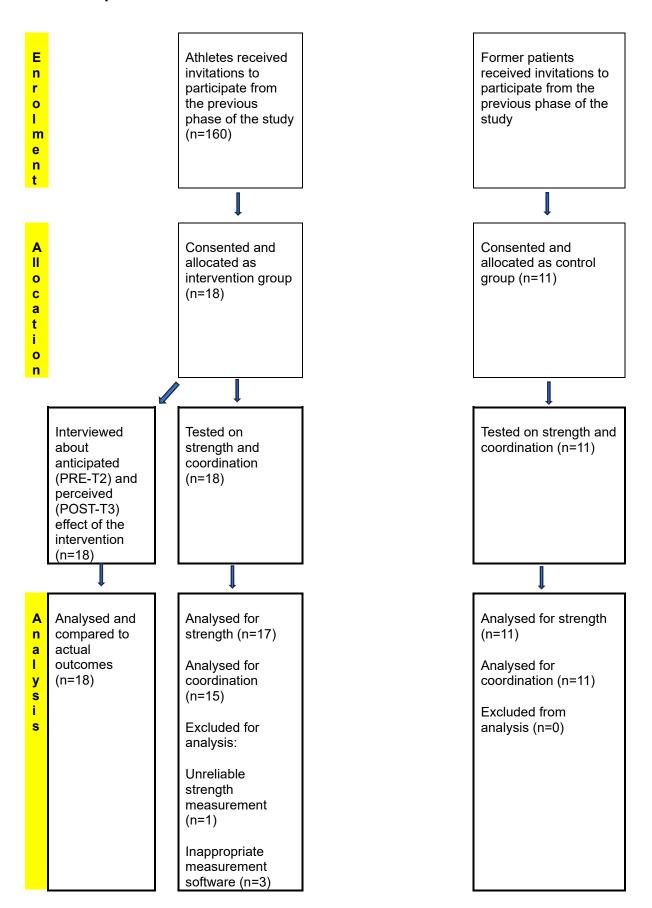
## Report results for Feasibility Trial:

# Master track and field athletes' perception of multimodal chiropractic care on sports performance, and its impact on muscular capacities

ISRCTN	ISRCTN19833163
DOI	https://doi.org/10.1186/ISRCTN19833163
EudraCT/CTIS number	2021-005437-17
IRAS number	303735
Secondary identifying numbers	IRAS 303735

#### **Participant Flow**



## Baseline characteristics of the participants (n=29; mean and SD)

	Intervention	Control
Groups	(Master athletes)	(Active adults)
Age in years		
mean (SD)	66.9 (5.4)	71 (8.1)
Gender (n)	18 (12 males, 6 females)	11 (4males, 7 females)
Body mass (kg)	68.3 (11.8)	71.2 (21.2)
Body height (cm)	171.2 (7.7)	165.9 (12.2)
Lower Extremity		
Functional Scale score (points)	77.4 (3.0)	70.7 (7.4)

## **Primary Outcomes Measurements**

### Plantar Flexors Maximum Joint Moment (in Nm) to body mass ratio (in kg)

	T1 (PRE1)		Т	2	Т3	
STRENGTH			(PR	RE2)	(POST	OR PRE3)
TRIALS	Base	eline	After 40 m	ins from T1	After 40 r	mins from T2
	[Nm	/kgs]	[Nm	/kgs]	[Nr	n/kgs]
	MAs	COs	MAs	COs	MAs	COs
R (mean, SD)	1.47 <u>+</u> 0.44	1.21 <u>+</u> 0.29	1.53 <u>+</u> 0.46	1.20 <u>+</u> 0.30	1.53 <u>+</u> 0.41	1.20 <u>+</u> 0.30
L (mean, SD)	1.33 <u>+</u> 0.36	1.15 <u>+</u> 0.30	1.15 <u>+</u> 0.31	1.18 <u>+</u> 0.30	1.40 <u>+</u> 0.39	1.18 <u>+</u> 0.30
<b>B</b> (mean, SD)	2.22 <u>+</u> 0.58	2.03 <u>+</u> 0.60	2.29 <u>+</u> 0.55	2.00 <u>+</u> 0.54	2.27 <u>+</u> 0.53	2.04 <u>+</u> 0.52
<b>B ( L)</b> (mean, SD)	1.07 <u>+</u> 0.25	1.01 <u>+</u> 0.30	1.13 <u>+</u> 0.25	1.02 <u>+</u> 0.26	1.12 <u>+</u> 0.28	1.03 <u>+</u> 0.27
<b>B</b> (R) (mean, SD)	1.19 <u>+</u> 0.37	1.03 <u>+</u> 0.30	1.18 <u>+</u> 0.31	1.00 <u>+</u> 0.28	1.19 <u>+</u> 0.30	1.04 <u>+</u> 0.28

