

Définir, mesurer et promouvoir la qualité de vie

Workshop II

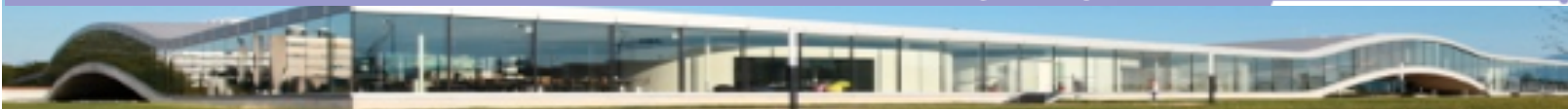
MESURER la qualité de vie

12 September 2016, Genève

Détection et compréhension du comportement physique dans la vie quotidienne

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lmam.epfl.ch



Why measuring physical activity?

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- Fundamental determinant health and wellbeing
- Outcomes for functional independence
- Association with energy expenditure
- Association with **risk** in many disease:



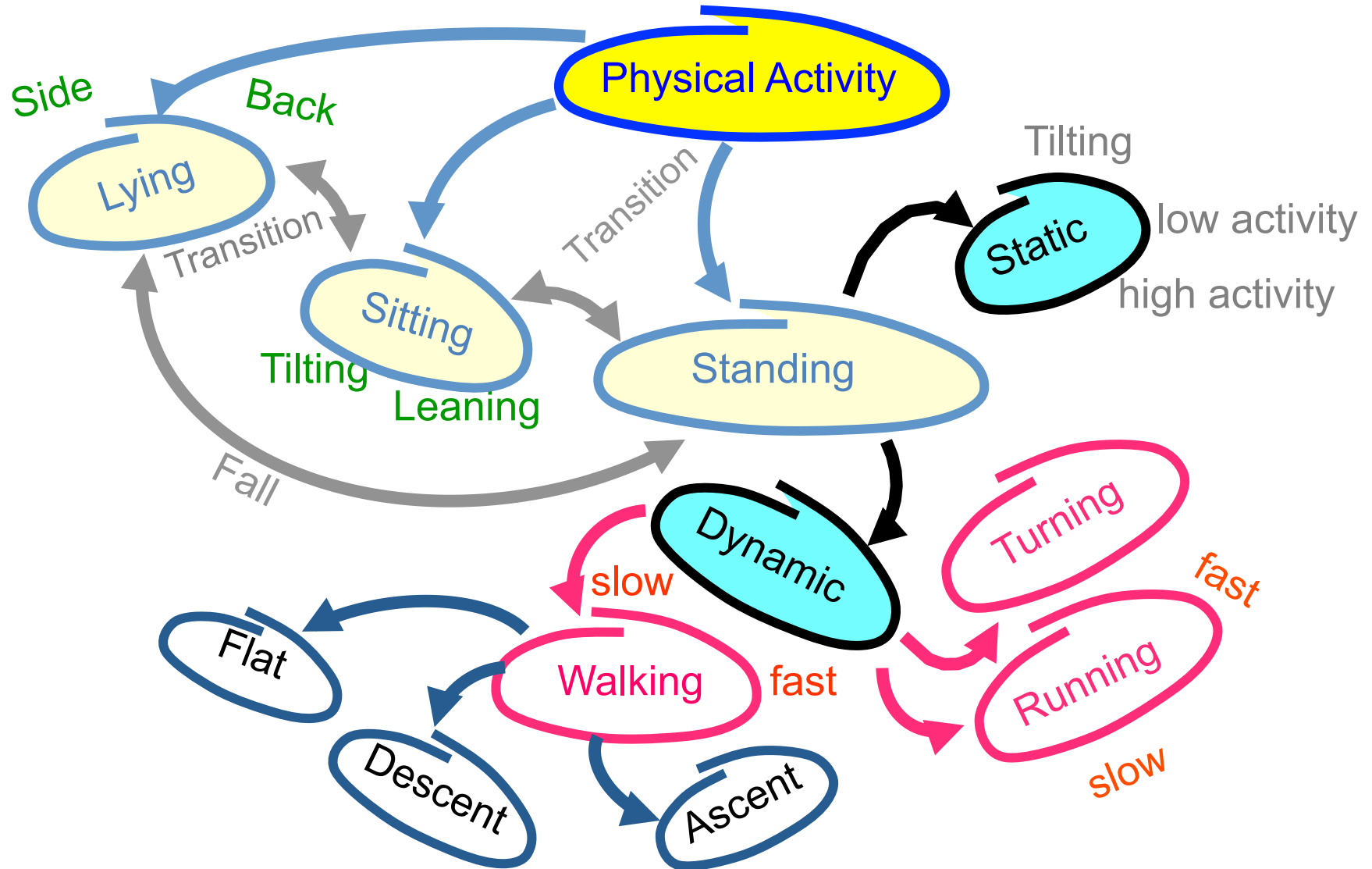
Fall, CVD, Stroke, Obesity, Parkinson disease, Pain

- Shorter walking periods
- Less frequent walking periods
- Lower gait speed
- Longer rest periods
- Slower transfer between posture
- Avoidance and fear of physical activity
- Less variability in activity



Activities of daily living

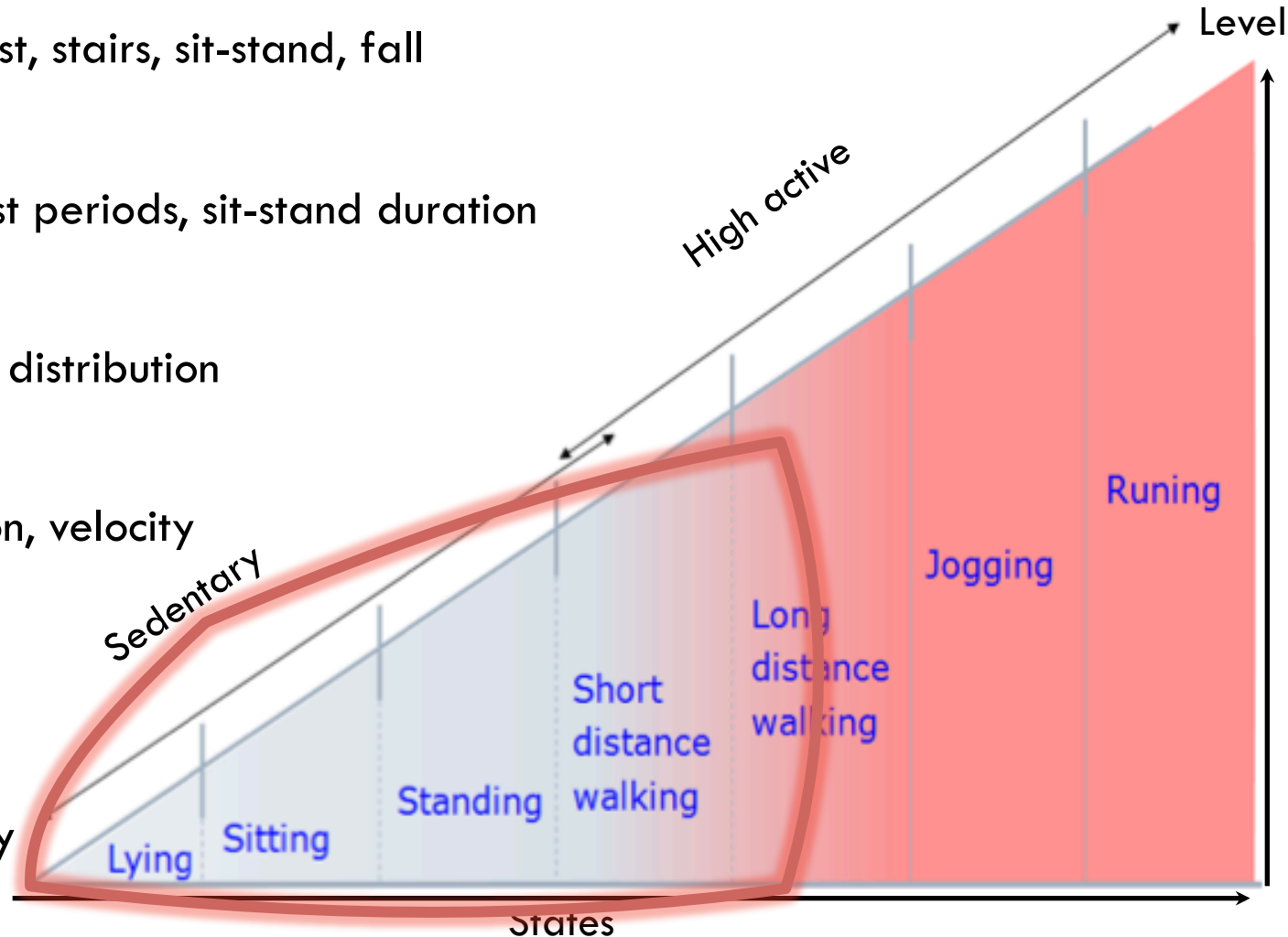
3



ADL characteristics in disease

4

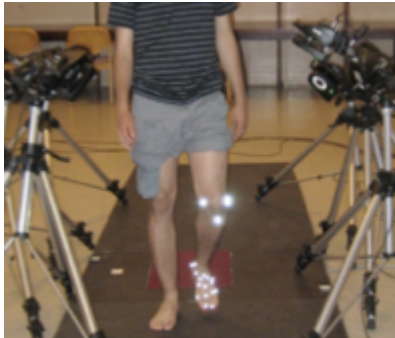
- Type and event
 - ▣ walking, rest, stairs, sit-stand, fall
- Duration
 - ▣ activity/rest periods, sit-stand duration
- Frequency
 - ▣ How often, distribution
- Intensity
 - ▣ Acceleration, velocity
 - ▣ cadence
- Pattern
 - ▣ Variability
 - ▣ Complexity



Mobility evaluation in health and disease

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Laboratory system



Wearable system



Objective



Laboratory

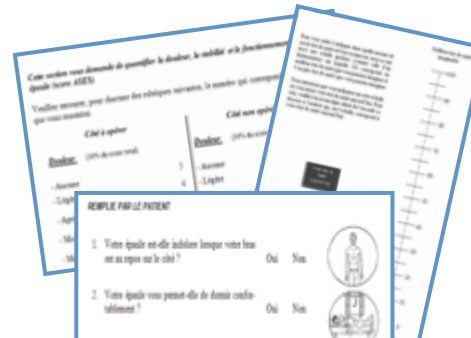
Clinics

Real World



Subjective

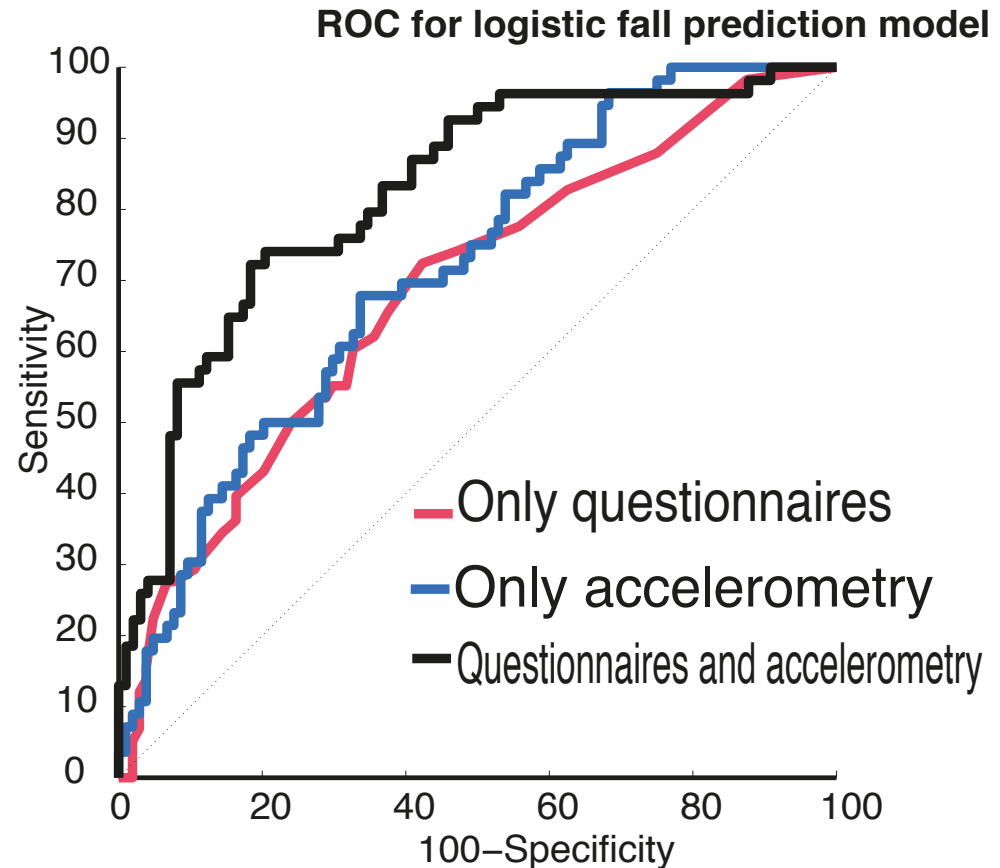
Clinical score



Contribution of wearable sensors: Risk of fall using daily life monitoring

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- Trunk accelerometer
- 8 days
- Walking quantity and gait characteristics was associated with fall
- Highest fall prediction when accelerometer is used



Wearable technology today

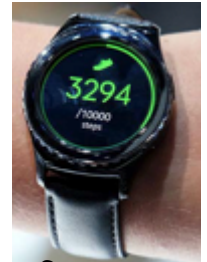
7

□ Consumer devices

- ▣ Pedometer, Smartphone, Fitness tracker
 - High rate of decline after one year*
 - Functionality?
 - Validity?
 - Usability?



Withing



Samsung



Fitbit



Apple



Garmin

□ Research oriented devices

- ▣ Inertial sensors(accelerometer, gyroscope)
- ▣ GPS, Barometer
- ▣ Gait, activity(sit/stand lie, walk)
- ▣ Walking intensity
- ▣ Energy expenditure
- ▣ Validation?



Motion sensors: body worn

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- Subject specific
- Discrete
- Ubiquitous
- Electronic protection



- +Fixed place
- +Present for all activity
- +Ideal for feedback
- Hand movement artefact



- +Large space
- +Fixed place
- +Most affected by locomotion
- +Best placement to measure GRF
- Can be removed indoor

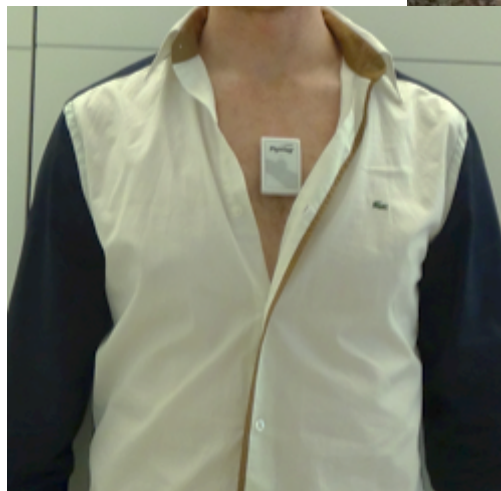
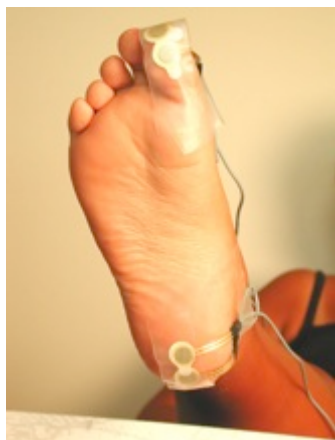


- +Integrate many sensors
- +Social behavior
- +Largely available
- +Connected
- not fixed location on body

