

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/343808953>

DINABANG: Explosive Force Hamstring Rehabilitation Biomechanics Instrument

Poster · September 2017

CITATIONS

0

8 authors, including:

 Dario Santos
Clinical Hospital
16 PUBLICATIONS 31 CITATIONS
[SEE PROFILE](#)

 Rodrigo Barboza
Universidad de la República de Uruguay
2 PUBLICATIONS 0 CITATIONS
[SEE PROFILE](#)

READS

30

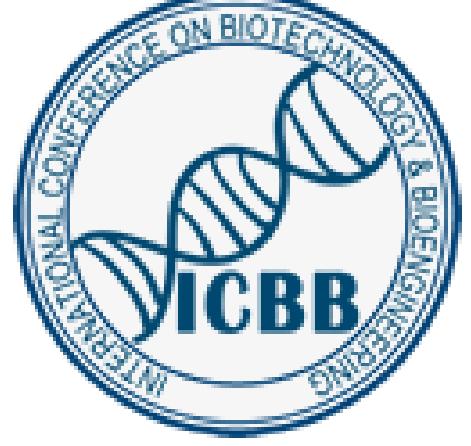
 Jorge Dominguez
2 PUBLICATIONS 0 CITATIONS
[SEE PROFILE](#)

 Fernando Motta
18 PUBLICATIONS 41 CITATIONS
[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:

 Dynamic Evaluation of Knee Joint Movement [View project](#)

 Ventilation Physiology Simulator to test Mechanical Ventilators and as Teaching Aids [View project](#)



ICABBE & ICBB
2017

DINABANG: Explosive Force Hamstring Rehabilitation Biomechanics Instrument

Darío Santos^{1,3,4}, Rodrigo Barboza¹, Jorge Domínguez¹, Agustín Fernández¹
Francisco Veirano², Pablo Pérez², Fernando Motta³ & Franco Simini¹

1. Núcleo de Ingeniería Biomédica - 2. Instituto de Ingeniería Eléctrica - 3. British Hospital, Montevideo -
4. Rehabilitation Department, Hospital de Clínicas, Universidad de la República - URUGUAY

dsantos@hc.edu.uy, simini@fing.edu.uy

1. Rehabilitation after repaired ACL

Surgical repair of the Anterior Cruciate Ligament (ACL) with hamstring graft technique includes partial removal of semitendinosus tendon (autologous implant [1]).



Part of rehabilitation is done by quadriceps training [2] with balanced agonist/antagonist type quadriceps/hamstring strengthening. Backwards explosive force is controlled by physiotherapist (Fig. 1) but there is no quantification clinically available to measure the force and power, putting the weakened semitendinosus tendon at risk.

Fig. 1 - Hamstring muscle and backwards power exercise.

2. Design of DINABANG

Name **DINABANG** refers to explosive=*bang* and force=*dynamis*.

A new instrument, **DINABANG**, to measure leg dynamics and thus guide the patient in his effort and as a reference for therapist. Variables to be taken into account are:

- leg weight and length
- backwards kick force at heel
- heel displacement
- leg angle to vertical
- therapist line of action (elastic band)
- angular velocity and angular acceleration.

