

1 ***The differential effect of age on upper limb sensory processing, proprioception***
2 ***and motor function***

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9 Running head: Effect of age on sensory processing

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29 **Abstract**

30 Sensory processing consists in the integration and interpretation of somatosensory
31 information. It builds upon proprioception but is a distinct function requiring complex
32 processing by the brain over time. Currently little is known about the effect of aging
33 on sensory processing ability, nor the influence of other covariates such as motor
34 function, proprioception, or cognition. In this study, we measured upper limb passive
35 and active sensory processing, motor function, proprioception, and cognition in 40
36 healthy younger adults and 54 older adults. We analyzed age differences across all
37 measures and evaluated the influence of covariates on sensory processing through
38 regression. Our results showed larger effect sizes for age differences in sensory
39 processing ($r=0.38$) compared to motor function ($r=0.18-0.22$) and proprioception
40 ($r=0.10-0.27$), but smaller than for cognition ($r=0.56-0.63$). Aside from age, we found
41 no evidence that sensory processing performance was related to motor function or
42 proprioception, but active sensory processing was related to cognition ($\beta=0.30-0.42$).
43 In conclusion, sensory processing showed an age-related decline, while some
44 proprioceptive and motor abilities were preserved across age.

45

46 **Keywords**

47 Aging, somatosensation, sensory processing, proprioception

48

49 **New & Noteworthy**

50 Sensory processing consists in the integration and interpretation of sensory
51 information by the brain over time, and can be affected by lesion while proprioception
52 remains intact. We investigated how sensory processing can be used to reproduce
53 and identify shapes. We showed that the effect of age on sensory processing is more

54 pronounced than its effect on proprioception or motor function. Age and cognition are
55 related to sensory processing, not proprioception or motor function.

56

57 **Introduction**

58 Intact somatosensory function is essential for normal daily life functioning (1).
59 Through perception of external and internal information (i.e., exteroception and
60 proprioception) and subsequent cortical processing (i.e., sensory processing) to
61 interpret this information, the body is able to control motor actions (1, 2). In the
62 context of aging, various studies have investigated the possible existence of an age-
63 related decline in proprioceptive abilities (3–8), however, the effect of age on sensory
64 processing has been less extensively researched. Here, proprioception is defined as
65 the detection of limb position and movement coming from muscle spindle receptors,
66 cutaneous receptors and Golgi tendon organs by the primary somatosensory cortex
67 (9), while sensory processing requires the integration over time, and interpretation of
68 proprioceptive and exteroceptive information in the secondary somatosensory cortex
69 in order to build concrete concepts, which makes it a distinct and more complex
70 function (2, 10). For example, while proprioception provides information on shoulder,
71 elbow and hand position at specific times when manipulating objects, sensory
72 processing accumulates information coming from different sources over time (i.e.,
73 exteroceptive and proprioceptive sources such as cutaneous receptors and muscle
74 spindles (1, 2)) over time to recognize and name the object. The time horizon of
75 proprioception and sensory processing is thus different. Proprioception provides
76 information at one time point, while sensory processing accumulates information over
77 time. Sensory processing has alternatively been described as tactile discrimination,
78 proprioceptive discrimination, or haptic perception (11, 12).

79 Somatosensory function may be impaired in neurological disorders, such as stroke,
80 which can hamper motor recovery and negatively affect daily life functioning (13, 14).
81 Interestingly, it has been shown that sensory processing can be affected after stroke
82 even when proprioception and exteroception are intact (15), and that it shows a
83 distinct relationship with daily life functioning (16), which highlights the importance of
84 investigating sensory processing separately.

85 Recently, our group has developed a robot-based sensory processing assessment
86 consisting of a passive and active condition (17). These novel assessments showed
87 good discriminative and convergent validity to evaluate sensory processing function
88 in participants with chronic stroke (17). Performance on these tasks may be
89 influenced by different covariates such as age. Indeed, previous studies have
90 reported a decline in clinical sensory processing abilities in healthy aging (18, 19). In
91 addition, given that sensory processing is a secondary higher cortical function which
92 processes primary exteroceptive and proprioceptive information (2), proprioceptive
93 abilities may influence outcomes on the sensory processing assessments. Building
94 further on this assumption, proprioception may also be affected by age (3, 19),
95 although some authors did not report this finding (4–8). Furthermore, motor function
96 and cognition may influence task performance, given that the task requires active
97 movement and storage of information in the working memory. Both motor function
98 and cognition may also be affected by age (20, 21). In summary, it is important to
99 identify which factors influence performance, in order to interpret scores on the
100 sensory processing assessments.

101 The aim of this study was (1) to evaluate differences in sensory processing abilities
102 between healthy younger and older adults, as well as on other assessments of
103 sensorimotor and cognitive function; (2) to assess the relationship between the

104 outcomes of the sensory processing tasks and motor functions, proprioception, and
105 cognition while taking age into account; and (3) to also re-evaluate the influence of
106 age on the robot-based sensory processing assessments while considering possible
107 variability in motor function, proprioception, and cognition. We hypothesized older
108 adults would perform worse on the sensory processing tasks than younger adults,
109 and that these results would be comparable to other assessments of sensorimotor
110 and cognitive function. In addition, we hypothesized that proprioception and cognition
111 would be related to both the passive and active conditions (given the processing of
112 proprioceptive information, and the reliance on working memory, respectively, for
113 both conditions), and that they would reduce the effect of age.

114

115 **Material and Methods**

116 *Participants*

117 Forty healthy younger adults and 54 healthy older adults participated in this cross-
118 sectional study. Younger adults were aged between 18 and 30 years old, while the
119 older adults were at least 55 years old. Participants were excluded when they had
120 history of musculoskeletal or neurological disorders (such as stroke), or presented
121 with upper limb sensorimotor impairments. The group of older participants was also
122 included in a previous study (17). All participants provided written informed consent
123 before participation. This study was approved by the ethical committee UZ/KU
124 Leuven (S61997) and was registered at clinicaltrials.gov (NCT04723212).

125

126 *Experimental set-up*

127 The Kinarm End-Point robot (BKIN Technologies Ltd., Kingston, Canada) was used
128 for all robot-based assessments. This bimanual robot allows passive and active

129 movement in the horizontal plane through grasping of the end-point handles and
130 uses a virtual reality screen to provide control of visual feedback of the upper limbs.
131 An additional black cloth was used to ensure there was no remaining vision of the
132 upper limbs. All assessments were performed seated.

133

134 *Experimental task*

135 A novel sensory processing task was used, which has been described in detail
136 elsewhere (17). Both the passive and the active conditions of the task were
137 performed, and they consisted of exploration, reproduction, and identification of
138 geometrical shapes (Fig. 1A and 1B). In the passive condition, the robot first
139 passively moved the participant's non-dominant arm in the shape of a triangle,
140 tetragon, or pentagon, after which the participant was asked to actively reproduce the
141 shape without mirroring with the dominant arm. In the active condition, the participant
142 was asked to first explore the same shapes by moving the non-dominant arm
143 between virtual walls which delimited the shape, and then to reproduce the shape
144 with the dominant arm. In both conditions, participants were finally asked to identify
145 the explored shape out of six options presented on the robot screen, and to indicate
146 how certain they were of this answer with a 4-point Likert scale. The task consisted of
147 15 randomized shapes which were preceded by 5 practice trials. Visual feedback of
148 the upper limbs was blocked during the task, and feedback on task performance was
149 only provided during the practice trials. In the passive condition, a bell-shaped speed
150 profile was used with a maximum speed of 0.67 m/s. In the active condition, position-
151 dependent force regions were used to delimit the shape. Along the lines of the
152 shape, the participant could actively move within a 0.2 cm wide zero force region.
153 Outside these lines, the robot applied virtual walls with a stiffness of 6000 N/m and

154 viscosity of -50 Ns/m. Participants could explore each shape once within a time limit
155 of 30 seconds. Five parameters were calculated from this task using custom
156 MATLAB (MathWorks, Natick, USA) scripts (17):

- 157 - Cross-correlation X and Y: mean similarity between explored and reproduced
158 shapes by cross-correlating hand position signals on the X- and Y-axes;
159 values range between -1 and 1
- 160 - Dynamic time warping: mean similarity between explored and reproduced
161 shapes by optimally aligning the two temporal sequences of hand position
162 signals (i.e., minimizing the sum of the Euclidean distances between
163 corresponding points by stretching one temporal sequence against the other);
164 values equal the sum of the Euclidean distances between all corresponding
165 points of the two aligned sequences (in m)
- 166 - Procrustes analysis: mean similarity between explored and reproduced
167 shapes by optimally superimposing both shapes through translation, rotation
168 and scaling of the reproduced shape on top of the explored shape; values
169 range from 0 to 1 , and equal the standardized sum of the Euclidean distances
170 between corresponding points of both superimposed shapes
- 171 - % correctly identified: the percentage of correctly identified shapes

172

173 Insert Figure 1 about here.

174

175 *Other robot-based assessments*

176 A visually guided reaching task was performed bilaterally to assess motor function
177 (22). In this task, participants were asked to perform reaching movements to 4
178 targets centered around a central target. Ten outcome parameters quantifying

179 feedforward and feedback control were calculated across 20 trials for each arm using
180 Dexterit-E software (BKIN Technologies Ltd., Kingston, Canada), including posture
181 speed, reaction time, initial direction angle, initial distance ratio, speed maxima count,
182 min-max speed, movement time, path length ratio, and max speed. A detailed
183 description of the outcome parameters is found elsewhere (22).

