Endurance training and testing with the ball in young elite soccer players

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Background: The aerobic capacity of soccer players substantially influences their technical performance and tactical choices. Thus, the assessment of soccer players’ aerobic performance should be of interest for soccer coaches in order to evaluate and improve their endurance training sessions. In this study, we present a new test to assess aerobic performance in soccer by means of a specific dribbling track: the Hoff test. We further determined whether improvement in maximal oxygen uptake was reflected in increased distance covered in the Hoff test.

Methods: We tested 18 male soccer players (14 years old) both in the laboratory and using the Hoff test before and after 8 weeks of soccer training.

Results: The distance covered in the Hoff test correlated significantly with maximum oxygen uptake, and improved by 9.6% during the 8 week training period, while maximum oxygen uptake and running economy improved by 12 and 10%, respectively. Backward multiple regression showed maximum oxygen uptake to be the main explanatory variable for the distance covered in the Hoff test.

Conclusion: The present study demonstrated a significant correlation between laboratory testing of VO_{2max} and performance in the Hoff test. Furthermore, training induced improvements in VO_{2max} were reflected in improved performance in the Hoff test. We suggest that it should be a goal for active U-15 soccer players to cover more than 2100 metres in the Hoff test, as this requires a VO_{2max} of above 200 ml/kg^{0.75}/min, which should serve as a minimum in modern soccer.

Materials and Methods

Subjects

Eighteen male soccer players (mean (SD) age 14 (0.4) years) volunteered to participate in the study and provided written informed consent in accordance with the Declaration of Helsinki. The university ethics committee approved the study protocol. The subjects could withdraw from the study at any time. The players’ physical characteristics are presented in table 1. Percentage of body fat was calculated according to the formula of Siri based on four skin fold measurements (biceps, triceps, subscapularis, and suprailiac). All the subjects were informed about the test protocols, but not the aim of the study. During the weekends, they participated in the national soccer championship as regular players in their respective club teams. At the time of the experiment, their physical characteristics were presented in table 1. Percentage of body fat was calculated according to the formula of Siri based on four skin fold measurements (biceps, triceps, subscapularis, and suprailiac). All the subjects were informed about the test protocols, but not the aim of the study. During the weekends, they participated in the national soccer championship as regular players in their respective club teams. At the time of the experiment, their average weekly training programmes included six training sessions a week, mainly in soccer training.

Laboratory testing

Laboratory testing occurred at 1400—1700, at a mean (SD) temperature of 19.5 (1) °C, atmospheric pressure of 1019.3 (9.7) mmHg; humidity of 74.5 (3)% (the January tests); and 19.8 (0.5) °C, 1021.8 (1) mmHg, and 69.5 (0.6)% at the post-test (March). The subjects were wearing shorts and running shoes.

Abbreviations: HR, heart rate; VO_{2max}, maximum oxygen uptake
shoes; they abstained from exercise the day before the test and did not drink caffeinated beverages the day of the test.

Maximum incremental treadmill test
The subjects ran on a 5.5% slope motorised treadmill (Ergo XELG 90; Woodway, Weil, Germany) for 4 minutes at 7 km/h, followed by 1 km/h increment every minute till exhaustion, which occurred within 10–15 minutes for all players. The following criteria were met by all players when testing VO_{2max}: (a) a levelling off of VO\textsubscript{2} despite treadmill speed increase; (b) a respiratory gas exchange ratio >1.1, and (c) blood lactate >6 mmol/L. The highest heart rate (HR) attained at exhaustion was considered as HR_{2max}. Cardiorespiratory variables were determined using a breath by breath system (ZAN 680; Oberthulba, Germany) allowing continuous measurement of HR, oxygen uptake, and lung ventilation. Prior to each test, the gas analysers were calibrated with gases of known concentrations and the ventilatory membrane calibrated with a 1-L syringe. HR was determined from a six lead ECG with 12 derivations. HR and the respiratory data were provided once every 30 seconds with the values averaged over the last 10 respiratory cycles on a sliding technique basis. The smallest and highest velocities associated with VO_{2max} (VO_{2max}, and peakVO_{2max} respectively) were established according to Billat and Koralsztein and Paavola and Helgerud et al., who have expressed oxygen uptake in relation to mb, suggesting that expressing VO_{2max} in relation to mb_{0.75} may not be critical as long as the unit approximates the theoretical value and not the traditional mb. Dimensional scaling should ideally be based on fat free mass, because fat has very low metabolic activity.

Field testing
The field test was performed in the same afternoon for all subjects, between 3 and 7 days after the laboratory testing. The Hoff test was performed from 1600 to 1830 in ambient conditions of 15°C, 1017 mmHg, and 87% humidity for the January test, and 20°C, 1021 mmHg, and 75% humidity for the post-test (March). The tests were performed on the same natural grass soccer field and the subjects were wearing soccer specific sportswear. As the pre-test was performed under a light rain, the grass was intentionally wetted prior to the re-test.

