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Concurrent validity and reliability of the mobile Steam®VR tracking technology, using sensors to measure movements of the neck

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| Abstract: | <p>The neck can be moved in six degrees of freedom. Current motion-capture systems capable of measuring these movements are inappropriate for use in clinical practice because they are stationary, expensive and time-consuming. We therefore developed a less complex prototype system to measure six degrees of freedom in a clinical setting. The aim of this study was to assess the validity and reliability of this system. The developed prototype consists of two infrared-emitting lighthouses and sensors, mounted on the participant's helmet and trunk belt, to detect the orientation of the head and trunk. The system was evaluated by means of an infrared light-reflecting marker tracking system. Twenty healthy participants, equipped with these sensors and markers, performed thirteen neck movement tasks. Linear and angular movements were measured. These tasks were repeated after six to eight days to assess test-retest reliability. Concurrent validity was assessed by the root mean square error, and reliability with generalizability theory. With an average root mean square error between 1.2-2.0° in angular and 0.4-0.5 cm in linear movements, the prototype was shown to precisely track these movements. Reliability of the prototype and the reference system was comparable for all tasks. A high contribution of participant's variability to the observed variance was generally detected, with the exception of joint repositioning error and upper cervical flexion. The reliability was task-specific and did not differ between the systems. The prototype system was shown to be valid, although the reliability of the repositioning and upper cervical flexion tests needs to be reconsidered.</p> |

1 **Concurrent validity and reliability of the mobile Steam®VR tracking technology, using**
2 **sensors to measure movements of the neck**

3

4 Short communication

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38 **Abstract**

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40 of measuring these movements are inappropriate for use in clinical practice because they are
41 stationary, expensive and time-consuming. We therefore developed a less complex
42 prototype system to measure six degrees of freedom in a clinical setting. The aim of this
43 study was to assess the validity and reliability of this system.

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45 on the participant's helmet and trunk belt, to detect the orientation of the head and trunk. The
46 system was evaluated by means of an infrared light-reflecting marker tracking system.

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48 neck movement tasks. Linear and angular movements were measured. These tasks were
49 repeated after six to eight days to assess test-retest reliability. Concurrent validity was
50 assessed by the root mean square error, and reliability with generalizability theory.

51 With an average root mean square error between 1.2-2.0° in angular and 0.4-0.5 cm in linear
52 movements, the prototype was shown to precisely track these movements. Reliability of the
53 prototype and the reference system was comparable for all tasks. A high contribution of
54 participant's variability to the observed variance was generally detected, with the exception of
55 joint repositioning error and upper cervical flexion.

56 The reliability was task-specific and did not differ between the systems. The prototype
57 system was shown to be valid, although the reliability of the repositioning and upper cervical
58 flexion tests needs to be reconsidered.

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64 1. Introduction

65 The anatomical and physiological characteristics of the cervical spine allow humans to rotate
66 and translate their head relative to the thorax in all directions (six degrees of freedom)
67 (Ordway et al., 1997; Park, 2015; Seo et al., 2013). Impairment of the neck is related to the
68 cervical range of motion (Ernst et al., 2015; Hall et al., 2010). Clinical tests of global cervical
69 range of motion are frequently used in clinics (Childs et al., 2008). These tests are valid and
70 reliable (Audette et al., 2010) but lack the ability to record data during neck movement and to
71 provide patient feedback.

72 Modern marker-based motion capture systems can accurately measure movement in six
73 degrees of freedom, but they are time-consuming, expensive, stationary and inappropriate
74 for clinical practice. Smaller inertial measurement units are used in clinical settings to track
75 orientation, although they are prone to error when deriving translation, which frequently
76 occurs for cervical movements (Wang et al., 2010). Therefore, we developed a prototype to
77 measure both linear and angular displacement that is more appropriate to the clinical setting
78 in contrast to the system investigated in Niehorster et al., 2017. The aim of this study was to
79 assess the concurrent validity and reliability of this prototype.

80 2. Methods

81 2.1 Participants:

82 Thirteen healthy female and seven healthy male participants (Table 1) were recruited
83 amongst a university staff and students. Participants were free of acute or chronic diseases,
84 had not previously undergone spinal surgery, were not taking perception-influencing drugs
85 and measured less than five points on the Neck Disability Index (an indicator of no disability)
86 (Vernon, 2008). The local ethics committee juristically verified the study and participants
87 signed an informed consent form.

