

# Using differential ratings of perceived exertion to assess agreement between coach and player perceptions of soccer training intensity: An exploratory investigation

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Full title Authors	Using differential ratings of perceived exertion to explore agreement between coach and player perceptions of soccer training intensity: an exploratory investigation Tom W. Macpherson <sup>1</sup> , Shaun J. McLaren <sup>2,3</sup> , Warren Gregson <sup>4</sup> , Lorenzo Lolli <sup>1</sup> , Barry Drust <sup>4</sup> , Matthew Weston <sup>1</sup>					
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### Abstract

We aimed to assess coach-player agreement of subjective soccer training loads via differential ratings of perceived exertion (dRPE). The coach initially underwent quantifiable familiarisation (blackness test) with the Borg CR100 scale. Data were collected from 16 semi-professional soccer players across seven consecutive training sessions. For the measurement of subjective training load, the coach and players provided dRPE (CR100) for legs (RPE-L), breathlessness (RPE-B) and technical exertion (RPE-T). Coach prescribed dRPE were recorded prior to training, with coach observed and player reported dRPE collected post training. Statistical equivalence bounds for agreement between coach (prescribed and observed) and player reported dRPE scores were 4 arbitrary units on the CR100 and we used a probability outcome of likely  $(\geq 75\%)$  to infer realistic equivalence. Following three familiarisation sessions, the coach improved their blackness test score from 39% to 83%. Coach observed and player reported RPE-T scores were likely equivalent, with all other comparisons not realistically equivalent. Since training prescription is coach led, our data highlight the importance of accurate internal load measurement and feedback in soccer. The improved accuracy and precision of coach intensity estimation after three attempts at the blackness test suggests that this method could be worthwhile to researchers and practitioners employing dRPE.

**Keywords:** *Ratings of perceived exertion; soccer; training monitoring; internal load; training prescription; equivalence testing.* 

## 1 Introduction

2 In soccer, time constraints between competitive fixtures can lead to technical and tactical

3 training often being prioritised over physical training (Morgans et al., 2014). Coaches must

4 be able to accurately prescribe training loads in the context of the desired outcomes as

5 incongruence between coach prescribed and player reported loads could expose players to

6 training maladaptation (Scantlebury et al., 2018). Research investigating differences between

7 coach prescribed and player reported internal training loads, as reported by a session ratings

8 of perceived exertion (sRPE), is equivocal as coaches both underestimate and overestimate

9 sRPE during team sport training (Brink et al., 2014; Kraft et al., 2018; Doeven et al., 2017;

10 Scantlebury et al., 2018). Such differences are important as consistent coach underestimation

11 of player internal training load could result in negative consequences of training such as

overreaching, illness or injury; whereas, coach overestimation of player internal training load
 could result in the under preparation of players for the demands of match-play (Brink and

could result in the under preparation of players for the demands of match-plFrencken, 2018).

15 In previous work (Brink et al., 2014; Kraft et al., 2018; Doeven et al., 2017; Scantlebury et

al., 2018), training load was represented by the sRPE score which may not be sensitive to the

17 stochastic demands of soccer training (Weston, 2013). Alternatively, differential ratings of

18 perceived exertion (dRPE) - separate exertional scores for breathlessness (RPE-B), legs

19 (RPE-L) and technical (RPE-T) - provide a more detailed quantification of player internal

training load (Weston et al., 2015; McLaren et al., 2017; Barrett et al., 2018) and therefore

21 have potential to advance our understanding of agreement between coach prescribed and

22 player reported training loads. For example, RPE-L may better quantify the greater peripheral

23 load imposed on players during small-sided games due to increased frequency of high-

24 intensity accelerations and decelerations (Olthof et al., 2018). Conversely, RPE-B would

25 quantify the greater central loading imposed during large sided games that are frequently used

26 in training to elicit greater high speed running distances and more closely replicate match

27 demands (Clemente et al., 2018). Ratings of perceived technical exertion could also add value

to coaches during technical and tactical sessions by permitting the quantification of task

29 difficulty (Barrett et al., 2018; Coyne et al., 2018). As such, dRPE have potential to inform on

30 distinct physiological, neuromuscular/ musculoskeletal and cognitive loading pathways that

31 will enable a more detailed understanding of internal training load than the use of a global

32 sRPE score. Therefore, an examination of whether dRPE enhance our understanding of the

agreement between coach prescribed and player reported training loads during soccer training

34 is justifiable.

