



JOHNS HOPKINS  
INSTITUTE *for* CLINICAL &  
TRANSLATIONAL RESEARCH

# Human Performance Measures

Implementing Physiologic Measures in Clinical Studies

# A little history

1990's to early 2020's: Exercise Physiology Core, Director Kerry Stewart

- Supported initially by NCRR General Clinical Research Center grant award
- Then a NCATS Clinical and Translational Science Award
- Transition to Service Center

Survival of Service Centers is contingent on a broad user base

- Economies of scale

Is there a demand for a Human Performance Laboratory Core?

# Human Performance

**Measuring an individual's ability to efficiently respond to homeostatic stressors,**

Physical: exercise, physical activity, ADLs, injury, etc.

Chemical: drugs, carcinogens, toxins, etc.

Pathologic: infection, disease, etc.

**At any biological level (subcellular, cellular, tissues, organ systems, organismal),**

**With three basic measurement categories**

Baseline phenotypic characterization

Acute physiologic responses

Chronic adaptations

# Phenotypic Characterization

## Static and Functional Phenotyping

Static: Body composition, resting metabolic rate, circulatory profiles

Functional: Walk tests, muscle strength, exercise capacity, vascular/pulmonary

## Essential for cross-sectional, timecourse, and longitudinal study designs

Specific primary/secondary outcomes, exploratory aims

Providing appropriate physiologic and statistical controls

 primary care  
respiratory medicine

www.nature.com/npjpcrm

ARTICLE    OPEN



One-minute sit-to-stand test as a quick functional test for people with COPD in general practice

J. G. Spence<sup>1,2,3</sup> , J. Brincks<sup>2</sup> , A. Løkke<sup>4,5</sup> , L. Neustrup<sup>6</sup>  and E. B. Østergaard<sup>3</sup> 

# Phenotypic Characterization

## Static and Functional Phenotyping

Static: Body composition, resting metabolic rate, circulatory profiles

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*Article*

**Maternal Aerobic Exercise, but Not Blood Docosahexaenoic Acid and Eicosapentaenoic Acid Concentrations, during Pregnancy Influence Infant Body Composition**

# Acute Responses

**Measuring an individual's ability to efficiently respond to homeostatic stress,**

Physical: exercise, physical activity, ADLs, injury, etc.

Chemical: drugs, carcinogens, toxins, etc.

Pathologic: infection, disease, etc.

