

# Practical Case Study of Assessing Growth and Maturity in the Premier League



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# Elite Player Performance Plan (EPPP)

- Long-term strategy to increase number and quality of home-grown players
- Improve coaching provision; implement system of effective measurement and quality assurance
- Collective platform for clubs to share ideas/concerns



## Academy concerns

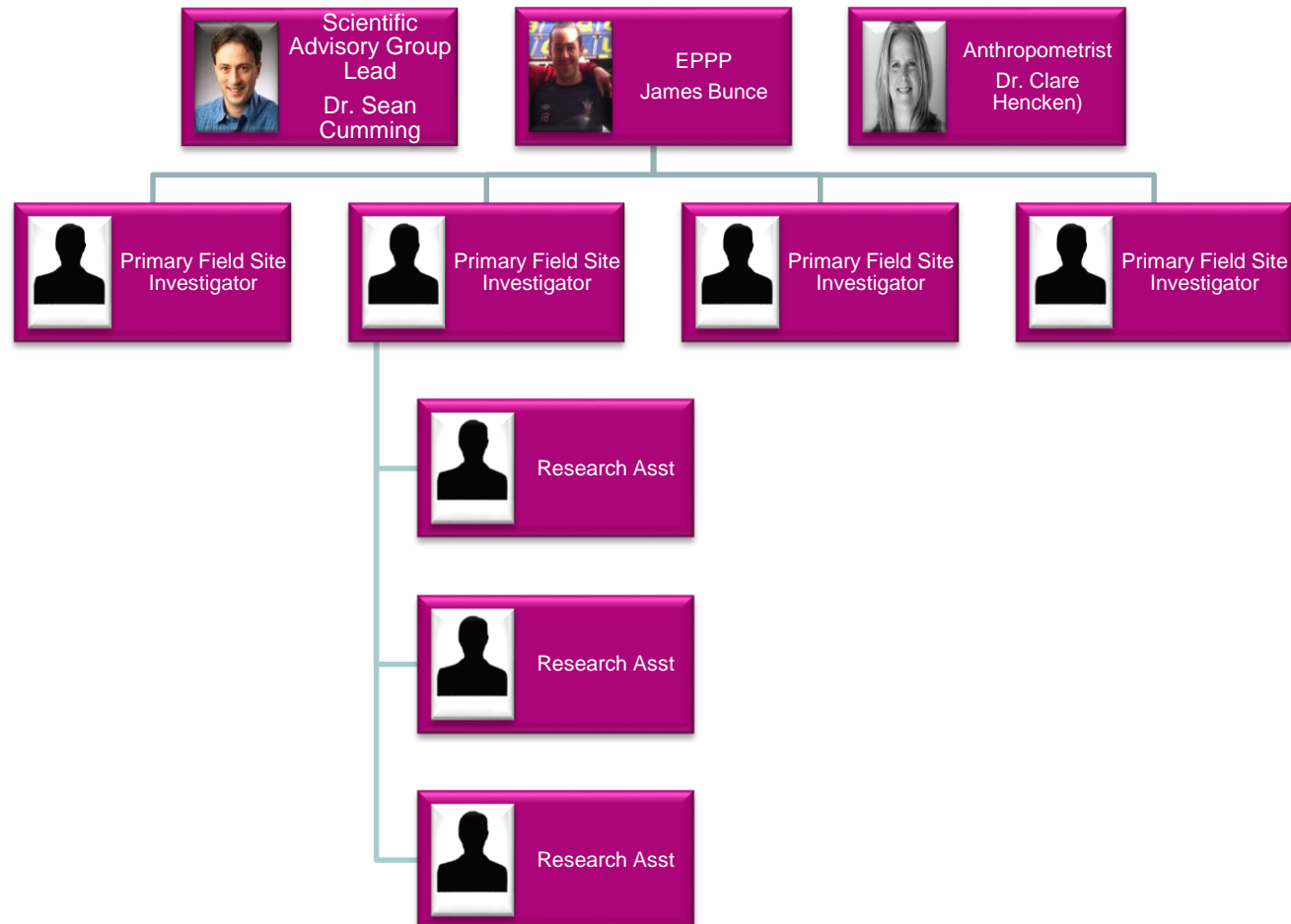
1. Limited understanding of growth and maturation & how to assess & monitor it
2. Assessments, training & competition based upon chronological age groups – blanket approach
3. Selection bias towards males who are advanced in age and/or maturation



# Premier League Growth Study: Aims

1. Establish a systematic and shared set of procedures for the measurement of growth & maturation across 29 clubs
2. Educate practitioners on growth, maturation & measurement
3. Adapt existing database (PMA) to capture and present growth and maturation information
4. Help clubs develop strategies to account for individual differences in growth & maturation

## PLGS Organizational Structure



## PLGS Scientific Advisory Group



Professor Robert Malina, University of Texas



Professor Adam Baxter-Jones, University of Saskatchewan,



Professor Joey Eisenmann, Michigan State University



Dr Manuel Coelho e Silva, University of Coimbra



Dr Thomas Dompier, Datalys Center for Sports



Dr Lauren Sherar, University of Loughborough



Dr Amanda Johnson, Aspire Academy



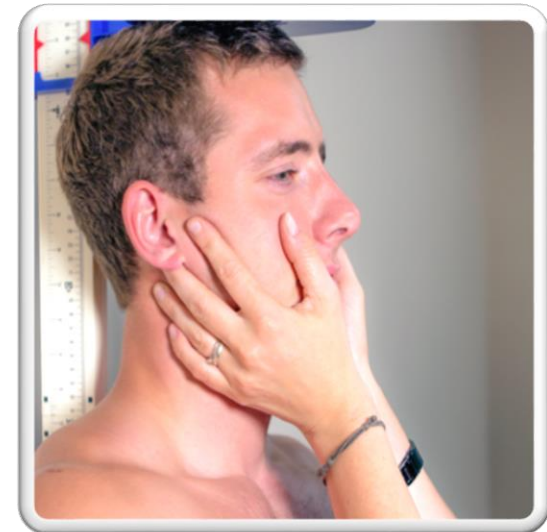
Dr Marije Elferink-Gemser, Rijksuniversiteit



