

## Accepted Manuscript

Title: Sit-to-Walk and Sit-to-Stand-and-Walk Task Dynamics are Maintained during Rising at an Elevated Seat-Height Independent of Lead-Limb in Healthy Individuals

Author: Gareth D. Jones Darren C. James Michael Thacker  
Eleanor J. Jones David A. Green



PII: S0966-6362(16)30084-4  
DOI: <http://dx.doi.org/doi:10.1016/j.gaitpost.2016.06.005>  
Reference: GAIPOS 4792

To appear in: *Gait & Posture*

Received date: 20-7-2015  
Revised date: 4-6-2016  
Accepted date: 6-6-2016

Please cite this article as: Jones Gareth D, James Darren C, Thacker Michael, Jones Eleanor J, Green David A. Sit-to-Walk and Sit-to-Stand-and-Walk Task Dynamics are Maintained during Rising at an Elevated Seat-Height Independent of Lead-Limb in Healthy Individuals. *Gait and Posture* <http://dx.doi.org/10.1016/j.gaitpost.2016.06.005>

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

## Highlights

- Sit-to-walk (STW) and sit-to-stand-and-walk (STSW) are rise to walk transitions
- Healthy subjects require less vertical force to rise from a higher seat height
- Neither seat-height or lead-limb affect STW or STSW dynamics in healthy subjects
- Normative data independent of lead-limb may inform rise to walk rehabilitation
- Gait initiation (GI) in STSW is distinctive from GI following quiet-standing

## **Sit-to-Walk and Sit-to-Stand-and-Walk Task Dynamics are Maintained during Rising at an Elevated Seat-Height Independent of Lead-Limb in Healthy Individuals.**

Gareth D Jones<sup>1,2</sup>, Darren C James<sup>3</sup>, Michael Thacker<sup>1,2</sup>, Eleanor J Jones<sup>1</sup> & David A Green<sup>1</sup>.

<sup>1</sup>Centre of Human & Aerospace Physiological Sciences, King's College London, UK

<sup>2</sup>Guy's & St Thomas' NHS Foundation Trust Physiotherapy Department, London, UK

<sup>3</sup>School of Applied Sciences, London South Bank University, London, UK

### **Corresponding Author:**

Gareth David Jones

Clinical Lead Physiotherapist, Dept. of Physiotherapy, Guy's & St. Thomas' NHS Foundation Trust, 3<sup>rd</sup> Floor Lambeth Wing, St. Thomas' Hospital, Westminster Bridge Road, London. SE1 7EH. UK

e: [gareth.jones@gstt.nhs.uk](mailto:gareth.jones@gstt.nhs.uk)

t: +44 (0) 207 188 5082

f: +44 (0) 207 188 5096

### **Acknowledgements**

The authors would like to thank Tony Christopher and Lindsey Marjoram for their practical support in this project. We would also like to acknowledge the late Professor Roger Woledge for his expertise in the conception of the project and his help in the data analyses. He will be sorely missed.

## **Sit-to-Walk and Sit-to-Stand-and-Walk Task Dynamics are Maintained during Rising at an Elevated Seat-Height Independent of Lead-Limb in Healthy Individuals.**

### **1.0 Introduction**

Rising from sitting and the transition to goal-orientated walking are important for independent living. Such transitions include sit-to-stand (STS) and sit-to-walk (STW) where STS is merged with gait-initiation (GI). STS-GI separation, or hesitation [1], can occur in STW and is synonymous with a critical reduction in forward momentum during rising. Separation has been observed during STW in individuals with motor impairment [2,3]. STW is however rarely utilised as a rehabilitation task presumably due to its higher complexity [4]. Instead, in order to manage task complexity and other risks of being upright (e.g. orthostatic intolerance [5]), STS is separated from GI via insertion of a pause after rising in clinical practice, which we term sit-to-stand-and-walk (STSW).

