### University of Verona,

School of Exercise and Sport Science,

Laurea magistrale in Scienze motorie preventive ed adattate

(Laurea magistrale in Scienze dello sport e della prestazione fisica)

Metodologia delle misure delle attività sportive

Monday 11/12/2017 13:30÷15

Luca P. Ardigò Ph.D.

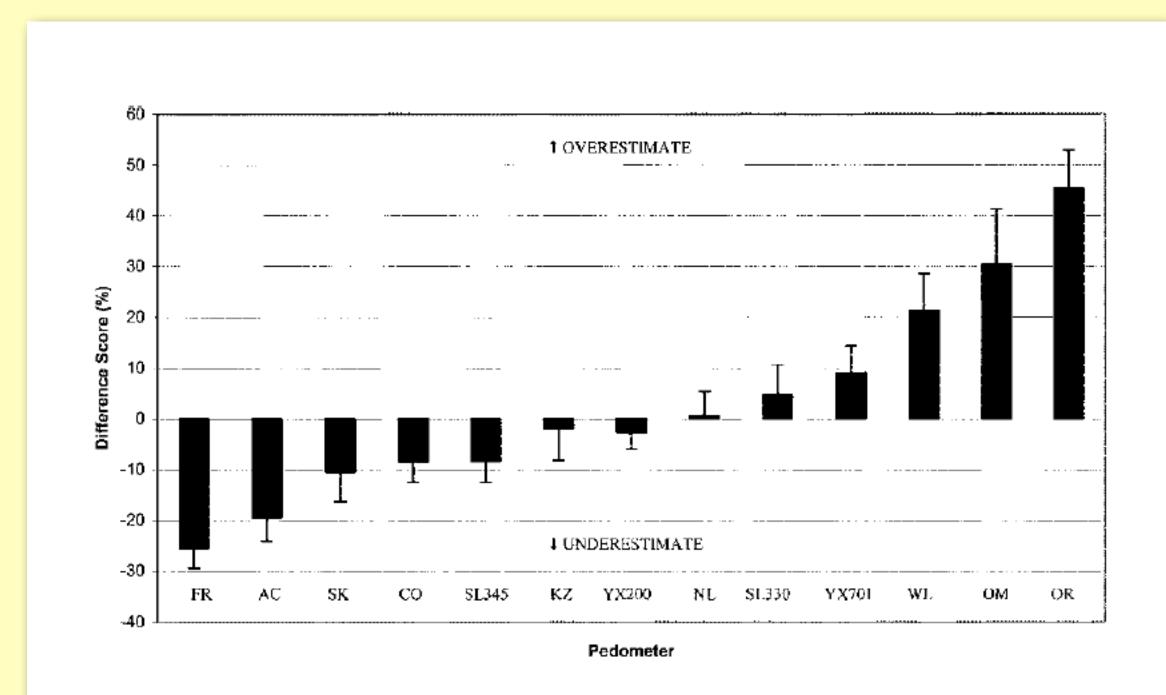
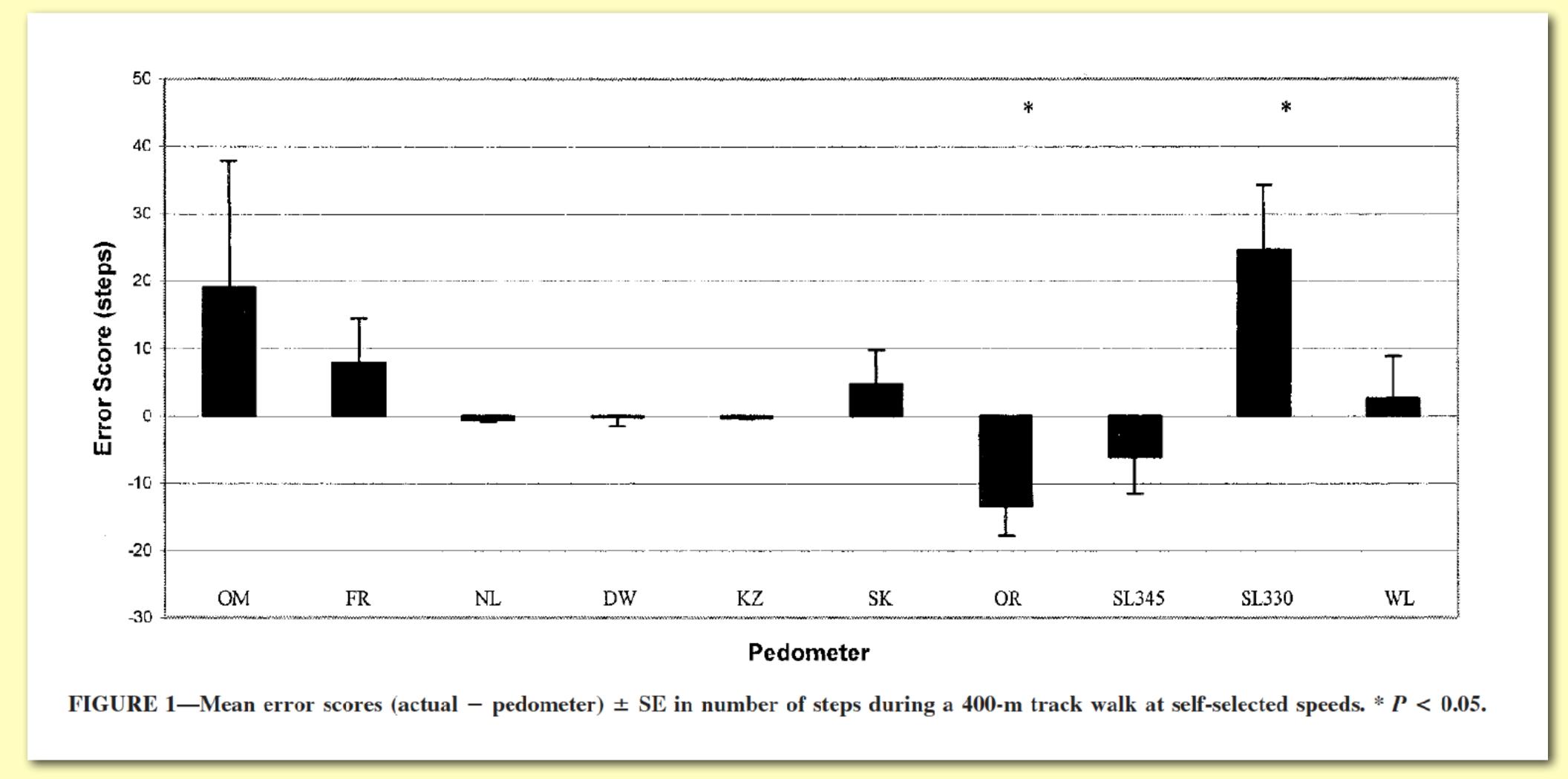


FIGURE 1—Mean difference scores [(comparison — criterion pedometer)/criterion]  $\pm$  SE as a percentage of the criterion estimated steps over a 24-h period. Positive difference scores represent overestimations, and negative difference scores indicate underestimations of steps compared with the criterion pedometer.

step/day #



400-m step #

# Pedometer accuracy/validity

#### measures

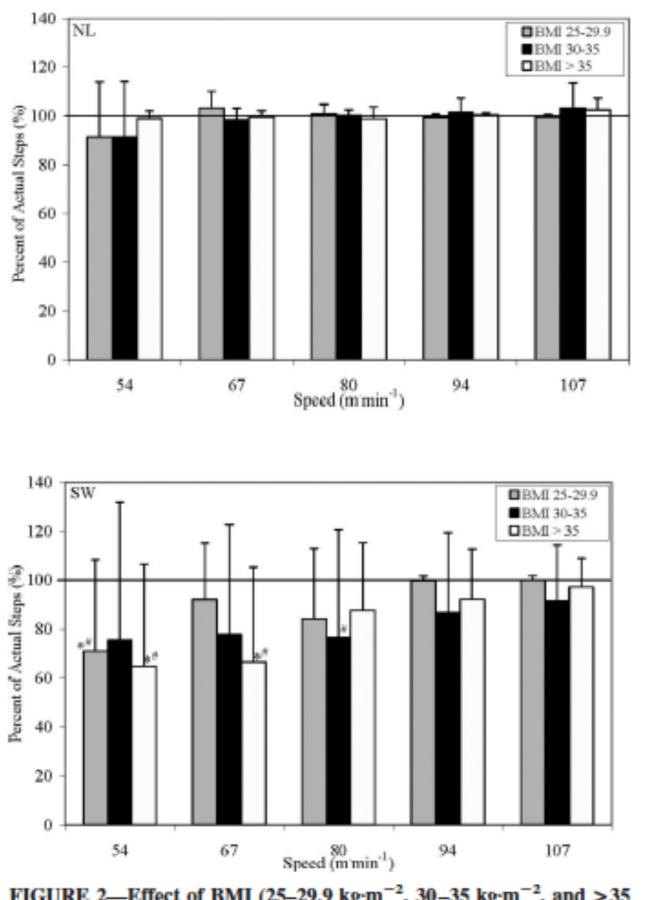


FIGURE 2—Effect of BMI (25–29.9 kg·m $^{-2}$ , 30–35 kg·m $^{-2}$ , and >35 kg·m $^{-2}$ ) on the percent of actual steps recorded by the New-Lifestyles NL-2000 (NL) and Yamax Digiwalker SW-200 (SW). Error bars are standard deviation. \* Significantly different from actual steps; \* significantly different from the NL (P < 0.05).

(uniaxially accelerometric)

step #

(electromechanical circuit based)

### Pedometer

### Final pedometry issues

- no discrimination of weight lifting, gradient legged locomotion, cycling, swimming, rowing;
- shoe or ankle accelerometric pedometer -> stride #

Actiwatch



-> Actical



Actitrac



Biotrainer



Nokia N79



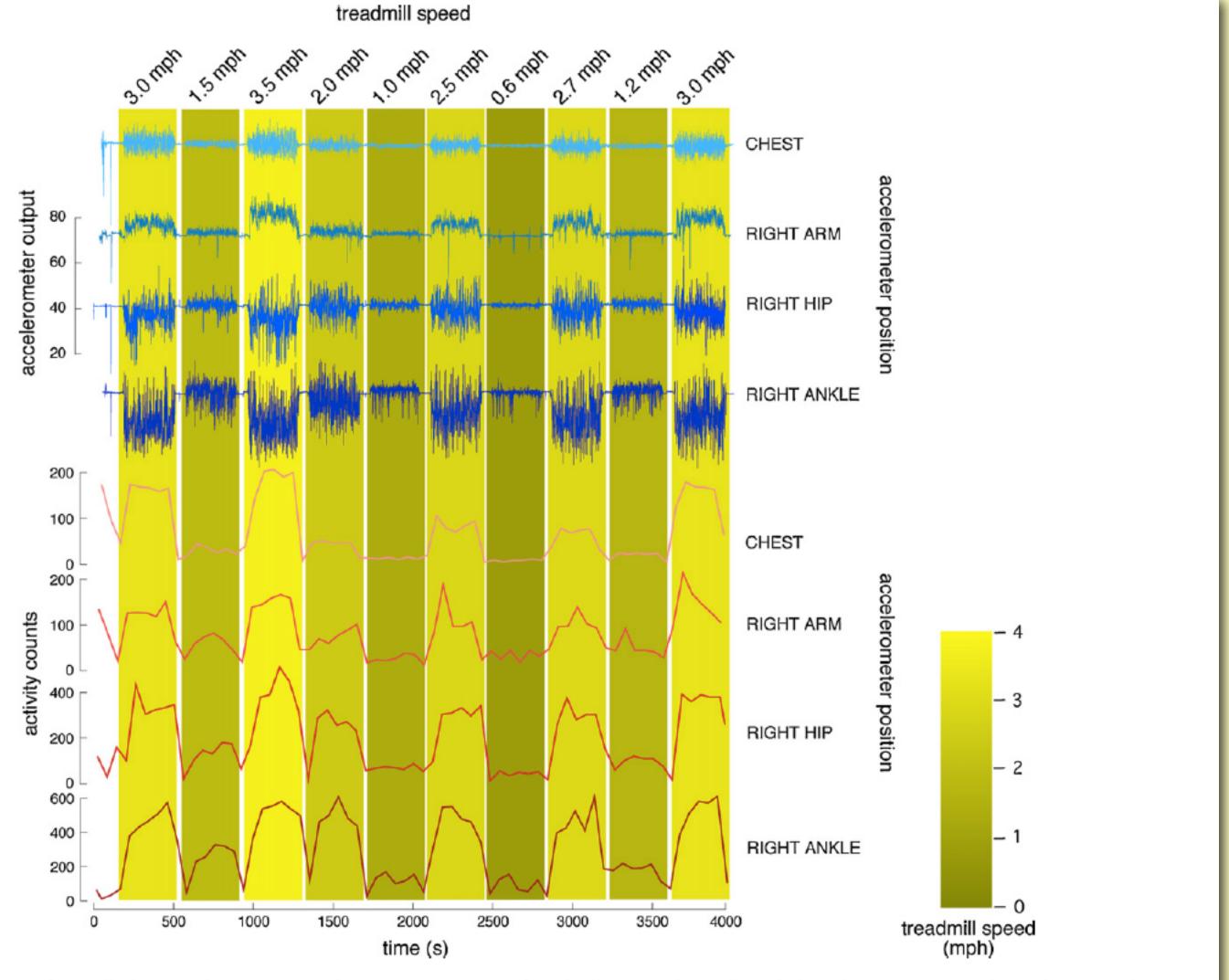


Fig. 1. Activity counts from cell-phone accelerometers provide an accurate measure of treadmill gait speed regardless of where the sensor is worn. The top four traces depict raw data from a representative trial (43 y/o man) showing acceleration magnitude *versus* time for sensors worn at the chest, right arm, right hip, and right ankle (1st through 4th traces from top, respectively). For all traces the baseline is centered at 64 (midscale between sensor output of 0 for -2 g, and 128 for +2 g), the amount of deflection from this baseline is per the common scale provided left of these traces. The bottom four traces show activity counts *versus* time for the sensors worn at the chest, right arm, right hip, and right ankle, respectively. Counts were calculated over 1 min nonoverlapping bins. Treadmill speed is given at the top of each epoch bar.

