

MMG processing pipeline and feature extraction program to quantify onset of muscle fatigue during robotic gait training

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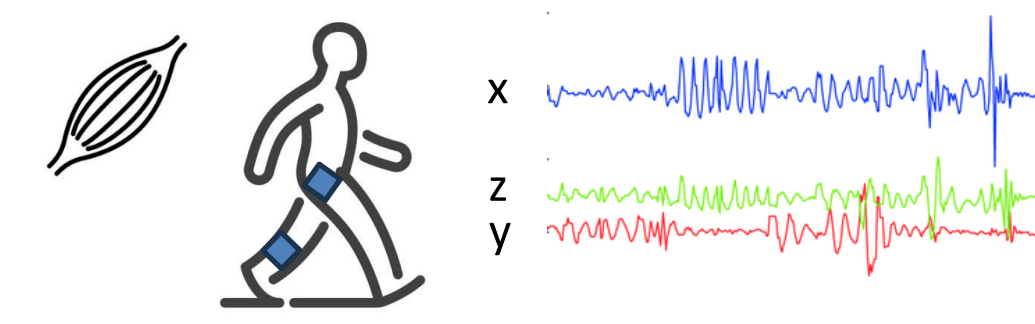
Background

Cerebral palsy - GMFCS level IV



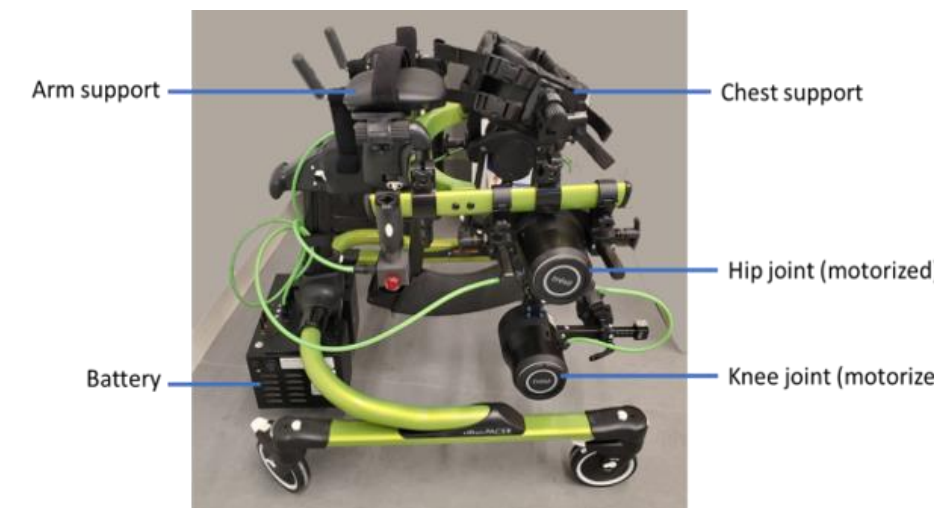
- Require powered or physically assisted methods of mobility [1]
- Dysregulated timing and intensity of muscle contractions [2]

MMG signals



- Measures low frequency oscillations of muscle fibers [3]

Trexo exoskeleton



Robotic assisted physiotherapy



Intervention (6 weeks, 2x/week)

Helps children with mobility impairments experience the feeling of **over-ground walking**

What are the muscular effects?

Objectives

What is the feasibility of collection and processing of MMG readings in children with CP of GMFCS level IV?

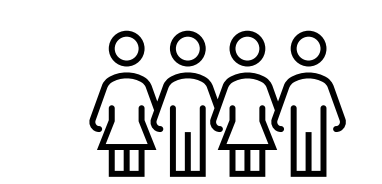
- Set-up time
- Tolerance
- Signal quality

Hypothesis: Muscle activations will appear at lower frequencies when using the robotic walker compared to the manual walker; onset of muscle fatigue will appear sooner during manual walker use

Feasibility, signal processing, and feature extraction of mechanomyography (MMG) recordings during gait in a robotic walker for children with cerebral palsy



