



Review

Joint moment–angle/velocity relations in the hip, knee, and ankle: A meta-visualization of datasets

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ABSTRACT

Joint moment is a prominent kinetic property in biomechanical investigations, whose pattern and magnitude reflect many characteristics of musculoskeletal motion and musculotendon biomechanics. Nonetheless, the relations of joint moment with joint angle and velocity are complicated, and it is often unclear how the kinetic capacity of each joint varies in different configurations. With common techniques in systematic review, we collected a total of 962 passive, isometric and isokinetic joint moment datasets based on human *in vivo* measurements from literature and visualized the major joint moment–angle and moment–velocity relations in the hip, knee, and ankle. The findings contribute to the analysis of musculoskeletal mechanics and providing reference regarding the experimental design for future moment measurement.

Contents

1. Introduction	1
2. Methods	2
3. Results	4
4. Discussion	5
4.1. Study heterogeneity	5
4.2. Passive moment	7
4.3. Isometric moment	9
4.4. Isokinetic moment	13
4.5. Limitations	16
5. Conclusion	16
CRedit authorship contribution statement	16
Declaration of competing interest	16
Acknowledgments	16
Appendix A. List of studies and datasets	16
Appendix B. Supplementary material	16
References	21

1. Introduction

The moment of force in the joint is a major interest in the study of human movement, as it directly associates kinematics with the biomechanics of the muscle–tendon unit (Anderson and Pandy, 1999; Franklin et al., 2003; Hu et al., 2020; Zajac, 1993). The pattern and

magnitude of joint moments, calculated via inverse kinematics, is often used in biomechanical analysis as a substitute for the timing and intensity of muscle activities (Franklin et al., 2003; Milner and Franklin, 2005; Raffalt et al., 2016; Robertson et al., 2008), which cannot be easily obtained during dynamic motions (De Luca, 1997). Similarly,

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maximal joint moment at different joint angles and rotational velocities is an important indicator of muscle strength, and may correlate with movement performance or dysfunction (Boling et al., 2009; Jones et al., 2009; Murphy et al., 2003; Tsiokanos et al., 2002). Data such as isometric and isokinetic moments provide valuable references for medical diagnosis (Ekdaahl and Broman, 1992; O'Neill et al., 2019), rehabilitation (Perhonen et al., 1992; Shaffer et al., 2000), and athletic training (Daneshjoo et al., 2013; Handel et al., 1997), as well as play an essential role in the calibration of musculoskeletal models (Anderson and Pandey, 1999; Delp et al., 1990; Holzbaur et al., 2005), which are a convenient tool for the estimation of muscle force or activation (Delp et al., 2007).

Theoretically, joint moment is not particularly difficult to measure: When the actuated limb enacts against an object, a contact force is in effect, and joint moment can be calculated as the product of this force and the distance between the contact point and the joint rotation center. However, despite the importance of isometric and isokinetic moment data or the simplicity of moment measurement, it is still hard to find constructive datasets depicting the relations of moment-angle/velocity in each joint (Anderson et al., 2007; Silder et al., 2007). There is a fundamental reason behind this reality. Unlike the muscle force-length relation, the joint moment-angle relation cannot usually be simplified to one-dimensional since moment-related angle is not necessarily a scalar. For any monoarticular muscle, there are theoretically three rotational degrees of freedom (DoF) that this muscle actuates. In the hip, for instance, all of its muscles should have some level of contribution to its extension/flexion, abduction/adduction, and external/internal rotation. Reversely, a movement in any one of the DoFs affects the lengths of all relevant muscles, their maximal force outputs, and ultimately the maximal moment outputs in all directions. For example, the maximal hip abduction moment may change not only when the hip abducts, but also when the hip flexes or rotates. Therefore, the relation of hip abduction moment with hip position is theoretically three dimensional, and it is the same for hip moments in the other five directions.

This problem is further complicated in biarticular muscles such as the rectus femoris and hamstrings; that is, position of the knee could potentially affect hip moments, and vice versa (Herzog and ter Keurs, 1988; Savelberg and Meijer, 2003). As a result, to fully understand the moment-angle relation of a joint, data must be obtained from a combination of various joint positions involving all related DoFs, which is a time-consuming task. In practice, researchers tend to focus on the sagittal plane, e.g., by keeping the hip in the neutral position of abduction/adduction and external/internal rotation to study the relation between hip extension (or hip flexion, knee extension, knee flexion) moment and the flexion angle of either the hip or knee. Even still, any of these moment-angle relations is two dimensional, and the number of joint positions for isometric measurement increases quadratically compared to the case that would exist if the relation was only one dimensional.

Furthermore, how fast the joint rotates also has an impact on its moment output, and this impact may vary with joint angle (Anderson et al., 2007; Khalaf et al., 2000; Hussain and Frey-Law, 2016). In other words, this relation of joint moment-velocity should always contain one more dimension than the accordant moment-angle relation. Fortunately, the measurement of an isokinetic moment is no more complicated than that of an isometric moment, because in a single isokinetic test, the joint needs to move over a specific range covering joint angles measured in multiple isometric tests. However, it is very common for researchers to measure the isokinetic moment over some range but take the peak or mean value in representation of the moment at the test angular velocity (Boling et al., 2009; Gajdosik, 2002; Vandervoort et al., 1990). By doing so, the muscle force-velocity relation is assumed to be constant across all muscle lengths, which is not necessarily the case.

As a result, there is still great uncertainty behind the seemingly simple question of how much moment a joint could generate in a specific position and rotational velocity. To reveal such potentially complicated biomechanical relations, more varied measurements are of course required to cover a wider range of joint configurations. Nevertheless, before designing a series of large experiments, it is necessary to find out which parts of the joint space are already well-studied and which parts require further measurements.

Here, we extensively collect existing datasets from literature constituting joint moment-angle and joint moment-angular velocity relations for six DoFs in the lower limb. We approach the issue using common techniques in systematic review and we aim to visualize the data with sufficient details to provide reference values for biomechanical analysis, especially musculoskeletal modeling.

2. Methods

In this study, we focus on *in vivo* moment measurements from six major DoFs in the human lower limb:

1. hip extension/flexion,
2. hip abduction/adduction,
3. hip external/internal rotation,
4. knee extension/flexion,
5. ankle plantarflexion/dorsiflexion,
6. ankle eversion/inversion.

For each DoF, there is a passive moment-angle relation. In addition, each DoF is consisted of two directions, whose movements are characterized by two active moment-angle relations and two active moment-velocity relations. Here, we focus on active moment induced by maximal voluntary contraction, rather than submaximal contraction or stimulation. Thus, we look to investigate a total of six passive relations, 12 maximal voluntary isometric relations, and 12 maximal voluntary isokinetic relations.

For each relation, we used a combination of keywords to initiate batch searches in Google Scholar (conducted in November, 2023) with the software Publish or Perish (Version 8; Harzing, 2010). To guarantee search efficiency, we tested multiple combinations of keywords in search of 18 target studies with desired moment data for ankle plantar-/dorsiflexion (Anderson et al., 2007; Andrade et al., 2016; Bobbert and van Ingen Schenau, 1990; Csapo et al., 2010; Danneskiold-Samsøe et al., 2009; Hahn et al., 2011; Hasson et al., 2011; Holzer et al., 2020; Koh and Herzog, 1995; Mademli et al., 2004; Maganaris et al., 1998; Marsh et al., 1981; Rienner and Edrich, 1999; Sale et al., 1982; Silder et al., 2007; Simoneau et al., 2007; van Schaik et al., 1994; Winegard et al., 1997). The keyword set selected for the final batch search is one that led to the most target papers (17 out of 18) while having them appear in top search rankings (on average 35th place in the list of 200 results), and it has the format as in Box 1.

For all three sagittal DoFs and hip ab-/adduction, which are considered more dominant in motions, we examined the first 500 search results for the isometric relation and 200 each for the passive and isokinetic relations. For the other two DoFs, only the first 200 results for the isometric relation and 100 each for passive and isokinetic were examined. Other details of data collection are shown in Fig. 1 and can also be found in Appendix B. Note that we also initiated searches oriented towards muscle moment arms for another study, but the search results were examined altogether. This serves as a compensation for the potential overfitting of the keywords, in case some records are missed in the searches intended for moment data.

In data collection, if a study presents its data in graphs rather than in numbers, we use Graph Grabber (Version 2.0.2, Quintessa Ltd.) for manual digitization. The data are categorized by attributes listed in Table 1, where primary, secondary and tertiary DoFs denote the variables (joint angle in the respective DoF or velocity) in moment measurement

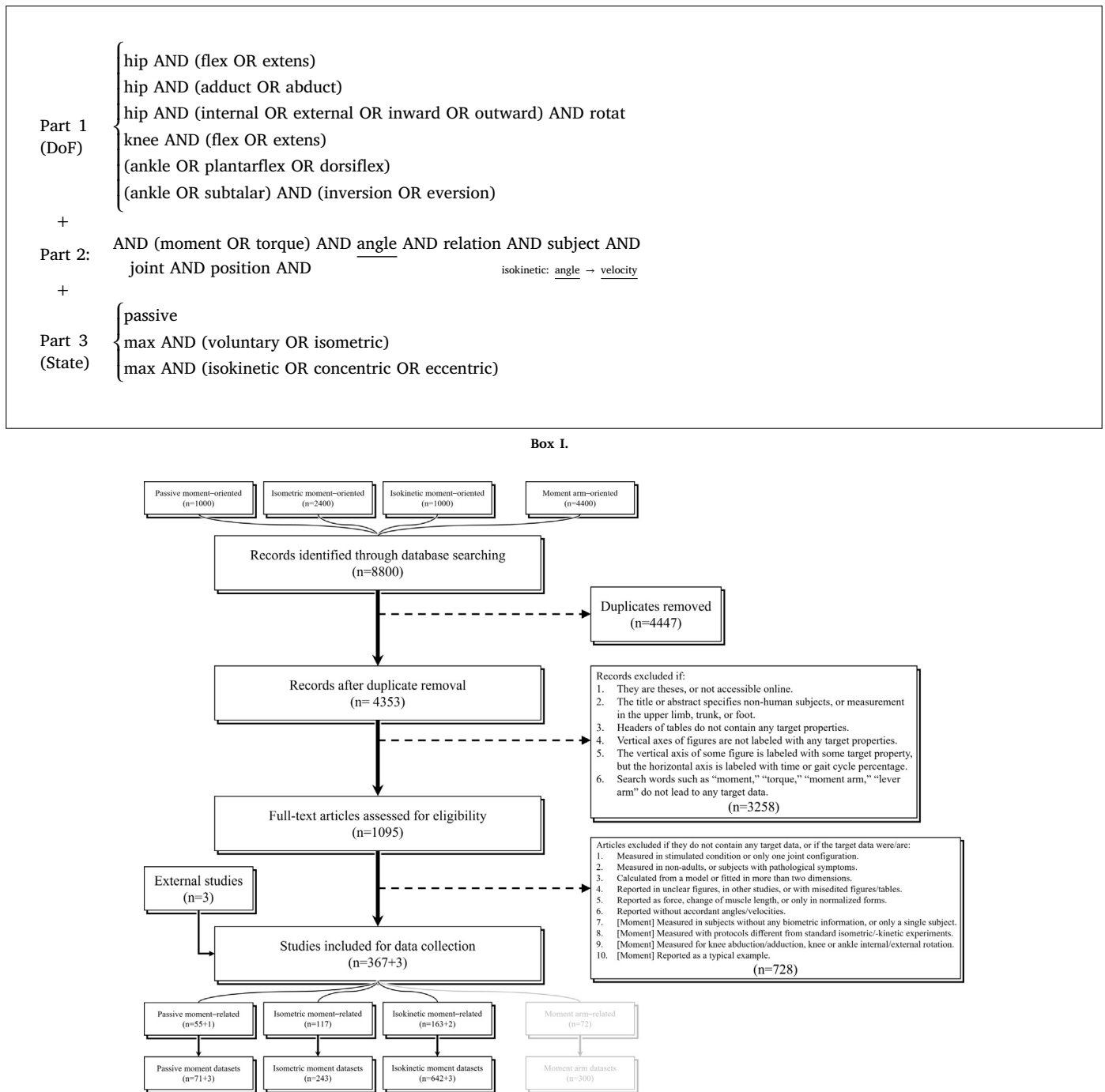


Fig. 1. Workflow of study selection. Moment arm-related datasets are not presented in this study, but records identified by searches intended for moment arm data were examined for moment data.

for the convenience of data storage. These DoFs are ones to which the target moment is sensitive: e.g., hip flexion moment is primarily sensitive to changes in hip flexion angle, so hip flexion/extension is the primary DoF of hip flexion moment. A dataset is defined as a set of measurements with distinction in either its reference, subject information, measured motion, or data type; in a few exceptional cases, datasets are distinguished by the tertiary DoF. In each dataset, there is at least one curve, which is comprised of measurements from at least two joint configurations, and some datasets contain multiple curves, each comprised of multiple measurements. The data for each curve are stored as a 3-column matrix, with the first, second, and third column for the angles in the primary and secondary DoFs, and the moments. The sign rule for angle and moment in each DoF is based on the ISB

recommendations (Wu et al., 2002; Derrick et al., 2020) except for knee flexion/extension, which is reversed so that anti-gravity motions share the negative sign. The sign rule for velocity follows after Hill (1938), where concentric is defined as positive. If the angle in the secondary DoF is not specified in a study, we label it as NaN.

