

Improving walking symmetry in people with stroke: a pilot study

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Stroke

- Occurs when blood flow to a part of the brain stops
- Brain cells die without access to blood and oxygen
- Causes permanent damage to one side of the brain, resulting in **motor impairments** to the other half of the body

Walking asymmetry

- Hallmark characteristic of stroke patients (Patterson et al., 2008)
 1. Weaker leg spends less time in single-support stance phase (Beauchamp et al., 2009)
 2. Weaker leg has a shorter stride length (Reisman et al., 2007)

Weaker Leg = Less SUPPORT and Less PROPULSION

Why does it matter?

- Walking asymmetry leads to:
 - Impaired balance (Platts et al., 2006)
 - Decreased bone strength (Jorgenson et al., 2000)
 - Joint problems (Patterson et al., 2008)
 - Increased falls (Poole, 2002)

Aim

- To improve walking symmetry by increasing the use of the weaker leg
- How?
- By placing resistance (more weight) against the stronger leg, making it harder to use

Hypothesis

- When resistance is applied against the stronger leg, the weaker leg will be used more
- Increased single-support stance time of the weaker leg
- Increased stride length of the weaker leg

Methods

Participants

- 6 people with stroke
 - Ambulatory
 - All subjects gave written informed consent

Equipment

- Lokomat gait therapy device



Equipment

- Lokomat
- Force-sensitive resistors (FSR)
 - Placed under feet
 - Detect when feet are on ground to **measure length of time spent in single-support stance**
- Motion capture cameras
 - Placed infrared markers on feet
 - Record foot trajectory to **measure stride length**

