Inter-session Test-retest Reliability of the Quantified Y Balance Test

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Abstract: The Y Balance test is the most common dynamic balance assessment used in clinical practice and research. However, the traditional measure of performance, the reach distance, fails to provide detailed information pertaining to the control of balance during the reach task. Recent research has demonstrated that a single wearable inertial sensor can capture detailed information pertaining to balance performance during the Y balance test, not captured by the traditional reach distances. To date, no research has been conducted investigating the inter-session test-retest reliability of the inertial sensor instrumented YBT. Thirty -two young healthy adults, aged between 18-40 were recruited as part of this study. Participants completed the quantified YBT protocol during two testing sessions, separated by 7-10 days. The findings from this study demonstrated that 26/36 (anterior), 31/36 (posteromedial) and 33/36 (posterolateral) quantified variables demonstrated good-excellent intra-session test-retest reliability. These findings suggest that the inertial sensor quantified YBT can provide a reliable measure of dynamic balance performance. Further research is required to investigate the capability of the quantified YBT to identify individuals at risk of injury/ disease and track recovery/ response to intervention.

1 INTRODUCTION

The Y Balance Test (YBT) is one of the most commonly utilised clinical dynamic balance assessment tools (Gribble et al., 2012). It provides a valid and reliable measure of balance performance, requiring the individual to maintain their balance while completing a maximal reach in three prescribed directions; anterior (ANT), posteromedial (PM) and posterolateral (PL). Traditionally, the test is scored by manually measuring the distance the individual reaches outside of their base of support (Plisky et al., 2009). The reach distance is then typically normalised to the individuals leg length to allow for appropriate comparison between individuals, and between dominant and non-dominant legs (Gribble et al., 2012). A large body of evidence has evolved demonstrating the utility of the YBT as an outcome measure following injury, identifying differences in performance between control and pathological groups with conditions such as lateral ankle sprains (Doherty et al., 2015), chronic ankle instability (Holden et al., 2016) and anterior cruciate ligament injury's (Herrington et al., 2009). Furthermore, previous research has demonstrated the role of the

YBT in ankle injury risk-factor screening (Plisky et al., 2006, Smith et al., 2015).

While the traditional analogue measure obtained from the YBT provides a measure of the distance reached outside of the base of support, it fails to provide quantifiable information relating to the control of balance, or the strategy implemented during the task. As such, individuals must rely on subjective observations of the individual's control or use expensive laboratory-based force platform and camera-based motion-capture systems that require a high level of expertise.

Advances in mobile technology have allowed for the development of wearable inertial sensor based digital biomarkers of motor function. These assessments range from static balance assessments such as the balance error scoring system, to dynamic gait assessments such as the timed up and go (Greene et al., 2017, Weiss et al., 2014, Heldman et al., 2017, Alberts et al., 2015). Recent research has established that an inertial sensor worn on the lumbar spine can provide a sensitive measure of balance performance, capturing subtle alterations, not captured by the traditional reach distances alone (Johnston et al., 2016, Johnston et al., 2017b). These findings suggest

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that the quantified YBT may have value in providing a more sensitive measure of injury/disease-risk and recovery, across a range of clinical populations (Johnston et al., 2017b).

Prior to the deployment of quantified YBT in a clinical setting, it is necessary to investigate the reliability of the inertial sensor derived variables. Doing so will allow for the identification of the most valuable and clinically applicable variables for quantifying balance performance. Previous research has demonstrated the excellent intra-session test-retest reliability of the 95% ellipsoid volume variable derived from the inertial sensor during the YBT (ICC = 0.76-0.92). However, no research has investigated the inter-session test-retest reliability of the quantified YBT or established the relationship between the quantified variables and the traditional reach distances.

As such, the aim of this research is to determine the intersession test-retest reliability of inertial sensor derived measures of YBT performance. It is hypothesised that the inertial sensor derived variables will demonstrate good-excellent levels of intersession test-retest reliability.

