



## Article

# Effects of specific and non-specific court footwear on anterior cruciate ligament loading during a maximal change of direction manoeuvre

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1 **Effects of tennis shoes and running footwear on anterior cruciate ligament loading**  
2 **during a maximal change of direction manoeuvre.**

3 **Word count:** 3450

4 **Key words:** Biomechanics, anterior cruciate ligament, sports, footwear, injury.

5  
6 **Abstract**

7 The aim of the current investigation was to examine the effects of tennis shoes and running  
8 footwear on the loads experienced by the ACL during a maximal change of direction task.  
9 Thirteen male participants performed maximal change of direction movements in tennis  
10 shoes and running footwear. Lower limb kinematics were collected using an 8 camera motion  
11 capture system and ground reaction forces were quantified using an embedded force  
12 platform. Anterior cruciate ligament (ACL) loading was examined via a musculoskeletal  
13 modelling approach and the frictional properties of the footwear were examined using ground  
14 reaction force information. Differences in ACL loading parameters between footwear were  
15 examined using one-way repeated measures ANOVA and multiple regression analyses were  
16 used to determine frictional predictors of ACL loading. Peak ACL force was significantly  
17 larger in the tennis shoes (2308.35 N) in relation to running footwear (1859.21 N) conditions.  
18 In addition, it was shown that the peak rotational moment was a significant predictor of peak  
19 ACL force in the tennis shoes (Adjusted  $R^2 = 0.68$ ) and running footwear (Adjusted  $R^2 =$   
20  $0.61$ ) conditions. The findings from the current investigation indicate that the specific tennis  
21 shoes examined in the current investigation may place athletes at increased risk from ACL  
22 pathology during maximal change of direction movements. However, further exploration

23 using a more ecologically valid research design is required before this notion can be truly  
24 substantiated.

25

## 26 **Introduction**

27 Racquet court sports such as tennis are associated with repeated high-intensity, intermittent  
28 movement bouts, with rallies of between 5–20 seconds (Fernandez et al., 2006). Whilst  
29 biomechanical literature has predominantly focussed on linear running, this mode of  
30 locomotion is not ecologically relevant to the majority of sporting movements, particularly in  
31 court sports (Lees, 2003). Court sports such as tennis require players to perform an array of  
32 different movements including jumping, and rapid changes of direction/ cutting manoeuvres  
33 (Hewit et al., 2013). The ability to quickly change direction is important for effective  
34 performance in racquet court sports, allowing players more time to execute their strokes and  
35 providing a mechanism to gain positional advantage on the court (Baker & Newton, 2008).

36

37 Tennis is associated with a high rate of knee pathologies in relation to other athletic  
38 disciplines, with the anterior cruciate ligament (ACL) accounting for 11% of all knee injuries  
39 (Majewski et al., 2006). ACL injuries are extremely serious and can lead to long term  
40 absence from competitive sport (Olsen et al., 2004). ACL injuries typically lead to long term  
41 discomfort at the knee, which forces many athletes to permanently withdraw from training/  
42 competition. Indeed, Roos et al., (1995) demonstrated that only 30 % of competitive  
43 footballers remained active 3 years after suffering an ACL injury. Even after full  
44 physiological recovery from ACL injury, athletes typically fail to return to their previous

45 levels of function, as statistically significant performance decrements have been observed in  
46 relation to non-injured controls (Carey et al., 2006).

47

48 In addition, athletes who experience an ACL pathology are statistically more likely to  
49 experience degenerative knee osteoarthritis in relation to non-injured controls (Øiestad et al.,  
50 2009). Thus **experiencing an ACL** injury serves to reduce engagement with sport/ physical  
51 activity but also leads to chronic pain and disability in later life (Ajuied et al., 2014). In the  
52 US alone over 175,000 ACL reconstruction surgeries are conducted annually, with directly  
53 associated costs in excess of over \$2 billion and total allocated costs of \$3.4 billion (Gottlob  
54 et al., 1999).

55

56 Injuries to the ACL are predominantly non-contact in nature, in that the ligament is damaged  
57 without any physical interaction between athletes (Boden et al., 2009). ACL pathologies  
58 occur mechanically when excessive loading is experienced **by the** ligament itself (Smith et  
59 al., 2012). Non-contact ACL pathologies typically involve decelerations, cutting movements,  
60 sudden changes of direction, or landings from a jump (Olsen et al., 2004). Athletes are  
61 particularly at risk when the foot is in an everted closed-chain position at footstrike, the tibia  
62 is rotated internally, and the knee is minimally flexed (Shimokochi & Shultz, 2008).

