

1 **Repeatability and accuracy of a foot muscle strength dynamometer**

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ABSTRACT

Toe flexor strength is a pivotal biomechanical contributor for effecting balance and gait. However, there are limited reports that evaluate measurement accuracy and repeatability of this important attribute. Dynamometers are designed to measure force which can be used to derive joint torque if the perpendicular distance to the joint axis is known. However, an accurate and reliable measurement method to assess the ability of the toe flexor muscles to produce torque, is lacking. Here we describe a new device and method, designed to quantify the toe flexor torque developed at the metatarsal phalangeal joint. We evaluate measurement bias and the ability of the instrument to consistently measure what it is supposed to measure (Interclass Correlation Coefficient). Results suggest that our device is an accurate tool for measuring angle and torque with a small (0.10° and 0.07 Nm, respectively) bias. When tested for reliability and repeatability in measuring toe flexor torque ($n = 10$), our device showed high interclass correlation ($ICC=0.99$), small bias (-1.13 Nm) and small repeatability coefficient ($CR = 3.9$). We suggest mean bias and CR to be reported for future measurement methods and our protocol used as standard approach to measure maximal toe flexor torque.

48 **Introduction**

49 Adequate foot muscle strength is imperative for efficient performance of sport
50 and activities of daily living [1]. When we stand, foot muscles provide the basis for
51 upright balance, but during locomotion the foot has a dual function: it forms a rigid
52 lever at foot-strike and push-off, and a shock-absorber during mid-support [2]. This is
53 accomplished through the deformation of the arch, which is controlled and supported by
54 small intrinsic (foot) and large extrinsic (leg) muscles. Although critical to locomotion,
55 our ability to measure and evaluate foot muscle strength accurately is rather limited [3,
56 4].

57 Dynamometers are suggested to directly measure muscle force. They all rely on
58 the assumption that (i) the external moment of force measured around the device axis
59 represents the moment of the force produced by the muscles, and (ii) the force that
60 produces such moment is equal to the muscle force. For semantical precision, hereon we
61 will refer to torque – external moment of force – when referring to what a dynamometer
62 is measuring.

63 Previous toe dynamometers described in the literature have had technical
64 limitations: some rely on the tester providing resistance [5], while others allow gripping
65 of the toes and, therefore have a greater contribution from the extrinsic toe flexors [6].
66 An alternative is a fixed dynamometer whereby participants press their toes against a
67 fixed sensor plate (i.e. force sensors) [7, 8]. In this way, Endo, Ashton-Miller [9] used
68 the signal from a force plate to quantify toe flexor torque around the
69 metatarsophalangeal joint (MPJ); however, the movement was not isolated: the
70 contribution of the moment generated among the other (bigger) joints was not
71 accounted for. Goldmann and Brüggemann [10] introduced a system of Velcro® straps
72 to fix the forefoot, midfoot, and rearfoot to the dynamometer while keeping the body

73 into a standardized position. Although giving repeatable measurements, their device
74 was not tested for accuracy and reliability. Based on the device built by Goldmann and
75 Brüggemann [10], we developed a custom-made toe dynamometer addressing the
76 technical limitations of previous studies while ensuring accurate measurements of
77 torque produced by toe flexor muscles. The purpose of the present study was: 1) to
78 assess the accuracy between the known measures for angle and torque measured by the
79 novel dynamometer device; and 2) to assess the device re-test repeatability of maximal
80 isometric contractions of toe flexor muscles.

81 **Methods**

82 In this study, we quantified the moment of force generated by toe flexor muscles around
83 the axis of the dynamometer during maximal isometric contraction. Our design
84 addressed two important issues when assessing toe muscle strength: angular orientation
85 of the metatarsal heads and foot size.