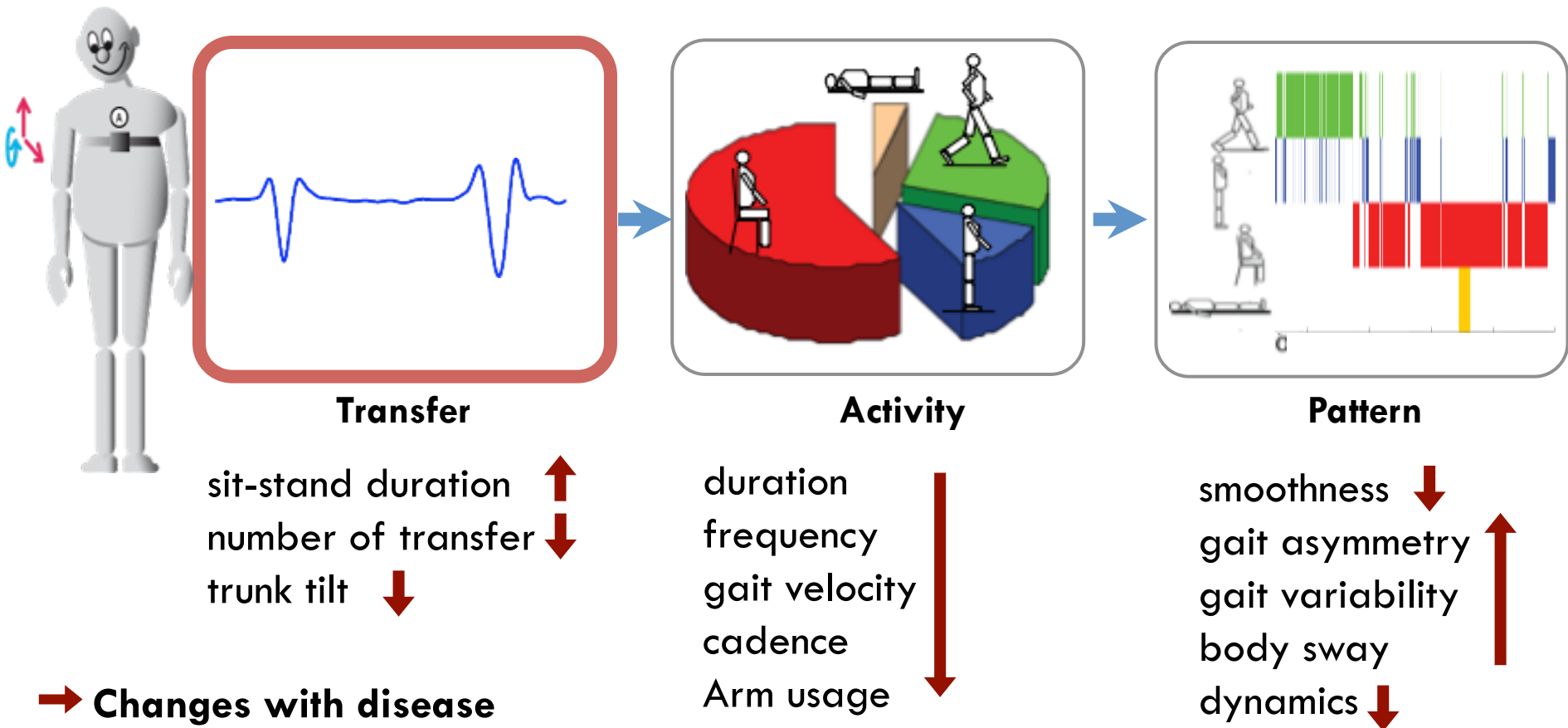
Motion sensors: body fixed

9

- Optimal location
- Less artifact
- Less comfort
- Less acceptability



Trunk sensor: activity classification

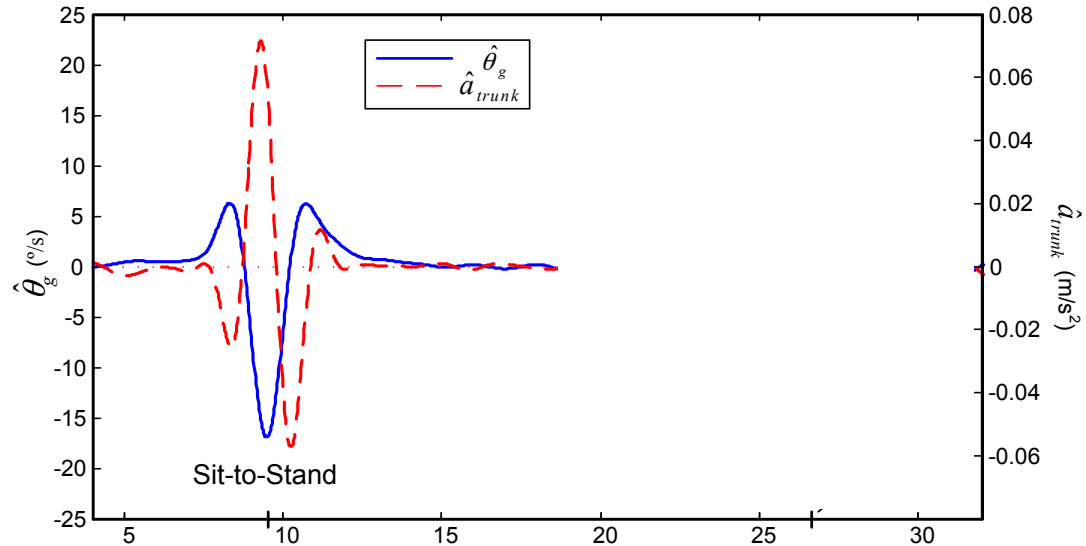


Sit-stand detection

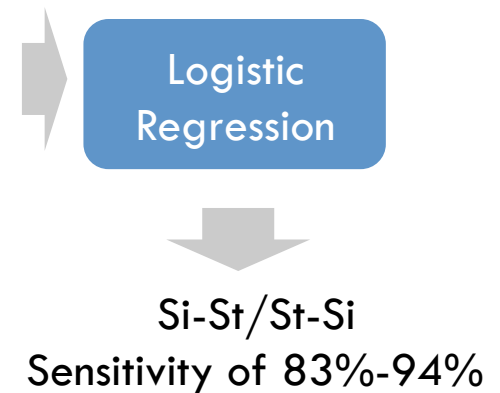
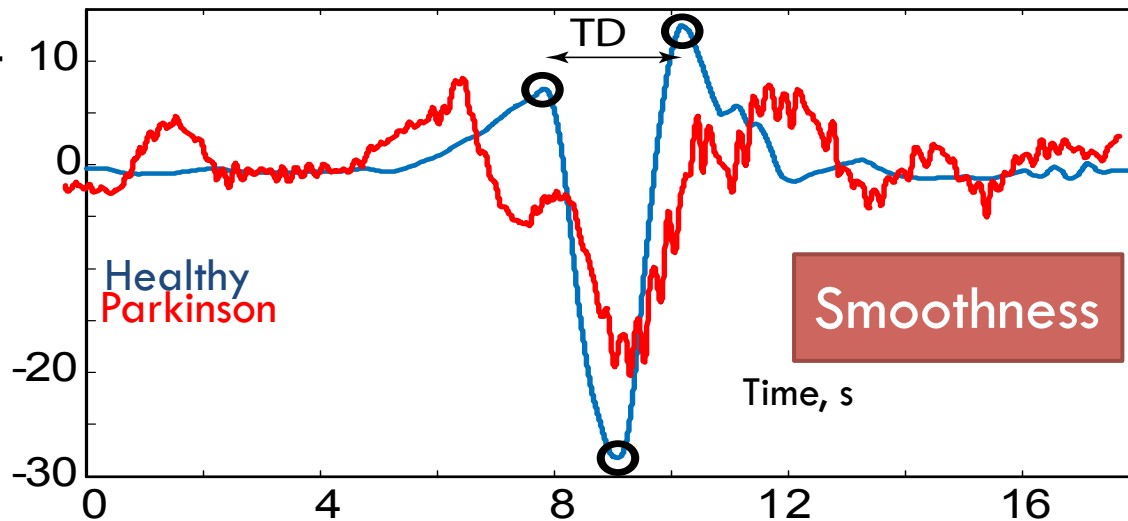


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Postural transition



Trunk tilt deg



Postural transitions in Elderly during 6h ADL



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- 10 Health elderly subjects, 6F, 4M
- 10 Frail Elderly subjects, Fried' s criteria, 3F, 7M

PARAMETERS	HEALTHY SUBJECTS	FRAIL SUBJECTS	P-VALUE
SiSt			
Number _{SiSt}	21.4±11.2	10.2±4.15 ↓	P<0.05
Rate _{SiSt}	3.6±1.9	1.7±0.69 ↓	P<0.05
Duration (s)	2.47±0.22	3.08±0.46 ↑	P<0.05
θ (deg)	20.15±1.5	17.9±2.5 ↓	P<0.05
a _N , range (mg)	100±20	70±17 ↓	P<0.05
StSi			
Number _{StSi}	32.6±14.41	5.20±2.57	P<0.001
Rate _{StSi}	5.43±2.40	0.86±0.42	P<0.001
Duration (s)	2.80±0.40	2.70±0.54	NS
θ (deg)	20.00±2.30	19.00±3.7	NS
a _N , range (mg)	90±10	65±17	P<0.05

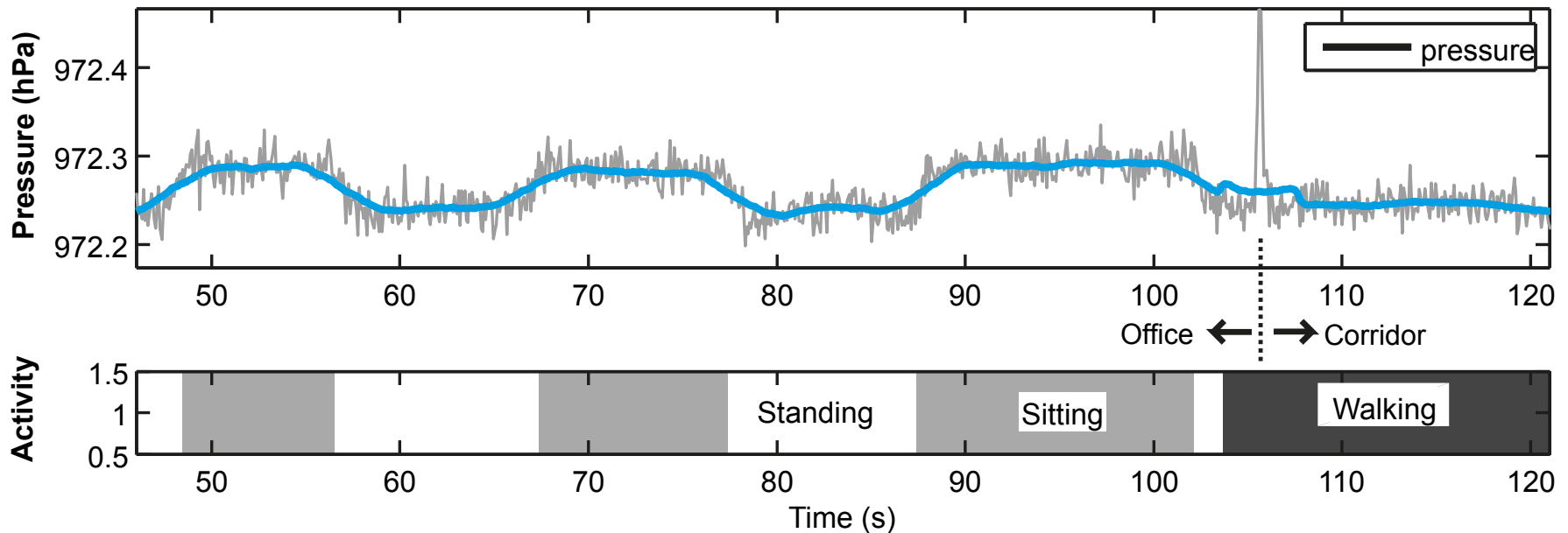
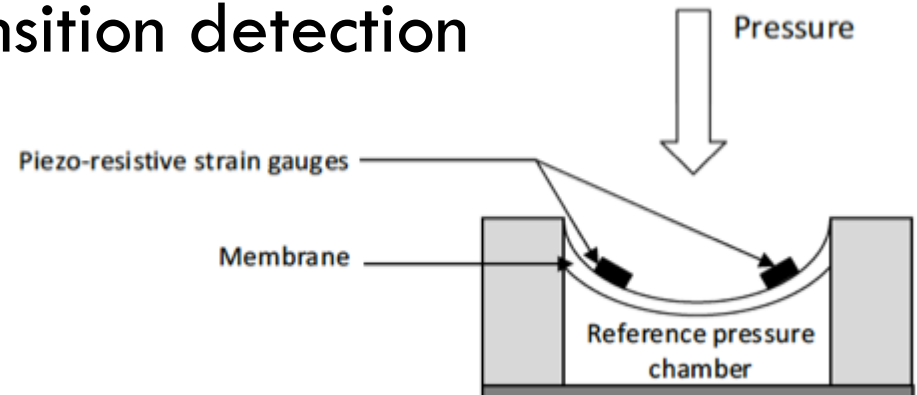
Barometric pressure



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Improving Sit-Stand Transition detection

- Sensitivity: 92%
- Specificity: 98%

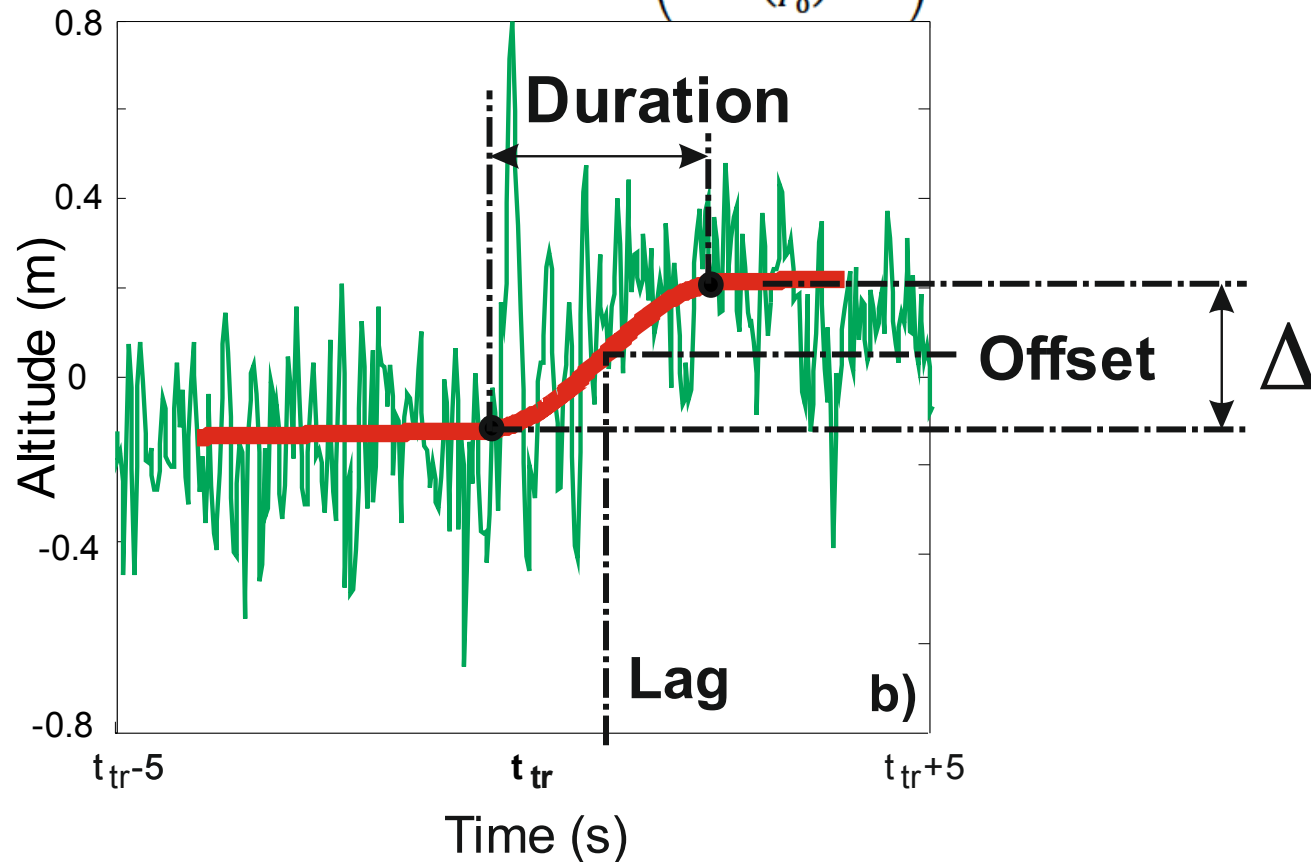


Stand-sit: pressure features

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- Sinusoidal fitting of altitude signal

$$\text{Altitude } (P) = 44.330 \times \left(1 - \left(\frac{P}{P_0} \right)^{\frac{1}{5.255}} \right)$$



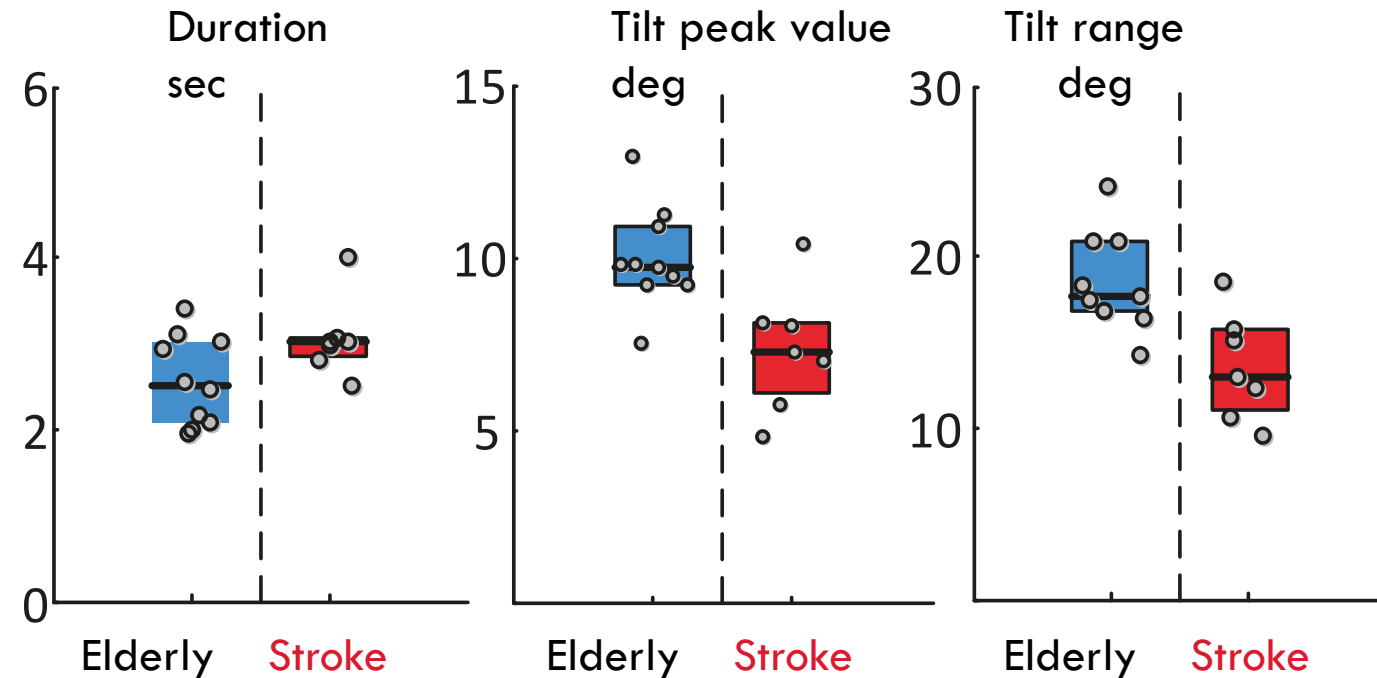
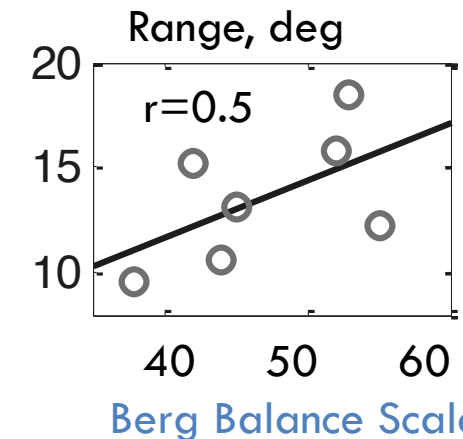
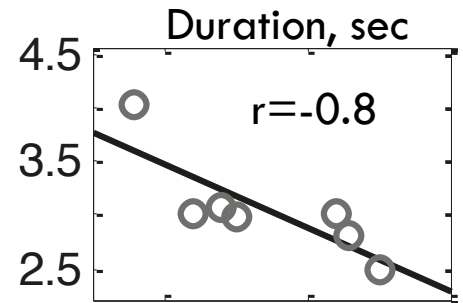
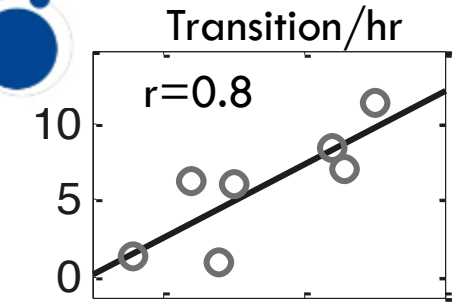
Elderly vs. stroke patients



