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1 **Title:** Ankle dorsiflexion range of motion is associated with kinematic but not kinetic  
2 variables related to bilateral drop-landing performance at various drop heights

3

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**Abstract**

Limited evidence is available concerning ankle dorsiflexion range of motion (DF ROM) and its relationship with landing performance from varying drop heights. The aim of this investigation was to determine the relationship between ankle DF ROM and both kinetic and kinematic variables measured during bilateral drop-landings from 50%, 100% and 150% of countermovement jump height. Thirty-nine participants were measured for their ankle DF ROM using the weight-bearing lunge test, after which five bilateral drop-landings were performed from 50%, 100% and 150% of maximal countermovement jump height. Normalized peak vertical ground reaction force (vGRF), time to peak vGRF and loading rate was calculated for analysis, alongside sagittal-plane initial contact angles, peak angles and joint displacement for the hip, knee and ankle. Frontal-plane projection angles were also calculated. Ankle DF ROM was not related to normalized peak vGRF, time to peak vGRF or loading rate ( $P > 0.05$ ), regardless of the drop height. However, at drop heights of 100% and 150% of countermovement jump height, there were numerous significant ( $P < 0.05$ ) moderate to large correlations between ankle DF ROM and initial contact angles ( $r = -0.34 - -0.40$ ) and peak angles ( $r = -0.42 - -0.52$ ) for the knee and ankle joint. Knee joint displacement ( $r = 0.39 - 0.47$ ) and frontal-plane projection angle ( $r = 0.37 - 0.40$ ) had a positive relationship with ankle DF ROM, which was consistent across all drop heights. Ankle DF ROM influences coordination strategies that allow for the management of vGRF during bilateral drop-landings, with alterations in alignment for the knee and ankle joints at both initial contact and peak angles.

**Key words:** ankle dorsiflexion; joint mechanics; landing

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**49 Highlights**

- 50 • Ankle dorsiflexion range of motion (DF ROM) does not influence landing forces.
- 51 • Reduced ankle DF ROM alters coordination patterns during bilateral landings.
- 52 • Strategies to compensate for ankle DF ROM restriction may increase injury risk.

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## 69 1. Introduction

70 Bilateral landings from a height are performed by athletes in training and competition  
71 (Bloomfield, Polman & O'Donoghue, 2007; McClay et al., 1994) and are also part of daily  
72 life during leisure activities and occupational tasks (Knapik, Craig, Hauret & Jones, 2003).  
73 Successfully executing a bilateral landing is necessary to attenuate the large vertical forces  
74 that can equate to multiples of body weight thus preserving the integrity of anatomical  
75 structures of the lower-limbs (Hewett et al., 2005). To appropriately manage high vertical  
76 forces, the hip, knee and ankle joint must be coordinated to provide a movement strategy that  
77 facilitates effective dissipation (Yeow, Lee & Goh, 2011a). In athletic populations, the forces  
78 experienced during landings have been identified as a mechanism for both acute (Hewett,  
79 Myer & Ford, 2006) and chronic (Dierks, Manal, Hamill & Davis, 2011) lower-extremity  
80 injuries. Therefore, landing mechanics should be optimized, such that high forces can be  
81 effectively managed whilst minimizing injury risk. When less effective coordination  
82 strategies are adopted during landing tasks, greater risk of injury occurs (Herrington, 2014;  
83 Hewett et al., 2005). Differences in sagittal-plane initial contact angles (Chappell et al., 2005;  
84 Rowley & Richards, 2015), peak flexion angles (Blackburn & Padua, 2009; Yu, Lin &  
85 Garrett, 2006) and joint angular displacement (Begalle et al., 2015) at the hip, knee and ankle  
86 joints have all been associated with greater peak vertical ground reaction forces (vGRF).  
87 Likewise, in the frontal- and transverse-plane, greater peak knee valgus angle during landing  
88 tasks have been found to increase injury risk (Hewett et al., 2005).

89

90 One of the modifiable factors associated with suboptimal landing mechanics is restriction in  
91 ankle dorsiflexion range of motion (DF ROM), which is inversely related ( $r = -0.411$ ) to peak  
92 vGRF during a bilateral jump-landing task (Fong, Blackburn, Norcross, McGrath & Padua,

2011). The relationship between ankle DF ROM and peak vGRF is likely to be the result of limitations in ankle DF ROM inhibiting knee flexion motion during the shock absorption phase of landing (Fong, Blackburn, Norcross, McGrath & Padua, 2011). This results in a stiffer landing strategy known to increase peak vGRF (Zhang, Bates & Dufek, 2000) and undesirable load being placed on passive structures of the knee (Yu & Garrett, 2007). This is compounded by restrictions in ankle DF ROM also being negatively correlated ( $r = -0.27 - -0.36$ ) with frontal- and transverse-plane kinematic compensations throughout the lower extremity during both unilateral (Whitting, Steele, McGhee & Munro, 2011) and bilateral landings (Malloy, Morgan, Meinerz, Geiser, & Kipp, 2015; Sigward, Ota & Power, 2008). For example, Malloy et al. (2015) observed that soccer players who presented with reduced ankle DF ROM performed a bilateral landing task with greater peak knee abduction angles. Given that an increased peak knee abduction angle during landings has been highlighted as a significant risk factor for anterior cruciate ligament injury (ACL) (Hewett et al., 2005), ankle DF ROM is an important injury risk factor for a number of populations. However, there is little evidence of other compensatory strategies that may be adopted to manage vGRF when ankle DF ROM is limited, such as altered lower extremity joint angles at initial contact and hip joint kinematics during landings.