Dr Roel Vaeyen, Club Brugge K & Ghent University

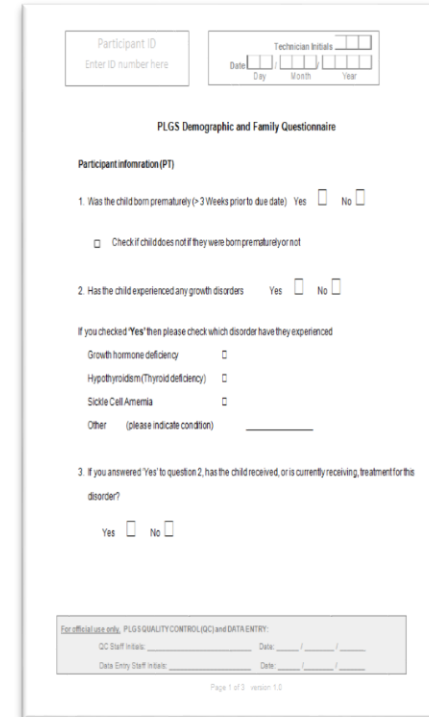
# PLGS Measurement protocol

- Baseline player/parent demographic questionnaire
- Anthropometric measurements taken every 3-4 months (or at clubs discretion)
- Non-invasive methods of maturity assessment



## Baseline demographics

- Birth history/ethnicity
- Medical history
- Parents heights (meas./self-reported)
- Player history (e.g., position, training age, multi-sport)

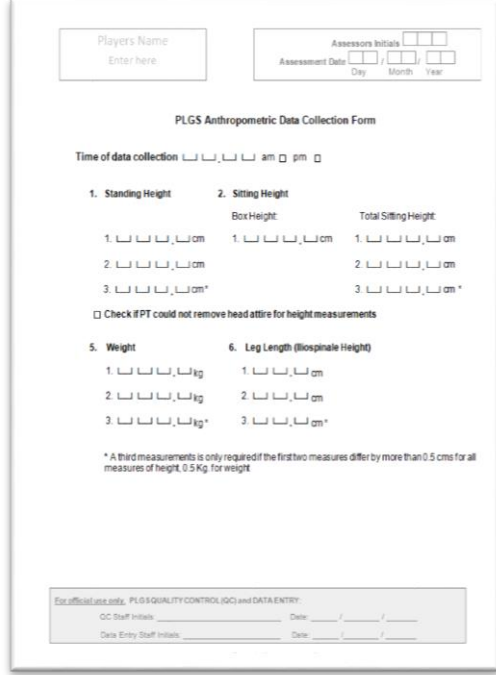


The image shows a screenshot of a questionnaire titled "PLGS Demographic and Family Questionnaire". At the top, there are two boxes: "Participant ID" with the instruction "Enter ID number here" and "Technician Initials" with a grid for initials. Below these is a date field with boxes for Day, Month, and Year. The main title "PLGS Demographic and Family Questionnaire" is centered. Under "Participant information (PI)", question 1 asks "Was the child born prematurely (> 3 Weeks prior to due date)" with "Yes" and "No" options. A checkbox below asks "Check if child does not if they were born prematurely or not". Question 2 asks "Has the child experienced any growth disorders" with "Yes" and "No" options. Below this, it says "If you checked 'Yes' then please check which disorder have they experienced" and lists "Growth hormone deficiency", "Hypothyroidism (Thyroid deficiency)", and "Sickle Cell Anaemia", each with a checkbox. An "Other" field with a line for "please indicate condition" is also present. Question 3 asks "If you answered 'Yes' to question 2, has the child received, or is currently receiving, treatment for this disorder?" with "Yes" and "No" options. At the bottom, there is a box for "For official use only, PLGS QUALITY CONTROL (QC) and DATA ENTRY:" containing fields for "QC Staff initials:", "Date:", "Data Entry Staff initials:", and "Date:". The footer indicates "Page 1 of 3 version 1.0".



## Anthropometrics

- Height, weight, seated height, (iliospinale, chest depth)
- Taken every 4 months (or at clubs discretion)
- Repeat measures with 3<sup>rd</sup> measure if  $\pm .5$  (cm./Kg.)



Players Name  
Enter here

Assessors Initials  
Assessment Date:  /  /   
Day Month Year

PLGS Anthropometric Data Collection Form

Time of data collection:  :  am ☐ pm ☐

1. Standing Height

2. Sitting Height

Box Height: Total Sitting Height:

1.  cm 1.  cm 1.  cm

2.  cm 2.  cm 2.  cm

3.  cm\* 3.  cm\*

☐ Check if PT could not remove head attire for height measurements

5. Weight

6. Leg Length (Iliospinale Height)

1.  kg 1.  cm

2.  kg 2.  cm

3.  kg\* 3.  cm\*

\* A third measurement is only required if the first two measures differ by more than 0.5 cms for all measures of height, 0.5 Kg. for weight.

