30)	Untrained subjects N = 8 (4 males and 4 females) Mean age: 22±2 years	Eccentric cycling 2 times per week, 5- 10.5 minutes per session at an intensity of 20-55% P _{max}	Increased RF ($24\pm4\%$) and VL ($13\pm2\%$) thickness, increased RF ($31\pm4\%$) and VL ($13\pm1\%$) pennation angles. Increased P _{max} 1 week after training ($5\pm1\%$) and 8 weeks after training ($9\pm2\%$)

Rpm – Revolutions per minute CSA – Cross sectional area

 P_{max} – Power max HR_{peak} – Peak heart rate RF – Rectus femoris

VL – Vastus lateralis

Table 2. Isokinetic devices and other machine driven eccentric training modalities					
Study	Population	Intervention	Results		
Duncan et al. (35)	Untrained participants N = 48 Mean age: 23.9 years	Eccentric group trained for 6 weeks, 3 times per week, at 180° s ⁻¹ , 1 set of 10 maximal contractions of the quadriceps	Eccentric group had significantly improved eccentric force $(25.1 \pm 24.1\%)$ but not concentric force. Eccentric isokinetic training is mode specific		
Farthing et al. (32)	Untrained participants N = 36 (13 male and 23 female) Mean age: 21.9±1.5 years (fast group) and 19.6±0.7 years (slow group)	Eccentric and concentric training at two velocities fast 180° s ⁻¹ and slow 30° s ⁻¹ . Trained one arm eccentrically for 8 weeks then the other arm concentrically for 8 weeks	Eccentric 180° s ⁻¹ resulted in greater hypertrophy than all concentric velocities. Eccentric 30° s ⁻¹ resulted in greater hypertrophy than concentric 180° s ⁻¹ Eccentric 180° s ⁻¹ resulted in greatest strength improvements		
Friedmann-Bette et al. (20)	Resistance trained participants N = 25 (11 eccentric) Mean age: 24.3±3.7 years	Knee Extension on a specially designed computer driven device, 6 weeks of training, 3 times a week, at an intensity of 5 sets at 8 repetition max (8RM)	Increased max strength $(11 - 15 \text{ kg})$, increased quadriceps CSA $(5.8 \pm 4.3 \text{ cm}^2)$ and shift towards a faster muscle phenotype		
Friedmann-Bette et al. (43)	Untrained participants N = 18	Eccentric group trained on computer driven device, with loads equivalent to 30% 1RM concentric and 30% 1RM eccentric, for 4 weeks, 3 times a week and 3 sets of 25 repetitions per session	Results showed increase in peak torque (5%) and adaptation towards a stronger and faster muscle		

Study	Population	Intervention	Results
Goddard et al. (40)	Untrained participants N= 28 (16 women and 12 men) Mean age eccentric group: 22±3.0 years	10 weeks of training, 2 times per week, one set of 8-12 unilateral knee extension with eccentric load 40% greater than the concentric load	Significant improvements in concentric knee extensor torque for both the eccentric $(88.0 \pm 20.9 - 170.4 \pm 32.4 \text{ Nm})$ and concentric $(85.8 \pm 23.3 \text{ to } 167.4 \pm 35.5 \text{ Nm})$ training groups with no difference between the 2
Higbie et al. (16)	Untrained participants N = 60 Mean age: 20.1±1.1 years	Eccentric group trained for 10 weeks, 3 days per week, 3 sets of 10 repetitions (right leg knee extensions)	Eccentric group showed greatest increases in eccentric strength (36.2%) and concentric in concentric strength (18.4%). Supporting idea of mode specificity in isokinetic training
Hortobagyi et al. (37)	Untrained women N = 30 Mean age: 20.9±1.2 years	Participants in the eccentric overload group completed unilateral knee extensions with an overload of 40-50% during the eccentric contraction for 7 consecutive days	The eccentric training group had on average a two fold increase in strength compared to the standard training group
Hortobagyi et al. (41)	Untrained participants N = 42 Mean age: 21.1±2.38 (eccentric group)	Training involved 824 eccentric quadriceps actions, over 6 weeks, 4 times a week, 4 sets of 6-10 repetitions at 105 rad s ⁻¹	Eccentric training increased eccentric (42%) and isometric strength (30%) to a greater degree than concentric training. EMG adaptations were greater with eccentric training
Komsis et al. (42)	Untrained participants N = 16 Mean age: 24±0.5 years	Eccentric training group trained on a custom built multi-joint isokinetic dynamometer, 2 times per week, 3-6 sets, 6-10 reps at an intensity of 70-90%	Significant increase in in eccentric and concentric force and improvement in drop jump height.