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- Preliminary data
 - 10 Elderly (4.6h), 7 stroke(42h)
 - Outdoor, daily conditions
 - Using Inertial + Barometric sensor

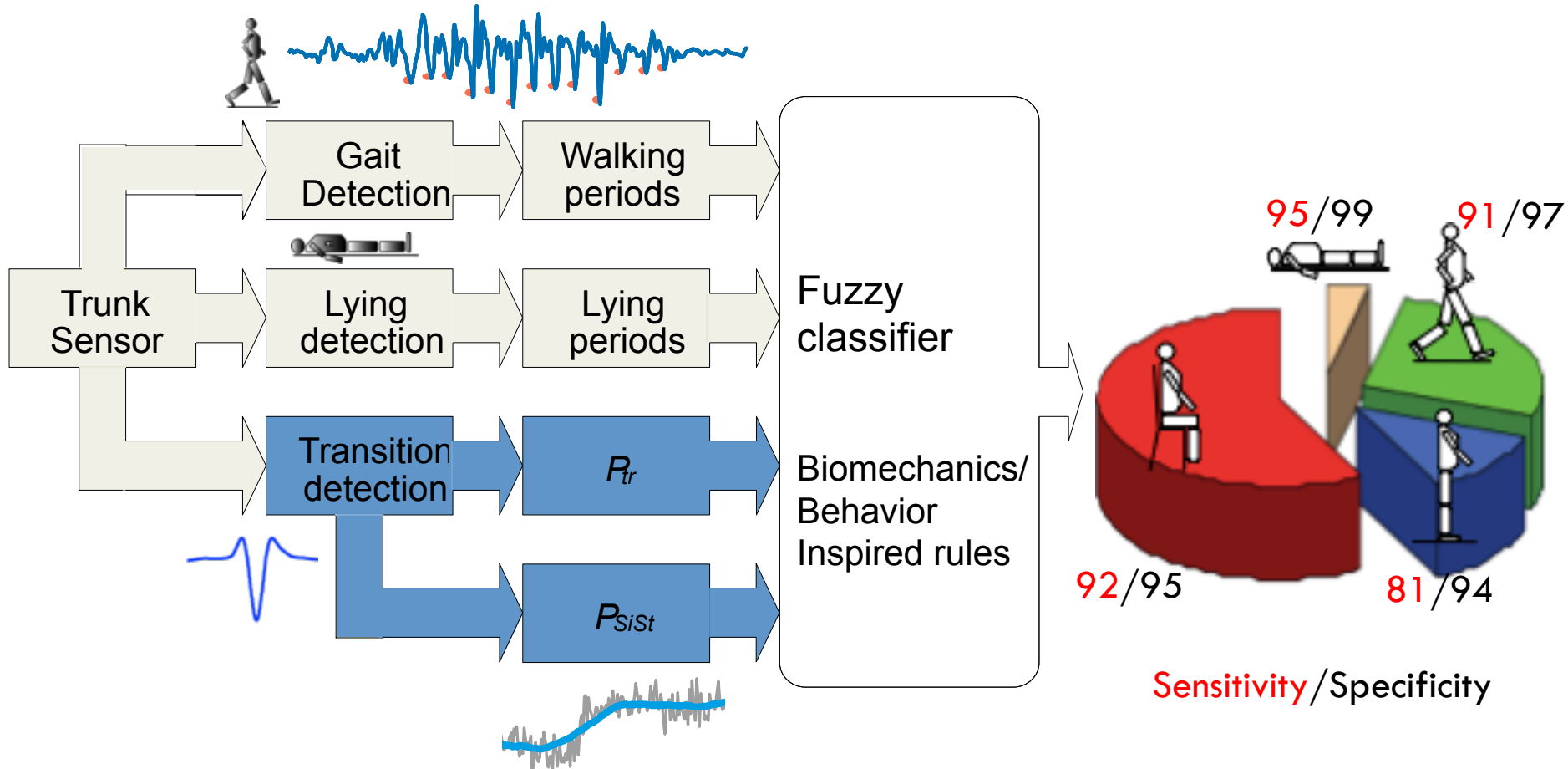
REWIRE



Activity classification



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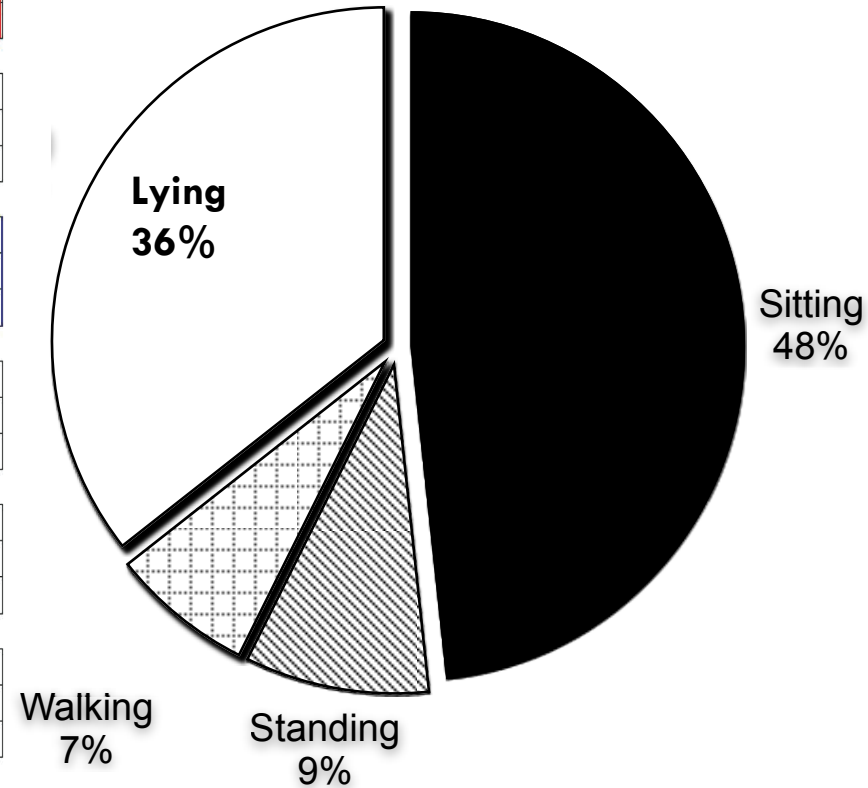
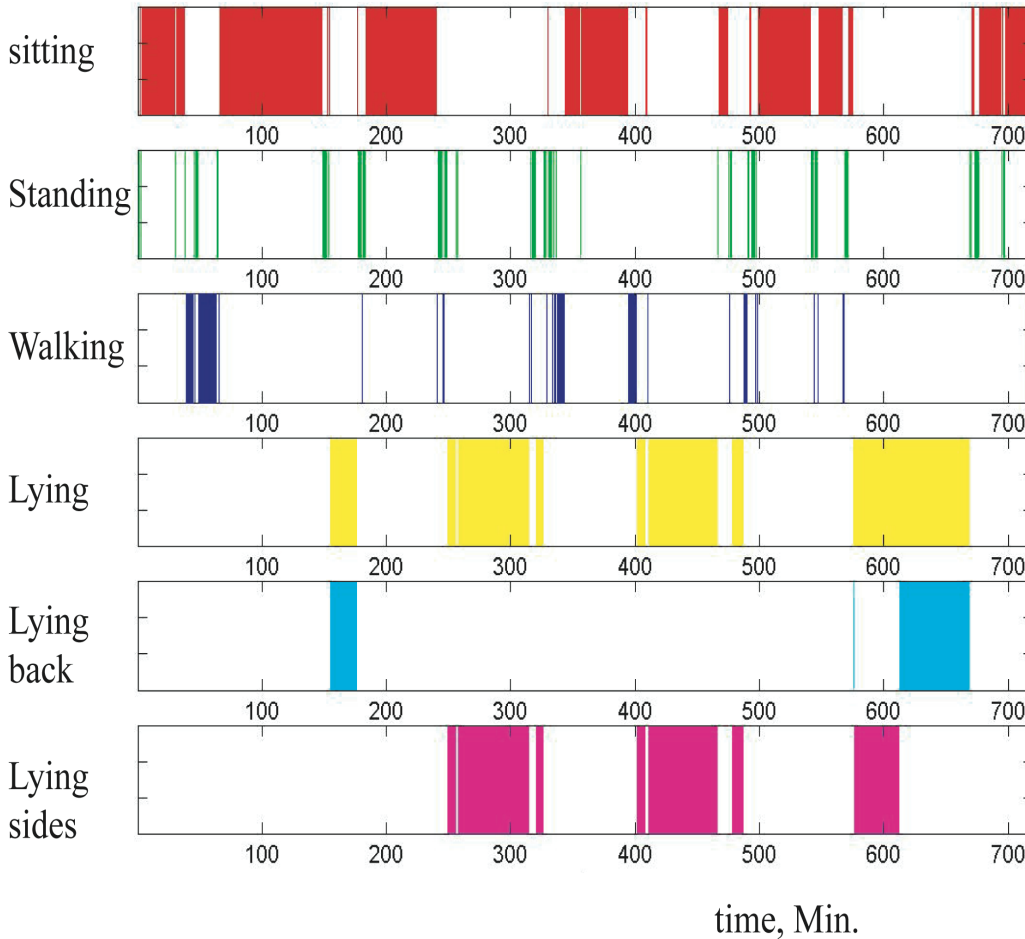


12 hours of physical activity



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Week1 - Day1



Instrumented shoes: Gait or Activity

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Weenk et al. IEEE TNRSSE, 2015

IMU
+
Ultrasound

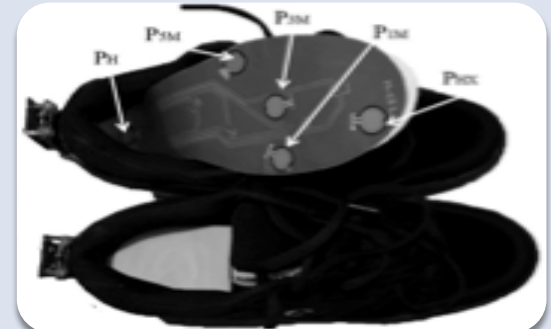
Gait Analysis



Mariani et al. J. Biomech, 2010

IMU

Gait Analysis



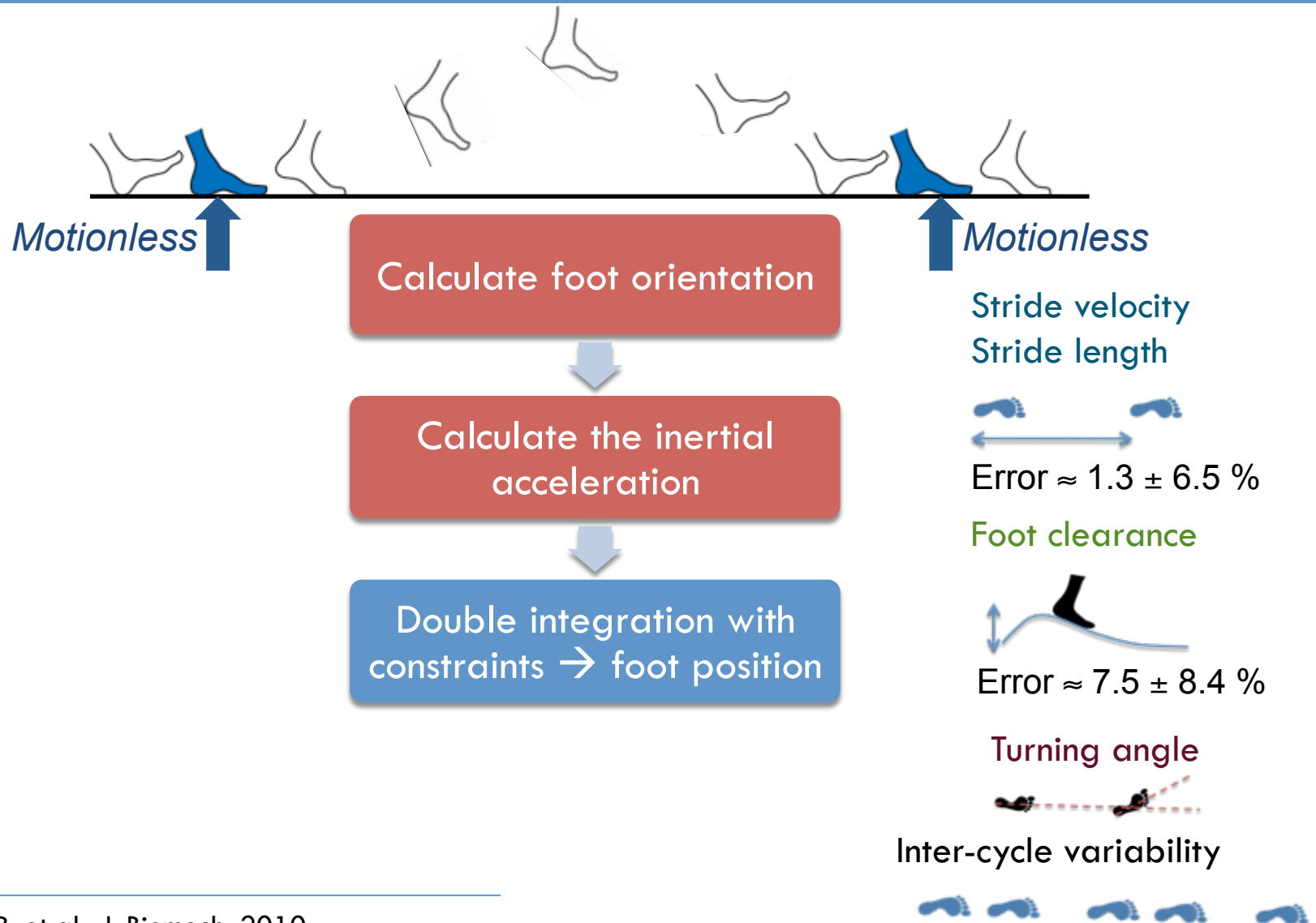
Tang and Sazonov, IEEE JBHI 2014

FSR
+
Accelerometer

Activity
classification

Gait parameters

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Instrumented shoes: Gait and Activity

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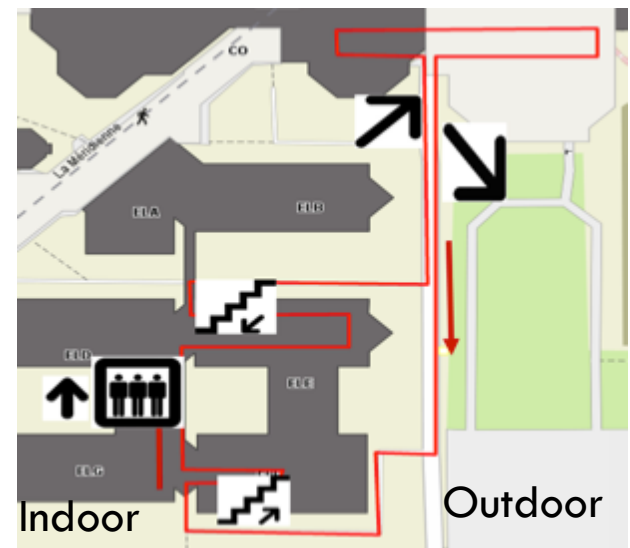
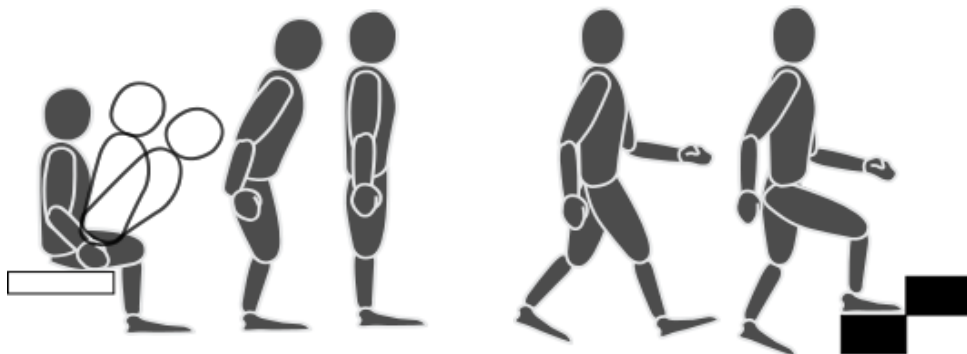
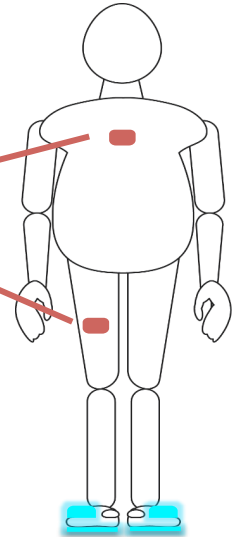
- IMU+ Barometric sensors+ foot Pressure sensors
- 10 elderly, healthy subject >65 years
- Predefined track (~700m)
- 4 hour of daily activity