184 In addition, an arm position matching task was performed bilaterally to assess
185 proprioception (23). In this task, the robot first moved the participant's arm to one of 9
186 targets, after which the participant was asked to mirror-match this position with the
187 other arm. The task is performed without visual feedback of both arms. The following
188 parameters were reported for each arm across 54 trials (23):

- 189 - Absolute error XY: mean absolute unsigned distance error (in m) by
190 calculating the root-sum-square of absolute errors on the X- and Y-axis
- 191 - Variability XY: mean variability in signed hand position (in m) by calculating the
192 root-sum-square of standard deviations on the X- and Y-axis

193 Finally, a working memory task was performed to assess cognition (Fig. 1C) (24).
194 Here, 16 squares were positioned in a circle on the robot screen. Participants were
195 asked to remember the positions of three, four, five or six targets which
196 simultaneously lit up for 2 seconds within the squares. Then, after a 3 second delay,
197 a question mark appeared for 2 seconds in or close to one of the target positions.
198 Participants indicated whether a target had appeared in the indicated location by
199 moving their dominant arm to "Yes" or "No" within 3 seconds. The task consisted of
200 48 trials, and we report two outcome parameters:

- 201 - Total score: number of correct answers
- 202 - Capacity: estimation of the number of targets which can be stored in the
203 working memory. The following formula was used: $K = S*(H-F)$, where K is the

204 working memory capacity, S the number of targets, H the hit rate (i.e., number
205 of correct answers divided by total number of trials) and F the false alarm rate
206 (i.e., number of wrong answers divided by total number of trials) (24–26). A
207 more detailed description of the calculation can be found in Supplemental
208 Figure S1 (<https://figshare.com/s/27081d8ac1ecbf8c8e0b>).

209

210 *Clinical assessments*

211 The SENSE Assess tool was used to quantitatively evaluate upper limb
212 somatosensory function (27). The following three assessments were performed:

- 213 - Wrist position sense test (28): assessment of wrist proprioception in which the
214 examiner passively flexed or extended the participant's wrist, after which the
215 participant was asked to move a pointer to the perceived wrist position. The
216 average error (in degrees) between actual and indicated position was
217 calculated based on 20 trials.
- 218 - Tactile discrimination test (29): assessment of sensory processing through
219 discrimination of different sets of finely graded textures. The participant was
220 asked to explore three texture surfaces of which two were identical, and to
221 indicate which one was different. Outcomes include the total number of correct
222 answers out of 25 trials, and the area under the curve.
- 223 - Functional tactile object recognition test (30): assessment of sensory
224 processing through identification of different everyday objects using touch
225 only. Since a ceiling effect was observed in this study for the number of correct
226 answers, we only reported the average time needed to explore the objects
227 across 14 trials.

228 Abstract shape representation was assessed with the shape drawing test of the
229 Montreal cognitive assessment (31). A score of 1 was assigned in case of a correctly
230 executed drawing of a three-dimensional cube, whereas a score of 0 was assigned in
231 case of incorrect drawing.

232

233 *Statistical analysis*

234 All statistical analyses were performed in R version 4.2.0 (32). Statistical tests were
235 performed two-tailed with an alpha level of 0.050. Participant characteristics were
236 described using medians, interquartile ranges, and percentages, and compared
237 between the younger and older participants with Mann-Whitney U tests and Fisher's
238 Exact tests ('wilcox.test' and 'fisher.test' from the stats package (32), respectively).

239 We used factor analysis to assess the underlying factors that explain the
240 relationships among a set of observed variables obtained in some tasks where many
241 outcomes are reported (sensory processing and visually-guided reaching tasks).
242 Therefore, the exploratory factor analyses were used to reduce our dataset by
243 combining the parameters of the sensory processing tasks and the visually guided
244 reaching task into one variable/factor per task. Factor extraction was performed with
245 the principal factor extraction method (33) on age-standardized data for the passive
246 condition of the sensory processing task, active condition of the sensory processing
247 task, and the visually guided reaching test separately ('fa' from the psych package
248 (34)). Factor extraction was based on scree plots and Kaiser's criterion (i.e.,
249 eigenvalue > 1), after confirmation of adequate sample size with the Kaiser-Meyer-
250 Olkin test and appropriate correlation coefficients between variables (i.e., most
251 correlations being between 0.30 and 0.90) (35). In case of more than one factor,
252 'oblimin' rotation was used. This way, parameters which are correlated with each

253 other are assumed to represent to same underlying construct. Factor loadings were
254 obtained during the factor extraction step, which are the correlations between each
255 parameter and the factor (35). Factor scores were finally obtained for each test using
256 the original unstandardized data with the regression method ('factor.scores' from the
257 psych package (34)). The reported factor scores are z-scores, so they can be
258 interpreted as the deviation from average performance. Positive factor scores
259 represent better than average performance, while negative factor scores mean worse
260 than average performance.

261 Next, we evaluated differences between younger and older adults on cross-
262 correlation values of the sensory processing tasks using a robust three-way ANOVA
263 ('bwwtrim' from Wilcox 2017), with age group (younger vs. older adults) as between-
264 group factor, and task condition (passive vs. active) and axis direction (X vs. Y) as
265 within-group factors. For dynamic time warping values, Procrustes values, the
266 percentage of identified shapes, and certainty values, a robust two-way ANOVA
267 ('bwtrim' from Wilcox 2017) was calculated with participant group as between-group
268 factor and task condition as within-group factor. For all ANOVA analyses, generalized
269 eta squared (η^2 η^2_G) was calculated to indicate effect size ('anova_summary' from the
270 rstatix package (37)) (38, 39). Next, age differences for the factor scores of the
271 passive and active sensory processing tasks, as well as all other assessments were
272 evaluated using Mann-Whitney U tests, because Shapiro-Wilk tests indicated a non-
273 normal distribution for most outcomes. For each test, the effect size r was calculated
274 (40). We calculated 95% confidence intervals for the effect size r by bootstrapping
275 1000 samples ('boot' and 'boot.ci' from the boot package (41, 42)).

276 Then, the relationship between the passive and active sensory processing tasks, and
277 motor function, proprioception and cognition was evaluated using robust moderated

278 multiple regression analyses ('lmRob' from the robust package (43)). The factor
279 scores of the sensory processing tasks were estimated by including the outcome of
280 interest (i.e., motor function, proprioception, or cognition), the age group (young=-1
281 vs. old=1), and their interaction as independent variables. All scores were first
282 converted into z-scores to obtain standardized regression coefficients. Here, we
283 report the standardized regression coefficient β of the robot-based and clinical
284 assessments to indicate their relationship with the sensory processing tasks
285 regardless of age. 95% confidence intervals of the regression coefficients were
286 obtained using the following formula: $\beta \pm 1.96 * SE$, with SE being the standard error.
287 Note that the results for the shape drawing test of the Montreal cognitive assessment
288 are only narrative described given the crude dichotomous scoring.
289 Finally, results from the above-described robust moderated multiple regression
290 analyses were also used to re-evaluate the age differences on the factor scores of
291 the passive and active sensory processing tasks, while considering possible
292 influence of variability in motor function, proprioception, and cognition. For this
293 purpose, the p -value associated with the regression coefficient of age was inspected.

294

295 **Results**

296 Forty healthy younger adults and 54 healthy older adults underwent evaluation of
297 sensory processing, motor function, and proprioception. Forty younger adults and 40
298 older adults also underwent additional evaluation of cognition. Participant
299 characteristics can be found in Table 1. There was an equal distribution of gender
300 and hand dominance between both age groups, however, the younger adults
301 received a median of one extra year of education.

302

303 Insert Table 1 about here.

304

305 *Older adults were less accurate in reproducing explored shapes than younger adults*

306 To quantify reproduction of the passive and active sensory processing tasks, cross-
307 correlation values were calculated on the X- and Y-axes. We found that older adults
308 showed significantly lower cross-correlation values (mean 0.85, SD 0.05) than
309 younger adults (mean 0.88, SD 0.04), meaning that older adults did not reproduce
310 the shape as accurately as younger adults (Fig. 2A; main effect of age: $F(1,86) =$
311 $23.13, p < 0.001, \eta^2_G = 0.14$). Cross-correlation values were also significantly worse
312 for the active condition (mean 0.84, SD 0.05) than for the passive condition (mean
313 0.88, SD 0.04; Fig. 2A; main effect of condition: $F(1,86) = 96.52, p < 0.001, \eta^2_G =$
314 0.25). We found no evidence that group differences differed across the two
315 conditions (Fig. 2A; age x condition: $F(1,86) = 0.29, p = 0.59, \eta^2_G < 0.01$). We also
316 did not find evidence for any other two-way interactions (Fig. 2A; age x direction:
317 $F(1,86) = 0.03, p = 0.86, \eta^2_G < 0.01$; condition x direction: $F(1,86) = 1.87, p = 0.17,$
318 $\eta^2_G < 0.01$), or that cross-correlation values were different on the X- or Y-axis (Fig.
319 2A; main effect of direction: $F(1,86) < 0.01, p = 0.95, \eta^2_G < 0.01$). We did find a
320 significant three-way interaction (Fig. 2A; age x condition x direction: $F(1,86) = 5.62,$
321 $p = 0.02, \eta^2_G < 0.01$), but this was not further explored given the small effect size and
322 the fact that the difference between axis directions was not considered relevant here.