Study	Population	Intervention	Results
Paddon-Jones et al. (33)	Untrained participants N = 20 Mean age: 24.2±7.0 years	Two groups completed eccentric training at two different isokinetic velocities fast 3.14 rad s ⁻¹ and slow 0.52 rad s ⁻¹ . 10 weeks of training, 3 times a week, 24 maximal contractions (4 sets of six)	Fast group experienced significantly greater increase in; eccentric $(29.6 \pm 6.4\%)$ and concentric torque $(27.4 \pm 7.3\%)$ at fast speed and isometric and eccentric torque at slower speed. % type I fibre decreased in fast group (53.8 - 39.1%) while type II increased $(5.8 - 12.9%)No significant changes in slow group$
Paschalis et al. (44)	Untrained participants N = 20 Mean age: 20±0.3 years	8 weeks, once per week, 5 sets of 15 eccentric or concentric MVC at 60° s ⁻¹	Increased; resting energy expenditure (+ 12.7%) and fat oxidation (+12.9%), improved blood lipid profile, reduced resting insulin resistance at week 8
Seger et al. (38)	Untrained participants N = 10 Mean age: 25±1.8 years	Eccentric group trained for 10 weeks, 3 days per week, unilateral knee extension at 90° s ⁻¹ , 4 sets of 10 maximal efforts	Changes in strength of trained legs revealed more specificity related to velocity and contraction type in eccentric compared to concentric actions
Seger et al. (39)	Untrained participants N = 10 Mean age: 25±2 years	Eccentric group trained for 10 weeks, 3 times per week, at 90° s ^{-1,} 4 sets of 10 maximal efforts on left leg followed by same protocol on right leg	Effects of eccentric training on muscle strength were found to be more mode and speed specific than concentric training.
Shepstone et al. (34)	Untrained participants N = 12 Mean age: 23.8±3.4 years	Participants trained one arm at fast velocity 3.66 rad s ⁻¹ and one arm at slow velocity 0.35 rad s ⁻¹ , 8 weeks of training, 3 times a week	Type I muscle fibre increased size increased in both arm as did type II but to greater extent in fast arm. Maximum torque generating ability was also greater in fast arm $(11.3 \pm 10.4 \text{ Nm})$ improvement)

Study	Population	Intervention	Results
Theodosiou et al. (21)	Untrained participants N = 19 Mean age: 21.3±0.9 years	Eccentric group trained using a isokinetic hydraulic leg press, 8 weeks, 2 times per week, 3-6 set, 5-10 repetitions at an intensity of 70-90% max eccentric force	Significant increases in drop jump height $(13.6 \pm 3.2\%)$ and maximally power $(25.8 \pm 1.2\%)$, reduction in ground contact time $(17.6 \pm 2.6\%)$, increased muscle stiffness and increased maximal eccentric and concentric leg press force.
Tomberlin (36)	Untrained participants N = 63 Mean age: 27.1 years	Eccentric group trained for 6 weeks, 3 times a week, at 100° s ⁻¹ , 3 sets of 10 repetitions (right quadriceps)	Eccentric group showed greatest increases in eccentric work and torque and concentric in concentric work and torque. Supporting idea of mode specificity in isokinetic training

CSA – Cross sectional area

RM – Repetition max Reps – repetitions EMG - Electromyography PLP – Passive leg press SSC – Stretch shortening cycle

