

# Reducing flight time during running decreases tibial-fibular strains: a finite element analysis

Arash Khassetarash<sup>1,2</sup>, Benno. M. Nigg<sup>2</sup>, W. Brent. Edwards<sup>2,3</sup>

<sup>1</sup>Faculty of Arts & Sciences, University of Lethbridge, Lethbridge, AB, T1K 3M4, Canada

<sup>2</sup>Human Performance Laboratory, Faculty of Kinesiology, University of Calgary, Calgary, AB T2N 1N4, Canada

<sup>3</sup>McCaig Institute for Bone and Joint Health, University of Calgary, Calgary, AB T2N 4Z6, Canada

Email: [arash.khassetarash@uleth.ca](mailto:arash.khassetarash@uleth.ca)

## Summary

The efficacy of grounded running to reduce tibial/fibular strains was investigated using motion analysis and participant-specific finite element analysis. Grounded running reduced peak tibial/fibular strains by 17% and strained volume (i.e., volume of bone experiencing strain  $>3000 \mu\epsilon$ ) by 48%. Thus, grounded running may represent a promising gait modification strategy to reduce bone strains, particularly for slower runners and individuals recovering from injury.

## Introduction

Grounded running (i.e., running with reduced flight phase) has been associated with decreases in both external (e.g., ground reaction forces) and internal forces (e.g., muscular forces) [1, 2]. While these findings suggest grounded running may represent an effective gait modification strategy for those recovering from bone injuries; the effect of grounded running on bone strains remains unexplored. Thus, our purpose was to quantify changes in tibial/fibular strains between a preferred and grounded running technique.

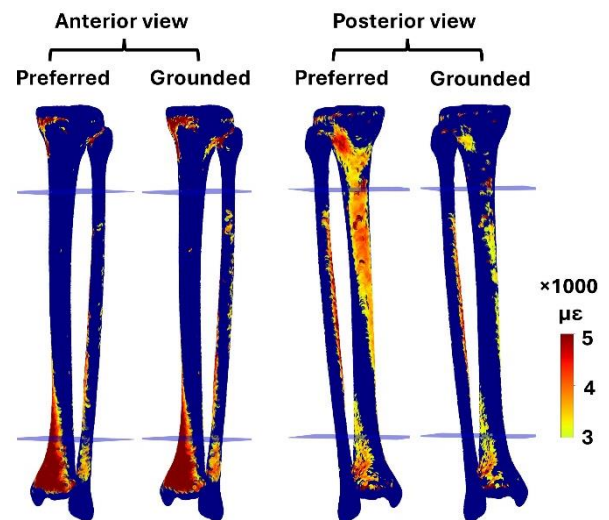
## Methods

Nine physically active participants ran on an instrumented treadmill (Bertec Corps., Columbus, OH) using preferred and grounded running techniques for 5 minutes each at 2.2 m/s. Grounded running was characterized by a reduced flight phase. Three-dimensional ground reaction forces and running kinematics were recorded at 2.5 minutes for 30 seconds. A computed tomography (CT) scan of each participants' left leg was segmented to create a finite element (FE) model of the tibia-fibula complex. The FE model, solved in Abaqus (version 2021, Dassault System, RI, USA) [3], included physiologically realistic boundary conditions that were previously validated against tibial bone pin studies [4]. To further validate FE outputs, a virtual strain gauge was placed between the midshaft and 2 cm distal on the medial tibial surface [5], mimicking strain gauge placement in Burr et al. [6]. Strains at the virtual strain gauge site were compared to experimental studies, and peak strain (i.e., 90<sup>th</sup> percentile pressure-modified von Mises strain) and strained volume (i.e., bone volume experiencing strains  $>3000 \mu\epsilon$ ) across the entire model were calculated as primary outcomes.

## Results and Discussion

Peak strains at the virtual strain gauge site were comparable to experimental studies. During overground jogging at 2.8 m/s, Burr et al.[4] reported maximum principal strains of  $625 \pm 15 \mu\epsilon$ , minimum principal strains of  $-879 \pm 73 \mu\epsilon$ , and maximum shear strains of  $1444 \pm 141 \mu\epsilon$  (mean  $\pm$  standard deviation). In the preferred condition of our study, the model predicted maximum principal strains of  $853 \pm 313 \mu\epsilon$ , minimum principal strains of  $-955 \pm -454 \mu\epsilon$ , and maximum

shear strains on  $1809 \pm 522 \mu\epsilon$ . Importantly, grounded running significantly reduced peak strains and strained volume compared to preferred running. Peak strains decreased from  $4193 \pm 737 \mu\epsilon$  in preferred running to  $3498 \pm 738 \mu\epsilon$  in grounded running ( $p = 0.002$ ). Strained volume was reduced from  $9680 \pm 3159 \text{ mm}^3$  in preferred running to  $6305 \pm 2905 \text{ mm}^3$  in grounded running ( $p = 0.007$ ). Using an inverse-power-law relationship between peak strain and cycles to failure, the observed 17% reduction in peak strain would correspond to a 256% increase in fatigue life.



**Figure 1:** Anterior and posterior views of the tibia-fibula complex. Elements experiencing strains  $>3000 \mu\epsilon$  are visualized with a jet color scale in this heat map. Only the elements between the two horizontal planes were considered in calculating the primary outcomes.

## Conclusions

Grounded running significantly reduced tibial/fibular strains, suggesting its potential as an effective gait modification strategy, particularly for slower runners and those recovering from stress fractures and other bone related injuries.

## Acknowledgments

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## References

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