Acute inflammation sensitizes knee-innervating sensory neurons and decreases mouse digging behavior in a TRPV1-dependent manner.

Sampurna Chakrabarti, Luke A. Pattison, Kaajal Singhal, James R.F. Hockley, Gerard Callejo, and Ewan St. John Smith

Department of Pharmacology, University of Cambridge, Cambridge, UK

Corresponding author: Ewan St. John Smith

Department of Pharmacology, University of Cambridge

Tennis Court Road, Cambridge CB2 1PD

Phone: +44 1223 334048, Fax: +44 1223 334100 Email: es336@cam.ac.uk, Lab URL:

https://www.phar.cam.ac.uk/research/Smith

Number of text pages (w tables and figs): 46

Number of figures: 6

Number of tables: 2

Number of Supplementary materials: 2

Abstract

Ongoing, spontaneous pain is characteristic of inflammatory joint pain and reduces an

individual's quality of life. To understand the neural basis of inflammatory joint pain, we made a

unilateral knee injection of complete Freund's adjuvant (CFA) in mice, which reduced their natural

digging behavior. We hypothesized that sensitization of knee-innervating dorsal root ganglion

(DRG) neurons underlies this altered behavior. To test this hypothesis, we performed

electrophysiological recordings on retrograde labelled knee-innervating DRG neurons and

measured responses to a number of electrical and chemical stimuli. We found that 24-hours after

CFA-induced knee inflammation, knee neurons show a decreased action potential generation

threshold, as well as increased GABA and capsaicin sensitivity, but have unaltered acid sensitivity.

The inflammation-induced sensitization of knee neurons persisted for 24-hours in culture, but was

not observed after 48-hours in culture. Through immunohistochemistry, we showed that the

increased knee neuron capsaicin sensitivity correlated with enhanced expression of the capsaicin

receptor, transient receptor potential vanilloid 1 (TRPV1) in the CFA-injected side. We also

observed an increase in the co-expression of TRPV1 with tropomyosin receptor kinase A (TrkA),

which is the receptor for nerve growth factor (NGF), suggesting that NGF partially induces the

increased TRPV1 expression. Lastly, we found that systemic administration of the TRPV1

antagonist A-425619 reversed the decrease in digging behavior induced by CFA injection, further

confirming the role of TRPV1, expressed by knee neurons, in acute inflammatory joint pain.

(232 words, limit 250)

Introduction

Pain is protective, but its dysregulation has a negative impact on an individual's life, as well as a wider socioeconomic impact [59,65]. Inflammatory joint pain is characteristic of many musculoskeletal disorders, often being more diffuse and longer lasting than cutaneous pain [42]. Although spontaneous pain is a hallmark of joint pain, most rodent studies focus on evoked pain behaviors [3,53]. Therefore, shifting the emphasis to study natural behaviors during painful conditions and their underlying molecular mechanisms might facilitate the translation of novel analgesics into clinics [3].

A variety of techniques have been employed to better understand the molecular drivers of pain. For example, RNA-sequencing studies have characterized dorsal root ganglia (DRG) neurons into distinct subpopulations [32,43,64], and electrophysiology and immunohistochemistry have shown that joint innervating DRG neurons possess distinct neurochemical and electrophysiological properties [56]. These reports highlight the importance of specifically studying knee neurons, to fully understand the neural basis of joint pain.

Multiple ion channels are involved in transducing noxious stimuli; of these, the Transient Receptor Potential (TRP) channel family are critical to nociceptor chemosensitivity [45]. Alongside endogenous mediators released during inflammation, e.g. protons, we have shown that articular neurons can be activated by the TRP channel agonists capsaicin (TRPV1), cinnamaldehyde (TRPA1) and menthol (TRPM8) [56]. In relation to this, TRPV1^{-/-} and TRPA1^{-/-} mice show reduced pain behavior in CFA models of articular nociception [12,19]. Although not tested after CFA-induced joint inflammation, TRPM8^{-/-} mice develop similar mechanical hyperalgesia to wildtype mice following CFA injection into the footpad [8]. Joint acidosis correlates with increased severity of inflammatory arthritis in humans, and acidic solutions activate

and sensitize rodent nociceptors [18,58]. Mice lacking the proton-gated ion channels acid-sensing

ion channel 3 (ASIC3) and TRPV1 have reduced mechanical hyperalgesia following intra-articular

CFA injection [35], but not following subcutaneous hind paw CFA injection, suggesting regional

differences in pain processing [60]. Subsequently, using magnetic resonance spectroscopic

imaging, we found no evidence of tissue acidosis following subcutaneous CFA injection [69],

suggesting absence of a key stimulus for ASIC3/TRPV1 activation, hence perhaps explaining the

lack of phenotype observed in the hind paw CFA model. However, it remains unknown how

proton-gated channels contribute to knee neuron activation during acute inflammation.

Regardless of the stimulus, once activated, sensory neuron input to the spinal cord is pre-

synaptically modulated by $GABA_A$ receptor signaling, the source of GABA being spinal cord

interneurons [63]. In adults, due to the high intracellular $[Cl^-]$ in DRG neurons compared to central

nervous system neurons, activation of $GABA_A$ receptors produces depolarization through $[Cl^-]$

efflux [11]. Furthermore, after subcutaneous CFA-induced inflammation in rat paws, the

magnitude of GABA-evoked currents is increased in cutaneous DRG neurons [75], as well as in

isolated human DRG neurons incubated in an inflammatory soup [73]. However, the

characteristics of GABA-evoked currents in knee neurons, and their modulation during

inflammation are unknown.

Here, we hypothesized that sensitization of knee-innervating neurons following CFA-

induced knee inflammation underlies changes in natural behavior.

(485 words, limit 500 words)

Methods

Animals

All mice used in this study were 6-15 week old female C57/BL6 (Envigo); female mice were used because being female is a risk factor for inflammatory pain [28]. Mice were conventionally housed in groups of 4-5 with nesting material and a red plastic shelter; the holding room was temperature controlled (21 °C) and mice were on a normal 12 hour/light dark cycle with food and water available *ad libitum.* This research was regulated under the Animals (Scientific Procedures) Act 1986 Amendment Regulations 2012 following ethical review by the University of Cambridge Animal Welfare and Ethical Review Body.

Knee joint intra-articular injections

Under anesthesia (ketamine, 100 mg/kg and xylazine, 10 mg/kg, i.p.) a single injection of the retrograde tracer Fast Blue (FB; 1.5 μl 2% in 0.9 % saline; Polysciences) was made intra-articularly through the patellar tendon into each knee to label knee-innervating neurons. For all experiments, anaesthetized mice were injected with 7.5 μl Complete Freund's adjuvant (CFA; 10 mg/ml; Chondrex) intra-articularly through the patellar tendon in one knee seven days after administration of FB. Knee width was measured with Vernier's calipers before and 24-hours after CFA injection.

Digging behavior paradigm

Digging behavior testing was carried out in a subset of mice used for electrophysiological and immunohistochemistry studies. A standard 49 x 10 x 12 cm cage with a wire lid, filled with

Aspen midi 8/20 wood chip bedding (LBS Biotechnology) tamped down to a depth of ~ 4 cm, was used as the test environment. Each mouse was tested individually using fresh bedding. Testing lasted three minutes and to avoid distractions food and water were not available. All digging experiments were carried out between 12:00 and 14:00 on weekdays in the presence of one male and one female experimenter.

Testing protocol for assessing the impact of CFA-induced inflammation:

Each day before assessment of digging, mice were habituated in the procedure room, in their home cage, for 30 min. On the training days (2 days before FB or CFA injection in the knee, Figure 1A) mice were allowed to dig twice, with a 30-minute break between sessions. All subsequent days were test days and after habituation mice were allowed to dig once. Test digs were recorded and the digging duration (time spent actively displacing bedding material), as well as the number of visible burrows in test cages were counted. Digging duration was scored independently by the two experimenters from video recordings. Since the scores were well correlated (Pearson correlation $R^2 = 0.93$), an average is reported.

Testing protocol for assessing the effect of TRPV1-antagonist, A-425619:

Seventeen mice were trained as above and the day before CFA knee injections their digging behavior was measured twice with a 30 min interval in between. Since the digging duration (saline group: Run 1, 30.3 ± 18.7 s vs. Run 2, 33.8 ± 17.0 s; CFA group: Run 1, 32.2 ± 16.2 s vs. Run 2, 31.1 ± 19.4 s, $p = 0.8$, $n = 10$, $p = 0.7$, $n = 7$, paired t-test) and number of burrows (saline group: Run 1, 3.4 ± 0.9 vs. Run 2, 3.4 ± 0.9; CFA group, Run 1, 4 ± 0.9 vs. Run 2, 4.3 ± 1.2, $p = 0.3$, $n = 10$, $p > 0.9$, $n = 7$, paired t-test) did not change between these two test digs for either group, the measurement from the second run is reported as pre-CFA/saline. On the day of the injection, the

mice were randomly split into two groups: the CFA group received CFA in one knee (as described

above) and the control group received saline in one knee. 24-hours after the injections, digging

activity was re-assessed, after which all mice received an intra-peritoneal dose of the TRPV1

antagonist, A-425619 (100 μmol/kg, Tocris, made up in 10% DMSO and 34% 2-hydroxylpropyl

β-cyclodextrin, Sigma-Aldrich, in dH_2O). Digging activity was measured again after 30 min as

previous reports show maximal anti-nociceptive effect of A-425619 at this time point [31]. At the

end of the study all the videos of test digs were independently assessed by the experimenters, who

were blinded to the treatment conditions and stage of the experiment by an assistant, and an

average of their scores is reported.

