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## Near-infrared spectroscopy wearable biosensor for monitoring exhaustion in sports climbing

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### Abstract

Monitoring exhaustion using near-infrared spectroscopy (NIRS) wearable biosensors seems promising in sports climbing. However, there is a lack of research regarding climbing specific muscular exhaustion and muscle oxidative metabolism. The current study analyses how exhaustion affects muscle oxidative metabolism and deduces to what extent measurements using NIRS are suitable for an objective monitoring as well as feedback of exhaustion.

*Keywords: fatigue, training, fingerboard, grip strength, bouldering*

### Introduction

The continuous monitoring of physiological signals using wearable devices or wearable biosensors plays an important role in modern sports practice. One promising application, which seems highly feasible for monitoring local forearm oxygenation in climbing, is the near-infrared spectroscopy (NIRS). This is a non-invasive technique for monitoring muscle oxygen saturation (SmO<sub>2</sub>) in vivo (Hamaoka et al., 2011). It might be used as an indicator of training status in sports climbing (Fryer et al., 2016), relates to the overall climbing performance (e.g. oxidative capacity predicts red-point grade (Feldmann et al., 2022)) and possibly form the basis for an objective feedback system of exhaustion (see, e.g. Muramatsu and Kobayashi (2013) in muscular context of biceps brachii). Nevertheless, there is still a need for research regarding the use of NIRS in the context of climbing specific exhaustion, especially since most studies only analyse experienced climbers (Baláš et al., 2018; Feldmann et al., 2022). Therefore, the current study analyses how climbing specific exhaustion affects finger flexor muscle oxygenation of regularly and non-climbing subjects. The overall aim is to discuss whether the use of NIRS for measuring SmO<sub>2</sub> is suitable for an objective monitoring of acute exhaustion (caused during isometric muscle contraction) and cumulative exhaustion (result of multiple, intermittent isometric muscle contractions) in the context of the maximal climbing specific holding time (CSHT).

### Methods

42 healthy subjects (gender: 22 female, 20 male, 0 divers; age:  $M = 22.45$ ,  $SD = 3.13$ ; height:  $M = 173.08$ ,  $SD = 8.96$ ; weight:  $M = 69.90$ ,  $SD = 12.39$ ; body fat:  $M = 20.04$ ,  $SD = 8.24$ ; 8 subjects with experiences in sports climbing) underwent an anthropometric analysis as well as maximal pull-up test before the experiments. After 15 minutes of rest, the CSHT was measured three times with about 90 seconds in between to assess the influence of exhaustion. For this purpose, subjects were advised to hold themselves as long as possible without touching the ground on a four centimetre deep crimp with rounded edges and structuring (see Fig. 1) of a MOON fingerboard

(Moon Climbing Limited, Seffield, England). Before the exercise, as well as during the 90 seconds in between the CSHT measurements, hand grip strength (HGS) was assessed according to the instructions of Mathiowetz et al. (1984) using the Jamar hydraulic hand dynamometer (JLW Instruments, Chicago, IL, USA).

In parallel, the muscle oxygen level was measured using the Moxy NIRS biosensor (Moxy Monitor, Huttchinson, Minnesota, USA). According to Philippe et al. (2012), the sensor was placed at the forearm of the handiness side using kinesio tape. The recording interval was set to two seconds and data was smoothed using a ten second moving average. For the statistical analysis the following parameters were extracted: initial SmO<sub>2</sub> before hanging, SmO<sub>2</sub> at the termination time (fall off event), the average slope of SmO<sub>2</sub> reduction, SmO<sub>2</sub> ten seconds after termination time (recovery). Statistical analysis was performed using IBM SPSS (version 16, SPSS Inc. Chicago, USA).



Fig. 1 Hand positioning on the fingerboard.

## Results

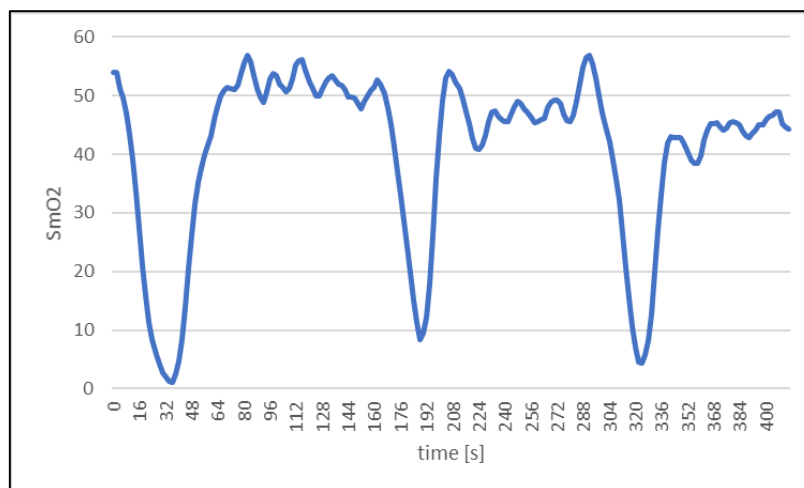


Fig. 2 Waveform SmO<sub>2</sub> data of an exemplary subject with an initial CSHT of 21.83 s. (second CSHT: 11.00 s; third CSHT: 13.79 s) during the test procedure.

A significant reduction of CSHT ( $F(1.29,60.72) = 12.43, p < .001, \eta_p^2 = .21$ ) as well as HGS ( $F(1.60,75.32) = 50.84, p < .001, \eta_p^2 = .52$ ) along the different measurements could be found. Post-hoc analysis shows that all HGS measurements were different between each other ( $p \leq .001$ ). For the CSHT the first and second as well as first and third measurements were different ( $p < .05$ ).

