

- Due to the high variation in ADS patients (e.g., severity of ADS (Cobb angle), affected side, and position /number of disks involved) tracking the improvements following a surgery is challenging.
- Muscle synergies, a potential way that the CNS controls the muscles, have been extracted and have shown promise in explaining post-surgery enhancements in ADS patients [2]. A greater number of synergies were required for walking following a surgery, verifying a more complex and advanced gait control [2].

**Fig. 1**: Examples of a high (a) and low (b) entropy. Procedures

- Subjects were asked to walk with their self-selected speed in a walkway. The starting location of the gait ensured foot strikes on the first force plates.
- The procedures were performed one week before and 3 months after surgery. **Data Collection**
- Surface (EMG) electromyography electrodes were recorded at 2000 Hz

Pre-	3.26 ±	3.41 ±	3.22 ±	3.31 ±	3.30 ±	3.36 ±	3.30 ±
surgery	0.24	0.17	0.25	0.19	0.18	0.21	0.22
Post-	2.99 ±	3.22 ±	2.87 ±	3.09 ±	3.14 ±	3.17 ±	3.02 ±
surgery	0.30	0.17	0.28	0.23	0.22	0.22	0.25
p-value	<0.001	<0.001	<0.001	<0.001	0.0013	0.0003	<0.001
Table 1. Dra and next surgery entropy values for surgers							

**Table 1**: Pre- and post-surgery entropy values for synergies (average and SD).

# **DISCUSSION and CONCLUSION**

Low back pain, has the potential to affect motor control by reducing the joint movements to reduce the pain.

Surgery may change the motor control and walking by reducing the pain levels, the geometric deformity, and the asymmetry in ADS patients. Lower entropy values following a surgery may indicate that the CNS is more likely to deliberately activate a muscle to reach a certain kinematic or kinetic goal rather than unwanted coactivations to restrain the joint movements, and consequently, pain reduction.

Entropy, an indicator of the disorder, randomness and may uncover the enhancements in control. High entropy is associated with randomness while low entropy shows a deliberate control (Fig. 1).

Entropy takes all the muscles into account. Hence, it can track the enhancements in patients despite their high variations.

### Objectives

To compare the entropy of the walking muscle synergies before and after surgical alignment in ADS patients. Hypotheses

bilaterally from 16 trunk and lower extremity muscles: External Oblique, Gluteus Maximus, Multifidus, Erector Rectus Femoris, Spinae, Semitendinosus, Tibialis Anterior, Medial Gastrocnemius. Force plates were used to identify the heel strikes. Analysis

- EMG data was demeaned, rectified, band passed (20-450 Hz), low-passed at 35 Hz, normalized, and fed into a nonnegative matrix factorizer to extract synergies [3].
- According to our previous studies, seven muscle synergies were extracted
- The higher entropy may indicate a more random and chaotic control of the muscles before surgery [4].

Prior research has also shown a similar association between lower entropy a more deterministic COM control in

We hypothesize that the entropy associated with walking muscle synergies of ADS patients will decrease following a surgery, indicating a more deterministic control.

# METHODS

## Subjects

- Thirteen ADS patients participated in this IRB-approved study with their own written consent.
- Subjects were excluded in case of a Cobb angle more than 50 degrees.

for each subjects [2].

The summation of all activations in the i-th synergy was normalized to  $1(W_i(j))$ to enforce each synergy to resemble a probability density function. Then, an entropy was computed as follows:

$$H(W_i) = -\sum_{j=1}^{n} W_i(j) \log_2 W_i(j)$$

A paired t-test with a significance of 0.05 was performed to find significant differences in entropies.

## quiet standing [4].

- Surgery is helping ADS patients to have more complex and deterministic control while walking.
- The findings are not limited to ADS patients and propose a novel method to track the improvements in different patients following different treatments.

#### References

- 1. Cho et al. *Asian Spine J.*, 2014.
- 2. Nazifi et al. ASB (Rochester, MN), 2018. 3. Nazifi et al. *FIHN*, 2017.
- 4. Hur et al. *Scientific Reports*, 2019.