DRG neuron culture

Following cervical dislocation and decapitation, the spinal column was dissected and the

lumbar (L2 to L5) DRG (that primarily innervate the knee joint) were collected [49,56]. DRG from

the CFA-injected and non-injected sides were separately collected in ice cold dissociation media

containing L-15 Medium (1X) + GlutaMAX-l (Life Technologies), supplemented with 24 mM

$NaHCO_3$. DRG were then incubated in 3 ml type 1A collagenase (1 mg/ml with 6 mg/ml bovine

serum albumin (BSA) in dissociation media; Sigma-Aldrich) for 15 min at 37 °C, followed by 30

min incubation in 3 ml trypsin solution (1 mg/ml with 6 mg/ml BSA in dissociation media; Sigma-

Aldrich) at 37 °C. After removing the enzymes, the DRG were suspended in culture media

containing L-15 Medium (1X) + GlutaMAX-l, 10 % (v/v) fetal bovine serum, 24 mM $NaHCO_3$,

38 mM glucose, 2 % penicillin/streptomycin, dissociated by mechanical trituration with a 1 ml

Gilson pipette and briefly centrifuged (160 g, 30 s; Biofuge primo, Heraeus Instruments; Hanau,

Germany). Supernatants containing dissociated DRG neurons were then collected in a fresh tube. This was repeated five times. Finally, the cells were plated onto poly-D-lysine and laminin coated glass bottomed dishes (MatTek, P35GC-1.5-14-C) and incubated (37 °C, 5 % CO_2) for 4-, 24- or 48-hours depending upon the experiment.

Immunohistochemistry

FB labelled and CFA-injected mice were transcardially perfused, firstly with PBS, followed by 4 % (w/v) paraformaldehyde (PFA; in PBS, pH 7.4) under terminal anesthesia (sodium pentobarbital; 200 mg/kg, i.p.). L2 − L5 DRG were collected from the ipsilateral and contralateral sides and post-fixed for 1-hour (4 % PFA), followed by an overnight incubation in 30 % (w/v) sucrose (in PBS) at 4 °C for cryoprotection. DRG were next embedded in Shandon M-1 Embedding Matrix (Thermo Fisher Scientific), snap frozen in 2-methylbutane (Honeywell International) on dry ice and stored at -80 °C. Embedded DRG were sectioned (12 μm) using a Leica Cryostat (CM3000; Nussloch, Germany), mounted on Superfrost Plus microscope slides (Thermo Fisher Scientific) and stored at -20 °C until staining. One to three sections were chosen at random for analysis from each CFA-injected and contralateral side of four mice.

Slides were defrosted, washed with PBS-tween and blocked in antibody diluent solution: 0.2 % (v/v) Triton X-100, 5 % (v/v) donkey serum and 1 % (v/v) bovine serum albumin in PBS for 1-hour at room temperature before overnight incubation at 4 °C with primary antibodies anti-TRPV1 (1:1000, rabbit polyclonal, Abcam ab31895) and anti-TrkA (1:1000, goat polyclonal, R&D systems AF1056) in antibody diluent. Slides were washed three times using PBS-tween and incubated with species-specific conjugated secondary antibodies (1:1000, anti-rabbit Alexa-488

(Invitrogen, A21206) and anti-goat Alexa-568 (Invitrogen, A11057)) for 2-hours at room temperature (20-22 °C). Slides were washed in PBS-tween, mounted and imaged with an Olympus BX51 microscope (Tokyo, Japan) and QImaging camera (Surrey, Canada). Exposure levels were kept constant for each slide and the same contrast enhancements were made to all slides. Negative controls without the primary antibody showed no staining with either secondary.

Using ImageJ, the mean gray value of each neuron in a DRG section was measured and normalized between the highest and lowest intensity neuron for that section. The threshold used for scoring a neuron as positive for a stain was set as the normalized minimum gray value across all sections + 2 times SD.

Whole cell patch-clamp electrophysiology

At least three DRG neurons from the CFA-injected side (CFA) and contralateral (Cntrl) side from each animal were recorded. To try and maintain an even distribution of animals across all time points at which recordings were made, the same culture was used for 4-hours, 24-hours and 48-hours wherever possible, however, due to the paucity of labelled neurons and variability of culture conditions, this was not possible in some cases. In total, each of the conditions contained DRG neurons from 6-8 mice. At each time point recordings were made for-4 hours. The extracellular solution contained (in mM): NaCl (140), KCl (4), $MgCl_2$ (1), $CaCl_2$ (2), glucose (4) and HEPES (10) adjusted to the required pH (> 6.0) with NaOH. For solutions with pH < 6.0, MES was used instead of HEPES. Patch pipettes of 4-9 MΩ were pulled with a P-97 Flaming/Brown puller (Sutter Instruments; Novato, CA, USA) from borosilicate glass capillaries and the intracellular solution used contained (in mM): KCl (110), NaCl (10), $MgCl_2$ (1), EGTA (1),

HEPES (10), Na$_2$ATP (2), Na$_2$GTP (0.5) adjusted to pH 7.3 with KOH. Recordings were made

using a HEKA EPC-10 amplifier (Lambrecht, Germany) and the corresponding Patchmaster

software. FB labelled neurons were identified by their fluorescence upon excitation with a 365nm

LED (Cairn Research; Faversham, United Kingdom). For all experiments, DRG neurons were held

at -60 mV and whole cell currents were acquired at 20 kHz. Only neurons where an action potential

(AP) could be evoked in response to current injections and had a resting membrane potential more

negative than -40 mV were analyzed. Images of neurons were captured using a 40x objective on a

Nikon Eclipse Ti-S microscope and a Zyla 5.5 sCMOS camera (Andor; Belfast, United Kingdom),

followed by pixel to μm conversion to calculate their diameter using ImageJ software.

Testing Protocols:

Action potential generation: APs were generated by 80 ms current injections of 0-1050 pA in 50

pA steps. Threshold, amplitude, half peak duration (HPD) and afterhyperpolarisation duration

(AHP) (shown in Figure 2A) were measured using Fitmaster software (HEKA).

Acid sensitivity and TRP-agonist sensitivity: Solutions for determining acid sensitivity (pH 7,

pH 6, pH 5) and TRP-agonist sensitivity (capsaicin, cinnamaldehyde and menthol) were applied

in a random order to DRG neurons in 5 s pulses with at least 30 s wash period (with pH 7.4)

between stimuli. Solutions of 10 μM capsaicin (1 mM stock in 100% ethanol; Sigma-Aldrich),

100 μM cinnamaldehyde (10 mM stock in 100% ethanol; Merck) and 100 μM menthol (20 mM

stock in 100% ethanol; Alfa Aesar) were made up in pH 7.4 extracellular solution from their

respective stock solutions. Current amplitude was measured in Fitmaster (HEKA) by subtracting

the maximum peak response from the baseline (average of the first 3 s before stimulation), which

was then normalized by dividing by neuron capacitance to give current density.

GABA sensitivity: 100 μM GABA (100 mM stock in water; Sigma-Aldrich) was applied for 5 s followed by a 20 s wash with pH 7.4, then 100 μM GABA and 250 μM bicuculline (100 mM in DMSO; Sigma-Aldrich) were applied together for 5 s. Recovery from bicuculline block was assessed after 1 min by a subsequent 100 μM GABA application for 5 s. To test for the presence of the GABA$_A$-δ subunit, 100 μM of the δ agonist 4,5,6,7-tetrahydroisoxazolo[5,4-c]pyridin-3-ol hydrochloride (THIP, 100 mM stock in water; Sigma-Aldrich) was applied for 5 s.

Statistical Analysis

Comparison of CFA and Cntrl neuron electrophysiological properties was performed using a Student's unpaired t-test (two-sided), while comparison across time (4-hours, 24-hours and 48-hours) was made using a one-way ANOVA followed by a Holm-Sidak multiple comparison test. To compare proportions in patch-clamp and immunostaining experiments, a chi-squared test was used. Knee width before and after inflammation with CFA was compared using a Student's paired t-test (two-sided). Digging behavior of mice in different groups was compared using a repeated measures one-way ANOVA followed by a Holm-Sidak multiple comparison test. Data are presented as mean ± standard deviation.

Results

Inflammation and reduced well-being in mice after unilateral knee joint CFA injection

Injection of CFA into the knee joint produces acute and chronic inflammatory pain in mice

that models human arthritis [26]. To produce acute inflammation, 7-days after labelling knee-

innervating neurons by FB injection, CFA was injected into the left knee joint of mice (Figure 1A).