Training
The players underwent a period of 8 weeks of regular soccer training during which two sessions per week were included on Tuesday and Wednesday. This training programme was designed in order to improve the player’s endurance. Every Tuesday the training sessions consisted of 4–x4 minutes on the Hoff track, separated by 3 minutes of active recovery. Subjects were equipped with cardiofrequency meters (Polar S-610; Polar Electro, Kempele, Finland) in order to measure HR. The training consisted of dribbling the ball along the Hoff track in order to reach 90–95% of individual HR_{2max} during the 4 minute periods and 60–70% HR_{2max} during the active recovery periods. Players were informed of their target HRs and could easily maintain the aforementioned ranges after one or two training sessions. On Wednesdays the players took part in a different training procedure, consisting of 4–4 minutes on a 20 m square in a small group play (4 v 4 players) interspersed with 3 minutes of two players passing and juggling with the ball. The game rules were different each week: two or three maximum touches per player; compulsory pass to a player situated out of the square after five successive passes; no possibility of direct back pass. The main goal was to achieve the maximum number of passes, each five passes being considered as one point. As for the Hoff training sessions, players used HR monitors in order to try to reach the 90–95% HR_{2max} during the 4 minutes of drills. This was not always reached as, depending on the ball loss,
some uncontrolled resting periods allowed game intensity decreases.

**Blood sampling and determination of blood lactate concentration**

Blood samples were collected 3.5 minutes after VO$_{2\text{max}}$ and after the Hoff tests. The 20 μl samples of capillary blood were withdrawn from an earlobe with Microzym micropipettes. They were stored in tubes containing 180 μl of a haemolytic solution to ensure good preservation of the samples at room temperature. Blood lactate concentration was subsequently measured using an enzymatic method (Microzym L; Setric Génie Industriel, Toulouse, France).

**Statistics**

Values are expressed as means (SD). A Pearson correlation matrix was performed between the variables of the Hoff field and laboratory tests. A backward multiple regression analysis was used when appropriate. A value of $p<0.05$ was considered statistically significant.

**RESULTS**

During treadmill testing, the oxygen uptake levelled off despite increased running speed. Respiratory exchange ratio was 1.2 (0.3), and blood lactate concentration 9.5 (1.3) mmol/l (that is, the true VO$_{2\text{max}}$ was reached). During the last 2 minutes of the Hoff test the HR was <5 beats/min from maximum, and post-test blood lactate concentration was 10.4 (1.6) mmol/l.

After training, the distance covered in the Hoff test increased by 9.6% while maximum oxygen uptake increased by 14.5%, 7.5%, and 12% expressed absolutely (l/min), traditionally (ml/kg/min), and appropriately scaled (ml/kg$^{0.75}$/min), respectively (table 1). Energy cost of running measured at 7 km/h decreased by 14% when expressed in the traditional way (ml/kg/m) and by 10% using appropriate scaling procedures (ml/kg$^{0.75}$/m). Submaximal HR while running at 7 km/h decreased by 9 beats/min, indicating improved stroke volume. Anaerobic threshold did not change during the experimental period.

There were correlations between VO$_{2\text{max}}$ ($R = 0.68$, $p<0.01$; fig 2), time to exhaustion during the treadmill test ($R = 0.71$, $p<0.01$), running economy expressed as ml/kg$^{0.75}$ lean body mass/min ($R = -0.62$, $p<0.02$) and distance covered in the Hoff test. Backward multiple regression showed VO$_{2\text{max}}$ to be the main explanatory variable for distance covered in the Hoff test. The regression coefficient (SE) was 5.0 (1.4), $p = 0.003$; residual SD 3.0, and adjusted $R^2 = 0.44$.  

![Figure 1](http://bjm.bmj.com/)

**Figure 1** The player has to conduct the ball in a forward run through the track. The track width is of 35 m, length is 55 m on the right and only 51.5 m on the other side. The distance from cone 7 to the gate 8 is performed with backward dribbling. There are three hurdles (30–35 cm height), 22 cones (two cones for the backward run gate and two for the starting line). Total distance per lap: 290 m; hurdle 3 to cone 1: 30.5 m; distance separating cones 1, 2, 3, 4, 5, 6, and 7: 25.5 m each.

![Figure 2](http://bjm.bmj.com/)

**Figure 2** The relationship between distance covered in the Hoff test and maximum oxygen uptake. Data presented are the post-test results, but a similar relationship existed at pre-test. Solid line represents linear regression, dotted lines 95% confidence interval. R = 0.68; $p<0.01$.  

