

## **Analysis of Human Locomotion**

## **BSc Surgery & Anaesthesia** 18<sup>th</sup> January 2013

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#### **Learning Objectives**

By the end of the session, you will be able to:

>Understand how muscles function to generate motion

Describe the basic functions of human locomotion

List the levels of biomechanical assessment that can be applied to assess human motion and function

➢Give examples of how biomechanical assessment are used in real life applications



### The biomechanics of human movement

To describe, analyse and assess human movement

WHY?

#### Measure – Describe – Analyse – Assess

**PART I: HUMAN LOCOMOTION** 

**PART II: MOTION CAPTURE** 

**PART III: APPLICATIONS & RESEARCH** 



**PART I** 

# **HUMAN LOCOMOTION**



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#### **Human Locomotion**

**Repetitive sequence of limb motions to:** 

move the body forward (**mobility**) Maintain **Stability** 

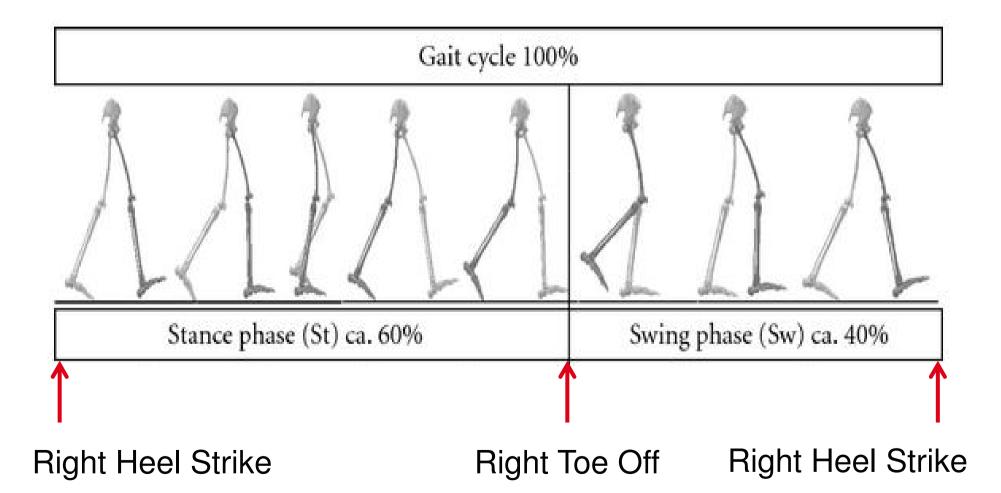
"Normal" Gait..... co-ordinated efficient effortless

Pathological gait disrupts.....

