3-24-2017

Back Muscle Endurance as Measure by Ito Test Duration

Ronald Figueredo

University of South Florida, rfigueredo@health.usf.edu

Follow this and additional works at: https://digitalcommons.usf.edu/etd

Part of the Public Health Commons

Scholar Commons Citation

Figueredo, Ronald, "Back Muscle Endurance as Measure by Ito Test Duration" (2017). USF Tampa Graduate Theses and Dissertations.
https://digitalcommons.usf.edu/etd/6700

This Thesis is brought to you for free and open access by the USF Graduate Theses and Dissertations at Digital Commons @ University of South Florida. It has been accepted for inclusion in USF Tampa Graduate Theses and Dissertations by an authorized administrator of Digital Commons @ University of South Florida. For more information, please contact digitalcommons@usf.edu.
Back Muscle Endurance as Measure by Ito Test Duration

by

Ronald Figueredo

A thesis submitted in partial fulfillment of the requirements for a degree of Master of Science in Public Health Department of Environmental and Occupational Health College of Public Health University of South Florida

Major Professor: Eve Hanna, MD, MSPH, Thomas Truncale, DO, MPH, Rachel Williams, MD, MSPH

Date of Approval:
March, 22, 2017

Keywords: Back Endurance, Ito Test, Lower Back Pain, Heavy work

Copyright ©2017, Ronald Figueredo
ACKNOWLEDGMENTS

I would like to thank all members of my thesis committee for all their support, mentorship and guidance over the past year.

I would like to express my deepest gratitude to all of the attending physicians, who provided me with their knowledge during the past two years, especially Dr. Eve Hanna, Dr. Thomas Truncale and Dr. Rachel Williams. Special gratitude to Kelly Freedman, for taking care of all my needs with patience and willingness.

Dr. Thomas E. Bernard for his support throughout my residency; Dr. Alfred Mbah for all his assistance with statistical analysis; Dr. Melvin Bradley for helping me choose the subject of this Thesis; I would also like to thank my study subjects for their effort during the study.

My training was supported by the NIOSH Sunshine ERC grant at USF.
# TABLE OF CONTENTS

List of Tables ........................................................................................................... ii
List of Figures ........................................................................................................... iii
Abstract ....................................................................................................................... iv

Introduction .................................................................................................................. 1
  Objective .................................................................................................................... 5
  Hypothesis .................................................................................................................. 5
  Purpose ....................................................................................................................... 5

Methods ....................................................................................................................... 6

Results ......................................................................................................................... 8

Tables ......................................................................................................................... 9

Figures ......................................................................................................................... 11

Discussion ................................................................................................................... 15

Conclusion .................................................................................................................. 18

References .................................................................................................................. 19

Appendices .................................................................................................................. 22
  Survey ...................................................................................................................... 22
  Data ......................................................................................................................... 23
  IRB Approved Letter ................................................................................................. 24
LIST OF TABLES

Table 1: Summary statistic of subjects in the study ................................................................. 9
Table 2: Adjusted model with Ito as outcome ........................................................................ 10
LIST OF FIGURES

Figure 1:  Ito test duration results with age as the independent variable .......................... 12

Figure 2:  Ito test duration results with BMI as the independent variable ............................. 13

Figure 3:  Ito test duration with years in manual labor as the independent variable ............... 14
ABSTRACT

Lower back pain remains one of the most common problems in public health throughout the industrialized world (Strine and Hootman) (Shiri, Solovieva and K.). The prevalence is about 39-54% annually and 60-65% in a lifetime (Hillman, Wright and Rajaranam) (Leboeuf-Yde, N. and Lauritzen). In the United States, lower back pain is the second most common cause of disability, and is the highest cause of disability among men (Center for Disease Control, 2009). An individual quantitative physical examination to detect muscle deficiencies would be very useful for proper placement of workers in demanding physical jobs where back injuries are common. Trunk muscle extensor endurance might be the best approach for this issue.
INTRODUCTION

Lower back pain remains one of the most common problems in public health throughout the industrialized world (Strine and Hootman) (Shiri, Solovieva and K.). The prevalence is about 39-54% annually and 60-65% in a lifetime (Hillman, Wright and Rajaranam) (Leboeuf-Yde, N. and Lauritzen), with estimates as high as 80% in adults (National Institute of Neurological Disorders and Stroke). Lower back pain can not only lead to physical deconditioning, but to psychological distress. In the United States, lower back pain is the second most common cause of disability, and is the highest cause of disability among men (Center for Disease Control, 2009).

