Evaluation of the Relationship between Handgrip Strength with Some Anthropometries among Nigerian Secondary School Students

Augustine Oseloka Ibegbu^{*}, Muhammad Bello Baita, Wilson Oliver Hamman, Umana Uduak Emmanuel and Sunday Abraham Musa

Department of Human Anatomy, Faculty of Medicine, Ahmadu Bello University Zaria, Kaduna State, Nigeria 81006

KEYWORDS Handgrip. Anthropometric Variables. Weight. Height. Hand. Students. Kano

ABSTRACT The aim of the present study was to evaluate the relationship between handgrip strength and some anthropometric variables in 400 randomly selected Secondary School Students in Kano, Nigeria. The students were from two secondary schools and were aged 14-18 years with mean age of 16.00 ± 1.35 . The anthropometric variables namely, the height, weight, BMI, hand width and length, upper and lower arm length, mid upper arm circumference (MUAC) and handgrip strength were measured using standard anthropometric measurement techniques. The results from the present study showed that male students had higher mean values in seven variables namely, the height $(16.00\pm1.35\text{kg})$, weight $(46.34\pm8.30\text{cm})$, hand length $(19.34\pm0.98\text{cm})$, hand width $(10.45\pm0.90\text{cm})$, forearm length $(27.93\pm1.92\text{cm})$, arm length $(31.93\pm2.46\text{cm})$, handgrip strength (35.63 ± 17.17) , and lower mean values in two variables namely, BMI (17.45 ± 2.30) and MUAC $(24.23\pm2.26\text{cm})$. In male students, handgrip strength had significant positive correlations (Pd"0.01) with all the variables studied while in the female students, handgrip strength had a significant positive correlation (P \leq 0.01) with some of the variables studied. It may be concluded that handgrip strength had strong positive correlations with all the anthropometric variables studied in Nigerian Secondary School Students of Kano metropolis.

INTRODUCTION

Hand grip strength is a physiological variable that is affected by a number of factors including age, gender and body size among others (Bassey and Harries 1993; Baskaran et al. 2010). The estimation of hand grip strength is of immense importance in determining the efficacy of different treatment strategies of the hand and also in the hand rehabilitation (Benefice and Malina 1996; Lad et al. 2013). The power of hand grip is the result of forceful flexion of all finger joints with the maximum voluntary force that the subject is able to exert under normal biokinetic conditions (Charles and Burchfiel 2006; Baskaran et al. 2010). Evidence has shown that there were strong correlations between grip strength and various anthropometric traits, such as weight, height, hand length and BMI as had been reported earlier by Ross and Rosblad (2002) and Shyamal and Satinder (2011). In fact, the grip

Address for correspondence: Dr. A.O. Ibegbu Department of Human Anatomy, Faculty of Medicine, Ahmadu Bello, University Zaria, Kaduna State, Nigeria 81006. Telephone: +2348032188042,

E-mail: aoibegbu@abu.edu.ng, aoibegbu@yahoo.com

strength has been reported to be higher in dominant hand with right handed subjects, but there were no such significant differences between sides could be documented for left- handed people (Incel et al. 2006; Guerra et al. 2013). Right and left hand grip strengths were positively correlated with weight, height and body surface area in Indian population (Chatterjee and Chaudhuri 1991; Guerra et al. 2013; Flood et al. 2014).

The human hand is unique in being free of habitual locomotion duty and devoted entirely to functions of manipulation (Fess 1992; Moura-Dos-Santos et al. 2013). Its effectiveness in these activities is due to particular configuration of the bones and muscles which permits opposition of the pulp surface of the thumb to the corresponding surfaces of the other four finger tips in a firm grasp, together with a highly elaborated nervous control and sensitivity of the fingers (Dixon et al. 2005; Moura-Dos-Santos et al. 2013). The hand length and body height ratio, the shape index which determines hand shape, the digit index which determines grasping capability and the palmar length/width ratio which determines palmar type without the digits, and other anthropometric parameters are all important parameters to be considered when studying the grip strength in any population of interest as they all play roles

in grip strength (Mathiowetz et al. 1986; McArdle et al. 2001; Spruit et al. 2013).

