

מדידות קינמטיות להערכת תנועות הושטה ואחיזה

פרופ' ג'יסון פרידמן
החוג לפיזיותרפיה
אוניברסיטת תל אביב



אוניברסיטת תל אביב
TEL AVIV UNIVERSITY

jason@tau.ac.il
[@writetojason](https://www.instagram.com/writetojason)

www.movementscienceslab.com



Why measure kinematics?

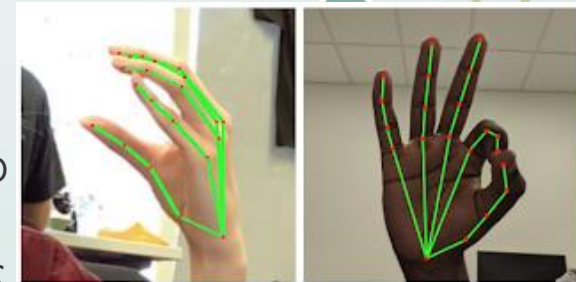
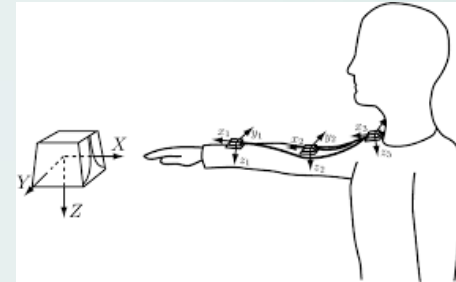
- Standard tests (e.g., Fugl-Meyer, ARAT) can have difficulty differentiating between recovery and compensatory movements
- These tests can also lack sensitivity to small improvements
- Kinematic data can be very rich – it is possible to extract many informative features from performing simple tasks
- It has the potential to provide more fine-grained assessments, as well as therapeutic uses (e.g. in biofeedback)



How can we measure kinematics?

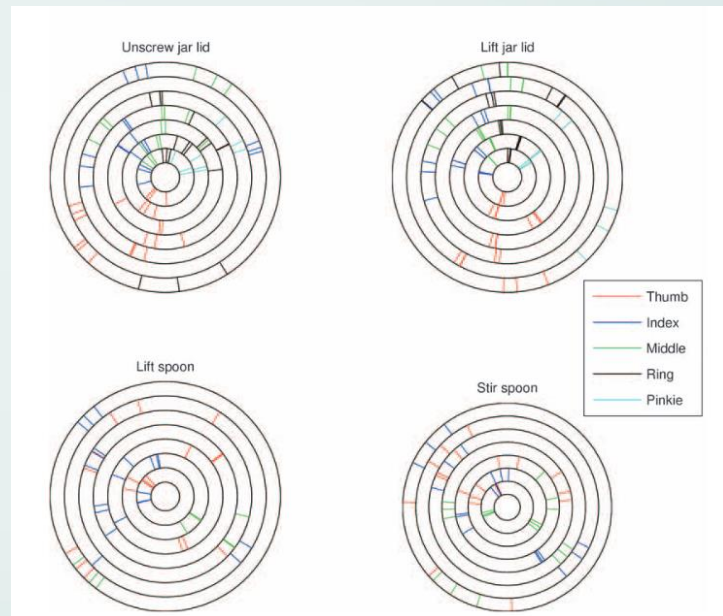
- There are many devices available for measuring kinematics with varying quality, e.g.
 - Manipulandum (e.g., Kinarm)
 - Graphics tablets
 - Motion capture systems (visual / magnetic)
 - Smartphones / smartwatches
 - Markerless motion capture

- Most of these systems require the arm to be supported for many stroke patients
- Prices range from 500 NIS to 500,000 NIS



What is the problem with measuring reaching & grasping?

