

# PURE MOTOR MONOPARESIS UPPER LIMB ASSISTIVE EXOSKELETON

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# PURE MOTOR MONOPARESIS (PMM)

## Isolated motor deficit after stroke

- Precentral gyrus lesion/acute cerebral infarction (Hiraga, 2011)
- No sensory or coordination dysfunction (Hiraga, 2011)

## Single limb affected

- Upper limb prevalence of 2.6% of stroke victims (Maedar Ingvar et al., 2005)

## Existing Solutions

- Designed for rehabilitation rather than daily living assistance (Patoglu, 2017; Deshpande & Kim, 2019)

# DESIGN CONTROLS

USER NEED	DESIGN INPUT	DESIGN OUTPUT
Normal Elbow ROM	-5°-146° extension/flexion	Goniometer measurement of elbow joint
Comfort	User routinely wears device up to 3 times per week without complaint of discomfort or pain	User comfort survey & frequency of use/compliance statistics
Accurately read EMG signal	Correctly identify signal corresponding to intent to flex elbow	Test 10 reps intending to lift & 10 reps not intending to lift
Secure attachment to elbow	<1mm shift in securement position(s) per cycle of extension/flexion	Measurement of initial position of securement relative to elbow and measurement after full ROM cycle

# SOLUTION

## Arm Brace

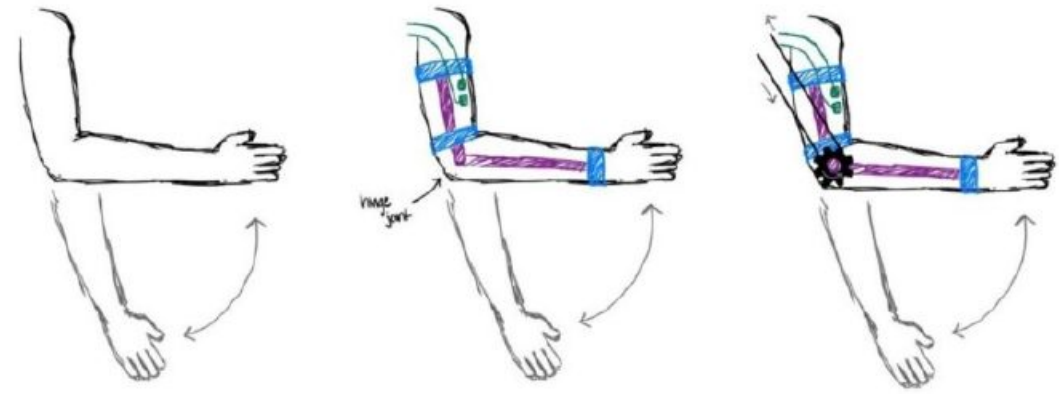
- Aluminum bars secured to arm with Velcro
- Hinge point secured with nuts & bolts

## Flexion/Extension Motion

- Gear attached to hinge point of elbow
- Pulley system between gear and motor
- EMG signal activates motor to turn

## Harness

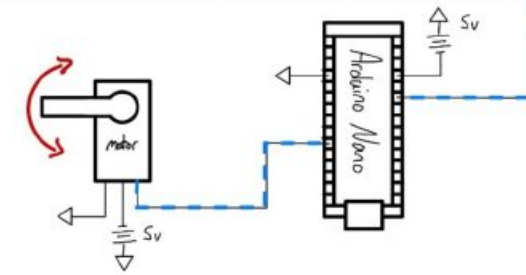
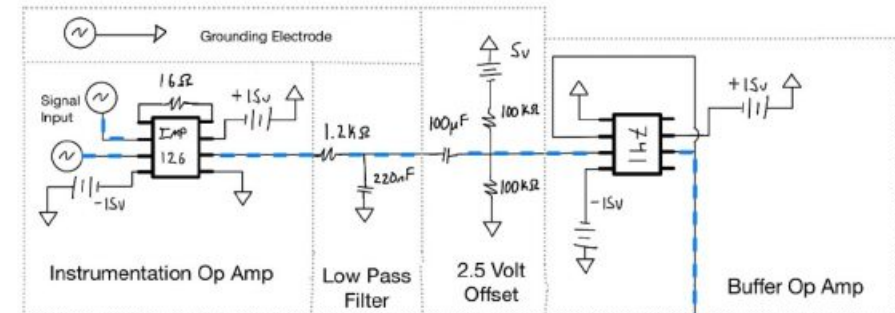
- Motor and power supply secured with harness



