

1 **Technique selection in young female gymnasts: elbow and wrist joint loading during the**  
2 **cartwheel and round-off**

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4 **Abstract**

5 Biophysical loading of the elbow and wrist are a potential reason for chronic lesions in  
6 gymnastics, and present a real concern for coaches, scientist and clinicians. Previous research  
7 has identified injury risk factors during round-off (RO) skills in elite female gymnasts. The aim  
8 of this study was to investigate key elbow and wrist joint injury risk factors during different  
9 techniques of fundamental cartwheel (CW) and RO skills performed by young female artistic  
10 gymnasts. Seventeen active young female gymnasts performed 30 successful trials of both CW  
11 and RO from a hurdle step with three different hand positions (parallel (10), T-shape (10) and  
12 reverse (10)). Synchronized kinematic (240 Hz) and kinetic (1200 Hz) data were collected for  
13 each trial. One-way repeated measures ANOVA and effect-size (ES) statistics determined  
14 differences between each hand position. The results showed statistically significant differences  
15 ( $p < 0.05$ ) and large ES ( $> 0.8$ ) among hand positions for peak VGRF, peak elbow compression  
16 force, peak wrist compression force, elbow internal adduction moment and wrist dorsiflexion  
17 angle. In conclusion, the parallel and reverse techniques increase peak VGRF, elbow and wrist  
18 compression forces and elbow internal adduction moment. These differences indicate that the  
19 parallel and reverse techniques may increase the potential of elbow and wrist injuries in young  
20 gymnasts compared with the T-shape technique; this is of particular importance with the high  
21 frequency of the performance of these fundamental skills.

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23 **Keywords:** biomechanics, 3D analysis, injury & prevention, youth, coaching.

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## 29 **Introduction**

30           Gymnastics is a sport in which the musculoskeletal system is exposed to extensive loads,  
31 which must be distributed through the elbow and wrist joints when the body is supported by the  
32 upper-extremities (Farana, Jandacka, Uchytíl, Zahradník, & Irwin, 2014; Farana, Jandacka,  
33 Uchytíl, Zahradník, & Irwin, 2017). Injury can have adverse effects on gymnasts given the  
34 potential risk of long-term or permanent disability (including reduced quality of life), the risk  
35 of early degenerative musculoskeletal disorders, the cost of injury treatment, loss of gymnastics  
36 participation time, and a reduction in the gymnast's well-being (Bradshaw & Hume, 2012). A  
37 specific characteristic of gymnastic training is the alternation of support between upper and  
38 lower limbs, with the upper extremities often used for weight-bearing (DiFiori, Caine, &  
39 Malina, 2006). Weight-bearing by upper extremities generates large impact loads that are  
40 distributed through the elbow and wrist joints (Webb & Rettig, 2008). The major challenge for  
41 the coaches and athletes is the selection of technique, due to the fact that the same skill can be  
42 performed with a number of different techniques. Technique selection may have an impact on  
43 injury and the evolution of the skill and is an important area for research (Farana et al., 2014;  
44 Farana et al., 2017; Manning, Irwin, Gittoes, & Kerwin, 2011).

45           In gymnastics the cartwheel (CW) and the round-off (RO) are two of the most  
46 fundamental skills and are defined as the primary way for gymnasts to change from forward to  
47 backward-rotating movements. Previous research by Lindner and Caine (1990) shows that most  
48 injuries happened with skills that are of basic or moderate difficulty. This finding is supported  
49 by the epidemiological study of Singh, Smith, Fields, and McKenzie (2008) who investigated  
50 gymnastics-related injuries and highlighted that the CW and RO make up 30 % of the skills in

51 which injury occurred. The prevalence of injury occurrence during these skills may be due to  
52 the fact that the more fundamental skills are performed at a higher frequency, increasing the  
53 chance of injury potential (Daly, Rich, Klein, & Bass, 1999). Previous gymnastics research  
54 showed that serious chronic injuries, such as osteochondritis of the humeral capitellum (Aronen,  
55 1985; Jackson, Silvino, & Reiman, 1989) and distal radius physeal stress fracture (DiFiori et  
56 al., 2006; Webb & Rettig, 2008) may affect the elbow and wrist joints of young gymnasts aged  
57 10 – 14 years (Gabel, 1998; Jackson et al., 1989). These injuries are primarily a disorder of  
58 young adolescent athletes, typically involved in a highly repetitive activity such as gymnastics  
59 (Baker, Romeo, & Baker, 2010). Moreover, an epidemiological study of gymnastics related  
60 injuries (Singh et al., 2008) highlighted that upper-extremity injuries were the most common  
61 (42 %) in gymnasts aged 9 – 11 years.

