Review Article

Review and Evaluation of Hand—Arm Coordinate Systems for Measuring Vibration Exposure, Biodynamic Responses, and Hand Forces

Ren G. Dong*, Erik W. Sinsel, Daniel E. Welcome, Christopher Warren, Xueyan S. Xu, Thomas W. McDowell, John Z. Wu

Engineering & Control Technology Branch, Health Effects Laboratory Division, National Institute for Occupational Safety and Health, Morgantown, WV, USA

1. Introduction

Prolonged, intensive exposure to vibration may cause hand—arm vibration syndrome. Vibration direction is one of the important exposure factors [1]. This is not only because the vibration emission from any powered hand tool or machine is direction specific, but also because the biodynamic properties and biodynamic responses of the hand—arm system are direction specific [2–6]. Furthermore, the directional vibration input is correlated with the directional biodynamic responses [7]. As biodynamic responses are part of the mechanisms of the vibration effects [1,8], vibration-induced injuries and disorders are likely to be direction specific. While the psychophysical effects of vibration direction have been demonstrated in the results of some studies [9,10], little information on the effect of vibration direction on injuries and disorders is available. It is also very difficult to take vibration direction into account in risk assessments of vibration exposure, as vibration is actually transmitted to different parts of the hand simultaneously in various directions. The direction of vibration exposure may also vary with the postures of the hand and arm, time, tools, working condition, and individuals. Probably for these reasons, vibration direction has not been taken into account in the standard assessment method defined in International Organization for Standardization (ISO) 5349-1 [11]. The standard, however, generally requires measurement of the vibrations in three orthogonal directions using standard coordinate systems. Such coordinate systems are also...
required for the measurement of biodynamic responses and for the testing and evaluation of powered hand tools and antivibration devices [12–14].

As shown in Fig. 1 [11,15], the standard hand coordinate systems include a basicentric (BC) coordinate system and a biodynamic (BD) coordinate system [11]. They are originally defined in the initial version of ISO 5349 (1986) and their detailed definitions are included in ISO 8727 [15,16]. As the BC system is not clearly illustrated in ISO 8727, an amendment of this standard has recently been proposed to make its hand coordinate system figure fully consistent with that included in the latest version of ISO 5349-1 [11].

While Fig. 1 has been adopted in many books and national standards [17–22], the use of the standard coordinate systems has been claimed in many studies of vibration exposure and biodynamic responses [23–28]. However, the following observations cast doubt on the practical usefulness of these coordinate systems:

1. The BC coordinate system shown in Fig. 1A seems to be inconsistent with that recommended in the standards for vibration measurement on the vast majority of tools [14,22,29]. While an effort has been made to approximately align the measurement coordinates with the standard BC coordinates [30], orientations of the accelerometers installed on many tools reported from many studies are unlikely to make their measurements consistent with that shown in Fig. 1A [2,3,26].

2. The BC system defined in ISO 8727 is confusing; its written definitions of x and z coordinates are different from their illustrations in Fig. 1A. It is also different from that illustrated in a handbook on human vibration [1]. While the written definition of the x axis is in line with, or approximately along, the functional axis or action direction of a tool in ISO 8727, the action direction is generally assigned to the z axis of the tool-specific BC system in ISO 5349-2 [29]. In some cases, it is also assigned to the y axis of the BC system in the tool tests defined in ISO 28927 [14].

3. The title of ISO 8727 is “Biodynamic Coordinate Systems,” but its hand BD system is rarely used in biodynamic measurements and analyses, although its use was claimed in some studies [27,28]. The standard BD system is consistent with that described in the handbook on human vibration [1], but it is different from those actually used for the measurement and analysis of biodynamic responses, and testing and evaluation of antivibration devices [3–6,31–37].

These large inconsistencies may be one of the reasons for the considerable differences between the reported experimental data of vibration exposures and biodynamic responses [25,31,38]. The inconsistencies may partially result from some misinterpretations or ignorance of the standard definitions. This study, however, hypothesizes that the major reason for the large inconsistencies is that the standard coordinate systems themselves are not well defined, or they are not convenient or suitable for their intended applications; as a result, alternative coordinate systems have to be defined and used in practical measurements and analyses.

Although these inconsistencies have been noticed for many years, the standard hand coordinate systems have not been revised since they were originally defined over 30 years ago. The recent amendment of ISO 8727 does not address these important issues. This may be because they have not been sufficiently recognized and understood, and/or their solutions have not been found. Besides some brief introductions [1,15], a comprehensive explanation of the principles behind the various definitions of the hand coordinate systems is not found in the literature. There is also the lack of a systematic evaluation of these hand coordinate systems.

