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Please Don't Move - Evaluating Motion Artefact from pQCT Scans Using Textural Features

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Abstract

Most imaging methods, including peripheral Quantitative Computed Tomography (pQCT), are susceptible to motion artefacts particularly in fidgety paediatric populations. Methods currently used to address motion artefact include manual screening (visual inspection) and objective assessments of the scans. However, previously reported objective methods either cannot be applied on the reconstructed image or have not been tested for distal bone sites. Therefore, the purpose of the present study was to develop and validate motion artefact classifiers to quantify motion artefact in pQCT scans. Whether textural features could provide adequate motion artefact classification performance in two adolescent datasets with pQCT scans from tibial and radial dia- and epiphysis was tested. The first dataset was split into training (66% of sample) and validation (33% of sample) datasets. Visual classification was used as the ground truth. Moderate to substantial classification performance (J48 classifier, kappa-coefficients from 0.57 to 0.80) was observed in the validation dataset with the novel texture-based classifier. In applying the same classifier to the second cross-sectional dataset, slight to fair ($\kappa = 0.01$ to 0.39) classification performance was observed. Overall, this novel textural analysis based classifier provided moderate to substantial classification of motion artefact when the classifier was specifically trained for the measurement device and population. Classification based on textural features may be used to pre-screen obviously acceptable and unacceptable scans, with subsequent human-operated visual classification of any remaining scans.

Keywords: Bone QCT; Morphology; Precision; Machine Learning; Repeatability.

1. Introduction

It is widely acknowledged that computed tomography scans are susceptible to methodological issues such as partial volume effect and beam hardening, operating errors such as positioning errors, and movement of the individual during a scan, the last of which manifests as movement artefact (1). While some methodological issues are unavoidable, operator errors can be minimised with training, and movement artefacts can be rectified by re-scanning. However, re-scanning is not always desirable or practical given the additional radiation dose and time required. Moreover, re-scanning may occasionally not be required as it is well-established that a limited amount of visible motion artefact does not invalidate a scan (1–5). Anecdotally, children are particularly fidgety (1) and the operator is often left with a scan that has conspicuous signs of motion artefact (streaking, discontinuity of cortical structure (1–6)) and the decision of whether or not to re-scan. The acceptable levels of motion artefact have been defined for both high-resolution (2–5) and regular computed tomography (1). However, the method developed for regular peripheral computed tomography (pQCT) (1) is only applicable to bone shafts and not distal or proximal bone sites with narrow cortices.

The effects caused by motion artefact on the image reconstruction in computed tomography were explored by Yang et al. (6), but even with this comprehensive understanding of motion-caused artefacts, a consistent standard operating procedure for motion artefact quantification has yet to emerge. The approaches used to detect motion artefact include subjective visual scaling (1, 4, 5, 7), quantification of translation and rotation based on the measured sinogram (measured projections) (2–4), and exploring analysis results utilising varying analysis thresholds (1). The objective quantification of translation based on the sinogram can only be done prior to reconstructing the image with filtered back-projection (2).

All computed tomography devices measure the sinogram, but the sinogram cannot be extracted from some devices and hence is not an applicable method in all cases. Although the agreement between raters for visual scaling is rather good for normal and high-resolution pQCT (1, 4, 5), an automated method may prove helpful in optimising consistency and reliability, particularly in very large datasets and multisite studies.

Since visual scaling is based on the appearance of the image after reconstruction, and the motion artefact typically includes streaking and discontinuities of the bone cortex (6), textural analysis could provide a suitable option for semi-quantitative detection of motion artefact from computed tomography scans in the absence of the measured sinogram. Many textural analysis approaches capturing various properties of texture in medical imaging have been presented in the literature (e.g. reviewed in (8, 9)). Of the various approaches, local binary patterns (LBP) appear particularly well-suited for motion artefact detection because LBP capture streaking in images (10), have been successfully applied in automated radiographic image measurement site annotation in the past (11), and is computationally efficient to implement (10). However, LBP has yet to be tested as a feature to quantify motion artefact.