323

324 Insert Figure 2 about here.

325

326 In addition to the cross-correlation values, dynamic time warping values and
327 Procrustes values were calculated to evaluate the shapes as one entity. For dynamic

328 time warping, we found no evidence of a significant difference between older adults
329 (mean 1530, SD 126) and younger adults (mean 1481, SD 39; Fig. 2B; main effect of
330 age: $F(1,90) = 3.04$, $p = 0.09$, $\eta^2_G = 0.06$). Dynamic time warping values were also
331 not significantly different between the active condition (mean 1507, SD 105) than the
332 passive condition (mean 1511, SD 98; Fig. 2B; main effect of condition: $F(1,90) =$
333 0.85 , $p = 0.36$, $\eta^2_G < 0.01$), and we found no interaction between age group and task
334 condition (Fig. 2B; age x condition: $F(1,90) = 0.46$, $p = 0.50$, $\eta^2_G < 0.01$). Similar
335 results were found for the Procrustes analysis, as older adults showed significantly
336 worse scores (mean 0.29, SD 0.08) than younger adults (mean 0.24, SD 0.06; Fig.
337 2C; main effect of age: $F(1,90) = 21.79$, $p < 0.001$, $\eta^2_G = 0.13$), and values were also
338 worse for the active condition (mean 0.30, SD 0.07) than the passive condition (mean
339 0.23, SD 0.07; Fig. 2C; main effect of condition; $F(1,90) = 52.40$, $p < 0.001$, $\eta^2_G =$
340 0.20). Again, we did not find evidence that performance in each task condition
341 differed as a function of age (Fig. 2C; age x condition; $F(1,90) = 0.01$, $p = 0.92$, $\eta^2_G <$
342 0.01).

343

344 *Older adults identified less shapes correctly, despite being equally certain about their*
345 *answers, than younger adults*

346 During the identification phase, older adults (mean 62.01, SD 20.11) identified
347 significantly less shapes correctly than younger adults (mean 76.24, SD 16.85; Fig.
348 2D; main effect of age: $F(1,90) = 16.93$, $p < 0.001$, $\eta^2_G = 0.13$). Identification was also
349 worse for the active condition (mean 64.12, SD 19.87) than for the passive condition
350 (mean 72.02, SD 19.50; Fig. 2D; main effect of condition: $F(1,90) = 16.58$, $p < 0.001$,
351 $\eta^2_G = 0.05$), but age differences did not differ across task conditions (Fig. 2D; age x
352 condition: $F(1,90) = 0.45$, $p = 0.50$, $\eta^2_G < 0.01$). Certainty about the answers did not

353 differ between both groups (younger adults: mean 2.27, SD 0.48; older adults: mean
354 2.14, SD 0.47; main effect of age: $F(1,90) = 2.04$, $p = 0.16$, $\eta^2_G = 0.02$), but was
355 significantly lower for the active condition than the passive condition (main effect of
356 condition: $F(1,90) = 14.93$, $p < 0.001$, $\eta^2_G = 0.04$). There was a mean certainty of
357 2.12 (SD 0.51) for the active condition, and 2.28 (SD 0.43) for the passive condition,
358 which indicates high certainty for both conditions. We found no evidence of a two-
359 way interaction effect (age x condition: $F(1,90) = 0.59$, $p = 0.45$, $\eta^2_G < 0.01$).

360

361 *Older adults have reduced sensory processing ability based on the novel assessment*

362 To sum up our results, we performed a factor analysis with the parameters of the
363 sensory processing tasks for the active and passive conditions separately. Dynamic
364 time warping was excluded from this factor analysis because it was not correlated
365 with the other parameters. Scree plots indicated that a single factor was present for
366 both the passive and the active condition of the sensory processing task. Factor
367 loadings for each parameter can be found in the Supplemental Table S1
368 (<https://figshare.com/s/40ce89b1e718a7094ee6>). The factor scores of the passive
369 and active sensory processing tasks give an indication of the overall sensory
370 processing ability, taking into account reproduction and identification parameters. For
371 the passive condition, we found that older adults had a median factor score of -0.20
372 (IQR $-0.99-0.49$), while younger adults showed a significantly higher median of 0.46
373 (IQR $0.01-0.79$; Fig. 2E; $U = 598$, $p < 0.001$, $r = 0.38$). For the active task, we also
374 found a significant difference between older adults (median -0.13 , IQR $-0.71-0.24$)
375 and younger adults (median 0.58 , IQR $-0.06-0.96$; Fig. 2E; $U = 596$, $p < 0.001$, $r =$
376 0.38). We found medium effect sizes for both conditions (Fig. 4).

377

378 *Older adults have lower working memory and clinical sensory processing abilities*
379 *than younger adults, but maintain some proprioceptive and motor abilities*

380 We entered all parameters of the visually guided reaching test into a factor analysis.
381 Three of them (hand posture speed, reaction time and initial speed ratio) were
382 excluded from this analysis because they did not show correlations with the other
383 parameters. Two factors were extracted, representing motor control and speed,
384 respectively. The factor loadings for each parameter can be found in the
385 Supplemental Table S1 (<https://figshare.com/s/40ce89b1e718a7094ee6>). Between-
386 group analysis on both factors scores showed that older adults had worse motor
387 control and lower speed than younger adults, but only small effect sizes were found
388 (Fig. 3 and 4; motor control: $U = 852$, $p = 0.082$, $r = 0.18$; speed: $U = 801$, $p = 0.03$, r
389 $= 0.22$).

390

391 Insert Figure 3 about here.

392 Insert Figure 4 about here.

393

394 For the arm position matching test, we found a significant difference for absolute
395 error XY of the dominant arm, and variability XY of the non-dominant arm, but again,
396 only small effect sizes were found (Fig. 3 and 4; absolute error XY dominant arm: $U =$
397 1384 , $p = 0.010$, $r = 0.24$; absolute error XY non-dominant arm: $U = 1232$, $p = 0.25$, r
398 $= 0.12$; variability XY dominant arm: $U = 1201$, $p = 0.25$, $r = 0.10$; variability XY non-
399 dominant arm: $U = 1416$, $p = 0.01$, $r = 0.27$). Older adults did not show a reduced
400 wrist position sense (Fig. 3; $U = 1069$, $p = 0.93$, $r = 0.01$), while they did show
401 reduced sensory processing abilities as assessed with the tactile discrimination test
402 (Fig. 3; total score: $U = 714$, $p = 0.005$, $r = 0.29$; area under curve: $U = 716$, $p =$

403 0.005, $r = 0.29$) and functional tactile object recognition test (Fig. 3; $U = 1576$, $p <$
404 0.001 , $r = 0.39$). Finally, older adults also showed a significantly lower working
405 memory than younger adults, with large effect sizes (Fig. 3 and 4; total score: $U =$
406 276 , $p < 0.001$, $r = 0.63$; capacity: $U = 366$, $p < 0.001$, $r = 0.56$).

407

408 In summary, while large and medium effect sizes were found for cognition and
409 sensory processing, respectively, we only found small effect sizes for proprioception
410 and motor function (Fig. 4).

411

412

413 *Working memory is related to the factor score of the active sensory processing task*

414 For the active condition, the working memory total score and capacity were found to
415 have moderate relationships with the factor score regardless of age (Table 2). Motor
416 function and proprioception showed overall only weak associations with the sensory
417 processing assessment.

418 Seven older adults did not succeed in the shape drawing test of the Montreal
419 cognitive assessment, and their results on the passive and active conditions were
420 variable (passive condition: factor score -1.78 - 0.52 ; active condition: factor score $-$
421 2.09 - 0.26).

422

423 Insert Table 2 about here.

424

425 *Working memory influences age differences on the active sensory processing task*

426 Even when considering the influence of variability in motor function, proprioception,
427 and cognition, the effect of age on the passive sensory processing task remained

428 significant (Table 2), meaning that age is an important contributor to variability in
429 performance on the passive sensory processing task. For the active condition,
430 however, the addition of working memory reduced the significant role of age (Table
431 2).

432 We did not find evidence of a significant interaction between age and any of the other
433 outcome measures (Table 2).

434

435 **Discussion**

436 In this study, 94 healthy younger and older adults performed novel passive and
437 active sensory processing assessments. We found that older adults have reduced
438 upper limb sensory processing ability compared to younger adults, as seen by less
439 accurate reproduction and identification of geometrical shapes in the absence of
440 visual feedback. Interestingly, we found medium effect sizes for age differences in
441 sensory processing ability, while only small effect sizes were found for motor function
442 and proprioception. For cognition, large effect sizes were found. In fact, working
443 memory showed a moderate relationship with the active condition of the sensory
444 processing assessment, and it also reduced the significant role of age. For the
445 passive condition, we found that age was the largest contributor to variability in
446 performance, and that neither motor function, nor proprioception, nor cognition were
447 substantially related to performance on this task.

448

449 The current findings are in line with results of previous studies investigating sensory
450 processing ability across age (18, 19). In the study of Master et al. (2010), younger
451 adults scored on average 91.1% during a tactile letter recognition task, while older
452 adults identified 79.2% on average (18). While our task was possibly more difficult,

453 given the lower identification scores in both age groups, the difference between
454 younger and older adults was similar (14.2 in the present study vs. 11.9 in the study
455 of Master et al. (2010)). Please note that very similar age groups were used in both
456 studies. In our study, we found a larger effect size for sensory processing than for
457 proprioception, confirming that they should be regarded as distinct modalities. In fact,
458 the role of age on proprioception is currently under debate. We found only small
459 differences for some of the parameters of the arm position matching task. Some
460 studies found no differences in the same task for the dominant arm (7, 8), in contrast
461 to another study who did suggest an age-related decline (3). It has been argued that
462 only physically inactive older adults show decreased upper limb proprioception, while
463 active older adults do not (5, 6, 44). No data on physical activity is available for the
464 present study, but it's likely the older adults in this study were physically active as
465 they were recruited from a university sports center. Similarly, we found smaller
466 differences across age for motor function than what was previously assumed (21).
467 Yet, our findings are in line with another recent study which found only small effect
468 sizes of age on motor function (45).