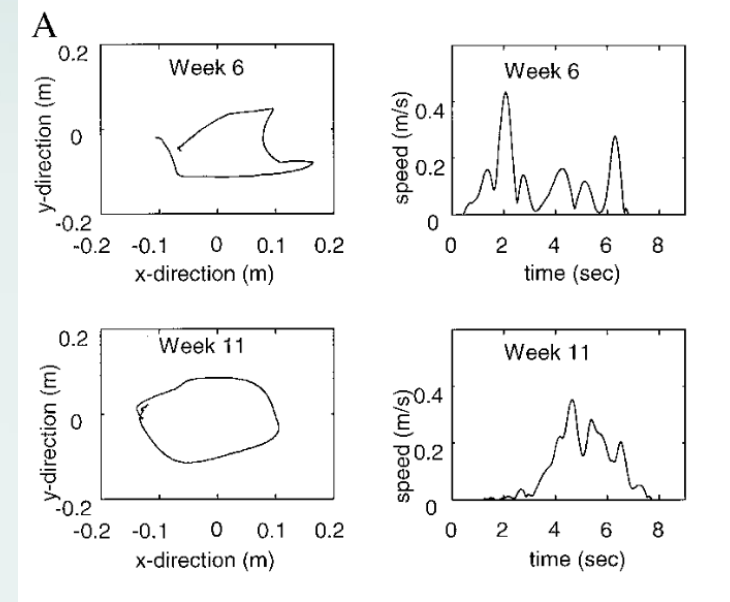
- Even if we only look at the kinematics, there are a huge number of degrees of freedom when studying arm and hand movements
- There is no “standard” quantity to measure
- In addition, even among healthy participants, there is a huge amount of variability in the way tasks are performed



Friedman & Flash, 2007

Reaching

- Often smoothness-based measures are used because smooth movements are a feature of healthy movements
- Movements become smoother with recovery
- There are some issues with selecting which smoothness measure to use (e.g., Balasubramanian et al., 2015)



