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Aim

Background: : Gait deficits are common in Multiple Sclerosis (MS) but poorly captured by stopwatch-timed tests or rating scales. Body-worn inertial sensors can detect precise gait abnormalities in people with MS who have normal walking speed but the most discriminative measures of gait for MS are unknown.

Aim: This study aimed to determine the best combination of gait measures to discriminate MS from healthy control (HC) subjects.

Methods

Protocol

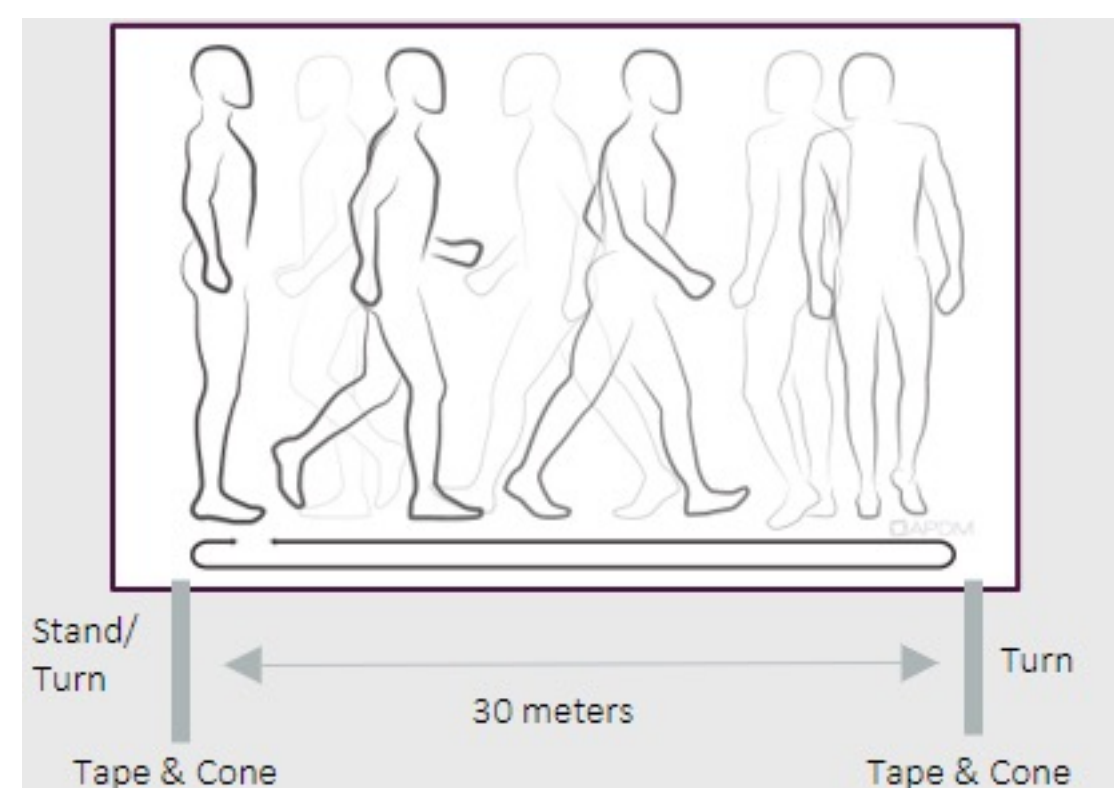
- Participants wore 6 inertial sensors (2 feet, 2 wrists, 1 sternum and 1 lumbar; Opal by APDM Wearable Technologies, a Clario company)
- 6 min-walk test: Participants were instructed to walk at a comfortable and natural pace back and forth continuously over two lines of tape placed 30 meters apart (Study I) and 15 meters apart (Study II).



6-minute walk test

Development dataset
[Study I: Walkway
length=30 meters]
(MS=14 and HC=17)

Test dataset
[Study II: : Walkway
length=15 meters]
(MS=9 and HC=7)



Digital Measures from 6-minute Walk Test

Lower Body

Gait Speed
Stride Length
Cadence
Stride Duration
Step Duration
Double Support
% Swing of Gait Cycle
Elevation at Mid Swing
Pitch at Toe Off
Pitch at Initial Contact

Upper Body

Transverse Range of Motion
Sagittal Range of Motion
Coronal Range of Motion

Turning

Turn Angle
Turn Duration
Turn Rate Average
Number of Steps in Turn
Turn Jerk
Medio-lateral Turn Range

