

Force Assistance System for Standing-Up Motion

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Abstract - In our current research, we are developing a force assistance system for standing up motion. Our developing system realizes the standing up motion using the support bar with two degrees of freedom and the bed system which can move up and down. In this paper, we develop the force assistance system which realizes the natural standing up motion using remaining strength of the patient. Our key ideas are two topics. The first topic is distributed system which controls the support bar and the bed system with coordination among them. The second topic is the combination of force and position control. According to the patient's posture during standing up, our control system selects more appropriate control method from them. We use the reference of standing-up motion which is based on the typical standing up motion by nursing specialist for realizing the natural assistance. The performance of our proposed control scheme is experimented by computer simulations.

Index Terms – Force assistance, Standing up motion, Force control, Position control

I. INTRODUCTION

In Japan, the population ratio of senior citizen who is 65 years old or more exceeds 20[%] at January 2004 and rapid aging in Japanese society will advance in the future. [1] In aging society, many elderly people cannot perform normal daily household, work related and recreational activities because of decrease in force generating capacity of their body. Today, the 23.5[%] of elderly person who does not stay at the hospital cannot perform daily life without nursing by other people. [2] For their independent life, they need daily assistance system which enable them to perform daily life easily even if their physical strength reduces.

Standing up motion is the most serious and important operation in daily life for elderly person who doesn't have enough physical strength. [3][4] In typical bad case, elderly person who doesn't have enough physical strength will cannot operate standing up motion and will falls into the wheelchair life or bedridden life. Furthermore, if once

elderly person falls into such life, the decrease of physical strength will be promoted because he will not use his own physical strength. [5] Therefore, we are developing the force assistance system for standing up motion which uses part of the remaining strength of the patient in order not to reduce their muscular strength.

In previous works, many researchers developed power assistance devices for standing up motion. However, these devices assist all necessary power for standing up and they do not discuss the using the remaining physical strength of patients. [6][7] Therefore, there is a risk of promoting the decrease of their physical strength.

In our current research, we are developing a force assistance system which prevents the decreasing of physical strength of the patient by using their remaining physical strength. Our system realizes the standing up motion using the support bar with two degrees of freedom and the bed system which can move up and down. For using the remaining physical strength, our system uses the motion pattern which is based on the typical standing up motion by nursing specialist as control reference. [8] In order to realize this motion pattern, the control system needs to operate the bar and the bed system keeping the coordination among them. Furthermore, the system is required to adapt them to change of the patient's posture during standing up motion.

Therefore, in this paper, we develop the novel control system for our force assistance device. Our key ideas are distributed controller which enables cooperative action and the combination of force and position control. Using our control scheme, the patients can stand up with fewer loads and can use their own remaining physical strength during the motion. We verify the performance of the proposed control scheme through the computer simulations.

This paper is organized as follows: we introduce the mechanical design and proposed controller of our assistance system in section 2; we analyse the standing up motion by nursing specialist in section 3; we propose the new control

scheme and show the result of computer simulations in section 4; section 5 is conclusion of this paper.

II. SYSTEM CONFIGURATION

A. Assistance Mechanism

Fig.1 shows our proposed assistance system. The system consists of support bar with two degrees of freedom and the bed system which can move up and down. The support bar and the bed system are actuated by three linear actuators (ACT1 to ACT3 in Fig.1(a)) equipped on each degree of freedom as shown in Fig.2(a). [9] We assume the patient sits down on the bed and grip the bar using his hand.

The support bar has our developed force sensor (Fig.2(b)) on ACT1. This sensor uses the elasticity element for measuring the applied force. Furthermore, the elasticity element reduces the impact when it contacts the other objects. The system can lift up the patient of 150[kg] weight maximum.

