

LJMU Research Online

Datson, N, Lolli, L, Drust, B, Atkinson, G, Weston, M and Gregson, W

Inter-methodological quantification of the target change for performance test outcomes relevant to elite female soccer players

http://researchonline.ljmu.ac.uk/id/eprint/15529/

Article

Citation (please note it is advisable to refer to the publisher's version if you intend to cite from this work)

Datson, N, Lolli, L, Drust, B, Atkinson, G, Weston, M and Gregson, W (2021) Inter-methodological quantification of the target change for performance test outcomes relevant to elite female soccer players. Science and Medicine in Football. ISSN 2473-3938

LJMU has developed LJMU Research Online for users to access the research output of the University more effectively. Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Users may download and/or print one copy of any article(s) in LJMU Research Online to facilitate their private study or for non-commercial research. You may not engage in further distribution of the material or use it for any profit-making activities or any commercial gain.

The version presented here may differ from the published version or from the version of the record. Please see the repository URL above for details on accessing the published version and note that access may require a subscription.

For more information please contact researchonline@ljmu.ac.uk

http://researchonline.ljmu.ac.uk/

Inter-methodological quantification of the target change for performance test outcomes relevant to elite female soccer players

Naomi Datson¹², Lorenzo Lolli², Barry Drust³, Greg Atkinson⁴, Matthew Weston⁴ and Warren Gregson²

¹ Institute of Sport, University of Chichester, Chichester, UK

² Football Exchange, Research Institute of Sport Sciences, Liverpool John Moores University, Liverpool, UK

³ School of Sport, Exercise and Rehabilitation Sciences, University of Birmingham, Birmingham, UK

⁴ School of Health and Life Sciences, Teesside University, Middlesbrough, UK

Address for Correspondence:

Naomi Datson PhD Institute of Sport University of Chichester Chichester UK <u>N.Datson@chi.ac.uk</u>

1 Abstract

Valid and informed interpretations of changes in physical performance test data are important within athletic development programmes. At present there is a lack of consensus regarding a suitable method for deeming whether a change in physical performance is practically-relevant or not. We compared true population variance in mean test scores between those derived from evidence synthesis of observational studies to those derived from practioner opinion (n=30), and to those derived from a measurement error (minimal detectable change) quantification (n=140). All these methods can help to obtain "target" change score values for performance variables. We found that the conventional "blanket" target change of 0.2 (between-subjects SD) systematically underestimated practically relevant and more informed changes derived for 5-m sprinting, 30-m sprinting, CMJ, and Yo-Yo Intermittent Recovery Level 1 (IR1) tests in elite female soccer players. For the first time in the field of sport and exercise sciences, we have illustrated the use of a principled approach for comparing different methods for the definition of changes in physical performance test variables that are practically-relevant. Our between-method comparison approach provides preliminary guidance for arriving at target change values that may be useful for research purposes and tracking of individual female soccer player's physical performance.

19 Key Words

21 Fitness testing, football, practically relevant change, player tracking, physical performance

51 Introduction

52 Physical performance testing is an integral component of an elite soccer player's development 53 programme and is considered important by coaches, practitioners and players [1, 2]. Such 54 performance assessments offer an opportunity to evaluate a player's physical qualities, and the 55 derived information can be used to provide coaches and practitioners with evidence to guide 56 talent identification, player selection and development programmes [3]. In the sports and 57 exercise sciences, published research [4] has failed to provide information that may enable 58 adequate study planning and facilitate meaningful interpretations of physical performance test 59 data in the real-world [5]. It remains under-explored whether methods used to interpret group*level* research [6] might be of any value to inform tracking processes at the *individual-level* [7-60 10]. We highlight that "individual-level" refers to individual-player data gathered in daily 61 62 practice, whereas "group-level" indicates the aggregation of individual-player data for research 63 purposes [7]. Real-world practice conventionally involves the examination and interpretation

64 of individual-level (player) data [7].

65 Given that physical performance assessments are used to inform decision making throughout the player development process [11], robust interpretation of test performance data is, 66 therefore, paramount [12]. In sports performance research, investigators are usually concerned 67 68 with the determination of a group-level reference threshold, termed the smallest worthwhile 69 change (SWC) or "target change", which is considered the 'practically relevant' change in the 70 measure of interest [6]. In practice, changes in test score may be interpreted using the SWC 71 statistic computed as *i*) percentage change or *ii*) some specified fraction of the available sample standard deviation (i.e., standardised effect size) [6]. However, the conceptual and contextual 72 73 inconsistencies of these approaches limit the value of the SWC in the real-world [5, 13-19]. 74 First, the calculation of pre-to-post changes expressed as percentage changes does not 75 necessarily remove the regression-to-the-mean artefact that is a problem in single sample 76 intervention or observational studies typical in this research field [17]. Second, use of 77 standardised effect sizes (i.e., Cohen's d) to inform relevant interpretations can be misleading 78 given the sample variance dependence and unitless expression lacking biological 79 meaningfulness [15, 16, 18, 20]. Third, determining the importance of a change based on a 80 magnitude scale as a fraction of a given sample standard deviation, generally $0.2 \times$ between-81 subjects standard deviation (SD) [6], may be irrelevant in the context of sports performance 82 [13, 18]. For example, a recent study on between-device measurement equivalence for maximal sprinting speed assessment showed how these criteria lack practical context [20]. Specifically, 83 84 taking $0.2 \times$ between-subjects SD as the target effect would have represented an unrealistic 85 value for interpreting differences between the criterion and non-criterion measure considering what practitioners deemed meaningful [20]. 86

87 There can be confusion over the different ways that target change thresholds are formulated 88 and interpreted [21, 22], especially in terms of the distinction between minimal detectable 89 change and minimal important change [21]. Minimal detectable change indicates the change 90 in test performance beyond random within-subject variability of the measurement [23]. Conversely, minimal important change refers to the smallest change in a score domain of 91 interest that players and coaches may perceive as meaningful [13, 24]. In practice, the minimal 92 93 detectable change is based on a statistical threshold, whereas a minimal important change may 94 be set irrespective of whether it can be distinguished from measurement error or not [25]. 95 Likewise, the notion of practical relevance versus clinical relevance requires differentiation 96 [22]. Practical relevance refers to whether the size of a change between two testing occasions 97 can be said to differ reasonably [22]. Clinical relevance denotes whether the applied value of

98 any observed change makes a real impact on overall sport performance from an empirical 99 perspective [13, 22]. In general, tracking physical performance changes in the individual 100 athlete is related to the notion of practical relevance.

101 Despite the current lack of consensus regarding established methods for specifying target change values [26-28], a general and perhaps arbitrary selection of a "global" target change 102 103 may not necessarily coincide with a principled determination of a practically relevant change in performance variables on the actual scale of measurement [24, 29]. In the absence of 104 105 objective information, the comparison of different methods involving data from existing sources of information and insight from practitioners can serve to provide guidance for real-106 world player tracking and research purposes [5, 13, 24, 30]. For example, the sports 107 108 performance researcher may define the change values by comparing relevant information based 109 on research evidence synthesis [31], distribution-based methods [32-34], and practitioner opinion [35, 36]. A systematic review and meta-analysis of observational data may be useful 110 111 to inform the definition of a target change [30] that may be expressed as the population spread 112 for the range of true mean population test scores. In line with its use in other fields of research 113 [37], the tau-statistic is a standard deviation that indicates the variation across a *distribution* of 114 true mean test scores [38] beyond random sampling error [39], and may be considered a 115 relevant approximation for the definition of a practically relevant change of interest [40, 41]. 116 The surveying of opinions from practitioners in the field also constitutes another valuable 117 method for specifying change values deemed realistic as opposed to any potential guidance 118 resting solely on statistical criteria [30, 35, 36]. Measurement error assessment is also important to understand whether a particular test may be useful for real-world practice [12, 42, 43]. 119 120 Formal quantification of the minimal detectable change is relevant to ascertain whether any 121 observed change can be distinguished from test-retest error [25, 44].

122 With information that can be obtained from systematic evidence synthesis, practitioner opinion 123 and measurement error assessment, this study aimed to compare different methods for 124 determining practically relevant changes in physical performance test variables relevant to elite 125 female soccer players.

126 **Materials and Methods**

127 Systematic review and meta-analysis

128

129 Literature search procedures

130 Given the context of our study, we pre-determined relevant eligibility criteria [45] to inform our systematic review procedures (Table 1). A comprehensive electronic database search was 131 132 conducted in PubMed and Web of Science by the lead author (ND) to identify original research 133 articles published from the earliest record up to April 2020. A Boolean search phrase was 134 created to include search terms relevant to the sport (soccer), sex (female) and physical performance test of interest (5-m sprinting, 30-m sprinting, CMJ), Yo-Yo IR1). Relevant 135 keywords for each search term were determined through pilot searching (screening of titles, 136 137 abstracts, keywords, and full texts of previously known articles). Keywords were combined 138 within terms using the 'OR' operator, and the final search phrase was constructed by combining 139 the three search terms using the 'AND' operator (Supplementary Table 1). All references were downloaded into a dedicated Papers library (Papers version 3.4.18). The library was reviewed, 140 141 and duplicate records were identified and removed. After the removal of duplicate records, the 142 title and abstracts of the remaining studies were screened against the inclusion and exclusion

143 criteria (Table 1).

