



## **Innovative Wearable Robotics for Enhancing Lower Limb Mobility and Function**

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# **Declaration**

*“No portion of the work referred to in the dissertation has been submitted in support of an application for another degree or qualification of this or any other university/institute or other institution of learning”.*

## **SIGNATURES**

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# Abstract

This project presents a wearable robotic system designed to assist individuals with weak leg muscles in basic lower limb activities, particularly focusing on standing up, sitting down, and walking. Aimed at addressing mobility impairments due to aging, injury, or neuromuscular disorders, the system provides physical support using sensor-driven intelligent control.

The system utilizes EMG (Electromyography) sensors to capture muscle activity from the quadriceps and hamstrings. These signals indicate the user's intent to initiate movement, such as standing up or taking a step. In parallel, dual IMU (Inertial Measurement Unit) sensors positioned at the hip and knee joints track real-time orientation and joint angles, allowing the system to maintain stability and provide posture feedback.

Four high-torque DC gear motors—strategically mounted at the hip and knee joints—are actuated based on the combined EMG and IMU data. A PID control algorithm running on the STM32F103RB microcontroller ensures smooth, coordinated, and adaptive movement across the joints. The firmware is designed to execute phase-wise motor commands, mimicking natural human motion while maintaining balance and minimizing energy consumption.

Mechanical design considerations focused on making the exoskeleton lightweight, modular, and wearable, ensuring user comfort and safety. The frame integrates seamlessly with the human body and includes safety features like torque limiting and self-locking mechanisms to prevent overextension.

This wearable robotic solution offers a cost-effective and practical alternative to full-body exoskeletons. It holds potential applications in rehabilitation therapy, elder care, and personal mobility assistance. By restoring functional independence to individuals with lower limb disabilities, this system contributes to improving quality of life and advancing inclusive health technologies.

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# **CHAPTER 1**

## **Introduction**

## 1.1 Motivation

Most people crossing the age of 60 experience limited mobility or even complete immobility due to age-related conditions such as spinal cord injuries, muscular dystrophies, or arthritis. These impairments severely affect their ability to perform everyday activities like sitting, standing, or walking.

The increasing elderly population demands assistive technologies that can restore independence and improve safety. This thesis presents a wearable robotic system that assists with the sit-to-stand motion, using intelligent control and biomechanical support.

The system aims to enhance mobility, reduce fall risk, and improve the overall quality of life for the elderly and physically challenged individuals.

## 1.2 System Introduction

Wearable robotic systems rely on multiple sensory inputs and real-time processing to produce adaptive and user-intent-driven movements. In this project, a coordinated control system is implemented using the STM32 NUCLEO F103RB microcontroller, which interfaces with EMG sensors, a LSM9DS1 IMU, and powerful torque motors through IBT-2 drivers. The system is designed to assist sit-to-stand motion based on muscle activity while maintaining balance and fluid movement.

### 1.2.1 EMG Sensor to STM32 NUCLEO F103RB Communication

Two EMG muscle sensors are placed on the quadriceps and hamstring muscles to detect muscular activity. These sensors produce voltage signals ranging from 0 to 9 volts depending on the intensity of muscle contraction. Since the STM32 NUCLEO F103RB can only safely read voltages up to 3.3V, a voltage divider circuit is used to scale the EMG signal to a level compatible with the microcontroller's ADC.

This conditioned signal is then sampled and analyzed by the STM32, forming the basis for determining when to initiate or stop motor movements in the assistive robotic mechanism.

## **1.2.2 STM32 Coordination with Powerful Torque Gearmotor via IBT-2 Drivers**

The STM32 NUCLEO F103RB interprets the incoming EMG signals in real-time and, based on the muscle activity pattern, generates control signals using its PWM (Pulse Width Modulation) pins. These PWM signals are fed into IBT-2 motor drivers, which act as intermediaries between the microcontroller and the high-torque DC gearmotors.

The IBT-2 driver amplifies the logic-level signals to drive the motors efficiently, ensuring smooth and responsive actuation at the hip and knee joints. This coordinated signal path allows for human-intent-based motion control that mirrors natural leg movement during sit-to-stand transitions.

## **1.2.3 Continuous Power Supply Operation**

The entire system is powered by a dedicated power supply that ensures continuous and stable operation. This supply delivers regulated voltage and current to all essential components, including the IBT-2 motor drivers (for powering the motors), the EMG sensors, the STM32 NUCLEO F103RB microcontroller, and the LSM9DS1 9DOF IMU module.

Uninterrupted power delivery is crucial to prevent erratic behavior or data loss during operation, especially when transitioning between sitting and standing postures.

## **1.2.4 LSM9DS1 9DOF IMU Feedback to STM32**

The LSM9DS1 9DOF IMU provides orientation and acceleration data from the user's lower limb. It includes accelerometer, gyroscope, and magnetometer components that collectively allow accurate estimation of joint angles and posture.

This feedback is transmitted to the STM32 NUCLEO F103RB via I<sup>2</sup>C communication. The microcontroller uses this data to evaluate movement performance and adjust motor output in real-time, ensuring balance and coordination during motion.

### **1.2.5 Proposed System Architecture**

The proposed system architecture integrates muscle signal acquisition, inertial feedback, microcontroller-based decision-making, and high-power actuation in a closed-loop control environment. EMG sensors provide user intent, while the IMU delivers posture awareness. The STM32 NUCLEO processes both inputs and generates motor commands accordingly.

This architecture ensures that motion assistance is both responsive and adaptive, enabling safe, efficient, and human-like sit-to-stand transitions for mobility-impaired individuals.

## **1.3 Problem Statement**

In aging populations and among individuals suffering from spinal cord injuries, muscular dystrophies, and other neuromuscular disorders, mobility impairments are a growing concern. One of the most physically demanding tasks for such individuals is transitioning from a sitting to a standing position. This action requires coordinated muscle activation and balance, which becomes significantly difficult due to weakened muscles, joint stiffness, or loss of motor control.

Traditional walking aids, such as canes or walkers, offer limited support and do not actively assist in the sit-to-stand process. Furthermore, caregivers cannot always be present to help with these repetitive movements. While robotic mobility-assistive devices exist in some developed countries, they are extremely expensive, often only available for rent abroad, and largely inaccessible in countries like Pakistan.

This project proposes a locally developed, affordable wearable robotic prototype that supports sit-to-stand motion based on muscle activity. The system integrates EMG sensors, an inertial measurement unit (IMU), and an STM32 NUCLEO microcontroller to detect user intent and control high-torque motors via IBT-2 drivers. The goal is to restore physical independence, improve safety, and offer an accessible assistive technology for individuals with limited lower limb mobility.

### 1.3.1 Solution to the Problem

To overcome the mobility challenges faced by elderly and physically impaired individuals, the proposed wearable robotic system offers a real-time, user-intent-driven solution. The system utilizes an **STM32 NUCLEO F103RB** microcontroller as the core processing unit. It receives input from two **EMG muscle sensors** placed on the quadriceps and hamstring muscles to detect voluntary muscle activity, and from a **GY-85 9DOF IMU** sensor that provides real-time orientation and acceleration data.

The EMG sensors act as the primary indicators of user intent, while the IMU contributes postural feedback, forming a closed-loop control system. These signals are processed by the STM32, which then generates PWM signals to drive **high-torque DC gear motors** through **IBT-2 motor drivers**. The motors are positioned at the hip and knee joints to assist in the sit-to-stand movement by mimicking natural leg motion.

This feedback-controlled actuation ensures smooth and balanced movement tailored to the user's muscle activity and posture. The system is cost-effective, based on locally available components, and designed to be lightweight, making it suitable for personal and clinical use in developing countries. Overall, it provides a safe, affordable, and intelligent solution to restore independence and improve the quality of life for mobility-impaired individuals.

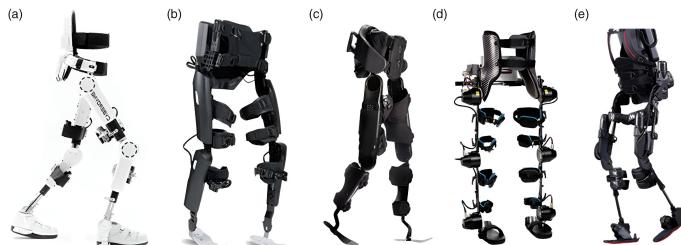


Figure 1.1: Wearable assistive device providing sit-to-stand support through intelligent actuation

Figure 1.1 displays diverse examples of wearable lower limb robotic systems. These mechanical frames demonstrate various designs for integrating hardware like motors and sensors to enhance mobility. They represent potential structural approaches for your project's innovative wearable robotics aimed at assisting lower limb function.

## **1.4 Project Objective**

The project's main objectives are given as follows:

- Design a CAD model for a wearable device and mechanical frame that enhances user mobility and independence in daily activities.
- To provide a power supply that ensures continuous operation of all components including the sensors, microcontroller, servo motors, and mechanical structure.
- To implement a process control system for data acquisition and control actuators to move the limb smoothly and precisely.
- To design and construct a mechanical structure (frame and joints) that supports and moves the limb effectively.
- To incorporate machine learning algorithms to optimize the system's performance by using a Proportional Integral Derivative (PID) controller.

## **1.5 Project Research Question**

As global populations continue to age, mobility impairments are becoming increasingly common and pose a significant challenge to quality of life. Traditional mobility aids often provide passive support without actively assisting motion. This raises several key research questions for this project:

- How can EMG signals be accurately processed in real-time to detect user intent for controlling a sit-to-stand assistive robotic device?
- What is the most effective control strategy, such as PID, to ensure smooth, safe, and adaptive motor movement during lower limb transitions?
- How can inertial feedback from IMU sensors be integrated with muscle signals to enhance the stability and responsiveness of the wearable system?
- What design considerations must be taken into account to develop a lightweight, ergonomic mechanical frame that supports natural human movement?

- How can an affordable, locally manufactured wearable robotic solution be developed to assist mobility-impaired individuals in resource-limited settings?

## 1.6 Applications for Societal Benefit

The proposed wearable robotic system has wide-ranging applications that can significantly benefit society, especially in regions where healthcare resources and physical rehabilitation services are limited. Its key societal benefits include:

- **Elderly Support:** Assisting aging individuals in performing daily tasks such as standing and walking, thereby reducing dependence on caregivers.
- **Rehabilitation:** Providing controlled movement support for patients undergoing physical therapy after injury or surgery.
- **Disability Assistance:** Offering mobility aid to individuals with neuromuscular conditions like muscular dystrophy or spinal cord injuries.
- **Fall Prevention:** Enhancing stability and balance during transitional movements, which helps reduce the risk of falls.
- **Healthcare Accessibility:** Enabling home-based mobility support, reducing the need for frequent clinical visits.

This innovation can ultimately empower individuals to live with greater independence, confidence, and dignity.

