



The Importance of the Posterior Chain in CrossFit Programming

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Abstract

CrossFit has become a very popular form of exercise and evolving into its own sport with regional, national, and international competitions. Since its creation by Greg Glassman in 2000, its methods as a constantly variable form of exercise which stresses the importance of being good at multiple skill sets and stimuli have become very popular. The sport has grown beyond the United States to many other countries around the world. Through the inclusion of multiple movements and skills of the sport, it has come into scrutiny due to high injury rates and high load programming. It has been shown that high amounts of external workload are potent risk factors for injury in athletes. Furthermore, the lack of posterior chain exercises in programming methodology may play a role in injury rates across many sports including CrossFit. This paper performed a literature review until September 2020 to find pertinent research on the topic of posterior chain exercises and how they could be used to reduce injury risk in CrossFit. The authors found that inclusion of posterior chain exercises may reduce the risk of lumbar spine and lower extremity injuries when can be included into existing programming. The addition of posterior chain exercises either as accessory work or into the actual work out of the day [WOD] may be beneficial into reducing injury risk in CrossFit.

Keywords: Posterior Chain; cross fit; low back injuries; lower extremity injuries

Introduction

What is CrossFit?

CrossFit is defined as a constantly varied functional movements performed at high intensity [1,2]. It was created by Greg Glassman in 2000 with the first affiliate in Santa Cruz, CA with the idea of becoming proficient at a variety of movements and skills^{1,2}. CrossFit draws programming ideas from powerlifting, bodybuilding, gymnastics, and Olympic Weightlifting [3,4]. CrossFit is unique because it performs movements at a high intensity with the element of time or rounds. Through the rising of its popularity CrossFit has spread from one box to now being present in 142 countries with more than 10,00 affiliates [5]. Within the sport, programming is geared toward improving in the ten fitness domains: [1] cardiovascular/respiratory endurance, [2] stamina, [3] strength, [4] flexibility, [5] power, [6] speed, [7] coordination, [8] agility, [9] balance, and [10]

accuracy [6]. A CrossFit class usually involves a WOD (workout of the day) which is performed in a high-intensity manner for a certain number of rounds or a time limit. Due to the high intensity of the sport along with the complex movements performed [handstands, barbell squats, and presses], injury rates may occur similar to other sports [7,8]. Injuries rates are multi-factorial and can't be narrowed into one cause. However, recent literature has investigated the role of the posterior chain musculature into low back [lumbar spine] and lower extremity injury risk [9–11]. While many papers have investigated injury risk in CrossFit, none have investigated how to begin correcting and mitigating this risk [8,12–14]. The purpose of this literature review was to investigate if incorporation of posterior chain exercises could be implemented into CrossFit programming and play a role in injury reduction.

B. The Basics of CrossFit Programming

All CrossFit Coaches are required to be certified at least a Level 1 certification [CF-L1] before independently leading a class. The CrossFit educational and certification department has evolved from two levels [CF-L1 and CF-L2] to now having 4 levels of coaching and various other supplemental courses for specialty purposes which include programming, anatomy, and running. The curriculum of the CF-L1 course is spread over two days and is meant to introduce potential coaches into among other things, the basic of CrossFit programming. A traditional CrossFit class is scheduled for 60 minutes and consists of a warm-up, skill or strength, workout of the day [WOD], and cooldown. The skill may consist of gymnastics movements or Olympic Weightlifting while a strength exercise may be specific workloads in deadlift, back squats, etc. The WOD may consist of a plethora of skills, movements, and variations of the Olympic lifts. It is performed at a high intensity pace paired with a certain timeframe, repetitions performed, or rounds completed. Within this limited time frame, it may be difficult for the coach to find the time within the time constraints to program for performance, longevity, and injury risk prevention.

