

Mechanical energy fluctuations during walking of healthy and ACL reconstructed subjects

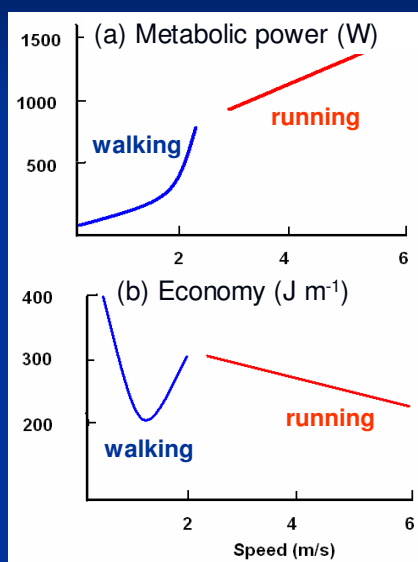


Sławomir Winiarski

University School of Physical Education, Wrocław;
Biomechanics Dep.



Metabolic Cost of Walking



slow walking is very
economical,
up to about 2 m/s

minimum energy usage at
intermediate walking
speed, indicating
optimum efficiency for gait

Walking is very energy-efficient,
because of various mechanisms that
ensure the mechanical energy the body
has is passed on from one step to the next

Sources of Energy

1. Metabolic energy

$$E = E(L, f, v)$$

$$E = b + m \cdot v^2 = 32 + 0,0050 \cdot v^2$$

Ralston (1958) Bobbert (1960)

$$E = \frac{E_0}{\left(1 - \frac{s^2}{s_u^2}\right) \left(1 - \frac{f^2}{f_u^2}\right)} \approx \frac{E_0}{\left(1 - \frac{v}{v_u}\right)^2}$$

Zarrugh (1974)

Zarrugh MY, Todd FN, Ralston HJ (1974) Optimization of energy expenditure during level walking. *European Journal of Applied Physiology* 33: 293–306.

Ralston HJ (1958) Energy-speed relation and optimal speed during level walking. *Internationale Zeitschrift für angewandte Physiologie* 17: 277–283.

Bobbert AC (1960) Energy expenditure in level and grade walking. *Journal of Applied Physiology* 15: 1015–1021.

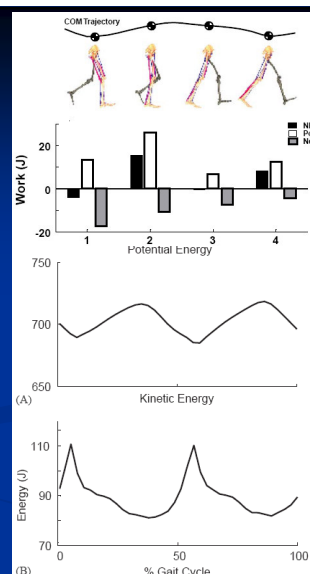
2. Mechanical energy

4 forms of Mechanical Energy:

- Gravitational potential $m g y$
- Elastic potential $\frac{1}{2} k s^2$
- Translational kinetic $\frac{1}{2} m v^2$
- Rotational kinetic $\frac{1}{2} I \omega^2$

Total mechanical energy is sum of all four

Elastic potential energy is usually omitted because it cannot be measured accurately

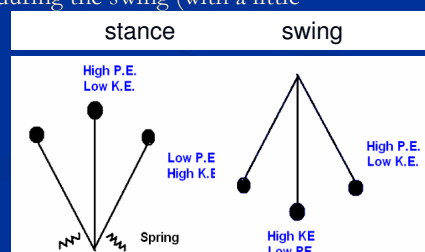


- Cavagna et al., 1977; Cavagna and Margaria, 1966.
- Inman (1981) *Human Walking*
- Griffin (1999) Walking in simulated reduced gravity: mechanical energy fluctuations and exchange

Winter DA, Quanbury AO, Reimer GD (1976) Analysis of instantaneous energy of normal gait. *Journal of Biomechanics* 9: 253–257.