If the relationships among various coordinate systems are determined or quantified, the experimental data measured in these systems can be transformed to a given coordinate system for comparison and analysis. While a preliminary laboratory study has examined the relationship between a wrist coordinate system and a handle coordinate system [36], little quantitative information on the relationships between the standard coordinate systems and alternative coordinate systems has been reported.

In order to help improve the standard hand coordinate systems and consistently apply them to further studies, this study performed a systematic review and evaluation of the hand–arm BC and BD coordinate systems for the measurements and analyses of hand-transmitted vibration exposures, biodynamic responses, and hand forces. The specific aims are as follows: (1) to further confirm
the consistency issues; (2) to clarify and enhance the understanding of the basic principles of the hand–arm coordinate systems; and (3) to apply the principles to evaluate typical hand–arm coordinate systems for identifying or defining more suitable BC and BD systems. For better evaluation, this study also measured the basic relationships among typical BD coordinate systems.

2. General principles and practices

Various coordinate systems have been created and used for different applications. Generally speaking, the defined or selected coordinate system should be as simple and convenient as possible for the purpose of measurement using a given technology. While a cylindrical coordinate system is convenient to study grip pressure and grip force [39–46], a Cartesian coordinate system is generally the simplest and most convenient system for vibration measurement and analysis; hence, it has been adopted as the standard coordinate system [11]. This type of a system has three linear axes or coordinates in mutually orthogonal directions that share a common origin. Once two axes are defined, the third one is automatically determined. Then, the primary concern becomes how to appropriately define or select the origin position and two essential axes of the coordinate system.

If it is practical, a global coordinate system fixed on the earth should be used for the required measurements and evaluations. Such a global system can reduce the uncertainty of a coordinate system orientation by using a known fixed reference, and helps avoid the mathematical transformation of coordinates in the measured data. Such a choice has been used widely to measure human motions in biomechanical studies [18,20]. While it may be feasible to use a global coordinate system to measure low-frequency vibrations, this approach has not been practical and reliable for measurements of vibration in the entire frequency range of concern (5–1,500 Hz) for hand-transmitted vibration exposure. The global coordinate system is the best choice for the measurement of vibration using a three-dimensional laser vibrometer [6,35]. While this expensive technology is applicable for vibration measurements on a stationary target in a laboratory experiment, it is not suitable for workplace measurements, as the tool and hand–arm system are typically not stationary during tool operations and it is very difficult for the laser beams to track the moving target.

Accelerometer technology remains the most convenient, affordable, and sufficiently reliable approach for the measurement of hand–transmitted vibration exposures, both at workplaces and in laboratories. It is thus the primary technology recommended in the standards for the measurement and assessment of human vibration exposures [11,47]. Consequently, definitions of the hand–arm coordinate systems should primarily be based on the application of this technology. Each accelerometer must be mounted at a certain location on a vibrating tool or a hand–arm system. This requires identifying a local coordinate system for the application of the accelerometer technology.

Fig. 2 shows two examples of tool operations at workplaces. The z axis of the local coordinate system at each of the four locations is plotted in the figure. These examples demonstrate that the local coordinate orientations vary with their locations and are generally not aligned with each other. Their relationships on the left hand may be different from those on the right hand. They also vary with the specific tools and some other factors such as time, individuals, and working condition. It would be extremely difficult if a single local coordinate system would be required to measure the vibrations distributed on the tools and hand–arm systems using the accelerometer technology. Multiple coordinate systems have to be considered for the measurements. This explains why the ISO standards define two types of coordinate systems. While the BC coordinate system is primarily defined for the measurement of the vibration input to the hand, the BD coordinate system is primarily defined for the measurement and analysis of biodynamic responses. Whenever necessary, the typical relationship between the BC and BD systems for each tool operation condition can be measured, and the experimental data measured in the BC system
Measurement and analysis of the hand grip force also require both the BC and BD systems. This is because the force sensors used for the measurement are usually installed on a tool handle, but the loads in the bones, tissues, and joints required for studying health effects and performing risk assessment are generally predicted in a global or BD coordinate system. The specific principles and practices for defining the BC and BD systems are summarized and discussed in the following two sections.

3. BC coordinate system

3.1. General objectives and definitions of the BC system

As vibrations in the three orthogonal directions are considered equally important in the standard assessment method [11], the exact measurement direction is not critical when the standard method is used in risk assessments of hand-transmitted vibration exposures. However, the direction information is important for further studies of the health effects. The relationship between the BC and BD systems is important for measuring and analyzing powered hand tools and antivibration devices. For these reasons, the specific aims of the BC system are as follows: (1) to help ensure reliable measurements of the vibrations actually transmitted to the hand in three orthogonal directions, and (2) to help consistently measure vibration exposure on each type of tool to reduce the difficulties in describing and measuring the relationship between the BC and BD coordinate systems.

