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In Collaboration with

ROBERT GORDON UNIVERSITY ABERDEEN

Multimodal Fall Detection System For Elderly Persons

Group 20 Project Proposal Document by:

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Declaration

We hereby certify that this project proposal and all the artifacts associated with it is our own work, and it has not been submitted before nor is currently being submitted for any degree program.

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Section 1

1.1 Introduction

Regarding what the project is, it is a sophisticated fall detection system that can detect/predict whether a person is in the process of falling or simply about to fall. It was found that an alarmingly notable rate of elderly persons (over the ages of 65) are left in isolated conditions in homes where they are left to care for themselves. A result of this has led to devastating mortality rates due to the risks causing falls that have damaging effects that are retained unto them. Given the feeble state of most elderly people they are seen as to being individuals that are not fit/capable of looking after themselves as most of them tend to experience elongated issues such as joint aches. Arthritis, etc. Given this "disabled" state that the target populi lie in, we believe that the availability of an automated caring system that can prevent falls is an adequate solution to address this issue. So, in terms of how we intend on achieving this, we believe that the use of the "Internet of Things" may prove to be quite resourceful in this aspect as it provides us with complete access into monitoring a user's movements and status in the absence of a more capable individual. To summarize the content to be viewed in this document, we intend on documenting and explaining how our fall detection system is to work and be developed such that its users may be prevented from falling while alerting the proper authorities of their fall.

1.2 Problem Domain

Addressing the problem domain, it has been found that elderly populi within the range of 65+ have experienced fall related injuries that have rapidly increased the mortality rate of individuals as such given the fact that these injuries are almost always fatal. A study was carried out to develop a "Low-cost fall detection system" and it was found that an estimated 684,000 individuals die from falls each year from adults over the age of 60 suffering the highest number of fatal falls (Fitriawan, et al., 2024). Furthermore, regarding how these injuries are caused it has been found that these individuals are often left in isolated conditions as to where they have little to no supervision over what they do and where they are because the availability of an individual as such is not always present and is often seeing as to being quite costly. Individuals that offer support as a service tend to overcharge users given their requirements, thereafter it was found in a study that more and more of the elderly populi are experiencing issues in funding long term healthcare solutions given their limited income (RIVLIN, 1988).

Furthermore, even if the user may be able afford a service as such it would not mean that these individuals would be present in their wake for every moment and place that they move into, rather they may instead be present in open spaces where they are not preoccupied with another task. So, given these persons preoccupied states it is seen as to being almost impossible to always accompany these elderly individuals such that they are never posed with the potential of falling. In terms of the more reserved details as to why elderly individuals tend to fall more than younger individuals it may be broken down into the following categories.

- Physical Decline due to aging as joints and muscles no longer function the same
- · Chronic health problems such as arthritis can cause falls as well





- Sensory impairments such as a detachment from their sight could lead to walking into objects unexpectedly, hence causing them to fall
- Medical Side Effects may be another cause given the potency and severity of the drugs consumed by the target populi

Some of the consequences experienced by these individuals may be permanent and could quite potentially lead to a death inducing injury, so to prevent the possibility of such a process occurring a solution where the individual is closely monitored is required.

1.3 Problem Definition

Elderly individuals, particularly those over 65, face a high risk of falls due to age-related physical decline, sensory impairments, and chronic conditions like arthritis. These factors, combined with medication side effects, significantly increase their vulnerability. Unfortunately, many elderly people live alone, often without access to immediate help when they fall, leading to serious injuries or even death. Falls are a leading cause of accidental injury deaths among this age group, with long recovery times or permanent disability being common outcomes.

While caregivers provide some relief, they are costly and not always available. Family members also can't always be present, leaving these individuals at risk. A reliable, cost-effective solution that can monitor and predict falls in real-time, such as an IoT-based system, could allow elderly individuals to live independently while reducing the risks associated with falls, improving their safety and quality of life.

