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A COMPARISON OF CABLE TENSIO-METER STRENGTH,  
1-RM, AND 10-RM VALUES OBTAINED IN KNEE EXTENSION

Thesis for the Degree of M. A.  
MICHIGAN STATE UNIVERSITY  
Donald Bertram Richards  
1955

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A COMPARISON OF CABLE TENSIONMETER STRENGTH, 1-RM, AND 10-RM  
VALUES, OBTAINED IN KNEE EXTENSION

By

DONALD BERTRAM RICHARDS

AN ABSTRACT OF A THESIS

Submitted to the College of Education of Michigan  
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## ABSTRACT

### Title.

A Comparison of Cable Tensiometer Strength, 1-RM, and 10-RM Values, Obtained in Knee Extension:

### Statement of the Problem.

The problem consists of the following two phases: 1) to determine the relationship between cable tensiometer strength and the 1-RM value; and 2) to determine the percentage of the tensiometer poundage which most nearly corresponds to the 10-RM value.

### Methodology.

Two hundred men of the Michigan State University Required Physical Education population were randomly selected, and 187 of this group participated in the experiments. These men were randomly assigned to four levels of all-out performance to determine the value of the 10-RM from tensiometer poundage. The men were contacted in their class and immediately performed the experiments after an explanation of the purpose and procedure involved. The tests administered, in order, were: the tensiometer test; the 1-RM test; and the percentage level all-out repetitions.

### Conclusions.

1. The relationship between cable tensiometer strength and the 1-RM capacity as measured in this study is relatively low ( $r = .6793$ ). The correlation, though significant, is poorer than was anticipated. Apparently being affected either by the unreliability of the 1-RM test or because there may be a poor relationship between static and dynamic strength.

2. The 10-RM value lies between the mean of the 30 per cent level (14.9) and the 40 per cent level (7.9). By interpolation, the 10-RM value was determined to be 37 per cent of the cable tensiometer poundage.

3. The mean of the 1-RM data was found to be 46 per cent of the mean of the cable tensiometer data. These results are contrary to some of the earlier findings.

4. A table for use in the selection of 1-RM and 10-RM treatment levels has been presented.

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Donald B. Richards  
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## CHAPTER I

### INTRODUCTION

During the past decade or two there has been considerable apathy in the field of physical education, rehabilitation, and among medical persons concerning the practice of weight lifting. During World War II, T. L. DeLorme and others<sup>1</sup> initiated the practice of progressive resistance exercises<sup>2</sup> with excellent results. Progressive resistance exercises are weight lifting exercises utilizing the available range of motion of a limb or joint with regular increases in the amount of weight proportional to the strength increase of the particular muscle group in an attempt to regain the normal, or higher, functional strength of that muscle group.

The 1-RM and the 10-RM<sup>3</sup> are the values set by DeLorme and his associates for the administration of the progressive resistance exercise program. It is reasonably

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<sup>1</sup>T. L. DeLorme and A. L. Watkins, Progressive Resistance Exercises: Technic and Medical Application. New York: Appleton-Century-Crofts, Inc., 1951, pp. 1-5.

<sup>2</sup>Originally termed "heavy resistance exercises" but later changed to progressive resistance exercises to be more descriptive of the actual practice.

<sup>3</sup>For definitions of 1-RM and 10-RM see page 2.

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difficult and time consuming, however, to determine these values without some guide as to the strength of the muscle group before applying the weight.

#### Statement of the Problem.

The problem consists of the following two phases:  
1) to determine the relationship between cable tensiometer strength and the 1-RM value; and 2) to determine the percentage of the tensiometer poundage which most nearly corresponds to the 10-RM value.

#### Definition of Terms.

Tensiometer.<sup>4</sup> A gauge for measuring cable tension in which the cable passes over two sectors and, when tension is applied, offsets a third sector (riser) which connects mechanically to the face of the device to permit recording in dial units which are convertible to pounds. (See Figure 2)

Ten Repetition Maximum (10-RM). "The term referring to the greatest weight that can be correctly carried through the available range of motion for 10 repetitions."<sup>5</sup>

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<sup>4</sup>Manufactured by the Pacific Scientific Company, Inc., 1430 Grande Vista Avenue, Los Angeles, California.

<sup>5</sup>T. L. DeLorme, F. E. West, and W. J. Shriber, "Influence of Progressive Resistance Exercises on Knee Function Following Femoral Fractures," Journal of Bone and Joint Surgery. Vol. 32-A, No. 4, 1950, p. 911.



One Repetition Maximum (1-RM). "The term referring to one repetition instead of ten. It represents the maximum volitional effort."<sup>6,7</sup>

Progressive Resistance Exercises. Originally known as "heavy resistance exercises," this is the administration of resistance to movement by use of weights proportional in amount to the strength of the muscle group being exercised. The 1-RM and the 10-RM are values arbitrarily set for the administration of these exercises.

Percentage Level. Refers to the phase of the study in which the subjects for all-out repetitive lifting were assigned selected weight loads. The loads were assigned by taking selected percentages of the quadriceps extension strength measure as determined by the cable tensiometer. The percentage levels utilized were 30, 40, 50, and 60 per cent. The subjects fully extended their assigned amount of weight the maximum number of repetitions possible (all-out). This was done in an attempt to determine which percentage level most nearly corresponds to the ten repetition level.

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<sup>6</sup>Ibid.

<sup>7</sup>There is a question, of course, as to whether the measure is actually the maximum effort possible.

### Need For This Study.

The progressive resistance exercise values of 10-RM and 1-RM are empirically derived treatment levels utilized by DeLorme and a host of subsequent workers. Methods of determining these values involve as much as 20 to 30 repetitions through the full range of motion for injured knees at least once each week. This method yields somewhat inaccurate results due to the fatigue resulting from the successive extensions. A simpler and less fatiguing method of arriving at these values would be beneficial both to the patient and the therapist.

With the completion of this study it is hoped that the simply administered tensiometer test might be given and with one maximum contraction the poundage might be determined for the 1-RM and the 10-RM values in the treatment phase.

### Limitations of the Study.

1. The test administrator observed in some of the subjects a negative response towards lifting what seemed to be a large amount of weight. It is believed, therefore, that it is possible some of the subjects did not exert as much effort as they were capable of exerting. The subjects, however, in each case seemed to be working all-out.