In the study of the relationships of hand grip strength with stature, weight, arm and calf circumferences and various subcutaneous skin folds, it was found that males attained greater values for those anthropometric variables and also have greater hand grip strength values than their female counterparts (Benefice and Malina 1996; Naeem et al. 2008; Montalcini et al. 2013). It has been shown that there was age dependent increase in hand grip strength in boys and girls as well as the inter-gender differences was strongly associated with changes of fat free mass during the childhood (Sartorio et al. 2002; Nicola et al. 2006; Prakash et al. 2011).

Handgrip strength (HGS) is a measure of strength of several muscles in the hand and the forearm (Bassey and Harrie 1991; Shyamal and Arvinder 2010). Hand grip strength is usually measured in either kilograms or Newtons depending on calibrations by squeezing a handgrip strength dynamometer with one's maximum strength. The power of grip is the result of forceful flexion of all finger joints with a maximal voluntary force that the subject is able to exert under normal biokinetic conditions (Navdeep and Shyamal 2010). Hand grip strength can be quantified by measuring the amount of static force that the hand can squeeze around a dynamometer. The force has most commonly been measured in kilograms and pounds, but also in millilitres of mercury and in Newtons (Newman et al. 1984; Snih et al. 2002).

Hand grip strength is a reliable measurement when standardised methods and calibrated equipment are used, even when there are different assessors or different brands of dynamometers (Mathiowetz 2002; Amit 2006). There are different methods of positioning patients during measurement, and for calculating their grip strength from repeated measures, so the American Society for Surgery of the Hand and the American Society of Hand Therapists have standardized positioning, instruction and calculation of grip strength (Fess 1992; Amit 2006; Prakash et al. 2011).

Hand grip strength is found to be a significant determinant of bone mineral content and bone area at the forearm sites and has a positive correlation with lean body mass and physical activity and determines the muscular strength of an individual (Foo 2007; Baskaran, et al. 2010). Hip and waist circumferences measurement are good markers of fat mass, bone mineral content and lean mass are strongly correlated with maximum isometric grip force (Rasid and Ahmed 2006; Prakash et al. 2011).

The assessment of hand grip strength assumes importance in a number of situations. It may be used in the investigation and follow–up of patients with neuromuscular diseases (Charles and Burchfiel 2006; Foo 2007). It is also of use as functional index of nutritional status and can predict the extent of complications following surgical intervention in hospitalized patients (Shyamal and Arvinder 2010).

Objective of the Study

The objective of the study was to evaluate the relationship between handgrip strength and other anthropometric variables namely height, weight, BMI, hand length, hand width, forearm length, arm length, and MUAC among Secondary School Students in Kano Nigeria.

MATERIAL AND METHODS

Study Population

A total of four hundred secondary school students of 14–18 years of age were randomly selected for the study from two different Secondary Schools in Kano Municipality, Kano State Nigeria. The study samples were made up of two hundred students from each of the schools comprising of one hundred males and one hundred females each. The schools are the Governor's College with 200 participating students, made up of one hundred (100) male students and one hundred (100) female students, and the First Grade Comprehensive School with 200 participating students, made up of one hundred (100) female students, making up the total of four hundred (400) students.

Study Area

Kano State is located in north-western Nigeria as part of former Northern Region and borders Katsina State to the north-west, Jigawa State to the north-east, Bauchi and Kaduna States to the south. It is indigenous to Hausa and Fulani tribes. Kano environment refers to the administrative area known as Kano State. It is so called because the State capital is named Kano. The Kano environment covers an area extending between latitudes $12^{\circ} 40'$ and $10^{\circ} 30'$ and longitude $7^{\circ} 40'$ and $9^{\circ} 30'$.

The two schools selected for the study were the Governor's College, along Ibrahim Taiwo road, Kano and First Grade Comprehensive School on Lawal Dambazau link, Kano. All the participants were Hausas from Kano State.

