

Appendix

Evaluating Leg Length Discrepancy during Total Hip Arthroplasty

Enhancing Conventional
Surgical Workflows

Master Thesis

November, 2020

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Specialisation Medesign
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Zimmer Biomet

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Orthopaedic Surgeon
Reinier de Graaf Gasthuis

Evaluating Leg Length Discrepancy during Total Hip Arthroplasty

Enhancing Conventional
Surgical Workflows



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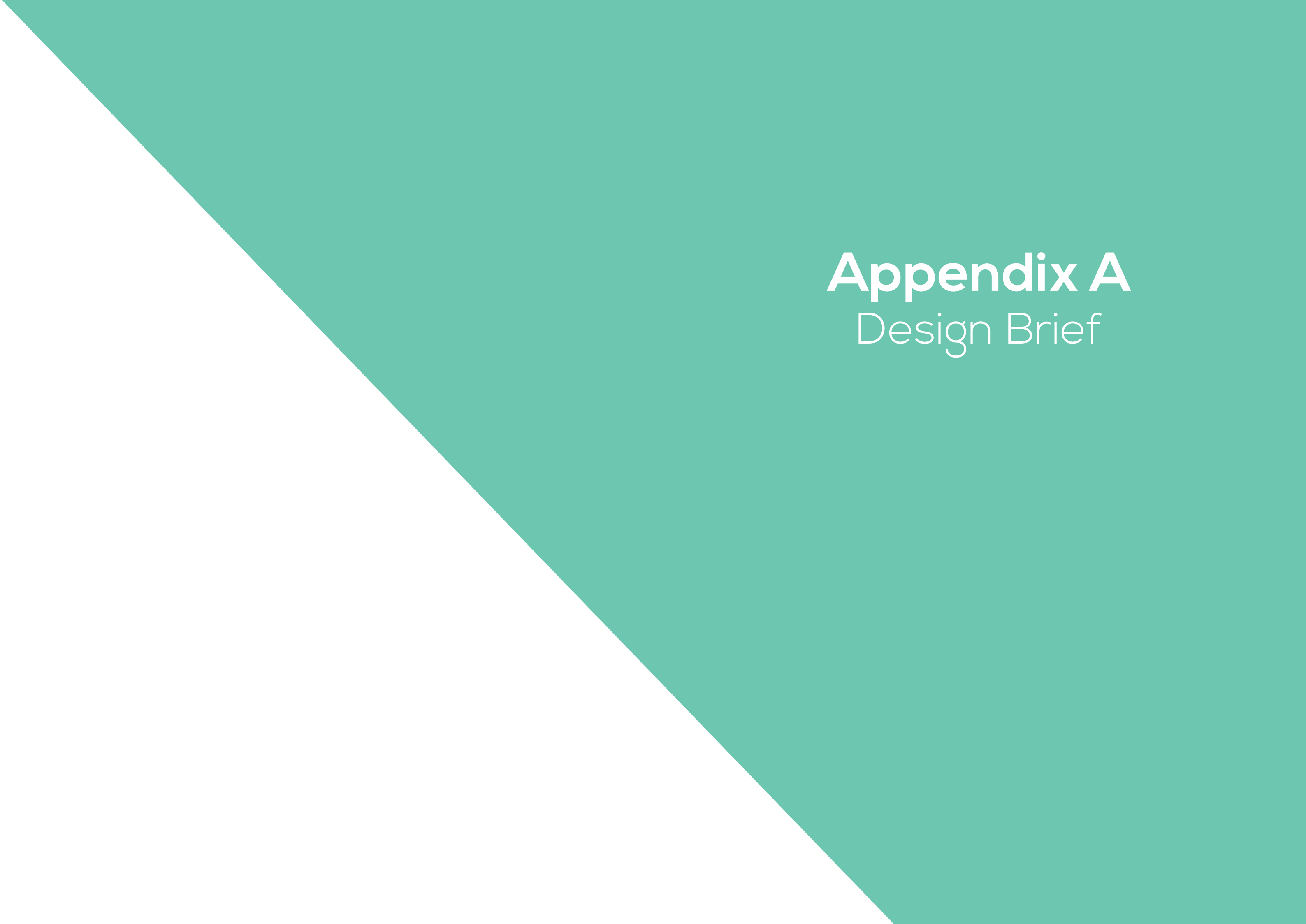
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Appendix A

Design Brief

DESIGN
FOR our
future


TU Delft

IDE Master Graduation

Project team, Procedural checks and personal Project brief

This document contains the agreements made between student and supervisory team about the student's IDE Master Graduation Project. This document can also include the involvement of an external organisation, however, it does not cover any legal employment relationship that the student and the client (might) agree upon. Next to that, this document facilitates the required procedural checks. In this document:

- The student defines the team, what he/she is going to do/deliver and how that will come about.
- SSC E&SA (Shared Service Center, Education & Student Affairs) reports on the student's registration and study progress.
- IDE's Board of Examiners confirms if the student is allowed to start the Graduation Project.

 **USE ADOBE ADOBE READER TO OPEN, EDIT AND SAVE THIS DOCUMENT**
Download again and reopen in case you tried other software, such as Preview (Mac) or a webbrowser.

STUDENT DATA & MASTER PROGRAMME

Save this form according the format "IDE Master Graduation Project Brief_familyname_firstname_studentnumber_dd-mm-yyyy". Complete all blue parts of the form and include the approved Project Brief in your Graduation Report as Appendix 1 !



family name van Ackeren

initials J.S. given name Jan Sebastian

student number 4763033

street & no. _____

zipcode & city _____

country _____

phone _____

email _____

Your master programme (only select the options that apply to you):

IDE master(s): ☒ IPD ☐ Dfl ☐ SPD

2nd non-IDE master: _____

individual programme: - - (give date of approval)

honours programme: ☐ Honours Programme Master

specialisation / annotation: ☒ Medisign

☐ Tech. in Sustainable Design

☐ Entrepreneurship

SUPERVISORY TEAM **

Fill in the required data for the supervisory team members. Please check the instructions on the right !

** chair Ir. Iemkje A. Ruiter dept. / section: HCD / AED

** mentor MSc. Tianyun (Helen) Yuan dept. / section: SDE / MD

2nd mentor MSc. Hilbrand Bodewes


organisation: Zimmer Biomet


city: Delft country: Netherlands

comments (optional)

Additional contact persons include:
Dr. Stephan Vehmeijer (Reinier de Graaf Hospital)
Ir. Matthijs Netten (TU Delft)

Chair should request the IDE Board of Examiners for approval of a non-IDE mentor, including a motivation letter and c.v..

 Second mentor only applies in case the assignment is hosted by an external organisation.

 Ensure a heterogeneous team. In case you wish to include two team members from the same section, please explain why.

TU Delft

Procedural Checks - IDE Master Graduation

APPROVAL PROJECT BRIEF

To be filled in by the chair of the supervisory team.

chair Ir. Iemkje A. Ruiter date - - signature _____

CHECK STUDY PROGRESS

To be filled in by the SSC E&SA (Shared Service Center, Education & Student Affairs), after approval of the project brief by the Chair. The study progress will be checked for a 2nd time just before the green light meeting.

Master electives no. of EC accumulated in total: _____ EC

Of which, taking the conditional requirements into account, can be part of the exam programme _____ EC

List of electives obtained before the third semester without approval of the BoE

☒ YES all 1st year master courses passed

☐ NO missing 1st year master courses are:

name _____ date - - signature _____

FORMAL APPROVAL GRADUATION PROJECT

To be filled in by the Board of Examiners of IDE TU Delft. Please check the supervisory team and study the parts of the brief marked **. Next, please assess, (dis)approve and sign this Project Brief, by using the criteria below.

Does the project fit within the (MSc)-programme of the student (taking into account, if described, the activities done next to the obligatory MSc specific courses)?

Is the level of the project challenging enough for a MSc IDE graduating student?

Is the project expected to be doable within 100 working days/20 weeks ?

Does the composition of the supervisory team comply with the regulations and fit the assignment ?

Content: ☐ APPROVED ☐ NOT APPROVED

Procedure: ☐ APPROVED ☐ NOT APPROVED

comments

name _____ date - - signature _____

IDE TU Delft - E&SA Department /// Graduation project brief & study overview /// 2018-01 v30 Page 2 of 7

Initials & Name J.S. van Ackeren Student number 4763033

Title of Project Determining Leg Length Discrepancy (LLD) during Total Hip Arthroplasty



Determining Leg Length Discrepancy (LLD) during Total Hip Arthroplasty project title

Please state the title of your graduation project (above) and the start date and end date (below). Keep the title compact and simple. Do not use abbreviations. The remainder of this document allows you to define and clarify your graduation project.

start date 08 - 06 - 2020 06 - 11 - 2020 end date

INTRODUCTION **

Please describe, the context of your project, and address the main stakeholders (interests) within this context in a concise yet complete manner. Who are involved, what do they value and how do they currently operate within the given context? What are the main opportunities and limitations you are currently aware of (cultural- and social norms, resources (time, money,...), technology, ...).

Orthopaedic Surgery often involves joint reconstruction or joint replacement with an orthopaedic prosthesis. One of the most common procedures, in particular with elderly people, is hip replacement surgery or Total Hip Arthroplasty (THA). There are different approaches to a THA, one of which is the Anterior Approach. With this approach an interval between muscles is chosen to provide access to the hip joint, which is less invasive to the patient (improving recovery time) but limits the surgeons operational field of view. This thesis will primarily be dealing within the context of the Anterior Approach, yet may not be limited to it.

During the procedure, the surgeon will remove the Femoral head, clean and reamer the Acetabulum for receival of the implant cup and liner. Afterwards, the Femur is being prepared for the fitting process. During this process the surgeon will use increasing size templates of the Femoral stem implant (which simultaneously act as reamers - 14 sizes) in combination with a neck piece (3 sizes) and a head (7 sizes), to determine the correct configuration and therefore leg length and femoral offset. This evaluation and selection for the final configuration is aided by various X-Ray images taken during each fitting and compared to the reference image, taken right before surgery. Additionally, an assisting nurse, or in some cases the surgeon him-/herself will evaluate the length of the legs by straightening the pelvis, positioning the patient's feet perpendicular to their body and trying to line up the heels (or in some cases ankles), by pressing against them. This is an iterative process, which is not only time consuming, but also neither precise nor quantified.

In some cases, if not carried out correctly patients will end up suffering from leg length discrepancy (LLD), which not only reduces their quality of life but also the lifespan of the implant and in most cases leads to malpractice lawsuits against the orthopaedic surgeon. Post-operative LLD is reported after almost 1/3 of THAs and can range from 3 - 70 mm, leading to great discomfort of the patient.* Additionally, post-operative LLD may lead to other problems with the musculoskeletal and nervous system (e.g. Sciatica).

Subsequently, an opportunity presents itself for increasing the accuracy of the implant configuration and evaluation process, while streamlining the work flow and efficiency of the surgical procedure itself. Furthermore, tackling this problem effectively would result in more positive post surgical results and less negative consequences for all parties.

(*Source: Dundon, J. M., & Mays, R. R. (2019, July 15). Revising Substantial Leg Length Discrepancy in Total Hip Arthroplasty Using Computer-assisted Navigated Systems: A Case Series of Three Patients. Retrieved March 1, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6741389/>)

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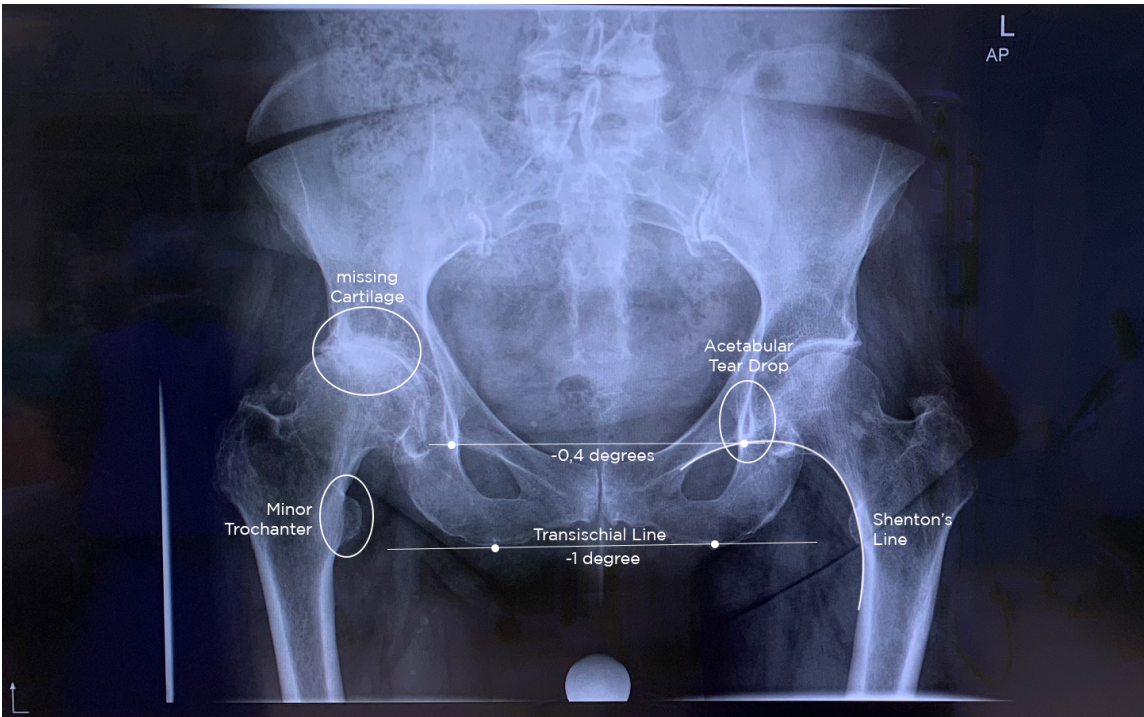


image / figure 1: Important reference points when evaluating pre-operative LLD (on X-Ray)



image / figure 2: Left: Fitting instruments Right: Nurse evaluating LLD by pushing against the heels



Personal Project Brief - IDE Master Graduation

PROBLEM DEFINITION **

Limit and define the scope and solution space of your project to one that is manageable within one Master Graduation Project of 30 EC (= 20 full time weeks or 100 working days) and clearly indicate what issue(s) should be addressed in this project.

Assessing LLD during THA is not only one of the most time consuming parts of the procedure, but it is also among the most important evaluations during the procedure. Based on the evaluation surgeons will choose the implant configuration that the patient will have to live with for 10-15 years. In case of the implant not being placed correctly, the patient will need to compensate with corrective shoe insoles, corrective surgery may be performed and subsequent malpractice lawsuits towards the surgeon (and team) may follow. Either scenario is unfavourable to the patient, surgeon and clinic, as it may result in discomfort (patient), damage to reputation (surgeon and clinic) and increased costs for all parties involved.

The primary scope of this project will therefore be to make the procedure of assessing leg length in real-time during THA more accurate, reliable and efficient. The secondary scope will be to factor in femoral offset and include it into the evaluation process.

THA is the primary documented cause of post-operative LLD. Yet, Literature suggests that there may be other orthopaedic surgeries that cause perceived post-operative LLD, such as knee replacement surgery or total knee arthroplasty (TKA).** Therefore the stretch goal of this project, will be to develop a solution that is not only applicable for THA, but could be used for other procedures that require accurate reference taking, evaluation and repositioning of the human anatomy, such as TKA.

(**Source: Tipton, S., Sutherland, J., & Schwarzkopf, R. (2015, September). Change in Limb Length After Total Knee Arthroplasty. Retrieved March 1, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4536512/>)

ASSIGNMENT **

State in 2 or 3 sentences what you are going to research, design, create and / or generate, that will solve (part of) the issue(s) pointed out in "problem definition". Then illustrate this assignment by indicating what kind of solution you expect and / or aim to deliver, for instance: a product, a product-service combination, a strategy illustrated through product or product-service combination ideas, In case of a Specialisation and/or Annotation, make sure the assignment reflects this/these.

In order to tackle the proposed problem, this research will examine existing literature describing methods for LLD evaluation. Thereafter, research will be expanded to evaluate the feasibility and desirability of various Indoor Positioning,

Spacial Reference and Tracking systems: mechanical, electronic and digital.

Research question:

How can Indoor Positioning, Spacial Reference and Tracking Systems help to prevent post-operative Leg Length Discrepancy (LLD) in real-time during Lower Limb Arthroplasty (LLA)?

Research:

Current LLD evaluation methods, upcoming technologies and contextual bottlenecks.

Research into systems, such as Ultrasound Identification, Infrared, Ultrawide band, Laser trackers; and mechanical.

Design:

Develop a (non-)invasive device or method to enable real-time evaluation of leg length during an THA in the OR, using methods based on current technologies and trends. The solution may be mechanical, electronic or digital (software) based; or potentially a combination.

Create:

A detailed concept and physical prototype, ready for pre-production engineering.

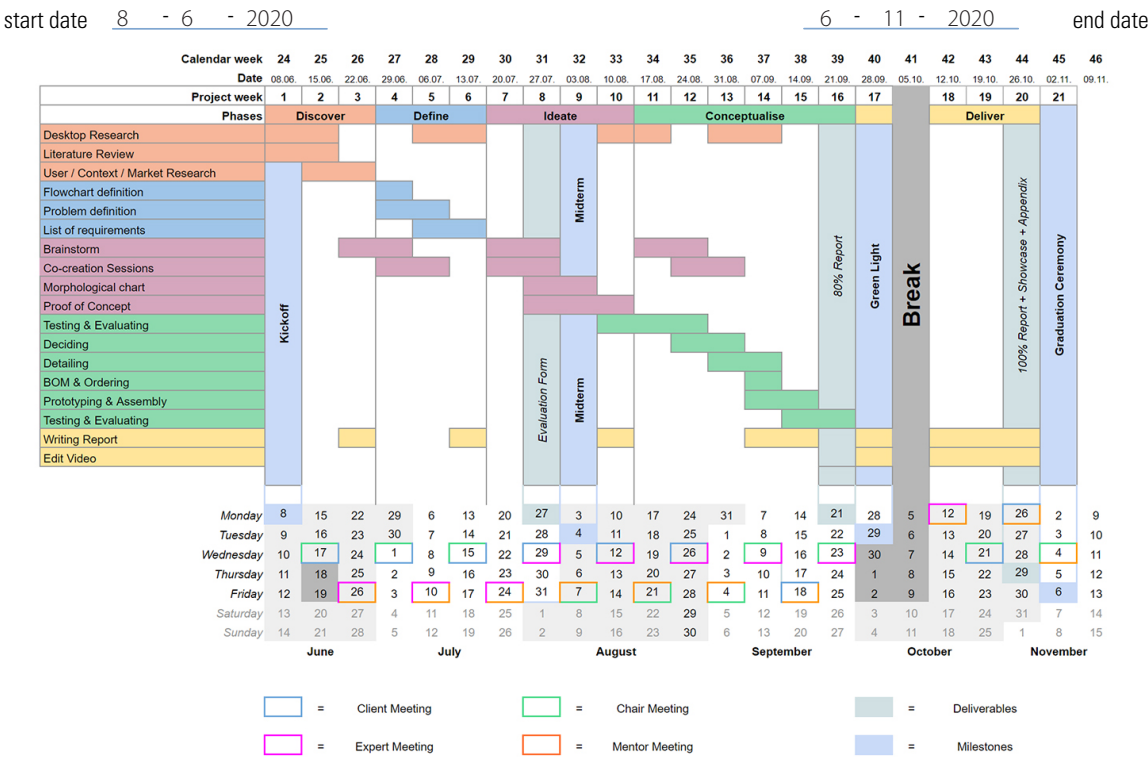
A human centred approach is imperative, so that the solution will be supportive of the user's tasks without negatively impacting any aspect of the surgical procedure.



Personal Project Brief - IDE Master Graduation

PLANNING AND APPROACH **

Include a Gantt Chart (replace the example below - more examples can be found in Manual 2) that shows the different phases of your project, deliverables you have in mind, meetings, and how you plan to spend your time. Please note that all activities should fit within the given net time of 30 EC = 20 full time weeks or 100 working days, and your planning should include a kick-off meeting, mid-term meeting, green light meeting and graduation ceremony. Illustrate your Gantt Chart by, for instance, explaining your approach, and please indicate periods of part-time activities and/or periods of not spending time on your graduation project, if any, for instance because of holidays or parallel activities.



The planning for this project is divided into five phases: Discover, Define, Ideate, Conceptualise and Deliver.

During each phase, adequate methods, tasks and activities have been chosen in order to facilitate the progress. Some tasks, such as desktop research or brainstorms, are iterative in nature and will occur in many phases throughout the entire process.

The analytical phases (discover and define) will be executed in the first third of the project, so that by the Midterm meeting, opportunity areas, clear directions and initial ideas can be discussed. During the Ideation and Conceptualisation phases, the project will turn more concrete and tangible by the day. In anticipation for a lack of time towards the end, each phase will be finalised and documented through report writing.

The calendar indicates meetings, deliverables and milestones. Meetings are scheduled in 2 week intervals and will take place in alternating pairs. The pairs change in 6 week intervals and get randomised in the last month. It is to be taken into consideration, that these pairs are flexible in their arrangement and may be adjusted during the course of the project.

The project will be executed in a full-time fashion, whereas I will be working on a part-time Student Assistant (SA) position in my free time. The planning with regards to the SA position will be re-evaluated by the Midterm meeting. Furthermore, I will allow myself a small break end September, just after the Green Light meeting.



Personal Project Brief - IDE Master Graduation

MOTIVATION AND PERSONAL AMBITIONS

Explain why you set up this project, what competences you want to prove and learn. For example: acquired competences from your MSc programme, the elective semester, extra-curricular activities (etc.) and point out the competences you have yet developed. Optionally, describe which personal learning ambitions you explicitly want to address in this project, on top of the learning objectives of the Graduation Project, such as: in depth knowledge a on specific subject, broadening your competences or experimenting with a specific tool and/or methodology, Stick to no more than five ambitions.

Whereas others feel estranged in hospitals and ORs, they feel strangely familiar to me.

To give you some background, I come from a medical family and everyone who isn't a surgeon, is a scientist of some sort in related fields (e.g. biology). I assisted my father in a cataract surgery for the first time, when I was 16; after which he told me about the first time he assisted my grandfather during open heart surgery at the age of 16. My grandfather from my mom's side was a teacher of engineering at the military academy in former Yugoslavia and although I barely have any recollection of him, our family home is filled with things he made. This was my reality while growing up and I always wondered how I can combine my creative interests with my family values and heritage.

Creating is what drives me. In particular creating useful products or tools for people to use is what drives me. A useful product or tool can be the difference between a mediocre job and a job well done. Tools are what differentiates us Humans from many other species and formed us into the high performance species we are today. On the contrary it means, that when we want to achieve peak performance, we are at the mercy of our tools. Surgeons in particular need to be high performing and therefore deserve the adequate tools to do so. This has been my motivation, not only for this Thesis, but for some time now and is the reason for me wanting to work on a project, that is not only medical, but surgical in nature.

I am excited that after having started IPD with a Medisign specialisation two years ago and having managed to secure a project of surgical nature, I get to work with and hopefully improve the work of healthcare professionals in the OR. But aside from creating a complementary tool for Orthopaedic surgery, there are other ambitions that I have for this project. I want to deepen my understanding of mechatronic systems and work on integration of tangible and digital product features. Additionally, I want to demonstrate (more to myself than anyone else) that I am fully capable of independently developing a complex product, so that I can be sure that I will be a reliable team player in the future.

After all, product development as well as surgery is a team sport.

FINAL COMMENTS

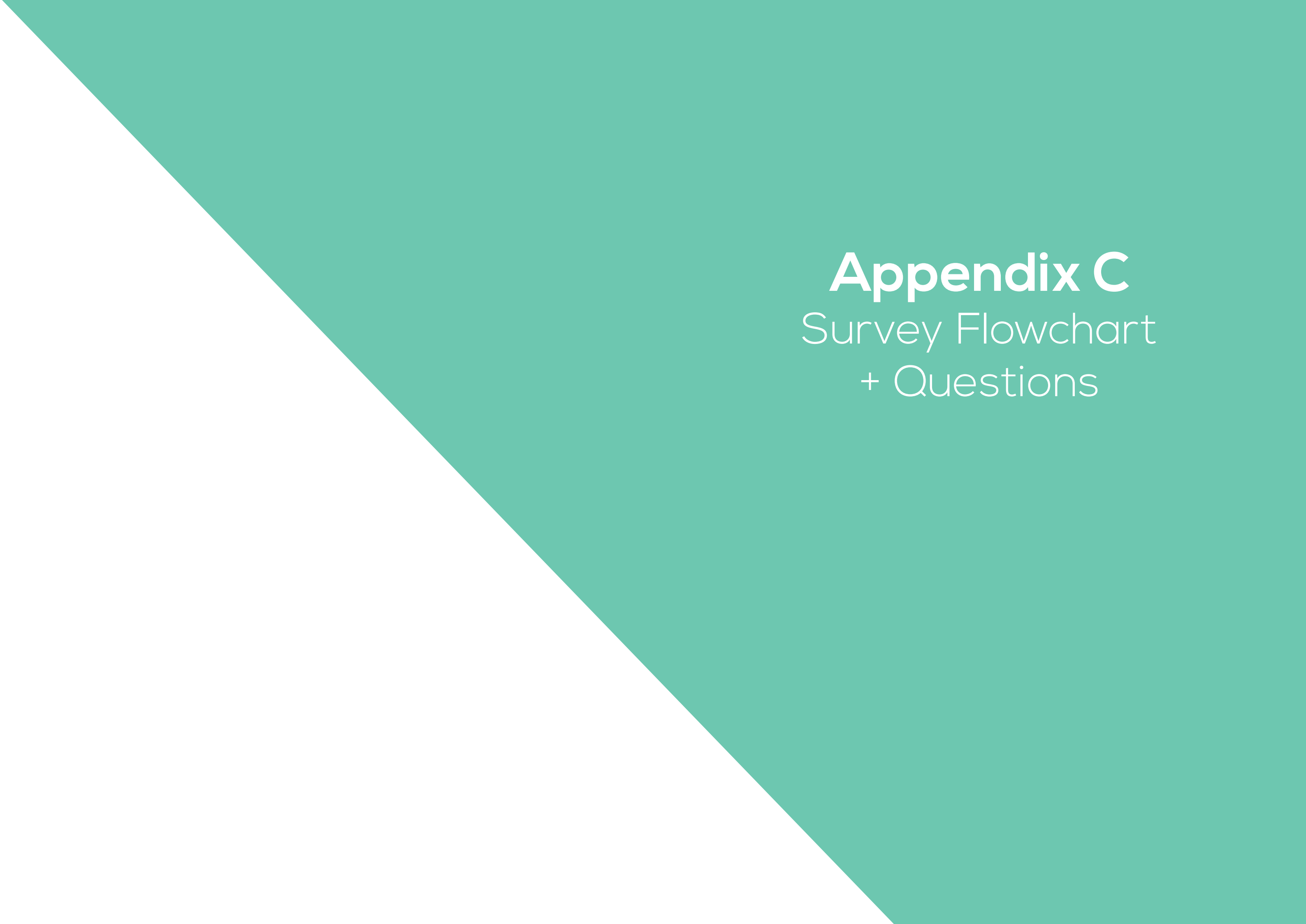
In case your project brief needs final comments, please add any information you think is relevant.

Appendix B

LROI Report 2019

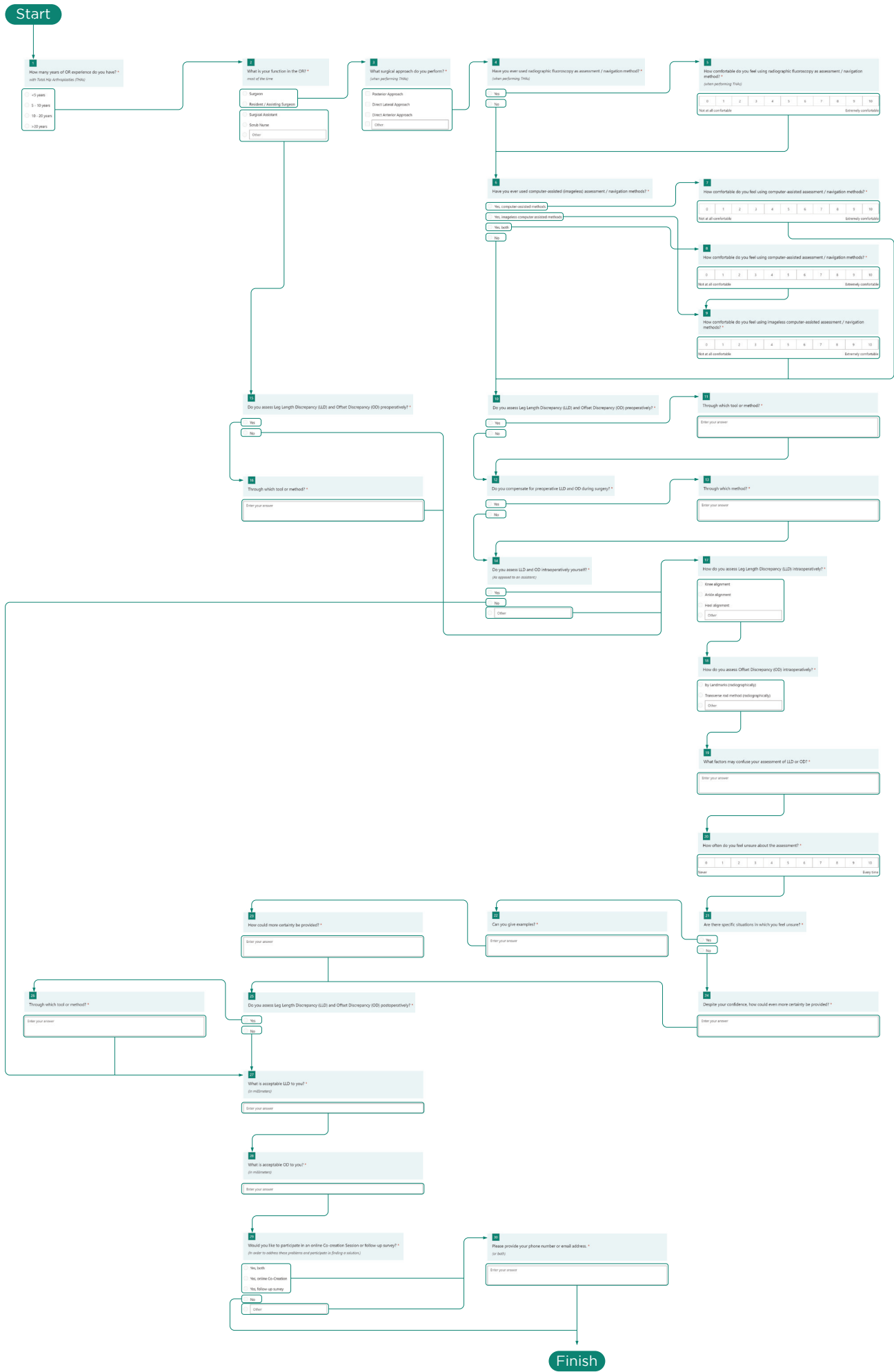
Due to the size of the report the access link is provided instead:

<https://www.lroi-report.nl/app/uploads/2020/10/PDF-Online-LROI-annual-report-2019-min.pdf>

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Appendix C

Survey Flowchart + Questions



1. Would you like to participate in this study?

[More Details](#)

Yes	11
No	0



2. How many years of OR experience do you have?

[More Details](#)

<5 years	1
5 - 10 years	4
10 - 20 years	3
>20 years	3



3. What is your function in the OR?

[More Details](#)

Surgeon	6
Resident / Assisting Surgeon	3
Surgical Assistant	0
Scrub Nurse	2
Other	0



4. What surgical approach do you perform?

[More Details](#)

Posterior Approach	3
Direct Lateral Approach	3
Direct Anterior Approach	7
Other	0



5. Have you ever used radiographic fluoroscopy as assessment / navigation method?

[More Details](#)

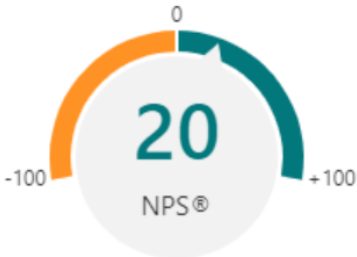
Yes	5
No	4



6. How comfortable do you feel using radiographic fluoroscopy as assessment / navigation method?

[More Details](#)

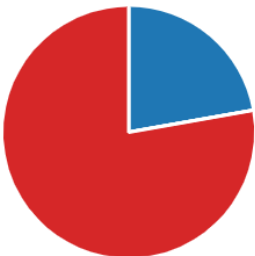
Promoters	1
Passives	4
Detractors	0



7. Have you ever used computer-assisted (imageless) assessment / navigation methods?

[More Details](#)

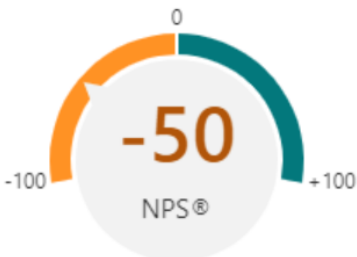
Yes, computer-assisted methods	2
Yes, imageless computer assist...	0
Yes, both	0
No	7



8. How comfortable do you feel using computer-assisted assessment / navigation methods?

[More Details](#)

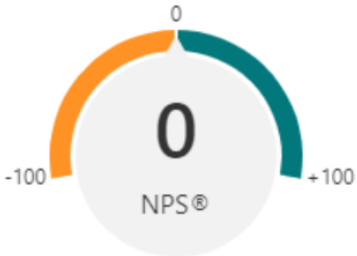
Promoters	0
Passives	1
Detractors	1



9. How comfortable do you feel using computer-assisted assessment / navigation methods?

[More Details](#)

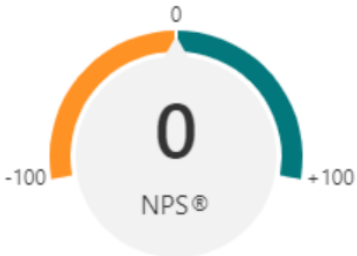
Promoters	0
Passives	0
Detractors	0



10. How comfortable do you feel using imageless computer-assisted assessment / navigation methods?

[More Details](#)

Promoters	0
Passives	0
Detractors	0



11. Do you assess Leg Length Discrepancy (LLD) and Offset Discrepancy (OD) preoperatively?

[More Details](#)

Yes	9
No	0



12. Through which tool or method?

[More Details](#)

9
Responses

Latest Responses
"X-ray"

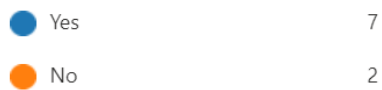
12. Through which tool or method?

9 Responses

ID ↑	Name	Responses
1	anonymous	Physical examination LLD and bij rontgen evaluation OD
2	anonymous	Templating software Orthoview mainly, and manually during surgery, anatomical landmarks (obturator, greater and lesser trochanter)
3	anonymous	Physical examination with boards
4	anonymous	X ray, kliniek
5	anonymous	just checking the heels of the patient in supine position and on the out patient clinic in standig position feeling the iliac crest hight.
6	anonymous	Physical examination X pelvis level of lesser trochanter
7	anonymous	Manual
8	anonymous	On conventional x-ray
9	anonymous	X-ray

13. Do you compensate for preoperative LLD and OD during surgery?

[More Details](#)



14. Through which method?

[More Details](#)

7

Responses

Latest Responses
"Fluoroscopy, and clinical assessment"

14. Through which method?

7 Responses

ID ↑	Name	Responses
1	anonymous	By radiographic fluoroscopy
2	anonymous	Based on pre-op templating, manually during surgery, anatomical landmarks (obturator, greater and lesser trochanter)
3	anonymous	Sizing the prosthesis and head length
4	anonymous	Offset, kopje
5	anonymous	Xray
6	anonymous	Resection osteotomie higher or lower, stem of prothesis which different Angle.
7	anonymous	Fluoroscopy, and clinical assessment

15. Do you assess LLD and OD intraoperatively yourself?

[More Details](#)



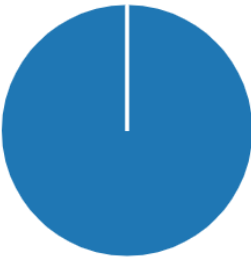
15. Do you assess LLD and OD intraoperatively yourself?

9 Responses

ID ↑	Name	Responses
1	anonymous	Yes
2	anonymous	Yes
3	anonymous	Yes
4	anonymous	Yes
5	anonymous	Yes
6	anonymous	Offset template. Lld intra op
7	anonymous	Yes
8	anonymous	No
9	anonymous	Done by the runner nurse

16. Do you assess Leg Length Discrepancy (LLD) and Offset Discrepancy (OD) preoperatively?

[More Details](#)



17. Through which tool or method?

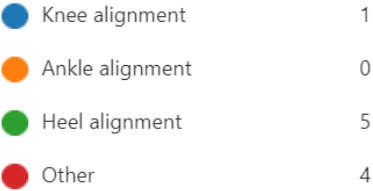
[More Details](#)



Latest Responses
"by heelposition of both legs and by the ankle position of both legs (la...
"X-ray en enkel in 90 graden "

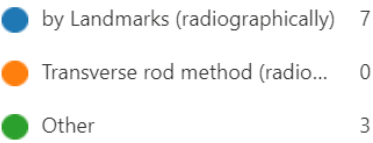
18. How do you assess Leg Length Discrepancy (LLD) intraoperatively?

[More Details](#)



19. How do you assess Offset Discrepancy (OD) intraoperatively?

[More Details](#)



18. How do you assess Leg Length Discrepancy (LLD) intraoperatively?

10 Responses

ID ↑	Name	Responses
1	anonymous	Heel alignment
2	anonymous	All three above and tissue/ligament laxity
3	anonymous	Knee alignment
4	anonymous	Tip trochanter, centrum van rotatie
5	anonymous	Heel alignment
6	anonymous	Heel and telescoping
7	anonymous	Heel alignment
8	anonymous	Ankle and heel
9	anonymous	Heel alignment
10	anonymous	Heel alignment

19. How do you assess Offset Discrepancy (OD) intraoperatively?

10 Responses

ID ↑	Name	Responses
1	anonymous	by Landmarks (radiographically)
2	anonymous	Rely on pre-op templated offset
3	anonymous	Inkt preopetatively
4	anonymous	by Landmarks (radiographically)
5	anonymous	by Landmarks (radiographically)
6	anonymous	None, template only
7	anonymous	by Landmarks (radiographically)
8	anonymous	by Landmarks (radiographically)
9	anonymous	by Landmarks (radiographically)
10	anonymous	by Landmarks (radiographically)

20. What factors may confuse your assessment of LLD or OD?

[More Details](#)

10

Responses

Latest Responses

"Poosition pelvis"

"position of the patient on the OR table and the position of the OR ta...

"Stability "

20. What factors may confuse your assessment of LLD or OD?

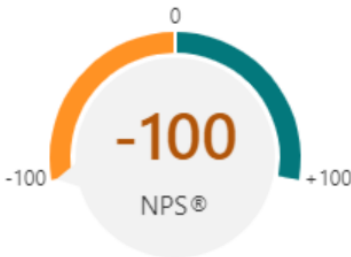
10 Responses

ID ↑	Name	Responses
1	anonymous	Rotation, total hip replacement or hip dysplasia on the other side
2	anonymous	Change of patient position during surgery
3	anonymous	Tilting of the pelvis intra operatively
4	anonymous	Ligging, cuppositie
5	anonymous	when the patient is lying on their left or right side
6	anonymous	Quality and leg position(rotation) on pre op pelvic X-ray
7	anonymous	Settings on xray
8	anonymous	Stability
9	anonymous	position of the patient on the OR table and the position of the OR table itsself
10	anonymous	Poosition pelvis

21. How often do you feel unsure about the assessment?

[More Details](#)

Promoters	0
Passives	0
Detractors	10



22. Are there specific situations in which you feel unsure?

[More Details](#)

Yes	4
No	6



23. Can you give examples?

[More Details](#)

4

Responses

Latest Responses

23. Can you give examples?

4 Responses

ID ↑	Name	Responses
1	anonymous	When there are situations like dysplAsia of the other side
2	anonymous	Sterke varus of valgus heupen
3	anonymous	when the assement is not in line with my expectations
4	anonymous	Unstable hip

24. How could more certainty be provided?

[More Details](#)

4

Responses

Latest Responses

24. How could more certainty be provided?

4 Responses

ID ↑	Name	Responses
1	anonymous	By having a standardized reference tool
2	anonymous	Doirlichting
3	anonymous	?
4	anonymous	More anatomic landmarks

25. Despite your confidence, how could even more certainty be provided?

[More Details](#)

6

Responses

Latest Responses

"Device"

"x ray on the OR"

"X"

25. Despite your confidence, how could even more certainty be provided?

6 Responses

ID ↑	Name	Responses
1	anonymous	Xray
2	anonymous	Don't know, May be with CAS of it is really surgeon friendly
3	anonymous	Knee measurement
4	anonymous	X
5	anonymous	x ray on the OR
6	anonymous	Device

26. Do you assess Leg Length Discrepancy (LLD) and Offset Discrepancy (OD) postoperatively?

[More Details](#)



27. Through which tool or method?

[More Details](#)

9

Responses

Latest Responses

"X-ray and patient perception"

"Enkel methode"

27. Through which tool or method?

9 Responses

ID ↑	Name	Responses
1	anonymous	Physical exam
2	anonymous	Manually and post op ap pelvis xray
3	anonymous	Weight bearing x-ray and boards
4	anonymous	Foto
5	anonymous	heel alignment in bed and on postoperative x-ray
6	anonymous	LLB on table after removal of drapes Ofset post op X-ray compare to pre op
7	anonymous	X-Ray
8	anonymous	Enkel methode
9	anonymous	X-ray and patient perception

28. What is acceptable LLD to you?

[More Details](#)

11

Responses

Latest Responses

"5 mm"

"10"

"I'm not a doctor "

28. What is acceptable LLD to you?

11 Responses

ID ↑	Name	Responses
1	anonymous	Up to 10 mm
2	anonymous	5
3	anonymous	1-1,5 cm
4	anonymous	0,5
5	anonymous	<1cm
6	anonymous	Line lesser trochanter
7	anonymous	0,5 mm
8	anonymous	5-10mm
9	anonymous	I'm not a doctor
10	anonymous	10
11	anonymous	5 mm

29. What is acceptable OD to you?

11 Responses

ID ↑	Name	Responses
1	anonymous	Up to 5 mm
2	anonymous	5
3	anonymous	0,5. - 1 cm
4	anonymous	0,5
5	anonymous	no cut off point
6	anonymous	Never measure. When looks okay to me in happy
7	anonymous	5 mm
8	anonymous	5mm
9	anonymous	I'm not a doctor
10	anonymous	5
11	anonymous	5mm

29. What is acceptable OD to you?

[More Details](#)



32. Is there any final comment you would like to make?

9 Responses

ID ↑	Name	Responses
1	anonymous	Good luck
2	anonymous	Clinical relevance to be kept in mind. Perceived vs actual leg length discrepancy. And correlation with patiënt satisfaction
3	anonymous	No
4	anonymous	Hoop dat relevantie LLD en OD literatuur meegenomen wordt. LLD belang overschat zolang het minder dan 1 cm is
5	anonymous	good luck! looking forward to your conclusions
6	anonymous	Keep it simple
7	anonymous	Nice research
8	anonymous	Good luck
9	anonymous	Great survey

30. Would you like to participate in an online Brainstorm / Co-creation Session or follow-up survey?

[More Details](#)



The background of the slide is split diagonally from the top-left corner to the bottom-right corner. The upper-left portion is white, and the lower-right portion is a solid teal color.

Appendix D

Co-Creation
Session Slides

Co-Creation Session #1

Evaluating Leg Length Discrepancy during Total Hip Arthroplasty (THA)
Enhancing Conventional Surgical Workflows

1

Program

1. Introduction

a. Company

b. Context

c. Current Market

d. Surgical Protocol

2. Solution Criteria

3. Co-Creation

a. Set-up

b. Sessions

4. Wrap-up

Methodology

Brainwriting
& drawing

How-Tos

1. Read your 'How-To...'

2. Write, draw, copy & paste... everything goes!

3. Time up? Finish last idea ...

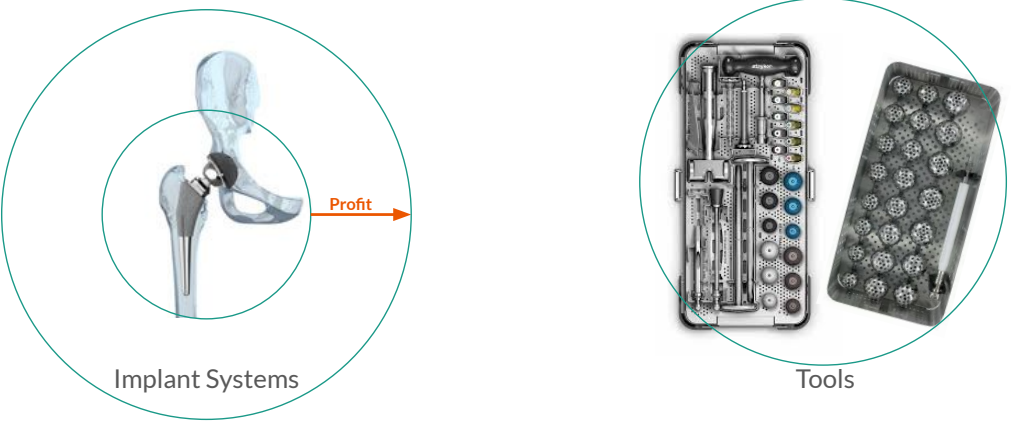
4. Study next slide ...

5. Repeat!

Company Introduction

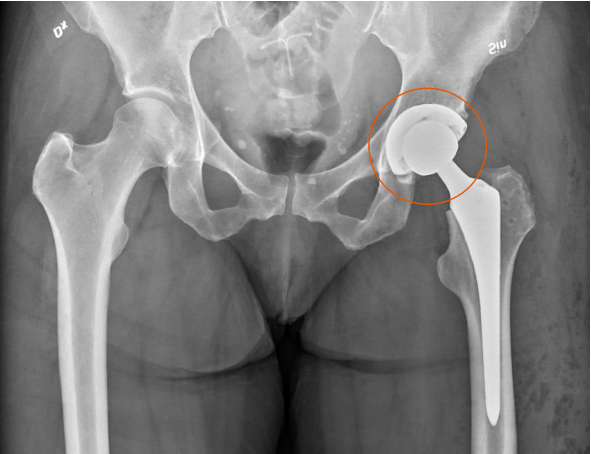
Introduction - Company

“Zimmer Biomet designs, develops, manufactures and markets **orthopaedics products**, including knee, hip, shoulder, elbow, foot and ankle artificial joints and dental prostheses.”



Introduction - Context

“During THA the diseased ball and socket of the hip joint are completely removed and replaced with artificial materials. A femoral component (stem, neck & head) is inserted into the femur (thigh bone) and **an acetabular cup** is placed in the acetabulum socket of the pelvis.”



Context Introduction

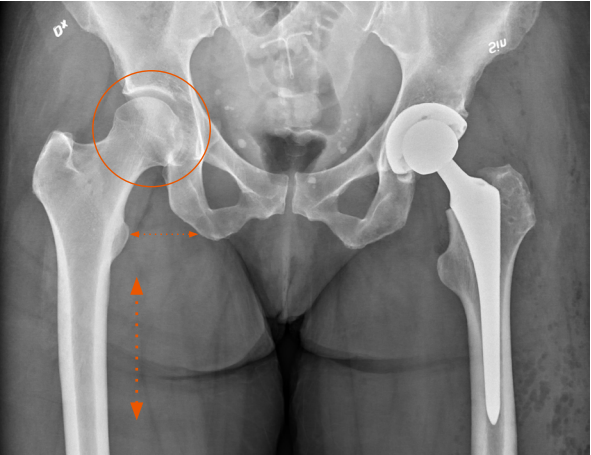
Introduction - Context

Possible Unintended Consequences

- 1. Leg Length change
- 2. Offset change

Conclusion

Pre-, Intra & Postoperative evaluations of Leg Length and Offset are desirable.



Market Introduction

Surgical Protocol Introduction

Introduction - Market

Mechanical Tools

- Iliac Fixation Pins
- Intraoperative Calipers
- PCA Limb Lengthening Gauge

Computer Assisted Systems

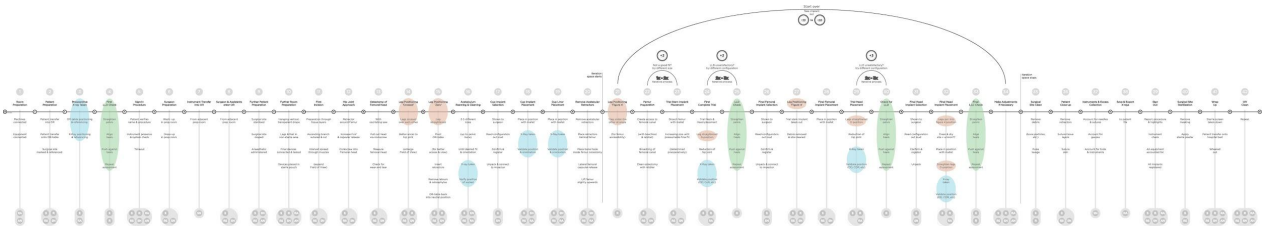
- Real-time Analysis Software
- Software Navigation Systems
- Tracking Systems

Robot Assisted Systems

- Robotic Arm System



Introduction - Surgical Protocol



<https://prezi.com/1mvkmhw0ekno/untitled-prezi/?present=1>

Solution Criteria

37

Solution Criteria



General

In case of Genius... Ignore!