Due to the massive size of the gathered datasets, we used 3D and 2D plots as a means of visualization to present the data. Importantly, since the data are multidimensional and the measured joint configurations are different across datasets, typical methods of meta-analysis no longer apply, and we did not proceed to combine the results. Also, considering the heterogeneity between studies, we refrain from making conclusive statements for any motion on the representative range and magnitude of joint angle or moment. For biomechanical analysis, readers are

Table 1
Metadata for passive, isometric, and isokinetic datasets.

Dataset	Passive	Isometric	Isokinetic
Reference	Authors (Year)		
Subject info	Sample size, sex, age, height, weight, related profession.		
Motion ^a	① HE/F	①- Hip E	①+ Hip Flexion
	② HAb/Ad	②- Hip Ab	②+ Hip Adduction
	③ HExtl/Int	③- Hip Extl	③+ Hip Internal Rotation
	④ KE/F	④- Knee E	④+ Knee Flexion
	⑤ AP/D	⑤- Ankle P	⑤+ Ankle Dorsiflexion
	⑥ AEv/Inv	⑥- Ankle Ev	⑥+ Ankle Inversion
Data type	Passive	① Total	① Angle
		② Active	② Angle (Peak)
			③ Peak
			④ Mean
Primary DoF ^a	① Hip Extension/Flexion		Eccentric/Concentric
	② Hip Ab-/Adduction		
	③ Hip Ex-/Internal Rotation		
	④ Knee Extension/Flexion		
	⑤ Ankle Plantar-/Dorsiflexion		
	⑥ Ankle Eversion/Inversion		
Secondary DoF ^a	① Knee Extension/Flexion		① Hip E/F
	② Hip Extension/Flexion		② Hip Ab/Ad
	③ Hip Extension/Flexion		③ Hip Extl/Int
	④ Hip Extension/Flexion		④ Knee E/F
	⑤ Knee Extension/Flexion		⑤ Ankle P/D
	⑥ Ankle Plantar-/Dorsiflexion		⑥ Ankle Ev/Inv
Tertiary DoF ^a	① -		① Knee E/F
	② Knee Extension/Flexion		② Hip E/F
	③ Knee Extension/Flexion		③ Hip E/F
	④ Ankle Plantar-/Dorsiflexion		④ Hip E/F
	⑤ -		⑤ Knee E/F
	⑥ Knee Extension/Flexion		⑥ Ankle P/D

^a Primary, secondary, and tertiary DoFs are ones the target moment is sensitive to and are dependent on the motion, as indicated by the circled number.

encouraged to select datasets with characteristics of subjects and means of measurement conforming to their object of study.

For the potential need of normalization and comparative analysis, we specified the sample size, sex, age, height, and weight of subjects, as well as the information of kinetics-based professions, such as soldier, dancer, and athlete. We also marked if isometric data were corrected of the passive moments, and if isokinetic data were obtained as angle-specific, peak, or mean values within the test range of motion. For convenience, we provide a catalog with details of the datasets (see [Appendix B](#)). In isokinetic datasets, if the moment data are peak or mean values, the angle in the secondary DoF (the moving DoF) is labeled as NaN, but the tested RoM is recorded in our catalog if specified in the original study. Other information, such as gravity correction, EMG-monitored muscle inactivation, and the order of isokinetic measurements (e.g., reciprocal concentric–eccentric), is also recorded in the metadata if specified in the original study.

3. Results

As shown in [Fig. 1](#), a total of 367 studies were identified from 4353 records searched in the database. Along with three external studies, the identified studies yielded 74 passive datasets, 243 isometric datasets, and 645 isokinetic datasets. [Table 2](#) shows the distribution of datasets

Table 2
Distribution of datasets for each motion.

Motion	Number of datasets		
	Passive	Isometric	Isokinetic
Hip extension		11 (3)	33
Hip flexion	7 (2)	7	29
Hip abduction		10 (2)	26 (1)
Hip adduction	1 (1)	6 (1)	24 (1)
Hip external rotation		10 (5)	23 (2)
Hip internal rotation	0	9 (4)	19 (2)
Knee extension		53 (7)	161 (46)
Knee flexion	11 (3)	23 (1)	123 (29)
Ankle plantarflexion		78 (20)	108 (19)
Ankle dorsiflexion	54 (9)	32 (1)	62 (10)
Ankle eversion		2	19
Ankle inversion	1	2	18

The bracketed number denotes the number of datasets related to the moment–angle relation in the secondary DoF, while the unbracketed number is for the primary DoF.

for each motion. See [Appendix A](#) for the list of collected studies and datasets.

The gathered datasets are visualized in 3D and 2D plots ([Figs. 2–11, 13–17](#)). The age and sex of the subject group are indicated by the shape

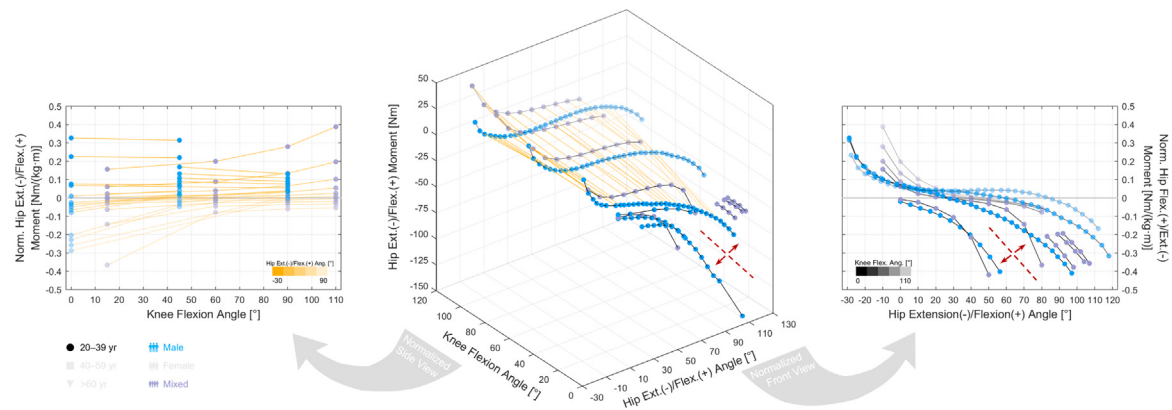


Fig. 2. Relations of passive hip extension/flexion moments. Left: Normalized 2D relation with knee flexion angle. Center: 3D relation with hip and knee flexion angles. Right: Normalized 2D relation with hip flexion angle. Data are normalized in the 2D plots by the product of subject height and weight. The transparency of the curve segment denotes the angle in the relatively fixed DoF (color bar): with yellow for hip flexion and black for knee flexion. Notice the curves may be divided into two groups, distinguished by the angle of zero-moment, as indicated by the red dashed line and arrows.

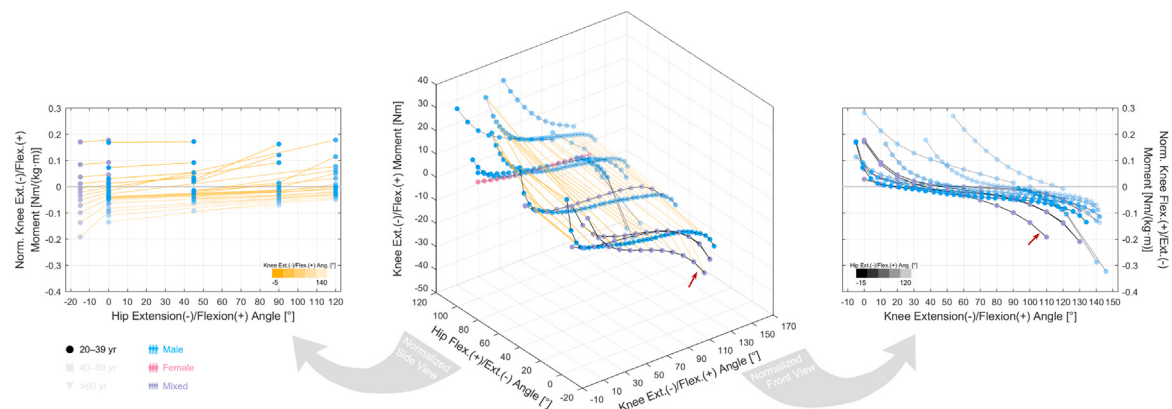


Fig. 3. Relations of passive knee extension/flexion moments. Left: Normalized 2D relation with hip flexion angle. Center: 3D relation with knee and hip flexion angles. Right: Normalized 2D relation with knee flexion angle. Data are normalized in the 2D plots by the product of subject height and weight. The transparency of the curve segment denotes the angle in the relatively fixed DoF (color bar): with yellow for knee flexion and black for hip flexion. Notice the curve pointed by the red arrow is not plotted in the plane of 0° hip flexion, hence differs from other curves with little color transparency.

and color of the scatters: circle (20–39 yr), square (40–59 yr), triangle (≥ 60 yr), red ($>80\%$ female), blue ($>80\%$ male), purple (mixed). If the angles for the secondary DoF are not specified in the original study, the dataset is only plotted in 2D, with dotted line(s) and unfilled scatters. Note that some datasets are not normalized and shown in 2D plots if subject height and weight are not specified in the original work. Fig. 12 shows the measurement frequency of isometric moments in the sagittal plane.

4. Discussion

4.1. Study heterogeneity

Before looking at the results in detail, we begin with the heterogeneity in the collected studies to explain for some of the variations observed in the moment datasets.

It is well-accepted that muscle strength is related to sex, age, and weight. Thus in the 2D plots, we normalized the moment data against the product of subject height and weight to decrease the range of variation (Handsfield et al., 2014). Although sex- and age-correlations are not a focus of this study, we labeled the curves with subject sex and age, as they might be associated with the variation in the normalized results. Also, we included datasets obtained from professions related to physical performance, but note that practicing such a profession could change the kinetic characteristics (Cometti et al., 2001; Moltubakk et al., 2018; Oliveira and Gonçalves, 2009; Ueno et al., 2018). For

clarity of the figures, we did not include this information in the plots but it is recorded in the metadata.

Some other parts of the variation may come from the experiment apparatus and protocol. Before the prevalence of commercial dynamometers such as Cybex, Biodex, KinCom, and Isomed2000, researchers customized devices for moment measurement (Marsh et al., 1981; Smidt, 1973; Wiemann and Hahn, 1997), and this variety of apparatus makes it complicated to compare between studies. For instance, perhaps for the consideration of convenience, researchers would use hand-held dynamometers to measure force and calculate moment with manually-measured lever arm, but this method would yield different results compared with the conventional isokinetic dynamometer (Bazett-Jones and Squier, 2020) or if different techniques are used (Krause et al., 2014). Also, the moment induced by gravity is erroneous to the measurement, and researchers take mixed approaches to treating it (Billot et al., 2011; Kellis, 2019; Morris et al., 2021; Salsich et al., 2000). There are more variables in terms of the protocol: e.g., familiarization (Alt et al., 2014; Al-Uzri et al., 2017), lying in supine or prone (Barr and Duncan, 1988; Mañka et al., 2022; Turpin et al., 2014), measurement by side or leg dominance (T'Jonck et al., 1997; Maganaris et al., 1998), discrete or reciprocal isokinetic test (Alt et al., 2024; Svantesson et al., 1994), provision of visual feedback (Hald and Bottjen, 1987), and various ways of stabilization (Alt et al., 2016; Lavin and Gross, 1990; Magnusson et al., 1993; Nisell et al., 1989; Weir et al., 1996a). Even clenching of the teeth or positioning of the tongue are reported to induce significant differences in measurements (di Vico et al., 2013;

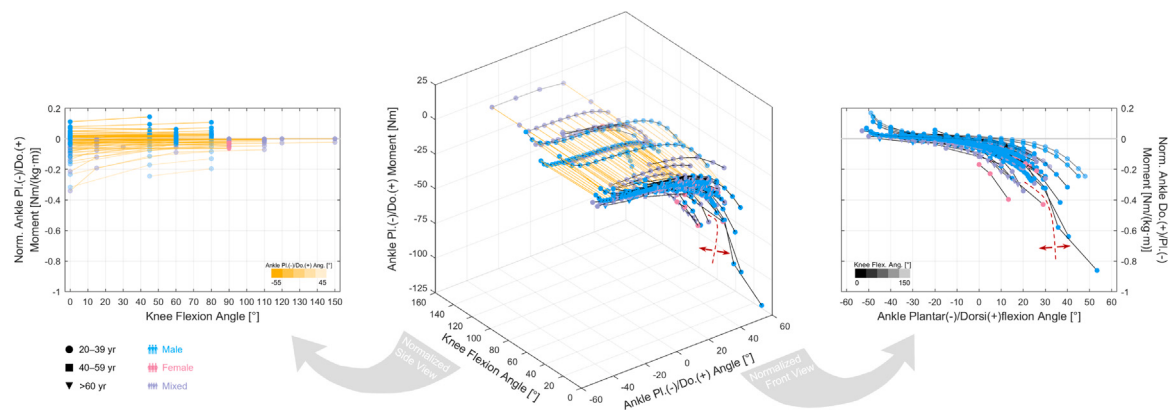


Fig. 4. Relations of passive ankle plantar-/dorsiflexion moments. Left: Normalized 2D relation with knee flexion angle. Center: 3D relation with ankle dorsiflexion and knee flexion angles. Right: Normalized 2D relation with ankle dorsiflexion angle. Data are normalized in the 2D plots by the product of subject height and weight. The transparency of the curve segment denotes the angle in the relatively fixed DoF (color bar): with yellow for ankle dorsiflexion and black for knee flexion. Notice the curves may be divided into two groups, distinguished by the angle of zero-moment, as indicated by the red dashed line and arrows.

