

Analysis of Reliability of Peak Treadmill Running in Maximum Progressive Effort Test: Influence of Training Level

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OBJECTIVE: To determine the reliability (stability) of the peak velocity measurement (V_{Peak}) derived from the incremental maximal effort test, as well as to establish the possible influence of the level of training on these responses.

METHOD: Thirty-eight male volunteers made two visits (3 - 5 days apart) to the training center where the study was conducted and performed maximal progressive running tests. The protocol consisted of increments of 0.5 km.h⁻¹/min, starting at a running speed comfortable for each participant (7-9 km.h⁻¹). All subjects were encouraged to achieve the maximum possible performance in both tests, with final voluntary exhaustion being the criterion for interruption.

RESULTS: The intra-class correlation coefficient presented excellent consistency of measurements (ICC = 0.975 - p = 0.001). The typical relative error of the measurement was 2.6% for the stability of the measurement of V_{Peak} . Moreover, there were no significant differences between the individual coefficients of variation for measures 1 vs. 2 (p > 0.05). Graphical representation of Bland-Altman demonstrated a homogeneous distribution of the measurement error for all dependent variables.

CONCLUSION: Determination of V_{Peak} exhibited excellent levels of reliability with small measurement errors. There was no influence of the training level on the reliability responses.

KEYWORDS: Reliability, VO_{2Max} , Aerobic Exercise, Aerobic Performance.

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INTRODUCTION

The peak velocity measurement (V_{Peak}), normally obtained through maximum incremental tests is of great value in scientific, academic, and sporting activities, because of its practicality and applicability¹⁻³ as well as because of its utility for aerobic training prescription. The measurement of this mechanical load, unlike VO_{2Max} does not require large equipment or high execution costs, nor does it need trained and specialized personnel.

In addition, V_{Peak} is directly associated with short and long term aerobic performance;²⁻⁴ moreover, it is able to predict risks associated with health and mortality, and more specifically, the relative risk of negative cardiovascular events.^{5,6}

Given the importance of this index, small variations can directly impact upon the above scenario. Random and biological variations can affect maximum aerobic performance and therefore affect consistency in obtaining such a variable. The quantification of the measurement error of V_{Peak} as well as its distribution pattern,^{7,8} although relevant, still remains a poorly investigated feature,

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especially in the running modality. In addition, the literature shows little consistency regarding the influence of the training level and the inter-day reliability responses.^{9,10}

Another question associated with adequate and reliable measurement of V_{Peak} or VO_{2Max} itself, is the methodological variation of available reports. In addition, many authors only report reliability for the Intra-Class Correlation Coefficient (ICC) or for the Coefficient of Variation (CV), both measured only in quantitative terms. It is our understanding that in isolation these measures do not bring relevant information to be properly considered for the quantification of error.^{9,11,12} In this case, the establishment of the typical error of measure (TEM), both absolute and relative, as proposed by Hopkins,¹² could solve this need, and validate the interpretation of interventions, giving greater solidity to the results of studies.

Therefore, given the lack of available data and the importance of establishing the magnitude of the error of this measure, we felt the need to carry out this investigation. Its objective was to determine the stability of the V_{Peak} measurement. The absolute and relative error magnitudes, as well as their distribution pattern, were also established. In addition, possible influences of the level of training on the stability of the measure were also investigated. We hypothesized that intra-class coefficient results would be highly consistent across measurements, producing minimal absolute and relative errors. However, we believed that the lower fitness group would exhibit larger variations of these measures thereby influencing the reliability of results.

METHODS

The present study used as reference the ethical assumptions described by the International Committee of Medical Journal Editors (ICMJE) and respected all the items proposed in the CONSORT STATEMENT guidelines. The study was previously approved by the Ethics Committee of Universidade Salgado Filho (case #1.220.339).

Sample

Thirty-eight physically active non-smoking male volunteers were invited to participate in the study. They were familiar with treadmill running and had answered announcements made at the training center where the study was conducted; they responded to the risk stratification questionnaire for coronary artery disease, as proposed by the American College of Sports Medicine.¹¹ Individuals with mental or physical illnesses, or users of psychoactive or ergogenic substances, or who had pre-existing muscle lesions were excluded. All participants were informed about the procedures, and signed a free and informed consent form. All subjects were instructed not to practice strenuous exercise for at least 24 hours prior to testing. They were also instructed not to feed for at least two hours prior to testing.

