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1 Mechanical and neural function of triceps surae in elite racewall	cing
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- 17 Running title: Neuromechanics of racewalking
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24 Racewalking is a unique event combining mechanical elements of walking with speeds 25 associated with running. It is currently unclear how racewalking technique impacts upon 26 lower limb muscle-tendon function, despite the relevance of this to muscle economy and overall performance. The present study examined triceps surae neuromechanics in 11 27 28 internationally competitive racewalkers (age 25±11 years) walking and running on a 29 treadmill at speeds between 4.5 - 13.8 km/h whilst triceps surae fascicle lengths, 30 electromyography and kinematic data were recorded. Cumulative muscle activity required to 31 traverse a unit distance (CMAPD) was calculated for each muscle. Medial gastrocnemius 32 (MG) and soleus fascicle lengths/velocities were determined using an automated tracking 33 algorithm, and muscle-tendon unit lengths were determined. Running was associated with net 34 shortening of muscle fascicles during stance, combined with substantial lengthening of the 35 muscle-tendon unit, implying energy storage in the Achilles tendon. When the same 36 participants racewalked at the same speed, the fascicles shortened (soleus) or lengthened 37 (MG), coinciding with rapid shortening followed by a relatively small increase in muscle-38 tendon length during stance. Consequently, compared with running at the same speed, 39 racewalking decreased the energy-saving role of the Achilles tendon. Moreover, CMAPD 40 was generally highest in racewalking, implying that in individual muscles, the energy cost of 41 racewalking was higher than running. Together these results suggest that racewalking is 42 neurally and mechanically costly relative to running at a given speed. As racewalking events 43 are typically between 10 and 50 km, neuromechanical inefficiencies that occur with each 44 stride likely result in substantial energetic penalties.

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49	In internationally competitive racewalkers, muscle-tendon unit length changes indicate a
50	decrease in the spring-like function of the Achilles tendon compared to running at a given
51	speed. For individual triceps surae muscles, cumulative muscle activity required to move a
52	unit distance was also higher in racewalking than running. Thus, racewalking is neurally and
53	mechanically costly relative to running, which may lead to major energetic penalties in
54	racewalking events, which are typically between 10 and 50 km.
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56	Keywords
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58	Racewalking, muscle-tendon, athletics, ultrasound, gait
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Humans are well adapted to walk and run economically. This is evident in parameters such as relative oxygen cost (18), as well as muscle mechanical behavior. For example, during walking at preferred speed, extensor muscles such as gastrocnemius and soleus function at or near the optimal region of the force-length curve (3), and are never required to shorten at high velocities (e.g. (9)). Similarly, during running, Farris & Sawicki (10) have shown that the medial gastrocnemius shortens slowly, whilst the elastic Achilles tendon acts as an efficient spring.

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82 However, walking and running are two clearly distinct gaits, and represent efficient ways of 83 moving at slow and fast speeds respectively. Racewalking is a unique event within the 84 Olympic track and field program that essentially combines some of the mechanical elements 85 of a walking gait with speeds usually associated with running, and it is currently unclear how 86 the technique used impacts upon the muscle-tendon function of lower leg structures. It has 87 previously been shown that increasing walking speed from 2.7 to 7.2 km/h is associated with 88 faster muscle shortening velocity in the gastrocnemius muscle, resulting in decreased force 89 production per unit of active muscle according to the well-known force-velocity relation (10). 90 When shifting to a running gait, the muscle is again able to shorten slowly because of tendon 91 elasticity, thus reducing muscle-tendon energy cost. During racewalking, which typically 92 occurs at speeds much greater than 7.2 km/h (12), it remains to be determined whether 93 muscles function as in fast walking, running, or indeed a different pattern unique to 94 racewalking.

96 Racewalking is an unusual form of gait because the rule defining it states that the knee must 97 be straightened from initial contact to midstance (16), and in fact in world-class competitors 98 the knee was typically found to be hyperextended during this phase (12), unlike in normal 99 walking and running. The knee's restricted motion during racewalking means that the 100 muscles crossing the joint generate little energy during stance (11), which could have a 101 profound effect on the muscle-tendon function of biological structures located below the knee 102 joint (e.g. triceps surae). Whether this function differs from walking and running gait is 103 important from the perspective of muscle economy, and thus overall racewalking economy, 104 an especially important factor in competitive success given the distances covered during 105 official events (10 - 50 km).

