



## Rehab Robotics Can help Bridge Gaps in Stroke Care

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For Empowering people using robot technology

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## Agenda

- Myths about rehab robots
- Review 2 case studies

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## Rehabilitation Robots will take therapists and clinical rehab jobs

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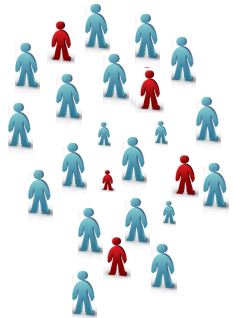
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- Major factors causing disabilities world-wide
  - High Blood Pressure >> Strokes
  - HIV >> Dementia, Strokes
  - Neonatal Nutrition >> Premature Births >> Cerebral Palsy, Autism, Down Syndrome etc.



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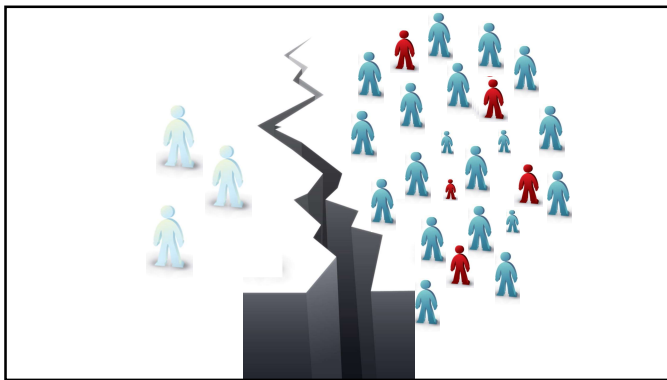
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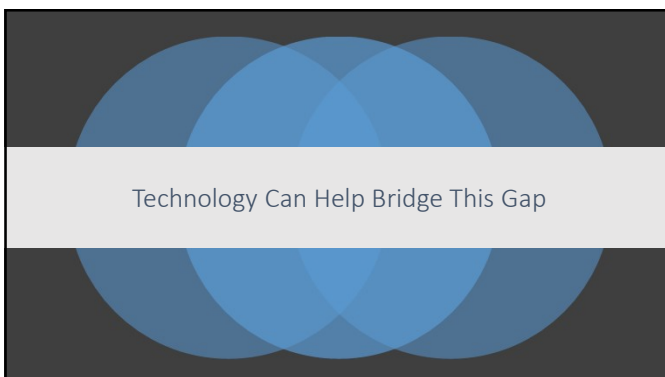
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Technology Can Help Bridge This Gap

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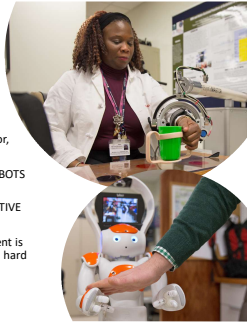
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## Therapist >> Robot

- Ideally the robot should take on three roles as demonstrator, observer and helper and co-act with the patient
- Helper role is often seen in hands-on effector THERAPY ROBOTS (e.g., ADLER, Theradrive)
- Demonstrator and Observer Roles are often found in ASSISTIVE ROBOTS or SERVICE ROBOTS (e.g. Nao)
- Fluid transitioning from contact to non-contact with a patient is not often done due to huge safety concerns about soft and hard impacts.



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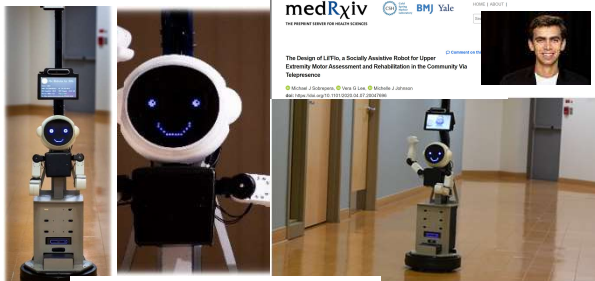
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Demonstrator/Observer role >>

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## Demonstrator/Observer roles >>

### Baxter: Elder Exercise



Figure 2: Frames from the eight exercise games.