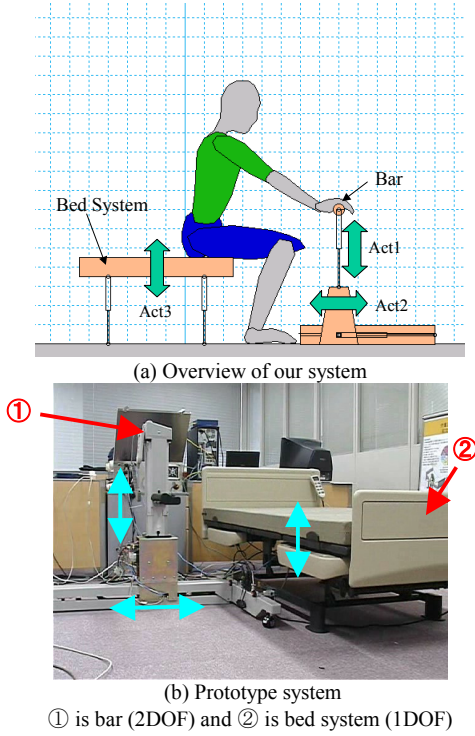


Fig. 1 Our assistant system

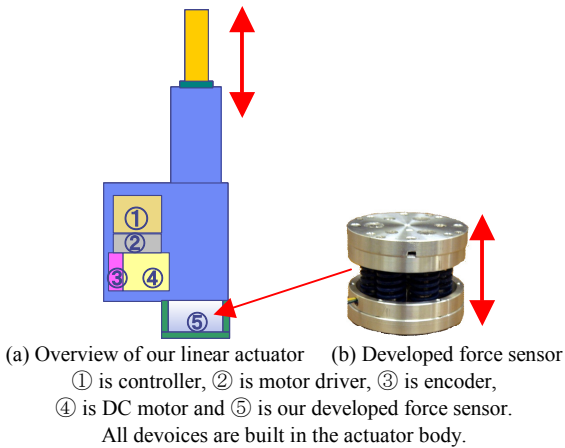


Fig. 2 Developed linear actuator

B. Controller

Our proposed controller is shown in Fig.3. We use a distributed system which consists of the integrated controller and three ACT controllers on each actuator. ACT controllers are small board computers and they are built in the actuator systems with motor driver. The integrated controller and three ACT controllers are connected using Ethernet.

The integrated controller calculates the track control reference of each actuator and transmits these references to each ACT controller. ACT controller derives the velocity reference from the received track reference and drives the DC motors using PID based control. The integrated controller can send the position reference every 20[msec] and ACT controller can control each actuator with 1[msec] feedback loop. Using our proposed distributed system, the system realizes the real-time control function on each actuator and the control function with coordination among these actuators with low costs.

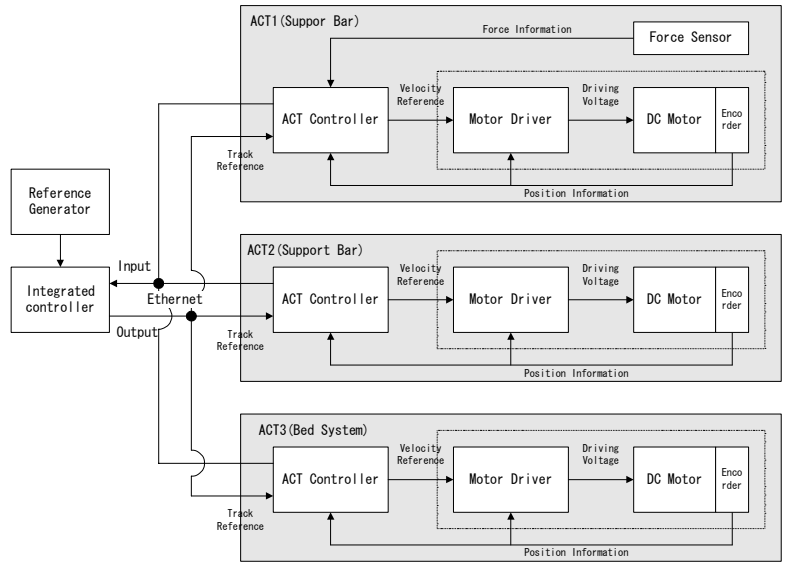


Fig. 3 The structure of our controller

III. STANDING UP MOTION

A. Motion by Nursing Specialist

In previous study, a lot of standing up motions for assistance are proposed. Kamiya [10] proposed the standing up motion which uses remaining physical strength of the patients maximum based on her experience as nursing specialist. Fig.4 shows the standing up motion which Kamiya proposes.