2. The battery of tests was given with the cable tensiometer test first; the 1-RM value determined immediately afterward; the 10-RM percentage level values immediately following the 1-RM test. The effects upon the accuracy of these values because of the successive pattern of administration is not known and the data are limited by this pattern.

3. In the calculation of the percentage levels from the cable tension strength, the poundage was rounded off to the nearest five pounds, i.e. 76 pounds would be rounded off to 75 pounds and 78 pounds to 80 pounds.

## CHAPTER II

### REVIEW OF LITERATURE

Progressive resistance exercises are of recent origin, having been started during World War II. The original term of heavy resistance exercise was changed to the term presently used. The original term was inaccurate in describing the technique because of the existing apathy toward weight lifting in general, and the term had the connotation generally associating it with building the largely muscled body.<sup>1</sup>

For the benefits which have been derived from this system of exercises, there seems to have been relatively little research performed to refine the technique. There is ample evidence, however, for the value of this program as the next section indicates.

The main purpose of progressive resistance exercise is for the development of strength, and the technique is based on the physiological "overload principle" utilized by weight lifters.<sup>2</sup> From his observation of weight lifters

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<sup>1</sup>T. L. DeLorme and A. L. Watkins, Progressive Resistance Exercise; Technic and Medical Application. New York: Appleton-Century-Crofts, Inc., 1951, p. 21.

<sup>2</sup>Ibid., pp. 10-11.

exercises DeLorme set the maximum repetitions per exercise bout at ten, thus originating the ten repetition maximum (10-RM). From this he arrived at the one repetition maximum or the 1-RM. This he recommends as an index of strength to be determined "once a week"<sup>3</sup> and recorded.

#### Value of Progressive Resistance Exercises.

DeLorme<sup>4</sup> lists four outcomes for therapeutic exercise: power, endurance, speed and coordination. He emphasizes that progressive resistance exercises are basically for the development of power and strength as it is necessary to have a certain degree of strength before any of the others can be efficiently developed.

Studies have been made to determine the usefulness of progressive resistance exercises in various orthopedic conditions. Such a study was completed by DeLorme, Schwab, and Watkins<sup>5</sup> on the quadriceps muscles of poliomyelitic patients. Nineteen subjects were used with sixteen of the subjects being tested bilaterally. Three methods of administering the exercises were necessary due to the

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<sup>3</sup>T. L. DeLorme, "Heavy Resistance Exercises," Archives of Physical Medicine. Vol. 27, 1946, p. 612.

<sup>4</sup>Ibid., pp. 607-608.

<sup>5</sup>T. L. DeLorme, R. S. Schwab, and A. L. Watkins, "Response of Quadriceps Femoris to Progressive Resistance Exercises in Poliomyelitic Patients," Journal of Bone and Joint Surgery. Vol. 30, (October, 1948), p. 834.

condition of the muscles. These were: 1) the regular technique in sitting position; 2) the gravity assisting technique with the patient in a prone position; and 3) the hip-knee extension method in the sitting position.

Muscle strength was determined by the use of spring scales and the Lovett muscle grading method. After one to four months, of the 27 muscles involved, 17 were graded higher and ten were rated higher within their grade, i.e. normal, good, fair, poor, trace, zero, etc.

As a result the authors<sup>6</sup> stated:

"The qualitative and quantitative evidence presented supports the hypothesis that, following acute anterior poliomyelitis, the remaining innervated muscles respond to progressive resistance exercises by an increase in strength and work capacity in much the same manner as normal muscles."

Gallagher and DeLorme<sup>7</sup> studied the effect of progressive resistance exercise on adolescent boys. Twenty-five boys with various injuries of the knee and nine boys with low back strains were studied. Exercise for the knees consisted of knee extension exercises with boot and weight and hip and knee flexion-extension exercises. Exercise for the lower back strains was the trunk extensor exercise

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<sup>6</sup>Ibid., p. 846.

<sup>7</sup>J. R. Gallagher and T. L. DeLorme, "The Use of the Technique of Progressive Resistance Exercise in Adolescence," Journal of Bone and Joint Surgery. Vol. 31-A, No. 4, (October, 1949), pp. 847-858.



with weights strapped to the back. The boys with knee injuries ranged from 5 to 60 exercise periods and all increased significantly the strength of their legs. The majority doubled the strength of their legs while some tripled their strength. These boys exercised four days a week with the 1-RM being determined at the beginning of each week.

The exercise periods for the boys with lower back strains ranged from 10 to 48 and all of the boys increased their strength, some doubling and some tripling, or better, the original strength.

Retests of both conditions at varying periods ranging from two to twelve months revealed very little loss of strength in a couple of boys, and the rest maintained or had increased their final test strength.

#### Ten Repetition Maximum (10-RM).

This treatment level was set by DeLorme.<sup>8</sup> The number of repetitions was empirically derived, based on the practice of weight lifters. The original set of repetitions recommended was 70 to 100, but this number was lowered to 20 to 30 for exercise with heavier loads.<sup>9</sup> This 20 to 30 repetition set is arranged in three bouts of ten repetitions

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<sup>8</sup>T. L. DeLorme and A. L. Watkins, Progressive Resistance Exercise: Technic and Medical Application. New York: Appleton-Century-Crofts, Inc., 1951, p. 7.

<sup>9</sup>Ibid., p. 24.

each: the first bout using one-half of the 10-RM load; the second using three-quarters of the 10-RM load; and the third using the full 10-RM load.

The 10-RM load value is determined once each week and the technique for the initial determination is as follows:<sup>10</sup>

"Starting with the weight of the boot (5 pounds) and increasing by small amounts (1 1/4 to 5 pounds) the patient lifts each weight in ten repetitions. That weight which requires maximum exertion to perform ten repetitions is thus determined."

This value is determined once each week and that amount of weight is used for the week following. The initial weight used in determining the new 10-RM value is the weight exercised for the past week.

A modification of this method was made by Zinovieff<sup>11</sup> and is titled the "Oxford Technique". This modification was made after the author attempted to use DeLorme's original (70-100 repetitions) technique (10-RM) with the result that the patients could not complete the exercise due to fatigue of the quadriceps muscles. This modification of the DeLorme technique emphasizes a reduction instead of an increase in the amount of weight per set of ten repetition bouts and maintains the 100 total repetition

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<sup>10</sup>T. L. DeLorme, "Heavy Resistance Exercises," Archives of Physical Medicine. Vol. 27, 1946, p. 611.