Measurements and Data Collection

Body weights were measured using a standard scale with light clothing on, without any footwear. Heights were measured with each subject in upright position in front of a wall looking ahead and heels touching one another. BMI of the participants were calculated using the measurements of the weight in kilograms divided by the square of the height in meters (kg/m2). The hand lengths were measured using standard measuring tape in each subjects, defined as the distance between the mid-point of the distal wrist crease and the tip of the middle finger.

Mid Upper Arm Circumference (MUAC), is the circumference of the upper arm measured at the mid-point between the tip of the shoulder and the tip of the elbow, at the olecranon process and acromion.

Hand dynamometer made by Xinjing Sports, China, was used to measure the grip strength of the participants. Each participant was allowed to sit on a chair with the elbow flexed at 90 degrees and the forearm in semi- pronation lying on an arm rest. The participants were asked to squeeze the dynamometer with their hand and the grip strengths were recorded.

Statistical Analysis

Standard descriptive statistics (mean \pm standard deviation) were determined for directly measured and derived variables. Pearson's correlation coefficients were used to establish the correlation of handgrip strength with other variables. A P \leq 0.05 probability level was used to indicate significance.

RESULTS

The result show the mean values for the age, height, weight, BMI, hand length, hand width, forearm length, hand width, forearm length, arm length, MUAC and handgrip strength (HGS) in the general population sample are 16.0 ± 1.35 yrs, 1.60 ± 0.08 m, 46.34 ± 8.30 kg, 18.02 ± 2.81 kg/m², 19.34 ± 0.98 cm, 10.45 ± 0.90 cm, 27.93 ± 1.92 cm, 31.93 ± 2.46 cm, 24.37 ± 2.27 cm, 35.63 ± 17.17 respectively as shown in Table 1.

Table 1: Descriptive Statistics for general samples (N=400)

Parameters	Mean \pm S.D.	Min-Max
Age	16.00 ± 1.35	14 - 18
HT(m)	1.60 ± 0.076	1.39 - 1.83
WT(kg)	46.34 ± 8.30	22.00 - 89.00
BMI (kg/m ²)	18.02 ± 2.81	9.40 - 30.10
HL (cm)	19.34 ± 0.98	16.50 - 22.00
HW (cm)	10.45 ± 0.90	8.50 - 12.00
FAL (cm)	27.93 ± 1.92	24.00 - 39.00
AL(cm)	31.93 ± 2.46	21.00 - 38.00
MUAC (cm)	24.37 ± 2.27	19.00 - 32.00
HGS (N)	35.63 ± 17.17	10.00 -102.00

N= total number, HT= Height, WT = Weight, BMI = Body Mass Index, HL = Hand length, HW = Hand Width, FAL = Forearm Length, AL = Arm Length, MUAC = Mid Upper Arm Circumference, HGS = Hand Grip Strength.

The descriptive statistics in both male and female students in each case showing the mean \pm S.D., minimum and maximum values for each variable are as shown in Table 2. All the anthropometric variables studied were correlated to handgrip strength and also to each other to test for any relationship between the parameters as shown in Table 3. The results showed a positive correlation between handgrip strength and the anthropometric variables studied. While Tables 4 and 5 show the correlation matrix between the anthropometric variables and HGS in males and females respectively. The regression equations for HGS according to age are presented in Table 6.

DISCUSSION

The study of the relationship between handgrip strength and other anthropometric parameters was undertaken in four hundred Nigerian Secondary School Students of ages 14 to 18 years in Kano metropolis. The study correlated age and other anthropometric traits with handgrip of Students. The results revealed strong positive correlations between age, height and weight with handgrip strength in both males and

