



Snap, Crackle, Pop: Joint Sounds in JIA

Investigating Acoustic Emissions from the Joints as a Biomarker for JIA

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JAMS Enrollment – Emory and CHoA

- Children 6-18 years old
- 3 Groups:
 - Active JIA
 - JIA Post-Treatment (minimum 6 weeks)
 - Healthy Controls

Group:	# Enrolled	I: Age (years):	Male	Female
JIA	25	12.23 ± 3.1	5	20
JIA Follow-up	12	12.91 ± 2.7	1	11
Healthy Controls	18	12.50 ± 3.2	3	15

Method

- We attach two contact microphones and an IMU onto each knee.
- The patient flexes/extends their leg 10 times.
- Recorded sounds are analyzed for patterns that could:
 - Differentiate JIA from HCs
 - Monitor progression of JIA





Example Sound Recordings



Representative time domain AE signals of four FE repetitions. Healthy controls (HC) have virtually no sounds, JIA patient have repetitive click with a more heterogenous signal, and the follow-up returns toward healthy.

Signal Analysis



Feature Matrix = feature per cycle, Num = subject numbers, Y = ground truth JIA status P_{JIA} = Probability Estimate of JIA

LOSO-CV Accuracy Calculation



Repeat for each subject . . .



JIA if Knee Health Score > 0.5 or Healthy if Knee Health Score ≤ 0.5

Cycle Prediction Accuracy Per Subject



Most subjects had >70% cycle labeling accuracy. Overall Accuracy = 81.7%

Subject Knee Scores Distribution



Model Classification Performance



ROC - Area Under Curve = 89.7\%)

9

Feature Importance



Feature Importance Ranking

Breaking the Model



Number of Cycles

Tracking the Follow-ups



All but one of the follow-ups showed improvement in their joint health score. The outlier also did not show clinical improvement at 2nd visit.

Conclusions

- Joint sounds show promise for screening, diagnosing, and tracking JIA.
- We should continue recruitment efforts to ensure this model generalizes.
- The feature selection and number of cycles recorded both impact the accuracy of joint sound analysis.



Thanks, Questions?

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