62 Previous studies by Farana et al. (2014 and 2017) examined injury risk and technique  
63 selection associated with the choice of hand placement in RO skills performed by elite female  
64 gymnasts, and highlighted that hand placement selection during the fundamental RO skill has  
65 a direct influence on the bio-physical demand placed on the performer. These authors found  
66 that the T-shape hand position reduced peak ground reaction forces (GRF), decreased elbow  
67 joint moments and axial compression force applied on the wrist joint compared to a parallel  
68 hand position, indicating the T-shape as a safer technique for the RO skill. Targeted injury  
69 prevention strategies, based on biomechanical analyses, have the potential to help reduce the  
70 incidence and severity of injuries (Bradshaw & Hume, 2012). However, there is a lack of  
71 research that has focused on the injury risk associated with different hand placements during  
72 fundamental skills (i.e. CW and RO) of young female gymnasts. The CW and RO are key skills  
73 in the safe and effective motor development of gymnasts. Due to the fact that these skills are  
74 precursors to developing more complex skills and are often performed by general, recreational,  
75 and competitive gymnasts and also as part of the school curriculum. Previous research by

76 Farana et al. (2014 and 2017) has demonstrated the load exposed to gymnasts performing the  
77 RO, the current study aims to examine another key skill that is often learnt as the precursor to  
78 the RO. The CW is an essential skill, and its inclusion in the current study is based on the fact  
79 that this skill is frequently performed by young gymnasts and technique selection of this skill  
80 is a key point for coaches, gymnasts, non-gymnasts and also physical education teachers. The  
81 CW also underpins the development of the RO as a fundamental skill. Increasing knowledge of  
82 CW technique may help in decreasing mechanical load by selecting techniques that are less  
83 risky and provide an effective transfer for the RO skill. Within gymnastics training and  
84 competitions three different hand positions during CW and RO skills have emerged (parallel,  
85 T-shape and reverse) (Figure 1). The frequency that these skills are performed means that the  
86 exposure to low and medium loads can accumulate across a session and training year.  
87 Moreover, the injury risk to the gymnasts is based on micro trauma from high repetitions that  
88 occurs mostly in training compared to competition as previously highlighted by the  
89 epidemiological research (e.g. Caine et al., 2003; Marshall, Covassin, Dick, Nassar, & Agel,  
90 2007; Kerr, Hayden, Barr, Klossner, & Dompier, 2015). These loads along with high risk hand  
91 placement may create an environment for the development of microtrauma and hence injury  
92 especially in young gymnasts during growth. Previous research shows that young gymnasts  
93 between the age of 10 – 14 are at highest risk of overuse injuries of the elbow and wrist (Gabel,  
94 1998; Jackson et al., 1989), and these injuries may occur from weight-bearing activities such  
95 as CW and RO (Daly et al., 1999; Singh et al., 2008).

96 *Insert Figure 1 Above Here*

97 The need for this research is supported theoretically to develop understanding of the  
98 stochastic nature of injury incidence in young gymnasts, who typically perform a high number  
99 of repetitions of these fundamental skills when training. Therefore, the aim of the current study  
100 was to investigate key elbow and wrist joint injury risk factors during different CW and RO

101 techniques performed by young female artistic gymnastics. It was hypothesized that different  
102 hand positions would affect external forces and elbow and wrist joint kinematics and kinetics.  
103 Specifically, the parallel and reverse techniques would increase upper limb injury risk factors  
104 including external forces, elbow and wrist kinematics and kinetics compared with the T-shape  
105 technique. The overall purpose of this research is to increase the understanding of upper-limb  
106 injury potential of young female gymnasts, which would be useful for gymnasts, coaches,  
107 clinicians and scientists.