86 *Hardware and software*

87 The device is an improved version of a previously proposed machine [10] to which we
88 added flexibility, and adaptability. It has been designed to allow measurements to be
89 taken in either a seated or standing position. For operation in the seated position, a
90 knee-thigh clamping mechanism is included, with both vertical and longitudinal
91 adjustment features (Figure 1a). The device can be set in a locked angular position to
92 monitor a subject's ability to apply static torque, or can be set to allow free angular
93 range of motion with adjustable mechanical limits. The height of the transverse axis of
94 the MPJ is a function of foot size; therefore, we secured the plate on three adjustable
95 screws with fixed rulers such that the plate position can be recorded and readjusted
96 according to the participant's foot size. The angular orientation of the metatarsal heads

97 also needed to be taken into consideration [11, 12]. We designed a plate with a matrix
98 of holes to which locking pins and straps can be tethered for strapping the subject's foot
99 into different orientations. A requirement to provide the capacity to impose and resist up
100 to 50 Nm of torque has been met with the use of dumbbell weights loaded on to a
101 carrier (Figure 1b), and a pulley arrangement (Figure 1c).

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103 ****** insert Figure 1 about here ******

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105 The tension [tp] in the primary strap is the weight of the mass load. The tension
106 in the secondary strap [ts] is equivalent to the tension in the primary strap multiplied by
107 the ratio of the primary [rp] and secondary [rs] pulley radii. The torque [T] imposed on
108 the phalanges shaft is the product of the secondary strap tension and the driven pulley
109 radius [rd]. The effective radius of each pulley is the sum of the radius of the pulley
110 surface and half the thickness of the tension strap. The primary pulley effective radius
111 was 0.100 m, the secondary pulley radius was 0.049 m, and the driven pulley radius rd
112 was 0.100m; therefore:

113

$$T[Nm] = m[Kg] * g * (rp/rs) * rd \quad (1)$$

$$T = m * 9.81 * (.100/.049) * .100$$

$$T = m * 2.002$$

114 The phalanges rotation shaft carries an absolute angle rotary encoder (Figure 2a)
115 on its end, which produces an analogue output voltage signal. The shaft assembly also
116 includes a torsion strain cylinder element (Figure 2b), which is connected to the
117 assembly in such a way as to ensure that the link transmits torque without being
118 exposed to any bending, tensile or compressive loads. The main foot and phalanges

119 resting surface plates are designed and built to provide a large range of height
120 adjustment so that any subject's proximal phalanges centre of rotation can be aligned
121 with the device's rotation shaft. This allows simulation of a tilted MPJ mediolateral
122 axis of rotation, through adjustment of jacking screws accordingly on both the main foot
123 and phalanges tooling plates. The tarsal resting surface plate includes a matrix of holes
124 to which locking pins and straps can be tethered for strapping the subject's foot into
125 position. Both the main foot and phalanges resting plates include millimetre linear
126 scales for foot positioning reference (Figure 2c).

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128 ****** insert Figure 2 about here ******

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130 The electronic instrumentation comprises two transducers, their associated signal
131 conditioning circuitry, and a custom Labview data acquisition system running on a
132 laptop PC and employing an NI-6009 14-bit USB DAQ module to sample the 2
133 analogue quantities. An absolute angle encoder (US Digital MA3 with analogue output)
134 is directly coupled to the shaft end of the toe plate and thus directly monitors the -20 to
135 +50 degrees' angular range of the toe plate. This transducer has a resolution of 10 bits
136 which equates to 0.33 degrees measurement resolution.

137 A torque transducer and its associated amplifier monitors the torque applied by the toes
138 to the toe plate. It covers a torque range of 0-50 Nm. The transducer was constructed
139 in-house using a Micro-Measurements CEA-06-250US-350 full bridge strain gauge
140 bonded to a custom designed hollow shaft and rated for 50 Nm full load. The
141 associated strain gauge amplifier has a gain of 500 to provide an output voltage of
142 approx. 4V at 50 Nm. Custom Labview code (National Instruments) samples the above

143 2 analogue channels at 100 Hz and applies the appropriate scaling factors and offsets to
144 produce actual torque and angle values which are displayed in real-time (Figure 3a,b).