110

Investigations into the relationship between ankle DF ROM and landing mechanics have used a variety of bilateral landing tasks (Fong et al., 2011; Malloy et al., 2015; Sigward et al., 2008). Drop heights for bilateral landings have ranged from 0.30 m (Fong et al., 2011) to 0.46 m (Sigward et al., 2008). Many jumping activities involve landing from a height that significantly exceeds an individual's countermovement jump (CMJ) height, such as jumping with an arm swing (Slinde, Suber, Suber, Edwén, & Svantesson, 2008) or where a run-up occurs immediately prior to the jump (Young, Wilson, & Byrne, 1999). As differences in the

118 initial contact velocity directly influences landing mechanics and the coordination strategies  
119 adopted (Zhang et al., 2000), research is required to determine how restrictions in ankle DF  
120 ROM alter the movement demands of these tasks at varying drop heights. Therefore, the aim  
121 of this investigation was to determine the relationship between ankle DF ROM and both  
122 kinetic and kinematic variables measured during bilateral drop-landings from a range of  
123 heights individualized to CMJ performance. We hypothesized that reduced ankle DF ROM  
124 would correlate with greater peak vGRF caused by reduced ankle dorsiflexion and knee  
125 flexion being available for energy absorption. Furthermore, limitations in ankle DF ROM  
126 would cause compensations in coordination strategies at other time points (i.e. initial contact)  
127 and separate joint segments (i.e. the hip). Additionally, we hypothesized that landings from  
128 higher drop heights would strengthen the relationship between ankle DF ROM and the  
129 compensatory strategies in coordination patterns.

130

## 131 **2. Methods**

### 132 *2.1 Study design*

133 Using a cross-sectional design, participants reported for a single test session wearing spandex  
134 shorts and vest to evaluate the relationship between ankle DF ROM and the performance of  
135 bilateral drop-landings from drop heights of 50%, 100% and 150% of maximum CMJ height.  
136 All test sessions were conducted between 10:00 am and 1:00pm to control for circadian  
137 variation.

138

### 139 *2.2 Participants*

140 Using the findings of Fong et al. (2011), we performed a representative analysis to determine  
141 the appropriate sample size based on measures of ankle DF ROM and its relationship with  
142 peak vGRF ( $r = -0.411$ ). Calculations indicated that to achieve 80% statistical power, a  
143 minimum of 32 participants were required to detect a significant ( $P < 0.05$ ) correlation  
144 between ankle DF ROM and peak vGRF. Thirty-nine recreational athletes (22 men, 17  
145 women, age =  $22 \pm 4$  years, height =  $1.74 \pm 0.15$  m, body mass  $70.2 \pm 15.1$  kg) volunteered to  
146 participate in this study. Recreational athletes were defined as a person who regularly  
147 competes 1-3 times per week in sport events involving landings activities, such as court,  
148 racquet or team sports (Chappell, Yu, Kirkendall & Garrett, 2002). Any participant with a  
149 history of lower-extremity surgery or had lower-extremity injury six-months prior to testing  
150 were excluded. All participants were informed of the risks associated with the testing, prior to  
151 completing a pre-exercise questionnaire and providing informed written consent. Ethical  
152 approval was provided by the Institutional Research Ethics Panel.

153

### 154 *2.3 Weight-bearing lunge test*

155 Following the recording of height and body mass, ankle DF ROM was measured for both the  
156 right and left limb in barefoot using the weight-bearing lunge test (WBLT). The WBLT was  
157 chosen to measure ankle DF ROM due to its functional similarities to landings as a closed  
158 kinetic chain movement (Whitting, Steele, McGhee & Munro, 2013). To measure tibia angle  
159 relative to vertical on the lead leg during the WBLT, the trigonometric calculation method  
160 ( $DF\ ROM = 90 - \arctan [\text{ground-knee/heel-wall}]$ ) was employed for each attempt using the  
161 heel-wall and ground-knee distances (Langarika-Rocafort, Emparanza, Aramendi, Castellano  
162 & Calleja-González, 2017). In order to measure the heel-wall distance, a 0.70 m tape  
163 measure was fixed to the floor, perpendicular to the wall used for testing. Measurements of



164 ground-knee distance were obtained with a 0.70 m tape measure fixed vertically to the wall  
165 and perpendicular to the tape measure on the ground. A longitudinal line was marked down  
166 on each of the scales for testing purposes.

167

168 Using methods previously described (Langarika-Rocafort et al., 2017), participants began the  
169 test by facing a bare wall, with the greater toe of the test leg positioned against the wall. The  
170 greater toe and the center of the heel were aligned using the marked line on the ground.

