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1 Article

# 2 The Reliability of Neuromuscular and Perceptual 3 Measures used to profile Recovery, and the Time- 4 Course of such Responses following Academy Rugby 5 League Match-Play

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23 **Abstract:** In professional academy rugby league (RL) players, this two-part study examined; A) the  
24 within- and between-day reliability of isometric mid-thigh pulls [IMTP], countermovement jumps  
25 [CMJ], and a wellness questionnaire ( $n=11$ ), and B) profiled the responses with acceptable reliability  
26 (no between-trial differences and between-day coefficient of variation [CV]  $\leq 10\%$  and intraclass  
27 correlation coefficient [ICC]  $\geq 0.8$ ) for 120 h (baseline: -3, +24, +48, +72, +96, +120 h) following RL  
28 match-play ( $n=10$ ). In part A, force at 200, and 250 ms, and peak force (PF) demonstrated acceptable  
29 within- (CV%: 3.67-8.41%, ICC: 0.89-0.93) and between-day (CV%: 4.34-8.62%, ICC: 0.87-0.92)  
30 reliability for IMTP. Most CMJ variables demonstrated acceptable within-day reliability (CV%: 3.03-  
31 7.34%, ICC: 0.82-0.98), but only six (i.e., flight-time, PF, peak power [PP], relative PP, velocity at  
32 take-off [VTO], jump-height [JH]) showed acceptable between-day reliability (CV%: 2.56-6.79%,  
33 ICC: 0.83-0.91). Only total wellness demonstrated acceptable between-day reliability (CV%: 7.05%,  
34 ICC: 0.90) from the questionnaire. In part B, reductions of 4.75% and 9.23% (vs baseline; 2.54 m·s<sup>-1</sup>;  
35 0.33 m) occurred at +24 h for CMJ VTO, and JH, respectively. Acceptable reliability was observed in  
36 some, but not all, variables and the magnitude and time-course of post-match responses were test  
37 and variable specific. Practitioners should therefore be mindful of the influence that the choice of  
38 recovery monitoring tool may have upon the practical interpretation of the data.

39 **Keywords:** fatigue; recovery; muscle damage; team sport; isometric mid-thigh pull;  
40 countermovement jump; wellness; athlete monitoring

41

## 42 1. Introduction

43 Rugby league is a team sport characterized by high-intensity activities such as high-speed ( $\geq 5.5$   
44 m·s<sup>-1</sup>) running and sprinting ( $\geq 7.0$  m·s<sup>-1</sup>) actions that are interspersed with contact efforts (i.e.,

45 collisions, wrestling and grappling), and low-intensity activities such as standing, walking and  
46 jogging [1-3]. Largely due to the frequency and intensity of eccentric muscle actions and physical  
47 contacts [4,5], the demands of match-play may cause post-match perturbations in the hormonal  
48 milieu [5,6], indices of neuromuscular function [4,7,8], perceptual responses [5,9], and muscle  
49 soreness [4]. Knowing the influence of match-play on specific recovery and preparedness to train  
50 markers is valuable for practitioners when seeking to modulate training intensity and/or volume  
51 thereafter in order to avoid accumulation of fatigue and subsequent injury, illness and/or  
52 underperformance [10].

53 Up to 120 h may be required to facilitate full post-match recovery [8], however most  
54 observations from adult players have reported durations of 48-72 h [7,11] when profiling the  
55 restoration of neuromuscular, biochemical or endocrine, and/or perceptual responses [12]. These  
56 inconsistencies may reflect methodological differences between studies, such as the reliability of the  
57 specific variables being examined [13], between-study differences in match-play demands, as well as  
58 discrepancies in training regimes [8,14] and recovery strategies [7,11] implemented in the post-match  
59 period; all of which are known to modulate post-match recovery [12]. Literature reporting the  
60 reliability of the various recovery markers used in collision-sports players is limited, in both senior  
61 [15], and academy [13] playing standards. Furthermore, whilst some investigations have reported  
62 reliability data, it is unclear whether these relate to within- or between-day assessments [5,6]. Such  
63 information may be important, especially when considering the repeated use of certain  
64 measurements in either within- or between-day scenarios. Because the reliability of measures may be  
65 population-specific [15], it is important for practitioners to know the reproducibility of tests and  
66 variables in their target population.

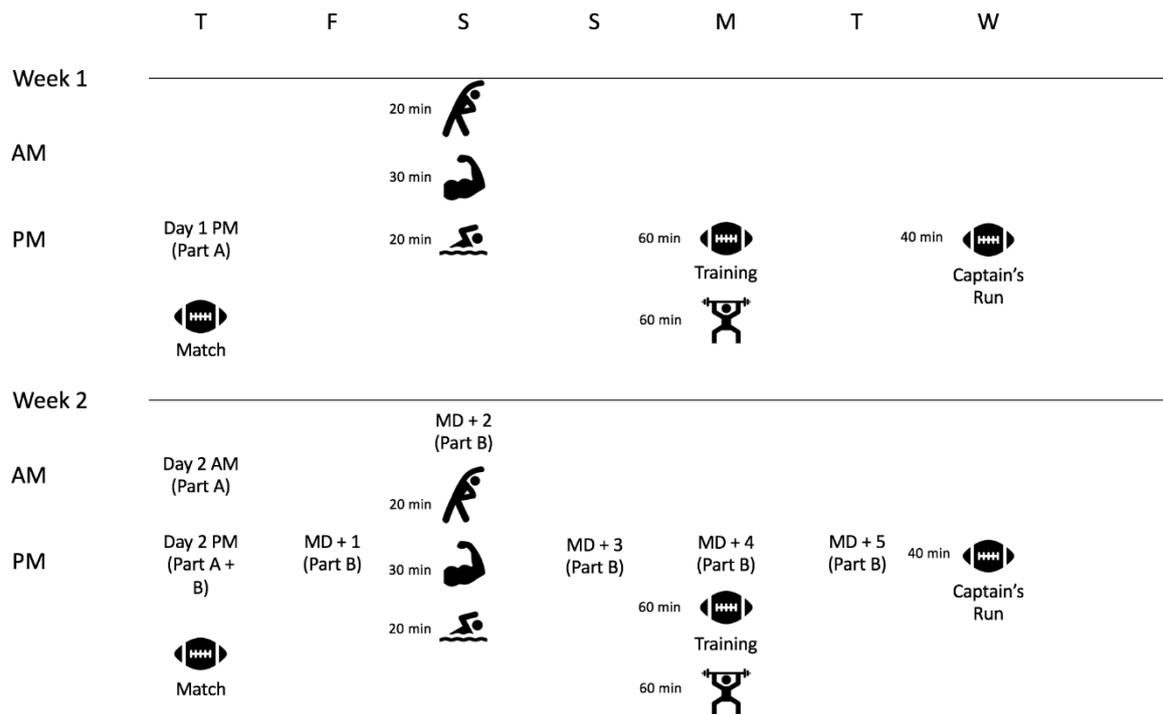
67 Previous studies that have profiled post-match responses in rugby league players have  
68 often recruited senior age players [4,5,7,9], and typically neglect those in the later stages of  
69 adolescence (i.e., 16-19 years). Notably, investigations assessing responses to match-play in academy  
70 rugby union [14,16] or rugby league [6] players remain limited. Differing match demands [1,17], and  
71 differences in certain physical capabilities associated with specific age groups (i.e., reduced fitness  
72 levels and maximal strength) [18,19] appear to influence post-match recovery responses [1,6]. For this  
73 reason, there remains a need for practitioners to understand the magnitude and time-scale of post-  
74 match responses in academy players as this is likely to affect the implementation of recovery  
75 strategies and training regimes in the post-match period. This statement is especially true given that  
76 professional academy players often have additional commitments outside of their rugby careers in  
77 the form of school, college or additional employment, which may cause further restrictions and  
78 challenges when seeking to maximize recovery [20]. Collectively, differential post-match responses  
79 may be elicited in academy versus senior players when methods that incorporate greater ecological  
80 validity (i.e., the extent to which the findings are able to be generalized to real-life settings) [21] are  
81 employed. Therefore, in academy rugby league players, the aim of this study was to A) assess the  
82 within- and between-day reliability of neuromuscular and perceptual measures, before B) profiling  
83 the time-course of recovery of variables deemed reliable for 120 h post-match. The null hypothesis  
84 ( $H_0$ ) associated with part B of the study was that no differences would occur relative to baseline  
85 values after match-play.