108

## 109 **Material and Methods**

### 110 *Participants*

111 Seventeen young active female gymnasts with more than 5 years' experience with  
112 systematic training and competitive gymnastics participated in the current study (age:  $10.3 \pm$   
113  $1.4$  years, height:  $140.2 \pm 7.9$  cm and mass:  $31.9 \pm 4.8$  kg). All gymnasts had no previous history  
114 of upper extremities injury and at the time of testing were injury-free. Informed assent and  
115 parental consent were obtained from each gymnast and her parents, respectively, in accordance  
116 with the guidelines of the Institute's Ethics and Research Committee.

117

### 118 *Protocol*

119 Each gymnast completed her self-selected warm up and completed a number of practice  
120 CW and RO trials with different hand positions. To maintain ecological validity, a thin  
121 gymnastics floor mat (thickness 20 mm, Baenfer, Germany) was taped down onto the force  
122 plates to replicate the feel of a typical gymnastics floor. Since the dimension of the mat covering  
123 force plates could affect kinetic calculations, depth of the transducer was set as the sum of the  
124 manufacturer depth for the specific force plate and the depth of the mat. This corrected the  
125 centre of pressure location (Farana et al., 2017). Additionally, Arampatzis, Brüggemann, and

126 Klapsing (2002) showed that stiffness properties of a gymnastics mat have no effect on the peak  
127 magnitude of ground reaction forces transmitted to the gymnast. Using this mat is more valid  
128 given that the gymnasts work on a floor with this type of mat (Farana et al., 2014). Landing  
129 mats were used to provide safety for the gymnasts' landings. After their warm up and practice,  
130 the gymnasts performed 10 trials for each condition of the CW and RO skills from a hurdle step  
131 with parallel, T-shape and reverse hand positions. All trials were performed in a random order  
132 and separated by a one-minute rest period. Based on previous research by Farana et al. (2014,  
133 2017), two time gates were used to measure and control hurdle step velocity. However, due to  
134 the nature of CW and simple RO skills we used different approach velocities for this study.  
135 These velocities were chosen based on natural velocities which young gymnasts used during  
136 training of these fundamental skills. This approach maintained a higher level of ecological  
137 validity and also did not alter the intra subject variability. Preceding the main data collection, a  
138 series of pilot studies were carried out to investigate this velocity and based on these studies we  
139 used a range of 2.0 – 2.5 m/s for CW and from 2.5 – 3.0 m/s for RO skills.

140

#### 141 *Experimental set-up*

142 Two force plates (Kistler, 9286 AA, Switzerland) embedded into the floor were used to  
143 determine ground reaction force data at a sampling rate of 1200 Hz. A motion-capture system  
144 (Qualisys Oqus, Sweden) consisting of nine infrared cameras was employed to collect the  
145 kinematic data at a sampling rate of 240 Hz and synchronized with the force plate data. A right  
146 handed global coordinate system was employed and defined using an L-frame with four  
147 markers of known location. A two-marker wand of known length was used to calibrate the  
148 global coordinate system so that the z-axis was vertical, the y-axis was anterior–posterior, and  
149 the x-axis was medio-lateral. Data from the force plates and the cameras were collected  
150 simultaneously. Based on C-motion (Rockville, MD, USA) recommendations, retroreflective

151 markers (diameter of 12 mm) and clusters were attached to the gymnasts' upper limbs and trunk.  
152 Markers were bilaterally placed on each participant at the following anatomical locations: the  
153 acromio-clavicular joint, centre of shoulder deltoid muscle, lateral epicondyle of the humerus,  
154 medial epicondyle of the humerus, radial-styloid, ulnar-styloid, head of the second metacarpal.  
155 Two clusters containing four markers each were also placed bilaterally on the upper arm (Figure  
156 2).