precision co-ordination speed versatility

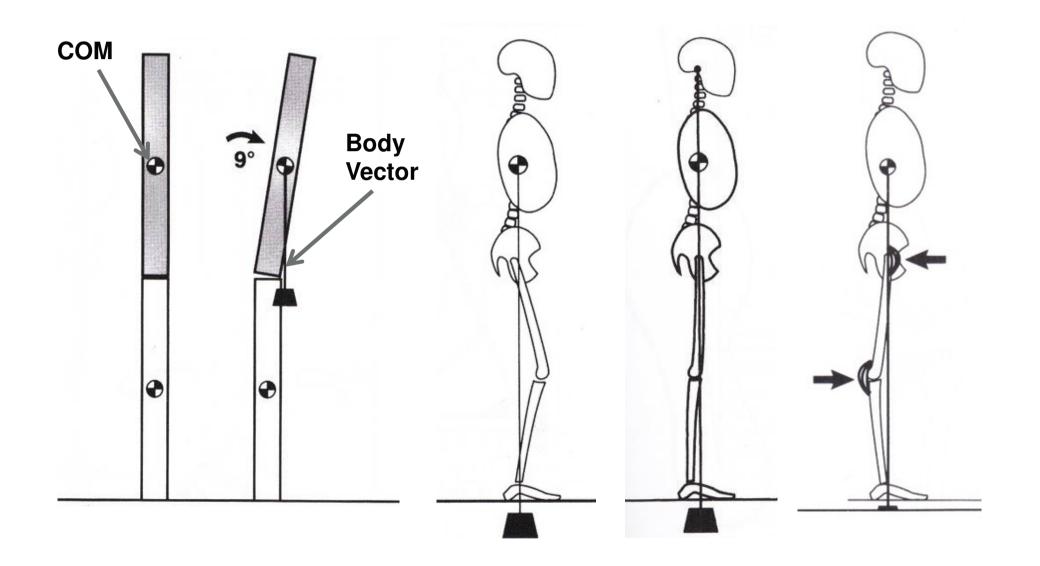


### Human Locomotion: THE GAIT CYCLE





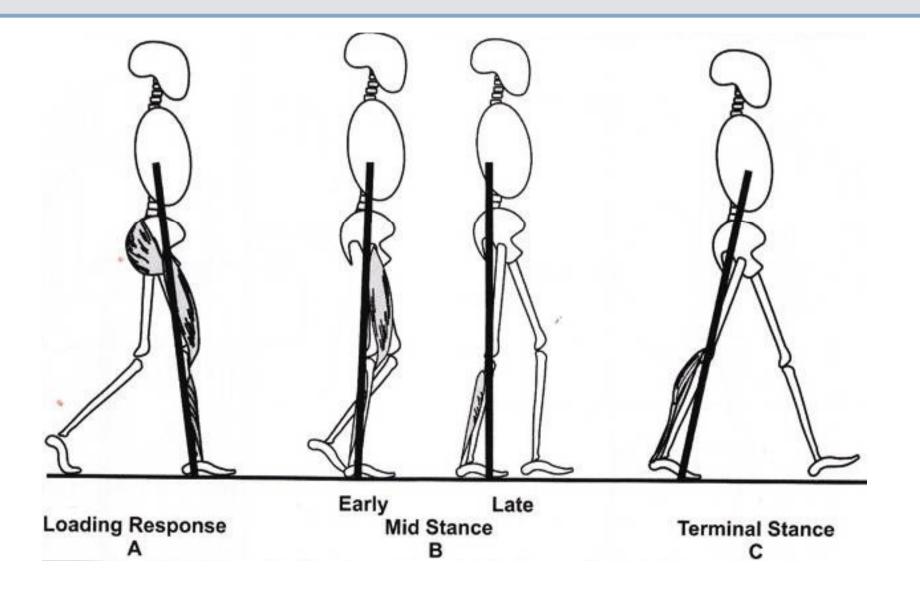
#### **STATIC STABILITY: Alignment of bodyweight**





