

# The Cost of Asymmetry during Healthy and Pathological Gait

**James M. Finley, PhD**

Assistant Professor

Director, Locomotor Control Lab

@FinleyLabUSC, @jamesmfinley

# Locomotor Control Lab

## Neurological Impairments

Stroke



Parkinson's disease

## Locomotor Function

Energy Cost



Learning



Dynamic Balance

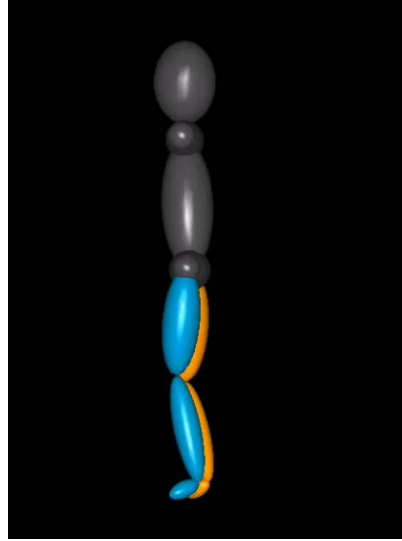
## Context and Content of Therapy



# Asymmetries are a hallmark of locomotion in many impaired populations



Amputees

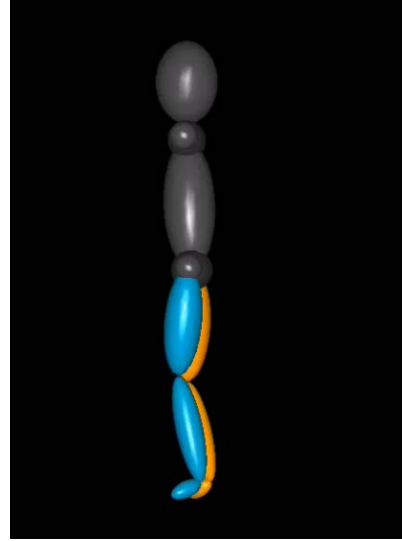


People post-stroke

# Asymmetries are a hallmark of locomotion in many impaired *and unimpaired* populations



Amputees



People post-stroke



New York Times & SMU Performance Lab

- How do people regulate symmetry during walking?
- What are the functional consequences of asymmetry?
- Do reductions in asymmetry lead to enhanced function?

# Exploring adaptation to imposed asymmetries using a dual-belt treadmill



Early  
Adaptation



Late  
Adaptation



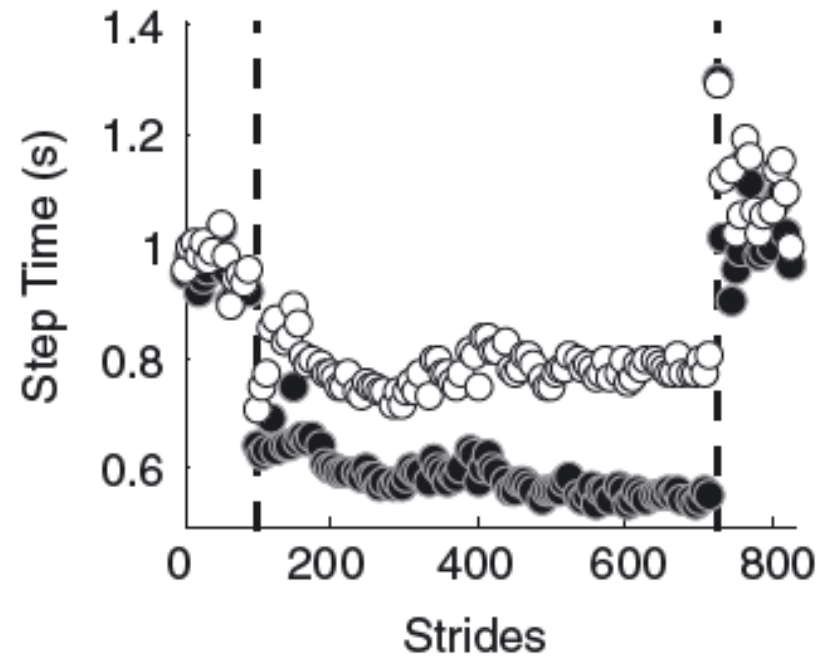
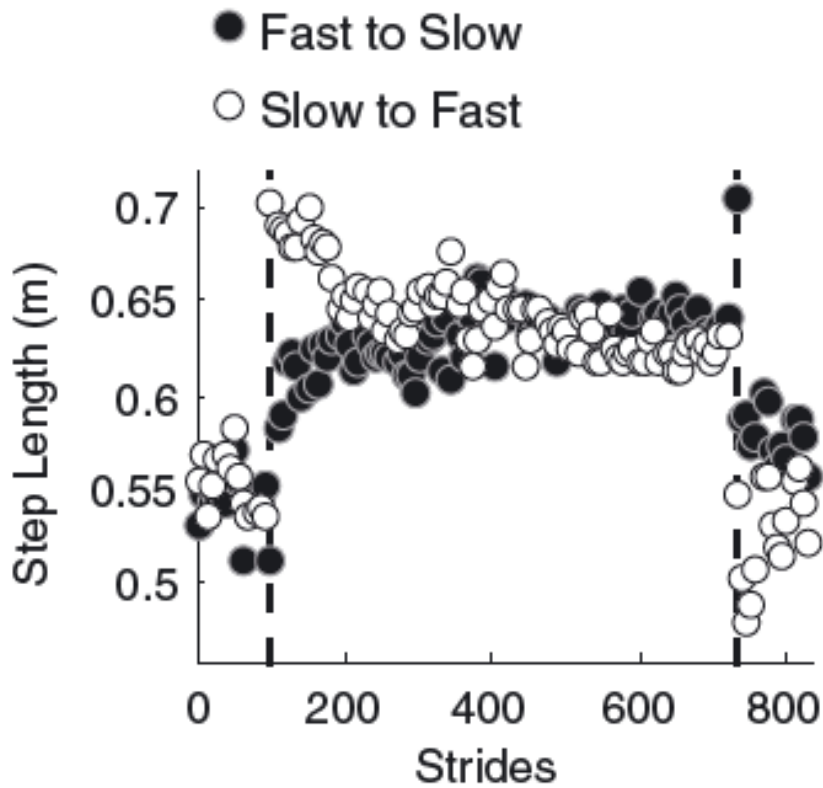
— Fast  
Leg

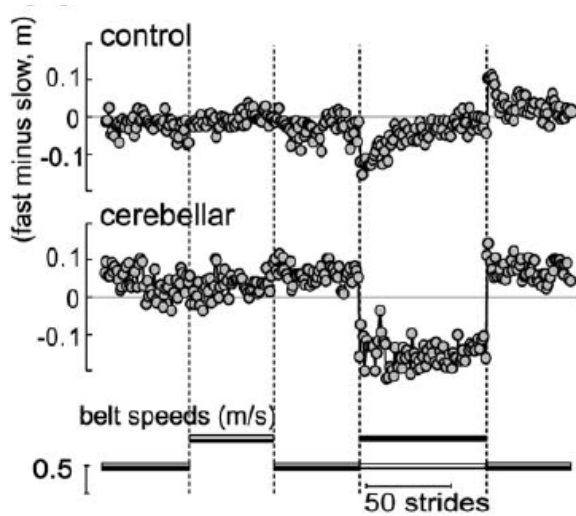
— Slow Leg

Dietz et al., 1994, Exp Brain Res  
Reisman et al., 2005, J Neurophys  
Finley et al., 2013, J Physiol

Adaptation results in **steps of equal length**...

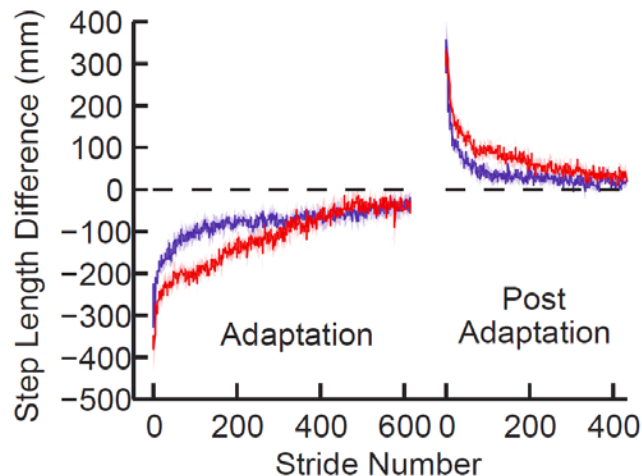
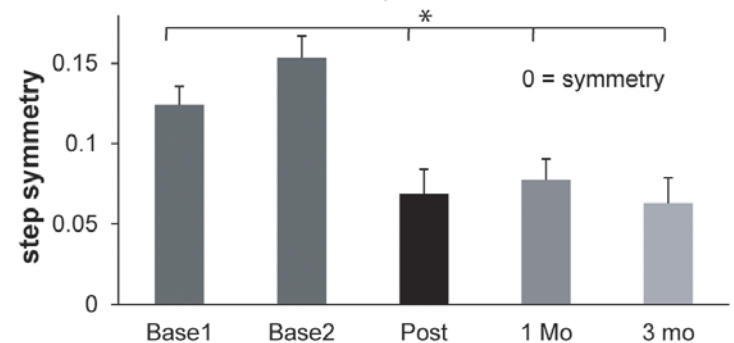
and **asymmetries in step time** ...





- Damage to the cerebellum impairs adaptation (Morton and Bastian, 2006)

- Repeated split-belt adaptation can lead to long-term reductions in asymmetry post-stroke (Reisman et al., 2013)



- Adaptation can be induced on a standard treadmill if one foot marches in place (Long et al., 2015)



Is asymmetry energetically costly?

Why are **symmetric** step lengths preferred given **asymmetric constraints** (belt speeds)?

Is asymmetry associated with reduced stability?

