# Northumbria Research Link

Citation: Jones, Thomas, Shillabeer, Barry C. and Cardinale, Marco (2020) Skin Temperature, Training Load, and Subjective Muscle Soreness in Junior Endurance Athletes: A Case Study. International Journal of Sports Physiology and Performance, 15 (9). pp. 1349-1352. ISSN 1555-0265

Published by: Human Kinetics

URL: https://doi.org/10.1123/IJSPP.2019-0748 < https://doi.org/10.1123/IJSPP.2019-0748 >

This version was downloaded from Northumbria Research Link: http://nrl.northumbria.ac.uk/id/eprint/44806/

Northumbria University has developed Northumbria Research Link (NRL) to enable users to access the University's research output. Copyright © and moral rights for items on NRL are retained by the individual author(s) and/or other copyright owners. Single copies of full items can be reproduced, displayed or performed, and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided the authors, title and full bibliographic details are given, as well as a hyperlink and/or URL to the original metadata page. The content must not be changed in any way. Full items must not be sold commercially in any format or medium without formal permission of the copyright holder. The full policy is available online: <a href="http://nrl.northumbria.ac.uk/policies.html">http://nrl.northumbria.ac.uk/policies.html</a>

This document may differ from the final, published version of the research and has been made available online in accordance with publisher policies. To read and/or cite from the published version of the research, please visit the publisher's website (a subscription may be required.)





#### 1

## 1 ABSTRACT

2

## 3 **Purpose:**

- 4 The application of infrared thermography (IRT) to assess the effects of athletic training is
- 5 increasing. It is not known if changes in skin temperature (Tsk) as assessed by IRT are affected
- 6 by the training load or muscle soreness experienced by the athlete. The aim of the present case
- 7 study was to describe the variations in Tsk in body areas affected by running training and
- 8 examine any relationships with subjective ratings of muscle soreness. A secondary aim was to
- 9 assess the feasibility of using IRT for assessing training load in 2 junior middle-distance
- 10 athletes.

# 11 Methods:

- Data were collected over a 42-d period with Tsk of the quadriceps, knees, shins, lateral hamstrings, biceps femoris' and Achilles tendons and subjective ratings of muscle soreness
- taken each morning prior to any training. All training load was quantified via heart rate, running
- speed and distance. Changes in Tsk outside the typical error (TE) were identified. Relationships
- 16 between Tsk and subjective ratings of muscle soreness were also examined.

# 17 Results

- 18 Over the 42-d observational period mean Tsk of the regions of interest were reported outside
- 19 the TE on 31-d and 22-d for athletes 1 and 2 respectively. These changes in Tsk did not follow
- similar trends to training loadings. No significant relationships were observed between Tsk of
- 21 any regions of interest and muscle soreness

## 22 Conclusions:

- 23 Whilst Tsk changed outside the TE throughout the 42-d observational period these changes
- were not reflective of training load quantified via cardiovascular strain nor subjective ratings of muscle soreness.
- 26

# 27 KEY WORDS

- 28
- 29 Thermography, training monitoring, thermal, screening, injury, infrared

## **30 INTRODUCTION**

31 32

Infrared thermography (IRT) detects infrared light emitted by the body to visualize changes in

body heat due to abnormalities in the surface blood flow. Human skin, with an emissivity of
 0.98, is almost equal to a black body radiator <sup>1</sup> and therefore, thermal images can be used to

assess thermal properties of the body. IRT is a tool that visualizes physiological changes in

- the underlining tissues. Historically, IRT has been utilized in the field of veterinary medicine
- to detect locomotion injuries in racehorses and to monitor their health status  $^2$ .
- 38

39 Due to the development of portable cameras IRT could be used to assess the effects of training and identify soft tissue and tendon injuries in athletes <sup>3</sup>. IRT has been shown to be valid for 40 assessing skin temperature (Tsk)<sup>4</sup>, and has been recommended for clinical use<sup>3</sup>. Previous work 41 has suggested that IRT can be used to assess acute responses to exercise paradigms <sup>5-7</sup>. IRT 42 can be used to describe the temporal characteristics of delayed onset of muscle soreness 43 (DOMS)<sup>8</sup>. Recent work has investigated the acute responses and short term recovery time 44 course of Tsk to exercise <sup>8</sup> and abnormal thermal patterns have been used to identify 45 inflammatory responses in muscles and ligaments <sup>9</sup>. It is logical that Tsk may be reflective of 46 physical responses which contribute to training induced muscle soreness. It is may be suggested 47 that IRT could be applied to monitoring training stress in athletes. However, it is presently 48 49 unknown if the Tsk of the regions of interest (ROIs) involved during exercise relates to the imposed training load. 50

51

52 The aim of the present case study was to describe the variations in Tsk in target body areas 53 affected by running training and examine any relationships with subjective ratings of muscle 54 soreness.

