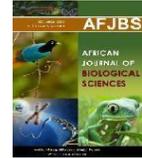




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## Effect of Fatigue on Core Endurance, Balance and Performance in Adolescent Football Players

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### Abstract:

**Background:** the volume of research that has studied the fatiguing effects on postural control is high, while studying the fatigue effect on balance and actual sport performance in football players has been of less attention.

**Objectives:** to examine the impact of fatigue on core endurance and balance in addition to performance in adolescent football players.

**Subjects and methods:** 60 male football players were randomized into one of two groups: one fatigue group, and the control group. Initially, all players were evaluated for core endurance, balance, as well as performance. After that, the fatigue group was given a fatigue protocol to follow. After that, all measurements were repeated.

**Study design:** Randomized clinical study. **Results:** Within group comparison there was a significant difference between pre and post measurements for all variables of the fatigue group, while in the control group there was a non-significant difference between pre and post measurements of all variables. Between groups comparison there was a non-significant difference of all outcome measures between groups in pre fatigue measurements, while post fatigue protocol there was a significant difference regarding balance and running sprint time and non-significant difference regarding core endurance and Triple-Hop Test.

**Conclusion:** Fatigue has a negative impact on adolescent football player's balance and performance that could increase the risk of injury.

**Key words:** fatigue, core endurance, balance, performance, football.

## INTRODUCTION

Football is the most popular sport in the world. Nearly 4.1% of people play football regularly globally, males making up the majority of participants (nearly 90%) (**Krishna et al., 2020**). Players tackle, kick, jump, dribble, and head balls during a match, usually with a change of activity every 4–6 seconds (**Jadcak et al., 2019**). Therefore it is a highly coordinated and complex sport in which aerobics and anaerobic performance are used together (**Dupont et al., 2010; Müniroğlu&Deliceoğlu, 2008**).

In elite football, one to three matches can be played over a seven-day period (**Dragoo& Braun, 2010**). The strain that football players are exposed to in training and competition can cause metabolic, neuromuscular, and mental fatigue which has a negative impact on performance and increases the risk of injury (**Fessi et al., 2016; Meyer et al., 2013**). Among football players poor control of training load and muscular fatigue are the biggest risk factors for non-contact injuries (**Soligard et al., 2016**). Fatigue is a temporary, exercise-induced reduction in baseline and pre-match physiological as well as psychological functioning that impacts the musculoskeletal along with neurological systems (**Knicker et al., 2011; Enoka & Duchateau., 2008**). Football is a game of fast and varied movements therefore maintaining the dynamic balance is essential (**Krishna et al., 2020**). The deteriorations in balance and performance occurs after 20-minute of activity (**Ishizuka et al., 2011**). Generally, the volume of research that has studied the fatiguing effects on postural control is high, but studying its effect on balance and sport performance in football players has been of less attention (**Farzami&Anbarian 2020; Güleret al., 2020; Zago et al., 2021**).

Balance is a complex process that needs precise synchronization of the central nervous system and the limbs, maintaining balance is essential for football players when they come down from a heading opportunity and touch the ball with one foot (**Yaggie& McGregor, 2002**). Few studies have examined the relationship between balance and functional performance despite the fact that it is essential for successful football performance, particularly among young athletes (**Pau, Ibbas, & Attene, 2014; Pollock., 2010**). **Paillard et al. (2006) and Aytar et al. (2012)** have identified that the balance and Core stability are important aspects of the football players performance. On the other hand, postural sway becomes more pronounced as a result of fatigue-induced loss of balance (**Pau, Ibbas, & Attene, 2014**) and the relationship between these components is not fully understood (**Aytar et al., 2012**).

The current study applied fatigue protocol that would reflect the complexity that mimic the physical fatigue which occurs during an actual game to provide a clearer picture of the effects of football-specific fatigue on core endurance, balance, and performance in adolescent football players.

