

Collaboration and Technology in Health Research and Practice



ROTH | MCFARLANE
HAND & UPPER LIMB CENTRE

ST. JOSEPH'S HEALTH CARE LONDON

GREAT collaborative TEAMS

- Focus on solving a problem
- Work with people who are committed, have complementary skills and you trust to do good work
- Respect and foster diversity in approach (disciplines, genders, age, cultures, perspectives, skills, roles)
- Be adaptable; find the win-win solutions
- Do the right thing- the rest will follow

Context at HULC

- Orthopedic and Plastic Surgeons, PT and OT clinicians
- We see 40,000 patient visits each year
- We have 4 research
 - Bioengineering
 - Mechatronics
 - Cellular
 - CLINICAL
- We have 20-30 Masters and PhD students from working in our labs
- Fellows



Our research.....

- Is productive
 - 50-80 publications/year from our labs
 - All 4 labs funded by federal grants
 - Lots of trainee successes
- Innovations
 - Joint implants
 - Surgeries
 - Rehabilitation interventions

THE NEXT GENERATION
OF RADIAL HEAD IMPLANTS.


Introducing the
EVOLVE[®] XL
MODULAR RADIAL HEAD IMPLANT

For Comminuted Displaced Radial Head Fractures.


Featuring:

- Modularity for custom patient fit
- 150 options for head diameter/height and stem diameter
- Ease of insertion
- 5 regular stems (5.5mm - 9.5mm diameter)
- 5 XL stems add +4mm to overall head height
- In situ or table assembly

Pre-Op



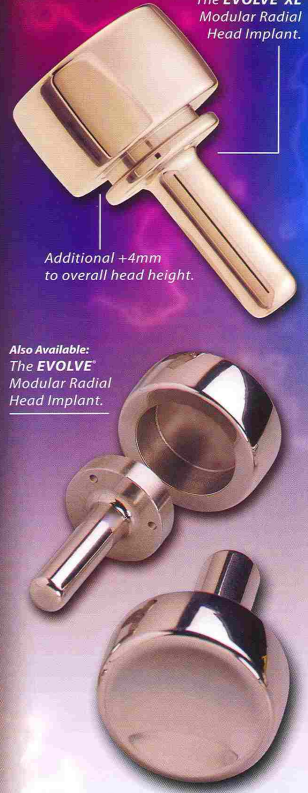
Post-Op



The **EVOLVE[®] XL** Modular Radial Head Implant.

Additional +4mm to overall head height.

Also Available:
The **EVOLVE[®]** Modular Radial Head Implant.



WRIGHT MEDICAL TECHNOLOGY
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SO 910-902

Why we need technology in health

- To be more accurate/smarter-make better decisions
- To be faster- more productive and manage volumes
- To provide immediate feedback
 - Safety and health
- To improve patient experience
- To save money

Roles for technology in mobility

- To provide more accurate monitoring and feedback of physiologic or functional status and clinical outcomes
- To provide information more efficiently, accurately and clearly
 - Lower cognitive and literacy demands
 - Processing complex information
- To provide new therapies or augment current programs
 - Distance
 - Virtual or augmented reality
 - Multiple learning pathways
- Adherence Monitoring

Technologies we can leverage

- Apps
- Gaming devices
- Video movement analysis software
- Educational software / apps
- Virtual/augmented reality
- Wearables devices
- Smart materials
- Web- based
- Lots more...



Mobile health apps



Telemonitoring



Text messaging



Video consultations



Web based interventions



Wii™ habilitation

Background of the Wii

- Made commercially available in 2006
- Infra red remote responds to movement in three axis and acceleration
- Feedback – visual, auditory, tactile
- “Non gamer” target market
- Active & social



Wii Balance = \$\$ device



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Clinical Interventions in Aging

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[Clin Interv Aging](#). 2014; 9: 1803–1813.

Published online 2014 Oct 23. doi: [10.2147/CIA.S69673](https://doi.org/10.2147/CIA.S69673)

PMCID: PMC4211857

PMID: [25364238](https://pubmed.ncbi.nlm.nih.gov/25364238/)

Does a Wii-based exercise program enhance balance control of independently functioning older adults? A systematic review

[Yocheved Laufer](#), [Gali Dar](#), and [Einat Kodesh](#)

[Author information](#) ▶ [Copyright and License information](#) ▶ [Disclaimer](#)

Technology is not stable enough

- Where is Wii now?
- Infrastructure costs
- Maintaining
- Compatibility across platforms
- What can patients access/afford/
- How many times can learn new ways
- Do we need 5 versions



Innovation

- Totally new approach
- New ways of doing same thing
- New methods for existing applications
- Context is everything
- Right size the technology – need users involved



**Cape Breton
Sidewalk Plow**

[Redacted]

BEFORE



AFTER



[Redacted]

3 Current Projects at HULC

- Joint Protection Programs for People with Arthritis
- Firefighter MSK Health
- Clinical Trial



Frequency of hand osteoarthritis detected over a period of 9 years in Framington.

RESEARCH ARTICLE

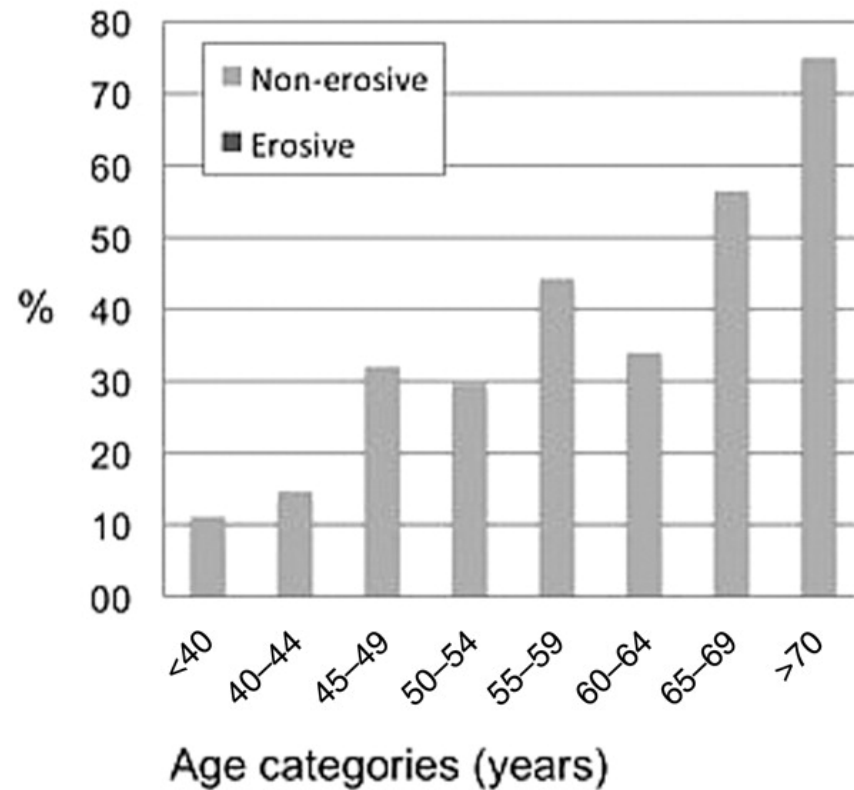
Symptomatic Hand Osteoarthritis in the United States

Prevalence and Functional Impairment Estimates from the Third U.S. National Health and Nutrition Examination Survey, 1991–1994

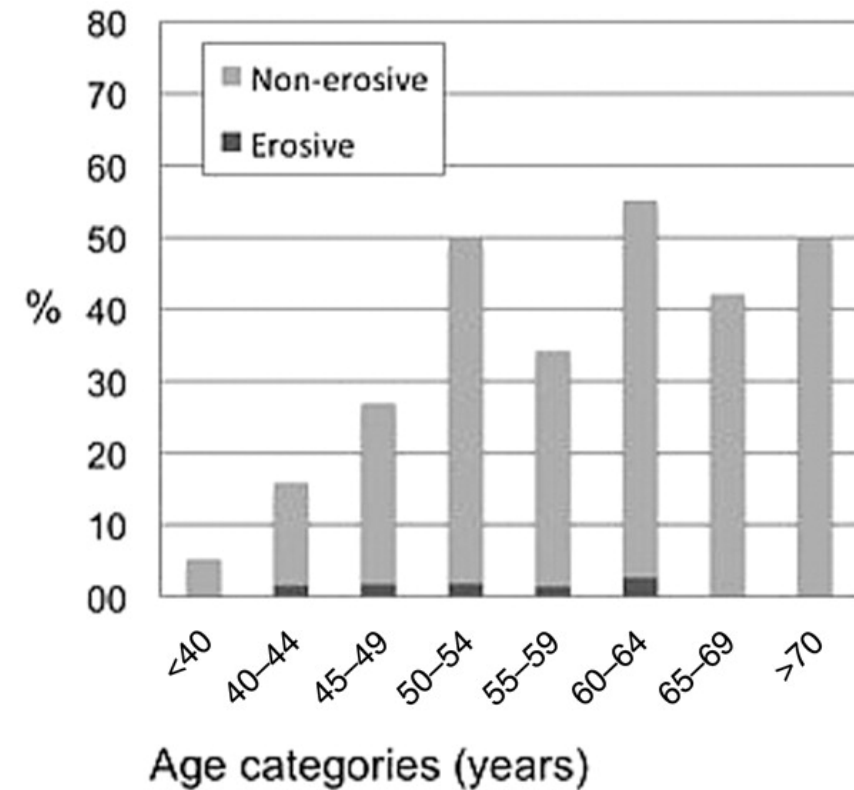
ABSTRACT

Dillon CF, Hirsch R, Rasch EK, Gu Q: Symptomatic hand osteoarthritis in the

Men (n=374):



Women (n=436):



Ida K Haugen et al. Ann Rheum Dis 2011;70:1581-1586

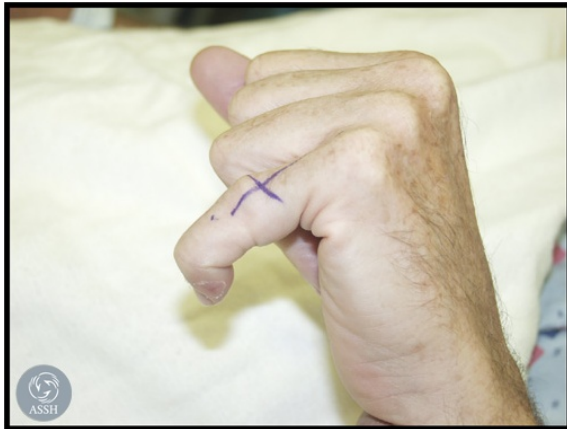
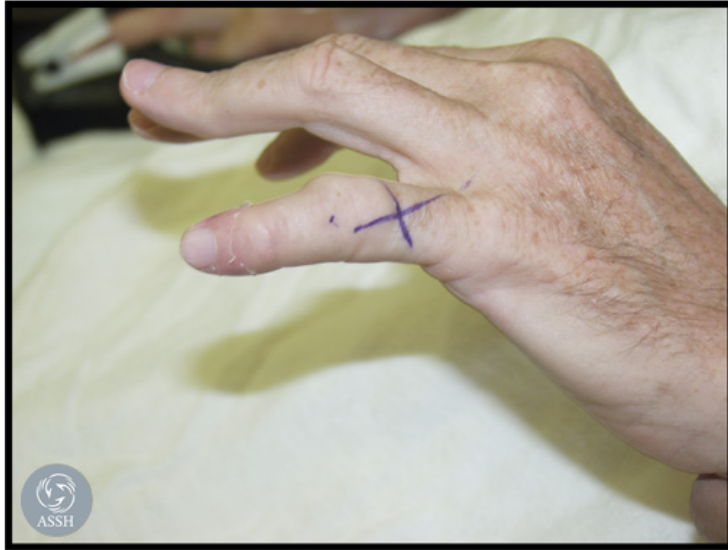


