

9th International Ankle Symposium

Instruments and Methods for the Assessment of Ankle Evertor Strength : A systematic review of measurement properties

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Evertor Muscles

play a role in Lateral Ankle Sprain (LAS) context





Evertor Conteract LAS injury movement

Tropp. 1989. Int J Sports Med. Young et al. 2021. Strength Cond J. Precontracted and strong evertor protect ankle at footstrike

Ashton-Miller et al. 1996. Am J Sports Med.

Evertor weaknesses in Chronic ankle instable patient

Khalaj et al. 2020. Br J Sports Med.

Evertor Strength Assessment

To care Lateral Ankle Sprain (LAS)





Isokinetic Hand-Held Dynamometer Dynamometer

Evertor Stength Deficit

No Evertor Strength Deficit

- Focus on the other parameters

- Improve strength
- Assess during rehabilitation
- Return-to-play control

Objective

Evaluate

the reliability and measurement error of instruments and their methods to measure evertor strength

Eligibility Criteria

Pico for reliability and measurement error study





JBI recommandations







Mokkink et al. 2020. BMC Med Res Methodol.

Two indices necessary for quality Reliability and Measurement error

Reliability = relative reliability

 \rightarrow Distinguish score between patient

Measurement error = absolute reliability

 → How close are score of repeated measurement in stable patient
→ Magnitude of error

Sufficient reliability ICC or $r \ge 0.70$

(Intraclass Correlation Coefficient)

Prinsen et al. 2016. Trial.

Sufficient Measurement error MDC or LoA ≤ 20% (Minimal Detectable Change or Limit of Agreement)

Dvir. 2003. Isokinet Exerc Sci.





Does the protocol impact reliability and measurement error score ?

Contraction mode

Impact the measurement error

Concentric, eccentric and isometric mode are reliable (more 77% of sufficient values ICC or $r \ge 0.70$) Contrentric 13%

Eccentric 50% (but only 4 values analysed)

Isometric ** 63%

BUT

Isometric mode present the best proportion of sufficient measurement error values

(MDC or LoA \leq 20%)

Verbal encouragement Impact the measurement error

Evertors strength assessment are reliable with and without verbal encouragement (more 77% of sufficient ICC or $r \ge 0.70$)

BUT

mmmmm

No sufficient measurement error (MDC or LoA \leq 20%) without verbal encouragement

No verbal encouragement 0% With verbal encouragement *

48%

Stabilisation Impact the reliability (inter-rater)



Better proportion of sufficient reliability values with external stabilisation (ICC or $r \ge 0.70$)

Self stabilisation 0%

Belt or strap stabilisation

80%

Manual Stabilisation *

100 %

Type of instrument Do not impact the reliability and measurement error

Other ... EMG el Hand-Held Isokinetic Dynamometer Dynamometer Supir

Knee position Do not impact the reliability and measurement error



Extended with Hand-Held Dynamometer

Flexed with Isokinetic Dynamometer

Familiarisation and test Do not impact the reliability and measurement error

More repetitions with Isokinetic dynamometer than with Hand-Held dynamometer

? Dynamic movement vs Isometric movement ?



Visual feedback Do not impact the reliability and measurement error

But higher evertor strength values

Evertors strength are 5% higher with visual feedback than without visual feedback

Hagen et al. 2015. J Foot Ankle Res.







As well with verbal encouragement Strength values are higher than without verbal encouragement

Amagliani et al. 2010. Int J Exerc Sci.

Limits

Quality of the studies

Only French and English paper

Focus on evertor strength

Conclusion

Currently to be reliable to assess evertor strength

Hand-Held Dynamometer or Isokinetic Dynamometer in **Isometric mode**

Still unclear ...

Standardized protocol with

- **Stabilisation** (belt or manual)
- Verbal encouragement

? dynamic contraction still have high measurement error ?

? patient with a history of lateral ankle sprain (HHD)?

Thank you

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Mouvement



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Publication orbi

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ANKLE EVERTOR STRENGTH

Systematic review

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Aude Aguilaniu et al.