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considerations for users of geometric modelling methods**

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Anatomical and principal axes are not aligned in the torso: considerations for users of geometric modelling methods.

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1 **Abstract**

2 The accuracy and accessibility of methods to calculate body segment inertial parameters are a key concern
3 for many researchers. It has recently been demonstrated that the magnitude and orientation of principal
4 moments of inertia are crucial for accurate dynamic models. This is important to consider given that the
5 orientation of principal axes is fixed for the majority of geometric and regression body models. This paper
6 quantifies the effect of subject specific geometry on the magnitude and orientation of second moments
7 of volume in the trunk segment. The torsos of 40 male participants were scanned using a 3D imaging
8 system and the magnitude and orientation of principal moments of volume were calculated from the
9 resulting geometry. Principal axes are not aligned with the segment co-ordinate system in the torso
10 segment, with mean Euler angles of 11.7, 1.9 and 10.3 in the ZXY convention. Researchers using
11 anatomical modelling techniques should try and account for subject specific geometry and the mis-
12 alignment of principal axes. This will help to reduce errors in simulation by mitigating the effect of errors
13 in magnitude of principal moments.

14 **Introduction**

15 Body segment inertial parameters (BSIPs) are vital for biomechanical analyses that calculate forward- or
16 inverse- dynamics of human movement (Hatze, 2002; Nagano et al., 2000) (inverse dynamics are sensitive
17 to BSIPs primarily in high-acceleration movements such as the golf swing (Domone, 2014)). The accuracy
18 and accessibility of methods to calculate BSIPs are, therefore, a key concern for many researchers. Medical
19 imaging technologies that can be used to obtain gold-standard, subject-specific BSIPs (Cheng et al., 2000;
20 Pearsall et al., 1996; Wicke & Dumas, 2008) remain inaccessible for many researchers. As a result, many
21 in the community rely on datasets and models to calculate BSIPs from a small number of anthropometric

22 measurements. The methods fall into two categories: 1) regression techniques estimate an individual's
23 BSIP values through the application of equations to measurements of segment lengths and/or body
24 weight and/or height (Yeadon & Morlock, 1989), 2) geometric methods approximate segments as a series
25 of scaled 3D shapes, the BSIPs are then calculated using appropriate mathematical formulae and density
26 values (Jensen, 1978; Wicke et al., 2009; Yeadon, 1990). Geometric methods better account for individual
27 variation in volumetric proportion and distribution compared to regression techniques. However, the
28 datasets on which regression models are based, and on which geometric methods are validated, have
29 been relatively homogenous in terms of sex and age compared to the variability observed in the total
30 population. The specifics of BSIP estimations have sustained interest from the research community for
31 many decades (Challis, 1999; de Leva, 1996; Dumas et al., 2007; Durkin & Dowling, 2003; M. M. Rossi et
32 al., 2016; Yeadon & Morlock, 1989).

33 This paper focuses on the magnitude of moments of inertia, centre of mass location and orientation of
34 principal axes. Rossi et al. (M. M. Rossi et al., 2016) recently showed the importance of moments of inertia
35 and quantified the effect of errors in the magnitude and orientation of principal moments. The motion of
36 a cylinder was tracked in three dimensions and also simulated using forward dynamics. The simulations
37 introduced errors of up to 10% in the principal moments and up to 10° of misalignment in the principal
38 axes. Errors were expressed as angular deviations between the dynamic simulation and recorded motion.
39 Errors up to 10% in magnitude of principal moments of inertia resulted in root mean squared deviation
40 angles ranging between 3.2° and 6.6°, and between 5.5° and 7.9° when lumped with errors of 10° in
41 principal axes of inertia orientation.

42 When calculating BSIPs, errors in the magnitude of moments of inertia have been shown to be
43 proportionally higher compared to other inertial parameters (mass, centre of mass position) (M. Rossi,
44 Lytle, & El-Sallam, 2013) and most methods do not allow subject-specific alignment of the principal axes.
45 In regression-based studies, product moments of inertia are often acknowledged but not included in

46 calculations (Chandler et al., 1975; Zatsiorsky & Seluyanov, 1983). Mcconville and Churchill (McConville et
47 al., 1980), presented full inertial tensors which were made more applicable by Dumas et al. (Dumas et al.,
48 2007) through a change in co-ordinate system. We are aware of only one geometric method in which the
49 principal axes are not implicitly aligned with the anatomical axes (Jensen, 1978). Given the continued use
50 of regression and geometric models there is a need to quantify the extent to which their use might affect
51 the accuracy of biomechanical simulation.

52 To better account for individual variations in segment geometry, new methods of calculating BSIPs have
53 been explored using 3D imaging technology (Bullas et al., 2016; S Clarkson et al., 2014, 2012; Sean
54 Clarkson et al., 2015; Kordi et al., 2019). While anatomical landmarking and segmentation of the resulting
55 geometry is not trivial, it promises a cost-effective way to account for individual differences in body shape
56 and avoid the symmetrical assumptions of traditional geometric methods. However, the technology
57 cannot determine tissue density and its distribution. Thus, any analysis must either assume a constant
58 density, use a density profile function or restrict analysis to volumetric parameters. Previous research has
59 shown that inertial parameters are more sensitive to variations in geometry than variations in density
60 (Wicke & Dumas, 2010).

61 The study presented in this paper uses a 3D imaging system to quantify the effect of subject specific
62 geometry on the magnitude and orientation of second moments of volume¹ in the trunk segment. It does
63 so by making a comparison to a geometric modelling method, putting into context the work of Rossi et al.
64 (M. M. Rossi et al., 2016). This will allow users of geometric modelling methods to quantify the likely
65 magnitude of errors resulting from their use in simulation.

