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CMP6200/DIG6200

Individual Undergraduate Project 2024–2025

**A1: Proposal**

Gamifying movements BENEFICIAL for upper limb stroke rehabilitation



Course: Computer Games Technology

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# Introduction

## Background and Rationale

Upper limb stroke rehabilitation typically sees heightened implementation after patients are discharged from the hospital. After returning home a patient should undertake home therapy programmes to further recover and better their quality of life.

Having a range of home therapy options is vital, crucially due to patient travel limitations. Almost 10 million people in England live in rural areas. In these areas there are more people aged 50-59 years than any other age group with one in four people being over 65 (Statistical digest of rural England). This correlates with the ages statistically vulnerable to having a stroke. According to the GRASP instructor manual the risk of stroke doubles every 10 years after age 55, with the typical age at the time of stroke being 70 – 75 and 25% of strokes occurring in individuals below the age of 65.

The brain has the most ability to repair itself in the first 3 months post stroke (GRASP) therefore it is vital that the patient completes as much therapy in this time as possible to maximise recovery. Currently there are home therapy programmes such as the GRASP manual. However contemporary home therapy programmes do not provide high levels of motivation to the patient, this can cause the therapy to be neglected leading to sub-optimal recovery or potentially other implications such as learned non-use syndrome (GASP).

Therefore, it is important to explore ways to provide more motivation to the patient. Gamification and even more so multiplayer gamification is one such way this goal can be achieved. Being able to play the game alongside family members, friends or caregivers may provide higher levels of motivation and reduce the neglect of home therapy, increasing its effectiveness.

## Key Themes/Topics

Key Words:

* Games for rehabilitation
* Upper extremity
* Stroke
* Multi-player
* Gamification

Key Themes:

* Production of a gamified treatment to encourage beneficial movements
* Game design, especially game design pertaining to serious games and stroke rehabilitation
* User centred design
* Multiplayer game design
* Motivation and willingness to use the game created

# Aim and Objectives

## Project Aim

The aim of this project is to produce a multiplayer game, utilizing etee controllers, which encourages movements beneficial to Upper Limb (UL) stroke rehabilitation and provides more motivation than conventional home therapy treatments.

Conventional home therapy treatments will be investigated to understand what exercises and movements are utilized. Investigation into game design for stroke rehabilitation games will also be conducted to inform the design of the game.

## Project Objectives

* Identify characteristics of effective rehabilitation treatments.
* Identify movements beneficial to providing effective rehabilitation treatment.
* Use knowledge gained from objectives 1 and 2 to design, scope and plan the development of the serious game
* Develop the game using the designs and plans produced in the previous objective using agile project management techniques
* Test the game with a group of adults to observe the repetitions of the intended motions and motivation to play the game relative to other therapy options.
* Use the knowledge learned from testing to evaluate the projects outcomes.
* Summarize and report writing

# Project Planning

## Initial Project Plan

Agile methodologies will be used during development. There will be a planning phase, followed by implementation and then evaluation. In the planning phase the different requirements of the project will be considered to create an exhaustive list of tasks which need to be completed. Then, each task will be assigned an estimated cost (time to complete task) on the scale of 1 – 3, additionally each task will be assigned a priority in the range of 1 – 3. 1 being high priority and 3 being low priority.

Then the implementation phase will be split into cycles, the exhaustive list from the previous phase will be used to plan what work will be completed in the next cycle and calculate how many points can be completed in a week. This is a good way to judge if tasks are being completed fast enough and allows the project to be intelligently rescoped if it appears the project is going to miss the deadline.

Finally, once the project is complete it can be tested and its effectiveness evaluated.

Table 1 below outlines the tasks which will need to be completed for the project. Each one of these tasks will be further broken down following the literature review.

Table 1 high level tasks to complete

|  |  |
| --- | --- |
| Task Name | Task Description |
| Research into existing systems | Research looking at conventional therapy options and what movements/exercises they use. Additionally investigation into game design of upper limb rehabilitation serious games will be conducted |
| Use research to design game | A small design document will be produced. Additionally an exhaustive task list will be created. Each task having a cost and priority ranked 1 – 3 break each task down into its atomic elements |
| Design interaction | This will require consideration to be taken into how the user will interact with the game, utilizing etee controllers, in a simple and effective way. |
| Game menu and flow design | What menus will be present in the game will be designed as well as the flow of using the system. |
| Game loop design | Design in the moment to moment gameplay will be considered |
| Meta game design | This design focuses on the gameplay of an entire game/ play session |
| Sound design | What sounds will be needed |
| UI design | Each menu and ui will have to be designed. |
| Development cycle 1 | Development cycle 1 will consist of setting up the multiplayer and etee controls. Basic menus and placeholder ui will be created. A prototype whitebox level will be created along with some simple interaction. |
| Development cycle 2 | The gameplay will be completed in this phase. Game interaction will be continuously tested for ease of use. 3d art will be added to the game. |
| Prototype testing | The prototype will be tested to see if users can use the game easily and if it is encouraging the movements intended |
| Development cycle 3 | The final phase of development will be dedicated to polishing the game, this includes adding in art, sound effects and complete menus. As well as adding low priority features if time permits. |
| Plan for testing of the effectiveness of the game | Time will need to be taken to consider how the testing will be conducted and preparing resources for the testing such as printing off resources such as how to use the controllers, how to play the game etc… |
| Testing the effectiveness of the game | The actual testing of the game will look to gather adult participants to test the game. The success of the project can then be evaluated. |