<sup>11</sup>A. N. Zinovieff, "Heavy Resistance Exercises: The 'Oxford Technique'," British Journal of Physical Medicine. Vol. 14, 1951, pp. 129-132.

per set. This change varies, however, in that the patient tries to increase his 10-RM each day by one pound or works on successive days to increase to the one pound extra until it is achieved. Another variation is that during the repetitions, the foot is rested for a second or two between each lift with the weight supported on an adjustable weight support.

Zinovieff tested this modification on 55 out-patient cases with quadriceps weakness. The test resulted in an average girth increase of three-eighths inch every two and one-half weeks. The 10-RM increased on an average of seven pounds every five days, and the absolute strength measured by an iceman's spring scale increased on an average of ten pounds each week.

The advantages claimed by Zinovieff are that the Oxford technique gives less strain on the patients knee and provides a satisfactory increase in size and strength with less difficulty.

#### One Repetition Maximum (1-RM).

DeLorme<sup>12</sup> also originated the 1-RM test value which is the amount of weight which can be carried through the

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<sup>12</sup>T. L. DeLorme and A. L. Watkins, Progressive Resistance Exercises: Technic and Medical Application. New York: Appleton-Century-Crofts, Inc., 1951, p. 127.

available range of motion, once and once only. DeLorme explains the function and the determination of this value in the following:<sup>13</sup>

"As previously stated, once a week the patient exerts his maximum quadriceps power (maximum weight that can be lifted with one repetition the knee going into complete extension). This one repetition maximum (1-R.M.) is determined on the same day as the 10 R.M., in the following manner: When the 10-R.M. has been determined, the increases in weight are continued. With each increase beyond the 10-R.M., fewer repetitions can be done, until finally that weight which can be extended only for one repetition with maximum exertion is reached. This is recorded weekly as the index of quadriceps power."

Zinovieff, in using the S.S.L. (single spring lift), gained by use of a spring ice scale, instead of determining the 1-R.M., stated: "This figure is more easily and quickly arrived at than is DeLorme's 1-R.M. Furthermore it does not have the disadvantage of fatiguing the quadriceps during assessment, which makes the 1-R.M. an unreliable measure."<sup>14</sup>

#### Cable Tensiometer Testing.

The cable tensiometer as a device for objectively recording muscle strength was first originated during

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<sup>13</sup>T. L. DeLorme, "Heavy Resistance Exercise," Archives of Physical Medicine. Vol. 27, 1946, p. 612.

<sup>14</sup>A. N. Zinovieff, "Heavy Resistance Exercises: 'Oxford Technique'," British Journal of Physical Medicine. Vol. 14, 1951, p. 130.

World War II by Clarke and Peterson.<sup>15</sup> Eventually, Clarke constructed 38 objective muscle tests involving movements of the finger, thumb, wrist, forearm, elbow, shoulder, neck, trunk, hip, knee, and ankle joints. Research for these tests was conducted in the Physical Education Laboratory at Springfield College, Springfield, Mass.<sup>16</sup>

"This instrument was originally used to measure the tension of aircraft control cable. Cable tension is determined by measuring the force needed to create offset (on riser) in the cable between two set points (the sectors). This tension may be converted directly into pounds on a calibration chart."

Clarke<sup>17</sup> compared the effectiveness of four muscle strength recording instruments, the cable tensiometer, the Wakim-Porter strain gauge, the spring scale, and the Newman myometer.<sup>18</sup>

"As reflected by objectivity coefficients, the cable tensiometer had the greatest precision for strength testing. It was the most stable and generally useful of the instruments; and was free of most of the faults of the other devices. The strain gauge had a satisfactory degree of precision; but was extremely sensitive to slight tensions, including changes in room temperature. Both the spring scale and the Newman myometer had deficiencies which limited their usefulness.

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<sup>15</sup>H. H. Clarke, Cable-Tension Strength Tests. Chicopee, Mass., 1953.

<sup>16</sup>Ibid., p. 2.

<sup>17</sup>H. H. Clarke, "Comparison of Instruments for Recording Muscle Strength," Research Quarterly. Vol. 25, 1954, pp. 398-411.

<sup>18</sup>Ibid., p. 398.

Wakim and others compared the strain gauge and the tensiometer:<sup>19</sup>

"Simultaneous readings were taken with the two instruments at angles of pull of 90, 100, 110, and 120 degrees (200 observations on 20 young women). The average power recorded with the strain gauge was 61.1 pounds, whereas with the tensiometer it was 57.0 pounds. The average difference in readings between the two instruments was 4.1 pounds, with the strain gauge giving higher results in 183 observations, the tensiometer giving higher readings in 10, and the two giving identical recordings in 7. Since the two instruments gave identical readings under static conditions, it seemed as if the lower results with the tensiometer were due to friction within the instrument."

Clarke and others<sup>20</sup> revised their original form of administering the cable tensiometer test for quadriceps strength with a higher objectivity derived from the new method. In this method the position is the same as in the original test except that the hands are placed on the sides of the table and to the rear with the subject leaning backward instead of the subject crossing his arms on his chest as in the original test. The reason for this change is stated by Clarke:<sup>21</sup>

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<sup>19</sup>K. G. Wakim, J. W. Gersten, E. C. Elkins, and G. M. Martin, "Objective Recording of Muscle Strength," Archives of Physical Medicine. Vol. 31, (February, 1950), p. 95.

<sup>20</sup>H. H. Clarke, E. C. Elkins, G. M. Martin, and K. G. Wakim, "Relationship Between Body Position and the Application of Muscle Power to Movements of the Joints," Archives of Physical Medicine. Vol. 31, (February, 1950).



"In the original testing position, the quadriceps muscles are in a shortened position, and the hamstring muscles offer countertension. In the revised position, the quadriceps muscles are more nearly at their full length and the tension of the hamstring muscles is not so great."

#### Related Studies.

Klein and Johnson<sup>22</sup> conducted an experiment with six patients with the original purpose of gaining information on the effect of unilateral exercise which later developed into a method of determining the value of the 10-RM in relation to the tensiometer test. These six subjects were exercised according to the "Oxford technique" of maximum lift first bout of ten repetitions and then reducing the weight during successive bouts. The subjects consisted of three post-menesectomies and three muscle atrophy cases resulting from athletic injuries.