After 24-hours, we observed robust swelling indicative of edema and inflammation of the

ipsilateral knee (pre-CFA, 3.8 ± 0.3 mm vs. post-CFA, 4.6 ± 0.3 mm, $p < 0.0001$, $n = 17$, paired t-

test), but not the contralateral knee (pre-CFA, 3.7 ± 0.3 mm vs. post-CFA, 3.7 ± 0.2 mm, $n = 17$, p

> 0.9, paired t-test, Figure 1B, 1C); a pilot study found that FB injection alone induced no change

in knee width ($n = 6$, pre-FB, 3.9 ± 0.1 mm, post-FB, 4.0 ± 0.1 mm, $p = 0.4$, paired t-test)

Spontaneous pain is one of the most distressing features of arthritic conditions that reduces

the overall feeling of well-being [24,29] and it has been suggested that burrowing and digging

behaviors function as indicators of well-being in mice, such that a reduction in burrowing behavior

during inflammatory pain indicates diminished well-being [15,38]. Based on this hypothesis, we

measured digging behavior in a subset of mice ($n = 7$, timeline Figure 1A, see Video,

Supplementary Digital Content 1, which demonstrates post-FB and post-CFA of a mouse). During

a 3-minute test period, neither the time spent digging (pre-FB, 45.8 ± 15.8 s vs. post-FB, $39.8 \pm$

12.4 s, $t = 1.1$, ANOVA, Holm-Sidak's multiple comparison test, Figure 1D), nor the number of

burrows dug (pre-FB, 3.8 ± 0.7 vs. post FB, 3.7 ± 0.5, $t = 0.5$, ANOVA, Holm-Sidak's multiple

comparison test, Figure 1E) was altered following FB injection. However, CFA injection resulted

in decreased digging time (pre-CFA, 52.7 ± 23.9 s vs. post-CFA, 17.9 ± 18.4 s, $p = 0.003$, $t = 3.9$,

ANOVA, Holm-Sidak's multiple comparison test, Figure 1D) and a decreased number of burrows

dug (pre-CFA, 4.3 ± 0.5 vs. post-CFA, 2.1 ± 0.9, $p = 0.0003$, $t = 6.3$, ANOVA, Holm-Sidak's

multiple comparison test, Figure 1E), suggesting a significant impact to well-being, elicited by

joint inflammation. Comparison of post-FB and post-CFA time points also showed that CFA-

injection produced a reduction in the time spent digging ($p = 0.003$, $t = 4.8$, ANOVA, Holm-

Sidak's multiple comparison test) and in the number of burrows dug ($p = 0.0003$, $t = 4.2$, ANOVA,

Holm-Sidak's multiple comparison test).

Action potential threshold of knee neurons decreases after intra-articular CFA injection.

250   To determine if altered sensory input may underlie the inflammation-induced decrease in

digging behavior observed, we characterized the electrical properties of knee-innervating DRG

neurons isolated from mice undergoing unilateral CFA knee injection as above (CFA neurons);

DRG neurons innervating the contralateral knee were used as control (Cntrl neurons). *In vivo*

recordings from rat joint afferents have shown increased excitability during inflammation [27].

Therefore, we hypothesized that AP threshold would decrease in mouse knee neurons following

CFA-injection.

257   We recorded electrically-evoked APs from CFA neurons (Figure 2A) (CFA, $n = 25$) and

Cntrl neurons ($n = 27$) with similar diameters (Figure 2B, Table 1) after 4-hours in culture. The

AP threshold of CFA neurons was ~ 30 % lower compared to Cntrl neurons ($p = 0.01$, unpaired t-

test) (Figure 2C, Table 1), suggesting hyperexcitability and sensitization of these neurons. By

contrast, there was no change in the HPD ($p = 0.3$, unpaired t-test, Figure 2D) or amplitude ($p =$

0.7, unpaired t-test, Table 1) of the electrically-evoked APs following inflammation, whilst the

AHP increased ($p = 0.009$, unpaired t-test, Figure 2E).

Acid-sensitivity does not change in knee neurons following inflammation.

Tissue acidosis occurs in some forms of inflammation in humans [18,23], and in rodents

there are also contrasting findings [2,69]. We used a range of pH solutions to determine if knee

neuron acid-sensitivity changes following knee CFA injection. Depending upon the pH stimulus

used, virtually all neurons responded with an inward current (pH 7 = 80.6 ± 4.6 %, pH 6 = 98.0 ±

2.0 % and pH 5 = 100 %). A small proportion of neurons showed a rapidly activating transient

inward current followed by a sustained phase (transient + sustained) at pH 6 and pH 5. These

currents were likely mediated by acid-sensing ion channels (ASICs) and their frequency was

unaltered in CFA neurons (CFA, 16.3 ± 3.7 %; Cntrl, 11.1 ± 3.7 %, combined mean of pH 6 and

pH 5) (Figure 3A, 3B). Sustained currents were the dominant response at all the pH tested (Figure

3A, C) and no difference was observed in the amplitude of response to any pH stimulus between

CFA and Cntrl neurons (Figure 3D-F, Table 2). Overall, this suggests that there was no significant

change in acid sensitivity in articular neurons during acute inflammation.

Inflammation increases the proportion of TRPV1 expressing knee neurons.

Sensory neurons express a variety of TRP channels involved in thermo- and chemosensing

and these are both activated and sensitized by a range of inflammatory mediators [45]. To

determine if any change in TRP-mediated chemosensitivity occurs in knee neurons following acute

inflammation, we tested 10 μM capsaicin, 100 μM cinnamaldehyde and 100 μM menthol, agonists

of TRPV1, TRPA1 and TRPM8 respectively.

The percentage of capsaicin-sensitive CFA neurons increased significantly compared to

Cntrl neurons (CFA, 72 % vs. Cntrl, 44 %, p = 0.02, chi-sq test, Figure 4A). However, there was

no change in the peak current density of capsaicin-evoked currents (p = 0.3, unpaired t-test, Table

2). By contrast, no change in the percentage of cinnamaldehyde-sensitive (CFA, 40 %, Cntrl, 67

% p = 0.06; chi-sq test, Figure 4B) or menthol-sensitive neurons (CFA, 35 %, Cntrl, 51 %, p = 0.2,

chi-sq test, Figure 4C) was observed, nor was there any difference in the peak current density of

either cinnamaldehyde- or menthol-evoked currents following inflammation (Table 2,

cinnamaldehyde, p = 0.1; menthol, p = 0.8, unpaired t-test). An increased proportion of knee DRG

neurons responding to capsaicin in inflammation suggests recruitment of a previously capsaicin

"silent" population (Figure 4D).

To confirm that an increase in the proportion of capsaicin sensitive knee neurons is due to

increased TRPV1 expression, we conducted immunohistochemistry on whole DRG sections (L2-

L5) from ipsilateral (CFA, n = 1089 neurons) and contralateral (Cntrl, n = 1334 neurons) sides of

four mice (Figure 4Ei). A significantly higher proportion of CFA neurons displayed TRPV1

expression (59.7%) compared to Cntrl neurons (44.6 %, p < 0.0001, chi-sq test, Figure 4Eii). Nerve

growth factor (NGF) is an important inflammatory mediator implicated in arthritis that binds to its

high affinity receptor tropomyosin receptor kinase A (TrkA) and can increase TRPV1 expression

[37]. Hence, we hypothesized that the increased TRPV1 expression observed will occur in TrkA

positive neurons, leading to increased TRPV1 and TrkA coexpression. Although, the proportion

of knee neurons expressing TrkA (CFA, 39.3 %, Cntrl, 42.6 %) (Figure 4Eii) was not greater in

CFA neurons than Cntrl neurons, there was a small, yet significant, increase in the proportion of

CFA neurons co-expressing TRPV1 and TrkA compared to Cntrl neurons (CFA, 24.8 %; Cntrl,

29.8 %, p = 0.02, chi-sq test, Figure 4Eii). Taken together, our data suggests that NGF-TrkA

signaling contributes, alongside as yet unknown pathways, to driving increased TRPV1 expression

following CFA.

Sustained GABA$_A$-evoked current magnitude increases in knee neurons following inflammation.

An inflammation-induced increase in amplitude of GABA-evoked currents has been reported in skin-labeled rat DRG neurons, suggesting that altered GABAergic signaling may be important in inflammatory pain [75]. We observed that 100 μM GABA evoked a response in 76 % of CFA and 96 % of Cntrl neurons (p = 0.03, chi-sq test). Two types of GABA response were observed. In the first, the current reached a peak within 1.5 s of GABA application and was classified as transient + sustained (TS). Two subtypes of TS responses were observed: one showing relatively monophasic desensitization throughout GABA application (Figure 5Ai) and a second showing a far slower desensitization that produced a more stable sustained phase (Figure 5Aii); due to the paucity of neurons in the first subgroup and since no response returned to baseline within 5 s, both types were included in the TS group. The second type of GABA-evoked response did not reach its peak within the first 1.5 s, showed no desensitization and was classified as sustained (S, Figure 5Aiii). The frequency of TS and S responses in CFA and Cntrl neurons was similar (CFA: TS, 48 %, S, 28 % vs. Cntrl: TS, 52 %, S, 44 %, Figure 5 Bi). Although no difference in GABA-evoked peak current density was observed overall between CFA and Cntrl neurons (Figure 5Bii, Table 2), GABA-evoked S type currents were of larger magnitude in CFA than Cntrl neurons (CFA, 8.0 ± 10.7 pA/pF, n =7 vs. Cntrl, 1.1 ± 2.5 pA/pF, n = 14, p = 0.03, unpaired t-test), whereas no such difference was observed for TS type currents (CFA, 6.7 ± 8.5 pA/pF, n =12 vs. Cntrl, 6.5 ± 6.8, n = 12, p = 0.5, unpaired t-test) (Figure 5Biii).