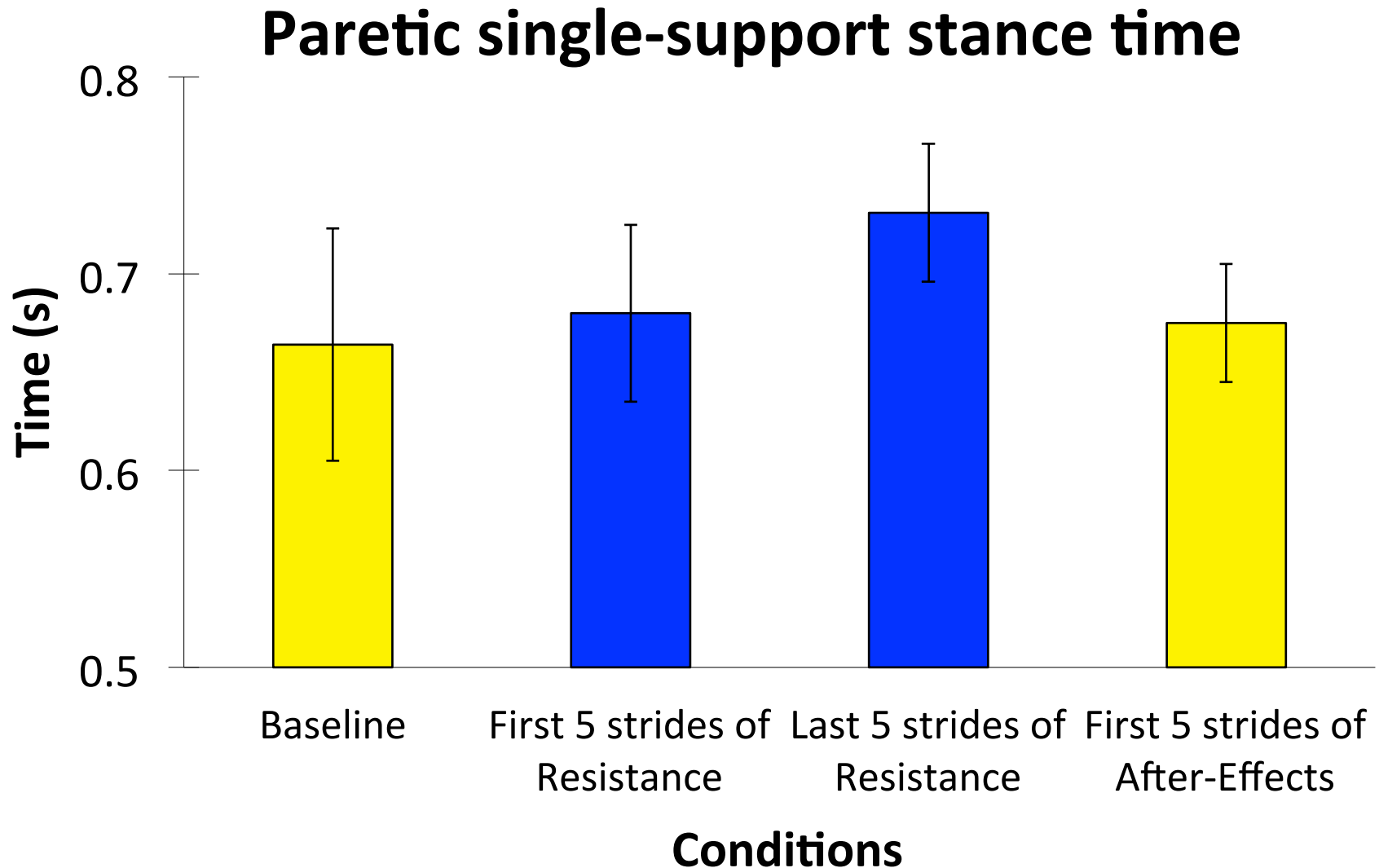


Protocol

- Participants walked consecutively for:
 - 50 strides with no resistance
 - 50 strides with resistance against the stronger leg
 - 50 strides with resistance removed
- Resistance was scaled to 10% of the individual's hip and knee flexors' maximal voluntary contraction

