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Validation of Online Intrinsic and Reflexive Joint Impedance Estimates using Correlation with EMG Measurements

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Background

Two state-of-the-art research lines towards voluntary modulation of reflexive activity in order to reduce spasticity:

EMG-based¹:

- Reduce muscle hyperreflexia
- Constant background activity
- Participants with spasticity

System Identification-based²:

- Modulation reflexive impedance
- Constant intrinsic impedance
- Able-bodied participants

Can the system identification-based paradigm also be used by participants with spasticity? Potential improvements w.r.t. EMG:

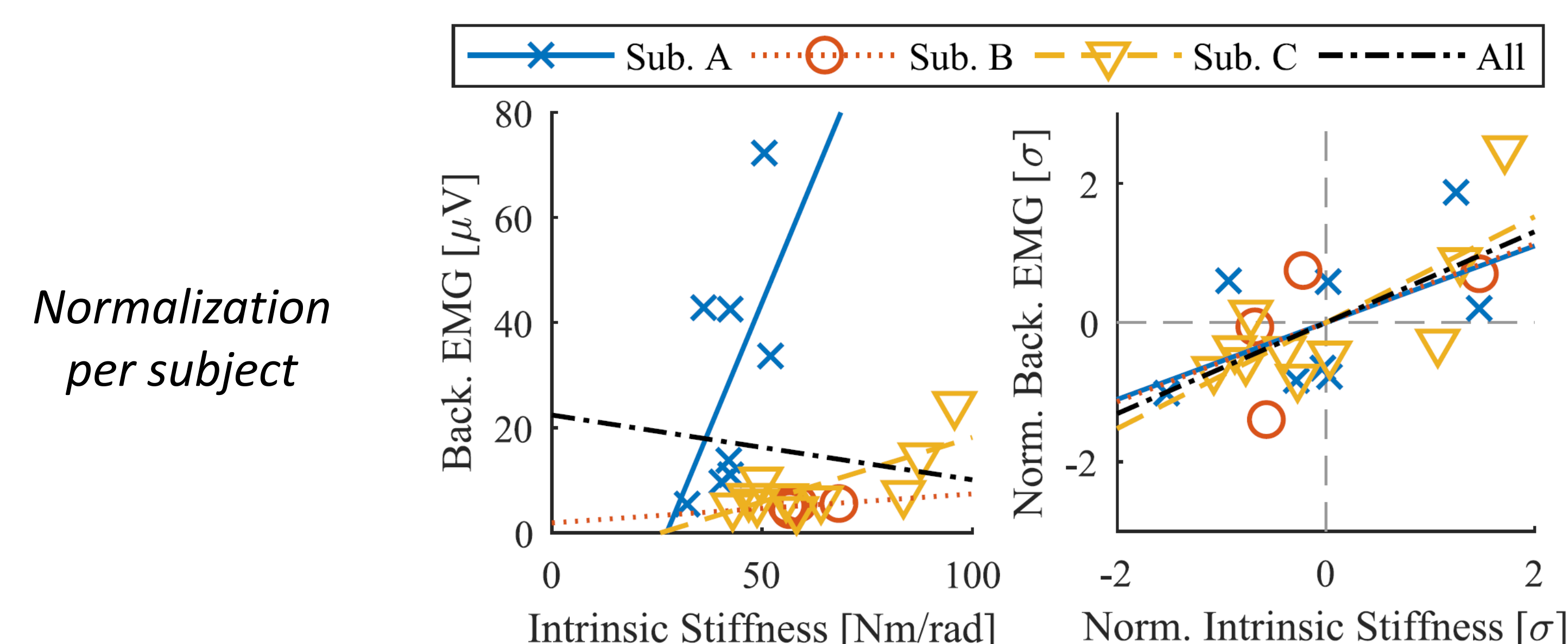
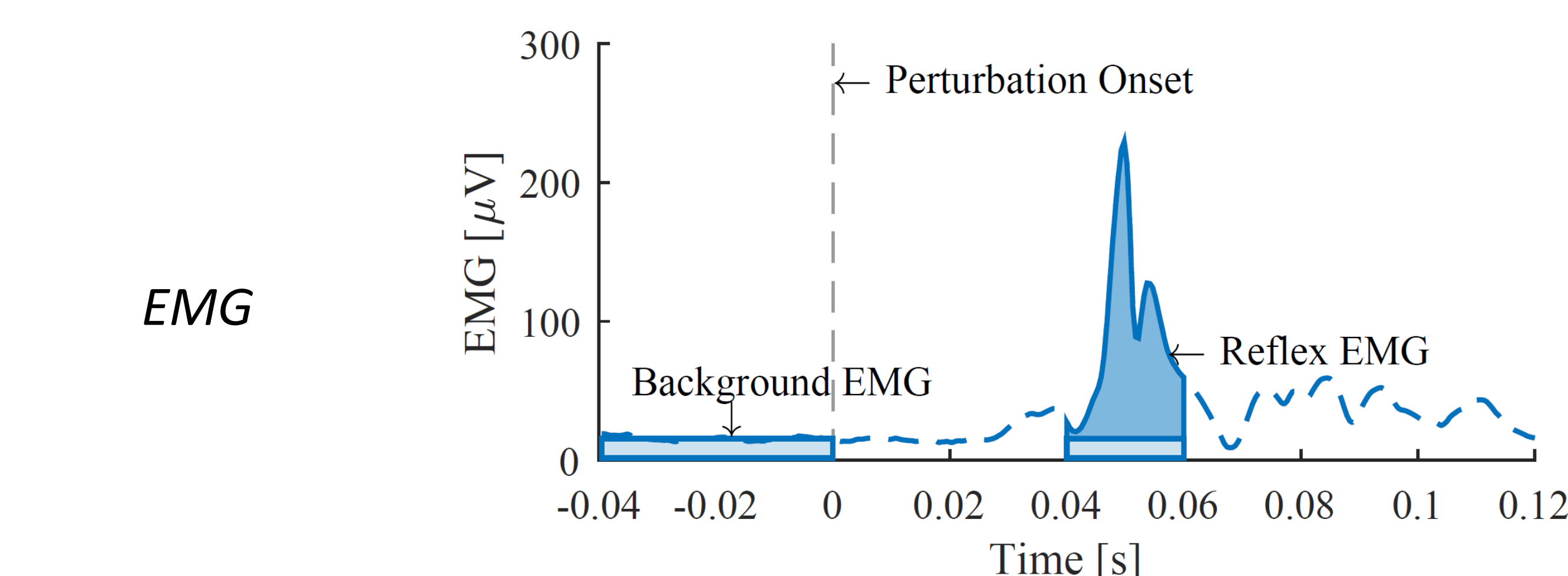
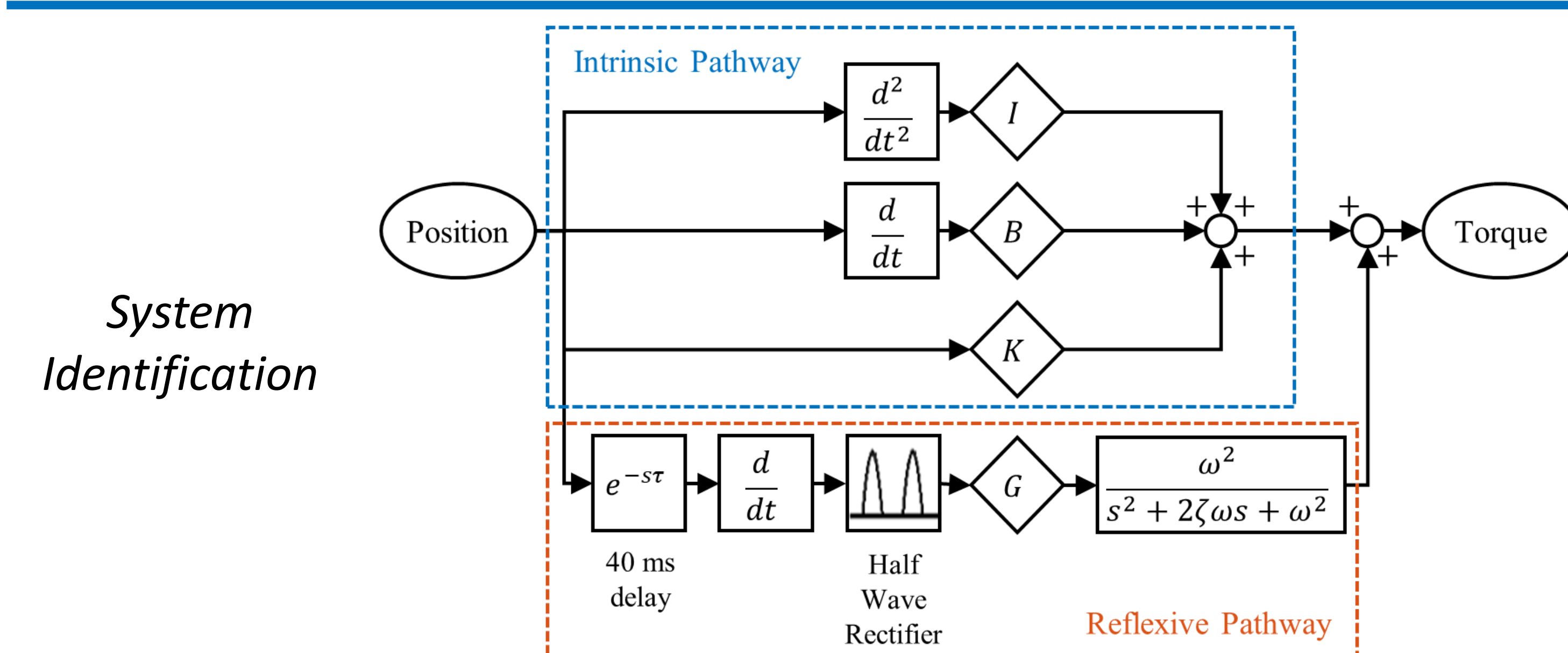
- Participant comfort
- Applicability
- Target multiple muscles
- Faster training effects