Table 1 describes the sample characteristics.

Design. Each volunteer visited the laboratory twice at intervals of three to five days. During the first visit, they signed the consent form, had their anthropometric measurements recorded and performed the first session of maximal progressive running test. At the second visit, the same maximum progressive test was repeated. All procedures were performed at the same time of day with controlled temperature (21-23C).

Procedures

Anthropometry. The following measures were obtained: body mass, height (Filizola Scale, São Paulo, Brazil), and skinfolds (Slim Guide, Rosscraft, Surrey, Canada). Body density was estimated as suggested by Jackson & Pollock's,¹³ and the fat percentage was calculated by the Siri equation.¹⁴

Maximum Progressive Effort Test. Subjects started to run on the treadmill at 7 to 9 km.h⁻¹ and 0% gradient. From this initial stage, speed was increased by 0.5 km.h⁻¹ every minute aiming at achieving maximum performance and effort. Oxygen consumption was determined according to metabolic equation for running proposed by American College of Sports Medicine.¹¹ Heart rate (HR) was measured by means of a Polar® model RS₈₀₀ device and the subjective effort perception was estimated through the Borg 0-10 scale; both were monitored every minute until the time of exhaustion. The occurrence of maximum voluntary exhaustion, or the presence of signs or symptoms (mentioned or observed) were used as criteria for finalizing the test.¹¹

VO_{2Max} results derived from the maximal progressive effort test were used to stratify the participants into two distinct groups in terms of their conditioning levels: high (group 1) vs. low (group 2). Stratification took into account the percentile range for the mean age of the subjects, as proposed by ACSM:¹¹ participants in group 1 belonged in the 90-95 percentile value, while group 2 belonged in the 55-60 percentile value.

Statistical analysis

Descriptive parameters are presented as mean ± standard deviation. The intra-class correlation (ICC) was used to determine the degree of association between 1st and 2nd test measurements. Absolute and relative Typical Error

Table 1. Sample Characteristics

	(Average ± SD)
Age (years)	27,8 ± 5,7
Body Mass (kg)	67,9 ± 10,5
Height (cm)	166,3 ± 9,9
Fat (%)	15,3 ± 3,5
Running Experience (years)	1,5 ± 0,5

of Measurements (TEM) were established as suggested by Hopkins¹² and the error distribution of the measure was established through the Bland-Altman strategy.¹⁵ Finally, an independent t-test was used to compare the individual coefficients of variation (CV) between the groups of high x low levels of aerobic conditioning. The assumptions of normality were previously tested, and analyzes were performed on GraphPad Prism (v. 5.01, GraphPad Software Inc., San Diego California, USA). Significance was assumed at $p < 0.05$.

RESULTS

Table 2 shows that the V_{Peak} measured in the two consecutive tests yielded consistently repeatable values. Table 2 also shows that the respective magnitudes of the absolute and relative values for typical errors (TEMs) were minimal. Figure 1 shows the relationships between measurements 1 and 2 of V_{Peak} . The schematic representation of the Bland-Altman test, shown in Figure 2 demonstrates homogeneity of the variance in the distribution of measurement error for the dependent variables.

Table 3 exhibits the analysis of reliability for the high vs. low levels of conditioning; a significant difference was found between the performance values of V_{Peak} ($p < 0.05$), reaffirming differences in the aerobic conditioning separating groups 1 and 2. In spite of this, the absolute

Table 2. Reliability Measure in the Maximum Effort Test (n = 38)

Stability	V_{Peak}
ICC	0.972
P Value	0.001
TEM (Absolute)	0.4 km.h ⁻¹
TEM (Relative)	2.6%

Subtitles: ICC = Intraclass Correlation Coefficient; TEM = Typical Error of Measure.

