

Enthesis directional asymmetry: the effect of occupation

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1.0 Introduction

Enthesal changes (ECs) have been widely used to infer activity patterns in past populations, based on the principle that repetitive (or heavy) muscle use causes increasingly severe modifications to entheses¹. Recent research has shown that this is an oversimplification of the relationship, with other factors, including the ageing process, playing a significant role^{2,3}. Importantly studies of comparing cross-sectional properties with ECs has shown that they are recording different processes^{4,5}.

Research on the development of entheses, focussing on their size, has shown that, like muscle cross-sectional area, entheses area continues to increase during adolescence, but only in boys⁶. It was therefore assumed that those undertaking manual work in adolescence, whose muscle cross-sectional area should be larger, would have a larger entheses area than non-manual workers, but this was not found to be the case. Directional asymmetry in bone size, has however, been shown to relate to activity patterns⁷. The aim of this poster is to test whether directional asymmetry in entheses area is related to activity-patterns.

2.0 Materials and Methods

Males aged over 15 without signs of boneforming disease⁸ (n=221) were recorded in the Coimbra identified skeletal collection⁹. Occupations from the documentation were categorised into four groups: heavy manual, manual, non-manual and soldier¹⁰. Two measurements of the humerus were taken: vertical head diameter and epicondylar width. Two measurements were made of two perpendicularly bisecting chords (Fig. 1) of three rotator cuff entheses alongside the common flexor and extensor origins¹¹. These measurements were multiplied together to approximate area and were also standardised by bone size: by vertical humeral head for the rotator cuff entheses and using the epicondylar width for the others. Percentage directional asymmetry was calculated (%DA)¹², for the entheses areas and the size-standardised entheses areas. Statistical graphs were plotted in R (Rstudio version Version 0.99.489) using package gplots¹³ and, where differences in means were present (without overlapping standard errors), ANOVAs were run.

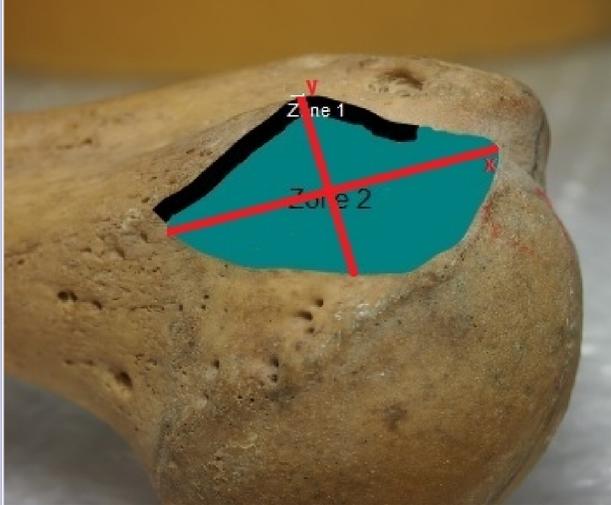
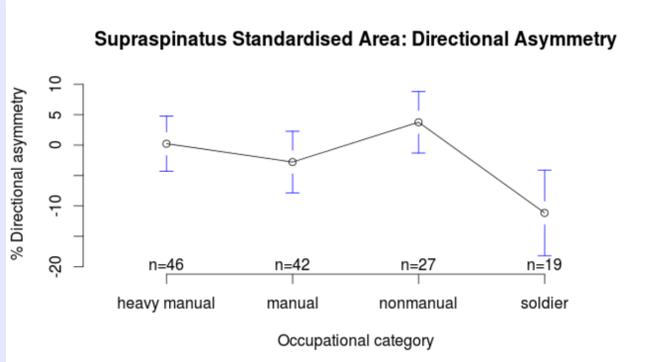


Figure 1. Subscapularis insertion showing area (black and blue) with chords marked in red

