

Electronic Knee Wrap for Injury Prediction

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Alex Yau
ayau@sas.upenn.edu
Univ. of Pennsylvania
Philadelphia, PA

Jeffrey Shih
jeshih@sas.upenn.edu
Univ. of Pennsylvania
Philadelphia, PA

Jacy Clare
jclare@sas.upenn.edu
Univ. of Pennsylvania
Philadelphia, PA

Kunal Mahajan
mkunal@seas.upenn.edu
Univ. of Pennsylvania
Philadelphia, PA

ABSTRACT

This research focuses on creating an electronic knee wrap for athletes to wear in order to determine their risk of suffering an Anterior Cruciate Ligament (ACL) injury. While significant research has been conducted for identifying the factors responsible for an ACL injury, there is a need to quantitatively determine an athlete's risk of suffering the injury in order to determine if an athlete is fit to return to sports. To this end, this research explores the opportunity to mount a high performance, small area circuit on a knee wrap. A set of factors such as knee acceleration, knee orientation and valgus forces are integrated to compute the risk percentage of an athlete in real time. In addition, this knee wrap will also be multi-purpose, allowing both doctors to predict injuries and athletes prevent injuries on the field.

The design incorporates microcontrollers, inertial measurement units and wireless module mounted on the knee wrap. In order for the therapists and physicians to interact with the data, a server and a front-end web interface is implemented to display the data. Further benchmarking shows that the sensors measure accurate data at 110Hz frequency, successfully transmit to the server and display the data.

Keywords

Anterior Cruciate Ligament (ACL), Knee Flexion angle, Deceleration, Knee Injury Risk Index (KIRI)

1. INTRODUCTION

ACL ruptures are one of the most common injuries in sport and very expensive to treat. There are approximately 175,000 primary ACL reconstruction surgeries performed annually in the USA with an estimated cost of over \$2 billion US [15]. This is followed by a lengthy rehabilitation period. Even then, over a quarter of patients reinjure their ACL [14]. These injuries also cause early-onset of osteoarthritis for numerous people between the ages of 30 and 50, and related injuries such as ACL tear in the other leg. [8]

An ACL injury can have an immense impact on an athlete's career and quality of life. Because of this, monitoring and reducing the risk of ACL injuries is exceptionally valuable and

important. This research proposes the use of an electronic knee wrap (eKwip), to predict and prevent ACL injuries in both healthy athletes and injured patients. By monitoring the angles, orientation and movements of the knee of the wearer, eKwip is able to predict when an injury is imminent. This research also proposes to create a Knee Injury Risk Index (KIRI) that the wrap will use to predict the risk of ACL injury. To encourage adoption of such a knee wrap, eKwip is designed to be unobtrusive and flexible, unlike the current mechanical braces on the market.

eKwip allows the wearer to monitor his or her knee performance and risk of injury throughout the day to decrease the chance of future injury. It also allows physical therapist to easily observe and assess the performance of injured patients remotely. With eKwip, the aim is to reduce the rate of ACL injuries in both healthy athletes and injured patients.

eKwip utilizes various factors that have been demonstrated to cause the injury such as accelerations and angles. It integrates these factors with machine learning algorithm to accurately calculate the risk by adapting to the athlete's physical characteristics such as flexibility and normal range of knee movement. Currently, the microcontroller receives knee acceleration and orientation angles from the sensors. Using a wireless module, this data is quickly transmitted to the server, which calibrates the angles and acceleration, and displays them on the website in a user friendly format.

Sec.2 reviews knee anatomy, including the major causes of ACL injuries and the performance requirement of eKwip. Then, Sec.3 discusses the prior work in ACL detection and the common rehabilitation procedures used in the industry for measuring the strength of the ACL. Sec.4 illustrates the basic idea of eKwip with the model diagram. Sec.5 describes the technical implementation of eKwip in detail. As real-time analysis is a necessary component, Sec.6 describes the performance of the system with respect to requirements and how the system improved over time. Sec.7 details the remaining work that involves implementation of KIRI algorithm, machine learning implementation, and testing and validating the system. Throughout the paper, we focus on latency and unobtrusiveness of the wrap.