## 86 2. Materials and Methods

### 87 2.1. Experimental Overview

88 Figure 1 outlines the methods used in this study. In part A, this study assessed the reliability of  
89 isometric mid-thigh pull (IMTP), countermovement jump (CMJ), and wellness questionnaire  
90 measures in academy rugby league players. Within- (i.e., morning; AM vs afternoon; PM in week 2)  
91 and between-day (i.e., PM measures week 1 vs week 2) reliability was assessed during three visits  
92 over two days (i.e., week 1 day 1 PM, week 2 day 2 AM, week 2 day 2 PM). Each day was one week  
93 apart with the PM measure from the second day also serving as a baseline time-point for part B;  
94 occurring approximately 3 h before match-play commenced. Thereafter, in part B, the influence of  
95 match-play on variables deemed eligible (based on acceptable between-day reliability) was assessed

96 for 120 h following a competitive rugby league match. After completion of the match, players were  
 97 assessed at +24, +48, +72, +96 and +120 h.



98

99 **Figure 1.** Study protocol

100 Match: Match-play; Training: The primary focus of this training session is development of specific skills and the  
 101 tactical aspects of the game; Captain's run: The final training session leading up to the game. This session predominantly  
 102 focuses on the tactical and game-specific elements of the game; : Static and dynamic stretching as well as full body foam  
 103 rolling in order to restore range of motion and general movement function; : An upper-body hypertrophy-based training  
 104 session; : Pool session mostly taking place in the shallow end of the pool in which players perform a variety of dynamic  
 105 movements (e.g., lunges, squats, calf raises, high knees); : Individual gym-based program including a variety of full-body  
 106 movements designed to improve strength, power and/or hypertrophy (e.g., bilateral squat variation, knee- and or hamstring-  
 107 dominant hamstring exercises, lower-body unilateral exercises, horizontal and/or vertical push and pull exercises).

108

109 

## 2.2. Subjects

110 Following institutional ethical approval, 11 male rugby league players (age:  $18 \pm 1$  years, mass:  $92 \pm 9$   
 111 kg, stature:  $1.83 \pm 0.04$  m, years spent in professional playing and training:  $4 \pm 1$  years, three repetition  
 112 maximum back squat:  $141 \pm 11$  kg, three repetition maximum bench press:  $93 \pm 7$  kg) from the same  
 113 Super League academy (representing the highest tier of academy rugby league in England)  
 114 volunteered to take part in the study. Players represented a range of positions but six played as  
 115 forwards (three prop forwards, one back row forward, one loose forward and one hooker) with the  
 116 remaining five players being backs (two wingers, two centers and one fullback). One player was  
 117 unable to participate in visit one of the between-day component of part A; therefore, between-day  
 118 comparisons, and part B responses represent ten players. Player absence was due to reasons  
 119 unrelated to the study (i.e., injuries from previous matches, lack of availability for testing). Players  
 120 were given full details of the study procedures and were informed of the risks and benefits of the  
 121 study prior to the start of data collection. Retrospective power analyses indicated that >80% statistical  
 122 power had been achieved for the statistically significant differences observed relative to baseline in  
 123 CMJ jump height (JH). Players provided written informed consent (as well as parental/guardian  
 124 consent where necessary; when players were <18 years of age). Although players had historically

125 sustained a range of lower and upper body injuries, all were declared fit and free of illness or injury  
126 by the club's medical staff at the time of testing.

127

### 128 2.3. Procedures

129 Upon arrival for testing, players first completed a wellness questionnaire, followed by a  
130 standard dynamic warm-up (including lunges, sweeps, hip openers, heel flicks, high knees and leg  
131 swings) and two submaximal attempts of the IMTP and the CMJ, before commencing the testing  
132 protocols. Match-play took place mid-season and locomotor activities were profiled using micro-  
133 electro-mechanical system (MEMS) devices. During the post-match period, players continued to  
134 participate in club activities (i.e., recovery strategies, training) as well as regular lifestyle  
135 commitments (e.g., college, school, work) as normal (Figure 1). Throughout the entire period of data  
136 collection, players were encouraged to maintain normal dietary intake, as advised by the club's  
137 nutritionist.

138

### 139 2.4. Subjective Wellness

140 Players completed a short wellness questionnaire adapted from McLean and colleagues [9] as  
141 per the supplementary materials. This questionnaire, which players were accustomed to completing  
142 as part of routine monitoring practices at the club, required a rating of perceived fatigue, sleep  
143 quality, muscle soreness (separate ratings for upper- and lower-body), stress levels and mood on a  
144 five-point Likert scale. The aggregate sum of all six scores also provided a total wellness score. Lower  
145 values consistently indicated a negative response whilst higher values consistently indicated a  
146 positive response. Players completed the questionnaire separated from other individuals in order to  
147 minimize the influence from other players and/or coaching staff. The between-day reliability  
148 (coefficient of variation [CV]: 7.1%) of this questionnaire has previously been reported in academy  
149 rugby union players during a non-training week [13].

150

### 151 2.5. Isometric Mid-Thigh Pull

152 In preparation for testing, participants took part in three habituation trials in the week prior to  
153 data collection. During the first habituation trial, players placed themselves in their preferred position  
154 whilst adhering to the prescribed guidelines as well as adhering to the range of joint angles (knee and  
155 hip angle of 120-135° and 140-150°, respectively) previously recommended [22]. Once the pulling  
156 position was established, starting positions were replicated between testing sessions to ensure  
157 repeatability of measures. Players were asked to stand on the force plate (type: FP4060-05-PT,  
158 dimensions: 600 mm x 400 mm, sampling: 1000 Hz, Bertec Corporation, Columbus, OH, USA) and to  
159 strap themselves to the bar using lifting straps (XXR Sports, UK) whilst achieving the correct body  
160 position that was previously determined during habituation. In this position, which replicated their  
161 second pull of the power clean, feet were roughly centered under the bar and hip-width apart. Knees  
162 were slightly flexed underneath and in front of the bar, whilst the torso was upright and shoulders  
163 retracted and depressed, above or slightly behind the vertical plane of the bar [22]. Using a  
164 goniometer (66fit, UK), measurements were taken of both hip- and knee-angles to ensure players  
165 were in the correct position. Players were allowed minimal pre-tension to avoid any slack in the body  
166 prior to pull initiation [23]. In order to achieve optimal results, players were instructed to 'push their  
167 feet into the floor' and to 'pull as hard and fast as possible' [24]. Once stabilized (verified by watching  
168 the player and the force trace), a countdown was given, followed by a maximal effort of the IMTP.

