

Validity & Reliability of Tensiomyography

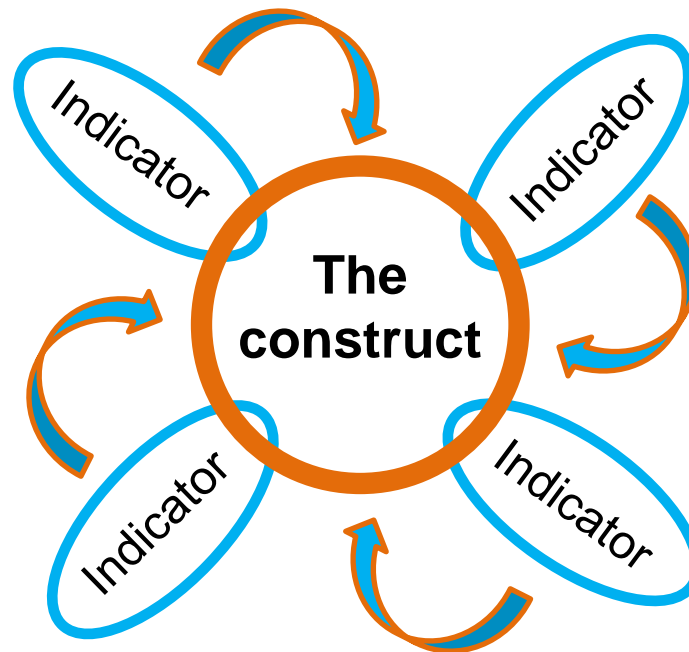
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Definition of validity



- Criterion (concurrent) validity
- Construct validity



Artificial Organs
21(3):240–242, Blackwell Science, Inc., Boston
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Measuring of Skeletal Muscles' Dynamic Properties

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N = 1 (male, age 25 yr)

Muscles:

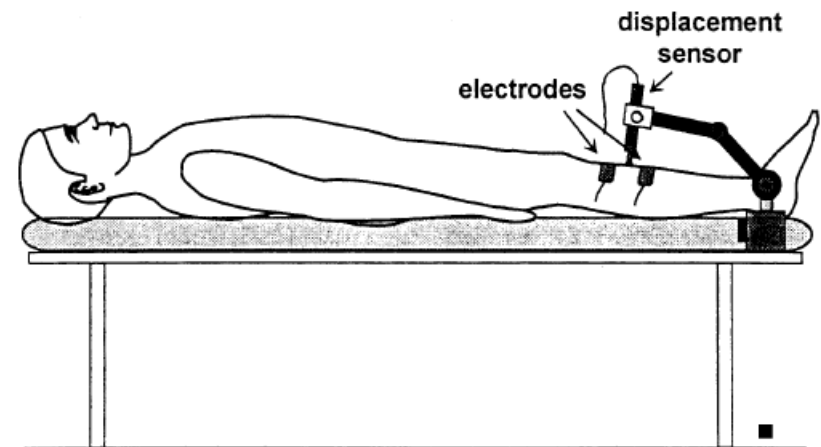
Quadriceps

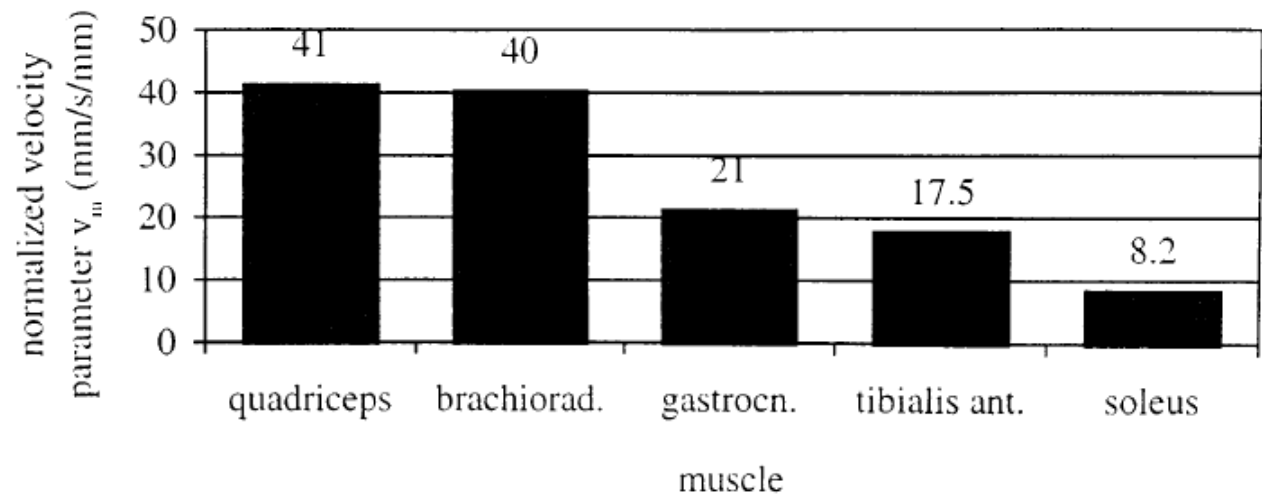
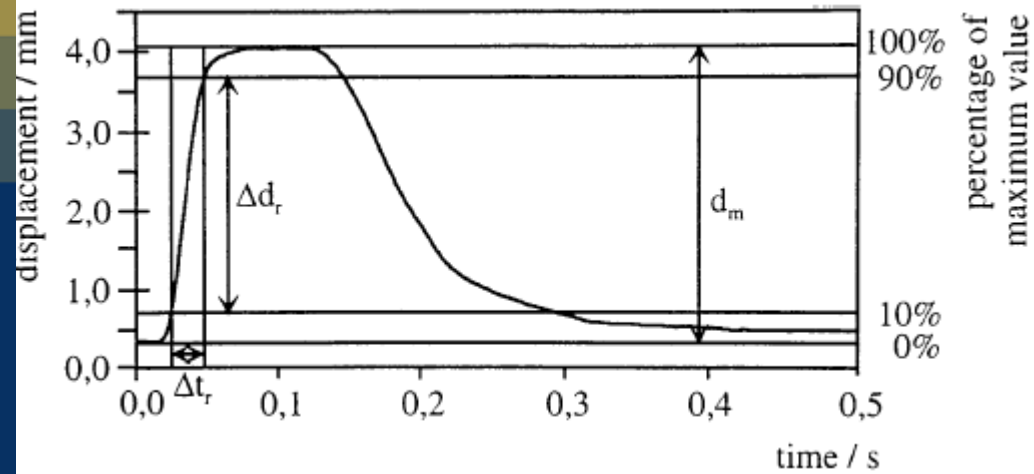
Brachioradialis