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146 ****** insert Figure 3 about here ******

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148 *Accuracy*

149 Accuracy is intended here as the description of the systematic error (statistical bias) and
150 random error (statistical variability) associated with a measurement [13]. In this study,
151 limits of agreement (LoA) and mean bias were used as a measure of accuracy [14].

152 *Angle*

153 The predicted angle was compared to the software readings for that angle (i.e. plate
154 fixed at 50° and record the angle). All angles from 50° dorsiflexion to 20°
155 plantarflexion (in 10° increments) were tested. Results are reported in Table 1. For each
156 angle, we computed the mean of 500-recorded values (10 sec).

157 *Torque*

158 Starting with zero weight, the weight of the carrier was added; then additional 2.5 kg
159 calibrated weights were added. For each load, a 10 sec period was allocated before
160 adding the next weight. The expected torque was compared to the software readings for
161 that weight. The frontal plate was kept in a neutral position and weights were added
162 perpendicularly to it.

163 *Statistical analysis*

164 For each angle, 500 values were averaged and the standard deviation calculated. The
165 same computational process was performed for the torque. The Bland-Altman plot [14]
166 was used to visually inspect the differences between the computed theoretical values
167 and the measured values (of both torque and angle); and how the differences might
168 change in proportion to the magnitude of the measure. Limits of agreement [15] were
169 used to assess differences between two types of evaluation methods: 1) device accuracy
170 from concurrent tests, and 2) device repeatability from the same re-test conditions. The
171 LoA provides an estimate that 95% of measured observations can be expected to lie
172 within limits of agreement defined by the mean bias and coefficient of repeatability.
173 Specifically, $LoA_{between} = \text{Mean difference}_{between} \pm CR_{between}$. For the accuracy test, the
174 mean difference was defined by

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$$\frac{\sum_i^{500}(x_e - x_m)}{500} \pm 95\% CI \quad (2)$$

176 where x_e is the expected value and x_m is the measured value. The coefficient of
177 repeatability ($\pm CR_{between}$) is computed by $CR_{between} = 1.96 \times SD_{between}$, where
178 $SD_{between}$ is the standard deviation of the between method differences ($x_e - x_m$).

179 ***Repeatability and Reliability***

180 A study was conducted to establish the repeatability and reliability of the dynamometer
181 in measuring the joint torques produced by the toe flexor muscles. Ten participants (7
182 men and 3 women, mean height 1.75 ± 0.1 m; mean weight 74.9 ± 15.5 ; mean BMI 24.3
183 ± 3.2) gave their informed consent to undergo a familiarisation and two testing sessions
184 conducted on different (non-sequential) days.

185 Each participant reported to the laboratory at the same time of the day. The
186 protocol consisted of a pre warm-up period of 1 min where the participants repeatedly
187 performed toe flexion/extension movements with no resistance applied followed by
188 submaximal isometric contractions with incremental exertion up to maximal
189 contraction. After a 3-minute rest, three 5 second-maximal contractions were
190 performed. Protocol design was such that learning effect was minimized, different
191 ability to contract foot muscles accounted for, and maximal muscle pre-activation
192 achieved.

193 Participants sat on a chair with their knee and ankle fixed at 90 degrees.
194 Metatarsal-phalangeal joints (MPJs) were fixed at 30 degrees of dorsiflexion as
195 recommended for optimal torque production [16] and secured to the bottom plate
196 through a means of Velcro[®] straps. The head of the metatarsals (1-5) were in line with
197 the transverse axis of the device. Raw data were filtered using a 101-point (2 sec)
198 moving average. The highest torque value among the trials (1-3) was used for analysis.