## METHODS

### Participants

A total of sixty male football players from Wadi-Degla (2005, 2006 and 2007) football teams. The players were randomized to be in the control group or the fatigue group. The use of computer-generated random numbers has been employed for randomizations. This study was conducted at Wadi-Degla football club, Egypt. All participants received medical clearance prior to participating in the study, and they were all in perfect health when the data was collected. The study data were collected at the end of the season in July 2023. With five training days and one normal league match each week, every player was under an identical training regime. Participants

were not allowed to participate if they had a history of musculoskeletal injuries at least one year before the protocol was implemented. The informed consent form was signed by all participants before the trial. Ethical review by the faculty of physical therapy at Cairo University gave their approval to the study protocol (NCT06069635), and it was also included in the clinical trial registration website.

### **Randomization**

After screening the inclusion and exclusion criteria, eligible players were informed about the aim of the study and all testing procedures. Players were randomized into either fatigue or control group using computer - generated random number with 30 players in each group.

### **Outcome Measures**

The primary outcome measure core endurance testing by the following tests: trunk flexion test (McGill's test), trunk extension (Sorenson Test), side plank test as well as prone plank test. The test's strong validity for measuring core muscular endurance and excellent reliability (ICC = 0.99) led to its selection (Saporito et al., 2015).

- **Trunk flexion test (McGill's test):**

The athlete was positioned in a sit-up position, with their back at a position that was sixty degrees from the floor. In this position, you should bend at the knees and hips 90 degrees, cross your arms over your chest, and rest one hand on your other shoulder. Make sure to hold onto your feet at all times. The player holds the isometric posture as long as possible. Failure is determined when any part of the player's back moved backward. Time the player can hold the isometric posture was recorded (Brumitt et al. 2013).

- **Trunk extension (Sorenson Test):**

After securing the pelvis, knees, and hips, the upper body was elevated off a bench to test the back extensors, specifically the multifidus and erector spinae. With the hands lying on the opposite shoulders, the upper limbs are held across the chest. When the top half of the body stops being horizontal, failure happens. The time recorded as long as the player could hold his body straight (Brumitt et al. 2013).

- **Side plank test:**

The test started with player lying on the side then the therapist asked him to lift the body on the elbow, forearm, and feet stacked creating a straight line from head to toe. The time recorded if he could hold his body and hip off the floor (Brumitt et al. 2013).

- **Prone plank test:**

The player asked to lie in a prone position, support the upper body off the ground with the elbows and forearms, as well as to take the weight by the toes with the legs straight. The body forms a straight line from the head to the toes when the hip is raised off the floor. Instead of looking ahead, the head should be pointing towards the ground. Time was recorded and the test is over when the player is unable to hold the back straight and the hip is lowered (Tong et al., 2014).

The secondary outcome measures included Balance assessment, which was assessed by the "MFT Challenge Disc®". The MFT software is attached to a rubber buffer linkage that holds a 530 mm diameter circular plate (Trend Sport Trading GmbH, Großhofen, Austria). The platform's tilt sensor records movement in any direction (Raschner, 2008).

This device quantifies the dynamic and static balancing abilities of individuals on an instable surface with a valid and reliable data (Pojskic et., al 2020 and und Schülern S 2012). MFT Challenge Disc used to assess dominant (D) and non-dominant (N) single-leg balance test (SLBT-D, SLBT-N). The player was told to stand completely still while keeping the balance platform

horizontal. The player is instructed to maintain a straight line of vision while all visual feedback about their performance is hidden during the testing. During the test, one leg was elevated off the ground and the other leg was bent at the knee joint; the foot of the standing leg was put on the balancing plate with a slight flexion in the knee. Throughout the tests, the player kept his hands on his waist; if he made two mistakes within the trial a second trial would be allowed. Over the course of a 20-second trial, the system tracks the participant's stability index by observing plate movement and deviations from the horizontal plane. On a scale from 1 to 5, the stability index score indicates the degree of stability, with lower scores indicating less deviation. (Pojskic et al., 2020).