To achieve these aims, the BC system has usually been defined based on the structural/geometric features of each tool handle and the functional or action direction of the tool. The specific definitions of the BC system are summarized and discussed as follows:

1. Translational position of the coordinate origin along a handle.
   To ensure that the measured vibration is representative of the input to the hand, the accelerometer should be installed at the center of the handle grasping area. While this is usually achieved by designing an instrumented handle primarily for laboratory experiments, the accelerometer is usually installed on the surface of a tool handle at a location as close to the center of the grip area as possible [29], provided that this is consistent with safe operation practice. The use of a fingers-held or a palm-held adapter can facilitate the measurement at the center area, without introducing substantial interference on some tools. The adapter may also be wrapped around the handle using an elastic material, to increase its stability and avoid dropping it during the tool operation. However, the hand-held adapter method, especially the fingers-held adapter method, is usually the least reliable among the four methods recommended for accelerometer installation [29,48–50]. The most reliable installation method is to install the accelerometer using a handle adapter firmly clamped on the handle, as shown in Fig. 3A. If the assembly cannot be installed in the grasping area, or if it may significantly affect the tool operation, it can be installed outside this area, but it should be close to the hand at the thumb or index finger end of the handle if applicable.

2. Angular position of the coordinate origin around a handle.
   The origin of the BC system should generally be located on the handle surface plane that is perpendicular to the dominant vibration direction, as shown in Fig. 3A. An alternative installation location is shown in Fig. 3B. If possible, such an alternative choice should be avoided. This is because the accelerometer—adapter—filter assembly installed on the handle is effectively a cantilever-like structure with its foot on the handle surface. Such a structure may swing and substantially amplify the vibration in the frequency range of concern. This is especially important for the vibration measurement on impulsive tools such as chipping hammers and riveting hammers, as a mechanical filter is usually required to minimize the DC shift induced from shocks on such tools. The filter may significantly reduce the lateral resonant frequency of the assembly because the filter increases the length of the assembly and reduces its shear stiffness.

3. Definition of yBC.
   The yBC axis can be defined easily whenever the handle has a cylindrical shape in the grip area. Consistent
with the definition used in some standards and studies [3,11,14,15,22,29], the \( y_{BC} \) axis is parallel or approximately parallel to the longitudinal axis of the handle in the grip area, as also shown in Figs. 1B, 3A. The accelerometer adapter should have a cylindrical or V-shaped contact surface to assure its stable attachment along the handle axis, so that unity transmissibility can be achieved in the entire frequency range of concern [48]. The \( y_{BC} \) axis defined in such a way also has some special biodynamic significance. As the shear stiffness of soft tissues is usually lower than their compression stiffness, the apparent mass along the axial direction of the handle is usually lowest among the three directions [5]. Partially for this reason, antivibration gloves are usually least effective in the handle axial direction [3,37]. In the axial direction, contact soft tissues are primarily subjected to shear deformation; its biological implications may be an interesting topic for further studies. (4) Definition of \( z_{BC} \). Inconsistent with the standard definition in ISO 8727 [15] but consistent with that actually used in other standards and studies [3,14,22,29], the \( z_{BC} \) axis is perpendicular to \( y_{BC} \) and parallel or approximately parallel to the functional or action direction of a tool, as shown in Figs. 1B, 3A. It is also approximately parallel to the forearm direction in the operation of some tools, as shown in Figs. 4–6. Some tool handles do not have a right angle (90°) relative to the action direction of the tool. Such a design takes into account the facts that the handle held by a hand is not naturally perpendicular to the
forearm axis when the wrist is in a neutral position (0° tilting angle, and 0° bending or yaw angle), as shown in Fig. 1B, and that approximately aligning the forearm axis with the tool action direction can minimize the push effort or maximize the push force. However, alignment of the $z_{BC}$ axis with the action direction on such tools may require the creation and use of a special accelerometer adapter. This not only is inconvenient, but also makes the $y_{BC}$ axis misaligned with the long axis of the handle. It is also unnecessary to fully align the $z_{BC}$ axis with the action direction when the vector sum of the three axial vibrations, without applying any direction weighting, is required to assess the vibration exposure using the standard method [11]. Therefore, it is better to use the natural orientation of the handle to define the realistic $z_{BC}$ axis.

Special cases. On some tools such as straight sand rammers and straight drills, the handle axis is in the same direction as the action direction of the tools. In such cases, the $y_{BC}$ axis should still be assigned to this direction for the evaluation of shear deformation; the $z_{BC}$ axis should be in the direction approximately parallel to the forearm axis. This is consistent with that used in ISO 28927 [14] and in the proposed amendment of ISO 5349-2 [29].