The 1-RM values were determined with two of the patients, and ten pounds were dropped of for the 10-RM exercise. The patients were capable of doing over the 10-RM limit with this weight. The second day five pounds were dropped off of the 1-RM value, and during the three weeks following the "ten R.M. capacity was established by reducing the maximum single by five pounds." All of the other patients were

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<sup>22</sup>K. K. Klein and E. Johnson, "Research: A Method of Determining the Maximum Load, for Ten Repetitions, in Progressive Resistance Exercises for Quadriceps Development," The Journal of the Association for Physical and Mental Rehabilitation. Vol. 7, No. 4 (July-August, 1953), pp. 130-131.

tested on this method and it was found to work for them. The tensiometer readings were established as equaling about three times the 1-RM values.

Hettinger and Muller<sup>23</sup> report a new method of developing muscle strength. They give evidence that exerting two-thirds of maximum force for a period of six seconds per day will increase the strength of a muscle 5 per cent per week until it reaches its maximum hereditary strength.

McCloy<sup>24</sup> indicates, however, that the benefits of exercise should be considered into the administration of this new method of strength development. Strength is not the only value gained by exercise although it is important to exercise. He suggests that this technique be tried along with exercise through full range of motion to get better results.

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<sup>23</sup>Th. Hettinger and A. E. Muller, "Muskelleistung und Muskeltraining," Arbeitsphysiologie. Vol. 15, No. 2 (October, 1953), pp. 116-126.

<sup>24</sup>C. H. McCloy, "Something New Has Been Added," The Journal of the Association for Physical and Mental Rehabilitation. Vol. 9, No. 1 (January-February, 1955), pp. 3-4.

## CHAPTER III

### METHODOLOGY

#### Introduction.

This study was undertaken in an attempt to establish the cable tensiometer test as a simply administered means of determining the 1-RM and the 10-RM treatment levels. Two hundred subjects were selected randomly from the Michigan State University required male physical education population. All of the participating subjects were measured for knee extension strength of their strongest leg using the cable tensiometer and then subsequently tested on the 1-RM and the percentage level all-out repetition tests. The data obtained on these subjects were then correlated and tabled. The procedures involved are described in detail in this chapter.

#### Selection of Subjects.

Two hundred men were selected as a representative sample of the Michigan State University Physical Education Instructional Program (required) population. These men were chosen randomly from 2,342 by use of numbered class lists and a table of random numbers.<sup>1</sup> Eighty two of the

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<sup>1</sup>M. G. Kendall and B. B. Smith, Tables of Random Sampling Numbers, London: Cambridge University Press, 1939.

one hundred and eighty-seven men of the two hundred randomly chosen participated in the experiments. Thirteen men did not wish to participate, and no attempt was made to substitute for these thirteen men.

The total sample was numbered consecutively from 1 to 200. This number was used to place them into one of the four percentage level categories by the following method: Each number was divided by four and the remainder of the division used for category placement. Remainders of 0, 1, 2, or 3 were placed in the 30%, 40%, 50%, or 60% level groups respectively.

#### Tests Utilized.

The cable tensiometer test was administered as described by Clarke<sup>2</sup> with a change made in the table to facilitate the reading of the tensiometer<sup>3</sup> (see Figures 1 and 2). This change was accomplished by placing a moveable pulley at the rear of the table and fixing the cable just above seat level at the back of the table. The pulley was

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<sup>2</sup>H. H. Clarke, Cable-Tension Strength Tests. Chicopee, Mass.: Brown-Murphy Co., 1953, p. 29.

<sup>3</sup>Bryant W. Pocock, research engineer at Michigan State University was consulted regarding the change. He stated that the cable tension would be the same at the measurement point in this table as in a direct hook-up like Clarke's, neglecting the slight friction of a single pulley.

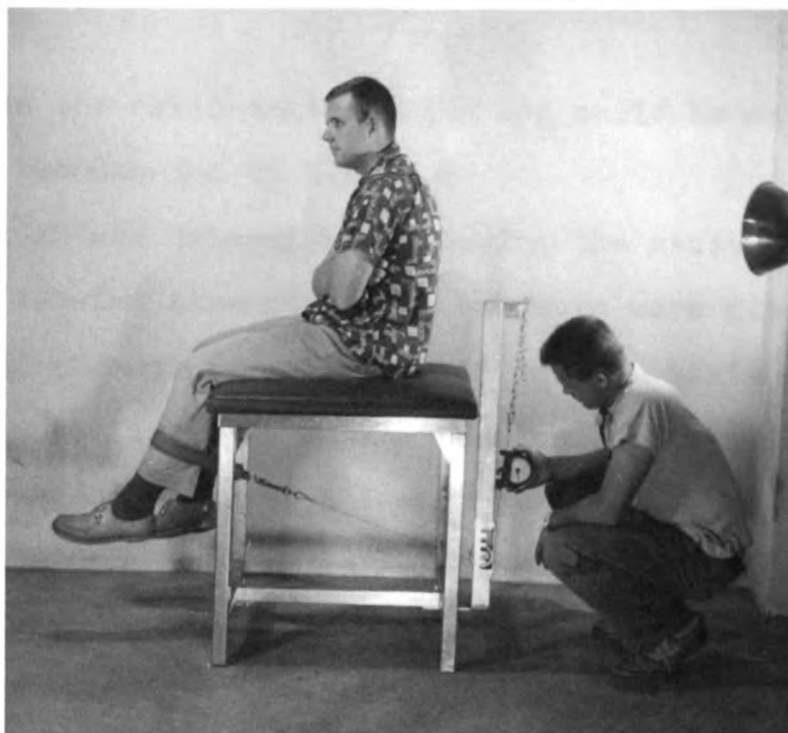


Figure 1. Table and equipment as used in tensiometer test.