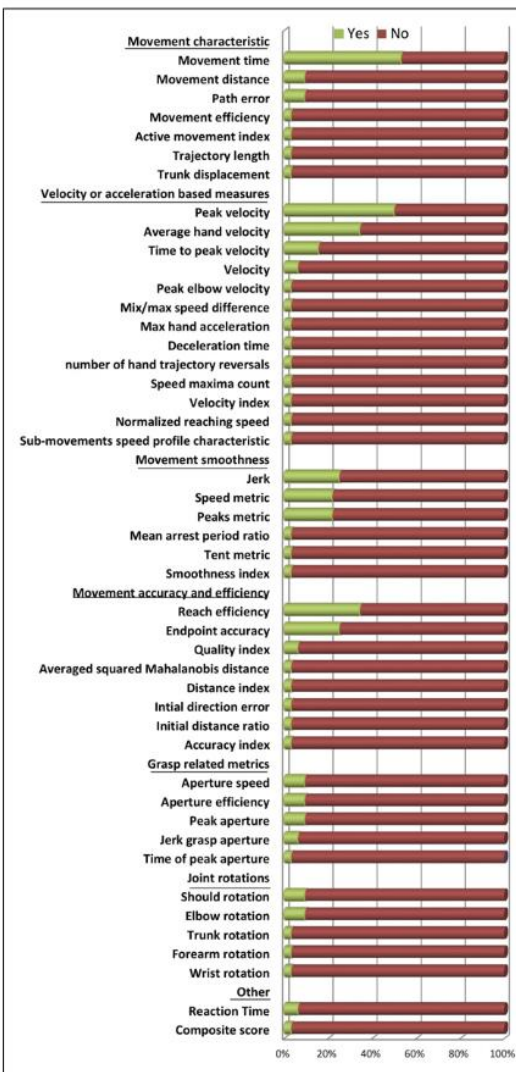
Krebs et al., 1999



Reaching

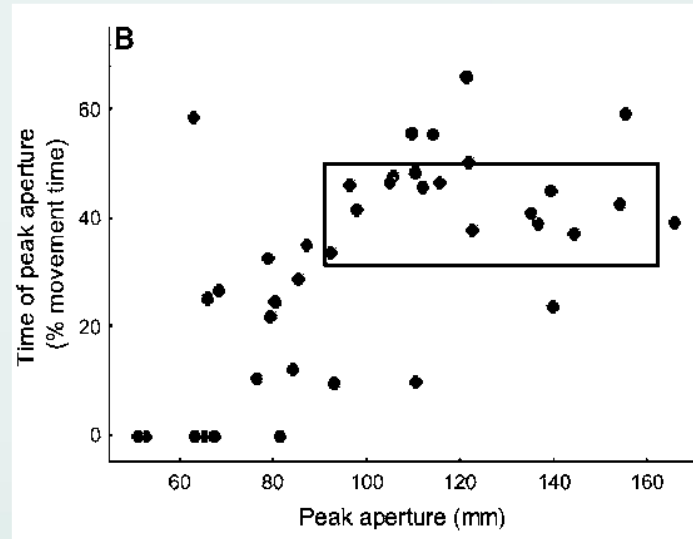
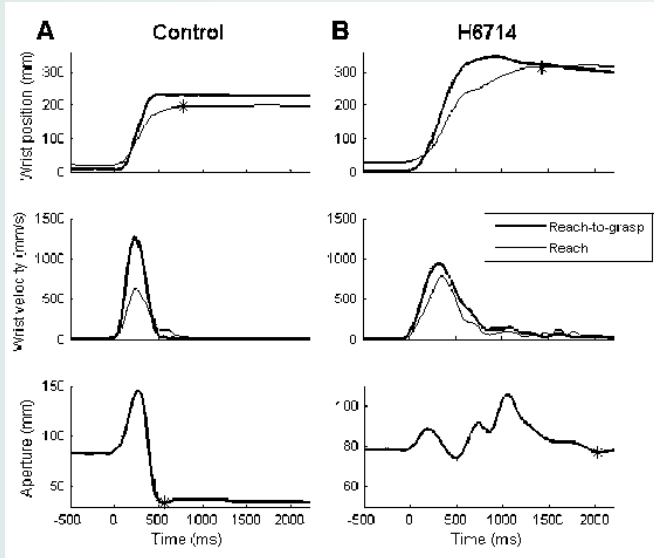
- Many measures have been used to quantify arm movements, including:

- Reaction time
- Movement time
- Movement distance
- Movement efficiency
- Average hand velocity
- Peak hand velocity
- Time to peak velocity
- Jerk
- Number submovements
- Endpoint accuracy
- Initial direction error



Grasping

- Reach to grasp can be studied in terms of kinematics or forces
- In terms of *kinematics* – we observe coordination between wrist movement and aperture in healthy subjects, and a lack of coordination in stroke patients

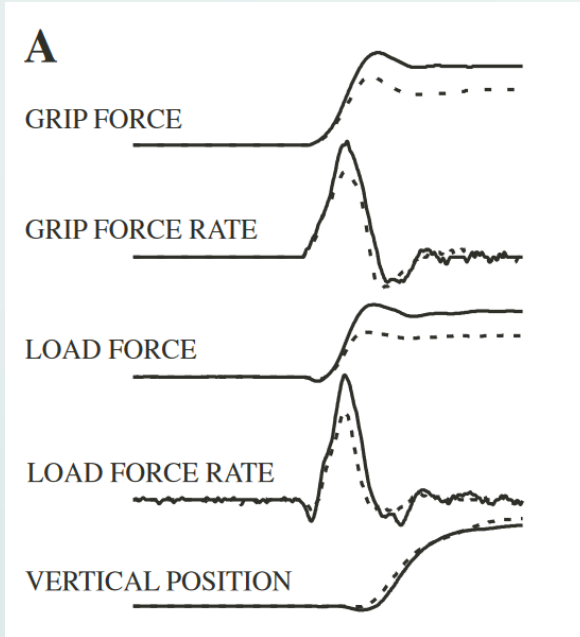


Lang et al., 2005

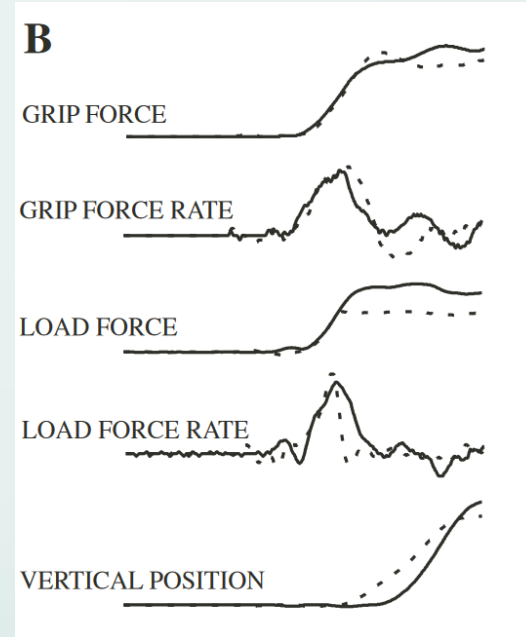
Grasping

- In terms of forces – we can compare grip force and load force, and see how well grip force is selected