Subjectively, patient groups find rising from high seat heights easier [6], although the effect this has on STW and STSW task dynamics is unclear. Furthermore, whilst patients tend to lead with their affected limb [2], it is unknown whether generation of separate normative dominant and non-dominant lead-limb datasets is necessary in order to facilitate assessment of postural stability recovery.

A stereotypical feature of normal GI from quiet-standing, and during STW, is the controlled separation of centre-of-pressure (COP) and whole-body-centre-of-mass (BCOM) [4]. The horizontal distance between them (COP-BCOM distance) can characterise dynamic postural control: where intact control is indicated if greater distances are tolerated [7].

Thus the aims of this study were to determine whether seat-height and lead-limb affects STW and STSW temporal and kinematic task dynamics including COP-BCOM distance in young healthy individuals.

## 2.0 Methods

### 2.1 Participants

Ten healthy undergraduate students gave written informed consent to participate in the study that had received local research ethics committee approval (UREC1413/2014).

### 2.2 Measurements

Participants attended the gait laboratory once, and following mass and height measurement (Seca, 763 scale-stadiometer), completed 5 trials (at self-selected speed) of 8 conditions: STW and STSW, initiated with either dominant (Dom) or non-dominant (NonDom) limb, at 100% knee-height (KH; floor to knee-joint distance) or 120%KH. Participants sat on an instrumented (300mm diameter pressure-mat, Arun Electronics Ltd, Sussex, UK) height-adjustable stool (Svenerik, Ikea, Sweden) with feet in parallel, shoulder width apart, upon separate force-plates to capture ground reaction forces (GRFs) during rising (Fig. 1).

Participants were cued to rise upon illumination of a light (6m in front) with the task of operating a switch (5m in front of them) to turn it off. In STSW participants paused in standing (mentally count from 1-3) before walking, whereas STW required walking immediately upon rising.

[Fig. 1 here]

A 3D whole-body model was defined by placing 40 reflective markers (Qualysis AB, Sweden) on skin overlying anatomical landmarks [8]. Segments were reconstructed by tracking trajectories using 31 additional markers mounted in accordance with a six degrees-of-freedom marker-set [8]. Kinematic data were acquired using eight infra-red cameras (Oqus-3, Qualisys AB, Sweden) sampled at 60Hz and synchronously recorded with the following analogue inputs at 1020Hz: 4 force-plates (9281E, Kistler Instruments Ltd., UK), the stool pressure-mat, and the light-switch.

### 2.4 Data Analysis

Raw marker trajectories and analogue data were imported into Visual3D (C-Motion Inc., USA). The light and pressure-mat analogue signals were average-filtered over a 25-frame window.

The marker and GRF data were first smoothed (10Hz and 25Hz 4<sup>th</sup> order low-pass Butterworth filter respectively [4]) before estimation of BCOM and net COP positions from 4 force-plates. Movement events for STW and STSW (Supplementary Table S1a) permitted the delineation of temporal and kinematic variables (Supplementary Table S2) with respect to the task phases (Supplementary Table S1b) [2,3,9,10].

## 2.5 Statistics

All data were normally distributed (Kolmogorov-Smirnov 1-sample test, PASW v18.0, IBM Corp., USA). Therefore, the effect of seat-height (100%KH, 120%KH), lead-limb (Dom, NonDom) and their interaction were determined via performance of a two-way repeated measures ANOVA with statistical significance assumed at  $p \leq 0.05$ .

## 3.0 Results

Ten (5 female) healthy volunteers (mean $\pm$ SD 29.1 $\pm$ 7.7 years, 171.0 $\pm$ 7.7 cm, 73.5 $\pm$ 10.9 kg) participated with one being left-limb dominant. Knee-height (461 $\pm$ 37 mm) and bi-acromial (shoulder) widths (407 $\pm$ 42 mm) were within the normal range [11].