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107 There is currently no information about muscle-tendon mechanics in competitive 108 racewalkers, despite the value of such information for training and performance 109 enhancement. Furthermore, since humans have not evolved to racewalk and it is a relatively 110 new discipline, knowledge of muscle-tendon mechanics in elite-standard racewalkers may 111 give insight to the adaptability of muscles and tendons to drive the body through nonstandard 112 movement patterns. The present study examined this issue in a group of internationally 113 competitive racewalkers at a range of walking and running speeds.

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121 <u>Methods</u>

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123 Participants

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Eleven healthy volunteers (5 males, 6 females; age 25 ± 11 years [mean \pm SD]; height 1.74 \pm 0.11 m; body mass 62 \pm 10 kg) with no history of neurological disorder took part in the study. All participants were nationally or internationally competitive racewalkers, and racewalked a mean of 56 \pm 24 km per week at the time of testing. The experimental protocol was approved by the Faculty Research Ethics Committee of Leeds Beckett University, and testing was conducted in accordance with the Declaration of Helsinki. All volunteers provided written informed consent.

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133 Methodology

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135 Anthropometric measures such as shank length (lateral malleolus to lateral femoral 136 epicondyle) and whole leg length (lateral malleolus to greater trochanter) were determined 137 with a tape measure. To calculate knee and ankle joint angles, reflective markers were placed 138 over the greater trochanter, lateral femoral condyle, lateral malleolus, with two additional 139 markers placed between the trochanter and the femoral condyle, as the trochanter marker was 140 occasionally blocked by a sidebar on the treadmill. Two-dimensional marker trajectories were 141 recorded using a Fastec camera (TS3; Fastec Imaging, California, USA) positioned to the 142 participants' right side perpendicular to the direction of movement and sampling at 100 Hz. 143 The resolution of the camera was 1280 x 1024 pixels, and extra illumination was provided by 144 two spotlights of 1250 W each (ARRI; Munich, Germany). Bipolar electromyography (EMG) 145 electrodes (Trigno wireless; Delsys, Massachusetts, USA) were positioned over the medial 146 gastrocnemius (MG), soleus and tibialis anterior (TA) muscles with an inter-electrode 147 distance of 10 mm. Data were sampled wirelessly at 2 kHz via EMGworks software (Delsys) 148 and stored in a computer for subsequent processing. Before electrode placement, the skin was 149 shaved and cleaned with alcohol to reduce the skin-electrode impedance. An ultrasound 150 device (Acuson P300; Siemens, Pennsylvania, USA) was used to examine muscle fascicle 151 lengths. The probe (7.5 MHz, 5 cm) was positioned over MG so that soleus muscle fascicles 152 were also visible, and attached firmly with an elastic bandage. Data were sampled at 42 Hz. 153 All data were synchronized using a common 5 V trigger pulse. The timing of heel-ground 154 contact and stance-swing transition were determined visually based on video data.

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156 **Protocol**

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158 Participants initially walked normally on a motorized treadmill (h/p/cosmos Gaitway; 159 Nussdorf, Germany) at a speed of 4.5 km/h for at least 4 min to become familiar with the test 160 environment. The treadmill's inclination was set at 0% during data collection (1) as racewalk 161 events are held on flat, even surfaces. Participants were all habitual treadmill users and wore 162 their normal training clothing and footwear. Subsequently, participants racewalked and ran at 163 both 10 km/h and their individually determined racewalking pace (based on 10 or 20 km 164 personal best; 10.9 - 13.8 km/h), resulting in a total of five test conditions. Walking at 4.5 165 km/h was always performed first, but the order of subsequent conditions was randomized. 166 During all trials, ultrasound, EMG and kinematic data were recorded synchronously. Each 167 speed was maintained for at least 2 min before data collection to allow for adaptation.