In our previous work, we analyze this standing up motion and find that Kamiya scheme is effective to enable standing up motion with smaller load. [10] We assume the standing up motion is symmetrical and we discuss the motion as movement of the linkages model on 2D plane. [11] We measure the angular values among the linkages, which reflect the relationship of body segments. The angular value is derived using the body landmark as shown in Fig.5(a).

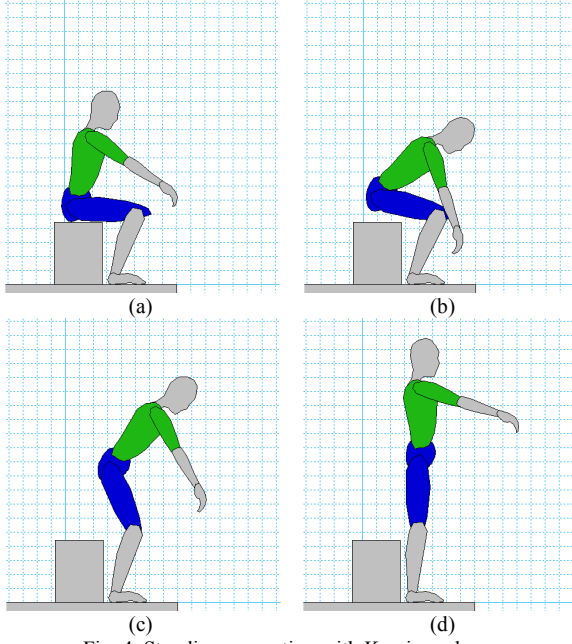


Fig. 4 Standing-up motion with Kamiya scheme

In order to realize the Kamiya scheme, the trunk needs to incline to forward direction during lifting up from chair as shown in Fig.5(b). Y-axis shows the angular value (Pelvis and trunk, knee, ankle) and X-axis shows the movement pattern which means the ratio of standing up operation. The movement pattern is derived from (1).

$$\hat{s} = \frac{t}{t_s} \quad (1)$$

where t_s is required time to the standing up operation and t is present time.

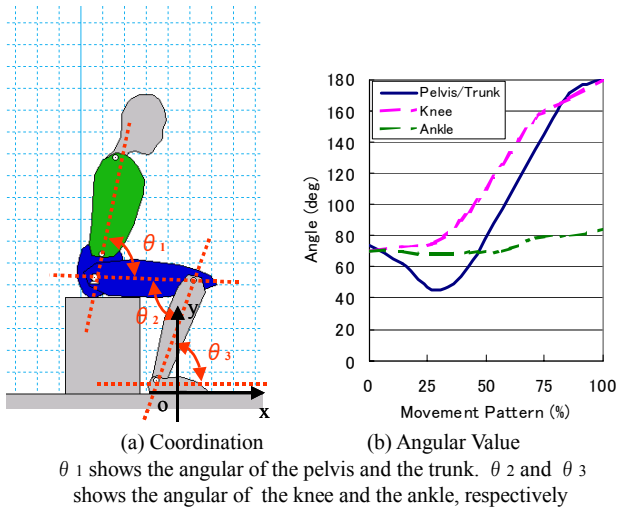


Fig. 5 Standing-up motion with Kamiya scheme

Generally, inclining the trunk reduces the load of knee during standing up [12] and this motion is useful for elderly person who doesn't have enough physical strength. Therefore, in next section, we derived the control reference for our assistance system which realizes this motion using computer simulations.

B. Derivation of Control Reference

In this section, we derive the control reference of our assistance system which can realize the standing up motion proposed by Kamiya using a computer simulation. Fig.6 shows the simulation setup. The parameters are chosen from a standard body data of adult male [13][14] as shown in Table 1.

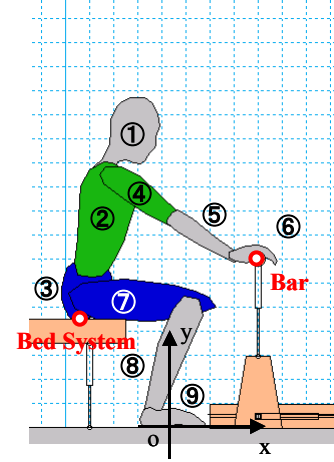


Fig. 6 Simulation setup

In derivation of the references using the simulation, we assume the following points.