Lead-limb had no significant effect or interaction with seat-height in either task (Table 1). However, in both tasks peak vGRFs (STW: [F(1,39)=8.568;  $p=0.006$ ;  $\eta^2=0.192$ ], STSW: [F(1,39)=6.066;  $p=0.019$ ;  $\eta^2=0.144$ ]) and vBCOM velocities (STW: [F(1,39)=27.045;  $p<0.001$ ;  $\eta^2=0.429$ ], STSW: [F(1,39)=15.533;  $p<0.001$ ;  $\eta^2=0.301$ ]) during rising from 120%KH were lower compared to 100%KH irrespective of lead-limb (Fig. 2). No difference in peak hBCOM velocity was observed with either limb.

[Table 1 here]

[Fig. 2 here]

There were no height nor limb effects upon any COP-BCOM distance in either task. Mean pause-times were short and variable (0.84 $\pm$ 0.42s). At 120%KH, STW GI time (GI-onset to 1<sup>st</sup> toe-

off; TO1) was shorter (~100ms) [ $F(1,39)=8.367$ ;  $p=0.006$ ;  $\eta^2=0.189$ ] across Dom and NonDom. There were no height or limb effects on any other temporal variables.

#### 4.0 Discussion

Lower vBCOM velocities and vGRFs observed in both STW and STSW at the higher seat are consistent with lower muscle force production and thus effort [12]. However, seat-height had no effect on rise-times or peak hBCOM velocity consistent with previous STS literature [12,13]. This suggests that rise-time and peak hBCOM velocity may be tightly controlled variables in healthy individuals. Whilst STW GI-time (GI-onset to TO1) at 120%KH was shorter, seat-height did not affect movement-onset to GI-onset. This means TO1 at 120%KH occurs earlier than rising from 100%KH presumably due to reduced vertical displacement. This difference (~100ms) is maintained thereafter but its functional significance is questionable as overall STW time was not affected by seat-height.

Lead-limb had no significant effect during either task in healthy individuals. This suggests that pathological STW or STSW function could be determined should differences be observed in patients upon comparison with a normative uni-limb, or averaged across-limb dataset defined within a specific lab environment.

Despite seat-height or lead-limb having no significant effect upon GI dynamic stability in our healthy participants, we observed shorter COP-BCOM distances at GI-onset (TO1; ~13cm across limbs) than previously reported (~23cm [14]) suggesting a reduction in COP-BCOM separation during STSW compared to GI from quiet-standing. Furthermore, STSW lateral and posterior COP displacement at release was not affected by seat-height or lead-limb. However, mean displacement laterally (60mm) was in excess of that previously reported (36mm), whilst posterior displacement (30mm) was lower (47mm) [10]. Adoption of a wide (shoulder-width) stance in our protocol [15] may account for greater lateral COP excursion. In contrast, self-selected pause (in the context of our standardised walking goal) led to modest posterior excursion requirements during GI; it is likely BCOM forward momentum after rising was not completely arrested in our

protocol.

The instruction to self-select pause duration after rising in STSW resulted in short, but variable pause-times compared with up to 10s in GI from quiet-standing paradigms [10]. We are currently determining the pause-times self-selected by patients performing STSW. Whilst we acknowledge that our results are based on a modest number of healthy participants, these data reveal that STSW should be considered a distinct task compared to GI from quiet-standing.

In conclusion, 120%KH does not fundamentally affect the transitional temporal and kinematic task dynamics from sitting-to-walking in healthy individuals. Furthermore, the absence of a lead-limb effect suggests that a single normative postural control data-set may provide a valuable tool to assess an individual's rehabilitation within the critical context of transitions from sitting to goal-orientated walking, should differences in our key variables be observed in ongoing studies of patients.

