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**Comparison of human gastrocnemius forces predicted by Hill-type muscle models and estimated from
ultrasound images**

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26 **Abstract**

27 Hill-type models are ubiquitous in the field of biomechanics, providing estimates of a muscle's
28 force as a function of its activation state and its assumed force-length and force-velocity properties.
29 However, despite their routine use, the accuracy with which Hill-type models predict the forces generated
30 by muscles during submaximal, dynamic tasks remains largely unknown. This study compared human
31 gastrocnemii forces predicted by Hill-type models to the forces estimated from ultrasound-based
32 measures of tendon length changes and stiffness during cycling, over a range of loads and cadences. We
33 tested both a traditional model, with one contractile element, and a differential model, with two
34 contractile elements that accounted for independent contributions of slow and fast muscle fibres. Both
35 models were driven by subject-specific, ultrasound-based measures of fascicle lengths, velocities, and
36 pennation angles and by activation patterns of slow and fast muscle fibres derived from surface
37 electromyographic recordings. The models predicted on average, 54 % the time-varying gastrocnemii
38 forces estimated from the ultrasound-based methods. However, differences between predicted and
39 estimated forces were smaller under low speed-high activation conditions, with models able to predict
40 nearly 80 % of the gastrocnemii force over a complete pedal cycle. Additionally, the predictions from the
41 Hill-type muscle models tested here showed that a similar pattern of force production could be achieved
42 for most conditions with and without accounting for the independent contributions of different muscle
43 fibre types.

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51 Introduction

52 Hill-type muscle models are ubiquitous in biomechanical analyses of human movement and more
53 recently are being applied to animal studies to provide estimates of a muscle's force as a function of its
54 activation state and assumed force-length and force-velocity properties. For example, Hill-type models
55 have been used, together with reconstructions of musculoskeletal geometry, to analyze the moment-
56 generating capacities of animals during terrestrial locomotion (O'Neill et al., 2013; Hutchinson et al., 2015)
57 and to estimate the locomotor capabilities of extinct species based on fossil records (Hutchinson and
58 Garcia, 2002). Muscle models have also been used in simulations of human locomotion to infer the
59 functions of individual muscles during walking (Arnold et al., 2013) and running (Hamner et al., 2010) and
60 to uncover important insights into the biomechanical factors that contribute to gait abnormalities (e.g.
61 Peterson et al., 2010; Steele et al., 2010). However, the accuracy of the muscle forces predicted by Hill-
62 type models, especially during submaximal, dynamic tasks, remains largely unknown.

63 The predictive accuracy of Hill-type models has been investigated in a small number of animal
64 studies in which tendon forces were directly measured. For example, Sandercock and Heckman (1997)
65 and Perreault et al. (2003) examined whether a Hill-type model could predict *in situ* forces generated by
66 the cat soleus when they imposed length changes corresponding to those measured during locomotion.
67 Their model reproduced soleus forces measured *in vivo*, using an implanted tendon buckle transducer, to
68 within 10 % of maximal tension during force rise (Sandercock and Heckman, 1997). However, at low motor
69 unit firing rates, differences in the predicted and measured forces were greater than 50 % (Perreault et
70 al, 2003). Our own efforts to predict *in situ* and *in vivo* forces generated by the gastrocnemii muscles of
71 goats (Wakeling et al., 2012; Lee et al., 2013) confirmed that Hill-type models are sensitive to assumptions
72 about activation state and the force-velocity properties of the model's contractile element. For example,
73 we have shown that Hill-type models reproduce the time-varying *in vivo* forces with an average r^2 of 0.40,
74 and errors in force greater than 15 % and 28 % of maximum isometric force for the medial (MG) and lateral
75 (LG) gastrocnemii of goats, respectively, when averaged across the gait cycle and different locomotor
76 speeds. However, errors in force predictions were reduced when models incorporated the independent
77 activations of slow and fast contractile elements, but only during the fastest locomotor speeds (Lee et al.,
78 2013). Additionally, Millard and co-workers (2013) have demonstrated that Hill-type models are better
79 able to reproduce muscle forces under maximally activated conditions in comparison to submaximally
80 activated conditions. They compared the ability of three different Hill-type formulations to reproduce *in*

81 *in vivo* forces measured in the cat soleus under maximally active (Krylow and Sandercock, 1997) and
82 submaximally active conditions (Perreault et al., 2003) and found that average errors were 12 % of
83 maximum tension for maximal contractions but increased to more than 17 % for submaximal contractions.
84 Together, these previous studies and others leave many unanswered questions in regards to the ability of
85 Hill-type models to reproduce time-varying muscle force.

86 To gain more insight into the strengths and weaknesses of Hill-type models, independent
87 estimates of time-varying muscle forces, for a wide range of movements, are needed. However, muscle
88 forces often cannot be directly measured. We have recently developed an ultrasound-based approach to
89 indirectly estimate the *in vivo* forces generated by the human triceps surae muscles during dynamic tasks
90 (Dick et al., 2016). In particular, the gastrocnemii-Achilles tendon (AT) complex is advantageous because
91 of its' superficial location and short fascicles which allows us to use ultrasound to measure both tendon
92 and fascicle length changes during movement, and couple these measurements with subject-specific
93 estimates of tendon stiffnesses and slack lengths to estimate time-varying forces. This is the first study to
94 test Hill-type models against *in vivo* estimates of time-varying muscle forces from human subjects at a
95 range of mechanical conditions.

96 Electromyographic (EMG) recordings from the gastrocnemii of cyclists have shown that the
97 activation patterns of different muscle fibre types vary with cadence (Citterio & Agostoni 1984; Wakeling
98 et al., 2006; Wakeling and Horn, 2009). However, while muscles are composed of a mix of slow and fast
99 fibres with different physiological and biomechanical properties, Hill-type models are typically comprised
100 of a single contractile element with force-length and force-velocity properties that have been estimated
101 from *in vitro* data collected from single fibres under maximally-activated conditions. To represent whole
102 muscle, the fibre's force is scaled based on the muscle's level of activation, accounting for the muscle's
103 physiological cross-sectional area, fibre length, pennation angle, and parallel elasticity. Here we test a
104 traditional Hill-type model, with one contractile element, compared with a differential model, having
105 independent slow and fast contractile elements to account for the contributions of slow and fast muscle
106 fibres. Both models were driven by subject-specific measures of fascicle lengths, velocities, and pennation
107 angles derived from ultrasound images and by activation patterns of slow and fast fibres derived from
108 surface EMG recordings and wavelet based time-frequency decomposition techniques (von Tscherner,
109 2000; Wakeling and Horn, 2009). We hypothesized that the two-element model would better reproduce
110 the ultrasound-based estimates of gastrocnemii force at the higher cadences, where preferential

111 recruitment of fast fibres has been reported (Citterio & Agostoni 1984; Wakeling et al., 2006). This is an
112 extension of our previous studies on the gastrocnemii muscles in goats, where we showed that a two-
113 element model, driven by the independent activation of slow and fast muscle fibres, provided better
114 predictions of time-varying muscle forces than traditional one-element models for some *in situ* (Wakeling
115 et al., 2012) and *in vivo* (Lee et al., 2013) conditions.

116

117 **Materials and methods**

118 We collected comprehensive sets of kinematic, kinetic, EMG, and ultrasound data from 16
119 competitive cyclists (8 male, 8 female; Suppl. Table 1). Subjects pedalled on a stationary cycle ergometer
120 (Indoor Trainer, SRM, Julich, Germany) at cadences between 60-140 r.p.m. and crank loads between 14-
121 44 N m. In this study, we analyzed data from 8 different combinations of cadence and load. We predicted
122 the time-varying forces generated by each subject's LG and MG muscles during cycling using a one-
123 element Hill-type model and a two-element Hill-type model (Fig. 1). The models were driven by fascicle
124 lengths, velocities and pennation angles that we determined experimentally from ultrasound images, and
125 by muscle activations calculated from simultaneous recordings of surface EMG (Fig. 1). We compared each
126 subject's predicted LG and MG forces to the forces estimated *in vivo* from ultrasound-based measures of
127 tendon length changes and stiffness (Fig. 1). Subjects gave informed consent and protocols were approved
128 by the Institutional Ethics Review Boards at Simon Fraser University and Harvard University. The
129 experimental protocol has been described and evaluated in a previous study (Dick et al., 2016) so a brief
130 overview is provided here.

131 **Muscle models for estimating LG and MG forces**

132 We predicted the time-varying forces generated by each subject's LG and MG muscles during
133 pedalling using a traditional Hill-type model:

$$134 \quad F_m = F_{\max} [\hat{a}(t) \hat{F}_a(\hat{l}_f) \hat{F}_a(\hat{v}) + \hat{F}_p(\hat{l}_f)] \cos \beta \quad (\text{Eq. 1})$$

135 In previous efforts to predict gastrocnemius forces in goats, the intrinsic properties of the contractile
136 element have been formulated in several different ways (Wakeling et al., 2012). However, it was found

137 that the predicted forces were similar across the different formulations (Lee et al., 2013). In this study, we
 138 assigned contractile element properties that were consistent with a ‘homogeneous one-element model’
 139 (Wakeling et al., 2012) that assumes the muscle consisted of fibres with homogenous properties. In this
 140 model, the maximum intrinsic speed, often referred to as the maximum unloaded shortening velocity (\hat{v}_0),
 141 was the maximum intrinsic speed of the different fibre types weighted by their fractional cross-sectional
 142 areas. The curvature of the force-velocity relationship (α) was an intermediate value between the slow
 143 and fast fibres and was assumed to be the same all the fibres within the muscle (Zajac, 1989; Wakeling et
 144 al., 2012; Lee et al., 2013) (Fig.1C).

