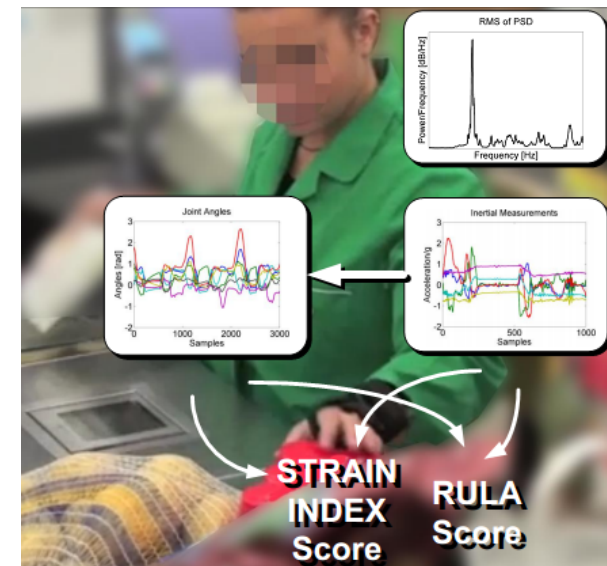


# Wearable solution for online assessment of biomechanical load risks

Lorenzo Peppoloni, Emanuele Ruffaldi,  
Alessandro Filippeschi and Carlo A. Avizzano  
PERCRO Lab. Scuola Superiore Sant'Anna

Half-day Tutorial in Bridging  
Gaps between Computational  
Biomechanics and Robotics  
May 26<sup>th</sup> ICRA 2015 Seattle



# Background

- Work-related Musculo Skeletal Disorders (WMSD) are the third main reason for disability and early retirement in the U.S.
- In Italy it has been estimated a 159.7% increment in WMSD reports from 2006 to 2009-2010 [2].
- According to this data it is clear how important is correctly diagnosing this kind of pathology.

# Traditional Assessment

- Observational techniques (Standard Assessment)
  - Visual inspection
  - Subjective evaluation
- Objective measurements
  - MoCap [2,3]
  - Force exertion (pressure sensors/EMG) [4]
  - MoCap/Force exertion [5,6]
  - Standard assessment Vs Ad-hoc assessment

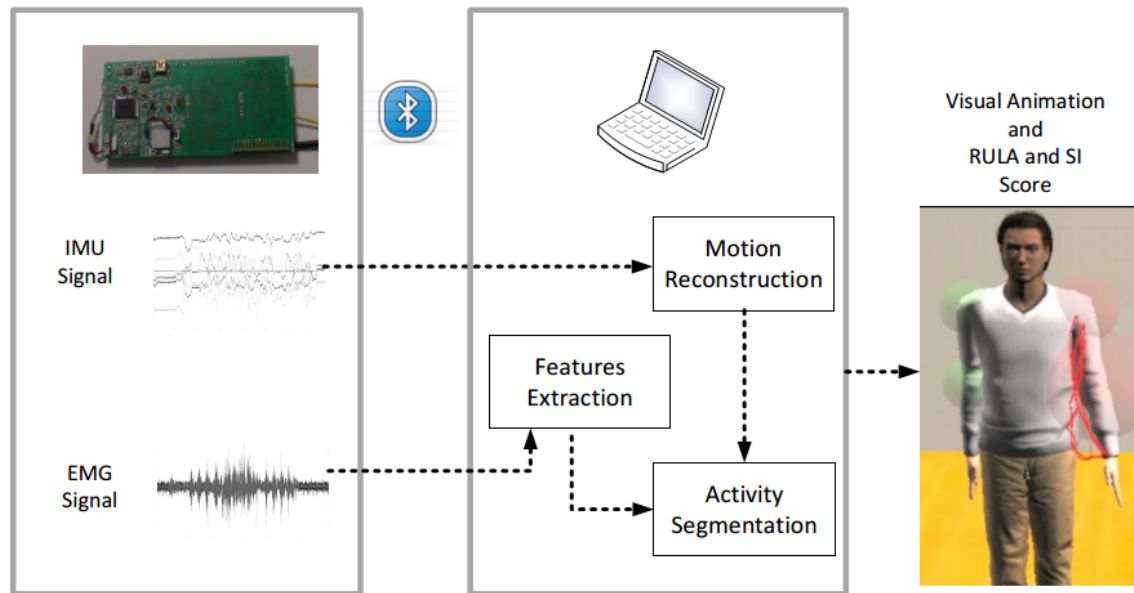
# Traditional Assessment

- How to take into account several factors interacting at the same time?
- In general it has been shown that methods assessing different factors lead to different risk evaluations [7].
- How to keep up with the cost increase (money and time) due to the use of more than one method?