Between the second and third measurement, no significant differences was found for the CSHT ( $p = .21$ ).

Significant differences were present between pre, termination as well as recovery  $\text{SmO}_2$  saturation level ( $F(1.47,60.05) = 284.33$ ,  $p < .001$ ,  $\eta_p^2 = .87$ ). Exemplary waveform  $\text{SmO}_2$  data of one subject is presented in Fig. 2. There were no differences in initial  $\text{SmO}_2$  level,  $\text{SmO}_2$  level at fall off,  $\text{SmO}_2$  recovery ( $F(2,82) = 0.54$ ,  $p = .58$ ) and mean negative slope of the  $\text{SmO}_2$  reduction between the different measuring times ( $F(1.46,65.79) = 1.46$ ,  $p = .24$ ).

Visually, subjects with relative longer holding times do not appear to have a higher basal  $\text{O}_2$  saturation. However, they seem to be able to better and deeper drain their  $\text{SmO}_2$  level and seem to show less variability in their  $\text{SmO}_2$  level at the fall-off events (see Fig. 3).

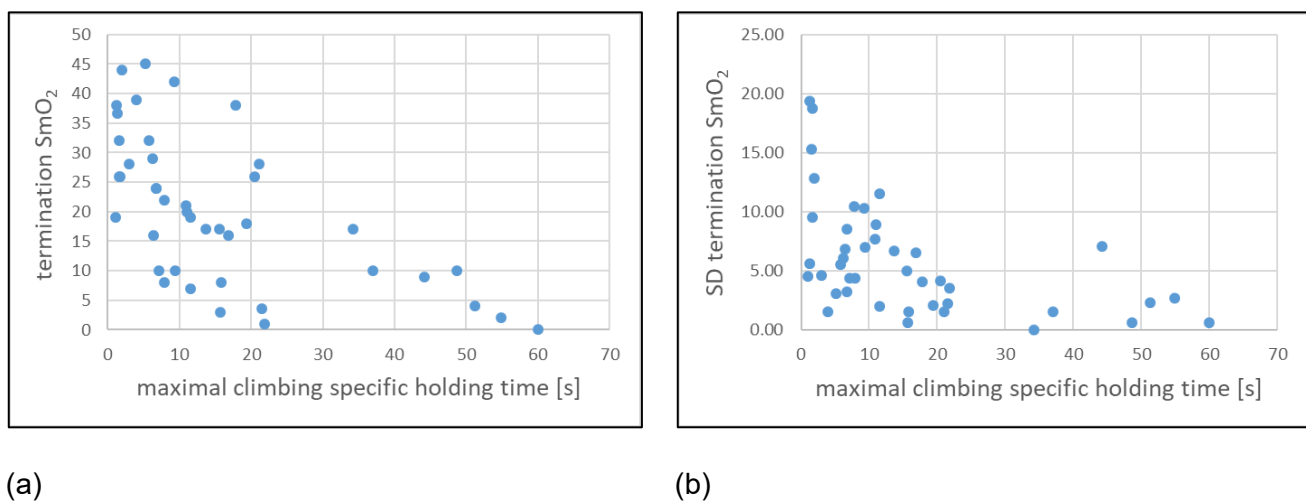


Fig. 3 (a)  $\text{SmO}_2$  levels at the first termination event in dependence of the maximal holding time; (b) Standard deviation (SD) of the  $\text{SmO}_2$  levels at termination events in dependence of the maximal holding time.

## Discussion

The significant decreases in both CSHT and HGS shows that consecutive maximal isometric holding introduces cumulative exhaustion of the finger flexors. However, the current study indicates that  $\text{SmO}_2$  level in the different regarded conditions (initial  $\text{SmO}_2$  before hanging,  $\text{SmO}_2$  at the termination time, average slope of  $\text{SmO}_2$  reduction,  $\text{SmO}_2$  ten seconds after termination time) does not change under the different measuring times. Therefore, monitoring cumulative exhaustion during intermittent isometric climbing specific muscle contractions using  $\text{SmO}_2$  level does not seem useful. Contrary, Feldmann et al. (2022) showed using regularly climbing subjects that the climbing specific force production correlates negatively with the minimal attainable muscle oxygenation in the fore-arms in climbers in the context of HIT training. A possible explanation for the current studies results might be the consideration of subjects that are unexperienced in climbing.

Significant differences between pre, termination and recovery  $\text{SmO}_2$  level indicates the potential usefulness of NIRS as an indicator for acute exhaustion. Visually, the individual  $\text{SmO}_2$  profiles show that even with a relative short holding time,  $\text{SmO}_2$  seems to be sensitive enough to map a load. Subjects with relatively long CSHT seem to show less variability in their  $\text{SmO}_2$  level at fall off events. This is in accordance with the work of Baláš et al. (2018), which showed that NIRS provides a

reliable measure of oxygenation during intermittent contractions to fall off in the forearm flexors of climbers. Therefore, SmO<sub>2</sub> level seems preferable for monitoring acute exhaustion for subjects with relative long CSHT. The fall off SmO<sub>2</sub> level seems to be highly individual and possibly dependent on the training status of the subjects. For monitoring acute exhaustion, it seems necessary to perform a fit on the individuals' drop-off SmO<sub>2</sub> level. Furthermore, it must be considered that the Moxy biosensor only covers a small area, while the finger flexors responsible for gripping take up a large volume of the forearm. Missing statistical correlations can therefore also be due to the isolated observation of a small muscle section.

**Conflict of interest** We declare no conflicts of interest.

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