For official use only, PLGS QUALITY CONTROL (QC) and DATA ENTRY:

QC Staff Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

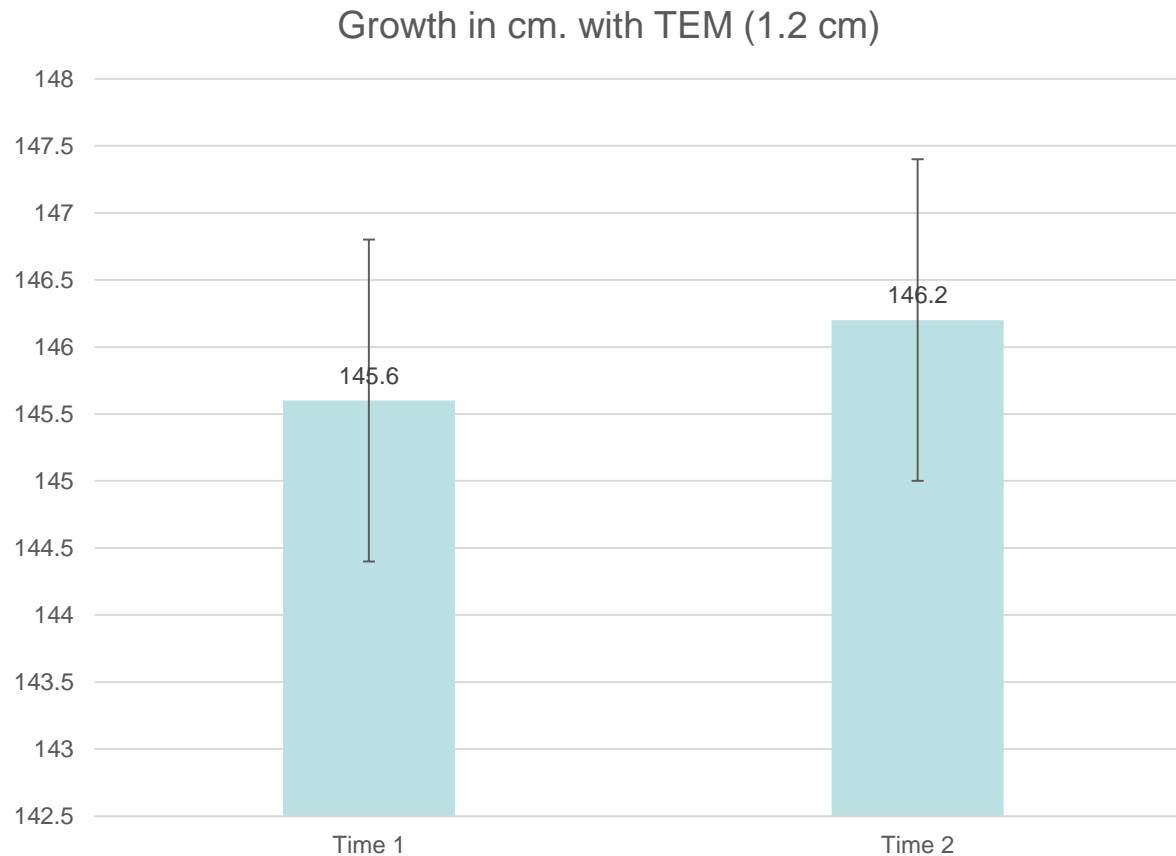
Data Entry Staff Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Quality control

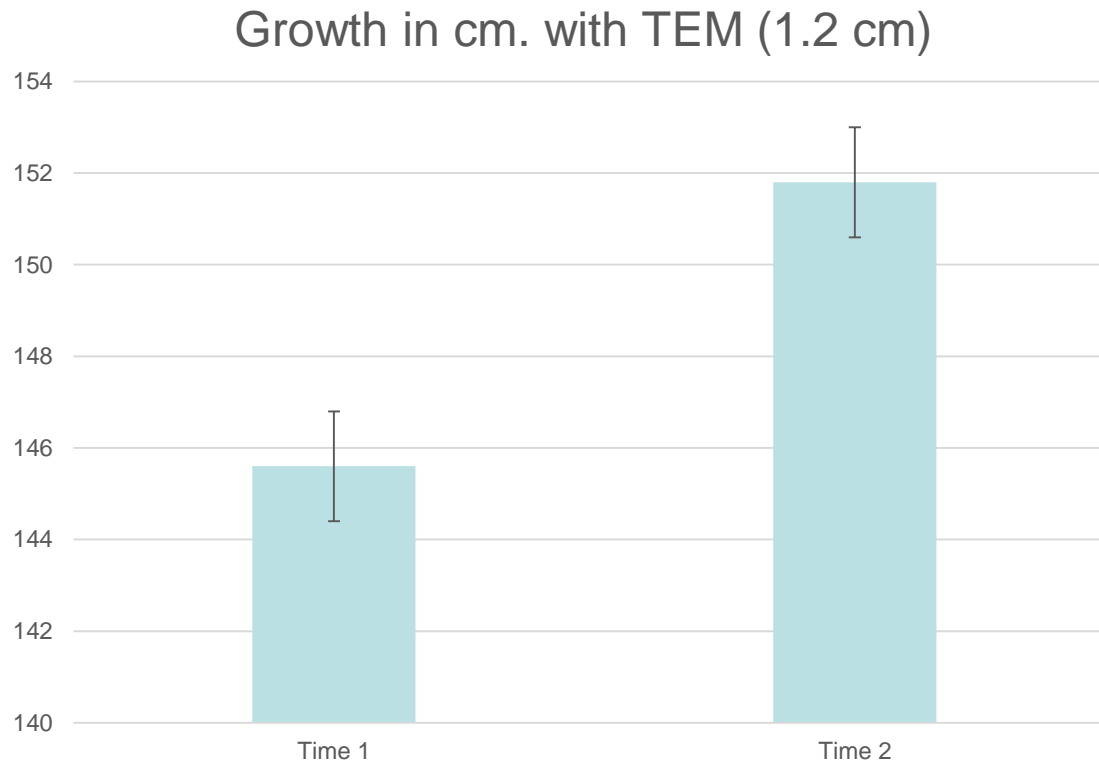
- Competency and reliability of measures assessed
- Intra- and inter-investigator reliability
- Technical Error of Measurement calculated (absolute & relative)