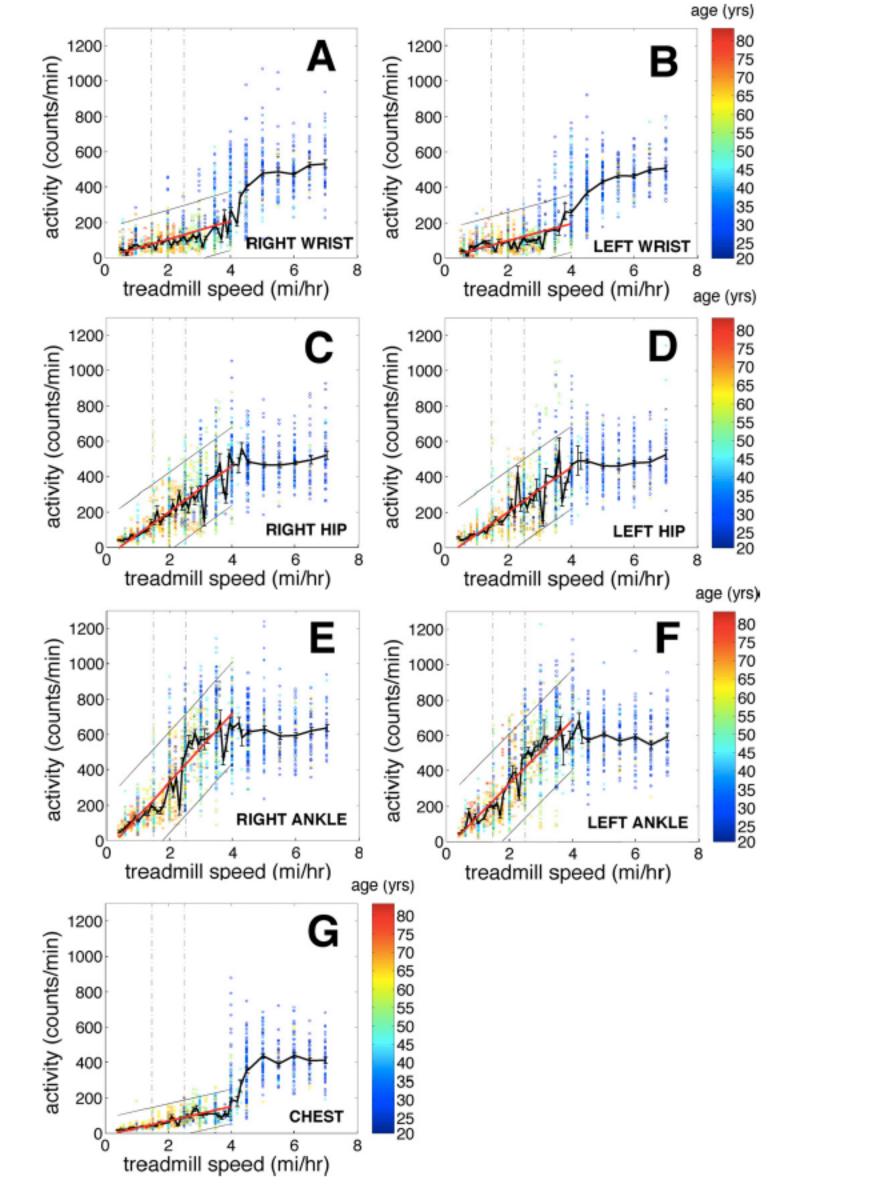


Fig. 3. Activity count versus treadmill speed relationships for all sensor locations. For all figures, the solid red line shows the linear regression between treadmill speed and activity counts (fit for all data between 0.0 and 6.4 km/h (0–4 mi/h) gait speeds); the thin surrounding black lines are 95% confidence boundaries on this regression. The thick black line connects mean activity count values for each of the evaluated treadmill speeds; bars surrounding this point are  $\pm 1$  standard error of the mean. Individual observations of activity counts are shown as open colored circles. Subject age is color coded as circle color; refer to colorbar at right side for key. The dashed lines at gait speeds of 2.35 km/h (1.46 mi/h) and 4 km/h (2.5 mi/h) highlight system performance at two critical functional thresholds. These relationships come from cell phones placed at the right wrist (A), left wrist (B), right hip (C), left hip (D), right ankle (E), left ankle (F), and neck (G).

Apple iPod Touch (iPhone)



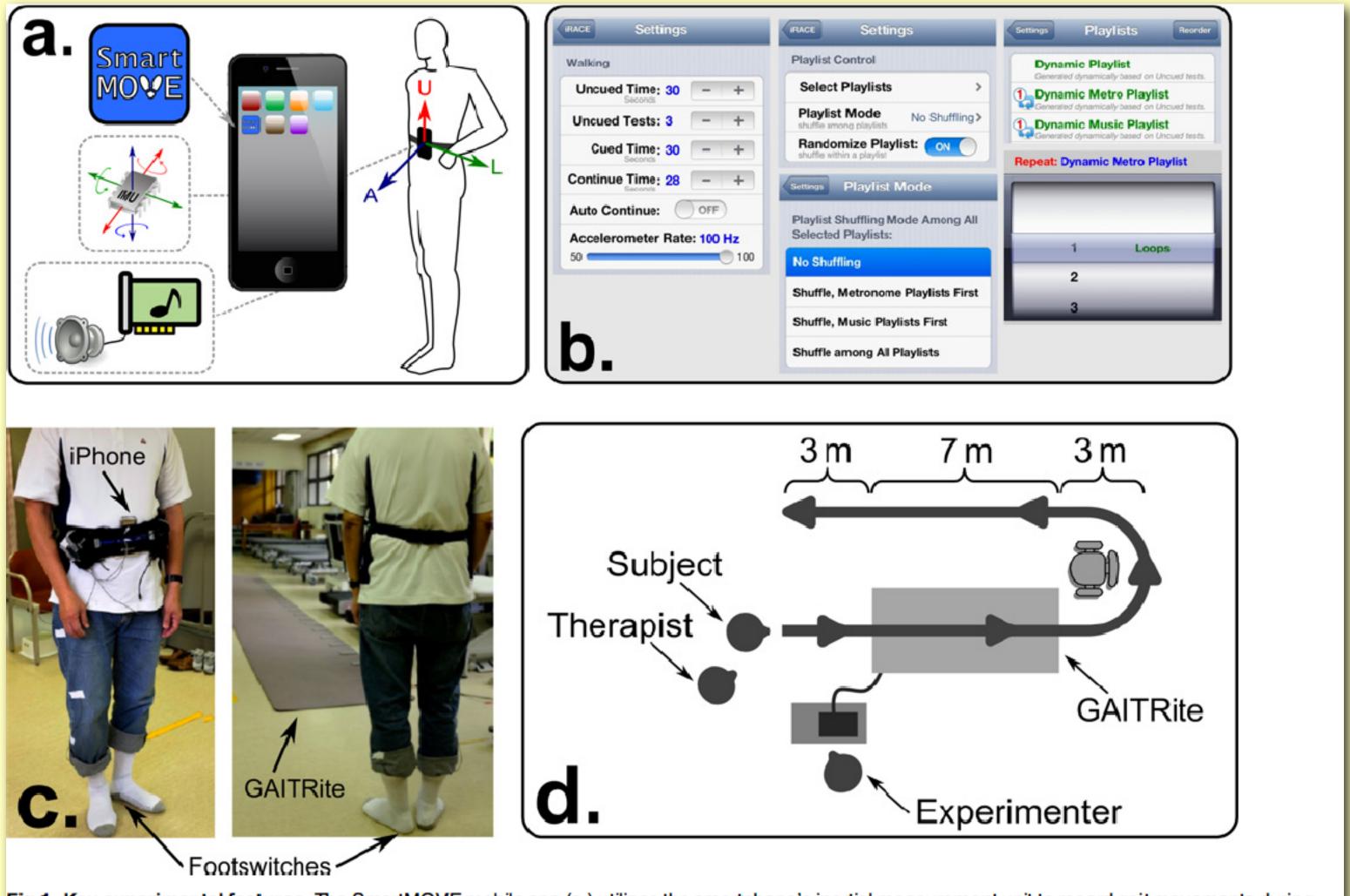
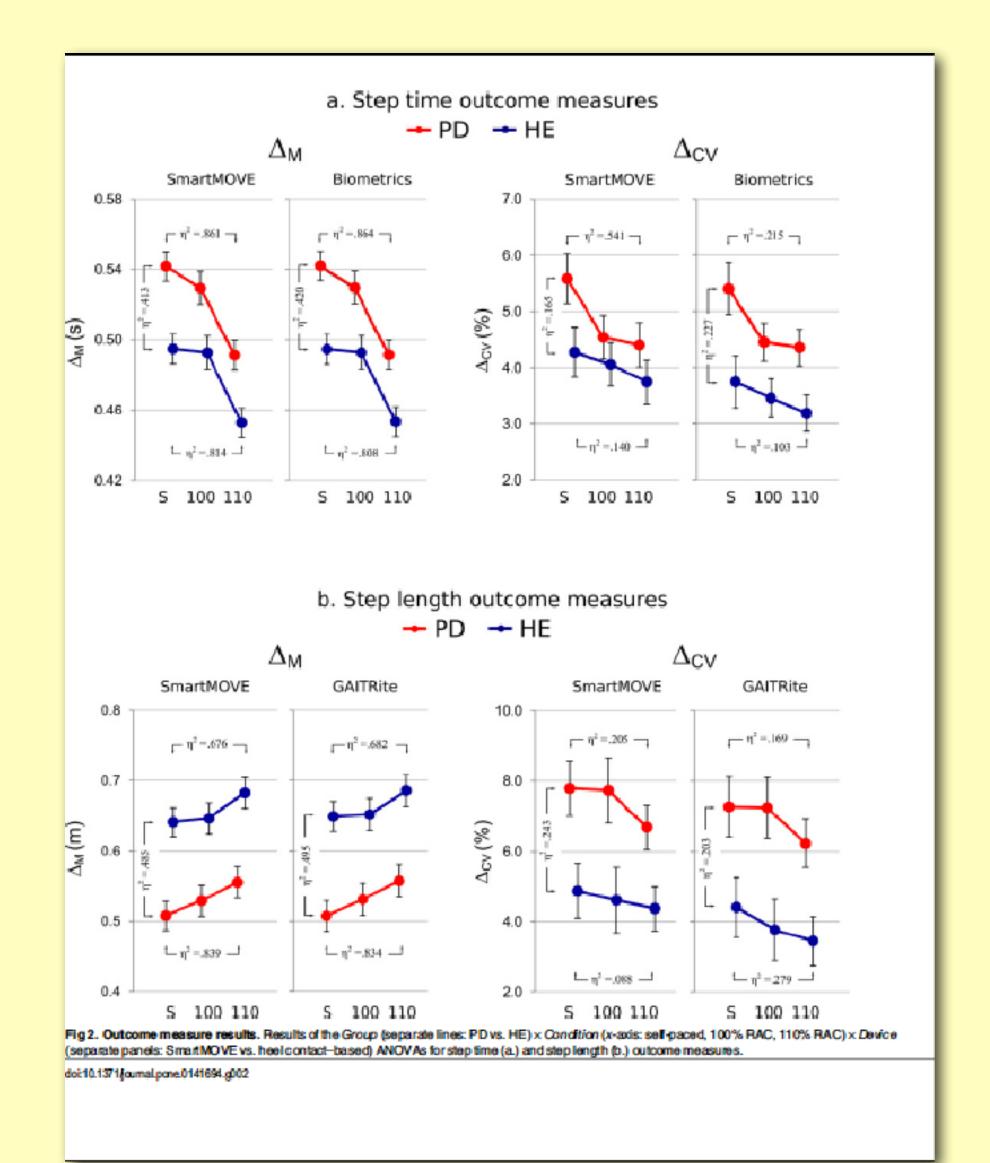


Fig 1. Key experimental features. The SmartMOVE mobile app (a.) utilizes the smartphone's inertial measurement unit to record gait movements during walking. Flexible parameter settings (b.) enable precise control over testing parameters. SmartMOVE outcome measures were validated against heel-mounted footswitches and a GAITRite sensor walkway (c.) while subjects walked along a prescribed path (d.).