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169 Analysis

171 Reflective marker trajectories were tracked semi-automatically using Simi software (Simi 172 Reality Motion Systems GmbH, Unterschleissheim, Germany). EMG data were band-pass 173 filtered online at 20-450 Hz and DC offset corrected. The cumulative muscle activity required 174 to traverse a unit distance (CMAPD) was calculated for each muscle based on a modified 175 version of the method of Carrier et al. (5). Individual strides were first identified, and those at 176 least 20% above or below mean stride duration were excluded. A single root mean square 177 (rms) EMG value was then calculated for each stride. Finally, to calculate CMAPD, rms 178 values were normalized to a travel distance of 1 km by dividing the rms value for a given 179 stride by walking/running speed. MG and soleus fascicle lengths were determined using an 180 automated tracking algorithm validated previously in walking and running (8), and fascicle 181 velocities were obtained by differentiating length with respect to time. MG and soleus 182 muscle-tendon unit lengths were determined by combining knee/ankle joint kinematic data 183 with the equations of Hawkins and Hull (14). Kinematic, EMG and fascicle data were 184 averaged from 6-12 steps per condition and participant (see Figure 1).

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186 Statistics

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EMG and fascicle length/velocity values were compared between conditions using repeated measures ANOVA, and Bonferroni post hoc tests were used where appropriate. For all ANOVAs, Mauchly's sphericity test was performed, and where this assumption was violated, Greenhouse-Geisser adjustments were used. In all cases, statistical significance was determined as p < 0.05. All statistical tests were carried out using IBM SPSS statistics (version 22; Chicago, USA).

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196 <u>Results</u>

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198 For all three examined muscles, RM ANOVA for absolute RMS EMG revealed a significant 199 effect of test condition (MG: F[GG] = 35.922, p < 0.001; soleus: F = 23.023, p < 0.001; TA: 200 F = 16.058, p < 0.001). As absolute EMG values are often highly variable between 201 individuals, only EMG values normalized to distance (CMAPD) for each condition are 202 presented hereafter. Figure 2 shows group mean normalized EMG values for all conditions. 203 RM ANOVA again revealed a significant effect of condition for all muscles (MG: F =204 33.049, p < 0.001; soleus: F = 21.053, p < 0.001; TA: F[GG] = 43.046, p < 0.001). The 205 results of post hoc tests are shown in Figure 2.

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207 Mean instantaneous fascicle velocity was calculated for MG and soleus across the stance 208 phase. RM ANOVA revealed a significant effect of condition for MG (F = 13.290, p < 0.001) 209 but not soleus (F = 1.175, p = 0.253; Figure 3). The absolute range of fascicle length change 210 was also calculated during the stance phase, but there was no effect of test condition in either 211 muscle (MG: F = 1.439, p = 0.241; soleus: F = 1.596, p = 0.122). Similarly, absolute fascicle 212 length at the time of ground contact did not differ between conditions for MG (F = 2.437, p =213 0.106) or soleus (F = 1.845, p = 0.232). 214 215

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223 In walking and running, triceps surae muscle fascicles generally behave almost isometrically, 224 allowing muscle-tendon length changes to be primarily taken up by elastic, energy-storing 225 tendinous tissues (e.g. (9)). This enables these muscles to operate in favorable regions of their 226 force-length and force-velocity relations, which in turn contributes to minimizing muscle-227 tendon energy cost. Indeed, in this study, running was associated with a net shortening of MG 228 and soleus fascicles in the stance phase, combined with substantial lengthening of their 229 respective muscle-tendon units in the early and mid-stance phase, implying energy storage in 230 the Achilles tendon (Figure 4). However, when the same participants racewalked at the same 231 speed, soleus fascicles exhibited similar behaviour but the MG fascicles underwent net lengthening during the stance phase. This coincided with rapid shortening followed by a 232 233 relatively small increase in muscle-tendon length during the early and mid-stance phase. 234 Therefore, both the amplitude of muscle-tendon lengthening and the proportion of muscle-235 tendon unit lengthening taken up by the Achilles tendon were smaller in racewalking than 236 running at the same speed. The Achilles tendon is known to act as an important energy saver 237 in walking and particularly running (2) because of its ability to store and return elastic 238 energy. Compared with running at the same speed, racewalking appears to decrease the 239 energy-saving role of the Achilles tendon. Given that this occurs on a per stride basis, it is 240 likely that this pattern of muscle-tendon behavior is associated with significant energy costs 241 in racewalking events, which are typically between 10 and 50 km and induce substantial 242 muscle fatigue that may accentuate the already inefficient pattern of muscle-tendon 243 mechanics. Moreover, these results further demonstrate the performance-limiting effects of 244 maintaining a straightened knee from initial contact to midstance.

