

Figure 1. A) Representative example of the knee-extension visuomotor torque feedback training. The patient is given feedback of their own exerted torque throughout the range of movement and is requested to maintain a torque equivalent to 50% of the maximum isometric torque (quantified at optimal muscle length). The patient is asked to contract either concentrically (from 90° flexion to 5° flexion) or eccentrically (from 5° flexion to 90° flexion) at a speed of 8 °/s. B) Exemplary performance of the task during a single training session for a healthy control (right) and an individual with patellar tendinopathy (left). The red line depicts the torque level that the participant needs to match during the task and the blue line is the participant's own exerted torque. Please note the accuracy in force output for the individual in the control group, while the ability of the individual with patellar tendinopathy to control force is impaired.

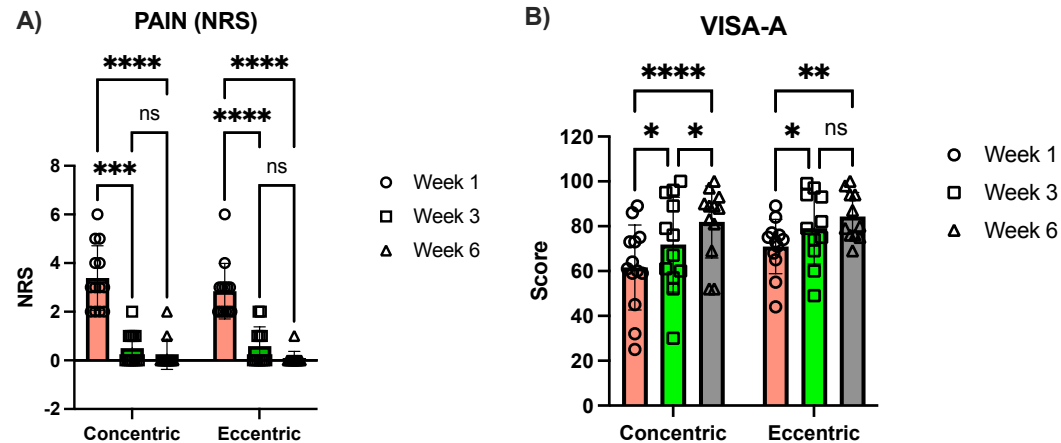


Figure 2. A) Pain scores following 6 weeks of either concentric or eccentric slow-speed torque visuomotor feedback training for the management of Achilles tendinopathy, B) Victorian institute of Sports Assessment Achilles questionnaire (VISA-A) scores following the 6-week intervention. Note the significant reduction in pain and improvement in function after the third week of training for both concentric and eccentric groups (12 participants per group). * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.