¹ In this paper we will mostly disregard density information and consider the following body segment volume parameters (BSVPs): volume, centre of volume and second moment of volume.

66 **Methods**

67 **Participants**

68 Forty-one male participants (Mass 77.3 ± 9.1 Kg, stature 1.81 ± 0.06 m, BMI 23 ± 2) volunteered to take
69 part in the study and provided written informed consent. Participants were recreationally active and able
70 to stand in a stationary, upright position. Ethical approval was granted by our university Research Ethics
71 Committee.

72 The profile of each participant's torso was obtained using two methods: geometric modelling and 3D
73 imaging.

74 Yeadon's stadium solids (Yeadon, 1990) were used as the geometric method due to their wide application
75 and relative complexity. Yeadon's method demonstrated low overall error compared to other methods of
76 calculating BSIPs (M. Rossi, Lyttle, & El-Sallam, 2013) and is still being developed and utilised by
77 researchers (Dembia et al., 2015). The regions of interest and corresponding stadium solids are shown in
78 Figure 2.

79 **Imaging system**

80 The 3D imaging system was developed using consumer-level depth cameras and its accuracy and
81 repeatability has been validated in previous studies (Bullas et al., 2016; Sean Clarkson et al., 2015). It
82 comprised four depth cameras (Microsoft Kinect version 1, Microsoft Corporation, Redmond, USA)
83 mounted in a vertical orientation (Figure 1a). The depth cameras were affixed to four tripods, and located
84 0.8 m from the centre of a 0.4 m x 0.4 m x 1.2 m capture volume.

85 A single computer running custom software (Kinanthroscan, Sheffield Hallam University, UK) was used to
86 control the depth cameras, perform calibration, and capture scans. The scan time was ~1 second.

87 **Manual measurement protocol**

88 Upon arrival, participants were asked to remove clothing from their upper body and change into a pair of
89 close fitting, non-compressive shorts. The stature and weight of each participant were recorded using a
90 stadiometer and digital scales. Anatomical landmarks (Figure 2) were palpated and marked by an
91 International Society for the Advancement of Kinanthropometry (ISAK) level one qualified practitioner.
92 Girth and breadth measurements were taken at the level of each set of landmarks using anatomical tape
93 and digital callipers (Kennedy, Leicester, UK), respectively. The length of each segment was also measured
94 using the digital callipers. Each measurement was repeated three times and mean values taken. These
95 measurements were used in conjunction with Yeadon's formulae (Yeadon 1990b) to model the three
96 stadium solids representing the trunk and their related inertial parameters. Throughout the manual
97 measurement process, the same body control techniques as those used for the scanning process,
98 discussed below, were adopted by the participant.

99 **Imaging protocol**

100 After manual measurement and palpation, participants entered the calibrated scanning volume.
101 Anatomical markers were used for segmentation and to generate a local segment co-ordinate system.
102 Each participant was scanned three times. A break of one minute was interspersed between each scan
103 during which the participant left and re-entered the calibrated volume. Footprint markers in the centre
104 of the capture volume ensured participants stood in the same location for each scan (Kirby et al., 1987).
105 Participants were asked to adopt a modified version of the scanning pose defined by ISO 20685-1 (ISO,

106 2018), arms were held out from the torso at an angle of approximately 45° to ensure underarm areas
107 were visible in the scans.

108 Two tripods were used as hand supports were used to limit involuntary movement during scanning. The
109 height and position of the supports were adjusted prior to scanning and a goniometer ensured the
110 participant's arms were at 45°. Participants were asked to hold their breath at the end of the natural
111 expiration cycle to reduce movement (Schranz et al., 2010).

112 **Imaging post processing and volume calculation**

113 After collection, each 3D scan was manually digitised by a single operator using kinanthroscan software.
114 Four markers were digitised on each scan, both of the ASIS markers and both of the nipple markers. An
115 anatomical axes system was created in agreement with ISB recommendations (Wu et al., 2005) such that
116 the x-axis ran posterior-anterior, the y-axis ran inferior-superior and the z-axis ran from the participants'
117 left-right (figure 3). The system was set-up as follows (referring to figure 3):

- 118 • Two markers were created: $M1^*$ and $M4^*$, as the midpoints of the vectors $\overline{M1M2}$ and $\overline{M4M5}$
- 119 • Two horizontal vectors (perpendicular to $\overline{M1M2}$ and $\overline{M4M5}$) were projected from $M1^*$ and $M4^*$.
120 The locations at which these vectors intersected the surface of the scan formed markers $M3$ and
121 $M6$.
- 122 • The **origin** O was located at the midpoint of vector $\overline{M1^*M3}$
- 123 • The **x-axis** X was initially defined as the vector $\overline{OM1^*}$
- 124 • The **y-axis** Y was defined as the vector from the origin to the midpoint of $\overline{M4^*M6}$
- 125 • The **z-axis** Z was defined as the cross product of X and Y : $Z = X \times Y$

126 • The **x-axis** was re-defined (to ensure an orthogonal co-ordinate set) as the cross product of Y and
 127 Z: $X = Y \times Z$

128 Volume, centre of volume position and second moments of volume were calculated the scan data, which
 129 consisted of a series of unconnected data points. The scan was constrained to only include data points
 130 relating to the torso segment. The torso's scan data were split along the y-axis into 2 mm 'slices' (the
 131 minimum permissible size to ensure features were accurately represented). A cubic spline was fitted
 132 through each slice (as a representation of its perimeter) and used to calculate the inertial parameters.