Methods

A literature review was performed in October 2020 with the use of PubMed, Cochrane, EBSCOhost, and Google Scholar to gather all pertinent research. Search terms included CrossFit, CrossFit Injuries, CrossFit Low back injury, CrossFit lower extremity injury, and posterior chain. Exclusion criteria included studies that were not published in English, the original protocol was to include only studies from peer-reviewed journals. However, in order to include all data, specifically data from the CrossFit journal and other epidemiological information this exclusion criteria were revoked by all three authors. Instead, all relevant articles were collected and screened as part of the secondary process. There seemed to be multiple studies on the topic of CrossFit in Italian and Portuguese. The authors attempted to get an English translation or contact the original authors for more pertinent research if possible, through contacting the corresponding author. Inclusion criteria included any article or research paper that discussed the sport of CrossFit, its programming methodologies, injury rates, and injury types. Once the initial articles were gathered, two of the authors further screened the full article as opposed to the abstract only. Research was not limited to date publication since CrossFit is a relatively new sport (2001) and this paper seems to be the first to explore any relationship between posterior chain strengthening and injury rate/ risk prevention.

Results

The initial search revealed 3,529 potentially relevant, and 30 were chosen after careful screening by the authors using the predetermined criteria. Of the studies found, 2 reported on what

exactly CrossFit was and how the sport was defined. 10 studies explored injury epidemiology primarily in the low back and lower extremities. 10 studies described CrossFit programming methods, education, and the layout of a typical class. 5 studies introduced the posterior chain and research into its effect into injury rate/ risk reduction. However, no studies were found to establish a relationship between CrossFit and the posterior chain musculature which the authors sought to explore and provide evidence for.

Discussion

Epidemiology of CrossFit Injuries.

CrossFit has come under scrutiny due to the perceived heightened risk of injury and injury rates [7,15]. performed an epidemiological study among Dutch CrossFit Athletes and found an injury rate of 56.1% [7]. The most common injured areas were the shoulder, lower back, and knee [13,16]. A limitation of this study is the lack of comparison across sports which could be done using Athletic Exposures as defined by [12,17,18]. An athletic exposure [AE] was defined as 1 athlete participating in 1 practice or competition. In CrossFit, 1 AE could be 1 athlete participating in one class or training session. performed a descriptive survey study investigating injuries within recreational CrossFit participants to the shoulder [19]. The authors found shoulder injuries occurred at a rate of 1.94 per 1000 hours of training [P=.03] which does not differ from other overhead sports [19]. Similarly, found 30.5% of CrossFit participants suffered an injury within a 12-month period to the shoulder (39%), back (36%), or knees (12%) ($X^2=12.51$; $P=.0019$) [8,12]. Depending on the frequency of sessions [classes] performed the injury rate varied from 0.27-0.74 per 1000 hours. A unique aspect of the sport is its large recruitment and involvement of both the lower extremity, upper extremity, and core [4,20,21]. This is opposed to many sports and activities which are upper or lower extremity dominant [22-25]. This discrepancy may be one factor in the higher perceived or reported injury rates [26,27]. However, found comparable rates of injury between CrossFit and other recreational and competitive sports (31% vs 57-61.8% in soccer $P=.023$) [26]. Also, there seems to be a stigma in the ability of CrossFit Coaches to teach the complex movements performed in a short amount of time in large groups [28]. This perceived stigma may negatively affect how injuries are reported compared to other sports or activities. The literature shows injuries suffered during CrossFit occur primarily in the shoulder, low back, and knees [8,12,17,18,26,29]. In the shoulder, these injuries include rotator cuff pathology, labrum injuries, and biceps tendinopathy [30]. In the low back it includes sprains/strains and disc herniations with or without radiculopathy [13]. Lastly, hip pathology in CrossFit may include femoroacetabular impingement syndrome [FAIS] and labral injuries [16]. In correlation with injury prevention programs seen in the rotator cuff and ACL, there have been increase in the inclusion of these programs into organized athletics that have trickled down

into high school sports and youth sports [31]. Unfortunately, there is no evidence as to how specific injury prevention programs could decrease risk of injury in CrossFit. This paper investigates potential ways of implementing posterior chain programming into CrossFit methodologies.

