



# Moviflex Stationary Rehabilitation Bike

Team 9

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Heilmeier Hall (Towne 100)

# ● ROADMAP

- Background and Problem Description
- Second Semester Progress
- Validation/Testing Plan
- Project Timeline

## ● An Essential Need

○ **1 out of 500**

live births in the United States are affected by Cerebral Palsy (CP) [1]

**0**

cures exist. However, frequent Physical Therapy (PT) at a young age can increase long term muscle functionality [2]

**\$921,000**

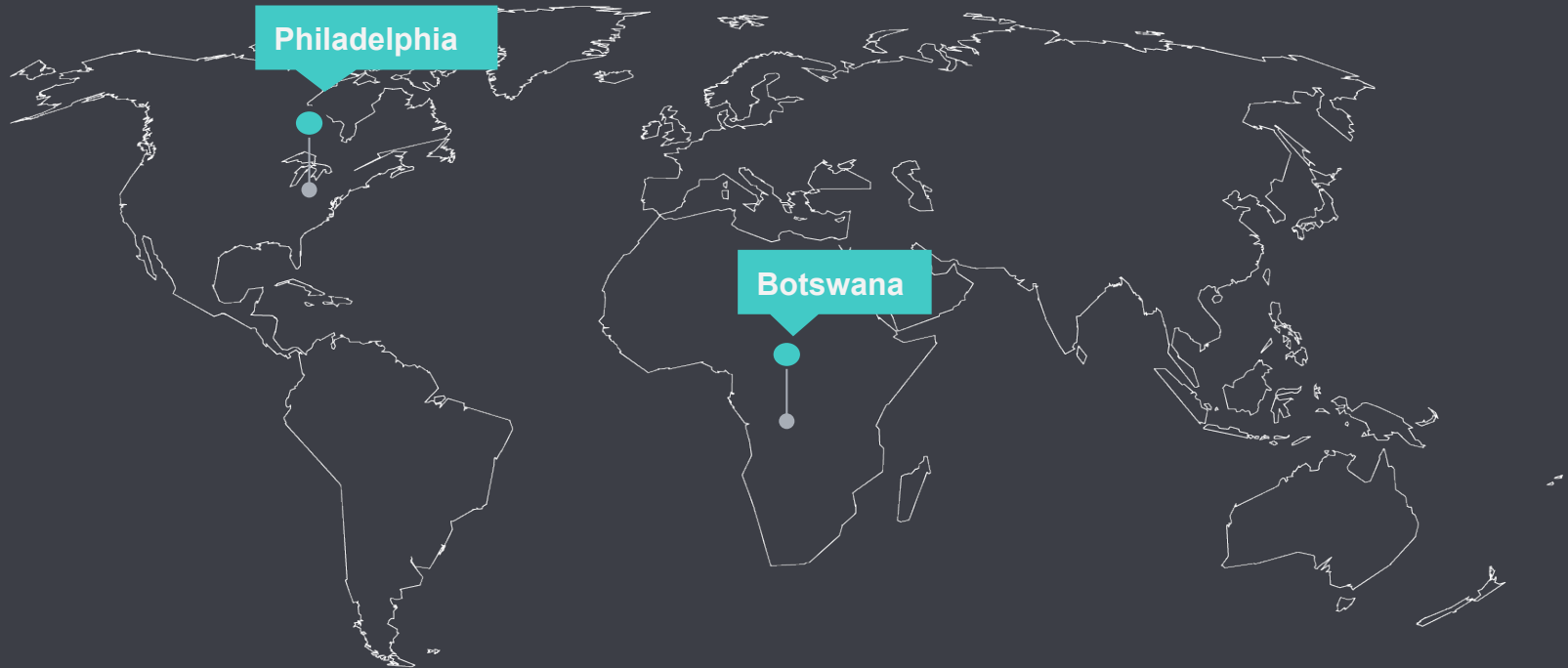
Is the average monetary lifetime expense of living with CP [3]

[1] Stern Law Group, 2015

[2] Palisano et al., 2015

[3] CerebralPalsy.Org, 2016

## ● Problem Statement



*Device cost, energy usage, and accessibility make existing rehab devices inaccessible to people in low resource communities*

## Existing Solutions

### Motomed Stationary Bike



[4]

\$7000

### Freedom Concepts Adaptive Bike



[5]

\$3000

### Elementary Semi-Recumbent Exercise Bike



[6]

