

# Clinical Trial Protocol

## Iranian Registry of Clinical Trials

26 Jun 2026

### Evaluating the effect of foot medial arch support on EMG parameters of hamstring muscles, as a supporter of the anterior cruciate ligament (ACL), in men athletes with flat-feet during back squat exercise in comparison with normal-feet subjects

#### Protocol summary

##### Study aim

Evaluating the effect of medial arch support on the hamstring muscles' EMG activity while doing squat exercise between flat-feet and normal-feet subjects

##### Design

The study was performed on two groups of subjects based on the type of the foot arch: the flat foot and the normal foot group as the control group. Eligible Individuals were examined by the examiner by using clinical navicular drop test; subjects with navicular dropping more than 9 mm as flat-feet subjects and those with a navicular dropping between 9-6 mm was considered as normal subjects. There were 12 participants for each group. Regarding simple intervention, randomization and blindness were not indicated.

##### Settings and conduct

The intervention was carried out using a prefabricated foot arch support, and the subject performed squat exercise in three foot positions, barefoot, worn shoe, and shoe +orthoses with three different weights based on the percentage of his one repetition maximum; 1RM (40%, 50% and 60%), and simultaneously the hamstring muscle electromyographic data were recorded. The study was done in Shiraz School of Rehabilitation Sciences.

##### Participants/Inclusion and exclusion criteria

Inclusion criteria: Men athletes with Flat-Feet deformity, Men athletes with Normal-Feet, Athletes who have been doing Back-Squat exercise at least for 6 months, Having a normal body mass index (BMI) (18.5-<25) and 20-40 years old. Exclusion criteria: Any biomechanical defect that causes the athlete does not be able to do the squat, History of lower extremity surgery, Foot osteoarthritis, Lower limb injury in the last six months, Current pain in the foot and Pain during walking.

##### Intervention groups

The intervention was done by a prefabricated medial longitudinal arch support in athletes' shoes in both groups during the squat exercise

##### Main outcome variables

Root mean square of muscle electromyographic (EMG) data  
Peak amplitude of EMG

#### General information

##### Reason for update

##### Acronym

##### IRCT registration information

IRCT registration number: **IRCT20181025041458N1**

Registration date: **2018-12-02, 1397/09/11**

Registration timing: **retrospective**

Last update: **2018-12-02, 1397/09/11**

Update count: **0**

##### Registration date

2018-12-02, 1397/09/11

##### Registrant information

##### Name

Mohsen Mirzaiekhoshalani

##### Name of organization / entity

##### Country

Iran (Islamic Republic of)

##### Phone

+98 71 3830 0825

##### Email address

mirmowj@gmail.com

##### Recruitment status

**Recruitment complete**

##### Funding source

**Expected recruitment start date**

2012-04-17, 1391/01/29

**Expected recruitment end date**

2013-05-20, 1392/02/30

**Actual recruitment start date**

2013-05-03, 1392/02/13

**Actual recruitment end date**

2014-11-30, 1393/09/09

**Trial completion date**

2014-11-30, 1393/09/09

**Scientific title**

Evaluating the effect of foot medial arch support on EMG parameters of hamstring muscles, as a supporter of the anterior cruciate ligament (ACL), in men athletes with flat-feet during back squat exercise in comparison with normal-feet subjects

**Public title**

The effect of foot medial arch orthosis on the EMG of lower limb muscles

**Purpose**

Prevention

**Inclusion/Exclusion criteria****Inclusion criteria:**

Men athletes with Flat-Feet Men athletes with Normal-Feet Men athletes with history of doing Back-Squat exercise at least from 6 month ago Subjects with normal body mass index (BMI) (18.5-<25) Subjects with 20-40 years old

**Exclusion criteria:**

Any biomechanical defect that causes the athlete does not be able to do the squat History of lower extremity surgery Foot osteoarthritis Lower limb injury in the last six months Current pain in the foot Pain during walking

**Age**

From **20 years** old to **40 years** old

**Gender**

Male

**Phase**

N/A

**Groups that have been masked**

*No information*

**Sample size**

Target sample size: **24**

Actual sample size reached: **24**

**Randomization (investigator's opinion)**

N/A

**Randomization description****Blinding (investigator's opinion)**

Not blinded

**Blinding description****Placebo**

Not used

**Assignment**

Single

**Other design features****Secondary Ids**

empty

**Ethics committees****1****Ethics committee****Name of ethics committee**

Ethics Committee of Shiraz University of Medical Science Faculty of Rehabilitation

**Street address**

Faculty of Rehabilitation, Abiverdi street 1, Chamran blvd, Shiraz

**City**

Shiraz

**Province**

Fars

**Postal code**

7194733669

**Approval date**

2013-04-24, 1392/02/04

**Ethics committee reference number**

IR.SUMS.REC.1392.S6557

**Health conditions studied****1****Description of health condition studied**

Flat-foot

**ICD-10 code**

M21.4

**ICD-10 code description**

Flat foot [pes planus] (acquired)