Aim

Investigate linear association between the independently measured EMG- and system identification-based paradigms:

- Background EMG activity $\Leftrightarrow$ Intrinsic joint stiffness
- Reflex EMG activity $\Leftrightarrow$ Reflexive activity

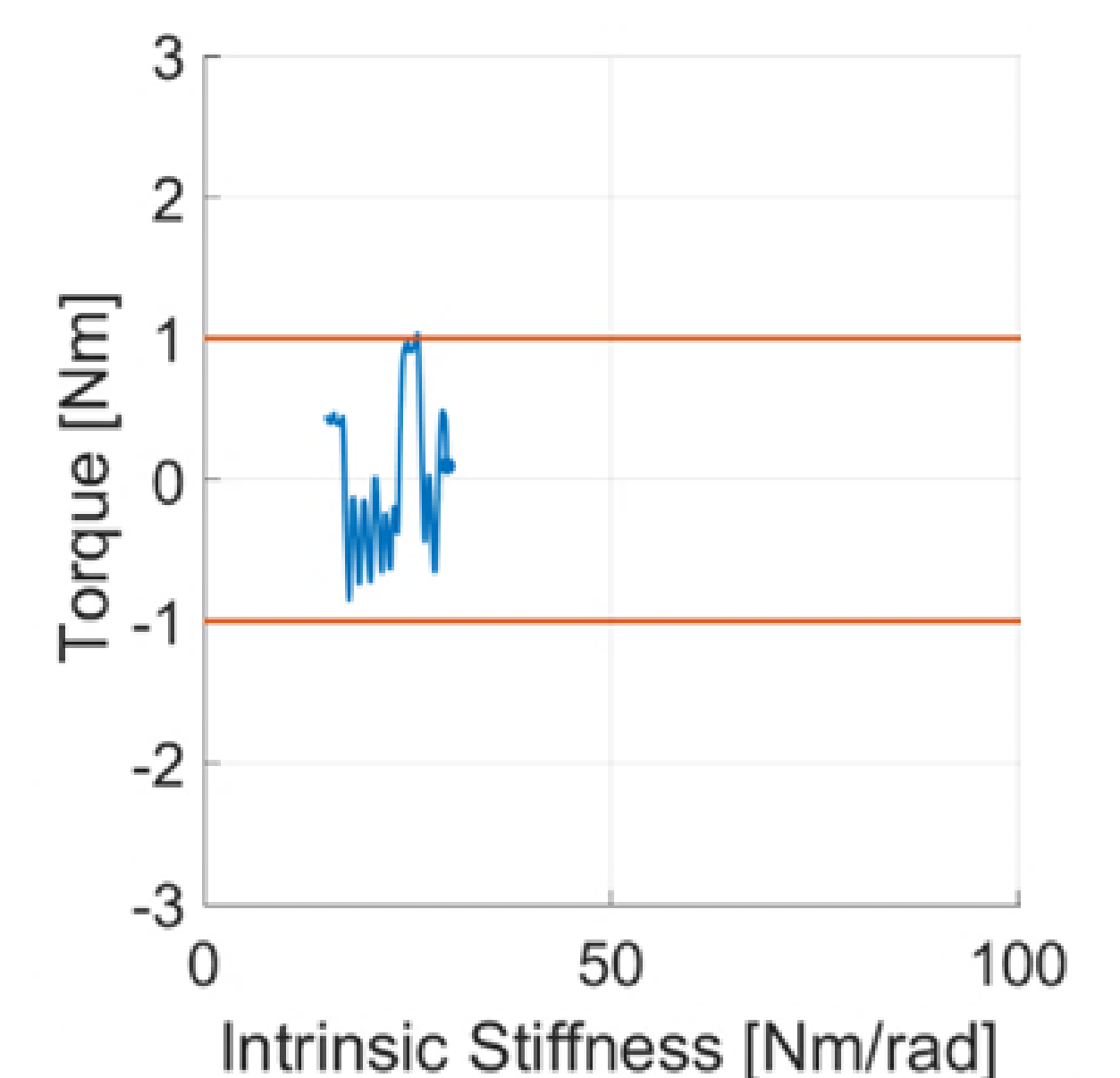
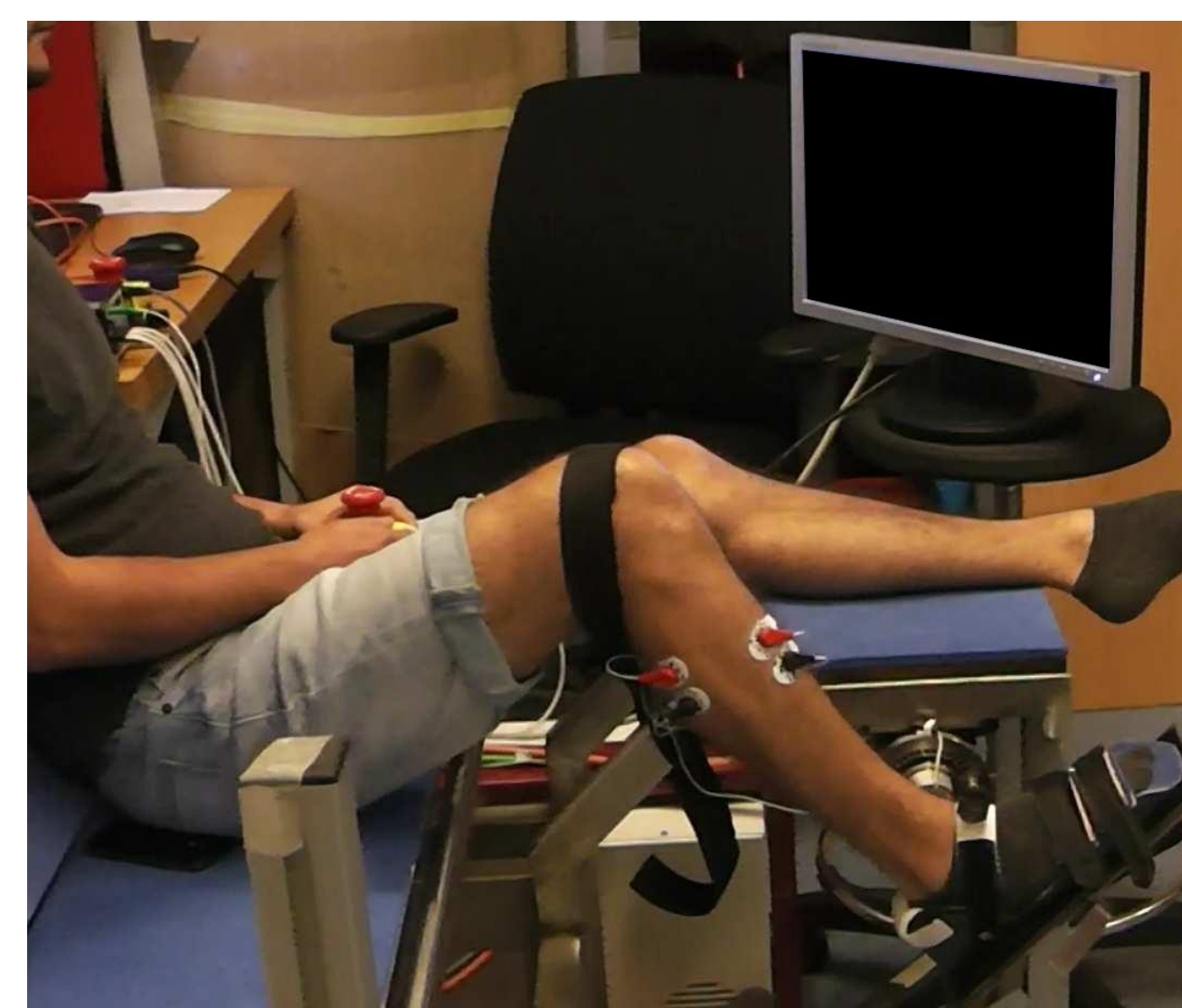
Methods & Results



