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Influence of Oxygen Uptake Kinetics on Physical Performance in Youth Soccer

--Manuscript Draft--

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Abstract:	<p>Purpose: To examine the relationship between oxygen uptake kinetics (VO2 kinetics) and physical measures associated with soccer match-play, within a group of highly trained youth soccer players.</p> <p>Methods: Seventeen highly trained youth soccer players (age: 13.3 ± 0.4 yr, self-assessed Tanner Stage: 3 ± 1) volunteered for the study. Players initially completed an incremental treadmill protocol to exhaustion, to establish gaseous exchange threshold (GET) and VO2max (59.1 ± 5.4 mL.kg⁻¹.min⁻¹). On subsequent visits players completed a step transition protocol from, rest-moderate intensity exercise, followed by an immediate transition from moderate-severe intensity exercise (moderate: 95%GET, severe: 60%Δ), during which VO2 kinetics were determined. Physical soccer-based performance was assessed using a maximal Yo-Yo Intermittent Recovery test level 1 (Yo-Yo IR1) and via GPS derived measures of physical soccer performance during soccer match-play, 3 2 x 20min, 11 v 11 matches, to gain measures of physical performance during soccer match-play.</p> <p>Results: Partial correlations revealed significant inverse relationships between the unloaded to moderate transition time constant (tau) and: Yo-Yo IR1 performance ($r = -0.58$, $P = 0.02$) and GPS variables (Total distance (TD): $r = -0.64$, $P = 0.007$, High speed running (HSR): $r = -0.64$, $P = 0.008$, High speed running efforts (HSReff): $r = -0.66$, $P = 0.005$).</p> <p>Conclusion: Measures of VO2 kinetics are related to physical measures associated with soccer match-play and could potentially be used to distinguish between those of superior physical performance, within a group of highly-trained youth soccer players.</p>
Response to Reviewers:	Please see the attached document 'EJAP - 2nd point by point response to the reviewers' Thank you

If you decide to revise the work, please provide a revised manuscript with all changes clearly marked (e.g. in red) and with your point-by-point responses to each of the reviewers' concerns (with appropriate page, paragraph and line details) included at the start of the manuscript.

Your revision is due by August 3rd, 2016.

Response to the reviewers' comments

The reviewers' comments are very much appreciated and we hope that the changes to the manuscript and additional documents, as well as the responses to each of these comments address any concerns.

Reviewers' comments

Reviewer #1: The manuscript in the present form has improved.

Still, a few points needs the authors' attention which they hopefully can use to improve the quality of the manuscript.

page 4; 83: the reference in the text should be in the form "Wells et al." in the new citations.

Apologies, the reference has now been changed to 'Wells et al.'

It is unclear why the authors choose not to cite the first study (from 2011 , Christensen et al. mentioned in the first review) not reporting associations with tau and repeated exercise capacity instead of two later studies from 2012

Apologies, the reference of Christensen et al. (2011) has now been included.

5; 98: maybe better to use "high order motor units (with expected recruitment of any FT fibres)" or similar since a player with high (or low) ST distribution will have different recruitment pattern for the same speed irrespective of the running protocol

The additional information does help clarify the point being made and the necessary changes have been made to the manuscript.

5; 100: "used" (or similar) not "developed" (the double-step protocol was developed by others, I believe Brian Whipps group; eg. Brittain et al. 2001, EJAP. Citation maybe relevant?)

The term 'used' has now been adopted. The authors have chosen not to include the reference though as it disrupts the flow of the writing here.

8; 203: if speed was noted for each player, note the average absolute speed together with the relative speed

The requested information has now been added to the manuscript, along with the range too. This information has been added on page 9, line 213-214 as the authors believe the information fits better here.

12; 317: more info needed. Was the warm-up standardized (intensity, duration, recovery before sprint)? What about environmental factors (wind, temperature) in case this was not noted/recorded please state it for the reader to know that some uncertainty surrounds the "true sprint" speed.

Some more acknowledgement of top speed not being achieved in the 20-m should also be mentioned in methods and/or discussion

More information has now been added on page 12, lines 317-323 to address the issues raised above.

16; 439: consider to add studies somewhere in the section in which no association with fast $\dot{V}O_2$ kinetics and intermittent exercise capacity, to support the complex nature of intermittent physiology.

Additional information to emphasise the equivocal nature of research in this area has been provided, in doing so studies which have found no association and studies which have demonstrated an association between $\dot{V}O_2$ kinetics and intermittent exercise capacity have been cited. Page 16, lines 439-443.

Fig 1: it seems the fit in the rest-to-moderate transition is "off" to the right, a residual plot from ~20-50 s would likely show large spikes between the fit and the actual data.

Probably the time alignment (time delay) that is wrong. Please pay attention to this also in the data analysis

Apologies, this was simply an error that was made when copying the data over to create the plot. This has been amended, please see the new version of Figure 1.

Abstract

Purpose: To examine the relationship between oxygen uptake kinetics (VO_2 kinetics) and physical measures associated with soccer match-play, within a group of highly trained youth soccer players.

Methods: Seventeen highly trained youth soccer players (age: 13.3 ± 0.4 yr, self-assessed Tanner Stage: 3 ± 1) volunteered for the study. Players initially completed an incremental treadmill protocol to exhaustion, to establish gaseous exchange threshold (GET) and VO_{2max} (59.1 ± 5.4 mL·kg⁻¹·min⁻¹). On subsequent visits players completed a step transition protocol from, rest–moderate intensity exercise, followed by an immediate transition from moderate–severe intensity exercise (moderate: 95%GET, severe: 60%Δ), during which VO_2 kinetics were determined. Physical soccer-based performance was assessed using a maximal Yo-Yo Intermittent Recovery test level 1 (Yo-Yo IR1) and via GPS derived measures of physical soccer performance during soccer match-play, 3 2 x 20min, 11 v 11 matches, to gain measures of physical performance during soccer match-play.

Results: Partial correlations revealed significant inverse relationships between the unloaded to moderate transition time constant (τ) and: Yo-Yo IR1 performance ($r = -0.58$, $P = 0.02$) and GPS variables (Total distance (TD): $r = -0.64$, $P = 0.007$, High speed running (HSR): $r = -0.64$, $P = 0.008$, High speed running efforts (HSReff): $r = -0.66$, $P = 0.005$).

Conclusion: Measures of VO_2 kinetics are related to physical measures associated with soccer match-play and could potentially be used to distinguish between those of superior physical performance, within a group of highly-trained youth soccer players.

Key Words: Team Sports, Intermittent Exercise, Youth Soccer, VO_2 Kinetics

Abbreviations:

1		
2	GET	Gaseous exchange threshold
3		
4	GPS	Global positioning system
5		
6	HSR	High speed running
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8	HSReff	High speed running efforts
9		
10	RER	Respiratory exchange ratio
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12	τ	Time constant
13		
14	TD	Total distance
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16	VHSR	Very high speed running
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18	VHSReff	Very high speed running efforts
19		
20	VO ₂ kinetics	Oxygen uptake kinetics
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22	VO _{2max}	Maximal oxygen consumption
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24	Yo-Yo IR1	Yo-Yo intermittent recovery level 1 test
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Introduction

The contribution of aerobic metabolism during soccer match play is dominant, accounting for up to 90% of the energy required (Iaia, Rampinini & Bangsbo, 2009). However, as a consequence of the numerous, discrete high intensity actions incurred throughout competitive match-play (Bangsbo, Mohr & Krustup, 2006), the contribution of anaerobic energy pathways is likely to be high at certain points during the game. The ability to perform, repeat and sustain high intensity exercise is essential for elite soccer performance (Iaia et al., 2009). Consequently, faster oxygen uptake kinetics (VO₂ kinetics) during transitions from low to high intensity exercise could preserve the capacity of the anaerobic energy systems and thus enhance an individual's tolerance to fatigue (Glaister, 2005). In addition, faster VO₂ kinetics could result in a higher total energy turnover during high intensity exercise, when added to maximal anaerobic energy turnover. Therefore, resulting in the ability to maintain, repeat and sustain high intensity exercise during soccer match-play.