$$\text{Absolute TEM} = \sqrt{\frac{\sum d_i^2}{2n}}$$

## Application of TEM (absolute)

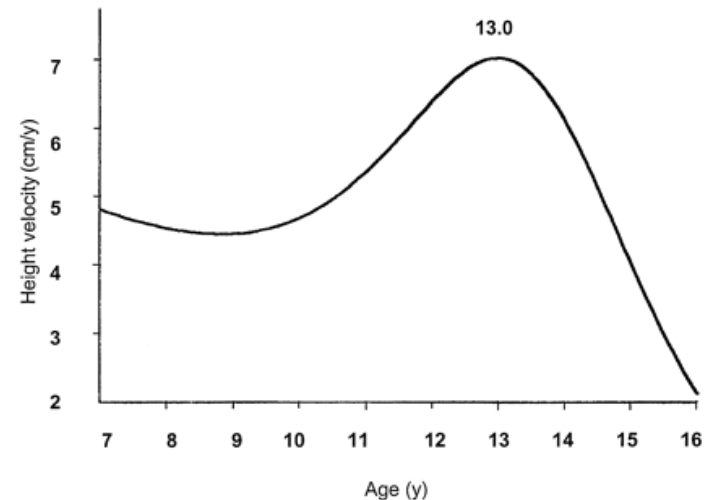


# Application of TEM (cont.)



## Assessments of maturation

- PMA provides three indices of maturation
  - Khamis-Roche method (% Predicted Adult Height) \*
  - Maturity Offset Method (age at/from peak height velocity)
  - Growth velocity curve



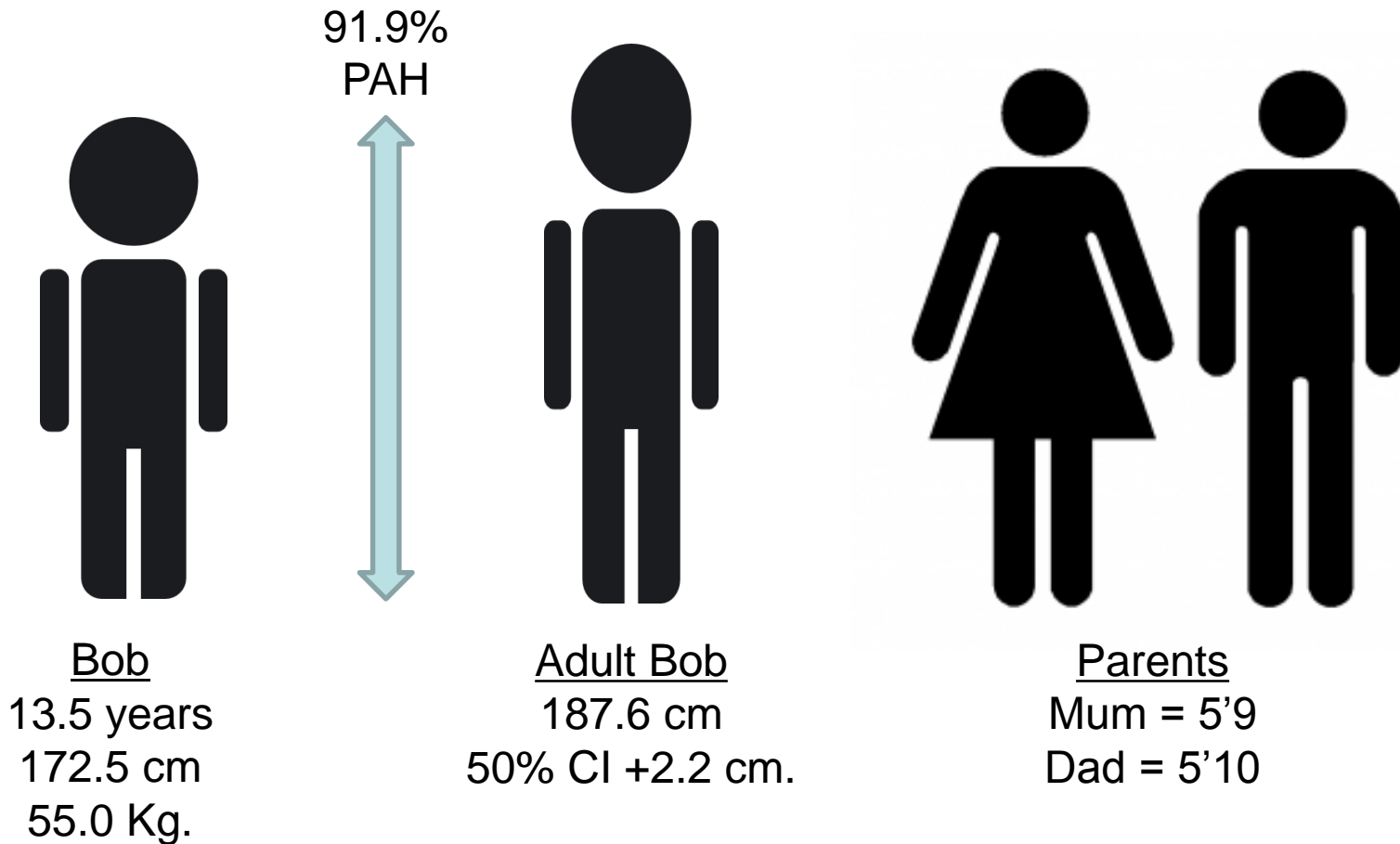
### Khamis-Roche method \*

- Predicts adult stature from age, height, weight, mid-biological parent height (adjusted for overestimation) \*\*
  - Maturity **status** expressed as **percent of adult height** attained at measurement (PAH)
  - Maturity **timing** (early, on-time, late) expressed as age and sex specific **Z score**