88 2.2 Data collection and analysis

89 **System under test (SUT).** Angular and linear movements of head and trunk were measured
90 using in-house developed trackers. The tracking principle followed the Steam®VR-Tracking
91 technology, which is distributed by HTC® as part of a virtual-reality system. Our SUT
92 consisted of two HTC laser-emitting lighthouses combined with two trackers for tracking head
93 and trunk motion. The trackers were comprised of multiple sensor boards, each equipped
94 with four infrared light detectors geometrically arranged to guarantee a line-of-sight from the
95 lighthouses to at least one of the sensor boards (Figure 1). Both trackers were also
96 equipped with an individual controller board to capture the time instants of a laser imaging on
97 one of the light detectors. These time instants were communicated via Bluetooth to a
98 computer that computed the positions and orientations at a rate of 30 Hz. The poses
99 signaled by the SUT were represented as relative poses of the upper front board of the
100 helmet (T_F) and the right-side board of the belt (T_T) relative to the lighthouse coordinate
101 system (Figure 1).

102 **Reference System.** The VICON® motion capture system (Vicon Motion Systems, Oxford,
103 UK) was employed to compare and assess the validity of the SUT. This system was
104 comprised of twelve infrared cameras combined with reflecting markers on the back of the
105 helmet, on the right-side board of the belt and, during the static measurement, on the front of
106 the helmet. The marker coordinates were sampled at 120 Hz and expressed with respect to
107 the movement laboratory specific coordinate system. Data were then downsampled to 30 Hz.
108 The pose of Vicon back of the head (T_B) to forehead (T_F) was determined through a static
109 measurement. The forehead markers were then removed to allow better visibility of the
110 sensor boards.

111 **Comparison of Measurements.** To compare the poses resulting from the two systems, they
112 were expressed in the same coordinate system. The relative pose of the coordinate systems
113 was calculated on the basis of the static measurement. The poses obtained from the Vicon
114 system were expressed with respect to the SUT coordinate system. The reference
115 coordinate System (T_R) was aligned with the movement in sagittal, frontal and transverse

116 planes. To achieve this, the coordinate system of the trunk (T_T) was transformed with

$$117 \quad T_T^R = \begin{bmatrix} \cos\alpha & 0 & -\sin\alpha & tx \\ 0 & 1 & 0 & 0 \\ \sin\alpha & 0 & \cos\alpha & tz \\ 0 & 0 & 0 & 1 \end{bmatrix}$$

118 with its origin between the two belt-fixed sensors in front of the sternum (Figure 1, right
119 bottom). The forehead coordinate system had its origin on the middle of the upper front
120 sensor on the helmet (T_F). Movement between head and trunk was expressed as the pose

$$121 \quad T_T^F.$$

$$122 \quad T_T^F = T_R^F (T_R^T)^{-1}$$

123 T_R^F : transformation matrix from the reference to the forehead coordinate system

124 **Outlier elimination.** Both pose measurement systems occasionally provided erroneous
125 pose samples, resulting in erroneous position as well as orientation measurements. Outliers
126 were detected via Hampel's method (Liu et al., 2004): if a position coordinate or an
127 orientation variable deviated more than 1.5 standard deviations from the median of the
128 recent 15 samples, the related pose was classified as an outlier. Outliers of both systems
129 were detected and excluded from the analysis.

130 Transformation matrices were calculated for the SUT and the Vicon reference system.

131 Rotation was parametrized by Euler angles in the 'zyx' order, which was found to be the best
132 choice for our application to avoid gimbal-lock. All calculations were performed with Matlab
133 R2017a and Software R (R Core Team, 2018).

134 2.3 Procedure

135 Following a static measurement, each participant performed the tasks described in Table 2.

136 Participants were seated on a chair in an upright posture during all tasks. After a practice
137 trial, seven repetitions of the tasks were performed in randomized order at a self-defined
138 speed. Participants took a break of five seconds between repetitions and one minute

139 between tasks. To assess test-retest reliability, each participant repeated all the tasks some
140 six to eight days later, in the same order and at the same time of day .