Soleus

Gastrocnemius

Tibialis Anterior





Med Bio Eng Comput (2006) 44:999-1006
DOI 10.1007/s11517-006-0114-5

ORIGINAL ARTICLE

Adaptive potential of human biceps femoris muscle demonstrated by histochemical, immunohistochemical and mechanomyographical methods

Raja Dahmane · Srdjan Djordjević ·
Vika Smerdu

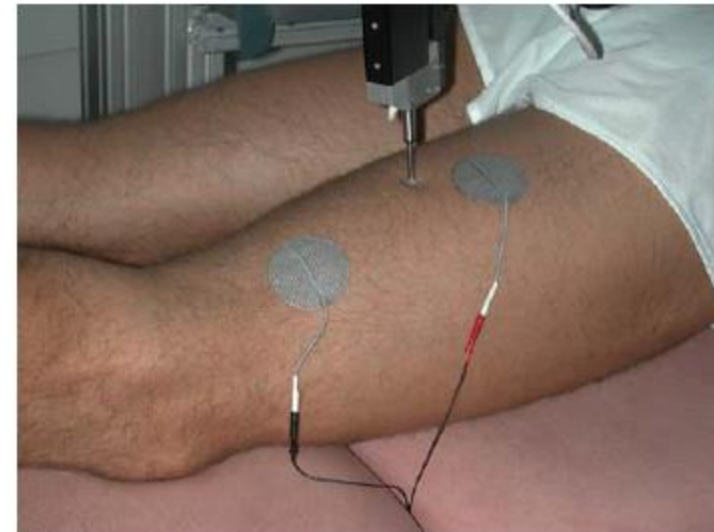
N = 15 (healthy males, age 17-40 yr)

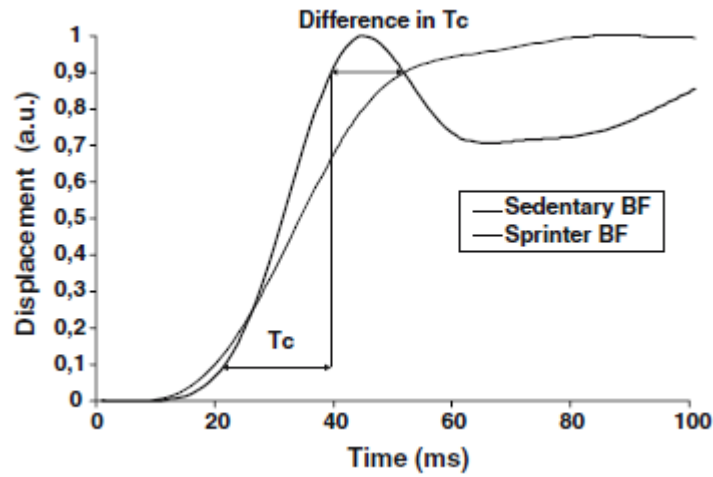
N = 15 (male sprinters, age 17-40 yr)
100m PB: 10.52

N = 15 (male cadavers, age 17-40 yr)

Muscle:

Biceps femoris + a number of other muscles

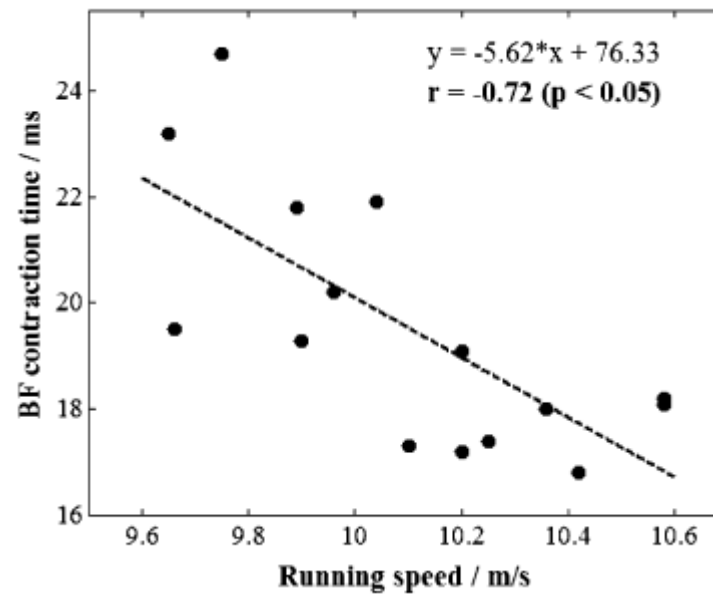




T_c

healthy males:
30.3 ms

sprinters:
19.5 ms



Tc of healthy individuals vs. muscle composition of a matched sample of individuals who died suddenly

Muscle	Muscle 1	Fiber 2a	Type 2× (2b)	Contraction times/ms ± SD
Biceps brachii	46.4 ± 2.1	33.4 ± 2.2	16.6 ± 1.9	28.87 ± 4
Brachioradialis	47.1 ± 2.2	28.8 ± 2.5	19.5 ± 2.5	23.70 ± 5
Triceps brachii	38.0 ± 1.6	39.9 ± 2.0	17.9 ± 1.8	22.56 ± 6
Flexor digitorum superficialis	45.3 ± 1.9	41.8 ± 2.4	10.7 ± 1.7	25.40 ± 6
Extensor digitorum	47.5 ± 1.7	44.5 ± 1.8	6.5 ± 1.7	25.26 ± 5
Biceps femoris	49.0 ± 1.6	25.2 ± 1.3	20.7 ± 1.4	30.25 ± 3.5
Gastrocnemius	69.7 ± 2.0	24.1 ± 1.7	4.3 ± 0.7	44.75 ± 4
Soleus	90.6 ± 2.3	8.7 ± 2.0	0.3 ± 0.2	46.52 ± 4
Tibialis anterior	72.9 ± 2.2	20.5 ± 1.6	4.1 ± 1.2	32.83 ± 4.5

Med. Sci. Sports Exerc., Vol. 43, No. 9, pp. 1619–1625, 2011.

Noninvasive Estimation of Myosin Heavy Chain Composition in Human Skeletal Muscle

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and ⁴Department of Automation, Biocybernetics, and Robotics, Jožef Stefan Institute, Ljubljana, SLOVENIA

N = 27 (age 20–83 yr)

Muscle:

Vastus lateralis, biopsy and TMG

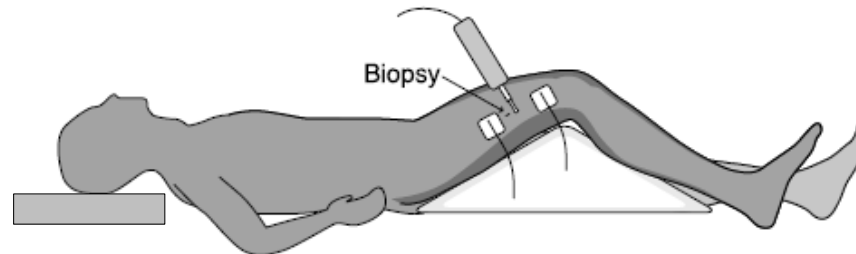
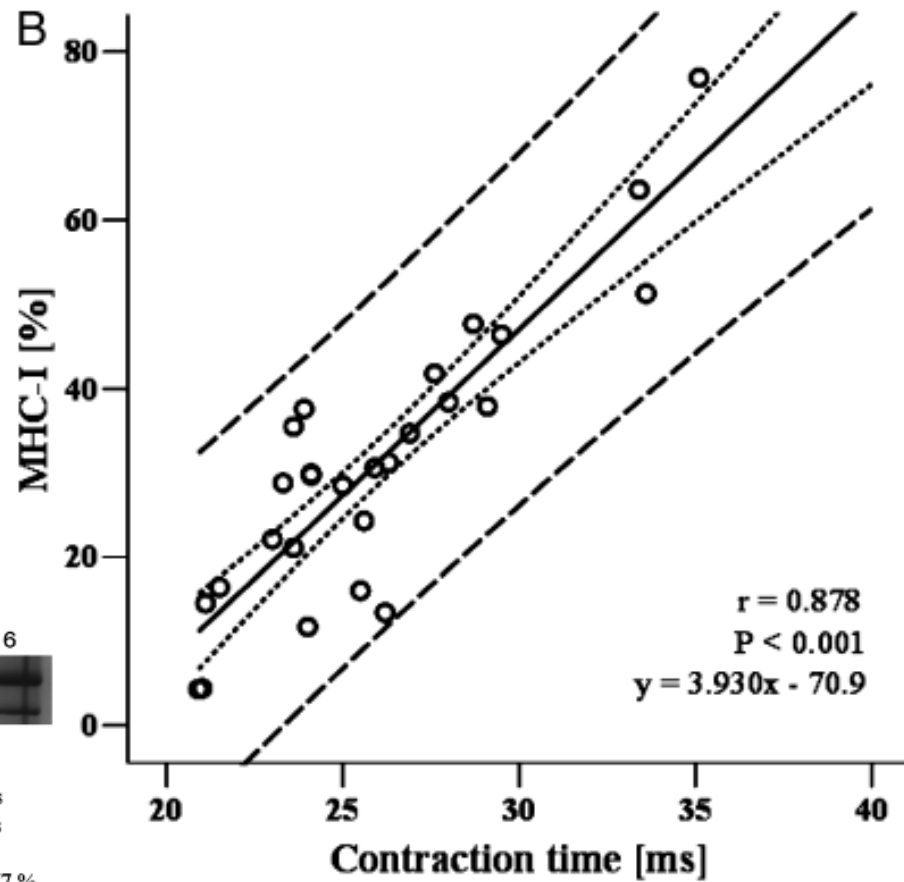
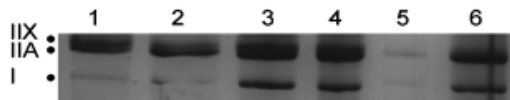
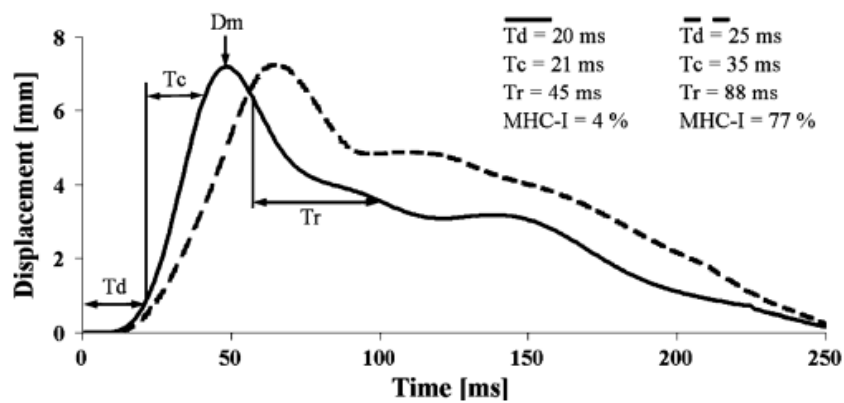


FIGURE 1—Schematic representation of the tensiomyographic measuring setup with marked biopsy spot at 40% (from the distal end) of the connecting line between the lateral knee cleft and the spina iliaca anterior superior.





Assessment of eccentric exercise-induced muscle damage of the elbow flexors by tensiomyography

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^b Department of Sport and Exercise Sciences, Northumbria University, Newcastle, UK

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^d SportScotland Institute of Sport, Stirling, UK

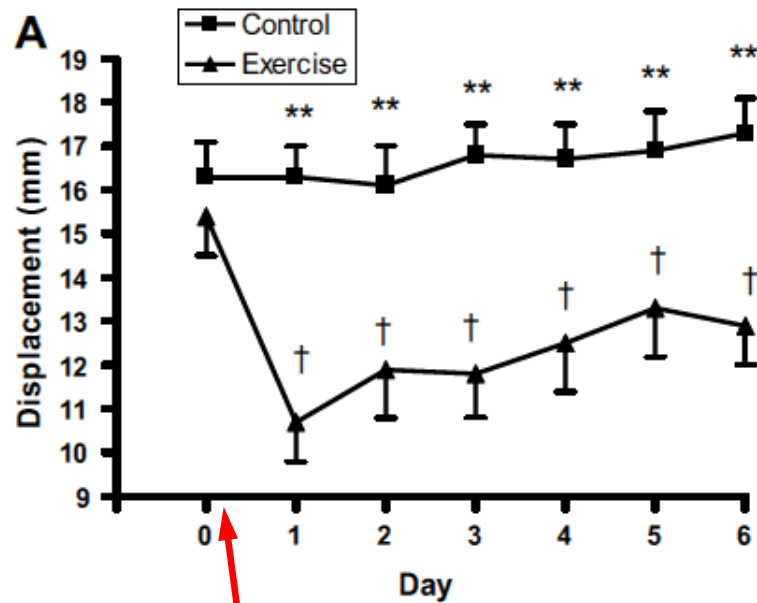
^e Centre of Aquatic Research, University of Johannesburg, Gaunteng, South Africa

