

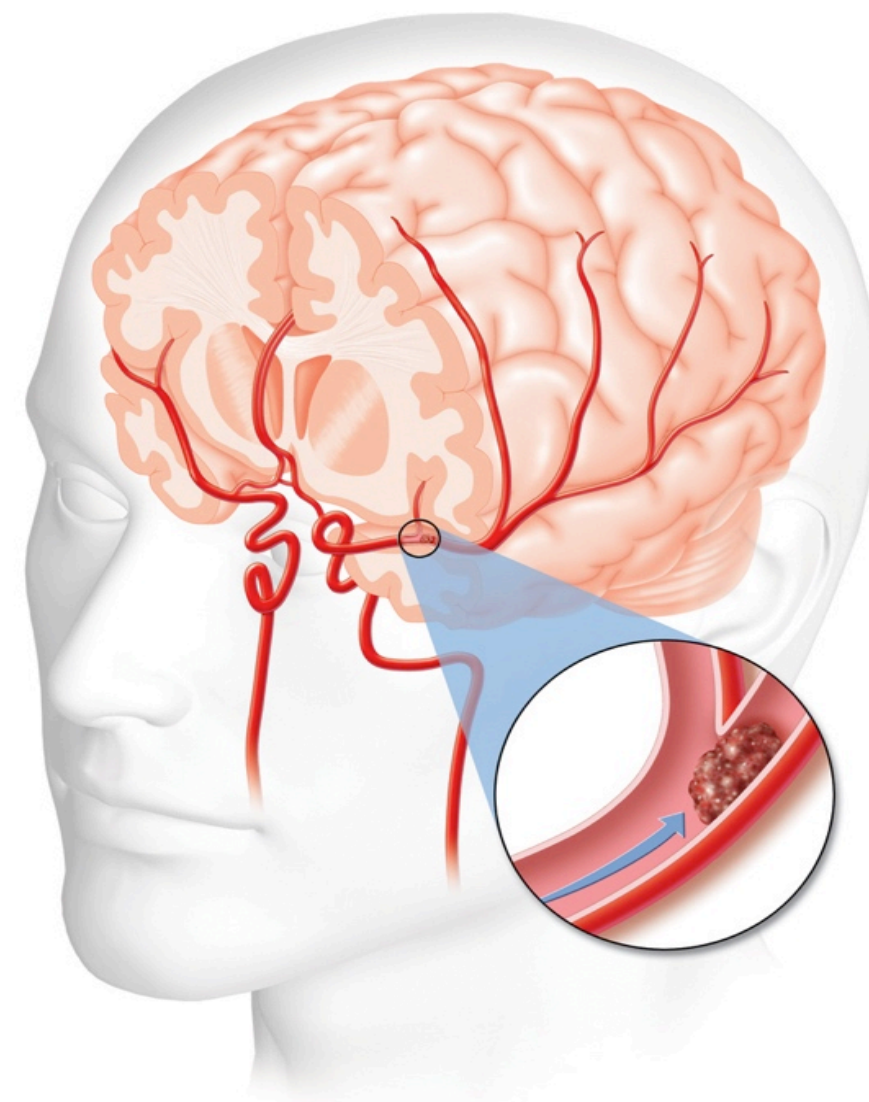
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Problem

Stroke is leading cause of adult disability and second leading cause of death worldwide [2]

17 MIL people worldwide suffer a stroke each year, of which **4 MIL** will survive



65% of people suffer from permanent sensorimotor impairments post-stroke having negative impacts [1]

- Activity of Daily Living
- Level of independence
- Quality of Life

Current wearable sensors integrated into mHealth rehabilitation systems are hampered by [3]

- High cost
- Clinically uninformative data
- Low overall system usability

Purpose

To develop & validate a low-cost wearable sensor, then integrate it into the outREACH mHealth system to provide quantitative information about movement strategy & quality

Methods

- Twelve participants between the ages of 21 & 35 years of age
- Three prehension tasks
 - 1D task (table slide), 2D task (washer task), 3D task (pour water task)
- Kinematic movement data were collected using a 7-camera Vicon 3D motion analysis system & wearable sensor
 - 100 Hz sampling rate
 - 3 reflective markers placed on wearable sensor