1.4 Research Motivations

Falls among the elderly and individuals with specific medical conditions are a significant cause of injury, often resulting in severe physical and emotional consequences. While many current systems address fall detection, gaps remain in affordability, accuracy, and the ability to predict and prevent falls before they occur. This project aims to develop an enhanced fall detection system with real-time detection, prediction capabilities, and advanced data analysis techniques to deliver timely responses and reduce fall incidents effectively. By combining technology with a deep understanding of health indicators, this system strives to empower elderly individuals to maintain their independence safely, while offering peace of mind to families and caregivers with a cost-effective, reliable solution for fall prevention and intervention.

1.5 Literature Review

Table 1: Table for Literature Review

Citation	Technology/Algor	Dataset	Advantage	Limitation	Metric
	ithm Used		S		
	Posture Detection us	sing Image Pr	ocessing API	for fall detec	tion
(Lin, et	Object Detection	N/A	Able to	False	Fall Detection
al., 2022)	API using		accurately	Alarms:	Rate: 91.01%
	neuromorphic		detect	Occlusion,	
	computing		whether a	especially	
			person has	when the	





	hardware and		fallen or is	subject's	False
	cameras		about to	skin is	Detection
			fall given	blocked by	Rate: 0.3%
			the fact that	clothing or	
			it utilizes	backgroun	
			"emulated"	d elements,	
			brain tissue	leads to	
			elements	false	
				positives	
(Ogundok	Utilizes	MPII	By using	Deep CNN	AlexNet:
un, et al.,	Convolutional	Human	image data	models	• Accur
2022)	Neural Networks	Pose	augmentati	like	acy:
	(CNNs) Which is	Dataset	on, the	AlexNet	91.2%
	normally used for		model	and	VGG16:
	human posture		reduces	VGG16	• Accur
	detection due to		overfitting	require	acy:
	their ability to		issues	significant	90.2%
	extract multiscale		typically	computatio	CNN:
	high-level visual		seen in	nal	• Accur
	representations.		deep	resources	acy:
			learning	and time	87.5%
			when	due to the	MLP:
			training on	millions of	• Accur
			small	parameters	acy:
			datasets.	involved	89.9%
				making it	
				cost	
				inefficient	
	Accelerometers and (models for fa	all detection
(Li, et al.,	A threshold-based	The dataset	Reduces	Difficulty	Sensitivity:
2009)	fall detection	includes	false	distinguish	91%
	algorithm using tri-	activities of	positives	ing	Specificity:
	axial	daily living	and	between	92%
	accelerometers and	(ADL),	negatives.	jumping	
	gyroscopes.	fall-like	Low	into bed	
	Divides human	motions,	computatio	and falling	
	activities into static	and	nal cost	against a	
	postures and	different	and real-	wall with a	
	dynamic	types of	time	seated	
	transitions.	falls (e.g.,	response.	posture.	
		forward,			
		backward,			
		on stairs)			
(Aarathi	Sensor and Image	validated	The	The	accuracy of
& Sujitha,	Data - Deep	using the	integration	processing	99.81% on the
2022)	Convolutional	UR Fall	of sensor	and joining	UR Fall
	Neural Network	Detection	data and	of image	Detection
	(CNN) for feature	(URFD)	video	and sensor	dataset
	extraction and	dataset	analysis	data needs	
	SVM (Support		makes the	more	





	Vector Machine)		system	computatio	high
	for classification of		more	nal power	sensitivity and
	falls and non-falls		effective.	and speed.	specificity
			System has		
			reduced		
			fall		
			positives		
			and		
	Deal Time Date And	lessia for Error	negatives.	:- Fall Datas	4:
(Nauvan	Real-Time Data Ana Non-vision-based	RGB-D		RNNs used	over 99%
(Nguyen,	(wearable sensors)		High detection		
et al., 2024)	vs Vision-based	images and skeleton		struggle with long	accuracy on both standard
2024)			accuracy with		and custom
	(image sequences, skeleton	sequences	YLOv3-	sequences	datasets for
		captured by Kinect		Falls	fall detection.
	modeling).		tiny and		ran detection.
	YOLOv3-tiny (for	sensors.	DeepSort	lasting 400 to 1600ms	
	real-time object		Preprocessi	require	
	detection) and		ng reduce	precise	
	DeepSORT (for		false	timing	
	human tracking).		positives	unning	
	numan tracking).		positives		
	AlphaPose for				
	high-accuracy				
	skeleton				
(Liu &	MoveNet for 2D	UR Fall	Real-time	Limited to	MoveNet
Shi, 2024)	human pose	Detection	performanc	2D pose	achieves
	estimation and	dataset	e	estimation	superior frame
	LSTM for				rate
	temporal sequence		Efficient	Future	performance
	modelling.		pose	work	(2.68x faster
				needed:	than
			estimation	needs	OpenPose)
			High	validation	with a
			accuracy	in multi-	significantly
				scene,	reduced
				multi-	number of
				view, and	parameters
				multi-fall	(27% of Open
	B. # *	DI. IB	4	scenarios	Pose's).
(M.D.		Blood Pressu			NI/A
(M.D,	Ambulatory Blood Pressure	N/A	Real-time	Limited to	N/A
2016)			monitoring of blood	elderly	
	Monitoring		of blood	subjects,	
	(ABPM)		pressure	may miss transient	
			variability, useful for		
				events	
			detecting		





