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Development of human locomotion

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Neural control of locomotion in human adults involves the generation of a small set of basic patterned commands directed to the leg muscles. The commands are generated sequentially in time during each step by neural networks located in the spinal cord, called Central Pattern Generators. This review outlines recent advances in understanding how motor commands are expressed at different stages of human development. Similar commands are found in several other vertebrates, indicating that locomotion development follows common principles of organization of the control networks. Movements show a high degree of flexibility at all stages of development, which is instrumental for learning and exploration of variable interactions with the environment.

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Introduction

Human neonates exhibit transitory, primitive behaviors that develop *in utero* and disappear a few months after birth [1,2]. Some of these are critical for survival; for instance, rooting and sucking reflexes are essential for feeding. But the significance of other primitive behaviors and their relationship with more mature behaviors are a long-standing riddle [3,4,5°]. Traditionally, it is thought that primitive behaviors are suppressed as a result of brain maturation. However, there is now evidence that some basic control principles are conserved through development, so that the primitive patterns can be considered as precursors of the mature patterns.

Locomotor behavior is a case in point. Human newborns exhibit a stepping reflex that typically disappears at \sim 2 months and reappears several months later when it

evolves into intentional walking. It was once thought that the patterns of muscle control in newborn stepping are discarded during development, replaced by entirely new patterns of walking. Instead, it has recently been shown that the primitive stepping patterns are retained and tuned, while new patterns are added during development [6°]. Surprisingly similar patterns are observed also in several other animal species, suggesting that locomotion is built starting from common elements, perhaps related to ancestral neural networks [7].

Here we first review recent findings on the prenatal and postnatal development of motor patterns in human children, and on a comparative analysis with other animal species. Next we consider the role of learning and exploration in human locomotor development. In a final section, we deal with abnormalities of motor development as typified by cerebral palsy.

Prenatal movements

Spontaneous movements begin as soon as there are functioning muscles and nervous system in developing humans and animals. In humans, small, slow, cyclic bending of the head and/or trunk are detected with 4D-ultrasonography at 5 weeks post-conception [8]. Waxing and waning general movements can be observed slightly later, at 7 weeks, and persist throughout pregnancy and the first months after term birth [9–11]. They consist of complex, variable, flexion-extensions of the whole body and limbs, they are not triggered by external stimuli and lack distinctive sequencing of different body parts. In addition, human fetuses exhibit a rich repertoire of leg movements that includes single leg kicks, symmetrical double legs kicks, and symmetrical inter-limb alternation with variable phase [12,13]. Spontaneous movements of the limbs evolve toward an increased coordination between the arms and between the legs, at 2–4 months after birth [14°]. Abnormal movements lack complexity, variation, and fluency, and are associated with an increased probability of cerebral palsy [10,15].

While only kinematic analyses are currently available for human fetuses [16], direct recordings of electrical muscle activity (EMG) are possible in animals. EMG reflects the output of spinal α -motoneurons, and therefore the neural commands for movement. Detailed EMG recordings in chick embryos during the final week of incubation showed that the profiles of EMG activity during repetitive limb movements resemble those of locomotion at hatching [17]. However, in contrast with mature locomotor activity, EMG burst duration does not scale with movement cycle duration in chick embryos.

