

Abstract

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Action observation (AO) and motor imagery (MI) are simulation states that have been demonstrated to independently enhance motor skill performance. Historically, AO and MI were examined in isolation from one another; however recent neurophysiological and behavioural evidence indicates that using MI *during* AO (AO+MI) may be more potent at enhancing performance than either simulation state alone. The AO component of AO+MI is typically delivered via a self-modelled or peer-skilled model paradigm, via an observation video. The purpose of the proposed study is to further examine the implementation of AO+MI states by directly comparing the effectiveness of self-modelled AO+MI with peer-skilled modelled AO+MI to augment performance on a golf putting task with a sample of 56 skilled golfers. Our primary hypothesis predicts that skilled participants who engage with a self-modelled intervention will improve their performance more than those engaging with a peer-skilled model intervention. This hypothesis is predicated on the idea that self-modelling will be used in the context of performers' existing mental representation and will facilitate improved performance, whereas the peer modelling may destabilise skilled performers' existing mental representation.

For final version of article, published in Psychology of Sport and Exercise see:

<https://doi.org/10.1016/j.psychsport.2020.101683>

Introduction

44

45 Motor imagery (MI) and Action Observation (AO) are simulation states that have been
46 demonstrated to activate similar neural mechanisms within the motor system as physical
47 execution (Jeannerod, 2001). Previous research has routinely examined MI and AO as
48 separate paradigms with their independent implementation demonstrating consistent positive
49 effects on motor skill performance (Driskell, Copper, & Moran, 1994; Ashford, Bennett, &
50 Davids, 2006). The combined application of AO+MI has emerged as a new paradigm within
51 simulation state research (Vogt, Di Rienzo, Collet, Collins, & Guillot, 2013; Eaves, Riach,
52 Holmes, & Wright, 2016), with promising behavioural and neurophysiological effects being
53 demonstrated across a number of motor tasks including dart throwing (Romano-Smith,
54 Wood, Wright, & Wakefield, 2018; Romano-Smith, Wood, Coyles, Roberts, & Wakefield,
55 2019), golf putting (Smith & Holmes, 2004; Frank, Land, & Schack, 2013; McNeill,
56 Ramsbottom, Toth, & Campbell, 2020), basketball free throwing (Wright, Woods, Eaves,
57 Bruton, Frank, & Franklin, 2018), hamstring curl strength (Scott, Taylor, Chesterton, Vogt, &
58 Eaves, 2018), and novel motor skills (Gatti et al., 2013).

59 Neurophysiological research demonstrates that AO+MI appears to illicit significantly
60 more cortico-motor activity compared to AO or MI independently. For example, Taube et al.
61 (2015) reported that when using a simulated balancing task during functional magnetic
62 resonance imaging (fMRI), AO, MI, and AO+MI all have unique neural signatures.
63 Specifically, AO+MI evoked greater activity in the supplementary motor area, basal ganglia,
64 and cerebellum when compared to AO alone and greater bilateral activity in the cerebellum
65 compared to MI. Villiger et al. (2013) have also used fMRI to report key differences in the
66 neural activity associated with AO and AO+MI. During a foot movement task, AO+MI
67 enhanced activation of the motor network and regions responsible for attention and goal-
68 directed movement (Inferior parietal lobule, ventral Premotor Cortex regions and the putamen

69 specifically). Further to this, Nedelko, Hassa, Hamzei, Schoenfeld, and Dettmers
70 (2012) studied brain activation during AO and AO+MI of simple, object-related hand actions,
71 and reported greater cortical activation in both cerebellar hemispheres, caudate nucleus,
72 ventral and dorsal premotor cortex, inferior parietal cortex, and the supplementary motor area
73 associated with an AO+MI condition when compared to an AO condition. Other research
74 suggests that the combination of AO+MI may facilitate corticospinal excitability to a
75 significantly greater extent than either AO or MI independently (see Wright et al., 2018;
76 Wright, Williams & Holmes, 2014). At this juncture, there is sufficient neurophysiological
77 evidence to suggest that AO+MI may be a more effective method of motor simulation than
78 AO or MI alone, with behavioural evidence emerging in support of AO+MI's use.