Gait Mechanism: an Overview

- Pendulum-like movements of the limbs give rise to two phases: **swing** & **stance**;
- The forward momentum of the body gives it the necessary initial angular velocity of rotation;
- “**Inverted**” **pendulum** action also involves inter-conversion of potential and kinetic energy, but in this case (unlike a conventional pendulum) KE reaches a minimum at the midpoint of the motion, and PE is highest at that point;
- When reaching the endpoint of its “inverted swing” the stance leg does not swing back, as a real inverted pendulum would, because the foot is taken off the floor, the fulcrum transfers from the foot to the hip, and the leg swings again as a conventional pendulum.
- The legs move as **conventional pendulums** during the swing (with a little assistance from the hip flexors);
- This reduces the amount of muscle energy needed to move the swinging leg forward;
- Although the legs swing forwards much like pendulums, they are prevented from swinging backwards by footstrike;



Total Mechanical Energy Estimation - Methods

- Body Segment Energy Method (Multiple Rigid Body Method) Sum of all segmental total mechanical energies (E_s)

$$E_{total} = \sum E_s = \sum \left(m_s \cdot g \cdot y_s + \frac{1}{2} m_s \cdot v_s^2 + \frac{1}{2} I_s \cdot \omega_s^2 \right)$$

- Body Center of Gravity Method (Single Rigid Body Method)

$$E_{total} = M \cdot g \cdot y_{cog} + \frac{1}{2} M \cdot v_{cog}^2$$

- Inverse Dynamics and Joint Power Analysis Method Integral of Power with respect of Time Elfman (1939), Winter (1987)

Winter DA, Quanbury AO, Reimer GD (1976) Analysis of instantaneous energy of normal gait. Journal of Biomechanics 9: 253-257

Cavagna GA, Thys H, Zamboni A (1976) The sources of external work in level walking and running. Journal of Physiology 262: 639-657

Winter DA (1979) A new definition of mechanical work done in human movement. Journal of Applied Physiology 46: 79-83.

Relation to Other Mechanical Variables

- **External Work** = change in body total mechanical energy:

$$W_{\text{ext.}} = \Delta E_{\text{total}} = E_{\text{total}}(t_{\text{final}}) - E_{\text{total}}(t_{\text{initial}})$$

- **Internal Work** = mechanical cost of moving the limbs during a cyclic motion; energy transfer from segment to segment;

$$W_{\text{int.}} = \sum |\Delta E_{\text{total}}| - W_{\text{ext.}}$$

Pierrynowski MR, Winter DA, Norman RW (1980) Transfers of mechanical energy within the total body and mechanical efficiency during treadmill walking. *Ergonomics* 23: 147-156.
Robertson DGE, Winter DA (1980) Mechanical energy generation, absorption and transfer amongst segments during walking. *Journal of Biomechanics* 13: 845-854.
Williams KR (1985) The relationship between mechanical and physiological energy estimates. *Med Sci Sports Exercise* 17: 317-325.
Elftman H (1939) Forces and energy changes in the leg during walking. *American Journal of Physiology* 125: 339-356.
Winter DA (1987) Mechanical power in human movement: generation, absorption and transfer. *Med Sci Sports Exercise* 25: 34-45.
Aissaoui R, Allard P, Junqua A, Frossard L, Duhaime M (1996) Internal work estimation in three-dimensional gait analysis. *Medical and Biological Engineering and Computing* 34(6): 467-471.

Energy Transfer Between Segments

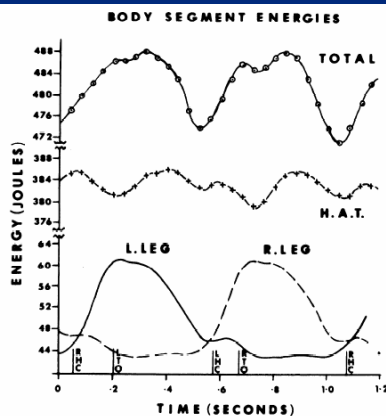


FIG. 1. Energy of leg and HAT segments of the body during level overground walking. Total body energy reflects exchanges of energy between segments. See text for detailed discussion.

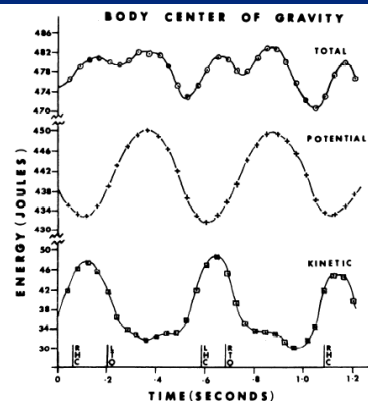


FIG. 2. Potential and translational kinetic energies of body's center of mass for same data as in Fig. 1. Total energy of body's center of mass reflects to a certain extent the kind of energy changes that are occurring within and between segments.