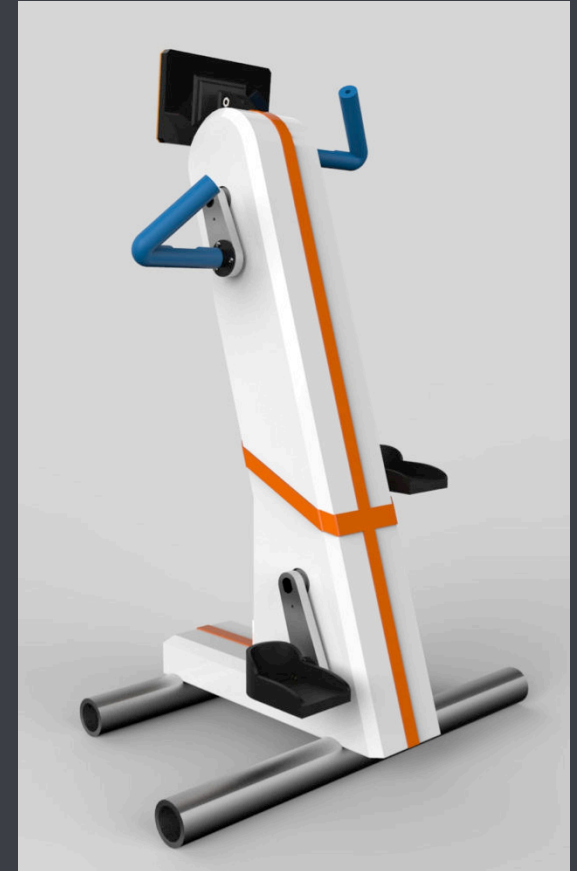
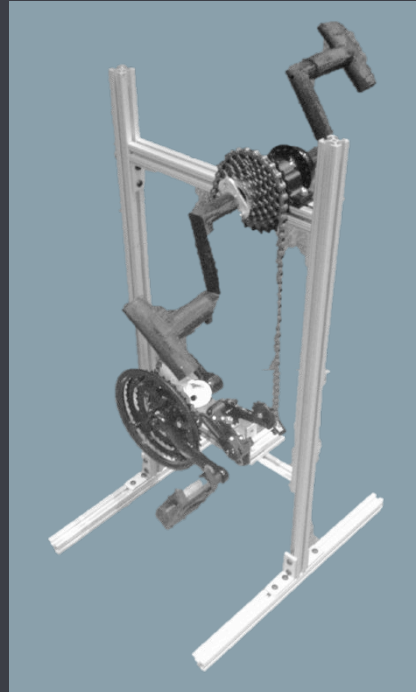
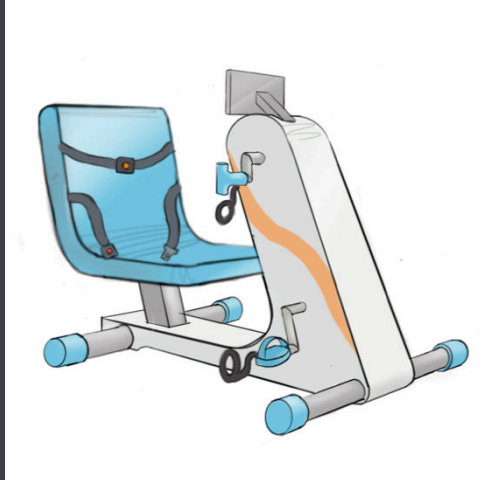
\$2000

- Our Solution



\$500-1000

- Project Progress: Design Iterations



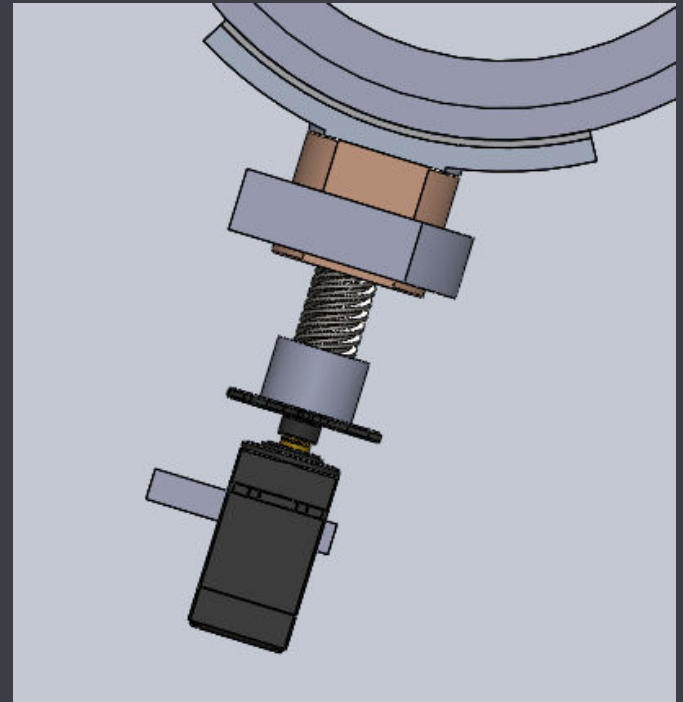
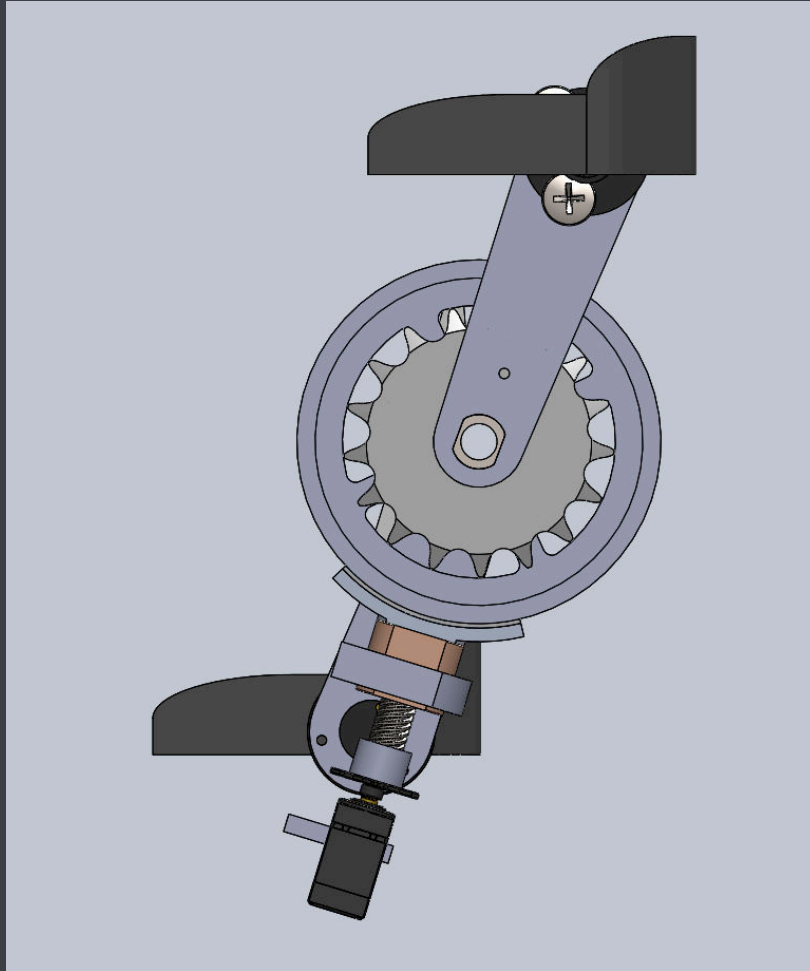
- Project Progress: Updated Design