Optical imaging of spontaneous activity in ventral spinal neurons of the zebrafish embryo showed a rapid (few hours) transition from uncorrelated, sporadic slow activity to ipsilaterally correlated and contralaterally anticorrelated fast activity involving several adjacent somites [18]. The transition to correlated activity may depend on electrical connections initially coupling nearby neurons in local microcircuits and then merging to include the majority of active ipsilateral neurons into a single coupled network [18]. Recurrently connected excitatory networks within the spinal cord are transiently silenced by activity-dependent depression [19]. In these networks, motoneurons generate large, slow depolarizations crested by bursts of action potentials, resulting in the correlated discharge across a population of neurons with a periodicity in the order of minutes, a firing pattern that drives spontaneous embryonic movements [20,21]. Thus, the episodes of spontaneous activity are presumably triggered by motoneurons, but the periodicity of activity is set by recurrent excitatory interactions in the network [21]. Bursting activity occurs while motoneurons are still migrating and prolonging their axons toward the base of the limbs, so that correct motor axon path-finding is contingent on normal bursting activity [22]. In addition, spontaneous motor activity at an early developmental stage may facilitate the self-organization of neural circuits at both spinal and supra-spinal levels [21]. Thus, motor activity modulates the spinal circuits of central pattern generators (CPG) and those of nociceptive withdrawal reflexes [23], and it also modulates cortical somatosensory maps in a somatotopic manner [24]. Once established, spinal CPGs underlie fetal movements [22], but developing supra-spinal structures (such as the transient cortical subplate) presumably also play a role in more complex sequences of general movements, as demonstrated by the abnormality of general movements in human fetuses with brain disorders [10].

Postnatal development of locomotion

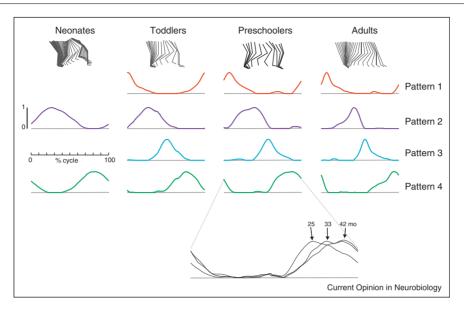
In addition to the spontaneous general movements, human newborns also exhibit stepping movements. These can be elicited in an infant supported under the arms in an upright, slightly tilted forward posture, after contacting ground with the feet soles [6°,25]. Reflex stepping has been reported also in premature infants at 30+ post-conception weeks [26] and an encephalic newborns [27]. This suggests a predominant role of spinal and brainstem mechanisms, owing to immature cerebral connections to the spinal cord [28]. While buoyancy of the amniotic fluid counteracts gravity effects in the human fetus (and other amniotes), newborns must deal with gravity to move their limbs and support their body weight. They can support $\sim 30-40\%$ of their weight, the remaining being supported from the outside. Infant stepping is irregular, variable, and lacks several features of more mature walking, most notably postural control [6°,25,29-31]. It looks like an exaggerated marching with flexed legs, high foot lift, and flat-foot touch-down (instead of heel-contact as in adults). Ground forces are not accurately controlled: newborns typically exert vertical forces supporting part of their weight, but only negligible horizontal (shear) forces. However, the angular motion of the lower limbs segments is already coordinated, resulting in a planar inter-segmental covariance roughly comparable to that seen in adults [6°].

Upright stepping often becomes very difficult to elicit in infants between \sim 2 and 7 months of age, while supine kicking (which shares some features of stepping) continues [29]. The disappearance of stepping presumably depends on both neural changes in the CNS (supraspinal inhibitory influences on spinal CPGs) and biomechanical factors (the legs may become too heavy for the muscle strength [29]). However, stepping can still be evoked during that period with daily practice [29,30,32] or supporting the legs' weight by means of water immersion [29]. Practice increases the incidence of alternating steps, but does not appreciably affect the muscle activity profiles [30]. Infant stepping shows sensory adaptation to imposed loading and perturbations [33]. Longitudinal studies carried out over the first year show a progressive reduction of muscle co-contraction and increasingly selective activation patterns [31,34°]. However, there is a persistently large inter-step variability of EMG activities compared with more repeatable kinematics. The latter finding is reminiscent of adult locomotion, and depends on a prominent role of passive biomechanics in locomotion in both infants and adults [35,36].