2. BACKGROUND

2.1 Knee Joint and ACL

*Advisor: LeAnn Dourte (dourte@seas.upenn.edu), Insup Lee (lee@cis.upenn.edu)

As the paper includes interdisciplinary content, it is necessary to first provide information in this section about the mechanical properties of the knee used throughout the paper. The knee joint is the largest joint in the human body that connects the femur and tibia. ACL is one of the four major ligaments in the knee. It originates from deep within the lower extremity of the femur and attaches in front of the spine of tibia. The Figure 1 below is representative of the knee anatomy and the location of ACL.

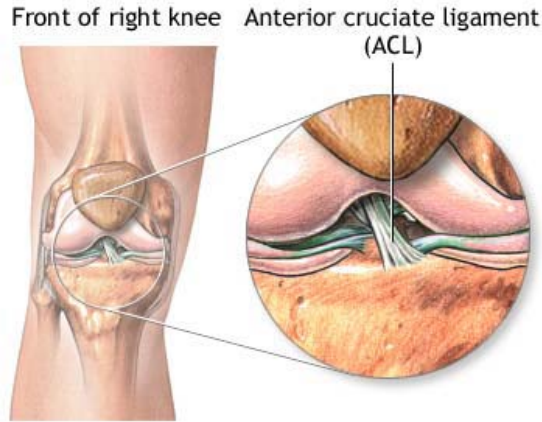


Figure 1: Knee anatomy and location of ACL

2.2 Knee Flexion Angles

ACL is responsible for resisting anterior translation and medial rotation of the tibia, in relation to the femur. This resistance is crucial for controlling the forward movement and twisting of the knee. Major cause of ACL injury is small knee flexion angle along with medial rotation. The knee flexion angle is the angle between the femur and the tibia. The medial rotation is the internal rotation of the knee towards the midline axis of the human body. As a result, these angles are an important indicator for the injury.

2.3 Asymmetric distributed forces

Another common reason for the ACL injury is due to asymmetric distributed forces acting on the joint. As these forces are not equally distributed, the resultant force direction does not pass through the vertical axis at the center of the leg. This resultant force causes anterior translation and medial rotation. Once the forces exceed the resistance offered by the ACL, the ACL ruptures due to excessive strain (TODO cite GRIFFIN et al). Now, these forces are caused due to sudden movements such as changing directions or landing from a jump, which are most common in sports (TODO cite GRIFFIN et al). These decelerations generally happen as fast as 50ms (TODO cite some paper), and therefore, ekwip needs to be able to measure the deceleration as fast as 10s of milliseconds. The decelerations can then be related to the forces to provide a more complete analysis for risk calculations.

3. RELATED WORK

Related work for this project is divided among three fields: algorithms for ACL injury detection (Section 2.1), knee brace effectiveness/performance hindrance (Section 2.2), and Knee Mechanical Properties (Section 2.3).

3.1 ACL Injury Detection

This section covers research in minimizing the testing required to detect whether an athlete is at risk of suffering an ACL injury. Prior research in ACL Injury Detection has shown that techniques exist that accurately capture and analyze various measures relating to the knee to determine the probability of ACL injuries [11]. Using such metrics as knee flexion angles, medial rotation, and body mass, researchers were able to come up with a way to determine knee abduction moments (KAM), which are used to identify whether or not an athlete is at high risk for an ACL injury, with a sensitivity of 77% and specificity of 71% [11][2].