133 **Calculation of volume**

134 The volume of the segment was calculated by summing the volumes of each slice which was calculated
 135 by multiplying the area within its perimeter by the slice's height (2 mm). The area within a slice's perimeter
 136 was calculated by dividing the space into 360 triangles with the apex of each located at the centroid -- the
 137 area of each triangle was summed.

138 **Calculation of the 2nd moments of volume**

139 The moments of volume were calculated using Crisco and McGovern's application of Green's Theorem
 140 (Crisco & McGovern, 1998). The spline representing the perimeter was sampled at 360 points for each of
 141 the S slices. With the local x, y and z coordinates of each point the moments of inertia can be calculated
 142 from:

143
$$I_{xx} = \sum_{s=1}^S dy \times \sum_{p=1}^{360} \left(u(s,p) \cdot y(s)^2 \cdot dz(s,p) - \frac{1}{3} v(s,p)^3 \cdot dx(s,p) \right)$$

144
$$I_{yy} = \sum_{s=1}^S dy \times \sum_{p=1}^{360} \left(\frac{1}{3} u(s,p)^3 \cdot dz(s,p) - \frac{1}{3} v(s,p)^3 \cdot dx(s,p) \right)$$

145
$$I_{zz} = \sum_{s=1}^S dy \times \sum_{p=1}^{360} \left(\frac{1}{3} u(s,p)^3 \cdot dz(s,p) - y(s)^2 \cdot v(s,p) \cdot dx(s,p) \right)$$

146 where $u(s,p) = \frac{x(s,p+1)+x(s,p)}{2}$, $v(s,p) = \frac{z(s,p+1)+z(s,p)}{2}$

147 $y(s) = 0.002(s - 1) + 0.001$

148 $dx(s,p) = x(s,p + 1) - x(s,p)$; $dy = 0.002$; $dz(s,p) = z(s,p + 1) - z(s,p)$

149 The y co-ordinate was set to the midpoint position of the slice being analysed.

150 **Calculation of centre of volume position**

151 In a similar way, the centre of volume location was calculated in the local x, y, and z directions by:

152
$$c_x \cdot V = \sum_{p=1}^{360} \left(\frac{1}{2} u(s,p)^2 \cdot dz(s,p) \right)$$

153
$$c_y \cdot V = \sum_{p=1}^{360} \left(\frac{1}{2} u(s,p) \cdot dz(s,p) - \frac{1}{2} v(s,p) \cdot dx(s,p) \right)$$

154
$$c_z \cdot V = - \sum_{p=1}^{360} \left(\frac{1}{2} v(s,p)^2 \cdot dx(s,p) \right)$$

155 Equivalent inertial parameters were obtained from the geometric representations using the manual
 156 measurements in conjunction with Yeadon's formulae (Yeadon 1990b). Yeadon's original paper details
 157 the equations so they aren't repeated here, they have also recently been implemented in Python code
 158 that is available as open source (Dembia et al., 2015). It should be noted that density was disregarded in
 159 our calculations (the equivalent of setting $\rho=1$). The parallel axis theorem was used to combine the
 160 separate stadium solids and to translate the origin to the centre of the lower face of the lower segment
 161 (the equivalent position to the 3D imaged torso). When calculating geometric parameters the height of

162 the upper and lower trunk were adjusted so that the overall height of the torso matched that of the 3D
163 scan. This was to prevent differences in a single dimension dominating differences in volumetric
164 parameters.

165 **Data analysis**

166 The agreement between volume and second moments of volume estimates were assessed using limits of
167 agreement (LOA) (Bland & Altman 1986). The repeatability of measurement of each technique was
168 assessed by calculating the repeatability coefficient (Bland & Altman, 2003) for volume, centre of volume
169 and second moment of volume.

170 Geometric differences between each technique were assessed by calculating the relative orientations of
171 the principal axes, calculated as 'ZXY' Euler angles.

172 **Simulation**

173 To assess the effect of the differences in inertial properties, simulations were set-up in Opensim (v. 4.1,
174 simtk.org, Stanford, CA) via the Matlab (v. 9.9.0, The Math Works, Natick, Massachusetts) Application
175 Programming Interface (API).

176 We simulated a single, unconnected and rigid segment in two separate movements: a free and a driven
177 motion. In the free motion the segment was freely supported and rotated at a speed of 2π rad/s about
178 the z-axis. In the driven motion a torque of 1 Nm acted about the segment's y-axis for 0.1 s. The segment
179 was fixed with a ball-joint at its anatomical origin (the lower extremity).

180 Inertial properties were calculated by multiplying volumetric parameters by a density value of 0.97. This
181 is an average of the values used by Yeadon (Yeadon, 1990) for the thorax and abdomen (0.92 and 1.01

182 respectively) that were originally taken from Dempster (Dempster, 1955). This resulted in two sets of data,
183 a set of parameters obtained using the geometric method and a set of parameters obtained using the 3D
184 imaging method.

185 Both scenarios were run with each set of inertial parameters, angular positions and velocities of the
186 geometric data set were compared with those of the 3D imaging data set. This was done for each
187 participant, resulting in 160 simulations in total. The following comparisons were made:

188 1) The free motion simulations were run for 1 second. The angular deviation (from an axis-angle
189 representation) between segment orientations (geometric and 3D imaging) were assessed for each
190 participant.

191 2) The driven motion simulations were run for 0.1 seconds to assess:

192 a) differences in rotational speed between geometric and 3D imaging segments for each
193 participant.