35 Methodological limitations have hindered the internal validity of previous literature

36 investigating agreement between coach prescribed and player reported internal training load.

Previous work (Brink et al., 2014; Kraft et al., 2018; Doeven et al., 2017; Scantlebury et al.,

2018) did not quantify the extent of player and coach familiarisation with RPE scoring.

39 Although this problem has long been acknowledged in sports science research (Winter,

40 2005), recent work within psychology has provided a robust framework for undertaking and

41 quantifying RPE familiarisation (Borg, 2013; Borg and Love, 2017). Additionally, tests of

42 standardised mean differences between coach and player RPE scores are commonly used, yet

43 equivalence testing holds potential for advancing measurement research as it provides

- 44 evidence of equivalence, rather than no evidence of difference (Dixon et al. 2018). Here, the
- 45 confidence interval for the mean difference is assessed against a pre-determined 'region of
- 46 equivalence' and if the confidence interval excludes the lower and upper equivalence bounds,
- 47 equivalence is assumed (Lakens et al., 2018). Therefore, we performed an exploratory
- 48 investigation to assess agreement, via equivalence testing, of coach prescribed and coach
- 49 observed dRPE with player reported dRPE during regular soccer training. A secondary aim
- 50 was to quantify familiarisation when introducing the coach to exertional measurement
- 51 procedures.

# 52 Methods

- 53 Participants
- 54 Sixteen semi-professional soccer players (age:  $23.7 \pm 4.5$  years; stature:  $1.79 \pm 0.11$  m; body
- mass:  $82.7 \pm 7.2$  kg; Yo-Yo Intermittent Recovery Test Level 1 distance:  $1715 \pm 337$  m) from
- one soccer team completed seven consecutive training sessions during a six-week in-season
- 57 period at the end of the 2017-2018 season. The teams coach also participated in this study.
- 58 The coach had over 20 years' experience in professional and semi-professional soccer,
- 59 holding a UEFA A license for five years. All participants completed written informed consent
- and appropriate ethical approval was granted from the ethics committee of the School of
- 61 Social Sciences, Humanities and Law at Teesside University prior to data collection in
- 62 accordance with the Declaration of Helsinki.
- 63 Design
- 64 Using an observational research design, data were collected during seven on-field training
- sessions over a six-week in-season training period. The coach was instructed to carry out
- training planning as normal, with no interference from the researchers. The soccer team
- 67 typically completed 1-2 training sessions per week, structured around 2-3 competitive
- 68 fixtures per week due to a fixture back-log. Throughout the observational period, the coach
- 69 provided prescribed dRPE before training. Up to 30 minutes after training (Foster, 2001a),
- the coach and players provided their observed and reported dRPE, respectively. During dRPE applies of the coach provided exertion secrets for PPE L. PPE D and PPE T.
- collection, players and the coach provided exertion scores for RPE-L, RPE-B and RPE-T
   using the Borg CR100 scale (Borg and Kaijser, 2006). Training data was only analysed for
- right here borg CK100 scale (Borg and Kajser, 2000). Training data was only analysed for
   players completing the whole session; however, all training outside of squad training was
- 73 players completing the whole session, however, an training outside of squad training was 74 monitored through individual training diaries with consistency of players' habitual training
- 75 patterns observed.
- 76 Procedures
- 77 Familiarisation with dRPE
- 78 Despite the players using the CR100 scale as part of their internal training load monitoring
- 79 procedures for four full seasons, they still underwent a tutorial presentation on the CR100
- 80 which explained each of the verbal descriptors (verbal anchors), the numbers and sensations
- 81 each represented. The coach also attended this tutorial. Further, a blackness test was provided
- to the coach as a learning tool for the CR100 scale (Borg, 2013; Borg and Love, 2017). Here,
- the coach completed the blackness test on three occasions with two days between each test.
- 84 The test consisted of nine pictures with filled squares differing in blackness using the nine