55

## 56 METHODS

57

Data collection was conducted over 42-d in 2 junior male middle distance athletes (Athlete 1. 58 18 years, stature 178.4 cm, body mass 71.8 kg,  $\Sigma$ 7 skinfolds 43.7 mm,  $\dot{V}O_{2\text{max}}$  67.3 ml·kg·min<sup>-</sup> 59 <sup>1</sup>, 800 m personal best (PB) 01:53.01 mm:ss.0, 1500 m PB 04:00.03; Athlete 2. 16 years, stature 60 176.4 cm, body mass 63.2 kg,  $\Sigma$ 7 skinfolds 36.8 mm,  $\dot{V}O_{2\text{max}}$  63.7 ml·kg·min<sup>-1</sup>, 800 m PB 61 01:56.21 mm:ss.0, 1500 m PB 04:02.18). All data were collected as a part of routine sport 62 science support provided to the athlete group, which all athletes/parents had consented to. The 63 64 study was part of a larger study on the effects of training on young athletes approved by the local ethics committee. 65

66

67 Each morning between 0630 h and 0830 h prior to any physical activity participants were acclimated for 5 min in a temperature-controlled environment in order to achieve thermal 68 balance with their surroundings wearing only shorts. Mean temperature of the controlled 69 environment across the 42-d experimental period was  $24.3 \pm 1.2$  °C and  $43.4 \pm 2.7$  % relative 70 humidity, environmental conditions were measured and quantified using a Kestrel 4400 Heat 71 72 Stress Monitor (Kestrel Meters, MN, USA). During this time participants also gave a subjective rating of general muscle soreness as part of a holistic well-being questionnaire administered 73 via a tablet. Muscle soreness was rated on a visual analogue scale of 1 - 10, 10 being the worst 74 75 muscle soreness they had ever experienced and 1 being no soreness whatsoever.

76

Following the acclimation period an image or "thermogram" was taken of participant's front and rear legs (Figure 1) using a FLIR T600 infrared camera (FLIR Systems, Oregon, USA).

79 Mean Tsk of the right and left quadriceps, knees, shins, lateral hamstrings, biceps femoris',

calves and Achilles tendons were subsequent quantified. On all occasions the camera was positioned 1.5 m from the participant at the same height each day. When temperature readings were stable 1 image was taken and used for analysis, pilot testing indicated 1 stable reading displayed levels good reliability (ICC = 0.94, r = 0.91).

#### 84 85

86

## Figure 1 about here.

87 The training content was prescribed by the group's Head Coach. Throughout training sessions participant's heart rate (HR) was recorded using Polar RS800CX monitors (Polar Electro, 88 89 Kempele, Finland) for the purposes of quantifying training load using the Edwards approach <sup>10</sup>. Briefly, the TRIMP score was calculated by multiplying the accumulated training duration 90 spent in each intensity domain by an intensity-weighted multiplier. One-minute in the first 91 92 intensity domain (50 - 59% max heart rate (HRmax)) is given a score of 1, 1-minute in the second intensity domain (60 - 69% HRmax) is given a score of 2, 1 minute in the third intensity 93 domain (70 - 79% HRmax) is given a score of 3, 1 minute in the fourth intensity domain (80 94 -89% HRmax) is given a score of 4 and 1 minute in the fifth intensity domain ( $\geq$ 90 HRmax) 95 96 is given a score of 5. Distances and velocities were also quantified via Polar RS800CX global positioning satellite (GPS) systems (Polar Electro, Kempele, Finland), all training took place 97 outdoors and time of training differed depending on the coach's plan or environmental 98 99 conditions. Mean environmental conditions at the times of day the athletes trained over the 42d period were  $28.2 \pm 2.8$  °C and  $43.0 \pm 11.4$  %. 100