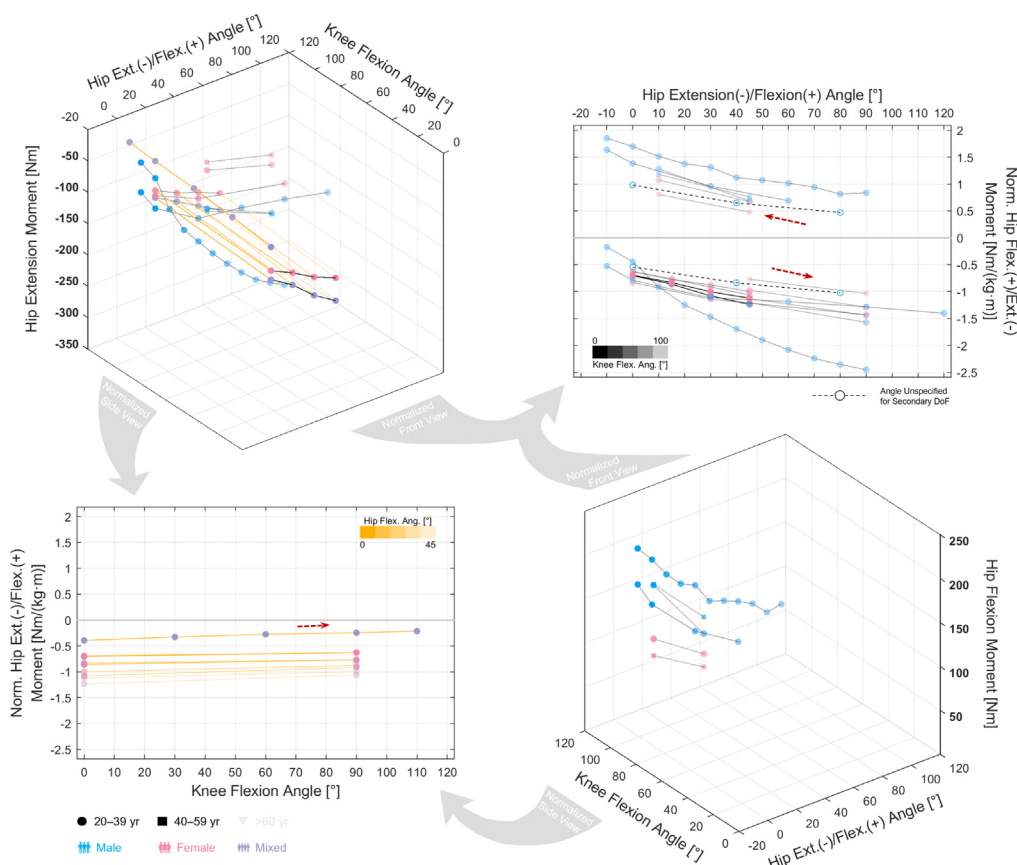


Fig. 5. Relations of isometric hip extension/flexion moments. Top left: 3D relation of extension moment with hip and knee flexion angles. Top right: Normalized 2D relation with hip flexion angle. Bottom left: Normalized 2D relation with knee flexion angle. Bottom right: 3D relation of flexion moment with hip and knee flexion angles. Data are normalized in the 2D plots by the product of subject height and weight. The transparency of the curve segment denotes the angle in the relatively fixed DoF (color bar): with yellow for hip flexion and black for knee flexion. The direction of muscle stretch is indicated by the red arrows.

Sasaki et al., 1998). Importantly, the center of rotation is critical as it directly affects measurement accuracy, but how this center is determined is not typically described, and one can expect miscellaneous approaches from studies. It is also worth noticing that the center of rotation is not necessarily fixed during motion (Rugg et al., 1990; Tsaopoulos et al., 2009; Yamaguchi, 2001), and it could be well-aligned to the apparatus at rest but misaligned once muscles activate (Alt et al., 2023; Arampatzis et al., 2007; Chiu et al., 2022). For more details of the considerations (e.g., gravity correction, familiarization, and axis

alignment) in joint moment measurement, see also Baltzopoulos (2007) and Gleeson and Mercer (1996).

For most part, the datasets we gathered inevitably suffer from the impact of the factors mentioned above as well as many not mentioned, and the curves plotted in Figs. 2–11, 13–16 are not particularly consistent in terms of the magnitude. Our meta-visualization serves as a reminder of the potential errors in individual studies and offers a more general reference for those who wish to perform biomechanical analysis with moment data. As will be shown in later discussion, it is easy to

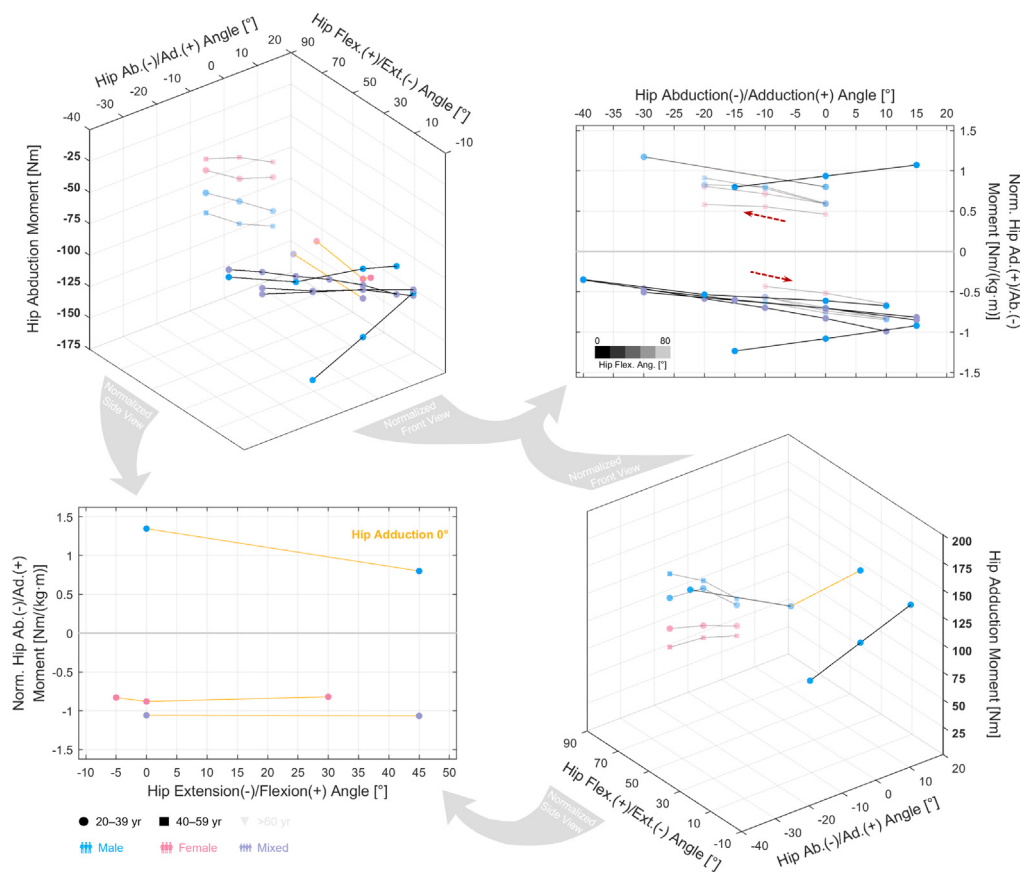


Fig. 6. Relations of isometric hip ab-/adduction moments. Top left: 3D relation of abduction moment with hip adduction and flexion angles. Top right: Normalized 2D relation with hip adduction angle. Bottom left: Normalized 2D relation with hip flexion angle. Bottom right: 3D relation of adduction moment with hip adduction and flexion angles. Data are normalized in the 2D plots by the product of subject height and weight. The transparency of the black curve segment denotes hip flexion angle (color bar). The direction of muscle stretch is indicated by the red arrows.

end up in distinct conclusions when only a few datasets are used in the representation of joint kinetic characteristics.

4.2. Passive moment

Passive moment is an elementary kinetic property in the joint: Its exertion is mostly mechanical, hence easy to measure, and it is also part of the *total* moment measured with activated muscles, so it is often corrected for when studying active mechanics.

In the lower limb, most of the datasets we gathered are for the sagittal plane, especially ankle plantar-/dorsiflexion (Table 2). Lower limb motion in the sagittal plane has been a major interest in the biomechanics community, for their dynamics are more dominant in daily locomotion such as walking and running, and the dynamometers used to measure joint moment are generally designed to have the subjects stabilized in the sagittal plane. So it is natural that researchers tend to report sagittal moment data. Especially considering that the RoM and muscle moment arm are generally larger in the sagittal plane (Chen and Franklin, 2024), the stretch of passive components will be more intensive, thus it is more necessary and convenient to measure the passive moment.

The pattern of passive moment-angle relation is simple, because it mainly depends on the mechanical stretch of muscles in different joint positions. In theory, there should be an increase of extension moment as the joint flexes and an increase of flexion moment as the joint extends. Meanwhile, due to the existence of biarticular muscles such as the rectus femoris, hamstrings, and gastrocnemii, this rule is reversed for the adjacent joint: there should be an decrease of extension moment as the adjacent joint extends and an decrease of flexion moment as the adjacent joint flexes.

We start from the passive moment-angle relations in the secondary DoF (Figs. 2–4, left), that is how the passive moments in the hip, knee, and ankle change according to joint angles at the knee, hip, and knee. In the hip, although only two studies contain relevant data, we can still see a decrease of hip extension moment or an increase of hip flexion moment as the knee flexes, especially evident when hip is highly extended or flexed (Fig. 2, left). A similar pattern is observed in the knee, but with a smaller magnitude (Fig. 3, left); this could be because the difference of biarticular muscles in their moment arms about the hip and knee (Chen and Franklin, 2024). In the ankle, the decrease of plantarflexion moment along the increase of knee flexion is evident when the ankle is dorsiflexed (Fig. 4, left), and such decrease is caused by the gastrocnemii, which are less stretched as the knee flexes. Since the gastrocnemii constitute about one third of the triceps surae (Handsfield et al., 2014; Ward et al., 2009), they likely contribute to one third of the passive moment when they are equally stretched as the soleus, and this portion will reduce when the knee becomes highly flexed (imagine loosening one of the three parallel springs), consistent with the magnitude shown in Fig. 4 (left).

In the primary DoF, the pattern in the passive moment-angle curves is, as expected, generally exponential (Figs. 2–4, center and right), but this simple pattern causes an issue in the precise depiction of passive moment-angle relations. For example in Fig. 2 (right), looking at the hip moment-angle curves with non-transparent colors (extended knee), it is easy to distinguish two groups: the *left* group starts from no moment at the neutral hip position to a maximum of 0.4 N m/(kg m) at 50° hip flexion, while the *right* group has a zero-moment angle of 20°–30° and reaches a similar maximum only at 100° hip flexion. This disparity is well worth noticing, because it is not just a shift in the zero-moment angle but really about how much passive moment is exerted by

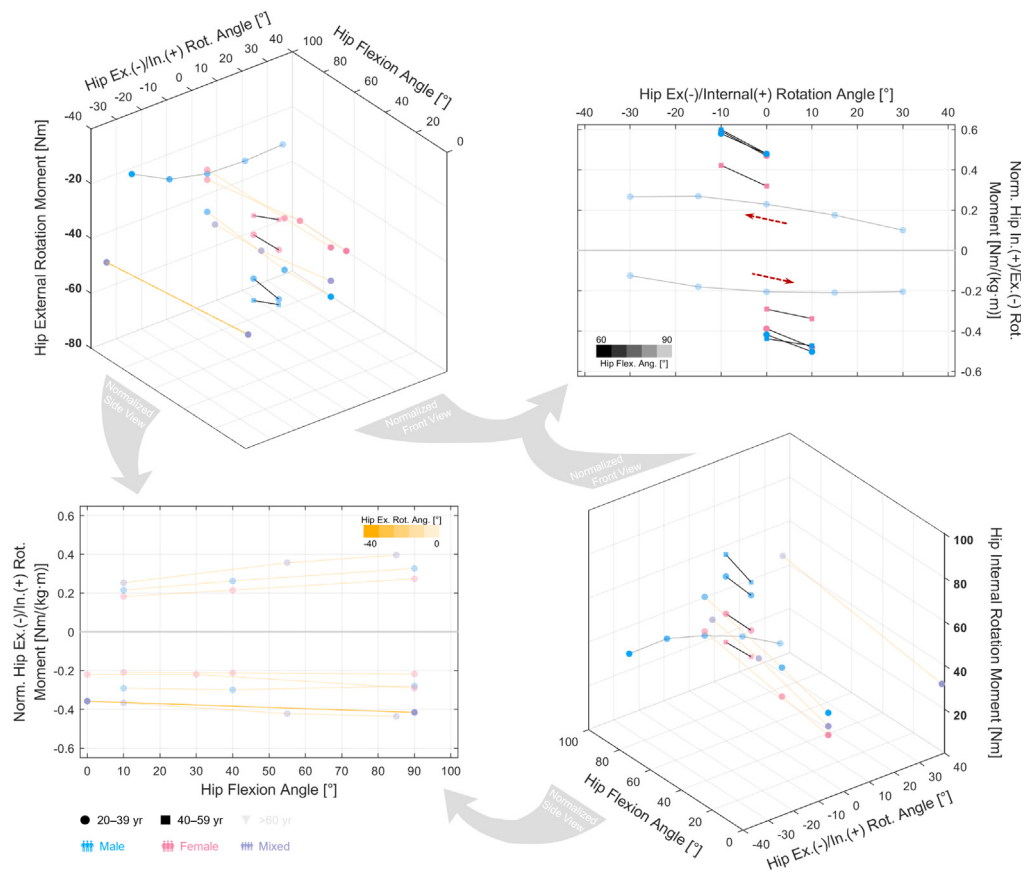


Fig. 7. Relations of isometric hip ex-/internal moments. Top left: 3D relation of external rotation moment with hip internal rotation and flexion angles. Top right: Normalized 2D relation with hip internal rotation angle. Bottom left: Normalized 2D relation with hip flexion angle. Bottom right: 3D relation of internal rotation moment with hip internal rotation and flexion angles. Data are normalized in the 2D plots by the product of subject height and weight. The transparency of the curve segment denotes the angle in the relatively fixed DoF (color bar): with yellow for hip external rotation and black for hip flexion. The direction of muscle stretch is indicated by the red arrows.

the hip in high flexion positions: Since passive moment increases much more as the joint approaches the end of RoM, if the joint is positioned with even a small error (e.g., hip over-flexed to 95° instead of 90°), passive moments measured at the latter half of RoM may contain large errors; imagine shifting an exponential curve horizontally.