171 Participants were instructed to place the non-test foot behind them, with the heel raised and at  
172 a distance that they felt allowed them to maximize their performance on the test. In order to  
173 maintain balance, participants were asked to keep both hands firmly against the wall

174 throughout. The participants were then instructed to slowly lunge forward by simultaneously  
175 flexing at the ankle, knee and hip on the lead leg in an attempt to make contact between the  
176 center of the patella and the vertical marked line on the wall. No attempt was made to control

177 trunk alignment. Subtalar joint position was maintained by keeping the test foot in the

178 standardized position and ensuring the patella contact with the vertical line was accurate

179 (Dill, Begalle, Frank, Zinder and Padua, 2014; Whitting et al., 2011). Upon successful

180 completion of an attempt, where contact between the patella and the wall was made with no

181 change in heel position relative to the ground, participants were instructed to move the test

182 foot further away from the wall by approximately 0.05 m. Although participants were not

183 restricted to the number of attempts they were permitted at a given distance, no more than

184 three attempts were performed by any participant. At the last successful attempt, the distances

185 between the heel and the wall, and the distance between the anterosuperior edge of the patella

186 and the ground were recorded to the nearest 0.1 cm. Mean inter-limb difference for ankle DF

187 ROM were  $1.9 \pm 1.3^\circ$ . This procedure was repeated three times, with the mean value for the

188 right limb from the three attempts used for data analysis. Intra-rater reliability for

189 measurements of WBLT performance was calculated using the three values recorded for  
190 heel-to-wall distance, knee-to-ground distance and the WBLT score. Two-way mixed (single  
191 measure) intra-class correlation coefficients (ICC) for knee-to-wall distance, heel-to-wall  
192 distance and WBLT scores was 0.99, 0.98 and 0.97, respectively. Typical error (TE) for  
193 knee-to-wall distance, heel-to-wall distance and WBLT scores was 0.11 cm, 0.13 cm and  
194 0.66°, respectively.

195

#### 196 *2.4 Establishing drop height for bilateral drop-landings*

197 Following a standardized warm-up, participants were familiarized with the CMJ. For the  
198 CMJ, participants stood bare feet with a hip-width stance and each foot placed on a separate  
199 portable force platform recording at 1000 Hz (Pasco, Roseville, CA, USA). The force plates  
200 were positioned side-by-side, 0.05 m apart and embedded in custom-built wooden mounts  
201 that were level with the force platforms and did not allow any extraneous movement during  
202 the landing. Participants' hands were placed on their hips and remained in this position  
203 throughout the jump to isolate the contribution from the lower-extremity. Participants were  
204 then asked to rapidly descend prior to explosively jumping as high as possible, with no  
205 control being placed on the depth or duration of the countermovement. For data collection,  
206 three maximal effort CMJs were performed, with 60 s recovery between attempts. Using a  
207 custom-made Microsoft Excel spreadsheet, the force-time data was analysed using the time in  
208 the air method to calculate vertical jump height to the nearest 0.01 m (Moir, 2008). The  
209 maximum value of the three attempts was then used to calculate box height for the bilateral  
210 drop-landings.

211

#### 212 *2.5 Bilateral drop-landings*

213 Following the performance of the CMJ, reflective markers were placed on each participant by  
214 the same investigator using the anatomical locations for sagittal-plane lower-extremity joint  
215 movements and frontal-plane projection angle (FPPA) outlined by Dingenen et al. (2015) and  
216 Munro, Herrington and Carolan (2012), respectively. For sagittal-plane views, reflective  
217 markers were placed on the right acromioclavicular joint, greater trochanter, lateral femoral  
218 condyle, lateral malleolus and 5<sup>th</sup> metatarsal head (Dingenen et al., 2015). To establish FPPA  
219 for the right knee joint, reflective markers were placed at the center of the knee joint  
220 (midpoint between the femoral condyles), center of the ankle joint (midpoint between the  
221 malleoli) and on the proximal thigh (midpoint between the anterior superior iliac spine and  
222 the knee marker). Midpoints for the knee and ankle were measured with a standard tape  
223 measure (Seca 201, Seca, United Kingdom), as outlined by Munro et al. (2012).

224

225 Participants then repeated the standardized warm-up, before being familiarized with the  
226 bilateral drop-landings from drop heights of 50%, 100% and 150% of their maximum CMJ  
227 height. Bilateral drop-landings were performed with participants standing with their arms  
228 folded across their chest on a height-adjustable platform (to the nearest 0.01 m). Participants  
229 were then instructed to step off the platform whilst ensuring that they did not modify the  
230 height of the center of mass prior to dropping from the platform (Zhang et al., 2000). For a  
231 landing to be deemed successful, participants were required to ensure they landed with each  
232 foot in complete contact with the respective portable force platform, which was positioned  
233 0.15 m away from the elevated platform. Full contact with the force platform was visually  
234 monitored throughout by the investigator, with attempts being disregarded when participants  
235 made contact with the surrounding wooden mounts or failed to maintain balance (e.g. either  
236 taking a step or placing a hand on the ground to prevent falling) upon landing. Participants  
237 were instructed to “*land as softly as possible with both feet contacting the force platforms*

238 *simultaneously and with equal weight distribution before returning to a standing position”* to  
239 allow for focus of attention to be controlled between trials (Milner, Fairbrither, Srivatsan &  
240 Zhang, 2012). To ensure participants displayed their natural landing strategy, no instructions  
241 were provided regarding heel contact with the ground during the landing phase of the  
242 movement. No feedback on landing performance was provided at any point during testing.  
243 All landings were performed barefoot so to prevent any heel elevation associated with  
244 footwear from altering landing mechanics and weakening internal validity (Lindenberg &  
245 Carcia, 2013). For each drop height, participants performed five landings for data collection,  
246 with 60 s recovery provided between landings. Participants completed each block of five  
247 bilateral drop-landings from the same drop height in succession, with drop height order  
248 randomized using a counterbalanced design.