246 Contrary to MG, the fascicle behavior of the uniarticular soleus muscle was largely 247 unaffected by the different test conditions. This finding is consistent with several previous 248 studies that suggest that soleus fascicle behavior is not noticeably affected by changes in 249 speed (7) or gait (21). Conversely, Lai et al. (17) found a general increase in soleus 250 shortening velocity and absolute length change with increasing walking and running speeds. 251 This discrepancy could be due to the large differences in training backgrounds of the 252 participants, as Lai et al. tested recreational runners compared to elite racewalkers in this 253 study. Moreover, the lower ultrasound sampling frequency used here may have somewhat 254 smoothed the real length changes and thus reduced the ability to detect the small differences 255 between speeds that Lai et al. observed. Finally, soleus length changes are generally more 256 difficult to quantify than MG, due partly to the greater depth and lower quality of the 257 resulting ultrasound images (see (6)). Therefore, tracking errors likely contribute to all 258 reported soleus fascicle length and velocity values in the literature, as do differences in the 259 specific measures reported. In any case, in racewalking, at the level of the muscle-tendon 260 unit, both MG and soleus showed rapid and substantial shortening in the early contact phase, 261 followed by minimal lengthening. This is in sharp contrast to the case in running at identical 262 speeds, where muscle-tendon length continuously increased in the early stance phase, 263 implying greater tendon strain in running. Thus, although fascicle behaviour differed 264 somewhat between MG and soleus in this study, it can be concluded that racewalking 265 decreases the spring-like role of the Achilles tendon, and this is likely associated with large 266 energy costs over the course of a racewalking event.

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Differences in fascicle behavior between MG and soleus, which were most pronounced in the racewalking conditions, are noteworthy in light of the fact that both of these muscles share a common distal tendon, and are thus often considered to be functionally similar. It has been known for some time that relative sliding (or shear) can occur between the aponeuroses of these muscles (e.g. (4)), although the functional significance of this finding is not clear. It seems that one outcome of the relative independence between MG and soleus is that they can exhibit different mechanical behavior in certain conditions, as shown here and in previous gait studies (e.g. (7)). However, further work is required to identify the specific conditions in which sheer between the MG and soleus aponeuroses may be functionally beneficial.

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278 In MG and soleus, normalized EMG was generally highest in the two racewalking conditions, 279 reinforcing earlier findings that the ankle plantarflexors are a key generator of positive 280 mechanical energy during late stance in racewalking (11, 15). As calculated in this study, the 281 CMAPD measure gives an estimate of the EMG or energy cost of an individual muscle associated with moving a distance of 1 km at that speed and with that gait (5). This implies 282 283 that at the level of the individual muscles that we studied, the energy cost of racewalking was 284 higher than running at the same speed. When combined with the observed inefficiencies in 285 muscle-tendon behavior, these results suggest that racewalking is both neurally and 286 mechanically costly relative to running at a given speed.

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288 A strength of this study was that elite-standard racewalkers were used, including one multiple 289 Olympian. The findings suggest that either the technical demands of racewalking dictate that 290 an efficient pattern of muscle-tendon interaction cannot be achieved, or that current training 291 methods do not encourage such an efficient pattern. Future studies should examine the effects 292 of modifying training programs to see if muscle-tendon interaction (and the associated cost of 293 muscle action) in racewalking can be tuned toward the more economical patterns observed in 294 running, whilst also staying within the biomechanical constraints of the rules. In addition, it 295 would be valuable to conduct research on the muscle-tendon function of other muscle groups

in racewalking whose role might also be altered by the technical restraints of the event, including those most frequently injured (e.g. the hamstring muscles (13)). Moreover, the absence of movement economy data (e.g. O_2 uptake) is a limitation of this study that should be incorporated in future studies.