144 **Data extraction**

The full-text versions of the remaining articles were then retrieved and evaluated against the 145 146 inclusion criteria to determine their final inclusion/exclusion status by the lead author (ND) 147 and verified by one of the co-authors (LL). Full-text articles that met each of the eligibility 148 criteria were included in quantitative synthesis, with a complete overview of the process for 149 each test performance measure illustrated in Fig. 1-3. Consensus on study selection and data 150 extraction was sought in meetings between the two reviewers throughout the process [46], with 151 the sixth author (WG) consulted if necessary. Mean test scores and sampling variance were extracted by the lead author (ND) and subsequently verified by one of the co-authors (LL) for 152 the observational studies meeting our eligibility criteria. Importantly, only baseline test 153 154 performance measures were extracted in the case of experimental study designs, while a graph 155 digitizer software (DigitizeIt, Braunschweig, Germany) facilitated the data extraction process 156 where only scatter plots were available. The primary outcome to be reported from our evidence synthesis was the τ -statistic value [39, 47] as an approximation of the population standard 157 158 deviation [48, 49] of true mean test scores.

159 Practically relevant changes in physical performance measures survey

160 Survey design and distribution

161 To obtain information relating to practically relevant changes in physical performance in 162 female soccer, we conducted a short cross-sectional survey from July 2019 to April 2020. 163 Practitioners (sport scientists, strength and conditioning coaches and fitness coaches) currently working in elite female soccer were asked on their perception of a practically relevant change 164 165 in a range of physical performance tests (CMJ, 5-m and 30-m linear speed, and Yo-Yo IR1). 166 The survey was developed in-house by the authors who represent a broad range of relevant expertise and experience in the area, both practically and scientifically [20]. The survey 167 168 consisted of nine questions, covering two main areas: 1) introduction and background 169 information (four questions), and 2) perceptions of change values across different physical performance tests (five questions). The data were collected using an online survey platform 170 171 (Online Surveys, formerly Bristol Online Surveys). A weblink to the survey was generated and 172 emailed with a covering letter to known contacts. The survey was intentionally distributed 173 privately to known contacts to ensure completion by appropriate practitioners with the required 174 experience within female soccer. Voluntary informed consent was requested at the start of the 175 survey and no information regarding participant age, sex or club/national team was requested.

176 Measurement error assessment

177 Design

178 Physical performance tests were conducted on two separate occasions separated by seven days. 179 All testing took place during the non-competitive phase of the season. Prior to assessment, all players had previously completed each test on at least one previous occasion, which acted as 180 181 their familiarisation. All physical performance tests were performed on third generation turf 182 (indoor arena) and players wore shorts, t-shirt and football boots (except for the jumps when 183 trainers were worn). Players performed a standardised, generic warm-up prior to 184 commencement of the physical assessments. All physical performance tests were completed at approximately the same time of day to reduce any circadian rhythm effect [50]. Tests were 185 completed in a single session and in the same order (CMJ, linear speed and Yo-Yo IR1) on 186 187 each test occasion. Test order was designed in an attempt to minimise the influence of previous

188 tests on subsequent performance. Participants were instructed to refrain from strenuous 189 exercise in the 24 hours before the fitness testing session and to consume their normal pre-

training diet. To encourage maximal effort, players received consistent verbal encouragement

191 throughout the physical performance tests. Overall, test-retest data were collected from 140

national team female soccer players (age range: 12 to 33 years). Usual appropriate ethics

193 committee clearance was not required as data was collected as a condition of employment [49]

and all players had previously consented for their data to be used for research purposes.

195 Nevertheless, all data were anonymised prior to analysis to ensure player confidentiality.

196 **Procedures**

197 A standardised warm-up was completed, consisting of generic warm-up activity prior to 198 commencing the physical performance tests. Specific warm-ups were also completed prior to 199 each of the performance tests. To ensure consistency between testing occasions, National 200 federation staff coached the warm-up activity.

201 **Countermovement jump (without arms)**

202 Estimations of player's lower limb muscular power were assessed via a countermovement jump 203 (CMJ) on a jump mat (KMS Innervations, Australia). The jump mat was placed on a firm, concrete surface at the edge of the third-generation turf (indoor arena). Following the generic 204 and jump-specific warm-up activity, the player was permitted an additional practice jump on 205 206 the mat before performing three recorded trials. The player was instructed to step on to the mat and place their feet in the middle of the mat (a comfortable distance apart) and with their hands 207 208 on their hips. The player started from an upright position and was instructed to jump as high as 209 possible while keeping their hands on their hips. Players were instructed to keep their legs straight whilst in the air and refrain from bringing their legs into a pike position or flicking 210 211 their heels. The highest jump height recorded to the nearest 0.1 cm was used as the criterion 212 measure of performance.

213 Linear speed

214 Players' linear speed times were evaluated using electronic timing gates (Brower TC Timing 215 System, USA) over distances of 0-30 m. A 50 m steel tape measure (Stanley, UK) was used to measure the 30 m distance and markers were placed at 0, 5 m and 30 m, in addition, a marker 216 217 was placed 1 m behind the zero line. Tripods were placed directly over each marker at a height 218 of 0.87 m above ground level and a timing gate (transmitter) was fitted to each tripod. Opposite 219 each tripod, at a distance of 2 m, another tripod and timing gate (receiver) was positioned. 220 Following the generic and speed-specific warm-up activity, the player was permitted an 221 additional practice sprint through the course before performing three recorded trials. Each 222 sprint was separated by a 3-min recovery period. The player commenced each sprint with their 223 preferred foot on a line 1 m behind the first timing gate. The fastest time at each distance to the 224 nearest 0.01 s was used as the criterion measure of performance.

225 **Yo-Yo Intermittent Recovery Test Level 1**

226 Estimations of player's high-intensity endurance capacity were assessed using the Yo-Yo

227 Intermittent Recovery Test Level 1 (Yo-Yo IR1). During the test, participants completed a

series of repeated 20 m shuttle runs with a progressively increasing running speed (10-19 km h⁻

¹) interspersed with 10 s rest intervals [51].

230 Statistical analysis

Second-order information criterion (AICc) [52] assessed the relative quality of different 231 232 models for meta-analysis with method of moments, maximum likelihood, and model error 233 variance estimators for the true tau-statistic (τ) value [39]. By definition, the τ is a standard 234 deviation describing the typical population variability across the distribution of true mean test 235 scores given the summarised effects [39]. With different approaches described in the current 236 literature [53], recent recommendations on methods for research evidence synthesis informed 237 the meta-analytical framework of the present study [39, 47]. The methods selected to estimate the between-effect variance and its uncertainty involved the comparison of seven random-238 239 effects models using the DerSimonian-Laird, Hedges-Olkin, Sidik-Jonkman, maximumlikelihood, restricted maximum-likelihood, empirical Bayes, and Paule-Mandel estimators, 240 respectively [39, 54]. The generalised Q-statistic method estimated the uncertainty around the 241 242 mean τ-statistic value and was reported as 95% confidence interval (CI) [55]. The AICc 243 difference (Δ AICc) from the estimated best model (i.e., the model with the lowest AICc value; 244 $\Delta AICc = 0$) was evaluated according to the following scale: 0-2, essentially equivalent; 2-7, 245 plausible alternative; 7-14, weak support; > 14, no empirical support [56]. Results were 246 interpreted from the best meta-analytical model for the examined data. Results from essentially 247 equivalent models were also presented. Weighted raw point estimates were calculated as 248 descriptive statistics with the 95% prediction interval (95% PI) describing the expected range 249 for the distribution of true mean test scores for 95% of similar future studies [38, 57, 58]. All 250 meta-analyses were performed using the *metafor* package [54].

Survey data were summarised as response frequency (expressed as counts or percentage) for categorical data, median and interquartile range (IQR) for count data and mean and standard deviation (SD) for continuous data. The change value in physical test performance measures practitioners deemed of practical relevance to elite female soccer was defined as mean and 95%CI from the available survey responses.

256 For the test-retest error assessment analyses, a paired samples t-test quantified the within-257 subjects SD for the mean difference in the test scores [12]. Random within-subject variability 258 was quantified as the standard error of the measurement (SEM) [12] and presented with the 259 respective uncertainty [59]. To assess absolute agreement between measurements [12], 260 percentage coefficient of variation (%CV) was estimated using the logarithmic method [60, 61]. The minimal detectable change value for each performance measure was calculated as the 261 product of the SEM value times 1.96 and the square root of 2 [42]. The underlying patterns in 262 263 the raw test-retest data on each occasion were explored and illustrated in raincloud plots [62].

Effects for each selected method were presented and compared using density strips to illustrate the uncertainty (95%CI) surrounding the point estimates [63-65]. Statistical analyses were conducted using R (version 3.6.1, R Foundation for Statistical Computing).

