

Regular article

Title:

Effect of repeated head impacts on the amount of the cervical vertebral translation among university American football players.

Running title:

Head impacts and cervical changes in college American football

Authors:

Saaya Umeoka^{1*}, Satoru Nishida², Takashi Fukuda³

Affiliations:

1. Graduate School of Comprehensive Human Sciences, University of Tsukuba, 1-1-1 Tennodai, Tsukuba, Ibaraki 305-8577, Japan
2. Faculty of Sport and Health Sciences, Ryutsu Keizai University, 120 Hirahata, Ryugasaki, Ibaraki 301-8555, Japan
3. Faculty of Health and Sports Science, University of Tsukuba, 1-1-1 Tennodai, Tsukuba, Ibaraki 305-8577, Japan

Correspondence author's e-mail address:

s.y.ume41@gmail.com

Number of figures: 4

Number of tables: 2

Abstract

American football is associated with a high risk of cervical injuries. In order to prevent these injuries, head acceleration during head impacts is currently being studied, but no studies have examined the effects on the neck. We aimed to examine the effects of head impact kinematics (the number of head impacts, maximum head linear acceleration [LA], and maximum head angular acceleration [AA]) on cervical vertebral translation in collegiate American football players over a one-year period. 22 players (5 linemen and 17 skill players) who belonged to T university in the Kantoh Collegiate American Football Association Division 2. We examined the relationship between the total number of head kinematics over a year period and the amount of the cervical vertebral translation as measured by a mouth guard with a 6-axis accelerometer. The total number of head impacts of the subjects was 12,368. For skill players, the 4th cervical vertebral movement distance was significantly correlated with the maximum AA ($r = 0.49$, $P = 0.04$) and also with the maximum LA ($r = 0.48$, $P = 0.05$). In Japanese university American football players, it was suggested that the repeated head impacts with large maximum LA and AA generated in the head affected the amount of the 4th cervical vertebral translation. In particular, skill players were affected, so they need to acquire accurate tackle skills even with a tackle with speed. This may result in a decrease in acceleration during head impact, leading to a decrease in the load on the cervical spine.

Key words: American football, collision sports, repeated head impacts, head acceleration, cervical alignment

Title:

大学アメリカンフットボール選手における繰り返しの頭部衝突が頸椎椎体移動に与える影響

Authors:

梅岡沙綾^{1*}, 西田智², 福田崇³

Affiliations:

1. 筑波大学大学院 人間総合研究科スポーツ医学専攻
2. 流通経済大学 スポーツ健康科学部
3. 筑波大学 体育系

Abstract

アメリカンフットボールは、頸椎損傷のリスクが高いと報告されている。これらの傷害を予防するために、近年は頭部衝突時の頭部加速度について研究が行われているが、頸部への影響について検討した研究はない。本研究では、大学アメリカンフットボール選手において、頭部衝突時のキネマティクス（頭部衝突の回数，最大直線加速度 [LA]，最大角加速度 [AA]）が頸椎椎体移動に及ぼす影響を1年間にわたり検討することを目的とした。関東大学アメリカンフットボール連盟2部リーグのT大学に所属する選手22名（Linemen: 5名，Skill players: 17名）を対象とした。6軸加速度計付きマウスガードで測定した1年間の頭部衝突時のキネマティクスと各頸椎椎体移動量との関係を検討した。対象者の頭部総衝突回数は12,368回であった。Skill playersでは、第4頸椎椎体移動量は最大AA（ $r=0.49$, $P=0.04$ ）と有意な相関があり，最大LA（ $r=0.48$, $P=0.05$ ）と有意

な相関の傾向があった。日本の大学アメリカンフットボール選手において、頭部に生じる高い最大 LA と AA を伴う頭部衝突の繰り返しが第 4 頸椎椎体移動量に影響を与えることが示唆された。特に、Skill players が影響を受けており、スピードのあるタックルでも正確なタックル技術を習得する必要がある。その結果、頭部衝突時の加速度が減少することで頸椎への負荷が減少することが考えられる。

