

1 Physical Fitness profile of Competitive Young Soccer Players: Determination of Positional
2 Differences

3
4 **Original investigation**

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34 **ABSTRACT**

35

36 The aim of this study was to compare the anthropometric and physical fitness characteristics
37 of the different playing positions in adolescent soccer players. Furthermore, differences
38 among playing ages (under 14, under 16, and under 18 years) were determined. One hundred
39 and sixty-seven young male national level soccer players, were tested on anthropometric
40 characteristics and physical performance tests (30m sprint, ball kicking, overhead medicine
41 ball throw and countermovement jump [CMJ]). The results demonstrated differences in
42 anthropometric characteristics between positions ($p < 0.05$). Differences were also found in the
43 physical performance tests; forwards performed better in the throwing, CMJ and sprint tests
44 than defenders. Midfielders demonstrated greater CMJ performances than right defenders.
45 Our results highlight that there is an influence of playing position on the anthropometric and
46 physical qualities in adolescent players. This emphasizes the importance of evaluating the
47 physical profile of players and their development according to playing age and playing
48 position.

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50

51 **Keywords:** soccer, specificity, strength, playing position, young players

52

53 **INTRODUCTION**

54 Playing positions in team sports involve specific physical activity and technical skill demands
55 to successfully compete. Several investigations have been undertaken to determine the
56 specific physical demands of match-play, and the underlying fitness qualities required for
57 competitive success in different team sports. For instance, positional player profiles have been
58 studied in volleyball,[1, 2] ice hockey,[3, 4] field hockey,[5] basketball,[6] netball,[7] and
59 soccer.[8, 9]

60

61 The technical and time-motion demands of soccer have been studied in great detail in recent
62 years.[10] Soccer is characterized as a prolonged, high-intensity, intermittent team sport that
63 places an emphasis on explosive movements such as repeatedly jumping, sprinting and
64 kicking. Also, due to the complexity and unpredictability of game conditions, constant
65 adaptations of technical actions are required.[11, 12] In keeping with the variability of the
66 game, a soccer team comprises 11 players with team positions broadly defined as goal
67 keepers, defenders, midfielders, and forwards.[13-15] Each of these positions play a specific
68 role during a soccer match, such as defending the goal, defending the forwards to prevent
69 shots at goal, restricting the space in the midfield to prevent progression of the opposing team,
70 and when in attack, exploring spaces to progress on the field, and create situations to shoot at
71 goal, respectively.[14] However, due to the demands of each position on the field, a recent
72 study[8] suggested that soccer playing positions should be defined with greater accuracy.
73 Based on the analysis of specific physical activity demands of different playing positions, the
74 authors proposed that players should be divided into goal keepers, central defenders, external
75 defenders, central midfielders, external midfielders and forwards,[8] where each is subject to
76 specific requirements.[16]

77

78 Some studies have evaluated the effect of age on high-speed running differences in young
79 soccer players.[17] However, given that age may influence the physical and anthropometric
80 qualities of young soccer players, it is surprising that there are not more studies that focus on
81 this issue. Recent studies have focused on the relationship between the anthropometric and
82 physical characteristics, although comparisons between age groups have not been made.[18,
83 19] To the best of our knowledge there are no studies that have assessed the anthropometric
84 and physical qualities of the different playing positions among different age levels. It is also
85 noticeable that in elite junior players a limited number of soccer studies report the physical
86 characteristics of different positions.[9] In doing so, one may understand the requirements of

87 different playing levels and the factors that may require development in order to attain high
88 levels of performance in young talented players. Data extending across the teenage years
89 could have far reaching implications for coaches and sports scientists who use performance
90 indices to evaluate players within the current sport structure (i.e., under-13-15 years old) by
91 providing normative data for comparative chronological ages. In addition, an understanding
92 of the physical characteristics (e.g. jumping ability, throwing performance, sprinting skills,
93 and kicking ball velocity) limiting performance is required in order to provide optimal
94 strength and conditioning programs to improve soccer performance.

