

Lit-review: Research Proposal

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Previous Research

Human Arm Pose Estimation and Mimicry using Franka Emika Panda

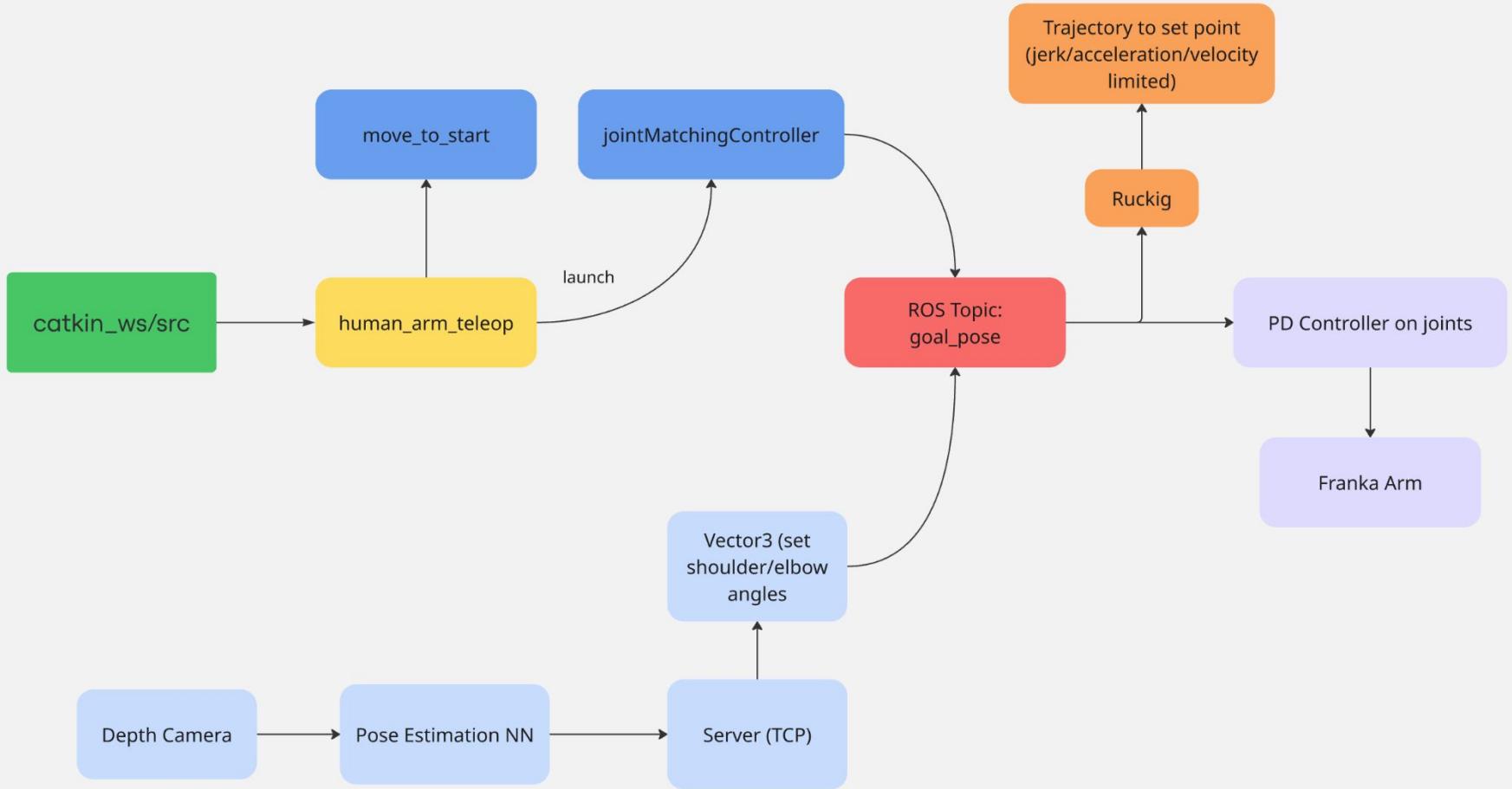
Goal: Develop a real-time system where the Franka Emika Panda robot mimics human arm motion using 2D pose estimation and trajectory planning.