169 Visual inspection of the force-time curves during testing determined acceptability for inclusion.  
170 Trials were disregarded if an attempt included an unstable initial weighing period (i.e., clear  
171 fluctuation in the force-time data), if a clear countermovement (i.e., >50 N) took place prior to the  
172 pull, if peak force (PF) occurred at the end of the trial or if prior tension was applied before  
173 commencement of the pull (i.e., >50 N over body weight) [25]. Trials were also deemed invalid if PF  
174 was separated by >250 N between attempts or when a large change in body position was observed  
175 during the trial [25,26]. When incorrect trials took place, players were asked to repeat the test to

176 ensure that each participant achieved three valid attempts. Players rested for a minimum of two min  
177 after each effort to ensure sufficient rest [27]. The IMTP testing was conducted as per the  
178 recommendations of Comfort et al. [26].

179 Based on the IMTP attempt during which PF was achieved, raw vertical force-time data were  
180 saved and exported into a Microsoft Excel file (Version 2019, Microsoft Corporation) which was later  
181 analyzed. To identify the onset of the pull, this study used a threshold of five standard deviations  
182 (SD) of bodyweight, identified during one second of quiet standing immediately prior to  
183 commencing the pull (i.e., the weighing period) as per [26]. The between-day reliability of PF, time-  
184 specific forces, and values elicited during IMTP time-bands have been found to be reliable ( $ICC \geq 0.7$ ,  
185  $CV \leq 15\%$ ) irrespective of body posture and barbell position [28].

186

## 187 2.6. Countermovement Jump

188 Players were instructed to stand on the force plate with their knees extended and feet in their  
189 preferred positions of slightly wider than shoulder-width apart whilst their hands remained on the  
190 hips. Following instruction to 'jump as high and fast as they can,' players dropped to a depth of their  
191 discretion and performed a jump for maximal height [29]. If, at any point during the jump, visual  
192 inspection deemed the hands to have come off the hips or legs being tucked in, the attempt was  
193 classified as invalid and the trial was repeated until three valid attempts were achieved. Players  
194 rested for a minimum of 60 s between trials [27].

195 Following a successful attempt, raw vertical force-time data were saved for the jump that elicited  
196 the greatest JH within a trial before being exported into a Microsoft Excel file which was later  
197 analyzed. The start of the jump was identified as the time-point at which force deviated by five SD's  
198 of bodyweight (measured during one second of quiet standing) [30]. Instances of take-off and  
199 touchdown were identified as the time-point whereby force deviated in excess of five times the SD  
200 during a 300 ms period of flight phase of the jump (i.e., when the platform was unloaded) [31]. This  
201 timeframe was taken at the end of the flight phase to avoid the unstable period of force-time data at  
202 the start of this phase. The between-day reliability of the CMJ has previously been reported in  
203 academy rugby union players during a non-training week ( $CV\% < 5.0\%$ ) [13].

204

## 205 2.7. Match Load

206 A competitive home fixture took place during the mid-season (19:00 h kick off). Subjective  
207 internal match load was obtained by a session rating of perceived exertion (sRPE) within 30 min of  
208 the match finishing [32]. Players provided their individual score in isolation from others in order to  
209 minimize the influence of other players or coaches. The locomotive demands of the game were  
210 measured using portable MEMS units sampling at 10 Hz (Optimeye S5, Catapult Innovations,  
211 Melbourne, Australia). Units were worn in a pouch on the upper back of the playing shirt positioned  
212 between the shoulder blades. Additional gyroscopes, magnetometers and triaxial accelerometers  
213 sampling at 100 Hz captured information in relation to impact, accelerations, and decelerations.  
214 Devices were turned on just before the warm-up and turned off after the match. Following match  
215 completion, data were downloaded using proprietary software (Openfield Version 2.3.3, Catapult  
216 Innovations). Raw data files were trimmed on an individual player basis to ensure that only data  
217 pertaining to time spent on pitch was exported for analysis.

218

## 219 2.8. Statistical Analysis

220 For part A of the study, the within- and between-day reliability of variables was examined using  
221 mean changes between visits (assessed via paired samples t-tests), typical error (TE: SD of the  
222 differences score divided by  $\sqrt{2}$ ), CV (typical error expressed as a percentage of the subject's mean  
223 score), limits of agreement (LOA: mean bias  $\pm 1.96$  SD) and intraclass correlation (ICC: two-way  
224 mixed method, absolute agreement) values. Providing no significant differences existed, variables  
225 were deemed to have acceptable reliability in either component (i.e., on a within- or between-day  
226 basis) if both CV% was  $\leq 10\%$  [15] and ICC was  $\geq 0.8$  [33]. To evaluate the internal consistency of the

wellness questionnaire, Cronbach's Alpha ( $\alpha$ ) was also calculated [34]. The threshold for an acceptable  $\alpha$  was set at  $>0.7$  [35], whilst inter-item correlations were also considered. Only those variables that met the criteria for between-day reliability were eligible thereafter in part B of the study. For part B, initial assessments of normality were performed, before changes in post-match measures were analyzed, using a repeated-measures analysis of variance (ANOVA) in statistical software (SPSS version 21, Chicago, ILL, USA). Assumptions of sphericity were explored, and where necessary the Greenhouse-Geisser adjustment was used. If significant main effects were detected, data was compared using Bonferroni corrected pairwise comparisons. The criterion level of statistical significance was set at  $p \leq 0.05$ . The magnitude of differences between all time-points was also expressed as a standardized mean difference (Cohen's d effect size: ES). Classifications for ES were set as trivial ( $ES < 0.2$ ), small ( $0.2 \leq ES < 0.5$ ), moderate ( $0.5 \leq ES < 0.8$ ) and large ( $ES \geq 0.8$ ) [36]. Data presented as mean  $\pm$  SD unless otherwise stated.

### 3. Results – Part A

#### 3.1. Isometric Mid-Thigh Pull Reliability

Reliability statistics for the IMTP are shown in Tables 1 and 2. Acceptable within-day reliability was observed for PF, and force at 30 (F30), 150 (F150), 200 (F200), and 250 (F250) ms (CV%: 3.67-9.76%, ICC: 0.83-0.93). Acceptable between-day reliability values were observed for F200, F250 and PF (CV%: 4.34-8.62%; ICC: 0.87-0.92). Although no significant differences existed between repeated measurements, no other variables demonstrated acceptable reliability on either a within- or between-day basis.

#### 3.2. Countermovement Jump Reliability

Reliability statistics for the CMJ are shown in Tables 3 and 4. All variables, except for peak power [PP], relative PP and velocity at take-off [VTO], which were omitted due to the presence of significant differences between trials, showed acceptable levels of within-day reliability (CV%: 3.03-7.34%, ICC: 0.82-0.98). Six variables (i.e., flight-time [FT], PF, PP, relative PP, VTO, and JH) met the thresholds for acceptable between-day reliability (CV%: 2.56-6.79%; ICC: 0.83-0.91). The remaining five variables (i.e., movement-time [MT], FT:MT ratio, relative PF, time to PF, time to PP) did not meet the criteria for between-day reliability.

