



Quantitative Assessment of Custom Contoured Seating: Can computational modelling be used to inform whether final custom contoured seat shapes meet the original intended postural goals? By Ella Mencel (Trainee Clinical Scientist, North Wales Posture & Mobility Service)

Need

The finished shape of the sitting surface is understood to be largely informed by the postural assessment, and yet the results of the postural assessment are not commonly re-considered after casting is complete. As a result, whilst there is plenty of anecdotal evidence for how to design a seat for a given posture, there is limited quantitative evidence to support this opinion. Hence, the motivation for this work was to develop a method to measure how a seat shape considered clinically appropriate by the clinician reflects the postural assessment, if at all.



Model Development:

- Model developed using Artec 9 and Solidworks.
- Biomechanical model built from simple cylindrical shapes to represent the knee and pelvis.
- Knee and hip joint centres approximated

Aim

"To develop a method to measure and quantitatively assess custom contoured seat shapes, to better understand the casting process and the shapes relationship to the postural assessment."

using understanding of anatomy and Seidels regressions equations (Seidel, 1995).

- Model made unique to each seat shape based on measurements taken from the seat scan such as hip width and leg length.
- Angles of hip ab/adduction and hip flexion measured in degrees.

Verification

Four different modular seat cushion shapes were measured by hand and then the computational method was completed. The results were compared.







Trials — 95% Confidence Interval — Mean

- 'Good' correlation for hip ab/adduction measurements and 'Fair' correlation for hip flexion measurements.
- Mean errors of 4° and 6.3° for hip ab/adduction and hip flexion respectively – with consistent over abduction and over flexion of the model in comparison to the real measurements.
- Errors within visual estimation errors (Parker, no date).
- No bias or proportional error observed.
- Conclusion: The model was able to measure seat



shape with an output that provides an indication of both hip flexion and hip ab/adduction.



-20 -20 0

Conclusion

20

40

Real (°)

60

80

100 120

- A statistically significant positive linear relationship observed between the model output and real biomechanical measurements.
- Consistent over-adduction and over-flexion of the model in comparison to the real biomechanical measurements.

and compared to the computational

model.

Limitations

- Model developed from typical anatomy and \bullet may not represent the typical patient population.
- Model consistent regardless of sex, weight, age.
- No soft tissue included.
- No inter-rater tests completed. \bullet
- Difficult to apply if pelvic well cannot be \bullet visualised in the seat shape.
- Possible confirmation bias present during \bullet model development.

There is evidence to suggest it is possible to use computational modelling to quantitatively assess custom contoured seat shapes. This could have applications for monitoring changes to seat shape, as a training tool, and as a method to check if the intended postural goals have been met. Future work may include model automation, increased model complexity, and using regression analysis to assess the relationship between postural assessments and cast shapes.

References

Seidel, G.K., Marchinda, D.M., Dijkers, M. and Soutas-Little, R.W., 1995. Hip joint center location from palpable bony landmarks—a cadaver study. Journal of biomechanics, 28(8), pp.995-998. Parker, K. No Date. Reliability of visual estimation of angles relating to joint ranges of motion in rehabilitation. [Poster]. Posture and Mobility Group. [Online]. Accessed: 10/08/2022. Available from: https://www.pmguk.co.uk/data/page_files /From%20OW/Files/pmg%20poster%20fin al.pdf



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