

Comparing arm to whole-body motor control disambiguates age-related deterioration from compensation

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ABSTRACT

As the global population ages, it is crucial to understand sensorimotor compensation mechanisms. **These mechanisms are thought to enable** older adults to remain in good physical health, **but** despite important research efforts, **they** remain essentially chimeras. A major problem with their identification is the ambiguous interpretation of age-related alterations. **Whether a change** reflects deterioration or compensation is difficult to **determine**. Here we compared the electromyographic and kinematic patterns of different motor tasks in younger (n = 20; mean age = 23.6 years) and older adults (n = 24; mean age = 72 years). Building on the knowledge that humans take advantage of gravity effects to minimize their muscle effort, we probed the ability of younger and older adults to plan energetically efficient movement during arm-only and whole-body movements. In line with previous studies and compared to younger adults, muscle activation patterns revealed that older adults used a less efficient movement strategy during whole-body movement tasks. We found that this age-related alteration was task-specific. It did not affect arm movements, thereby supporting the hypothesis that healthy older adults maintain the ability to plan energetically efficient movements. More importantly, we found that the **reduced** whole-body movement efficiency was correlated with kinematic measures of balance control (i.e., the center-of-mass movement amplitude and speed). The more efficient the movement strategy, the more challenging the balance. Overall, these results suggest that **reduced** movement efficiency in **healthy** older adults does not reflect a deterioration but rather a compensation process that adapts movement strategy to the task specificities. When balance is at stake, healthy older adults prefer stability to energy efficiency.

Keywords: Aging, motor control, electromyography, gravity, sensorimotor compensation, equilibrium, posture

Living old and healthy, also known as successful aging, is a blessing but is nonetheless associated with deterioration in various organs and functions. In terms of motor deterioration, aging is associated with loss of muscle mass (Larsson et al., 2019), sensory receptor degradation (Goble et al., 2009; Zalewski, 2015; Saftari & Kwon, 2018), and cortical atrophy (Hoffstaedter et al., 2015; Salat, 2004). Functionally, this translates into a decline in muscle strength and power (Larsson et al., 2019; Pousson et al., 2001) and movements that tend to become slower and more variable (Buckles, 1993; Darling et al., 1989). If the deteriorations are too great, they lead to reductions in quality of life and, ultimately, to dependency. Importantly, successful aging is thought to depend on compensatory processes that offset deteriorations (Baltes & Baltes, 1990; Martin et al., 2015; Zhang & Radhakrishnan, 2018). Even the most elementary concept of health includes compensatory processes at its core. The World Health Organization defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (1948). Scientists and clinicians later redefined it even more generally as “the ability to adapt and to self-manage” (Huber et al., 2011; The Lancet, 2009). So, despite the normal deterioration associated with age, compensatory processes enable older adults to adapt and remain in good health (i.e., aging successfully) and thus continue to live comfortably.

In a world with a rapidly aging population (Rudnicka et al., 2020), it is essential to understand the compensatory processes that enable older people to remain healthy. This represents a critical step toward implementing interventions aimed at detecting, preventing, or reducing frailty and later dependency (for reviews, see Barulli & Stern, 2013; Ouwehand et al., 2007; Poirier et al., 2021; Zhang & Radhakrishnan, 2018). Compensation has long been theorized and could be defined as “a response to loss in means (resources) used to maintain success or desired levels of functioning (outcomes)” (Baltes, 1997). In contexts of severe deterioration, the most basic form of compensation is the use of external aids (e.g., a crutch for walking). Such compensations are observed in frail or dependent older adults, i.e., when deterioration is severe. When considering more subtle deterioration levels, identifying compensation becomes challenging. In these cases, compensatory processes enable older adults to maintain behavioral performances similar to those of younger adults, at least for the less demanding tasks of daily life (Barulli & Stern, 2013). These compensatory processes are the result of neurophysiological and behavioral adaptations that are more difficult to observe with the naked eye. Almost thirty years ago, in his famous theory of selection, optimization, and compensation, Paul Baltes and his colleagues already noted this difficulty (Baltes, 1997; Baltes & Baltes, 1990).

Since then, countless studies have explored compensatory processes using powerful tools and analyses (for recent reviews, see Bunzeck et al., 2024; Fettes et al., 2021; Poirier et al., 2021). These studies have considerably advanced the description and understanding of age-related neural alterations. Nevertheless, behavioral compensatory processes and their underlying neural mechanisms remain essentially chimeras. Building on the theoretical work of Krakauer et al. (2017), we recently proposed that an important reason for this failure may be that studies focusing on age-related neural alterations have used overly crude behavioral paradigms (Poirier et al., 2021). Typically, these studies have used broad measures such as muscle strength, reaction time, or movement time. Although these measures and paradigms tested important functional motor performances, they measured the combination of several behavioral strategies and subtending neural mechanisms. Since these strategies and mechanisms likely showed different levels of age-related deterioration, previous studies have likely mixed deterioration and compensation processes (Poirier et al., 2021). Identifying neural compensation requires linking the brain to behavior, and to establish a precise link, we need fine behavioral measures and experimental paradigms that allow approaching the constituent processes of a behavior (Krakauer et al., 2017; Pereira et al., 2020; Urai et al., 2022). It is therefore essential to first develop detailed knowledge of age-related compensation at the behavioral level.

We sought to fill this gap by building upon the results of two different bodies of literature. On one hand, several studies have demonstrated that the brain plans efficient arm movements that take advantage of the mechanical effects of gravity **to save muscle effort, thus to save energy** (Berret et al., 2008; Crevecoeur et al., 2009; Gaveau et al., 2014, 2016, 2021; Gaveau & Papaxanthis, 2011; Gueugneau et al., 2023; for a review, see White et al., 2020). Importantly, recent work demonstrates that this ability is maintained and maybe even upregulated in older adults (Healy et al., 2023; Huang & Ahmed, 2014; Poirier et al., 2020; Summerside et al., 2024). On the other hand, studies probing the control of movements performed with the entire body have reported a different conclusion. **Kinematic results suggest that older adults plan whole-body movements that are less energy-efficient than younger adults** (Casteran et al., 2018; Paizis et al., 2008). This is unexpected

93 because such movements require more energy expense in older adults than in younger adults (Hortobagyi et
94 al., 2003, 2011; Julius et al., 2012; VanSwearingen & Studenski, 2014). Since the ability to plan efficient
95 movements is maintained in older adults, as testified by arm movements studies, one may speculate that this
96 decreased efficiency reflects an age-related compensation that changes movement strategy (i.e., an age-
97 related motor adaptation process). However, because this literature used very different experimental
98 paradigms and measurements, this conclusion is highly speculative. More importantly, the results of numerous
99 other studies could also interpret the decreased efficiency observed in whole-body movements as a
100 deterioration of the ability to produce efficient motor patterns (Goodpaster et al., 2006; Henry & Baudry, 2019;
101 Quinlan et al., 2018; Vernazza-Martin et al., 2008). Here we test the hypothesis that age-related alterations in
102 movement efficiency correspond to an adaptation process, i.e., a change in movement strategy that
103 compensates for other deteriorated sensorimotor components. To overcome the aforementioned limitations,
104 using a specific muscle activation pattern analysis that has proven relevant to focusing on this precise process
105 of **energetic** efficiency (Chambellant et al., 2023; Gaveau et al., 2021; Poirier et al., 2022, 2024; Thomas et al.,
106 2023), we compare older to younger adults on tasks involving either arm or whole-body movements. **We then**
107 **test whether energy efficiency is correlated to balance control.**

108 **Methods**

109 **Participants**

110 Because we had no prior data to calculate the ideal sample size, we included as many participants as
111 possible over a fixed recruitment period. Twenty younger adults (23.6 ± 2.1 y.o.) and twenty-four older adults
112 (72 ± 5.3 y.o.) were included in the study after giving their oral informed consent. Participants had normal or
113 corrected-to-normal vision and did not present any neurological or muscular disorders. The laterality index of
114 each participant was superior to 60 (Edinburgh Handedness Inventory, Oldfield 1971), indicating that all
115 participants were right-handed. The study was carried out following legal requirements and international
116 norms (Declaration of Helsinki, 1964) and approved by the French National Ethics Committee (2019-A01558-
117 49). **Each participant was included in the study by a medical doctor.**

118 **Experimental Protocol**

119 All participants performed four tasks in a randomized order. These tasks either required moving the arm
120 only (Figure 1A) or the whole-body (Figure 1B-D). Whole-body movements consisted of seat-to-stand/back-to-
121 sit (STS/BTS, Figure 1B), whole-body reaching toward near targets (WBR D1, Figure 1C), and whole-body
122 reaching toward far targets (WBR D2, Figure 1D). The arm task was selected because it is the reference task
123 that has been studied to demonstrate how muscle patterns take advantage of gravity effects to **save energy**.
124 The whole-body tasks were selected because they include an equilibrium constraint, are movements of the

125 daily life, and they have been investigated in previous studies (Casteran et al., 2018; Jeon et al., 2021;
126 Manckoundia et al., 2006; Millington et al., 1992; Mourey et al., 1998; Paizis et al., 2008).