The neural patterns of muscle control can be revealed by factorization of EMG activity [36]. In human newborns, two patterns are sinusoidally modulated over the step cycle: one pattern (#2 in Figure 1) helps providing body support during stance, while the other one (#4) helps driving the limb during swing, but there is no specific activation pattern at either touch-down or lift-off [6°]. EMG factorization in toddlers (~1-year-old) at their first unsupported steps finds the same two patterns (#2 and #4 in Figure 1) of the newborn, plus two new patterns timed at touch-down (#1) and lift-off (#3) that contribute shear forces necessary to decelerate and accelerate the body, respectively [6°]. In preschoolers (2–4-years), all four patterns show transitional shapes. Thus, the waveform shifts in time relative to the step cycle progressively with age (see lower panel in Figure 1): the older the child, the closer the waveform to the adult. In sum, two basic control patterns are retained from the stage of newborn stepping, while two other patterns develop after that stage. Transitional patterns indicate a continuous development of the corresponding motor control modules.

The gradual development of adult gait from infant stepping is generally believed to stem from a growing integration of supraspinal, intraspinal and sensory control [3,30]. The lack of activation patterns corresponding to

Figure 1



Basic patterns of muscle control at different ages. Top. Stick diagrams depicting one step cycle starting with stance onset in neonates (2–7-days-old), toddlers (11–14-months-old), preschoolers (24–48-months), and adults. Middle. Basic activation patterns obtained by non-negative matrix factorization of averaged EMG profiles of 24 bilateral leg muscles in each age group. Patterns are plotted versus normalized gait cycle (aligned with stance onset in the right leg). Bottom. Pattern # 4 was averaged separately in 3 different subgroups of preschoolers with the indicated mean age. Notice the shift of the waveform with increasing age.

foot contact in the neonate could depend on immature sensory and/or descending modulation of stepping. Indeed, in the absence of sensory modulation (e.g. during fictive motor tasks), the spinal circuitry of animals tends to produce sinusoidal-like patterns [37,38], similar to those observed in the human neonate. The addition of basic patterns in the first months of life implies a functional reorganization of inter-neuronal connectivity, the appearance of additional functional layers in the CPGs, and/or more powerful descending and sensory influences on CPGs. In particular, there is increasing consensus that motor centers in the brain play an important and greater role in human adult walking than in quadrupeds [39]. Indeed, there is evidence for maturation of cortico-spinal drive on leg muscles during locomotor development [40°].

Comparative aspects

In postembryonic tadpoles, motoneurons initially innervate most of the dorso-ventral extent of the swimming muscles, but during early larval life the innervation fields become restricted to a limited sector of each muscle block [41°]. This developmental trend leads to more selective and flexible control of the muscles. Just as humans, rats do not have a mature neural control of locomotion at birth, and they walk only several days later. The CPGs of neonatal rat spinal cord are intrinsically flexible, inasmuch as different patterns of hindlimb muscle activation are evoked depending on whether pharmacological (serotonin and N-methyl-D-aspartic acid) modulation or sensory afferent stimulation is applied [42°,43]. Locomotor-like

oscillatory activity can be recorded from the lumbar and sacral ventral roots of the isolated spinal cord of neonatal rats, bathed with dopamine plus NMDA or serotonin [37]. Factorization of the electroneurograms associated with this fictive walking reveals two patterns essentially identical to those of human newborns [6*]. Factorization of the EMG of adult rats, cats, macaques, and guinea fowls shows four patterns, closely resembling those found in human toddlers [6*].

These results are consistent with comparative studies in vertebrates based on genetic and electrophysiological approaches which demonstrate that, despite the existence of species-specific features, there are several common principles in the organization and regulation of CPGs [44,45]. In particular, the core premotor components of locomotor circuitry mainly derive from a set of embryonic interneurons that are remarkably conserved across different species [46]. Grillner [7] hypothesizes that the neural control system for locomotion can be traced back to the oldest known vertebrate, the lamprey, which appeared more than 500 million years ago, before any legged animal had evolved yet. Evolutionary conservation of developmental patterns [6°] and neural core control networks [44– 46,47°] points to the comparative approach as a most fruitful one for the study of locomotor development [47°,48].