249

250 For 2D video analysis, right lower extremity sagittal- and frontal-plane joint movements were  
251 recorded using three standard digital video cameras sampling at 60 Hz (Panasonic HX-  
252 WA30). Both cameras were set up using the procedures outlined by Payton (2007). For  
253 sagittal- and frontal-plane joint movements, a camera was positioned 3.5 m from the right  
254 side and front of the force platforms, respectively (Dingenen et al., 2015; Dingenen, Malfait,  
255 Vanrenterghem, Verschueren, SM & Staes, 2014). All cameras were placed on a tripod at a  
256 height of 0.60 m from the ground (Dingenen et al., 2014; Dingenen et al., 2015).

257

## 258 *2.6 Data analysis*

259 Raw vGRF data for the right leg were low-pass filtered using a fourth-order Butterworth filter  
260 with a cut-off frequency of 50 Hz (Roewer, Ford, Myer & Hewett, 2014). Peak vGRF, time  
261 to peak vGRF and loading rate was then calculated for the right leg. Peak vGRF data were

262 normalized to body mass and initial contact velocity ( $\text{N}\cdot\text{kg}^{-1}\cdot\text{m}\cdot\text{s}^{-1}$ ). To normalize peak  
263 vGRF to drop height, initial contact velocity was calculated using the following equation  
264 (Niu, Feng, Jiang, & Zhang, 2014):

$$265 \quad \text{Initial contact velocity (m}\cdot\text{s}^{-1}) = \sqrt{2g \cdot DH}$$

266 where  $g$  is the gravitational acceleration and  $DH$  is drop height. For time to peak vGRF to be  
267 determined, initial contact was identified as the point that vGRF exceeded 10 N for the right  
268 limb. Time to peak vGRF was then calculated as the time difference between initial contact  
269 and the time point where peak vGRF occurred. Loading rate was calculated as normalized  
270 peak vGRF to body mass divided by time to peak vGRF. Within-session reliability for kinetic  
271 measures of bilateral drop-landing performance for the step-off limb from drop heights  
272 equalling 50%, 100% and 150% of CMJ height have previously been reported (Howe, North,  
273 Waldron & Bampouras, 2018), with normalized peak vGRF, time to peak vGRF and loading  
274 rate possessing ICC ranging from 0.87-0.92, 0.75-0.91 and 0.88-0.94, respectively. For  
275 normalized peak vGRF, time to peak vGRF and loading rate, TE ranged from 0.20-0.22  
276  $\text{N}\cdot\text{kg}^{-1}$ , 0.007-0.034 s and 4.85-5.61  $\text{N}\cdot\text{s}^{-1}$ , respectively across drop heights (Howe et al.,  
277 2018).

278

279 All video recordings were analysed with free downloadable software (Kinovea for Windows,  
280 Version 0.8.15). For sagittal-plane joint movements, hip flexion, knee flexion and ankle  
281 dorsiflexion angles were calculated at initial contact and the maximum flexion point for the  
282 right limb. These angles were then used to calculate joint displacement for each joint by  
283 subtracting the initial contact angle from the maximum flexion point. Initial contact was  
284 defined as the frame prior to visual impact between the foot and the ground that led to  
285 deformation of the foot complex. The maximum flexion point was identified visually and

286 defined as the frame where no further downward motion occurred at the hip, knee or ankle  
287 joints (Dingenen et al., 2015).

288

289 Hip flexion angle was calculated as the angle between a line formed between the  
290 acromioclavular joint and the greater trochanter and a line between the greater trochanter and  
291 the lateral femoral condyle. Knee flexion angle was calculated as the angle between a line  
292 formed between the greater trochanter and the lateral femoral condyle and a line between the  
293 femoral condyle and the lateral malleolus. Ankle dorsiflexion angle was calculated as the  
294 angle between a line formed between the lateral femoral condyle and the lateral malleolus  
295 and a line between the lateral malleolus and the 5<sup>th</sup> metatarsal head. FPPA was calculated for  
296 the right limb at the deepest landing position, defined as the frame corresponding to  
297 maximum knee flexion (Munro et al., 2012). This angle was calculated as the angle between  
298 the line formed between the proximal thigh marker and the knee joint marker and a line  
299 between the knee joint marker and the ankle joint marker (Munro et al., 2012). For hip  
300 flexion, knee flexion and ankle dorsiflexion, smaller values represented greater hip flexion,  
301 knee flexion and ankle dorsiflexion respectively. For FPPA, values  $<180^\circ$  represented knee  
302 valgus and values  $>180^\circ$  representing knee varus.