- 1. Patient in supine position (on their back)
- 2. 1 min measurement (max.)
- 3. Non-invasive measurement
- 4. Symmetric measurement
- 5. Loaded measurement

Co-Creation Set-up

43



Set-up

- 1 Problem Statement per slide
- 5 Slides = 6 rounds
- 2 min per round
- 1 min to drop ideas onto slide
- Repeat

Use

- A4 paper
- Drawing Tablet
- Google Images
- Text Box

Co-Creation Session #2

Evaluating Leg Length Discrepancy during Total Hip Arthroplasty (THA)
Enhancing Conventional Surgical Workflows

2

Program

1. Introduction

- a. Context
- b. OR
- c. Surgical Protocol

2. Solution Criteria

3. Co-Creation

- a. Set-up
- b. Sessions

4. Wrap-up

11

Methodology

Brainwriting & drawing

How-Tos

1. Read your 'How-To...'

2. Write, draw, copy & paste... everything goes!

3. Time up? Click a picture & send ...

4. Study next slide ...

5. Repeat!

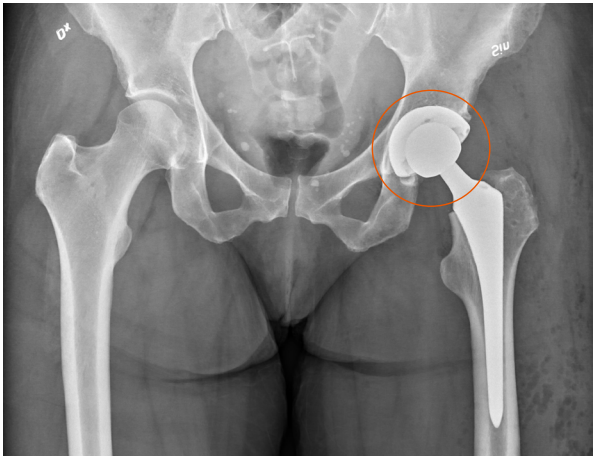
7

Context Introduction

12

Introduction - Context

“During THA the diseased ball and socket of the hip joint are completely removed and replaced with artificial materials. A femoral component (stem, neck & head) is inserted into the femur (thigh bone) and an acetabular cup is placed in the acetabulum socket of the pelvis.”

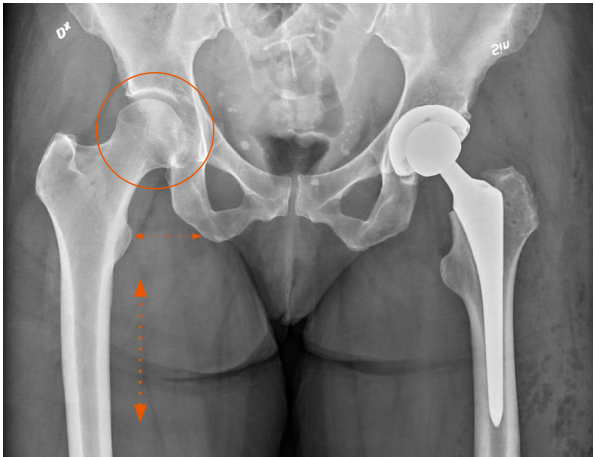


Surgical Protocol Introduction

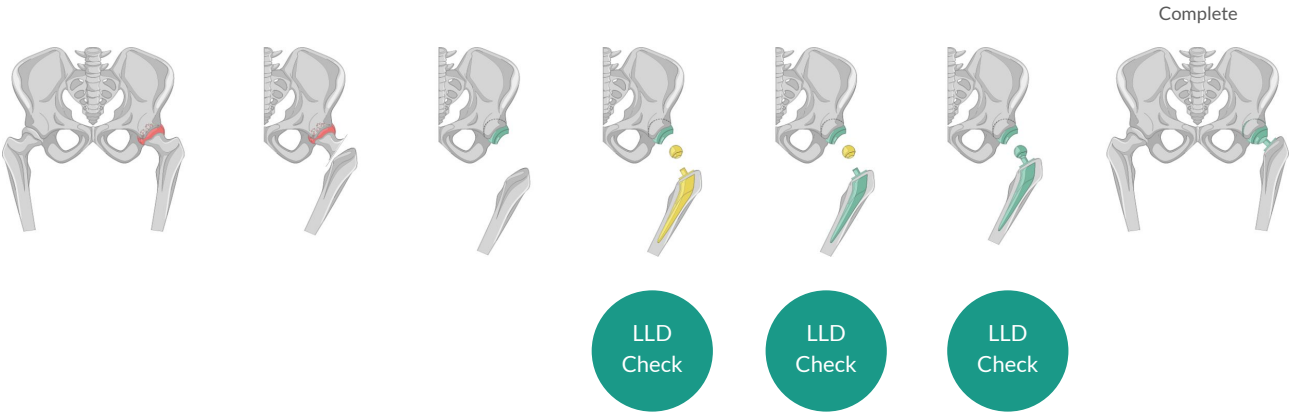
Introduction - Context

Possible Unintended Consequences

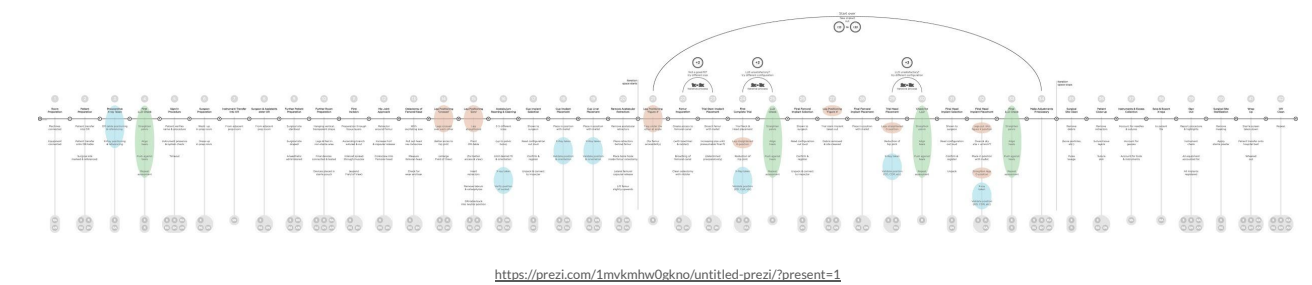
- 1. Leg Length change
- 2. Offset change



Introduction - Surgical Protocol



Introduction - Surgical Protocol



Introduction - Context



Preoperative

1. Line up Heels
 2. Straighten Pelvis
(move feet around)
 3. Centre Feet
 4. Apply pressure
(via thumbs)
 5. **Feel** Difference
-
1. Centre Feet
(pointing out at 45°)
 2. Line up with Chin
(straighten pelvis)
 3. **See** difference



OR Introduction

Introduction - Context



OR Setup

1. Surgical site
(sterile zone)
 2. Feet
(non-sterile zone)
 3. Vertical Drape
(transparent)
 4. **X-Ray**
(on screen)
-
1. Surgical site
(sterile zone)
 2. Feet
(sterile zone)
 3. Vertical Drape
(non-transparent)
 4. **Template**
(on screen)



Introduction - Context



Solution Criteria

General

In case of Genius... Ignore!

- 1. Non-invasive
- 2. Non-disruptive to Workflow
- 3. Simplicity over complexity!

Solution
Criteria

Co-Creation
Set-up

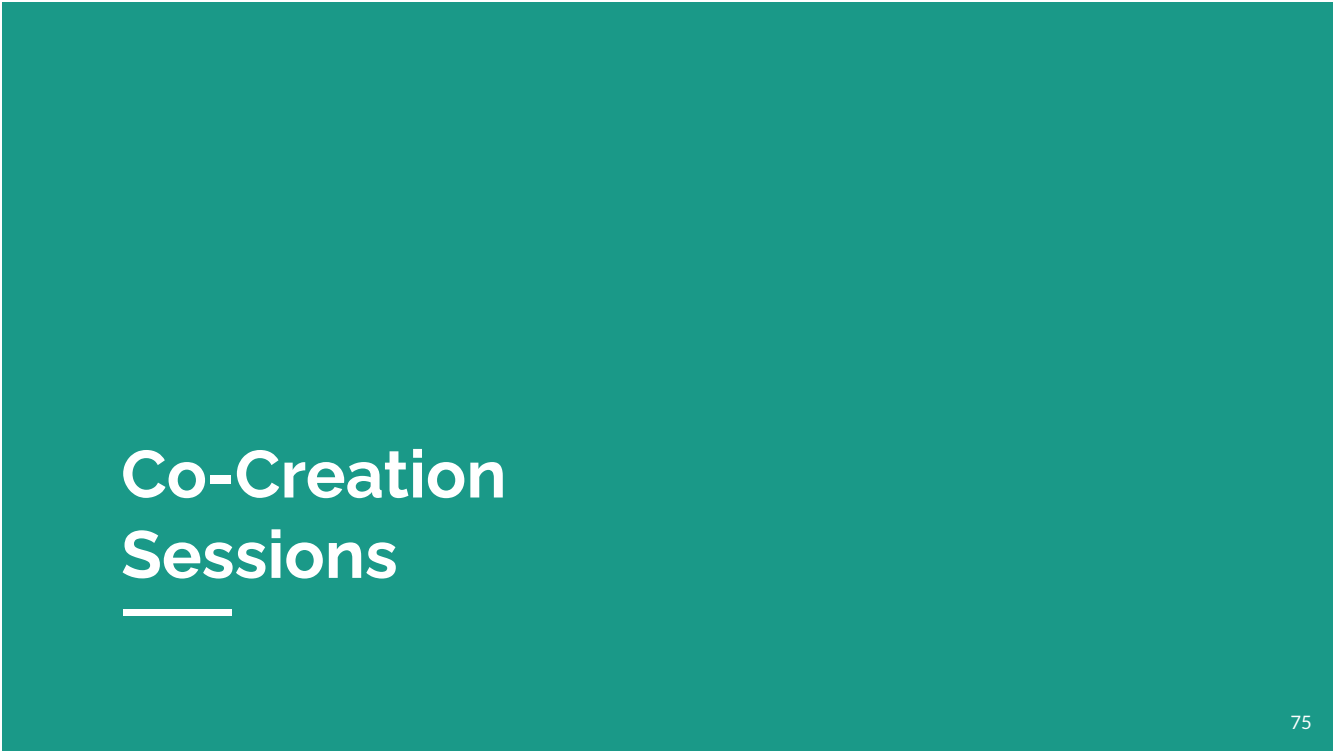


Set-up

- 1 Problem Statement per slide
- 7 Slides = 7 rounds
- 2 min per round
- 1 min to study next slide
- Repeat

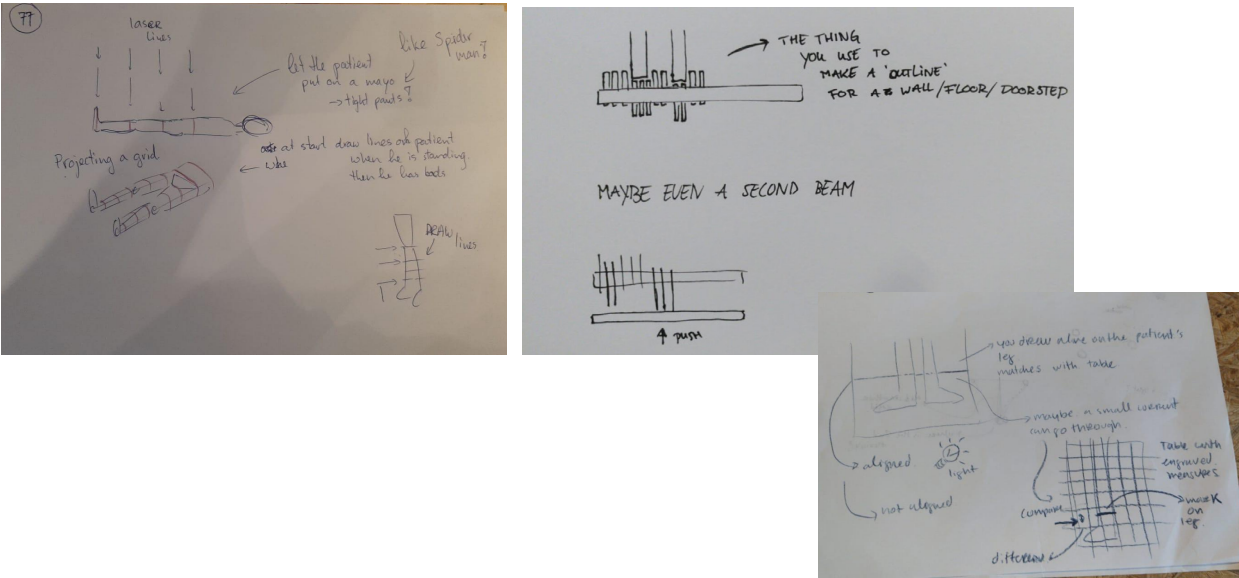
Use

- A4 paper
- Drawing Tablet
- Google Images
- Text Box



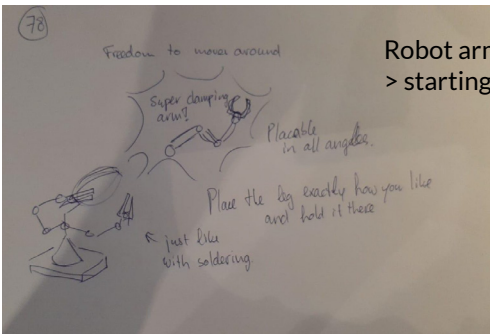
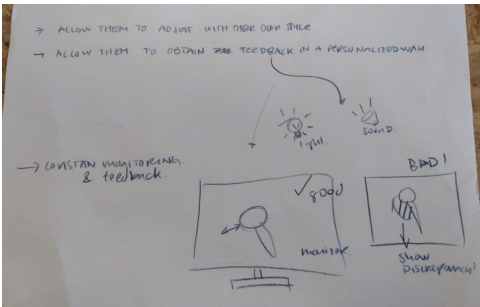
Slide 1

How to measure leg length (discrepancy)?

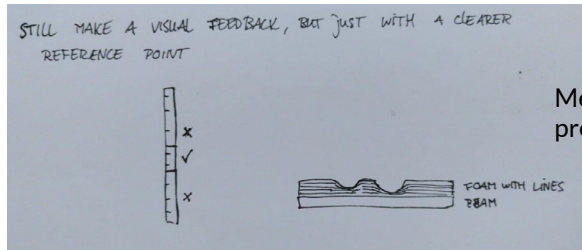


Slide 2

How to give the user a sense of empowerment and control?
(during a measurement)



Robot arm for reference
> starting position

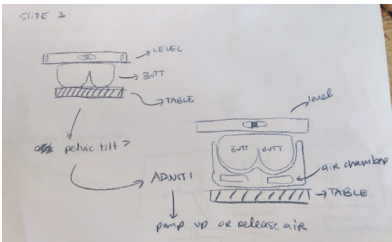
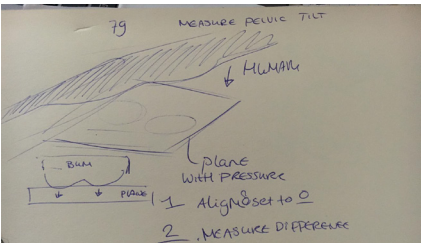


Measure
pressure

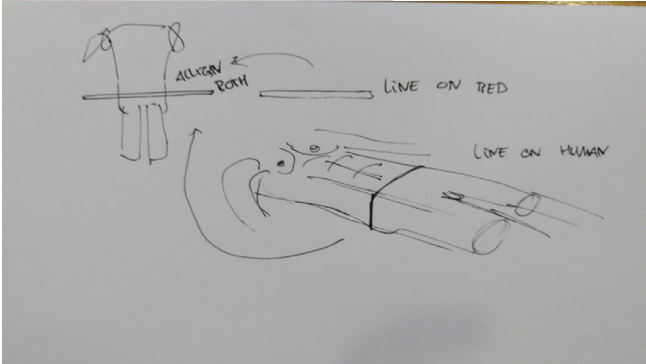
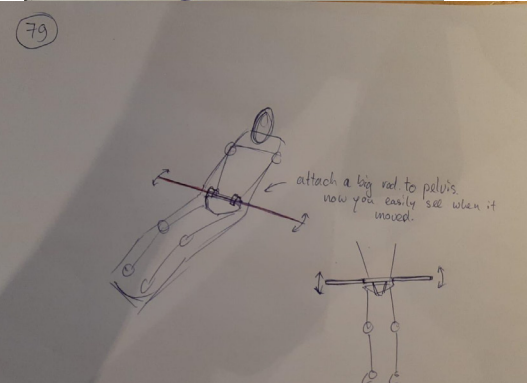
Instead of table
Hang person in harness

Slide 3

How to measure pelvic tilt?



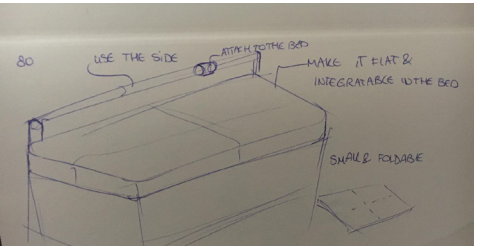
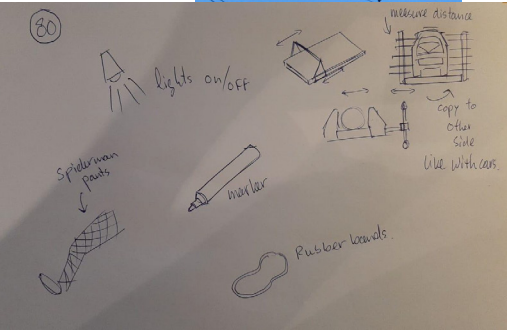
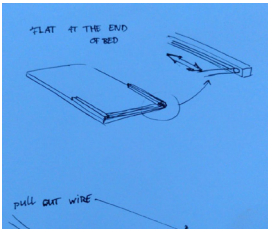
Tu delft
Robotic hand
(soft robotics)



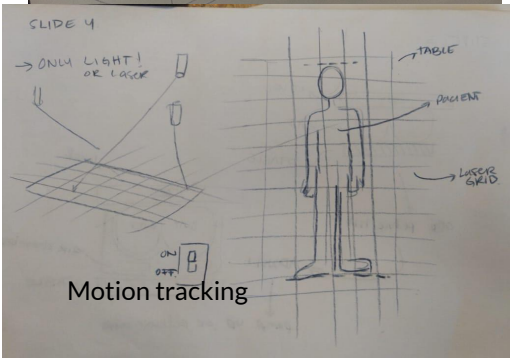
Slide 4

How to make a non-obtrusive device?
(only present when needed / never in the way)

Bike frame
Alignment
(look up)



Automotive
Clay modelling
Rod measuring tool

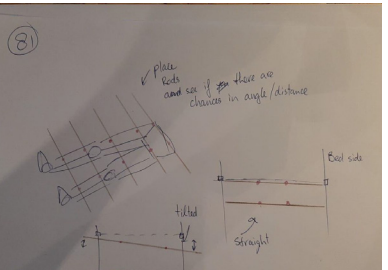
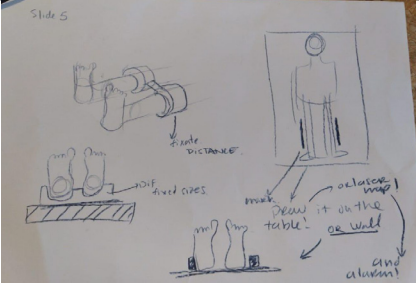
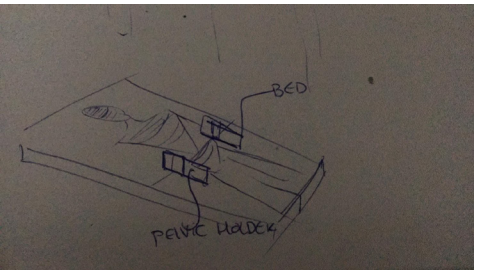
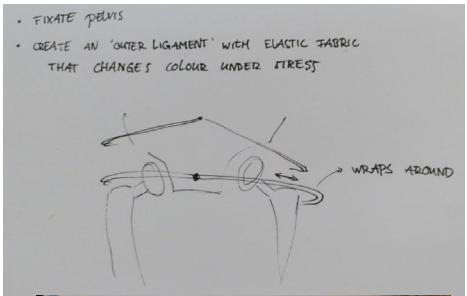


Nemo ,museum
Sand projection box

80

Slide 5

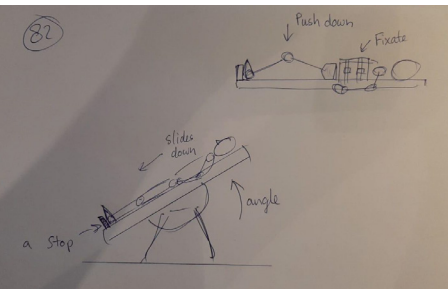
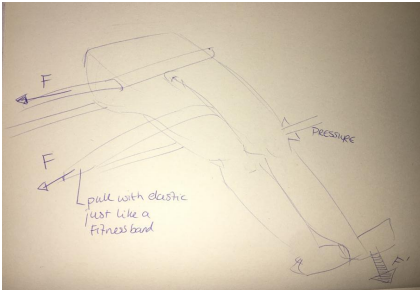
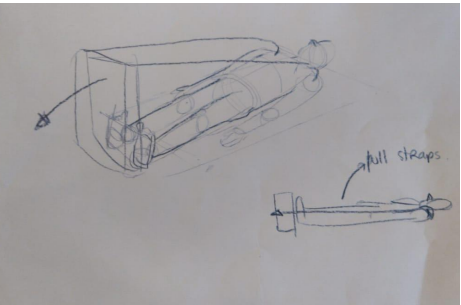
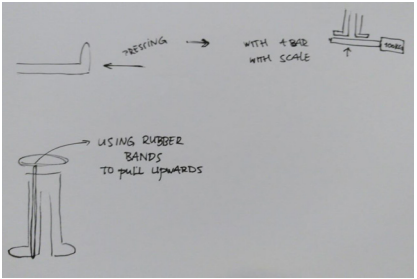
How to measure leg offset (discrepancy)?



81

Slide 6

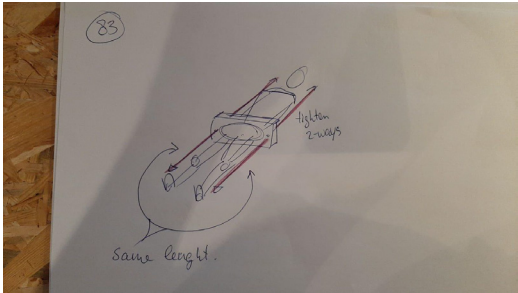
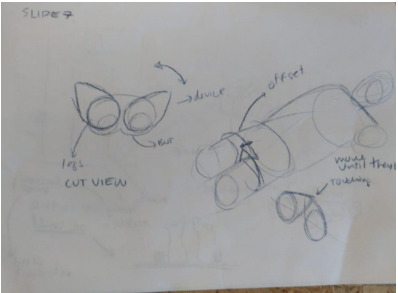
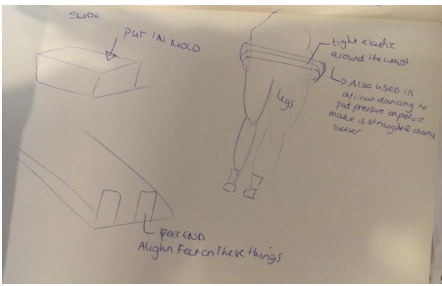
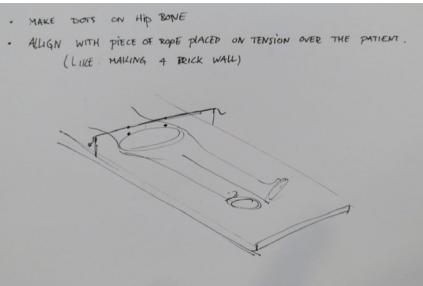
How to simulate loads on the patient's l



82

Slide 7

How to straighten the pelvis before a measurement?



83

Co-Creation Session #3

Evaluating Leg Length Discrepancy during Total Hip Arthroplasty (THA)
Enhancing Conventional Surgical Workflows

3

Program

1. Introduction

- a. Problem
- b. Surgical Context
- c. Surgical Protocol
- d. OR Context

2. Solution Criteria

3. Co-Creation

- a. Set-up
- b. Sessions

4. Wrap-up

11

Methodology

Brainwriting & drawing

How-Tos

1. Read your 'How-To...'

2. Write, draw ... everything goes!

3. Time up? Click a picture & send ...

4. Study next slide ...

5. Repeat!

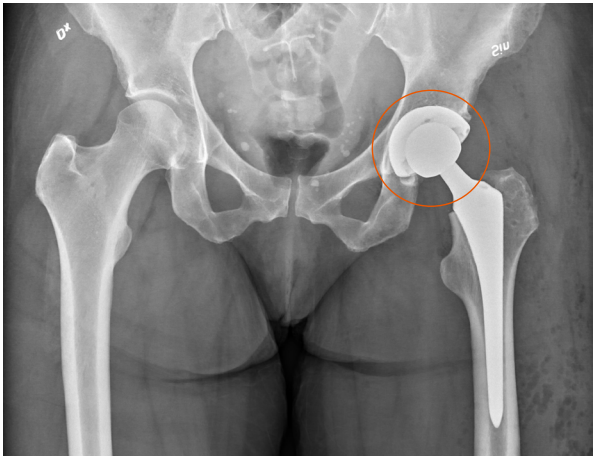
7

Problem Introduction

12

Introduction - Problem

“During THA the diseased ball and socket of the hip joint are completely removed and replaced with artificial materials. A femoral component (stem, neck & head) is inserted into the femur (thigh bone) and an **acetabular cup** is placed in the acetabulum socket of the pelvis.”



Surgical Context

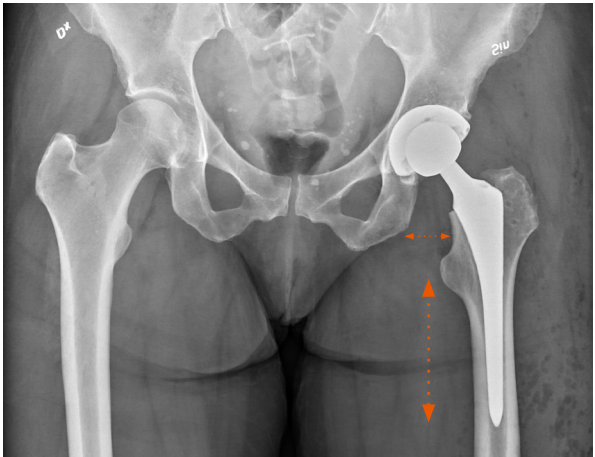
Introduction

Introduction - Problem

**Possible
Unintended Consequences**

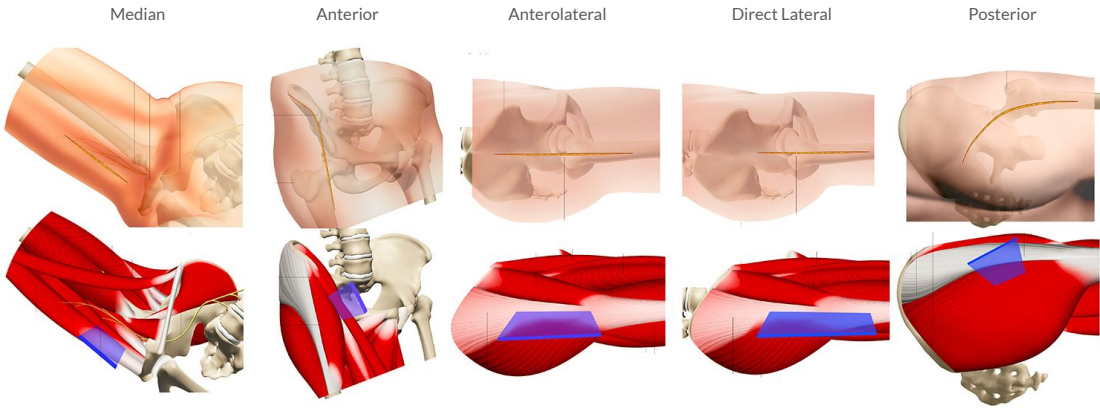
- 1. Leg Length change
- 2. Offset change

What are we looking for?
A validation solution!

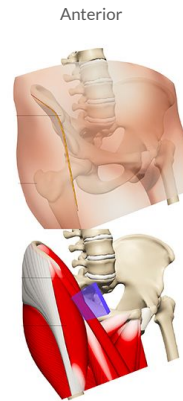


Introduction - Surgical Context

Approaches to the Hip Joint

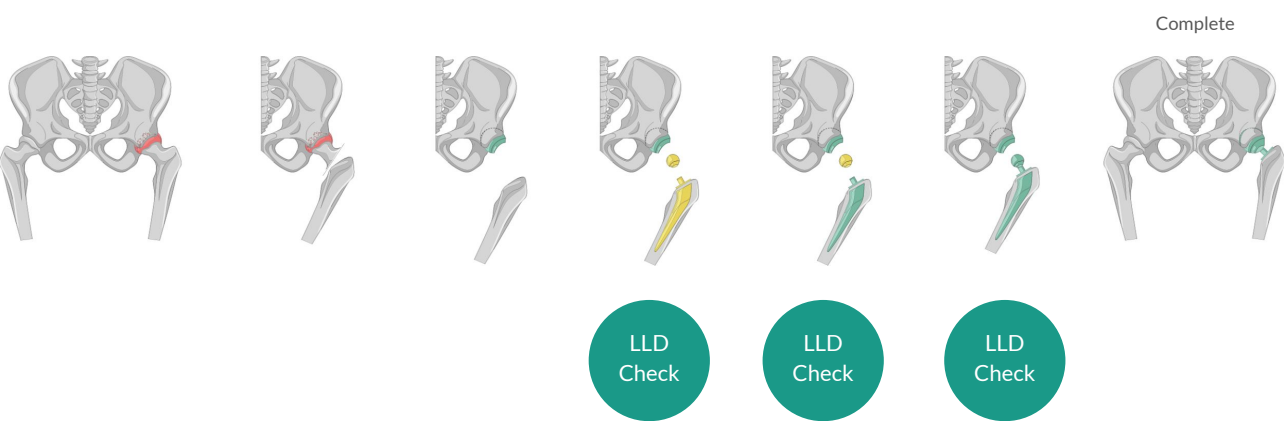


Approaches to the Hip Joint



1. Least invasive
(fastest recovery)
2. Supine Position
(Patient lying on back)

Every Surgeon customises their workflow..
The solution must not be disruptive to any workflow!



Surgical Protocol
Introduction

OR Context
Introduction

Introduction - Context



Preoperative

- 1. Line up Heels
 - 2. Straighten Pelvis (move feet around)
 - 3. Centre Feet
 - 4. Apply pressure (via thumbs)
 - 5. **Feel Difference**
-
- 1. Centre Feet (pointing out at 45°)
 - 2. Line up with Chin (straighten pelvis)
 - 3. **See difference**



Introduction - Context



OR Setup

- 1. Surgical site (sterile zone)
 - 2. Feet (non-sterile zone)
 - 3. Vertical Drape (transparent)
 - 4. **X-Ray (on screen)**
-
- 1. Surgical site (sterile zone)
 - 2. Feet (sterile zone)
 - 3. Vertical Drape (non-transparent)
 - 4. **Template (on screen)**



Introduction - Context

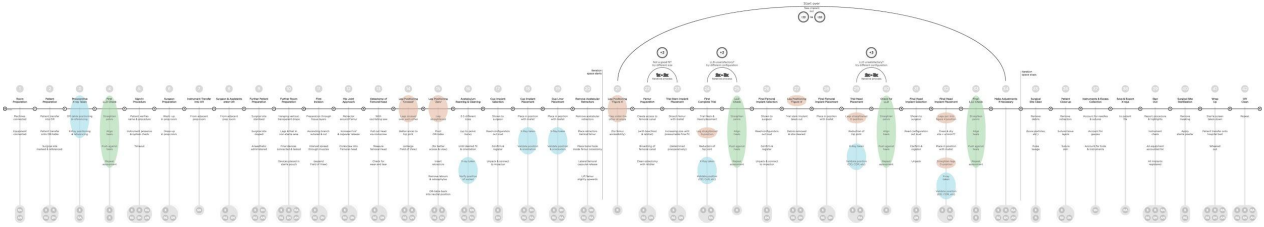


Intraoperative

- 1. Loaded check (horizontal)
 - 2. Feel difference (scrub nurse)
-
- 1. Aligned check (tilted)
 - 2. See / Feel difference (surgeon)
 - 3. Tension test (muscles & ligaments)



Introduction - Surgical Protocol



<https://prezi.com/1mvmhw0ekno/untitled-prezi/?present=1>

Solution Criteria

75

Solution Criteria



General

Simplicity over Complexity!

- 1. Non-invasive to patient
- 2. Non-disruptive to Workflow
- 3. Purely for validation

In case of Genius ... Ignore!

Co-Creation Set-up

80



Set-up

- 1 Problem Statement per slide
- 7 Slides = 7 rounds
- 2 min per round
- 1 min to study next slide
- Repeat

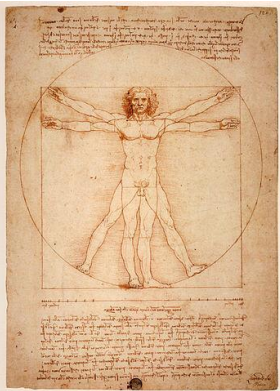
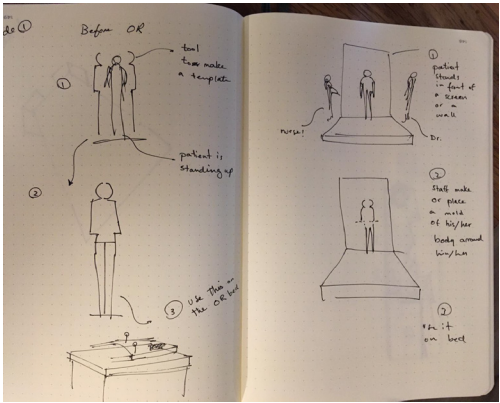
Use

- A4 paper
- Drawing Tablet
- Text Box

Co-Creation Sessions

Slide 1

How to measure leg length (discrepancy)?



I assume it's the bed's duty to check legs length.

Or maybe in some specific positions of body, we could be in exact measurements...

smart scanner box for measurement

measurement pants



Having something like SMART MIRRORS using in fitting rooms

Focus on pressure of the body Wight on some sensors after you made pelvic tilt straight more than measure of the length

Start!

Slide 2

How to give the user a sense of empowerment and control? (during a measurement)

Easy to control method
Humanized procedure

virtual reality (user
imagine s lie down in
beach)

maybe using some special
material that could be melt and
be a part of the bone

Like one of you projects...
the resizable bag... if the
piece size could be changed
and fixed after surgery...

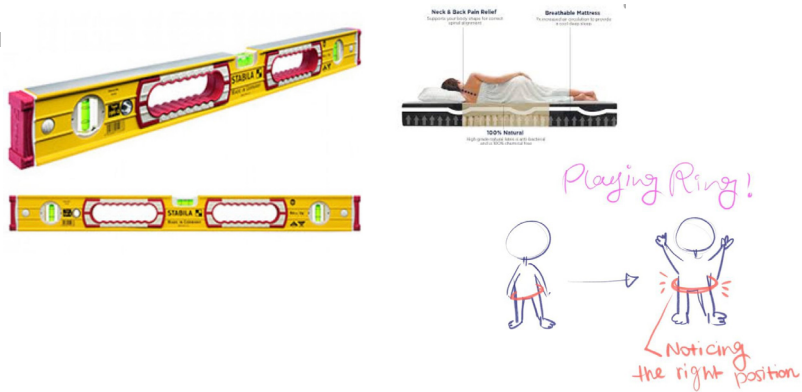


Slide 3

How to measure pelvic tilt?

What if the surface of the bed could be used for measuring by measuring the negative space of the bed.

Triangular tow side of the hip with a point like the middle of the very last spine near them and embedded device on the surface of bed to keep pelvic tilt steady



Slide 5

How to measure leg offset (discrepancy)?



using a camera application or scanner application

Make two sides of the hip steady (pelvic tilt) the choose the symmetric points on both legs to make perfect rectangle



Fix one hip or the patient to the bed



What if we could control the tool size after surgery, without doing other surgeries... (resizable piece)

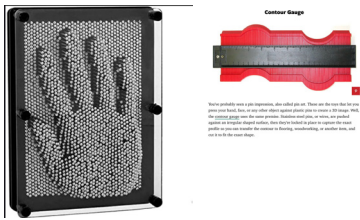


Slide 4

How to make a non-obtrusive device?
(only present when needed / never in the way)

What if the drying process of the piece occurs after surgery, when the he could stand up and check his legs length. (During therapy)

The device should be on beneath the patient like a touch surface and interacted with a sensor or a camera on the top of the bed

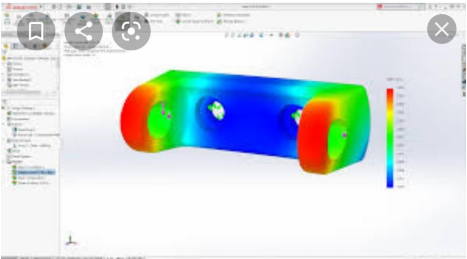


tools that take shape of body or simulate force from out side

Slide 6

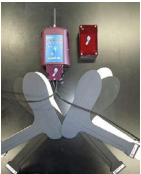
How to simulate loads on the patient's legs?

We can measure it before the Surgery and use it in solidworks



Measuring the number before the surgery (without loads), then measuring again the number when loads are applied (with a smart device maybe!)

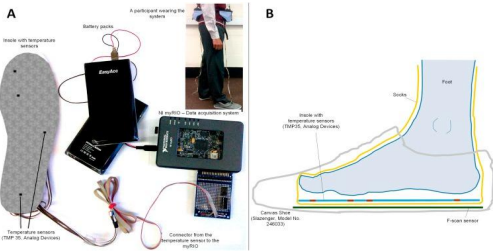
0.001 before loads 0.002 after loads



Virtual reality 🤖🤖



Do the surgery in a standing position



Slide 7

How to straighten the pelvis before a measurement?

We can use the sensors that use in creating animation process.

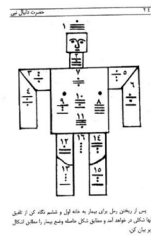


A fixed piece on the bed can help the doctor to straighten the pelvis. The doctor can change the position of the pelvic until its position is right(it is straight). By that time that piece will alarms and notice the doctor that pelvise is straight



instead of normal operation clothing, patient wears a cloth like a wet suit that is tightly attached to the body, then (next photo)

mark the body and location of the hip area, then by pushing the legs or moving it it is more evident how the lines or dots are moving



Maybe a smart scanner could check the position with the idealistic one

make a right position mold before surgery and install it on the bed. The patient must stay on his mold

Smart bed . If the position was false, the bed edit it

find the most bulge point of the hip from both sides and fixed it on the bed

Co-Creation Session #4

Evaluating Leg Length Discrepancy during Total Hip Arthroplasty (THA)
Enhancing Conventional Surgical Workflows

4

Program

1. Introduction

a. Problem

b. Surgical Context

c. Surgical Protocol

d. OR Context

2. Solution Criteria

3. Co-Creation

a. Set-up

b. Sessions

4. Wrap-up

11

Methodology

Brainwriting
& drawing

How-Tos

1. Read your 'How-To...'

2. Write, draw ... everything goes!

3. Time up? Click a picture & send ...

4. Study next slide ...

5. Repeat!

7

Problem Introduction

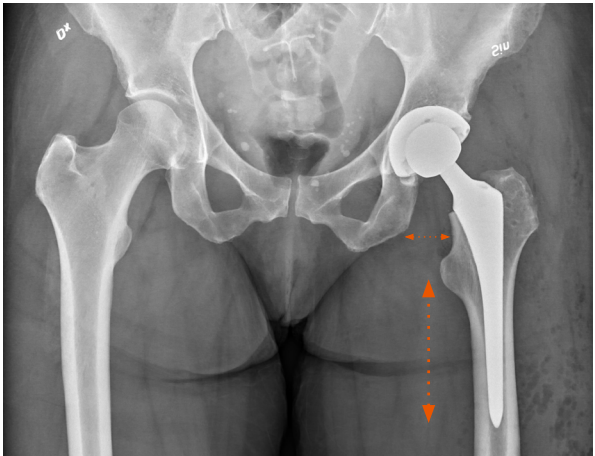
12

Introduction - Problem

Possible
Unintended Consequences

- 1. Leg Length change
- 2. Offset change

What are we looking for?
A validation solution!



19

Introduction - Surgical Context

Workflow Customisation



Every Surgeon customises their workflow.
The solution must not be disruptive to any workflow!

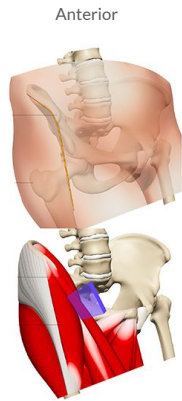
26

Surgical Context Introduction

20

Introduction - Surgical Context

Approaches to the Hip Joint

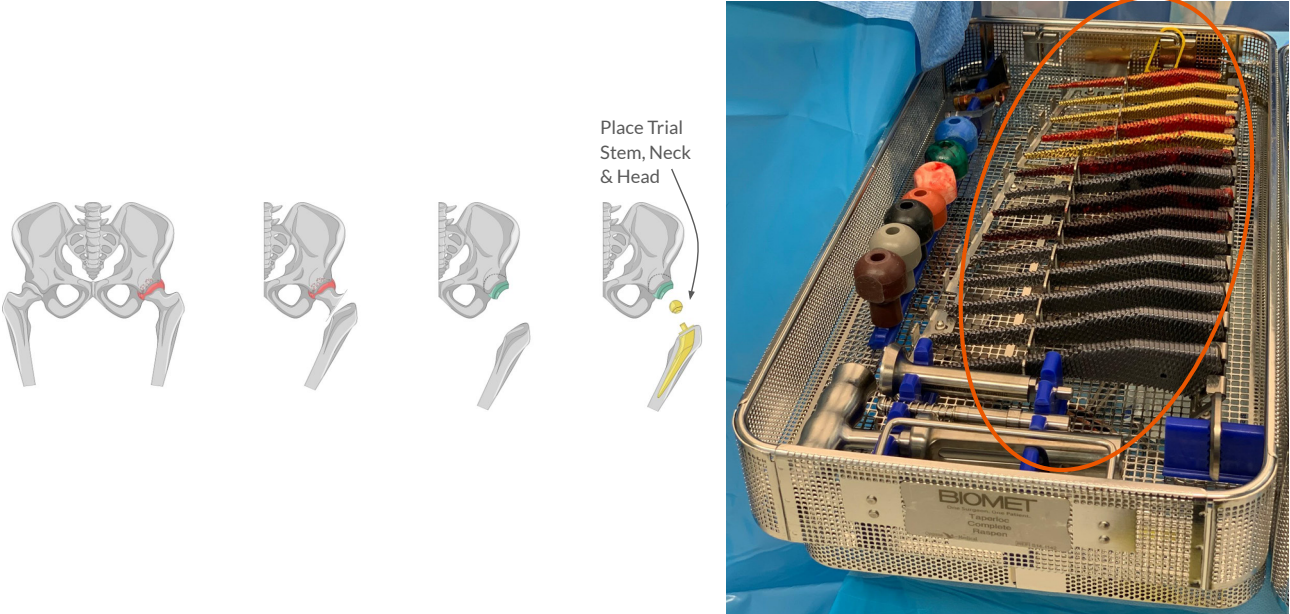


- 1. Least invasive
(fastest recovery)
- 2. Supine Position
(Patient lying on back)
- 3. Growing in Popularity
(offers opportunities)

The solution must not be invasive to the
patient and should utilise the supine position.

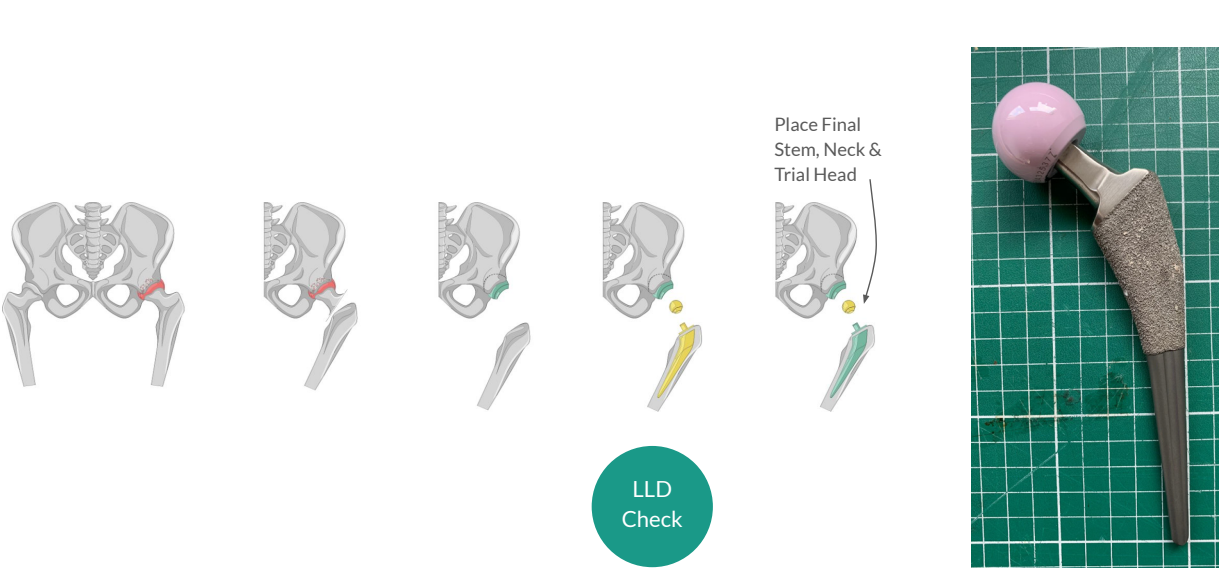
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Introduction - Surgical Context



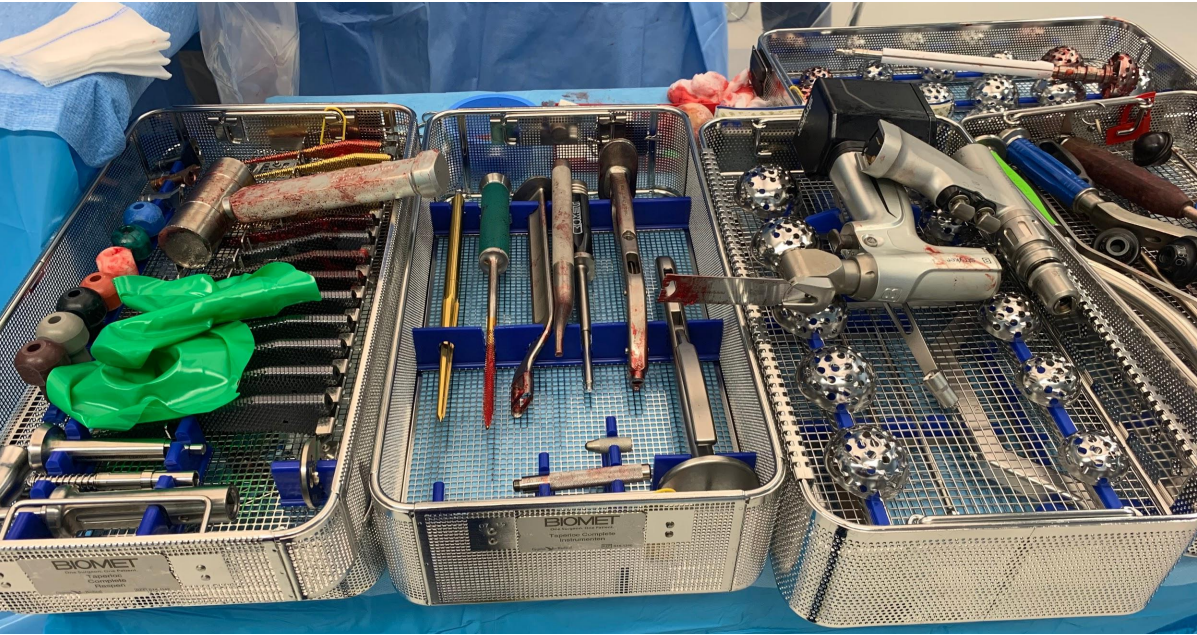
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Introduction - Surgical Context



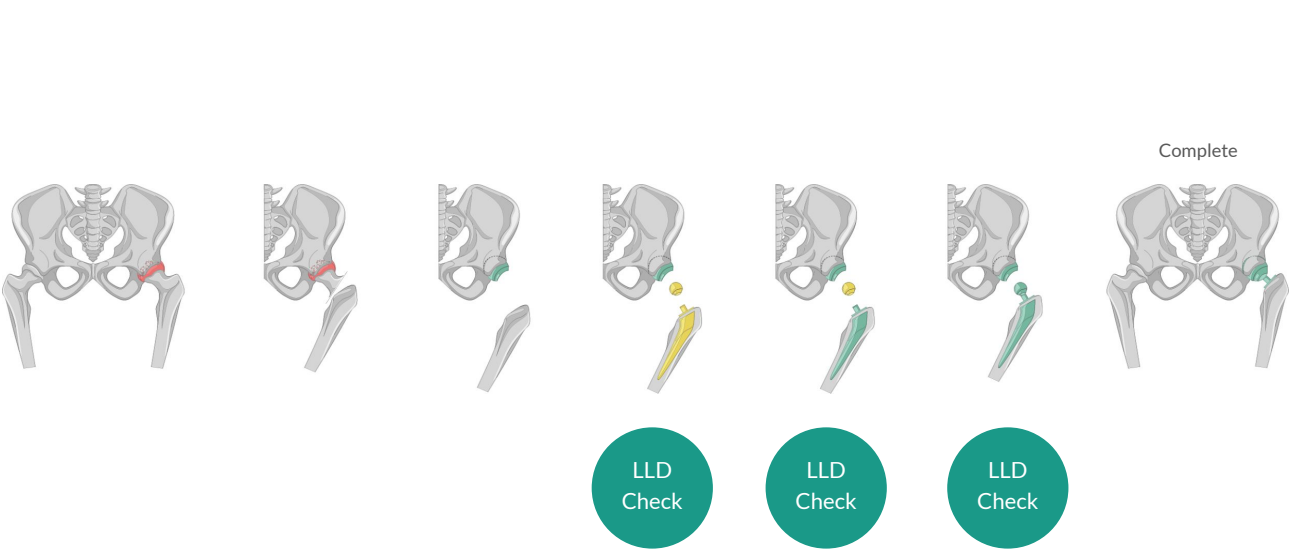
43

Introduction - Surgical Context



40

Introduction - Surgical Context



48

OR Context Introduction

49

Introduction - Context



Fluoroscopy

Preoperative LLD Assessment

- 1. Line up Heels
- 2. Straighten Pelvis (move feet around)
- 3. Centre Feet
- 4. Apply pressure (via thumbs)
- 5. Feel Difference

Templating

Introduction - Context



Fluoroscopy

OR Setup

- 1. Surgical site (sterile zone)
- 2. Feet (non-sterile zone)
- 3. Vertical Drape (transparent)
- 4. X-Ray (on screen)
- 1. Surgical site (sterile zone)
- 2. Feet (sterile zone)
- 3. Vertical Drape (non-transparent)
- 4. Template (on screen)



Templating

Introduction - Context



Fluoroscopy

Preoperative LLD Assessment

- 1. Line up Heels
- 2. Straighten Pelvis (move feet around)
- 3. Centre Feet
- 4. Apply pressure (via thumbs)
- 5. Feel Difference
- 1. Centre Feet (pointing out at 45°)
- 2. Line up with Chin (straighten pelvis)
- 3. See difference



Templating

Introduction - Context



Fluoroscopy

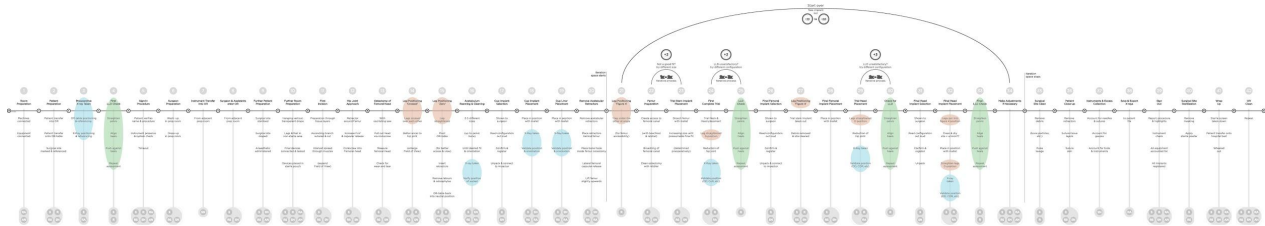
Intraoperative LLD Assessment

- 1. Loaded check (horizontal)
- 2. Feel difference (scrub nurse)
- 1. Aligned check (tilted)
- 2. See / Feel difference (surgeon)
- 3. Tension test (muscles & ligaments)



Templating

Introduction - Surgical Protocol



<https://prezi.com/1mvkmhw0ekno/untitled-prezi/?present=1>

Surgical Protocol
Introduction

Solution
Criteria

Solution Criteria



General

Simplicity over Complexity!