Results and Discussion

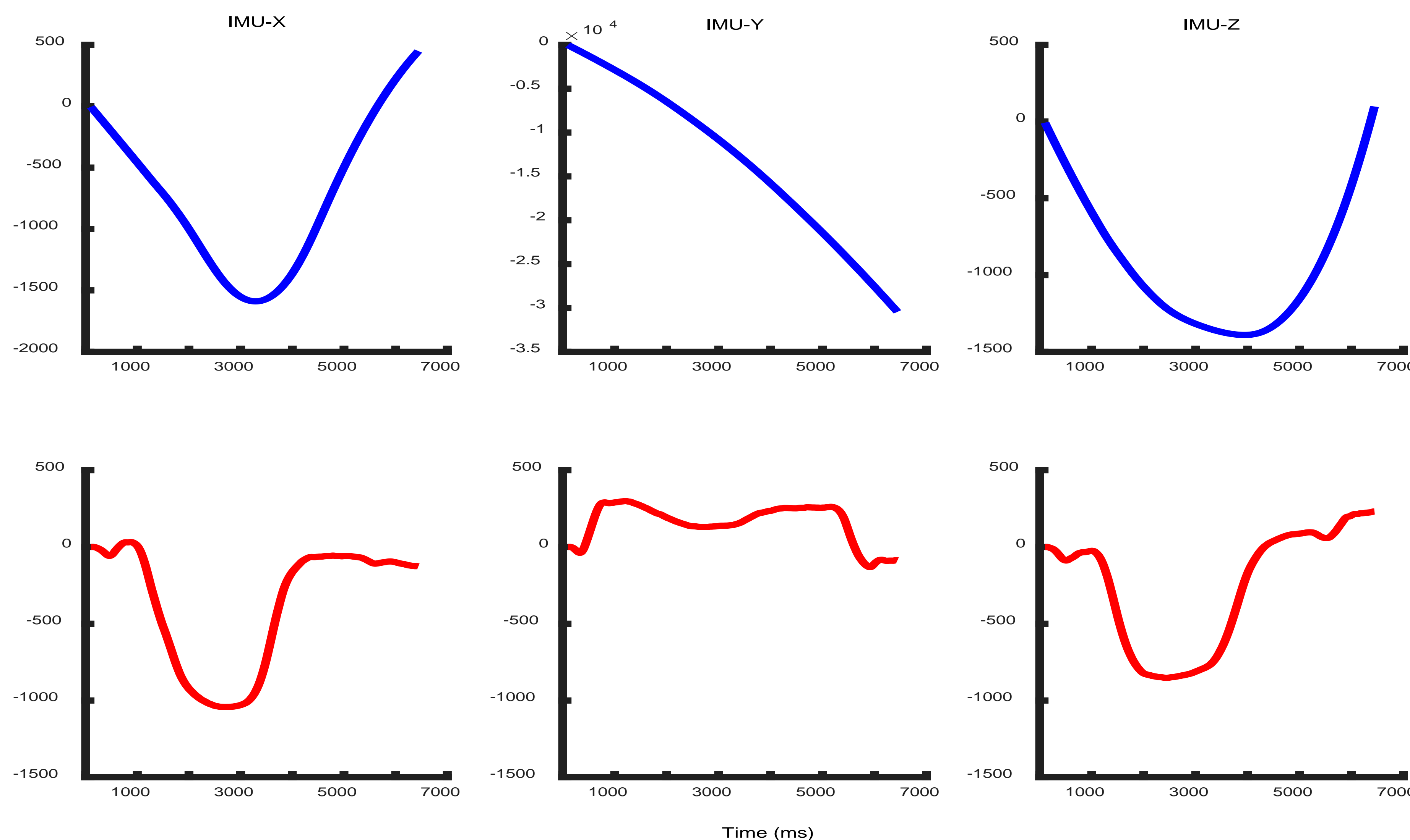


Figure 1. Representative IMU velocity trace during performance of a reaching movement. Top panel: Trajectory reconstruction using mathematical double integration. Bottom panel: Trajectory reconstruction using Support Vector Machine (SVM) learning algorithm.