# Proposed System

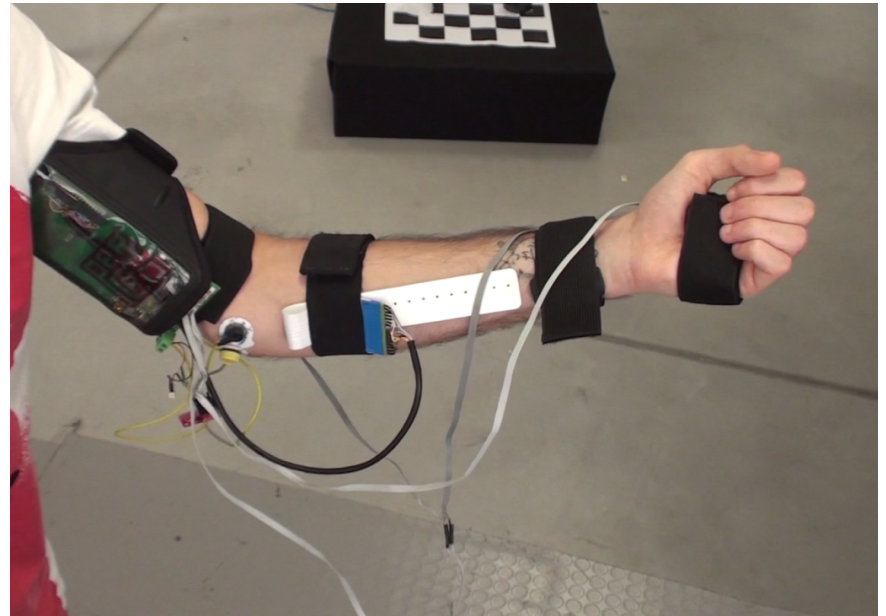
- A novel wearable wireless system capable of assessing the **muscular efforts** and **postures** of the human upper limb for WMSDs diagnosis.
- The system can be used to monitor workers in ecologic environment while they are carrying on their everyday tasks.
- The system provides a **real-time assessment** obtained according to two standard indexes for the analysis of risk factors on workplaces: the Rapid Upper Limb Assessment (RULA) and the Strain Index (SI).

# System Architecture



# The System Hardware

- CPU: STM32F4
- EMG: 8 channels (up to 32)
- IMUs: 9-axis MPU9150
- Bluetooth 4.0
- Webserver on host PC



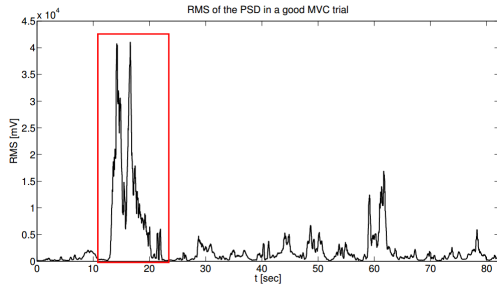
# Video



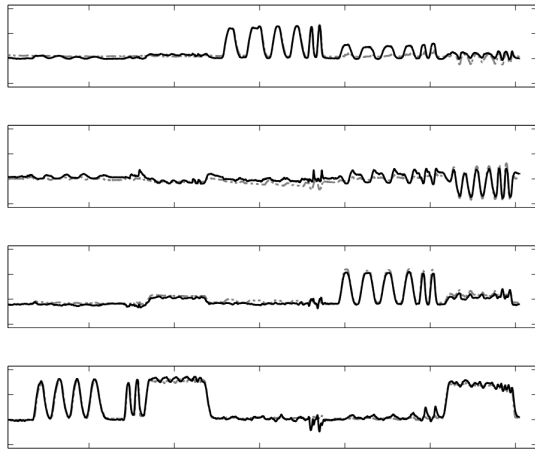
<https://www.youtube.com/watch?v=Q5eIPTjezVc>