Human development shows commonalities with other animal species, but also important idiosyncratic features, as demonstrated by the distinct motor patterns of the adults [6°]. Thus, we are the only animals to use habitually an erect bipedal locomotion with a heel-strike well ahead of the body. The long time required to develop independent locomotion in humans is probably related to the overall complexity of neural wiring in our species. Consistent with this view, it has been shown [49] that the time from conception to independent locomotion is linearly related to the adult brain mass across 24 different mammalian species: the bigger the brain, the longer the time to start walking. This suggests that the development of independent locomotion depends on the duration of overall neural development, presumably because of the need to develop stance, balance and orientation control in parallel with locomotor control; these diverse functions require maturation of large parts of the CNS.

Learning and exploration

Motor patterns of locomotion are not fixed but highly flexible. Variability and versatility of behavior may be instrumental for learning and exploration of different solutions in different environmental contexts [3,5°,50].

Infant movements display a high degree of variability at all stages of development, starting from fetal stages. After birth, stepping remains non-functional until a stable erect posture can be maintained, and infants adopt a variety of different crawling styles to move around, although a significant proportion ($\sim 30\%$) never crawls and walks upright directly [5°,51]. Infants can crawl on handsand-knees, hands-and-feet, hands-and-buttocks, or on the belly. Inter-limb coupling may involve diagonal trot-like gait, or ipsilateral pace-like gait. This versatility reflects a flexible coupling between cervical and lumbosacral CPGs (controlling upper and lower limbs respectively) that persists till adulthood [52].

Also upright walking before independent walking shows great flexibility. Infants may first cruise sideways while grasping furniture with both hands for support, then turn their body to face forwards holding furniture with one hand only [5°,53°]. Different developmental stages (for instance, crawling and cruising) may be concurrent rather than serial, and there may even be a reversal of order (cruising before crawling). Moreover, often there is no transfer of learning environmental risks from one locomotor mode to the next: experienced crawlers or cruisers discriminate very precisely affordable versus unaffordable support surfaces, but when they start walking independently they may fall because they do not discriminate anymore [53°].

Infants start walking independently around 12-months (median, 9-18 months range), but cultural child-rearing habits may anticipate or delay this time [5°]. Unsupported walking is jerky and variable, with poor balance over the single support leg (while swinging the contralateral leg), the arms raised above the waist (as balance poles), legs splayed wide apart, and short variable steps [5,25,54–59]. Double support is relatively prolonged, while swing is brief. Touch-down is with flat-foot or toes-first. Some idiosyncratic features of toddlers gait may be useful to cope with initial unstable conditions of unsupported walking, such as the increased base of support and the flailing arms [58]. Also, non-plantigrade gait with a high foot lift represents a simple strategy to avoid stumbling and falling, while reducing foot drag owing to limited dorsiflexor activity. However, energy recovery by exchanging forward kinetic energy and gravitational potential energy of the center of body mass is very limited [55].

It is often assumed that infants cannot walk independently until they achieve balance control, but it has been shown that step variability and several other gait parameters of toddlers remain unchanged even when balance is augmented with the help of a parent or experimenter hand [56]. Moreover, walking experience rather than chronological age explains improvement in performance [5°]. Indeed, onset of unsupported locomotion triggers the improvement of several gait parameters (speed, inter-step repeatability, trunk oscillations, tuning of planar covariance, energy recovery) relative to the previous supported locomotion [55,58]. These changes occur rapidly over the first 6 months after the onset of independent walking. Afterwards, gait continues to develop more slowly until 8–10 years of age, as shown by changes in several parameters, such as stride length, cadence, coordination timing, and energy recovery [5,54,59].