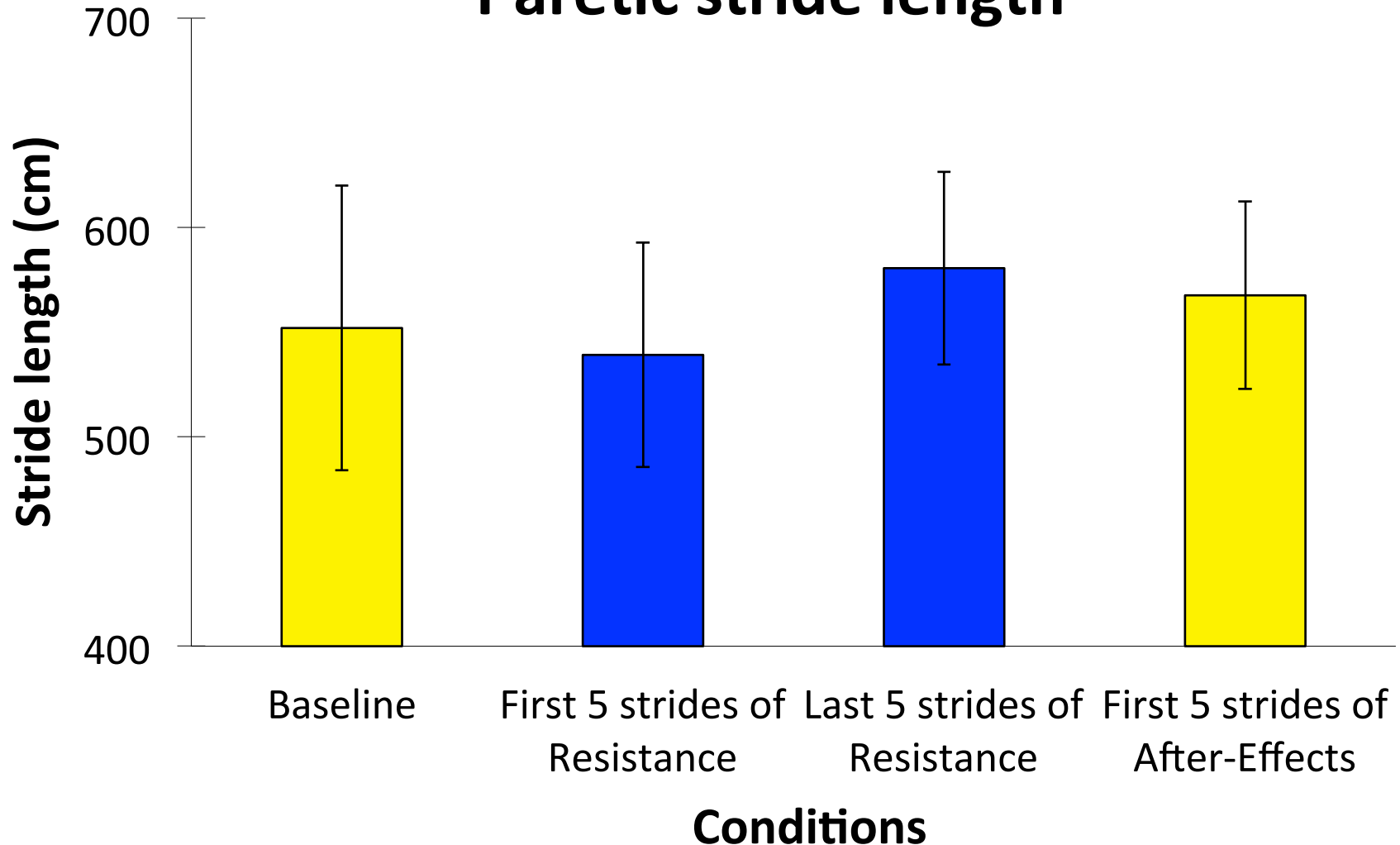
Results

When resistance is applied, the weaker leg will have **increased single-support stance time**