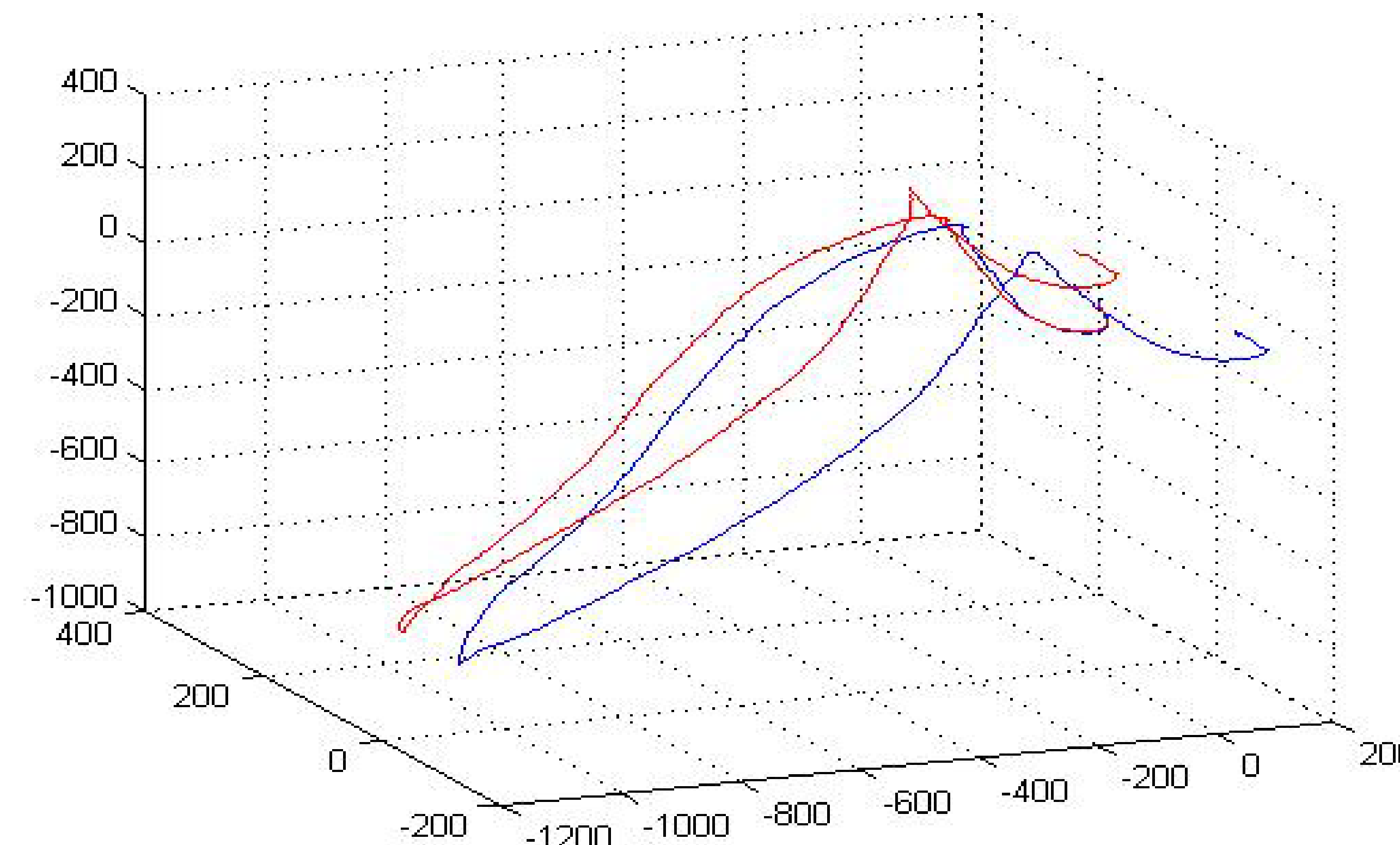


Figure 2. Representative reaching trajectories recorded by the custom IMU (red) and Vicon motion capture system (blue)

- MDI algorithm does not account for bias & drift inherent in IMU systems
- The quaternion & Madgwick compensation filtering algorithm along with SVM resulted in improved trajectory reconstruction (corr = 0.875)