1 **Introduction**

2 As a collision sport, American football places players at risk for injuries, especially
3 cervical injuries such as cervical spine contusion^{1,2}. Studies have reported that X-ray
4 radiography and magnetic resonance imaging (MRI) are useful diagnostic tools that can
5 identify risk of neck injuries in American football athletes, which can guide intervention
6 to prevent serious injuries. The anterior-posterior canal diameter of the cervical spine
7 (Torg-Pavlov's ratio), which is used as an indicator of spinal canal stenosis, can be
8 measured by X-ray and MRI; Torg et al. reported that athletes with a Torg-Pavlov's ratio
9 of ≤ 0.8 are more likely to sustain serious cervical injuries (e.g., transient quadriplegia)³.
10 It has been reported that, in addition to Torg-Pavlov's ratio, changes in cervical spine
11 alignment and vertebral body degeneration occur due to longer athletic experience^{4,5}.
12 Changes in cervical alignment induce the straightening of the cervical spine, which can
13 lead to fracture or dislocation of the vertebral bodies due to axial pressure from vertical
14 forces of the parietal region. In addition, a previous study reported that degeneration of
15 the vertebral bodies and intervertebral discs of the cervical spine can be a factor in the
16 development of Burner's syndrome⁶. Therefore, it is recommended to assess the athletes'
17 physical characteristics, including cervical X-ray radiography, as part of pre-season
18 medical testing to prevent severe cervical injuries^{7,8}.
19 The reason for the change in cervical spine alignment may be due to a change in the
20 balance of muscle strength between cervical extensors and flexors as well as the repetitive
21 force of head impacts. Simultaneous contraction of the cervical flexion and extension
22 muscles is important to stabilize the cervical spine; a previous study reported that a
23 cervical flexion strength and extension strength ratio of 0.8 was required to prevent

24 cervical spine injuries⁹. Moreover, immobilizing the neck during head impact affects
25 cervical alignment, because the forward compression force of the cervical vertebrae
26 occurs due to muscle hypertrophy of the deep cervical muscles and shortening of the deep
27 flexor muscles of the neck^{10,11}. Research of head impacts in American football athletes
28 has been conducted mainly in the U.S. and usually uses the accelerometers to quantify
29 the head impact kinematics. In a study from Japan, the total number of head impacts
30 recorded for 3 games and 22 practices was 8,316, and the median total number of head
31 impacts per person was 40.5 during the game and 282 during practice. The average
32 maximum head linear acceleration (LA) per one head impact was reported to be $20.8 \pm$
33 12.1 G during the game and 19.0 ± 10.1 G during practice¹². Interestingly, the number of
34 head impacts per person per practice session in Japan was more than double compared
35 with data from the U.S.; thus, it is thought that frequent head impact causes a higher
36 cumulative load on the neck in Japanese athletes playing American football. However,
37 there is no study that reported the effects of repetitive head impacts on the cervical spine.
38 Therefore, in this study, we aimed to examine the effects of head impact kinematics (the
39 number of head impacts, maximum head LA, and maximum head angular acceleration
40 [AA]) on cervical vertebral movement in collegiate American football players over a one-
41 year period.

42

43 **Materials and methods**

44 *Participants*

45 In this study, we included 22 Japanese university American football players who belonged
46 to T university in the Kantoh Collegiate American Football Association Division II. The
47 exclusion criteria of participants were as follows: 1) the head collision data could not be

48 measured for three months or more; 2) cervical X-rays could not be taken; or 3) the 7th
49 cervical spine image could not be seen on cervical X-ray radiography. Participants were
50 categorized into linemen and skill players according to their position (5 linemen and 17
51 skill players). We thoroughly explained the purpose of the study to the subjects and
52 obtained their consent. This study was performed with the approval of the Tsukuba
53 University Sport Theory Committee (approval number: 29-86).

54

55 ***Experimental design***

56 The measurement period was from April 22, 2017, to November 25, 2017, for a total of
57 218 days. Head impact kinematics were observed in 11 games (5 games in the spring
58 season and 6 games in the fall season) and 117 practices. Cervical X-rays were taken
59 twice by the same radiologist in April before the spring season and in November after the
60 autumn season.

61

62 ***Head impact kinematics***

63 We measured the head impact kinematics such as the number of head impacts,
64 maximum head linear acceleration (LA), and maximum head angular acceleration (AA)
65 using Vector Mouthguard (il Biometrics Inc, WA; Figure 1), using a modified
66 measurement method of the one used by Fukuda et al. ¹². It equipped with 6DOF(a
67 three-axis acceleration sensor and a three-axis gyro sensor), the sampling frequency of
68 the three-axis acceleration sensor(ADXL377, Analog Devices) was 1024 Hz, and it can
69 measure LA up to 200 G. The sampling rate of the three-axis gyroscope (L3GD20H, SH
70 Microelectronics) was 760 Hz, and it can measure AA up to 2000 deg/s² (34.9 rad/s²).