3.2 Knee Brace Effectiveness/ Performance Hindrance

This section deals mainly with studies of the extent to which a Functional Knee Brace and a Prophylactic Knee Brace interacts with an athlete's ability to perform on the field. Prior research in using Functional or Prophylactic knee braces out in the field has shown that it potentially hinders an athlete's movement by restricting the anterior translation. In addition, the studies on the usefulness of these kinds of braces in preventing the injury are inconclusive [9]. Knee braces, especially Functional Knee Braces (FKB), which are more mechanical in nature and thus more obtrusive, are shown to provide 20-30% greater knee ligament protection. This suggests that while FKBs have an impact in reducing the severity of knee injuries, there is an opportunity to come up with a new brace to evaluate the risk index and thereby provide proof for the capability of existing braces. Another important factor of the effectiveness of knee braces is in rehabilitation, where a combination of exercises and brace use can speed up recovery [5]. eKwip can also provide evidence for establishing the usefulness of these exercises.

3.3 Knee Mechanical Properties

Research has proved that the relative angle and forces between the femur and tibia are a major risk indicator to ACL injury. The paper *Shin, et al. 2006* provides the numerical data, which we will use to calculate the risk index for the athlete. As shown in Figure 2 and Figure 3, the authors of the paper created a model to track the knee flexion angle and the forces over time and found correlation with the experimental model of the injury. [12]

4. SYSTEM MODEL

eKwip consists of several components that all work together to collect data about the position and motion of the knee and leg, store the data locally, send the data over a wireless network link to a server, and analyze the data in order to display an image of the knee and compute a KIRI score.

The process begins in the IMU sensors, which use accelerometers and gyroscopes to measure the absolute orientation, acceleration, and rate of change of acceleration. This data is passed to the microcontroller, which packetizes

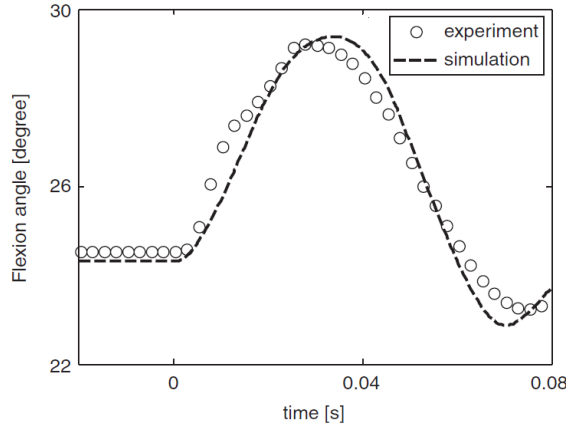


Figure 2: Knee flexion angle over time during an ACL injury

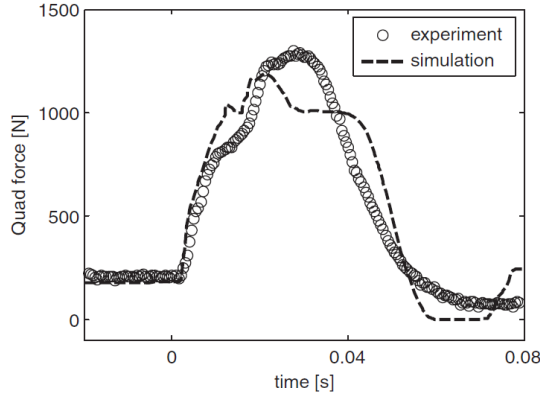


Figure 3: Quad forces over time during an ACL injury

the data and send it to the wireless module, which transmits the data packets over the wireless network to the server.

The server receives the data packets and parses the data. It then computes the position and movement of the knee in order to display the image of the leg in the graphical user interface. Additionally, the server will compute the KIRI score for the individual and display that value.

Figure 4 shows a block diagram modelling the eKwip system.

5. SYSTEM IMPLEMENTATION

The technology behind the eKwip is able to capture the movements of the knee and will accurately create an industry standard Knee Injury Risk Index, or KIRI for short. The system consists of several sub-components, each of which performs an important function as part of the system as a whole. The sub-components include a neoprene wrap, a microcontroller, sensors, a wireless module, a Micro SD card, and a webserver.

