Anticipatory motor planning in children and adults

Ka Chun Tse, Emma Kirkpatrick, Janice Pearse, Anna Stevenson, Janet Eyre, Anna Basu |Research laboratory, Sir James Spence Institute, Royal Victoria Infirmary | Email: k.c.tse@ncl.ac.uk

Background

- Motor planning is the ability to take into account the demands of an upcoming task when planning a movement¹, e.g. picking up an upturned cup on a draining board for a drink.
- Previous studies¹ have indicated deficits in motor planning in adolescents with Hemiplegic Cerebral Palsy (HCP).
- Our long-term aim is to compare motor planning in children with HCP with age-matched controls.
- We have previously devised a motor planning test suitable for adults and children and obtained normative data in healthy adults.

Aim

To compare motor planning in healthy 9-11 year old children with previously collected data from healthy adults.

Hypothesis

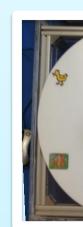
Motor planning will be immature in 9-11 year olds compared with adults.

Methods

Participants: 36 children aged 9-11 years, 20 adults aged 20-41 years.

Handle Rotation Task:

- 1) Participants were seated at a standardized distance from the device. An appropriate handle size was used, on the basis of their hand span.
- 2) Handle turning instructions were presented pictorially on a computer screen, with moving arrows indicating turn direction and one of six pictures for the target destination. At least 6 practice trials were undertaken before testing.
- 3) The task involved 48 trials consisting of 60 $^{\circ}$ (n=6), 120 $^{\circ}$ (n=6) and 180° (n=12) turns in each direction, presented in a random order. Participants performed the tasks using their dominant hand, followed by their non-dominant hand; they were encouraged to complete each turn **without readjusting the initial grip**.



With a **neutral grip** (left), it is biomechanically almost impossible to perform 180° turn without readjusting grip or letting go failed turn (right).

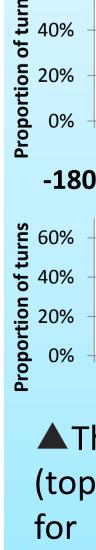
Data collection



Time at which the handle reached each position was electronically recorded to calculate the reaction time (time from video presentation to initiation of turn) and total turn time

Turns were discounted if they were in the wrong direction (except for turns), to the wrong destination or if the handle was not grasped at start with the thumb opposite the fingers.

60%



▲ Example setup



How it reflects action planning

Start

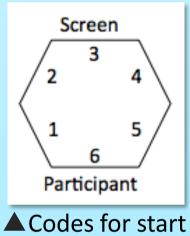






A planned grip (left) allows smooth completion of a 180° clockwise turn without grip readjustment - successful turn (right).

• The tasks were video-recorded to determine the starting grip positions for each turn