71 When a player wearing a mouthguard experienced a head impact, data of the head

72 impact was recorded in an application on the personal computer. The maximum LA and
73 maximum AA were calculated automatically, and data recorded on the personal
74 computer was extracted as Excel data and analyzed.

75

76 ***Figure 1 around here***

77

78 *The amount of the cervical vertebral translation*

79 We calculated the amount of the cervical vertebral translation using the cervical spine
80 curve morphology classification method^{13,14}. A straight line drawn at the inferior edge of
81 the posterior margin of the 2nd through 7th cervical vertebrae was defined as the baseline,
82 and a vertically line drawn from that baseline to the inferior edge of the posterior margin
83 of each vertebra was defined as the curvature distance (Figure 2). In addition, the amount
84 of movement of the curvature distance of each vertebra from April to November was
85 defined as the amount of the cervical vertebral translation, which was calculated as an
86 absolute value.

87

88 ***Figure 2 around here***

89

90 *Evaluation items*

91 In this study, we set the cutoff value of the maximum LA at 10 G. We calculated the total
92 number of head impacts, total maximum LA, and total maximum AA, then investigated
93 whether each of these values was related to the vertebral movement distance of the

94 cervical spine.

95

96 ***Statistical analyses***

97 We used the Kolmogorov–Smirnov test to assess the normality of the measures. The
98 cumulative total number of head impacts, maximum LA, and maximum AA derived from
99 the linemen and skill players and average curvature distance and the amount of the
100 cervical vertebral translation for each of the cervical vertebrae were compared by an
101 unpaired *t*-test. The Mann–Whitney *U* test was used to compare the ratio of head impacts
102 by maximum LA and maximum AA between the linemen and skill players. We used the
103 Spearman’s rank correlation coefficient to examine the relationship between the
104 cumulative amount of each measurement of head impact and the amount of the cervical
105 vertebral translation. An α level of $P < 0.05$ was considered statistically significant and P
106 < 0.10 was significant trends. Statistical analyses were performed using IBM SPSS
107 Statistics version 22 (IBM Japan, Tokyo, Japan).

108

109 **Results**

110 ***Head impact kinematics***

111 The total number of head impacts was 12,368, of which 2,493 (20.2%) occurred during
112 games and 9,201 (74.4%) occurred during practice sessions. The average total number
113 of head impacts per person was 562.2 ± 397.2 . The average total maximum LA per
114 person was $12,478.6 \pm 8,290.2$ G and the average was 22.7 ± 2.3 G for one head impact.
115 The average total maximum AA per person was $928,525.8 \pm 586,953.0$ rad/s², and the
116 average was $1,732.6 \pm 356.4$ rad/s² for one head impact.
117 The total number of head impacts among linemen (956.2 ± 461.2) was larger than that

118 of skill players (446.3 ± 301.8) ($P = 0.008$). The average total maximum LA of linemen
119 ($19,741.5 \pm 9,137.8$ G) was higher than that for skill players ($10,342.5 \pm 6,928.1$ G) (P
120 $= 0.022$). We calculated the percentage of the total number of head impacts per
121 maximum LA and maximum AA for each group by taking into account differences in
122 body size (Figure 3). As shown in Figure 3, the percentage of total head impacts by
123 maximum LA in skill players at $40 \text{ G} < X \leq 50 \text{ G}$ was significantly higher than in
124 linemen ($P = 0.003$) and tended to be higher than in linemen at $50 \text{ G} < X \leq 60 \text{ G}$ ($P =$
125 0.071).

126 There was no significant difference in the average total maximum AA between position
127 (linemen: $1,278,423.0 \pm 593,424.3$ rad/s² vs. skill players: $825,614.8 \pm 560,914.4$
128 rad/s²). As shown in Figure 4, the percentage of total head impacts by maximum AA in
129 linemen at $0 \text{ rad/s}^2 < X \leq 1,000 \text{ rad/s}^2$ was significantly higher than in skill players ($P =$
130 0.019). By contrast, the percentage of total head impacts by maximum AA in skill
131 players at $2,000 \text{ rad/s}^2 < X \leq 3000 \text{ rad/s}^2$ was significantly higher than in linemen ($P =$
132 0.05) and tended to be higher than in linemen at $3,000 \text{ rad/s}^2 < X \leq 4,000 \text{ rad/s}^2$ ($P =$
133 0.058).