The purpose of the present study was to develop and validate automated motion artefact classifiers to quantify motion artefact in pQCT scans. Specifically, the aim was to evaluate whether LBP could provide better classification performance using visual inspection as the ground truth compared to applying current state of the art objective motion artefact measures as classification features.

2. Materials and Methods

The present study is a reanalysis of previously published AMPitup (12) (described below) and Griffith University Bone Densitometry Research Laboratory (13–20) datasets (described in section 2.7).

2.1. AMPitup dataset

The AMPitup Program is an exercise intervention program for adolescents with a movement disorder (21), being conducted at the University of Notre Dame Australia, and is reported as the AMPitup dataset in the present paper. The initial bone results of the program have been published previously (12). In brief, participants were aged between 12 and 18 years and were eligible for the AMPitup program if they had a Neuromuscular Development Index (NDI) of 85 or below ($\leq 1SD$ compared to the healthy mean) (mild motor disability) using the McCarron Assessment of Neuromuscular Development (MAND) (22, 23), and/or a history of movement difficulties (such as poor coordination or clumsiness, slowness and inaccuracy of motor skills that negatively impact daily living, school, leisure and play activities (24)). Participants with significant intellectual or physical disabilities that limited their ability to participate in the exercise program were excluded. This study was approved by the University of Notre Dame Australia Human Research Ethics Committee. Prior to enrolment, written informed consent was provided by the primary caregiver and assent was given by the adolescents.

2.2. Anthropometry

Height was measured using a stadiometer (Mentone Educational Centre; Victoria, Australia), and recorded to the nearest 0.1 centimetre (cm), and weight was measured to the nearest 0.1 kilogram (kg) using a digital weight scale (HoMEDICS; Victoria, Australia).

2.3. Bone assessments

Peripheral Quantitative Computed Tomography (pQCT, XCT-3000, Stratec Medizintechnik GmbH, Pforzheim, Germany) was used to evaluate cross-sections of the tibia and radius at 4% and 66% (defined from a scout view) of the tibial (from medial malleolus towards the knee joint cleft) and ulnar (from styloid process of ulna towards the olecranon) lengths from the distal endplates respectively (in-plane pixel size 0.4 x 0.4 mm, slice thickness 2.3 mm). All AMPitup participant scans were conducted at Princess Margaret Hospital for Children in the Department of Radiology, Perth, Western Australia. Participants were seated in a stationary chair, adjusted to their height. The pQCT scans were taken from the stance leg during kicking and the dominant hand used for writing.

2.4. pQCT analysis

All pQCT analyses were conducted using a custom-written Matlab (R2015b, Mathworks, Inc., Natick, MA, USA) script (see supplementary materials). A 3 x 3 median filter was applied prior to further analysis. Thereafter, cortical bone area and density were measured by creating binary masks. The first step was to identify the limb by applying a threshold of $\geq -40 \text{ mg/cm}^3$ (limb mask, anything below the threshold was air). Subsequently pixel groups $\geq 550 \text{ mg/cm}^3$ were outlined and filled resulting in two regions in the mask (tibia and fibula/radius and ulna, anything below the threshold is not cortical bone). The larger region was chosen as the tibial region of interest for the lower extremity scans, whereas the most central region within the upper limb mask was used to identify the radius (bone mask).

2.5. Motion artefact quantification

Analysis for three different motion artefact features was implemented: 1) 'positive movement' proposed by Blew et al. (1), 2) objective translation and rotation based on the measured sinogram per Pauchard et al. (2), and 3) novel textural analysis (using rotation invariant local binary pattern [LBP_{riu}] histogram (25)) developed in the present study.