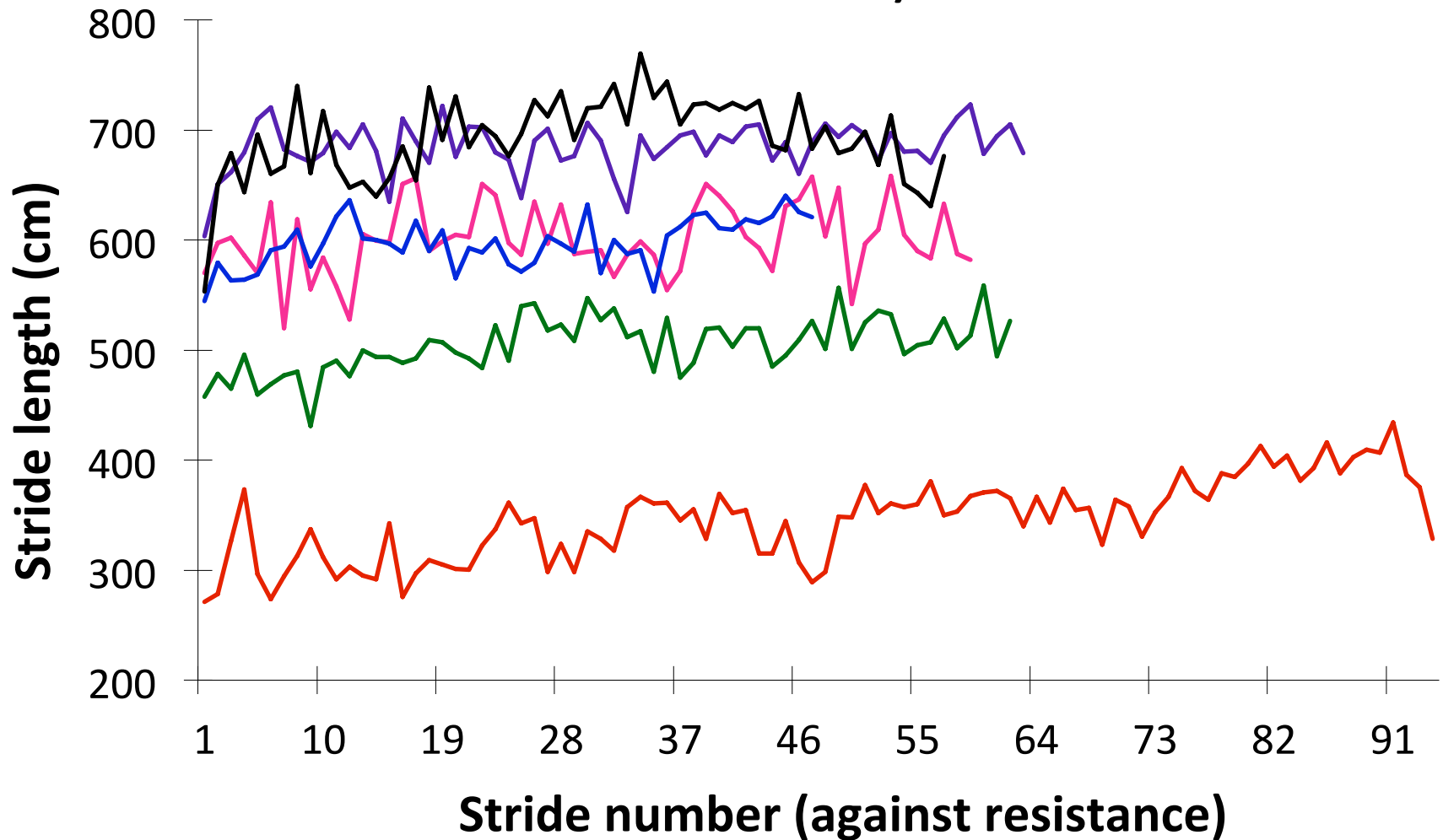


When resistance is applied, the weaker leg will have **increased stride length**