MoviFlex: CP Stationary Rehab Bike



- Project Progress: Braking Design

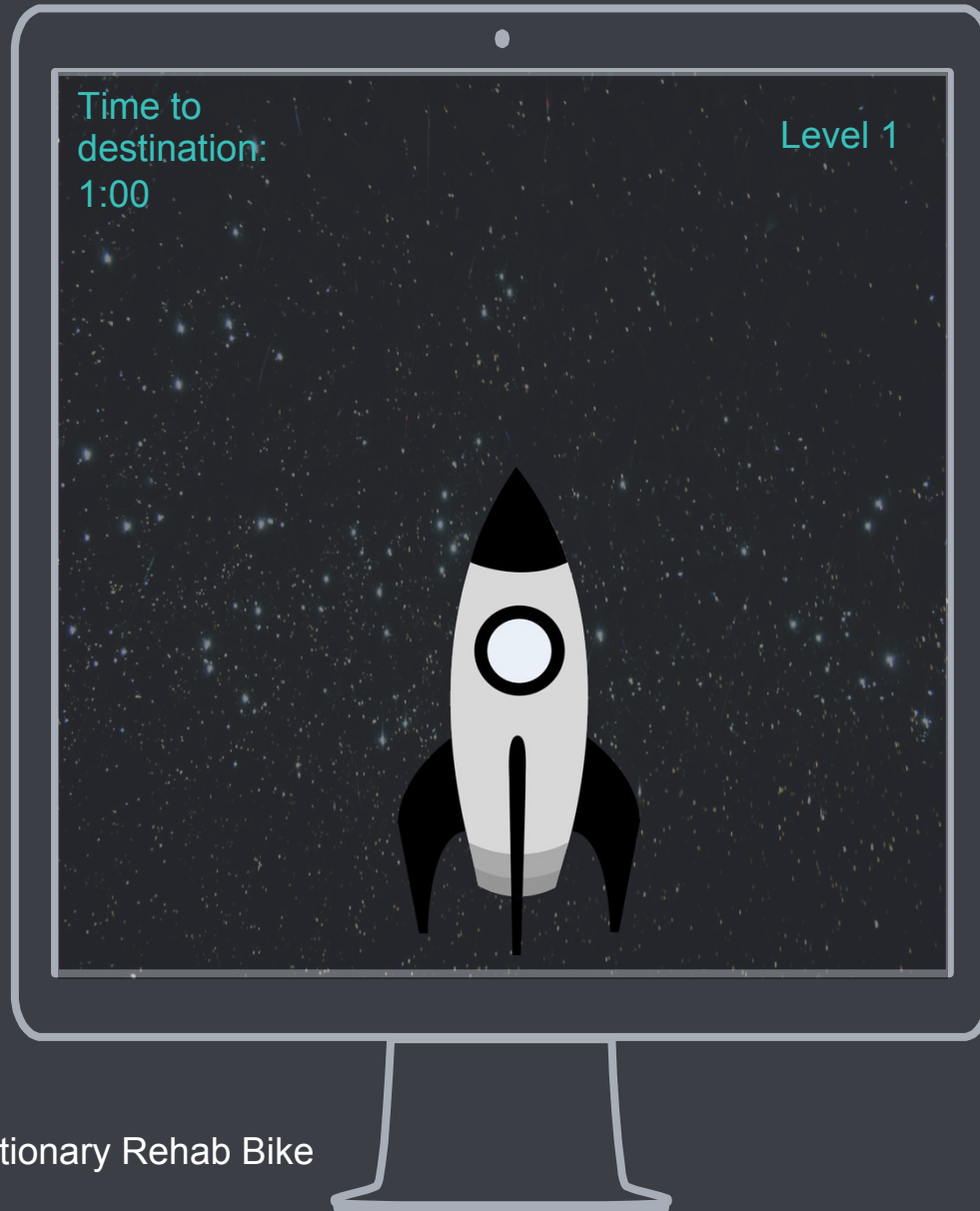


- **Project Progress: Relevant Calculations**
  - Chain Tension
    - Allowable torque of chain needed to resist torque from child's spasm without breaking
  - Tipping
    - Static equilibrium (by balanced moments) to ensure support for off-center weight of child
  - Sizing
    - Overall dimensions set for an average 9yr old. Safe/comfortable joint angles
  - Braking
    - Servo and lead screw optimized to allow for 0-6lbs resistance force.