# Khamis-Roche Equation

- Predicted Adult height =
  - Intercept + ( $\beta_1$  x height) + ( $\beta_2$  x weight) + ( $\beta_3$  x mid-parent height)
  - Sex and age specific intercepts and coefficients available for imperial (inches, lbs.) and metric (cm./Kg.) measures

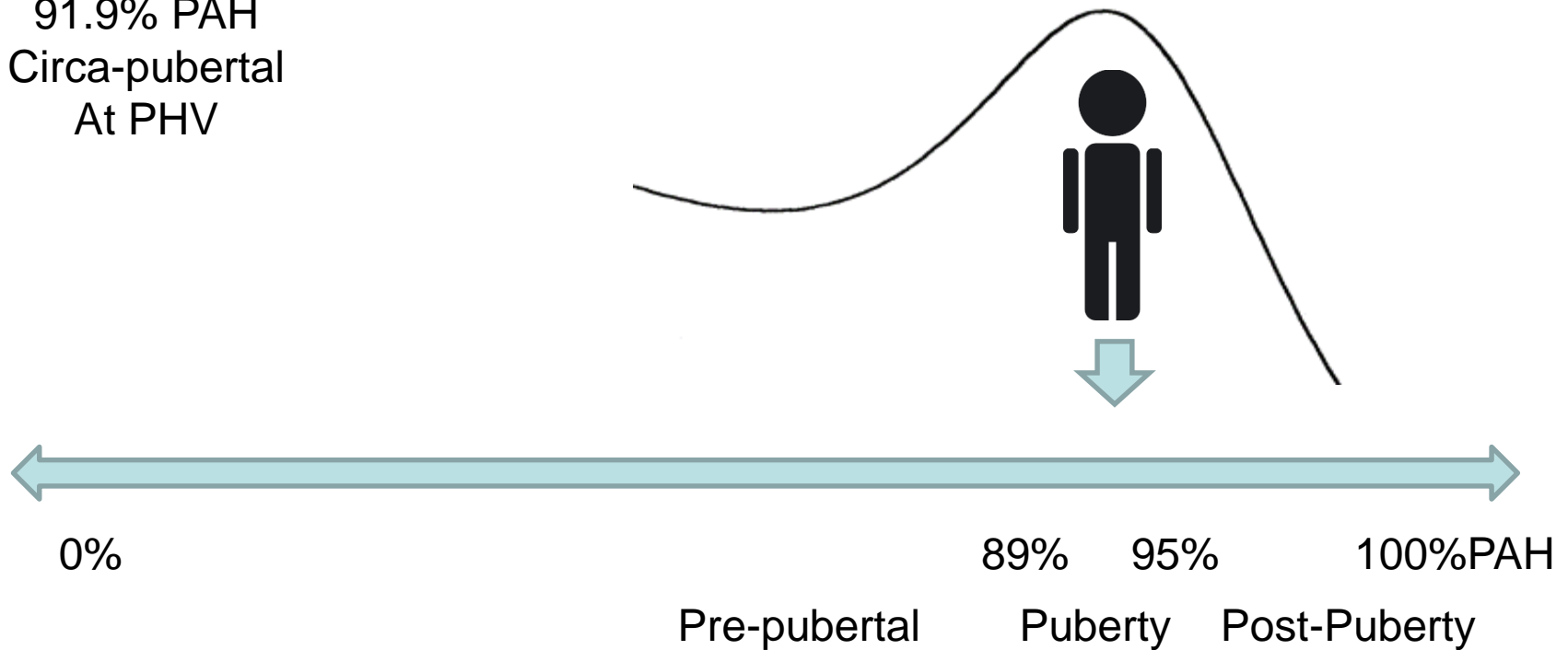
## A worked example: Bob





## Maturation status: (%PAH)

Bob  