In brief, two thresholds, low (149 mg/cm³) and high (710 mg/cm³), were applied to quantify positive movement artefact. The number of pixels within the limb mask above the threshold was counted and multiplied by pixel area (0.4 mm x 0.4 mm) to produce cortical areas with low and high thresholds (Ct.Ar_{low} and Ct.Ar_{high}, respectively). The ratio of Ct.Ar_{low} to Ct.Ar_{high} was used as the positive movement motion artefact feature.

The rotation and translation measures developed by Pauchard et al. only work on the sinogram prior to reconstruction (2), and the sinogram is not stored in the files produced by the Stratec measurement system used in the present study. Instead, Stratec stores the projections recorded by the 12 detectors for each of the 15 rotational translations the device makes during scanning. The sinograms for the AMPitup dataset were reassembled from the recorded projections using the projection files from scans categorised as I (no motion artefact, section 2.6) as a calibration dataset to calculate the rotation centres of the recorded projections for each of the 12 detectors using the approach described by Azevedo et al (26). In brief, attenuation was calculated from the recorded detector values as

$$g(s, \theta) = \ln \left[\frac{I_0(s, \theta)}{I(s, \theta)} \right] \text{ (Equation 1)}$$

where g = attenuation, s = position along the linear translation along a projection, θ = rotational translation for a given projection, I_0 = transmitted radiation (the median of detector values higher than 90% of the range of measured values was used), I = detector value. The centre of rotation was calculated based on the attenuation values for each of the 15 rotations recorded by a given detector, and the 15 projection centre of mass locations were used to solve Equation 2.

$$s_r(\theta_i) = c_s + x \cos \theta_i + y \sin \theta_i \quad (\text{Equation 2})$$

Where s_r = projection centre of mass, θ = rotational translation angle of a given projection, i = index of the projection, c_s = detector centre of rotation, and x and y are the object centre of mass coordinates. This overdetermined linear group of equations was solved using the least squares method. During experimentation it was noticed that noise in the sinogram led to a jagged centre of mass location trace and a cut-off value based on trial-and-error experimentation was utilised. It was found that setting attenuation values less than 10% of the attenuation range to zero prior to calculating the projection centres of mass produced a smooth sinogram.

The detector centres of rotations sinograms were subsequently reassembled by linearly interpolating values from $-\frac{1}{\sqrt{2}} * \text{projection length}$ to $\frac{1}{\sqrt{2}} * \text{projection length}$ around the detector centre of rotation (values out of the recorded projection were given a value of 0) (Figure 1).

PLEASE INSERT FIGURE 1 AROUND HERE

The reconstructed sinogram was used to quantify translational (ϵ_T) and rotational motion (ϵ_R) in the scans following the approach described by Pauchard et al (2). Again, 10% of the low-end attenuations were zeroed prior to further calculations. Briefly, projection centres of mass and second central moments were calculated. For ϵ_T , projection centres of mass were least squares fitted to a sinusoid (the same equation used for centre of rotation, i.e. $s_r(\theta_i) = c_s + x \cos \theta_i + y \sin \theta_i$) and ϵ_T was calculated as the root mean squared difference between the measured and the fitted projection centres of mass. For ϵ_R projection second central moments were calculated and least-squares fitted to Equation 3:

$$\sigma^2(\theta) = A + B \cos(2\theta) + C \sin(2\theta) \text{ Equation 3}$$

Where σ^2 = projection second central moment, θ = rotational translation angle, and A, B, and C are fit coefficients. ϵ_R was subsequently calculated as the root mean squared difference between the calculated and fitted second central moments normalised to the resultant of B and C fit coefficients. ϵ_T and ϵ_R were used as the Pauchard et al. objective motion artefact features.

Textural analysis feature was implemented using LBP_{riu} (25) and was calculated using the implementation from (<http://www.cse.oulu.fi/wsgi/CMV/Downloads/LBPSoftware>) ported to java (implementation included in the supplementary material). The LBP_{riu} calculation is

described in detail in (25) and the only deviation in the present implementation was to use 10 mg/cm^3 as the intensity difference (as opposed to 1 mg/cm^3) in identifying the local patterns. Such modification makes the measure less sensitive to noise. LBP_{riu} results in 10 possible local patterns for each pixel (refer (25) and supplementary material for further details) (Figure 2). A histogram of the whole image LBP_{riu} was calculated and normalised to the number of pixels within the image resulting in a 10 bin histogram with a sum of one. The histogram was used as the textural analysis motion artefact feature.

