

Design and Construction of Electromechanical Wrist Hand Orthosis with a Functional Interface

Behzad Karimkhani^{1*}, Sayed Ali Mousavi¹, Meysam Sattari¹

¹Department of Mechanical Engineering, Najafabad Branch, Islamic Azad University, Najafabad, Iran

*Email of Corresponding Author: beh.biomed.2016@gmail.com

Received: September 29, 2019; Accepted: November 16, 2019

Abstract

Electromechanical wrist hand orthosis¹ is used under different conditions. It can be used for stability purposes for a wide range of wrist movements. Do not bend the joints or prevent excessive propagation. The materials used include low-temperature² thermoplastic metal and thermoplastic sheets. To move the orthosis, a servomotor is used to move the wrist, which is controlled by the user interface. Instead of expensive fittings, a simple aluminum watch joint has been used to make it. To produce EWHO, first, the orthosis was designed by Inventor software. Depending on the wrist force, which is tolerable to the hand, this amount of force is analyzed on the sheets used in Abaqus software and Inverter software and analyzed for stress and ultimate stress. A Bluetooth board controls the movements of the wrist according to the user's command in the app depending on the type of user on the mobile or computer. The person or companion beside the person can help him or her to adjust the orthosis. Depending on one's disability, the orthosis can be adjusted to varying degrees and lead to one's recovery. The goal of this orthosis is to help patients with functional impairment in the wrist. Any type of functional disorder in his or her hand can result in the loss of individual independence and thus a threat to his or her social independence.

Keywords

EWHO Orthosis, Bluetooth Range, Inventor Software, Abaqus Software, Thermoplastics, Splint the Wrist

1. Introduction

Today, many of the orthosis patterns due to an overuse of materials to cover part of the forearm, wrist, and hand are heavy and very large [1]. Any type of affliction within the wrist can lead to dependency and the need to get things done [2, 3]. Following the discovery of X-rays and radiography, wrist malformations were observed [4, 5]. The wrist can be examined for damage to the ligaments or bone depending on the type of injury [6, 7]. Wrist orthosis is used to treat many problems such as wrist instability and wrist syndromes and nerve and muscle injuries, or limiting wrist movements [8]. The orthosis is intended to prevent deformity, protect the tissues, relieve pain, or seek out lesions [9]. There is need for a simple wrist orthosis that can be built correctly with minimal time and can be used for many years. Today, one of the most important requirements is that in addition to spending less, it depends on the patient's needs for an orthosis. Other factors can be cost-effective, lightweight, easy, and maintain the natural arch of the hand. Since orthosis is directly attached to the patient, the convenience of using it is one of these [10]. Grossman showed

¹EWHO

²Thermoplastic

that the placement of the muscle in the inactive stretch leads to a change in its biomechanical, anatomical, and physiological characteristics [11]. In 1994, Hill's stated that total casting is more effective than conventional methods, such as passive motion range exercises, static stretching, and splinting [12]. According to the latest available data from 2016, the United States, about 282,000 people living with the SCI³, and this number is estimated to nearly 17,000 new cases this year has to be increased [13]. Most of the cervical spinal cord injury in the C5-C7 section, which causes patients to lose upper and lower extremities, is associated with loss of ability to control specific body functions [14]. Patients with C5-C7, incomplete SCI, loss of prevention ability, but the wrist function is maintained almost entirely [15-18].

Thus, more rehabilitation techniques give the ability to understand and propagate the movement. This orthopedic phenomenon benefits from the maintenance of the wrist and is obtained by spreading the wrist to get the wrist for release [19-21]. However, these movements are opposed precisely in a way that peoples can understand and publish objects. Given that almost 90% of SCI cases are non-congenital, the target population was already bodied before SCI, so rehabilitation would be easier for patients if it could be handled in more intuitive ways [13, 22]. EWHO may help with the completion of the ADL⁴, give rise to some degree of independence, but they can't independently mean, people with the SCI never feel the sense of independence[23]. This right-handed and hand-operated athlete technology designed to help people with spinal cord injury, C6-C7 (SCI), independently activates the everyday life of ADLs [24]. The decrease in the range of the wrist causes increased movements of the trunk and other joints of the upper limb⁵ [shoulder, elbow, and forearm] [25]. Orthosis and splints are commonly used to improve the condition, range, movement quality, and hand performance. The therapists use upper extremity orthosis to increase the wrist and elbow range to improve the performance of hands with high muscle strength [26]. The wrist is very sensitive in structure, so care must be taken in the design and design of the ligaments and tendons in terms of the range of motion [27-29].

1.1 Methods of Investigation and Construction

In this project, it was tried to create electromechanical orthosis according to Gatto's et al. [25]. At first, electromechanical orthosis along with interfaces and other components are designed in Inventor software [30]. Then, the orthosis control box is designed and the interface between the orthosis parts and the motor required for handing movement is designed, Figures 1 and 2.