91.9% PAH  
Circa-pubertal  
At PHV

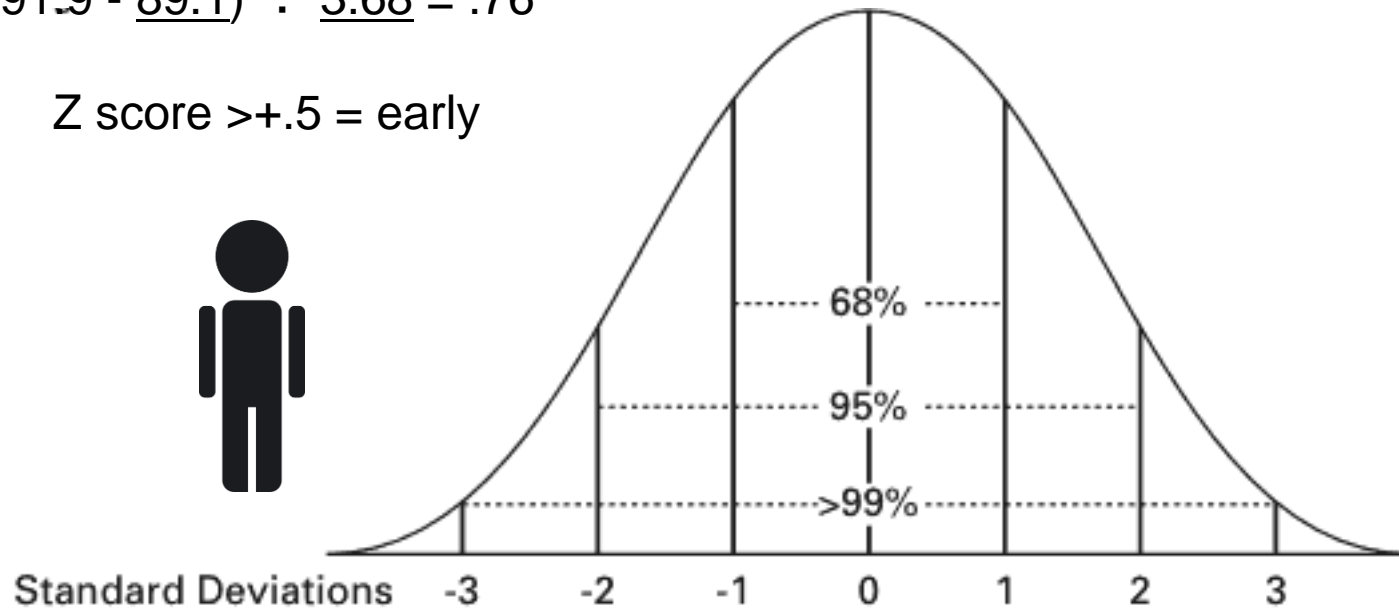


## Maturity timing: Z Score

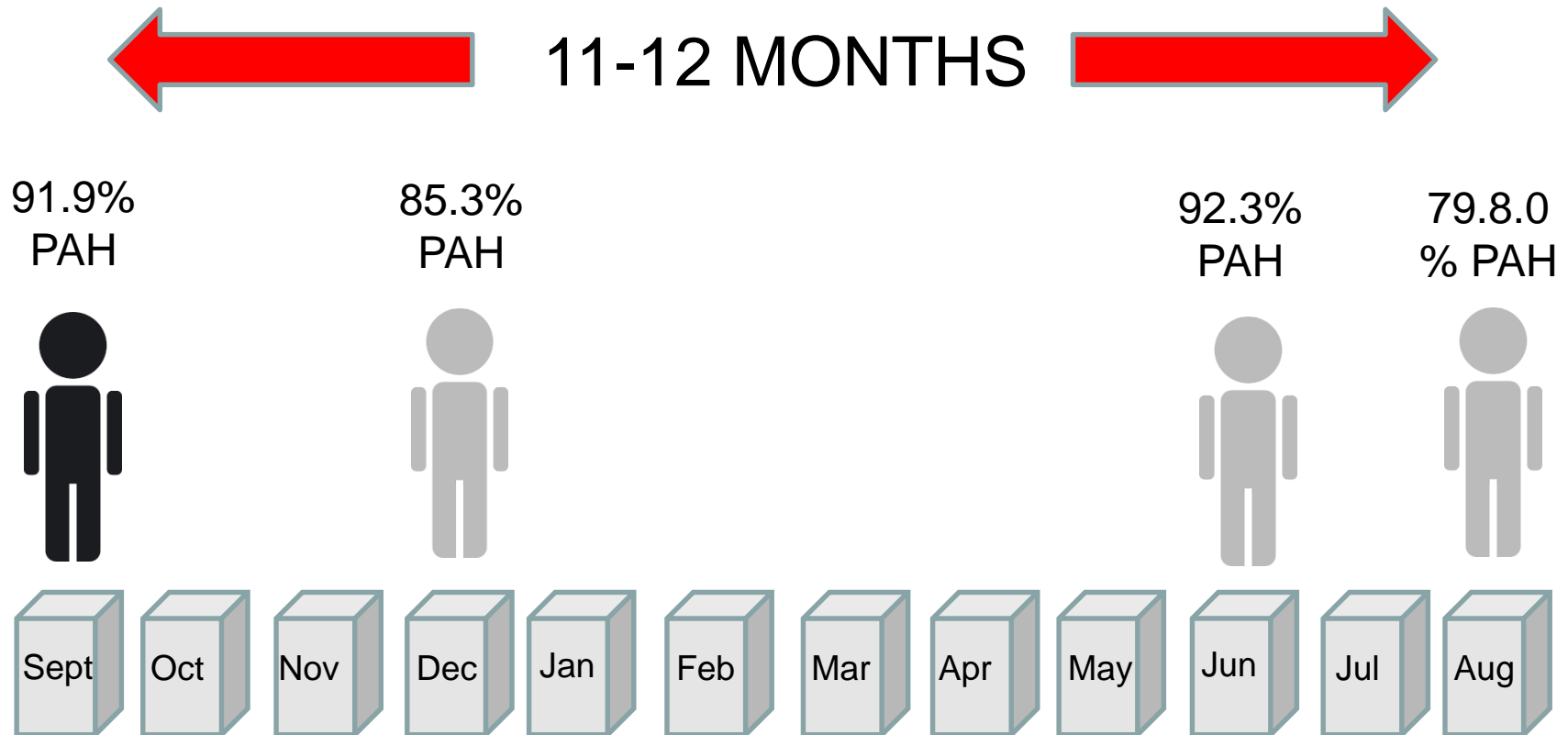
Z Score for 13.5 years

$$(91.9 - \underline{89.1}) \div \underline{3.68} = .76$$

Z score  $> +.5$  = early

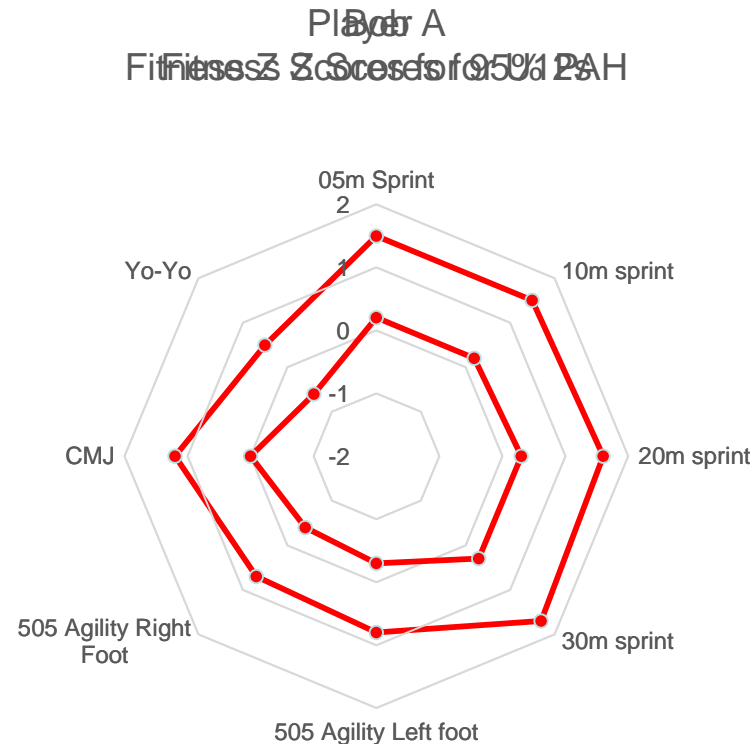