134

135 ***Figure 3 around here***

136 ***Figure 4 around here***

137

138 ***The amount of the cervical vertebral translation***

139 Table 1 shows the curvature distance and the amount of the cervical vertebral
140 translation. The amount of the cervical vertebral translation for all subjects were $1.9 \pm$

141 1.5 mm for the 4th cervical vertebra and 2.0 ± 1.5 mm for the 5th cervical vertebra,
142 which were longer than those for the 3rd and 6th cervical vertebral body.

143

144 ***Table 1 around here***

145

146 ***Correlation between the head impact kinematics and the amount of the cervical***
147 ***vertebral translation***

148 Table 2 show the correlation between the kinematic characteristics and movement
149 distance of each cervical vertebra at the time of head impact. As shown in Table 2, there
150 was a significant correlation between the total maximum AA and the amount of the 4th
151 cervical vertebral translation in skill players ($r = 0.49, P = 0.04$), but not in linemen ($r =$
152 $-0.05, P = 0.93$). Similarly, the total maximum LA tended to correlate with the amount
153 of the 4th cervical vertebral translation ($r = 0.48, P = 0.05$) in skill players. In linemen,
154 significant correlations were found between the total number of head impacts ($r =$
155 $0.900, P = 0.04$), total maximum AA ($r = 0.900, P = 0.04$), and the amount of the
156 cervical vertebral translation.

157 ***Table 2 around here***

158

159 **Discussion**

160 The objective of our study was to clarify the effects of head kinematics caused by
161 repeated head impacts on the neck. The most important finding was that the amount of
162 the 4th cervical vertebral translation is affected by repeated head impacts with high head

163 acceleration. These results provide concrete evidence for the abstract hypothesis that
164 athletic experience influences cervical spine movement.

165 To the best of our knowledge, this was the first study to examine the total number of
166 head impacts that occur in football players over a one-year period in Japan, including
167 during the spring and summer period when there are many practice days. In the present
168 study, the total number of head impacts was 12,368 in 11 games (2,493, 20.2%) and 117
169 practices (9,201, 74.4%). A previous study reported that 70% of the total number of
170 head impacts occurred during practice in the U.S.¹⁵. The average number of practice
171 days per year is reported to be approximately 190 days in Japan² and 90–100 days in the
172 U.S.¹, which is nearly twice as many days in Japan than in the U.S. Therefore, the
173 percentage of total head impacts that occur during practice was thought to be much
174 higher in Japan than in the U.S., although the present results show that it is only slightly
175 higher than in the U.S. The reason that the results differed from the hypotheses may be
176 that the head-up football has started to spread in Japan, which involves basic practices
177 aimed to acquire a tackling posture without increasing the risk of head impact. Future
178 studies should examine head impacts throughout the year, considering the different
179 practice days that occur in each period. Regarding the difference in position, the number
180 of head impacts in skill players was significantly lower than in linemen. In recent study,
181 it was showed that in positional comparisons of total head collisions, Defensive
182 linemen, one of the linemen positions, have the most collisions and Wide receivers, one
183 of the skill players positions, have the least¹⁶. This was because skill players spend
184 much of their time practicing techniques with the ball, such as agility and reaction, so
185 the number of impacts to the head during practice is relatively low. The results of the
186 present study agree with findings of earlier studies.

187 When the total number of head impacts was classified according to LA and AA, skill
188 players had a significantly higher percentage than linemen for $40\text{ G} < X \leq 50\text{ G}$. In
189 Japan, the median of the maximum LA for a single head impact was reported to be
190 15.87 G in practice and 16.77 G in games, and the range of difference by position was
191 high LA¹³. The Defensive backs and Wide receiver performed by the skill players are
192 concentrating on catching the ball or running; therefore, they are often tackled at
193 unexpected times or in a posture with insufficient reserve motion and are thus more
194 susceptible to higher maximal LA and AA.

195 The relationship between the amount of the cervical vertebral translation and head
196 impact kinematics was not correlated with the total number of head impacts in all
197 subjects. By position, skill players showed a significant correlation between 4th
198 cervical vertebral translation and AA, while LA trends in significant correlations. As
199 discussed earlier, the head impact of skill players is characterized by a high percentage
200 of total head impacts by maximum LA and maximum AA, which indicates that repeated
201 high head acceleration, even a small number of times, may have an effect on the amount
202 of the 4th cervical vertebral translation. On the other hand, linemen showed a negative
203 correlation between the amount of the 3rd cervical vertebral translation and total
204 number of head impacts and total maximum LA, although this was difficult to examine
205 due to the small number of subjects. Since the number of linemen per team in Japan is
206 limited, collecting data from multiple teams is necessary for future studies to confirm
207 the findings of the current study.