lateral/side view



back/posterior view

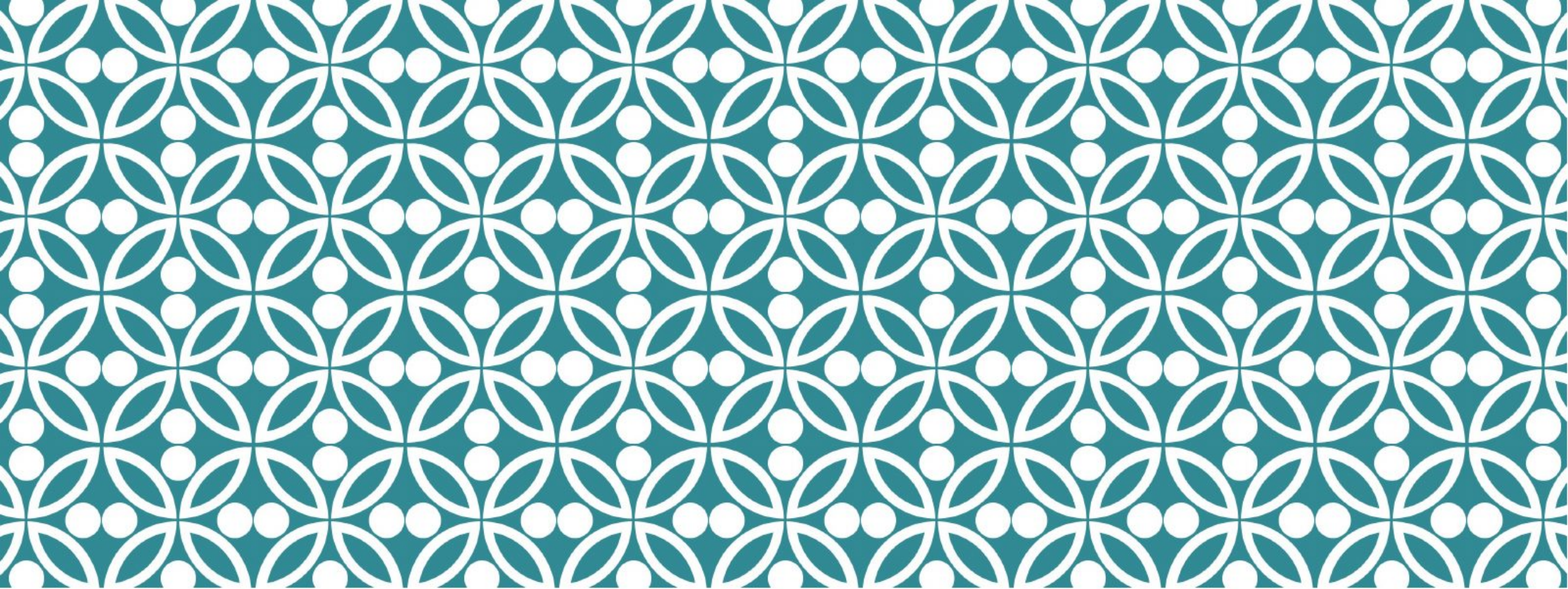


- velcro
- metal
- EMG electrodes
- servo
- harness

# VERIFICATION

- Device tested with 2 users
  - Successful servo motor activation/operation (flexion when bicep flexed, extension when relaxed)
  - Easily adjustable between users





**QUESTIONS?** |