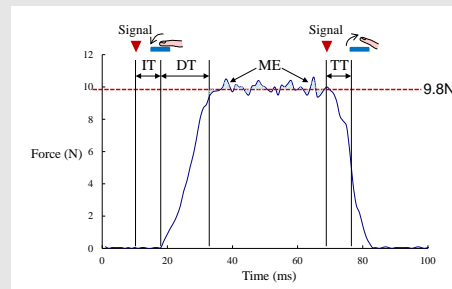
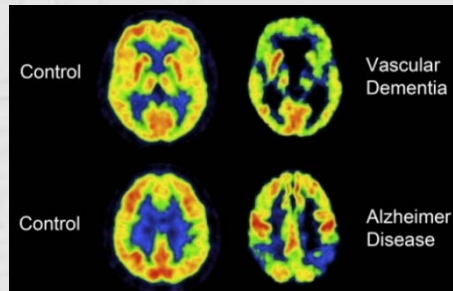


# Comparison of **Force Control Capabilities (FCCs)** in Patients with **Motor Intentional Disorders (MIDs)** and **Normal Controls**



2013. 6. 26

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# AGENDA

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- **Introduction**

- Background
- Objective of the Study

- **Research Protocol**

- **Results**

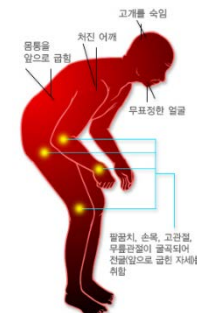
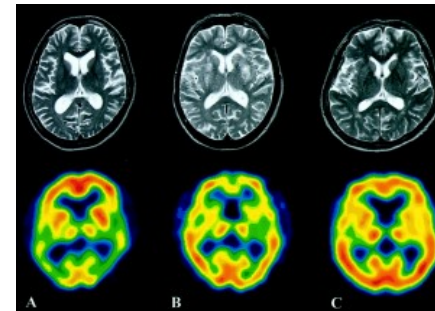
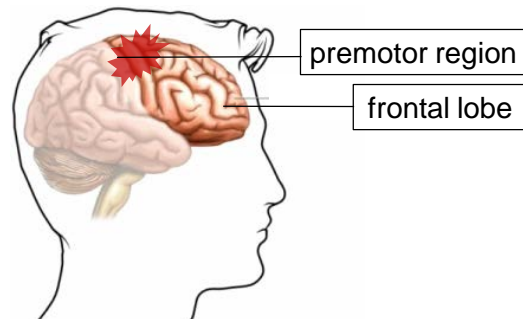
- 1) Effects of Age, Gender, and Hand on normal FCCs
- 2) Comparison of FCCs bwn. MIDs & Normal Controls
- 3) Diagnostic Model for MIDs

- **Discussion**

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# MIDs: Clinical Significance

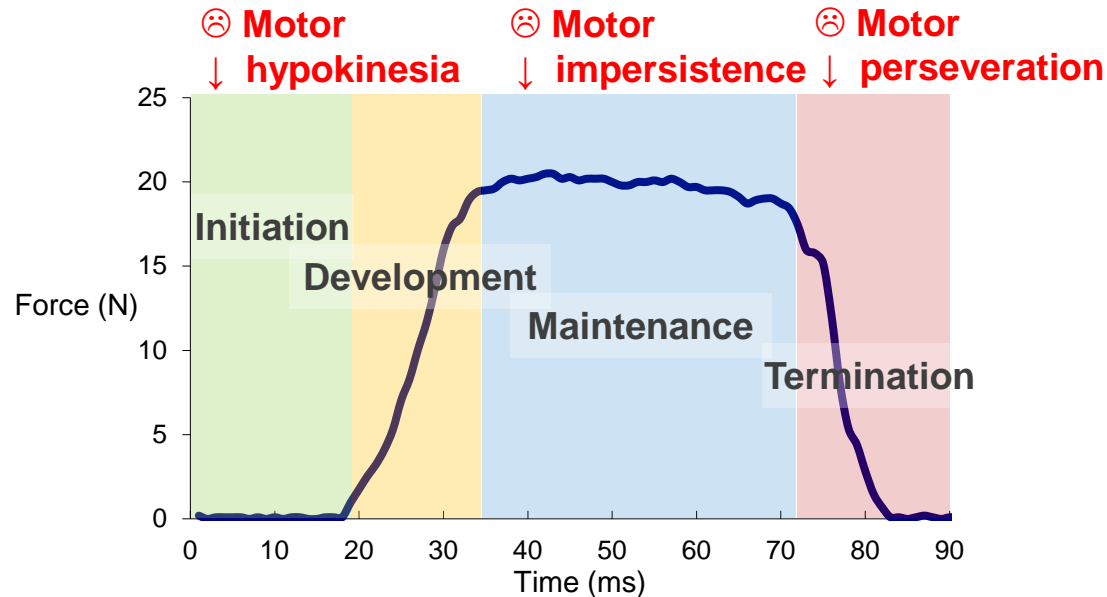
- ❑ Causes of decrease in motor skills (Holvia et al., 2012; Ward et al., 2003)
  - ✓ Internal factors: age ↑, skeletal muscle mass ↓, muscle strength ↓, cognitive ability ↓
  - ✓ External factor: brain damage
- ❑ Motor intentional disorders (MIDs)
  - ✓ Definition: Motor disorders that disrupt volitional movements (Seo et al., 2009)
  - ✓ Etiology: Damage in the premotor region, mainly appeared in brain-damaged patients (e.g., vascular dementia, Parkinson's disease, stroke) (Weintraub, 2008; Hong, 2010)
  - ✓ Symptom: Force control capabilities (FCC) ↓ → motor skills ↓ (Seo et al., 2010)