2 METHODS

2.1 Participants

Thirty-two young healthy adults aged between 18-40 were recruited from the wider university population (sex: 14 females, 18 males; age: 28 ± 5 years; height: 164 ± 37 cm; weight: 73 ± 26 kg; right leg length: 93 \pm 7 cm). Participants were considered eligible for this study if they were a young healthy adult, aged between 18-40 years. Participants were excluded if they reported any vestibular, visual, neurological or musculoskeletal impairment that may influence their balance. Ethical approval was sought and obtained from the University human research ethics committee, and all participants provided informed consent prior to participating in the study. All participants read the information leaflet and were informed of their right to withdraw from the study at any point.

2.2 Measures

2.2.1 YBT

The YBT is an instrumented alternative to the star excursion balance test (SEBT), designed to provide a measure of dynamic balance performance. The YBT leverages three of the eight original SEBT reach directions (ANT, PM, PL) and provides a valid and reliable measure of dynamic balance capability (Plisky et al., 2009). Previous research has demonstrated excellent intra-session test-retest reliability (ICC = 0.85 - 0.88) and inter-tester reliability (ICC = 0.99 - 1.00) of the YBT testing apparatus (Plisky et al., 2009). The YBT requires an individual to stand on one leg, place their hands on their hips, and slide a block as far as possible in the three discrete directions using their toe, while maintaining their balance equilibrium (figure 1). The maximal distance of the reach is then recorded. Individuals are required to repeat the reach direction if they (1) use the block for support, (2) remove one or both hands from their hips, (3) kick the block forward for extra distance, (4) make contact with the ground or (5) raise the heel of the stance leg from the platform.

2.2.2 Inertial Sensor

A single Shimmer3 (Shimmer, Dublin, Ireland) inertial sensor was mounted at the level of the fourth lumbar vertebra. The Shimmer3 consists of a tri-axial accelerometer, gyroscope and magnetometer. It was connected via Bluetooth to an Android tablet (Galaxy Tab 2, Samsung), operating a custom developed mobile application. The inertial sensor was calibrated and configured to stream tri-axial accelerometer (± 2 g), tri-axial gyroscope ($\pm 500 \text{ o/s}$) and tri-axial magnetometer (± 1.9 gauss) data at sampling frequency of 51.2 Hz. These data acquisition parameters were chosen based on previous research carried out related to the use of inertial sensors in the quantification of the YBT (Johnston et al., 2017b, Johnston et al., 2017a).

2.3 Testing Protocol

Participants were recruited to attend two 20-minute testing sessions conducted in a University biomechanics laboratory, separated by 7-10 days. Throughout the remainder of the paper the two testing points are referred to as week 1 (testing day 1) and week 2 (testing day 2). On arrival to the laboratory for the week 1 assessment, the testing protocol was explained, and participant demographic information was obtained. Leg dominance was determined by asking participants which leg they would use to kick a ball (Wilkins et al., 2004). Leg length was found by measuring the distance from the anterior iliac spine to the inferior border of the medial malleolus. All leg length measurements were completed by a single

Chartered Physiotherapist to ensure measurement consistency.

During both testing sessions (week 1 and week 2), participants completed 4 practice trials in each direction, bilaterally, as per the YBT guidelines developed by Gribble and colleagues (2012). Following the practice trials, a single inertial sensor was mounted at the level of the fourth lumbar vertebrae, in line with the top of the iliac crest. This location was chosen as the region between L3-L5 is reported to closely match estimates of the body's centre of mass acceleration (Moe-Nilssen, 1998, Zijlstra and Hof, 2003), and allow for easy and repeatable placement of the sensor. The inertial sensor was mounted using a custom-made elastic and Velcro belt. Figure 1 illustrates the sensor mounting location, orientation and the three reach directions of the YBT.



Figure 1: illustrates the sensor mounting location, axis orientation and YBT reach directions during right leg stance.

Participants completed three recorded YBTs in each direction (randomised order) on their right leg. If a participant failed to complete a reach attempt according to the criteria outlined in section 2.2.1, that reach was discarded and repeated. Traditional YBT reach distances were obtained by recording the maximal reach distance, while the inertial sensor data was capture for the period that the participant was in unilateral stance. YBT reach distances and inertial sensor data was recorded locally, and processed offline using MATLAB (2017b, Mathworks, Natwick, USA).