- 1. Non-invasive to patient
- 2. Non-disruptive to Workflow
- 3. Purely for validation

In case of Genius ... Ignore!



Set-up

- 1 Problem Statement per slide
- 7 Slides = 7 rounds
- 2 min per round
- 1 min to study next slide
- Repeat

Use

- A4 paper
- Drawing Tablet
- Text Box

Co-Creation
Set-up

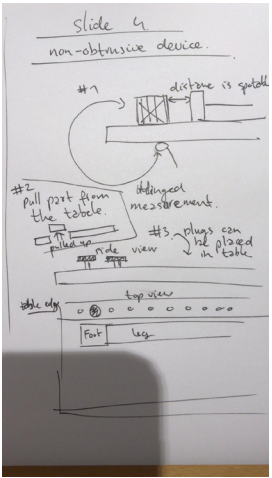
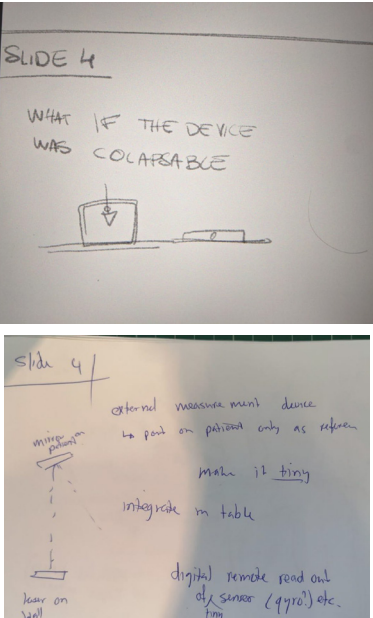
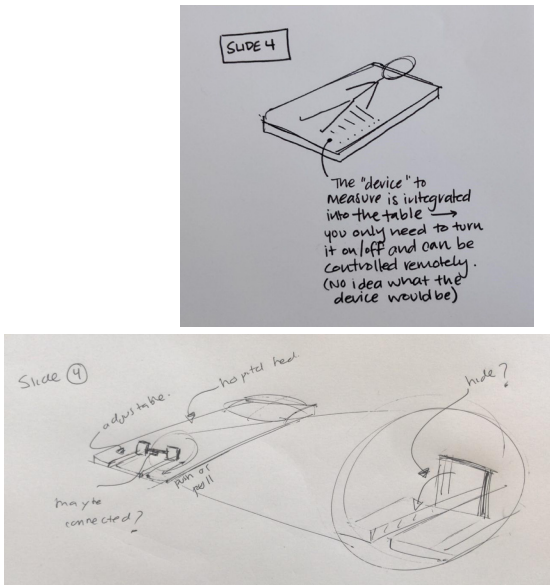
89

Co-Creation
Sessions

96

Slide 4

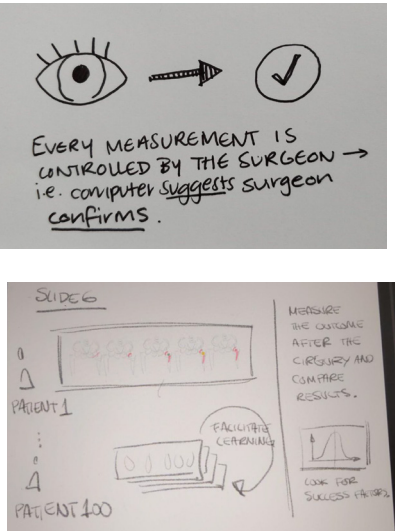
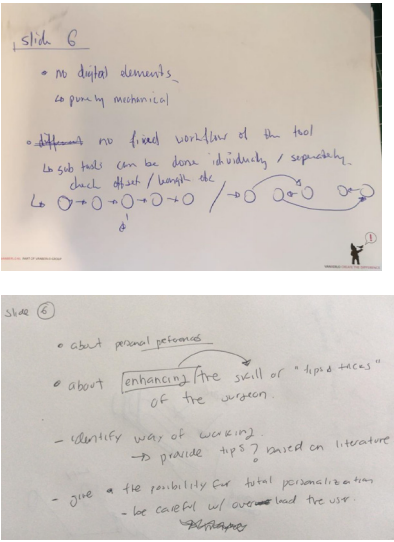
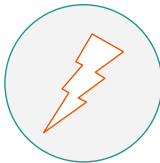
How to make a non-obtrusive device?
(only present when needed / never in the way)



101

Slide 6

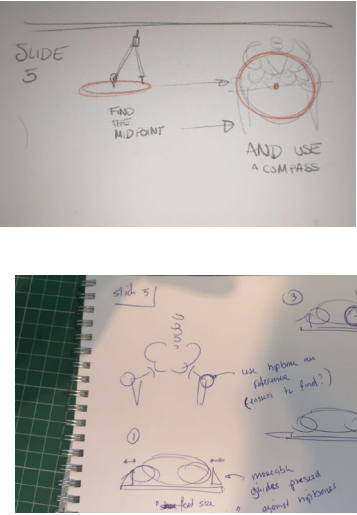
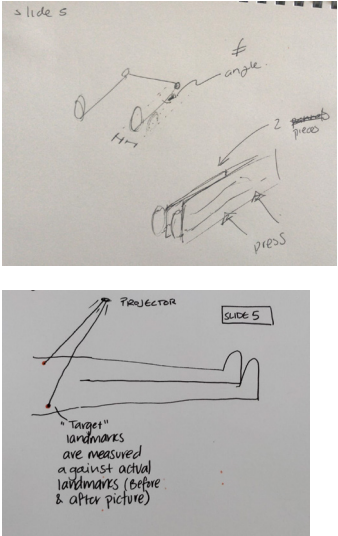
How to give the user a sense of empowerment and control?
(during a measurement)



103

Slide 5

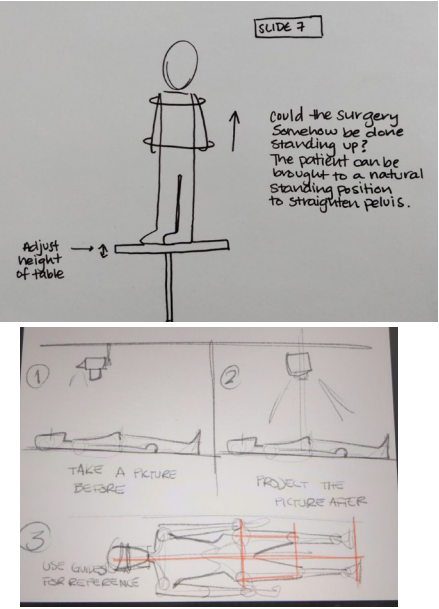
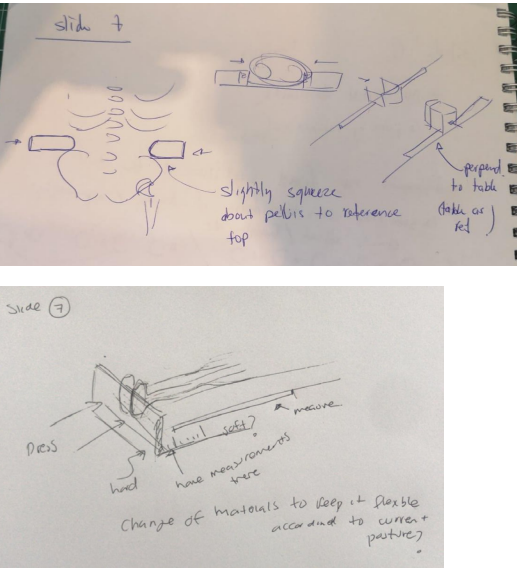
How to measure leg offset discrepancy?
(non-invasively)



102

Slide 7

How to straighten the pelvis?
(before a measurement)



104

Co-Creation Session #5

Evaluating Leg Length Discrepancy during Total Hip Arthroplasty (THA)
Enhancing Conventional Surgical Workflows

5

Program

1. Introduction

- a. Problem
- b. Surgical Context
- c. Fluoroscopy Timeline

2. Solution Criteria

3. Co-Creation

- a. Set-up
- b. Sessions

4. Wrap-up

11

Methodology

Brainwriting & drawing

How-Tos

1. Read your 'How-To...'

2. Write, draw ... everything goes!

3. Time up? Click a picture & send ...

4. Study next slide ...

5. Repeat!

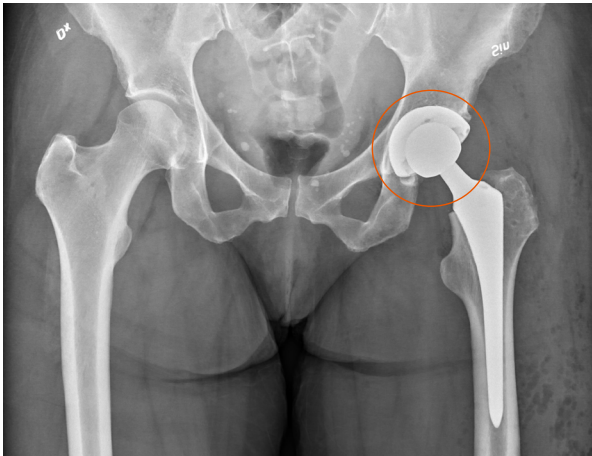
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Problem Introduction

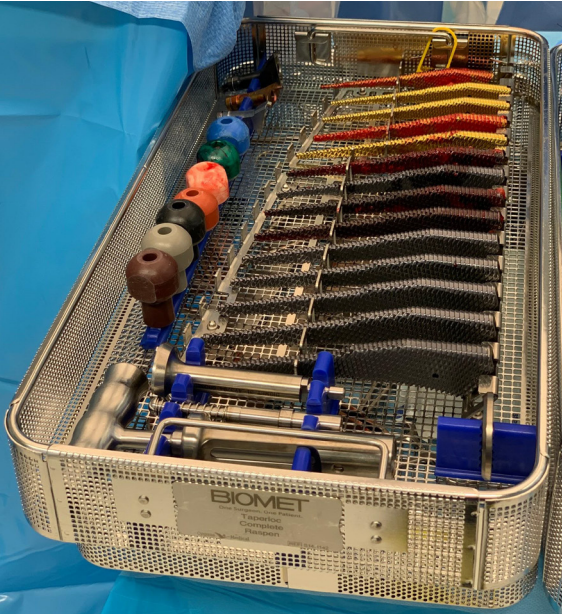
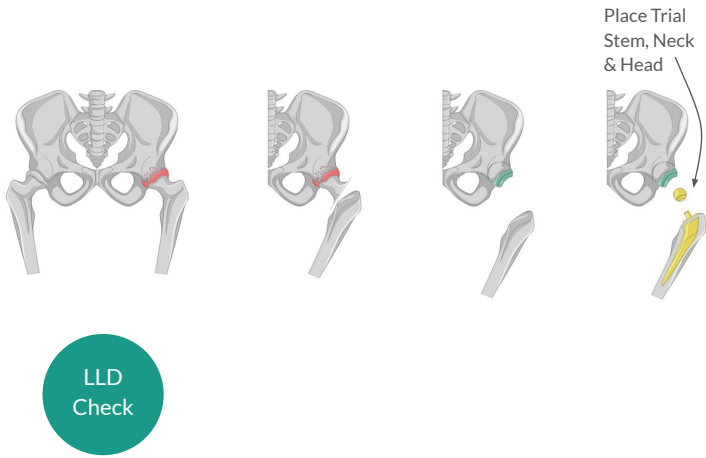
12

Introduction - Problem

“During THA the diseased ball and socket of the hip joint are completely removed and replaced with artificial materials. A femoral component (stem, neck & head) is inserted into the femur (thigh bone) and an acetabular cup is placed in the acetabulum socket of the pelvis.”



Introduction - Problem

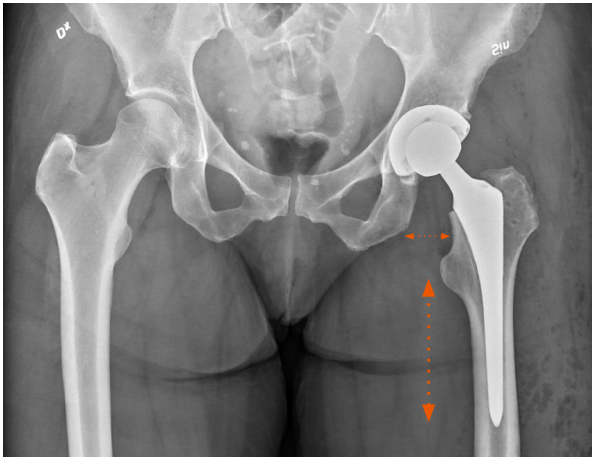


Introduction - Problem

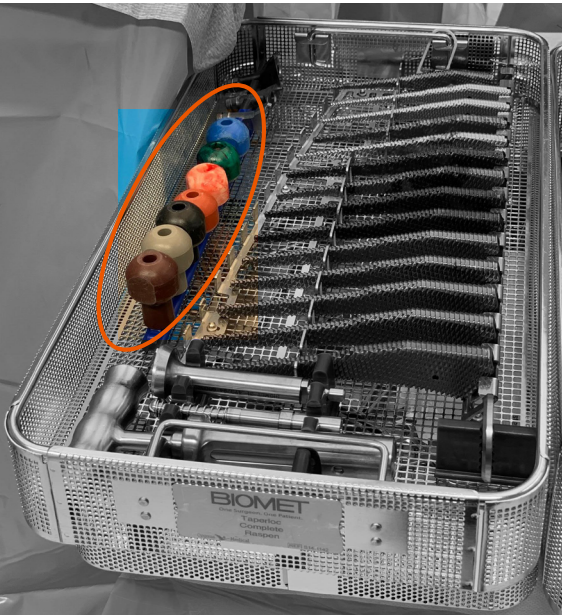
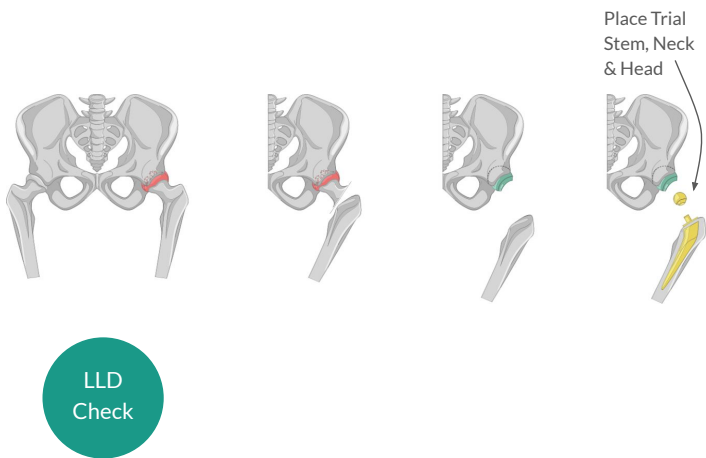
Possible Unintended Consequences

1. Leg Length change
2. Offset change

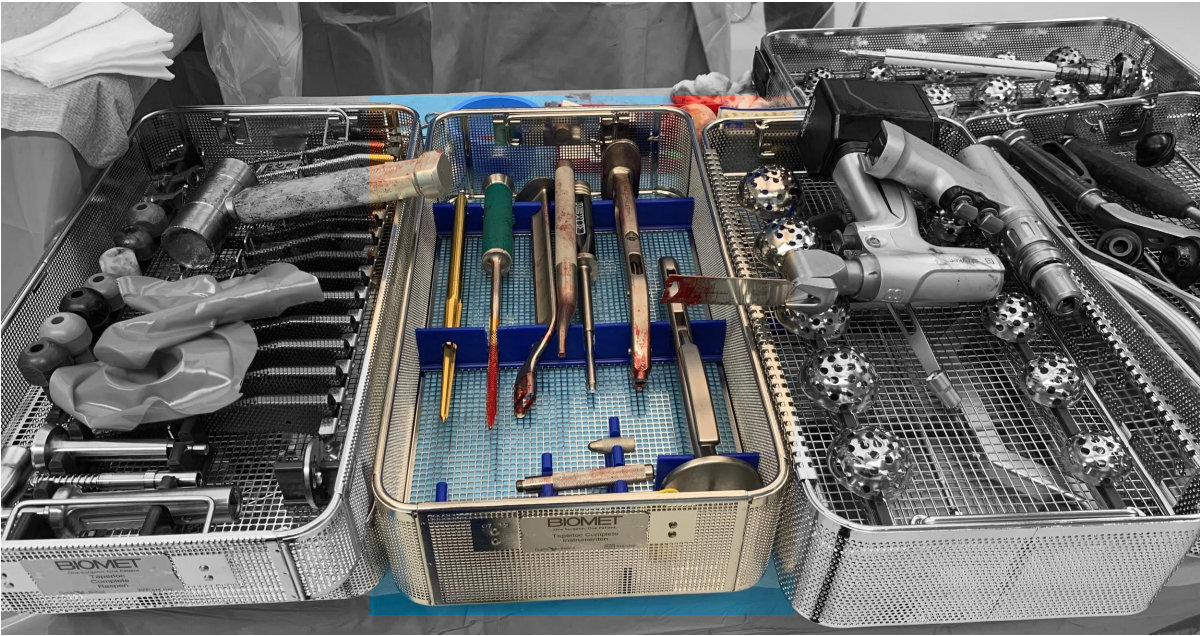
How does that happen?



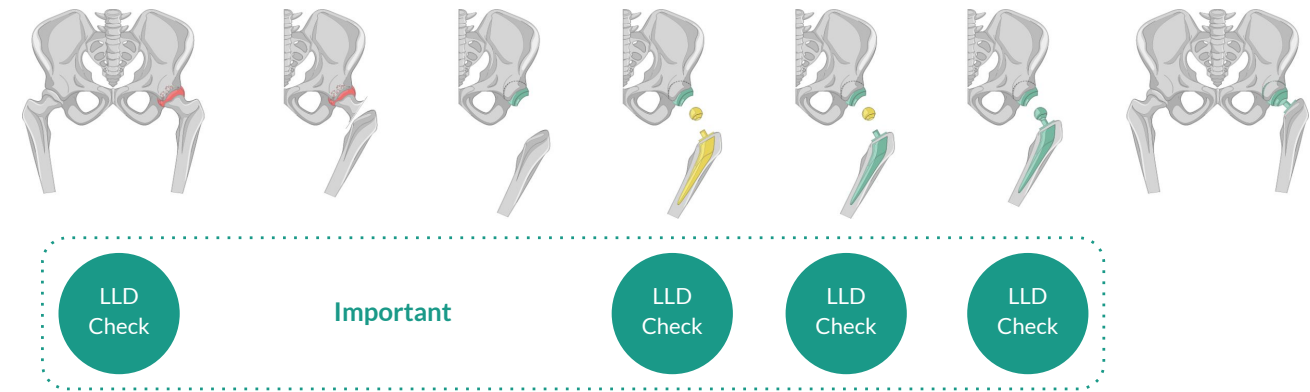
Introduction - Problem



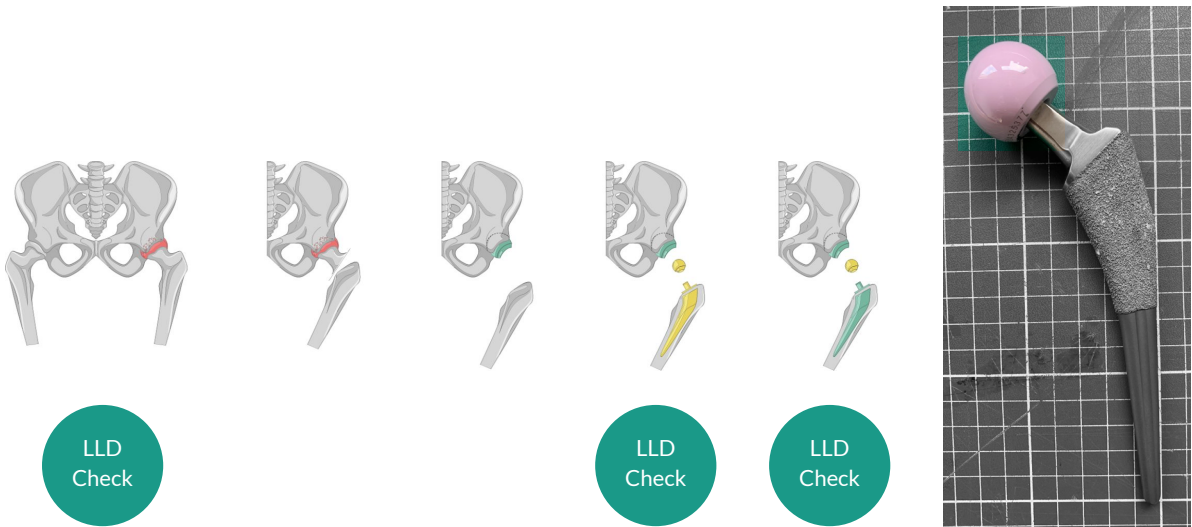
Introduction - Problem



Introduction - Problem



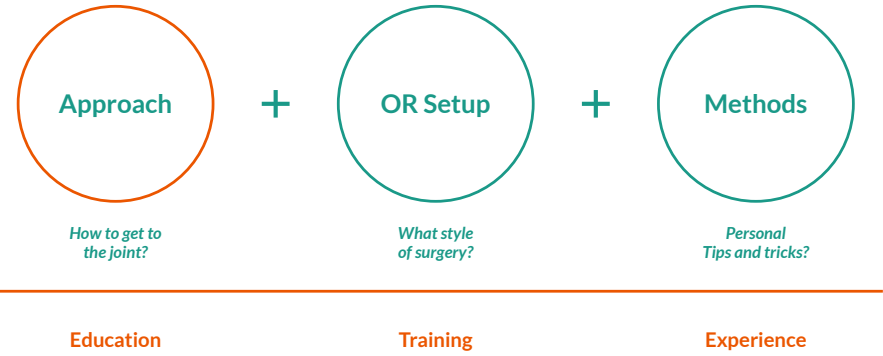
Introduction - Problem



Surgical Context Introduction

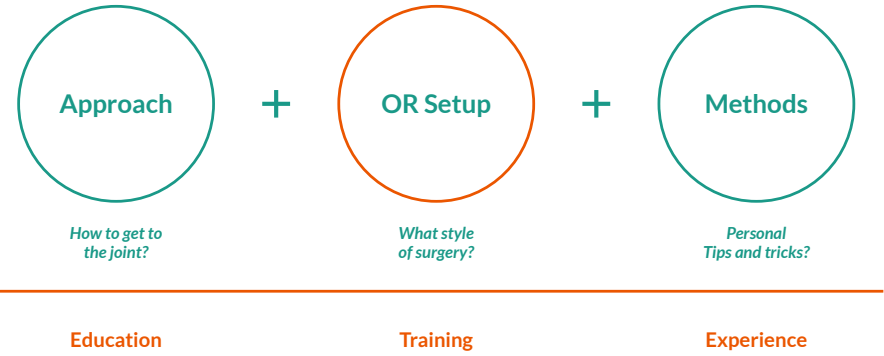
Introduction - Surgical Context

Workflow Customisation



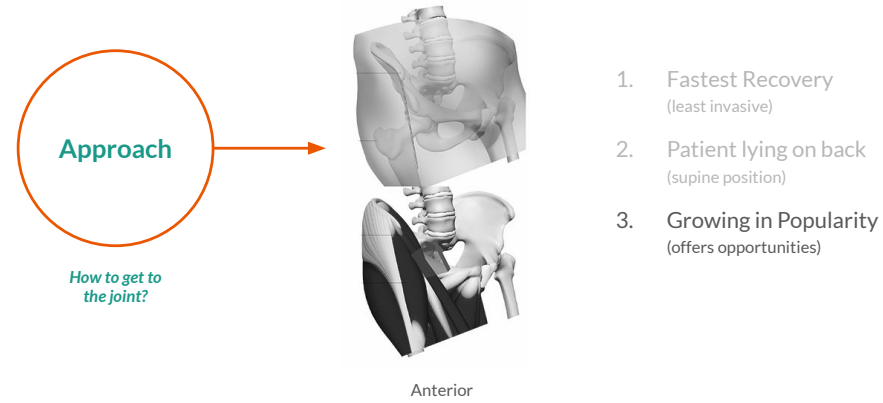
Introduction - Surgical Context

Workflow Customisation

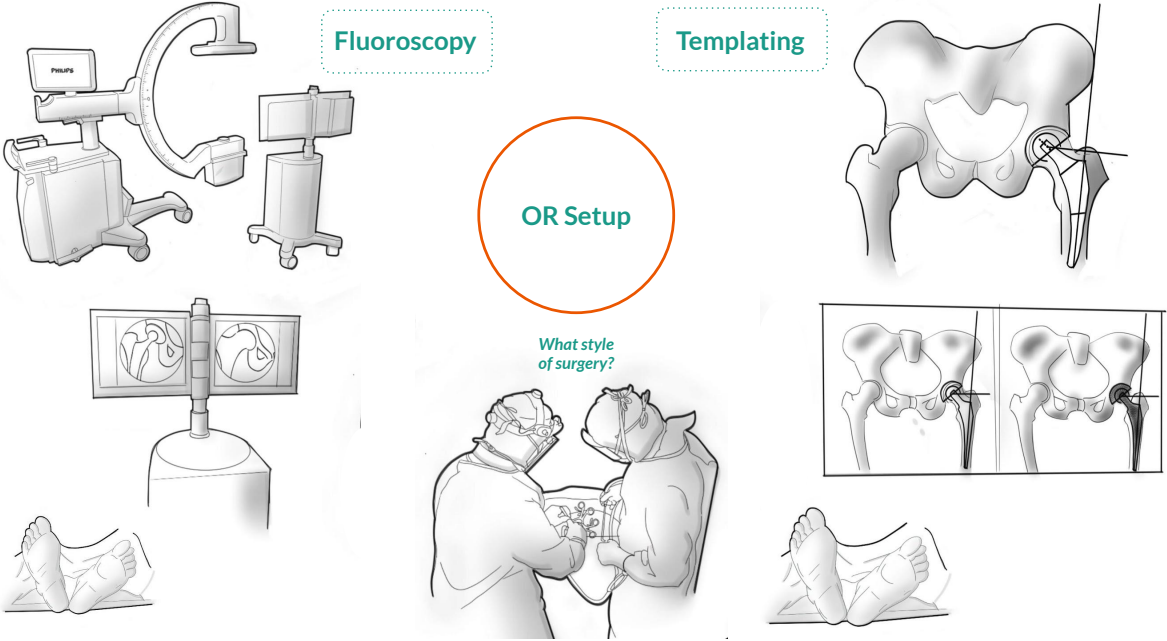


Introduction - Surgical Context

Workflow Customisation



Introduction - Surgical Context



Introduction - Surgical Context

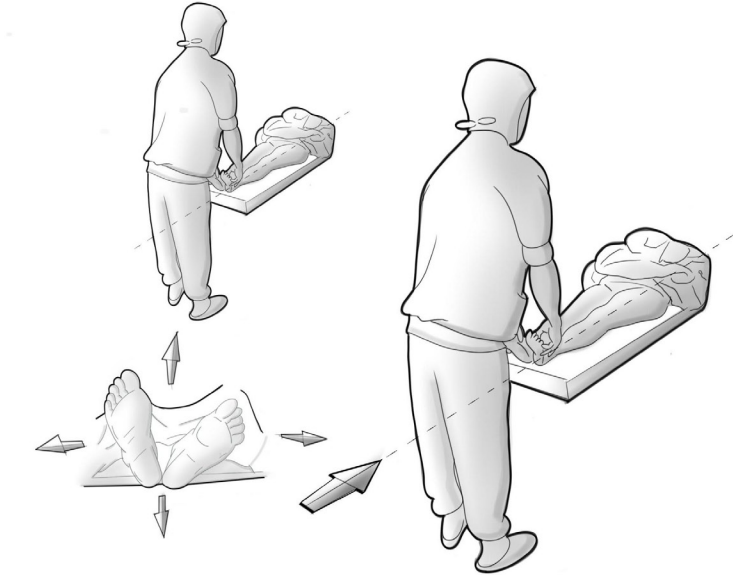


OR Setup

What style of surgery?



Introduction - Surgical Context

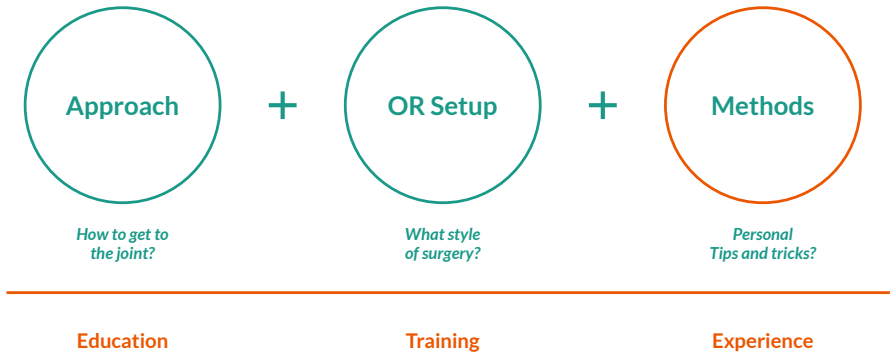


Methods

Personal Tips and tricks?

Introduction - Surgical Context

Workflow Customisation



Introduction - Context



Preoperative LLD Assessment

- 1. Line up Heels
- 2. Straighten Pelvis (move feet around)
- 3. Centre Feet
- 4. Apply pressure (via thumbs)
- 5. **Feel** Difference
- 1. Centre Feet (pointing out at 45°)
- 2. Line up with Chin (straighten pelvis)
- 3. **See** difference



Introduction - Context

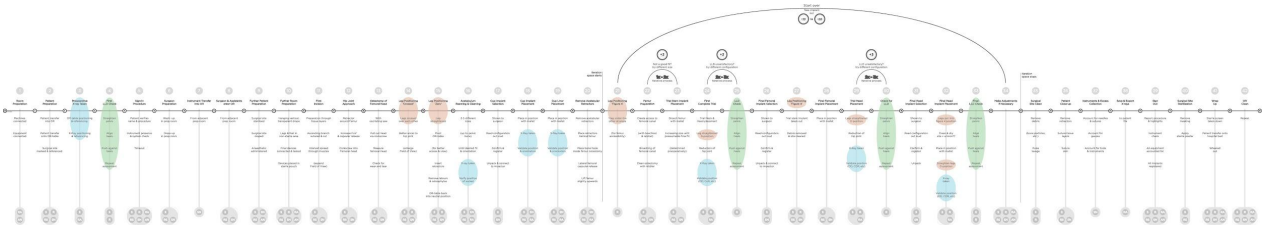


Intraoperative LLD Assessment

- 1. Loaded check (horizontal)
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- 1. Aligned check (tilted)
- 2. See / Feel difference (surgeon)
- 3. Tension test (muscles & ligaments)



Introduction - Surgical Protocol



<https://prezi.com/1mvkmhw0ekno/untitled-prezi/?present=1>

Fluoroscopy Timeline

Introduction

Solution

Criteria



General

Simplicity over Complexity!

- 1. Non-invasive to patient
- 2. Non-disruptive to Workflow
- 3. Purely validation

In case of Genius ... Ignore!



Set-up

- 1 Problem Statement per slide
- 7 Slides = 7 rounds
- 2 min per round
- 1 min to study next slide
- Repeat

Use

- A4 paper
- Drawing Tablet
- Text Box

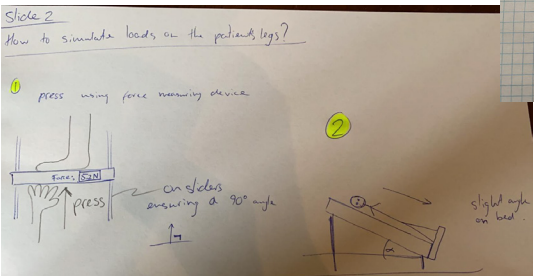
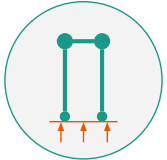
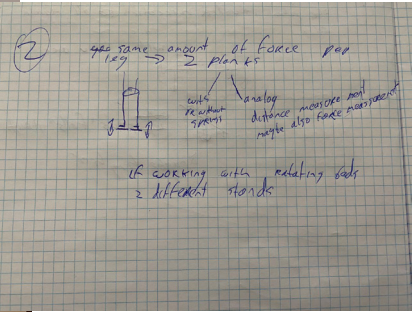
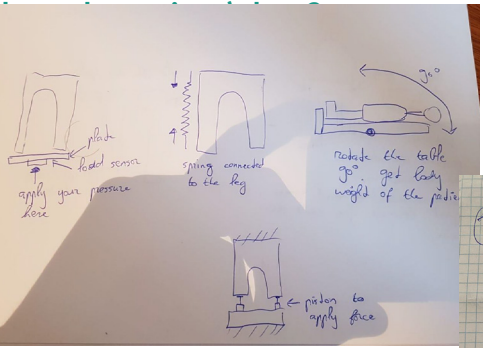
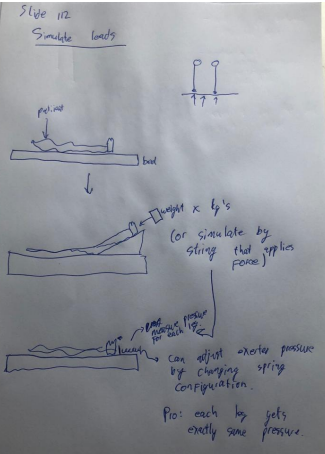
Co-Creation
Set-up

Co-Creation
Sessions

Start!

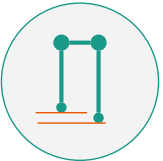
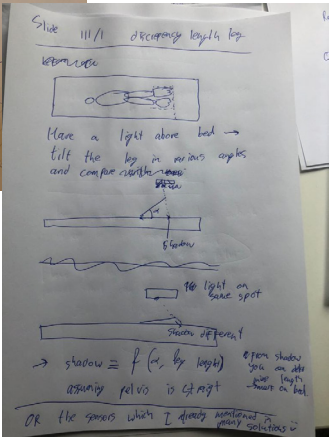
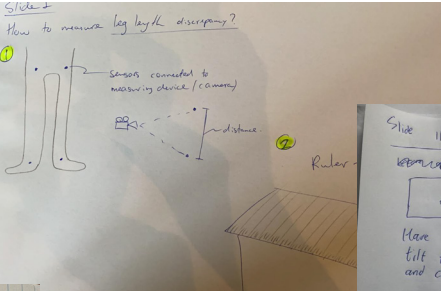
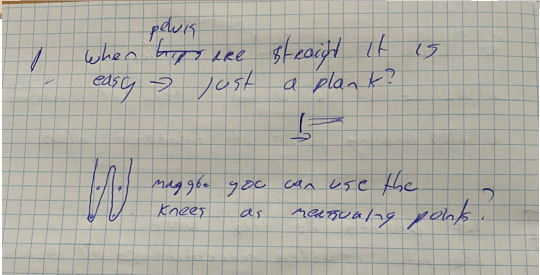
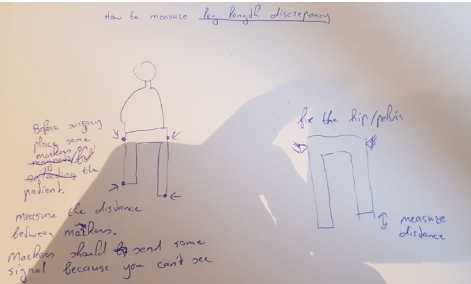
Slide 2

How to simulate load (during a measurement)



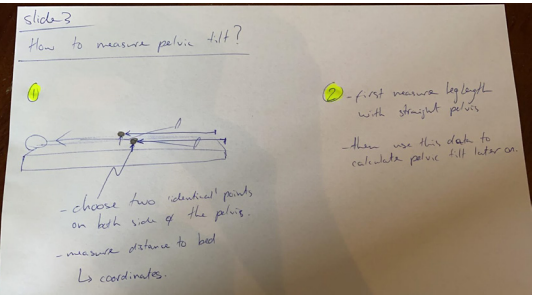
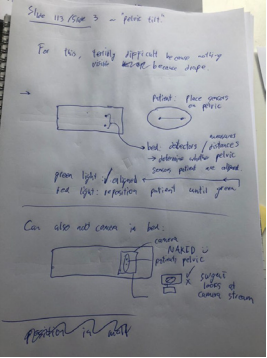
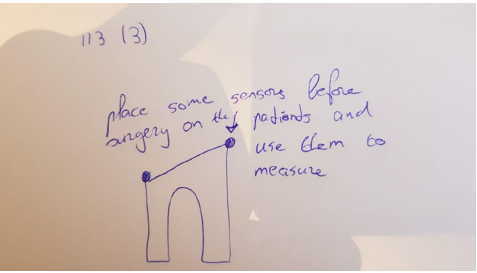
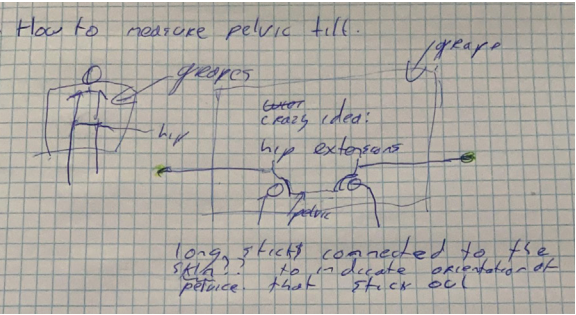
Slide 1

How to measure leg length discrepancy? (non-invasively)



Slide 3

How to measure pelvic tilt?



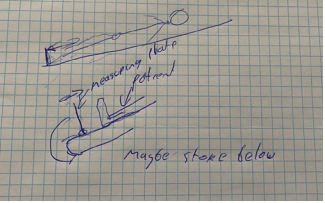
Slide 4

How to make a non-obtrusive device?
(only present when needed / never in the way)

Slide 4
How to make a non-obtrusive device?

- embedded into other components
- part of the bed?
- small
- movable
- familiarity
- if the device is / resembles something that the patient knows

non obtrusive device
it could be part of the bed in
manipulator
+
manipulator
+
maybe shape below



Slide 114 / Slide 115 - non-obtrusive

I like a camera in the head that
analysis position of patient.

Place position on the body
→ like they do for analyzing
movements.

outputs exact
position

Really simple: video algorithm that checks
angles distances, output green light
to proceed, red to re-position body
Only need two extra LEDs and software



114 (4)

- use available physical marks of the patient
- add sensors to the skin
- ~~add the patient's own~~
- give the patient some clothing which stays on the correct position

Slide 6

How to give the user a sense of empowerment and control?

Slide 6
How to give the user a sense of empowerment and control?

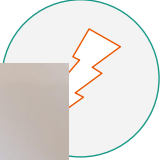
- 1 stop / panic button
- 2 give the patient some sense of influence:
 - choices
 - customization
 - legacy

include him/her in the process.

116 (6)

- use haptic feedback
- use tools based on free input instead of electronic controllers. (surgeon can feel what he does)
- live feedback from sensors

for surgeon to react



6 is little motorization is possible.
advective it as a tool instead of a machine
analog reading output if tolerance allows

Trick:
- Do ~~more~~ research → show improvements
- ~~be~~ provide training
- tools should be very similar to the ones they already use
→
- If adding technology/software:
make it user-friendly, easy to use
→ more it implantable in the surgeon's method.
Only ~~handwritten~~ that surgeon
needs already performs!
Just a tool to check.

Slide 5

How to measure leg offset discrepancy?
(non-invasively)

5

- photo ~~graphical~~ ^{without x-rays}
- lines on the table?
- ~~check~~ ^{standing} ~~standing~~ ^{steals}
- something on a rail to the side

movable "storage position"

Slide 5
How to measure leg offset discrepancy?

- 1
- 2 compare measuring system
- 3 motion-capture technology?

distance between
bones and upper
using some kind of
sliding caliper device.

distance between
bones and upper
using some kind of
sliding caliper device.

Slide 115 / 116 leg offset discrepancy

Mark location before operation

band

→ put exactly on same spot
→ measure if those shift

Requires same leg position:
this should be a standard



115 (5)

- make a centerline on the operation table and use eyes/camera to measure offset
- use memory foam to compare new with old position

Slide 7

How to straighten the pelvis?

Slide 7
How to straighten the pelvis?

- 1 memory foam: table
- 2 extra device on operation table

1. position pelvis straight
2. make the memory
3. operation

device that physically holds down the pelvis to a straight position.

let gravity do its work
the patient is under traction so all muscles relax

holder below area

auto ~~depress~~ ^{relax} ~~relax~~ ^{falls} ~~height~~ ^{height}

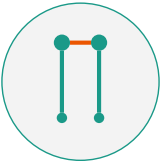
maybe higher

Slide 117/118 straighten

With the already existing sensor it should be easy.

Place markers on the bed which have to be tracked

Place something on back/butt of patient that can be aligned with bed



117 (7)

- use a rail/slide to align pelvis
- use sensors to align the pelvis
- before surgery draw a line on the pelvis
- use this line to align patient
- fix shoulders and pull on legs

fixation points

Co-Creation Session #6

Evaluating Leg Length Discrepancy during Total Hip Arthroplasty (THA)
Enhancing Conventional Surgical Workflows

6

Program

1. Introduction

- a. Problem
- b. Surgical Context
- c. Fluoroscopy Timeline

2. Solution Criteria

3. Co-Creation

- a. Set-up
- b. Sessions

4. Wrap-up

11

Methodology

Brainwriting & drawing

How-Tos

1. Read your 'How-To...'

2. Write, draw ... everything goes!

3. Time up? Click a picture & send ...

4. Study next slide ...

5. Repeat!

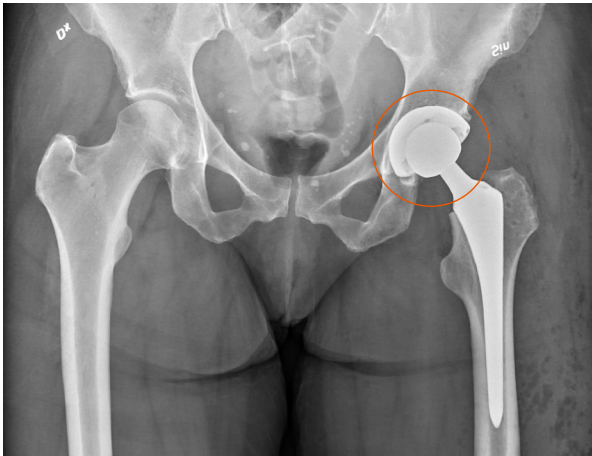
7

Problem Introduction

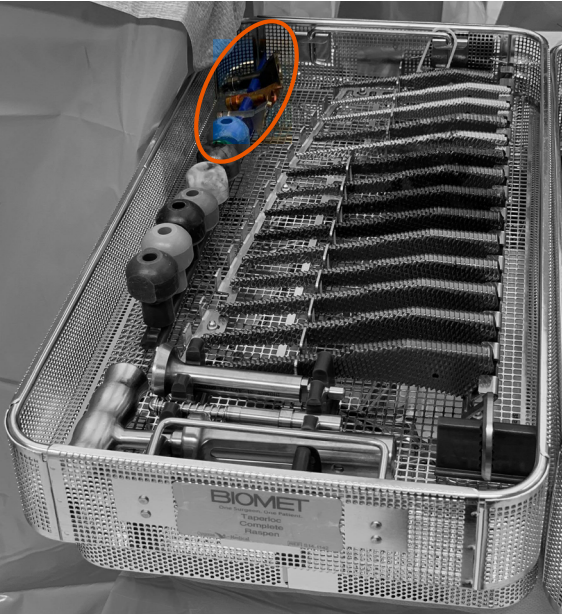
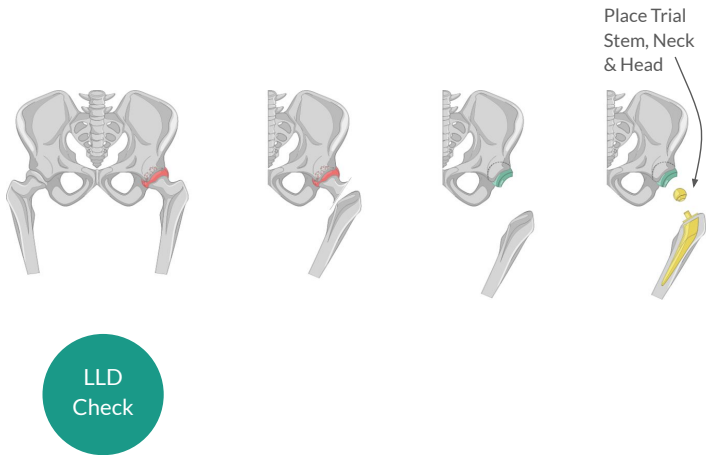
12

Introduction - Problem

“During THA the diseased ball and socket of the hip joint are completely removed and replaced with artificial materials. A femoral component (stem, neck & head) is inserted into the femur (thigh bone) and an acetabular cup is placed in the acetabulum socket of the pelvis.”



Introduction - Problem

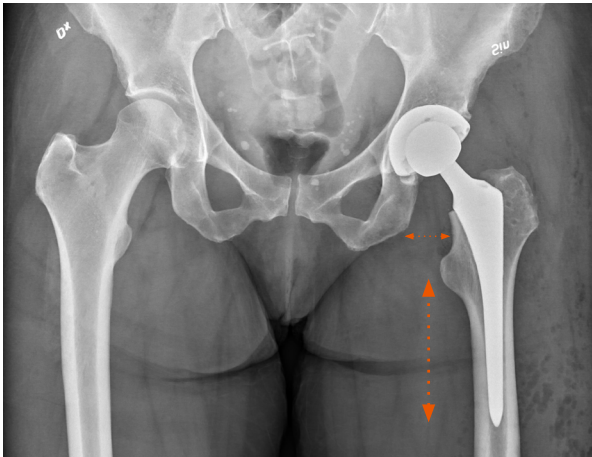


Introduction - Problem

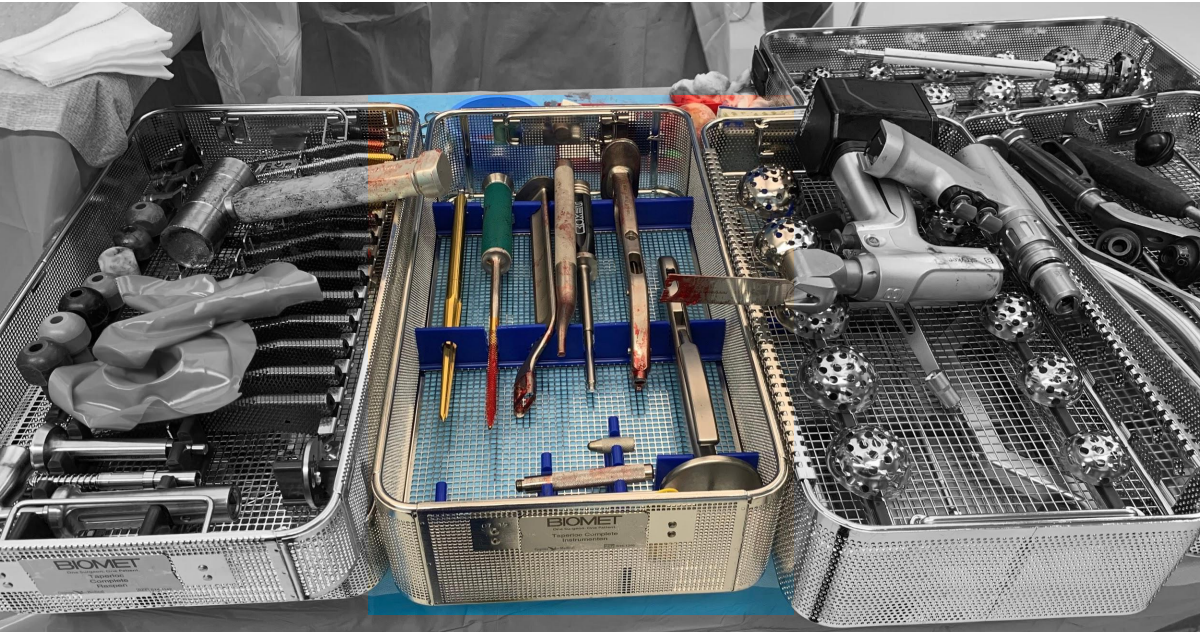
Possible
Unintended Consequences

- 1. Leg Length change
- 2. Offset change

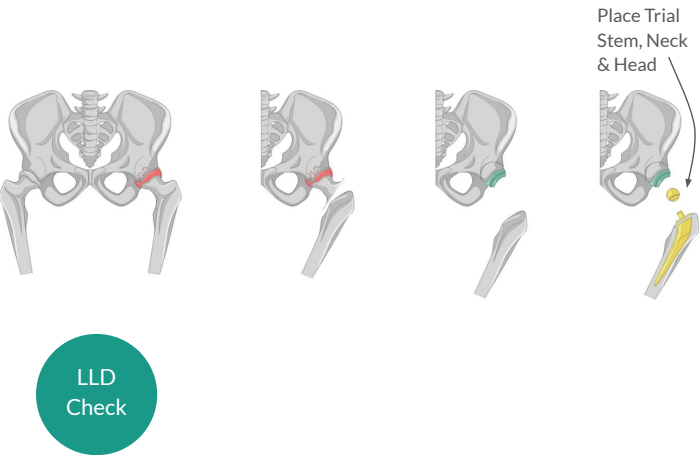
How does that happen?



