

so much on visual inputs.

In contrast, in the subjects who showed a positive correlation in roll movements of the head and trunk, lateral perturbation of the head increased further as the roll of the trunk was added to the roll of the head, and the head became unstable relative to the space during walking. In the subjects aged 50 years and above who showed a positive correlation between roll movements of the head and trunk, lateral perturbation of the head was significantly greater during walking with the eyes open than in the subjects in 20's, resulting in instability of the head. In the subjects aged 50 years and above, a positive correlation was observed more frequently during walking with the eyes closed. This suggests that gait control based on the spatial orientation depends more on visual inputs. Thus, gait control based on the spatial orientation is considered to be declined, and movements of the head to become passive to those of the trunk, in a higher percentage of the subjects aged 50 years and above. These findings suggest that there is a latent decrease in the vestibular function in some healthy adults aged 50 years and

above. A similar mechanism may be guessed also in children, in whom the vestibular function is immature, and patients with Parkinson's disease, in whom the basal nuclei are degenerated.^{7,12)}

The findings concerning lateral movements of the head and trunk during walking with the eyes closed differed between the subjects in 50's and those aged 60 years and above. While the number of subjects who showed a positive correlation between movements of the head and trunk increased during walking with the eyes closed in those in 50's, 60's, and 70's, no significant difference was observed in lateral movements of the head and trunk between those in their 50's and those in 20's. Despite some deterioration of gait control based on the spatial orientation due to a latent decrease in the vestibular function, individuals in 50's are considered to be able to suppress lateral movements of the head and trunk to a low level, because top-down control to stabilize the posture primarily by stabilizing the head position during walking with the eyes closed is still sufficiently intact. In contrast, lateral movements of the entire body were significantly increased, and the gait became considerably

unstable in the subjects aged 60 years and above who showed a positive correlation during walking with the eyes closed. Thus, deterioration of gait control based on the spatial orientation is considered to be further progressed in healthy adults aged 60 years and above compared with those in 50's.

E. Conclusion

We performed three-dimensional analysis of head movements and coordination of head and trunk movements during walking in healthy adults in 20's, 50's, 60's, and 70's to evaluate the effects of aging on walking.

Vertical movements and pitch and roll movements of the head during walking were significantly smaller with the eyes closed than with the eyes open in all age levels of the 20's, 50's, 60's, and 70's. It is guessed that suppression of vertical perturbation and preservation of the verticality of the head are important for maintaining stable gait in the absence of visual information.

While most of the subjects in 20's showed coordinated movements in which the head and trunk rolled in opposite directions (negative correlation) during walking as

reported earlier, many of those aged 50 years and above showed rolling of the head and trunk in the same direction (positive correlation). In the subjects who showed a negative correlation in roll movements of the head and trunk, lateral perturbation of the head and trunk was reduced as they were cancelled by each other, so that the stability of head relative to the space during walking was maintained. In contrast, in the subjects who showed a positive correlation in roll movements of the head and trunk, lateral perturbation of the head increased further as the roll of the trunk was added to the roll of the head, and the head became unstable relative to the space during walking. The findings suggest that in young people the center of gravity is better stabilized during walking than in older people, and that young people are less dependent on visual input for spatial orientation in the brain than older people.

(References)

1. Mori S: Physiology of the standing and gait. Neuro-otology I, ed by Tokita K, Suzuki J, Soda Y. Kinbara Press: pp 88-103, Tokyo, 1985
2. Hirasaki E, Kubo T: 3D