141

142 2.4 Outcome measures

143 2.4.1 Range of motion and joint position error

144 Range of motion (ROM) was calculated for each participant's repetitions on both days (tasks
145 described in Table 2).

$$146 \text{ ROM} = |\max \alpha - \min \alpha|$$

147 α : measured angle in main movement direction

148 Absolute joint position error (JPE), following a rotation to the left and right sides (JPRL,
149 JPRL), was determined by the difference between rotation at the start and end of the
150 repetition (Treleaven et al., 2003). For start and end positions, 50 frames were considered,
151 since the subjects were told to hold the position for two seconds.

$$152 \text{ JPE} = \left| \frac{\sum_{i=1}^{50} \alpha_i}{50} - \frac{\sum_{i=n-50}^n \alpha_i}{50} \right|$$

153 n : number of frames

154 α_i : measured rotation angle at frame i

155 2.4.2 Root mean square error

156 The root mean square error (RMSE) was calculated between both systems as a measure of
157 concurrent validity:

$$158 \text{ RMSE} = \sqrt{\sum_i (x_i - y_i)^2 / n}$$

159 x_i, y_i : measured position vectors of the two systems at time frame i

160 n : number of frames

161 RMSE was calculated for each repetition, participant and day in all six degrees of freedom.

162 For following the Zigzag pattern (ZIZA) (Werner et al., 2018), data of the helmet without

163 differential signal to the trunk were considered, since the trunk sensors were hidden behind

164 the pattern for lighthouse visibility.

165 2.4.3 Reliability

166 Generalizability theory (G-theory) was applied to assess reliability,(Brennan, 2001). With the
167 fully crossed participant x day x repetition (p x d x r) design, the decomposition of observed
168 score variance σ_Y^2 was given by

169
$$\sigma_Y^2 = \sigma_p^2 + \sigma_d^2 + \sigma_r^2 + \sigma_{pd}^2 + \sigma_{pr}^2 + \sigma_{rd}^2 + \sigma_{prd}^2.$$

170 The universe of generalization was *day* and *repetition*. The object of measurement was
171 *participant*. The universe score was the expected value of the observed scores for *participant*
172 over the conditions in the universe of generalization.

173 Given the variance components, the index of dependability (Φ) could be computed. This
174 index is defined as the proportion of the observed score variance that is attributable to
175 participants variance.

176
$$\Phi = \frac{\sigma_p^2}{\sigma_p^2 + \sigma_d^2 + \sigma_r^2 + \sigma_{pd}^2 + \sigma_{pr}^2 + \sigma_{rd}^2 + \sigma_{prd}^2}.$$

177 ROM and JPE for both systems and each repetition were used as outcomes. RMSE values
178 were also analyzed in a second analysis.

179 The above mentioned Φ represents the reliability when generalized over one day and one
180 repetition. To quantify the reliability for the mean of k repetitions, i.e. generalizing over one
181 day and an average of k repetitions, the quantities σ_r^2 , σ_{pr}^2 , σ_{rd}^2 and σ_{prd}^2 were divided by k.

182 This *decision*-study then examined how many repetitions are required for an acceptable
183 dependability Φ . In this study, this was performed for k=1,2,3,...,7 repetitions.

184 The index ranges were from 0 to 1, with <0.4 indicating poor, 0.4-0.75 moderate and >0.75
185 excellent reliability (Santos et al., 2008).

186 Variance components were estimated with the lme4 package of R (Bates et al., 2015).

187

188 3. Results

189 Data from eighteen subjects were used in the analysis. Two were excluded due to a non-
190 responding sensor board.

191 3.1 Range of motion and joint position error

192 ROM and JPR data are presented in Table 4 and Figure 2. Although ROM and JPR showed
193 a wide range of measured values, consistency between SUT values and Vicon was observed
194 (Figure 3).

195 3.2 Validity

196 RMSE values for all tasks are presented in Table 3. Based on the mean of all tasks, the
197 RMSE values were determined as: 1.2° in lateral flexion, 1.8° in rotation and 2.0° in flexion /
198 extension; as well as 0.5 cm in lateral-medial, 0.5 cm in cranial-caudal and 0.4 cm in
199 anterior-posterior translation.