(Hermida, et al.,	ABPM for hypertension diagnosis	Data on adult hypertensio	stress- induced fall risk. Establishes best practices	Focuses on diagnosis rather than	Accuracy in predicting hypertension
2012)	diagnosis	n and cardiovasc	for diagnosing	direct fall risk	progression
		ular risk	hypertensio n and		
			identifying cardiovasc		
			ular risks		

1.6 Research Gap

Existing fall detection systems typically rely on a single data stream, such as motion sensors or posture detection, which limits their ability to predict falls with high accuracy. These systems primarily focus on detecting falls after they occur and often lack the capability to foresee potential fall risks. The project aims to address this gap by integrating multiple data streams, including real-time posture detection and motion sensors (gyroscope and accelerometer) for immediate fall detection, and abnormal blood pressure level monitoring to assess fall risks.

By combining these streams, the system can predict potential fall events based on factors like high or low blood pressure levels, while also providing rapid detection through sensor data. Additionally, user-provided data such as BMI, age, gender, weight, and heart rate (BPM) will further enhance the accuracy of fall risk predictions. This approach creates a more comprehensive and proactive fall prevention solution. The project uniquely addresses this gap by considering multiple modes of input to achieve higher accuracy and fall prediction capabilities that existing research has not yet accomplished.

1.7 Contribution to the body of knowledge

1.7.1 Domain Contribution

The project offers a novel approach to addressing the well-documented issue of fall detection, providing an enhanced and more refined solution within the domain of healthcare technology. It introduces a new practice in fall detection by integrating multiple data streams. The system detects falls through posture detection and sensor data analysis, while also assessing fall risk based on abnormal blood pressure levels, such as high or low values that may contribute to the likelihood of a fall.

This model will be trained to deliver a comprehensive, multilayered solution capable of detecting and predicting falls with greater accuracy. The domain contribution can be broken down into the following points:





1. Enhanced Accuracy

The combination of three main models—fall detection through posture analysis, sensor data (gyroscope and accelerometer), and monitoring of abnormal blood pressure levels—leads to improved system accuracy. This approach reduces false positives and false negatives, making the system more reliable and effective in real-world use.

2. Fall Prediction and Prevention

The proposed system offers a novel approach by predicting potential falls based on physiological data like blood pressure levels. While vision data and sensor data detect falls, abnormal blood pressure measurements, such as unusually high or low readings, signal the risk of a fall. This allows the system to notify caregivers or medical professionals, enabling preventive measures to be taken before a fall occurs, which adds a critical layer of early fall prediction and prevention. This aspect has not been thoroughly explored in previous systems.

3. Broader Involvement in Elderly Care Systems

Given that falls are one of the leading causes of injury among the elderly, the implementation of such a comprehensive system can have a significant impact on improving safety for this vulnerable population. By offering real-time monitoring and predictive alerts, our system empowers caregivers and healthcare providers with valuable information, enabling them to make better decisions regarding the care and well-being of elderly individuals.

Additionally, this project contributes to the field of data science by promoting the use of multimodal systems. With models that integrate posture detection, sensor data, and physiological measurements, our project supports the development of hybrid models, which remains a broad and actively researched area in data science today.