Due to inflammation producing an increase in the magnitude of S type GABA-evoked currents, we investigated the subunit composition of these GABA receptors. The GABA$_A$ antagonist, bicuculline, inhibited GABA responses by more than 50 % in 6/7 CFA DRG and 8/12

Cntrl DRG (Figure 5Ci), with all GABA-evoked currents being sensitive to bicuculline to some

extent. These results concur with the previous observation that a fraction of GABA-evoked

currents in rat DRG neurons is bicuculline insensitive [41]. S type $GABA_A$ currents can be

mediated by δ subunit containing $GABA_A$ receptors [41] and thus we tested the ability of the δ

subunit containing $GABA_A$ receptor agonist THIP to evoke currents in knee neurons. A sustained

current in response to THIP was observed in 4/8 CFA and 6/11 Cntrl neurons, indicating

expression of δ-subunit containing $GABA_A$ receptors in knee neurons (Figure 5Ci, Cii). The peak

current density of THIP-evoked currents was similar (p = 0.9, unpaired t-test) in CFA (0.6 ± 0.4

pA/pF) and Cntrl (0.5 ± 0.3 pA/pF) neurons. However, not all the neurons with S type GABA

response showed THIP sensitivity. Combined with the presence of bicuculline insensitive currents,

the lack of response to THIP in all neurons with S currents suggests expression of either ρ subunit

containing $GABA_A$ receptors, or perhaps $GABA_B$ receptors, both of which produce sustained

currents in response to GABA [10]. Taken together, our data indicates the presence of diverse

$GABA_A$ receptor subunits in CFA and Cntrl neurons and demonstrates an increase in GABA-

mediated neuronal excitation following knee inflammation.

Time-in-culture leads to loss of inflammation-induced sensitization of knee neurons.

The period of time that neurons are left in culture for (time-in-culture) and constituents of

the culture medium can greatly alter neuronal excitability [54,68]. To systematically characterize

the effect of time-in-culture in our system, we repeated the experiments described above on the

CFA and Cntrl knee neurons after 24-hours (CFA, n = 25; Cntrl, n = 22) and 48-hours (CFA, n =

23; Cntrl, n = 22) in culture.

No change was observed in the resting membrane potential, capacitance (Table 1) or AP

amplitude (Table 1, CFA, p = 0.4, Cntrl, p = 0.06, ANOVA) across the 3 time points. By contrast,

whereas the AP threshold was similar across time points for CFA knee neurons (p = 0.06,

ANOVA), it decreased for Cntrl neurons after 48-hours in culture compared to 24-hours (p = 0.03,

ANOVA, Holm-Sidak multiple comparison test, Table 1). Interestingly, the inflammation-induced

decrease in AP threshold of CFA neurons compared to Cntrl neurons that was observed at 4-hours

(Figure 2C) and 24-hours (p = 0.002, unpaired t-test, Table 1) had disappeared after 48-hours in

culture (Table 1, p = 0.44, unpaired t-test), which suggests that time-in-culture leads to a loss of

inflammation-induced hyperexcitability. There was also a distinct AP widening characterized by

an increase in both HPD and AHP in the 48-hours group for Cntrl neurons, but just the HPD in

CFA neurons. HPD increased by ~ 60 % after 48-hours in both CFA (p = 0.01, ANOVA) and Cntrl

(p = 0.007, ANOVA) neurons compared to the 4-hours group (Table 1). In Cntrl neurons, AHP

increased by 191 % in the 48-hours group compared to 4-hours and 81 % compared to 24-hours

group (p = 0.0002, ANOVA, Holm-Sidak multiple comparison test, Table 1). One CFA and one

Cntrl neuron in the 48-hours culture group were excluded from this analysis because of a highly

different AP waveform that could not be analyzed using the same measurements.

With regards to knee neuron acid sensitivity, the percentage of neurons with transient +

sustained currents in response to pH 6 and pH 5 at 24-hours and 48-hours (see Figure,

Supplementary Digital Content 2A showing time-in-culture effects on acid of knee neurons after

inflammation) was similar to that at 4-hours (Figure 3A). Although a largely reversible increase in

pH 7- (CFA and Cntrl) and pH 5-evoked (Cntrl) current amplitude was observed at 24-hours (pH

7: CFA, p = 0.005; Cntrl, p = 0.0003, ANOVA; pH 6: CFA, p = 0.06; Cntrl, p = 0.08, ANOVA;

and pH 5: CFA, p = 0.06; Cntrl, p = 0.008, ANOVA) (Table 2), there was no clear trend across

different pH stimuli for either CFA or Cntrl neurons.

For knee neuron TRP-mediated chemosensitivity, the CFA-induced increase in the

proportion of capsaicin-sensitive neurons observed at 4-hours was maintained at 24-hours (CFA,

88 % vs. Cntrl, 50%, p = 0.004, chi-sq test), but was absent in the 48-hours group (CFA, 54.2 %

vs. Cntrl, 43.5 %, p = 0.5, chi-sq test), a result that further confirms our observations that after 48-

hours in culture the inflammation-induced effects are lost. In addition, the proportion of

cinnamaldehyde (CFA, 33.3 %; Cntrl, 21.7 %) and menthol-sensitive (CFA, 33.3 %; Cntrl, 13.0

%) neurons after 48-hours in culture decreased compared to the other two time points, although

this decrease was only significant in Cntrl neurons (cinnamaldehyde, p = 0.0006; menthol, p =

0.005, chi-sq test) (see Figure, Supplementary Digital Content 2B, showing time-in-culture effects

on TRP agonist of knee neurons after inflammation). No significant difference in the peak current

density of TRP agonist-evoked currents was observed across time-in-culture (Table 2).

When GABA-evoked currents were split into TS and S types, no changes in the peak

current density were observed between CFA and Cntrl after 24-hours or 48-hours in culture.

However, combining both TS and S currents, CFA neurons had larger amplitude GABA-evoked

currents than Cntrl neurons after 24-hours in culture (p = 0.01, unpaired t-test, Table 2); an effect

that was not seen in the 48-hours group (p = 0.2, unpaired t-test, Table 2). Previously, it has been

shown in cultured rat DRG neurons that the proportion of S type GABA-evoked currents increased

with time-in-culture [41], a result replicated here in mouse knee neurons (CFA, p = 0.03, Cntrl, p

= 0.02, chi-sq test, see Figure, Supplementary Digital Content 2C, showing time-in-culture effects

on GABA sensitivity of knee neurons after inflammation). From this data, we would recommend

not using DRG neurons for longer than 28-hours in culture to prevent loss of inflammation-induced

sensitization events.

TRPV1 inhibition reverses inflammation induced decrease in digging behavior.

From our characterization of CFA and Cntrl neurons, knee neuron TRPV1 expression

emerged as an important target in CFA-induced knee inflammation. We hypothesized that TRPV1

underlies our observed knee inflammation-induced decrease in digging behavior observed in mice

and that the TRPV1 antagonist A-425619 would thus reverse this decrease. On day 2 of our

experimental timeline (Figure 6A), both the CFA group (n = 10) and saline group (n = 7) spent a

similar amount of time digging (CFA, 31.1 ± 19.4 s; Saline, 33.8 ± 17.0 s) and produced a similar

number of burrows (CFA, 4.3 ± 1.2; Saline, 3.4 ± 0.9). Following CFA/saline injection, the CFA

group showed an expected decrease in digging duration (17.4 ± 16.4 s, $p = 0.001$, $t = 3.6$, ANOVA,

Holm-Sidak multiple comparison test, Figure 6B), which was reversed 30 min after the injection

of A-425619 (36.4 ± 22.2 s, $p = 0.001$, $t = 3.9$, ANOVA, Holm-Sidak multiple comparison test,

Figure 6B). A similar result was also obtained with the number of burrows (post-CFA, 2.1 ± 1.0,

$p < 0.0001$, $t = 5.0$; post-Ant, 4.0 ± 0.6, $t = 5.7$, ANOVA, Holm-Sidak multiple comparison test,

Figure 6C). In contrast, the saline group did not show a decrease in digging behavior 24-hours

after saline injection into the knee (Digging duration, 33.1 ± 14.0 s, $p = 0.5$; # Burrows, 3.7 ± 1.4,

$p = 0.7$, ANOVA, Figure 6D, 6E), further confirming that intra-articular injections do not affect

digging behavior. The TRPV1 antagonist A-425619 also produced no effect on digging behavior

in the saline group (Digging duration, 25.9 ± 16.6 s, $p = 0.5$; # Burrows, 3.3 ± 1.1, $p = 0.7$, ANOVA,

Figure 6D, 6E), i.e. inhibiting TRPV1 does not interfere with spontaneous digging activity of mice.

These results confirm that TRPV1 is an important mediator of inflammatory knee pain and

contributes to the inflammation-induced decrease in digging behavior in mice.

Discussion

CFA evokes both acute (within 18 hours) and chronic (> 6 weeks) inflammatory pain

[35,39], as demonstrated by altered evoked-pain behaviors, such as hot/cold plate tests. However,

such evoked-pain tests are neither ethologically relevant to rodents, nor model experience of

human chronic pain [48]. Consequently, innate rodent behaviors, such as burrowing, digging and

nest-building that seek to mirror human activities of daily living have been explored as pain assays

[15,38]. A decrease in burrowing behavior has been used to assess pain-like behavior after CFA-

induced knee inflammation in rats [50] and digging is a similar innate behavior that is quick and

easy to test in a laboratory [15]. Here we show that 24-hours after CFA-induced knee

inflammation, mice spent significantly decreased time digging, suggesting that digging can be used

as an ethologically relevant pain assay in mice; importantly, intra-articular injection of the

retrograde tracer FB did not alter digging behavior.

To study the neural basis for the inflammation-induced change in behavior observed, we

combined electrophysiology with retrograde labelling of the knee joints, i.e. those neurons exposed

to the inflammatory insult. We found that knee neurons have a decreased AP threshold and

increased AHP following CFA-induced knee inflammation. The recorded increased AHP in CFA

neurons is perhaps contradictory because an increase in current mediated by hyperpolarization-

activated cyclic nucleotide-gated ion channels (HCN), and thus a decrease in AHP, is associated

with repetitive firing, as shown by one study in trigeminal ganglia neurons after CFA-induced

inflammation [22]. However, other studies using CFA-induced hind limb inflammation either

observed no change in AHP (like our data at 24-hours in culture) [17] or reported a decrease in

AHP only in C-fibers [66]. Therefore, our data possibly demonstrates the multifaceted nature of

the molecular mechanisms regulating AHP, a suggestion supported by the wide range of AHP

values reported [16,40].

