

# Tissue- and reflex torque through ramp-and-hold ankle rotations: understanding and quantifying spasticity in cerebral palsy

Published: 06-08-2010

Last updated: 18-07-2024

We propose an instrumented approach, during which the ankle is rotated in a precise and controlled way using a robot manipulator. Using neuromuscular modelling, key neuromechanical parameters as viscosity, stiffness and reflexive torque can be...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Movement disorders (incl parkinsonism)
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON34272

### Source

ToetsingOnline

### Brief title

Tissue- and reflex torque in cerebral palsy

### Condition

- Movement disorders (incl parkinsonism)

### Synonym

Cerebral palsy, spastic paresis

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Leids Universitair Medisch Centrum

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** Cerebral Palsy, quantification, Spasticity, System Identification and Neuromuscular Modelling (SIPE)

## Outcome measures

### Primary outcome

Ankle stiffness (Nm/rad), viscosity (Nms/rad) and reflex activity (Nm/rad)

### Secondary outcome

SPAT and AS scores

## Study description

### Background summary

Cerebral Palsy is a perinatal non progressive damage to the brain often resulting in disorders of posture and movement, characterized by impaired joint stiffness. Treatment of motor impairments is based on assessment methods with a number of disadvantages. The used clinical scales are ordinal, subjective and do not allow for a further discrimination of impaired joint stiffness into its contributing components

### Study objective

We propose an instrumented approach, during which the ankle is rotated in a precise and controlled way using a robot manipulator. Using neuromuscular modelling, key neuromechanical parameters as viscosity, stiffness and reflexive torque can be quantified based on reaction torque and electromyography of lower leg muscles.

We aim to apply aforementioned procedure to a group of  $n=40$  CP patients and 10 healthy controls within a cross-sectional design to answer the following questions:

1. Do neuromechanical parameters around the ankle differ between CP patients and healthy subjects?
2. Do neuromechanical parameters, i.e. tissue stiffness, viscosity and reflex torque correlate to disorder severity as graded by the Ashworth Scale (AS) and SPAT (Spasticity Scale).

3. How are aforementioned correlations influenced by test condition, i.e. speed of joint rotation and knee angle?

## **Study design**

Cross sectional, observational study

## **Study burden and risks**

The risks of the measurements are minimal. The motor is safe guarded against greater displacements. The motor and other moving or fragile parts are sufficiently insulated.

The experiment takes in total about 1,5 hour including mounting and demounting in the set-up, and the clinical testing. Actual measurements will take about 30 minutes. All measurements will be passive, i.e. no effort is required for patients and subjects. The measurement time may be reduced after interim analysis (if no effect of knee angle)

## **Contacts**

### **Public**

Leids Universitair Medisch Centrum

Postbus 9600  
2300 RC Leiden  
NL

### **Scientific**

Leids Universitair Medisch Centrum

Postbus 9600  
2300 RC Leiden  
NL

## **Trial sites**

### **Listed location countries**

Netherlands

## Eligibility criteria

### Age

Adolescents (12-15 years)

Adolescents (16-17 years)

Children (2-11 years)

### Inclusion criteria

- Diagnosis of spastic cerebral palsy.
- Age between 6 and 18 years.
- Gross Motor Function Scale (GMFCS, see appendix) I, II or III.

### Exclusion criteria

Concomitant neurological diseases.

Concomitant orthopedic problems of the lower extremities.

Casting or Botulinum toxin A injections within the previous 4 months.

Orthopedic surgery of the lower leg; orthopedic surgery in other body parts within the previous 12 months.

Tendon and tissue surgery at the lower leg.

Previous Selective Dorsal Rhizotomy or intrathecal Baclofen treatment.

Inability to take prescribed test condition (hip 70°, knee 20° and 90°).

Severe cognitive or language deficits or disturbed behavior interfering with the comprehension of instructions required to participate in the study.

GMFCS IV or V (to exclude disuse or muscle atrophy).

## Study design

### Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Basic science

## Recruitment

NL  
Recruitment status: Recruitment stopped  
Start date (anticipated): 13-12-2010  
Enrollment: 50  
Type: Actual

## Ethics review

Approved WMO  
Date: 06-08-2010  
Application type: First submission  
Review commission: METC Leids Universitair Medisch Centrum (Leiden)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
CCMO	NL32181.058.10