

Supplementary Material

SEMI-AUTOMATED DETECTION OF THE TIMING OF RESPIRATORY MUSCLE ACTIVITY: VALIDATION AND FIRST APPLICATION

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1.1 Supplementary Figures

Figure S1. Bland-Altman plots and ICC's values for the breath-by-breath detection of dP of EMG,onset by assessor 1 and 2 for the diaphragm/intercostal (A), parasternal intercostal (B), scalene (C) and sternocleidomastoid (D). AVG: average bias between the results from both assessors. UL and LL: 95% confidence interval of the difference between the results from both assessors. n: number of EMG,onset analyzed. dP: phased difference between the onset of the electrical activity of the muscle and the start of the inspiration calculated (see text for further details).

Figure S2. Bland and Altman plots and ICC's values for the breath-by-breath detection of percentage of the inspiratory time (%Ti) of EMG,onset by assessor 1 and 2 for the diaphragm/intercostal (A), parasternal intercostal (B), scalene (C) and sternocleidomastoid (D). AVG: average bias between the results from both assessors. UL and LL: 95% confidence interval of the difference between the results from both assessors. n: number of EMG,onset analyzed(see text for further details).

Figure S3. Bland and Altman plots and ICC's values for the breath-by-breath detection of dP of EMG,onset by assessor 1 and the algorithm for the diaphragm/intercostal (A), parasternal intercostal (B), scalene (C) and sternocleidomastoid (D). AVG: average bias between the results from both assessors. UL and LL: 95% confidence interval of the difference between the results from both assessors. n: number of EMG,onset analyzed. dP: phased difference between the onset of the electrical activity of the muscle and the start of the inspiration calculated (see text for further details).

Figure S4. Bland and Altman plots and ICC's values for the breath-by-breath detection of percentage of the inspiratory time (%Ti) of EMG,onset by assessor 1 and the algorithm for the diaphragm/intercostal (A), parasternal intercostal (B), scalene (C) and sternocleidomastoid (D). AVG: average bias between

the results from both assessors. UL and LL: 95% confidence interval of the difference between the results from both assessors. n: number of EMG,onset analyzed (see text for further details).

Figure S5. Bland and Altman plots and ICC's values for the breath-by-breath detection of dP of EMG,onset by assessor 2 and the algorithm for the diaphragm/intercostal (A), parasternal intercostal (B), scalene (C) and sternocleidomastoid (D). AVG: average bias between the results from both assessors. UL and LL: 95% confidence interval of the difference between the results from both assessors. n: number of EMG,onset analyzed. dP: phased difference between the onset of the electrical activity of the muscle and the start of the inspiration calculated (see text for further details).

Figure S6. Bland and Altman plots and ICC's values for the breath-by-breath detection of percentage of the inspiratory time (%Ti) of EMG,onset by assessor 2 and the algorithm for the diaphragm/intercostal (A), parasternal intercostal (B), scalene (C) and sternocleidomastoid (D). AVG: average bias between the results from both assessors. UL and LL: 95% confidence interval of the difference between the results from both assessors. n: number of EMG,onset analyzed (see text for further details).

Figure S7. Amplitude of the muscle activation during the inspiratory threshold loading. RMS: root mean square of the electromyography. Data is depicted as mean \pm SE. **P*<0.001 diaphragm/intercostals vs. parasternal intercostal, scalene and sternocleidomastoid. $\ddagger P = 0.016$ parasternal intercostal vs. scalene.

Figure S8. Correlations between (A) diaphragm/intercostal EMG,onset in percentage of the inspiratory time (%Ti) and diaphragm/intercostal EMG RMS, (B) diaphragm/intercostal EMG,onset in percentage of the inspiratory time (%Ti) and inspiratory flow, (C) diaphragm/intercostal EMG,onset in seconds (dP) and inspiratory flow, (D) diaphragm/intercostal duration of contraction and inspiratory flow.





