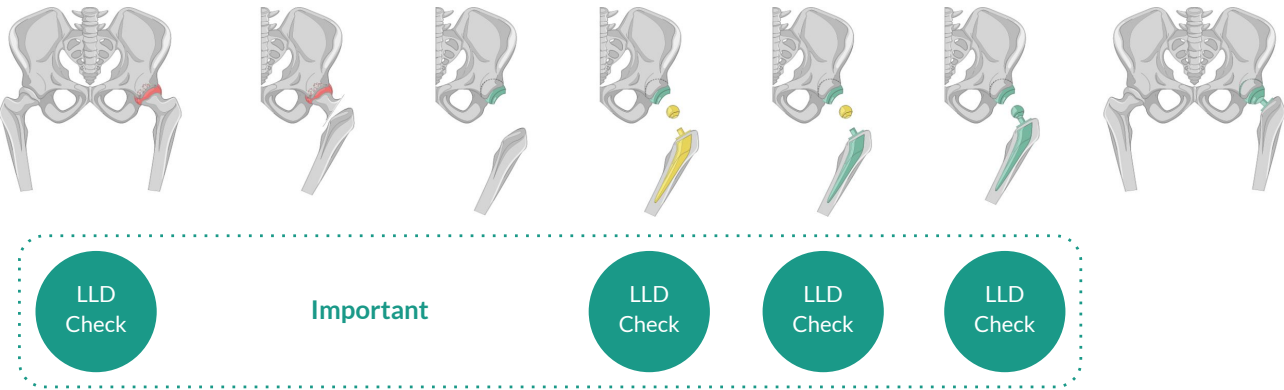
Introduction - Problem



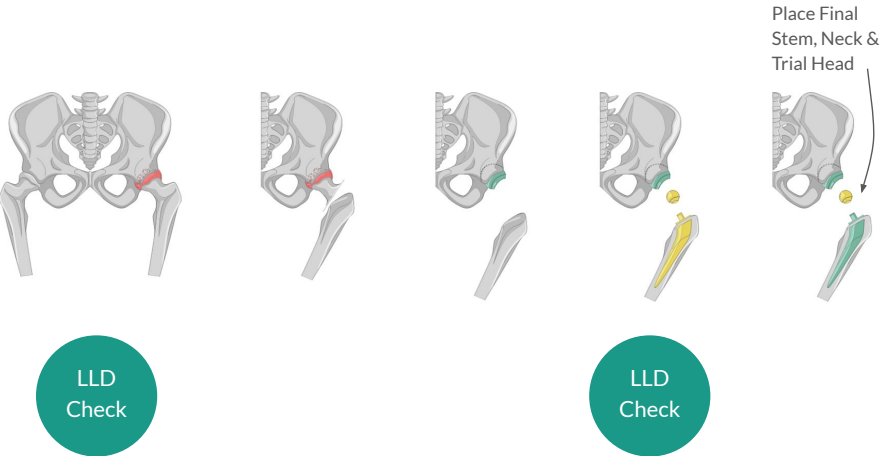
Introduction - Problem



Introduction - Problem



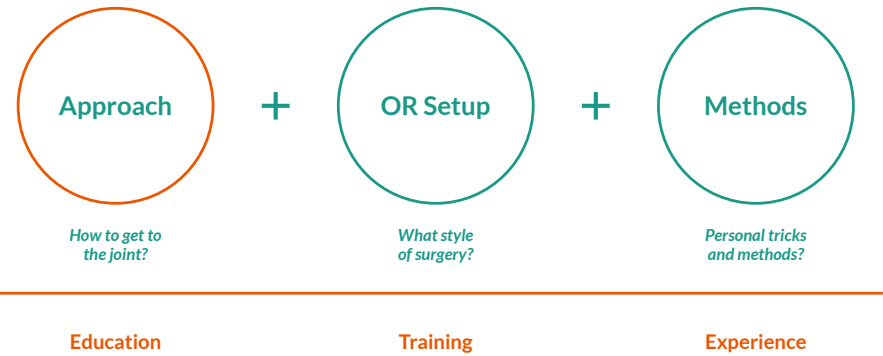
Introduction - Problem



Surgical Context Introduction

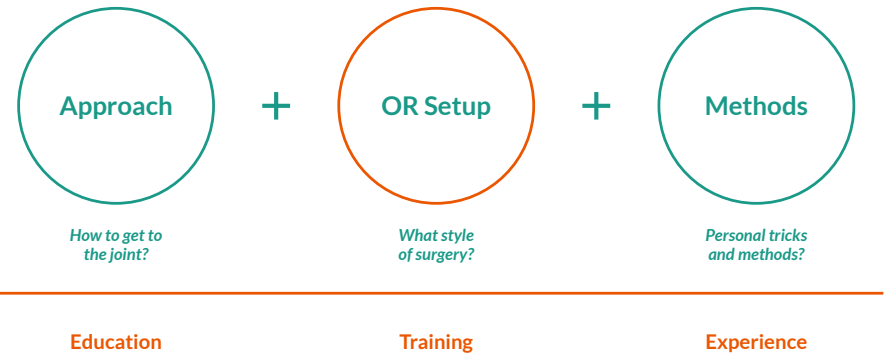
Introduction - Surgical Context

Workflow Customisation



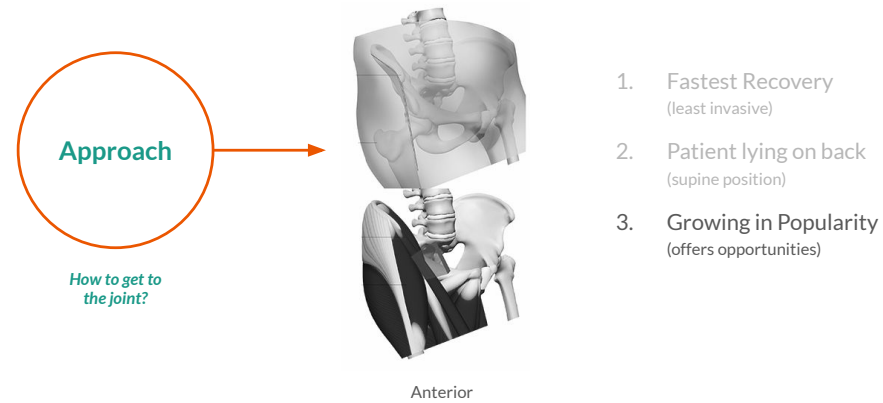
Introduction - Surgical Context

Workflow Customisation

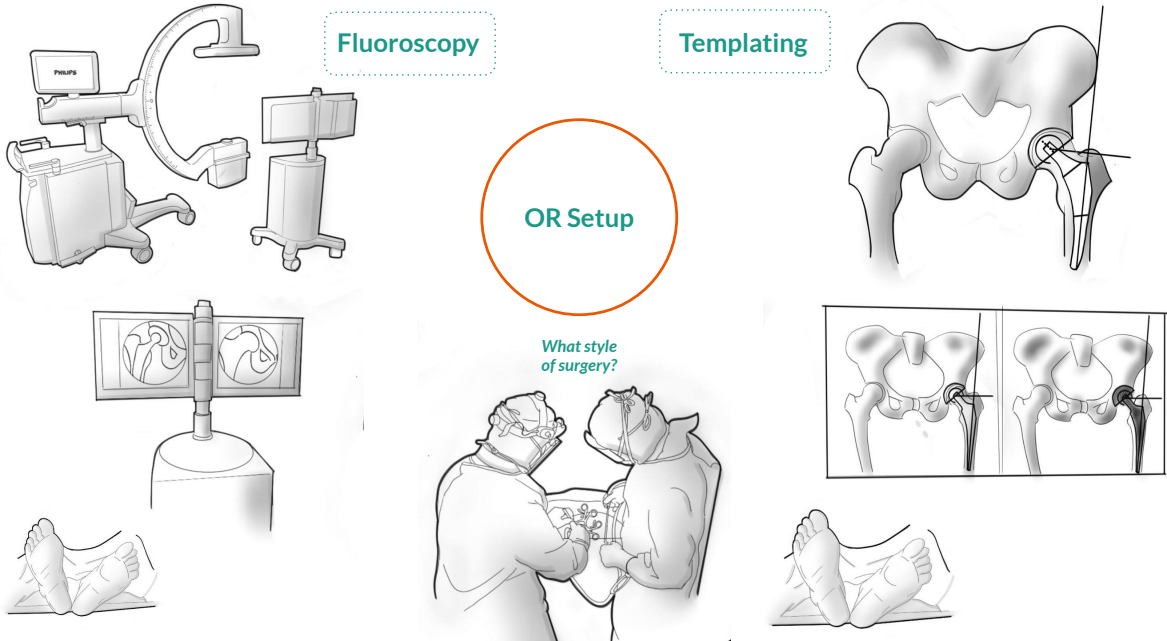


Introduction - Surgical Context

Workflow Customisation



Introduction - Surgical Context



Introduction - Surgical Context



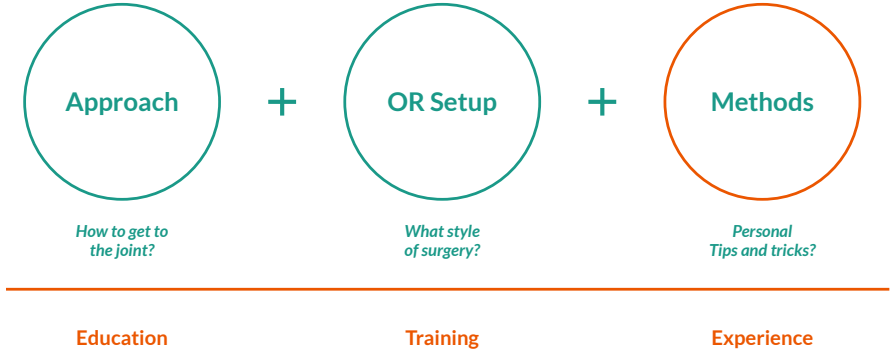
OR Setup

What style of surgery?



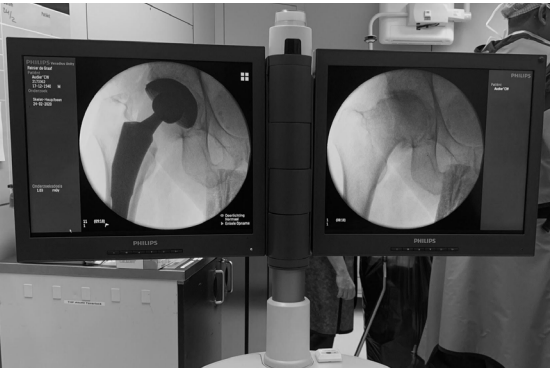
Introduction - Surgical Context

Workflow Customisation



Introduction - Context

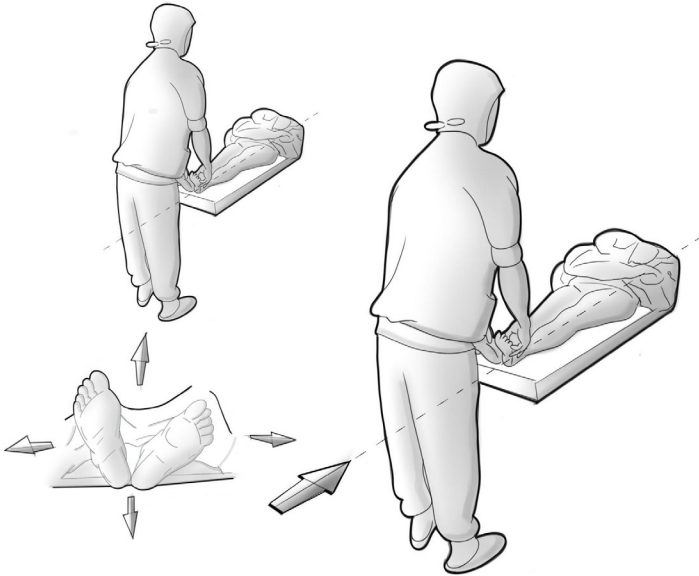
Fluoroscopy



Templating



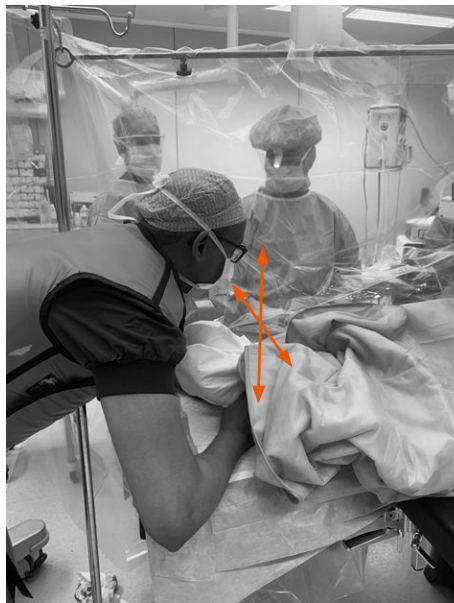
Introduction - Surgical Context



Methods

Personal Tips and tricks?

Introduction - Surgical Context



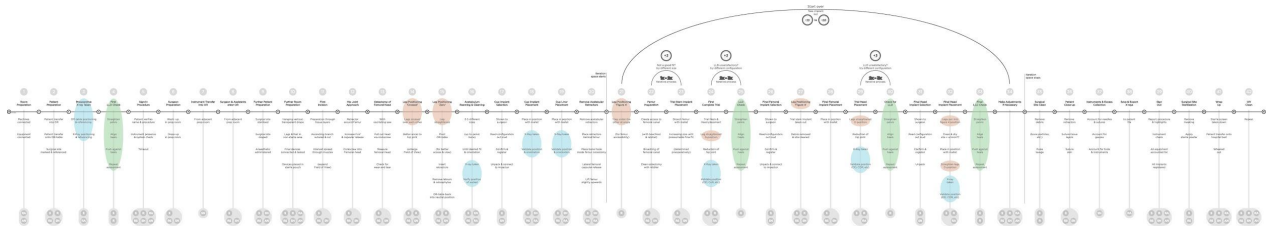
Fluoroscopy Timeline Introduction

90

Introduction - Surgical Context



Introduction - Surgical Protocol



<https://prezi.com/1mvkmhw0ekno/untitled-prezi/?present=1>

Solution Criteria

92

Co-Creation Set-up

98

Solution Criteria

General

Simplicity over Complexity!

- 1. Non-invasive to patient
- 2. Non-disruptive to Workflow
- 3. Purely validation

In case of Genius ... Ignore!

97

Set-up

- 1 Problem Statement per slide
- 7 Slides = 7 rounds
- 2 min per round
- 1 min to study next slide
- Repeat

Use

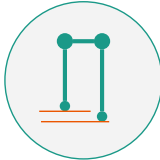
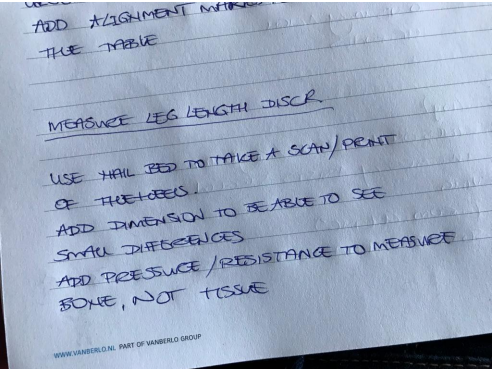
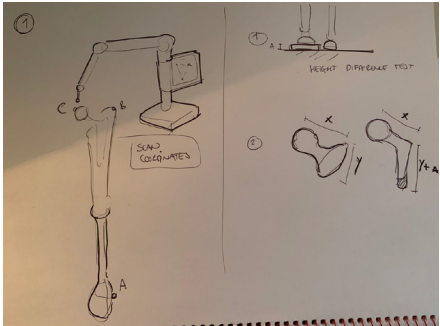
- A4 paper
- Drawing Tablet
- Text Box

104

Co-Creation Sessions

Slide 1

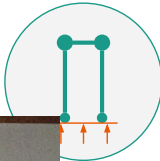
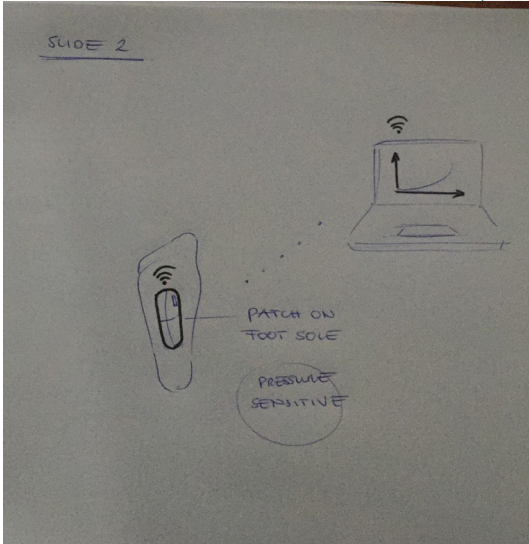
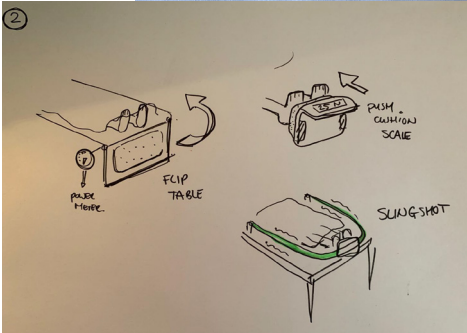
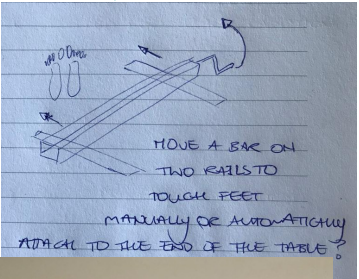
How to measure leg length discrepancy? (non-invasively)



Start!

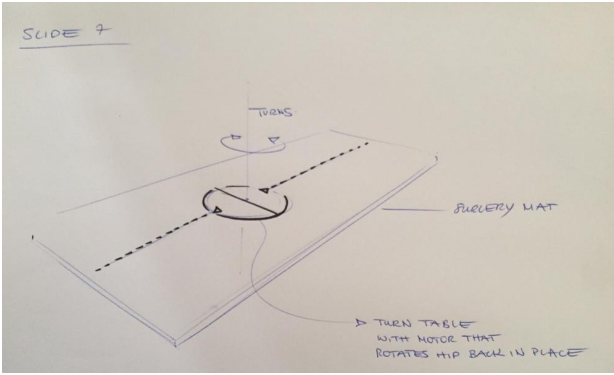
Slide 2

How to simulate loads on the patient's legs? (during a measurement)

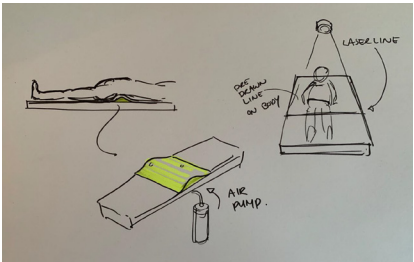



Slide 7

How to straighten the pelvis?
(before a measurement)



STRAIGHTEN THE PELVIS
PLACE PATIENT ON A
MOVING DISC / PLATEAU
THAT CAN BE FIXED OR
UNLOCKED TO ROTATE
ADD ALIGNMENT MARKS TO
THE TABLE



The background of the slide is split diagonally from the top-left corner to the bottom-right corner. The upper-left portion is white, and the lower-right portion is a solid teal color.

Appendix E

Expert Session Slides

BRAINSTORM

- Warm-up Riddle
- Compiling sketches
- Put relevant ideas on Post-it



CO-CREATION SESSIONS

[illegible]

The diagram illustrates the four stages of the proposed algorithm:

- Set-up:** A boat is shown with a green dashed line representing a path. A red dot is labeled "Example" and a green dot is labeled "Optimal".
- Example Stages:** Two boats are shown. The first boat has a green dashed line path with a red dot labeled "Example" and a green dot labeled "Optimal". The second boat has a green dashed line path with a red dot labeled "Example" and a green dot labeled "Optimal".
- Optimal Process:** Two boats are shown. The first boat has a green dashed line path with a red dot labeled "Example" and a green dot labeled "Optimal". The second boat has a green dashed line path with a red dot labeled "Example" and a green dot labeled "Optimal".
- Retrieval Scenario:** Two boats are shown. The first boat has a green dashed line path with a red dot labeled "Example" and a green dot labeled "Optimal". The second boat has a green dashed line path with a red dot labeled "Example" and a green dot labeled "Optimal".

You are on a fishing boat and about to test your new net. The netter is suspended by 4 buoys and you control the position of the buoys and hence the position of the net. It is actually very easy:

The buoys are connected by two rings and two floats line. This allows the net to move dynamically and morph into different shapes. The optimal shape for the net is retrieved when the sea is calm and the net is at the end of the ring line being on the far end.

Due to bad weather conditions, your visibility will ~~ENHANCE~~ drop from seeing the 2 furthest buoys, once you release the net into the sea. How do you achieve the required shape for retrieval of the net?

You can modify the buoys before releasing the net or change the type of floats, even use one or another boat... ~~Nothing to do!~~ **Just!**

What would you do?

- Warm-up Riddle
- Compiling sketches

5

POST-IT-OLOGICAL CHART



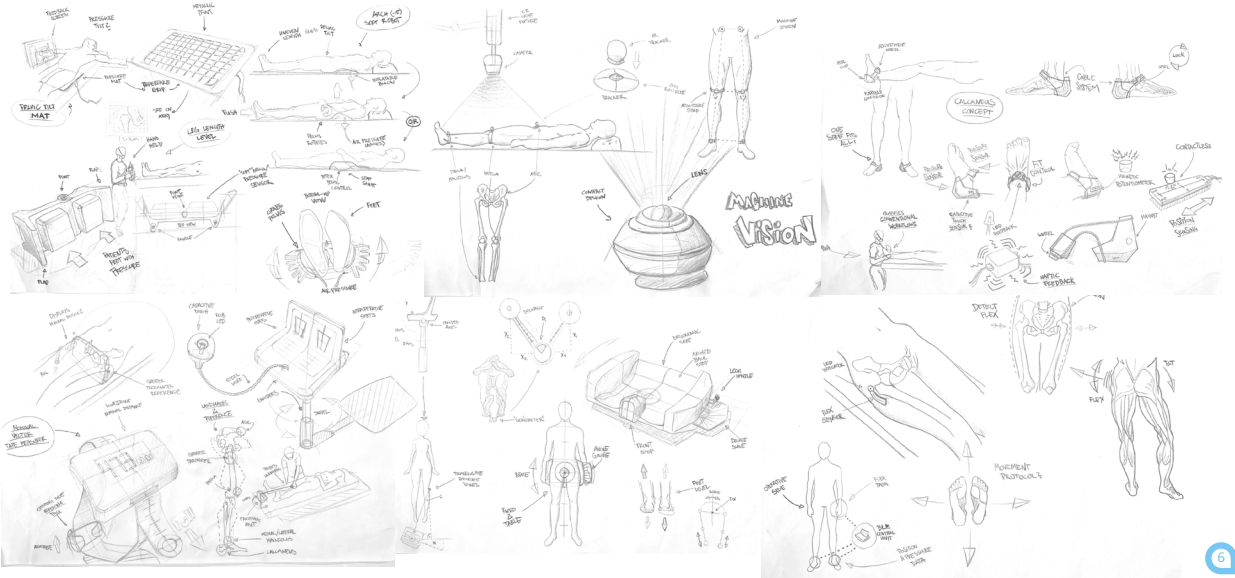
- Warm-up Riddle
- Compiling sketches
- Put relevant ideas on Post-it
- Sorting Ideas
 - Post-it logical Chart
 - LLD Assessment
 - Pelvic Tilt (PT)
 - OD Assessment
 - Pelvis Straightening
 - Pelvic Fixation
 - LLD / PT / OD Triangulation Tracking
 - LLD / PT / OD Mechatronic
 - LLD / Tension Assessment
 - Advanced Tech
 - Alignment Markers / Backdrops
 - Small Ideas



RECAP

18.09.2020

IDEATION SKETCHES

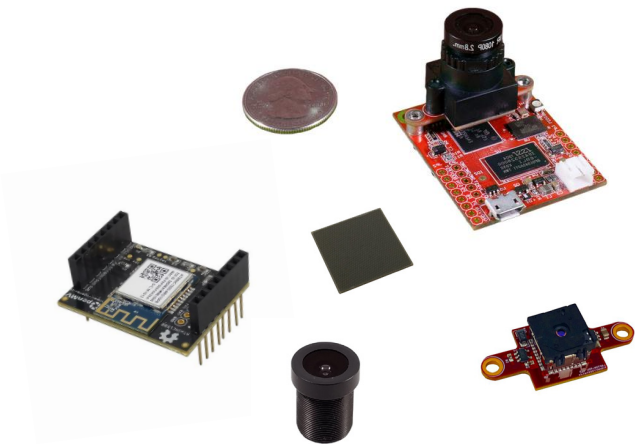


6

RECAP

18.09.2020

CONCEPT DIRECTIONS



Last Steps

- Warm-up Riddle
- Compiling sketches
- Put relevant ideas on Post-it
- Sorting Ideas
 - Post-It ological Chart
 - LLD Assessment
 - Pelvic Tilt (PT)
 - OD Assessment
 - Pelvis Straightening
 - Pelvic Fixation
 - LLD / PT / OD Triangulation Tracking
 - LLD / PT / OD Mechatronic
 - LLD / Tension Assessment
 - Advanced Tech
 - Alignment Markers / Backdrops
 - Small Ideas

7

RECAP

18.09.2020

CONCEPT DIRECTIONS



Last Steps

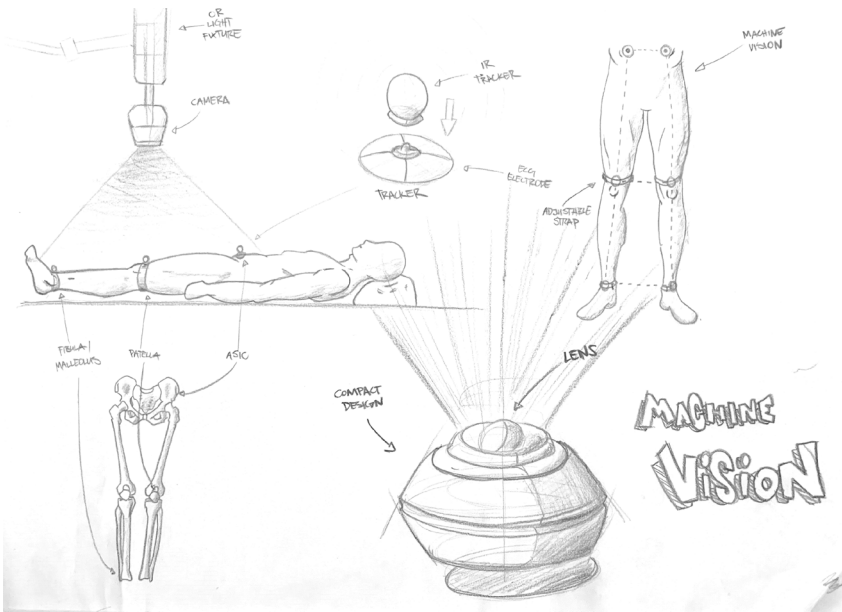
- Warm-up Riddle
- Compiling sketches
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 - Alignment Markers / Backdrops
 - Small Ideas

7

RECAP

18.09.2020

CONCEPT DIRECTIONS

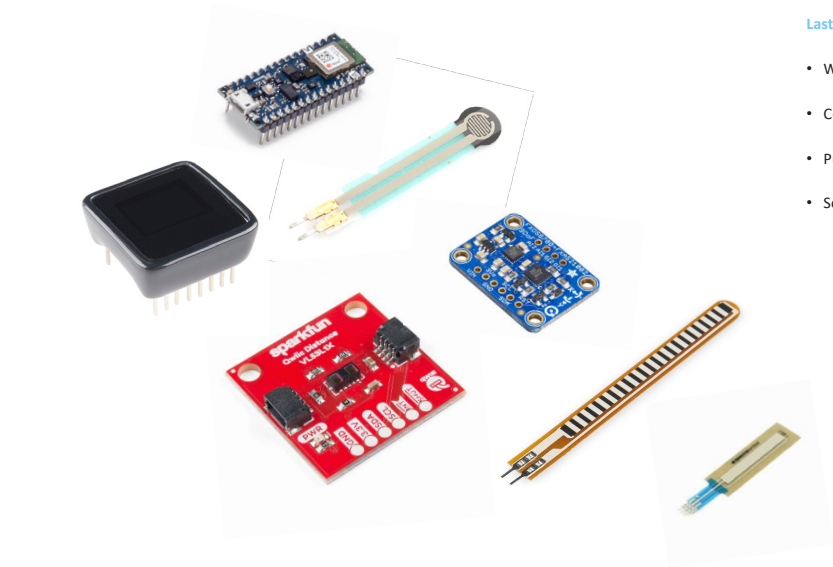


7

RECAP

CONCEPT DIRECTIONS

18.09.2020



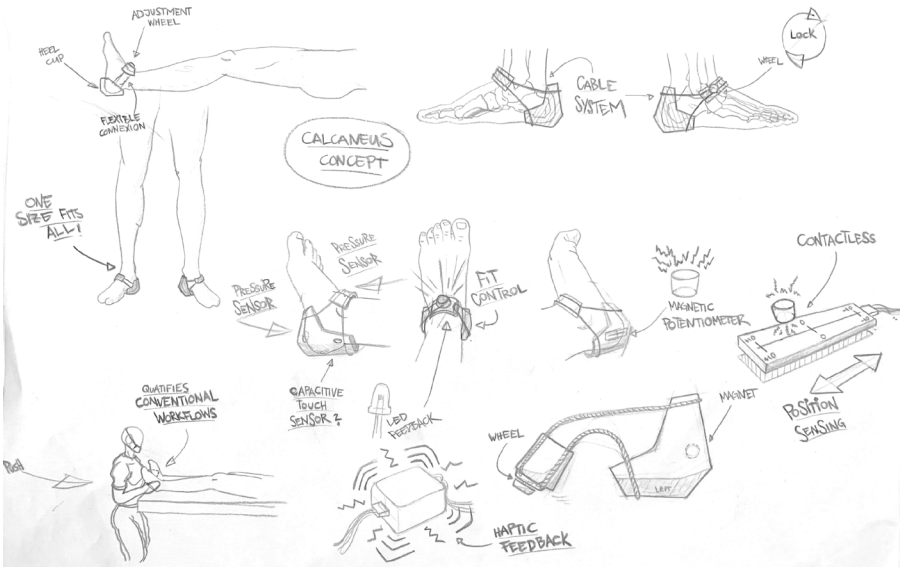
- Last Steps
- Warm-up Riddle
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 - Advanced Tech
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RECAP

CONCEPT DIRECTIONS

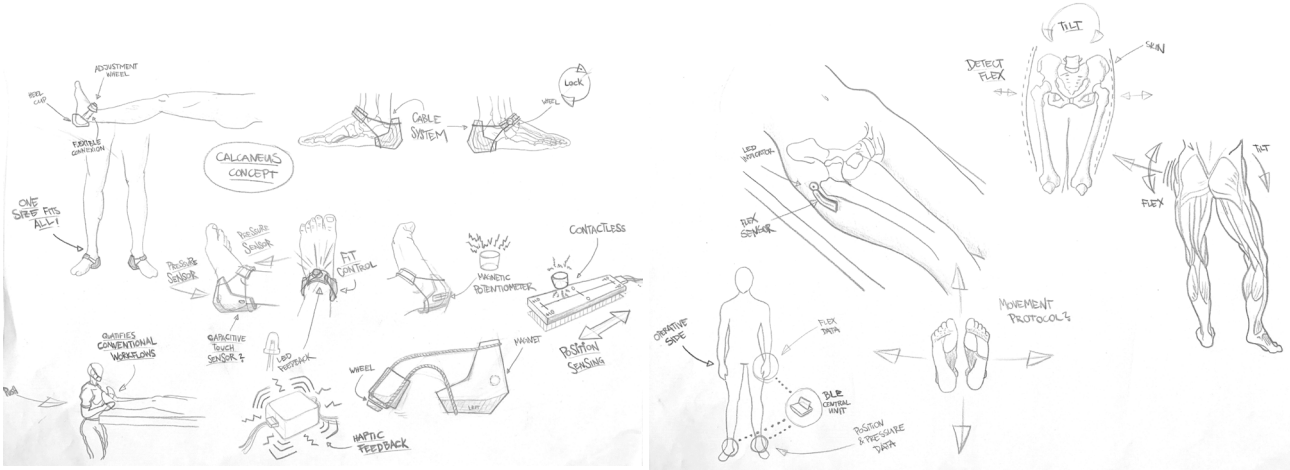
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RECAP

CONCEPT DIRECTIONS

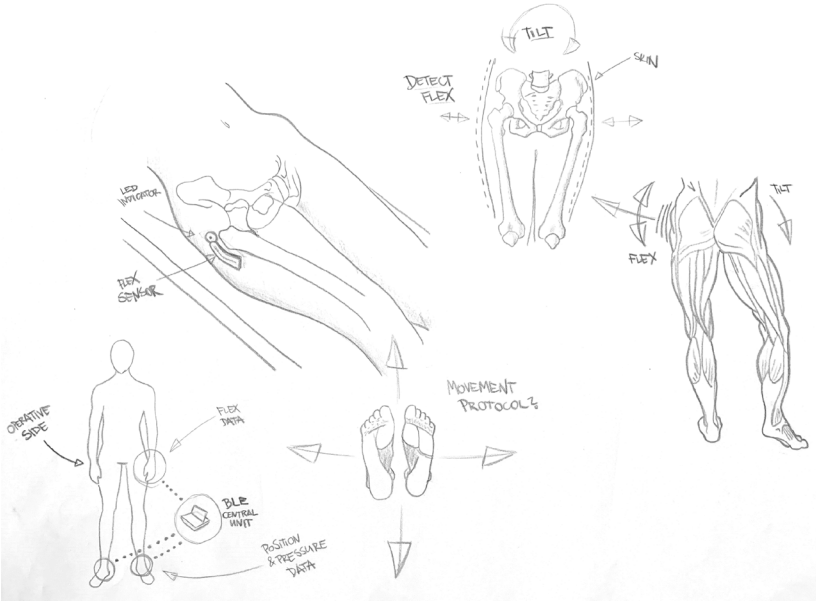
18.09.2020



RECAP

CONCEPT DIRECTIONS

18.09.2020



BI-WEEKLY MEETING

09.09.2020

PROOF OF CONCEPTS

PoC #1 – Gesture Tracking

- Facilitating Leap Motion
 - Using diagnostic software



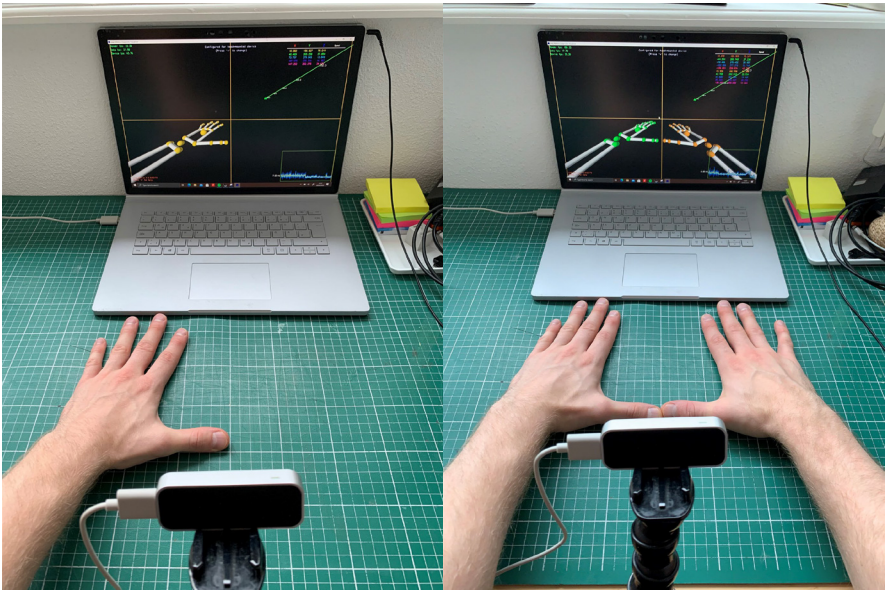
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

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- Facilitating Leap Motion
 - Using diagnostic software



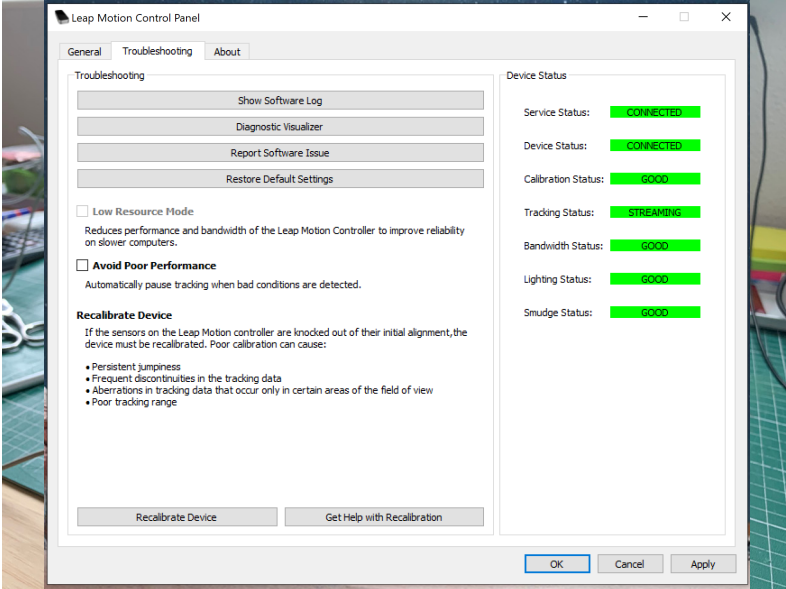
BI-WEEKLY MEETING

18.09.2020

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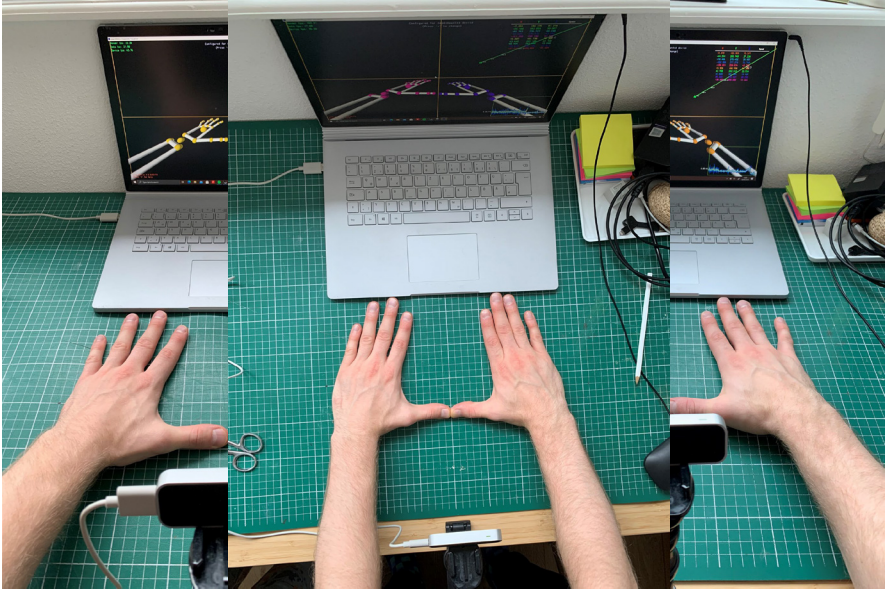
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #1 – Gesture Tracking

- Facilitating Leap Motion
 - Using diagnostic software



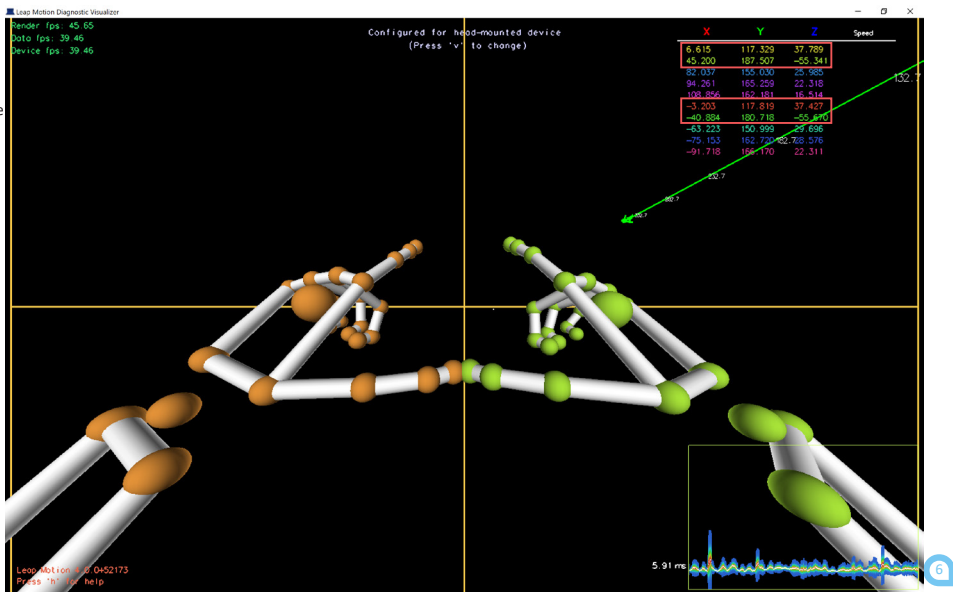
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #1 – Gesture Tracking

- Facilitating Leap Motion
 - Using diagnostic software
- Findings
 - Mediocre accuracy
 - Tolerance of +- 5mm



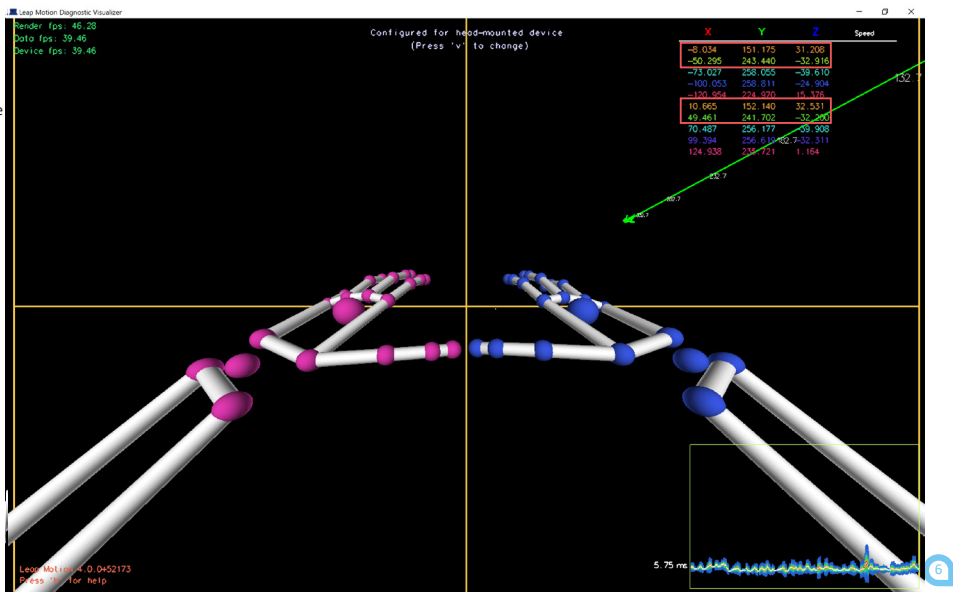
BI-WEEKLY MEETING

18.09.2020

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- Facilitating Leap Motion
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- Findings
 - Mediocre accuracy
 - Tolerance of +- 5mm



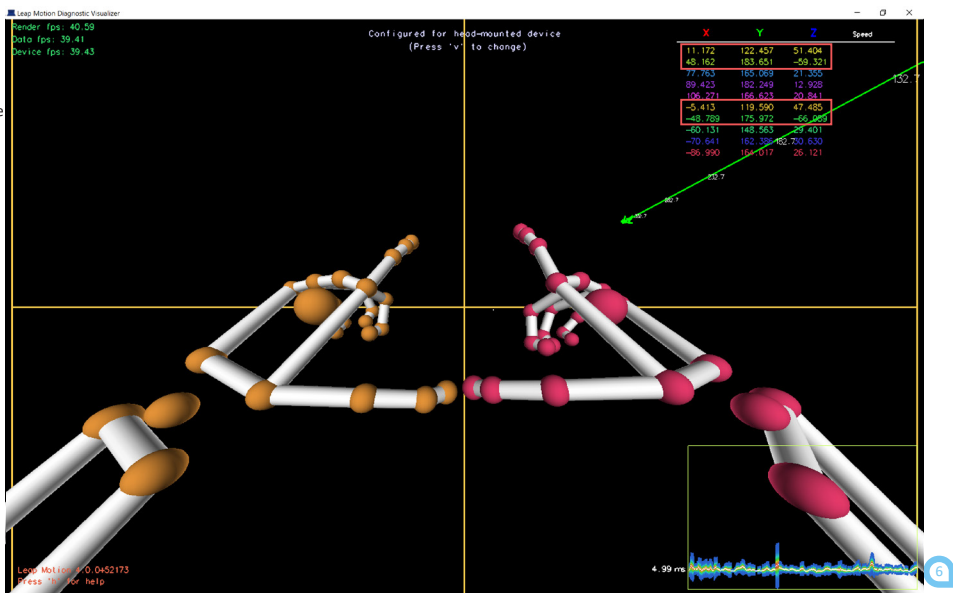
BI-WEEKLY MEETING

18.09.2020

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PoC #1 – Gesture Tracking

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 - Using diagnostic software
- Findings
 - Mediocre accuracy
 - Tolerance of +- 5mm



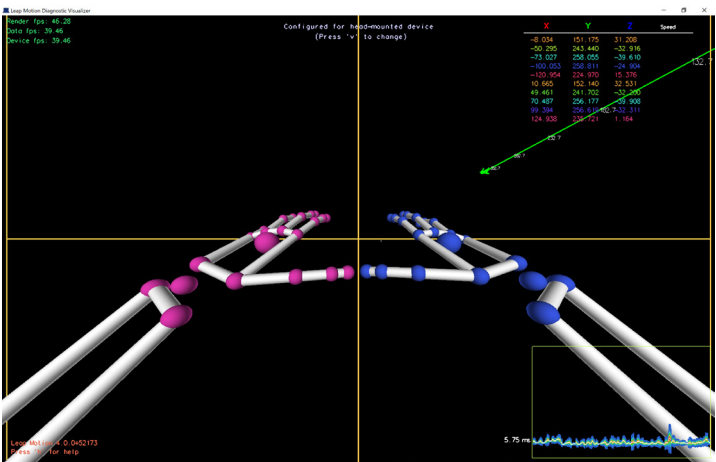
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #1 – Gesture Tracking

- Facilitating Leap Motion
 - Using diagnostic software
- Findings
 - Mediocre accuracy
 - Tolerance of +- 5mm
- Conclusion
 - Interesting but currently not feasible



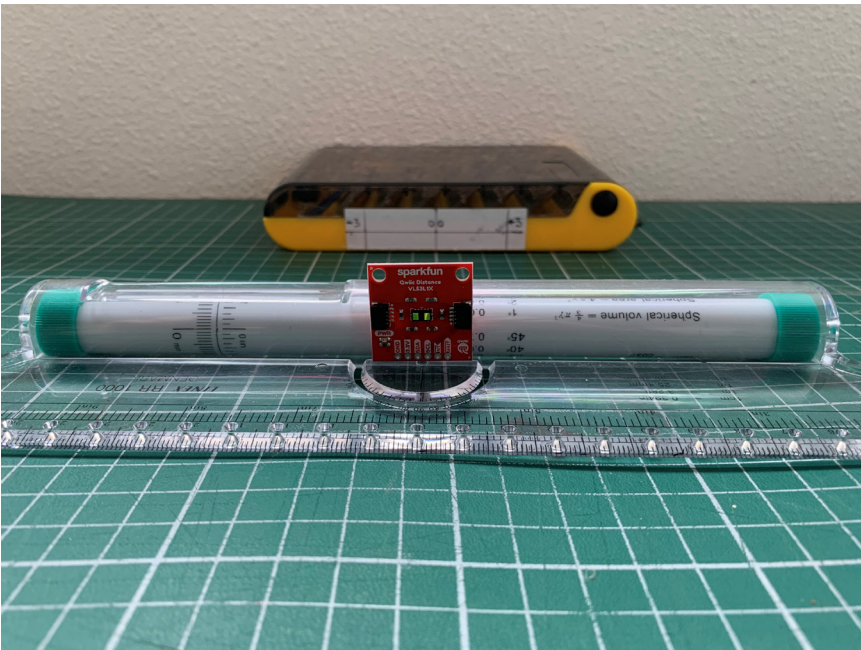
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #2 – VCSEL Sensor

