

Design of a Low-cost Unilateral Hip Brace for Gait Training

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PURPOSE

- To present the development of a passive unilateral hip brace for gait training
- Long-term objective: use the hip-brace in a future research study to influence asymmetric gait patterns by introducing errors

INTRODUCTION

Why design a passive unilateral hip brace?

- Many individuals with neurological diseases (e.g., Multiple Sclerosis or Stroke) experience asymmetric gait patterns [1,2]
 - ➔ Reduced overall preferred walking speed
 - ➔ Reduced lower extremity ROM (affected limb)
 - ➔ Reduced step lengths (affected limb)
- Robotic exoskeletons (wearable devices) have proven successful at influencing the kinetics and kinematics of walking gait [3,4]
 - ➔ However, the cost of materials, the time to set-up such devices, and the time to prepare subjects themselves is significant
- Passive exoskeletons reduce the price of materials and offer a less-time consuming method for influencing gait
 - ➔ Offers the possibility of wearing the device for an extended period outside of a lab environment
- “Error augmentation” offers a promising avenue to treat asymmetric gait patterns
 - ➔ Increasing walking errors (i.e., moving limbs from their normal trajectories) [4]
 - ➔ The brain develops new patterns (neural motor pathways) through error – providing an interesting research avenue for new rehabilitation protocols [3,5]



Figure 1: Example of a previous design (left) of a unilateral exoskeleton and the design of the proposed exoskeleton (right) [2].

METHODS

- Distal Connection ➔ Two SBS Surfer Calf Straps
- Elastic Elements ➔ Two TheraBand® Strips
- Proximal Connection ➔ Proflex® Back Brace with Built-in Suspender Straps
- Carabiner Hooks ➔ Allows for a quick connection to the distal and proximal segments of the exoskeleton

RESULTS & DISCUSSION

Basis for Brace Design

- The brace design is based on a previous research design by Neuman et al. seen in Figure 1 on the left
- The device successfully assisted hip flexion in Multiple Sclerosis patients – displaying the designs effectiveness [2]

Planned Use for Error Augmentation

- Bands will be stretched past optimum actuation pretension
 - ➔ Increases errors experienced at the hip during walking
- Providing suboptimal actuation assistance was found to impede walking [6]
- Using the bands to create more errors rather than for assistive purposes establishes a method to impose error augmentation on walking gait
- The bands seen in Figure 1 resist hip extension during walking gait
 - ➔ We expect that, once removed, exaggerated hip extension will occur – possibly restoring symmetry

REFERENCES

- [1] Ramakrishnan T, et al. *Front Neurobot* **12**, 1-12, 2018.
- [2] Neuman RM, et al. *Res Sq*, 1-19, 2020.
- [3] Kao PC, et al. *Phys Med Rehabil Int* **2**, 1-15, 2015.
- [4] Selinger J, et al. *Curr Biol* **25**, 2452-2456, 2015.
- [5] Patton JL, et al. *Neurorehabilitation Technology*, 73-85, 2012.
- [6] Nuckols RW, et al. *J Neuroeng Rehabil* **17**, 1-19, 2020.

ACKNOWLEDGEMENTS

We thank Dr. Iraklis Pipinos for suggestions on the hip brace materials. This research is funded by the COBRE grant (no. P20GM109090). Future projects will also be funded by the Graduate Research and Creative Activity (GRACA) Grant.