200 3.3 Reliability

201 All variance components were determined for the ROM values. See Table 2 for the definition
202 of abbreviations and description of exercises. The MFLX, MEXT, MLFL, MLFR, MROL,
203 MROR, MPRT, MRET and UCEX all showed a high relative σ_p^2 , indicating that the observed
204 variance had a high participant contribution (Table 4). UCFL showed the highest contribution
205 from σ_{pd}^2 . Repositioning tasks, however, showed a high percentage of σ_{prd}^2 . Lateral flexion
206 showed excellent reliability from one repetition. MEXT, MFLX, MPRT and MRET also
207 showed excellent reliability after three repetitions. A moderate reliability was shown for
208 MROL, MROR and JPRR from one repetition (Table 4).

209 The contributions of day, repetition, participant x repetition, and repetition x day to the total
210 variance were negligible and are consequently not presented in the overview.

211 The same analysis of variance was performed for RMSE values (Table 5). *Participant x day*
212 had the highest contribution for most tasks.

213 4. Discussion

214 The primary aim of this study was to assess the concurrent validity and reliability of an in-
215 house developed tracking system (SUT), built for measuring the relative motion of the head
216 with respect to the trunk in a clinical setting. With a RMSE of between 0.2-3.1° for angular
217 movements and 0.2-0.9 cm for linear movements, the SUT was shown to be able to track
218 movements precisely.

219 The reliabilities of the SUT and Vicon were comparable over all tasks. Poor reliabilities were
220 found for joint reposition error and upper cervical flexion, which were not due to
221 measurement inaccuracy. For joint repositioning, a possible cause lies in the small range
222 (mean 1.7°-1.8°) detected, making it difficult to distinguish between subjects. These findings
223 concur with other studies that show poor reliability for repositioning tasks (Jørgensen et al.,
224 2014; Lee et al., 2006).

225 A ROM from retraction to protraction of 8 cm was found for linear movements. While some
226 studies have reported a protraction of around 20 cm (Lee et al., 2005; Stemper et al., 2006),
227 our findings are similar to the sagittal mobility of 9.1 cm reported by Severinsson et al., 2012.
228 This measurement is calculated from the signal between the trunk and head, taking the trunk
229 belt as the reference. It was observed, however, that the advancement of the head to
230 protraction caused the trunk board to tilt downwards through a slight movement of the trunk.
231 This changed the coordinate system alignment and had an influence on the measured ROM.

232 When fully extending the neck in MEXT, the helmet occasionally slid backwards.
233 Consequently, participants extended only as far as when the helmet stayed fixed. The setup
234 of the hardware should therefore be reconsidered in future.

235 G-theory outcomes for RMSE showed a generally high contribution of σ_{pa}^2 . This could be due
236 to the setup of the helmet, trunk belt and lighthouses, as well as the calibration and position
237 of the participant.

238 As a conclusion, the reliability of the prototype SUT was comparable to Vicon and has been
239 shown to be valid for measuring linear movements in a clinical setting. For tasks such as joint
240 repositioning, it's reliability must be reconsidered.

241

242 Conflict of interest statement

243 The authors are not aware of any financial or personal relationships with people or

244 organizations that could have improperly influenced this work.

245

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Captions

Table 1: Participants' characteristics; number of participants, mean (standard deviation) weight, height, Body Mass Index and age

Table 2: Abbreviations and exercise descriptions

Table 3: Root mean square values for all tasks and directions. UCEX: upper cervical extension, UCFL: upper cervical flexion, JPRL/JPRR: Joint position error rotation left/right, MEXT: maximal extension, MFLX: maximal flexion, MLFR/MLFL: maximal lateral flexion right/left, MPRT: maximal protraction, MRET: maximal retraction, MROL/MROR: maximal rotation left/right, ZIZA: follow the Zigzag pattern

Table 4: Range of motion and joint position error measurements with its mean and standard deviation; percentual variance components for participant (σ_p^2), participant x day (σ_{pd}^2), and residual (σ_{prd}^2); Number of repetitions required to reach an index of dependability (Φ) > 0.75 on a single day measurement. UCEX: upper cervical extension, UCFL: upper cervical flexion, MEXT: maximal extension, MFLX: maximal flexion, MLFR/MLFL: maximal lateral flexion right/left, JPRL/JPRR: Joint position error rotation left/right, , MROL/MROR: maximal rotation left/right, MPRT: maximal protraction, MRET: maximal retraction

