

2018

GRAIL Based Sensory Perturbations - A New Tool to Assess Sensory Organization and Fall Risk During Walking in the Elderly

Harbir Bhatti

Chapman University, bhatt115@mail.chapman.edu

Follow this and additional works at: https://digitalcommons.chapman.edu/cusrd_abstracts



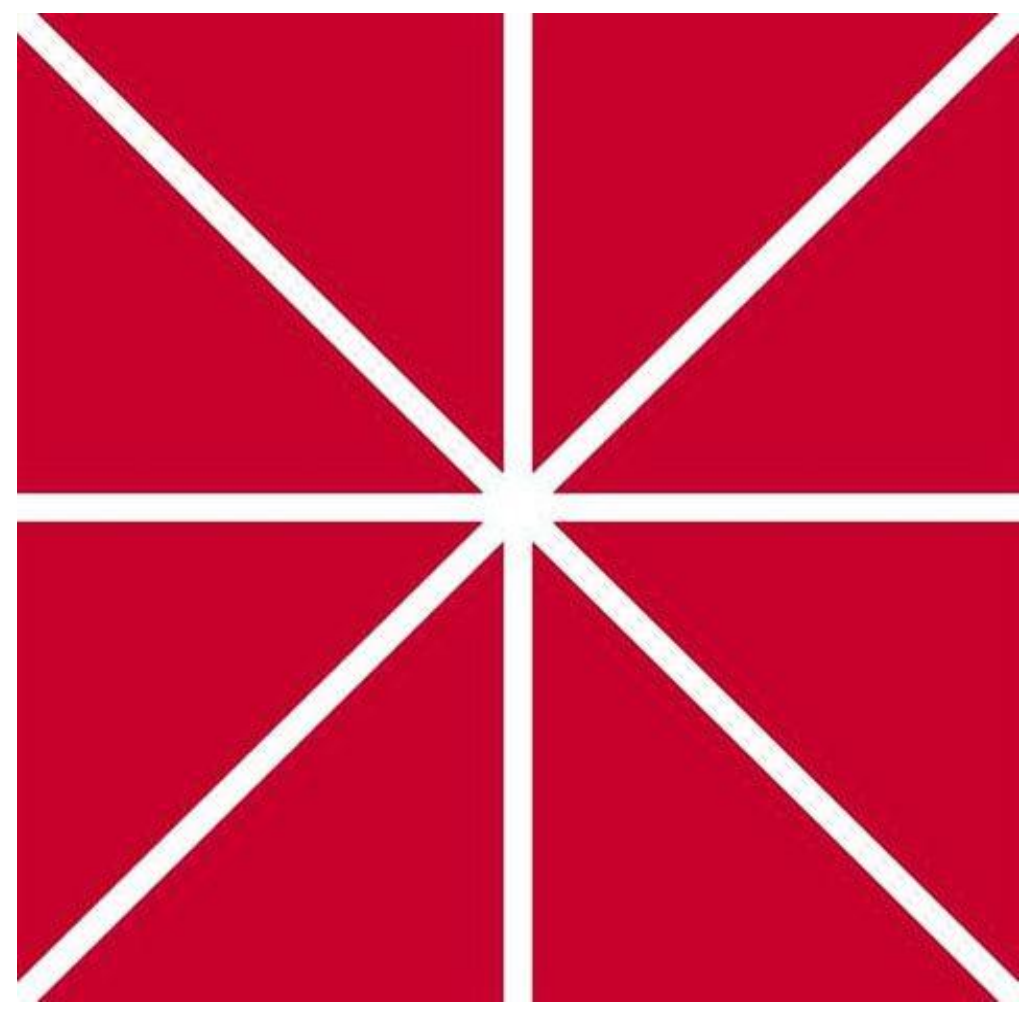
Part of the [Biomechanics Commons](#)

Recommended Citation

Bhatti, Harbir, "GRAIL Based Sensory Perturbations - A New Tool to Assess Sensory Organization and Fall Risk During Walking in the Elderly" (2018). *Student Research Day Abstracts and Posters*. 277.

https://digitalcommons.chapman.edu/cusrd_abstracts/277

This Poster is brought to you for free and open access by the Center for Undergraduate Excellence at Chapman University Digital Commons. It has been accepted for inclusion in Student Research Day Abstracts and Posters by an authorized administrator of Chapman University Digital Commons. For more information, please contact laughtin@chapman.edu.