**At any biological level (subcellular, cellular, tissues, organ systems, organismal).**

Blood-based analyses

Systemic metabolic responses

Endothelial function

Integrative cardiopulmonary measures

**Assess maximal and submaximal physiologic responses to acute stress of interest**

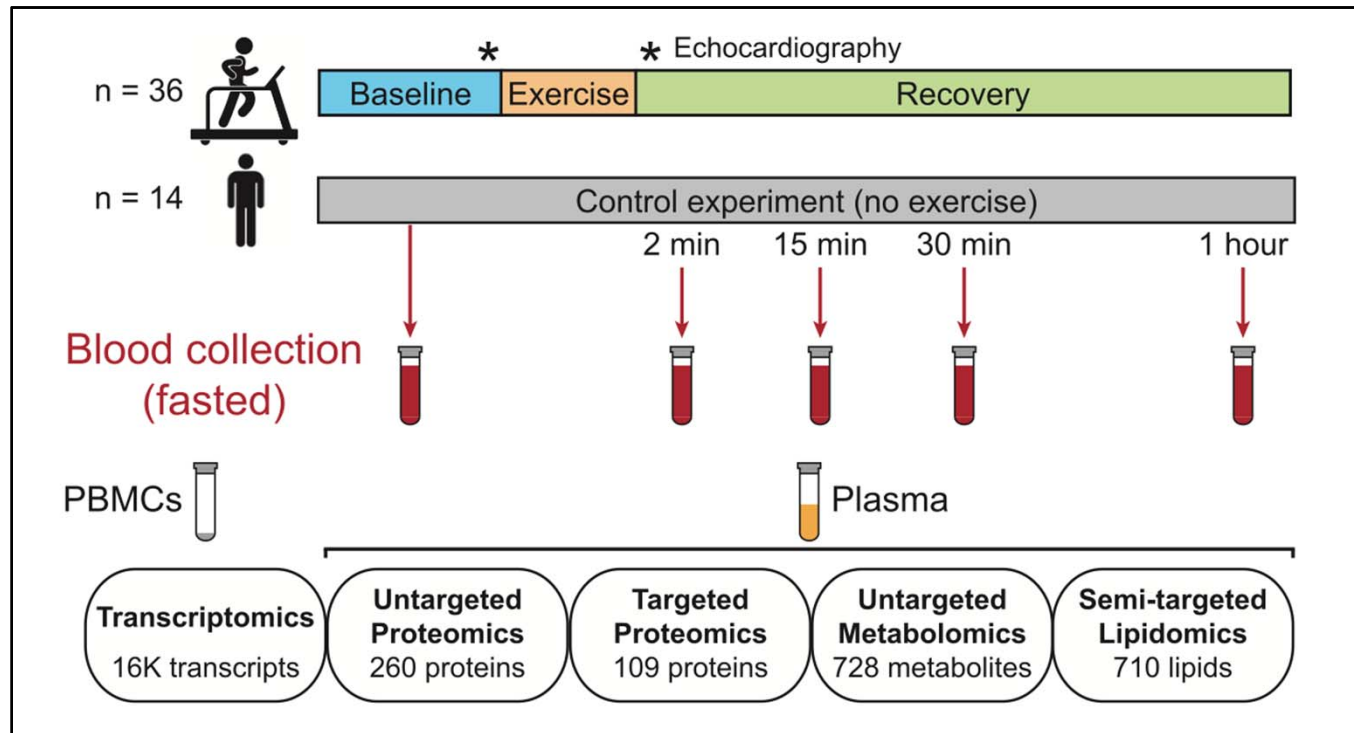
Article

# Molecular Choreography of Acute Exercise

## MoTrPAC

Molecular  
Transducers of  
Physical  
Activity  
Consortium

\$170M NIH  
Common Fund

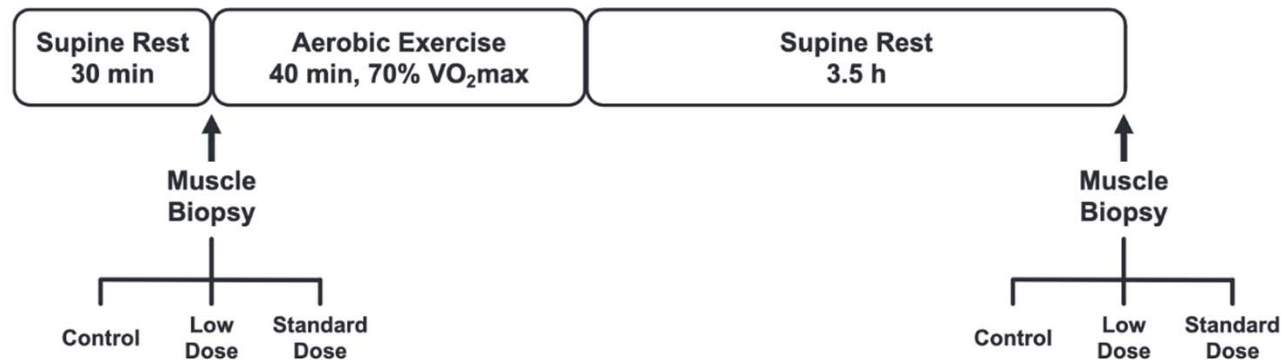


## RESEARCH ARTICLE

# Low-dose aspirin and COX inhibition in human skeletal muscle

**William A. Fountain, Masatoshi Naruse, Alex Claiborne, Andrew M. Stroh, Kevin J. Gries, Andrew M. Jones, Kiril Minchev, Bridget E. Lester, Ulrika Raue, Scott Trappe, and Todd A. Trappe**  
*Human Performance Laboratory, Ball State University, Muncie, Indiana*