- different grey pre-set colours in Microsoft PowerPoint (5%, 15%, 25%, 35%, 50%, 65%,
- 86 75%, 85%, 95% blackness). Each image was centred and presented twice in a randomised
- 87 order with blanks between each picture. Each picture was shown for 10 seconds. The levels
- of blackness are closely linked to the verbal anchors on the CR100 scale so the coach was
- 89 asked to estimate how strong they experienced blackness on each image according to the
- 90 CR100 (e.g. the 50% blackness square would represent the 'Strong' verbal anchor on the
- 91 CR100). Each answer was scored for accuracy (i.e., correct/ incorrect) and level of precision
  92 (i.e., how many arbitrary units [au] away from the correct verbal anchor).
- 93 Training Sessions
- 94 Prior to each training session, the coach was asked to provide their training plan and then
- subsequently prescribe session intensity using dRPE. A specifically designed data collection
- sheet, complete with a numerically blinded CR100 scale, afforded the coach the option to
- 97 report anticipated positional differences in prescribed load, although none were reported.
- 98 Playing positions were categorised as central defenders, wide defenders, central midfielders,
- 99 wide midfielders and strikers (Barrett et al., 2018). After training, the coach provided their
- 100 observed dRPE scores on the aforementioned data collection sheet, based on their observation
- of the players during training. The coach was told to provide their scores from the observed
   training session only and not to re-evaluate their prescribed scores. Players who took part in
- all of the training session evaluated session intensity via dRPE as per their normal training
- 104 procedures. Player dRPE for each training session were recorded via a bespoke computer
- application running on a 7" tablet (Iconia One 8, Taipei, Taiwan: Acer Inc.). Ratings were
- provided independently and confidentially. As a means of anonymising the data, each
- 107 participant was required to log into the application via a unique identification number. After
- 108 logging in, the applications interface presented players with a numerically blinded version of
- the CR100 scale, labelled only with the idiomatic English verbal anchors. Once players
   recorded their scores using the touch-screen interface, the application software uploaded each
- score as a number value to a cloud-based spreadsheet.
- 112 Statistical Analysis
- 113 The present study adopted a two-step approach involving estimation and agreement
- assessment analyses, with the summary effects for the coach and players perceptions during
- the examined period presented as mean  $\pm$  standard deviation (SD). Data from Weston et al.,
- 116 (2015) informed the realistic difference value deemed of practical relevance for estimation
- and agreement assessment analyses, respectively (Cook et al., 2018). Specifically, the
- 118 magnitude of differences were interpreted against a threshold of 10% of the dRPE scores (4
- arbitrary units [au] for all dRPE) for estimation analyses, whereas the equivalence region
- 120 ranged from +2 au to -2 au (i.e., 4 au) to determine agreement. Using an alternative-
- 121 frequentist method to guide interpretations, the probability of any substantial difference or
- realistic equivalence relative to the predefined target values was interpreted using the
- following scale: <0.5%, most unlikely; 0.5–5%, very unlikely; 5–25%, unlikely; 25–75%,
- possibly; 75–95%, likely; 95-99.5%, very likely; >99.5%, most likely (Batterham and
- Hopkins, 2006). Paired t-tests quantified differences between coach dRPE scores (prescribed
- and observed). Mixed linear modelling estimated differences between player reported dRPE
- scores (RPE-B, RPE-L, RPE-T), with the final models including dRPE type as a fixed effect,

- player identity as a random effect, plus a random intercept to account for the repeated training 128 129 sessions within players. Two one-sided tests (TOST) determined agreement between coach (prescribed, observed) and player reported dRPE scores as per recommendations from Dixon 130 et al. (2018). Data were analysed using the dependent samples (equivalence bounds based on 131 raw scores) and one sample (equivalence bounds based on raw scores) spreadsheets (Lakens, 132 2017) for coach prescribed and observed dRPE agreement, and coach prescribed and 133 observed dRPE and player reported dRPE, respectively. The coach mean dRPE score across 134 the seven training sessions represented the value to test against, with the players mean dRPE 135 scores derived from the mixed linear model used for the comparison and the total number of 136 training sessions (n=81) minus 1 representing our degrees of freedom (Bakdash and 137 Marusich, 2017). While visual inspection is the criterion used to determine statistical 138 equivalence based on whether the magnitude of uncertainty around the mean effect does not 139 exceed the lower and upper equivalence bounds (Lakens et al., 2018), we assessed 140 equivalence on a continuous scale to avoid test interpretation via the dichotomy of null 141 hypothesis significance testing (Rothman, 2016). This was achieved via conversion of t-142 143 statistics for both one-sided tests to a probability (via the t-distribution) and then interpreted 144 using the aforementioned scale, with equivalence indicated by the lower probability (Dixon et al., 2018; Kyprianou et al., 2019). Uncertainty in the point estimates for the mean effects is 145
- presented as 90% confidence intervals. Statistical analyses were performed using Microsoft
   Excel (Microsoft Corporation, USA) and IBM Statistical Package for the Social Sciences
- 148 (SPSS) Statistics v.24 (IBM Corp, New York, USA).
- 149 **Results**
- 150 RPE Familiarisation
- 151 On the initial blackness test, the coach answered 39% questions correctly with a level
- 152 precision (mean  $\pm$  SD) of 6.9  $\pm$  6.9 au. In subsequent sessions, the coach answered 78% and
- 153 83% correctly with a level of precision of  $2.8 \pm 5.5$  au and  $1.4 \pm 3.3$  au in sessions two and
- three, respectively.
- 155 Coach and Player dRPE scores
- 156 The dRPE scores from each training session for the players and the coach are presented in
- 157 Table 1. Pairwise comparisons of the coach prescribed and observed dRPE showed
- substantially higher prescribed RPE-T than prescribed RPE-B (11 au; 90% confidence
- 159 interval 1 to 22 au) and higher observed RPE-L compared to observed RPE-B (8 au; 0 to 15
- au). All other comparisons were not substantial. Mixed linear modelling of the players'
- 161 reported dRPE revealed no substantial differences between scores, with differences ranging
- 162 from -2.5 au (-8.1 to 3.1 au) to -0.3 au (-5.6 to 5.0 au).
- 163 Coach and Player dRPE agreement
- 164 Results of the equivalence tests between coach prescribed and observed dRPE scores with
- those scores reported by the players are presented in Figure 1. Evidence for agreement, as
- indicated by a threshold of likely equivalent, was observed only between coach observed and
- 167 player reported RPE-T scores. All other coach and player dRPE comparisons were deemed
- 168 not realistically equivalent. Equivalence testing of the coach prescribed and observed dRPE