Introduce the Posterior Chain

The idea of the posterior chain has been named and termed many different names depending in the field and point of view [32–35]. For example, in the strength and conditioning world knows this group of muscles as such [35] while the manual therapy world knows it as the posterior fascial sling [36] Either way, the posterior chain consists of a group of muscle, fascial, connective tissue, and other supporting structures that runs on the posterior aspect of the human body from the arch of the foot to the top of the cranium to anatomical connections [34,36]. For the purposes of this paper, we will focus on the muscles traversing from the SI joint down to the arch of the foot. The major groups of muscles in this region include the hip extensors, hip stabilizers [rotary and abductors], knee flexors, and ankle plantar flexors [37,38]. In sports that involve extensive use of the hip such as basketball, track and field, and basketball there is a plethora of research into the importance of hip extension and strength of the posterior chain [39–41]. From a sprinting and jumping vantage point, the ability to produce triple extension is paramount is producing power, acceleration, and achieving top-end speed [41–43]. Previous research by Serrano and find that being able to translate horizontal force (through the posterior chain musculature) is a key indicator in sprinting performance. Furthermore, in Olympic Weightlifting, having a strong posterior chain would not only produce optimal pulls (3 pulls in each lift) but also allows the lifter to maintain a better position over the barbell resulting in a more successful lift [39,44,45]. Even in overhead sport that involve throwing such as baseball, the hips and lumbo-pelvic-hip complex contribute about 50% of the power of a pitch [22,23,46–48]. This highlights the importance of a strong posterior chain in sport performance. From a sports medicine standpoint, a strong posterior chain may serve as a potent injury deterrent [11,49].

Connect the Posterior Chain to injuries

As discussed in the previous section, the posterior chain musculature plays an important role in athletic performance through explored concepts such as triple extension and power production through use of the hips [35,50]. However, the role of this musculature in preventing injuries specific to the sport of CrossFit does not exist to the knowledge of the authors. There is literature in other sports and activities to support this concept. For example, previous research by N [51,52] demonstrates how strong hips lead to a reduction in low back pain and low back [lumbar spine] injuries. In occupational medicine, there is evidence that hip strength as part of an all-encompassing core strengthening

program leads to decreased sick days and workers compensation claims [53,54]. Occupational medicine includes studies done on manual intensive employees like plumbers, construction workers, and welders [55]. Just as interesting, occupations that involve large amounts of inactivity such as sitting [heavy computer use] jobs also have a high rate of low back pain and injuries [56]. Inclusive programs which include strengthening of the posterior chain leads to decrease in pain levels and improved function. In sports such as track and soccer where sprinting occurs frequently, there is a high incidence of hamstring and adductor strains [57,58]. Programs are focused on the eccentric strength of these muscles which is a direct application of working the posterior chain [59]. Similarly, a weakness or lack of neural control of the gluteal muscles may require the hamstrings or lumbar spine erector spinae muscle (iliocostalis, longissimus, and spinalis) to be overworked leading to injury [10,60,61]. Thus, evidence seems to support that focused programming of the posterior chain could extend directly into preventing injury in CrossFit, a sport with high rates of low back and hip pathology.

Extrapolate how focusing work on the posterior chain may reduce injuries

The Posterior Chain musculature seems to have a protective effect in reducing the risk of injury both in sport and occupational activities [62–64]. CrossFit is a unique sport because it uses the major muscle groups of the body from the lower extremity, core, and upper extremity [65]. The frequent use of the shoulder in gymnastics and Olympic Weightlifting also allow classification as an overhead sport [19]. The most common injuries in the sport occur to the low back, shoulders, hips, and knees as previously discussed [19]. Of these injuries, it would seem a stronger posterior chain through a dedicated strength and conditioning program could reduce their prevalence. More interesting findings lie in Baseball Research where strengthening of the posterior chain leads to reduction in shoulder and elbow injuries [66–68]. Specifically, strengthening of the posterior chain has shown to reduce the rate of injuries to the UCL, Glenoid labrum, and Rotator Cuff [69,70]. These findings show promise into the sport of CrossFit which can be a combination of many other sport movements and activities. By incorporating posterior chain exercises, the rate of commonly seen injuries can be decreased. The challenge then becomes how to best incorporate these types of exercises into a 60minute class and the overall programming in the CrossFit box [gym].