267 **Results**

268 Systematic review and meta-analysis

Of the records we screened by title and abstract, 11, 17, 27, and 23 studies met the eligibility
criteria for the 5-m sprinting [4, 66-75], 30-m sprinting [4, 76, 3, 77, 66, 67, 69, 78, 79, 72, 71,
80-84], CMJ [85-87, 3, 88, 76, 89, 69, 78, 90-92, 72, 93-97, 82, 73, 98-104], and Yo-Yo IR1
[105-108, 3, 76, 89, 109, 110, 69, 111, 78, 112, 71, 113, 114, 97, 99, 115-119] variables,
respectively (Fig. 1-3). The identified samples of studies summarize almost twenty years of

research on female soccer published between 2000 and 2020 encompassing test performance data ranging from youth to senior players. According to the model comparison on informationtheory grounds (Supplementary Tables 2-5), the mean for the distribution of true mean test scores was 1.16 s (95% PI, 0.98 s to 1.34 s) for 5-m sprinting, 5.01 s (95% PI, 4.19 s to 5.83 s) for 30-m sprinting, 29 cm (95% PI, 21 cm to 37 cm) for CMJ, and 1077 m (95% PI, 527 m to 1628 m) for Yo-Yo IR1.

280 Practically relevant changes in physical performance measures survey

Median time (IQR) to complete the survey (min:sec) was 08:31 (03:29 to 19:57). Of the 30 281 282 respondents, 63% were strength and conditioning coaches and 30% sports scientists (Q1). 283 Respondents had a median of 3 (2 to 6) years of experience working in female soccer (Q2), 284 and worked either in senior (37%), youth (30%), or combination of both (33%) female soccer 285 contexts at the time surveyed (Q3). The majority of respondents worked with National teams or clubs in the top division in their respective country (73%) (Q4), with the following 286 287 breakdown of leagues/level of competition that respondents clubs played in: National teams (n 288 = 8), English Women's Super League (n = 6), English Women's Championship (n = 3), Italian Serie A (n = 3), Australian W League (n = 2), English Regional Talent Club (n = 2), English 289 290 National Premier League (n = 1), USA National Women's Soccer League (n = 1), USA 291 National Collegiate Athletic Association (n = 1), French Division 1 Feminine (n = 1), Northern

Ireland Women's Premiership (n = 1), and highest league (country not stated) (n = 1).

293 Measurement error assessment

294 The estimated mean test-retest difference was 0.002 s (95%CI, -0.004 s to 0.007 s), -0.015 s

295 (95%CI, -0.029 s to -0.002 s), 0.01 cm (95%CI, -0.24 cm to 0.26 cm), and -16 m (95%CI,

296 -33 m to 2 m) for 5-m sprinting, 30-m sprinting, CMJ, and Yo-Yo IR1 variables, respectively.

- 297 The %CV (95%CI) was 2.3% (2.0% to 2.6%) for 5-m sprinting, 1.2% (1.1% to 1.4%) for 30-
- 298 m sprinting, 3.9% (3.4% to 4.3%) for CMJ, and 7.2% (6.3% to 8.1%) for Yo-Yo IR1 data.
- Raincloud plots illustrated the data distribution and degree of raw test-retest measurement error
- 300 (Fig. 4).

301 **Between-method comparison**

302 5-m sprinting

Formal comparison of different meta-analytical approaches revealed the random-effects model 303 304 with maximum likelihood estimator for the τ to be the best of the seven candidates (Supplementary Table 2). The τ was \pm 0.08 s (95%CI, 0.06 s to 0.14 s). All the essentially 305 equivalent models provided similar values for the point estimate based on a sample of 272 306 307 female players. Given the observed degree of test-retest measurement error (Fig. 4), the 308 calculated minimal detectable change value in 5-m sprinting performance was ± 0.07 s (95% CI, 309 0.06 s to 0.08 s). The survey results suggested a mean change of \pm 0.09 s (95%CI, 0.04 s to 0.13 s). In contrast, use of the "test" reliability data for the calculation of small effect in Cohen's 310 terms (0.2 × between-subjects SD) underestimated the change value ($\Delta = \pm 0.011$ s; 95%CI, 311 312 0.010 s to 0.012 s).

313 **30-m sprinting**

- 314 The random-effects model with maximum likelihood estimation method for the τ was the best
- 315 in the pool of candidates (Supplementary Table 3). Meta-analyses involved 685 female players

- 316 revealed a τ value of \pm 0.39 s (95%CI, 0.31 s to 0.57 s), with essentially equivalent models
- 317 providing similar estimates. The calculated minimal detectable change value was ± 0.16 s 318 (95%CI, 0.14 s to 0.18 s) on the basis of the test-retest measurement error analyses (Fig. 4).
- The mean change practitioners perceived as practically relevant was ± 0.21 s (95%CI, 0.11 s)
- 119 The mean change practitioners perceived as practically relevant was \pm 0.21 s (95%CI, 0.11 s 320 to 0.32 s). Estimation of a small effect as per Cohen's criteria using "test" reliability data
- 321 yielded an underestimated change value of ± 0.044 s (95% CI, 0.040 s to 0.050 s).

322 CMJ

323 Following our meta-analytical model comparison on information-theory grounds, the random-324 effects model with maximum likelihood estimator was found to be the best relative to other 325 competing models (Supplementary Table 4). With an available dataset including 1792 female players, the estimated τ was \pm 3.9 cm (95%CI, 3.3 cm to 4.9 cm). The estimated minimal 326 327 detectable change value was \pm 2.9 cm (95% CI, 2.6 cm to 3.3 cm), while the mean change value 328 perceived as important by practitioners was ± 2.8 cm (95%CI, 2.1 cm to 3.4 cm). The change 329 value of \pm 1.0 cm (95%CI, 0.9 cm to 1.1 cm) commensurate to a small effect according to 330 Cohen was inconsistent with the all the mean estimates obtained from the other approaches.

331 Yo-Yo IR1

332 The AICc criteria revealed the random-effects model with restricted maximum likelihood 333 estimator for the τ as the best model in the set of candidates (Supplementary Table 5). Using 334 available Yo-Yo IR1 data from an overall sample of 981 female players, the τ was \pm 267 m (95%CI, 210 m to 355 m). Given the observed random-within subject variability in the Yo-Yo 335 336 IR1 assessment, the calculated value for the minimal detectable change was \pm 206 m (95% CI, 337 184 m to 233 m). The mean value for the change deemed of practical relevance by practitioners was ± 164 m (95%CI, 123 m to 206 m). Conversely, use of the "test" reliability data for 338 339 calculation of the change as per Cohen's criteria ($0.2 \times$ between-subjects SD) yielded an 340 underestimated value of \pm 92 m (95% CI, 82 m to 104 m).

341 **Discussion**

342 Using a principled approach in the domain of sport and exercise sciences, this is the first study 343 to illustrate a formal comparison of different methods for determining practically relevant 344 target change values in physical performance test variables. Our study findings suggested that 345 the definition of a target change value depends on the context and purpose of the measurement.

346 Despite the lack of consensus regarding a standardized methodology for defining change values [26, 27], an a priori and arbitrary selection of a single method is unlikely to result in a 347 348 rationalised determination of practically relevant changes on the actual scale of measurement 349 [24, 34]. Establishing a change value of interest has inherent challenges, but is considered 350 relatively straightforward in sports such as cycling or running, whereby the performance outcome is usually time or distance [13, 24]. Conversely, determining a practically relevant 351 change in a multi-component sport such as soccer or rugby is more challenging and thus 352 353 consideration of between-method comparisons appears relevant irrespective of the context 354 [41]. Specifically, the degree of a target change may differ if considered from research and applied perspectives and not correspond to a fixed or universal value that may be of interest to 355 356 different stakeholders [8]. Values deemed meaningful for group-level research may not be 357 applicable for individual-player tracking purposes [120]. The sports performance researcher 358 would consider a target change to inform study design, while the practitioner is concerned with 359 changes which guide player evaluation strategies [8]. The general strategy of inter360 methodological quantification of target changes intends to stimulate further discussion between 361 the researcher and practitioner, not an end in itself. For example, adequate sample size planning requires explicit specification of an effect of interest [30], yet researchers typically rely on 362 unjustified conventions not calibrated to any study context [121]. Failure to specify what 363 change would falsify a research hypothesis may lead to unnecessarily inconclusive studies and 364 ambiguous interpretations of findings [30, 122]. Use of information from practitioner opinion 365 366 (i.e., opinion-seeking method) would be preferable if one aims to assess whether an 367 intervention elicited within-individual changes greater than change values deemed realistic and relevant to interpretation of research findings (i.e., group-level research) [36, 123]. The choice 368 369 of this or any alternative method for player tracking purposes would, however, depend on 370 whether one is interested in evaluating the size or the meaning of a change for overall sports 371 performance [13].

372 Measurement error assessment can represent a first step to support interpretations when no 373 empirical guidance is available and should be complementary to other methods [44, 124]. This 374 particular evaluation is only useful for understanding whether a change value can be distinguished from random within-subject variability [124]. Measurement reliability should not 375 376 constitute a proxy for determining what value may be judged practically or clinically relevant 377 [25]. However, a practically relevant change smaller than a minimal detectable change may not be distinguished from measurement error irrespective of the purpose. Research in 378 379 clinimetrics highlighted the importance of reducing measurement error, not increasing the value of a target change [124]. In practice, if a change deemed relevant by practitioners equals 380 381 1 standard error of the measurement, the minimal detectable change will always be 382 systematically larger [124]. In our study, the use of test-retest data from 140 national team female soccer players (age range: 12 to 33 years) enabled an estimation of the error in each 383 performance test free from the influence of sampling imprecision. The fact that the mean target 384 385 change for the Yo-Yo IR1 performance test based on practitioner opinion did not exceed the 386 measurement error value (Figure 5) suggested it may not be helpful for tracking high-intensity 387 endurance performance in the individual player [9]. To illustrate this from a practical perspective, the derived change for Yo-Yo IR1 performance from each approach was; ± 267 388 389 m (evidence synthesis), \pm 206 m (test-retest measurement error assessment) and \pm 164 m (practitioner opinion). In contrast, change values derived from practioners' opinions and 390 391 alternative distribution-based methods were larger than measurement error-based values for interpretations of data relevant to sprint and jump variables. Our study confirmed that changes 392 393 deemed practically relevant by practitioners may not converge to a consistent range of values 394 determined by the error of the measurement scale or other distribution-based criteria for each 395 performance variable of interest. Any decision for selecting one or another value informed by, 396 for example, the range of target changes we described as in the case of the Yo-Yo IR1 variable 397 should be pragmatic and based on the context of the measurement [8, 120].

