

Impact of Isolated and Combined Strength Plyometric and Mobility Training on Leg Strength and Anxiety

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Abstract- The purpose of the study was to find out the effect of isolated and combined strength, plyometric and mobility training on leg strength and anxiety. Seventy five male students studying in various arts and science colleges in and around Villupuram District, Tamilnadu were divided into five equal groups (n = 15), in which group - I underwent strength training, group - II underwent plyometric training, group - III underwent mobility training and group – IV underwent combined training for 3 days per week for 12 weeks, and group V acted as control which did not participate any special training. The subjects were tested on selected criterion variables such as leg strength and anxiety at prior to and immediately after the training. For testing the leg strength, the dynamometer was used, and for anxiety the Taylor Manifest Anxiety Scale was used. The analysis of covariance (ANCOVA) was used as statistical tool and since five groups were involved in the present study, the Scheffé S test used as post-hoc test. The selected criterion variables such as leg strength was improved and anxiety was decreased significantly for all the training groups when compared with the control group and the leg strength was improved significantly for strength training group and plyometric training group.

Key Words: Strength training, plyometric training, mobility training, combined training, leg strength and anxiety.

INTRODUCTION

Old ways of conditioning, albeit intriguing and rich in heritage, have been jettisoned in favour of new approaches based on insight and knowledge as a consequence of practical experience, observation, and scientific investigation. For ages, progress toward improved conditioning methods was sluggish, but in recent years, major advances have resulted in some incredible gains in performance [1].

The term 'training' refers to the development of an individual's resource and means that instruction and guidance are used to raise a certain aptitude to the highest level. Training is a specific cycle of

repeated exercise and activity that includes learning and acclimatization [2]. Training is a method of conveying and receiving knowledge that is linked to critical thinking [3]. The long-term athlete development is a planned, structured and progressive development of youth's athleticism to achieve elite sport success and to engage in lifelong, health-enhancing physical activity [4]. Physical training can be classified as jobs, conditioning, sports, or other daily activities. It should be organised, repeated, and structured with the goal of improving or maintaining physical fitness as a final or intermediate goal [5]. Exercise is a type of physical activity that is designed to promote physical fitness by being planned, repeated, organised, and purposeful [6]. Within physical care, the term 'exercise' is used more broadly, and it will be referred to as physical fitness training[7].

Strength training appears to be an appropriate and effective technique of improving muscle fitness and sport-specific performance in both trained and untrained athletes [8,9]. Strength training is regarded as the best intervention for preventing and treating the negative effects of sarcopenia [10,11]. Strength training enhances muscular strength, power, and body composition (total and regional) according to several research [12,13,14,15,16]. Numerous studies have shown that strength training can increase physical function [17,18,19], but the particular physical qualities that cause this improvement have seldom been explored.

Plyometric training is a type of strength training used to improve sport-specific performance in both team and individual sports [20,21]. Plyometric workouts have been proven to improve a variety of physical characteristics, including strength and jump height[22], running economy[23], agility [24]. sprint speed and endurance [25]. Explosive muscular extension and contraction are characteristics of plyometric training exercises.

Mobility exercises are those that enhance the range of motion and the stability, or control, of the muscles that surround each joint. Although they are similar, mobility is not the same as flexibility. Mobility is a combination of flexibility and strength that allows people to squat deeper, push harder, and leap higher [26].

One of the most contentious study areas in exercise science and physiology for a long time was the impact of resistance and plyometric training on young people and its possible advantages and disadvantages. Due to the immaturity of the skeletal system, researchers and scientific societies hypothesised in the 1970s and 1980s that resistance training carried a higher risk of injuries [27,28]. Additionally, it was claimed that young resistance training is inefficient since there aren't enough anabolic hormones in the blood [29].

Physical fitness refers to a condition of health and wellbeing and, more particularly, the capacity to engage in certain activities related to sports, jobs, and daily living. Physical fitness is often attained by healthy eating, moderate to strenuous activity, adequate rest, and a systematic recovery plan [30]. A number of groups value maintaining high levels of muscular strength and hypertrophy. These characteristics benefit the general population in performing daily tasks [31] and have broad implications for health and wellbeing, including evidence of a definite inverse link between muscular fitness and mortality[32]. Multiple sets of each exercise were used in the majority of studies that showed increased flexibility when just resistance training was performed. When three sets of each exercise were performed in a training session, untrained young women [33,34,35], middle-aged women [36] and elderly women [37]

all demonstrated increased flexibility. Adult men and women completing three sets [38] and four sets [39] of each exercise and adult males performing three sets [40,41,42] of each exercise in a training session both showed increased flexibility.