Conclusion

Within the confines of a 60-minute CrossFit class, challenges arise when trying to address the needs of sport performance, movement proficiency, and injury risk mitigation. Sport Performance in this context can be directly applied to qualities like strength, power, and cardiovascular improvement. These are achieved during the first portion of the class using a combination

of the strength/skill portion. The cardiovascular improvement [aerobic, anaerobic, or combination] is meant to be achieved during the WOD. The injury prevention portion should ideally be performed as part of the warm-up lasting the first 10-15 minutes of the class. After the cooldown has been achieved to normalize heart rate and breathing rate, there may be time for accessory work in the class. This accessory work should not take more than 10-15 minutes in order for all athletes to be able to complete it within the confines of the class. Similarly, the Head Coach[es] may program a specific day that is biased toward strengthening the posterior chain and other injury prevention factors as time allows. Strengthening of the posterior chain should become an integral part of CrossFit programming for the purpose of movement proficiency and injury risk reduction. This can be done in a time efficient manner on a daily or weekly bases within the programming methodology of each individual affiliate.

Limitations

This paper is limited by its nature as a literature review article. Due to the scarcity of research into the posterior chain as it related to CrossFit injury prevention, the authors were only able to perform a literature review. As a first step in laying the foundation for future research, a literature review is necessary which is the case here. In the future however, hopefully this paper sparks the interest of other researchers in higher quality research. The authors were also limited by their search queries and ability to access the literature. There could have been higher quality data in other databases or published into other languages which could not be translated into English. There could also be ongoing research exploring this specific topic that has not been published yet, further limiting our findings. Lastly, two of the three authors [A.H., B.S.] are avid Cross Fitters which could have led to a confirmation bias in interpreting the available data into a positive light regarding the connections between posterior chain exercises and reducing injury risk in the sport.

Practical Application

The authors decided to include 6 exercises for practical recommendations that could be incorporated into CrossFit programming. These exercises are meant to be done with equipment found in a traditional box and into the confines of a 60-minute class. The GHD [Glute-Ham Developer] is a popular machine in CrossFit due its variability in being used as a posterior chain developer or core developer [29,71]. For the purposes of this paper, the GHD will be used for development of the posterior chain due to the ability to recruit and build the gluteal muscles and hamstrings. The RDL [Romanian Deadlift] is used as a more specific version of the conventional deadlift because it makes athlete hinge at the hips while keeping the knees extended which puts more load on the hamstrings [72-74]. Good mornings are put into this

program for the purpose of hip hinging and subsequently working on the key posterior chain musculature [75,76]. Nordic curls are a hamstring focused exercise meant to capture the eccentric strength of the hamstrings which has been found to be a predictive factor for hamstring strains and low back pain [40,77]. The chair deadlift is taken from Louis Simmons and his Westside Barbell method. It is meant to teach athlete how to use their hips properly in a sumo style deadlift which uses a more aggressive hip extension method as opposed to a conventional deadlift. Lastly, if the gym has access to a reverse hyper machine, it may be used to perform reverse hyper-extension exercise. This exercise stabilizes the top half of the body and then the low back goes into extension, hip extension, and knee extension in order to further target the posterior chain [78].

