



31<sup>st</sup> Annual CCSU Sports Medicine Symposium

# Turning Negatives Into Positives: A New Approach to Eccentric Training

# Disclosure & Conflict of Interest

- The presenter has no conflicts of interest or financial relationships to disclose.

# Eccentric Exercise

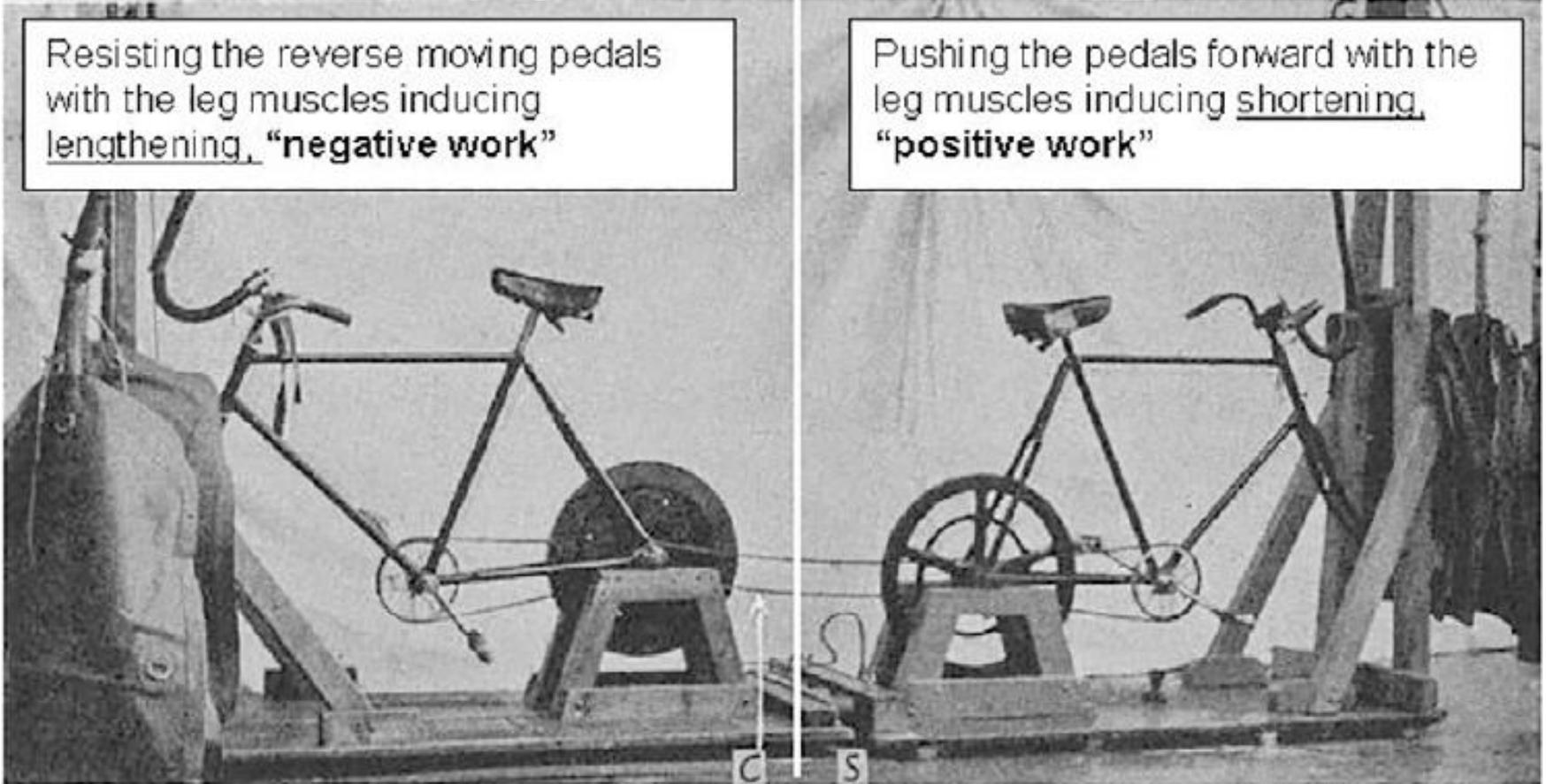
- Historical perspective
- Eccentric muscle mechanics
- Fallacies vs. Facts
  - Injury/Damage vs. Rehab/Benefits
- Safety, Feasibility & Application
  - Contribution to Injury, Prevention, Rehabilitation & Sport Performance



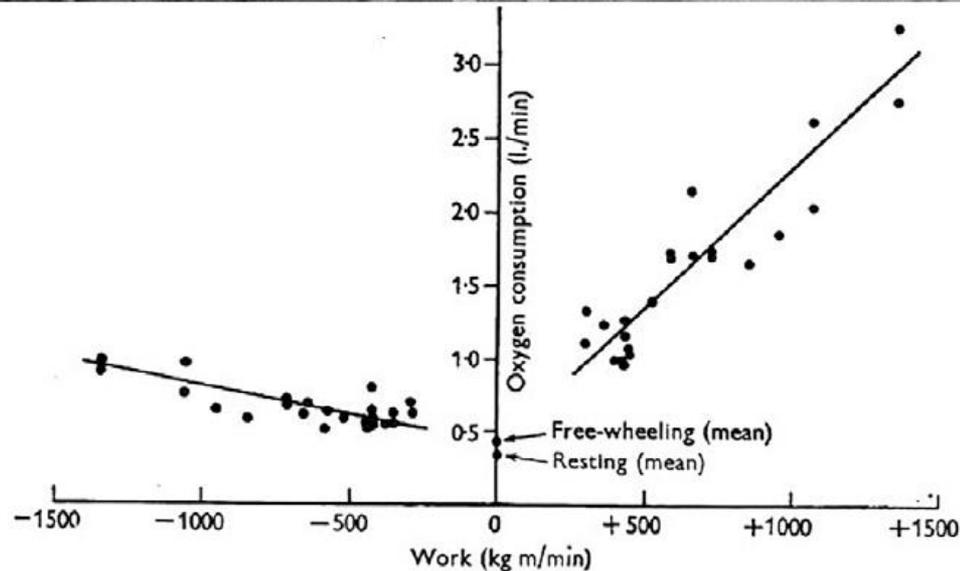
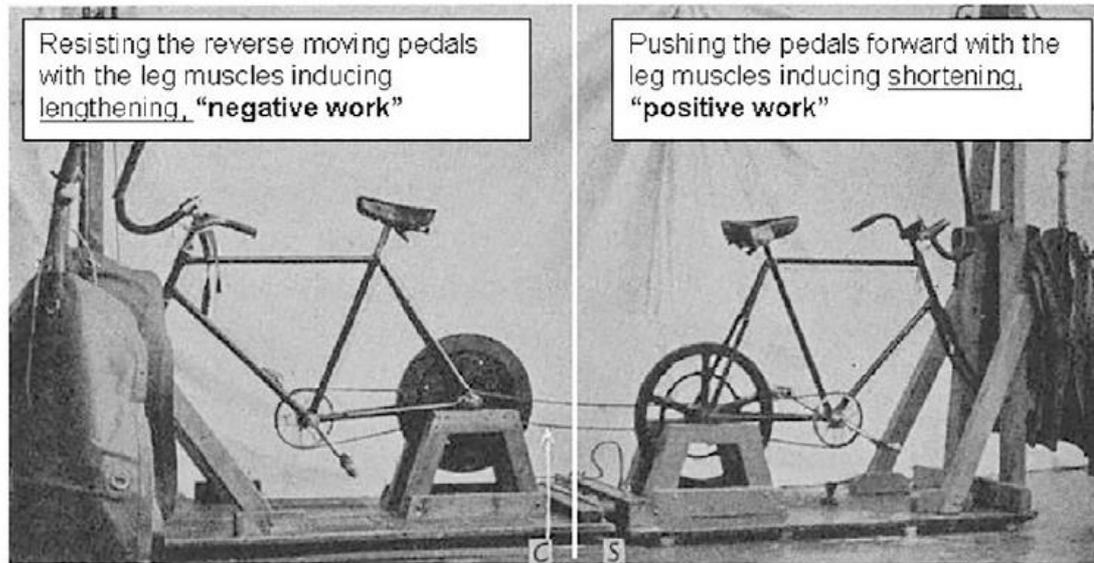
# Push Me, Pull You

Resisting the reverse moving pedals with the leg muscles inducing lengthening, “**negative work**”

Pushing the pedals forward with the leg muscles inducing shortening, “**positive work**”