469

470 We can only speculate about the origin of the difference in age-related deterioration
471 of sensory processing compared to proprioception. A possible explanation for this
472 differential effect of age on sensory processing and proprioception could be linked to
473 cortical activation patterns. While the detection of proprioceptive information is mainly
474 located in the primary somatosensory cortex, sensory processing activates additional
475 brain areas such as the secondary somatosensory cortex (46). Therefore, sensory
476 processing requires activation of a broader cortical network as compared to
477 proprioception. Age-related changes have been found in both the primary and the

478 secondary somatosensory cortex (47, 48) and throughout the sensorimotor network
479 (49). If sensory processing requires more cortical processing, then it could be more
480 heavily affected by dedifferentiation of brain activation patterns (neurons respond to a
481 larger range of stimuli (here a larger range of position information) with age (50, 51)),
482 by increased noise (the signal-to-noise ratio is reduced in elderly people compared to
483 young people (52)), or by the reduced number of neurons recruited by a given task
484 (loss of functionality of synapses (53)). Alternatively, it is also possible that age-
485 related changes do not occur uniform across the brain (54) and that the primary
486 somatosensory cortex is less affected than brain areas involved in sensory
487 processing, which might explain the differential effect of age on sensory processing,
488 proprioception, and motor function. Alternatively, it is also possible that the age-
489 related deficits in sensory processing is linked to age-related cognitive deficits such
490 as abstract representation of shape, or to motor deficits. We tried to exclude as many
491 confounders as possible by testing a large battery of motor, sensory, and cognitive
492 tasks and found that the age-related deficits were specific to the sensory processing
493 task. Yet, there remains additional cognitive processes that were not fully captured by
494 the control tasks that might be responsible for the observed age-related difference
495 such as abstract shape representation. Further research is needed on the evaluation
496 of sensory processing, proprioception, and motor function across age.

497

498 We have aimed to develop a quantitative assessment of upper limb sensory
499 processing, without substantial influence of other confounding factors (17). In the
500 present study, we investigated the influence of motor function, proprioception and
501 cognition on the passive and active conditions of the sensory processing
502 assessment. We did not find evidence that performance on the passive condition

503 showed a relationship with motor function, proprioception, or cognition, apart from a
504 small relationship with variability XY of the dominant arm during an arm position
505 matching task. We hypothesized we would find a larger relationship with
506 proprioception, given that the task relies on sensory processing of mainly
507 proprioceptive information. However, the current results emphasize that sensory
508 processing is nonetheless a distinct function, as was previously proposed by others
509 (2, 55). Results differ for the active condition, where we did find a moderate positive
510 relationship with working memory, meaning reduced working memory was associated
511 with reduced performance on the active condition of the sensory processing
512 assessment. In contrast, abstract shape representation did not seem to be related to
513 the passive and active conditions, but these results should be interpreted with
514 caution given the dichotomous scoring. Interestingly, the moderate relationship with
515 working memory suggests that the active condition is a more complex task to perform
516 in comparison to the passive condition. In fact, the active condition may be regarded
517 as a dual task, where participants are required to combine active motor planning with
518 creating a mental image of the shape, whereas in the passive condition, a larger
519 focus can be placed on the latter. The results imply that attention should be paid to
520 the cognitive functioning of participants when performing the active condition.
521 Nonetheless, the results presented here suggest that the described evaluation
522 protocol provides an accurate representation of upper limb sensory processing.

523

524 Some limitations of the study should be acknowledged. First, our results showed
525 large confidence intervals for the presented effect sizes and regression coefficients,
526 therefore, further studies are needed to confirm our results with more certainty.
527 Second, most included participants received higher education, which might have led

528 to high cognitive functioning in both age groups. Consequently, the relationship with
529 cognition might have been underestimated. Third, there was insufficient power for a
530 continuous analysis of the effect of age. Future studies with larger sample sizes are
531 warranted for an in-depth analysis of the effect of age, as our analyses showed an
532 apparent variability within the older adults group. Finally, we have attempted to map
533 several upper limb functions with use of standardized assessments. However, it
534 should be acknowledged that the assessments are not perfect and only capture
535 certain aspects of upper limb function. For instance, it is unclear whether visually-
536 guided reaching captures all the inter-subject variability in motor function that could
537 influence performance at the sensory processing task. Likewise, several
538 somatosensory assessments require transferring information from one arm to the
539 other, which could modulate our measure of somatosensory function but is not
540 related to that concept. It is recommended that future studies include a more
541 exhaustive assessment of complex upper limb functioning and cognition, in order to
542 get a more detailed and complete understanding of the processes influencing results
543 on the sensory processing task.

544

545 **Conclusions**

546 Sensory processing is a distinct function from proprioception, as the latter is defined
547 as the detection of limb position and movement, whereas the former requires
548 additional complex integration over time of somatosensory information in order to
549 interpret stimuli. We found that there is a medium decline in sensory processing
550 abilities across age, while proprioception and motor function show only a small
551 decline. In fact, we found that sensory processing is mostly related to age and less by

552 proprioception or motor function. Cognition might be an additional confounder when
553 assessing active sensory processing.

554

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558

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561

562 **Disclosures:** none

563

564

565 **References**

- 566 1. **Kandel ER, Schwartz JH, Jessell TM, Siegelbaum SA, Hudspeth AJ.**
567 *Principles of Neural Science*. 5th ed. McGraw-Hill, 2013.
- 568 2. **Campbell WW, Barohn RJ.** *DeJong's The Neurologic Examination*. 8th ed.
569 Wolters Kluwer, 2020.
- 570 3. **Herter TM, Scott SH, Dukelow SP.** Systematic changes in position sense
571 accompany normal aging across adulthood. *J Neuroeng Rehabil* 11: 43, 2014.
572 doi: 10.1186/1743-0003-11-43.
- 573 4. **Djajadikarta ZJ, Gandevia SC, Taylor JL.** Age has no effect on ankle
574 proprioception when movement history is controlled. *J Appl Physiol* 128: 1365–
575 1372, 2020. doi: 10.1152/jappphysiol.00741.2019.
- 576 5. **Kitchen NM, Miall RC.** Proprioceptive deficits in inactive older adults are not
577 reflected in fast targeted reaching movements. *Exp Brain Res* 237: 531–545,
578 2019. doi: 10.1007/s00221-018-5440-y.