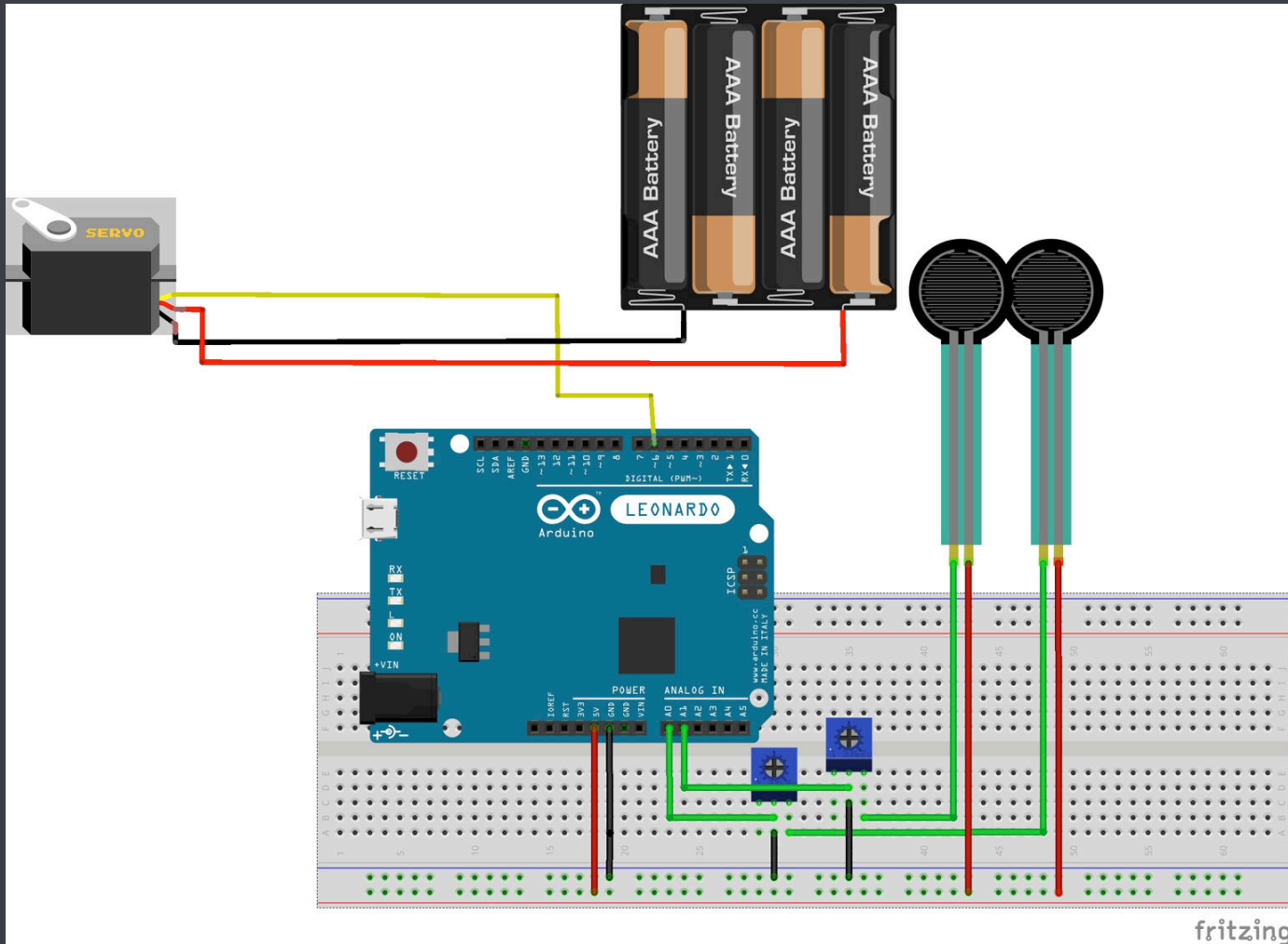
## ● Project Progress: Manufacturing

<b>Frame</b>	Machined and Assembled
<b>Power Transmission</b>	Machined and Assembled
<b>Hand Pedals</b>	Options 3D Printed-awaiting testing
<b>Foot Pedals</b>	Revising Design
<b>Braking</b>	Ready to Machine
<b>Power Generation</b>	Mostly donated, but interface needed
<b>Cover</b>	Ready to Machine/Thermoform