Conclusions

Valid to use system identification-based approach in training paradigm to reduce muscle hyperreflexia give the large linear association between independent system identification and EMG measures.

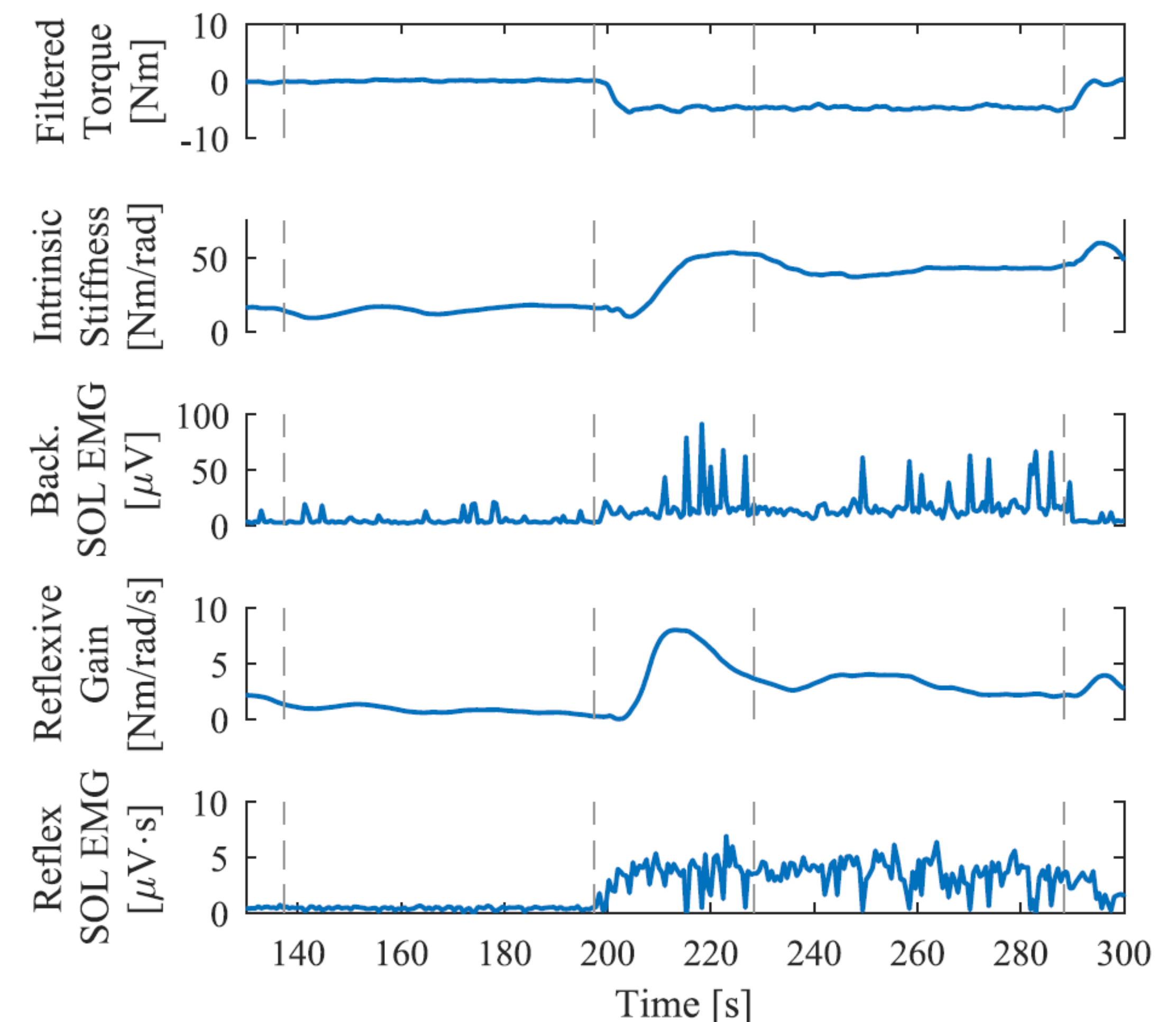
Protocol



- 3 male able-bodied subjects
- 1-DOF perturbations in sagittal plane of ankle joint
- Train modulation intrinsic stiffness & reflexive activity
- Keep behavior constant for several 60s periods
- Feedback on torque (y-axis) and intrinsic stiffness or reflexive activity (x-axis)
- Neutral or plantarflexion torque task
- Co-contraction allowed

Consecutive 60s periods with constant subject behavior show the following associations:

- Background EMG Soleus $\Leftrightarrow$ Intrinsic stiffness
- Reflex EMG Soleus $\Leftrightarrow$ Reflexive gain



Correlation coefficient using data normalized per subject:

Torque	Intrinsic				Reflexive			
	0 Nm (N = 33)	-5 Nm (N = 22)	0 Nm (N = 33)	-5 Nm (N = 22)	0 Nm (N = 33)	-5 Nm (N = 22)	0 Nm (N = 33)	-5 Nm (N = 22)
SOL	0.93 [0.85,0.97]	0.70 [0.44,0.87]	0.78 [0.62,0.87]	0.57 [0.20,0.77]	0.78 [0.62,0.87]	0.57 [0.20,0.77]	0.78 [0.62,0.87]	0.57 [0.20,0.77]