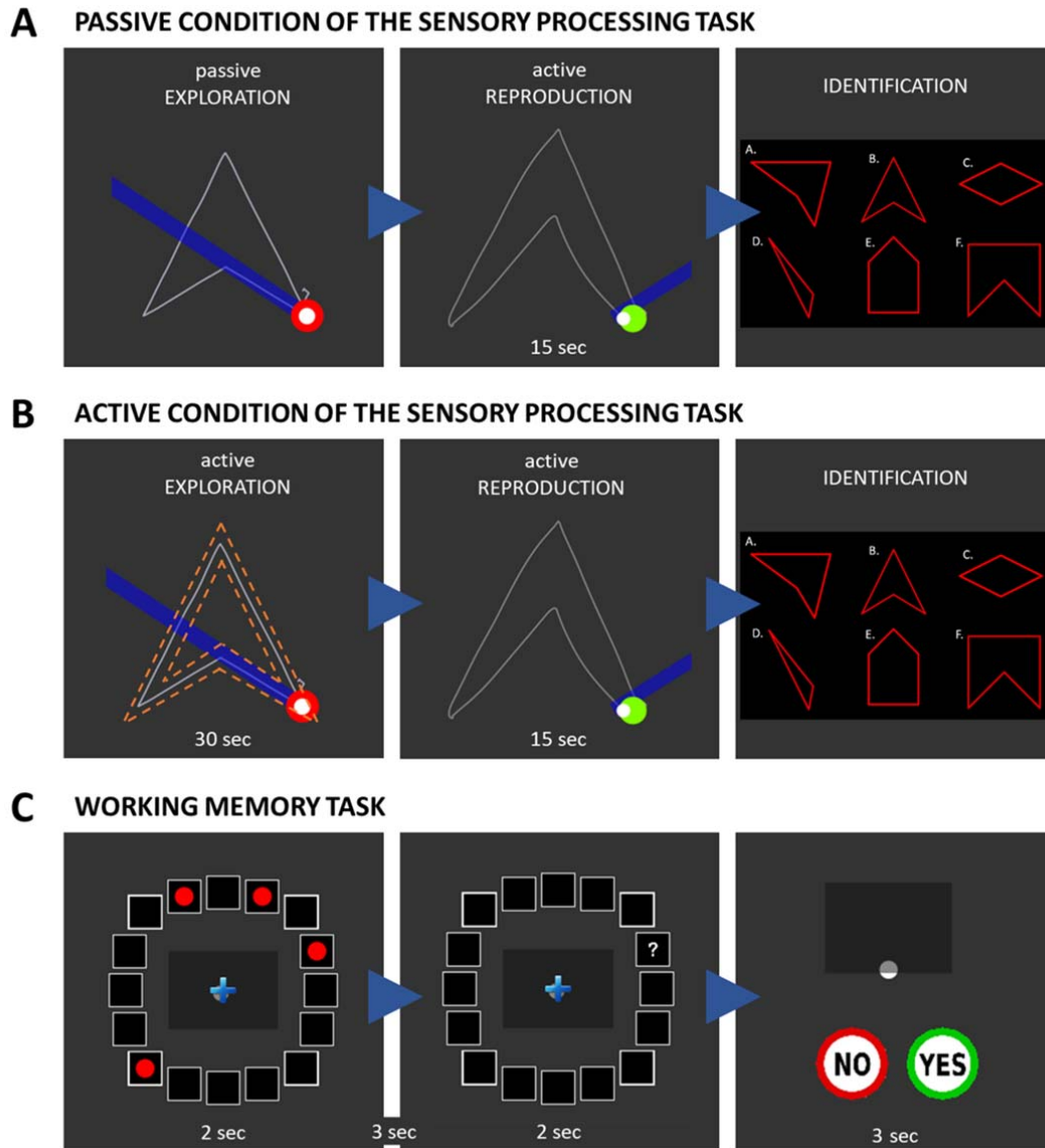
- 579 6. **Kitchen NM, Miall RC.** Adaptation of reach action to a novel force-field is not
580 predicted by acuity of dynamic proprioception in either older or younger adults.
581 *Exp Brain Res* 239: 557–574, 2021. doi: 10.1007/s00221-020-05997-3.
- 582 7. **Parthasharathy M, Mantini D, Orban de Xivry J-J.** Increased upper-limb
583 sensory attenuation with age. *J Neurophysiol* 127: 474–492, 2022. doi:
584 10.1152/jn.00558.2020.
- 585 8. **Vandevoorde K, Orban de Xivry J-J.** Does proprioceptive acuity influence the
586 extent of implicit sensorimotor adaptation in young and older adults? *J*
587 *Neurophysiol* 126: 1326–1344, 2021. doi: 10.1152/jn.00636.2020.
- 588 9. **Gandevia SC, Refshauge KM, Collins DF.** Proprioception: Peripheral Inputs
589 and Perceptual Interactions. 2002, p. 61–68.
- 590 10. **Lamp G, Goodin P, Palmer S, Low E, Barutchu A, Carey LM.** Activation of
591 Bilateral Secondary Somatosensory Cortex With Right Hand Touch
592 Stimulation: A Meta-Analysis of Functional Neuroimaging Studies. *Front Neurol*
593 9, 2019. doi: 10.3389/fneur.2018.01129.
- 594 11. **Carey LM, Matyas TA, Oke LE.** Sensory loss in stroke patients: Effective
595 training of tactile and proprioceptive discrimination. *Arch Phys Med Rehabil* 74:
596 602-611, 1993. doi: 10.1016/0003-9993(93)90158-7.
- 597 12. **Norman JF, Kappers AML, Beers AM, Scott AK, Norman HF, Koenderink**
598 **JJ.** Aging and the haptic perception of 3D surface shape. *Atten Percept*
599 *Psychophys* 73: 908-918, 2011. doi: 10.3758/s13414-010-0053-y.
- 600 13. **Bolognini N, Russo C, Edwards DJ.** The sensory side of post-stroke motor
601 rehabilitation. *Restor Neurol Neurosci* 34: 571–586, 2016. doi: 10.3233/RNN-
602 150606.
- 603 14. **Meyer S, Karttunen AH, Thijs V, Feys H, Verheyden G.** How Do
604 Somatosensory Deficits in the Arm and Hand Relate to Upper Limb
605 Impairment, Activity, and Participation Problems After Stroke? A Systematic
606 Review. *Phys Ther* 94: 1220–1231, 2014. doi: 10.2522/ptj.20130271.
- 607 15. **Meyer S, de Bruyn N, Lafosse C, van Dijk M, Michielsen M, Thijs L,**
608 **Truyens V, Oostra K, Krumlinde-Sundholm L, Peeters A, Thijs V, Feys H,**
609 **Verheyden G.** Somatosensory Impairments in the Upper Limb Poststroke.
610 *Neurorehabil Neural Repair* 30: 731–742, 2016. doi:
611 10.1177/1545968315624779.

- 612 16. **Plantin J, Verneau M, Godbolt AK, Pennati GV, Laurencikas E, Johansson**
613 **B, Krumlinde-Sundholm L, Baron J-C, Borg J, Lindberg PG.** Recovery and
614 Prediction of Bimanual Hand Use After Stroke. *Neurology* 97: e706–e719,
615 2021. doi: 10.1212/WNL.0000000000012366.
- 616 17. **Saenen L, Orban de Xivry J-J, Verheyden G.** Development and Validation of
617 a Novel Robot-Based Assessment of Upper Limb Sensory Processing in
618 Chronic Stroke. *Brain Sci* 12: 1005, 2022. doi: 10.3390/brainsci12081005.
- 619 18. **Master S, Larue M, Tremblay F.** Characterization of human tactile pattern
620 recognition performance at different ages. *Somatosens Mot Res* 27: 60–67,
621 2010. doi: 10.3109/08990220.2010.485959.
- 622 19. **Dunn W, Griffith JW, Sabata D, Morrison MT, MacDermid JC, Darragh A,**
623 **Schaaf R, Dudgeon B, Connor LT, Carey L, Tanquary J.** Measuring Change
624 in Somatosensation Across the Lifespan. *American Journal of Occupational*
625 *Therapy* 69: 6903290020p1, 2015. doi: 10.5014/ajot.2015.014845.
- 626 20. **Stöckel T, Wunsch K, Hughes CML.** Age-Related Decline in Anticipatory
627 Motor Planning and Its Relation to Cognitive and Motor Skill Proficiency. *Front*
628 *Aging Neurosci* 9, 2017. doi: 10.3389/fnagi.2017.00283.
- 629 21. **Garcia-Aracil N, Llinares A, Badesa F, Morales R, Sabater, Fernandez.**
630 Robotic assessment of the influence of age on upper-limb sensorimotor
631 function. .
- 632 22. **Coderre AM, Amr Abou Zeid, Dukelow SP, Demmer MJ, Moore KD,**
633 **Demers MJ, Bretzke H, Herter TM, Glasgow JI, Norman KE, Bagg SD,**
634 **Scott SH.** Assessment of Upper-Limb Sensorimotor Function of Subacute
635 Stroke Patients Using Visually Guided Reaching. *Neurorehabil Neural Repair*
636 24: 528–541, 2010. doi: 10.1177/1545968309356091.
- 637 23. **Dukelow SP, Herter TM, Moore KD, Demers MJ, Glasgow JI, Bagg SD,**
638 **Norman KE, Scott SH.** Quantitative assessment of limb position sense
639 following stroke. *Neurorehabil Neural Repair* 24: 178–187, 2010. doi:
640 10.1177/1545968309345267.
- 641 24. **Vandevoorde K, Orban de Xivry J-J.** Why is the explicit component of motor
642 adaptation limited in elderly adults? *J Neurophysiol* 124: 152–167, 2020. doi:
643 10.1152/jn.00659.2019.

- 644 25. **Christou AI, Miall RC, McNab F, Galea JM.** Individual differences in explicit
645 and implicit visuomotor learning and working memory capacity. *Sci Rep* 6:
646 36633, 2016. doi: 10.1038/srep36633.
- 647 26. **Vogel EK, McCollough AW, Machizawa MG.** Neural measures reveal
648 individual differences in controlling access to working memory. *Nature* 438:
649 500–503, 2005. doi: 10.1038/nature04171.
- 650 27. **Carey LM.** SENSE Assess [Online]. 2022. [https://sensetherapy.net.au/sense-](https://sensetherapy.net.au/sense-assess/)
651 [assess/](https://sensetherapy.net.au/sense-assess/) [25 Mar. 2022].
- 652 28. **Carey LM, Oke LE, Matyas TA.** Impaired limb position sense after stroke: A
653 quantitative test for clinical use. *Arch Phys Med Rehabil* 77, 1996. doi:
654 10.1016/S0003-9993(96)90192-6.
- 655 29. **Carey LM, Oke LE, Matyas TA.** Impaired Touch Discrimination After Stroke: A
656 Quantitative Test. *Neurorehabil Neural Repair* 11: 219–232, 1997. doi:
657 10.1177/154596839701100404.
- 658 30. **Carey LM, Mak-Yuen YYK, Matyas TA.** The Functional Tactile Object
659 Recognition Test: A Unidimensional Measure With Excellent Internal
660 Consistency for Haptic Sensing of Real Objects After Stroke. *Front Neurosci*
661 14, 2020. doi: 10.3389/fnins.2020.542590.
- 662 31. **Nasreddine ZS, Phillips NA, Bédirian V, Charbonneau S, Whitehead V,**
663 **Collin I, Cummings JL, Chertkow H.** The Montreal Cognitive Assessment,
664 MoCA: A Brief Screening Tool For Mild Cognitive Impairment. *J Am Geriatr Soc*
665 53: 695–699, 2005. doi: 10.1111/j.1532-5415.2005.53221.x.
- 666 32. **R Core Team.** R: A Language and Environment for Statistical Computing
667 [Online]. *R Foundation for Statistical Computing.* 2020. [https://www.R-](https://www.R-project.org/)
668 [project.org/](https://www.R-project.org/).
- 669 33. **Osborne JW.** *Best Practices in Exploratory Factor Analysis.* CreateSpace
670 Independent Publishing, 2014.
- 671 34. **Revelle WR.** psych: Procedures for Personality and Psychological Research
672 [Online]. *Northwestern University.* 2020. [https://CRAN.R-](https://CRAN.R-project.org/package=psych)
673 [project.org/package=psych](https://CRAN.R-project.org/package=psych).
- 674 35. **Field A, Miles J, Field Z.** *Discovering Statistics Using R.* SAGE, 2012.
- 675 36. **Wilcox RR.** *Introduction to Robust Estimation and Hypothesis Testing.* 4th ed.
676 Elsevier, 2017.