#### measures

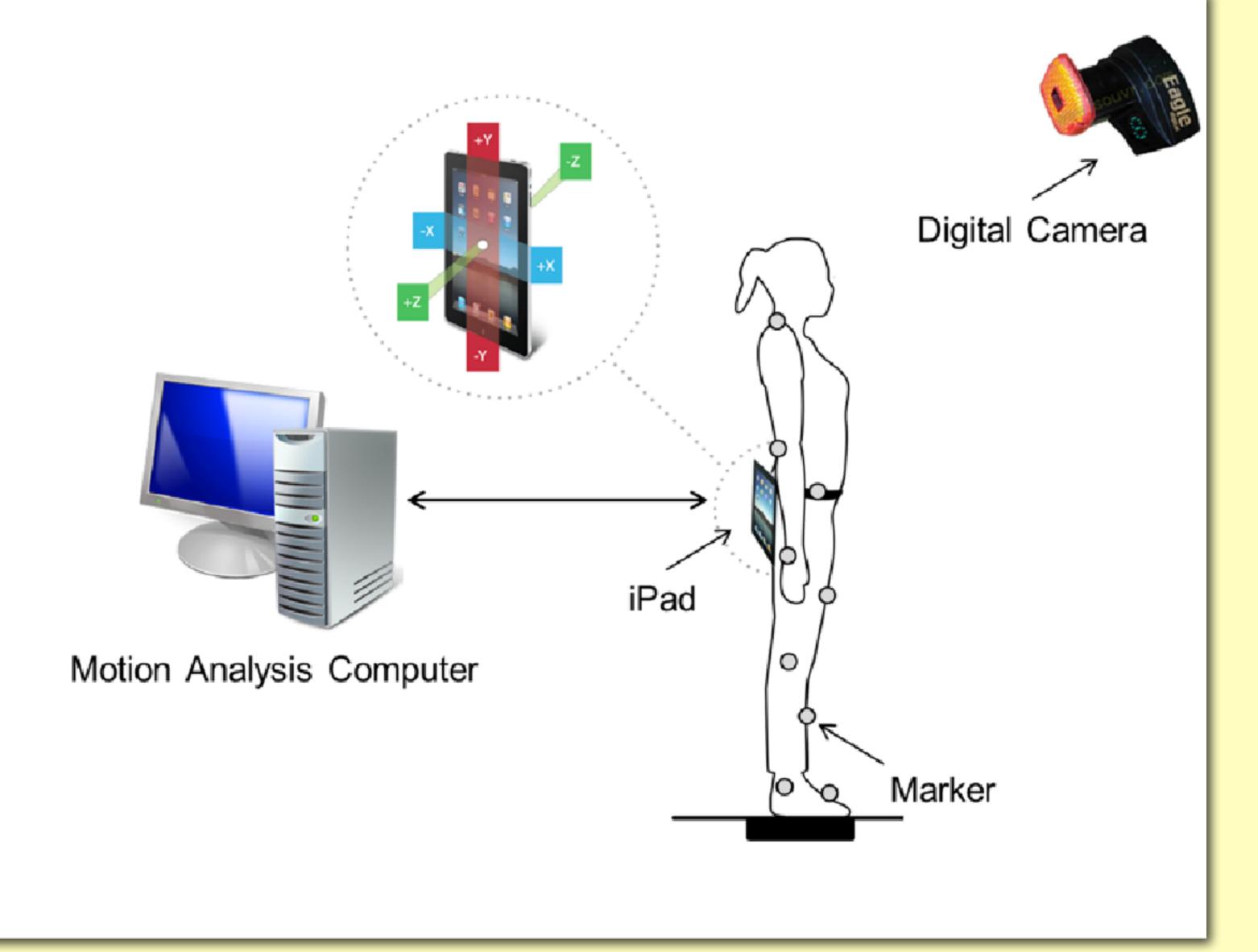
## Accelerometers



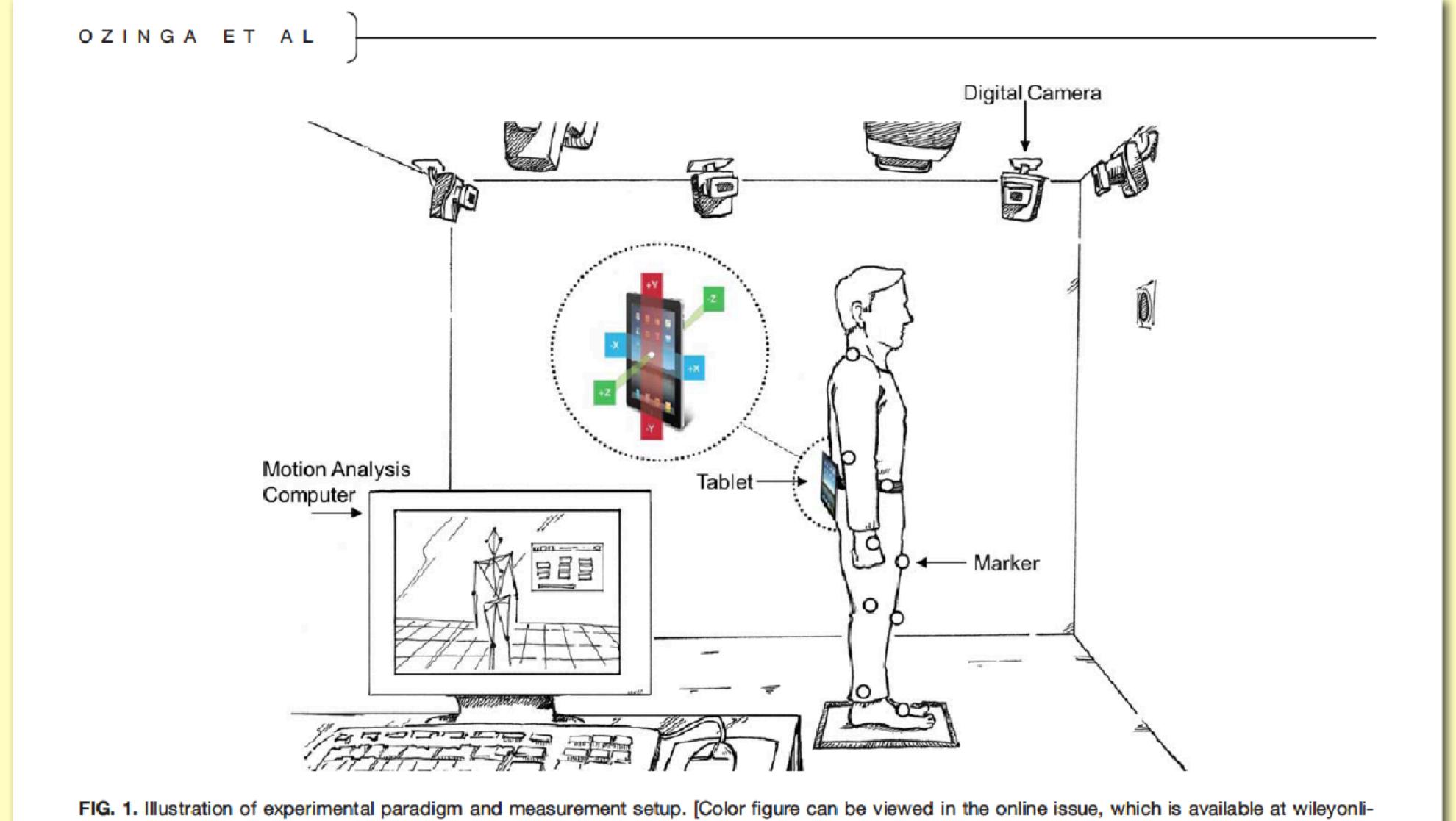
iPad (third generation)



Fig. 1 Illustration of experimental paradigm and measurement setup



Accelerometers measures



nelibrary.com.]