Definition of $x_{BC}$. Following the requirements of a Cartesian coordinate system described previously, the $x_{BC}$ axis is perpendicular to the $y_{BC}$ and $z_{BC}$ axes.

3.2. Evaluations of the BC coordinate systems used for vibration measurement

Based on the aforementioned BC definitions, the realistic BC systems for many tools are created and shown in the first column of
Figs. 4–6. BC systems for many tools are also specified in the proposed revision of ISO 5349-2 [29]. They are consistent with those specified for the laboratory tool tests defined in ISO 28927 [14]. They are also shown in the first column of Figs. 4–6 for direct comparison. In most instances, they are clearly consistent with the realistic BC systems, except for the tools with non-right-angle handles. Such a disagreement is likely to be because the definitions of the BC systems specified in these tool test standards are influenced by the standard BC definition in ISO 8727 [15]. The standard BC coordinate axis along the tool action direction is defined first [15], making the action direction the primary reference for defining the BC system. The emphasis on the alignment is because the action direction is usually the dominant vibration direction, and only the vibration in the dominant direction is required to assess the exposure in the original version of ISO 5349 [16]. As mentioned above, such an alignment is neither convenient nor necessary for tools with non-right-angle handles when the triaxial method is required for the assessment of vibration using an accelerometer.

The $x_{BC}$ axis is assigned to the tool action direction in ISO 8727 [15]. This is inconsistent with that used in ISO 5349-2 [29] and ISO 28927 [14]. The exchange of the $x_{BC}$ and $z_{BC}$ axes in these standards is probably because the tool action direction is usually assigned to the $z$ axis used in the design and analysis of a tool. This exchange also makes the $z_{BC}$ axis consistent with the $z_{BD}$ axis used in the definitions of hand–arm biodynamic responses described in ISO 10068 [12].

As further demonstrated in Figs. 4–6 (2nd and 3rd columns), the tool action direction is similar to the forearm direction, except for a few tools such as palm sanders and orbital sanders. This may become more obvious when a forceful push is required, as it is a natural reaction to align the forearm with the push direction to...
achieve the maximum push force or to minimize the push effort. Probably for this reason, alignment, together with some other typical operation conditions, is simulated in the standard anti-vibration glove test [13]. Specifically, the standard glove test requires a 40 mm handle equipped with an accelerometer and force sensors to be fixed on a single-axis shaker in a vertical direction to deliver, measure, and control the vibration input to the hand, as well as to measure the grip force and/or push force. The forearm and push force are required to be in line with the direction of the vibration. The grip force is also measured along the single-axis vibration direction. The handle–hand–arm postures for the glove test are shown in Fig. 7A [15,22,42,51]. Such test conditions have also been used in the measurements of the driving-point biodynamic response of the hand–arm system and the vibration transmissibility distributed on the system [5,6,35–37]. They are also the desired test conditions for the measurement of the experimental data included in ISO 10068 [12,31,38]. Hence, these typical hand–arm postures and test conditions are considered as a common basis to further compare and evaluate the various coordinate systems.

The profile of the pictorial view of the hand–arm system shown in Fig. 7A is replicated and plotted in Fig. 7B, 7C. Such a real hand–handle coupling relationship is very similar to that shown in Fig. 1.

**Fig. 7.** Hand–arm system holding a 40-mm cylindrical handle. (A) Typical laboratory experimental conditions on a 1-D vibration test system. The handle is in the vertical direction, the hand with no bending angle grasps and pushes on the handle, and the forearm is aligned with the vibration in the horizontal direction. (B) BC coordinate systems. The h-BC system is that shown in Fig. 1; ISO-BC system is that we interpreted from the written description in ISO 8727 [15]; EN system is used in BS EN 60745 [22], and BC system is the realistic handle BC system. (C) BD coordinate systems. MJH system is used by Edgren et al [42], thenar system is a combined handle–hand system initially used by Dong et al [51], forearm system is an anatomical coordinate system of the forearm, and angles $\beta$ and $\gamma$ are used to characterize the relationships among the BD coordinate systems. BC, basicentric; BD, biodynamic; h-BC, hand basicentric; h-BD, hand biodynamic; MJH, metacarpal joint head; 1-D, one dimensional.
This suggests that their coupling relationship shown in the original ISO 5349-1 and ISO 8727 is reasonable, except that the handle in Fig. 1A should be represented using an ellipse if the handle shown in Fig. 1B is not in vertical direction. The similarity also justifies replicating the standard BC and BD systems Fig. 7B and Fig. 7C, respectively. Fig. 7B also includes an ISO–BC system, which is our interpretation of the written definition of the BC system in ISO 8727 [15]. The EN system used in BS EN 60745 [22] is also plotted in Fig. 7B. While the standard BC system (h-BC system) shown in Fig. 1 is obviously different from the realistic handle BC system, our interpreted ISO-BC system is consistent with it, except that the xISO-BC and zISO-BC are swapped because the x axis is assumed as the tool action direction in the text of ISO 8727 [15]. These observations suggest that the standard BC system shown in Fig. 1 is not correctly interpreted from its written definition. The EN system is basically consistent with the realistic handle BC system with the exception of its origin location. As discussed in the section General objectives and definitions of the BC system, the origin location of the EN system is not optimized if the action direction shown in Fig. 7 is the dominant vibration direction of a tool.

