

ELECTROMYOGRAPHY STUDY OF STRESS CAUSED BY HIGH HEELS

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Four muscles were studied electromyographically on six women who stood for one hour in flat shoes and in high heels. The muscles were soleus (calf), rectus femoris (thigh), paraspinals (back) and semispinalis capitis (neck). Subjective comfort was recorded at the same locations as well as the foot. Foot comfort declined steadily with time with high heels. Foot comfort was lower. For EMG, median frequency was not affected by time or shoes. The low levels of EMG amplitude were not affected by time or shoes. The results are consistent with previous reports of low levels of muscle activity to maintain standing posture.

INTRODUCTION

Reynolds and Lovell (1910) first reported the tendency of individuals to lean backward when wearing high heels. This tendency also was found in the Antioch College studies (Anon, 1911) which reported that women who habitually wore high heels had a sway back posture and increased relaxation of the luminal muscles. Schwartz and Health (1959) used X-ray records to show a progressive shortening of the heel to ball distance as heel height increased. Schwartz et al. (1964) reported forces on the forepart of the foot increase with increasing heel height. Gollnick et al. (1964) measured ankle and knee joint angles with an electrogoniometer. High heels had no effect on the knee angles but caused an increase in ankle angle extension. Ricci and Karpovich (1964) reported that wearing high heels increased the height of the longitudinal arch at the end of the day while low heels decreased arch height. Merrifield (1971) reported high heels caused a significant decrease in step length and stride length but minimum change in stride width and foot angle. Bendix (1984) reported that with high heels, lumbar lordosis (forward curvature of the lower part of the spine) and forward pelvic inclination decreased. The line of gravity shifted backward, extension of the ankle joints and backward shifting of the hips and trunk. Opila et al. (1987) reported high heels caused lumbar flattening, a backward tilting pelvis, a

gravity, and a posterior displacement of the head and cervic spine.

We found only three EMG studies of standing in high heels. majian and Bentzon (1954) reported increased EMG amplitude the gastrocnemius and peroneus longus while wearing high ls. Joseph and Nightingale (1956) studied the EMG in the gh and calf of 21 women wearing high heels. The EMG litude increased in the soleus of 17 women and increased in thigh of 3 women. Joseph (1968) compared the EMG while king in low or high heels; he noted relatively few ferences in the activities of seven muscles. The purpose of this study was to determine if selected EMG sures could be used as indices of muscle fatigue during nding in both flat shoes and high heels. It was othesized that both EMG amplitude and median EMG frequency ld vary with subject self-reported decreases in physical fort. The utilization of EMG frequency analysis was used ause shifts in the EMG spectrum have been associated with reased muscle fatigue (Lindstrom et al., 1977; De Luca et , 1983; Nanthavani, and Deivanayagam, 1989; Marras, 1990).

Subjects stood for one hour on concrete wearing either t shoes or high heels. They wore their own shoes. Flat es were running or tennis shoes. High heels had a heel ght of 50 mm or more. They read or talked during the hour. y had to stand within a one meter square area and could not k or step. The six female engineering students received extra credit a course.

Procedure

We recorded EMG with disposable surface electrodes at the ck (semispinalis capitis), lower back (paraspinals), thigh (ctus femoris), and calf (soleus). These muscles were chosen provide us with a representative sample of various body ts which were hypothesized to become fatigued. A reference ctrode was attached behind the right mastoid process (ear). The site was prepared to ensure a high quality signal by aving of the site (if necessary), cleaning the skin withcohol, and use of electrode gel. A five minute period was ed for signal stabilization. Then the EMG was recorded for 8 s at time 0, 10, 20, 30, 50 and 60 minutes. Muscle signals were amplified by AC fferential amplifiers (BAK Electronics) before A to D nversion and storage at a 1 KHz digital sampling rate. A ndstop filter (57 to 62 Hz) was used to reduce 60 cycle gnal interference. Immediately after each EMG recording, a subjective comfort ting was obtained from the subject using a modified body mfort map (Corlett and Bishop, 1976). Subjective comfort s recorded at each of the four EMG locations as well as the ot. Although the subject voted on a 1-9 scale with 9=very mfortable, the reported vote is normalized to a 0-100 scale r ease of understanding.

Mean EMG amplitude and median frequency were obtained for the muscle for each sample period. De Luca (1981) recommended use of the median frequency (rather than the mean frequency). In order to obtain EMG amplitude, linear envelopes were developed following full wave rectification and smoothing using a 20 ms time constant. The mean amplitude of the 8-s EMG signal was determined using a signal processing software package (RC Electronics).