Variability

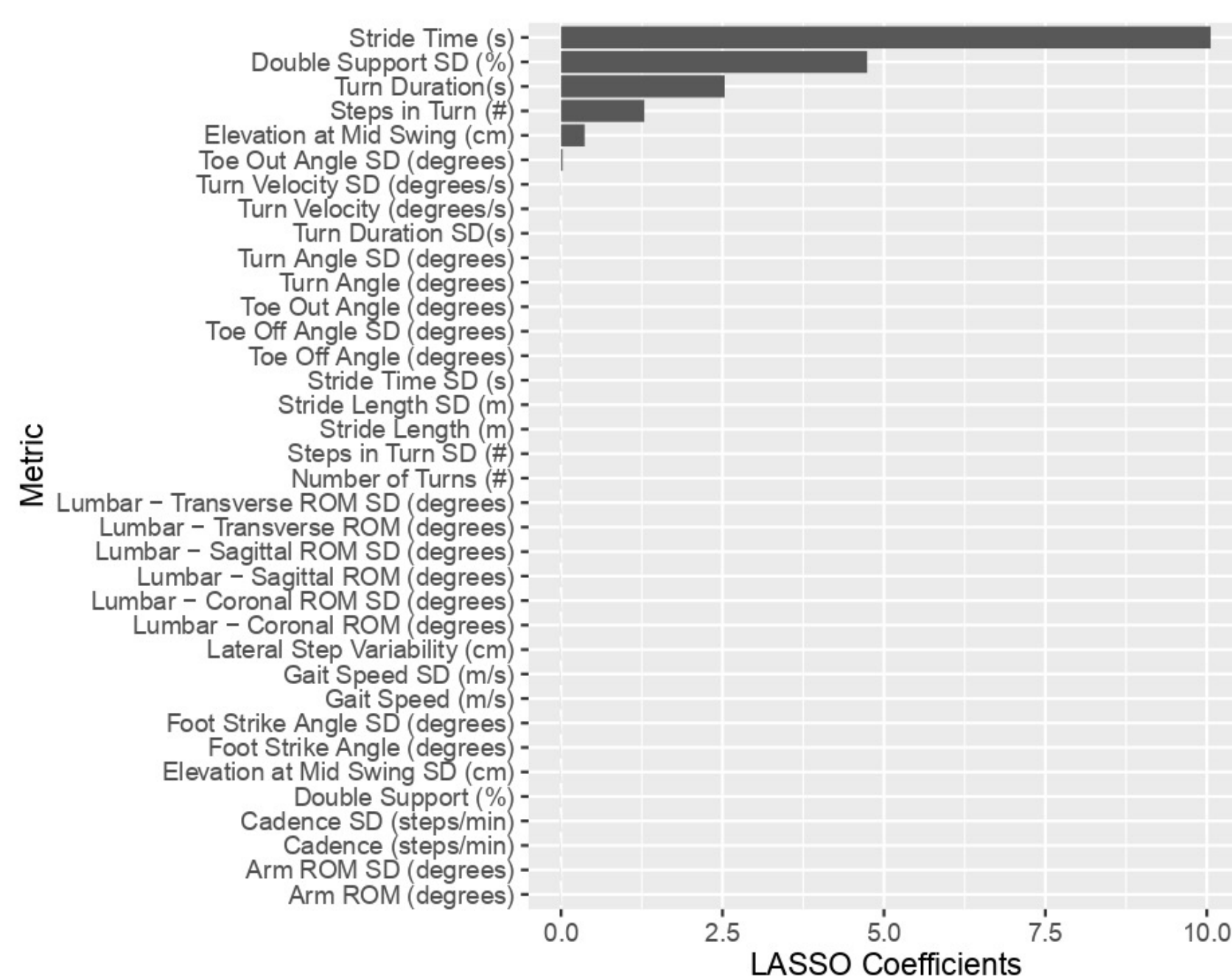
Coefficient of Variability of all gait measures

Feature Selection Method

- Least Absolute Shrinkage and Selection Operator (LASSO)
- 5-fold, cross-validated LASSO
- Selected features are used to train 70% of the dataset of Study I using logistic regression
- Trained model validated on 30% of Study I
- To test the generalizability of the proposed model, we applied the same mode on independent data (Study II)
- The area under the curve (AUC) of receiver operator characteristic (ROC) curves was used to evaluate the discriminate ability of the proposed model

Results

The proposed model applied to a totally independent dataset (Study II) resulted in AUC=0.92 (sensitivity=0.89, specificity=1)



- From 36 gait measures, LASSO selected 6 measures from the training dataset:
 - Stride time
 - Variability of double support time
 - Turn duration
 - Total number of steps in a turn
 - Elevation at mid-swing
 - Toe-out angle standard deviation
- Gait speed was not selected
- Logistic regression trained with the 6 gait measures on 70% of Study I resulted in AUC=1 (sensitivity=1 and specificity=1) when applied on the validation dataset (30% of Study I)

Conclusion

- The best combination of gait measures for accurate classification of MS from HC gait during the 6-minute walk test did not include gait speed. Digital gait measures show promise for endpoints in clinical trials.

Acknowledgements

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Conflict of Interest

Drs. Shah, and Horak are employees of APDM Wearable Technologies, a Clario company that may have a commercial interest in the results of this research and technology. This potential conflict of interest has been reviewed and managed by OHSU.