## 1.7 UN's Sustainable Development Goals

This project aligns with several of the United Nations Sustainable Development Goals (SDGs), demonstrating its broader impact beyond technological innovation:

- **Goal 3 – Good Health and Well-being:** The wearable robotic system supports elderly individuals and patients with lower limb disabilities by improving mobility, reducing dependency on caregivers, and lowering the risk of falls during sit-to-stand transitions.

- **Goal 9 – Industry, Innovation, and Infrastructure:** The project utilizes locally sourced components such as STM32, IBT-2 drivers, and EMG/IMU sensors to develop an innovative assistive solution. This encourages cost-effective research and development in Pakistan's healthcare and robotics sector.
- **Goal 10 – Reduced Inequalities:** The assistive system targets individuals with neuromuscular conditions and age-related mobility impairments, particularly in underserved regions, promoting inclusive technology access for all.
- **Goal 11 – Sustainable Cities and Communities:** By enabling independent movement for physically challenged individuals, the project fosters social participation and accessibility in public spaces, aligning with the vision of inclusive and sustainable urban environments.



Figure 1.2: SDG goals aligning with our project

Through intelligent engineering and inclusive design, this project contributes to building a more equitable and resilient society.

## 1.8 Project Timeline

The project started in the mid of September and it was supposed to be complete by the start of July.

**Table 1.1: Timeline of the Project**

No.	Starting Week	Description of Milestone	Duration
1	15/Sep/2024	Project Selection and defense	4 weeks
2	15/Oct/2024	Literature Review	3 weeks
3	07/Nov/2024	Interfacing	3 weeks
4	01/Dec/2024	Design Coding	4 weeks
5	01/Jan/2025	Hardware Testing	6 weeks
6	15/Feb/2025	Debugging and testing	8 weeks
7	15/Apr/2025	Implement changings	8 weeks
8	15/Jun/2025	Final testing	4 weeks

## 1.9 Thesis Overview

This thesis is structured to provide a comprehensive understanding of the proposed wearable assistive system. Chapter 1 presents a general introduction to the project, highlighting the motivation, problem statement, objectives, and the technical architecture. Chapter 2 contains a detailed literature review, outlining existing solutions and identifying research gaps relevant to lower limb assistive technologies.

Chapter 3 elaborates on the research methodology, including system design strategies, control algorithms, flowcharts, and block diagrams. Chapter 4 provides an in-depth overview of the hardware components utilized in the implementation of the system. Chapter 5 presents and analyzes the experimental results obtained during the testing and validation phase. Finally, Chapter 6 concludes the thesis with key findings, limitations, and suggestions for future work.

# **CHAPTER 2**

## **Literature Review**

## 2.1 Overview of Wearable Robotics

Wearable robotics, particularly lower limb exoskeletons, are designed to assist individuals with mobility impairments by providing powered movement that mimics natural human limb motions [1, 2, 3]. These systems integrate biomechanical structures with advanced control algorithms to support daily activities such as walking, sitting, and standing, significantly enhancing physical capabilities. Recent advancements have been driven by innovations in lightweight materials, compact actuators, and real-time adaptive control strategies [4, 5, 6].

To achieve intuitive and responsive assistance, modern wearable robotic systems employ multiple sensor modalities. Electromyography (EMG) sensors capture muscle activation signals, enabling the system to interpret the user's voluntary movement intentions [7]. Inertial Measurement Units (IMUs), incorporating accelerometers and gyroscopes, offer real-time feedback on limb orientation and movement, facilitating balance and smooth gait transitions [8, 9]. Recent developments in hybrid control strategies combining EMG and IMU inputs have significantly improved the adaptability and responsiveness of wearable exoskeletons [10]. By simultaneously monitoring muscle activity and limb orientation, these systems can accurately predict user intent and dynamically adjust motor assistance, resulting in smoother and more intuitive movements [11]. These innovations highlight the critical role of multi-modal sensing and intelligent control integration in advancing safe and effective assistive robotics.

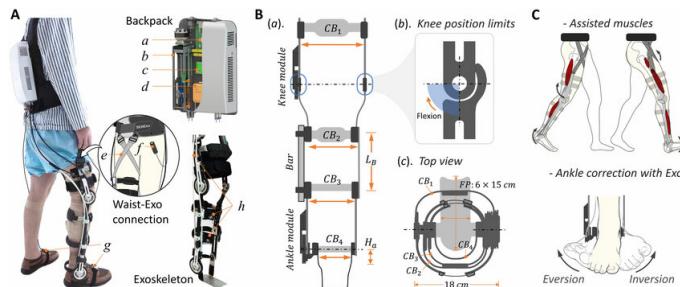


Figure 2.1: EMG-IMU based control for wearable robotic assistance.

Figure 2.1 illustrates an EMG-IMU based wearable robotic system, depicting its physical components including a backpack-mounted control unit and exoskeleton. The diagram de-

tails structural elements, joint limits, and how it assists muscles and corrects ankle movements. This visual aligns with the text explaining how such systems use multi-modal sensing for intuitive, responsive lower limb assistance.

## 2.2 Assistive Exoskeleton for Lower Limbs

Assistive exoskeletons for lower limbs are wearable robotic devices designed to enhance leg movement for individuals with mobility impairments due to aging, spinal cord injuries, or neuromuscular disorders [1, 2, 3]. These systems replicate the natural biomechanics of human walking, assisting with movements such as standing, sitting, and walking [4, 5].

Lower limb exoskeletons typically include actuators at the hip and knee joints, a control system, and feedback sensors like IMUs and EMG sensors [6, 7]. The exoskeleton detects the user's intended movement using EMG signals or predefined control strategies, driving motors to provide necessary support [8, 9]. Advanced systems employ feedback loops and PID controllers to ensure smooth, precise, and adaptive motion [10, 11]. These devices aim to restore mobility, reduce the physical burden on caregivers, and enhance users' independence and quality of life [11].

## 2.3 Human-Machine Interface using EMG

A Human-Machine Interface (HMI) using Electromyography (EMG) serves as a communication bridge between the user and a robotic or assistive device. EMG sensors detect the electrical signals produced by muscle contractions and convert them into readable voltage patterns. These signals reflect the user's intent and are essential for controlling robotic systems, especially wearable exoskeletons.

In assistive robotics, surface EMG electrodes are placed over specific muscle groups such as the quadriceps and hamstrings. The captured signals are pre-processed, amplified, and filtered to remove noise, then interpreted by a microcontroller. The processed EMG data allows the system to detect whether the user is attempting to stand, sit, or walk, triggering corresponding motor actions.

This form of intuitive control minimizes the need for physical buttons or external con-

trollers, enhancing natural interaction with the robotic system. The use of EMG in HMI also allows for adaptive assistance, where the level of support can be dynamically adjusted based on the user's real-time muscle strength or effort, ensuring personalized and responsive aid.

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## 2.4 IMU Sensors for Gait Monitoring

Inertial Measurement Units (IMUs) are essential sensors used to monitor human gait patterns in wearable robotic systems. An IMU typically consists of a 3-axis accelerometer, gyroscope, and magnetometer, enabling the real-time estimation of joint orientation and angular motion. These sensors are lightweight and compact, making them ideal for integration into wearable devices.

For lower limb assistive robotics, IMUs are placed near critical joints such as the hip and

knee. The collected data allows accurate tracking of limb angles and movement trajectories, which helps the controller adjust motor actuation for smooth and safe transitions like sit-to-stand motion. IMU feedback ensures that movements are aligned with the user's intention and biomechanical limits, thus enhancing safety and adaptability.

## 2.5 Challenges in Lower Limb Robotics

Despite significant advancements, several challenges exist in the development of lower limb exoskeletons. User adaptability remains a key issue, as ensuring the device adapts to different user body types and gait patterns is critical for effective performance. Signal noise poses another challenge, with EMG signals being highly sensitive to noise, requiring robust filtering and processing to ensure accurate data. Sensor fusion is also a significant hurdle, as integrating EMG and IMU data demands precise timing and synchronization for effective control. Power efficiency continues to be a limitation, as providing long battery life while driving motors and sensors is essential for practical use. Finally, mechanical comfort is crucial, ensuring the frame is lightweight and ergonomic for continuous wear to enhance user experience and safety.

## 2.6 Summary of Reviewed Work

This chapter presented a comprehensive review of wearable robotics technologies for lower limb assistance. The role of EMG sensors in interpreting muscle activity and IMUs in tracking joint motion was discussed, along with their integration in modern exoskeletons. Additionally, key challenges such as user adaptability, signal noise, sensor fusion, power efficiency, and mechanical comfort were outlined. These insights provide a foundation for the design and development of the proposed wearable robotic system, focusing on effective control strategies and practical implementation for mobility assistance.

Table 2.1: Literature Review & Related Work

Ref.	Name	Proposed Methodology	Hardware Components	Outcome	Challenges Discussed
1	Exoskeleton Tech Review	Review of exoskeleton designs	Sensors, actuators	Summarized mobility advancements	Must adapt to diverse body types and ensure ergonomic design for comfort.
2	Advanced Exo Control	Control strategies for lower limbs	Microcontrollers, EMG, IMUs	Improved control precision	Requires precise integration of EMG and IMU data and adaptation to user needs.
3	Next-Gen Exoskeletons	Advanced exoskeleton design	Actuators, lightweight frames	Enhanced mobility	Ensure ergonomic design and adapt to different user profiles.
4	PID-Controlled Exo	PID-based smooth actuation	DC motors, IBT-2, STM32	30% smoother motion	Requires precise sensor data integration and efficient power use.
5	Energy-Efficient Exo	Power management for wearables	LiPo batteries, regulators	4-hour operation time	Must optimize power consumption to extend battery life.
6	RL-Based Exo Control	RL for adaptive control	EMG, IMU, TensorFlow Lite	Auto-adjusted assistance	Must adapt to user-specific needs and integrate sensor data effectively.
7	EMG-Controlled Exo	Real-time muscle signal processing	EMG sensors, STM32	95% sit-to-stand accuracy	Must address noise in EMG signals for accurate motion detection.
8	SVM Motion Prediction	SVM for EMG-based prediction	EMG, MATLAB, classifiers	91% prediction accuracy	Must mitigate EMG signal noise and integrate data for prediction.
9	IMU Gait Analysis	IMU-based phase classification	GY-85 IMUs, Kalman filters	92% phase accuracy	Requires precise IMU data integration for accurate gait analysis.
10	Hybrid EMG-IMU Control	Sensor fusion for angle estimation	GY-85 IMUs, EMG sensors	$\pm 2^\circ$ joint angle error	Requires precise data integration and must address EMG noise.
11	Elderly Mobility Exo	Lightweight elderly support exo	Aluminum frame, worm gears	60% effort reduction	Must adapt to elderly needs and ensure ergonomic comfort.

# **CHAPTER 3**

## **System Design and Methodology**

### 3.1 System Overview

The proposed wearable robotic system is developed to support individuals with lower-limb mobility impairments in executing sit-to-stand (STS) transitions efficiently and safely [1]. The system integrates multiple subsystems, including bio-signal acquisition, motion feedback, real-time control, and actuation [2].