MATERIALS AND METHODS

In this study it was aimed to find out the effect of isolated and combined strength training, plyometric training, mobility training and their combination on leg strength and anxiety. To achieve the purpose, seventy five male students studying in various arts and science colleges in and around Villupuram District, Tamilnadu were selected as subjects at random. They were divided into five equal groups of fifteen each and further divided as four experimental groups and one control group, in which the group - I underwent strength training, group - II underwent plyometric training, group - III underwent mobility training, group – IV underwent the combination of strength, plyometric and mobility training for three days (alternative days) per week for twelve weeks, and group - V acted as control which did not participate in any special training apart from the regular sports activities.

The subjects those who are under medical treatment for various injuries were excluded from the present study after using a self-answered questionnaire. This study was approved by the doctors of Government Hospital, Villupuram in which it was performed and compiled with the ethical committee. All participants provided their written informed consent to participate in this study prior to enrollment. The physical and anthropometric characteristics in Table – 1.

Table – 1 MEAN VALUES OF GENERAL CHARACTERS OF THE PARTICIPANTS

	Experimental Group - I	Experimental Group – II	Experimental Group – III	Experimental Group - IV	Control Group (n=15)
Age (year)	21.3±0.3	21.5±0.5	21.4±0.6	20.8±0.7	20.9±0.3
Height (cm)	152.8±1.60	152.7±1.20	151.9±1.50	152.7±1.40	151.9±1.60
Weight (kg)	55.8 ±1.80	56.3±1.20	54.8±1.50	55.5±1.56	54.9±1.50
Systolic (mmHg)	123.26±10.20	123.45±9.40	124.30±10.5	124.30±10.5	122.15±9.3
Diastolic (mmHg)	81.8±1.60	82.50±1.50	81.3±1.90	81.3±1.90	82.20±2.05

For every training programme there would be a change in various structure and systems in human body. So, the researchers consulted with the experts and then selected the following variables as criterion variables: 1. Leg strength, and 2. Anxiety. The leg strength was assessed by BID – 2000

dynamometer, and anxiety was assessed by using Taylor’s Manifest Anxiety Scale.

ANALYSIS OF THE DATA

Analysis of covariance was used to determine the differences, if any, among the adjusted post test means on selected criterion variables separately.

Whenever the ‘F’ ratio for adjusted post test mean was found to be significant, the Scheffé S test was applied as post-hoc test. The level of significance

was fixed at .05 level of confidence to test the ‘F’ ratio obtained by analysis of covariance.

Table – 2 Analysis of Covariance and ‘F’ ratio for Leg strength and Anxiety of Isolated and Combined Strength training Group, Plyometric Training Group, Mobility Training Group, Combined Training Group and Control Group

	Strength Training Group	Plyometric Training Group	Mobility Training Group	Strength Plyometric and Mobility Training Group	Control Group	‘F’ ratio
Leg Strength						
Pre- test Mean ± S.D	78.00 ± 1.51	77.40 ± 1.69	77.33 ± 2.41	77.07 ± 1.58	78.20 ± 1.21	1.15
Post-test Mean± S.D	84.00 ± 1.69	83.60 ± 1.68	79.40 ± 2.59	83.27 ± 1.16	77.93 ± 1.39	36.92*
Adjusted Post-test Mean	83.650	83.775	79.633	83.734	77.408	149.8*
Anxiety						
Pre- test Mean ± S.D	22.07 ± 1.28	22.33 ± 1.11	22.20 ± 0.78	22.13 ± 0.74	22.27 ± 0.96	0.168
Post-test Mean± S.D	19.27 ± 1.34	19.40 ± 1.40	19.67 ± 1.18	19.27 ± 1.03	23.00 ± 1.00	27.28*
Adjusted Post-test Mean	19.394	19.273	19.667	19.33	22.936	68.80*

* Significant at 0.05 level of assurance. (The table value required for significance at 0.05 level of assurance with df 4 and 70 and 4 and 69 were 2.50 and 2.51 respectively).