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What is already known on this topic

- The importance of aerobic capacity in soccer is well known. However, few teams measure their capacity using laboratory tests.
- There is a need for well defined field tests that closely reflects the individual players aerobic capacity. The test should be sufficiently sensitive that training induced improvements are reflected in improvement in the test.

DISCUSSION

This study showed that the Hoff test performance significantly correlated with laboratory measured VO$_{2\text{max}}$ and that improvement in VO$_{2\text{max}}$ was reflected in improved performance in the Hoff test.

The fact that such a ball dribbling field test correlated with aerobic performance is certainly of great interest for the soccer coaches. Indeed, it is generally easier to ask soccer players to make an effort with the ball than without. The performance in the Hoff test was closely related to VO$_{2\text{max}}$ during treadmill running, but the relation was not strong enough to directly predict VO$_{2\text{max}}$ from the test performance, as expected from previous literature. Fig 2 gives examples of performance interpretation. For example, predicting VO$_{2\text{max}}$ from running 1900 metres in the Hoff test is meaningless, as values varied between 150 and 210 ml/kg$^{0.75}$/min. These data suggest that the present test is not greatly different from other indirect tests to predict VO$_{2\text{max}}$; however, the presence of the ball in a dribbling form is certainly a critical motivational point as to its use by soccer teams in order to assess their players’ aerobic performance. Furthermore, fig 2 shows that all players covering more than 2100 metres in the Hoff test had a VO$_{2\text{max}}$ >200 ml/kg$^{0.75}$/min, and those who ran <1900 metres had <200 ml/kg$^{0.75}$/min, which has been suggested as a minimum value for active soccer players.

Thus, we suggest that the goal in the Hoff test should be to have U-15 players running a distance of >2100 metres over the 10 minutes of test. This corresponds to 7.25 Hoff track turns—that is, the player has to reach cone 1 after having begun the eighth turn (2112 m).

The present study VO$_{2\text{max}}$ results for youth players are among the highest ever reported for a youth club soccer team and are in the order of those observed in under 16 national teams. Furthermore, VO$_{2\text{max}}$ was substantially higher than that reported for 8 year old soccer players, but are in the normal range of what is reported for senior elite players.

However, the values are not at all impressive considering the advantages of a high VO$_{2\text{max}}$ in modern soccer. A very effective interval training programme, increasing VO$_{2\text{max}}$ by effective interval training programme, increasing VO$_{2\text{max}}$ by 14%, while expressing oxygen uptake using appropriate scaling procedures as ml/kg$^{0.75}$/min gives an improvement of about 10%. This gives an excellent example of how improve is to use the traditional expression form because the significant bodyweight gain in the present study automatically gives an improved work economy using the classical approach. This would also have been true even if the weight gain was due only to increased body fat, which, however, was not the case in the present study. The opposite is true for VO$_{2\text{max}}$ as a gain in bodyweight automatically will reduce the VO$_{2\text{max}}$ expressed traditionally, regardless of the increased body mass by more fat or muscle hypertrophy. Thus, expressed as ml/kg/min, VO$_{2\text{max}}$ increased by 7.5%, while using the correct expression gives a gain of 12%, which makes more sense as the players now have more trained muscle tissue than before the experimental period (with similar body fat). We therefore emphasise the need for using scaling procedures in future studies of soccer players differing in body weight, both for appropriate evaluation of tests and for designing exercise regimens.

CONCLUSION

The present study demonstrated a significant correlation between laboratory testing of VO$_{2\text{max}}$ and performance in the Hoff test. Furthermore, improvement in VO$_{2\text{max}}$ was reflected in improved performance in the test. We suggest that it should be a goal for active U-15 soccer players to cover more than 2100 metres in the Hoff test as this requires a VO$_{2\text{max}}$ of above 200 ml/kg$^{0.75}$/min, which should serve as a minimum for modern soccer. However, to precisely measure VO$_{2\text{max}}$ accurately, there is no substitute, and probably never will be one, for using gas analysers either in the laboratory or in the field.

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Conflict of interests: none declared

REFERENCES


ANNOUNCEMENT

THE PAUL WEST MEMORIAL GRANT FOR SPORT AND EXERCISE MEDICINE RESEARCH IN SCOTLAND

The Scottish Branch of the British Association of Sport and Exercise Medicine and the family of Paul West are pleased to announce the above grant, which will be awarded annually. The award will be approximately £350. The research must be carried out in Scotland and concern the physically active population. Applications must to be submitted to the Award Committee by 31 April 2005.

Further details will be available from Mrs Yvonne Gilbert (BASEM), Scotland Administrator, c/o Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh, EH8 9DW; tel: +44 (0)131 527 3409; email: y.gilbert@rcsed.ac.uk. Contact her as soon as possible to register interest and to receive more details.
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