



# Peak Oxygen Consumption with Implanted Stimulation-Driven Cycling

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# Introduction

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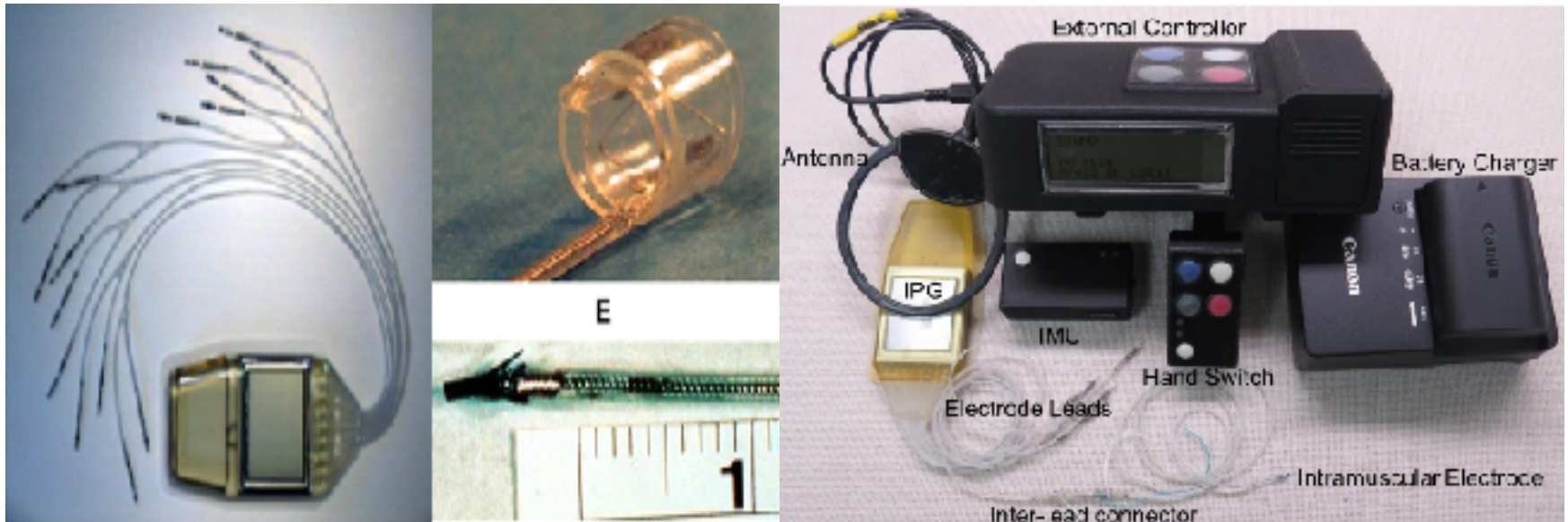
- Cardiovascular disease is a leading cause of mortality in spinal cord injury (SCI) patients
- Numerous benefits of exercise
- Oxygen consumption ( $\text{VO}_2$ ): measurement of aerobic exercise intensity
- American College of Sports Medicine (ACSM) recommendations:
  - Aerobic exercise at 50-80% peak  $\text{VO}_2$
  - 20-60 minutes
  - 3-5 times/week
- Previous studies focused on  $\text{VO}_2$  and stationary cycling
- Evaluate modality for recreational use

# Study Overview

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- 3 subjects
- Catrike 700 with neuroprostheses
  - Nerve cuff implantation
  - Stimulation program with sensor
- Part of larger study to aid standing and stepping in SCI patients
- Measured peak oxygen consumption

