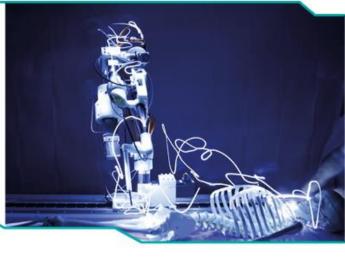
7<sup>th</sup> International Workshop on New Trends in Medical and Service Robotics, 2021

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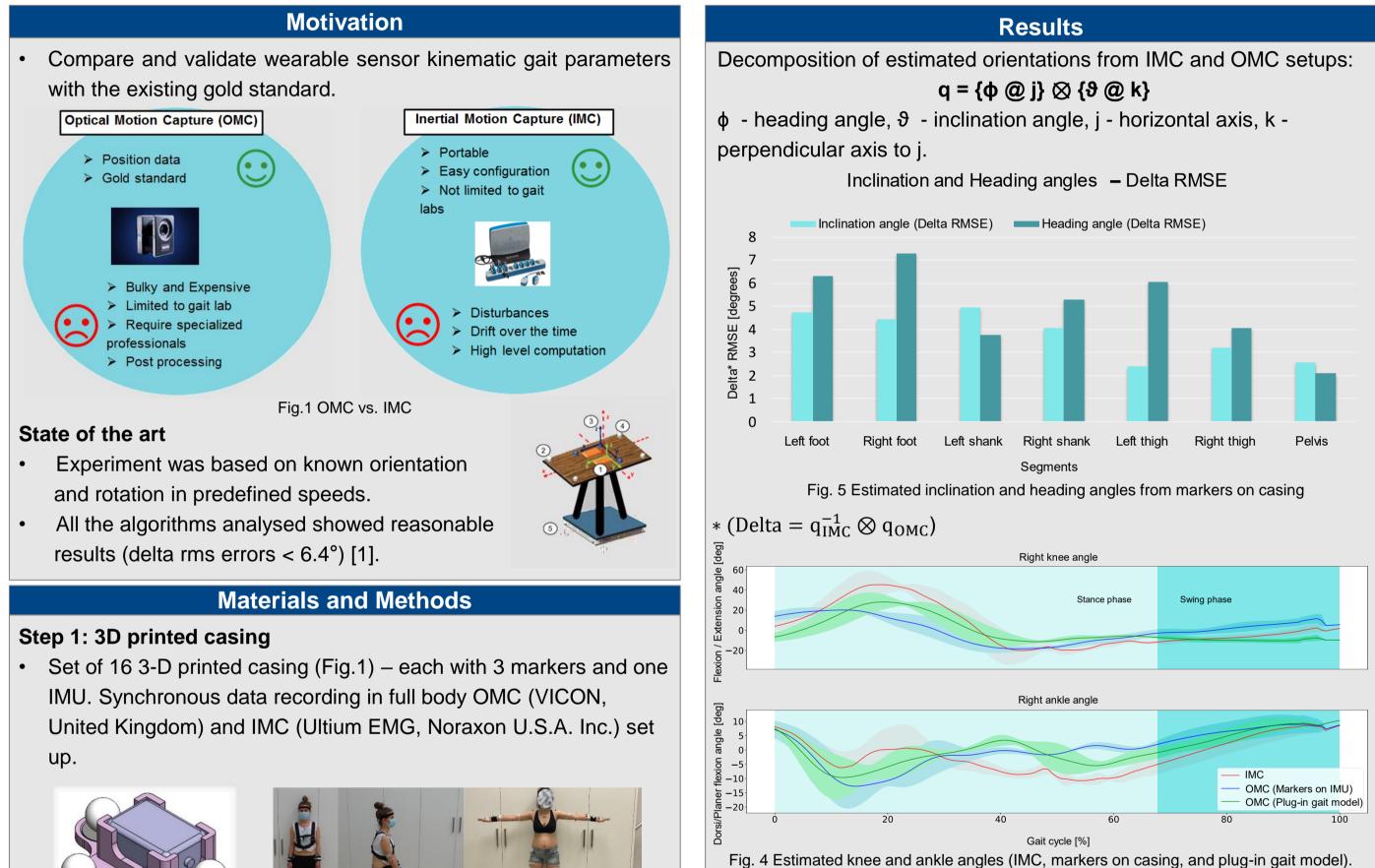


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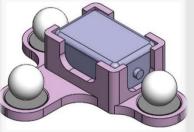


Fig.2 3-D printed casing

Fig.3 Calibration positions

# Step 2: Data acquisition

A total of 9 healthy controls (HC)s and 3 Spinal Cord Injured (SCI) patients were measured as follows:

- Calibration measurements (Fig.3).
- Walking with a left or right U-turn.
- Walking in shape of eight (1 minute).
- Walking on treadmill (2 minutes) in preselected speed.

### **Step 3: Orientation validation**

| Orientation validation methods   |  |
|----------------------------------|--|
| OMC                              | IMU  |
| Singular value decomposition [2] | Sensors fusion using strapdown integration [3] |

#### **References:**

- M.Caruso, et. al, Analysis of the Accuracy of Ten Algorithms for Orientation Estimation Using Inertial and Magnetic Sensing under Optimal Conditions: [1] One Size Does Not Fit All. Sensors 2021, 21, 2543.
- A. Cappozzo, et. al, "Surface Marker Cluster Design Criteria for 3D Bone Movement Reconstruction," vol. 44, no. 44, pp. 1165–1174, 1997. [2]
- [3] Sabatini, A.M., 2005. Quaternion-based strap-down integration method for applications of inertial sensing to gait analysis. Medical and Biological Engineering and Computing, 43(1), pp.94-101.

## **Conclusion and Future Work**

Inclination and heading angles delta RMSE on biological segments is comparatively better than the values in state of the art (delta rms errors  $< 6.4^{\circ}$ ).

## **Future Work**

- Compare and validate the orientation of IMC with OMC in large number of HCs and SCI patients.
- Extend the comparison to lower limb joint angles between IMC angles, plug-in gait model, and angles calculated from markers on 3-D casing.