95

96 Therefore the aim of this study was to compare the anthropometric and physical
97 characteristics of young soccer players competing in different playing positions. Furthermore
98 we investigated if differences existed among the age of players (U14, U16, and U18 players)
99 for these physical and anthropometric characteristics. We hypothesized that the
100 anthropometric and physical qualities of soccer players would vary according to the different
101 playing positions. We also expected to observe an increase in anthropometric and physical
102 qualities of soccer players from U14 to U18. If significant differences exist among playing
103 positions, it may provide insight into the physical qualities important for success in that
104 position, while also providing a greater understanding of the factors limiting performance for
105 those players. Also, this information can be used to provide appropriately structured training
106 programs for each playing position.

107

108 **METHODS**

109 **Subjects**

110 A group of 167 young male soccer players (mean \pm SD age: 15.7 \pm 1.7 years) participated in
111 the study. Players were categorized according to playing position and role. Players were
112 categorized as central defenders (n = 23), right defenders (n = 17), left defenders (n = 18),
113 central midfielders (n = 37), right midfielders (n = 15), left midfielders (18), and forwards (n
114 = 39). Before commencing the study, players had a physical examination by the team
115 physician, and each was cleared of any medical disorders that might limit full participation in
116 the investigation. All participants were fully informed verbally and in writing about the nature
117 and demands of the study, as well as the known health risks. They completed a health history
118 questionnaire and were informed that they could withdraw from the study at any time, even
119 after giving their written consent. All parents gave their informed consent attesting the

120 voluntary participation of their children in the study, which had the approval of the Academy's
121 Ethical Advisory Commission.

122

123 Experimental design

124 Participants belonged to three different Portuguese teams playing at the national level in their
125 age category in either under 14 (U14, n=57), under 16 (U16, n=58), or under 18 years (U18,
126 n=52) age groups. All players competed in one match per week combined with four soccer
127 practice sessions. Players had completed a pre-season testing and training program prior to the
128 initiation of this in-season study. The players were in good physical condition and were
129 adequately familiarized with all procedures prior to commencing the study. Apart from
130 standard technical and tactical practice sessions (2 hours per day) and regular competitions,
131 the subjects completed a simple physical training regimen that included upper and lower-body
132 exercises targeting strength and power. Briefly, the program was performed twice per week,
133 with each session lasting approximately 20 minutes. The principal resistance exercises were
134 push-ups, vertical jumps, ball throwing and parallel squats using their body mass. The training
135 program was equally applied to all age groups. All subjects underwent a plyometric and sprint
136 program in addition to normal soccer training. Subjects also completed upper- and lower-
137 body power exercises (vertical jumping activities and medicine ball throwing, and sprinting).

138

139 Methodology

140 All testing was carried out during one week at the completion of the second half of the in-
141 season, which took place between January and May. Before the pretest stage the participants
142 were familiarized with the different tests during a practice session in order to minimize
143 learning effects. Pre- and post-tests were performed with maximal intensity. All tests were
144 conducted in an indoor facility in order to eliminate the effect of weather conditions on
145 results. Tests were performed over a 2-day period: day 1 - anthropometric measures,
146 countermovement jump and overhead medicine ball throw; day 2 – 30 meters sprint and
147 kicking ball velocity. These were tests that could be rapidly administered, and were highly
148 specific to soccer.

149

150 The anthropometric variables of height and body mass were measured in each subject. Height
151 and body mass measurements were made on a leveled platform scale (Año Sayol, Barcelona,
152 Spain) with an accuracy of 0.001 m and 0.01 kg, respectively.

153

154 Countermovement jump (CMJ) height was measured using a trigonometric carpet (Ergo jump
155 Digitimer 1000, Digest Finland) using previously described methods.[20] Subjects began
156 from a standing position, performed a crouching action followed immediately by a jump for
157 maximal height. The hands were on the hips during the whole jump. Each participant
158 performed three jumps and the highest jump was recorded. Between each repetition there was
159 a two minute rest period.