⇒ Important to detect MIDs in the early stage because MIDs are initial symptoms of brain-damaged disorders

# Force Control Phases

## ❑ Different types of MID by force control phase



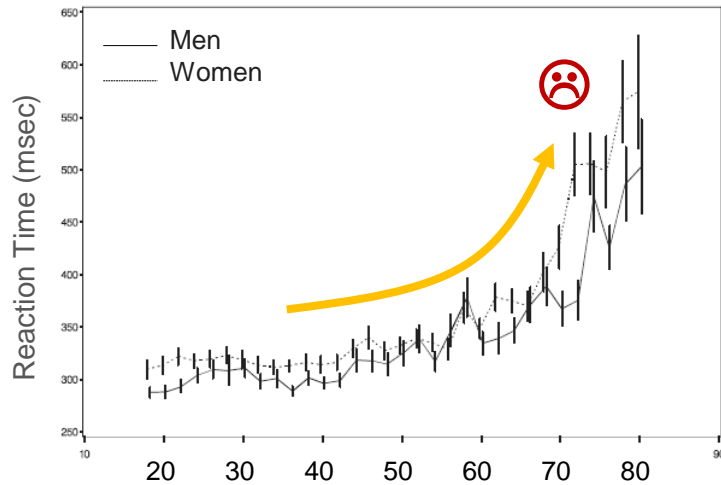
Four phases by force control (Heilman, 2004)

⇒ Existing diagnostic approach: Behavioral observation & bedside test (Crucian et al., 2007)

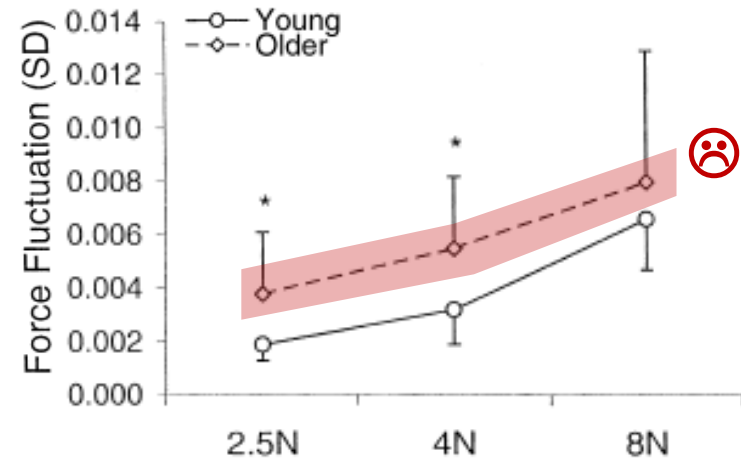
⇒ Need to develop a **quantitative system specialized for the diagnosis of MID**

# Existing Studies on FCC

- ❑ Mainly focused on **force initiation and maintenance phases**



Age effect on reaction time  
(Der and Deary, 2006)



Age and target force effects  
on force fluctuation  
(Vinoth et al., 2001)

- ⇒ Lack of studies on **development and termination** phases of FCC
- ⇒ Need to **analyze FCC** according to **four force control phases**

# Research Objective

## Comparison of **Motor Skills** between Patients with MIDs and Normal Controls by **Evaluating Finger Force Control Capabilities (FCCs)**

1. **Analysis** of **FCCs in normal controls** by force control phase
2. **Comparison** of **MID patients** with **normal controls**
3. **Development** of a **diagnostic model** for early screening of MIDs

# Research Protocol

## S1. System development

- H/W: Finger Touch (FT) system
- S/W: force evaluation interface

## S2. Experiment

- Participants: 360 normal controls (20 ~ 70s)
- Evaluation of finger FCCs using FT system

## S3. Analysis

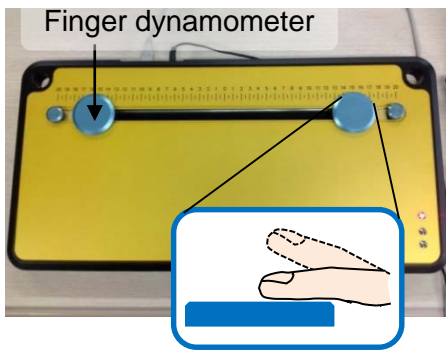
- Age, gender, and hand effects on FCC
- Patients (aMCI, svMCI, SVaD) vs. controls