PLEASE INSERT FIGURE 2 AROUND HERE

2.6. Developing a classifier

The bone scans were visualised and manually categorised into five levels according to the amount of visible motion artefact by one rater (TR) following the scaling reported by Blew et al. (1) (Figure 3). The five categories were subsequently recategorised as: I through III = acceptable, IV and V = unacceptable, as has been reported previously (1, 4, 7). This classification was used as the ground truth classification for subsequent machine learning classifier training and validation. All AMPitup dataset scans were computer-randomised into training and validation datasets using a 66% training 33% validation split.

PLEASE INSERT FIGURE 3 AROUND HERE

Decision tree classifiers (J48 classifier from Weka package version 3.8 (27), confidence threshold = 0.25, minimum number of instances = 2) were trained using the training dataset for each of the different motion artefact features (i.e. one each for positive motion,

objective translation and rotation, and texture-based). Decision trees were chosen as the machine learning approach due to the ease of human interpretation of the classifier. During analysis other approaches were tested. For example logistic regression, which would also offer ease of human interpretation, provided poorer classification performance. None of the other approaches matched the overall classification performance of the decision tree classifiers, and hence the decision tree classifier results are reported.

2.7. Griffith dataset

As an additional external validation step, we applied the objective translation and rotation, and novel texture-based classifiers trained with the AMPitup training dataset to the second pQCT dataset collected in the Bone Densitometry Research Laboratory at Griffith University (QLD, Australia) (Griffith dataset). The Griffith dataset comprised scans from healthy ambulant adolescents and young adults recruited for a number of cross-sectional and prospective studies through advertisements in the local community (data previously reported in (13–20)). We extracted scans from individuals aged between 11 and 19 years-of-age to match the age-span used to train the classifier. The scan sites were, and the measurement device brand and type were the same as in the AMPitup dataset, but the in-plane voxel size was 0.5x0.5 mm. The bone scans were subsequently visualised and manually categorised for motion artefact (TR) following the procedure explained above for the AMPitup dataset.

2.8. Statistical analysis

The validation datasets (AMPitup validation dataset [33% of the dataset], and the full Griffith datasets) were classified using the J48 decision tree classifiers trained using the AMPitup training dataset (66% of the dataset). True and false positives (confusion matrices), and

kappa-coefficients (< 0 poor, 0.00 – 0.20 slight, 0.21 – 0.40 fair, 0.41 – 0.60 moderate, 0.61-0.80 substantial, ≥ 0.81 almost perfect (28)) from the validation datasets were presented to describe classification performance.

3. Results

3.1. AMPitup dataset

A total of 704 scans (for measurement sites, see Table 1) from N = 16 girls/women, and N = 28 boys/men aged 12 to 18 years-of-age (age = 14.5 (SD 1.4) years, height = 166 (11) cm, body mass = 65.4 (17.3) kg) were analysed from the AMPitup database. Some individuals had been scanned on multiple occasions and one or more bone sites may have been scanned more than once at the same visit (e.g. if motion artefact was noticed). The split of different visual motion artefact classifications for the four bone sites is given in Table 1.

PLEASE INSERT TABLE 1 AROUND HERE

At the 66% radial shaft, positive motion classifier identified 75% (kappa = 0.51) of the scans correctly, objective translation and rotation classifier identified 84% ($\kappa = 0.67$), and the textural analysis classifier identified 84% ($\kappa = 0.67$) of the validation dataset correctly (Table 2). The corresponding values for 4% distal radius were 83% ($\kappa = -0.06$), 82% ($\kappa = 0.46$), and 95% ($\kappa = 0.79$), respectively. At the 66% tibial shaft, positive motion classifier identified 92% ($\kappa = 0.76$) of the validation dataset correctly, whereas the objective translation and rotation classifier identified 90% ($\kappa = 0.73$), and the textural analysis classifier identified 86% ($\kappa = 0.57$) of the validation dataset correctly. The corresponding values for 4% distal tibia were 80% ($\kappa = 0.36$), 88% ($\kappa = 0.56$) and 93% ($\kappa = 0.80$), respectively.