## Does aspirin influence skeletal muscle inflammation before and after exercise?

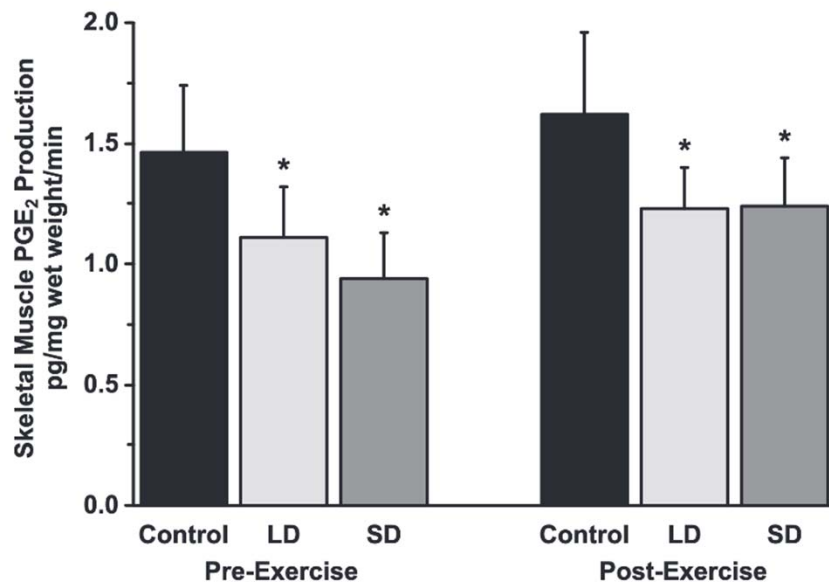




## RESEARCH ARTICLE

# Low-dose aspirin and COX inhibition in human skeletal muscle

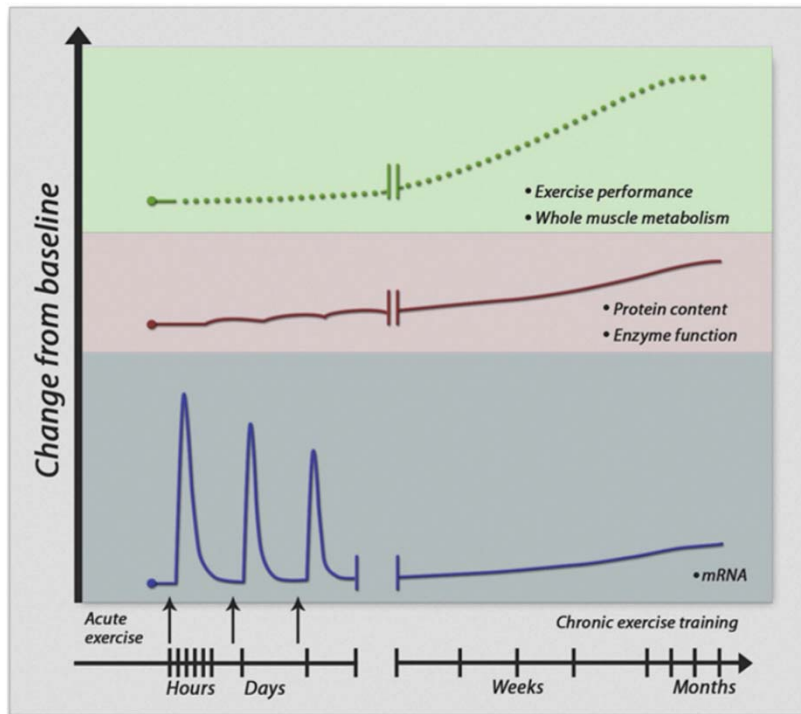
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*Human Performance Laboratory, Ball State University, Muncie, Indiana*



1. Basal characterization
2. Basal dose-response
3. Stimulated characterization
4. Stimulated dose-response

# Exercise Metabolism and the Molecular Regulation of Skeletal Muscle Adaptation

Brendan Egan<sup>1,2</sup> and Juleen R. Zierath<sup>2,3,4,\*</sup>



**How might this apply to your research?**  
Transcript → Protein → Phenotype → Outcomes

Consider the following interventions:

Exercise  
Pharmaceuticals  
Surgery  
Medical Devices

Therapeutics  
Inactivity  
Injury  
Lifestyle Modification

# Big Picture: JH Potential?



BRIEF REPORT

Reference Standards for Cardiorespiratory  
Fitness Measured With Cardiopulmonary  
Exercise Testing Using Cycle Ergometry: Data  
From the Fitness Registry and the Importance of  
Exercise National Database (FRIEND) Registry

Leonard A. Kaminsky, PhD; Mary T. Imboden, MS; Ross Arena, PhD;  
and Jonathan Myers, PhD

**Can we create a longitudinal database  
of functional outcome standards for  
various patient populations?**

# What Can We Do For You?

Anthropometrics  
Body composition

Metabolic Testing  
Resting, Exercise, etc.