101

## 102 Statistical analysis

103

The alpha level of 0.05 was set prior to data analysis. Statistical analyses were conducted using SPSS Statistics version 20 (IBM, Chicago, IL). Pearson's correlation (r) analysis evaluated relationships between the Tsk and ratings of muscle soreness. Typical error (TE) for the measurement of the Tsk of all ROIs were calculated using pilot data collected over 7 d prior to the observational period (mean TE of all regions for both athletes = 0.5°C). Student's *t*-tests for paired samples assessed any asymmetries between the right and left legs.

- 111 **RESULTS**
- 112

113 Details of training performed over the 42-d observational period are presented in Table 1. No 114 asymmetries between right and left limbs were observed for any ROIs. It was deemed 115 appropriate to use mean data (right and left limb) for further analysis.

- 116117 *Table 1 about here*
- 118

Tsk of all ROIs changed outside the TE over the 42-d observational period. Mean Tsk of all
ROIs were reported outside the TE on 31-d and 22-d for athletes 1 and 2 respectively. These
changes in Tsk did not follow similar trends to training loadings nor correlate with subjective
rating of muscle soreness (Figure 2).

- 123
- 124 Figure 2 about here

#### 125 126 DISCUSSION

127

128 This case study presented changes in Tsk of the lower limbs in response to longitudinal training 129 in 2 junior middle distance athletes. Mean Tsk of the regions of interest were reported outside

in 2 junior middle-distance athletes. Mean Tsk of the regions of interest were reported outside

the TE on numerous occasions, this indicates that Tsk of the trained musculature appears to be
affected by the training stimulus, although these changes did not follow a similar trend to
training load quantified by the Edwards approach. Furthermore, no significant relationships
were observed between subjective ratings of muscle soreness and Tsk of any ROIs.

134

It is possible that the lack of relationships between muscle soreness and Tsk are attributable to 135 the manner in which soreness data were collected. Soreness data were collected as part of 136 holistic well-being questionnaire with the single soreness metric incorporating all muscle 137 groups. The soreness measure employed provided a measure of general muscle soreness rather 138 than a specific descriptor of which muscle groups were experiencing soreness. It is likely that 139 this measure was not sensitive enough to detect subtle changes in soreness of the individual 140 trained musculature. Previous work has reported relationships between Tsk and DOMS<sup>8</sup>. 141 142 Unlike the present study participants were asked about muscle soreness in the muscle group trained (this being the biceps brachii), this was also the muscle from which Tsk was recorded. 143 It is advisable to assess perceived soreness in the same ROIs as the IRT measurements to assess 144 how specific body parts are affected by training. Additionally, here training load was quantified 145 146 via cardiovascular rather than mechanical strain. It is reasonable to suggest that if training load was reflective of muscular or mechanical strain relationships between Tsk and load may have 147 been observed. 148

149

Athletes trained in the AM, PM or both. As recordings were conducted each morning prior to 150 any training (0630 h - 0830 h) if on the previous day only an AM session was performed there 151 was a ~21.5 h period between the cessation of training and the thermogram being taken. If a 152 PM session was performed there was a ~15.5 h between the cessation of training and the 153 thermogram being recorded. Much of the previous work pertaining to IRT in exercise 154 paradigms has investigated the acute effects of various exercise modalities on the Tsk response. 155 Furthermore, this is the only study to track changes in Tsk in response to training over a 156 longitudinal period. 157

158

#### **159 PRACTICAL APPLICATIONS**

160

Data presented here do not support the application of IRT as a monitoring tool in junior middledistance athletes.

163

## 164 CONCLUSIONS

165

This case study analysed Tsk assessed via IRT in response to longitudinal and real world training that is conducted in athletic populations. It is possible that in laboratories IRT can provide a useable measure to quantify the effects of training loads on Tsk and muscle loading. Further, and larger scale work is needed to analyse the application of IRT in athletic paradigms.