- 677 37. **Kassambara A.** rstatix: Pipe-Friendly Framework for Basic Statistical Tests
678 [Online]. 2021. <https://CRAN.R-project.org/package=rstatix>.
- 679 38. **Bakeman R.** Recommended effect size statistics for repeated measures
680 designs. *Behav Res Methods* 37: 379–384, 2005. doi: 10.3758/BF03192707.
- 681 39. **Lakens D.** Calculating and reporting effect sizes to facilitate cumulative
682 science: a practical primer for t-tests and ANOVAs. *Front Psychol* 4, 2013. doi:
683 10.3389/fpsyg.2013.00863.
- 684 40. **Fritz CO, Morris PE, Richler JJ.** Effect size estimates: Current use,
685 calculations, and interpretation. *J Exp Psychol Gen* 141: 2–18, 2012. doi:
686 10.1037/a0024338.
- 687 41. **Canty A, Ripley B.** boot: Bootstrap R (S-Plus) Functions [Online]. 2021.
688 <https://cran.r-project.org/package=boot> [25 Mar. 2022].
- 689 42. **Davison AC, Hinkley D v.** Bootstrap Methods and their Application.
690 Cambridge University Press, 1997.
- 691 43. **Wang J, Zamar R, Marazzi A, Yohai V, Salibian-Barrera M, Maronna R,**
692 **Zivot E, Roche D, Martin D, Maechler M, Konis K.** robust: Port of the S+
693 “Robust Library” [Online]. 2022. <https://CRAN.R-project.org/package=robust>
694 [14 Nov. 2022].
- 695 44. **Adamo DE, Alexander NB, Brown SH.** The Influence of Age and Physical
696 Activity on Upper Limb Proprioceptive Ability. *J Aging Phys Act* 17: 272–293,
697 2009. doi: 10.1123/japa.17.3.272.
- 698 45. **Moulton RH, Rudie K, Dukelow SP, Scott SH.** Quantitatively Assessing
699 Aging Effects In Rapid Motor Behaviours: A Cross-Sectional Study [Online].
700 *PREPRINT (Version 1) available at Research Square:* 2022.
701 <https://doi.org/10.21203/rs.3.rs-1374344/v1> [5 Aug. 2022].
- 702 46. **Delhaye BP, Long KH, Bensmaia SJ.** Neural Basis of Touch and
703 Proprioception in Primate Cortex. In: *Comprehensive Physiology*. Wiley, 2018,
704 p. 1575–1602.
- 705 47. **Brodoehl S, Klingner C, Stieglitz K, Witte OW.** Age-related changes in the
706 somatosensory processing of tactile stimulation—An fMRI study. *Behavioural*
707 *Brain Research* 238: 259–264, 2013. doi: 10.1016/j.bbr.2012.10.038.
- 708 48. **Hagiwara K, Ogata K, Okamoto T, Uehara T, Hironaga N, Shigeto H, Kira**
709 **J, Tobimatsu S.** Age-related changes across the primary and secondary
710 somatosensory areas: An analysis of neuromagnetic oscillatory activities.

- 711 *Clinical Neurophysiology* 125: 1021–1029, 2014. doi:
712 10.1016/j.clinph.2013.10.005.
- 713 49. **He H, Luo C, Chang X, Shan Y, Cao W, Gong J, Klugah-Brown B, Bobes**
714 **MA, Biswal B, Yao D.** The Functional Integration in the Sensory-Motor System
715 Predicts Aging in Healthy Older Adults. *Front Aging Neurosci* 8, 2017. doi:
716 10.3389/fnagi.2016.00306.
- 717 50. **Li S-C, Lindenberger U.** Cross-level unification: A computational exploration
718 of the link between deterioration of neurotransmitter systems and
719 dedifferentiation of cognitive abilities in old age. .
- 720 51. **Cabeza R.** Hemispheric asymmetry reduction in older adults: The HAROLD
721 model. *Psychol Aging* 17: 85–100, 2002. doi: 10.1037/0882-7974.17.1.85.
- 722 52. **Welford AT.** Signal, Noise, Performance, and Age. *Human Factors: The*
723 *Journal of the Human Factors and Ergonomics Society* 23: 97–109, 1981. doi:
724 10.1177/001872088102300109.
- 725 53. **Burke SN, Barnes CA.** Neural plasticity in the ageing brain. *Nat Rev Neurosci*
726 7: 30–40, 2006. doi: 10.1038/nrn1809.
- 727 54. **Ruitenber MFL, Cassady KE, Reuter-Lorenz PA, Tommerdahl M, Seidler**
728 **RD.** Age-Related Reductions in Tactile and Motor Inhibitory Function Start
729 Early but Are Independent. *Front Aging Neurosci* 11, 2019. doi:
730 10.3389/fnagi.2019.00193.
- 731 55. **Connell L, Lincoln N, Radford K.** Somatosensory impairment after stroke:
732 frequency of different deficits and their recovery. *Clin Rehabil* 22: 758–767,
733 2008. doi: 10.1177/0269215508090674.



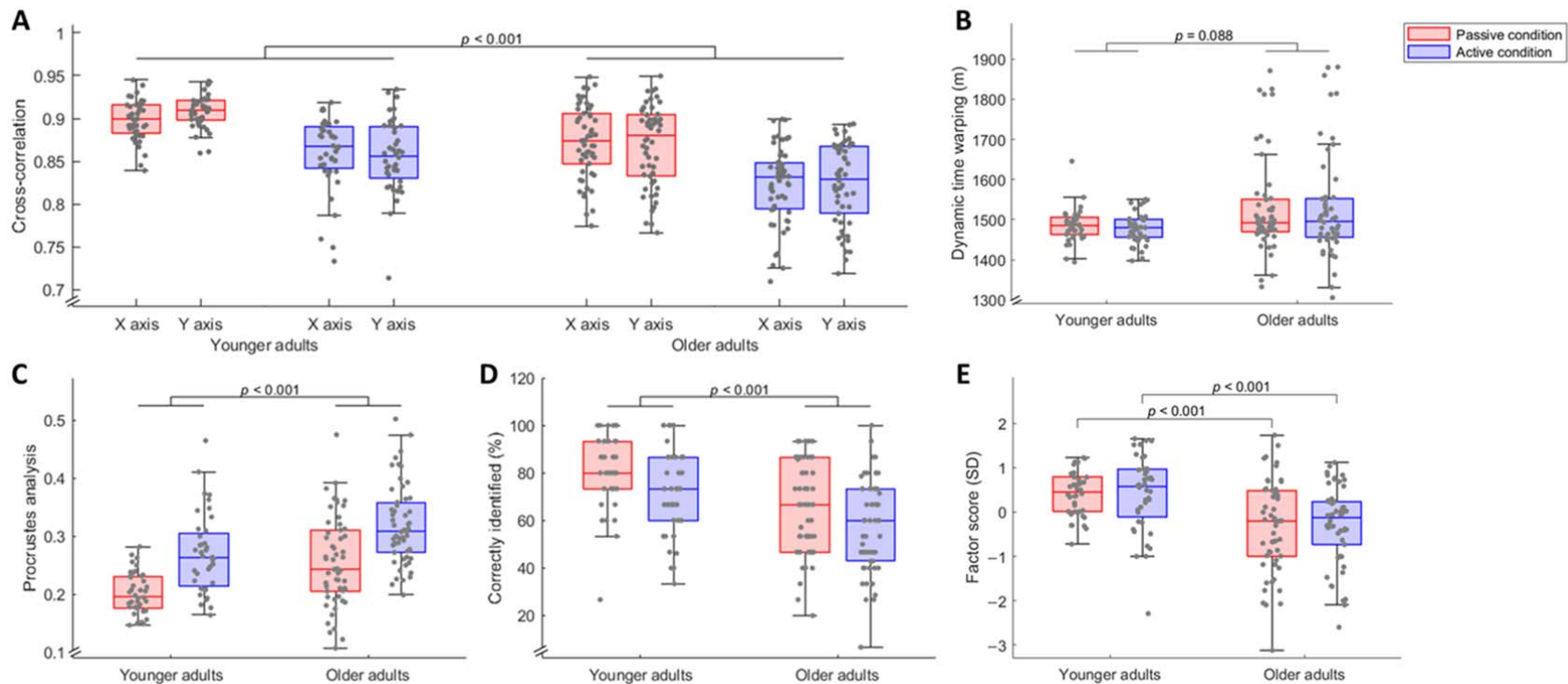
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735 **Figure 1. A Passive condition of the sensory processing task.** Left panel: Passive exploration of
 736 the shape with the non-dominant arm. Middle panel: Reproduction of the shape with the dominant
 737 arm. Right panel: Identification of the explored shape.

738 **B Active condition of the sensory processing task.** Left panel: Active exploration of the shape with
 739 the non-dominant arm. Middle panel: Reproduction of the shape with the dominant arm. Right panel:
 740 Identification of the explored shape.

741 White solid line = arm movement path. Orange dashed lines = invisible virtual walls delimiting the
 742 shape.

743 **C Working memory task.** Left panel: Three, four, five or six targets are shown. Middle panel:
 744 Question mark appears in or close to one of the target locations. Right panel: Responding whether a
 745 target was present in the indicated location.