160

161 The overhead medicine ball throw was performed according to the protocol described
162 elsewhere.[20] After a general warm-up of 10 minutes, which included throwing with
163 different weighted balls to warm up the shoulders, throwing with the soccer ball and 5 kg
164 medicine ball was tested. The participant stood with both feet parallel to each other while
165 throwing the balls. All participants started by holding the ball in front of them with both
166 hands. They were instructed to throw the medicine ball as far and fast as possible with both
167 hands over their head and hyper-extending their back and shoulders (soccer throw-in
168 movement). Players were required to throw the ball as fast as possible in a straight line. Both
169 feet were kept in contact with the ground at all times during and after the throw and no
170 preliminary steps were allowed. Torso and hip rotation was also prohibited. When a
171 participant did not keep both feet on the ground during the throw the attempt was not
172 approved and a new attempt was performed. An expert in throwing controlled this test. Three
173 approved attempts were made with each ball with one-minute rest between each attempt.
174 Throwing distance with an accuracy of 10 cm was measured for the medicine ball. Only the
175 best attempts with each ball were used for further analysis.

176

177 The 30 m sprint was performed in an indoor school physical education facility with a
178 Copolymer Polypropylene floor, with subjects wearing indoor shoes. Before the test, the
179 players performed a 20-minute warm-up involving three sprints for a distance of 5-10 m and
180 two sprints for a distance of 20-30 m. Time to run 30 m was obtained using photocells
181 (Brower Timing System, Fairlee, Vermont, USA). Times at 10 m and 20 m were also
182 recorded. Prior to each sprint, each subject trod the cell pad using the right hand with the time
183 being recorded from when the subject intercepted the photocell beam. All subjects were
184 encouraged to run as fast as possible and to decelerate only after listening to the beep emitted
185 by the last pair of photocells. Each player repeated the same procedure for 3 attempts and only
186 the best time taken to cover the 30 m distance in the sprint test was used in data analysis. A
187 rest period of 10 min was provided between attempts.

188

189 For the kicking speed and accuracy test, a standard soccer ball (mass approximately 430 g,
190 circumference 70 cm) was used. After a general warm-up of 15 min which included jogging
191 and kicking drills, kicking performance was tested. The instruction was to kick a regular ball
192 with maximum force and attempt to hit a target from 11 m distance, aiming at a 1 m by 1 m
193 circled target at 2 m height located in the middle of a goal (3 x 2 m). Kicking velocity of the
194 ball was determined using a Doppler radar gun (Sports Radar 3300, Sports Electronics Inc.),
195 with $\pm 0.028 \text{ m}\cdot\text{s}^{-1}$ accuracy within a field of 10 degrees from the gun. The radar gun was
196 located 1 m behind the goal at ball height. Three trials were conducted and the highest ball
197 kicking velocity was used for further analysis.[21]

198

199 Statistical analysis

200 Data is expressed as mean \pm SD. To compare the anthropometric and physical qualities of the
201 different playing positions, a one way ANOVA was used. In addition, to determine if the
202 anthropometric and physical qualities differed between playing positions and across the three
203 age-groups, a two way ANOVA (age x playing position) was used. Where significant
204 differences were found, a Holm-Bonferroni probability adjustment *post hoc* test was used to
205 determine the source(s) of those differences. Effect size was evaluated with η^2_p (partial eta-
206 squared) where $0.01 < \eta^2_p < 0.06$ represents a small effect, $0.06 < \eta^2_p < 0.14$ represents a medium
207 effect, and a large effect when $\eta^2_p > 0.14$. All analyses were performed using SPSS Version
208 19.0. Statistical significance was set at $p < 0.05$. The intraclass correlation coefficient (ICC)
209 and coefficient of variation were respectively 0.97 and 4.1% (maximal ball velocity), 0.95 and
210 3.6% (overhead medicine ball throw), 0.96 and 1.3% (30 m sprint) and 0.90 and 3.9% (CMJ).

211

212 RESULTS

213 Significant differences were found among the individual playing positions for height ($F=2.81$,
214 $p=0.011$, $\eta^2_p = 0.097$) and body mass ($F=2.43$, $p=0.028$, $\eta^2_p = 0.084$, Fig. 1A). Post hoc
215 comparison showed that the right defenders were significantly shorter ($p < 0.05$) than all other
216 positions except the left defenders. The right defenders were also significantly lighter
217 ($p < 0.05$) than the forwards, central defenders and midfield players, while the left defenders
218 were lighter and shorter than the central defenders (Fig. 1A). Furthermore, height and body
219 mass increased significantly by age group ($F=17.4$, $p < 0.001$, $\eta^2_p = 0.181$), but post hoc
220 comparison showed a significant increase from the U14 to the U16 group ($p < 0.001$), no
221 significant differences were found in U16 to U18 age groups ($p > 0.53$). No significant (age x

222 position) interaction effects were found for either height or body mass ($F=0.57$, $p \geq 0.68$, $\eta^2_p \leq$
223 0.014) (Fig. 1B).