## Maturation and relative age



## Maturation and performance

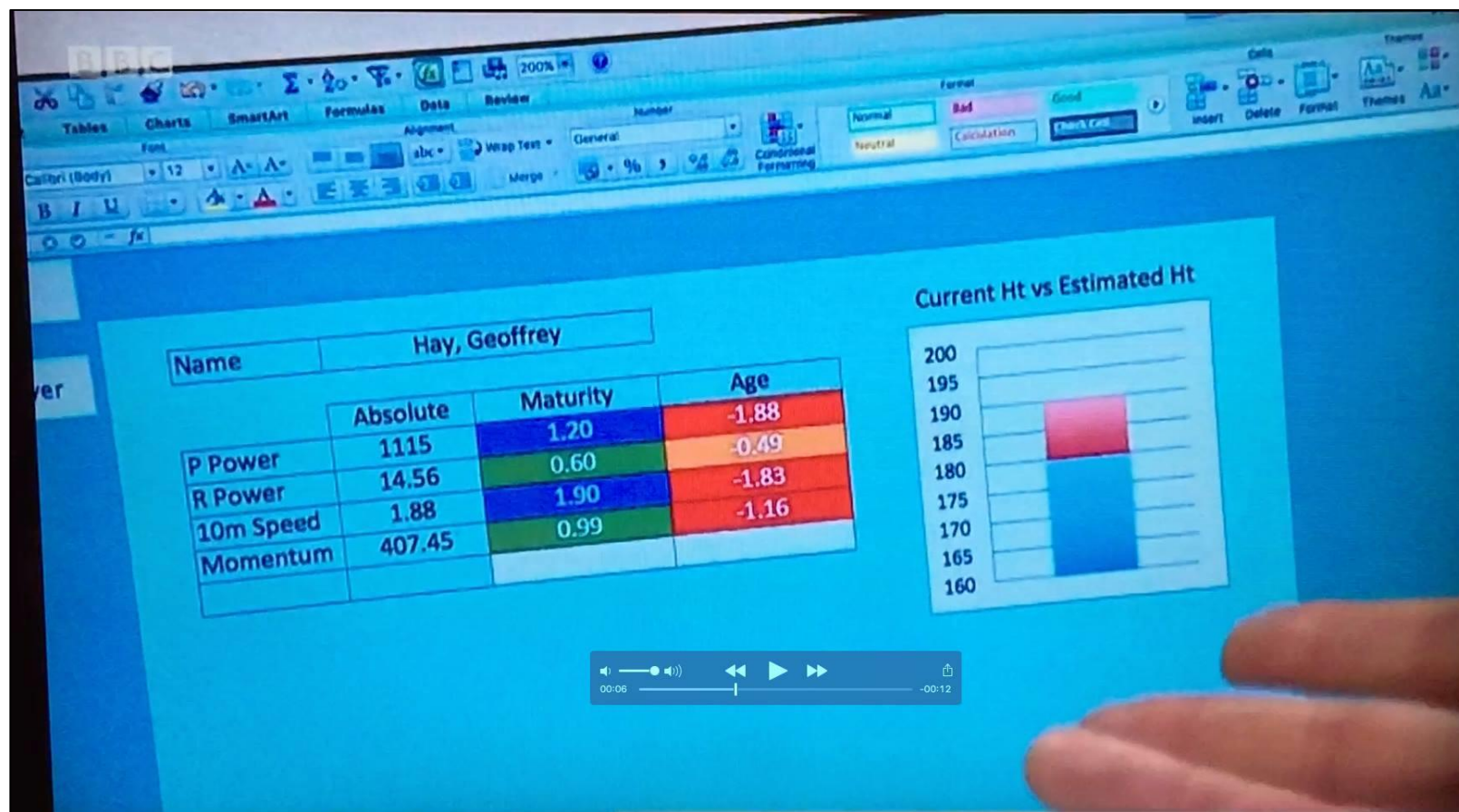
- Allows athlete's fitness to be judged relative to maturity standards (%PAH) pooled from 29 clubs
- Identifies strengths and weakness from a developmental perspective



# Maturation and measurement



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# Maturation and measurement