PLEASE INSERT TABLE 2 AROUND HERE

3.2. Griffith dataset

A total of 720 scans (for a split between measurement sites see Table 3) from N = 88 girls/women, and N = 116 boys/men aged 11 to 19 years-of-age (height = 164 (12) cm, body mass = 56.5 (17.7) kg) were analysed. Some individuals had been scanned on multiple occasions and one or more bone sites may have been scanned more than once at the same visit (e.g. if motion artefact was noticed). The split of different visual motion artefact classification for the four bone sites is given in Table 3.

PLEASE INSERT TABLE 3 AROUND HERE

At the 66% radial shaft, the objective translation and rotation classifier trained on AMPitup data identified 86% ($\kappa = 0.52$), and textural analysis classifier identified 72% ($\kappa = 0.35$) of the Griffith dataset correctly (Table 4). The corresponding values for 4% distal radius were 95% ($\kappa = 0.40$) and 88% ($\kappa = 0.23$), respectively. For the 66% tibial shaft, the objective translation and rotation classifier trained on AMPitup data identified 91% ($\kappa = 0.53$), and textural analysis classifier identified 16% ($\kappa = 0.01$) of the Griffith dataset correctly. The corresponding values at 4% distal tibia were 88% ($\kappa = 0.09$) and 92% ($\kappa = 0.39$), respectively.

PLEASE INSERT TABLE 4 AROUND HERE

4. Discussion

The aim of the current work was to examine classification performance of three methods of quantifying motion artefact from pQCT scans. We found that our novel textural analysis based classifier outperformed or was on par with both the positive motion (suggested by Blew et al. (1)) and the objective translation and rotation (developed by Pauchard et al. (2)) based classifiers at three of four bone sites. In contrast, at the tibial shaft (66% site), both of the pre-existing motion artefact feature-based classifiers outperformed the novel texture-based classifier developed in the present study. Application of the novel texture-based classifier to an independent dataset with similar participant characteristics to the training dataset resulted in overall poor classification performance, suggesting that the classifier is sensitive to variations in the relative area of the scan. That is, the proportion of area taken up by the limb varies depending on the site of the scan, which affects the proportion of various textural features captured by the LBP_{riu} histogram and affects the classification.

As reports of previous attempts to develop an objective measure for automated motion artefact classification have not included true or false positive rates, or confusion matrices (1, 4), it is difficult to compare the present results to the existing literature. In the present study, the objective translation and rotation method based on the measured sinogram (projections) developed for high-resolution pQCT by Pauchard et al. (2–4) had higher agreement with manual visual classification compared to the positive motion method developed by Blew et al. (1). Interestingly, the novel texture-based classifier developed for the present study performed better than the objective translation and rotation measures for motion artefact classification at distal bone sites (although this was not replicated in the independent Griffith dataset) (considering the true and false positive rates in confusion matrix Tables 2 and 4). To

evaluate this somewhat unexpected finding in more detail we replicated Yang et al. (6) motion artefact simulation (please see Figure 4 for visualisation and supplementary material for the implementation). In line with Yang et al. (6) we observed that with the same amount of rotation or translation, motion artefact was more easily visually discernible at the shaft compared to distal bone sites (Figure 4). Because manual classification used as the ground truth is based on visual information this could explain why our novel texture-based classifier exhibited better classification performance in comparison with the objective translation and rotation classifier.

PLEASE INSERT FIGURE 4 AROUND HERE.