³spinal cord injury

⁴Activity of daily life

⁵shoulder, elbow, and forearm

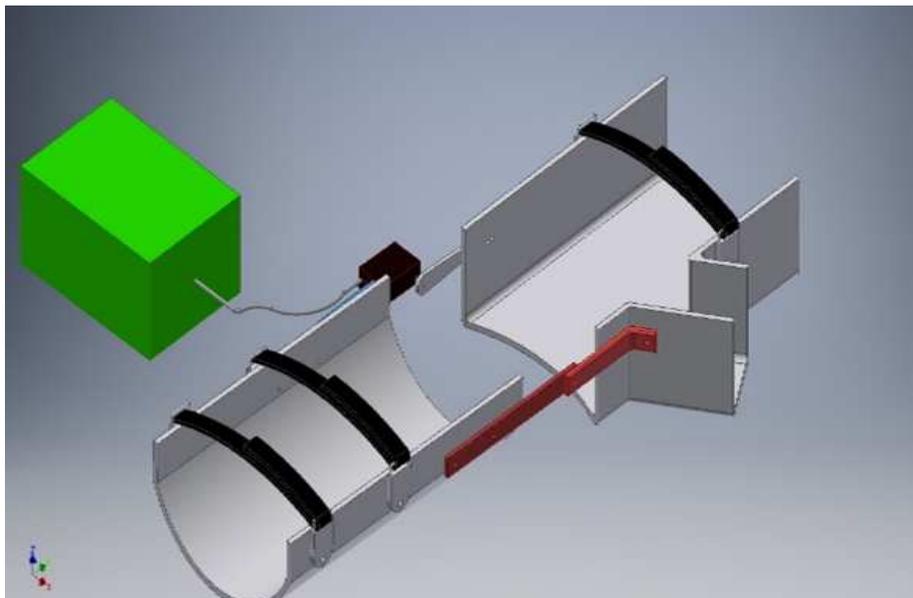


Figure1. Electromechanical wrist orthosis is designed in Inventor software

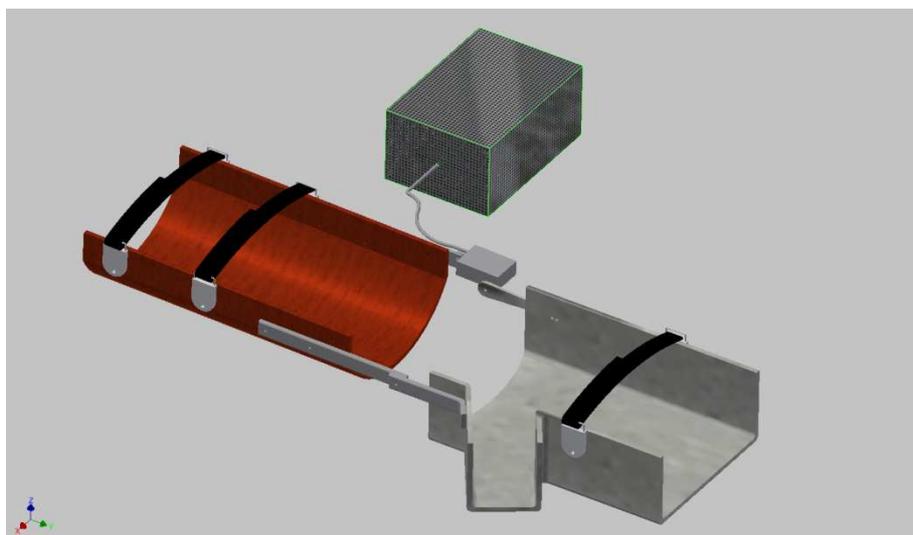


Figure2. The orthosis is prepared after the initial design

Part 1 is the Bluetooth board and the Arduino board, which are connected to a power supply by the Bluetooth board and provide the power needed to drive the motors. Part 2, provides the connection between the boards and the servo motor. Part 3 of the servo motor is used to provide the force necessary to move the wrist. Part 4 plates and joints are made of aluminum, which is used for the manufacture of orthotics joints. Part 5, Thermoplastic sheets used in an orthosis, on which the hand rests, Figure 3.

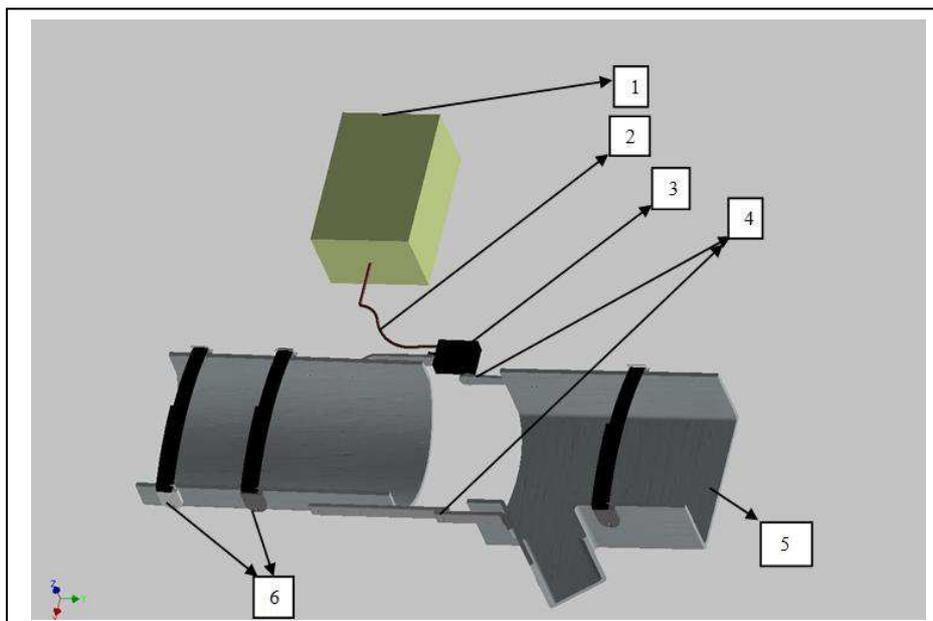


Figure3. The various parts of the orthosis, which are named

1.2 Build

Hand-held plates are needed first to make orthosis. These sheets, which are low-temperature sheets, are used in the manufacture of the orthosis [31-33]. These additives include fillers, plastic solvents, lubricants, and colored materials. Gypsum and fiberglass gangs from this group are materials [31, 33-36]. High-temperature formable materials are used for spinal and lower extremity orthosis.