224

225 - Please insert Figure 1A and 1B

226

227 Significant differences were found among playing positions for counter-movement jump
228 height ($F=3.36$, $p=0.004$, $\eta^2_p = 0.112$), throwing distance ($F=2.77$, $p=0.014$, $\eta^2_p = 0.094$) and
229 20 m ($F=2.25$, $p=0.041$, $\eta^2_p = 0.078$) and 30 m ($F=4.2$, $p=0.001$, $\eta^2_p = 0.137$) sprint times,
230 while no significant differences were found for 10 m sprint times ($F=0.525$, $p=0.789$, $\eta^2_p =$
231 0.019) and maximal ball kicking velocity ($F=1.50$, $p=0.18$, $\eta^2_p = 0.053$) (Fig. 2A-3A). Post
232 hoc comparison showed that the forwards jumped higher and threw significantly further than
233 the players on the left, right and central defender positions (Fig. 2A; $p < 0.05$). The forwards
234 were significantly ($p < 0.05$) faster over 20 m and 30 m compared with the left, right and
235 central defenders (Fig. 3A). Furthermore, players from the left, right and central midfielder
236 positions had a higher jumping height ($p < 0.05$) than the right defenders, and the left and
237 central defenders were significantly slower over 30 m than the central and left midfielders
238 (Fig. 3A).

239

240 - Please insert Figure 2A and 2B

241

242 Two way ANOVA (with age group and playing position) revealed a significant effect of age
243 on each physical performance test ($F \geq 16.0$, $p < 0.001$, $\eta^2_p = 0.169$), except for the 10 m sprint
244 times ($F=0.52$, $p=0.597$, $\eta^2_p \geq 0.007$). Also a significant effect of playing position for the
245 CMJ, throwing distance and 20 and 30 m sprint times was found ($F \geq 9.6$, $p < 0.001$, $\eta^2_p \geq$
246 0.109), in addition to an interaction (age x playing position) for the best 20 and 30 m sprints,
247 and CMJ ($F \geq 4.1$, $p \leq 0.004$, $\eta^2_p \geq 0.093$). Post hoc comparison showed that U14 players had
248 lower results in CMJ, kicking velocity, throwing distance and 20 and 30 m sprint times than
249 the other two age groups ($p < 0.001$; Fig. 2B and 3B). In addition the defenders had a
250 significantly poorer CMJ, overhead medicine ball throwing distance and 20 and 30 m sprint
251 times than forwards ($p \leq 0.002$)

252

253 - Please insert Figure 3A, 3B

254

255 **DISCUSSION**

256 A uniqueness of the present study was the investigation of the interaction of age and playing
257 position on the anthropometric and physical qualities of young male soccer players. The
258 results of the present study suggest that even in adolescent soccer players there is an influence
259 of playing position on the anthropometric and physical qualities. It may provide insight into
260 the physical qualities important for success in that position, while also providing a greater
261 understanding of the factors limiting performance for those players. In addition, this
262 information can be used to provide appropriately structured training programs for each
263 playing position. Forwards jumped higher and threw significantly further than the players on
264 the left, right and central defender positions. This type of research can also be used to monitor
265 the development of players during, and across seasons, comparing the physical qualities of a
266 player in relation to a normalized position profile for each playing level.