208 The cervical vertebrae are classified as upper cervical vertebrae (1st and 2nd cervical
209 vertebrae), middle cervical vertebrae (3rd to 5th cervical vertebrae), and lower cervical
210 vertebrae (6th and 7th cervical vertebrae). The mobility of flexion and extension

211 between the 4th and 6th cervical vertebrae is particularly wider than other cervical
212 vertebrae¹⁷. Many neck injuries in American football occur in the 3rd to 6th cervical
213 vertebrae; in particular, Burner's syndrome is a common injury in the middle and lower
214 cervical vertebrae^{10,11}. Therefore, it was suggested that the total maximum LA and total
215 maximum AA were affected the 4th cervical vertebra, which has a wide range of motion
216 in this study.

217 Limitations in this study should be addressed. In a previous study, it was reported that
218 cervical spine alignment changes often occurred after 3 to 6 years of competition
219 experience¹³. Therefore, longer study time is needed to investigate long-term effects. In
220 addition, we did not analyze the position of head impact in this study. The cervical spine
221 undergoes flexion, extension, lateral flexion, and rotation, and the movement of the
222 cervical spine changes in a complex manner depending on the position of the head
223 impact. Therefore, a future study should aim to study the effect of the head impact
224 position on the neck.

225 The present study revealed that repeated head impacts with a large maximum LA and
226 AA to the head affect the movement of the cervical spine in Japanese collegiate
227 American football players. To reduce adverse effects on the neck, it is important to
228 ensure that players perform head-up tackling and develop a safe tackling posture such as
229 shoulder tackling, in which the tackle comes from the shoulders rather than from the
230 head. In addition to reducing the number of head impacts, it is also important to ensure
231 that skill players tackle accurately, even when accelerating.

232

233 **Acknowledgments**

234 We thank the athletes who participated and the research assistants who were
235 instrumental in the collection of the data. This study was supported by a Grant-in-Aid
236 for Scientific Research (C) from the Ministry of Education, Culture, Sports, Science,
237 and Technology, Japan (17K01752).

238

239 **Conflict of interest**

240 The authors have declared that no competing interests exist.

241

242 **Author Contributions**

243 SU (Saaya Umeoka): study design, participants recruitment, data collection, data
244 analysis, manuscript preparation. SN: study design, data analysis, manuscript revision.
245 TF: study design, data collection, data analysis, manuscript revision. All authors have
246 read and approved the manuscript.

247

248 **References**

- 249 1) Randall D, Michael SF, Julie A, Ron C, Stephen WM, Michael J.H, Fred R. 2007.
250 Descriptive Epidemiology of Collegiate Men’s Football Injuries: National
251 Collegiate Athletic Association Injury Surveillance System,1988–1989 Through
252 2003–2004. *J Athl Train* 42(2): 221–233.
- 253 2) Fukuda T, Miyakawa S, Matsumoto T, Kawasaki A, Takemura M, Mori S. 2012.
254 Epidemiology of collegiate American football injuries-longitudinal injury
255 surveillance for 10 years, 1999 through 2008. *Football Sci* 9: 70–78 (in Japanese).
- 256 3) Torg,J.S. 1995. Cervical spinal stenosis with cord neurapraxia and transient
257 quadriplegia. *Clin Sports Med* 9: 279–296.

- 258 4) Watanabe H, Takeda N, Torii N, Torii S. 2001. A longitudinal study about the
259 morphology of the cervical vertebral body in collegiate American football players. *J*
260 *Phy Fit Sports Med* 50: 97-104 (in Japanese).
- 261 5) Niitsu M, Kuno S, Abe I, Matsumoto K, Akisada M, Shimojyo H, Miyamaru M.
262 1989. MRI survey for neck injuries of American-football athletes. *J Phy Fit Sports*
263 *Med* 38(6): 678 (in Japanese).
- 264 6) Fujiya H, Aoki H, Isomi T, Kidokoro K, Ohasi K, Kitagawa A. 1996. The
265 pathogenesis of Burner syndrome in American football: a dynamic X-ray and MRI
266 study. *J Jpn Soc Clin Sports Med* 3(3): 319-324 (in Japanese).
- 267 7) Neck injuries and prevention. <https://academy.americanfootball.jp/safety>.
268 [\(Accessed: 2021/8/22\)](#)
- 269 8) Shimojyo H, Miyanaga Y. 1996. Cervical spine changes and neck muscle strength
270 in American football players. *Jpn J Orth Sports Med* 16(1): 19-28 (in Japanese).
- 271 9) Torg, J.S, Sennett B, Vegso J.J, Pavlov H. 1991. Axial loading injuries to the middle
272 cervical spine segment. An analysis and classification of twenty-five cases. *Am J*
273 *Sports Med* 19: 6-20.
- 274 10) Fukuda T, Shimojyo H, Miyanaga Y, Shiraki H, Kaneoka K. 1997. Cervical spine
275 kinematics in American football. *J Phy Fit Sports Med* 46(6): 765(in Japanese).
- 276 11) Shimojyo H, Miyanaga Y, Okamura H, Hayashi K, Fukubayashi T. 1995. Neck
277 Injuries in American Football. *J Jpn Soc Clin Sports Med* 12(1): 93-103 (in
278 Japanese).
- 279 12) Fukuda T, Koike S, Miyakawa S, Fujiya H, Yamamoto Y. 2017. Impact on the head
280 during collisions between university American football players -focusing on the