- Project Progress: Arduino Coding

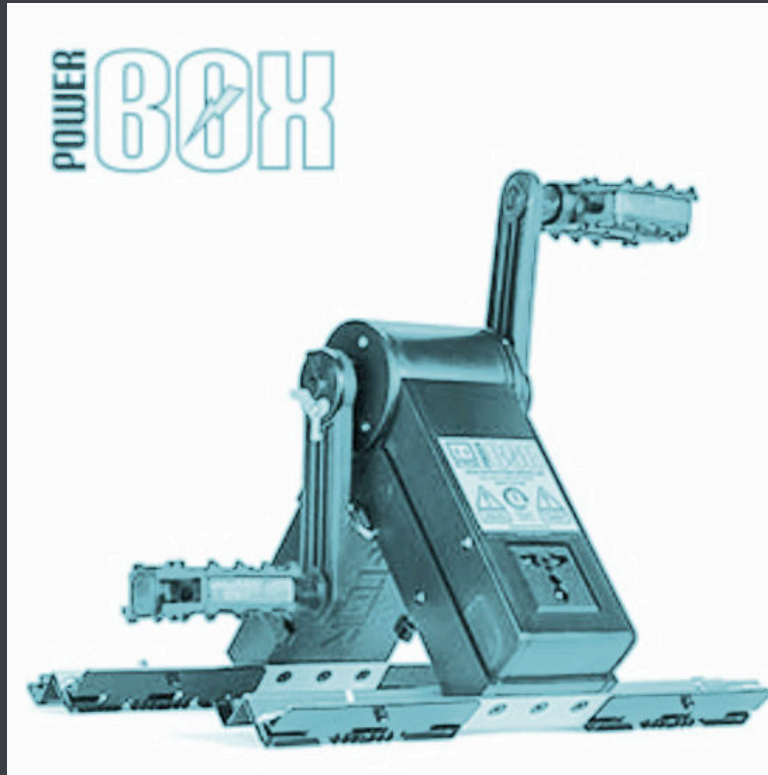


- Project Progress: Arduino Coding



## ● Project Progress: Energy Generation

- Gained a new sponsor, K-TOR Human Energy
- Donated pedal-powered generators allow us to revise our previous energy-consumption limits



[7]

## ● Validation: Goals and Objectives

- ⊗ Due to both time and HIPAA\*-related constraints, we will not be able to quantitatively assess whether our project is “useful”
- ✓ Utilizing resources within CHOP and Penn Engineering, we will be able to both quantitatively and qualitatively be able to determine whether our device is “useable”

*Physical therapy for cerebral palsy patients improves flexibility, strength, mobility and function*

\*HIPAA = Health Insurance Portability and Accountability Act

## ● Testing Plan: CHOP

- Met with Rehab specialists at CHOP
- In the process of getting “Observer” Credentials
  - Determine if CP children can power electronics
    - Calculate power consumption of system
    - Measure average cadence of CP children, plot cadance vs. power output
    - Success = children can meet threshold
  - Quantify comfort of handles, seat in survey
  - Measure the forces CP children can exert on the hand pedals
    - Success = all values lie in a determinable, codeable range



## ● Testing Plan: Meeting with Experts

- Our clearance will allow us to visit CHOP on “CP Clinic” days and interact with PT experts and families of children with CP

With this their help, we can have expert feedback on the device's:

- Game premise and interface
- Design/concept
- “Buying Potential”

## ● Testing Plan: Penn Engineering

- Some of our group members and existing members of the Penn community lie within the 95th percentile height/weight range of our potential users
- We can have these able bodied users test our fully-assembled system
  - Proof of Concept
  - Durability
  - Paid/volunteer testing

## ● Project Timeline

### Weeks 25-27

- Run tests at CHOP
- Complete coding
- Integrate all subsystems
- Thermoform case

### Weeks 27-29

- Redesign based on conclusions from testing
- Visit CHOP and reiterate again if possible