199 *Statistical analysis*

200 For repeatability, mean and standard deviation of the differences between the two
201 sessions were used to calculate the limits of agreement using the Bland-Altman plot as
202 described previously. The coefficient of repeatability and mean bias were also
203 computed. For reliability, a two way mixed single measures (absolute agreement) was
204 used to calculate Interclass Correlation Coefficients (ICC; 3,1). All statistics were run in
205 SPSS (Version 24, SPSS Inc., Chicago, IL). The level of significance was set to $\alpha=0.01$.

206 **Results**

207 *Accuracy*

208 Results from the accuracy study are showed in Table 1 (and appendix A). For angle, the
209 largest difference between expected and measured values (0.23°) was at 10 degrees
210 dorsiflexion, while the lowest error (0.03°) was recorded at 0 and 20 degrees
211 plantarflexion. Overall, the absolute mean difference was 0.12° and the absolute
212 percentage difference was 0.81%. For torque, the highest difference between expected
213 and measured values (0.34 Nm) was recorded at the highest load (42.93 Nm), while the
214 highest percentage difference (2.9%) was recorded at 7.93 Nm expected torque. Overall,
215 the absolute average difference was 0.16 Nm with an absolute percentage difference of
216 0.85%. Mean bias of measurement for torque was -0.07 Nm with a CR of 0.39 Nm. For
217 the angle, the mean bias was 0.10° with a CR of 0.21° (appendix A).

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219 ****** insert Table 1 about here ******

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221 *Repeatability and reliability*

222 Results from the repeatability test are reported in Table 2 (and appendix A). The two
223 testing sessions were not significantly different ($t(9) = -2.11, p = 0.64$) with a mean
224 bias of -1.13 ± 3.9 Nm.

225 The average measures interclass correlation coefficient was excellent ($ICC = 0.99$); with
226 95% of the samples having confidence intervals (CI) between 0.95 and 1.00 which
227 shows high reliability. The within-observation variance was also found to be low
228 (3.96 [Nm]^2) with a between-observation variance of 92.28 [Nm]^2 .

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**** insert Table 2 about here ****

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232 **Discussion**

233 In this study, we tested the accuracy, repeatability and reliability of a method to test toe
234 flexor strength. Results suggest that our bespoke dynamometer is an accurate tool for
235 measuring angular position and torque: mean bias for torque measurements (-0.07 Nm)
236 and for angular position measurements (0.1°) were less than a unit; the CR for torque
237 (0.39) and for angle (0.21) were also small. Therefore, our device is not only accurate,
238 but it has a small instrument error (noise in the measuring device).

239 When tested for between-session repeatability and reliability in measuring toe
240 flexor strength, our device showed low bias (-1.13 ± 3.9) confirming its repeatability, and
241 high interclass correlation coefficient (ICC=0.99) confirming its reliability. Although
242 torque measurements in the second session were generally higher than in the first, the
243 not significant ($p = 0.41$) difference ($+1.13$ Nm or +6%), gives confidence on the
244 accuracy of the number of sessions (one familiarisation and two tests) and the warm-up
245 protocol defined, to minimizing any learning effect.

246 It has been reported that measurement of torque is affected by many technical
247 factors, such as the applied methodology [17], and joint orientation [10]. Here we
248 propose an accurate and reliable standardized methodology – with an improved design –
249 compared with previous devices [10, 18]. The first metatarsal bone has a higher (from
250 ground level) effective centre of rotation than the smaller toe bones, therefore the
251 effective axis of all phalanges working together is tilted relative to the ground plane. We

252 included an additional degree of freedom to account for the mediolateral slope of the
253 effective rotational axis of the phalanges.

254 Our study is the first to propose an estimate of instrument repeatability (Limits
255 of Agreement) when performing toe flexor strength tests by dynamometer. The
256 importance in reporting the degree of measurement accuracy is well-documented [19-
257 21]. Poor accuracy reduces the ability to monitor changes over time - both in clinical
258 and experimental contexts; studies not reporting the amount of bias inherent in the
259 measurement may over- or under-estimate the true moment of force produced, therefore
260 their results need to be interpreted with caution.