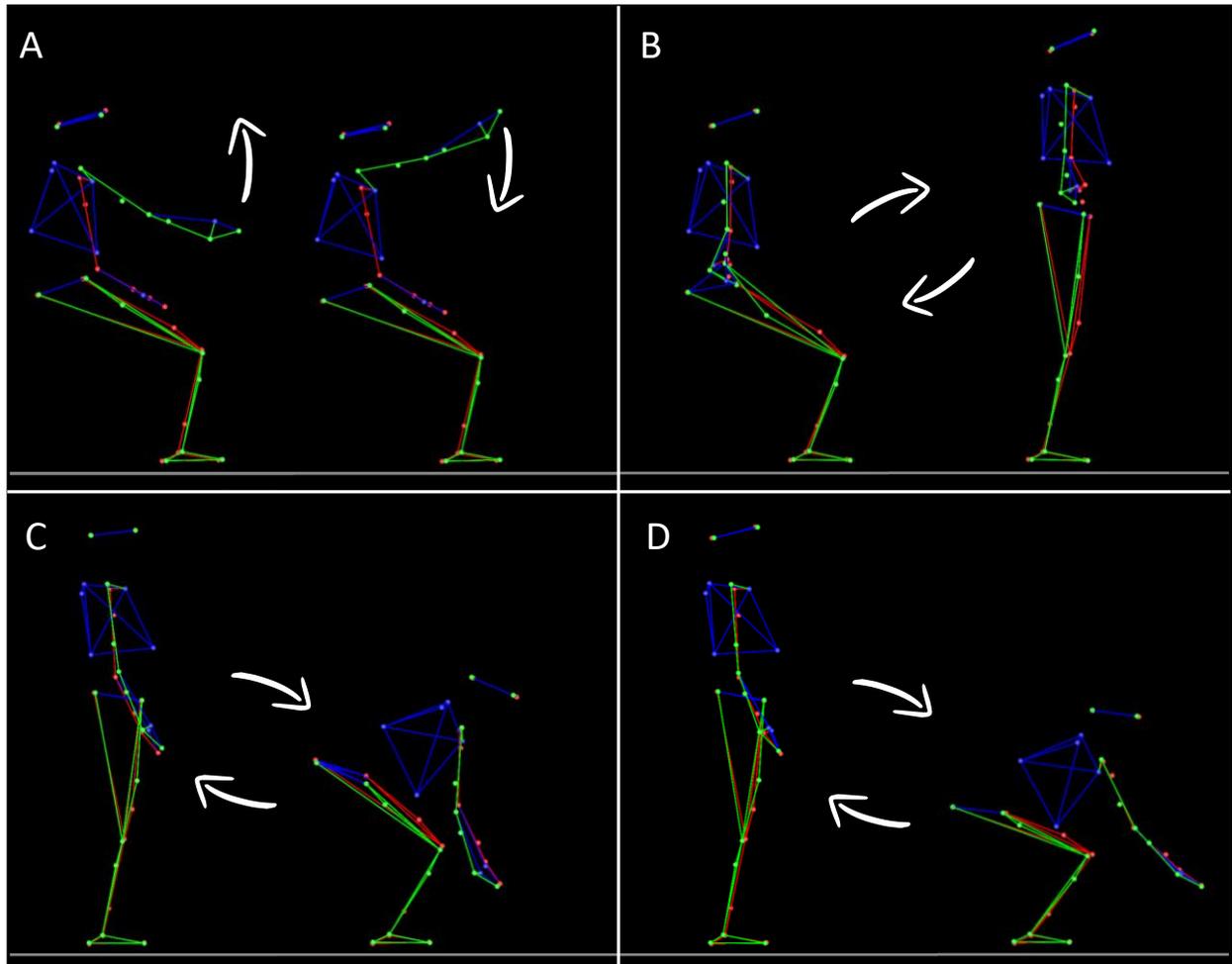


Figure 1. Illustration of the four tasks. Each panel illustrates the extreme body positions between which participants performed their movements. Each position was alternatively the starting or ending target of a movement, depending on movement direction. **A:** Single degree of freedom arm movements flexion/extension around the shoulder joint (flexion/extension). Participants performed upward and downward arm movements. **B:** Seat-to-stand/Back-to-sit movements. Participants performed vertical multi-articular whole-body movements to either stand up from the stool (upward movement) or sit on it (downward movement). **C:** Whole-body reaching task toward a near target. Participants performed vertical multi-articular whole-body movements to either reach towards targets that were located nearby the floor (downward movement) or to bounce back from this position toward a resting vertical standing position (upward movement). **D:** same as C but with targets that were placed farther away on the antero-posterior axis.

127 *ARM task*

128 Over a variety of arm movement tasks, including single or multi-degree of freedom pointing movements,
129 drawing movement, reach to grasp movements, or arm movements that transport a hand-grasped object, the
130 results consensually support an optimization principle that shapes arm motor patterns to take advantage of
131 gravity effects in **saving energy** (Crevecoeur et al., 2009; Gaveau et al., 2011; Gaveau & Papaxanthis, 2011; Le
132 Seac'h & McIntyre, 2007; Paizis et al., 2008; Papaxanthis et al., 1998, 2005; Yamamoto & Koshiro, 2014a). Thus,
133 to make the protocol doable in a single session with each participant, we only included one arm task in the
134 present experiment. This task was similar to a task used in several previous studies probing human movement
135 adaptation to the gravity environment (Gaveau et al., 2014, 2016, 2021; Gaveau & Papaxanthis, 2011; Gentili
136 et al., 2007; Hondzinski et al., 2016; Le Seac'h & McIntyre, 2007; Poirier et al., 2020, 2022; Yamamoto &
137 Koshiro, 2014a). Using their right arm, participants carried out single-degree-of-freedom vertical arm
138 flexion/extension movements around the shoulder joint. Two blocks of arm movements were performed in a
139 randomized order. One block consisted of six slow movements, and one block consisted of twelve fast
140 movements. Two targets (diameter of 3 cm) were placed in front of the participant's right shoulder (in a

141 parasagittal plane) at a distance corresponding to the length of their fully extended arm plus two centimeters.
142 The prescribed movement amplitude between the two targets was 45°, corresponding to 112.5° (upward
143 target, 22.5° above horizontal) and 67.5° (downward target, 22.5° below horizontal) shoulder
144 flexion/extension.

145 *STS/BTS task*

146 This task was similar to those of previous studies (Jeon et al., 2021; Manckoundia et al., 2006; Millington
147 et al., 1992; Mourey et al., 1998). Participants were seated on an armless stool whose height was adjusted to
148 correspond to 30% of the participant's height. The hands were positioned on the hips, and the back was
149 instructed to be maintained about vertical. Participants were asked to stand up from the stool, make a short
150 pause (about 2s), and then sit back on the stool. Similarly to arm movements, participants executed two blocks
151 of movements in a randomized order. One block consisted of six slow movements, and the other consisted of
152 12 fast movements.

153 *WBR task*

154 This task was similar to those of Casteran et al. (2018) and Paizis et al. (2008). Starting from an upright
155 position, we asked participants to perform whole body reaching movements (WBR) toward two targets nearby
156 the floor with their two index fingers (10% of their heights above the floor). The two targets (4 × 2 cm) were
157 spaced by 0.5 m on a medio-lateral axis and centered on the participant's sagittal axis. They were placed in
158 front of the participant at two different distances, corresponding to 15% (D1) or 30% (D2) of their height on
159 the antero-posterior axis. Distances were measured from the participant's big toe. Similarly to the previous
160 two tasks, for each distance and in a randomized order, participants executed two blocks of trials performed
161 at two different speeds. One block consisted of six slow movements and the other twelve fast movements
162 (total of four blocks: two speeds × two distances).

163 *Trial organization*

164 The organization of a trial was similar for all tasks. It was carried out as follows: i) the experimenter
165 indicated to get ready; ii) the participant adopted the requested initial position; iii) after a brief delay (~1
166 second), the experimenter verbally informed the participant that she/he was free to reach the requested final
167 position whenever she or he wanted. Note that reaction time was not emphasized in our experiment; iv) the
168 participant was requested to maintain the final position for a brief period (about 1 second); v) the
169 experimenter instructed to move back to the starting position (reversed movement) whenever desired; vi)
170 lastly, the participant was asked to relax. A short rest period (~20 s) separated trials to prevent muscle fatigue.
171 Additionally, participants were free to rest as long as they wanted between blocks. Participants were allowed
172 to perform a few practice trials (~3 trials) before each block. Low-speed and high-speed blocks were similar
173 except that the instructions were to perform the movements in roughly 5 seconds or as fast as possible,
174 respectively.

175 **Data Collection**

176 *Kinematics*

177 We used the Plug-In Gait full body model (Vicon, Oxford Metrics, UK) following their recommendations to
178 place the 39 reflective markers on the participant's head (temples and backs of the head to form a rigid plan
179 with the head), back (C7, T10 and on the right scapula), torso (jugular notch where the clavicles meet the
180 sternum and on the xiphoid of the sternum), shoulders (acromion), arms (upper lateral 1/3 for the left arm,
181 and 2/3 for the right arm), elbows (lateral epicondyle), forearms (lower lateral 1/3 for the left forearm, and
182 2/3 for the right forearm), wrists (both cubitus styloid processes), hands (middle of the proximal knuckle of the
183 index), pelvis (anterior and posterior superior iliac spine), thighs (upper lateral 1/3 for the left leg, and 2/3 for
184 the right leg), knees (lateral side of the flexion-extension axis), calves (upper lateral 1/3 for the left calf, and
185 2/3 for the right calf), ankles (lateral malleolus), and feet (second metatarsal head and heel). The markers on
186 the scapula, on the arms, on the forearms, on the thighs, and on the calves have been deliberately placed
187 asymmetrically so that the model can best dissociate the right and left sides; these markers are not used for
188 the analyses presented in this manuscript.

189 We recorded the position of all markers with an optoelectronic motion capture system (Vicon system,
190 Oxford Metrics, UK; 18 cameras) at a sampling frequency of 200 Hz. The spatial variable error of the system
191 was less than 0.5 mm.

192 EMG

193 We placed sixteen bipolar surface electrodes (Cosmed, pico EMG, sampling frequency: 1000Hz) on the
194 anterior (AD) and posterior (PD) heads of the deltoid, vastus lateralis (VL), biceps femoris (BF), spinal erectors
195 on L1 (ESL1) and on T7 (EST7), the soleus (SOL), and on the tibialis anterior (TA) to record EMG activity.
196 Electrodes were placed bilaterally. The location of each electrode was determined following the
197 recommendations from Barbero et al. (2012).

