

Sit-to-Stand Symmetry in Individuals with Hip Pathology

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Research Gap:

Post-hip fracture patients continue to exhibit asymmetries during sit-to-stand task following rehabilitation. While strength is thoroughly addressed, perceptual deficits may be a missing component to rehabilitation post-hip fracture.



Subject: (n=1)

51 year-old community-dwelling female who sustained a left hip fracture following a fall from height in 1994 and underwent left hip **ORIF shortly after the incident.**

Methods:

Case study of one individual post-hip fracture under 10 conditions to test the subject's sense-of-effort versus sense-of-force production, comparing affected hip to non-affected hip.

Data was collected using a 10 camera Qualisys IR system, 2 ATMI force platforms, and Visual 3D (C-Motion) software.

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Are They Asymmetric?	Do They Know They are Asymmetric?	Why Are They Asymmetric?	
Hypothesis #1	Hypothesis #2	Hypothesis #3	
le rising from StS, individuals t-hip fx will shift weight off their olved lower extremity resulting in an mmetrical vGRF.	Individuals post-hip fx, will not accurately perceive the presence of their own StS asymmetry.	During StS, individuals post-hip fx will determine loading through the feet (Vgrf) based upon perceived level-of-effort rather than actual	



Trial	Right Leg Peak % Body Weight	Left Leg Peak % Body Weight	% Difference Body Weight
StS Self-Selected	67%	61%	6%
StS 50-50 Load	78%	51%	27%
StS 50-50 Load to Fix the Asymmetry	74%	50%	24%

Conclusion #1

Subject exhibited asymmetry during **Self-Selected StS. When prompted to** complete 50-50 StS, the asymmetry become more pronounced.

Conclusion #2

The subject reported knowledge of asymmetry during the Self-Selected trial, but not for the 50-50 trial. As the asymmetry became more pronounced, she was unable to perceive it.



Since the subject was asked to match at a self-selected submaximal force during the load matching tasks, the asymmetry cannot be explained entirely by weakness.