303

304 For establishing intra-rater reliability of the hip, knee and ankle joint angle at initial contact  
305 and at the maximum flexion point, along with FPPA, the first trial from drop heights of 150%  
306 of CMJ height was examined. Twenty randomly selected participants (11 males and 9  
307 females) were examined twice by the same investigator, seven days apart. To determine intra-  
308 rater reliability for joint angles at initial contact and the maximum flexion point, two-way  
309 mixed (single measure) ICC and TE for the same trial was established using a customized

310 spreadsheet (Hopkins, 2016). All 2D kinematic outcome measures showed excellent intra-  
311 rater reliability, with ICC for joint angles at initial contact ranging from 0.96 to 0.98 and all  
312 TE values  $<1.2^\circ$ . Intra-class correlation coefficients for joint angles at the maximum flexion  
313 point ranged from 0.95 to 0.99, with all TE values  $<1.5^\circ$ .

314

### 315 2.7 Statistical analysis

316 Descriptive statistics (means  $\pm$  standard deviation) were calculated for all dependent  
317 variables. The assumption of normality was checked using the Shapiro-Wilk test. Pearson  
318 bivariate correlation analysis were used to establish the relationship between ankle DF ROM  
319 and kinetic and kinematic dependant variables associated with bilateral drop-landing  
320 performance from drop heights of 50%, 100% and 150% of maximum CMJ height. Pearson  
321 bivariate correlations were interpreted as *trivial* (0.0-0.1), *small* (0.1-0.3), *moderate* (0.3-0.5),  
322 *large* (0.5-0.7), *very large* (0.7-0.9), *nearly perfect* (0.9-1) and *perfect* (1) (Hopkins, 2016).  
323 95% confidence intervals were calculated for all bivariate correlations to determine the  
324 influence of drop height on the relationship between ankle DF ROM and landing mechanics.  
325 The *alpha-priori* level of significance was set at  $P < .05$ . All statistical tests were performed using  
326 SPSS® statistical software package (v.24; SPSS Inc., Chicago, IL, USA).

327

## 328 3. Results

329 Mean ankle DF ROM for the WBLT was  $36.3 \pm 3.9^\circ$ . Descriptive statistics for dependant  
330 variables associated with bilateral drop-landing performance from drop-heights of 50%,  
331 100% and 150% of CMJ height, along with correlation coefficients and probability statistics,  
332 are presented in Table 1, 2 and 3, respectively. Normalized peak vGRF, time to peak vGRF

333 and loading rate for all drop heights was not related to DF ROM, with values ranging from  
334 *trivial* to *small* (Table 1, 2 and 3).

335

336 From a drop height of 50% ( $0.15 \pm 0.04$  m) of maximum CMJ height, significant *moderate*  
337 relationships were found between ankle DF ROM and peak knee flexion angle, FPPA and  
338 sagittal-plane knee joint displacement (Table 1). From drop heights of 100% ( $0.30 \pm 0.08$  m)  
339 and 150% ( $0.44 \pm 0.12$  m) of maximum CMJ height, ankle DF ROM was related (*moderate*  
340 to *large*) to knee flexion angle at initial contact, peak ankle dorsiflexion and peak knee  
341 flexion angle, FPPA and sagittal-plane knee joint displacement (Table 2 and 3). Ankle DF  
342 ROM was *moderately* related to initial contact angles at the ankle at 100% of maximum CMJ  
343 height (Table 2). 95% confidence intervals for all bivariate correlations demonstrated overlap  
344 across all drop heights. All other relationships were not significant.

345

346 **\*INSERT TABLES 1-3 HERE\***

347

#### 348 **4. Discussion**

349 The aim of this study was to evaluate the relationship between ankle DF ROM, measured via  
350 the WBLT, and the kinetic and kinematic variables associated with bilateral drop-landing  
351 performance. We hypothesized that limitations in ankle DF ROM would result in greater  
352 peak vGRF and altered coordination strategies. However, we partially reject this hypothesis,  
353 as only relationships between ankle DF ROM and kinematic variables were found during  
354 bilateral drop-landings, without changes in kinetic variables associated with vGRF across all  
355 drop heights. Ankle DF ROM was mostly *moderately* related to a number of kinematic



356 variables at the knee and ankle joints, indicating a large amount of unexplained variance in  
357 the relationship between ankle DF ROM and kinematic variables associated with landing  
358 performance. In addition, the relationship between ankle DF ROM and some kinematic  
359 variables were only apparent at drop heights of 100% and 150% of CMJ height, indicating  
360 greater mechanical loads may exaggerate the demands for compensatory strategies in  
361 coordination during landings. However, there was no association between ankle DF ROM  
362 and hip joint kinematics during landings. Therefore, ankle DF ROM is related only to  
363 kinematic variables of the ankle and knee during drop-landings, with some relationships  
364 becoming significant only at higher drop-landing heights.