N = 19 (age 21.1±4.7 yr)

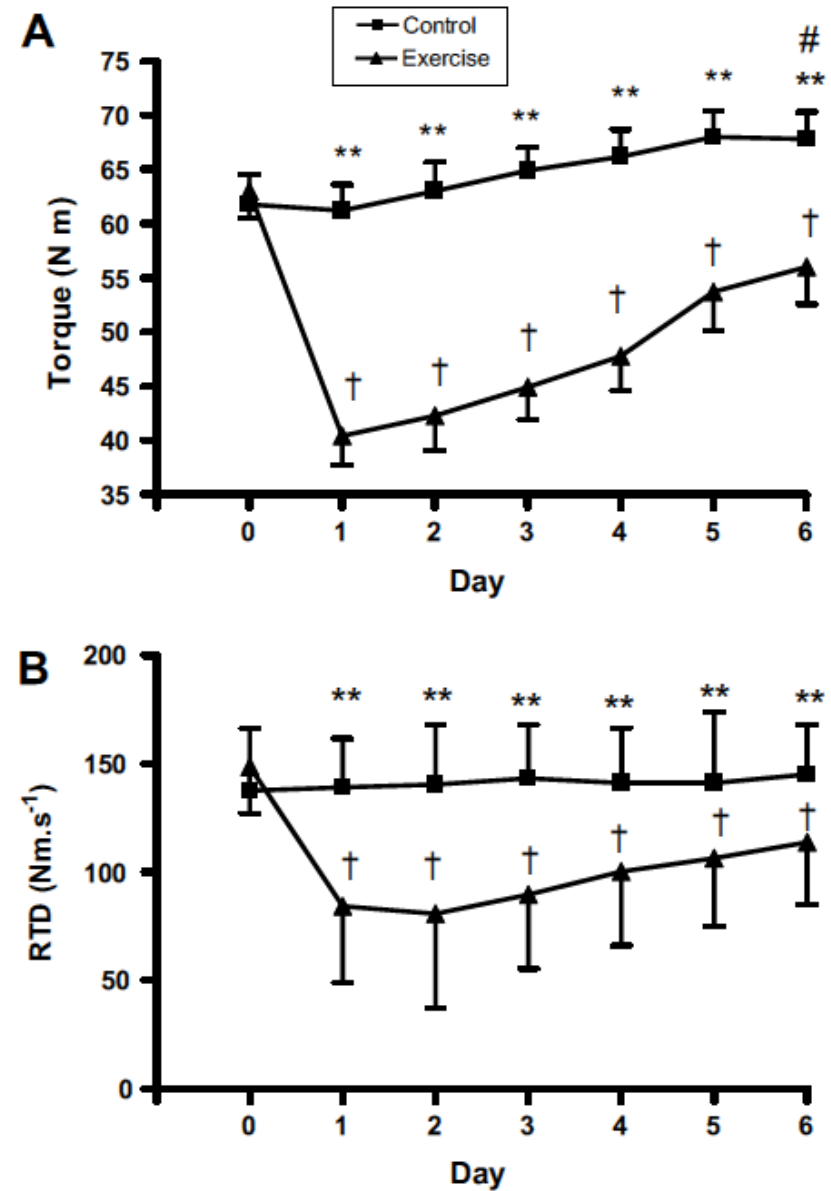
Muscle:

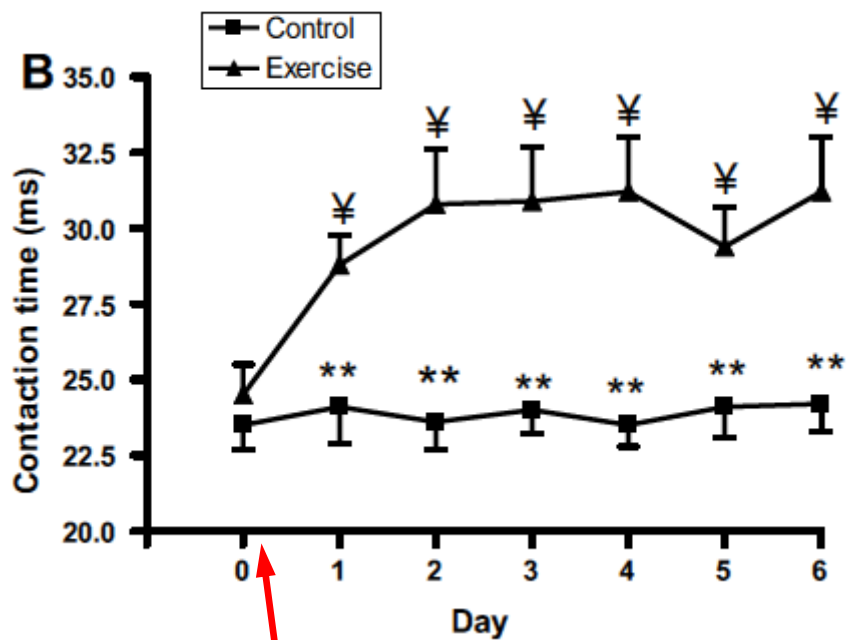
Biceps brachii





EIMD





EIMD

Summary of the results from validity studies:

- **Tc** is directly correlated to % of type I muscle fibres and MHC-I
- **Tc** discriminates between sprinters and sedentary participants
- A fatigue-induced reduction in **Dm** is matched by a reduction in torque developed
- **Tc** and **Dm** are altered as a result of EIMD

Definition of reliability



- Intra-session reliability
- Inter-session reliability
- Long-term stability



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Short-term repeatability of parameters extracted from radial displacement of muscle belly

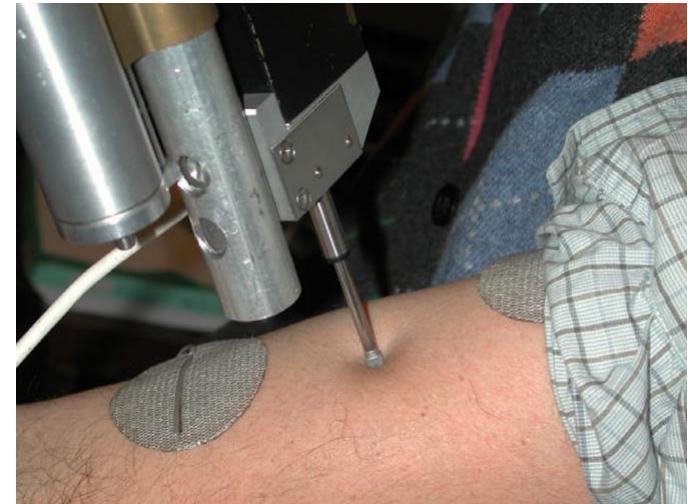
Dejan Križaj *, Boštjan Šimunič, Tomaž Žagar

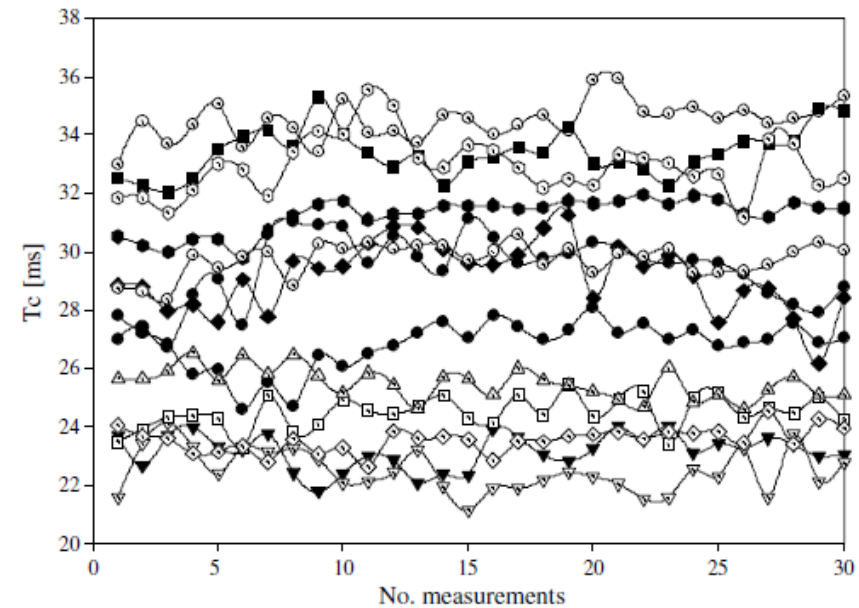
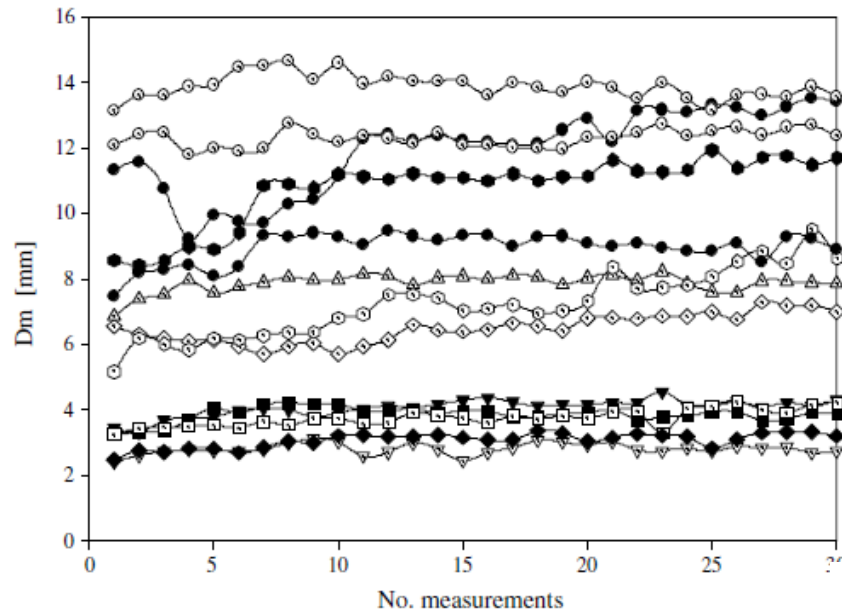
Faculty of Electrical Engineering, University of Ljubljana, Tržaška 25, 1000 Ljubljana, Slovenia