**2****Description of health condition studied**

Knee anterior cruciate ligament sprain

**ICD-10 code**

S83.51

**ICD-10 code description**

Sprain of anterior cruciate ligament of knee

**Primary outcomes****1****Description**

Root mean square (RMS) of hamstring muscles electromyographic (EMG) data

**Timepoint**

Before and after wearing shoes and arch support and in barefoot state

**Method of measurement**

Using disposable surface electromyographic (EMG) electrodes and wireless EMG apparatus (ME 6000, U.S.A)

**2****Description**

Peak amplitude (PA) of hamstring muscles electromyographic (EMG) activity

**Timepoint**

Before and after wearing shoes and arch support and in barefoot state

#### Method of measurement

Using disposable surface electromyographic (EMG) electrodes and wireless EMG apparatus (ME 6000, U.S.A)

### Secondary outcomes

empty

### Intervention groups

#### 1

##### Description

Intervention group: prefabricated foot medial arch support with 2 degrees medial wedge

##### Category

Prevention

### Recruitment centers

#### 1

##### Recruitment center

###### Name of recruitment center

Shiraz School of Rehabilitation Sciences

###### Full name of responsible person

Mohsen Mirzaiekhoshalani

###### Street address

School of Rehabilitation Sciences, Abiverdi 1 Street, Chamran Blvd

###### City

Shiraz

###### Province

Fars

###### Postal code

71345-1733

###### Phone

+98 71 3627 1551

###### Email

rsrc@sums.ac.ir

###### Web page address

<http://rehab.sums.ac.ir/en/>

### Sponsors / Funding sources

#### 1

##### Sponsor

###### Name of organization / entity

Shiraz University of Medical Sciences

###### Full name of responsible person

Dr. Younes Ghasemi

###### Street address

Vice-Chancellor for Research, Shiraz University of Medical Sciences, Zand Blvd., Shiraz, Iran

###### City

Shiraz

###### Province

Fars

###### Postal code

71345-1978

###### Phone

+98 71 3235 7282

###### Email

vcrdep@sums.ac.ir

##### Grant name

##### Grant code / Reference number

##### Is the source of funding the same sponsor organization/entity?

Yes

##### Title of funding source

Shiraz University of Medical Sciences

##### Proportion provided by this source

100

##### Public or private sector

Public

##### Domestic or foreign origin

Domestic

##### Category of foreign source of funding

empty

##### Country of origin

##### Type of organization providing the funding

Academic

### Person responsible for general inquiries

##### Contact

###### Name of organization / entity

Shiraz University of Medical Sciences

###### Full name of responsible person

Mohsen Mirzaiekhoshalani

###### Position

Student

###### Latest degree

Master

###### Other areas of specialty/work

Physiotherapy

###### Street address

No 34, Alley 1.14, Amirkabir Blvd

###### City

Shiraz

###### Province

Fars

###### Postal code

7176678148

###### Phone

+98 71 3830 0825

###### Email

mirmowj@gmail.com

### Person responsible for scientific inquiries

##### Contact

###### Name of organization / entity

Shiraz University of Medical Sciences

###### Full name of responsible person

Mohsen Mirzaiekhoshalani

###### Position

Student

###### Latest degree

Master

**Other areas of specialty/work**

Physiotherapy

**Street address**School of Rehabilitation Sciences - Abiverdi 1 St. -  
Chamran Blvd. - Shiraz - Iran**City**

Shiraz

**Province**

Fars

**Postal code**

7176678148

**Phone**

+98 71 3830 0825

**Fax****Email**

mirmowj@gmail.com

+98 71 3830 0825

**Email**

mirmowj@gmail.com

**Sharing plan****Deidentified Individual Participant Data Set (IPD)**

Yes - There is a plan to make this available

**Study Protocol**

Yes - There is a plan to make this available

**Statistical Analysis Plan**

Yes - There is a plan to make this available

**Informed Consent Form**

No - There is not a plan to make this available

**Clinical Study Report**

No - There is not a plan to make this available

**Analytic Code**

No - There is not a plan to make this available

**Data Dictionary**

No - There is not a plan to make this available

**Title and more details about the data/document**Hamstring muscles electromyographic EMG data and  
complete methodology of study**When the data will become available and for how long**

12 months after publishing the article and for 6 months

**To whom data/document is available**Researchers from universities and research centers which  
will be accepted by Shiraz university of medical sciences**Under which criteria data/document could be used**

For helping better study planning in future studies

**From where data/document is obtainable**

Mohsen Mirzaiekhoshalani mirmowj@gmail.com

**What processes are involved for a request to access data/document**First of all please Email to mirmowj@gmail.com, after  
then he will contact to his school to get their permission  
to share the data, if they accept your request, data will  
be sent to you**Comments****Person responsible for updating data****Contact****Name of organization / entity**

Shiraz University of Medical Sciences

**Full name of responsible person**

Mohsen Mirzaiekhoshalani

**Position**

Student

**Latest degree**

Master

**Other areas of specialty/work**

Physiotherapy

**Street address**

No 34, Alley 1.14, Amirkabir Blvd

**City**

Shiraz

**Province**

Fars

**Postal code**

7176678148

**Phone**