showed unlikely agreement for RPE-B (mean difference 5 au; 90% confidence interval -15 to
5 au) and RPE-L (2 au; -12 to 8 au), and very unlikely agreement for RPE-T (-12 au; -21 to -2

171 au).

# 172 **Discussion**

173 Prior research investigating differences between coach and player perception of session

174 intensity is equivocal. However, training load was represented by sRPE, which may lack

- sensitivity. Differential ratings of perceived exertion (dRPE) can provide a more sensitive
- appraisal of player subjective training loads and may therefore advance our understanding of
- 177 coach-player agreement. Using dRPE as the measure of training load, the main finding of our
- exploratory investigation was evidence for realistic agreement only between coach observedand player reported RPE-T scores. Such differentiation is not possible using sRPE and
- therefore suggests dRPE could be a valuable addition to training load prescription and
- 181 monitoring procedures in soccer. Additionally, the present study provides novel information

relating to RPE familiarisation, with results showing the coach to have a better understanding

183 of intensity estimation after three educational sessions. This finding highlights the importance

184 of a quantifiable familiarisation period when using exertional scoring.

185 This is the first study to provide some evidence for equivalence between coach observed and

- 186 player reported technical exertion in soccer training. In the context of training load
- 187 prescription and monitoring, this is an important finding since having a greater understanding
- 188 of a soccer player's response to training can help coaches and practitioners prescribe
- appropriate subsequent training sessions (Barrett et al., 2018). Notwithstanding the findings
- 190 emerging from the analyses of technical exertion scores, coach observed and player reported
- 191 physical exertion (RPE-B, RPE-L) scores were unlikely to be realistically equivalent.
- 192 Likewise, this was apparent both for coach prescribed and observed scores. As coaches are
- mostly responsible for planning soccer training (Weston, 2018), differences in the amount of
- load they prescribed and observe with what the players actually report could have substantial
- 195 practical implications. For example, consistent coach overestimation or underestimation
- could place players at risk of the negative consequences of training that could result in eitherabsence (e.g., illness, injury) or being underprepared. In the context of dRPE, these negative
- 198 training consequences could be overreaching and illness (RPE-B), mechanical overload
- 199 (RPE-L) or psychological stress/ anxiety (RPE-T).

200 Our findings suggest the coach was able to interpret player technical and tactical external

201 cues (e.g., skill execution or tactical positioning) better than physical cues (e.g., sweating and

body language) (Robertson and Noble, 1997). Indeed, Kraft and colleagues (2018) suggested

- that coaches find it difficult to interpret external cues to evaluate sRPE of players during team
- sport training whereas the players had internal and external cues to draw upon. This
- 205 highlights the potential usefulness of dRPE in training load prescription and monitoring
- 206 procedures as it provides coaches and players with the opportunity to focus on specific
- 207 aspects of exertion (e.g., physiological, biomechanical, technical).