### Weeks 29-31

- Assemble final findings into paper
- Prepare for final presentation

### Week 31

- Hand over to Dr. Johnson and her lab

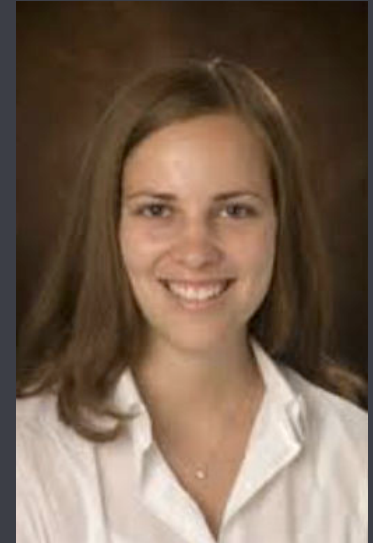
## ● Advisors



**Dr. Michelle  
Johnson**  
Assistant  
Professor, HUP  
Physical Medicine  
& Rehabilitation



**Dr. Phillip Bryant**  
CHOP Chief of  
Physical Medicine  
& Rehabilitation



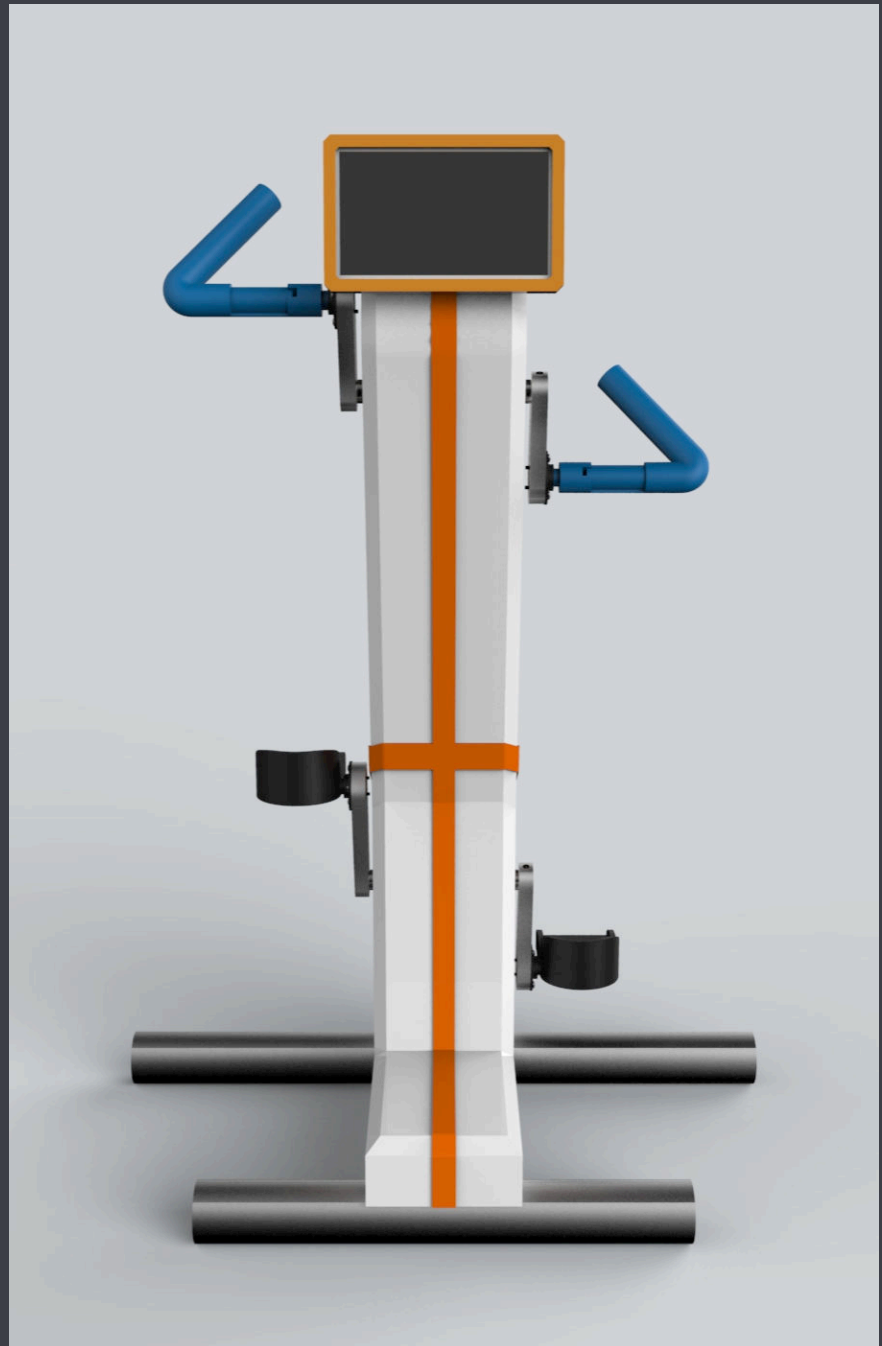
**Dr. Laura  
Prosser**  
research  
Scientist, CHOP  
Physical Medicine  
& Rehabilitation

- Sponsors



## The Rehabilitation Robotics Lab at Penn





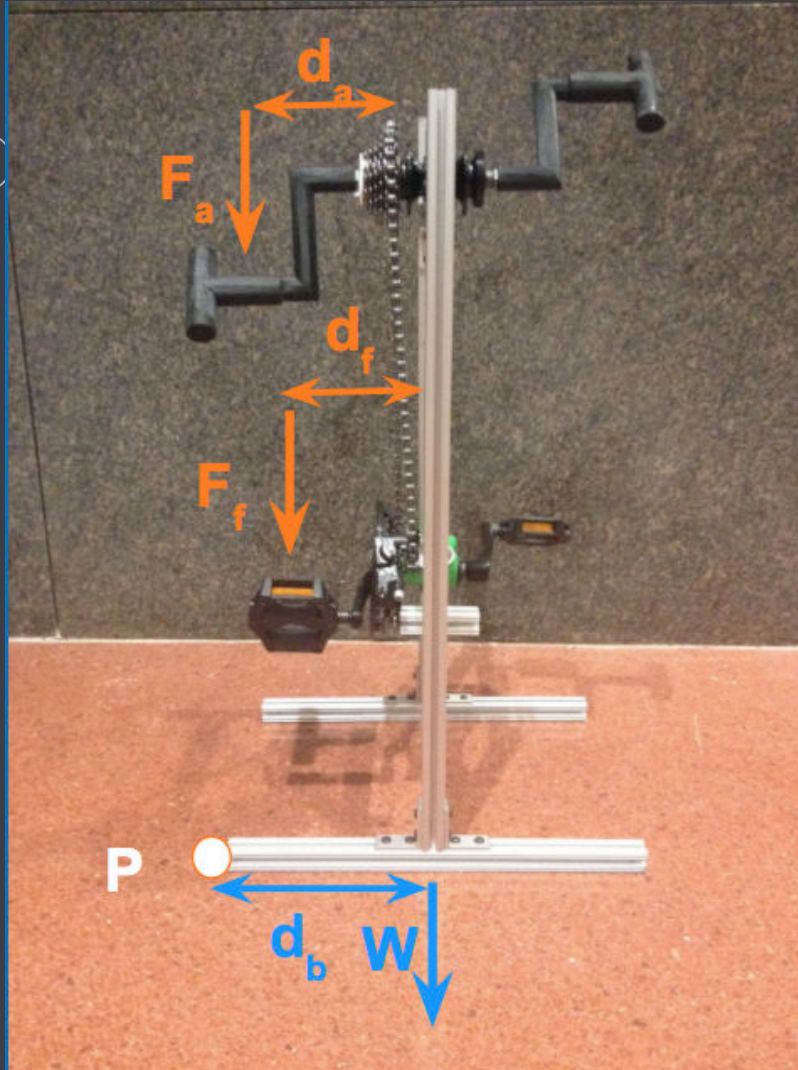
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- [2] Palisano, Robert, Peter Rosenbaum, Stephen Walter, Dianne Russell, Ellen Wood, and Barbara Galuppi. (1997). "Gross Motor Function Classification System for Cerebral Palsy." [Online]. Available: <http://wiredspace.wits.ac.za/bitstream/handle/10539/6922/Appendix%20IV.pdf?sequence=5>
- [3] "Costs of Cerebral Palsy." CerebralPalsy.Org. [Online]. Available: <http://www.cerebralpalsy.org/about-cerebral-palsy/costs>
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- [5] "Freedom Concepts Discovery Series." RehabMart.com. [Online]. Available: [http://www.rehabmart.com/product/freedom-concepts-discovery-dcp-12-pediatric-trike-28481.html?gclid=Cj0KEQIAu9q2BRDq3MDbvOL1yaYBEiQAD6qoBoGanpRJ0JbGjj0puBGMFtbFAFwCmbO5QY5T\\_I014t4aAvmr8P8HAQ](http://www.rehabmart.com/product/freedom-concepts-discovery-dcp-12-pediatric-trike-28481.html?gclid=Cj0KEQIAu9q2BRDq3MDbvOL1yaYBEiQAD6qoBoGanpRJ0JbGjj0puBGMFtbFAFwCmbO5QY5T_I014t4aAvmr8P8HAQ)
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- [8] A. R. Tilley, *The measure of man and woman: human factors in design*. New York: Wiley, 2002.
- [9] Willemse, L., Brehm, M. A., Scholtes, V. A., Jansen, L., Woudenberg-Vos, H., & Dallmeijer, A. A. (2013). Reliability of Isometric Lower-Extremity Muscle Strength Measurements in Children With Cerebral Palsy: Implications for Measurement Design. *Physical Therapy*, 93(7), 935-941. Accessed March 01, 2016. <http://ptjournal.apta.org/content/93/7/935.full.pdf+html>.