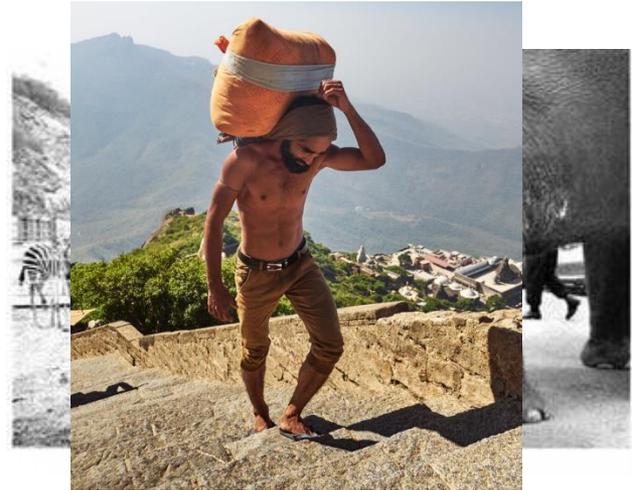


# Two Bikes, One Chain – Abbott, Bigland & Ritchie (1952)



# What is the COST of WORK?

- Energy cost of doing work
  - Fenn Effect (1924)
  - Energy required for force production is increased when muscles shorten
  
- Negative Fenn Effect
- Energy liberated is reduced when muscle is stretched while contracting



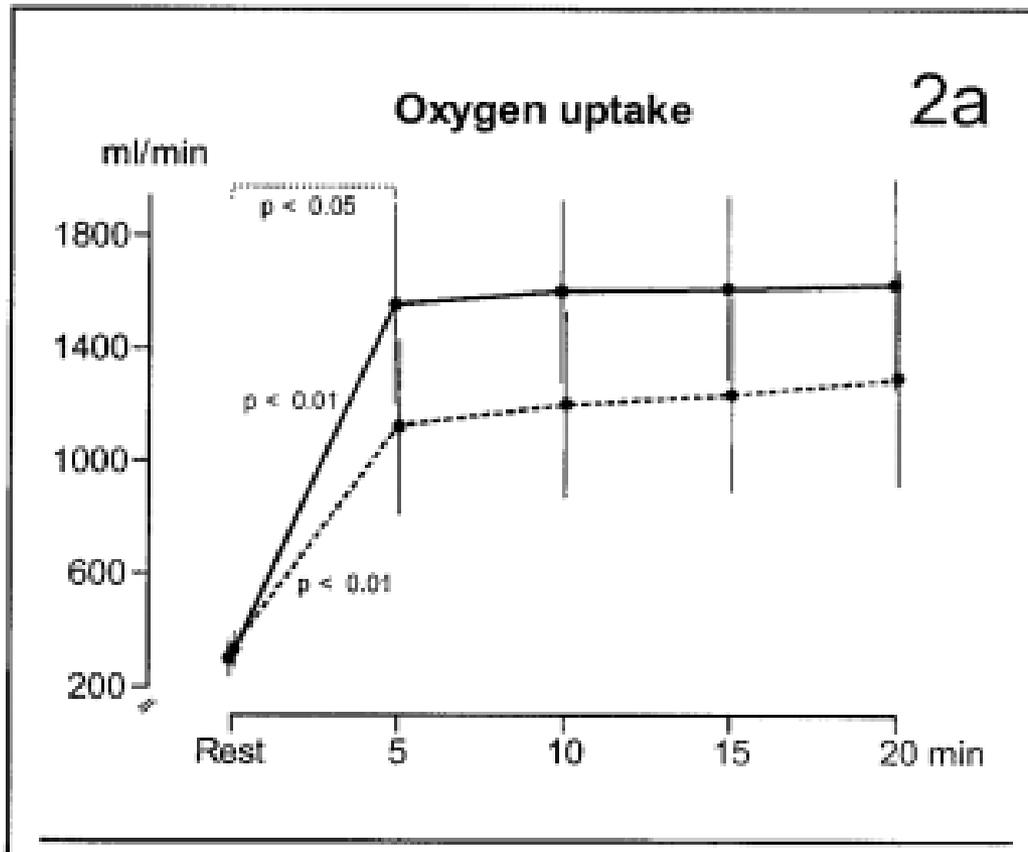
Positive Work



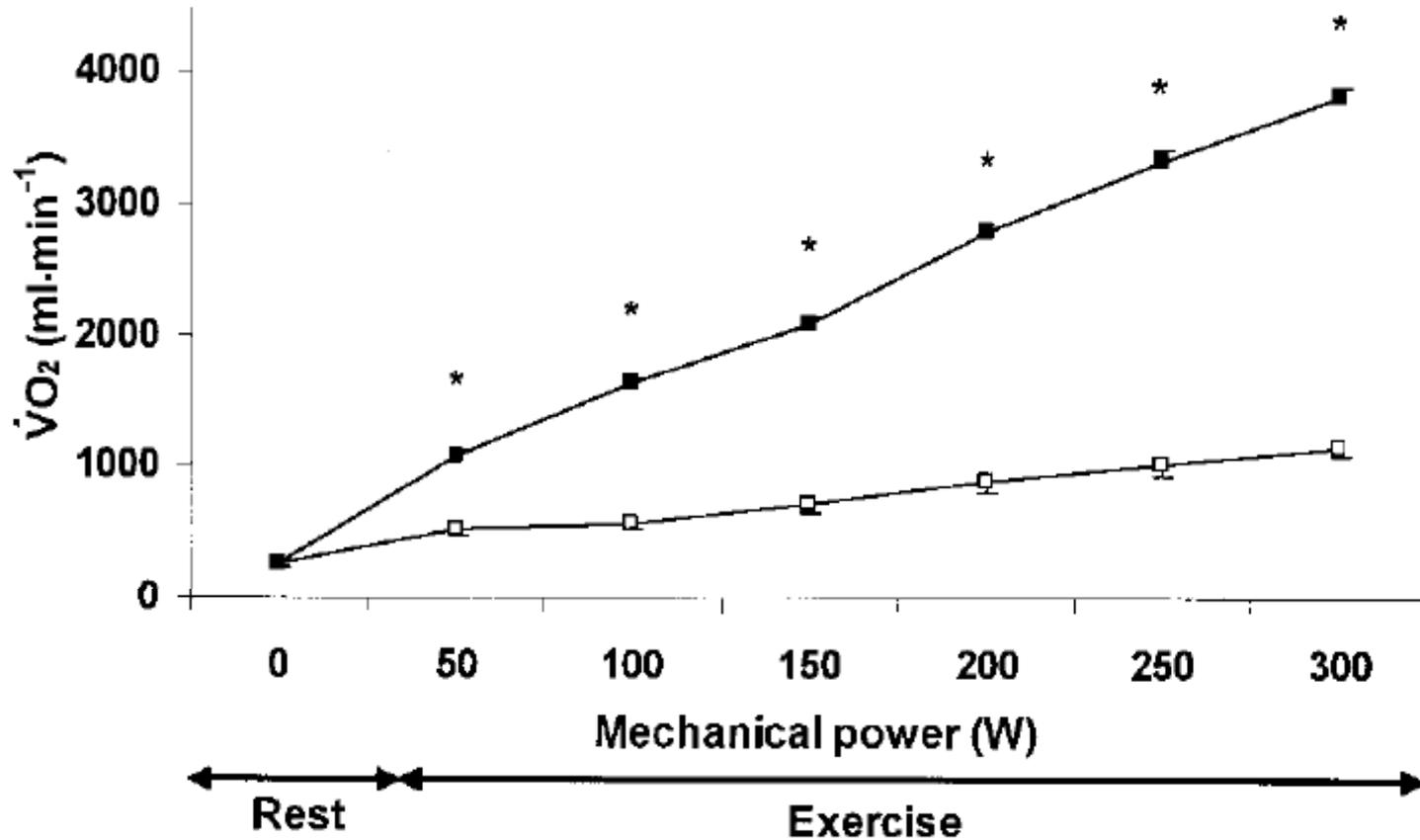
Negative Work

# Why would Con exercise elicit a greater RPE than Ecc exercise?

- Metabolic Cost

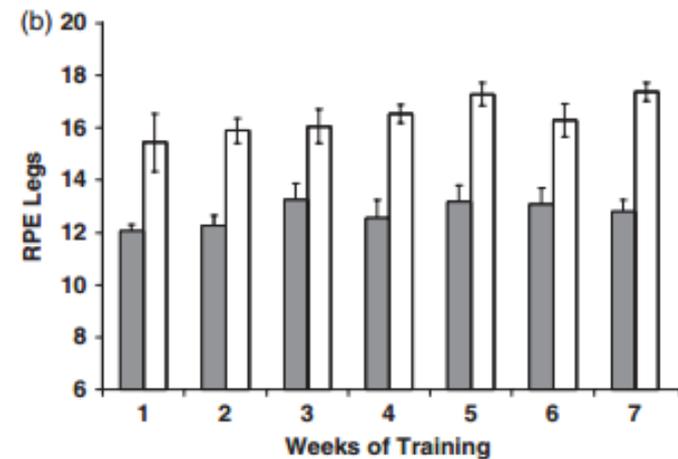
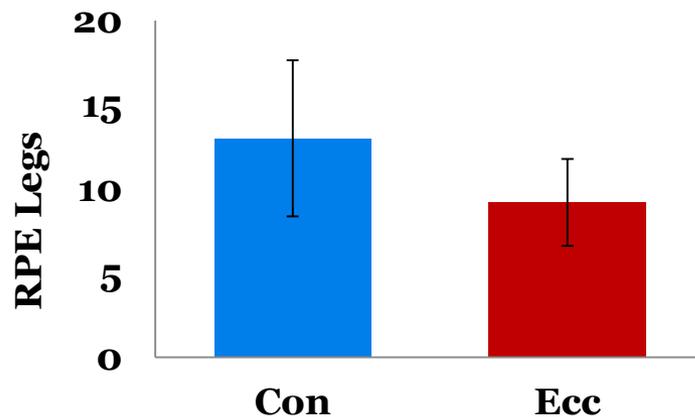