924 AUGUSTINE OSELOKA IBEGBU, MUHAMMAD BELLO BAITA, WILSON OLIVER HAMMAN ET AL.

	Males		Females	
Parameters	$Mean \pm S.D.$ n = 200	MinMax.	$Mean \pm S.D.$ $n = 200$	Min Max
AGE (yrs.)	16.42 ± 1.49	14 - 18	15.59 ± 1.05	14 - 18
HT (m)	1.64 ± 0.08	1.39 - 1.83	1.57 ± 0.054	1.44 - 1.72
WT (kg)	46.97 ± 8.29	28.0 - 89.0	45.70 ± 8.29	22.0 - 74.0
BMI (kg/m^2)	17.45 ± 2.30	11.30 - 31.10	17.45 ± 2.30	9.40 - 28.90
HL (cm)	19.72 ± 1.01	17.0 - 22.0	18.95 ± 0.77	16.50 - 21.0
HW (cm)	10.85 ± 0.97	9.0 - 21.0	10.05 ± 0.61	8.50 - 12.0
FAL (cm)	28.58 ± 2.15	24.0 - 39.0	27.28 ± 1.39	24.0 - 31.30
AL (cm)	32.44 ± 2.65	21.0 - 38.0	31.41 ± 2.14	21.0 - 37.50
MUAC (cm)	24.23 ± 2.26	19.0 - 32.0	24.50 ± 2.26	20.0 - 32.0
HGS (N)	46.02 ±17.41	10.0 -102.0	25.23 ± 8.40	10.0 - 50.0

Table 2: Descriptive Statistics for male and female samples

n= total number, HT = Height, WT = Weight, BMI = Body Mass Index, HL = Hand length, HW = Hand Width, FAL = Forearm Length, AL = Arm Length, MUAC = Mid Upper Arm Circumference, HGS = Hand Grip Strength.

Table 3: Correlation betw	een the variables	in male and	female samples
---------------------------	-------------------	-------------	----------------

							-			
	AGE	HT	WT	BMI	HL	HW	FAL	AL	MUAC	HGS
AGE	1									
НT	.431	1								
WΤ	.331	.485**	1							
BMI	.116*	045	.848**	1						
HL	.278	.646**	.398**	.073	1					
HW	.286**	.417**	.350**	.146**	.410**	1				
FAL	.256**	.631**	.317**	-0.19	.562**	.320**	1			
AL	.278**	.604**	.364**	.066	.481**	.320**	.485**	1		
MUAC	.280**	.180**	.796**	.807**	.197**	.293**	.120*	.208**	1	
HGS	.307**	.485**	.237**	026	.357**	.320**	.294**	.295**	.125	*

** Correlation is significant at 0.01 level (2-tailed); n = 400
*Correlation is significant at 0.05 level (2-tailed)
HT = Height, WT = Weight, BMI = Body Mass Index, HL = Hand Length, HW = Hand Width, FAL = Forearm Length, AL = Arm Length, MUAC = Mid Upper Arm Circumference, HGS = Hand Grip Strength.

Table 4: Correlation between the variables in male samples

	AGE	HT	WT	BMI	HL	HW	FAL	AL	MUAC	HGS
AGE	1									
ΗT	$.489^{**}$	1								
WΤ	.450**	.650**	1							
BMI	.250**	.163*	.851**	1						
HL	.291**	.637**	.415**	.111	1					
HW	.245**	.289**	.413**	.359**	.247**	1				
FAL	.285**	.601**	.378**	.080	.512**	.178****	1			
AL	.252**	.645**	$.0404^{**}$.100	.515**	.299**	.501**	1		
MUAC	.469**	.369**	.799**	.798**	.199**	.411**	.191**	.262**	1	
HGS	.516**	.430**	.568**	.463**	.341**	.314**	.276**	.334**	.626**	1

** Correlation is significant at 0.01 level (2-tailed); n = 200
*Correlation is significant at 0.05 level (2-tailed)
HT = Height, WT = Weight, BMI = Body Mass Index, HL = Hand Length, HW = Hand Width, FAL = Forearm Length, AL = Arm Length, MUAC = Mid Upper Arm Circumference, HGS = Hand Grip Strength.