1.7.2 Technological Contribution

In terms of the technological advancements our project offers, it integrates several components that are already well-documented but introduces novel improvements in their application. The key technological contribution lies in the multi-modal integration of different input streams, from posture detection to sensor data (gyroscope and accelerometer), combined with blood pressure monitoring. This integration enhances the system's ability to predict and detect falls with greater accuracy.

By assessing the user's physiological state (specifically through blood pressure levels) along with physical postures and movements, our system introduces an innovative approach to fall detection. To summarize this segment, even though fall detection is a well-established field, the following points highlight our project's unique contributions to the technological domain:

- Multimodal data integration
- Accurate and immediate real time fall detection
- Hybrid Model Development





Given the features and benefits of this project, it can be seen that the domain of healthcare systems in fall detection may be greatly improved through the various components present in this project. This includes its accuracy and reliability, as the image processing device does not require a clear line of sight and can monitor users' conditions through a blood pressure sensor. Additionally, their linear acceleration (in the x, y, or z axis) is measured using the accelerometer, while the gyroscope assesses the users' angular velocity. If the system detects movement toward a threshold that indicates a potential fall, it will be initiated.

1.8 Research Challenges

1.8.1 Data Fusion and Synchronization

Synchronizing data from multiple sources (posture detection, motion sensors, blood pressure monitoring) with different sampling rates is challenging. Proper data fusion is crucial to ensure accurate real-time performance.

1.8.2 Real-Time Processing and Computational Load

Handling multiple data streams in real time can strain system resources, particularly on mobile or wearable devices. Optimizing for speed and accuracy without overwhelming the system is a significant challenge.

1.8.3 User Variability and Adaptation

User differences in movement patterns and blood pressure responses require models that adapt to individual needs. Designing a flexible system to handle this variability adds complexity to the development.

1.8.4 False Positives and False Negatives

Balancing sensitivity and specificity are critical to reducing false positives (incorrect fall alerts) and false negatives (missed falls), ensuring reliable and accurate fall detection.

1.8.5 Privacy and Security Concerns

Continuous monitoring raises privacy concerns. The system must securely handle sensitive physiological and movement data while maintaining user trust.

1.9 Research Questions

- 1. How can real-time data from sensors and monitoring devices be effectively integrated to ensure the accuracy and timeliness of fall detection and prediction?
- 2. To what extent could cuffless-blood pressure analysis reliably predict an individual's likelihood of falling in comparison to other risk factors?
- 3. How will the system differentiate between fall-related movements and non-critical activities to minimize false alarms in everyday scenarios?





4. What methods will be used to assess the effectiveness of the system in a real-world setting, and how will the results be measured to ensure reliability and scalability?

1.10 Research Aim

To conclude what the research's aim is, it is to simply attain a system that is capable of detecting and predicting a fall that a user is to experience before they can experience it such that they are instead saved from it, this solution is also to be a more cost effective and friendly one such that it is more inexpensive when compared to regular healthcare.