Table – 2 show that pre and post test means ‘f’ ratio of strength training group, plyometric training group, mobility training group, combined training group and control group on leg strength shown 1.15, which was insignificant at 0.05 level of confidence. The post and adjusted post test mean ‘f’ ratio value of experimental groups and control group were 36.92 and 149.8 which was significant at 0.05 level of confidence. The pre test means ‘f’ ratio of strength training group, plyometric training group, mobility training

group, combined training group and control group on anxiety shown as 0.168, which is insignificant at 0.05 level of confidence. The post and adjusted post test mean ‘f’ ratio value of experimental groups and control group was 27.28 and 68.80, which was significant at 0.05 level of confidence. The overall study shows that there was a significant increase in leg strength and a significant decrease in anxiety. Further, to find out which of the paired mean significantly differ, the Scheffé S test was applied and presented below:

Table - 3

Scheffé S Test for the Difference Between the Adjusted Post-Test Mean of Back strength Muscular endurance and Cardio-respiratory endurance

Adjusted Post-test Mean on Leg Strength						
Strength Training Group	Plyometric Training Group	Mobility Training Group	Strength, Plyometric and Mobility Training Group	Control Group	Mean Difference	Confidence Interval at 0.05 level
83.650	83.775				0.125	1.073
83.650		79.633			4.017*	1.073
83.650			83.734		0.084	1.073
83.650				77.408	6.242*	1.073
	83.775	79.633			4.142*	1.073
	83.775		83.734		0.41	1.073
	83.775			77.408	6.367*	1.073
		79.633	83.734		4.101*	1.073
		79.633		77.408	2.225*	1.073
			83.734	77.408	6.326*	1.073

Adjusted Post-test Mean on Anxiety						
19.394	19.273				0.121	0.856
19.394		19.667			0.273	0.856
19.394			19.33		0.064	0.856
19.394				22.936	3.542*	0.856
	19.273	19.667			0.394	0.856
	19.273		19.33		0.057	0.856
	19.273			22.936	3.663*	0.856
		19.667	19.33		0.337	0.856
		19.667		22.936	3.269*	0.856
			19.33	22.936	3.606*	0.856

*Significant at 0.05 level of assurance.

Table – 3 shows that the Scheffé *S* Test for the difference between adjusted post-test mean of strength training group and mobility training group (4.017), strength training group and control group (6.242), plyometric training group and mobility training group (4.142), plyometric training group and control group (6.367), mobility training group and control group (2.225), combined training group and mobility training group (4.101) and combined training group and control group (6.326), which were significant at 0.05 level of confidence. But there was no significant difference between strength training group and plyometric training groups (0.125), strength training group and combined training group (0.084) and plyometric training group and combined training group (0.41) on back strength after the training programme.

Table – 3 also shows that the Scheffé *S* Test for the difference between adjusted post-test mean difference in anxiety between strength training group and the control group (3.542), the plyometric group and the control group (3.663), the mobility training group and the control group (3.269), and the combined training group and the control group (3.606). But there was no significant difference between strength training and the plyometric training (0.121), strength training and the mobility training (0.273), the strength training and the combined training (0.064), the plyometric training and the mobility training (0.394, mobility training and the plyometric training (0.057), and mobility training and combination training (0.337).

DISCUSSIONS

The maximum noticeable health benefits of strength training is improving the muscle size, strength, metabolic efficiency, body composition and bone density [43,44,45,46,47,48]. Moreover, it also increases the physiological, psychological and social health sphere and also positively

correlate to regular strength training of male [49,50,51,52]. Moreover, high levels of muscular strength and endurance are key stimulant of success in many sporting events [53,54]. The concept of specificity in training [55,56], the strength training increases the strength of the muscle and aerobic training enhances the cardiovascular endurance. The strength training and plyometric training are interact with one another [57] and it creates some less gain in muscular strength with strength training [58]. A meta-analysis study shown that plyometric training combined with strength training has improved a small amount of muscular strength, muscular hypertrophy and muscle power [59].