## Resources

* Computer (with internet connection), mouse and keyboard
* Access to someone knowledgeable in the field of upper limb stroke rehabilitation
* Unity game engine
* Version/source management software (github)
* An integrated development environment (IDE) such as Jetbrains Rider
* Access to adults with a varying prior experience with videogames for the final testing
* Home stroke rehabilitation items currently being used to compare the project artifact to
* A pair of etee controllers for development, testing and playing the game
* Access to someone knowledgeable with unity in case implementation issues and bugs arise
* Information such as the grasp manual to identify beneficial movements and/or exercises
* New people to playtest the game during development to check for quality, fun and userbility
* Access to copyright free music and sound effects to put into the game
* Access to copyright free art assets to use in the game
* Software to create art assets when needed for the game (visual and auditory)
* Word for creating design and planning documents
* Access to a printer to print off resources such as guides on how to play the game/the structure of the testing session to be shown to participants in testing.

## Risk Assessments

|  |  |
| --- | --- |
| Risk assessment issue | How it will be mitigated |
| Hygiene issues | When testing antiseptic wipes will be used to clean the controller between uses |
| Controller damage | Controllers will stay on one site for the majority of the project development. When they are needed for testing the controllers will be transported in the original packaging they were shipped with.  Users of the controller will have to read through a short manual outlining proper use of the controllers |
| Hardware issues | Hardware failing or breaking such as mouses, keyboards or computers could pose as a substantial risk. One which will be mitigated by having spare hardware such as mice and keyboards and by transporting a computer in a bag designed to carry laptops.  All work will also be stored on github meaning if hardware is compromised the project is still accessible |
| Limited access to field specialists | Where possible any communications made will leave plenty of time for a response. Additionally useful information can be shared allowing information to be gathered without requiring additional input from the field specialist. |
| Inexperience using unity networking solution | This may dampen the velocity of tasks being completed. to mitigate this risk preparations will be made such as following online resources and tutorials and creating a small test project. |
| First time developing using etee api | A lack of experience developing games using the etee api for the controllers may mean that some development time will be lost to learning how the api functions. This issue can be mitigated by reaching out to members/developers at etee for support if issues arise. |
| Software licence expiration | Specialist software such as game engines and integrated development environments will be used when creating the game. Many of these softwares are free or have free alternatives, other softwares are available free to students, additionally softwares such as adobe suite softwares are made available to bcu students. |
| No access to contemporary home therapy equipment | There are many home therapy options which do not require equipment or some which require basic household equipment. Those therapies will be chosen to be used as a control when testing the effectiveness of the project. |
| Implementation issues | Tasks will be well planned and broken down. This will allow the scope of the project to be realistic at conception and will allow the scope to be intelligently adjusted to ensure the project finishes on time. |
| Unable to access or create art assets for the game | The two criteria’s being tested are if the correct movements are being performed and if so how many. And if the game is more or less motivating than other non-game based therapy methods. The art assets only impact the latter testing criteria so by nature the damage is limited. By keeping the game world small the art assets required are limited decreasing the probability of missing assets. |
| Use of copyright material | Any third party assets will be checked for copyright. |
| External responsibilities | This project is being completed alongside other modules and other work responsibilities. This will take time away from the project. To mitigate this risk the project will have to be well planned and scoped and progress will have to be tracked throughout development to check the project is on track. |

# Project Review and Methodology

## Critique of Past Final Year Projects

### Evaluation of the use of Gamification and Augmented Reality Features on Active City Tourism

### Virtual Reality Exposure Therapy as a Treatment for Social Anxiety Disorders

## Literature Search Methodology

### Keyword based searches using engines such as google scholar.

When using google scholar key words or phrases were used such as: serious games, serious games upper limb rehabilitation, stroke rehabilitation.

These yielded good results including papers which focused on game design, the effectiveness of serious games for stroke rehabilitation, and development of a serious game for rehabilitation. The last paper mentioned was especially important/relevant to the project as it covered the development of a multiuser serious game for stroke rehabilitation.