- Simple testing script
- Cutting mat
- Target surface



6

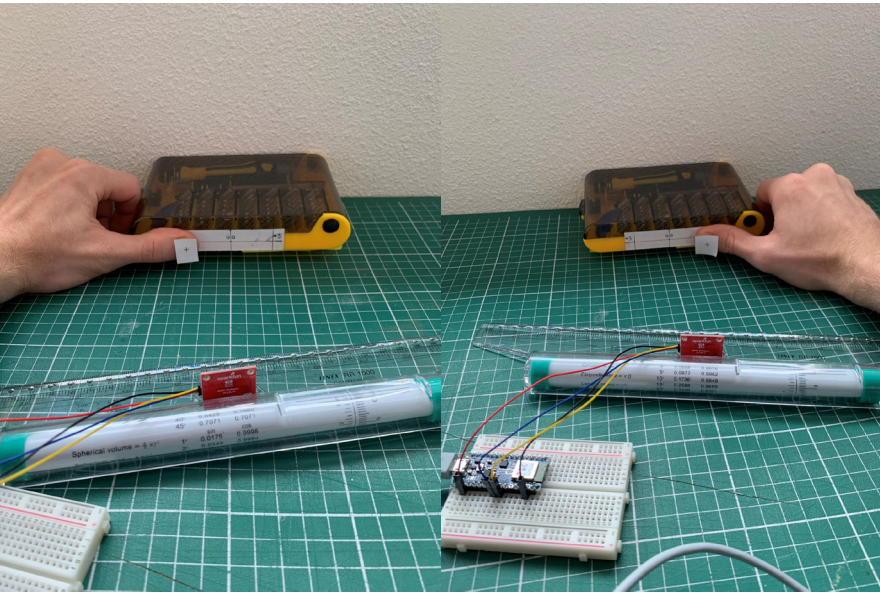
BI-WEEKLY MEETING

18.09.2020

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6

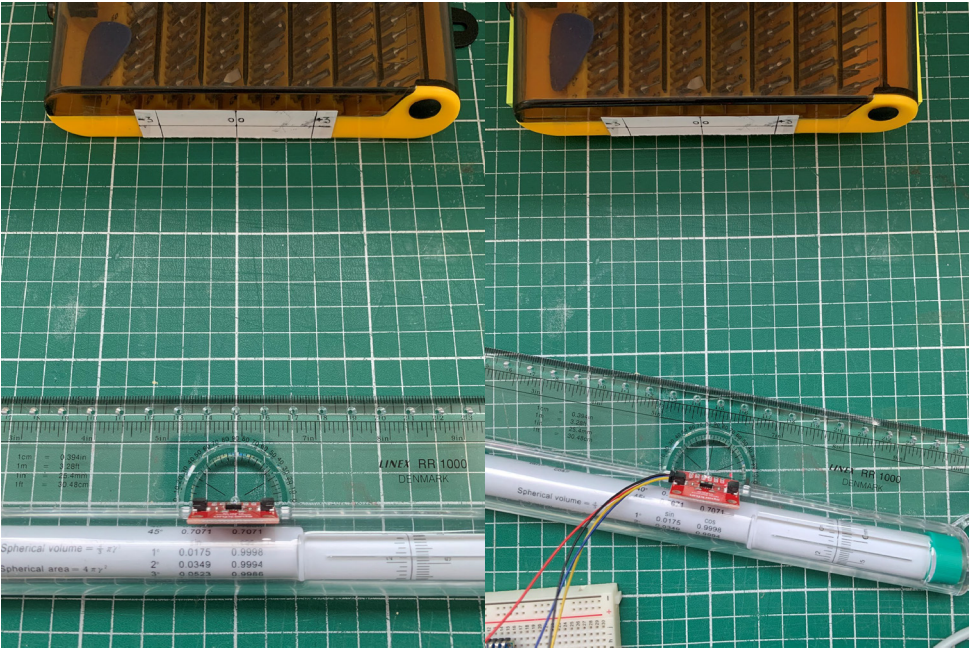
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #2 – VCSEL Sensor

- Simple testing script
- Cutting mat
- Target surface



6

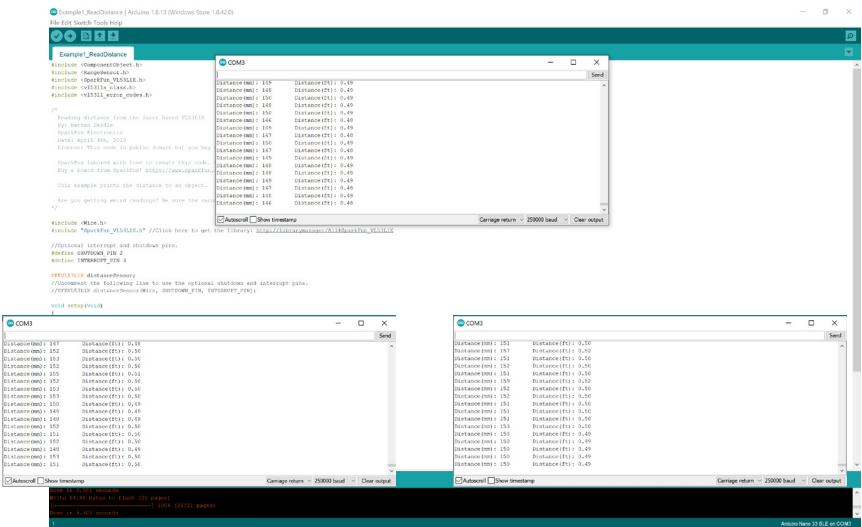
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #2 – VCSEL Sensor

- Simple testing script
- Cutting mat
- Target surface
- Findings
 - Good accuracy
 - Tolerance of +- 3mm
- Conclusion
 - Feasible
 - Complex setup required



6

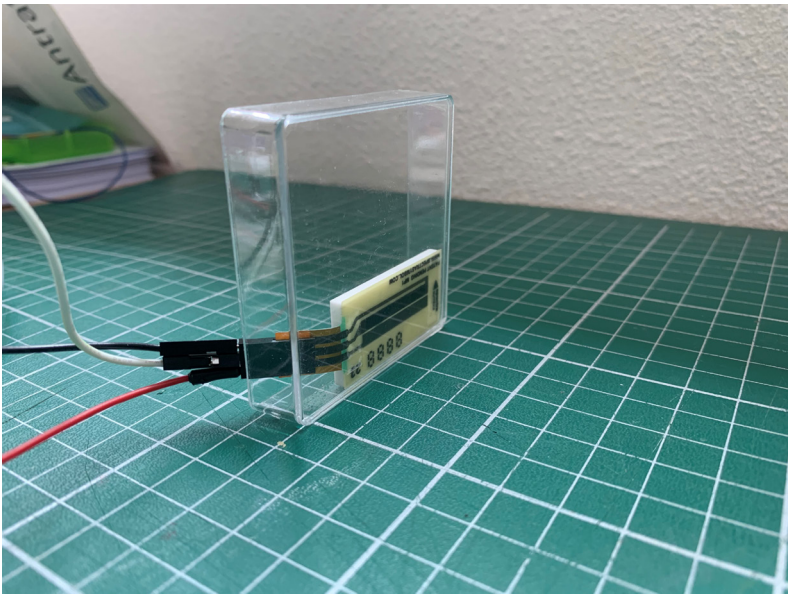
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #3 – MagnetoPot

- Simple testing script
 - Magnet
 - Caliper(for displacement measurement)



6

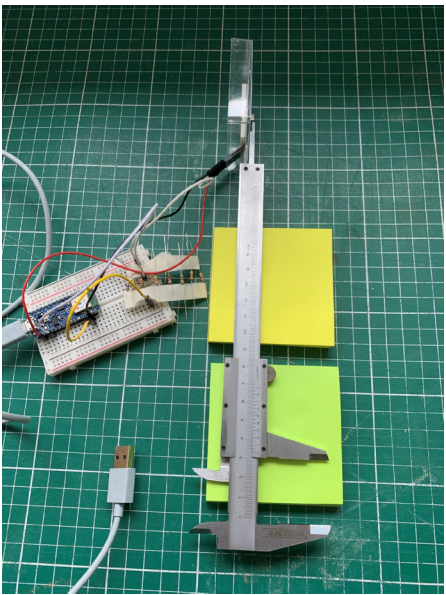
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #3 – MagnetoPot

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 - Magnet
 - Caliper(for displacement measurement)



6

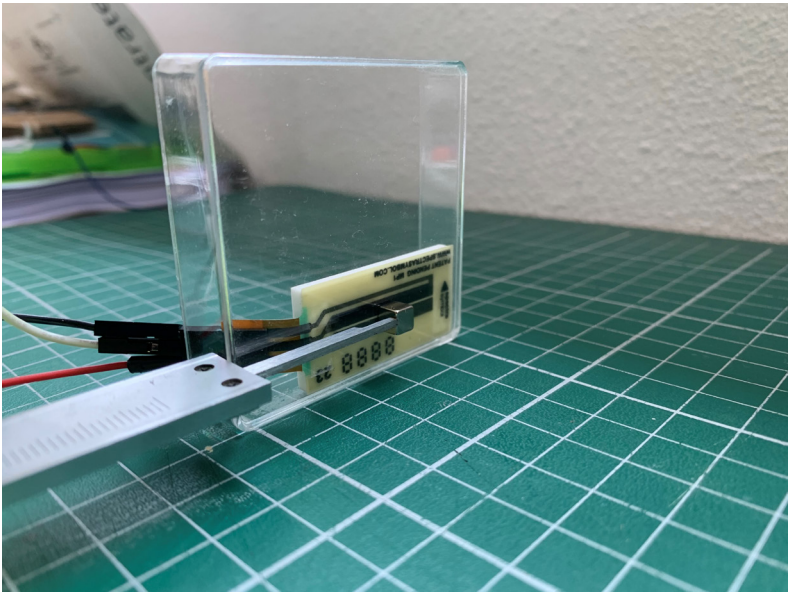
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #3 – MagnetoPot

- Simple testing script
 - Magnet
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6

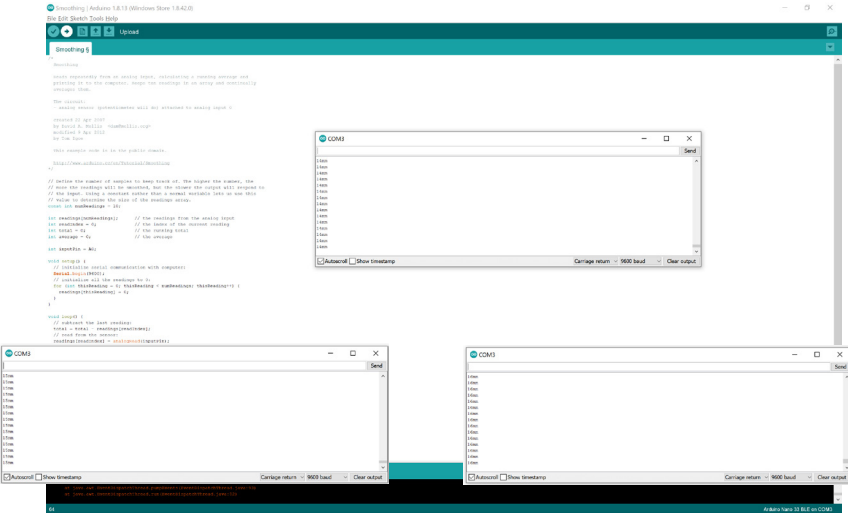
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #3 – MagnetoPot

- Simple testing script
 - Magnet
 - Caliper(for displacement measurement)
- Findings
 - Good accuracy
 - Tolerance of +- 1mm
- Conclusion
 - Feasible
 - Reduction of tolerance possible



6

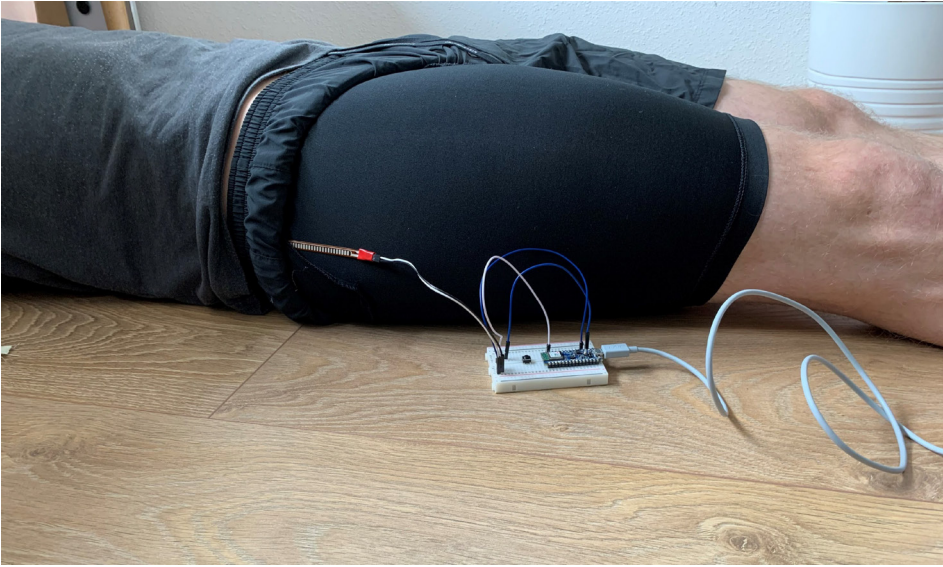
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #4 – Flex Sensor

- Simple testing script
 - Double-sided tape



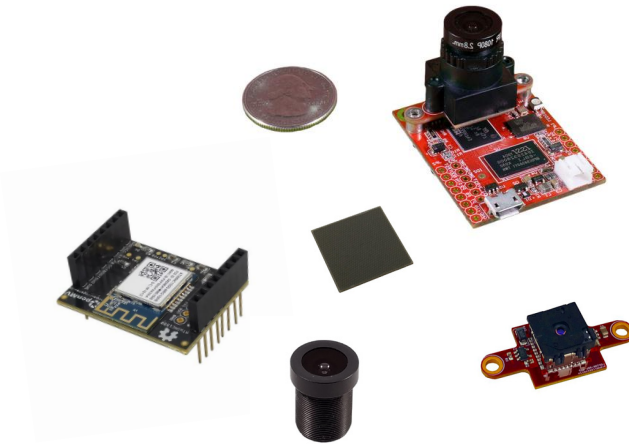
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #5 – OpenMV

- Delayed Arrival
 - 2 days ago



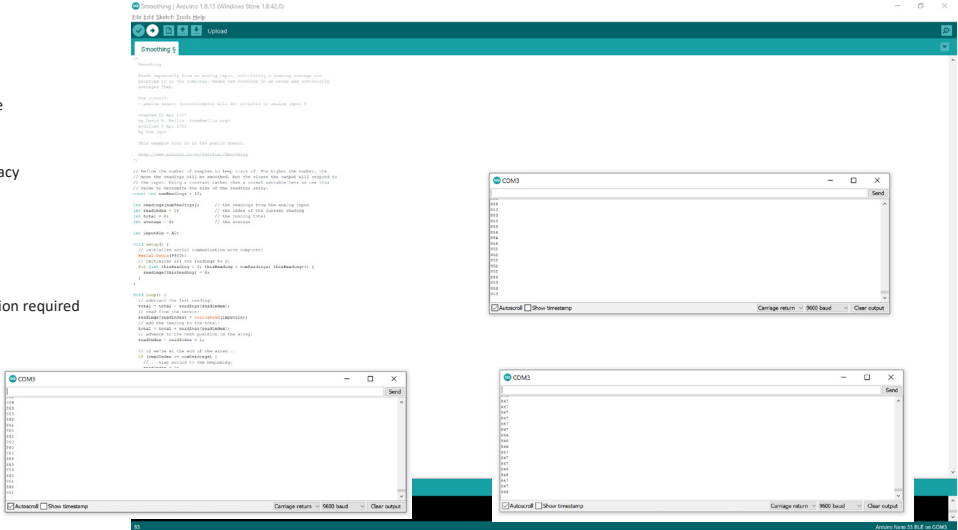
BI-WEEKLY MEETING

18.09.2020

PROOF OF CONCEPTS

PoC #4 – Flex Sensor

- Simple testing script
 - Double-sided tape
- Findings
 - Reasonable accuracy (after smoothing)
- Conclusion
 - Feasible
 - Tolerance calibration required (bi-directional tilt)



Questions?



- Ideation Sketches
- Ergonomics Study
- Concept

- Planning
- Trello



CONCEPTUALISATION

ERGONOMICS STUDY

30.10.2020

Overview

- 5x cardboard plastic mockup
 - 2x unibody
 - 3x splitbody
- 2x converted luggage scale



4

CONCEPTUALISATION

ERGONOMICS STUDY

30.10.2020

Unibody 2

- Top Loaded
- Feet weight down device
- Still difficult to load feet (fidly)
- Heel locks nicely
- Easy to apply force



4

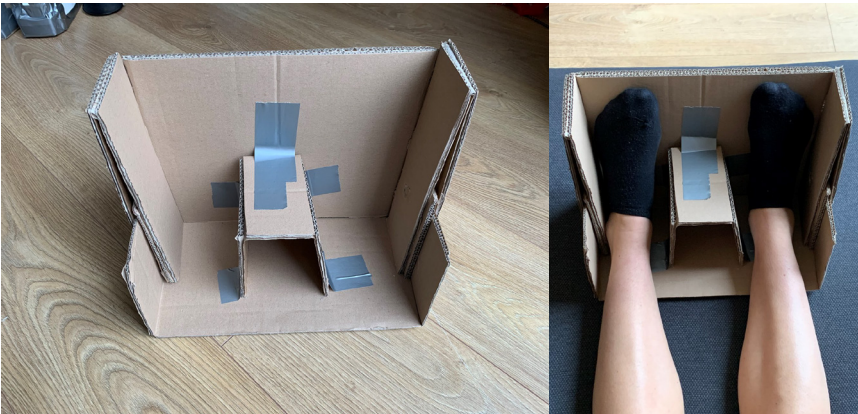
CONCEPTUALISATION

ERGONOMICS STUDY

30.10.2020

Unibody 1

- Bottom Loaded
- Feet weight down device
- Difficult to load feet (fidly)
- Easy to apply force



4

CONCEPTUALISATION

ERGONOMICS STUDY

30.10.2020

Splitbody 1

- Bottom Loaded
- Feet weight down device
- Easy to load feet (individual)
- Easy to apply force
- Easy to slide in parallel
- Flat horizontal surfaces help orientation



4

CONCEPTUALISATION
ERGONOMICS STUDY

30.10.2020

Splitbody 2

- Bottom Loaded
- Feet weight down device
- Easy to load feet (individual)
- Easy to apply force
- Easy to slide in parallel
- Difficult to orientate



4

CONCEPTUALISATION
ERGONOMICS STUDY

30.10.2020

Luggage Scale Handle

- Verified: Different Loads applied
- Handle is not ergonomic for pushing
- Limited control when pulling / pushing
- User should grab the device fully
- Shape of device should be ergonomic
- 'Embracing grab'



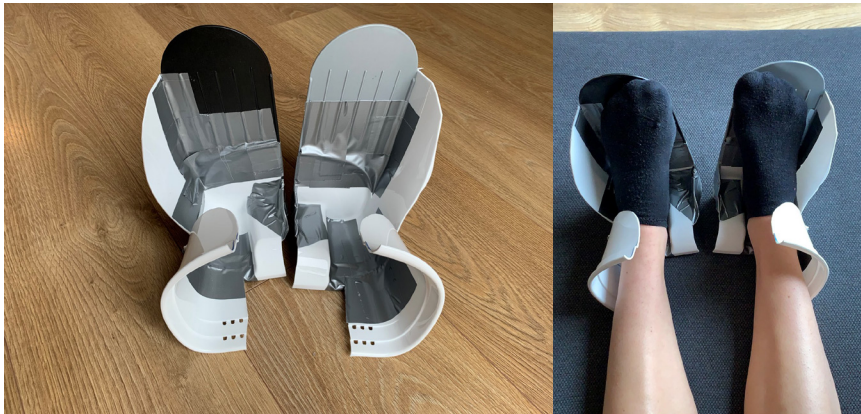
4

CONCEPTUALISATION
ERGONOMICS STUDY

30.10.2020

Splitbody 3

- Bottom Loaded
- Feet weight down device
- Easy to load feet (individual)
- Heel locks nicely
- Easy to apply force
- Easy to slide in parallel
- Difficult to orientate



4

CONCEPTUALISATION
ERGONOMICS STUDY

30.10.2020

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4

CONCEPTUALISATION

30.10.2020

ERGONOMICS STUDY

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4

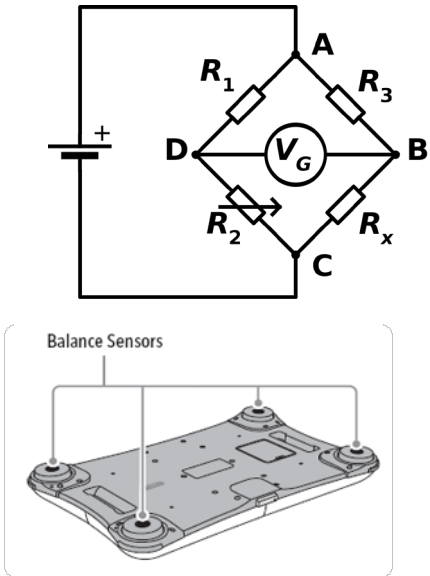
CONCEPTUALISATION

30.10.2020

CONCEPT

Overview

- Load sensors
 - Wired into a Wheatstone Bridge
 - For better precision



5

CONCEPTUALISATION

30.10.2020

ERGONOMICS STUDY

Luggage Scale Handle

- Verified: Different Loads applied
- Handle is not ergonomic for pushing
- Limited control when pulling / pushing
- User should grab the device fully
- Shape of device should be ergonomic
- 'Embracing grab'



4

CONCEPTUALISATION

30.10.2020

CONCEPT

Overview

- Load sensors
 - Wired into a Wheatstone Bridge
 - For better precision
- Wii Balance Board / Smart Scale
 - Split in two
 - Introduce flexible link



5

CONCEPTUALISATION

30.10.2020

CONCEPT

Overview

- Load sensors
 - Wired into a Wheatstone Bridge
 - For better precision
- Wii Balance Board / Smart Scale
 - Split in two
 - Introduce flexible link
- Magnetopot for position sensing
 - Shape design for position sensing
 - 'complete the shape'



CONCEPTUALISATION

30.10.2020

CONCEPT

Overview

- Load sensors
 - Wired into a Wheatstone Bridge
 - For better precision
- Wii Balance Board / Smart Scale
 - Split in two
 - Introduce flexible link
- Magnetopot for position sensing
 - Shape design for position sensing
 - 'complete the shape'
- Magnets for connecting two halves
 - Completely enclose system
 - Sterile cleaning



CONCEPTUALISATION

30.10.2020

CONCEPT

Overview

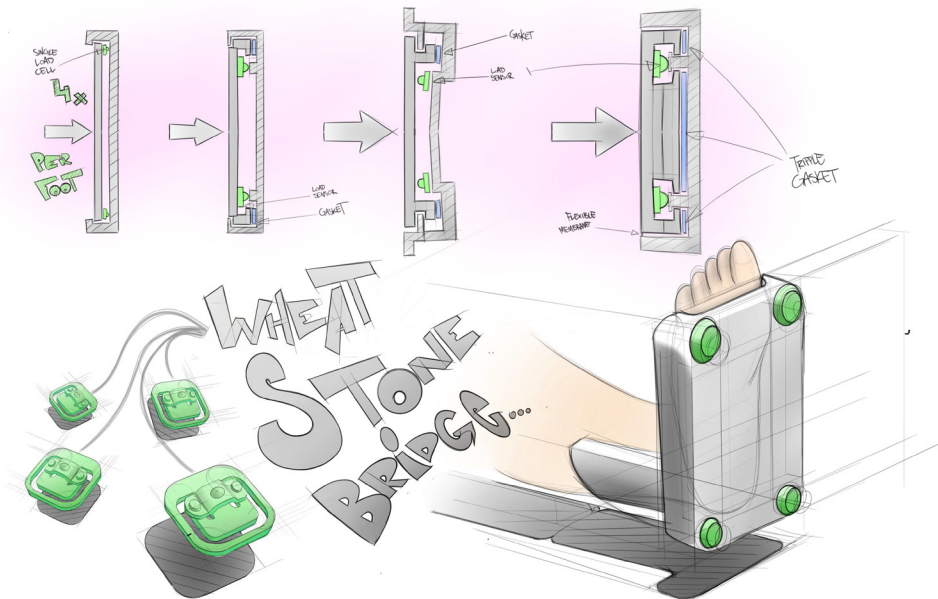
- Load sensors
 - Wired into a Wheatstone Bridge
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 - Split in two
 - Introduce flexible link
- Magnetopot for position sensing
 - Shape design for position sensing
 - 'complete the shape'
- Magnets for connecting two halves
 - Completely enclose system
 - Sterile cleaning
 - Wireless charging?




CONCEPTUALISATION

30.10.2020


CONCEPT



Questions?



Expert Session
#3

4763033 - Jan Sebastian van Ackeren

CONCEPTUALISATION
ERGONOMICS STUDY

30.10.2020

- Overview
- 5x cardboard plastic mockup
 - 2x unibody
 - 3x splitbody
 - 2x converted luggage scale



3

Agenda

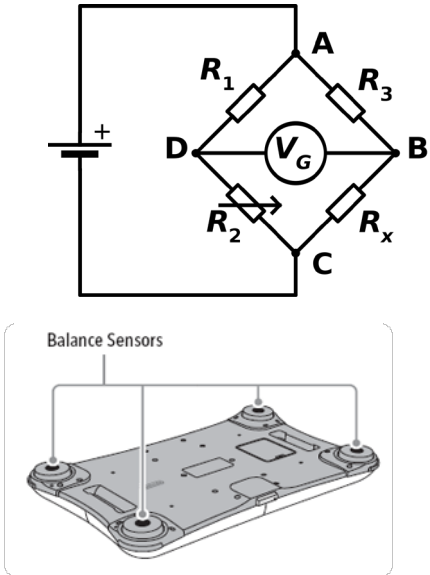
- Conceptualisation
- Ergonomics Study
 - Concept
- Updates & Next Steps
- Planning

2

CONCEPTUALISATION
CONCEPT

30.10.2020

- Overview
- Load sensors
 - Wired into a Wheatstone Bridge
 - For better precision



4

CONCEPTUALISATION

30.10.2020

CONCEPT

Overview

- Load sensors
 - Wired into a Wheatstone Bridge
 - For better precision
- Wii Balance Board / Smart Scale
 - Split in two
 - Introduce flexible link



CONCEPTUALISATION

30.10.2020

CONCEPT

Overview

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CONCEPTUALISATION

30.10.2020

CONCEPT

Overview

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 - Wired into a Wheatstone Bridge
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 - Completely enclose system
 - Sterile cleaning



CONCEPTUALISATION

30.10.2020

CONCEPT

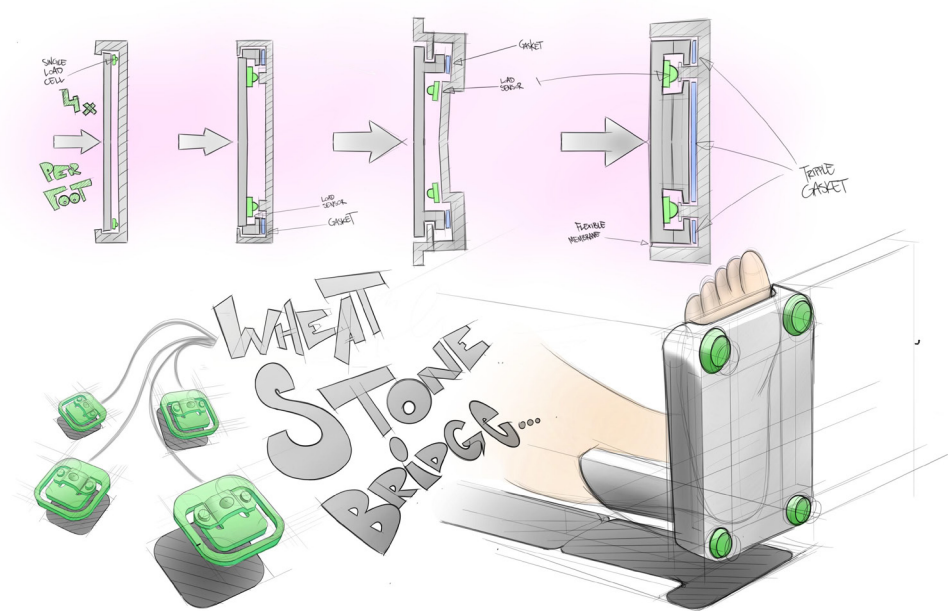
Overview

- Load sensors
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- Magnets for connecting two halves
 - Completely enclose system
 - Sterile cleaning
 - Wireless charging?



CONCEPTUALISATION
CONCEPT

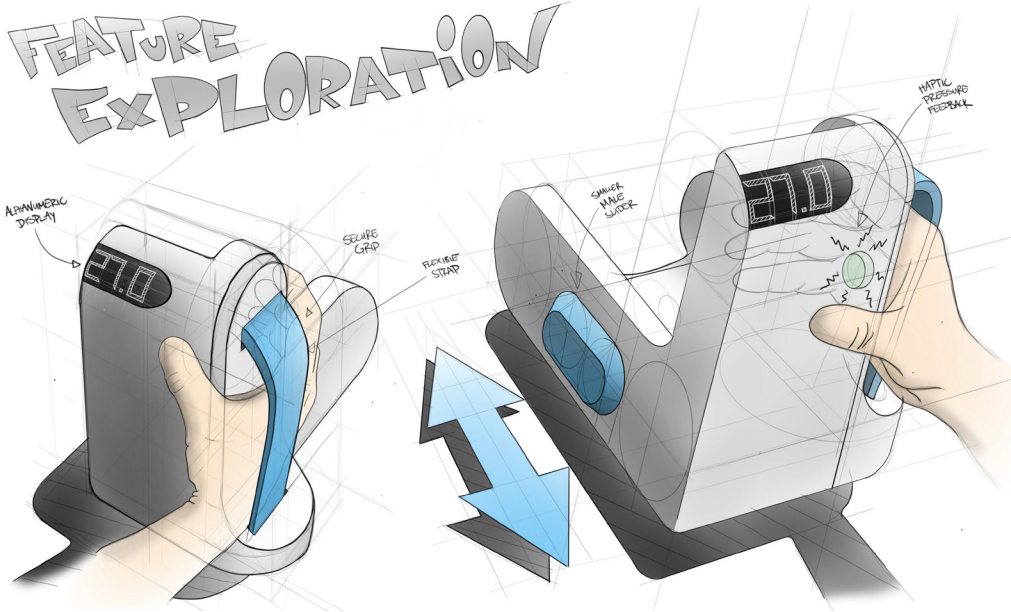
30.10.2020



5

CONCEPTUALISATION
CONCEPT

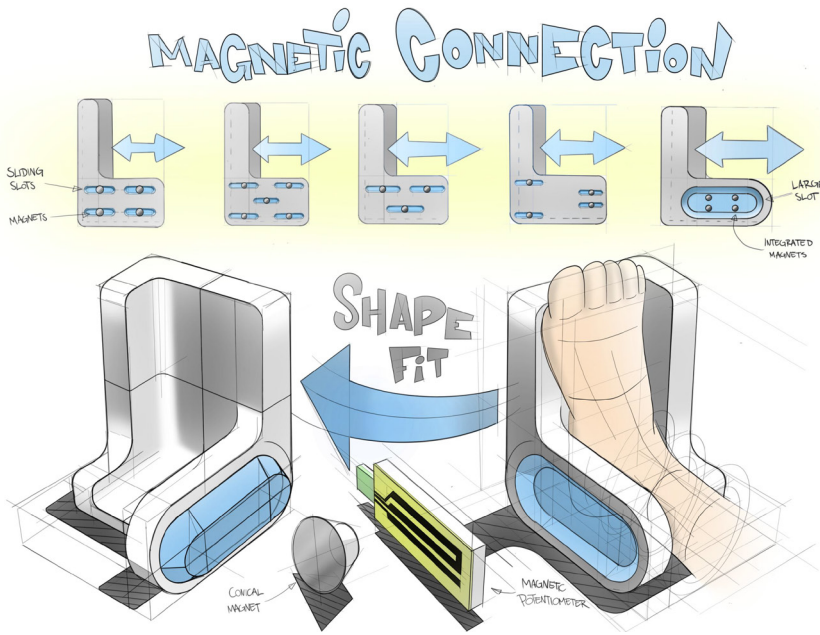
30.10.2020



5

CONCEPTUALISATION
CONCEPT

30.10.2020



5

Questions?

Appendix F

PoC Codes

magnetoPot_Smoothing

```

/*
  Smoothing

  Reads repeatedly from an analog input, calculating a running average and
  printing it to the computer. Keeps ten readings in an array and continually
  averages them.

  The circuit:
  - analog sensor (potentiometer will do) attached to analog input 0

  created 22 Apr 2007
  by David A. Mellis <dam@mellis.org>
  modified 9 Apr 2012
  by Tom Igoe

  This example code is in the public domain.

  http://www.arduino.cc/en/Tutorial/Smoothing
*/

// Define the number of samples to keep track of. The higher the number, the
// more the readings will be smoothed, but the slower the output will respond to
// the input. Using a constant rather than a normal variable lets us use this
// value to determine the size of the readings array.
const int numReadings = 10;

int readings[numReadings];      // the readings from the analog input
int readIndex = 0;              // the index of the current reading
int total = 0;                  // the running total
int average = 0;                // the average

int inputPin = A0;

void setup() {
  // initialize serial communication with computer:
  Serial.begin(9600);
  // initialize all the readings to 0:
  for (int thisReading = 0; thisReading < numReadings; thisReading++) {
    readings[thisReading] = 0;
  }
}

void loop() {
  // subtract the last reading:
  total = total - readings[readIndex];
  // read from the sensor:
  readings[readIndex] = analogRead(inputPin);
  // add the reading to the total:
  total = total + readings[readIndex];
  // advance to the next position in the array:
  readIndex = readIndex + 1;

  // if we're at the end of the array...
  if (readIndex >= numReadings) {
    // ...wrap around to the beginning:
    readIndex = 0;
  }

  // calculate the average:
  //average = total / numReadings;
  // send it to the computer as ASCII digits
  //Serial.println(average);
  //int distance = map (average, 20 , 990 , -290 , 210);
  //float distance2 = distance / 10;
  const float distance1 = -25.00;
  const float distance2 = 25.00;
  float distance3 = distance1 + ((distance2 - distance1)* analogRead(inputPin) /1024);
  Serial.println (String(distance3) + "mm");
  //Serial.println(readings[readIndex]);
  delay(100);          // delay in between reads for stability
}

```

double_magnetoPot_Smoothing

```

/*
  Smoothing

  Reads repeatedly from an analog input, calculating a running average and
  printing it to the computer. Keeps ten readings in an array and continually
  averages them.

  The circuit:
  - analog sensor (potentiometer will do) attached to analog input 0

  created 22 Apr 2007
  by David A. Mellis <dam@mellis.org>
  modified 9 Apr 2012
  by Tom Igoe

  This example code is in the public domain.

  http://www.arduino.cc/en/Tutorial/Smoothing
*/

// Define the number of samples to keep track of. The higher the number, the
// more the readings will be smoothed, but the slower the output will respond to
// the input. Using a constant rather than a normal variable lets us use this
// value to determine the size of the readings array.
const int numReadings1 = 10;
const int numReadings2 = 10;

int readings1[numReadings1];    // the readings from the analog input
int readIndex1 = 0;             // the index of the current reading
int total1 = 0;                 // the running total
int average1 = 0;               // the average
int readings2[numReadings2];    // the readings from the analog input
int readIndex2 = 0;             // the index of the current reading
int total2 = 0;                 // the running total
int average2 = 0;               // the average

int inputPin1 = A0;
int inputPin2 = A1;

void setup() {
  // initialize serial communication with computer:
  Serial.begin(9600);
  // initialize all the readings to 0:
  for (int thisReading1 = 0; thisReading1 < numReadings1; thisReading1++) {
    readings1[thisReading1] = 0;
  }

  for (int thisReading2 = 0; thisReading2 < numReadings2; thisReading2++) {
    readings2[thisReading2] = 0;
  }
}

void loop() {
  // subtract the last reading:
  total1 = total1 - readings1[readIndex1];
  // read from the sensor:
  readings1[readIndex1] = analogRead(inputPin1);
  // add the reading to the total:
  total1 = total1 + readings1[readIndex1];
  // advance to the next position in the array:
  readIndex1 = readIndex1 + 1;

  // if we're at the end of the array...
  if (readIndex1 >= numReadings1) {
    // ...wrap around to the beginning:
    readIndex1 = 0;
  }

  // subtract the last reading:
  total2 = total2 - readings2[readIndex2];
  // read from the sensor:
  readings2[readIndex2] = analogRead(inputPin2);
  // add the reading to the total:
  total2 = total2 + readings2[readIndex2];
  // advance to the next position in the array:
  readIndex2 = readIndex2 + 1;

  // if we're at the end of the array...
  if (readIndex2 >= numReadings2) {
    // ...wrap around to the beginning:
    readIndex2 = 0;
  }

  // calculate the average:
  average1 = total1 / numReadings1;
  // send it to the computer as ASCII digits
  //Serial.println(average1);
  int distance1 = map (average1, 20 , 990 , 0 , 25);
  Serial.println (String(distance1) + "mm");
  //Serial.println(readings1[readIndex1]);

  // calculate the average:
  average2 = total2 / numReadings2;
  // send it to the computer as ASCII digits
  //Serial.println(average2);
  int distance2 = map (average2, 20 , 990 , 0 , 25);
  Serial.println (String(distance2) + "mm");
  //Serial.println(readings2[readIndex2]);

  delay(100);          // delay in between reads for stability
}

```

Pelvic_tilt_device_code__1

```
#include <Adafruit_NeoPixel.h>

const int flexPin = A0;
#define LED_PIN      6

// How many NeoPixels are attached to the Arduino?
#define LED_COUNT    7

// NeoPixel brightness, 0 (min) to 255 (max)
#define BRIGHTNESS 255

// Declare our NeoPixel strip object:
Adafruit_NeoPixel strip(LED_COUNT, LED_PIN, NEO_GRB + NEO_KHZ800);

void setup()
{
  Serial.begin(9600);

  strip.begin();           // INITIALIZE NeoPixel strip object (REQUIRED)
  strip.show();            // Turn OFF all pixels ASAP
  strip.setBrightness(5); // Set BRIGHTNESS to about 1/5 (max = 255)

}

void loop()
{
  int flexValue;
  flexValue = analogRead(flexPin);
  Serial.print("sensor: ");
  Serial.println(flexValue);
  //colorWipe(strip.Color( 0,   0, 255)      , 50); // Blue
  // pulseBlue(5);

  if (flexValue >= 740) {
    colorWipe(strip.Color( 255,   0, 0)      , 50); // Red
    pulseRed(5);
  }

  else {if (flexValue < 709) {
    colorWipe(strip.Color( 255,   0, 0)      , 50); // Blue
    pulseRed(5);
  }

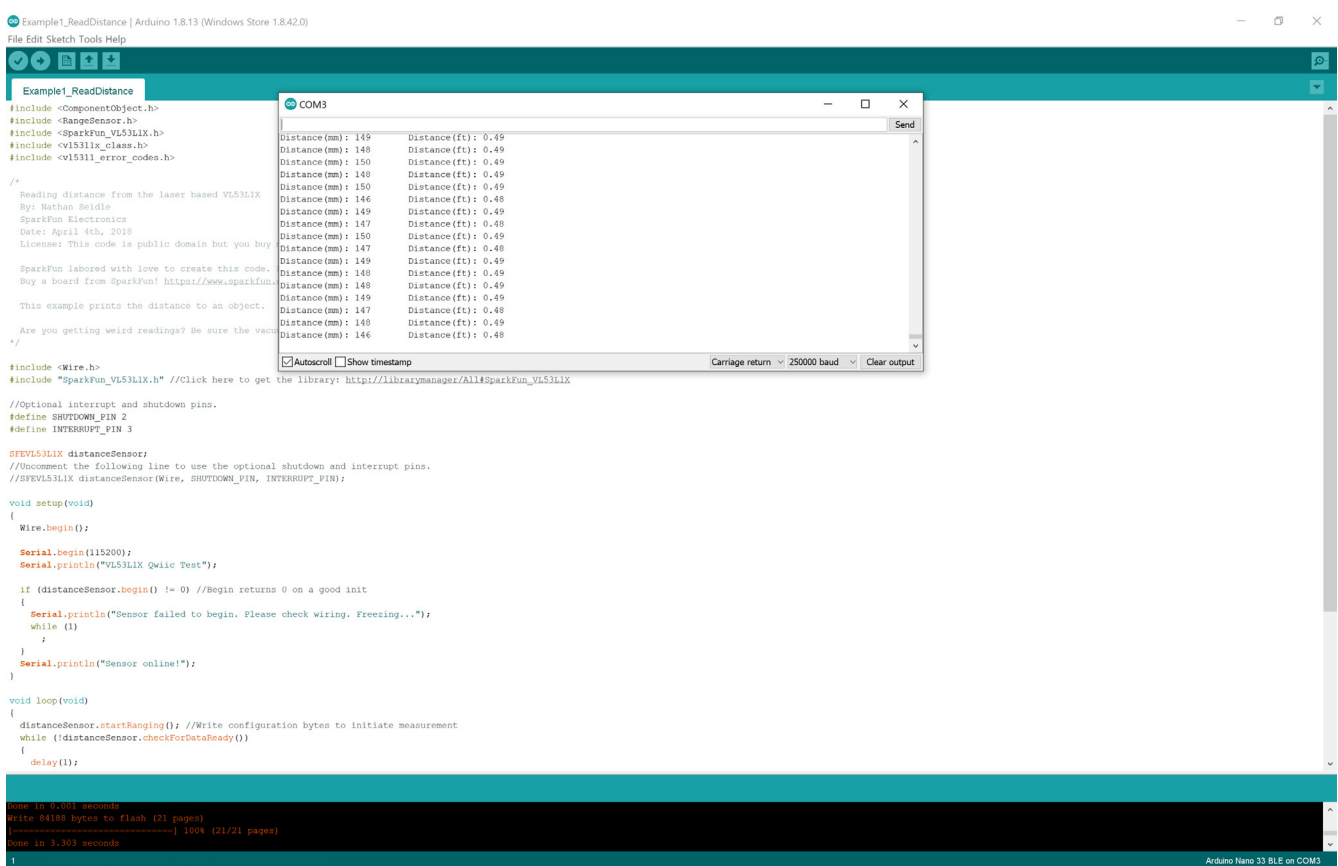
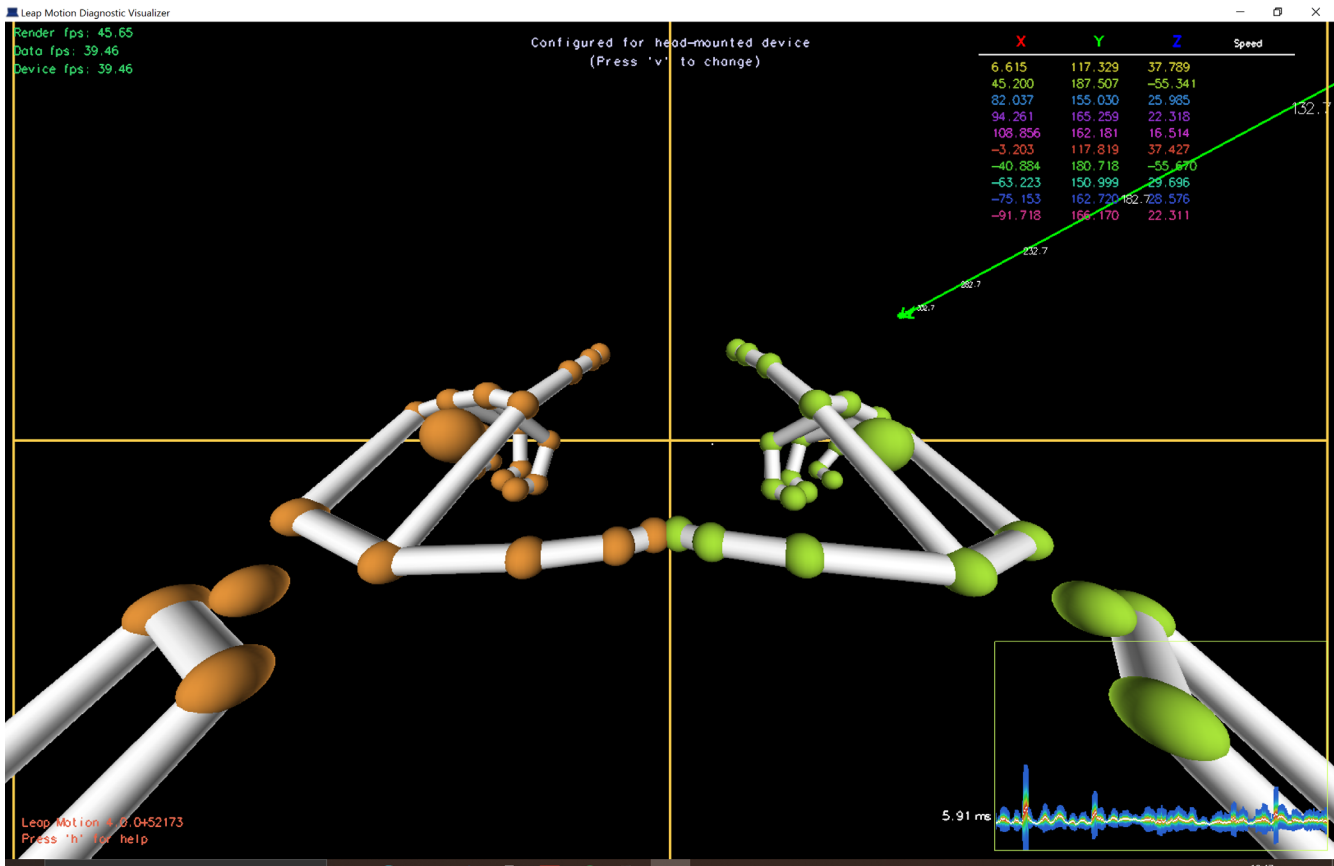
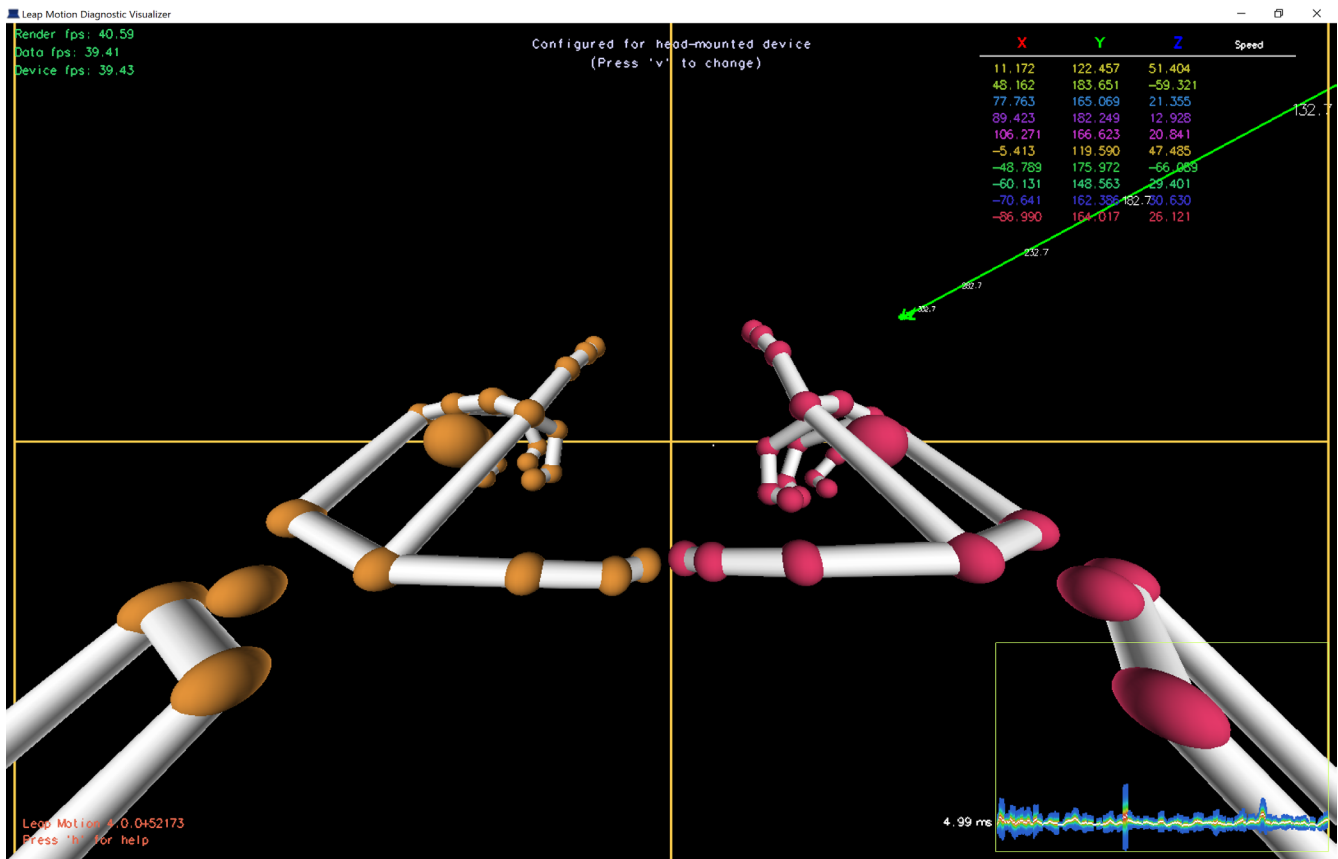
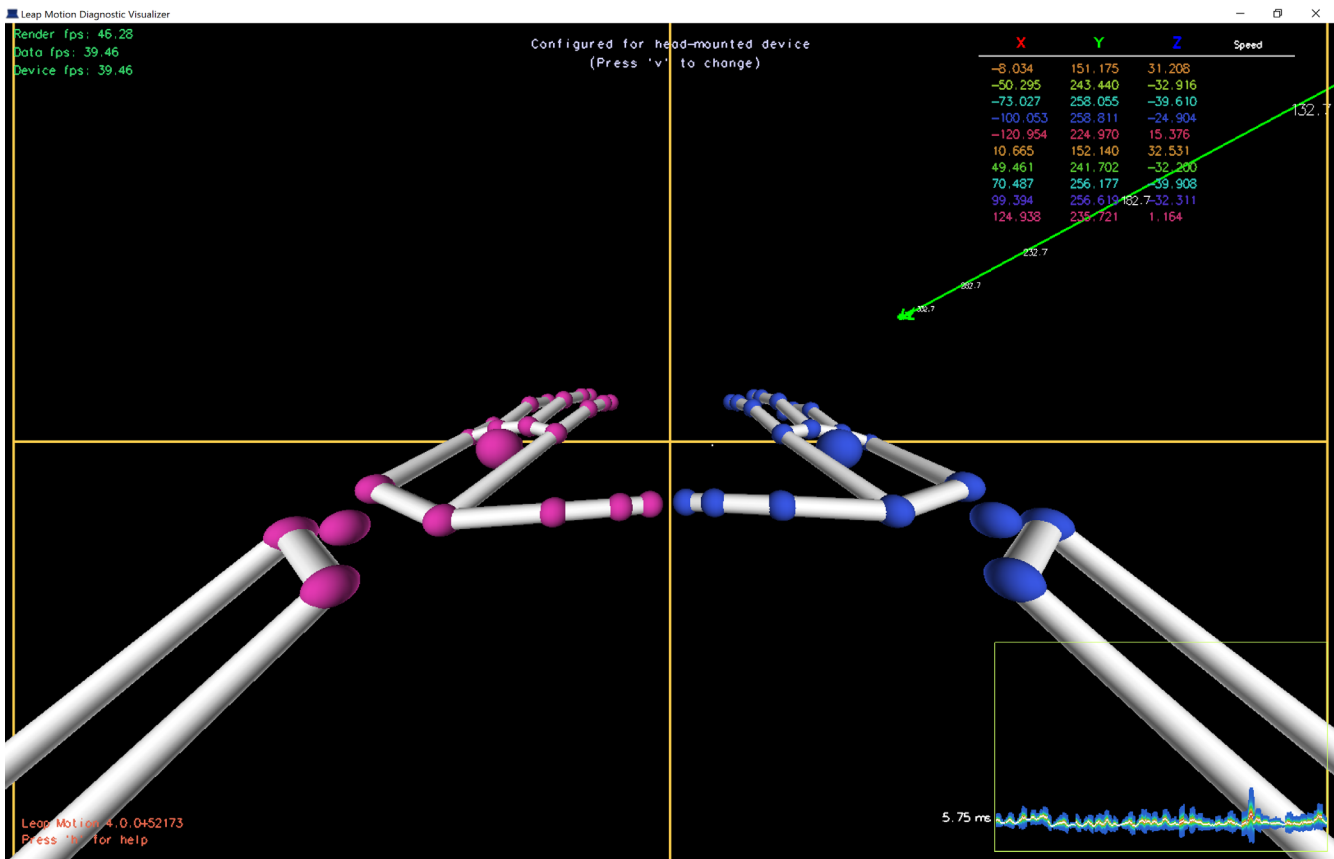
  else {
    colorWipe(strip.Color( 0,   255, 0)      , 50); // Green
  }
}
```