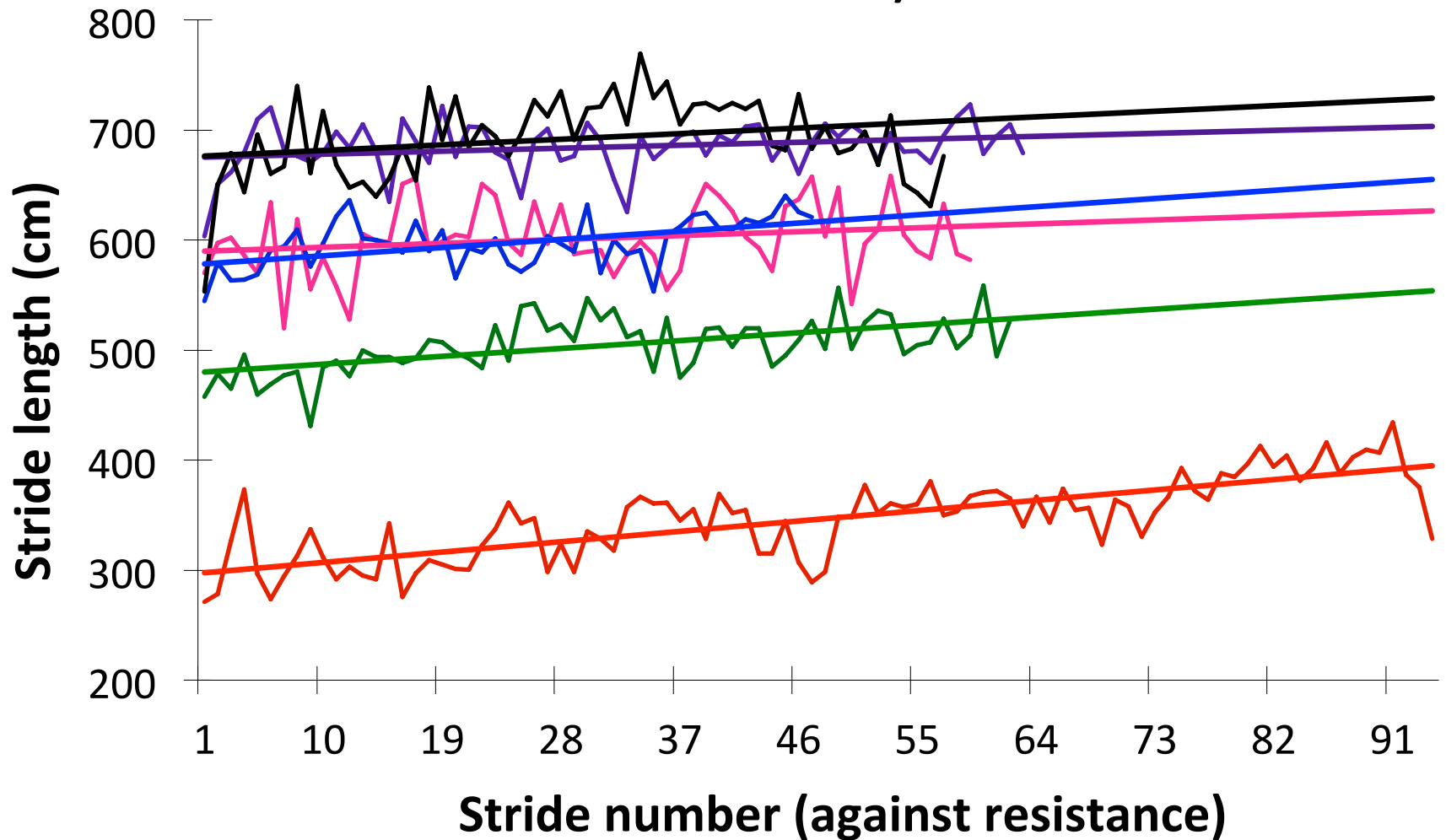
Paretic stride length



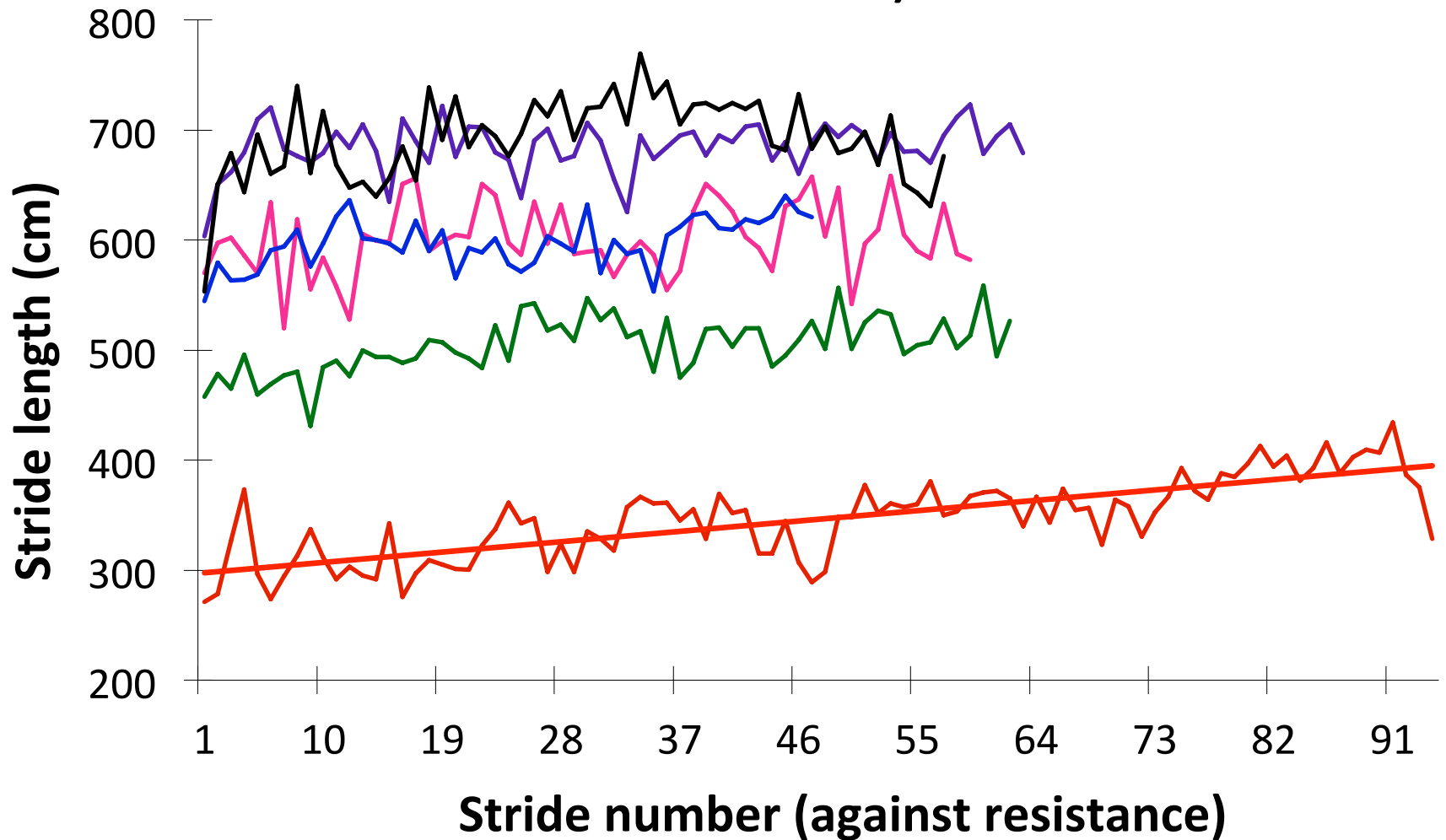
Paretic stride length (adaptation to resistance)