- 281 number of head impacts and head acceleration-. *J Phys fitness Sports Med* 6(4):
282 241-249(in Japanese).
- 283 13) Kishimoto K, Awatani T, Fujitaka K, Kusaka M, Nakata H, Otsuki S, Okubo M,
284 Yanagida Y. 2013. Short-term Changes in the Cervical Spine Curvature of
285 Collegiate American Football Players. *J Jpn Soc Clin Sports Med* 21(1): 37-43 (in
286 Japanese).
- 287 14) Kamata M. 1990. Spinal deformity after posterior cervical decompression for
288 cervical spondylosis. *East Jap J Clin Orth* 2: 86-89 (in Japanese).
- 289 15) Campolettano ET, Rowson S, Duma S, Stemper B, Shah A, Harezlak J, Riggen LD,
290 Mihalik J, Brooks A, Cameron K, Giza CC, Mcallister T, Broglio SP, Mccrea M.
291 2019. Factors Affecting Head Impact Exposure in College Football Practices: A
292 Multi-Institutional Study. *Ann Biomed Eng* 47(10): 2086-2093.
- 293 16) Mihalik JP, Bell DR, Marshall SW and Guskiewicz KM. 2007. Measurement of
294 head impacts in collegiate football players: an investigation of positional and event-
295 type differences. *Neurosurgery* 61: 1229-1235.
- 296 17) Yonemoto K, Isigami S, Kondo T. 1995. Joint Range of Motion Indication and
297 Measurement Method: (Revised April 1995). *The Jap J Rehabilitation Med* 32:
298 207-217 (in Japanese).

Figure legends

Figure 1. Vector Mouthguard (i1 Biometrics Inc.)

Figure 2. The cervical spine curve morphology classification method

The baseline was defined as 1) a straight line at the lower edge of the posterior margin of the 2nd through 7th cervical vertebrae, and 2) the curvature distance was measured from the baseline to the lower edge of the posterior margin of each vertebra.

Figure 3. Position-related difference in the percentage of total head impacts by maximum LA.

^a Significant difference between linemen and skill players ($P < .05$). ^b Trends in significant differences between linemen and skill players ($P < .10$).

Figure 4. Position-related difference in the percentage of total head impacts by maximum AA.

^a Significant difference between linemen and skill players ($P < .05$). ^b Trends in significant differences between linemen and skill players ($P < .10$).



Figure 1. Vector Mouthguard (i1 Biometrics Inc.)

Saaya Umeoka, Figure 1.

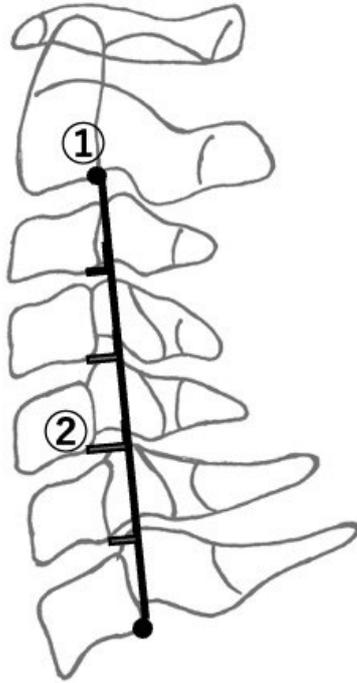


Figure 2. The cervical spine curve morphology classification method

Saaya Umeoka, Figure 2.