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301 In conclusion, previous research on racewalking showed a higher energy cost than running at 302 an identical speed (e.g. (19)), although the sources of this additional cost had not been 303 explored in detail, and not under the modern definition of racewalking. Some of the cost 304 likely comes from the activation of a large number of upper and lower body muscles to 305 achieve the characteristic, defined gait pattern of racewalking (e.g. (11, 20)). Our data suggest 306 that, in the triceps surae at least, one source of increased energy cost in racewalking is a 307 decreased reliance on tendon energy-saving mechanisms. Moreover, our EMG data suggest 308 that individual lower limb muscle energy costs are higher in racewalking than running at the 309 same speed. Given the importance of the ankle plantarflexors to energy generation in elite-310 standard racewalking, these two mechanisms could have a considerable cumulative effect on 311 performance over the course of a race that involves thousands of steps. In addition, from an 312 anthropological perspective, it is noteworthy that elite-standard racewalkers still exhibit 313 neuromechanical inefficiencies. Racewalking is an artificial gait form that, even when trained 314 for many years, is less economical than walking and running, which humans have evolved to 315 do over a much longer timeframe.

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317 <u>Acknowledgements</u>

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322 Figure legends

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Figure 1: Typical example of EMG, kinematic and ultrasound data from one participant racewalking and running at 10 km/h (left column) and 12.5 km/h (right column). Data are the mean of nine strides and are time normalized to a single stride (i.e. heel contact to heel contact). For the sake of visual clarity, raw EMG data in this figure were low pass filtered. Vertical dashed lines denote approximate stance to swing phase transition.

Figure 2: Group mean EMG data normalized to a distance of 1 km to give the relative EMG cost for each condition. Horizontal lines denote significant differences between conditions. Note that the CMAPD calculation includes data from the entire stride, and thus includes the cost of these muscles during the swing phase. The mean speed for the 'fast' conditions was 12.4 ± 1.1 km/h.

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Figure 3: Group mean fascicle data showing mean instantaneous velocity throughout the stance phase for MG and soleus for all conditions. Horizontal lines denote significant differences between conditions. Note that no post hoc tests were performed for soleus data because the RM ANOVA result for main effects was not significant.

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Figure 4. Mean muscle-tendon unit length changes (upper panels) and fascicle length changes (lower panels) for MG and soleus from all five test conditions. Absolute values are shown relative to the respective length at the time of ground contact. Data are time normalized to one stride. Hollow circles indicate the approximate stance to swing phase transition.

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Figure 1

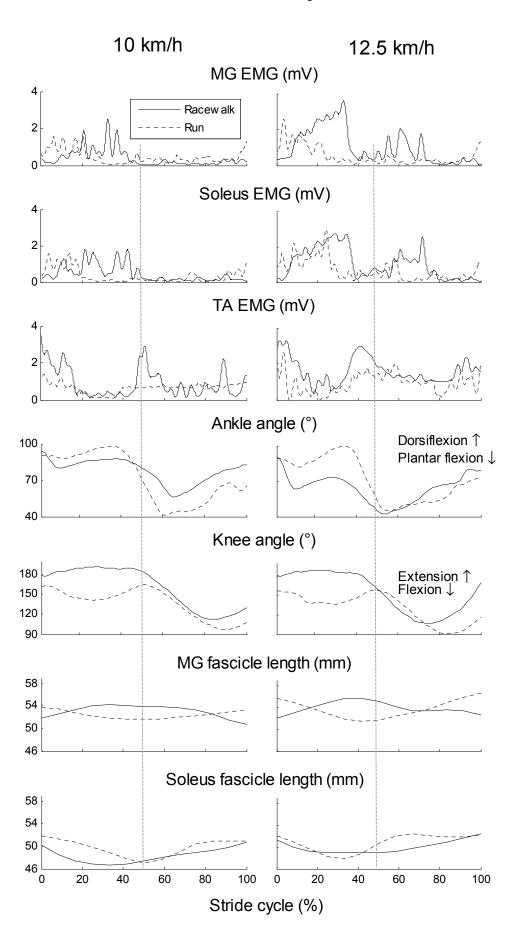


Figure 2