N = 13 (healthy participants, age 30.7)
30 measurements, 10 s in between

Muscle:

Biceps brachii





	MIN	MAX	MEAN	NSEM	ICC
Dm	2.42	14.66	7.47	1.23	0.98
Td	22.53	35.61	28.08	0.43	0.94
Tc	21.14	35.92	28.18	0.48	0.97
Ts	44.65	256.06	136.81	1.30	0.89
Tr	17.18	162.01	81.39	1.92	0.86

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Between-day reliability of a method for non-invasive estimation of muscle composition

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N = 10 (healthy participants, age 24.6)

Average of two measures taken over 3 consecutive days

Muscle:

Vastus lateralis

Vastus medialis

Biceps femoris

Table 1

Between-day reliability analysis for vastus medialis obliques (VMO, upper table), vastus lateralis (VL, middle table), and biceps femoris (BF, lower table).

	Test 1	Test 2	Test 3	P _{F-Test}	Bias _{mean}	RE	SEM	CV (%)	ICC [95% CI]
VMO									
Td (ms)	22.4 ± 1.7	22.4 ± 1.9	22.2 ± 1.6	0.606	0.19	±0.62	±0.42	2.8	0.94 [0.82–0.98]
Tc (ms)	25.7 ± 3.1	25.8 ± 3.1	25.8 ± 2.7	0.935	0.07	±0.56	±0.40	2.2	0.98 [0.95–0.99]
Ts (ms)	176.1 ± 22.3	185.5 ± 19.3	177.8 ± 23.1	0.065	6.29	±8.64	±5.46	4.9	0.94 [0.81–0.98]
Tr (ms)	42.7 ± 10.7	43.4 ± 11.2	41.1 ± 11.0	0.225	1.51	±2.60	±1.70	6.4	0.88 [0.78–0.96]
Dm (mm)	6.8 ± 1.3	6.5 ± 1.2	6.7 ± 1.3	0.791	0.23	±0.30	±0.17	4.7	0.98 [0.95–0.99]
VL									
Td (ms)	23.7 ± 0.9	23.9 ± 0.7	23.9 ± 1.2	0.645	0.12	±0.44	±0.30	1.8	0.89 [0.69–0.97]
Tc (ms)	22.6 ± 2.3	22.6 ± 2.1	23.1 ± 2.4	0.108	0.32	±0.41	±0.25	1.5	0.98 [0.94–0.99]
Ts (ms)	170.0 ± 27.2	169.7 ± 23.7	164.9 ± 20.5	0.445	3.22	±7.09	±4.99	4.4	0.96 [0.87–0.99]
Tr (ms)	64.9 ± 20.1	67.5 ± 18.1	70.3 ± 18.7	0.104	3.59	±4.63	±3.18	7.6	0.89 [0.82–0.96]
Dm (mm)	8.5 ± 2.4	8.4 ± 2.4	8.6 ± 2.4	0.791	0.23	±0.38	±0.25	4.7	0.99 [0.97–1.00]
BF									
Td (ms)	23.7 ± 3.0	23.6 ± 3.3	23.7 ± 3.5	0.928	0.07	±0.61	±0.40	2.6	0.98 [0.87–0.99]
Tc (ms)	29.1 ± 7.9	29.6 ± 8.5	30.6 ± 9.6	0.183	1.03	±1.50	±1.06	4.9	0.98 [0.95–1.00]
Ts (ms)	208.0 ± 19.8	205.8 ± 21.1	206.4 ± 25.2	0.830	1.48	±6.57	±5.01	3.3	0.95 [0.84–0.99]
Tr (ms)	56.2 ± 17.1	63.4 ± 27.1	62.7 ± 19.2	0.063	4.81	±6.19	±4.12	9.3	0.89 [0.80–0.95]
Dm (mm)	5.5 ± 2.1	5.6 ± 2.1	5.7 ± 2.4	0.262	0.13	±0.23	±0.43	4.2	0.99 [0.98–1.00]

Td – delay time; Tc – contraction time; Ts – sustain time; Tr – half relaxation time; Dm – maximal displacement; P_{F-Test} – RM ANOVA significance; |BIAS_{mean}| – average of absolute bias; RE – random error; SEM – standard error of measurement; CV – coefficient of variation; ICC – intra-class correlation coefficient; CI – confidential interval.



