Musculoskeletal Changes, Injuries and Rehabilitation Associated with Spaceflight

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Background

- Unique aspects of astronaut training for space missions
- Musculoskeletal changes in microgravity
- Injuries
  - Mission phases
    - Pre-flight
    - In-flight
    - Post-flight
- Post-mission rehabilitation
Training in Unusual Circumstances
Muscle and Bone in Space
Effects of Spaceflight on Muscle

- Decrease in body mass
- Decrease in leg volume
- Atrophy of the antigravity muscles (thigh, calf)
  - decrease in leg strength (approx 20-30%)
  - extensor muscles more affected than flexor muscles

- Data in flown rats showed an increase in number of Type II, “fast twitch” muscle fibers (those which are useful for quick body movements but more prone to fatigue)
Bone Health assessments

Bone Ca Balance ($V_{o+} - V_{o-}$)

- Bone Ca Loss ~ 250 mg/d
- Bone Ca Gain ~ 100 mg/d
- Recovery: 2-3 x mission

Smith et al., 1999

Preflight Inflight R+0 1-Wk 3-Mos

Postflight

Smith et al., 1999

AOASM 2010 Anaheim, CA
Bone Loss during Spaceflight by Region

Perturbations in bone remodeling result in osteoporosis

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Bone Formation</th>
<th>Bone Resorption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spaceflight* (“Skeletal unloading”)</td>
<td>←↓</td>
<td>↑</td>
</tr>
<tr>
<td>Aging</td>
<td>↓</td>
<td>←</td>
</tr>
<tr>
<td>Glucocorticoids</td>
<td>↓</td>
<td>↑</td>
</tr>
<tr>
<td>Estrogen Deficiency (Menopause is not a disease)</td>
<td>↑↑</td>
<td>↑↑</td>
</tr>
<tr>
<td>Alcohol</td>
<td>↓</td>
<td>←</td>
</tr>
<tr>
<td>Metabolic diseases of High Bone Turnover</td>
<td>↑↑</td>
<td>↑↑</td>
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</tbody>
</table>
Muscle/Bone Loss during Spaceflight

- Decrease in weight bearing causes bone demineralization, 1% - 2.4% per month in lower extremities and spine and decreased muscle strength and mass

Bone turnover markers suggest that bone degradation is increased, formation is uncoupled from resorption, and bone gain and loss are unbalanced averaged over entire skeleton.

(Smith et al, JBMR 2005)
DXA: BMD losses are specific to weight-bearing bones*, rapid, not necessarily linear.

<table>
<thead>
<tr>
<th>Areal BMD</th>
<th>%/Month Change ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbar Spine</td>
<td>-1.06±0.63*</td>
</tr>
<tr>
<td>Femoral Neck</td>
<td>-1.15±0.84*</td>
</tr>
<tr>
<td>Trochanter</td>
<td>-1.56±0.99*</td>
</tr>
<tr>
<td>Total Body</td>
<td>-0.35±0.25*</td>
</tr>
<tr>
<td>Pelvis</td>
<td>-1.35±0.54*</td>
</tr>
<tr>
<td>Arm</td>
<td>-0.04±0.88</td>
</tr>
<tr>
<td>Leg</td>
<td>-0.34±0.33*</td>
</tr>
</tbody>
</table>

*p<0.01, n=16-18

LeBlanc et al, 2000

Whole Body 0.3% / month

Lumbar Spine 1% / month

Hip 1.5% / month
Recovery of BMD with return to gravity

\[ L_t = L_0 \cdot e^{\ln(0.5) \frac{t}{HL}} \]

Trochanter BMD of ISS & Mir Crewmembers
Loss0=7.4% Recovery Half-life=276 d
QCT After Flight: Greater percentage loss vBMD in trabecular bone compartment (n=16 ISS)