- Appendix Slides



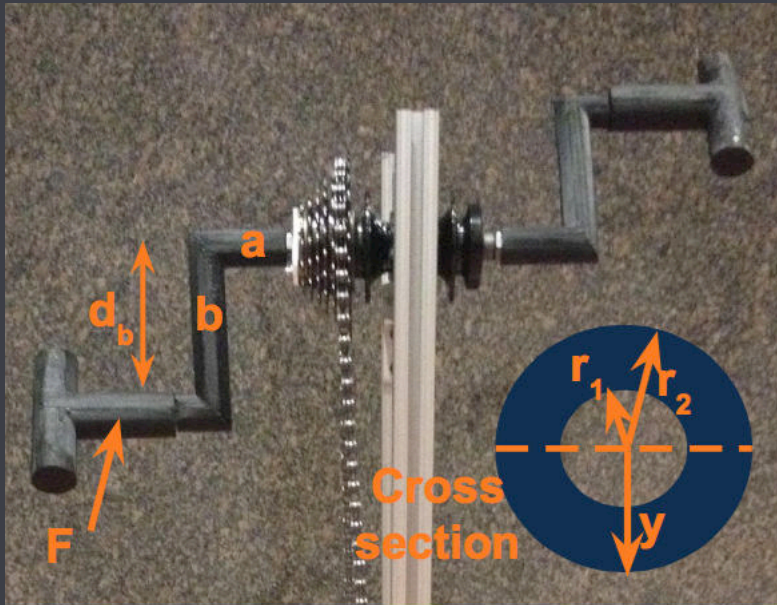
## ● Tipping Calculations



$$\Sigma M_p = -F_a(d_b - d_a) - F_f(d_b - d_f) - Wd_b$$

So as  $d_b$  and  $W$  increase, less likely to tip

## ● Pedal Stress Calculations



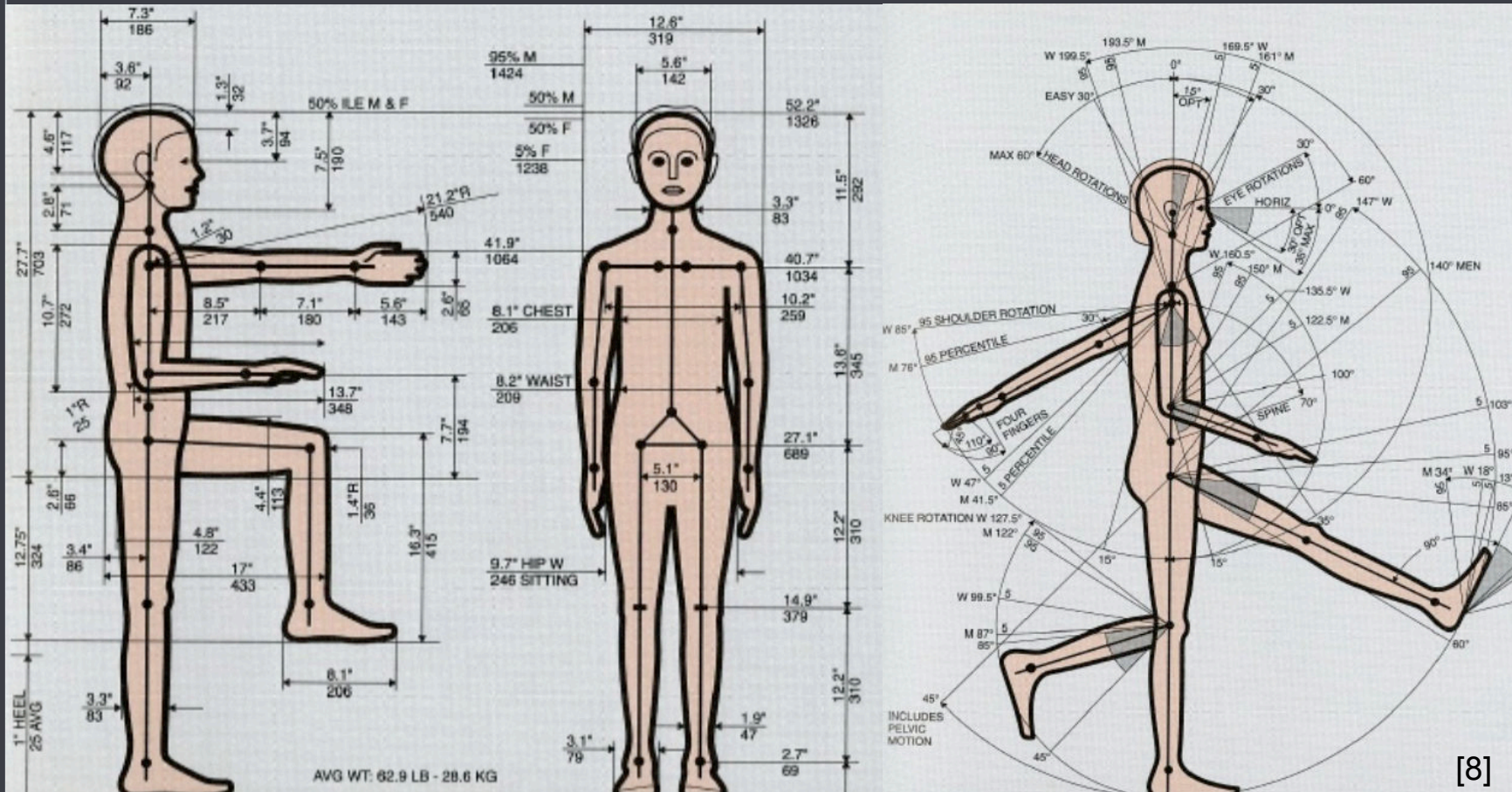
Worse case scenario:  
F = weight of child (W), and  
angular acceleration is zero