145 We also predicted the subjects’ time-varying LG and MG forces using a ‘differential two-element
 146 model’ (Wakeling et al., 2012; Lee et al., 2013) that incorporates independently activated slow and fast
 147 contractile elements arranged in parallel (Fig.1C):

$$148 \quad F_m = F_{\max} \left[[c_1 \hat{a}(t)_{\text{fast}} \hat{F}_a(\hat{l}_f) \hat{F}_{a,\text{fast}}(\hat{v}) + \hat{a}(t)_{\text{slow}} \hat{F}_a(\hat{l}_f) \hat{F}_{a,\text{slow}}(\hat{v})] + \hat{F}_p(\hat{l}_f) \right] \cos \beta \quad (\text{Eq. 2})$$

149 In both models, total muscle force F_m is a function of the time-varying activation level $\hat{a}(t)$, the normalized
 150 active and passive force-length relationships $\hat{F}_a(\hat{l}_f)$ and $\hat{F}_p(\hat{l}_f)$, respectively, and the normalized force-
 151 velocity relationship $\hat{F}_a(\hat{v})$ (Fig. 1C). F_{\max} represents the subject-specific maximum isometric force of
 152 either the LG or the MG:

$$153 \quad F_{\max} = \left(\frac{V_m}{l_{f,\text{opt}}} \right) \sigma_0 \quad (\text{Eq. 3})$$

154 F_{\max} was calculated based on the muscles’ scaled volumes V_m estimated using the regression equations
 155 in Handsfield et al. (2014), and optimal fibre lengths $l_{f,\text{opt}}$ estimated from a subject-specific scaled
 156 musculoskeletal model (*OpenSim v3.3*; Delp et al., 2007; Arnold et al., 2010; Dick et al., 2016), σ_0 is
 157 estimated specific muscle stress (225 kPa; Spector et al., 1980; Roy et al., 1982) (Suppl. Table 1). c_1 is a
 158 scaling factor that accounts for the lower power of the EMG signals that would be expected from action
 159 potentials with higher spectral frequencies (Wakeling et al., 2012). c_1 affects the balance between fast
 160 and slow fibre contributions and it was given a value of 2 as described below. F_{\max} scales the fibre (or
 161 fascicle) force to whole muscle force and pennation β allows the component of fascicle force that is
 162 aligned with the tendon to be estimated.

163 The normalized active force-length curve (Fig. 1C; Otten, 1987) was given by:

$$164 \quad \hat{F}_a(l_f) = e^{-\left(\frac{\hat{l}_f^{0.6}-1}{0.3}\right)^{2.3}} \quad (\text{Eq. 4})$$

165 The normalized passive force-length curve (Fig. 1C) was given by:

$$166 \quad \hat{F}_p = 2.64\hat{l}_f^2 - 5.30\hat{l}_f + 2.66 \quad \text{for } \hat{l}_f > 1 \quad (\text{Eq. 5})$$

$$167 \quad \hat{F}_p(\hat{l}_f) = 0 \quad \text{for } \hat{l}_f \leq 1 \quad (\text{Eq. 6})$$

168 where \hat{l}_f is fascicle length normalized to fascicle slack length $l_{0,f}$. $l_{0,f}$ was determined to be the length of
 169 the fascicle at tendon slack length. This passive force-length curve is similar to that provided by Millard
 170 and co-workers (2013) and is based on a combination of experimental data from chemically-skinned
 171 human gastrocnemius fibres (Gollapudi and Lin, 2009) and rabbit whole muscles (Winters et al., 2011).
 172 The normalized force-velocity curve (Fig. 1C) was given by:

$$173 \quad \hat{F}_a(v) = \frac{1 + \frac{\hat{v}}{\hat{v}_0}}{1 - \frac{\hat{v}}{\hat{v}_0\alpha}} \quad \text{for } \hat{v} \leq 0 \quad (\text{Eq. 7})$$

$$174 \quad \hat{F}_a(v) = 1.5 - 0.5 \frac{1 - \frac{\hat{v}}{\hat{v}_0}}{1 + \frac{7.56\hat{v}}{\hat{v}_0\alpha}} \quad \text{for } \hat{v} > 0 \quad (\text{Eq. 8})$$

175 where \hat{v} is fascicle velocity normalized to $l_{0,f}$, which is equivalent to strain rate. α describes the curvature
 176 of the force-velocity relationship and depends on fibre type (Otten, 1987). A literature survey of 59 species
 177 from 88 papers concluded that the α values are 0.18 and 0.29 for slow and fast fibres, respectively
 178 (Hodson-Tole and Wakeling, personal communication). \hat{v}_0 is the maximum intrinsic speed, and we used
 179 values of 5 and 10 s^{-1} for the slow and fast fibres, respectively (Wakeling et al., 2012; Lee et al., 2013). 5
 180 and 10 s^{-1} are thought to be within the appropriate range for human muscle (Faulkner et al., 1986;
 181 Epstein and Herzog, 1998) and are similar to values reported for mouse, cat, and rat muscle measured at
 182 physiological temperatures, which range from 4.8 to 7.3 s^{-1} for slow fibres (Close, 1964; Spector et al.,
 183 1980; Askew and Marsh, 1998) and from 9.2 to 24.2 s^{-1} for fast fibres (Close, 1964; Close, 1965; Luff,

184 1975; Spector et al., 1980). These values were also selected based on previous modelling results where
185 the sensitivity of predicted forces to different values of \hat{v}_0 were assessed (Lee et al., 2013).

186 Histological analysis has shown that the human gastrocnemii contain equal cross-sectional areas
187 of slow and fast muscle fibres (Johnson et al., 1973). Therefore, the one-element homogenous model
188 assumed that the active LG and MG have intrinsic properties that represent the average values for α and
189 \hat{v}_0 between slow and fast fibres ($\alpha = 0.235$; $\hat{v}_0 = 7.5 \text{ s}^{-1}$) (Wakeling et al., 2012; Lee et al., 2013).

190 The muscle models (Eq. 1 and Eq. 2) were driven directly by the experimentally derived activation,
191 fascicle length and pennation angle, and the predicted muscle forces were subsequently compared to
192 estimates of the tendon force. The models did not involve the balancing of the fascicle force with tendon
193 force (series elastic element force), as is necessary if the whole muscle-tendon unit is incorporated in the
194 model. As such, our approach (which parallels earlier animal studies: Hodson-Tole and Wakeling, 2009;
195 Wakeling et al. 2012; Lee et al. 2013) circumvents the need to apply additional serial damping components
196 to prevent high-frequency oscillations in the solution (Günther et al., 2007; Millard et al., 2013; Haeufle
197 et al., 2014).

198 **Experimental data for driving models**

199 Subjects pedalled at eight different combinations of cadence and crank torque: 60 r.p.m. at 44 N
200 m, 80 r.p.m. at 14 N m, 80 r.p.m. at 26 N m, 80 r.p.m. at 35 N m, 80 r.p.m. at 44 N m, 100 r.p.m. at 26 N
201 m, 120 r.p.m. at 13 N m, and 140 r.p.m. at 13 N m, corresponding to crank powers of 275, 115, 220, 290,
202 370, 270, 165, and 200 W, respectively. Each trial lasted 15 seconds. Each block of eight experimental
203 conditions was repeated, in a random order, four times so that we could separately image both the LG
204 and MG muscle bellies and the LG and MG muscle-tendon junctions (MTJ). Subjects rested for five minutes
205 in between blocks of conditions. "Maximum effort" sprint trials (high power and cadence) were collected
206 at the beginning and end of each session in an effort to elicit maximum muscle activity, and we used these
207 data as a reference when normalizing the muscles' EMG intensities (e.g., Rouffet and Hautier, 2008). We
208 used an optical motion capture system (Certus Optotrak, NDI, Waterloo, Canada) sampling at 100 Hz to
209 track the 3D locations of 32 LED markers placed bilaterally on the lower extremities, the pedals, and on
210 the ultrasound probe. Pedal reaction forces effective and ineffective (normal and radial) to the right and
211 left cranks were recorded at 2000 Hz (Powerforce, Radlabor, Freiburg, Germany). Previously, we have

212 verified that the plantarflexion moments estimated from ultrasound-based measures of tendon strain are
213 consistent with the net ankle moments determined from inverse dynamics (Dick et al., 2016).

214 ***Muscle fascicle lengths and pennation angles***

215 A linear-array B-mode ultrasound probe (7 MHz, 60 mm field-of-view; Echoblaster, Telemed,
216 Vilnius, Lithuania) recording at 40 Hz was used to alternately image LG and MG fascicles from the right leg
217 during pedalling. The order in which muscles were imaged was randomized; at the end of each block of
218 conditions, the probe was re-positioned over the other muscle. The probe was secured in a custom-made
219 foam support and positioned to image muscle fascicles that were in the middle of the muscle belly (Suppl.
220 Fig. 1) where the fascicle architecture is homogeneous (Maganaris et al., 1998) and in plane with the
221 scanning image (Kawakami et al., 1993). An ultrasound gel pad (Parker Laboratories, NJ, USA) was placed
222 at the probe-skin interface to enhance image quality and allow muscle bulging.

223 Ultrasound images were manually digitized (ImageJ, NIH, Maryland, USA) to determine each
224 subject's time-varying fascicle lengths and pennation angles for the eight pedalling conditions. Eight points
225 in each ultrasound image were digitized—three points on each of the superficial and deep aponeuroses
226 and two points on a representative muscle fascicle (Suppl. Fig. 2). Pennation angle was calculated as the
227 mean of the angles made by the fascicle with the deep and superficial aponeuroses. Fascicle lengths and
228 pennation angles from 10 complete crank revolutions were fit using a least-squares minimization of a
229 Fourier series $[c_1 + a_1 \sin(\phi_1 + \omega) + a_2 \sin(\phi_2 + 2\omega)]$, where c_1 , a_1 , a_2 , ϕ_1 , ϕ_2 are fitted constants and
230 ω is the crank angle. These fascicle lengths and pennation angles were used as inputs to the muscle
231 models for each muscle, each pedalling condition, and each subject.

232 ***Muscle activation patterns***

233 Bipolar Ag/AgCl surface electrodes (10 mm diameter and 21 mm spacing; Norotrode; Myotronics,
234 Kent, WA, USA) were used to record muscle excitations from the LG, MG, soleus (SOL), and seven other
235 muscles on the contralateral (left) limb to which the ultrasound transducer was placed. EMG signals were
236 preamplified (gain 1000), band-pass filtered (bandwidth 10–500 Hz; Biovision, Wehrheim, Germany), and
237 sampled at 2000 Hz as described elsewhere (e.g., Wakeling and Horn, 2009; Blake and Wakeling, 2014).
238 Electrodes were placed in the mid-region of the muscle belly after the skin had been shaved and cleaned

239 with isopropyl alcohol solution. We secured electrodes with stretchable adhesive bandages and tubular
240 net bandages to reduce movement artefacts during pedalling.