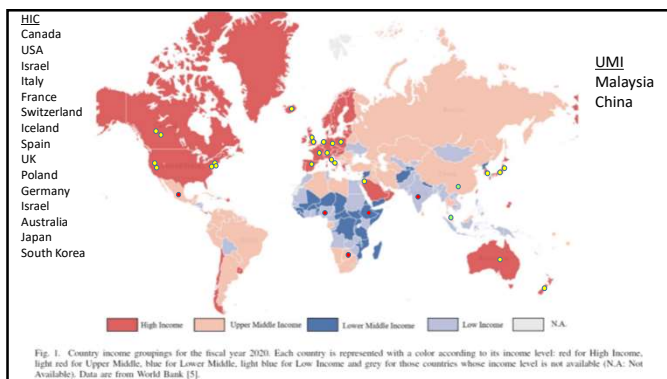
Noami T. Fitter, Dylan T. Hawkes, Michelle J. Johnson, and Katherine J. Kuchenbecker, *Designing Human-Robot Exercise Games for Baxter, HROS late breaking* 2016  
*Exercising with Baxter: Design and Evaluation of Assistive Social-Physical Human-Robot Interaction*



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Rehabilitation Robots  
are expensive and  
not worth the cost




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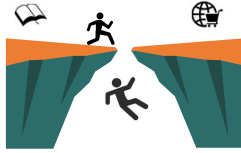


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## Problem with current systems

### Design issues:

-  Mechanical complexity
-  Huge sizes and masses
-  High costs



REF: Andrea Ryolo – Thesis Presentation

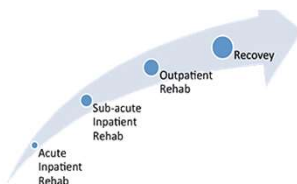
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## Therapy Robots

- Automate traditional therapy treatments
- Enable semi-autonomous training
- Provide consistent, repeatable, intensive training
- Provide objective measures of recovery
- Reduce Impairment
- Increase Activity

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## Rehab Landscape



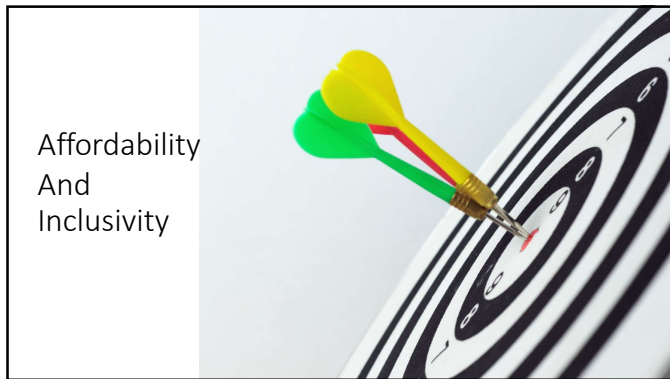
- 75% discharge with residual impairments
- 40% go home without post-acute care

- Rehab taking place in community
- At home with nursing care or a home health agency
  - Nursing home
  - Day-care or all-inclusive care facility (PACE)
  - Assisted Living Facility

In LMICs these issues are compounded.

- 1) low resources
- 2) limited #s of skilled clinicians
- 3) limited access to technology

