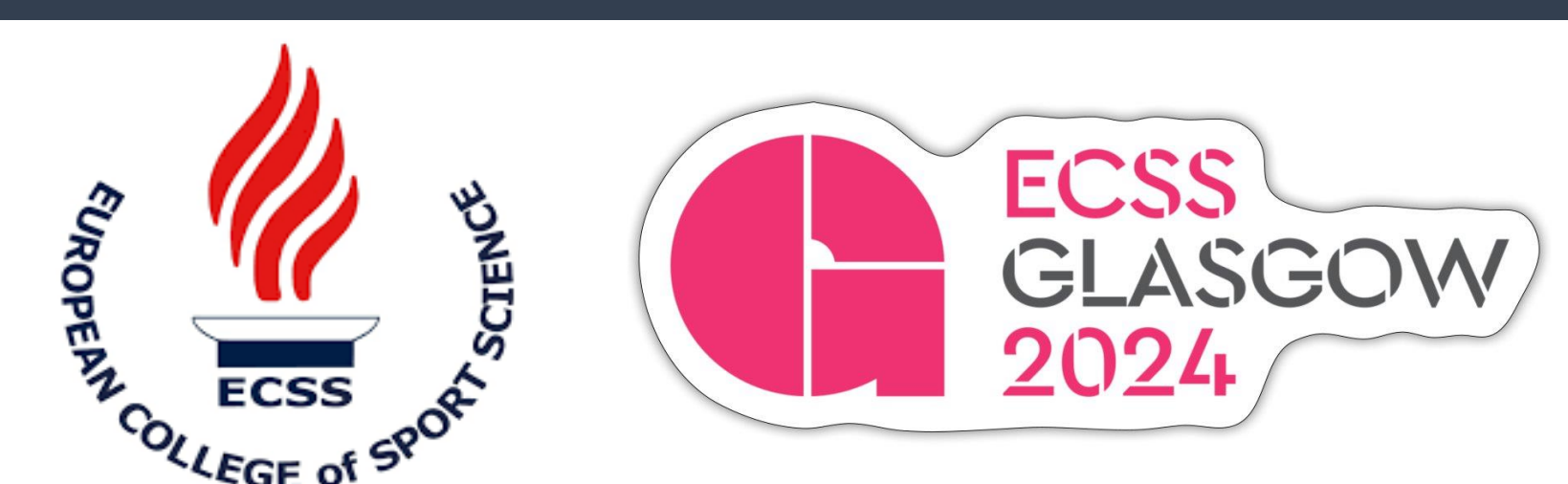


Kinetic Changes in Therapeutical Cycling due to Posture, Cadence, and Resistance

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Introduction

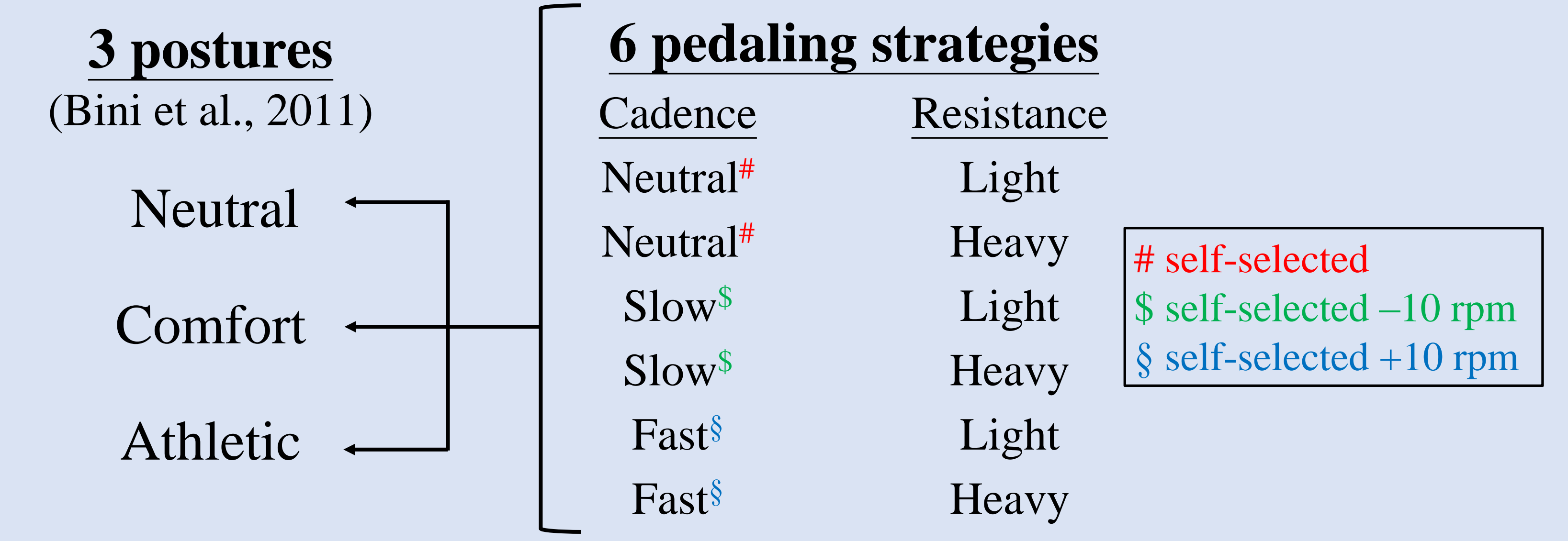
- ▶ Physical therapy may stimulate cardiovascular and muscular responses while minimizing joint loads and impacts
- ▶ Rehabilitation and therapy regimes frequently incorporate cycling due to small joint loads and mechanical impacts
- ▶ Posture and pedaling strategy (e.g., resistance, cadence) may affect cycling mechanics and forces
- ▶ **Purpose:** to investigate the effects of posture and pedaling strategy on kinetics at the pedals, saddle, and handlebar.