#### measures

## Accelerometers

Samsung Galaxy II



Zhang et al., 2014

Accelerometers

measures

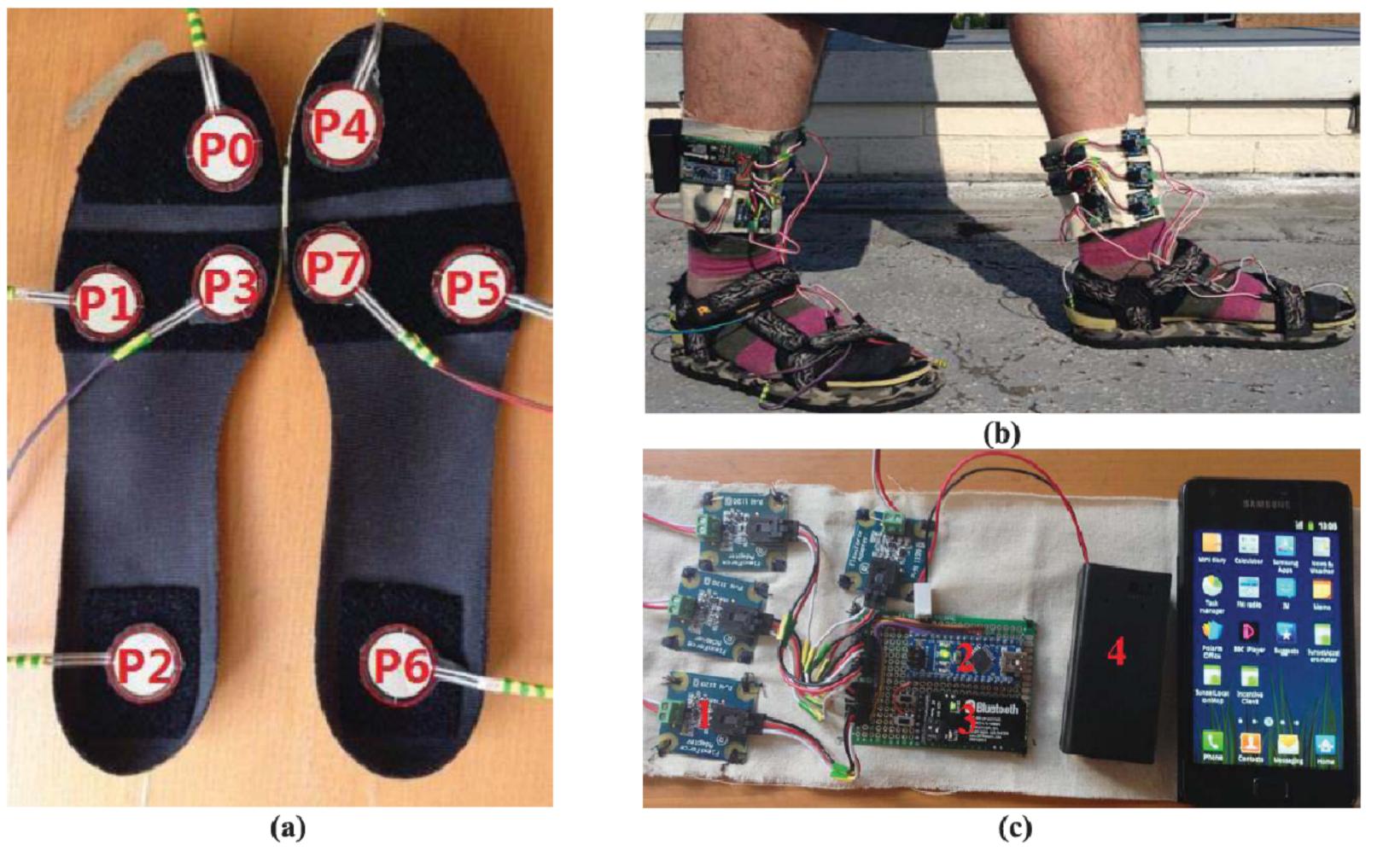
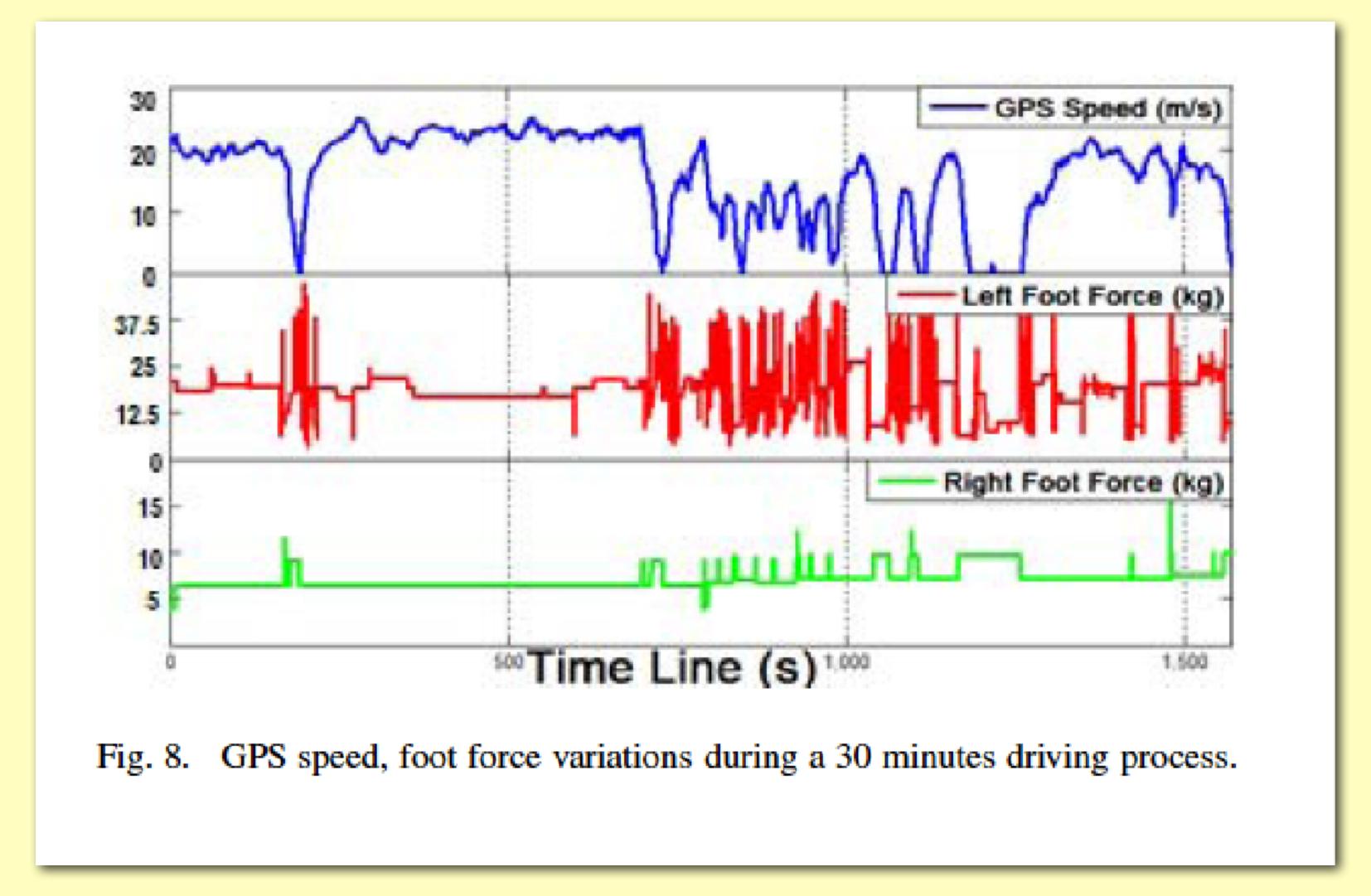


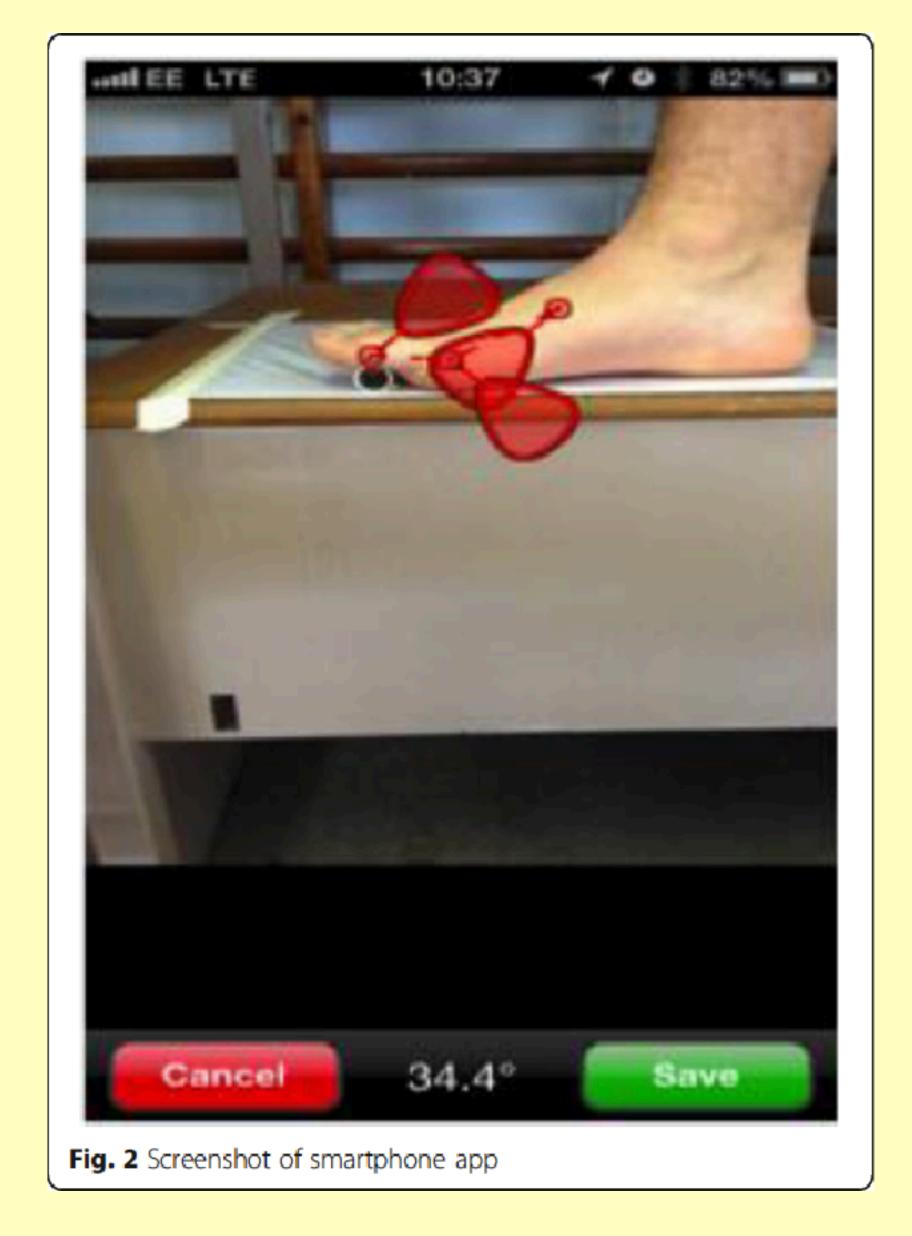
Fig. 2. Experiment equipment: (a) experimental insoles with 8 Flexiforce sensors instrumented; (b) the scene of foot force measurements; and (c) the foot force sensing system and a Samsung galaxy II smart phone.