When toddlers must step across an obstacle or walk on a staircase, they do not adapt the inter-segmental coordination to the surface inclination and height as adults do, but they keep constant phase relationships [60°]. This is consistent with the hypothesis proposed decades ago by Nikolai Bernstein that, when humans start learning a skill, they restrict the number of controlled degrees of freedom to reduce the size of the search space and simplify the coordination. Toddlers often place a foot on the obstacle or on the edges of the stairs, presumably as part of an exploratory strategy of the environment [5°,60°,61]. Naturalistic observations at the infants' home show that most toddlers spontaneously carry objects while walking, combining locomotor and manual skills. Despite the additional biomechanical constraints, carrying an object is actually associated with improved upright balance, as demonstrated by smaller probabilities of falling with the object than without [62].

Split-belts treadmills can impose a different direction and/or speed to the motion under each leg during locomotion. They are especially suited for studying sensorimotor adaptation and learning mechanisms. Young infants (7-12 months of age) show the ability to adapt to asynchronous split-belt motion [63]. However, the mechanisms controlling temporal and spatial adaptation to these conditions are different and mature at different times, with spatial parameters adapting more slowly than temporal ones [64°,65°].

Body size and proportions change dramatically during development. Locomotor commands must take these changes into account to keep limb segment motion calibrated with body size. The importance of a body scheme incorporating limb and body parameters is demonstrated by the observation that an 11-years-old child, who underwent surgical elongation of the shanks by >50%, walked as if on the pre-surgery shorter legs, just as do adults walking on stilts [66].

Cerebral palsy

Cerebral palsy (CP) is one of the most common developmental motor disorders. It is a non-progressive syndrome involving poor motor control, spasticity, paralysis, and other neurological problems resulting from perinatal brain injury [67]. It may be hypothesized that neural control patterns in CP children are closer to those of younger, normally developing children, and this would reflect relative immaturity of the locomotor networks. Many CP children start walking much later than normal. Till adulthood, they continue walking on their toes with knee hyper-flexion during stance and ankle dorsiflexion during swing [68]. The foot trajectory is undulating owing to poor control of ankle torque. Muscle co-activation is greater than in healthy children of the same age. Hip flexors lack phasic activity, hip extensors and adductors are hyper-active, while gastrocnemius is hypoactive at push-off [68]. The normal tonic depression of soleus Hreflex during gait is absent in CP, reflecting a lack of maturation of the corticospinal tract [69]. Reflex behavior and walking speed improves with treadmill training [68], although the long-term effectiveness of this protocol remains to be validated [70] also using energy expenditure monitoring [71].

Conclusions

We argued that the neural control patterns underlying mature locomotion are tightly related to those involved in primitive movements. In addition, development of motor patterns shows variability and versatility of behavior presumably as a means to learn and explore different solutions. Notice that this holds true not only for locomotion, but even for behaviors – such as vocalization in birds - where mature neural substrates are definitely distinct from the immature ones [50]. We also highlighted the remarkable similarities in motor patterns across different animal species, despite gross morpho-functional differences in the musculo-skeletal architecture. These similarities probably reflect common principles in the underlying control mechanisms, as well as common biomechanical constraints related to stability, kinematics, kinetics, and energy-efficiency [72,73]. An emerging view is that the co-ordination of limb and body segments in

mature locomotion arises from the coupling of neural oscillators between each other and with limb mechanical oscillators [35,36]. Muscle activations intervene at discrete times to re-excite the intrinsic oscillations of the system when energy is lost. Development of motor patterns, then, requires progressively tuning the timing and amplitude of muscle activity to the intrinsic modes of mechanical behavior resulting from the interaction of the limbs/body parts between each other and with the environment, also taking into account the growing body of the child.

The current coarse picture of the development of human locomotor patterns needs now to be refined in order to understand how the locomotor networks are configured precisely at different developmental stages. Moreover, the functional abnormalities associated with perinatal motor disorders such as CP need to be understood, also taking advantage of the application of modern quantitative analyses of the motor patterns.

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