	AGE	HT	WT	BMI	HL	HW	FAL	AL	MUAC	HGS
AGE	1									
ΗT	.45	1								
WΤ	.158*	.323**	1							
BMI	.149*	054	.926**	1						
HL	027	.441**	.394**	.243	1					
HBW	.297	.227**	.281**	.205**	.367**	1				
FAL	079	.498**	.224**	.032	.467**	.263**	1			
AL	.194**	.479**	.304**	.133	.328**	.187**	.359**	1		
MUAC	.104	.048	.811***	$.840^{**}$.302**	.296**	.095	.186**	1	
HGS	.167*	.172	.162*	.097	.151*	.151	.208**	.061	.124	1

Table 5: Correlation between the variables in female samples

** Correlation is significant at 0.01 level (2-tailed); n = 200

*Correlation is significant at 0.05 level (2-tailed)

HT = Height, WT = Weight, BMI = Body Mass Index, HL = Hand Length, HW = Hand Width, FAL = Forearm Length, AL = Arm Length, MUAC = Mid Upper Arm Circumference, HGS = Hand Grip Strength.

Table 6:	Regression	formulas	for	HGS	according	to	age
----------	------------	----------	-----	-----	-----------	----	-----

	Age (Yrs)	Female/Age (Yrs)		
HGS VS BMI HGS VS HL HGS VS HW HGS VS FAL HGS VS AL HGS VS MUAC HGS VS HT HGS VS WT	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	

HT=Height, WT=Weight, BMI=Body Mass Index, HL=Hand Length, HW=Hand Width, FAL=Forearm Length, AL=Arm Length, MUAC=Mid Upper Arm Circumference, HGS= Hand Grip Strength. y=dependent variable (HGS), x independent variable (age)

females. Sartorio et al. (2002) had reported that the age dependent increase of hand grip strength in males and females were strongly associated with changes of muscle mass during the childhood. The results from the present study are consistent with previous researches demonstrating stronger grip for men than women within the same age strata, and that hand grip strength decreases with advancement in age (Chatterjee and Chowdhuri 1991; Bohannon et al. 2006; Charles and Burchfiel 2006).

The results showed that Male Students showed higher mean values for all the tested anthropometric variables than females, except for BMI and MUAC where females had higher mean values. Based on the present study, males also showed a higher mean value for Hand grip strength and this agrees with the study conducted by Shyamal and Sartinder (2011), which showed that males have higher mean values of all the anthropometric parameters than females.

The present study has demonstrated that males are generally taller, heavier, and have longer hand length, hand width, forearm length, and arm length, with higher Hand grip Strength than their female counterparts. While females on the other hand, had higher BMI and MUAC than their male counterparts. This could either be as a result of females not involved in much physical activity as males do or due to higher fat deposition in females as compared to males. Also the existence of greater percentage of muscularity among male students than their female counterparts may be because of the regular exercise of the males that prevented the accumulation of fat in the body (McArdle et al. 2001; Foo, 2007; Prakash et al. 2011; Flood et al. 2014). This is because, Sartorio et al. (2002) in their study had reported that age dependent increase of handgrip strength in boys and girls were strongly associated with changes of muscle mass during their childhood.

926 AUGUSTINE OSELOKA IBEGBU, MUHAMMAD BELLO BAITA, WILSON OLIVER HAMMAN ET AL.

It was reported earlier that physical performance had a strong association with body strength, shape, size, form and structure of an individual (Ross and Rösblad 2002; Foo 2007; Guerra et al. 2013). The findings of the present study follow the same direction highlighting a highly significant positive correlation between all the anthropometric variables measured and handgrip strength both in males and females (Spruit et al. 2013; Flood et al. 2014).

It has been reported that as a rule, handgrip strength of both right and left hand dominant was stronger in males than females across all age groups (Newman et al. 1984; Mathiowetz et al. 1986; Naeem et al. 2008; Lad et al. 2013). The findings of the present study also followed the same direction in both male and female students. The Males have higher mean values in all the anthropometric variables than their female counterparts. It has been reported earlier that men possessed considerably greater strength than women for all muscle groups tested (McArdle et al. 2001; Bohannon et al. 2006; Shyamal and Satinder 2011; Montalcini et al. 2013).

