

Sports Science, Medicine & Rehabilitation

### ORAL PRESENTATION

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# Bone mineral density in elite rowers

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#### Background

Bone mineral density (BMD) is known to be dependent on the loading pattern associated with a particular sport. High impact sports increases BMD at loaded sites with low impact sports having largely neutral findings [1]. The influence of high level rowing training has not been well explored with relatively small samples within a single category or discipline [2-5].

#### Methods

Subjects (n=125) were internationally competitive. Between 2011-2014 BMD was taken at the lumbar spine (L1-L4) and left femur, by Dual-energy X-ray absorptiometry (DXA, Lunar Prodigy, GE Healthcare), using the same scanner, and a qualified technician. Ethics was approved by the Australian Institute of Sport Human Ethics committee. Subjects gave prior written informed consent. Descriptive statistics are reported as mean  $\pm$  standard deviation (range), Z-score and T-score. Statistical analysis was performed using independent samples t-test, significance set at p<0.05.

#### Results

A summary of findings is shown in Table 1. Overall, 5.6% of rowers had  $Z \leq -1$  at the spine and 1.6% at the femur with none Z < -2. Both spine and femur BMD, T and Z scores were lower for female lightweights than heavyweights. Male spine BMD and T score and femur T score was lower for lightweights relative to heavyweights.

#### Table 1. BMD in males and female rowers by weight category. Data are expressed mean ± standard deviation (range)

	Males			Females		
n	Overall 72	Lightweight 31	Heavyweight 41	Overall 53	Lightweight 20	Heavyweight 33
g/cm <sup>2</sup>	1.33 ± 0.13	1.27 ± 0.10 *	1.38 ± 0.12	1.29 ± 0.14	1.19 ± 0.09 *	1.35 ± 0.14
	(1.07 -1.67)	(1.07 -1.46)	(1.09 – 1.67)	(1.05-1.67)	(1.05 - 1.33)	(1.07 - 1.67)
T score	0.9 ± 1.1	0.2 ± 0.9 *	1.3 ± 1.0	0.6 ± 1.1	-0.3 ± 0.7 *	1.0 ± 1.1
	(-1.3-3.5)	(-1.3 - 1.7)	(-1.1 – 3.5)	(-1.2-3.5)	(-1.2 - 0.9)	(-1.0 - 3.5)
Z score	0.7 ±1.0	0.5 ± 1.9	0.8 ± 1.0	0.4 ±1.0	$0.1 \pm 0.7 *$	0.7 ± 1.0
	(-1.5-3.2)	(-1.2 - 1.9)	(-1.5 – 3.2)	(-1.3-3.3)	(-1.0 - 1.2)	(-1.3-3.3)
Femur						
g/cm <sup>2</sup>	$1.19 \pm 0.13$	$1.16 \pm 0.13$	1.21 ± 0.12	1.12 ±0.13	1.05 ± 0.09 *	1.17 ± 0.13
	(0.97-1.58)	(1.00 -1.54)	(1.02 - 1.58)	(0.87-1.61)	(0.87 -1.23)	(0.96 - 1.61)
T score	0.7 ± 1.0	$0.4 \pm 0.9$	1.0 ± 0.9	0.5 ±0.9	$0.0 \pm 0.7 *$	$0.8 \pm 0.8$
	(-1 – 3.8)	(-1.0 - 2.2)*	(-0.6 - 3.8)	(-1.4-3.2)	(-1.4 - 1.3)	(-0.7 - 3.2)
Z score	$0.5 \pm 0.9$	$0.4 \pm 0.9$	0.5 ± 1.0	0.3 ±0.78	0.2 $\pm$ 0.8 *	$0.4 \pm 0.8$
	(-1 – 3.4)	(-0.9 - 2.3)	(-1.0 - 3.4)	(-1.1-3.0)	(-1.1 - 1.6)	(-0.8 - 3.0)

\* significantly lower than for heavyweights within the same gender (p<0.05)

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#### Conclusion

BMD of elite rowers appears to fall largely within the optimal range for the general population however light-weight rowers, tended to have lower BMD than their heavyweight counterparts at all measured sites at the spine and for females also at the femur.

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