## References

- [1] Malouin F, McFadyen B, Dion L, Richards CL. A fluidity scale for evaluating the motor strategy of the rise-to-walk task after stroke. *Clin Rehabil* 2003;17:674–84.
- [2] Frykberg GE, Aberg AC, Halvorsen K, Borg J, Hirschfeld H. Temporal coordination of the sit-to-walk task in subjects with stroke and in controls. *Arch Phys Med Rehabil* 2009;90:1009–17. doi:10.1016/j.apmr.2008.12.023.
- [3] Dehail P, Bestaven E, Muller F, Mallet A, Robert B, Bourdel-Marchasson I, et al. Kinematic and electromyographic analysis of rising from a chair during a “Sit-to-Walk” task in elderly subjects: role of strength. *Clin Biomech* 2007;22:1096–103. doi:10.1016/j.clinbiomech.2007.07.015.
- [4] Magnan A, McFadyen BJ, St-Vincent G. Modification of the sit-to-stand task with the addition of gait initiation. *Gait Posture* 1996;4:232–41. doi:10.1016/0966-6362(95)01048-3.
- [5] Low PA, Tomalia VA. Orthostatic Hypotension: Mechanisms, Causes, Management. *J Clin Neurol* 2015;11:220. doi:10.3988/jcn.2015.11.3.220.
- [6] Roy G, Nadeau S, Gravel D, Malouin F, McFadyen BJ, Pottie F. The effect of foot position and chair height on the asymmetry of vertical forces during sit-to-stand and stand-to-sit tasks in



individuals with hemiparesis. *Clin Biomech* 2006;21:585–93.

doi:10.1016/j.clinbiomech.2006.01.007.

[7] Martin M, Shinberg M, Kuchibhatla M, Ray L, Carollo JJ, Schenkman ML. Gait initiation in community-dwelling adults with Parkinson disease: comparison with older and younger adults without the disease. *Phys Ther* 2002;82:566–77.

[8] Ren L, Jones RK, Howard D. Whole body inverse dynamics over a complete gait cycle based only on measured kinematics. *J Biomech* 2008;41:2750–9.

doi:10.1016/j.jbiomech.2008.06.001.

[9] Kerr A, Durward B, Kerr KM. Defining phases for the sit-to-walk movement. *Clin Biomech* 2004;19:385–90. doi:10.1016/j.clinbiomech.2003.12.012.

[10] Halliday S, Winter D, Frank J, Patla A, Prince F. The initiation of gait in young, elderly, and Parkinson's disease subjects. *Gait Posture* 1998;8:8–14.

[11] National Aeronautics & Space Administration,. Volume 1 Section 3: Anthropometry and Biomechanics. In: *Man-Systems and Integration Standards*, 2004.

[12] Chen S-H, Lee Y-H, Chiou W-K, Chen Y-L. A pilot study examining seat heights and subjective ratings during rising and sitting. *Int J Ind Ergon* 2010;40:41–6.

doi:10.1016/j.ergon.2009.09.002.

[13] Schenkman M, Riley PO, Pieper C. Sit to stand from progressively lower seat heights -- alterations in angular velocity. *Clin Biomech (Bristol, Avon)* 1996;11:153–8.

[14] Hass CJ, Waddell DE, Fleming RP, Juncos JL, Gregor RJ. Gait initiation and dynamic balance control in Parkinson's disease. *Arch Phys Med Rehabil* 2005;86:2172–6.

doi:10.1016/j.apmr.2005.05.013.

[15] McIlroy WE, Maki BE. Preferred placement of the feet during quiet stance: development of a standardized foot placement for balance testing. *Clin Biomech* 1997;12:66–70.

doi:10.1016/S0268-0033(96)00040-X.

Figure captions

**Fig. 1: Experimental Protocol.** This example shows left-leg lead configuration: Participants sat on an instrumented stool at either 100 and 120% knee height (KH), with ankles 10° in dorsiflexion, and feet at shoulder width apart orientated forward. In both STW and STSW conditions on a visual cue, participants rose with their feet on independent portable force-plates and walked forward over two further portable force-plates. Participants performed 5 trials at both seat-heights and lead-limb at self-selected pace. The configuration of force-plates 3 and 4 were changed to allow right lead-limb.