References

1. Glassman G (2004) Why Fitness. Vol 23.
2. <http://store.crossfit.com>
3. Faelli E, Bisio A, Codella R, Vittoria Ferrando, Luisa Perasso, et al. (2020) Acute and Chronic Catabolic Responses to CrossFit® and Resistance Training in Young Males. *Int J Environ Res Public Health* 17(19): 7172.
4. Kliszczewicz B, John QC, Daniel BL, Gretchen OD, Michael ER, et al. (2015) Acute Exercise and Oxidative Stress: CrossFit™ vs. Treadmill Bout. *Journal of Human Kinetics* 47(1): 81-90.
5. Gustavo Claudino J, Gabbett TJ, Bourgeois F, Helton de Sá Souza, Rafael Chagas Miranda, et al. (2018) CrossFit Overview: Systematic Review and Meta-analysis. *Sports Med Open* 4(1): 11.
6. Mehrab M, de Vos R-J, Kraan GA, Mathijssen NMC (2017) Injury Incidence and Patterns Among Dutch CrossFit Athletes. *Orthop J Sports Med* 5(12): 2325967117745263.
7. Feito Y, Burrows EK, Philip Tabb L (2018) A 4-Year Analysis of the Incidence of Injuries Among CrossFit-Trained Participants. *Orthop J Sports Med* 6(10): 2325967118803100.
8. Stutchfield BM, Coleman S (2006) The relationships between hamstring flexibility, lumbar flexion, and low back pain in rowers. *European Journal of Sport Science* 6(4): 255-260.
9. Marshall PWM, Patel H, Callaghan JP (2011) Gluteus medius strength, endurance, and co-activation in the development of low back pain during prolonged standing. *Human Movement Science* 30(1): 63-73.
10. Lane C, Mayer J (2017) Posterior Chain Exercises for Prevention and Treatment of Low Back Pain. *ACSM's Health & Fitness Journal* 21(4): 46-48.
11. Feito Y, Burrows E, Tabb L, Ciesielka K-A (2020) Breaking the myths of competition: a cross-sectional analysis of injuries among CrossFit trained participants. *BMJ Open Sp Ex Med* 6(1): 750.
12. Klimek C, Ashbeck C, Brook AJ, Durall C (2018) Are injuries more common with CrossFit training than other forms of exercise? *Journal of Sport Rehabilitation* 27(3): 295-299.
13. Tafuri S, Salatino G, Napoletano PL, Monno A, Notarnicola A, et al. (2019) The risk of injuries among CrossFit athletes: an Italian observational retrospective survey. *The Journal of Sports Medicine and Physical Fitness* 59(9): 1544-1550.
14. Montalvo AM, Shaefer H, Rodriguez B, Li T, Epnere K, et al. (2017) Retrospective Injury Epidemiology and Risk Factors for Injury in CrossFit. *Vol 16(1)*: 53-57.
15. Gardiner B, Devereux G, Beato M (2020) Injury risk and injury incidence rates in CrossFit. *Journal of Sports Medicine and Physical Fitness* 60(7): 1005-1013.

