## EFFECT OF FILTERING KINEMATICS ON FINITE ELEMENT SIMULATIONS OF HEAD IMPACTS IN HIGH SCHOOL FEMALE LACROSSE

## Declan A. Patton,<sup>1</sup> Colin M. Huber,<sup>1,2</sup> Svein Kleiven,<sup>3</sup> Zhou Zhou,<sup>3</sup> Kristy B. Arbogast<sup>1,4</sup>

<sup>1</sup>Center for Injury Research and Prevention, Children's Hospital of Philadelphia, Philadelphia, PA <sup>2</sup>Department of Bioengineering, University of Pennsylvania, Philadelphia, PA <sup>3</sup>Division of Neuronic Engineering, KTH - Royal Institute of Technology, Stockholm, Sweden

<sup>4</sup>Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA

Corresponding Author: Declan A. Patton Email: pattonda@chop.edu Doi:https://doi.org/10.34107/YFMV730922

## ABSTRACT

The recent Consensus Head Acceleration Measurement Practices (CHAMP) Conference recommends the reporting of filter characteristics for head impact sensors, but CHAMP did not prescribe a specific filter and/or cut-off frequency as selection depends on device and application. A previous study reported 14 video-verified impacts to the face/jaw region of 8 high school female lacrosse players recorded by custom-fitted Stanford Instrumented Mouthguard (MiG) sensors. The raw kinematics data were originally filtered at 160 Hz using a 4th order Butterworth filter as specified by Stanford. The current study separately filtered the kinematics data at previously reported cut-off frequencies of 50, 100 and 200 Hz, and the peak kinematics were compared. In addition, the filtered kinematics were used to simulate the impacts using a finite element (FE) human head model and 95<sup>th</sup> percentile stresses and strains within the brain were compared. Lowering the cut-off frequency of the low-pass filter substantially reduced peak linear and angular accelerations, whereas peak angular velocity was less affected. In addition, a flow-on effect was observed as lowering the filtering cut-off frequency reduced 95th percentile stresses and strains within the brain. While low-pass filtering is a common approach to remove high-frequency noise from kinematics signals, information regarding the actual signal may be lost from over-filtering. Future studies using instrumented mouthguard data to investigate acceleration-based injury metrics, or drive FE human head models, should carefully consider filtering methods.

Keywords: female lacrosse, finite element, head acceleration event, instrumented mouthguard, youth sport

## **INTRODUCTION**

Instrumented equipment worn by players during sports participation allow for the opportunity to quantitatively measure head impact exposure *in vivo*. Mouthguards are mandated in USA Lacrosse competitions [1]. Therefore, instrumented mouthguards are an ideal approach to record head acceleration events (HAEs) in lacrosse. Several studies have focused on quantifying the magnitude of HAEs in female lacrosse; however, most of these studies used instrumented skin patches [2-5] or headbands [6-7]. Laboratory studies have demonstrated that such sensor systems record the kinematics of the head less accurately than those that fix to the dentition (i.e., instrumented mouthguards and mouthpieces) [8-9]. In a human volunteer study of soccer ball heading, Wu et al. [10] compared the kinematics recorded by an instrumented mouthguard, skin patch and skull cap. The instrumented skin patch socretimate peak linear and angular accelerations, which was attributed to differences in sensor-skull coupling.

Only one study has monitored the head acceleration events of female lacrosse players using instrumented mouthguards. Patton et al. [11] used rigorous video review methods to verify true-positive HAEs recorded by instrumented mouthguards worn by high school female lacrosse players. Impact site (i.e., face/jaw, forehead, crown, side or rear) was coded during the video review and impacts to the face/jaw region were found to have significantly (p < 0.05) greater peak kinematics than impacts to other regions of the head, which was suggested to be a result of interaction between the impacting surface, or the lower jaw, and the instrumented mouthguard.