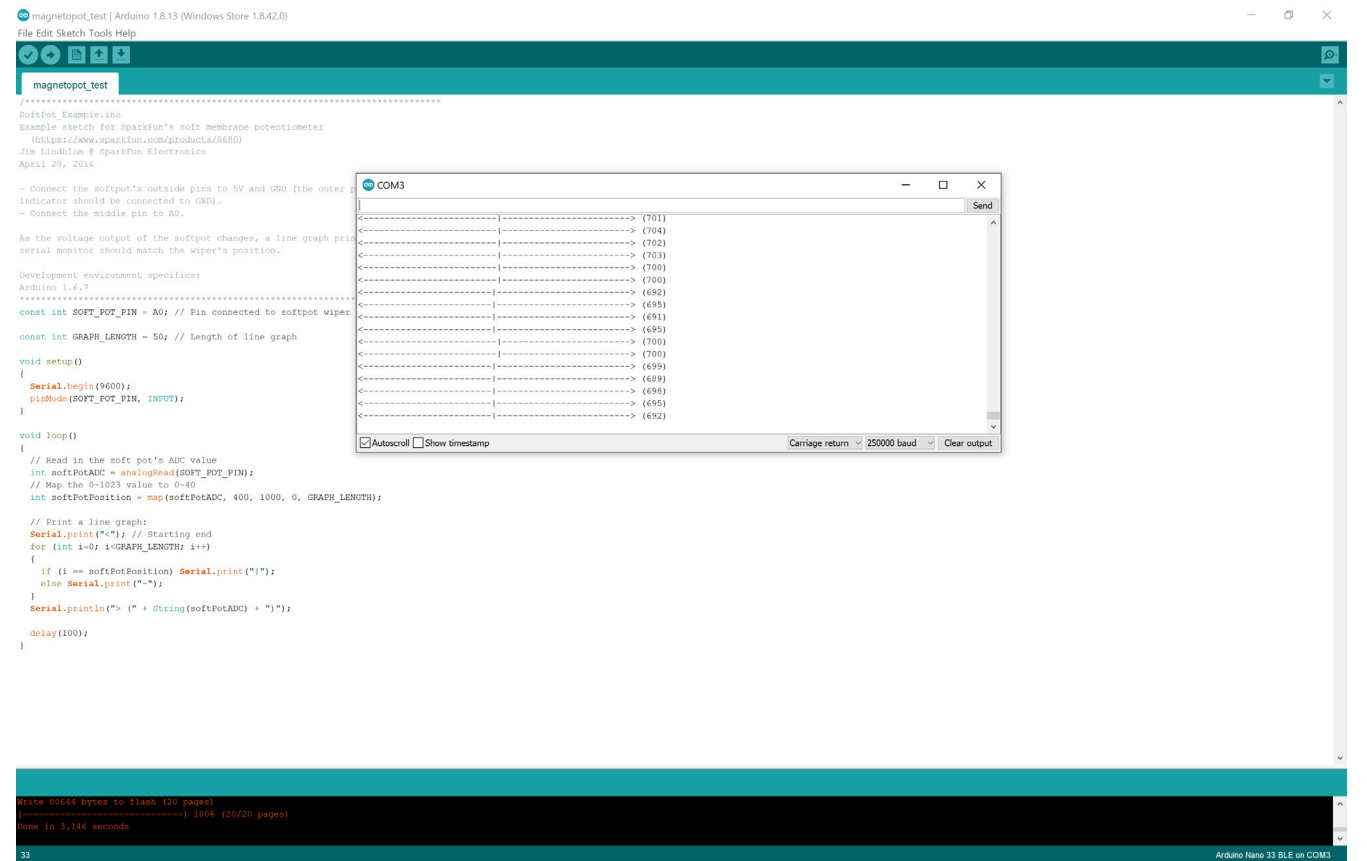
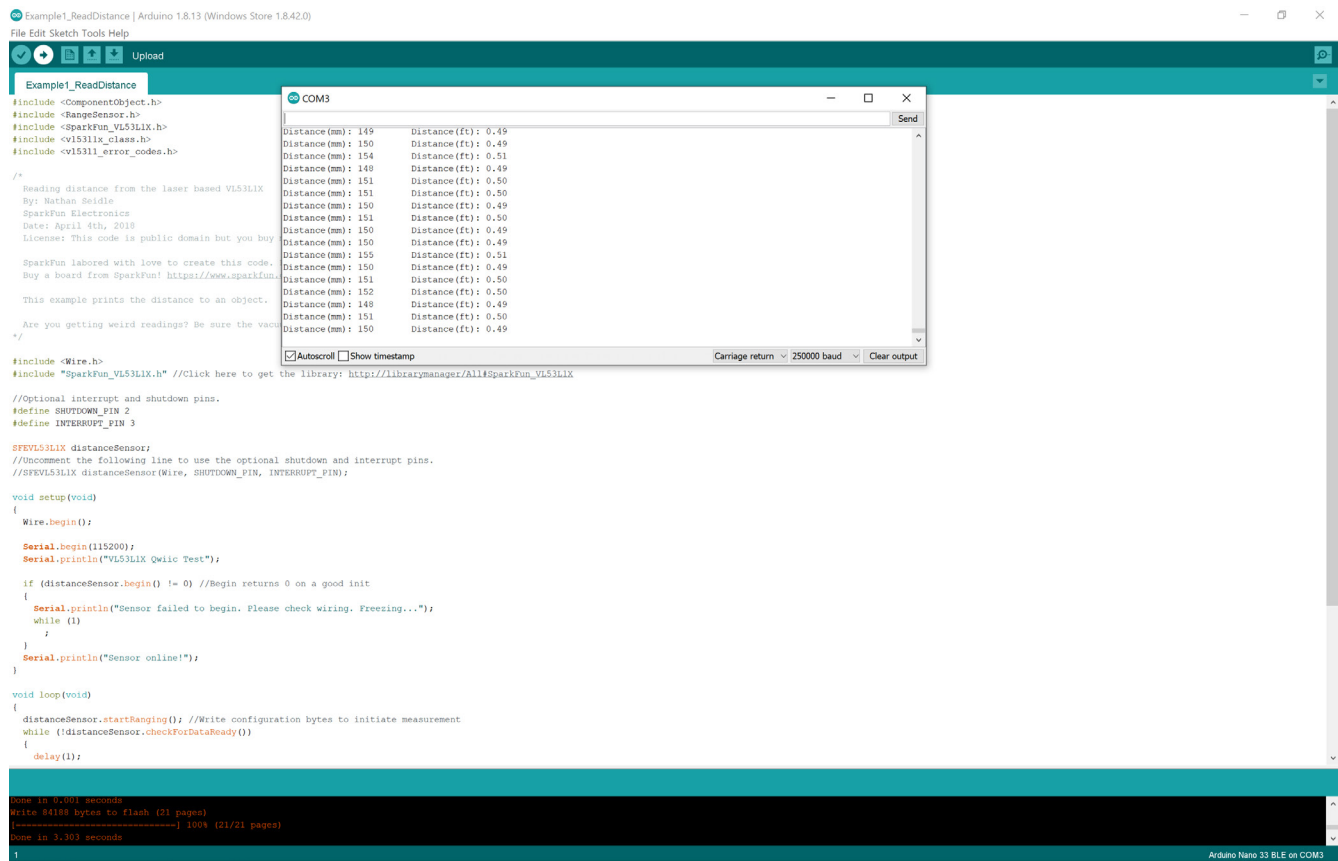
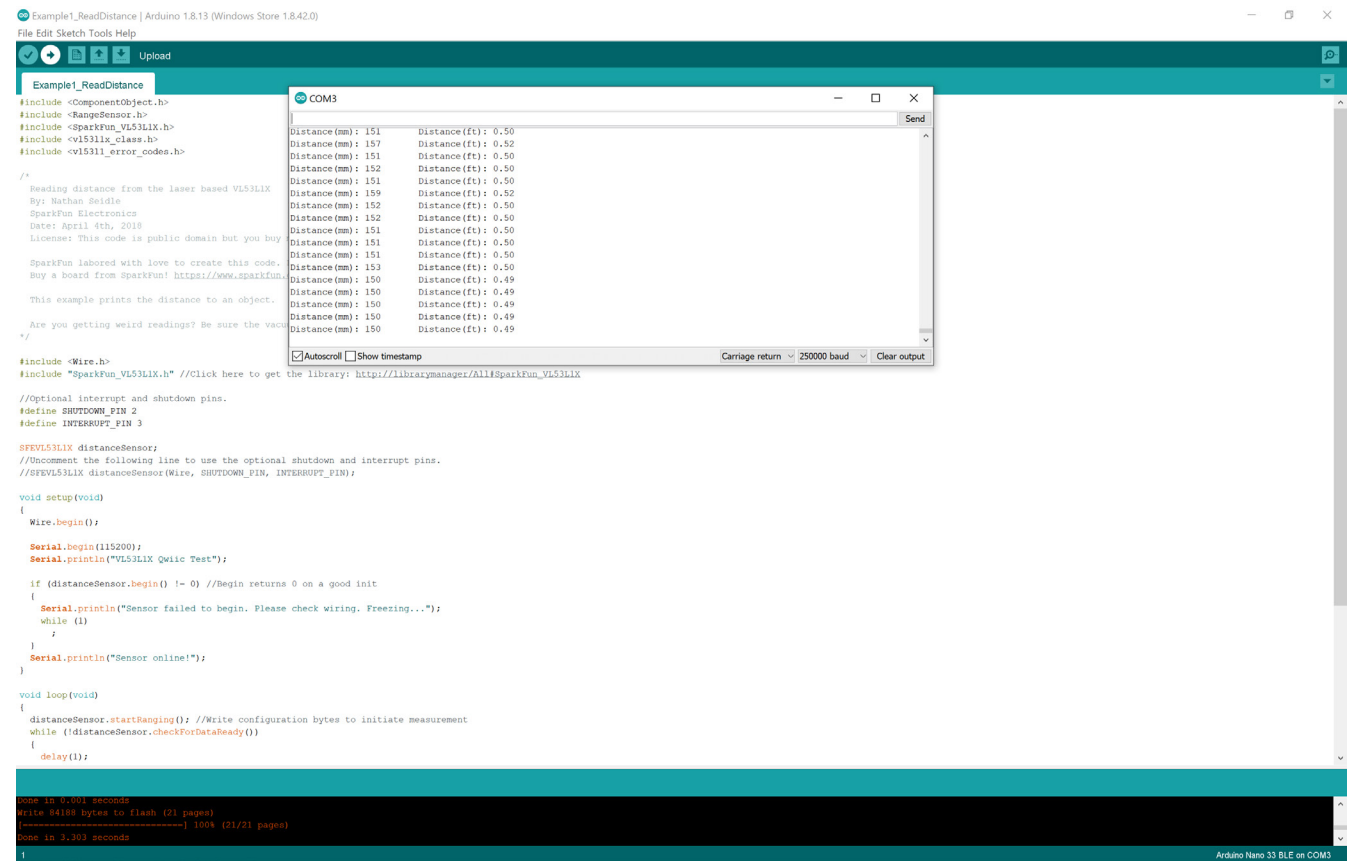
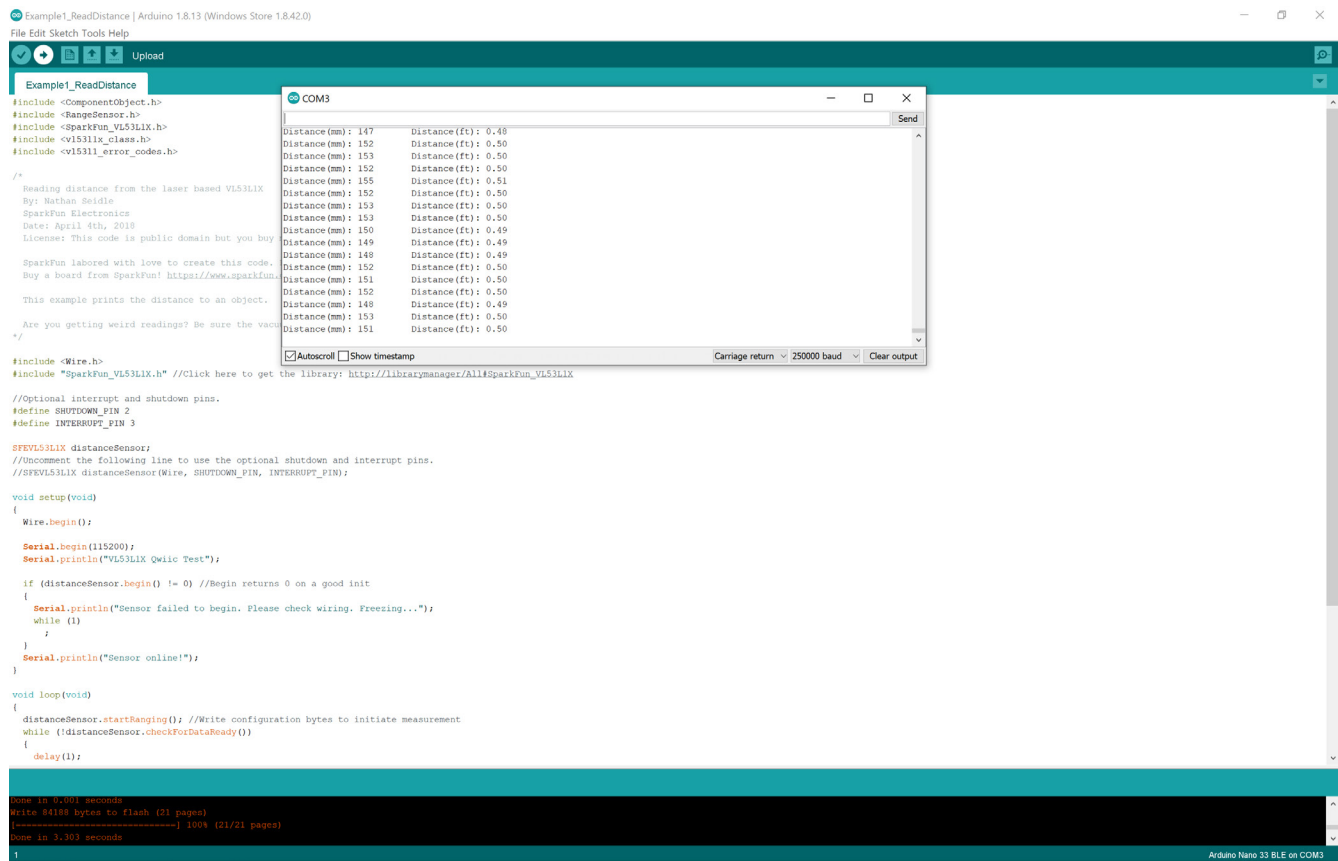
```
ir_beacon_grayscale_track... | X | Line: 1, Col: 1

1  | IR Beacon Grayscale Tracking Example
2  | #
3  | # This example shows off IR beacon Grayscale tracking using the OpenMV Cam.
4  |
5  | import sensor, image, time
6  |
7  | thresholds = (230, 255) # thresholds for bright white light from IR.
8  |
9  | sensor.reset()
10 | sensor.set_pixformat(sensor.GRAYSCALE)
11 | sensor.set_framesize(sensor.WQXGA2)
12 | sensor.set_windowing((2592, 1944)) # 2592x1944 center pixels of VGA
13 | sensor.skip_frames(time = 2000)
14 | sensor.set_auto_gain(False) # must be turned off for color tracking
15 | sensor.set_auto_whitebal(False) # must be turned off for color tracking
16 | clock = time.clock()
17 |
18 | # Only blobs that with more pixels than "pixel_threshold" and more area than "area_threshold" are
19 | # returned by "find_blobs" below. Change "pixels_threshold" and "area_threshold" if you change the
20 | # camera resolution. "merge=True" merges all overlapping blobs in the image.
21 |
22 | while(True):
23 |     clock.tick()
24 |     img = sensor.snapshot()
25 |     for blob in img.find_blobs([thresholds], pixels_threshold=1000, area_threshold=1000, merge=True):
26 |         ratio = blob.w() / blob.h()
27 |         if (ratio >= 0.8) and (ratio <= 1.2): # filter out non-squarish blobs
28 |             img.draw_rectangle(blob.rect(), color=(255,255,255))
29 |             img.draw_cross(blob.cx(), blob.cy())
30 |
31 |             print("x:", blob.cx(), end='')
32 |             print(" y:", blob.cy())
33 |
```

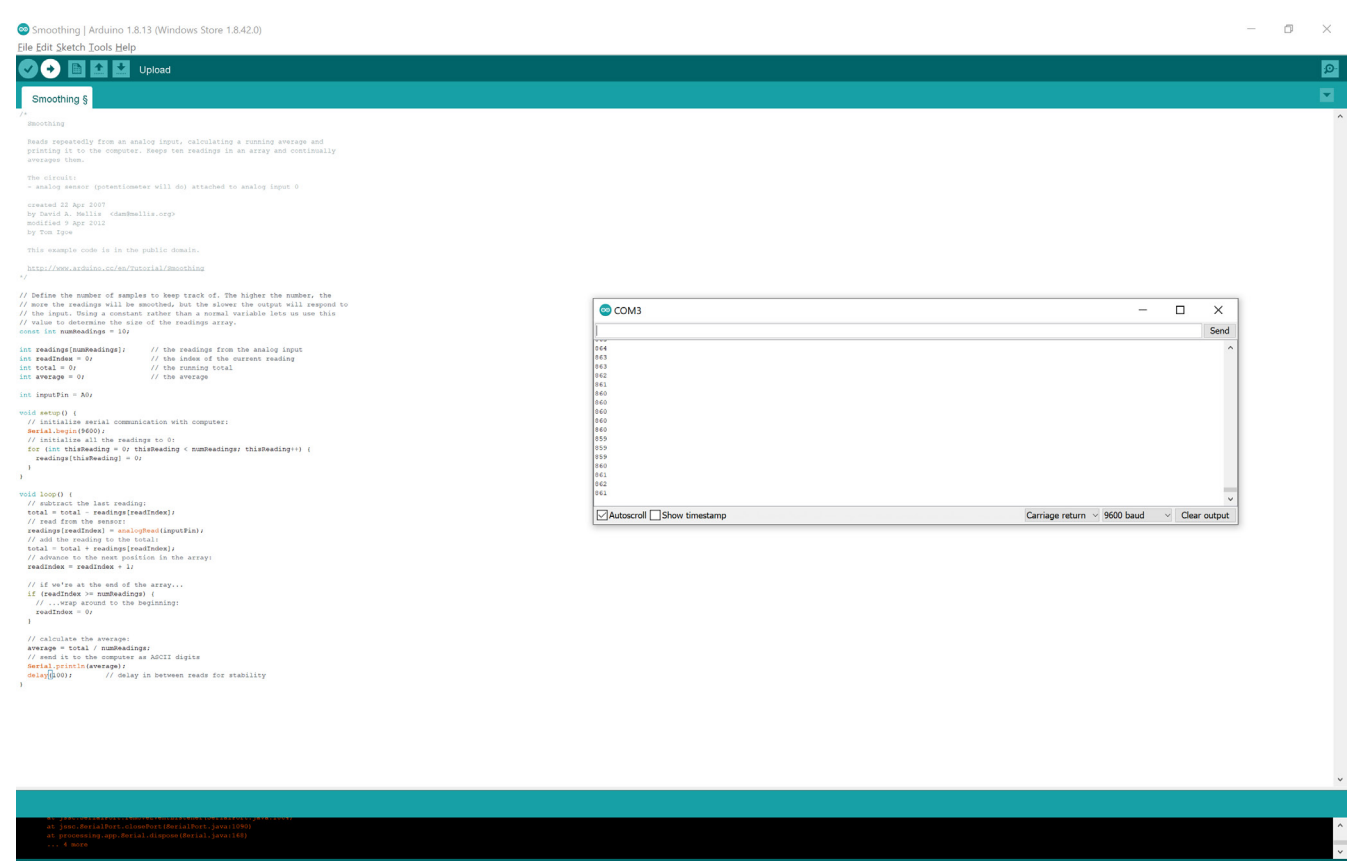
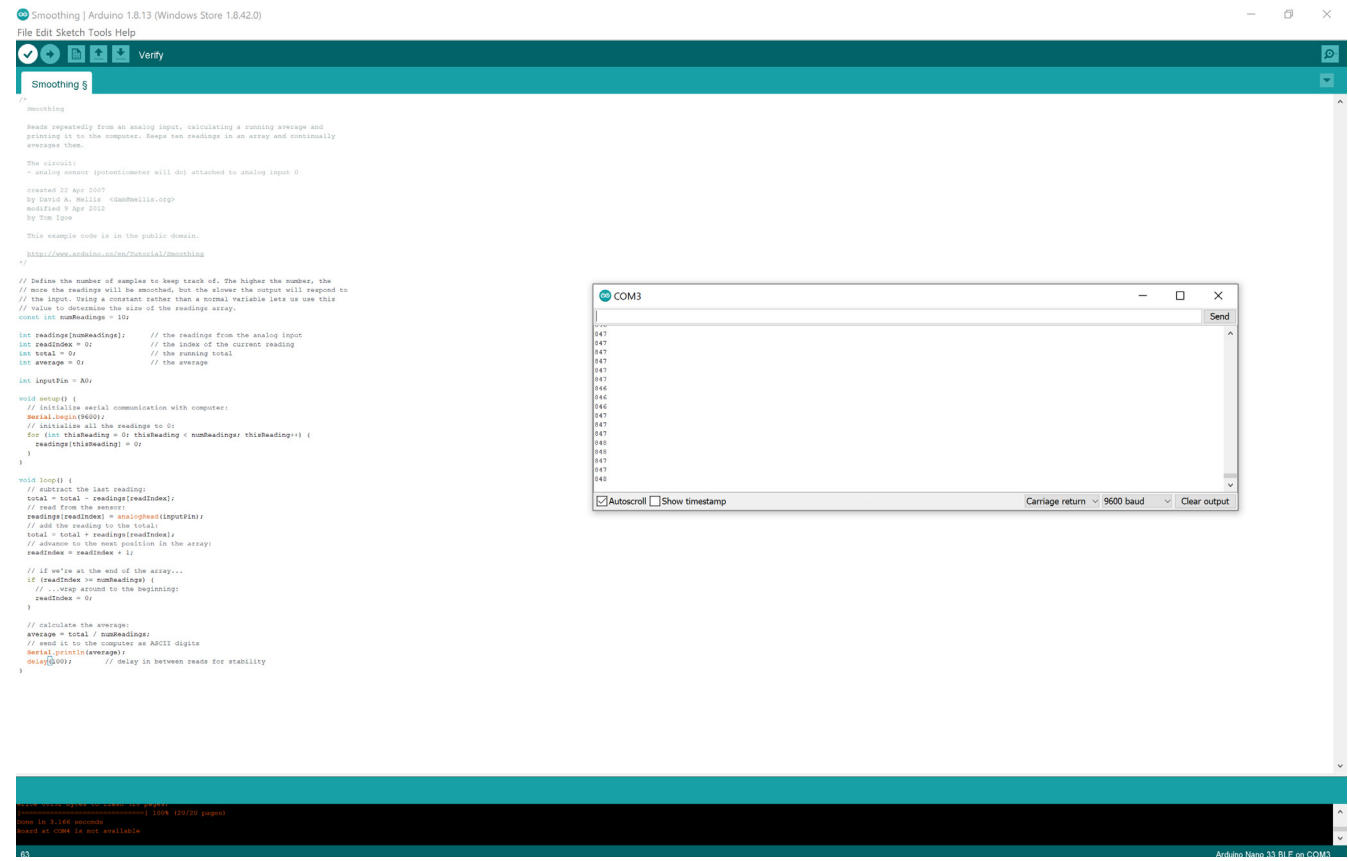
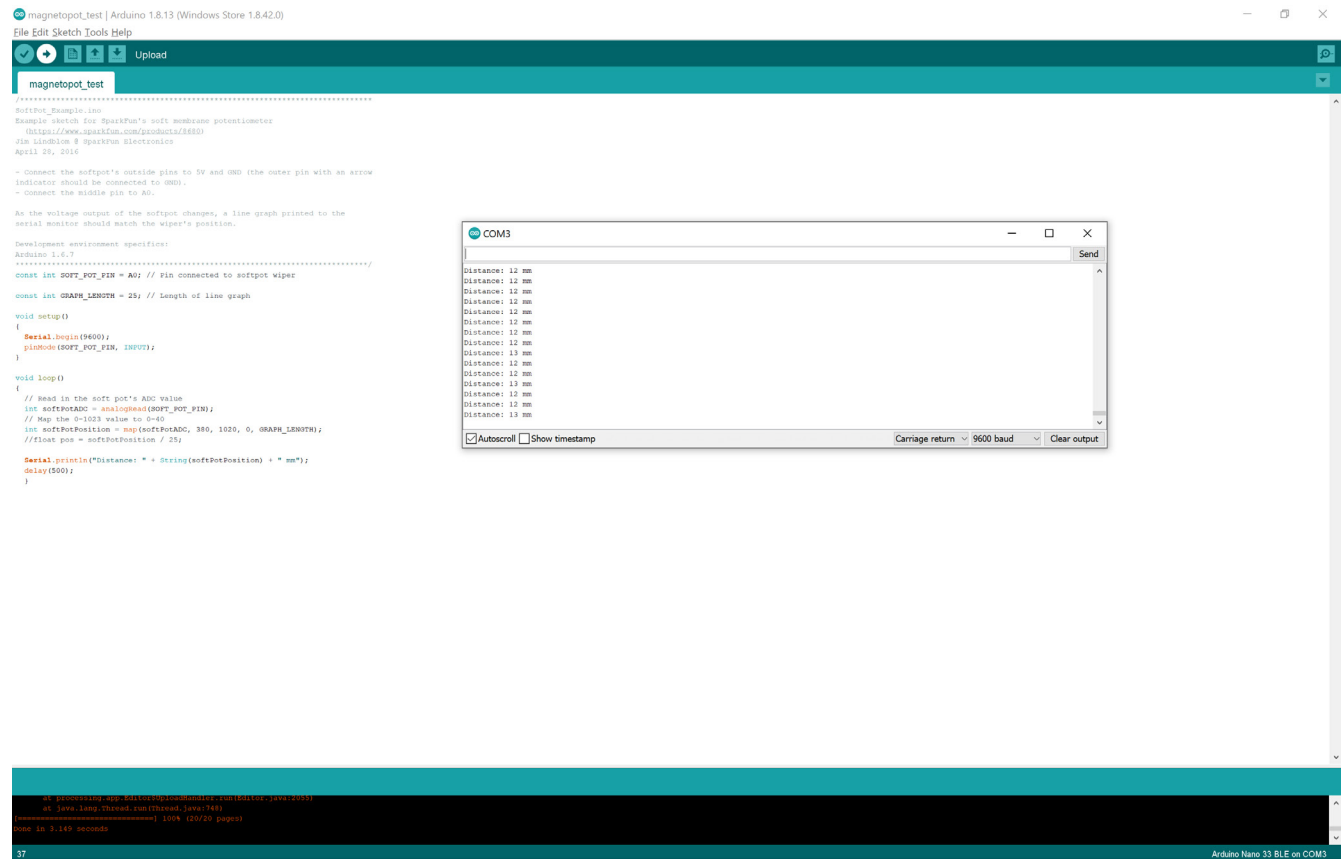
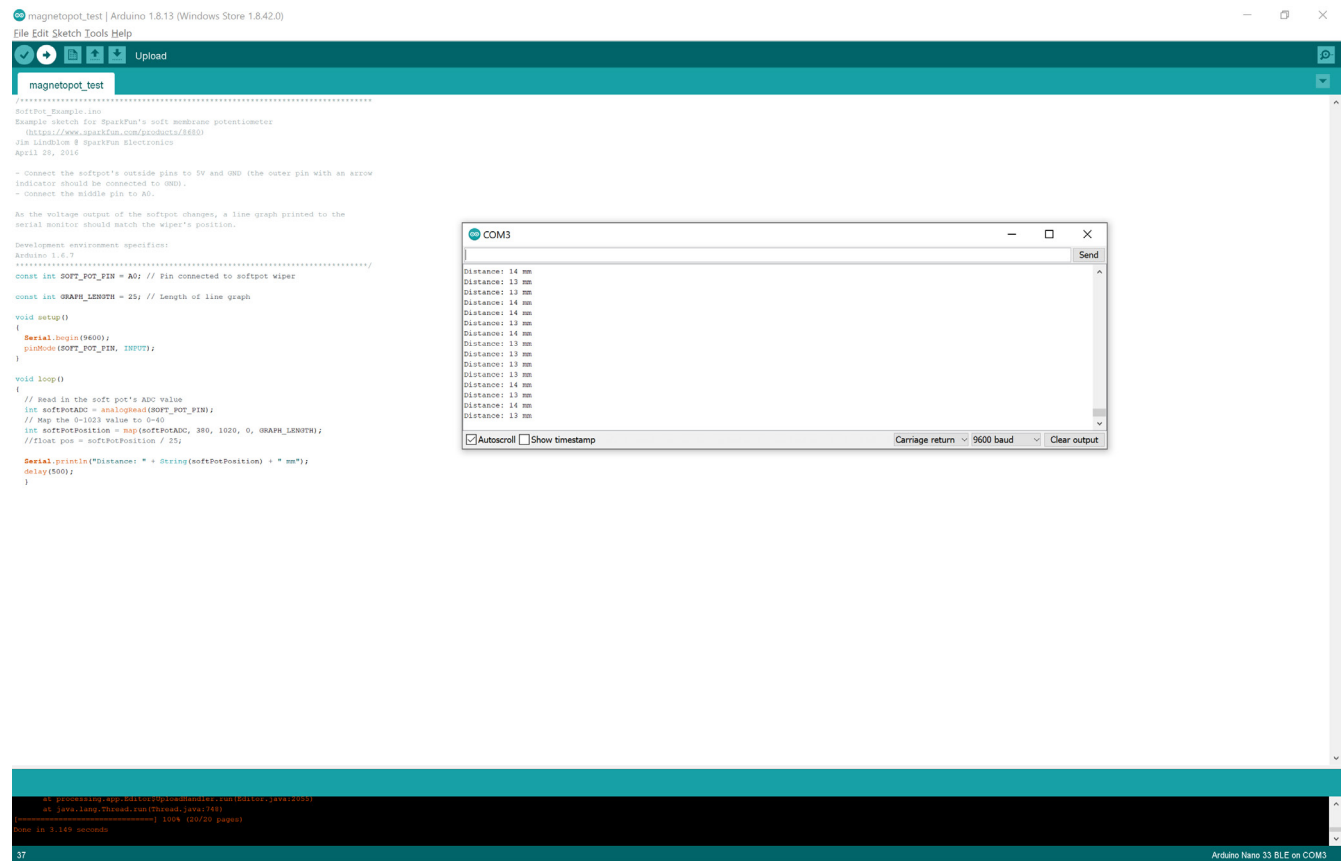

Appendix G

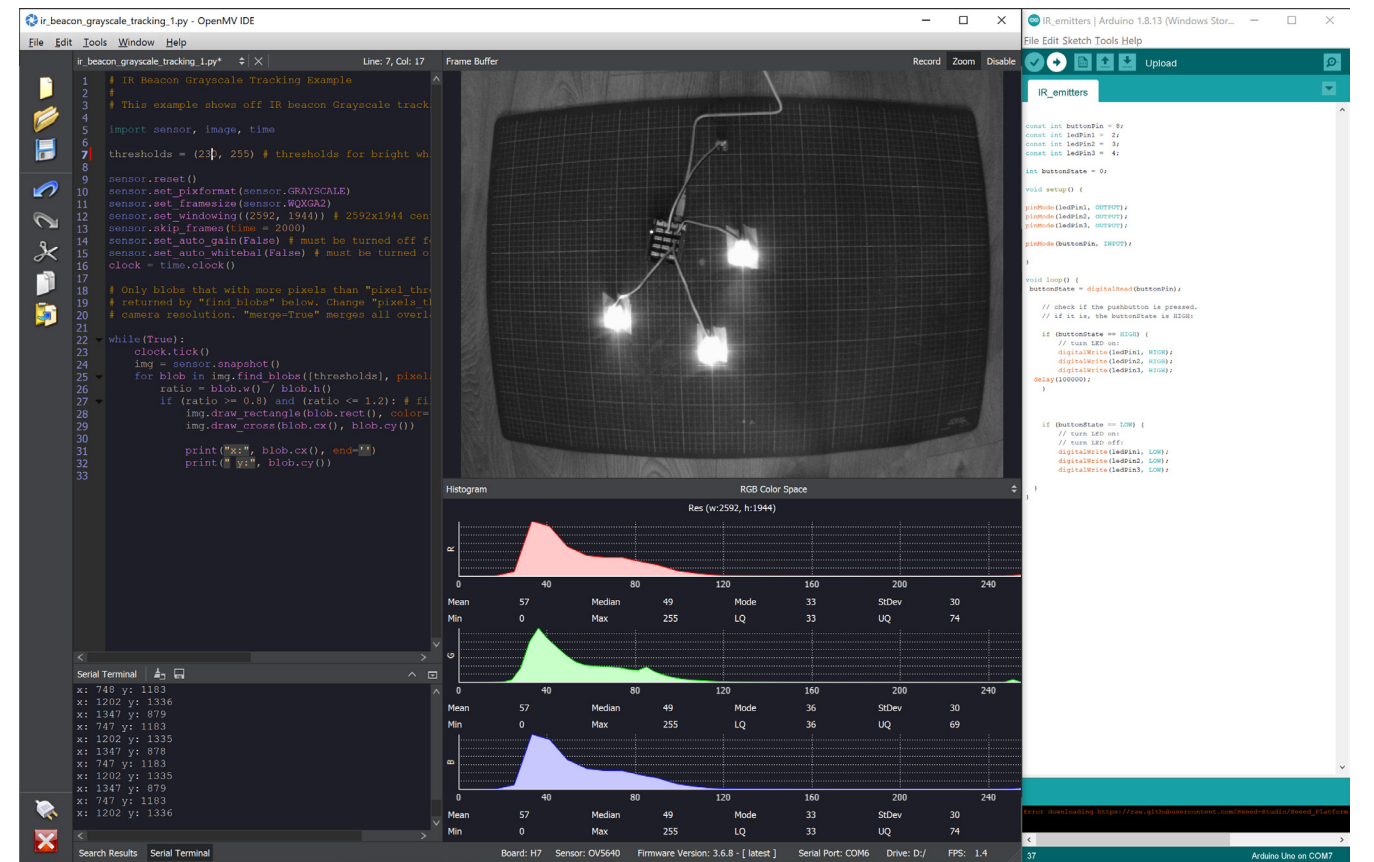
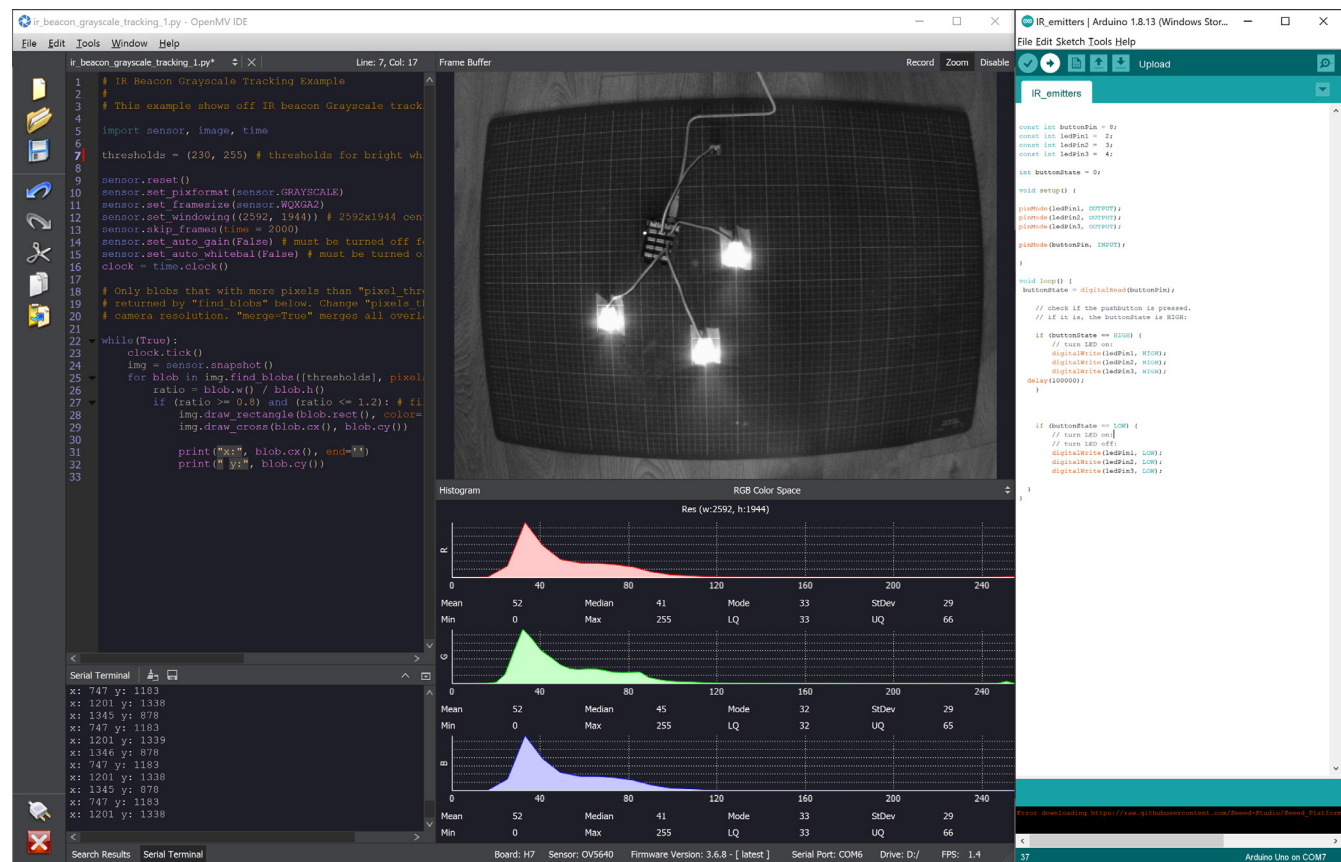
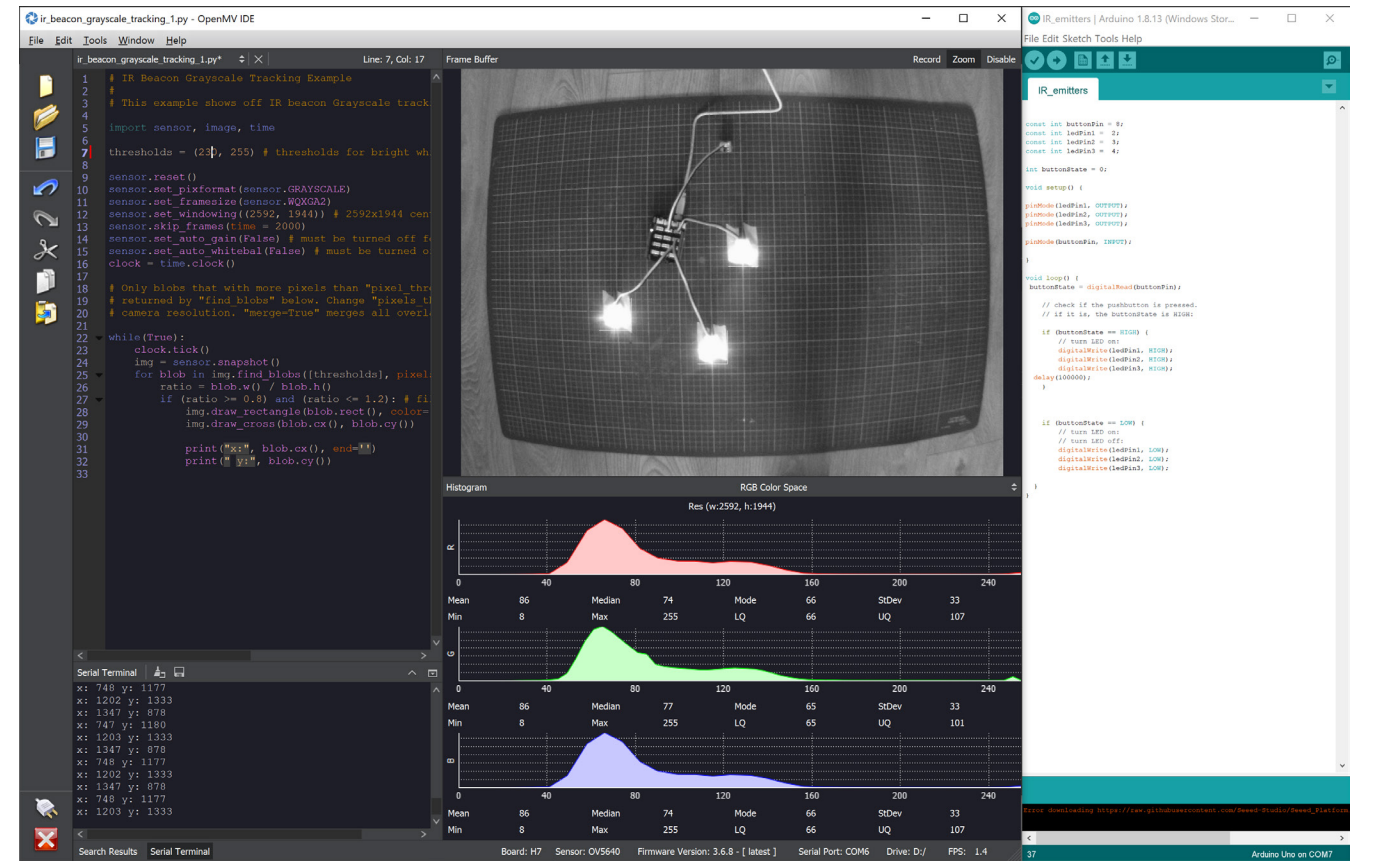
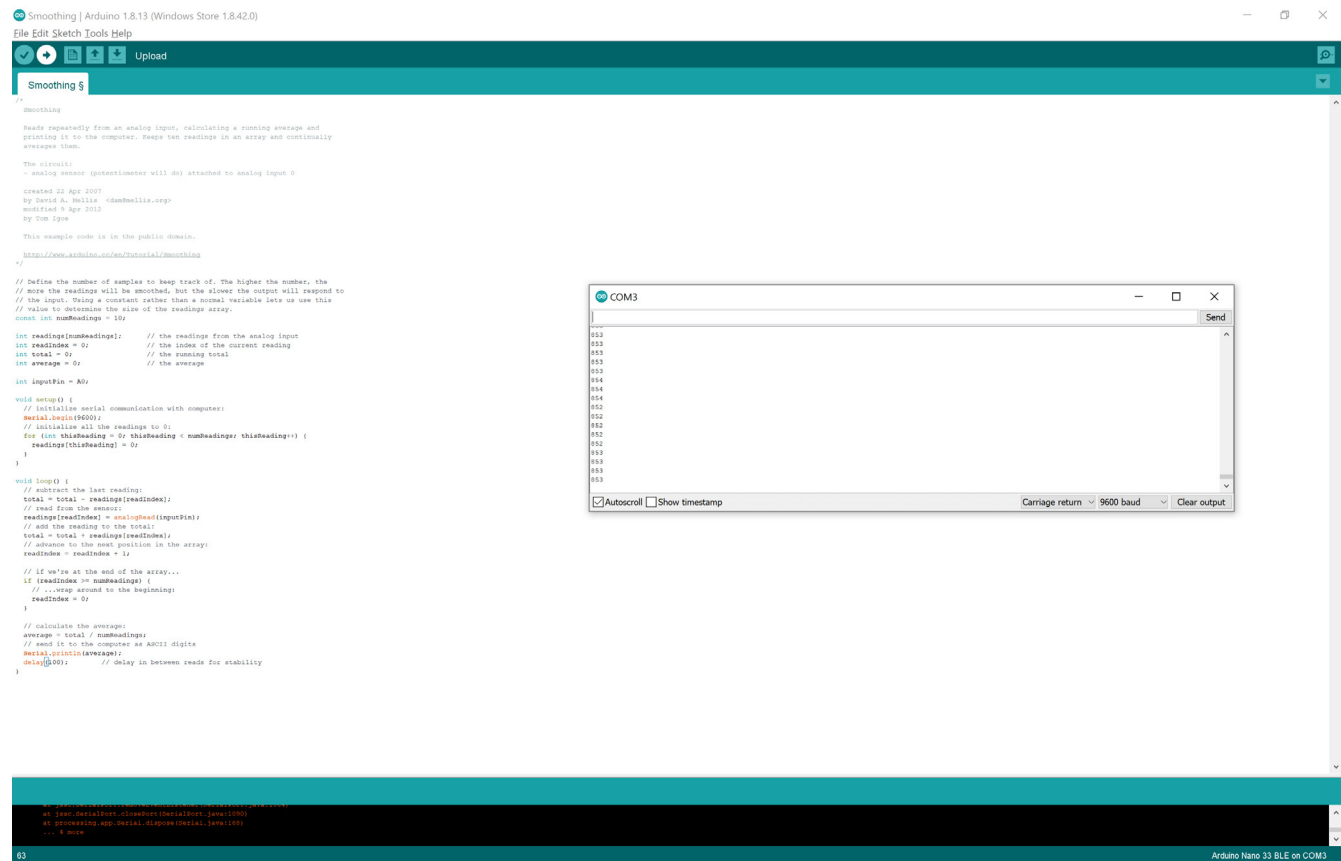
PoC Pictures

