

FDG ROBOTIC SYSTEM CHARACTERISTICS FORM

General information

Compiler

Name:

Profession:

Date

System Name

Manufacturer

Company Website

Compiler Confidence level

- High – Regular User/System tested on patients
- Medium – Live Demo
- Low – Literature, website, s-network...

System characteristics

Type of system

- End-effector
- Exoskeleton

Multiple versions or models (i.e.: with different HW...)

- Yes
- No

Segment

- Upper Limb
- Hand
- Lower Limb

Pathologies indicated to treatment

- Spinal Cord Injury
- Traumatic brain injury
- Stroke (Flaccid Spastic)
- Orthopaedic
- Movement disorders due to aging
- Cerebral palsy
- Parkinson
- Multiple Sclerosis

	<input type="checkbox"/> Cardio-respiratory
	<input type="checkbox"/> _____
Maximum Level of impairment	<input type="checkbox"/> Low
	<input type="checkbox"/> Medium
	<input type="checkbox"/> High
Contraindications	<input type="checkbox"/> Yes (severe spasticity)
	<input type="checkbox"/> No
Stage of development	<input type="checkbox"/> Commercial
	<input type="checkbox"/> Prototype
Portability	<input type="checkbox"/> Stationary system
	<input type="checkbox"/> Portable system (weight: ___ kg)
	<input type="checkbox"/> Linear
Movement	<input type="checkbox"/> Planar
	<input type="checkbox"/> Three-dimensional
Assisted Joint Movement (example: shoulder ab-adduction, elbow flex-extension, knee flex-extension etc.)	
Type of Assistance¹ (multiple choices are possible)	<input type="checkbox"/> Active-assisted
	<input type="checkbox"/> Resistive
	<input type="checkbox"/> Passive
Is it possible to customize user interface/exercises?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Main Control Inputs	<input type="checkbox"/> Joint Angle
	<input type="checkbox"/> End-Point Position
	<input type="checkbox"/> Force/Torque
	<input type="checkbox"/> sEMG
	<input type="checkbox"/> Other (please specify) _____
Are Outcome Measures provided?	<input type="checkbox"/> Yes (specify which) _____
	<input type="checkbox"/> No
Normative values for the outcome variables	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Accessibility for the patient with his/her own wheelchair during therapy?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

¹ ACTIVE-ASSISTED: the patient's limb is moved by the device according to his/her ability; PASSIVE: the patient's limb is moved passively by the device ; RESISTIVE: the device providing resistance to the patient's limb movements.

Safety issues

- Yes (please specify _____)
- No

Scenario

- Ecological
- Imposed/static

Special needs for installation

- Yes (please specify _____)
- No

Autonomy

- The patient can use/control the device in autonomy
- The patient can use/control the device under PT supervision (which can be duty also in other activities contemporary)
- The PT must control continuously the patient's robot training

Group Therapy

- Yes
- No

Number of clinicians involved in the treatment

- PT N: _____
- MD N: _____
- Logo N: _____
- Neuropsychyco N: _____

Preparation time (or time to wear the robot)

Minutes:

Therapy administration

n°/week:
Duration:

Literature

- Scientific paper on peer reviewed journals
- Internal company documentation
- Not-published data

Free test period

- Yes (specify max n° months/weeks):
- No

Maintenance Costs [if available]

- Yes (specify €/year _____ and item/year ____)
- No
- Not Available

Cost (detailing cost for multiple versions)

Demonstration Yes (When: _____ Where: _____)
 No
 To be scheduled (When _____ Where _____)

Company contact person Name:
 Phone
 Email

Is the enterprise open to future collaboration? Yes
 No

Technical documentation attached Yes
 No

Compiler evaluation

Purchase priority Low – Not purchase
 Medium – Suggested purchase
 High – Purchase with Priority

Purchase priority choice explanation

Notes _____