194 b) the angle between the axes of rotation for geometric and 3D imaging segments for each
195 participant.

196 **Results**

197 Due to problems during data collection, data relating to one participant were removed from this study.
198 Therefore, the results relate to forty participants. The mean volume, centre of volume and principal
199 moments for each participant are provided as supplementary material (with repeatability coefficients)
200 and are summarised in table 1.

201 **Agreement between methods**

202 Figure 4 shows the agreement between scan-derived and Yeadon-derived volume, assessed using limits
203 of agreement (accounting for the fact three repeats were taken for each participant rather than single
204 measurements (Bland & Altman, 1999)).

205 The volume calculated using the scan method agreed with the geometric method to -0.22 ± 1.58 litres.
206 Limits of agreement were -1.80 litres and 1.35 litres or -9.96% and 7.39% of average torso volume. Volume
207 estimates calculated using the geometric method tend to be 0.22 litres higher than using the geometric
208 method but this systematic difference is small compared to the random differences between them. A
209 systematic difference of -1.3% and a mean absolute difference of 3.2% was observed.

210 Figure 5 shows the agreement between scan-derived and Yeadon-derived second moments of volume
211 along the principal axes. Along the first principal axis the scan method agreed with the geometric method
212 to $-0.87 \pm 2.76 \text{ m}^5 \times 10^{-5}$. The limits of agreement were $-3.63 \text{ m}^5 \times 10^{-5}$ to $1.89 \text{ m}^5 \times 10^{-5}$. Along the second
213 principal axis the scan method agreed with the geometric method to $-1.68 \pm 2.80 \text{ m}^5 \times 10^{-5}$. The limits of
214 agreement were $-4.48 \text{ m}^5 \times 10^{-5}$ to $1.12 \text{ m}^5 \times 10^{-5}$. Along the third principal axis the scan method agreed with
215 the geometric method to $0.34 \pm 2.39 \text{ m}^5 \times 10^{-5}$. The limits of agreement were $-2.05 \text{ m}^5 \times 10^{-5}$ to $2.73 \text{ m}^5 \times 10^{-5}$.
216 Systematic differences of -3.2% , -7.7% and 1.9% and mean absolute differences of 3.9% , 8.6% and 5.7%
217 around the first, second and third principal axes were observed between the two methods.

218

219 **Repeatability of Measurement**

220 The geometric method was marginally more repeatable than the scanning method regarding volume, with
221 a 95% probability that 2 measurements will be within 0.96 litres as opposed to 1.12 litres with scanning.

222 Repeatability of the second moment of volume was similar in magnitude around the second principal axis
223 for both methods. The geometric method had better repeatability around the first and third principal
224 axes. Coefficients of repeatability were 3.00, 2.60 and 1.80 $m^5 \times 10^5$ (10.7%, 11.8% and 10.0% of mean
225 values) for scanning compared to 2.36, 2.62 and 1.19 $m^5 \times 10^5$ (8.8%, 12.6% and 6.26% of mean values) for
226 the geometric method.

227 **Centre of Volume**

228 In the scan method, the centre of volume was positioned anterior to the origin of the local coordinate
229 system in all cases (mean = 22.2 mm, range 11.2-29.8 mm). The scanned segments were approximately
230 symmetrical in the frontal plane (with a mean medio-lateral (z) position of 0.5 mm, range -7.3-4.7 mm).
231 Mean centre of mass position along the y-axis was similar between scanning and geometric methods
232 (159.2 and 160.1 mm for scanning and geometric methods respectively).

233 **Principal Axes**

234 In the geometric method the 1st, 2nd and 3rd principal moments were, by default, aligned with the sagittal
235 (x), transverse (z) and vertical (y) axes respectively. With the scanning method, the principal moments
236 were not restricted by the calculation method and alignment could vary from with the anatomical axes-
237 system. The discrepancy in alignment between the two methods was expressed as Euler angles in the ZXY
238 convention (table 2). The first Euler angle was, on average 11.8° which reflects the tendency of the third
239 principal axis to be directed towards the superior anterior aspect of the torso when using the 3D imaging
240 method. The third Euler angle had a mean of 10.3° but a median of 4.3° due to a small number of large
241 values. In two participants the 1st and 2nd principal moments were switched in comparison to the
242 geometric method, this corresponded to a third Euler angle of around 90 degrees. The repeatability

243 coefficient of the third Euler angle had a mean of 13.3° but a median of 4.5°. This discrepancy is due to
244 three individuals having very poor repeatability (14, 22, 35).

245 **Simulation Results**

246 Figure 6 shows the range of differences obtained during rigid body simulation and the relationship with
247 inertial properties.

248 As the difference in moment of inertia about the local y-axis increased (between the geometric and 3D
249 imaging methods) the rotational speed of the segment in the driven motion decreased, figure 6a ($r = -$
250 0.99). The magnitude of differences in I_y observed in this study resulted in differences of angular velocity
251 between -16.2% and 21.0%.

252 Scanned centre of mass locations away from a segment's y-axis resulted in differences in the angular
253 velocity vector orientation (compared to the geometric simulation). Angular difference increased as the
254 centre of mass moved away from the y-axis (in the local x-direction, $r = 0.92$) as shown in figure 6b. The
255 centre of mass locations observed in this study resulted in deviations in the angular velocity vector
256 between 4.3° and 9.6°.