Prognosis – 6 year progression



- 50% deteriorated
- High levels of functional limitations
- Most genetic of all OA presentations
- Bijsterbosch J, Watt I, Meulenbelt I, Rosendaal FR, Huizinga TW, Kloppenburg M. Clinical and radiographic disease course of hand osteoarthritis and determinants of outcome after 6 years. *Ann Rheum Dis* 2011;70(1):68-73

Severe hand OA



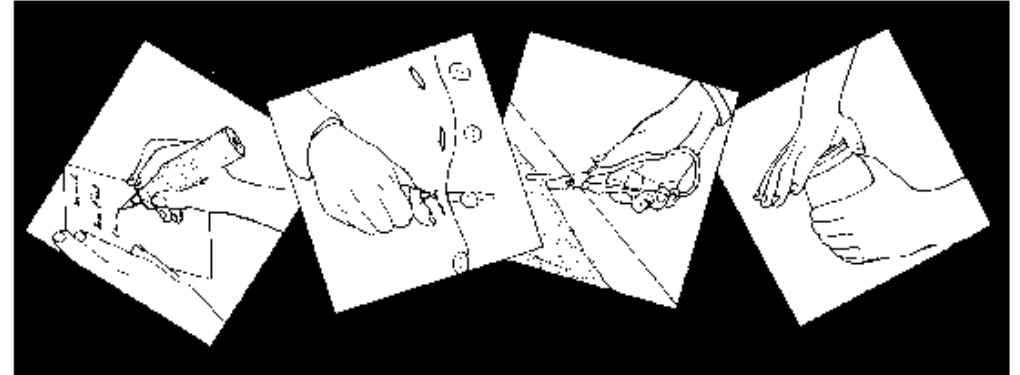
What is Joint Protection?

- Self-management strategy
- Preserve Joint function
- Reduce pain





Joint Protection Program Handbook



For Persons with Arthritis

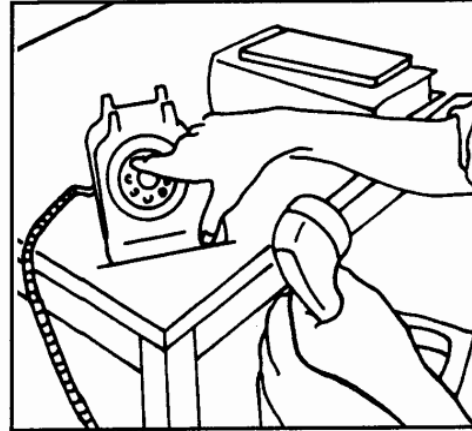


KLEINERT KUTZ
Hand Care Center

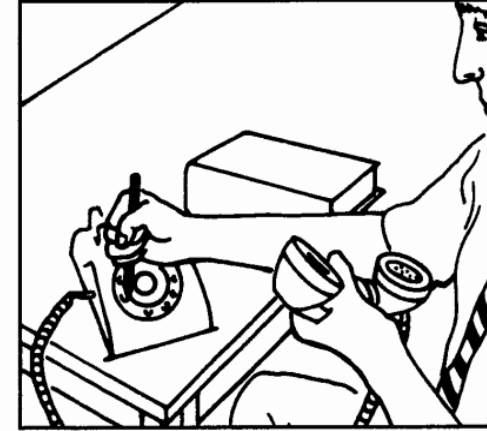
(502) 561-HAND (4263)
1-800-477-HAND (4263)

Downtown, Louisville, Kentucky
East Louisville, Kentucky
Lexington, Kentucky
New Albany, Indiana

Problems with current (JPP)



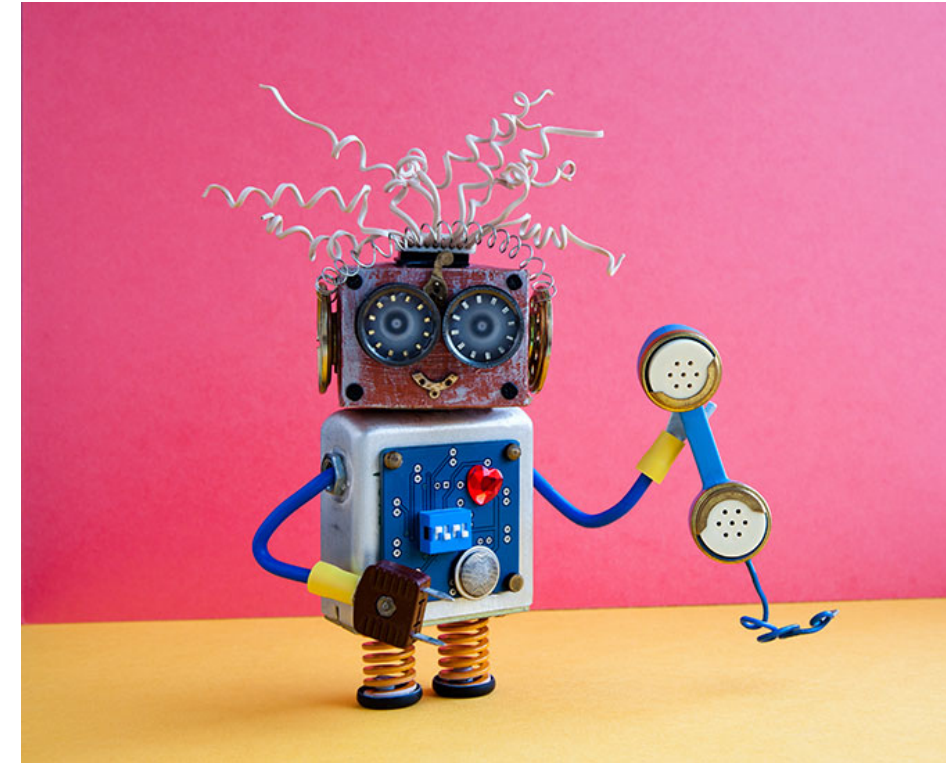
If you have a dial phone, keep a pen or pencil next to it to use instead of your finger when dialing.



- Current JPP are outdated
 - Do not account for how tasks of daily life have changed
- Weak empirical evidence exists
- Not definitively described in literature or prescribed clinically
- Widespread compliance issues (40-60%)

Our domains of JPP

- Changing how tasks are done
 - Biomechanical principles
- Using adaptive devices/tools
 - and orthoses
- Work organization
 - Pacing and task efficiencies
- Exercise to improve stability
- Getting help
- Building problem-solving skills ; adaptation



More is not always better



CAUTION
WHEN LOADING
& UNLOADING



Better pain relief

Figure 2





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Incorrect



Incorrect

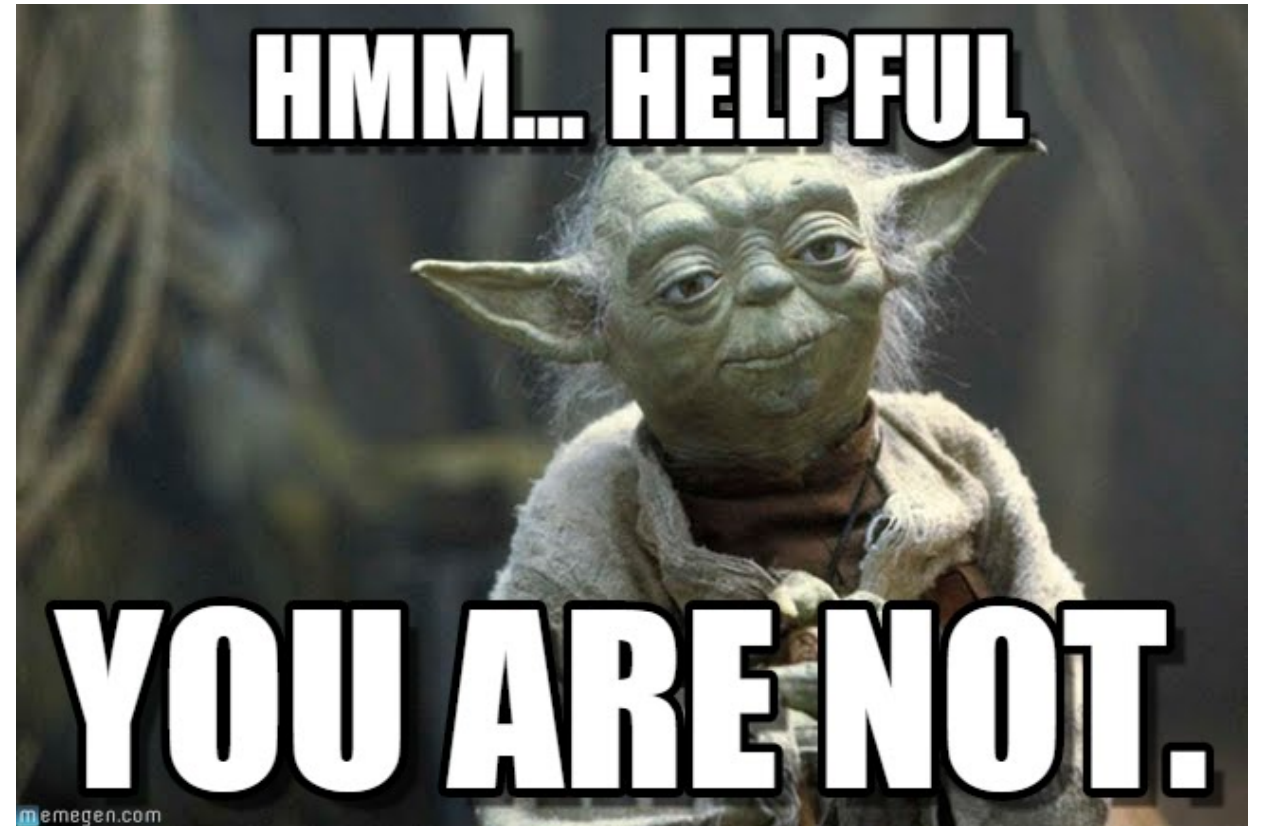


Correct

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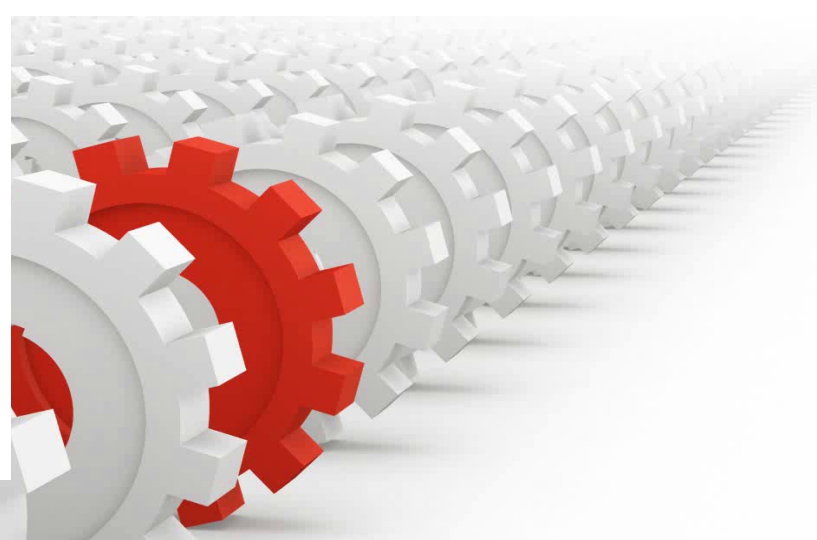
Our systematic review of current evidence