16. Everhart JS, Kirven JC, France TJ, Hidden K, Vasileff WK, et al. (2019) Rates and treatments of CrossFit-related injuries at a single hospital system. *Current Orthopaedic Practice*. 30(4): 347-352.
17. Minghelli B, Vicente P (2019) Musculoskeletal injuries in Portuguese CrossFit practitioners. *The Journal of Sports Medicine and Physical Fitness* 59(7): 1213-1220.
18. Summit R, Cotton R, Kays A, Slaven E (2016) Shoulder Injuries in Individuals who Participate in CrossFit Training. *Sports Health: A multidisciplinary approach* 8(6): 541-546.
19. Kliszczewicz BM, Snarr R, Esco MR (2014) Metabolic and Cardiovascular response to the CrossFit workout "Cindy" Training loads, Heart Rate Variability and Stress Recovery Responses in Youth Elite Canoe Sprint Athletes View Project Effects of Low-Volume Body Weight Circuit Exercise Training on Markers of Glucose Tolerance, Inflammation, and Health-Related Fitness in Persons with Type 2 Diabetes Mellitus.
20. Stracciolini A, Quinn B, Zwicker RL, Howell DR, (2020) Part I. *Clinical Journal of Sport Medicine* 30(2): 102-107.
21. Weber AE, Kontaxis A, O'Brien SJ, Bedi A (2014) The Biomechanics of Throwing. *Sports Medicine and Arthroscopy Review* 22(2): 72-79.
22. Weber AE, Kontaxis A, O'Brien SJ, Bedi A (2014) The biomechanics of throwing: Simplified and cogent. *Sports Medicine and Arthroscopy Review* 22(2): 72-79.
23. Fleisig G (2001) *The Biomechanics of Throwing*.
24. Bakshi N, Freehill MT (2018) The Overhead Athletes Shoulder. *Sports Medicine and Arthroscopy Review* 26(3): 88-94.
25. Sprey JWC, Marcos V de Lima, Aires Duarte Jr, Pedro B Jorge, Ferreira T, et al. (2016) An Epidemiological Profile of CrossFit Athletes in Brazil 4(8): 2325967116663706.
26. Poston WSC, Haddock CK, Heinrich KM, Jahnke SA, Jitnarin N, et al. (2016) Is High-Intensity Functional Training (HIIT)/CrossFit Safe for Military Fitness Training? *Review Article Military Medicine* 181(7): 627-637.
27. Edmonds SE (2020) Geographies of (Cross)fitness: an ethnographic case study of a CrossFit Box. *Qualitative Research in Sport, Exercise and Health* 12(6): 1-15.
28. Lima PO, Souza MB, Sampaio T v, Almeida GP, Oliveira RR, et al. (2020) Epidemiology and associated factors for CrossFit-related musculoskeletal injuries: a cross-sectional study. *The Journal of Sports Medicine and Physical Fitness* 60(6): 889-894.
29. Szeles PR de Q, Costa TS da, Cunha RA da, Luiz Hespanhol, Alberto de Castro Pochini, et al. (2020) CrossFit and the Epidemiology of Musculoskeletal Injuries: A Prospective 12-Week Cohort Study. *Orthopaedic Journal of Sports Medicine* 8(3): 2325967120908884.
30. Voskanian N (2013) ACL Injury prevention in female athletes: review of the literature and practical considerations in implementing an ACL prevention program 6(2): 158-163.
31. Matinlauri AI, Alcaraz PE, Freitas TT, Jurdan Mendiguchia, Afshin Abedin-Maghanaki, et al. (2019) A comparison of the isometric force fatigue-recovery profile in two posterior chain lower limb tests following simulated soccer competition. *PLoS One* 14(5): e0206561.
32. Read PJ, Nicholas Turner A, Clarke R, Applebee S, Hughes J, et al. (2019) Knee Angle Affects Posterior Chain Muscle Activation During an Isometric Test Used in Soccer Players. *Sports (Basel)* 7(1): p. 13.
33. de Ridder E, van Oosterwijck JO, Vleeming A, Vanderstraeten GG, Danneels LA, et al. (2013) Posterior Muscle Chain Activity during Various Extension Exercises: An Observational Study. *Observational Study* 14: 204.
34. Constantine, Taberner, Richter, Willett, Cohen, et al. (2019) Isometric Posterior Chain Peak Force Recovery Response Following Match-Play in Elite Youth Soccer Players: Associations with Relative Posterior Chain Strength. *Sports* 7(10): 218.