# Nerve cuff implantation



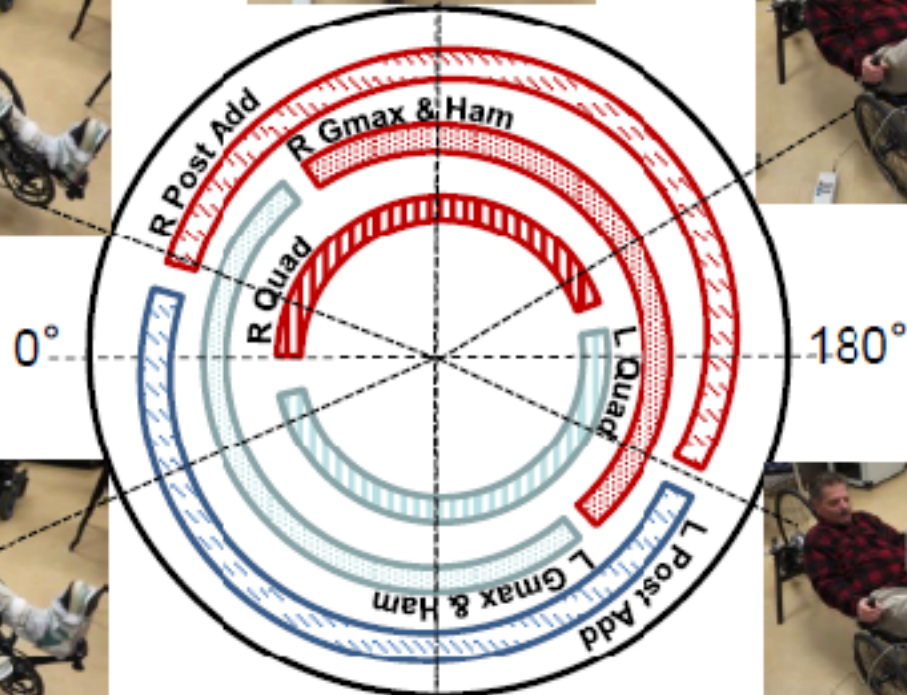
# Instrumentation

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- Catrike 700 recumbent trike
- Custom pulley keyed to crank
- 3D printed gears with 1:1 ratio
- Off-crank encoder
- Sensor output acquired by external controller
- Cycling stimulation pattern program













# Methods

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- 3 subjects
- Catrike 700 with neuroprostheses
- K4b2 system
- 5 min rest, cycling until fatigue, 5 min recovery



# Subjects

Subject	Age	Height (cm)	Weight (kg)	Level of Injury	Date of Injury	Cycling Start Date	Muscles stimulated
1	59	175	79	T4 ASI B	3/9/2008	8/2015	Bilateral gluteus maximus, posterior portion of adductor magnus, quadriceps, hamstrings, Bilateral glut max, posterior portion of the adductor magnus, quadriceps, hamstrings
2	53	175	66	T7 ASI A	11/27/1983	5/2016	Bilateral gluteus maximus, posterior portion of the adductor magnus, quadriceps, gracilis, sartorius, right tensor fasciae latae
3	51	175	68	T3 AIS A	3/30/2013	9/2015	Bilateral gluteus maximus, posterior portion of the adductor magnus, quadriceps



Subject with K4b2  
system cycling on the  
Catrike® 700  
*Photo credit: Rudi  
Kobetic*

# Peak VO<sub>2</sub> estimation

**Table 4.1 Cardiorespiratory Fitness Classifications:  $\dot{V}O_{2\max}$  (ml·kg<sup>-1</sup>·min<sup>-1</sup>)**

Age (yr)	Poor	Fair	Good	Excellent	Superior
<b>WOMEN</b>					
20-29	≤35	36-38	40-43	44-48	49+
30-39	≤33	34-36	37-41	42-46	47+
40-49	≤32	33-35	36-38	39-44	45+
50-59	≤28	29-31	32-35	36-40	41+
60-69	≤26	27-28	29-32	33-36	37+
70-79	≤25	26-27	28-29	30-36	37+
<b>MEN</b>					
20-29	≤41	42-45	46-49	51-55	56+
30-39	≤40	41-43	44-47	48-53	54+
40-49	≤37	38-41	42-45	46-52	53+
50-59	≤34	35-38	39-42	43-48	49+
60-69	≤31	32-34	35-38	39-44	45+
70-79	≤28	29-31	32-35	36-42	43+

Data from Cooper Institute for Aerobics Research 2005.