398 In the sport and exercise sciences, the general practice among researchers and practitioners 399 typically involves the derivation of practically relevant changes as a function of arbitrary 400 fractions of one-off sample standard deviation by calculating the value of interest as $0.2 \times$ 401 between-subjects SD of the previous assessment data [6]. The sample-dependent nature of this 402 approach is a major drawback precluding the definition of changes having relevance for research and real-world practice. Formal comparison of results from different methods 403 404 indicated that determination of a change score as a *small* effect according to Cohen's criteria 405 [125] systematically underestimated the value of interest when compared to the other 406 approaches considered in this study. In this context, a recent study illustrated the discrepancy 407 between the use of these criteria and more rationalised methods as practitioner opinion to arrive 408 at values deemed realistic [20]. As a consequence, practitioners should be wary of interpreting 409 changes in performance assessments based on the conventional $0.2 \times$ between-subjects SD 410 criterion a priori [6]. Our preliminary findings were in line with recent observations 411 discouraging any specious reliance on effect sizes as limited measures of practical relevance 412 [18, 19, 126].

413 The available information in this and other research fields guided the selection of different methods to address specific aspects in our study [24, 25, 33, 40, 123]. As a distribution-based 414 415 method, consideration of the variation in a group of test scores is a typical approach used to inform the definition of practically relevant effects [40]. Norman and colleagues emphasised 416 how change values defined on statistical criteria from individual studies per se might depend 417 418 unnecessarily on sampling and inherent characteristics [41]. Accordingly, the synthesis of 419 observational data illustrated in this study aimed to describe an approximation of a population 420 variation value for each test measure [48, 49] that may be realistic and generalisable beyond 421 the single study of limited size [127]. Quantifying the amount of change needed to be certain 422 that a given change that occurred was beyond measurement error is another criterion generally adopted by clinical researchers [123]. Acknowledging the fundamental distinction between 423 424 statistical and principled criteria [25], the minimal detectable change may be an informative 425 benchmark when no empirical guidance is available as in our study context. Nevertheless, the basis of any estimate derived from these or any other plausible approach rests on a formal 426 427 appraisal of their potential importance [123]. Opinion-seeking represents a method valuable 428 for maximising the practical context of findings to assess expectations regarding what is 429 deemed realistic by practitioners [30]. In this respect, findings from this method can represent 430 a critical counterpoint to what might be viewed achievable solely on statistical grounds. 431 Nevertheless, in practice, how it should be weighed compared to other methods remains 432 unexplored.

433 The process for the definition of practically relevant changes in physical performance measures 434 may also require careful considerations inherent to the application of group-based values for 435 the screening of the individual player [7, 128-131] and the presence of other available 436 alternatives, as, for example, anchor-based approaches. Adoption of this method involves the 437 comparison of a player's test performance on two different occasions and then relating the 438 observed change score to a predetermined, independent measure or "anchor" [26, 33, 132]. The 439 anchor is interpretable itself (e.g., self-reported outcome measures on a psychometric scale) 440 and, for example, can be based either on player, coach or practitioner judgements of perceived 441 improvement or deterioration in test performance on a given assessment [123, 133]. 442 Nevertheless, it is important to emphasise that the practical value of determining change values 443 using anchor-based methods relies on a well-conceived study design [133, 134]. The extent of 444 anchor-based estimates is dependent on the selection of the anchor itself, which may vary 445 substantially between different perspectives and contexts [5, 13, 29, 28, 123]. In this, and other 446 fields of research, there is no empirical guideline on how and whether the application of group-447 based results (between-subjects approach) from sports science studies may be valid to inform 448 the monitoring of the individual player over time (within-subjects approach) [28]. Beaton et 449 al., [130] maintained that the magnitude of a change value could substantially differ when 450 comparing between-subjects versus within-subjects methods considering these as conceptually different approaches. Cella et al., [128] however, argued that group-derived data can be used 451 452 to inform the interpretation of changes at the individual-subject level, but not without the 453 support of relevant information inherent to random within-subject variability. What emerged 454 from our comparison of between-subjects (e.g., meta-analysis) and within-subjects (e.g., 455 practioner opinion and measurement error assessment) approaches suggested methods should

456 be seen as complementary to each other to arrive at rationalised interpretations of 457 measurements in research and real-world practice [135].

458 Our study is not without limitations. Our investigation did not provide information regarding 459 our survey content validity since the instrument did not undergo a formal pilot phase. However, 460 we did not consider that as necessary due to the fundamental simplicity of our survey. As 461 illustrated in a recent study [20], our survey focused primarily on one question regarding practitioners' perspectives on change values perceived as meaningful and relevant to the 462 463 interpretation of different physical performance test scores. Specifically, the notion of meaningful referred to the degree of an observed change on that particular test and not its 464 relative contribution to a potential enhancement in overall soccer performance [13]. The 465 466 synthesis of observational data derived in independent groups both in different studies and 467 within the same study is another aspect to consider [136]. Also, our selection [123] of some 468 among other potential methods for specifying a change value of interest requires careful 469 consideration. The relevance of available methods arguably depends on the research aim and 470 context [8, 40]. Clinical researchers highlighted both values and limitations of using distribution-based methods, opinion-seeking, and review of the evidence base for specifying 471 an effect deemed of minimal importance [18, 24, 28, 34, 40, 123, 137]. Likewise, taking into 472 473 consideration the initial test performance level can be important for the definition and 474 interpretation of a practically relevant change in the measure of interest [33]. Consideration of 475 the initial test performance level assumes that greater changes between testing occasions for 476 subjects with lower initial performance are the consequence of functional adaptations only [33]. However, this tendency may just be as consistent with the effects of the regression-to-477 478 the-mean artifact whereby more extreme scores can become less extreme at a follow-up 479 assessment [33]. In practice, subjects with relatively higher test scores will find it harder to 480 attain a given change when compared to subjects with relatively lower test scores [33]. 481 Accounting for this important aspect may limit arriving at conclusions that subjects with 482 relatively lower test scores attained true practically relevant changes in test performance [33]. 483 Different approaches were applied in the clinical literature [33] and recently in the sports sciences [138], although there is no consensus on an established method to address this 484 485 particular statistical phenomenon. Likewise, accounting for the player's perspective on changes in test scores and performance outcomes beyond opinion-based or statistical criteria 486 would be of great importance [128, 139]. Given our data, exploration of these particular 487 aspects was not, however, practically feasible thereby suggesting caution when generalizing 488 489 what is illustrated in the present study.

490 Conclusion

491 This study compared different methods for defining practically relevant changes in physical 492 performance measures. Our results highlighted how information obtained from between-493 method comparisons could be superior to any a priori adoption of conventional statistical 494 criteria (e.g., $0.2 \times$ between-subject SD) to support more rationalised interpretations of 495 individual player test scores and research findings. The specification of a target change in physical performance tests is context-specific and should not be determined a priori on one 496 study or one method only. Our findings provide guidance that may be useful for research 497 498 purposes and tracking the physical performance of individual elite female soccer players in the 499 absence of more objective information.

500 Acknowledgments

- 501 The authors would like to express their gratitude to the English FA for providing access to the
- 502 current data as well as staff and players for their co-operation during data collection. The 503 authors would also like to recognise and thank the practitioners who kindly completed the 504 survey.
- 505