2.4 Data Processing

The analogue reach distances obtained during the assessment were normalised against the participants leg length using the following formula:

Normalised Reach Distance
= (Reach Distance) (1)
/(Leg legnth)
$$\times$$
 100

Nine signals were obtained from the inertial sensor; accelerometer (accel) x, y, z, gyroscope (gyro) x, y, zand magnetometer x, y, z. Ten additional signals were then calculated. The 3-D orientation of the inertial sensor was computed using the gradient descent algorithm developed by Madgwick et al., (2011). The resulting w, x, y and z quaternion values were then converted to pitch, roll and yaw. The magnitude (mag) of the accel and gyro signals were computed using the vector magnitude of the accel x, y, z and gyro x, y, z, respectively. Finally, the angular acceleration was obtained by computing the first derivative of the gyroscope y signal.

For each relevant collected and derived sensor signal, the root-mean-square (RMS), variance and range variables were computed with the standard 'var' and 'range' Matlab 'rms', functions The sample-entropy respectively. (sEN) was computed for each signal of length N=(x_1,x_2,x_3,...,x_N) according to the following formula:

$$sEN = -\log\left(\frac{A}{B}\right)$$
 (2)

A was the number of template vector pairs having a Chebyshev distance $d[X_{m+1}(i), X_{m+1}(j)] < r$ of length m+1 and B was the number of template vectors pairs having $d[X_m(i), X_m(j)] < r$ of length m, where the embedding dimension, m, was equal to 2 and the tolerance, r, was equal to 0.1. The template vectors were defined such that $X_m(i) = \{x_i, x_{i+1}, x_{i+2}, \dots, x_{i+m-1}\}$. The area under the curve of the fast-fourier transform (FFT) was found for each relevant signal by first using the Matlab 'fft' function (Matlab, 2018b) to derive a power-frequency plot and then using the 'cumsum' function to find the area under the curve (AUC) (Matlab, 2018a). 95% ellipsoid volume of sway (95EV) was computed using the following formula:

$$95EV = 4\pi abc/3$$
 (3)

Whereby, 'a' and 'b' are the linear acceleration in the medio-lateral axis (accelerometer x) and anterioposterior axis (accelerometer z) and c was transverse plane rotational acceleration (first derivative of gyroscope y) (Johnston et al., 2017b).

2.5 Statistical Analysis

Descriptive statistics (means and standard deviations) were used to describe the population and traditional and inertial sensor YBT scores. The average of the three trials for each reach direction was calculated for the reach distance and inertial sensor derived variables. This was completed to ensure measurement reliability (Gribble et al., 2012). A 2-way random effects, absolute agreement model of intraclass correlation coefficient (ICC 2, k) was employed to investigate the inter-session test-retest reliability of the traditional and inertial sensor instrumented measures of YBT performance. The ICCs were calculated leveraging the mean of the three trials from the week 1 and week 2 assessment points. The guidelines for interpretation outlined by Cicchetti and Sparrow (1981) were used for interpretation: <0.40 (poor reliability), 0.40–0.59 (fair reliability), 0.60– 0.74 (good reliability), and 0.75–1.00 (excellent reliability).

3 RESULTS

Tables 1 presents the descriptive statistics for the YBT variables, while table 2 summarises the intersession test-retest reliability scores for the ANT, PM and PL reach directions. When considering the traditional reach distances scores, it was observed that the ANT reach direction possessed excellent reliability, while the PM and PL directions possessed good reliability. Twelve of the 36 ANT direction inertial sensor derived variables demonstrated excellent reliability, 14 demonstrated good reliability, 7 possessed fair reliability, while a further 3 had poor reliability. Secondly, 14 of the 36 PM reach direction inertial sensor variables demonstrated excellent reliability, 17 had good reliability, 3 had fair reliability, while 2 had poor reliability. Finally, 19 PL reach direction inertial sensor derived variables demonstrated excellent reliability, 14 had good reliability, 2 possessed fair reliability, while 1 had poor reliability.