In the application of the objective rotation and translation and the texture-based classifiers to the external validation Griffith dataset it was found that the novel texture-based classifier performance was poor, whereas the objective rotation and translation classifier maintained moderate classification performance with the notable exception of distal tibia (Tables 2 and 4). For the novel texture-based classifier, this result indicates that the approach is sensitive to variations in the relative area of the scan and possible measurement device-specific variations in typical noise patterns. This sensitivity to variations is caused by the texture of the image being summarised by a histogram normalised to one. For example, for a given limb, the circumference will accumulate a varying proportion of counts into the LBP_{riu} bin capturing lines depending on the scan area. In practical terms, this means that in order to utilise the approach, a classifier has to be trained for each set of scan settings and locations. In the case of the objective rotation and translation classifier, the poor performance at the distal tibia in the external validation dataset vs the training dataset was probably caused by differences in

measurement protocols between laboratories. The AMPitup dataset did not contain anything other than the measured limb in the distal tibia scan, whereas some Griffith dataset scans had a support visible in the distal tibia scan. All of the scans with the support were classified as having motion artefact due to the projection centres of mass becoming non-smooth due to the support. This could be a side-effect of the way the projection centres were calculated and the need to set the value of paths through air to a constant or possibly attributable to a beam hardening effect, although we did not explore this in detail. The end result was a discontinuity in the projection centres of mass and subsequent increased value of the objective translation estimates. Otherwise on the other measurement sites, the objective translation and rotation method performed well when applied to the external validation dataset and thus may be relatively independent of the specific measurement device and measurement parameters used for the scan.

Unfortunately, the pQCT used for the experiments reported in the present study only allowed us to replicate Pauchard et al. (2) approach with calibration of the rotation centres and required access to the manufacturer's documentation to enable projection data to be read from the files recorded by the manufacturer's software. The manufacturer has chosen not to make their file format public so the Pauchard et al. (2) approach can only be replicated with assistance from the manufacturer. Moreover, having an object other than the scanned limb in the scan caused issues in the implementation developed (we were unable to rectify these issues in our implementation despite considerable efforts) for the present paper. This limits the usefulness of the objective translation and rotation based classification method for this particular brand of pQCT. It is unclear whether other brands of pQCTs would be susceptible to the same limitation. While the shift between projections can be visually observed by

extracting the projections from a reconstructed scan by taking a radon transform, the approach developed by Pauchard et al. (2) only works on the sinogram prior to reconstruction (computed tomography images are reconstructed from the recorded projections with filtered back projection, which is typically implemented with an inverse radon transform). On the other hand, the novel texture-based method developed in the present study operates on the reconstructed scan and does not need access to the sinogram.

The primary limitation of the proposed texture-based method pertains to the relatively large proportion of the scan filled by air. This part of the image contains noise, and as can be seen in Figure 2, contributes significantly to the overall LBP_{riu} histogram used as the textural feature in the present study. During development of the method, limiting the textural analysis to the limb area was tested by only including the limb mask pixels in the LBP_{riu} histogram, but this did not result in observed improvements in the classification (the opposite in fact, presumably because motion-caused streaking is obvious in the area filled by air as well). An additional limitation was the use of only one human-classifier for the ground truth, although this was considered sufficient to explore whether textural analysis could provide a feasible classification approach for motion artefact.

In conclusion, our novel textural analysis-based classifier provided moderate to good classification of motion artefact when visual classification was used as the ground truth. The classification performance may be considered insufficient for fully automated motion artefact classification. A prudent strategy to utilise the method developed in the present study might include classifying obviously acceptable and unacceptable scans automatically with subsequent human-operated classification of the doubtful scans..

Conflict of interest statement

None of the authors have conflicts of interest to report.

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FIGURE LEGENDS

Figure 1. Sample of the recorded projection detector values, and a corresponding reconstructed attenuation sinogram.

Figure 2. Visualisation of rotation invariant local binary patterns used to capture textural information from a tibial shaft slice with clear visible motion artefact. Left:, the original image image prior to any processing; right: LBP_{riu} of the image.