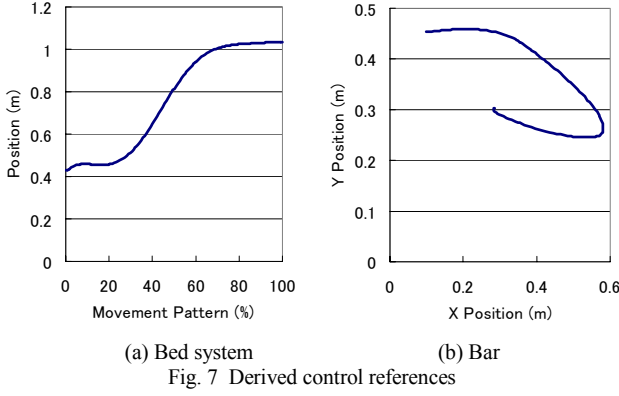
- The human model moves each joints as Fig.5(b).
- The human model does not bend its arm.
- The human model does not put out the power on its arm. (The joint of shoulder is free.)
- The human model grasps the bar using its hand with enough force.
- We assume the height of human model is 170[cm].

We use the Working Model 2D as a physical simulator and MATLAB as a controller. Both applications are linked by Dynamic Data Exchange function, which is equipped on Windows OS.

TABLE I
HUMAN PARAMETERS

Number	Link Name	Mass [kg]	Length [m]	Width [m]
1	Head	5.9	0.28	0.21
2	Trunk	27.2	0.48	0.23
3	Hip	18.1	0.23	0.23
4	Humerus	4.5	0.39	0.12
5	Arm	2.7	0.35	0.08
6	Hand	0.5	0.2	0.07
7	Femur	9.1	0.61	0.17
8	Leg	4.5	0.56	0.16
9	Foot	0.8	0.26	0.11

Fig.7(a) shows the tracks of the bed system and Fig.7(b) shows the tracks of the support bar. The coordination of Fig.7(a) and (b) is defined as shown in Fig.6. In Fig.7(b), the start point is lower right and the end point is upper left. Using these tracks as the position control reference, our assistance system can realize the standing up motion which Kamiya proposes.



C. Discussion

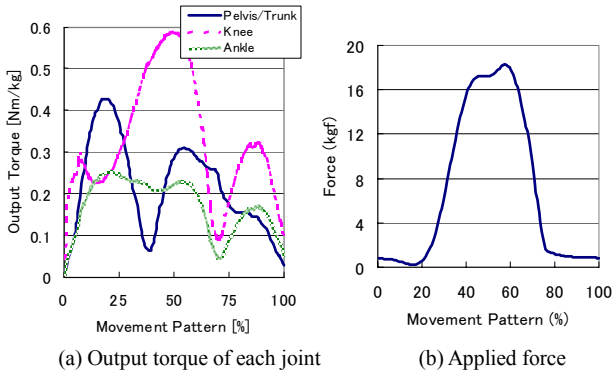
In standing up motion of Kamiya scheme, we can divide the standing up motion into four phases as table 2. [8] In first phase (as shown in Fig.4(a)), the patient still sits and inclines his trunk to forward direction. In second phase (Fig.4(b)), he lifts off from the chair and in third phase (Fig.4(c)), lifts the body. In fourth phase (Fig.4(d)), he extends his knee joint completely and ends the standing up motion.

Now, we show the output torque of each joint in Fig.8(a) and the force applied to the force sensor of ACT1 in Fig.8(b). The knee load becomes heavy from 25 to 70[%] of movement pattern. During this period, the body is lifted up from the bed and we can consider that this period is third phase. In general, if the applied load to each joint is heavier than 0.5[Nm/kg], it is difficult to stand up for the elderly person. [15]

From the simulation result as Fig.8(a), the output torque of knee joint exceeds 0.5[Nm/kg] in third phase. Therefore, it is required to reduce the load of knee joint in third phase. On the other hand, in first, second and fourth phase, the load of each joint does not exceed 0.5[Nm/kg]. Therefore, in these phase, it is required to maintain the motion of Kamiya scheme.