# Lower Metabolic Demand for Ecc Ex



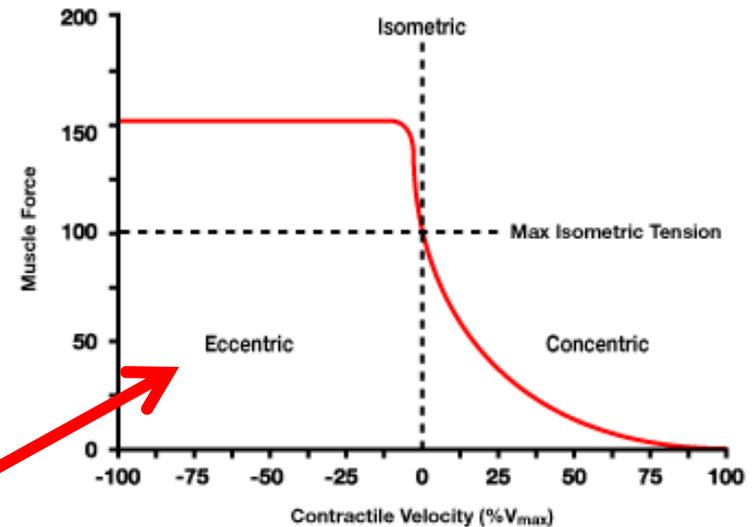
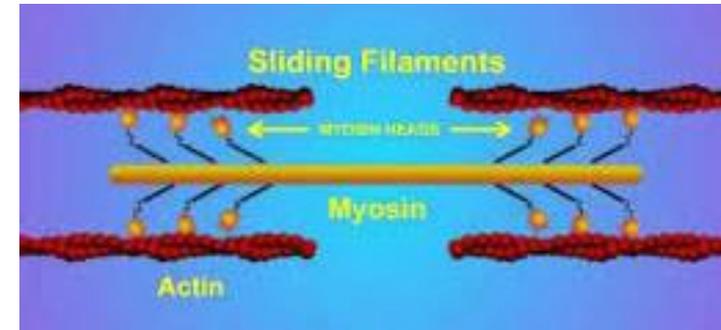
# Responses to Con vs. Ecc Exercise

- Rating of Perceived Exertion



# Actin-Myosin Bonds???

- Chemical reactions that consume ATP are not simply reversed during lengthening contractions
- Speculation that actin-myosin bonds are disrupted mechanically
- Thomas McMahon (1995)



Muscle Force-Velocity Curve

# Two Defining Properties!!!

- Force production is uniquely high
- Energy cost to produce force is uniquely low



# Fallacies vs. Facts of Eccentric Muscle Contraction

- Injury/Damage vs. Rehab/Benefits
  - 1000 vs. 50 citations
  - Delay Onset of Muscle Soreness
  - No Pain, No Gain???

# Eccentric Training - CAUTION!!!

- Rhabdomyolysis
  - Condition in which damaged skeletal muscle (myoglobin) breaks down.
  - Myoglobin released into the bloodstream
  - Kidney failure
  - Symptoms
    - Muscle pain
    - Vomiting
    - Confusion



# No Pain, No Gain?

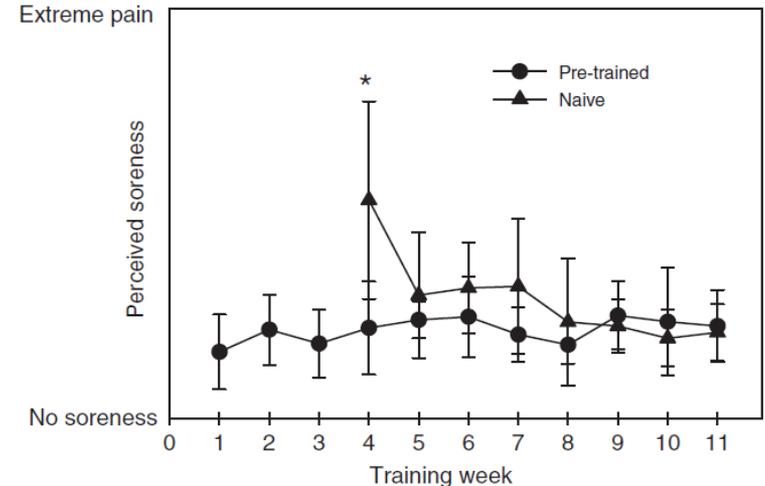
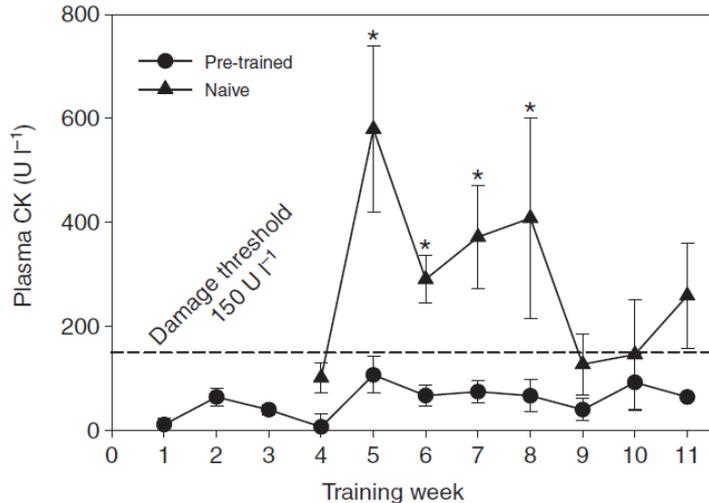
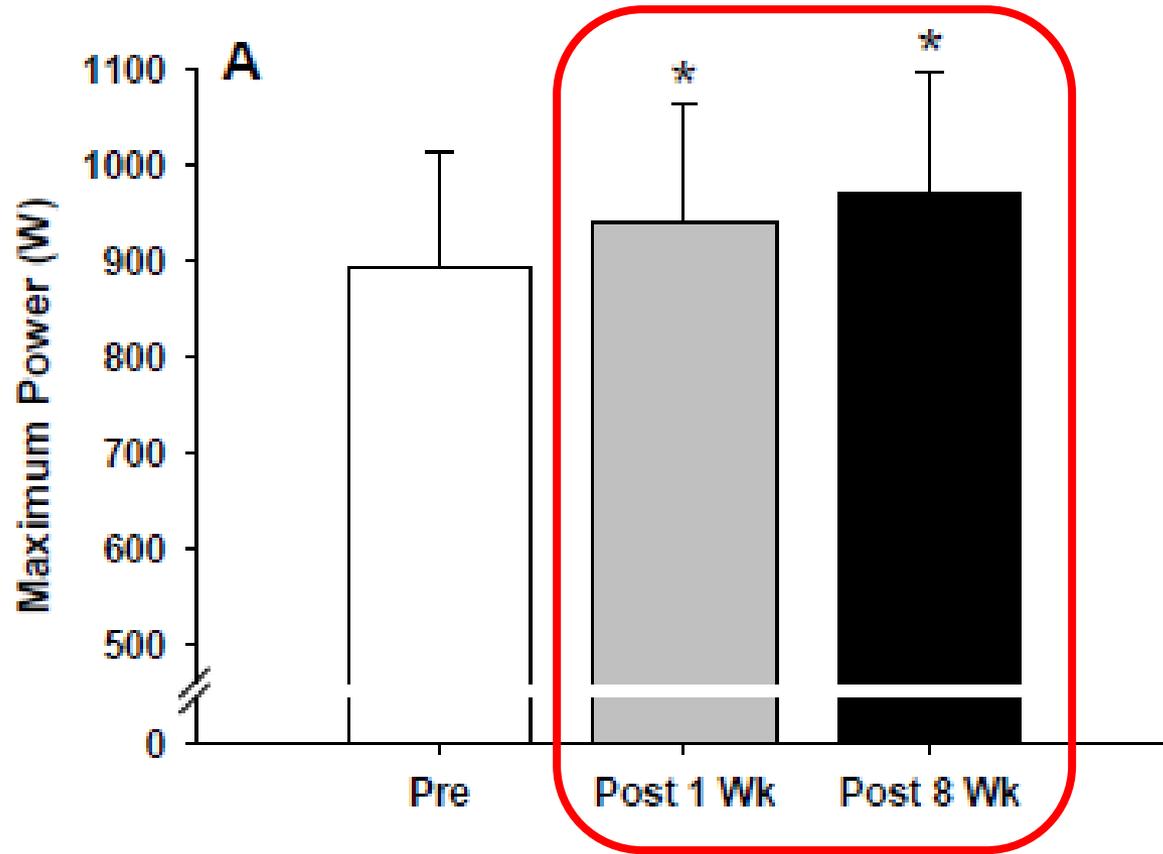