## S4. Diagnostic model development

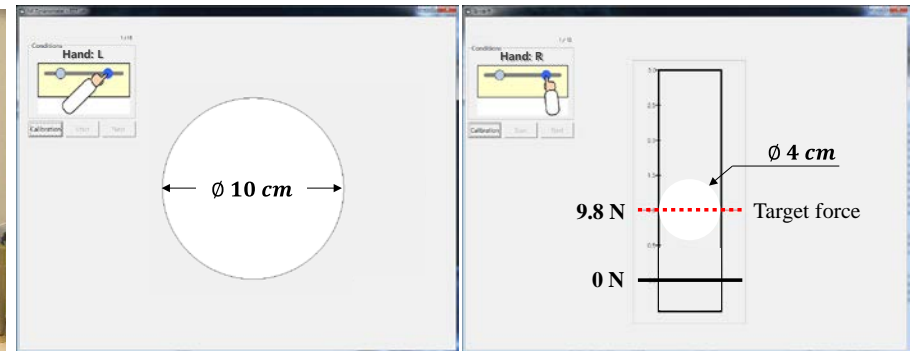
- Binary logistic regression
- ROC-curve analysis

# S1. System Development

- ❑ **Finger Touch (FT)** (SeedTech Co., South Korea)
  - ✓ Assessment of FCC by force control phase
  - ✓ **Two finger dynamometers** (load cells) (precision = 0.196 N, sampling rate = 30 ~ 32 Hz)
- ❑ 19-inch monitor (FLATRON L1940P, LG Electronics Co., South Korea)
- ❑ Evaluation S/W



H/W (FT system & monitor)



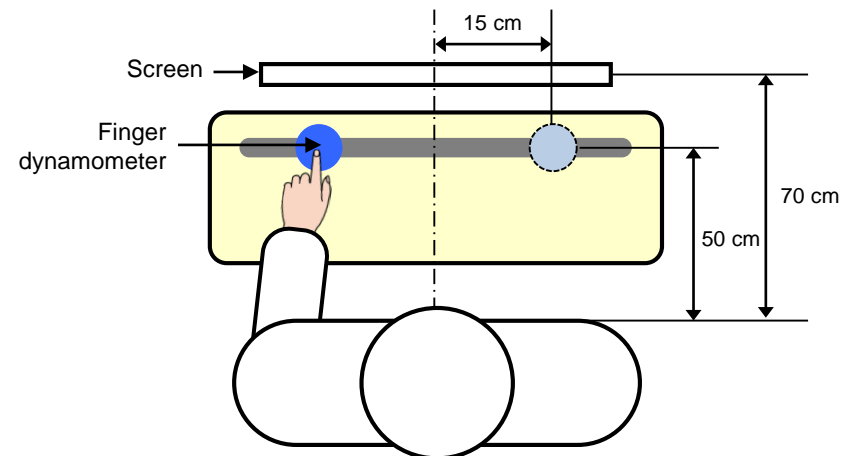
Interface of SW



# S2. Experiment: Design

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- ❑ Participants: **360 normal controls** (30 males & 30 females from each of age strata 20s to 70s)
  
- ❑ **Three-factor mixed-subjects designs**
  - ✓ Independent variables
    - 1) **Age** (b-s-f): 20s ~ 70s
    - 2) **Gender** (b-s-f): male, female
    - 3) **Hand** (w-s-f): left, right → **8 trials** for each hand and force control phase
  - ✓ Dependent variables
    - Initiation time (**IT**; msec)
    - Development time (**DT**; msec)
    - Maintenance error (**ME**; mN)
    - Termination time (**TT**; msec)



**Layout of FT system**

(e.g., test condition = left-hand & left-side)

# S2. Experiment: Measures

❑ 4 measures as indicators of motor skills (Seo et al., 2009)

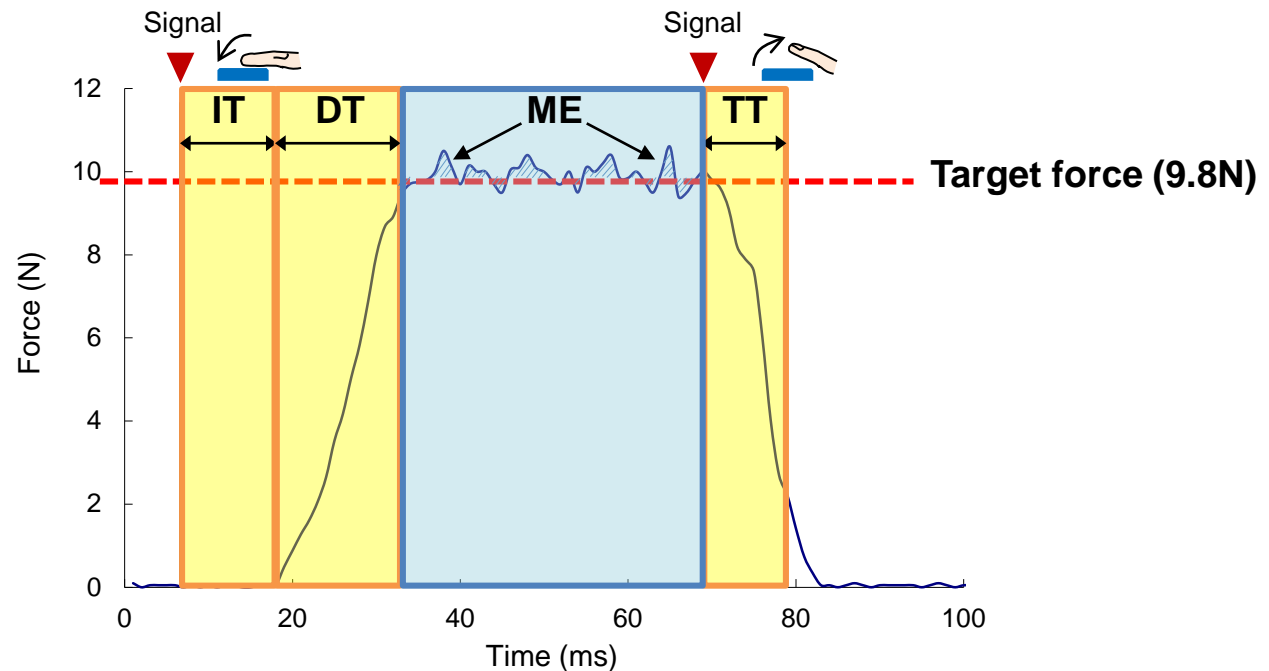
✓ **Speed of movements** (unit: msec)