The third outcome measure included the player Performance which was assessed using the 20-m running sprint as well as Triple-Hop Test (THT):

- **The 20-m running sprint test:**

Two trials of maximal sprints of 20 m were performed, with 3 min of rest between each trial; following a two warm-up trials; the time taken was recorded using a stop watch; only the fastest trials were included in the final analysis (Cressey, West, Tiberio, Kraemer, & Maresh, 2007). The 20-m running test is a highly reproducible and was able to track aerobic fitness changes in well-trained players (Paradisi et al., 2014, Aziz AR 2005 and Hopker JG, 2009).

- **Triple-Hop Test (THT):**

The player was instructed to stand in a stepping position and hop three times on the dominant leg to reach the maximal horizontal distance. Measurement taken from the starting line to the point where the heel struck the ground the test repeated three times and the best score was recorded in centimeters (Rambaud et al., 2020). This test is a valid test which is widely used to measure aerobic fitness and performance (Lloyd RS et al., 2020 and Paradisi et al., 2014).

- **The Fatigue protocol repeated sprint ability (RSA):**

Recognized as a valid method for simulating football players' fatigue and performance decline (Bangsbo, Mohr, & Krstrup, 2006). The design of the RSA protocol is based on the intermittent nature and high-intensity actions of football. Results on this RSA test is significantly correlated with the distances that professional football players cover running during official matches (Calderón-Pellegrino, Gabriel, et al., 2020)

In a prior study, Buchheit et al. (2010) used the RSA procedure on athletes of the same age. The protocol was carried out on a synthetic grass field and consisted of six sets of maximal 215m shuttle sprints, with each set consisting of five meters in one direction and five meters in the other. Every set was separated by twenty seconds of passive recovery, which included slow walking, deceleration, and getting ready for the next test. Every player must complete a short, 20-minute standardized warm-up before beginning the RSA protocol. The warm-up included a 6-minute run at an incremental speed from 60% to 80% of one's maximal aerobic speed as well as a 6-minute stretch. Next, two minutes of submaximal speed shuttle sprints were performed, followed by forty seconds of passive recovery. After that, two minutes of submaximal speed RSA protocol simulation were performed (two repetitions), and this was again subsequently followed by forty seconds of passive recovery. Finally, two minutes of forward, backward, and lateral jogging as well as high-knee and "butt-kick" runs were completed (Pau, Iba, & Attene, 2014).

The following is the formula for the fatigue index (FI), which is a measure of RSA performance expressed as a percentage decrement score:  $FI = [100 \times (\text{Total sprint time} / \text{Ideal sprint time})] - 100$ . Total sprint time represents the total time of six 30 meters maximal sprints as well as the Ideal sprint time is the time of fastest one. The players promptly committed themselves to conducting all measurements without delay, ensuring that no more than 20 seconds elapsed between the

completion of the last sprint and the commencement of the measurements. This was done to prevent any masking effects associated with the gradual recovery from fatigue(Pau, Ibba, &Attene, 2014).

**Data analysis**

An independent t-test was used to compare the characteristics of players among groups. The Shapiro-Wilk test was used to ensure that the data followed a normal distribution. A Levene's test was performed to assess the homogeneity among groups. A MANOVA analysis was used to examine the impact of fatigue on core endurance, balance, as well as player performance. Post-hoc tests were conducted utilizing the Bonferroni correction to compare multiple groups. The statistical tests were conducted with a predetermined level of significance of  $p < 0.05$ . The statistical analysis was performed using the SPSS software package, specifically version 25 for Windows, developed by IBM SPSS in Chicago, IL, USA.

**RESULTS**

No player discontinued the research project for any reason. No side effects or complications were observed during the study.

Player’s characteristics:

**Table (1)** reveals the characteristics of the players in both the fatigue as well as control groups. no statistically significant difference was found among the groups in terms of age and BMI ( $p > 0.05$ ).