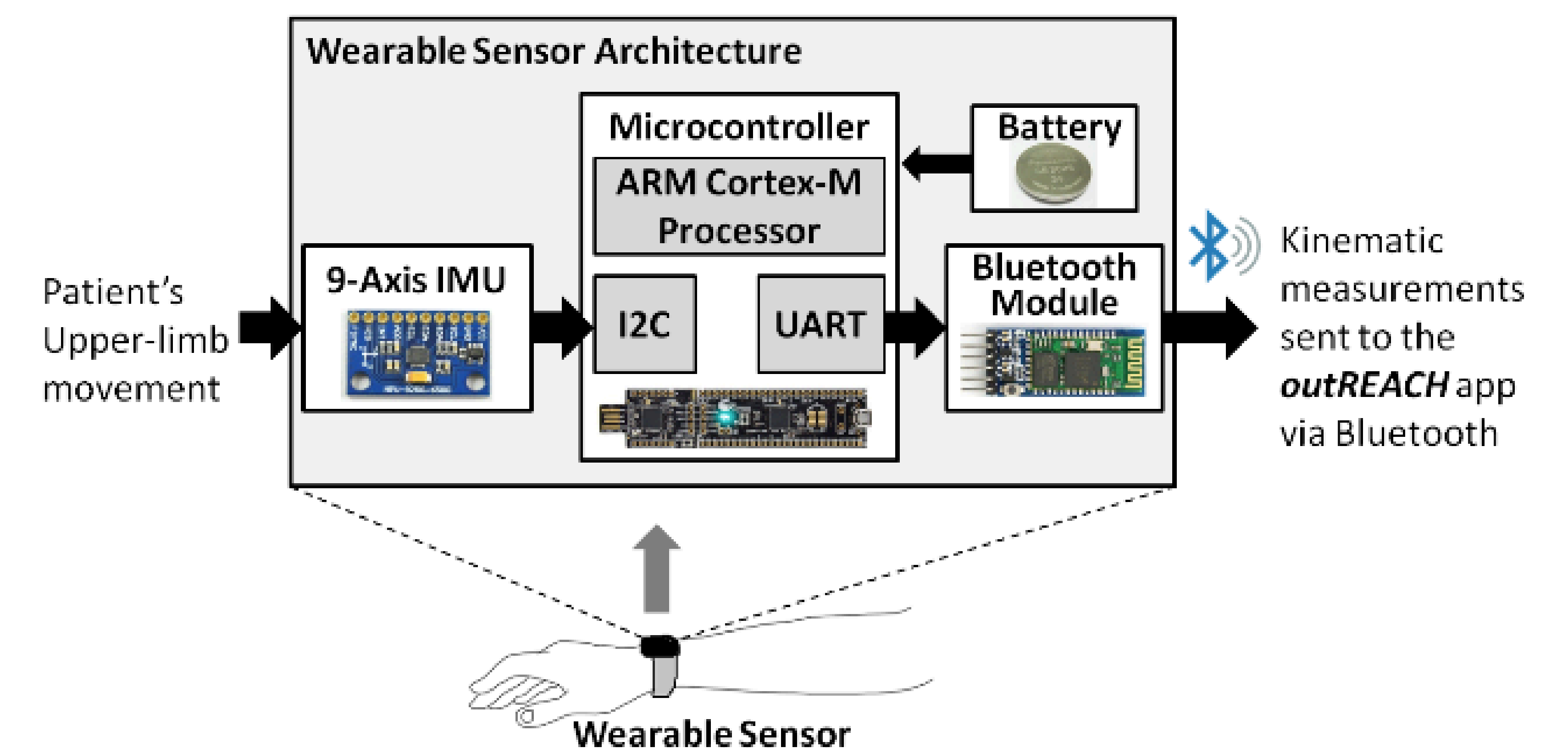


Figure 3. Overall architecture of proposed low-cost, IMU-based wearable sensor

Future Research & Implications

- **Future research should**
 - Determine whether other machine learning techniques (e.g., RNN, HMM) can better reconstruct the 3D trajectories
- **Implications**
 - Development of reliable & valid low-cost IMU
 - Integration of IMU into the outREACH tele-rehabilitation system
 - Utilize tele-rehabilitation systems for individuals who do not have financial &/or physical access to rehabilitation services

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References

- [1] Hendricks, H. T., van Limbeek, J., Geurts, A. C., & Zwarts, M. J. (2002). Motor recovery after stroke: a systematic review of literature. *Archives of physical medicine and rehabilitation*, 83(11), 1682-1637.
- [2] MacKay, J. & Mensah, G. (2004). *The Atlas of Heart Disease and Stroke*. World Health Organization, Geneva.
- [3] Volpp, K. G. & Mohta, N. S. (2017). Patient engagement survey: Technology tools gain support - but cost is a hurdle. NEJM Catalyst Insights Council Survey, Insight Report.