Supplemental Material

Age-Associated Functional Healing of Musculoskeletal Trauma Through Regenerative Engineering and Rehabilitation

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Video S1.

Muscle force contraction of an uninjured contralateral TA muscle in a young mouse during in situ muscle physiology.

Video S2.

Muscle force contraction of a TA muscle following VML injury and treatment with EM and exercise in a young mouse during in situ muscle physiology.

Video S3.

Muscle force contraction of a TA muscle following VML injury in an untreated aged mouse during in situ muscle physiology.



Supplemental Figure 1. A comparison of muscle function in the contralateral control following VML injury. (A, B) Maximum contractile force of the injured untreated TA muscle (clear bars) and contralateral TA (patterned bars) in young mice (A) and aged mice (B) (N \geq 3). (C) Maximum contractile force of the uninjured contralateral TA muscle in young (blue) and aged (green) mice in the presence (+) and/or absence (-) of EM and exercise (N \geq 3). Significance was determined using an unpaired t-test (A, B) and a One-Way ANOVA (C) with p<0.01 (**) and p<0.001 (***). Shown are mean ± SD.



Supplemental Figure 2. Total myofiber coverage within the defect site. (A,B) Quantification of the percent area of the defect site (500 μ m radius around the EM region or TA injury site) covered by myofibers in the young (A) and aged (B) groups in the presence (+) and/or absence (-) of EM and exercise (N≥4). (C,D) Quantification of the total myofibers within the defect site (500 μ m radius around the EM region or TA injury site) in the young (C) and aged (D) groups in the presence (+) and/or absence (-) of EM and exercise (N≥4). Significance was determined using a One-Way ANOVA with p<0.05 (*). Shown are mean ± SD.