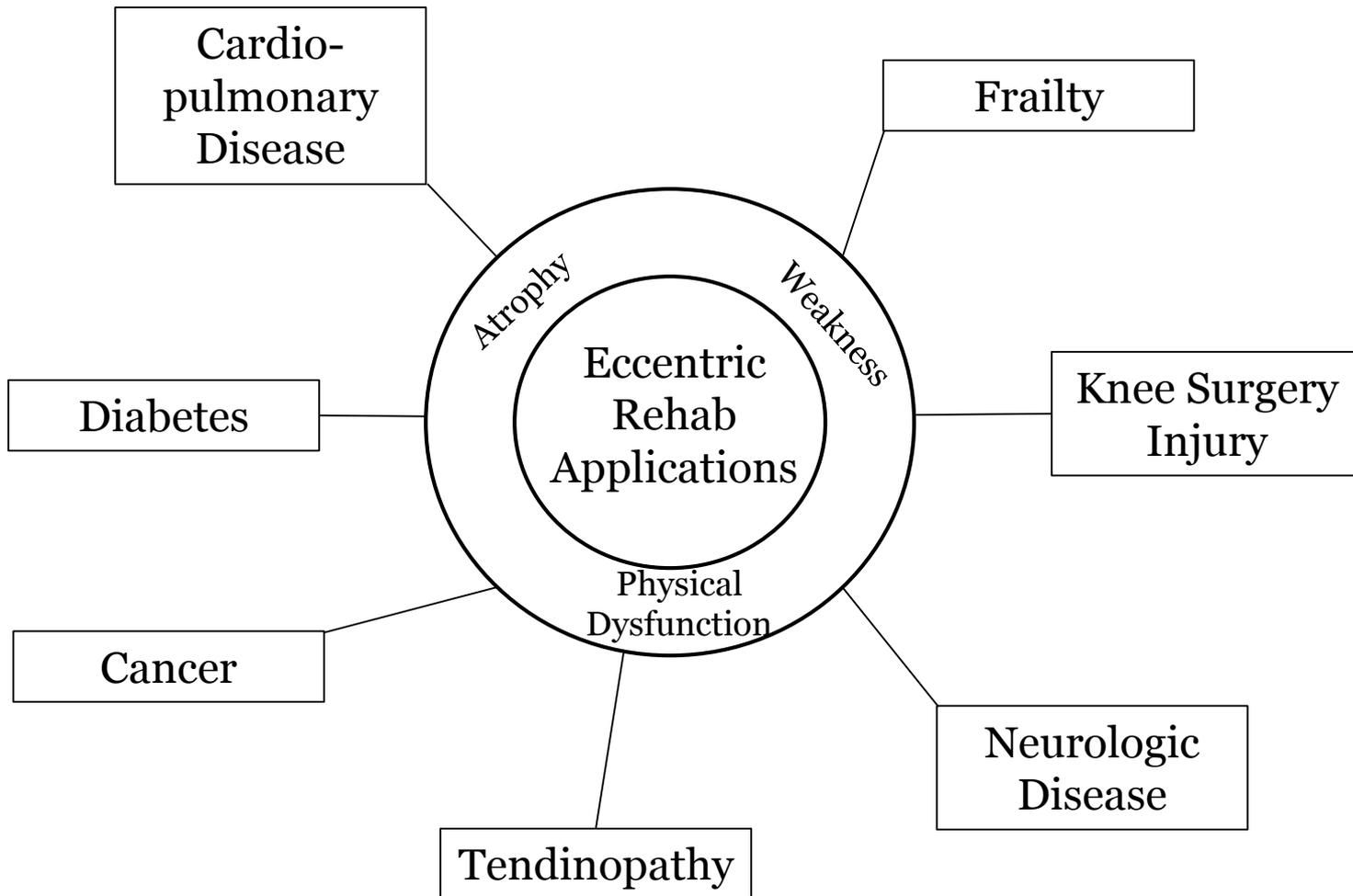
Table 2. Quadriceps muscle volume and isometric strength

	Pre-trained group (PT)			Naive group (NA)		
	Pre-training	Post-training	%Δ	Pre-training	Post-training	%Δ
Quadriceps volume (cm <sup>3</sup> )	1651±145	1751±141	6.5*	1906±175	2041±176	7.5*
Quadriceps strength (N)	104.5±64.5	130.5±28.5	24.8*	108.4±81	136.4±118.6	25.8*

Mean values ( $N=14$ ,  $\pm$ s.e.m.) of the PT and NA groups before and after the 12-week resistance training. \*Significant difference ( $P<0.05$ ) was seen within the groups for pre- and post-cross volume values as well as pre- and post-strength results. No statistical difference ( $P>0.05$ ), however, was present between the NA and PT groups for either muscle volume or strength.



# Safety & Feasibility in Rehab



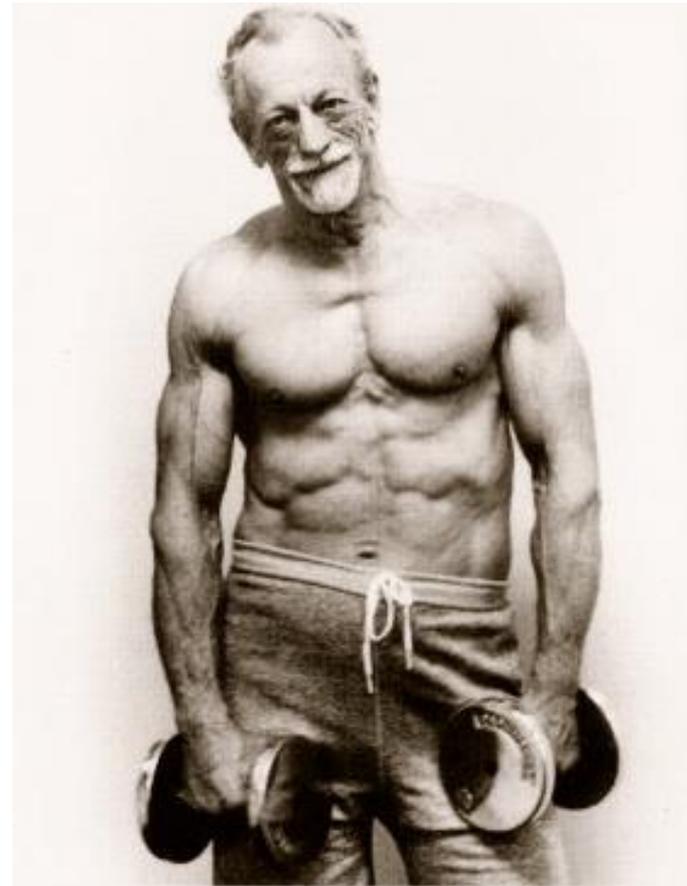
# Improvements in Muscular & Multi-Joint Function

- Muscle Size
- Muscular Function
- Mobility

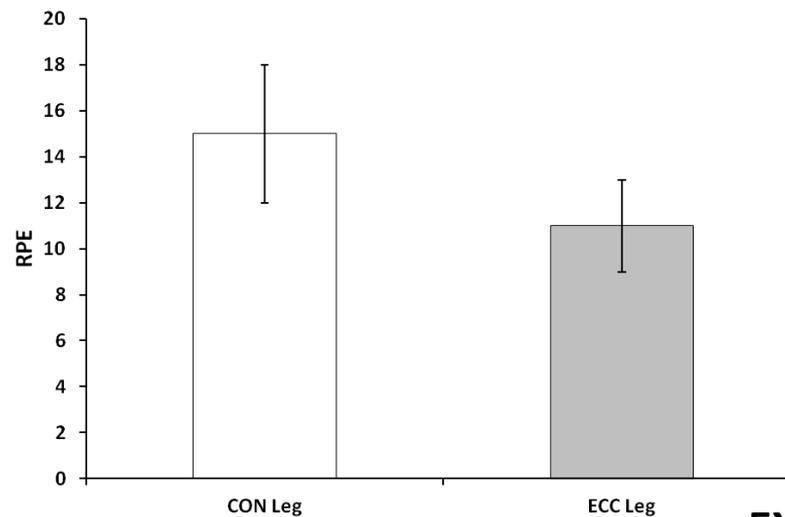
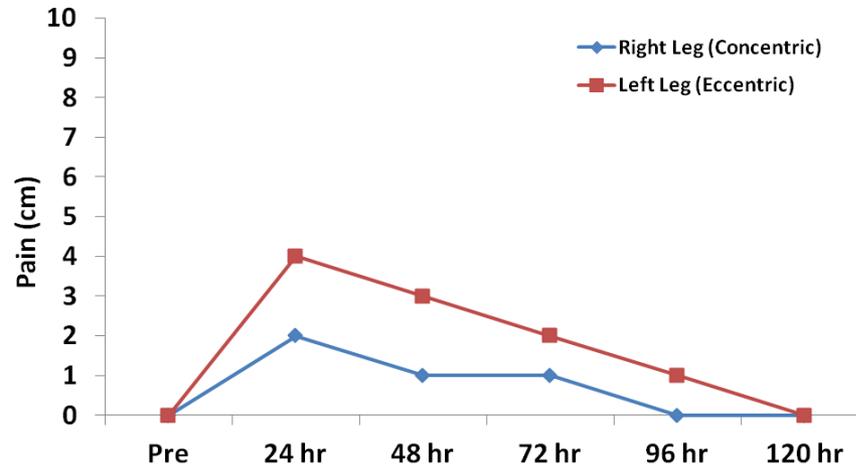