Long-term stability of tensiomyography measured under different muscle conditions

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^b SportsScotland Institute of Sport, Stirling, Scotland, United Kingdom

^c Department of Sport, Health & Exercise Science, Faculty of Science, University of Hull, England, United Kingdom

N = 21 (healthy participants, age 21.3)

Muscle:

Gastrocnemius medialis



Research design:

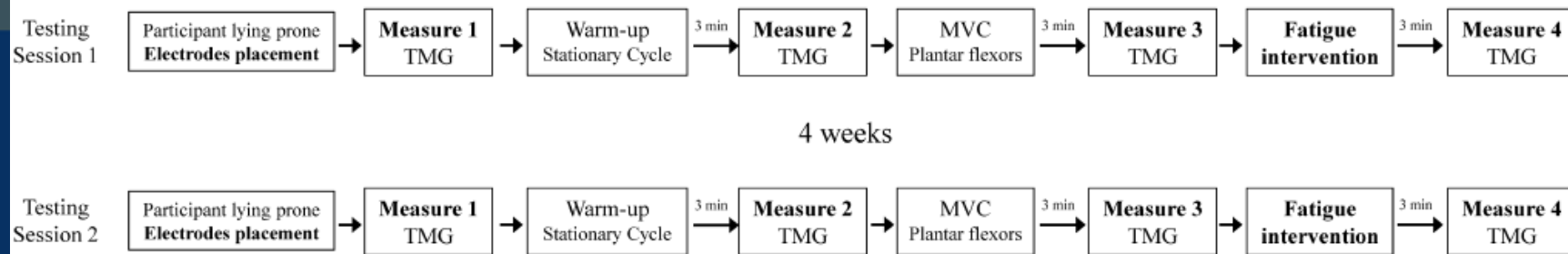
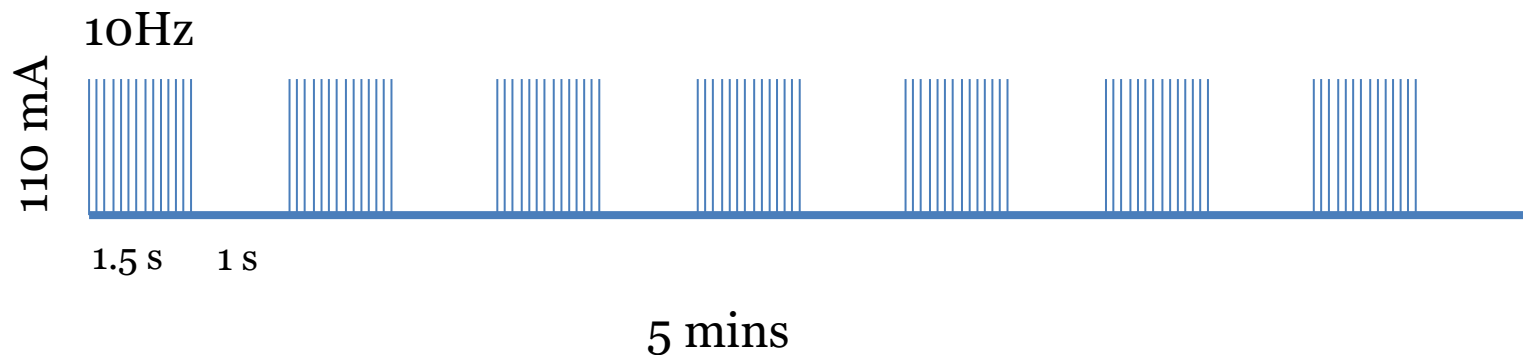


Fig. 1. Overview of the testing protocol. TMG = tensiomyography; MVC = maximal isometric voluntary contraction;

Fatigue protocol:



CV (95% CI)				
	M1	M2	M3	M4
Tc	9.4 (6.3–12.5)	9.1 (6.4–11.8)	8.1 (5.4–10.8)	3.8 (2.3–5.3)
Ts	6.8 (3.7–9.9)	8.2 (5.0–11.3)	5.5 (3.7–7.3)	5.3 (3.1–7.6)
Tr	30.3 (18.2–42.4)	32.7 (18.4–47.0)	27.8 (14.5–41.1)	29.4 (19.2–39.6)
Td	9.2 (5.2–12.9)	8.2 (4.2–12.3)	7.8 (3.7–11.9)	7.0 (3.2–10.8)
Dm	14.8 (10.4–19.3)	11.1 (7.0–15.1)	10.1 (5.0–15.2)	8.0 (5.0–11.0)

Summary of the results from reliability studies:

- **Dm** and **Tc** appear to have the highest
 - Intra-session (ICC 0.98 and 0.97),
 - Inter-session (ICC 0.98 to 0.99; CV 1.5 to 4.9%)
 - Long term stability (ICC 0.62 to 0.95; CV 3.8 to 14.8%)
- **Tr** is consistently the least reliable parameter across studies