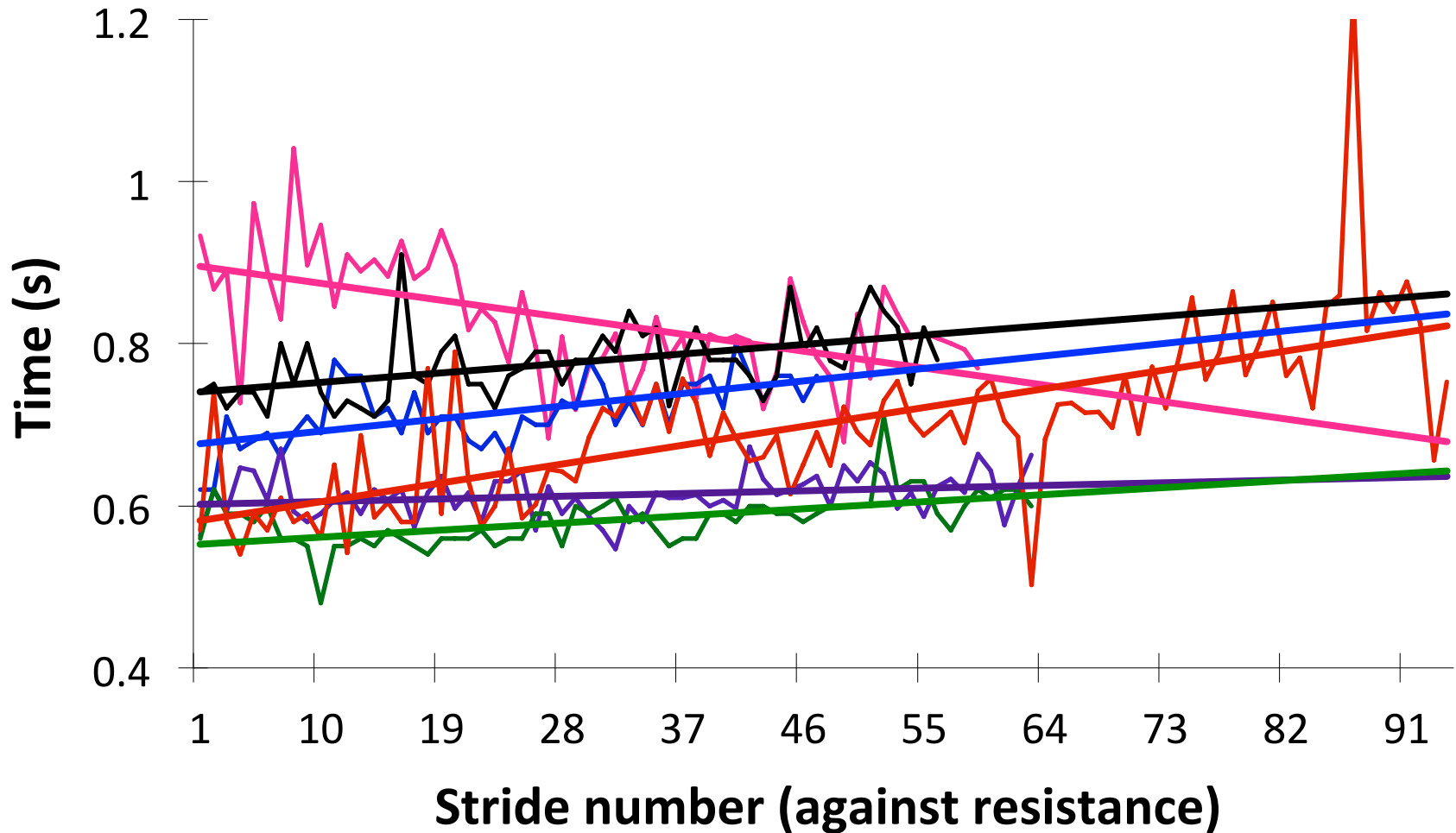
Paretic stride length (adaptation to resistance)