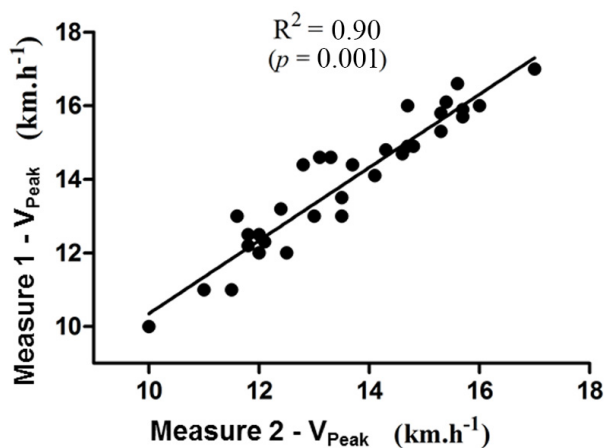


Figure 1. Relationship between measurements of V_{Peak} in test and re-test.

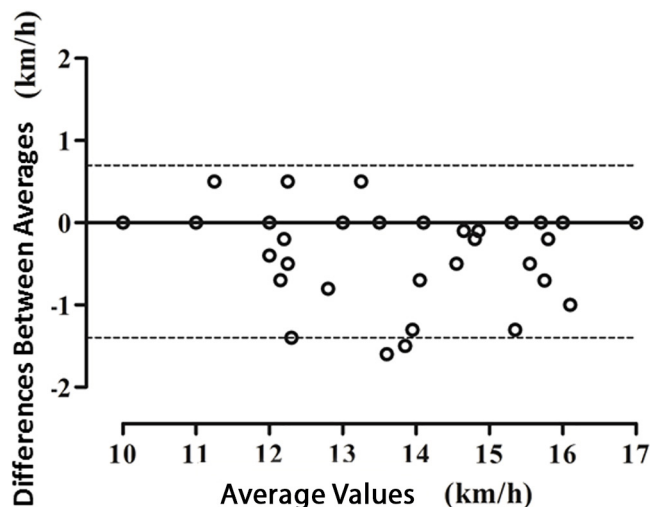


Figure 2. Bland-Altman's schematic representation of V_{Peak} Measurement Distribution Error.

Table 3. Reliability of maximal effort test: group 1 vs. group 2 (N = 38).

	V_{Peak}	
	Group 1 (n = 20)	Group 2 (n = 18)
Average	15.0 ± 0.7 km.h ⁻¹ *	12.3 ± 0.9 km.h ⁻¹ *
TEM (Absolute)	0.4 km.h ⁻¹	0.3 km.h ⁻¹
TEM (Relative)	2.6%	2.8%
CV (%)	2.3%	1.7%
Independent t-test G1 vs G2 for TEM	p = 0.440	

* G1 vs. G2: t test ($p < 0.05$)

and relative TEM values yielded similar measurement errors between the groups; likewise, when we compared the individual coefficients of variation (CV) there were no significant differences between aerobic training levels, suggesting their non-influence in the determination of the measure reliability.

DISCUSSION

The present study aimed to establish the reliability of the determination of the peak mechanical load reached at the maximum point of the effort test (V_{Peak}). As hypothesized, we believed that the reliability level of the measure expressed by the inter-class coefficient would be high, and this hypothesis was confirmed. Correlational values above 0.97 were observed for the dependent variable investigated. However, the main findings and the most useful technical findings of our study are represented by the reduced magnitude of absolute and relative Typical Errors of Measurement (2.6%) for V_{Peak} . To the best of our knowledge, no such TEM analysis has been previously reported. Previous reports only used the Inter-class

correlation or the coefficient of variability strategy to establish reliability, and we understand that in isolation neither ICC nor CV can aid in the interpretation of results from acute and chronic interventions.^{1,12} Therefore, we understand that our findings are of great value in academic, sport, and gym situations. The peak mechanical load obtained in the maximum incremental test is extremely relevant for different areas of knowledge. For example, such a variable is directly associated with aerobic performance,²⁻⁴ that is, the individual with a high V_{Peak} will probably perform with higher quality in short and long term scenarios.³ Additionally, V_{Peak} is also able to predict prognosis in patients with coronary disease.^{5,6} The peak mechanical load is still widely used for the prescription of aerobic training in sport centers and gymnasias, because it is easily obtained, and because it dispenses the use of expensive equipment or the presence of specialized professionals.

