

# COMPARISON OF THE SINGLE LEG SQUAT AND SOFTBALL PITCH KINEMATICS

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**Purpose:** To compare knee valgus during the SLS and trunk kinematics during the softball pitch.

## Why the Single Leg Squat?

- The single leg squat (SLS) can identify lumbopelvic hip complex (LPHC) instability [1]
- LPHC instability has been identified as a possible risk factor for throwing athlete pain and injury [2]
- Trunk pathomechanics are related to upper extremity injury in softball players [3,4]
- If instability during the SLS is related to trunk pathomechanics during the pitch, the SLS can be used as an assessment tool for pitchers.

## Methods

Electromagnetic tracking system synced with motion analysis software

42 pitchers completed bilateral SLSs and threw 3 fastballs



Push Stride

2 Separate Regression Analyses

Dependent Variables

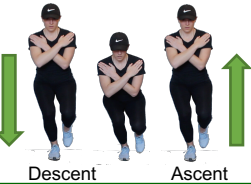
Independent Variables

#1: Max stride knee valgus during SLS descent  
#2: Max push knee valgus during SLS ascent

Trunk flexion, trunk lateral flexion, and trunk rotation @ 2 different time points

#1: Stride foot contact (FC) (Fig B1)

#2: Peak propulsive GRF (Fig A1)



## SLS knee valgus is associated with pitch trunk instability

### Significance

Increased SLS knee valgus was associated with increased trunk motion during the pitch



Increased trunk motion during the pitch is related with upper extremity pain in pitchers [3,4]



- The SLS may be used to identify pitchers at risk of trunk instability and potentially an increased risk of upper extremity injury.
- The SLS is an easy to implement assessment tool for coaches to identify athlete trunk instability that may also limit pitching capability.

## Push Leg Results

- $F(3,41) = 3.141$ ,  $p = .036$
- Explained ~13.5% of max push knee valgus during SLS ascent
- Trunk rotation ( $t = 2.973$ ,  $p = .005$ ) at peak GRF was a significant predictor (see Fig. A2)

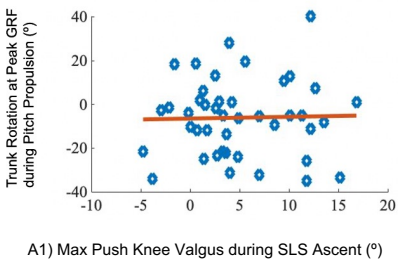


Fig A1. Peak GRF during the Push



Increased push knee valgus during SLS ascent = Increased trunk rotation towards the pitching arm during the push of the pitch

## Stride Leg Results

- $F(3,41) = 3.232$ ,  $p = .033$
- Explained ~14.0% of max stride knee valgus during SLS descent
- Trunk lateral flexion ( $t = 2.791$ ,  $p = .008$ ) at FC was a significant predictor (see Fig. 2B)

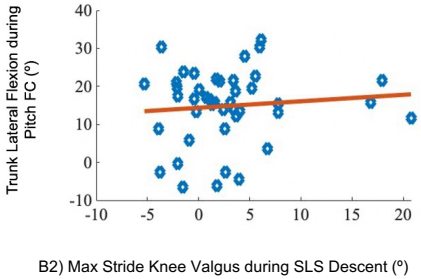


Fig B1. Foot Contact



Increased stride knee valgus during SLS descent = Increased trunk lateral flexion towards the pitching arm at FC of the pitch