One reason behind such discrepancy could be the way researchers positioned the subjects in the so-called “neutral position”, which is usually supine. [Wiemann and Hahn \(1997\)](#) placed a “supporting jack” under the subject’s sacrum, which could have anteriorly tilted the pelvis when the thigh appeared to be in line with the trunk. If so, the measurement may have in fact started from a slightly flexed hip angle rather than zero, inducing a left shift of the curve. [Miyamoto et al. \(2017\)](#) had the subjects lying on their side, where the pelvis might no longer be posteriorly tilted by the weight of the spine and the back muscles, and the curve would shift similarly to the previous example. For gravity correction, [Halbertsma et al. \(1999\)](#) subtracted from all data the measurement in the neutral position as the moment induced by limb and apparatus weight, which assumes no passive moment in the neutral position. However, some studies reported flexion moment up to 10 N m ([Riener and Edrich, 1999](#); [Silder et al., 2007](#)), hence the curve might be shifted downwards, visually inducing a left shift.

A similar issue is observed in passive ankle plantar-/dorsiflexion moment curves ([Fig. 4](#), center and right). Unlike the hip or knee, there lacks a natural neutral position for the ankle, and the ankle angle is usually defined as the included angle between the tibia and the sole of the foot. However, the tibia has thickness and is not a line, so there will be significant differences depending on whether the length axis is chosen as the anterior border ([Toft et al., 1989](#)), the posterior border ([Marsh et al., 1981](#)), the connection between the

fibular head and medial malleolus ([Weiss et al., 1986](#)), or by some other standards. Furthermore, the RoM of ankle plantar-/dorsiflexion is much smaller than that of the hip and knee, so even a small variation of 10° would appear huge for the passive moment–angle curve. Similar to hip extension/flexion, in [Fig. 4](#) (right), there is a *right* group of passive plantar-/dorsiflexion moment–angle curves ([Savage et al., 2015](#)), with no passive moment in the neutral position, and a *left* group, reporting a zero-moment angle of 10°–15° plantarflexion ([Toft et al., 1989](#); [Winegard et al., 1997](#)).

In comparison, the knee is free of this issue, because full extension serves as the neutral position and the extent of hyperextension is small compared with the large RoM of knee extension/flexion. In [Fig. 3](#) (middle and right), the seemingly unmatched curves are mainly the results of different hip angles, and the curves in the 3D plot are magnitude-wise consistent in their respective *xz*-planes.

Notably, since passive moment has a lower magnitude compared with active moment, it is more susceptible to additional moment induced by gravity or undesired muscle activation. As previously mentioned, there is a mixed ways of gravity correction: e.g., estimate gravitational moment using a model ([Barber et al., 2011](#); [Riener and Edrich, 1999](#)), reset the force sensor with the limb placed in the apparatus ([Miyamoto and Oda, 2003](#); [Morris et al., 2021](#)) or without ([Salsich et al., 2000](#)), or subtract the moment measured at rest ([Billot et al., 2011](#); [Halbertsma et al., 1999](#)). These approaches have different efficacy in eliminating gravitational moment as well as preserving elastic moment, making it an issue to determine the zero-moment angle. Also, when stretched to a certain extent, tonic stretch reflex may be induced, resulting in a significant increase in the measured moment ([Wiemann](#)

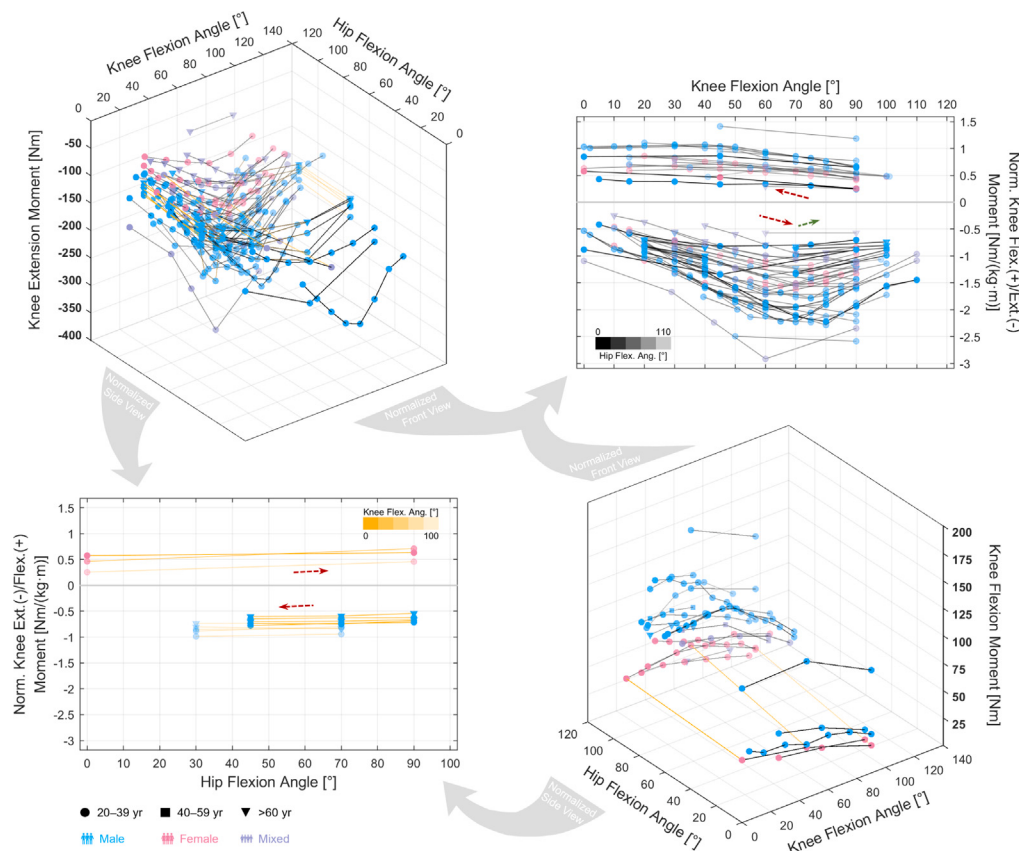


Fig. 8. Relations of isometric knee extension/flexion moments. Top left: 3D relation of extension moment with knee and hip flexion angles. Top right: Normalized 2D relation with knee flexion angle. Bottom left: Normalized 2D relation with hip flexion angle. Bottom right: 3D relation of flexion moment with knee and hip flexion angles. Data are normalized in the 2D plots by the product of subject height and weight. The transparency of the curve segment denotes the angle in the relatively fixed DoF (color bar): with yellow for knee flexion and black for hip flexion. The direction of muscle stretch is indicated by the red arrows.

and Hahn, 1997) and potentially an overestimation of elastic properties. These limitations should be noted when passive moment datasets are used.

4.3. Isometric moment

It is well-known from the muscle force–length relation that maximal muscle force varies with muscle length, and there is an optimal length where maximal muscle force reaches its peak. Hence it is reasonable to expect a similar shape for the joint moment–angle relation, where there is also a peak value and an accordant optimal joint angle.

Nevertheless, based on our gathered datasets, although maximal joint moment does operate on the ascending limb, a plateau is not typically reached and it can be hard to identify a peak value. Overall, the moment–angle curves in the primary DoF exhibit a similar pattern: When the data for two directions of a DoF are plotted together, the two groups of curves are visually similar to an equal sign rotated clockwise (Figs. 5–9, top right). In other words, the maximal moment exerted in either direction of a DoF increases as joint angle increases along the other direction, where the agonists are lengthened; we refer to it as *parallel ascend*. This is not at all a new finding but rather easily expected. When a joint approaches full extension, there should be less need to further extend the joint, because there simply is no more space for extension, and it should be more likely that flexion is to be initiated; otherwise human kinematics would easily get stuck in some extreme position. However, it is unclear how much of this is attributed to active contraction, since passive correction is absent in many of the collected studies. For instance, when passive corrected, it seems that more plantar-/dorsiflexion moment curves are reaching a plateau compared with those without (Figs. 9 and 10, top right).

With further experimentation, we may then see if the mechanism of this parallel descent is of neuromuscular or mechanical origin.

For hip extension/flexion, when normalized against subject height and weight, the magnitude of moment is rather consistent between studies (Fig. 5, top right): Hip flexion moment is 1.5–2.0 N m/(kg m) in extended and slightly flexed positions, and decreases below 1.0 N m/(kg m) as the hip flexes. Hip extension moment is 1.0–1.6 N m/(kg m) in highly flexed positions, and decreases below 1.0 N m/(kg m) as the hip extends; Anderson and Pandey (1999) reported extension moment exceeding 2.0 N m/(kg m) in flexed positions, but the pattern is the same. In a similar fashion, hip adduction moment increases as the hip abducts, while abduction moment increases as the hip adducts (Fig. 6, top right); with the exception of Anderson and Pandey (1999). Hip internal moment increases as the hip externally rotates, while external moment increases as the hip internally rotates (Fig. 7, top right).

For knee flexion and ankle dorsiflexion, the ascent is less obvious (Figs. 8 and 9, top right) because their magnitudes are much smaller than those of their counterparts, but it can be well observed when plotted alone, as shown in Figs. 8 and 9 (bottom right). For knee extension, a peak at 60°–80° is observed, beyond which extension moment decreases, and the magnitude of this peak is 1.0–2.0 N m/(kg m). For ankle plantarflexion (Fig. 8, top right), though the ascent is clear, the maximal moment in high dorsiflexion positions is 0.5–1.5 N m/(kg m), and several curves even reach 2.0 N m/(kg m). This variance is much larger than measurements in knee extension, and the conclusion stands even when passive moment are accounted for (Fig. 10). One reason could be the aforementioned issue of the neutral position: Since there is a large error in determining the zero ankle angle, the moment–angle curve may be shifted horizontally.

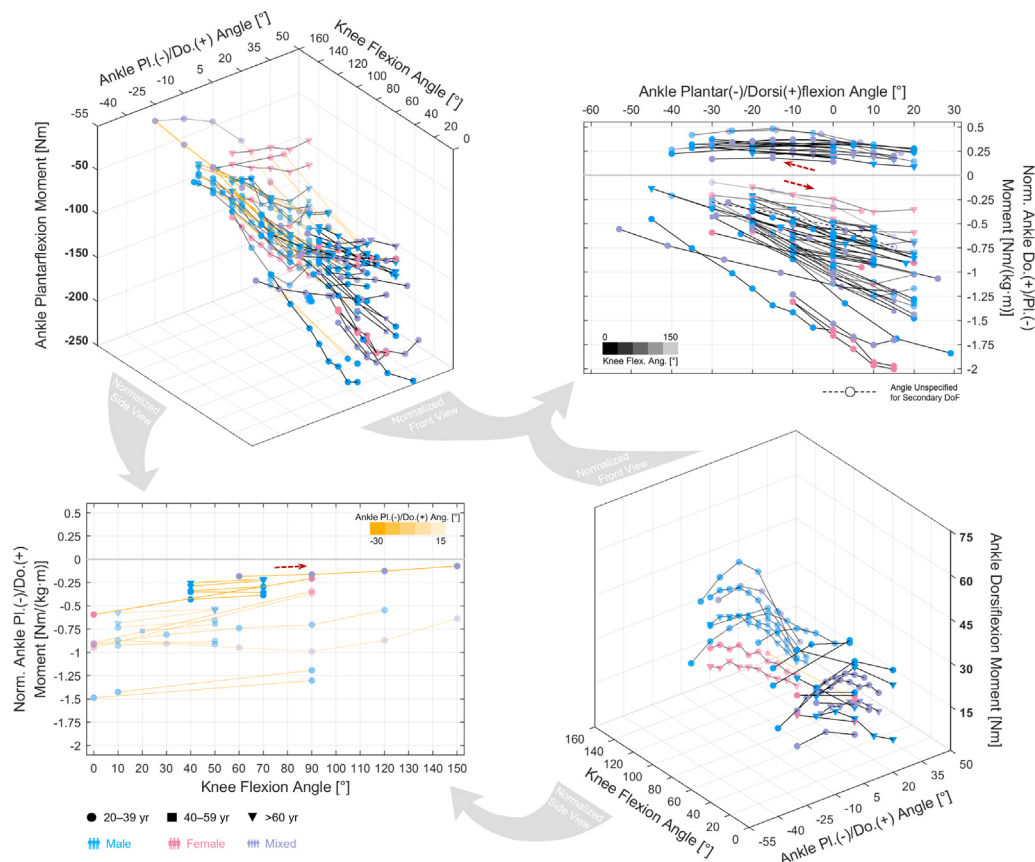


Fig. 9. Relations of isometric ankle plantar-/dorsiflexion moments. Top left: 3D relation of plantarflexion moment with ankle dorsiflexion and knee flexion angles. Top right: Normalized 2D relation with ankle dorsiflexion angle. Bottom left: Normalized 2D relation with knee flexion angle. Bottom right: 3D relation of dorsiflexion moment with ankle dorsiflexion and knee flexion angles. Data are normalized in the 2D plots by the product of subject height and weight. The transparency of the curve segment denotes the angle in the relatively fixed DoF (color bar): with yellow for ankle dorsiflexion and black for knee flexion. The direction of muscle stretch is indicated by the red arrows.