# Task Segmentation



EMG Features

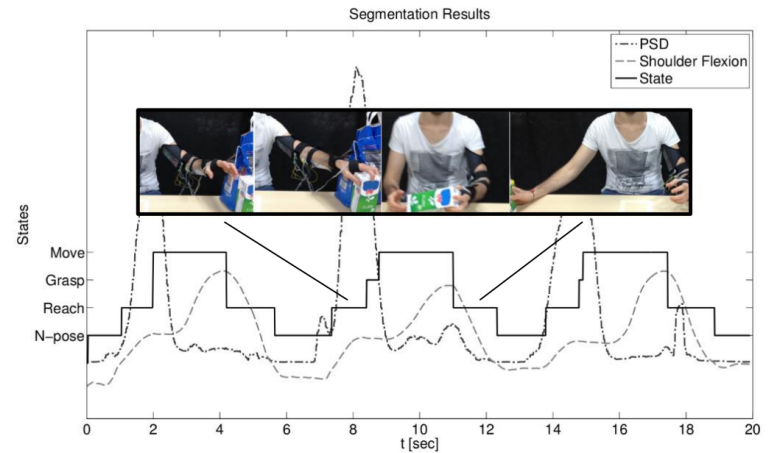


$q/\dot{q}$

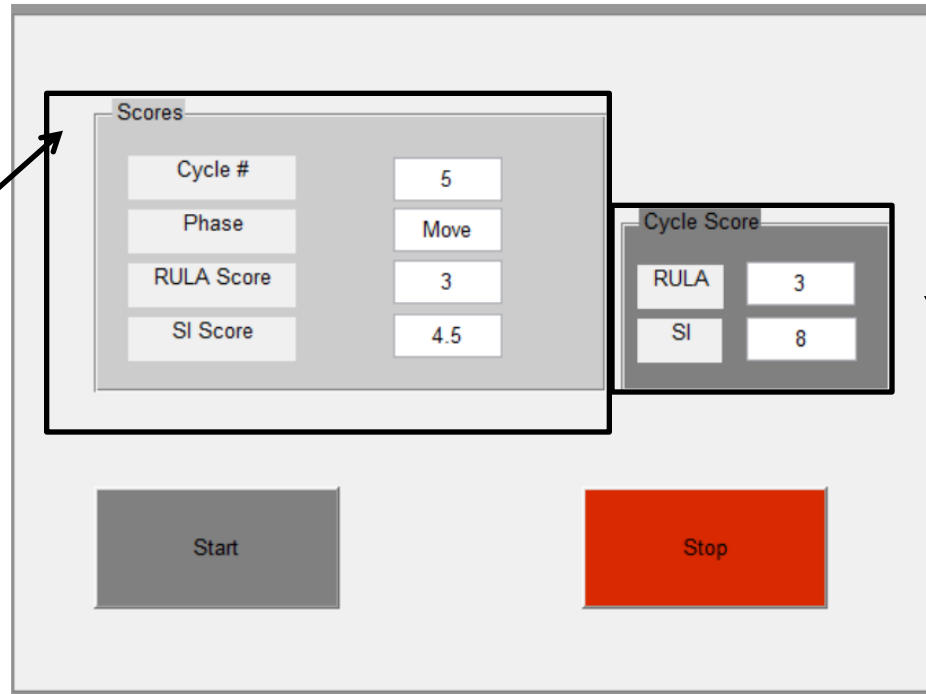
$\bar{p}$



State  
Machine



# System Output



The image shows a graphical user interface for a system. It features a main window with a light gray background. At the top, there are two smaller windows: 'Scores' and 'Cycle Score'. The 'Scores' window contains a table with four rows: 'Cycle #' with value '5', 'Phase' with value 'Move', 'RULA Score' with value '3', and 'SI Score' with value '4.5'. The 'Cycle Score' window contains a table with two rows: 'RULA' with value '3' and 'SI' with value '8'. Below these windows are two buttons: a gray 'Start' button on the left and a red 'Stop' button on the right. Arrows point from external text labels to the 'Scores' and 'Cycle Score' windows.