157 *Insert Figure 2 Above Here*

### 158 *Data analysis*

159 Raw data were processed using Visual 3D software (C-motion, Rockville, MD, USA).  
160 The coordinate data were low-pass filtered using a fourth-order Butterworth filter with a 12 Hz  
161 cut off frequency. All force plate data were low-pass filtered using a fourth-order Butterworth  
162 filter with a 50 Hz cut off frequency. The local coordinate systems (LCS) were defined using a  
163 standing calibration trial in the handstand position (Farana et al., 2014). LCS for the elbow and  
164 wrist were oriented such that the y-axis points anteriorly, z-axis points vertically, and x-axis is  
165 perpendicular to the plane of the other two axes with its direction defined by the right-hand rule  
166 (Hamill, Selbie, & Kepple, 2014). Three-dimensional joint angles for the wrist were calculated  
167 using an XYZ Cardan rotation sequence. In addition, the net three-dimensional elbow joint  
168 moments and elbow and wrist joint reaction forces were quantified using the Newton–Euler  
169 inverse dynamics technique (Selbie, Hamill, & Kepple, 2014) and are expressed in the LCS of  
170 the upper arm and forearm respectively. All analyses focused on the contact phase of the second  
171 hand during the three different CW and RO techniques. Key injury risk variables included peak  
172 vertical GRF, elbow joint internal adduction moment (+ adduction / – abduction), elbow and  
173 wrist joint axial compression forces, and wrist joint dorsiflexion (+ plantarflexion / –  
174 dorsiflexion). Wrist joint dorsiflexion angle was determined as angle between LCS of the hand

175 and forearm ( $0^\circ$  indicates full extension). The GRF data, moment of force data and joint reaction  
176 force data were normalized to each gymnasts' body mass.

177

### 178 *Statistical analysis*

179 Statistical tests were used to examine the effects caused by the independent variable  
180 "hand position" (parallel, T-shape, reverse) on the dependent variables (i.e., ground reaction  
181 forces, elbow and wrist joint kinematics and kinetics). Mean values of the 10 trials for each  
182 gymnast in each technique were calculated for all measured variables and used in statistical  
183 analysis. A Shapiro–Wilk test confirmed the normality assumption for the data and a one-way  
184 repeated measure ANOVA determined significant differences between each hand position. If  
185 Mauchly's test result was significant, Greenhouse–Geisser corrections were used. This was  
186 followed by carrying out Bonferroni pairwise comparisons. Effect size (ES) statistics were used  
187 to assess the biological relevance of the differences between hand positions. According to  
188 Cohen (1992) ESs were interpreted as trivial ( $<0.2$ ), small ( $0.21$ – $0.5$ ), medium ( $0.51$ – $0.8$ ), or  
189 large ( $>0.8$ ) and statistical power (SP) was kept above 0.8. Statistical tests were processed using  
190 the IBM SPSS Statistics 20 Software (IBM SPSS Inc., Chicago, IL, USA). The significance  
191 level was set to  $P < 0.05$ .

192

### 193 **Results**

194 Means, standard deviations and effect size values for VGRFs, elbow and wrist joint  
195 kinematics and kinetics for all techniques of CW and RO skills are displayed in Table I.

196 For CW skills the results of the ANOVA indicated statistically significant main effects  
197 among hand positions for elbow internal adduction moment ( $F = 40.82$ ,  $P = 0.000$ , partial  $\eta^2$   
198  $= 0.71$  and  $SP = 1.00$ ) and wrist dorsiflexion angle ( $F = 21.10$ ,  $P = 0.000$ , partial  $\eta^2 = 0.57$  and  $SP$   
199  $= 0.99$ ). Subsequent pairwise comparisons using Bonferroni corrections and effect sizes

200 between hand positions for all variables are presented in Table I. Significant differences and  
201 large effect sizes were observed for elbow joint internal adduction moment between parallel  
202 and T-shape techniques ( $P = 0.000$ ,  $ES = 1.9$ ), and between T-shape and reverse techniques ( $P$   
203  $= 0.000$ ,  $ES = 1.4$ ). As for wrist dorsiflexion angle, significant differences and medium to large  
204 effect sizes were observed between parallel and T-shape techniques ( $P = 0.04$ ,  $ES = 0.6$ ),  
205 between T-shape and reverse techniques ( $p = .000$ ,  $ES = 1.6$ ) and between parallel and reverse  
206 techniques ( $P = 0.001$ ,  $ES = 1.1$ ).