1.11 Research Objectives

Table 2: Table for research objectives

Research	Explanation	Learning
	Explanation	Outcome
Objective	DOL Development of a Multimodal Fall Detection System. The project	
Problem Identification	RO1: Development of a Multimodal Fall Detection System: The project successfully designs and implements a multimodal fall detection system that combines data from motion sensors, posture detection, and blood pressure monitoring, offering a comprehensive approach to detect and predict falls among elderly individuals. RO2: Improved Accuracy of Fall Detection and Prediction: The system demonstrates enhanced accuracy in both fall detection and prediction through the fusion of multiple data streams, reducing false positives and false negatives in comparison to existing fall detection systems. RO3: Real-Time Processing and Alerts: The system achieves efficient real-time data processing, allowing for timely alerts to caregivers or emergency services when a fall is detected or predicted, improving response times and potentially preventing serious injuries. RO4: Integration of Blood Pressure Monitoring for Fall Prediction: The inclusion of ambulatory blood pressure monitoring (ABPM) successfully predicts potential falls by detecting blood pressure-induced risks, adding a predictive layer to the system's capabilities. RO5: User Adaptability and Customization: The system is designed with adaptability in mind, allowing it to cater to individual users by learning their unique movement patterns and health conditions, leading to more personalized fall detection and prevention. RO6: Addressing Privacy and Security Concerns: The system ensures that user data, including motion and health metrics, is securely stored and transmitted, addressing privacy concerns associated with monitoring elderly individuals in their homes. RO7: Cost-Effective Fall Prevention Solution: The project demonstrates that an IoT-based fall detection system can be implemented as a cost-effective alternative to full-time caregiving services, making it accessible to a wider range of elderly individuals living independently.	LO1
Literature	The literature review aims to cover already explored and covered	LO1
Review	research's that have been carried out over our project, inclusive of	
	them following similar ideas and concepts. Having listed these	
	similar works out, we also intend on pointing out useful documents	
	and articles that cite and prove certain facts and claims our study makes within the domain of elderly people (age 65 +) falling.	
	Finally, to address ethical constraints, we intend on referring to	
	papers that explain how we may tackle these issues and limitations	
	such that they are properly addressed and dealt with, etc.	
Data Gathering	Interviews with medical professionals with the fields of	LO2,
and analysis	physiotherapy and elder care to understand their needs	LO3
	and probabilities into how they are to fall	





	-		
	 Questionnaires on how useful this may be to isolated elders to see how useful the project is to be Data for research papers are to be collected from IEE Data Port, Google Scholar, etc Journal, Articles, Books published within 2021 to 2024 		
Research	Quasi-experimental design – since randomization is not possible	LO3,	
Design	due to ethical and logistical constraints, and we are comparing the	LO4	
	outcomes of pre-existing groups to evaluate the effectiveness of		
	different fall detection algorithms in elderly individuals. (Scribbr,		
	2024)		
Implementation	1. The implementation of a web-based UI to handle and	LO2,	
	manage interactions with the system is to be expected	LO3,	
	2. Implementation of a machine learning model to take in new	LO4	
	data without relying on trained data is to be expected as well	20.	
	3. Develop a real-time multimodal fall detection and		
	prediction system by integrating posture detection, motion		
	sensors, and monitoring data streams into a unified		
	machine learning model.		
Testing and	5		
Evaluation	end-users, caregivers, and healthcare professionals regarding the		
	usability, effectiveness, and reliability of the fall detection system,		
	alongside pilot testing to evaluate its performance in real-world		
	scenarios (QuestionPro, 2024)		

1.12 Project Scope

1.12.1 In scope

No	Description
1	Predict if a person is about to fall
2	Monitor the users' vitals such that they are not put at a risk
3	Alert the proper authorities when such an event
4	Monitor the user's blood pressure, body position using the gyroscope and
	accelerometer, and posture through the camera

Table 3: In-scope project elements

1.12.2 Out scope

No	Description
1	Make the web UI available on all kinds of devices with all kinds of language support
2	Make an application instead of a web-based UI for better performance and quality in terms of user engagement
3	Amend the model to develop medical reports of the user with the ability to pinpoint potential medical conditions as well
4	Train the model such that it can detect long term illnesses as well while making amends to the hardware such that it may be used for a longer time

Table 4: Out-scope project elements





1.12.3 Feature Prototype

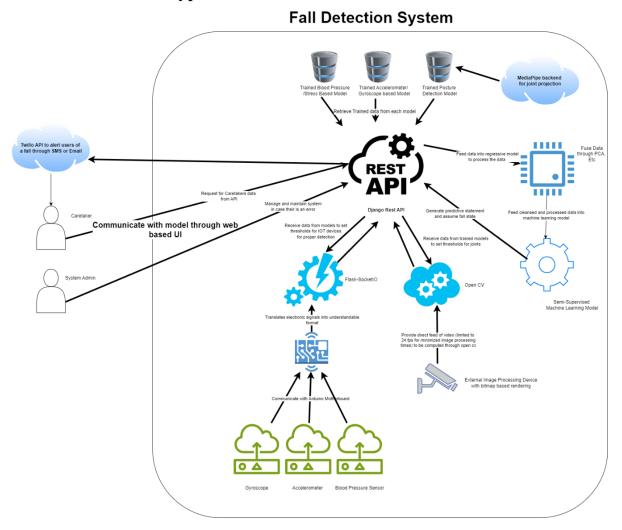


Figure 1: Feature Prototype Design

1.12.3A Process Breakdown

In terms of the process taking place in the diagram above, regard the following steps to understand the general workflow:

- 1. The device is mounted onto the user and the sensors begin collecting data of the user the device is mounted onto.
- 2. The data is then passed through each API (Flask SocketIO and Open CV), each of which translates the inputted signals and images into a processable format.
 - Flask-SocketIO : API used to translate communications made between IOT devices and python
 - Open CV: Framework utilized to compute images and videos into numerical formats while supporting the use of MediaPipe based frameworks for joint projection
- 3. After the data is passed into Django it is then pushed through into the data preprocessing module where it is broken down into its key components
- 4. Django then retrieves the known data from the trained models and passes it onto the machine learning model to have the system compute whether the user is in the process of falling





- 5. The machine learning model is tasked with unifying and fusing all the data streams together through models such as TensorFlow to process the general outcome of a person that may fall
- 6. If the system returns a positive, an alert is sent to the caretaker who interacts with the system (through an API such as Twilio) to alert them of the user falling

Section 2

2.1 Research Methodology

Research Philosophy	The author of the research has selected positivism as the research philosophy. Positivism is a research philosophy that focusses on using observable and quantifiable facts in developing knowledge. This method emphasizes testing the theories and hypotheses through data collection and analysis and then reaching object conclusions. This lines with the principles of science. In this study, the detection and prediction of falls relies on real-time sensor data. The prioritization on quantifiable data, and the results being based on measurable evidence rather than subjective interpretation make this approach adequately
	felicitous for this study.
Research Approach	We will adopt a deductive approach, starting with a hypothesis that factors such as posture, blood pressure, motion speeds, and angular velocities can predict falls. This hypothesis will be tested through data collection and analysis from sensors and monitoring devices. The approach is suitable as it allows for testing pre-established correlations between variables and drawing conclusions based on measurable evidence.
Research Strategy	We intend on using interviews (qualitative data gathering), questionnaires and forms (quantitative data gathering) for our research.
Research Choice	Multi Method — In order to consider both the qualitative and quantitative components of the study we intend on regarding the multimethod approach as it takes into consideration the factors that require an in-depth analysis (such as ethical constraints)
Time Zone	A cross-sectional time frame will be used for this research, as it is intended to occur at a single point in time.

2.2 Development Methodology

In terms of the type of methodology we are to use, the project is to refer to a "scrum" based approach as to where it utilizes an iterative and incremental agile framework (type of framework where the project is faced with iterative procedures where it goes through multiple assessments and revisions to maximize its accuracy, etc) for managing the projects development. The key benefit of using Scrum as our development methodology is the fact that it breaks the project down into smaller tasks called "sprints" where the workload is mitigated into smaller and more feasible tasks that minimize time consumption and maximize productivity. Furthermore, scrum refers to the use of an "Object Oriented Analysis and Design" (OOAD). This is since Scrum has a modular approach to task management as it breaks down the project into smaller and more manageable tasks while maintaining incremental and





iterative development processes. In terms of the project developments life cycle to be regarded for the project we believe that the use of a spiral model is appropriate given its current nature. The given PDLC is an iterative life cycle model where the project is developed in small incremental iterations as to where its iterations are like a sprint from a scrum methodology. Besides that, using a spiral management system we may be able to detect and mitigate issues before they could occur such that the risk of a total failure is avoided. To conclude, the idea is scalable and compatible with an Object-Oriented Analysis and Design approach.