79 In addition to the neurophysiological evidence for the added benefits of combining
80 AO and MI, behavioural research has shown AO+MI to be superiorly beneficial for a number
81 of simple and complex motor tasks. In one of the earliest studies using AO+MI, Smith and
82 Holmes (2004) demonstrated that AO+MI was significantly more effective than MI alone for
83 enhancing performance in a golf putting task. Recently, Romano-Smith and colleagues have
84 demonstrated in two separate studies that AO+MI interventions significantly improved
85 performance in a dart throwing task compared to control, AO alone, and MI alone groups
86 (Romano-Smith et al., 2018; Romano-Smith et al., 2019).

87 Evidence for the effectiveness of AO+MI in comparison to MI or AO alone has also been
88 demonstrated in strength-based skills. For example, Scott et al. (2018) demonstrated this
89 effect utilising an eccentric hamstring curl task in which hamstring strength (peak hamstring
90 torque) only increased significantly following an AO+MI intervention but not in either of two
91 pure MI groups where participants imagined either the hamstring curl task or an unconnected
92 upper limb control task. In addition, Wright and Smith (2009) demonstrated that participants
93 in a PETTLEP imagery group who concurrently watched a video improved significantly

94 more from baseline to post intervention than those in a traditional imagery group on a bicep
95 curl task. Overall, there is a growing body of research suggesting that AO+MI can further
96 augment motor performance and elicit greater activity in motor related cortical regions than
97 AO or MI alone. AO+MI has also recently been demonstrated to be effective at enhancing
98 movement kinematics by Romano-Smith et al. (2019) who suggested that a significant
99 decrease in angular peak velocity, which was only present in the AO+MI conditions was
100 associated with an increase in accuracy and decrease of errors in the throwing task. With this
101 in mind, it is important to consider different methods for implementing AO+MI interventions
102 for optimal effectiveness.

103 In order to understand the optimal implementation of AO+MI interventions, it is
104 necessary to examine the existing AO research in order to inform AO+MI implementation
105 and design going forward. Typically, AO is implemented via one of two paradigms, self
106 (Clark & Ste-Marie, 2007; Zetou, Kourtesis, Getsiou, Michalopoulou, & Komotini, 2008;
107 Law & Ste-Marie, 2005) or peer-skilled modelled (Romano-Smith et al., 2018; Romano-
108 Smith et al., 2019) observational modelling. The self-modelled paradigm involves performers
109 observing themselves performing the desired action on video. This method has been
110 demonstrated to improve self-assessment, improve technical execution, and increase self-
111 efficacy (Ste-Marie et al., 2012). Alternatively, the skilled-modelled paradigm involves a
112 participant observing a highly skilled actor performing the optimal characteristics of the
113 chosen motor skill on video, thereby offering the participant the opportunity to learn the most
114 desirable method of performance (Pollock & Lee, 1992). Despite the longevity of AO
115 research interest; there has been a relative lack of work *explicitly* examining the differences
116 between self-modelled and skilled-modelled paradigms, with mixed findings in the few
117 studies that do. For example, Pollock and Lee (1992) showed no significant difference
118 between self and skilled modelling in a video game task with a novice sample, while Clark

119 and Ste-Marie (2007) have suggested that self-modelling may be more effective than other
120 model types for learning swimming skills. An important consideration may be the *type* of
121 skill engaged in, a recent review by McNeill, Toth, Harrison, and Campbell (2019) suggested
122 that skill type may moderate the effectiveness of motor simulation interventions. In addition,
123 meta-analytic results from Ashford et al. (2006) suggest that AO may be most effective for
124 serial and continuous skills.