#### Plantar Flexors Accuracy Sensory Motor Coordination RMSE (in %)

COORDINATION	T1		T2		Т3	
	(Pf	RE1)	(PRE	2)	(POST O	R PRE3)
TRIALS	Bas	seline	After 40 min	s from T1	After 40 mi	ns from T2
	[	%]	[%]	]	[%	6]
	MAs	COs	MAs	COs	MAs	COs
<b>S1</b> (mean, SD)	21.2 <u>+</u> 5.7	19.5 <u>+</u> 5.9	19.4 <u>+</u> 10.5	15.3 <u>+</u> 5.9	17.2 <u>+</u> 7.8	15.9 <u>+</u> 6.1
<b>S2</b> (mean, SD)	18.5 <u>+</u> 7.3	17.4 <u>+</u> 6.1	17.6 <u>+</u> 8.0	15.0 <u>+</u> 5.8	15.9 <u>+</u> 9.7	14.2 <u>+</u> 3.8
<b>F1</b> (mean, SD)	25.9 <u>+</u> 8.8	21.8 <u>+</u> 7.0	21.6 <u>+</u> 7.5	21.4 <u>+</u> 8.4	19.8 <u>+</u> 7.1	19.6 <u>+</u> 6.0
<b>F2</b> (mean, SD)	23.1 <u>+</u> 8.2	20.4 <u>+</u> 6.4	22.7 <u>+</u> 8.8	21.1 <u>+</u> 7.3	21.4 <u>+</u> 10.1	18.8 <u>+</u> 6.7

#### Primary Outcomes Statistical Analysis (Two-Way ANOVA CI 95%) (p ≤ 0.05)

STRENGTH (n=28)	P values
R	0.9338
L	0.9766
В	0.9581
B (L)	0.9506
B (R)	0.9823
COORDINATION (n=26)	P values
S1	0.7900
S2	0.9388
F1	0.5981
F2	0.9692

#### **Summary:**

No statistically significant differences (p< 0.05) of the effect of chiropractic care on plantar-flexion maximum isometric strength and sensorimotor coordination were encountered.

#### Secondary Outcomes (Intervention Group)

# Anticipated (PRE T2), and perceived (POST T3) impact of sports chiropractic care (SCC) on the primary outcomes (n=18)

	Anticipated impact			Perceived impact		
	(1	PRE T2)		(Post T3)		
Self-report performance	Strength	Coord	ination	Strength	Coordination	
		Slow	Fast		Slow	Fast
Worse [n]	3	2	2	6	4	4
Not changed [n]	3	3	4	5	1	2
Better [n]	12	13	12	7	13	12
Self-reported to perform outcome better after intervention [%]	67	72	67	39	72	67

#### Summary:

Athletes uniformly anticipated and perceived an enhancement in coordination performance after the application of SCC. Although analogous values were documented regarding strength performances, the perceived influence was diminished when compared with the anticipated impact.

# Percentage of agreement among anticipated (GAI), perceived (GPI) impact of SCC and actual outcomes

	GAI	GPI	Actual strength (n=17)					
			Right		Left		Bila	teral
			T1vsT3	T2vsT3	T1vsT3	T2vsT3	T1vsT3	T2vsT3
Worse								
[n]	3	6	7	8	6	8	5	10
Same								
[n]	2	4	0	0	0	0	0	0
Better								
[n]	12	7	10	9	11	9	12	7
GAI agreement to perform better post SCC in [%]		83	75	92	75	100	58	
GPI agreement to perform better post SCC in [%]		70	78	64	78	58	100	
Difference between								
GAI vs GP	l in [%]		13	3	28	3	42	42

	GAI	GPI	Actual slow coordination (n=15)				
			S1			S2	
			T1vsT3	T2vsT3	T1vsT3	T2vsT3	
Worse [n]	2	4	3	6	6	3	
Same [n]	2	1	0	1	0	1	
Better [n]	11	11	12	8	9	11	
GAI agreement to post SCC in [%]	GAI agreement to perform better		92	67	75	100	
GPI agreement to perform better post SCC in [%]		92	67	75	100		
Difference between							
GAI vs GPI in [%]			0	0	0	0	

	GAI	GPI		Actual fast coordination (n=15)					
				F1		F2			
			T1vsT3	T2vsT3	T1vsT3	T2vsT3			
Worse [n]	2	4	1	4	9	8			
Same [n]	1	0	0	1	0	0			
Better [n]	12	11	14	10	6	7			
GAI agreement to perform better post SCC [%]		86	83	50	58				
GPI agreement to perform better post SCC [%]		78	71	54	64				
Difference between									
GAI vs GPI [%]			8	12	4	6			

#### Adverse reaction events post study

	MAs (into	ervention)	COs (Control = rest)				
	n=	-18	n=	=11			
	No	Yes	No	Yes			
Sports chiropractic care	17	1	Not applied	Not applied			
Maximum strength	14	4	10	1			
Slow coordination	17	1	11	0			
Fast coordination	17	0	11	0			
Key: MAs (master athletes); COs (active adults)							

#### **Summary:**

No Severe/moderate adverse reaction events occurring immediately/subsequent to the study. Only mild and temporary reaction within the cohort of athletes, one participant indicated experiencing mild discomfort within the treated region, whereas a limited number of participants, specifically four from the intervention group and one from the control group, reported a minor reaction following activation during the maximum strength assessment. Furthermore, no adverse reactions were documented in relation to the fast coordination, while merely one athlete noted a mild cramp during the testing of slow coordination tasks.