As explained, measurements of joint moment may be influenced by a vast range of factors, and for this reason we try not to judge if a dataset is correct. However, it is still possible, and necessary, to evaluate if some are less reliable. Unlike density of blood cells or length of a sarcomere, maximal moment of a joint is not entirely a physical property whose magnitude requires direct measurements to determine. Ultimately, joint moment is for generating kinematics, and the moment required to generate simple locomotion is a bottom line for maximal moment output. For example, based on the kinematics of walking at normal speed (the method of inverse dynamics), it is calculated that a plantarflexion moment of 1.0–1.5 Nm/kg (Camargo et al., 2021), or roughly 0.6–0.9 Nm/(kg m), is required in the push-off phase, where the ankle is dorsiflexed. Therefore it is fair to question a dataset if the maximal plantarflexion moment measured in dorsiflexed positions is within or below this range estimated during walking, especially if healthy young subjects were tested.

This in part justifies our exclusion of data fitted in more than two dimensions (Fig. 1). Fitting a group of data into a 3D surface would inevitably smooth its peaks, and the results would risk contradicting the kinematics. For example, when fitting moment data to a joint angle-velocity surface, Anderson et al. (2007) estimated a maximal isometric plantarflexion moment of 95 Nm for their young subject group, roughly equivalent to 0.7 Nm/(kg m). This value is barely enough for walking and completely insufficient for running (1.2 Nm/(kg m); Fukuchi et al., 2017). If this dataset is used to calibrate a musculoskeletal model, even the simulation of locomotion may not be accurate. Hence, despite the labor-intensive experiments and valuable discoveries, the work of Anderson et al. (2007) and others (Khalaf et al., 2000; Hussain and Frey-Law, 2016; Marshall et al., 1990) are not included in this study.

Although our proposed method of comparing estimates of maximal joint moments to those required for locomotion is simple and straightforward, we do not recommend using more intensive movements, such as jumping and squatting, as a more strict criterion for filtering. On the one hand, the method of inverse dynamics might overestimate joint moment for reasons such as misconfigured joint rotation center or inaccurate ground reaction force. On the other hand, in isometric experiments, although subjects are instructed to contract their agonists as much as possible, the activation of agonists is not necessarily maximal (Arampatzis et al., 2006b; Kennedy and Cresswell, 2001; Rassier and Minozzo, 2016), nor is the activation of antagonists necessarily zero (Aagaard et al., 2000; Billot et al., 2011; Kellis and Baltzopoulos, 1997; Maganaris et al., 1998). It could be that the measurements obtained in a lab are always lower than the theoretical maximal isometric moment, and too high a threshold would underestimate the reliability of many experiments properly conducted. Moreover, we emphasize that the aforementioned datasets are not excluded because the maximal value is below certain inverse dynamics-based estimate, but rather because the peaks are likely reduced from fitting in a surface.

Regarding the relations of moments in the sagittal plane (Figs. 5, 8, 9, bottom left) in the secondary DoF, the pattern is similar to that exhibited in passive moment relations (Figs. 2–4, left) and appears to be in parallel descent when plotted together (Fig. 8, bottom left). For example, maximal isometric plantarflexion moment decreases as the knee flexes (Fig. 9, bottom left), since the shortening of the gastrocnemii not only decreases their passive force but also brings active force down in the ascending limb of force-length curve (Herzog et al., 1991; Maganaris, 2003) or due to neural regulation (Arampatzis et al., 2006b; Kennedy and Cresswell, 2001). For moments in the non-sagittal planes, there are not enough data to draw any conclusions, but we do not expect to

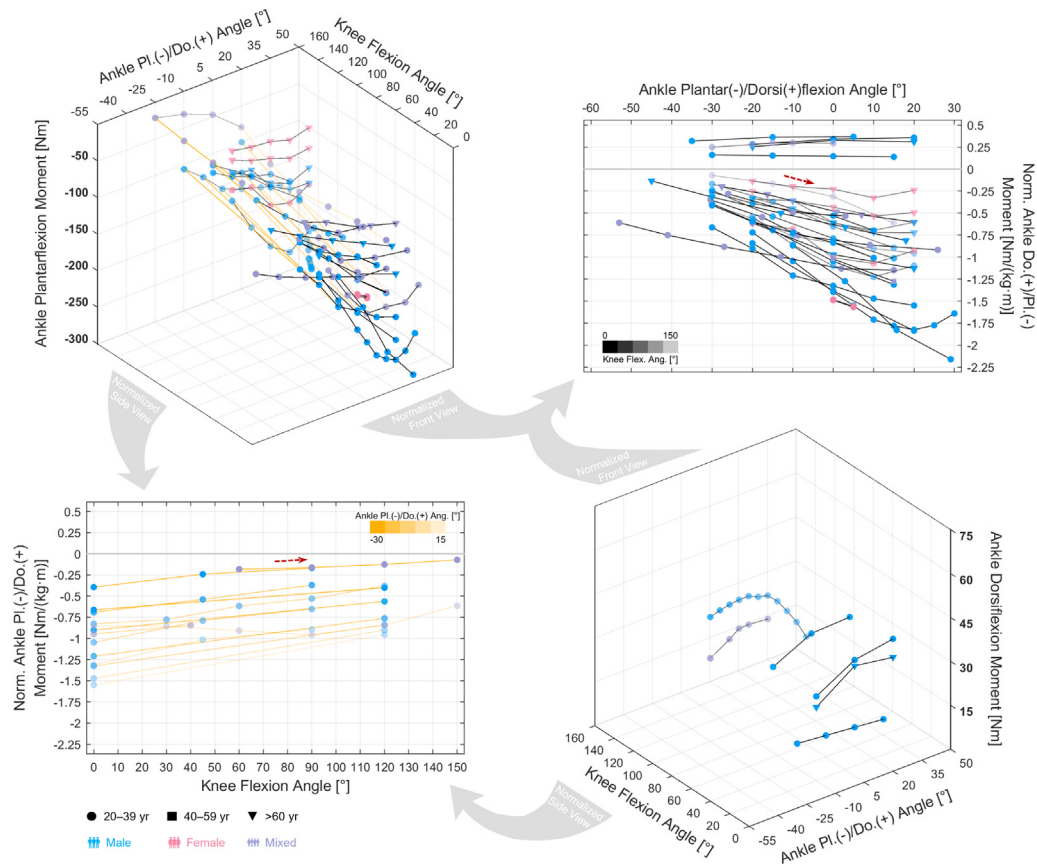


Fig. 10. Relations of isometric ankle plantar-/dorsiflexion moments (passive corrected). Top left: 3D relation of plantarflexion moment with ankle dorsiflexion and knee flexion angles. Top right: Normalized 2D relation with ankle dorsiflexion angle. Bottom left: Normalized 2D relation with knee flexion angle. Bottom right: 3D relation of dorsiflexion moment with ankle dorsiflexion and knee flexion angles. Data are normalized in the 2D plots by the product of subject height and weight. The transparency of the curve segment denotes the angle in the relatively fixed DoF (color bar): with yellow for ankle dorsiflexion and black for knee flexion. The direction of muscle stretch is indicated by the red arrows.

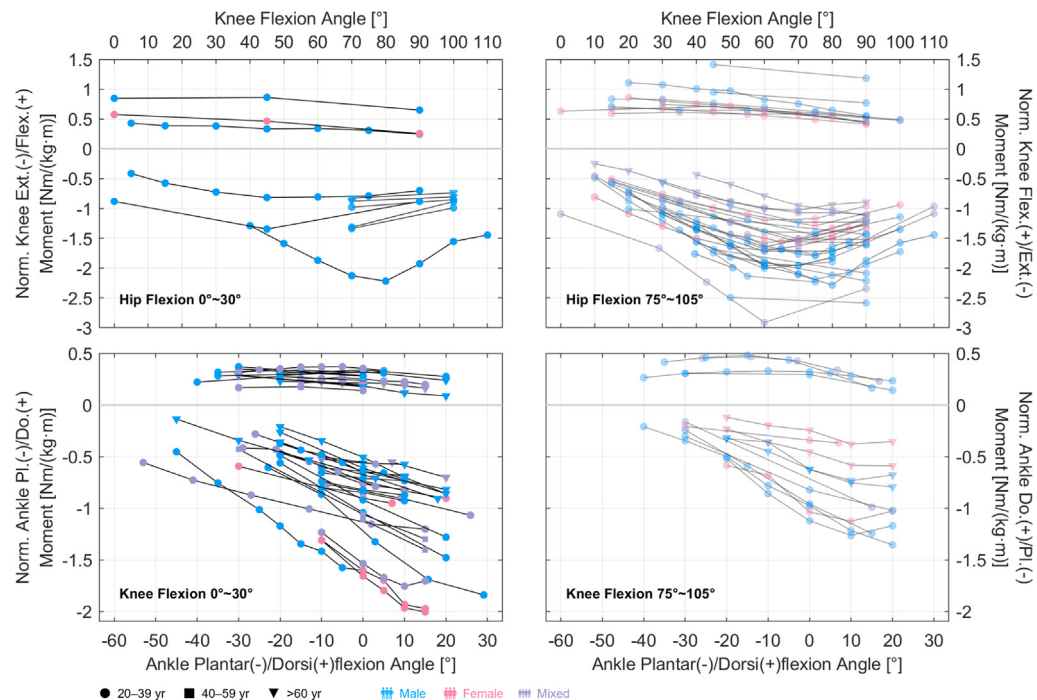


Fig. 11. Relations of isometric knee extension/flexion and ankle plantar-/dorsiflexion moments with respective angles. Top left: Relation of knee moments when the hip is extended or slightly flexed. Top right: Relation of knee moments when the hip is highly flexed. Bottom left: Relation of ankle moments when the knee is extended or slightly flexed. Bottom right: Relation of ankle moments when the knee is highly flexed. Data are normalized by the product of subject height and weight.

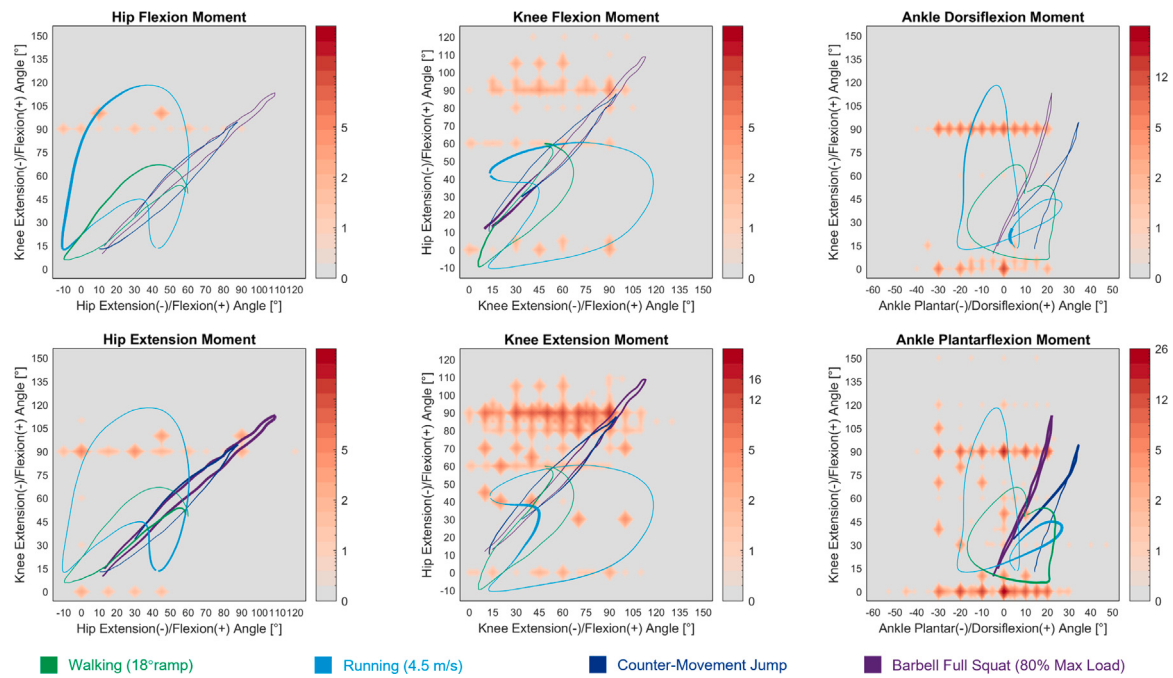


Fig. 12. Measurement frequency of isometric moments in the sagittal plane. The color assigned for each joint position denotes the number of studies that performed isometric measurements at this position (color bar); e.g., 26 studies measured ankle plantarflexion moment at the position of 0° ankle dorsiflexion and 0° knee flexion. The colored curves denote the kinematics of dynamic motions, and the moment required at each position is indicated by the thickness of the segment.