✓ **Accuracy of movements** (unit: mN)

- Initiation time (**IT**)
- Development time (**DT**)
- Termination time (**TT**)

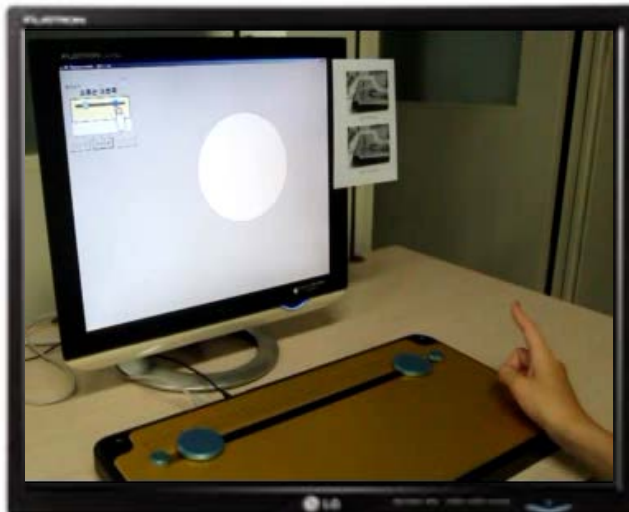
- Maintenance error (**ME**)

➔ 4 tasks



# S2. Experiment: Initiation Phase

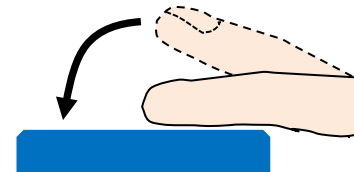
- ❑ **IT** (msec): time to press the dynamometer after a visual signal
- ❑ **DT** (msec): time to reach to the target force **9.8 N**
- ❑ **ME** (mN): average difference between the exerted and target forces
- ❑ **TT** (msec): time to release the force from the dynamometer after a visual signal



$$IT = t_j - t_i$$

where,  $t_i$  = time to present a visual signal

$t_j$  = time to press the dynamometer



# S2. Experiment: Development Phase

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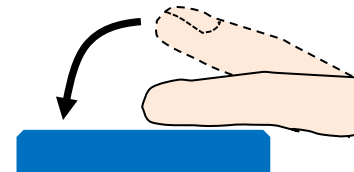
- IT (msec): reaction time to press the dynamometer after a visual signal
- **DT** (msec): time to reach to the target force 9.8 N
- ME (mN): average difference between the exerted and target forces
- TT (msec): time to release the force from the dynamometer after a visual signal



$$DT = t_j - t_i$$

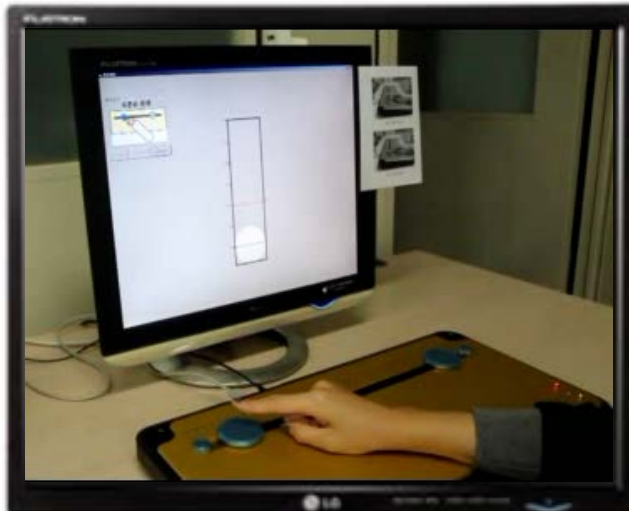
where,  $t_i$  = time to press the dynamometer

$t_j$  = time to reach 9.8 N



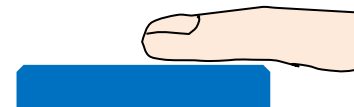
# S2. Experiment: Maintenance Phase

- IT (msec): reaction time to press the dynamometer after a visual signal
- DT (msec): time to reach to the target force **9.8 N**
- **ME** (mN): average difference between the exerted and target forces
- TT (msec): time to release the force from the dynamometer after a visual signal