However, evidence on the reliability of running peak is poor, with most studies concentrating on peak power using the cycle ergometer.¹⁶⁻¹⁸ In a study similar to ours, Harling et al¹⁹ failed to observe significant differences between test vs. re-test ($p = 0.10$) of V_{Peak} (mean of $17.4 \pm 1.3 \text{ km}\cdot\text{h}^{-1}$) in 11 recreationally trained individuals. No other types of analysis were presented, making comparisons of percentage data difficult. Billat et al²⁰ reported on differences in maximal velocity achieved associated with $VO_{2\text{Max}}$ in two different progressive exercise tests with the same metabolic demand: in the first model, speed was increased by $1 \text{ km}\cdot\text{h}^{-1}$ every 2 min, whereas in the second model the increments were $+0.5 \text{ km}\cdot\text{h}^{-1}$ per min. The authors found no significant differences between the protocols in obtaining V_{Peak} , producing a CV = 4-5% ($20.7 \pm 1.0 \text{ km}\cdot\text{h}^{-1}$ vs. $20.8 \pm 0.9 \text{ km}\cdot\text{h}^{-1}$) in trained athletes. A classic study by Froelicher et al¹ reported the reliability of obtaining $VO_{2\text{Peak}}$ in three different protocols (the Taylor, Bruce and Balke procedures) of maximal running effort. The observed results were consistent across days for the three tested protocols (CV = 4.4%, 4.1%, and 5.8%, respectively); however, they were higher than those obtained in our study, where CV values ranged from 1.7% to 2.3% (low vs. high fitness groups, respectively).

Using the same stress protocol approach, performed within a different pattern of exercise modality, Balmer et al¹⁶ determined the reliability of peak power production during a maximum progressive aerobic performance using a cycloergometer test. They reported an excellent level of ICC (0.99) and an fair level of CV (1.32%) in three tests.¹⁶ Similarly, as a secondary objective, Lindsay et al²¹ established the reliability of the peak power measure for eight professional cyclists using the cycle ergometer. The results showed a CV of 1.7%, similar to that observed by Balmer, Davison e Bird.¹⁶ These results were close to the CV observed in running performance in our study,

and suggest that, in spite of the specific peculiarities of cycling, there seems to be consistency in obtaining peak mechanical load measurements.

Another interesting finding was the analysis of the influence of physical conditioning on the reliability of V_{Peak} measurement. It was expected that there would be significant reliability differences between different levels of aerobic fitness, in line with our hypothesis; however, and contrary to what we had predicted, a greater level of homogeneity was observed in the data of individuals with low physical fitness. We had expected that individuals with high fitness would have produced lower measurement errors, but no significant differences were observed. Differences have been reported when comparing non-athletes vs. athletes;⁹ in fact, evidence show lower CV for $VO_{2\text{Max}}$ or peak power reliability in athletes vs. non-athletes (CV = 1.1% and 1.4% respectively).⁹ We offer no explanation for this discrepancy. However, we would also note that Kyle et al¹⁰ submitted 5 highly trained, 7 moderately trained, and 5 untrained subjects to three treadmill progressive maximum exercise tests, and observed similar ICC values for all training levels (ICC > 0.92). In our study, we did not use volunteers who practiced any high-performance modality; our volunteers were only classified as recreationally trained (45.3 vs. $55.7 \text{ mL}\cdot\text{kg}^{-1}\cdot\text{min}^{-1}$), with little difference between fitness levels (despite the statistically significant differences), and perhaps for this reason we did not find differences in results. In this case, despite the differences in CV between the high vs. low fitness groups, a t-test found no significant differences ($p = 0.440$), suggesting no influence on the measure of reliability. Finally, the distribution of error measurement enhances our understanding about the behavior of the measurement across the range of the dependent variable values. Is it possible that the increase in the magnitude of the error is due to higher V_{Peak} values? In our study, homoscedastic distributions of the error measurement were observed, suggesting homogeneity of the error measurement.