Table 5: Generalizability theory results for root mean square error values of each task. Percentage variance components for participant (σ_p^2), participant x day (σ_{pd}^2), and residual (σ_{prd}^2); UCEX: upper cervical extension, UCFL: upper cervical flexion, JPRL/JPRR: Joint position error rotation left/right, MEXT: maximal extension, MFLX: maximal flexion, MLFR/MLFL: maximal lateral flexion right/left, MPRT: maximal protraction, MRET: maximal retraction, MROL/MROR: maximal rotation left/right, ZIZA: follow the Zigzag pattern, linear movement medio-lateral

Figure 1: Each sensor board has four IR sensors to detect lasers emitted by the lighthouses; left: sensor setup with the coordinate systems of the right-sided board of the belt (T_r) and forehead (T_f); right top: coordinate systems of the back of the head helmet (T_B); right bottom: transformation of the right-sided board coordinate system (T_r) to the reference coordinate system (T_R) of the trunk belt with view from top

Figure 2: Range of motion measured with the Vicon and System under test (SUT) for all participants' seven test and retest repetitions.

Figure 3: Example of a maximal neck flexion measured with Vicon and SUT in six degrees of freedom

Table 1

| Female Participants | Male Participants | Weight [kg] | Height [m] | Body Mass Index | Age [years] |
|---------------------|-------------------|----------------|----------------|-----------------|----------------|
| 12 | 6 | 66.6 (10.5) | 1.71 (0.09) | 22.8 (2.5) | 36.1 (13.1) |

Figure 1

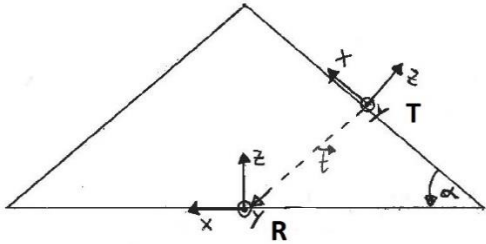
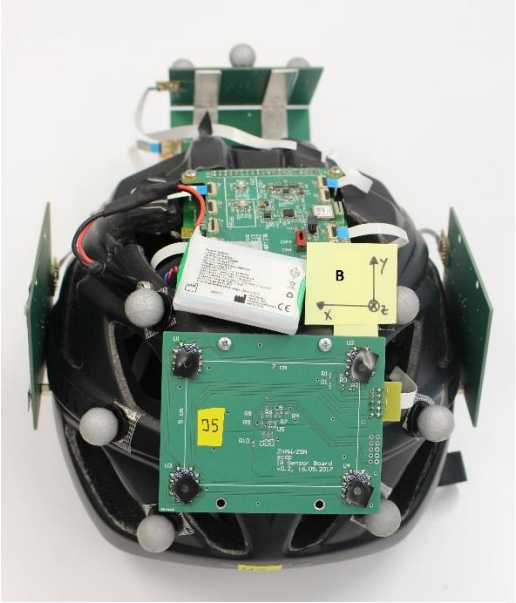
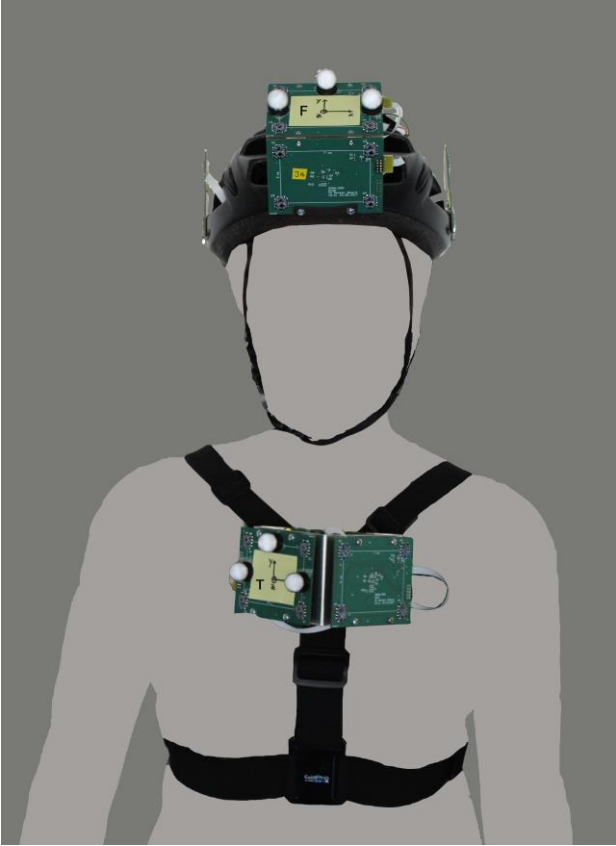