241 Surface EMG signal has been shown to contain distinct frequency characteristics that allow for
242 characterization of recruitment between different types of motor units (Wakeling and Rozitis, 2004; Reaz
243 et al., 2006; Wakeling, 2009). We characterized EMG signals from the LG and MG in two different ways:
244 first by total EMG intensity, representing all active motor units within the muscle, and second by the EMG
245 intensity at the low and high frequency bands, to represent the contributions of slow and fast motor units,
246 respectively. EMG signals for the muscles were quantified by their intensities during each crank
247 revolution. The total intensity is a close approximation to the power of the signal and was calculated
248 across a 10–450 Hz frequency band using an EMG-specific wavelet analysis (von Tscharner, 2000).
249 Optimized wavelets were derived, for each muscle, using principal component analysis to identify the
250 major features of the intensity spectra from the 16 subjects (Wakeling and Rozitis, 2004; Von Tscharner
251 and Goepfert, 2006; Hodson-Tole and Wakeling, 2007; Wakeling and Horn, 2009; Lee et al., 2011) (Fig. 2).
252 A least-squares minimization of a wavelet function $\psi(f)$ (Eq. 9) was used to construct two optimized
253 wavelets to describe the low and high frequency spectra that correspond to the slow and fast motor units:

$$254 \quad \psi(f) = \left(\frac{f}{f_c}\right)^{f_c \cdot s} \cdot e^{\left(\frac{-f}{f_c} + 1\right) \cdot f_c \cdot s} \quad (\text{Eq. 9})$$

255 where s is a scaling factor that defines the width and shape of the wavelet and f_c is the central frequency
256 of the wavelet (von Tscharner, 2000) (Table 1).

257 To compare predicted forces derived from the total intensities (one-element model) to the forces
258 derived from the optimized wavelets (two-element model), the time resolutions from the two approaches
259 were defined to be the same; to do this, we set the Gauss filters at the end of the wavelet analysis to a 50
260 ms time resolution for all wavelets, which is within the range of physiological time to peak twitch for
261 skeletal muscle (10 ms and 100 ms, Levin et al., 1999; Spaegele et al., 1999). We used the square-root of
262 the EMG intensity as a measure of muscle excitation e , as muscle force is linearly related to the EMG
263 amplitude and not its power (Milner-Brown and Stein, 1975). A lower EMG intensity would be expected
264 from action potentials with higher spectral frequencies (Wakeling et al., 2012). Here we selected a value
265 of $c_1 = 2$ (in Eq. 2) to scale the excitations (based on the ratio of their central frequencies: Table 1) to
266 account for this effect.

267 We used a first-order differential equation (transfer function) to estimate the active state of the
268 muscle from the muscle excitation (Zajac, 1989) that is commonly used for modelling human muscle. This
269 choice was partly motivated by a parallel project that will compare the muscle models from this study to
270 muscle force predictions from the OpenSim musculoskeletal simulation environment (Delp et al. 2007)
271 that also uses this transfer function. However, it should be noted that other transfer functions are capable
272 of estimating better activation dynamics (Hatze, 1977; Lee et al. 2011; Rockenfeller et al. 2015) but require
273 more model parameters that are currently unknown for muscle in man.

$$274 \quad \frac{d}{dt}(a) + \left[\frac{1}{\tau_{act}} (\beta_{act} + [1 - \beta_{act}]e(t)) \right] a(t) = \left(\frac{1}{\tau_{act}} \right) e(t) \quad (\text{Eq. 10})$$

275 The activation time constant τ_{act} , specific to slow and fast fibres, and the ratio β_{act} of the activation to
276 deactivation time constants were derived using tetanic contraction data in the literature (Table 2).
277 Histological analysis has shown that the human gastrocnemii contain equal cross-sectional areas of slow
278 and fast muscle fibres (Johnson et al., 1973). Therefore, τ_{act} for the activation transfer function for the
279 “one-element” model was calculated as the average between slow and fast fibres. The ratio of activation
280 to deactivation, β_{act} , was independent of fibre-type since both activation and deactivation rates are
281 associated with the motor-unit type (Burke et al., 1973). We used the transfer function to derive the active
282 state for the whole muscle (from the total EMG intensity), as well as for slow and fast motor units. In order
283 to make comparisons between the one- and two-element models, the activation level of the summed
284 slow and fast motor units was scaled in amplitude to equal the total activation during the maximum-effort
285 reference pedalling trials. Activation traces from 10 cycles were combined to compute a mean LG and MG
286 total, slow, and fast muscle activation trace for each pedalling condition. Activation levels for each muscle
287 are presented as normalized values $\hat{a}(t)$ calculated relative to the maximum activation detected during
288 the reference maximum-effort pedalling trials.

289 **Experimental data for evaluating models**

290 We estimated *in vivo* muscle forces from subject-specific tendon length changes and stiffness to
291 evaluate the predictions of our Hill-type models. A linear-array B-mode ultrasound probe was secured
292 over the LG or MG distal muscle-tendon junction. A rigid-body cluster of LED markers (Prager et al., 1998)
293 firmly attached to the ultrasound probe, allowed the 3D coordinates of the LG or MG muscle-tendon
294 junction to be tracked (ImageJ, NIH, Maryland, USA). We calculated the length changes of each tendon

295 l_{AT-LG} or l_{AT-MG} during cycling as the distance from the AT insertion on the calcaneus (identified using
 296 an LED marker) to the 3D position of the LG or the MG muscle-tendon junction. We estimated each
 297 muscle's contribution to tendon force, F_{LG} and F_{MG} (equation shown for MG), during cycling based on the
 298 measured length changes l_{AT-LG} or l_{AT-MG} , the subject-specific values of toe region stiffness $k_{SEE-LG,T}$,
 299 $k_{SEE-MG,T}$ and linear region stiffness k_{SEE-LG} , k_{SEE-MG} for either the LG or MG (Suppl. Table 1), and the
 300 tendon slack length $l_{0,AT-LG}$ or $l_{0,AT-MG}$:

$$301 \quad F_{MG} = \begin{cases} 0, & l_{AT-MG} \leq l_{0,AT-MG} \\ k_{SEE,-MG,T}(l_{AT-MG} - l_{0,AT-MG}), & l_{0,AT-MG} < l_{AT-MG} \leq (l_{0,AT-MG})1.0103 \\ k_{SEE-MG}(l_{AT-MG} - (l_{0,AT-MG})1.0103) + F_{max,T-MG}, & (l_{0,AT-MG})1.0103 < l_{AT-MG} \end{cases} \quad (\text{Eq. 11})$$

302 Tendon stiffnesses were estimated from ramped isometric tests (Morrison et al., 2015; Dick et al., 2016),
 303 where we quantified the total stiffness of the AT and also determined the proportion of the total AT
 304 stiffness contributed by the LG (k_{SEE-LG}) and MG (k_{SEE-MG}) separately. These muscle-specific stiffnesses
 305 were calculated based on ratio of the maximum force-generating capacity F_{max} of either the LG or MG to
 306 the combined triceps surae maximum force (Suppl. Table 1). Each tendon force-length curve had toe
 307 region and a linear region. Linear stiffnesses, k_{SEE-LG} and k_{SEE-MG} , were subject-specific but due to the
 308 difficulty in measuring the toe region properties of the force-length curve in all subjects during the
 309 isometric protocol (Dick et al., 2016), the same toe region stiffness, $k_{SEE-LG,T}$ and $k_{SEE-MG,T}$, was used
 310 for the LG and the MG in all subjects. $F_{max,T-MG}$ corresponds to the estimated force at the end of the toe
 311 region. Tendon slack lengths for the LG and MG portion of the AT ($l_{0,AT-LG}$ and $l_{0,AT-MG}$) were measured
 312 at 310° of the crank cycle, averaged over all cycles; this choice was motivated by published tendon buckle
 313 data (Gregor et al., 1987) showing force rise to occur after 310°. The time-varying tendon force from 10
 314 cycles was used to compute a mean force trace for each condition.

315 **Comparisons of predicted and estimated forces**

316 We used the one- and two-element models to predict time-varying LG and MG forces for the 16
 317 subjects and 8 pedalling conditions. Additionally, because the forces predicted by Hill-type models are
 318 sensitive to the assumed maximum intrinsic speed v_0 and curvature α of the force-velocity relationship
 319 (Shue et al., 1995; Perreault et al., 2003; Wakeling et al., 2012; Lee et al., 2013), we performed a sensitivity
 320 analysis and ran the models varying the values of α (0.155-0.315) and v_0 (4-10 $l s^{-1}$) to determine the
 321 extent to which the modelled forces were sensitive to these force-velocity properties. We compared the

322 predicted forces to the forces estimated from ultrasound-based measures of tendon length changes and
323 stiffness, and characterized differences across the crank cycle using two measures: the coefficient of
324 determination r^2 and the root mean square error (RMSE). A general linear model ANOVA was conducted
325 to determine if differences in the r^2 and RMSE (dependent variable) existed between models, muscles,
326 cycling conditions, subject (random), and values of α and v_0 . We used a Chi-square test at each pedalling
327 condition to determine whether the two-element model reproduced the estimated forces in the LG and
328 MG better than the one-element model (higher r^2 and lower RMSE) over the entire crank cycle, more
329 often than the one-element model. Additionally, an ANCOVA identified changes in the mean muscle
330 activity for total, fast, and slow motor units with cadence, crank load, and fascicle length \hat{l}_f as covariates
331 and subject as a random factor. \hat{l}_f was included as a covariate because muscle strain has been shown to
332 affect the frequency content of the EMG signal (Doud and Walsh, 1995). Differences were considered
333 significant at the $p < 0.05$ level. Data are reported as mean \pm SE.