63

64 **Like all footwear, tennis shoes are designed in order to improve performance and to attenuate**  
65 **injury. The mechanical characteristics of tennis shoes are traditionally designed specifically**  
66 **in order to attenuate axial impact loading and promote lateral stability.** In addition to this, the  
67 rapid changes of direction that are commonplace during tennis, means that friction at the

68 outsole-surface interface is important to reduce undesirable levels of movement of the shoe  
69 relative to the surface (Carre et al., 2014). The frictional properties of athletic footwear are  
70 typically investigated in biomechanical analyses using both the peak translational coefficient  
71 of friction and rotational friction moment (Frederick, 1993). In tennis in particular, the  
72 frictional characteristics of sports footwear can affect both performance and the risk of injury  
73 (Frederick, 1993). Excessive friction can lead to injury due to overloading of the soft tissues  
74 in the lower extremities (Thomson et al., 2015), whereas insufficient friction can cause  
75 excessive foot motion relative to the surface, which causes decrements in performance  
76 (Frederick, 1993).

77

78 Tennis players typically wear either court specific footwear or running shoes, however tennis  
79 footwear has received relatively little attention in biomechanical literature. Luethi et al.,  
80 (1986) investigated the effects of tennis shoes with flexible and stiff midsoles, during a lateral  
81 hopping task. Their results indicated that the flexible footwear condition was associated with  
82 significantly larger peak vertical impact forces and peak angles of foot inversion. Strauss et  
83 al., (2009) explored the effects of multi-court, hard, grass and clay court specific tennis  
84 footwear during a running forehand drive, on hard, grass and clay surfaces. Their findings  
85 showed that on a hard court the specific footwear reduced the vertical load rate in comparison  
86 to the multi-court footwear. Conversely on the grass court, the specific footwear increased the  
87 vertical load rate in comparison to the multi-court footwear. Herbaut et al., (2015) identified  
88 the effects tennis shoe drop on the kinetics and kinematics of junior tennis players during an  
89 open-stance forehand. Their results indicated that the lower drop footwear condition was  
90 associated with a reduced vertical impact peak and also a less dorsiflexed ankle angle at the  
91 instance of foot contact. Finally, Sinclair, (2017) examined the effects of court specific,  
92 minimalist and running trainers during a change of direction task. The findings showed that

93 the instantaneous load rate and peak tibial accelerations were significantly larger in the  
94 minimalist and court specific footwear compared with the running trainers. In addition, the  
95 peak angle of inversion was revealed to be significantly larger in the minimalist compared to  
96 the court footwear and running trainers. However, there is currently no quantitative  
97 information relating to the effects of tennis footwear on the loads experienced by the ACL  
98 during change of direction movements.

99

100 Therefore, the aim of the current investigation was to examine the effects of tennis shoes and  
101 running footwear on the loads experienced by the ACL during a maximal change of direction  
102 task. Research of this nature may provide important new information to athletes regarding the  
103 selection of appropriate footwear for the prevention of ACL injuries during tennis based  
104 activities.

105

## 106 **Methods**

### 107 *Participants*

108 Thirteen male court athletes volunteered to take part in this study. The mean characteristics of  
109 the participants were: age  $23.15 \pm 2.66$  years, height  $177.91 \pm 4.55$  cm and body mass  $75.11 \pm$   
110  $5.74$  kg. All were free from lower extremity pathology at the time of data collection and  
111 provided written informed consent. The procedure was approved by a University ethics  
112 committee STEMH 512.

113

### 114 *Experimental footwear*

115 The footwear used during this study consisted of, running footwear (New Balance 1260 v2),  
116 and tennis shoes (Hi-Tec Indoor Lite) (shoe size 8–10 in UK men’s sizes) (Figure 1). The  
117 running footwear had an average mass of 0.285 kg, heel thickness of 25 mm and a heel drop  
118 of 14 mm. The running footwear tread pattern was a mixture of circular and elliptical grooves  
119 with a discontinuity between the rear and forefoot components. Whereas the tennis shoes had  
120 an average mass of 0.368 kg, heel thickness of 28 mm and a heel drop of 10 mm. The tennis  
121 shoes tread pattern was predominantly a curved herringbone configuration and also had  
122 discontinuity between the rear and forefoot components.