**Table1. Comparison of subject characteristics among the fatigue and control groups:**

|                          | fatigue group | control group |      |         |         | significance |
|--------------------------|---------------|---------------|------|---------|---------|--------------|
|                          | mean ±SD      | mean ±SD      | MD   | p value | p value |              |
| Age (years)              | 27 ± 0.89     | 27 ± 0.58     | 0    | 0       | 0       |              |
| BMI (kg/m <sup>2</sup> ) | 25.8 ± 0.31   | 25.7 ± 0.31   | 0.05 | 0.03    | 0       |              |

SD, standard deviation; MD, mean difference; p value, probability value; NS, no significant change

**Effect of fatigue on core endurance, balance and performance:**

Within group comparison: a significant decline in endurance in trunk flexion, side plank and prone plank tests ( $p < 0.001$ ). On the contrary, there was no significant change in trunk extension test post- fatigue compared with that pre fatigue in fatigue group. While there were no significant changes in trunk flexion test, side plank test as well as prone plank test and trunk extension test in the control group ( $p > 0.05$ ) (**Table 2**).

There was a significant increase in SLBT-D, SLBT-ND, 20-m running sprint time and a significant decrease in THT post fatigue compared with that pre fatigue in fatigue group ( $p < 0.001$ ) while there were no significant changes in the control group ( $p > 0.05$ ). (**Table 3**).

**Between group comparison**

There was no statistically significant difference among the groups before fatigue ( $p > 0.05$ ). There was no statistically significant difference in trunk flexion test, trunk extension test, side plank test, prone plank test, as well as THT between the groups after the fatigue protocol ( $p > 0.05$ ). There was a significant increase in SLBT-D, SLBT-ND and 20-m running sprint test post fatigue of fatigue group compared with that of control group ( $p < 0.01$ ). (**Tables 2-3**).

**Table 2. Mean trunk flexion test, trunk extension test, side plank test, prone plank test before and after fatigue of the fatigue and control groups:**

|                        | Pre fatigue        | Post fatigue       | MD   | of change | p value |
|------------------------|--------------------|--------------------|------|-----------|---------|
|                        | Mean $\pm$ SD      | Mean $\pm$ SD      |      |           |         |
| <b>Trunk flexion</b>   |                    |                    |      |           |         |
| Fatigue group          | 99.9 $\pm$ 42.91   | 94.63 $\pm$ 42.91  | 5.27 | 5.28      | 0.001   |
| Control group          | 102.57 $\pm$ 46.19 | 101.74 $\pm$ 46.16 | 0.83 | 0.81      | 0.15    |
| MD                     | -2.67              | -7.11              |      |           |         |
|                        | <i>p = 0.81</i>    | <i>p = 0.54</i>    |      |           |         |
| <b>Trunk extension</b> |                    |                    |      |           |         |
| Fatigue group          | 106.33 $\pm$ 39.25 | 106.27 $\pm$ 38.64 | 0.06 | 0.06      | 0.97    |
| Control group          | 112.43 $\pm$ 37.73 | 110.85 $\pm$ 38.09 | 1.58 | 1.41      | 0.38    |
| MD                     | -6.1               | -4.58              |      |           |         |
|                        | <i>p = 0.54</i>    | <i>p = 0.64</i>    |      |           |         |
| <b>Side plank</b>      |                    |                    |      |           |         |
| Fatigue group          | 69.13 $\pm$ 13.12  | 65.30 $\pm$ 12.14  | 3.83 | 5.54      | 0.001   |
| Control group          | 69.33 $\pm$ 12.89  | 68.33 $\pm$ 13.31  | 1    | 1.44      | 0.11    |
| MD                     | -0.2               | -3.03              |      |           |         |
|                        | <i>p = 0.95</i>    | <i>p = 0.36</i>    |      |           |         |
| <b>Prone plank</b>     |                    |                    |      |           |         |
| Fatigue group          | 92.53 $\pm$ 26.57  | 88.33 $\pm$ 26.68  | 4.2  | 4.54      | 0.001   |
| Control group          | 93.53 $\pm$ 26.52  | 92.27 $\pm$ 27.05  | 1.26 | 1.35      | 0.11    |
| MD                     | -1                 | -3.94              |      |           |         |
|                        | <i>p = 0.88</i>    | <i>p = 0.57</i>    |      |           |         |