506 Disclosure of Interest

507 The authors report no conflict of interest

508 **References**

- 509 1. Hulse MA, Morris JG, Hawkins RD, Hodson A, Nevill AM, Nevill ME. A field-test
- battery for elite, young soccer players. Int J Sports Med. 2013;34(4):302-11. doi:10.1055/s0032-1312603.
- 512 2. Manson SA, Brughelli M, Harris NK. Physiological characteristics of international female
- 513 soccer players. J Strength Cond Res. 2014;28(2):308-18.
- 514 doi:10.1519/JSC.0b013e31829b56b1.
- 515 3. Datson N, Weston M, Drust B, Gregson W, Lolli L. High-intensity endurance capacity
- 516 assessment as a tool for talent identification in elite youth female soccer. J Sports Sci.
- 517 2019:1-7. doi:10.1080/02640414.2019.1656323.
- 518 4. Datson N, Hulton A, Andersson H, Lewis T, Weston M, Drust B et al. Applied physiology
- 519 of female soccer: an update. Sports Med. 2014;44(9):1225-40. doi:10.1007/s40279-014-520 0199-1.
- 521 5. Atkinson G. What's behind the numbers? Important decisions in judging practical
- 522 significance. Sportscience. 2007;11:12-5.
- 523 6. Buchheit M. The numbers will love you back in return-I promise. Int J Sports Physiol
- 524 Perform. 2016;11(4):551-4. doi:10.1123/ijspp.2016-0214.
- 525 7. King MT, Dueck AC, Revicki DA. Can methods developed for interpreting group-level
- 526 patient-reported outcome data be applied to individual patient management? Med Care.
- 527 2019;57 Suppl 5 Suppl 1:S38-s45. doi:10.1097/mlr.00000000001111.
- 528 8. Beaton DE, Boers M, Wells GA. Many faces of the minimal clinically important
- 529 difference (MCID): a literature review and directions for future research. Curr Opin
- 530 Rheumatol. 2002;14(2):109-14. doi:10.1097/00002281-200203000-00006.
- 531 9. Wells G, Beaton D, Shea B, Boers M, Simon L, Strand V et al. Minimal clinically
- 532 important differences: review of methods. J Rheumatol. 2001;28(2):406-12.
- 533 10. Beaton DE. Simple as possible? Or too simple? Possible limits to the universality of the
- one half standard deviation. Med Care. 2003;41(5):593-6.
- 535 doi:10.1097/01.Mlr.0000064706.35861.B4.
- 536 11. Svensson M, Drust B. Testing soccer players. J Sports Sci. 2005;23(6):601-18.
- 537 doi:10.1080/02640410400021294.
- 538 12. Atkinson G, Nevill AM. Statistical methods for assessing measurement error (reliability)
- 539 in variables relevant to sports medicine. Sports Med. 1998;26(4):217-38.
- 540 13. Atkinson G. Does size matter for sports performance researchers? J Sports Sci.
- 541 2003;21(2):73-4. doi:10.1080/0264041031000071038.
- 542 14. Bland JM. The tyranny of power: is there a better way to calculate sample size? BMJ.
- 543 2009;339:b3985. doi:10.1136/bmj.b3985.
- 544 15. Lenth R. Some practical guidelines for effective sample size. Am Stat. 2001;55(3):187-
- 545 93. doi:10.1198/000313001317098149.
- 546 16. Loken E, Gelman A. Measurement error and the replication crisis. Science.
- 547 2017;355(6325):584-5. doi:10.1126/science.aal3618.

- 548 17. Morton V, Torgerson DJ. Effect of regression to the mean on decision making in health 549 care. BMJ. 2003;326(7398):1083-4. doi:10.1136/bmj.326.7398.1083.
- 550 18. Pogrow S. How effect size (practical significance) misleads clinical practice: the case for
- switching to practical benefit to assess applied research findings. Am Stat. 2019;73:223-34.
- 552 doi:10.1080/00031305.2018.1549101.
- 553 19. Gibbs NM, Weightman WM. Beyond effect size: consideration of the minimum effect
- size of interest in anesthesia trials. Anesth Analg. 2012;114(2):471-5.
- 555 doi:10.1213/ANE.0b013e31823d2ab7.
- 556 20. Kyprianou E, Lolli L, Al Haddad H, Di Salvo V, Varley M, Mendez-Villanueva A et al.
- 557 A novel approach to assessing validity in sports performance research: integrating expert
- practitioner opinion into the statistical analysis. Sci Med Footb. 2019;3(4):333-8.
- 559 doi:10.1080/24733938.2019.1617433.
- 560 21. de Vet HC, Terwee CB, Ostelo RW, Beckerman H, Knol DL, Bouter LM. Minimal
- changes in health status questionnaires: distinction between minimally detectable change and
 minimally important change. Health Qual Life Outcomes. 2006;4:54. doi:10.1186/1477-
- 563 7525-4-54.
- 564 22. Bothe AK, Richardson JD. Statistical, practical, clinical, and personal significance:
- 565 definitions and applications in speech-language pathology. Am J Speech Lang Pathol.
- 566 2011;20(3):233-42. doi:10.1044/1058-0360(2011/10-0034).
- 567 23. Lassere MN, van der Heijde D, Johnson KR. Foundations of the minimal clinically
- important difference for imaging. J Rheumatol. 2001;28(4):890-1.
- 569 24. Revicki D, Hays RD, Cella D, Sloan J. Recommended methods for determining
- 570 responsiveness and minimally important differences for patient-reported outcomes. J Clin
- 571 Epidemiol. 2008;61(2):102-9. doi:10.1016/j.jclinepi.2007.03.012.
- 572 25. de Vet HC, Terwee CB. The minimal detectable change should not replace the minimal
- 573 important difference. J Clin Epidemiol. 2010;63(7):804-5; author reply 6.
- 574 doi:10.1016/j.jclinepi.2009.12.015.
- 575 26. Terwee CB, Roorda LD, Dekker J, Bierma-Zeinstra SM, Peat G, Jordan KP et al. Mind
- the MIC: large variation among populations and methods. J Clin Epidemiol. 2010;63(5):52434. doi:10.1016/j.jclinepi.2009.08.010.
- 27. Wright JG. The minimal important difference: who's to say what is important? J Clin
 Epidemiol. 1996;49(11):1221-2. doi:10.1016/s0895-4356(96)00207-7.
- 580 28. King MT. A point of minimal important difference (MID): a critique of terminology and
- 581 methods. Expert Rev Pharmacoecon Outcomes Res. 2011;11(2):171-84.
- 582 doi:10.1586/erp.11.9.
- 583 29. Thorpe RT, Atkinson G, Drust B, Gregson W. Monitoring fatigue status in elite team-
- 584 sport athletes: implications for practice. Int J Sports Physiol Perform. 2017;12(Suppl
- 585 2):S227-s34. doi:10.1123/ijspp.2016-0434.
- 586 30. Cook JA, Julious SA, Sones W, Hampson LV, Hewitt C, Berlin JA et al. DELTA(2)
- 587 guidance on choosing the target difference and undertaking and reporting the sample size
- calculation for a randomised controlled trial. BMJ. 2018;363:k3750. doi:10.1136/bmj.k3750.
- 589 31. Button KS, Ioannidis JP, Mokrysz C, Nosek BA, Flint J, Robinson ES et al. Power
- failure: why small sample size undermines the reliability of neuroscience. Nat Rev Neurosci.
 2013;14(5):365-76. doi:10.1038/nrn3475.
- 592 32. Beaton DE, van Eerd D, Smith P, van der Velde G, Cullen K, Kennedy CA et al. Minimal
- 593 change is sensitive, less specific to recovery: a diagnostic testing approach to interpretability.
- 594 J Clin Epidemiol. 2011;64(5):487-96. doi:10.1016/j.jclinepi.2010.07.012.
- 595 33. Crosby RD, Kolotkin RL, Williams GR. Defining clinically meaningful change in health-
- 596 related quality of life. J Clin Epidemiol. 2003;56(5):395-407. doi:10.1016/s0895-
- 597 4356(03)00044-1.

- 598 34. Crosby RD, Kolotkin RL, Williams GR. An integrated method to determine meaningful
- changes in health-related quality of life. J Clin Epidemiol. 2004;57(11):1153-60.
- 600 doi:10.1016/j.jclinepi.2004.04.004.
- 601 35. Staunton H, Willgoss T, Nelsen L, Burbridge C, Sully K, Rofail D et al. An overview of
- using qualitative techniques to explore and define estimates of clinically important change on
- 603 clinical outcome assessments. J Patient Rep Outcomes. 2019;3(1):16. doi:10.1186/s41687604 019-0100-y.
- 605 36. Fayers PM, Cuschieri A, Fielding J, Craven J, Uscinska B, Freedman LS. Sample size
- 606 calculation for clinical trials: the impact of clinician beliefs. Br J Cancer. 2000;82(1):213-9.
 607 doi:10.1054/bjoc.1999.0902.
- 608 37. Eton DT, Cella D, Yost KJ, Yount SE, Peterman AH, Neuberg DS et al. A combination
- 609 of distribution- and anchor-based approaches determined minimally important differences
- 610 (MIDs) for four endpoints in a breast cancer scale. J Clin Epidemiol. 2004;57(9):898-910.
- 611 doi:10.1016/j.jclinepi.2004.01.012.
- 612 38. Borenstein M, Hedges LV, Higgins JPT, Rothstein HR. A basic introduction to fixed-
- 613 effect and random-effects models for meta-analysis. Res Synth Method. 2010;1(2):97-111.
- 614 doi:10.1002/jrsm.12.
- 615 39. Veroniki AA, Jackson D, Viechtbauer W, Bender R, Bowden J, Knapp G et al. Methods
- 616 to estimate the between-study variance and its uncertainty in meta-analysis. Res Synth
- 617 Methods. 2016;7(1):55-79. doi:10.1002/jrsm.1164.
- 618 40. Copay AG, Subach BR, Glassman SD, Polly DW, Jr., Schuler TC. Understanding the
- 619 minimum clinically important difference: a review of concepts and methods. Spine J.
- 620 2007;7(5):541-6. doi:10.1016/j.spinee.2007.01.008.
- 621 41. Norman GR, Sloan JA, Wyrwich KW. Interpretation of changes in health-related quality
- 622 of life: the remarkable universality of half a standard deviation. Medical care.
- 623 2003;41(5):582-92. doi:10.1097/01.Mlr.0000062554.74615.4c.
- 624 42. Weir JP. Quantifying test-retest reliability using the intraclass correlation coefficient and
- 625 the SEM. J Strength Cond Res. 2005;19(1):231-40. doi:10.1519/15184.1.
- 43. Hebert R, Spiegelhalter DJ, Brayne C. Setting the minimal metrically detectable change
- on disability rating scales. Arch Phys Med Rehabil. 1997;78(12):1305-8. doi:10.1016/s00039993(97)90301-4.
- 629 44. Terwee CB, Roorda LD, Knol DL, De Boer MR, De Vet HC. Linking measurement error
- 630 to minimal important change of patient-reported outcomes. J Clin Epidemiol.
- 631 2009;62(10):1062-7. doi:10.1016/j.jclinepi.2008.10.011.
- 632 45. McKenzie JE, Brennan SE, Ryan RE, Thomson HJ, Johnston RV, Thomas J. Chapter 3:
- 633 Defining the criteria for including studies and how they will be grouped for the synthesis. In:
- Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA (editors).
- 635 Cochrane Handbook for Systematic Reviews of Interventions version 6.1 (updated September
- 636 2020). Cochrane, 2020. Available from <u>www.training.cochrane.org/handbook</u>. 2020.
- 637 46. Stoll CRT, Izadi S, Fowler S, Green P, Suls J, Colditz GA. The value of a second
- reviewer for study selection in systematic reviews. Res Synth Methods. 2019;10(4):539-45.
- 639 doi:10.1002/jrsm.1369.
- 640 47. Langan D, Higgins JPT, Jackson D, Bowden J, Veroniki AA, Kontopantelis E et al. A
- 641 comparison of heterogeneity variance estimators in simulated random-effects meta-analyses.
- 642 Res Synth Methods. 2019;10(1):83-98. doi:10.1002/jrsm.1316.
- 643 48. Altman DG. Practical statistics for medical research. London: Chapman and Hall/CRC;644 1991.
- 645 49. Healy MJ. Populations and samples. Arch Dis Child. 1991;66(11):1355-6.
- 646 doi:10.1136/adc.66.11.1355.