#### 170 **REFERENCES**

- Steketee J. Spectral emissivity of skin and pericardium. *Phys Med Biol.* 1973;18(5):686-694. doi:10.1088/0031-9155/18/5/307
- Fonseca BPA, Alves ALG, Nicoletti JLM, Thomassian A, Hussni CA, Mikail S.
   Thermography and ultrasonography in back pain diagnosis of equine athletes. *J Equine Vet Sci.* 2006;26(11):507-516. doi:10.1016/j.jevs.2006.09.007
- Ring EFJ, Ammer K. Infrared thermal imaging in medicine. *Physiol Meas*.
   2012;33:R33-R46. doi:10.1088/0967-3334/33/3/R33
- Roy R, Boucher JP, Comtois AS. Validity of infrared thermal measurements of segmental paraspinal skin surface temperature. *J Manipulative Physiol Ther*.
   2006;29(2):150-155. doi:10.1016/j.jmpt.2005.12.004
- 181 5. Chudecka M, Lubkowska A. The use of thermal imaging to evaluate body temperature changes of athletes during training and a study on the impact of physiological and morphological factors on skin temperature. *Hum Mov.* 2012;13(1):33-39.
  184 doi:10.2478/v10038-012-0002-9
- Fernández-Cuevas I, Sillero-Quintana M, García-Concepción MÁ, Serrano JR,
   Carmona PMG, Marins JCB. Monitoring skin thermal response to training with
   Infrared Thermography. *New Stud Athl.* 2014;29(1):57-71.
- 188 https://www.researchgate.net/publication/264810651\_Monitoring\_skin\_thermal\_respo 189 nse\_to\_training\_with\_Infrared\_Thermography.
- Marins JC., Fernández-Cuevas I, Ribot-Serroro J, García-Concepción MÁ, Gomez Carmona P, Sillero-Quintana M. Thermal Response of the Skin Temperature on Muscle and Joint Body Areas After Strength Training by Infrared Thermography. *Thermol Int*. 2012;22(3):119-120.
- Neves E., Vilaca-Alves J, Moreira T., De Lemos RJC., Reis VM. The thermal response of biceps brachii to strength training. *Gazz Med Ital*. 2016;175(10):391-399.
- 9. Sands W, McNeal J, Stone M. Thermal imaging and gymnastics injuries: a means of screening and injury identification. *Sci Gymnast J*. 2011;3(2):5-12.
- 198 10. Edwards S. The Heart Rate Monitor Book. Sacramento, CA: Fleet Feet Press; 1993.
- 199
- 200

#### 201 ACKNOWLEDGEMENTS

202

The authors wish to acknowledge all other Aspire Academy staff who contributed to data collection as part of the daily support to the athletes. The authors would like also to thank the coaches Abdi Bile and Mustafa Mohammed who coached the middle-distance program at Aspire Academy and were fully engaged in the training monitoring and testing activities. This study was part of the sports science service delivery to Aspire Academy athletes and the authors did not receive any funding sources.

## 210 CONFLICT OF INTEREST

- 211
- 212 Authors have no conflict of interest to declare.

#### FIGURE LEGENDS

Figure 1. Thermogram and regions of interest.

**Figure 2.** Edwards training load (Athlete 1 Panel A; Athlete 2 Panel B), muscle soreness (Athlete 1 Panel C; Athlete 2 Panel D) and mean skin temperature of all regions of interest. Shaded grey area represents the mean typical error of the skin temperature measurements.

#### **TABLES**

|                            | Sum       |           | Average per session                                   |   |
|----------------------------|-----------|-----------|---|---|
|                            | Athlete 1 | Athlete 2 | Athlete 1   | Athlete 2   |
| Training time<br>(h:mm:ss) | 36:33:48  | 32:42:49  | $\begin{array}{c} 0:52:14 \pm \\ 0:24:14 \end{array}$ | $\begin{array}{c} 0:\!45\!:\!18\pm\\ 0:\!35\!:\!08 \end{array}$ |
| Distance covered (km)      | 382.2     | 351.5     | $10.2 \pm 2.3$  | 8.3 ± 2.5   |
| Edwards TRIMP (AU)         | 6532      | 5901      | $165 \pm 41$  | $139\pm48$  |

**Table 1.** Summary of middle-distance training performed over the 42-d observational period. Data are reported as athlete total and mean  $\pm$  SD per athlete.

AU = arbitrary units, Edwards TRIMP = Edwards training impulse, Training time = time in session spent above 50% max heart ra