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**Center of pressure displacement due to graded controlled perturbations to the trunk in standing subjects: the force-impulse paradigm**

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(Article begins on next page)

1 *Original Article*

2 **Center of pressure displacement due to graded controlled**  
3 **perturbations to the trunk in standing subjects: the force-**  
4 **impulse paradigm**

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24 **ABSTRACT**

25 *Purpose:* Many studies have investigated postural reactions (PR) to body-delivered  
26 perturbations. However, attention has been focused on the descriptive variables of  
27 the PR rather than on the characterization of the perturbation. This study aimed to  
28 test the hypothesis that the impulse rather than the force magnitude of the  
29 perturbation mostly affects the PR in terms of displacement of the center of foot  
30 pressure ( $\Delta\text{CoP}$ ).

31 *Methods:* Fourteen healthy young adults (7 males and 7 females) received two  
32 series of 20 perturbations, delivered to the back in the anterior direction, at mid-  
33 scapular level, while standing on a force platform. In one series, the perturbations  
34 had the same force magnitude (40 N) but different impulse (range: 2-10 Ns). In the  
35 other series the perturbations had the same impulse (5 Ns) but different force  
36 magnitude (20-100 N). A simple model of postural control restricted to the sagittal  
37 plane was also developed.

38 *Results:* The results showed that  $\Delta\text{CoP}$  and impulse were highly correlated (on  
39 average:  $r=0.96$ ) while the correlation  $\Delta\text{CoP}$ -force magnitude was poor ( $r=0.48$ )  
40 and not statistically significant in most subjects. The normalized response,  
41  $\Delta\text{CoP}_n=\Delta\text{CoP}/I$ , was independent of the perturbation magnitude in a wide range of  
42 force amplitude and impulse and exhibited good repeatability across different sets  
43 of stimuli (on average:  $\text{ICC}=0.88$ ). These results were confirmed by simulations.

44 *Conclusion:* The present findings support the concept that the magnitude of the  
45 applied force alone is a poor descriptor of trunk-delivered perturbations and suggest  
46 that the impulse should be considered instead.

47 **Keywords:** Postural reaction; perturbation; force; impulse; center of pressure; balance  
48 control.

49

## 50 **1. INTRODUCTION**

51 Research on postural reactions (PR) has employed a variety of perturbation  
52 techniques intended to simulate in laboratory conditions the events that challenge  
53 the body equilibrium in real life. Two distinct approaches have been followed:  
54 imparting the perturbation i) to the base of support by sliding or tilting the platform  
55 (Schmidt et al. 2015; Grassi et al. 2017; Robbins et al. 2017) or ii) directly to the  
56 upper body. These two perturbation modes elicit fundamentally different PR  
57 (Bortolami et al. 2003; Colebatch et al. 2016; Chen et al. 2017) and thus are both  
58 worth to be pursued. However, while the moving platform is easily described and  
59 standardized in terms of extent and speed of displacement and rotation, description  
60 and quantification of upper body perturbation are more difficult. Direct body  
61 perturbation has been achieved in the most disparate of ways. Some devices were  
62 based on imparting a pull force to the body by the sudden release of a weight  
63 connected to the body via a cable (Martinelli et al. 2015; Maaswinkel et al. 2016;  
64 Azzi et al. 2017) or employing electric actuators (Pidcoe and Rogers 1998;  
65 Sturnieks et al. 2013; Fujimoto et al. 2015; Robert et al. 2018), which, however,  
66 alter the subject's resting posture, thus potentially affecting the overall PR. Others  
67 are based on the application of a push force imparted manually by pushing the  
68 subject with the hands (Colebatch et al. 2016), or by releasing a pendulum which  
69 hits the body at shoulder level (Kim et al. 2012), or by the action of a hand-held  
70 device which records the force profile during contact with the subject (Kim et al.  
71 2009; Pasman et al. 2019; Dvir et al. 2020). In most cases little attention was  
72 devoted to the characterization of the perturbation and the relation between the  
73 magnitude of the perturbation and the postural response, focusing instead on the

74 factors affecting CoP steadiness (Martinelli et al. 2015; Azzi et al. 2017; Grassi et  
75 al. 2017) or its association with the risk of falling (Sturnieks et al. 2013; Fujimoto  
76 et al. 2015). However, the precise identification of the input variable that better  
77 correlates with the CoP response could facilitate the interpretation of the results and  
78 the design of appropriate postural tests. Significantly, it could enhance testing of  
79 patients affected with disorders in which the normal PR may be compromised  
80 (Grassi et al. 2017; Colebatch and Govender 2019).

81 Although it is generally acknowledged that, within the boundaries of stability, the  
82 greater the magnitude of the perturbation the greater is the PR (Diener et al. 1988;  
83 Kim et al. 2009; Azzi et al. 2017; Forghani et al. 2017; Teixeira et al. 2019), very  
84 few studies investigated this relation with upper body-directed perturbation. Kim et  
85 al (2009) evidenced a positive correlation between the peak force of a body-directed  
86 push perturbation and the displacement of the center of pressure (CoP). However,  
87 by exploring specifically this facet of PR, we have recently observed that in young  
88 men, the magnitude of the CoP response, in terms of its displacement, was better  
89 correlated with the impulse than with the peak force of the postural perturbation  
90 (Dvir et al. 2020). On one hand, it may seem obvious that the magnitude of the  
91 perturbation cannot be simply characterized by the magnitude of the force but  
92 should also depend on the duration of the push. On the other hand, the impulse,  
93 indeed defined as the integral of force over time, has surprisingly not gained much  
94 consideration in the literature, even though it corresponds to the momentum  
95 transferred to the body. As such, it is directly related to the change in speed of the  
96 body and thus to the energy transmitted by the perturbation.

97 The preliminary observation presented in Dvir et al.(2020) did not provide a clear-  
98 cut indication with regard to the impulse vs. force paradigm, possibly because of  
99 data dispersion. The postural perturbations were manually delivered, with high  
100 intra- and inter- subject variability, in terms of force amplitude, duration and  
101 impulse. This could have accounted for the intra-subject variability of the response  
102 and the low Pearson correlation coefficient values observed in some subjects.