4. Biodynamic BD coordinate system

4.1. General objectives and principles of the BD system

When an accelerometer is used to measure the vibration transmitted to the hand–arm system of a living individual, the accelerometer is usually attached to the skin. The deformable feature of the skin and the mass effects of the accelerometer and adapter make it difficult to accurately measure the responses on the skin using an accelerometer [36]. Furthermore, the vibration measured at one or few points on the skin may not fully represent the vibration exposure of the entire substructure. For these reasons, the standard method for risk assessments of hand-transmitted vibration exposures is not based on the measurement of the transmitted vibration [11]. Vibration transmissibility spectra measured on the skin at various locations on the hand–arm system, together with the biodynamic response functions measured at the hand–tool interface, are primarily used to help understand the motion mechanisms of the hand–arm system, develop computer models and alternative frequency weightings for risk assessment, and design and evaluate tools and antivibration devices. Therefore, the specific aims of the BD coordinate systems are to help consistently measure, report, and analyze the biodynamic responses and to help describe and measure the postures of the hand–arm system.

ISO 8727 requires any BD coordinate system to be precise and bony anatomy-based [15]. This is reasonable for whole-body vibration studies. It is also partially correct for hand–arm vibration studies, as the vibration is likely to be primarily transmitted through bones and joints. This requirement, however, overestimates the importance of the bony structures and makes such defined BD coordinate systems inconvenient for the following reasons: (1) unlike the whole-body skeletal system, visible bony locations on the hand–arm system are not symmetrically distributed; (2) unlike the whole-body vibration exposure, none of the visual hand bone axes are generally aligned with the BC coordinates of the tools, as shown in Figs. 4–6; and (3) while the major concerns with regard to whole-body vibration exposure are injuries or disorders of the spine where the coordinate system is defined, the major concerns of hand–arm vibration exposure are injuries and disorders of soft tissues. Furthermore, it is not necessary to require a precise BD system for the following reasons: (1) mathematically, if the deviation (ψ) of an accelerometer coordinate from its ideal position is controlled to within 15°, the percent difference [= (1 – cos(ψ)) × 100] is < 4%, which is not critical for practical engineering applications; and (2) as many factors can influence the vibration exposure and biodynamic responses, intrasubject variation is usually controlled at ≤ 15% and intersubject variations are usually larger, even if the measurements are conducted in well-controlled laboratory experiments [2,5,6,19]. Probably, partially for these reasons, the standards on antivibration glove testing and tool tests specify the postures of the hand and arm, but they do not specify how to measure and control them [13,14]; they are practically controlled by visual observations or crude measurements [2,52]. Similar practices have also been applied to the measurement of biodynamic responses and glove transmissibility at [5,34,35,37]. For ergonomic assessments, hand–arm postures observed at workplaces are also primarily quantified visually. Even if a precise bony anatomy-based BD coordinate system can be defined based on a radiograph of the hand–arm skeletal structure, it is not feasible to precisely implement such a system on humans in vibration experiments.

Based on the above discussions and the features of the hand–arm vibration exposure and health effects, the major principles and criteria of the BD coordinate systems for hand–arm vibration experiments are proposed as follows: they should have acceptable accuracy for practical engineering applications; they are visually identifiable, practically convenient, easily implementable for the measurement of biodynamic responses to study soft tissue injuries and disorders, and as consistent as possible with the majority of the handle BC coordinate system. The bony anatomy-based approach adopted in the standard is actually not a fundamental principle that is generally applicable; it is simply one of the tactics that can be used to implement the general principles. This tactic is useful when transmissibility on a hard tissue is of interest.