261 Our device also has the potential to be used as a training tool, instead of just for
262 evaluation. Strengthening of the foot muscles is commonly achieved with toe-flexion
263 exercises such as towel crunches or marble pickups [22, 23], short-foot exercises that
264 involve drawing the heads of the metatarsals toward the calcaneus without curling the
265 toes [24], or exercises performed using exercise bands with progressive resistance [25].
266 However, in those exercises the extrinsic foot muscles are activated to some extent, the
267 resistance applied is difficult to quantify exactly, and the efficiency of the training is
268 dependent on the position held by the performer. Our device could potentially be a more
269 effective method to reinforce foot muscles and it could simplify the training plan by
270 setting a constant individualized position, and by setting specific resistive progression
271 while minimizing the contribution of extrinsic foot muscles.

272 Although the device was accurate in measuring torque and angle, and showed a
273 small measurement bias, it is not possible to confidently assume that the device is able
274 to isolate toe muscles and measure only their strength. The set-up of the machine was
275 such that muscles not crossing the MPJ should have had a small (if any) effect on torque
276 production around that joint, however, this is not certain. It is also acknowledged that

277 during a maximal isometric contraction the extrinsic muscles help in stabilizing the
278 adjacent foot joints therefore, they may have an indirect role in force production. In
279 future, concurrent use of motion capture system, electromyography, and/or foot plantar
280 pressure devices with dynamometers will better define if any secondary movements (i.e.
281 imperceptible heel raising) play a role in the development of torque around the MPJ.

282 **Conclusion**

283 This study evaluated the performance of a bespoke dynamometer, which had been
284 designed to measure maximal toe flexor strength. The results indicate that the device is
285 accurate when measuring torque and flexion angle, and repeatable and reliable when
286 measuring maximal joint torque developed by toe flexor muscles. In future studies, the
287 ability of the device to reliably discriminate between different groups of people (i.e.
288 different gender or sport) should be tested in a larger sample.