Table 3. Dynamic eccentric training					
Study	Population	Exercise Modality	Intervention	Results	
Brandenburg et al. (10)	Resistance trained university students N = 23	Preacher curls and supine elbow extension	Eccentric overload group trained for 9 weeks, 2-3 times a week, 3 sets of 10 repetitions with concentric load of 75% 1RM and eccentric load of ~120% concentric 1RM	No significant changes in CSA Eccentric training group produced significantly greater increases in concentric 1RM of elbow extensors (24%) than the concentric training group (15%)	
Doan et al. (11)	Untrained athletes N = 10 Mean age: 23.9 years	Bench press	Eccentric overload group completed the eccentric phase of the barbell bench press with a load of 105% of concentric 1RM with weight releasers	The use of additional eccentric load significantly increased subsequent concentric 1RM in the bench press exercise $(5 - 15 \text{ pounds})$	
Fernandez-Gonzalo et al. (47)	Untrained N = 32 (16 males and 16 females) Mean age men: 23 ± 1 year Mean age women: 24 ± 1 year	Bilateral flywheel supine squat	6 weeks of training, 2-3 times a week, four sets of 7 repetitions	Increases in strength $(20 - 25\%)$, power $(3\% - 6\%)$ and muscle mass. Changes are comparable between men and women	
Moore et al. (45)	Trained men N = 13 Mean age: 22.8±2.9 years	Augmented eccentric jump squat training	2 reps with 30% 1RM concentric load and additional eccentric load on weight releasers of 20,50 and 80% 1RM	No changes in acute force, velocity and power	
Norrbrand et al. (17)	Untrained N = 15 Mean age: 39.1±8.1 years	Unilateral knee extensor flywheel training device	5 weeks of training, 2-3 times per week, 4 sets of 7 unilateral concentric-eccentric knee extensions	MVC increased at all angles, increased quadriceps CSA	
Norrbrand et al. (48)	Untrained N = 17 Mean age: 38.81±5.0 years	Bilateral knee extensor flywheel training device	5 weeks of training 2-3 sessions per week, 4 sets of 7 repetitions of unilateral knee extensor training of left limb	MVC (8.1 %) and training specific strength increased. Higher EMG activity recorded in eccentric portion of action	

Study	Population	Exercise Modality	Intervention	Results
Sheppard et al. (19)	Trained volleyball players N = 16 Mean age: 21.8±4.9 years	Accentuated eccentric load countermovement jumps	Eccentric training group trained for 5 weeks, 3 times per week. During eccentric phase of CMJ males held a 20 kg weight plate and females 10 kg	Significantly greater improvements in displacement, velocity and power in the eccentric group compared to body weight only group
Sheppard et al. (49)	Trained subjects N = 14 Mean age: 22.1±0.8 years	Bench throw	Participants performed the bench throw exercise with an extra eccentric load (20, 30 and 40 kg) in addition to the 40 kg concentric load	Superior concentric peak barbell displacement (0.27 v 0.24 m) were achieved in all eccentric overload conditions
Vikne et al. (12)	Resistance trained men N = 22 Mean age: 26.9±3.4 years	Specially designed elbow flexion apparatus	Eccentric training for 12 weeks, 2-3 times per week, 4-8RM	Eccentric training resulted in similar increase in concentric strength (14%) to concentric training but a greater increase in eccentric strength (26%) CSA of elbow flexors and type I and type II increased (11%) only after eccentric training
Yarrow et al. (18)	Untrained subjects N = 22 Mean age: 22.1±0.8 years	Bench press and squatting	Eccentric training for 5 weeks, 3 times per week, 3 sets of 6 repetitions at 40% concentric 1RM and 100% 1RM eccentric	Similar improvements in bench press and squat strength for both the eccentric and concentric training group Post exercise lactate clearance was greater in the eccentric group

1RM – 1 repetition max CSA – Cross sectional area MVC – Maximum voluntary contraction EMG – Electromyography CMJ – Countermovement jump