198 The Giganet unit (Vicon, Oxford Metrics, UK) synchronously recorded kinematic and EMG data.

199 Data Analysis

200 We processed kinematic and EMG data using custom programs written in Matlab (Mathworks, Natick, MA).
201 Data processing was inspired by previous studies (Gaveau et al., 2021; Poirier et al., 2022) and was similar for
202 all tasks.

203 Kinematics analysis

204 First, we filtered position using a third-order low-pass Butterworth filter (5 Hz cut-off, zerophase distortion,
205 “butter” and “filtfilt” functions). We then computed the amplitude of the movement using steady phases
206 (200ms for fast movements and 500ms for slow movements) before and after the movement, using the marker
207 of the right shoulder (for whole-body movements, see Figure 2) or the right finger (for arm movements). The
208 amplitude was computed on the Z axis for fast movements and on X, Y, and Z axes for slow movements. For
209 slow movements, we used 3D position to minimize detection error on signals that were more variable than
210 those obtained during fast movements. Last, we automatically defined movement onset and offset as the
211 moments when the displacement rose above or fell below a threshold corresponding to 5% and 95% of the
212 total movement amplitude, respectively.

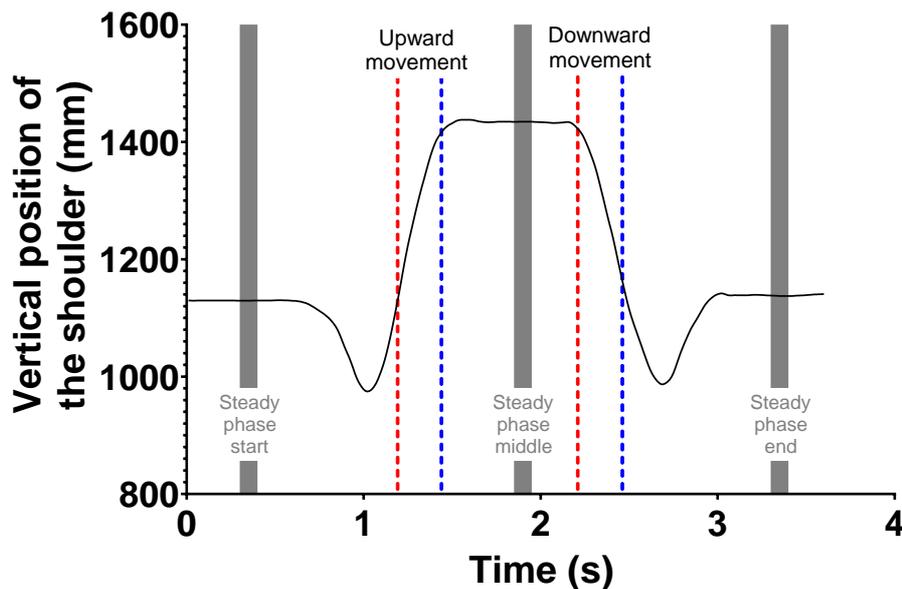


Figure 2. Detection of movement start and end. This panel displays the recording of two successively opposite fast Sit to stand / Back to sit movements. The black trace represents the position of a shoulder marker through time. Rest position is collected during steady phases, before and after each movement (ascending or descending). Based on the data obtained in steady phases, a recursive algorithm automatically defined movement onset and offset as the moments when the displacement rose above or fell below a threshold corresponding to 5% and 95% of the total movement amplitude, respectively.

213 On behalf of using the kinematics to define the start and end of movement, we analyzed the displacement
214 of the Center of Mass (CoM) in three dimensions to understand how equilibrium was maintained during the
215 whole-body tasks. This was done to reproduce the work of Casteran et al., (2018) and Paizis et al., (2008), but

216 also, and more importantly, to perform a simple **analysis testing** whether our main criterion, quantified via
217 electromyographic activity, is linked to a simple, interpretable kinematic change. Our analysis utilized a seven-
218 segment mathematical model incorporating rigid segments such as the Trunk, Thigh, Shank, Foot, Upper arm,
219 Forearm, and Hand. We used anthropometric data from Winter (2009), as performed by previous studies
220 (Berret et al., 2009; Stapley et al., 1999). Our choice of movement segmentation for this specific kinematic
221 analysis has been guided by the works of Casteran et al., (2018) and Paizis et al., (2008). We determined
222 movement onset and **offset** on velocity profiles, using a threshold of 5% of the peak velocity. We further
223 explored the kinematics of the whole-body tasks using two simple parameters: i) the total displacement of the
224 center of mass, calculated as the distance between the start and end positions and normalized by the subject's
225 height; and ii) the peak velocity of the center of mass. We focused on downward movements, as these are the
226 ones that have been studied and present the greatest challenge to balance. The specific process to compute
227 criteria used by previous studies (Casteran et al., 2018 and Paizis et al., 2008) is detailed and available in
228 Supplementary Figure 1.

229 *EMG analysis*

230 Below, following methodologies developed by several previous studies, we detail how we obtain EMG
231 marker.

232 **Pre-processing.** EMG signals were first rectified and filtered using a bandpass third-order Butterworth filter
233 (bandpass 30-300 Hz, zero-phase distortion, “butter” and “filtfilt” functions) followed by a low-pass third-order
234 Butterworth filter (low-pass frequency: 5 Hz) to highlight important features of muscular activities. Signals
235 were integrated using a 100ms sliding window using trapezoidal numerical integration from **Matlab**
236 (**Mathworks, Natick, MA**) and cut off. For fast movements, EMG signals were cut off from 240ms before
237 movement onset to 90ms after movement offset. For slow movements, EMG signals cut off from 75ms before
238 movement onset to 75ms after movement offset. These timing values were obtained from preliminary
239 analyses detecting EMG activity start and stop before and after all movements. The result is the average of all
240 participants. Importantly, those values were kept constant for all participants and, thus, should not bias group
241 comparisons.

242 **Phasic/tonic separation.** We then computed the phasic component of each EMG signal using a well-known
243 subtraction procedure that has mostly been used to study arm movements (Buneo et al., 1994; d’Avella et al.,
244 2006, 2008; Flanders et al., 1994; Flanders & Herrmann, 1992; Gaveau et al., 2021). This processing allows
245 quantifying how much the central nervous system takes advantage of the gravity torque when moving the
246 body in the gravity environment (Gaveau et al., 2021; Poirier et al., 2022, 2024). Here, we customized this
247 procedure to investigate whole body movements since movements are not one-degree-of-freedom
248 movements. First, the tonic signal was obtained from the six slow movements. For that purpose, the cut
249 movements (as described earlier with delays) were normalized in duration to be finally averaged together in
250 one tonic signal. Second, to improve signal to noise ratio, EMG traces of fast movements were ordered
251 according to movement mean velocity and averaged across two trials (from the two slowest to the two fastest
252 movements). This resulted in six EMG traces to be analyzed for each block. Each set of two traces was
253 normalized in duration (corresponding to the mean duration of the two traces) before averaging. Third, the
254 phasic component was obtained by subtracting the tonic EMG from the EMG trace of each pair of fast

255 movements. Finally, to set the data of all participants on a common scale, phasic activity was normalized by
256 the maximal EMG value recorded in each task for each participant.

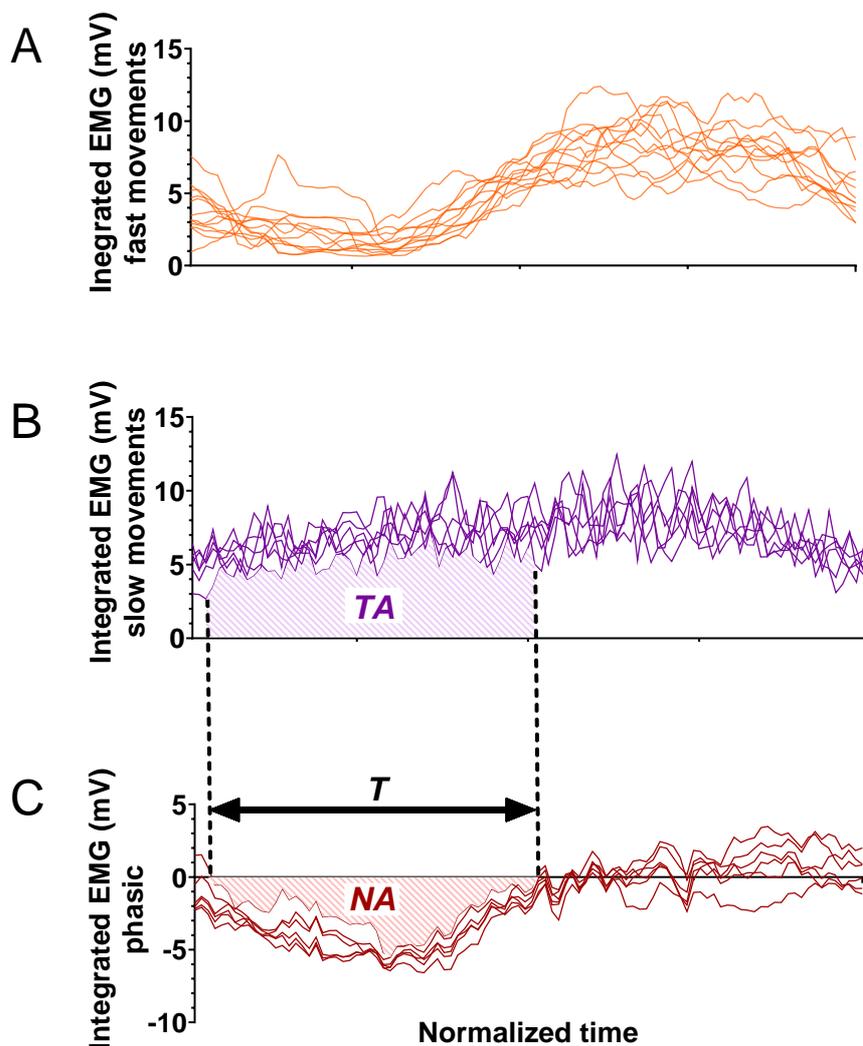


Figure 3: Illustration of the calculation method to obtain phasic EMG components. Electromyographic signals (mV) are presented as a function of time. Pattern duration and amplitude are normalized (see methods). **A:** Six integrated Vastus Lateralis EMG signals during fast BTS movements of a typical participant (BTS: Back-to-seat); **B:** Six integrated Vastus Lateralis EMG signals recorded during slow BTS movements of a typical participant. These signals represent the tonic component. **TA:** Tonic Area integrated on the tonic signal between the negativity onset and offset; **C:** Integrated phasic EMG component computed using the six fast (panel A) and slow movements (panel B). The phasic is calculated by subtracting the mean of the slow acquisitions from the fast acquisitions (Phasic = Fast – Tonic). **T:** the duration of the negative epoch normalized by movement duration and **NA:** the Negative Area integrated on the phasic signal between negativity onset and offset.