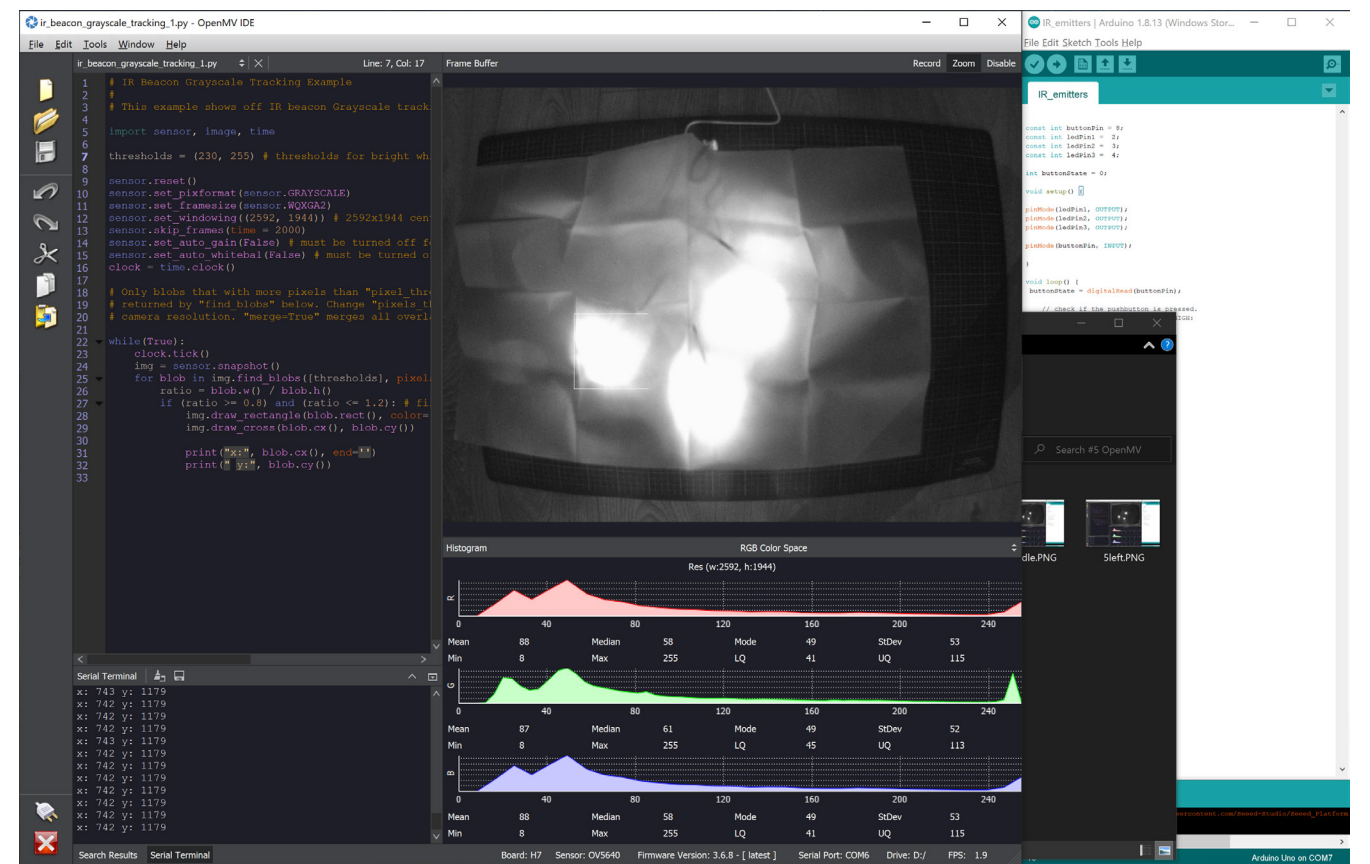
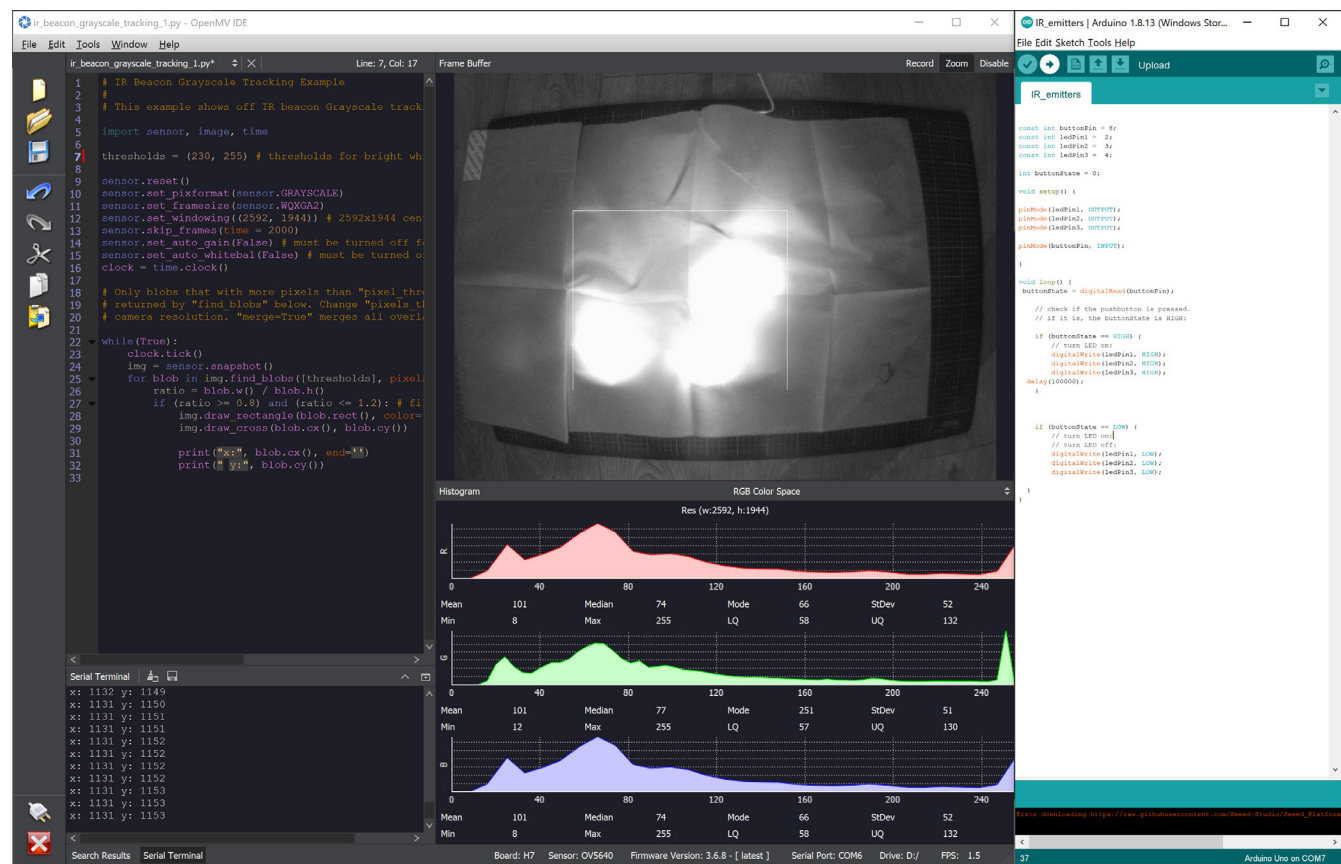
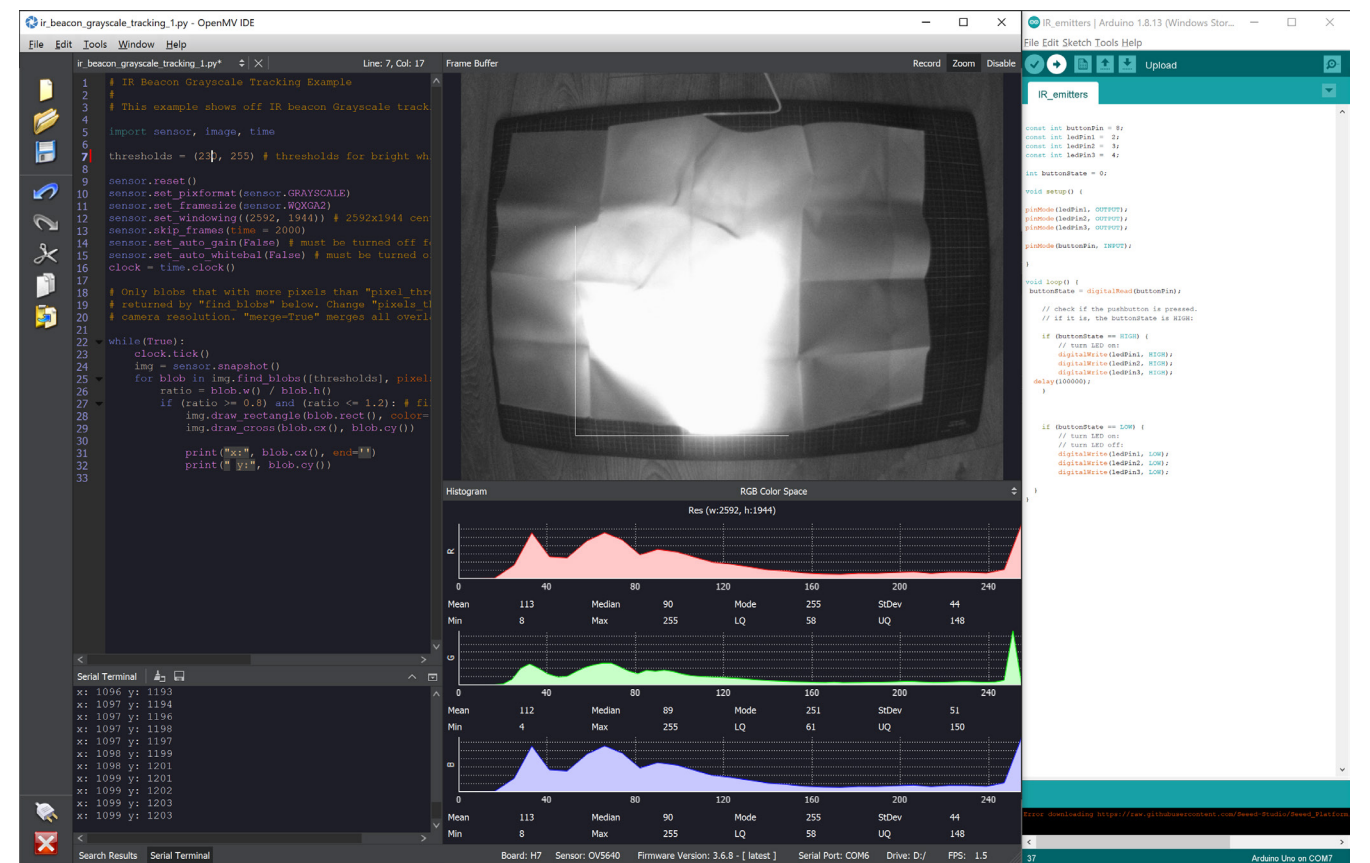
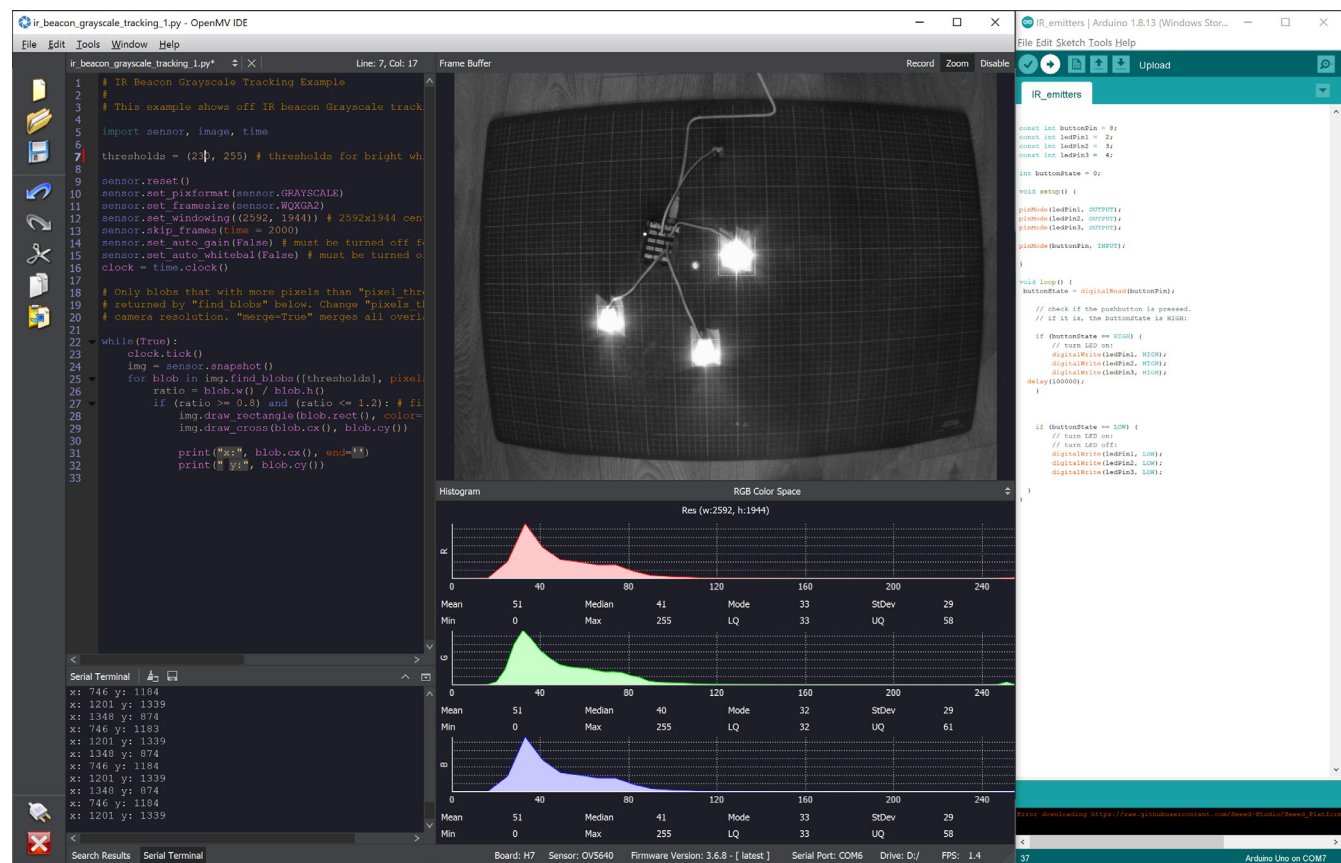


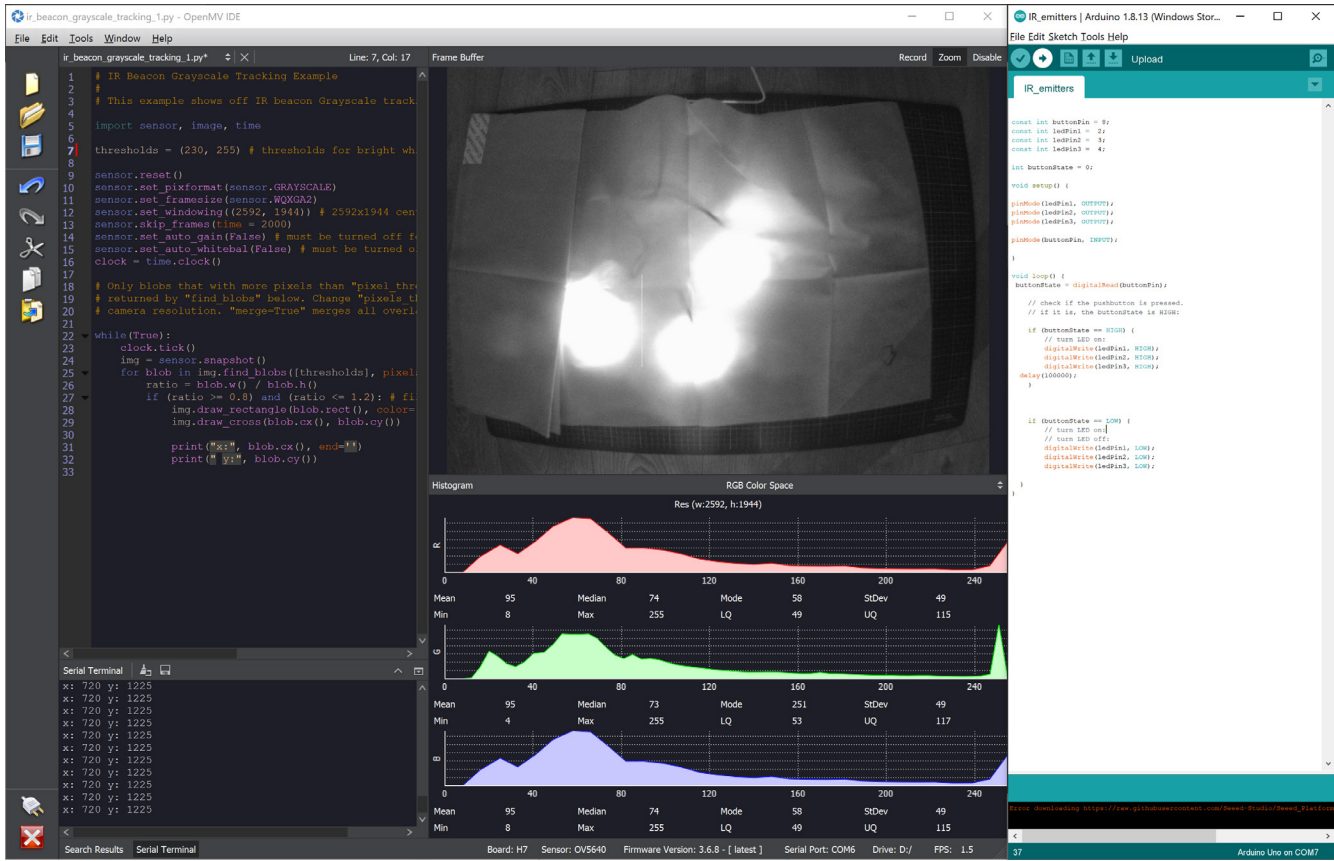




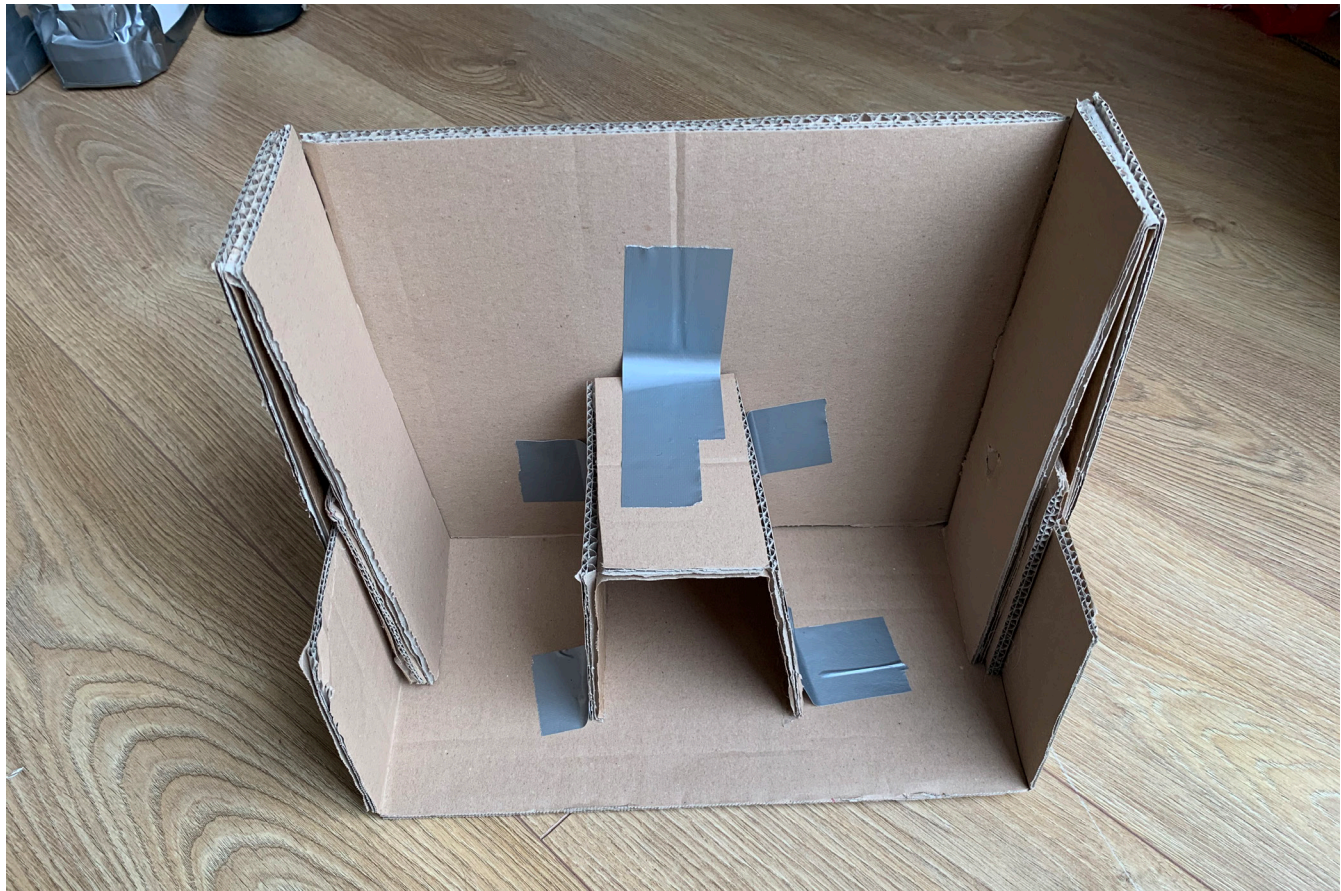








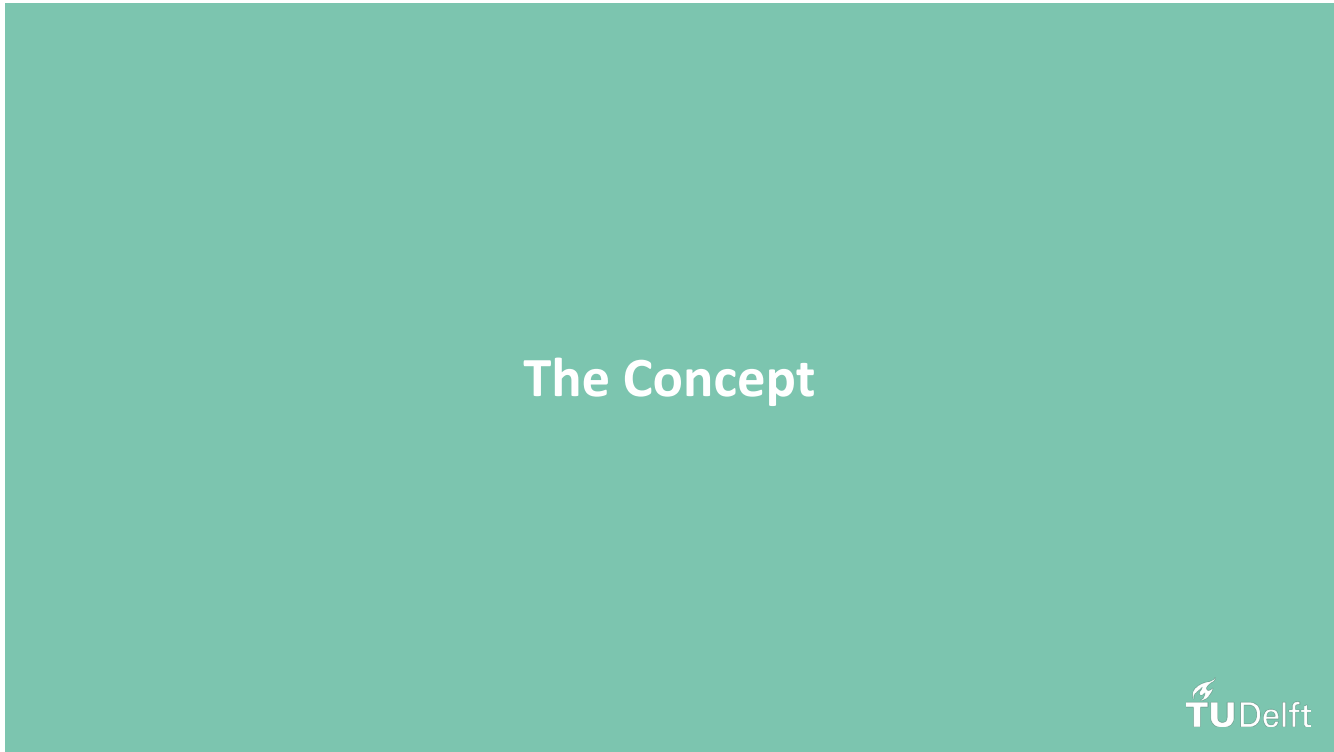






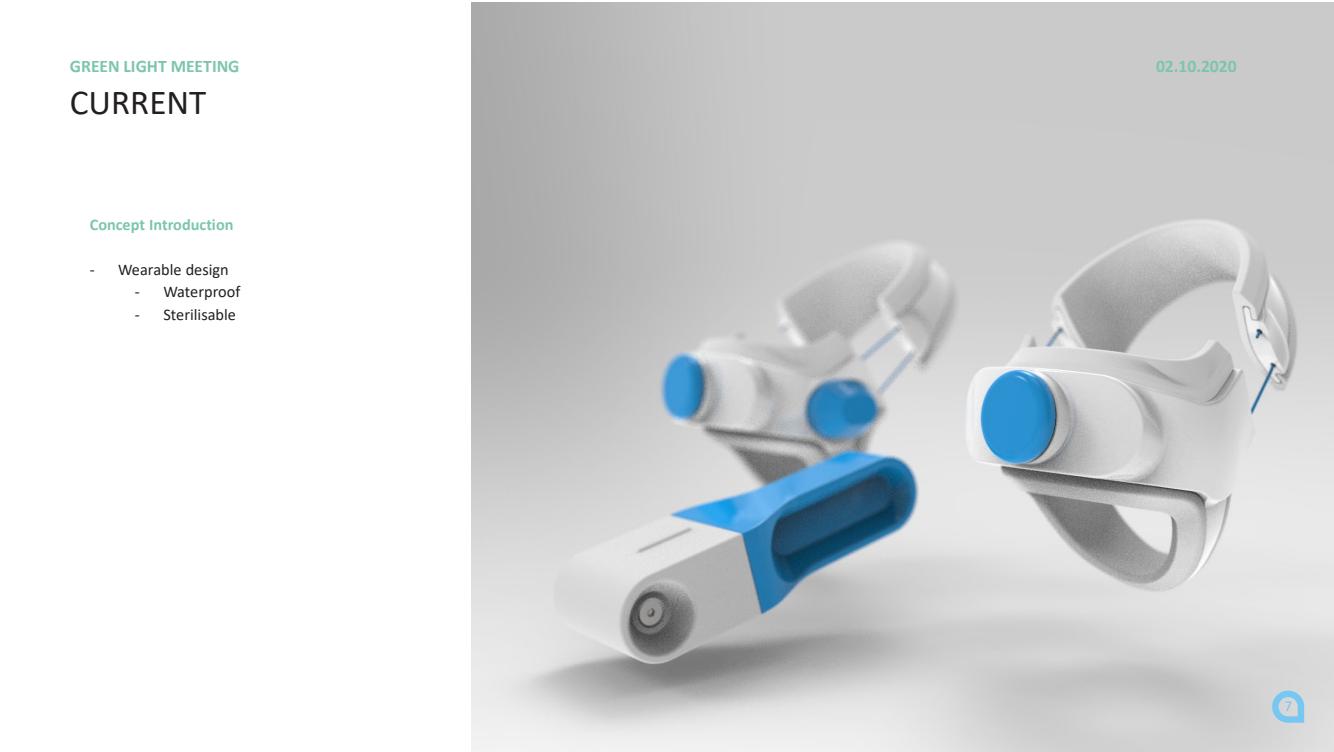
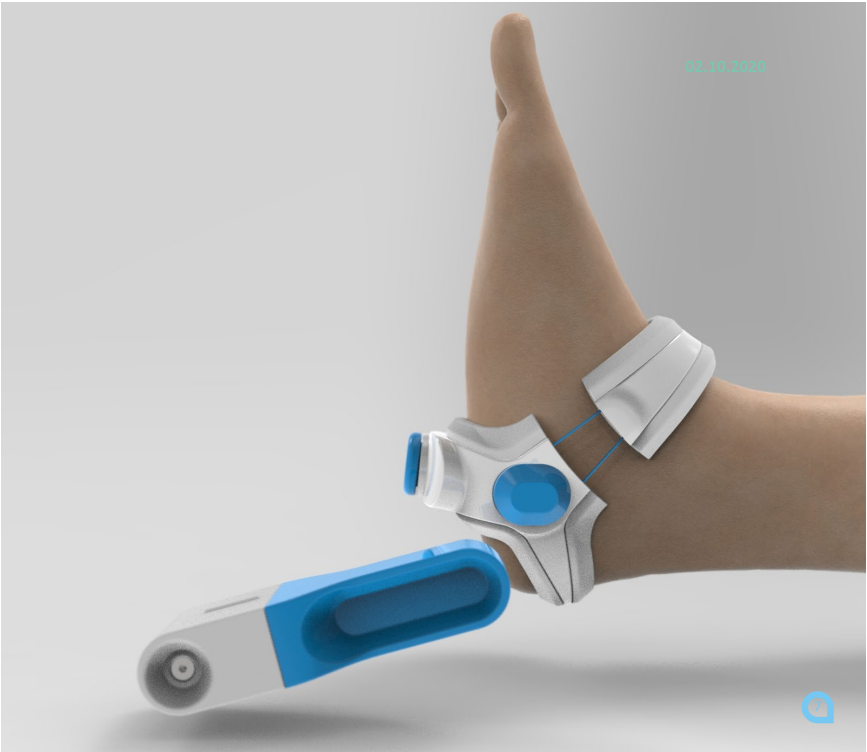
Appendix H

Cable Concept Renders



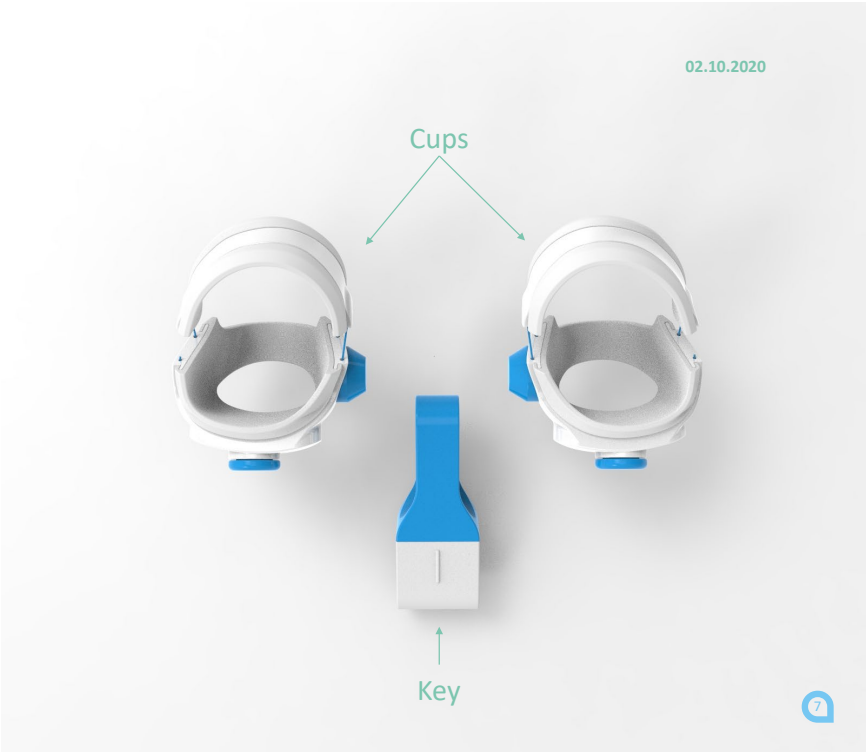
GREEN LIGHT MEETING
CURRENT

- Concept Introduction
- Wearable design
 - Waterproof
 - Sterilisable
 - Minimal surfaces fit



GREEN LIGHT MEETING
CURRENT

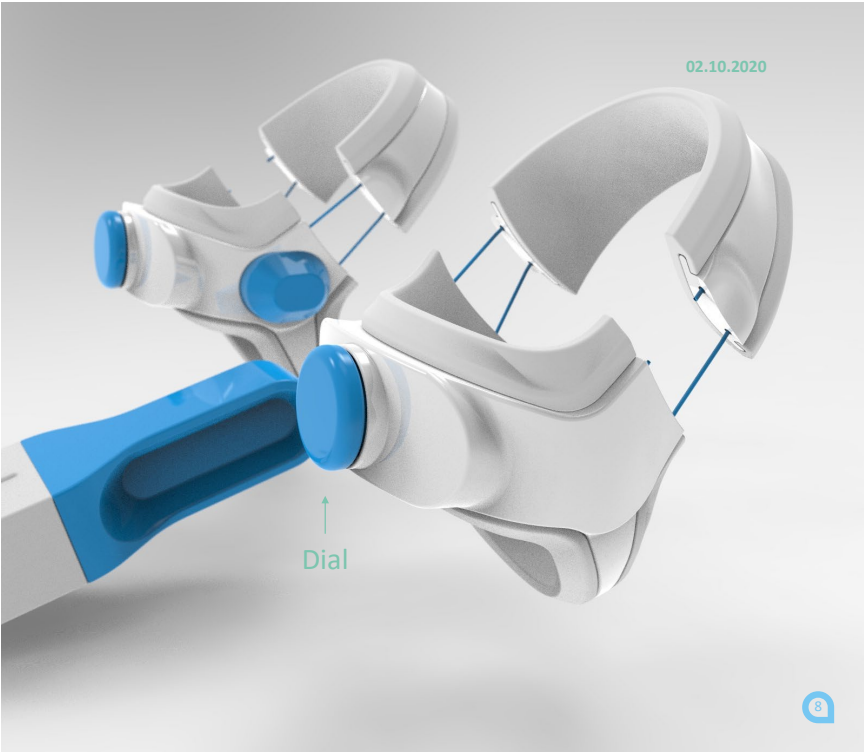
- Concept Introduction
- Wearable design
 - Waterproof
 - Sterilisable
 - Minimal surfaces fit
 - Maximum workflow flexibility



GREEN LIGHT MEETING
CURRENT

Cup Breakdown

- Cable closure system



GREEN LIGHT MEETING
CURRENT

Cup Breakdown

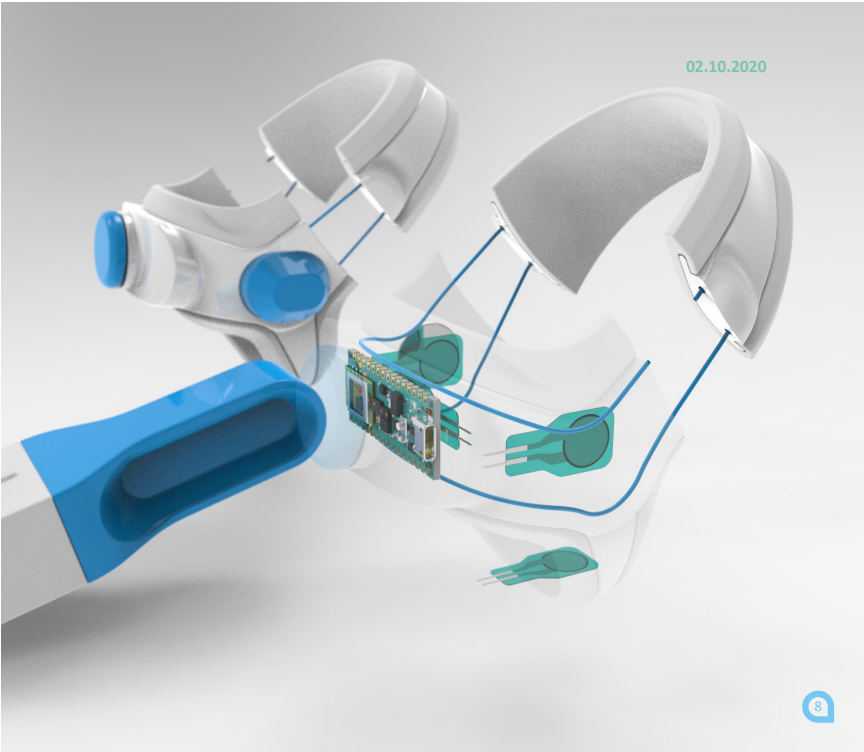
- Cable closure system
- Arduino Nano 33 BLE
- Pressure sensors
 - 3x Fit control
 - 1x Heel pressure control



GREEN LIGHT MEETING
CURRENT

Cup Breakdown

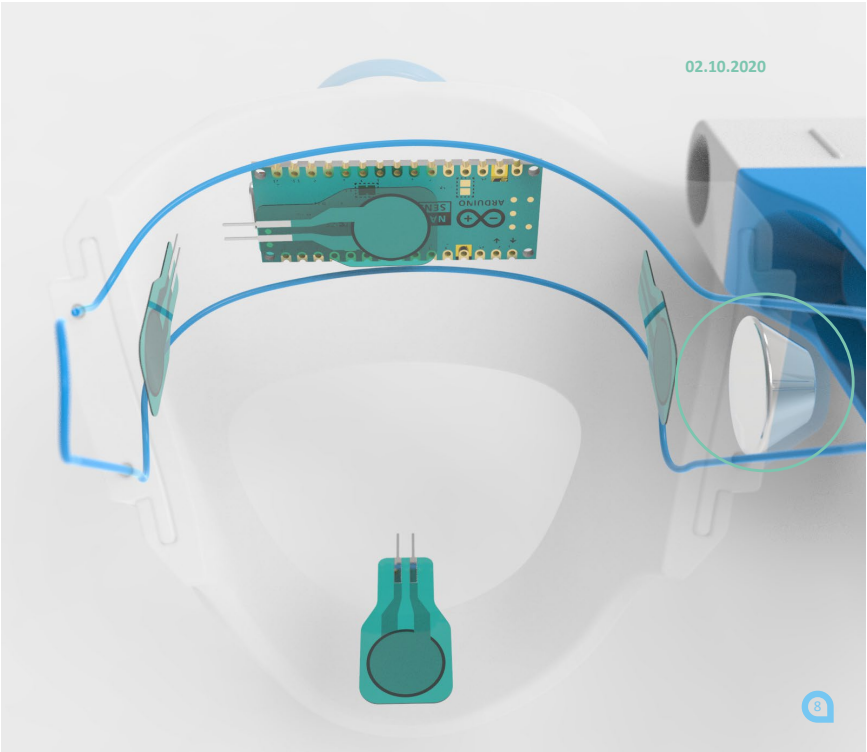
- Cable closure system
- Arduino Nano 33 BLE
- Pressure sensors



GREEN LIGHT MEETING
CURRENT

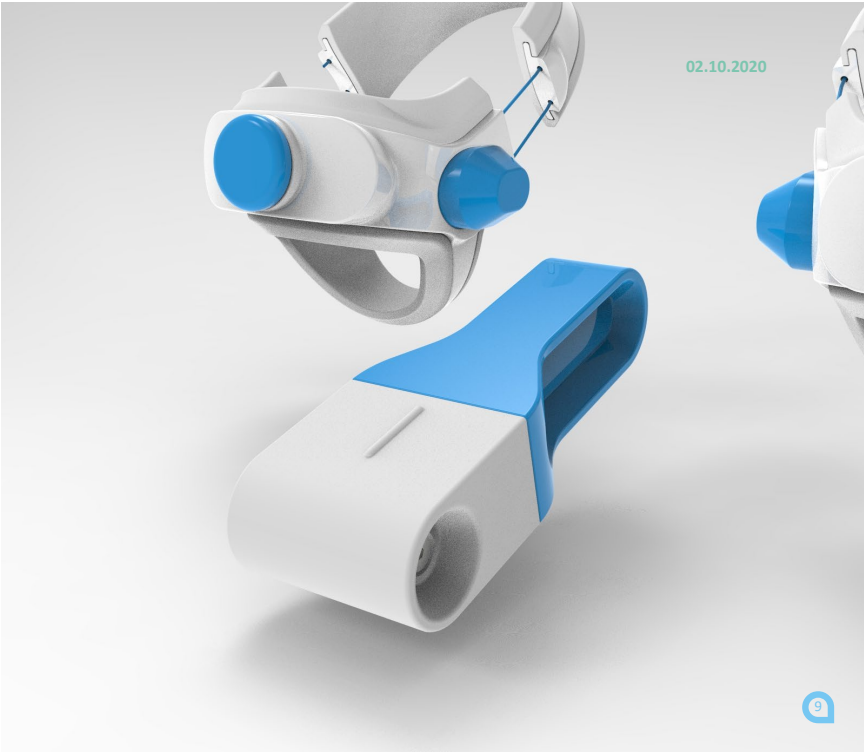
Cup Breakdown

- Cable closure system
- Arduino Nano 33 BLE
- Pressure sensors
 - 3x Fit control
 - 1x Heel pressure control
- Positioning Magnet



GREEN LIGHT MEETING
CURRENT

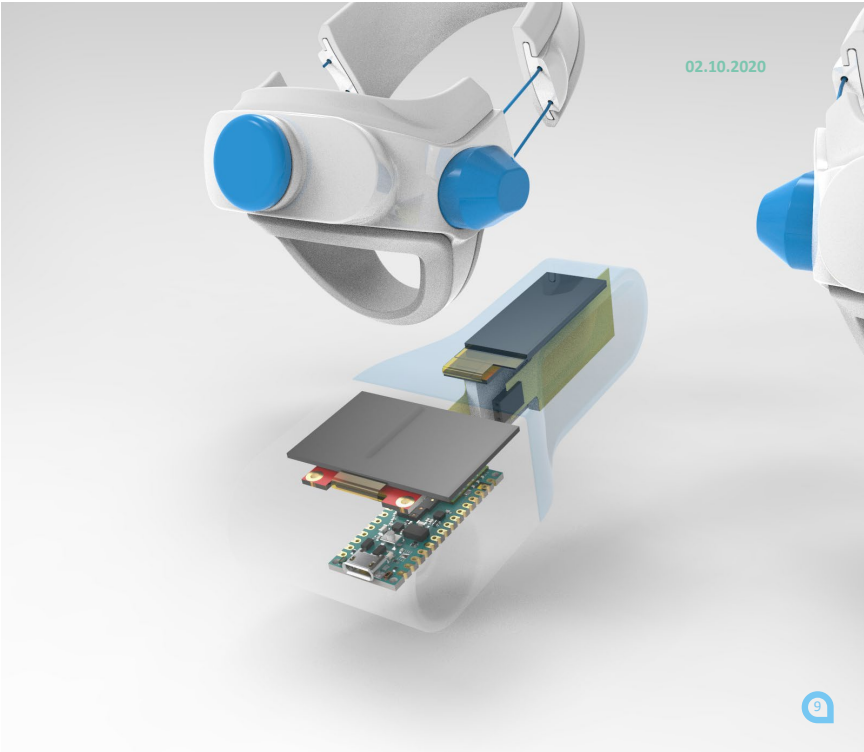
Key Breakdown



GREEN LIGHT MEETING
CURRENT

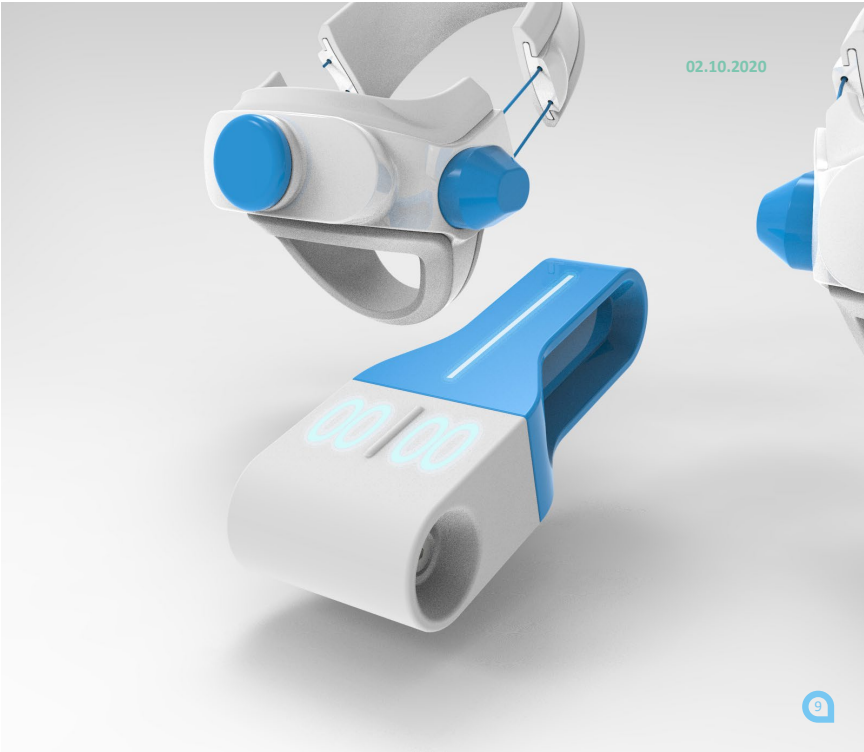
Key Breakdown

- Oled Screens
 - Grayscale Oled
 - Blue Oled
- Arduino Nano 33 BLE



GREEN LIGHT MEETING
CURRENT

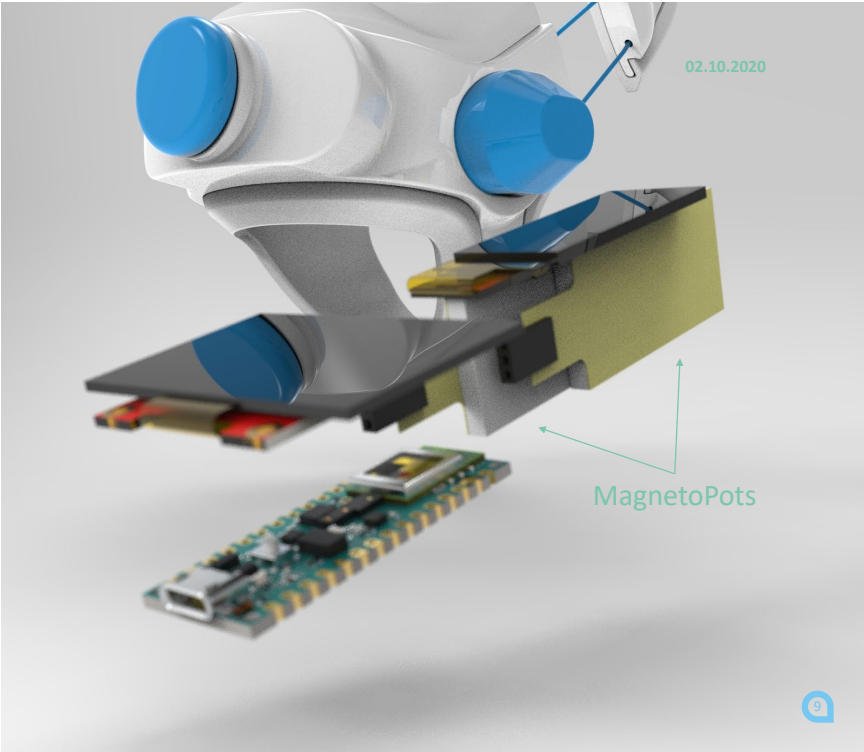
Key Breakdown



GREEN LIGHT MEETING
CURRENT

Key Breakdown

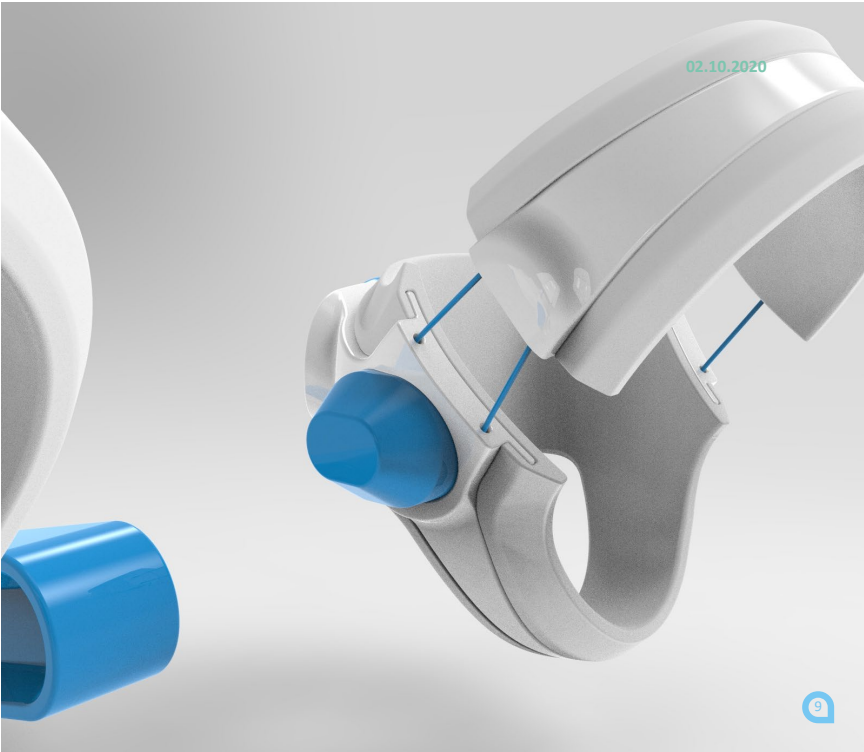
- Oled Screens
 - Grayscale Oled
 - Blue Oled
- Arduino Nano 33 BLE
- MagnetoPot Position Sensing
 - Independent heel positioning
 - Visual communication



GREEN LIGHT MEETING
CURRENT

Key Breakdown

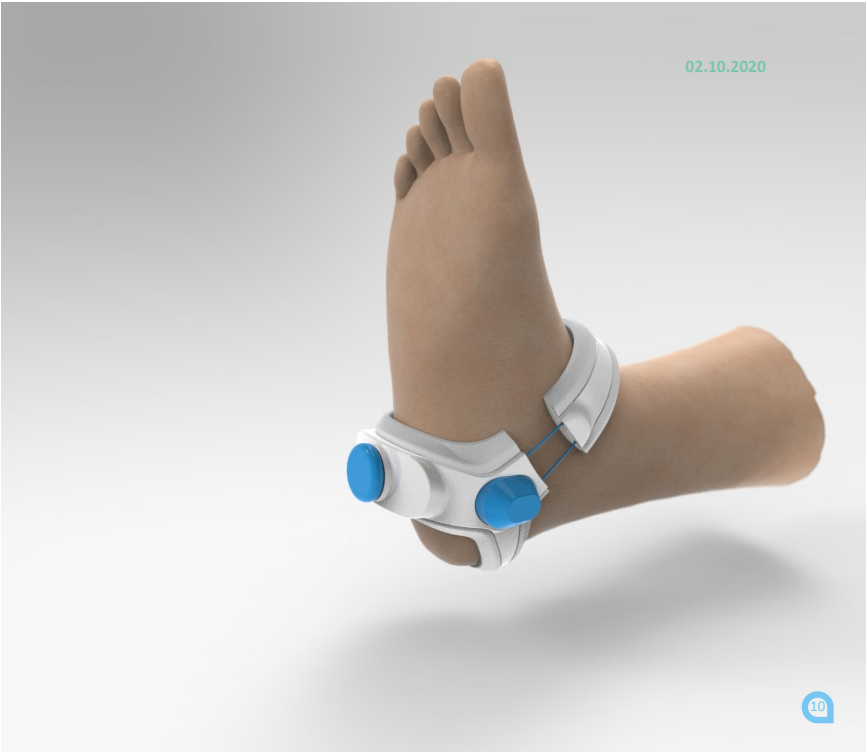
- Oled Screens
 - Grayscale Oled
 - Blue Oled
- Arduino Nano 33 BLE
- MagnetoPot Position Sensing
 - Independent heel positioning
 - Visual communication
- Magnet Activation



GREEN LIGHT MEETING
CURRENT

Usage Breakdown

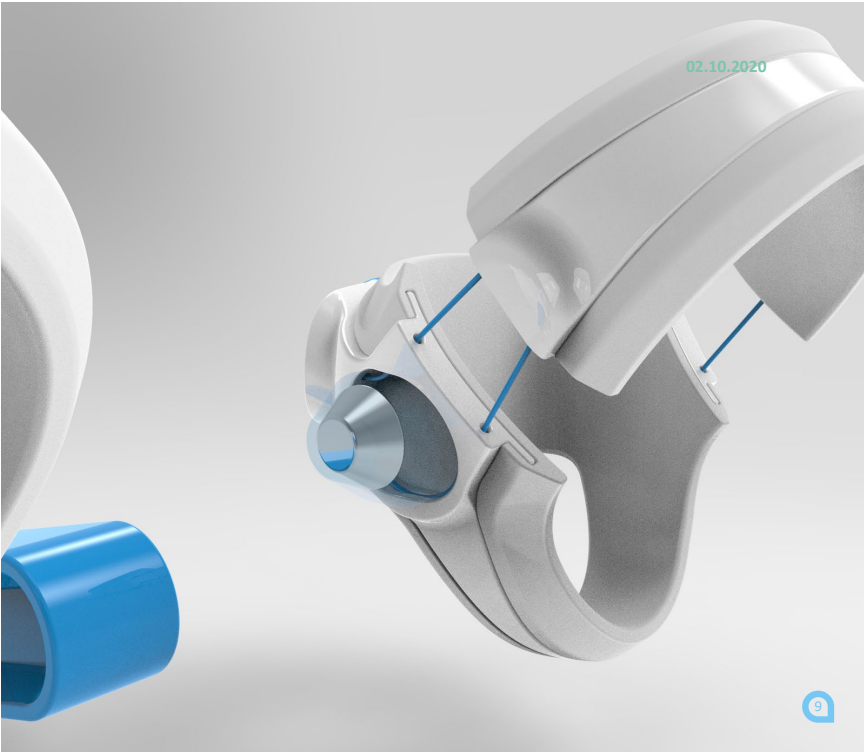
- Shape embodied intelligence
 - Self aligning