103 Aim of the present study is to reinvestigate the hypothesis that the CoP  
104 displacement due to trunk-directed push perturbations is linearly correlated with the  
105 magnitude of the impulse and not with the force magnitude, by means of a renewed  
106 experimental approach and model simulations. In order to reduce the variability in  
107 the magnitude of the perturbations a novel pneumo-tronic device was developed,  
108 capable of imparting simultaneous force- and duration-controlled perturbations  
109 (Ferraresi et al. 2020a, b; Maffiolo et al. 2020). In addition, the experimental results  
110 are discussed and compared with a simulation of the CoP response based on a  
111 simple single-link inverted pendulum model.

## 112 **2. METHODS**

### 113 *2.1 Experimental test*

#### 114 2.1.1 Subjects

115 A group of 14 healthy young adults, 7 females (mean(SD) age: 22.7(1.7)years;  
116 height: 1.62(0.05)m; weight: 54.0(4.2)kg; BMI: 20.7(1.5)kg/m<sup>2</sup>) and 7 males  
117 (mean(SD) age: 23.1(2.7)years; height: 1.78(0.11)m; weight: 70.3(6.0)kg; BMI:  
118 22.3(1.6)kg/m<sup>2</sup>), was recruited from the student population at the Politecnico di  
119 Torino. Exclusion criteria included: recent lower extremity injury and/or fracture

120 (< 1 year), previous reconstructive surgery in the lower extremity and balance  
121 deficits. All subjects provided written informed consent to participate in this study  
122 which was approved by the institutional review board of the University of Torino  
123 (Prot. n. 380583).

#### 124 2.1.2 Task and instrumentation

125 The experimental task consisted of recovering balance following impulsive  
126 perturbations applied to the trunk in the anterior direction while standing on a force  
127 platform.

128 The force platform, a modified Shekel (Beit Keshet, Israel) device, was made up of  
129 a still plate (52x36 cm) which was supported by 4 uniaxial load cells (TEDEA,  
130 Israel, model 1042, rated capacity 100 kgf), mounted on a base plate. The  
131 perturbation was applied by a pneumo-tronic perturbator designed and constructed  
132 at the Dept. of Mechanical and Aerospace Engineering at the Politecnico di Torino.  
133 The instrument is shown in Fig. 1A and was described in detail in another  
134 publication (Ferraresi et al. 2020b). The closed-loop force feedback design, based  
135 on the continuous monitoring of the perturbation force provided by a load cell  
136 positioned in series with the tip of the perturbator, allows for the regulation of the  
137 precise intensity and duration of the stimulus delivered to the subject, irrespective  
138 of the mechanical compliance of the operator (Ferraresi et al. 2020b).

#### 139 2.1.3 Procedure

140 During the test, the subjects stood barefoot on the force platform with the feet at  
141 pelvic distance and with vision unobstructed. Subjects were asked to assume a



142 normal-relaxed stance and they were instructed to respond naturally. The feet  
143 locations were traced onto the platform surface to ensure consistent initial foot  
144 placement across test sessions for each participant. The operator stood behind the  
145 subject holding the perturbator while the interface was maintained at a distance of  
146 about 2 cm from the subject's back (Fig. 1B). Immediately before the starting of  
147 the test, participants were familiarized with the procedure by receiving few  
148 perturbations. The perturbations were delivered to the trunk always at inter-scapular  
149 level (IS), given that, at this site, more reproducible responses could be obtained,  
150 compared to lumbar level (Dvir et al. 2020).

151 The test comprised two series, with a break of 5 min in between. In one series,  
152 namely the constant-force series, the perturbations had the same force magnitude  
153 (40 N), but different impulse values (2 Ns; 4 Ns; 6 Ns; 10 Ns). In the other series,  
154 namely the constant-impulse series, the perturbations had the same impulse (5 Ns)  
155 but different force magnitude (20 N; 40 N; 60 N; 100 N). Based on our previous  
156 experience, we operated in a range of values large enough to elicit a clearly  
157 detectable response and small enough to exclude a step response. The values of 40  
158 N and 5 Ns were arbitrarily chosen as intermediate values within that range. The  
159 average force perturbation profiles, for each condition, are shown in Fig. 2.

160 In each series, the subjects received a total of 20 perturbations, 5 for each force  
161 profile mentioned above. The sequences of perturbations, each one including 5  
162 equal stimuli, were provided in random order. An inter-perturbation pause of at  
163 least 10 s was allowed for returning to relaxed stance. The order of the 2 series was  
164 randomized as well. A typical testing session lasted about 20 minutes.

165 2.1.4 Data processing

166 Data were extracted and processed with custom routines developed in  
167 MATLAB\_R2019b®. The force signal was acquired at 1000 Hz and digitally low-  
168 pass filtered using a dual-pass 8<sup>th</sup> order Butterworth filter with a cut-off frequency  
169 of 200 Hz. The actual magnitude of the perturbation was characterized in terms of:

- 170 • Force Amplitude (in N): the average force at the plateau. The start and the  
171 end of the plateau were automatically detected as the time instants at which  
172 the force signal crossed a threshold equal to 95% of the intended force  
173 magnitude (see Fig. 3).
- 174 • Impulse (in Ns): the integral of force computed over the time interval in  
175 which the force is greater than 0.5 N.

176 The ground reaction forces were acquired at 1000 Hz and were used to calculate  
177 the coordinates of the CoP. Both coordinates were digitally low-pass filtered with  
178 a dual-pass 8<sup>th</sup> order Butterworth filter with a cut-off frequency of 20 Hz. The  
179 postural response,  $\Delta\text{CoP}$ , was computed as the maximum CoP displacement,  
180 observed within 2 s from the perturbation. The displacement (in cm) is calculated  
181 from the average resting position, calculated over the 3 s preceding the perturbation.

182 2.1.5 Statistical Analysis

183 All statistical procedures were conducted using MATLAB\_R2019b®.

184 Possible differences in impulse and force amplitude among the different  
185 perturbation types were analyzed through a Friedman test with grouping factor

186 impulse and force amplitude for the constant-force and constant-impulse series,  
187 respectively.