257 **Muscles selection.** It was recently shown that the phasic EMG activity of antigravity muscles, those that
258 pull against the gravity vector, consistently exhibits negative epochs (Chambellant et al., 2024; Gaveau et al.,
259 2021; Poirier et al., 2022; Thomas et al., 2023) when the arm acceleration sign is coherent with the gravity
260 acceleration sign (i.e., in the acceleration phase of downward movement and in the deceleration phase of
261 upward movements). This observation likely reflects an optimal predictive motor strategy where muscle
262 activity is decreased when gravity assists arm movements, thereby **saving energy** (Gaveau et al., 2021). In the
263 present study, the antigravity muscles are: i) the Anterior Deltoid (DA), flexing the shoulder joint; ii) the Vastus
264 Lateralis (VL), extending the knee joint; iii) the Erector Spinae L1 (ESL1), extending the rachis; iv) the Erector
265 Spinae **T7 (EST7)**, extending the rachis; v) the Soleus (SOL), flexing the ankle in the plantar direction. Because
266 the Erector Spinae **T7** and the Soleus muscles did not play a strong focal role but a rather postural one in the
267 present tasks, we focused our analyses on the remaining three muscles (DA, VL, and ESL1). Probing the

268 activation of a postural muscle, *per definition*, is not appropriate to test whether the nervous system takes
269 advantage of gravity effects to move our body limbs. Compared to other joints (e.g., hips and knees), the ankle
270 and upper rachis were only minimally mobilized in the tasks we investigated here (see stick diagrams in Figure
271 1). Including these muscles in our analyses would thus add noise to our dependent variables and likely impede
272 our ability to test our hypothesis. Therefore, we focused on DA during arm movements and on VL and ESL1
273 during movement of the entire body.

274 **Quantifying negativity.** We defined negative epochs as an interval where the phasic EMG signal was
275 inferior to zero minus three times the standard deviation of the stable phase preceding the movement, and
276 this for at least 40ms. This duration has been chosen after preliminary tests to avoid detecting false-positives.
277 We kept it constant for all analyses. We used this value as a threshold to automatically detect negativity onset
278 and offset. On each negativity phase, we computed: i) a negativity index, defined as $T \times NA / TA$, with NA the
279 Negative Area integrated on the phasic signal between negativity onset and offset, TA the Tonic Area
280 integrated on the tonic signal between the negativity onset and offset, and T the duration of the negative
281 epoch normalized by movement duration (see Figure 3). This value is always negative or null. The lower the
282 value, the greater the efficiency; ii) negativity occurrence, defined as the number of trials where a negative
283 epoch was automatically detected, divided by the total number of trials in the condition; iii) negativity
284 duration, defined as the duration of the negative epoch normalized by movement duration; iv) negativity
285 amplitude, defined as the minimal *Phasic value / Tonic Value* $\times 100$ during the negative period. A value of -
286 100 indicates that the muscle is completely relaxed and a value of 0 indicates that the muscle exactly
287 compensated the gravity torque.

288 As is often the case with EMG recordings, some of the EMG signals exhibited aberrant values. Those signals
289 are usually due to poor contact between the electrodes and the skin. Supplementary Table 1 summarizes the
290 issues encountered with all electrodes and participants.

291 **Machine Learning**

292 We used custom Matlab (Mathworks, Natick, MA) scripts to perform all machine learning analyses. The
293 ESL1G was not considered for these analyses because the electrode was defective for several younger
294 participants (see Supplementary Table 1).

295 The input data was the phasic EMG signals of the 15 muscles taken individually or the whole set at once.
296 These vectors were fed to the algorithms using binary classification setups, where the algorithm learned to
297 distinguish between the EMGs of the two groups. To ensure robustness of the results, we employed a five-
298 fold cross-validation method. This involved splitting the whole dataset into five sets while ensuring equal
299 representation of both directions in each set. The algorithm was trained on four of those sets before being
300 evaluated on the fifth set (containing data unknown to the trained algorithm). This operation was repeated
301 five times, so each set was tested once. Cross-validation allowed computing the average accuracy and its
302 variance across the testing sets, thereby providing a reliable estimate of the accuracy obtained by the
303 algorithm. Finally, we could compare the accuracy of the algorithm for each muscle.

304 **Univariate Statistics**

305 After an initial kinematic analysis (detailed in the results section), we observed a difference in movement
306 duration between younger and older adults (conducting a repeated measure analyses of variance with a
307 between factor *Age* with two levels: Young/Older and a within factor *Task-type* with two levels: Arm/Whole-
308 body movements). Because movement duration is known to influence phasic EMG negativity (Poirier et al.,
309 2023), we added movement duration as a covariate. We performed repeated measure analyses of covariance
310 (ANCOVA) using JASP software. Two ANCOVA analyses were carried out. We first used a mixed ANCOVA with
311 a between factor *Age* (two levels: Young/Older) and a within factor *Task-type* (two levels: Arm/Whole-body
312 movements) to test whether age effects on movement control depended on the type of task being performed.
313 Second, to detail the age differences observed during movements of the entire body, we used a mixed ANCOVA
314 with a between factor *Age* (two levels: Young/Older) and a within factor *Whole-Body-Tasks* (three levels:
315 STS_BTS/WBR D1/WBR D2). In all cases, the significance level was set to 0.05.

316 To test for a possible beneficial effect (i.e., compensation) of the EMG alterations that we observed with
317 aging, we performed a kinematic analysis of the center of mass. We then used independent Student-tests and
318 Pearson correlation coefficients to study potential differences between groups and associations between
319 variables.
320

322 Movement duration of fast movements varied between tasks and was slightly reduced in younger
 323 compared to older participants (see Figure 4 and Supplementary Table 2 for detailed results). Overall, older
 324 adults were 3.5% slower than younger adults. A repeated measures ANOVA revealed that this age-difference
 325 was significant ($F_{(1,42)} = 14.5$, $P=4.58E-05$, $\eta^2=0.256$). For this reason, we used movement duration as a
 326 covariate in the following statistical analyses. Nevertheless, as revealed by Figure 4, it is important to note that
 327 an important number of older adults moved with durations that were similar to those of younger adults.

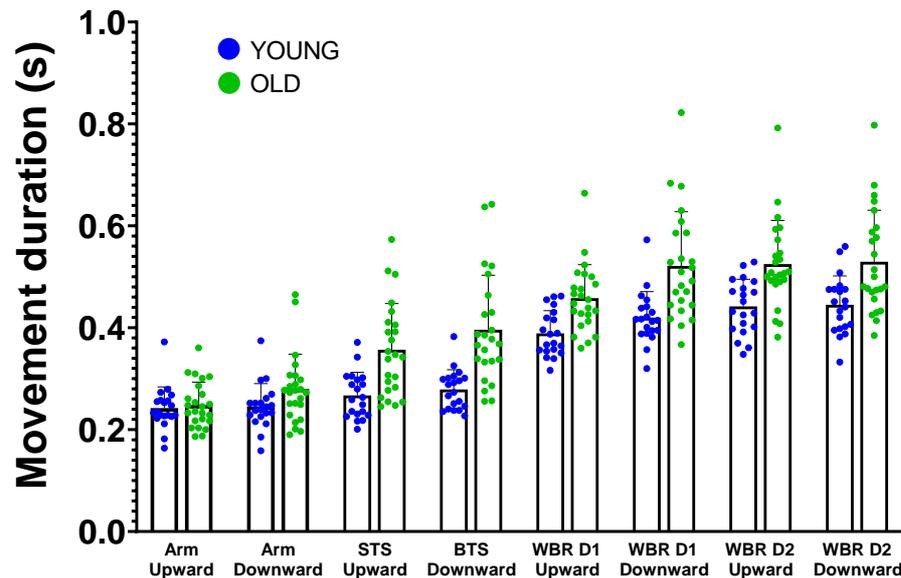


Figure 4. Mean \pm SD movement durations (s) for fast movements performed in all tasks and both groups (STS: Seat-to-stand, BTS: Back-to-seat, WBR: Whole-body-reaching, D1: Short distance=15% of the height of the subject, and D2: Long distance=30% of the height of the subject). Each point corresponds to the average duration of the trials of one participant. The blue points represent the young participants, and the green points correspond to the older participants.