Methods

Sample characteristics: physically active, injury-free, male participants (n=10).

	Mean ± SD
Age [years]	26.0 ± 7.0
Body height [m]	1.70 ± 0.05
Body mass [kg]	70.0 ± 10.6

Cycling test: each participant performed 15 consecutive stable cycles per trial, applying 6 different pedaling strategies in each of 3 different postures (randomized order of trials).

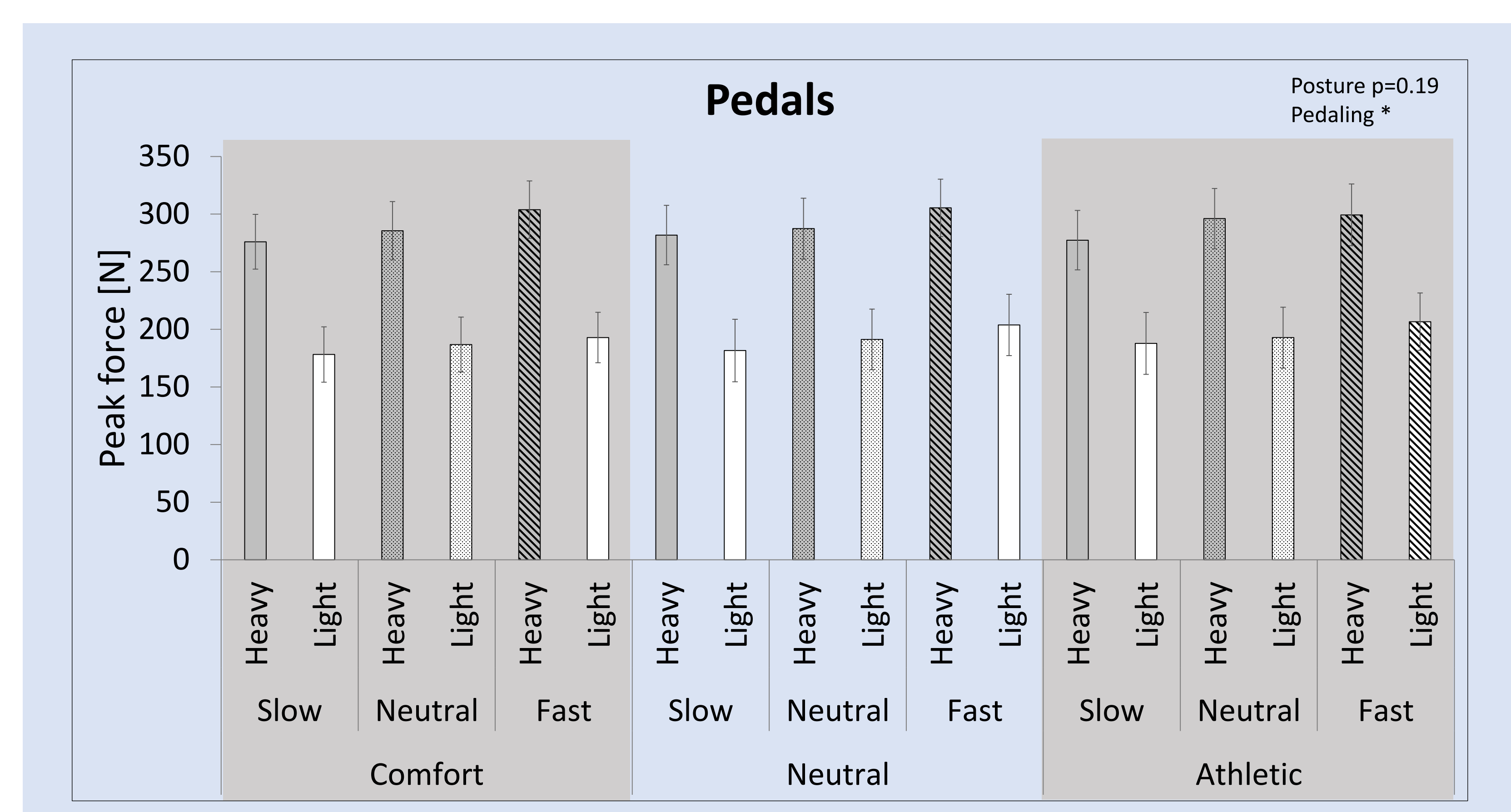
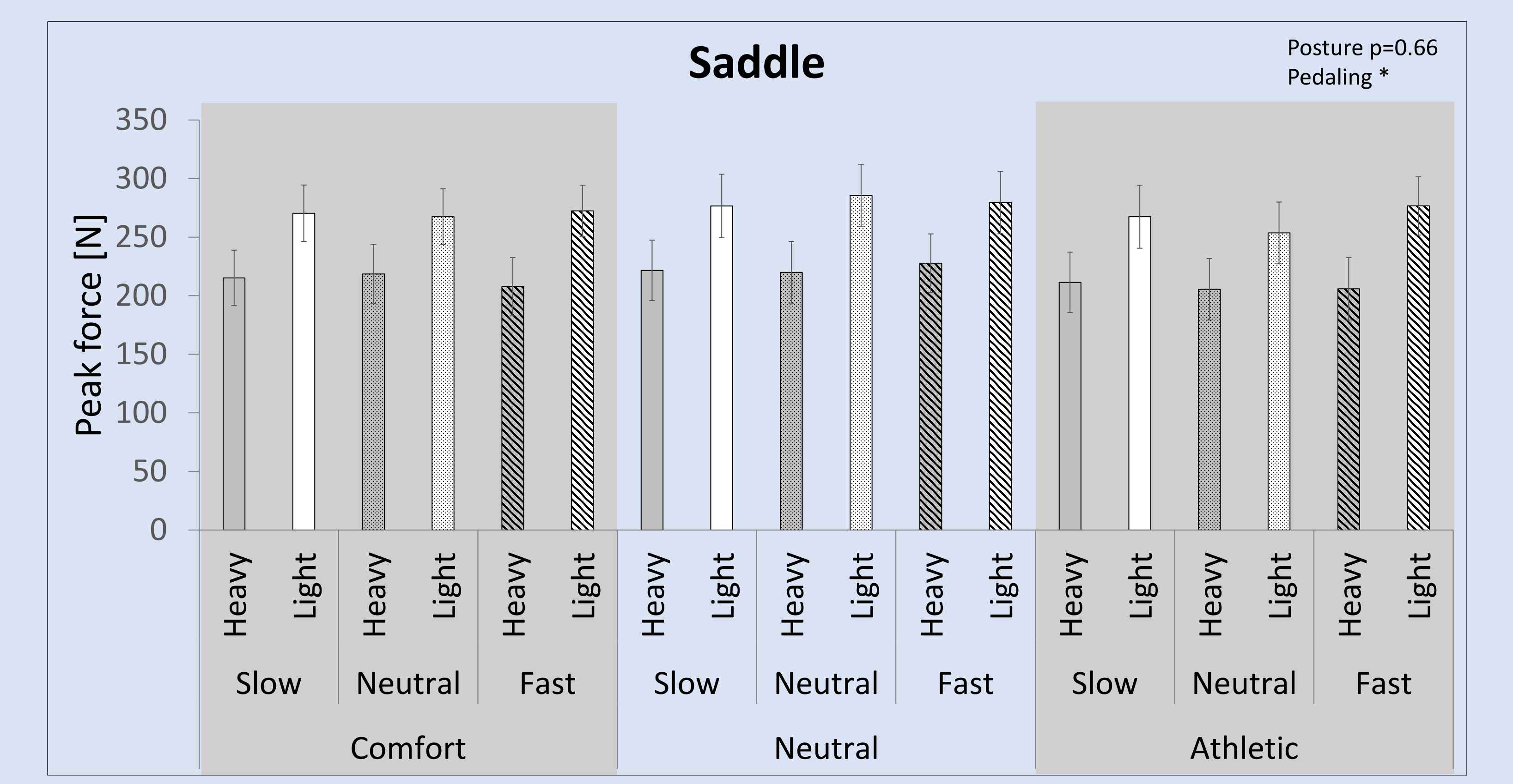