Vascular Function  
Pulse wave velocity  
Augmentation index  
Muscle Strength Testing

Exercise Stress Testing  
Treadmill, Cycle  
Vital Responses (HR, BP, etc.)  
Blood Collection

**More to come... we need your input!**

# Human Performance Core Lab

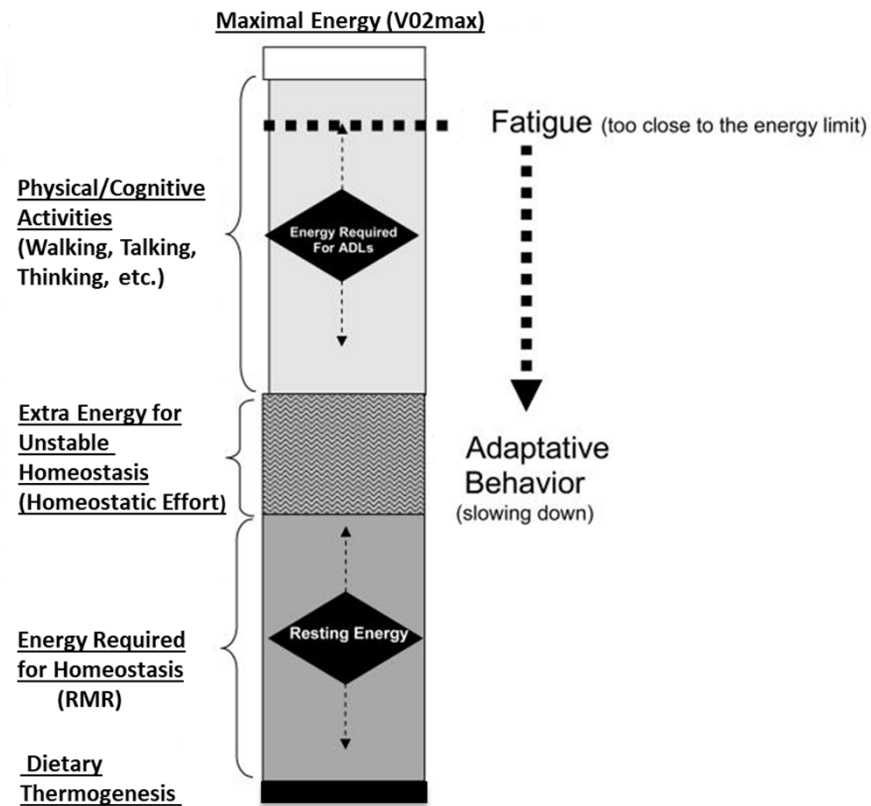
Currently planning to restructure

- Offer several portable services  
Blood draw, handgrip, walk test, etc.
- Potential satellite locations (i.e. thinking beyond Bayview)
- Gauging interest to tailor the core to best suit your needs