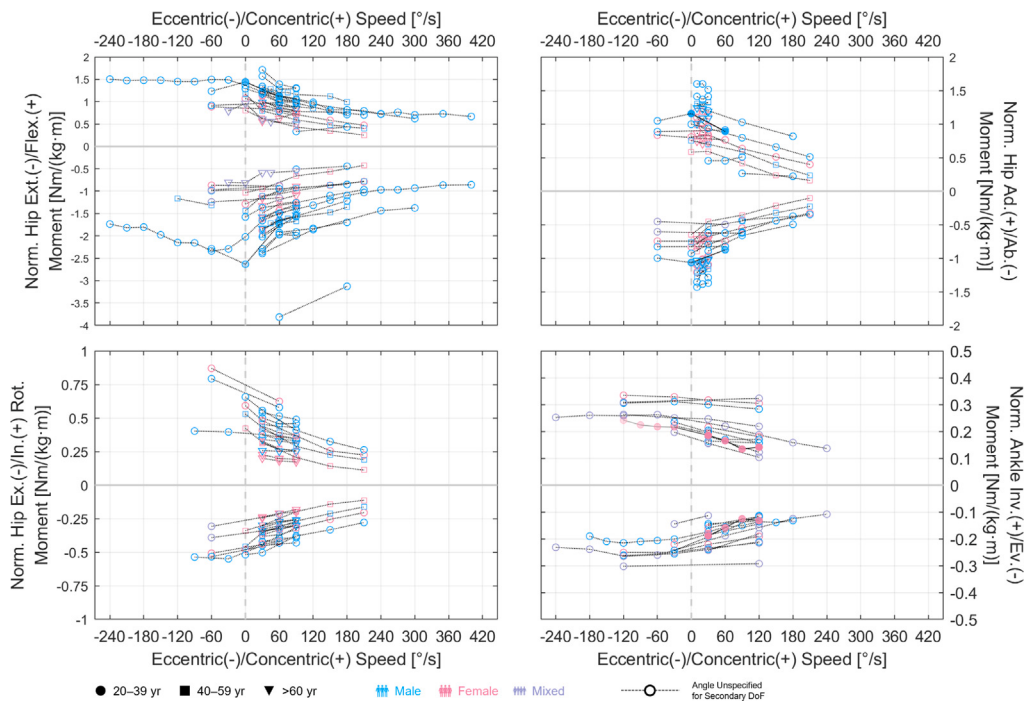


Fig. 13. Relations of isokinetic moments with angular velocity in the hip and ankle. Top left: Hip extension/flexion. Top right: Hip ab-/adduction. Bottom left: Hip ex-/internal rotation. Bottom right: Ankle eversion/inversion. Data are normalized by the product of subject height and weight.

see parallel descent. This is because, unlike in the sagittal plane where biarticular muscles have opposite functions in the adjacent joints, the functions of a muscle in the sagittal and non-sagittal planes are not coupled with a pattern. For instance, while both parts of the gluteus maximus function as hip extensors, the upper part is a hip abductor while the lower part is a hip adductor (Eng et al., 2015). The gluteus medius is a hip abductor, and its anterior part is a hip flexor while its posterior part is an extensor (Beck et al., 2015). Thus, without sufficient

measurements, it remains unclear how moments in the non-sagittal planes would change due to the motion in the sagittal plane.

Finally, to have a full picture of the joint positions well explored of their isometric capacities, we plotted a heat map of measurement frequency (Fig. 12): Joint positions that frequently get measured in isometric experiments are plotted with larger and redder patches. It is evident that most of the measurements are for knee extension and ankle plantarflexion moments, and they are also limited to a few joint

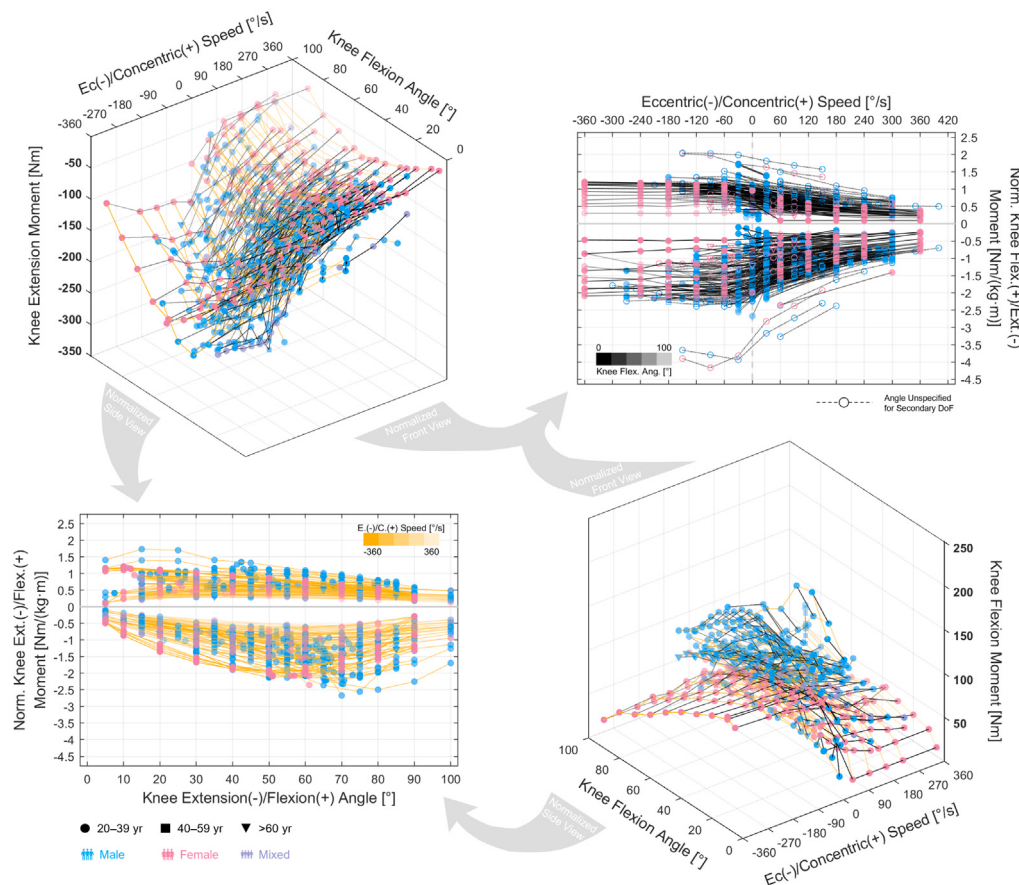


Fig. 14. Relations of isokinetic knee extension/flexion moments. Top left: 3D relation of extension moment with angular velocity and angle. Top right: Normalized 2D relation with angular velocity and angle. Bottom left: Normalized 2D relation with angle. Bottom right: 3D relation of flexion moment with angular velocity and angle. Data are normalized in the 2D plots by the product of subject height and weight. The transparency of the curve segment denotes the value in the relatively fixed DoF (color bar): with yellow for angular velocity and black for knee flexion angle.

positions; e.g., knee moment at various knee angles with 90° hip flexion, ankle moment at various ankle angles with 0° and 90° hip flexion. Furthermore, to denote the importance of each joint position, we included the kinematics of incline walking (Camargo et al., 2021), running (Fukuchi et al., 2017), counter-movement jump (Raffalt et al., 2016), and loaded full squat (Robertson et al., 2008), with indication of the moment required along the process. The rationale is that, the joint positions covered by these curves are *functional positions* that routinely occur in daily tasks, which we consider more superior in the joint space.

For accurate biomechanical analysis, moment measurements should be conducted in such functional positions or positions with specified considerations rather than convenient positions in laboratory environments such as sitting and lying. However, it is rather clear that current measurements cover little of the region that these curves pass through. For example, hip flexion moment is mostly required between the mid-stance and mid-swing phases of running, where hip flexion is between -10°–30° and knee flexion between 15°–120°. In Fig. 12 (top left, cyan curve), in the far left region of the plot where this part of the curve locates, only a few patches are lit up. This means that the available data are insufficient to support accurate biomechanical analysis for running. For more intensive motions such as jumping and squatting, there is a simultaneous increase of hip flexion, knee flexion, and ankle dorsiflexion angles in the concentric phase and a simultaneous decrease in the eccentric phase, and the curves mainly travel through the diagonal direction of the plots. Nevertheless, the majority of this region has no measurement at all, and when measurements do exist, they are often from separate studies with potentially large variations in the data. Lacking constructive moment data in these function positions, it can be hard to deduce the moment–angle relation for further analysis.

In a more practical perspective, the collected datasets are essential in calibrating the kinetics of musculoskeletal models, but without enough moment data in varied joint configurations, the calibration may only remain valid for a limited RoM (e.g., walking) and simulation accuracy will be capped. In this sense, Fig. 12 could be useful to design experiments for effective measurement.

4.4. Isokinetic moment

A key point to notice in isokinetic moment datasets is how the data are obtained: As mentioned in the Methods section, they are different in whether the moment is the angle-specific, peak, or mean value during the tested RoM. Due to the moment–angle relation, the curves plotted based on these values would obviously be different in magnitude, but it remains unclear to many if measurements from different joint angles, when normalized against maximal isometric moment, would lead to the same moment–velocity relation. In other words, is the force–velocity relation length-dependent?

To answer this question, we may start from Hill's (1938) famous experiment of shortening heat and dynamic constants, and see if his experiment falls into the category of length-specific, peak, or mean. Here, it must be noted that the relation Hill (1938) revealed is between constant load and mean velocity throughout an isotonic contraction, which is slightly different from the current muscle force–velocity relation. Also, there was no discussion over how muscle length would influence the results; in fact, based on Hill's (1938) description, some of the tests clearly involved muscle contracting at non-optimal lengths. Nevertheless, as technology advances, it was demonstrated with force transducers that a similar relation holds for muscle force and instant

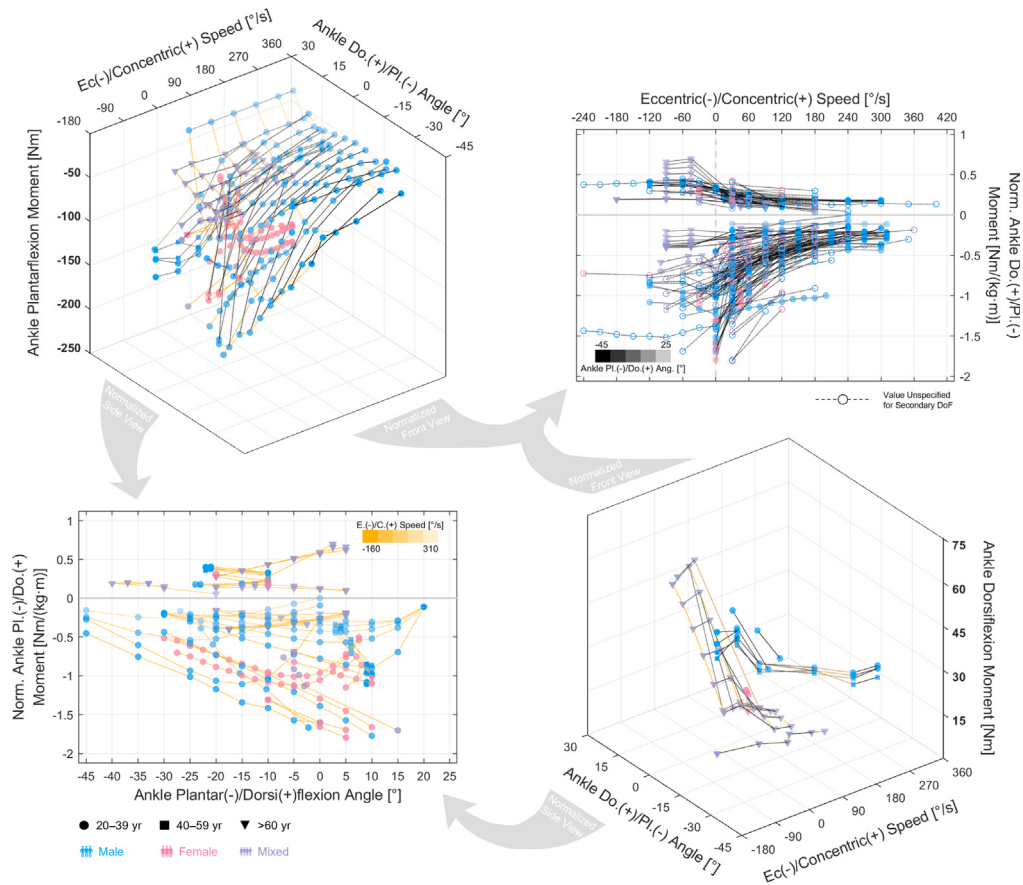


Fig. 15. Relations of isokinetic ankle plantar-/dorsiflexion moments. Top left: 3D relation of plantarflexion moment with angle and angular velocity. Top right: Normalized 2D relation with angular velocity. Bottom left: Normalized 2D relation with angle. Bottom right: 3D relation of dorsiflexion moment with angular velocity and angle. Data are normalized in the 2D plots by the product of subject height and weight. The transparency of the curve segment denotes the value in the relatively fixed DoF (color bar): with yellow for angular velocity and black for ankle dorsiflexion angle.