Winter DA (1979) A new definition of mechanical work done in human movement. *Journal of Applied Physiology* 46: 79-83.

Aim of Work

- to explore the possibilities of employing the total mechanical energy into estimating the **mechanical cost of transport** in normal and pathological human gait

Material

- total of **130** bare-foot subjects

- 53 male (age $31,5 \pm 9,7$);

- 23 male (age $22,1 \pm 3,2$);

Test Group -

patients after ACL-reconstruction following physiotherapy process

Control Group -

with no visible locomotor impairment

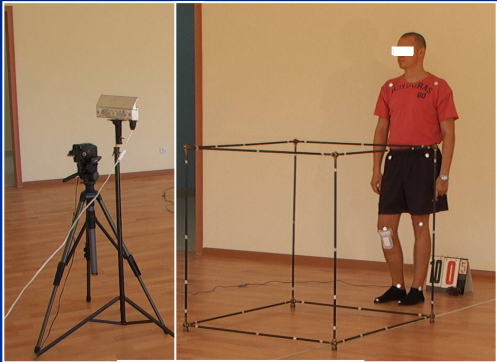
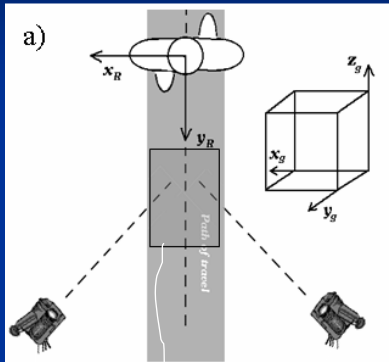
Test patients underwent original physiotherapy process [Czamara, 2002] after the isolated ACL reconstruction, which involved harvesting the tendon graft (ST or GR) and rigid fixation.

Three Stages of physiotherapy process:

1. 2–4 weeks postoperatively;
2. 5–8 weeks postoperatively;
3. 9–12 weeks postoperatively;

Instrumentation

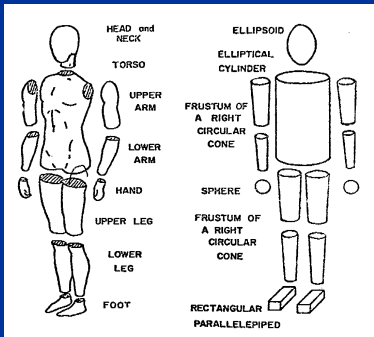
SIMI Motion Analysis System (Simi Reality Motion Systems GmbH, Unterschleissheim, Germany)



ISO quality standards: ISO 9001:2001

Anthropometric Model

- **Clauser's Model**
- 14 rigid segments



Clauser's et al. Body Segment Parameters for 2-D Studies¹

| Segment name | Endpoints (proximal to distal) | Seg. mass / total mass (P) | Centre of mass / segment length (\bar{P}_{cm}) | C. of mass to ant. A/P size (\bar{P}_{cm}) | Radius of gyration / segment length (\bar{P}_{gy}) |
|-----------------|--------------------------------|-----------------------------------|--|--|--|
| Head | stylion to mastoidale III | 0.0065 | 0.1802 | 0.8198 | 0.5613 |
| Forearm | radiale to stylion | 0.0161 | 0.3896 | 0.6104 | 0.6019 |
| Upper arm | acromion to radiale | 0.0263 | 0.5130 | 0.4870 | 0.3182 |
| Forearm & hand | radiale to stylion | 0.0227 | 0.6258 | 0.3742 | 0.5100 |
| Upper extremity | acromion to stylion | 0.0490 | 0.4126 | 0.5874 | 0.3012 |
| Foot | heel to tip longest toe | 0.0147 | 0.4485 | 0.5515 | 0.5949 |
| Foot | heel to tip longest toe | 0.0147 | 0.4485 | 0.5515 | 0.4265 |
| Leg | trochanter to sole of foot | 0.0147 | 0.4622 | 0.5378 | 0.6189 |
| Thigh | trochanter to sole of foot | 0.0435 | 0.3705 | 0.6295 | 0.3567 |
| Leg & foot | trochanter to sole of foot | 0.1027 | 0.3719 | 0.6281 | 0.5335 |
| Lower extremity | trochanter to sole of foot | 0.0182 | 0.4747 | 0.5253 | 0.3475 |
| Trunk | chin-neck int. to trochanter | 0.1610 | 0.3821 | 0.6179 | 0.5900 |
| Head | top of head to chin-neck int. | 0.5070 | 0.3803 | 0.6197 | 0.6332 |
| Head | top of head to chin-neck int. | 0.0728 | 0.4642 | 0.5358 | 0.4297 |
| Head | top of head to chin-neck int. | (c. of m. to occiput head length) | 0.5921 | 0.4079 | 0.6330 |
| Trunk & head | chin-neck int. to trochanter | 0.5801 | 0.5921 | 0.4079 | 0.7830 |
| Total body | | 1.0000 | 0.4119 | 0.5881 | 0.3996 |