Global measures of aerobic capacity, like maximal oxygen consumption (VO_{2max}), have been examined in relation to measures of physical soccer performance (Rebello, Brito, Seabra, Oliveira & Krustup, 2014). Measures of

69 VO_{2max} , however, have shown an inability to distinguish between players of the same playing level (Rampinini et
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Research within adult populations has produced equivocal findings, with some studies demonstrating significant associations between superior VO_2 kinetics and intermittent exercise capacity (Dupont et al., 2005; Rampinini et al., 2009; Rampinini et al., 2010), while others have reported no association between the two (Buchheit, Hader & Mendez-Villanueva, 2012; Christensen et al., 2011; Wells et al., 2012). Research in both male and female adolescents, however, has demonstrated faster VO_2 kinetics in soccer trained individuals in comparison to their untrained counterparts (Marwood et al., 2011; Unnithan, Roche, Garrard, Holloway & Marwood, 2015). Consequently, VO_2 kinetics may impact upon measures of physical soccer performance during elite youth soccer match-play. Previous studies, however, have limited applicability to performance during soccer match-play as they only compared untrained and trained participants VO_2 kinetics during laboratory controlled treadmill exercise and did not relate this to performance during soccer match-play. As a result, while soccer trained individuals have been shown to demonstrate superior VO_2 kinetics when compared to untrained or amateur athletes, it is unclear to what extent measures of VO_2 kinetics are related to physical measures of performance, obtained during soccer match-play, within a group of highly-trained adolescent soccer players.

Initial research examining VO_2 kinetics in soccer have assessed VO_2 kinetics using a single square-wave transition (unloaded – moderate intensity) protocol (Rampinini et al., 2010; Marwood et al., 2011; Unnithan et al., 2015). Soccer match-play, however, incorporates severe intensity exercise which is often initiated from an elevated

98 baseline work rate (VO_2), resulting in the recruitment of higher order motor units (preferential recruitment of type
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2 II muscle fibres) (Nyberg et al., 2016). Consequently, in order to mimic these soccer-specific workload transitions,
3
4 100 a novel methodological approach was used by Nyberg et al. (2016). These authors utilised a double-step exercise
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6 101 protocol, when examining the impact of additional speed endurance training on Yo-Yo IR1 performance, in highly
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8 102 trained adult soccer players. The examination of VO_2 kinetics profiles during a step transition, work-to-work
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10 103 protocol (unloaded – moderate and moderate - severe) therefore allows for a more representative test in a soccer-
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12 104 specific cohort and provides a novel means for examining VO_2 kinetics in relation to the demands that are
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14 105 presented during soccer match play. As a result, the purpose of this study was to examine the relationship between
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16 106 VO_2 kinetics, during a step transition work-to-work protocol, and measures of physical performance obtained
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18 107 during soccer match-play, within a group of highly trained youth soccer players. It was hypothesised that those
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20 108 players who demonstrate faster pulmonary VO_2 kinetics during both transitions (unloaded – moderate & moderate
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22 109 – severe) would also demonstrate superior measures of physical performance during soccer match-play.
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27 111 **Methods**

28 112 *Participants*

29
30 113 Seventeen highly trained youth soccer players aged between 12 and 14 years volunteered to participate in this
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32 114 study. All participants were outfield players (5 defenders, 6 midfielders and 6 attackers) from the same Category
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34 115 One Premier League Football Academy. Prior to the commencement of the study, all players completed medical
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36 116 health questionnaires and training history questionnaires. Table 1 displays all anthropometric and screening
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38 117 measures. Maturation status was quantified using self-assessment, Tanner Stage method (Tanner, 1962) and
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40 118 maturity offset (Mirwald, Baxter-Jones, Bailey & Beunen, 2002). Players and their parents were informed about
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42 119 all procedures and requirements involved before providing written informed consent and assent from parents and
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44 120 participants, respectively. Ethical approval was granted from the local university ethics committee.
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53 124 *Study Design*

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55 125 Data collection was conducted over a three-week period at the beginning of a competitive season (pre-season) at
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57 126 a period where there were no competitive matches; during this period laboratory and field tests were conducted.
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127 The players visited the laboratory on 3 separate occasions, performed a field test (Yo-Yo IR1) and were involved
128 in three 11 v 11 matches (including the same pitch dimensions, the same composition of players in the same
129 positions and the same coaches, excluding goalkeepers from the analysis). During the periods of laboratory testing,
130 training only consisted of light technical practices, however, recovery periods of 24 hours were implemented
131 between all laboratory tests. In the first laboratory visit, players performed an incremental, ramp treadmill protocol
132 for the assessment of players' gaseous exchange threshold (GET) and VO_{2max} . Players returned to the laboratory
133 on two further occasions. These two, separate visits to the laboratory were identical and required the participant
134 to complete a step transition protocol (from rest - moderate exercise, followed by an immediate transition from
135 moderate - severe intensity exercise) on a motorised treadmill for the assessment of their pulmonary oxygen
136 uptake kinetics. All testing was completed at the same time of day (± 2 hours), with room temperature, humidity
137 and pressure corresponding to 20.5 ± 1.5 °C, 61.0 ± 1.4 % and 1016 ± 3 mmHg respectively, for laboratory testing.

139 Once all laboratory testing had been completed and a minimum of 48 h recovery had been undertaken, players
140 performed a maximal Yo-Yo IR1 field test. Subsequent to this and following a minimum of 48 h recovery, the
141 players' physical performance during soccer match play was assessed during 3 separate, 11 v 11 matches, with a
142 minimum of 48 h recovery between each match. Matches were comprised of 2 x 20 min halves, with a 5 min rest
143 interval in between halves. Players' match activities were monitored and analysed using 10 Hz global positioning
144 systems (GPS; Catapult, Melbourne, Australia).

146 All testing procedures (laboratory & field) were preceded by a 10 min warm-up, consisting of low intensity
147 running, dynamic stretching and then moderate intensity running. Following all tests a 5 min cool down, consisting
148 of low intensity running and static stretching, was conducted. All field testing and matches were conducted on
149 third generation artificial pitch in clear and dry conditions with minimal wind. Mean temperature, humidity and
150 pressure were 19.8 ± 2.4 °C, 59.0 ± 3.4 % and 1009 ± 1 mmHg, respectively. Participants were instructed to refrain
151 from exercise on the days preceding each test and to maintain a normal diet throughout testing. Players were also
152 informed to refrain from consuming any drinks containing sugar or caffeine as well as the consumption of any
153 food in the two hours preceding any test.