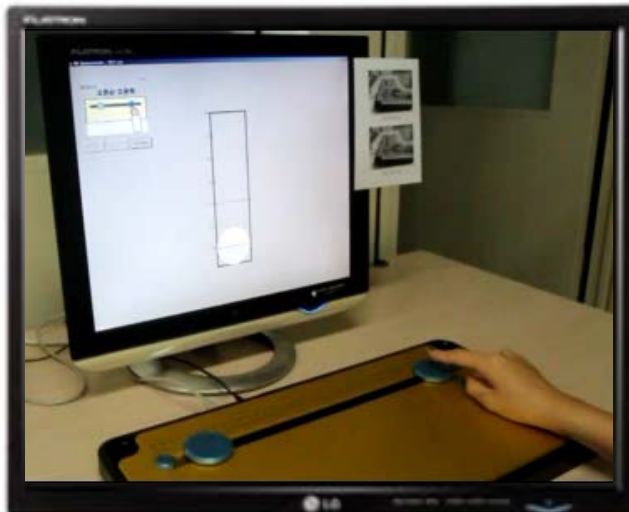
$$ME = \frac{\sum_{i=0}^{10000} |f_i - 9.8 N|}{10000}$$

where,  $f_i$  = finger force at measurement  $i$



# S2. Experiment: Termination Phase

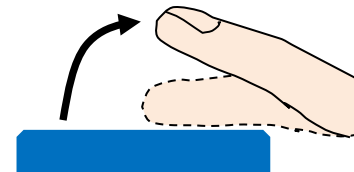
- ❑ IT (msec): time to press the dynamometer after a visual signal
- ❑ DT (msec): time to reach to the target force **9.8 N**
- ❑ ME (mN): average difference between the exerted and target forces
- ❑ **TT** (msec): time to release the force from the dynamometer after a visual signal



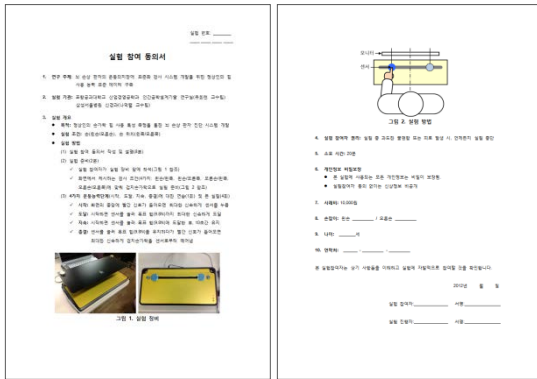
$$TT = t_j - t_i$$

where,  $t_i$  = time to present a visual signal

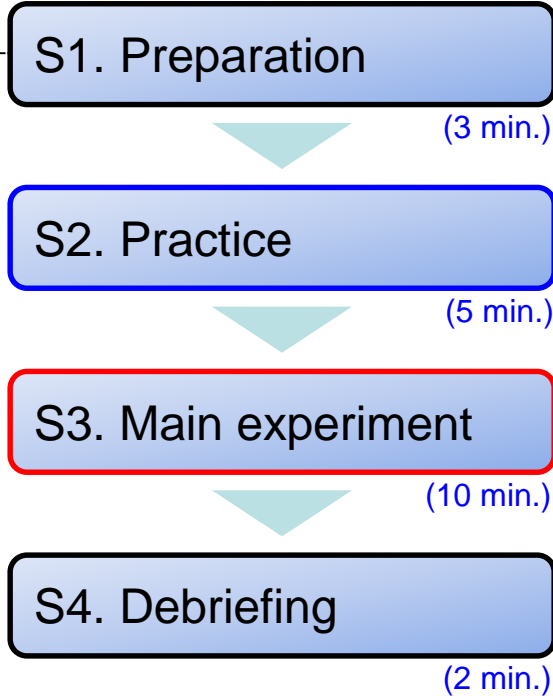
$t_j$  = time to release the force from the dynamometer



# S2. Experiment: Procedure



Duration: 20 min.



검사 종류

Perform each test after enough practice

순번	Practice	Test
1	Maintenance	Maintenance
2	Development	Development
3	Initiation	Initiation
4	Termination	Termination

4 times per each phase      End      16 times per each phase

※ Tested in random order

# S3. Result: Effects of Age, Gender, Hand on FCCs

## □ Age, gender, and hand effects on FCCs of normal controls

	Initiation time (IT)	Development time (DT)	Maintenance error (ME)	Termination time (TT)
Age (A)	< .001	< .001	< .001	< .001
Gender (G)	.009	.012	< .001	.003
Hand (H)	.803	.008	.644	.032
A × G	< .001	.314	< .001	.379
A × H	.064	.756	.227	.515
G × H	.310	.667	.705	.242
A × G × H	.768	.851	.336	.568

Normalized FCC	IT	DT	ME	TT
— Male - - - Female				
	20 ~ 30s	20 ~ 30s	20 ~ 30s	20 ~ 30s
	40 ~ 50s	40 ~ 50s	40 ~ 50s	40 ~ 50s
	60s ~ 70s	60s ~ 70s	60s ~ 70s	60s ~ 70s