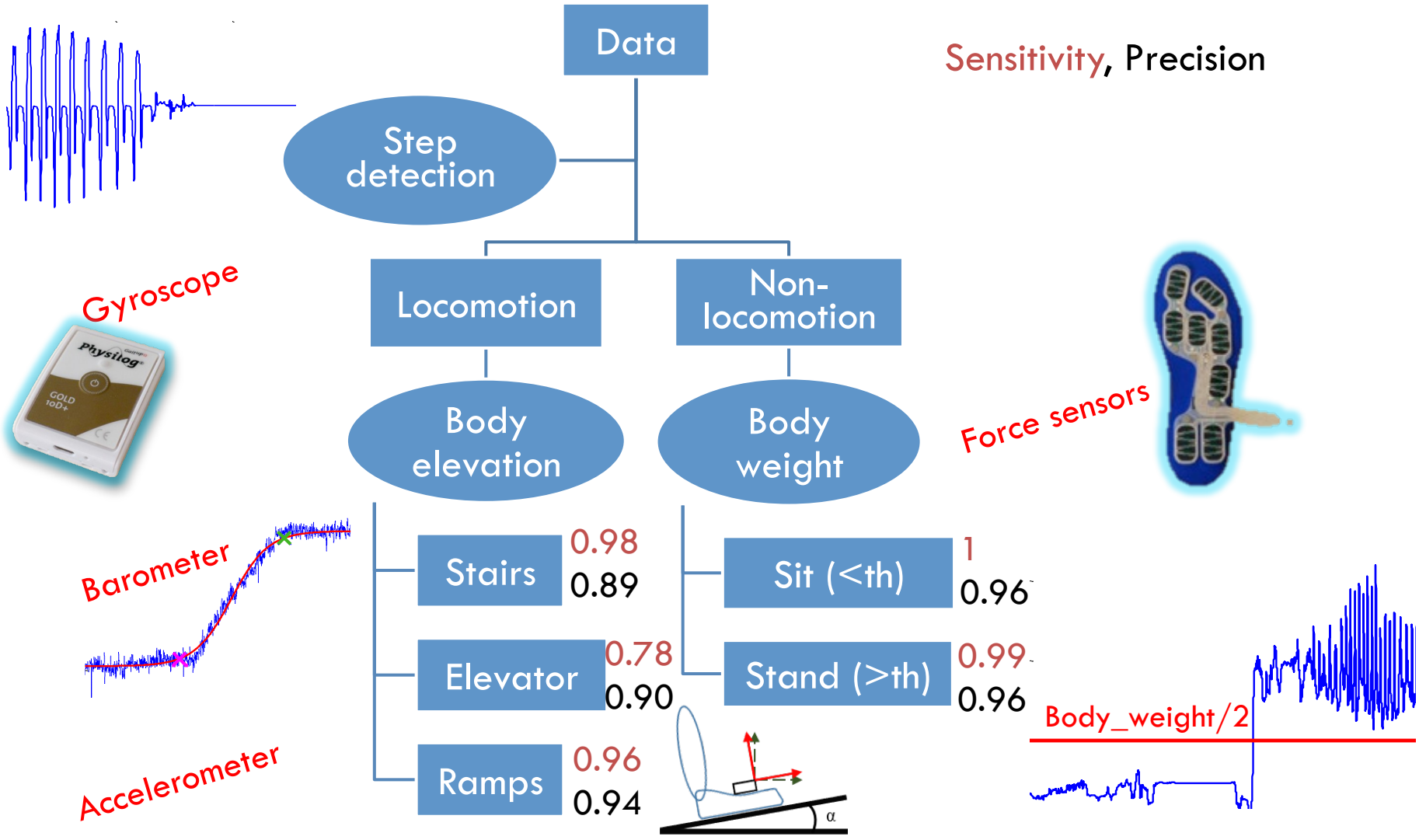
IMU: Physilog, GaitUp, CH

Insole: IEE, LU

Reference Validated system

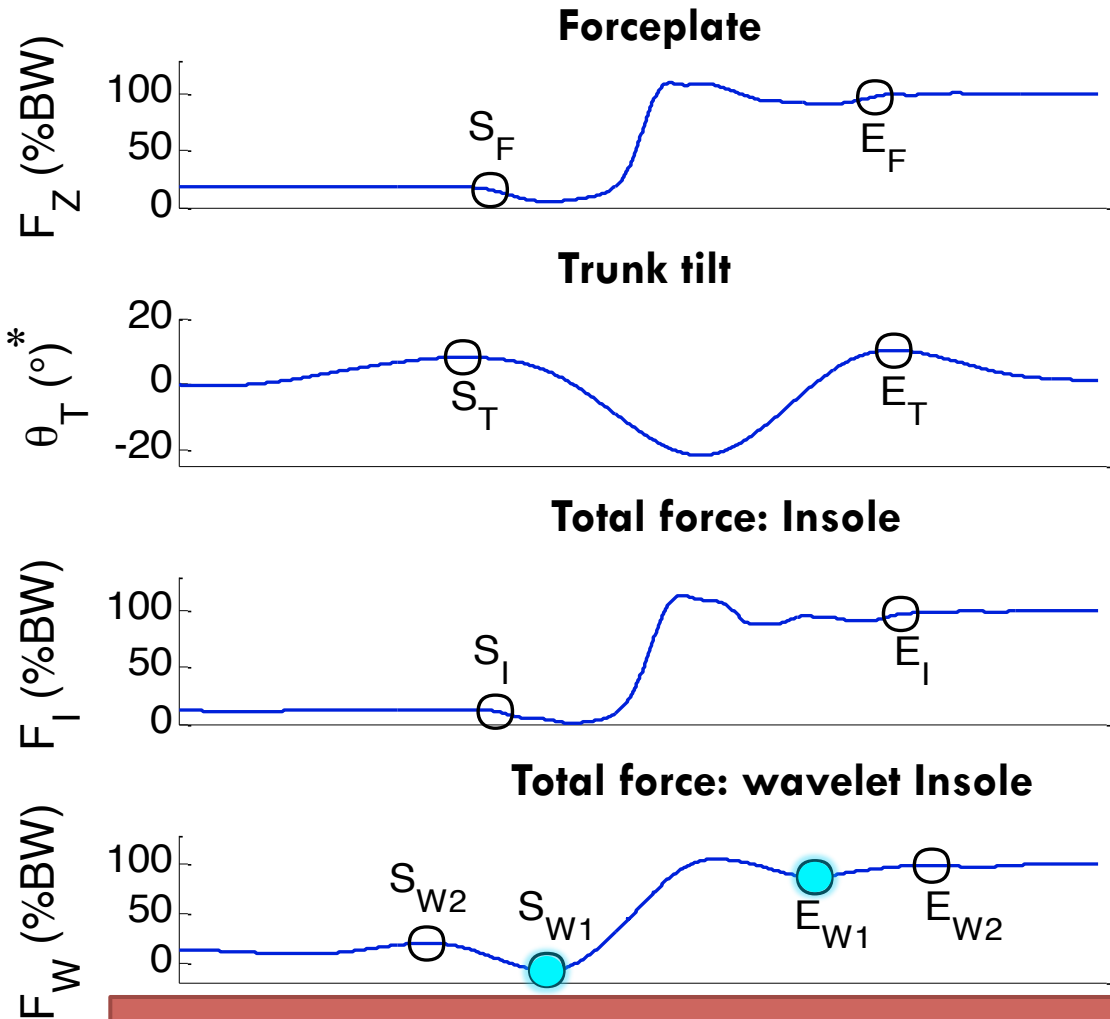
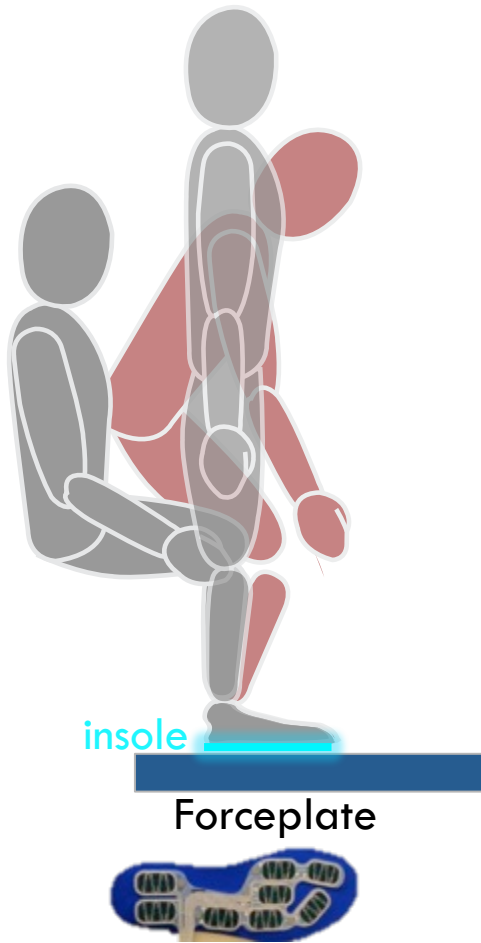


Algorithms for activity classification



Transition duration: in lab validation

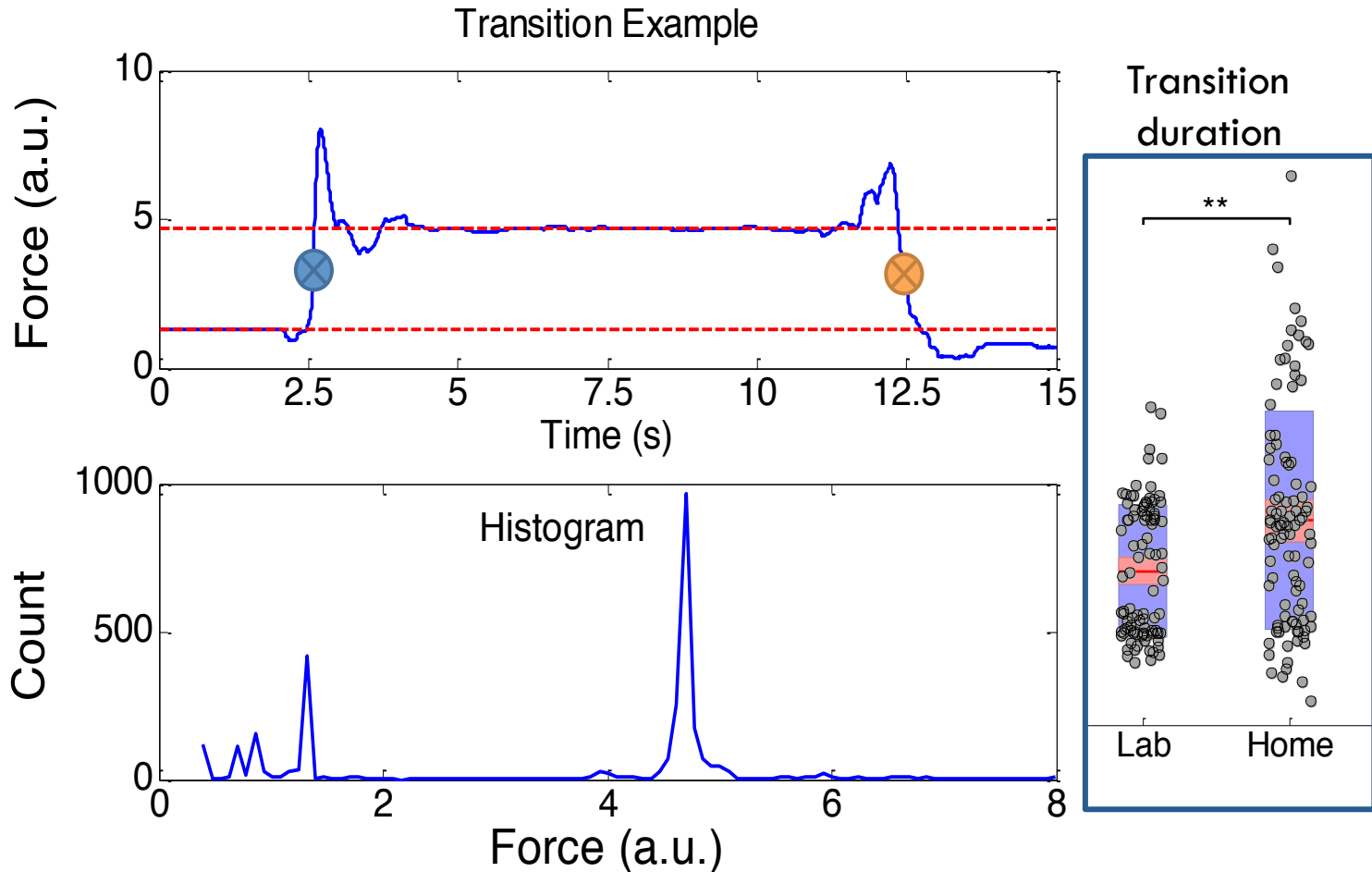
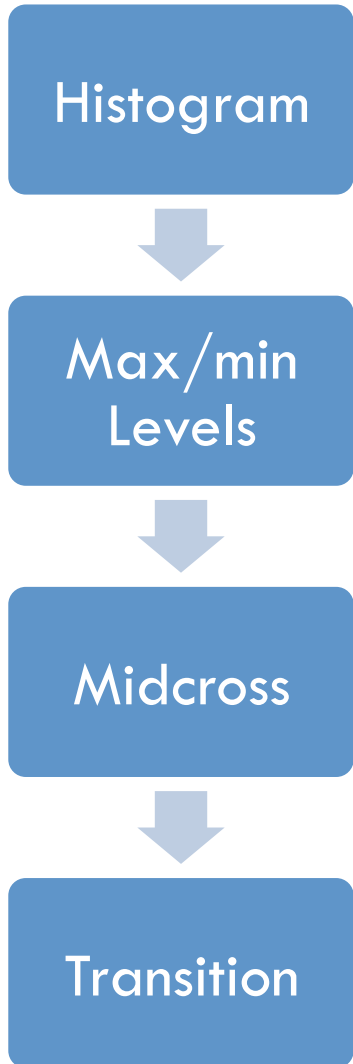
22



$E_{W1}-S_{W1}$ with lowest mean error ($0.00\pm 0.44s$)

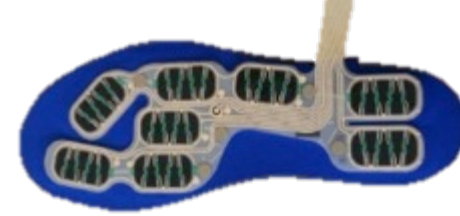
Transition detection in daily life

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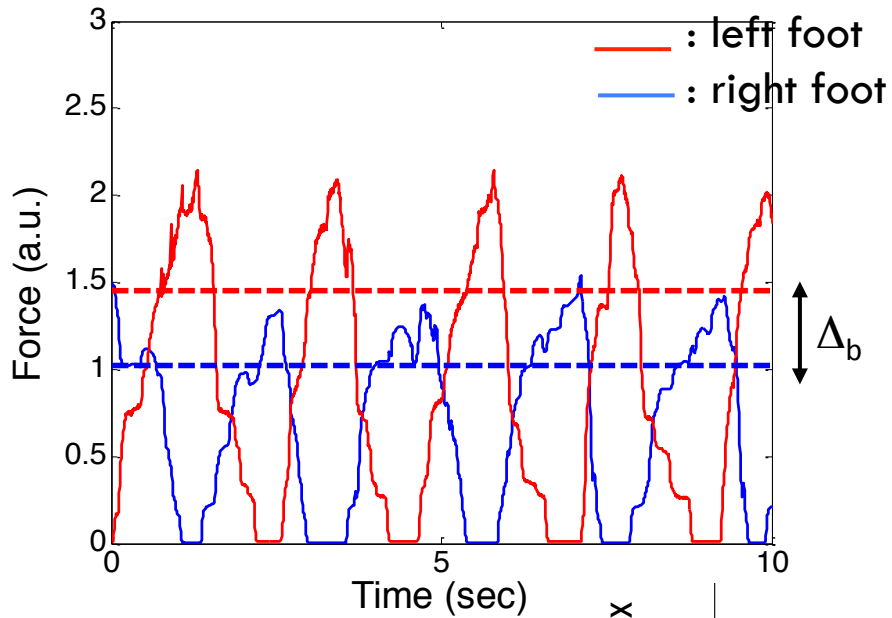
Sensitivity: 0.90, Precision: 0.93

Foot loading during walking

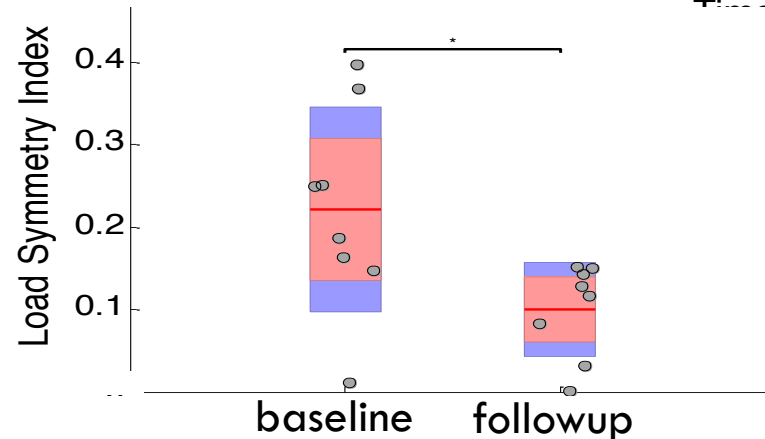
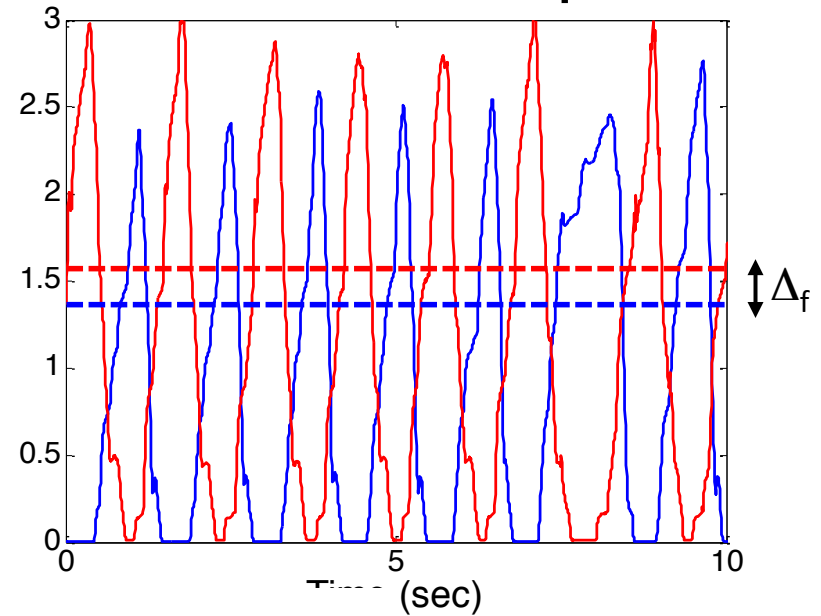


