

The Role of Movement Errors for Modifying Spatiotemporal Gait Asymmetry

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Gait Impairments in Chronic Stroke

- Typical gait patterns of individuals post stroke
(Olney, 1994; Ada, 2003)
 - Decreased walking speed
 - Decreased efficiency
 - Decreased spatiotemporal symmetry
 - Decreased stance time on the paretic limb
 - Increased stance time on the non-paretic limb
- Spatiotemporal (e.g., stance time / step length) asymmetries are thought to influence gait speed and efficiency. (Olney, 1994; Reisman, 2010)
- Traditional gait training yields...
 - Increased gait speed by increasing cadence and absolute step length
(Patterson, 2008; Ada, 2003)
 - No effect on inter-limb symmetry. (Patterson, 2008; Hornby, 2008)



Error Augmentation vs. Minimization

- Motor adaptation shows promise (Patton, 2006; Reisman, 2010)
 - Patients with chronic stroke demonstrate the ability to adapt their gait pattern to a novel situation (Reisman, 2007)
- Augmenting error during treadmill training can lead to after-effects. (Reisman, 2007; Reisman 2009; Reisman 2010)
 - Decreased step length asymmetry
 - Decreased double-limb support asymmetry
 - No effect on stance time asymmetry
- Minimizing error during training results in (Reisman, 2007; Domingo, 2010)
 - Improvements during training
 - A return to baseline values after training



Purpose

- To compare the effects of Error Augmentation, Error Minimization, and a Control condition on imposed spatiotemporal gait asymmetry in unimpaired control subjects during and immediately following treadmill walking.



Subjects

- 14 healthy, college-aged individuals

Demographic	
Gender	9 females/5 males
Age	22.36 +/- 2.31 years
Weight (lbs)	145.71 +/- 19.77
Height (in)	67.29 +/- 3.83
Weighted side	6 Right; 8 Left
Overground Asymmetry	1.12 +/- 0.05

– Inclusion criteria

- Induced stance time asymmetry ratio ≥ 1.05 (Patterson, 2010) using unilaterally applied ankle weight.

– Exclusion criteria

- Any musculoskeletal injury in the lower extremities that limits performance.

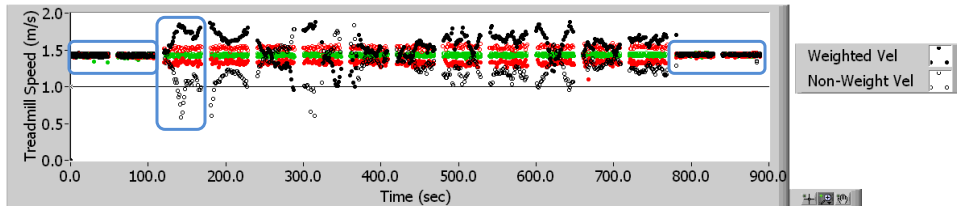


Setup

- Participants walked over ground across a 14-foot GAITRite mat (CIR Systems, Havertown, PA)
 - Without weight: to determine comfortable gait speed
 - With weight: to determine baseline stance time asymmetry
- Adjustable ankle weight (10% BW) strapped to mid shank of one limb to induce stance time asymmetry



Training Sessions



- Participants walked on a split-belt treadmill (Bertec Corp, Columbus, OH) for 15 minutes at 115% of their typical walking speed.
 - Baseline – first 2 minutes
 - Adaptation Training – middle 11 minutes
 - Error Augmentation
 - Error Minimization
 - Control
 - Post-adaptation – final 2 minutes
- Treadmill belts remained the same speed during the Baseline and Post-adaptation minutes.

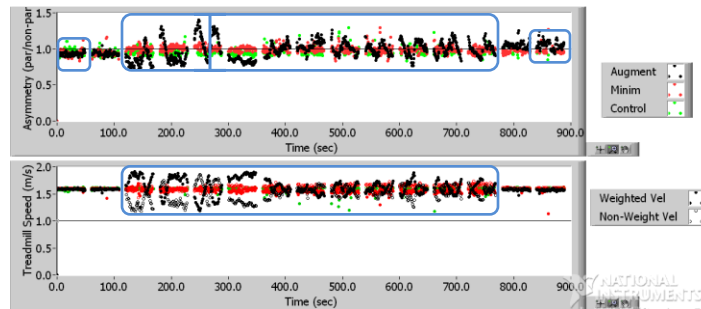


Data Collection

- Foot trajectories
 - Retro-reflective markers captured at 120 Hz with 8 camera Vicon system (MX40+; Vicon/Peak, Los Angeles, CA)
- Ground Reaction Force
 - Captured at 600 Hz
 - Stance duration: when the vertical force reached ≥ 20 N



Outcome Measures

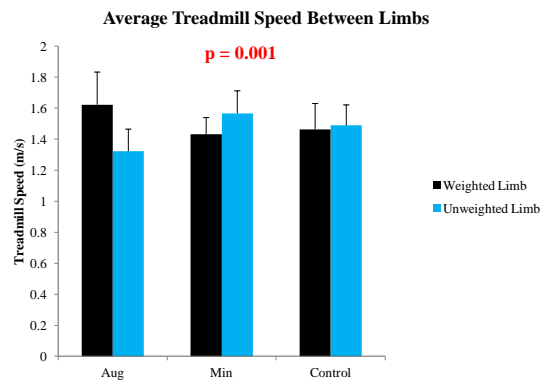


- Baseline
 - Stance-time asymmetry
 - Training period – minutes 3-13
 - Treadmill speeds between limbs
 - Average stance-time asymmetry
 - Percent of symmetric steps
 - Standard deviation of stance-time asymmetry
 - Change from Baseline (min 1) to Post-Adaptation (min 15)
 - Average stance time asymmetry
 - Percent of symmetric steps
- One-way (condition) ANOVA
 Two-way (condition x time) repeated measures ANOVA