- Most studies on RA
- 2 RCTs on OA
 - Conflicting conclusions
- 3 publications
- No clear guidance





FUTURE
directions
the next 5 years



Future Directions



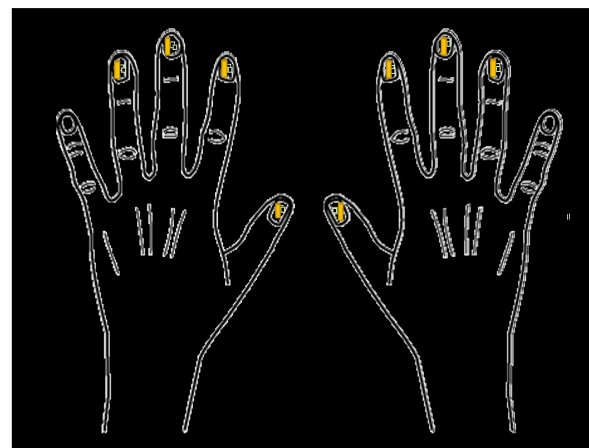
Download from
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Technology-based innovation

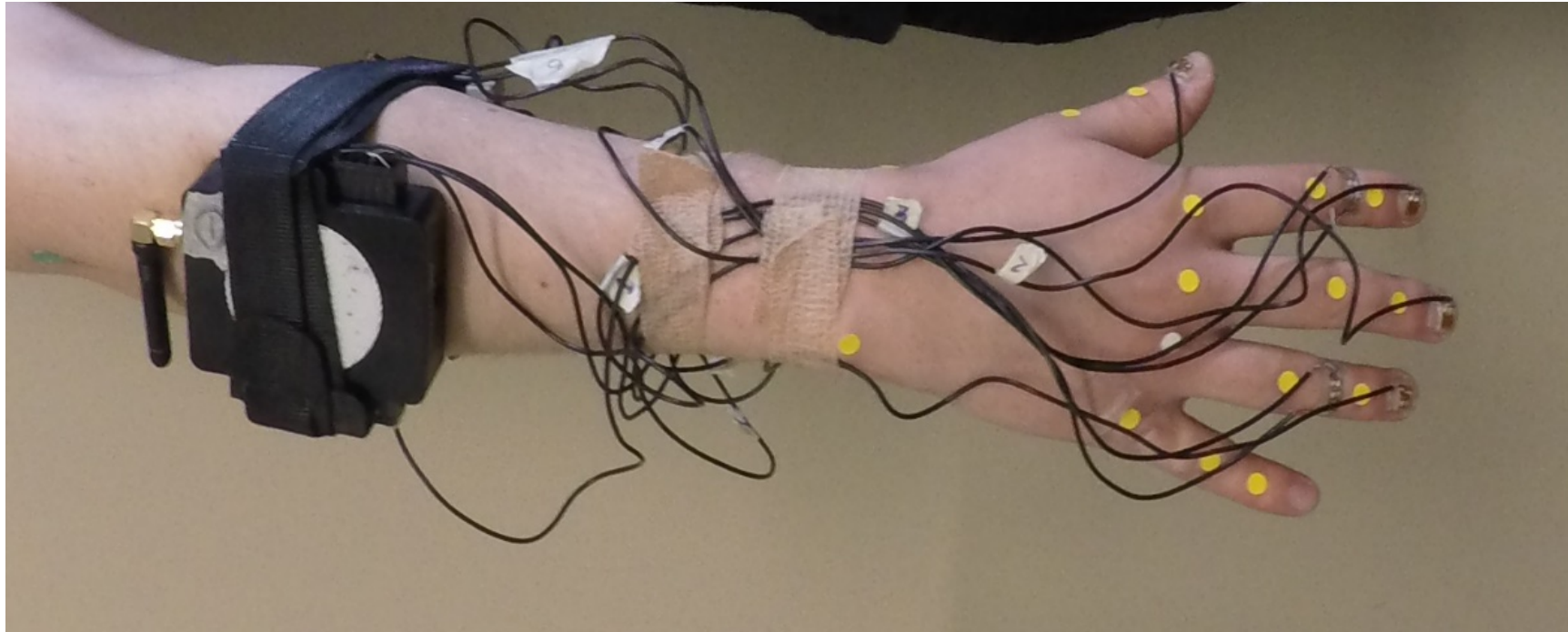
- Wearable technology is a tactile sensor attached to an acrylic nail prosthetic
- Measures force data that captures the applied force measured at the fingertips
- Examine finger motion pathway (kinematics) using electromagnetic tracking

- Electromagnetic Tracker Placement (1.6 x 4 mm)
- Tactile Finger Sensor Placement
- Wire connecting to Receiver (on forearm)



3. Engineering in a Clinical Setting

Using Engineering design



Activity 6: Cutting a Cucumber



Minimum Angle



Maximum Angle

Activity 7: Spray Bottle



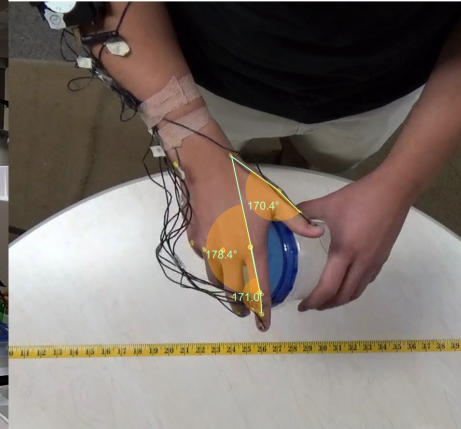
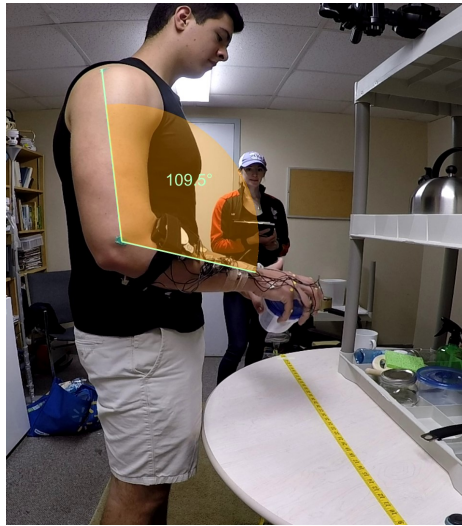
Maximum angle