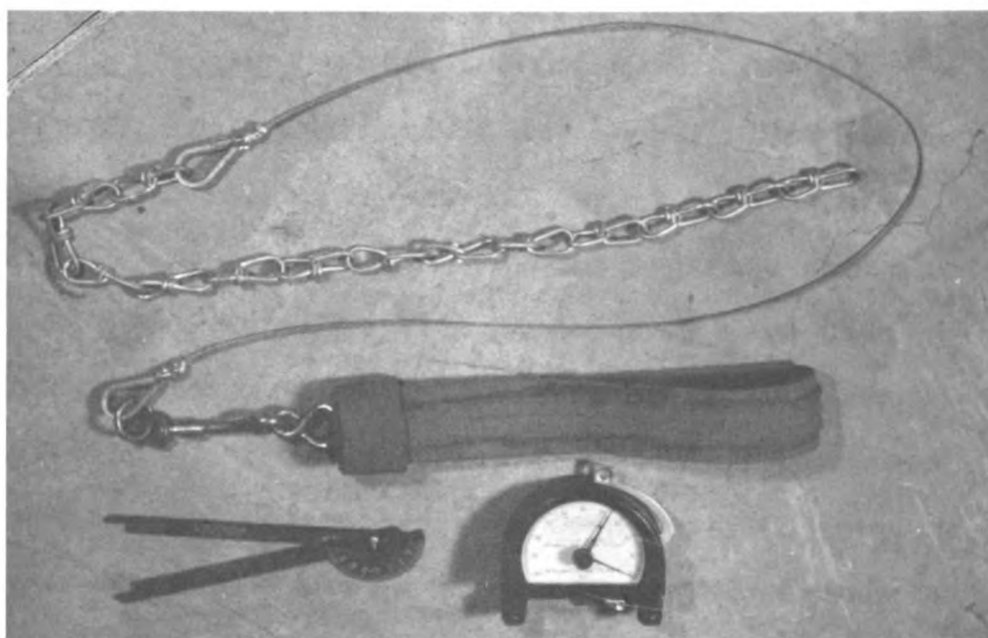


Figure 2. Equipment utilized in administering the tensiometer test. Top: Chain, cable, and strap apparatus. Right: Tensiometer. Left: Goniometer for setting joint angles.

moveable so the cable angle at the leg could be maintained at 90° as recommended by Clarke.<sup>4</sup>

The 1-RM was determined following the measurement of the cable tension strength. The subjects were given various weights, and through several repetitions the maximum weight which could be lifted to full extension once was determined.

The percentage level all-out repetition test followed and concluded the tests. In this test the subjects exercised with the assigned percentage levels of the tensiometer poundage. Repetitions were continued until fatigue made full extension impossible.

#### Techniques in Collection.

Subject Contact. When the men were selected, the information, including name, class sport, class section, instructor's name, and hours and days the class was scheduled to meet, was recorded on a separate card for each man. (see Appendix A). These cards were then arranged according to class and section and the men were contacted in their class just prior to performing the experiment. The instructors had been notified approximately one week in advance and arrangements made to excuse the men for the testing period. The purpose of the experiment and the procedures were explained to the subjects who then

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<sup>4</sup>H. H. Clarke, Op. Cit., p. 7.

participated in the experiment one at a time. The subjects were very cooperative and demonstrated interest in the experiment. Thirteen of the men were unable to participate for various reasons. No attempt was made to replace them.

Administering the Tests. The tests<sup>1</sup> were given as they are arranged on the card (see Appendix A). The men were tested one at a time for the complete test.

Height and weight measurements are not accurate in all cases as the subjects were dressed in various clothing at the time of their contact and the men usually had classes to meet during the next scheduled class hour. Requiring clothing change would have hindered them in meeting with their classes on time. Therefore, height and weight are merely indications of the true measurements.

Tensiometer test: The men were requested to sit on the table facing the proper direction with their hands placed at the back of the table<sup>5</sup> and the back of the knee

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<sup>5</sup>H. H. Clarke, E. C. Elkins, G. M. Martin, and K. G. Wakim, "Relationship Between Body Position and the Application of Muscle Power to Movements of the Joints," Archives of Physical Medicine. Vol. 31 (February, 1950), pp. 81-89. (This is a revision of the original method of performing this test. In the original test the subject crossed his arms over his chest. When the subject was allowed to do this, his upper body position changed, possibly affecting the reading as he either leaned forward or backward when pulling against the cable. The following is an explanation for the revision of this new test position: "The position is the same as for the original test except that the subject is sitting and leaning backward with the arms extended to the rear and the hands grasping the sides of the table . . . In the original testing position the quadriceps muscles are in a shortened position, and the hamstring muscles offer counter tension. In the revised position, the quadriceps muscles are more nearly at their full length and the tension of the hamstring muscles is not so great." p. 85.





against the front edge of the table. Clarke's method of testing knee extension was then conducted with the revision of the hands at the back of the table rather than on the side to prevent flexion of the arms.<sup>6,7</sup>

Two readings were taken successively and recorded. The mean score of the two readings was used except in variations of more than four places on the dial on the face of the tensiometer. If the readings were more than four places apart, the highest recorded number was used as the indication for poundage pulled.

1-RM test: This test was administered directly after the tensiometer test with no rest except for the change from the tensiometer strap to the boot and weights for determination of the 1-RM.

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<sup>6</sup>The writer found that with the hands at the side of the table, some subjects were inclined to bend their elbows upon extension of the leg. Therefore, the subjects were required to place their hands on the back edge of the table and to keep their elbows straight. The small table top made this applicable. With the hands at the back of the table it was more difficult to bend the elbows, and a more consistent position and recording is obtained since the subjects concentrate on the leg extension instead of gaining advantage by leaning backward. Body position was changed slightly, if at all, because the size of the table top was small and the back edge of the table was close to the subjects sitting position.

<sup>7</sup>H. H. Clarke, Cable-Tension Strength Tests. Chicopee, Mass.: Brown-Murphy Co., 1953, p. 29.



The 1-RM poundage was determined by the addition or subtraction of weight with each extension of the leg until the amount of weight was too much to be lifted to full extension once. The subjects were not told how much they were lifting until the experiment was completed. The subjects hands were placed at the back of the table as in the tensiometer test. The same table was used in all three tests.

A riser was placed under the knee at the front edge of the table as recommended by DeLorme and Watkins.<sup>8</sup> When the subject was in the correct position for knee extension with weights applied to the boot, he was instructed to lift the boot as high as possible without swinging the weight or kicking it up and to keep his arms straight while doing this.