The basic point to be taken into account is that thermoplastic materials form at temperatures above 323 degrees Fahrenheit (ca. 162 °C). These materials become crystallized after cooling, and crystalline or glassy at low temperatures of 293 degrees Fahrenheit, and plays a very important role in the final strength of the orthosis. Unfortunately, an important issue to consider, in the manufacturing process is the warmth of the Positive Mold, because it does not cool quickly and becomes less crystalline and, consequently, the stiffness of the cut will be greater.

Rapid plastic cooling and thermal breakdown create internal fracture and internal shear stresses. Finally, it will cause fractures [34]. After selecting this sheet, it is necessary to contract the sheet into the furnace, then remove it and place it around the mold to give the sheet the desired shape. The layers and engine are intended to be placed on the same design pattern, Figure 4.



Figure4. Thermoplastic Sheets and Brackets and Engine

Finally, a box for Bluetooth and other boards like Arduino has been added. Arduino boards programming is done in Arduino software.

Now, electromechanical wrist hand orthosis is prepared. The Arduino board is used to control the engine and the movements of the orthosis. The Arduino software is used to provide the features needed to work with it. Arduino boards are used for processing, with many benefits to design and programming and the ability to add treatments. Arduino was created in the ARM for a cheap and easy behavior to use a full-fledged program. Arduino offers a simple software package (IDE), those which run on normal PCs, that allows it to run C++ programs [37, 39, 41]. The Bluetooth module is used to connect to the computer. The module shown is the HC05 module for Bluetooth communication. The Bluetooth module is a standard HC-05 module with output. This module is very suitable for communication between the microcontroller and Bluetooth mobile and tablet as well as selection. This module can also be used to communicate between projects made with a microcontroller and Bluetooth-enabled laptops, allowing the individual to monitor it through a specialist or by the individual himself or herself following the application's custom settings [37-42]. After completing the steps, the following diagram shows how this orthosis is used comprehensively and it can be used for its capabilities, Figure4.

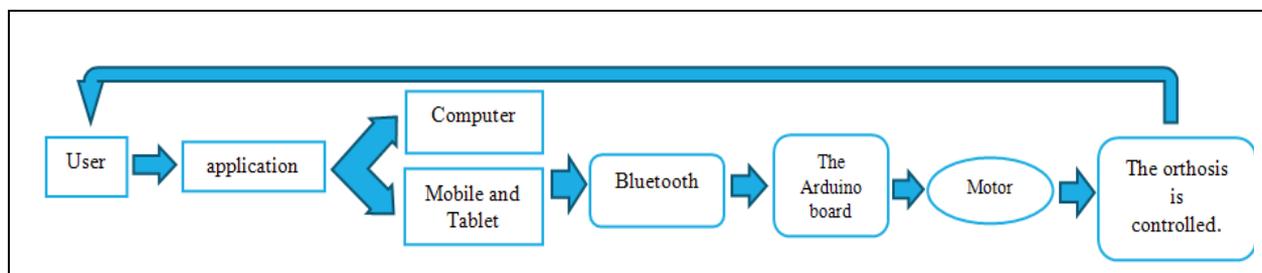


Figure3. The operation of the orthosis and how to control the orthosis are fully illustrated in the diagram below

According to the diagram, the application page has the opposite face, which can be saved to the times when the client is using it. The time of bending or opening is also stated, Figure 4.

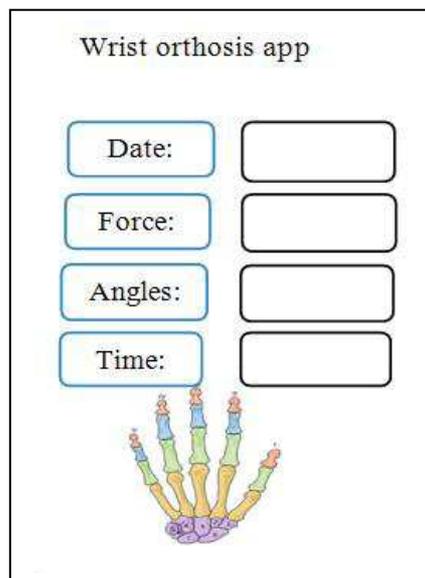


Figure4. Wrist electromechanical orthosis app in Mobile and Tablet or Computer

1.3 Checking Tension

In terms of design and manufacture, it is now time to take the orthosis test to better understand the use of force points on thermoplastic and aluminum sheets [49-51]. Due to the forces [43,44,47, 55] and degrees [52-54, 48, 43] of freedom [48, 40] that the wrist has, it is therefore important that the forces applied to the orthosis be increased so as not to cause problems for people of varying strength and type of disease and use for the assisted person. The orthosis does not damage the internal organs, such as the tendons [45, 46, 56, 63-66], when work with it [57].

Therefore, Abaqus software is used to obtain the palm and side aluminum sheets, which are used for the two-part orthosis connection. A force of 10 N, 30 N, 62.5 N [58-62] is used. Reducing computational costs in finite element analysis is one of the key pillars of the problem, and considering this is a sign of the analyst's high accuracy and deep vision, so it is enough to simulate it in Abaqus software to model. On the other hand, according to the geometry shown in the Figure above, a separate analysis is required: an anchor, a cube and a force-load segment, Figure 5.