Fall Risk Assessment in the Elderly using GRAIL based Sensory Perturbations

Harbir Bhatti^{1,3} *; Rahul Soangra^{2,3} Ph.D.

¹Health Sciences and Kinesiology, ²Department of Physical therapy,

³Crean College of Health and Behavioral Sciences,

Chapman University, Harry & Diane Rinker Health Science Campus, Irvine CA

Introduction

- Falls are a well-recognized risk factor for unintentional injuries among all older adults, accounting for a large proportion of fractures, emergency department visits, and urgent hospitalizations [1]
- According to the CDC's Web-based Injury Statistics Query and Reporting (WISQARS)[1-2], in 2010 about 3.7 million people, over the age of 50, reported non-fatal fall-related injuries and 24,000 people in this age bracket died from falling or from their injuries.
- GRAIL (Gait Realtime Assessment & Interactive Lab) was used for sensory perturbations
- A system with treadmill integrated with Virtual Reality environment
- 5 sensory perturbation conditions tested:
 - Normal Walking
 - Somatosensory (Som),
 - Som and Visual optic flow disturbance (Vis),
 - Som and Vestibular sensory perturbation (vest),
 - SomVisVest (som+vis+vest)

Purpose:

- To assess fall risk in elderly

Hypothesis:

- We hypothesize that the difficulty in sensory organization during walking would influence variability in walking and decrease in walking stability

Method

- Written Consent form signed
- 29 infrared markers placed on bony markings that were picked up by infrared cameras
- Preferred velocity was obtained
- 5 conditions were tested
- Somatosensory- treadmill swayed changing 0.01 cm, pitch angle changed by 0.5 cm
- Vestibular senses- participant followed ball on screen
- Visual optic flow- velocity increased by 3 times, VR environment displayed a scenery moving with walking
- Protocol was approved by Chapman university IRB #1718HO20