188 Pearson's correlation coefficient ( $r$ ) was used to assess the relationship between  
189  $\Delta\text{CoP}$  and the perturbation. The Fisher's  $Z$  transform was used to estimate an  
190 average correlation coefficient over all subjects. Pearson's coefficient was also  
191 calculated to evaluate the relationship between the postural response and the  
192 physical characteristics of the subjects. The Friedman's test was used to determine  
193 whether the impulse or force amplitude affect the CoP displacement.

194 Intraclass correlation coefficients ( $\text{ICC}_{3,k}$ ), based on a mean rating ( $k = 5$ ), absolute  
195 agreement, 2-ways mixed effects model were derived to quantify the reliability of  
196 the CoP response among different stimulus magnitudes while the coefficient of  
197 variation (CoV) was used to assess the variability of the responses to the same  
198 perturbation type. In order to evaluate whether general postural adjustments in  
199 anticipation of back perturbations took place during the test, changes in resting CoP  
200 were assessed within each session (comparing the beginning and the end of each  
201 experimental session, average CoP computed 30-s intervals with no perturbations;  
202 Wilcoxon Signed Rank Test) as well as within each of the 8 sequences of stimuli  
203 of the same type (comparing the 3-s CoP baseline preceding the first stimulus and  
204 the last one of the sequence; Wilcoxon Signed Rank Tests, with Bonferroni  
205 correction).

206 Data in the text are expressed as mean  $\pm$  standard deviation.

207 *2.2 Single-link inverted pendulum models*

208 The human body orthostatic position perturbed with low entity disturbances  
 209 occurring in the sagittal plane can be schematized by means of an inverse pendulum  
 210 model (Winter et al. 1998). The basic scheme, implemented in MATLAB®  
 211 Simulink® environment, represents the body as a rigid link having a single  
 212 rotational degree of freedom (DoF) about the ankle joint (Fig. 4). For small  
 213 oscillations of the body  $\theta$ , the linearization of the model yields the following  
 214 equations:

$$215 \quad \tau + mgd\theta - md^2 \frac{d^2\theta}{dt^2} - I \frac{d^2\theta}{dt^2} + F_e h_F = 0 \quad (1)$$

$$216 \quad CoP = \frac{-\tau - R_x h}{mg} \quad (2)$$

217 where  $\tau$  is the correcting torque at the ankle,  $m$  is the body mass,  $g$  is the  
 218 gravitational acceleration,  $d$  is the distance between ankle joint and the center of  
 219 mass (CoM),  $I$  is the rotational inertia of the body about the CoM,  $h_F$  is the distance  
 220 between ankle joint and the point of application of the perturbation force  $F_e$ , CoP is  
 221 the center of pressure position,  $R_x$  is the horizontal component of the ground  
 222 reaction force,  $h$  is the height of ankle joint with respect to the fixed base of support.

223 Although simplified models of balance control can focus on muscle stiffness alone  
 224 as the main tool to achieve stabilization in quiet standing, it is well known that such  
 225 passive behavior is generally not sufficient to ensure stability (Morasso et al. 1999),  
 226 especially when significant external disturbances are considered. For this reason,  
 227 the correcting torque at the ankle  $\tau$  has been modeled as the sum of a passive and  
 228 an active contribution. The passive contribution is related to the visco-elastic  
 229 behavior of human tissues and is proportional to both the deformation  $\theta$  and the rate

230 of deformation  $\dot{\theta}$  of the joint (Engelhart et al. 2015), whereas the active contribution  
231 depends on the neuromuscular control managed by the central nervous system and  
232 can be modeled as a delayed PD (Proportional-Derivative) action (Van Der Kooij  
233 et al. 2005). In particular, the output of the controller, i.e., the active torque at the  
234 ankle, is aimed at minimizing the error  $\theta$ , i.e., the current angular displacement from  
235 the initial standing position ( $\theta=0$ ). The information about the current angular  
236 displacement is fed to the controller by noisy and delayed sensory feedback. Thus,  
237 a constant transmission delay was introduced as the latency between the variation  
238 of  $\theta$  and the generation of the reflex active torque (Goodworth and Peterka 2018),  
239 and an additive pink noise was introduced to account for the limitations of the  
240 sensory system (Van Der Kooij and Peterka 2011; Boonstra et al. 2013; Goodworth  
241 and Peterka 2018). Proportional and derivative gains of the PD control model then  
242 need to be identified, to match the characteristics of a given subject and to achieve  
243 stability. (Van Der Kooij et al. 2005; Van Der Kooij and Peterka 2011; Goodworth  
244 and Peterka 2018).

245 With the limited aim of investigating the theoretical dependence of the CoP  
246 response to force and impulse of the perturbation, the model was configured as  
247 follows: 1) anthropometric parameters were set equal to average values computed  
248 over the participants to the experimental study (with reference to Fig. 4:  $m = 62$  kg,  
249  $l = 1.70$  m,  $h = 0.1$  m,  $d = 0.6l$ ,  $I = ml^2/12$ ,  $h_F = 1.2$  m); 2) the coefficients of the  
250 passive response were set according to the literature (Engelhart et al. 2015); 3) the  
251 latency between the generation of the active torque and the variation of  $\theta$  was set to  
252 the constant value of 90 ms, according to the literature (Goodworth and Peterka

253 2018); 4) active control parameters and noise level were estimated by an iterative  
254 least-squares fitting used to match the simulation with the average experimental  
255 postural response.

256 The CoP response to a given perturbation was obtained from the average of 5  
257 distinct simulations, thus accounting for the variability introduced by sensory noise.

### 258 **3. RESULTS**

#### 259 *3.1 Results of the experimental trials*

260 A representative recording of a single perturbation along with the postural response  
261 is shown in Fig. 3.

262 The actual magnitudes for the different experimental perturbation types are shown  
263 in Fig. 5 for the two series. In the constant-force series, the perturbator delivered  
264 stimuli with different impulses and with similar force amplitude values (on average,  
265  $39.54 \pm 3.01$  N) although the actual force amplitude appeared to depend on stimulus  
266 type ( $p < 0.01$ ) (Figure 5A). Similarly, the perturbation types in the constant-  
267 impulse series were well characterized by distinct force values and similar impulse  
268 values (on average, the impulse was equal to  $4.60 \pm 0.28$  Ns) although a significant  
269 dependence of impulse on stimulus type was observed ( $p < 0.01$ ) (Fig. 5B).