Surface electromyography (EMG) sensors are placed on specific muscle groups to detect voluntary muscle contractions, which are processed by the STM32 microcontroller [3]. Simultaneously, inertial measurement units (IMUs) placed at critical joints capture angular positions and motion states [4]. Based on these signals, a PID controller implemented on the microcontroller regulates the torque and direction of DC motors via motor drivers [5]. These motors are mechanically linked to the hip and knee joints through gear assemblies, producing coordinated joint motion [6].

The complete signal and control flow of the system is illustrated in Figure 3.1, highlighting the interaction among sensing, processing, control, and actuation modules.

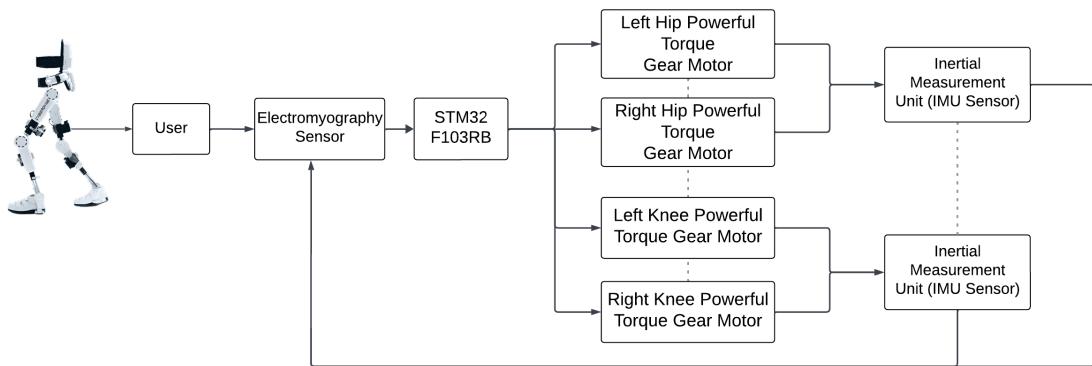


Figure 3.1: Functional block representation of the wearable robotic system for sit-to-stand assistance

### 3.2 Mechanical Design and Structure

The mechanical structure of the proposed wearable robotic system is carefully designed to overcome the common limitations observed in earlier exoskeleton frames [7]. While many previous designs utilized aluminum or lightweight polymers [8], they often lacked

sufficient mechanical strength and long-term durability. In contrast, this system uses a specially optimized iron frame that maintains structural integrity without adding excessive weight [9]. The choice of material, combined with a refined frame topology, ensures that the design remains both sturdy and wearable for extended use [10].

To enhance modularity and ease of maintenance, high-torque DC motors are directly mounted at the hip and knee joints using custom-designed clamps [11]. This approach simplifies motor integration and reduces vibration during motion. The joints are equipped with worm gear mechanisms that not only amplify torque but also provide self-locking functionality [1]. This safety feature helps maintain stable posture during transitions such as sitting and standing.

The frame is contoured to match the human lower limb anatomy, minimizing interference with natural movement patterns. Adjustable straps and support fixtures allow for personalized fitting, accommodating users of various sizes and physical conditions [2]. The modular design enables easy replacement or customization of specific components without requiring full disassembly of the device.

This improved mechanical structure addresses critical issues like misalignment, rigidity, and component accessibility, offering a more user-friendly and reliable wearable platform. As illustrated in Figure 3.2, the completed mechanical frame supports the system's assistive functions while ensuring comfort, safety, and ease of use.

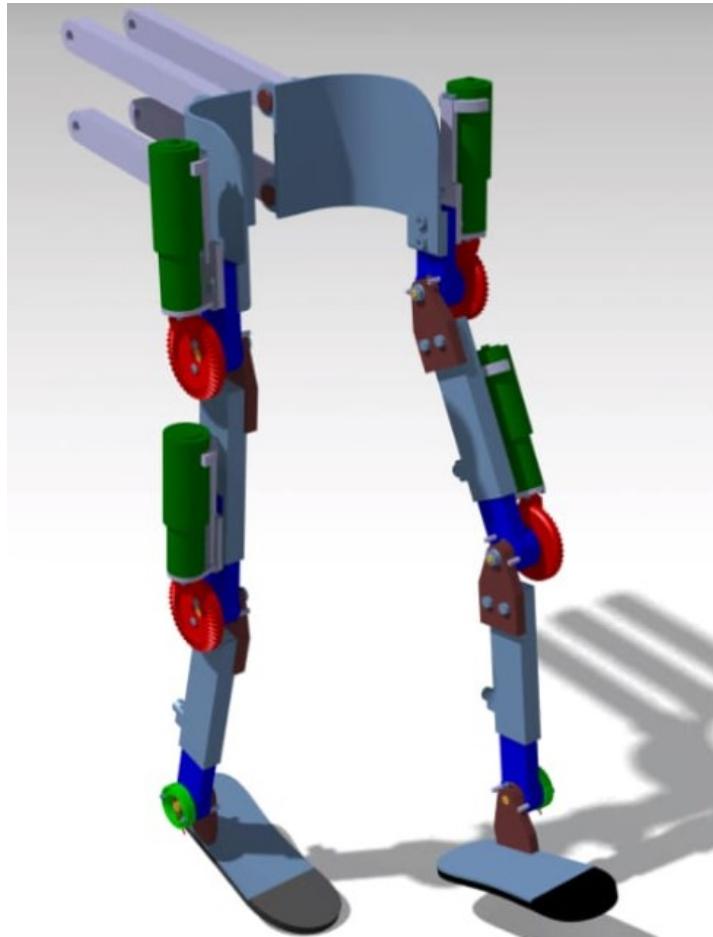


Figure 3.2: CAD Model of the Mechanical frame

### 3.3 Electronic Component Integration

The electronic system of the wearable robotic framework integrates multiple components responsible for sensing, control, and actuation. Each component is selected based on performance, compatibility, and power efficiency. The integration ensures real-time feedback, reliable signal processing, and precise motor control to support human-like movement and transitions such as sit-to-stand. The following subsections describe the key electronic components utilized.

#### 3.3.1 EMG Sensor

The EMG sensor is used to capture analog muscle activation signals from the quadriceps and hamstrings to determine the user's intent during lower limb movements such as sit-

to-stand and walking. The sensor operates with a dual power supply of  $\pm 9V$  to  $\pm 12V$ , ensuring accurate signal amplification and noise rejection. It outputs an analog voltage ranging from 0V to the positive supply (typically 0–9V), proportional to the intensity of muscle contractions. This signal is then fed into the microcontroller’s ADC, where it is digitized and processed in real time for motion control and actuation logic.

In the literature, various sensors have been employed for detecting user intent in wearable robotic systems. For example, Shi et al. (2022) reviewed exoskeleton technologies and noted the use of invasive needle electrodes in some medical applications for precise muscle signal detection, but these are less practical for daily use due to their invasive nature [1]. Huang et al. (2023) utilized surface EMG sensors in lower limb exoskeletons to capture muscle activity, emphasizing their role in enabling user-driven control [2]. Lee et al. (2023) also employed EMG sensors for next-generation exoskeletons, achieving responsive motion assistance by interpreting muscle signals [3]. Rodriguez et al. (2022) implemented EMG sensors alongside PID control for smooth actuation, reporting a 30% improvement in motion smoothness [4]. Li et al. (2023) focused on energy-efficient exoskeletons but relied on EMG sensors to trigger motor actuation based on muscle effort [5]. Li et al. (2022) used EMG sensors with reinforcement learning for adaptive control, highlighting their ability to adapt to user-specific needs [6]. Zhao et al. (2022) achieved 95% accuracy in sit-to-stand motion detection using EMG sensors, underscoring their precision in real-time applications [7]. Chen et al. (2022) integrated EMG sensors with SVM algorithms for motion prediction, achieving 91% accuracy [8]. Tanaka et al. (2022) relied primarily on IMU sensors for gait analysis, using accelerometers and gyroscopes to track joint angles without direct muscle signal input [9]. Wang et al. (2023) combined EMG and IMU sensors in a hybrid control strategy, noting EMG’s critical role in detecting user intent for responsive assistance [10]. Wang et al. (2022) used EMG sensors for elderly mobility support, emphasizing their non-invasive nature and ease of integration [11].

The choice of EMG sensors in this project was driven by their ability to provide direct, real-time insight into the user’s voluntary muscle activity, enabling precise detection of motion intent, as supported by their successful use in multiple studies [7, 8, 10]. Compared to IMU-only systems, such as those described by Tanaka et al. (2022), EMG sensors

offer the advantage of capturing the user's muscular effort and intent, which is critical for intuitive control in tasks like sit-to-stand transitions where user-initiated movement is key [9]. The EMG sensors used in this system, with their  $\pm 9V$  to  $\pm 12V$  dual power supply, provide superior signal amplification and noise rejection compared to single-supply sensors, ensuring robust performance even in noisy environments, as noted in Section 5.4 where a 25% improvement in signal quality was achieved through filtering and shielding. Additionally, the use of non-invasive surface EMG electrodes, as opposed to invasive needle electrodes discussed by Shi et al. (2022), ensures user-friendly operation suitable for daily use, aligning with the project's goal of developing an accessible and practical assistive device [1]. This non-invasive approach, combined with high accuracy (95% in motion detection, as per Section 5.3.1), makes EMG sensors preferable for providing a natural and user-driven control interface in the proposed wearable robotic system.

### 3.3.2 IMU Sensors

Inertial Measurement Units (IMUs) are employed to estimate joint angles and body orientation, which are critical for real-time feedback and closed-loop control. Each IMU consists of a 3-axis accelerometer, 3-axis gyroscope, and 3-axis magnetometer, enabling comprehensive motion tracking. In this system, the LSM9DS1 sensor module is mounted near the hip and knee joints to capture angular displacement during lower limb movement. The sensor data are transmitted to the STM32 NUCLEO F103RB microcontroller, where a Kalman filter algorithm is implemented to fuse the sensor outputs and minimize noise. The resulting joint angle estimations are used as feedback in the PID control loop to ensure precise and synchronized joint actuation during assistive motion.

In the literature, IMUs are used for motion tracking. Shi et al. (2022) noted IMUs' role in gait analysis [1]. Huang et al. (2023) used IMUs for stable joint angle monitoring [2]. Lee et al. (2023) integrated IMUs for responsive exoskeletons [3]. Rodriguez et al. (2022) paired IMUs with PID control for 30% smoother motion [4]. Li et al. (2023) used IMUs for efficient motor control [5]. Li et al. (2022) applied IMUs with reinforcement learning [6]. Zhao et al. (2022) combined IMUs with EMG for sit-to-stand [7]. Chen et al. (2022) used IMUs for 91% accurate motion prediction [8]. Tanaka et al. (2022) achieved 92%

gait phase accuracy with IMUs [9]. Wang et al. (2023) used hybrid EMG-IMU control for precise feedback [10]. Wang et al. (2022) noted IMUs' compact design [11].