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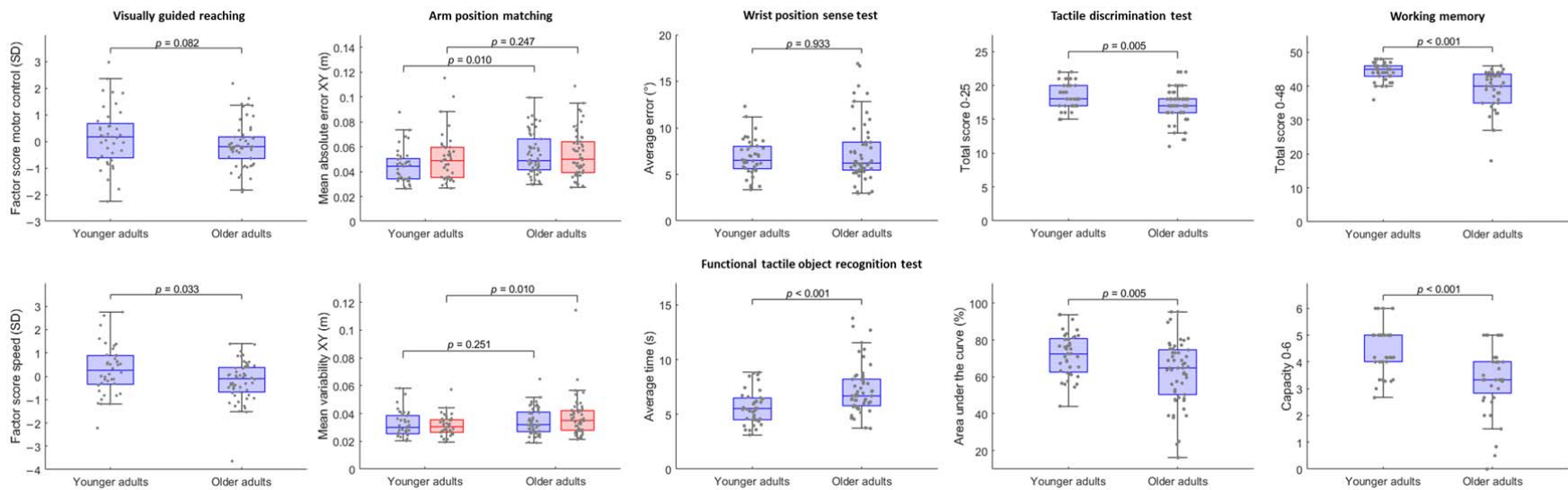
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Figure 2. Results of the passive (in red) and active (in blue) sensory processing assessments. Visualization of boxplot with 25th, 50th and 75th percentile (box) indicated and largest and lowest values within 1.5 times the interquartile range (error bars). Dots represent individual participant results. **A** Main effect for between-group analysis of three-way ANOVA for cross-correlation on X and Y axes. Higher values are associated with better performance. **B** Main effect for between-group analysis of two-way ANOVA for dynamic time warping. Lower values are associated with better performance. **C** Main effect for between-group analysis of two-way ANOVA for Procrustes analysis. Lower values are associated with better performance. **D** Main effect for between-group analysis of two-way ANOVA for the percentage of correctly identified shapes. Higher values are associated with better performance. **E** Between-group comparison of factor scores using Mann-Whitney U tests. Higher values are associated with better performance.



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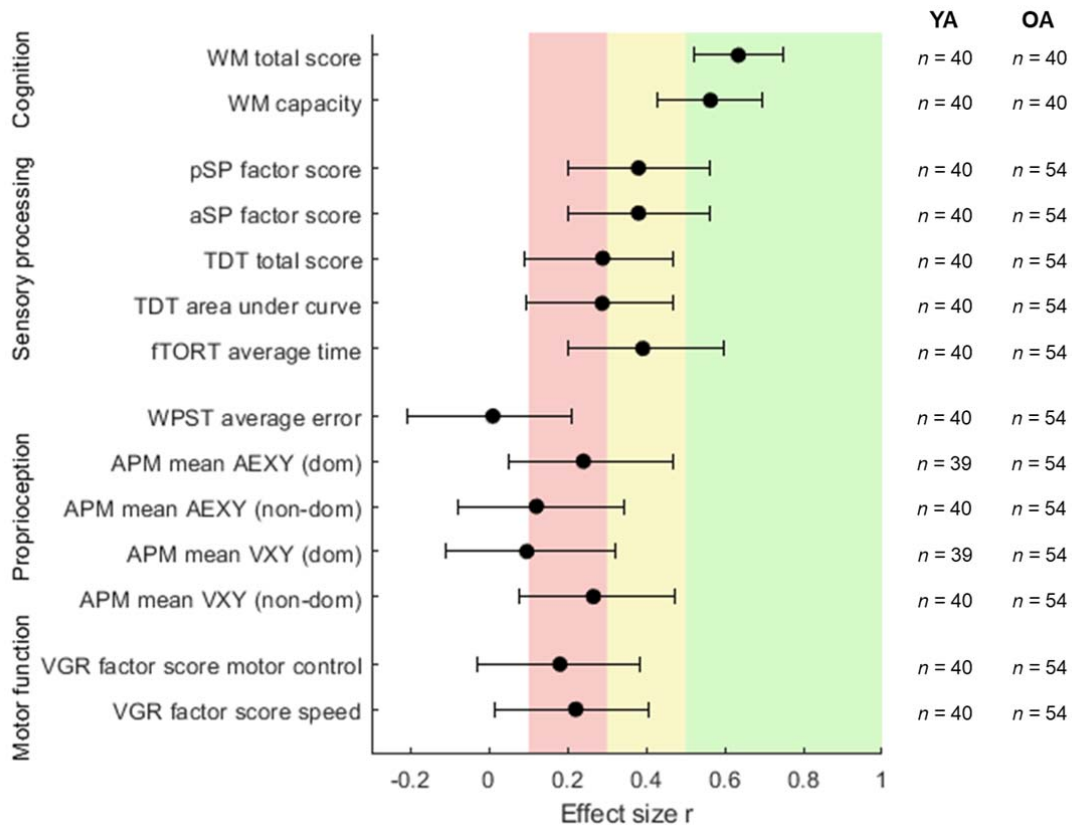
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Figure 3. Between-group comparisons using Mann-Whitney U tests for the factor scores of the visually guided reaching test, mean absolute error XY and variability XY of the arm position matching test (dominant arm in blue, non-dominant arm in red), average error of the wrist position sense test, average time of the functional tactile object recognition test, total score and area under the curve of the tactile discrimination test, and working memory total score and capacity. Visualization of boxplot with 25th, 50th and 75th percentile (box) indicated and largest and lowest values within 1.5 times the interquartile range (error bars). Dots represent individual participant results.



761

762 **Figure 4.** Comparison of effect sizes and 95% confidence intervals of age differences between
 763 assessments of cognition, sensory processing, proprioception, and motor function.

764 Red = small effect size; Yellow = medium effect size; Green = large effect size.

765 *Abbreviations:* YA = younger adults; OA = older adults; WM = working memory; pSP = passive
 766 condition of sensory processing task; aSP = active condition of sensory processing task; TDT = tactile
 767 discrimination test; fTORT = functional tactile object recognition test; WPST = wrist position sense test;
 768 APM = arm position matching; AEXY = absolute error XY; dom = dominant arm; non-dom = non-
 769 dominant arm; VXY = variability XY; VGR = visually guided reaching

770

771

772 **Table 1.** Participant characteristics.

	Younger adults (<i>n</i> = 40)	Older adults (<i>n</i> = 54)	<i>P</i> -value [†]	Older adults Working memory task (<i>n</i> = 40)	<i>P</i> -value [‡]
Median age in years (IQR)	24.24 (22.73-25.16)	62.89 (57.63-67.95)	< 0.001*	62.39 (57.43-67.19)	< 0.001*
Gender, <i>n</i> (%)			0.41		0.50
Male	15 (38)	25 (46)		19 (48)	
Female	25 (63)	29 (54)		21 (53)	
Hand dominance, <i>n</i> (%)			0.16		0.26
Right	34 (85)	51 (94)		38 (95)	
Left	6 (15)	3 (6)		2 (5)	
Median years of education (IQR)	17 (16-18)	16 (15-18)	0.02*	16 (15-18)	0.06
Level of education, <i>n</i> (%)			0.17		0.11
Primary education	0 (0)	0 (0)		0 (0)	
Lower secondary education	0 (0)	3 (6)		1 (3)	
Higher secondary education	6 (15)	10 (19)		6 (15)	
Bachelor's degree	11 (28)	21 (39)		19 (48)	
Master's degree	23 (58)	20 (37)		14 (35)	

773 * $p < 0.050$

774 † Comparison between older adults and younger adults with Mann-Whitney U tests and Fisher's Exact tests.

775 ‡ Comparison between older adults who completed the working memory task and younger adults with Mann-Whitney U tests and Fisher's Exact tests.

776

777 **Table 2.** Results of regression equation $Y = \beta_0 + \beta_1.X_1 + \beta_2.AGE + \beta_3.X_1.AGE$. Y is the factor score of the sensory processing task, X₁ the outcome of interest,
 778 and AGE the dichotomized age group. β_1 indicates the relationship between the outcome of interest and the sensory processing assessment regardless of
 779 age. The *p*-value associated with AGE indicates whether there is still a significant relationship between age and the sensory processing assessment when
 780 taking the outcome of interest into account. The *p*-value associated with β_3 indicates whether an interaction effect exists between the outcome of interest and
 781 age.