Limitations

Our study has a few limitations. First, the literature reports an overestimation of the ACSM metabolic equations, which could affect the definition of the level of sample conditioning²². If such an effect actually occurred, it would have applied to both conditioning groups, a systematic error which would not affect the result comparisons. Secondly, we believe that even though participants were characterized as high or low conditioning, the small difference between their maximum aerobic power levels may have positively affected results, and therefore maintained the consistency of the data, contrary to our initial hypothesis. It is therefore suggested that the differences between fitness levels should be maximized in order to evidence possible discrepancies.

CONCLUSION

Excellent levels of stability were observed ($ICC > 0.97$), with small absolute and relative magnitudes of the measurement error; distribution presented a homogeneous level of variance. There was no influence of the level of conditioning on the reliability of measurement. We suggest the use of this modality for other studies, namely the maximization of the differences between levels of conditioning (untrained vs. highly trained) in order to evaluate possible differences.

AUTHOR PARTICIPATION

Alberto Souza de Sá Filho constructed this article fully in all steps of the research. Sérgio Machado is the research advisor and participated extensively in numerous revisions and adjustments of the document, granting the final opinion until the moment of submission. Eduardo Portugal contributed to issues pertaining to research, and extensively revising the document. Wendel Alves and Thiago Miranda participated mainly in the entire process of data collection, drawing of figures and tables in which it was part of its process of scientific initiation.

Financing and Conflicts of Interest

The present study was not supported by any sources of funding. We declare there is no conflict of interest between the parties involved.

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ANÁLISE DE CONFIABILIDADE DA VELOCIDADE PICO EM TESTE DE ESFORÇO PROGRESSIVO MÁXIMO: INFLUÊNCIA DO NÍVEL DE TREINAMENTO

OBJETIVO: Determinar a confiabilidade (estabilidade) da medida de velocidade de pico (V_{Pico}) derivada do teste incremental de esforço progressivo máximo, bem como estabelecer a possível influência do nível de treinamento sobre estas respostas.

MÉTODO: Trinta e oito voluntários fizeram duas visitas ao centro de treinamento com intervalo de três a cinco dias. Na primeira visita os voluntários assinaram um termo de consentimento, tiveram suas medidas antropométricas registradas e realizaram a primeira sessão de corrida progressiva máxima. Na segunda visita o teste progressivo máximo foi novamente realizado. O protocolo consistiu em incrementos de $0,5 \text{ km}\cdot\text{h}^{-1}$ a cada min iniciando a uma velocidade individual de corrida classificada como

confortável por cada participante (7 a $9 \text{ km}\cdot\text{h}^{-1}$). Todos os participantes foram encorajados a alcançar o máximo de desempenho possível em ambos os testes, tendo como critério de finalização, a exaustão voluntária máxima.

RESULTADO: O coeficiente de correlação intra-classe (CCI) apresentou excelente consistência da medida ($0,975$) para V_{Pico} ($p = 0,001$). O erro típico relativo da medida foi de $2,6\%$ para a estabilidade da medida de V_{Pico} . Não foram observadas diferenças significativas entre os coeficientes de variação individuais para as medidas $G1$ vs. $G2$ ($p > 0,05$). A representação gráfica de Bland-Altman demonstrou distribuição homogênea do erro da medida para todas as variáveis dependentes.

CONCLUSÃO: A determinação da V_{Pico} exibiu excelentes níveis de confiabilidade, com pequenos erros de medida. Não houve influência do nível de treinamento sobre as respostas de confiabilidade.

PALAVRAS-CHAVE: Reprodutibilidade, $VO_{2Máx}$, Exercício Aeróbio, Desempenho Aeróbio