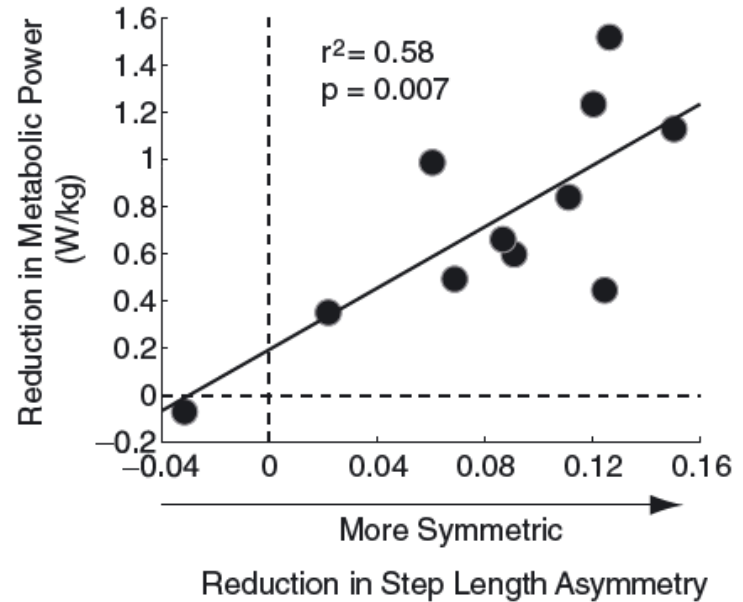
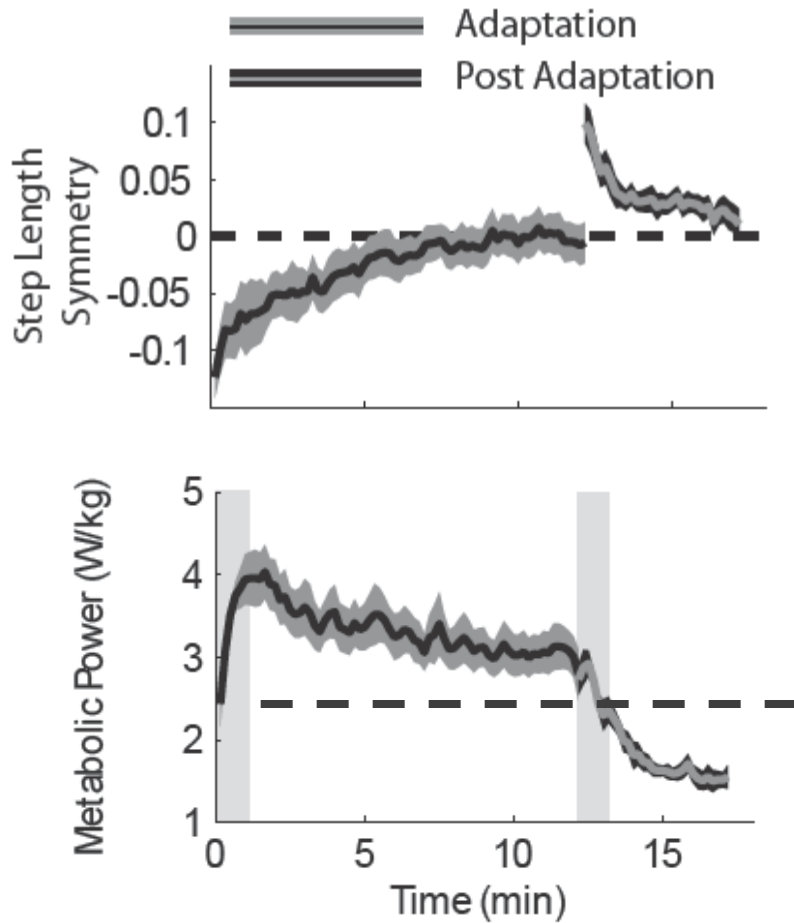




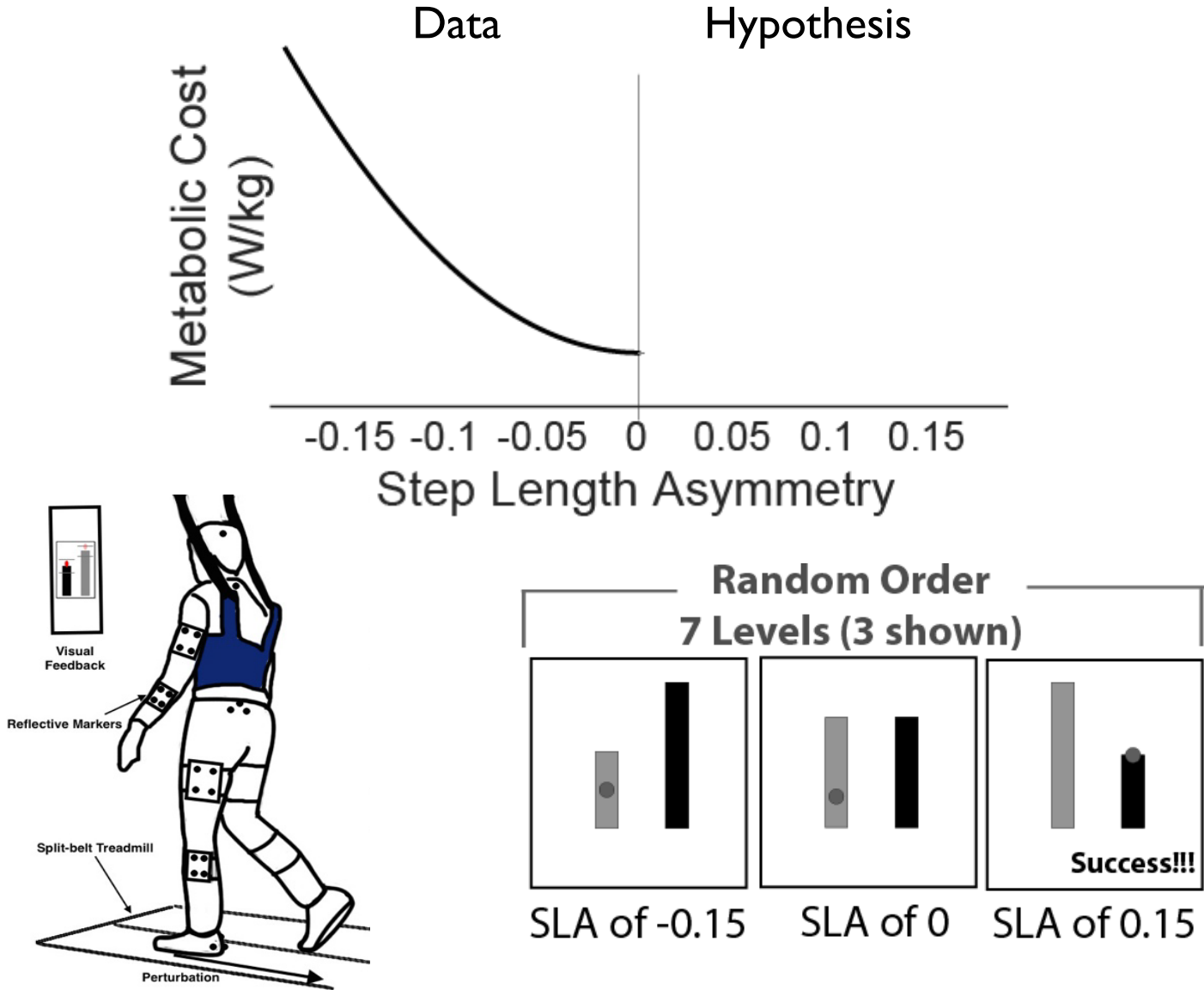
# Evidence of energy minimization in human locomotion

1. Preferred **speed** typically near theoretically optimal speed of 1.3 m/s (Zarrugh et al., 1974; Ralston, 1976, Bastien et al., 2005)
2. Preferred **stride length** across multiple speeds minimizes energetic cost (Cavanagh and Williams, 1982; Bertram and Ruina, 2001; Kuo, 2001)
3. Preferred **step width** is energetically optimal (Donelan et al., 2001)

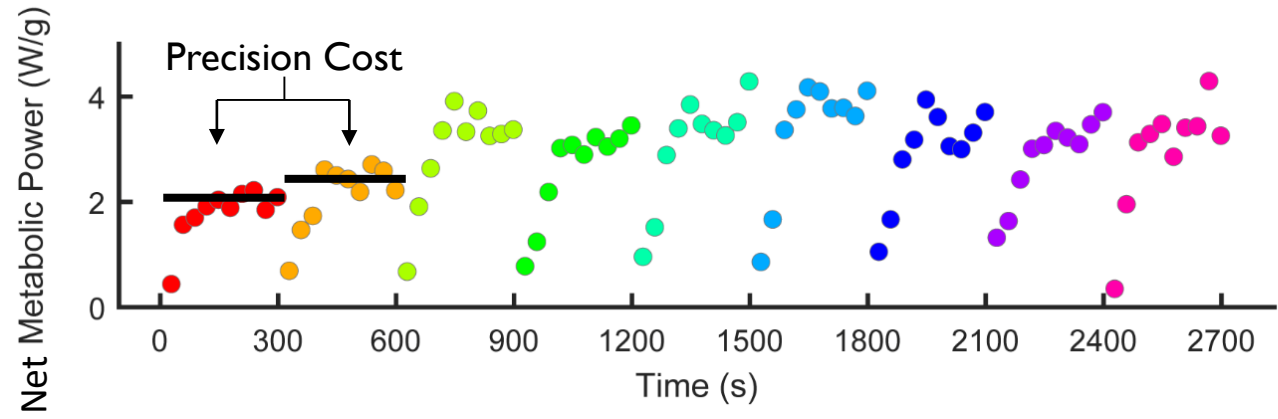
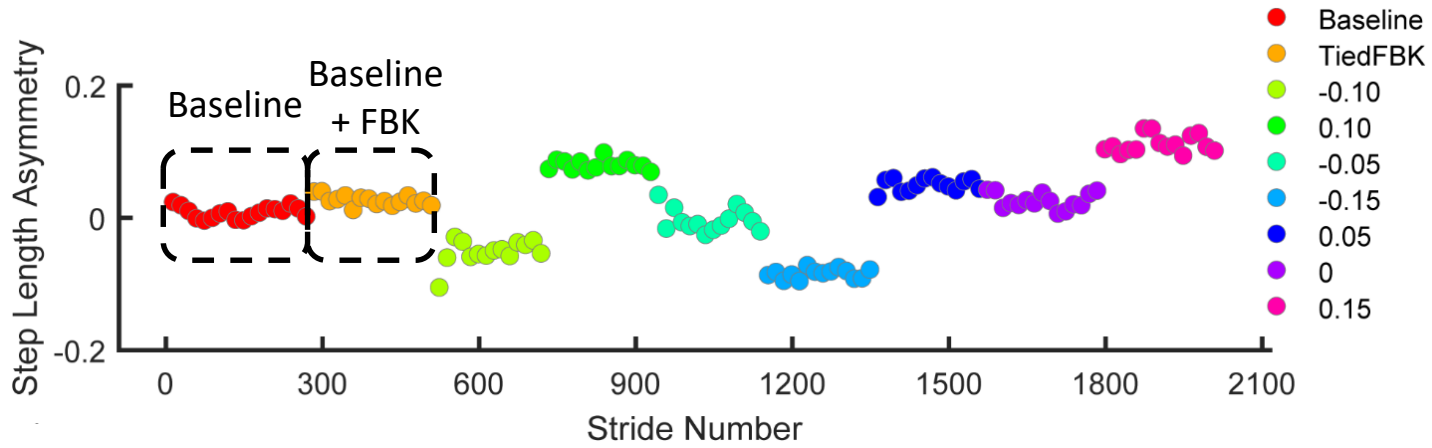
# Reduction of asymmetry is associated with a reduction in metabolic cost