257 The presence of product moments of inertia (a misalignment between the principal axes and anatomical
258 axes) resulted in off-axis rotations during the free rotation. Deviation angles between geometric and 3D
259 imaging segments are illustrated in figure 6c and they are correlated with the magnitude of product
260 moments of inertia (specifically, I_{xz} and I_{yz} as the initial rotation is about the local z-axis, $r = 0.81$). The
261 inertial properties observed in this study resulted in deviation angles between 0.6° and 27.3°.

262

263 Discussion

264 Geometric modelling methods use a series of anthropometric measurements to create a (most often
265 symmetrical) representation of the torso. In reality, the presence of off-centre mass violates symmetrical
266 assumptions –no individual’s principal and anatomical axes were aligned in our study, with mean Euler
267 angles (ZXY) of 11.65, 1.93 and 10.31° between the two. The torso segment was chosen in this study as it
268 is large and central to many biomechanical analyses (MacKenzie & Sprigings, 2009; Nesbit, 2005; Ren et
269 al., 2008; Winter, 1995). As a segment, it is also likely to violate symmetrical assumptions due to varying
270 amounts of off-centre mass in the form of adipose tissue. Future studies that adopt a similar approach
271 should consider using the acromion process of the shoulders as opposed to the nipples for anatomical
272 markers – this will allow the research include female participants.

273 Many geometric modelling methods have been developed and assessed using young, athletic participants
274 (M. Rossi, Lyttle, & El-Sallam, 2013; Yeadon, 1990). This study is similar, with a mean BMI of 23 (full range
275 19 – 29). All users of modelling methods should assume that principal and anatomical axes do not align in
276 the torso segment, regardless of the participant population. However, biomechanical analyses considering
277 overweight populations should pay particular attention to the method used to calculate individual BSIPs.
278 The presence of atypical geometry that presents off-centre mass is more likely and researchers should
279 anticipate larger deviations than those presented here. Given the random variation in orientation and
280 magnitude differences observed in this study, systematically correcting principal moments is not possible
281 and users should aim to use more sophisticated methods than geometric modelling for obtaining BSIPs of
282 the torso segment.

283 The simulated motions were included to highlight how differences in the magnitudes of principal
284 moments of inertia, a centre of mass lying away from the segments’ y-axis and a mis-alignment between

285 principal and anatomical axes manifest in altered dynamic behaviour. In reality, the simulations will be
286 more complex than the simple cases presented here. While the simulated motions are illustrative, the
287 differences in inertial properties between methods are representative because they are based on the
288 results presented in this study. It should be noted that during the simulation we used a single, uniform
289 density for all cases. Future studies with sophisticated models assessing representative motions should
290 aim to use realistic density profiles.

291 Of the three comparisons made in figure 6, the position of the centre of mass should be considered
292 carefully, it is the only one of three comparisons which does not have differences in simulation close to
293 zero. Even with participants that may be close to the 'geometric ideal' off centre mass is always present
294 and results in differences in simulation that shouldn't be dismissed. If researchers have the opportunity
295 or means, they should attempt to account for centre of mass position as a priority.

296 Future work should attempt to fully quantify the effect of errors in BSIP errors in a realistic simulation –
297 for example, in a high-acceleration driven motion such as a golf-swing or a free aerial motion such as a
298 front flip.

299 Agreement in volume between the two methods was good, with a low ($\approx 1\%$ of mean) systematic error
300 and limits of agreement within 10% of the mean volume; mean differences were similar to other
301 agreement studies examining the Yeadon method (M. Rossi, Lyttle, El-Sallam, et al., 2013). While the
302 strength of agreement was lower with second moments of volume, the mean errors in this study are lower
303 than those recorded previously when comparing geometric methods against techniques using dual X-ray
304 absorptiometry (DXA) (M. Rossi, Lyttle, & El-Sallam, 2013). A major difference in the previous study (M.
305 Rossi, Lyttle, & El-Sallam, 2013) was the specific density profiles afforded by the DXA scan (compared to
306 the uniform density of the Yeadon model). In addition, realistic body models should contain non-rigid
307 elements. This study assumed rigid bodies. The effects of geometry on inertial (volumetric) properties was

308 the primary focus of this paper and non-rigid modelling was beyond the scope of this work. Future work
309 would benefit from combining the realistic geometries obtained by 3D imaging with non-rigid modelling.
310 This could help to quantify the magnitude of off-centre masses in the abdomen and predict how it may
311 deform under load.

312 **Conclusions**

- 313 • The participant specific advantages of geometric modelling methods are lost when symmetric
314 assumptions are violated. Off-set mass was observed for every participant in this study.
- 315 • One should expect principal axes to be misaligned with anatomical axes when assessing the torso
316 segment.
- 317 • Low-cost 3D scanning techniques offer a potential solution when more sophisticated medical
318 imaging (such as DXA) is unavailable, however, the effect of variable density is still not accounted
319 for.

320 **Conflicts of Interest**

321 The authors declare they have no conflicts of interest.

322

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437

Figures:

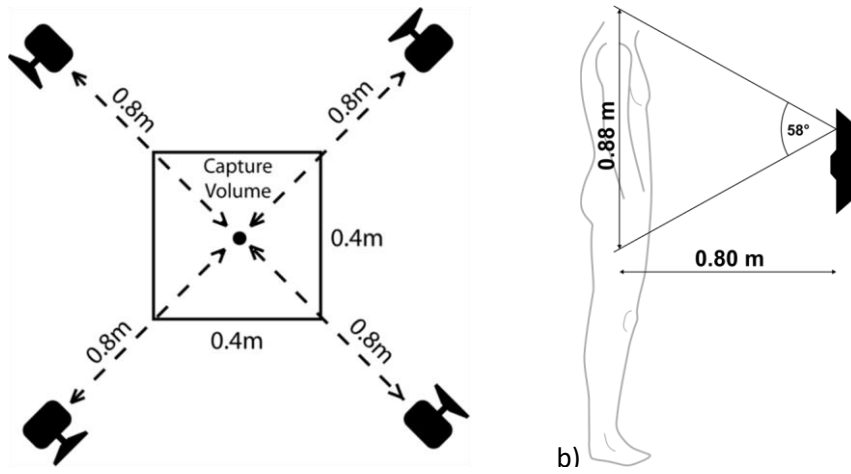


Figure 1. Overview of the Kinect scanning system; a) Layout of the scanning system; b) Scanning field of view.