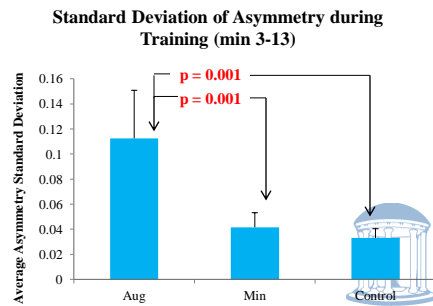
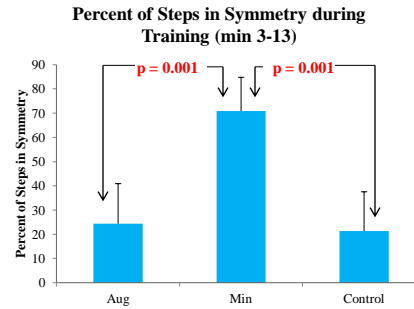
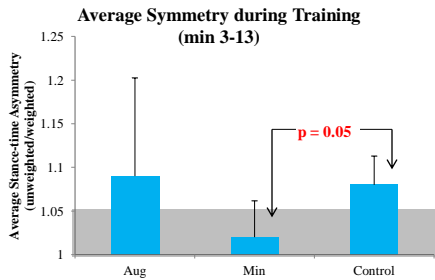


Baseline Values

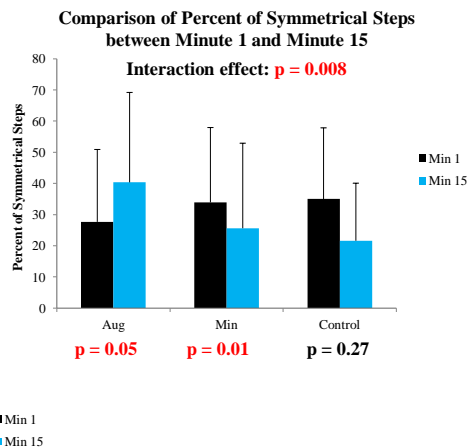
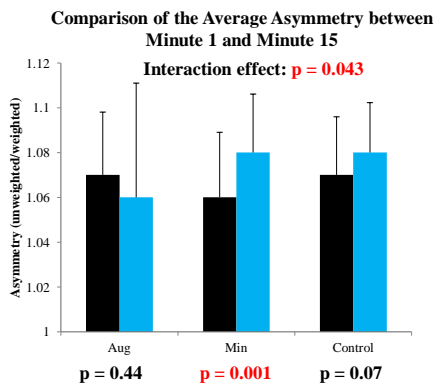
- Average baseline asymmetry (min 1) for all subjects
 - Augmentation = 1.07 ± 0.03
 - Minimization = 1.06 ± 0.03
 - Control = 1.07 ± 0.03
- } $p=0.37$



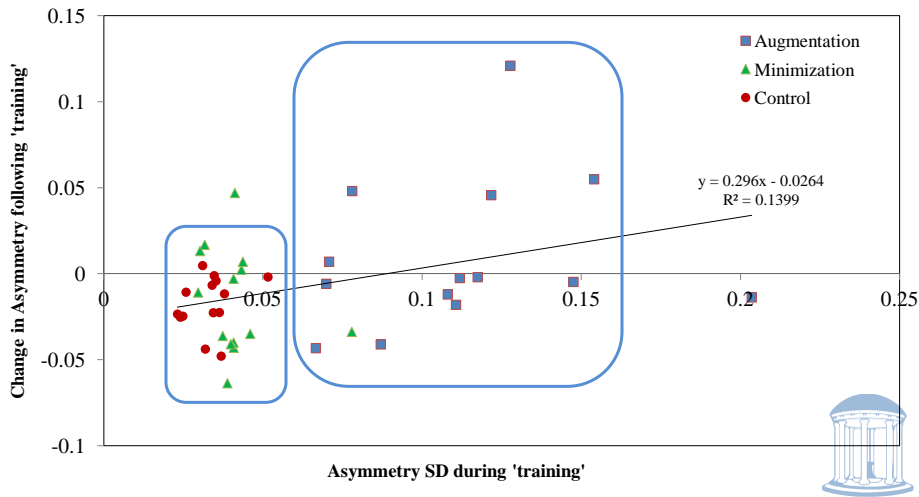
Results during Training (min 3-13)



Baseline and Post-adaptation Comparisons



Relationship between Symmetry Variability and Change in Symmetry



Limitations

- Small number of participants (N=14)
 - Healthy, college-aged
- Ankle weight
 - Required to stop during some sessions to adjust
- Time between sessions not standardized
- Practice effect?



Clinical relevance

- Minimizing errors during training
 - Improved performance during training
 - Worsened performance after training
- Augmenting errors to provide feedback during training
 - Increased movement variability during training
 - May improve performance after training



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