RESULTS
Comfort vote Figure 1 shows the shoe vs. time effect. There was a steady decline in the comfort vote with time for both flat and high heeled shoes. Shoes were not a significant variable when all five body locations were combined. When the data was analyzed by location, there was a significant difference for the foot. The mean vote for the flat shoes of 58% was significantly more comfortable than the 58% for the high heels.

EMG-amplitude In both shoe conditions and all muscles there were low levels of muscle activity. There was no time effect for any of the four muscles. There was a significant shoe effect only for the thigh muscle; the mean amplitude with flat shoes of .017 volts was significantly higher than the .008 volts for flat shoes.

EMG--median frequency There was no time effect for any of the four muscles. There also was no shoe effect for any of the four muscles.

DISCUSSION

The comfort vote results showed the expected results (i.e., subjects were less comfortable with increased time). However, it was surprising that only the foot showed less comfort with high heels. It had been expected that other parts of the body would show less comfort with high heels (relative to flat shoes).

EMG amplitude was higher with high heels only for the rectus femoris (thigh). This indicates that the biomechanical changes associated with high heels do not result in changes in muscle functioning. Although Basmajian and Bentzon (1954) reported increased gastrocnemius (ankle) activity, we found no increase in soleus (ankle) activity while wearing high heels. Our finding is somewhat surprising as the gastrocnemius is considered a "phasic" muscle which generally functions to produce relatively rapid changes in ankle angle. The soleus, "tonic" muscle, generally functions to maintain a given ankle angle (as during standing posture). Carlsoo (1964), for example, reported tonic soleus activity during quiet standing.

When wearing high heels, the forward shift of the center of gravity (COG) may be countered by increased lumbar lordosis which would move the COG posteriorly. Thus high heels may have little net change in the anterior-posterior COG and thus no requirement for increased soleus activity.

Our finding that little muscle activity is required for standing is consistent with Basmajian and De Luca's position (1985, p.255) that "the muscular activity in standing is slight or moderate." Therefore no muscle fatigue would be expected. This would explain why median EMG frequency did not change (for any muscle) with time.

Both Lindstrom (1970) and De Luca (1979) say that EMG spectrum is related to conduction velocity of the muscle fiber. Muscle fatigue results in the accumulation of metabolic byproducts, which leads to a slowing in conduction velocity. This, in turn, results in a lower EMG frequency spectrum. We found no decline in the EMG frequency spectrum suggesting that muscle fatigue is not related to the increased discomfort over time of our subjects.

It may be that the discomfort is associated with direct pressures on the bones and joint capsules and inadequate blood circulation (Basmajian and De Luca, 1985). We previously have reported prolonged standing increases surface temperature of the calf and foot (Rys and Konz, 1990). Increases in surface temperature are related to alternations in blood circulation; this supports the idea that standing fatigue is related to factors other than muscle fatigue.

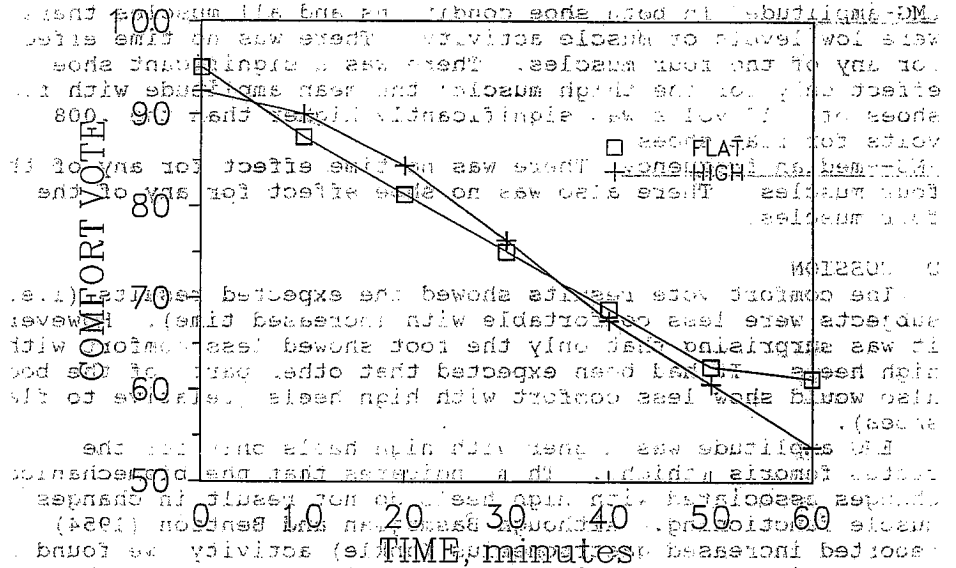


Figure 1. Comfort for flat and high-heeled shoes as a function of time.

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