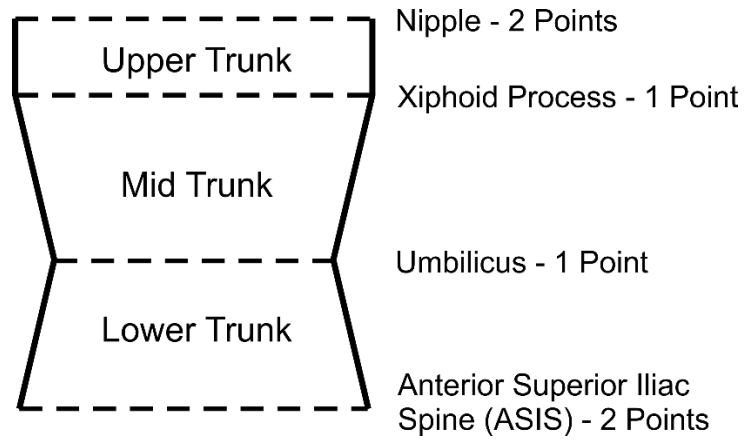


Figure 2. Anatomical landmarks and the segmentation process of the trunk.

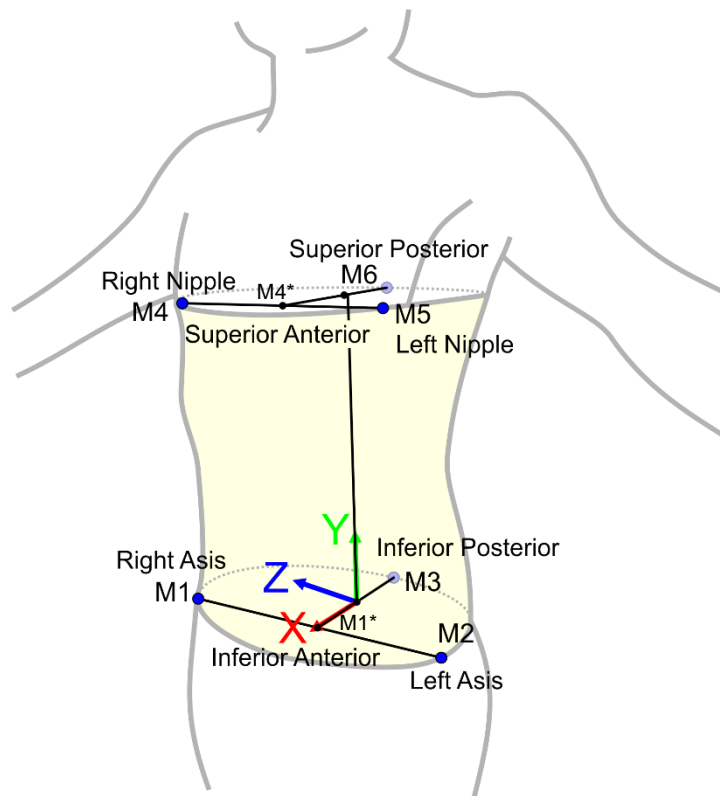


Figure 3. The marker set created for the 3D imaging as used to segment the torso and create a local co-ordinate system