#### 3.3. Subjective Wellness Reliability

Reliability statistics for the wellness questionnaire are shown in Tables 5 and 6. Whilst some individual components of the questionnaire (i.e., sleep quality, lower body soreness, mood and total wellness) met the criteria of within-day reliability (CV%: 7.66-9.52%; ICC: 0.83-0.96), acceptable levels for between-day reliability were only found in the total wellness score (CV%: 7.05%; ICC: 0.90). The additional measure of Cronbach's Alpha resulted in a value of  $\alpha = 0.89$ , meaning that acceptable internal consistency was achieved by the items in the wellness questionnaire. Inter-item correlations are shown in Table 7.

#### 3.4. Eligibility for Part B

Based on meeting the criteria for acceptable between-day reliability in Part A, the following variables were deemed eligible for part B: F200, F250 and PF in the IMTP; FT, PF, PP, relative PP, VTO and JH in the CMJ; and the total wellness score in the wellness questionnaire.

**Table 1.** Mean ( $\pm$  standard deviation) responses and the within-day reliability statistics for the isometric mid-thigh pull ( $n=11$ )

Variable	Timing		Mean change	TE (95% CI)	ICC (95% CI)	CV (95% CI)	LoA (95% CI)	Acceptable Reliability?
	Week 2 AM	Week 2 PM						
F30 (N)	1027.28 (71.72)	1053.19 (88.34)	25.91	42.27 (29.54, 74.18)	0.83 (0.40, 0.95)	3.91 (2.71, 6.96)	-143.08 (-244.05, -97.15) to 91.26 (45.33, 192.23)	✓
F50 (N)	1107.71 (110.67)	1146.77 (158.21)	39.06	91.89 (64.20, 161.26)	0.71 (-0.04, 0.92)	7.91 (5.46, 14.30)	-293.76 (-513.24, -193.92) to 215.64 (115.80, 435.12)	✗
F100 (N)	1365.07 (242.26)	1420.24 (314.18)	55.16	174.83 (122.15, 306.81)	0.77 (0.14, 0.94)	11.58 (7.96, 21.20)	-539.76 (-957.34, -349.80) to 429.43 (239, 47, 847.01)	✗
F150 (N)	1623.64 (321.37)	1670.13 (344.87)	46.49	159.27 (111.28, 279.50)	0.88 (0.55, 0.97)	9.76 (6.73, 17.76)	-487.96 (-868.38, -314.90) to 394.98 (221.92, 775.40)	✓
F200 (N)	1858.82 (349.72)	1901.68 (351.99)	42.86	154.58 (108.01, 271.28)	0.90 (0.63, 0.97)	8.41 (5.81, 15.23)	-471.33 (-840.56, -303.37) to 385.62 (217.66, 754.85)	✓
F250 (N)	2022.65 (331.77)	2075.84 (326.60)	53.19	145.61 (101.74, 255.53)	0.89 (0.62, 0.97)	7.17 (4.96, 12.93)	-456.79 (-804.58, -298.58) to 350.41 (192.20, 698.20)	✓
PF (N)	2577.09 (279.00)	2628.41 (264.70)	51.32	97.36 (68.03, 170.87)	0.93 (0.74, 0.98)	3.67 (2.55, 6.53)	-321.20 (-553.754, -215.40) to 218.56 (112.77, 451.12)	✓

AM: Morning; CI: Confidence interval; CV%: Coefficient of variation; F30: Force at 30 ms; F50: Force at 50 ms; F100: Force at 100 ms; F150: Force at 150 ms; F200: Force at 200 ms; F250: Force at 250 ms; ICC:

Intraclass correlation coefficient; LoA: Limits of agreement; PF: Peak force; PM: Afternoon; TE: Typical error. Acceptable reliability was defined as no between-trial differences and  $CV \leq 10\%$  and  $ICC \geq 0.8$ .

**Table 2.** Mean ( $\pm$  standard deviation) responses and the between-day reliability statistics for the isometric mid-thigh pull ( $n=10$ )

Variable	Timing		Mean change	TE (95% CI)	ICC (95% CI)	CV (95% CI)	LoA (95% CI)	Acceptable Reliability?
	Week 1 PM	Week 2 PM						
F30 (N)	1040.80 (59.00)	1051.26 (92.87)	10.46	61.40 (42.24, 112.10)	0.57 (-0.95, 0.90)	6.07 (4.14, 11.36)	-180.65 (-340.38, -111.40) to 159.75 (90.49, 319.47)	✗
F50 (N)	1127.46 (94.04)	1150.87 (166.15)	23.41	109.39 (75.24, 199.69)	0.53 (-1.10, 0.89)	9.86 (6.68, 18.73)	-326.61 (-611.15, -203.24) to 279.79 (156.42, 564.32)	✗
F100 (N)	1404.13 (215.80)	1429.48 (329.59)	25.35	200.08 (137.62, 365.26)	0.67 (-0.45, 0.92)	14.20 (9.56, 27.43)	-579.93 (-1100.37, -354.27) to 529.23 (303.57, 1049.67)	✗
F150 (N)	1677.54 (281.51)	1670.28 (363.52)	7.26	170.75 (117.45, 311.72)	0.85 (0.38, 0.96)	10.91 (7.38, 20.82)	-466.03 (-910.18, -273.44) to 480.56 (287.97, 924.71)	✗
F200 (N)	1921.20 (297.20)	1895.69 (370.44)	25.51	154.48 (106.26, 282.02)	0.89 (0.55, 0.97)	8.62 (5.58, 16.29)	-402.68 (-804.52, -228.45) to 453.71 (279.48, 855.55)	✓*
F250 (N)	2078.98 (288.99)	2073.48 (344.17)	5.50	158.55 (109.06, 289.45)	0.87 (0.45, 0.97)	8.01 (5.44, 15.11)	-433.98 (-846.40, -255.16) to 444.98 (266.15, 857.40)	✓*
PF (N)	2593.47 (288.46)	2627.58 (279.00)	34.11	112.46 (82.02, 185.01)	0.92 (0.68, 0.98)	4.34 (3.15, 7.24)	-345.82 (-638.34, -218.98) to 277.61 (150.78, 570.14)	✓*

CI: Confidence interval; CV%: Coefficient of variation; F30: Force at 30 ms; F50: Force at 50 ms; F100: Force at 100 ms; F150: Force at 150 ms; F200: Force at 200 ms; F250: Force at 250 ms; ICC: Intraclass correlation coefficient; LoA: Limits of agreement; PF: Peak force; PM: Afternoon; TE: Typical error. Acceptable reliability was defined as no between-trial differences and  $CV \leq 10\%$  and  $ICC \geq 0.8$ . \* Variable met the criteria for between-day reliability and was therefore eligible for Part B of the study.