4 DISCUSSION

The primary aim of this study was to determine the inter-session test-retest reliability of the inertial sensor derived measures of balance performance, captured during the YBT. The findings of this laboratory study indicate that the quantified YBT can provide a reliable measure of balance performance, laying the groundwork for its future use in clinical practice.

The traditional analogue reach distances demonstrated excellent test-retest reliability for the ANT reach direction (ICC = 0.92) and good reliability for the PM (ICC 0.74) and PL (ICC = 0.72) reach

directions. Previous research has demonstrated the excellent test-retest reliability (ICC = 0.85-0.93) of the YBT reach distances over a 48-hour period, using multiple raters (Shaffer et al., 2013). To the best of the authors' knowledge, this is the first study to present inter-session test-retest reliability of the YBT reach directions, using a single rater. While the reliability results for the PM and PL reach directions presented in this study are lower than that of Shaffer and colleagues (Shaffer et al., 2013), the time frame between testing time-points is significantly shorter (48-hours) than that used in this study (1 week). This longer follow-up period would likely increase the amount of within-subject variance between testing points, potentially explaining the lower ICC scores for the PM and PL reach directions.

When comparing the inertial sensor derived variables and the traditional YBT reach distances. 12 ANT variables demonstrated excellent test-retest reliability (ICC > 0.75), comparable to the reliability of the traditional reach distance (Table 2). Importantly, when considering the PM and PL reach directions, 14 (PM) and 19 (PL) inertial sensor demonstrated excellent variables test-retest reliability, superior to the good reliability demonstrated by the traditional analogue reach distances. This is of note as the YBT is the current clinical standard in dynamic balance assessment, specifically used as an objective outcome measure in sports medicine populations (Smith et al., 2015, Plisky et al., 2006, Gribble et al., 2012). Importantly, the results presented in this reliability study demonstrate that the inertial sensor quantified YBT can provide a comparable level of measurement reliability for the ANT reach direction, and superior reliability for the PM and PL reach directions.

Furthermore, these 45 quantified variables with excellent reliability are capable of quantifying different aspects of balance control and strategy leveraged by an individual during the YBT, allowing clinicians and researchers to capture detailed biomechanical information pertaining to balance performance during the YBT, outside of the laboratory setting.

Four variables, gyro x RMS, gyro y AUC FFT, gyro mag RMS and gyro mag AUC FFT, consistently provided excellent reliability across all three reach directions. However, when considering the PM and PL reach directions alone, it was seen that 11 of the same inertial sensor derived variables possessed excellent levels of test-retest reliability. One possible explanation for the high level of consistency between the PM and PL directions, when compared with the ANT direction, is the different movement strategies.