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#### **DYNAMIC STABILITY**





#### **Muscle mechanics**

#### **Concentric Force:**

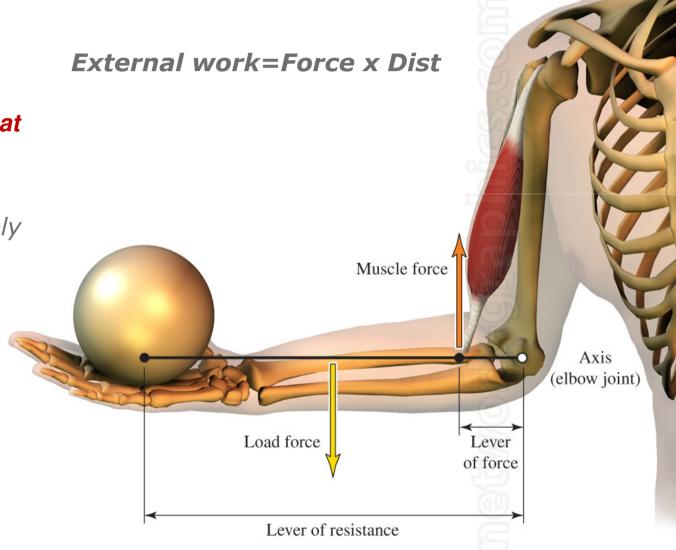
Muscle actively shortening

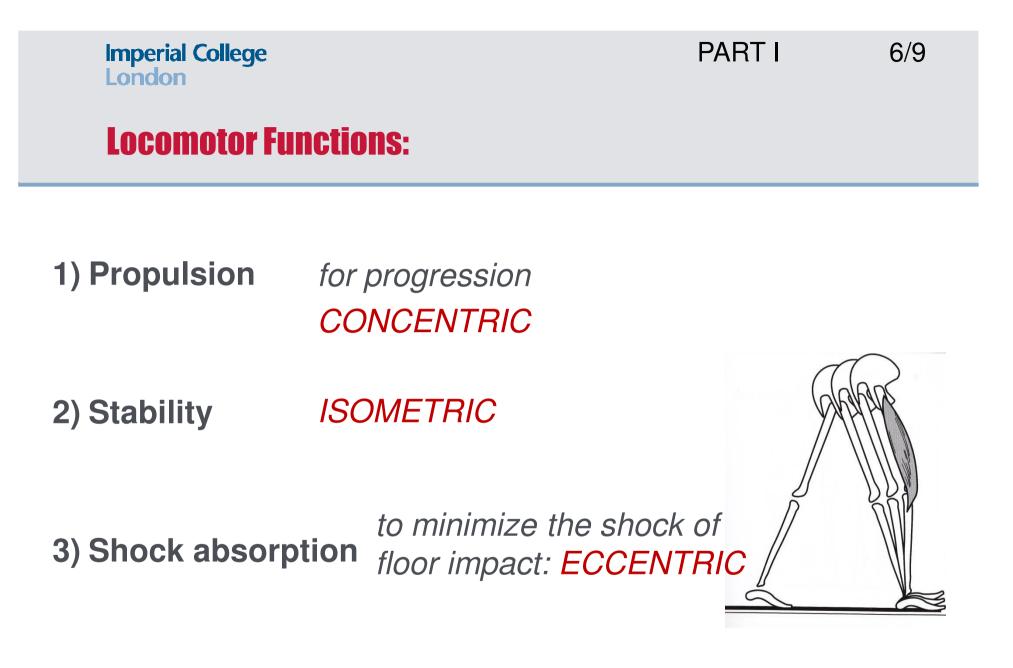
Energy → Kinetic + Heat

*Isometric Force: Muscle held actively at fixed length* 

*Eccentric Force: Muscle actively lengthening* 

 $\textit{Energy} \rightarrow \textit{Heat}$ 



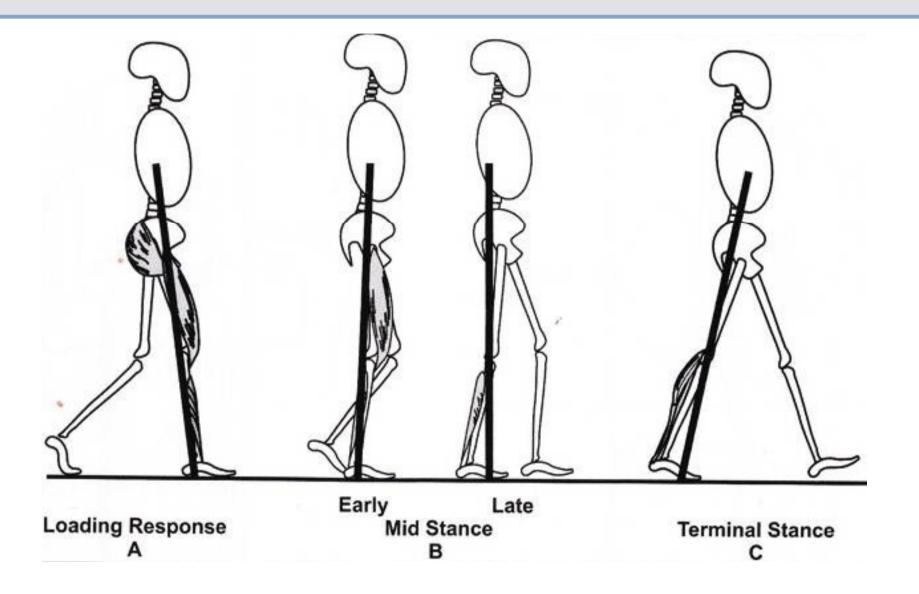


4) Energy conservation to reduce the muscular effort required



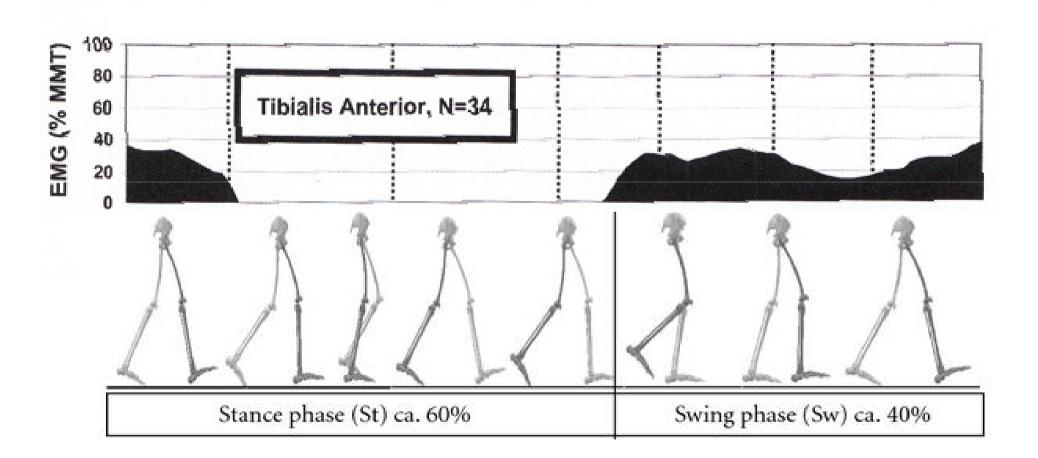
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#### **DYNAMIC STABILITY**





#### **Example: Tibialis Anterior**



#### Pathological Gait: Foot Drop

#### Imperial College London PART I: HUMAN LOCOMOTION Summary

Human locomotion aims to achieve mobility and stability in the most efficient way

PARTI