Clauser, McConville, Young (1969) *Weight, volume and centre of mass of segments of the human body*, AMPL-TR-69-70, Wright-Patterson Air Force Base.
Chandler, Clauser, McConville, Young (1975) *Investigation of inertial properties of the human body*, AMPL-TR-74-137, Wright-Patterson Air Force Base.

Data Analysis

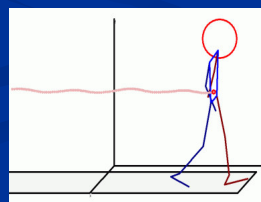
1. Registering the positions of CoG for each segment;
2. Calculating the position of BCoG for every frame;
3. Calculating the height and speed of BCoG;
4. Calculating the potential and horizontal kinetic energy of BCoG;
5. Normalization

$$h_{BCoG}^{norm} = \frac{h_{BCoG}}{L}$$

$$E_{pot.}^{norm} = \frac{mg \cdot h_{BCoG}}{m \cdot g \cdot L} = h_{BCoG}^{norm}$$

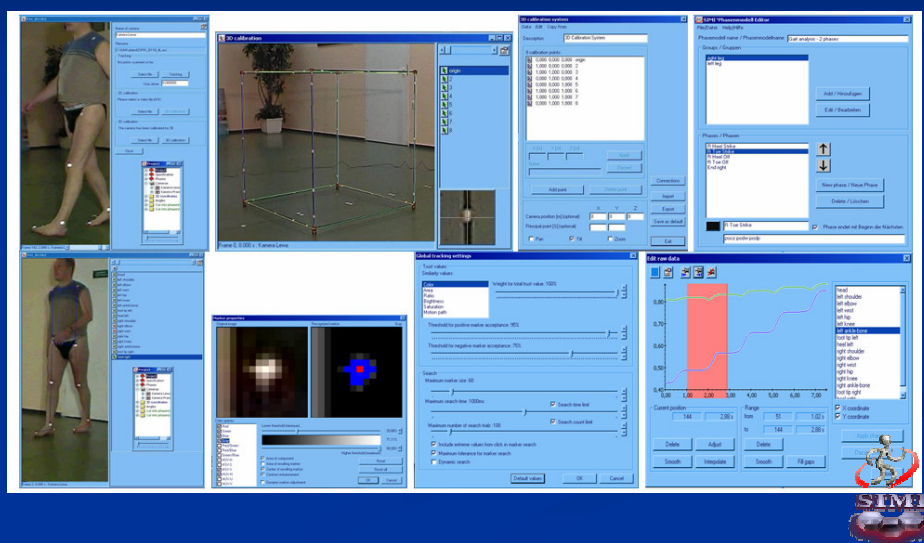
$$E_{kinet.}^{norm} = \frac{0,5 \cdot m \cdot v_{BCoG}^{-2}}{m \cdot g \cdot L} = \frac{v_{BCoG}^{-2}}{2gL}$$

$$E_{total}^{norm} = \frac{E_{pot.} + E_{kinet.}}{m \cdot g \cdot L} = h_{BCoG}^{norm} + \frac{v_{BCoG}^{-2}}{2gL}$$