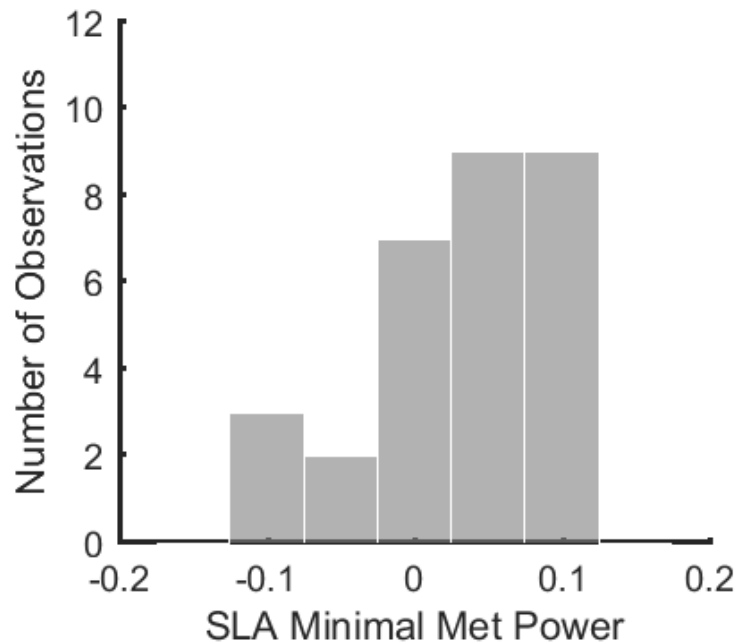
# Do symmetric step lengths *minimize* energetic cost?



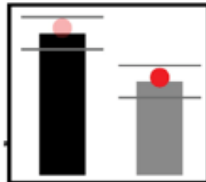
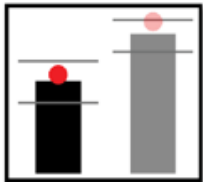
# Experimental protocol



# Symmetry is *not the metabolically optimal solution* for walking on a split-belt treadmill



- Positive asymmetries, which are *not observed during adaptation*, were frequently optimal
- The optimal strategy had a cost savings of  $\sim 0.25$  W/kg relative to symmetry ( $\sim 6\%$ )



# What is the best proxy of how the brain represents effort?

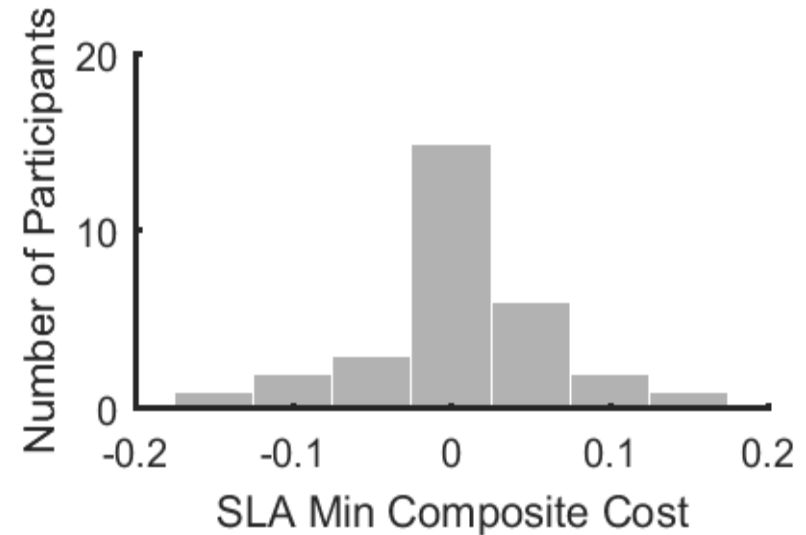
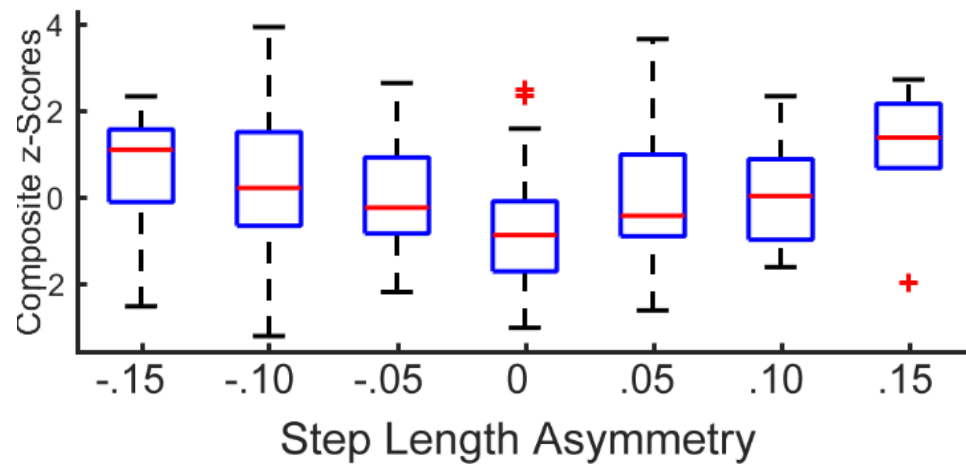
- **Potential neural correlates of effort**

- **Estimates of blood gas concentration** (Bellville et al. 1979; Smith et al. 2006)
- **Corollary discharge or efference copy: Internal representation of the magnitude of descending motor commands** (Sperry, 1950; von Holst and Mittelstaedt, 1950)
- **Estimates of cognitive effort** (Chong et al., 2017; Schmidt et al., 2012)
- **Peripheral sensory feedback**
  - Cutaneous receptors: pressure
  - Golgi tendon organs: muscle force
  - Group IV afferents: muscle metabolism

*Effort* is a neural/psychological construct and may be better represented using **composite estimates**

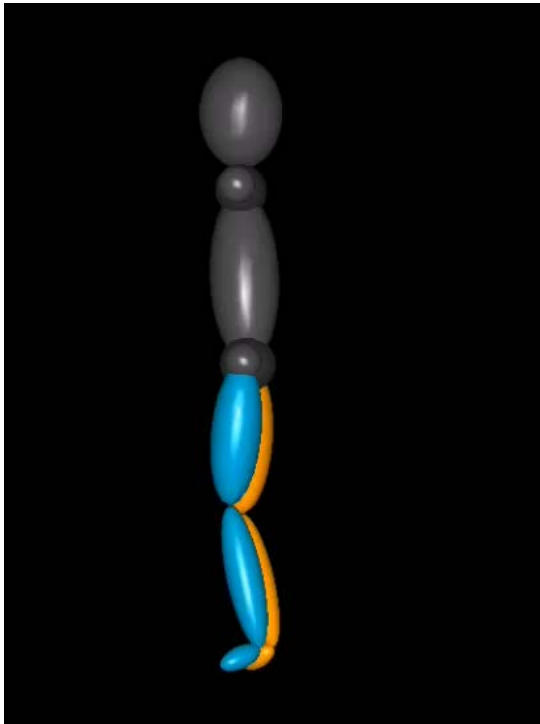
# Symmetry is optimal when effort is represented as a composite of mechanical and metabolic cost

- Composite cost computed by summing z-score normalized measures of metabolic cost and propulsive impulses

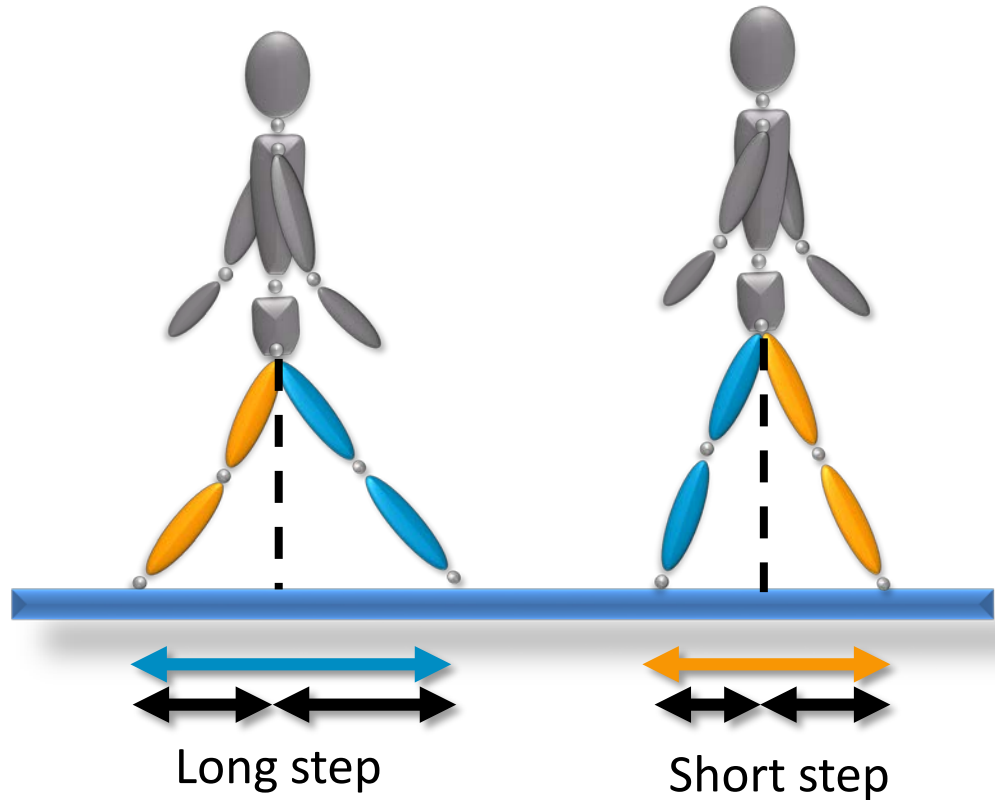


# Is spatiotemporal asymmetry sub-optimal post-stroke?

- **Asymmetries in foot placement and timing** (Chen et al, 2005; Hsu et al, 2003)
- **Higher metabolic cost than healthy individuals** (Waters and Mulroy, 1999)