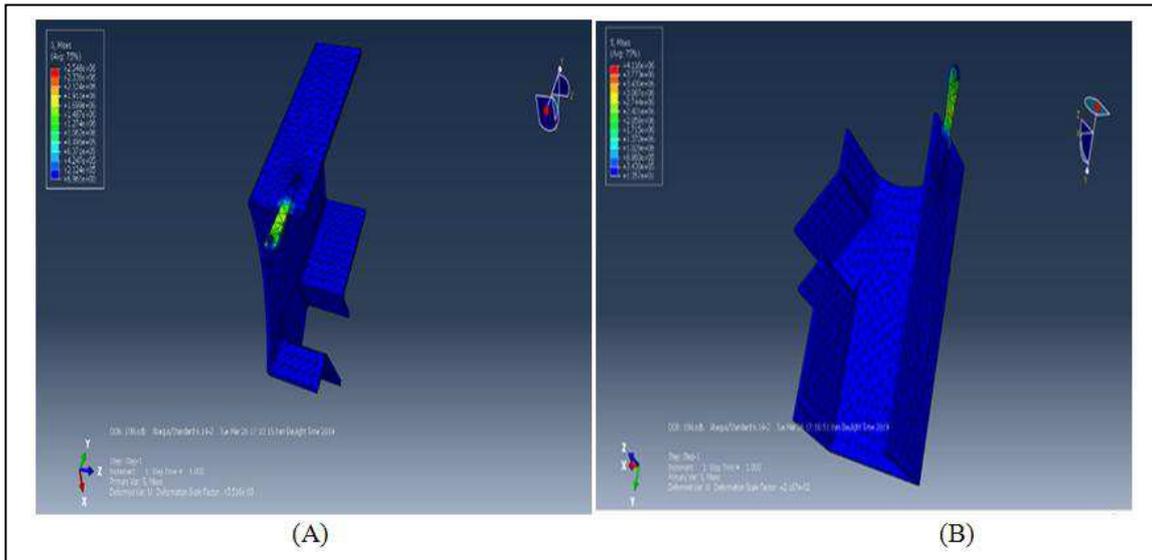


Figure5. A) Check the joints after applying a force of 10Newton, B) Check connections after applying a force of 62.5 Newton

Considering the amount of force required for the flexion and extension of the wrist at different points, it should be noted that at least 10 Newton and more forces, which is considered to be an average of 62.5 some more force, is applied to the lowest part of the orthosis. The result shows that the maximum fracture force of elemental fracture is less than that of the fragment does not deform such force, (Figure 6).

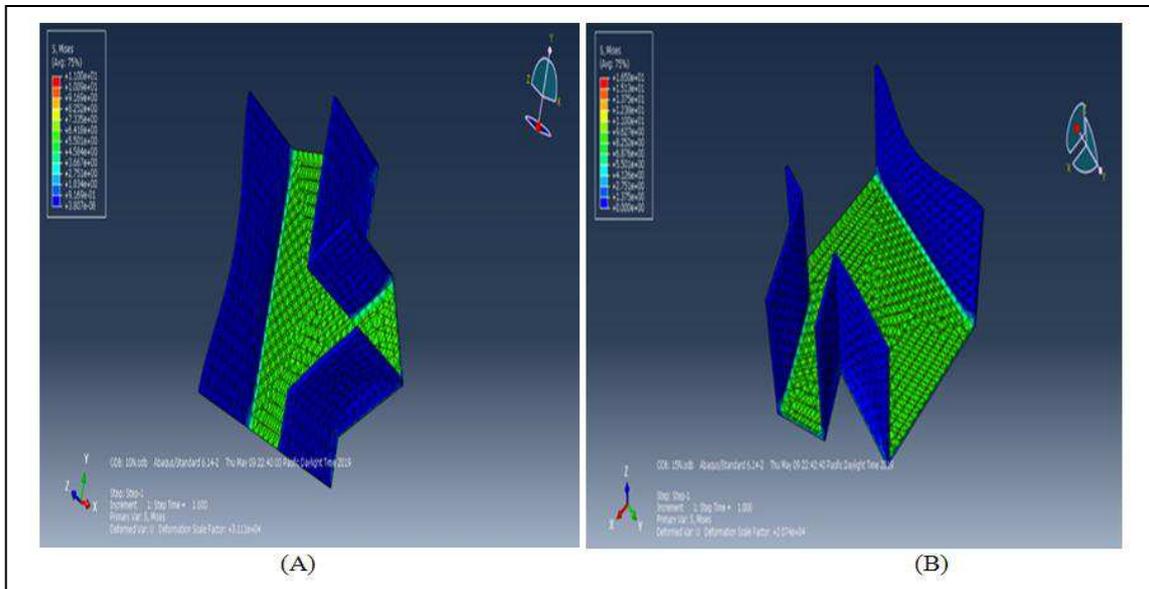


Figure6. A) The result is a 10N force on the bottom of the piece, B) The result of the force of 62.5N

Regarding orthosis and other data, graphs were also used to analyze the results of Abaqus software using time force to analyze the results. The above results were obtained using Von Mises criteria. According to the analysis obtained, from the Abacus software, the orthosis can be both fixed and used as a rehabilitation device and there is no deformation or fracture damage.

According to previous analysis in Abacus software, it is now time to check again the total force required with the inverter software orthosis material. In this analysis, a maximum force of 62.5 Newton is used, because if you answer it needs less force because it needs less force to perform the orthosis so it can accept it and be confident. For this purpose, after the design, the aluminum [66] properties are applied to the parts applied to the orthosis. The approximate mechanical properties are as follows, Table 1.