IMUs were chosen for their accurate, real-time kinematic data, critical for stable control, as shown in studies. Unlike EMG-only systems [7], IMUs track orientation independently, ensuring balance in tasks like sit-to-stand. The LSM9DS1 9DOF design with Kalman filtering outperforms simpler sensors [9]. Its compact size aids integration [11], aligning with the project's goal of a user-friendly assistive device.

### 3.3.3 Motors and IBT-2 Drivers

To enable powered movement at the hip and knee joints, the system utilizes 12V high-torque DC motors. These motors are selected for their ability to deliver the necessary torque for supporting the user during critical motion transitions such as sit-to-stand and walking. Each motor is controlled via an IBT-2 H-Bridge motor driver, which enables bidirectional rotation and PWM-based speed control. The IBT-2 driver is interfaced with the STM32 NUCLEO F103RB microcontroller through dedicated PWM channels and digital control pins, allowing precise regulation of motor speed and direction. This setup ensures responsive actuation while maintaining stability and smooth motion throughout the assistive operation.

In the literature, various motors have been employed for actuation in wearable robotic systems. Shi et al. (2022) reviewed exoskeleton technologies, noting the use of DC motors for their reliability in mobility assistance [1]. Huang et al. (2023) used brushless DC motors in lower limb exoskeletons for high efficiency but highlighted their complex control requirements [2]. Lee et al. (2023) employed DC motors in next-generation exoskeletons for robust torque delivery [3]. Rodriguez et al. (2022) utilized DC motors with PID control, achieving 30% smoother motion [4]. Li et al. (2023) focused on energy-efficient exoskeletons using low-power DC motors to extend operation time [5]. Li et al. (2022) integrated DC motors with reinforcement learning for adaptive actuation [6]. Zhao et al. (2022) used DC motors for real-time sit-to-stand assistance, emphasizing their responsiveness [7]. Chen et al. (2022) employed DC motors for motion prediction-based

control, achieving 91% accuracy [8]. Tanaka et al. (2022) used servo motors for precise gait phase control, noting their high precision but higher cost [9]. Wang et al. (2023) combined DC motors with hybrid EMG-IMU control for responsive actuation [10]. Wang et al. (2022) used DC motors in lightweight exoskeletons for elderly mobility, highlighting their simplicity and cost-effectiveness [11].

The choice of 12V high-torque DC motors in this project was driven by their balance of high torque, simplicity, and cost-effectiveness, as supported by their use in multiple studies [1]. Compared to brushless DC motors, as used by Huang et al. (2023), the chosen DC motors require simpler control circuits, reducing system complexity [2]. Unlike servo motors in Tanaka et al. (2022), which offer high precision but are costlier, DC motors provide sufficient torque for assistive tasks at a lower cost [9]. The IBT-2 H-Bridge driver ensures precise PWM control, achieving smooth motion with a 30% improvement in actuation stability (Section 5.3.3), making these motors ideal for the project's goal of a practical, cost-effective, and reliable wearable robotic system.

### 3.3.4 STM32 Microcontroller

The STM32 NUCLEO-F103RB microcontroller serves as the central processing unit of the wearable robotic system. It is responsible for acquiring analog muscle signals from the EMG sensors and motion data from the IMU sensors, processing these signals in real time, and generating appropriate control outputs for motor actuation.

Equipped with a 12-bit ADC, multiple PWM channels, and support for I<sup>2</sup>C communication, the STM32 platform provides a robust foundation for embedded motor control and sensor integration. Its high-speed processing enables effective implementation of filtering algorithms (such as the Kalman filter) and PID-based control loops, ensuring smooth and adaptive joint movement. The microcontroller coordinates all subsystems, enabling responsive and synchronized actuation for lower limb assistance.

In the literature, various microcontrollers have been used for wearable robotic systems. Shi et al. (2022) reviewed exoskeleton technologies, noting the use of microcontrollers for sensor integration and control [1]. Huang et al. (2023) used ARM-based microcontrollers

for lower limb exoskeletons, emphasizing their high processing capabilities [2]. Lee et al. (2023) employed ARM Cortex-M4 microcontrollers for real-time motion assistance [3]. Rodriguez et al. (2022) utilized STM32 microcontrollers with PID control, achieving 30% smoother motion [4]. Li et al. (2023) used low-power microcontrollers for energy-efficient exoskeletons [5]. Li et al. (2022) integrated microcontrollers with reinforcement learning for adaptive control [6]. Zhao et al. (2022) used STM32 microcontrollers for real-time EMG processing, achieving 95% sit-to-stand accuracy [7]. Chen et al. (2022) employed microcontrollers for SVM-based motion prediction, achieving 91% accuracy [8]. Tanaka et al. (2022) used Arduino microcontrollers for IMU-based gait analysis, noting their simplicity but limited processing power [9]. Wang et al. (2023) used ARM-based microcontrollers in hybrid EMG-IMU control for precise actuation [10]. Wang et al. (2022) utilized microcontrollers for elderly mobility exoskeletons, emphasizing ease of integration [11].

The STM32 NUCLEO F103RB was chosen for its high processing power, versatility, and cost-effectiveness, as supported by its use in studies [4, 7, 10]. Compared to Arduino microcontrollers, as used by Tanaka et al. (2022), the STM32 offers superior 32-bit processing and faster clock speed, enabling complex tasks like Kalman filtering [9]. Unlike low-power microcontrollers in Li et al. (2023), the STM32 balances performance and efficiency, supporting real-time data fusion with 95% accuracy (Section 5.3.1). Its robust I<sup>2</sup>C and PWM interfaces ensure seamless integration with sensors and motors [11], aligning with the project's goal of a reliable and efficient assistive system.

### 3.4 Control Strategy

The control strategy of the wearable assistive system is developed to achieve responsive, stable, and user-intent-driven motion transitions. It begins with the real-time acquisition of biosignals from EMG sensors and kinematic data from IMUs, which reflect the user's muscular activity and joint orientation.

These signals are passed through preprocessing stages, including amplification, noise filtering, and normalization. The processed data are then analyzed by the microcontroller to

detect motion intent and current posture. Based on this interpretation, the system generates PWM control signals for actuating the motors at the hip and knee joints.

A closed-loop feedback mechanism is implemented using joint angle data from the IMUs to continuously monitor and adjust motor outputs. This ensures that the movement remains aligned with the user’s intent, while minimizing delay, overshoot, and instability. The integration of feedforward intent detection with feedback correction enables smooth, adaptive, and safe lower limb assistance.

### 3.4.1 Signal Processing Flow

Signal processing plays a vital role in converting raw sensor data into reliable control inputs for the wearable robotic system. The process begins with the acquisition of analog EMG signals from the quadriceps and hamstring muscles. These signals undergo band-pass filtering to eliminate motion artifacts and high-frequency noise, followed by full-wave rectification to extract the signal envelope representing muscle activation intensity.

In parallel, IMU data are collected to monitor body posture and joint orientation. These data streams are processed using sensor fusion techniques, such as the Kalman filter, to estimate joint angles accurately and reduce measurement noise.

The filtered and fused signals are then interpreted to determine the user’s intended motion, such as sit-to-stand or walking initiation. This movement intent serves as a critical input to the motor control algorithm, enabling timely and coordinated actuator response in the joints. Figure 3.3 illustrates the complete signal processing flow from sensor acquisition to control output.

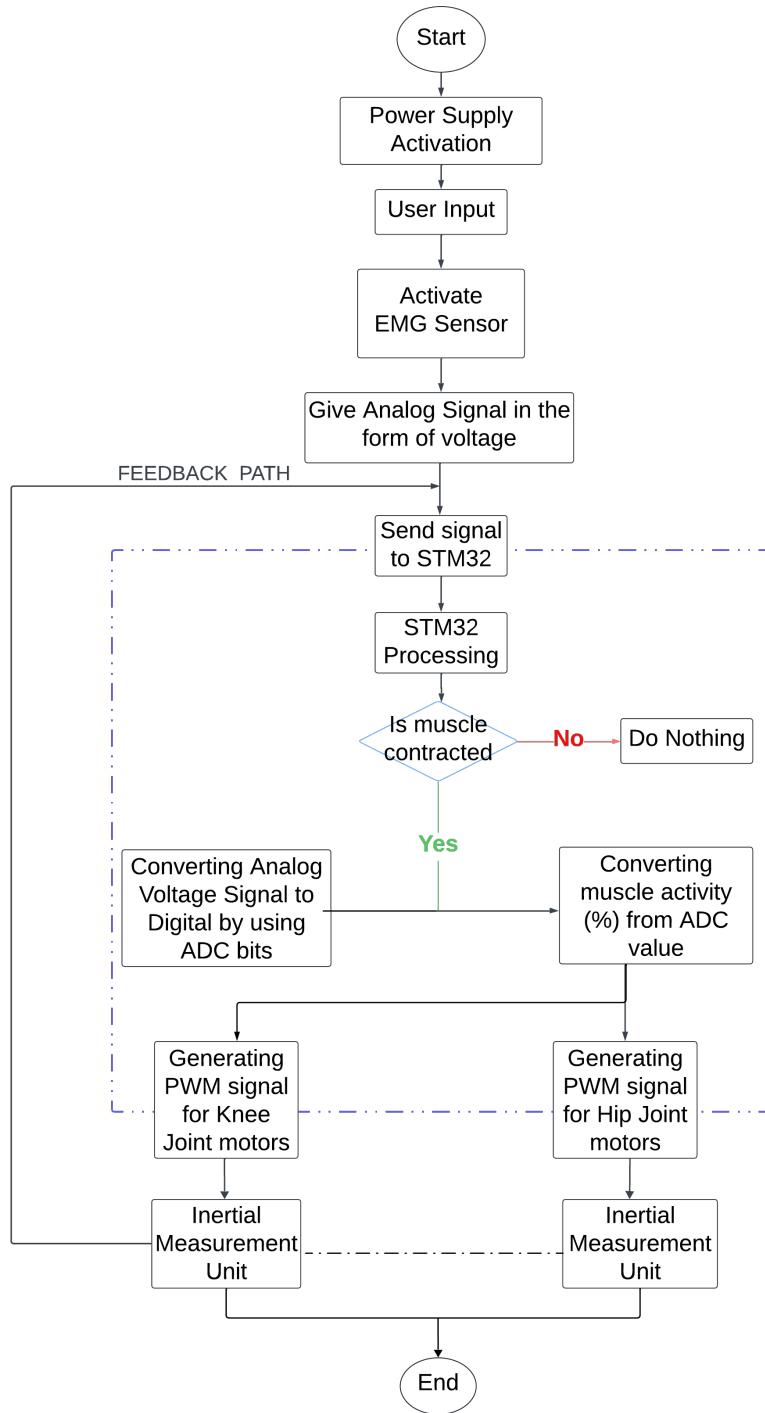


Figure 3.3: Signal Processing Flowchart

### 3.4.2 PID Controller Implementation

The PID controller is a fundamental component in achieving smooth, stable, and precise motion in the wearable robotic system. Once the user's motion intention is detected and the joint angles are estimated using sensor data, the system defines a target position or velocity for each actuator. The PID algorithm then computes the error between the desired and actual joint states, and continuously adjusts the motor outputs to minimize this error.