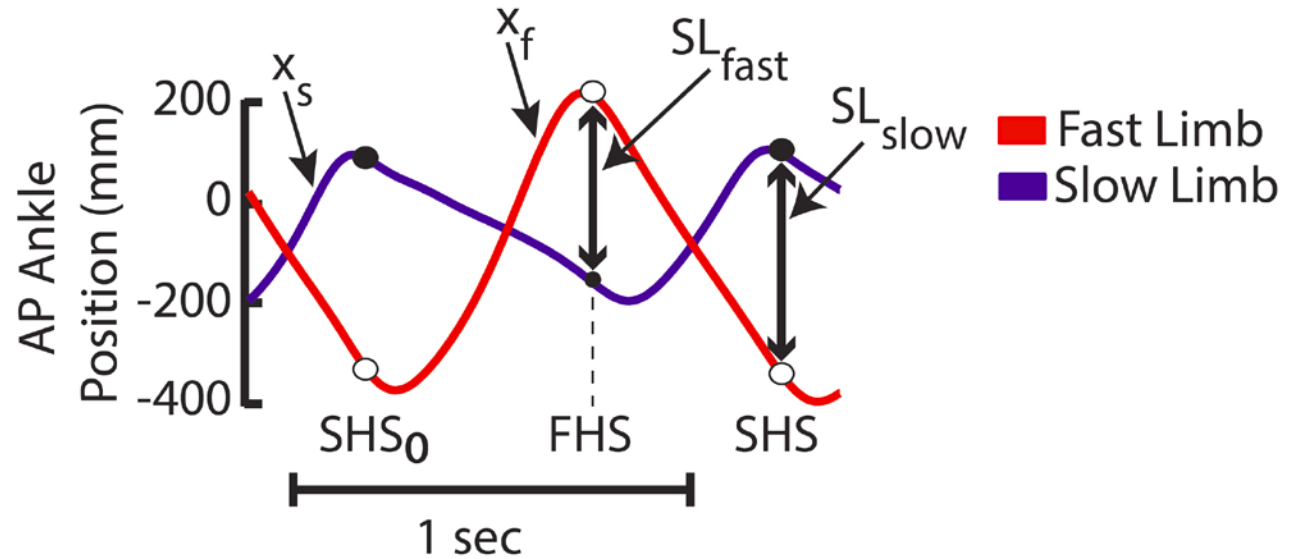


## Asymmetries in Step Length

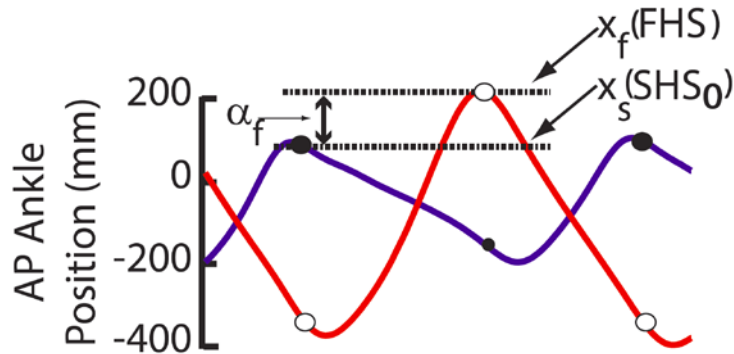




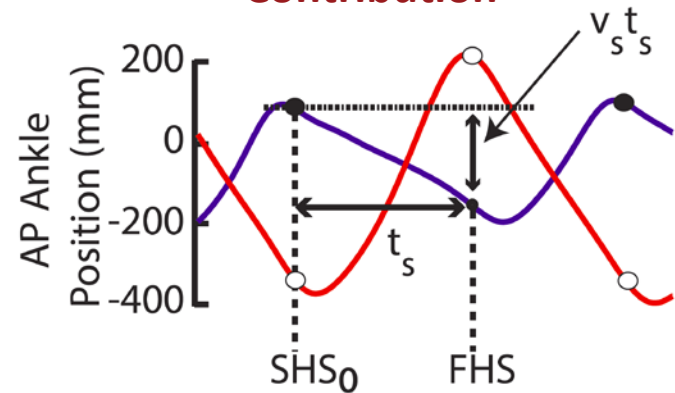
# Spatial and temporal contributions to step length asymmetry



## Spatial Contribution



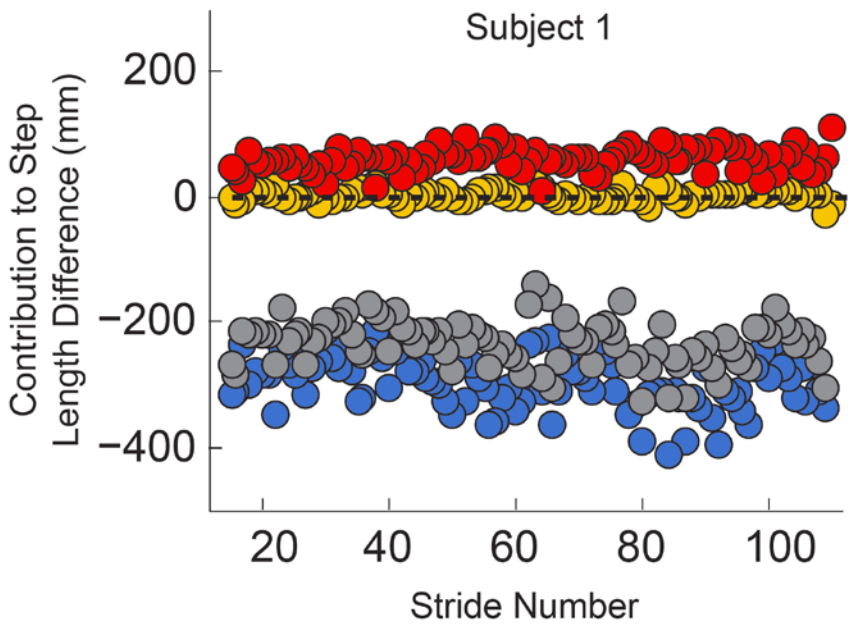
## Temporal Contribution



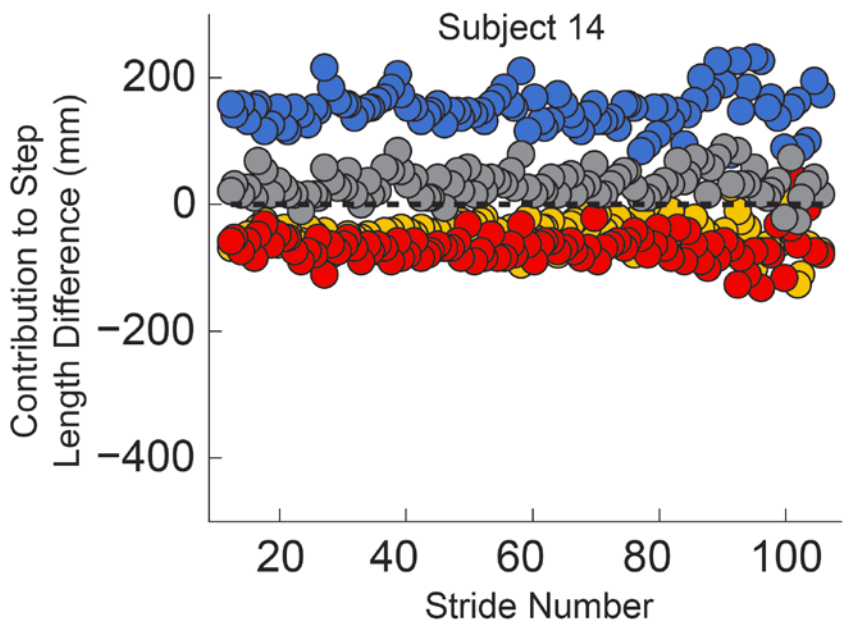
$$SL_{diff} = \underbrace{(\alpha_f - \alpha_s)}_{\text{Step Position}} + \underbrace{[(v_s + v_f)/2 * (t_s - t_f)]}_{\text{Step Time}} + \underbrace{[(t_s + t_f)/2 * (v_s - v_f)]}_{\text{Step Velocity}}$$