TRP channels are cellular sensors of thermal, physical and chemical stimuli [45] and

inflammatory mediators released during joint pain can sensitize TRP channels [71]. TRPV1 [72],

TRPA1 [61] and TRPM8 [5] are expressed in nociceptors and are involved in hyperalgesia.

However, the role of TRPV1 and TRPA1 in acute inflammatory joint pain is unclear. Some studies

report that TRPV1$^{-/-}$ mice do not develop CFA- [39] or carrageenan- [14] induced hyperalgesia

and others have shown that in DRG neurons TRPV1 protein expression increases in CFA-induced

inflammation [1,37,70]. In direct contrast, other studies failed to show increased neuronal TRPV1

protein [4,74] or mRNA expression [37] following CFA-induced inflammation. Similarly,

TRPA1$^{-/-}$ mice show normal development of CFA-induced hyperalgesia in some studies [20,46],

whereas others report attenuation of CFA- and carrageenan-induced hyperalgesia in TRPA1$^{-/-}$ mice

[25,44] or following administration of a TRPA1 antagonist [6,51]. We provide

electrophysiological evidence that the proportion of capsaicin-sensitive knee neurons increases

during acute inflammation from ~ 50% to ~80%, suggesting recruitment of a previously silent

neuronal population. We validate this electrophysiology result through immunohistochemistry,

demonstrating a similar magnitude increase in the proportion of TRPV1 expressing knee neurons;

the observed TRPV1 expression in contralateral knee-innervating neurons reported here agrees

with previous findings in rodents [13]. Multiple mechanisms may contribute to this process, for

example, NGF released from a variety of cell types in arthritic joints may bind to TrkA and get

retrogradely transported to DRG neurons to drive TRPV1 expression. Indeed, increased levels of

NGF are found in rheumatic diseases and anti-NGF/TrkA therapy reduces arthritic pain in human

and animal models (reviewed in [55]). With regard to CFA-induced pain, it has been previously

shown that the proportion of TrkA-expressing neurons innervating bone does not increase

following CFA-induced bone pain [52] . We also observed no change in TrkA expression, but did

observe a slight, yet significant, increase in TrkA-TRPV1 co-expression following knee

inflammation which suggests that NGF-TrkA signaling plays a role in the increased TRPV1

expression observed here.

Protons are algogens detected by sensory neurons through a variety of means, including

ASICs, TRPV1, background K^+ channels, chloride channels and proton-sensing G-protein coupled

receptors [33]. There is conflicting evidence surrounding the role of ASICs in inflammatory pain,

some studies showing no change, others decreased pain and still others increased pain [47,57]. In

terms of joint inflammation, $ASIC3^{-/-}$, $TDAG8^{-/-}$ (a proton-sensing GPCR) and $TRPV1^{-/-}$ mice

showed decreased hyperalgesia in an ankle inflammation model [35]. In addition, Ikeuchi *et al*

[36] observed upregulation of ASIC3 immunoreactivity in knee-innervating DRG neurons after

carrageenan-induced acute knee inflammation in mice. By contrast, ASIC1, ASIC2 and ASIC3

knockout mice did not display attenuated thermal or mechanical hyperalgesia after intraplantar

CFA injection, suggesting that these ASIC subunits play no role in cutaneous CFA-induced

hyperalgesia [60]. We evaluated direct proton activation of knee neurons and found that acid-

evoked currents are neither enhanced, nor is there any change in the proportion of ASIC-like

currents, following CFA-induced knee inflammation, results that might explain the lack of

phenotype observed in certain studies.

Information transfer from peripheral to central afferents is modulated by GABAergic

signaling. Although an inhibitory neurotransmitter in the central nervous system, GABA produces

membrane depolarization through Cl^- efflux in DRG neurons owing to the relatively high

intracellular $[Cl^-]$ [62]. GABA-evoked currents in sensory neurons are predominantly $GABA_A$

receptor mediated, (identified by their sensitivity to $GABA_A$ antagonist, bicuculline) with diverse

subunit composition [41]. As shown previously in rat DRG neurons [41], we recorded both

transient and sustained GABA-evoked currents from mouse knee neurons that were largely

inhibited by the $GABA_A$ antagonist bicuculline. In addition, our finding that approximately half

of all knee neurons were activated by the $GABA_A$-δ subunit agonist, THIP, suggests common

expression of the δ-subunit, although the proportion of THIP-activated neurons did not change

after CFA injection. The fact that bicuculline did not completely abolish GABA-evoked currents

indicates the likely presence of ρ subunits in $GABA_A$ receptors, as has previously been reported

in rat DRG neurons [41], or the presence of $GABA_B$ receptor expression (both ρ containing

$GABA_A$ receptors and $GABA_B$ receptors are insensitive to bicuculline block). Under normal

conditions, GABA-mediated excitation of primary afferent neurons causes primary afferent

depolarization, an inhibitory action due to inducing inactivation of voltage gated sodium channels

(i.e. depolarizing block). However, following tissue injury, primary afferent depolarization is

larger and can actually generate AP to produce pain by excitation of presynaptic $GABA_A$ receptors

[9,67]. In this study, we found a decrease in number of GABA responsive CFA neurons, but an

increase in the magnitude of GABA-evoked currents compared to Cntrl neurons indicating a

potential $GABA_A$ mediated decrease in presynaptic inhibition and an increase in presynaptic

excitation.

Furthermore, we addressed how time-in-culture affects the electrophysiological properties

of neurons isolated from mice undergoing CFA-induced inflammation. Acutely dissociated DRG

neurons have been extensively studied with patch clamp electrophysiology, however the definition

of "acute" varies. While some studies have recorded within 8-hours of dissection, it is more

common to record after overnight incubation (18–28-hours). This variability can potentially

confound results on inflammation-induced sensitization, as AP properties change with time-in-

culture. Here we show AP broadening, and a slight decrease in AP threshold in neurons from the

contralateral side as reported before during a similar time course [54]. We also show that time-in-

culture does not affect inflammation-induced lowering of AP threshold up to 28-hours in culture,

but that the lowered threshold is lost at 48-hours in culture. Understanding how time-in-culture

alters neuronal excitability is important for correctly designing studies. For example, we (present

study) and others [41] have shown that S type GABA-evoked responses increase in prevalence

with time-in-culture. The present study also shows a decline in the frequency of response to

capsaicin, cinnamaldehyde and menthol and the inflammation-induced increase in frequency of

capsaicin-sensitive neurons, although maintained for up to 28-hours in culture is lost after 48-

hours. By contrast, acid-sensitivity remained relatively stable across all time points.

In summary, we show that following unilateral acute inflammation of the knee, knee

neurons have 1) a lower AP threshold 2) increased sensitivity to capsaicin and expression of

TRPV1 and 3) an increasing trend in the magnitude of GABA-evoked currents up to 28-hours in

culture. This specific sensitization signature of knee neurons highlights the importance of studying

DRG neurons as a spatially heterogeneous group. Among these different modes of sensitization

that likely contribute to the decreased mouse digging behavior following knee inflammation, an

increase in TRPV1 function is perhaps most clinically relevant to inflammatory arthritis (reviewed

in [21]). Indeed, it has recently been shown that intra-articular administration of a TRPV1

antagonist attenuated early osteoarthritic pain in a mono-sodium iodoacetate model [30].

Historically in pre-clinical models, TRPV1 antagonists attenuated thermal hyperalgesia, but their

efficacy in mechanical hyperalgesia and ongoing pain is unclear [7]. The peripherally restricted

TRPV1 antagonist, A-425619, has been previously shown to reverse thermal and mechanical

hypersensitivity in rat CFA models and also restore weight bearing ability in rat osteoarthritis

models [34]. Here we report that systemic administration of A-425619 is also able to restore the

reduction in spontaneous digging behavior in mice brought about by CFA-induced knee

inflammation, which further establishes TRPV1 as an important drug target in inflammatory joint

pain.

(1491 words, limit 1500)

Acknowledgments

The authors would like to thank Julie Gautrey and Chris Cardinal for technical assistance with

animal work. This work was supported by an Arthritis Research UK Grant (G.C. and E.St.J.S., RG

20930), a Rosetrees Postdoctoral Grant (J.R.F.H. and E.St.J.S., A1296), S.C. was supported by a

Gates Cambridge Trust scholarship and L.A.P. was supported by the University of Cambridge

BBSRC Doctoral Training Programme (BB/M011194/1).

The authors declare no conflict of interest regarding information in the present report.

References

[1]   Amaya F, Oh-hashi K, Naruse Y, Iijima N, Ueda M, Shimosato G, Tominaga M, Tanaka Y, Tanaka M. Local inflammation increases vanilloid receptor 1 expression within distinct subgroups of DRG neurons. Brain Research 2003;963:190–196.

[2]   Andersson SE, Lexmuller K, Johansson A, Ekstrom GM. Tissue and intracellular pH in normal periarticular soft tissue and during different phases of antigen induced arthritis in the rat. J Rheumatol 1999;26:2018–2024.

[3]   Arendt-Nielsen L. Joint pain: more to it than just structural damage? PAIN 2017;158.

[4]   Bär K-J, Schaible H-G, Bräuer R, Halbhuber K-J, von Banchet GS. The proportion of TRPV1 protein-positive lumbar DRG neurones does not increase in the course of acute and chronic antigen-induced arthritis in the knee joint of the rat. Neuroscience Letters 2004;361:172–175.