- analysis of walking. Neuro-otology, ed by Takahashi M, Takeda N. Kinpodo Press: pp139-151, 1998
3. Grossman GE, Leigh RJ, Abel LA, et al: Frequency and velocity of rotational head perturbation during locomotion. *Exp Brain Res* 70: 470-476, 1988
 4. Pozzo T, Berthoz A, Lefort L: Head stabilization during various locomotor tasks in humans I. Normal subjects. *Exp Brain Res* 82: 97-106, 1990
 5. Pozzo T, Berthoz A, Lefort L: Head stabilization during various locomotor tasks in humans II. Patients with bilateral peripheral vestibular deficits. *Exp Brain Res* 85: 208-217, 1991
 6. Hirasaki E, Kubo T, Nozawa S, et al: Analysis of head and body movement of elderly people during locomotion. *Acta Otolaryngol(Stockh) Suppl* 501: 25-30, 1993
 7. Assaiante C, Amblard B: Ontogenesis of head stabilization in space during locomotion in children: influence of visual cues. *Exp Brain Res* 93: 499-515, 1993
 8. Glasauer S, Amorim MA, Vitte E, et al: Goal-directed linear locomotion in normal and labyrinthine-defective subjects. *Exp Brain Res* 98: 323-335, 1994
 9. Yamakawa J, Hirasaki E, Kumakura H, et al. Three dimensional analysis of human locomotion. *Equilibrium Res Suppl* 10: 54-57, 1994
 10. Kubo T, Kumakura H, Hirokawa Y, et al: 3D analysis of human locomotion before and after caloric stimulation. *Acta Otolaryngol(Stockh)* 117: 143-148, 1997
 11. Hirasaki E, Moore ST, Raphan T, et al: Effects of walking velocity on vertical head and body movements during locomotion. *Exp Brain Res* 127: 117-130, 1999
 12. Mesure S, Azulay JP, Pouget J, et al: Strategies of segmental stabilization during gait in Parkinson's disease. *Exp Brain Res* 129: 573-581, 1999
 13. Uemura R, Takei Y: Three dimensional analysis of head movements while walking. *Equilibrium Res* 59: 228-235, 2000
 14. Murrey MP, Korey RC, Clarkson BH: Walking patters

- in healthy old men. *J Gerontol* 24: 169-178, 1969
15. Hageman PA, Blanke DJ: Comparison of gait young women and elderly women. *Physical Therapy* 66: 1382-1387, 1986
16. Miyata H, Shirato H: Gait of the elderly. *Equilibrium Res* 53: 449-457, 1994
17. Nagasaki H, Itoh H, Furuna T: The structure underlying physical performance measures for older adults in the community. *Aging Clin Exp Res*: 451-458, 1995
18. Takahashi M, Okada Y, Saito A, et al: Control of gaze and locomotion by spatial orientation. *J Otolaryngol Jpn* 94: 161-169, 1991
19. Takahashi M, Okada Y, Takei Y, et al: Study of stance ability determined by the area of the center of pressure. *Equilibrium Res* 53: 237-246, 1994
- F. 健康危険情報
なし
- G. 研究発表
1. 論文発表
.Ryuichiro Uemura, Yasuhiko Takei: Effects of Aging on The Head and Trunk Movements During Walking. (投稿中)
2. 学会発表
上村隆一郎, 武井泰彦: 歩行運動における加齢の影響 (頭部一体幹協調運動の観点より). 第 60 回日本めまい平衡医学会総会, 2001
- H. 知的財産権の出願・登録状況
なし

別添4

厚生科学研究費補助金
感覚器障害及び免疫・アレルギー等（感覚器障害研究分野）研究事業

Ⅱ. 研究成果の刊行物・別冊

20010767

以降は雑誌/図書等に掲載された論文となりますので、
「研究成果の刊行に関する一覧」をご参照ください。

「研究成果の刊行に関する一覧」

床上歩行時の頭部運動 3次元解析

上村隆一郎(国立病院東京医療センター), 武井泰彦
Equilibrium Research. 59 巻 3 号, Page228-235, 2000.

歩行時頭部体幹運動における加齢の影響

上村隆一郎(国立病院東京医療センター), 武井泰彦
Equilibrium Research. 60 巻 4 号, Page241-249, 2001.