		A	ANT PM			PL		
		Week 1	Week 2	Week 1	Week 2	Week 1	Week 2	
Reach Distance		56.8 (5.2)	56.5 (5.4)	99.7 (7.3)	100.4 (7.3)	97.7 (7)	98.9 (7.8)	
95EV		365.8 (399.7)	380.0 (354.3)	369.6 (295.4)	459.3 (452.3)	504.9 (482.9)	485.8 (440.9)	
Gyro X	RMS	7.08 (3.3)	6.3 (2.4)	17.4 (4.9)	18.2 (5.5)	17.3 (5.4)	18.2 (6.2)	
	SEn	1.4 (0.4)	1.4 (0.4)	0.5 (0.2)	0.5 (0.2)	0.5 (0.2)	0.5 (0.2)	
	AUC FFT	19.9 (7.6)	18.8 (6.3)	27.5 (11.1)	28.1 (10.8)	27.2 (11)	27.1 (10.5)	
	Variance	61.4 (65.4)	45.1 (38.7)	331.6 (187)	363204.3	332.2 (198.2)	372.5 (233.9)	
Gyro Y	RMS	11.3 (3.8)	11.5 (4.2)	8.9 (2.5)	9.2 (2.9)	10.6 (4.1)	10.5 (3.5)	
	SEn	1.0 (0.3)	0.9 (0.3)	1.2 (0.3)	1.1 (0.3)	1.1 (0.3)	1 (0.3)	
	AUC FFT	27.0 (10.3)	27 (10)	22.7 (8.5)	22.8 (8.4)	25.3 (10.8)	25.4 (9.7)	
	Variance	143.4 (97.2)	150.8 (107.2)	86.2 (51.6)	92.1 (59.7)	124.4 (92.1)	120.9 (78.4)	
Gyro Z	RMS	5.3 (2.0)	4.8 (1.7)	6.8 (2.6)	6.8 (2.1)	10.4 (2.6)	10.2 (2.9)	
	SEn	1.4 (0.3)	1.5 (0.3)	1.2 (0.3)	1.1 (0.3)	0.8 (0.2)	0.8 (0.3)	
	AUC FFT	16.9 (6.3)	16 (5.5)	17.3 (6.9)	16.7 (5.7)	19.9 (7.8)	18.7 (6.9)	
	Variance	33.4 (24.0)	26.1 (17.7)	54.3 (46.6)	51.7 (33.8)	114.2 (56.1)	112.1 (63.3)	
	RMS	14.7 (4.7)	14.2 (4.5)	20.9 (5.5)	21.7 (5.9)	23.1 (6.5)	23.6 (7.1)	
Gyro Mag	SEn	1.2 (0.3)	1.2 (0.3)	0.8 (0.2)	0.7 (0.2)	0.8 (0.3)	0.7 (0.3)	
	AUC FFT	25.4 (9.2)	25.2 (9.3)	26.9 (10.4)	27.7 (9.9)	28.2 (10.6)	29.3 (11.1)	
	Variance	79.5 (50.6)	74 (48.6)	152.8 (87)	172.3 (88.6)	198.6 (115.1)	228.1 (152.4)	
	RMS	0.9 (0.7)	1.9 (3.2)	1.2 (0.5)	2.5 (3.3)	2.1 (0.6)	2.9 (2.1)	
Accel X	SEn	1.5 (0.3)	1.5 (0.4)	1.6 (0.4)	1.5 (0.3)	0.8 (0.2)	0.8 (0.2)	
Attern	AUC FFT	1.9 (0.7)	2.2 (1.2)	1.6 (0.5)	2 (1)	2.4 (0.8)	2.6 (1)	
	Variance	0.4 (0.3)	0.4 (0.3)	0.4 (0.3)	0.4 (0.2)	2.1 (0.8)	2.1 (0.9)	
Accel Y	RMS	9.3 (0.4)	11.2 (4.8)	7.5 (0.8)	9.5 (5.5)	7.2 (0.9)	9.2 (5.6)	
	SEn	1.3 (0.4)	1.7 (0.3)	0.7 (0.3)	0.9 (0.6)	0.6 (0.3)	0.7 (0.6)	
	AUC FFT	3.4 (1.0)	4.1 (2)	3.1 (0.9)	3.3 (1.1)	3.1 (0.9)	3.2 (1.1)	
	Variance	0.2 (0.1)	0.3 (0.4)	2.5 (1.5)	2.2 (1.6)	3.2 (2.2)	3 (2.4)	
Accel Z	RMS	3.1 (1.1)	2.7 (1.3)	6.3 (1)	6.1 (1)	6.4 (1)	6.3 (0.9)	
	SEn	1.3 (0.4)	1.4 (0.5)	0.5 (0.1)	0.4 (0.1)	0.6 (0.2)	0.5 (0.2)	
	AUC FFT	2.3 (0.8)	2.1 (0.8)	3.5 (1.1)	3.4 (0.9)	3.2 (1)	3.2 (1)	
	Variance	0.6 (0.8)	0.5 (0.5)	4 (1.6)	4.3 (1.5)	3.1 (1.5)	3.4 (1.7)	
Accel Mag	RMS	9.9 (0.2)	11.9 (5.4)	9.9 (0)	12 (5.6)	9.9 (0)	11.9 (5.3)	
	SEn	1.8 (0.3)	1.8 (0.4)	2 (0.3)	1.8 (0.4)	1.9 (0.3)	1.8 (0.4)	
	AUC FFT	3.5 (1.0)	4.1 (1.7)	3 (1)	3.3 (1.6)	2.8 (1)	3 (1.4)	
	Variance	0.2 (0.1)	0.2 (0.2)	0.1 (0.1)	0.1 (0.1)	0.1 (0.1)	0.1 (0.1)	
Pitch	Range	13.1 (5.7)	10.9 (4.7)	39.9 (8)	40.7 (7.5)	44.9 (12)	46.3 (13.3)	
Roll	Range	10.6 (4.8)	8.7 (3.5)	15.4 (3.7)	16.5 (5.6)	19.7 (4.8)	18.3 (4.5)	
Yaw	Range	19.6 (6.8)	19.1 (6.6)	22.7 (6)	21.1 (7.6)	26.7 (5.6)	27.4 (7.3)	