289 **Acknowledgement**

290 The University's Human Research Ethics Committee (ref 24315) approved this study.

291 The authors report no conflicts of interest.

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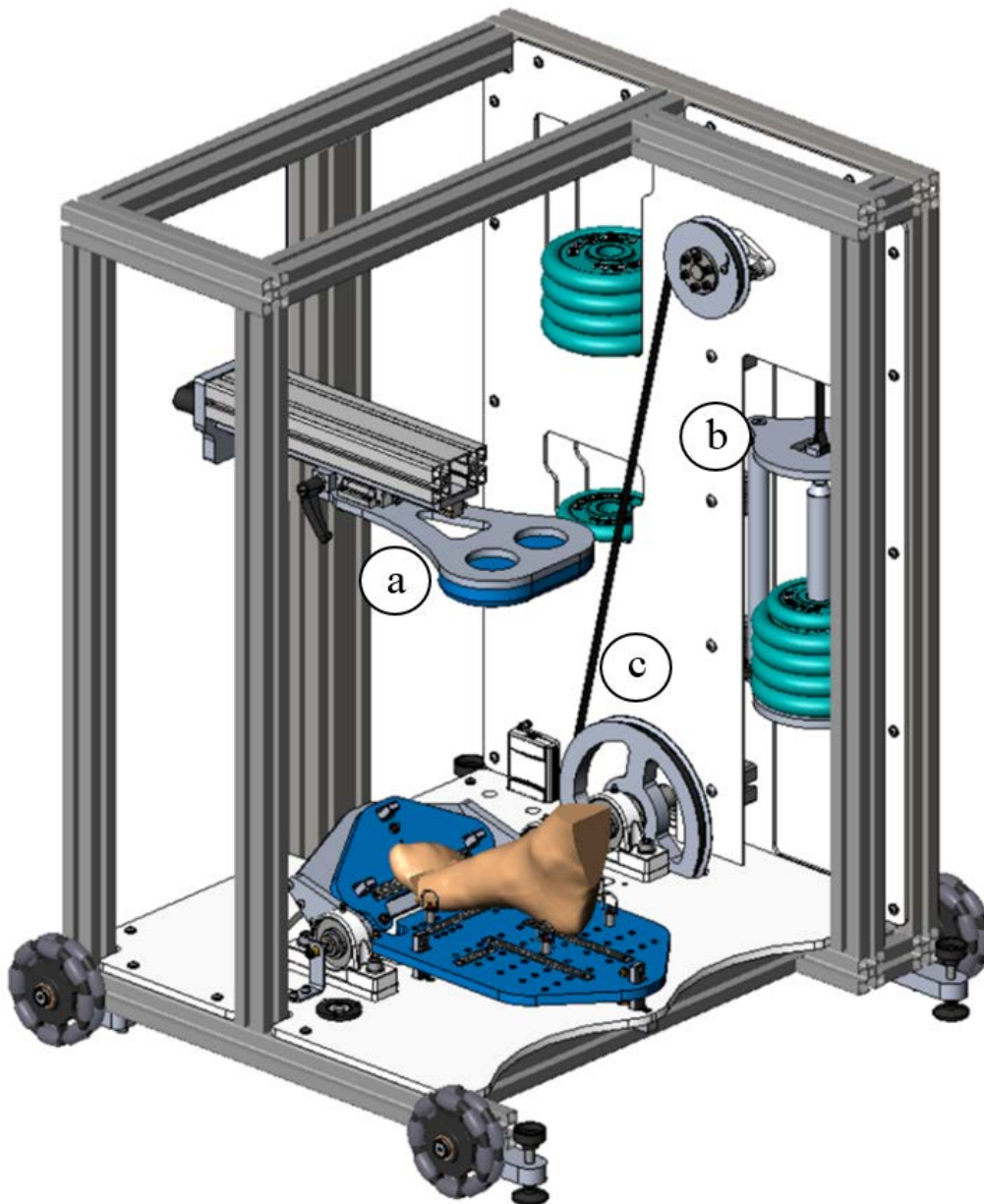
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383 **Figure Legends**

384 **Figure 1.** Overview of the toe flexors strength device: *a* knee-thigh clamping