# Application of Eccentric Training

- Progression
- Mode

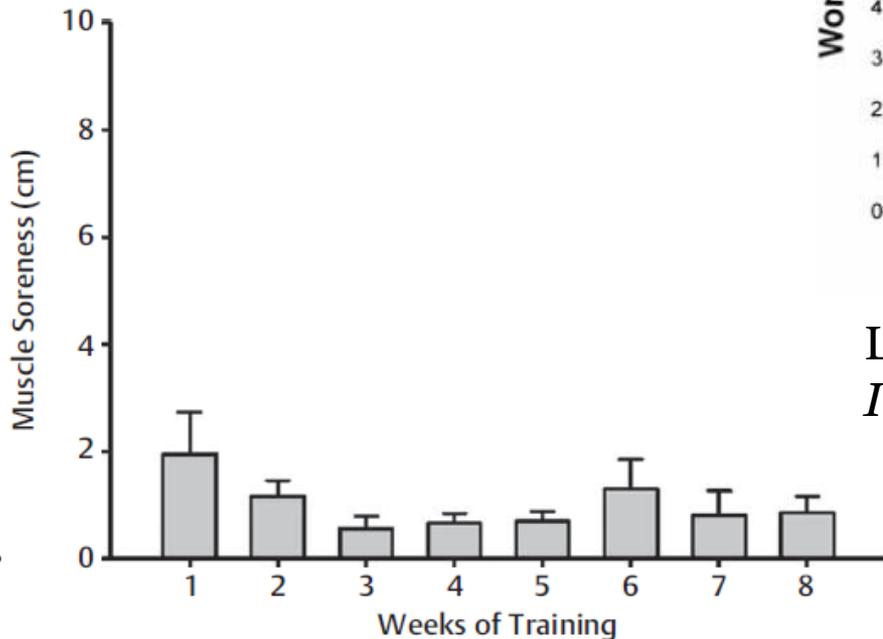


# Acute Responses to Ecc Exercise

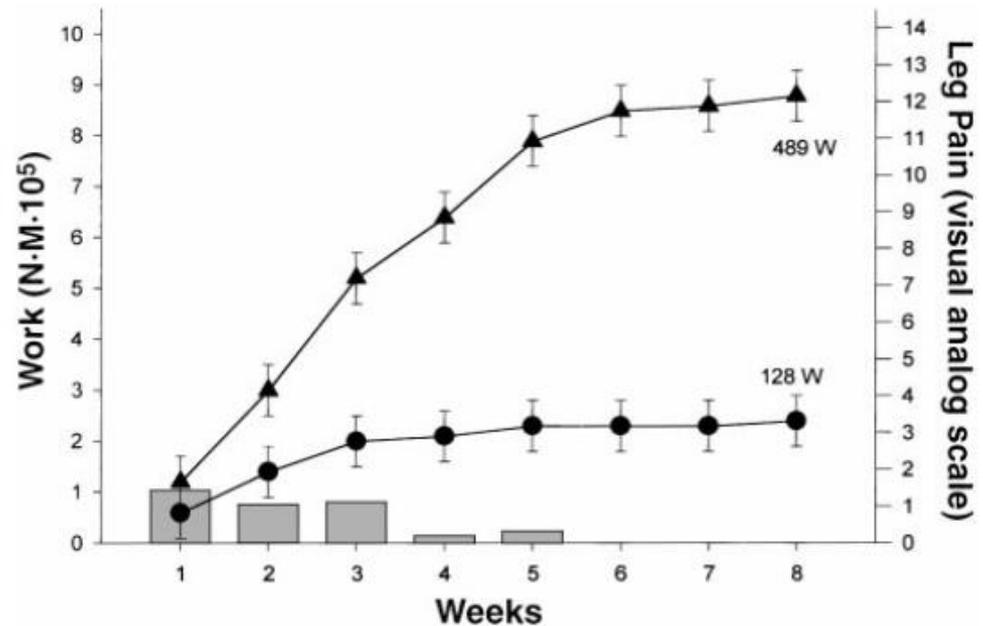


# Responses to Chronic Eccentric Training

- Muscle Soreness



Leong et al. (2013) *IJSM*



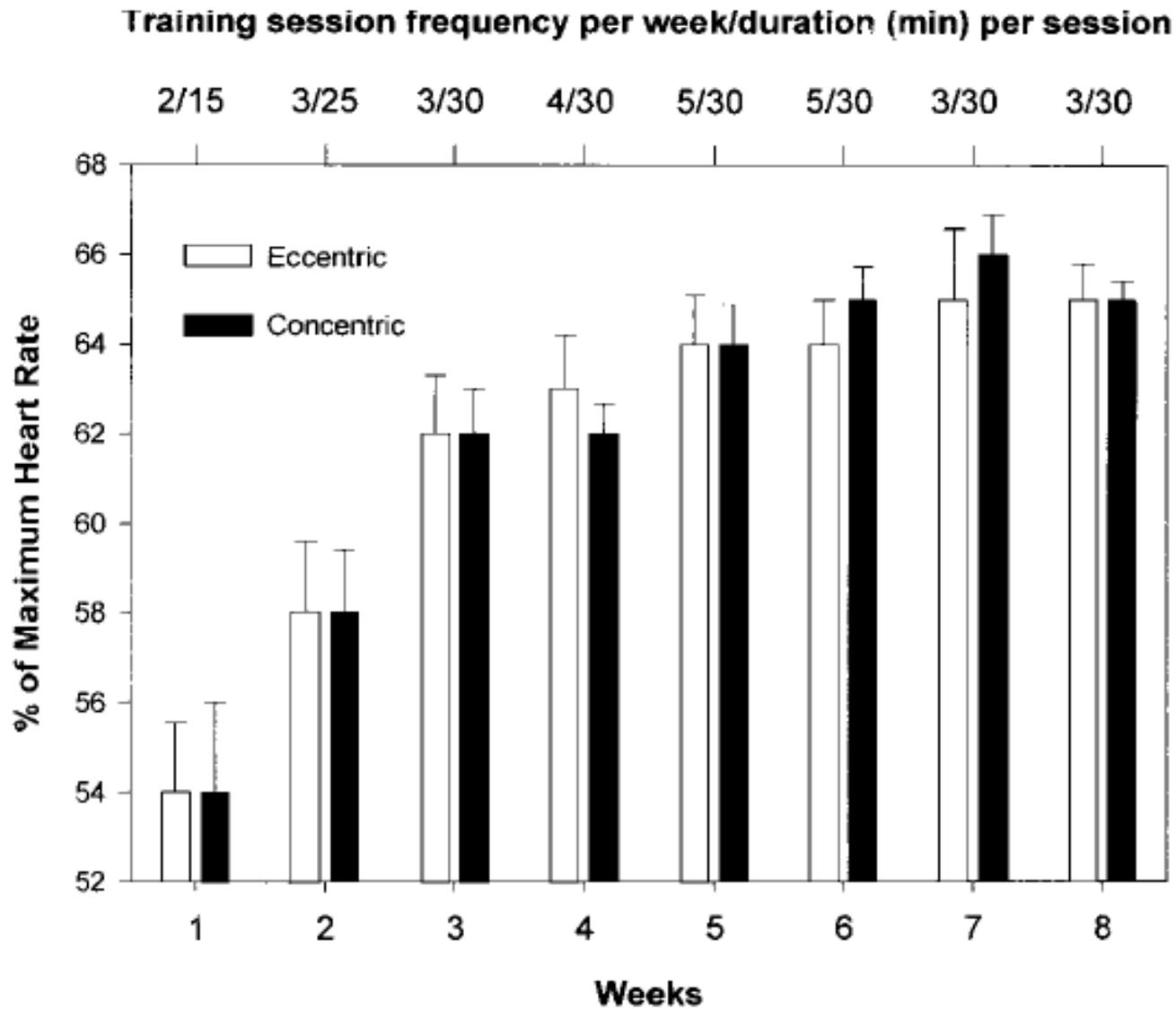
LaStayo et al. (2000) *Am J Physiol Regul Integr Comp Physiol*

Table 2. Progression of eccentric cycling training intensity and duration.