334

335 Results

336 The Hill-type models tested here, driven by EMG-derived activations and ultrasound-based
337 measures of fascicle lengths, velocities and pennation angles, were able to capture the general features
338 of the ultrasound-based estimates of force (Fig. 3). On average the models performed with an r^2 of 0.54
339 and an RMSE of 13.52 % F_{\max} across muscles, conditions, and models (Table 3; Suppl. Fig. 3). However,
340 models performed even better at low cadence-high load conditions with r^2 values as high as 0.62 and 0.79
341 and errors as low as 8.98 % F_{\max} and 9.86 % F_{\max} , for the LG and MG, respectively. A comparison of the
342 modelled forces between the pedalling conditions, between muscles, and between the one- and two-
343 element models are shown in Table 3 and Suppl. Fig. 3.

344 In both the LG and MG, there were minor differences between the muscle forces predicted by the
345 two-element model when compared to the ultrasound-based estimates of tendon force and those
346 predicted by the traditional one-element model. In particular, when averaged across subjects and
347 conditions, the two-element model predicted forces with r^2 values of 0.47 ± 0.09 and 0.63 ± 0.1 for the LG
348 and MG, respectively, compared to 0.46 ± 0.1 and 0.61 ± 0.12 for the one-element model LG and MG,
349 respectively. RMSE errors were similar between the two models. The two-element model did perform

350 significantly better than the one-element model at high cadences (100 r.p.m. to 140 r.p.m.) (Suppl. Table
351 2), although the differences were small (Table 3; Suppl. Fig. 3).

352 Consistent with previous literature (Wakeling et al., 2006; Blake and Wakeling, 2014) the
353 conditions tested in our study elicited a range of activation patterns between slow and fast muscle fibres,
354 providing rationale to test the two-element model (Fig. 4). When averaged over the whole pedal cycle,
355 the total activation increased with both crank load and cadence in both the LG and MG across all subjects
356 ($p < 0.05$). Activation of the slow motor units decreased with cadence (LG: $p = 0.02$, MG: $p = 0.045$) but
357 increased with crank load (LG and MG: $p < 0.01$). Fast motor unit activation increased with both cadence
358 and load in the LG and MG ($p < 0.01$). Therefore, increased cadence resulted in a reduction of slow motor
359 unit activity coupled with an increase in the fast motor unit activity.

360 The Hill-type models tested in this study reproduced the estimated forces for the MG more
361 accurately than for the LG. Both the one- and two-element models predicted forces with a higher r^2 over
362 the crank cycle for the MG as compared to the LG across all pedalling conditions ($p < 0.05$) (Table 3; Suppl.
363 Fig. 3). The average coefficient of determination r^2 across subjects, conditions and models decreased from
364 0.62 (range: 0.45-0.79) for the MG to 0.47 (range: 0.29-0.62) for the LG. However, the average RMSE over
365 the crank cycle was similar between muscles: 13.55 % F_{\max} (range: 9.86-18.25) for the MG and 13.51 %
366 F_{\max} (range: 9.98-21.91) for the LG.

367 Time-varying patterns of the predicted and estimated forces, as assessed by the coefficient of
368 determination r^2 and RMSE, showed greater differences at high cadences in comparison with low
369 cadences (Table 3; Suppl. Fig. 3); this was a common feature for both the one-element and two-element
370 models. In particular, when averaged across the 2 different models, the RMSE over the crank cycle was
371 11.1 ± 1.2 % F_{\max} at cadences 60-80 r.p.m. and increased to 17.6 ± 2.1 % F_{\max} at cadences 100-140 r.p.m.
372 when averaged across muscles, subjects, and conditions.

373 The forces predicted by the Hill-type models tested here were sensitive to the force-velocity
374 curvature α used (Fig. 5). In both the LG and MG, the models predicted force with a higher r^2 and lower
375 RMSE (data not shown) when using $\alpha = 0.235$ or $\alpha = 0.315$ for the one-element model, as compared to α
376 $= 0.155$ when averaged across all pedalling conditions (Fig. 5A). The most notable differences in model
377 performance with α were evident at cadences of ≥ 100 r.p.m., where models predicted force with a higher

378 r^2 and lower RMSE when using greater α values (Fig. 5A). In contrast, the predicted forces were not
379 sensitive to the maximum intrinsic speed v_0 implemented within the models. These trends were similar
380 for the one-element and two-element models tested (data shown for the one-element model; Fig. 5).

381

382 **Discussion**

383 Our results reveal that Hill-type muscle models, driven by EMG-derived activations and
384 ultrasound-based measurements of fascicle lengths, velocities and pennation angles, predicted on
385 average, 54 % the gastrocnemii forces generated by human subjects during cycling, as estimated via
386 ultrasound-based estimates of tendon length changes and stiffness. In general the models performed best
387 when the fascicles shortened at lower velocities and the activation levels were high, with models at these
388 conditions able to predict nearly 80 % of the medial gastrocnemii force over a complete pedal cycle. This
389 work provides the first comparison of forces predicted by Hill-type models –driven with *in vivo* human
390 experimental data under submaximal dynamic tasks –to ultrasound-based estimates of muscle-tendon
391 force. The two-element model with independent slow and fast contractile elements showed no significant
392 improvement for predicting time-varying and maximum muscle forces, when compared with a traditional
393 one-element model for the slower conditions tested, however, small but significant improvements were
394 noted at the fastest cadences. This suggests that other factors play an important role in determining time-
395 varying patterns and magnitudes of muscle force in addition to the contractile properties of the
396 constituent motor units. Identifying the underlying sources of error in force predictions from Hill-type
397 models remains challenging, particularly when having to rely on non-invasive estimates of muscle-tendon
398 force. However, the approach described here provides an important step and an experimental framework
399 for investigating how Hill-type models may be improved.

400 ***Differences between muscles and pedalling conditions***

401 The performance of the Hill-type models depended on which muscle was being modelled. The
402 human LG and MG vary in architecture (Maganaris et al., 1998), activation patterns (Wakeling et al., 2011),
403 and motor-unit twitch profiles (Vandervoort and McComas, 1983). Specifically, the MG has shorter, more
404 pennate fascicles than the LG (Wakeling et al., 2006; Ward et al., 2009), while the LG has a more complex
405 architecture than the MG, with multiple heads that have different fascicle arrangements (Wolf et al.,

406 1998). This complexity may have diminished our ability to accurately estimate representative fascicle
407 lengths, velocities, and pennation angles in the LG using ultrasound—and suggests that models are likely
408 more accurate for muscles with homogeneous architecture. Consequently, these differences may help to
409 explain the variation in model performance shown here, particularly the finding that models reproduced
410 the estimated forces more closely across the pedal cycle for the MG than the LG, which is consistent with
411 the results from the gastrocnemii of goats (Lee et al., 2013).

412 The muscle models were compared to estimates of tendon force that were derived from
413 ultrasound measures of tendon length and subject-specific tendon stiffness (methods described in Dick et
414 al., 2016). The tendon stiffnesses for the LG and MG portions of the AT were previously determined on an
415 isometric frame in which the knee was held at 130 ° and the subjects performed maximal effort
416 plantarflexions (Morrison et al., 2015; Dick et al., 2016). However it is possible that at different knee
417 angles, where the relative lengths of the LG, MG, and SOL are affected differently due to the biarticular
418 nature of LG and MG versus the uniarticular nature of SOL, we may get a different value of stiffness and
419 thus a different value of force. During cycling, in the middle of the pedal upstroke (270 °) the AT is
420 unloaded and muscle activation is zero; consequently, both estimated tendon force and predicted muscle
421 force will be zero. Towards the top of the pedal cycle, the AT starts to become loaded; however, as the
422 knee is still relatively flexed the contribution of the gastrocnemii to the combined AT force is likely less
423 relative to SOL than occurred during our isometric measures of force and tendon strain. This may lead to
424 an over-estimation of the tendon force during this phase, although the forces predicted by the muscle
425 models are independent of tendon stretch and are thus unaffected by this. However, when the knee angle
426 reaches 130 ° at a crank angle of 90°, this matches the isometric test conditions and coincides with the
427 period when the muscle forces are the greatest. Additionally, the ankle plantarflexors (LG, MG, and SOL)
428 have a similar activity during the low cadence-high load conditions (Dick et al., 2016), which most closely
429 matches the isometric conditions for which tendon stiffnesses were determined. There was also a greater
430 resolution of ultrasound frames per pedal cycle at the lowest cadences due to the finite sampling rate of
431 the ultrasound scanner. Thus, we would expect the best match between the modelled muscle forces, and
432 the estimated tendon stiffnesses to occur for the low cadence and high load conditions. Indeed, the r^2
433 reached 0.79 with a corresponding RMSE of 10 % F_{max} for these conditions in the MG (Table 3), and this is
434 likely the limit to the accuracy that can be achieved using these non-invasive experimental techniques.

435 The accuracy of the models tested here is partly limited by the measures of fascicle length,
436 pennation and tendon length as well as estimates of fascicle and tendon slack lengths. We have previously
437 shown that small increases in tendon slack length delayed the onset of AT force during cycling and
438 decreased the magnitude of the predicted forces (Dick et al., 2016). Additionally, fascicle slack length is
439 set at the time when the tendon is at its slack length. It is possible that the accuracy of these models could
440 be further improved if the fascicle and tendon slack lengths were independently determined by
441 optimization (e.g., Gerus et al., 2012; Gerus et al., 2015), rather than being experimentally guided,
442 however this was not the purpose of this study. Additionally, the overall accuracy of the muscle model is
443 scaled by F_{\max} (equation 3), that was determined from both an optimal fibre-length and an estimated
444 muscle volume that were derived from regression equations from other studies (Delp et al., 2007;
445 Handsfield et al. 2014).