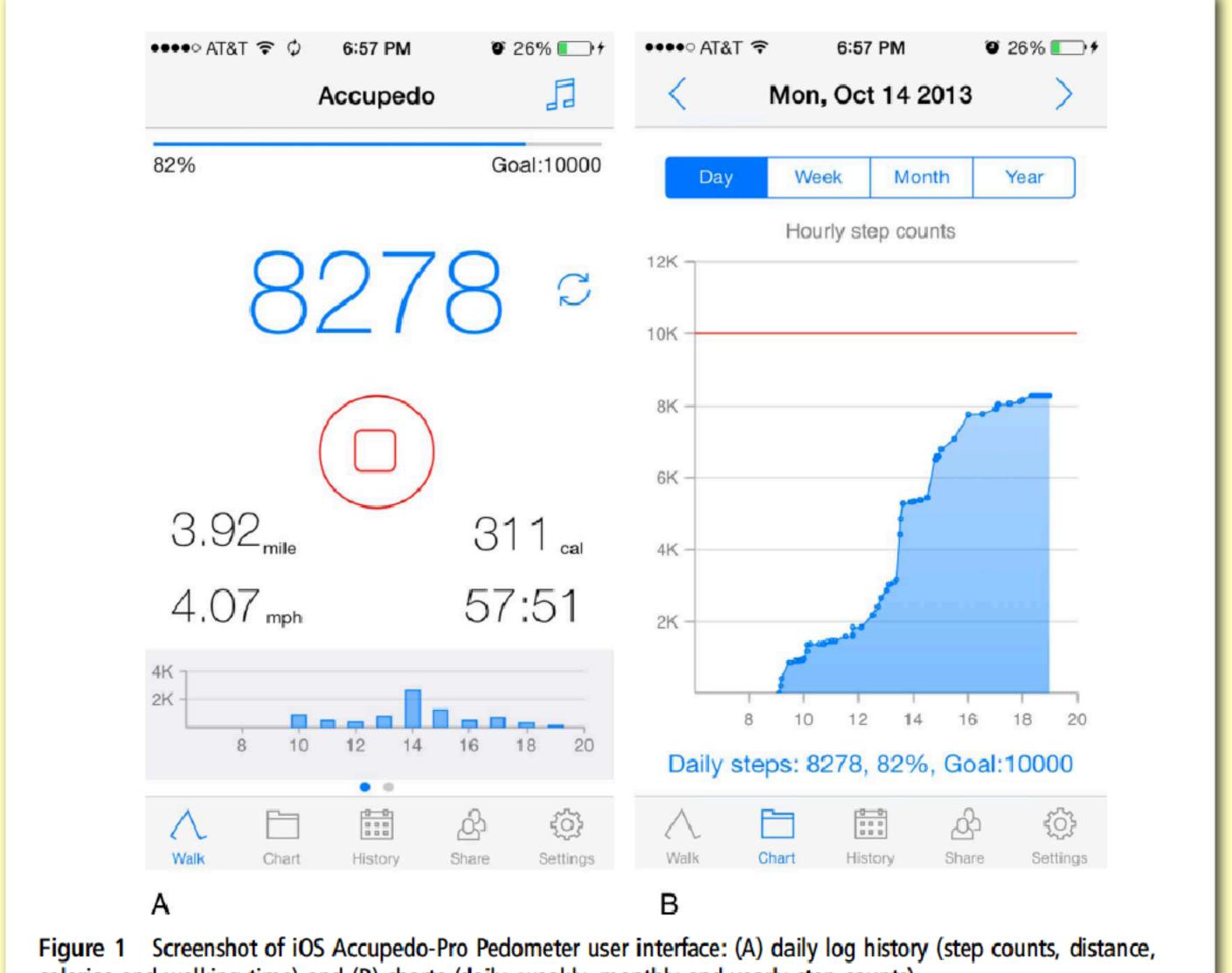
#### measures

# Accelerometers

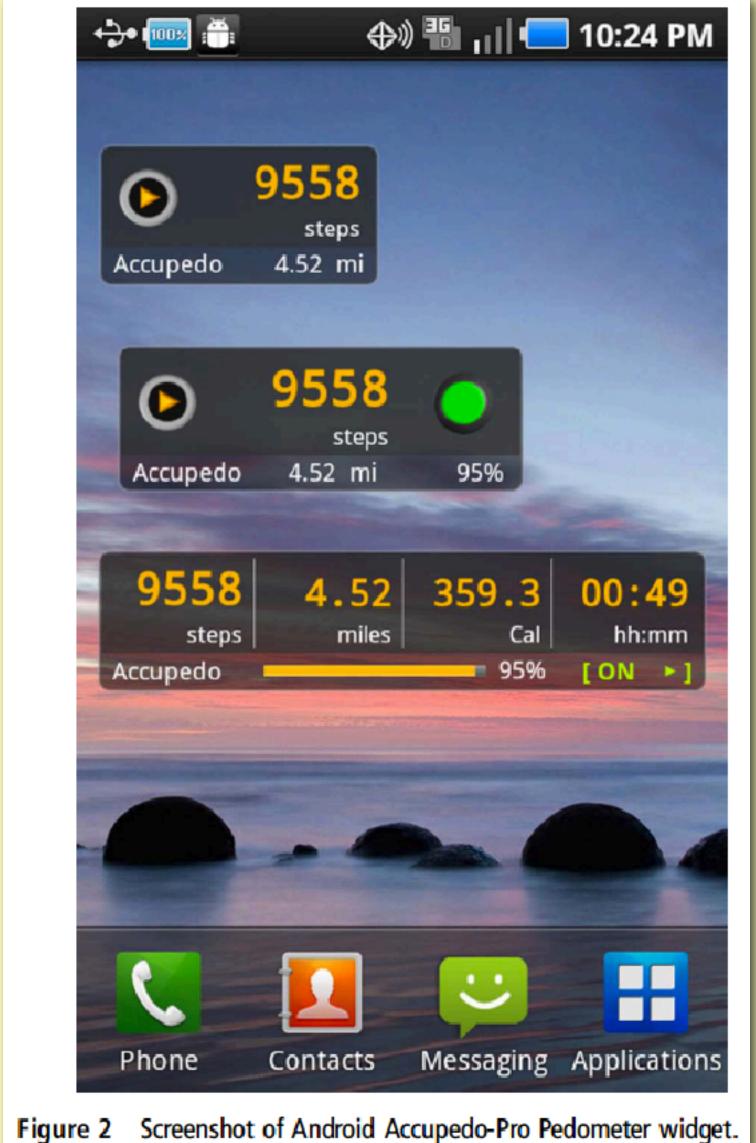
iPhone 4s



measures Pedometer

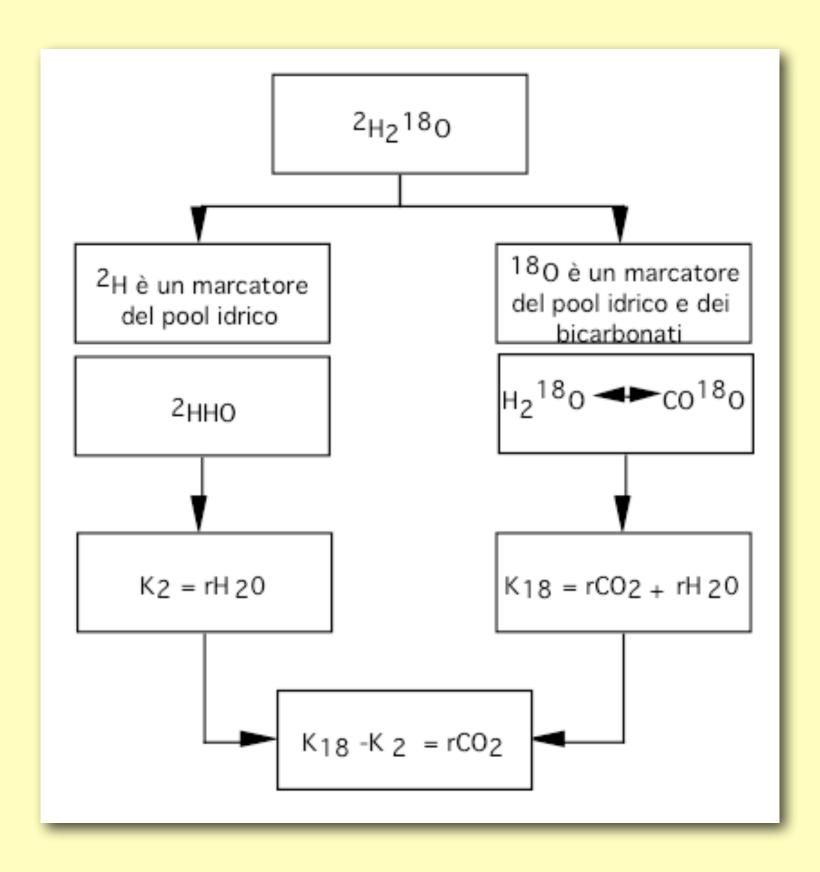


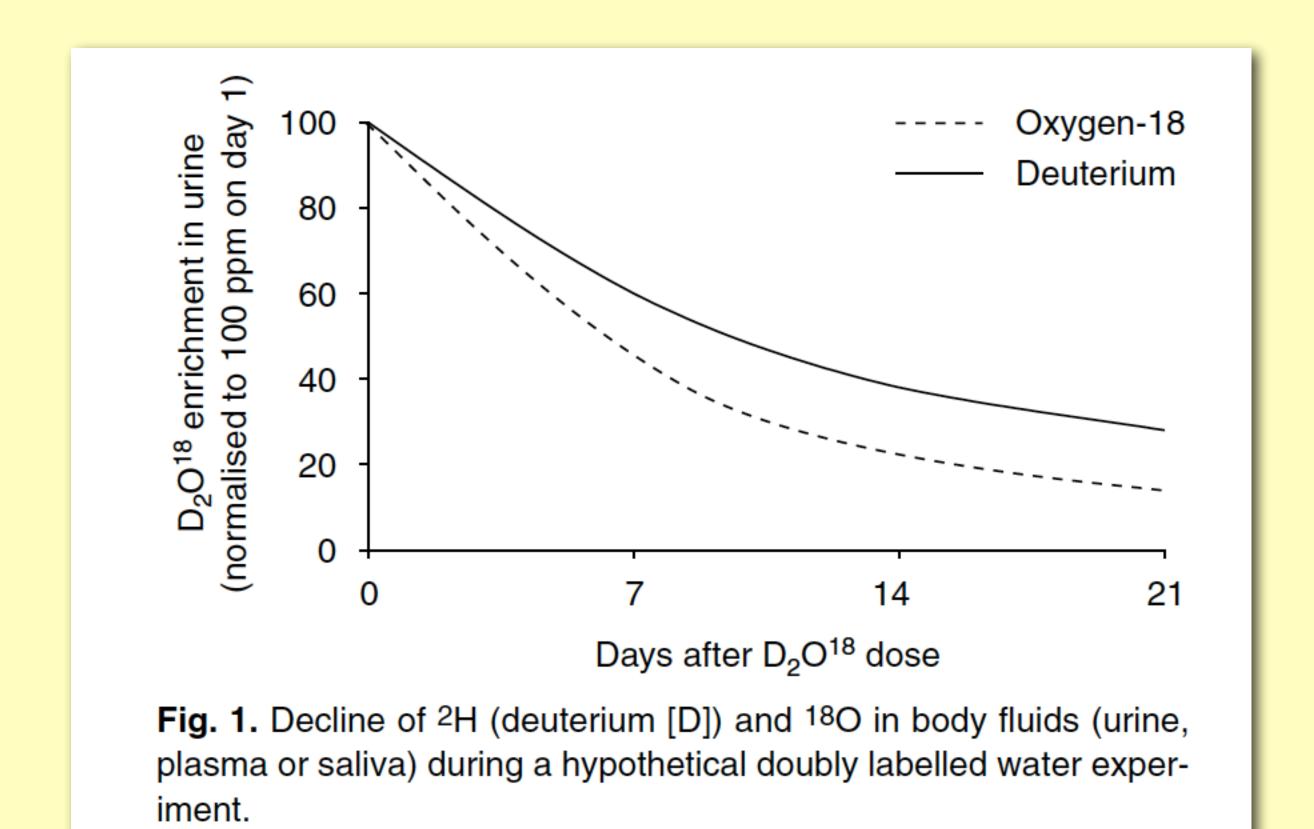
calories and walking time) and (B) charts (daily, weekly, monthly and yearly step counts).



- Lifson et al., 1955;
- (small animals) 1975;
- validation by Scholler et al., 1982;
- (premature infants, children, pregnant and lactating women, elderly, obese people, hospitalized patients);
- subject is administered a dose of stable isotope  ${}^2 ext{H}_2^{18} ext{O}$ , which ( ${}^2 ext{H}$ ,  ${}^{18} ext{O}$ ) equilibrates relatively quickly with body water (H, O);
- $^{2}$ H is eliminated as  $^{2}$ H $_{2}$ O (breath, urine, sweat, perspiratio insensibilis), while the  $^{18}$ O is eliminated either as H $_{2}$ <sup>18</sup>O (breath, ...) and as  $C^{18}$ O $_{2}$  (breathe only);
- difference between the two rates of elimination -> V'CO2 -> ME

#### measures





- RQ (= V'CO2 / V'O2) estimate -> accuracy:
  - . standard Western diet -> RQ estimate;
  - . food intake diary -> RQ estimate (i.e., food quotient ≈ RQ);
  - . indirect calorimetry -> RQ

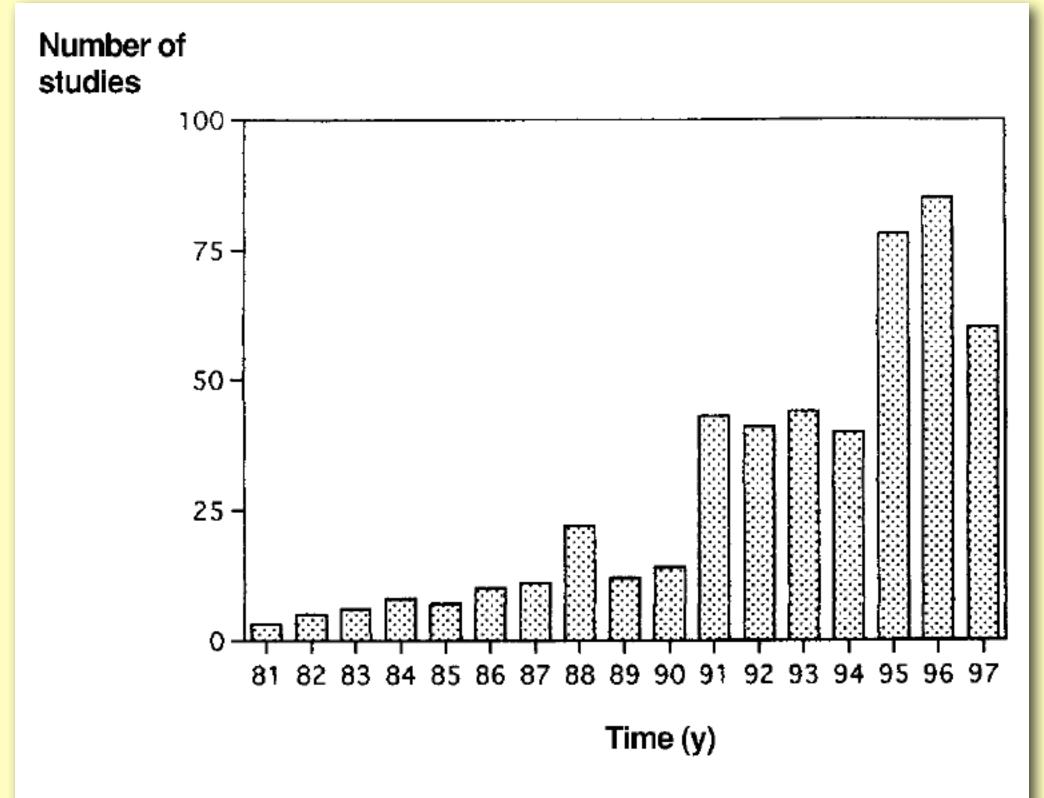
$$FQ = 1.0 \times CA + 0.7 \times F + 0.79 \times P + 0.66 \times A \tag{7}$$

where CA is the percent of energy in the diet consisting of carbohydrates, *F* is the percent that is fat, *P* is the percent protein, and *A* is the percent alcohol. Data on human macronutrient intake for the USA, based

#### DLW method issues

- inability to discriminate the contribution of individual PAs (types, amount, intensity of each type) to ME;
- costs: isotopes and tools to detect them (i.e., mass spectrophotometers) still have considerable costs;
- $-> only 3-4 \div 21 d ME;$
- unknown RQ -> 5% e