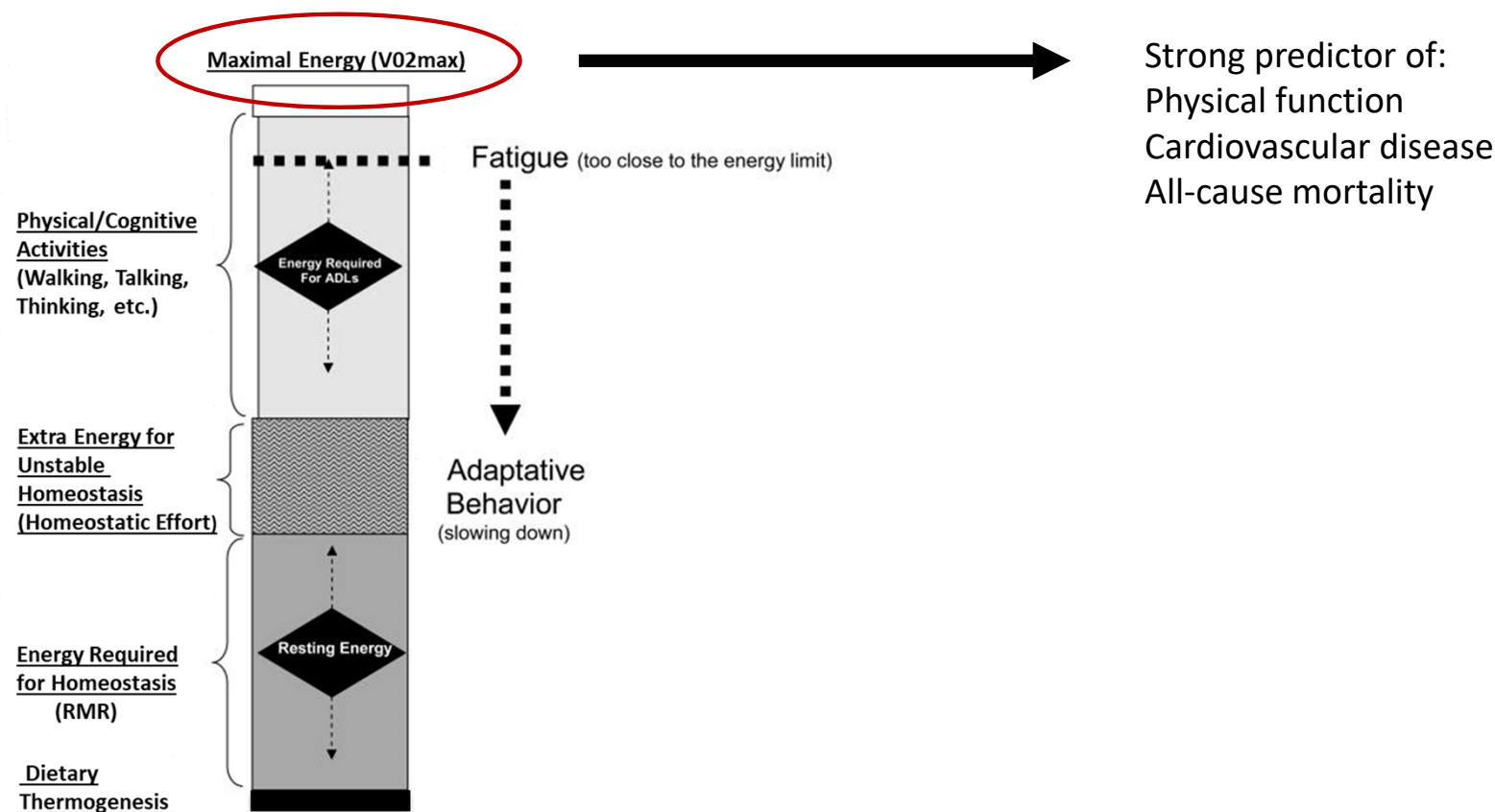
# Case Studies

Clinical applications of human performance measures

# Energy Expenditure ( $\text{VO}_2$ )

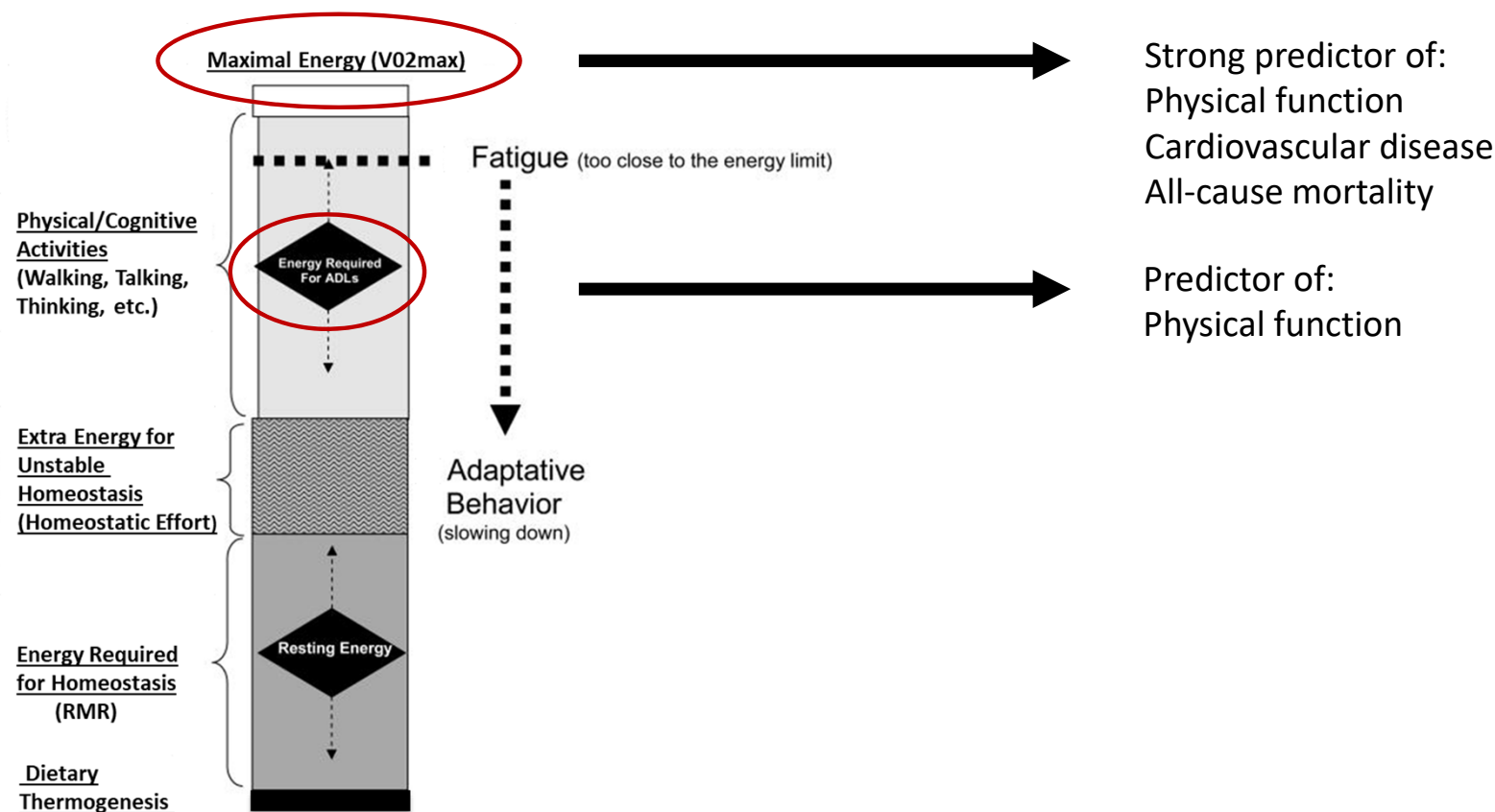


# Energy Expenditure (VO<sub>2</sub>)





# Energy Expenditure (VO<sub>2</sub>)



# Aerobic capacity measurement

## Maximal Graded Exercise Test

- Modified Balke Protocol
  - Constant speed