Control subject

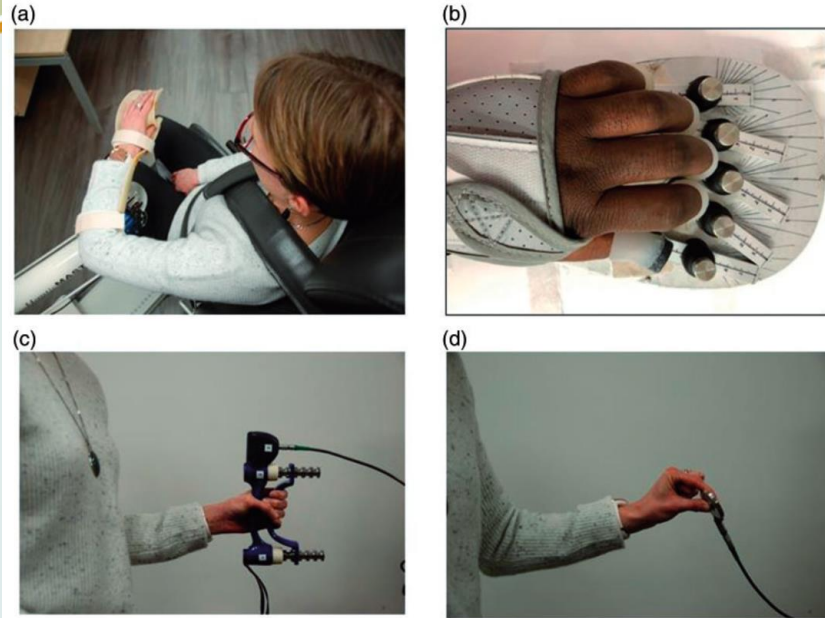


Stroke patient

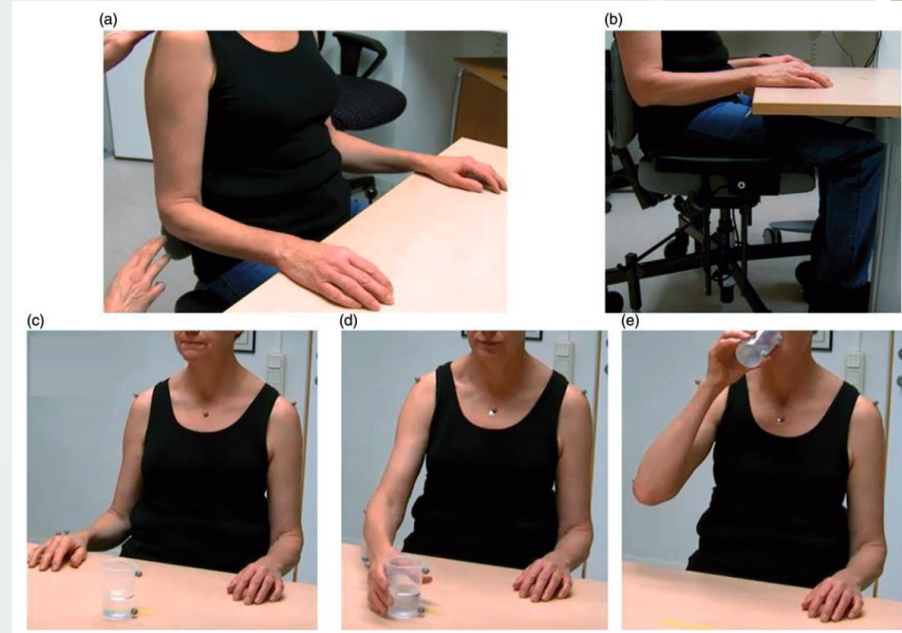


SSRRR recommendations

Second Stroke Recovery and Rehabilitation Roundtable




- (a) Planar reaching to 9 targets
- (b) Finger individuation (with force sensors)
- (c) Grip strength
- (d) Precision grip strength