328 A body of computational studies has demonstrated that human arm movements take advantage of gravity
 329 effects to save energy (Berret et al., 2008; Crevecoeur et al., 2009; Gaveau et al., 2011, 2014, 2016, 2021).
 330 Most of these studies used mathematical models that minimized the absolute work of muscle force to produce
 331 the arm displacement (Berret et al., 2008; Gaveau et al., 2011, 2014, 2016, 2021). More specifically, the study
 332 from Berret et al. (2008) formally demonstrated that this muscle work cost, and associated behavior,
 333 corresponded to an energetic-like optimum. Because previous studies have shown that the amplitude of
 334 kinematic and electromyographic markers directly relates to energetic efficiency (Gaveau et al., 2016; Poirier
 335 et al., 2022), here we compare the amplitude of an EMG marker between younger and older adults. If the EMG
 336 marker increases, this means that energetic efficiency increases – i.e., the minimization process is upregulated
 337 – and thus muscle work decreases. If the EMG marker decreases, this means that energetic efficiency
 338 decreases – i.e., the minimization process is downregulated – and thus muscle work increases.

339 Figure 5 displays average phasic EMG profiles for each muscle, direction, and task. As recently reported,
 340 phasic EMG signals of arm movements show negative phases during the deceleration of upward and the
 341 acceleration of downward arm movements, i.e., where gravity torque helps generate the arm's motion
 342 (Gaveau et al., 2021; Poirier et al., 2022, 2024). Previous works demonstrated that this negativity is not erratic
 343 but systematic and indicate that muscles contract less than necessary to compensate for gravity effects. It is
 344 therefore especially prominent on antigravity muscles and reveals that the central nervous system (CNS)
 345 exploits gravity effects to produce efficient movements, i.e., motor patterns that save unnecessary muscle
 346 work. Here, we extend this result to movements performed with the entire body. Indeed, for STS/BTS and WBR
 347 movements, Figure 5B-D unveils phasic EMG negativity during the deceleration of upward movements and the
 348 acceleration of downward movements, i.e., when gravity can help produce the motion. This first qualitative

349 result demonstrates that movements that are performed with the entire body, similarly to more focal arm
 350 movements, exploit gravity effects to save unnecessary muscle work (Gaveau et al., 2021). More importantly,
 351 the present results qualitatively reveal that older adults also use such an efficient strategy, both when moving
 352 their arm and their entire body.

353 **Main analysis**

354 Following our primary hypothesis, we first analyzed a single metric quantifying phasic EMG negativity on
 355 an average muscle activation pattern (vastus lateralis and erector spinae in L1 were averaged for whole-body
 356 tasks and deltoid anterior was used for arm tasks), namely the negative area of phasic EMG patterns (see
 357 methods and Poirier et al., 2022, 2024). The bigger the negativity index, the more efficient the muscle
 358 contractions, in the sense that gravity effects were maximally exploited to save energy (Gaveau et al., 2021).

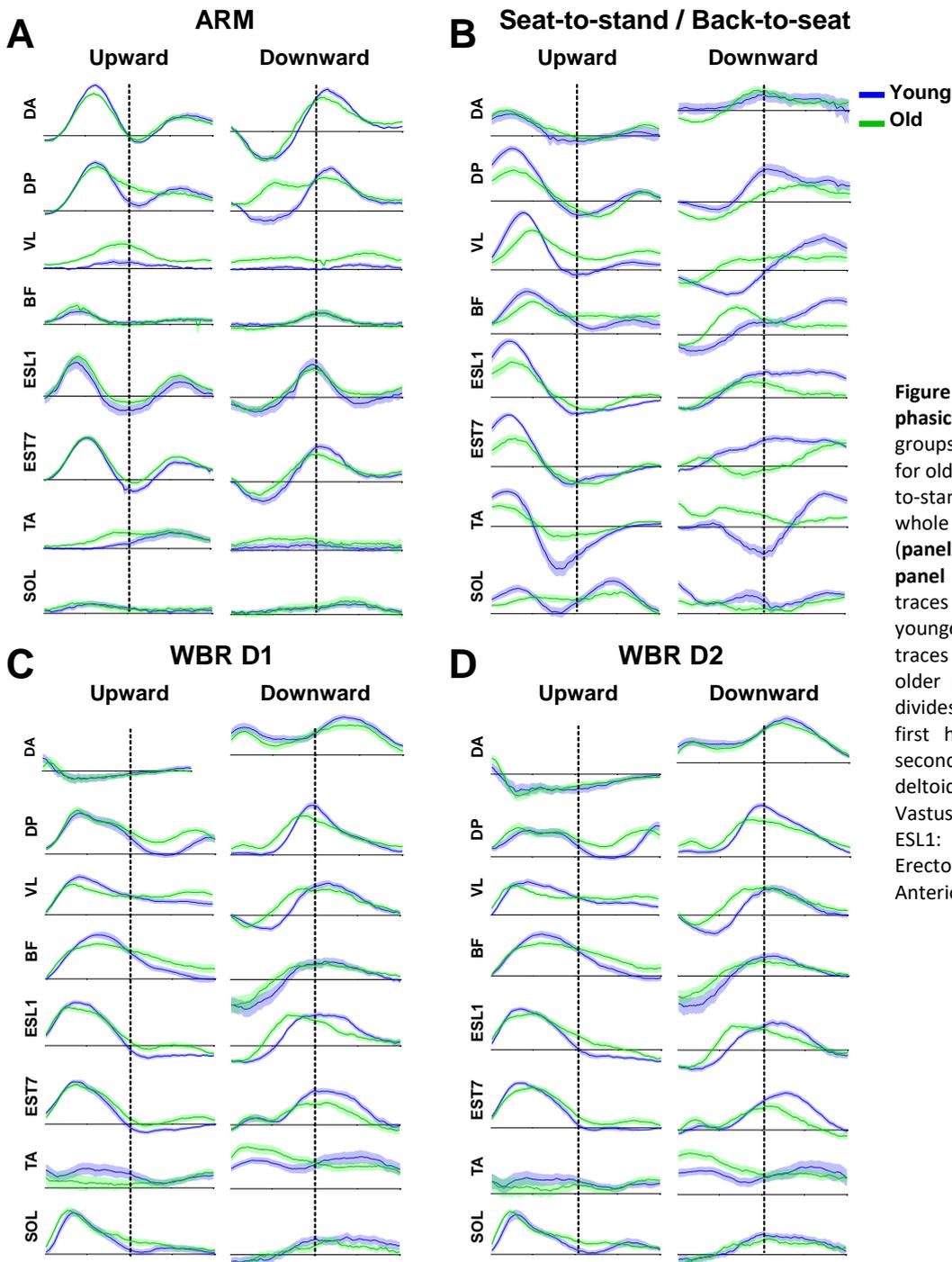


Figure 5: Mean (\pm SE) integrated phasic EMGs recorded for both groups ($n = 20$ for younger and $n = 24$ for older) during arm (**panel A**), Seat-to-stand/Back-to-seat (**panel B**), and whole body reaching movements (**panel C** for short distance D1 and **panel D** for long distance D2). Blue traces present EMGs recorded for younger participants, while green traces present EMGs recorded for older participants. The dotted line divides the movement in two: the first half is acceleration and the second is deceleration. (DA: Anterior deltoid, DP: Posterior deltoid, VL: Vastus Lateralis, BF: Biceps Femoris, ESL1: Erector Spinae in L1, EST7: Erector Spinae in T7, TA: Tibialis Anterior, SOL: Soleus).

359 Figure 6 displays the results of this ANCOVA analysis (Age × Task-Type), revealing a significant interaction
 360 between age and task factors ($F_{(1,42)} = 5.48$, $P = 2.44E-02$, $\eta^2 = 0.120$) but no Age or Tasks effect (for detailed
 361 statistical results, please see Supplementary Table 3). This result demonstrates that age differently alters
 362 motor strategies for arm movements vs whole-body movements. Older adults used gravity effects to a similar
 363 extent as younger ones when performing arm movements (older adults, mean ± SD: -10.7 ± 5.6 , 95% CI: $[-8.4;$
 364 $-13.0]$; younger adults, -11.4 ± 3.6 , $[-9.8;-13.0]$), but to a lesser extent when performing whole-body movements
 365 (older adults, -9.7 ± 3.2 , $[-8.0;-11.5]$; younger adults, -15.6 ± 3.3 , $[-14.1;-17.0]$). As recently reported by Poirier
 366 et al. (2024), similar arm results in younger and older adults suggest that the ability to plan movements that
 367 optimally use gravity effects to **save energy** remains functional in older adults. The results obtained in whole-
 368 body movement tasks (STS/BTS and WBR) could thus suggest that the difference observed between older and
 369 younger adults does not reflect a deterioration of the ability to plan movements that are optimally adapted to
 370 the gravity environment. Instead, it would suggest a change in movement strategy that compensates for other
 371 deteriorated control processes (for example, the loss of muscle mass & force).