157 *Assessment of Maximal Oxygen Uptake and Gaseous Exchange Threshold*

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2 158 Upon arrival at the laboratory and following pre-participation screening procedures (including completion of
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4 159 training and health questionnaires as well as the assessment of players' resting heart rate and blood pressure),
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6 160 participants were fitted with a Polar Heart rate monitor (Polar Electro, Kempele, Finland) and face-mask (Hans
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8 161 Rudolph, Hans Rudolph, Kansas City, USA), which was connected to an online gas analysis system (Cortex
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10 162 MetaMax 3B, Cortex Biophysik GmbH, Leipzig, Germany). The online gas analyser was calibrated prior to each
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12 163 visit according to the manufacturer's instructions, using a known gas concentration and a 3-L syringe for manual
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14 164 volume calibration of the ventilation sensors. Following a standardised 10 min warm up and a full description of
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16 165 the test and safety procedures, participants began to run at a speed of 8 km/h at a 1 % incline (Jones & Doust,
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18 166 1996) on a motorised treadmill (HP Cosmos, Pulsar, Sportgerate GmbH, Nussdorf, Germany). The speed of the
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20 167 treadmill was increased by 1 km/h⁻¹ every two minutes, this continued until participants reached 90% of their age
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22 168 predicted heart rate max (207 – (0.7 x age)) (Gellish et al., 2007). At this point, the treadmill speed remained
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24 169 constant whilst the incline of the treadmill was increased by 1% every minute until volitional exhaustion; this
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26 170 procedure was employed to avoid over-striding and potential early termination and inaccurate assessment of
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28 171 participant's VO_{2max} . This method has been successfully used before to elicit VO_{2max} during treadmill running in
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30 172 young populations (Williams, Carter, Jones & Doust, 2001). VO_{2max} was taken as the highest 15 sec average during
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32 173 the test (Astorino, Robergs, Ghiasvand, Marks & Burns, 2000). Test criteria for a maximal effort, were the
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34 174 achievement of at least two of the following three performance values: 1) respiratory exchange ratio (RER) above
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36 175 1.00, 2) plateau in VO_2 despite an increasing speed (increase in VO_2 of < 2 mL·kg⁻¹·min⁻¹) 3) heart rate ±10
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38 176 beats/min of age predicted maximal heart rate (Cooke, 2009). The incremental, ramp treadmill protocol resulted
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40 177 in 100% percent of the participants reaching an RER value of greater than 1.00 and a heart rate value within ±10
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42 178 beats/min of age predicted maximal heart rate, while 88% of the participants presented a plateau in VO_2 despite
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44 179 an increase in speed. It has previously been shown, however, that only a minority of children present a plateau in
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46 180 VO_2 during treadmill exercise (Armstrong & Welsman, 1994) and that children can exercise to exhaustion during
47
48 181 incremental exercise without exhibiting a VO_2 plateau (Welsman & Armstrong, 1996). Therefore, as all
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50 182 participants achieved two of the stated criteria and the presence of a VO_2 plateau is not commonly exhibited in
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52 183 children, the term VO_{2max} was adopted throughout.
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185 The gaseous exchange threshold (GET) was identified using the V-slope method ($V\dot{C}O_2$ (ordinate), VO_2 (abscissa)
186 (Beaver, Wasserman & Whipp, 1986). Two regression lines were created based upon the relationship between
187 $V\dot{C}O_2$ and VO_2 . The intercept point between the two regression lines was then visually identified, with the VO_2
188 value at the intercept (GET) being extrapolated to the abscissa. To identify the speed at GET, a regression equation
189 was formulated for VO_2 and running velocity, for each individual. The individual's VO_2 at GET was then inputted
190 into the individual's respective regression equation to calculate the running velocity at GET. The V-slope method
191 has been shown to be a viable and reliable method for detecting and identifying the gaseous exchange threshold
192 in children (Fawkner, Armstrong, Childs & Welsman, 2002; Unnithan, Timmons, Paton & Rowland, 1995). The
193 GET was assessed by two individual researchers (experienced in the detection of GET), demonstrating 82%
194 agreement (14 out of 17). For the remaining three participants, a third researcher, also experienced in the detection
195 of GET, was approached to verify the GET. Following this test, the treadmill speed corresponding to 95% GET
196 and 60% of the difference between GET and VO_{2max} ($60\%\Delta$) were calculated for each individual.

197

198 *Assessment of pulmonary oxygen uptake kinetics*

199 On the two remaining visits to the laboratory, each participant completed two transitions for each change in
200 workload (unloaded – moderate and moderate – severe), meaning the VO_2 response was averaged from two
201 transitions. Previous research has demonstrated that acceptable confidence intervals for τ when averaging the
202 VO_2 response from two transitions (Marwood et al., 2011; Unnithan et al., 2015). The work-to-work kinetics
203 protocol consisted of 3 min unloaded (standing), 4 min running at a speed equivalent to 95% GET (moderate
204 intensity) and a run to exhaustion at a speed equivalent to $60\%\Delta$ (severe intensity). Prior to the test, participants
205 were fitted with a Polar heart rate monitor and face mask, which was connected to an online expired gas analysis
206 system. Participants were also familiarised with the transition to each speed and given sufficient time to practise
207 until they felt comfortable with both transitions (unloaded – moderate and moderate – severe). Participants ran
208 for no longer than 5 sec at the higher intensities during familiarisation. Following familiarisation to the speed
209 transitions, participants rested, allowing their heart rate to return to pre-exercise values, before commencing the
210 test. During the test, verbal encouragement was provided throughout for participants to continue for as long as
211 possible, however no visual feedback relating to exercise duration was given to the participants during the test.

212

213 For the unloaded to moderate transition the treadmill was set at the relevant intensity (95% GET; average = 10.4
214 ± 1.0 km/h, range = 8.8 – 12.2 km/h) for each individual, while the participant straddled the treadmill. The
215 participant was then given a 10 second countdown at the end of the unloaded phase, at which point they lowered
216 themselves onto the moving treadmill and began exercising. For the transition from moderate to severe intensity
217 the participant remained running on the treadmill. The time taken for each exercise transition was in all cases < 5
218 seconds, thus having minimal effects on the VO_2 kinetic response as this would be contained within the
219 cardiodynamic phase of the oxygen uptake response to an increase in intensity (Whipp & Rossiter, 2005).

221 *Mathematical modelling of oxygen uptake kinetics*

222 Prior to the modelling of the VO_2 kinetics errant breaths (coughing, swallowing, sighing, etc.) were removed from
223 the raw data set so as not to distort or skew the underlying physiological response. Errant breaths were defined as
224 a breath that was different to the mean of the surrounding four breaths by more than four times the standard
225 deviation of the same surrounding four data points (Jones & Poole, 2005, Marwood et al., 2011). Both data-sets
226 from each stage (unloaded – moderate and moderate – severe) were time aligned and ensemble averaged to
227 enhance the underlying physiological response characteristics for all intensities. Each ensemble average was then
228 linearly interpolated second-by-second prior to the modelling process. Custom written software in Microsoft
229 Excel, using the Solver function, was utilised for all modelling processes.

231 Pulmonary oxygen uptake kinetics for the unloaded - moderate and moderate - severe transitions were modelled
232 separately, due to the difference in the characteristics of the kinetic response for each increase in intensity. For
233 both, unloaded – moderate and moderate – to severe transitions, the goal of the modelling process was to isolate
234 the fundamental phase (Whipp & Rossiter, 2005) of VO_2 kinetic response (equation 1). To eliminate the influence
235 of the cardiodynamic phase on the modelling of VO_2 kinetics, the initial 20 seconds from the unloaded to moderate
236 phase and initial 15 seconds of the moderate to severe phase were removed prior to the modelling process. A time
237 delay of 20 seconds is often employed to accommodate the cardiodynamic phase (Whipp & Rossiter, 2005);
238 however, a 15 second time delay was adopted for the moderate to severe transition due to elevated baseline blood
239 flow incurred from the prior moderate intensity (Buchheit, Laursen & Ahmaidi, 2009). Following the
240 cardiodynamic phase, VO_2 kinetics were assumed to develop initially via a single exponential term (fundamental
241 phase), following a delay relative to the start of exercise of the form:

$$V_{O_{2(t)}} = V_{O_{2(b)}} + A_{VO_2} \cdot (1 - \exp^{-(t-TD)/\tau}) \quad [1]$$

Where $V_{O_{2(b)}}$ is the baseline VO_2 , which was taken as the last 30 seconds of oxygen uptake during 3 minutes unloaded phase or steady state value of moderate for mod – severe transition. A_{VO_2} represents the asymptotic amplitude of the fundamental component of the response; τ is the time constant of the fundamental component and TD is the time delay similar, but not equal to the cardiodynamic-fundamental phase transition time. For the unloaded – moderate transition, the fundamental phase was considered *a priori* to encapsulate the entire 4-minute transition since exercise was undertaken below the GET. For the moderate – severe transition, the fitting strategy was designed to identify the onset of the “slow component” of the response to exercise, and thus isolate the fundamental component. Starting at 60 s, the fitting window was therefore widened by 1 s until the end of exercise with the time constant and reduced chi-square value of the curve of best fit for each time window plotted against time. The onset of the slow component could then be identified as the coincident point at which a plateau or minima in the value of τ and a minima in chi-square, followed by a progressive increase in these values, could be determined as its value becomes affected by the slow component. The time at which this occurred was used as the optimal fitting window with which to determine the kinetics of the fundamental phase of VO_2 kinetics. The phase III (Whipp & Rossiter, 2005) of oxygen uptake (steady state in the unloaded – moderate transition) was taken as the sum of $V_{O_{2(b)}}$ and A_{VO_2} . The amplitude of the slow component during the moderate – severe transition was calculated as VO_2 at exhaustion minus the phase III VO_2 .