125 Finally, an issue we feel pertinent to moving this area forward relates to the question
126 of optimal implementation of AO+MI and how we should consider the expertise of the
127 individual performing the AO+MI. To date, this question has not been addressed. Vogt et al.
128 (2013) highlight three different potential types of AO+MI. Firstly, congruent AO+MI where
129 performers observe and imagine the exact same task. Secondly coordinative AO+MI where
130 performers observe one task and imagine performing a similar, related task and finally,
131 conflicting AO+MI where the imagined and the observed actions oppose one another. An
132 example of coordinative AO+MI could be one where a skilled performer engages with a peer
133 skilled model AO+MI intervention for a skill with which they are already proficient. In this
134 scenario, the representation of the task as executed by the skilled model may differ from that
135 of the performer, and destabilize an existing, functional mental representation of the skill,
136 leading to poorer performance following engagement with the AO+MI intervention. The
137 same performer engaging with a self-modelled AO+MI intervention could be considered an
138 example of congruent AO+MI.

139 The current study makes a novel, direct comparison between the effects of congruent
140 AO+MI and coordinative AO+MI on performance in a skilled sample. There is recent
141 precedent for making this comparison, Bruton, Holmes, Eaves, Franklin, and Wright (2020)
142 demonstrated that coordinative AO+MI resulted in competition between the observed and
143 imagined action, resulting in the switching of visual attention between observed and

144 imagined stimuli in a finger abduction task. In contrast, participants in a congruent AO+MI
145 group focused their visual attention directly at the index finger which was the task relevant
146 stimuli displayed to them. Despite this recent evidence highlighting differences between
147 implementations of AO+MI interventions, there is a dearth of research directly comparing
148 how self-modelled paradigms versus peer-skilled models augment subsequent performance
149 on sensorimotor tasks.

150 The purpose of the current study is to examine whether engaging in self-modelled
151 AO+MI (SMAO+MI) or skilled peer modelled AO+MI (SPAO+MI) more greatly enhances
152 sensorimotor skill performance in already skilled performers. Golf putting is an exemplar,
153 self-paced motor skill which has been successfully used previously in the motor simulation
154 literature (e.g., Frank et al., 2013; Smith & Holmes, 2004). Our hypotheses are as follows;
155 H1. Skilled participants who engage with a SMAO+MI intervention will improve their post-
156 performance (smaller Mean Radial Error and Bivariate Error) more than those engaging with
157 a SPAO+MI intervention. Our rationale for this hypothesis is predicated on the idea that
158 SMAO+MI will be used in the context of performers' existing mental representation and will
159 thus facilitate improved performance, whereas the SPAO+MI will potentially destabilize
160 skilled performers' existing mental representation and result in competing attentional
161 resources during the intervention.

162 H2. Participants who engage with SMAO+MI will also improve their overall putting
163 consistency, as measured by SAM Puttlab_(detailed description of the device provided in the
164 methods section below) more than those who engage with a SPAO+MI intervention. The
165 SAM Puttlab is a three-dimensional ultrasound camera system which calculates overall
166 consistency by comparing the performers raw data values for each putt on 27 kinematic

167 variables to a distribution of values collected from European tour professional golfers, the
168 consistency rating is delivered as a percentage.

169 H3. Participants in the SMAO+MI group will improve their post-performance on key putting
170 stroke kinematics more than those engaged with the SPAO+MI intervention. Improvements
171 in post-performance will be manifested in kinematic metrics; Aim, Club Face Angle, Club
172 Path and Ball Direction that approach zero degrees (optimal alignment relative to the target).