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Baseline



Follow-up

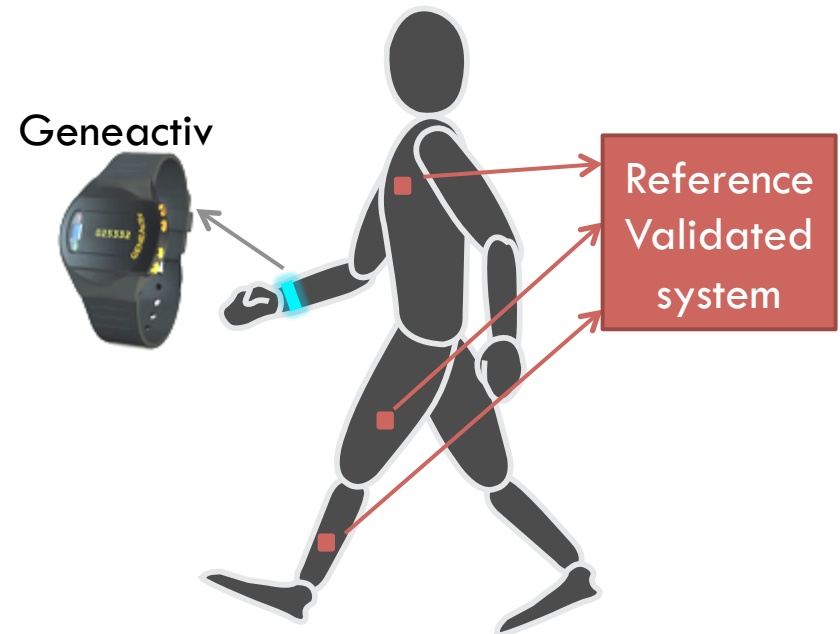


Wrist sensors: activity classification



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- Mostly based on machine learning
 - ▣ Support vector machine with time-frequency features: accuracy 85% *
 - ▣ **75% correct** activity intensity classification, **99% correct** locomotion time**
 - ▣ Validated in laboratory
- In field validation using IMU reference system***
 - ▣ N=20
 - ▣ 1 day of activity life
 - ▣ Features derived from:
 - Arm postures and patterns
 - Statistical, temporal frequency domain
- Locomotion periods classification
 - ▣ Accuracy of 99%
 - ▣ Sensitivity of 85%
 - ▣ Specificity of 99%



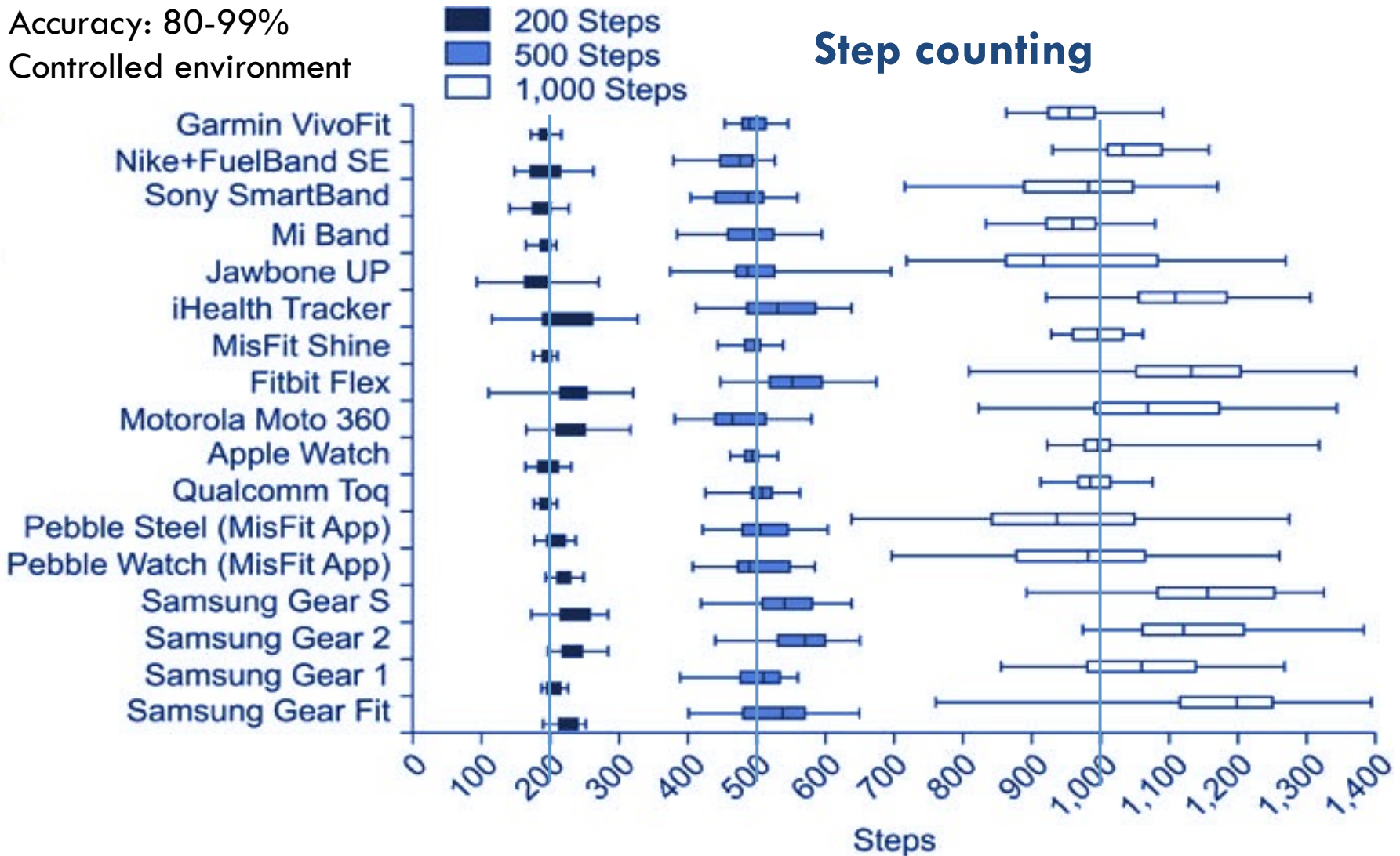
Step counters



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Accuracy: 80-99%
Controlled environment

Step counting



Wrist sensor: speed and cadence estimation

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□ Challenges

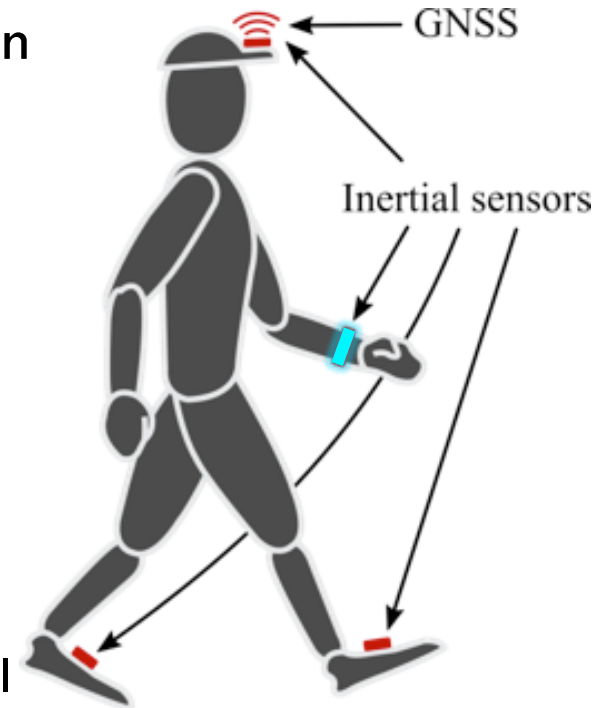
- “Random” arm movement
 - other than locomotion related movement
- High drift in integral of arm acceleration
 - no motion less period to reset drift
- Error in step detection

□ In field validation

□ Protocol

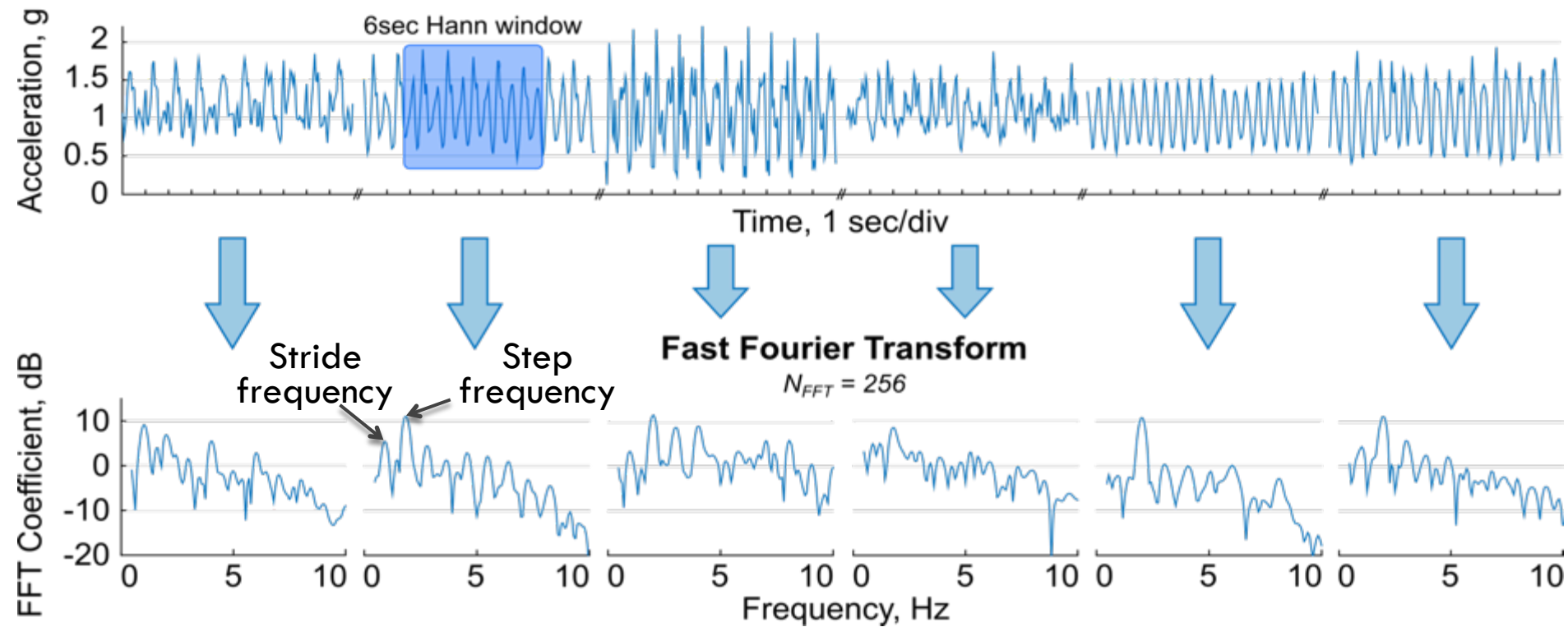
- N=22
22 🧑, 7 🧑
39±11 years
- 4.7 km
- Normal
- Level, inclined
- Tar, grass, gravel
- Urban, rural
- Constraints: Cellphone, obstacle, bag, hand in pocket

□ Reference: GNSS and foot sensors



Methods – Cadence extraction

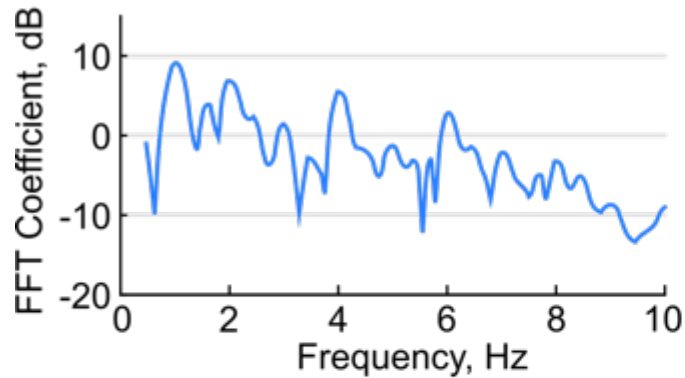
Wrist Acceleration Norm



Methods: cadence estimation

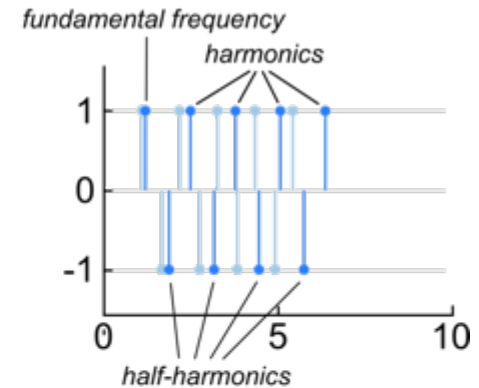
Fast Fourier Transform

Hann window, 6 seconds



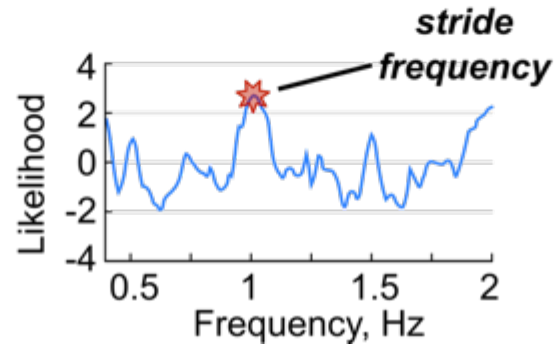
Convolution

sweep 0.4-2Hz



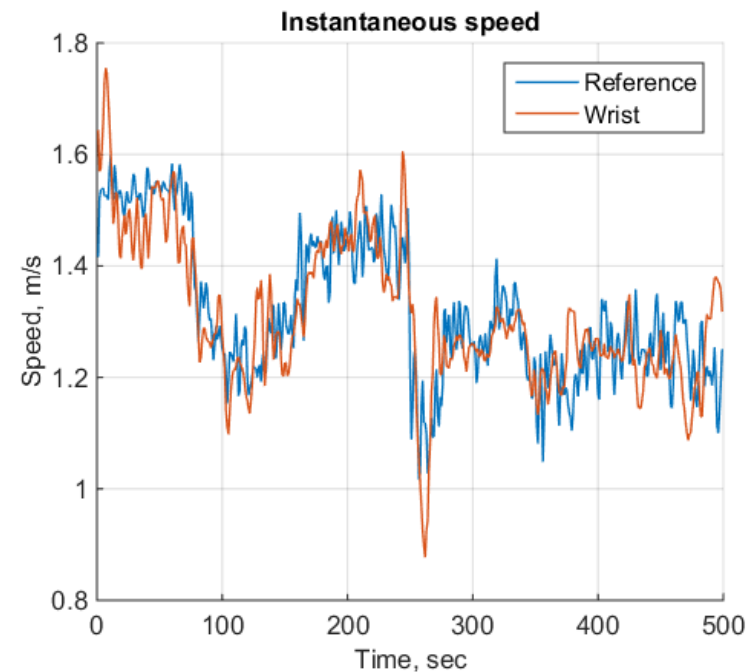
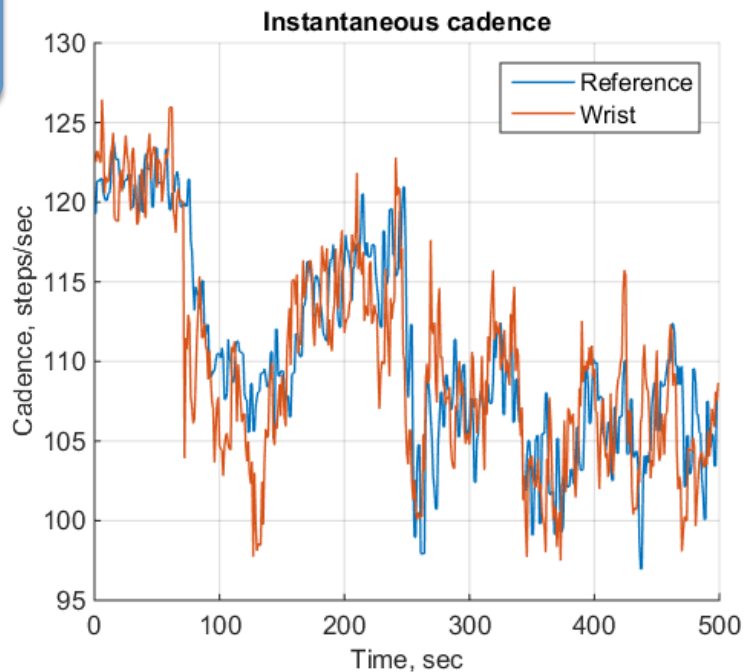
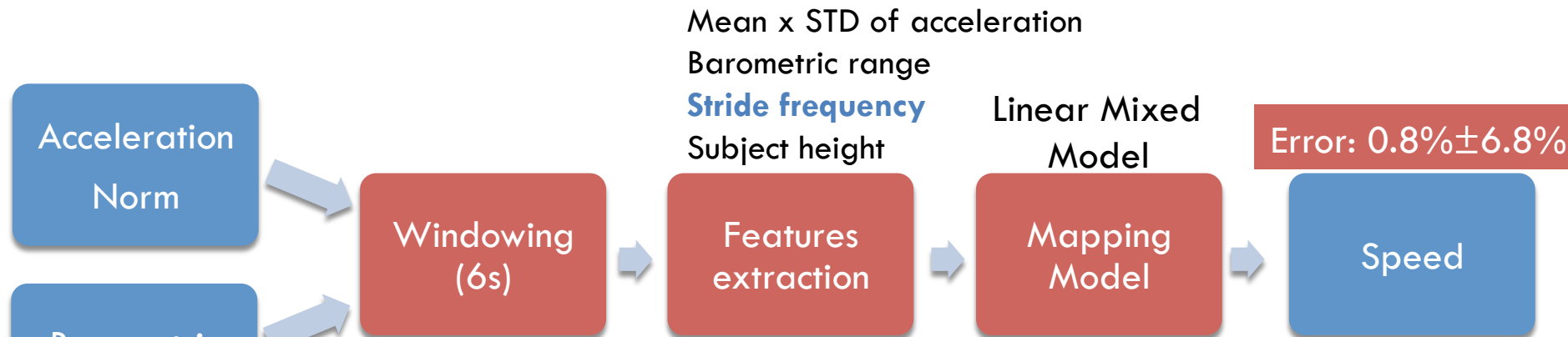
Cadence Likelihood