※ Shaded area:  $p < .001$

⇒ All phases: **Age ↑ → FCC ↓**

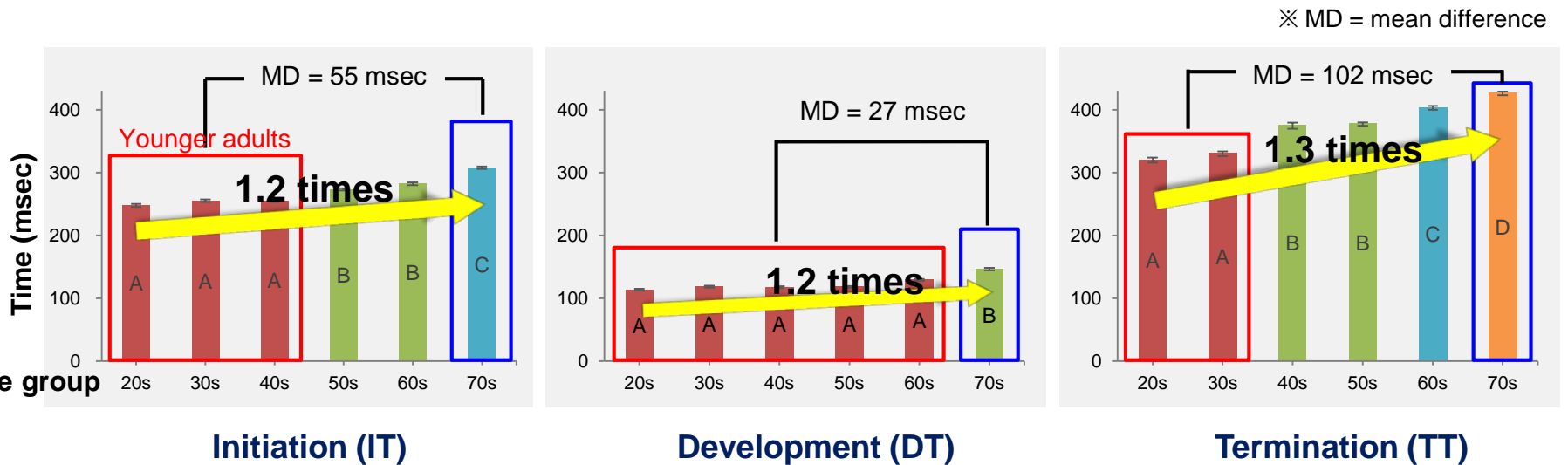
⇒ **Degree of motor skill decrease: ME > IT ≈ DT ≈ TT**



# S3. Result: **Speed** of Normal Controls

□ **Age effect: age ↑ → IT, DT, TT ↑**

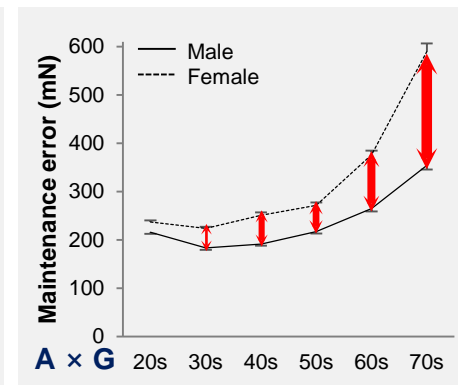
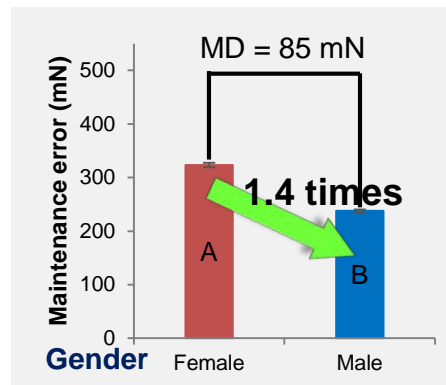
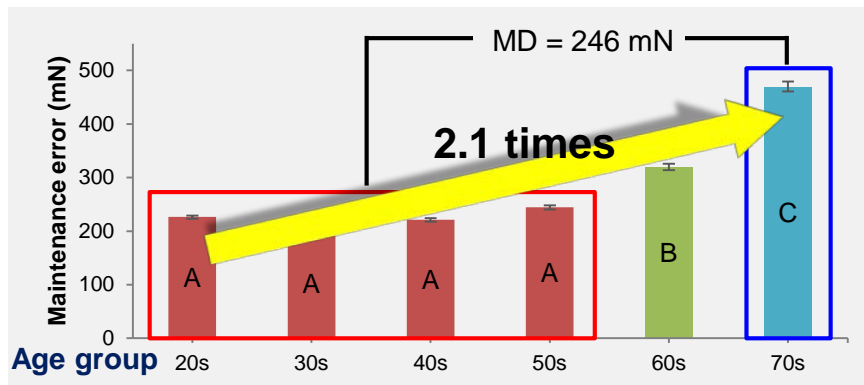
(IT:  $F[5, 344] = 18.40, p < .001^*$ ; DT:  $F[5, 347] = 5.77, p < .001^*$ ; TT:  $F[5, 341] = 19.08, p < .001^*$ )