5.1 Wrap

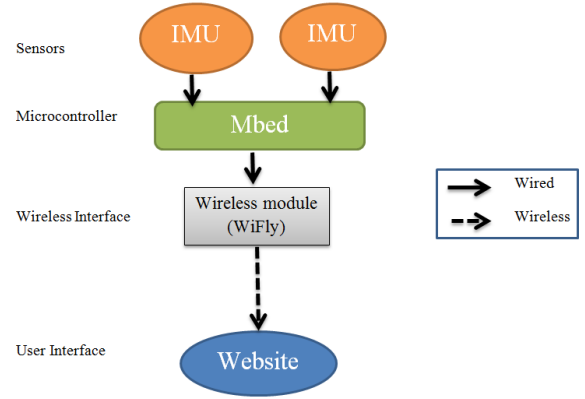


Figure 4: Block diagram of eKwip system

eKwip is a neoprene wrap that fits over the knee. A wrap of this type was chosen because it's relatively small, unobtrusive, and stays close to the skin, which is important for correctly measuring the movement of the knee itself, instead of the movement of the wrap. The wrap was designed to be unobtrusive in order to encourage athletes to wear them more often. Unlike current mechanical braces on the market, eKwip does not hinder the movement of the knee, which makes eKwip much more attractive to athletes.

5.2 Microcontroller

The microcontroller is responsible for reading data from the sensors, sending the data over the network link, and storing the data on the SD card. A microcontroller was chosen based on storage capacity, clock speed, ease of use, and the ability to multitask. These are important because a fast processor will allow the reading of data at a fast enough rate, a decent amount of storage will facilitate the storage of the code libraries in use and to give some initial storage for the data, and the ability to multitask will enable the reading of data and send it over a network link simultaneously. Given all these considerations, the mBed LPC1768 was selected as an ideal microcontroller for this project.

The mBed is ideal for this project because of its small size and impressive performance. Perhaps most importantly, the mBed has the ability to interface with many different modules at the same time, as it includes three UART serial ports, two SPI ports, two I2C ports, a USB port, a CAN port, and an ethernet port, among other GPIO pins. The mBed sports a powerful 96 MHz ARM Cortex-M3 processor. These features come together to allow several sensors and communication devices to be connected to the mBed at one time.

5.3 Sensors

While the microcontroller is the brain of eKwip, it would be impossible to measure and model the movement of the leg and knee without some sort of sensors. In order to accomplish the sensing, a set of two inertial measurement units, or IMUs, were selected. Two IMUs are required, one on the upper leg and one on the lower leg, so the relative angles of the knee can be measured in order to give an accurate model of the leg. A small IMU that is able to send data very quickly and communicates via UART serial is utilized

by eKwip. This allows easy mounting of the IMUs, fast data reading, and easy interface with the mBed. In accordance with all of these considerations, the Pololu UM6-LT was designated the best IMU for this application. The UM6-LT is approximately the size of a quarter, and can measure absolute angles, rate of change of the angles, and acceleration.

An mBed library for the sensors was initially used in order to set up the IMUs and get initial data readings. However, once performance became a concern, it was clear that the library would not give the speed required for the prediction of ACL injuries. The UM6-LT offers two operating modes, broadcast and query. The library used query mode, which involves sending a query to the IMU and waiting for a response. This was the limitation in the speed, so a new library was implemented, which utilizes the UM6-LT's broadcast mode. This allows much faster reading, on the order of 3ms per data point, as opposed to the previous read time of 30ms.

5.4 Wireless Module

In order to allow coaches to monitor the performance of athletes on the field and doctors to monitor the recovery of injured patients, a wireless interface that allows eKwip measurements to be displayed in real time was implemented. In order to achieve wireless communication, a Wifly module was integrated into the system. The Wifly is a small Wifi board that communicates via UART serial. Having a wireless connection is useful because data can be streamed in real time to the server that is running in order to provide an intuitive visualization to users and/or their doctors. The only constraint with this is that the user must be in range of a wireless network.