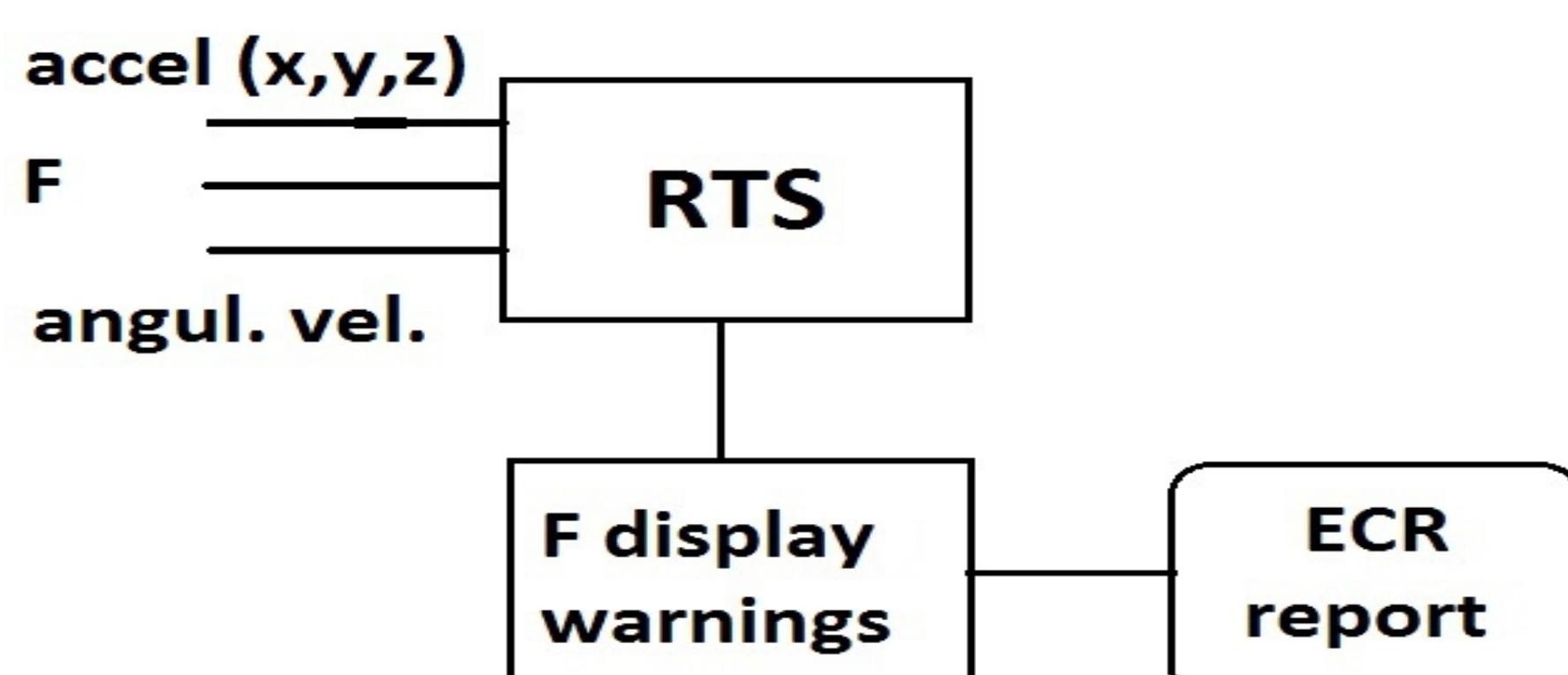


Fig. 2 - Schematic of DINABANG. A Real Time System (RTS) reads heel accelerations x y & z(t), angular velocity (gyro) & band force F.

The design of **DINABANG** includes force sensor in series with the band, 3-axes-acceleration sensor and gyroscope at the ankle, all sensors connected to a microcontroller (TI model MSP430) in turn connected (Bluetooth) to a processing unit. A standard large display placed behind the patient will guide the rehab technician during exercise: such feedback avoids strains and optimizes follow up rehabilitation.

3. Real Time System Implementation

A simple real time system (RTS) is implemented in a MSP430 circuit by TI with ports and MPU-6050 six-axis gyro & accelerometer (Fig.3)

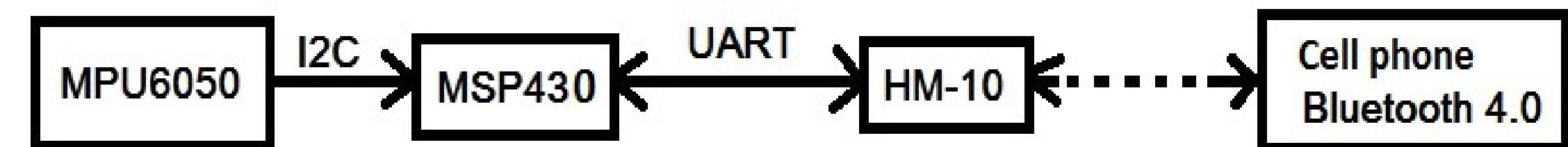


Fig. 3 - Implementation of DINABANG. Cell phone App shows first results of lower limb dynamics to guide rehabilitation.

4. Results

Preliminary measurements were performed on a healthy informed volunteer (Fig. 4), giving satisfactory results, (Fig. 5).