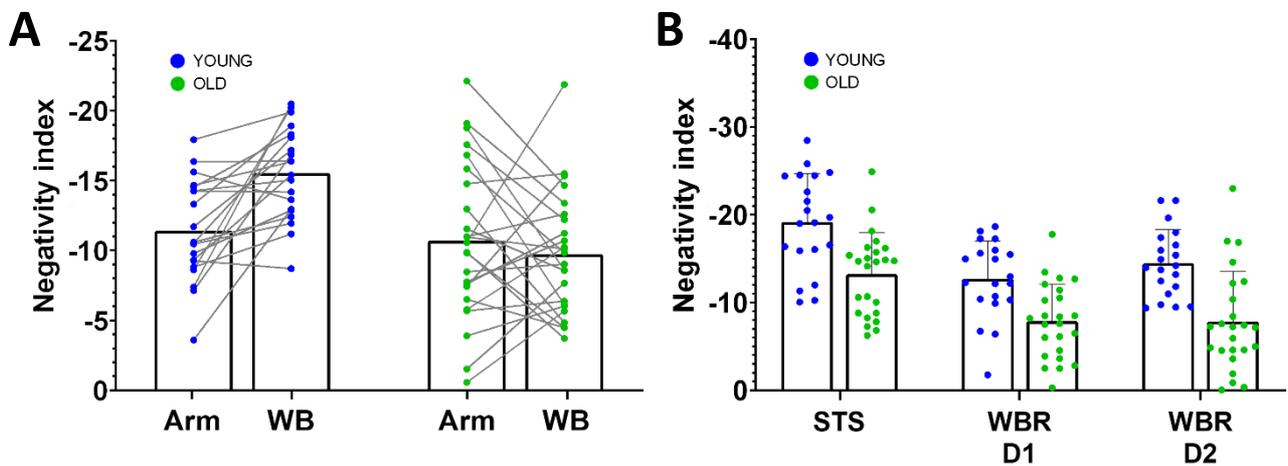


Figure 6. Negativity index computed for **A.** arm and whole-body movements in both groups (WB: Whole Body combines seat-to-stand/back-to-seat, whole-body reaching from D1 and whole-body reaching from D2) and **B.** each whole-body task (STS/BTS: seat-to-stand/back-to-sit, WBR D1: whole-body reaching from D1 and WBR D2: whole-body reaching from D2). The negativity index, defined as $T \times NA / TA$, with NA the Negative Area integrated on the phasic signal between negativity onset and offset, TA the Tonic Area integrated on the tonic signal between negativity onset and offset, and T the duration of the negative epoch normalized by movement duration. The blue points correspond to the younger participants, and the green points correspond to the older participants. Each point corresponds to the mean value of one participant (mean across trials and antigravity muscles, and/or tasks).

372 We performed a complementary analysis to determine whether every whole-body task showed the same
 373 age effect (ANCOVA Age × Whole-Body Tasks). This test did not reveal any interaction effect ($F_{(2,42)} = 0.77$,
 374 $P = 4.67E-01$, $\eta^2 = 0.019$), further supporting the interpretation that this is the “whole body” aspect of the task
 375 that impacts the motor strategy in older adults (please see Supplementary Table 3 for full analysis).

376 Previous studies have proposed that the change in kinematic strategies observed between older and
 377 younger adults during whole-body movements could be explained as a strategy maximizing equilibrium
 378 maintenance rather than **energetic efficiency** (Casteran et al., 2018; Paizis et al., 2008). Following this
 379 hypothesis, one would predict increasing differences between younger and older adults when the equilibrium
 380 constraint increases. In the present experiment, increased equilibrium constraint was produced by increasing
 381 the target distance during whole body reaching movements (WBR D1 vs WBR D2; alike Casteran et al., 2018).
 382 The Age × Whole-Body Tasks ANCOVA, however, did not reveal such a difference.

383 Last, we analyzed kinematic patterns in order to investigate whether the decreased **energetic efficiency**
 384 observed during whole body tasks in older adults could actually be interpreted as compensation. We tested
 385 whether the negativity of phasic EMGs correlated with kinematic parameters that are related to balance
 386 control (the COM displacement, and COM peak velocity, see Figure 7; and see Supplementary Figure 1 for
 387 detailed results of the reproduction of the tests conducted by Casteran et al., (2018) Paizis et al., (2008). The
 388 EMG criterion during the Back to Seat task was found to be significantly correlated with the COM displacement
 389 (Pearson correlation, $P=2.2E-2$, Pearson's $r=-0.343$) and the COM peak velocity (Pearson correlation, $P=1.9E-$
 390 3 , Pearson's $r=-0.476$). This same EMG criterion also turned out to be significantly correlated for the Whole-
 391 Body Bending task with the COM displacement (Pearson correlation, $P=3.2E-3$, Pearson's $r=-0.435$) and with
 392 the COM peak velocity (Pearson correlation, $P=1.2E-7$, Pearson's $r=-0.700$). The linear regressions revealed
 393 that the more a participant used the effects of gravity, the more and the quicker she/he displaced his COM.
 394 One could interpret this result as demonstrating that older adults lose the ability to plan energetically efficient
 395 movement and, thus, move their whole-body less and more slowly. However, the null age effect on arm
 396 movement control supports the hypothesis that planning efficient movements remains functional in older
 397 adults, as also supported by recent other results (Healy et al., 2023; Huang & Ahmed, 2014; Poirier et al., 2020;
 398 Summerside et al., 2024). Overall, during movements performed with the entire body, i.e., when equilibrium
 399 maintenance is challenged, the present results support an age-related adaptation process that selects a less
 400 energetically efficient but more stable movement strategy in healthy older adults.

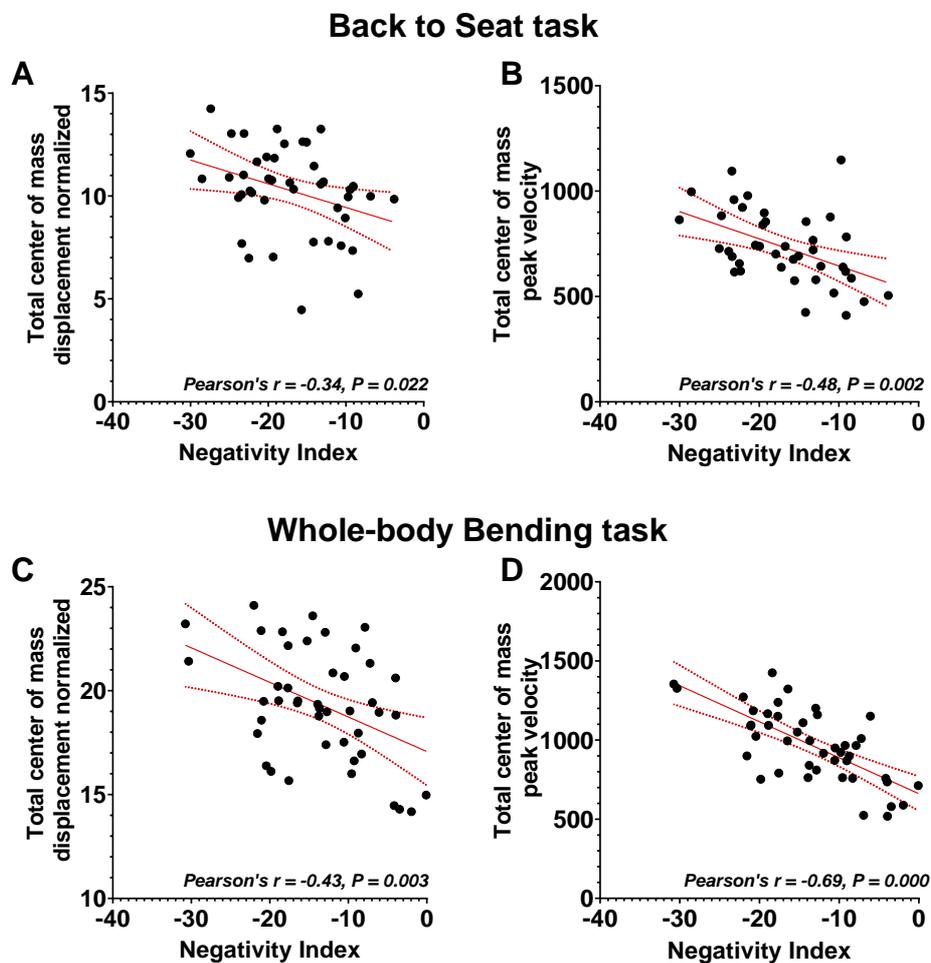


Figure 7. Center of mass analyses. Linear relationship between EMG negativity (Vastus Lateralis and Spinal Erector L1) and total displacement of the center of mass during **A.** back-to-sit movements and **B.** bending movements from the whole-body reaching tasks (averaged between distances D1 and D2).

Exploratory analyses

To provide a fine-grained analysis of the age effect on phasic EMG negativity during whole-body motion, we probed negativity duration, negativity amplitude, and negativity occurrence across tasks and age-groups (see Figure 9). Here also, the bigger the values, the bigger the use of gravity effects to produce body motion. A repeated measure ANCOVA Age x Tasks (Young/Older x STS_BTS/WBRD1/WBRD2) revealed a significant age effect where negativity duration was larger in younger compared to older participants ($F_{(1,36)} = 21.49$, $P = 4.54E-05$, $\eta^2 = 0.374$). The age effect did not reach significance for negativity occurrence ($F_{(1,36)} = 3.62$, $P = 0.065$, $\eta^2 = 0.091$) nor for negativity amplitude ($F_{(1,36)} = 1.16$, $P = 0.28$, $\eta^2 = 0.031$). No interaction between Age and the other factors reached significance (see Supplementary Table 3 for detailed results). Overall, all variables showed qualitatively smaller negativity on phasic EMGs, thus reduced use of gravity effects, in older compared to younger adults. As already observed for arm movements (Poirier et al. 2024), it is mainly the duration of inactivation that is modulated.

Here we were interested in comparing arm movement and whole-body movement control because the scientific literature has reported that the control of whole-body movements changes with age, while the control of arm movements does not (Casteran et al., 2018; Paizis et al., 2008; Poirier et al., 2020, 2024; Vernazza-Martin et al., 2008). Focusing on a limited number of muscles is problematic, as we risk probing muscles whose activation patterns are not affected by age. To ensure that our restrictive theory-driven analysis provides meaningful results, we verified that our cherry-picked muscles truly conveyed information about age-related modifications of whole-body movement control. To this aim, we employed machine learning analyses that quantified how much each muscle activation was altered by age. This allowed controlling that we were actually focusing on muscles that discriminated movement control between younger and older adults.

Our rationale was the following: if the algorithm can successfully separate the data of younger and older adults, using antigravity muscle activation patterns, this would demonstrate that important information is contained in those muscles regarding age-related modifications of movement control. For more details on similar use and operation of machine learning algorithms on EMG signals, please see (Chambellant et al., 2024; Thomas et al., 2023; Tolambiya et al., 2011). Here we present the results of a Linear Discriminant Analysis (LDA, Johnson & Wichern, 1988) but we verified that we obtained similar conclusions with two other algorithms, namely the Quadratic Discriminant Analysis (QDA, Cover, 1965) and the Support Vector Machine (SVM, Vapnik and Lerner, 1965).