Scores	
Cycle #	5
Phase	Move
RULA Score	3
SI Score	4.5

Cycle Score	
RULA	3
SI	8

Start

Stop

Current  
Action related  
information

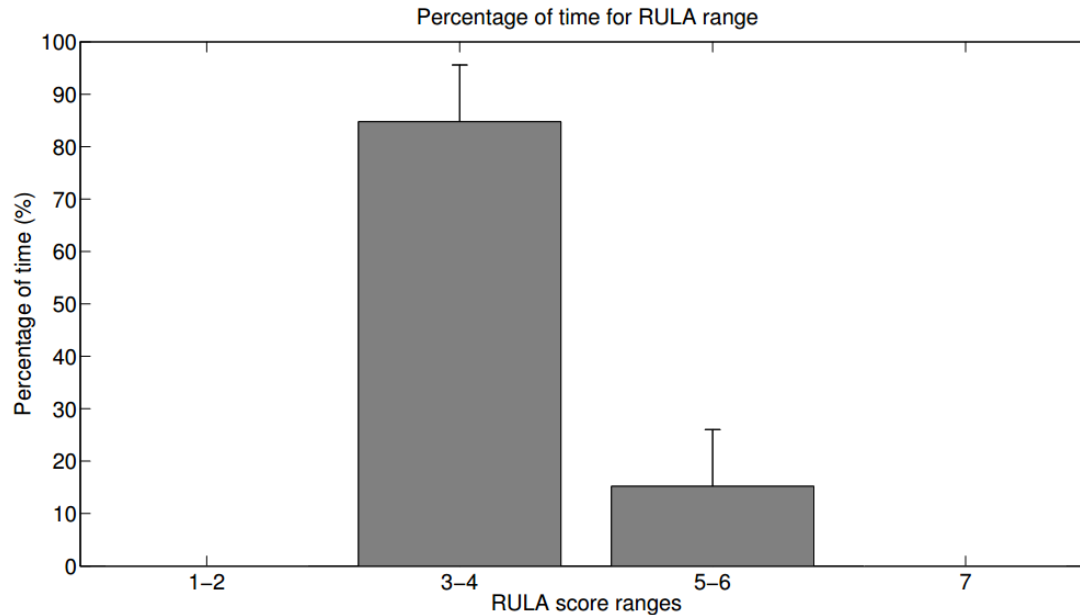
Current Cycle  
related  
information

# Experimental Setup

- Task: market cashier check-out operations.
- Ten healthy subjects monitored for two check-out operations each.
- Subjects operated in a station ergonomically identical to the real check-out position.
- Every trial was evaluated by two human evaluators to be used as a ground-truth.
- The system practicability was assessed with questionnaires.

# Results

- Percentage of time spent in every RULA score range by every subject

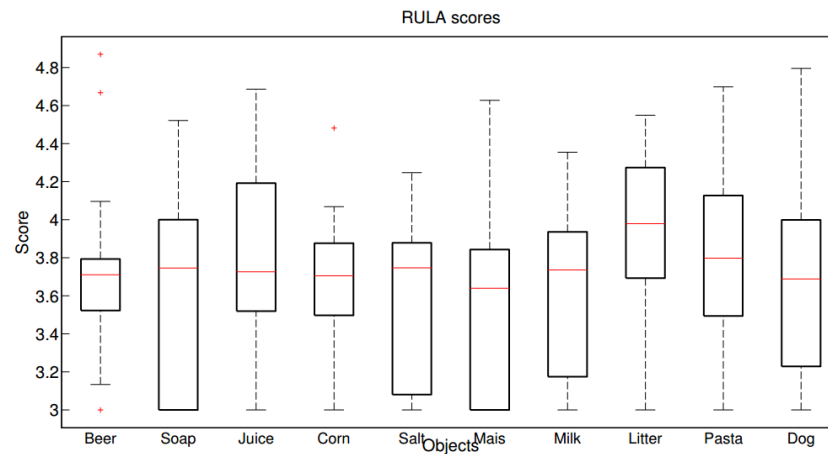


# Results

- Comparisons with the human evaluators

Measure	Accuracy %
RULA Action Level	94.79%
SI	44.79%

- System repeatability



# Results

- Data were tested for homogeneity with Levene's test.
- A two-way ANOVA was performed on the RULA action level with factors being objects and evaluator type.
- The factor object was found to affect the RULA action level ( $p < 10^{-4}$ ).
- The factor evaluator type was not significant
- The interaction effect is negligible.

