

Lit-review: Research Proposal

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Previous Research

Human Arm Pose Estimation and Mimicry using Franka Emika Panda

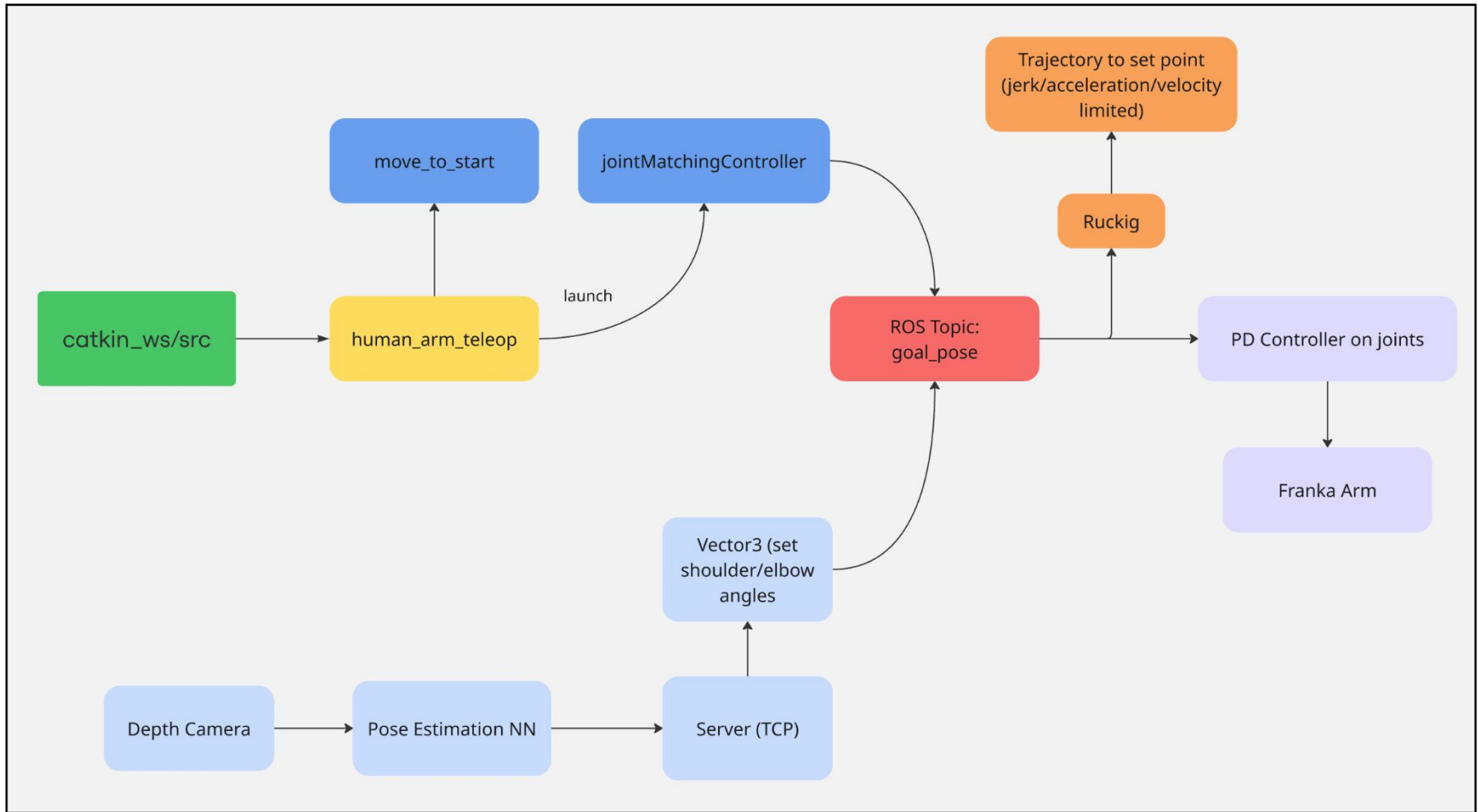
Goal: Develop a real-time system where the Franka Emika Panda robot mimics human arm motion using 2D pose estimation and trajectory planning.

