**APPENDIX B – DICHOTOMISATION OF CONTINUOUS DATA FROM MCKENNA ET AL[41]**

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| Number of swimmers at the start of the study = 46 |
| Dyskinesia at start of study = 18 | No dyskinesia at start of study = 28 |
| Those that developed pain= 8 | Those that did not develop pain = 10 | Those that developed pain= 3 | Those that did not develop pain = 25 |
|  |  |  |  |

Dichotomisation of the data occurred through an iterative examination of the 3 continuous variables (the distance between the scapular and the spine in glenohumeral abduction at the level of T3- Superior Kibler, the distance between the scapular and the spine in glenohumeral abduction at the level of T7 – Inferior Kibler, and BMI) that demonstrated significance in the multivariate model. Using receiver operating curves it was determined that a ratio of the distance between the scapular and the spine in glenohumeral abduction at the level of T7and BMI (Inferior Kibler /BMI) demonstrated the lowest pvalue and largest area under the curve and thus would be the most appropriate variable to use for dichotomisation. A cut point was then determined by a comparison of the specificity and sensitivity of the co-ordinates of the curve, aiming for a cut point for Inferior Kibler/BMI with the best sensitivity and specificity. Those subjects who had an Inferior Kibler/BMI below the cut point of 5.36 were classified as having dyskinesis and those above the cut point were classified as not having dyskinesis.