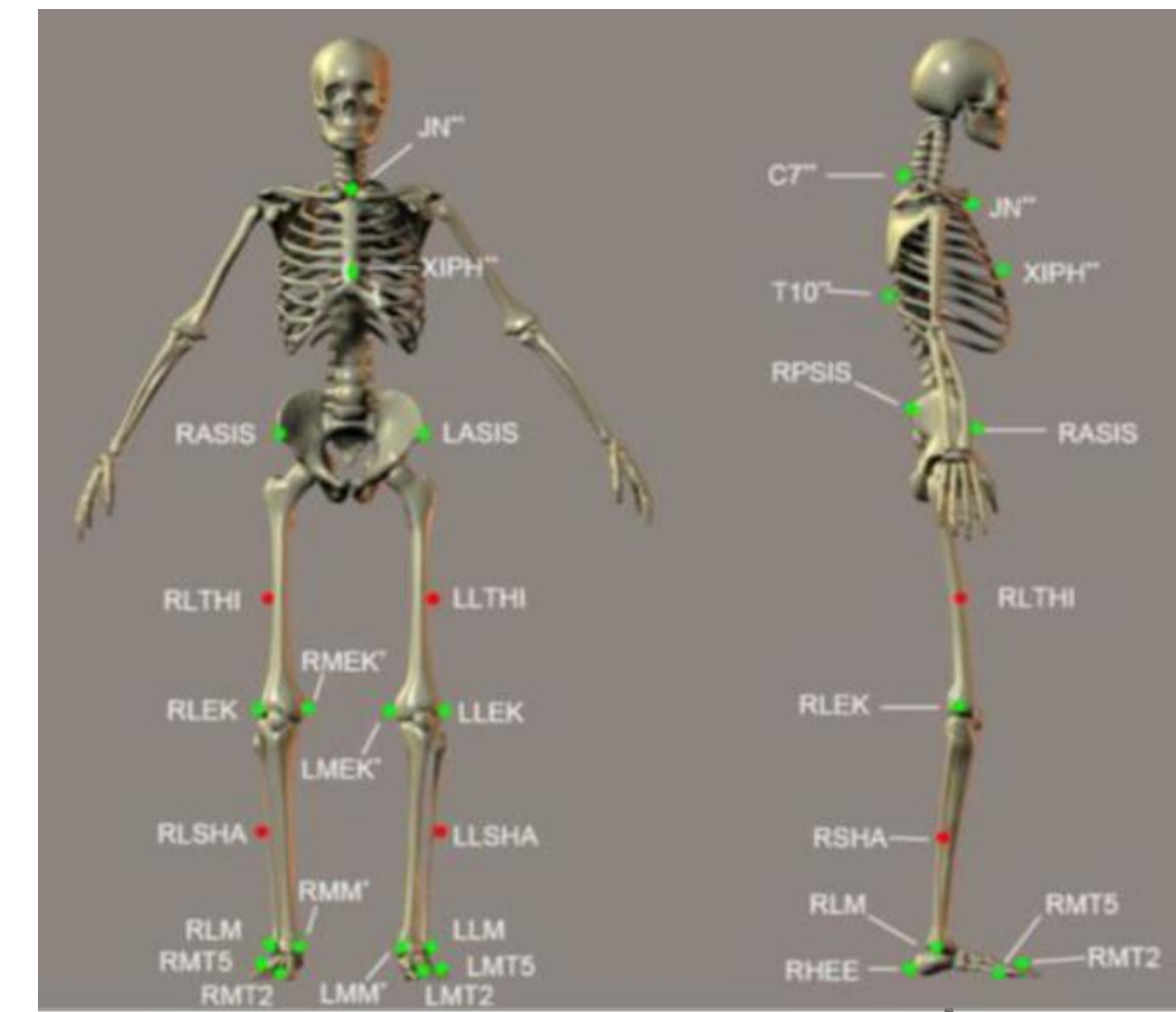


Figure 1: Infra red reflective markers at various bony landmarks

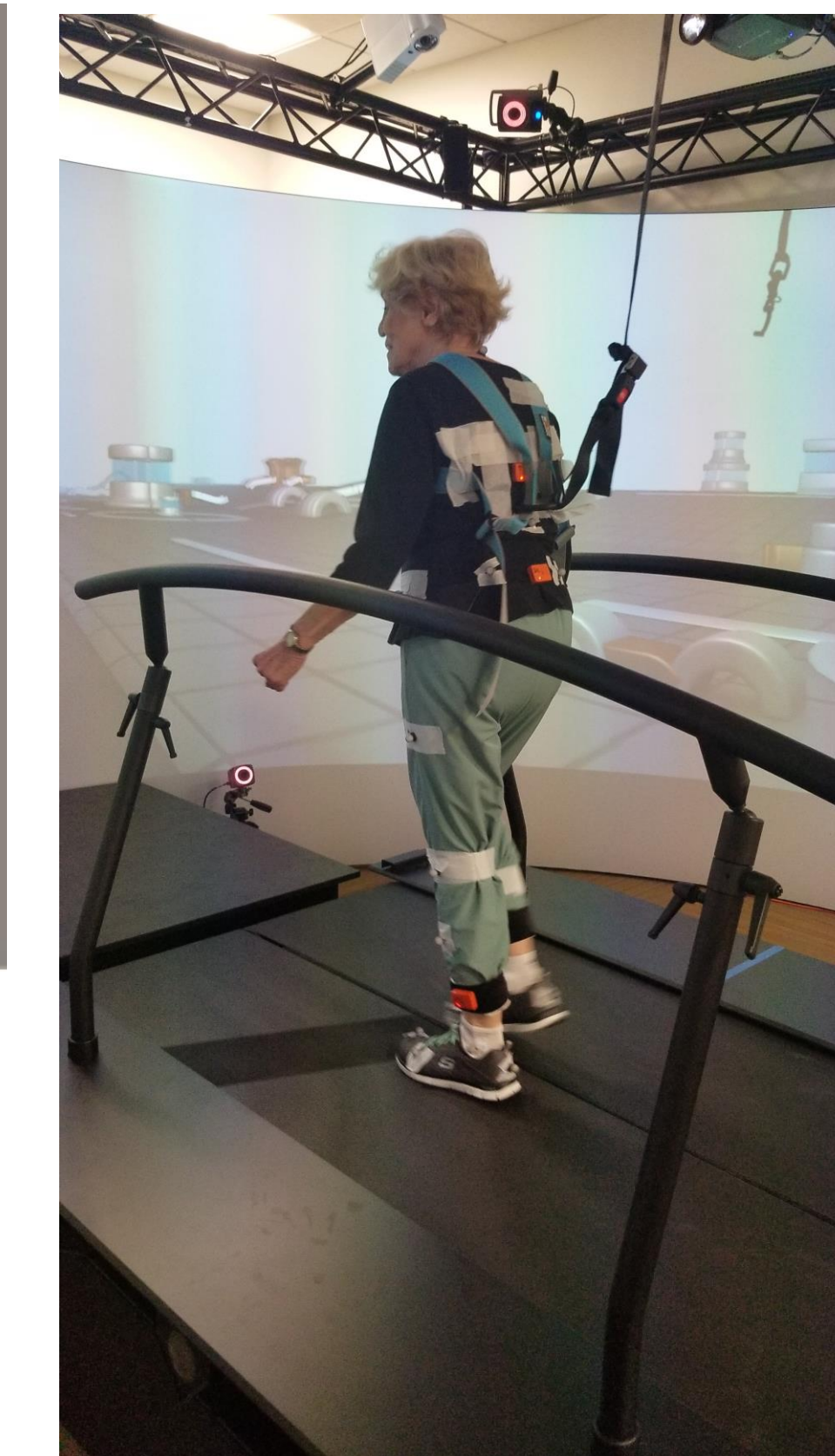