3D task – lifting a cup to drink

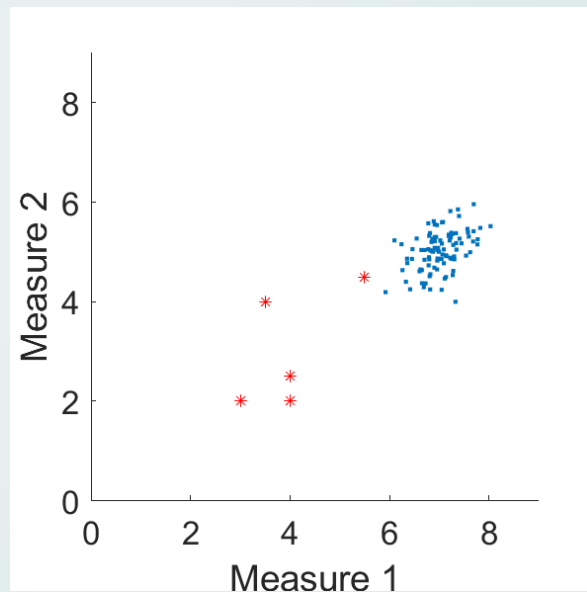
Kwakkel et al., 2019



What is the solution for
too many measures?

Dimensionality reduction

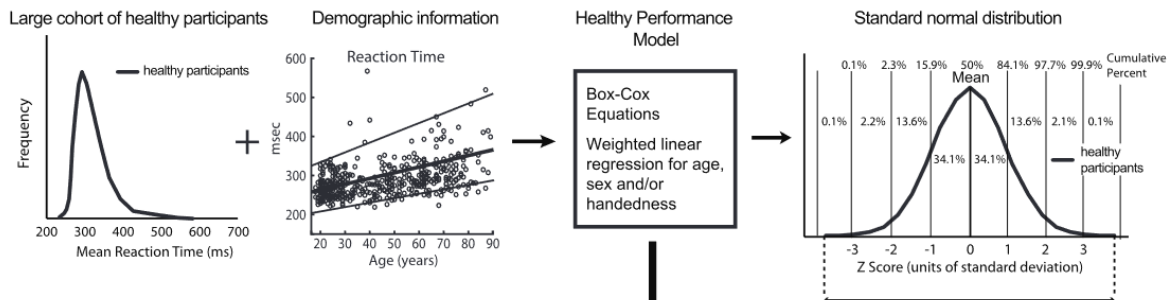
- In general, we are interested in how far the movements of patients are from “normal”
- We can record “normal” movements, in an appropriate control group, and then measure how far away a patient is from “normal” (which itself is a distribution, not a point)