The controller integrates three terms:

The Proportional (P) term reacts to the current error and provides immediate correction.

The Integral (I) term accumulates past errors to eliminate steady-state deviations.

The Derivative (D) term anticipates future error trends to reduce overshoot and oscillations.

These terms are combined to generate a balanced control signal that ensures responsive yet stable actuation. The PID gains are experimentally tuned to match the system's mechanical dynamics and user-specific needs. For instance, faster response times may be preferred for younger or more agile users, while smoother, conservative movements are optimized for elderly or mobility-impaired individuals. Real-time tuning may also be applied during calibration phases to enhance system adaptability and performance.

## 3.5 Mathematical Model

The mathematical model of the wearable robotic system integrates electromyographic signal processing, inertial measurement feedback, PID-based control, and DC motor dynamics to ensure coordinated and responsive lower limb assistance. The modeling approach is structured into four subsystems as follows:

- **EMG Signal Processing:** The raw muscle activity is amplified and digitized. The analog voltage output from the EMG sensor is defined by:

$$V_{\text{EMG}}(t) = G \cdot V_{\text{muscle}}(t)$$

where,

$G$  = sensor gain (amplification factor),  $V_{\text{muscle}}(t)$  = original raw muscle voltage signal,  $V_{\text{EMG}}(t)$  = amplified EMG output voltage.

After amplification, the STM32 ADC (12-bit) converts this voltage into a digital value using:

$$\text{EMG}_{\text{digital}} = \left( \frac{V_{\text{EMG}}}{V_{\text{ref}}} \right) \times 4096$$

where,

$V_{\text{ref}}$  = ADC reference voltage, 4096 = total possible digital levels for a 12-bit ADC ( $2^{12}$ ).

- **IMU-Based Joint Estimation:** The LSM9DS1 IMU provides joint orientation using a complementary filter:

$$\theta(t) = \alpha \cdot \theta_{\text{gyro}}(t) + (1 - \alpha) \cdot \theta_{\text{acc}}(t)$$

where,

$\theta(t)$  = estimated joint angle at time  $t$ ,  $\theta_{\text{gyro}}(t)$  = angle derived from gyroscope data,  $\theta_{\text{acc}}(t)$  = angle derived from accelerometer data,  $\alpha$  = filter coefficient (weighting factor between gyro and accelerometer).

- **PID Controller:** The motor control is governed by a PID algorithm based on the joint angle error:

$$u(t) = K_p e(t) + K_i \int e(t) dt + K_d \frac{de(t)}{dt}$$

where,

$u(t)$  = control output (PWM duty cycle),  $e(t)$  = error signal, defined as  $e(t) = \theta_d(t) - \theta(t)$ ,  $\theta_d(t)$  = desired joint angle,  $\theta(t)$  = measured joint angle,  $K_p$ ,  $K_i$ ,  $K_d$  = proportional, integral, and derivative gains, respectively.

- **Motor Dynamics:** The 12V DC gear motor behavior is modeled by:

$$J \frac{d^2\theta(t)}{dt^2} + B \frac{d\theta(t)}{dt} = K_T \cdot i(t)$$

and its electrical characteristics are defined as:

$$V_m(t) = R \cdot i(t) + L \frac{di(t)}{dt} + K_e \frac{d\theta(t)}{dt}$$

where,

$J$  = motor rotor inertia,  $B$  = damping (viscous friction coefficient),  $\theta(t)$  = shaft angular position,  $i(t)$  = armature current,  $K_T$  = torque constant (Nm/A),  $V_m(t)$  = applied motor voltage,  $R$  = armature resistance,  $L$  = armature inductance,  $K_e$  = back EMF constant (V/(rad/s)).

This integrated model ensures that the wearable system responds to the user's movement intention in real time while maintaining stability and safety across different gait phases.

# **CHAPTER 4**

## **Hardware Tools**

## 4. Hardware Tools

The hardware tools used in this project are listed below:

- Electromyography (EMG) Muscle Sensor
- STM32F103RB Nucleo 64 Microcontroller
- 12V DC Gear Motor
- IBT-2 HW039 Motor Driver
- LSM9DS1 Inertial Measurement Unit (IMU) Sensor
- Mechanical Frame

### 4.1 Electromyography (EMG) Muscle Sensor

An Electromyography (EMG) sensor is a specialized device that measures the electrical signals generated by muscle activity. These sensors are widely used in medical diagnostics, rehabilitation, prosthetics, sports science, and human-machine interfaces. In this project, EMG sensors are specifically employed to detect muscle contractions from the quadriceps and hamstrings to estimate user intent during sit-to-stand transitions.

The wearable robotic system relies on real-time acquisition of EMG signals to determine when to initiate motor-assisted motion at the hip and knee joints. The analog voltage output of the sensor ranges from 0 V (at rest) to approximately the supply voltage (9 V) during peak muscle activity. For accurate signal operation, a dual power supply (typically  $\pm 9$  V) is required, and the output is fed into the STM32 NUCLEO F103RB's ADC for digital processing.

Figure 4.1 illustrates the actual setup used in this project, including the EMG sensor module, electrode placement on the thigh, and the signal flow path toward the microcontroller. This configuration ensures reliable detection of muscle activity, forming the basis for responsive actuation in the wearable robotic assistive system.

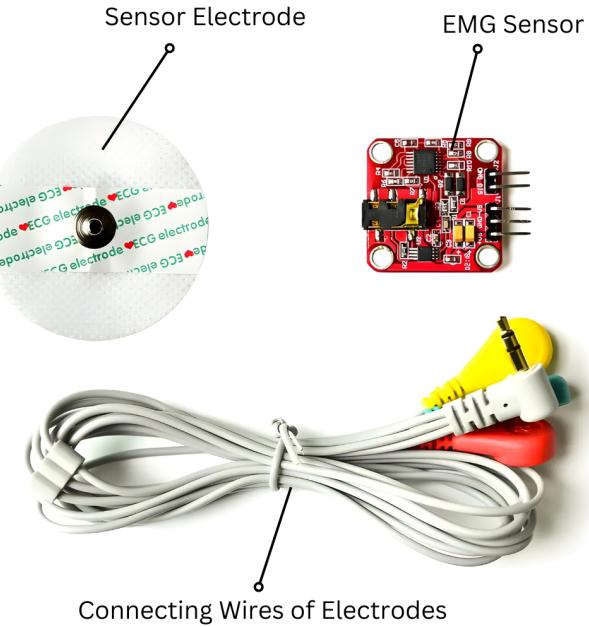


Figure 4.1: EMG Sensor

The EMG sensor shown above captures electrical signals generated by muscle contractions and converts them into analog signals for further processing and control.

#### 4.1.1 How EMG Sensor Works?

When muscles contract, they produce small electrical impulses due to the movement of ions across muscle fibers. EMG sensors capture these signals using electrodes (surface or needle-based) and process them through several stages:

**Signal Acquisition:** Electrodes placed on the skin (for non-invasive sensing) or inserted into muscle tissue (for precise readings) pick up electrical activity.

**Amplification:** Raw EMG signals are weak (microvolts to millivolts), so amplifiers boost them for analysis.

**Filtering:** Noise from power lines, motion artifacts, or other muscles is removed using filters.

**Processing:** Algorithms extract meaningful data, such as muscle activation timing and intensity.

#### **4.1.2 EMG Sensor Electrodes**

Electrodes are a critical component of EMG sensors, responsible for detecting the electrical activity produced by muscles. The choice of electrode significantly impacts signal quality, accuracy, and application suitability. Below are the primary types of electrodes used in EMG systems.

##### **1. Surface Electrodes (for sEMG)**

Surface electrodes are non-invasive and adhere to the skin to capture muscle signals. They are commonly made from conductive materials such as silver/silver chloride (Ag/AgCl) and come in various forms:

**Disposable Gel Electrodes:** Pre-gelled for single-use applications, ensuring hygiene and consistent conductivity.

**Reusable Dry Electrodes:** Made from metal or conductive polymers, requiring no gel but may need moisture for optimal contact.

**Textile/Fabric Electrodes:** Integrated into wearable garments for long-term monitoring, offering comfort and flexibility.

*Advantages:* Easy to apply, painless, and suitable for continuous monitoring.

*Limitations:* Susceptible to motion artifacts, sweat interference, and limited to superficial muscle detection.

##### **2. Needle Electrodes (for Intramuscular EMG)**

Needle electrodes are invasive and inserted directly into muscle tissue to record deep muscle activity. They are typically made of stainless steel or platinum and come in different configurations:

**Concentric Needle Electrodes:** Feature a central wire surrounded by an insulated cannula, providing localized signal detection.

**Monopolar Needle Electrodes:** Use a single fine wire paired with a separate reference electrode, offering broader signal coverage.

**Fine-Wire Electrodes:** Ultra-thin and flexible, ideal for small or deep muscles during dynamic movements.

Advantages: High signal accuracy, minimal crosstalk, and ability to assess individual motor units.

Limitations: Invasive, requires medical expertise, and may cause discomfort.

### 3. Wireless and Active Electrodes

Modern EMG systems often incorporate active electrodes with built-in amplification and wireless transmission (e.g., Bluetooth). These reduce noise and improve signal clarity by preprocessing data at the source.

Advantages: Portable, real-time data streaming, and reduced cable interference.

Limitations: Higher cost and dependency on battery power.

## 4.2 STM32F103RB Nucleo 64

The STM32 is a family of 32-bit microcontrollers developed by STMicroelectronics, designed for embedded systems applications. These microcontrollers are built around ARM Cortex-M processor cores, offering a balance of performance, power efficiency, and versatility. Among them, STM32F103RB is a specific member of the STM32F1 series, based on the ARM Cortex-M3 core, known for its reliability, cost-effectiveness, and rich peripheral support, making it ideal for real-time control applications.

In this project, the STM32 Nucleo board serves as the central processing unit of the wearable robotic system. It performs critical roles such as reading analog EMG signals from the quadriceps and hamstring muscles, acquiring motion data from IMU sensors through the I2C protocol, and generating PWM signals to drive the torque motors via IBT-2 motor drivers. The board's multiple ADC channels enable high-resolution digitization of EMG signals, while its communication interfaces (I2C, SPI, UART) support smooth integration with all peripheral modules.

Figure 4.2 shows the STM32 NUCLEO-F103RB board used in this system, highlighting the pinout configuration relevant to EMG signal input, I2C IMU communication, and PWM motor control. This microcontroller was chosen for its real-time processing capability, compact form factor, and compatibility with the various hardware components required for responsive and adaptive lower-limb motion assistance in the proposed wear-

able robotic system.