446 ***Comparison to Hill-type models in the literature***

447 Previous studies have assessed the accuracy of Hill-type models against direct measures of force
448 from tendon buckle recordings in animals (Sandercock and Heckman, 1997; Perreault et al., 2003;
449 Wakeling et al., 2012; Lee et al., 2013; Millard et al., 2013; Kim et al., 2015) or against measures of heat
450 and work (Umberger et al., 2003; Lichtwark and Wilson, 2005). In particular, modelling *in situ* forces
451 yielded higher r^2 values (Sandercock and Heckman, 1997; Perreault et al., 2003; Wakeling et al., 2012)
452 than *in vivo* forces (Lee et al., 2013), which likely relates to the more controlled contractions studied during
453 *in situ* experiments in comparison to *in vivo* experiments. The errors achieved in this study for the slower
454 cadences (RMSE of 10 % F_{\max} with r^2 of 0.79) match the best *in vivo* models (RMSE of 10 %; Lee et al. 2013)
455 that have been achieved in animal studies where the data were collected from more invasive techniques
456 (fine-wire EMG for activation, sonomicrometry for fascicle lengths, and tendon buckles for force).

457 Differences between the forces predicted by the one- and two-element models in this study were
458 smaller than the differences predicted by similar one- and two-element models in the goat gastrocnemii
459 (Lee et al., 2013). However, both the goat study and this current study did find the only significant
460 improvements in the two-element model to occur at the fastest muscle strain-rates. Surprisingly, the
461 greater benefits from the two-element model occurred in the goat study that did not show such fast
462 strains rates as seen here. However, the differences in model performance may reflect the additional
463 challenges of extracting EMG information from surface EMG signals in man, or from the effect whereby

464 contractile differences between muscle fibre-types may be mitigated in larger muscles that are
465 submaximally activated (Holt et al. 2014; Ross et al. 2016).

466 ***Intrinsic properties and the two-element model***

467 Previous studies have shown that the errors in forces predicted by Hill-type models are often
468 related to the assumed maximum intrinsic speed v_0 and curvature α of the force-velocity relationship
469 (Shue et al., 1995; Perreault et al., 2003; Wakeling et al., 2012; Lee et al., 2013). In contrast to our previous
470 study (Lee et al., 2013), predicted forces of the models here were not sensitive to maximum intrinsic speed
471 v_0 (Fig. 5). However, predicted forces were sensitive, in a cadence-specific manner, to the curvature α of
472 the force-velocity relationship. Most notably, models reproduced the estimated forces more closely
473 (higher r^2 and lower RMSE over the pedal cycle) using low α values at low cadences, but models performed
474 better using higher α values at high cadences (Fig. 5A). For a given shortening velocity, a higher α would
475 result in a larger force. As mentioned previously, slow fibres are characterized by a higher curvature (lower
476 α) whereas fast fibres are characterized by a lower curvature (higher α) (Otten, 1987; Umberger et al.,
477 2003). These results suggest that the forces predicted by traditional Hill-type models may be improved by
478 incorporating a force-velocity curvature α that varies appropriately with type of muscle fibres recruited
479 for the specific mechanical demands of the task— a larger α for high speed tasks where faster fibres are
480 recruited, and a smaller α for low speed tasks where slower fibres are recruited. Umberger and colleagues
481 (2003) have previously alluded to this, and have shown that Hill-type models with force-velocity
482 parameters, to include v_0 and α , that are matched to the proportions of slow and fast muscle fibres,
483 generate reasonable predictions of whole muscle energetics during isolated muscle contractions, single
484 joint motion, and whole body movement.

485 Consistent with previous cycling studies (Wakeling et al., 2006; Wakeling and Horn, 2009; Blake
486 and Wakeling, 2014), higher cadences elicited differential recruitment patterns that displayed an increase
487 in the activation of the faster motor units coupled with a decrease in the activation of the slower motor
488 units (Fig. 4). However, the differences between predicted forces for the one- and two-element models
489 at even these highest cadences were minor (average 3 %). This could be attributed to the fact that (i) the
490 one-element model was not sensitive to \hat{v}_0 , (ii) the differences in recruitment across the range of loads
491 and cadences tested here may not have been large enough to elicit substantial differences in model
492 performance, or (iii) the forces from human-sized muscle at submaximal activations may be less sensitive

493 to differences in fibre-type recruitment than previously expected. To date, our understanding of whole
494 muscle behaviour has largely come from studies in which muscles are maximally activated, and from
495 single-fibre data or data from smaller muscles (< 10 g). However, recent evidence suggests that muscle
496 behaviour also depends on the muscle's size (Ross and Wakeling, 2016) and level of activation (Rack and
497 Westbury, 1969; Josephson and Edman 1988; Rassier et al., 1999; Holt and Azizi, 2014; Holt et al., 2014;
498 Holt and Azizi, 2016; Ross and Wakeling, 2016). Understanding the role of different fibre-types within
499 large mixed muscles during voluntary submaximal contractions is clearly an avenue that warrants further
500 investigation.

501 **Conclusions**

502 In this study, we compared gastrocnemii forces predicted by Hill-type models to the forces
503 estimated from ultrasound-based measures of tendon length change and stiffness. Similar forces were
504 predicted for the traditional one-element model and the two-element model that accounted for the
505 independent contributions of different muscle fibre types across most of the speeds tested, and the
506 models performed best when fascicle velocities were low and muscle activation was high. What additional
507 factors should we consider in order to yield more accurate muscle models? Future work should aim to
508 additionally consider the mechanical effects of a muscles' physical properties (e.g., mass, viscosity), as
509 well as the potential contributions of elastic tissue (e.g., aponeurosis) and surrounding structures on
510 muscle contractile function. This will likely be critical for improving the reliability of muscle models as well
511 as for understanding the mechanisms underlying whole-muscle function during dynamic sub-maximal
512 contractions—which we currently know little about. Benchmark experimental data sets, like the data
513 we've analyzed here, are necessary and useful for testing and improving models.

514

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517

518 **Competing Interests**

519 No competing interests declared.

520

521 **Author contributions**

522 T.D, A.B., and J.W. designed the experiments. T.D. and J.W. conducted the experiments. T.D. analyzed
523 the data and wrote the first draft of the manuscript. J.W. and A.B. provided guidance throughout the
524 study, assisted with writing, and approved the manuscript.

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529

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715 **Tables**

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719 **Table 1.** Centre frequencies and scale factors of optimized wavelets.

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Muscle	$f_{c\ low}$ [Hz]	s_{low}	$f_{c\ high}$ [Hz]	s_{high}
LG	72.87	0.085	156.69	0.078
MG	62.32	0.078	146.95	0.051

721

722 Centre frequencies $f_{c\ low}$ and $f_{c\ high}$ and scale factors s_{low} and s_{high} that characterize the low and high
 723 frequency components from the EMG intensity spectra for the muscle-specific optimized wavelets (Eq.
 724 9) for the lateral (LG) and medial (MG) gastrocnemii.

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729 **Table 2.** Constants for the excitation-activation transfer functions to determine muscle active state from
 730 EMG intensities

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Constant	Fast Excitation	Slow Excitation	Total Excitation
τ_{act} [ms]	25	45	35
β_{act}	0.6	0.6	0.6

733 τ_{act} is the activation time constant and β_{act} is the ratio of the activation to deactivation time.

734 To derive these constants, we manually traced (ImageJ, NIH, Maryland, USA) tetanic curves for cat slow
 735 and fast motor units (Kernell et al., 1983) and optimized the parameters τ_{act} and β_{act} to reproduce the
 736 force traces for a matched stimulation duration.

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Table 3. Average lateral (LG) and medial gastrocnemii (MG) coefficient of determination, r^2 and RMSE between model predictions and ultrasound-based estimates of force, using the one-element and the two-element models across pedalling conditions.

		LG				MG			
Cadence (r.p.m.)	crank load (N m)	r^2	r^2	RMSE	RMSE	r^2	r^2	RMSE	RMSE
		one-element	two-element	(% F_{max}) one-element	(% F_{max}) two-element	one-element	two-element	(% F_{max}) one-element	(% F_{max}) two-element
60	44	0.54 ± 0.07	0.52 ± 0.07	8.98 ± 0.86	9.38 ± 0.95	0.79 ± 0.03	0.78 ± 0.03	10.17 ± 1.60	9.86 ± 1.26
80	14	0.46 ± 0.07	0.47 ± 0.07	10.98 ± 0.83	11.32 ± 1.05	0.64 ± 0.05	0.65 ± 0.05	10.60 ± 0.99	10.77 ± 0.89
80	26	0.61 ± 0.03	0.62 ± 0.04	10.27 ± 1.47	10.45 ± 1.40	0.66 ± 0.05	0.66 ± 0.05	10.83 ± 1.20	10.67 ± 1.04
80	35	0.46 ± 0.07	0.46 ± 0.07	10.88 ± 1.20	11.46 ± 1.09	0.68 ± 0.05	0.68 ± 0.05	11.96 ± 1.49	11.36 ± 1.40
80	44	0.55 ± 0.08	0.55 ± 0.08	13.05 ± 2.33	13.78 ± 1.95	0.71 ± 0.05	0.71 ± 0.05	12.39 ± 1.86	12.09 ± 1.59
100	26	0.41 ± 0.08	0.42 ± 0.09	15.47 ± 2.44	14.90 ± 2.36	0.50 ± 0.07	0.51 ± 0.07	18.25 ± 2.03	18.26 ± 1.82
120	13	0.38 ± 0.08	0.40 ± 0.09	16.49 ± 1.99	15.78 ± 1.73	0.45 ± 0.05	0.48 ± 0.05	16.93 ± 2.09	17.45 ± 2.01
140	13	0.29 ± 0.06	0.32 ± 0.05	21.91 ± 3.50	21.22 ± 3.36	0.46 ± 0.08	0.49 ± 0.08	17.53 ± 2.25	17.43 ± 2.25
	Average	0.46	0.47	13.50	13.51	0.61	0.63	13.65	13.48

Data are presented as mean ± SE ($n=16$); r^2 and RMSE were calculated for the time-varying forces across one complete pedal revolution.

Table 4. Model and Equation Parameters.