Yo-Yo Intermittent Recovery Test Level 1

For the Yo-Yo IR1 test, cones were placed 20 m apart, with a 5 m recovery zone marked out at one end. The Yo-Yo IR1 test requires participants to run 2 x 20 m shuttle runs at increasing speeds, interspersed with 10 seconds of active recovery. The pace of the test was controlled by audio signals emitted from a CD player (Sony CFD-V7, Sony, Tokyo, Japan). For the Yo-Yo IR1 test players were required to run until volitional termination of the test or, when they have twice failed to meet the designated cones in time with the audio signal, at which point they are removed from the test. The test score is the distance covered at the point they withdraw from the test. During the test, players were allowed to consume fluids ad libitum. Current findings support the use of the Yo-Yo IR1 test as a valid measure of physical performance in soccer, particularly within youth populations (Bangsbo et al., 2008;

271 Krustrup et al., 2003). All players were familiar with the Yo-Yo IR1, as it is a fitness test regular employed (4
1 times a season) by the respective Academy.
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5 6 274 ***Monitoring Soccer Match-Play***

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8 275 For the assessment of participants' performance during soccer match-play, three separate, 11 v 11 matches
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10 276 (including the same pitch dimensions, the same composition of players in the same positions and the same
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12 277 coaches) were conducted in the players' regular training sessions and analysed using 10 Hz GPS and Polar heart
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14 278 rate monitors. As there were only 17 outfield players recruited for the present study, 3 additional outfield players
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16 279 and 2 goalkeepers were used to make up the numbers. These players were not involved within any other aspect of
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18 280 the study and at no point was any data obtained or analysed in respect to these players. Each match was conducted
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20 281 on the same third generation artificial pitch with the same dimensions (90 x 50 m) and at the same time of day.
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22 282 Matches were comprised of 2 x 20 min halves with a 5 min rest interval between halves. The composition of the
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24 283 teams and positions remained the same for all three matches and each participant was assigned their own GPS
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26 284 unit for all matches. Matches were performed on three separate occasions within the same week with a consistent
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28 285 recovery of 48 hrs between matches. Prior to each match, an appropriate and thorough warm-up, as well as a 20
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30 286 minute technical drill was undertaken by all participants. The mean number of satellites during data collection
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32 287 were 8.0 ± 0.5 , 8.3 ± 0.4 and 8.2 ± 0.6 for matches 1, 2 and 3 respectively. Furthermore, the mean horizontal
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34 288 dilution of position (HDOP), which is a reflection of the accuracy and quality of the signal (Jennings, Cormack,
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36 289 Coutts, Boyd & Aughey, 2010) were 1.45 ± 0.25 , 1.31 ± 0.11 and 1.31 ± 0.08 for matches 1, 2 and 3 respectively.
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40 291 Following each match, the GPS data was downloaded and analysed using Catapult Software (Catapult,
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42 292 Melbourne, Australia) and specially designed Microsoft Excel spreadsheets. Following this an average of the 3
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44 293 games was calculated for each player for each variable. Data was recorded for the whole match, each 20 min half
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46 294 and into successive 5 min epochs (e.g. 0 – 5 min, 1 – 6 min, 2 – 7 min, 3 – 8 min, etc), to establish and quantify
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48 295 the peak 5 min epoch (identified as the 5 min epoch with the highest amount of high speed running distance), the
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50 296 subsequent 5 min epoch to the peak 5 min epoch and the mean of the cumulative 5 min epochs throughout the
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52 297 match. These were then averaged over the 3 matches. The peak 5 min epoch provides a surrogate measure of the
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54 298 highest amount of high speed distance that a player can perform within a 5 min period during soccer match-play,
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56 299 whereas the mean of the cumulative 5 min epochs throughout an entire match provides an indirect measure of a
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58 300 player's ability to sustain their levels of physical performance during match-play. Finally, the subsequent 5 min
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epoch following the peak 5 min epoch provides an estimate of a player's ability to 'recover' and maintain their levels of physical performance, immediately following an exhaustive period of activity. Previous research has used discrete 5 min epochs (0-5 min, 5-10 min, etc.) to identify the peak 5 min interval during soccer match-play (Bradley et al., 2009). The adoption of such criteria, however, may result in missing the true peak 5 min epoch, as this may occur between the pre-determined, discrete 5 min epochs. Consequently, matches were analysed using successive 5 min epochs (0-5 min, 1-6 min, 2-7 min, etc.) for the identification of the most intense 5 min epoch.

Information recorded included total distance (TD), metres per min (m/min), relative high speed running distance (HSR), relative high speed efforts (HSReff), relative very high speed running distance (VHSR), relative very high speed efforts (VHSReff) and relative sprint distance (S). As noted by Harley et al. (2010) when classifying player motion speed zones, thresholds should be assessed relative to the individuals speed capabilities, with one method being the assessment of maximal velocity obtained during a 20 m sprint. As a result, maximal linear velocity was defined as the maximal velocity obtained during a 20 m straight line sprint from a standing start and obtained from the individual players' GPS devices, which were then used to record the individual player's physical performance, using relative thresholds, during soccer match-play. The 20 m straight line sprints were performed as part of the pre-season fitness testing battery (immediately prior to the commencement of this study) employed within the Academy, in which an appropriate warm-up was administered prior to testing. **The warm-up consisted of 5 min of dynamic exercise followed by 5 min of dynamic stretches and two trial sprints, however, the environmental factors were not recorded during sprint testing. Research has suggested that distances in the region of 20-30 m are necessary to accurately assess players' maximal sprint speed in youth populations (Buchheit, Simpson, Peltola & Mendez-Villanueva, 2012), however, previous research from Harley et al. (2010) adopted the same 20 m sprinting protocol, as within the current study, when assessing maximal sprint speed in highly trained youth soccer players.** Relative HSR running was regarded as distance covered above 50% of maximal linear velocity, relative VHSR was regarded as any distance covered above 70% of maximal linear velocity and relative Sprint as anything above 90% maximal linear velocity. The same thresholds were used for HSReff and VHSReff and an effort was regarded as any occurrence when such a speed was attained and sustained for greater than 0.2s.

Statistical Analysis

Partial correlations, controlling for maturation using Tanner Stage, between VO_2 kinetics and physical soccer-based measures were performed on the whole sample. To aid interpretation of the results, confidence intervals

(90%) for correlations were calculated and the magnitude of the correlations were determined using the modified scale by Hopkins (<http://www.sportsci.org/resource/stats/>, 2000): $r < 0.1$, trivial; 0.1-0.3, small; 0.3-0.5, moderate; 0.5-0.7, large; 0.7-0.9, very large; >0.9 , nearly perfect; and 1 perfect). Following this, an intra-group comparison was conducted using independent t -tests, with performance in the maximal YoYo-IR1 being used as the criterion variable (Below Average (BA) $n = 9$, Above Average (AA) $n = 8$), as the Yo-Yo IR1 has been shown to be a valid and reliable test with discriminative ability in prospective youth soccer players (Markovic & Mikulic, 2011). Performance variables between groups were compared using Cohen's d effect sizes (ES) and thresholds ($<0.5 =$ small; $0.5-0.8 =$ moderate; $>0.8 =$ large; Cohen, 1988) and reported where appropriate. Additionally, where appropriate a qualitative descriptor, used to aid practical inferences, will be assigned to the following quantitative chances of benefit: 25-75% = benefit possible; 75-95% = benefit likely; 95-99% = benefit most likely; $>99% =$ benefit almost certain (Hopkins, 2000). All statistical analysis was performed using SPSS version 21.0 (IBM SPSS statistics for Windows, IBM, Armonk, New York) and Microsoft Excel (Microsoft Excel 2013, Microsoft, Redmond, Washington) with the level of significance (alpha) set at 0.05.

Results

A representative plot of the oxygen uptake response during the work-to-work protocol is shown in figure 1. Moderate inverse correlations were found between the time constant of VO_2 kinetics during the transition to moderate intensity exercise (unloaded – moderate τ) with both field measurements that are associated with physical soccer performance, and relative high intensity activity (HSR & VHSR) during soccer match-play (Table 2). However, no relationships were found between measures of VO_2 kinetics, from the moderate – severe transitions and the maximal Yo-Yo IR1 test or measurements obtained during soccer match-play. Furthermore, partial correlations between unloaded – moderate τ and peak 5 min HSR revealed no relationships, partial correlations between unloaded – moderate τ and 5 min HSR match averages revealed significant and moderate inverse correlations (Fig 2a & 2b). Additionally, players' performance in the maximal Yo-Yo IR1 was found to be significantly related to several measures of physical performance during soccer match-play (Table 3).