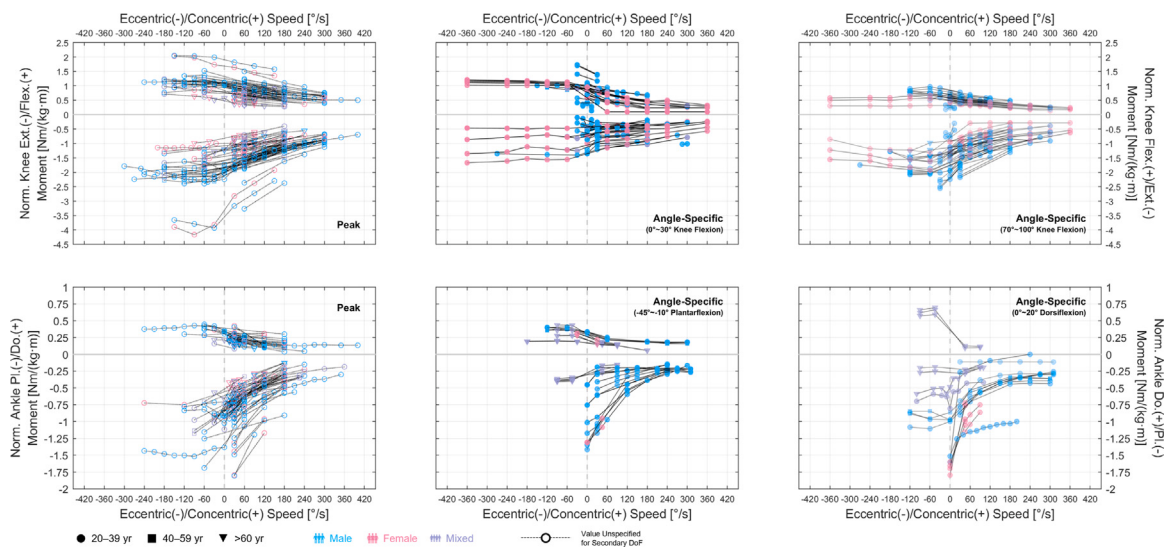


Fig. 16. Relations of isokinetic knee extension/flexion and ankle plantar-/dorsiflexion moments with angular velocity. Top left: Relation of knee moments based on peak values. Top center: Relation of knee moments based on angle-specific values. Top right: Relation of knee moments based on angle-specific values from small knee flexion angles. Bottom left: Relation of ankle moments based on peak values from large knee flexion angles. Bottom center: Relation of ankle moments based on angle-specific values from ankle plantarflexion angles. Bottom right: Relation of ankle moments based on angle-specific values from zero or ankle dorsiflexion angles. Data are normalized by the product of subject height and weight.

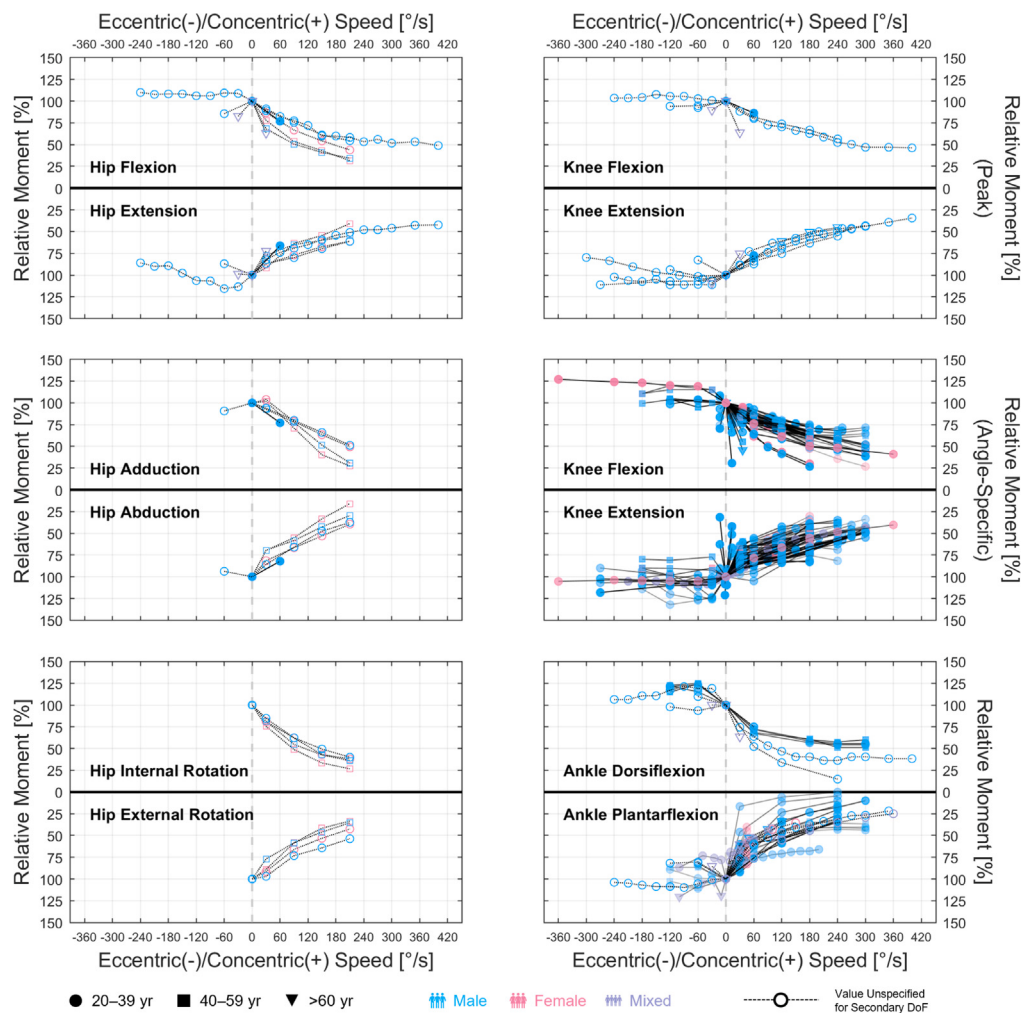


Fig. 17. Relations of relative moments with angular velocity. Top left: Hip extension/flexion. Middle left: Hip ab-/adduction. Bottom left: Hip ex-/internal rotation. Top right: Knee extension/flexion, based on peak values. Middle right: Knee extension/flexion, based on angle-specific values. Bottom right: Ankle plantar-/dorsiflexion. Relative moment is calculated with the isometric value. For datasets based on peak values, the isometric value is only considered valid if it is the larger value of measurements obtained from at least two different angles. Otherwise, it is unclear whether the value is the peak isometric moment, and the increase will be overestimated in eccentric contractions while the decrease will be underestimated in concentric contractions.

velocity in both isotonic and isokinetic conditions (Gollapudi and Lin, 2009; Iwamoto et al., 1990; Mashima et al., 1972).

Importantly, it was further demonstrated that the force–velocity relation can be length-dependent in many ways. Mashima (1977) and Krylow and Sandercock (1997) showed that the maximal shortening velocity would decrease if the shortening starts from a length with sufficiently small isometric force. This means the shape of the normalized force–velocity curve might vary for different initial lengths; more specifically, the normalized curve would in general appear steeper if the initial length is sufficiently *unoptimal* (e.g., <90% optimal length). The final length of contraction is also relevant, as muscle would experience force depression: In shortening contraction, muscle force is smaller than its maximal isometric value at the final length even when the velocity reaches zero, and the magnitude of decrease is greater for larger displacement (Herzog et al., 2000). Last but not least, Scott et al. (1996) showed that even in a single isokinetic contraction, regardless of concentric or eccentric, the extent by which force is decreased or increased would vary at different lengths.

Therefore, in isokinetic experiments, it is important that moment data are obtained at specific joint angles, rather than using the peak or mean values as a replacement. It is equally critical to control for the tested RoM to eliminate the influence of initial isometric force and force depression. Nonetheless, it is difficult to have subjects maximally activate at every angle, and many studies measured isokinetic moments

merely as an indication of muscle strength for correlation analysis, so the majority of the datasets were recorded with peak values from different RoMs. This induces further variations in the isokinetic moment curves on top of the factors discussed in the Study Heterogeneity subsection.

In the main, the moment–velocity curves are rather chaotic (Figs. 13–16). When normalized against measurements in the isometric condition, the relative moment curves present a pattern similar to the force–velocity relation, but the lower and upper bounds are noticeably different (Fig. 17). In the concentric part of the force–velocity curve, muscle force would decrease to zero when shortening at a maximal velocity, while in the eccentric part, force would increase more than 1.6 times the isometric value (Krylow and Sandercock, 1997; Mashima et al., 1972). As shown in Fig. 17, joint moment does not typically go below 25% in high concentric speeds and rarely reaches over 125% in eccentric conditions. This is a major difference between the characteristics of muscle fiber and the muscle–tendon unit, and may be attributed to several reasons.

First of all, the stretch of the elastic tendon during muscle contraction comprises up to 9.2% of muscle–tendon unit length change (Vaughan et al., 2012), which decreases the shortening or lengthening velocity of muscle fascicles. For muscles with large pennation angles, such as the soleus, vastus medialis, and gluteus maximus (Ward et al., 2009), the velocity of muscle fascicles will be further decreased. The existence

of connective tissues or the 3D architecture of the muscle may also cause a slow-down. Consequently, the fascicle might be contracting at a much slower speed than when calculated directly from joint rotational speed, and it may not operate on the far left and far right region of the force–velocity curve. Moreover, there could be neurological factors that prevent the exertion of maximal force in isokinetic conditions. Especially with eccentric contractions, subjects require training to get used to the experiment set-up, even still they might feel uncomfortable finishing the task. Then as aforementioned, the activation of agonists and antagonists are not necessarily full and null, and may even vary at different positions (Arampatzis et al., 2006b; Kennedy and Cresswell, 2001; Rassier and Minozzo, 2016), so there is no reason to assume a constant and maximal muscle activation in an isokinetic contraction.

Despite the large variations in the isokinetic moment curves, readers are still encouraged to refer to them in biomechanical analysis. For example, in musculoskeletal modeling, the muscle is generally modeled with predefined force–velocity characteristics. Suppose the joint moment ends up varying from 0%–150%, which is broader than the range suggested by the datasets, muscle activation would be underestimated in eccentric conditions and overestimated in concentric. Thus, it is necessary to validate the modeled moment–angular velocity relation with measurements, in particular if the motions to simulate are highly dynamic.

4.5. Limitations

In order to gather as many relevant datasets as possible, we employed the common techniques in systematic review and worked our way from 8800 research results. Yet it would not be surprising if some of the featured studies are missed out. Joint moment is an ordinary type of data in biomechanical investigations, and its measurement is much more difficult to pin-point compared with the research questions typically addressed with meta-analysis. For this, we took a machine learning–like approach, where the keywords were tuned to ensure search accuracy in a calibration set. The format of the final keyword set is complicated but proves to be efficient: Of the 55 studies containing passive moment datasets, 40 appeared in searches based on keywords intended for the passive condition (73%). For the 117 isometric-related studies, 100 of them appeared in isometric-based searches (85%), while for the 163 isokinetic-related studies, the intended keywords led to 107 of them (66%). Meanwhile, we included searches for moment arm data using simpler keywords as a fail-safe for overfitting, where a study lacking one of the complex keywords fails to show up.

Even still, it is impossible to secure all relevant studies, simply because the field of biomechanics has thrived for decades with countless moment measurements. We are, however, confident that we have gathered the majority of datasets with quality results. When ranked with the frequency and place of appearing in searches, it is shown the bottom-ranked records are less likely to yield a target study: The target rate decreased from 14% in the first quartile of 4353 records to 9%, 6%, and 4% in the second, third, and fourth. Reasonably, we may deduce that no more than a few dozen studies would be added even with double the size of search results.

To accommodate potential amendments, we provide a log with details of the search workflow (see Appendix B), where excluded records are labeled with the relevant data and the reason of exclusion. Readers may easily expand from the current results and gather datasets with other specific needs; e.g., moment in children or people with cerebral palsy. We believe this is by far the largest and most constructive collection of joint moment datasets, and with the advancement of artificial intelligence such as ChatGPT, we hope colleagues in the field will no longer need to manually repeat our work in the future.

Complete as it might be, our datasets do not cover joint moments in knee ab-/adduction, knee ex-/internal rotation, and ankle ex-/internal rotation, which we have predetermined to be insignificant motions.

During our research, we have however identified a few studies measuring active moments in these DoFs with customized devices (Cammarata and Dhaer, 2008; Hester and Falkel, 1984; Zhang et al., 2001). Also, we did not discuss over the correlation of joint moment relations with sex, age or profession, which could be of interest to many. The meta-data catalog we provide has a detailed record of subject information in each study, and readers may find many studies with a focus on these topics.

Finally, the joint moment relations we illustrate are based solely on datasets gathered from literature, and we did not conduct measurements of our own. Nevertheless, it is indispensable to have a general understanding of currently available datasets before a purposeful experiment can be designed. As shown in Fig. 12, although there are 117 isometric-related studies, the measurements are crowded in positions less related to the kinematics of ordinary movements. With this in mind, we may then design experiments targeting important functional positions, and the results will be of more value for the biomechanics community.

5. Conclusion

A total of 962 datasets of passive, isometric, and isokinetic moment based on human *in vivo* measurements were collected from literature to illustrate joint moment–angle and moment–velocity relations in the hip, knee, and ankle. The overall pattern and magnitude, as well as the frequency of measurement are presented for 12 joint moments from six DoFs. The findings should provide valuable insight into joint kinetics, enhance biomechanical analysis, and improve the design of future experiments for moment measurement.

CRedit authorship contribution statement

Ziyu Chen: Writing – original draft, Visualization, Software, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.
David W. Franklin: Writing – review & editing, Supervision, Funding acquisition.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. List of studies and datasets

Table A.1 lists all relevant studies and datasets in this work. The numbers and signs correspond to those in Table 1. The studies are sorted based on the overall search prominence: A study is placed in the front of the list if it appears more frequently and in higher rankings during our keyword-based searches.