267

268 In agreement with our experimental hypotheses, the results demonstrated that there were
269 important position-specific anthropometric, speed, and muscular power differences in young
270 soccer players. Significant differences may show intentional selection of some players with
271 certain body types for specific positions, or that certain physical and anthropometric qualities
272 are more suited to specific positions.[18] Our findings indicate that the external defenders
273 were shorter than the other players, and the right defenders were also lighter than others. On
274 the other hand, the forwards were the tallest and heaviest players followed by the external
275 midfielders and the central defenders. These results are consistent with a previous study in
276 older players[22] and have some bias to studies using similar populations.[13] In fact,
277 assessing a small group of a national team, the latter authors noticed that a gradient in stature
278 occurs from forwards (shortest) to defenders (tallest). However, in a more recent study,[9] it
279 was demonstrated that differences were due more to playing level, than to the chronological
280 age of players. In the present study, central defenders were heaviest, followed by the
281 forwards.[23, 24] It is possible that this bias can be explained by the amounts and specificity
282 of work performed by each of the different playing positions.[25] Therefore, there are likely
283 to be anthropometric predispositions for positional roles, with taller players being the most
284 suitable for central defensive positions and for the “target” player among the forwards. These
285 morphological characteristics may be linked with pre-selection of early maturers for key
286 positional roles where body size, rather than playing skills, provides an advantage.[18]

287

288 In general, and as expected, differences were observed in physical fitness among playing
289 positions. Regardless of age group analysed, forwards performed better than defenders on the
290 jump, throw and sprints. These results point toward the requirement of a high level of fitness
291 to be a high quality forward.[9, 25]

292

293 External defenders obtained the lowest vertical jump height compared to the other positions,
294 whereas the highest jumps were performed by the forwards. Previous studies have shown
295 similar results, demonstrating that forwards need to have a higher ability to reach higher than
296 midfielders.[26] Furthermore, these results may be related to the greater number of jumping
297 tasks required of forwards during a match, compared to the external defenders.[8] Commonly,
298 forwards are required to win challenges with central defenders, who tend to be taller
299 players.[22]

300

301 Regarding ball shooting speed, few studies have compared this technical task among playing
302 positions. In fact, being such an important task for the sport it seems relevant to obtain more
303 data. In the study by Wong et al.[24] no differences were observed among positions for the
304 maximal velocity instep place kick of a stationary ball. Similar results were obtained in the
305 present study with a wider range of ages. This similarity reinforces the idea that all players
306 need to develop this task to a high quality standard, in order to be high level soccer
307 players.[27]

308

309 The 30 m sprint test has often been used by authors to assess maximal velocity of soccer
310 players.[9, 24, 25] Furthermore, in the present study we also assessed 10 and 20 m speed. Post
311 hoc comparisons showed that forwards were significantly ($p < 0.05$) faster over 20 m and 30 m
312 compared with the external and central defenders. One plausible explanation for this finding
313 is the fact that defenders sprint less frequently than forwards and midfielders.[8] In fact,
314 forwards have to sprint the longest distances during a soccer match.[14] The further running
315 distances required in the modern game, suggest that conditioning coaches should prescribe
316 training programs to develop a greater sprinting ability in forwards. On the other hand, central
317 defenders were significantly slower over 30 m than the central midfielders. This is accordance
318 with the abovementioned characteristics of the modern game, which imposes high-speed
319 profiles to control the middle of the field. The absence of significant differences in the 10 m
320 tests can be attributed to the small distance to differentiate velocity profiles. Likewise, the 20
321 and 30 m tests revealed to be much more informative to the specificity of the sport.

322

323 It is commonly accepted that taller athletes can throw faster and further distances than shorter
324 athletes. In fact, it has been shown that taller players could throw faster due to the longer lever
325 lengths of the upper body and therefore have a longer trajectory to accelerate the ball.[16] The
326 ball replacement from the sideline is a common task in soccer, which has not received much
327 attention. However, in some situations it has shown to be a discriminating factor between
328 winning and losing teams. Forwards were significantly taller than players from other
329 positions; and also had demonstrated greater throwing distances than other positions.

330

331 Age-related differences

332 It was also interesting to note that the main differences between age groups were observed
333 between U14 and U16 players and not between U16 and U18 players. This finding may be
334 attributed to the lack of upper body specific activities during competition in these players.
335 However, while characteristics relating to the training sessions performed may explain some
336 of this finding, it can be suggested that these differences occur predominantly due to
337 differences in the maturational development of players. Based on previous assumptions
338 regarding the Long-Term Development model,[28] the age period from 12 to 17 years is a
339 critical period of physical development and the main windows for optimal trainability of
340 physical aspects such as strength, velocity and aerobic qualities. The training and regular
341 physical activity are usually interpreted as having a favorable influence on growth, maturation
342 and physical fitness of young people.[29] Adolescents who have advanced maturation usually
343 show better performances than late maturers.[30] When comparing young athletes from
344 different age groups, sport scientists should consider if differences are due to training or
345 variability of the maturation process, since a major part of the differences in dimensions,
346 shape, body composition and performance is controlled by maturational status.[31]