#### measures

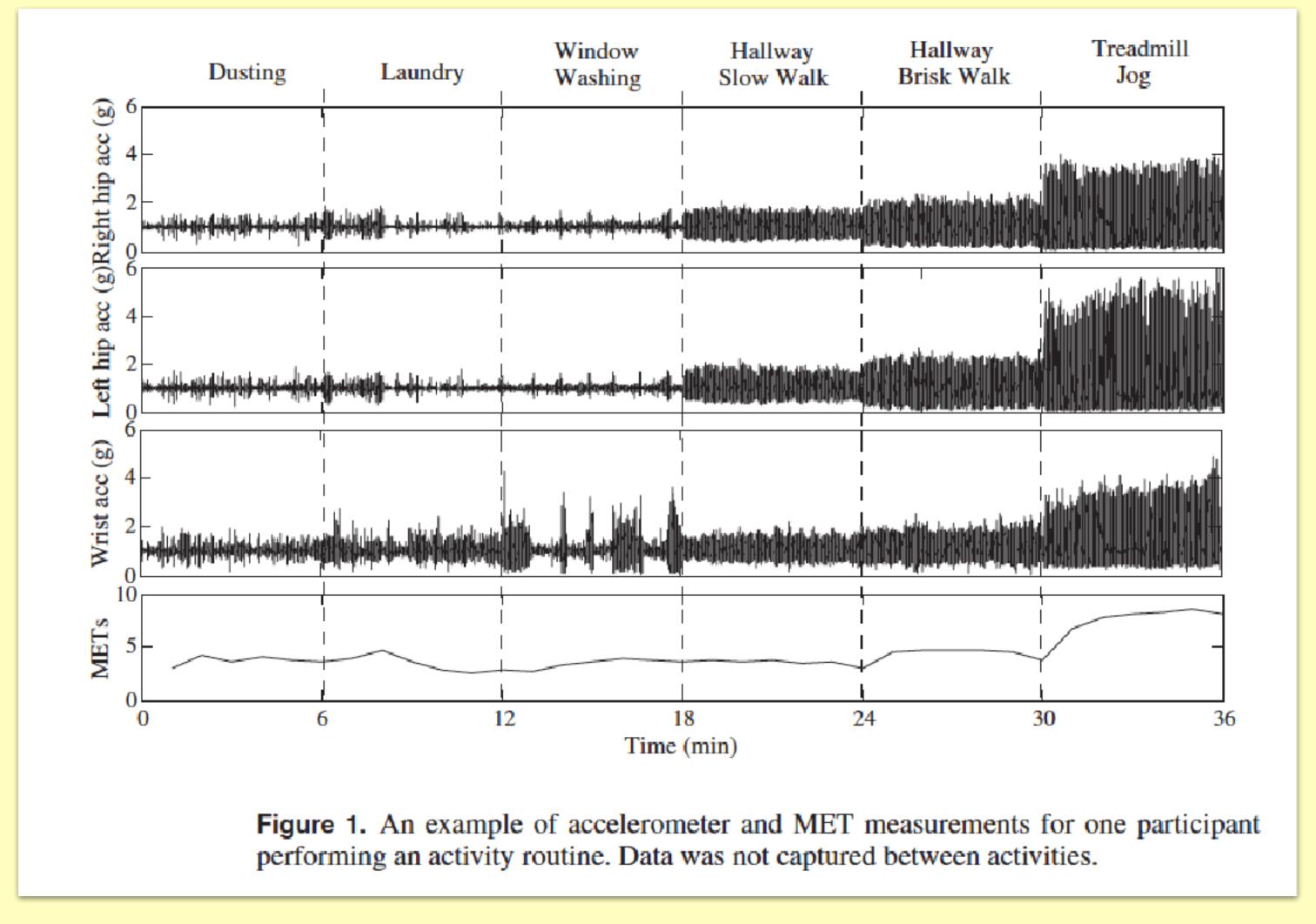


**FIGURE 1**. Number of studies in peer-reviewed journals (excluding abstracts) that used the doubly labeled water technique in the years 1981–1997 (through June) from the *Science Citation Index* (Institute for Scientific Information, University of Aukland, New Zealand). Since the first study in humans in 1982 the use of the technique has continued to grow.

#### Accelerometer issues

- SINGLE-SITE PLACEMENT;
- waist placement -> PA underestimate during upper limb movement, standing, vertical activity (i.e., climbing stairs, uphill walking), pushing or pulling objects, carrying loads (e.g., books or laptops), body-supported exercise (e.g., cycling), water PA (e.g., swimming), running faster than 9 km/h, horizontal speed rapid changes activities (e.g., tennis)

#### measures



Ellis et al., 2014

#### Solution?

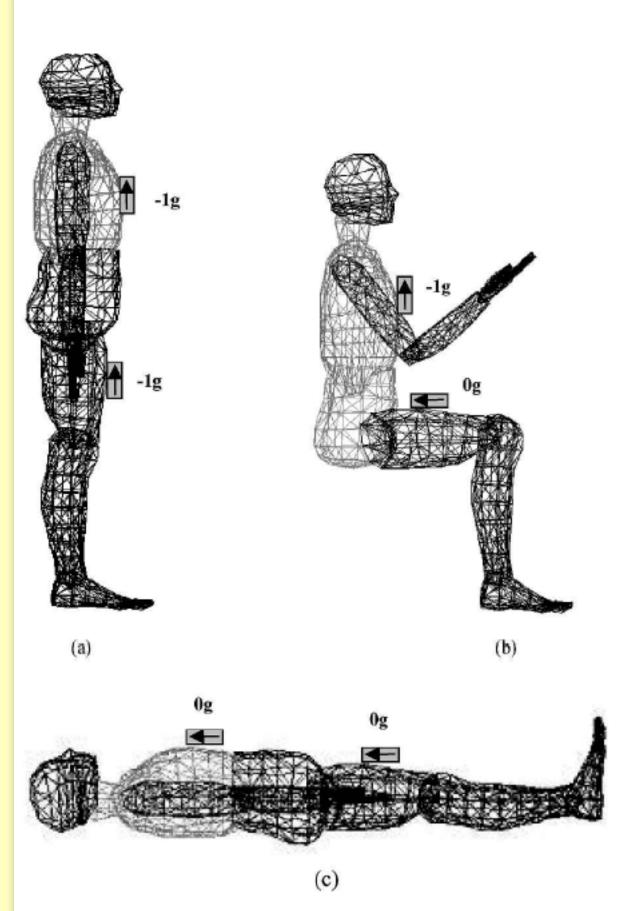
- A combination of variables describing:
  - 1) upper limbs-focused high frequency components (upper limbs movements feature sedentary PA);
  - 2) a trunk-focused posture variable featuring locomotion;
  - 3) lower limbs-focused high intensity components (lower limbs have largest, most powerful muscles);