385 mechanism, *b* carrier, and *c* pulley arrangement



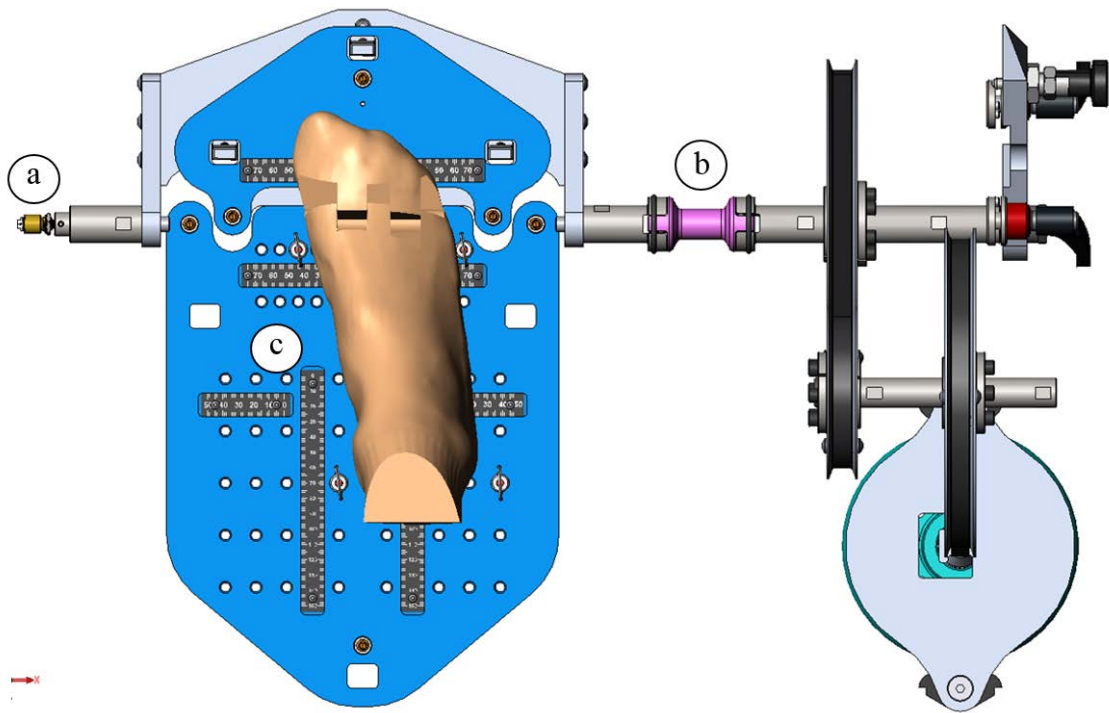
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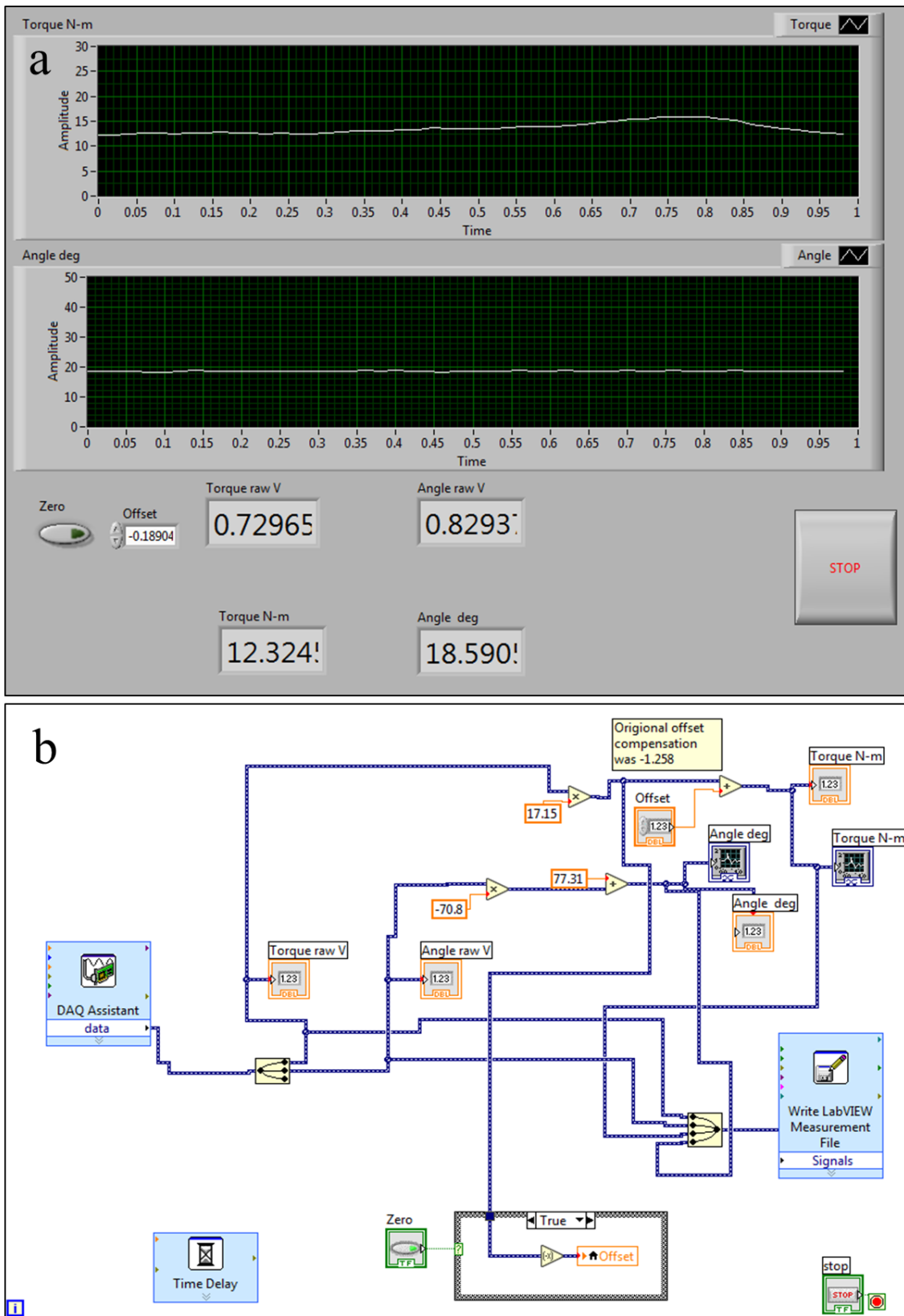
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390 **Figure 2.** Schematic of the main foot and phalanges plates. *a* rotary encoder, *b* torsion
391 strain cylinder, and *c* millimetre linear scales