270 Note that, while impulse was precisely controlled among subjects, peak force  
271 exhibited some increased dispersion at 2 Ns compared to other impulse levels,  
272 possibly due to the difficulty in controlling short-duration perturbations.

273 In all subjects,  $\Delta\text{CoP}$  exhibited a significant ( $p < 0.001$ ) and extremely good linear  
274 correlation with the impulse of the perturbation (Fig. 6A),  $r = 0.96$  on average, in  
275 spite of the slight differences observed in average peak force levels. Conversely,  
276 the mean correlation between  $\Delta\text{CoP}$  and force amplitude was poor ( $r = 0.49$ ) and  
277 not statistically significant in 7 out of 14 subjects (Fig. 6B). The box plots of Fig.  
278 6C show the distribution of the individual Pearson's correlation coefficients in the  
279 two cases.

280 The linearity of the relation between  $\Delta\text{CoP}$  and impulse allowed normalizing the  
281 CoP displacement to the impulse of the perturbation:  $\Delta\text{CoP}_n = \frac{\Delta\text{CoP}}{\text{Impulse}}$ , which  
282 should then provide a postural index independent of the magnitude of perturbation  
283 (Dvir et al. 2020). This index remained fairly constant, within the constant-force  
284 series for impulse (range: 4-10 Ns). Friedman's ANOVA indicated a significant  
285 dependence of  $\Delta\text{CoP}_n$  with impulse ( $p < 0.01$ ) with a significantly increased value  
286 at impulse = 2 Ns compared to the other magnitudes ( $p < 0.01$ ) (Fig. 7A). Also in  
287 the constant-impulse session, the experimental  $\Delta\text{CoP}_n$  was influenced by the force  
288 amplitude of the perturbation ( $p < 0.01$ ) but only the response to  $F=100$  N differed  
289 significantly from the other magnitudes (Fig. 7B): the  $\Delta\text{CoP}_n$  at 100 N was  
290 significantly higher than the  $\Delta\text{CoP}_n$  at 20 N ( $p < 0.05$ ) and at 40 N ( $p < 0.01$ ).  
291 Notably, on exclusion of the low-impulse (2 Ns) and high-force perturbations (100  
292 N) the individual  $\Delta\text{CoP}_n$  values remain fairly comparable, even in response to  
293 different stimulus types (ICC = 0.88 with 95% confident interval [0.75 – 0.96]).  
294 Furthermore, the normalized index  $\Delta\text{CoP}_n$  showed relatively low variability when  
295 assessed in response to 5 perturbations of the same type: on average  $\text{CoV} = 13 \pm 7\%$ .

296 A single index value was calculated for each subject by averaging the  $\Delta\text{CoP}_n$  over  
297 all perturbations greater than 2 Ns and less than 100 N (mean [range]: 0.93 [0.72 –  
298 1.15] cm/Ns). The mean value of the  $\Delta\text{CoP}_n$  was significantly inversely correlated  
299 with the physical characteristics of the subjects: weight ( $r = -0.79$ ), height ( $r = -$   
300 0.69) and foot length ( $r = -0.63$ ).

301 In order to exclude postural adjustments in preparation for back perturbations, the  
302 resting CoP was analyzed for possible variations during the test. No significant  
303 change in resting CoP was detected within any of the 2 session and of the 8  
304 perturbation sequences.

### 305 *3.2 Simulations results*

306 The tuning of the model was performed to match the average experimental  $\Delta\text{CoP}_n$   
307 response of Fig. 7A (black line). The comparison between simulation results and  
308 experimental data, for each testing condition selected during the trials carried out  
309 on healthy subjects, is shown in Fig. 8.

310 It can be observed that, in the absence of sensory noise, simulated  $\Delta\text{CoP}$  exhibited  
311 a linear trend with the impulse (Fig. 8A, blue line) whereas no dependence on the  
312 force amplitude (Fig. 8B) was found. Accordingly,  $\Delta\text{CoP}_n$  remained extremely  
313 constant over the entire range of impulse and force amplitude (Fig. 8C and D).

314 With the addition of noise to the sensory feedback, both  $\Delta\text{CoP}$  and  $\Delta\text{CoP}_n$  increased  
315 in all conditions (Fig 8 A-D, red lines). While this effect was uniform for  $\Delta\text{CoP}$  in  
316 all conditions, it was particularly marked at low impulse for  $\Delta\text{CoP}_n$ , thus faithfully  
317 matching the experimental data at 2 Ns.



318 **4. DISCUSSION**

319 To the best of our knowledge, this is the first study in which force and impulse of  
320 the trunk perturbations have been systematically varied in order to investigate their  
321 differential effect on PR. The issue was addressed by challenging the balance of  
322 healthy subjects by means of a custom-built perturbator, which proved adequate to  
323 deliver accurately controlled stimuli, and by analyzing simulated responses based  
324 on a simple inverse pendulum model.

325 The findings support the hypothesis formulated on the basis of a previous  
326 observation, namely, that the displacement of the CoP is consistently and strongly  
327 correlated with impulse and not significantly correlated with the force amplitude of  
328 the perturbation. Furthermore, since the extracted  $\Delta\text{CoP}_n$  was quite constant across  
329 the perturbation range, the applicability of this index as a synthetic descriptor of the  
330 individual postural performance was further amplified.