Table1. Mechanical Properties of Aluminum [66]

Property	Value	Units
Elastic Modulus	6.9e+010	N/m ²
Poisson's Ratio	0.33	N/A
Shear Modulus	2.6e+010	N/m ²
Mass Density	2700	Kg/m ³
Yield Strength	55148500	N/m ²
Tensile Strength	124084000	N/m ²
Specific Heat	1300	J/(kg.k)

After the thermoplastic sheet aluminum shift that has already been explained concerning it's concurrently, turn to the analysis, which can be obtained as follows, Figure7.

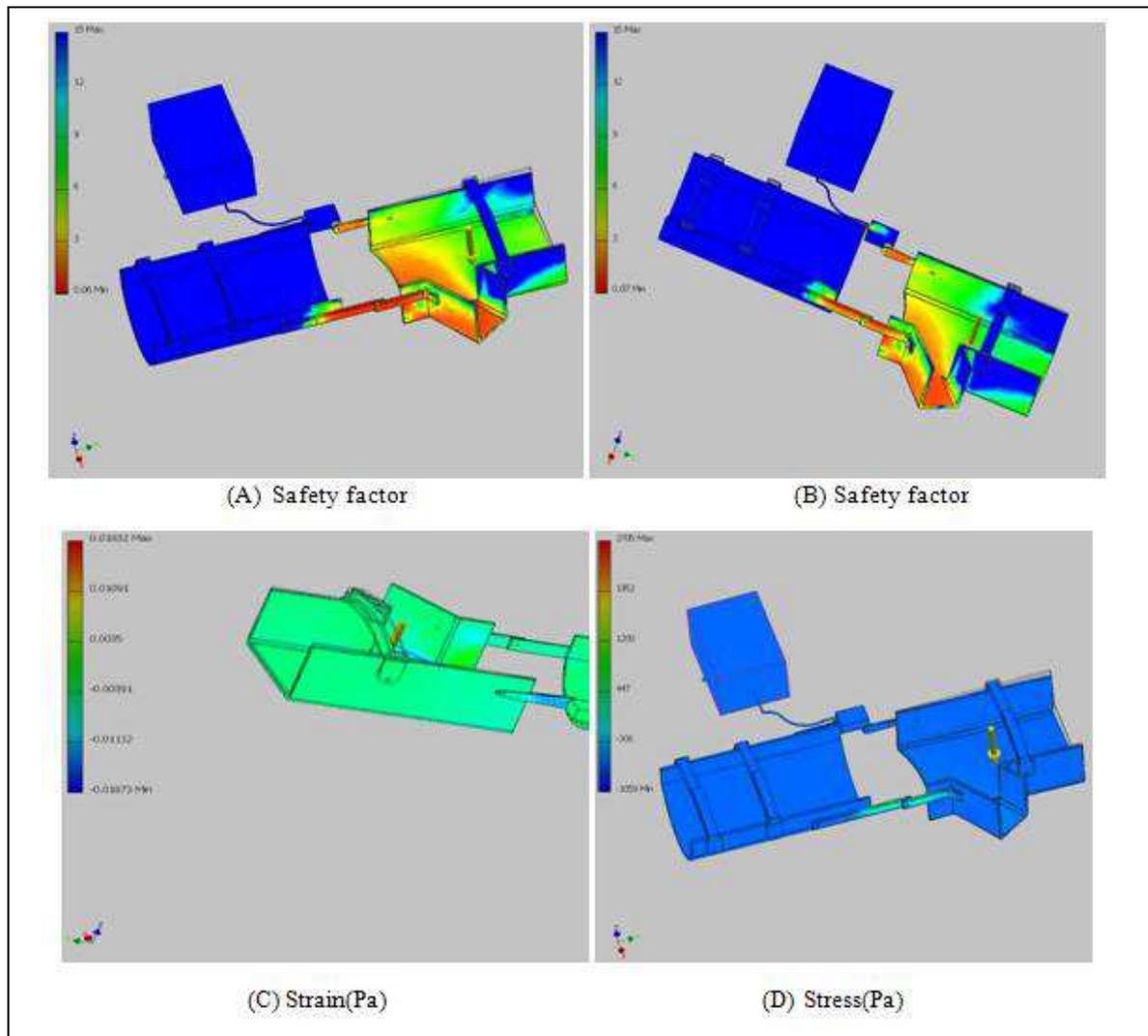


Figure7. Analysis of orthosis in inverter software

Finally, the strain diagrams obtained are shown below, as shown below. These graphs are obtained by analyzing the inside inverter software, which is at a specified time with the Pascal unit, Figure 8.