173

174 **Methods**

175 **Participants**

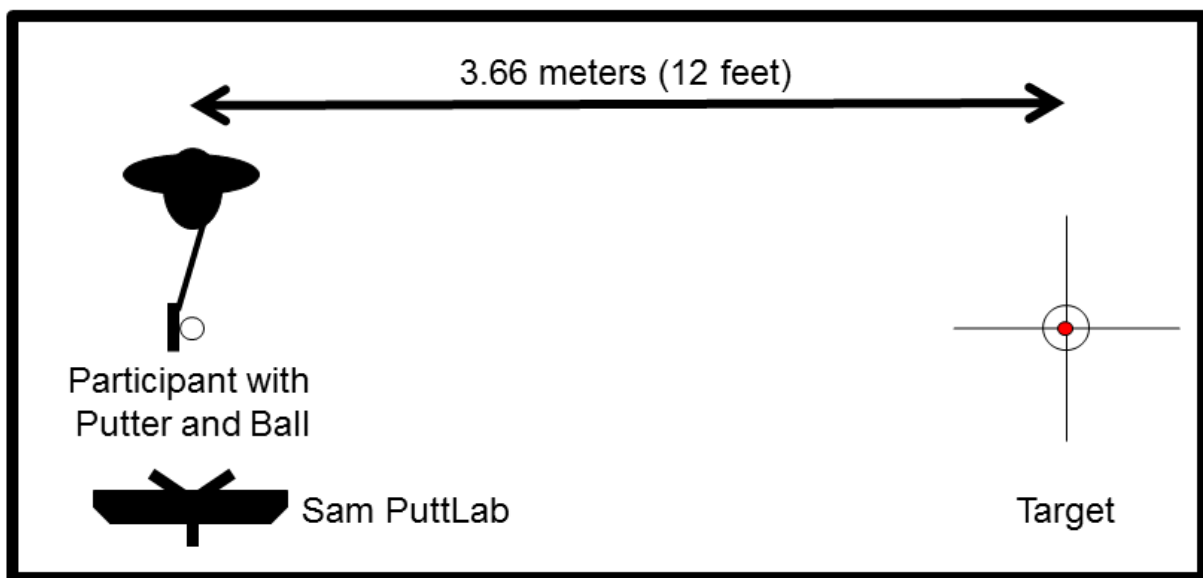
176 56 right-handed male golfers with a minimum of 3 years golfing experience will be included
177 as participants in this study. An a priori power analysis was conducted using G*Power3
178 (Faul, Erdfelder, Lang, & Buchner, 2007) to test the difference between two independent
179 groups using a large effect size ($f=.4$) and an alpha of .05. Results of the power analysis
180 showed that a total sample of 52 participants with two equal sized groups of $n=26$ is required
181 to achieve a power of .80, however to ensure the sample is appropriately powered 56
182 participants split into two equal groups of $n=28$ will be collected. Participants will be
183 assigned to one of two experimental groups SMAO+MI or a SPAO+MI. In order to maintain
184 homogeneity between the groups, participants will be assigned to their designated
185 experimental group based on putting ability. Putting ability will be measured using an overall
186 consistency rating provided by a SAM Puttlab device (we provide a description of the device
187 in the following section). The logic of assigning participants on this basis is to try to ensure
188 that there are no significant differences in skill level between both experimental groups.

189

190 **SAM PuttLab**

191 A three-dimensional ultrasound camera system will be used to record putter kinematics
192 during the putting task (SAM PuttLab, Science & Motion GmbH, Mainz, Germany,
193 www.scienceandmotion.de). The system will be set up 50 cm from the initial ball location for
194 each putt and perpendicular to the target line (see Figure 1). Dedicated SAM PuttWare Pro
195 software will be used to record the 3D position of a sensor attached and calibrated to a putter
196 at 210 Hz with a precision of approximately 0.1mm (Karlsen, Smith, & Nilsson, 2008;
197 Malhotra, Poolton, Wilson, Omuro, & Masters, 2015).

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199

200 *Figure 1. Proposed experimental set-up including positions of the participant, golf ball,*
201 *target, and SAM Puttlab.*

202 **Procedure**

203 Participants will be recruited from local golf clubs, and will begin by completing the
204 Vividness of Movement Imagery Questionnaire 2 (VMIQ-2) (Roberts, Callow, Hardy,
205 Maarkland, & Bringer, 2008). The VMIQ-2 is a 12 item questionnaire which assesses the

206 vividness of an individual's imagery for a variety of movements. Participants are required to
207 image each movement from three different perspectives; internal visual imagery (IVI),
208 external visual imagery (EVI), and kinaesthetic imagery (KI) and rate the vividness for each
209 image on a five point Likert scale where 1 is 'perfectly clear and vivid' and 5 is 'no image at
210 all'. The VMIQ-2 has been demonstrated to have acceptable factorial, construct, and
211 concurrent validity (Roberts et al. 2008) and has been used extensively in experimental
212 research (Williams et al. 2012; Callow, Roberts, Hardy, Jiang, & Edwards, 2013; Lawrence,
213 Callow, & Roberts, 2013; Wright, Williams, & Holmes, 2014) as a self-report measure of
214 imagery ability since its conception.