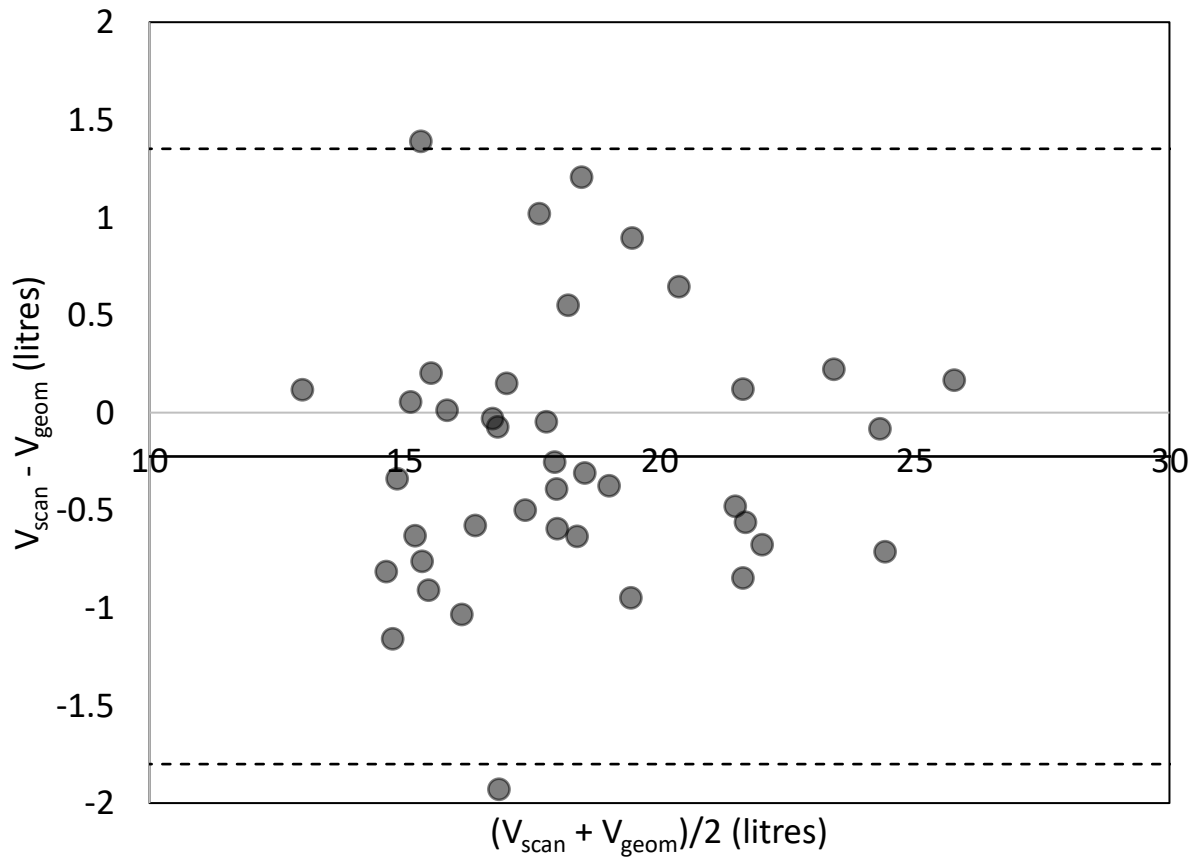


Figure 4. Limits of agreement between scan-derived volume and Yeadon-derived volume.

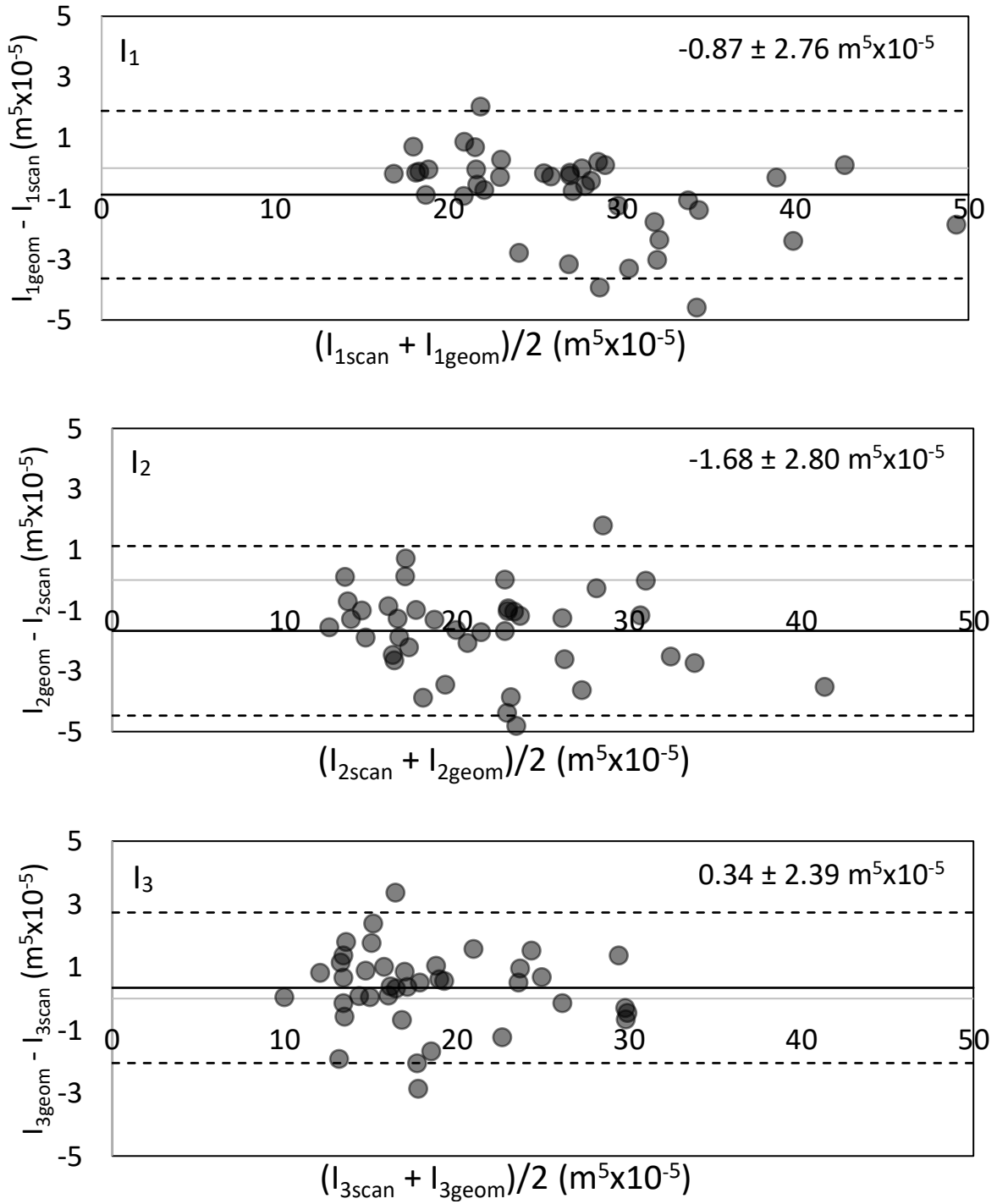


Figure 5. Agreement in Principal moments of volume between scanning and geometric modelling. The limits of agreement are not included on the plot due to their relatively large size compared to individual plot points.