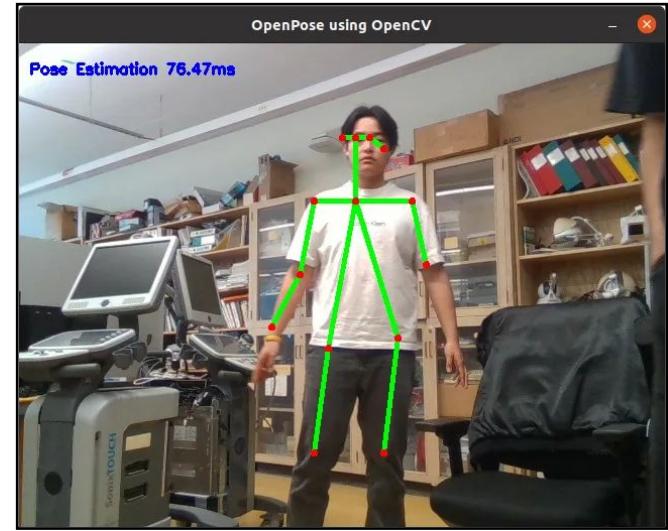
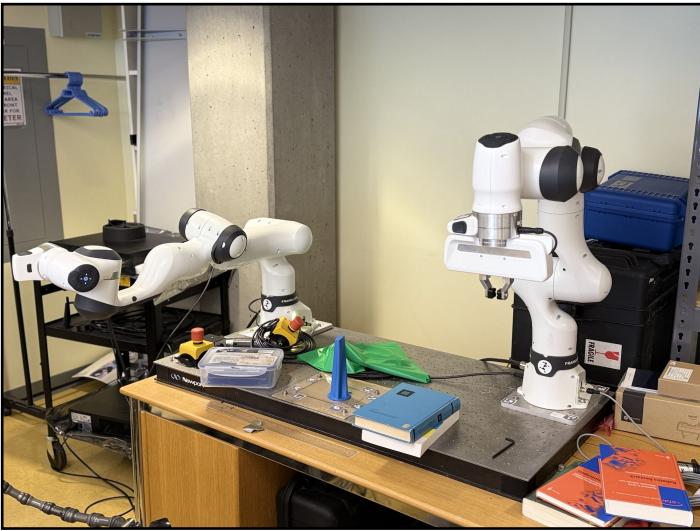
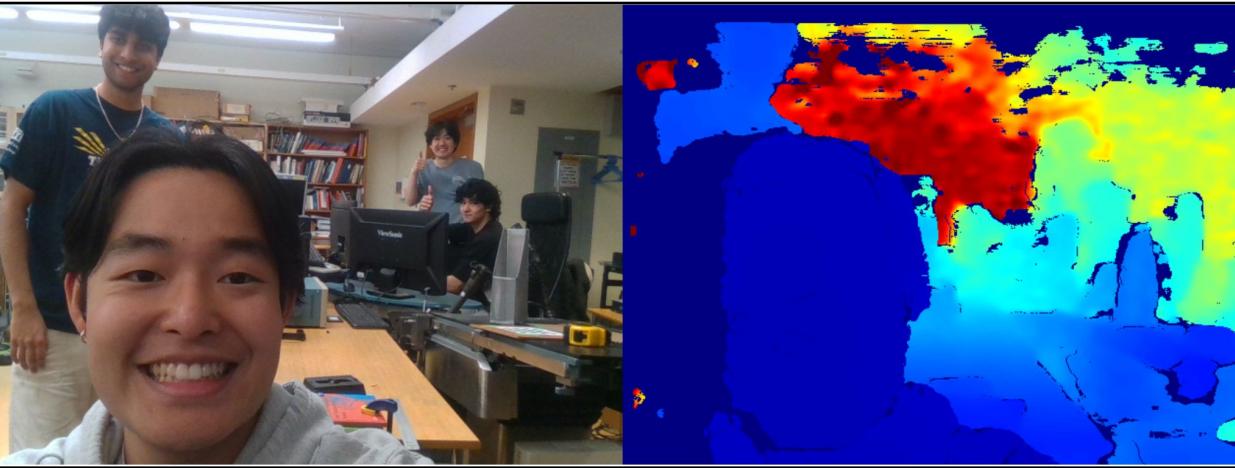
Methods:

- 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:

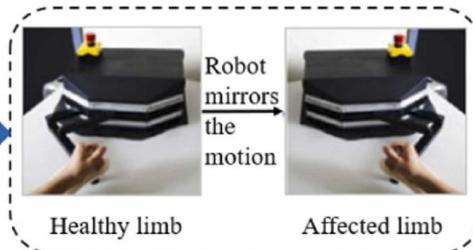
- Use 3D vision + AI/ML + Franka Emika to deliver intelligent, low-cost, and personalized rehab therapy.