- 647 50. Reilly T, Brooks GA. Exercise and the circadian variation in body temperature measures.
- International journal of sports medicine. 1986;7(6):358-62. doi:10.1055/s-2008-1025792.
 51. Krustrup P, Mohr M, Amstrup T, Rysgaard T, Johansen J, Steensberg A et al. The yo-yo
- 649 51. Krustrup P, Mohr M, Amstrup T, Rysgaard T, Johansen J, Steensberg A et al. The yo-yo 650 intermittent recovery test: physiological response, reliability, and validity. Med Sci Sports
- 651 Exerc. 2003;35(4):697-705. doi:10.1249/01.MSS.0000058441.94520.32.
- 652 52. Hurvich CM, Tsai CL. Regression and time-series model selection in small samples.
- 653 Biometrika. 1989;76(2):297-307. doi:10.1093/biomet/76.2.297.
- 654 53. Petropoulou M, Mavridis D. A comparison of 20 heterogeneity variance estimators in
- statistical synthesis of results from studies: a simulation study. Stat Med. 2017;36(27):4266doi:10.1002/sim.7431.
- 54. Viechtbauer W. Conducting meta-analyses in R with the metafor package. J Stat Softw.2010;36(3):1-48.
- 55. Viechtbauer W. Confidence intervals for the amount of heterogeneity in meta-analysis.
 Stat Med. 2007;26(1):37-52. doi:10.1002/sim.2514.
- 661 56. Burnham KP, Anderson DR, Huyvaert KP. AIC model selection and multimodel
- 662 inference in behavioral ecology: some background, observations, and comparisons. Behav
- 663 Ecol Sociobiol. 2011;65(1):23-35. doi:10.1007/s00265-010-1029-6.
- 664 57. Higgins JPT, Thompson SG, Spiegelhalter DJ. A re-evaluation of random-effects meta-
- 665 analysis. J R Stat Soc Ser A Stat Soc. 2009;172:137-59. doi:10.1111/j.1467-
- 666 985X.2008.00552.x.
- 667 58. IntHout J, Ioannidis JP, Rovers MM, Goeman JJ. Plea for routinely presenting prediction
- 668 intervals in meta-analysis. BMJ Open. 2016;6(7):e010247. doi:10.1136/bmjopen-2015669 010247.
- 59. Sheskin DJ. Handbook of parametric and nonparametric statistical procedures. Chapmanand Hall/CRC; 2000.
- 672 60. Bland JM, Altman DG. Measurement error proportional to the mean. BMJ.
- 673 1996;313(7049):106. doi:10.1136/bmj.313.7049.106.
- 674 61. Bland JM. How should I calculate a within-subject coefficient of variation? 2006.
 675 https://www-users.york.ac.uk/~mb55/meas/cv.htm.
- 676 62. Allen M, Poggiali D, Whitaker K, Marshall TR, Kievit RA. Raincloud plots: a multi-
- 677 platform tool for robust data visualization. Wellcome open research. 2019;4:63.
- 678 doi:10.12688/wellcomeopenres.15191.1.
- 679 63. Bowman AW. Graphics for uncertainty. J R Stat Soc Ser A Stat Soc. 2019;182:403-18.
 680 doi:10.1111/rssa.12379.
- 681 64. Jackson CH. Displaying uncertainty with shading. Am Stat. 2008;62(4):340-7.
- 682 doi:10.1198/000313008X370843.
- 683 65. Moore DS, McCabe GP, Craig BA. Introduction to the practice of statistics. W.H.
- Freeman and Company; 2007.
- 685 66. Baumgart C, Freiwald J, Hoppe MW. Sprint mechanical properties of female and
- different aged male top-level german soccer players. Sports (Basel, Switzerland). 2018;6(4).
 doi:10.3390/sports6040161.
- 688 67. Bishop C, Read P, McCubbine J, Turner A. Vertical and horizontal asymmetries are
- related to slower sprinting and jump performance in elite youth female soccer players. J
 Strength Cond Res. 2018. doi:10.1519/jsc.00000000002544.
- 691 68. Gabbett TJ, Carius J, Mulvey M. Does improved decision-making ability reduce the
- 692 physiological demands of game-based activities in field sport athletes? J Strength Cond Res.
- 693 2008;22(6):2027-35. doi:10.1519/JSC.0b013e3181887f34.
- 694 69. Hammami MA, Ben Klifa W, Ben Ayed K, Mekni R, Saeidi A, Jan J et al. Physical
- 695 performances and anthropometric characteristics of young elite North-African female soccer

- 696 players compared with international standards. Science&Sports. 2020;35(2):67-74.
- 697 doi:10.1016/j.scispo.2019.06.005.
- 70. Hoare DG, Warr CR. Talent identification and women's soccer: an Australian experience.
 J Sports Sci. 2000;18(9):751-8. doi:10.1080/02640410050120122.
- 700 71. Lockie RG, Moreno MR, Lazar A, Orjalo AJ, Giuliano DV, Risso FG et al. The physical
- and athletic performance characteristics of division I collegiate female soccer players by
- 702 position. J Strength Cond Res. 2018;32(2):334-43. doi:10.1519/jsc.000000000001561.
- 703 72. Julian R, Hecksteden A, Fullagar HH, Meyer T. The effects of menstrual cycle phase on
- physical performance in female soccer players. PLoS One. 2017;12(3):e0173951.
- 705 doi:10.1371/journal.pone.0173951.
- 706 73. Pedersen S, Heitmann KA, Sagelv EH, Johansen D, Pettersen SA. Improved maximal
- strength is not associated with improvements in sprint time or jump height in high-level
- female football players: a clusterrendomized controlled trial. BMC Sports Sci Med Rehabil.
- 709 2019;11:20. doi:10.1186/s13102-019-0133-9.
- 710 74. Sport AIo. Physiological tests for elite athletes. 2nd ed. Champaign, United States:
- 711 Human Kinetics Publishers; 2012.
- 712 75. Taylor JM, Portas M, Wright MD, Hurst C, Weston M. Within-season variation of fitness
- in elite youth female soccer players. J Athl Enhancement. 2012;2(1). doi:10.4172/2324-
- 714 9080.1000102.
- 715 76. Emmonds S, Till K, J. R, Murray E, Turner L, Robinson C et al. Influence of age on the
- anthropometric and performance characteristics of high-level youth female soccer players. Int
 J Sports Sci Coa. 2018;13(5):779-86. doi:10.1177/1747954118757437.
- 718 77. Andersen E, Lockie RG, Dawes JJ. Relationship of absolute and relative lower-body
- strength to predictors of athletic performance in collegiate women soccer players. Sports
- 720 (Basel, Switzerland). 2018;6(4). doi:10.3390/sports6040106.
- 721 78. Idrizovic K. Physical and anthropometric profiles of elite female soccer players. Med
- 722 Sport. 2014;67(2):273-87.
- 723 79. Jackman SR, Scott S, Randers MB, Orntoft C, Blackwell J, Zar A et al. Musculoskeletal
- health profile for elite female footballers versus untrained young women before and after 16
- weeks of football training. J Sports Sci. 2013;31(13):1468-74.
- 726 doi:10.1080/02640414.2013.796066.
- 727 80. McFarland IT, Dawes JJ, Elder CL, Lockie RG. Relationship of Two Vertical Jumping
- 728 Tests to Sprint and Change of Direction Speed among Male and Female Collegiate Soccer
- 729 Players. Sports (Basel, Switzerland). 2016;4(1). doi:10.3390/sports4010011.
- 730 81. Nebil G, Zouhair F, Hatem B, Hamza M, Zouhair T, Roy S et al. Effect of optimal
- 731 cycling repeated-sprint combined with classical training on peak leg power in female soccer
- 732 players. Isokinet Exerc Sci 2014;22(1):69-76. doi:10.3233/IES-130515.
- 733 82. Oberacker LM, Davis SE, Haff GG, Witmer CA, Moir GL. The Yo-Yo IR2 test:
- physiological response, reliability, and application to elite soccer. J Strength Cond Res.
- 735 2012;26(10):2734-40. doi:10.1519/JSC.0b013e318242a32a.
- 736 83. Ozbar N. Effects of plyometric Training on explosive strength, speed and kicking speed
- in female soccer players. Anthropol. 2015;19(2):333-9.
- 738 doi:10.1080/09720073.2015.11891666.
- 739 84. Ünveren A. Investigating women futsal and soccer players' acceleration, speed and
- 740 agility features. Anthropol. 2015;21(1-2):361-5.
- 741 85. Andersson H, Raastad T, Nilsson J, Paulsen G, Garthe I, Kadi F. Neuromuscular fatigue
- and recovery in elite female soccer: effects of active recovery. Med Sci Sports Exerc.
- 743 2008;40(2):372-80. doi:10.1249/mss.0b013e31815b8497.