TABLE II
FOUR PHASES OF STANDING UP MOTION

Phase	Priority	Action
1: Flexion Momentum	Stability	Sitting
2: Momentum Transfer	Stability	Lift-off
3: Extension	Traction	Max Dorsiflexion
4: Stabilization	Stability	End Hip Extension



IV. FORCE CONTROL

A. Proposed Control Scheme

In section 3, the control references for our assistance system are derived. Using the derived tracks of the bar and the bed system, our assistance system is required to realize the standing up motion which Kamiya proposed. For realizing the motion of Kamiya scheme, the conditions are discussed as follows.

- In third phase, it is required to reduce the load of knee joint.
- In other phases, it is required to maintain the standing up motion.

Therefore, we propose new control scheme as shown in Fig.9. Proposed control scheme combines dumping control and position control. The dumping control is suitable for the control of the objects with contact. [9] When the required torque of each joint is small enough in first, second and fourth phase, the controller uses the position control. On the other hand, when required torque of knee joint is heavy in third phase, the controller uses the dumping control.

We use force sensor attached on ACT1 for switching condition between the position control and the dumping control. Comparing with Fig.8(a) and (b), the applied load to force sensor shows the tendency to the applied load of knee joint. Therefore, we can divide the third phase and the other phases using the measuring value of the force sensor as a threshold. Using our proposed control scheme, the controller can select more appropriate control method using force sensor on ACT1 as shown in Fig.8(b)

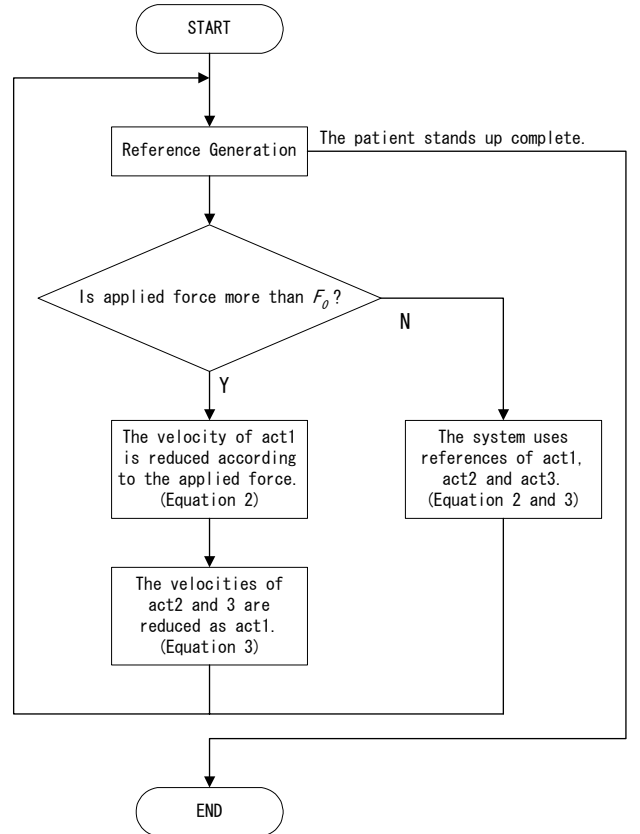


Fig. 9 Flow chart of our proposed control scheme

Now, we explain our proposed control scheme closely. The reference generator derives the tracks of each actuator and its velocity. The output of ACT1 is derived from (2).

$$\begin{cases} v_1 = v_1^{ref} - B(F - F_0) - K(x_1 - x_1^{ref}) & \dots \text{ (if } F > F_0) \\ v_1 = v_1^{ref} & \dots \text{ (if } F \leq F_0) \end{cases} \quad (2)$$

The velocities of ACT2 and ACT3 are derived from (3).

$$v_i = \frac{v_1}{v_1^{ref}} \cdot v_i^{ref} \quad (3)$$

where F is the applied force on act1 and F_0 is the threshold which selects force or position control. v_i^{ref} is the velocity reference by the generator and v_i is the reference which the integrated controller send to ACT controller. B and K are constants. i means sub-number for identification of the actuator.

B. Computer Simulation

Here, we verify the performance of our control scheme by the computer simulation. In this experiment, the human model stands up with Kamiya motion as shown in Fig.5(a) and our assistance system assists him using our proposed control scheme. Furthermore, we compare the result by our proposed scheme with the result using only the position control reference.