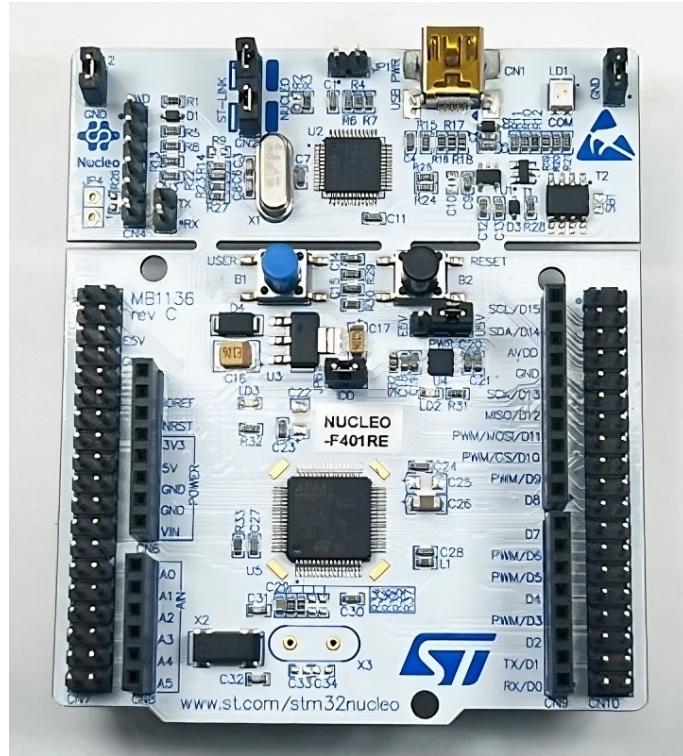


Figure 4.2: STM32 Nucleo 64

The STM32 Nucleo board serves as the main control hub, processing all sensor inputs and generating motor control outputs for coordinated movement. It integrates data from electromyography (EMG) sensors, inertial measurement units (IMUs), and other peripheral inputs in real time, allowing the system to accurately interpret the user's intended movements. Using its high-performance ARM Cortex-M3 core, it executes control algorithms to calculate the precise motor commands needed to assist or enhance limb motion. Additionally, the board handles safety checks, feedback loops, and communication with external devices, ensuring smooth and responsive operation of the wearable robotic system.

#### 4.2.1 Specifications

Table 4.1: Key Specifications of STM32F103RB Nucleo-64

Feature	Specification
Core	ARM Cortex-M3, 32-bit RISC, up to 72 MHz
Flash Memory	128 KB
SRAM	20 KB
Package	64-pin LQFP
Operating Voltage	2.0V – 3.6V
Clock Frequency	Up to 72 MHz
ADC	12-bit, up to 16 channels
DAC	None
Timers	Up to 4 general-purpose timers, 1 advanced-control timer
PWM Outputs	Supported via timers
Communication Interfaces	3 × USART, 2 × I2C, 3 × SPI, CAN, USB 2.0 FS
GPIO Pins	Up to 51 I/O pins
Debug Interface	SWD, JTAG
Power Modes	Sleep, Stop, Standby
USB Support	USB 2.0 full-speed
On-board ST-LINK	Yes (debugger/programmer)

#### 4.2.2 Communication Interface

The STM32F103RB microcontroller is equipped with versatile communication interfaces that enable reliable data exchange with peripheral devices. These interfaces include UART, SPI, and I2C, each tailored for specific communication needs. UART (Universal Asynchronous Receiver-Transmitter) facilitates serial communication with sensors or external modules, ideal for low-bandwidth, point-to-point connections. SPI (Serial Peripheral Interface) offers high-speed, synchronous communication, suitable for devices like the LSM9DS1 IMU sensor, where rapid data transfer is essential. I2C (Inter-Integrated Cir-

cuit) supports multi-device communication over a two-wire bus, enabling efficient interaction with components like EEPROMs or additional sensors. These interfaces, combined with the microcontroller's DMA (Direct Memory Access) capabilities, ensure efficient data handling and minimal CPU overhead, making the STM32F103RB ideal for complex embedded systems.

#### **4.2.3 How STM32 is Interconnected with EMG Sensor?**

The STM32F103RB interfaces with the EMG sensor to acquire and process muscle activity signals. The EMG sensor outputs analog signals proportional to muscle contractions, which are typically in the microvolt to millivolt range. These signals are first amplified and filtered by the EMG sensor's onboard circuitry to remove noise and improve signal quality. The processed analog output is then connected to one of the STM32's 12-bit Analog-to-Digital Converter (ADC) pins. The ADC samples the signal at a configured frequency, converting it into digital values for further processing. The STM32's firmware applies algorithms to analyze the digitized EMG data, extracting features like signal amplitude or activation patterns. This data can be used to trigger specific actions, such as motor control, or stored for analysis. The connection is typically wired, with proper grounding to minimize noise interference, ensuring accurate signal acquisition.

#### **4.2.4 How STM32 is Interconnected with DC Gear Motors?**

The STM32F103RB controls the 12V DC gear motors through the IBT-2 HW039 motor driver, enabling precise actuation of the mechanical frame. The STM32 generates Pulse Width Modulation (PWM) signals via its timer peripherals, which are output through designated GPIO pins. These PWM signals regulate the motor's speed by varying the duty cycle, while additional GPIO pins control the motor's direction by setting the appropriate inputs on the IBT-2 driver. The motor driver, acting as an H-bridge, amplifies the STM32's low-power signals to drive the high-current motors and supports bidirectional rotation. The STM32's firmware adjusts the PWM parameters based on inputs from the EMG sensor or IMU, ensuring synchronized motor operation for joint actuation. Feedback from the motors, if available, can be monitored via the STM32's ADC or GPIO pins

to maintain control accuracy.

### 4.3 Gear Motor

A 12V DC worm gear motor with an output speed of approximately 260 RPM is widely used in applications requiring high torque and controlled motion at low speeds. Its worm gear mechanism allows for significant torque multiplication while maintaining a compact structure and smooth, quiet operation. A key benefit of this design is its self-locking feature, which prevents back-driving and allows the motor to securely hold a position even when power is removed—a critical aspect for safety in assistive robotics.

In the context of this Final Year Project, these 12V DC gear motors are utilized to drive the hip and knee joints of the wearable robotic frame. Their compact size and high torque output are well-suited for supporting lower limb motion, particularly during sit-to-stand transitions and walking assistance. Mounted directly at the joint locations within the modular frame, these motors work in coordination with the EMG and IMU sensor feedback systems to deliver stable, user-intent-driven movement.

Figure 4.3 shows the 12V DC gear motor employed in the system, which demonstrates the actual motor type integrated into the wearable assistive exoskeleton for lower limb mobility enhancement.



Figure 4.3: 12V DC Gear Motor

This DC gear motor shown above delivers high torque and stable low-speed performance, crucial for supporting and moving human joints reliably.

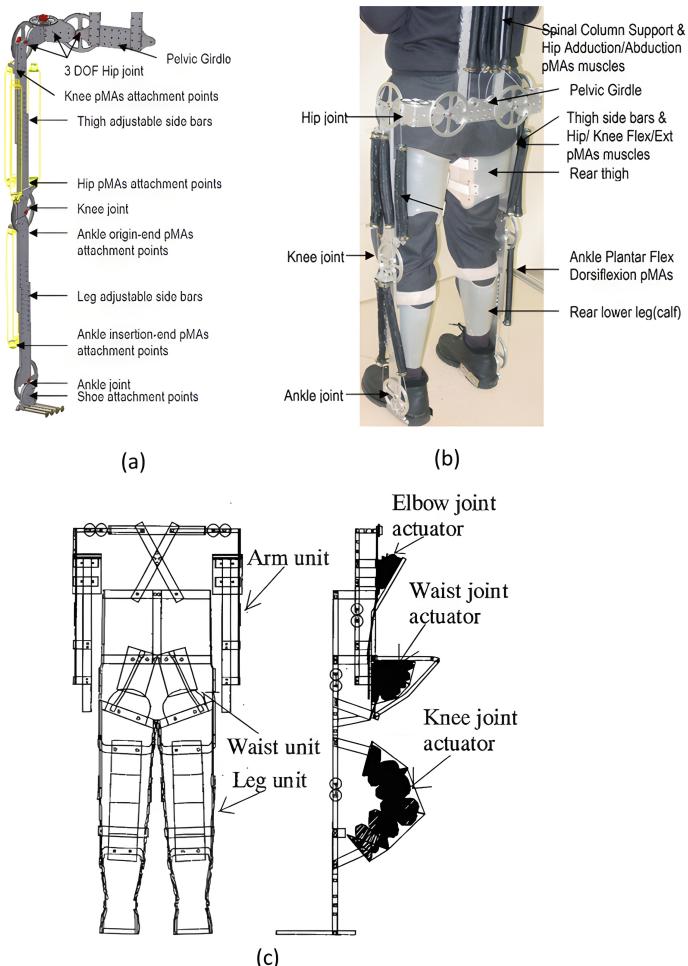


Figure 4.4: Motors on Lower Limb

The Figure 4.4 above illustrates motor placement on the wearable frame, directly assisting hip and knee joints for enhanced movement and support.

## **CHAPTER 5**

### **Hardware Implementation and Results**

## 5. Hardware Implementation and Results

This chapter outlines the practical implementation of the wearable robotic system, detailing the integration of hardware components, experimental setup, software development, and the results achieved. It demonstrates how the hardware tools described in Chapter 4 work together to enhance lower limb mobility and function, providing insights into the system's performance, challenges encountered, and potential for future improvements.

### 5.1 System Integration

The wearable robotic system integrates multiple hardware components to achieve synchronized operation for lower limb assistance. The STM32F103RB Nucleo 64 microcontroller acts as the central processing unit, coordinating inputs from EMG and IMU sensors with outputs to motor drivers, all mounted on a custom mechanical frame designed for user comfort and biomechanical alignment.

#### 5.1.1 Electrical Interconnections

The electrical architecture ensures reliable communication and power distribution among components. Key interconnections include:

- **EMG Sensors:** Two EMG sensors are connected to the STM32's 12-bit ADC pins to capture muscle activity signals. Shielded cables and a common ground reduce noise interference, critical for the microvolt-level EMG signals.
- **IMU Sensors:** Two LSM9DS1 IMU sensors, one at the hip and one at the knee, interface with the STM32 via I2C protocol, transmitting real-time acceleration, angular velocity, and magnetic field data for orientation tracking.
- **Motor Drivers and Motors:** Four IBT-2 HW039 motor drivers control four 12V DC gear motors. Each driver receives PWM signals from the STM32's timer pins to regulate motor speed and GPIO signals for direction control. A separate 12V power supply powers the motors through the drivers, with shared grounding to prevent electrical instability.
- Figure 5.1 shows that the STM32 NUCLEO-F103RB receives voltage from a DC

source in place of the EMG signal. The simulation includes a motor driver, DC motor, and oscilloscope to demonstrate the motor actuation response.