Figure 3. Sample image of the five motion artefact classification (I through V following Blew et al. 2014 classification (1)) for each of the different bone sites (radius 4%, radius 66%, tibia 4% and tibia 66%).

Figure 4. Simulated motion artefact caused by 2 degree rotation after the first 44 projections added to tibial shaft (top row) and distal tibia scans (bottom row). Original scans on the left, scans with simulated motion artefact on the right. Clear visible streaking can be observed on the shaft scan, whereas very little visible sign of motion artefact can be seen in the distal scan.

TABLES

Table 1. AMPitup dataset motion artefact classifications.

	Acceptable			Unacceptable		Total
	I	II	III	IV	V	
Radius 66%	17	21	36	53	54	181
Radius 4%	69	39	35	18	19	180
Tibia 66%	77	38	23	22	15	175
Tibia 4%	83	34	20	16	15	168
Total	246	132	114	109	103	704

Table 2. Confusion matrices, true (TP) and false (FP) positive rates for positive motion, objective translation and rotation, and textural analysis J48 decision tree classifiers on the AMPitup validation data.

	Positive Motion				Objective Translation & Rotation				Textural Analysis			
	Classified		TP rate	FP Rate	Classified		TP rate	FP Rate	Classified		TP rate	FP Rate
	U	A			U	A			U	A		
	as				as				as			
<i>Radius 66%</i>												
Manual U	25	9	0.735	0.222	30	4	0.882	0.222	28	6	0.824	0.148
Manual A	6	21	0.778	0.265	6	21	0.778	0.118	4	23	0.852	0.176
<i>Radius 4%</i>												
Manual U	0	8	0	0.038	7	1	0.875	0.192	7	1	0.875	0.038
Manual A	2	50	0.962	1	10	42	0.808	0.125	2	50	0.962	0.125
<i>Tibia 66%</i>												
Manual U	11	4	0.733	0.023	12	3	0.800	0.068	7	8	0.467	0
Manual A	1	43	0.977	0.267	3	41	0.932	0.200	0	44	1	0.533
<i>Tibia 4%</i>												
Manual U	5	6	0.455	0.111	6	5	0.545	0.044	11	0	1	0.089
Manual A	5	40	0.889	0.545	2	43	0.956	0.455	4	41	0.911	0

U = unacceptable, A = acceptable, TP = true positive, FP = false positive.

Table 3. Griffith dataset motion artefact classifications.

	Acceptable			Unacceptable		Total
	I	II	III	IV	V	
Radius 66%	53	53	28	18	7	159
Radius 4%	126	22	8	3	2	161
Tibia 66%	110	54	17	17	4	202
Tibia 4%	130	45	12	7	4	198
Total	419	174	65	45	17	720

Table 4. Confusion matrices, true (TP) and false (FP) positive rates for positive rates for objective translation and rotation, and textural analysis J48 decision tree classifiers on the Griffith dataset.

	Objective Translation & Rotation				Textural Analysis			
	Classified as		TP rate	FP Rate	Classified as		TP rate	FP Rate
	U	A			U	A		
<i>Radius 66%</i>								
Manual U	17	8	0.680	0.104	22	3	0.880	0.313
Manual A	14	120	0.896	0.320	42	92	0.687	0.120
<i>Radius 4%</i>								
Manual U	3	2	0.600	0.038	2	3	0.400	0.109
Manual A	6	150	0.962	0.400	17	139	0.891	0.600
<i>Tibia 66%</i>								
Manual U	13	8	0.619	0.061	21	0	1	0.934
Manual A	11	170	0.939	0.381	169	12	0.066	0
<i>Tibia 4%</i>								
Manual U	2	9	0.182	0.075	6	5	0.545	0.059
Manual A	14	173	0.925	0.818	11	176	0.941	0.455

U = unacceptable, A = acceptable, TP = true positive, FP = false positive.