0.01Hz resolution



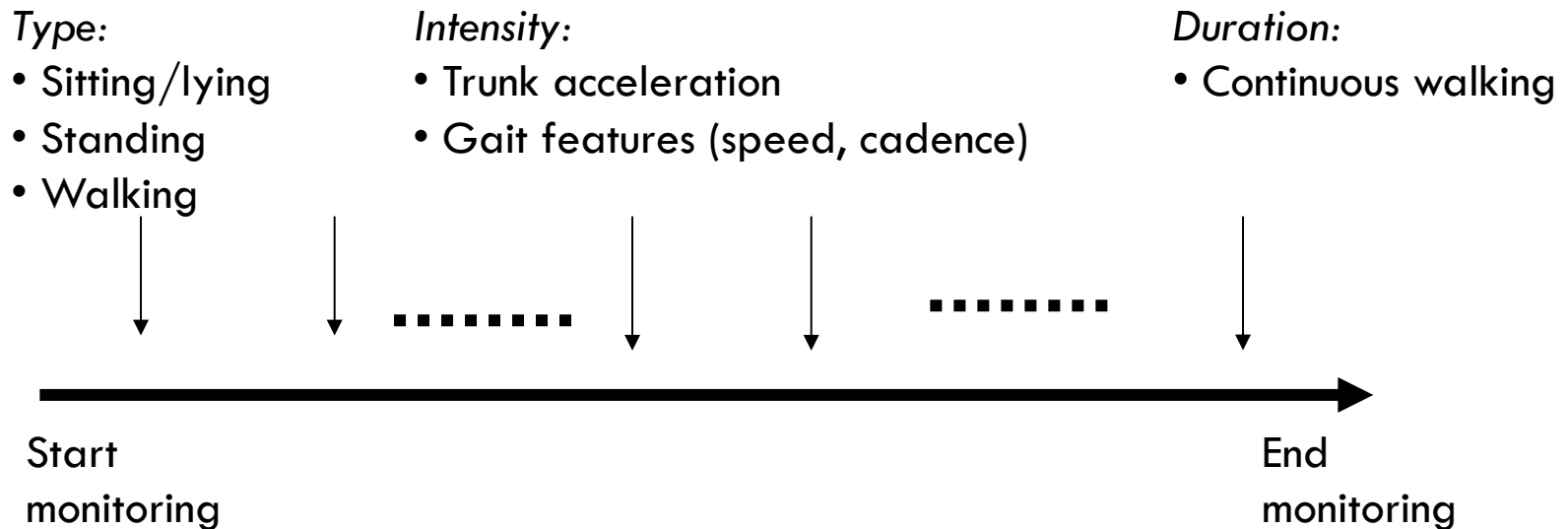
Speed estimation

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PA patterns/time-series: the concept

- Representation of how **PA parameters** evolve with the **time**



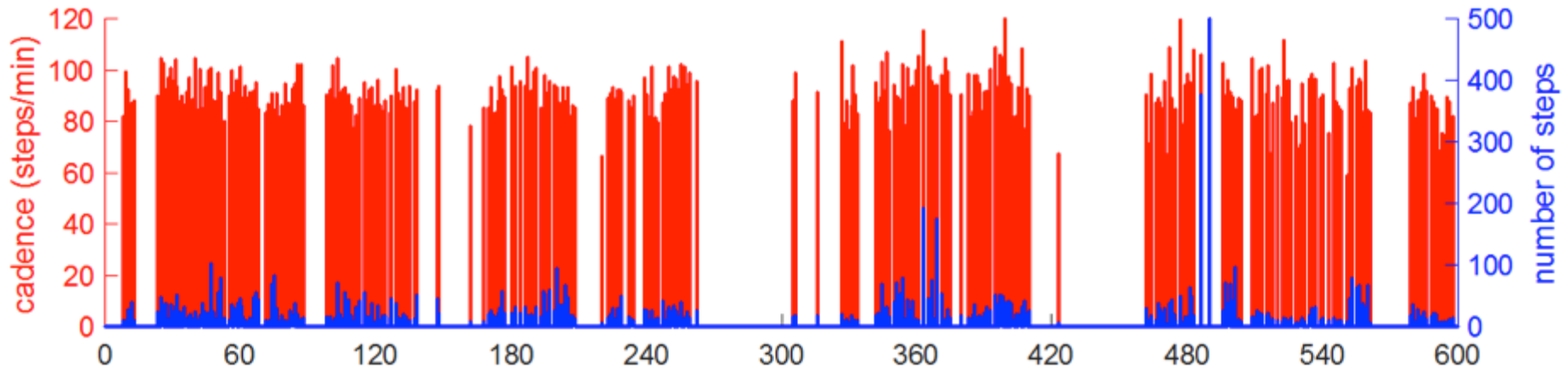
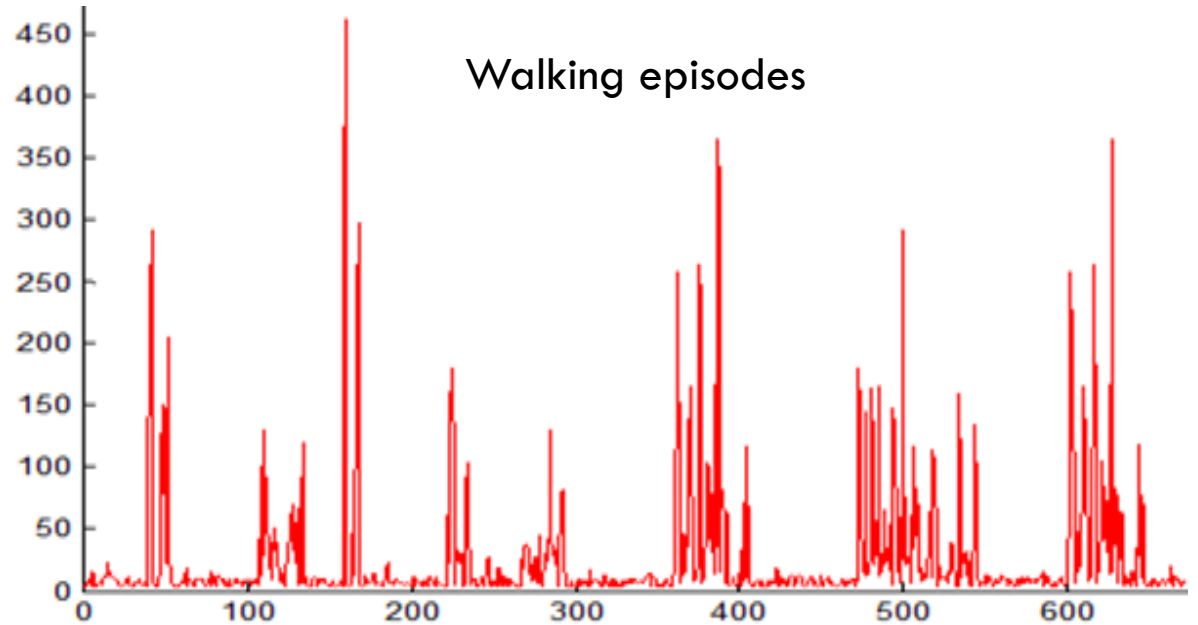
- **Hypothesis: time evolution captures ‘behavioral features’**

PA patterns/time-series: univariate



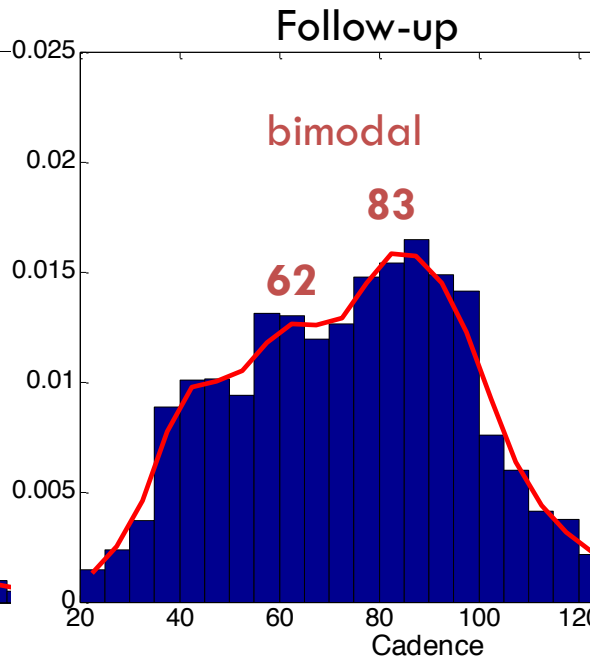
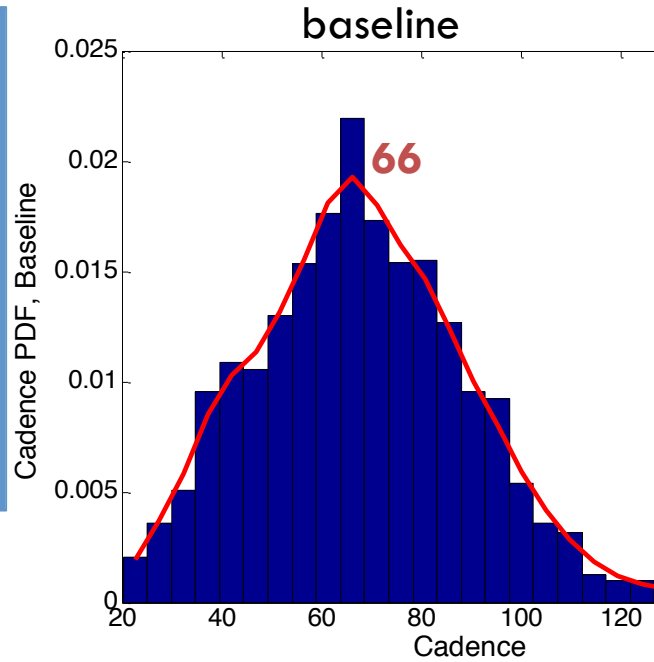
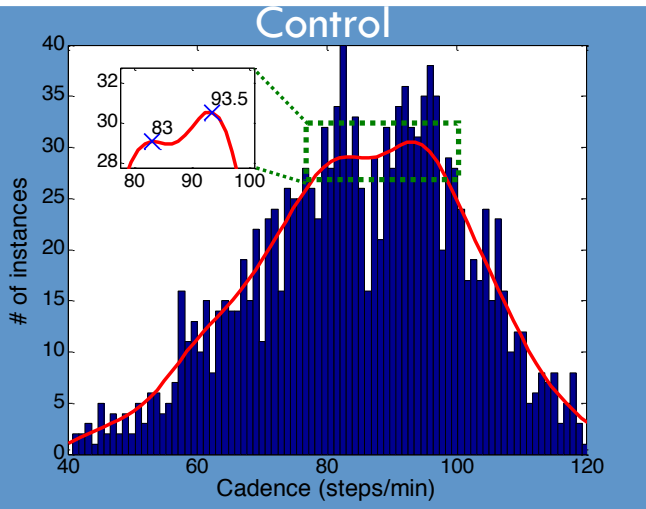
Time, #episodes

duration (s)



Post-surgery hip fracture patients (69-93 years): Cadence distribution in real-life (N=8, 1 day)

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Maximum duration (sec)

Cadence (steps/min)

Velocity (m/s) mean

Heel Clearance (cm)

Tinetti

52 ± 18

65 ± 8

0.31 ± 0.11

$15 \pm 5 / 20 \pm 7$

17 ± 2

↑ 78 ± 35

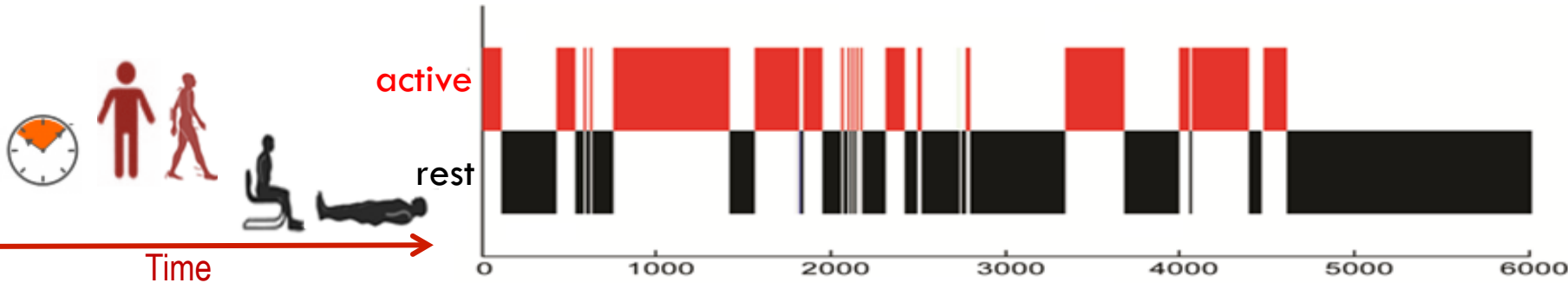
↑ 73 ± 5

↑ 0.38 ± 0.09

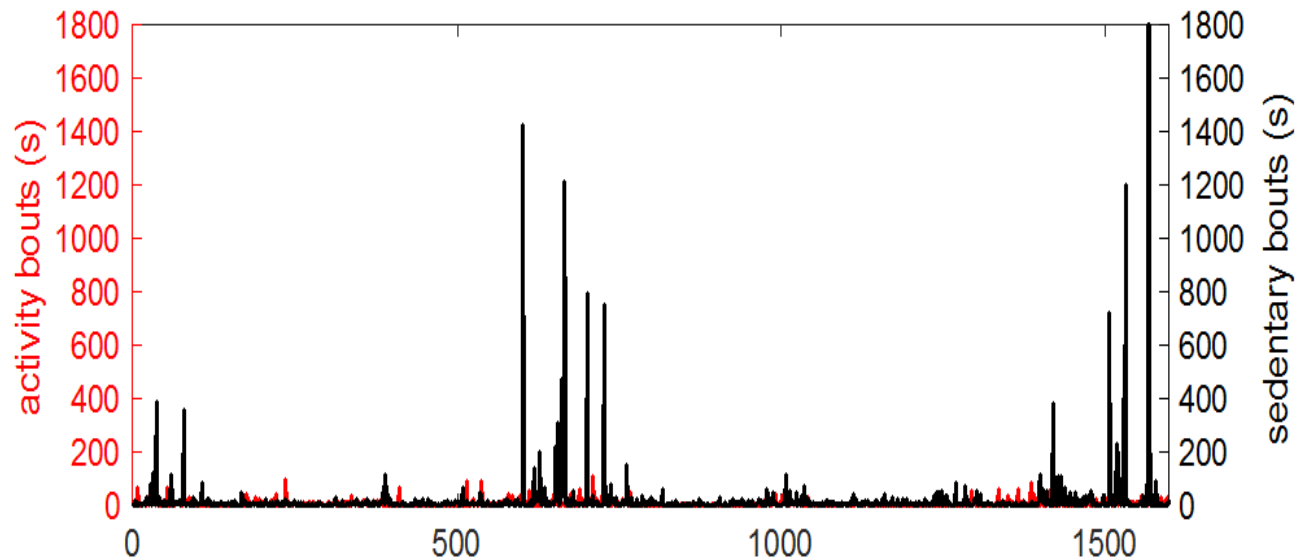
↑ $17 \pm 3 / 22 \pm 4$

↑ 21 ± 1

PA patterns/time-series: bivariate



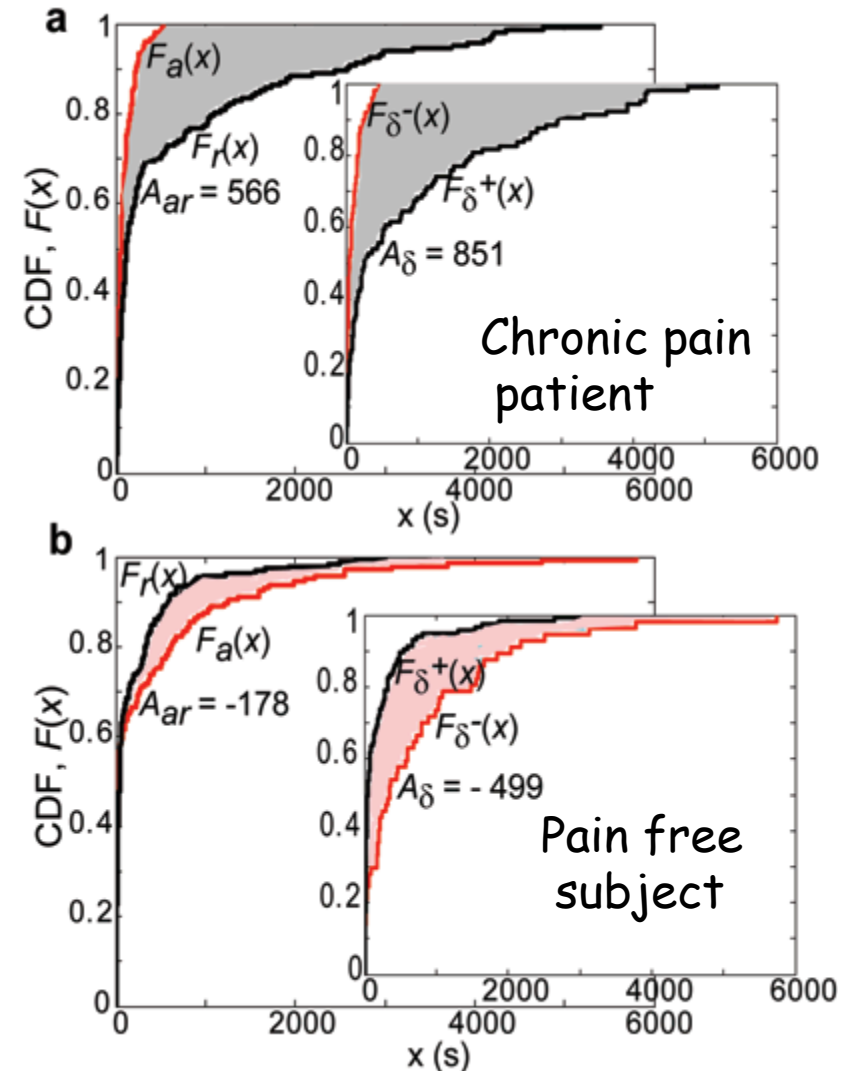
- How rest and activity happen during daily life
 - ▣ Short rest after long walk (healthy condition, deficit rest)
 - ▣ Long rest after short walk (disease condition, excess rest)



Relationship between successive activity and rest periods and their distribution over the day time?

