pre-test to post-test. The one-way repeated measures ANOVA revealed a second flow Restriction Therapy with 100% Occlusion on Vastus Medialis Oblique (F(5,50)=13.97, p=0.00) for VMO thickness across time. Pairwise comparison Muscle Thickness and Insertion Angle

increased significantly (p=.011) from pretest (M=2.49, SD=+/-.422) to (M= Acute Effectional Company of the control of the cont

respectively.

nd benefits of this study through the IRB approved stories obtained, subjects were measured for height, kle-brachial index.

and after five, 5-minute bouts of 100% occlusion using rtion angle was measured before and after five etween inflation periods. VMO thickness and insertion c ultrasound unit.

Discussion: We believe this to be the first investigation involving the measurangle and thickness during blood flow restriction therapy using 100% occlus that both VMO insertion angle and muscle thickness were altered by this the Several unanswered questions remain in this research line pertaining to he with pathology in reference to VMO thickness and insertion angle. Further identify if these variables revert back to pre-exercise levels after an acute by a role in affecting these variables acutely, or how chronic BFRT can affect the

Results: Subject demographics were 21.08 +/-1.56 yrs of age, 66.75 +/- 4 148.33 +/-29.48 lbs. Average resting heart rate and blood pressure was 71

VMO insertion angle increased significantly (t(11) = -6.633, p=0.00) from 4

c ultrasound unit.

Clinical Relevance: Published data demonstrates clinical and functional ber
basic physiological changes such as muscle thickness and insertion angle, w
280.25 BDC26 0 Td6D50 Td1.i3.3 (n)10.2 (g ad)-0.7 (5 B7c).3 r6 Tc 0 T6 Tc 0 MO