Methods



5 participants
Ages 3-6
GMFCS level IV

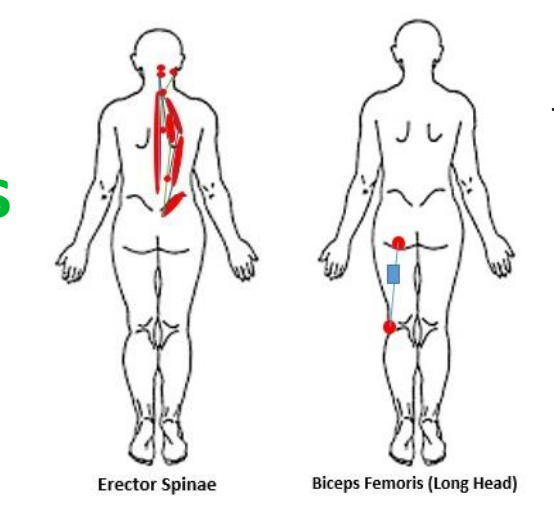


Pre- and post- intervention
Robotic and manual walker
Set-up time ~ 5 minutes



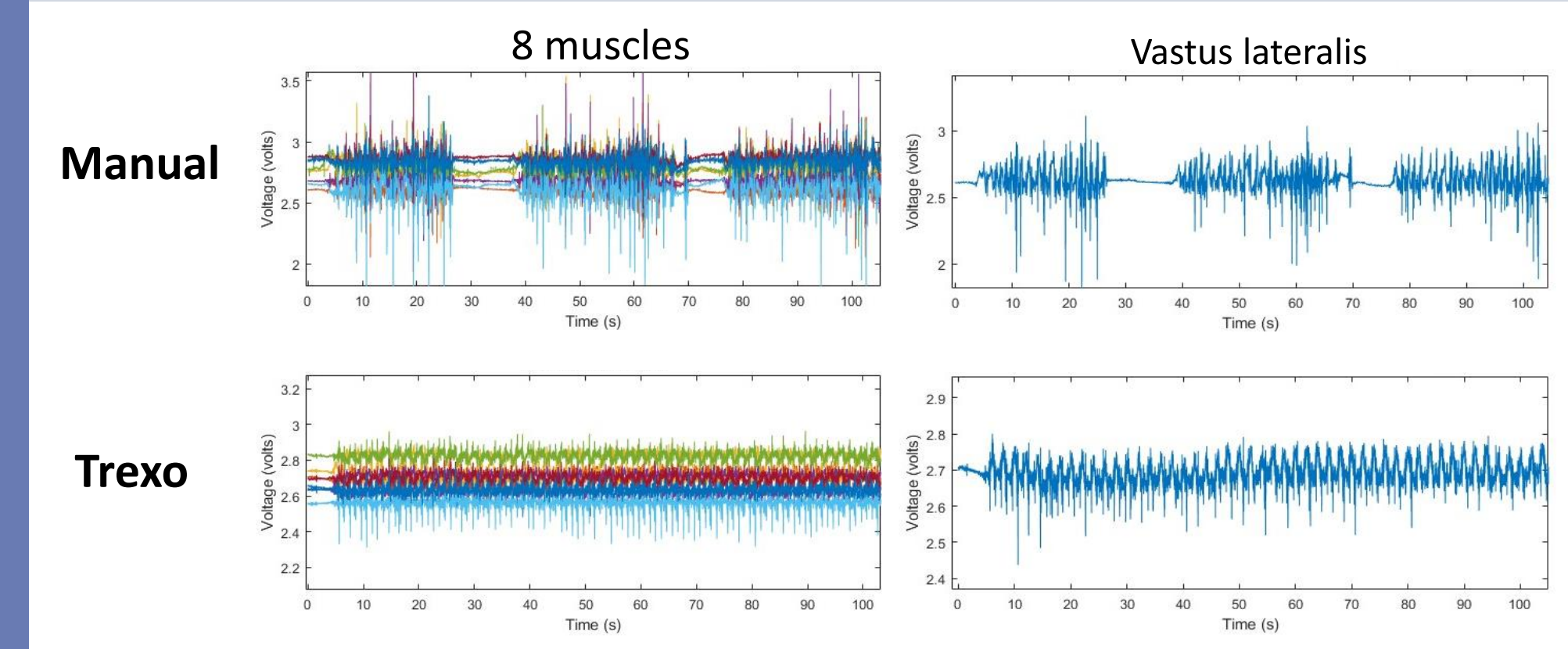
Sensor locations:

Vastus lateralis [thigh], biceps femoris [hamstring], glutes, erector spinae [lower back]