# Examples of spatial and temporal contributions to step length asymmetry post-stroke

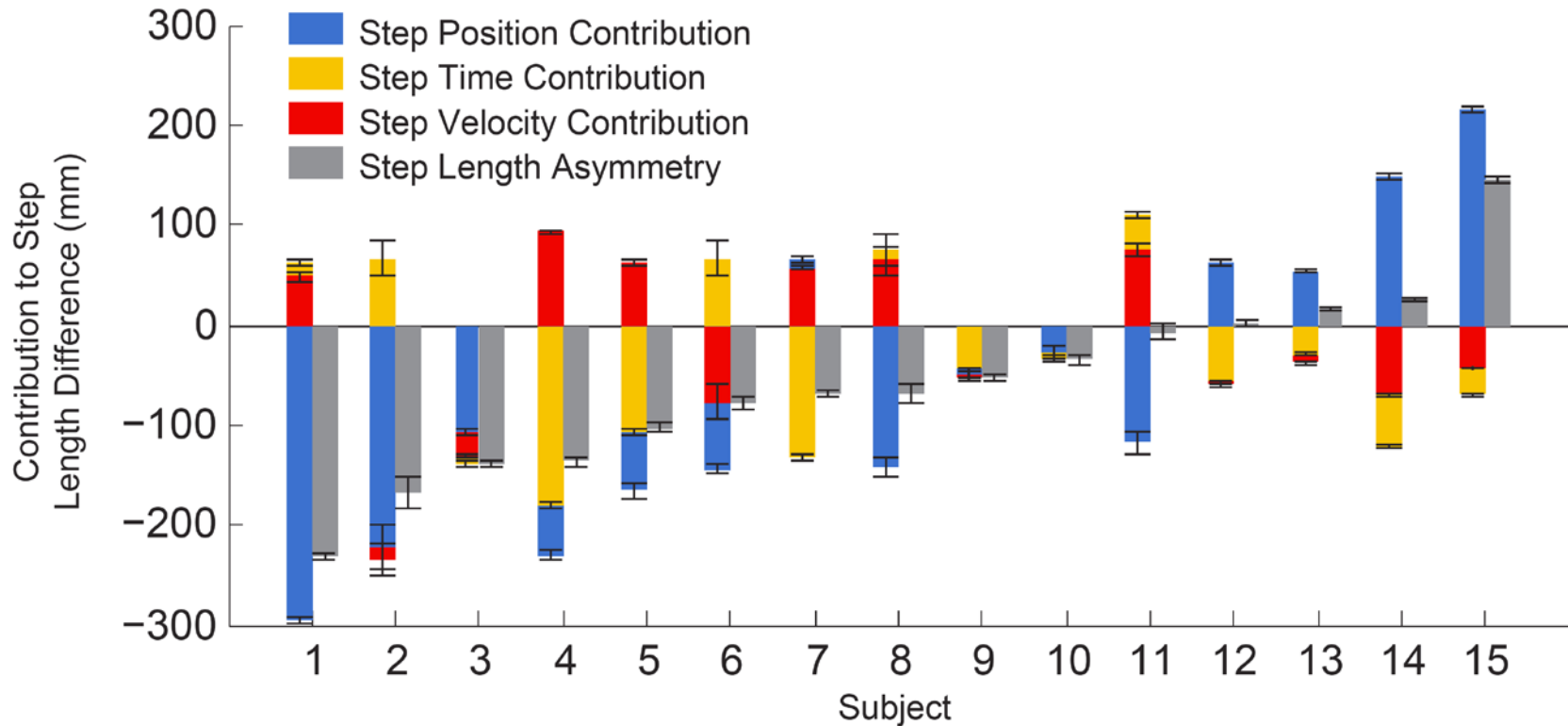
- Step Velocity Contribution
- Step Length Asymmetry
- Step Position Contribution
- Step Time Contribution



- Step Velocity Contribution
- Step Length Asymmetry

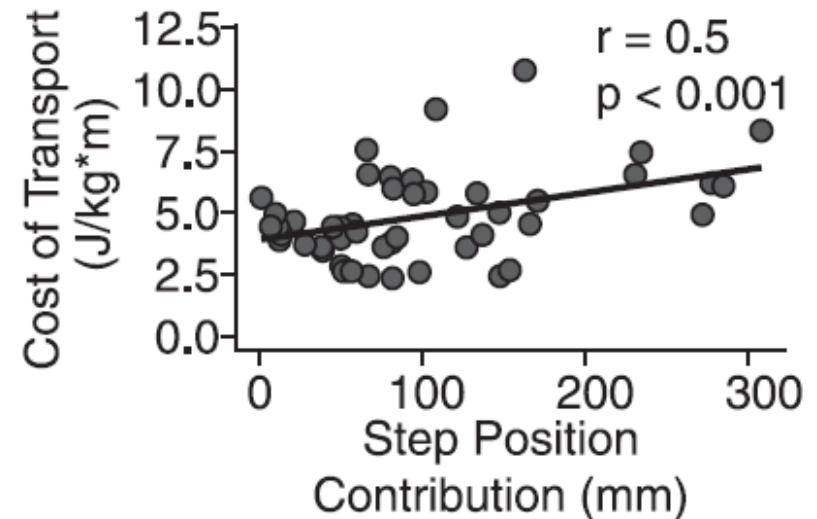
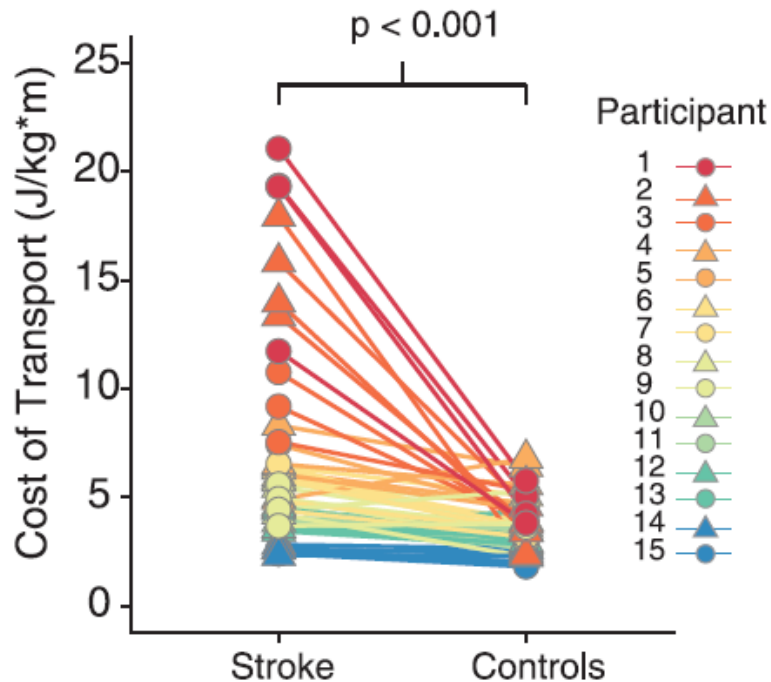


# Spatiotemporal asymmetries are heterogeneous post-stroke



- Spatiotemporal asymmetries in people post-stroke differ in direction, magnitude, and **composition**

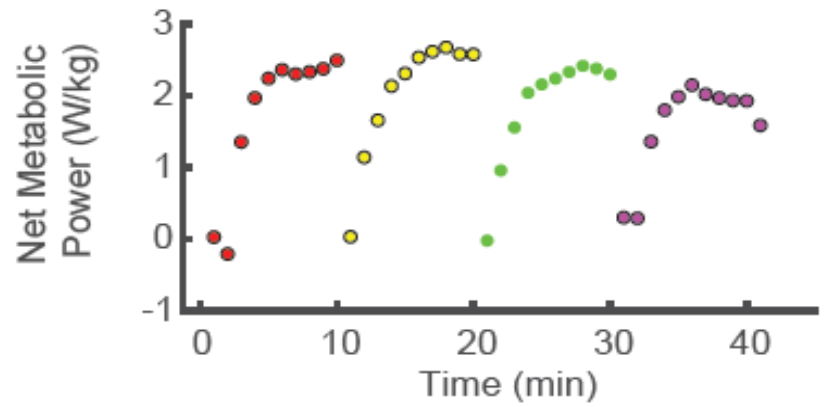
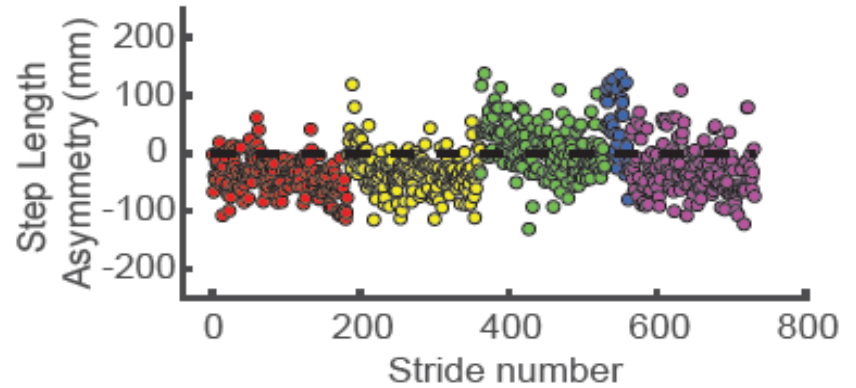
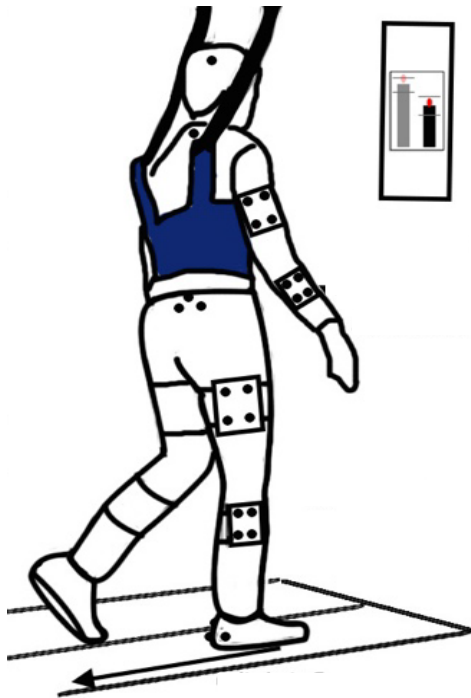
# Asymmetries during walking in people post-stroke are associated with increased energetic cost