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406 **Figure 3.** Labview software interface (a) and block diagram (b)



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410 **Table 1** Accuracy results for the angle and torque measurements. Difference (Diff)
 411 between expected values and measured are reported; Absolute Average Difference (Abs
 412 Avg Diff) is also reported as raw and percentage. Mean Bias and limits of agreement
 413 (LoA) are also reported.

Angle (°)						
Expected	Measured mean ±SD	Diff (%)	Abs Avg Diff (%)	Mean bias	LoA lower	upper
50	49.78 ± 0.16	-0.22 (-0.44)	0.12 (0.81)	0.10	-0.11	0.31
40	40.06 ± 0.17	0.06 (0.15)				
30	29.91 ± 0.17	-0.09 (-0.30)				
20	19.83 ± 0.16	-0.17 (-0.85)				
10	9.77 ± 0.17	0.23 (2.30)				
0	0.03 ± 0.16	0.03 (-)				
-10	-10.15 ± 0.16	-0.15 (-1.50)				
-20	-20.03 ± 0.17	-0.03 (-0.15)				
Torque (Nm)						
Expected	Measured mean ±SD	Diff (%)	Abs Avg Diff (%)	Mean bias	LoA lower	upper
0	0.01 ± 0.07	-0.01 (-)	0.16 (0.85)	-0.07	-0.47	0.32
2.93	2.93 ± 0.06	0.00 (0)				
7.93	7.70 ± 0.07	-0.23 (-2.90)				
12.93	12.76 ± 0.07	-0.17 (-1.31)				
17.93	17.89 ± 0.07	-0.04 (-0.22)				
22.93	22.98 ± 0.07	0.05 (0.22)				
27.93	28.06 ± 0.06	0.13 (0.47)				
32.93	33.24 ± 0.07	0.31 (0.94)				
37.93	38.25 ± 0.06	0.32 (0.84)				
42.93	43.27 ± 0.07	0.34 (0.79)				

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416 **Table 2** Mean (±SD) torque produced by toe flexor muscles (in a 30° of dorsiflexion at
 417 the MPJ joint) for session one (test) and two (retest). Results reported for Interclass
 418 Correlation Coefficient (ICC), within-observation and between-observation variance
 419 [Nm]², mean bias, and coefficient of repeatability (±CR).

420

	test	retest	ICC (95% CI)	within variance	between variance	mean bias (±CR)
	mean ±SD	mean ±SD				
Torque (Nm)	18.75 ± 9.2	19.88 ± 10.5	0.99 (0.95-1.00)	3.96	92.28	-1.13(±3.9)

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