- 86. Brannstrom A, Yu JG, Jonsson P, Akerfeldt T, Stridsberg M, Svensson M. Vitamin D in
- relation to bone health and muscle function in young female soccer players. Eur J Sport Sci.
- 746 2017;17(2):249-56. doi:10.1080/17461391.2016.1225823.
- 747 87. Castagna C, Castellini E. Vertical jump performance in Italian male and female national

team soccer players. Journal of strength and conditioning research / National Strength &

- 749 Conditioning Association. 2013;27(4):1156-61. doi:10.1519/JSC.0b013e3182610999.
- 88. Emmonds S, Nicholson G, Begg C, Jones B, Bissas A. Importance of physical qualities
- for speed and change of direction ability in elite female soccer players. J Strength Cond Res.
 2019;33(6):1669-77. doi:10.1519/jsc.00000000002114.
- 753 89. Francescato MP, Venuto I, Buoite A, Stel G, Mallardi F, Cauci S. Sex differences in
- hydration status among adolescent elite soccer players. J Hum. 2019;14(2):265-80.
- 755 doi:10.14198/jhse.2019.142.02.
- 756 90. Haugen TA, Tonnessen E, Seiler S. Speed and countermovement-jump characteristics of
- elite female soccer players, 1995-2010. Int J Sports Physiol Perform. 2012;7(4):340-9.
 doi:10.1123/ijspp.7.4.340.
- 759 91. Ingebrigtsen J, Shalfawi SA, Tonnessen E, Krustrup P, Holtermann A. Performance
- effects of 6 weeks of aerobic production training in junior elite soccer players. J Strength
 Cond Res. 2013;27(7):1861-7. doi:10.1519/JSC.0b013e31827647bd.
- 762 92. Jeras NMJ, Bovend'Eerdt TJH, McCrum C. Biomechanical mechanisms of jumping
- 763 performance in youth elite female soccer players. J Sports Sci. 2019:1-7.
- 764 doi:10.1080/02640414.2019.1674526.
- 765 93. Krustrup P, Zebis M, Jensen JM, Mohr M. Game-induced fatigue patterns in elite female
- 766 soccer. J Strength Cond Res. 2010;24(2):437-41. doi:10.1519/JSC.0b013e3181c09b79.
- 767 94. Lesinski M, Muehlbauer T, Granacher U. Concurrent validity of the Gyko inertial sensor
- system for the assessment of vertical jump height in female sub-elite youth soccer players.
- 769 BMC Sports Sci Med Rehabil. 2016;8:35. doi:10.1186/s13102-016-0061-x.
- 770 95. Loturco I, Suchomel T, James LP, Bishop C, Abad CCC, Pereira LA et al. Selective
- 771 Influences of Maximum Dynamic Strength and Bar-Power Output on Team Sports
- Performance: A Comprehensive Study of Four Different Disciplines. Frontiers in physiology.
- 773 2018;9:1820. doi:10.3389/fphys.2018.01820.
- 96. McCurdy KW, Walker JL, Langford GA, Kutz MR, Guerrero JM, McMillan J. The
- relationship between kinematic determinants of jump and sprint performance in division I
- women soccer players. Journal of strength and conditioning research / National Strength &
- 777 Conditioning Association. 2010;24(12):3200-8. doi:10.1519/JSC.0b013e3181fb3f94.
- 97. Mujika I, Santisteban J, Impellizzeri FM, Castagna C. Fitness determinants of success in
- men's and women's football. J Sports Sci. 2009;27(2):107-14.
- 780 doi:10.1080/02640410802428071.
- 781 98. Prieske O, Maffiuletti NA, Granacher U. Postactivation potentiation of the plantar flexors
- does not directly translate to jump performance in female elite young soccer players.
- 783 Frontiers in physiology. 2018;9:276. doi:10.3389/fphys.2018.00276.
- 784 99. Ramos GP, Nakamura FY, Penna EM, Mendes TT, Mahseredjian F, Lima AM et al.
- 785 Comparison of physical fitness and anthropometrical profiles among brazilian female soccer
- national teams from U15 to senior categories. Journal of strength and conditioning research /
- 787 National Strength & Conditioning Association. 2019. doi:10.1519/jsc.00000000003140.
- 100. Sedano S, Vaeyens R, Philippaerts RM, Redondo JC, Cuadrado G. Anthropometric and
- anaerobic fitness profile of elite and non-elite female soccer players. J Sports Med Phys
- 790 Fitness. 2009;49(4):387-94.
- 101. Shalfawi SA, Haugen T, Jakobsen TA, Enoksen E, Tonnessen E. The effect of
- combined resisted agility and repeated sprint training vs. strength training on female elite

- soccer players. J Strength Cond Res. 2013;27(11):2966-72.
- 794 doi:10.1519/JSC.0b013e31828c2889.
- 102. Steffen K, Bakka HM, Myklebust G, Bahr R. Performance aspects of an injury
- prevention program: a ten-week intervention in adolescent female football players. Scand J
 Med Sci Sports. 2008;18(5):596-604. doi:10.1111/j.1600-0838.2007.00708.x.
- 103. Suchomel TJ, Sole CJ, Bailey CA, Grazer JL, Beckham GK. A comparison of reactive
- strength index-modified between six U.S. Collegiate athletic teams. J Strength Cond Res.
- 800 2015;29(5):1310-6. doi:10.1519/jsc.000000000000761.
- 801 104. Vescovi JD, Rupf R, Brown TD, Marques MC. Physical performance characteristics of
- 802 high-level female soccer players 12-21 years of age. Scand J Med Sci Sports.
- 803 2011;21(5):670-8. doi:10.1111/j.1600-0838.2009.01081.x.
- 804 105. Andersen TB, Krustrup P, Bendiksen M, Orntoft CO, Randers MB, Pettersen SA.
- 805 Kicking velocity and effect on match performance when using a smaller, lighter ball in
- 806 women's football. International journal of sports medicine. 2016;37(12):966-72.
- 807 doi:10.1055/s-0042-109542.
- 808 106. Bendiksen M, Pettersen SA, Ingebrigtsen J, Randers MB, Brito J, Mohr M et al.
- 809 Application of the Copenhagen soccer test in high-level women players locomotor
- 810 activities, physiological response and sprint performance. Hum Mov Sci. 2013;32(6):1430-
- 811 42. doi:10.1016/j.humov.2013.07.011.
- 812 107. Booysen MJ, Gradidge PJ, Constantinou D. Anthropometric and motor characteristics of
- 813 South African national level female soccer players. Journal of human kinetics. 2019;66:121-
- 814 9. doi:10.1515/hukin-2017-0189.
- 815 108. Cone JR, Berry NT, Goldfarb AH, Henson RA, Schmitz RJ, Wideman L et al. Effects of
- an individualized soccer match simulation on vertical stiffness and impedance. J Strength
 Cond Res. 2012;26(8):2027-36. doi:10.1519/JSC.0b013e31823a4076.
- 818 109. Flatt AA, Esco MR. Evaluating individual training adaptation with smartphone-derived
- 819 heart rate variability in a collegiate female soccer team. J Strength Cond Res.
- 820 2016;30(2):378-85. doi:10.1519/jsc.0000000000001095.
- 821 110. Gabrys T, Stec K, Michalski C, Pilis W, Pilis K, Witkowski Z. Diagnostic value of Beep
- and Yo-Yo tests in assessing physical performance of female soccer players. Biomed Hum
- 823 Kinet. 2019;11(1):110-4.
- 824 111. Hasegawa N, Kuzuhura K. Physical characteristics of collegiate women's football
- 825 players. Football Science. 2015;12:51-7.
- 826 112. Krustrup P, Mohr M, Ellingsgaard H, Bangsbo J. Physical demands during an elite
- female soccer game: importance of training status. Med Sci Sports Exerc. 2005;37(7):1242-8.
 doi:10.1249/01.mss.0000170062.73981.94.
- 829 113. Martinez-Lagunas V, Hartmann U. Validity of the Yo-Yo Intermittent Recovery Test
- 830 Level 1 for direct measurement or indirect estimation of maximal oxygen uptake in female
- 831 soccer players. Int J Sports Physiol Perform. 2014;9(5):825-31. doi:10.1123/ijspp.2013-0313.
- 832 114. Morales J, Roman V, Yanez A, Solana-Tramunt M, Alamo J, Figuls A. Physiological
- and psychological changes at the end of the soccer season in elite female athletes. Journal of
- 834 human kinetics. 2019;66:99-109. doi:10.2478/hukin-2018-0051.
- 835 115. Schmitz RJ, Cone JC, Tritsch AJ, Pye ML, Montgomery MM, Henson RA et al.
- 836 Changes in drop-jump landing biomechanics during prolonged intermittent exercise. Sports
- 837 health. 2014;6(2):128-35. doi:10.1177/1941738113503286.
- 838 116. Scott D, Lovell R. Individualisation of speed thresholds does not enhance the dose-
- response determination in football training. J Sports Sci. 2018;36(13):1523-32.
- 840 doi:10.1080/02640414.2017.1398894.