Minimum angle

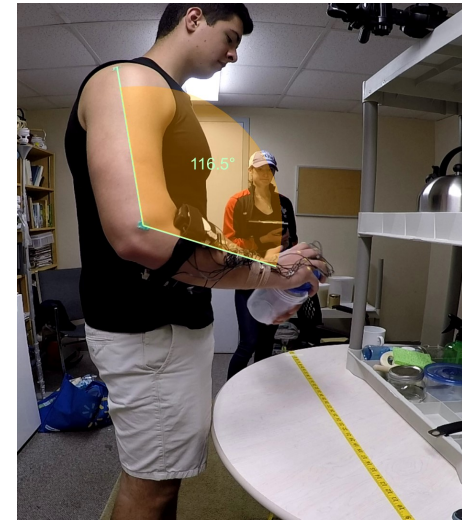
Minimum angle

Maximum angle

Activity 9: Twist lid container

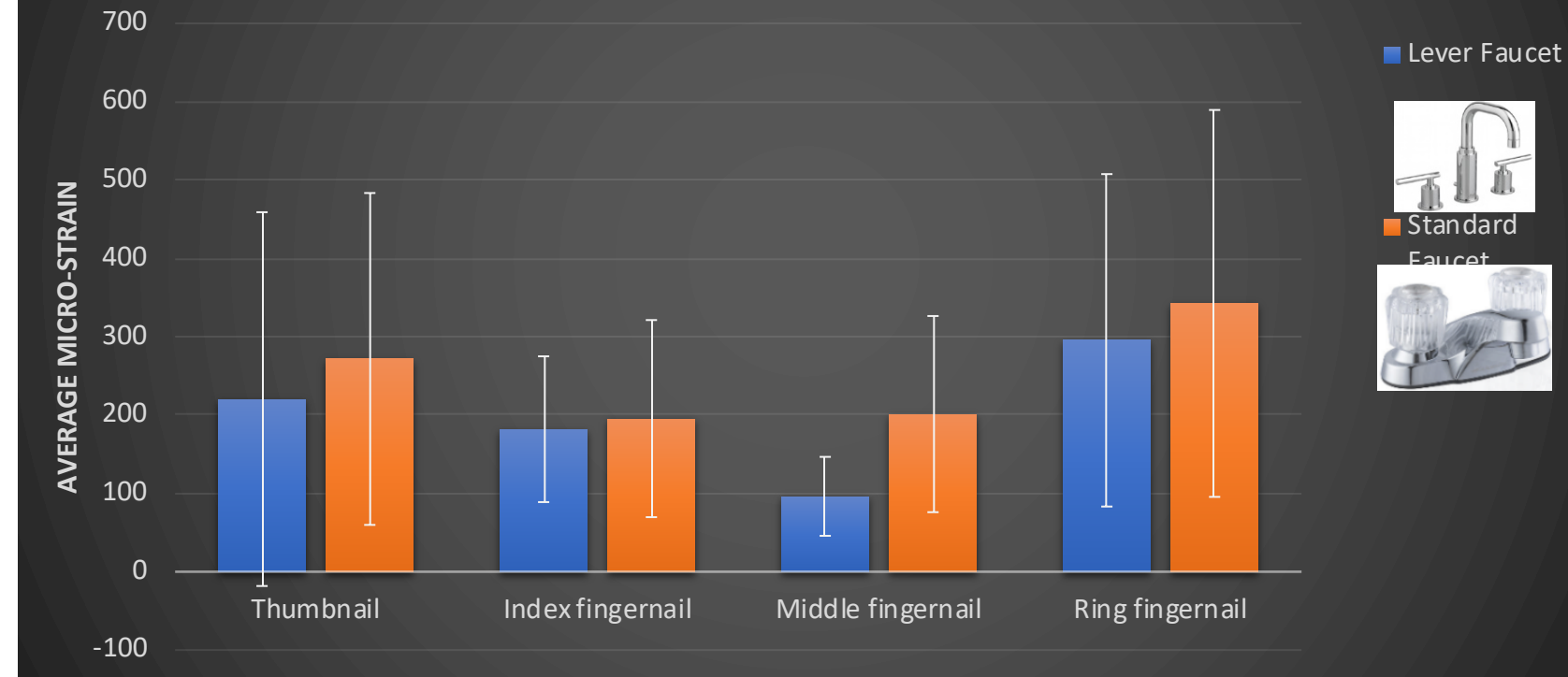


Minimum angle



Maximum angle

Turning on and off a Lever Faucet versus a Standard faucet



Average Micro-strain measured in the fingernails and phalanges of 7 patients when performing the task of turning on and off a lever faucet and a standard faucet. Average Micro-Strain in the fingernails of the patients when turning a standard tap was higher than the average strain in the fingernails when turning a lever faucet with a significant difference in strain measured in the fingernail of the middle finger.

This project

- 2 engineers
- a PT and clinical epidemiologist
- Trainees from engineering, PT, health promotion
- Patient partner
- Technology: sensors, video-movement analysis
- Worked funded by Arthritis Society
- 3 evidence reviews completed (2 published)
- 1 survey patients needs, practices and preferences
- Multiple engineering papers on technology
- Clinical trial on formats of delivery

Knowledge Translation

- Clinicians prefer it to be free or close
- We have to work to disseminate new methods
- Devices not reliable, not wireless- cannot use at home
- Development costs - research





Applied research with firefighters

Researchers and Firefighters have **VERY** different
job expectations

Challenges working with researchers



“At first I was happy I made smart transgenic mice..”

Different cultures, timeframes and expected outcomes



How we work together

- Meet, talk... shared learning
- Shared exploration of problems.... Leading to research questions
- Shared execution
- Discussion and of findings



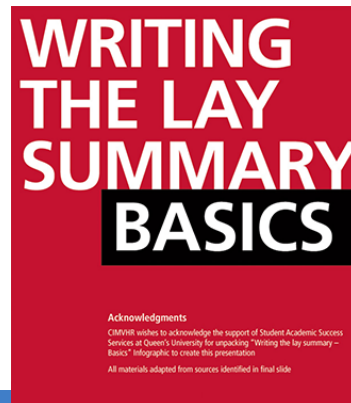


FIREWELL is a health and wellness community for firefighters.

Get access to [information](#) and [resources](#) on workplace safety and [share ideas](#) with firefighters and [researchers](#).

Lay Summaries

- Use “normal” language
- Avoid technical terms
- Do not overstate



The effects of age and gender on Canadian firefighters' fitness levels

Summaries FIREWELL

We wanted to know if Canadian firefighters' fitness levels are affected by age and gender.



Download PDF

What is the problem?

Firefighting is a physically demanding profession so firefighters are believed to be fitter than the healthy population. Physical fitness can be measured by the maximum amount of oxygen that our body uses during exercise (aerobic capacity) and muscle strength levels. Previous research found that the firefighters' aerobic capacities decrease with age, but their strength levels remain unchanged. We wanted to know if Canadian firefighters' fitness levels are affected by age and gender.

How did the team study the problem?

A group of 49 firefighters and 40 healthy participants who were matched by age underwent the Modified Canadian Aerobic Fitness Test. The results of the fitness test was used to calculate the participants' aerobic capacities. The firefighters' upper and lower body strength levels were measured by grip strength test and static floor lifting test, respectively. We used statistical analyses to compare the aerobic capacities of the firefighters and healthy participants. We also used a different statistical technique to see if relationships existed between firefighters' aerobic capacities and upper and lower body strength levels.

What did the team find?

The FIREWELL team found that the aerobic levels among firefighters were similar to other healthy people. In both groups, age had an impact on aerobic levels. The firefighters' aerobic capacities decreased with age, while upper and lower body strength levels remain unaffected. Gender affected the firefighters' strength levels, but not their aerobic capacity.

How can this research be used?

The study results could potentially be used by fire services to develop a minimal aerobic capacity and

So in 2008-09 with no money..... Still wanted to do somethings

- What are the experiences of female firefighters?



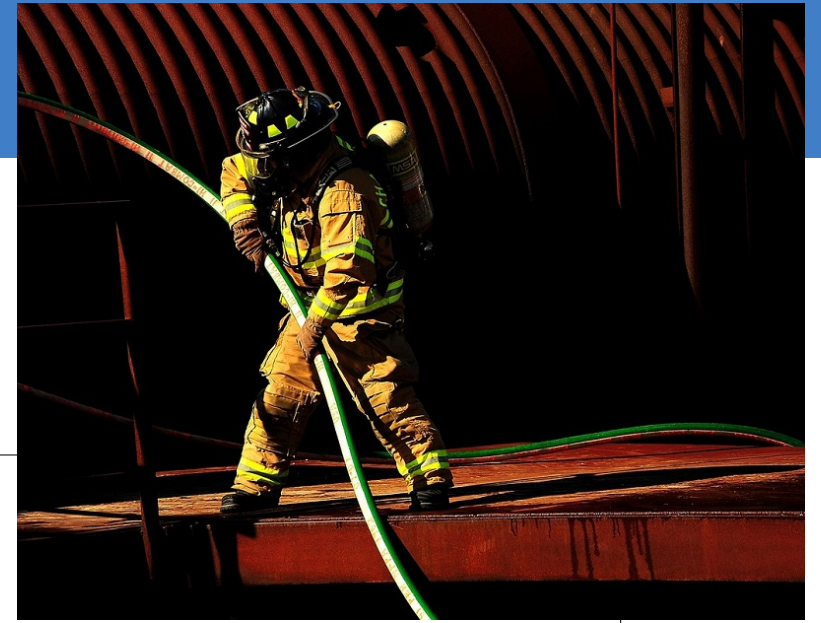
Work. 2013;45(1):97-105. doi: 10.3233/WOR-121549.

A qualitative study on the experiences of female firefighters.

Sinden K¹, MacDermid J, Buckman S, Davis B, Matthews T, Viola C.

[+](#) Author information





- **Physical Demands/Difficulties**

- “Firefighting] is a very physically demanding job and part of my responsibility was to maintain my physical abilities.”

- **Gender Related Physiological Differences**

- “Females are already 20% not as strong as their male counterparts...so you really have to maintain that, or you’re going to be weaker.”
- “I’ve been told that women generally have a lower VO2 max than men.”



- **Compensatory Strategies**

- “Body mechanics more than anything...the guys can usually manhandle things, I had to learn to use my body a bit more effectively.”

- **Equipment Mal-adaptation**

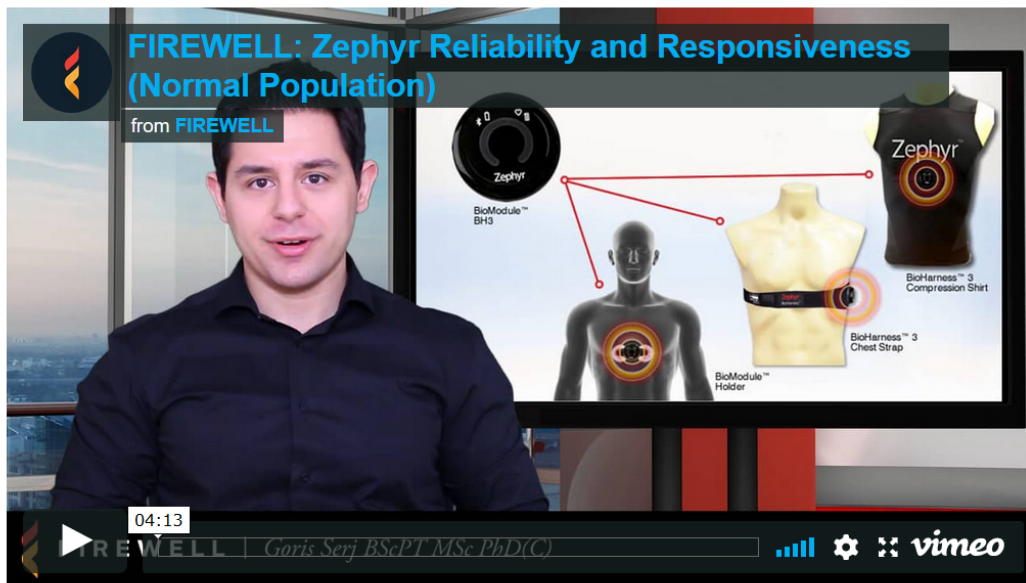
- “The boots are always too big on me and bunker pants...everything is just kind of big and fits more loosely because it’s suited more for a man.”

Testing the Zephyr

The Reliability and Responsiveness of the Zephyr in Normal Populations

[Presentations](#) FIREWELL

A study that evaluated the Zephyr BioHarness' heart rate measurements of healthy males and females while they completed a fitness test.



The screenshot shows a video player interface. On the left, a man in a dark shirt is speaking. The main video area displays a diagram of the Zephyr BioHarness system. The diagram includes a 'Zephyr BioModule™ BH3' (a circular device), a 'BioModule™ Holder' (a small device on a mannequin's chest), a 'BioHarness™ 3 Chest Strap' (a strap around a mannequin's chest), and a 'BioHarness™ 3 Compression Shirt' (a black shirt with a circular sensor on the chest). Red lines connect the BioModule to the Holder, the Holder to the Chest Strap, and the Chest Strap to the Compression Shirt. The video player controls at the bottom show a play button, a progress bar at 04:13, and the Vimeo logo.