Figure 2: Elderly Participant Walking on Treadmill

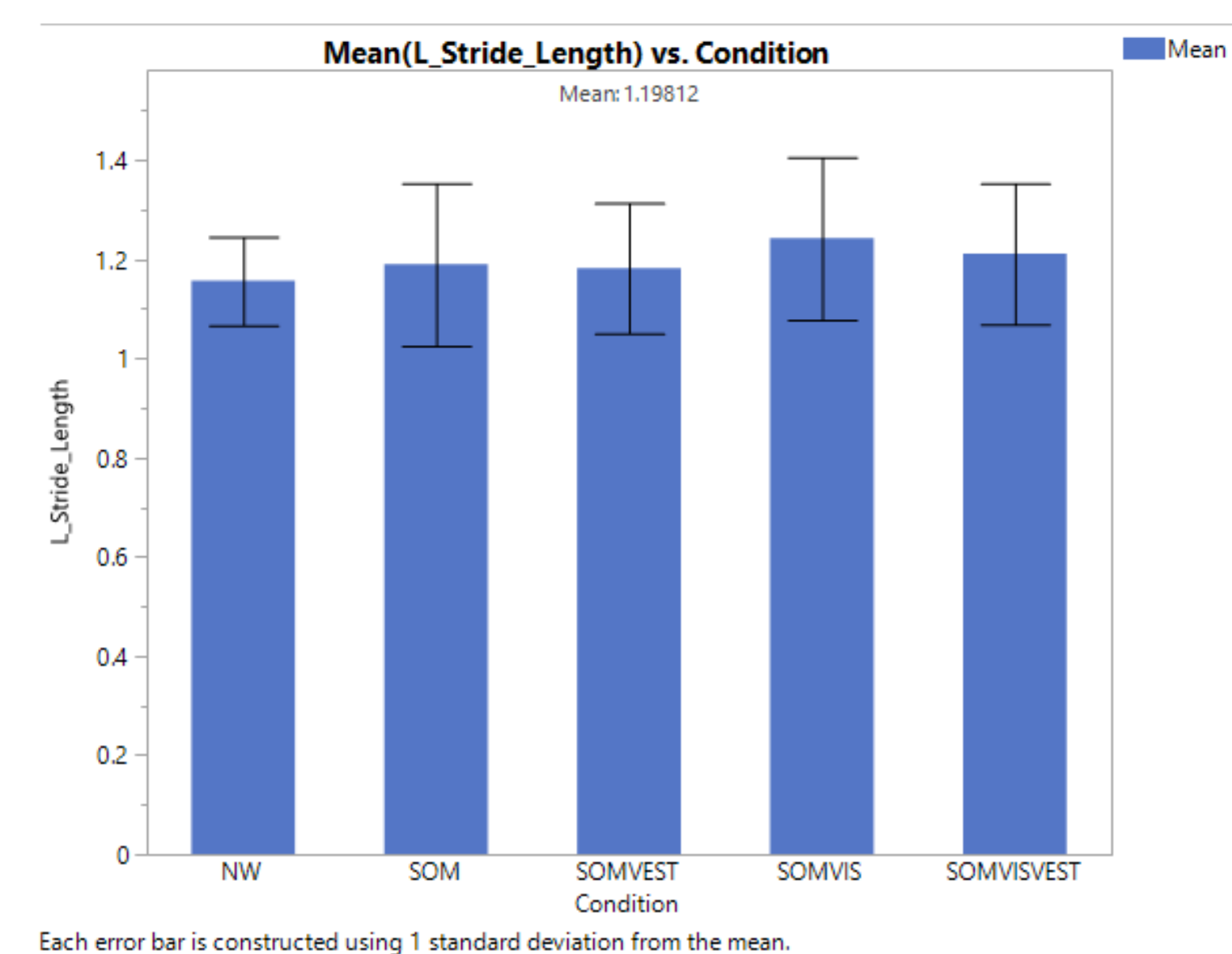


Figure 4: Stride Length variability during sensory perturbation conditions

	Age	Height (cm)	Weight (kg)
Mean	76.83	161.27	67.83
Standard Deviation	7.67	3.83	12.73