- Table from Heyward et al., Method as done by Asselin et al.

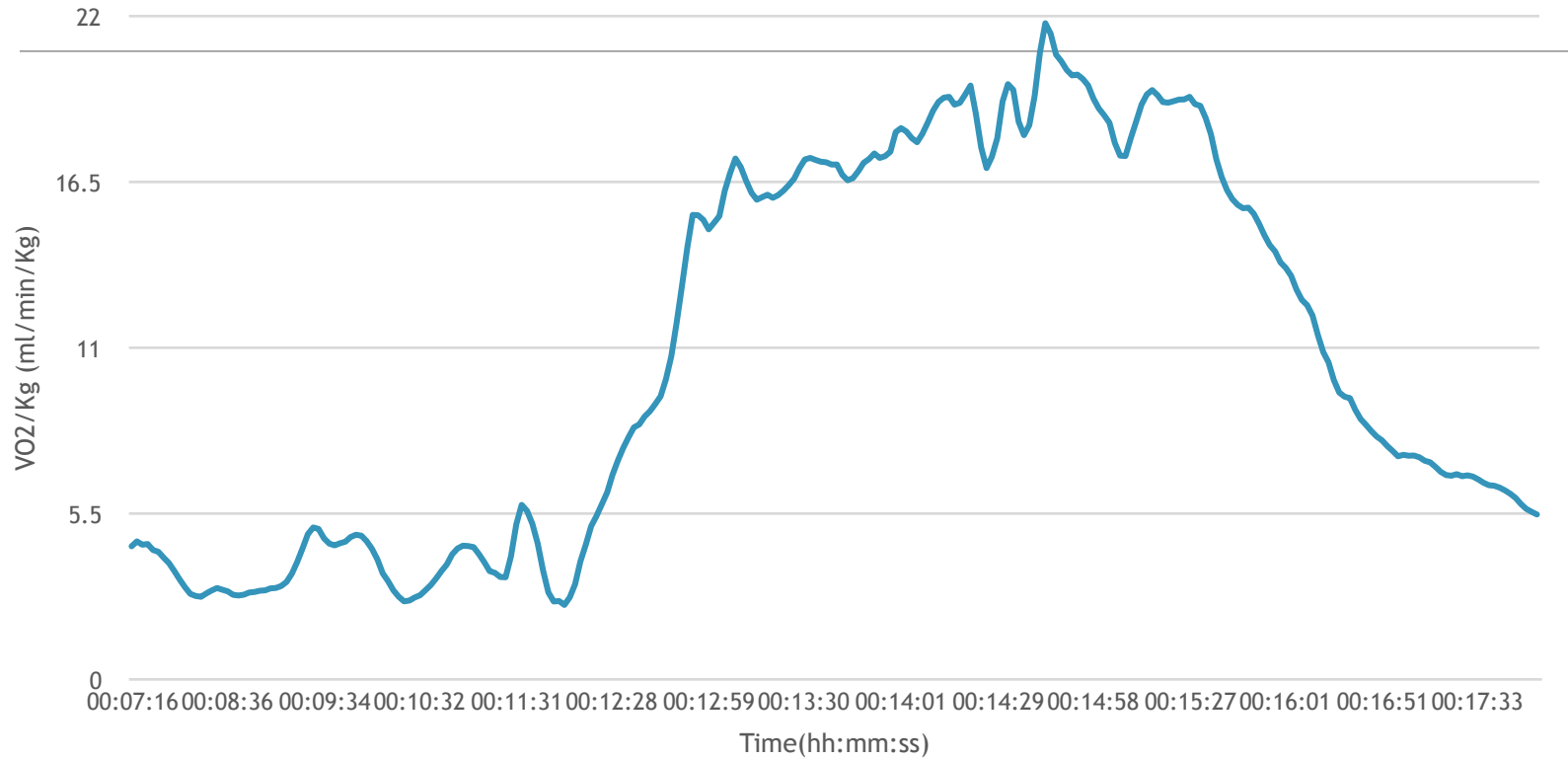


# Results

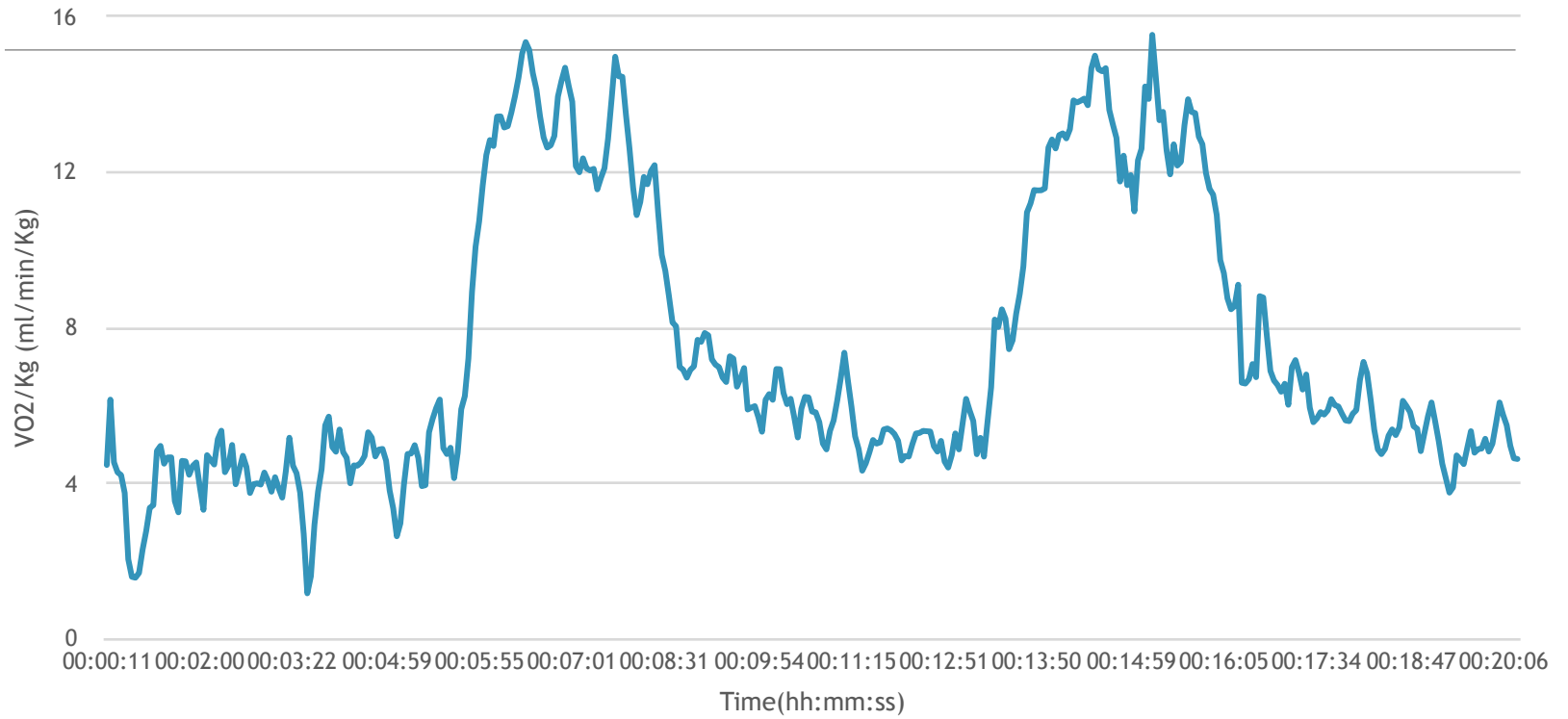
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Subject	Predicted VO2 based on age	Peak VO2	Percentage of predicted VO2
1	35-38	21.79	62.2%
2	35-38	15.52	44.3%
3	35-38	17.36	49.6%