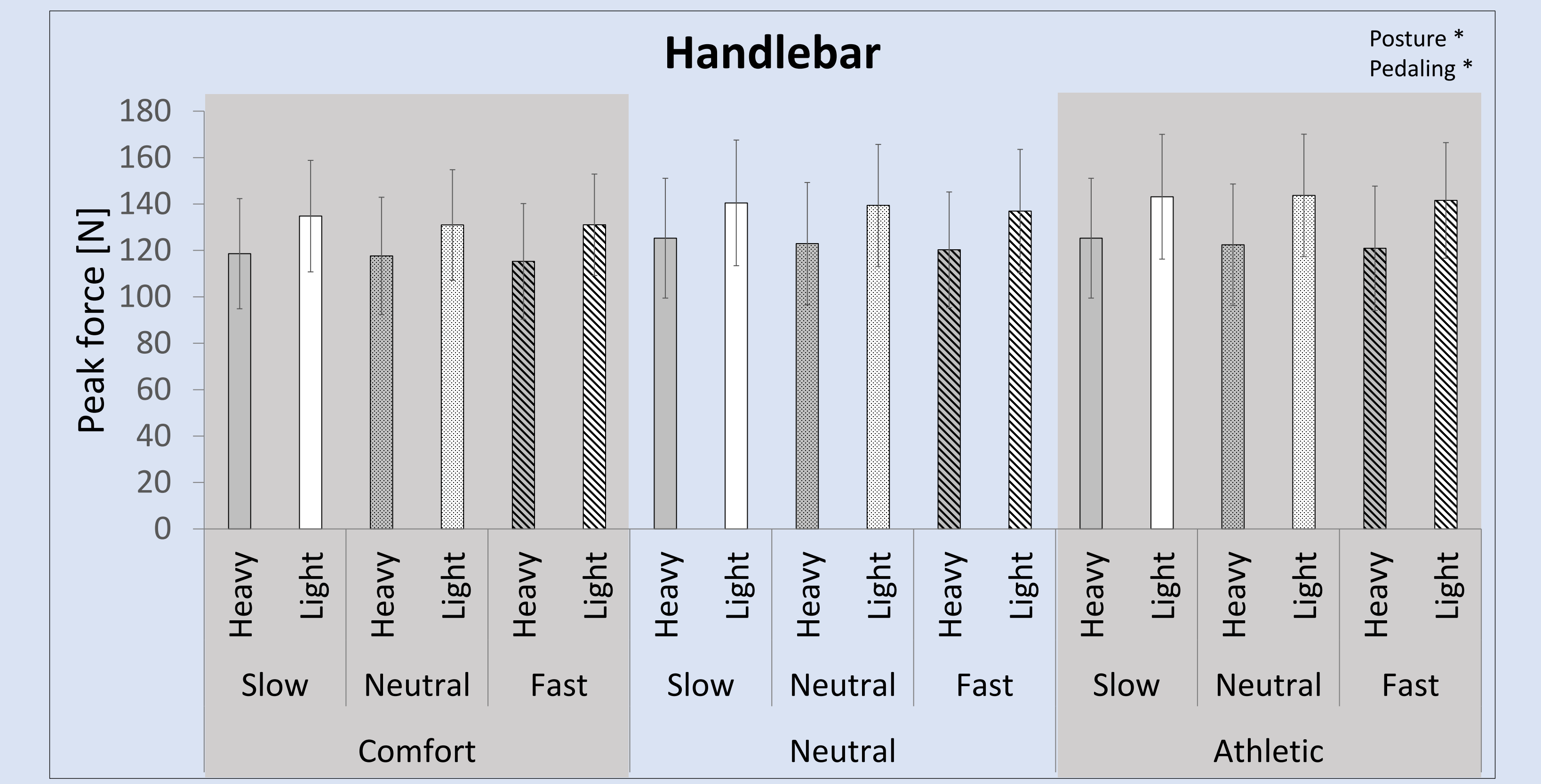


Equipment:

Dynamic Cycling Fit system (Giant Manufacturing Co., Taiwan) with 5 strain gauge-based force sensors (50 Hz)



Results



Discussion

- ▶ **Consistent patterns** across all sensor locations (i.e., handlebar, saddle, pedals), allowing for generalizations
- ▶ **No effects of posture** (except for reduced forces at the handlebar in comfort posture)
- ▶ Forces **affected by resistance** but not by cadence
- ▶ **Higher resistance** → **smaller forces** at saddle and handlebar (opposite in pedals)
- ▶ **Application** must be tailored for individual needs

Conclusions

- ▶ **Posture** may be selected **based on individual preference** (less influential in clinical context than pedaling strategy)
- ▶ **Pedaling strategy** may be a **recommend focus** for clinicians
- ▶ **Adjusting resistance and cadence** to achieve desired training outcomes and account for individual needs