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The Gait Cycle is composed of stance (60%) and swing (40%) phases

During walking, the alignment of the body vector to the joints is continually changing

Each muscle functions to achieve progression, shock absorption and stability



**PART II** 

# MOTION CAPTURE

#### Imperial College London

#### **Biomechanical conventions**

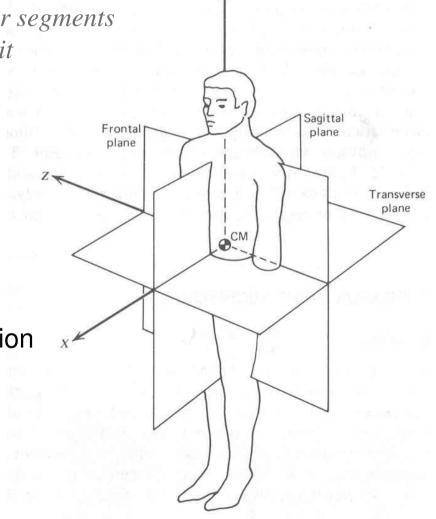
*Kinematics* = describes the motion of points or segments without consideration of the forces that cause it

*Kinetics* = *the study of motion and its causes* 

Sagittal = Flexion/extension

Frontal (or coronal) = Abduction/adduction

Transverse = Internal/external rotation





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#### What is motion capture?

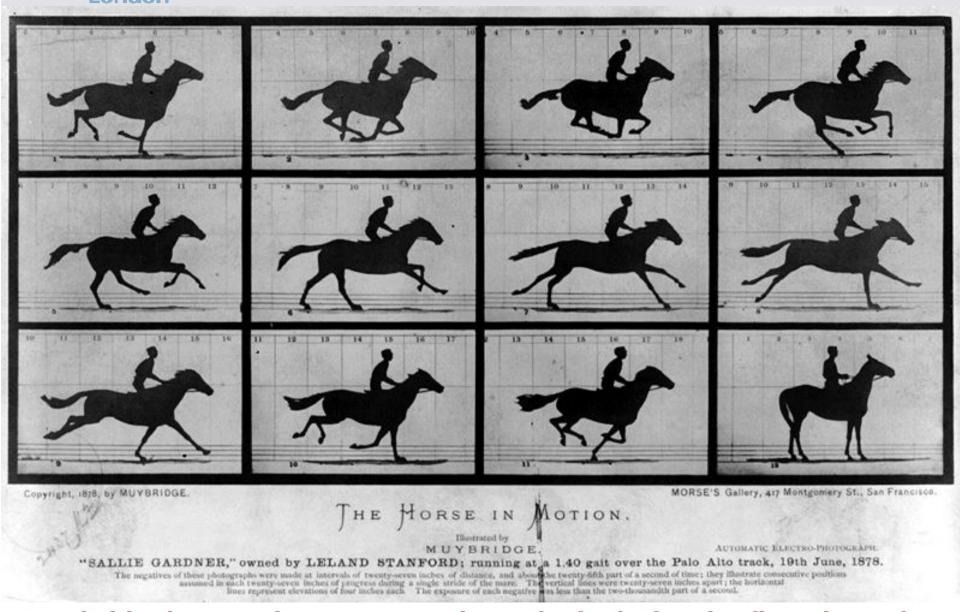
The process of recording movement and translating that movement on to a digital model



