

# The Effects of Suspension Devices on Muscle Activation During Exercise: A Systematic Review

Krista Manzanares SPT; Kelly Mullahy SPT; Christina Jaimes SPT; Derek Volkel SPT, CSCS; Heather Myers PT, DPT, SCS, LAT, ATC; Chad Cook PT, PhD, MBA, FAAOMPT

## Background

- Suspension devices have gained a great deal of popularity as a means of strength training with less equipment
- Manufacturers report that suspension training improves the recruitment of muscle fibers, thereby enhancing the effect of the exercise performed, as compared to traditional stable exercises

## Purpose

- Compile the first systematic review on this topic, to our knowledge
- Compare upper extremity and core musculature activation during exercises performed with and without a suspension device
- Investigate the effectiveness of utilizing suspension devices in rehabilitation, fitness, and strength training settings

## Methods

### Study Design

- Systematic Review
  - PubMed, CINAHL, Embase, SportDiscus
  - Search Terms: suspension training®, suspension device(s), unstable base, instability device(s), TRX®, electromyography, EMG, exercise, sports, physical fitness, fitness, therapeutic exercise, kinesiotherapy, muscle, and skeletal muscle
  - Included only trunk and upper extremity (UE) muscles
  - All participants were healthy and active

## Results

- Analyzed exercises included: push-ups, planks, pikes, and inverted rows in stable and suspended conditions
- EMG values were measured for 12 muscle groups of the upper extremity and the core
- Consistently shown that the rectus abdominis (RA) was recruited at higher levels with suspension training across all exercises
- Values for the other 11 muscle groups differed across studies

## Results

		Anterior Deltoid	Biceps Brachii	External Oblique	Erector Spinae	Internal Oblique	Latissimus Dorsi	Middle Trapezius	Posterior Deltoid	Pectoralis Major	Rectus Abdominis	Triceps Brachii	Upper Trapezius
<b>+</b>	Suspension device use increased muscle activation												
<b>≈</b>	No significant difference in activation between suspension and stable exercise												
<b>-</b>	Suspension device use decreased muscle activation												
	<b>Push-Up</b>												
	Beach et al. <sup>2</sup>			+	≈	+	+				+		
	Borreani et al. <sup>3</sup>	-								-		+	+
	Calatayud et al. <sup>4</sup>	-			+					≈	+	+	+
	Snarr et al. <sup>6</sup>	+								+		+	
	<b>Plank</b>												
	Atkins et al. <sup>1</sup>			-	≈						+		
	Snarr et al. <sup>7</sup>			+	+						+		
	<b>Inverted Row</b>												
	Snarr et al. <sup>5</sup>		-				≈	≈	≈				
	<b>Pike</b>												
	Snarr et al. <sup>8</sup>			+	+						+		



## Conclusions

- **The use of a suspension device may be suitable for exercise progression of the push-up, plank, and pike positions, but not for the inverted row**
- Based on EMG values:
  - Rectus Abdominis Muscle - suspension devices are an appropriate progression of all of these exercises for those wanting to challenge their anterior core
  - Remaining Core Musculature - suspension devices are an appropriate progression overall for the pike and push-up; plank is inconclusive; inverted row not analyzed
  - Upper Extremity Musculature - suspension devices are appropriate for exercise progression of push-up when targeting the posterior UE; not appropriate for push-up or inverted row when targeting the anterior UE; plank and pike were not analyzed
- Studies were not performed in a rehabilitation setting, making these conclusions inapplicable to an injured population

## Clinical Relevance

### Standardization

- Studies lack procedural consistency in data processing which limits the ability to compare data between them

### Recommendations

- Muscle activation alone may not fully explain why suspension training can be more difficult for individuals than traditional, stable training; clinicians should consider all patient factors before prescribing suspension training
- Further research should look to diversify the subject pool and look at other exercises to enhance the understanding of suspension devices and their effects

## Acknowledgements / References

We thank Leila Ledbetter, MLIS and Emily Mazure, MLIS for their assistance with the initial search. **1. Atkins et al.** J Strength Cond Res. 2015; 29(6): 1609-15. **2. Beach et al.** Hum Mov Sci. 2008; 27(3): 457-72. **3. Borreani et al.** Phys Ther in Sport. 2015; 16(3): 248-54. **4. Calatayud et al.** J Sports Sci Med. 2014; 13(3): 502-10. **5. Snarr et al.** J Ex Phys Online. 2013; 16(6): 51-58. **6. Snarr et al.** J Human Kinet. 2013; 39: 75-83. **7. Snarr et al.** J Strength Cond Res. 2014; 28(11): 3298-305. **8. Snarr et al.** J Strength Cond Res. 2016; 30(12): 3436-42.