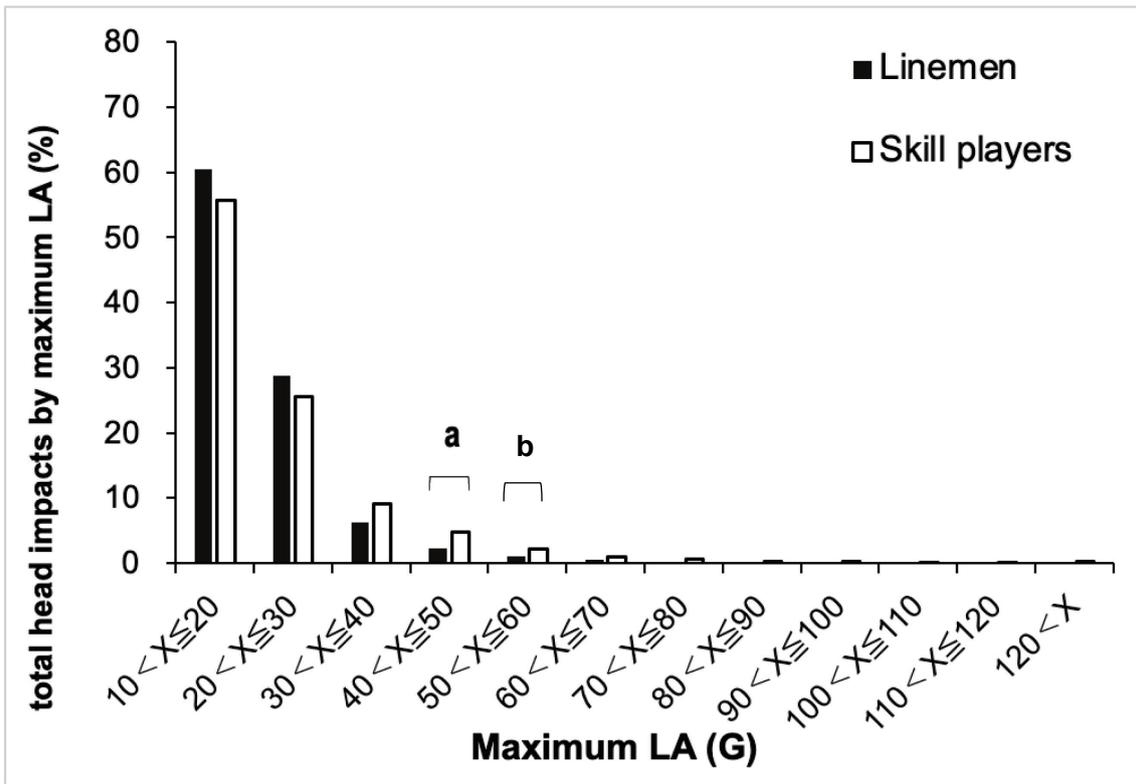


Figure 3. Position-related difference in the percentage of total head impacts by maximum LA.

Saaya Umeoka, Figure 3.