Chronic back pain can lead to a downward spiral of decreasing physical activity, increased nociceptive sensations, mental health burden, and disability (Demoulin, Vanderthommen and Duysens). In the United States, lower back pain is the second most common cause of disability, and is the highest cause of disability among men (Center for Disease Control). The main components of physical deterioration involve lumbar spine discomfort, decreased muscle endurance, and neuromuscular inhibition. Studies show that multidisciplinary approach is beneficial for patient reconditioning and typically include physical therapy for core strengthening and trunk endurance training as well as biopsychosocial rehabilitation, back massages and acupuncture. (Mayer, Gatchel and Kishino) (Donovan WH, Dwyer AP).
An individual quantitative physical examination to detect muscle deficiencies would be very useful for proper placement of workers in demanding physical jobs where back injuries are common. Trunk muscle extensor endurance might be the best approach for this issue.

The relationship between lower back pain and factors such as age, body mass index BMI, and occupational risks are well examined in the literature, and it shows a strong correlation between heavy works and lower back pain (Hartvigsen J1, Bakketeig LS). Various occupational physical stressors are associated with lower back pain, particularly for non-sedentary occupations. Some of these stressors include heavy body armor among police officers (Burton, Tillotson and Symonds), repetitive task of rubber tapping, cutting lines on the bark of rubber trees amongst rubber farmers (Udom, Janwantanakul and Kanlayanaphotporn), and prolonged bending (Tella, Akinbo and Asafa). The Social Security Administration classifies jobs as sedentary, light, medium, heavy, and very heavy work. A Scandinavian review found that lifting, specifically manual materials handling (not patient handling) as a risk factor for lower back pain (Hoogendoorn, van Poppel and Bongers).

This type of work would typically fall under the category of medium work which “involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds” or heavy work which “involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds” (Social Security Administration).

This research focuses on men, who work manual labor jobs in construction, and those that have a non-sedentary labor job is among the inclusion criteria further discussed in the methods section.
It is generally accepted that the prevalence of lower back pain increases with age, possibly due to reduced muscle strength and joint flexibility, as well as the occupational risks mentioned above. A study on manual material handling tasks, such as lifting and lowering a load, found that age related differences in the mechanical behavior of the lower back tissue results in a change in methods of movement that can lead to a higher risk of lower back pain (Shojaei, Vazirian and Croft). Occupational stressors also build up over time and increase low back pain with age. A study of age-specific lower back pain among male dancers found that 54.9% of dancers surveyed between 18 to 24 reported lower back pain and 63.4% of dancers over 25 years reported lower back pain. (Miletic, D, A Miletic and B Milavic)

Lower back pain has been related to body mass index and has been thoroughly studied but the findings were inconsistent. A study of adolescents found that among males, higher BMI was significantly associated with low back pain (Hershkovich, Friedlander and Gordon). Interestingly, a study on workers who regularly experienced whole body vibration, typically drivers of different large vehicles, found that BMI does not influence the risk of lower back pain in a population that is already exposed to the vibrations (Noorloos, Terseeg and Tiemessen). The most common test used to measure muscle endurance is the isometric muscle testing, which is cost effective and requires little equipment.

Isometric endurance testing is reliable (Toshikazu Ito, RPT, Osamu Shirado, MD, PhD) and relevant for predicting future back pain: isometric lower back muscle endurance deficiency has been shown to be a risk factor for lower back pain (LBP). Equipment to carry out isometric tests is inexpensive and easy to perform. They also limit the motion of the spine, making them ideal for patients with lower back pain issues.
A 2001 review of isometric back extension endurance tests concluded that the Sorensen test was the most clinically useful and ease of implementation for both subject and clinician (Moreau, Green and Johnson). Typically, the Sorensen test measures how long a subject can keep the unsupported trunk of the body horizontal while lying on a table. Variations of the Sorensen test exist, referred to as modified Sorensen tests. The Sorensen test is widely preferred, but may have drawbacks. Results can show a wide range of fatigue time, possibly attributed to the variety of test methods (Pitcher, et al, 2007). Studies have also shown that the hip extensor muscles can be an influential factor in fatigue time (Moffroid, Reid and Henry) (Kankaanpää, Laaksonen and Taimela). Some participants may also stop the exercise due to spinal pain, leg pain, or pain in the abdomen (Latimer, Maher and Refshauge).