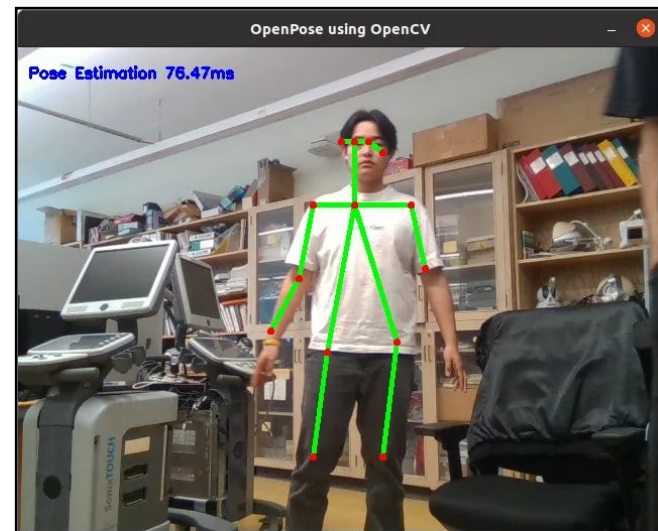
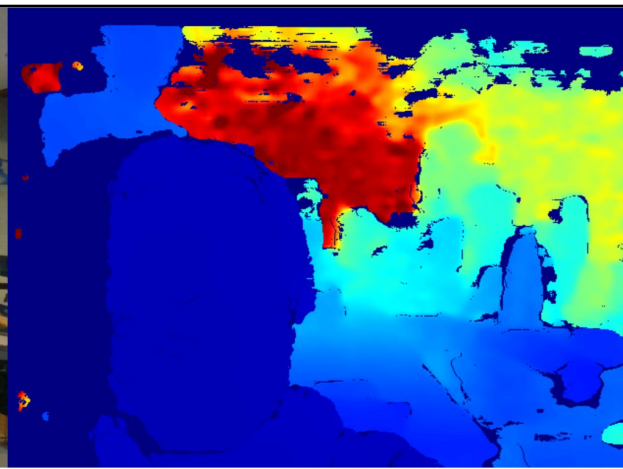
Methods:

- 1) Pose Estimation: Extracted 2D upper-limb keypoints (shoulder, elbow, wrist) using OpenPose + Intel RealSense D415.
- 2) Joint Angle Computation: Estimated joint angles (shoulder, elbow) from keypoints.
- 3) Communication: Transmitted angles via custom TCP to a ROS1-based control stack.
- 4) Robot Control: Used PD control and Ruckig trajectory generation for smooth mimicry.

Limitations and Improvements:

- 2D estimation lacks depth, resulting in lower spatial accuracy.
- No feedback loop or evaluation of motion quality with reinforcement learning.





Proposal 1

AI-Guided Robotic Rehabilitation & Mirror Therapy Using 3D Pose Estimation with Franka Emika

Problem:

- Stroke and neurodegenerative diseases impair motor control.
- Traditional physiotherapy is repetitive, hard to access, and resource-heavy.

Opportunity:

- Robotic rehabilitation is scalable and effective, especially for rural or aging populations.

Vision:

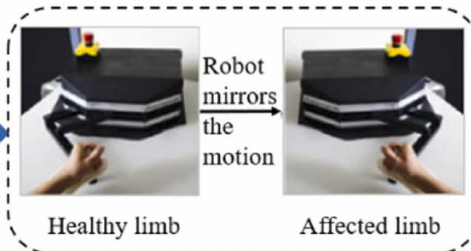
- Use 3D vision + AI/ML + Franka Emika to deliver intelligent, low-cost, and personalized rehab therapy.

Objectives:

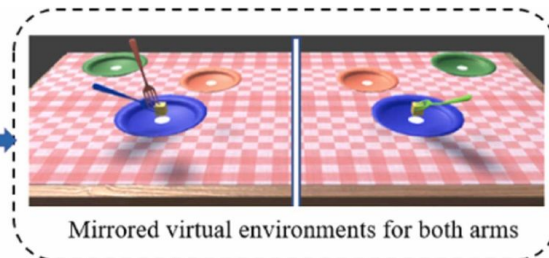
- Track human upper-limb movement (shoulder, elbow, wrist) in 3D
- Control Franka Emika for safe, adaptive rehab interactions
- Implementations:
 - *Rehabilitation Assistant* (motion guidance + feedback)
 - *Mirror Therapy System* (healthy limb mirrored to impaired side usually after a stroke)



Traditional Mirror Therapy
(affected arm does not necessarily move)



State-of-art Robotic Mirror Therapy
(affected arm is assisted to move for trajectory following)



Proposed Robotic Mirror Therapy
(affected arm is assisted to perform daily activities also)

[How effective is mirror therapy?](#)

Proposal 1

AI-Guided Robotic Rehabilitation & Mirror Therapy Using 3D Pose Estimation with Franka Emika