The weight of the boot was not figured into the poundage lifted as the same boot, bar, and clamps were used throughout the testing. The smallest weight used was five pounds. Smaller denominations of two and one-half pounds would be necessary in using the 1-RM in treatment but is not necessarily needed in determining raw weights on normal knees. The 1-RM determined in this manner is not precisely

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<sup>8</sup>T. L. DeLorme and A. L. Watkins, Progressive Resistance Exercises: Technic and Medical Application. New York: Appleton-Century-Crofts, Inc., 1951, p. 92.

accurate anyway, since the number of extensions required varies with each person and the degree of fatigue would be different according to the number of extensions performed.

The men were not given any more rest than was obtainable during the changing of the weight. While the weights were being changed, the subject was in a half-sit and half-stand position at the front of the table. The weight of the boot was lifted and held by the administrator of the tests until the subjects were ready for extension so as not to tire the muscles more than necessary.

10-RM test: This test was broken down into the four percentage levels and followed the administration of the 1-RM test. The poundage for the percentage level was arrived at with the use of the table in Appendix B. The subjects were instructed to lift the weight on the boot at a slow rate of repetition allowing a pause before each extension to avoid advantage gained by swinging the weight and also to get full extension each time. The same leg was used throughout the three tests. The position of the subject for the 10-RM test was the same as for the 1-RM test. The number of pounds lifted and the number of repetitions performed were recorded in their proper places on the individuals card immediately after each test.

Before administering any of the three tests, the subjects were questioned as to whether they had ever injured either leg and were assured that there was no danger in the performance of these tests. The stronger leg according to the opinion of the subject, or the better leg which was not injured was used for the three tests.

#### Methods of Statistical Analysis.

The coefficient of Correlation was determined for the tensiometer and the 1-RM data. The mean, standard deviation and standard error of the mean of the two tests were also computed for these data.

The means, standard deviations, and standard error of the means was calculated for the four percentage levels of the 10-RM in an attempt to determine which percentage or two percentages most nearly corresponded to the actual 10-RM value.

The cable tensiometer and 1-RM data and the corresponding 10-RM percentage level data (interpolated) were then tabled in McCall<sup>9</sup> T-Score Tables utilizing the 6 sigma range.

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<sup>9</sup>J. F. Boward, F. W. Cozens, E. P. Hagman, Tests and Measurements in Physical Education. (Third edition; Philadelphia and London: W. B. Saunders Company, 1950), p. 317.

## CHAPTER IV

### ANALYSIS AND PRESENTATION OF DATA

In an attempt to determine the relationship between cable tension strength tests and the one repetition maximum (1-RM) and the ten repetition maximum (10-RM) values this study was performed. One hundred and eighty-seven men of the two hundred man sample performed in the experiment. The subjects, ranging in age from 17 to 27 were randomly selected from the Michigan State University male required physical education classes (total enrollment, 2,342).

The subjects were tested successively for cable tension strength, 1-RM poundage value, and in the all-out lifting of a weight percentage of the poundage recorded on the cable tensiometer test. The last test was an attempt to determine which percentage of the cable tensiometer test poundage most nearly approximated the 10-RM value. The subjects were assigned to the arbitrarily selected 30, 40, 50, and 60 per cent levels. The method of assignment was to divide by four the consecutive number of the subject's selection. The remainder of the division determined the assignment, i.e. remainders of 0, 1, 2, 3

were assigned to the 30, 40, 50, or 60 per cent levels respectively.

#### Analysis of Data.

The data were analysed in the following manner: The cable tensiometer strength poundage was correlated with the 1-RM value and the standard deviation and the standard error of the mean determined on each. McCall's T-Score formula, using the 6 sigma range, was then utilized and standard score tables developed for the two values.

The percentage all-out repetition scores were then averaged and the standard deviation and standard error of the mean were determined. The approximate weight value of the 10-RM was then determined by interpolation from the above mentioned results. Using this interpolation value the 10-RM value was added to the above mentioned standard score tables as a rough estimate of the 10-RM value from the cable tensiometer results. It is to be noted, however, that the 10-RM values are not actually standard score data but were arrived at through multiplication of the cable tensiometer score by the percentage. This methodology, of course, has strict limitations, but the author considers the method presented more objective than any method presented heretofore.

## Results.

Cable tensiometer poundage and 1-RM poundage: A coefficient of correlation of .6798 was found between the cable tensiometer poundage and the 1-RM poundage. This correlation is highly significant though not as high as had been expected. The  $\frac{r}{\sigma_r}$  was 9.30 which is considerably greater than the 2.58 value necessary to conclude with confidence the universe value for  $r$  is greater than zero.<sup>1</sup>

The mean value of the cable tensiometer poundage was determined at 206.27 pounds. The standard deviation equaled 50.97 pounds and the range was from 105 to 340 pounds. The standard error of the mean was 3.73 pounds.

The mean value of the 1-RM poundage was 96.71 pounds. The standard deviation was 21.06 and the range from 50 to 170 pounds. The standard error of the mean was 1.540 pounds. Table I lists these figures.

TABLE I  
A COMPARISON OF THE CABLE TENSIONOMETER AND 1-RM RESULTS

	M(lbs.)	$\sigma$	$\sigma_M$	Range		N
				High	Low	
Tensiometer -	206.27	50.97	3.73	340	105	187
1-RM -	96.71	21.06	1.54	170	50	187

<sup>1</sup>Quinn McNemar, Psychological Statistics, New York: John Wiley and Sons, Inc., 1949, p. 122.



Cable Tensiometer Percentage Level All-Out Repetitions.

The mean number of all-out repetitions the subjects were capable of at the various percentage levels are as follows: 30% = 14.9; 40% = 7.9; 50% = 3.4; and 60% = .29. The value of the 10-RM lies between the 30 per cent and 40 per cent levels of the tensiometer values. The percentage equivalent to the 10-RM, by interpolation, is approximately 37 per cent of the tensiometer poundage.

Table II lists the ranges of the various percentage levels according to pounds lifted and number of repetitions.

TABLE II

PERCENTAGE LEVEL ALL-OUT REPETITIONS; RANGES OF WEIGHTS  
LIFTED AND REPETITIONS PERFORMED IN THE  
VARIOUS PERCENTAGE LEVELS

	30%		40%		50%		60%	
	Lbs.	Reps.	Lbs.	Reps.	Lbs.	Reps.	Lbs.	Reps.
Low Values -	35	9	44	0	65	0	65	0
High Values -	110	26	130	23	170	17	200	7

Table III lists the mean values of the pounds lifted and the number of repetitions with the standard error of the mean for each. It is to be noted the 10-RM value lies between the 30 and 40 per cent levels. By interpolation the value is approximately equal to 37 per cent.