We use the control references as shown in Fig.10 which is derived from standing up motion with Kamiya scheme in previous section. The simulation parameters are chosen from Table 1.

Furthermore, we set $F_0=12[N]$ as a threshold which is derived experimentally. Red lines in Fig.10 show that the control system uses the dumping control. The coordination is defined in Fig.6.

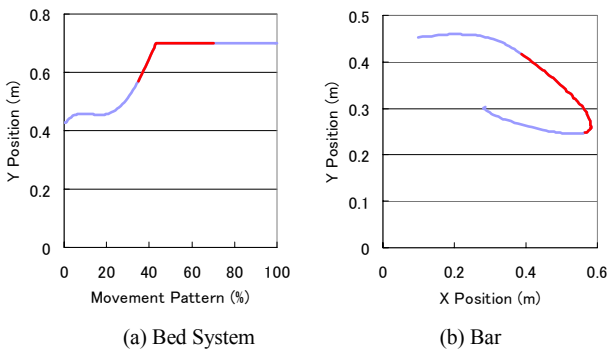
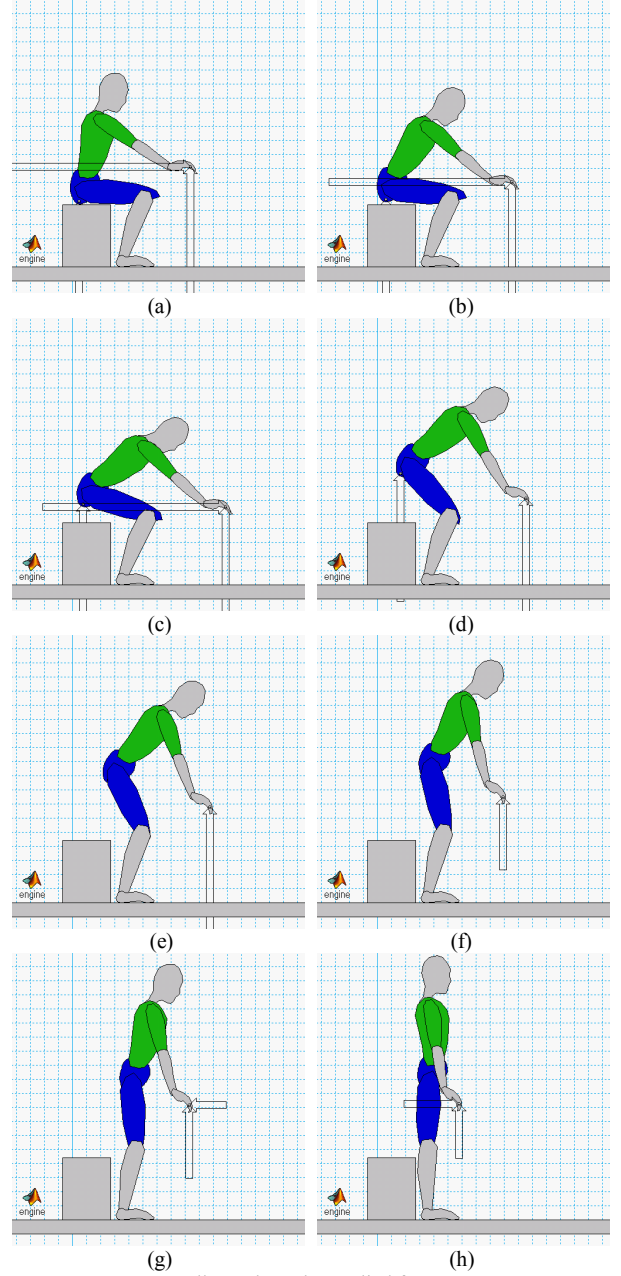


Fig. 10 Control references

Fig.11 and Fig.12 show the simulation results.

Fig.11 is standing up motion using our proposed assistance control. Allows in Fig.11 show the applied assistance force to the patient. The bed system applies the force vertically to the hip and the bar applies the force to the hand which grasps it. Using our proposed control scheme, we verified that our assistance system realizes the natural standing up motion.