347

348 During adolescence (i.e., the timing of progress toward the adult mature state),[29] maturation
349 varies considerably between individuals of the same chronological age.[32] This maturation
350 includes changes in the nervous and endocrine systems and leads to anthropometric and
351 physiological changes,[33] which in turn affect the current level of motor performance and
352 the response to learning and training stimuli.[34] For anthropometric characteristics, height
353 and body mass increased across U14, U16 and U18 age categories in junior sub-elite rugby
354 league players.[35] For physical characteristics, vertical jump, sprint speed and maximal
355 aerobic power have all been identified to increase from Under 13 to 19 age categories.[35,

356 36]. The recent study of Till and Jones[37] demonstrated that players with greater maturity
357 had greater anthropometric and fitness characteristics, for vertical jump, sprint speed,
358 medicine ball chest throw, but not endurance performance. These findings, coupled with the
359 large degree of inter player variability highlights the importance of tracking the development
360 of fitness and strength characteristics of an individual.[38] As physical performance is related
361 to biological maturation during adolescence,[39] boys advanced in biological maturity are
362 generally better performers in physical tasks (e.g., speed, strength, power) than their later-
363 maturing peers.[30]

364

365 The main changes in the maturation process of males occur between 12-16 years.[32]
366 Between 16 and 18 most of the players selected were unlikely to still be in puberty. In this
367 study it was not possible to measure the maturation state of the players in the different age
368 groups, which makes it difficult to assert that this was the main reason for our findings.
369 Although various studies showed that age, biological maturity, number of years of training,
370 morphology and anthropometry affect the physical and physiological profile of players,[15,
371 33] few studies have investigated the relationship among these variables in young soccer
372 players.[34] Understanding the correlation between physical and anthropometrics demands of
373 youth soccer players could have practical implications for training prescription.[34] Future
374 studies on this topic should include assessments of the state of maturity of the subject in order
375 to understand the influence of maturational stage on physical qualities in these age groups in
376 football.

377

378 **CONCLUSION**

379 In conclusion, our results highlight that even in adolescent soccer players there is an influence
380 of playing position on the anthropometric and physical qualities. In this sense, our results
381 emphasize the importance of evaluating the physical profile of players and their development
382 according to their age and playing position. For the long term development of players,
383 coaches should prescribe training programs that contribute to the development of the specific
384 physical qualities required by each positional role, but also to potentiate the skill abilities of
385 players.

386

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389

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526 **Figure Legends**

527

528 **Figure 1.** Anthropometric characteristics (body mass and height) of A) the different playing
529 positions B) the different positions divided into defenders, midfielders, and attackers.

530 # indicates a significant difference from all other positions except with left defender position
531 at a $p<0.05$ level.

532 * indicates a significant difference between these two positions at a $p<0.05$ level.

533 ∅ indicates a significant difference from all other ages at a $p<0.05$ level.

534

535 **Figure 2.** Maximal countermovement jump height, kicking ball velocity and overhead
536 medicine ball throw distance of A) the different playing positions B) the defenders,
537 midfielders, and attackers in the three different age groups.

538 # indicates a significant difference between the forward position with the center, left and right
539 defender positions at a $p<0.05$ level.

540 † indicates a significant difference between the right defender position compared with the left,
541 right and center midfielder positions at a $p<0.05$ level.

542 ∅ indicates a significant difference from all other ages at a $p<0.05$ level.

543 * indicates a significant difference between these two positions at a $p<0.05$ level.

544

545 **Figure 3** Best 10, 20 and 30 m sprint times of A) the different playing positions B) the
546 defenders, midfielders, and attackers in the three different age groups.

547 # indicates a significant difference between the defending positions and forwards at a $p<0.05$
548 level.

549 † indicates a significant difference between center and left defender, and center and left
550 midfielders at a $p<0.05$ level.

551 ∅ indicates a significant difference from all other ages at a $p<0.05$ level.

552 * indicates a significant difference between these two positions at a $p<0.05$ level.

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