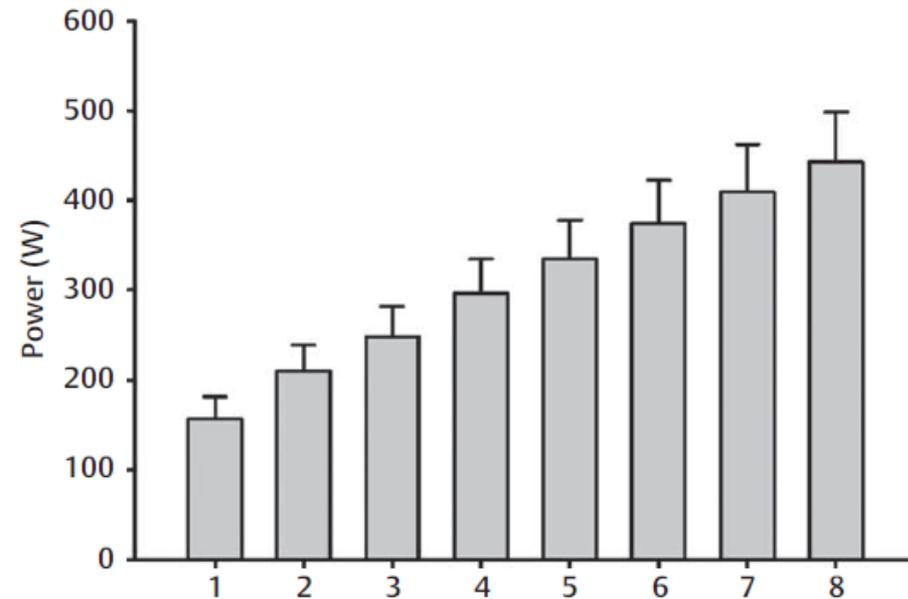
Note that all training was performed at 60 rpm.

Weeks of Training	% Baseline $P_{\max}$	Duration (min)
1	20	5
2	25	6
3	30	7
4	35	8
5	40	9
6	45	9.5
7	50	10
8	55	10.5

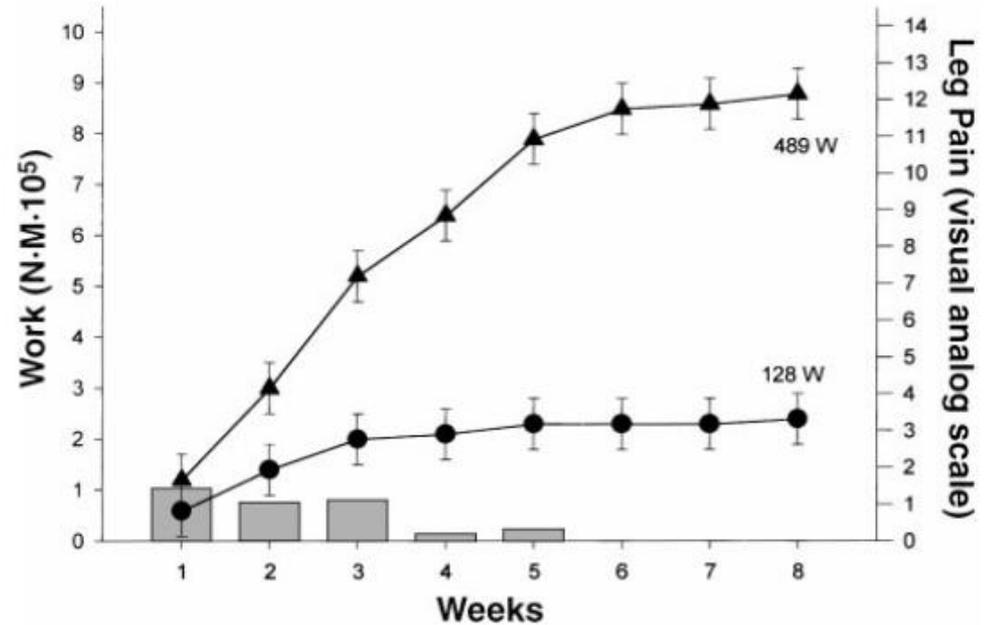
$P_{\max}$ : Maximum concentric cycling power.



# Eccentric Training Intensity



Leong et al. (2013) *IJSM*



LaStayo et al. (2000) *Am J Physiol Regul Integr Comp Physiol*

# No Pain, No Gain?

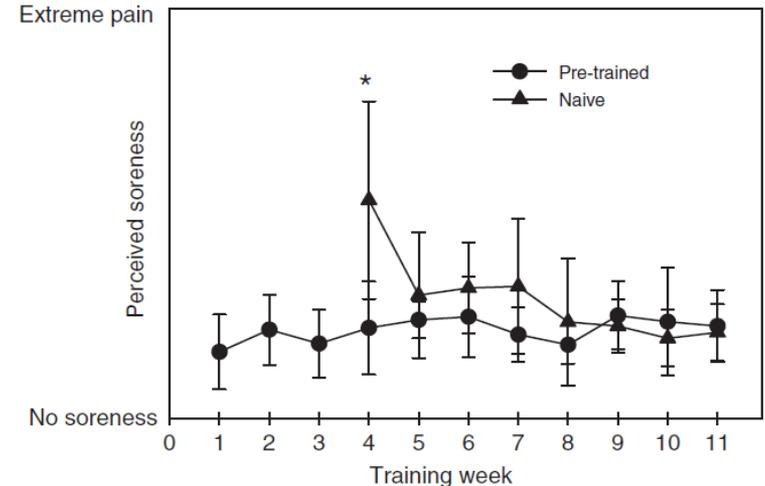
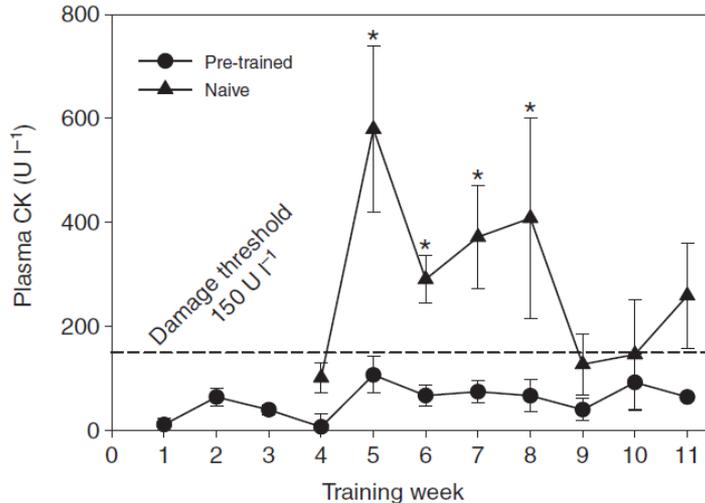


Table 2. Quadriceps muscle volume and isometric strength

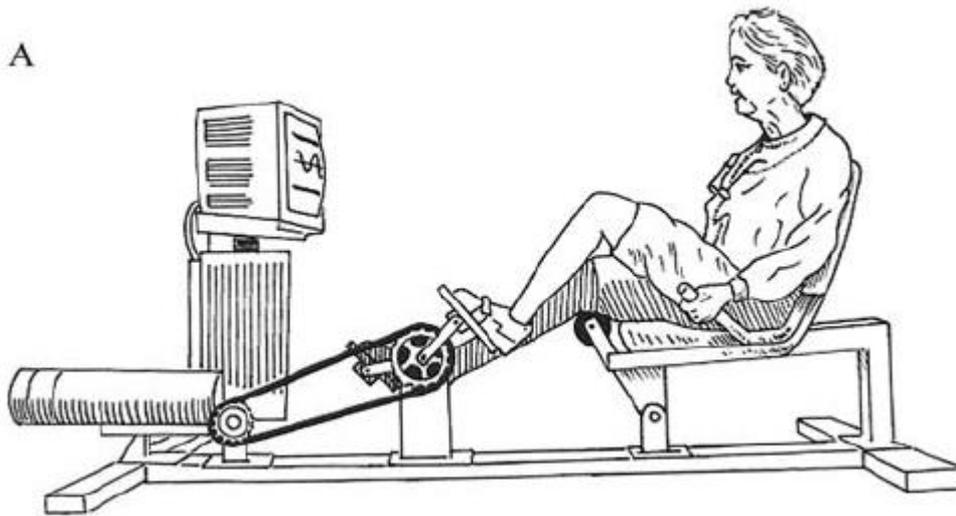
	Pre-trained group (PT)			Naive group (NA)		
	Pre-training	Post-training	%Δ	Pre-training	Post-training	%Δ
Quadriceps volume (cm <sup>3</sup> )	1651±145	1751±141	6.5*	1906±175	2041±176	7.5*
Quadriceps strength (N)	104.5±64.5	130.5±28.5	24.8*	108.4±81	136.4±118.6	25.8*

Mean values ( $N=14$ ,  $\pm$ s.e.m.) of the PT and NA groups before and after the 12-week resistance training. \*Significant difference ( $P<0.05$ ) was seen within the groups for pre- and post-cross volume values as well as pre- and post-strength results. No statistical difference ( $P>0.05$ ), however, was present between the NA and PT groups for either muscle volume or strength.