**Fig. 2. Mean ( $\pm$ SE) A); Maximum vertical ground reaction force (vGRF) and B); Maximum whole-body-centre-of-mass (BCOM) vertical velocity during rising from 100 and 120% Knee Height (KH) and lead-limb (Dominant [Dom] and Non-Dominant [NonDom]) for STW and STSW. \*  $p < 0.05$  for effect of seat height.**

## Tables

**Table 1:** Mean ( $\pm$ SE) for temporal, kinetic and kinematic dynamics STW and STSW at 100 and 120% Knee Height (KH) and lead-limb (Dominant and Non-Dominant).

	Phase	Dependent Variable	STW						STSW					
			100		120				100		120			
			Dom	Non Dom	Dom	Non Dom		Dom	Non Dom	Dom	Non Dom			
	1	Peak Net Vertical GRF (Normalised to Mass)	1. $\pm$ 0.36	1. $\pm$ 0.36	1. $\pm$ 0.27	1. $\pm$ 0.28	*	1. $\pm$ 0.31	1. $\pm$ 0.30	1. $\pm$ 0.23	1. $\pm$ 0.23	*		
	2	Peak vBCOM Velocity <sup>†</sup> (m.s <sup>-1</sup> )	0. $\pm$ 0.73	0. $\pm$ 0.73	0. $\pm$ 0.57	0. $\pm$ 0.57	*	0. $\pm$ 0.68	0. $\pm$ 0.68	0. $\pm$ 0.53	0. $\pm$ 0.54	*	*	
	3	Peak hBCOM Velocity <sup>‡</sup> (m.s <sup>-1</sup> )	0. $\pm$ 0.54	0. $\pm$ 0.54	0. $\pm$ 0.53	0. $\pm$ 0.54		0. $\pm$ 0.49	0. $\pm$ 0.49	0. $\pm$ 0.47	0. $\pm$ 0.47			
	5	COP-BCOM Distance at Seat-off (m)	0. $\pm$ 0.06	0. $\pm$ 0.07	0. $\pm$ 0.08	0. $\pm$ 0.08		0. $\pm$ 0.08	0. $\pm$ 0.09	0. $\pm$ 0.09	0. $\pm$ 0.09			
	4	COP-BCOM Distance at Upright (m)	0. $\pm$ 0.14	0. $\pm$ 0.14	0. $\pm$ 0.13	0. $\pm$ 0.15		0. $\pm$ 0.02	0. $\pm$ 0.02	0. $\pm$ 0.02	0. $\pm$ 0.02			
	6	Movt Onset » Seat-Off (Flexion Momentum Time) (s)	0. $\pm$ 0.64	0. $\pm$ 0.64	0. $\pm$ 0.62	0. $\pm$ 0.61		0. $\pm$ 0.64	0. $\pm$ 0.66	0. $\pm$ 0.65	0. $\pm$ 0.65			
	7	Movt Onset » Upright (Rise Time) (s)	1. $\pm$ 0.25	1. $\pm$ 0.25	1. $\pm$ 0.16	1. $\pm$ 0.17		1. $\pm$ 0.39	1. $\pm$ 0.46	1. $\pm$ 0.33	1. $\pm$ 0.35			
	8	Movt Onset » GI Onset (s)	0. $\pm$ 0.72	0. $\pm$ 0.71	0. $\pm$ 0.72	0. $\pm$ 0.71		-	-	-	-			
	9	Seat-Off » BCOM Vertical Vel (Extension Time) (s)	0. $\pm$ 0.26	0. $\pm$ 0.26	0. $\pm$ 0.25	0. $\pm$ 0.24		-	-	-	-			
	10	Seat-Off » Upright (Extension Time) (s)	-	-	-	-		0. $\pm$ 0.75	0. $\pm$ 0.80	0. $\pm$ 0.68	0. $\pm$ 0.70			
	11	Upright » GI Onset (Pause Time) (s)	-	-	-	-		0. $\pm$ 0.79	0. $\pm$ 0.90	0. $\pm$ 0.86	0. $\pm$ 0.84			