CONCLUSIONS

According to the study's findings, leg strength significantly improved across all training groups. The strength training and plyometric training groups, the strength training and combined training groups, and the plyometric training and combination training groups, however, did not differ significantly from one another. Leg strength significantly increased in the resistance training, plyometric training, and combined resistance and plyometric training groups, according to Shafeeq *et al.* (2013) [60] and Alexander and Raja (2020) [61]. Resistance training and plyometric training both increased leg strength, however Rahimi and Behpur (2005) [62] showed that combination training increased leg strength more than the other two training groups. After the plyometric, weight, and combination training periods, leg strength greatly improved, according to Jothi, Vinu, and Eleckuvan (2010) [63], however the combination training group notably differed from the other training groups. Arumugam (2016) [64] discovered that soccer players' leg and core strength have increased thanks to mobility training.

The result of the study revealed that there was a significant reduction in anxiety after the respected training programmes. But the study also revealed that the level of anxiety between the groups receiving the strength training and the mobility training, strength training and the plyometric training, the strength training and the combined training, the plyometric training and the mobility training, mobility training and the combined training, and plyometric training and combination training were not significant. Gordon, *et al.*, (2017)[65] found that there was a significant reduction after the resistance training. Saroja and Vijayalakshmi, (2020) [66] and Saro and Nageswaran, (2015)[67] also found that there was a significant decrease in anxiety after the plyometric training among women basketball players. Muthukumar and Sokkanathan (2014)[68] found that there was a significant decrease in anxiety after the plyometric and combination of plyometric and weight training among male football players.

REFERENCE

- [1] Boucher, C. and Malina, R.M. (1993). "Genetics of physical fitness and motor performance", *Exercise and sports sciences reviews*, 11, 3206.
- [2] Klafs, Carl E. and Arnheim, Daniel D. (1989). *Modern principles of athletic training*, St. Louis: The C.V. Mosby Publishers. p. 93.
- [3] Jack Halloran, Retrieved from <https://hrmpractice.com/definition-of-training/> on 28-07-2019.
- [4] Balyi, I., Way, R., and Higgs, C. (2013). *Long-term athlete development*. Champaign, IL: Human Kinetics.
- [5] Caspersen, C.J., Powell, K.E. and Christenson, G.M. (March – April 1985). "Physical activity, exercise, and physical fitness: definitions and distinctions for health-related research". *Public Health Rep*, 100:2, 126-131.
- [6] U.S. Department of Health and Human Services Centers for Disease Control and Prevention, "National Center for Chronic Disease Prevention And Health Promotion", *Physical Activity Guidelines Advisory Committee Report*. Atlanta: Centers for Disease Control and Prevention, 2008, p. 28.
- [7] Saunders, David H., Sanderson, Mark., Hayes, Sara., Kilrane, Maeve., Greig, Carolyn A., Brazzelli, Miriam. and Mead, Gillian E. (2016). "Physical fitness training for stroke patients". *Cochrane Systematic Review – Intervention*, 25:6, 89-97.
- [8] Lesinski, M., Prieske, O., and Granacher, U. (2016). "Effects and dose-response relationships of resistance training on physical performance in youth athletes: a systematic review and meta-analysis". *British Journal of Sports Medicine*, 50:13, 781–795.
- [9] Rhea, M. R., Alvar, B. A., Burkett, L. N., and Ball, S. D. (2003). "A meta-analysis to determine the dose response for strength development". *Medicine and Science in Sports and Exercise*, 35:3, 456–464.
- [10] Hurley, B.F. and Roth, S.M. (2000). "Strength training in the elderly: Effects on risk factors for age-related diseases". *Sports Med*. 30, 249–268.
- [11] Roth, S.M., Ferrell, R.F. and Hurley, B.F. (2000). "Strength training for the prevention and treatment of sarcopenia". *J Nutr Health Aging*. 4, 143–155.
- [12] Delmonico, M.J., Kostek, M.C., Doldo, N.A., Hand, B.D., Bailey, J.A., Rabon-Stith, K.M., Conway, J.M., Carignan, C.R., Lang, J. and Hurley, B.F. (2005). "Effects of moderate-velocity strength training on peak muscle power and movement velocity: do women respond differently than men?". *J Appl Physiol*. 99, 1712–1718.
- [13] Galvão, D.A. and Taaffe, D.R. (2005). "Resistance exercise dosage in older adults: Single- versus multiset effects on physical performance and body composition". *J Am Geriatr Soc*. 53, 2090–2097.
- [14] Holviala, J.H., Sallinen, J.M., Kraemer, W.J., Alen, M.J. and Häkkinen, K.K. (2006). Effects of strength training on muscle strength characteristics, functional capabilities, and balance in middle-aged and older women. *J Strength Cond Res*. 20, 336–344.
- [15] Hunter, G.R., Bryan, D.R., Wetzstein, C.J., Zuckerman, P.A. and Bamman, M.M. (2002). "Resistance training and intra-abdominal adipose tissue in older men and women". *Med Sci Sports Exerc*. 34, 1023–1028.
- [16] Miszko, T.A., Cress, M.E., Slade, J.M., Covey, C.J., Agrawal, S.K. and Doerr, C.E. (2003). "Effect of strength and power training on physical function in community-dwelling older adults". *J Gerontol A Biol Sci Med Sci*. 58, 171–175.
- [17] Henwood, T.R. and Taaffe, D.R. (2005). "Improved physical performance in older adults