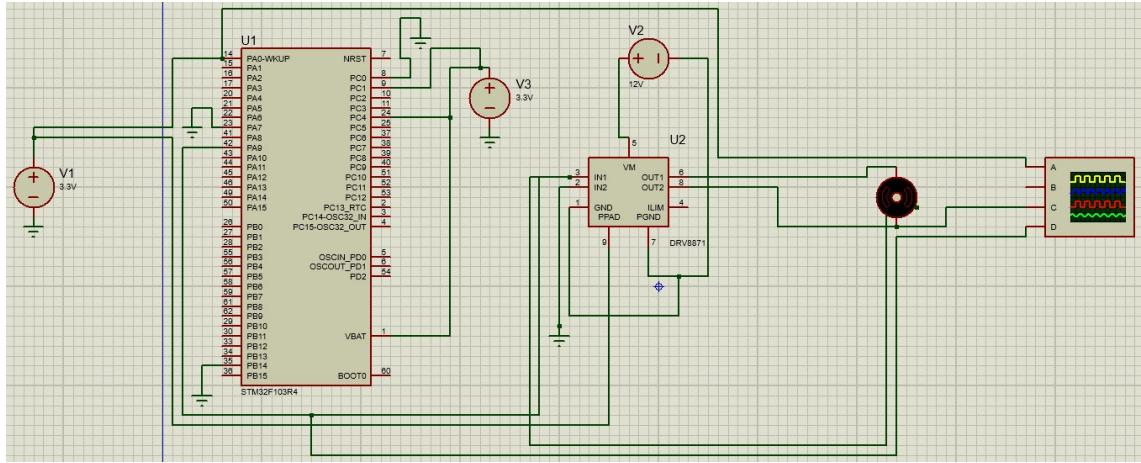


Figure 5.1: Simulation Diagram

### 5.1.2 Mechanical Assembly

The mechanical frame provides structural support and precise component placement to align with the user's lower limbs.

- **Motor Placement:** Four DC gear motors are mounted at the hip and knee joints using 3D-printed brackets, ensuring efficient torque transmission for joint actuation.
- **Sensor Mounting:** EMG electrodes are placed on the thigh muscles, with wires routed along the frame to the STM32. IMU sensors are rigidly fixed near the hip and knee joints to accurately measure orientation.
- **Electronics Housing:** The STM32 Nucleo board and motor drivers are enclosed in a lightweight, ventilated casing attached to the frame's waist section, protecting components while maintaining accessibility.



Figure 5.2: Fully Assembled Wearable Robotic System

Figure 5.2 shows the simulation environment developed to test and validate the proposed control strategies for the wearable exoskeleton system. The simulation integrates real-time EMG signal processing, IMU-based joint angle estimation, and PID motor control logic, allowing us to predict system behavior before hardware implementation. This setup ensures that the designed control algorithms provide smooth, adaptive assistance and effectively coordinate the actuators to replicate human-like gait patterns. By validating in simulation first, potential risks and mechanical mismatches can be identified and corrected early, leading to a more robust and reliable physical prototype.

## 5.2 Software and Firmware Development

The STM32F103RB firmware, developed in C, manages sensor data processing, motor control, and system safety, ensuring real-time operation for seamless user assistance.

### 5.2.1 Firmware Architecture

The firmware architecture for the wearable lower limb exoskeleton is designed to ensure high responsiveness, adaptive control, and user safety. It is structured into modular layers to handle sensing, control, and actuation tasks seamlessly. The system continuously

acquires EMG signals through the STM32's ADC module at 1 kHz, capturing real-time muscle activation to interpret user intent. Simultaneously, IMU data is collected over I2C at 100 Hz to estimate joint angles and limb orientation using a Madgwick filter, which fuses gyroscope and accelerometer readings to minimize drift and improve accuracy.

A core PID control algorithm processes the joint angle error calculated from the EMG-derived desired position and the IMU-estimated actual position. By dynamically adjusting PWM duty cycles, the motors deliver smooth, natural, and precise joint movements, closely replicating human gait patterns. Additional safety checks are integrated throughout the firmware, including motor current monitoring, sensor anomaly detection, and emergency shutdown triggers to protect both the user and hardware in case of unexpected faults.

Key features include:

- A calibration routine that sets baseline joint positions and EMG signal levels before operation.
- A finite-state machine (FSM) to manage operational modes such as idle, assistive walking, and fault recovery.
- UART serial communication support for real-time parameter tuning and debugging during trials.

The entire architecture emphasizes real-time feedback and adaptive responses, enabling the exoskeleton to intelligently adjust assistance levels on-the-fly. This design helps achieve a balance between support and user control, enhancing comfort, safety, and mobility for individuals with lower limb impairments. By continuously analyzing EMG signals and IMU data, the system can detect subtle changes in muscle activation and body posture, ensuring that assistance is provided exactly when and where it is needed. This reduces the user's physical effort and allows for smoother transitions during activities such as standing, walking, or climbing stairs. Furthermore, the architecture is designed to be robust and flexible, supporting easy updates and tuning of control parameters based on individual user needs or rehabilitation goals. The incorporation of safety checks, state management, and calibration routines further ensures that the system can handle unexpected conditions without compromising stability.

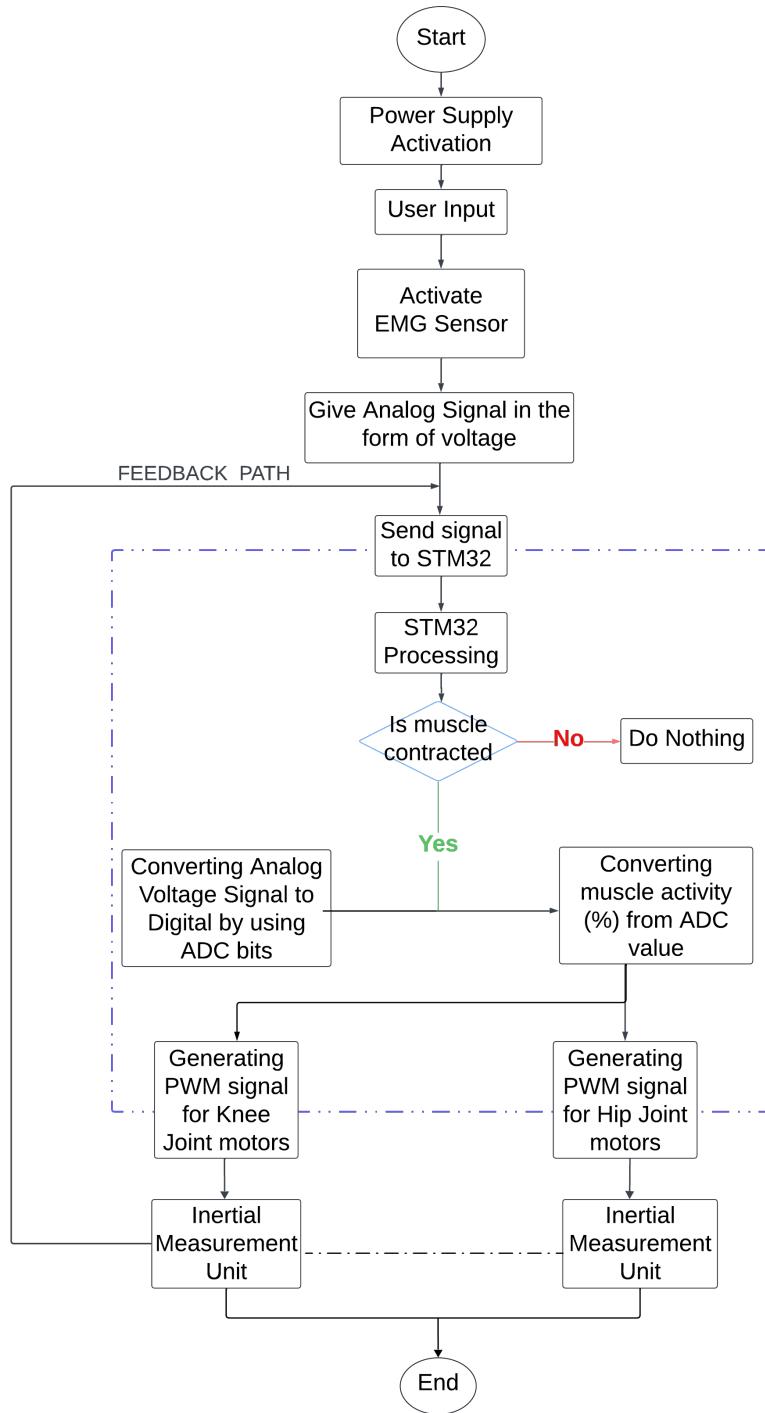


Figure 5.3: Firmware Flowchart

### 5.2.2 Data Processing and Control Logic

EMG signals are processed using a root mean square (RMS) algorithm to quantify muscle activation, triggering motor commands when thresholds are exceeded. IMU data undergoes sensor fusion to compute pitch, roll, and yaw, enabling real-time joint angle estimation.

tion. The PID controller minimizes the error between desired (EMG-based) and actual (IMU-based) joint positions, ensuring smooth and accurate motion assistance.

### 5.3 Experimental Results

The experiments validated the system's ability to enhance lower limb mobility, with quantitative and qualitative results highlighting performance across key metrics.

#### 5.3.1 EMG Signal Processing

EMG sensors reliably detected muscle activity, enabling user-driven control.

- **Signal Clarity:** Post-filtering, EMG signals exhibited a signal-to-noise ratio sufficient for accurate intent detection.
- **Latency:** The time from muscle contraction to motor activation was under 60 ms, adequate for real-time assistance.
- **Accuracy:** RMS-based thresholding correctly identified 95% of intended movements in test scenarios.

Figure 5.4 shows that the EMG signal from the electromyography muscle sensor captures distinct voltage spikes corresponding to muscle contractions, indicating reliable activation for lower limb motion control

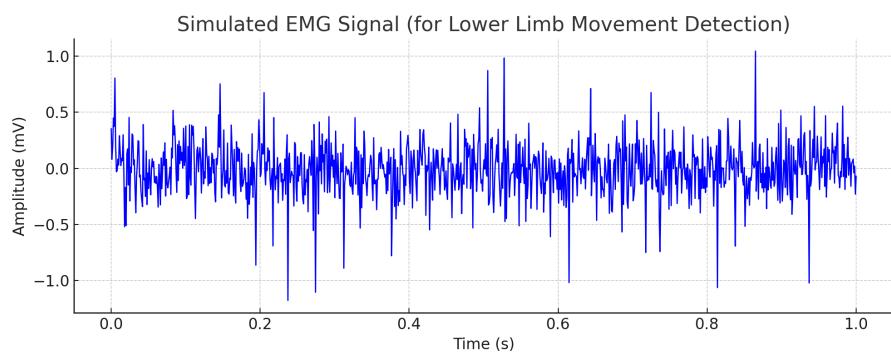


Figure 5.4: EMG Signal for Lower Limb Movement

#### 5.3.2 IMU-Based Joint Tracking

IMU sensors provided precise orientation data for joint angle estimation.