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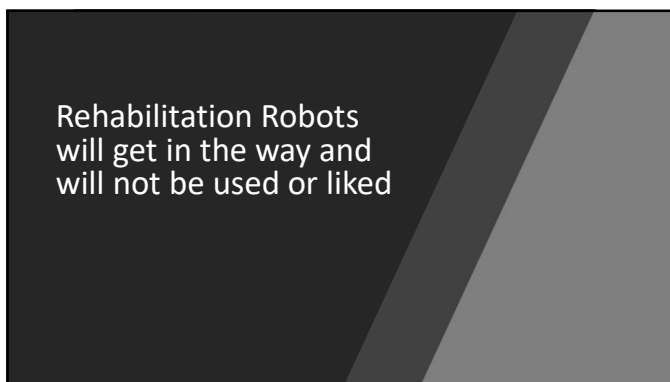
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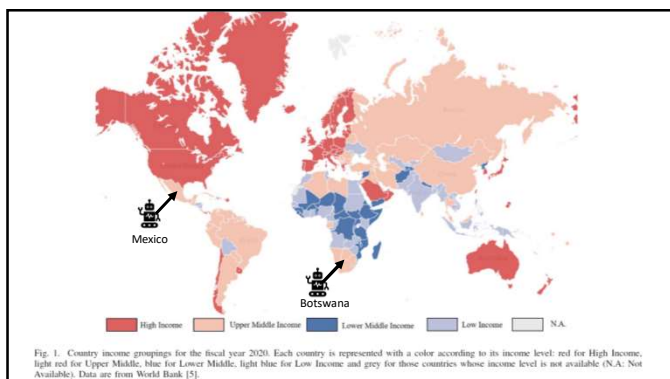
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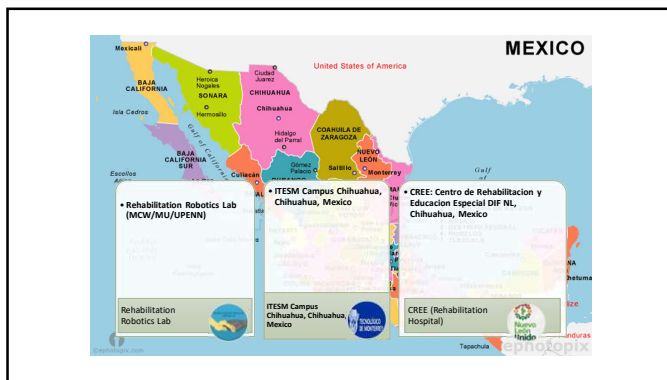
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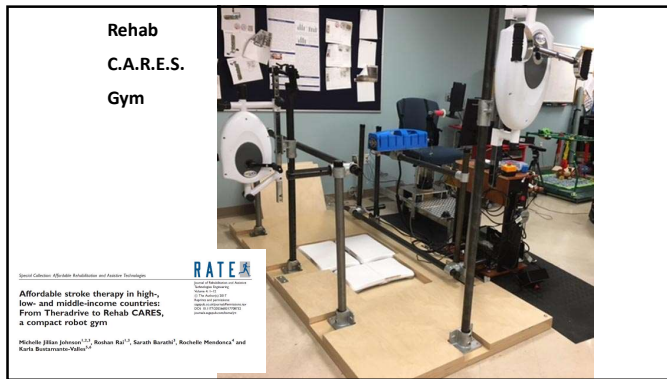
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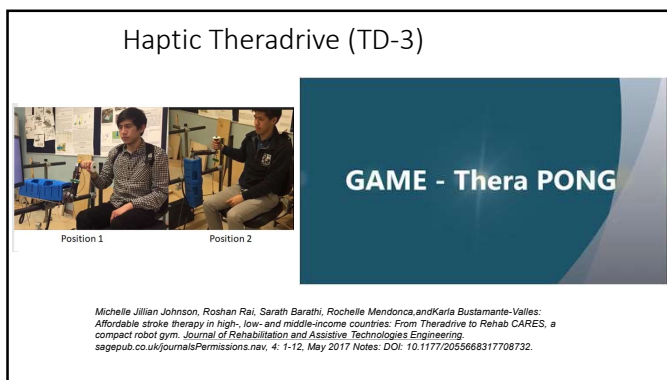