Functional Screen

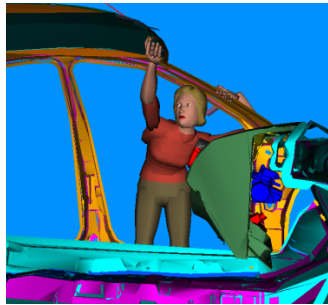
Hose Drag Task



Stair climbing with High Rise pack



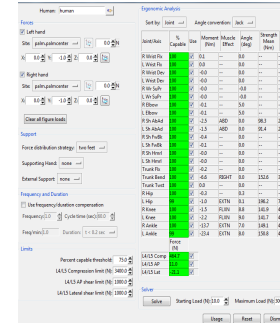
Background: Virtual Ergonomics Practices



Virtual Environment



Digital Human Model

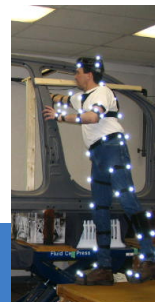


Ergonomic Tools

Traditional
Static Method

Current
Motion Capture
Method

Future
Posture Prediction
Method



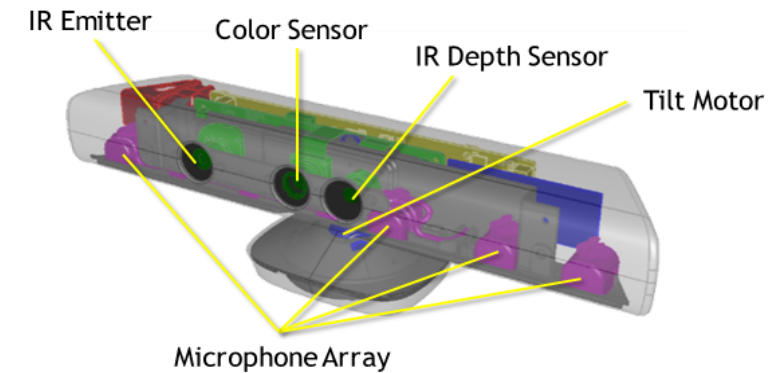
Methods

Participants:

- 12 full-duty Hamilton Firefighter Association firefighters (6 female)

Equipment:

- Microsoft Kinect® Motion Capture System,
- 3DSSPP DHM software (University of Michigan, Ann Arbor, MI, USA),
- Jack DHM software (Siemens PLM, Plano, TX, USA)



Microsoft Kinect® components

Methods

Protocol:

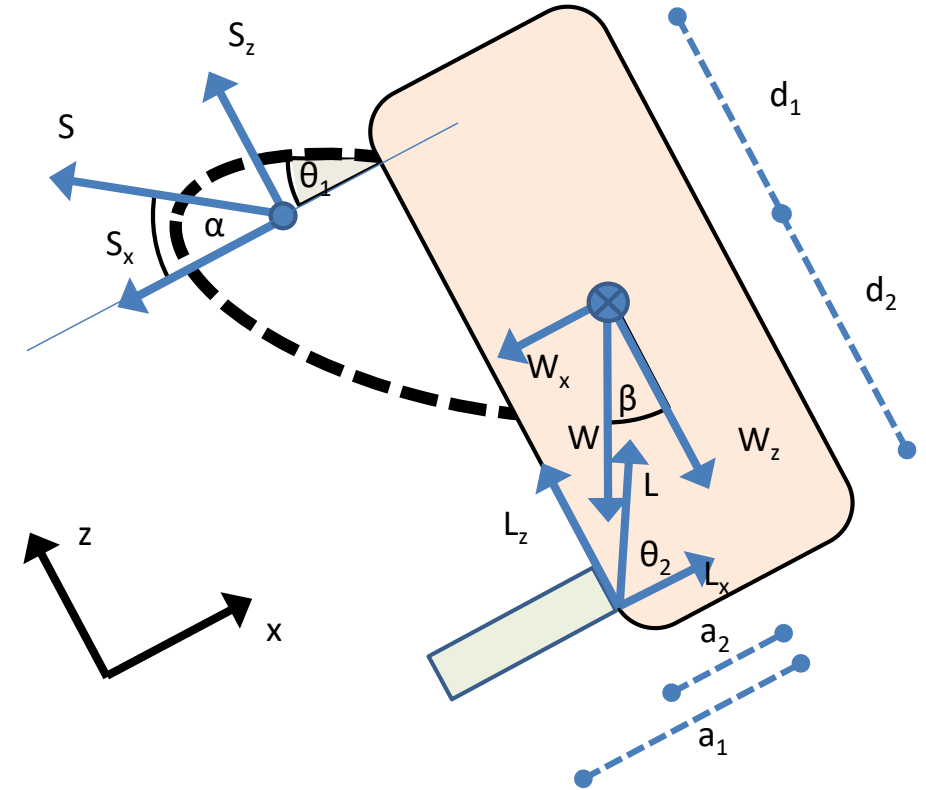
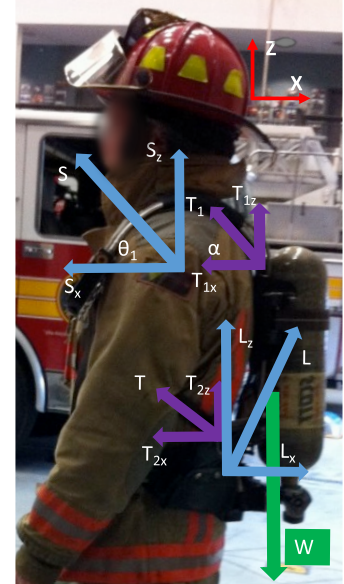
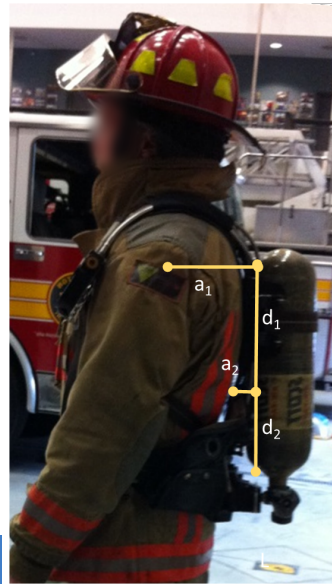
Each firefighter performed the high-rise pack lift and carry task one time while wearing full bunker gear including a helmet and SCBA (bunker gear without SCBA: 8.3 kg, SCBA: 17.5 kg, high-rise pack: 19.5 kg).




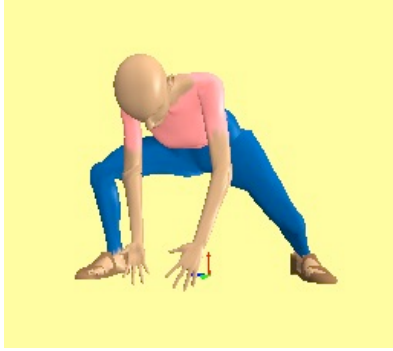
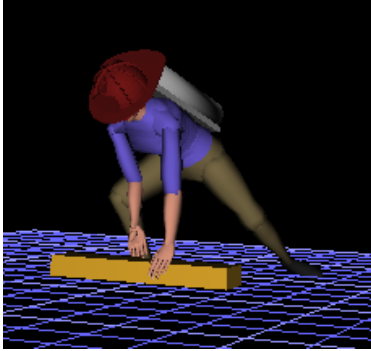
Methods

Biomechanical Modeling:

Biomechanical modeling was used to estimate the external loads caused by the SCBA. (adopted from Pelot et al., 2000)

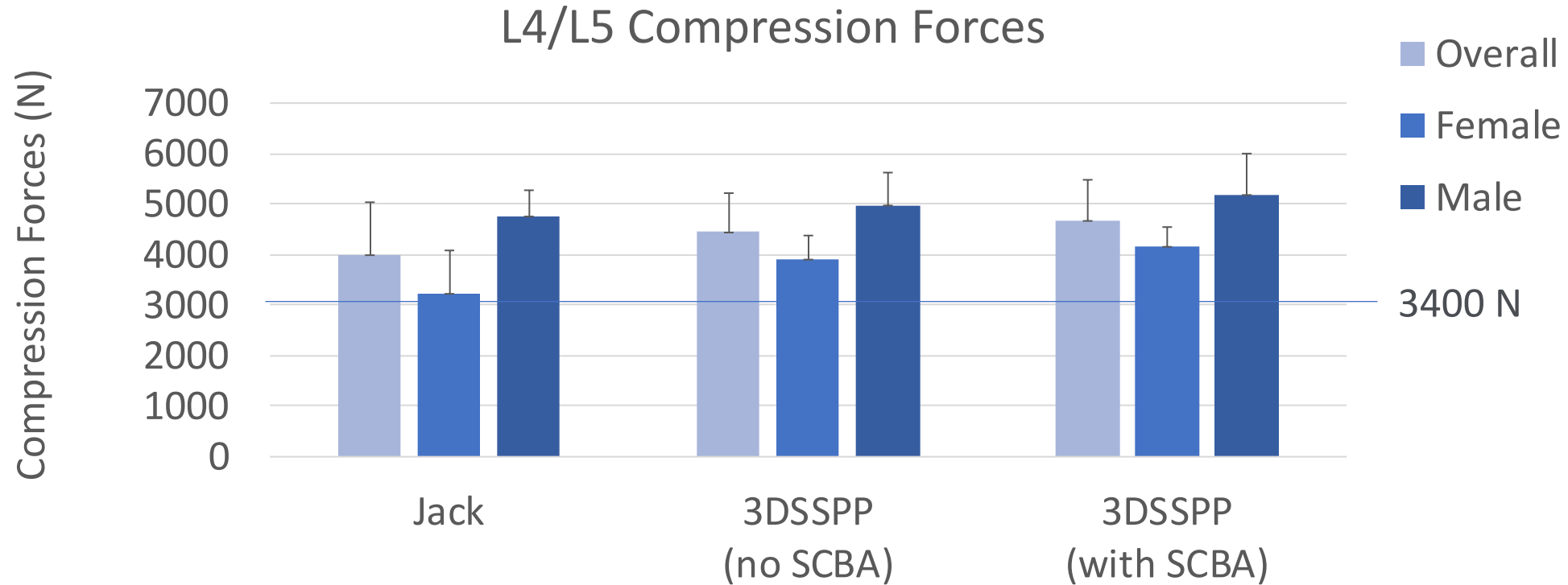


Methods

	Manual OWAS Evaluation	3DSSPP Simulation	Jack Simulation
Simulation Strategy	<ul style="list-style-type: none">N/A	<ul style="list-style-type: none">Manual	<ul style="list-style-type: none">Hybrid (Manual and Kinect MoCap)
			

Results

- Average L₄/L₅ compression forces determined with each ergonomics assessment software

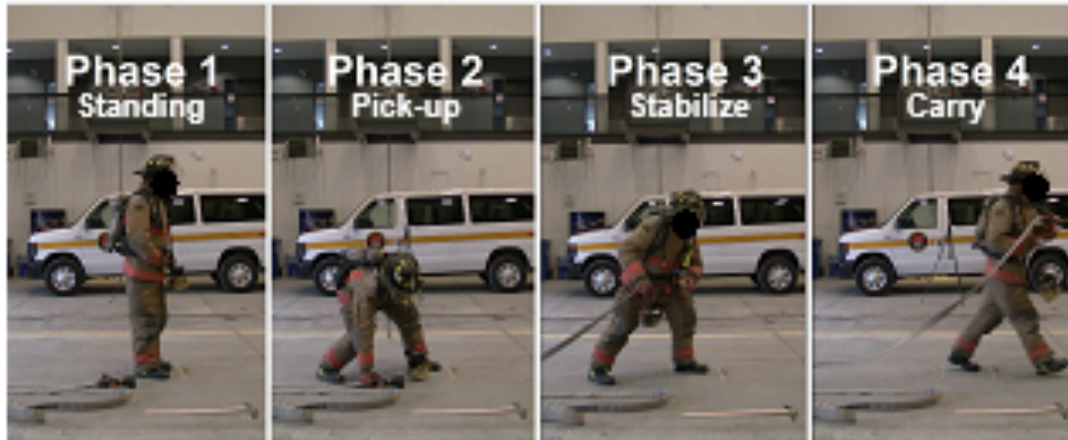


Identifying musculoskeletal injury risk for application in injury prevention tool development for professional firefighters

Sara T. Sayed¹; Kathryn E. Sinden¹, R.Kin., PhD; Tim Hurley²; Kerri Zalan²; Jeff Wang²; Ewa Habrowski²; Joy C. MacDermid³, PT, PhD; FIREWELL⁴

Results

- The standing and carry phases were associated with a low MSK injury risk while the pick-up and stabilize phases were associated with a high MSK injury risk.
- The hose drag task is a moderately high risk task.