Table 1: Mean (SD) for the different YBT variables for the two testing time points.

			ANT			PM			PL	
		ICC	LB	UB	ICC	LB	UB	ICC	LB	UB
Reach Distance		0.92	0.84	0.96	0.74	0.54	0.87	0.72	0.50	0.85
95EV		0.62	0.33	0.80	0.86	0.71	0.93	0.73	0.51	0.86
	RMS	0.76	0.54	0.88	0.82	0.66	0.91	0.78	0.59	0.88
Cumo V	SEn	0.82	0.66	0.91	0.64	0.36	0.81	0.71	0.44	0.85
Gyro A	AUC FFT	0.74	0.54	0.86	0.81	0.64	0.90	0.81	0.65	0.90
	Variance	0.70	0.45	0.84	0.80	0.63	0.90	0.75	0.55	0.87
	RMS	0.86	0.72	0.93	0.67	0.42	0.82	0.79	0.60	0.89
Cumo V	SEn	0.80	0.62	0.90	0.65	0.40	0.81	0.78	0.58	0.89
Gyro 1	AUC FFT	0.76	0.56	0.88	0.82	0.67	0.91	0.79	0.60	0.89
	Variance	0.87	0.75	0.93	0.65	0.40	0.81	0.71	0.48	0.85
	RMS	0.65	0.39	0.81	0.70	0.47	0.84	0.73	0.51	0.86
Cumo 7	SEn	0.66	0.41	0.82	0.64	0.39	0.81	0.77	0.59	0.88
Gyro Z	AUC FFT	0.66	0.41	0.82	0.71	0.49	0.85	0.74	0.53	0.86
	Variance	0.58	0.30	0.77	0.64	0.38	0.81	0.69	0.45	0.83
	RMS	0.86	0.73	0.93	0.82	0.66	0.91	0.77	0.59	0.88
Come Main	SEn	0.66	0.41	0.82	0.69	0.42	0.85	0.69	0.41	0.84
Gyro Mag	AUC FFT	0.79	0.60	0.89	0.81	0.65	0.90	0.78	0.59	0.88
	Variance	0.84	0.70	0.92	0.79	0.61	0.89	0.70	0.48	0.84
	RMS	0.01	-0.30	0.34	0.08	-0.22	0.40	0.10	-0.21	0.41
A goal V	SEn	0.65	0.39	0.81	0.64	0.38	0.80	0.75	0.54	0.87
Attel A	AUC FFT	0.42	0.11	0.67	0.54	0.24	0.75	0.82	0.67	0.91
	Variance	0.92	0.83	0.96	0.51	0.21	0.73	0.91	0.82	0.95
	RMS	0.74	0.44	0.88	0.71	0.47	0.86	0.72	0.48	0.86
A cool V	SEn	0.52	0.19	0.74	0.77	0.55	0.88	0.66	0.40	0.83
Accel 1	AUC FFT	0.47	0.13	0.71	0.86	0.72	0.93	0.83	0.66	0.92
	Variance	0.09	-0.29	0.44	0.88	0.75	0.94	0.87	0.74	0.94
	RMS	0.68	0.42	0.84	0.74	0.53	0.86	0.71	0.48	0.85
A appl 7	SEn	0.62	0.36	0.80	0.62	0.32	0.80	0.56	0.26	0.76
Accel Z	AUC FFT	0.46	0.14	0.69	0.76	0.57	0.88	0.76	0.56	0.88
	Variance	0.69	0.45	0.83	0.68	0.45	0.83	0.65	0.40	0.81
	RMS	0.38	0.01	0.66	0.74	0.53	0.86	0.78	0.58	0.89
	SEn	0.51	0.17	0.74	0.62	0.32	0.80	0.68	0.42	0.84
Accel Mag	AUC FFT	0.67	0.41	0.83	0.76	0.57	0.88	0.85	0.70	0.93
	Variance	0.58	0.28	0.78	0.68	0.45	0.83	0.84	0.68	0.92
Pitch	Pitch	0.67	0.29	0.85	0.78	0.58	0.89	0.81	0.63	0.91
Roll	Roll	0.77	0.52	0.89	0.47	0.14	0.71	0.43	0.09	0.69
Yaw	Yaw	0.87	0.73	0.94	0.24	-0.14	0.56	0.70	0.46	0.85