Appendix B. Supplementary material

Supplementary material related to this article can be found online at <https://doi.org/10.1016/j.jbiomech.2025.112621>. It is also available at <https://doi.org/10.6084/m9.figshare.26018563>, with potential corrections and updates of the datasets in the future.

Table A.1
Collected studies and datasets

Study	Available dataset(s)									
	Passive		Isometric		Isokinetic					
Smidt (1973)					4±				4±	
Baxter and Piazza (2014)										5–
Holzer et al. (2020)					5–					
Nelson et al. (2001)									4–	
Harris-Hayes et al. (2014)				3±						
Bobbert and van Ingen Schenau (1990)					5–					5–
Mohamed et al. (2002)					4+					
Sale et al. (1982)					5–					
Aagaard et al. (2000)									4±	
Danneskiold-Samsøe et al. (2009)							1±	2±	3±	4±
Willems et al. (2005b)										5±
Maganaris (2003)					5–					6±
Caldwell et al. (1993)									4±	
Horstmann et al. (1999)									4±	5±
Yoon et al. (1991)					4±				4±	
Shenoy et al. (2011)					4–					
Kato et al. (2023)	2									
Arampatzis et al. (2006b)					5–					
Knapik et al. (1983)					4±					
Chen et al. (2022)									4±	5±
Frey-Law et al. (2012)					4±				4±	
Claiborne et al. (2006)							1±	2±	3±	4±
Sasaki et al. (2014)					5+					
Marsh et al. (1981)					5+					
Tsiokanos et al. (2002)				2–			1–		4–	5–
Neumann et al. (1988)										
Kwon and Lee (2013)			1–							
Hahn et al. (2011)		5			5–					
Hisaeda et al. (2001)					4–					
Hahn et al. (2014)					4–				4–	
Fletcher and MacIntosh (2018)		5								
Mademli et al. (2004)					5–					
Kaneda et al. (2020)	4									
Poulmedis (1985)							1±	2±		4±
Şimşek et al. (2016)									4±	5±
Simoneau et al. (2007)		5			5±					
Guilhem et al. (2011)									4–	
Bohannon et al. (1986)									4±	
Cometti et al. (2001)									4±	
Kubo et al. (2006a)					4–					
Hartsell and Spaulding (1999)										6±
Kindel and Challis (2017)			1–	2–						
Vagner et al. (2019)							1±		3±	
Kawakami et al. (1998b)					5–					
Ateş et al. (2018)					5+					
Murray et al. (1980)					4±				4±	
Arokoski et al. (2002)							1±			
Johnson and Hoffman (2010)				3±						
di Vico et al. (2013)									4±	
Kaminski et al. (1999)										6–
Cresswell et al. (1995)					5–					
Willems et al. (2005a)										5±
Alahmri et al. (2022)							1±	2±		6±
Poulis et al. (2000)										5±
Kubo et al. (2001)		5								
Uritani and Fukumoto (2012)				3±						
Anderson and Pandey (1999)			1±	2±	4±	5±				
Blazevich et al. (2009)									4–	
Wiemann and Hahn (1997)	1									
Kawakami et al. (1998a)					5–					
Hald and Bottjen (1987)									4±	
Dirnberger et al. (2012)									4±	
Gallinger et al. (2020)		5			5–					
Jeon et al. (2001)									4–	
Alt et al. (2016)									4–	
Moltubakk et al. (2018)		5			5–					5–
Suter et al. (1998)					4–					
Barber et al. (2013)		5			5–					5–
O'Brien et al. (2009)										
Ferri et al. (2003)					4–	5–			4–	5–
Styf et al. (1995)										5±
Reeves et al. (2004)					4–					

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Table A.1 (continued).

Study	Available dataset(s)									
	Passive	Isometric			Isokinetic					
Holzer et al. (2023)									5–	
Gravel et al. (1990)									5–	
Finni et al. (2001)								4–		
Weiss et al. (1986)	5									
van Eijden et al. (1987)								4–		
Gajdosik (2002)									5–	
Billot et al. (2011)						5±				
Weir et al. (1996a)								4±		
Cahalan et al. (1989)		1±	2±	3±		1±	2±	3±		
Fugl-Meyer (1981)									5±	
Snook (2001)									5±	6±
Willems et al. (2002)										6±
Koh and Herzog (1995)						5+				
Maganaris (2004)						5+				
Jones et al. (2009)									4±	
Andrade et al. (2016)	5									
Gupta et al. (2004)								3–		
Light and Thorborg (2016)			2+							
Daneshjoo et al. (2013)									4±	
McFaul and Lamontagne (1998)	4									
Alt et al. (2014)									4±	
Alangari and Al-Hazzaa (2004)									4±	
Lemaire et al. (2014)									4–	
Winegard et al. (1997)	5					5–				
Beynnon et al. (2001)									5±	6±
Rousanoglou et al. (2010)										
Heerkens et al. (1985)	4					4–				
Kellis et al. (2017)									4+	
Müller et al. (2007)										
Gerrits et al. (2003)						4–				
Pang and Mak (2012)									5±	
Horstman et al. (2009)						4±				
Kaufman et al. (1995)									4±	
Hahn (2007)									4±	
Jeon et al. (2016)									4±	5±
Oliveira et al. (2012)									4±	
Fouré et al. (2009)										
Salzman et al. (1993)						4–				
Cheng and Rice (2013)	5					5+				
Donatelli et al. (1991)							2±			
Atabek et al. (2009)									4±	
Freitas et al. (2013)	4									
Arnold et al. (1996)									4–	
Kordi Yoosefinejad et al. (2022)									5±	6±
Wu et al. (2013)									4±	
Colliander and Tesch (1989)									4±	
Drazan et al. (2019)										5–
Abellana et al. (2009)	5					5–				
Fowles et al. (2000)										
Ekdahl and Broman (1992)									4±	
Csapo et al. (2010)						5–				5–
Kellis and Baltzopoulos (1997)									4±	
Shaffer et al. (2000)										5–
Zakas et al. (2006)									4–	
Dudley et al. (1990)									4–	
Fiebert et al. (1996)						4+				
Cramer et al. (2007b)									4–	
Bazett-Jones et al. (2017)		1–	2–	3–						
Pinniger and Cresswell (2007)	5									
Blazeovich et al. (2014)	5					5–				
Blazeovich et al. (2012)	5									
Freire et al. (2017)	5					5–				
Konrad and Tilp (2014)	5									
Tourny-Chollet and Leroy (2002)									4±	
McHugh and Hogan (2004)						4–				
Cerrah et al. (2011)									4±	
Raiteri et al. (2023)						5+				
Kellis (2001)									4+	
Fouré et al. (2013)										
Hirata et al. (2017)	5									
Sacchetti et al. (2013)									4–	
Arampatzis et al. (2006a)						4–	5–			
Kubo et al. (2002)	5									

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Table A.1 (continued).

Study	Available dataset(s)									
	Passive			Isometric			Isokinetic			
Amiridis et al. (2005)						5+				
O'Neill et al. (2019)										5–
Ichinose et al. (2000)									4–	
Forrester and Pain (2010)									4–	
Babault et al. (2003)					4–				4–	
Clark and Franz (2019)			5							
Melo et al. (2016)									4±	
Hauraix et al. (2015)										5–
Tsaopoulos et al. (2011)					4–					
Kubo et al. (2006b)					4–					
Hirata et al. (2016)			5							
Vinti et al. (2013)						5±				
Kato et al. (2010)			5							
Noorköiv et al. (2015)									4–	
Oliveira and Gonçalves (2009)					4±					
Kim (1998)					4±					
Nisell et al. (1989)									4–	
Locicero (1991)									4–	
Crotty et al. (2023)						5–				
Aagaard et al. (1997)									4±	
Morse et al. (2008)			5							
Barber et al. (2011)			5							
Karamanidis and Arampatzis (2005)					4–	5–				
Ando et al. (2018)									4–	
Chino et al. (2009)										5–
Perhonen et al. (1992)					4±					
Moltubakk et al. (2021)										5–
Silder et al. (2007)	1	4	5							
Kaminski and Dover (2001)										6±
Moseley et al. (2001)			5							
Kitai and Sale (1989)						5–				
Jiroumaru et al. (2014)				1+						
Becker and Awiszus (2001)					4–					
Tourny-Chollet et al. (2000)									4±	
Chung et al. (2004)			5							
Milanezi et al. (2015)										6±
Palmer et al. (2015)	1									
Stotz et al. (2022)							1±	2±	4±	5±
Savage et al. (2015)			5			5–				
Westing et al. (1988)					4–				4–	
Andrade et al. (2015)		4								
Tankevicius et al. (2013)						6±				
Cramer et al. (2007a)									4–	
Miyamoto and Oda (2003)						5–				
Funato (1994)							1±		4±	5±
Thonnard et al. (1996)			6						4±	
Labarque et al. (2002)										
van Schaik et al. (1994)						5+				
Goharpey et al. (2007)										6±
Schmitt et al. (2005)										5±
Shi et al. (2021)			5			5–				
Gonçalves et al. (2017)									5±	
Hartsell (1994)										6±
Toft et al. (1989)			5							
Gray and Chandler (1989)									4–	
Boling et al. (2009)							1–	2–	3–	
Hagen et al. (2015)						6±				
Le Sant et al. (2017)			5							
Ranisavljev et al. (2014)							1±		4±	5±
Namazi et al. (2019)								2±	4±	5±
Pelletier and Hicks (2010)						5±				6±
Aydoğ et al. (2004)										
Svantesson et al. (1994)										5–
Sole et al. (2007)									4±	
Handel et al. (1997)									4±	
Salsich et al. (2000)			5							
McHugh and Tetro (2003)					4–					
Fugl-Meyer et al. (1980)										5–
Nagy et al. (2021)										6±
Muraoka et al. (2002)			5						4±	
Andrade et al. (2012)										
Maganaris et al. (1998)						5–				
Olmo et al. (2009)										5±
Kindel and Challis (2018)				1–						

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Table A.1 (continued).

Study	Available dataset(s)								
	Passive			Isometric			Isokinetic		
Kong (2023)									5±
Lanza et al. (2003)							4–	5+	
Lacerte et al. (1992)									4–
Yokozawa et al. (2019)							1–		4–
Aramaki et al. (2016)				2–					5–
Gajdosik et al. (1999)		5							
Chesworth and Vandervoort (1989)		5							
Folland and Morris (2008)							4–		
Hornsby et al. (1987)								5–	
Levene et al. (1991)									4±
Taylor et al. (1991)									4–
Miyamoto et al. (2017)	1	4							
Kluka et al. (2016)								5–	
Connelly and Vandervoort (2000)									5+
Kato et al. (2021)				1±					
Webber and Porter (2010)									5±
Novak and Brouwer (2012)									5–
Costa et al. (2009)									4±
Morris et al. (2021)							4±		
Al-Uzri et al. (2017)									5–
Kellis (2019)							4±		
Porter et al. (1997)									5±
Kim et al. (2010)							1±		5±
T'Jonck et al. (1997)									5±
Kazazović et al. (2010)									4±
Maffioletti et al. (2007)							4–		4–
Ueno et al. (2018)		5							
Pavol et al. (2002)							1±		4±
Bazett-Jones and Squier (2020)				1–	2–	3±			5±
Ewertowska et al. (2020)									4±
Silva et al. (2015)									4±
Vassis et al. (2020)									4–
Wang et al. (2021)		5							
Hartmann et al. (2009)									4±
Hamilton et al. (2008)									4±
Horstmann et al. (2001)									4±
Lemaire et al. (2015)							1±		5±
Konrad et al. (2015)		5							
Fugl-Meyer et al. (1982)									5–
Halbertsma et al. (1999)	1								5–
Pinniger et al. (2000)									
Cudicio et al. (2022)								5+	
Vandervoort et al. (1990)									4±
Klass et al. (2004)								5–	
Herda et al. (2008)							4+		
Dias et al. (2017)								5–	
Marshall et al. (2015)									4+
Hiemstra et al. (2007)									4±
Morse et al. (2005)								5–	
Weir et al. (1996b)							4–		
Hopkins et al. (1993)									4±
Ferris and Hawkins (2020)		5						5–	
Geboers et al. (2000)								5+	
Valamatos et al. (2018)							4–		
Cramer et al. (2006)									4–
Trezise and Blazeovich (2019)									4–
Sleivert and Wenger (1994)									4–
Henriksen et al. (2011)									4±
Thoméé et al. (1995)									
Kim et al. (2016)									4±
Lee et al. (2010)								5+	
Abdel-aziem and Mohammad (2012)									5–
Reichard et al. (2005)									4±
Chen et al. (2010)								5–	
Konrad et al. (2017)		5							
Westing and Seger (1989)									4±
Baltzopoulos (1995)									4–
Cheng et al. (2010)								5+	
Batista et al. (2009)									4±
Tafazzoli and Lamontagne (1996)	1								
de Ruiter et al. (2004)							4–		
Narici et al. (1996)							4–		

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Table A.1 (continued).

Study	Available dataset(s)			
	Passive	Isometric	Isokinetic	
Chiu et al. (2022)			5–	
Maffiuletti et al. (2002)			5±	5±
Tilp et al. (2011)			5+	
Meijer et al. (1998)		4–		
Fugl-Meyer et al. (1979)			5–	5–
Dalton et al. (2013)			5–	
Fillyaw et al. (1986)				4±
Barber et al. (2012)		5	5–	
Carvalho et al. (2010)				4±
Martin et al. (1994)			5–	5–
Nordez et al. (2008)		4		
Riener and Edrich (1999)	1	4	5	
Ayala et al. (2013)				4±
Alt et al. (2019)				4+

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