



QUANTIFYING GAIT IMPAIRMENT IN INDIVIDUALS AFFECTED BY CHARCOT-MARIE-TOOTH DISEASE: THE USEFULNESS OF GAIT PROFILE SCORE AND GAIT VARIABLE SCORE.

Abstract

Background: Gait analysis (GA) is a valid tool in Charcot-Marie-Tooth (CMT), but the complexity of output makes its use difficult. Synthetic measures, namely the gait profile score (GPS), a single score that summarizes the joint kinematics (expressed by the Gait variable score (GVS)), may be a valid approach.

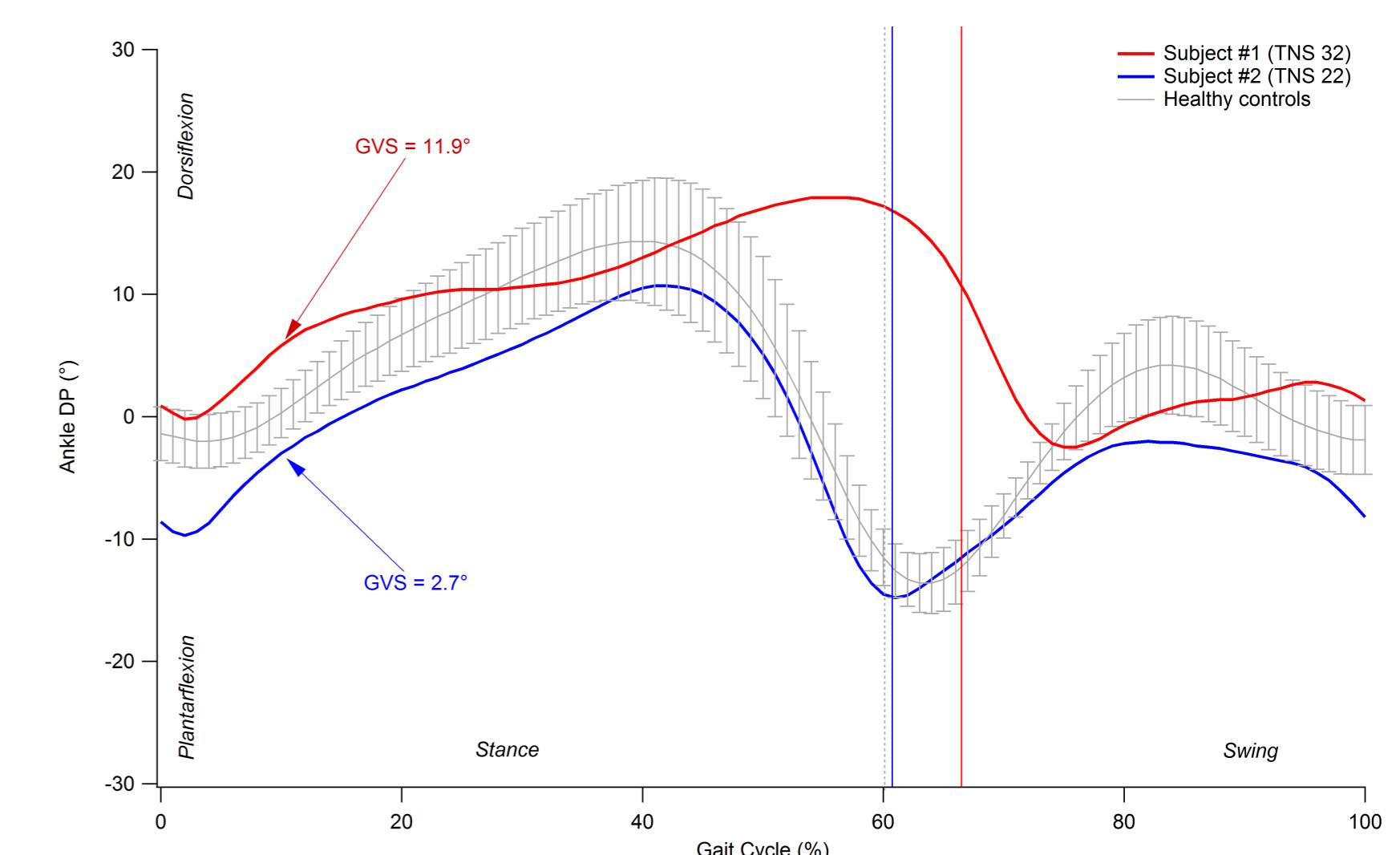
Aims: To test the usefulness of GPS and GVS as a method to quantify and monitor gait impairment in CMT.

Methods: A group of CMT patients and a gender-age-matched control group (CG) was recruited. GA was performed and spatio-temporal parameters, kinematics and dynamic range of motion (ROM) were calculated. The neurological impairment was evaluated by means of CMT neuropathy score (CMTNSv2) and Total Neuropathy Score (TNS).