207 For RO skills the results of the ANOVA showed statistically significant main effects  
208 among hand positions for peak VGRF ( $F = 46.39$ ,  $p = 0.000$ , partial  $\eta^2 = 0.74$ ,  $SP = 1.00$ ), peak  
209 elbow compression force ( $F = 24.17$ ,  $P = 0.000$ , partial  $\eta^2 = 0.60$ ,  $SP = 1.00$ ), peak wrist  
210 compression force ( $F = 32.98$ ,  $P = 0.000$ , partial  $\eta^2 = 0.67$ ,  $SP = 1.00$ ), elbow internal adduction  
211 moment ( $F = 61.98$ ,  $P = 0.000$ , partial  $\eta^2 = 0.79$ ,  $SP = 1.00$ ) and wrist dorsiflexion angle ( $F = 29.97$ ,  
212  $P = 0.000$ , partial  $\eta^2 = 0.65$ ,  $SP = 1.00$ ). Subsequent pairwise comparisons using Bonferroni  
213 corrections and effect sizes between hand positions for all variables are presented in Table I.  
214 Significant differences and large effect sizes in peak VGRF were found between parallel and  
215 T-shape techniques ( $P = 0.000$ ,  $ES = 1.2$ ) and between reverse and T-shape techniques ( $P$   
216  $= 0.000$ ,  $ES = 1.2$ ). As for elbow joint internal adduction moment, significant differences and  
217 large effect sizes were observed between parallel and T-shape techniques ( $p = .000$ ,  $ES = 1.9$ ),  
218 and between T-shape and reverse techniques ( $P = 0.000$ ,  $ES = 2.0$ ). Elbow joint vertical reaction  
219 forces displayed significant differences and large effect sizes between parallel and T-shape  
220 techniques ( $P = 0.000$ ,  $ES = 0.9$ ), and between reverse and T-shape techniques ( $P = 0.000$ ,  $ES$   
221  $= 1.0$ ). As for wrist joint vertical reaction force, significant differences and large effect sizes  
222 were found between parallel and T-shape techniques ( $P = 0.000$ ,  $ES = 1.0$ ) and between T-shape  
223 and reverse techniques ( $P = 0.000$ ,  $ES = 1.1$ ). Significant differences and large effect sizes in  
224 peak wrist joint dorsiflexion were found between parallel and T-shape techniques ( $P = 0.003$ ,

225  $ES = 0.9$ ), between T-shape and reverse techniques ( $P = 0.000$ ,  $ES = 1.9$ ) and between parallel  
226 and reverse techniques ( $P = 0.000$ ,  $ES = 1.1$ ).

227

## 228 **Discussion**

229 The purpose of this research was to increase understanding of injury potential of young  
230 female gymnasts during the performance of fundamental skills and builds on previous research  
231 (Farana et al., 2014 and 2017) which focused on elite female gymnastics. The aim was to  
232 investigate key elbow and wrist joint injury risk factors during different CW and RO techniques  
233 in young female artistic gymnastics. The current study provides new insights into how impact  
234 forces and elbow and wrist joint kinetics and kinematics are associated with different hand  
235 positions during ground contact of the second hand during CW and RO skills performed by  
236 young female gymnasts. Based on the presented findings, the hypothesis that the parallel and  
237 reverse technique would increase upper limb injury risk factors compared to T-shape technique  
238 was accepted.