277

**Table 3.** Mean ( $\pm$  standard deviation) responses and the within-day reliability statistics for the countermovement jump ( $n=11$ )

Variable	Timing		Mean change	TE (95% CI)	ICC (95% CI)	CV (95% CI)	LoA (95% CI)	Acceptable Reliability?
	Week 2 AM	Week 2 PM						
MT (s)	0.74 (0.12)	0.71 (0.10)	0.03	0.04 (0.03, 0.07)	0.91 (0.64, 0.98)	5.97 (4.07, 11.17)	-0.09 (-0.20, -0.04) to 0.15 (0.10, 0.26)	✓
FT (s)	0.51 (0.03)	0.52 (0.04)	0.01	0.02 (0.01, 0.03)	0.88 (0.45, 0.97)	3.03 (2.07, 5.60)	-0.06 (-0.10, -0.04) to 0.03 (0.01, 0.07)	✓
MT:FT ratio	0.69 (0.10)	0.74 (0.10)	0.05	0.05 (0.03, 0.09)	0.82 (0.26, 0.96)	7.34 (4.99, 13.80)	-0.19 (-0.32, -0.13) to 0.09 (0.31, 0.22)	✓
PF (N)	2362.00 (367.12)	2411.32 (369.62)	49.32	77.33 (53.19, 141.18)	0.98 (0.90, 0.99)	3.15 (2.15, 5.82)	-263.67 (-464.82, -176.45) to 165.03 (77.81, 366.18)	✓
Relative PF (N·kg <sup>-1</sup> BW)	25.54 (2.85)	25.88 (2.98)	0.34	0.89 (0.61, 1.62)	0.95 (0.82, 0.98)	3.34 (2.29, 6.19)	-2.79 (-5.10, -1.80) to 2.12 (1.12, 4.42)	✓
Time to PF (s)	0.55 (0.10)	0.52 (0.08)	0.03	0.04 (0.02, 0.07)	0.89 (0.54, 0.97)	7.09 (4.83, 13.33)	-0.07 (-0.16, -0.03) to 0.13 (0.09, 0.23)	✓
PP (W)	4644.38 (453.47)	4939.47** (507.11)	295.09	132.89 (91.41, 242.61)	0.88 (-0.13, 0.98)	2.75 (1.88, 5.07)	-263.67 (-464.82, -176.45) to 165.03 (77.81, 366.18)	✗
Relative PP (W·kg <sup>-1</sup> BW)	50.42 (3.78)	53.22 (4.73)**	2.80	1.61 (1.11, 2.93)	0.84 (-0.091, 0.97)	2.94 (2.02, 5.44)	-7.25 (-11.43, -5.44) to 1.66 (-0.16, 5.84)	✗
Time to PP (s)	0.68 (0.12)	0.64 (0.10)	0.04	0.04 (0.03, 0.08)	0.92 (0.67, 0.98)	6.29 (4.29, 11.79)	-0.08 (-0.19, -0.04) to 0.15 (0.10, 0.26)	✓
VTO (m·s <sup>-1</sup> )	2.46 (0.16)	2.54 (0.18)**	0.08	0.06 (0.04, 0.12)	0.87 (0.24, 0.97)	2.58 (1.77, 4.77)	-0.26 (-0.43, -0.19) to 0.09 (0.02, 0.26)	✗
JH (m)	0.31 (0.04)	0.33 (0.05)	0.02	0.02 (0.01, 0.03)	0.89 (0.62, 0.97)	5.23 (3.57, 9.76)	-0.07 (-0.11, -0.05) to 0.02 (0.01, 0.07)	✓

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AM: Morning; BW: Body weight; CI: Confidence interval; CV%: Coefficient of variation; F30: Force at 30 ms; F50: Force at 50 ms; F100: Force at 100 ms; F150: Force at 150 ms; F200: Force at 200 ms; F250: Force at 250 ms; FT: Flight time; ICC: Intraclass correlation coefficient; JH: Jump height; LoA: Limits of agreement; MT: Movement time; PF: Peak force; PM: Afternoon; PP: Peak power; TE: Typical error; VTO: Velocity at take-off; \*\*: Significantly different ( $p \leq 0.05$ ) from week 2 AM. Acceptable reliability was defined as no between-trial differences and  $CV \leq 10\%$  and  $ICC \geq 0.8$ .

281

**Table 4.** Mean ( $\pm$  standard deviation) responses and the between-day reliability statistics for the countermovement jump ( $n=10$ )

Variable	Timing		Mean change	TE (95% CI)	ICC (95% CI)	CV (95% CI)	LoA (95% CI)	Acceptable Reliability?
	Week 1 PM	Week 2 PM						
MT (s)	0.75 (0.10)	0.71 (0.11)	0.04	0.08 (0.05, 0.15)	0.63 (-0.42, 0.91)	10.5 (6.97, 21.07)	-0.16 (-0.38, -0.08) to 0.26 (0.17, 0.47)	✗
FT (s)	0.52 (0.03)	0.53 (0.04)	0.01	0.02 (0.01, 0.03)	0.89 (0.57, 0.98)	3.08 (2.07, 5.98)	-0.05 (-0.10, -0.04) to 0.03 (0.02, 0.08)	✓*
MT:FT ratio	0.70 (0.09)	0.76 (0.10)	0.06	0.07 (0.05, 0.13)	0.59 (-0.36, 0.90)	10.11 (6.72, 20.26)	-0.25 (-0.45, -0.17) to 0.13 (0.05, 0.32)	✗
PF (N)	2346.17 (301.12)	2437.74 (381.90)	91.57	146.96 (99.26, 281.53)	0.89 (0.56, 0.98)	6.79 (4.54, 13.41)	-498.91 (-920.82, -326.24) to 315.77 (143.10, 737.67)	✓*
Relative PF (N·kg <sup>-1</sup> BW)	25.43 (2.19)	26.23 (2.93)	0.80	1.71 (1.15, 3.28)	0.72 (-0.15, 0.94)	7.02 (4.69, 13.88)	-5.54 (-10.45, -3.53) to 3.94 (1.93, 8.84)	✗
Time to PF (s)	0.58 (0.11)	0.51 (0.08)**	0.07	0.07 (0.04, 0.13)	0.60 (-0.29, 0.91)	11.19 (7.43, 22.54)	-0.11 (-0.30, -0.03) to 0.26 (0.18, 0.44)	✗
PP (W)	4898.03 (465.94)	5020.36 (464.44)	122.33	208.63 (140.92, 399.68)	0.88 (0.52, 0.97)	4.56 (3.05, 8.91)	-700.61 (-1299.58, -455.48) to 455.95 (210.82, 1054.92)	✓*
Relative PP (W·kg <sup>-1</sup> BW)	53.30 (5.01)	54.25 (3.66)	0.95	2.38 (1.61, 4.55)	0.83 (0.29, 0.96)	4.73 (3.17, 9.25)	-7.54 (-14.36, -4.74) to 5.64 (2.85, 12.46)	✓*
Time to PP (s)	0.69 (0.10)	0.64 (0.11)	0.05	0.08 (0.05, 0.15)	0.63 (-0.42, 0.91)	11.59 (7.69, 23.39)	-0.17 (-0.39, -0.08) to 0.26 (0.17, 0.48)	✗
VTO (m·s <sup>-1</sup> )	2.54 (0.15)	2.57 (0.17)	0.03	0.06 (0.04, 0.12)	0.91 (0.64, 0.98)	2.56 (1.72, 4.97)	-0.21 (-0.39, -0.13) to 0.15 (0.07, 0.33)	✓*
JH (m)	0.33 (0.04)	0.34 (0.04)	0.01	0.02 (0.01, 0.03)	0.91 (0.65, 0.98)	5.19 (3.48, 10.18)	-0.05 (-0.10, -0.03) to 0.04 (0.02, 0.09)	✓*

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BW: Body weight; CI: Confidence interval; CV%: Coefficient of variation; F30: Force at 30 ms; F50: Force at 50 ms; F100: Force at 100 ms; F150: Force at 150 ms; F200: Force at 200 ms; F250: Force at 250 ms;

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FT: Flight time; ICC: Intraclass correlation coefficient; JH: Jump height; LoA: Limits of agreement; MT: Movement time; PF: Peak force; PM: Afternoon; PP: Peak power; TE: Typical error; VTO: Velocity at

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take-off. \* Variable met the criteria for between-day reliability and was therefore eligible for Part B of the study; \*\*: Significantly different ( $p \leq 0.05$ ) from week 1 PM; Acceptable reliability was defined as no

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between-trial differences and  $CV \leq 10\%$  and  $ICC \geq 0.8$ .