4.2. Definitions of the BD coordinate systems

These BD systems can broadly be classified into three categories: (1) bony anatomical structure-based coordinate systems; (2) skin coordinate systems; and (3) combined handle–hand coordinate systems. The first anatomical coordinate system is defined primarily based on the longitudinal axis of the bony anatomy of interest. It is similar to that used in the studies of human motions and biomechanical loads [18,20]. For example, the standard BD system shown in Fig. 1 is a typical bony anatomical coordinate system. While the forearm has two bones, the baseline coordinate (zforearm) of the forearm in the x–z plane shown in Fig. 7C can be defined using the method shown in Fig. 7A: it is along the line connecting the center of the handle and the middle point of the crease in the elbow area, as the hand tightly grips the handle with a neutral wrist posture. Although the middle point cannot be located accurately using any bony landmark, the potential error induced from the possible uncertainty is unlikely to be greater than that in the use of the standard BD system. This is because the line for defining the zforearm axis is much longer than the possible offset from the ideal middle point on the crease line.

As the origin of a bony anatomical coordinate system is usually on or inside a bone, it is not feasible to directly use such a system as a reference to install an accelerometer for the measurement of the transmitted vibration on the hand–arm system of a living individual. It is usually used to measure and describe the posture and motion of the system. A skin coordinate system is actually used to measure the transmitted vibration [36,53,54]. Such a coordinate system depends largely on the surface geometry at the selected location for the measurement. As vibration transmissibility is usually used to represent the overall motion of a substructure, the
origin of a skin coordinate system for accelerometer installation should be selected at a representative location of the substructure [7]. Consistent with the bony anatomy principle adopted in ISO 8727 [15], it is conventionally assumed that the bone vibration is representative, and the transmissibility should be measured at a bony area of the substructure by tightly attaching an accelerometer to the skin of the bony protuberance. Recent studies have revealed that this assumption is not fully valid [7,36]. This is because the mass of the bone usually accounts for < 20% of the total mass of a substructure and bone vibration cannot fully represent the vibration of the entire substructure [18]. A study has also demonstrated that the transmissibility measured on a nonbony area on the upper arm is more correlated with the apparent mass measured at the palm of the hand [36], which further suggests that the soft tissue response of this substructure plays a dominant role in determining the overall transmissibility of the substructures. Furthermore, it is difficult to find a bony area on some substructures; it is also difficult to tightly fix an accelerometer or its adapter on an individual’s skin without causing pain or discomfort, as a reliable tight fixture can impede normal blood circulation in the hand–arm system. These observations suggest that, whenever applicable and practical, transmissibility should be measured on both bony and nonbony areas of a substructure to synthesize the representative transmissibility [7]. This requires defining multiple skin coordinate systems and determining their relationships with respect to a global coordinate system.

To directly use the transmissibility data to conduct biodynamic analyses without the need for coordinate transformation, the $z_{BD}$ axis of a skin BD system can be defined as the axis as close as possible to the $z_{BC}$ axis of the realistic handle BC system. If the measured skin transmissibility is used to represent the response of the substructure in its anatomical coordinate system, the skin $z_{BD}$ axis should be defined as the axis as close as possible to the $z$ axis of the substructure BD system. Similarly, the other axes of the skin BD system can be defined. However, the definition of the skin BD system is constrained by the local skin geometry, as the accelerometer or its adapter must adapt to the local skin geometry. For example, the three-dimensional wrist transmissibility spectra can be measured by mounting an adapter equipped with a triaxial accelerometer on the wrist [36]. While the $z$ axis of the adapter attached to the wrist skin can be approximately aligned with the $z$ axis of the realistic handle BC system, the other two axes of the adapter are usually not aligned with those of the realistic handle BC system under the conventional test conditions shown in Fig. 7 [36]. Exact orientation of the adapter may also depend on the fastening force applied on it.

The combined handle–hand coordinate systems have not previously been fully defined, but they have been partially used in many studies [37,42,46,51,52,55]. Its full definition is proposed in this study, which is described and discussed in the section Evaluation of combined handle–hand BD systems.

4.4. Evaluation of combined handle–hand BD systems

A combined handle–hand coordinate system can be defined by utilizing unique geometrical features of a tool handle and the hand. The thenar region-based BD system is a typical combined handle–hand BD system. It was originally used by Dong et al [51]. Its full definitions are shown in Fig. 8 and described as follows: (1) the origin is located at the handle center in the grip area; it is at the head of the third metacarpal in the handle axial direction; (2) the $z_{Thenar}$ axis is parallel to the forearm axis when the wrist is at fully neutral position (0° tilting angle and 0° bending or yaw angle); (3) the $y_{Thenar}$ axis is in the plane formed by the handle axis ($y_{BC}$) and the $z_{Thenar}$ axis, and is perpendicular to $z_{Thenar}$; and (4) the $x_{Thenar}$ axis crosses the origin and is perpendicular to $y_{Thenar}$ and $z_{Thenar}$.