Table 2

| Abbreviation | Exercise description | Unit |
|--------------|---|------|
| UCEX | Upper cervical extension | ° |
| UCFL | Upper cervical flexion | ° |
| JPRL | Joint reposition error after rotation to the left | ° |
| JPRR | Joint reposition error after rotation to the right | ° |
| MEXT | Maximal extension | ° |
| MFLX | Maximal flexion | ° |
| MLFR | Maximal lateral flexion right | ° |
| MLFL | Maximal lateral flexion left | ° |
| MPRT | Maximal protraction | cm |
| MRET | Maximal retraction | cm |
| MROL | Maximal rotation left | ° |
| MROR | Maximal rotation right | ° |
| ZIZA | Follow a Zigzag pattern precisely, rotation angle is determined | ° |

Figure 2

Range of motion and joint position error

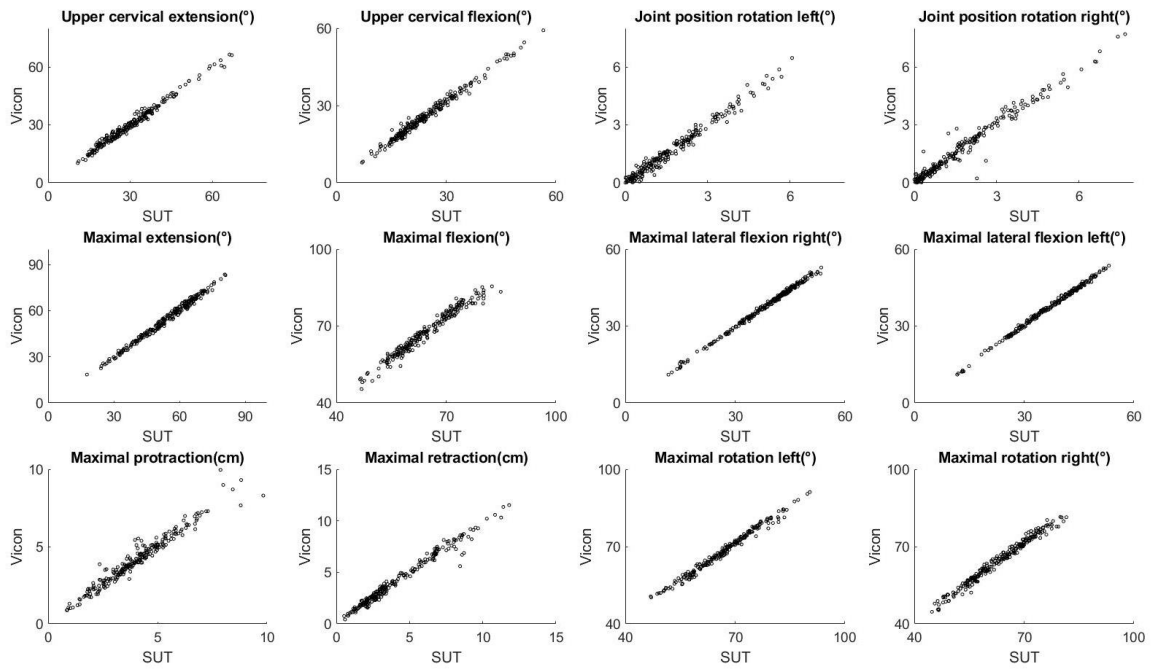


Figure 3

Maximal flexion

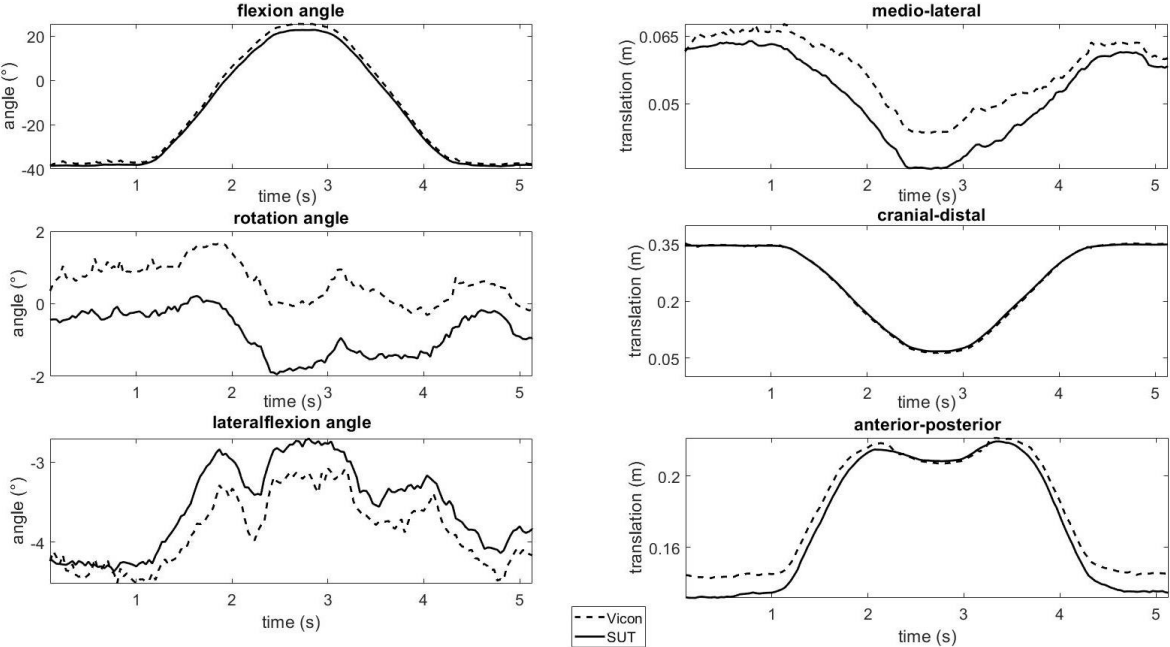


Table 3

| | Angular movement | | | Translation | | |