Edweard Muybridge (1830-1904)

## Imperial College

#### PART II 3/10



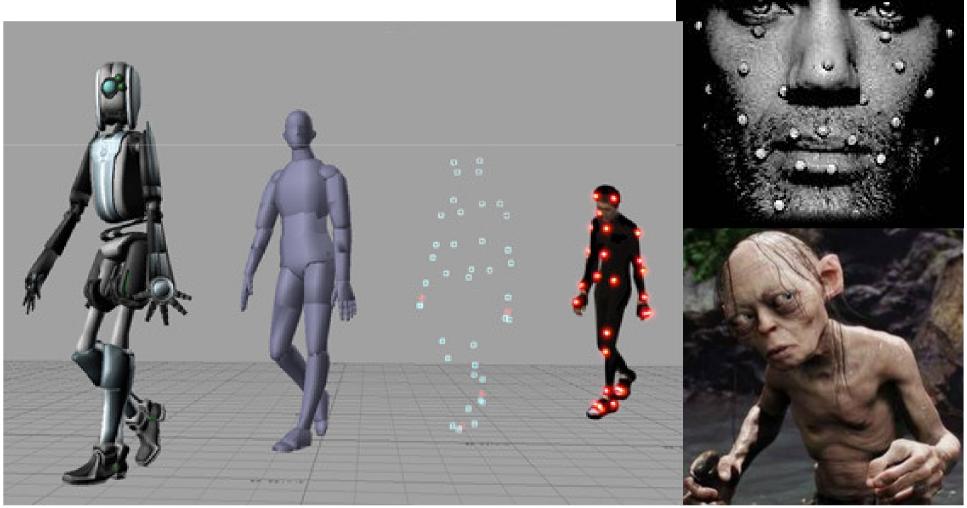
Muybridge's experiments proved conclusively for the first time, that a horse while galloping lifted all four hooves off the ground



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### 21<sup>st</sup> Century Motion Capture

### **Computer-generated imagery (CGI)**





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### **Levels of Motion Capture**

## - Force Plates (GRF)

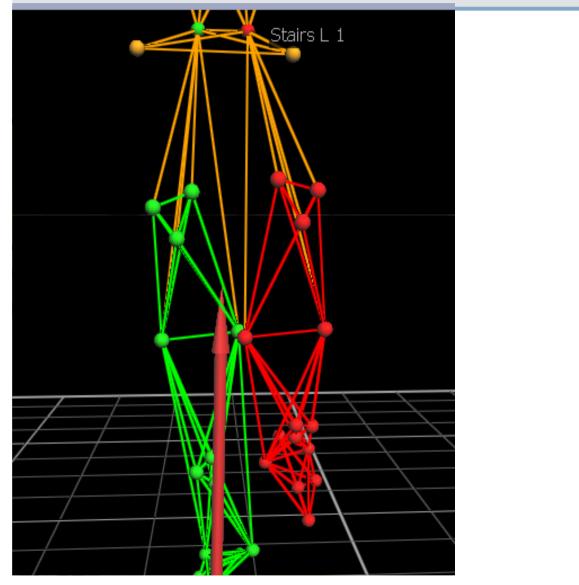
- Temporal parameters
- Symmetry
- Motion Analysis
  - Observation
  - Goniometry
  - 2D/3D motion capture
- Body worn sensors
  - Electrogoniometry
  - Accelerometry