undertaking a short-term programme of high-velocity resistance training". *Gerontology*. 51, 108–115.

[18] Holviala, J.H., Sallinen, J.M., Kraemer, W.J., Alen, M.J. and Häkkinen, K.K. (2006). Effects of strength training on muscle strength characteristics, functional capabilities, and balance in middle-aged and older women. *J Strength Cond Res*. 20, 336–344.

[19] Hruda, K.V., Hicks, A.L. and McCartney, N. (2003). "Training for muscle power in older adults: Effects on functional abilities". *Can J Appl Physiol*. 28, 178–189.

[20] Davies, G., Riemann, B.L. and Manske, R. (2015). "Current concepts of plyometric exercise". *Int J Sports Phys Ther*. 10(6), 760–86.

[21] Sammoud, S., Negra, Y., Chaabene, H., Bouguezzi, R., Moran, J., Granacher, U. (2019). "The effects of plyometric jump training on jumping and swimming performances in prepubertal male swimmers". *J Sports Sci Med*. 18(4):805–11.

[22] Oxfeldt, M., Overgaard, K., Hvid, L.G. and Dalgas, U. (2019). "Effects of plyometric training on jumping, sprint performance, and lower body muscle strength in healthy adults: a systematic review and meta-analyses". *Scand J Med Sci Sports*. 29(10),1453–65.

[23] Lum, D., Tan, F., Pang, J. and Barbosa, T.M. (2019). "Effects of intermittent sprint and plyometric training on endurance running performance". *J Sport Health Sci*. 8(5):471–7.

[24] de Villarreal, Saez-Saez, E., Requena, B. and Newton, R.U. (2010). "Does plyometric training improve strength performance? A meta-analysis". *J Sci Med Sport*, 13, 513–522.

[25] van de Hoef, P.A., Brauers, J.J., van Smeden, M., Backx, F.J.G. and Brink, M.S. (2019). "The Effects of Lower-Extremity Plyometric Training on Soccer-Specific Outcomes in Adult Male Soccer Players: A Systematic Review and Meta-Analysis". *Int J Sports Physiol Perform*.

[26] Schultz, Rachel. "How mobility training can prevent injuries and make you stronger". Available in <https://www.mensjournal.com/health-fitness/how-to-mobility-flexibility-strength-mens-fitness/>. Retrieved on 21-05-2022.

[27] Faigenbaum, A.D., Kraemer, W.J., Blimkie, C.J., Jeffreys, I., Micheli, L.J., and Nitka, M. (2009). "Youth resistance training: updated position statement paper from the national strength

and conditioning association". *J Strength Cond Res*. 235 Suppl: S60–79.

[28] Ryan, J.R., and Saliccioli, G.G. (1976). "Fractures of the distal radial epiphysis in adolescent weight lifters". *Am J Sports Med*. 4(1), 26–27.

[29] Vrijens J. (1978). *Muscle Strength Development in the Pre- and Post-Pubescent Age*. In: Hebbelinck, M., and Borms, J., editors. *Pediatric Work Physiology*: S. Karger, A.G., 152–158.

[30] Malina, R. (2010). *Physical activity and health of youth*. Constanta: Ovidius University Annals, Series Physical Education and Sport/Science, Movement and Health.