Table 2: ICC and 95% CI for the traditional and inertial sensor derived YBT variables.

The ANT reach predominantly requires sagittal plane movements, while the PM and PL reach directions both require more complex multi-planar movement (Kang et al., 2015). As a result, the variables that demonstrated excellent reliability when quantifying the single planar ANT direction (13 variables) are distinctly different to those that possessed excellent reliability when quantifying the multi-planar PM/ PL reach directions (11 variables).

The results presented in this paper build on previous research which has demonstrated the intrasession test-retest reliability and the discriminant validity of the quantified YBT (Johnston et al., 2017b). This past work demonstrated that the withinsession test-retest reliability of the inertial sensor quantified YBT ranged from an ICC of 0.76-0.92 for the 95EV measure, depending on the reach direction (Johnston et al., 2017b). While the intra-session reliability results presented are higher than the intersession reliability results presented in this study, the longer follow-up leveraged in the inter-session study likely increased the amount of within-subject variance. As such, when the findings of this study are viewed in conjunction with those of the previous studies, it becomes clear that the quantified YBT can be considered a valid and reliable measure of dynamic balance performance. This has major significance as it lays the ground work for the implementation of this system in clinical populations, potentially aiding the identification of individuals at risk of injury/ disease and tracking recovery and response to intervention.

While no research has determined the intersession test-retest reliability of the quantified YBT, previous work has established the reliability of other inertial sensor quantified clinical assessments. Simon and colleagues (2017) demonstrated that an inertial sensor derived measure of static balance performance during the balance error scoring system, obtained from a lumbar worn iPad, possessed good - excellent 1-week test-retest reliability. Similarly, McGrath and colleagues (2011) demonstrated that 18 inertial sensor derived variables obtained during the timed up and go test possessed excellent test-retest reliability, over a 4-week period. As such, the findings presented in this paper contribute to the body of evidence that inertial sensor quantified clinical assessments can provide a reliable measure of motor performance.

There are a number of contextual factors that need to be considered related to this study. Firstly, the population recruited as part of this study is a young healthy adult population, aged between 18-40. As such, these findings may not be generalisable across different populations. Further research is required to investigate the inter-session test-retest reliability across various populations, including clinical and sporting populations. Secondly, an important characteristic of this study was the 1-week test-retest design. The 1-week follow-up period used in this study was chosen to ensure an adequate washout period between tests, while reducing the likelihood that individuals may suffer any injuries or illnesses which may have impaired their balance between testing points. This 1 week follow-up period is consistent with other sensor based balance assessment inter-session reliability studies in the literature (Simon et al., 2017, Amick et al., 2015). As such, the results of this study are promising as they demonstrated the good-excellent reliability of a large proportion of the quantified YBT variables.

5 CONCLUSION

The results of this inter-session test-retest reliability study demonstrate that the quantified YBT, as instrumented by a single lumbar inertial sensor, can provide a reliable measure of balance performance, across all three reach directions. Furthermore, a large proportion of the quantified variables demonstrated similar or superior reliability to the traditional analogue YBT reach distances. As such, this study lays the groundwork for future work investigating the utility of the quantified YBT as a digital biomarker of injury/ disease risk, recovery, and response to intervention. Further research is required to investigate the reliability of this measure across clinical and sporting populations.

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70