An Investigation into the Correlation Between Step Width Variability and Balance Deficits in Patients with Chronic Obstructive Pulmonary Disease

Jordan Freeman\textsuperscript{a}, Casey Caniglia\textsuperscript{a}, Stephen Rennard\textsuperscript{b}, Jennifer Yentes\textsuperscript{a}

\textsuperscript{a} Department of Biomechanics, University of Nebraska at Omaha
\textsuperscript{b} Clinical Discovery Unit, AstraZeneca, Cambridge, UK

INTRODUCTION

- Chronic obstructive pulmonary disease (COPD) is a pulmonary disease that causes dyspnea (i.e., breathlessness).
- Patients with COPD report muscle fatigue\textsuperscript{1}, decreased levels of physical activity\textsuperscript{2}, and balance problems\textsuperscript{3,4}. They are also at a higher risk for falls that their healthy counterparts\textsuperscript{5}.
- Gait variability is defined as the side-to-side fluctuations while walking and is a useful predictor of future falls and diminished mobility\textsuperscript{6}. Further, patients with COPD walk with a more repetitive step width pattern\textsuperscript{7}.
- However, a relationship between balance tests and gait variability has not been fully investigated. Therefore, it is unknown if balance measures and gait variability are related.
- Our purpose was to investigate how step width variability is related to balance deficits in patients with COPD.

METHODS

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Age (years)</th>
<th>Height (cm)</th>
<th>Weight (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>9</td>
<td>64.77(8.1)</td>
<td>64.77(8.1)</td>
<td>81.48(17.6)</td>
</tr>
<tr>
<td>Control</td>
<td>7</td>
<td>64(7.2)</td>
<td>166.17(9.5)</td>
<td>78.72(22.1)</td>
</tr>
</tbody>
</table>

Table 1. Means and standard deviations for the two groups.

- Subjects (Table 1) performed a series of balance measures: sensory organization test (SOT), motor control test (MCT), timed up and go (TUG) (Figures 1-3), Fullerton Advanced Balance scale (FAB); and subjective questionnaires: modified falls efficacy scale (mFES) and activities-specific balance confidence (ABC) scale.
- Step width was calculated from a six minute walk on treadmill (Figure 3). The standard deviation, coefficient of variation, and sample entropy of step width was calculated.
- Pearson product correlation coefficients were used to determine the level of association between the balance tests and step width variability.

RESULTS

- We hypothesized that functional balance tests will more closely correlate to the step width data as compared to subjective balance questionnaires and this was confirmed. No relationship was found between step width variability and the subjective questionnaires.
- Based on the close relationship between step width sample entropy and the TUG, further research into whether step width sample entropy calculation is the best indicator for balance deficits while using a dynamic balance measure is recommended. Since a higher TUG score indicates an increased fall risk, a lower sample entropy could have a similar meaning.
- The inverse relationships found for the SOT & step width sample entropy and the TUG & step width standard deviation could be indicative of differential behaviors between the two groups.

DISCUSSION

REFERENCES