The Machine Learning analysis indeed revealed that antigravity muscles contained important information, allowing separating age-groups with some of the best success-rates (see Figure 8 for results regarding LDA accuracy). The vastus lateralis (VL) and the spinal erectors on L1 (ESL1) achieved the best classification accuracies of 57.72% and 59.51% respectively (considering that these classifications are significantly better than chance if they are above 52.5% according to a fairness test). The main results presented here are therefore quantitatively based. They originate from analyses of the muscles that show the most information to distinguish younger from older adults during whole-body movement. Other muscles, such as DP or EST7, also exhibit reasonably good classification accuracies. This is not unexpected as humans and animals are known to control their varied muscles in a synergistic manner (Berret et al., 2009; d'Avella et al., 2006; Tresch et al., 1999), and even the slightest alteration of movement strategy may require modifying the activation of several muscles.

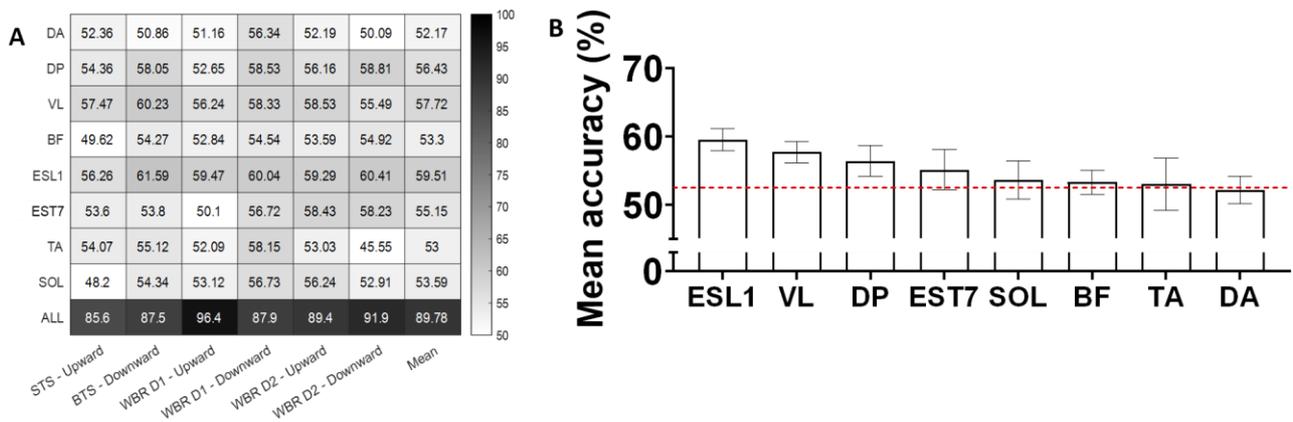


Figure 8. A. Heatmap representing the accuracy of the LDA algorithm to discriminate young from older adults using phasic EMGs recorded during the tasks mobilizing the entire body. The eight first lines correspond to the accuracy of each individual muscle. The last line corresponds to the accuracy of taking all muscles simultaneously (DA: Anterior deltoid, DP: Posterior deltoid, VL: Vastus Lateralis, BF: Biceps Femoris, ESL1: Erector Spinae in L1, EST7: Erector Spinae in T7, TA: Tibialis Anterior, SOL: Soleus). The first six columns correspond to the six whole-body tasks of the experiment (STS = Sit To Stand; BTS = Back To Sit; WBR D1 = Whole Body Reaching near target; WBR D2 = Whole body reaching far target), the last column corresponds to the average accuracy of the six tasks for each muscle. This analysis has been conducted to showcase which muscles are important for discrimination. We can see that those antigravity muscles (muscles that act against gravity, in our case, the VL and the ESL1) contain relevant information as they reach the highest scores. **B.** Mean \pm SD distance between groups representations by the LDA algorithm for each individual muscle (DA: Anterior deltoid; DP: Posterior deltoid; VL: Vastus Lateralis; BF: Biceps Femoris; ESL1: Erector Spinae in L1; EST7: Erector Spinae in T7; TA: Tibialis Anterior; SOL: Soleus). The higher the distance, the more differentiable the groups are. Values corresponds to the average distance obtain for all six tasks. We can see that those antigravity muscles (muscles that act against gravity, in our case, the VL and the ESL1) contain relevant information as they reach some of the highest values. Error bars correspond to the standard error across a five-fold cross-validation.

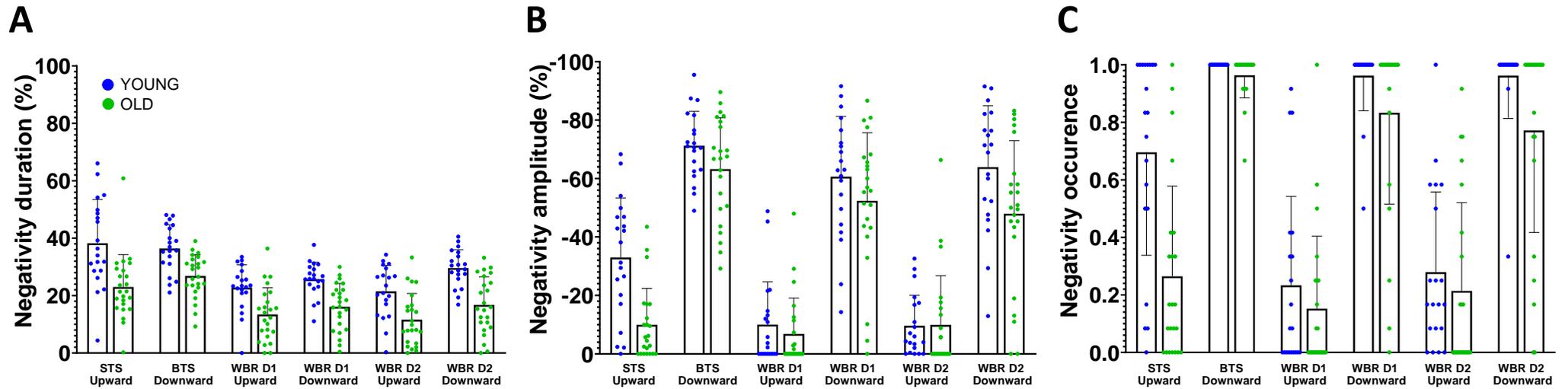


Figure 9. Mean \pm SD negativity quantification for all tasks and groups (STS: Seat-to-stand, BTS: Back-to-seat, WBR: Whole-body-reaching, D1: Short distance=15% of the height of the subject, and D2: Long distance=30% of the height of the subject). Quantification was carried out using three criteria: negativity duration (panel A), negativity amplitude (panel B), and negativity occurrence (panel C) on the antigravity muscles (vastus lateralis and the erector spinae). The blue points correspond to the younger participants, and the green points correspond to the older participants. Each point corresponds to the mean value across trials and antigravity muscles.

445 In younger and older adults, we investigated the muscle activation patterns responsible for arm and
446 whole-body movements. The results revealed an age-related alteration of muscle activation that differed
447 between the types of tasks. Comparing older adults to younger ones, we found that a muscle marker of
448 **energetic efficiency** was reduced during whole-body movements, but the results show no evidence that
449 this marker was reduced during arm movements. Previous works have demonstrated that this marker
450 allows quantifying the output of a sensorimotor control process that adapts human movements to gravity
451 (Gaveau et al., 2021; Poirier et al., 2022, 2024). More precisely, this marker allows for quantifying how
452 much one harvests gravity effects to **save energy**. Here, arm movement results reveal that this **energetic-**
453 **efficiency** process remains functional in older adults. During whole-body movements, however, the present
454 results reveal that a criteria linked to **energetic-efficiency** was downregulated in older adults compared to
455 younger adults. Overall, the present results suggest a compensation process that modulates planning
456 strategies to maximize equilibrium in older adults.

457 **Age-related compensatory processes in sensorimotor control.** A number of studies have proposed
458 that the differences observed between younger and older adults can be interpreted as compensations for
459 age-related deteriorations. Of particular interest are studies from the last decade that have sought to
460 investigate specific motor control processes rather than broad motor performance. For example, some of
461 these studies indirectly suggested that older adults favor feedforward rather than feedback control (Moran
462 et al., 2014; Wolpe et al., 2016) to compensate for the attenuation of sensory processing with increasing
463 age (Moran et al., 2014; Parthasharathy et al., 2022; Saenen et al., 2023). Others indirectly suggested that
464 older adults favor movement efficiency over precision (Healy et al., 2023; Poirier et al., 2020) to
465 compensate for their increased energetic cost (Didier et al., 1993; Hortobagyi et al., 2011; John et al., 2009).
466 Yet, because the focus of these studies was not on compensatory processes, they did not include dedicated
467 experimental conditions. The aim of the present study was to fill this gap.