Goal: explore how low-cost robotics and AI can support rehabilitation, especially for underserved populations, and measure its impact

Link Previous Research to Current Proposal:

- Expanding from 2D → 3D pose estimation
- Adding Cartesian impedance control for safer interaction
- Introducing mirror therapy and AI feedback
- Building a complete rehabilitation system

3D Pose Estimation: Intel RealSense + OpenPose 3D + Kalman Filter

Kinematic Mapping: Joint angle computation → IK → libfranka (Ruckig)

Control Strategy: Cartesian Impedance Control for compliance

Core Deliverables: **Hardware:** Franka Emika Panda, Intel RealSense D435. **Software:** OpenPose 3D or MediaPipe Holistic, ROS2 + libfranka, Python, MATLAB

Research Paper 1 Review

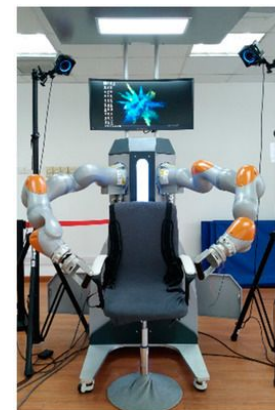
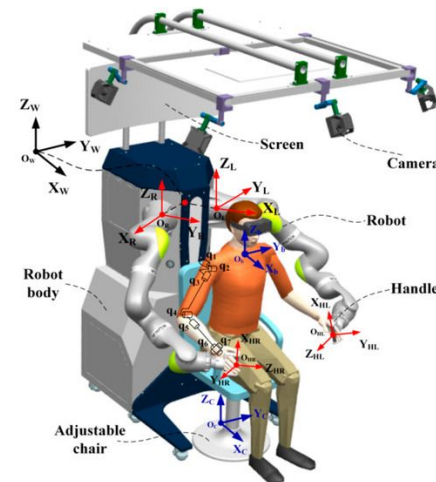
Development and Assist-As-Needed Control of an End-Effector Upper Limb Rehabilitation Robot

by Leigang Zhang * , Shuai Guo *  and Qing Sun 

- End-Effector Upper Limb Rehabilitation Robot (**EULRR**)
- Provides **Assist-As-Needed (AAN)** support for patients with upper limb motor dysfunction
- Offers freedom of movement while guiding them to follow a rehabilitation path

- A dual-arm robot using 7-DOF manipulators
- Three-dimensional spatial rehabilitation
- Based on Cartesian impedance control
- The robot can **assist patients only when needed**, enhancing engagement and neuroplasticity

<https://www.mdpi.com/2076-3417/10/19/6684>

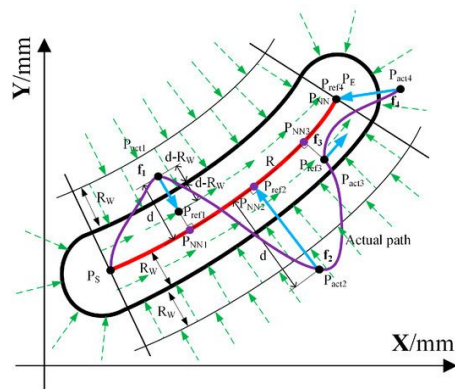


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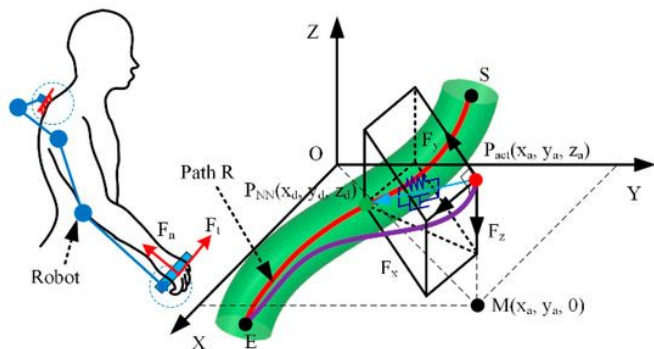
Research Paper 1 Continue



- Implements a **virtual channel** (tunnel) around a desired trajectory
- Make the robot fully compliant when the patient is moving along the planned trajectory inside the virtual channel
- or
- alternatively, stiffer when the patient is moving out of the virtual channel.