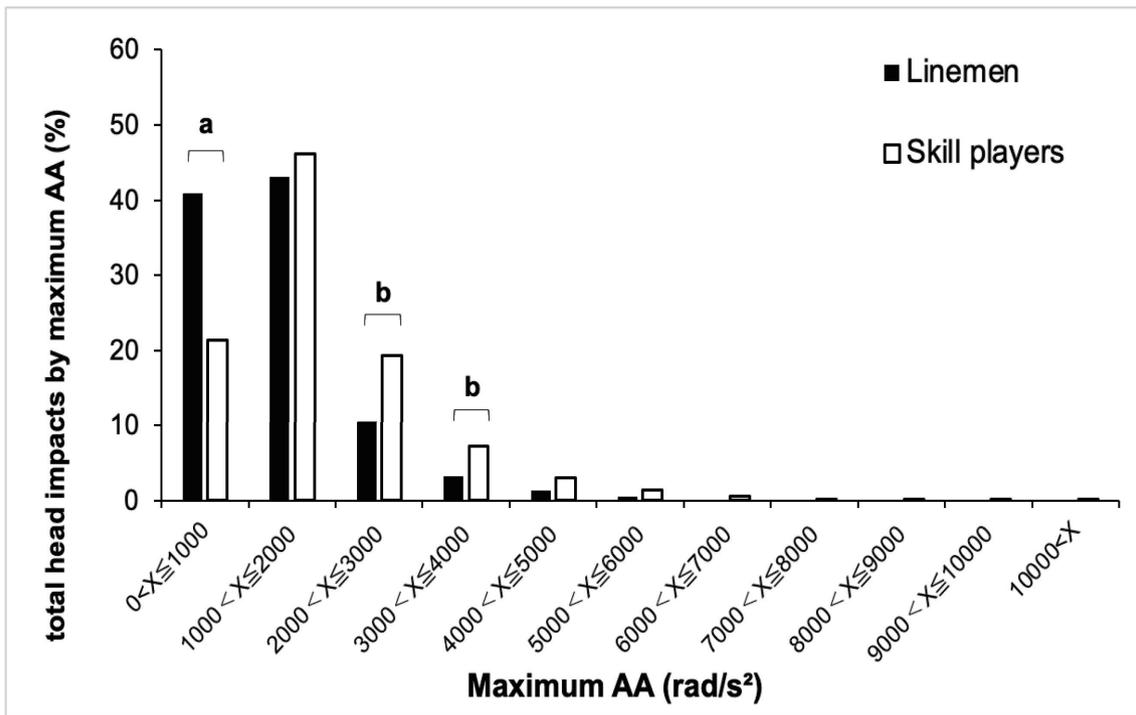


Figure 4. Position-related difference in the percentage of total head impacts by maximum AA.

Saaya Umeoka, Figure 4.

Table 1. Average curvature distance and the amount of the cervical vertebral translation.

		Average of Curvature Distance(mm)		Average of the amount of the cervical vertebral translation. (mm)	P value
		April 2017	November 2017		
	All	2.1 ± 2.3	1.8 ± 2.5	1.5 ± 1.0	0.36
C3	Linemen	1.9 ± 1.9	1.8 ± 2.7	1.7 ± 0.9	0.89
	Skill players	2.2 ± 2.4	1.8 ± 2.5	1.4 ± 1.1	0.37
	All	2.3 ± 2.9	2.6 ± 3.2	1.9 ± 1.5	0.44
C4	Linemen	1.4 ± 2.6	2.4 ± 3.4	1.8 ± 1.0	0.18
	Skill players	2.6 ± 3.0	2.7 ± 3.2	2.0 ± 1.6	0.80
	All	2.5 ± 2.9	2.5 ± 3.2	2.0 ± 1.5	0.88
C5	Linemen	0.7 ± 2.6	1.1 ± 3.5	1.3 ± 0.7	0.50
	Skill players	3.0 ± 2.8	2.9 ± 3.1	2.3 ± 1.6	1.00
	All	2.3 ± 2.0	2.2 ± 2.5	1.3 ± 1.1	0.64
C6	Linemen	1.2 ± 2.2	1.0 ± 2.2	1.0 ± 1.2	0.69
	Skill players	2.6 ± 1.9	2.6 ± 2.5	1.3 ± 1.1	0.71

The curvature distance was calculated as the average length of the hanging line from the baseline. The amount of the cervical vertebral translation was calculated as the absolute value between the average values in April and November.

Table 2. Correlation between the head impact kinematics and the amount of the cervical vertebral translation.

			C3	C4	C5	C6	
Total number of head impacts	All	r	-0.10	0.26	-0.14	-0.04	
		<i>P</i> value	0.64	0.25	0.54	0.85	
	Linemen	r	-0.900 ^a	0.36	-0.30	0.30	
		<i>P</i> value	0.04	0.55	0.62	0.62	
	Skill players	r	-0.03	0.37	0.13	-0.10	
		<i>P</i> value	0.91	0.15	0.63	0.70	
	Total maximum LA	All	r	-0.07	0.31	-0.10	-0.02
			<i>P</i> value	0.75	0.16	0.66	0.95
		Linemen	r	-0.900 ^a	0.36	-0.30	0.30
			<i>P</i> value	0.04	0.55	0.62	0.62
		Skill players	r	0.30	0.48 ^b	0.22	-0.05
			<i>P</i> value	0.62	0.05	0.39	0.86
Total maximum AA		All	r	-0.03	0.38 ^b	0.01	0.00
			<i>P</i> value	0.90	0.08	0.97	0.99
		Linemen	r	-0.50	-0.05	0.00	0.70
			<i>P</i> value	0.39	0.93	1.00	0.19
		Skill players	r	0.04	0.49 ^a	0.21	-0.07
			<i>P</i> value	0.88	0.04	0.41	0.79

^a Significant correlations for each measure ($P < .05$). ^b Trends in significant correlations for each measure ($P < .10$).