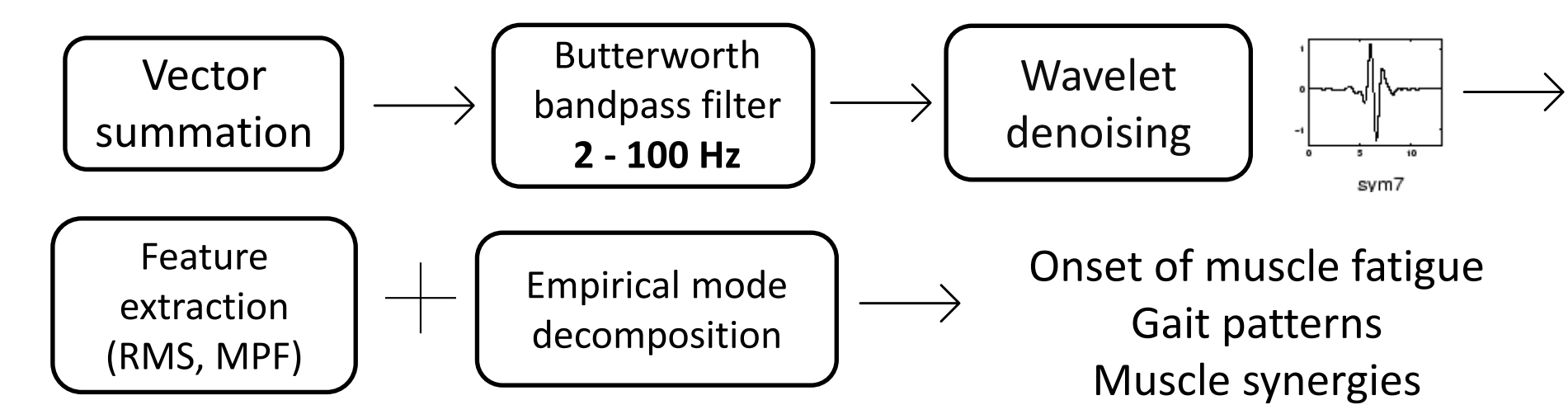


MMG sensor placed on top of muscle belly with medical tape

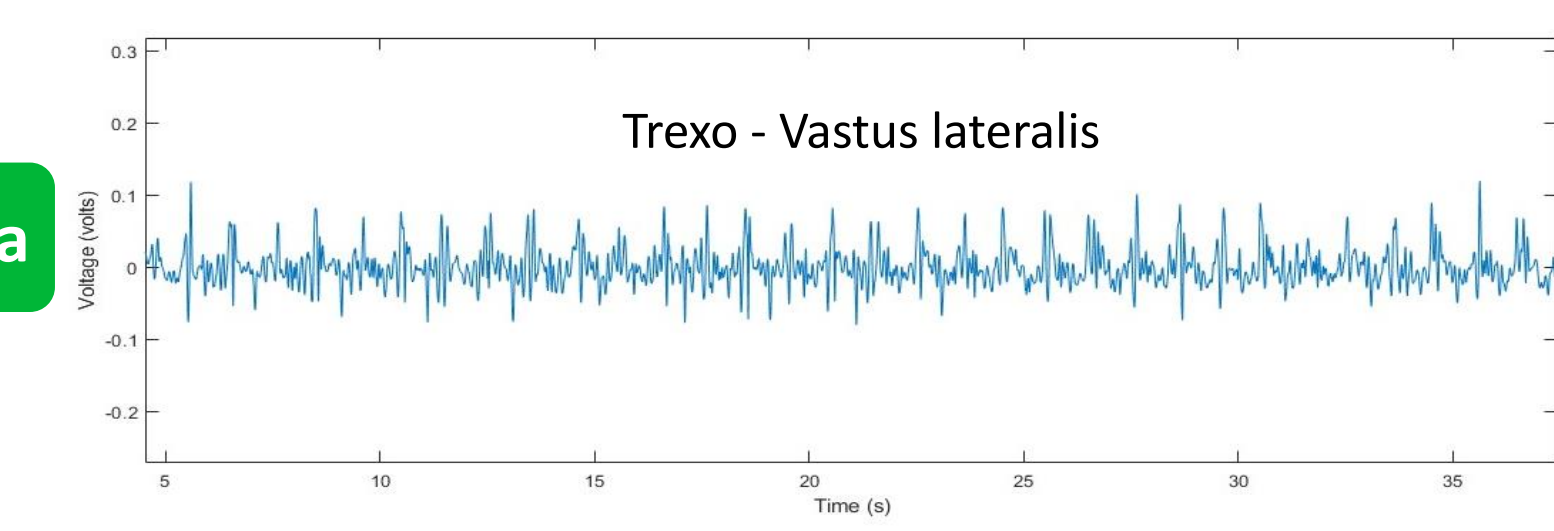
Results



Processing pipeline



Filtered data



Relevance

- Quantify onset of muscle fatigue to build safe physiotherapy practice regimens, especially for nonverbal children
- Future studies analyzing muscle activity in children with atypical gait

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References
 [1] Palisano, R. (1997). Development and reliability of a system to classify gross motor function in children with cerebral palsy. *Dev Med Child Neurol*, 214-223. Retrieved from www.canchild.ca
 [2] Perry, J., & Burnfield, J. M. (1992). Gait Analysis: Normal and Pathological Function. *Journal of Pediatric Orthopaedics*, 815.
 [3] Silva, J., Heim, W., & Chau, T. (2005). A Self-Contained, Mechanomyography-Driven Externally Powered Prosthesis. *Archives of Physical Medicine and Rehabilitation*, 2066-2070.