NOT detectable by DXA

<table>
<thead>
<tr>
<th>Index DXA</th>
<th>%/Month Change ± SD</th>
<th>Index QCT</th>
<th>%/Month Change ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>aBMD Lumbar Spine</td>
<td><strong>1.06±0.63</strong>*</td>
<td>Integral vBMD Lumbar Spine</td>
<td><strong>0.9±0.5</strong>*</td>
</tr>
<tr>
<td>Trabecular vBMD Femoral Neck</td>
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</tr>
<tr>
<td>aBMD Femoral Neck</td>
<td><strong>1.15±0.84</strong>*</td>
<td>Integral vBMD Femoral Neck</td>
<td><strong>1.2±0.7</strong></td>
</tr>
<tr>
<td>Trabecular vBMD Femoral Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>aBMD Trochanter</td>
<td><strong>1.56±0.99</strong>*</td>
<td>Integral vBMD Trochanter</td>
<td><strong>1.5±0.9</strong></td>
</tr>
<tr>
<td>Trabecular vBMD Trochanter</td>
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</tbody>
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Musculoskeletal Changes

Clinical

- Incidence - All crewmembers are affected
- Symptoms - Acute
  - Back pain (53-68% incidence on orbit to some degree)
  - Fatigue (less flexibility and endurance)
Musculoskeletal Changes

**Acute**

- Postural change with stretching of tendons and ligaments. Increase in on-orbit height by 2-6 cm
Musculoskeletal Changes

Chronic

- Muscle atrophy
- Intervertebral disc changes and HNP
- Skeletal changes and loss of total body calcium have been noted in both humans and animals exposed to microgravity from 7 to 237 days.
  - Nicogossian AE. *Space Physiology and Medicine*, 1989. Lea and Febiger, Philadelphia
Effects of Long duration space flight on calcium metabolism

- Kidney Stones
  - Due to increased urine and fecal calcium
- Possible fractures
- Disk Disease

"Wait a minute here, Mr. Crumbley . . . Maybe it isn't kidney stones after all."
Musculoskeletal System Loss and Potential Complications/Countermeasures

- **Countermeasures in Practice**
  - For Muscular strength and endurance preservation
    Aerobic (TVIS, CEVIS) and resistive exercise (RED)
    NAC and other supplements/pharmacologics
  - For Reduced bone strength/Increased Injury or Fracture Risk:
    1) Resistive exercise hardware
    2) Pharmacologic- e.g. Bisphosphonates
  - For Urinary Calcium Excretion- Risk of Calculi
    1) Increased Fluid Intake (2-3L/day)
    2) Resistive exercise
    3) Pharmacologic- e.g. inhibitor K⁺ Citrate or K⁺Mg⁺ Citrate
    4) Contingency Management Strategy
- **Countermeasures under consideration/preparation**
  1) Artificial gravity in transit
  2) PTH, Peptides
Exercise Countermeasures: In-Flight

- **Treadmill**
  - Neurovestibular
  - Cardiovascular
  - Musculoskeletal

- **Cycle Ergometer**
  - Cardiovascular

- **Resistive Exercise Device**
  - Musculoskeletal
Countermeasures

- Rx: 2 daily 1-hour sessions of exercise
- Other exercise options
  - Traction on “bungee cords”
  - Historically the “Exer-Genie” was used during the Apollo missions
In-Flight Medical Conditions Incidence Comparisons (events/person-year)

- Sleep Disturbance: 3.80
- Sprain/Strain/Contusion: 3.34
- Skin rash: 3.29
- Skin abrasion/laceration: 3.11
- Eye foreign body abrasion: 2.60
- Cough (URI): 1.35
- UTI (females): 1.29
- Diarrhea: 1.21
In-Flight Musculoskeletal Injuries

RESEARCH ARTICLE

Musculoskeletal Injuries and Minor Trauma in Space: Incidence and Injury Mechanisms in U.S. Astronauts

RICHARD A. SCHERRING, CHARLES H. MATHERS, JEFFREY A. JONES, AND MARY L. WEAR

Aims: Astronauts have sustained musculoskeletal injuries and minor trauma in space, but our knowledge of these injuries is based primarily on anecdotal reports. The purpose of our study was to catalog and analyze all in-flight musculoskeletal injuries occurring throughout the U.S. space program to date. Methods: A database of in-flight musculoskeletal injuries among U.S. astronauts was generated from records at the Johnson Space Center. Results: A total of 271 in-flight musculoskeletal injuries were identified, 168 occurring in men and 131 in women. Incidence over the course of the space program was 0.01 per flight day for men and 0.01 for women. Hand injuries represented the most common location of injuries, with abrasions and soft tissue representing the most frequent type of injury. Crew activity in the spacecraft cabin was associated with increased risk for injury. Conclusion: Hand injuries were among the most common injuries occurring in U.S. astronauts during spaceflight. Imaging the incidence and mechanisms of these injuries will allow flight surgeons to quantify the amount of medical supplies needed for the design of next generation spacecraft. Keywords: astronaut, NASA, space, injury, abduction, extension, distraction, IVA, injury.