123

124 @@@ FIGURE 1 NEAR HERE @@@

125

### 126 *Procedure*

127 Participants were instructed to perform maximal 180° cutting manoeuvres whilst striking an  
128 embedded force platform (Kistler, Kistler Instruments Ltd., Alton, Hampshire; length, width,  
129 height = 0.6 x 0.4 x 0 m) with their right (dominant foot) foot. The force platform sampled at  
130 1000 Hz. Participants commenced their trials from 6 m away from the force platform. This  
131 distance was selected as being approximately half the width of a tennis court and was deemed  
132 to be typical of the distances that tennis players may be expected to run and then change  
133 direction (Sinclair, 2017). Participants ran straight ahead for 6 m then planted their dominant  
134 foot on the force plate, and then changed direction to move 180° to their initial direction of  
135 motion. The stance phase was delineated as the duration over which > 20 N of vertical force  
136 was applied to the force platform (Sinclair et al, 2011).

137 Participants were given time to familiarize themselves with the experimental setup, this was  
138 conducted until they were able to confidently achieve the required foot position on the force

139 platform. Five successful trials were obtained in each footwear condition. A successful trial  
140 was defined as one in which the foot made full contact with the force platform and there was  
141 no evidence of gait modifications due to the experimental conditions. The order in which  
142 participants performed in each footwear condition was counterbalanced. To ensure that  
143 participants utilized a similar approach velocity in each of the experimental footwear; the  
144 linear velocity of the pelvic segment was quantified. The approach velocity during the first  
145 trial was calculated and a maximum deviation of 5 % from this velocity was allowed  
146 throughout data collection for each participant.

147

148 Kinematics and ground reaction force information were synchronously collected. Kinematic  
149 data were captured at 250 Hz via an eight camera motion analysis system (Qualisys Medical  
150 AB, Goteburg, Sweden). Lower extremity segments were modelled in 6 degrees of freedom  
151 using the calibrated anatomical systems technique (Cappozzo et al., 1995). To define the  
152 segment co-ordinate axes of the right foot, shank and thigh, retroreflective markers were  
153 placed unilaterally onto the 1st metatarsal, 5th metatarsal, calcaneus, medial and lateral  
154 malleoli, medial and lateral epicondyles of the femur. To define the pelvis segment further  
155 markers were positioned onto the anterior (ASIS) and posterior (PSIS) superior iliac spines.  
156 Carbon fiber tracking clusters were positioned onto the shank and thigh segments. The foot  
157 was tracked using the 1st metatarsal, 5th metatarsal and calcaneus markers and the pelvis  
158 using the ASIS and PSIS markers. The centers of the ankle and knee joints were delineated as  
159 the mid-point between the malleoli and femoral epicondyle markers, whereas the hip joint  
160 centre was obtained using the positions of the ASIS markers. This method placed the hip joint  
161 centre 14% of the ASIS breadth medially, 19% posteriorly, and 30% distally from the  
162 ipsilateral (Right) ASIS (Bell et al., 1999). Static calibration trials were obtained in each  
163 footwear allowing for the anatomical markers to be referenced in relation to the tracking



164 markers/ clusters. The Z (transverse) plane was oriented vertically from the distal segment  
165 end to the proximal segment end. The Y (coronal) plane was oriented in the segment from  
166 posterior to anterior. Finally, the X (sagittal) plane orientation was determined using the right  
167 hand rule and was oriented from medial to lateral.

168

### 169 *Processing*

170 Dynamic trials were digitized using Qualisys Track Manager in order to identify anatomical  
171 and tracking markers then exported as C3D files to Visual 3D (C-Motion, Germantown, MD,  
172 USA). Ground reaction force and kinematic data were smoothed using cut-off frequencies of  
173 25 and 12 Hz with a low-pass Butterworth 4th order zero lag filter. Euler knee joint angles  
174 were calculated using an XYZ sequence of rotations and knee joint moments were calculated  
175 using Newton-euler inverse dynamics within Visual 3D.