Fig 1 Representative plot of the pulmonary oxygen uptake kinetics during the work-to-work protocol, with the respective unloaded - moderate and moderate - severe time constants (τ s)

*** Insert Figure 1 Here ***

***Insert Table 2 Here**

363 **Fig 2** * $P < 0.05$, Partial correlations between unloaded – moderate τ and HSR (m) during A) peak 5 min
 364 epoch B) match average 5 min epoch

365 *** Insert Figure 2a & 2b Here ***

366
 367 ***Insert Table 3 Here***

369 Intra-group analysis between AA and BA groups revealed differences (moderate to large Cohen's d effect sizes)
 370 between groups in multiple physical measures during: soccer match-play, field testing and measures of both VO_2
 371 kinetics and VO_{2max} (Table 4a & 4b). With regards to physical measures during soccer-play, only peak 5 min HSR
 372 was shown to be 'unclear' between groups (according to Hopkins' (2000) classifications), despite a moderate
 373 effect size. With respect to laboratory based measures only VO_{2max} was shown to be significantly larger in the AA
 374 group, however, the τ for pulmonary oxygen uptake kinetics during the transition to moderate intensity exercise
 375 was faster in the AA group, revealing a large effect size and 'likely positive' inference between groups.

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 377 ***Insert Table 4a & 4b Here***

379 *Discussion*

380 The main finding of the present study was that there was a significant inverse relationship between the time
 381 constant (τ) for oxygen uptake kinetics during the transition from unloaded - moderate intensity exercise and
 382 the amount of high intensity activities performed during soccer match-play as well as performance in the Yo-Yo
 383 IR1. Furthermore, analysis of 5 min epoch match averages revealed significant inverse relationships between
 384 unloaded – moderate τ and relative HSR. Finally, results from the intra group analysis revealed that players who
 385 performed above average in the Yo-Yo IR1 test demonstrated superior performance in both laboratory tests
 386 (unloaded – moderate τ and VO_{2max}) and physical performance during soccer match-play (Table 4a & 4b).

387
 388 To the authors' knowledge this is the first study to examine the impact of measures of VO_2 kinetics, along with
 389 measures of VO_{2max} , upon variables of physical performance obtained during soccer match-play, in a group of
 390 highly trained youth soccer players. As a result, the present study extends and improves upon existing research
 391 via examining the relationship between τ , along with VO_{2max} , on measures of physical soccer performance in a
 392 group of highly trained youth soccer players, during both a standardised test (Yo-Yo IR1) and during soccer

393 match-play, using GPS technology. Consequently, this study attempted to adopt a more ecologically valid
394 approach to evaluating physical soccer performance in relation to measures of VO_2 kinetics. This was achieved
395 by assessing players' physical performance during soccer match-play, rather than the sole use of a surrogate
396 indicator of physical soccer performance (e.g. Yo-Yo IR1). Using this innovative approach, present results have
397 revealed that measures of high intensity activity, obtained during soccer match-play are inversely related to *tau*,
398 during an unloaded to moderate transition. This supports previous work in both adults and adolescent populations.
399 Firstly, Rampinini et al. (2010) demonstrated that professional adult soccer players demonstrated a faster *tau*,
400 (from unloaded to moderate transitions) when compared to amateur soccer players (27.2 ± 3.3 vs. 32.3 ± 5.7 s).
401 Secondly, soccer trained male adolescents have been shown to present faster VO_2 kinetics (from unloaded to
402 moderate transitions) when compared to untrained but recreationally active participants (*tau*: 22.3 ± 7.2 vs. 29.8
403 ± 8.4 s) (Marwood et al., 2010). A finding which is also evident within female adolescent soccer players, when
404 compared to untrained but recreationally active participants (*tau*: 26.3 ± 6.9 vs. 35.1 ± 11.5 s) (Unnithan et al.,
405 2015). Current findings, however, expand upon previous research by highlighting the impact of superior VO_2
406 kinetics upon key measures of physical soccer performance (e.g. HSR activity), during match-play and within a
407 group of highly trained youth soccer players. Consequently, as levels of high intensity activity have been shown
408 to be a distinguishing factor of superior soccer performance (Mohr, Krstrup & Bangsbo 2003), an improved
409 ability to accommodate the necessary energy demands, during soccer match-play, via superior VO_2 kinetics and
410 utilisation of aerobic pathways may result in a greater accumulation, frequency and maintenance of high intensity
411 activity.

412
413 Within the assessment of players' physical performance during soccer match-play, a secondary aim was to assess
414 the impact of VO_2 kinetics on players' physical performance during the peak 5 min epoch, post-peak 5 min epoch
415 and the match average 5 min epochs. Results demonstrate that while measures of VO_2 kinetics, during an unloaded
416 – moderate and moderate – severe transition, have little influence upon the amount of high intensity activity
417 performed over a short period of time (peak 5 min) or in the subsequent 5 min period (post-peak 5 min), measures
418 of unloaded-moderate *tau* were significantly related to 5 min epoch match averages for measures of HSR, with a
419 faster unloaded – moderate *tau* equating to a greater 5 min epoch match average for HSR. Thus, there is evidence
420 to suggest that measures of VO_2 kinetics, particularly unloaded - moderate *tau*, may have a significant impact
421 upon the maintenance and the ability to sustain levels of high intensity activity over a prolonged period of time

422 (20 - 40 min), during competitive soccer match-play. This is in line with Dupont et al. (2005), who reported a
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2 423 significant relationship between the phase II *tau*, during a low to moderate transition, and the percentage
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4 424 decrement in speed during 15 repeated 40 m maximal sprints, with 25 s of active recovery. Together, these results
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6 425 demonstrate that when numerous bouts of repeated high intensity activity are required, superior VO_2 kinetics are
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8 426 potentially advantageous to performance via a greater tolerance to mechanisms of fatigue (Buchheit, Abiss, Peiffer
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10 427 & Laursen, 2012; Dupont et al., 2005). However, the exercise prescribed in the study by Dupont et al. (2005)
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12 428 greatly exceeds the work that would be experienced during an intense 5 min period of competitive soccer match-
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14 429 play. Rather, the volume of work prescribed by Dupont et al. (2005) is indicative of the amount of work performed
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16 430 during a prolonged period of competitive soccer match-play. Nevertheless, current findings suggest that, while
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18 431 measures of VO_2 kinetics, during an unloaded to moderate transition, may not have an impact upon the high
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20 432 intensity activity over a short period of time (5 min) during competitive soccer match-play, they do have an
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22 433 increasing influence over a prolonged period of time. This suggests that superior VO_2 kinetics preserve and help
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24 434 to maintain intermittent high intensity activity during sustained periods of soccer match-play, a finding which
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26 435 may be linked to the enhanced ability to activate the more sustainable aerobic energy sources.
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31 437 While the present results provide some evidence for the relationship between physical measures associated with
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33 438 superior soccer performance and VO_2 kinetics, the complex physiology involved during high-intensity intermittent
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35 439 exercise should be acknowledged. **As a result research in this area has produced equivocal results, with some**
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37 440 **studies finding little or no relationship between VO_2 kinetics and intermittent exercise performance (Buchheit,**
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39 441 **Hader & Mendez-Villanueva, 2012; Christensen et al., 2011; Wells et al., 2012) and other studies demonstrating**
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41 442 **significant associations between superior VO_2 kinetics and intermittent exercise capacity (Dupont et al., 2005;**
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43 443 **Rampinini et al., 2009; Rampinini et al., 2010).** Performance during high-intensity intermittent exercise, like that
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45 444 which is experienced during soccer match-play, is a product of complex interactions between metabolic,
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47 445 cardiorespiratory and cardiovascular issues. Indeed, factors such as transportation of ions, metabolite
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49 446 accumulation, muscle excitability and muscle oxygenation (Girard, Mendez-Villanueva & Bishop, 2011) among
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51 447 numerous other factors will impact upon the presence of fatigue, and therefore the level of physical performance
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53 448 during soccer match-play (Bangsbo et al., 2006).
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2 451 Consequently, one variable (e.g. τ or VO_{2max}) will not, on its own, predict players' intermittent exercise capacity,
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4 452 as is evidenced by the correlational statistics provided within the present study. Furthermore, the finding that the
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6 453 AA Yo-Yo group performed significantly more HSR and VHSR than the BA group, despite there being no
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8 454 significant difference in measures of τ , supports the fact that performance during high-intensity intermittent
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10 455 exercise is multifaceted. Nevertheless, the current results provide an indication to the contribution of the energy
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12 456 systems during youth soccer match-play, demonstrating that a faster τ , during an unloaded to moderate
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14 457 transition, was associated to the accumulation, frequency and maintenance of high intensity activity during soccer
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16 458 match-play. Additionally, current results reinforce the adoption of the Yo-Yo IR1 test as an appropriate test for
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18 459 assessing sport-specific fitness levels in highly trained youth soccer players.