[5]   Behrendt H-J, Germann T, Gillen C, Hatt H, Jostock R. Characterization of the mouse cold-menthol receptor TRPM8 and vanilloid receptor type-1 VR1 using a fluorometric imaging plate reader (FLIPR) assay. British Journal of Pharmacology 2004;141:737–745.

[6]   Bonet IJM, Fischer L, Parada CA, Tambeli CH. The role of transient receptor potential A 1 (TRPA1) in the development and maintenance of carrageenan-induced hyperalgesia. Neuropharmacology 2013;65:206–212.

[7]   Brandt MR, Beyer CE, Stahl SM. TRPV1 Antagonists and Chronic Pain: Beyond Thermal Perception. Pharmaceuticals 2012;5:114–132.

[8]   Caceres AI, Liu B, Jabba SV, Achanta S, Morris JB, Jordt S. Transient Receptor Potential Cation Channel Subfamily M Member 8 channels mediate the anti-inflammatory effects of eucalyptol. British Journal of Pharmacology 2017;174:867–879.

[9]   Cervero F, Laird JMA, García-Nicas E. Secondary hyperalgesia and presynaptic inhibition: an update. European Journal of Pain 2003;7:345–351.

[10]   Chebib M, Johnston GAR. The "ABC" of GABA receptors: a brief overview. Clinical and Experimental Pharmacology and Physiology 2001;26:937–940.

[11]   Chen W, Walwyn W, Ennes HS, Kim H, McRoberts JA, Marvizón JCG. BDNF released during neuropathic pain potentiates NMDA receptors in primary afferent terminals. The European journal of neuroscience 2014;39:1439–1454.

[12]   Chen Y, Willcockson HH, Valtschanoff JG. Vanilloid receptor TRPV1-mediated phosphorylation of ERK in murine adjuvant arthritis. Osteoarthritis and Cartilage 2009;17:244–251.

[13] Cho WG, Valtschanoff JG. Vanilloid receptor TRPV1-positive sensory afferents in the
mouse ankle and knee joints. Brain Research 2008;1219:59–65.

[14] Davis JB, Gray J, Gunthorpe MJ, Hatcher JP, Davey PT, Overend P, Harries MH,
Latcham J, Clapham C, Atkinson K, Hughes SA, Rance K, Grau E, Harper AJ, Pugh PL,
Rogers DC, Bingham S, Randall A, Sheardown SA. Vanilloid receptor-1 is essential for
inflammatory thermal hyperalgesia. Nature 2000;405:183.

[15] Deacon RMJ. Digging and marble burying in mice: simple methods for in vivo
identification of biological impacts. Nature Protocols 2006;1:122.

[16] Djouhri L, Bleazard L, Lawson SN. Association of somatic action potential shape with
sensory receptive properties in guinea-pig dorsal root ganglion neurones. The Journal of
Physiology 1998;513:857–872.

[17] Djouhri L, Lawson SN. Changes in somatic action potential shape in guinea-pig
nociceptive primary afferent neurones during inflammation in vivo. The Journal of
Physiology 1999;520:565–576.

[18] Farr M, Garvey K, Bold AM, Kendall MJ, Bacon PA. Significance of the hydrogen ion
concentration in synovial fluid in rheumatoid arthritis. Clin Exp Rheumatol 1985;3:99–
104.

[19] Fernandes ES, Russell FA, Alawi KM, Sand C, Liang L, Salamon R, Bodkin JV, Aubdool
AA, Arno M, Gentry C, Smillie S-J, Bevan S, Keeble JE, Malcangio M, Brain SD.
Environmental cold exposure increases blood flow and affects pain sensitivity in the knee
joints of CFA-induced arthritic mice in a TRPA1-dependent manner. Arthritis Research &
Therapy 2016;18:7.

[20] Fernandes ES, Russell FA, Spina D, McDougall JJ, Graepel R, Gentry C, Staniland AA,
Mountford DM, Keeble JE, Malcangio M, Bevan S, Brain SD. A Distinct Role for
Transient Receptor Potential Ankyrin 1, in Addition to Transient Receptor Potential
Vanilloid 1, in Tumor Necrosis Factor alpha-Induced Inflammatory Hyperalgesia and
Freund's Complete Adjuvant-Induced Monarthritis. Arthritis and Rheumatism
2011;63:819–829.

[21] Fernandes ES, S A, R K, Brain S. TRP Receptors in Arthritis, Gaining Knowledge for
Translation from Experimental Models. 2013 p.

[22] Flake NM, Gold MS. Inflammation alters sodium currents and excitability of
temporomandibular joint afferents. Neuroscience Letters 2005;384:294–299.

[23] Fujii W, Kawahito Y, Nagahara H, Kukida Y, Seno T, Yamamoto A, Kohno M, Oda R,
Taniguchi D, Fujiwara H, Ejima A, Kishida T, Mazda O, Ashihara E. Monocarboxylate
Transporter 4, Associated With the Acidification of Synovial Fluid, Is a Novel
Therapeutic Target for Inflammatory Arthritis. Arthritis & Rheumatology 2015;67:2888–
2896.

[24] Gareth J. Treharne, George D. Kitas, Antonia C. Lyons, David A. Booth. Well-being in
Rheumatoid Arthritis: The Effects of Disease Duration and Psychosocial
Factors. J Health Psychol 2005;10:457–474.

[25] Garrison SR, Stucky CL. Contribution of Transient Receptor Potential Ankyrin 1 to
Chronic Pain in Aged Mice With Complete Freund's Adjuvant–Induced Arthritis.
Arthritis & Rheumatology 2014;66:2380–2390.

[26] Gauldie SD, McQueen DS, Clarke CJ, Chessell IP. A robust model of adjuvant-induced
chronic unilateral arthritis in two mouse strains. J Neurosci Methods 2004;139:281–291.

[27] Grubb BD, Birrell GJ, McQueen DS, Iggo A. The role of PGE2 in the sensitization of
mechanoreceptors in normal and inflamed ankle joints of the rat. Experimental Brain
Research 1991;84:383–392.

[28] Hannan MT. Epidemiologic perspectives on women and arthritis: An overview. Arthritis
& Rheumatism 1996;9:424–434.

[29] Hawker GA, Stewart L, French MR, Cibere J, Jordan JM, March L, Suarez-Almazor M,
Gooberman-Hill R. Understanding the pain experience in hip and knee osteoarthritis – an
OARSI/OMERACT initiative. Osteoarthritis and Cartilage n.d.;16:415–422.

[30] Haywood AR, Hathway GJ, Chapman V. Differential contributions of peripheral and
central mechanisms to pain in a rodent model of osteoarthritis. Scientific Reports
2018;8:7122.

[31] Hillery CA, Kerstein PC, Vilceanu D, Barabas ME, Retherford D, Brandow AM,
Wandersee NJ, Stucky CL. Transient receptor potential vanilloid 1 mediates pain in mice
with severe sickle cell disease. Blood 2011;118:3376–3383.

[32] Hockley JRF, Taylor TS, Callejo G, Wilbrey AL, Gutteridge A, Bach K, Winchester WJ,
Bulmer DC, McMurray G, Smith ESJ. Single-cell RNAseq reveals seven classes of
colonic sensory neuron. Gut 2018. doi:10.1136/gutjnl-2017-315631.

[33] Holzer P. Acid-sensitive ion channels and receptors. Handbook of experimental
pharmacology 2009:283–332.

[34] Honore P, Wismer CT, Mikusa J, Zhu CZ, Zhong C, Gauvin DM, Gomtsyan A, El
Kouhen R, Lee C-H, Marsh K, Sullivan JP, Faltynek CR, Jarvis MF. A-425619 [1-
Isoquinolin-5-yl-3-(4-trifluoromethyl-benzyl)-urea], a Novel Transient Receptor Potential
Type V1 Receptor Antagonist, Relieves Pathophysiological Pain Associated with
Inflammation and Tissue Injury in Rats. J Pharmacol Exp Ther 2005;314:410.

[35] Hsieh W-S, Kung C-C, Huang S-L, Lin S-C, Sun W-H. TDAG8, TRPV1, and ASIC3
involved in establishing hyperalgesic priming in experimental rheumatoid arthritis.
Scientific Reports 2017;7:8870.

[36] Ikeuchi M, Kolker SJ, Sluka KA. Acid-sensing ion channel 3 expression in mouse knee
joint afferents and effects of carrageenan-induced arthritis. J Pain 2009;10.
doi:10.1016/j.jpain.2008.10.010.

[37] Ji R-R, Samad TA, Jin S-X, Schmoll R, Woolf CJ. p38 MAPK Activation by NGF in
Primary Sensory Neurons after Inflammation Increases TRPV1 Levels and Maintains Heat
Hyperalgesia. Neuron 2002;36:57–68.

[38] Jirkof P. Burrowing and nest building behavior as indicators of well-being in mice.
Journal of Neuroscience Methods 2014;234:139–146.

[39] Keeble J, Russell F, Curtis B, Starr A, Pinter E, Brain SD. Involvement of transient
receptor potential vanilloid 1 in the vascular and hyperalgesic components of joint
inflammation. Arthritis and Rheumatism 2005;52:3248–3256.

[40] Lawson SN, McCarthy PW, Prabhakar E. Electrophysiological properties of neurones
with CGRP-like immunoreactivity in rat dorsal root ganglia. Journal of Comparative
Neurology 1996;365:355–366.

[41] Lee KY, Charbonnet M, Gold MS. Upregulation of high affinity GABA(A) receptors in
cultured rat dorsal root ganglion neurons. Neuroscience 2012;208C:133–142.

