# Spinal Manipulative Therapy influence on soccer players' performance

Submission date 24/06/2018	<b>Recruitment status</b> No longer recruiting	<ul> <li>Prospectively registered</li> <li>Protocol</li> </ul>
Registration date 02/07/2018	<b>Overall study status</b> Completed	<ul> <li>Statistical analysis plan</li> <li>Results</li> </ul>
Last Edited 07/11/2019	<b>Condition category</b> Musculoskeletal Diseases	<ul><li>Individual participant data</li><li>Record updated in last year</li></ul>

#### Plain English summary of protocol

Background and study aims

There is a constant demand for sports performance enhancement. Changes in the alignment and biology of the spine can affect signals relating to body positioning (proprioception), control of movement and brain interaction, which could then reduce performance in sports. An athlete could be unaware of these changes, because they might not produce any noticeable symptoms. Spinal Manipulative Therapy (SMT), which involves a therapist physically moving the spine, can make adjustments to nerves and other parts of the spine that could influence sports performance.

The aim of this study was to investigate whether SMT can change elite soccer athletes' sprint and agility performance.

Who can participate? Healthy soccer players aged 18-20

What does the study involve?

The participants are randomly allocated to receive a single SMT or dummy (placebo) manipulation for 10-15 minutes. Immediately before and after the treatment, they do the sprint and agility tests twice.

What are the possible benefits and risks of participating? There are no expected risks or benefits of participating.

Where is the study run from? CLIC Salvador, Brazil

When is the study starting and how long is it expected to run for? January 2012 to April 2017

Who is funding the study? The study was self-funded by the principal investigator Who is the main contact? Marcelo Botelho, quiropraxia@hotmail.com

## **Contact information**

**Type(s)** Scientific

**Contact name** Dr Marcelo Botelho

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## Additional identifiers

EudraCT/CTIS number

**IRAS number** 

ClinicalTrials.gov number

Secondary identifying numbers 3993

## Study information

#### Scientific Title

Spinal biomechanical corrections via Spinal Manipulative Therapy (SMT) can help elite soccer athletes' performance: a randomized controlled trial with internally validated placebo

#### Study objectives

Asymptomatic spinal biomechanical alterations are believed to generate impaired proprioceptive input and motor control and central processing deficits, which could lead to loss of performance. Our hypothesis is that spinal biomechanical correctionsusing Spinal Manipulative Therapy can help soccer athletes' sports performance.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Ethics and Research Committee at the Instituto Mantenedor de Educação Superior, 12/11/2012, 3993

#### **Study design** Single-centre randomised placebo-controlled trial

**Primary study design** Interventional

#### Secondary study design Randomised controlled trial

**Study setting(s)** Other

#### Study type(s)

Treatment

#### Participant information sheet

Not available in web format, please use contact details to request a participant information sheet.

#### Health condition(s) or problem(s) studied

Vertebral subluxation complex (ICD-10: M99.1)

#### Interventions

20 elite soccer athletes were randomized 1:1 using a coin flip to SMT or placebo. A single intervention (SMT or placebo) was performed, with a total duration of 10-15 min per intervention. Crossover was not performed. The placebo intervention was internally validated. The sprint test was carried out on a 30-m straight line track, using a system of three photocell devices (Microgate, Bolzano, Italy), one at the beginning, one at 10 m (split time) and the last one at the 30-m mark. The athlete's starting point was with the preferred foot just before the starting line, and it was their own decision when to start the sprint, to avoid reaction time influence. The first barrier of photocells was located right after the starting line. Time recording was started when the athlete's body crossed the photocell barriers. This procedure was repeated twice with a rest interval of 5 minutes. The best value was used for analysis. The agility test track was 20 m long. Athletes were required to run in a zigzag pattern while crossing four 5-m distance barriers located each at a 100° internal angle from the next. The time was measured by a system of two photocells (Microgate, Bolzano, Italy), one at the beginning of the track and another at the end. The starting athlete position was the same as used for the 30m run. This procedure was repeated twice with a rest interval of 5 minutes. The best value was used for analysis.

#### Intervention Type

Procedure/Surgery

#### Primary outcome measure

- 1. 10-m and 30-m sprint times immediately before and after the intervention
- 2. Agility test immediately before and after the intervention

#### Secondary outcome measures

n/a

## Overall study start date 09/01/2012

Completion date

#### 06/04/2017

## Eligibility

Key inclusion criteria

1. Athletes who train or compete for at least 5 days a week

2. Understood and signed an informed consent form

**Participant type(s)** Healthy volunteer

**Age group** Adult

**Sex** Male

Target number of participants

20

#### Key exclusion criteria

 Common listed contraindications to SMT, as included in the World Health Organization guidelines, as assessed by a sports medical doctor, including acute fracture, acute infections, neurological deficits, signs of joint instability or pathological ligament laxity
 Acute musculoskeletal lesions that may prevent the athlete participating in the tests
 Previously treated using SMT.

Date of first enrolment

12/02/2014

Date of final enrolment 17/02/2014

## Locations

**Countries of recruitment** Brazil

**Study participating centre Fluminense Football Club training facilities** R. Álvaro Chaves, 41 - Laranjeiras Rio de Janeiro Brazil 22231-220

## Sponsor information

Organisation

N/A

**Sponsor details** 

N/A N/A Brazil N/A

**Sponsor type** Not defined

**Website** N/A

## Funder(s)

**Funder type** Not defined

Funder Name N/A

## **Results and Publications**

**Publication and dissemination plan** Results to be published in a leading journal of the sports medicine and physiology field.

Intention to publish date 25/06/2018

#### Individual participant data (IPD) sharing plan

The datasets generated and/or analysed during the current study during this study will be included in the subsequent results publication.

#### IPD sharing plan summary

Not expected to be made available