215 After completing the VMIQ-2 a triplet with three 70-Hz ultrasound transmitters will
216 be attached to each participant's putter in preparation for kinematic tracking using SAM
217 Puttlab. Each participant will complete a total of 10 practice putts on the testing area to
218 familiarise themselves with the speed of the flat synthetic putting surface. The SAM Puttlab
219 triplet will then be calibrated for each participant. The calibration procedure calibrates the
220 face and lie angle of the putter to be 0 degrees when pointing directly in line with an intended
221 target (see Figure 1). The target will be marked on the putting surface with a circular target
222 (3.2cm in diameter) directly in the middle of a chalk outline of a golf hole (10.8cm in
223 diameter) exactly 3.66m (12 feet) away from the start position. The chalk outline is necessary
224 to allow for the measurement of distance error in millimetres and also to prevent potential
225 inaccuracies in data recording that could be associated with putts deflecting off the
226 peripheries of an actual golf hole. To ensure the putter face will be pointed directly at the
227 target, a laser will be attached during calibration such that its beam emanates perpendicular to
228 it and aligns onto an object placed on the target.

229 Participants will then complete 20 putts with instructions to 'make the ball stop on the
230 target'. These 20 putts will represent Blocks 1 and 2 (10 putts in each block) and combined

231 will make up the baseline test. All participants will have their 20 putts at baseline recorded
232 from a third person perspective down the target line (see Figure 2) using a high speed HD
233 video camera. This recording will act as the basis for the SMAO+MI intervention (outlined in
234 detail in the next section). After the baseline test participants will be assigned to one of the
235 two experimental groups. Once assigned a group, participants will complete the SMAO+MI
236 or the SPAO+MI intervention. The intervention will last approximately 10 minutes. Recently
237 published research (McNeill et al., 2019) has demonstrated that brief exposures to AO+MI
238 interventions can result in performance benefits in a golf putting task. The AO+MI conditions
239 will be behaviourally matched with the physical trials (20 observed putts) and participants
240 will repeat this twice (40 observational trials in total). Once the intervention has been
241 completed participants will complete blocks 3 and 4 (10 putts in each block) as the post test.
242 Previous research such as Frank, Land, and Schack (2016) has also used 40 putting trials (20
243 putts at baseline, 20 putts post-intervention) to quantify performance. The synthetic grass
244 putting area is 7.2 metres X 2 metres (length X width), and is located in an indoor
245 biomechanics research lab (see Figure 2). Any putt that exceeds the boundary of the testing
246 area will be assigned a maximum score of 1540mm for each axis. Upon finishing block 4,
247 participants will complete a manipulation check containing 4 Likert type questions in order to
248 assess their imagery use and ease of interaction during the intervention (See appendix).

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250

251 *Figure 2. Still image highlighting the experimental environment and sample perspective of*
252 *action observation video*

253 **Intervention groups**

254 *SMAO+MI*

255 The SMAO+MI intervention will require participants to watch themselves completing their
256 twenty baseline putts via a video recording while imagining what it *feels* like to successfully
257 perform a golf putt. The video will be recorded from a third person and immediately behind
258 the participant on the line of the target such that the participant has the capacity to view their
259 entire body, the putter, and the finishing position of the ball. The instruction to participants
260 will be *‘Please watch the video as attentively as you can, while simultaneously imagining*
261 *what it feels like to swing the putter rolling the ball towards, and onto the target’.*

262 Participants will repeat this process twice, completing 40 observational trials in total. During
263 this time, participants will be allowed to hold and swing their putter as practice putting

264 strokes without striking a ball, allowing them to do so may enhance the vividness of the KI
265 that they use during the intervention. Headphones will be provided to eliminate any external
266 auditory distractions.