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20 460 Therefore, methods of training which are capable of speeding up τ , should improve the accumulation, frequency
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22 461 and maintenance of high intensity activity during soccer match-play, in highly trained youth soccer players.
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24 462 Indeed, high intensity conditioning drills or the use of game-based training drills (e.g. small sided games), which
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26 463 are designed to provide sustained periods (3 - 4min) at an intensity $>85\%$ HR_{max} , at a work to rest ratio of 2:1,
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28 464 may be incorporated as a stimulus to enhance players' aerobic capacity and subsequently improve measures of
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30 465 VO_2 kinetics. Similarly, the use of supra-maximal repeated sprint drills or drills which require a player to work
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32 466 above their maximal aerobic speed for shorter intervals may be also utilised as a conditioning method for
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34 467 improving players' VO_2 kinetics (Buchheit & Laursen, 2013).

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39 469 There were no statistically significant relationships between measures of VO_2 kinetics (τ) during the moderate
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41 470 to severe transitions and any of measures associated with physical soccer performance. Current findings are
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43 471 supported by those of Nyberg et al. (2016), who reported no change in measures of VO_2 kinetics during a moderate
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45 472 (10 km/h) to severe (16 km/h) transition in highly trained adult soccer players, following a period of additional
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47 473 speed endurance training. This was despite significant improvements in Yo-Yo IR1 performance ($11.6 \pm 6.4\%$)
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49 474 and pulmonary VO_2 kinetics during an unloaded to moderate transition ($11.4 \pm 16.5\%$) (Nyberg et al., 2016).

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54 476 In addition, the current results show a large standard deviation is apparent for measures of τ during the moderate
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56 477 - severe transition, these large variations in τ may be a result of the intensity prescribed for severe exercise
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58 478 ($60\%\Delta$). The prescribed intensity of $60\%\Delta$, despite being a relative intensity, is likely to be in the proximity of
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60 479 critical speed (Burnley & Jones, 2007; Ozyener, Rossiter, Ward & Whipp, 2001), resulting in some individuals
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480 being above their critical speed and some being below. As a result, this may have elicited different physiological
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2 481 responses across the current sample. The times recorded, however, for time to exhaustion during the severe
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4 482 intensity (551.6 ± 167.5 s) provide support that all players were performing at an intensity above their critical
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6 483 speed. Nevertheless, the prescribed intensity may have resulted in some individuals not being able to maintain
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8 484 their performance for a satisfactory amount of time, thus affecting the 'fit' of the VO_2 response. As noted by
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10 485 Ozyener et al. (2001) the VO_2 kinetics during dynamic muscular exercise are clearly influenced by the exercise
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12 486 intensity. Research also suggests there is a reduced VO_2 amplitude in the slow component when running compared
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14 487 to cycling exercise (Carter et al., 2000; Jones & McConnell, 1999). Furthermore, the breath-to-breath noise has
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16 488 been shown to be large in child populations (Potter, Childs, Houghton & Armstrong, 1998) while the amplitude
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18 489 of the VO_2 slow component has been shown to be small in child populations (Williams et al., 2001). This can
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20 490 result in low signal to noise properties within the VO_2 profiles and impact upon the fitting of the moderate - severe
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22 491 transition, making it difficult to reliably identify the non-steady state 'phase' of the VO_2 response during this
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24 492 transition (Armstrong & Barker, 2009). To date, there is limited knowledge as to whether or not trained individuals
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26 493 actually present faster VO_2 kinetics during work-work transitions and, therefore, the applicability of VO_2 kinetics
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28 494 profiles obtained during a moderate to severe transition and their relationship to physical soccer performance
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30 495 requires further research. Although, initial results from the current study and that of Nyberg et al. (2016) would
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32 496 seem to indicate that the VO_2 kinetics profile obtained from a moderate to severe transition is unrelated and not
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34 497 influenced by the high-intensity intermittent exercise that is experienced during soccer match-play.
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40 499 Previous research that has examined the relationship between VO_2 kinetics and physical measures associated with
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42 500 soccer match-play has failed to provide physical data from performance during competitive soccer match-play.
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44 501 The addition of such information will improve the ecological validity and application of measures obtained from
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46 502 both laboratory and field tests to team sports performance. It is understood, however, that reasonable levels of
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48 503 game to game variation exist within soccer match-play (Gregson et al., 2010). Indeed, Gregson et al. (2010)
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50 504 reported high levels of variance for HSR ($CV = 16.2 \pm 6.2\%$) during elite adult competitive football when
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52 505 analysing players' physical performance across two seasons. Information regarding the variance in physical
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54 506 performance, for youth soccer players is lacking, however, analysis of the variance across the three matches
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56 507 employed within the current study revealed typical errors of 4.3 m/min for TD, 316 m & 24 efforts in the HSR
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58 508 threshold and 75 m & 5 efforts in the VHSR threshold. While the values presented are substantial, when applied
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509 in relation to the data reported for the AA and BA groups, within the current study, the difference between groups
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2 510 is in excess of the typical errors presented.

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6 512 In previous research, the resultant impact of the opposing team (Gabbett, 2013), phase of the season (Gregson et
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8 513 al. 2010; Kempton, Sullivan, Bilsborough, Cordy & Coutts, 2015), weather conditions, substitutions, context of
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10 514 the match (win/lose margin) and current form (Black & Gabbett, 2014) are all likely to have an influence on
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12 515 players' physical performance and need to be considered when analysing players' physical performance during
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14 516 soccer match-play. Nevertheless, the current procedures controlled for the composition of players, positions and
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16 517 teams as well as the playing surface and playing time, in an attempt to reduce the variance from game-to-game.

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20 519 Finally, the potential impact of growth and maturation should not be ignored when assessing youth soccer players.

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22 520 In the present study, however, the effects of growth and maturation upon the fitness components measured was
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24 521 equivocal. Indeed, no relationships between maturation status, measured via Tanner Stage and Maturity Offset,
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26 522 were found between measures of VO_2 kinetics and measures associated with physical performance during soccer
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28 523 match-play. Although, the limitations of the adopted methods used to assess growth and maturation do need to be
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30 524 acknowledged. Firstly, the Tanner stage method of maturation does not provide information on the point at which
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32 525 a player entered a particular stage of maturation or how long an individual has been in a particular stage of
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34 526 maturation (Malina et al., 2012). Secondly, the accuracy of the predictive equation used to determine the maturity
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36 527 off-set has been shown to decrease the further the individual is away from the period of peak height velocity
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38 528 (Malina, Cumming, Morano, Barron & Miller, 2005). Nevertheless, the impact of growth and maturation within
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40 529 the current sample, particularly during the intra-group analysis, was negligible. Furthermore, partial correlations
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42 530 were employed throughout to control for any possible influence of growth and maturation. Despite these
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44 531 limitations the current study extends and improves upon the existing research by examining distinct measures of
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46 532 cardio-respiratory fitness in relation to measures of physical performance obtained during soccer match-play in
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48 533 elite youth soccer players.