The Ito test, first described by Toskikazu Ito in 1996 (Ito, Shirado and Suzuki), has become a widely accepted modification of the Sorensen test. The Ito test requires only a pad under the abdomen, being even simpler than the traditional Sorensen test. One study found the Ito test to be a valid substitute for the Sorensen, and possibly able to assess back muscle endurance more specifically than the Sorensen (Müller, Stassle and Wirth). The Ito test is the simplest variant test of the Sorensen as it can be easily performed outside a medical office; therefore it was chosen for this research. In this research the Ito test was performed only once, not twice (72 hours after the first one) in comparison to the article done by Ito in 1996. (Ito, Shirado and Suzuki)

It is important to mention that in this research the Ito test was performed only once not twice (72 hours after the first one) in comparison with article done by Ito, Shirado in 1996 (Toshikazu Ito, RPT, Osamu Shirado, MD, PhD).
**Objective:** To assess the relationship between age, BMI, and years working in labor to the Ito test duration exercise among male construction workers.

**Hypothesis:** Age, BMI and working labor are negative associated with Ito test duration, such as increased age, BMI and working labor will each decrease with Ito test duration.

**Purpose:** To review the usefulness of the Ito test as a test of trunk muscle endurance.
METHODS

All data collection took place at the Futbol 5 soccer complex in north Tampa, Florida in November 2016. Thirty participants, all males over the age of 21 and under the age of 45, took part in this study. This study and the following methods described were approved by the Institutional Review Board at the University of South Florida. They were all non-smokers with no previous back surgery or history of degenerative joint disease. History of back injury without surgery was not disqualifying. They were also not on any chronic pain medication. Workers in sedentary jobs were excluded. Participants were asked to complete short survey to verify that they met all of the study requirements. (Appendix 1)

The first step in the research procedure involved obtaining informed consent for participation. All individuals were asked if they were willing to participate, for free and with no direct benefit, in the research study. The investigator explained the reason for the study: to assess the correlation between age, BMI, and years working in labor to the time the participants can complete the Ito test.

The second step involved administering a brief survey (see attached questionnaire) to select participants that met the inclusion criteria. The willing participants that were selected for the study were then briefed on the Ito exercise. The explanation of the exercise was given at an elementary school language level to all participants. Participants were also informed that the test will be performed individually and only once.
Participants were warned of the risks involved in completing the exercise. If at any point the participant experienced back pain while carrying out the exercise, they were free to stop participating.

The participants were then asked to lie face down on the floor while holding the chest off the floor. The investigator then logged the times the participants could lift the upper trunk up off (Picture 1) of the floor and maintain their bodies in this position, without exceeding 5 minutes. (Appendix 2) All data collected was then manually put into SAS (SAS Institute, Inc., Cary, North Carolina, version 9.4), a statistical analysis software, and assessed using regression analysis.
RESULTS

An exploratory analysis was first performed to investigate the relationship between each independent variable (that includes age, BMI and years in current job) and the outcome (Ito test duration). An independent t-test was applied to investigate the bivariate relationship between each independent variable and the outcome. Ito test scores, among healthy workers was evaluated in an adjusted model that included age, BMI and years in current job using linear regression analysis.

Adjusted estimates and 95% confidence intervals were obtained for each independent variable. The regression procedure in SAS (SAS Institute, Inc., Cary, North Carolina, version 9.4) was used to conduct the analysis. All tests of hypothesis were two-tailed with a type 1 error rate fixed at 5%. 
TABLES

Table 1 summarizes the study’s descriptive statistics. Of the 30 participants in the study, ages ranged between 21 to 42, with a median of 31. Participants had a wide range of years working in manual labor: as little as three months to 20 years. Ito test durations varied between 42 seconds to almost three minutes.

Table 1. Summary statistics of subjects in the study

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mean (SD)</td>
<td></td>
<td>30.7 (6.3)</td>
</tr>
<tr>
<td>Median</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>Min-Max</td>
<td></td>
<td>21-42</td>
</tr>
<tr>
<td>BMI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mean (SD)</td>
<td></td>
<td>27.1 (4.0)</td>
</tr>
<tr>
<td>Median</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Min-Max</td>
<td></td>
<td>20-35</td>
</tr>
<tr>
<td>Years in manual labor position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mean (SD)</td>
<td></td>
<td>7.5 (5.9)</td>
</tr>
<tr>
<td>Median</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Min-Max</td>
<td></td>
<td>0.25-20</td>
</tr>
<tr>
<td>Ito test duration, seconds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mean (SD)</td>
<td></td>
<td>77.7 (34.7)</td>
</tr>
<tr>
<td>Median</td>
<td></td>
<td>64.5</td>
</tr>
<tr>
<td>Min-Max</td>
<td></td>
<td>42-177</td>
</tr>
</tbody>
</table>
Table 2 shows the results of the regression analysis. A sample size of 30 achieves 31% power to detect an R-Squared of 0.07 attributed to 1 independent variable(s) using an F-Test with a significance level (alpha) of 0.05000. The variables tested are adjusted for an additional 3 independent variable(s) with an R-Squared of 0.07.