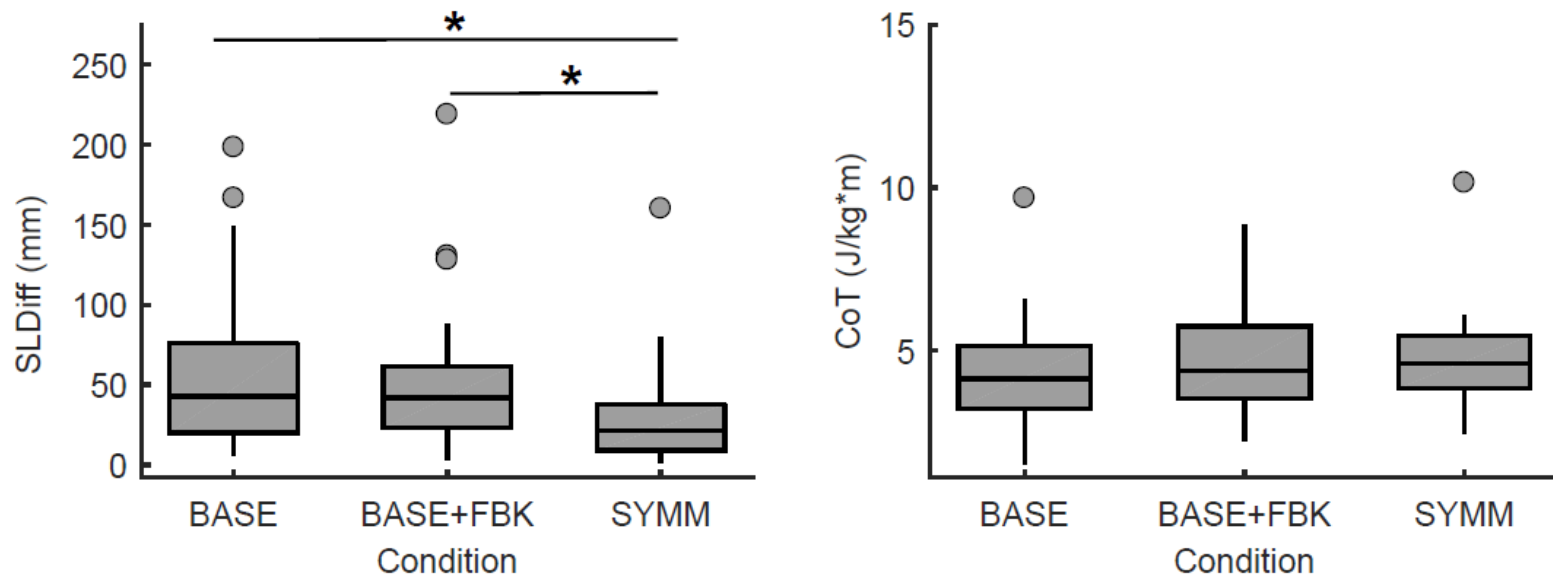
1. Can people post-stroke voluntarily reduce asymmetry?
2. Do *reductions in asymmetry* reduce metabolic cost?

# People post-stroke retain the capacity to *voluntarily* reduce step length asymmetry

- 24 chronic stroke survivors (1-30 yrs post-stroke)
- 14 right hemi-paretic
- LE Fugl-Meyer ranged from 7-32

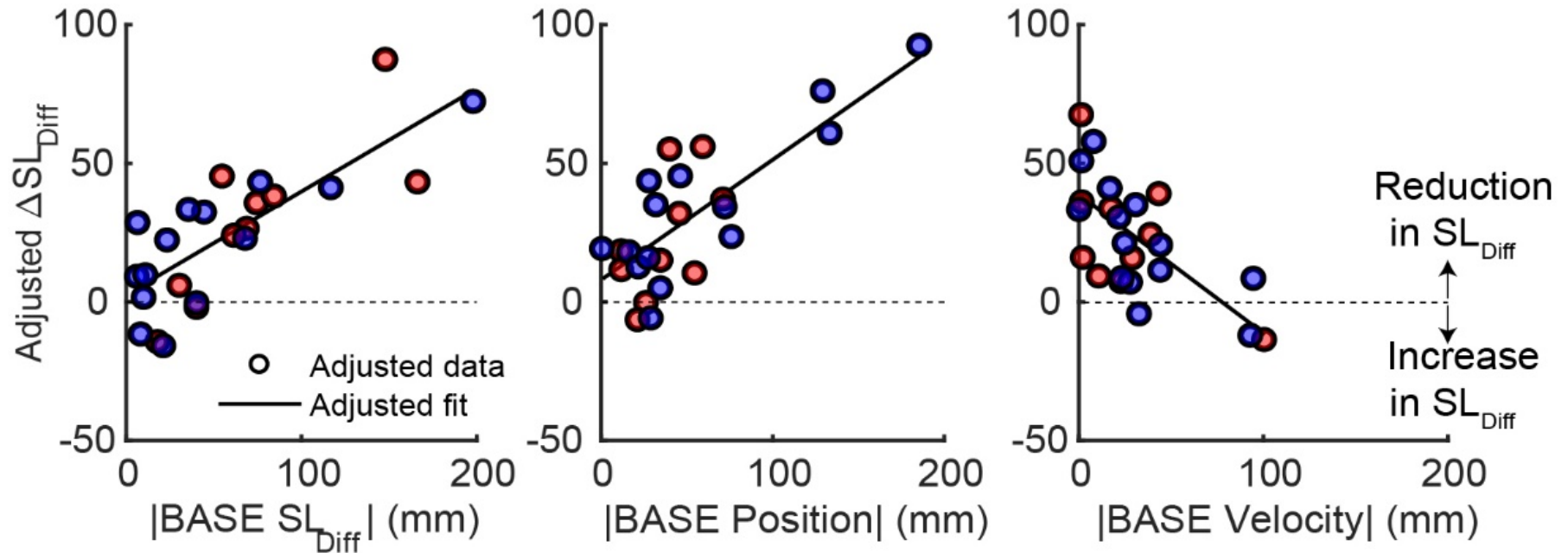


# Metabolic cost was not affected by *reductions* in step length asymmetry in people post-stroke



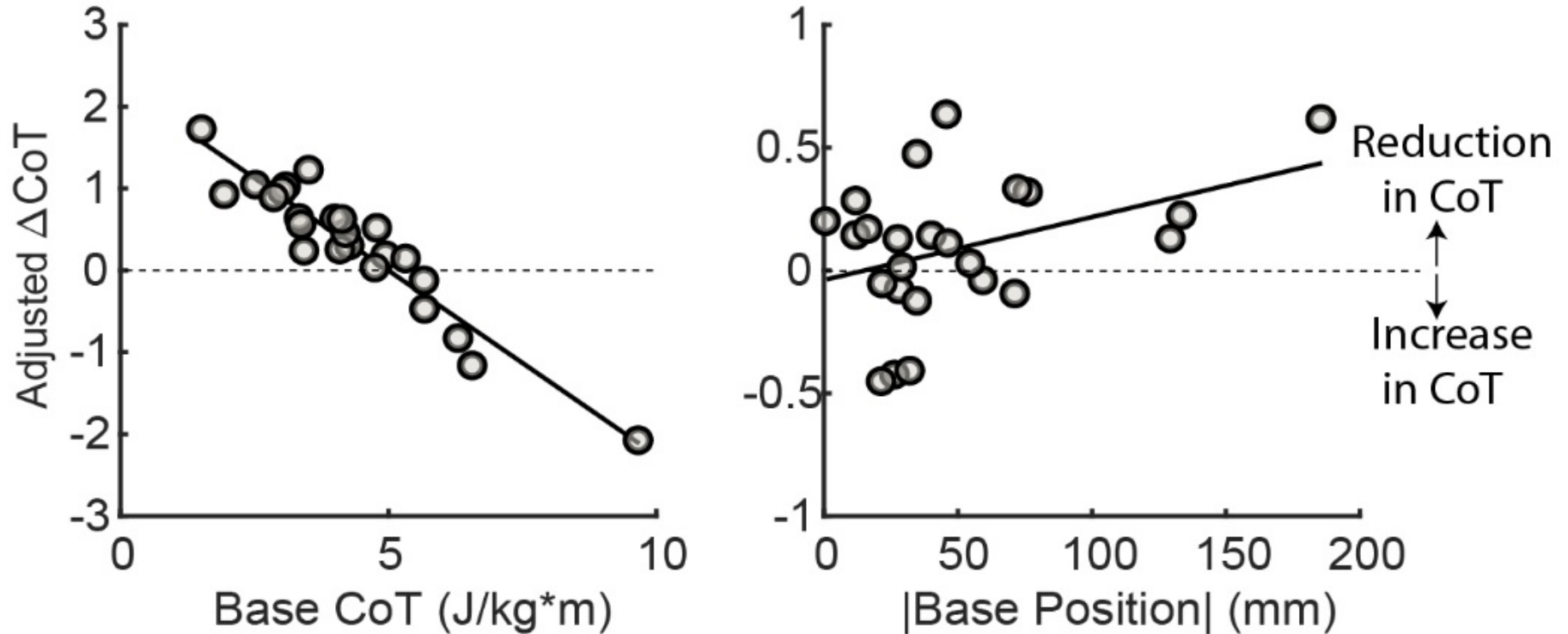
- There was a trend ( $p = 0.07$ ) toward a higher rating of perceived exertion (RPE) in the Symmetry condition

# Individual differences in baseline asymmetry were associated with the ability to reduce asymmetry



- Participants with larger baseline asymmetries achieved larger reductions in asymmetry

# Individual differences in habitual gait characteristics associated with changes in metabolic cost



- Participants with a naturally high metabolic cost were likely to *increase* metabolic cost when asked to reduce asymmetry
- Reductions in asymmetry were most beneficial for participants who had a lower metabolic cost