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52 535 **Conclusion**

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55 536 The results from this study demonstrate that players with a superior ability to activate aerobic energy pathways at
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57 537 the onset of exercise, evidenced by a faster *tau* during transitions from low to moderate intensity exercise, tend to
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59 538 perform better in Yo-Yo IR1 and perform a greater amount of relative HSR during soccer match-play. Hence, the

539 accumulation, maintenance and frequency of high intensity activity during competitive soccer match-play, in
 1 highly trained youth soccer players, are associated with a faster *tau* during an unloaded to moderate exercise
 2 540 highly trained youth soccer players, are associated with a faster *tau* during an unloaded to moderate exercise
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 4 541 transition but unrelated to *tau* during a moderate – severe exercise transition. This study demonstrates that
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 6 542 measures obtained from VO_2 kinetics testing protocols may be of benefit when assessing youth players' physical
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 8 543 performance during soccer match-play and could therefore be used as a measure to distinguish those of superior
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 10 544 physical performance. Based on these findings, the physiological capacity to transition rapidly between
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 12 545 workloads, particularly from low – moderate intensities, is a potential determinant of superior physical
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 14 546 performance (specifically high intensity activities), during soccer match-play, in highly trained youth soccer
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 16 547 players.
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Figure 1

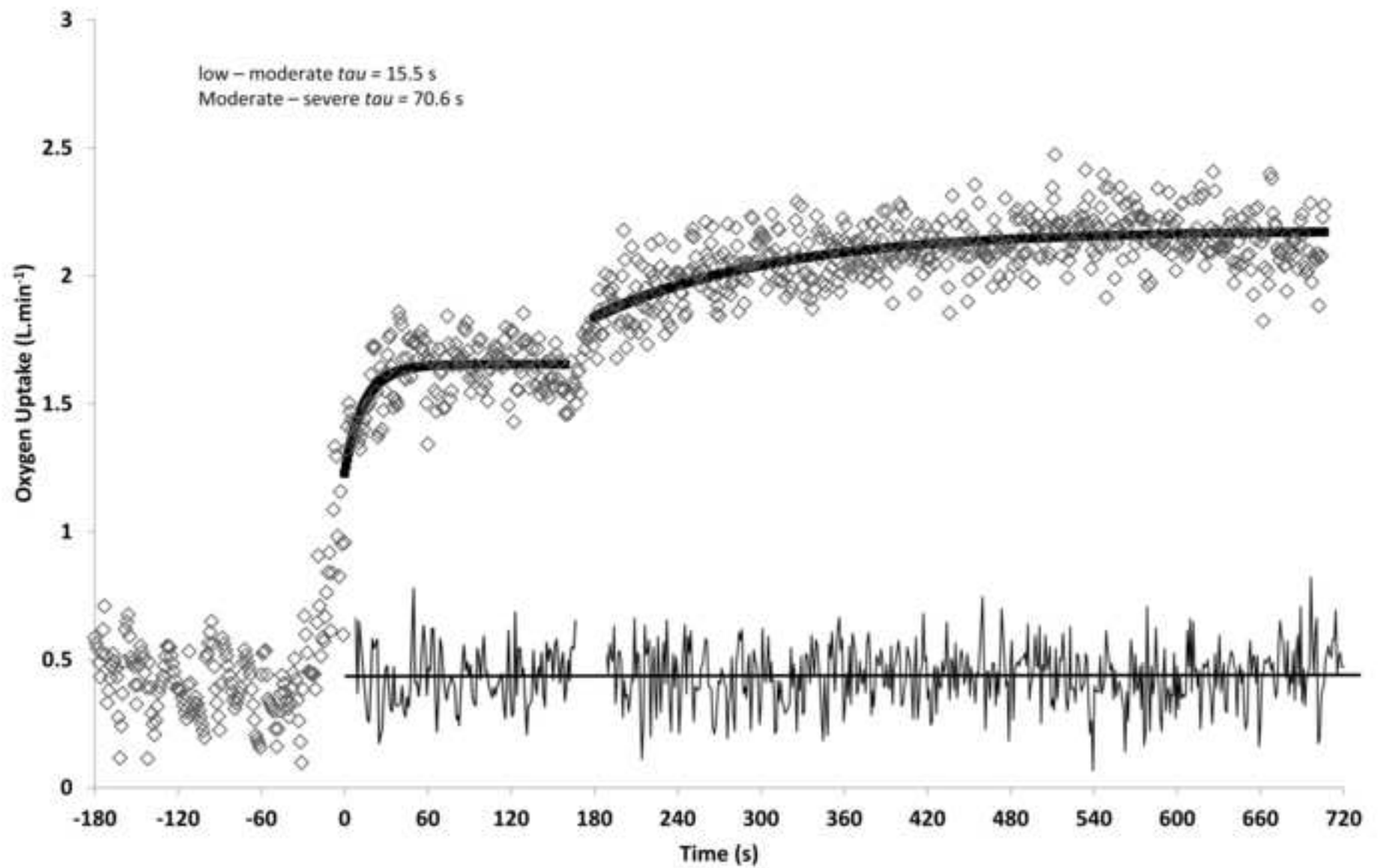


Fig 1:

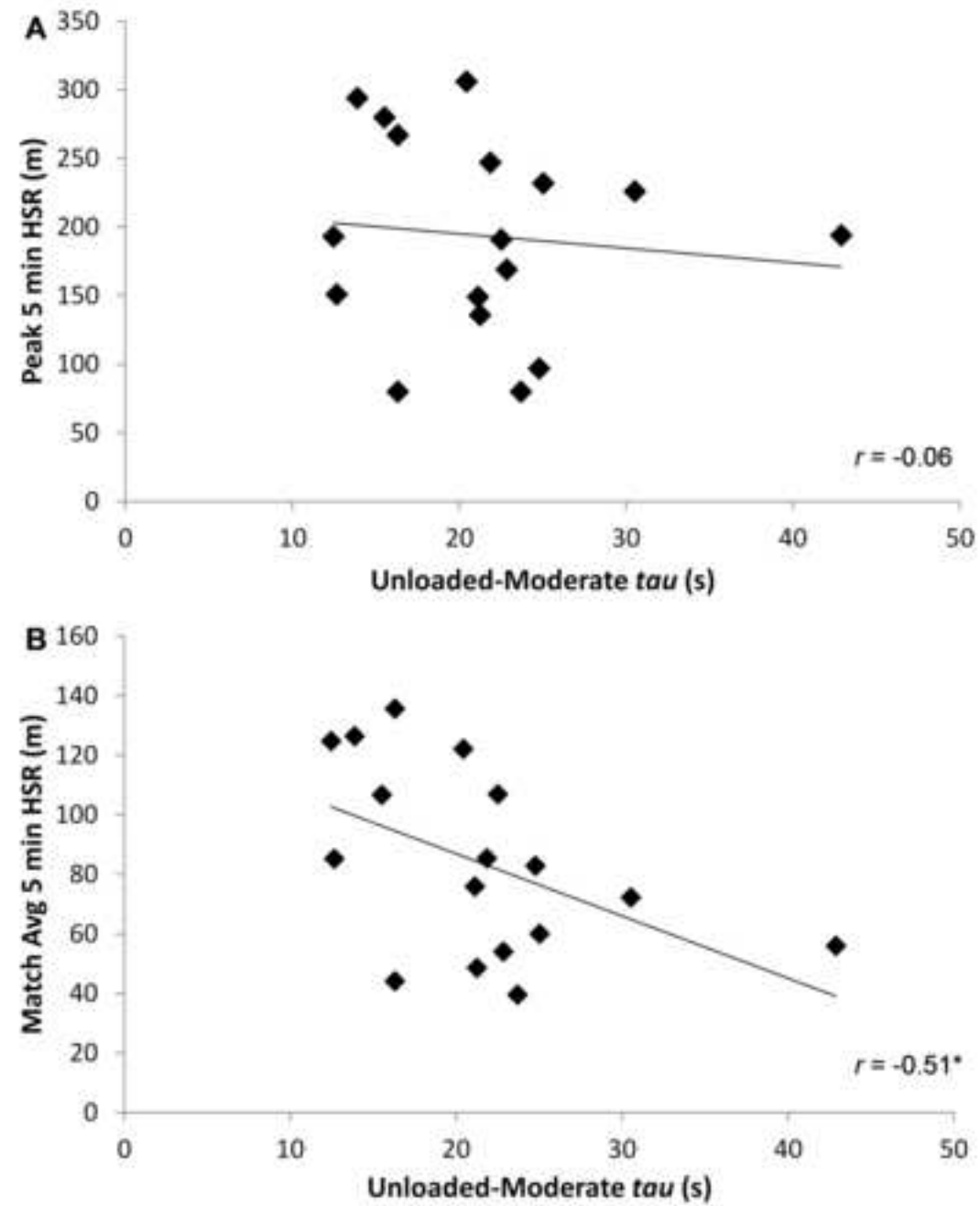


Table 1 Anthropometric and screening measures

Variable	Mean \pm Standard Deviation	90% Confidence Intervals
Age (y)	13.3 \pm 0.4	13.1 - 13.5
Stature (m)	1.59 \pm 0.11	1.54 - 1.64
Body Mass (kg)	48.9 \pm 10.1	43.9 - 53.9
Maturity Offset (y)	-0.8 \pm 0.9	-1.2 to 0.3
Σ 4 Skinfolds (mm)	30.7 \pm 5.1	28.3 - 33.1
Tanner Stage	3 \pm 1	2 - 3
Training Years (y)	4.4 \pm 2.1	3.4 - 5.3
Training Hours (hrs.p.week)	12.4 \pm 2.3	11.3 - 13.5

Note: Skinfolds used for the Σ 4 skinfolds were the biceps, triceps, subscapular and superilliac (Durnin & Womersley, 1974).