365

366 The principal finding for this investigation was that ankle DF ROM did not correlate to peak  
367 vGRF, time to peak vGRF or loading rate during landings for all drop heights. Among some  
368 studies, inverse relationships between ankle DF ROM and peak vGRF in both healthy (Fong  
369 et al., 2011) and previously injured (Hoch, Farwel, Gaven & Weinhandl, 2015) participants  
370 has been reported during landing tasks. However, consistent with our results, investigations  
371 by Whitting et al. (2011) and Malloy et al. (2015) have found no relationship between ankle  
372 DF ROM and peak vGRF during landing tasks. Although differences in study design may  
373 explain these conflicting findings, one possible reason may be the different compensatory  
374 movement patterns observed between studies. For example, participants with limited ankle  
375 DF ROM have been shown to compensate in the frontal-plane, with increased peak rearfoot  
376 eversion (Whittling et al., 2013) and knee abduction angles (Malloy et al., 2015). However,  
377 no such relationship was reported by Fong et al. (2011). It has been suggested that during  
378 landing tasks, frontal- and transverse-plane compensations in the lower-extremity caused by  
379 restrictions in ankle DF ROM, may enable individuals to access a movement strategy that  
380 allows for the continued lowering of the center of mass to attenuate peak vGRF (Mason-

381 Mackay et al., 2017). The disadvantage to this strategy would be the potential for excessive  
382 loading on the passive structures supporting the knee joint as valgus alignment increases (Yu  
383 & Garrett, 2007), resulting in a greater injury risk. Thus, in the current study, the weak  
384 relationships between vGRF and ankle DF ROM are likely to be explained by an altered  
385 kinematic profile during landing.

386

387 We also hypothesized that the hip joint would contribute to the attenuation of vertical forces  
388 during landing tasks. This was based upon previous findings showing the rate of hip flexion  
389 is highest at the time of peak vGRF (Yeow et al., 2011a), indicating that the hip joint has a  
390 primary role in the dissipation of vGRF during landings. Others have also demonstrated that  
391 the eccentric work performed by the hip joint musculature increases proportionally with  
392 landing from larger drop heights and when “softer” landings are cued in order to reduce peak  
393 vGRF (Zhang et al., 2000). Relative to a single-leg landing from the same drop height,  
394 double-leg landings have been shown to result in greater hip joint displacement (Yeow, Lee  
395 & Goh, 2011b). Collectively, this evidence indicates that the hip joint is a major contributor  
396 to the dissipation of forces during bilateral landing tasks. However, if this were the case for  
397 our study, a relationship should have been found between ankle DF ROM and sagittal-plane  
398 hip kinematics, which wasn't the case. This is a major finding of the current study. It is  
399 possible that not all of the current participants with limitations in ankle DF ROM employed a  
400 ‘hip joint compensation’ strategy, thus modifying the relationship between ankle DF ROM  
401 and either sagittal-plane hip kinematic or peak vGRF. Indeed, the type of compensation  
402 strategy adopted among those with ankle DF ROM restrictions is inconsistent between  
403 individuals during multi-joint closed kinetic chain activities (Beach, Frost, Clark, Maly &  
404 Callaghan, 2014). Furthermore, gender differences in landing strategy have previously been  
405 shown during bilateral drop-landings (Decker, Torry, Wyland, Sterett & Steadman, 2003) and

406 therefore, may also account for variation in the compensation strategies observed. Future  
407 research should seek to identify whether gender influences the relationship between ankle DF  
408 ROM and landing performance.

409

410 An alternative explanation for our findings may be the inverse relationships found between  
411 ankle DF ROM and initial contact angles at the ankle ( $r = -0.31 - -0.34, P < 0.05$ ) and knee ( $r$   
412  $= -0.37 - -0.40, P < 0.05$ ) joint. These relationship indicates that individuals with reduced  
413 ankle DF ROM compensate during landing tasks by altering their posture at initial contact,  
414 with greater ankle plantar flexion and reduced knee flexion. Altering initial contact angles at  
415 the lower-extremity have previously been highlighted as a strategy for force dissipation  
416 (Blackburn & Padua, 2009; Rowley & Richards, 2015), with greater ankle plantar flexion and  
417 reduced knee flexion at initial contact resulting in lower peak vGRF and loading rates during  
418 landings (Rowley & Richards, 2015). Landing with greater ankle plantar flexion at initial  
419 contact potentially offsets deficits in dorsiflexion at the maximum flexion point to maintain  
420 total sagittal-plane joint displacement. This strategy offers individuals with reduced ankle DF  
421 ROM a solution to maintaining peak vGRF at a manageable level. To support this suggestion,  
422 we did not observe any relationship between ankle DF ROM and initial contact angles at drop  
423 heights of 50% of maximum CMJ height, where peak vGRF were notably lower. However,  
424 landing with greater ankle plantarflexion at initial contact has been shown to result in greater  
425 risk for ankle ligament injury (Wright, Neptune, van den Bogert & Nigg, 2000). Therefore,  
426 our findings support the suggestion that deficits in ankle DF ROM potentially result in  
427 coordination compensations at initial contact during landings that may result in increased  
428 injury risk (Delahunt, Cusack, Wilson & Doherty, 2013).