Initially, the wifi module was streaming the data extremely slowly. It was determined that this was due to packetization of the data and a very long data string being sent with each data point. In order to mitigate this problem, the data string was shortened, and the Wifly was configured to send a packet each time a data point is received. This improved the wifi sampling rate to 10 Hz, which will be increased by raising the baud rate on the serial line between the mBed and the Wifly.

5.5 Micro SD Card

If no network is present, eKwip will log all the data that is being received to a Micro SD card so that the wearer can access their data in a later point. The Micro SD card reader will be attached to the mBed via UART serial. It will be written using a simply file format that will allow parsing of the data when in range of a wireless network. Alternatively, the Micro SD card can be removed and connected to a computer in order to import the data.

5.6 Server

- TODO: Alex

6. SYSTEM PERFORMANCE

Include the graph about the latency

Describe the graph in detail.

relate back to the idea, why this performance is good enough

something more.

7. REMAINING WORK

At its current point, eKwip is in the prototype stage. While the current implementation is able to collect data on the wearer's knee movements as well as transmit that data to the server, there is no conclusive metric being calculated for the prototype. As such, the first step moving forward is to come up with an algorithm to calculate the Knee Injury Risk Index (KIRI). In order to do this, certain factors, such as the calculated Q-angle or knee adduction moment during movement, after being calculated, will be given certain weights and a final KIRI value will be returned for the wearer. The Q-angle is formed from a line drawn from the Anterior Superior Iliac Spine (the front of the pelvic bone at the hip level) to the center of the kneecap, and from the center of the kneecap to the Tibial Tubercle (a bump about 5 centimeter below the kneecap on the front of the Tibia (TODO Add a citation for this)). The knee adduction moment determines how force is distributed at the knees (TODO Add citation). A higher Q-angle means that the wearer has an increased risk of ACL injuries, while the knee adduction moment of a person in movement will affect how certain loads are applied to their knees and ACL.

Another important issue that needs to be addressed is the variability of gaits, resting positions, and Q-angles from person-to-person. Designing a wrap that fits everyone will not generate accurate results as we move between athletes. Our solution to this issue is to produce a basic machine learning algorithm that will cause eKwip to adapt to wearer. The algorithm will likely collect data on the wearer initially. Then, using this information, eKwip will adjust its collection formulas to fit with how the wearer normally rests or moves. This aspect of the project will likely be the most difficult; therefore, we will be spending a major portion of the remaining time on creating and validation the implementation.

Testing and validation of all data collection and the system itself will be carried out along with the implementation of the previously mentioned features. Validation is critical for the system and will make-or-break whether or eKwip is actually useful as an aid for physical therapists or coaches. Fortunately, access to equipment at the Penn Sports Medicine Center will allow us to test eKwip against what is currently being used. Because of the nature and focus of our project, certain data will be very risky or even dangerous to collect on an actual person. Fortunately, knee models at the Penn Sports Medicine Center will allow us to collect this information as well as give us methods to gather data on the knee in various positions or stances. Moving forward, testing and validation will be continually done, with majors tests performed when major milestones are completed on the project.

Based on how fast these features can be implemented and how much time remains, we may pursue the reach goal: to implement a prevention measure for eKwip that will be an extension of the prediction. However, this largely depends on how fast we can perform reads and calculations on the system itself as well as how quickly we can ensure the accuracy of the values. Prevention also requires major research into potential materials to use, as eKwip would need a method to brace the sudden movement of the wearer to lessen or prevent the injury. In addition, a Prevention implementation will modify the rate and method of data collection and calculation. It is likely we may not reach this stage of the project, but, as stated, this is all highly dependent on

the time constraints.

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