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**Table 5.** Mean ( $\pm$  standard deviation) responses and the within-day reliability statistics for the wellness questionnaire ( $n=11$ ).

Variable	Timing		Mean change	TE (95% CI)	ICC (95% CI)	CV (95% CI)	LoA (95% CI)	Acceptable Reliability?
	Week 2 AM	Week 2 PM						
Fatigue	3.36 (0.81)	3.91 (0.83)	0.55	0.73 (0.51, 1.29)	0.30 (-0.93, 0.79)	24.85 (16.77, 47.62)	-2.58 (-4.33, -1.78) to 1.48 (0.69, 3.23)	✗
Sleep quality	3.73 (0.79)	3.91 (0.83)	0.18	0.29 (0.20, 0.50)	0.93 (0.74, 0.98)	7.66 (5.29, 13.82)	-0.97 (-1.66, -0.66) to 0.61 (0.30, 1.29)	✓
General upper body soreness	3.18 (0.60)	3.64 (0.81)**	0.45	0.37 (0.26, 0.65)	0.77 (0.04, 0.94)	10.77 (7.41, 19.66)	-1.48 (-2.36, -1.08) to 0.57 (0.17, 1.45)	✗
General lower body soreness	3.00 (1.10)	3.00 (1.10)	0.00	0.32 (0.22, 0.55)	0.96 (0.85, 0.99)	9.52 (6.56, 17.31)	-0.88 (-1.63, -0.53) to 0.88 (0.53, 1.63)	✓
Stress level	4.09 (0.54)	3.82 (0.87)	0.27	0.56 (0.39, 0.98)	0.58 (-0.45, 0.88)	19.61 (13.33, 36.92)	-1.27 (-2.60, -0.66) to 1.81 (1.20, 3.14)	✗
Mood	4.27 (0.65)	4.27 (0.47)	0.00	0.32 (0.22, 0.55)	0.83 (0.33, 0.95)	8.47 (5.84, 15.33)	-0.88 (-1.63, -0.53) to 0.88 (0.53, 1.63)	✓
Total wellness score	21.64 (2.98)	22.55 (3.78)	0.91	1.80 (1.26, 3.16)	0.83 (0.42, 0.95)	9.20 (6.35, 16.71)	-5.90 (-10.21, -3.95) to 4.08 (2.13, 8.39)	✓

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AM; Morning; CI: Confidence interval; CV%: Coefficient of variation; ICC: Intraclass correlation coefficient; LoA: Limits of agreement; PM: Afternoon; TE: Typical error; \*\*: Significantly different ( $p \leq 0.05$ )

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from week 2 AM. Acceptable reliability was defined as no between-trial differences and  $CV \leq 10\%$  and  $ICC \geq 0.8$ .

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**Table 6.** Mean ( $\pm$  standard deviation) responses and the between-day reliability statistics for the wellness questionnaire (n=10).

Variable	Timing		Mean change	TE (95% CI)	ICC (95% CI)	CV (95% CI)	LoA (95% CI)	Acceptable Reliability?	291
	Week 1 PM	Week 2 PM							
Fatigue	3.30 (0.95)	3.80 (0.79)	0.50	0.60 (0.41, 1.10)	0.64 (-0.18, 0.91)	20.36 (13.59, 40.25)	-2.17 (-3.73, -1.49) to 1.17 (0.49, 2.73)	✗	292 293
Sleep quality	3.80 (0.42)	3.90 (0.88)	0.10	0.40 (0.28, 0.73)	0.81 (0.21, 0.95)	12.87 (8.68, 24.73)	-1.21 (-2.26, -0.76) to 1.01 (0.56, 2.06)	✗	294 295
General upper body soreness	3.40 (0.52)	3.60 (0.84)	0.20	0.65 (0.45, 1.19)	0.25 (-2.40, 0.82)	22.86 (15.21, 45.63)	-2.00 (-3.69, -1.27) to 1.60 (0.87, 3.29)	✗	296 297
General lower body soreness	3.00 (1.05)	3.10 (1.10)	0.10	0.62 (0.43, 1.13)	0.82 (0.23, 0.96)	23.14 (15.39, 46.22)	-1.82 (-3.43, -1.12) to 1.62 (0.92, 3.23)	✗	298 299
Stress level	3.90 (0.74)	3.80 (0.92)	0.10	0.40 (0.28, 0.73)	0.88 (0.51, 0.97)	14.11 (9.50, 27.24)	-1.01 (-2.06, -0.56) to 1.21 (0.76, 2.26)	✗	300 301
Mood	4.10 (0.57)	4.30 (0.48)	0.20	0.30 (0.21, 0.54)	0.79 (0.24, 0.95)	7.99 (5.43, 15.07)	-1.03 (-1.80, -0.69) to 0.63 (0.29, 1.40)	✗	302 303 304
Total wellness score	21.50 (3.31)	22.50 (3.98)	1.00	1.53 (1.05, 2.97)	0.90 (0.60, 0.97)	7.05 (4.80, 13.24)	-5.23 (-9.21, -3.51) to 3.23 (1.51, 7.21)	✓*	305 306

307

CI: Confidence interval; CV%: Coefficient of variation; ICC: Intraclass correlation coefficient; LoA: Limits of agreement; PM: Afternoon; TE: Typical error. Acceptable reliability was defined as no

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between-trial differences and CV  $\leq$ 10% and ICC  $\geq$ 0.8. \* Variable met the criteria for between-day reliability and was therefore eligible for Part B of the study.

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**Table 7.** Subjective wellness inter-item correlation matrix

	Sleep Quality	Upper Body Soreness	Lower Body Soreness	Stress Level	Mood
Fatigue	0.29	0.80	0.74	0.71	0.67
Sleep Quality	-	0.69	0.48	0.21	0.22
Upper Body Soreness	-	-	0.85	0.56	0.67
Lower Body Soreness	-	-	-	0.83	0.81
Stress Level	-	-	-	-	0.71
Mood	-	-	-	-	-

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**Table 8.** Mean ( $\pm$  standard deviation) locomotive match demands (n=10).