176

177 A musculoskeletal modelling approach was utilized to quantify ACL loading, as described  
178 and validated by Dai & Yu, (2012). This approach has been shown to be sufficiently sensitive  
179 to resolve differences in ACL force during different movements (Dai & Yu, 2012) and also as  
180 a function of different prophylactic mechanisms (Sinclair & Taylor, 2017). The face validity  
181 of the current model has been evaluated from three key aspects in the literature. Firstly, Dai  
182 & Yu, (2012) showed that the model exhibited a high level of consistency with the values  
183 provided from in vivo ACL loading investigations (Cerulli et al., 2003; Taylor et al., 2011).  
184 Secondly, the timing of ACL injuries in dynamic tasks occurs within the first 50 ms after the  
185 initial foot contact (Krosshaug et al., 2007). The timing of the peak ACL force estimated  
186 using this model by both Dai & Yu, (2012) and Sinclair et al., (2017) was shown to be < 50

187 ms, which is consistent with this data and supports the face validity of the model. Thirdly  
188 Brown et al., (2012) demonstrated that landing with increased knee flexion reduced in vivo  
189 peak ACL loading. The data provided by Dai & Yu, (2012) supported this notion as they  
190 showed that peak ACL force was greater when landing with reduced knee flexion.

191

192 Firstly, the tibia-anterior shear force (TASF) was calculated, which was undertaken using a  
193 modified version of the model described in detail by Devita & Hortobagyi, (2001). Our  
194 model differed only in that gender specific estimates of posterior tibial plateau slope  
195 (Hohmann et al., 2011), hamstring-tibia shaft angle (Lin et al., 2009) and patellar tendon-tibia  
196 shaft angle (Nunley et al., 2003) were utilized.

197

198 ACL loading was determined in accordance with the below equation. Key input parameters  
199 into this model were TASF, transverse plane knee moment, coronal plane knee moment and  
200 also in vitro information based on the data of Markolf et al., (1995), which were extrapolated  
201 as a function of the knee flexion angle measured during the current study. The first  
202 component ( $F_{100}$ ) of the above equation was mediated via by the TASF. ACL forces caused  
203 by a 100 N TASF at different knee angles were obtained by digitizing and fitting a  
204 polynomial curve to the data described by Markolf et al., (1995), who examined ACL forces  
205 in vitro when a 100 N TASF was applied to cadaver knees from 0-90° of knee flexion.  $F_{100}$   
206 was extrapolated using the knee flexion data from the current investigation. The second  
207 component ( $F_{10TV}$ ) was caused by the knee transverse plane moment. The ACL forces  
208 caused by a 10 Nm transverse plane knee moment, across the different knee angles were  
209 obtained by digitizing and fitting a polynomial curve to the data of Markolf et al. (1995).  
210  $F_{10TV}$  was similarly extrapolated as a function of the knee flexion data from the current

211 investigation. The final aspect ( $F10CR$ ) was caused by the knee coronal plane moment. The  
212 ACL forces caused by a 10 Nm coronal plane knee moment, across the different knee angles  
213 were again obtained by digitizing the data reported by Markolf et al. (1995).  $F10CR$  was  
214 extrapolated using the knee flexion data from the current investigation.

215

$$216 \text{ ACL load} = (F100 / 100 * \text{TASF}) + (F10TV / 10 * \text{transverse plane knee moment}) + (F10CR$$
$$217 / 10 * \text{coronal plane knee moment})$$

218

219 From the musculoskeletal model, peak ACL force (N) was extracted. In addition, ACL  
220 average (N/s) and instantaneous load rates (N/s) were quantified. Average load rate was  
221 obtained by dividing the peak ACL force by the duration over which the peak force occurred  
222 and instantaneous load rate was quantified as the peak increase in force between adjacent data  
223 points. Finally, ACL impulse (N·s) during the stance phase was quantified using a trapezoidal  
224 function.

225

226 In addition, the peak translation coefficient of friction ( $\mu$ ) of each footwear was determined  
227 from the ratio of horizontal and vertical force components during the initial period of  
228 shoe motion (Stiles & Dixon, 2006). The peak rotational moment of the ground reaction force  
229 (Nm) was used to describe the rotational friction characteristics of the footwear (Holden &  
230 Cavanagh, 1991).