331 Although, as pointed out, the association between  $\Delta\text{CoP}$  and the magnitude of the  
332 perturbation has been highlighted before, a clear *linear* relationship has been  
333 evidenced experimentally only in a handful of studies. Kim et al (2009) showed that  
334  $\Delta\text{CoP}$  was positively correlated with the peak force of perturbations applied to the  
335 high back, in apparent contrast with the present results. However, we speculate that  
336 the duration of the perturbations (which was not measured) was quite constant  
337 across the different subjects, which would make impulse and force amplitude  
338 proportionally related and thus, both correlated with  $\Delta\text{CoP}$ . Our preliminary study  
339 on PR (Dvir et al. 2020) indicated a moderate correlation between  $\Delta\text{CoP}$  and force  
340 ( $r = 0.50$ ) and a stronger correlation with the impulse of the perturbation ( $r = 0.71$ )

341 but the distributions of the individual Pearson correlation coefficients were quite  
342 dispersed, possibly because the study was based on uncontrolled manually-  
343 delivered perturbations. The possibility to deliver accurate perturbations in the  
344 present study effectively reduced the intra-subject variability in the PR and revealed  
345 the clear-cut linear relationship between  $\Delta\text{CoP}$  and impulse ( $r = 0.96$ ) while  
346 confirming a low correlation between  $\Delta\text{CoP}$  and force amplitude ( $r = 0.49$  on  
347 average but reaching significance only in 7 subjects). Moreover, the reproducibility  
348 of the disturbances provided by the perturbator was adequate for the application, as  
349 signaled by the results shown in Fig. 5, confirming that the performance of the  
350 device was not significantly affected by the presence of a human operator (Ferraresi  
351 et al. 2020b; Maffiodo et al. 2020). Notably, as compared to our previous study  
352 based on manual uncontrolled perturbations, with the new perturbator we were able  
353 to reduce the within-subject variability of  $\Delta\text{CoP}_n$ , from about  $20 \pm 8 \%$  (recalculated  
354 from previous data) to  $13 \pm 7 \%$ . As a result, it was here possible to achieve a  
355 comparable ICC with as few as 5 perturbations, instead of the 20 stimuli used in the  
356 previous study.

357 The results of the study reinforce the concept that a single index,  $\Delta\text{CoP}_n$ , obtained  
358 from the ratio of  $\Delta\text{CoP}$  and impulse, may synthetically describe the PR of the  
359 subject, independently of the magnitude of the perturbation (Dvir et al. 2020). In  
360 fact, this index is here shown to remain fairly constant in a wide range of force and  
361 impulse intensity (Fig. 7). Notably, this index was slightly but significantly  
362 increased at low impulse and high force amplitude: a pattern not predicted by the  
363 model (Fig. 8 D). While significant non-linearities are embedded in the postural  
364 control system, starting from the muscle level (Ivanenko and Gurfinkel 2018), the

365 present deviation from linearity could be related to the short duration of the  
366 perturbation, which is below 75 ms for both 2 Ns and 100 N. In fact it has been  
367 proposed that short stimuli elicit a triggered response, uninfluenced by the stimulus  
368 characteristics, while a longer stimulus duration would be necessary for sensory  
369 inputs to encode the magnitude of the perturbation and help to shape a proportionate  
370 response (Diener et al. 1988). On the other hand, the results here obtained with the  
371 model also suggest that, at low perturbation magnitudes, the presence of noise in  
372 the system may account for a similar non-linearity (Fig 8 C-D).

373 While the implemented model completely excludes a dependence of the PR on the  
374 force amplitude, a significant correlation was evidenced in some subjects (Fig. 6B).  
375 It may be observed that these individual correlations are based on only 4 points and  
376 thus heavily depend on each single measurement. As a consequence, increased  
377 correlations would result due to the abnormally increased response at 100 N, as  
378 previously discussed. On the other hand, a weak correlation with the force  
379 amplitude could also result from the involvement of additional sensory feedback  
380 pathways, particularly sensitive to the force stimulus (e.g., touch receptors of the  
381 back, vestibular receptors), not included in the present model.

382 Regarding the accuracy of the simulations, the approach to model tuning used in  
383 this study was considered suitable to achieve a realistic although simplified  
384 behavior of the model, however it is well known that all the active and passive  
385 response parameters discussed are highly subject-specific and require accurate  
386 estimation when a detailed description of balance control is targeted (Goodworth  
387 and Peterka 2018).

## 388 5. LIMITATIONS

389 As a first approximation, the balance reaction of healthy young adults in response  
390 to low disturbance mainly consists of a correcting torque at the ankle (Horak and  
391 Nashner 1986; Shumway-Cook and Woollacott 2007). Therefore, a single-link  
392 inverted pendulum model was developed to simulate the postural response of the  
393 study participants. This approximation was supported by the visual inspection of  
394 the experimental trials, that confirmed how most oscillations occurred about the  
395 ankle joints. As indicated by the good match between experimental and simulated  
396 data, this simple model proved to be sufficiently accurate for the purpose of testing  
397 the relationship between the displacement of the CoP and the impulse of the  
398 perturbation. On the other hand, we cannot exclude that other postural strategies,  
399 such as the hip strategy, could also contribute to the whole response, particularly to  
400 high-magnitude perturbations. This would likely affect the correlation between  
401  $\Delta\text{CoP}_n$  and impulse, although the precise effects are difficult to predict, based on  
402 the present experiments. Appropriate integration of the hip strategy into the model  
403 requires to adopt a double-link inverted pendulum model, resulting in a far more  
404 complex optimization problem, with additional unknown control parameters used  
405 to model the correcting torque at the hip and the interaction between active controls  
406 at each joint (Goodworth and Peterka 2018). This, in turn, requires the acquisition  
407 of additional descriptors of the postural response, e.g. tangential forces at the  
408 platform, movements and acceleration of the different body segments. The present  
409 results suggest that this increase in complexity is not necessary for describing the  
410 response to small postural perturbation.

411 Another limitation of the study was the non-exactly constant value of the force  
412 amplitude and of the impulse in the force constant session and in the impulse  
413 constant session, respectively. The perturbations were applied to the subjects with  
414 a custom-made device consisting of a low friction pneumatic actuator controlled in  
415 force and position by a PI controller. The nonlinearities and relatively slow  
416 dynamics associated to pneumatic systems and the inertia of the piston make the PI  
417 controller not able to appropriately minimize the error between the force reference  
418 profile and the applied force in a very short time. As a result, there is an overshoot  
419 in the first 35 ms of the perturbation that impacts on the calculated Force Amplitude,  
420 especially in the case of short-lasting perturbations. To obtain more accurate  
421 perturbation profiles and more robust control, an electrically-actuated perturbator  
422 based on Model Predictive Control, with inherent high dynamics and stiffness, is  
423 currently under development (Pacheco Quiñones et al. 2021).