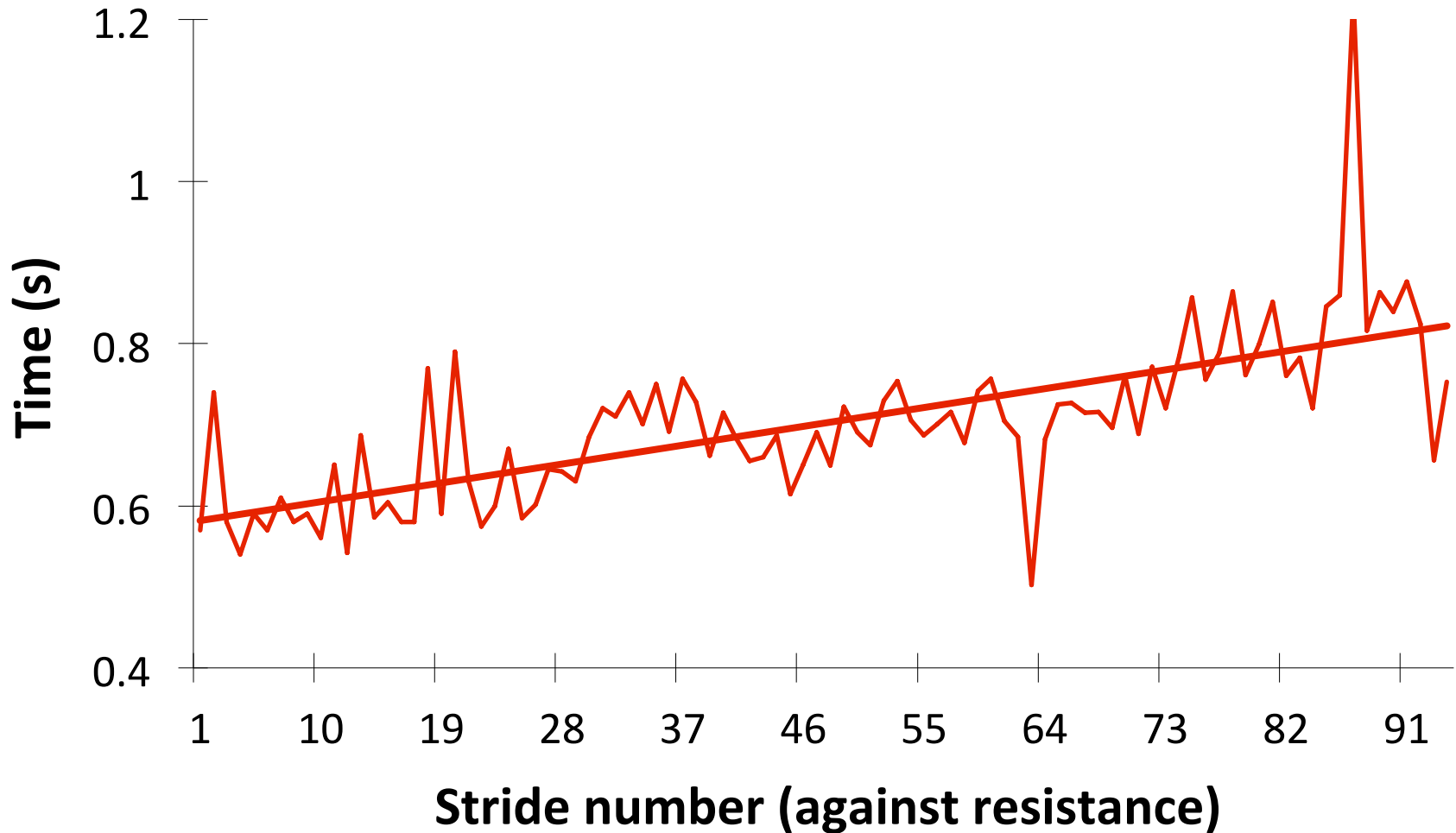
Paretic stride length (adaptation to resistance)