SD, standard deviation; MD, mean difference; p value, probability value

**Table 3. Mean SLBT, 20-m running sprint and THT pre and post fatigue of fatigue and control groups:**

| Endurance (sec)                  | Pre fatigue        | Post fatigue       | MD    | of change | p value |
|----------------------------------|--------------------|--------------------|-------|-----------|---------|
|                                  | Mean $\pm$ SD      | Mean $\pm$ SD      |       |           |         |
| <b>SLBT-D</b>                    |                    |                    |       |           |         |
| Fatigue group                    | 4.17 $\pm$ 0.32    | 4.38 $\pm$ 0.26    | -0.21 | 5.04      | 0.001   |
| Control group                    | 4.12 $\pm$ 0.29    | 4.13 $\pm$ 0.32    | -0.01 | 0.24      | 0.58    |
| MD                               | 0.05               | 0.25               |       |           |         |
|                                  | <i>p = 0.56</i>    | <i>p = 0.001</i>   |       |           |         |
| <b>SLBT-ND</b>                   |                    |                    |       |           |         |
| Fatigue group                    | 4.61 $\pm$ 0.23    | 4.75 $\pm$ 0.19    | -0.14 | 3.04      | 0.001   |
| Control group                    | 4.58 $\pm$ 0.24    | 4.59 $\pm$ 0.23    | -0.01 | 0.22      | 0.67    |
| MD                               | 0.03               | 0.16               |       |           |         |
|                                  | <i>p = 0.65</i>    | <i>p = 0.005</i>   |       |           |         |
| <b>20-m running sprint (sec)</b> |                    |                    |       |           |         |
| Fatigue group                    | 157.07 $\pm$ 35.34 | 182.37 $\pm$ 30.99 | -25.3 | 16.11     | 0.001   |
| Control group                    | 158.87 $\pm$ 38.14 | 159.30 $\pm$ 34.97 | -0.43 | 0.27      | 0.87    |
| MD                               | -1.8               | 23.07              |       |           |         |
|                                  | <i>p = 0.85</i>    | <i>p = 0.009</i>   |       |           |         |

| THT (cm)             |                 |                 |      |      |       |
|----------------------|-----------------|-----------------|------|------|-------|
| <b>Fatigue group</b> | 502.13 ± 13.81  | 499.37 ± 13.72  | 2.76 | 0.55 | 0.001 |
| <b>Control group</b> | 502.37 ± 12.93  | 501.47 ± 13.25  | 0.9  | 0.18 | 0.13  |
| <b>MD</b>            | -0.24           | -2.1            |      |      |       |
|                      | <i>p = 0.94</i> | <i>p = 0.54</i> |      |      |       |

SD, standard deviation; MD, mean difference; p value, probability value; SLBT-D, single-leg balance test of dominant limb; SLBT-ND; single-leg balance test of non- dominant limb

## DISCUSSION

Results of the current study showed negative impacts of fatigue on players' performance in trunk endurance tests. Likewise, a reduction in balance and functional performance was observed following fatigue.

Decrement of hold time in trunk flexion, side plank, and prone plank endurance tests after application of fatigue protocol comes in agreement with **Hajmirzaei et al. (2023)**, according to their findings, fatigue can impair the coordination and function of the core muscles, which are necessary for creating a stable base and performing motions that are proportional to the body's organs.