## 424 **6. CONCLUSION**

425 The results support the use of the impulse rather than the force as input variable in  
426 impulsive perturbations applied to the trunk. Thanks to the linearity of the  
427 relationship between  $\Delta\text{CoP}$  and impulse, the postural index,  $\Delta\text{CoP}_n$ , may be used  
428 as a synthetic descriptor of the individual postural performance.

## 429 **CONFLICT OF INTEREST STATEMENT**

430 The authors have no conflict to disclose.

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550

## 551 **FIGURE LEGENDS**

552 **Figure 1.** Experimental Set-up. A: pneumo-tronic perturbator, 1: low friction  
553 pneumatic actuator, 2: flow-proportional valves, 3: laser sensor, 4: load cell,  
554 5: end striker, 6: handles, 7: trigger button. B: Example of experimental task  
555 with the operator handling the pneumo-tronic perturbator.

556 **Figure 2.** Force profiles for the different perturbation types included in the constant  
557 force series (A) and the constant impulse series (B). The intended force  
558 profile (red) is superimposed to the actually delivered force profile (blue,  
559 average across all subjects).

560 **Figure 3.** A representative recording of the perturbation (Black line) and the  
561 ensuing displacement of the Center of Pressure (dashed grey line) observed

562 during experimentation (constant-force series: 40 N, 6 Ns).

563 **Figure 4.** Free body diagram of a single-link inverted pendulum model for postural  
564 control analysis.  $\theta$  is the body oscillation,  $l$  is the height of the subject with  
565 respect to the ankle joint;  $h_F$  is the distance between ankle joint and the point  
566 of application of the perturbation force  $F_e$ ;  $d$  is the distance between ankle  
567 joint and the center of mass (CoM);  $h$  is the height of ankle joint with respect  
568 to the fixed base of support;  $I$  is the rotational inertia of the body about the  
569 CoM;  $m$  is the subject body mass;  $\ddot{x}$  is the horizontal acceleration of the CoM;  
570  $\ddot{y}$  is the vertical acceleration of the CoM;  $\ddot{\theta}$  is the angular acceleration of the  
571 CoM;  $g$  is the gravitational acceleration;  $\tau$  is the correcting torque at the  
572 ankle; CoP is the center of pressure position;  $R_x$  is the horizontal component  
573 of the ground reaction force;  $R_y$  is the vertical component of the ground  
574 reaction force

575 **Figure 5.** Characteristics of delivered perturbations for the constant-force series  
576 (left) and the constant-impulse series (right). Each box represents the median  
577 and the standard deviation of the perturbations applied to the subjects (n=5  
578 perturbation x 14 subjects = 70), for each stimulus type.

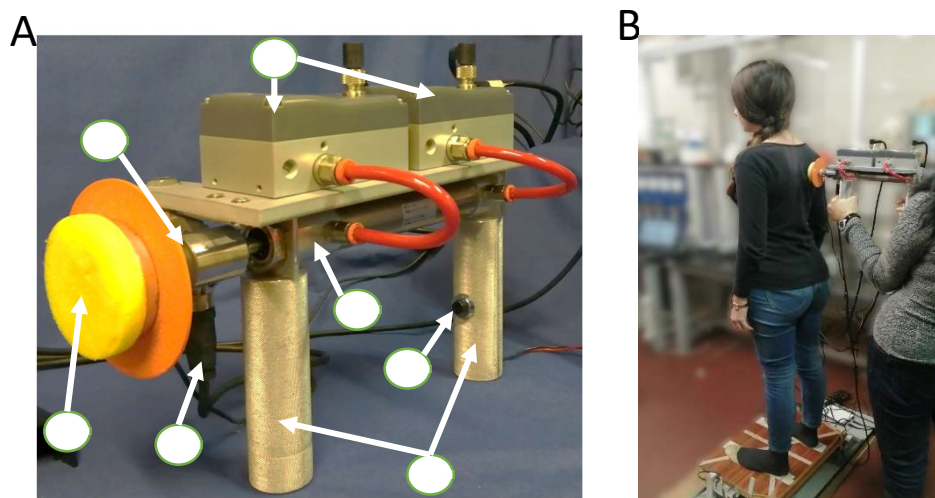
579 **Figure 6.** The relationship between the maximum displacement of the center of foot  
580 pressure,  $\Delta\text{CoP}$ , and the magnitude of the perturbations, in terms of impulse  
581 (A) and force amplitude (B) for each participant in the experimental trial.  
582 Distribution of the Pearson's Correlation Coefficients, for the  $\Delta\text{CoP}$  –  
583 Impulse (Black) and the  $\Delta\text{CoP}$  - Force (white) correlation (C).

584 **Figure 7.** The relationship between the postural index  $\Delta\text{CoP}_n$  and the magnitude of  
585 perturbation expressed in terms of impulse (A) and force amplitude (B) for  
586 each participant in the experimental trial (colored line). The thick black line  
587 represents the average trend.

588 **Figure 8** The relationship between the simulated maximum displacement of the  
589 center of foot pressure,  $\Delta\text{CoP}$ , and the magnitude of the perturbations, in  
590 terms of impulse (A) and force amplitude (B). The relationship between the  
591 postural index  $\Delta\text{CoP}_n$  and the magnitude of perturbation expressed in terms  
592 of impulse (C) and force amplitude (D).

593 Red lines refer to the results of the simulation performed considering the  
594 sensorial noise; blue lines refer to the results of the simulation performed  
595 without the contribution of the sensorial noise; black lines are the average  
596 experimental trend calculated on all the participants of the experimental  
597 analyses.