NASA ASTRONAUTS face a variety of occupational hazards throughout their career. In addition to the risks inherent to space travel, astronauts perform physically demanding tasks in unfamiliar environments. Coupled with bone and muscle loss due to the effects of microgravity on the human body, one could hypothesize that astronauts may be at increased risk for sustaining musculoskeletal injuries while conducting space operations. Indeed, anecdotal reports from astronauts and postflight mission debriefings in all NASA spaceflight programs support this theory, as many astronauts have noted in-flight musculoskeletal injuries. However, until recently, our understanding of these injuries was based primarily on anecdotal reports, with little evidence-based data to support these claims.

Jennings and Bagian conducted a study examining the terrestrial-based orthopedic injury history of astronauts during the period of 1987 to 1998 (6). The authors found astronauts sustained numerous fractures, serious ligament, cartilage, or soft tissue injury, resulting in 28 orthopedic surgical procedures during this period. Knee injuries accounted for 19 of the surgical interventions, while running, skiing, and basketball were the activities most frequently associated with injuries. The authors recommended the hiring of full-time personal trainers and the designation of a facility for training purposes at Johnson Space Center, both of which are now in place as mandated in the Astronaut Strength, Conditioning, and Rehabilitation (ASCRI) program. Jennings and Bagian recognized the importance of understanding the mechanisms of injury or trauma, noting that it was “time to move beyond documentation of injuries and treatment to providing a program that serves to prevent or mitigate training-related injuries.” This important study is often cited in discussions regarding musculoskeletal injuries and prevention in astronauts, but did not address in-flight injuries.

An article printed in the Longitudinal Study of Astronaut Health (LSAH) newsletter in December 1999 examined the musculoskeletal injury rates of the astronauts in the shuttle astronaut in between Shuttle Transport System (STS-1 and STS-89) (12). The authors found an overall greater in-flight injury rate among astronauts than comparison participants in the LSAH. Interestingly, they also found a threefold higher injury rate within astronauts' mission period, defined as 3 yr preflight to 3 yr postflight, versus the rate outside the mission period. This raised questions as to how much of this increased was attributable to preflight training, postflight injury due to deconditioning, or in-flight injury.

We know that astronauts sustain injuries during the postflight period, especially during training sessions in
Introduction

♦ Known

- US Astronauts suffer musculoskeletal injuries during pre-flight and post-flight phases
  
  

- A review of astronaut injuries published in the longitudinal study of astronaut health (LSAH) for shuttle astronauts between STS-1 and STS-89 revealed a greater in-flight injury rate among crewmembers than their age and sex-matched cohorts

  Wear M. Injury rate of shuttle astronauts. The Longitudinal Study of Astronaut Health Newsletter, December 1999, 8(2): 1,4
Methods

To examine in-flight musculoskeletal injuries and minor trauma, our results included:

- Abrasions
- Contusions
- Lacerations
- Sprains
- Strains
- Dislocations.
A total of 369 in-flight musculoskeletal conditions were found, from which 219 in-flight musculoskeletal injuries were identified

- 21 in women and 198 in men.
- Incidence over the course of the space program was 0.021 per flight day for men and 0.015 for women.
- Hand injuries represented the most common location of injuries throughout the U.S. space program, with abrasions and small lacerations representing common manifestations of these injuries.
- Exercise-related injuries accounted for an incidence rate of 0.003 per day.
Results

Location of Injuries

Number of Injuries
Results

Number of Injuries

- Abrasion
- Contusion
- Strain
- Laceration
- Sprain
- Dislocation

Injury Type

24-Mar-10  AOASM 2010 Anaheim, CA
Crew activity in the spacecraft cabin such as translating between modules, exercise, and injuries caused by the extravehicular activity (EVA) suit components were the leading causes of musculoskeletal injuries throughout the space program.
Results

- Shaving
- Dressing
- Using scissors
- Waiting on launchpad
- Clipping nails
- Reaching while seated
- Eating
- Handling checklist
- Donning suit
- Restraint
- Transferring equipment
- Abnormal positioning
- Repairing equipment
- Translating through spacecraft
- Stowing equipment
- Impacting structures
- Unknown