2.3 Project Management Methodology

2.3.1 Deliverables

Deliverable	Date			
Semester 1				
Literature Review Submission to supervisor	Week 3			
Literature Review Submission Final	Week 3			
Project Proposal Submission to supervisor	Week 4			
Project Proposal Submission Final	Week 5			
Software Requirements Specification	Week 8			
Submission to supervisor				
Software Requirements Specification	Week 9			
Submission Final				
Semester 2				
Prototype Implementation	Week 14			
Testing And Evaluation	Week 19			
Documentation and Final report submission	Week 23			

Table 5: Deliverables table

2.3.2 Resource Requirements

2.3.2.1 Hardware Requirements

- Processor: Core I7 (13 gen) or greater for minimized bottle caps in processing large data loads
- Storage: 128GB~256GB of storage for large datasets
- Memory: 8GB~32GB of RAM to host multiple processes that run parallel to each other
- GPU: GTX 1650 Ti or greater for the machine learning model developed through TensorFlow
- Peripherals: An accelerometer, gyroscope and blood pressure sensor

2.3.2.2 Software Requirements

- Python The primary language used to code in the entire model and proposed project
- Vscode/Intelij IDEA Code editors referred to develop project on
- HTML To structure the web page
- CSS To design and beautify the web page for ease of access
- JavaScript/TypeScript To automate certain processes and include form submissions
- MS Word For developing the documents for the entire project
- Github Desktop For version control and data logging





- TensorFlow & OpenCV & MediaPipe For training and processing each data set
- Windows Based Operating System Used to host the entire application
- Arduino IDE For programming Arduino board sensors and peripherals to follow algorithms
- Flask-SocketIO API used to translate communications made between the Arduino Board and python
- **Django (Rest API) Framework** Used to host and manage the entire project such that it is accessible online, etc.
- Twillio API used to message caretakers of the user's status through SMS or email

2.3.2.3 Skills Requirements

- Time management
- Thorough understanding of Python fundamentals, etc
- Fundamental understanding of machine learning concepts
- Fundamental understanding of what Principal Component Analysis is
- Thorough understanding of how to document and log data
- Thorough understanding of GIT and Version control etiquette
- Fundamental understanding of web development and Django's Rest API

2.3.2.4 Data Requirements

In addition to using a dataset from a public hospital in Sri Lanka to study blood pressure among the elderly, we will enhance fall detection accuracy by incorporating factors such as BMI (Body Mass Index), weight, age, gender, and BPM (Beats Per Minute). These variables provide a comprehensive view of how physiological factors influence fall risk. The dataset will also include posture detection through joint projection to analyze how different physical conditions contribute to fall events. The primary target demographic is individuals aged 65 and older.

2.3.3 Risk Management

Risk	Severity	Frequency	Mitigation Plan
1. Data Privacy and Security	9	5	Use strong passwords and secure networks.
2. Accuracy of Fall Detection	8	8	Test often, adjust the system regularly.
3. Hardware Failure	6	6	Check devices frequently for any issues.
4. Latency in Real-Time Processing	9	3	Make sure the system runs efficiently.
5. Usability for Elderly Individuals	5	7	Keep the design simple and user-friendly.





6. Limited Scalability	7	5	Use flexible software that can
			adapt.
7. Sensor Calibration Issues	8	4	Set reminders to recalibrate
			regularly.
8. Legal Liability	9	3	Include clear terms and easy-to-
			read warnings.
9. High Cost of	6	6	Start with basic options and
Implementation			expand later.
10. Environmental	7	4	Test in different spaces to ensure
Constraints			it works.

Table 6: Risk Management Table

2.3.4 Gantt Chart

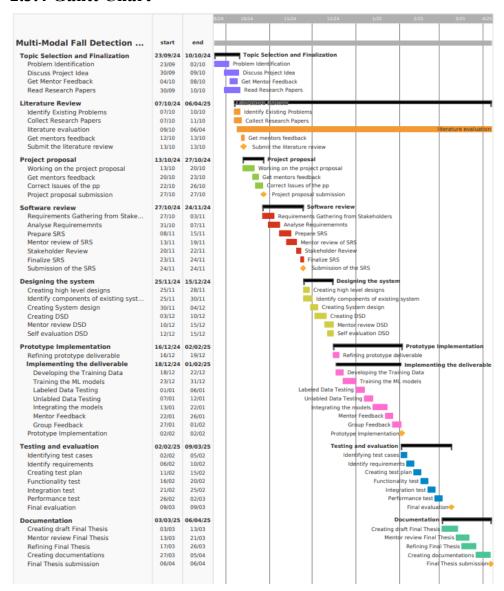


Figure 2: Gantt Chart Diagram for deliverables, etc





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