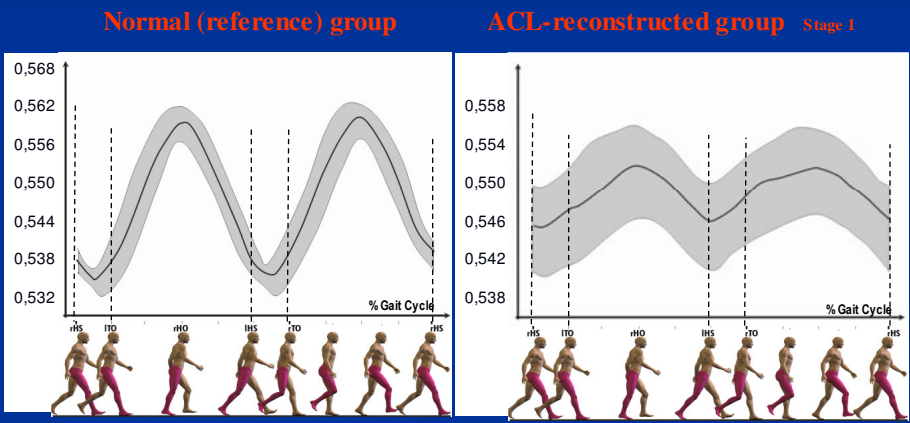
Hof (1996) ; Sutherland (1996) ; Stansfield i wsp. (2001) ; Stansfield i wsp. (2006)

Data Evaluation



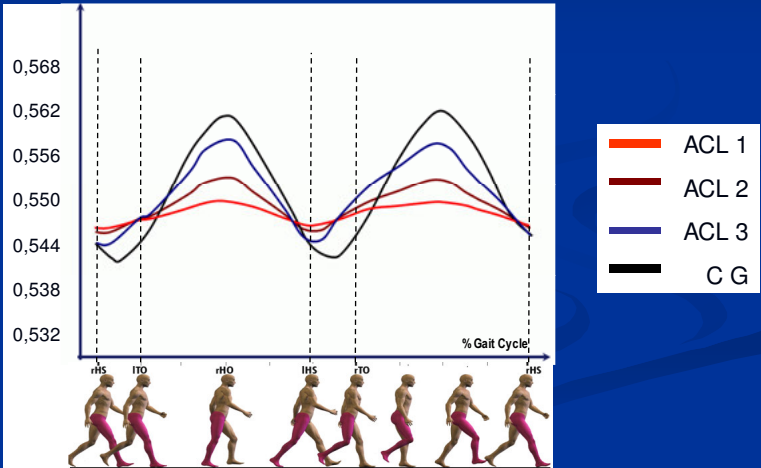
Results

- Potential energy, mean±SD, men



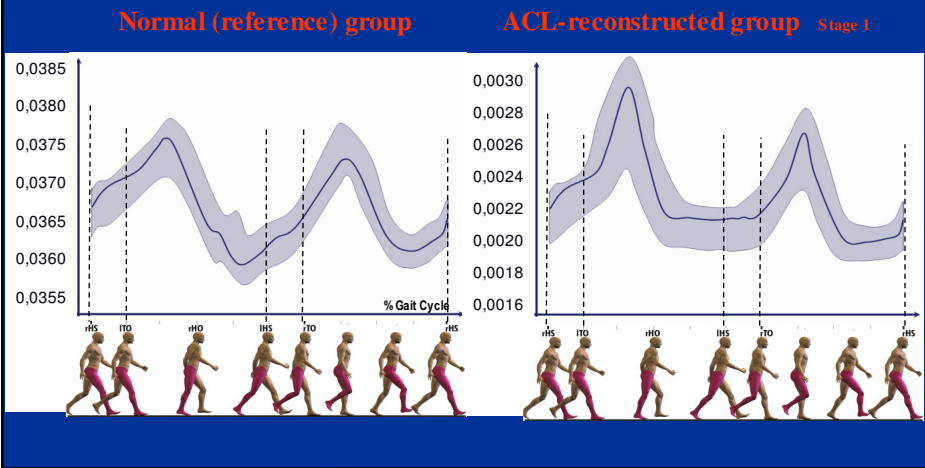
Results

- Potential Energy in physiotherapy process



Results

- Kinetic Energy, mean±SD, men



Results

- Kinetic Energy in physiotherapy process



Conclusions

- Normal energy curves similar to **Winter (1979)**, **Griffin (1999)** and **Gider et al. (1995)**;
- Kinetic Energy is ca. 9 times lower then Potential Energy for the Control Group;
- Potential Energy, Kinetic Energy and Total Mechanical Energy rises during physiotherapy process;
- Potential Energy is rising during physiotherapy process due to rising amplitude of BCoG trajectory;
- Potential Energy on stage 3 of physiotherapy is significantly lower then in control group;
- Mechanical Cost is lower for ACL-reconstructed group then for control group;
- On the stage 3 of physiotherapy Mechanical Cost is still lower then in control group due to the significant lower amplitude of BCoG trajectory;