Rest/activity distribution of PA patterns

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□ Chronic pain

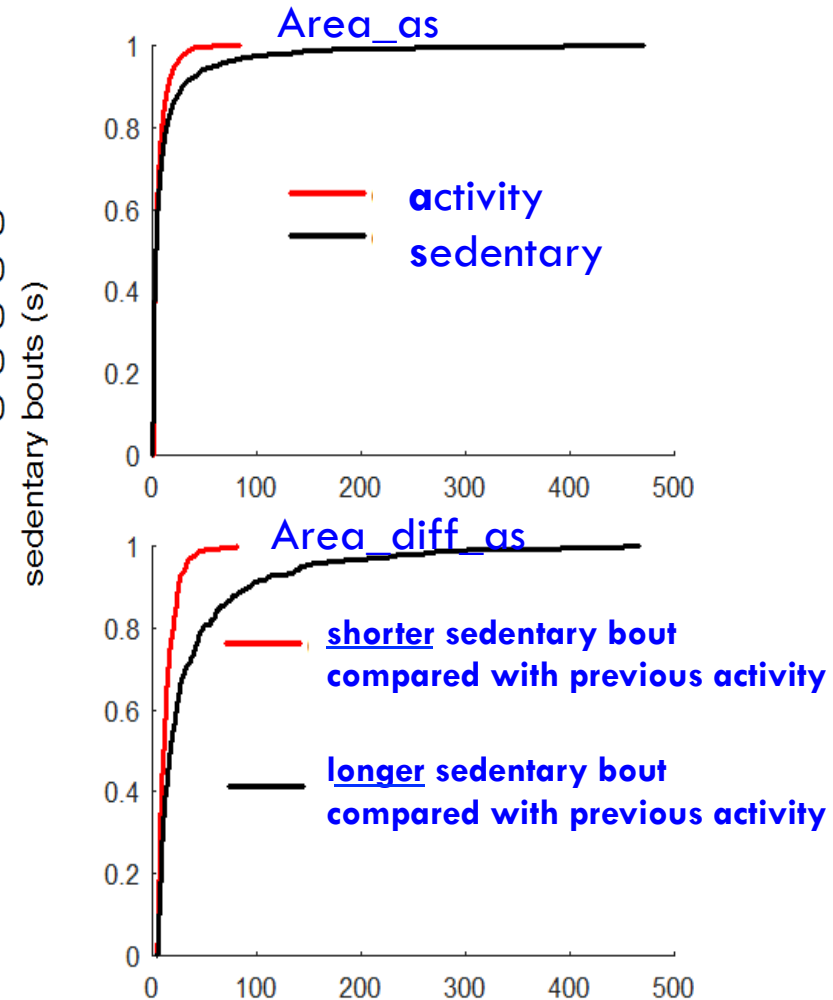
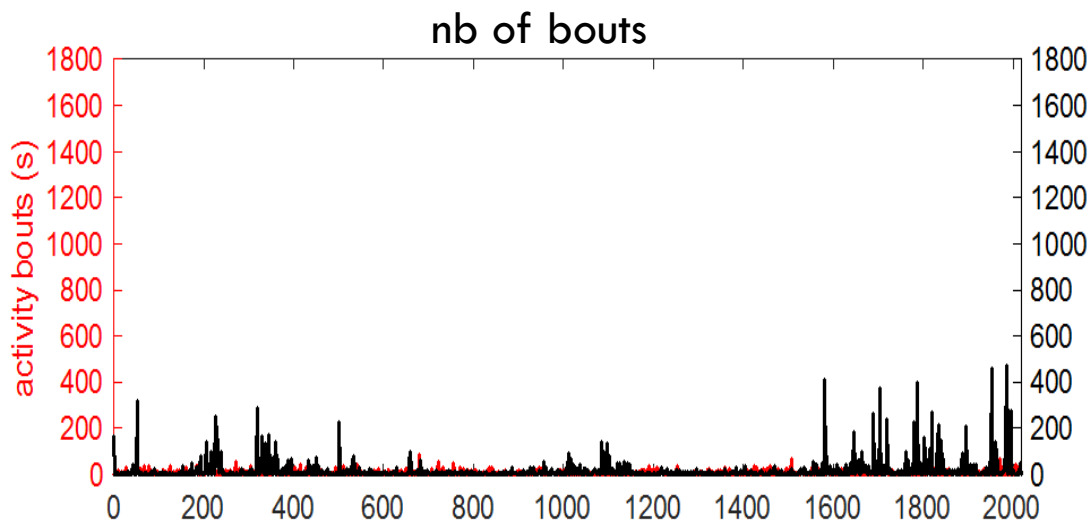
- More short activity/ more long rest
- More excess in rest

□ Pain free

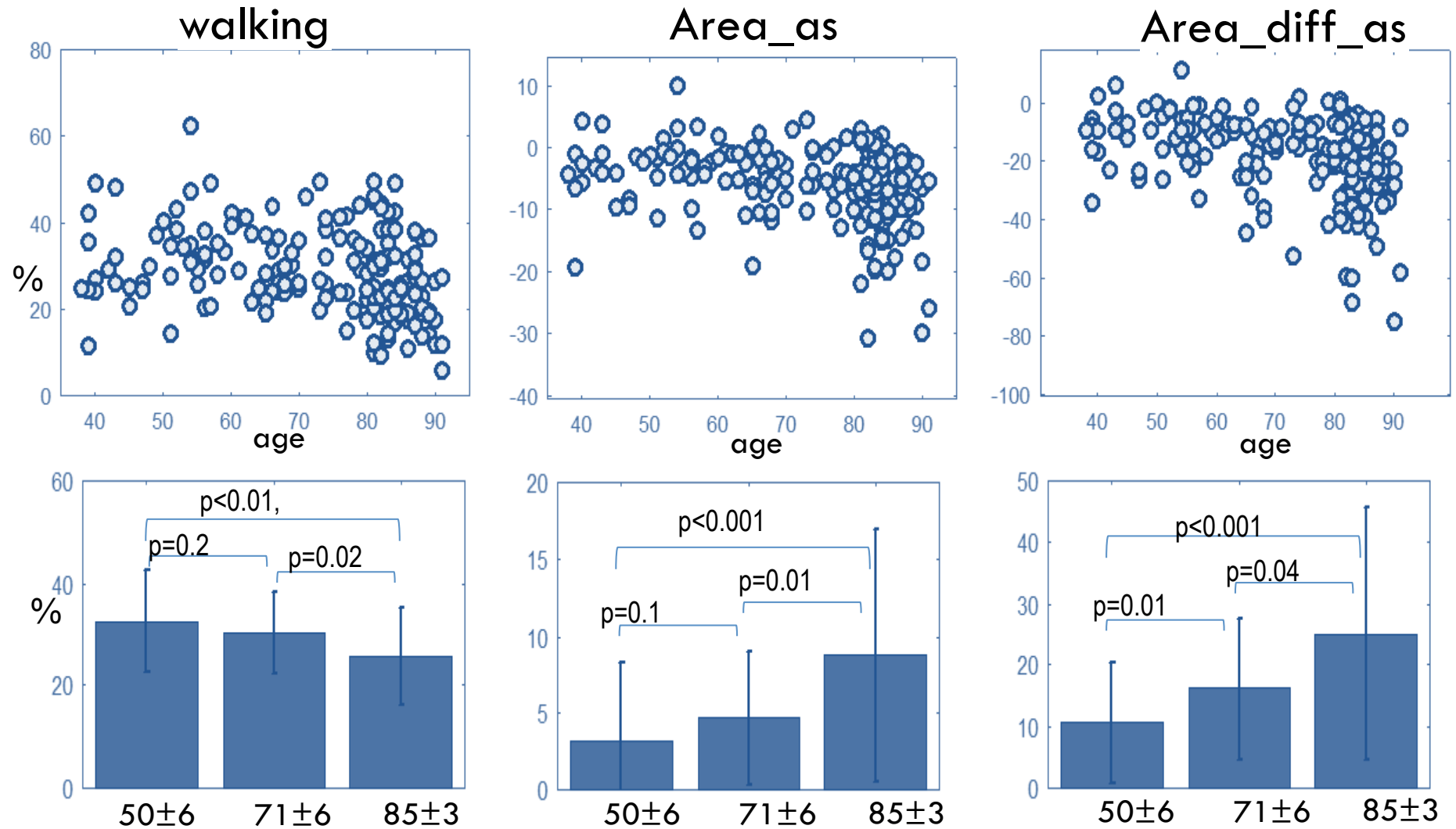
- More long activity/more short rest
- More deficit in rest

Metrics (A): statistical distance (area) between Cumulative Density Function (CDF)

Bivariate patterns: *Activity-Sedentary*

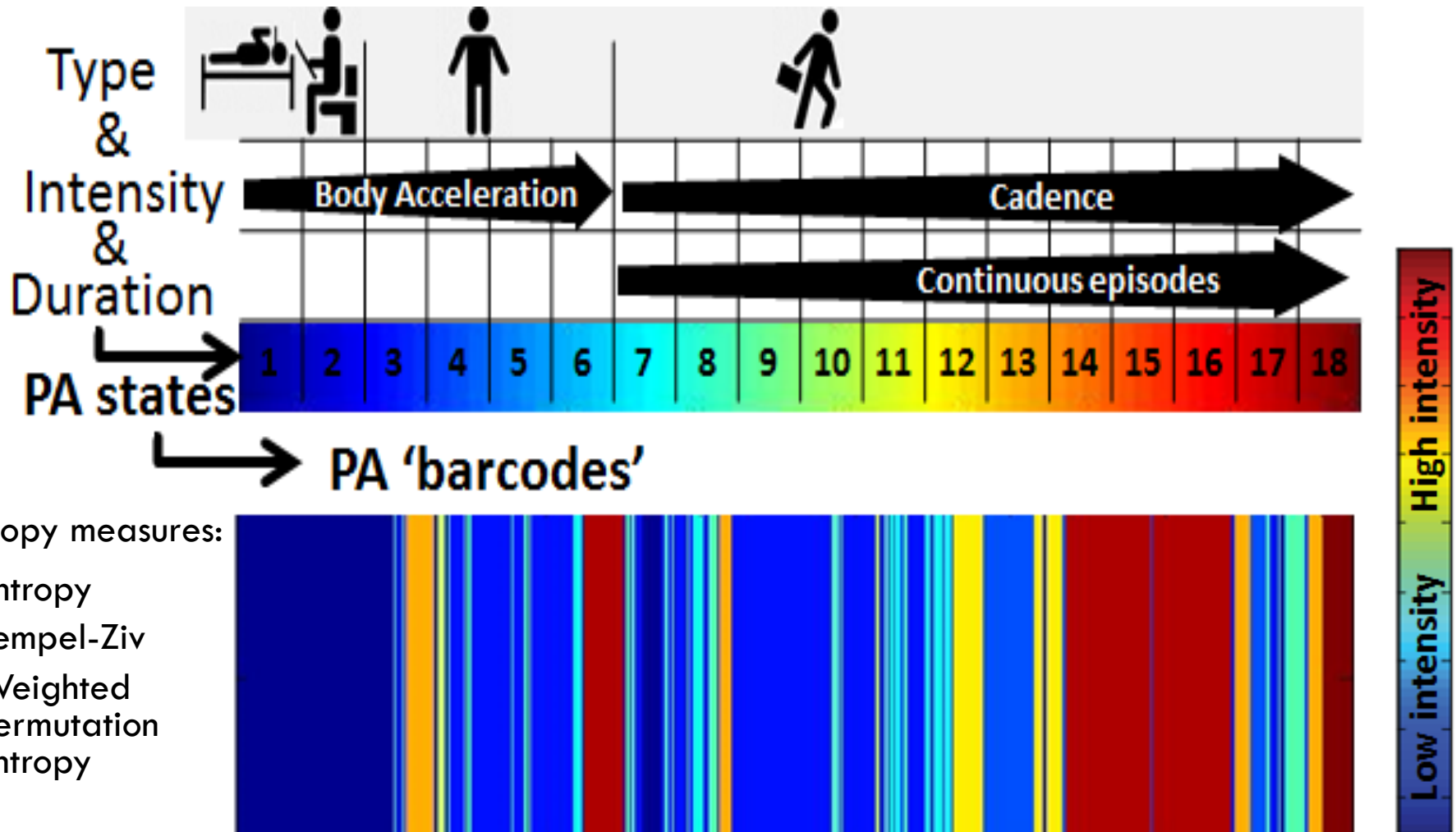


inChianti dataset: N=183, 4days, 8h/day

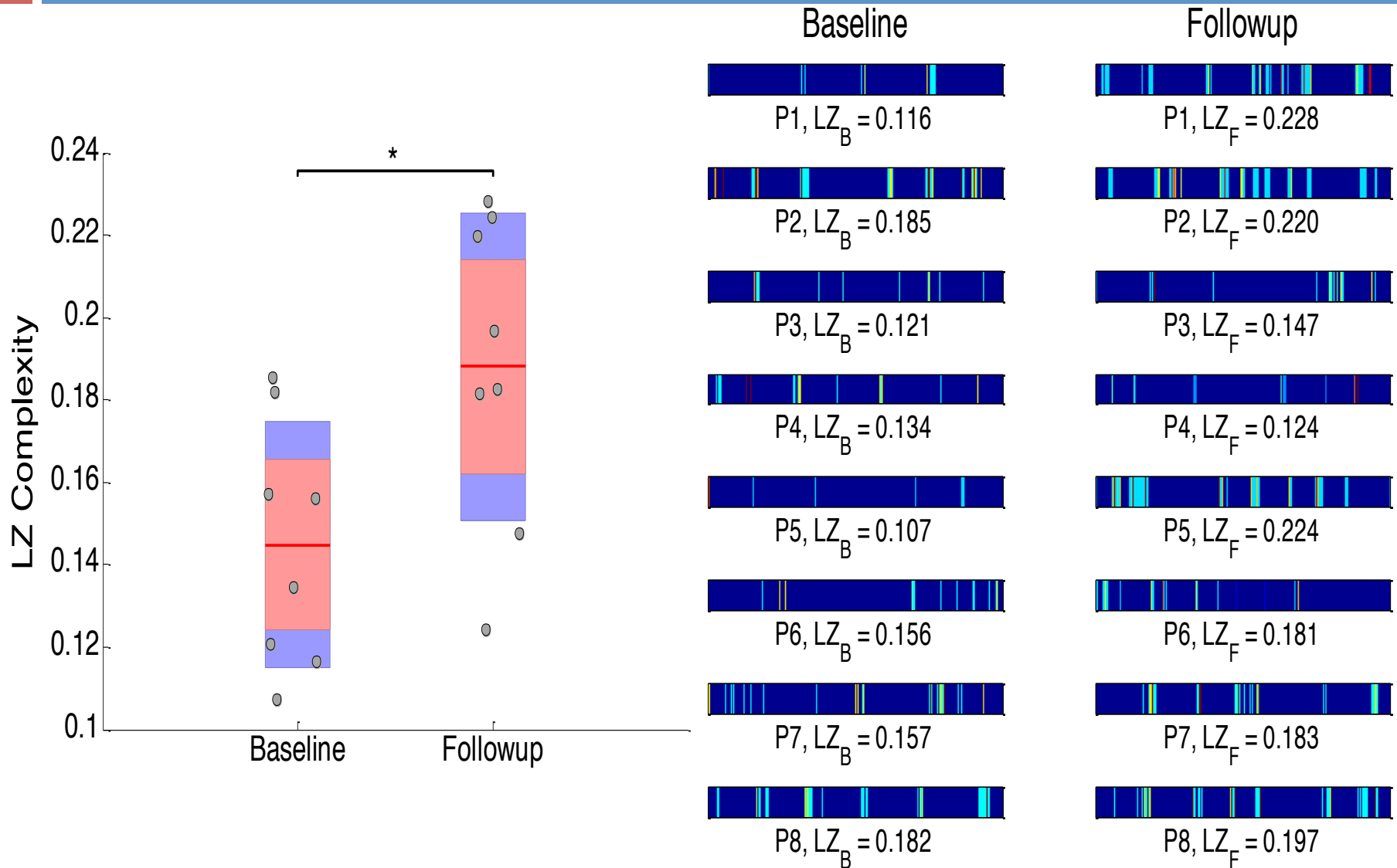


Multivariate patterns: *barcode complexity*

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Post-surgery hip fracture patients (69-93 years): barcode complexity (N=8, 1 day)