Objectives:

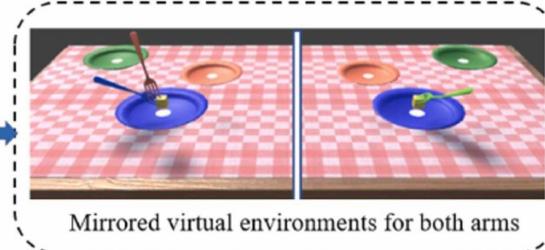
- Track human upper-limb movement (shoulder, elbow, wrist) in 3D
- Control Franka Emika for safe, adaptive rehab interactions
- Implementations:
 - *Rehabilitation Assistant* (motion guidance + feedback)
 - *Mirror Therapy System* (healthy limb mirrored to impaired side usually after a stroke)



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

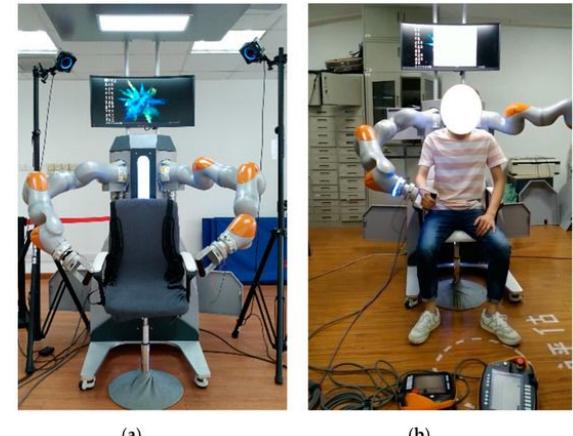
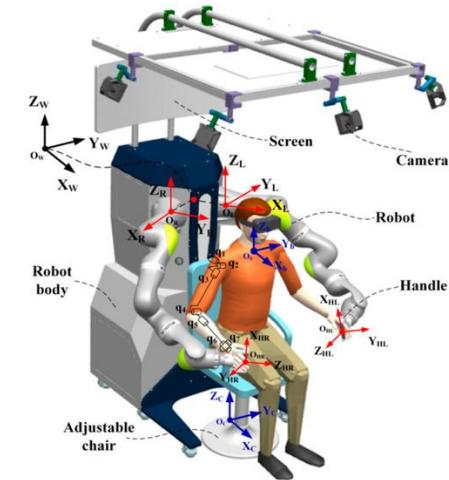
Research Paper 1 Review

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

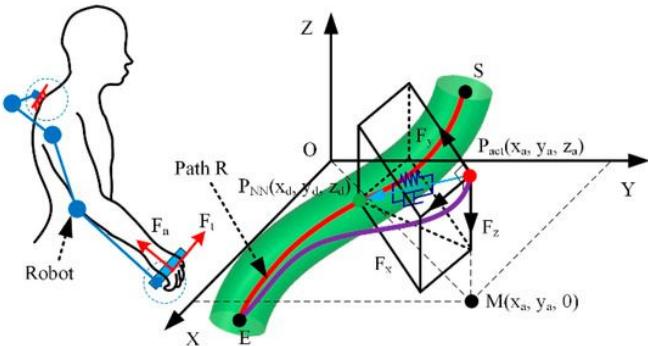
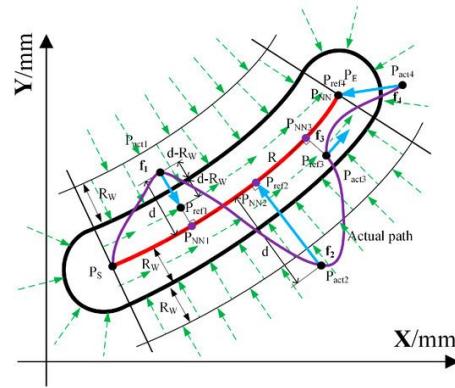
by Leigang Zhang * , Shuai Guo *  and Qing Sun 

- 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>



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:

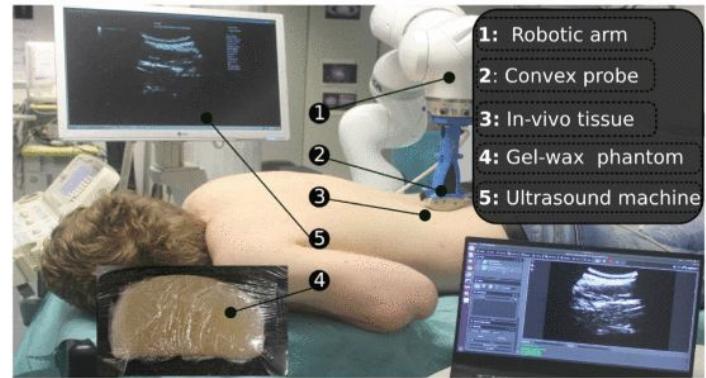
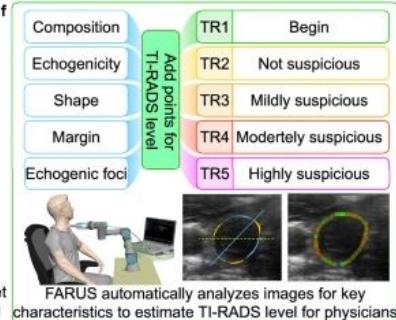
- Enable remote probe control with Franka Emika.
- Ensure safe contact via real-time force feedback.
- Use Intel RealSense for 3D modeling and planning.
- Stream ultrasound and robot feedback to remote expert.
- Integrate Touch Haptic Device for immersive control.

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.



① Left camera ② Right Camera ③ US Probe ④ Resilient US Probe Socket
⑤ F/T Sensor ⑥ Robotic Arm ⑦ UR3 Control Board ⑧ US Control Board



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

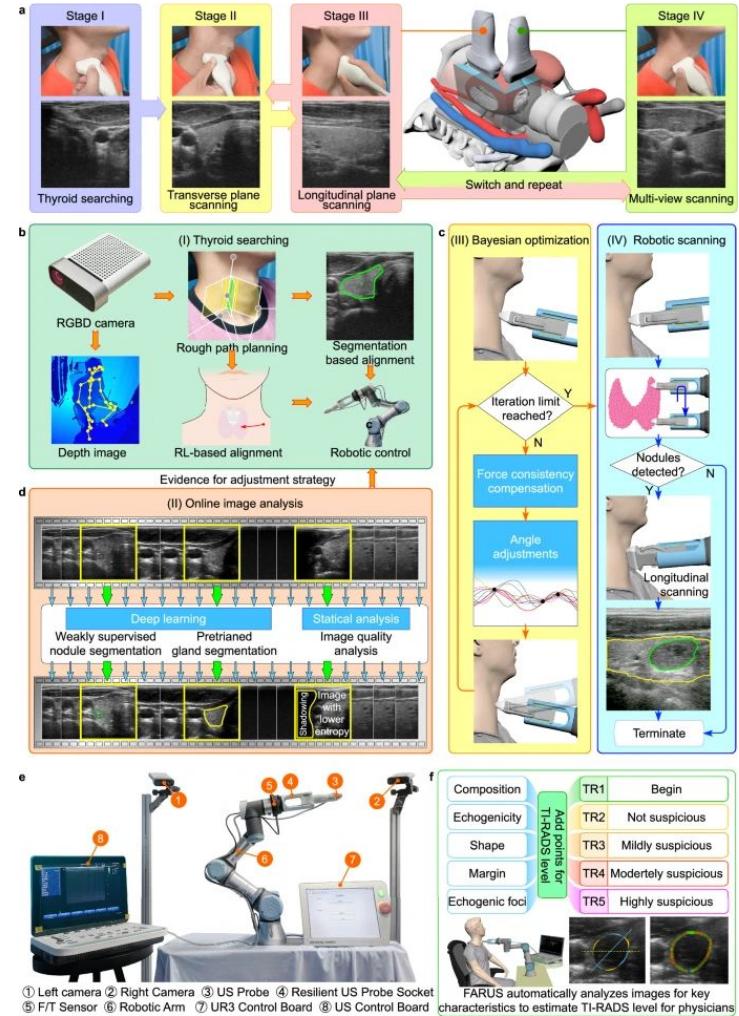
✉, Di Li & Peter Xiaoping Liu ✉

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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Proposal 2:

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