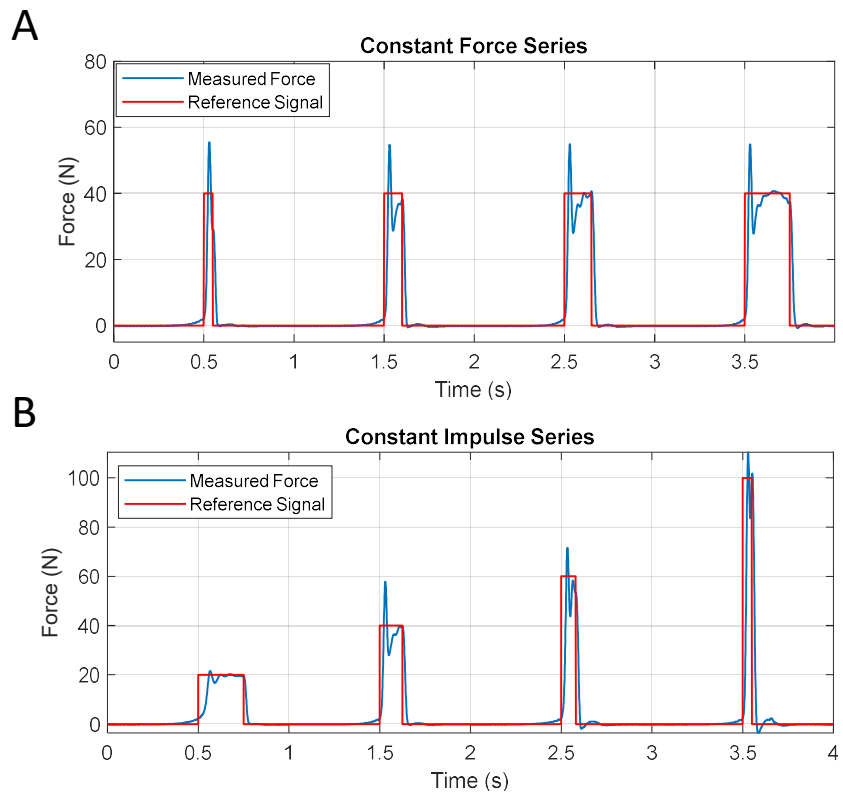
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**Figure 1**

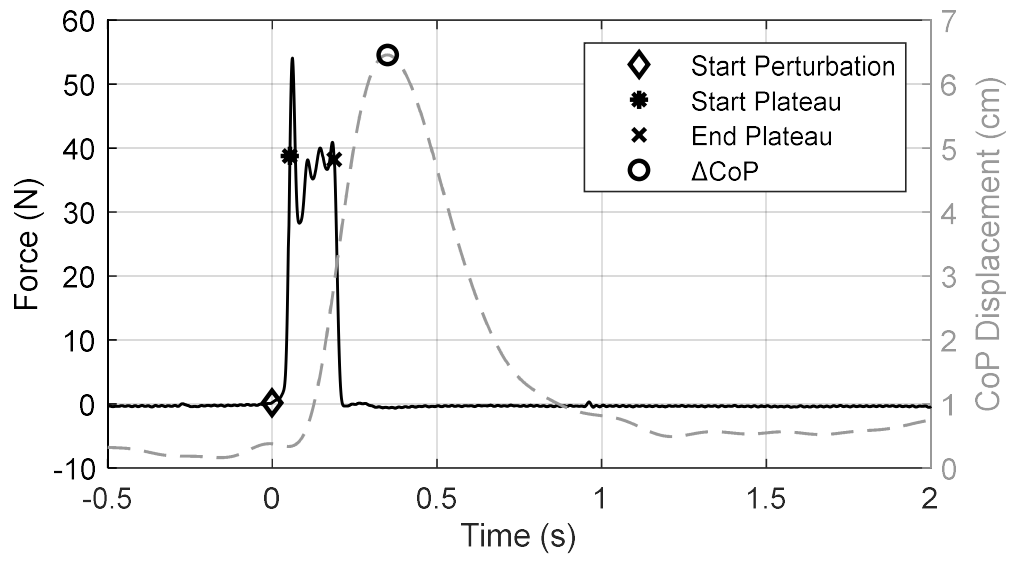
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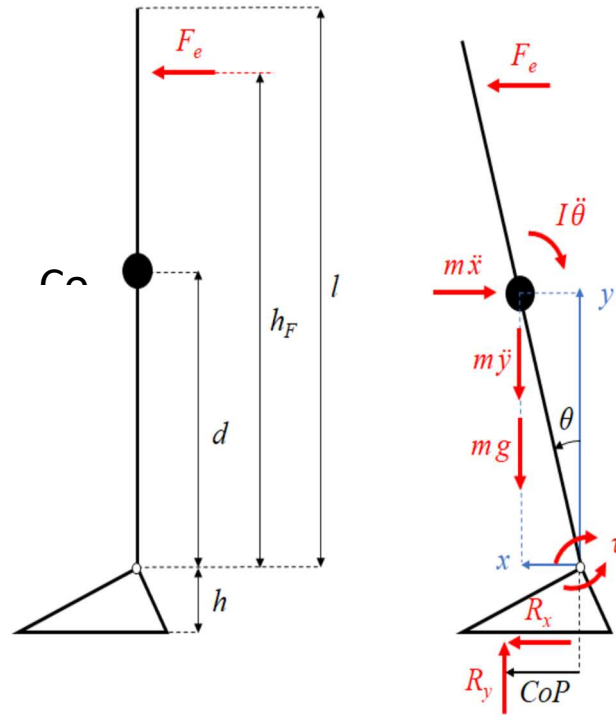
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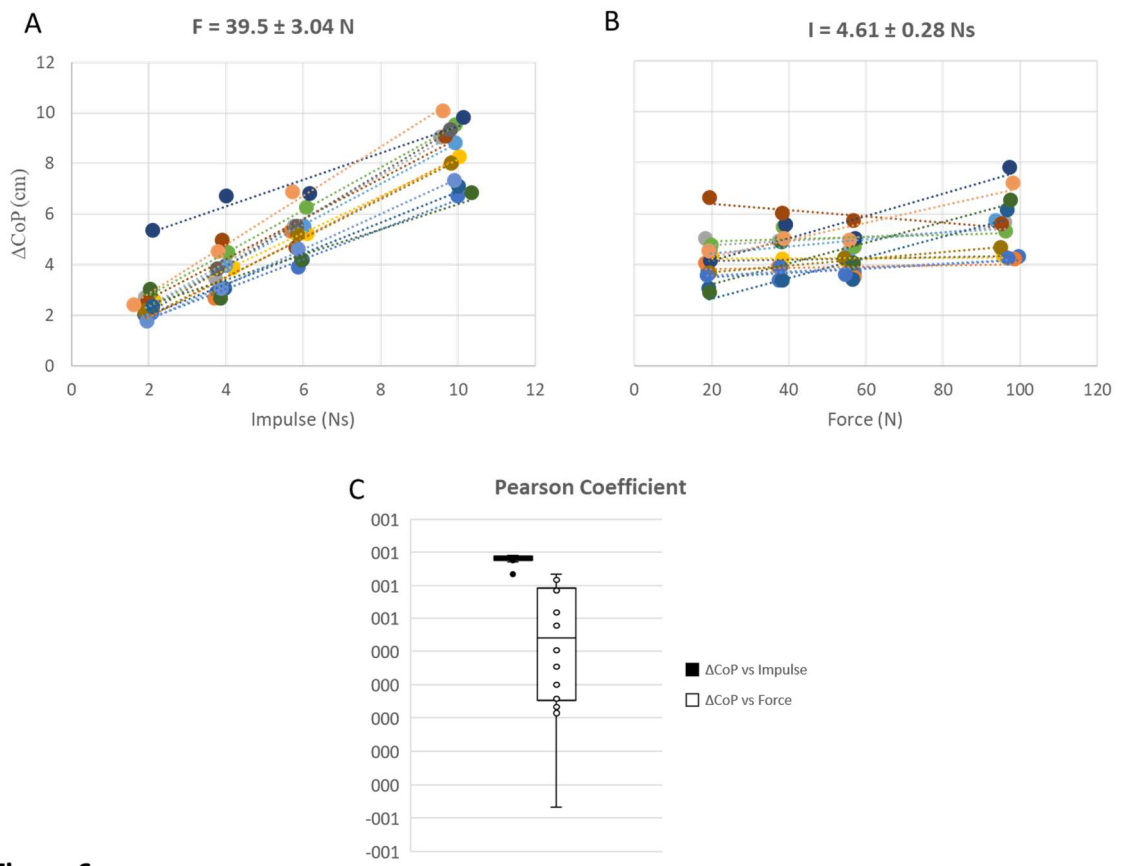
**Figure 2**