Limitations & Future Work of the Research

- Only one healthy subject was tested.
- **Unity-based visual interface** was basic.
- Plans include testing with elderly patients and stroke survivors, improving handle design, and enhancing the **VR training environment**.
- External Motion Validation (Human Arm Pose Estimation):
- **Track elbow, wrist, and shoulder** joint positions for a more complete understanding of upper limb biomechanics during rehab



Research Paper 2 Review

Comparisons between end-effector and exoskeleton rehabilitation robots regarding upper extremity function among chronic stroke patients with moderate-to-severe upper limb impairment

[Stephanie Hyeyoung Lee](#), [Gyulee Park](#), [Duk Youn Cho](#), [Ha Yeon Kim](#), [Ji-Yeong Lee](#), [Suyoung Kim](#), [Si-Bog Park](#) & [Joon-Ho Shin](#) 

- After 4 weeks of robotic training, **end-effector robots led to greater improvements in activity Wolf Motor Function Test (WMFT) and Stroke Impact Scale (SIS) participation domain** than exoskeleton robots among chronic stroke patients with moderate-to-severe upper limb impairment—with no safety concerns (Nature S.H. Lee et. al.)
- **Exoskeleton Robot**
- **Pros:** Could provide direct assistance and recovery evaluation at each human joint.
- **Cons:** Has complex anatomical structure of human upper limbs - leads to additional interactive forces and torques between the exoskeleton robot and human upper limbs during the rehabilitation training.
- **End-effector Robot**
- **Pros:** Has a simpler structure and could adapt to different patients better - research shows that it has good effectiveness in the rehabilitation training of upper limb motor function and daily activities compared with the traditional rehabilitation methods.
- **Cons:** However, most of the existing end-effector-based upper limb rehabilitation robots can only carry out training tasks in a specific plane, which cannot satisfy the requirements of rehabilitation training in three-dimensional space within the human arm's workspace.

Proposal 2

Teleoperated Robotic Ultrasound Imaging System Using Franka Emika for Remote Diagnostic Scanning

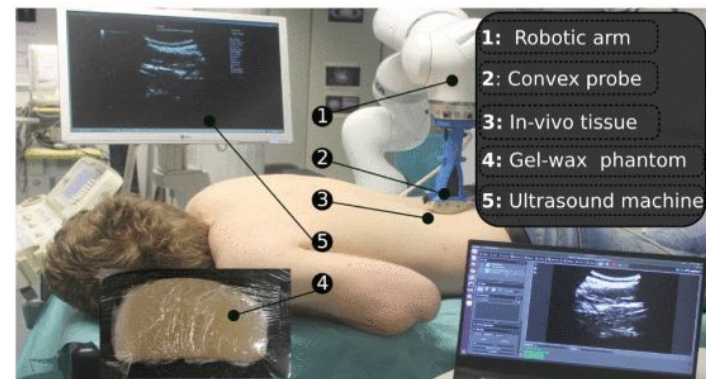
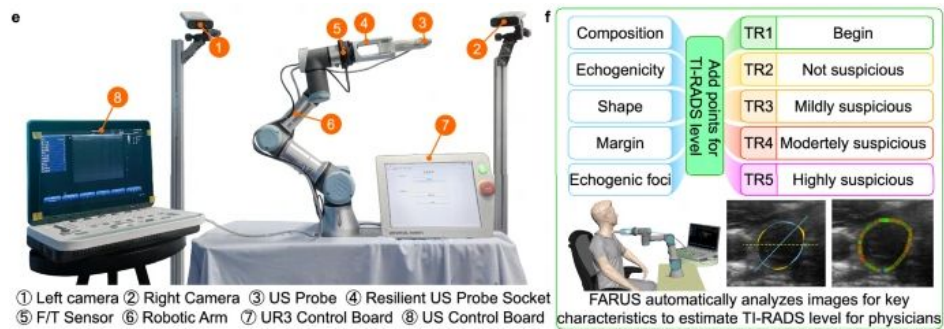
Goal: Use robotic teleoperation and force feedback to allow expert sonographers to perform remote ultrasound scans—especially in underserved or isolated areas

Objectives:

- Enable remote probe control with Franka Emika.
- Ensure safe contact via real-time force feedback.
- Use Intel RealSense for 3D modeling and planning.
- Stream ultrasound and robot feedback to remote expert.
- Integrate Touch Haptic Device for immersive control.

Control Strategies

- 1) *Teleoperation* – operator controls probe directly, with force-threshold-based safety (admittance/impedance).
- 2) *Shared Control* – operator controls direction; robot maintains contact force and orientation automatically.