|------|---------------------|--------------|-------------------------|-----------------------|-----------------------|---------------------------|
| | Lateral flexion [°] | Rotation [°] | Flexion / extension [°] | Lateral – medial [cm] | Cranial – caudal [cm] | Anterior – posterior [cm] |
| UCEX | 1.1 | 1.9 | 2.0 | 0.4 | 0.6 | 0.4 |
| UCFL | 1.0 | 1.7 | 1.9 | 0.4 | 0.5 | 0.3 |
| JPRL | 1.1 | 2.1 | 2.0 | 0.4 | 0.5 | 0.4 |
| JPRR | 1.5 | 1.9 | 2.2 | 0.4 | 0.7 | 0.4 |
| MEXT | 1.2 | 2.0 | 2.0 | 0.6 | 0.7 | 0.4 |
| MFLX | 1.0 | 1.7 | 1.6 | 0.8 | 0.4 | 0.4 |
| MLFR | 1.0 | 1.8 | 1.7 | 0.5 | 0.5 | 0.5 |
| MLFL | 1.0 | 1.8 | 2.9 | 0.4 | 0.4 | 0.5 |
| MPRT | 1.1 | 1.8 | 2.2 | 0.4 | 0.5 | 0.4 |
| MRET | 1.0 | 1.8 | 2.3 | 0.4 | 0.5 | 0.5 |
| MROL | 1.5 | 2.5 | 2.0 | 0.4 | 0.5 | 0.5 |
| MROR | 3.1 | 1.7 | 2.9 | 0.4 | 0.9 | 0.4 |
| ZIZA | 0.2 | 0.4 | 0.8 | 0.2 | 0.2 | 0.1 |