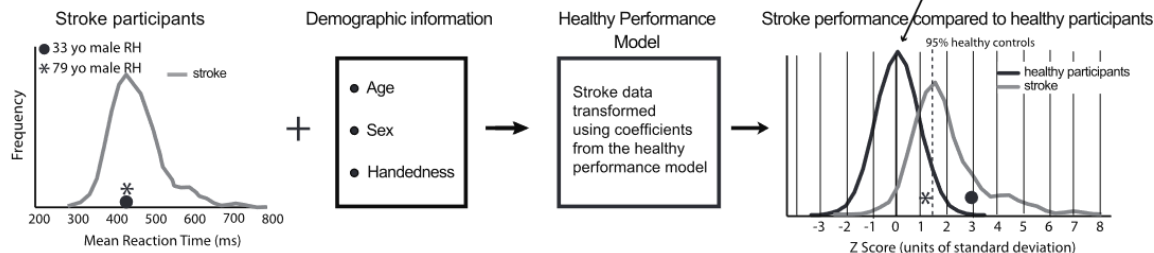
Dimensionality reduction

Task Parameter

Step 1: Create Model of Healthy Behaviour

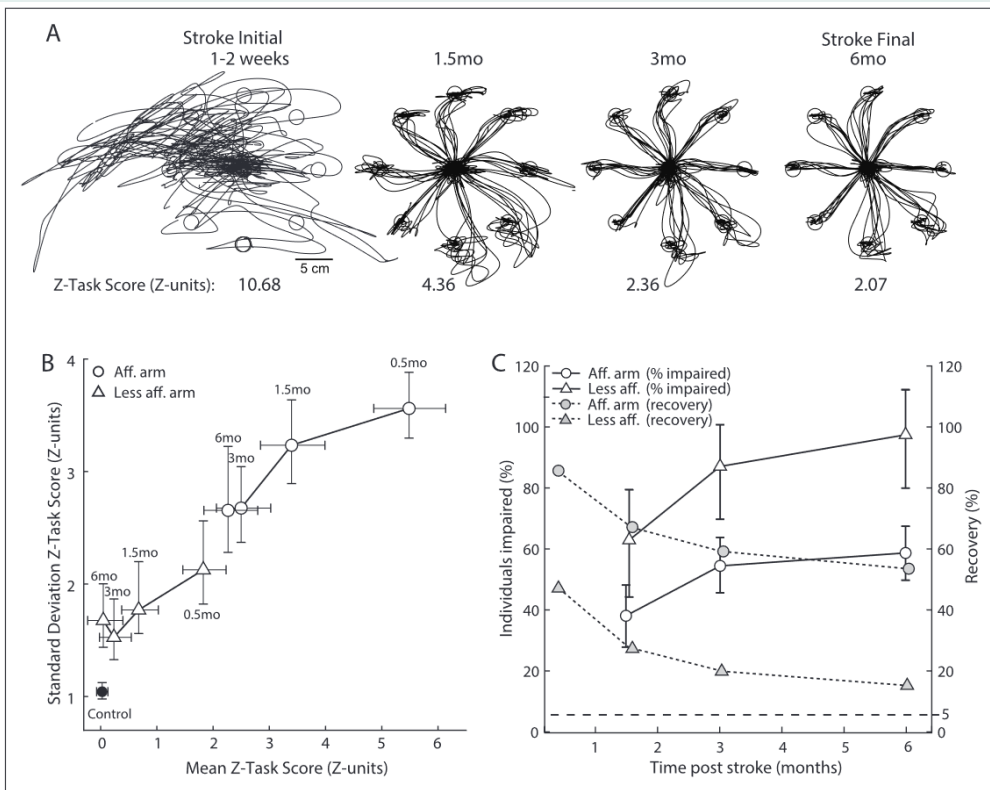


Step 2: Transform Stroke Participant Data



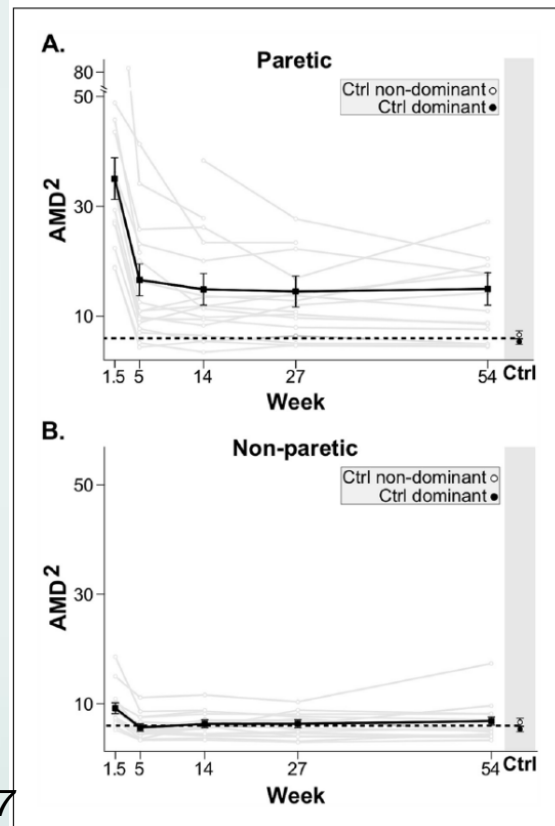
- The z scores of all the parameters are then combined into a single score

Dimensionality reduction




Dimensionality reduction

- Other studies have used functional principal component analysis to try to compare trajectories without selecting parameters (e.g., Kitago et al., 2015)
- 3 functional principal components are enough to explain most of the variance in the kinematic data
- From this, a distance measure is calculated





Recommendations

- Simple devices (e.g., tablets) are often sufficient to collect rich kinematic data
 - Arm support is often an issue, but external supports are an option
 - The current trend is a move to global measures which are compared to variation in healthy controls
 - Use of these techniques requires standardization of setups and measures, collection of large data sets from healthy controls, and significant computational analyses
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QUESTIONS?

Do you have any questions?

jason@tau.ac.il

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