## Maturation status and training



91.9%  
PAH

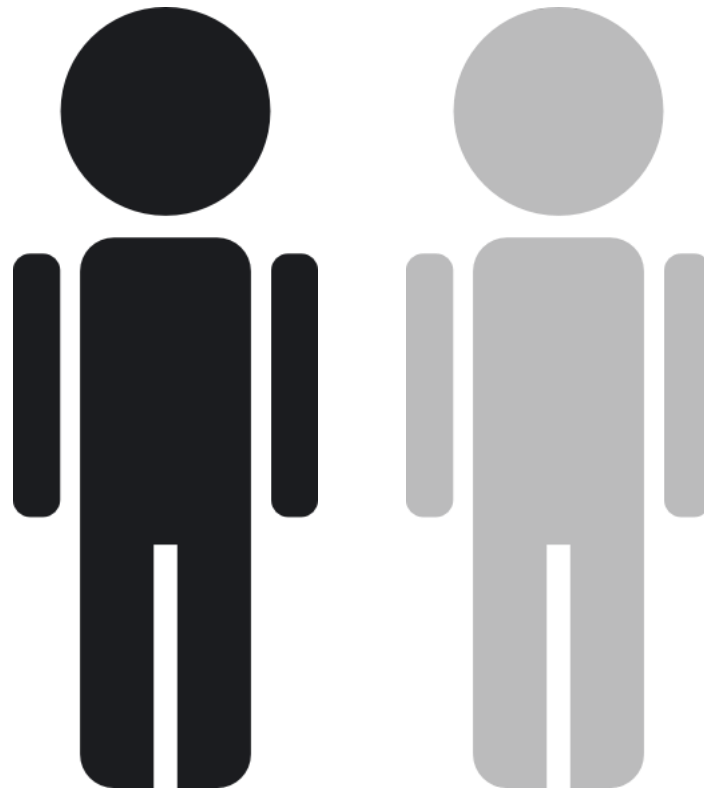
YOUTH PHYSICAL DEVELOPMENT (YPD) MODEL FOR MALES																					
CHRONOLOGICAL AGE (YEARS)	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21+	
AGE PERIODS	EARLY CHILDHOOD			MIDDLE CHILDHOOD						ADOLESCENCE					ADULTHOOD						
GROWTH RATE	RAPID GROWTH ↔			STEADY GROWTH ↔						ADOLESCENT SPURT ↔					DECLINE IN GROWTH RATE						
MATURATIONAL STATUS	YEARS PRE-PHV ↔											PHV			YEARS POST-PHV						
TRAINING ADAPTATION	PREDOMINANTLY NEURAL (AGE-RELATED) ↔											COMBINATION OF NEURAL AND HORMONAL (MATURITY-RELATED)									
PHYSICAL QUALITIES	FMS		FMS				FMS									FMS					
	SSS		SSS				SSS									SSS					
	Mobility		Mobility													Mobility					
	Agility		Agility								Agility			Agility							
	Speed		Speed								Speed			Speed							
	Power		Power								Power			Power							
	Strength		Strength								Strength			Strength							
	Hypertrophy										Hypertrophy		Hypertrophy							Hypertrophy	
	Endurance & MC		Endurance & MC										Endurance & MC				Endurance & MC				
TRAINING STRUCTURE	UNSTRUCTURED			LOW STRUCTURE					MODERATE STRUCTURE			HIGH STRUCTURE			VERY HIGH STRUCTURE						

Figure 1. The YPD model for males. Font size refers to importance; light blue boxes refer to preadolescent periods of adaptation, dark blue boxes refer to adolescent periods of adaptation. FMS = fundamental movement skills; MC = metabolic conditioning; PHV = peak height velocity; SSS = sport-specific skills; YPD = youth physical development.

## Maturation and training (cont.)

### Donald

- 13.5 years
- Curr. 165cm
- 89% PAH
- Circa PHV
- Z Score = -0.2
- On time



### Craig

- 13.5 years
- Curr. 165cm
- 97% PAH
- Post PHV
- Z Score = 2.2
- Early

## Implications for Donald

### Donald

- 89% adult ht.
- Circa PHV
- Z Score = -0.2
- On time



- Entering pubertal growth spurt; greater risk of epiphyseal injuries
- Closer monitoring of training load, FMS and sport specific skills
- Stay within age group for training/competition



## Implications for Craig

- Post-growth spurt; reduced risk of epiphyseal injury
- Benefits from combined training (neural & structural adaptation)
- Could train/play up an age; if technically / emotionally competent



### Craig

- 97% adult ht.
- Post PHV
- Z Score = 2.2
- Very Early

## Bio-banding for competition



80-85%

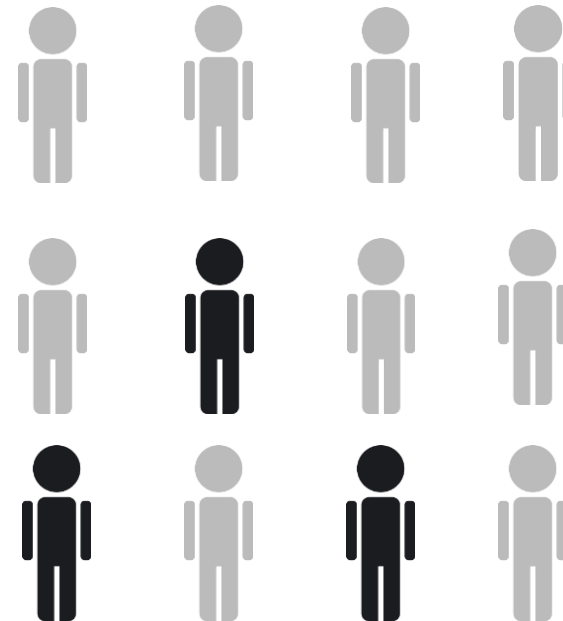


85-90%

Under 12s



Under 13s



Thank You

Any Questions?