# Eccentric Training

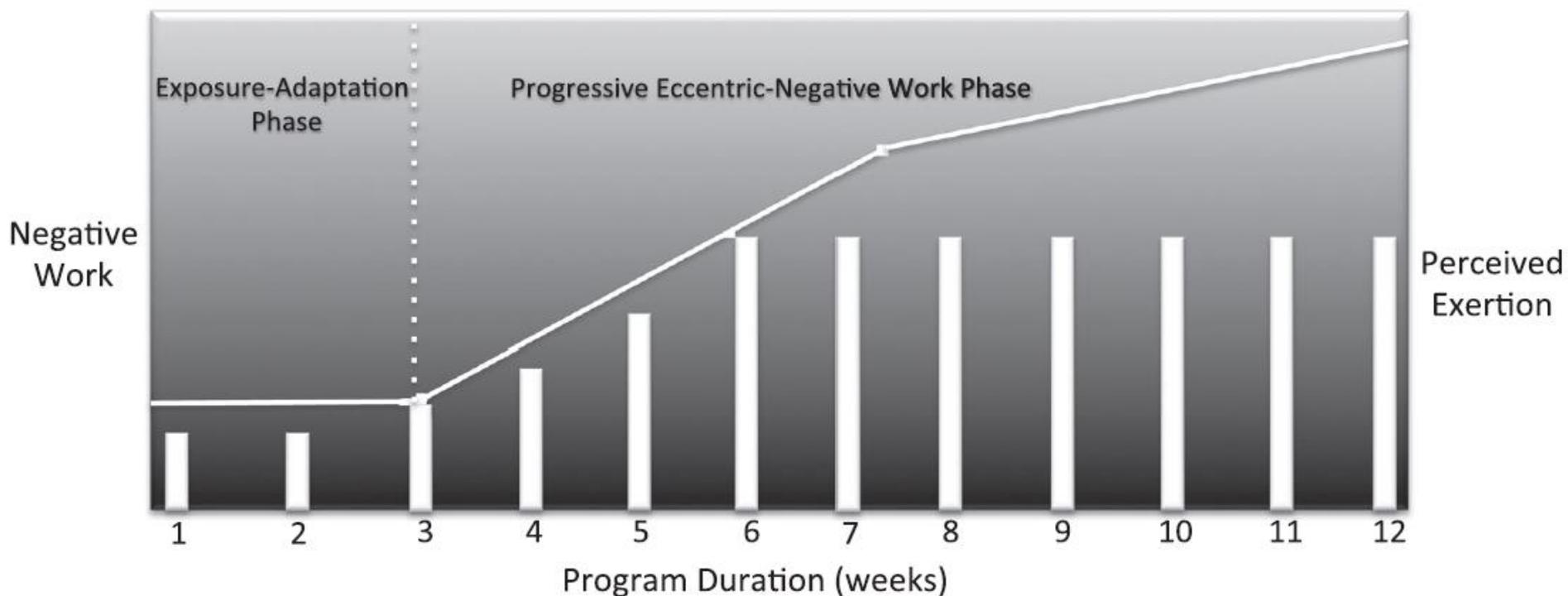
**Frail elderly adult patients, mean age of 80.2 years**

A



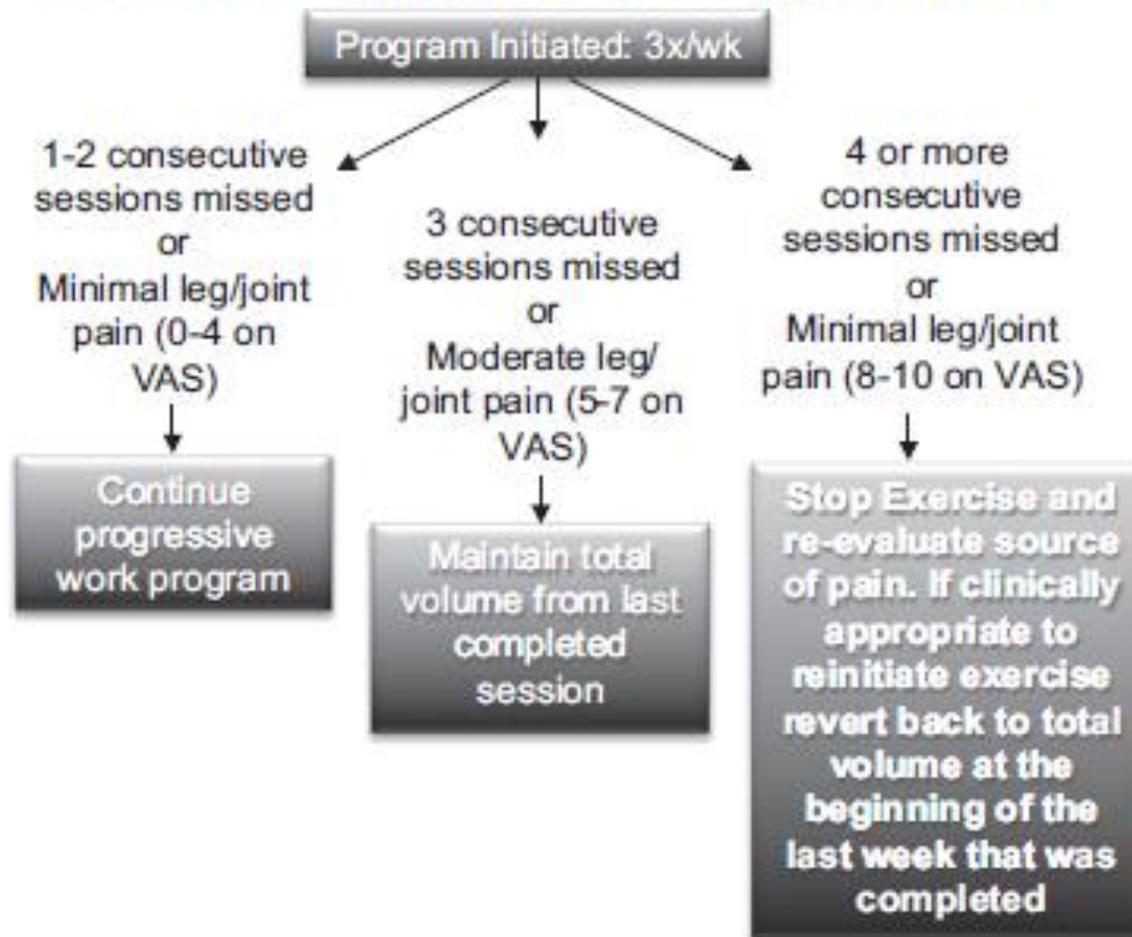
**“...maintained 216 W for 15 minutes, and the least frail maintained a workload in excess of 400 W for 20 minutes...”**

# 12 week Progression



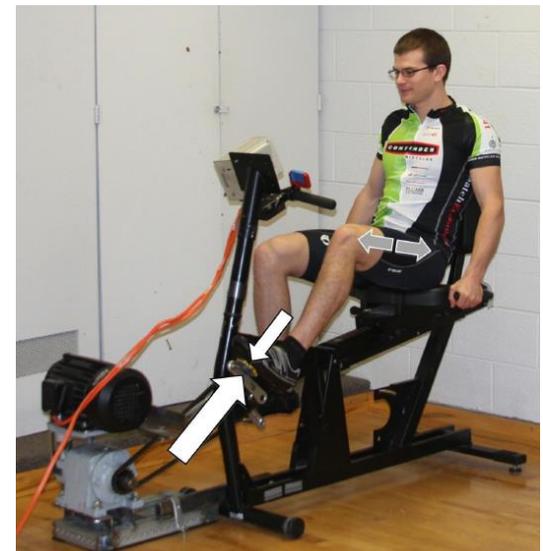
# Algorithm for temporary pain, adverse reactions & missed sessions

## Eccentric-Negative Work Progression



# How do we perform Ecc Training?

- Modes of Ecc Ex
  - Be Justin Bieber?
  - Agaton
  - Isokinetic Dynamometer
  - Eccentric Cycle Ergometer