Paretic single-support stance time (adaptation to resistance)



Paretic single-support stance time (adaptation to resistance)



Paretic single-support stance time (adaptation to resistance)



Conclusions and Future Directions

Conclusions

1. Applying resistance to the stronger leg can increase the use of the weaker leg to propel and support the body during walking
2. Aspects of the study design can be improved
 - More than 50 strides of walking against resistance may be required
 - Verbal cueing to ensure that participant responds in the intended way to training

Future Directions

- More research on this novel intervention to improve walking symmetry in people with stroke
- Use the knowledge and experience gained from this pilot study to inform a larger study

References

- Beauchamp MK, Skrela M, Southmayd D, Tick J, Van Kessel M, Brunton K, Inness E, and McIlroy WE.** Immediate effects of cane use on gait symmetry in individuals with subacute stroke. *Physiother Can* 61: 154-160, 2009.
- Jorgenson L, Jacobsen BK, Wilsgaard T, and Magnus JH.** Walking after stroke: does it matter? Changes in bone mineral density within the first 12 months after stroke: a longitudinal study. *Osteopros Int* 11: 381-387, 2000.
- Patterson KK, Parafianowicz I, Danells CJ, Closson V, Verrier MC, Staines WR, Black SE, and McIlroy WE.** Gait asymmetry in community-ambulating stroke survivors. *Arch Phys Med Rehabil* 89: 304-310, 2008.
- Poole KES, Reeve J, and Warburton EA.** Falls, fractures, and osteoporosis after stroke: Time to think about protection? *Stroke* 33: 1432-1436, 2002.

References

- Sungkarat S, Fisher BE, and Kovindha A.** Efficacy of an insole shoe wedge and augmented pressure sensor for gait training in individuals with stroke: a randomized controlled trial. *Clin Rehabil* 25: 360-369, 2011.
- Platts MM, Rafferty D, and Paul L.** Metabolic cost of overground gait in younger stroke patients and healthy controls. *Med Sci Sports Exerc* 38: 1041-1046, 2006.
- Reisman DS, Wityk R, Silver K, and Bastian AJ.** Locomotor adaptation on a split-belt treadmill can improve walking symmetry post-stroke. *Brain* 130: 1861-1872, 2007.

Thank you!

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