Fig. 4 - Volunteer kicking backwards, therapist sees parameters

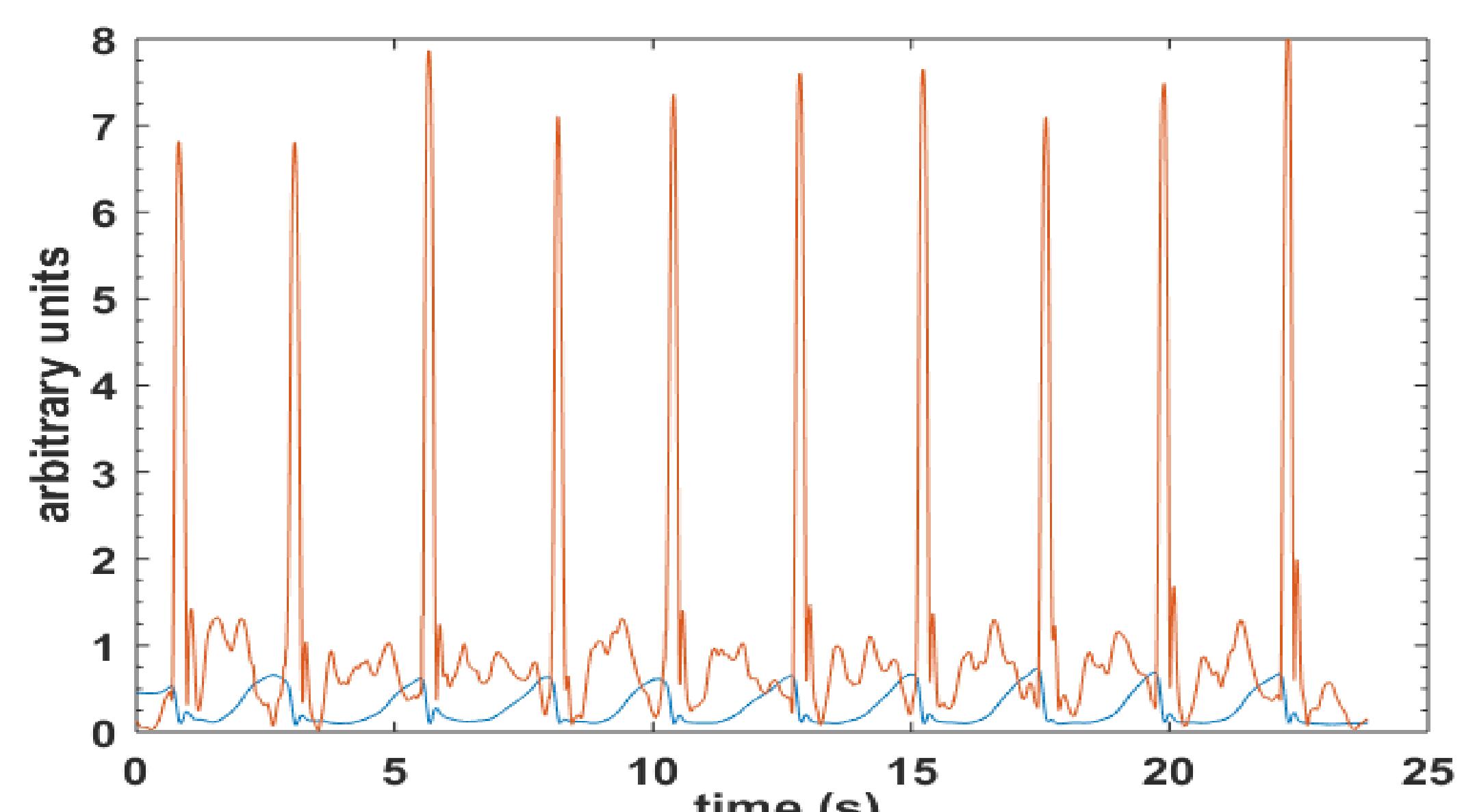


Fig. 5 - Basic limb dynamics obtained with motion capture system (Vicon) shows heel landmark position (small signal) and heel velocity.

5. Conclusion

DINABANG has a preliminary configuration to record dynamic parameters of a moving leg, specifically during a quick backwards movement, controlled by a therapist holding a rubber band. **DINABANG** is designed to include the total force involved and maximum power into a standard clinical report, to be combined with subsequent reports for a rehabilitation process documentation [3].

References

- [1]W. Franz & A. Baumann, Knee, vol. 23, no. 1, pp. 106–110, 2016.
- [2]D. Santos & G. Fabrica, Rev.Iberoam.Fisioter.&Kin,101–108 2002.
- [3]D. Santos, F. Massa & F. Simini, Phys. Ther. Rehabil., vol. 2, 2015.