The $z_{Thenar}$ axis can be implemented by aligning a line drawn in the thenar region of the hand with one drawn on the handle [51], as shown in Fig. 9. As verified in this study, the marked line in the thenar region is always in line with the forearm axis when the wrist is kept at its neutral position, regardless of the handle size, as shown in the left column of Fig. 8. This supports the intuition that the thenar region-based BD system is independent of the handle size. This study also observed that the alignment of line markers on the hand and handle shown in Fig. 9 does not change with the postures of the wrist, forearm, and upper arm. This means that the thenar region-based BD system has a fixed relationship with the handle or its BC system. This feature is very important for quantifying the handle–hand relationships.

The natural angle between $y_{BC}$ and $y_{Thenar}$, with the neutral wrist posture was observed to be about 20°, as shown in Fig. 8. It is similar to the angular position of the non-right-angle handle on some tools shown in Figs. 4–6. This supports the design of non-right-angle handles on tools. The $z_{Thenar}$ axis of the thenar region-based BD system is also approximately in line with the action direction of such tools in both the $x–z$ plane and the $y–z$ plane. Fig. 8 also suggests that the handle–hand relationship shown in Fig. 1B is
reasonable. While the z axis of the standard BD system is approximately in line with that of the thenar region-based BD system in the y−z plane, there are large differences in the x−z plane.

When the handle is vertically fixed on a vibration test system in a laboratory and the forearm is controlled to be horizontal, the wrist of an individual has to tilt by about 20° in the y−z plane or they must change the grip posture in order to keep the conventional arm posture in the experiment. Therefore, the wrist is unlikely to be at the neutral position in the y−z plane under the abovementioned conventional laboratory test conditions, as shown in Fig. 7A. This, however, does not affect the definition and implementation of the thenar region-based BD system in the laboratory experiments using conventional test conditions, as such a BD system is independent of the wrist posture once it is defined and marked on the hand under the neutral wrist position. Under conventional test conditions, the thenar region-based BD system is fully consistent with the handle BC system, as shown in Fig. 7B, 7C. This is a unique and useful feature of this BD system.

Fig. 7C also includes another combined handle—hand coordinate system defined and used by Edgren et al [42]. It is similar to the thenar region-based BD system, except that its reference on the hand is at the metacarpal joint head (MJH). As confirmed in the following section, the MJH system is influenced by handle size, which introduces an additional variable to determine the relationship between the BD and BC systems. Furthermore, as shown in Fig. 7C, the MJH system is not aligned with the vibration direction under conventional laboratory test conditions. As confirmed in the following section, this system is not aligned with the principal grip direction. These observations suggest that the MJH system is unlikely to be more convenient or useful than the thenar region-based BD system.

5. Angular relationships among three BD coordinate systems

To further confirm the visual observations of the BD systems presented in the last section and to determine the relationships among the three systems shown in Fig. 7C, this study measured two angles (β and γ) in the x−z plane shown in the figure.

5.1. Experiment and results

Twenty adult persons (10 females and 10 males) participated in the experiment. None of them had previously experienced any upper extremity injuries. The measurement was performed on both
hands of each participant. In addition to $\beta$ and $\gamma$ angles, hand length, width, and thickness were also measured. Six aluminum cylindrical handles (25 mm, 30 mm, 40 mm, 50 mm, 60 mm, and 70 mm) were made and used in the measurement to investigate the effect of handle size on the relationships. Similar to that shown in Fig. 7A, a string was used to determine $z_{\text{Thenar}}$ or $z_{\text{Forearm}}$. According to the definition of $z_{\text{Forearm}}$, one end of the string was fixed at the handle center and the other end was located at the middle point of the first crease in the elbow area. The participant was advised to tightly grip the handle with a neutral wrist posture. The string was pulled and held tightly during the measurement. A protractor was used to measure the $\beta$ and $\gamma$ angles for each handle, according to their definitions shown in Fig. 7C. Two trials were made for each measurement condition.

Table 1 lists some anthropometric values for the 20 participants and the $\beta$ and $\gamma$ angles when they held the 40 mm handle, together with their means and standard derivations. Table 2 lists the average angles measured on the left and right hands of female and male participants for all the tested handles. A general linear model was used to perform the analysis of variance to determine the significance of influencing factors, in which the average length of the left and right hands for each participant listed in Table 1 was used as a covariate. The results indicate that the angular relationships ($\beta$ and $\gamma$ angles) measured on the left hand are not significantly different from those measured on the right hand ($F < 1.56, p > 0.212$). Although the analysis of variance results suggest that gender can be considered as a significant factor for both ($F \geq 6.04, p \leq 0.015$), gender difference did not substantially affect the angular relationships of the vast majority of cases, as shown in Table 2. As also shown in Table 2, increasing the handle diameter generally reduces the $\gamma$ angle but increases the $\beta$ angle ($F \geq 26.18, p < 0.001$). While these two angles are reliably correlated ($r = 0.66, p < 0.001$), variation range of the $\beta$ angle (23.7°–33.8°) is much smaller than that of the $\gamma$ angle (83.0°–50.2°).