Proposal 2

Teleoperated Robotic Ultrasound Imaging System Using Franka Emika for Remote Diagnostic Scanning

Resources Needed:

- 1) *Franka Emika*: Force-compliant robotic control
- 2) *RealSense D435*: 3D surface modeling
- 3) *Touch Haptic or Joystick*: Master teleop interface
- 4) *Ultrasound Probe*: Imaging device (e.g., Clarius)
- 5) *Gel Phantom*: Safe test medium
- 6) *PC + ROS*: Real-time communication and control

Project Scope & Milestones

- Franka + RealSense + joystick control setup
- Implement force-limited admittance control
- Integrate ultrasound probe + stream images
- Run trials on phantom/gel pads
- Extra: Add AI/image feedback or visual servoing

Research Paper 1 Review

A fully autonomous robotic ultrasound system for thyroid scanning

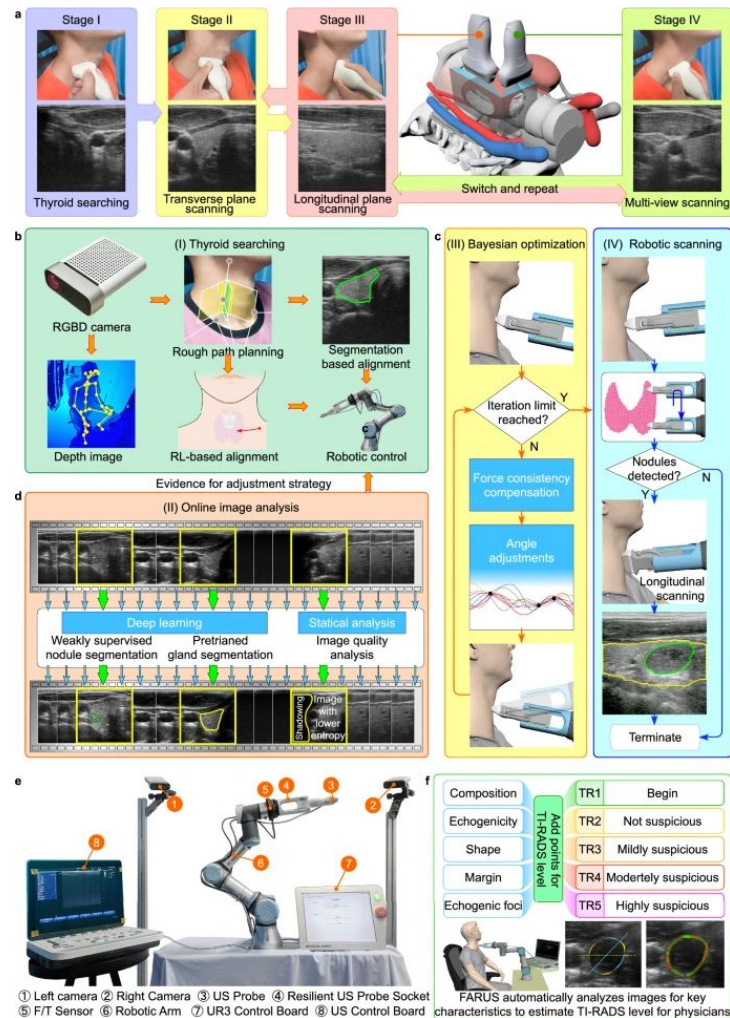
[Kang Su](#), [Jingwei Liu](#), [Xiaoqi Ren](#), [Yingxiang Huo](#), [Guanglong Du](#) ✉, [Wei Zhao](#), [Xueqian Wang](#) ✉, [Bin Liang](#) ✉, [Di Li](#) & [Peter Xiaoping Liu](#) ✉

FARUS (Fully Autonomous Robotic Ultrasound System) integrates:

- A 6-axis UR3 robotic arm holding a linear ultrasound probe.
- A Kinect camera for recognizing human skeletal orientation.
- Force/torque feedback mechanisms for safe, adaptive pressure control.
- Algorithms utilizing reinforcement learning, Bayesian optimization, and real-time deep learning-based thyroid segmentation

Technical Approach

1. **Initial Positioning (IPS):** Uses skeletal detection and Bayesian optimization to orient the probe.
2. **Optimal Scanning:** Dynamic control of probe position and applied force, ensuring capture of diagnostic-quality images



References

Proposal 1:

<https://healthcare-in-europe.com/en/news/meet-robert-your-robotic-physio-therapist.html>

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References

Proposal 2:

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<https://www.nature.com/articles/s41467-025-62865-w#Sec2>