[31] Rantanen, T., Avlund, K., Suominen, H., Schroll, M., Frandin, K. and Pertti, E. (2002). "Muscle strength as a predictor of onset of ADL dependence in people aged 75 years". *Aging Clin Exp Res*, 14, 10–15.

[32] Fitzgerald, S.J., Barlow, C.E., Kampert, J.B., Morrow, J.R., Jackson, A.W. and Blair, S.N. (2004). "Muscular fitness and all-cause mortality: Prospective observations". *J Phys Act Health*, 1, 7–18.

[33] Kim, E., Dear, A., Ferguson, S.L., Seo, D. and Bembem, M.G. (2011). "Effects of 4 weeks of traditional resistance training vs. superslow strength training on early phase adaptations in strength, flexibility, and aerobic capacity in college-aged women". *J Strength Cond Res*. 25(11), 3006–3013.

[34] Santos, E., Rhea, M.R., Simão, R., Dias, I., de Salles, B.F., Novaes, J., Leite, T., Blair, J.C. and Bunker, D.J. (2010). "Influence of Moderately Intense Strength Training on Flexibility in Sedentary Young Women". *J Strength Cond Res*. 24(11), 3144–3149.

[35] Simão, R., Leite, T., Reis, V.M. (2011). "Influence of the number of sets at a strength training in the flexibility gains". *J Human Kinetics*. 29A, 47–52.

[36] Monteiro, W.D., Simão, R., Polito, M.D., Santana, C.A., Chaves, R.B., Bezerra, E. and Fleck, S.J. (2008). "Influence of strength training on adults women's flexibility". *J Strength Cond Res*. 22(3),672–677.

[37] Barbosa, A.R., Santarém, J.M., Filho, W.J. and Marucci, M.F. (2002). "Effects of resistance training on the sit-and-reach test in elderly women". *J Strength Cond Res*. 16(1), 14–18.