Data collection and protocol



- Subjects: N=254
- Age: 41-98 y.o
- Smartphone recording:
7 days, 9hours/day
- **Activity states & Barcodes:**
 - **type:** lying/sedentary, active, gait
 - **intensity:** activity counts, cadence
 - **duration:** walking (gait) bouts
 - **18 states barcodes**



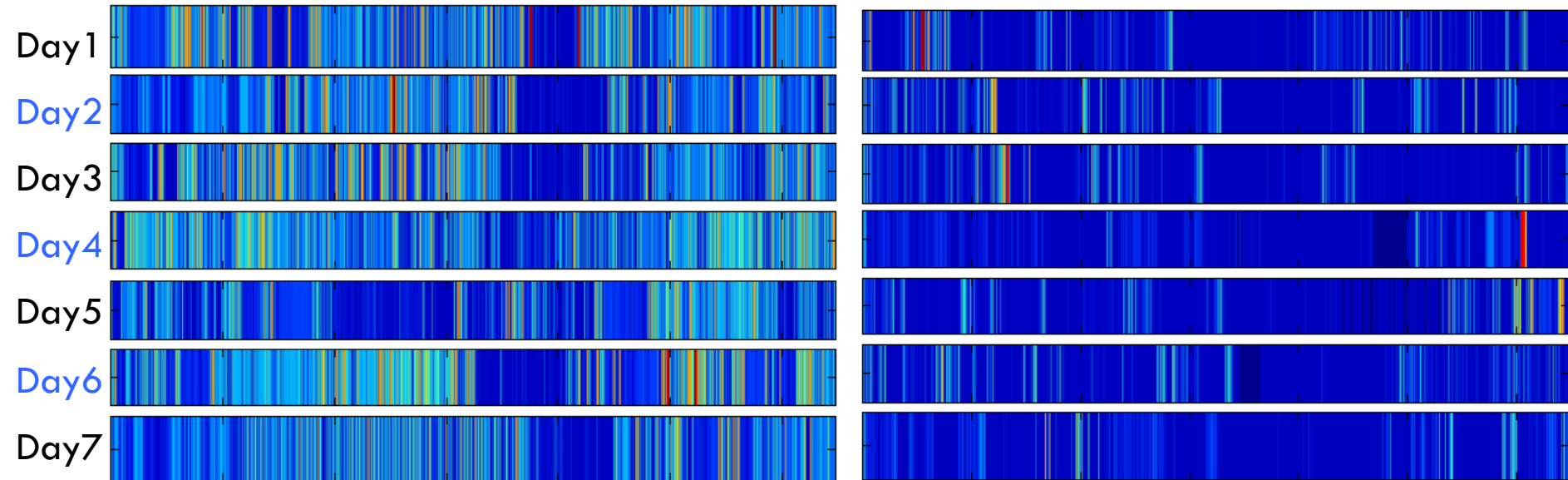
Waist case belt used for wearing the smartphone



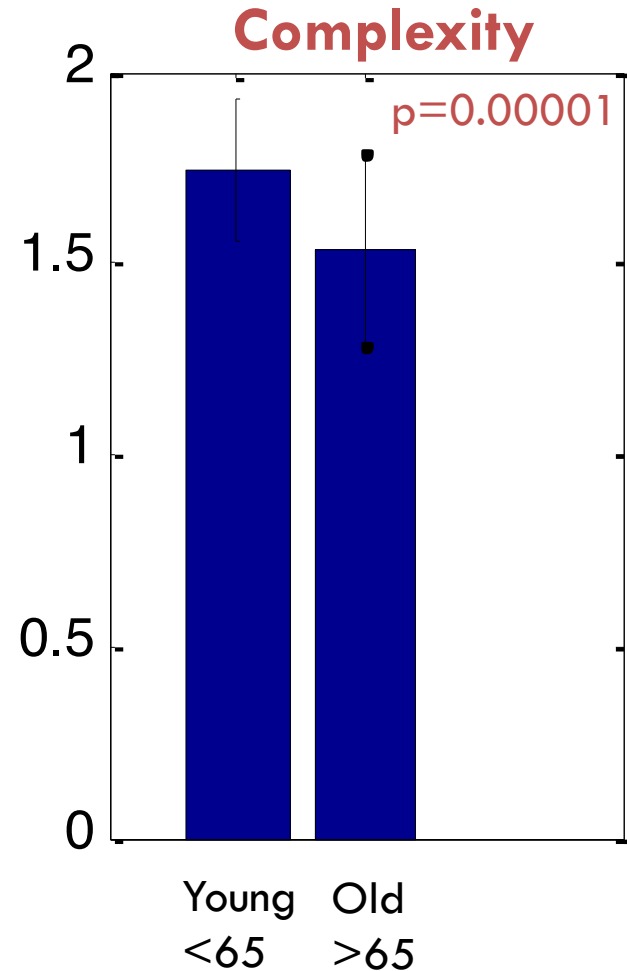
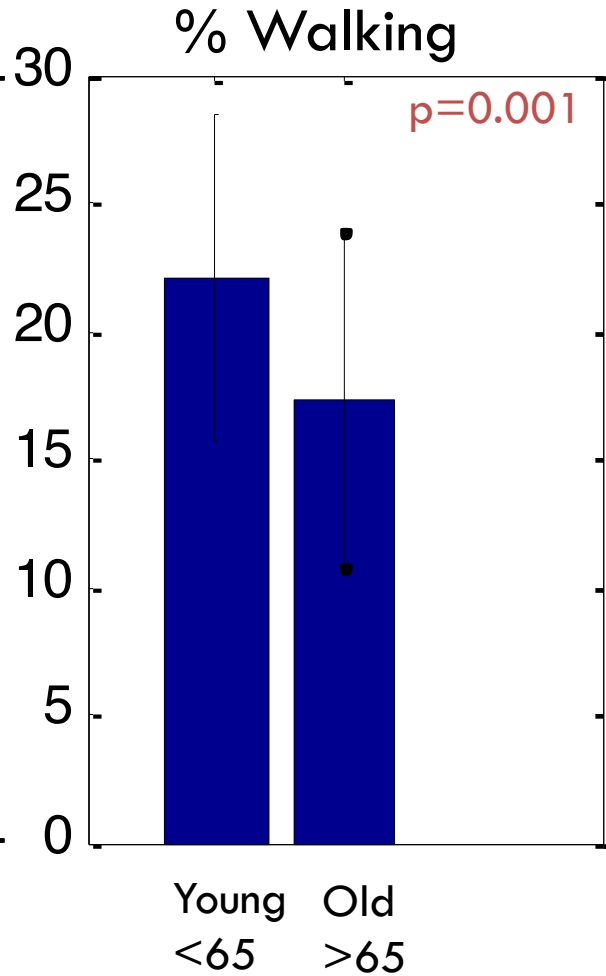
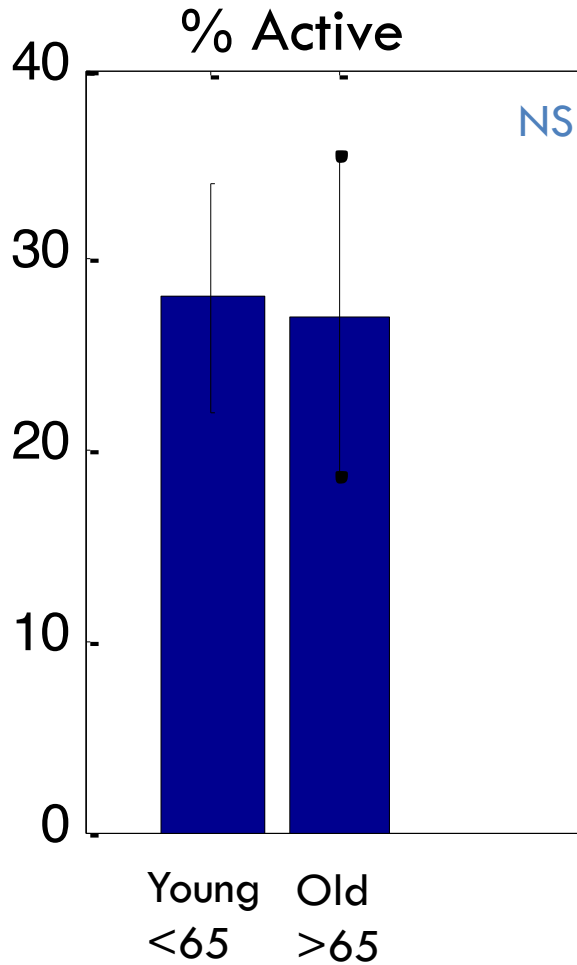
Young vs. old barcodes

Young, 40 y.o

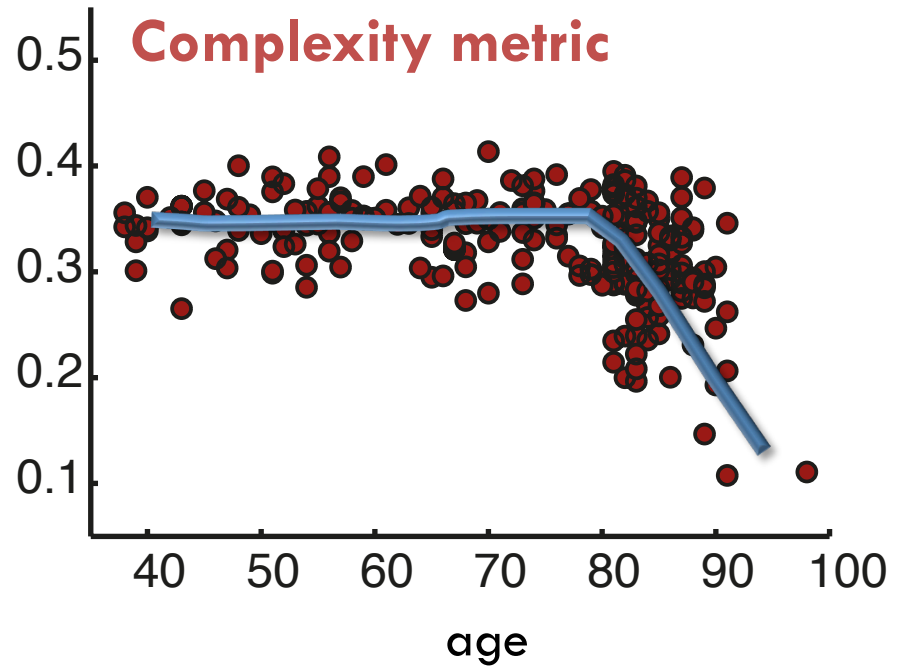
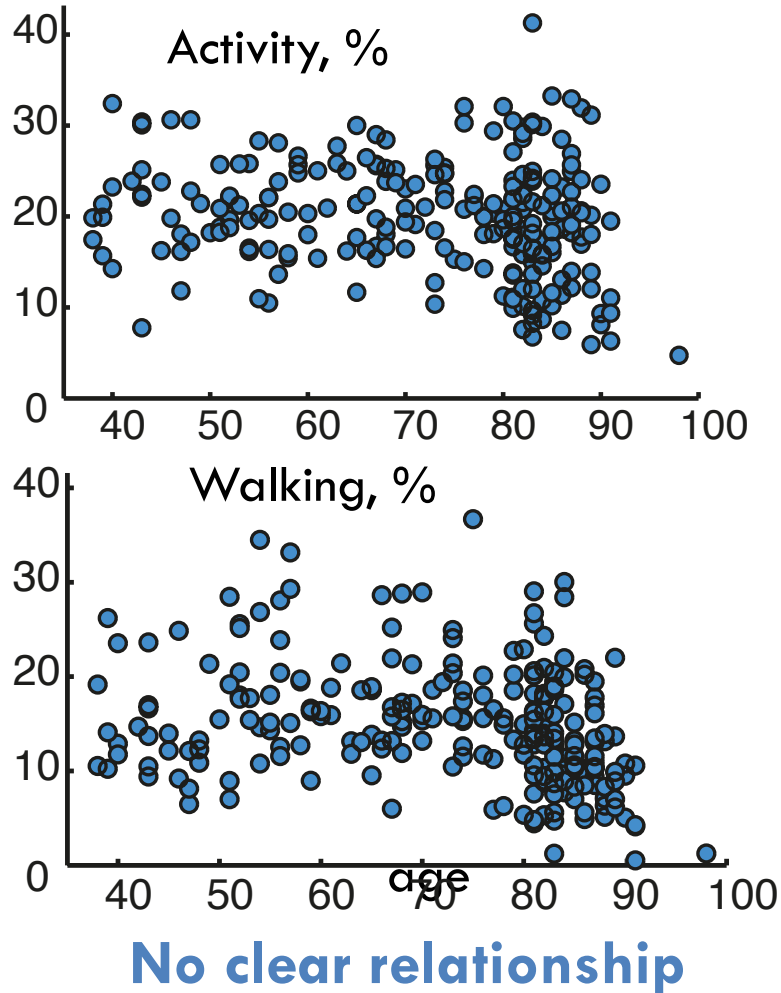
Old, 80 y.o



Standard vs complexity metrics



Activity metrics vs. age



**Plateau then drop just before
80 years (~ 75)**

Frailty threshold

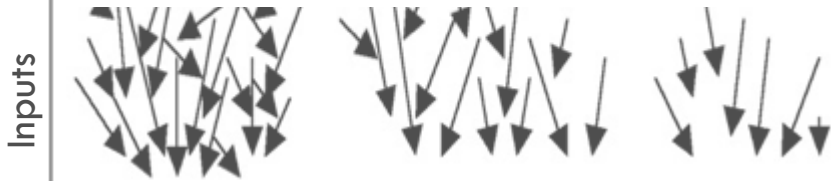
Lipsitz - Science's SAGE KE, 2004

from **Physiology**

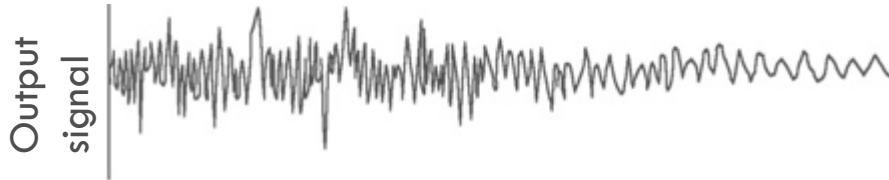
to

Movement complexity

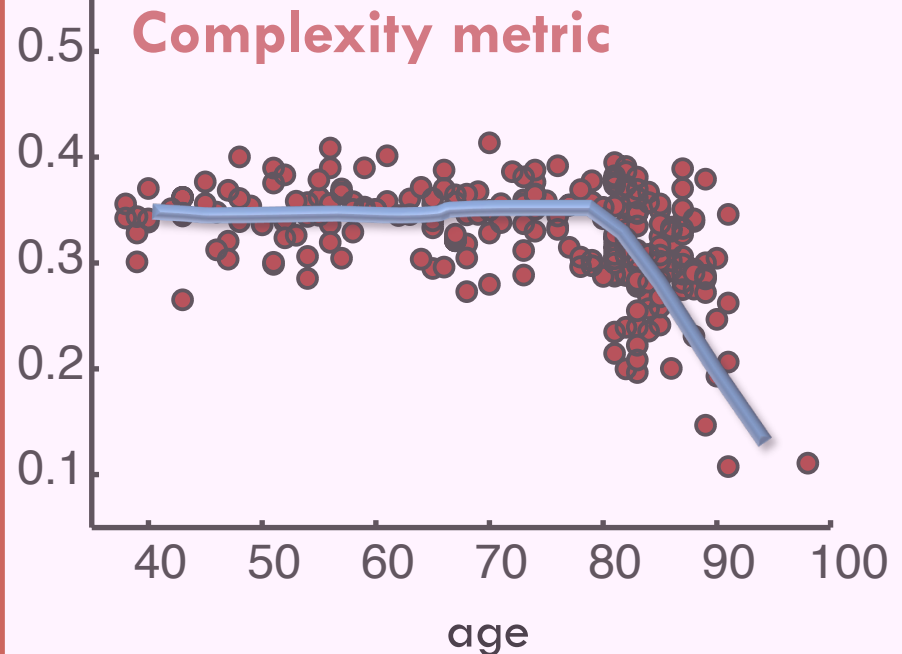
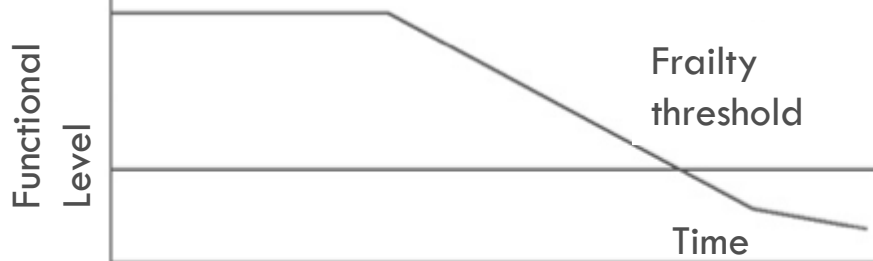
Reduction in physiological inputs and their connections over time



Loss of complexity in the output signal



Loss of functional ability



**PA complexity seems to support
The concept defined by Lipsitz**

Conclusions

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- Physical behavior is a good marker of quality of life
- Physical behavior can be measured objectively with sensors embedded in wearables:
 - ▣ Gait, activity profile, complexity
 - ▣ field measurement
- Main perspectives
 - ▣ Mobile health: support medical decision, personalization
 - ▣ Behavior monitoring: physical-social interaction
 - ▣ Active coaching: monitor and suggest how to progress
- Challenges
 - ▣ Usability
 - ▣ Adherence and safety
 - ▣ Data protection