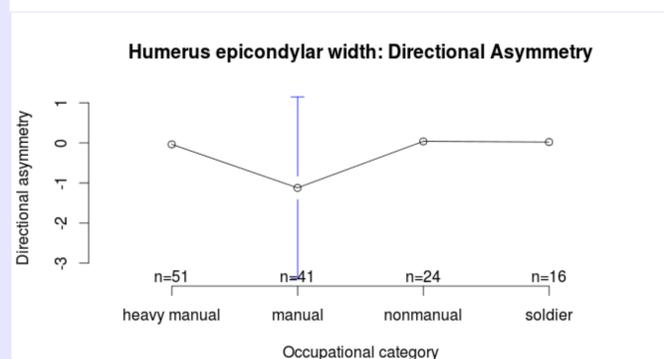
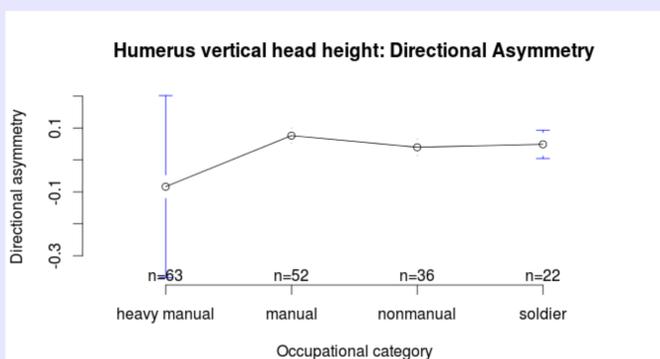
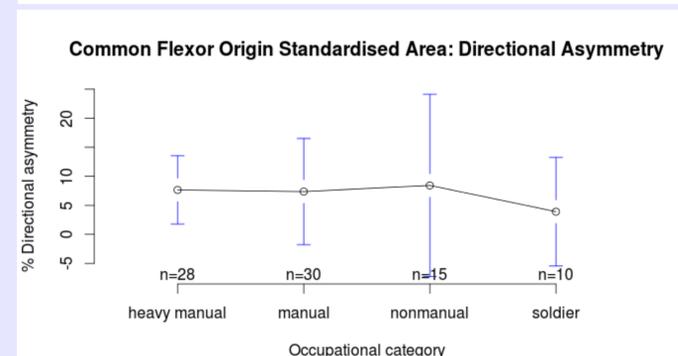
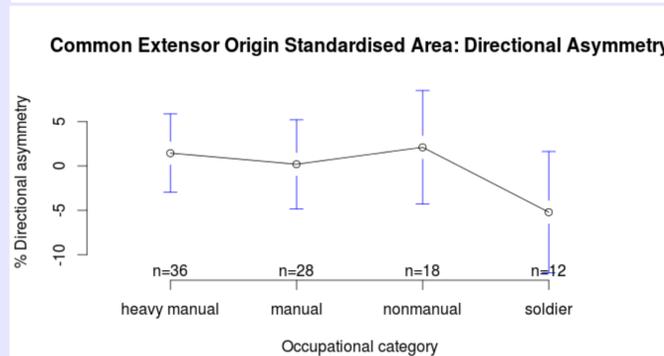
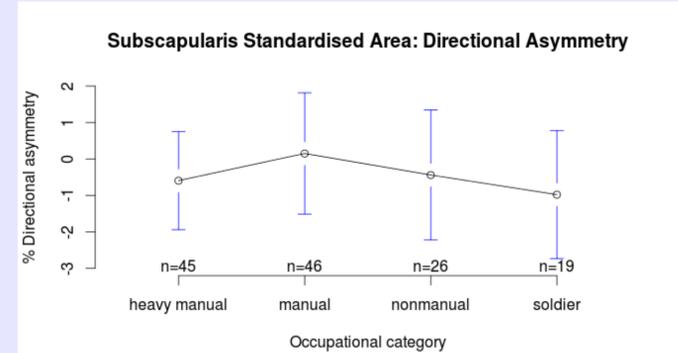
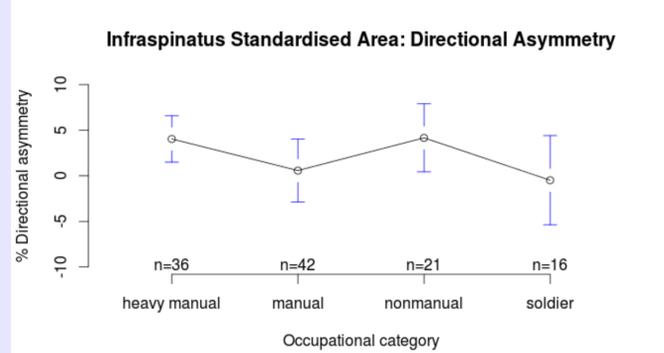
3.0 Results

The descriptive plots show almost no difference in asymmetry between occupations, except for the supraspinatus insertion which shows a difference between soldiers and other occupational groups. An ANOVA showed that, for this entheses alone, it was a statistically significant effect not mediated by ageing. Vertical head diameter and epicondylar width %DA did not show differences between groups.



ANOVA:Supraspinatus

	F value	Pr(>F)
Occupation	3.940	0.010 *
Age	0.012	0.912
Occupation * Age	0.581	0.628



Figures show mean %DA by occupation for each entheses, with error bars showing 95% confidence interval for standard errors. n= sample size for each occupation group

4.0 Discussion and conclusions

If entheses area is related to muscle cross-sectional area then entheses area should be an indicator of physical strength. A previous study has shown that, like muscle cross-sectional area, entheses area continues to enlarge during adolescence in males⁶. However, it has been found that occupations (undertaken during adolescence) did not affect entheses size¹⁴. Directional asymmetry in body size has been linked to handedness and shown to be affected by occupation⁷. However, these results indicate that directional asymmetry: 1) varies by entheses 2) is not linked to occupation as categorised in this poster. In vivo studies are needed to determine the link between entheses and soft tissue size.

References:

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