**Table 2.** Adjusted model with Ito as outcome

<table>
<thead>
<tr>
<th>Parameter estimate</th>
<th>Estimate</th>
<th>SE</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>137.4</td>
<td>48.4</td>
<td>0.0087</td>
</tr>
<tr>
<td>Age</td>
<td>0.09</td>
<td>1.7</td>
<td>0.9569</td>
</tr>
<tr>
<td>BMI</td>
<td>-2.3</td>
<td>1.9</td>
<td>0.2394</td>
</tr>
<tr>
<td>Time</td>
<td>0.1</td>
<td>1.7</td>
<td>0.9376</td>
</tr>
</tbody>
</table>
FIGURES

Figures 1-3 show the scatterplots of the Ito test duration results based on the three independent variables: age, BMI, and years in a manual labor job.

The adjusted model with Ito time as an outcome show that none of the variables, age, body mass index or time working a manual labor job are statistically significant, even though they are all non-significantly correlated. Therefore body mass index, age, and years in a manual labor construction job are not valid predictor variables for Ito test duration.
Figure 1. Ito test duration results with age as the independent variable
Figure 2. Ito test duration results with BMI as the independent variable
Figure 3. Ito test duration with years in manual labor as the independent variable
DISCUSSION

None of the independent variables were statistically significant as predictor variables for Ito test duration. The results for each independent variable had small negative associations when plotted, as Figures 1-3 show, but the scatterplots also reveal some interesting patterns. For example, the two participants who could hold the Ito test position for the longest were in their mid-20s, but the third and fourth longest times were by men in close to their 40s, one of whom was the oldest participant.

The BMI plot reveals a similar pattern: the participants with the highest BMIs were not the ones with the lowest Ito test durations. One of the participants with the highest BMI was a top performer of the Ito test. The participants with the three lowest Ito durations had BMIs very close to the mean of 27.1 and within one standard deviation. Similarly, with years in current position, the top four Ito test performers were spread out. The participant with the longest test duration had only been in manual labor for several years, while the third longest performer had been working in manual labor for close to 15 years. Most of the participants with under five years in manual labor were clustered together with Ito test durations of close to one minute.

Lack of statistically significant predictor variables is possibly due to the bias in selecting participants for the study. All participants work as manual laborers in construction jobs, but none of the participants reported workplace injuries.
It is possible that the men who participated in the study have developed lifting techniques that help them avoid injury in their jobs. The men have possibly developed habits to mitigate the occupational risks of construction work, and are regularly exercising their backs for work, strengthening them over time. The data could support this theory, as those with other 15 years in working manual labor did not perform much worse than those with zero to ten years.

Another critical factor that could have influenced the results is that all of the men participating in the study regularly play soccer once a week, a demanding physical activity. This factor was not built into research design, but could have influenced the results. It is possible that playing soccer, or any sort of regular exercise, helps trunk muscle conditioning.

Even though the men who participated in the study are physically active, able bodied men of working age, overall the Ito test scores were low compared to previous studies. Ito et al reports a mean time of 208.2 seconds of test duration in healthy males and 85.2 seconds for males with chronic lower back pain (Ito, Shirado and Suzuki). In this study, participants had a mean test duration of 77.1, with a range from 42-177, a full two minutes less than healthy males in the Ito study.

There could perhaps be unaccounted bias in the study that affected the outcome of the Ito test times. Studies show that personal factors such as motivation can affect the performance of participants (Demoulin, Vanderthommen and Duysens). The Ito tests for this research were conducted before the participants were going to play soccer so that fatigue would not impact the results. There are multiple possible reasons to explain why the Ito test results were significantly lower than expected from past Ito test studies, such as it lack of expectation, no visible clock, no competition between the participant, no real motivation and no compensation. It is also possible that the participants did not want to expend energy prior to a match.
Even though the independent variables were not found to be statistically significant, all of them had a slight negative relationship with Ito test duration. The small sample of only 30 participants may have influenced statistical significance. It is possible that increasing the power of the test by having a larger sample size could affect statistical significance of the independent variables.
CONCLUSION

While this study did not find BMI, age, or years in manual labor to be statistically significant predictors of Ito test duration, the study did reveal key findings. Regular physical activity such as soccer may help construction workers increase lower back endurance and avoid workplace injury. For future research, a control group of manual laborers who do not participate in a sport regularly may reveal more about the importance of sport and exercise. Additional research can also include having a control group of construction workers who have in fact experienced a work place injury. They would serve as a comparison group, but could also help reveal more about the validity of the Ito test in relation to low back risk in manual laborers.