Number of injuries

- 0
- 2
- 4
- 6
- 8
- 10
- 12
- 14
- 16
- 18
The EVA injuries incidence from all sources was 0.05 per hour in 1087.8 hours of EVA activity during the space program to date. This equates to a per day incidence of 1.21 in-flight musculoskeletal injuries or 0.26 injuries per EVA.
Results

Apollo Lunar Surface Musculoskeletal Events or Minor Trauma

- 9 Events were reported on the lunar surface related to EVA
  - 5 events located in the hand
  - Muscle fatigue during lunar EVA related to activities in the glove (unscrewing core tubes, etc.)
  - Finger soreness attributed to high work load
  - MCP, distal phalanx pain, swelling and abrasions after lunar 3/3 EVA
    - "Completing a subsequent EVA would have been very difficult on account of how sore and swollen my hands were"

- 2 events occurred in the wrist
  - Wrist laceration due to suit wrist ring cutting into skin
  - Wrist soreness where suit sleeve repetitively rubbed on surface

- 1 event resulted in shoulder strain after EVA 2/3
  - Crewmember injured shoulder during surface drilling activity
    - Required large doses of aspirin to relieve pain

- 1 event described as general muscle fatigue while covering large distances by foot on the lunar surface
Results

♦ EVA accounted for an incidence rate of 0.26 injuries per EVA.
  - EVA injuries occurred primarily in the hands and feet
  - These injuries may represent an exacerbation of pre-flight injury during training in the Neutral Buoyancy Laboratory

Photo courtesy of Drs. Sam Strauss and Jeff Jones, NASA-JSC

Photo courtesy of Dr. Joseph Dervay, NASA-JSC
Back Up slides
Risk of Herniated Nucleus Pulposus among U.S. Astronauts

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Results

♦ Exercise

- High number of minor back injuries occurred while using the exercise equipment on the International Space Station
  - Treadmill with Vibration and Isolation System (TVIS) was associated with 2 injuries
  - Interim Resistive Exercise Device (IRED) accounted for 7 injuries
  - Use of both devices was blamed for the remaining 3 injuries

- Exercise activity or use of exercise equipment was associated with an injury rate of 0.003 injuries per day
The real power of the in-flight musculoskeletal database is evident when analyzing specific scenarios leading to these injuries.

- Crew activity, such as stowing equipment, translating through and impacting structures within the spacecraft cabin caused most of the injuries in-flight
  - This might be of interest to space vehicle design engineers as the interiors of spacecraft such as Skylab and ISS allow for more freedom of movement.
- EVA places astronauts in situations of high physical demand, and tests the capability of equipment as it does the men and women performing the activity. We found a relatively large number of injuries that occurred during EVA throughout the space program.
In our initial search for all musculoskeletal conditions in the space program, we found that many Apollo crewmembers who performed EVA on the moon noted problems with their hands. For example, one astronaut remarked, “EVA 1 was clearly the hardest...particularly in the hands. Our fingers were very sore.” Another commented that his hands were “very sore after each EVA.”

- Apollo conducted 2-3 EVA’s for 3-7 hours per EVA
  - The Constellation program (CxP) will start out with 7 day lunar missions and progress to 6 month stays over the period of 3-4 years
Discussion

♦ Limitations

• Though the database contains detailed information on mechanism of injury, the post-flight mission debriefs did not always discuss the other parameters examined, such as exercise, treatment, and post-flight outcome. Thus, the database is incomplete as many entries lack information in these areas.

• Information about musculoskeletal problems was not always elicited from flight crews, and the manner in which it was collected changed over the course of the space program. In addition, certain entries needed refining as to the accuracy of the diagnosis.
Conclusion

- The in-flight musculoskeletal database provides the foundation for directing operationally-relevant research in space medicine.
  - This effort will enable medical operations to develop medical kits, training programs, and preventive medicine strategies for future CxP missions
    - Quantify medications and medical supplies for next-generation spacecraft
    - Objective data for engineers to determine weight requirements
Conclusion

- Flight surgeons can make specific recommendations to astronauts based on injury data, such as emphasizing hand protection while in-flight.

- EVA and spacecraft engineers can examine evidence-based data on injuries and design countermeasures to help prevent them.