35. Szlezak AM, Georgilopoulos P, Bullock-Saxton JE, Steele MC (2011) The immediate effect of unilateral lumbar Z-joint mobilisation on posterior chain neurodynamics: A randomised controlled study. *Manual Therapy* 16(6): 609-613.
36. Cibirnelo FU, de Jesus Neves JC, Carvalho MYL, Valenciano PJ, Fujisawa DS, et al. (2020) Effect of Pilates Matwork exercises on posterior chain flexibility and trunk mobility in school children: A randomized clinical trial. *Journal of Bodywork and Movement Therapies* 24(4): 176-181.
37. Veiga PHA, Daher CRDM, Morais MFF (2011) Alterações posturais e flexibilidade da cadeia posterior nas lesões em atletas de futebol de campo. *Revista Brasileira de Ciências do Esporte (Impressol)* 33(1): 235-248.
38. Lorenz D (2016) Facilitating Power Development in the Recovering Athlete. *Strength and Conditioning Journal* 38(1): 48-50.
39. Alonso-Fernandez D, Docampo-Blanco P, Martinez-Fernandez J (2018) Changes in muscle architecture of biceps femoris induced by eccentric strength training with nordic hamstring exercise. *Scandinavian Journal of Medicine & Science in Sports* 28(1): 88-94.
40. Chang E, Norcross MF, Johnson ST, Kitagawa T, Hoffman M, et al. (2015) Relationships Between Explosive and Maximal Triple Extensor Muscle Performance and Vertical Jump Height. *Journal of Strength and Conditioning Research* 29(2): 545-551.
41. Wild A, James Wild A, Bezodis N, Blagrove R, Bezodis I (2013) A Biomechanical Comparison of Accelerative and Maximum Velocity Sprinting: Specific Strength Training Considerations.
42. Loturco I, Pereira LA, Kobal R, Thiago Maldonado, Alessandro Fromer Piazzini, et al. (2016) Improving Sprint Performance in Soccer: Effectiveness of Jump Squat and Olympic Push Press Exercises. *Randomized Controlled Trial PLoS One* 11(4): e0153958.
43. DeWeese BH, Serrano AJ, Scruggs SK, Burton JD (2013) The Midhigh Pull. *Strength and Conditioning Journal* 35(6): 54-58.
44. Kipp K, Redden J, Sabick M, Harris C (2012) Kinematic and kinetic synergies of the lower extremities during the pull in olympic weightlifting. *Journal of Applied Biomechanics* 28(3): 271-278.
45. Erickson BJ, Thorsness RJ, Hamamoto JT, Verma NN (2016) The Biomechanics of Throwing. *Operative Techniques in Sports Medicine* 24(3): 156-161.
46. Laudner KG, Moore SD, Sipes RC, Meister K (2010) Functional Hip Characteristics of Baseball Pitchers and Position Players. *The American Journal of Sports Medicine* 38(2): 383-387.
47. Gilmer GG, Washington JK, Dugas JR, Andrews JR, Oliver GD, et al. (2019) The role of lumbopelvic-hip complex stability in softball throwing mechanics. *Journal of Sport Rehabilitation* 28(2): 196-204.
48. Ribeiro-Alvares JB, Marques VB, Vaz MA, Baroni BM (2018) Four Weeks of Nordic Hamstring Exercise Reduce Muscle Injury Risk Factors in Young Adults. *Journal of Strength and Conditioning Research* 32(5): 1254-1262.
49. McAllister MJ, Hammond KG, Schilling BK, Ferreria LC, Reed JP, et al. (2014) Muscle Activation During Various Hamstring Exercises. *Journal of Strength and Conditioning Research* 28(6): 1573-1580.
50. Nadler SF, Malanga GA, Bartoli LA, Feinberg JH, Prybicien M, et al. (2002) DePrince M. Hip muscle imbalance and low back pain in athletes: Influence of core strengthening. *Medicine and Science in Sports and Exercise* 34(1): 9-16.
51. Kendall KD, Schmidt C, Ferber R (2010) The relationship between hip-abductor strength and the magnitude of pelvic drop in patients with low back pain. *Journal of Sport Rehabilitation* 19(4): 422-435.