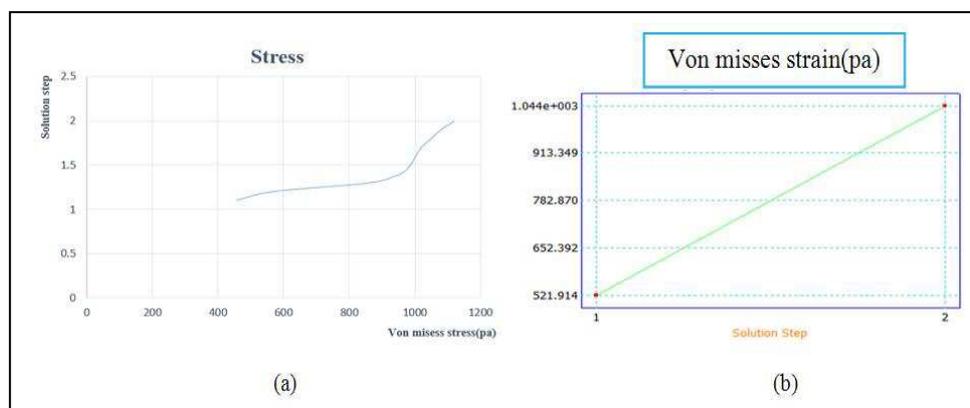


Figure8. Graphs obtained according to analysis inside Inventor software

2. Conclusion

This orthosis can be used in various centers for the wrist problem. Now, rehabilitation can improve the extensor muscle defect in a short time. As it is clear, this hand was difficult but now it can be treated with an orthosis. This orthosis can be used by different people and can be used both statically and dynamically according to its ability. Of course, the diagnosis and speed of treatment of peripheral nervous system injuries, depending on the level of injury, the severity of the injury, and the intermittent repair process for the construction of an orthosis, especially the electromechanical orthosis, must be taken into account with great care. It is used as a wrist stabilizer or a rehabilitation device. These or those are similar in structure to foot orthosis if other parts of the body have similar conditions and joints. The orthosis can be used with an interface and a rotary-propelled motor.

3. References

- [1] Erhart, S., Lutz, M., Arora, R. and Schmoelz, W. 2012. Measurement of Intraarticular Wrist Joint Biomechanics with a Force Controlled System. *Medical Engineering & Physics*. 34(7): 900-905.
- [2] Baharmast, M. 2005. The Relation between Hand Function, Age and Gender by Jebsentaylor Hand Function Test. Thesis of Iran University of Medical Science.
- [3] Beckung, E. and Heyburn, G. 2002. Neuroimpairments, Activity Limitations, and Participation Restrictions in Children with Cerebral Palsy. *Developmental Medicine & Child Neurology*. 44(5): 309-316.
- [4] Nakamura, R., Linscheid, R. L. and Miura, T. 2003. Wrist disorders. *Campbell's operative orthopedics*. 10th edition. Philadelphia: 4: 3583-3587.
- [5] Linscheid, R. L., Dobyns, J. H., Beabout, J. W. and Bryan, R. S. 1972. Traumatic Instability of the Wrist: Diagnosis, Classification and path mechanics. *Journal of Bone and Joint Surgery*. 54-A(8): 1612-1632.
- [6] Loewen, J. L., Pirela-Cruz, M. A. and Mucas, G. L. 1998. Kinematics of the capitulunate joint in the sagittal plane, A new method based on reference points and triangulation. *Journal of Hand Surgery British & European Volume*; 23(3): 410-412.
- [7] Pirela-Cruz, M.A. and Hansen, M.F. 2003. Assessment of metacarpal deformity of the wrist using the triangulation method. *Journal of Hand Surgery (Am Vol)*. 28(6): 938-942.
- [8] Sawyer, T. and Ellis, B. 2004. A study to investigate the available range of movement in two makes of commercial wrist or thosis. *The British Journal of Occupational Therapy*. 67(10):461-65.
- [9] Deshaies, L. D., Linden, C. A. and Tromby, C. A. 2008. Upper Extremity Orthosis. *Occupational therapy*.6th ed. Philadelphia: Lippincott Williams & Wilkins press. : 421-465.
- [10] Michelle, M., Lusardi, P. T., Milagros, J. and Nielsen, C. 1979. Orthosis and Prosthetics. 33(1): 22-24.
- [11] Grossman, M. R., Sahrman, S. A. and Rose, S. J. 1982. Review of Length-associated Change in Muscle, Experimental Evidence and Clinical Implications. *Physical Therapy*. 62(12):1799-1808.
- [12] Hill, J. 1994. The Effects of Casting on Upper Extremity Motor Disorders after Brain Injury . *The American Journal of Occupational Therapy*. 48(3): 219-224.