231

232 *Statistical analyses*

233 Means, standard deviations (SD) and 95 % confidence intervals (95% CI) were calculated for  
234 each outcome measure for both footwear conditions. Differences in ACL loading parameters  
235 between footwear were examined using one-way repeated measures ANOVAs. Effect sizes  
236 were calculated using partial eta<sup>2</sup> ( $\eta^2$ ). The data was screened for normality using a Shapiro-  
237 Wilk which confirmed that the normality assumption was met. In addition, multiple  
238 regression analyses with peak ACL force as criterion and peak translation coefficient of  
239 friction and peak rotational moment as predictor variables were conducted for each footwear  
240 condition using a forward stepwise procedure. An alpha level of  $P \leq 0.05$  was used  
241 throughout as the criterion for statistical significance (Sinclair et al., 2013), and statistical  
242 actions were conducted using SPSS v23.0 (SPSS Inc., Chicago, USA).

243

## 244 **Results**

245 Tables 1-2 and figure 2 present the ACL loading parameters that were obtained as a function  
246 of the different footwear conditions examined as part of this investigation.

247

248 @@@ **TABLE 1 NEAR HERE** @@@

249 @@@ **FIGURE 2 NEAR HERE** @@@

250

### 251 *ACL loading parameters*

252 It was revealed that peak ACL force was significantly ( $P = 0.009$ ,  $\eta^2 = 0.55$ ) larger in the  
253 tennis shoes in relation to the running footwear. In addition, ACL average load rate was  
254 significantly ( $P = 0.004$ ,  $\eta^2 = 0.63$ ) larger in the tennis shoes in relation to the running

255 footwear. Finally, ACL instantaneous load rate was significantly ( $P = 0.002$ ,  $\rho\eta^2 = 0.69$ )  
256 larger in the tennis shoes compared to the running footwear.

257

258 *Frictional parameters*

259 @@@ TABLE 2 NEAR HERE @@@

260

261 Peak rotational moment was significantly ( $P = 0.003$ ,  $\rho\eta^2 = 0.64$ ) larger in the tennis shoes in  
262 relation running footwear. In addition, peak translational coefficient of friction was  
263 significantly ( $P = 0.003$ ,  $\rho\eta^2 = 0.63$ ) greater in the running footwear in relation to the tennis  
264 shoes.

265

266 *Regression analyses*

267 The multiple regression analyses showed that for the tennis shoes (Adjusted  $R^2 = 0.68$ ,  $P <$   
268  $0.05$ ), and running footwear (Adjusted  $R^2 = 0.61$ ,  $P < 0.05$ ) the peak rotational moment was a  
269 significant predictor of peak ACL force.

270

## 271 Discussion

272 The aim of the current investigation was to examine the effects of tennis shoes and running  
273 footwear on the loads experienced by the ACL during a maximal effort change of direction  
274 task. To the authors knowledge this represents the first comparative investigation to quantify  
275 the effects of different tennis footwear on ACL loading during a change of direction

276 movement. Quantitatively investigating the parameters linked to the aetiology of ACL injury  
277 may provide tennis players with key clinical information regarding the selection of  
278 appropriate footwear for their training/ competition.

279

280 Importantly the current investigation showed that ACL loading parameters were significantly  
281 greater in the tennis shoes in relation to the running footwear. The mechanical aetiology of  
282 ACL injury in athletic populations is caused by excessive loading of the ACL itself (Smith et  
283 al., 2012). ACL injuries are considered to be extremely serious and habitually require  
284 reconstructive intervention leading to long term absences from competition (Myklebust &  
285 Bahr, 2004). Therefore, given the statistical increases in ACL loading in the tennis shoes, the  
286 results from the current observation may be clinically relevant for tennis based athletes. It can  
287 be conjectured based on the findings from this investigation that the specific tennis shoes  
288 examined in this investigation may increase the risk from ACL injury during sport specific  
289 change of direction movements.

290

291 In addition, it was also revealed that the tennis shoes were statistically associated with the  
292 highest values for the peak rotational moment and the lowest values for the peak translational  
293 coefficient of friction in relation to the running footwear. A likely explanation for this  
294 observation is based on the tread patterns of each shoe outsole which are distinct between the  
295 three footwear examined as part of the current study (Figure 1) (Valiant et al., 1985). This  
296 observation concurs with the observations of Severn, et al., (2011) and Wannop &  
297 Stefanyshyn, (2015) which indicates that manipulating the outsole patterns of different  
298 footwear can alter both rotational and translational friction characteristics.