  - Incremental grade

## Measure of Cardiorespiratory fitness

- $\text{VO}_{2\text{peak}}$  (ml/kg/min)



# Energetic cost of walking measurement

Overground customary-paced walking test

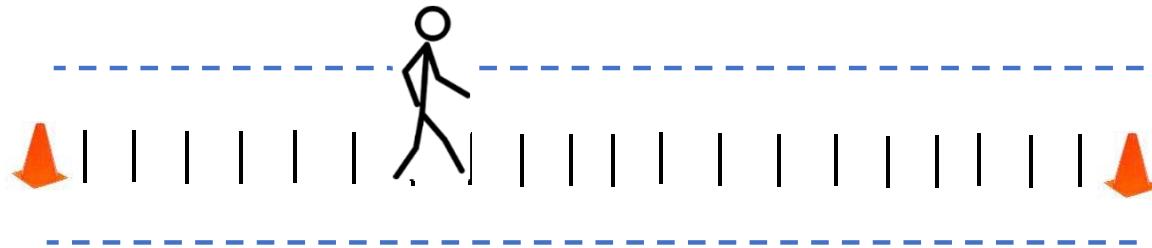
- 2.5-minutes of walking at “usual comfortable pace”
- Oxygen consumption ( $\text{VO}_2$ ) via a portable indirect calorimeter (ml/kg/min)