- [38] Nóbrega, A.C., Paula, K.C. and Carvalho, A.C. (2005). "Interaction between resistance training and flexibility training in healthy young adults". *J Strength Cond Res.* 19(4), 842–846.
- [39] Morton, S.K., Whitehead, J.R., Brinkert, R.H., Caine, D.J. (2011). "Resistance training vs. Static stretching: effects on flexibility and strength". *J Strength Cond Res.* 25(12), 3391–3398.
- [40] Cyrino, E.S., Oliveira, A.R., Leite, J.C., Porto, D.B., Dias, R.M.R., Segantin, A.Q., Mattanó, R.S. and Santos, V.A. (2004). "Comportamento da flexibilidade após 10 semanas de treinamento com pesos". *Rev Bras Med Esporte.* 10(4), 233–237.
- [41] Simão, R., Leite, T., Reis, V.M. (2011). "Influence of the number of sets at a strength training in the flexibility gains". *J Human Kinetics.* 29A, 47–52.
- [42] Thrash, K. and Kelly, B. (1987). "Research notes: Flexibility and Strength Training". *J Appl Sport Sci Res.* 1(4), 74–75.
- [43] Don BWM, Zaichkowsky LD, Tsutsumi T. Doctoral Dissertation. Boston University; 1996. The effects of strength training on cardiovascular reactivity to stress and psychological well-being in college age male.
- [44] Dworkin SL. "Holding back": Negotiating a glass ceiling on male's muscular strength. *Sociol Perspect.* 2001;44(3):333–350.
- [45] Fleck SJ, Mattie C, Martensen HC. Effect of resistance and aerobic training on regional body composition in previously recreationally trained middle-aged male. *Appl Physiol Nutr Metab.* 2006;31(3):261–270.
- [46] Hobson K. The stronger sex. *US News & World Report.* 2002;132(16):52–53.
- [47] Layne JE, Nelson ME. The effects of progressive resistance training on bone density: A review. *Med Sci Sport Exerc.* 1999;31(1):25–30.
- [48] Schmitz KH, Jensen MD, Kugler KC, Jeffery RW, Leon AS. Strength training for obesity prevention in midlife male. *Int J Obes.* 2003;27(3):326–333.
- [49] Craig ML, Liberti R. Cause that's what girls do: The making of a feminized gym. *Gend Soc.* 2007;21(5):676–699.
- [50] Dworkin SL. A woman's place is in the cardiovascular room?? Gender relations, the body, and the gym. In: Bolin A, Granskog J, editors. *Athletic Intruders.* Albany, NY: State University of New York Press; 2003. pp. 131–158.
- [51] Incledon L. Strength training for male. Champaign, IL: Human Kinetics; 2005.
- [52] Tsutsumi T, Don B, Zaichkowsky L, Delizonna L. Physical fitness and psychological benefits of strength training in community dwelling older adults. *Appl Human Sci.* 1997;16(6):257–266.
- [53] Baar, K. (2014). Using molecular biology to maximize concurrent training. *Sports Med.* 44, S117–S125. doi: 10.1007/s40279-014-0252-0
- [54] Bompa, T., and Buzzichelli, C. A. (2015). *Periodization Training for Sports.* Champaign, IL: Human Kinetics.
- [55] Häkkinen, K., Mero, A., and Kauhanen, H. (1989). Specificity of plyometric, sprint and strength training on physical performance capacity in young athletes. *J Sports Med. Phys. Fitness.* 29, 27–35.
- [56] Behm, D. G. (1995). Neuromuscular implications and applications of resistance training. *J. Strength Cond. Res.* 9, 264–274.
- [57] Docherty, D., and Sporer, B. (2000). A proposed model for examining the interference phenomenon between concurrent aerobic and strength training. *Sports Med.* 30, 385–394. doi: 10.2165/00007256-200030060-00001
- [58] Hickson, R. C. (1980). Interference of strength development by simultaneously training for strength and endurance. *Eur. J. Appl. Physiol. Occup. Physiol.* 45, 255–263. doi: 10.1007/BF00421333
- [59] Wilson, J. M., Marin, P. J., Rhea, M. R., Wilson, S. M., Loenneke, J. P., and Anderson, J. C. (2012). Concurrent training: a meta-analysis examining interference of aerobic and resistance exercises. *J. Strength Cond. Res.* 26, 2293–2307. doi: 10.1519/JSC.0b013e31823a3e2d
- [60] Shafeeq, V.A., Dhinu, M.R., Jackson, P. and Shine Singh, J.P. (2013) "Impact of Isolated and Combined Resistance Training and Plyometric Training on Strength and Power Outputs. *Brazilian Journal of Biomotricity.* 7:2, p. 117-127.
- [61] Alexander M. and Raja, S. Chidambara, (2020). "Effect of Isolated and Combined Weight and Plyometric Training and Detraining on Leg Strength. *International Journal of Recent Research and Applied Studies,* 7, 11(3), 12-18.
- [62] Rahimi, Rahman and Behpur, Naser. (2005). "The Effect of Plyometric, Weight and Plyometric -Weight Training on Aerobic Power and Muscular Strength", *Facta Universitatis : Series – Physical Education and Sport,* 3:1, 81-91.
- [63] Jothi, Vinu and Muthu Eleckuvan, "Effect of Concurrent Strength and Plyometric Training on

Selected Biomotor Abilities”, *Recent Research in Science and Technology*, 2:5, (2010), 124-126.

[64] Alexander M. and Raja, S. Chidambara, (2020). “Effect of Isolated and Combined Weight and Plyometric Training and Detraining on Leg Strength. *International Journal of Recent Research and Applied Studies*, 7, 11(3), 12-18.

[65] Gordon, Brett, R., McDowell, Cilian P., Lyons, Mark., and Herring, Mathew, P. (December 2017). “The Effects of Resistance Exercise Training on Anxiety: A Meta-Analysis and Meta-Regression Analysis of Randomized Controlled Trials”. *Sports Medicine*, 47:12, 2521-2532.

[66] Saroja, S., and Vijayalakshmi, C. (2020). “Effect of Plyometric training on Selected Psychological Variables among Women Basketball Players”. *International Journal of Recent Research and Applied Studies*, 8:6, 334-338.

[67] Saro, Raja, V., and Nageswaran, A.S. (November 2015). “Impact of Core and Plyometric training on Anxiety among Women Basketball Players”. *International Journal of Recent Research and Applied Studies*, 2:11(21), 90-92.

[68] Muthukumar, A., and Sokkanathan, G. (November 2014). “Effect of Plyometric Training and Combination of Weight and Plyometric Training on Selected Psychological Variables of College Male Football Players”. *International Journal of Scientific Research*, 3:11, 450-452.