[42] Lewis T. Study of Somatic Pain. British Medical Journal 1938;1:321–325.

[43] Li C-L, Li K-C, Wu D, Chen Y, Luo H, Zhao J-R, Wang S-S, Sun M-M, Lu Y-J, Zhong
Y-Q, Hu X-Y, Hou R, Zhou B-B, Bao L, Xiao H-S, Zhang X. Somatosensory neuron
types identified by high-coverage single-cell RNA-sequencing and functional
heterogeneity. Cell Research 2015;26:83.

[44] Moilanen LJ, Laavola M, Kukkonen M, Korhonen R, Leppänen T, Högestätt ED,
Zygmunt PM, Nieminen RM, Moilanen E. TRPA1 Contributes to the Acute Inflammatory
Response and Mediates Carrageenan-Induced Paw Edema in the Mouse. Scientific
Reports 2012;2:380.

[45] Moore C, Gupta R, Jordt S-E, Chen Y, Liedtke WB. Regulation of Pain and Itch by TRP
Channels. Neuroscience Bulletin 2018;34:120–142.

[46] Petrus M, Peier AM, Bandell M, Hwang SW, Huynh T, Olney N, Jegla T, Patapoutian A.
A role of TRPA1 in mechanical hyperalgesia is revealed by pharmacological inhibition.
Molecular Pain 2007;3:40–40.

[47] Price MP, McIlwrath SL, Xie J, Cheng C, Qiao J, Tarr DE, Sluka KA, Brennan TJ, Lewin
GR, Welsh MJ. The DRASIC Cation Channel contributes to the detection of cutaneous
touch and acid stimuli in mice. Neuron 2001;32. doi:10.1016/S0896-6273(01)00547-5.

[48] Rice ASC, Cimino-Brown D, Eisenach JC, Kontinen VK, Lacroix-Fralish ML, Machin I,
Mogil JS, Stöhr T. Animal models and the prediction of efficacy in clinical trials of

analgesic drugs: A critical appraisal and call for uniform reporting standards. PAIN
2008;139:243–247.

[49]   Rigaud M, Gemes G, Barabas M-E, Chernoff DI, Abram SE, Stucky CL, Hogan QH.
Species and strain differences in rodent sciatic nerve anatomy: Implications for studies of
neuropathic pain. Pain 2008;136:188–201.

[50]   Rutten K, Robens A, Read SJ, Christoph T. Pharmacological validation of a refined
burrowing paradigm for prediction of analgesic efficacy in a rat model of sub-chronic
knee joint inflammation. European Journal of Pain 2014;18:213–222.

[51]   Samer R Eid, Eric D Crown, Eric L Moore, Hongyu A Liang, Kar-Chan Choong, Shelley
Dima, Darrell A Henze, Stefanie A Kane, Mark O Urban. HC-030031, a TRPA1 Selective
Antagonist, Attenuates Inflammatory- and Neuropathy-Induced Mechanical
Hypersensitivity. Mol Pain 2008;4:1744-8069-4–48.

[52]   Sara Nencini, Mitchell Ringuet, Dong-Hyun Kim, Yu-Jen Chen, Claire Greenhill, Jason J
Ivanusic. Mechanisms of nerve growth factor signaling in bone nociceptors and in an
animal model of inflammatory bone pain. Mol Pain 2017;13:1744806917697011.

[53]   Schaible H-G, Ebersberger A, von Banchet GS. Mechanisms of Pain in Arthritis. Annals
of the New York Academy of Sciences 2002;966:343–354.

[54]   Scott BS, Edwards BA. Electric membrane properties of adult mouse DRG neurons and
the effect of culture duration. J Neurobiol 1980;11:291–301.

[55]   Seidel MF, Wise BL, Lane NE. Nerve growth factor: an update on the science and
therapy. Osteoarthritis and Cartilage 2013;21:1223–1228.

[56]   da Silva Serra I, Husson Z, Bartlett JD, Smith ES. Characterization of cutaneous and
articular sensory neurons. LID - 10.1177/1744806916636387 [doi] LID -
1744806916636387 [pii]. 2016.

[57]   Sluka KA, Price MP, Breese NM, Stucky CL, Wemmie JA, Welsh MJ. Chronic
hyperalgesia induced by repeated acid injections in muscle is abolished by the loss of
ASIC3, but not ASIC1. Pain 2003;106. doi:10.1016/S0304-3959(03)00269-0.

[58]   Smith ESJ, Omerbašić D, Lechner SG, Anirudhan G, Lapatsina L, Lewin GR. The
Molecular Basis of Acid Insensitivity in the African Naked Mole-Rat. Science
2011;334:1557.

[59]   St. John Smith E. Advances in understanding nociception and neuropathic pain. Journal of
Neurology 2018;265:231–238.

[60]   Staniland AA, McMahon SB. Mice lacking acid-sensing ion channels (ASIC) 1 or 2, but
not ASIC3, show increased pain behaviour in the formalin test. European Journal of Pain
2009;13:554–563.

[61] Story GM, Peier AM, Reeve AJ, Eid SR, Mosbacher J, Hricik TR, Earley TJ, Hergarden
AC, Andersson DA, Hwang SW, McIntyre P, Jegla T, Bevan S, Patapoutian A.
ANKTM1, a TRP-like Channel Expressed in Nociceptive Neurons, Is Activated by Cold
Temperatures. Cell 2003;112:819–829.

[62] Sung K-W, Kirby M, McDonald MP, Lovinger DM, Delpire E. Abnormal GABA$_A$
Receptor-Mediated Currents in Dorsal Root Ganglion Neurons Isolated from Na–K–2Cl
Cotransporter Null Mice. J. Neurosci. 2000;20:7531.

[63] Sutherland FI, Bannatyne BA, Kerr R, Riddell JS, Maxwell DJ. Inhibitory amino acid
transmitters associated with axons in presynaptic apposition to cutaneous primary afferent
axons in the cat spinal cord. J Comp Neurol 2002;452:154–162.

[64] Usoskin D, Furlan A, Islam S, Abdo H, Lonnerberg P, Lou D, Hjerling-Leffler J,
Haeggstrom J, Kharchenko O, Kharchenko PV, Linnarsson S, Ernfors P. Unbiased
classification of sensory neuron types by large-scale single-cell RNA sequencing. Nat
Neurosci 2015;18:145–153.

[65] Vilen L, Baldassari AR, Callahan LF. Socioeconomic burden of pain in rheumatic disease.
Clin Exp Rheumatol 2017;35 Suppl 107:26–31.

[66] Weng X, Smith T, Sathish J, Djouhri L. Chronic inflammatory pain is associated with
increased excitability and hyperpolarization-activated current (Ih) in C- but not Aδ-
nociceptors. PAIN® 2012;153:900–914.

[67] Willis WDJ. Dorsal root potentials and dorsal root reflexes: a double-edged sword. Exp
Brain Res 1999;124:395–421.

[68] Winter J, Alistair Forbes C, Sternberg J, Lindsay RM. Nerve growth factor (NGF)
regulates adult rat cultured dorsal root ganglion neuron responses to the excitotoxin
capsaicin. Neuron 1988;1:973–981.

[69] Wright AJ, Husson ZMA, Hu D-E, Callejo G, Brindle KM, Smith ESJ. Increased
hyperpolarized [1-13C] lactate production in a model of joint inflammation is not
accompanied by tissue acidosis as assessed using hyperpolarized 13C-labelled
bicarbonate. NMR in Biomedicine n.d.:e3892–n/a.

[70] Yu L, Yang F, Luo H, Liu FY, Han JS, Xing GG, Wan Y. The role of TRPV1 in different
subtypes of dorsal root ganglion neurons in rat chronic inflammatory nociception induced
by complete Freund's adjuvant. Mol Pain 2008;4. doi:10.1186/1744-8069-4-61.

[71] Zhang R-X, Ren K, Dubner R. Osteoarthritis pain mechanisms: Basic studies in animal
models. Osteoarthritis and cartilage / OARS, Osteoarthritis Research Society
2013;21:1308–1315.

[72] Zhang X, Huang J, McNaughton PA. NGF rapidly increases membrane expression of
TRPV1 heat-gated ion channels. EMBO J 2005;24:4211.

[73] Zhang X, Lee K-Y, Priest BT, Belfer I, Gold MS. Inflammatory mediator-induced
modulation of GABA(A) currents in human sensory neurons. Neuroscience
2015;310:401–409.

[74] Zhou Y, Li G-D, Zhao Z-Q. State-dependent phosphorylation of ε-isozyme of protein
kinase C in adult rat dorsal root ganglia after inflammation and nerve injury. Journal of
Neurochemistry 2003;85:571–580.

[75] Zhu Y, Lu S, Gold MS. Persistent inflammation increases GABA-induced depolarization
of rat cutaneous dorsal root ganglion neurons in vitro. Neuroscience 2012;220:330–340.

Figure Legends:

Figure 1: CFA model of acute knee inflammation in mice. A) Experimental timeline indicating

when intra-articular injections, behavioral training and measurements were conducted. B)

Representative picture of CFA injected (ipsilateral) and non-injected (contralateral) knee (shaved

before injections). Arrows indicate where knee width was measured. C) Knee width on the day of

CFA injection (pre) and 24-hours after CFA injection (post) in the ipsilateral (red dots) and

contralateral (black dots) knee (n =17). **** indicates $p < 0.0001$, paired t-test. Plots of (D) time

spent digging and (E) the number of visible burrows after a 3-minute digging test (n = 7). *

indicates $p < 0.05$, ** indicates $p < 0.01$, repeated measures ANOVA, Holm-Sidak multiple

comparison test. Error bars indicate S.D.