Table 2 Partial correlations between the unloaded – moderate and moderate – severe time constants and Yo-Yo IR1 performance and GPS derived measures of soccer match-play: *r* value (90% Confidence Intervals)

	Unloaded – Moderate Time Constant (<i>tau</i>)	Moderate – Severe Time Constant (<i>tau</i>)
Yo-Yo IR1 (m)	-0.58* (-0.23 to -0.83)	-0.17 (-0.53 to 0.26)
TD (m.min)	-0.64* (-0.18 to -0.93)	-0.14 (-0.64 to 0.34)
HSR (m)	-0.64* (-0.44 to -0.86)	-0.24 (-0.63 to 0.33)
VHSR (m)	-0.33 (-0.66 to 0.33)	-0.12 (-0.53 to 0.48)
HSR (%)	-0.59* (-0.39 to -0.81)	-0.25 (-0.60 to 0.28)
VHSR (%)	-0.27 (-0.62 to 0.19)	-0.10 (-0.56 to 0.47)
HSR efforts	-0.66* (-0.45 to -0.87)	-0.27 (-0.60 to 0.29)
VHSR efforts	-0.42 (-0.71 to 0.19)	-0.13 (-0.55 to 0.36)

Note: * $P < 0.05$, all significant correlations are regarded as moderate according to the classification of Hopkins (2000). Correlations were controlled for maturation using Tanner stage measurements. TD = Total Distance; HSR = High speed running (>50% maximal linear velocity); VHSR = Very high speed running (>70% maximal linear velocity).

Table 3 Partial correlations, controlled for maturation, between GPS derived measures obtained during soccer match-play and Yo-Yo IR1 performance: *r* value (90% Confidence Intervals)

	Yo-Yo IR1 (m)
TD (m.min)	0.63* (0.18 to 0.94)
HSR (m)	0.64* (0.26 to 0.95)
VHSR (m)	0.59* (0.25 to 0.91)
HSR (%)	0.61* (0.17 to 0.95)
VHSR (%)	0.57* (0.24 to 0.91)
HSR efforts	0.60* (0.19 to 0.95)
VHSR efforts	0.63* (0.35 to 0.92)

Note: * $P < 0.05$, all significant correlations are regarded as moderate according to the classification of Hopkins (2000). Correlations were controlled for maturation using Tanner stage measurements. TD = Total Distance; HSR = High speed running (>50% maximal linear velocity); VHSR = Very high speed running (>70% maximal linear velocity).

Table 4: Comparison between **above and below average performers**, using performance in the maximal Yo-Yo IR1 as the criterion variable, in **A)** physical measures during soccer match-play, **for the whole match, the peak 5 min period and the match average from cumulative 5 min periods and B)** laboratory tests including VO_{2max} and measures of VO_2 kinetics **during a work-to-work exercise protocol.**

A

	Below Average			Above Average			Sig.	90% CI of the Difference		Effect Size (Cohen's <i>d</i>)	Magnitude Based Inferences	
	Mean ± STD	90% CI Lower	90% CI Upper	Mean ± STD	90% CI Lower	90% CI Upper		Lower	Upper			
Yo-Yo IR1 (m)	1328.9 ± 153.3	1216.2	1441.6	1902.5 ± 172.5	1782.9	2022.1	$P < 0.0001$	-741.9	-405.2	1.25	large	most likely positive
TD (m.min)	110.6 ± 9.6	104.5	116.6	116.4 ± 9.2	110.0	122.9	$P = 0.048$	-15.6	3.9	0.66	moderate	likely positive
HSR (m)	718.8 ± 193.0	523.9	913.7	1207.1 ± 298.3	1000.4	1413.8	$P = 0.001$	-744.9	-231.6	2.1	large	most likely positive
VHSR (m)	77.1 ± 36.3	26.9	127.4	184.0 ± 76.9	130.7	237.2	$P = 0.005$	-167.8	-45.9	1.93	large	most likely positive
HSR (%)	16.2 ± 3.8	13.0	19.4	25.6 ± 4.9	22.2	29.1	$P < 0.0001$	-13.9	-4.8	2.29	large	most likely positive
VHSR (%)	3.6 ± 1.7	1.8	5.5	7.9 ± 2.8	5.9	9.8	$P = 0.003$	-6.6	-1.9	2.01	large	most likely positive
HSR (efforts)	55.0 ± 12.0	41.4	68.7	83.6 ± 20.9	69.1	98.0	$P = 0.003$	-45.9	-11.2	1.82	large	most likely positive
VHSR (efforts)	5.6 ± 2.8	2.5	8.6	12.3 ± 4.7	9.0	15.5	$P = 0.002$	-10.7	-2.8	0.52	moderate	most likely positive
Peak 5 min HSR (m)	174.4 ± 61.7	121.3	227.6	215.3 ± 81.4	158.9	271.6	$P = 0.259$	-114.9	33.9	0.61	moderate	unclear
Peak 5 min VHSR (m)	28.6 ± 26.3	14.2	42.9	50.9 ± 21.9	35.7	66.1	$P = 0.079$	-47.6	2.9	0.98	large	likely positive
Peak 5 min HSR (efforts)	27.9 ± 9.7	19.4	36.3	36.8 ± 13.0	27.8	45.8	$P = 0.125$	-20.7	2.7	0.83	large	likely positive
Peak 5 min VHSR (efforts)	4.5 ± 4.2	2.2	6.8	8.7 ± 3.5	6.3	11.2	$P = 0.042$	-10.7	-2.8	1.15	large	likely positive
Match Average 5 min HSR (m)	68.1 ± 26.0	49.5	86.7	101.9 ± 28.5	82.1	121.6	$P = 0.022$	-61.9	-5.7	1.32	large	very likely positive
Match Average 5 min VHSR (m)	9.9 ± 5.4	4.8	15.1	20.9 ± 7.9	15.5	26.4	$P = 0.004$	-17.9	-4.1	1.75	large	very likely positive
Match Average 5 min HSR (efforts)	11.9 ± 4.5	8.7	15.1	17.7 ± 4.9	14.3	21.1	$P = 0.024$	-10.6	-0.9	1.36	large	very likely positive
Match Average 5 min VHSR (efforts)	1.8 ± 1.0	0.9	2.8	3.8 ± 1.5	2.8	4.8	$P = 0.005$	-3.2	-0.7	1.69	large	very likely positive

B

VO_{2max} & VO_2 kinetics	Below Average			Above Average			Sig.	90% CI of the Difference		Effect Size (Cohen's <i>d</i>)	Magnitude Based Inferences	
	Mean ± STD	90% CI Lower	90% CI Upper	Mean ± STD	90% CI Lower	90% CI Upper		Lower	Upper			
VO_{2max} ($ml \cdot kg^{-1} \cdot min^{-1}$)	55.2 ± 3.8	53.4	56.9	63.5 ± 2.7	61.6	65.6	$P < 0.0001$	-11.8	-4.9	2.65	large	most likely positive
low - mod <i>tau</i> (s)	24.1 ± 8.7	21.2	27.0	18.4 ± 4.4	15.4	21.5	$P = 0.118$	-1.6	12.9	0.86	large	likely positive
low - mod amplitude (L.min)	1.6 ± 0.5	1.4	1.8	1.8 ± 0.3	1.6	2.0	$P = 0.468$	-0.6	0.3	0.51	moderate	unclear
mod - sev <i>tau</i> (s)	73.9 ± 57.4	43.3	104.5	71.7 ± 46.8	39.3	104.2	$P = 0.933$	-52.4	56.7	0.05	small	unclear
mod - sev amplitude (L.min)	0.5 ± 0.3	0.4	0.6	0.6 ± 0.2	0.4	0.7	$P = 0.471$	-0.3	0.2	0.42	moderate	unclear

Note: significance = $P < 0.05$. Cohen's *d* effect sizes were interpreted according to the thresholds of Cohen (1988) and Magnitude based inferences were calculated according to Hopkins (2000). TD = Total Distance; HSR = High speed running (>50% maximal linear velocity); VHSR = Very high speed running (>70% maximal linear velocity); VO_{2max} = maximal oxygen uptake; *tau* = time constant.