208 Disagreement between coach prescribed and player reported dRPE may be unsurprising as we

- 209 were evaluating two different cognitive function paradigms, estimation (evaluation) and
- 210 production (prescription) (Groslambert and Mahon, 2006). These paradigms place different

- 211 demands upon the three effort continua (perceptual/psychological, physiological and
- performance/situational) (Easton and Parfitt, 2006) with memory of exercise experience most
- 213 relevant for production and interpretation of current stimulation most relevant for estimation
- 214 (Groslambert and Mahon, 2006). We believe our findings support this hypothesis as
- 215 probability for equivalence of coach-player dRPE scores was higher (unlikely to likely) for
- the estimation paradigm than for the production paradigm (most unlikely to possibly). It is
- also plausible that disagreements between coach prescribed and player reported dRPE can be
- explained by psychological mechanisms such as changes in teloanticipation or the RPE
- template (Abbiss et al., 2015; St Clair Gibson et al., 2006).
- 220 While previous studies have reported dRPE scores quantify the distinct sensory inputs in
- team sports (Weston et al., 2015; McLaren et al., 2017), we were unable to report any
- substantial differences between the players' dRPE (e.g., RPE-B vs RPE-L vs RPE-T) despite
- between-session differences. This could be due to two reasons. Firstly, given the exploratory
- nature of our study, the sample of training sessions was not large nor diverse enough to
- robustly define this effect, thereby rendering the width of the uncertainty around the
- estimated mean differences prone to sampling error. Or, secondly, given the mixture ofphysical, technical and tactical training sessions our data reflect of the absence of a dominant
- sensory input (e.g., no dedicated physical training sessions, as per McLaren et al., 2017).
- 229 Comparing our data to previous literature is difficult due to the different methodological
- approaches, yet previous research (Brink et al., 2014; Kraft et al., 2018; Doeven et al., 2017;
- 231 Scantlebury et al., 2018) has shown that coach prescribed and observed sRPE scores differ
- from player reported sRPE; however, by differentiating ratings of perceived exertion our
- study found some evidence for agreement between coach observed and player reported
- technical exertion. That aside, our data were in line with previous research showing the
- agreement between coaches' and players' perception of training intensity in team sports to be
- weaker than in individual sports (Foster et al., 2001b; Wallace et al., 2009). This might be
- 237 due to team sport training being carried out in groups rather than individually, making it
- extremely difficult for coaches to plan and control exercise intensity (Brink et al., 2014).
- Recently, the poor education of players has been acknowledged as a limiting factor when
- using subjective load monitoring procedures (Coyne et al., 2018). Our study therefore
- 241 represents a timely investigation into the impact of a thorough familiarisation process on an
- 242 individual's ability to understand intensity estimation, achieved via the 'blackness test'. Not
- only did the coach improve the percentage of questions answered correctly, but their
- 244 precision improved from session one to session three. Such improvements in a short period of
- time highlight the importance of a quantifiable familiarisation period when using exertional
- scoring. Given the practicality of the 'blackness test', we urge researchers to go beyond the
- usual statement of "participants were familiarised with the procedures" (Winter, 2005) and
- 248 provide information and, ideally data to support the familiarisation process.
- 249 Our investigation is not without its limitations; most notably this was an exploratory study
- and given the small sample of training sessions there is substantial uncertainty in our
- estimates of coach and player agreement and also our comparisons between the separate
- dRPE scores. Nonetheless, even with a low number of training sessions we are able to report
- some evidence for realistic agreement between coach observed and player reported RPE-T.

- 254 Therefore, our exploratory investigation advances knowledge in this area. It is important to 255 acknowledge, however, that we declared effects relevant if the outcome probability emerged as likely  $(\geq 75\%)$  and this has recently been described as weak evidence (Sainani et al., 256 257 2019). While our confidence interval for the difference between coach observed and player reported RPE-T contains more coverage for equivalence than non-equivalence, this finding 258 may need to be interpreted cautiously. Indeed, research using a larger sample of players and 259 training sessions is needed to replicate this finding, examine whether coach-player physical 260 dRPE disagreement holds, and provide a meaningful examination of the effect of session type 261 (e.g., physical, technical, tactical) on coach-player intensity agreement. Due to a low number 262 of training sessions, we did not differentiate our analysis by playing position; however, this 263 limitation is countered by the absence of any clear coach planned between-positions 264 differences in prescribed training load. We also acknowledge that the blackness test for RPE 265 familiarisation should have been applied to the players but, unfortunately, this was not 266 possible due to the club's time constraints. While we are unable to provide data to support the 267 players familiarisation, we have provided detail of our procedures (i.e., a tutorial 268 presentation) which is the exception rather than norm in the applied sports science literature. 269 Finally, as the players were semi-professional, the team employed only one coach. In 270 professional soccer, multiple coaches are likely to be involved in the prescription of player 271 training loads, although it may still be common for one coach to have the final say for overall 272
- 273 load prescription.