Parameter	Definition	Source
$\hat{a}(t)$	Normalized activation	Derived from measured EMG (see Eq. 10)
c_1	Scaling factor, represents the lower EMG excitations that would be expected from action potentials with higher spectral frequencies	Calculated, used a value of 2
$\hat{e}(t)$	Normalized excitation	Calculated from measured EMG
F_{LG}	Lateral gastrocnemius force	Calculated from tendon length, stiffness, and slack length (see Eq. 1)
F_{MG}	Medial gastrocnemius force	Calculated from tendon length, stiffness, and slack length (see Eq. 11)
$\hat{F}_a(l_f)$	Normalized active force-length relation	Estimated from literature (Lee et al., 2013; see Eq. 4)
$\hat{F}_a(v)$	Normalized force-velocity relation	Literature (see Eq. 7 and 8)
F_m	Muscle Force	Calculated from model (Eq. 1)
F_{max}	Maximal isometric force	Estimated (see Eq. 3)
$\hat{F}_p(l_f)$	Normalized passive force-length relation	Estimated from literature (Millard, 2013; Eq. 5 and 6)
$k_{SEE-LG,T}$	LG toe region tendon stiffness	Measured in Dick et al., 2016
$k_{SEE-MG,T}$	MG toe region tendon stiffness	Measured in Dick et al., 2016
k_{SEE-LG}	LG linear region tendon stiffness	Measured in Dick et al., 2016
k_{SEE-MG}	MG linear region tendon stiffness	Measured in Dick et al., 2016
l_{AT-LG}	LG tendon length	Measured using B-mode ultrasound
l_{AT-MG}	MG tendon length	Measured using B-mode ultrasound
$l_{0,AT-LG}$	LG tendon slack length	Estimated from l_{AT-LG} at 310° of pedal cycle
$l_{0,AT-MG}$	MG tendon slack length	Estimated from l_{AT-MG} at 310° of pedal cycle
l_f	Fascicle length	Measured using B-mode ultrasound
$l_{0,f}$	Fascicle slack length	Determined from l_f at $l_{0,AT}$
\hat{v}	Normalized fascicle velocity	Derived from l_f
\hat{v}_0	Maximum intrinsic speed	Estimated from literature (5 and 10 $l s^{-1}$ for slow and fast fibres)
V_m	Muscle volume	Estimated using the regression equations of Handsfield et al. (2014)
α	Curvature of force-velocity relation	Estimated from literature (0.18 and 0.29 for slow and fast muscle fibres; Wakeling et al., 2012; Lee et al., 2013)
β	Pennation angle	Measured using B-mode ultrasound
σ_0	Maximum isometric stress of muscle fibres	Estimated from literature (225 kPa; Spector et al., 1980; Roy et al., 1982)

Figure Legends

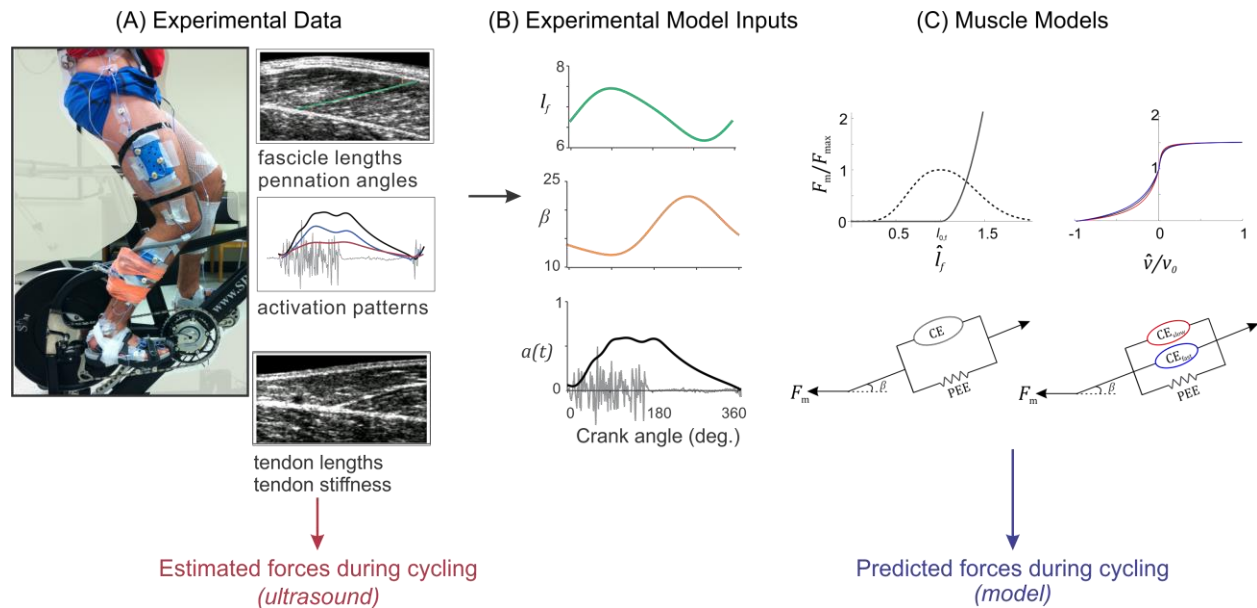


Figure 1. Approach for comparing LG and MG forces during cycling estimated from ultrasound-based measures of tendon length changes and stiffness and predicted from Hill-type muscle models. During the cycling protocol (A), subjects pedalled on a stationary bike while we measured tendon lengths from tracked ultrasound images of the LG and MG muscle-tendon junctions, fascicle lengths and pennation angles from ultrasound images of the LG and MG muscle bellies, and activation patterns derived from surface EMG. A trigger from the ultrasound system was used to synchronize all data. Forces were estimated from the tracked ultrasound images of tendon length changes during cycling and tendon stiffnesses measured for each subject in an isometric protocol (Dick et al., 2016). The experimentally determined fascicle lengths l_f , pennation angles β , and normalized muscle activations $\hat{a}(t)$ for total (black), slow (red), and fast (blue) motor units were used as inputs for the muscle models (B). We tested a traditional one-element Hill-type muscle model and additionally a two-element model that accounted for the independent contributions of slow and fast muscles fibres (C). Estimated forces from the ultrasound-based approach were compared to the forces predicted from the models for the LG and MG. CE: contractile element, PEE: parallel elastic element, β : pennation.

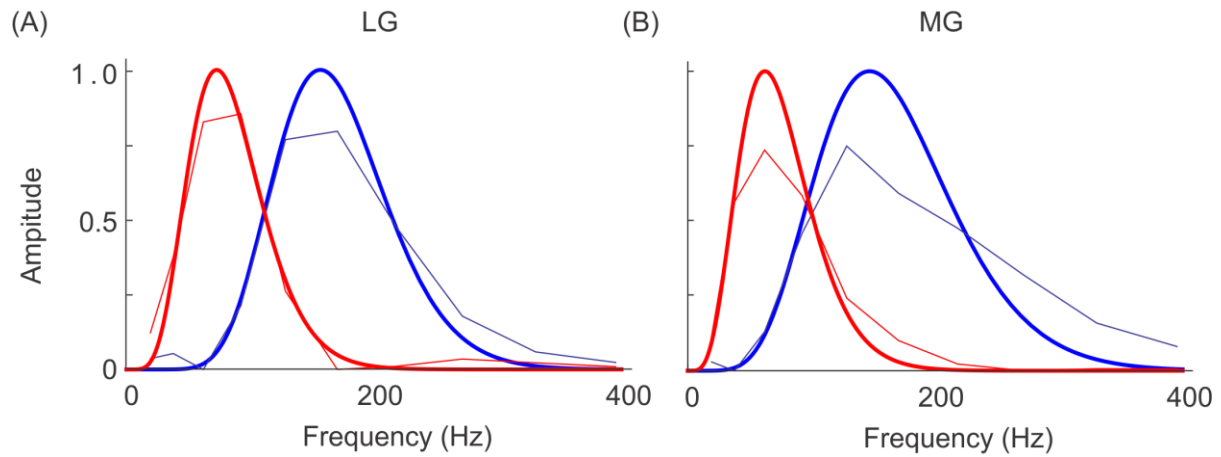


Figure 2. Myoelectric intensity spectra reconstructed from the pooled frequency spectra (thin lines) and optimized wavelets (thick lines) for human LG (A) and MG (B). Low frequency spectra are shown in red and high frequency spectra in blue.

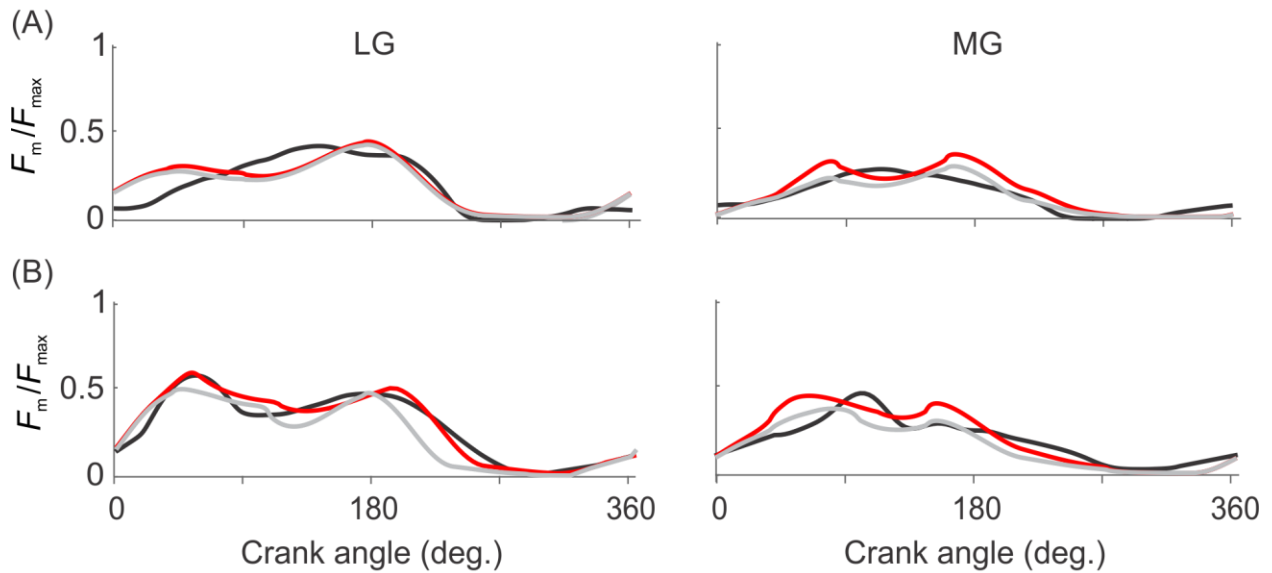


Figure 3. Time-varying force profiles for the LG and MG at 60 r.p.m at 44 N M (A) and 100 r.p.m. at 26 N m for one representative subject. Ultrasound-based estimates of force are represented in black, predicted forces from the one-element model in grey, and from the two-element model in red. Muscle forces F_m are normalized to the maximum isometric force F_{max} of either the LG or the MG.