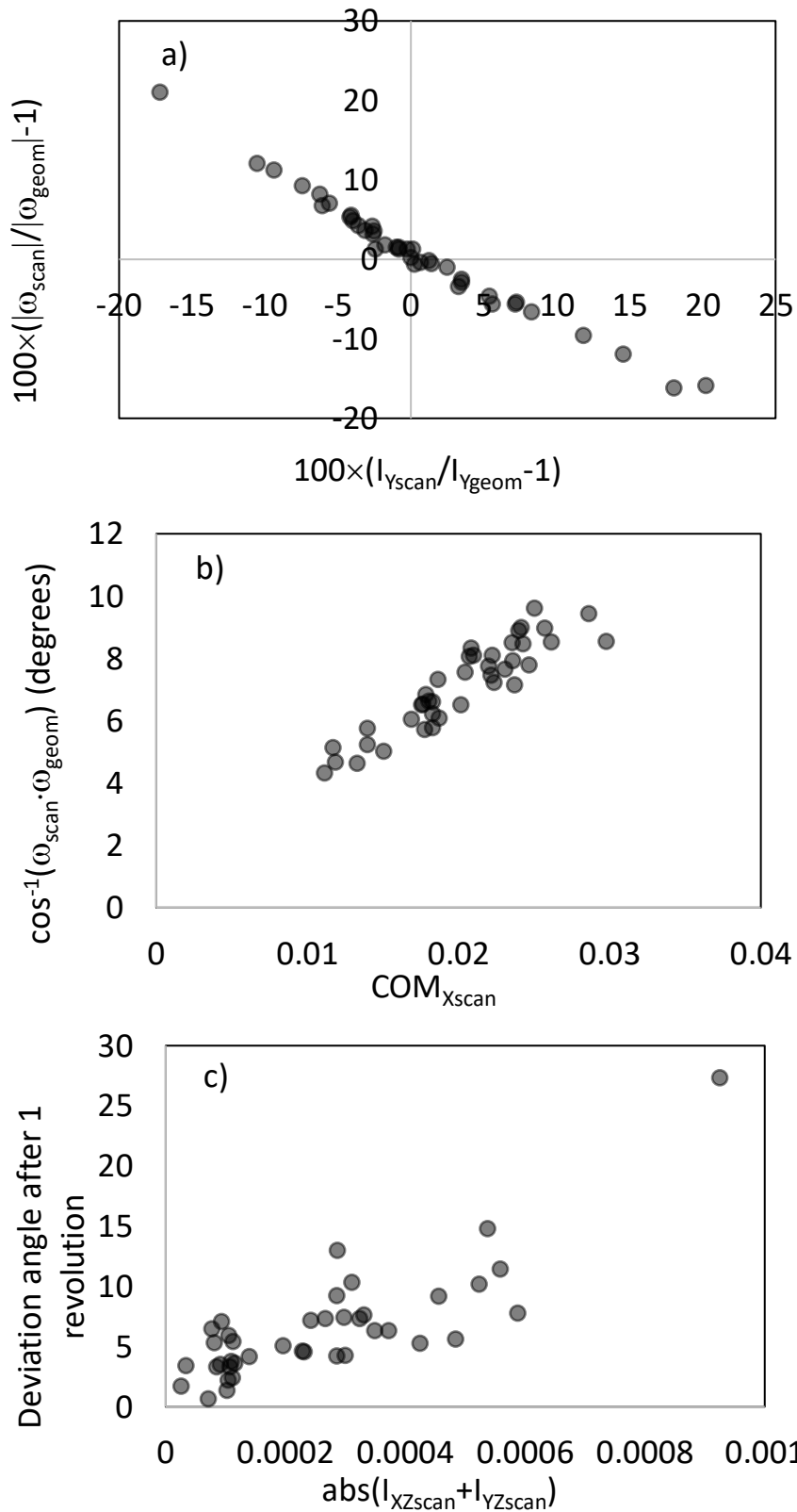


Figure 6. The difference in angular velocity and position during a forced motion (a, b) and free rotation (c). Percentage differences in moments of inertia affect rotational speed (a). The position of the centre of mass in the x-axis affects angular velocity (b). The presence of product moments of inertia causes angular deviations (c).

Tables:

Parameter	Scan			Geometric		
	Mean	Range	C.R	Mean	Range	C.R
Volume (l)	18.15	13.06-25.87	1.12	18.37	12.95-25.71	0.96
Centre of Mass (mm)						
X	20.20	11.15-29.80	3.95	0.00		0.00
Y	159.22	131.45-191.76	7.47	160.12	131.86-191.45	6.47
Z	0.49	-7.28-4.67	2.43	0.00		0.00
Principal Moments of Volume (m ⁵ x10 ⁻⁵)						
1	28.00	17.00-50.00	3.00	26.81	16.77-48.38	2.36
2	22.00	13.00-43.00	2.60	20.81	11.84-39.62	2.62
3	18.00	10.00-30.00	1.80	19.00	10.00-30.09	1.19

Table 1. A summary comparison of the volumetric parameters calculated using each method.

Euler Angle (ZXY)	Mean	Range	C.R
α	11.65	5.67-31.70	2.74
β	1.93	-2.84-7.51	2.48
γ	10.31	0.74 – 95.83	13.34

Table 2. A summary of the Euler angles describing the relative orientations of the principal axes as measured by the geometric and 3D scanning method.

