**The models of Relationship Between Center of Gravity of Human and Weight, Height and 3 body’s indicators (Chest, Waist and Hip)**

Xây dựng mối liên hệ giữa vị trí trọng tâm cơ thể   
với chiều cao, cân nặng và số đo 3 vòng cơ thể người

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**Abstract**

*Determining the position of the Center of Gravity (CoG) of the human body takes an important role in human movement analysis. Recently, there are several measurement methods to estimate the center of body point. These methods are generally costly, time consuming and complicated implementation process. In this paper, we propose a simple model that can determine the body’s Center of Mass through body indicators: height, weight and three other parameters of body’s measurement (sizes of Chest, Waist and Hip). From the measured data, a quick, stable and accurate model has been built, which reveals the relationship between the Center of Gravity (CoG) and the body indicators: weight, height and body measurements.*

Keywords: Vestibular disorder, Center of gravity (CoG), body measurement

**Tóm tắt**

## *Xác định điểm trọng tâm cơ thể người đóng vai trò quan trọng trong phân tích chuyển động của con người. Hiện nay có một số phương pháp đo nhằm ước lượng điểm trọng tâm cơ thể. Các phương pháp này thường đắt tiền, tốn kém về mặt thời gian cũng như quá trình thực hiện phức tạp. Trong bài báo này chúng tôi đề xuất một mô hình đơn giản có thể xác định trọng tâm của cơ thể dựa trên các chỉ số của cơ thể bao gồm: cân nặng, chiều cao và số đo ba vòng cơ thể (Ngực, Bụng và Hông). Từ dữ liệu đo được, chúng tôi xây dựng mô hình nhằm xác định vị trí trọng tâm cơ thể dựa trên các chỉ số của cơ thể nêu trên một cách nhanh chóng và chính xác.*

Từ khóa: Mất thăng bằng, trọng tâm (CoG), thông số cơ thể

# **1. Introduction[[1]](#footnote-1)**

A body's Center of Gravity (CoG) is defined as the point around which the resultant torque due to gravity forces vanishes. Determining the body’s CoG has many applications in recent years. In medicine, knowing the central position help us diagnose whether the person have vestibular disorders and other diseases. In sports, in order to study the postures or movements of athletes, the focus is very important to set the standards of movements and to determine methods to achieve higher efficiency in competitions and treatment. In literature, there are many methods for determining the focal points such as digitizing (the anatomical landmarks such as the shoulder, elbow, groin, pillow ...) to create a 2D or 3D model of the body. From there, they can calculate the focus of every part of the body and the whole body. These methods are very costly and time consuming. Our methods overcomes these challenges, which have the ability of finding a center of gravity (CoG) simply and without costly.

In the collecting data and processing phase, many methods are attemped to provide the best results with the simplest implementation. Linear regression method has been used a lot in recent years due to its simplicity and accuracy. For example, in 1995, accurate diagnosis and short-term surgery results in cases of suspected appendicitis in processing the collected data [1]. In 2010, doctors used linear regression method to serve in data processing in thoracic ultrasound diagnosis [2]. This paper investigates the relationship between body parts, namely weight, height, three sizes of body’s measurements and the CoG.

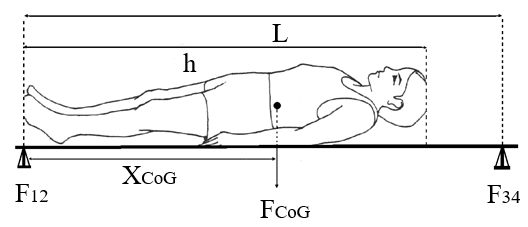
**2. Method**

In this paper, we use linear regression analysis to determine the relationship between the CoG point along the body’s axis and the body’s measurements. In other words, we can estimate the CoG of any given person if we know his/her body’s measurement with high accuracy.

***2.1. Data preparation***

In this phase, the measurement process is implemented. Regarding the weight, height and sizes of body’s measurement, we collected data from people aged 19-23. Everyone is is normal health condition. 90 measurements are recorded and stored in Excel.

Regarding the determination of the position of the CoG point along the body’s axis, we designed a specific scale that can give the position of the humans’ CoG. The subject will be guided to the correct position, where their feet are placed at the original line as in figure 1, and relaxed body when lying on the system.



**Fig. 1.** Position of subject laying on scale.

The proposed model includes a mechanical system designed so that the subject can lie on it. Loadcells will be fixed at 4 legs of this system as in figure 2.

**Fig. 2.** The proposed scale model.

L

0

The support points 1 and 2 are placed at the original line (perpendicular with X axis), the coordinate X=0. The support points 3 and 4 are placed at the distance L from the original line (the frame length, = 1475 mm). The body’s mass F creates F1, F2, F3 and F4 forces on 4 support points.

where F = F1 + F2 + F3 + F4

The coordinates XCoG (the coordinates of CoG point from foot) of the center of mass satisfy the condition that the resultant torque is zero:

⬄

CoG point along the body axis is calculated by formula below:

Where: are forces collected from sensors.