Word was used to make notes on key topics of each paper and keep track of which ones had been read. These papers were stored in an organised file system.

### Birmingham City University’s library services and its collection of past student projects.

This was especially useful for finding past student projects. By analysing these projects more informed decisions can be made during the completion of this project.

### Resources shared by others

This includes papers shared by project supervisors and materials shared by professionals.

Resources shared by project supervisors have been useful in seeing other uses of etee in research. And resources shared by professionals such as the GRASP manual have given insight into the current programmes that exist and some useful information regarding stroke rehabilitation which has contributed to the background and rationale of the project.

## Initial Literature Search Results

### Serious games for upper limb rehabilitation after stroke: a meta-analysis

This piece of literature aimed to “assess the efficacy of serious games, implemented on diverse technological systems, targeting UL recovery after stroke”. The paper was a meta-analysis and collated the findings of 42 trials including 1760 participants. The study concluded that “rehabilitation through serious games, targeting UL recovery after stroke, leads to better improvements, compared to conventional treatment”. The outcome of this literature gives feasibility to this project as it evidences that bespoke games designed to aid in UL rehabilitation are indeed effective and overall more effective than conventional therapy.

Additionally, this piece of literature highlighted essential design features that this project must cater for. Those being the eleven neurorehabilitation principles established by Maier et al. The literature claimed that In order for the gamified therapy to be more effective than traditional therapies it must implement at least 8 of these principles. “Indeed, only interventions that met 8 or more principles showed significant impact of moderate effect size on upper limb motor function”. While this project is more focused on encouraging the correct movements to be performed in a motivational way, rather than the actual clinical effectiveness of the game, the findings of this study relating to these principles is still influential and will be considered in the game design of the game.

### Serious Game Design and Clinical Improvement in Physical Rehabilitation: Systematic Review

This piece of literature, was also focused on the clinical outcomes and efficacy of serious games when used in therapy in motor impairment patients with stroke, multiple sclerosis or cerebral palsy. Unlike the previous however this review took “a closer look at video game design features” described in the literatures reviewed. These features being “game genre [GG], game nature [GN], and game development strategy [GDS]”. These features were assessed on “how they may contribute toward improving health outcomes”. The study agreed with the previous that bespoke made games “tends to give better clinical results although the latter are perceived as more motivating and engaging”, the latter here referring to commercial off the shelf games.

This review will be useful when designing the game as it will allow informed decisions to be made about the design of the game.

### Development of a 3D, networked multi-user virtual reality environment for home therapy after stroke

This study is very relevant to this paper as it is a very similar undertaking. Triandafilou et al produced a 3d networked multiuser Virtual Environment for Rehabilitative Gaming Exercises (VERGE). Users could control the game through measurements made with a low-cost Kinect device. The study found that “85% of the subjects found the VERGE system to be an effective means of promoting repetitive practice of arm movement”. The study tested the quantity of useful movement and the motivation to use the system against current therapies. This paper, due to its similarities to this project will play a critical role in the approach of this project.

A key difference between this paper and this project is the input device the user will use. While this paper uses a Kinect which can sense arm movement well but is not effective at sensing hand and wrist movements. This project, however, will make use of etee controllers which can sense wrist and hand rotation as well as each fingers grip strength. This will be beneficial as it means arm movements and wrist and hand movements can be designed to be inputs in the game.

# Bibliography

Doumas, I., Everard, G., Dehem, S. and Lejeune, T., 2021. Serious games for upper limb rehabilitation after stroke: a meta-analysis. *Journal of neuroengineering and rehabilitation*, *18*, pp.1-16.

Triandafilou, K.M., Tsoupikova, D., Barry, A.J., Thielbar, K.N., Stoykov, N. and Kamper, D.G., 2018. Development of a 3D, networked multi-user virtual reality environment for home therapy after stroke. *Journal of neuroengineering and rehabilitation*, *15*, pp.1-13.

Vieira, C., da Silva Pais-Vieira, C.F., Novais, J. and Perrotta, A., 2021. Serious game design and clinical improvement in physical rehabilitation: systematic review. *JMIR Serious Games*, *9*(3), p.e20066.

Department for Environment Food & Rural Affairs. Statistical Digest of Rural England <https://assets.publishing.service.gov.uk/media/661d3b95ac3dae9a53bd3dd3/16_04_2024_-_1_-_Population.pdf>. Accessed 28/09/2024

Grasp manual <https://neurorehab.med.ubc.ca/grasp/grasp-manuals-and-resources/grasp-instruction-manual-2/>

Grasp patient manual <https://neurorehab.med.ubc.ca/grasp/grasp-manuals-and-resources/hospital-grasp-patient-exercise-manual-form/>

# References