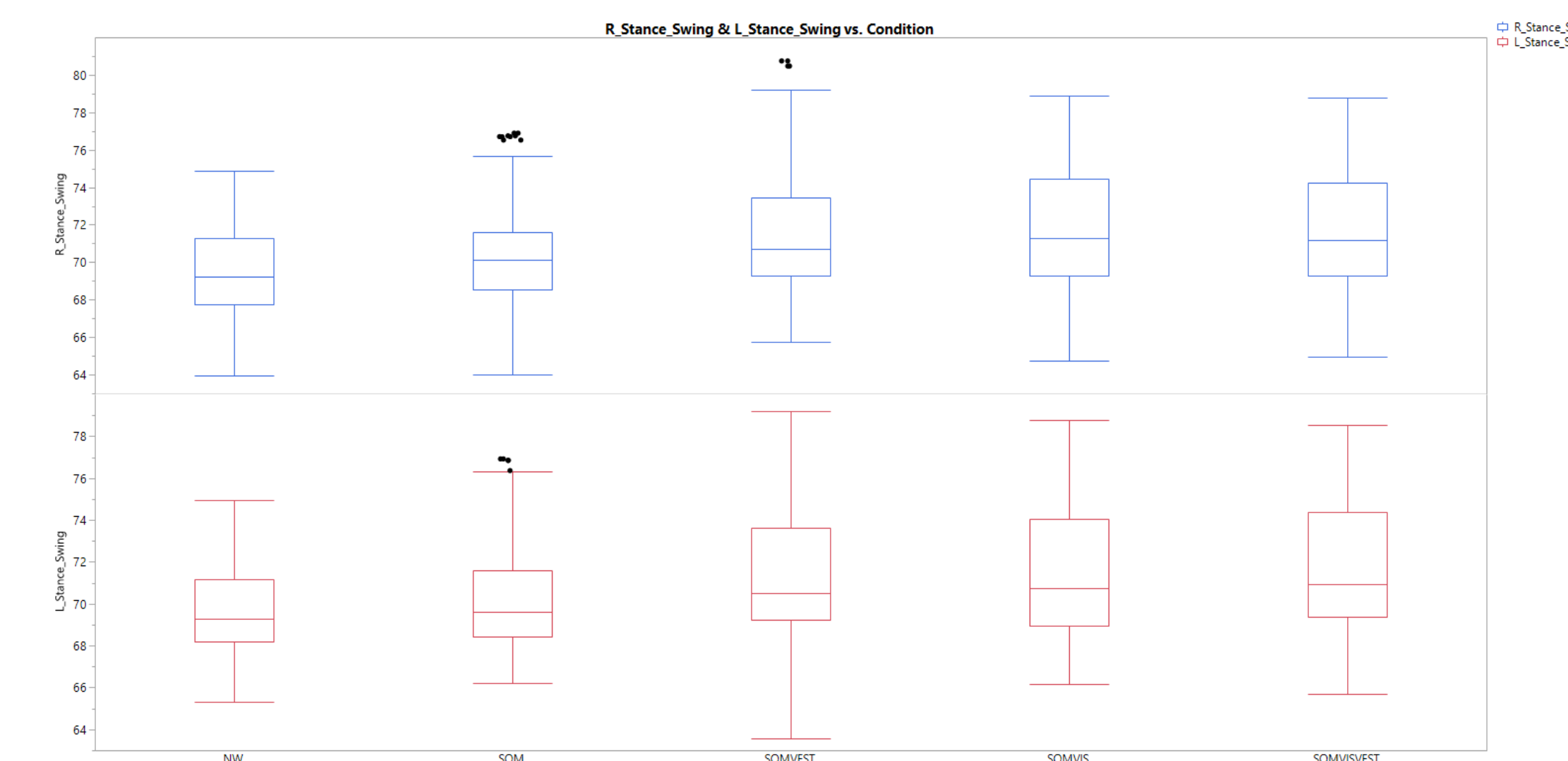


Figure 3: Stance to Swing time ratio during gait cycle



Figure 5: Elderly Participant and immersed in VR of GRAIL

Table 2: variability in gait parameters

		Condition				
		NW	SOM	SOMVEST	SOMVIS	SOMVISVEST
Stance_Swing	Mean	69.61	70.28	71.40	71.53	71.70
	CV	3.031	3.587	4.077	4.274	4.016
Stance_Time	Mean	0.803	0.841	0.846	0.894	0.873
	CV	8.120	16.30	13.33	15.64	13.48
Step_Length	Mean	0.567	0.581	0.587	0.615	0.599
	CV	9.408	14.50	12.58	15.23	14.11
Step_Width	Mean	0.157	0.159	0.155	0.154	0.157
	CV	35.10	35.41	30.08	33.91	30.82
Stride_Length	Mean	1.156	1.189	1.182	1.242	1.211
	CV	7.724	13.81	11.14	13.19	11.75
Stride_Time	Mean	1.153	1.193	1.181	1.246	1.214
	CV	7.446	13.43	10.37	12.31	10.57
Swing_Time	Mean	0.350	0.352	0.336	0.352	0.341
	CV	10.16	10.05	9.707	9.341	9.001

Conclusion

- Gait variability was influenced
- Greater difficulty task with sensory lead to more variability
- Also lead to decrease in balance and stability
- More trials need to take place

Limitations

- Limited on number of participants
- Learning effect was present
- Adaptations occurred

Acknowledgements

We are thankful to Department of Physical Therapy and Department of Kinesiology for all facilities to conduct this research. We are also thankful to Dr. Lynn Tierney for help in recruitment in older subjects.

References

- CDC Web-based Injury Statistics Query and Reporting System (WISQARS), "Nonfatal Emergency Department Treated and Released Injuries, Both Sexes, Ages 50 to 85+, United States, 2010 Intent ED Visits and Type of Cost Unintentional Mechanism Number of ED Visits Fall Average Total," 2010, <http://www.cdc.gov/injury/wisqars/> (2015).
- A. J. Milat, W. L. Watson, C. Monger, M. Barr, M. Giffin and M. Reid, "Prevalence, circumstances and consequences of falls among community-dwelling older people: results of the 2009 NSW Falls Prevention Baseline Survey." NSW Public Health Bull. 22 (4), 43 (2011).
- I. D. Cameron, G.R. Murray, L. D. Gillespie, M.C. Robertson, K. D. Hill, R. G. Cumming, and N. Kerse, "Interventions for preventing falls in older people in nursing care facilities and hospitals. Cochrane DB. Syst. Rev. (2010).