thumb position

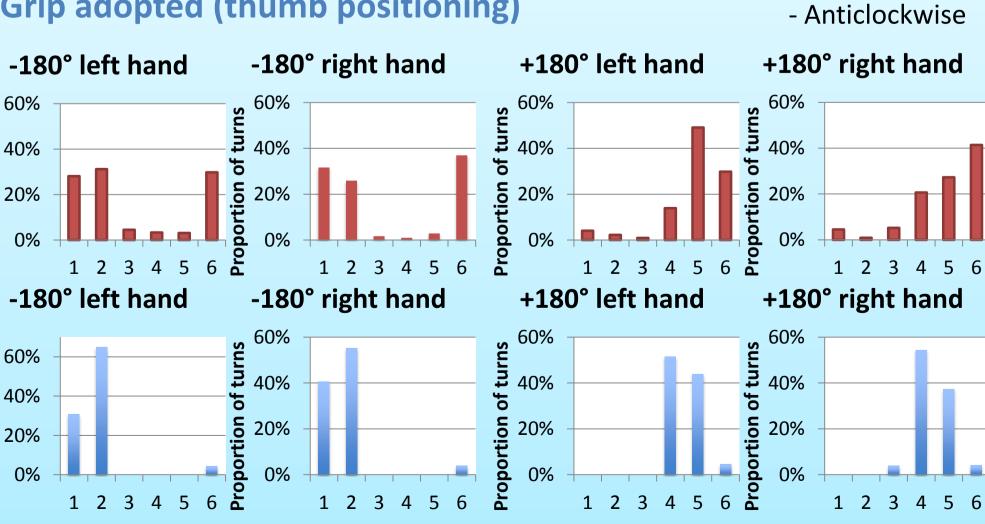
Children

+Clockwise

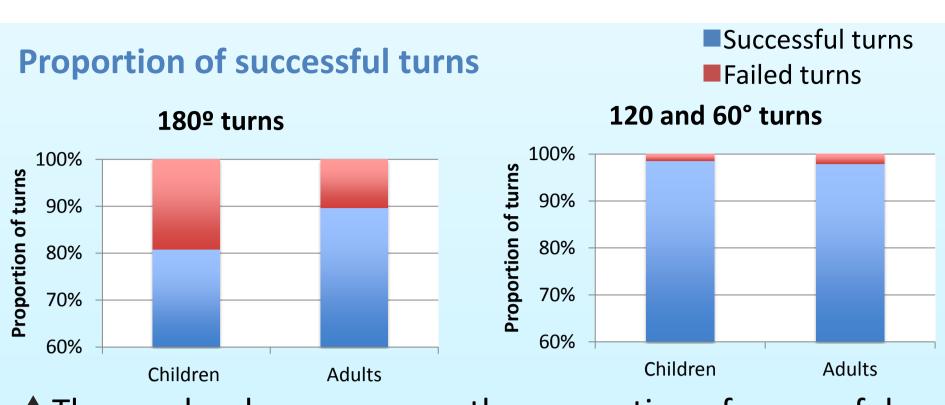
Adults



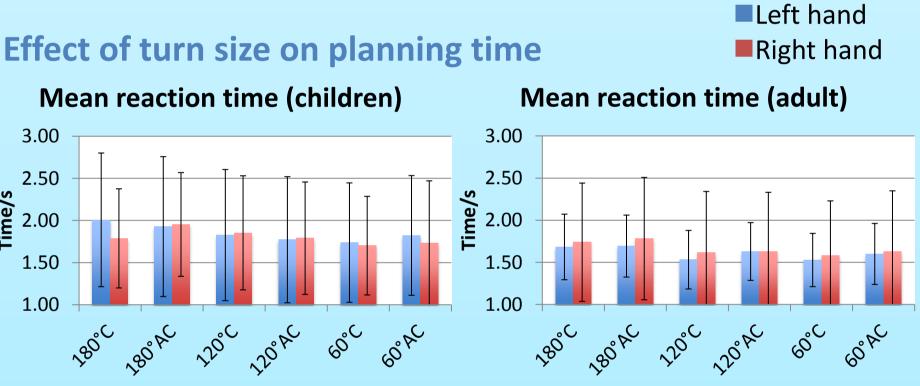
Grip adopted (thumb positioning)

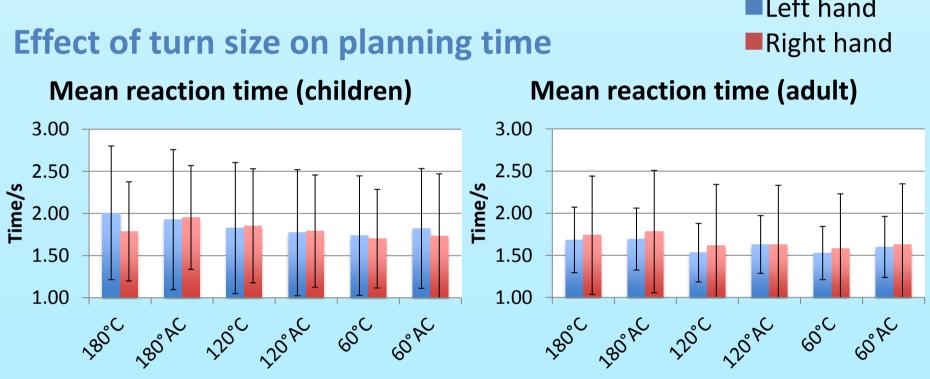


▲ The graphs demonstrate handle turning patterns of children (top) were similar to adults (bottom) but with higher preference for neutral start grip, showing less evidence of planning of **180**° turns than adults.



▲ The graphs above compare the proportion of successful and failed turns between children and adults. Chi-squared tests showed a higher failure rate among the children with the 180° turns (19.3% vs. 10.3%, p < 0.001), but not with the 60° and 120° turns (1.43% vs. 2.07%, p = 0.13).





120 degree turns.

Conclusion

- groups.

Reference

▲ Graphs demonstrate the average time to initiate turns. Planning time was not significantly different between adults and children. However, there was a significant effect of turn size on planning time for both children (F(2, 70) =13.0, p < 0.001), and adults (F(2, 42) = 30.2, p < 0.001), with 180 degree turns taking significantly longer than 60 or

Action planning is well developed in adults, but less mature in 9-11 year old children.

Further data collection from both younger and older children is needed to clarify the development and maturity of action planning across different age