52. Ahn SH, Kwon OY, Hwang UJ, Jung SH, Kim HA, et al. (2020) The association between genu recurvatum angle and the strength of the hip and knee muscles in standing workers. *Work* 66(1): 173-181.
53. Shin DC (2020) Correlation between non-specific chronic low back pain and physical factors of lumbar and hip joint in office workers. *Medical Hypotheses* 144: 110304.
54. Werner RA, Gell N, Hartigan A, Wiggermann N, Keyserling M (2011) Risk factors for hip problems among assembly plant workers. *Journal of Occupational Rehabilitation* 21(1): 84-89.
55. Allahverdi E Psychosomatic Pain.
56. Schache A (2012) Eccentric hamstring muscle training can prevent hamstring injuries in soccer players. *Journal of Physiotherapy* 58(1): 58.
57. Schuermans J, Tiggelen D van, Danneels L, Witvrouw E (2016) Susceptibility to Hamstring Injuries in Soccer A Prospective Study Using Muscle Functional Magnetic Resonance Imaging. *Am J Sports Med* 44(5): 1276-1285.
58. van der Horst N, Smits DW, Petersen J, Goedhart EA, Backx FJG, et al. (2015) The Preventive Effect of the Nordic Hamstring Exercise on Hamstring Injuries in Amateur Soccer Players: A Randomized Controlled Trial. *American Journal of Sports Medicine* 43(6): 1316-1323.
59. Marshall PWM, Mannion J, Murphy BA (2010) The eccentric, concentric strength relationship of the hamstring muscles in chronic low back pain. *Journal of Electromyography and Kinesiology*. 20(1): 39-45.
60. Gasibat Q, Simbak N bin (2017) Modified Rehabilitation Exercises to Strengthen the Gluteal Muscles with a Significant Improvement in the Lower Back Pain. *Developing Bioactive Food Ingredients View Project Faculty Development Program with Hands-on Workshop View Project*.
61. Bussey MD, Kennedy JE, Kennedy G (2016) Gluteus medius coactivation response in field hockey players with and without low back pain. *Physical Therapy in Sport* 17: 24-29.
62. Arab AM, Nourbakhsh MR, Mohammadifar A (2011) The relationship between hamstring length and gluteal muscle strength in individuals with sacroiliac joint dysfunction. *J Man Manip Ther* 19(1): 5-10.
63. Distefano LJ, Blackburn JT, Marshall SW, Padua DA (2009) Gluteal muscle activation during common therapeutic exercises. *Journal of Orthopaedic and Sports Physical Therapy* 39(7): 532-540.
64. Bellovary B (2014) The Perceived Demands of CrossFit. All NMU Master's Theses pp. 1-120.
65. Beckett M, Hannon M, Ropiak C, Gerona C, Mohr K, et al. (2014) Clinical Assessment of Scapula and Hip Joint Function in Preadolescent and Adolescent Baseball Players. *Am J Sports Med* 42(10): 2502-2509.
66. Scher S, Anderson K, Weber N, Bajorek J, Rand K, et al. (2010) Associations Among Hip and Shoulder Range of Motion and Shoulder Injury in Professional Baseball Players. *J Athl Train* 45(2): 191-197.
67. García-Pinillos F, Ramírez-Campillo R, Roche-Seruendo LE, Soto-Hermoso VM, Latorre-Román P, et al. (2019) How do recreational endurance runner's warm-up and cool-down? A descriptive study on the use of continuous runs. *International Journal of Performance Analysis in Sport* 19(1): 102-109.
68. Cools AM, Johansson FR, Borms D, Maenhout A (2015) Prevention of shoulder injuries in overhead athletes: a science-based approach. *Braz J Phys Ther* 19(5): 331-339.
69. Kantrowitz DE, Trofa DP, Woode DR, Ahmad CS, Sean Lynch T, et al. () Athletic Hip Injuries in Major League Baseball Pitchers Associated with Ulnar Collateral Ligament Tears. *Orthop J Sports Med* 6(10): 2325967118800704.
70. Chiu LZF, Yaremko A, vonGaza GL (2017) Addition of Glute-Ham-Gastroc Raise to a Resistance Training Program. *Journal of Strength and Conditioning Research* 31(9): 2562-2571.
71. Fisher J, Bruce-Low S, Smith D (2013) A randomized trial to consider the effect of Romanian deadlift exercise on the development of lumbar extension strength. *Physical Therapy in Sport*. 14(3): 139-145.
72. Delgado J, Drinkwater EJ, Banyard HG, Haff GG, Nosaka K, et al. (2019) Comparison Between Back Squat, Romanian Deadlift, and Barbell Hip Thrust for Leg and Hip Muscle Activities During Hip Extension. *Journal of Strength and Conditioning Research* 33(10): 2595-2601.
73. Lee BG, Cho NS, Rhee YG (2012) Effect of two rehabilitation protocols on range of motion and healing rates after arthroscopic rotator cuff repair: Aggressive versus limited early passive exercises. *Arthroscopy - Journal of Arthroscopic and Related Surgery* 28(1): 34-42.
74. Ebben WP, Leigh DH, Long N, Clewien R, Davies JA, et al. (2006) Electromyographical Analysis of Hamstring Resistance Training Exercises. 24 *International Symposium on Biomechanics in Sports* pp. 1-4.
75. Hegyi A, Csala D, Péter A, Finni T, Cronin NJ, et al. (2019) High-density electromyography activity in various hamstring exercises. *Scandinavian Journal of Medicine & Science in Sports* 29(1): 34-43.
76. Pollard CW, Opar DA, Williams MD, Bourne MN, Timmins RG, et al. (2019) Razor hamstring curl and Nordic hamstring exercise architectural adaptations: Impact of exercise selection and intensity. *Scandinavian Journal of Medicine & Science in Sports* 29(5): 706-715.
77. Lawrence MA, Chin A, Swanson BT (2019) Biomechanical Comparison of the Reverse Hyperextension Machine and the Hyperextension Exercise. *Journal of Strength and Conditioning Research* 33(8): 2053-2056.



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