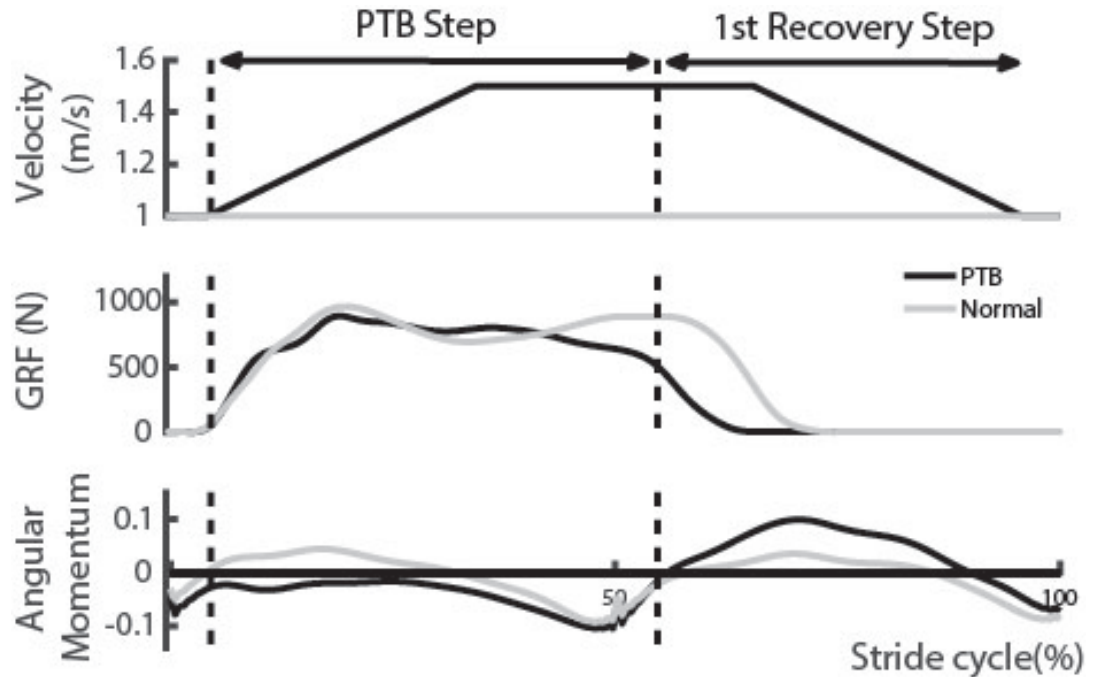
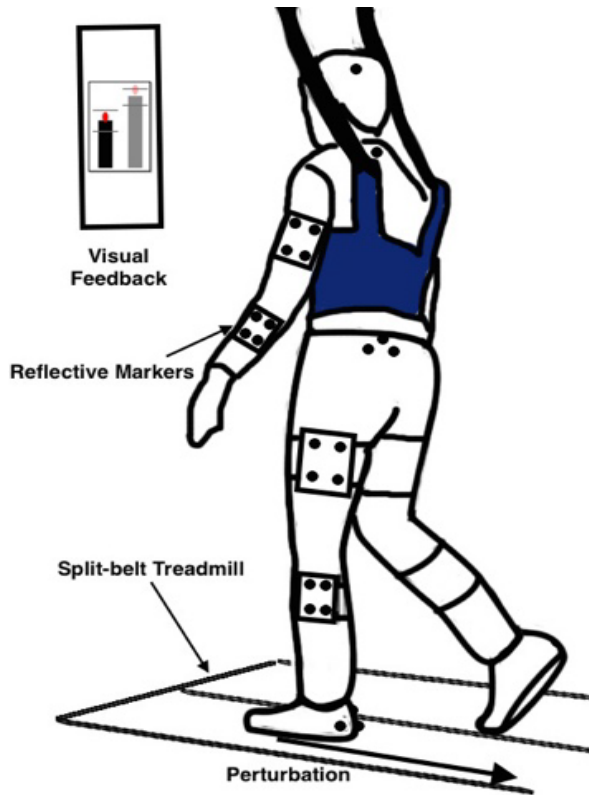
# Take home points

- Taking steps of equal length (symmetry) is not the *metabolically* optimal strategy for walking on a split-belt treadmill
  - Symmetry appeared to be optimal when cost was estimated using a composite estimate of effort
- Composite estimates of effort may better explain behavioral strategies during adaptive motor learning
  - Most useful when candidate cost components have less than perfect correlation
- Spatiotemporal asymmetries are associated with individual differences in metabolic cost post-stroke
  - Stroke survivors retain the capacity to voluntarily walk more symmetrically
  - Whether reductions in asymmetry reduce metabolic cost depends on individual differences in impairment

# Moving forward

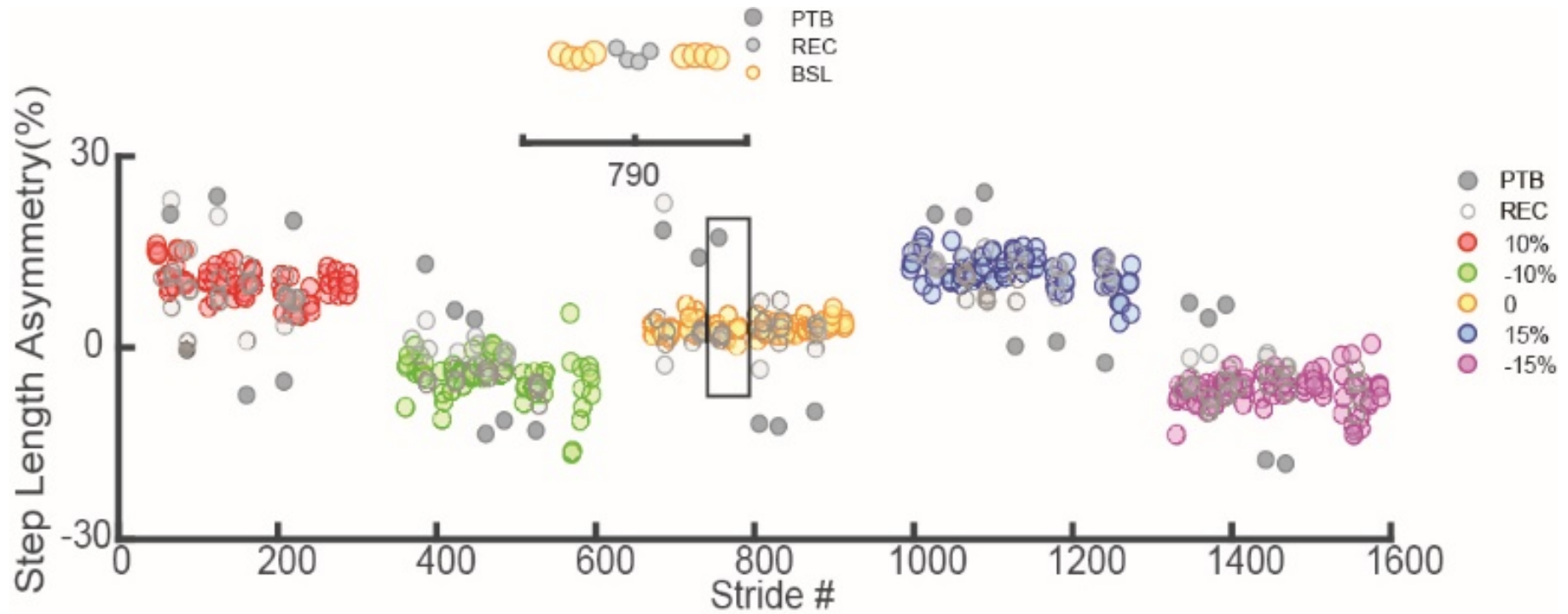
- **What about balance?**
  - How does asymmetry influence the reactive control of balance?
- **How do subjective preferences influence the way in which people post-stroke choose to walk?**
  - Are biomechanical and physiological measures appropriate estimates of the *cost* of a given locomotor strategy?
- **What are the long-term consequences of reducing asymmetry?**
  - Reduce the likelihood of developing musculoskeletal impairments?
  - Stimulate neural repair and impairment mitigation?
- **Moving beyond step length**
  - How do we balance trade-offs between comprehensive, quantitative movement analysis and clinically meaningful interpretation?

# Does asymmetry impair the reactive control of balance?

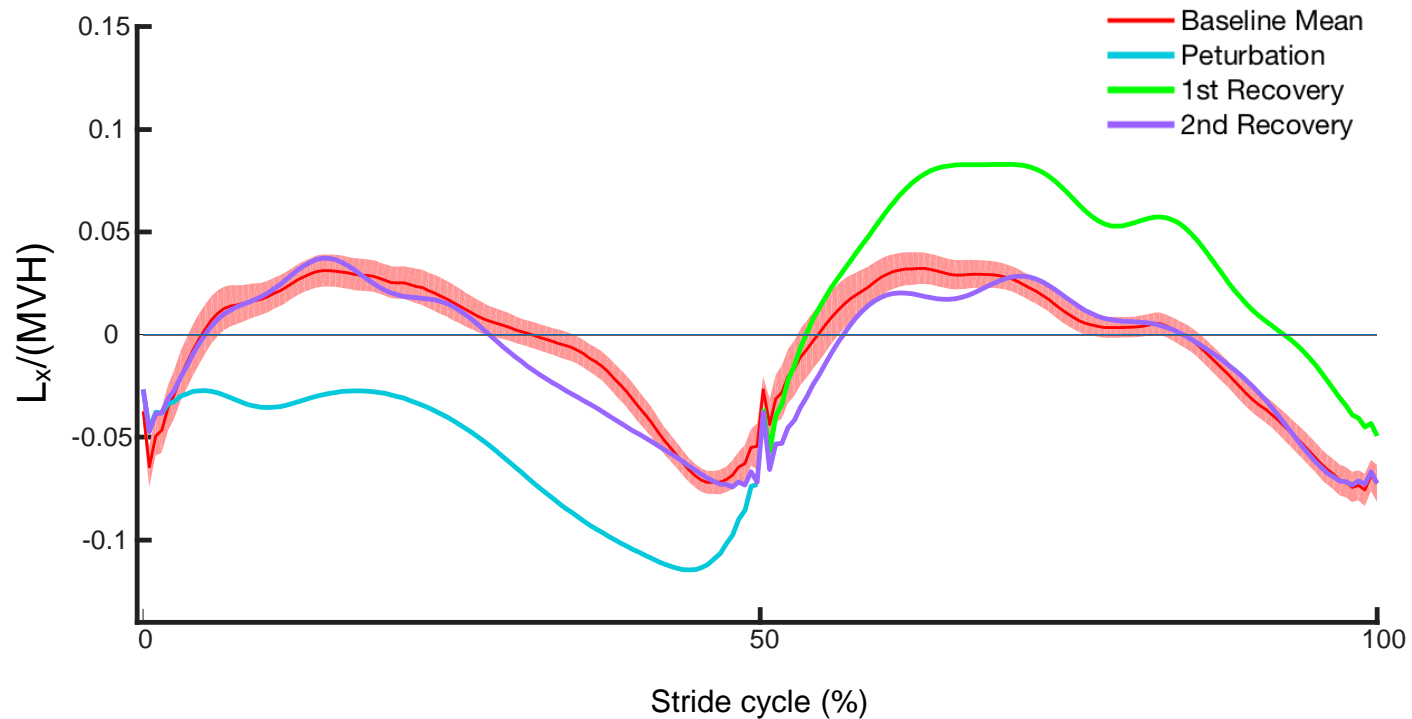


- Whole-body angular momentum can be used to quantify the magnitude of stumbles and the subsequent recovery