- [13] Naghdi, K., Azadmanjir, Z., Saadat, S., Abedi, A., KoochiHabibi, S., Derakhshan, P., et al. 2017. Feasibility and Data Quality of the National Spinal Cord Injury Registry of Iran (NSCIR-IR): A Pilot Study. *Archives of Iranian Medicine*. 20(8):494-502.
- [14] Thorsen, R., Dalla Costa, D., Chiara Monte, S., Binda, L., Beghi, E., Redaelli, T. and Ferrarin, M. 2013. A noninvasive neuroprosthesi augments hand grasp force in individuals with cervical spinal cord injury: The functional and therapeutic effects. *The Scientific World Journal*. 20(13): 1-7.
- [15] Di Rienzo, F., Guillot, A., Mateo, S., Daligault, S., Delpuech, C., Rode, G. and Collet, C. 2015. Neuroplasticity of imagined wrist actions after spinal cord injury: a pilot study. *Experimental brain research*. 233(1): 291-302.
- [16] Price, G. 2004. There is little published evidence to support or refute the use of passive ranging to improve tenodesis hand function in people with C6 quadriplegia, in the first 6 months postinjury. Retrieved from http://www.otcats.com/topics/Glenda_Price_2004.html
- [17] Mateo, S., Roby-Brami, A., Reilly, K. T., Rossetti, Y., Collet, C. and Rode, G. 2015. Upper limb kinematics after cervical spinal cord injury: a review. *Journal of neuroengineering and rehabilitation*. 12(1): 1-6.
- [18] Di Rienzo, F., Guillot, A., Mateo, S., Daligault, S., Delpuech, C., Rode, G. and Collet, C. 2015. Neuroplasticity of imagined wrist actions after spinal cord injury: a pilot study. *Experimental brain research*. 233(1): 291-302.
- [19] Price, G. 2004. There is little published evidence to support or refute the use of passive ranging to improve tenodesis hand function in people with C6 quadriplegia, in the first 6 months postinjury. Retrieved from http://www.otcats.com/topics/Glenda_Price_2004.html
- [20] Nas, K., Yazmalar, L., Şah, V., Aydın, A. and Öneş, K. 2015. Rehabilitation of spinal cord injuries. *World journal of orthopedics*. 6(1): 8-15.
- [21] Kalsi-Ryan, S., Beaton, D., Curt, A., Duff, S., Popovic, M. R., Rudhe, C. and Verrier, M. C. 2012. The graded redefined assessment of strength sensibility and prehension: reliability and validity. *Journal of neurotrauma*. 29(5): 905-914.
- [22] Ates, S., Leon, B., Basteris, A., Nijenhuis, S., Nasr, N., Sale, P. and Stienen, A. H. 2014. Technical evaluation of and clinical experiences with the SCRIPT passive wrist and hand orthosis. In *Human System Interactions (HSI). 2014 7th International Conference*. 188-193.
- [23] Gatto, A., Sundarrao, S. and Carey, S. 2007. Design & Development of a Wrist-Hand Orthosis for Individuals with a Spinal Cord Injury. 1 : 833-874.
- [24] Adams, B. D., Grosland, N. M., Murphy, D. M., McCullough, M. and City, I. 2003. Impact of Impaired Wrist Motion on Hand and Upper -Extremity Performance. *Journal of Hand Surgery*. 28A: 898-903.
- [25] Teplicky, R., Law, M. and Russell, D. 2002. The effectiveness of casts, orthosis and splints for children with neurological disorders. *Infants and young children*. 15: 42-50.
- [26] Maede, T. D., Schneider, L. H. and Cherry, K. 1990. Radiographic analysis of selective ligament sectioning of the carpal scaphoid a cadaver study. *Journal of Hand Surgery*. 15(A): 855-862.
- [27] Mayfield, J. K. 1980. Mechanism of carpal injuries. *Clin Orthop*. 149: 45-54.

- [28] Mayfield, J. K., Johnson, R. P. and Kilcoyne, R. K. 1980. Carpal dislocations: pathomechanics and progressive perilunate instability. *Journal of Hand Surgery*. 5: 226-241.
- [29] Scherling, E. and Johnson, H. 1989. A Tone-Reducing Wrist-Hand Orthosis. *The American Journal of Occupational Therapy*. 43(9): 609-611.
- [30] Breger-Lee, D. E. and Buford, W. L. 1992. Properties of Thermoplastic Splinting Materials. *Journal of Hand Therapy*. 5(4): 202-211.
- [31] Groth, G. N. and Kamwesiga, J. 1998. Splinting materials old and new. *Journal of Hand Therapy*. 15(2): 202-204.
- [32] Canelon, M. F. 1995. Material properties: a factor in the selection and application of splinting materials for athletic wrist and hand injuries. *The Journal of orthopaedic and sports physical therapy*. 22(4): 164-172.
- [33] Brazaitis, M., Skurvydas, A., Vadopalas, K., Daniuseviciute, L. and Senikiene, Z. 2011. The effect of heating and cooling on time course of voluntary and electrically induced muscle force variation. *Medicina (Kaunas)*, 47: 39-45.
- [34] Crossley, K., Bennell, K., Green, S., Cowan, S. and McConnell, J. 2002. Physical therapy for patellofemoral pain. *American Journal of Sports Medicine*. 30(6): 857-865.
- [35] Bennell, K., Bartam, S., Crossley, K. and Green, S. 2000. Outcome measures in patellofemoral pain syndrome: test retest reliability and inter-relationships. *Physical Therapy in Sport*. 1(2): 32-41.
- [36] Chandler, H. et al. 1995. *Heat Treater's Guide standard Practtices and for steel(ASM)*. 2nd Edition. Practices and Procedures for Irons and Steels.
- [37] Ranga Raju, B. and Satish Kumar, M. 2014. ARM7 Microcontroller based Robot controlled by an Android mobile utilizing Bluetooth. *International Journal of Innovative Research in Technology*. 24(18): 4439-4443.
- [38] Sharma, A., Verma, R., Gupta, S. and Kaur, S. 2016. Android Phone Controlled Robot Using Bluetooth. *International Journal of Electronic and Electrical Engineering*. 7(5): 443-448.
- [39] Dey, A., Pal, A., Nandi, S. and Roy, L. 2015. Bluetooth Controlled Robot Three way controlled android Smartphone based robotic vehicle via Bluetooth. *International Journal of Advanced Research in Computer and Communication Engineering*. 4(9): 56-62.
- [40] Chisamera, M., Riposan, I., Stan, S., Albu, C. B., Brezeanu, C. and Naro, R. 2007. Comparison of oxy-sulfi de alloy tablets and Cabearing FeSi75 for late inoculation of low sulfur grey irons. *AFS Transactions*. 115: 481-493.
- [41] Eshita, R. Z., Barua, T., Barua, A. and Mahamood, A. 2016. Bluetooth Based Android Controlled Robot. *American Journal of Engineering Research (AJER)*. 5(3): 195-199.
- [42] Narayana, M., Alishety, A. and Chapala, H. 2014. Voice Control Robot using Android Application. *International Journal of Engineering Innovation & Research*. 4(2): 332-337.
- [43] Amini, M., shamili, A. and Pshmdarfard, M. 2015. Long Term Effects of Volar-Dorsal Wrist/ Hand Immobilization Splint on Motor Components and Function of Stroke Patients. *Iranian Rehabilitation Journal*. 13(3): 89-93.
- [44] Kawalilak, C. E., Lanovaz, J. L., Johnston, J. D. and Kontulainen. S. A. 2014. Inearity and sex-specificity of impact force prediction during a fall onto the outstretched hand using a single-damper-model. *Journal of Musculoskeletal and Neuronal Interactions*. 14(3): 286-293.