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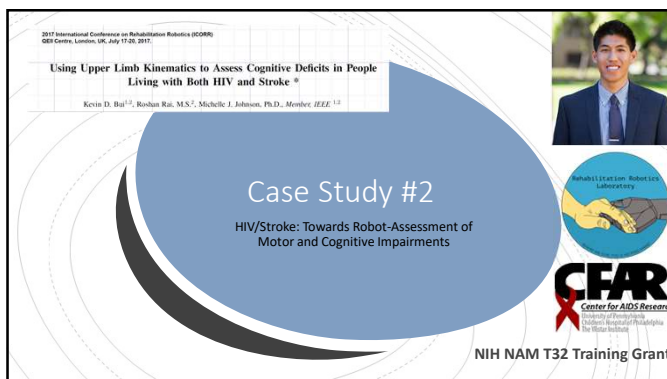
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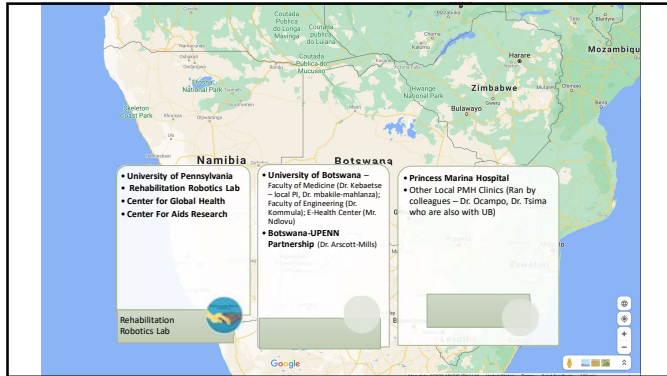
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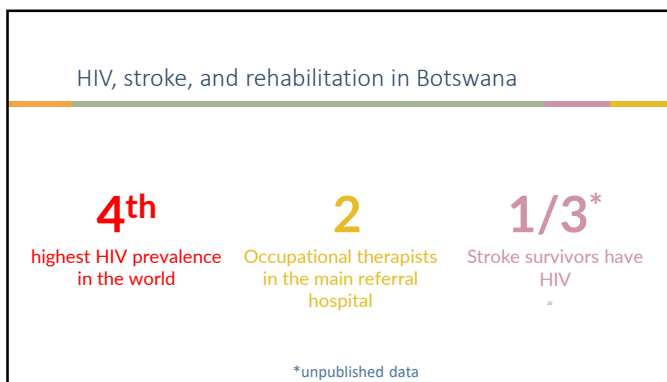
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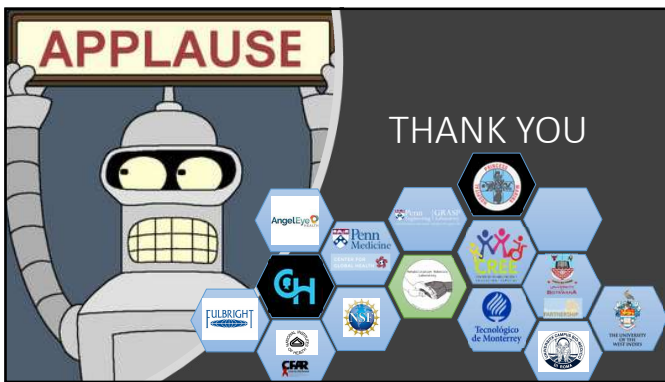
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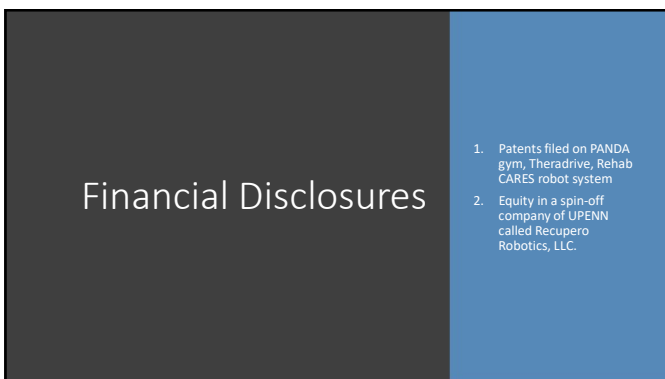
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