- 841 117. Sjokvist J, Laurent MC, Richardson M, Curtner-Smith M, Holmberg HC, Bishop PA.
- 842 Recovery from high-intensity training sessions in female soccer players. J Strength Cond
- 843 Res. 2011;25(6):1726-35. doi:10.1519/JSC.0b013e3181e06de8.
- 844 118. Tounsi M, Jaafar H, Aloui A, Souissi N. Soccer-related performance in eumenorrheic
- 845 Tunisian high-level soccer players: effects of menstrual cycle phase and moment of day. J
- 846 Sports Med Phys Fitness. 2018;58(4):497-502. doi:10.23736/s0022-4707.17.06958-4.
- 847 119. Wright MD, Hurst C, Taylor JM. Contrasting effects of a mixed-methods high-intensity
- interval training intervention in girl football players. J Sports Sci. 2016;34(19):1808-15.
 doi:10.1080/02640414.2016.1139163.
- 850 120. Lassere MN, van der Heijde D, Johnson KR, Boers M, Edmonds J. Reliability of
- 851 measures of disease activity and disease damage in rheumatoid arthritis: implications for
- smallest detectable difference, minimal clinically important difference, and analysis of
- treatment effects in randomized controlled trials. J Rheumatol. 2001;28(4):892-903.
- 854 121. Gruijters SLK, Peters GJY. Meaningful change definitions: sample size planning for
- 855 experimental intervention research. Psychol Health. 2020:1-16.
- 856 doi:10.1080/08870446.2020.1841762.
- 857 122. Lakens D. Sample Size Justification. 2021. <u>https://doi.org/10.31234/osf.io/9d3yf</u>.
- 858 123. Cook JA, Hislop J, Adewuyi TE, Harrild K, Altman DG, Ramsay CR et al. Assessing
- 859 methods to specify the target difference for a randomised controlled trial: DELTA
- 860 (Difference ELicitation in TriAls) review. Health Technol Assess. 2014;18(28):v-vi, 1-175.
- 861 doi:10.3310/hta18280.
- 862 124. Terwee CB, Terluin B, Knol DL, de Vet HC. Combining clinical relevance and
- 863 statistical significance for evaluating quality of life changes in the individual patient. J Clin
- 864 Epidemiol. 2011;64(12):1465-7; author reply 7-8. doi:10.1016/j.jclinepi.2011.06.015.
- 865 125. Cohen J. Statistical Power Analysis for the Behavioral Sciences. 2nd ed. Hillsdale (NJ):
- 866 Lawrence Erlbaum Associates. p. 567; 1988.
- 867 126. Ioannidis JP. Why most published research findings are false. PLoS Med.
- 868 2005;2(8):e124. doi:10.1371/journal.pmed.0020124.
- 869 127. Watt JA, Veroniki AA, Tricco AC, Straus SE. Using a distribution-based approach and
- 870 systematic review methods to derive minimum clinically important differences. BMC Med
- 871 Res Methodol. 2021;21(1):41. doi:10.1186/s12874-021-01228-7.
- 872 128. Cella D, Bullinger M, Scott C, Barofsky I. Group vs individual approaches to
- understanding the clinical significance of differences or changes in quality of life. Mayo Clin
 Proc. 2002;77(4):384-92. doi:10.4065/77.4.384.
- 875 129. de Vet HC, Terluin B, Knol DL, Roorda LD, Mokkink LB, Ostelo RW et al. Three ways
- to quantify uncertainty in individually applied "minimally important change" values. J Clin
- 877 Epidemiol. 2010;63(1):37-45. doi:10.1016/j.jclinepi.2009.03.011.
- 878 130. Beaton DE, Bombardier C, Katz JN, Wright JG. A taxonomy for responsiveness. J Clin
- 879 Epidemiol. 2001;54(12):1204-17. doi:10.1016/s0895-4356(01)00407-3.
- 880 131. Redelmeier DA, Tversky A. Discrepancy between medical decisions for individual
- 881 patients and for groups. N Engl J Med. 1990;322(16):1162-4.
- 882 doi:10.1056/nejm199004193221620.
- 883 132. Cella D, Eton DT, Lai JS, Peterman AH, Merkel DE. Combining anchor and
- 884 distribution-based methods to derive minimal clinically important differences on the
- 885 Functional Assessment of Cancer Therapy (FACT) anemia and fatigue scales. J Pain
- 886 Symptom Manage. 2002;24(6):547-61. doi:10.1016/s0885-3924(02)00529-8.
- 133. Devji T, Carrasco-Labra A, Qasim A, Phillips M, Johnston BC, Devasenapathy N et al.
- 888 Evaluating the credibility of anchor based estimates of minimal important differences for
- patient reported outcomes: instrument development and reliability study. BMJ.
- 890 2020;369:m1714. doi:10.1136/bmj.m1714.

- 891 134. Impellizzeri FM, Rampinini E, Maffiuletti NA, Castagna C, Bizzini M, Wisloff U.
- Effects of aerobic training on the exercise-induced decline in short-passing ability in junior
 soccer players. Appl Physiol Nutr Metab. 2008;33(6):1192-8. doi:10.1139/H08-111.
- 135. Draak THP, de Greef BTA, Faber CG, Merkies ISJ. The minimum clinically important
- difference: which direction to take. Eur J Neurol. 2019;26(6):850-5. doi:10.1111/ene.13941.
- 896 136. Higgins JPT, Green S, (editors). Cochrane Handbook for Systematic Reviews of
- 897 Interventions Version 5.1.0 [updated March 2011]. The Cochrane Collaboration, 2011.
 898 Available from https://handbook-5-
- 899 <u>1.cochrane.org/chapter_16/16_5_4_how_to_include_multiple_groups_from_one_study.htm.</u>
 900 2011.
- 901 137. Hislop J, Adewuyi TE, Vale LD, Harrild K, Fraser C, Gurung T et al. Methods for
- 902 specifying the target difference in a randomised controlled trial: the Difference ELicitation in
- 903 TriAls (DELTA) systematic review. PLoS Med. 2014;11(5):e1001645.
- 904 doi:10.1371/journal.pmed.1001645.
- 905 138. Tenan MS, Simon JE, Robins RJ, Lee I, Sheean A, Dickens JF. Anchored minimal
- 906 clinically important difference metrics are biased by regression-to-the-mean. J Athl Train.
 907 2020. doi:10.4085/1062-6050-0368.20.
- 907 2020. doi:10.4085/1062-6050-0368.20.
- 908 139. Jayadevappa R, Cook R, Chhatre S. Minimal important difference to infer changes in
- health-related quality of life-a systematic review. J Clin Epidemiol. 2017;89:188-98.
- 910 doi:10.1016/j.jclinepi.2017.06.009.
- 911 912

914

913 List of Figures and Tables

- 915 **Figure 1.** Flow diagram of the systematic review process for linear speed (5-m and 30-m)
- 916 **Figure 2.** Flow diagram of the systematic review process for CMJ
- 917 Figure 3. Flow diagram of the systematic review process for Yo-Yo IR1
- **Figure 4.** Raincloud plots for data distribution and degree of measurement error from the test-
- retest data (a) 5-m sprinting, (b) 30-m sprinting, (c) CMJ, and (d) Yo-Yo IR1
- **Figure 5.** Plots illustrating the mean (95%CI) for the results of change values deemed of
- 921 practical relevance by practitioners (survey data), the minimal detectable change (test-retest

922 analysis) and the evidence synthesis (τ) for (a) 5-m sprinting, (b) 30-m sprinting, (c) CMJ, and 923 (d) Yo-Yo IR1.

- 924
- 925 **Table 1.** Study eligibility criteria
- 926
- 927 Supplementary Table 1. Database search strategy
- 928 Supplementary Table 2. Relative quality of meta-analytical models for 5-m sprinting time
 929 data
- 930 Supplementary Table 3. Relative quality of meta-analytical models for 30-m sprinting time931 data
- 932 Supplementary Table 4. Relative quality of meta-analytical models for CMJ height data
- 933 Supplementary Table 5. Relative quality of meta-analytical models for Yo-Yo IR1 distance
 934 data
- 935 Supplementary Table 6. Practically relevant changes in physical performance measures936 survey questions
- 937 Supplemetary Table 7. Analysis code