REFERENCES

1. Froelicher VF, Jr, Brammell H, Davis G, Noguera I, Stewart A, Lancaster MC. A comparison of the reproducibility and physiologic response to three maximal treadmill exercise protocols. *Chest* 1974;65(5):512-7. DOI:10.1378/chest.65.5.512
2. Noakes TD, Myburgh KH, Schall R. Peak treadmill running velocity during the VO_2 max test predicts running performance. *J Sports Sci* 1990;8(1):35-45. DOI:10.1080/02640419008732129
3. Scott BK, Houmar JA. Peak running velocity is highly related to distance running performance. *Int J Sports Med* 1994;15(8):504-7. DOI: 10.1055/s-2007-102109
4. Hawley JA, Noakes TD. Peak power output predicts maximal oxygen uptake and performance time in trained cyclists. *Eur J Appl Physiol Occup Physiol* 1992;65(1):79-83.
5. Myers J, Prakash M, Froelicher V, Do D, Partington S, Atwood JE. Exercise capacity and mortality among men referred for exercise testing. *N Engl J Med* 2002;346(11):793-801. DOI:10.1056/NEJMoa011858
6. Keteyian SJ, Brawner CA, Savage PD, Ehrman JK, Schairer J, Divine G, et al. Peak aerobic capacity predicts prognosis in patients with coronary heart disease. *Am Heart J* 2008;156(2):292-300. DOI: 10.1016/j.ahj.2008.03.017
7. Atkinson G, Nevill A. Typical error versus limits of agreement. *Sports Med* 2000;30(5):375-81. DOI: 10.2165/00007256-200030050-00005
8. Atkinson G, Nevill AM. Statistical methods for assessing measurement error (reliability) in variables relevant to sports medicine. *Sports Med* 1998;26(4):217-38.
9. Hopkins WG, Schabert EJ, Hawley JA. Reliability of power in physical performance tests. *Sports Med* 2001;31(3):211-34.
10. Kyle SB, Smoak BL, Douglass LW, Deuster PA. Variability of responses across training levels to maximal treadmill exercise. *J Appl Physiol* (1985) 1989;67(1):160-5. DOI: 10.1152/jappl.1989.67.1.160
11. ACSM. Guidelines for Exercise Testing and Prescription Lippincott Williams & WilkinS. 2013; 9th Edition.
12. Hopkins WG. Measures of reliability in sports medicine and science. *Sports Med* 2000;30(1):1-15.
13. Jackson AS, Pollock ML. Generalized equations for predicting body density of men. *Br J Nutr* 1978;40(3):497-504.
14. Siri WE. The gross composition of the body. *Adv Biol Med Phys* 1956;4:239-80.
15. Bland JM, Altman DG. Statistical methods for assessing agreement between two methods of clinical measurement. *Lancet*

- 1986;1(8476):307-10. DOI:10.1016/S0140-6736(86)90837-8
16. Balmer J, Davison RC, Bird SR. Peak power predicts performance power during an outdoor 16.1-km cycling time trial. *Med Sci Sports Exerc* 2000;32(8):1485-90. DOI:10.1097/00005768-200008000-00018
17. Wehbe GM, Gabbett TJ, Hartwig TB, McLellan CP. Reliability of a Cycle Ergometer Peak Power Test in Running-based Team Sport Athletes: A Technical Report. *J Strength Cond Res* 2015;29(7):2050-5. DOI:10.1519/JSC.0000000000000814
18. Balmer J, Davison RC, Bird SR. Reliability of an air-braked ergometer to record peak power during a maximal cycling test. *Med Sci Sports Exerc* 2000;32(10):1790-3.
19. Harling SA, Tong RJ, Mickleborough TD. The oxygen uptake response running to exhaustion at peak treadmill speed. *Med Sci Sports Exerc* 2003;35(4):663-8. DOI:10.1249/01.MSS.0000058434.53664.EC
20. Billat VL, Hill DW, Pinoteau J, Petit B, Koralsztein JP. Effect of protocol on determination of velocity at VO₂ max and on its time to exhaustion. *Arch Physiol Biochem* 1996;104(3):313-21. DOI:10.1076/apab.104.3.313.12908
21. Lindsay FH, Hawley JA, Myburgh KH, Schomer HH, Noakes TD, Dennis SC. Improved athletic performance in highly trained cyclists after interval training. *Med Sci Sports Exerc* 1996;28(11):1427-34. DOI: DOI:10.1097/00005768-199611000-00013
22. Ruiz A, Sherman N. An Evaluation of the Accuracy of the American College of Sports Medicine Metabolic Equation for Estimating the Oxygen Cost of Running. *J Strength Cond Res* 1999;13:219-23.