239 A previous study (Farana et al., 2014) highlighted that T-shape hand positions reduced  
240 peak VGRF of the second contact hand compared to the parallel technique in the RO. In the  
241 current study, no significant differences between techniques were found for peak VGRF of the  
242 second contact hand when gymnasts performed CW skills. However, during RO skills, peak  
243 VGRF of the second hand increased compared to the CW and was highest in the reverse  
244 technique followed by the parallel and then T-shape technique with the lowest peak VGRF  
245 (Table I). These findings concur with a previous case study by Farana, Janeczko, Uchytel,  
246 and Irwin (2015), who investigated three different hand positions during RO skills performed  
247 by an elite male gymnast. Comparing magnitudes of VGRFs with previous findings (Farana et  
248 al., 2014), elite gymnasts demonstrated an increase in peak VGRF in the parallel technique by  
249 0.48 BW and by 0.51 BW in the T-shape technique. From an injury perspective, these

250 observations can be contextualised against the comments of Davidson, Mahar, Chalmers, and  
251 Wilson (2005), who stated that peak impact forces are among the central injury risk factors  
252 associated with the upper limb in gymnastics. However, from a technical perspective, higher  
253 VGRF may be important for successful performance of CW and RO skills due to the need for  
254 vertical and angular velocity. In addition, coaching literature (Cuk & Karacsony, 2004) shows  
255 that the reverse position is an effective technique for the RO family vaults. An explosive take-  
256 off from the vaulting table is required to increase post-flight time, which provides gymnasts  
257 with the opportunity to complete more complex skills, increase the vault difficulty and the  
258 potential for a higher resultant score (Bradshaw, Hume, Calton, & Aisbett, 2010).

259         Previous studies have highlighted an important role of forearm rotation on the elbow  
260 and wrist joint loading during the RO in female elite gymnasts (Farana et al., 2014; Farana et  
261 al., 2017). Current findings found significant differences and large effect sizes for peak internal  
262 adduction moments in the CW and RO with parallel and reverse hand positions compared with  
263 the T-shape hand position (Table I). These findings are in accordance with previous research  
264 by (Farana et al., 2014), identifying significantly lower magnitudes of internal adduction  
265 moment in the T-shape technique compared with parallel hand position during the RO  
266 performed by elite female gymnasts. As for elbow joint compression force, no significant  
267 differences between techniques were found for CW skills. However, during the RO,  
268 significantly higher magnitudes of elbow joint vertical reaction force were observed in the  
269 parallel and reverse techniques compared with the T-shape technique (Table I). Combinations  
270 of these factors has significant influence on injury potential and are in accordance with previous  
271 findings by Koh, Grabiner, and Weiker (1992) who indicated that these compression forces and  
272 sizeable adduction moments placed on the elbow joint may be responsible for chronic injuries.  
273 When comparing the magnitudes of elbow internal adduction moment reported by Farana et al.  
274 (2014) for the RO, there is a decrease in the parallel and T-shape technique by 0.33 Nm/kg and

275 0.38 Nm/kg respectively. These differences may be due to the fact that elite gymnasts in the  
276 previous study (Farana et al., 2014) performed the RO followed by an accelerated back  
277 handspring and thus greater approach velocity was needed. Moreover, in the current study,  
278 significantly higher magnitudes of wrist joint axial compression force were found in the reverse  
279 and parallel techniques compared with the T-shape technique during the RO, with the highest  
280 magnitude of wrist joint reaction force reported in the reverse technique (Table I). These  
281 findings are in accordance with the previous study (Farana et al., 2017) highlighted that in the  
282 T-shape technique the second contact hand wrist joint is exposed to lower mechanical loads  
283 demonstrated by decreased axial compression forces. It has been highlighted that these  
284 compressive loads are transmitted through the carpals to the radius and ulna, with the radius  
285 accepting approximately 80% of the load (DiFiori, Puffer, Aish, & Dorey, 2002). Moreover,  
286 evidence from previous research has identified that repetitive loads placed on the wrist joint  
287 can lead to distal radius stress injury (DiFiori et al, 2002; DiFiori et al, 2006). However, when  
288 comparing magnitudes between elite and young gymnasts there is a decrease of 3.85 N/kg and  
289 5.38 N/kg in young gymnasts for the parallel and T-shape techniques, respectively. These  
290 differences can be explained by the suggestion that mechanical loading of the wrist and elbow  
291 joints increased as a function of skill difficulty. As such we speculate that the increase in skill  
292 difficulty level, i.e. CW to RO then to accelerated RO (Farana et al., 2014; Farana et al., 2017),  
293 may influence the mechanical demands placed on the performer and consequently the  
294 mechanical load placed on the wrist and elbow joint. Other factors such as skill level in pommel  
295 horse circles (Fujihara & Gervais, 2012) and stage of learning for the long swing on high bar  
296 (Williams, Irwin, Kerwin, & Newell, 2015) have also been shown to influence joint loading.