OWAS⁺ Scores

Median = 1; IQR = 1, 2.5	Median = 4; IQR = 0	Median = 4; IQR = 1, 3.8	Median = 1; IQR = 1, 3.8
Low Risk	High Risk	High Risk	Low Risk

Composite OWAS Score for Hose Drag Task

Median = 2.6; IQR = 1, 3.8

Q1 - I would apply TEAM-Feedback to my future work/health training.

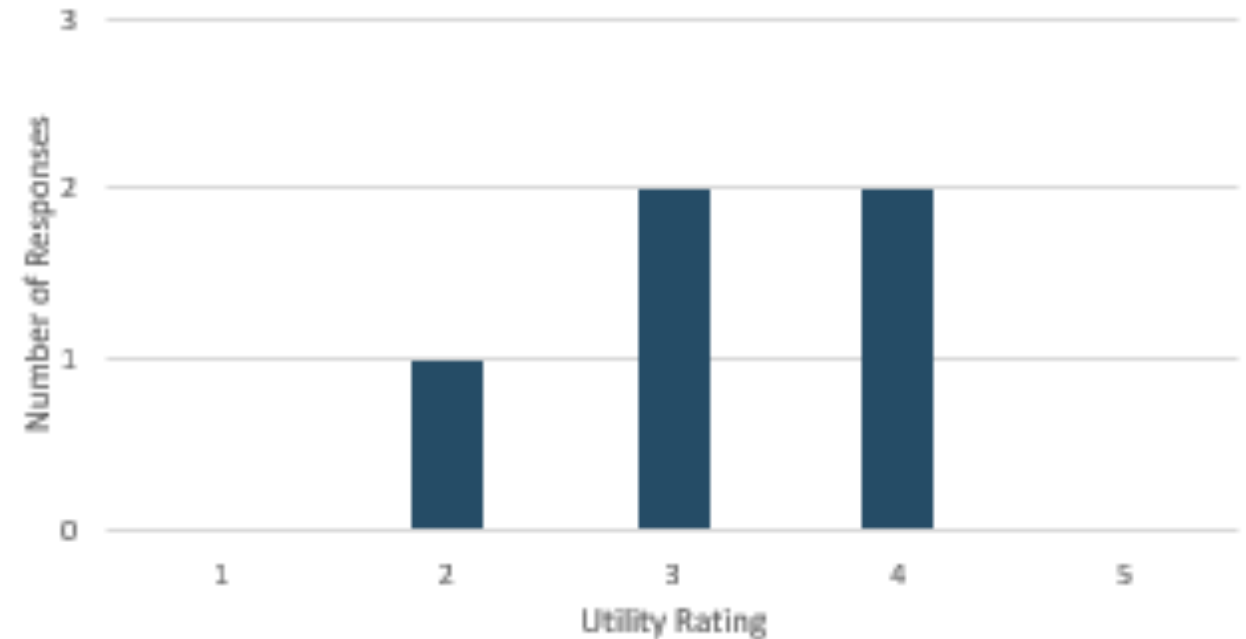


Figure 2- TEAM Feedback Utility Survey Responses - Q1

Awareness.... PR mostly good

February 1, 2018 / Vol. 54 No. 4 westernnews.ca

WESTERN NEWS

PM 41195534

Western's newspaper of record since 1972





Government of Canada invests more than \$11 million in research into post-traumatic stress injuries in public safety personnel

[Home](#) > [News](#) > [Government of Canada invests more than \\$11 million in research into post-traumatic stress injuries in public safety personnel](#)

🕒 February 8, 2019

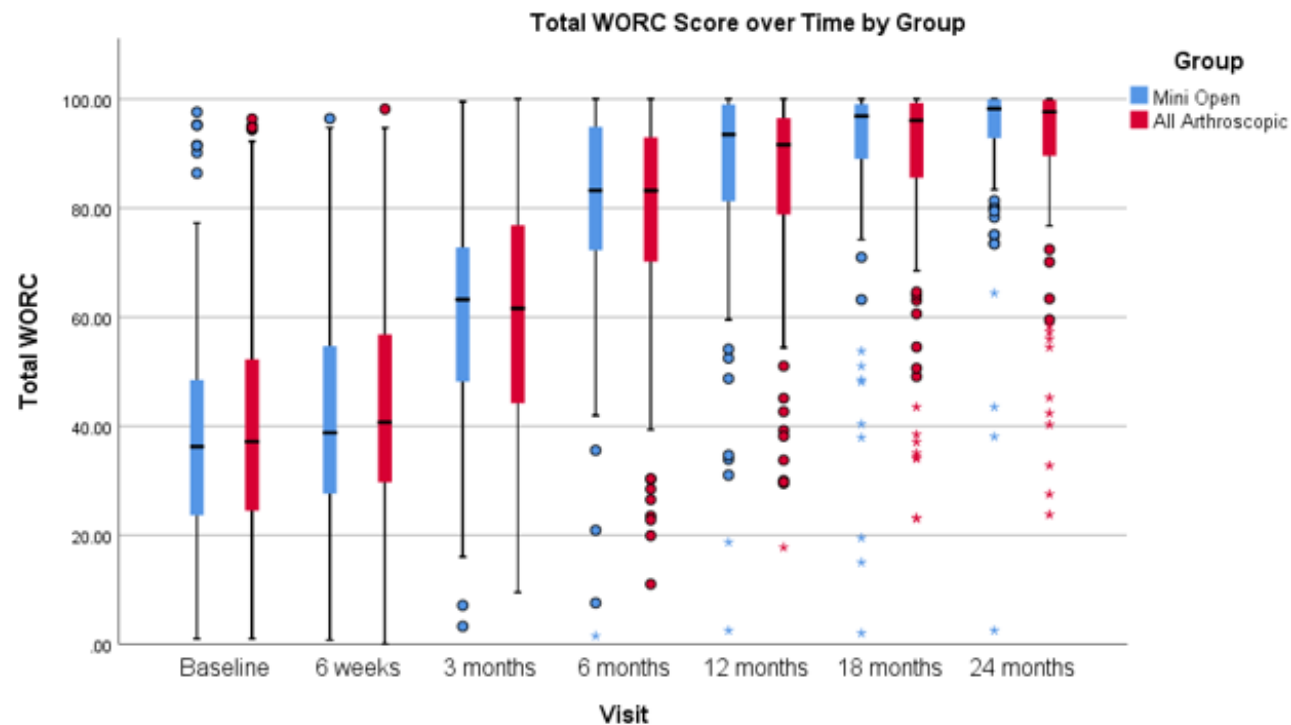
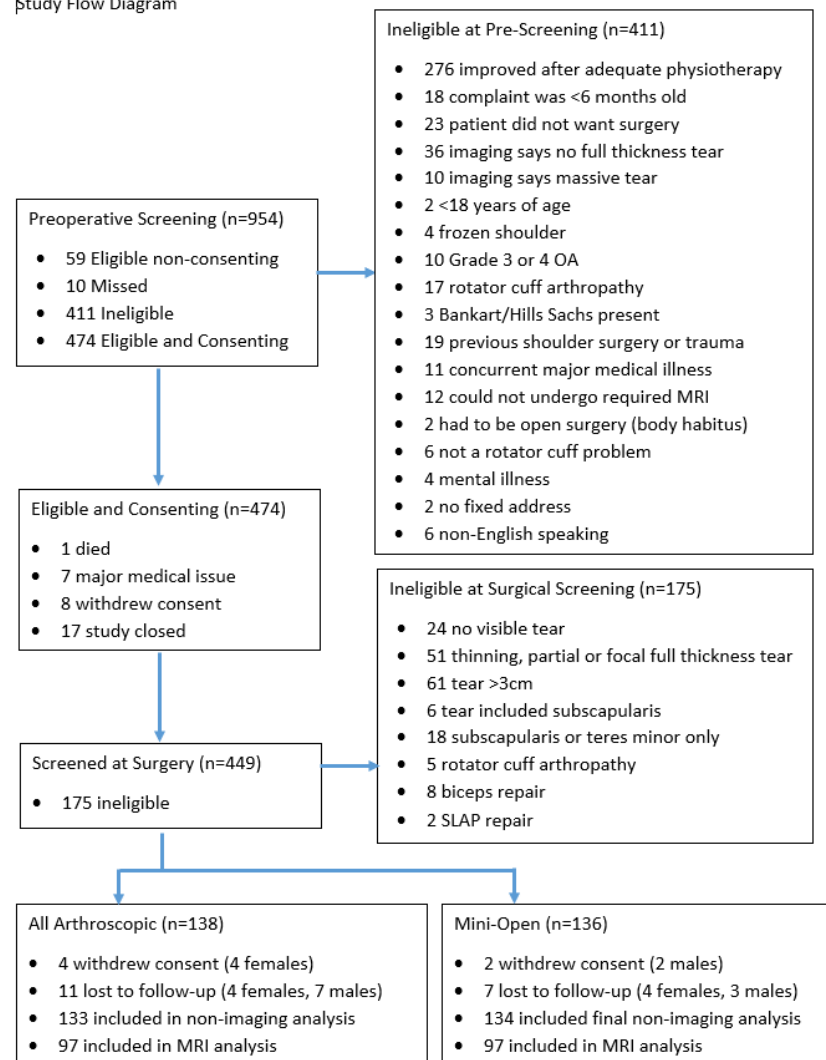
From: [Canadian Institutes of Health Research](#)

News release

The Canadian Institutes of Health Research is supporting research to better understand, treat, and prevent PTSD in public safety occupations.

We miss opportunities too....