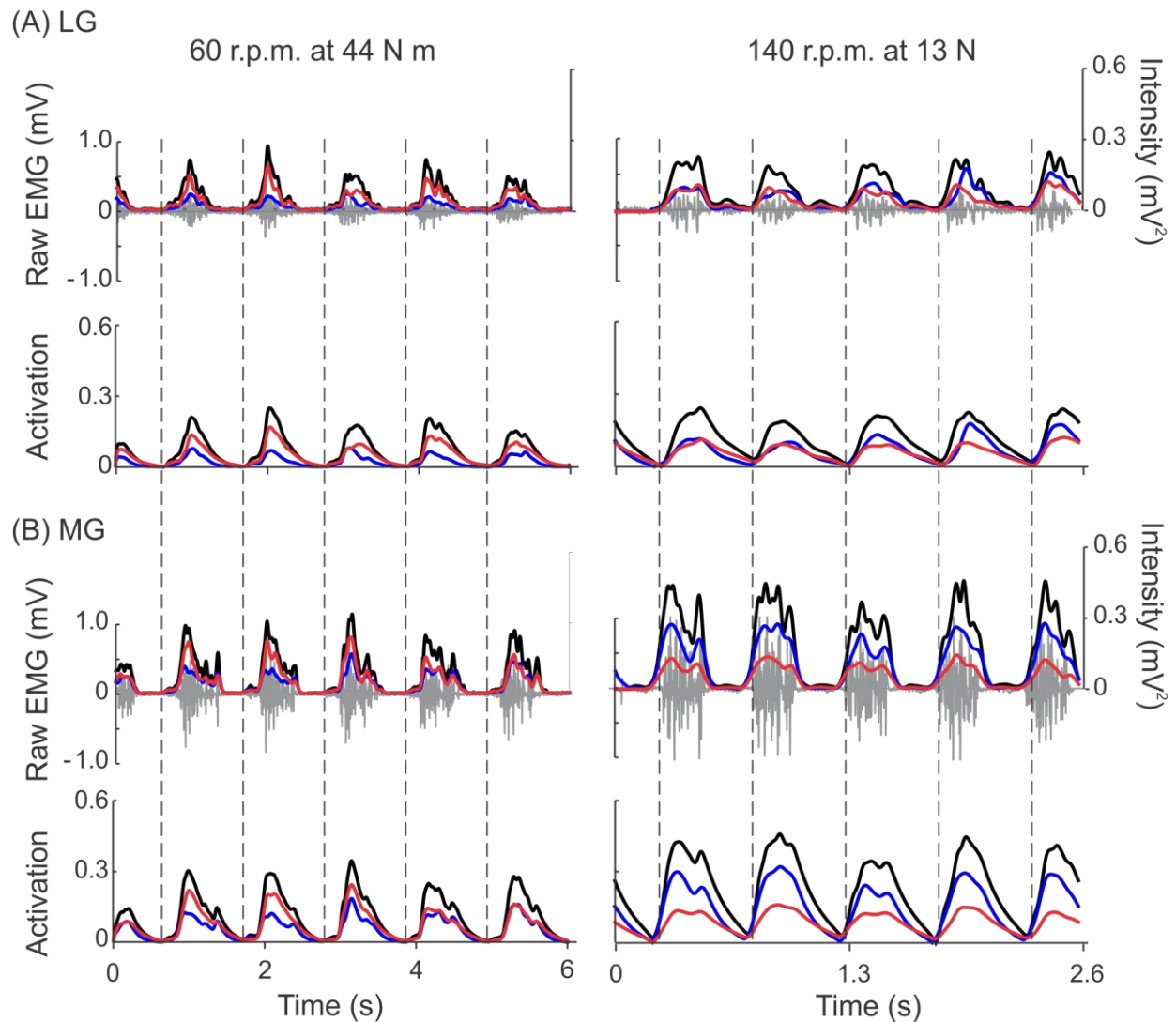


Figure 4. Differential recruitment of slow and fast muscle fibres with pedalling condition. Raw EMG (grey) and total (black), slow (red), and fast (blue) intensity and activation traces for one representative subject LG (A) and MG (B) pedalling at 60 r.p.m. at 44 N m (left panel) and 140 r.p.m. at 13 N m (right panel). Vertical dashed lines show timing of pedal top-dead-centre. These conditions have been chosen to highlight the differences in recruitment between slow and fast muscle fibres that can occur across the range of mechanical conditions tested here.

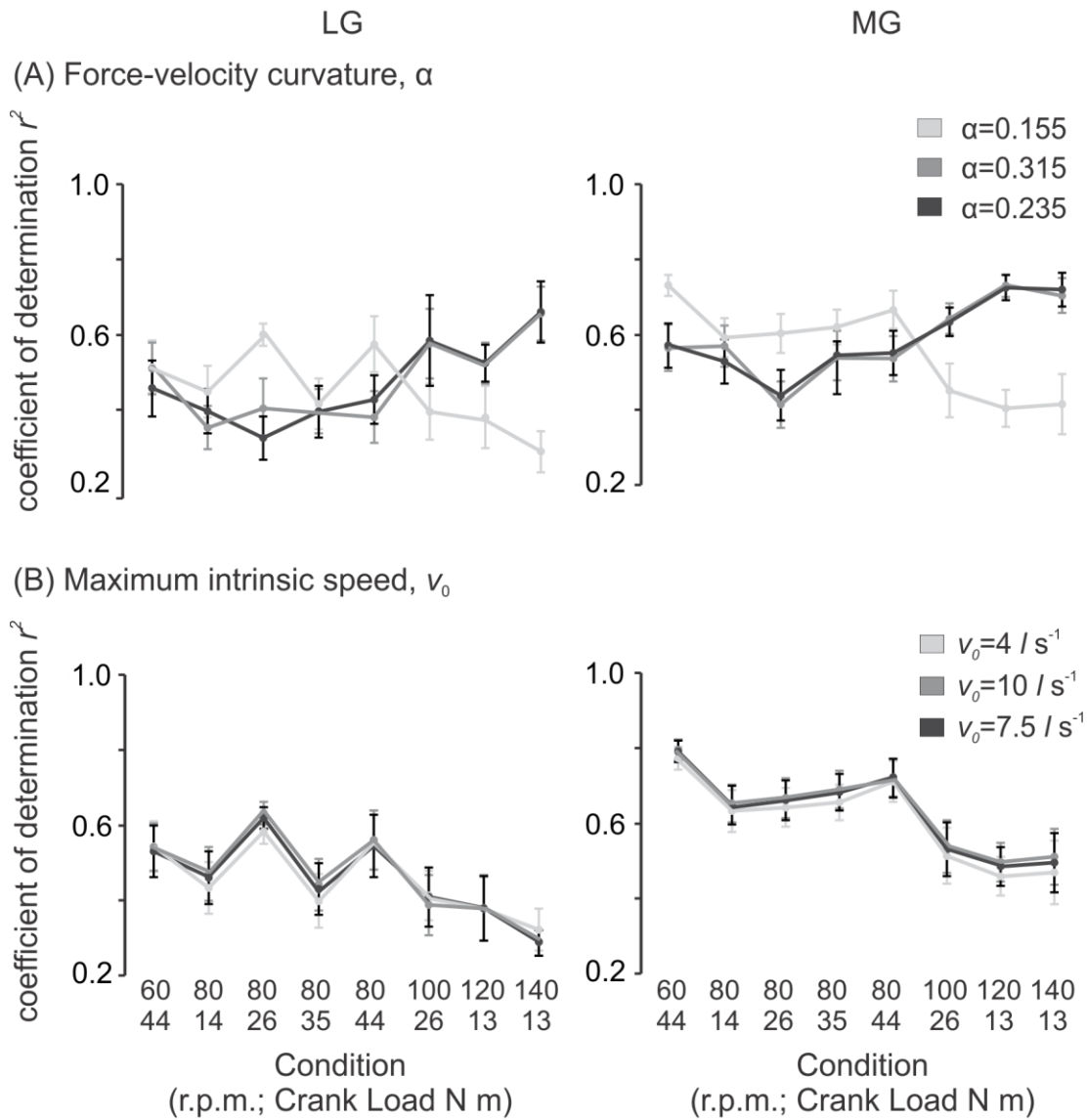


Figure 5. Sensitivity of one-element model predictions to force-velocity parameters: curvature of force-velocity relation α (A), and maximum intrinsic speed v_0 (B) in the LG and MG. Data points shown represent the mean \pm SE across all subjects ($n=16$). Different values of α and v_0 are shown using different shades of grey.

Supplementary Files:

Supplementary Table 1. Characteristics of the 16 cyclists tested.

Subject	Sex	Age (y)	Height (cm)	Body Mass (kg)	LG Max Isometric Force (N)*	MG Max Isometric Force (N)*	LG tendon Stiffness (N mm ⁻¹)†	MG tendon Stiffness (N mm ⁻¹)†
1	M	29	186	90.85	674	1179	34.5	63.2
2	M	28	167	68.00	588	1028	22.0	38.9
3	M	33	175	68.00	546	956	36.2	50.0
4	M	32	183	63.00	488	854	22.5	39.0
5	M	37	173	71.80	599	1047	39.2	55.0
6	M	30	179	70.30	555	972	24.5	41.8
7	M	47	183	86.50	661	1157	42.7	59.1
8	M	31	183	82.80	676	1184	26.3	41.2
9	F	30	167	65.80	584	1022	34.5	73.6
10	F	43	174	64.40	552	966	28.9	55.4
11	F	24	171	65.80	571	999	27.8	52.0
12	F	26	167	58.00	500	874	22.1	47.2
13	F	22	160	51.30	474	830	25.3	43.4
14	F	23	168	68.00	608	1065	29.5	58.8
15	F	20	165	67.30	622	1089	26.9	42.4
16	F	32	167	59.40	541	948	38.2	59.2

* Estimates of the muscles' maximum isometric force-generating capacity based on the muscles' volumes (Handsfield et al., 2014) and optimal fibre lengths (Arnold et al., 2010), assuming a maximum isometric muscle stress σ_0 of 225 kPa. (Spector et al., 1980; Roy et al., 1982).

