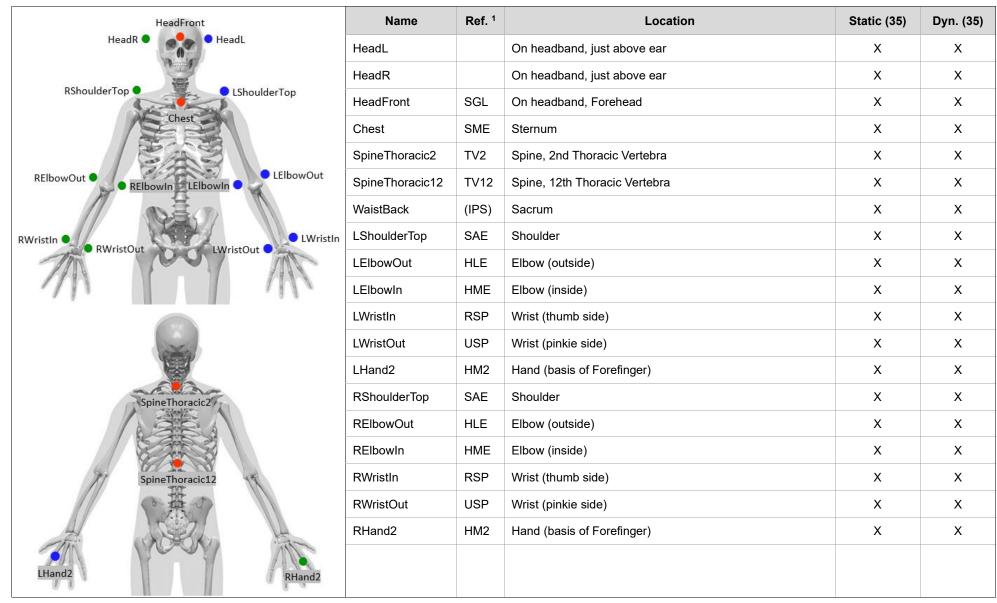
#### Qualisys Sports Marker Set - Running

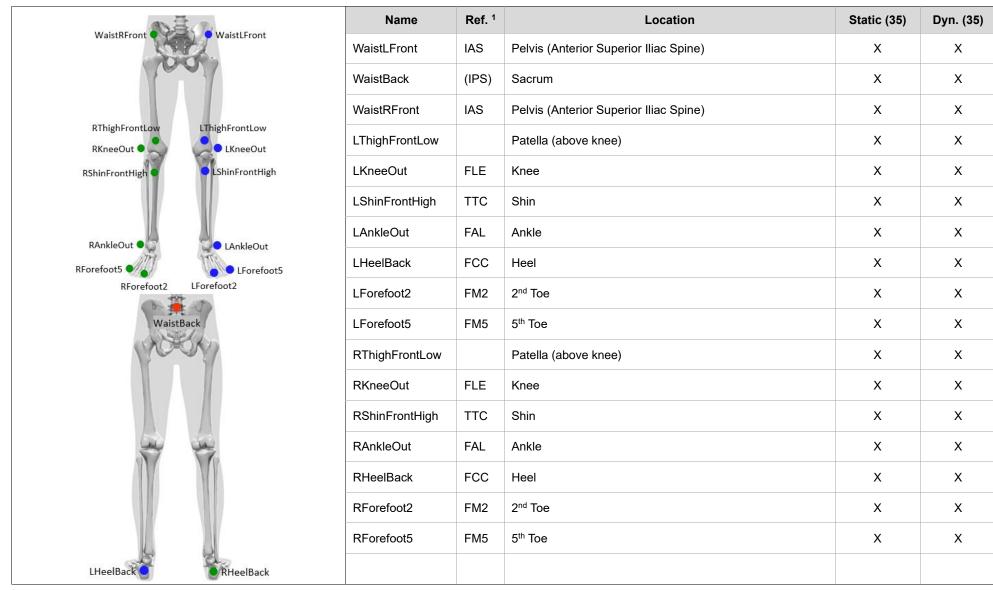




<sup>&</sup>lt;sup>1</sup> Sint Jan, S. Van (2007). Color Atlas of Skeletal Landmark Definitions. Guidelines for Reproducible Manual and Virtual Palpations. Edinburgh: Churchill Livingstone

### Qualisys Sports Marker Set - Running





<sup>1</sup> Sint Jan, S. Van (2007). Color Atlas of Skeletal Landmark Definitions. Guidelines for Reproducible Manual and Virtual Palpations. Edinburgh: Churchill Livingstone



## Foot

- The line from HeelBack to Forefoot2 defines the long axis of the foot. Forefoot2 and HeelBack should be approximately at the same height relative to the floor when the person is standing with the foot flat on the ground, as they set the "slope" of this long axis.
- **Forefoot5** is only used as a tracking marker, and the exact placement is less important. Place **Forefoot5** approximately at a position where it will hold well on the shoe.
- Pronation/Supination is set to zero based on the static trial.