Allows show the applied force
Fig. 11 Simulation result

Fig.12(a) shows the traction output of pelvis and trunk joint during standing up and Fig.12(b) and (c) show the traction output of knee and ankle joint, respectively. From 25 to 70[%] of movement pattern (in third phase), our proposed assistance control reduces the load of each joint effectively. Especially, the maximum output of knee joints is reduced into 0.5[Nm/kg] by our proposed assistance control scheme as shown in Fig.12(b).

Table 3 shows the maximum output and output power of each joint. From these results, our proposed control scheme reduces maximum output into 0.5[Nm/kg] comparing with the result by the position control. Therefore, the patient can adapt this motion using his remaining physical strength. Furthermore, with our proposed control scheme, the workload of each joint is maintained from 0 to 25[%] (in first and second phase) and 70 to 100[%] (in fourth phase) of movement pattern comparing with the result by the

position control. During standing up motion, the patient is required to use his 92[%] of physical strength comparing with physical strength without the force assistance control. This means our assistance system can use part of his remaining strength in order not to reduce muscular strength.

Therefore, we can verify that the system selects more appropriate control method and our proposed control scheme is effective.

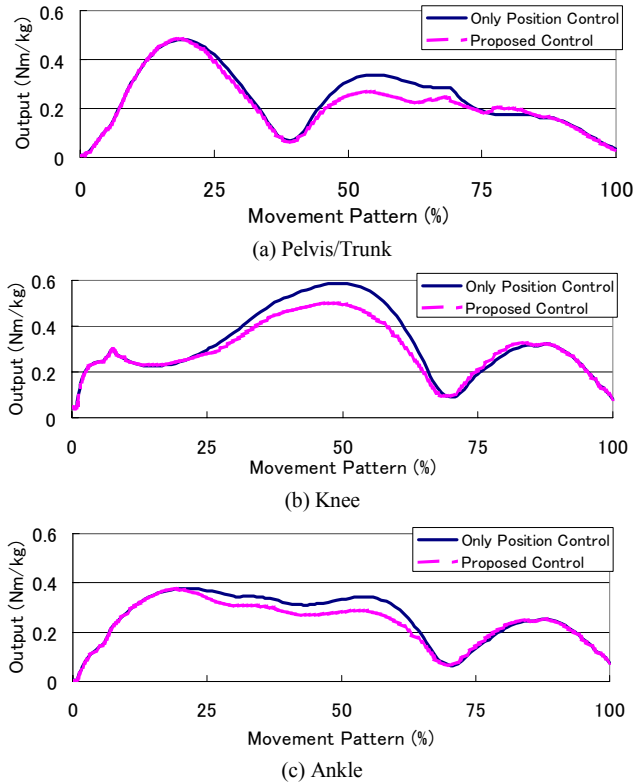


Fig. 12 Simulation results

TABLE III
SIMULATION RESULTS

		Pelvis/Trunk	Knee	Ankle
Only Position Control	Peak(Nm/kg)	0.48	0.59	0.38
	Workload(Ws)	29.0	39.3	31.0
Proposed Control	Peak(Nm/kg)	0.49	0.50	0.38
	Workload(Ws)	26.9	36.3	28.8

IV. CONCLUSION

In this paper, we develop the novel assistance system for the standing up motion. Our system focuses on the need the elderly person to use part of their remaining strength, in order not to reduce muscular strength.

We discuss the condition for realizing the effective standing up motion by analyzing the motion of the nursing specialist. In order to fulfill this condition, we design the distributed control system which operates the support bar and the bed system. Our developed distributed controller enables both the real-time control function on each actuator and the coordination function among all actuators with low costs.

Furthermore, we design the novel control scheme which combines the dumping and the position control. According to the posture of the patient during standing up motion, our

control system can select more appropriate control method from them.

Using our assistance system, the load of knee reduces to 0.5[Nm/kg], which the elderly person can adapt with their own physical strength, generally. Furthermore, the patients are required to use 92[%] of their physical strength comparing with the physical strength of no force assist. Therefore, our assistance system is effective to help the aged person in the performance of a standing up motion without reducing their muscular strength.

As our future works, we will experiment our control system using our prototype. This study is supported in part by Organization for Small and Medium Enterprises and Regional Innovation, Japan.

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