Differences in the spatio-temporal parameters, GVS and GPS scores and ROM induced by the pathology were assessed using MANOVA. The relationship between spatio-temporal and kinematic parameters CMTNSv2 and TNS was assessed by the Pearson correlation.

GPS and GVS scores						
	CMT		CG			
GVS (°)	GPS (°)	Left 8.55 ± 1.81	Right 8.04 ± 2.42	Left 6.01 ± 1.29	Right 7.33 ± 2.02	0.002*
	Pelvic Tilt	4.89 ± 2.90	4.89 ± 2.70	3.97 ± 2.34	4.48 ± 2.73	0.134
	Pelvic Rotation	4.18 ± 1.36	4.28 ± 1.55	3.76 ± 1.73	3.41 ± 1.66	0.117
	Pelvic Obliquity	2.18 ± 0.54	2.51 ± 0.56	2.22 ± 1.29	2.04 ± 0.94	0.357
	Hip Flexion-Extension	9.25 ± 5.52	9.08 ± 3.80	7.36 ± 4.51	9.53 ± 5.26	0.564
	Hip Abduction-Adduction	3.93 ± 2.03	4.48 ± 2.05	4.28 ± 1.76	3.29 ± 1.24	0.374
	Hip Rotation	9.16 ± 4.58	8.52 ± 4.54	7.65 ± 3.28	10.12 ± 5.67	0.969
	Knee Flexion-Extension	10.84 ± 3.15	10.39 ± 4.80	7.83 ± 2.94	10.20 ± 4.71	0.127
	Ankle Dorsiflexion	9.07 ± 3.96	8.63 ± 4.18	4.50 ± 1.31	6.38 ± 1.79	<0.001*
	Foot Progression	11.99 ± 6.84	11.83 ± 6.17	5.35 ± 2.53	6.96 ± 3.03	<0.001*

CMT: Charcot-Marie-Tooth, CG: Control Group. The symbol * denotes statistical difference after Bonferroni correction



	Spatio-temporal Parameters			GPS and GVS			Spatio-temporal Parameters			GPS and GVS		
	Parameter	r	p-value	Parameter	r	p-value	Parameter	r	p-value	Parameter	r	p-value
Total Neuropathy Score (TNS) vs.	Stride length	-0.75	0.003*	GPS	0.48	0.100	Stride length	0.40	0.166	GPS	0.44	0.135
	Gait speed	-0.80	0.001*	Pelvic Tilt	0.10	0.738	Gait speed	0.34	0.250	Pelvic Tilt	0.25	0.408
	Cadence	-0.63	0.020*	Pelvic Rotation	0.34	0.258	Cadence	0.14	0.634	Pelvic Rotation	0.35	0.237
	Step width	0.06	0.833	Pelvic Obliquity	0.60	0.032*	Step width	0.15	0.631	Pelvic Obliquity	0.55	0.051
	Stance phase	0.31	0.300	Hip Flexion-extension	0.57	0.041*	Stance phase	0.09	0.748	Hip Flexion-extension	0.23	0.446
	Swing phase	0.45	0.124	Hip Abduction-adduction	0.23	0.455	CMTNS vs.	0.19	0.540	Hip Abduction-adduction	0.32	0.290
	Double support time	0.57	0.046*	Hip Rotation	0.01	0.989		0.57	0.050	Hip Rotation	0.20	0.512
				Knee Flexion-extension	0.37	0.216				Knee Flexion-extension	0.46	0.118
				Ankle Dorsi- and Plantar-Flexion	0.57	0.043*				Ankle Dorsi- and Plantar-Flexion	0.206	0.501
				Foot Progression	0.56	0.047*				Foot Progression	0.18	0.553

The symbol * denotes statistical significance ($p<0.05$)

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Results: Fifteen patients were enrolled, seven female, eight male (mean age 51.5 ± 13.4 years.). MANOVA revealed a significant effect of pathology on spatio-temporal parameters ($p < 0.001$) and GPS ($p = 0.002$), and no significant effects of dynamic ROM. Also, increased GVS of ankle dorsi-plantarflexion ($p<0.001$) and foot progression ($p<0.001$) was found.

TNS is positively correlated with a GVS of: pelvic obliquity ($r=0.60$, $p=0.032$), hip flexion-extension ($r=0.57$, $p=0.041$), ankle dorsi-plantar-flexion ($r=0.57$, $p=0.043$) and foot progression ($r=0.56$, $p=0.047$). No significant correlations were found for CMTNSv2.

Conclusion: The GPS (and GVS) scoring system is a synthetic index able to quantify the dynamic postural impairment in CMT.