#### measures

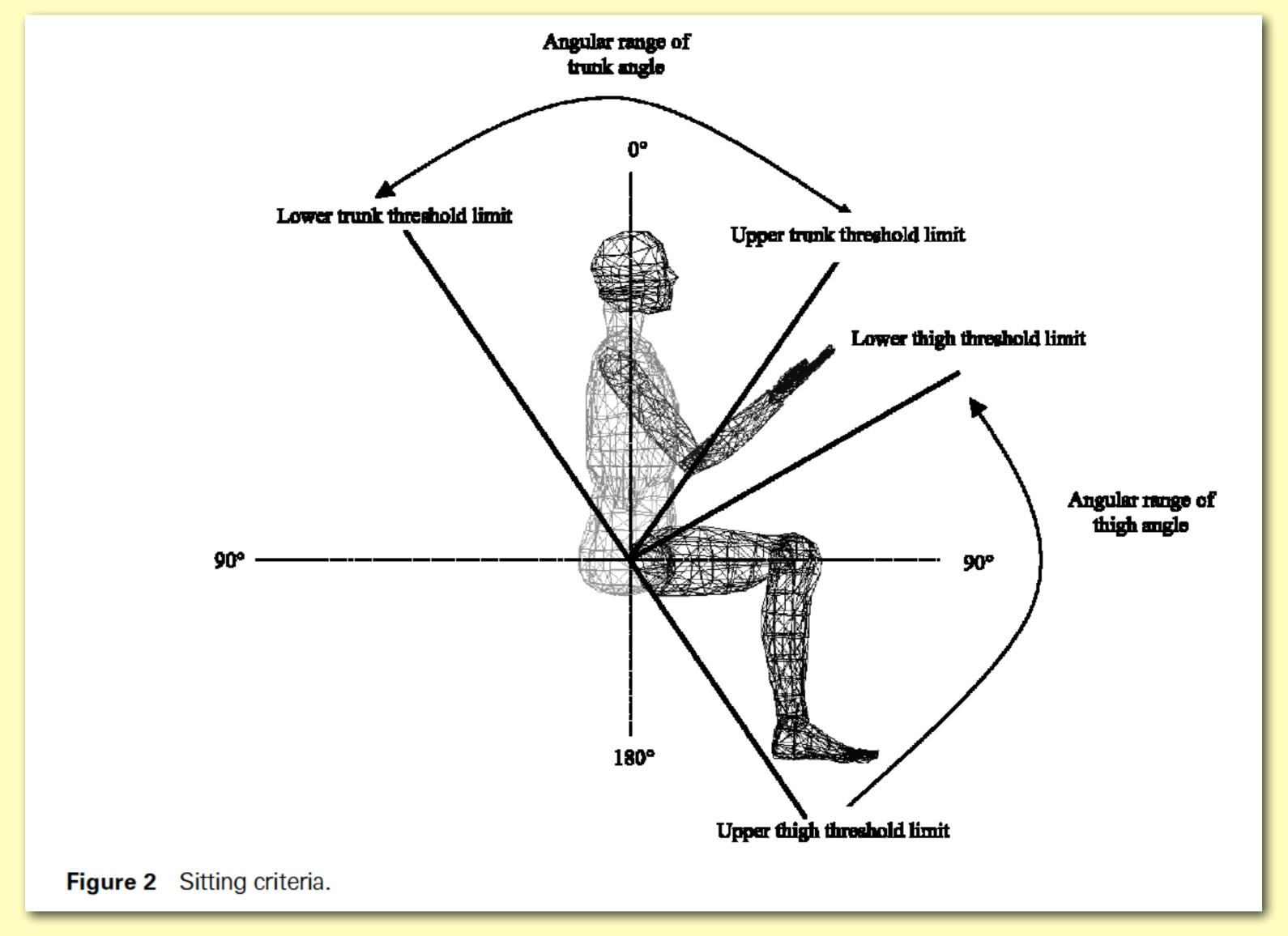
# Second generation accelerometers

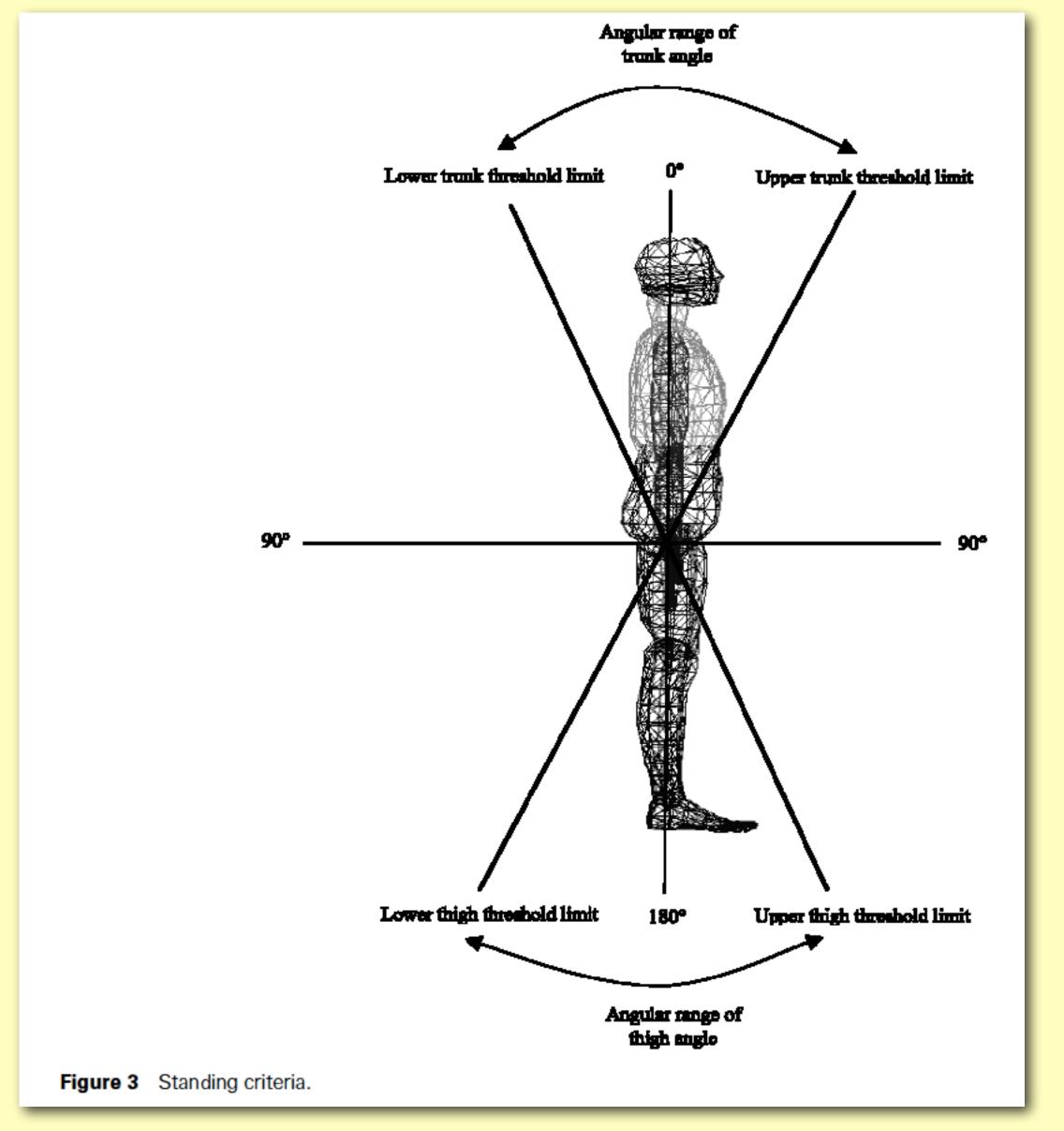
- More than ONE accelerometer together, as well (e.g., waist TriTrac-R3D + dominant arm wrist Actiwatch, Actiwatch + Actical, ...);
- accelerometers based activity logger:

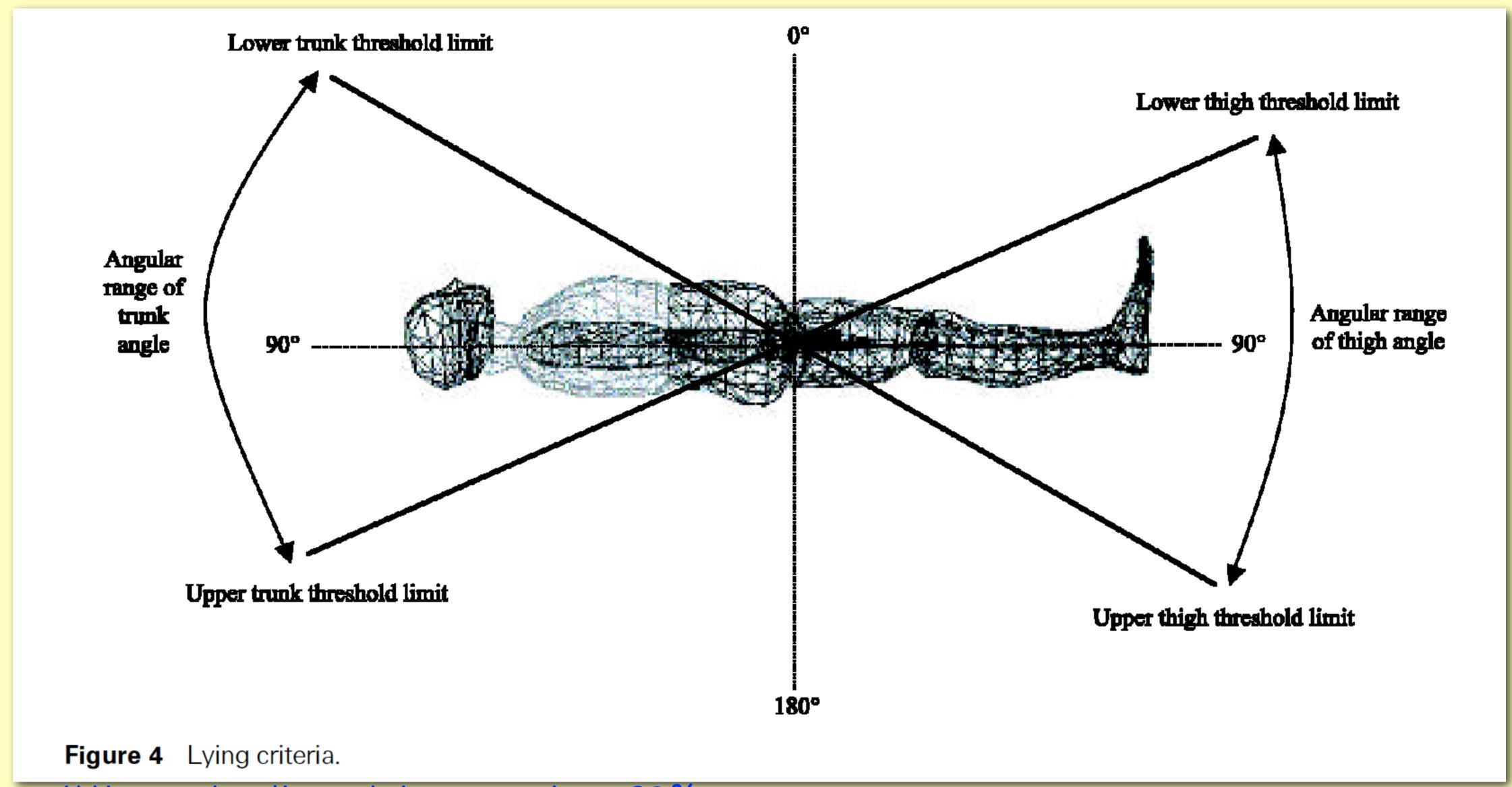
   two (@sternum, front thigh) biaxial accelerometers + analog data-logger;



**Figure 1** Discriminating postures: (a) standing, (b) sitting, (c) lying. The arrows indicate the investigated direction of the active axis of the accelerometers. The acceleration values correspond to the accelerometer output at each orientation in units of  $\boldsymbol{g}$ .

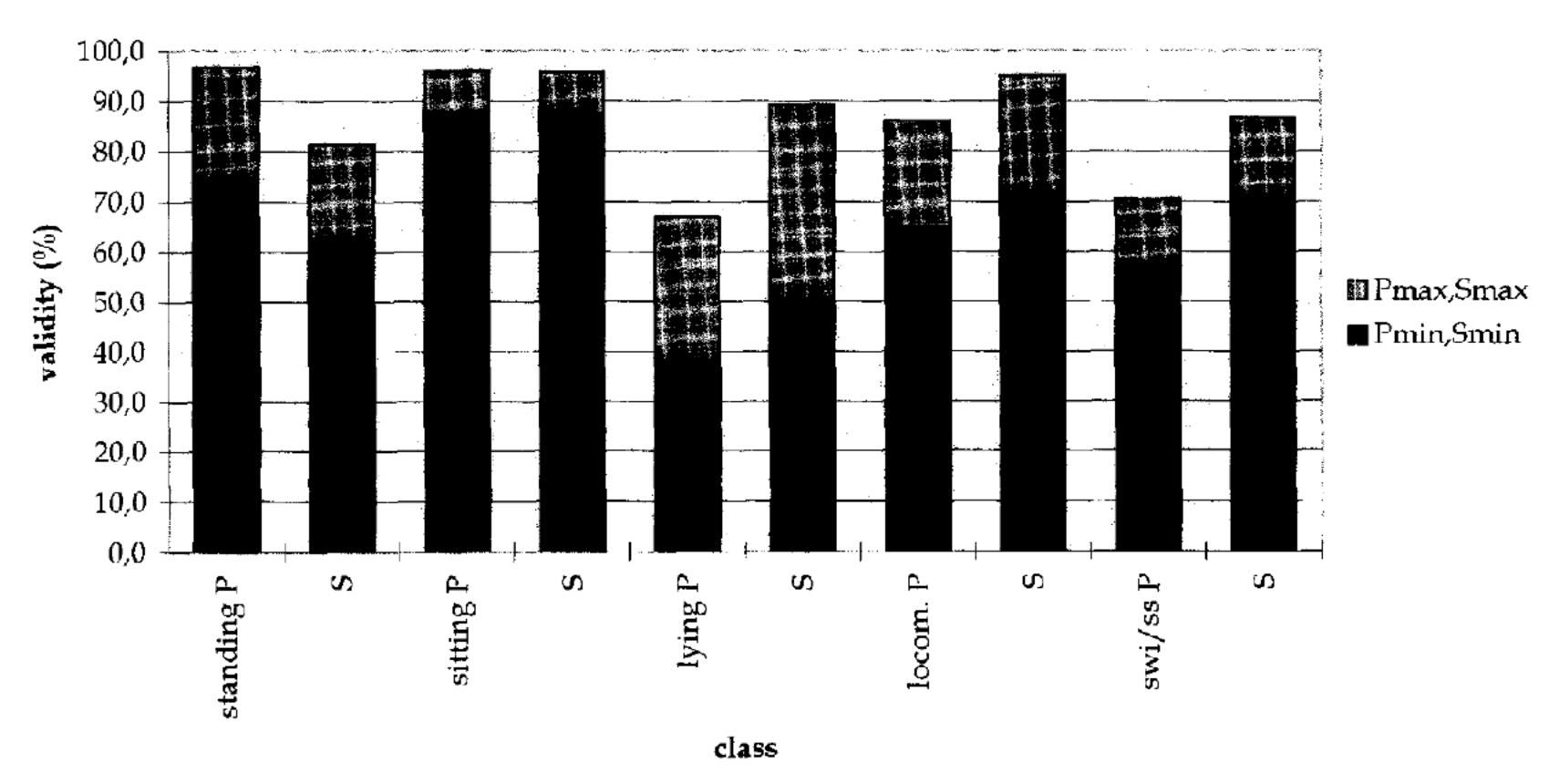






<sup>-&</sup>gt; sitting, standing, lying, moving 83% detection;

# min. and max. predictive value and sensitivity per class



**Figure 6** Minimal and maximal validity of the individual ADL categories based on the monitor's sensitivity ( $S_{\min}$  and  $S_{\max}$ , respectively) and predictive value ( $P_{\min}$  and  $P_{\max}$ , respectively). Sensitivity indicates how often the monitor recognizes a category; the predictive value indicates how often the decision of the monitor is correct. A lack of sensitivity indicates a false negative; a lack of predictive value indicates a false positive.

Busser et al., 1997 106. uniaxial accelerometer (@front thigh) + 2 unixial accelerometer/digital data-logger (backpack) -> sitting, standing, lying, crawling, walking, running, going on a swing 73÷91% detection;

- . three uniaxial accelerometers (2@sternum, front thigh) + digital recorder;
- -> sitting, standing, lying, walking, climbing/going down stairs, cycling 80% detection (Veltink et al., 1996);
- . four biaxial accelerometers (@lateral thighs, sternum or front forearms) + HR monitor + digital recorder;
- -> more than twenty different postures/locomotions 83÷88% detection;

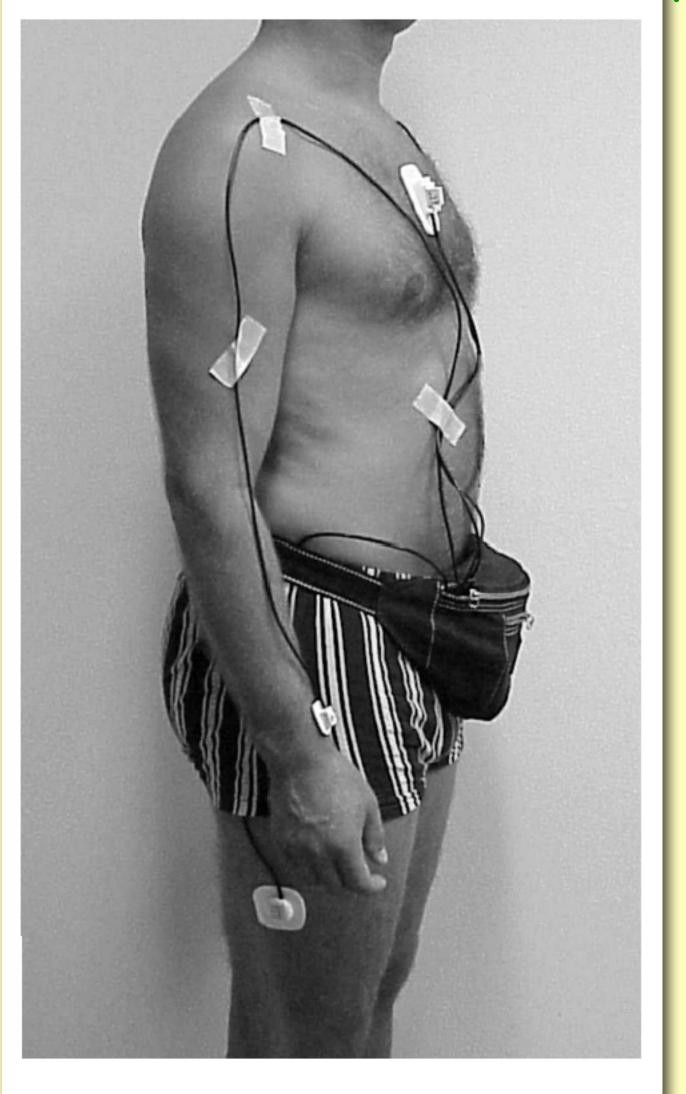


Figure 1. An extended configuration of the Activity Monitor, with accelerometers at the thighs, trunk, and lower arms.