***2.2. Linear regression analysis***

Linear regression method is a method of analyzing the relationship between the dependent variable Y (in our method, Y is the position of the CoG) with one or more dependent variables X (the body’s measurements), based on a set of input observations [3]. In linear regression, the most concern is about uncertainty. The uncertainty can arise from three main sources: (i) measurement uncertainty, inaccuracy in observations, (ii) uncertainty of measurement model, non-effects linearity and (iii) the uncertainty of the time structure in the parameters of the linear model or the appearance of non-linear components. The general purpose of regression is to examize two things: (i) Does a set of predictor variables (X) do a good job in predicting an outcome (Y) variable? (ii) Which variables in the set X are significant in determining/ predicting the outcome?

Linear regression is often done to draw a model that can be used to make predictions about the future, and should therefore be designed to accommodate future "surprises" [3] . Those 'surprises' are structural changes in the system that arise from market changes, from technological innovations or from certain disagreements. By definition, nothing in historical data can reveal anything about future 'surprises'. According to Frank Knight's definition [4] - the first to clearly distinguish risks including known probability measures, and Knight called true uncertainty. A model is a group of unlimited nested events and no worst 'case'. Information gap models provide a clear and minimal representation of ignorance of future 'surprises'. Linear regression is essentially a regression analysis method of statistical probability.

In this paper, we used SPSS software to perform the algorithm with Linear regression algorithm. To evaluate the model, it is necessary to pay attention to the following parameters:

1. Correlation coefficients R: is an index of measurement statistics showing how strong a relationship is between two variables.

2. Parameter R2 (R-squared): reflects the degree of influence of the independent variables on the dependent variable. In other words, it reflects how close the data are to the fitted regression line.

3. Adjusted R-square: It is a modified version of R-squared, which has been adjusted for the number of predictors in the model. The adjusted R-squared increases only if the new term improves the model more than would be expected by chance.

4. Non-standardized regression coefficients (B): provide regression coefficients that reflect the change of the dependent variable accoeding to an independent variable.

5. Standardized regression coefficients (Beta): reflect the coefficients of independent variables on the dependent coefficients, which have been standardized to remove constants. In all regression coefficients, which independent variables has the largest Beta, meaning that variable mostly affects to the change of the dependent variable. Therefore, when proposing a solution, much attention should be paid to factors that have a large Beta coefficient.

6. The variance inflation factor (VIF) coefficient: this value is used to check the phenomenon of multicollinearity. Multicollinearity is the phenomenon that independent variables have a strong correlation with each other. The regression model, which happens to be multicollinear, will cause many indicators to be misleading, resulting in quantitative analysis that no longer has much meaning. If VIF <10, there is no multicollinearity phenomenon.

7. Error factor (Std. Error of the Estimate): is the error of the center of gravity calculated by formula and focus on trainning.

**3. Proposed models**

The purpose of the method is to determine the CoG point along the body’s axis through body indicators. But the body has many indicators, each with a different relationship to the CoG of the body. Therefore, after the consideration process, assessing the relevance of different indicators decided to choose the close and easily defined indicators such as height, weight, three sizes of body’s measurement. In this paper, we investigate three following relationships:

(i) Evaluate the CoG through height (h):

XCoG = f (h)

(ii) Evaluate the CoG through height (h) and weight (w):

XCoG = f (h, w)

(iii) Evaluate the CoG through height (h), weight (w) and three-ring measurements (v1, v2, v3):

XCoG = f (h, w, V1, V2, V3)

which

• XCoG is the CoG point

• h is height

• w is weight

• v1, v2, and v3 are body’s measurements (Chest, Waist and Hip)

In this process, we utilize the SPSS software tool to implement the linear regression algorithm to our obtained dataset.

**4. Results and discusstion**

After the data has been collected, the processing method is identified and the recommendations are made, we have conducted and obtained the following results.

***Proposition 1:*** the dependency of CoG on the height (h)

The results obtained from SPSS are given as in the table 1. From table 1, we obtained the relationship between CoG and human’s height:

XCoG = h \* 0.597 – 6.916 (1)

Table 2 shows the summary of this model. To understand a linear regression model, the first concern is to consider the model's relevance to the data set through the R-square value. In Table 2, R-squared is 0.801, meaning that the independent variable (height) can explain 80.1% of the variation of the dependent variable (XCoG), the remaining 19.9% is due to out-of-model variables and untrue random number. With the value of VIF = 1.0, the model does not show any multi-resonance phenomenon. Therefore, this model is completely valid and applicable.

The error factor value (Std. Error of the Estimate) is 1.772%, which is the error between the calculated value and the actual value taken and trained. That means that for a person who belongs to the training pattern when putting height parameters into formula (1), the maximum error will be:

XCoG \* 1.7721517% (cm).