Figure 2: Action potential properties of knee neurons following acute knee inflammation. A)

Evoked action potential from a knee neuron in response to a 700 pA current injection for 80 ms.

Example of a labeled knee neuron (blue arrow) and an unlabeled neuron (white arrow) shown in

inset. B) Frequency distribution of neuronal diameter in μm of CFA (red, n = 25) and Cntrl (black,

n = 27) neurons. C-E) Distribution of threshold (C), half peak duration (HPD) (D) and

afterhyperpolarization (AHP) (E) after 4-hours in culture. Error bars indicate S.D, * indicates p <

0.05, ** indicates p < 0.01, unpaired t-test.

Figure 3: Acid sensitivity of knee neurons after acute inflammation. A) Percentage frequency of

transient + sustained vs. sustained only response to pH 6 (transient + sustained, light yellow;

sustained, dark yellow) and pH 5 (transient + sustained, light orange; sustained, orange) B)

Example traces of transient + sustained acid currents in response to pH 6 (light yellow) and pH 5

(light orange). C) Example traces of sustained response to pH 7 (purple), pH 6 (dark yellow) and

pH 5 (orange). D-F) Peak current density of sustained pH 7 (n = 19, 23), pH 6 (n = 23, 25) and

pH 5 (n = 20, 23) responses (CFA: red dots, Cntrl: black dots).

Figure 4: TRP agonist response profile of knee neurons following acute knee inflammation.

Representative traces of 10 μM capsaicin (pink, Ai), 100 μM cinnamaldehyde (brown, Bi) and

100 μM menthol (green, Ci) response from a CFA neuron and their respective percentage

frequency (Aii, Bii, Cii). The numbers above the bars indicate the number of responsive neurons.

D) Heat map of Cntrl (i, n = 27) and CFA (ii, n = 25) neurons responding to capsaicin,

cinnamaldehyde and menthol. E (i) Representative images of a whole DRG section from L4

showing fast blue (FB) labeling from the knee (blue), TRPV1 expression (magenta), TrkA

expression (green) and a merged image. White arrowhead shows a knee neuron that only expresses

TrkA, white arrowhead with asterisk shows a knee neuron that expresses only TRPV1 and white

arrow shows a knee neuron that co-expresses TRPV1 and TrkA. (ii) Proportion of knee neurons

(L2-L5) that express TRPV1 (magenta), TrkA (green) and both TRPV1 and TrkA (green and

magenta stripes) from Cntrl (n = 1334) and CFA (n = 1089) injected side. Numbers above the bars

represent neurons stained positive with respective antibodies. * indicates $p < 0.05$, **** indicates

$p < 0.0001$, chi-sq test.

Figure 5: GABA-evoked currents from knee neurons after acute inflammation. A) Representative

traces of 100 μM GABA-evoked currents showing both transient and sustained phases (i, ii) and

currents with only a sustained phase (iii). B (i) Percentage frequency of GABA-evoked transient

+ sustained currents (black bars), sustained currents (striped bars) and non-responders (grey bars)

in Cntrl and CFA neurons. (ii) Peak current density of all GABA-evoked currents (Cntrl: n = 26,

CFA: 19) and (iii) GABA-evoked currents split into TS and S type (Cntrl: n = 12, 14, black dots;

CFA: n = 12, 7, red dots). TS = transient + sustained currents, S = sustained only currents, error

bars indicate S.D, * indicates $p < 0.05$, unpaired t-test. C) i - Example trace of bicuculline block

(blue) of GABA-evoked currents and THIP-evoked current (green) in a single neuron. ii –

percentage frequency of Cntrl (n = 11) and CFA (n = 8) neurons with a GABA response that also

responded to THIP. The numbers above the bars indicate the number of responsive neurons.

Figure 6: Digging behavior after injection of the TRPV1 antagonist A-425619. A) Experimental

timeline highlighting the days where behavioral testing and injection was performed. Distribution

of time spent digging and the number of burrows in the CFA (B, C, n = 10) and saline group (D,

E, n = 7). * indicates $p < 0.05$, ** indicates $p < 0.01$, *** indicates $p < 0.0001$. rmANOVA, Holm-

Sidak multiple comparison test. Error bars indicate S.D.

Supplementary Digital Content 1: Video that shows a mouse digging after FB injection in the knee

(left) and after CFA injection in the knee (right).mp4

Supplementary Digital Content 2: Figure showing time-in-culture effects on acid, TRP agonist and

GABA sensitivity of knee neurons after inflammation.pdf

A) Proportion of Cntrl (left) and CFA (right) neurons responding to pH 6 (yellow) and pH 5

(orange) with a transient + sustained type current (light shade) and sustained only type current

(dark shade) across 4, 24 and 48-hours. B) Percentage frequency of Cntrl (left) and CFA (right)

neurons sensitive to capsaicin (pink), cinnamaldehyde (brown) and menthol (green) across 4, 24

and 48-hours in culture. C) Percentage of Cntrl (left) and CFA (right) neurons that had a sustained

GABA-evoked current across 4, 24 and 48-hours in culture. * indicates $p < 0.05$, chi-sq test. The

numbers above the bars indicate number of responsive neurons.

Table 1: Properties of knee-innervating dorsal root ganglion neurons from the CFA injected side (CFA) and contralateral side (Cntrl) across time-in-culture. * = significance test of CFA vs Cntrl neurons in the same time group by unpaired t-test, # = significance test of CFA neurons amongst the three time points by ANOVA, ^ = significance test of Cntrl neurons amongst the three time points by ANOVA. */#/^ indicates p < 0.05, **/##/^^^ indicates p < 0.01, ***/###/^^^ indicates p < 0.0001.

	4-hours				24-hours				48-hours			
	CFA (n = 25)		Cntrl (n = 27)		CFA (n = 25)		Cntrl (n = 22)		CFA (n = 23)		Cntrl (n = 22)	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
RMP (mV)	-55.7	10.3	-58.3	8.6	-55.3	6.9	-52.5	9.0	-55.6	6.4	-54.6	8.6
Diameter (μm)	31.5	3.4	31.9	2.7	31.6	3.7	32.6	4.0	29.2	4.4	29.1	5.2
Capacitance (pF)	45.7	21.5	58.2	21.8	53.8	28.1	52.9	37.6	36.2	22.8	48.5	30.7
Threshold (pA)	384.0	221.6	550.0*	250.8	473.6	214.3	682.7**	225.5	552.2	225.5	475.5	316.5
Half peak duration (HPD, ms)	1.3	0.9	1.0	0.7	1.0	0.9	1.7	1.3	2.1##	1.9	2.6^^^	2.0
Afterhypolarization (AHP, ms)	8.6**	5.3	4.9	4.3	10.8	10.2	7.9	7.1	10.9	9.2	14.3^^^	10.2
Amplitude (mV)	88.2	24.2	86.2	23.7	79.3	25.4	68.3	30.0	82.7	22.2	83.1	26.0

Table 2: Sustained peak current densities of CFA and Cntrl DRG neurons in response to acid, TRP channel agonists (capsaisin, cinnamaldehyde and menthol) and GABA across time-in-culture. * = significance test of CFA vs. Cntrl neurons by unpaired t-test, # = significance test of CFA neurons amongst the three time points by ANOVA, ^ = significance test of Cntrl neurons amongst the three time points by ANOVA. #/^/* indicates $p < 0.05$, ##/^^^ indicates $p < 0.01$, ###/^^^ indicates $p < 0.0001$.

Treatment	4-hours						24-hours						48-hours					
	CFA (pA/pF)			Cntrl (pA/pF)			CFA (pA/pF)			Cntrl (pA/pF)			CFA (pA/pF)			Cntrl (pA/pF)		
	Mean	S.D.	n	Mean	S.D.	n	Mean	S.D.	n	Mean	S.D.	n	Mean	S.D.	n	Mean	S.D.	n
pH 7	1.0	1.0	19	0.6	0.3	23	4.0##	4.6	19	5.7^^^	6.4	17	1.5	1.7	15	1.5	2.7	15
pH 6	2.6	4.2	21	1.5	1.5	25	4.9	5.4	21	5.3	7.2	20	8.6	6.4	22	4.9	8.5	19
pH 5	5.3	10.4	20	2.3	1.5	23	15.5	20.2	20	14.5^^	18.4	19	7.4	6.2	19	7.9	11.6	15
Capsaicin	4.4	11.8	18	0.8	0.4	12	1.8	2.1	22	4.6	6.9	11	10.3	18.4	13	6.4	12.1	10
Cinnamaldehyde	1.1	0.8	12	0.7	0.4	18	2.2	1.9	19	2.3	2.5	14	0.9	0.8	8	2.5	4.6	5
Menthol	0.9	0.6	11	0.9	0.7	14	1.0	0.6	12	1.6	1.2	9	1.2	2.0	8	2.8	3.8	3
GABA	7.2	8.8	19	3.9	5.4	26	11.8*	12.4	22	4.3	3.9	19	8.3	11.7	18	4.3	6.7	16

A

Pre-FB   Pre-CFA

        Post-FB   Post-CFA

Days

○ Digging training   ● Knee measured
▽ Digging measured   ▼ CFA injection
▼ FB injection

B

Contralateral   Ipsilateral

C

Contra   Ipsi

Knee width (mm)

****

Pre-CFA Post -CFA Pre-CFA Post -CFA

D

Digging duration (s)

**

*

Pre-FB Post-FB Pre-CFA Post-CFA

E

Burrows

*

**

Pre-FB Post-FB Pre-CFA Post-CFA