An accurate and reliable predictor of future lower back pain in applicants seeking heavy work would be useful in employment and occupational medicine settings. However, one-time trunk muscle endurance testing such as the Ito test is not an adequate basis for work placement. Observing a prospective employee performing tasks that match the actual job demands would be more helpful. This type of functional testing would also give an opportunity to train employees how to avoid injuries in the future by using correct body mechanics before they start heavy work.
REFERENCES


Mayer, TG, et al. (n.d.).


APPENDIX 1

Survey

1- What is your name? ____________________________________________________________

2- ITO Test Time (to be completed by investigator): _________________________________

3- How old are you? ____________________________________________________________

4- What is your height? _________________________________________________________

5- What is your weight? _________________________________________________________

6- Do you have any back surgeries              Yes ☐              No ☐

7- If yes, did you have any trouble after your surgery, please describe __________________________

8- How many back strain injuries did you have in the last 5 years __________________________

9- Do you use chronic pain Medication?       Yes ☐              No ☐

10- Are you currently taking any pain medication? Yes ☐              No ☐

11- Do you have any current medical problems? Yes ☐              No ☐

12- If yes, please name it: _________________________________________________________

13- Do you smoke?              Yes ☐              No ☐

14- Did you ever smoke?             Yes ☐              No ☐

15- If yes, when did you quit smoking? __________________________

16- What is your job? ____________________________________________________________

17- How long have you been at your current position? __________________________

18- What are your hobbies or sports activities?_____________________________________

19- Could you provide me with your telephone number / email address____________________
## APPENDIX 2