Table 4

| | Instrument | Mean ROM [°,cm] | SD ROM [°,cm] | σ_p^2 [%] | σ_{pd}^2 [%] | σ_{prd}^2 [%] | repetitions required for $\Phi > 0.75$ | repetitions required for $\Phi > 0.4$ |
|------|------------|-----------------|---------------|------------------|---------------------|----------------------|--|---------------------------------------|
| UCEX | SUT | 29.9 | 10.7 | 69.3 | 18.8 | 7.6 | 5 | 1 |
| | Vicon | 29.9 | 10.5 | 66.8 | 19.9 | 8.6 | >7 | 1 |
| UCFL | SUT | 24.4 | 8.6 | 33.2 | 50.4 | 12.9 | >7 | >7 |
| | Vicon | 26.0 | 8.9 | 35.8 | 48.3 | 11.5 | >7 | 4 |
| MEXT | SUT | 53.3 | 12.9 | 70.8 | 18.4 | 10.2 | 3 | 1 |
| | Vicon | 53.6 | 13.5 | 71.1 | 17.8 | 9.9 | 3 | 1 |
| MFLX | SUT | 64.5 | 8.2 | 71.7 | 14.7 | 8.8 | 2 | 1 |
| | Vicon | 67.5 | 8.8 | 70.6 | 17.1 | 8.2 | 3 | 1 |
| MLFR | SUT | 38.3 | 9.1 | 86.9 | 6.0 | 6.4 | 1 | 1 |
| | Vicon | 37.7 | 8.9 | 87.0 | 6.0 | 6.3 | 1 | 1 |
| MLFL | SUT | 36.6 | 8.7 | 85.8 | 6.9 | 4.9 | 1 | 1 |
| | Vicon | 37.0 | 8.8 | 84.8 | 8.2 | 4.7 | 1 | 1 |
| JPRL | SUT | 1.7 | 1.4 | 12.5 | 3.3 | 71.4 | >7 | 6 |
| | Vicon | 1.7 | 1.4 | 14.9 | 5.3 | 67.6 | >7 | 5 |
| JPRR | SUT | 1.8 | 1.6 | 40.4 | 7.0 | 52.6 | >7 | 1 |
| | Vicon | 1.8 | 1.6 | 40.7 | 6.0 | 53.3 | >7 | 1 |
| MROL | SUT | 67.0 | 8.7 | 64.0 | 18.7 | 8.7 | >7 | 1 |
| | Vicon | 68.4 | 8.5 | 63.8 | 19.0 | 8.9 | >7 | 1 |
| MROR | SUT | 63.1 | 8.5 | 66.5 | 21.8 | 9.0 | >7 | 1 |
| | Vicon | 64.5 | 8.7 | 66.6 | 21.2 | 9.2 | >7 | 1 |
| MPRT | SUT | 4.0 | 1.8 | 66.0 | 13.8 | 18.3 | 3 | 1 |
| | Vicon | 4.2 | 1.9 | 67.7 | 13.6 | 16.4 | 3 | 1 |
| MRET | SUT | 4.2 | 2.6 | 72.1 | 11.7 | 15.3 | 2 | 1 |
| | Vicon | 4.2 | 2.5 | 73.6 | 10.0 | 16.0 | 2 | 1 |

Table 5

| | σ_p^2 [%] | σ_{pd}^2 [%] | σ_{prd}^2 [%] |
|------|---------------------|------------------------|-------------------------|
| UCEX | 0.0 | 95.3 | 4.7 |
| UCFL | 0.0 | 95.5 | 4.0 |
| JPRL | 14.6 | 80.9 | 3.5 |
| JPRR | 20.3 | 72.2 | 4.8 |
| MEXT | 0.0 | 95.1 | 4.8 |
| MFLX | 0.0 | 92.1 | 7.9 |
| MLFR | 34.6 | 56.5 | 8.1 |
| MLFL | 48.0 | 35.1 | 8.5 |
| MPRT | 41.8 | 36.4 | 16.1 |
| MRET | 44.0 | 41.2 | 14.7 |
| MROL | 11.1 | 85.6 | 2.3 |
| MROR | 31.8 | 66.2 | 2.0 |
| ZIZA | 18.0 | 17.1 | 62.7 |

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