⇒ IT, DT, and TT of age **70s**: **1.2 ~ 1.3 times ↑** than those of younger adults

# S3. Result: Accuracy of Normal Controls

- ❑ Age effect: age ↑ → ME ↑ ( $F[5, 347] = 47.04, p < .001^*$ )
- ❑ Gender effect: ME of male < ME of female ( $F[1, 347] = 53.03, p < .001^*$ )
- ❑ A×G effect: age ↑ → gender difference of ME ↑ ( $F[5, 347] = 7.18, p < .001^*$ )



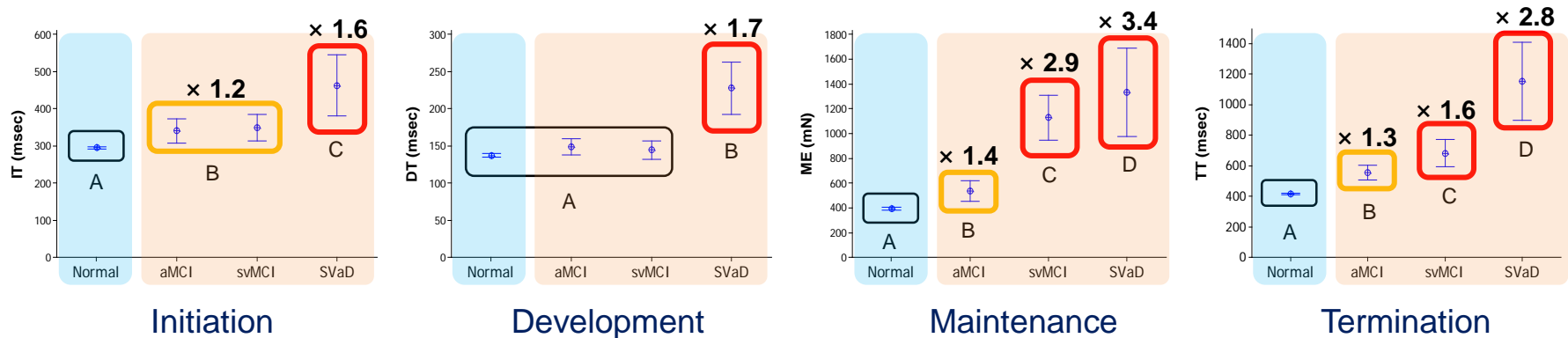
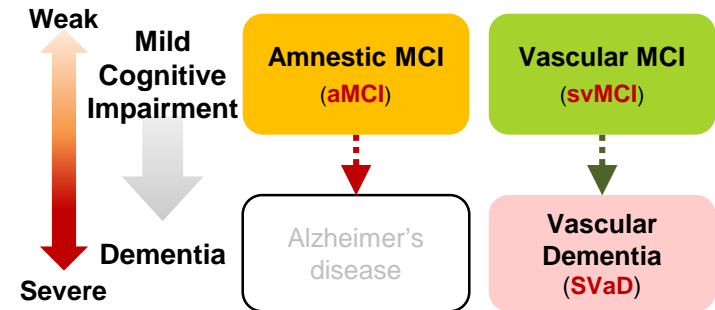
※ MD = mean difference

⇒ ME of 70s: 2.1 times ↑ than that of 20s ~ 50s

⇒ ME of female: 1.4 times ↑ than that of male

# S4. Comparison: Patients vs. Controls

- ❑ 60s ~ 70s of **normal controls**
- ❑ Type of brain-damaged patients (Yoon et al., 2012)
  - ✓ Amnestic MCI (**aMCI**)
  - ✓ Subcortical vascular MCI (**svMCI**)
  - ✓ Subcortical vascular dementia (**SVaD**)

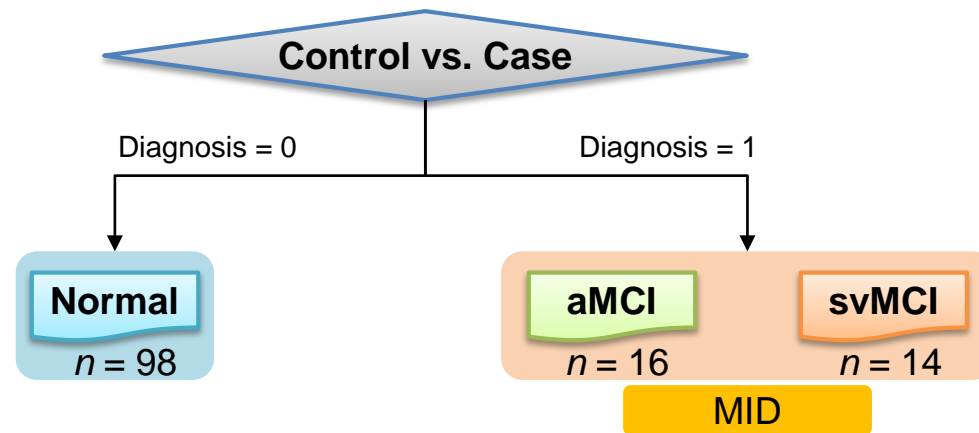


⇒ **FCCs** in all phases: **controls** > **MID patients**

⇒ **Decline** in motor skills: **SVaD** > svMCI > aMCI  
 (severity ↑) (severity ↓)