In the case of height, a positive correlation with the hand grip strength could be as a result of different factors such as higher heights that would lead to longer arms, with greater lever of arm for higher force generation thus, resulting in an efficient amount of force. Similarly, Chatterjee and Chowdhuri (1991), Spruit et al. (2013) agreed that hand grip strength when measured by hand dynamometer was positively correlated with weight, height and body surface area.

When correlating HGS, in the general sample of males and females combined, with all the tested anthropometric variables, all the variables showed a strong positive correlation to Hand grip Strength. This was also shown to be true when the same correlation was made in male student samples only. But in female samples, however, the correlation only showed a positive relationship between hand grip strength and age, height, weight, hand length, forearm length while BMI, hand width, arm length, and MUAC showed no significant correlation. The regression formulae for predicting hand grip strength were obtained according to age in males and females and based on these findings, the present study was in agreement with the findings of the previous studies of Cagatay et al. (2011); Shyamal and Satinder (2011).

CONCLUSION

Based on the result of the present study, it could be concluded that all the tested anthropometric variables are positively correlated to Hand grip strength. It could also be concluded that male students are taller, heavier, have higher hand length, hand width, forearm length, and arm length than their female counterparts. This is because these variables are positively correlated to Hand grip strength, however, males showed a higher Hand grip strength than females.

RECOMMENDATIONS

From the result of the present studies it is highly recommended that further studies be conducted to evaluate the association between hand grip strength and body mass index (BMI), since the body mass index is a product of the body weight and height of the individual students. This will further give insight into the relationship between handgrip strength and general body well being as reflected by the BMI of the individual.

REFERENCES

- Amit B 2008. Body composition and hand grip strength in male brick-field workers. *Malaysian Journal of Medical Sciences*, 15(1): 31-36.
- Baskaran C, Arindam G, Chandan P, Bidhan C 2010. Anthropometric traits predict hand grip strength in healthy normal. Springer Journal of Hand and Microsurgery, 2(2): 58-61.
- Bassey EJ, Harries UJ 1993. Normal values for hand grip strength in 920 men and women over 65 years, and longitudinal changes over 4 years in 620 survivors. *Clinical Science*, 15(1): 331-337.
- Benefice E, Malina R 1996. Body size, body composition and motor performances of mild- to-moderately undernourished Senegalese children. An Hum Biol, 23(4): 307-321.
- Bohannon RW, Peolsson A, Massy-Westropp N, Dastrosiers J, Bear–Lehman J 2006. Reference values for adult grip strength measured with a Jamar dynamometer: A descriptive meta-analysis. *Physiotherapy*, 92: 11-15.
- Charles LE, Burchfiel CM 2006. Occupational and other risk factors for hand grip strength. *Environ Med*, 63: 820-827.
- Chatterjee S, Chowdhuri BJ 1991. Comparison of grip strength and isometric endurance between right and left hands of men and their relationship with age and other physical parameters. *J Hum Ergol*, 20(1): 41-50.
- Dixon WG, Lunt M, Pye SR, Reeve J, Felsenberg D, Silman AJ, O'Neill TW 2005. Low GS is associated with bone mineral density and vertebral fracture in women. *Rheumatology*, 44(5): 642-646.

