# Automatic Assessment of Surgical Ergonomics - Checkpoint Presentation (Group 17)



### **Project Summary**

- Using Intel RealSense D415 and Cubemes SDK, find all essential angles from this estimate, apply ROSA and RULA algorithms
- Ultimately output analysis of how long an individual is in danger zones, scores for each







based on RULA: a survey method for the investigation of work-related upper limb disorders, McAtamney & Corlett, Applied Ergonomics 1993, 24(2), 91-99

#### ROSA



#### Skeleton Tracking SDK for Intel® RealSense<sup>™</sup> Depth Cameras



https://www.intelrealsense.com/skeleton-tracking/

### Deliverables

Minimum	C++ code/documentation computing RULA and ROSA for a picture - 4/25
Expected	Process videos for RULA/ROSA scores, implement user interface for wrist dependency/other possible dependencies, ask questions for more parts of difficult analysis - 5/4
Maximum	Implement a training algorithm with manually labeled images to calculate parts where user input is required - past 5/5

## New Key Dates

	Feburary	March	April	May
Research and Planning				
Literature Review				
Pose Estimation Code Review				
Addressing Issues				
Data Processing				
Data and Camera Acquisition				
Use code to transform medical videos				
Data Analysis				
Calculate angles based on video				
Performing statistical analysis				
Output ROSA/RULA scores				
Improvement				
Output feedback				

#### Addressing Problems

1) How will we prove that the angles generated by the code correspond to a ground truth? How would you design the experiments that calibrate the camera and code? How will the ground truth be measured?

To ensure the camera is working properly, we can find some extreme poses to be analyzed and see if the skeleton matches the pose created (i.e hands all the way out, front bending over). Calibrating the camera would require manual measurement of these poses using a protractor after these images have been printed out.

#### 2) What specific modifications are you making to the RULA/ROSA, and what will the final scores look like?

Wrist score- changed from angles to supported/not supported due to camera angles making it difficult to see the wrist

ROSA chair related scores - user input (can train an algorithm with manually labeled images for maximum deliverable)



#### Addressing Problems

3) Can you make and present a schematic of which angles you will be measuring? Can you predict any challenges that we would need to overcome?

RULA requires a side view, while ROSA requires a frontal and side view, so the best angle would most likely be an aerial 45 degrees to either the right or the left in front of the surgeon, with feet visible if possible.

Potential challenges:

- 1) Some parts of algorithms are difficult to measure, even with an SDK (ie: whether chair has lumbar support, whether there are 3" space between the chair and back of knee, etc). To deal with this, we will result to manual input at the end of the video, or a trained algorithm with manually labeled images for our maximum deliverable.
- 2) For ROSA assessment, we will have to measure the body against a plane perpendicular to the ground. The coronal plane can be easily obtained but the sagittal plane would require us to perform additional calculations.



#### Currently

- Use Unity Hub and Microsoft Visual Studio as framework
- Use inbuilt function Vector3.Angle to calculate angle once it is obtained from the camera, which uses the formula α = arccos[(a · b) / (|a| \* |b|)]
- Figuring out how to glue together all components of the code to calculate all required angles and if it is possible to import data that is not in real-time



#### Plan

- Weekly Wednesday Galen meetings, Tuesday meetings with Dr. Galaiya
- Screen share for coding and SDK development
- Seminar presentations to explain benefits of RGBD cameras for RULA/ROSA (another question brought up by our clinical advisor)
- Camera and data arriving within the weekdata!





#### **Questions?**