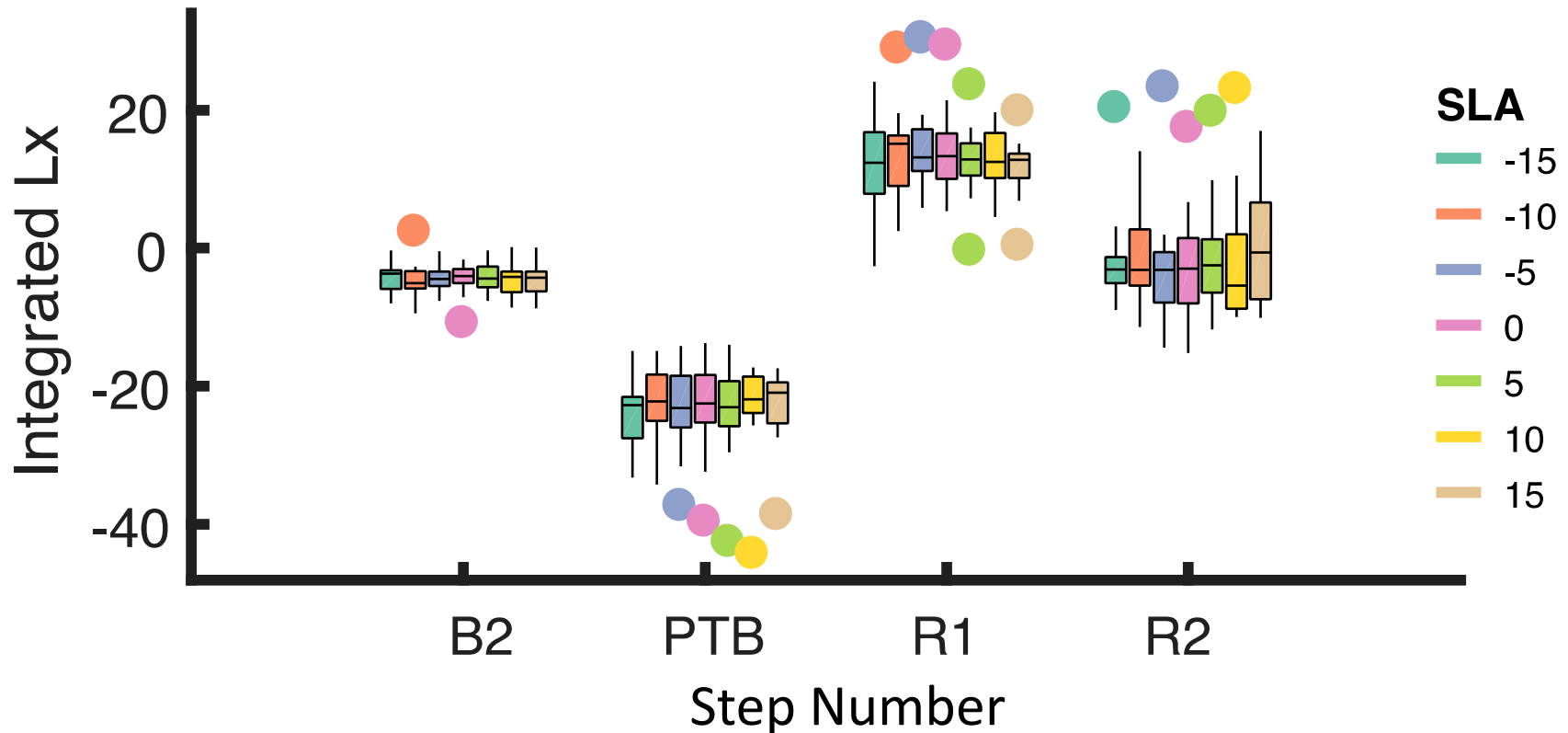
# Perturbations elicited systematic changes in asymmetry



# Recovery of whole-body angular momentum following a single perturbation



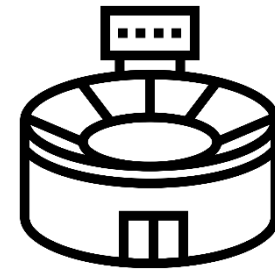
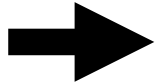
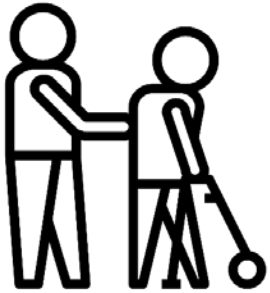
# Imposed asymmetries did not affect recovery of whole-body angular momentum



- Neither the immediate effects of the perturbation, nor the time required to recover from the perturbation varied with asymmetry
- Asymmetry in the absence of impairment may have little influence on dynamic stability

# Generalization of motor learning in the context of physical therapy

USC Division of Biokinesiology  
and Physical Therapy



# Virtual reality as a platform for multi-context training and graded exposure

- Enables generation of a **variety of environments** in a safe setting
- Mimics **real-world challenges** (obstacles, crowds, etc.)
- Provides **systematic control over the environment**, distractors, and performance feedback



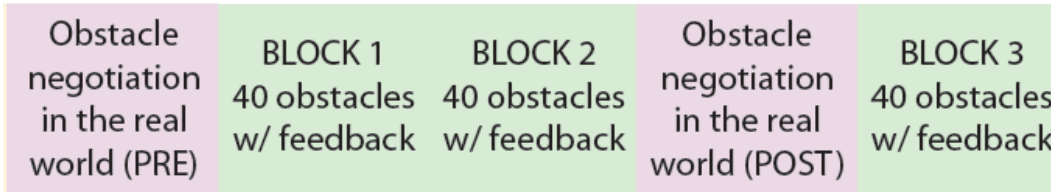


# Obstacle negotiation in immersive virtual reality

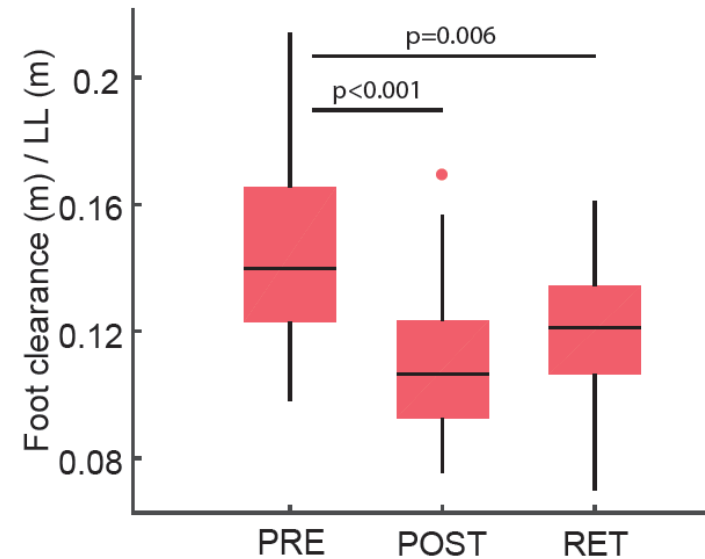
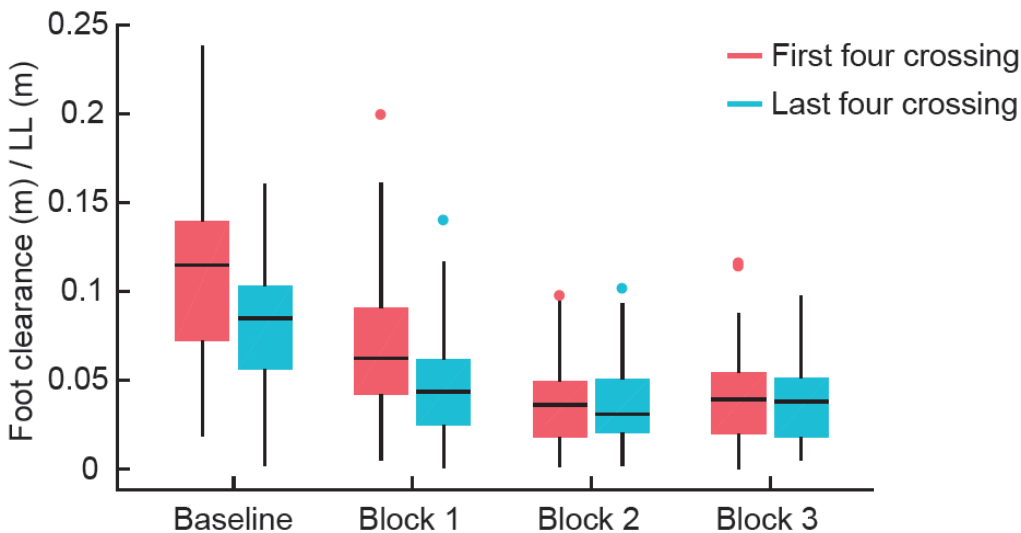
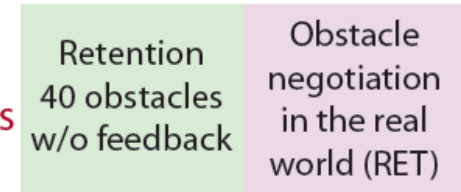


# Participants learned to reduce clearance during virtual obstacle negotiation

## Day 1



## Day 2



- Improvements in performance in the absence of auditory error feedback were maintained 24 hours later
- Improvements in skill transferred to over-ground walking



Natalia Sanchez, Ph.D.  
Biomed. Engineering



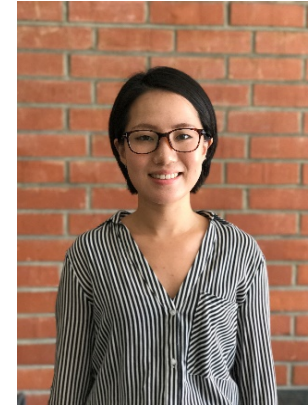
Sungwoo Park  
Mech. Engineering



Chang Liu  
Biomed. Engineering



Lindsey Trejo  
Biomed. Engineering



Aram Kim  
PT & Biokinesiology



Amy Bastian, PT, PhD



Jinger Gottschall, PhD

# Thank you!