Timing	Duration (min)	Total distance		High-speed ( $\geq 5.5$ m·s <sup>-1</sup> ) running (m)	Player load (AU)	Repeated high-intensity efforts (n)
		Absolute (m)	Relative (m·min <sup>-1</sup> )			
Warm-Up	24:21 (00:00)	1648 (230)	68 (9)	50 (49)	174 (21)	9 (2)
First Half	31:36 (14:35)	2756 (1215)	91 (12)	111 (86)	275 (119)	15 (6)
Second Half	37:33 (13:23)	2938 (1046)	80 (10)	58 (46)	283 (99)	15 (5)

317

AU: Arbitrary units

### 318 3. Results – Part B

#### 319 3.5. Match Demands

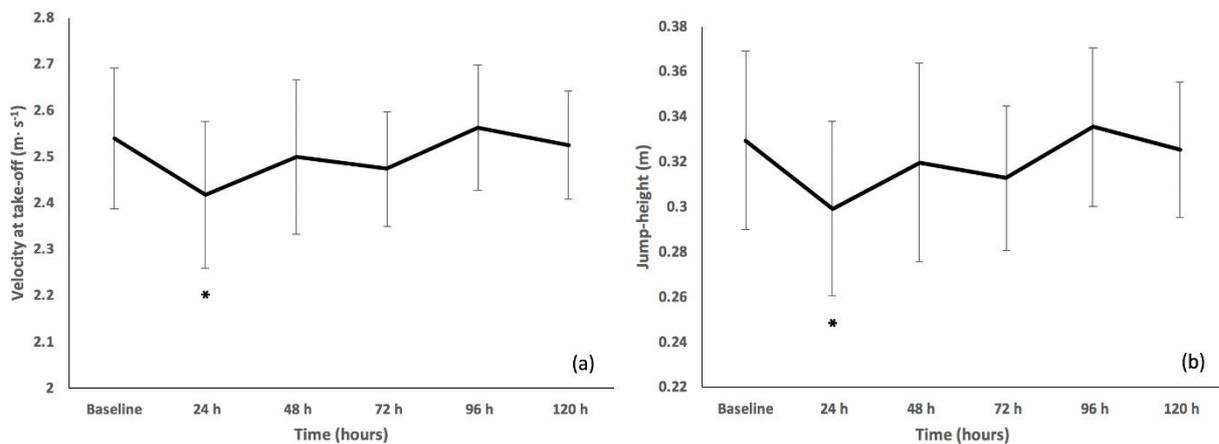
320 The average match load (i.e., RPE x time played) was 950 ( $\pm 378$ ) AU. Full locomotive match  
 321 demands are presented in Table 8.

#### 322 3.6. Isometric Mid-Thigh Pull Response

324 Match-play did not affect F200 ( $F(2,19) = 1.532$ ,  $p = 0.240$ ) or F250 ( $F(5,40) = 1.790$ ,  $p = 0.137$ ).  
 325 Although match-play did show a significant time-effect for PF ( $F(5,40) = 2.782$ ,  $p = 0.030$ ), post-hoc  
 326 measurements were unable to detect significance between time-points. Moderate (0.66) and large  
 327 (0.90; 0.95) ES were observed at +24 h compared to baseline values for F200, F250 and PF, respectively.  
 328 Trivial and small ES ( $\leq 0.37$ ) were found at all other time-points thereafter compared to baseline values  
 329 in PF, but moderate and large ES ( $\geq 0.67$ ) were observed throughout the complete post-match period  
 330 for F250.

#### 331 3.7. Countermovement Jump Response

333 Match-play influenced FT ( $F(5,40) = 5.638$ ,  $p = 0.001$ ) and although no changes relative to baseline  
 334 were observed, values increased by 3.78% and 6.19% at +48 and +96 h, respectively, when compared  
 335 to +24 h (0.502 s) values. Match-play also affected PF ( $F(2,19) = 4.627$ ,  $p = 0.019$ ) as values were  
 336 increased by 11.84% at +96 h versus +24 h (2245 N). Although match-play influenced PP ( $F(5,40) =$   
 337 4.992,  $p = 0.001$ ) and relative PP ( $F(5,40) = 4.515$ ,  $p = 0.002$ ), no significant changes were detected  
 338 between any of the time-points. Match-play influenced VTO ( $F(5,40) = 6.600$ ,  $p < 0.001$ ) and JH ( $F(5,40) =$   
 339 6.527,  $p < 0.001$ ) as values were decreased at +24 h compared to baseline (Figures 2A and 2B). Moderate  
 340 and large ES ( $\geq 0.63$ ) were reported at +24 h for all variables compared to baseline values. Trivial and  
 341 small ES ( $\leq 0.41$ ) compared to baseline values were then reported at +48 h for all variables except PP  
 342 in which a moderate ES (0.70) existed.



343 **Figure 2.** Mean ( $\pm$  standard deviation) counter-movement jump velocity at take-off (panel a) and jump-height (panel b) before  
 344 (baseline) and after (+24, +48, +72, +96, +120 h) rugby league match-play. \* represents difference ( $p \leq 0.05$ ) relative to baseline.  
 345  
 346

#### 347 3.8. Wellness Response

348 The total wellness score was found to be influenced by match-play ( $F(5,40) = 5.962$ ,  $p < 0.001$ ).  
 349 Although no post-match changes were found relative to baseline (23.55 points), values at +24 h were  
 350 reduced by 8.99% versus +72 h values (21.00 points,  $p = 0.010$ ). Large ES (0.86) compared to baseline  
 351 values were reported at +24 h whilst moderate ES ( $\geq 0.56$ ) were evident at +48 and +72 h.  
 352

#### 353 4. Discussion

354 In professional academy rugby league players, the aims of this study were to assess the reliability  
355 of neuromuscular and wellness measures (part A) and to profile the time-course of such responses  
356 following match-play (part B). Acceptable within- and between-day reliability (i.e., no between-trial  
357 differences and  $CV\% \leq 10\%$  and  $ICC \geq 0.8$ ) was achieved by F200, F250 and PF in the IMTP. Most CMJ  
358 variables demonstrated acceptable within-day reliability, whilst FT, PF, PP, relative PP, VTO and JH  
359 exhibited acceptable between-day reliability. From the wellness questionnaire, only the accumulated  
360 total wellness score met the threshold for between-day reliability, whereas four individual  
361 components of the wellness questionnaire (i.e., sleep quality, general lower body soreness, mood,  
362 total wellness) produced acceptable within-day reliability. The variables demonstrating acceptable  
363 between-day reliability were then eligible for use in part B of the study where match-play did not  
364 elicit statistically significant post hoc differences relative to baseline values for IMTP performance or  
365 total wellness. However, VTO and JH in the CMJ were depressed at +24 h versus baseline.  
366 Collectively, these findings indicate that the reliability of specific variables may differ when assessed  
367 on a within- or between-day basis. Similarly, the magnitude of the post-match response appeared to  
368 depend on the assessment and variables used. Such findings warrant consideration by practitioners  
369 when considering the type of measurements to be used in practice – especially when normal recovery,  
370 lifestyle and training activities are implemented by academy rugby league players in the post-match  
371 period.

372 Existing research indicated high within- and between-day reliability for IMTP forces elicited at  
373 earlier time-points (i.e., F30, F50, F90) in a variety of sporting populations [37,38]. These results are  
374 not reflected in the current study where force production at 30, 50, and 100 ms generally did not meet  
375 acceptable reliability thresholds. As dynamic tasks such as sprinting typically involve ground-contact  
376 times of between 50 and 250 ms [39], exposures to tasks that involve force production within <50 ms  
377 are limited in team sport players. It is plausible that this fact may explain the limited reliability of the  
378 F30 and F50 values in the present study. Across different sporting populations, the highest levels of  
379 reliability are typically found in forces produced at 200 and 250 ms and in PF [37]; findings which are  
380 in agreement with the results of the present study.