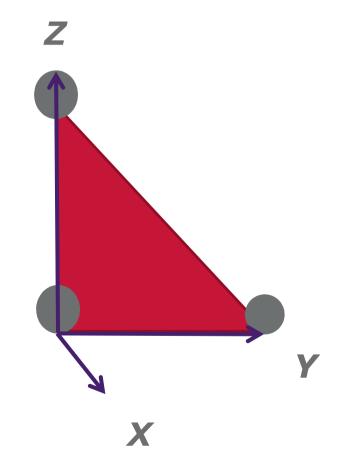




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#### **3D Motion Capture**

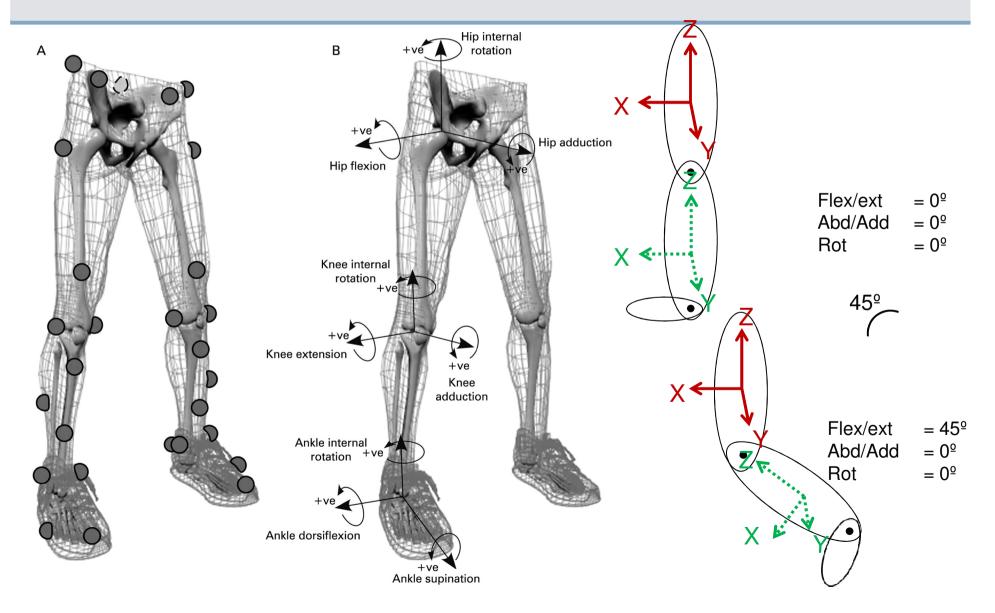




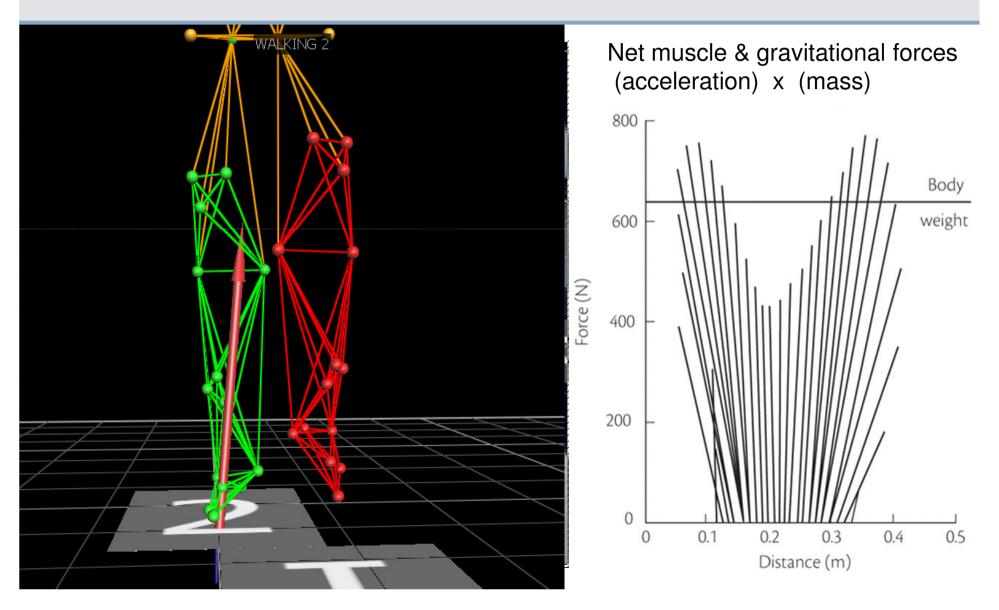


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#### Joint angle measurements