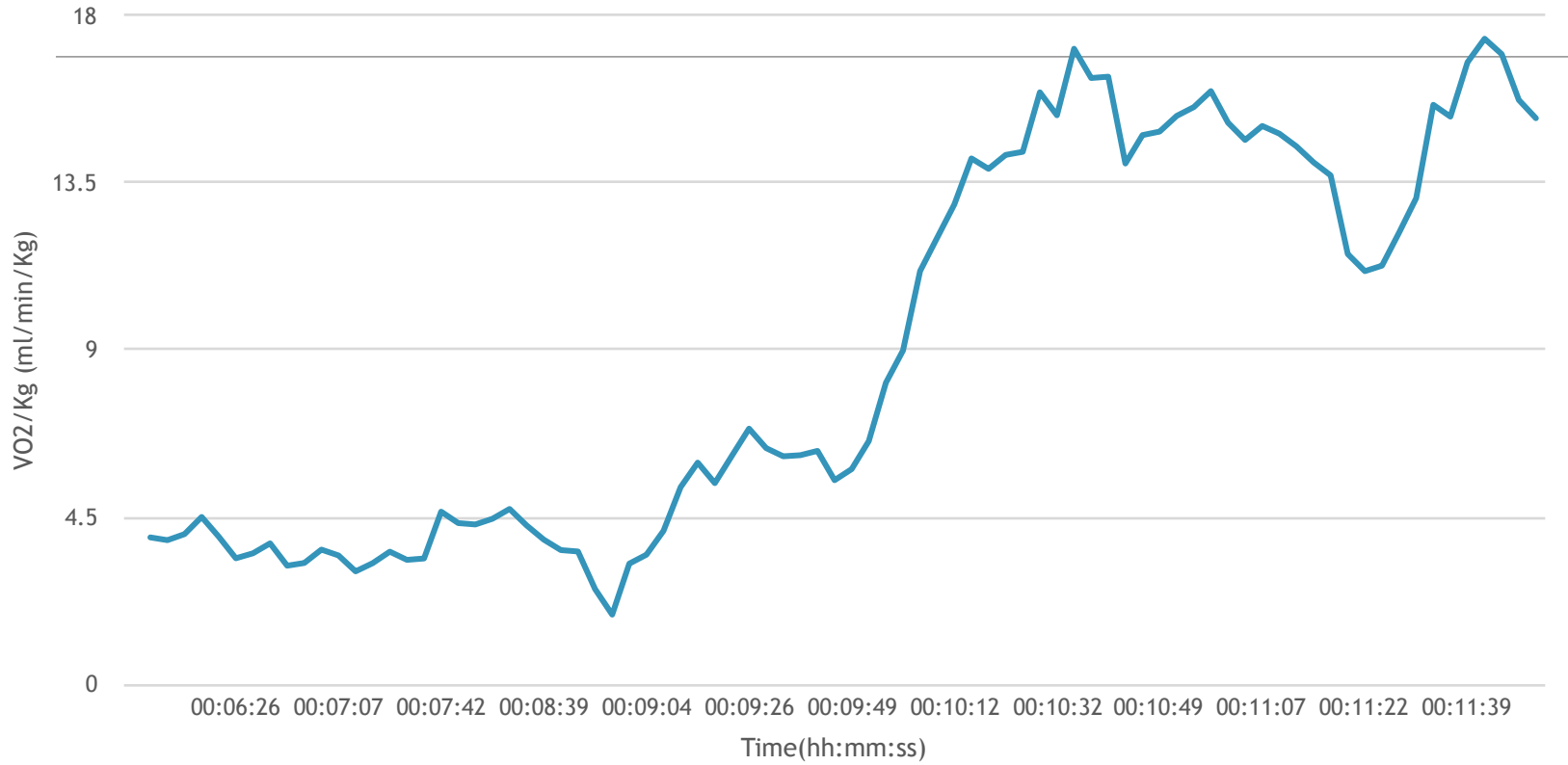
# Subject1



# Subject2



### Subject3





# Conclusion

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- Higher peak  $\dot{V}O_2$  compared to 14.3ml/min/kg documented for cycling with surface stimulation by Hettinga et. al.
- One of three peak  $\dot{V}O_2$ s below ASCM recommendations
- Results thus far suggest tested modality can offer superior level of exercise
- Overground capabilities may provide additional motivation
- Physical and psychological benefits

# Limitations

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- Small subject number
- VO<sub>2</sub> peak estimation
- Cycle fatigue
- Physiological differences

# Future directions

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- Further evaluation of portable activities as modalities for recreational exercise
  - Additional muscle recruitment
  - Additional electrophysiology studies (ex: blood lactate)
  - Incorporate both upper and lower extremities
- *Surface* stimulation in overground cycling
- Power assistance in case of fatigue
- Subject conditioning

# References

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Asselin P, Knezevic S, Kornfeld S, Cirnigliaro C, Agranova-Breyter I, Bauman WA, Spungen AM. [Heart rate and oxygen demand of powered exoskeleton-assisted walking in persons with paraplegia.](#) J Rehabil Res Dev. 2015;52(2):147-58. doi: 10.1682/JRRD.2014.02.0060. PubMed PMID: 26230182.

Baig DE, Savkin AV, Celler BG. [Estimation of oxygen consumption during cycling and rowing.](#) Conf Proc IEEE Eng Med Biol Soc. 2012;2012:711-4. doi: 10.1109/EMBC.2012.6346030. PubMed PMID: 23365991.