# S4. Diagnostic Model: Method

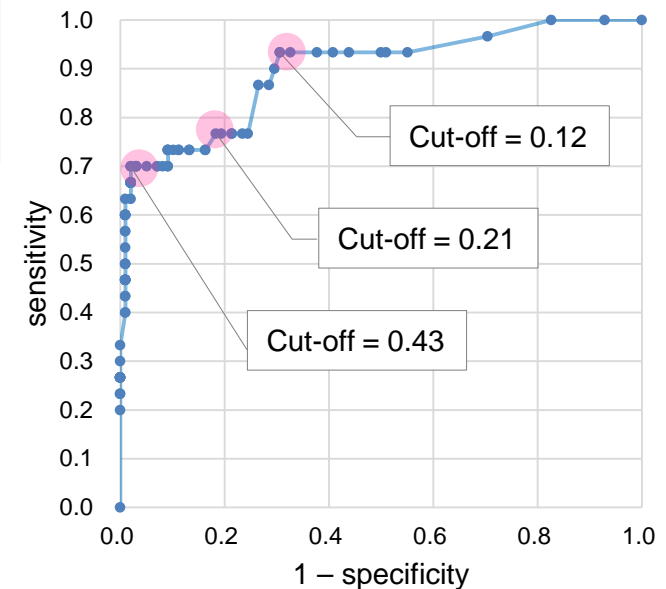
- ❑ Objective: **Early screening** of MID patients
- ❑ Approach
  - ✓ Classification method: **Binary logistic regression**
  - ✓ Selected variables: **TT, ME, IT, age** (stepwise method,  $\alpha_{in, out} = 0.05$ )
  - ✓ Data set: **normal controls** vs. **aMCI + svMCI patients**



# S4. Diagnostic Model: Performance

❑ Comparison of performance according to **cut-off threshold**

No.	Cut-off	Confusion matrix				Performance (%)		
		Predicted		Actual		Sensitivity	Specificity	Accuracy
1	0.12	n = 128		Normal	Patient	93.3	69.4	75.0
		Pred icted	Normal	68	2			
			Patient	30	28			
2	0.21	n = 128		Normal	Patient	76.7	81.6	80.5
		Pred icted	Normal	80	7			
			Patient	18	23			
3	0.43	n = 128		Normal	Patient	70.0	98.0	91.4
		Pred icted	Normal	96	9			
			Patient	2	21			

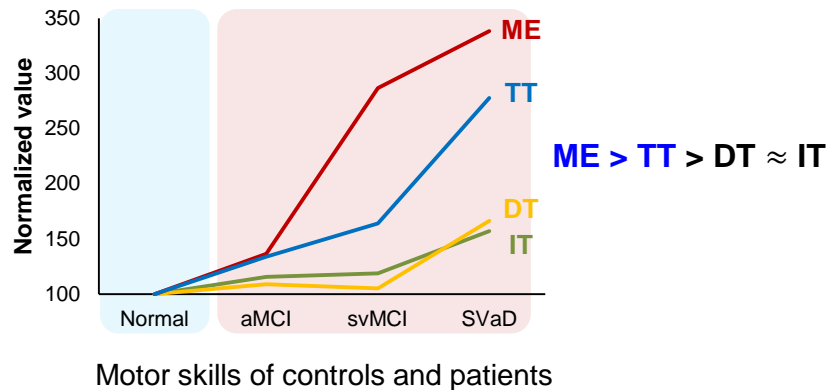
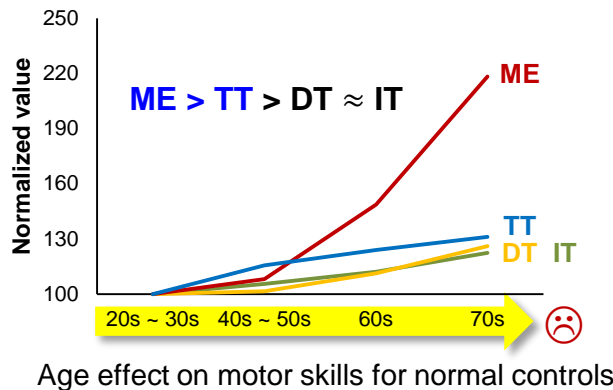


⇒ Maximize **sensitivity** (> 90%) for **early screening of MID**

# Discussion

- **Assessment of FCCs: comparison of MID patients** (aMCI, svMCI, SVaD) with normal controls by **force control phase** (initiation, development, maintenance, termination)

✓ **Decrease** in motor skills according to **severity**: ☹️ **SVaD > svMCI > aMCI**



⇒ **ME, TT**: Discriminant factors → **contribute to distinguish MID patients and controls**

- Diagnostic model development for **early screening of MID**

(Sensitivity for MCI = 93%, sensitivity for SVaD = 100%, specificity = 69%, accuracy = 75%)

⇒ Useful for **MID diagnosis in the early stage**

**Thank you for your attention!**