$$\sigma = \frac{My}{I} = \frac{Wd_by}{\frac{\pi}{4}(r_2^4 - r_1^4)}$$

In this prototype's case,  
PLA has a maximum  
compressive stress of 2600psi



# Sizing Calculations



[8]

## ● Braking Calculations

### Lead Screw Torque

$$\text{Torque (Nm)} = \text{Force (N)} \times \text{Lead} / (2 \times \pi \times .6)$$

**Target:** 0- 6lb braking force at foot pedal (½ the resistance range of adult exercise bikes)

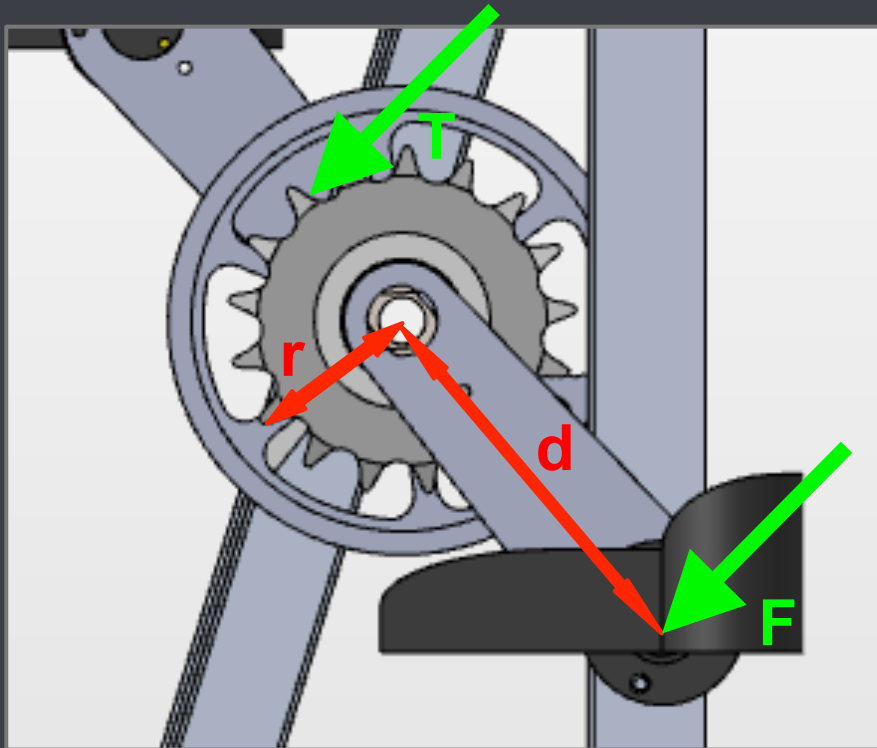
**Limitations:** Maximum reasonable Flywheel radius ~3"  
Pedal Arm 4.25"

Force needed on flywheel = 8.5lb (39N) | Average Felt-Metal Friction Coefficient = .2 | Force exerted by lead screw = 42.6lb (193N) | Max Servo Torque = 240 oz-in (1.69 Nm)

- Chain Tension Calculation

## Torque Balance

$$rT > dF_{\max}$$



$d = 4.25''$  based on average child size/ comfortable movement

$F_{\max} = 86\text{lb}$  based on strongest user (95% CP 12-yr-old's force)\*

' $rT$ ' chosen to be greater than  $dF_{\max}$  with 2x tolerance  
 $rT > 2dF_{\max} = 731\text{lb}\cdot\text{in}$

' $T$ ' chosen to optimize strength and cost  $\rightarrow T = 561\text{lb}$

' $r$ ' chosen small as possible to still make equation true  $\rightarrow r = 1.86''$