### DATA

<table>
<thead>
<tr>
<th>Age</th>
<th>Height</th>
<th>Weight</th>
<th>BMI</th>
<th>Job</th>
<th>How Long at Current Position(years)</th>
<th>ITO Test Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>5'8</td>
<td>170</td>
<td>25</td>
<td>Construction</td>
<td>17</td>
<td>63</td>
</tr>
<tr>
<td>24</td>
<td>5'7</td>
<td>180</td>
<td>28</td>
<td>Carpet installer</td>
<td>5</td>
<td>52</td>
</tr>
<tr>
<td>31</td>
<td>5'9</td>
<td>180</td>
<td>26</td>
<td>Engineer</td>
<td>3</td>
<td>58</td>
</tr>
<tr>
<td>31</td>
<td>5'10</td>
<td>220</td>
<td>32</td>
<td>Construction (tile)</td>
<td>1.5</td>
<td>60</td>
</tr>
<tr>
<td>34</td>
<td>5'8</td>
<td>172</td>
<td>26</td>
<td>Construction</td>
<td>16</td>
<td>51</td>
</tr>
<tr>
<td>26</td>
<td>5'6</td>
<td>200</td>
<td>31</td>
<td>Truck driver</td>
<td>5</td>
<td>66</td>
</tr>
<tr>
<td>26</td>
<td>5'6</td>
<td>160</td>
<td>25</td>
<td>Construction</td>
<td>3</td>
<td>122</td>
</tr>
<tr>
<td>25</td>
<td>5'9</td>
<td>175</td>
<td>25</td>
<td>Construction</td>
<td>4</td>
<td>59</td>
</tr>
<tr>
<td>24</td>
<td>5'4</td>
<td>130</td>
<td>22</td>
<td>Construction</td>
<td>3</td>
<td>177</td>
</tr>
<tr>
<td>21</td>
<td>5'10</td>
<td>140</td>
<td>20</td>
<td>Construction</td>
<td>0.25</td>
<td>61</td>
</tr>
<tr>
<td>34</td>
<td>5'7</td>
<td>202</td>
<td>31</td>
<td>Construction</td>
<td>2</td>
<td>63</td>
</tr>
<tr>
<td>37</td>
<td>5'5</td>
<td>145</td>
<td>25</td>
<td>Painting</td>
<td>15</td>
<td>173</td>
</tr>
<tr>
<td>40</td>
<td>5'8</td>
<td>165</td>
<td>25</td>
<td>Construction</td>
<td>20</td>
<td>69</td>
</tr>
<tr>
<td>41</td>
<td>5'9</td>
<td>240</td>
<td>35</td>
<td>Welder</td>
<td>20</td>
<td>67</td>
</tr>
<tr>
<td>39</td>
<td>5'8</td>
<td>176</td>
<td>26</td>
<td>Drywall</td>
<td>10</td>
<td>107</td>
</tr>
<tr>
<td>41</td>
<td>5'6</td>
<td>173</td>
<td>28</td>
<td>Painting</td>
<td>11</td>
<td>42</td>
</tr>
<tr>
<td>37</td>
<td>5'6</td>
<td>200</td>
<td>32</td>
<td>Remodeling</td>
<td>3.5</td>
<td>54</td>
</tr>
<tr>
<td>23</td>
<td>6'1</td>
<td>190</td>
<td>25</td>
<td>Painting</td>
<td>4</td>
<td>51</td>
</tr>
<tr>
<td>42</td>
<td>5'6</td>
<td>220</td>
<td>35</td>
<td>Drywall</td>
<td>15</td>
<td>111</td>
</tr>
<tr>
<td>33</td>
<td>5'9</td>
<td>202</td>
<td>29</td>
<td>Painting</td>
<td>14</td>
<td>43</td>
</tr>
<tr>
<td>34</td>
<td>5'9</td>
<td>165</td>
<td>24</td>
<td>Satellite installer</td>
<td>8</td>
<td>54</td>
</tr>
<tr>
<td>32</td>
<td>5'10</td>
<td>230</td>
<td>33</td>
<td>Mechanic</td>
<td>8</td>
<td>69</td>
</tr>
<tr>
<td>28</td>
<td>5'4</td>
<td>180</td>
<td>31</td>
<td>Truck driver</td>
<td>3</td>
<td>70</td>
</tr>
<tr>
<td>27</td>
<td>5'8</td>
<td>154</td>
<td>23</td>
<td>Electrician</td>
<td>8</td>
<td>52</td>
</tr>
<tr>
<td>26</td>
<td>5'9</td>
<td>160</td>
<td>23</td>
<td>Construction</td>
<td>2</td>
<td>91</td>
</tr>
<tr>
<td>23</td>
<td>5'11</td>
<td>205</td>
<td>28</td>
<td>Granite worker</td>
<td>5</td>
<td>102</td>
</tr>
<tr>
<td>27</td>
<td>5'7</td>
<td>170</td>
<td>25</td>
<td>Mechanic</td>
<td>2</td>
<td>88</td>
</tr>
<tr>
<td>34</td>
<td>5'10</td>
<td>194</td>
<td>28</td>
<td>Welder</td>
<td>8</td>
<td>48</td>
</tr>
<tr>
<td>23</td>
<td>6'1</td>
<td>210</td>
<td>27</td>
<td>Construction</td>
<td>2</td>
<td>91</td>
</tr>
<tr>
<td>25</td>
<td>5'10</td>
<td>140</td>
<td>20</td>
<td>Construction</td>
<td>7</td>
<td>118</td>
</tr>
</tbody>
</table>
9/20/2016

Ronald Figueredo, M.D.
Environmental and Occupational Health
13201 Bruce B Downs Blvd., MDC56
Tampa, FL  33612-3805

RE: Expedited Approval for Initial Review
IRB#:  Pro00023496
Title:  Back muscle endurance as measure by Ito test duration

**Study Approval Period: 9/20/2016 to 9/20/2017**

Dear Dr. Figueredo:

On 9/20/2016, the Institutional Review Board (IRB) reviewed and APPROVED the above application and all documents contained within, including those outlined below.

**Approved Item(s):**

**Protocol Document(s):**
IRB protocol

**Consent/Assent Document(s)*:**
Consent .pdf

*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab. Please note, these consent/assent document(s) are only valid during the approval period indicated at the top of the form(s).

It was the determination of the IRB that your study qualified for expedited review which includes activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the categories outlined below. The IRB may review research through the expedited review procedure authorized by 45CFR46.110 and 21 CFR 56.110. The research proposed in this study is categorized under the following expedited review category:
(4) Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing.

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval via an amendment. Additionally, all unanticipated problems must be reported to the USF IRB within five (5) calendar days.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

E. Verena Jorgensen, M.D., Chairperson
USF Institutional Review Board