

Authors' Reply to Methodological Inconsistency in Exercise Classification

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Dear Editor

Further to the esteemed editor's letter (1), we sincerely appreciate the reader's thoughtful engagement with our manuscript, "A Comparative Study of Whole-Body Vibration Training and Exercise Training on Women's Stress Urinary Incontinence; A 3-month Follow-up" (2). We agree that clarity in methodological reporting is paramount, especially for interventions involving novel techniques like whole-body vibration (WBV) training.

The reader has raised an important methodological issue regarding the classification of exercises in Table 1, specifically the distinction between "static" and "dynamic" positions in the early phases of the WBV protocol. The concern arises because certain exercises—such as bridging and lunge variations—are inherently dynamic movements, yet in Table 1 they appear under the "static" category in the first stages of the protocol.

We greatly appreciate the reader's insightful comment regarding the classification of exercises in Table 1. This observation touches on a critical aspect of WBV methodology: the precise description of exercise execution, which directly influences neuromuscular load, tissue adaptation, and clinical outcomes.

In our protocol design, the early training stages were intentionally structured to emphasize *postural control and initial neuromuscular adaptation* rather than movement amplitude. Although exercises such as bridging or lunge-based positions may traditionally be performed dynamically (through repeated hip or knee flexion-extension), our intention in the initial

sessions was to use these exercises as postural holds during WBV exposure.

The rationale was as follows:

1. Neuromuscular Adaptation: WBV induces substantial proprioceptive input and reflexive muscle activation. For individuals unfamiliar with WBV, starting with static holds helps minimize excessive oscillatory transmission and prevents compensatory movement patterns.

2. Safety and Familiarization: Performing dynamic movements on a vibrating platform may increase instability in early sessions. Static holds allow participants to safely develop foundational control before progressing to full dynamic movement patterns.

3. Structured Progression: The program was deliberately designed with phase-based progression:

- **Phase 1:** Static/postural holds of movements that are typically dynamic.
- **Phase 2-3:** Gradual introduction of movement amplitude.
- **Later phases:** Fully dynamic exercises performed through continuous ROM.

Thus, while exercises like bridging and lunges are conventionally dynamic, in our study the early-phase execution was static, involving maintenance of the position for a prescribed duration (e.g., holding the bridging posture at the top position without hip movement).

We acknowledge that this methodological detail was insufficiently explicit in the original version of Table 1, leading to apparent inconsistency between exercise names and their classification.

To resolve this issue clearly and completely, we will revise the manuscript as follows:

Table 1-Perhaps it would have been more appropriate to write that

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- The static stage will explicitly state “static hold (isometric position of bridging/lunge preparation).”
- Dynamic stages will specify “full dynamic movement through ROM.”

Methods section might have been preferable to state that the exercises may be dynamic in principle, they were performed as static holds in early sessions to ensure safety, neuromuscular adaptation, and consistency in WBV exposure.

Terminology might have been better to state

- “Static bridging hold” instead of just “bridging.”
- “Static lunge position” instead of “lunge.”

Conflict of Interests

Authors have no conflict of interests.

References

1. Farzinmehr A, Moezy A, Koohpayehzadeh J,

Kashanian M. A Comparative Study of Whole Body Vibration Training and Pelvic Floor Muscle Training on Women's Stress Urinary Incontinence: ThreeMonth Follow- Up. J Family Reprod Health. 2015;9(4): 147-54. Sincerely,

2. Yıldız N. Methodological Inconsistency in Exercise Classification. A Comment on 'A Comparative Study of Whole Body Vibration Training and Pelvic Floor Muscle Training on Women's Stress Urinary Incontinence', ThreeMonth Follow-Up'. J Family Reprod Health 2026; 20(1): 83.

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