TA	0.88 [0.78,0.95]	0.70 [0.19,0.87]	0.55 [0.27,0.75]	0.18 [-0.11,0.45]	0.55 [0.27,0.75]	0.18 [-0.11,0.45]	0.55 [0.27,0.75]	0.18 [-0.11,0.45]
GL	0.91 [0.83,0.96]	0.36 [-0.18,0.69]	0.75 [0.58,0.85]	0.56 [0.21,0.76]	0.75 [0.58,0.85]	0.56 [0.21,0.76]	0.75 [0.58,0.85]	0.56 [0.21,0.76]
GM	0.80 [0.56,0.92]	0.65 [0.32,0.82]	0.82 [0.67,0.90]	0.46 [0.13,0.67]	0.82 [0.67,0.90]	0.46 [0.13,0.67]	0.82 [0.67,0.90]	0.46 [0.13,0.67]

95% confidence intervals computed for four lower leg muscles and two torque target, via non-parametric bootstrap, show:

- Up to **86%** shared variance for intrinsic pathway
- Up to **67%** shared variance for reflexive pathway

Future Research

Recommendations for using system identification measures in training to reduce muscle hyperreflexia:

- Neutral torque task
- Focus on calf muscles

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² D. Ludvig and R. E. Kearney, "Real-time Estimation of Intrinsic and Reflex Stiffness," *IEEE Transactions on Biomedical Engineering*, vol. 54, no. 10, pp. 1875–1884, 2007.