The findings of the current study showed that there was a significant increase in SLBT-D, SLBT-ND post fatigue of fatigue group compared with that of control group, which concluded that fatigue negatively affects the balance. Likewise, there was a significant increase in 20-m running sprint time post fatigue in the between groups comparison and there was a significant decrease in THT post fatigue in the fatigue group which is suggested that the player performance decreased after fatigue.

**Tong et al. (2014)** finding was in line with the findings in this study, where they stated that fatigue in trunk muscles negatively affects the balance and running performance. Additionally, **Ghamkhar.(2019)** noted that neuromuscular control is particularly susceptible to the cumulative negative impacts of fatigue during competitions, which can lead to improper movement patterns and an increased likelihood of injury. Since football players are more prone to injuries when their dynamic and static postural stability is inadequate, **Fard et al.(2022)** came to the conclusion that this is an essential skill for football players to have.

Findings from this study are in line with previous research that has linked fatigue to a change in gait style during running, which in turn reduces sprint as well as jump performance (**Mendez-Villanueva et al., 2008; Patterson et al., 2011; Gathercole et al., 2015**). Further, it has been shown that during a fatigue-inducing repeated sprint protocol, large decrements in accelerometer load and decline in the vertical acceleration of the center of mass during running was previously detected by (**Akenhead et al. 2017, Barrett et al. 2014 and Cormack et al. 2013**).

The findings of this study were agreed with **Silva et al. (2018)** who reported the use of different jump tests as measures of neuromuscular function following exercise, with reductions in jump performance reported for up to 72 h. In the same context **Brownstein et al. (2017)** observed decreases in jump height immediately post-match play. According to **Claudino et al. (2017)**, the jump tests assess the level of mechanical and neuromuscular fatigue in athletes, as well as their strength, endurance, speed, as well as plyometric training benefits. Thus, jump performance has been identified by several researches as an objective indicator of fatigue and athletic performance (**Claudino, 2017, Doeven 2018 and Hader 2019**).

In this study, RSA test was applied as a fatigue protocol to induce fatigue in the fatigue group. As noted by **Doeven et al. (2018)**, ball-implement sports like football and rugby have a longer recovery period for sprint performance than other ball sports. Consequently, it appears crucial to have a way to measure factors that reveal players' levels of fatigue. Also, **Chaouachi et al., Glaister 2008 and Armada 2022** stated that the impact of fatigue on performance is confirmed through the RSA protocol. The RSA protocol is considered a frequent technique for evaluating sprint performance, however there are different formulas to calculate fatigue in RSA tests Charron 2020. Several sports incorporate repeated sprints, such as basketball, football, as well as rugby. The RSA of male football players was assessed using several different protocols. The following finding was established after reviewing the data given in these studies: With each additional repetition, the sprint became slower (**Little, T., & Williams, A. G. 2007**). The buildup of fatigue is probably responsible for this. Evidence of increasing fatigue from the first to the second half of a football game gives support to this concept (**Angius et al 2013, Selmi et al. 2016 and Dent et al. 2015**). A young football player's fatigue can be measured using the fatigue index, which is utilized in the RSA test.

**Key points:** The fatigue can cause decrease in trunk endurance, balance and running and jump performance in the male adolescent football players with more deterioration in balance and performance which can cause increase the risk of injury.

**Implications:** These findings indicate that adolescent football players should focus on exercises that increase their endurance, decrease the training load and increase the recovery time to decrease fatigue level and should include core stability exercises, balance training, running exercises and jumping training in the injury prevention exercises and training routine for the adolescent football players.

**Recommendations:** The current study was limited to only male players; we recommend further studies with female players to reinforce the current findings.

### **Ethical considerations:**

The authors have stated that they are not associated with or financially supported by any company, group, or individual that would have an interest in the article's content or subjects. Ethical review by the faculty of physical therapy at Cairo University gave their approval to the study's protocol (**NCT06069635**), and it was also included in the clinical trial registry.

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