- [45] Shah, D. S., Middleton, C., Gurdezi, S., Horwitz, M. D. and Kedgley, A. E. 2017. The effects of wrist motion and hand orientation on muscle forces. A physiologic wrist simulator study. *Journal of Biomechanics*. 60: 232–237.
- [46] Shah, D. S., Middleton, C., Gurdezi, S., Horwitz, M. D. and Kedgley, A. E. 2018. Alterations to wrist tendon forces following flexor carpi radialis or ulnaris sacrifice: a cadaveric simulator study. *Journal of Hand Surgery (European Volume)*. 43(8): 886-888.
- [47] Ahmed, H. A. and Goldie, B. S. 2002. Proximal interphalangeal joint instability: A Dynamic Technique for Stabilization. *Journal of Hand Surgery (British and European volume)*. 27B(4): 354-355.
- [48] Hunter, E., Laverty, J., Pollock, R., et al. 1999. Nonoperative Treatment of Fixed Flexion Deformity of the Proximal Interphalangeal Joint. *Journal of Hand Surgery (British and European volume)*, 24 B. 3: 281-283.
- [49] Hagert, E. 2010. Proprioception of the wrist joint: a review of current concepts and possible implications on the rehabilitation of the wrist. *Journal of Hand Therapy*. 23: 2-17.
- [50] Beltran, J., Shankman, S., Schoenberg, N. Y. 1992. Ligamentous injuries to the wrist. *Hand Clinics*. 8: 611-620.
- [51] Wei, Zh. 2013. Development of Biomechanical Model for Describing Hand and finger Placement in handling Work Object. Theses for degree of doctor of philosophy in the university of Michigan.
- [52] Skirven, T. 2011. Emerging Strategies for rehabilitation of carpal instability. *Rehabilitation of the hand and upper extremity. Ch75: rehabilitation for carpal ligament injury and instability*.
- [53] Castle, M. E. and Reyman, T. A. 1984. The effect of tenotomy and tendon transfers on muscle-fiber types in the dog. *Clinical Orthopaedics and Related Research*. 186: 302-310.
- [54] Isaacs, J. and Ugwu-Oju, O. 2016. High median nerve injuries. *Hand Clinics*. 32: 339-348.
- [55] Wolfe, S. W., Crisco, J. J., Caley, M. O. and Marzke, M. W. 2006. The dart throwing motion of the wrist: is it unique to humans. *Journal of Hand Surgery (Am Vol)*. 31(9): 1429-1437.
- [56] Grant-Ford, M., Sitler, M.R., Kozin, S. H., Barbe, M. F. and Barr, A. E. 2003. Effect of a Prophylactic brace on wrist and Ulnocarpal joint Biomechanics in a Cadaveric Model. *The American journal of sport medicine*. 31(5):736-43.
- [57] Kannan Megalingam, R., Vamsy Vivek, G., Bandyopadhyay, Sh. And Juned Rahi, M. 2017. Robotic arm design, development and control for agriculture applications. 2017 4th International Conference on Advanced Computing and Communication Systems (ICACCS). 1-7.
- [58] Chao, E. Y., An, K. N., Cooney III, W. P. and Linscheid. R. L. 1989. *Biomechanics of the Hand: A Basic Research Study*. Singapore: World Scientific.
- [59] Lemay, M. A. and Crago, P. E. 1996. A dynamic model for simulating movements of the elbow, forearm, and wrist. *Journal of Biomechanics*. 29: 1319-1330.
- [60] Wu, G., F. C. T. van der Helm, H. E. J. D. Veeger, M. Makhsous, P. Van Roy, C. Anglin, J. Nagels, A. R. Karduna, K. McQuade, X. Wang, F. W. Werner, and B. Buchholz. 2005. ISB recommendation on definitions of joint coordinate systems of various joints for the reporting of human joint motion—Part II: shoulder, elbow, wrist and hand. *Journal of Biomechanics*. 38: 981-992.

- [61] Veeger, H. E. J., Yu, B., An, K.-N. and Rozendal. R. H. 1997. Parameters for modeling the upper extremity. *Journal of Biomechanics*. 30: 647-652,
- [62] Shah, D. S., Middleton, C., Gurdezi, S., Horwitz, M. D. and Kedgley, A. E. 2017. The effects of wrist motion and hand orientation on muscle forces: a physiologic wrist simulator study. *Journal of Biomechanics*. *Journal of Biomechanics*. 60: 232-237.
- [63] Binhhorst, R. A, Hoofd, L. and Vissers, A. C. A. 1977. Temperature and force-velocity relationship of human muscles. *Journal of Applied Physiology*. 42: 471-475.
- [64] Nodehi Moghadami, A. and Dehghane, N. 2012. The effects of local heating and cooling of arm on maximal isometric force generated by the elbow flexor musculature in male subjects. *Iranian Rehabilitation Journal*; 10(15):62-65.
- [65] Davies, C. T. M. and Young, K. 1983. Effect of temperature on the contractile properties and muscle power of triceps surae in humans. *Journal of Applied Physiology*. 55:191-195.
- [66] Binhhorst, R. A., Hoofd, L. and Vissers A. C. A. 1977. Temperature and force-velocity relationship of human muscles. *Journal of Applied Physiology*. 42: 471-475.