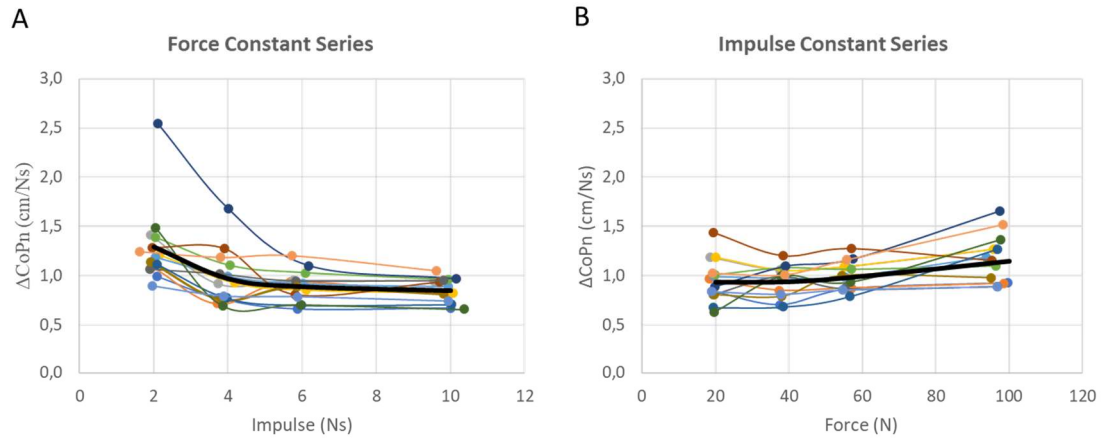
**Figure 3**



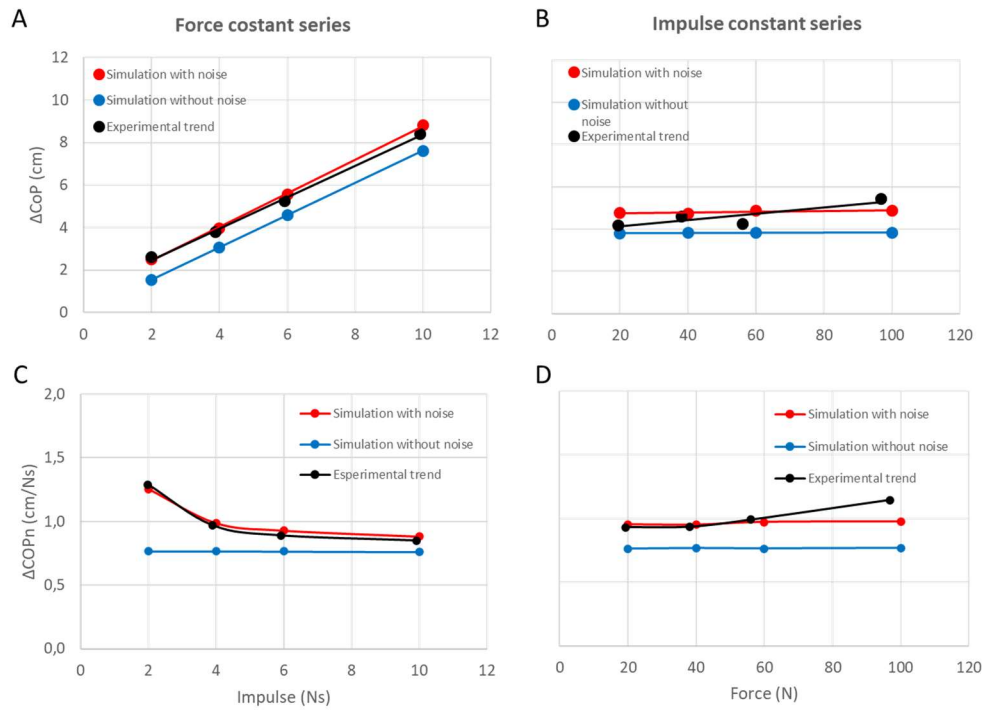
**Figure 4**



604 **Figure 6**



605 **Figure 7**



**Figure 8**

606