# Eccentric Cycle Ergometer



# Eccentric cycling is a potent stimulus for improving muscular function in:

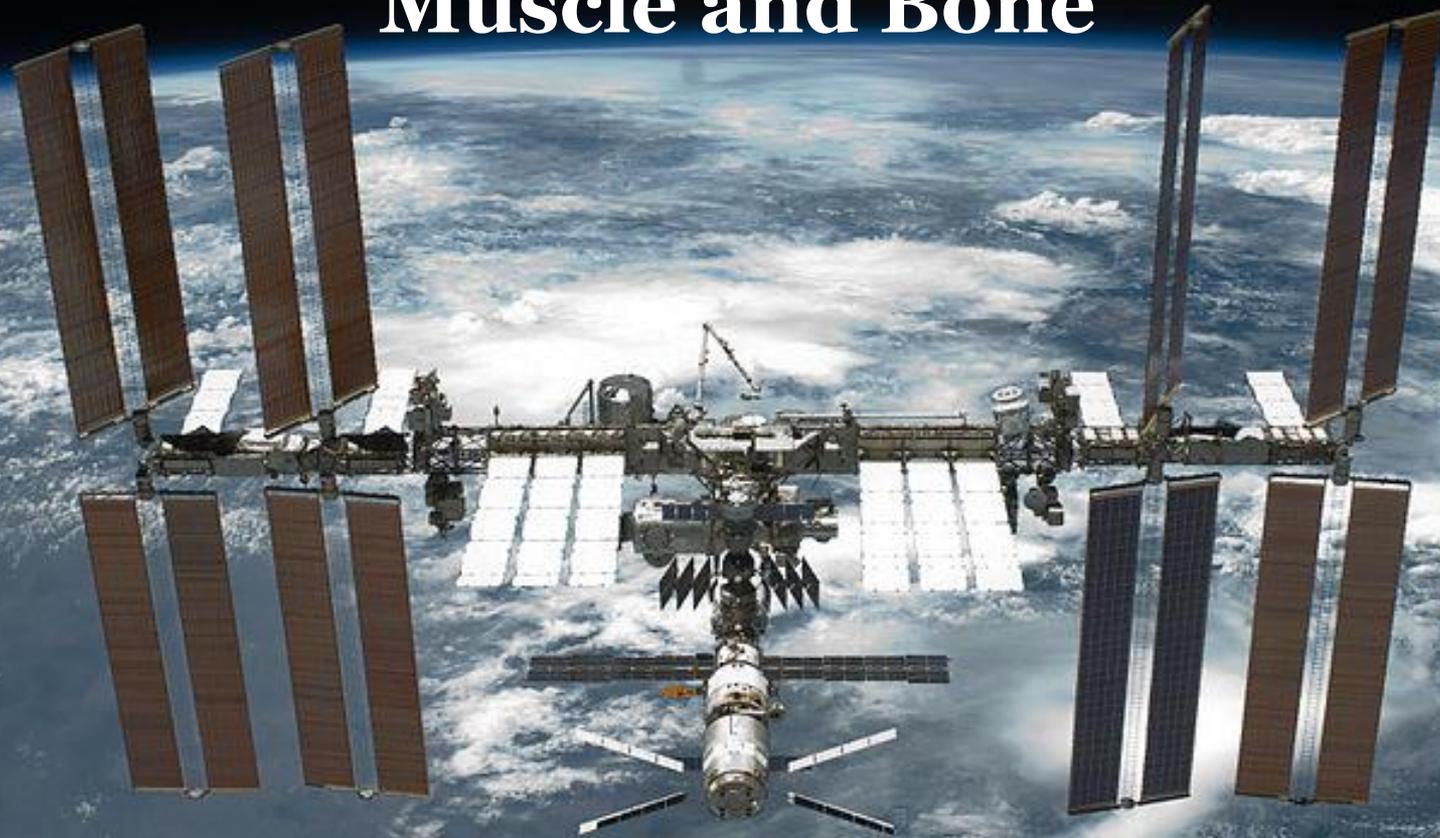
- ✓ Young healthy individuals
- ✓ Athletes
- ✓ Patients with tendinopathies
- ✓ Frail and elderly
- ✓ ACL patients
- ✓ Parkinson's disease patients
- ✓ Cancer survivors
- ✓ Total knee replacement patients

**???? Astronauts & Patients with low bone mass**



THE UNIVERSITY OF UTAH

# **Eccentric Exercise for Preservation of Muscle and Bone**



**Chee Hoi Leong, Ernie Rimer, and James C. Martin.**  
Neuromuscular Function Laboratory  
Department of Exercise & Sport Science  
College of Health

# Exposure to Microgravity

## Reduced Muscle Mass and Function & Reduced Bone Mineral Density



# Summary

- Intervention geared toward individuals with:
  - Low muscle mass reserves and quality
  - High mobility impairments
  - Dwindling self-independence
- Few countermeasures are superior to traditional resistance exercise
  - Hypertrophy and attenuate muscular decline
- Safety, Feasibility & Clinical Benefits of Eccentric Exercise becoming more apparent
- Further development of parameters to optimize:
  1. Intensity
  2. Duration
  3. Modes

# Thank You!!!



# References

- Abbott, B. C., Brenda Bigland, and J. M. Ritchie. "The Physiological Cost of Negative Work." *The Journal of Physiology* 117, no. 3 (July 28, 1952): 380–90. doi:10.1113/jphysiol.1952.sp004755.
- Andres, Brett M., and George A. C. Murrell. "Treatment of Tendinopathy: What Works, What Does Not, and What Is on the Horizon." *Clinical Orthopaedics and Related Research* 466, no. 7 (July 2008): 1539–54. doi:10.1007/s11999-008-0260-1.
- Dufour, S. P., E. Lampert, S. Doutreleau, E. Lonsdorfer-Wolf, V. L. Billat, F. Piquard, and R. Richard. "Eccentric Cycle Exercise: Training Application of Specific Circulatory Adjustments." *Med Sci Sports Exerc* 36, no. 11 (2004): 1900–1906.
- Elmer, S. J., S. Hahn, P. McAllister, C. Leong, and J. C. Martin. "Improvements in Multi-Joint Leg Function Following Chronic Eccentric Exercise." *Scand J Med Sci Sports* 22, no. 5 (2012): 653–61.
- Elmer, S. J., and P. C. LaStayo. "Revisiting the Positive Aspects of Negative Work." *Journal of Experimental Biology* 217, no. 14 (July 15, 2014): 2434–36. doi:10.1242/jeb.092247.
- Elmer, S. J., and J. C. Martin. "Construction of an Isokinetic Eccentric Cycle Ergometer for Research and Training." *J Appl Biomech*, 2012, [Epub ahead of print].
- Flann, K. L., P. C. LaStayo, D. A. McClain, M. Hazel, and S. L. Lindstedt. "Muscle Damage and Muscle Remodeling: No Pain, No Gain?" *J Exp Biol* 214, no. Pt 4 (2011): 674–79.
- Gerber, J. P., R. L. Marcus, L. E. Dibble, P. E. Greis, R. T. Burks, and P. C. Lastayo. "Safety, Feasibility, and Efficacy of Negative Work Exercise via Eccentric Muscle Activity Following Anterior Cruciate Ligament Reconstruction." *J Orthop Sports Phys Ther* 37, no. 1 (2007): 10–18.
- Gross, M., F. Luthy, J. Kroell, E. Muller, H. Hoppeler, and M. Vogt. "Effects of Eccentric Cycle Ergometry in Alpine Skiers." *Int J Sports Med* 31, no. 8 (2010): 572–76.
- LaStayo, P. C., G. A. Ewy, D. D. Pierotti, R. K. Johns, and S. Lindstedt. "The Positive Effects of Negative Work: Increased Muscle Strength and Decreased Fall Risk in a Frail Elderly Population." *J Gerontol A Biol Sci Med Sci* 58, no. 5 (2003): M419–24.
- Lastayo, P. C., S. Larsen, S. Smith, L. Dibble, and R. Marcus. "The Feasibility and Efficacy of Eccentric Exercise with Older Cancer Survivors: A Preliminary Study." *J Geriatr Phys Ther* 33, no. 3 (2010): 135–40.
- LaStayo, P. C., D. J. Pierotti, J. Pifer, H. Hoppeler, and S. L. Lindstedt. "Eccentric Ergometry: Increases in Locomotor Muscle Size and Strength at Low Training Intensities." *Am J Physiol* 278, no. 5 (2000): R1282–88.
- LaStayo, P., R. Marcus, L. Dibble, F. Frajacomo, and S. Lindstedt. "Eccentric Exercise in Rehabilitation: Safety, Feasibility, and Application." *Journal of Applied Physiology* 116, no. 11 (June 1, 2014): 1426–34. doi:10.1152/jappphysiol.00008.2013.
- Leong, C., W. McDermott, S. Elmer, and J. Martin. "Chronic Eccentric Cycling Improves Quadriceps Muscle Structure and Maximum Cycling Power." *International Journal of Sports Medicine* 35, no. 07 (November 14, 2013): 559–65. doi:10.1055/s-0033-1358471.