- Fess EE 1992. In: Clinical assessment recommendations. In : JS Casanova (Ed.): Grip Strength. Chicago: American Society of Hand Therapist, pp. 41 – 45.
- Flood A, Chung A, Parker H, Kearns V, O'Sullivan TA 2014. The use of handgrip strength as a predictor of nutritional status in hospitalized patients. *Clin Nutri*, 33(1):106-114.
- Foo LH 2007. Influence of body composition, muscle strength, diet and physical activity on total body and forearm bone mass in Chinese adolescent girls. *Br J Nutr*, 98(6):1281-1287.
- Guerra RS, Fonseca I, Pichel F, Restivo MT, Amaral TF 2013. Handgrip strength and associated factors in hospitalized patients. *J Parenter Enteral Nutri*, Published Online November 29, 2013; 01486071 13514113.
- Incel NA, Ceceli E, Durukan PB, Erdem HR, Yorgancioglu ZR 2002. Grip strength: Effect of hand dominance. Singapore Med J, 43(5): 234-237.
- Lad UP, Satyanarayana P, Shisode-Lad S, Siri ChC, Kumari NR 2013. A study on the correlation between the body mass index (BMI), the body fat percentage, the handgrip strength and the handgrip endurance in underweight, normal weight and overweight adolescents. J Clin Diagn Res, 7(1): 51-54.
- Mathiowetz V 2002. Comparison of Rolyan and Jamar dynamometers for measuring grip strength. Occup Therp Int, 9(3): 201-209.
 Mathiowetz V, Kashman N, Volland G. Weber K, Dove
- Mathiowetz V, Kashman N, Volland G. Weber K, Dove M, Rigers S 1986. Grip and punch strength: Normative data for adults. Arch Physical Rehabilitation, 66: 69-72.
- McArdle WD, Katch FI, Katch VL 2001. Exercise Physiology: Energy, Nutrition and Human Performance. 5th Edition. Philadelphia: Lippincott Williams and Wilkins.
- Montalcini T, Migliaccio V, Yvelise F, Rotundo S, Mazza E, Liberato A, Pujia A 2013. Reference values for handgrip strength in young people of both sexes. *Endocrine*, 43(2): 342-345.
- Moura-Dos-Santos M, Wellington-Barros J, Brito-Almeida M, Manhaes-de-Castro R, Maia J, Gois Leandio C 2013. Permanent deficits in handgrip strength and running speed performance in low birth weight children. Am J Hum Biol, 25(1): 58-62.
- Naeem A, James M, Jr, Stephen PH, Garry P, Allan G, James CW, Khalid A, Rana H, Karen MW, Stanley L,

Alfred FC, Jr, Clay BM 2008. Acquired weakness, hand grip strength, and mortality in critically ill patients. *Am J Respir Crit Care Med*, 178: 261-268.

- Napdeep K, Shyamal K 2010. An association of nutritional status and hand grip strength in female laborers of north India. *Anthropologist*, 12(4): 237 – 243.
- Newman T, Hurbo J, Jurimae J 1984. Relationship of handgrip strength with anthropometric and body composition variables in prepubertal children. J Copmar Hum Biol, 60: 225-238.
- Nicola M, Massy-Westropp, Catherine H 2006. Age and gender stratified normative data in a population-based study. *Bio Med Central Research Notes*, doi: 10.1186/1756-0500-4-127.
- Prakash C, Dhara PS, Sujaya D 2011. Hand grip strength of older persons in relation to body dimensions and nutritional status. *Journal of the Indian Academy of Geriatrics*, 7: 143-149
- Rashid R, Ahmed SF 2006. Assessment of bone health and body composition in Glasgow school children. *European Congress of Endocrinology*, 11: 35.
- Ross CH, Rösblad B. 2002. Norms for grip strength in children aged 4–16 years. Acta Paediatrica, 91(6): 617-625.
- Sartorio A, Lafortuna CL, Pogliaghi S, Trecate L 2002. The impact of gender, body dimension and body composition on hand-grip strength in healthy children. J Endocrinol Invest, 25(5): 431-435.
- Shyamal K, Arvinder PS 2010. Effect of hand dominance in grip strength in colligiate population-based Amritsar, Punjab, India. *Anthropologist*, 12(1): 13-16.
- Shyamal K, Satinder PK 2011. Colligiate of hand grip strength in selected hand-arm-anthropometric variables in Indian inter-university female volleyball players. *Asian Journal of sports Medicine*, 2(4): 220– 226.
- Snih A, Markides S, Ray L 2002. Hand grip strength and mortality in older Americans and Mexicans. J Am Geriatr Soc, 50: 1250-1256.
- Spruit MA, Sillen MJ, Groenen MT, Wouters EF, Franssen, TM 2013. New normative values for handgrip strength results from the UK Biobank. J Am Med Dir Asso, 14(10): 775 e5-11.