Garber CE, Blissmer B, Deschenes MR, Franklin BA, Lamonte MJ, Lee IM, Nieman DC, Swain DP; American College of Sports Medicine. [American College of Sports Medicine position stand. Quantity and quality of exercise for developing and maintaining cardiorespiratory, musculoskeletal, and neuromotor fitness in apparently healthy adults: guidance for prescribing exercise.](#) Med Sci Sports Exerc. 2011 Jul;43(7):1334-59. doi: 10.1249/MSS.0b013e318213fefb. PubMed PMID: 21694556.

Hettinga DM, Andrews BJ. [Oxygen consumption during functional electrical stimulation-assisted exercise in persons with spinal cord injury: implications for fitness and health.](#) Sports Med. 2008;38(10):825-38. Review. PubMed PMID: 18803435.

Heyward, Vivian H., and Ann L. Gibson. *Advanced Fitness Assessment and Exercise Prescription*. Champaign, IL: Human Kinetics, 2014. Print.

Howley ET, Bassett DR Jr, Welch HG. [Criteria for maximal oxygen uptake: review and commentary.](#) Med Sci Sports Exerc. 1995 Sep;27(9):1292-301. Review. PubMed PMID: 8531628.

Jacobs PL, Nash MS. [Exercise recommendations for individuals with spinal cord injury.](#) Sports Med. 2004;34(11):727-51. Review. PubMed PMID: 15456347.

Myers J, Lee M, Kiratli J. [Cardiovascular disease in spinal cord injury: an overview of prevalence, risk, evaluation, and management.](#) Am J Phys Med Rehabil. 2007 Feb;86(2):142-52. Review. PubMed PMID: 17251696.

Thietje R, Pouw MH, Schulz AP, Kienast B, Hirschfeld S. [Mortality in patients with traumatic spinal cord injury: descriptive analysis of 62 deceased subjects.](#) J Spinal Cord Med. 2011;34(5):482-7. doi: 10.1179/2045772311Y.0000000022. PubMed PMID: 22118255; PubMed Central PMCID: PMC3184485.



# Thank you

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