267 *SPAO+MI*

268 The SPAO+MI intervention will mimic the same protocol as the SMAO+MI group but will
269 instead use an expert golfer as the model within the observational video. The SPAO+MI
270 video will be recorded in the same environment as the SMAI+MI videos, ensuring that the
271 observational content is identical in both groups, apart from the model used. The expert
272 golfer is a former European tour professional and demonstrates exemplary putting technique
273 with an overall accuracy rating of 86.9% and an overall consistency rating of 90.9% on SAM
274 Puttlab kinematics. Participants in this group will receive the same instruction as in the
275 SMAO+MI experimental group.

276

277 **Measures**

278 After each putt, the ball's final horizontal (x) and vertical (y) distance from the target will be
279 measured. These co-ordinates will be used to calculate the overall accuracy and precision of
280 each participant's performance across either the 20 putts prior to, or 20 putts post, the
281 intervention. Accuracy will be assessed by calculating the Mean Radial Error (MRE) of the
282 balls from the target. MRE is determined as the mean distance that a group of 20 putts
283 finished from the target in mm according to equation 1

$$284 \quad MRE = \left(\frac{1}{20}\right) \sum_i^{20} [(x^2 + y^2)^{1/2}]. \quad (1)$$

285 Consistency will be assessed by calculating the bivariate error of the 20 putts before
286 or after the intervention. The bivariate error is defined as the square root of a participant's 20
287 shots' mean squared distance from their centroids in mm according to equation 2.

$$288 \quad BVE = \left\{ \left(\frac{1}{20} \right) \sum_i^{20} [(x_i - x_\mu)^2 + (y_i - y_\mu)^2] \right\}^{1/2} \quad (2)$$

289 Both MRE and BVE are typical accuracy and consistency measures that have been
290 previously used to evaluate target-based performance (Frank, Land, & Schack, 2013; Frank,
291 Land, & Schack, 2016; Hancock, Butler, & Fischman, 1995). SAM PuttLab will be
292 additionally used to record club face angle at address (Aim), club face angle at impact, club
293 path, ball direction, and overall putting kinematics consistency. SAM PuttLab produces mean
294 and standard deviation values for each block of ten putts for each metric. As such, we will
295 pool the data in Blocks 1 and 2 (Baseline 20 putts) and Blocks 3 and 4 (Post Intervention 20
296 putts) to generate overall baseline and post-test scores by averaging mean values and pooling
297 standard deviations according to equation 3.

$$298 \quad SD_{pooled} = \sqrt{\frac{(SD_1^2 + SD_2^2)}{2}} \quad (3)$$

299 **Data Analysis**

300 Statistical analyses will be conducted using IBM SPSS software (version 25). A Shapiro-
301 Wilkes test for normality will be conducted to examine whether the data is normally
302 distributed. In the case of data that is not normally distributed outliers will be removed. In
303 this case outliers would refer to the data point(s) associated with individual putts, with any
304 putt that finishes more than three standard deviations from the mean removed. Following this,
305 a one way analysis of covariance (ANCOVA) will be performed for each dependent variable
306 (MRE, BVE, Aim, club face angle at impact, club path, ball direction, and overall putting

307 kinematics consistency) to determine if post-test putting performance differed between the
308 SMAO+MI and SPAO+MI groups while controlling for baseline scores. Vickers and Altman
309 (2001) suggest the use of ANCOVA as a superior statistical test when comparing differences
310 in performance change between groups because it accounts for and controls potential
311 differences in baseline performance between groups. Significance will be measured at the
312 ≤ 0.05 level and partial eta squared effect sizes will be calculated to quantify the magnitude of
313 the observed effects. All data will be stored on a secure, password locked laptop computer.

314 **Timeline**

315 This research is expected to be completed within 6 months of stage 1 in principle acceptance.

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