# 274 Conclusions

As training prescription in soccer is largely a coach determined practice, it is important to

276 understand the extent to which the players' reported internal training load corresponds to that

- planned by the coach. Our exploratory investigation shows for the first time, albeit in a groupof semi-professional soccer across a small number of training sessions, that some evidence
- for realistic agreement between coach and players was only seen for the post-training

evaluation of technical exertion. Results of coach familiarisation with intensity estimation

281 procedures show that familiarisation cannot be assumed without training. Future research

- should advance the current study by replicating our research design over a longer period and
- on a larger scale.

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Table 1. Coach and player differential ratings of perceived exertion scores during the seven training sessions (mean $\pm$ SD).											
	Coach Prescribed dRPE			Coach Observed dRPE			Players' Reported dRPE				
Session	RPE-B	RPE-L	RPE-T	RPE-B	RPE-L	RPE-T	RPE-B	RPE-L	RPE-T		
1. Physical and technical (small sided games)	35	50	50	50	70	35	$58\pm10$	$57\pm10$	56±11		
2. Tactical and technical (defensive shape and small sided games)	35	50	50	35	50	50	$53 \pm 13$	$58 \pm 14$	$52.2 \pm 6.3$		
3. Tactical and technical (offensive plays and passing drills)	50	50	70	50	50	50	$23 \pm 11$	$22.0\pm6.9$	$45 \pm 10$		
4. Tactical only (set piece drills)	35	35	50	13	13	25	$26.5\pm5.9$	$25.7\pm8.3$	$33.3 \pm 3.7$		
5. Tactical only (role play)	25	25	50	13	13	25	$14.9\pm4.5$	$15.1\pm4.3$	$27.4\pm4.9$		
6. Physical and technical/tactical (medium sided games)	45	50	55	50	50	60	$45 \pm 11$	$41.6\pm6.5$	$41\pm10$		
7. Physical and technical/tactical (medium sided games)	70	70	50	50	70	50	$57 \pm 25$	$60 \pm 17$	$43 \pm 10$		
Mean	$42\pm15$	$47\pm14$	$53.6\pm7.5^*$	$37 \pm 17$	$45\pm24^{\#}$	$42\pm14$	$40 \pm 21$	$41\pm20$	$43 \pm 12$		

Table 1. Coach and player differential natings of parasived evention searce during the seven two ining sessions (mean + SD)

*Abbreviations:* SD – standard deviation; dRPE – differential ratings of perceived exertion; RPE-B – ratings of perceived exertion on breathlessness; *RPE-L* – ratings of perceived exertion on legs; *RPE-T* – ratings of perceived exertion on technical tasks.

\* indicates coach prescribed RPE-T to be substantially higher than coach prescribed RPE-B; # indicates coach observed RPE-L to be substantially higher than coach observed RPE-B.

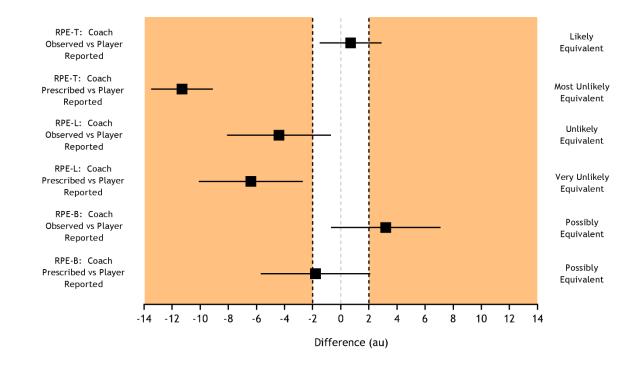


Figure 1. Mean difference (au) and uncertainty for the difference (90% confidence interval) between coach (prescribed and observed) and player reported differential RPE scores. The unshaded area represents our statistical equivalence region of 4 au (-2 au to 2 au). RPE-B (breathlessness); RPE-L (legs); RPE-T (technical).