Study Flow Diagram



Technology could have helped

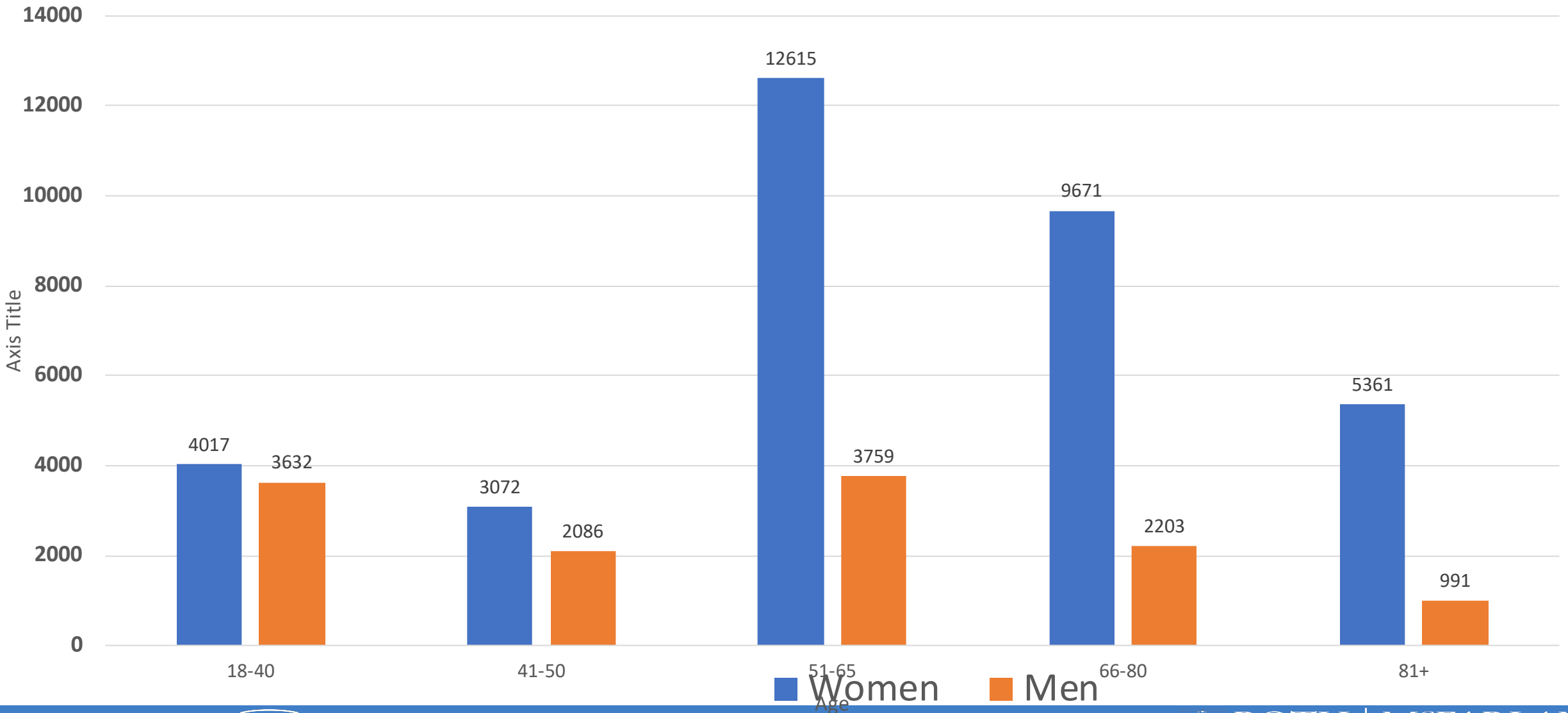
- Adherence
 - Less than 50% of therapists returned info on adherence or Rx
- Basic science questions
- Consistent rehab protocols
- Platform to test technology applications across Canada

Challenges – where we can add value

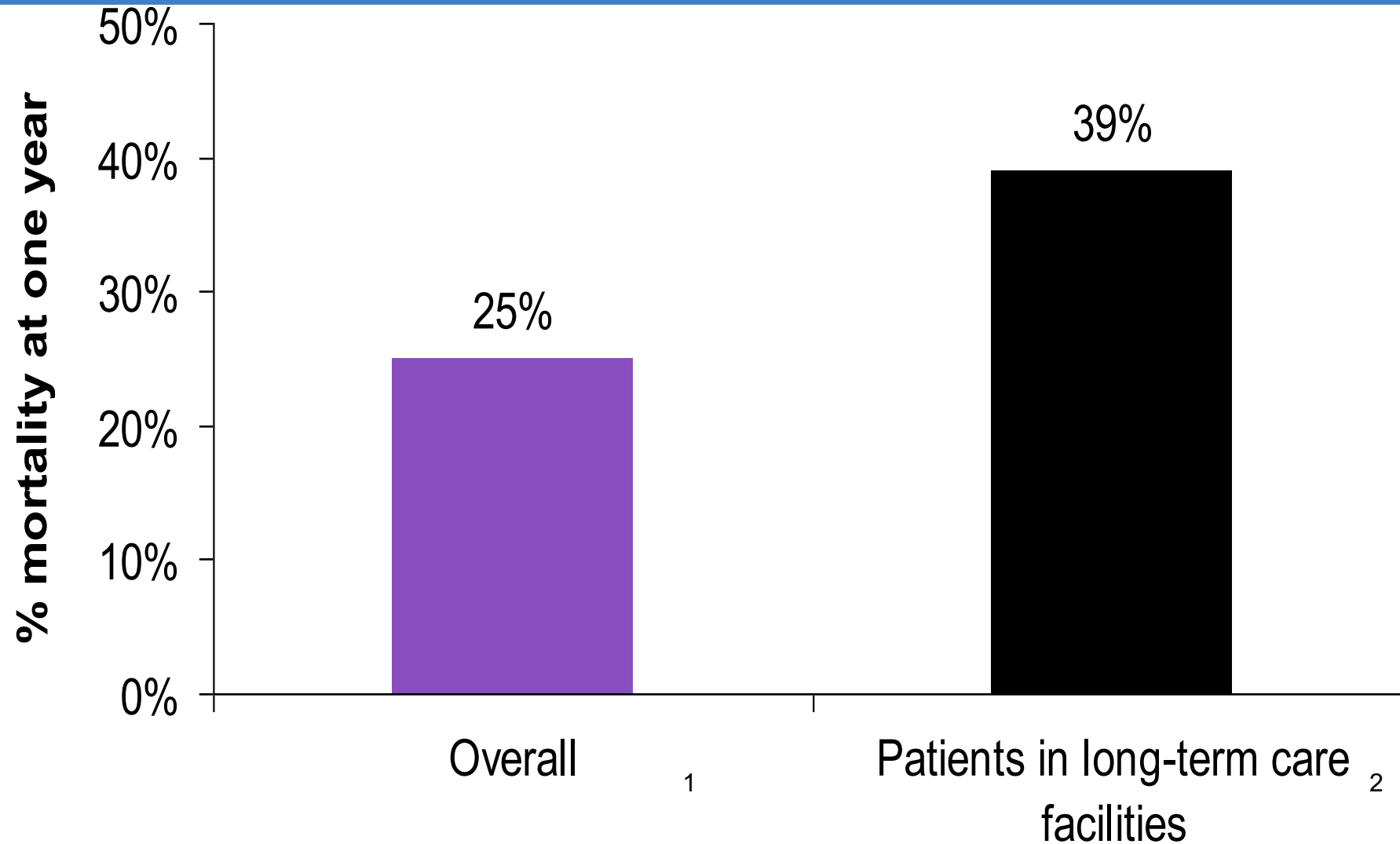
- Aging population
 - Mobility a major issue
 - Diseases: OP, arthritis
 - Falls/fractures
 - Stroke
 - Comorbid Health
 - Mental and Physical health decline
 - Loss of QoL and independent living



Distal radius fractures in Ontario 2013-17



One-year Mortality Risk after Hip Fracture



Impact on Function and Quality of Life

- Loss of confidence and fear of falling have been reported with all types of fractures
- < 40% of those who experience a hip fracture return to their prior walking abilities^{1,2}
- Clinical fractures negatively affect self-care and mobility, and are associated with chronic pain³

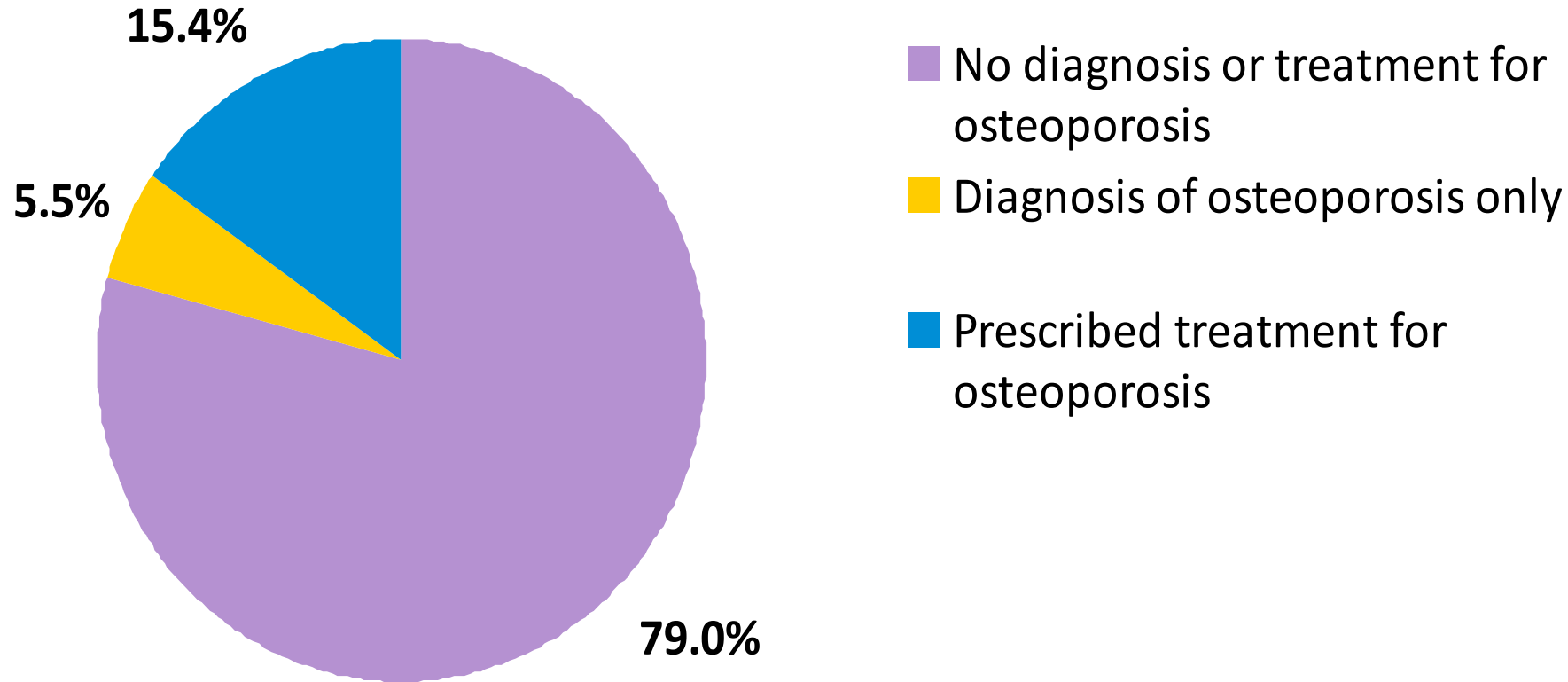


1. Cranney A, et al. *J Rheumatol* 2005; 32(12):2393-2399.

2. Pasco JA, et al. *Osteoporos Int* 2005; 16(12):2046-2052.

3. Papaioannou A, et al. *Osteoporos Int* 2009; 20(5):703-715.

Undertreatment of Osteoporosis Post Fracture in Women¹



A fracture is to osteoporosis what a heart attack is to cardiovascular disease.
BUT... [The treatment gap is far wider post fracture than post MI.](#)^{1,4}