381 Those CMJ variables demonstrating acceptable levels of between-day reliability (i.e., FT, PF, PP,  
382 relative PP, VTO and JH) are consistent across a number of sporting populations [15,29]. Time-related  
383 variables such as time to PF, time to PP, MT and consequently FT:MT ratio did not meet the threshold  
384 for acceptable between-day reliability in the present study; findings which partly reflect those of  
385 previous research [29,40]. As the present study did not control for CMJ depth, players may have  
386 adopted an altered jump strategy when seeking to maximize jump height on each attempt [41];  
387 especially in part B of the study. Allowing players to implement their preferred jump strategy may  
388 have inconsistently influenced displacement of their center of mass during the eccentric and  
389 concentric phases across different jumps [41]. As a result, time-related variables may have been  
390 influenced by modification of the time spent in the eccentric and concentric parts of the movement  
391 with a view to maintaining the primary instruction of the jump, being to achieve maximal height.

392 The monitoring questionnaire used here observed comparable reliability data to a similar  
393 questionnaire (i.e., one in which a 1-10 rating is required on soreness across a variety of sites), which  
394 was completed throughout the season by elite Australian Rules Football players [42]. Although  
395 greater reliability (i.e., lower CV%, being 7.1%) has been reported in a study of academy rugby union  
396 players [13], such scores may have reflected the absence of any physical activity undertaken between  
397 testing days. Akin to the methods of Montgomery & Hopkins [42], the present study was carried out  
398 whilst regular training activities were performed; a methodological issue which may influence  
399 different elements of the wellness questionnaire. Nevertheless, as the test-retest reliability of this type  
400 of questionnaire may be questioned when used in more ecologically valid scenarios (i.e., including  
401 regular training activities) [43], the current study may provide a more accurate representation of its  
402 within- and between-day reliability during the in-season period, and thus have implications for  
403 practitioners using such methods in similar scenarios. Notably, contrary to previous research [43],  
404 the internal consistency of the questionnaire (calculated via Cronbach's Alpha) was deemed

405 acceptable in the present study; a finding which may reflect the absence of negative values for inter-  
406 item correlations given that each question was aligned directionally (i.e., negative responses were  
407 always categorized as lower numerical values).

408 Whilst responses to rugby match-play have been profiled using different measures, such as a  
409 CMJ [4,7,11], a plyometric push-up [14], and an adductor squeeze test [16], the present study is  
410 amongst the first to profile the effects of match-play on IMTP responses [44]. Although match-play  
411 did not influence PF during the IMTP, large ES (0.95) were reported at +24 h following match-play  
412 compared to baseline measures, whilst small and trivial ES were observed thereafter. No significant  
413 changes were observed in F200 or F250 following match-play, but large ES (0.9) in F250 were reported  
414 at +24 h versus baseline measures, whilst moderate and large ES ( $\geq 0.67$ ) were still evident throughout  
415 the full post-match period. Prolonged perturbations (based on ES values) seen in some (i.e., F250),  
416 but not other (i.e., PF) variables suggest that maximal force production may be less sensitive to the  
417 influence of match-play when compared to those measures that include a velocity-component. This  
418 finding supports observations following Australian Rules Football match-play, in which rate of force  
419 development was found to be more sensitive to recovery of neuromuscular function than PF [44].  
420 When performing sporting actions such as sprinting, jumping and changing direction, ground  
421 contact occurs in time intervals between 50-250 ms, therefore it may be more important to apply force  
422 quickly as opposed to producing maximal force [45]. Any reductions in F250 occurring post-match  
423 could have implications on athletic performance throughout the training week.

424 Jump performance was reduced at +24 h following match-play, as indicated by significant  
425 differences ( $p \leq 0.039$ ) and large ES ( $\geq 1.44$ ) in VTO and JH as well as moderate to large ES ( $\geq 0.63$ )  
426 compared to baseline values in FT, PP and PF. Small or trivial ES ( $\leq 0.41$ ) were reported at +48 h after  
427 match-play compared to baseline values in FT, PF, VTO and JH, whilst ES observed in PP were still  
428 moderate (0.7) at this time-point. Accordingly, when using the CMJ to profile post-match responses,  
429 the magnitude of change may differ according to the variable selected; implications which could  
430 influence the interpretation of data derived, and thus prescription of training thereafter. Notably, a  
431 delayed recovery of PP compared to PF has previously been reported [8], with the present study  
432 lending some support to this observation (based on ES values). As the nature of rugby league includes  
433 a large frequency of sprinting, jumping and high-speed changes of direction, there is a large reliance  
434 on the ability to produce force rapidly [8]. For this reason, and because of its increased sensitivity to  
435 match-play, it may be more appropriate for practitioners to assess the velocity-components of CMJ  
436 testing rather than the force-components when seeking to profile post-exercise responses. Recovery  
437 of CMJ performance in this study was comparable to changes reported following competitive  
438 matches in academy rugby players [6,14]. However, prolonged reductions of larger magnitude were  
439 reported following competitive matches in senior players [4,5,7,11], which may be the result of  
440 differing peak movement and collision demands in this age group [2,46].

441 Even though match-play did not affect total wellness, large and moderate ES were found at +24  
442 (0.86) and +48 h (0.76) compared to baseline measures, respectively. Disturbances in wellness in this  
443 study were similar to responses observed following competitive rugby matches in both senior and  
444 academy players [4,5,14], in which perturbations were present for up to +48 h. Even though  
445 acceptable internal consistency was found in the questionnaire, between-day reliability criteria were  
446 only met by total wellness. A more expansive scale (i.e., 0-10 or 0-100) may be useful to improve the  
447 reliability of all questions in this tool and enhance its practical application [47].

## 448 5. Conclusions

449 In conclusion, this study observed acceptable within- and between-day reliability in a variety of  
450 variables of the IMTP (i.e., F200, F250 and PF) and the CMJ (i.e., FT, PF, PP, relative PP, VTO and JH).  
451 Independent components of the wellness questionnaire should be interpreted with caution as  
452 acceptable between-day reliability was reported in total wellness only. Although match-play did not  
453 elicit significant post hoc differences for the majority of variables analyzed (excluding VTO and JH),  
454 large ES were observed in the post-match period for most variables (i.e., F200, F250 and PF of the  
455 IMTP, FT, PP of the CMJ and in the total wellness score) when compared to baseline measures. These

456 results indicate that the magnitude and time-course of post-match responses may differ depending  
457 on the test and individual variables used. To avoid underestimation of the post-match response, it  
458 may be worthwhile to assess both objective (i.e., indices of neuromuscular fatigue) and subjective  
459 (i.e., total wellness) measures post-match-play.

460 When taking IMTP measurements, practitioners working in rugby league are recommended to  
461 use F200, F250 and PF over forces elicited at earlier time-points due to the higher levels of within-  
462 and between-day reliability demonstrated in the present study. Likewise, because of its increased  
463 sensitivity to match-play, as well as the importance of rapid force application in sport, practitioners  
464 may consider the use of F250 over PF when profiling post-exercise responses. For the CMJ, analysis  
465 of variables such as FT, PF, PP, relative PP, VTO and JH may be preferred over a variety of other  
466 variables as a result of their greater between-day reliability. Assessing the velocity components of the  
467 CMJ may also assist in the interpretation of post-match responses. As individual components of the  
468 questionnaire lacked acceptable levels of between-day reliability, the use of total wellness is  
469 recommended when profiling post-exercise responses; especially given that this was the only element  
470 meeting the criteria for between-day reliability in this study. Collectively, post-match responses  
471 require at least 48 h to recover in academy rugby league players. During this time, practitioners are  
472 recommended to implement a variety of recovery strategies as this is likely to facilitate a quicker  
473 recovery of neuromuscular function and subjective wellness. Strenuous physical activity should be  
474 avoided in this time-period as this could prolong a return to baseline values.

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