297 Finally, higher wrist joint dorsiflexion was found in the T-shape technique compared  
298 with the parallel and reverse techniques for both CW and RO skills. Previous research  
299 demonstrated that  $>95^\circ$  of hyperdorsiflexion of the wrist places the scaphoid waist at the highest

300 risk for fracture (Weber & Chao, 1978). Interestingly, these results demonstrated wrist  
301 dorsiflexion for all CW and RO techniques to be lower than this critical value. However, from  
302 an injury perspective, the use of very soft mats may exaggerate the amount of dorsiflexion and  
303 thus increase the risk of chronic distal radial injury (DiFiori et al., 2006; Farana et al., 2017).

304         Protecting young athletes from exposure to injury risk is a key aim of sports medicine  
305 and coaching. Gymnastics training requires the high frequency performance of fundamental  
306 skills and as previous gymnastics research has shown this can result in serious chronic injuries  
307 (Baker et al., 2010; Daly et al., 1999; Jackson et al., 1989; Singh et al., 2008). In the current  
308 study the elbow and wrist, joint loading during fundamental gymnastics skills are examined  
309 with the aim to gain insights gained into the risk factors associated with these sporting  
310 techniques. The specific clinical application and as such relevance to sports medicine falls into  
311 three areas. Firstly, diagnosis of specific lesions for example explaining identifying risk factors  
312 associated with the occurrence of injuries such as osteochondritis of the humeral capitellum  
313 (Aronen, 1985; Jackson et al., 1989) and distal radius physeal stress fracture (DiFiori et al.,  
314 2006; Webb & Rettig, 2008). Secondly, athlete screening in terms of identification of the  
315 development of potential hazardous movement patterns and bio-physical loading, in  
316 combination with knowledge of epidemiology of gymnastics related injuries (Singh et al.,  
317 2008). Finally, clinical education in terms of demonstrating the need for an interdisciplinary  
318 approach to understanding and explaining the potential of elbow and wrist injuries in young  
319 gymnasts developing fundamental skills. Long-term prospective studies on large samples of  
320 young gymnasts that include descriptive and analytical components would be useful to clarify  
321 the distribution and determinants of elbow and wrist pain and injury potential. As already  
322 highlighted the injury risk comes to the gymnasts is based on micro trauma from high  
323 repetitions that occurs mostly in training compared to competition as previously highlighted by  
324 the epidemiological research (e.g. Caine et al., 2003; Marshall, Covassin, Dick, Nassar, & Agel,

325 2007; Kerr, Hayden, Barr, Klossner, & Dompier, 2015). Coaches, sports scientist and clinicians  
326 can better inform practitioners regarding the risk factors of these gymnastics techniques. The  
327 identification of potential risk factors within certain techniques should make the process of  
328 technique selection more objective and safe.

329

### 330 **Conclusions**

331 The parallel and reverse techniques increased peak VGRF, elbow and wrist compression  
332 forces and elbow internal adduction moments. These differences indicated that the parallel and  
333 reverse techniques of CW and RO may increase the potential of elbow and wrist injuries in  
334 young gymnasts. This is of particular importance with the high frequency of the performance  
335 of these fundamental skills. Findings from the current study further reinforce and support the  
336 use of the T-shape technique for the CW and RO skills; this is of particular importance with the  
337 high frequency of performance of these fundamental skills. These results should inform the  
338 clinical application from a sports medicine perspective and also applied coaching and  
339 development of fundamental gymnastics skills.

340

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431 **List of Figures**

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433 Figure 1. *Round-off hand positions (A) Parallel, (B) T-shape and (C) Reverse.*

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435 Figure 2. *Marker placement on the gymnasts' body.*

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