429

430 Ankle DF ROM was negatively associated with peak flexion angles for the ankle and knee  
431 joint at all drop heights. Restrictions in ankle DF ROM have been associated with reduced  
432 peak ankle dorsiflexion (Hoch et al., 2015) and knee flexion (Fong et al., 2011; Hoch et al.,  
433 2015; Malloy et al., 2015) during various landing tasks. The relationship between ankle DF  
434 ROM and peak knee flexion angle during landings is particularly relevant during  
435 rehabilitation, or for management of injury risk among athletic populations, who regularly  
436 perform landing activities. Limited peak knee flexion during landings has been shown to  
437 result in greater peak vGRF (Zhang et al., 2000), quadriceps activity (Blackburn & Padua,  
438 2009) and frontal-plane knee abduction moments (Pollard, Sigward & Powers, 2010). The  
439 combined increase in these variables is associated with increased risk of ACL injury  
440 (Renstrom et al., 2008). As such, limitations in ankle DF ROM may be a modifiable risk  
441 factor for ACL injuries.

442

443 We report a positive relationship between ankle DF ROM and FPPA during bilateral drop  
444 landings at all drop heights, suggesting that participants with reduced ankle DF ROM had  
445 greater knee valgus at the maximum flexion point. This important finding supports previous  
446 evidence that limited ankle DF ROM is associated with medial knee displacement during a  
447 number of functional closed kinetic chain activities (Lima, de Paula Lima, Bezerra, de  
448 Oliveira & Almeida, 2018). It has been suggested that this compensation occurs in order to  
449 allow the proximal tibia to continue its forward rotation over the foot via a pronation strategy  
450 at the foot complex (Dill et al., 2014). This strategy for managing vGRF during landings is  
451 related to increased lower-extremity injury risk (Renstrom et al., 2008) and might be  
452 avoidable with increased ROM of the ankle.

453

454 We hypothesized that relationships between ankle DF ROM and landing mechanics would  
455 increase at greater drop heights. This was based on previous findings revealing landings from  
456 greater drop heights increased peak angles for ankle dorsiflexion (Zhang et al., 2000).  
457 Therefore, we hypothesized that participants with reduced ankle DF ROM would utilize less  
458 ankle ROM when dropping from greater heights, displaying exaggerated compensations in  
459 their coordination strategies in order to dissipate vGRF. While the significant relationships  
460 found were descriptively different between drop heights, there was considerable overlap of  
461 95% CIs, thereby inferring no statistical differences. As overlap was present in all  
462 relationships, our investigation did not identify a clear influence for drop height on the  
463 association between ankle DF ROM and landing strategy.

464

465 It is important to acknowledge some potential limitations with the study. Firstly, we  
466 investigated the relationship between ankle DF ROM and landing mechanics using a  
467 participant sample with both male and female recreational athletes. Landing mechanics have  
468 been shown to differ between genders, with less peak knee flexion and greater knee valgus  
469 moments being demonstrated by females during landings (Chappell et al., 2002).

470 Nevertheless, our results are similar to studies who identified a relationship between ankle  
471 DF ROM and landing mechanics in female (Malloy et al., 2015; Sigward et al., 2008) and  
472 male populations (Whitting et al., 2011), as well as investigations using a mixed sample  
473 (Fong et al., 2011). Therefore, our results can likely be generalized to both genders.

474 However, the degree to which ankle DF ROM impacts landing mechanics for each gender is  
475 currently unknown and warrants further investigation. Another limitation was that our  
476 investigation did not consider menstrual cycle status for female participants, which has been  
477 shown to influence tendon stiffness and joint laxity (Cesar et al., 2011). It is possible,  
478 therefore, that the association found in our investigation between ankle DF ROM and landing

479 performance may be influenced by the menstrual cycle, which researchers may wish to  
480 examine in future research.

481

## 482 **5. Conclusions**

483 Ankle DF ROM did not relate to peak vGRF during bilateral drop-landings. This appears to  
484 have occurred due to the compensations in coordination strategies developed by individuals  
485 with reduced ankle DF ROM. In particular, our findings indicate that individuals with limited  
486 ankle DF ROM may land with greater ankle plantar flexion and knee extension at initial  
487 contact, alongside reduced ankle dorsiflexion and knee flexion at the maximum flexion point  
488 in order to support the attenuation of GRF. As the relationships established in our  
489 investigation were predominantly moderate, factors beyond ankle DF ROM likely influence  
490 the landing strategy adopted by an individual. Furthermore, frontal-plane compensations were  
491 also observed, with ankle DF ROM also being related with FPPA. Although these alterations  
492 in movement strategies allow individuals to manage the vertical forces experience during  
493 landings, they may also lead to a greater injury risk during landing activities.

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502

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684 **Table 1.** Descriptive and correlational statistics for the relationship between ankle DF ROM and  
 685 kinetic and kinematic variables from drop heights of 50% of maximum countermovement jump  
 686 height.