***Proposition 2:*** The dependency of CoG on height (h) and weight (w).

From table 3, we have the model of the CoG’s dependency on weight and height as below:

XCoG = h\*0. 585 + w\* 0.16 – 5.842 (2)

**Table 1.1.** The dependency of CoG on height

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Model | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | Collinearity Statistics | |
| B | Std. Error | Beta | Tolerance | VIF |
| (Constant) | -6.916 | 5.313 |  | -1.302 | 0.196 |  |  |
| Height | 0.597 | 0.032 | 0.895 | 18.796 | 0.000 | 1.000 | 1.000 |

**Table 1.2.** Model summary CoG - height

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
| 1 | 0.895 | 0.801 | 0.798 | 1.772 |

**Table 1.3.** The dependency of CoG on height and weight

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Model | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | Collinearity Statistics | |
| B | Std. Error | Beta | Tolerance | VIF |
| (Constant) | -6.916 | 5.313 |  | -1.302 | 0.196 |  |  |
| Height | 0.597 | 0.032 | 0.895 | 18.796 | 0.000 | 1.000 | 1.000 |
| Weight | 0.016 | 0.025 | 0.038 | 0.640 | 0.524 | 0.634 | 1.577 |

**Table 1.4.** Model summary CoG – height and weight

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
| 2 | 0.901 | 0.812 | 0.808 | 1.736 |

**Table 1.5.** The dependency of CoG on height, weight and body measurements

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Model | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | Collinearity Statistics | |
| B | Std. Error | Beta | Tolerance | VIF |
| (Constant) | -19.112 | 8.696 |  | -2.198 | 0.031 |  |  |
| Height | 0.626 | 0.043 | 0.940 | 14.610 | 0.000 | 0.508 | 1.970 |
| Weight | -0.097 | 0.067 | -0.231 | -1.444 | 0.153 | 0.082 | 12.228 |
| v1 | 0.128 | 0.054 | 0.204 | 2.353 | 0.021 | 0.280 | 3.569 |
| v2 | 0.054 | 0.053 | 0.106 | 1.010 | 0.316 | 0.192 | 5.201 |
| v3 | -0.020 | 0.043 | -0.037 | -.477 | 0.635 | 0.349 | 2.865 |

**Table 1.6.** Model summary CoG – height, weight and body measurements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
| 3 | 0.909 | 0.826 | 0.815 | 1.7016853 |

Table 4 shows the summary of the model. The R-squared is 0.812 meaning that the independent variable (height and weight) can explain 81.2% of the dependent variable (X­CoG), the remaining 18.8% is due to variables outside the model and random errors. With the value of VIF = 1.0, the formula given does not show any multi-resonance phenomenon. Therefore, this tool is completely valid and applicable.

In table 4, the error factor value (Std. Error of the Estimate) is 1.736%, that is the error of the calculated value and the actual value taken and trained. That means that for a person who belongs to the training pattern when putting height parameters into formula (2), the maximum error will be:

XCoG \* 1.7364978% (cm).

***Proposition 3:*** the dependency of CoG on height, weight and 3 sizes of body’s measurement.

The formula relates the center of gravity (XCoG) to the height (h), weight (w) and v1, v3 v2 (body’s measurements)

XCoG = h \* 0.626 + w \* (-0.097) + v1 \* 0.128 +

+v2 \* 0.054 + v3 \* (-0.020) – 19.112 (3)

With the value of VIF = 1.0, the formula given does not show any multi-resonance phenomenon. Therefore, this tool is completely valid and applicable.

Similarly, in Table 6, R-square has a value of 0.826, meaning that the independent variable (height, weight and 3-ring measurements) can explain 82.6% of the variation of the dependent variable (focus), the remaining 17.4% is due to the variables outside the model and random errors.

The error factor value (Std. Error of the Estimate) is 1.701%, that is the error of the calculated value and the actual value taken and trained. That means that for a person who belongs to the training pattern when putting height parameters into formula (3), the maximum error will be:

XCoG \* 1.7016853% (cm).

Given the above three equations, we can estimate the position of the CoG based on height, weight and 3-ring body measurements. Depending on which data is available, we can choose each of the above three models. Definitely, the third model with more explanatory variables gives the least error between the predicted and the actual value. If we have only height or weight, or both, the results are still valid with an acceptable R-squared and errors. In other words, based on the measurements of the body, we can estimate the balance status of the human, which is based on CoG.

**5. Conclusion**

In this paper, we proposed three models which can estimate/predict the position of human’s Center of Gravity (CoG) based on physical measurements of the body. The proposed model is at low cost but effective. The errors in three models are approximately 1.7%, which is quite good. Based on which source of data is available, we can choose suitable model to estimate the position of the CoG. From there, these models help doctors in disbalance order diagnosis.

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