GI	1	Peak Swing Limb Vertical GRF	0. ±0.	0. ±0.	0. ±0.	0. ±0.			0. ±0.	0. ±0.	0. ±0.	0. ±0.	
	2	(Normalised to Mass)	73 02	77 02	73 02	78 02			70 02	70 02	70 02	72 02	
	1	COP mediolateral excursion at							0. ±0.	0. ±0.	0. ±0.	0. ±0.	
	3	Release distance (m)	- -	- -	- -	- -			06 01	06 01	06 01	06 01	
	1	COP backward excursion at							0. ±0.	0. ±0.	0. ±0.	0. ±0.	
	4	Release distance (m)	- -	- -	- -	- -			03 01	02 01	03 01	03 01	
	1	Stability: COP-BCOM Distance at GI	0. ±0.	0. ±0.	0. ±0.	0. ±0.			0. ±0.	0. ±0.	0. ±0.	0. ±0.	
	5	onset (m)	04 01	05 01	05 01	05 01			02 00	02 00	02 00	02 00	
Ste p 1	1	Stability: COP-BCOM Distance at	0. ±0.	0. ±0.	0. ±0.	0. ±0.			0. ±0.	0. ±0.	0. ±0.	0. ±0.	
	6	TO1 (m)	12 01	12 01	12 01	11 01			14 01	13 01	14 01	14 01	
	1	GI onset » Release (Release Time)	- -	- -	- -	- -			0. ±0.	0. ±0.	0. ±0.	0. ±0.	
	7	(s)							36 03	33 03	33 03	38 03	
Ste p 1	1	GI onset » TO1 (GI Time) (s)	0. ±0.	0. ±0.	0. ±0.	0. ±0.	*		0. ±0.	0. ±0.	0. ±0.	0. ±0.	
	8		43 03	46 03	35 03	34 03	*		61 03	61 03	60 03	63 03	
Ste p 1	1	Stability: Max COP-BCOM TO1 »	0. ±0.	0. ±0.	0. ±0.	0. ±0.			0. ±0.	0. ±0.	0. ±0.	0. ±0.	
	9	IC1 (m)	27 01	26 01	27 01	26 01			26 01	25 01	26 01	25 01	
Ste p 2	1	Stability: Max COP-BCOM Distance	0. ±0.	0. ±0.	0. ±0.	0. ±0.			0. ±0.	0. ±0.	0. ±0.	0. ±0.	
	2	IC1 » IC2 (m)	24 01	23 01	24 01	24 01			24 01	23 01	23 01	23 01	
Ste p 3	1	Stability: Max COP-BCOM Distance	0. ±0.	0. ±0.	0. ±0.	0. ±0.			0. ±0.	0. ±0.	0. ±0.	0. ±0.	
	2	IC2 » IC3 (m)	26 01	26 01	27 01	26 01			27 01	26 01	26 01	26 01	
All	2	Movt Onset » IC3 (Overall	2. ±0.	2. ±0.	2. ±0.	2. ±0.			4. ±0.	4. ±0.	4. ±0.	4. ±0.	
	5	Movement Time) (s)	71 08	70 08	61 08	59 08			39 18	55 18	40 18	45 18	
All	2	Light-On » IC3 (Overall Task Time)	3. ±0.	3. ±0.	2. ±0.	2. ±0.			4. ±0.	4. ±0.	4. ±0.	4. ±0.	
	6	(s)	04 09	05 09	93 09	89 09			75 18	97 18	70 18	77 18	

†Vertical BCOM Velocity; #Horizontal BCOM Velocity

– Dependent variable not analysed in this task

\* Significant within task for seat-height effect  $p < 0.05$

\*\* Significant within task for seat-height effect  $p < 0.01$

\*\*\* Significant within task for seat-height effect  $p < 0.001$