TABLE III  
ALL-CUT PERCENTAGE LEVEL VALUES

Percentage Levels	M (Lbs.)	$\sigma_M$	M-Repetitions	$\sigma_M$	N
30	60.9	$\pm 2.7$	14.9	$\pm 2.02$	47
40	86.6	$\pm 3.4$	7.9	$\pm .98$	43
50	101.6	$\pm 4.0$	3.4	$\pm .76$	49
60	125.7	$\pm 4.7$	.29	$\pm 1.88$	48

Standard Score Tables. Table IV was arrived at by use of McCall's T-Score formula for equal intervals.<sup>2</sup> This table is an indication of the weights which may be used for treatment. The table would be used in the following manner: A subject would be administered the cable tensiometer test and the poundage would be determined from the tensiometer calibration chart. When this value is found the administrator would use the 1-RM and the 10-RM values which will be directly across in the next two columns respectively.

The mean of the 1-RM data was 96.7 pounds, which is 46 per cent of the mean of the tensiometer data. These

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<sup>2</sup>J. F. Bovard, F. W. Cozens, and E. P. Hagman. Tests and Measurements in Physical Education. Third edition, Philadelphia and London: W. B. Saunders Company, 1950, p. 317.

TABLE IV

## TENSIONETER AND 1-RM STANDARD SCORE TABLES

Standard Score	Percentile Score	Tensioneter Pounds	1-RM Pounds	10-RM* Pounds
100	99.9	359	160	133
95	99.7	344	153	127
90	99.2	329	147	122
85	98.2	313	141	116
80	96.4	298	135	110
75	93.3	283	128	105
70	88.4	268	122	99
65	81.6	252	116	93
60	72.6	237	109	88
55	61.8	222	103	82
50	50.0	206	97	76
45	38.2	191	90	71
40	27.4	176	84	65
35	18.4	160	78	59
30	11.5	145	72	54
25	6.7	130	65	47
20	3.6	115	59	42
15	1.8	99	53	37
10	.8	84	46	31
5	.4	69	40	25
0	.1	53	34	20

\*The 10-RM values are not based on the total distribution. These values were arrived at by multiplying 37% times the tensioneter value for a rough estimate of that standard score level.

results are contradictory to those of Klein<sup>3</sup> who stated the 1-RM measures were approximately one-third of the tensiometer values.

### Discussion.

The method presented is rough and is yet to be tested. The advantage lies in its simplicity and objectiveness. There are, however, serious limitations to the technique before it can be generally adopted: 1) The lowness of the correlation between the tensiometer and 1-RM results indicate that either the 1-RM value is too unreliable or that there is a difference between the static tensiometer test used and the dynamic 1-RM test. Ouellette<sup>4</sup> in studying the effects of quadriceps weight training on leg speed obtained significant increases in the 1-RM but not in tensiometer results following a seven-week training program; 2) The table, as presented, assumes the interpolation between the 30 per cent and the 40 per cent levels to be correct. There is no assurance the data are linear as the interpolation would assume. The data, in fact,

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<sup>3</sup>K. K. Klein and E. Johnson, "Research: A Method of Determining the Maximum Load, For Ten Repetitions, In Progressive Resistance Exercises For Quadriceps Development," The Journal of the Association For Physical and Mental Rehabilitation, Vol. 7, No. 4, July-August, 1953, pp. 130-131.

<sup>4</sup>R. C. Ouellette, "The Effect of Quadriceps Development on Sprint Running Time." Unpublished Master's thesis, Michigan State University, East Lansing, August, 1955.

appear to be curvilinear when percentage values are plotted with repetitions. The table also assumes the 37 per cent value is applicable at both the top and bottom of the scale. There is no assurance this is true though the standard error of the mean at the 40 per cent level is less than one repetition. The table, however, is easily used and is objective. The value of the method will have to be determined by further investigation.

## CHAPTER V

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Summary.

One hundred and eighty-seven of a randomly selected two hundred men from the Michigan State University male required physical education classes participated in a battery of three tests. The tests included: Cable tensiometer strength, one repetition maximum, and a tensiometer poundage percentage level all-out repetition test. The purpose of the experiment was 1) to determine the relationship between the cable tensiometer test and the 1-RM test and 2) to determine what percentage of the cable tensiometer poundage most nearly equaled the ten repetition value. A table for the selection of the 1-RM and 10-RM treatment levels from the simply administered cable tensiometer test was arrived at for an easier and more objective determination of the two measures.

#### Conclusions.

1. The relationship between cable tensiometer strength and the 1-RM capacity as measured in this study is relatively low ( $r = .6798$ ). The correlation, though significant, is poorer than was anticipated. Apparently being affected either by the unreliability of the 1-RM

test or because there may be a poor relationship between static and dynamic strength.

2. The 10-RM value lies between the mean of the 30% level (14.9) and the 40% level (7.9). By interpolation, the 10-RM value was determined to be 37% of the cable tensiometer poundage.

3. The mean of the 1-RM data was found to be 46% of the mean of the cable tensiometer data. These results are contrary to some of the earlier findings.

4. A table for use in the selection of 1-RM and 10-RM treatment levels has been presented.

#### Recommendations.

1. The table for use in the selection of 1-RM and 10-RM treatment levels merits further investigation in longitudinal studies.

2. A further study should be made of the 37% value to determine its accuracy at selected standard score levels from 0 to 100.

3. A longitudinal study utilizing different numbers of repetitions should be completed to determine the validity of the 10-RM measure.

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## BIBLIOGRAPHY

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial data. This includes not only sales and purchases but also expenses and income. The document also mentions the need for regular audits to verify the accuracy of the records.

In the second part, the focus is on the classification of expenses. It provides a detailed list of categories, such as salaries, rent, utilities, and materials. Each category is further broken down into sub-categories to allow for more granular tracking. The document also includes a table with columns for the category, amount, and date, which is used to record the data.

The third part of the document deals with the calculation of the net profit. It explains how to subtract the total expenses from the total revenue to arrive at the final profit figure. This section also includes a formula for calculating the profit margin, which is a key indicator of a company's financial health.

Finally, the document concludes with a summary of the key points discussed. It reiterates the importance of accurate record-keeping and the need for regular audits. It also provides a final table summarizing the total revenue, total expenses, and net profit for the period.