Name	Position	Pictures
Forefoot2 (FM2)	<b>2<sup>nd</sup> Toe</b> (Foot/Metatarsus – 2nd head)	
Forefoot5 (FM5)	<b>5<sup>th</sup> Toe</b> (Foot/Metatarsus – 5th head)	
HeelBack (FCC)	Heel  Foot/Calcaneus  - Aspect of the Achilles Tendon insertion	



### Shank

- AnkleOut defines the axis of the simplified ankle joint, so it must be placed accurately at the lateral malleolus
- **ShinFrontHigh** is a tracking marker only, so the exact placement is less important. If the cameras have problems seeing it during the swing phase, it may be moved 1-2 cm laterally.

Name	Position	Pictures
AnkleOut (FAL)	Ankle  (Fibula – Apex of the Lateral Malleolus )	
ShinFrontHigh (TTC)	Shin (Tibia – Tibial Tuberosit y)	

### General remarks:

# Thigh

• **KneeOut** is placed as close as possible to the flexion-extension axis of the knee. The exact axis is calculated from the movement of the first dynamic trial.

• **ThighFrontLow** is a tracking marker only, so the exact placement is less important. If the cameras have problems seeing it during the swing phase, it may be moved 1-2 cm laterally.

Name	Position	Pictures
	Knee	
KneeOut (FLE)	(On the lateral femoral condyle, as close as possible to the knee flexion/extension axis)	



ThighFrontHigh (PAS)	Patella  (Along the central line of the patella, 1 cm proximally of the superior border of the patella when the knee is extended)				
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Pelvis	<ul> <li>General remarks:         <ul> <li>Placement of all three pelvis markers is critical to get the correct orientation of the pelvis and correct hip joint centre locations.</li> <li>When viewed from the front, both WaistFront markers must be at the same height and placed symmetrically relative to the centreline of the body.</li> <li>When viewed from the side, the line connecting WaistBack with the midpoint of the IAS markers defines the pelvis tilt. Place the WaistBack marker at a height so that the forward tilt matches the anatomy of the person.</li> </ul> </li> </ul>			
Name Position Pictures				

Name	Position	Pictures
WaistFront (IAS)	Pelvis (Ilium – Anterior Superior Iliac Spine)	
WaistBack	Sacrum  (Sacrum – Midpoint between left and right Posterior Superior Iliac Spine)	



Thorax

- The Thorax is defined from the midpoint of the **ShoulderTop** markers to the two **WaistFront** markers.
- SpineThorasic2 and SpineThorasic12 are tracking markers only, so the exact placement is less important.
- Chest defines the frontal direction of the shoulder segment. It is no problem to move it a few centimetres up or down, but it should not be moved to the left or right.

Name	Position	Pictures	
Chest (SME)	Sternum (Manubriosternal Edge)		
SpineThorasic2 (TV2)	Spine (Spinous Process of the 2nd Thoracic Vertebra)		
SpineThorasic12 (TV12)	Spine  (Spinous Process of the 12th Thoracic Vertebra). Follow the more distal ribs using your fingers. They merge at TV12		



### **Shoulders**

- The midpoint of the shoulder markers is used to define the thorax and shoulder segment.
- The shoulder markers are used to define the shoulder joint (glenohumeral joint)
- The markers can be moved 1-2 cm medially, but must be placed symmetrically on both body sides.

Name	Position	Pictures	
ShoulderTop (SAE)	Shoulder (Scapula – Acromial Edge)		

#### General remarks:

# Upper arm

- Marker placement for the arms is less critical than for the legs and pelvis.
- **ElbowOut** and **ElbowIn** define the flexion axis of the elbow so should be placed as close to this axis as possible

Name	Position	Picture(s)
ElbowOut (HLE)	Elbow (outside) (Humerus – Lateral Epicondyle)	Paracoccia:
Elbowin (HME)	Elbow (inside) (Humerus – Medial Epicondyle)	



Wrist / Hand

- Marker placement for the arms is less critical than for the legs and pelvis.
- **WristIn** and **WristOut** define the flexion axis for the wrist joint so should be placed close to that axis. However, they may be moved 1-2 cm for better visibility to the cameras.

Name	Position	Picture(s)
WristIn (RSP)	Wrist (thumb side) (Radius – Styloid Process)	
WristOut (USP)	Wrist (pinkie side) (Ulna – Styloid Process)	
Hand2 (HM2)	Hand (forefinger) (Hand/Metacar pus – Head, Medial Aspect of the forefinger)	

#### General remarks:

Head

- The head axis is defined from the midpoint of the shoulder markers to the midpoint of the HeadR and HeadL markers.
- When you look at the person from the side, the HeadR and HeadL markers should be aligned with the shoulder markers.
- The **HeadFront** marker is a tracking marker only, so the exact placement is not important.

Name	Position	Picture(s)	
HeadL	Above ear (on headband)		
HeadR	Above ear (on headband)		
HeadFront	Forehead (on headband, Skull - Glabella)		