Measure of energy cost of walking

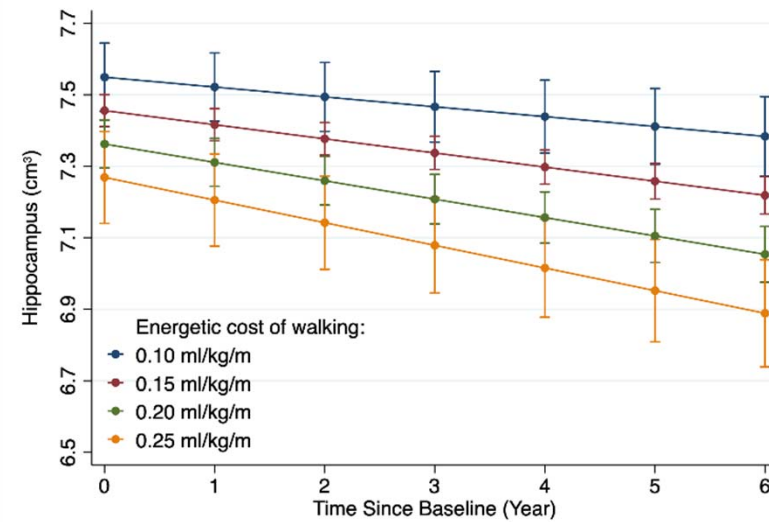
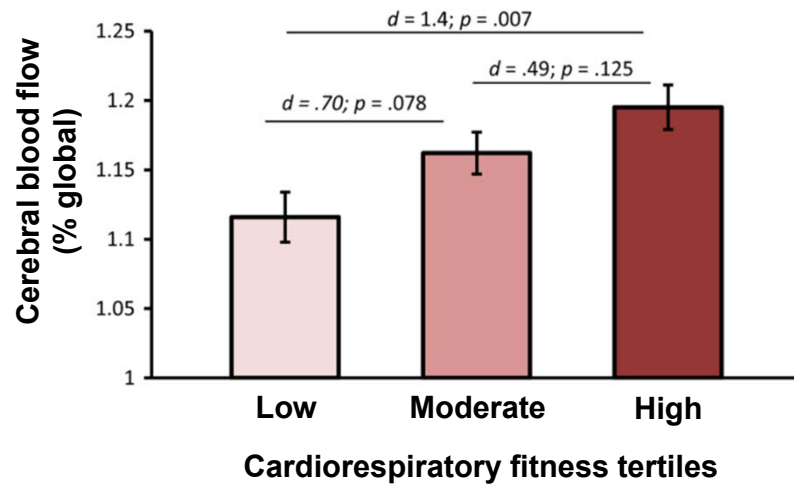
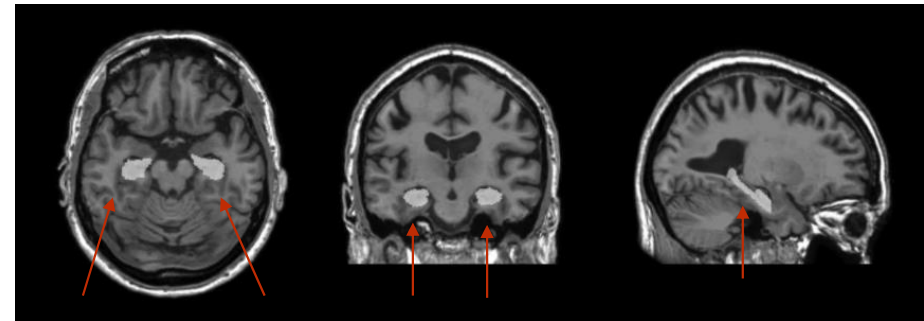
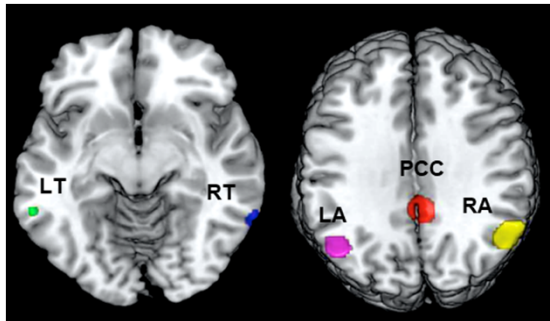
- $\text{VO}_2$  (ml/kg/m)



cosmed.com



# VO2 and brain health



# Conclusion

## Physiologic measures

- Can directly assess
  - Function
  - Functional capacity to respond to stressors
- Can be predictive of outcomes
  - Disease occurrence/progression
  - Response to treatment

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