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## APPENDIX

## APPENDIX A

Card For Recording Data.

Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Class Sport \_\_\_\_\_

Section \_\_\_\_\_

Instructor \_\_\_\_\_

Class Hours: M-W-F T-Th

Age \_\_\_\_\_

Weight \_\_\_\_\_ lbs.

Height \_\_\_\_\_ ft. \_\_\_\_\_ in.

Mid-leg Length \_\_\_\_\_ in.

## Tension Strength

Raw \_\_\_\_\_ Lbs. \_\_\_\_\_

1-RM \_\_\_\_\_ lbs.

10-RM: percentage\_\_\_\_\_lbs.\_\_\_\_\_

Repetitions \_\_\_\_\_

Comments:

## APPENDIX B

Table for Determination of Percentage Level All-Out Repetition  
Poundage From Cable Tensiometer Reading.

Tensio- meter		percentage levels				Tensio- meter		percentage levels			
Raw	Lbs.	30%	40%	50%	60%	Raw	Lbs.	30%	40%	50%	60%
19	50	15	20	25	30		225	67.5	90	112.5	135
	55	16.5	22	27.5	33	63	230	69	92	115	138
22	60	18	24	30	36		235	70.5	94	117.5	141
	65	19.5	26	32.5	39	64	240	72	96	120	144
25	70	21	28	35	42		245	73.5	98	122.5	147
	75	22.5	30	37.5	45	66	250	75	100	125	150
28	80	24	32	40	48		255	76.5	102	127.5	153
	85	25.5	34	42.5	51	67	260	78	104	130	156
31	90	27	36	45	54		265	79.5	106	132.5	159
	95	28.5	38	47.5	57	69	270	90	108	135	162
34	100	30	40	50	60		275	91.5	110	137.5	165
	105	31.5	42	52.5	63	70	280	93	112	140	168
38	110	33	44	55	66		285	94.5	114	142.5	171
	115	34.5	46	57.5	69	72	290	96	116	145	174
41	120	36	48	60	72		295	97.5	118	147.5	177
	125	37.5	50	62.5	75	73	300	99	120	150	180
43	130	39	52	65	78		305	100.5	122	152.5	183
	135	40.5	54	67.5	81	74	310	102	124	155	186
46	140	42	56	70	84		315	103.5	126	157.5	189
	145	43.5	58	72.5	87	75	320	105	128	160	192
48	150	45	60	75	90		325	106.5	130	162.5	195
	155	46.5	62	77.5	93	76	330	108	132	165	198
50	160	48	64	80	96		335	109.5	134	167.5	201
	165	49.5	66	82.5	99	78	340	111	136	170	204
52	170	51	68	85	102		345	112.5	138	172.5	207
	175	52.5	70	87.5	105	79	350	114	140	175	210
54	180	54	72	90	108		355	115.5	142	177.5	213
	185	55.5	74	92.5	111	80	360	117	144	180	216
56	190	57	76	95	114		365	118.5	146	182.5	219
	195	58.5	78	97.5	117	81	370	120	148	185	222
58	200	60	80	100	120		375	121.5	150	187.5	225
	205	61.5	82	102.5	123	82	380	123	152	190	228
60	210	63	84	105	126		385	124.5	154	192.5	231
	215	64.5	86	107.5	129	84	390	126	156	195	234
61	220	66	88	110	132		395	127.5	158	197.5	237
						85	400	129	160	200	240

## APPENDIX B

Table for Determination of Percentage Level All-Out Repetition  
Poundage From Cable Tensiometer Reading.

Tensio- meter		percentage levels				Tensio- meter		percentage levels			
Raw	Lbs.	30%	40%	50%	60%	Raw	Lbs.	30%	40%	50%	60%
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	55	16.5	22	27.5	33	63	230	69	92	115	138
22	60	18	24	30	36		235	70.5	94	117.5	141
	65	19.5	26	32.5	39	64	240	72	96	120	144
25	70	21	28	35	42		245	73.5	98	122.5	147
	75	22.5	30	37.5	45	66	250	75	100	125	150
28	80	24	32	40	48		255	76.5	102	127.5	153
	85	25.5	34	42.5	51	67	260	78	104	130	156
31	90	27	36	45	54		265	79.5	106	132.5	159
	95	28.5	38	47.5	57	69	270	90	108	135	162
34	100	30	40	50	60		275	91.5	110	137.5	165
	105	31.5	42	52.5	63	70	280	93	112	140	168
38	110	33	44	55	66		285	94.5	114	142.5	171
	115	34.5	46	57.5	69	72	290	96	116	145	174
41	120	36	48	60	72		295	97.5	118	147.5	177
	125	37.5	50	62.5	75	73	300	99	120	150	180
43	130	39	52	65	78		305	100.5	122	152.5	183
	135	40.5	54	67.5	81	74	310	102	124	155	186
46	140	42	56	70	84		315	103.5	126	157.5	189
	145	43.5	58	72.5	87	75	320	105	128	160	192
48	150	45	60	75	90		325	106.5	130	162.5	195
	155	46.5	62	77.5	93	76	330	108	132	165	198
50	160	48	64	80	96		335	109.5	134	167.5	201
	165	49.5	66	82.5	99	78	340	111	136	170	204
52	170	51	68	85	102		345	112.5	138	172.5	207
	175	52.5	70	87.5	105	79	350	114	140	175	210
54	180	54	72	90	108		355	115.5	142	177.5	213
	185	55.5	74	92.5	111	80	360	117	144	180	216
56	190	57	76	95	114		365	118.5	146	182.5	219
	195	58.5	78	97.5	117	81	370	120	148	185	222
58	200	60	80	100	120		375	121.5	150	187.5	225
	205	61.5	82	102.5	123	82	380	123	152	190	228
60	210	63	84	105	126		385	124.5	154	192.5	231
	215	64.5	86	107.5	129	84	390	126	156	195	234
61	220	66	88	110	132		395	127.5	158	197.5	237
						85	400	129	160	200	240







APPENDIX C.  
TABULATION SHEET

DATE OF TABULATION June-July, 1955

TABULATED BY Donald Bertram Richards

-100											10-R.M.											10-R.M.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
NAME	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	HEIGHT	MID-LEG LENGTH	TENSION RAW	PULL LBS.	1-RM	AGE	WEIGHT	





ROOM USE ONLY