PASSIVE CONDITION OF THE SENSORY PROCESSING TASK

X ₁	β_1	[95% CI]	<i>P</i> -value	AGE	[95% CI]	<i>P</i> -value	β_3	[95% CI]	<i>P</i> -value
Visually guided reaching									
Factor score motor control	-0.19	[-0.45 0.06]	0.14	-0.37	[-0.62 -0.12]	0.005*	-0.15	[-0.40 0.10]	0.25
Factor score speed	0.07	[-0.16 0.31]	0.55	-0.35	[-0.59 -0.11]	0.005*	0.01	[-0.23 0.25]	0.94
Arm position matching									
Absolute error XY									
Dominant arm	-0.25	[-0.51 0.01]	0.06	-0.28	[-0.52 -0.03]	0.03*	-0.16	[-0.42 0.09]	0.22
Non-dominant arm	-0.21	[-0.48 0.06]	0.13	-0.35	[-0.61 -0.08]	0.01*	-0.14	[-0.41 0.13]	0.31
Variability XY									
Dominant arm	-0.27	[-0.52 -0.01]	0.04*	-0.31	[-0.57 -0.06]	0.02*	-0.11	[-0.36 0.15]	0.42
Non-dominant arm	-0.19	[-0.54 0.16]	0.30	-0.32	[-0.54 -0.09]	0.01*	0.05	[-0.30 0.40]	0.80
Working memory									
Total score	0.13	[-0.20 0.47]	0.45	-0.37	[-0.65 -0.09]	0.01*	0.20	[-0.13 0.54]	0.25
Capacity	0.13	[-0.14 0.39]	0.35	-0.38	[-0.64 -0.12]	0.005*	0.18	[-0.08 0.44]	0.18
Wrist position sense test									
Average error	0.09	[-0.18 0.36]	0.52	-0.38	[-0.59 -0.17]	0.001*	0.00	[-0.27 0.27]	0.99
Tactile discrimination test									
Total score	0.06	[-0.20 0.31]	0.66	-0.35	[-0.59 -0.11]	0.006*	0.02	[-0.23 0.28]	0.85
Area under curve	0.14	[-0.13 0.40]	0.33	-0.32	[-0.56 -0.09]	0.009*	0.10	[-0.17 0.36]	0.49
Functional tactile object recognition test									

Average time	-0.08	[-0.38 0.23]	0.63	-0.34	[-0.60 -0.09]	0.01*	-0.18	[-0.49 0.13]	0.26
ACTIVE CONDITION OF THE SENSORY PROCESSING TASK									
X_1	β_1	[95% CI]	<i>P</i> -value	AGE	[95% CI]	<i>P</i> -value	β_3	[95% CI]	<i>P</i> -value
Visually guided reaching									
Factor score motor control	-0.19	[-0.43 0.05]	0.12	-0.41	[-0.64 -0.19]	0.001*	-0.21	[-0.45 0.03]	0.09
Factor score speed	0.02	[-0.27 0.31]	0.89	-0.35	[-0.64 -0.06]	0.02*	-0.19	[-0.47 0.10]	0.20
Arm position matching									
Absolute error XY									
Dominant arm	-0.05	[-0.28 0.18]	0.67	-0.36	[-0.59 -0.14]	0.002*	-0.12	[-0.35 0.11]	0.31
Non-dominant arm	-0.19	[-0.43 0.24]	0.60	-0.36	[-0.70 -0.02]	0.04*	-0.07	[-0.40 0.27]	0.69
Variability XY									
Dominant arm	-0.31	[-0.52 -0.11]	0.004*	-0.35	[-0.55 -0.15]	0.001*	0.03	[-0.18 0.23]	0.80
Non-dominant arm	-0.25	[-0.66 0.16]	0.24	-0.32	[-0.61 -0.04]	0.03*	-0.05	[-0.46 0.36]	0.83
Working memory									
Total score	0.42	[-0.20 1.05]	0.19	-0.25	[-0.74 0.23]	0.31	0.08	[-0.55 0.70]	0.81
Capacity	0.30	[-0.03 0.64]	0.08	-0.29	[-0.61 0.04]	0.09	-0.02	[-0.35 0.32]	0.92
Wrist position sense test									
Average error	-0.12	[-0.43 0.19]	0.45	-0.35	[-0.61 -0.10]	0.008*	0.12	[-0.19 0.43]	0.44
Tactile discrimination test									
Total score	0.03	[-0.23 0.29]	0.84	-0.35	[-0.61 -0.10]	0.007*	0.10	[-0.17 0.36]	0.47
Area under curve	0.05	[-0.20 0.31]	0.67	-0.36	[-0.58 -0.13]	0.003*	0.15	[-0.10 0.40]	0.25
Functional tactile object recognition test									
Average time	-0.04	[-0.35 0.28]	0.82	-0.36	[-0.64 -0.07]	0.02*	-0.03	[-0.34 0.28]	0.85

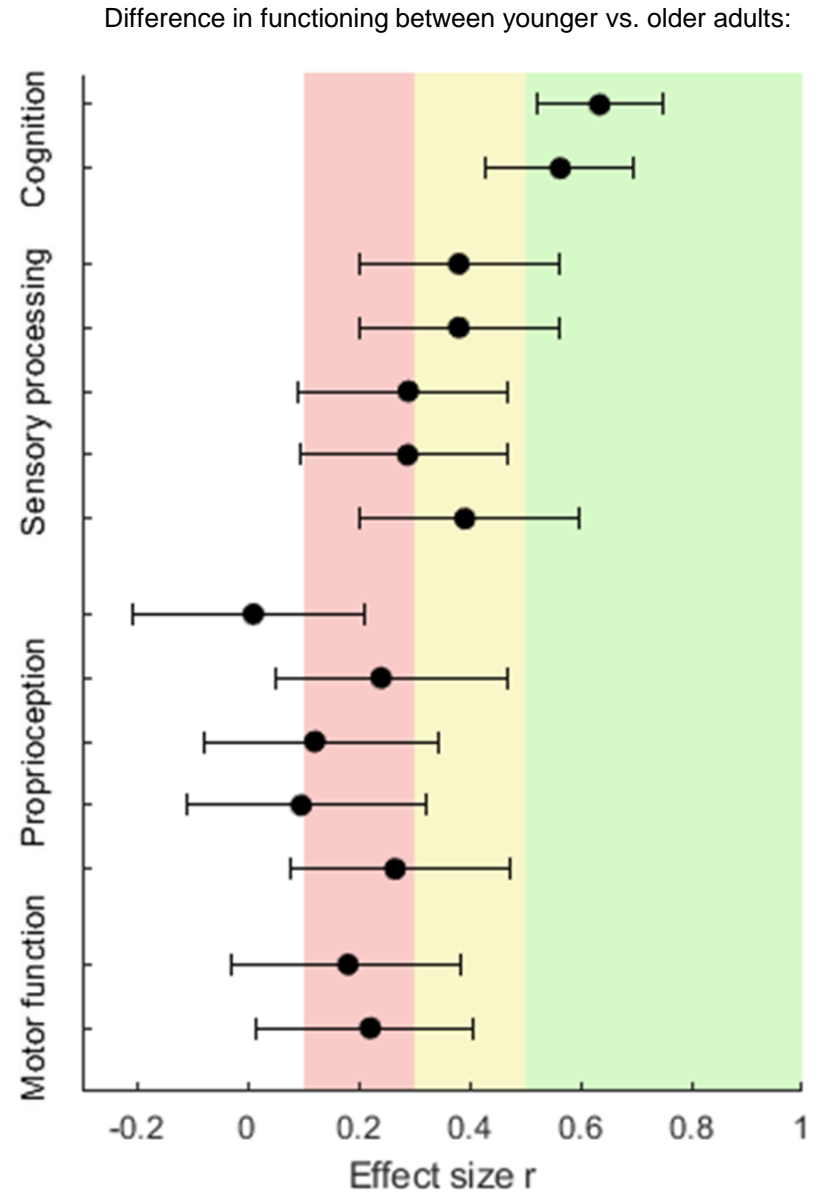
The differential effect of age on upper limb sensory processing, proprioception and motor function

Leen Saenen, Geert Verheyden, and Jean-Jacques Orban de Xivry

There is a medium decline in sensory processing abilities across age, while proprioception and motor function show only a small decline

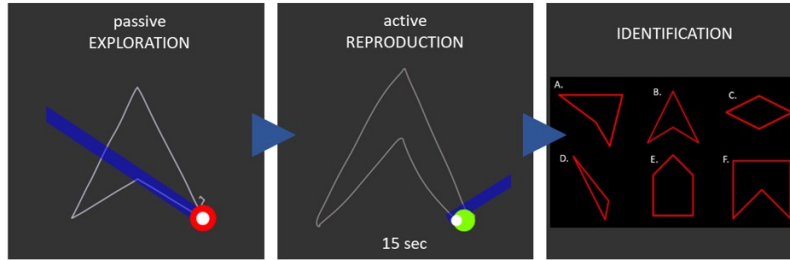
Based on data from
40 healthy younger adults (IQR 23-25 y/o) and
54 healthy older adults (IQR 58-68 y/o)

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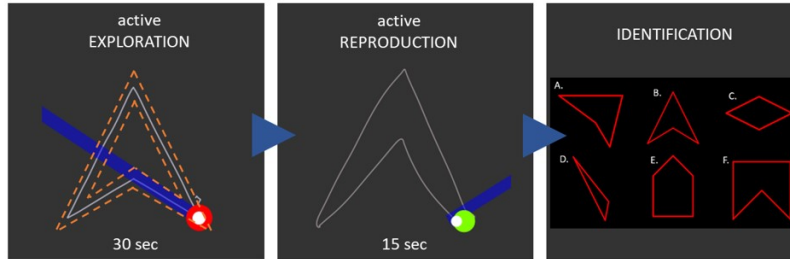


Red = small effect size; Yellow = medium effect size; Green = large effect size.

A PASSIVE CONDITION OF THE SENSORY PROCESSING TASK



B ACTIVE CONDITION OF THE SENSORY PROCESSING TASK



C WORKING MEMORY TASK