# Results

- Wearability assessment of the system, according to questionnaires given to all the subjects. The mean values are shown on according on a Likert scale from 1 to 7.

Parameter	Score
Comfort	5.2
Encumbrance	2
Usability for a complete work turn	5.3

# Discussions

- The system is able to give a RULA score estimation congruent to the human evaluators.
- The score associated to every object is repeatable, despite the high variability among subjects (grasp types,...)
- The Cat litter item (heaviest and less comfortable to grasp) has the highest RULA score.
- The lowest score is associated to the Sweet corn can item, that is the lightest and the most easily graspable.



# Discussions

- The system gives a SI score congruent to the evaluators in almost the 50% of the cases.
- SI score depends on the intensity of exertion requiring a MVC test.
- As pointed out in [8]:
  - The goodness of the test varies significantly according to the trigger threshold for the intensity of exertion.
  - High-frequency acyclic movements produce artifacts in the EMG signals, that may affect the SI score.

# Conclusions

- This work presents a wireless wearable system for online assessment of WMSDs risks for the upper limb.
- The system performs an online score computation according the RULA and SI scoring methods.
- The scores estimated with the proposed approach proved to be congruent with the analysts' scores.
- The users rated the system to be usable for a whole average working turn, being not obstructive or painful during the movements.

# Further Developments

- Implementation of a better intensity of effort estimator (both technical and procedural).
- Automatic calibration procedure to estimate limbs lengths autonomously during the calibration procedure.

# Thanks

- Emanuele Ruffaldi



- Alessandro Filippeschi



- Italian Ministry of Health and ASL Viareggio

Questions?

thank you!

email:

[l.peppoloni@sssup.it](mailto:l.peppoloni@sssup.it)

website:

<http://goo.gl/rKJecN>

# Bibliography

- [1] Italian Government Agency for Injured Workers (AMNIL), I disturbi muscolo-scheletrici e da sovraccarico biomeccanico dei lavoratori nel settore 395 del commercio: un quadro comparato, [http://www.anmil.it/Portals/0/campagne/patologie\\_muscolo-scheletriche/II%20rapporto.pdf](http://www.anmil.it/Portals/0/campagne/patologie_muscolo-scheletriche/II%20rapporto.pdf) (2013).
- [2] N. Vignais, M. Miezal, G. Bleser, K. Mura, D. Gorecky, F. Marin, Innovative system for real-time ergonomic feedback in industrial manufacturing, *Applied ergonomics* 44 (4) (2013).
- [3] R. G. Radwin, Automated video exposure assessment of repetitive motion, in: *Proceedings of the Human Factors and Ergonomics Society Annual Meeting*, Vol. 55, SAGE Publications, 2011.
- [4] J. P. Mogk, P. J. Keir, Prediction of forearm muscle activity during gripping, *Ergonomics* 49 (11) (2006) 1121.
- [5] A. Franzblau, T. J. Armstrong, R. A. Werner, S. S. Ulin, A cross-sectional assessment of the acgih tlv for hand activity level, *Journal of occupational rehabilitation* 15 (1) (2005).
- [6] A. Freivalds, Y. Kong, H. You, S. Park, A comprehensive risk assessment model for work-related musculoskeletal disorders of the upper extremities, 440 in: *Proceedings of the Human Factors and Ergonomics Society Annual Meeting*, Vol. 44, SAGE Publications, 2000.
- [7] M. E. Chiasson, D. Imbeau, K. Aubry, A. Delisle, Comparing the results of eight methods used to evaluate risk factors associated with musculoskeletal disorders, *International Journal of Industrial Ergonomics* 42 (5) (2012).
- [8] J. M. Cabecas, The risk of distal upper limb disorder in cleaners: A modified application of the strain index method, *International journal of industrial ergonomics* 37 (6) (2007)