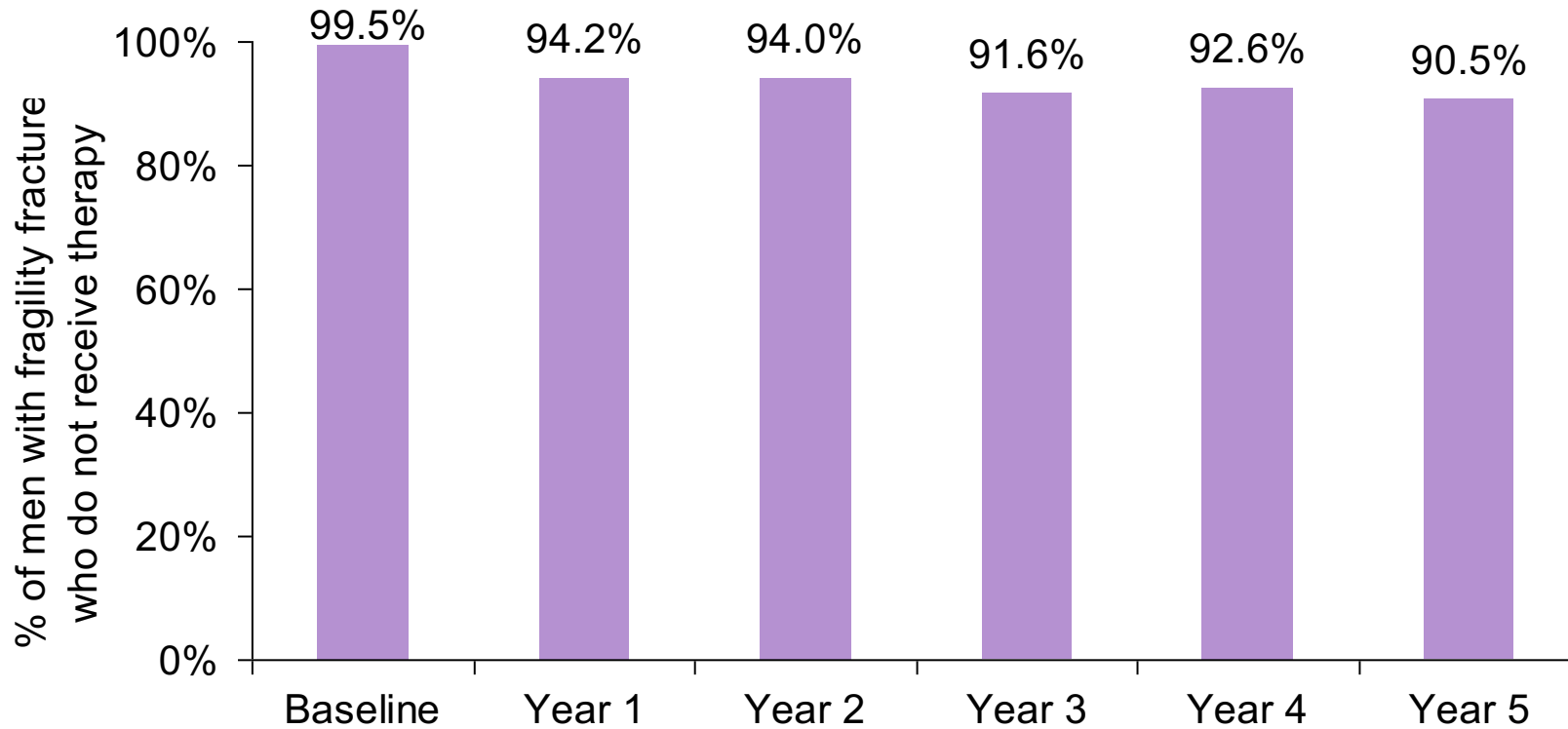
1. Bessette L, et al. *Osteoporos Int* 2008; 19:79-86.

2. Papaioannou A, et al. *Osteoporos Int* 2008; 19(4):581-587.

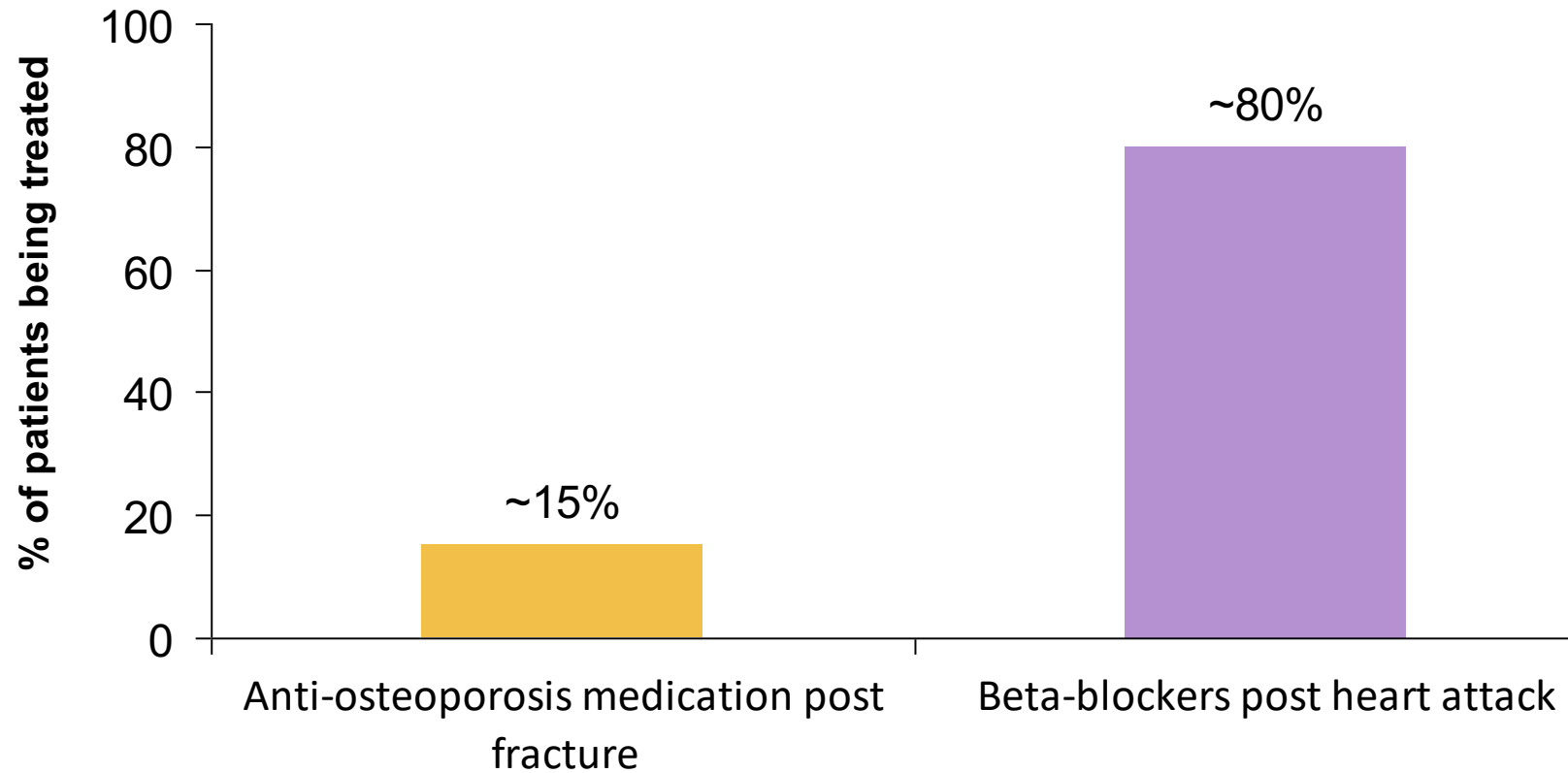
3. Giangregorio L, *Osteoporos Int* 2009; 20(9):1471-8.

4. Austin PC, et al. *CMAJ* 2008; 179(9):901-908.

Therapeutic Care Gap: Most Men Do Not Receive Treatment for Osteoporosis after Fracture



Post-fracture Care Gap: Comparison with Heart Attack

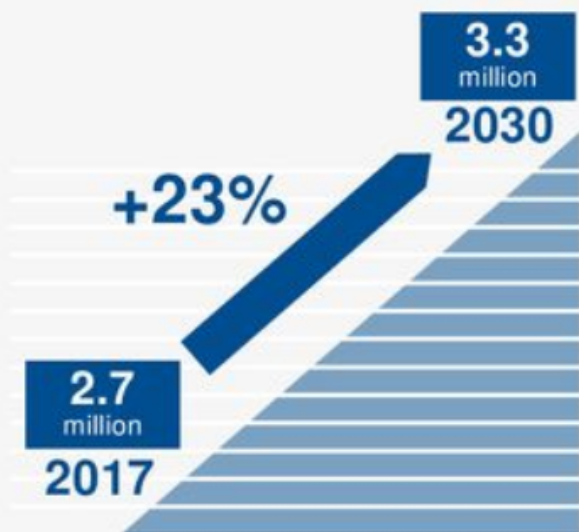


Technology and mobility

- Most injuries happen at home or in the community
 - Prevention
 - Example GoPro home inspection
 - Monitoring
 - Falls, Physiologic Status
 - SMART homes
- Most recovery happens at home
 - Remote monitoring
 - Remote treatment from consultation, to surgery to rehab
- **NOT ENOUGH \$ FOR IN-HOSPITAL CARE**

WITH THE AGEING OF THE POPULATION, THE BURDEN OF FRAGILITY FRACTURES WILL INCREASE

Incidence of fragility fractures⁹



Fracture-related costs⁹



The greatest increases in costs are expected to be seen in:⁹



Spain (30.6%)



The UK (30.2%)



Collaboration is the key to success