- Introduction of another type of physical sensor:
  - . (@sternum) two biaxial accelerometers+ piezoelectric gyroscope + digital recorder (@wrist);

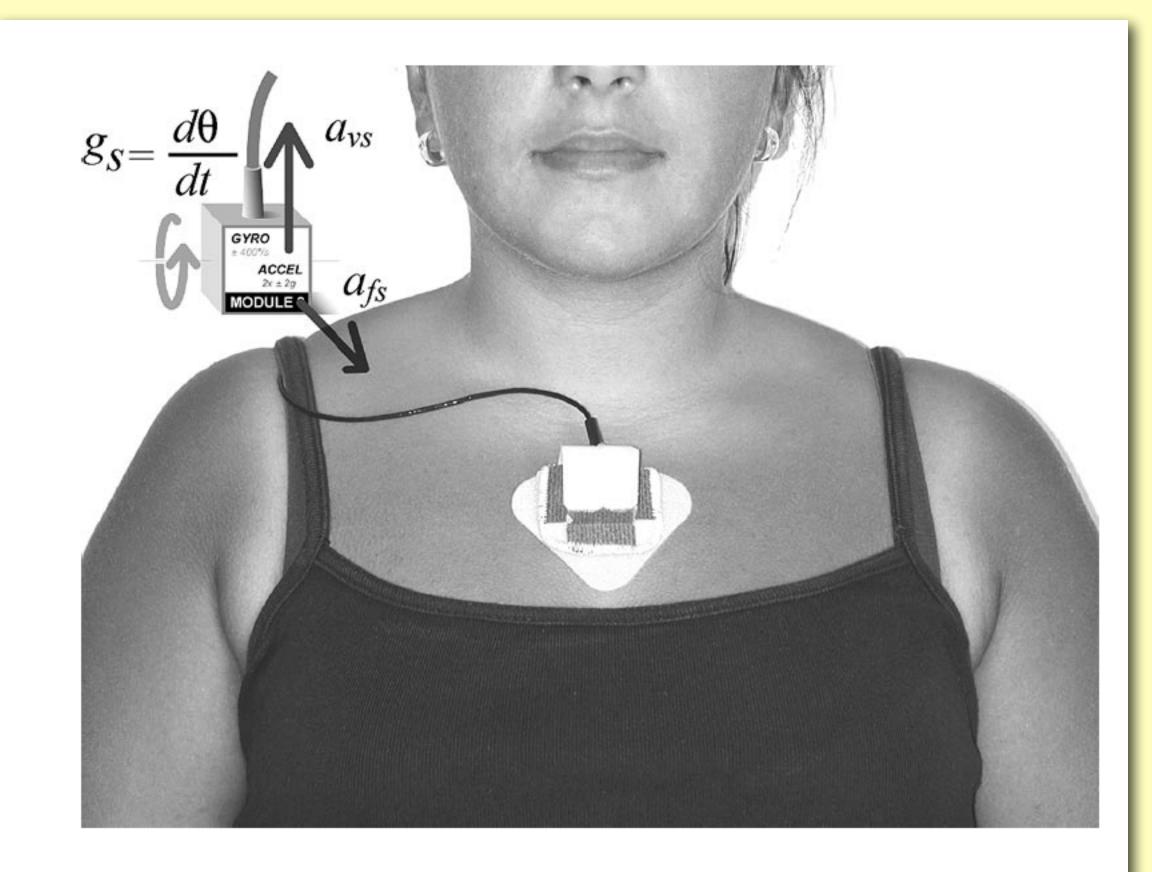


Fig. 1. Sensor attachment. Vertical and frontal acceleration  $(a_{vs} \text{ and } a_{fs})$  as well as angular velocity  $(g_s)$  are measured using a kinematic sensor attached to the subject's chest.

TABLE II

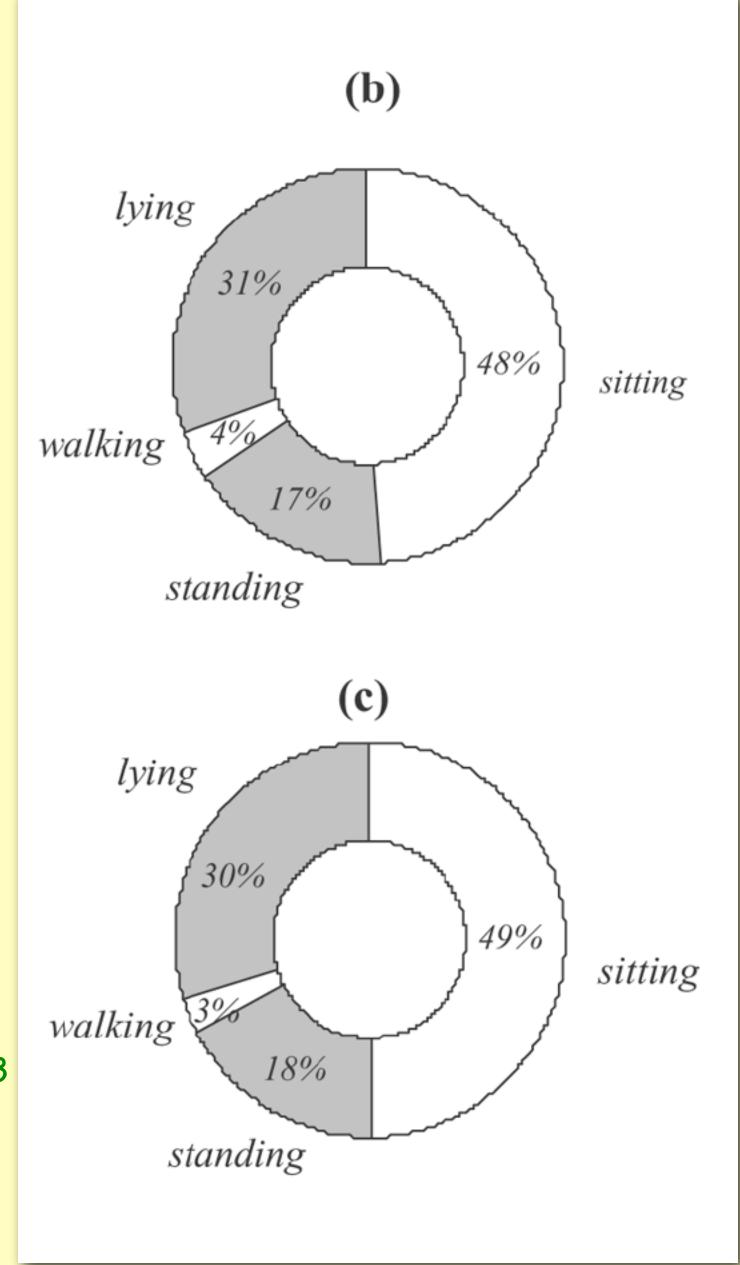
OVERALL SENSITIVITY AND SPECIFICITY OF TRANSITION DETECTION
FOR THE 11 ELDERLY (FIRST STUDY)

# Test	Total PT*	Sensitivity, %					Specificity, %	
		PT	SiSt**	StSi	Lying	Walking	SiSt	StSi
1	40	100	100	100	100	95±4	100	100
2	66	98±5	100	97±10	-	97±3	95±12	100±0
3	58	100	97±10	63±29	-	-	63±29	97±10
4	58	100	88±25	75±29	-	-	75±29	88±25
5	64	96±9	89±18	86±19	-	-	86±19	94±13
6	57	100	85±19	72±24	-	-	72±24	85±19
Mean	<i>57</i> ± <i>9</i>	99±2	<b>93</b> ±7	82±15	100	96±1	82±15	94±6

<sup>\*</sup> PT: Postural transition.

Najafi et al., 2003

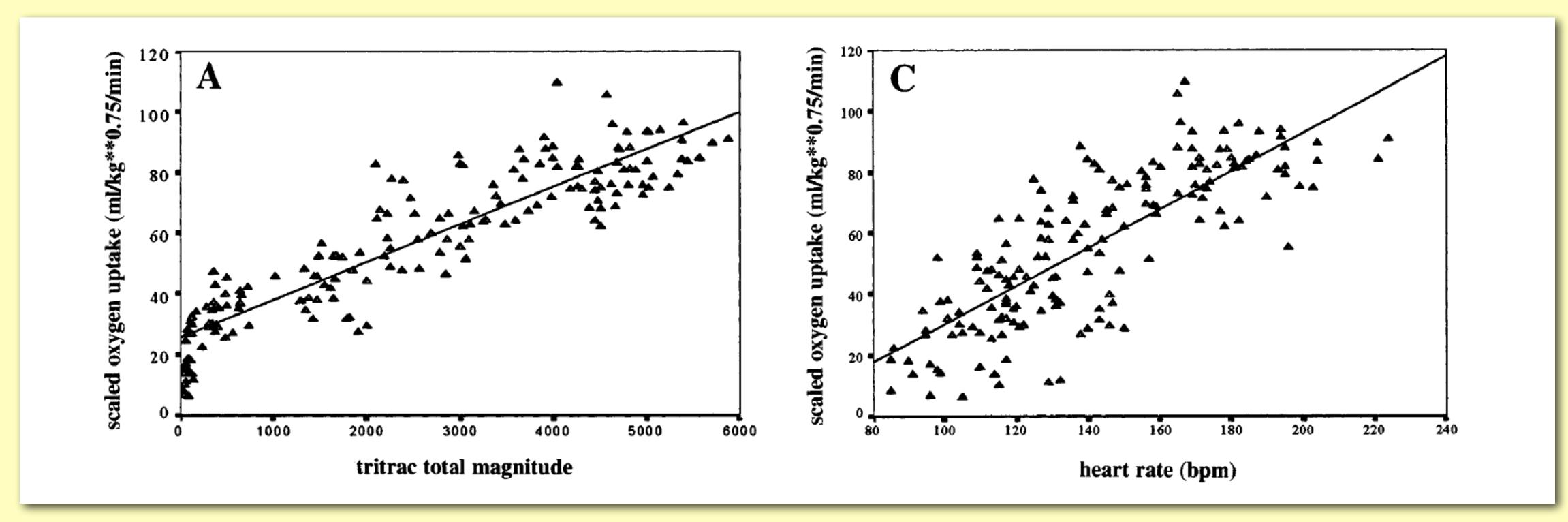
-> posture change, walking detection;



<sup>\*\*</sup> SiSt: sit-to-stand transition.

<sup>†</sup> StSi: stand-to-sit transition.

- Accelerometry (-> movement) + physiological measure (e.g., HR measure, thermometry, ventilation measure):
  - . e.g., HR monitor (-> ME) + motion sensor(s) (-> motion-sensor-sensitive PA);
- accelerometers + inclinometers -> body position over time -> 85% unstructured exercise thermogenesis estimate:
  - . total internal heat produced ≈ 75÷80% energy intake;
  - . partial internal heat produced <- sitting, standing, walking, working, any other unstructured exercise;
  - . proposal: (during the day) wearing motion sensor, (structured exercise) wearing HR monitor;
  - . i.e., motion sensor -> yes/not time to use HR monitor for ME estimate;



Eston et al., 1998

. exception: children (i.e., V'O2 [ml O2/kg. $^{75}$  min] correlated w/both counts, HR, but w/counts  $r^2$  > w/HR  $r^2$ );