

## How do we assess the function of the transverse abdominis?

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## 01 Introduction

The transverse abdominis muscle(TrA) is one of the dynamic stabilize system of the trunk, and it shows to increase the thickness of TrA from supine to single leg stance without regarding trunk movements (Yokomori M, et al. 2019).

Several researchers reported the function of the TrA can be assessed using drawing-in maneuver (DI) with ultrasonography(US) (Kiesel KB, et al. 2007, Koppenhaver SL, et al. 2009), however, it is unclear that these assessment reflects to both the performance and TrA activity during lower limb reach task with single leg standing.

The aim of this study is to investigate for the validation of the assessment of the TrA using DI with US.



## Measurement was performed during YBT **Muscle thickness change ratio (%) 1** Muscle thickness change ratio (%) = (DI-Rest) /Rest $\times 100$ =(maximum muscle thickness during YBT - muscle thickness (Kiesel, et al. 2007) at supine position )/ - muscle thickness at supine position \*100 **Over 100%** Less than 100% > US: Aplio 300, B mode, 7 MHz micro curvilinear transducer > Used the custom made ultrasound transducer holder **2**Trunk motion (°) Th6 (Thorax) =(maximum movement during YBT -start standing position) **TrA** TrA TrA > A 3-dimensional motion analysis device : VICON MX TrA X: flex-ext > Trunk movement : movement of the thorax with respect to the pelvic Y: side bend S2 Measurement of flexion / extension, side bending, rotation Rest DI Rest (Pelvic) V Z: rot TrA normal group **③Reach distance (%)** TrA dysfunction group VS **30** subjects **18** subjects =(Reach distance/height)\*100 (20.6±1.1years,170.2±4.6cm,61.4±7.2 kg) (20.2±1.1years,172.5±5.5cm,63.8±7.6kg) Reach distance was measured using tape measure Measurement of Anterior, Posteromedial, Posterolateral reach This study was reviewed and approved by the Ethical Committee at the University of Morinomiya Medical University (2018-063), and carried out in accordance with the

- ➤ The median of the reach of three times in each direction was used as a representative for analysis (①, ②, ③).
  - $\rightarrow$  1,2,and 3 were compared between the TrA normal group and the TrA dysfunction group.
  - The independent samples t-test and the non-parametric Mann-Whitney test.
  - Significance was set at p<0.05.



Declaration of Helsinki.

Statistical analysis was performed using SPSS (version 25).



- 1 The muscle thickness change rate was significantly lower in all three directions in the TrA dysfunction group (p < 0.05).
- 2 Each trunk movement were no significant differences between the two groups.
- 3 Each reach distance were no significant differences between the two groups.

## Discussion & Conclusion

- However, muscle thickness change ratio was significantly lower in TrA dysfunction group, and it became clear that DI reflects muscle activity during YBT.
  On the other hand, TrA muscle function did not affect the trunk motion and the reach distance.
- TrA functions as dynamic stability of the spine and is anatomically poor for causing spine motion (Urquhart DM, et al. 2005).
- In addition, it is reported that the reach distance is affected by the function of the lower limbs (Jatin P, et al. 2014, Gordon A, et al 2013, Rasool J, et al. 2007).
  Therefore we could not be assessed the function of the TrA using trunk motion observation and performance test.
- □It was clarified that DI reflected the TrA activity during YBT.
- **D**I can be estimated function of the TrA during YBT.
- □We find that the dysfunction of the TrA assessed using DI decrease thickness of TrA during the YBT. □Both trunk motion and reach distance during YBT cannot predict the function of TrA.