GREEN LIGHT MEETING
CURRENT

Key Breakdown

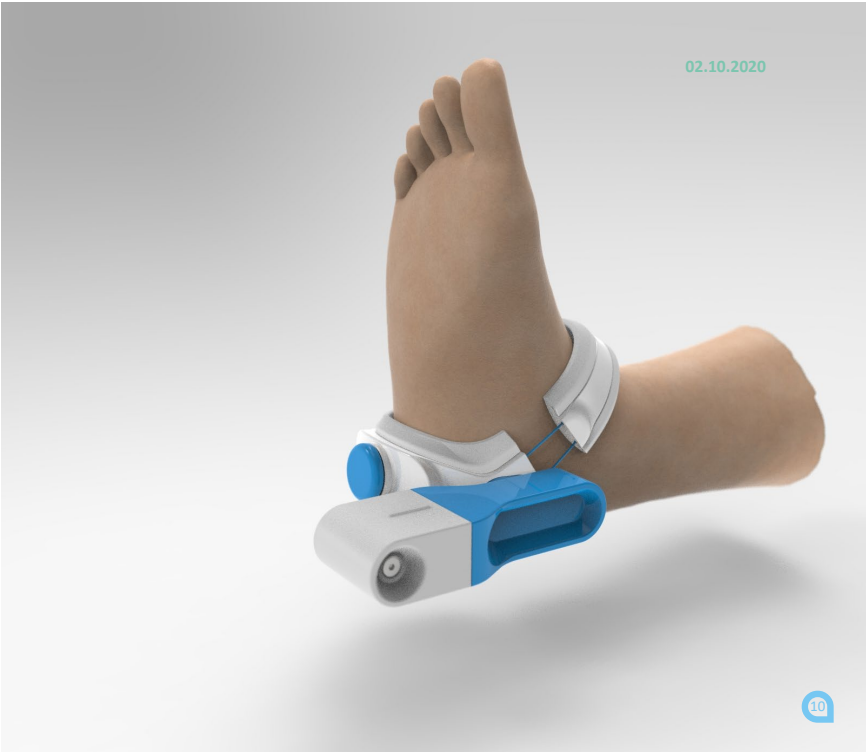
- Oled Screens
 - Grayscale Oled
 - Blue Oled
- Arduino Nano 33 BLE
- MagnetoPot Position Sensing
 - Independent heel positioning
 - Visual communication
- Magnet Activation



GREEN LIGHT MEETING
CURRENT

Usage Breakdown

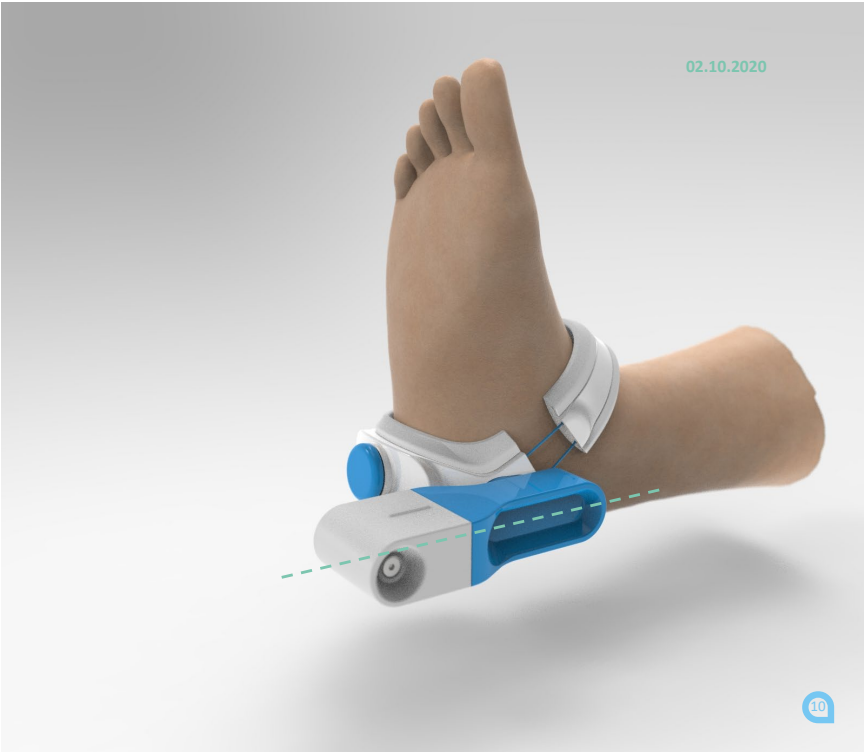
- Shape embodied intelligence
 - Self aligning
 - Perpendicularity ensured



GREEN LIGHT MEETING
CURRENT

Usage Breakdown

- Shape embodied intelligence
 - Self aligning
 - Perpendicularity ensured



GREEN LIGHT MEETING
CURRENT

Usage Breakdown

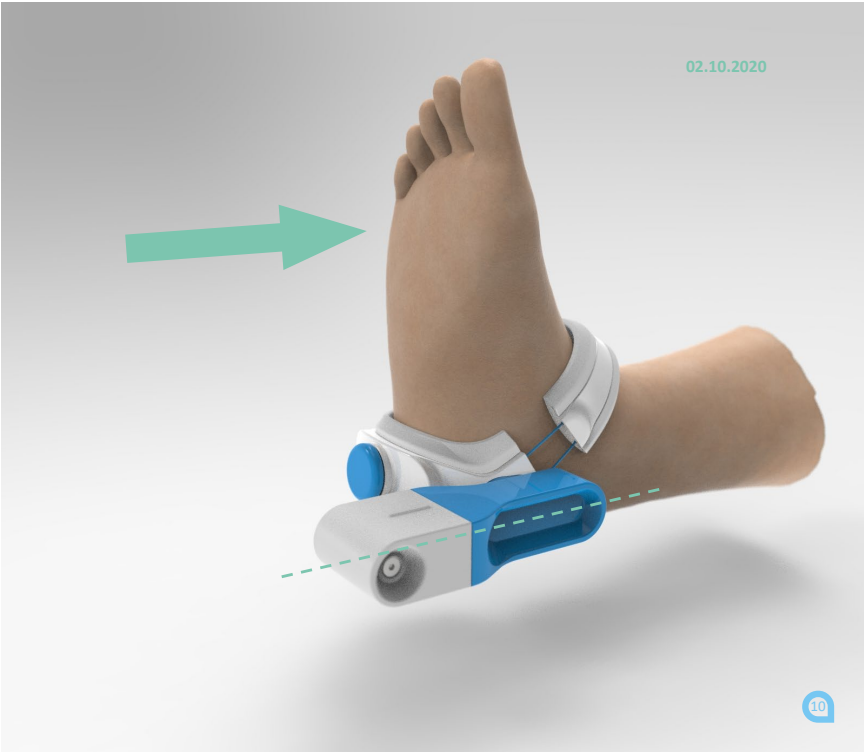
- Shape embodied intelligence
 - Self aligning
 - Perpendicularity ensured
- Precision Mode
 - Activated by sliding



GREEN LIGHT MEETING
CURRENT

Usage Breakdown

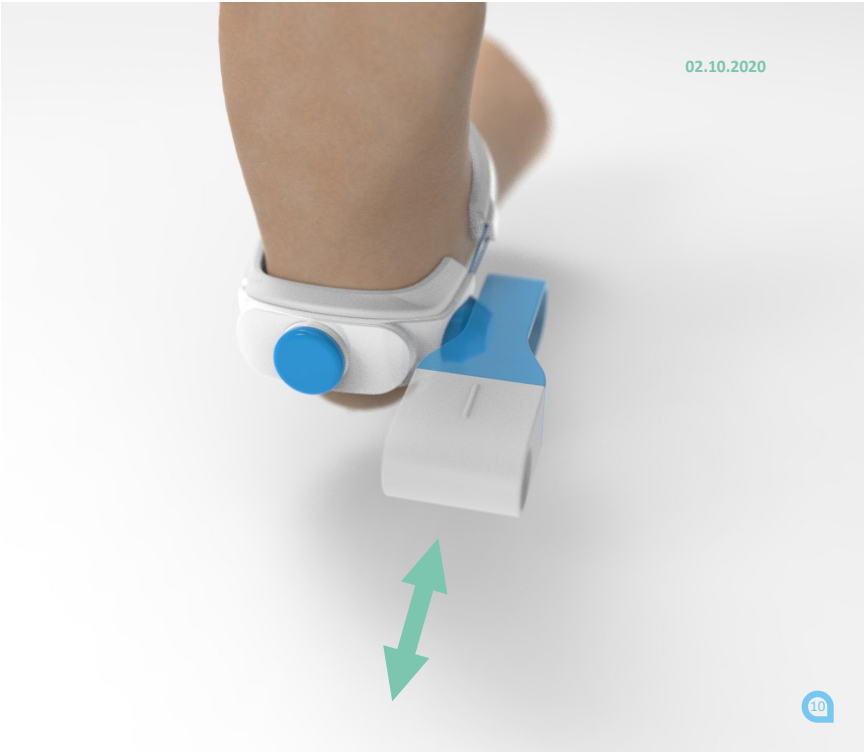
- Shape embodied intelligence
 - Self aligning
 - Perpendicularity ensured



GREEN LIGHT MEETING
CURRENT

Usage Breakdown

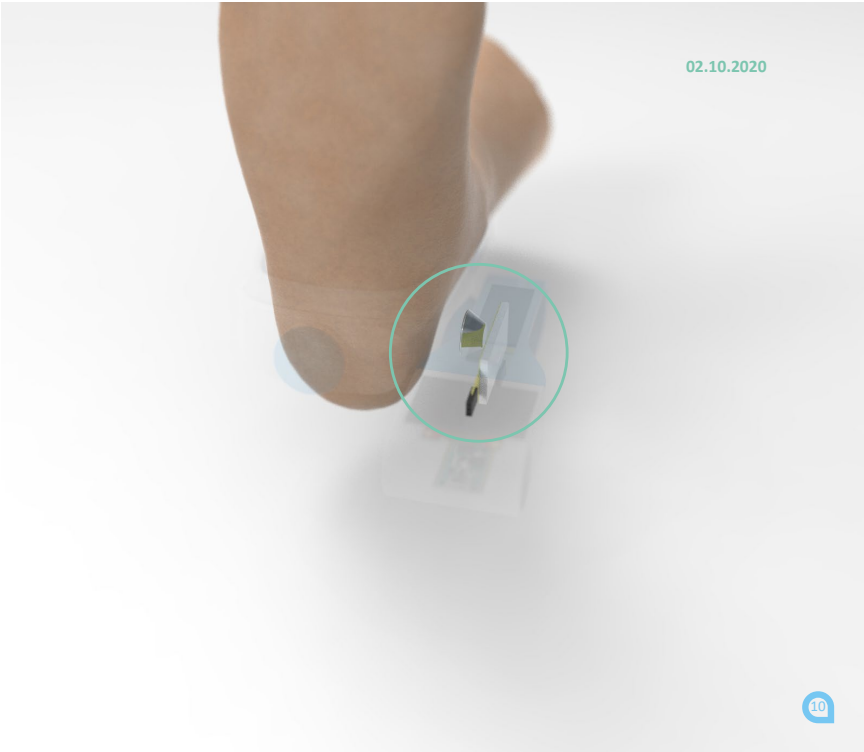
- Shape embodied intelligence
 - Self aligning
 - Perpendicularity ensured
- Precision Mode
 - Activated by sliding



GREEN LIGHT MEETING
CURRENT

Usage Breakdown

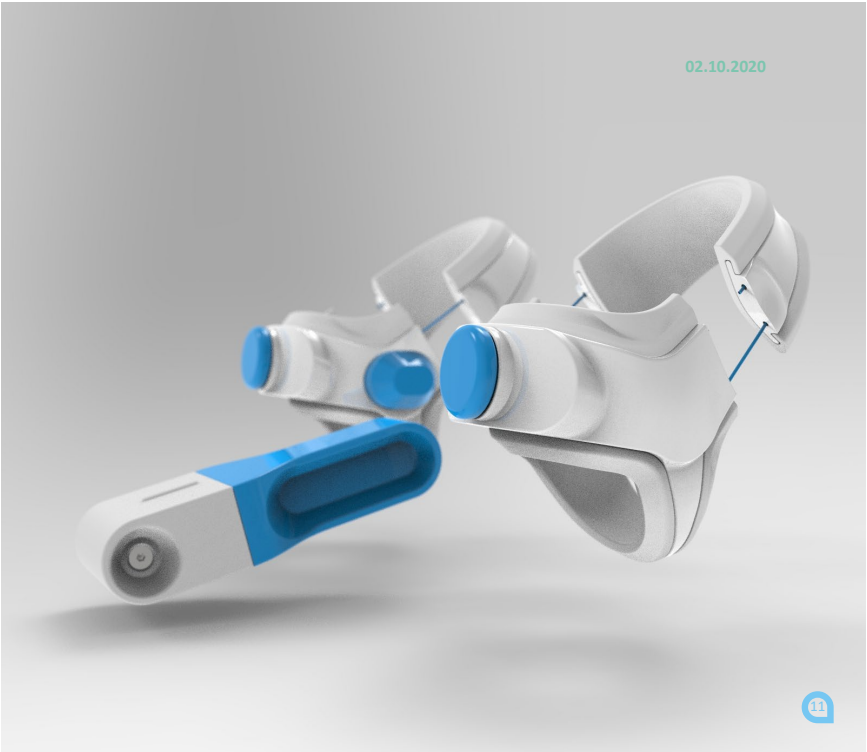
- Shape embodied intelligence
 - Self aligning
 - Perpendicularity ensured
- Precision Mode
 - Activated by sliding
- MagnetoPot Position Sensing
 - Independent heel positioning
 - Visual communication



GREEN LIGHT MEETING
NEXT

To be done

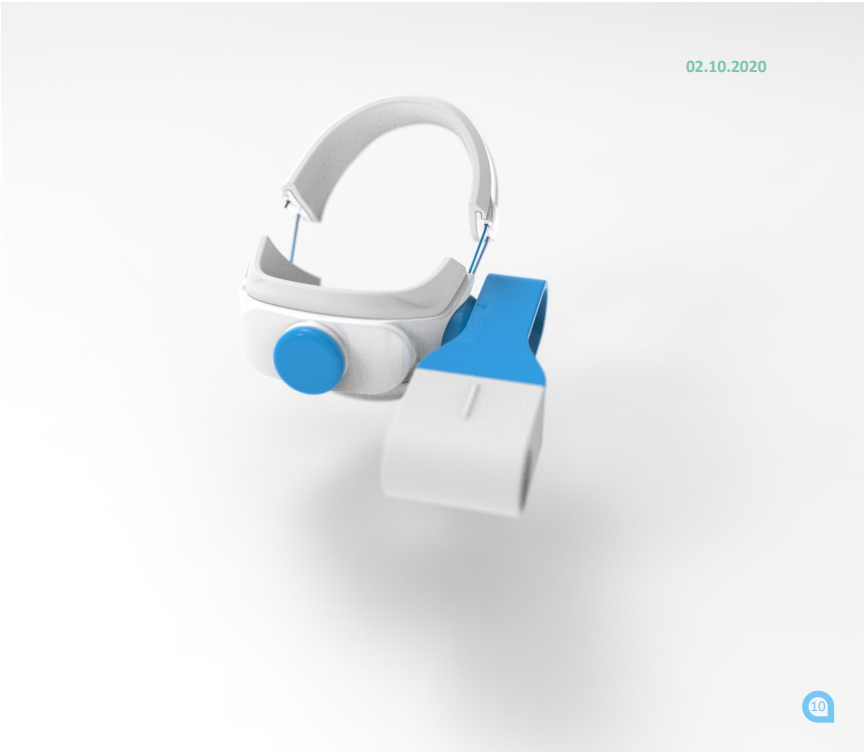
- 3D Modelling (!)
- Final Prototype
- Testing & Evaluating



GREEN LIGHT MEETING
CURRENT

Usage Breakdown

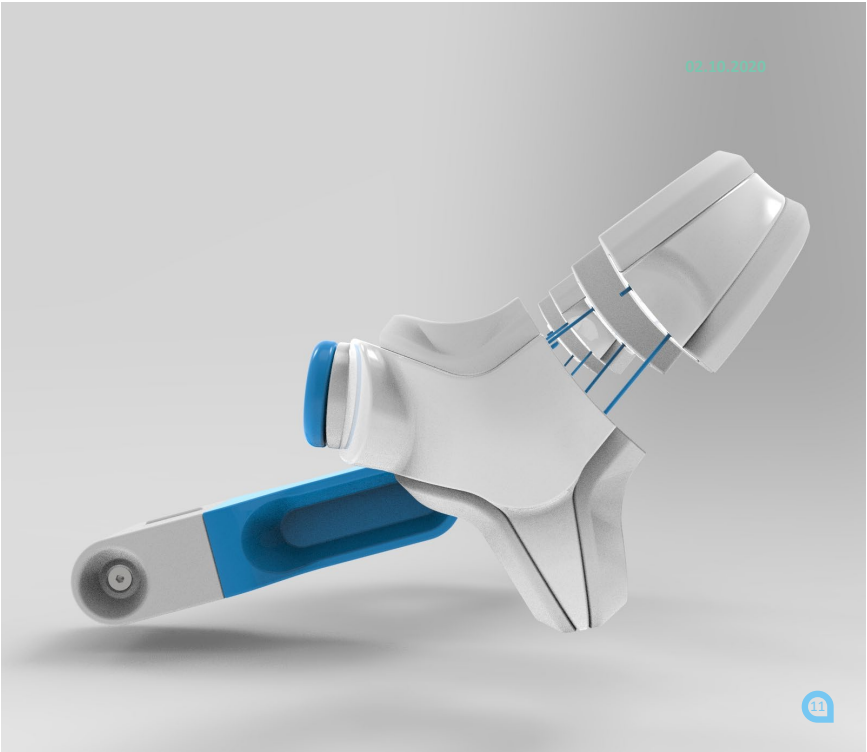
- Shape embodied intelligence
 - Self aligning
 - Perpendicularity ensured
- Precision Mode
 - Activated by sliding
- MagnetoPot Position Sensing
 - Independent heel positioning
 - Visual communication



GREEN LIGHT MEETING
NEXT

To be done

- 3D Modelling (!)
- Final Prototype
- Testing & Evaluating
- Report
- Report Visuals
- Appendix
- Video



Appendix I

S3D Slicing Profiles

FFF Settings

Process Name:

Select Profile:

Crealty CR-20 (modified)

Update Profile

Save as New

Remove

Auto-Configure for Material

PETG

+

-

Auto-Configure for Print Quality

Medium

+

-

General Settings

Infill Percentage: 10%

☐ Include Raft

☒ Generate Support

Extruder

Layer

Additions

Infill

Support

Temperature

Cooling

G-Code

Scripts

Speeds

Other

Advanced

Extruder List
(click item to edit settings)

Primary Extruder

Add Extruder

Remove Extruder

Primary Extruder Toolhead

Overview

Extruder Toolhead Index

Tool 0

Nozzle Diameter

0.40

 mm

Extrusion Multiplier

1.00

Extrusion Width ☒ Auto ☐ Manual

0.48

 mm

Ooze Control

☒ Retraction

Retraction Distance

7.00

 mm

Extra Restart Distance

0.00

 mm

Retraction Vertical Lift

0.00

 mm

Retraction Speed

25.0

 mm/s

☒ Coast at End

Coasting Distance

0.20

 mm

☐ Wipe Nozzle

Wipe Distance

5.00

 mm

Hide Advanced

Select Models

OK

Cancel

FFF Settings

Process Name:

Select Profile:

Crealty CR-20 (modified)

Update Profile

Save as New

Remove

Auto-Configure for Material

PETG

+

-

Auto-Configure for Print Quality

Medium

+

-

General Settings

Infill Percentage: 10%

☐ Include Raft

☒ Generate Support

Extruder

Layer

Additions

Infill

Support

Temperature

Cooling

G-Code

Scripts

Speeds

Other

Advanced

☒ Use Skirt/Brim

Skirt Extruder

Primary Extruder

Skirt Layers

1

Skirt Offset from Part

0.20

 mm

Skirt Outlines

3

☐ Use Prime Pillar

Prime Pillar Extruder

All Extruders

Pillar Width

12.00

 mm

Pillar Location

North-West

Speed Multiplier

100

 %

☐ Use Raft

Raft Extruder

Primary Extruder

Raft Top Layers

3

Raft Base Layers

2

Raft Offset from Part

3.00

 mm

Separation Distance

0.14

 mm

Raft Top Infill

100

 %

Above Raft Speed

30

 %

☐ Use Ooze Shield

Ooze Shield Extruder

All Extruders

Offset from Part

2.00

 mm

Ooze Shield Outlines

1

Sidewall Shape

Waterfall

Sidewall Angle Change

30

 deg

Speed Multiplier

100

 %

Hide Advanced

Select Models

OK

Cancel

FFF Settings

Process Name:

Select Profile:

Crealty CR-20 (modified)

Update Profile

Save as New

Remove

Auto-Configure for Material

PETG

+

-

Auto-Configure for Print Quality

Medium

+

-

General Settings

Infill Percentage: 10%

☐ Include Raft

☒ Generate Support

Extruder

Layer

Additions

Infill

Support

Temperature

Cooling

G-Code

Scripts

Speeds

Other

Advanced

Layer Settings

Primary Extruder

Primary Extruder

Primary Layer Height

0.2000

 mm

Top Solid Layers

5

Bottom Solid Layers

5

Outline/Perimeter Shells

5

Outline Direction: ☒ Inside-Out ☐ Outside-In

☐ Print islands sequentially without optimization

☐ Single outline corkscrew printing mode (vase mode)

First Layer Settings

First Layer Height

200

 %

First Layer Width

200

 %

First Layer Speed

20

 %

Start Points

☐ Use random start points for all perimeters

☒ Optimize start points for fastest printing speed

☐ Choose start point closest to specific location

X:

0.0

 Y:

0.0

 mm

Hide Advanced

Select Models

OK

Cancel

FFF Settings

Process Name:

Select Profile:

Crealty CR-20 (modified)

Update Profile

Save as New

Remove

Auto-Configure for Material

PETG

+

-

Auto-Configure for Print Quality

Medium

+

-

General Settings

Infill Percentage: 10%

☐ Include Raft

☒ Generate Support

Extruder

Layer

Additions

Infill

Support

Temperature

Cooling

G-Code

Scripts

Speeds

Other

Advanced

General

Infill Extruder

Primary Extruder

Internal Fill Pattern

Triangular

External Fill Pattern

Rectilinear

Interior Fill Percentage

10

 %

Outline Overlap

15

 %

Infill Extrusion Width

100

 %

Minimum Infill Length

5.00

 mm

Combine Infill Every

1

 layers

☐ Include solid diaphragm every

20

 layers

Internal Infill Angle Offsets

0

 deg

Add Angle

60

-60

Remove Angle

☒ Print every infill angle on each layer

External Infill Angle Offsets

0

 deg

Add Angle

45

-45

Remove Angle

Hide Advanced

Select Models

OK

Cancel

FFF Settings

Process Name:

Select Profile:

Creality CR-20 (modified)

Update Profile

Save as New

Remove

Auto-Configure for Material

PETG

+

-

Auto-Configure for Print Quality

Medium

+

-

General Settings

Infill Percentage: 10%

☐ Include Raft

☒ Generate Support

Extruder

Layer

Additions

Infill

Support

Temperature

Cooling

G-Code

Scripts

Speeds

Other

Advanced

Support Material Generation

☒ Generate Support Material

Support Extruder

Primary Extruder

Support Infill Percentage

10

 %

Extra Inflation Distance

0.00

 mm

Support Base Layers

0

Combine Support Every

1

 layers

Dense Support

Dense Support Extruder

Primary Extruder

Dense Support Layers

3

Dense Infill Percentage

50

 %

Automatic Placement

Only used if manual support is not defined

Support Type

Normal

Support Pillar Resolution

1.00

 mm

Max Overhang Angle

45

 deg

Separation From Part

Horizontal Offset From Part

0.30

 mm

Upper Vertical Separation Layers

1

Lower Vertical Separation Layers

1

Support Infill Angles

0

 deg

45

Add Angle

Remove Angle

Hide Advanced

Select Models

OK

Cancel

FFF Settings

Process Name:

Select Profile:

Creality CR-20 (modified)

Update Profile

Save as New

Remove

Auto-Configure for Material

PETG

+

-

Auto-Configure for Print Quality

Medium

+

-

General Settings

Infill Percentage: 10%

☐ Include Raft

☒ Generate Support

Extruder

Layer

Additions

Infill

Support

Temperature

Cooling

G-Code

Scripts

Speeds

Other

Advanced

Per-Layer Fan Controls

Lay

Fan Speed

1

0

Add Setpoint

Remove Setpoint

Layer Number

1

Fan Speed

60

 %

Fan Options

☐ Blip fan to full power when increasing from idle

Fan Overrides

☐ Increase fan speed for layers below

45.0

 sec

Maximum cooling fan speed

100

 %

☒ Bridging fan speed override

70

 %

Hide Advanced

Select Models

OK

Cancel

FFF Settings

Process Name:

Select Profile:

Creality CR-20 (modified)

Update Profile

Save as New

Remove

Auto-Configure for Material

PETG

+

-

Auto-Configure for Print Quality

Medium

+

-

General Settings

Infill Percentage: 10%

☐ Include Raft

☒ Generate Support

Extruder

Layer

Additions

Infill

Support

Temperature

Cooling

G-Code

Scripts

Speeds

Other

Advanced

Temperature Controller List

(click item to edit settings)

Primary Extruder

Heated Bed

Add Temperature Controller

Remove Temperature Controller

Heated Bed Temperature

Overview

Temperature Identifier

T0

Temperature Controller Type: ☐ Extruder ☒ Heated build platform

☒ Wait for temperature controller to stabilize before beginning build

Per-Layer Temperature Setpoints

Layer

Tem

Add Setpoint

1

70

Remove Setpoint

Layer Number

1

Temperature

200

 °C

Hide Advanced

Select Models

OK

Cancel

FFF Settings

Process Name:

Select Profile:

Creality CR-20 (modified)

Update Profile

Save as New

Remove

Auto-Configure for Material

PETG

+

-

Auto-Configure for Print Quality

Medium

+

-

General Settings

Infill Percentage: 10%

☐ Include Raft

☒ Generate Support

Extruder

Layer

Additions

Infill

Support

Temperature

Cooling

G-Code

Scripts

Speeds

Other

Advanced

G-Code Options

☒ 5D firmware (include E-dimension)

☐ Relative extrusion distances

☒ Allow zeroing of extrusion distances (i.e. G92 E0)

☐ Use independent extruder axes

☐ Include M101/M102/M103 commands

☒ Firmware supports "sticky" parameters

☐ Apply toolhead offsets to G-Code coordinates

Global G-Code Offsets

X-Axis

Y-Axis

Z-Axis

Offset

0.00

0.00

0.00

 mm

Update Machine Definition

Machine type

Cartesian robot (rectangular volume)

Build volume

X-Axis

Y-Axis

Z-Axis

220.0

220.0

250.0

 mm

Origin offset

X-Axis

Y-Axis

Z-Axis

0.0

0.0

0.0

 mm

Homing dir

X-Axis

Y-Axis

Z-Axis

Min

Min

Min

Flip build table axis

☐ X ☒ Y ☐ Z

Toolhead offsets

Tool 0

X

0.00

Y

0.00

Update Firmware Configuration

Firmware type

RepRap (Marlin/Repetier/Sprinter)

GPX profile

Replicator 2 (default config)

Baud rate

115200

 bits/sec

Hide Advanced

Select Models

OK

Cancel

FFF Settings

Process Name:

Select Profile:

Crealty CR-20 (modified)

Update Profile

Save as New

Remove

Auto-Configure for Material

PETG

+

-

Auto-Configure for Print Quality

Medium

+

-

General Settings

Infill Percentage: 10%

☐ Include Raft

☒ Generate Support

Extruder

Layer

Additions

Infill

Support

Temperature

Cooling

G-Code

Scripts

Speeds

Other

Advanced

Starting Script

Layer Change Script

Retraction Script

Tool Change Script

Ending Script

M201 X500.00 Y500.00 Z100.00 E5000.00 ;Setup machine max acceleration

M203 X500.00 Y500.00 Z10.00 E50.00 ;Setup machine max feedrate

M204 P500.00 R1000.00 T500.00 ;Setup Print/Retract/Travel acceleration

M205 X8.00 Y8.00 Z0.40 E5.00 ;Setup Jerk

M220 S100 ;Reset Feedrate

M221 S100 ;Reset FlowrateA

G28 ;Home

M420 S1 Z2 ;Enable ABL using saved Mesh and Fade Height

Post Processing

Export file format

Standard G-Code (.gcode)

☐ Add celebration at end of build (for .x3g files only)

Random Song

Additional terminal commands for post processing

192.168.1.72//api/files/local" {STRIP "; postProcessing"}

Hide Advanced

Select Models

OK

Cancel

FFF Settings

Process Name:

Select Profile:

Crealty CR-20 (modified)

Update Profile

Save as New

Remove

Auto-Configure for Material

PETG

+

-

Auto-Configure for Print Quality

Medium

+

-

General Settings

Infill Percentage: 10%

☐ Include Raft

☒ Generate Support

Extruder

Layer

Additions

Infill

Support

Temperature

Cooling

G-Code

Scripts

Speeds

Other

Advanced

Speeds

Speed Overrides

Default Printing Speed

50.0

mm/s

Outline Underspeed

80

%

Solid Infill Underspeed

80

%

Support Structure Underspeed

80

%

X/Y Axis Movement Speed

50.0

mm/s

Z Axis Movement Speed

10.0

mm/s

☒ Adjust printing speed for layers below

15.0

 sec

Allow speed reductions down to

20

 %

Hide Advanced

Select Models

OK

Cancel

FFF Settings

Process Name:

Select Profile:

Crealty CR-20 (modified)

Update Profile

Save as New

Remove

Auto-Configure for Material

PETG

+

-

Auto-Configure for Print Quality

Medium

+

-

General Settings

Infill Percentage: 10%

☐ Include Raft

☒ Generate Support

Extruder

Layer

Additions

Infill

Support

Temperature

Cooling

G-Code

Scripts

Speeds

Other

Advanced

Bridging

Filament Properties

Unsupported area threshold

50.0

sq mm

Extra inflation distance

0.00

mm

Bridging extrusion multiplier

100

%

Bridging speed multiplier

50

%

☐ Use fixed bridging infill angle

0

 deg

☐ Apply bridging settings to perimeters

Horizontal size compensation

0.00

mm

Filament Toolhead Index

Tool 0

Filament diameter

1.7500

mm

Filament price

48.40

price/kg

Filament density

1.28

grams/cm^3

Tool Change Retraction

Tool change retraction distance

12.00

mm

Tool change extra restart distance

-0.50

mm

Tool change retraction speed

10.0

mm/s

Hide Advanced

Select Models

OK

Cancel

FFF Settings

Process Name:

Select Profile:

Crealty CR-20 (modified)

Update Profile

Save as New

Remove

Auto-Configure for Material

PETG

+

-

Auto-Configure for Print Quality

Medium

+

-

General Settings

Infill Percentage: 10%

☐ Include Raft

☒ Generate Support

Extruder

Layer

Additions

Infill

Support

Temperature

Cooling

G-Code

Scripts

Speeds

Other

Advanced

Layer Modifications

Thin Wall Behavior

Single Extrusions

Ooze Control Behavior

Movement Behavior

Slicing Behavior

☐ Start printing at height

5.00

 mm

☐ Stop printing at height

5.00

 mm

External Thin Wall Type

Allow single extrusion walls

Internal Thin Wall Type

Allow single extrusion fill

Allowed perimeter overlap

20

%

Minimum Extrusion Length

1.00

mm

Minimum Printing Width

50

%

Maximum Printing Width

200

%

Endpoint Extension Distance

0.20

mm

☒ Only retract when crossing open spaces

☒ Force retraction between layers

☐ Minimum travel for retraction

3.00

 mm

☐ Perform retraction during wipe movement

☐ Only wipe extruder for outer-most perimeters

☒ Avoid crossing outline for travel movements

Maximum allowed detour factor

3.0

Non-manifold segments: ☐ Discard ☒ Heal

☐ Merge all outlines into a single solid model

Hide Advanced

Select Models

OK

Cancel

Appendix J

Magnetopot Datasheet



MAGNETOPOT MP1

Features

- Contactless Linear Sensor
- IP64 Debris Proof, Splash Proof
- Ideal for Hydraulic and Pneumatic Position Sensing
- Liquid Level Capability
- Upon request
 - Male or Female Nicomatic Connectors
 - Corresponding Exterior Magnet

Mechanical Specifications

- Life Cycle: >1 million
- Height: ≤3.50mm (0.138")
- Actuation Force: 18 grams pull force from exterior magnet or ferromagnet

Environmental Specifications

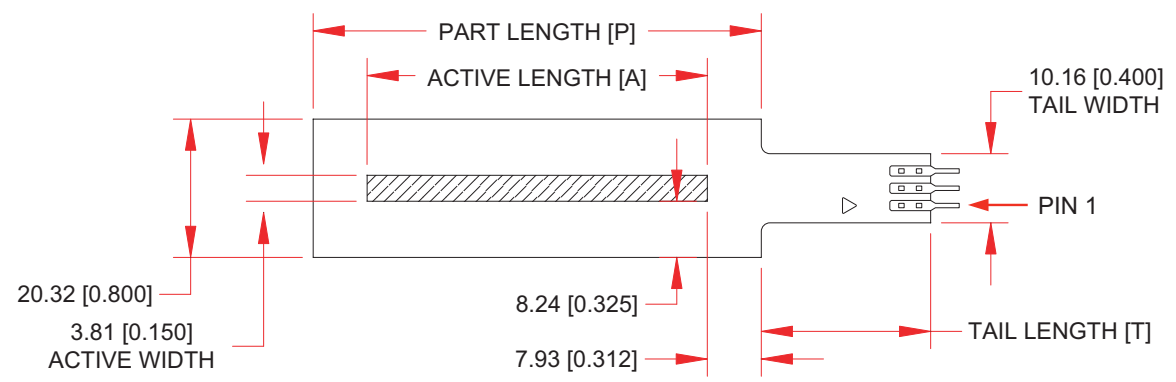
- Operating Temperature: up to +85°C
- IP Rating of Active Area: IP64

Electrical Specifications

- Resistance - Standard: 10k Ohms (lengths >300mm = 20k Ohms)
- Resistance - Custom: 5k to 500k Ohms
- Resistance Tolerance: ±20%
- Effective Electrical Travel: 8 to 1200mm
- Resolution: Depends on the exterior magnet strength and distance to the MagnetoPot
- Power Rating: 0.50 Watt continuous, 1 Watt Peak
- Dielectric Value: No affect @ 500VAC for 1 minute
- Independant Linearity: ±5% (±1% available)
- Hysteresis: 3mm*

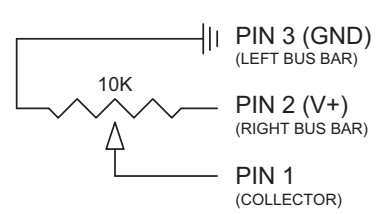
**Please note that the hysteresis is directly affected by the drive magnet size, strength, and distance from the internal magnet.*

Dimensional Diagram - Stock Linear MagnetoPots

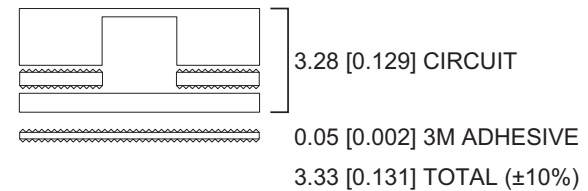


A	12.50mm 0.492"	25.00mm 0.984"	50.00mm 1.969"	100.00mm 3.937"	150.00mm 5.906"	171.89mm 6.768"	200.00mm 7.874"	300.00mm 11.811"	400.00mm 15.748"	500.00mm 19.685"	750.00mm 29.528"	1000.00mm 39.370"
P	28.36mm 1.117"	40.86mm 1.609"	65.86mm 2.593"	115.86mm 4.562"	165.86mm 6.531"	185.86mm 7.318"	215.86mm 8.499"	315.86mm 12.436"	415.86mm 16.373"	515.86mm 20.310"	765.86mm 30.153"	1015.86mm 39.995"
T	12.70mm 0.500"		24.89mm 0.980"									

Electrical Schematic



Material Cross-Section



How to Order - MagnetoPots

MP1

Series

MP1 = MagnetoPot

—

L

Model

L = Linear

—

0050

Active Length

0012 = 12,5mm
0025 = 25mm
0050 = 50mm
0100 = 100mm
0150 = 150mm
0172 = 172mm
0200 = 200mm
0300 = 300mm
0400 = 400mm
0500 = 500mm
0750 = 750mm
1000 = 1000mm

—

103

Resistance

Active Lengths ≤ 300mm
103 = 10 KOhm
Active Lengths > 300mm
203 = 20 KOhm

—

5%

Ind. Linearity

5% = ±5%

—

ST

Connectors

ST = Solder Tab
MP = Male Pins
RH = Receptacles w/Plain Housing
RL = Receptacles w/Latch* Housing
RD = Receptacles w/Detent* Housing

* Please note that the RL and RD style connectors are only available with the latch or detent downward.

Standard Connector Options

Crimflex Solder Tab (ST)

Crimflex Short Male Pins (MP)

Crimflex Female Receptacles with a Plain Housing (RH)

Crimflex Female Receptacles with a Latch Housing (RL)
**only available with the latch oriented downward*

Crimflex Female Receptacles with a Detent Housing (RD)
**only available with the detent oriented downward*

Customization

Customize the size and shape. Such custom requests, for example, can be: custom lengths 10mm-1200mm; custom rotary diameters, etc. Spectra Symbol would be glad to quote your custom application, just contact us at sales@spectrasymbol.com or (888)795-2283.

How It Works

The MagnetoPot is simple, yet elegant in its ability to track motion in a contactless manner. A magnet on the inside of a cylinder, or a magnet on the opposing side of a motion device will guide the built-in magnetics of the MagnetoPot for position location through a potentiometric output.

The MagnetoPot is a sealed potentiometer, in the membrane potentiometer tradition, yet it does not require a wiper/actuator to connect the collector and the resistor. Instead, the MagnetoPot is controlled by an outside magnet, which attracts the magnetic forces within the MagnetoPot to connect to the linear resistor and give linear potentiometer feedback.

The wiper inside the sealed pot is magnetic or ferromagnetic, and will only perform if connected with an exterior magnet.

As opposed to a magnetically-based Reed Switch, which gives simply “open” or “close” signals, the MagnetoPot gives the full linear travel of a hydraulic or pneumatic cylinder.

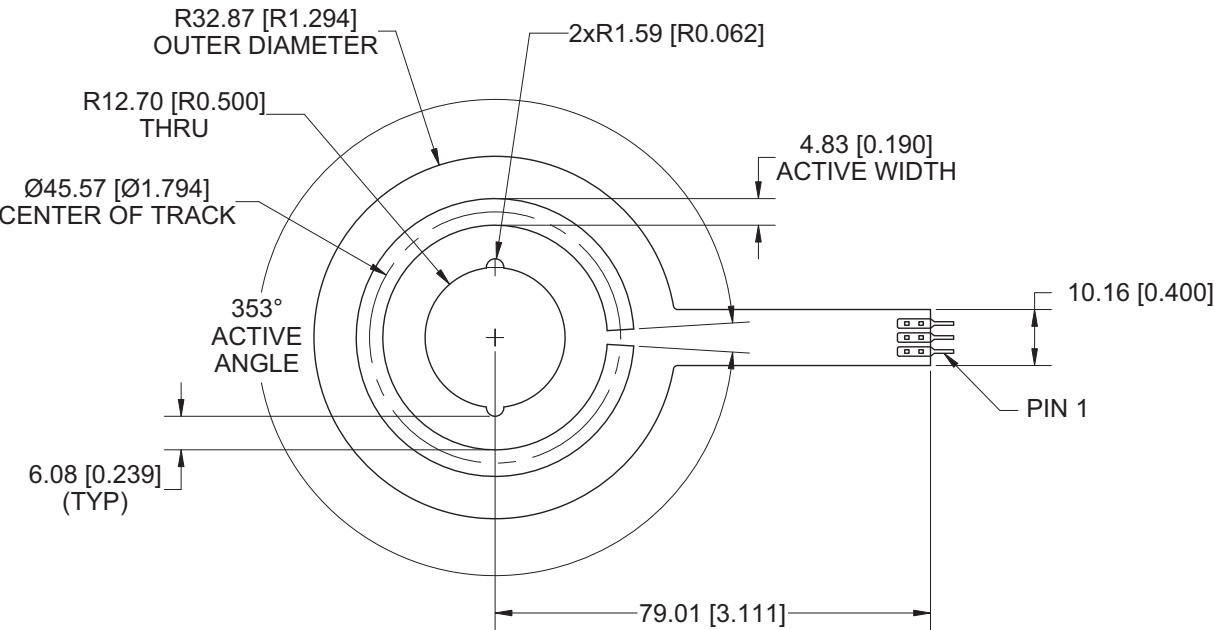
In liquid level applications, the MagnetoPot can attach to the outside of a liquid tank and give position of the magnet inside the float. No water ingress, no wearing of the part by environment, because the MagnetoPot is outside of the tank.

Design and Contruction

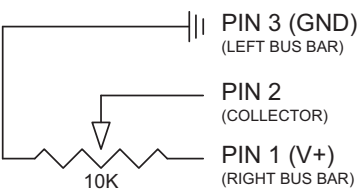
The MagnetoPot is made of polyester, fiberglass and kapton, depending on the specification required. It functions as a voltage divider, a resistor or rheostat, as desired by the end-user. By bringing the exterior magnet into a proximity necessary to connect with the internal magnetic attractors, the operator can obtain linear position sensing based on the location of the exterior magnet. As the exterior magnet moves, so does the electrical output of the MagnetoPot.

The MagnetoPot should not be mounted to a ferromagnetic surface.

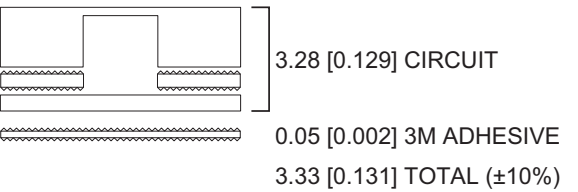
Diagram - Stock Rotary MagnetoPot



Electrical Schematic



Material Cross-Section



How to Order - Rotary MagnetoPot

MP1	—	R	—	0046	/	0353	—	103	—	5%	—	ST
Series		Model		Center of Active Track		Active Angle		Resistance		Ind. Linearity		Connectors
MP1 = MagnetoPot		R = Rotary		0046 = 45.57mm		0353 = 353°		103 = 10 KOhm		5% = ±5%		ST = Solder Tab MP = Male Pins RH = Receptacles w/Plain Housing RL = Receptacles w/Latch Housing RD = Receptacles w/Detent Housing

Appendix K

Final Code

Left_unit__user_Button_start_combine____load_cell__motor_small

```

#include "Arduino.h"
#include <Wire.h>
#include <Adafruit_GFX.h>
#include "Adafruit_LEDBackpack.h"

#include "Adafruit_DRV2605.h"
Adafruit_DRV2605 drv;

#include "SparkFun_Qwiic_Scale_NAU7802_Arduino_Library.h" // Click here to get the library: http://librarymanager/All#SparkFun\_NAU7802
NAU7802 myScale; //Create instance of the NAU7802 class

//LED DEFINITION
#define LED_MODE 1

const int ledPin = 5; // the number of the LED pin, D3
const int buttonPin = 3; // the number of the pushbutton pin, D4
const boolean breathMode = true; // if or not the led lights as breath mode when it's on

// Variables will change:
int ledState = HIGH; // the current state of the output pin
int ledFadeValue = 0;
int ledFadeStep = 10;
int ledFadeInterval = 100; //milliseconds
int buttonState; // the current reading from the input pin
int lastButtonState = 0; // the previous reading from the input pin

unsigned long lastDebounceTime = 0; // the last time the output pin was toggled
unsigned long debounceDelay = 70; // the debounce time; increase if the output flickers
unsigned long lastLedFadeTime = 0;

//DISPLAY DEFINITION
Adafruit_AlphaNum4 alpha4 = Adafruit_AlphaNum4();

//MAGNETOPOT DEFINITION
const int numReadings = 10;

int readings[numReadings]; // the readings from the analog input
int readIndex = 0; // the index of the current reading
int total = 0; // the running total
int average = 0; // the average

int inputPin = A0;

void setup() {

  //BUTTON SETUP
  // initialize the LED pin as an output:
  pinMode(ledPin, OUTPUT);
  // initialize the pushbutton pin as an input:
  pinMode(buttonPin, INPUT);

  //MAGNETOPOT SETUP
  for (int thisReading = 0; thisReading < numReadings; thisReading++) {
    readings[thisReading] = 0;
  }

  //DISPLAY SETUP
  alpha4.begin(0x70); // pass in the address

  alpha4.writeDigitRaw(3, 0x0);
  alpha4.writeDigitAscii(3, '+');
  alpha4.writeDisplay();
  delay(200);

  alpha4.writeDigitRaw(3, 0x0);
  alpha4.writeDigitAscii(2, '+');

  alpha4.writeDigitAscii(3, 'P');
  alpha4.writeDisplay();
  delay(200);

  alpha4.writeDigitRaw(3, 0x0);
  alpha4.writeDigitAscii(1, '+');
  alpha4.writeDigitAscii(2, 'P');
  alpha4.writeDigitAscii(3, 'L');
  alpha4.writeDisplay();
  delay(200);

  alpha4.writeDigitRaw(3, 0x0);
  alpha4.writeDigitAscii(0, '+');
  alpha4.writeDigitAscii(1, 'P');
  alpha4.writeDigitAscii(2, 'L');
  alpha4.writeDigitAscii(3, 'U');
  alpha4.writeDisplay();
  delay(3000);

  alpha4.clear();
  alpha4.writeDisplay();

  //CELL SETUP
  Serial.begin(9600);
  Serial.println("Qwiic Scale Example");

  Wire.begin();

  if (myScale.begin() == false)
  {
    Serial.println("Scale not detected. Please check wiring. Freezing...");
    while (1);
  }
  Serial.println("Scale detected!");

  //MOTOR SETUP
  drv.begin();

  // I2C trigger by sending 'go' command
  drv.setMode(DRV2605_MODE_INTTRIG); // default, internal trigger when sending GO command

  drv.selectLibrary(1);
  drv.setWaveform(0, 119); // Smooth hum 1 - 50%
  drv.go();
  delay(100);

}

char displaybuffer[4] = {' ', ' ', ' ', ' '};

void loop() {
  // read the state of the pushbutton value:
  buttonState = digitalRead(buttonPin);

  // check if the pushbutton is pressed. If it is, the buttonState is HIGH:
  if (buttonState == LOW) {
    // turn LED on:
    digitalWrite(ledPin, HIGH);
  }
}

```

```

    //turn MAGNETOPOT on:
    // subtract the last reading:
    total = total - readings[readIndex];

    // read from the sensor:
    readings[readIndex] = analogRead(inputPin);

    // add the reading to the total:
    total = total + readings[readIndex];

    // advance to the next position in the array:
    readIndex = readIndex + 1;

    // if we're at the end of the array...
    if (readIndex >= numReadings) {

    // ...wrap around to the beginning:
        readIndex = 0;
    }

    // calculate the average:
    average = total / numReadings;

    // send it to the computer as ASCII digits
    //Serial.println(average);
    int distance = map (average, 20 , 990 , -290 , +210);

    // float distance2 = distance / 10;
    // Serial.println(distance);
    const float distance1 = -25;
    const float distance2 = 300;
    float distance3 = distance1 + ((distance2 - distance1)* average /1024);

    //Serial.println (String(distance3) + "mm");
    //Serial.println(readings[readIndex]);

    int distance4 = distance3;

    if (distance4 <= 0){
        distance4 = distance3 * 0;
    }

    int thousands = (distance4 % 10000) / 1000;
    int hundreds = (distance4 % 1000) / 100;
    int tens = (distance4 % 100) / 10;
    int ones = distance4 % 10;

    //turn DISPLAY on
    // display MAGNETOPOT readings,

    // alpha4.writeDigitAscii(0, thousands + '0');
    // alpha4.writeDigitAscii(1, hundreds + '0');
    // alpha4.writeDigitAscii(2, tens + '0', true);
    // alpha4.writeDigitAscii(3, ones + '0');

    alpha4.writeDigitAscii(0, hundreds + '0');
    alpha4.writeDigitAscii(1, tens + '0', true);
    alpha4.writeDigitAscii(2, ones + '0');
    alpha4.writeDigitAscii(3, '+');
    alpha4.writeDisplay();

    delay(100);          // delay in between reads for stability

```

```

//turn LOAD SYSTEM on
    long currentReading = myScale.getReading();
    int tareReading = ((-132000)-(-123000))/435;
    int weightReading = (currentReading-(-122000))/tareReading;
    if (weightReading > 4000) {
        Serial.print("Weight Reading: ");
        Serial.println(weightReading);
    }

    else{
        Serial.print("Weight Reading: ");
        Serial.println(weightReading);
        drv.selectLibrary(1);
        drv.setWaveform(0, 106);  // transition ramp up long smooth 1 - 0 to 50%
        drv.go();
    }

    }

    }

    else {
        // turn LED off:
        if (breathMode && ledState != LOW) {
            if (millis() - lastLedFadeTime > ledFadeInterval) {
                lastLedFadeTime = millis();
                analogWrite(ledPin, ledFadeValue);
                ledFadeValue += ledFadeStep;
                if (ledFadeValue > 255){
                    ledFadeValue = 255 - ledFadeStep;
                    ledFadeStep = -ledFadeStep;
                } else if (ledFadeValue < 0) {
                    ledFadeValue = 0;
                    ledFadeStep = -ledFadeStep;
                }
            }
        }
        alpha4.clear();
        alpha4.writeDisplay();

    }
}

```