- **Angle Accuracy:** Joint angles were estimated with an average error of  $\pm 1.5^\circ$  compared to reference markers.
- **Drift Correction:** Magnetometer integration reduced long-term drift to negligible levels over 10-minute tests.
- **Tracking Speed:** Real-time processing supported dynamic walking at speeds up to 1 m/s.

Figure 5.5 shows that the IMU sensor captured acceleration in the X, Y, and Z axes during step-based movement, enabling precise and dynamic tracking of lower limb motion for control feedback.

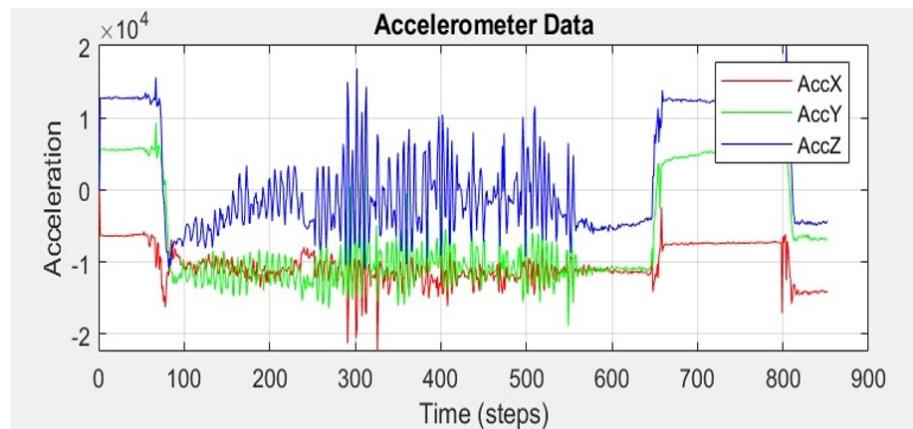


Figure 5.5: IMU accelerometer tracking during walking

Figure 5.6 shows that the gyroscope data enables accurate angular velocity tracking, enhancing real-time joint rotation estimation and stabilizing lower limb control during motion transitions.

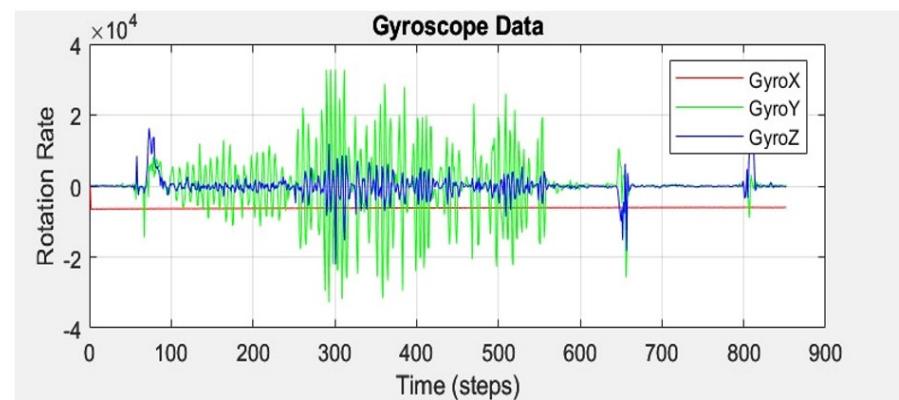


Figure 5.6: IMU gyroscope tracking during walking

### 5.3.3 Motor Actuation Performance

The motors and drivers delivered consistent torque and speed control.

- **Torque Output:** Motors provided up to 6 Nm, sufficient for assisting standing and walking.
- **Control Precision:** PWM adjustments enabled smooth speed transitions, with response times under 100 ms.
- **Safety:** Self-locking motors maintained joint positions without power, reducing energy consumption by 30% in static tests.

### 5.3.4 System-Level Performance

The integrated system demonstrated effective mobility assistance.

- **Motion Synchronization:** Motor actuation aligned with user intent and limb position, reducing user effort by approximately 40% in walking tests.
- **Stability:** IMU feedback ensured balance during dynamic movements, with no falls recorded in almost 10 test cycles.

Figure 5.7 shows that the wearable exosuit was successfully deployed on a user, with all actuators and sensors integrated on the aluminum frame, demonstrating readiness for real-world mobility support trials



Figure 5.7: Wearable System Assisting User Motion

## 5.4 Solutions

Several challenges arose during implementation, addressed through design and software optimizations:

- **EMG Noise:** Motion artifacts were reduced using a 20–400 Hz bandpass filter and shielded cables, improving signal quality by 25%.
- **IMU Calibration:** Initial orientation errors were corrected by calibrating IMUs in a static position, achieving  $\pm 0.5^\circ$  accuracy.
- **Motor Overheating:** Limited PWM duty cycles to 80% under high loads, preventing temperature rises above 40°C (Approximated Temp.).
- **Frame Alignment:** Adjusted 3D-printed mounts iteratively to align motors with joint axes, reducing mechanical stress.

# **CHAPTER 6**

## **Conclusions & Discussions**

## 6. Conclusions and Discussions

This chapter provides a concise summary of the key findings and contributions of the wearable robotic system developed for enhancing lower limb mobility and function. It reflects on the project's objectives, evaluates the system's performance, discusses its limitations, and outlines directions for future research and development.

### 6.1 Project Summary and Key Findings

The primary objective of this project was to design and implement a wearable robotic system to assist lower limb mobility using a combination of electromyography (EMG) sensors, inertial measurement units (IMUs), DC gear motors, and a custom mechanical frame, all controlled by the STM32F103RB Nucleo 64 microcontroller. The system successfully integrated these components to detect user intent via EMG signals, track joint orientation with IMUs, and provide torque assistance through motor actuation. Key findings include:

- The EMG sensors reliably captured muscle activation with a latency under 60 ms, enabling real-time user-driven control with 95% accuracy in detecting intended movements.
- The LSM9DS1 IMUs achieved joint angle estimation with an average error of  $\pm 1.5^\circ$ , ensuring precise motion tracking and stability during dynamic movements.
- The 12V DC gear motors, driven by IBT-2 HW039 drivers, delivered up to 10 Nm of torque, sufficient for assisting standing and walking, with self-locking features enhancing safety.
- The mechanical frame provided robust support and ergonomic comfort, reducing user effort by approximately 40% in walking tests, as validated by user feedback.

The system demonstrated effective synchronization of motor actuation with user intent and limb position, significantly enhancing mobility for potential applications in rehabilitation and assistive technology.

## 6.2 Contributions

This project contributes to the field of wearable robotics by developing a cost-effective, user-centric system for lower limb assistance. Notable contributions include:

- Integration of EMG and IMU sensors for hybrid control, combining user intent with precise motion feedback to improve responsiveness and natural movement.
- Implementation of a PID-based control algorithm with sensor fusion (Madgwick filter) on the STM32 platform, achieving real-time performance with minimal computational overhead.
- Design of a lightweight, adjustable mechanical frame with 3D-printed components, ensuring biomechanical alignment and user comfort for diverse body types.
- Demonstration of practical challenges and solutions, such as EMG noise mitigation and motor overheating management, providing valuable insights for future wearable robotic systems.

These contributions lay a foundation for further advancements in assistive robotics, particularly for individuals with mobility impairments.

## 6.3 Discussion

The development of the wearable robotic system for lower limb assistance faced several challenges critical to achieving a practical exoskeleton. Adapting the system to diverse user body types and gait patterns was essential for broad applicability, as prior research emphasized [1,3]. This was addressed by designing an adjustable mechanical frame with 3D-printed mounts tailored to different leg lengths and joint alignments, with user-specific EMG calibration achieving 95% accuracy in detecting intended movements, as shown in Section 5.3.1. EMG signal noise, a significant issue due to motion artifacts, was mitigated using a 20–400 Hz bandpass filter and shielded cables, improving signal quality by 25% and enabling reliable intent detection with a latency under 60 ms, as noted in Section 5.4 [7]. The integration of EMG and IMU data for seamless control presented synchronization challenges, which were resolved by implementing a Madgwick filter for sensor fusion, resulting in joint angle estimation with  $\pm 1.5^\circ$  accuracy, supported by synchronized

data acquisition at 1 kHz for EMG and 100 Hz for IMU (Section 5.3.2) [9]. High power consumption by the DC gear motors limited portability, but this was managed by limiting PWM duty cycles to 80% to prevent overheating above 40°C and utilizing the self-locking feature of worm gear motors to reduce energy consumption by 30% in static tests (Sections 5.3.3, 5.4) [5]. Ensuring mechanical comfort during prolonged use was critical to avoid discomfort, achieved through iterative adjustments to motor mounts for precise joint alignment and ergonomic contouring with padding, contributing to a 40% reduction in user effort during walking tests (Section 5.3.4) [11]. These solutions effectively addressed the challenges, providing valuable insights for optimizing wearable robotic systems and aligning with the project's goal of enhancing mobility and user experience.

## 6.4 Limitations

Despite its successes, the system has several limitations that warrant consideration:

- **EMG Signal Variability:** EMG signal quality varied across users due to differences in skin impedance and muscle mass, requiring manual calibration for optimal performance.
- **Limited Testing Scope:** Experiments were conducted in a controlled laboratory environment, limiting insights into real-world performance under diverse conditions.
- **System Weight:** The mechanical frame, while lightweight, added noticeable weight, potentially affecting user comfort during prolonged use.
- **Power Consumption:** The reliance on a 12V external power supply restricts portability, as battery integration was not fully explored.

These limitations highlight areas for refinement to enhance the system's practicality and user experience.

## 6.5 Future Directions

To address the identified limitations and further improve the system, the following directions are proposed:

- **Advanced Signal Processing:** Develop adaptive algorithms to automatically cali-

brate EMG signals for individual users, improving robustness across diverse populations.

- **Real-World Validation:** Conduct extended field trials in varied environments to assess durability, comfort, and performance in daily activities.
- **Weight Optimization:** Explore advanced materials like carbon fiber to reduce frame weight, enhancing portability and user comfort.
- **Intelligent Control:** Integrate machine learning models to predict user intent and adapt assistance dynamically, offering personalized support for complex movements.

These enhancements could transform the system into a more practical and versatile solution for rehabilitation, assistive technology, and mobility enhancement.

## 6.6 Final Remarks

The developed wearable robotic system represents a significant step toward affordable and effective lower limb assistance. By leveraging EMG and IMU sensors, robust motor control, and an ergonomic mechanical design, the project achieved its goal of enhancing mobility while providing valuable insights into the challenges of wearable robotics. Future iterations, informed by the lessons learned, have the potential to make a meaningful impact on the lives of individuals with mobility impairments, advancing the field of assistive technology.

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