Variable	Mean $\pm$ SD	<i>r</i>	Upper and lower 95% confidence intervals	<i>P</i> value
Peak vGRF, N·kg <sup>-1</sup> ·m·s <sup>-1</sup>	1.06 $\pm$ 0.39	-0.28	0.04, -0.55	0.08
Time to peak vGRF, s	0.077 $\pm$ 0.022	-0.12	0.20, -0.42	0.47
Loading rate, N·s <sup>-1</sup>	28.1 $\pm$ 18.01	0.01	-0.31, 0.32	0.95
<i>Initial contact angle, °</i>				
Ankle plantar flexion	148.6 $\pm$ 6.9	-0.18	0.14, -0.47	0.28
Knee flexion	169.4 $\pm$ 5.0	-0.15	0.17, -0.44	0.37
Hip flexion	161.6 $\pm$ 7.0	-0.06	0.26, -0.37	0.73
<i>Peak angle, °</i>				
Ankle dorsiflexion	105.5 $\pm$ 9.7	-0.27	0.05, -0.54	0.10
Knee flexion	117.6 $\pm$ 17.3	-0.37	-0.06, -0.61	0.02*
Hip flexion	127.1 $\pm$ 24.0	-0.23	0.09, -0.51	0.16
Frontal plane projection	184.4 $\pm$ 10.7	0.40	0.10, 0.64	0.01*
<i>Sagittal-plane joint displacement, °</i>				
Ankle	43.1 $\pm$ 7.5	0.18	-0.14, 0.47	0.26
Knee	51.8 $\pm$ 14.2	0.39	0.08, 0.63	0.01*
Hip	34.4 $\pm$ 19.6	0.26	-0.06, 0.53	0.11

687 \* Significant correlation between ankle dorsiflexion range of motion and variable.

688

689 **Table 2.** Descriptive and correlational statistics for the relationship between ankle DF ROM and  
 690 kinetic and kinematic variables from drop heights of 100% of maximum countermovement jump  
 691 height.

Variable	Mean $\pm$ SD	<i>r</i>	Upper and lower 95% confidence intervals	<i>P</i> value
Peak vGRF, N·kg <sup>-1</sup> ·m·s <sup>-1</sup>	0.85 $\pm$ 0.30	-0.15	0.17, -0.44	0.36
Time to peak vGRF, s	0.065 $\pm$ 0.021	-0.18	0.14, -0.47	0.27
Loading rate, N·s <sup>-1</sup>	38.0 $\pm$ 24.0	0.10	-0.22, 0.40	0.55
<i>Initial contact angle, °</i>				
Ankle plantar flexion	149.3 $\pm$ 7.6	-0.34	-0.03, -0.59	0.03*
Knee flexion	167.6 $\pm$ 4.8	-0.37	-0.06, -0.61	0.02*
Hip flexion	161.5 $\pm$ 6.9	-0.07	0.25, -0.38	0.69
<i>Peak angle, °</i>				
Ankle dorsiflexion	104.7 $\pm$ 9.1	-0.44	-0.14, -0.66	0.01*
Knee flexion	107.5 $\pm$ 17.6	-0.42	-0.12, -0.65	0.01*
Hip flexion	114.4 $\pm$ 26.6	-0.26	0.06, -0.53	0.10
Frontal plane projection	186.7 $\pm$ 14.0	0.37	0.06, 0.61	0.02*
<i>Sagittal-plane joint displacement, °</i>				
Ankle	44.5 $\pm$ 7.1	0.19	-0.13, 0.48	0.24
Knee	60.1 $\pm$ 14.9	0.39	0.08, 0.63	0.02*
Hip	47.1 $\pm$ 22.2	0.30	-0.02, 0.56	0.07

692 \* Significant correlation between ankle dorsiflexion range of motion and variable.

693



694 **Table 3.** Descriptive and correlational statistics for the relationship between ankle DF ROM and  
 695 kinetic and kinematic variables from drop heights of 150% of maximum countermovement jump  
 696 height.

<b>Variable</b>	<b>Mean ± SD</b>	<b><i>r</i></b>	<b>Upper and lower 95% confidence intervals</b>	<b><i>P</i> value</b>
Peak vGRF, N·kg <sup>-1</sup> ·m·s <sup>-1</sup>	0.83 ± 0.24	-0.11	0.21, -0.41	0.53
Time to peak vGRF, s	0.053 ± 0.012	-0.21	0.11, -0.49	0.19
Loading rate, N·s <sup>-1</sup>	52.0 ± 27.4	0.15	-0.17, 0.44	0.36
<i>Initial contact angle, °</i>				
Ankle plantar flexion	149.6 ± 7.0	-0.31	0.01, -0.57	0.06
Knee flexion	165.6 ± 4.5	-0.40	-0.10, -0.64	0.01*
Hip flexion	160.4 ± 6.9	-0.07	0.25, -0.38	0.67
<i>Peak angle, °</i>				
Ankle dorsiflexion	104.6 ± 8.4	-0.43	-0.13, -0.66	0.01*
Knee flexion	101.7 ± 14.6	-0.52	-0.24, -0.72	0.001*
Hip flexion	104.6 ± 26.4	-0.28	0.04, -0.55	0.08
Frontal plane projection	187.5 ± 14.3	0.37	0.06, 0.61	0.02*
<i>Sagittal-plane joint displacement, °</i>				
Ankle	45.0 ± 6.4	0.22	-0.10, 0.50	0.17
Knee	63.6 ± 12.5	0.47	0.18, 0.68	0.003*
Hip	55.7 ± 22.2	0.32	0.00, 0.58	0.05

697 \* Significant correlation between ankle dorsiflexion range of motion and variable.

698