#### **Ground reaction force vector & inverse dynamics**



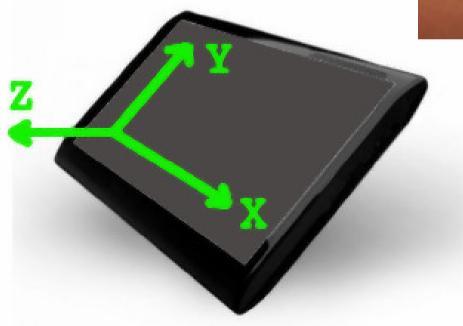


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#### **Body Worn Sensors**

### Electrogoniometry





#### Accelerometry



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#### **PART II: Summary**

- Kinematics & Kinetics
- Planes of motion
- Levels of Motion capture
  - 3D motion capture provides the most complete analysis
  - Motion parameters are derived from markers attached to the subject and the ground reaction force vector
  - Body worn sensors are increasingly being utilised

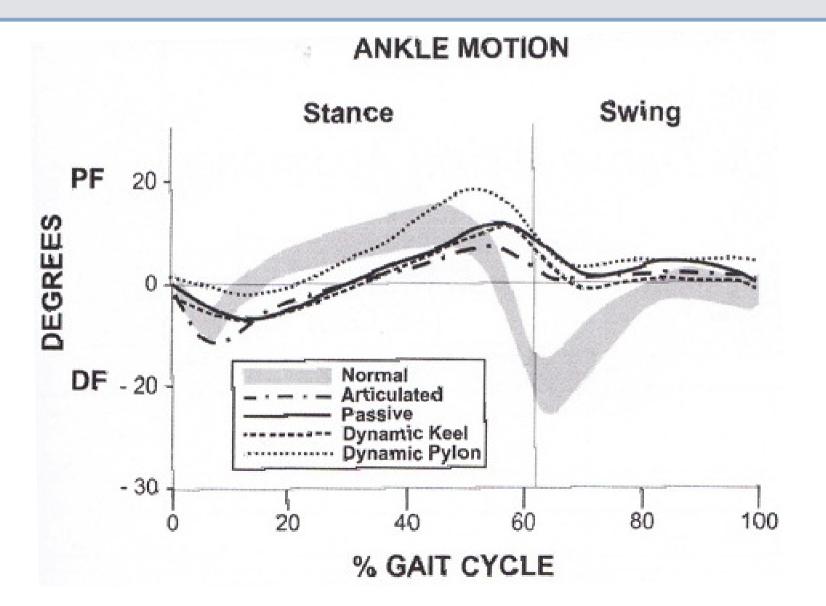


**PART III** 

# APPLICATIONS & RESEARCH

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#### **Clinical assessment of gait**





PART III 2/5

## **Clinical Application: considerations**

- Cost
- Space
- Time
- Data analysis/interpretation
- Patient behaviour
- Direct benefit to patients..?



#### Imperial College London

#### **Oliver Pistorius**

Amputee vs intact-limb subjects

Running at top speed on an instrumented treadmill

<u>Measured</u> ground reaction force Metabolic cost

Results Similar top speed attained Physiologically similar Mechanically dissimilar ↓ aerial & swing times in amputee ↓ vertical GRF in amputee

Slender limbs of animals adapted to run Limitation of speed by low GRF



PART III

Weyand et al. (2009) J Appl Physiol

PART III 4/5

### **Osteoarthritis Study: what is 'normal' gait?**

#### "an inevitable consequence of aging" "wear and tear" "Repeated loading on the joints during exercise causes OA"

Aim: To develop a database of knee joint functioning during activities of daily living



We all have different walking patterns

Do our walking patterns match up with patterns of wear in the joint?

Cartilage is a metabolic tissue and can repair itself.

Can we identify people at risk of osteoarthritis before cartilage damage becomes too advanced?

### **PART III: Summary**

Pathological gait can be compared with normal gait to quantify differences and interventional effects

Gait analysis is used widely in the world of research and increasingly so in the clinic

There are a number of considerations in the clinical application of gait analysis

The true motion of the skeleton and forces within the joints are difficult to measure, therefore data interpretation should be cautious and critical.





Human locomotion is complex:

A number of muscles work synchronously using the bony segments as levers to achieve mobility and stability

It can be measured in different ways and on different levels

This can provide us with insight into pathologies, effectiveness of interventions, performance etc through research and clinical application.

Skeletal Muscle from Molecules to Movement (Jones, De Haan & Round)

**Research Methods in Biomechanics** (Robertson, Hamill, Caldwell, Kamen & Whittlesey)

Gait Analysis Normal and Pathological Function (Perry & Burnfield)



**Thank You for listening!** 

# **Questions?**

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