†Linear region LG and MG AT stiffnesses were estimated as the proportion of the total AT stiffness contributed by each muscle based on ratio of the maximum force-generating capacity F_{max} of either the LG or MG to the combined triceps surae maximum force.

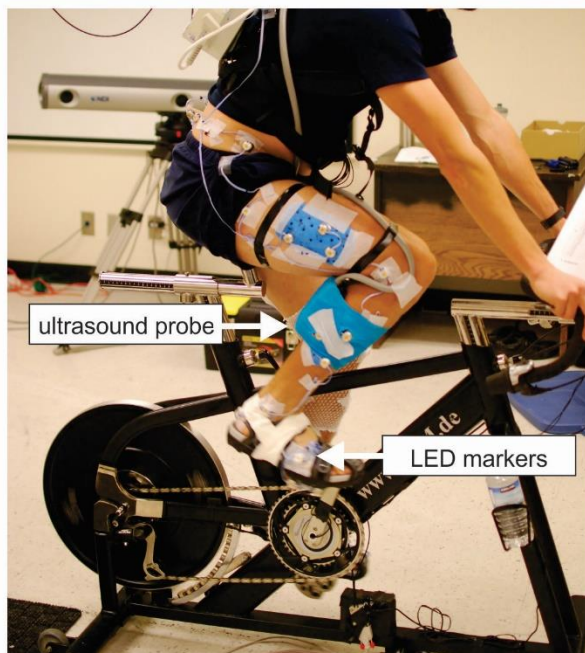
Supplementary Table 2. Chi-square test results for comparison of r^2 and RMSE between one-element and two-element Hill-type muscle models.

Cadence (r.p.m.)	Load (N m)	Coefficient of determination, r^2		RMSE	
		two-element (% total)	p -value	two-element (% total)	p -value
60	44	46.9	0.73	37.5	0.15
80	14	59.4	0.29	28.1	0.01
80	26	62.5	0.16	43.8	0.47
80	35	65.6	0.07	43.8	0.47
80	44	59.4	0.29	46.9	0.72
100	26	71.9	0.01*	62.5	0.15
120	13	68.8	0.03*	68.8	0.03*
140	13	71.9	0.01*	68.8	0.03*

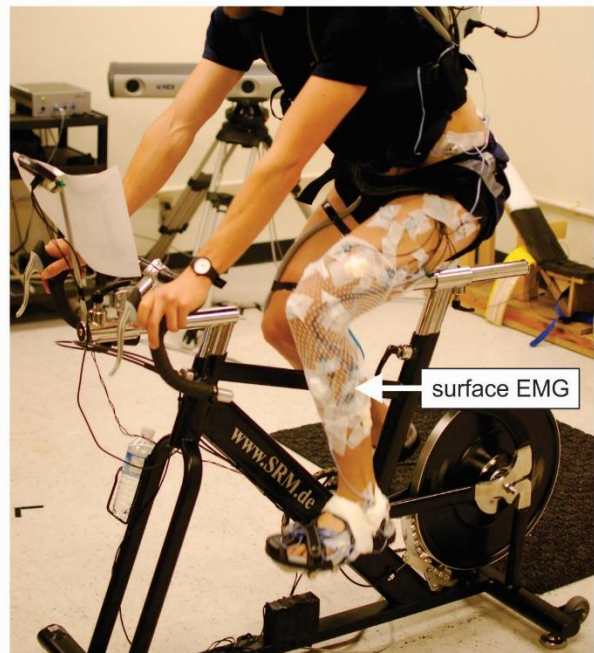
Values in % total column indicate the number of times for the combined MG and LG results across individual subjects and pedalling conditions, as a %, that the two-element model performed better (higher r^2 and lower RMSE) ($n=16$). Differences were considered significant at the $p<0.05$ level.

*indicates $p<0.05$

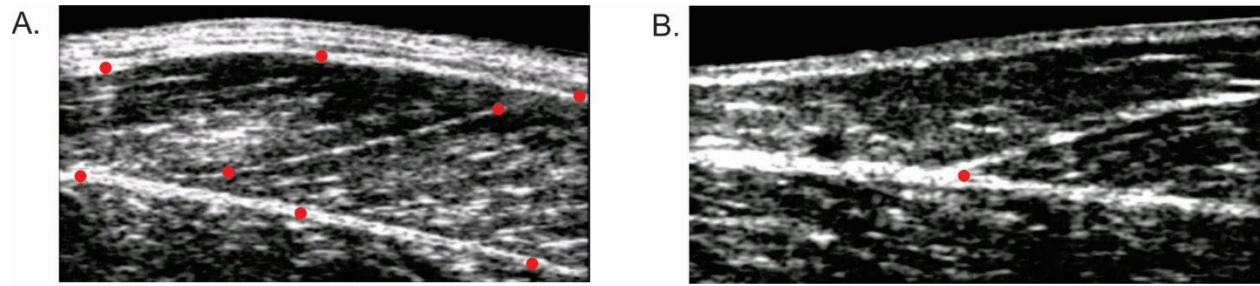
A.



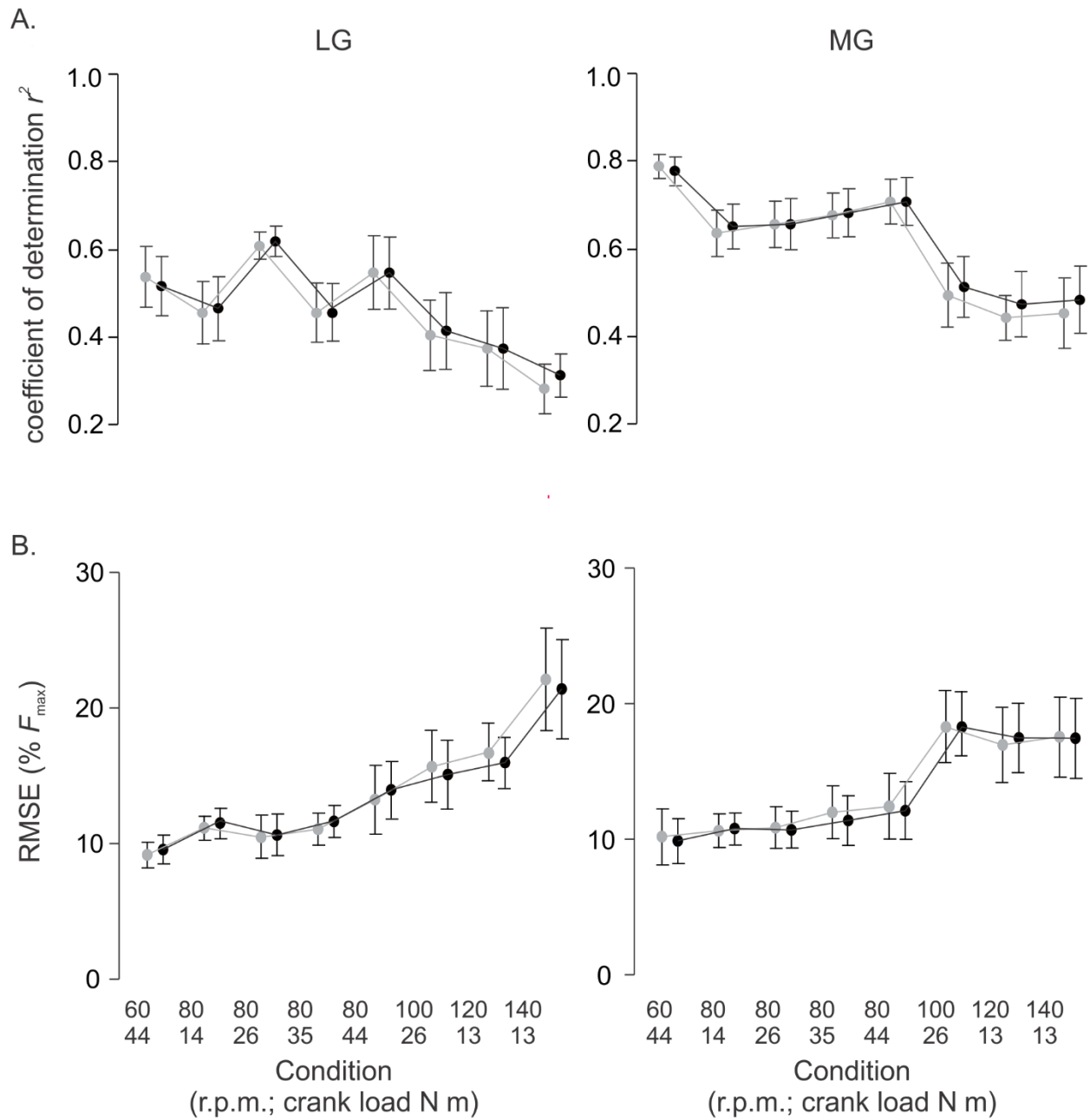
B.



Supplementary Figure 1. Experimental set up displaying B-mode ultrasound probe positioned over the LG muscle belly to image muscle fascicles and LED motion capture markers to record kinematics (A) and surface EMG electrodes placed on contralateral limb to record simultaneous muscle excitations (B).



Supplementary Figure 2. B-mode ultrasound images of the MG muscle belly (A) and MG muscle-tendon junction (B). Red dots indicate digitized points that were used to determine time-varying fascicle lengths and pennation angles from (A) and tendon lengths from (B).



Supplementary Figure 3. Model predictions differ between muscles, pedalling conditions, and model type. Comparison of the one-element (grey) and two-element (black) Hill-type models using r^2 (A) and RMSE (B) across the pedal cycle for the LG and MG. Data points shown represent the mean \pm SE across all subjects at each pedalling condition.