300 It also appears based on the findings from the current analysis that the tennis shoes were  
301 effective in enhancing rotational friction but not optimal in promoting translational friction.  
302 The frictional properties between the shoe and surface are an important determinant of  
303 athletic performance, but high levels of friction at the outsole-surface interface may also be  
304 related to increased risk of soft tissue injury (Wannop et al., 2009). There is currently no  
305 agreement regarding the optimal frictional values that are required to provide sufficient  
306 traction, but also attenuate risk from injury during sports movements (Frederick, 1993).  
307 Importantly the current investigation showed that the rotational friction moment as opposed  
308 to the translational coefficient of friction was a significant predictor of the peak ACL force in  
309 all of the experimental footwear. This supports the proposition of Thomson et al., (2015) and  
310 indicates that during maximal change of direction tasks the peak rotational moment is the  
311 most clinically meaningful frictional parameter in relation to the development and prevention  
312 of ACL pathologies.

313

314 A potential limitation to the current analysis is that ACL loading parameters were quantified  
315 using a musculoskeletal modelling approach. This was a requirement of the current  
316 investigation given the impracticalities of obtaining in vivo measures of ligament loading  
317 during dynamic movements. Although the current model has been shown to exhibit good face  
318 validity (Dai & Yu, 2012), musculoskeletal models by definition are always subject to some  
319 mathematical assumptions that may compromise their efficacy across a range of participants.  
320 A further potential drawback is the laboratory based nature of the data collection protocol.  
321 Specifically, the stiffness and frictional properties of the laboratory surface are likely to be  
322 distinct from those experienced in field based testing scenarios in which participants perform

323 tennis specific movements in realistic conditions. The current investigation utilized a repeated  
324 measures design and thereby the statistical comparison between footwear is sound, as  
325 participants performed in the same conditions in both footwear. However, the ecological  
326 validity of the procedure from a practical context was compromised as ACL loading may  
327 have differed had participants performed on a tennis specific surface. Therefore, it is strongly  
328 recommended that the current investigation be repeated using a field based data collection  
329 protocol.

330

331 In conclusion; although the biomechanical effects of tennis shoes have been examined  
332 previously; current knowledge regarding differences in ACL loading when performing  
333 change of direction tasks is limited. The current investigation thus adds to the current  
334 literature base by performing a comprehensive evaluation of ACL loading parameters when  
335 performing a change of direction task in tennis shoes and running footwear. Importantly, the  
336 current study showed ACL loading parameters were significantly greater in tennis shoes in  
337 relation to the running footwear. The findings from the current investigation indicate that the  
338 specific tennis shoes examined as part of this investigation may place athletes who undertake  
339 court based activities at increased risk from ACL pathology during maximal change of  
340 directions movements. However, further exploration using a more ecologically valid research  
341 design is required before this notion can be truly substantiated.

342

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452 **List of figures**

453 **Figure 1: Experimental footwear upper and outsoles (a. = court footwear upper, b. = court**  
454 **footwear outsole, c. = running footwear d. = running footwear outsole).**

455 **Figure 2: ACL force as a function of different footwear (black = court footwear, grey =**  
456 **running footwear).**

457 Table 1: ACL loading parameters (mean, SD & 95% CI's) as a function of the experimental footwear conditions.

	Court			Running footwear		
	Mean	SD	95% CI	Mean	SD	95% CI
Peak ACL load (N)	2308.35	380.01	2036.51-2580.20	1859.21	395.80	1576.07-2142.34
Time to peak ACL force (ms)	48.20	14.74	37.70-58.78	49.80	13.81	39.88-59.65
ACL average load rate (N/s)	54295.37	12832.58	45115.49-63475.24	42930.23	10059.78	35733.89-50126.56
ACL instantaneous load rate (N/s)	147762.11	41376.27	118163.31-177360.91	103200.24	24934.95	85362.85-121037.63
ACL impulse (N-s)	330.14	87.71	267.40-392.89	312.25	65.62	265.32-359.19

458

459 Table 2: Frictional parameters (mean, SD & 95% CI's) as a function of the experimental footwear conditions.

	Court			Running footwear		
	Mean	SD	95% CI	Mean	SD	95% CI
Peak rotational moment (Nm)	24.63	7.25	17.39-29.71	19.56	6.52	14.49-23.91
Peak translational coefficient of friction ( $\mu$ )	0.57	0.07	0.53-0.63	0.64	0.08	0.58-0.70

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