468 **Maintained efficiency of arm movements in older adults.** The metabolic rate is known to influence
469 resource use, body size, rate of senescence, and survival probability (Brown et al., 2004; DeLong et al.,
470 2010; Strotz et al., 2018; Van Voorhies & Ward, 1999). The nervous system has therefore developed the
471 ability to design movement strategies that minimize our every-day efforts (Cheval et al., 2018; Gaveau et
472 al., 2016; Huang et al., 2012; Morel et al., 2017; Selinger et al., 2015; Shadmehr et al., 2016). The present
473 findings confirm the results of previous arm movement studies that proposed a theory according to which
474 motor control takes advantage of gravity effects to **save energy** (Berret et al., 2008; Crevecoeur et al., 2009;
475 Gaveau et al., 2014, 2016, 2021; Gaveau & Papaxanthis, 2011). Here, we focused on the muscle activation
476 marker of gravity-related **energetic-efficiency**, i.e., the negativity of phasic EMG. Previous modeling and
477 experimental work demonstrated that this phasic EMG negativity results from an optimal control process
478 that plans efficient arm movements in the gravity field (Gaveau et al., 2021). As reported by (Poirier et al.,
479 2024), we found similar phasic EMG negativity during arm movements in older and younger adults. Thus,
480 arm movements equally optimized gravity effects in younger and older adults. These results align with
481 those of studies that probed progressive motor adaptation to a new environment in older adults. Using
482 locally induced force fields in a robotic environment, these studies revealed that older adults decreased
483 their metabolic costs similarly to younger adults while adapting to new environmental dynamics (Healy et
484 al., 2023; Huang & Ahmed, 2014). Overall, results from arm movement studies advocate for the
485 maintenance of the ability to optimally integrate environmental dynamics and plan arm movements that
486 are energetically efficient in older adults.

487 **Whole-body movements also harvest gravity effects to save energy.** Current results also extend the
488 current knowledge on the planning of energetically efficient movements to more global movements, both
489 in younger and older adults. They unravel that deactivating muscles below the tonic level that would be
490 necessary to compensate for external dynamics are not only relevant to controlling focal arm movement
491 but also for whole-body movements. Using a combination of modeling and experimental work, previous
492 studies demonstrated that healthy participants move their arms following trajectories and using muscular
493 patterns that **save energy** in the gravity environment (Berret et al., 2008; Crevecoeur et al., 2009; Gaveau
494 et al., 2014, 2016, 2021; Gaveau & Papaxanthis, 2011). To isolate gravity effects, most studies focused on
495 one-degree-of-freedom arm movements. Although those studies allowed us to clearly demonstrate how

496 motor planning integrates gravity effects into motor planning, one-degree-of-freedom movements are
497 hardly representative of the rich and complex human movement repertoire. The present study, using more
498 ecological movements, basically extends the optimal integration of gravity effects theory to every-day
499 movements.

500 **Decreased efficiency of whole-body movements in older adults.** Contrary to focal arm movements,
501 we observed a strong age difference during global movements that engaged the entire body, here sit to
502 stand / back to sit and whole-body reaching movements. Specifically, the negativity of phasic EMG was
503 significantly reduced in older compared to younger adults. This suggests that whole-body movements are
504 less energetically efficient in older adults than in younger ones, adding to the general result that global
505 movements are more energy-demanding for older adults compared to younger adults (Didier et al., 1993;
506 Hortobagyi et al., 2003, 2011; John et al., 2009). Previous kinematic studies suggested that older adults
507 favor movement strategies that maximize balance maintenance rather than **energy efficiency** (Casteran et
508 al., 2018; Paizis et al., 2008). However, age differences observed during whole-body movements may also
509 be interpreted as an inability to **save energy** when coordinating complex movements (Goodpaster et al.,
510 2006; Henry & Baudry, 2019; Quinlan et al., 2018; Vernazza-Martin et al., 2008). Here, contrasting results
511 from arm and whole-body movements in the same participants, we provide support for a compensation
512 process that adapts movement strategy in older adults, rather than a deterioration of the ability to
513 optimally coordinate whole-body movements. Since arm movements revealed that older participants
514 maintained the ability to plan energetically efficient movements, altered whole-body movement may be
515 explained as an adaptation of movement strategy rather than deteriorated motor planning. More
516 importantly, we found that decreased efficiency was associated with decreased center-of-mass
517 displacement and speed, i.e., less instability. This further suggests that **decreased efficiency** in older adults
518 is a compensation process that trades efficiency with equilibrium maintenance. This could be explained as
519 an optimal motor planning process that minimizes a composite cost function; i.e., **energy** and instability.
520 It has been proposed that the central nervous system combines different costs – related to energy,
521 precision, or duration, for example – when planning a movement (Berret et al., 2011; Gielen, 2009; Healy
522 et al., 2023; Liu & Todorov, 2007; Mombaur et al., 2010; Poirier et al., 2024; Tanis et al., 2023; Vu et al.,
523 2016). In older adults, this combination would increase the relative weighting of the instability
524 (equilibrium) cost and decrease the relative weighting of the **energetic** cost. Future work may use this
525 framework to probe age-related motor adaptation.

526 **Effect of target distance.** During the whole-body reaching task, reusing the protocol (Casteran et al.,
527 2018), we varied the antero-posterior distance of the target to be reached. Casteran et al. (2018) found
528 larger differences between younger and older participants when the target was further. Consequently, we
529 hypothesized that the further away the target, the greater the age differences in the negativity epochs of
530 phasic EMGs. The present results do not validate this hypothesis (see Supplementary Table 3).

531 **Age-related compensation in the brain.** In the sensorimotor field, following the consensus that aging
532 is associated with increased activation and increased spatial recruitment, numerous studies have
533 attempted to establish a correlation between brain activation and behavioral performance in older adults
534 (for reviews, see Fettes et al., 2021; Poirier et al., 2021; Seidler et al., 2010; Ward, 2006). This literature
535 has not reached a consensus on the neural changes underlying compensatory mechanisms in the aging
536 brain. Several studies reported a positive correlation (Cassady, Gagnon, et al., 2020; Clark et al., 2014;
537 Harada et al., 2009; Heuninckx et al., 2008; Holtzer et al., 2015; Jor'dan et al., 2017; Larivière et al., 2019;
538 Mattay et al., 2002; Spedden et al., 2019), and as many reported no correlation or even a negative
539 correlation (Bernard & Seidler, 2012; Cassady et al., 2019; Cassady, Ruitenber, et al., 2020; Fernandez et
540 al., 2019; Hawkins et al., 2018; Holtzer et al., 2016; Loibl et al., 2011; Riecker et al., 2006; Ward et al., 2008).
541 Building on the theoretical work of Krakauer et al. (2017), we recently proposed that an important reason
542 for this lack of consensus may be that previous studies, while focusing on brain activations, used crude
543 behavioral paradigms that likely mixed deteriorated and compensatory processes (Poirier et al., 2021).
544 Using behavioral paradigms that focus on specific motor control processes, as performed here, could help
545 differentiate compensatory mechanisms from deteriorative ones.

546 **Role of physical and cognitive fitness in age-related compensation.** Physical and cognitive fitness may
547 influence how much older adults favor stability over energetic efficiency. It is well-known that physical and
548 cognitive fitness significantly impact functional mobility in older adults (Marusic et al., 2018;
549 Wickramarachchi et al., 2023; Zhao et al., 2014). One could speculate that physical and cognitive fitness

550 are inversely related to the level of physical and cognitive deterioration. For example, muscle force and
551 sensory integration are crucial for controlling balance. The more deteriorated they are, the greater the
552 need for compensatory processes to adapt movement control to the participant's capacities. Future
553 research should account for variations in physical and cognitive fitness to better understand their role in
554 the development of compensatory mechanisms.

555 **Simple mono-articular vs complex multi-articular arm movements.** Another aspect that needs to be
556 highlighted here is the choice of the arm task, which is not representative of all existing tasks for studying
557 upper limb motor skills. Using this very same task, the results from two previous studies also support the
558 preservation of arm movement efficiency in older adults (Poirier et al., 2020, 2024). One may wonder
559 whether the present conclusions would hold for more complex arm movements. Using multi-degree of
560 freedom arm movements to study motor adaptation to an externally imposed force-field, other studies
561 also reported results showing that, alike younger adults, older adults maintain the ability to produce
562 movements that are energetically efficient (Healy et al., 2023; Summerside et al., 2024). The present mono-
563 articular results are therefore likely to generalize to other types of arm movements. In young adults, the
564 efficient integration of gravity effects to **save energy** has been demonstrated with varied arm movements,
565 such as single or multi-degree of freedom pointing movements, drawing movements, reach to grasp
566 movements, or arm movements that transport a hand-grasped object (Berret et al., 2008; Crevecoeur et
567 al., 2009; Gaveau et al., 2011; Gaveau & Papaxanthis, 2011; Le Seac'h & McIntyre, 2007; Papaxanthis et al.,
568 1998, 2005; Yamamoto & Koshiro, 2014b). Future work may test whether the present conclusions extend
569 to more complex and functional arm movements.

570 In conclusion, probing a specific motor control process, the present study provides a set of behavioral
571 results that support the interpretation of a compensatory process that counterbalances other deteriorated
572 processes in older adults. Probing age effects on specific sensorimotor control processes may help
573 disentangle compensation from deterioration processes that occur through healthy aging (Poirier et al.,
574 2021). We believe that understanding compensation at a behavioral level is an important step toward
575 pinpointing its neural underpinning (Krakauer et al., 2017) and, later, preventing unhealthy aging (Baltes &
576 Baltes, 1990; Martin et al., 2015; Zhang & Radhakrishnan, 2018).

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579 also thank all the participants who took part in the experiment.

580 **Data, scripts, code, and supplementary information availability**

581 Data are available online: 10.5281/zenodo.10619701, webpage hosting the data:
582 <https://doi.org/10.5281/zenodo.10619701> (*citation of the data eg Mathieu et al, 2024*);

583 Scripts and code are available online: 10.5281/zenodo.10634004, webpage hosting the scripts:
584 <https://doi.org/10.5281/zenodo.10634004> (*citation of the scripts eg Mathieu et al, 2024*);

585 Supplementary information is available online: 10.5281/zenodo.10671496, webpage hosting the file:
586 <https://doi.org/10.5281/zenodo.12671953> (*citation of the supplementary file eg Mathieu et al, 2024*);

587 **Conflict of interest disclosure**

588 The authors declare that they comply with the PCI rule of having no financial conflicts of interest in
589 relation to the content of the article.

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 595 compensation as foundation of developmental theory. *American Psychologist*, 52(4), 366-380.
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