Fig. 10 shows the average relationships among the three BD systems on the most frequently used handle sizes (30–50 mm) [11,42,51]. On average, the $\beta$ angle changed only by 4° on these handles, which suggests that the third metacarpal bone-based BD system has an approximately constant relationship with the thenar region-based BD system. The direction of the principal grip force ($F_{\text{Max}}$) for each handle is also plotted in the figure, which was estimated in our previous studies [43,51,56]. Obviously, the principal direction varies with handle size, but it is correlated with the index fingertip location on the handle. This is because the peak grip pressure on a cylindrical handle is generally distributed in this area [43]. Therefore, the line connecting the middle point on the index fingertip and the handle center can be used as a coordinate reference for measuring the maximum or principal grip force. This
finding contradicts the following assertion made in ISO 15230 [39]: “when the operator is gripping a cylindrical handle, the direction of the main gripping force is generally parallel to the z axis defined in ISO 8727.” It may be revised as follows: when the operator is gripping a cylindrical handle, direction of the main gripping force is approximately along the line connecting the index fingertip middle point and the handle center.

6. Summary and conclusion

A systematical review and evaluation of the hand–arm coordinate systems for measuring and analyzing vibration exposure, biodynamic responses, and hand forces were performed in this study. The basic principles and methods for defining these coordinate systems were clarified and further understood. This understanding supports the standardization of the following two types of coordinate systems: the BC coordinate system is primarily defined for guiding the installation of an accelerometer on a handle to measure the vibration exposure, and the BD coordinate system is defined primarily for describing, measuring, and analyzing the

| Table 1
| Participant anthropometry and angular relationships among the three biodynamic coordinate systems on the 40 mm cylindrical handle |
| Participant ID | Gender | Body mass (kg) | Height (m) | Hand length (mm) | \(\beta (\degree)\) | \(\gamma (\degree)\) |
| --- | --- | --- | --- | --- | --- | --- |
| 2 | F | 56.7 | 1.60 | 179 | 28.2 | 31.3 | 80.1 | 76.7 |
| 3 | F | 70.3 | 1.68 | 178 | 29.9 | 26.6 | 73.2 | 76.9 |
| 5 | F | 72.5 | 1.72 | 172 | 31.1 | 28.0 | 64.2 | 74.1 |
| 7 | F | 54.7 | 1.60 | 173 | 37.6 | 33.4 | 60.8 | 58.9 |
| 9 | F | 52.0 | 1.63 | 181 | 24.3 | 23.7 | 71.6 | 74.9 |
| 11 | F | 59.0 | 1.68 | 173 | 23.8 | 24.7 | 69.0 | 68.7 |
| 12 | F | 54.4 | 1.61 | 176 | 22.1 | 28.1 | 66.5 | 70.4 |
| 13 | F | 58.9 | 1.68 | 172 | 27.1 | 31.3 | 79.2 | 80.1 |
| 15 | F | 54.4 | 1.62 | 166 | 31.9 | 28.2 | 65.0 | 70.6 |
| 19 | F | 49.9 | 1.67 | 173 | 24.5 | 23.0 | 68.5 | 70.6 |
| Female mean | | 58.3 | 1.65 | 174 | 28.1 | 27.8 | 60.8 | 72.0 |
| 1 | M | 86.2 | 1.83 | 185 | 27.6 | 25.0 | 63.9 | 62.5 |
| 4 | M | 74.8 | 1.79 | 182 | 29.6 | 28.2 | 58.5 | 67.6 |
| 6 | M | 102.1 | 1.84 | 195 | 25.9 | 22.9 | 72.8 | 79.0 |
| 8 | M | 74.8 | 1.75 | 188 | 27.9 | 30.3 | 67.8 | 73.8 |
| 10 | M | 102.2 | 1.73 | 186 | 30.4 | 27.1 | 70.0 | 67.0 |
| 14 | M | 79.4 | 1.75 | 193 | 27.6 | 27.9 | 69.7 | 76.2 |
| 16 | M | 88.5 | 1.85 | 195 | 31.4 | 37.0 | 63.6 | 62.2 |
| 17 | M | 61.3 | 1.61 | 182 | 29.1 | 30.8 | 73.7 | 74.8 |
| 18 | M | 75.4 | 1.75 | 192 | 29.1 | 30.8 | 73.7 | 74.8 |
| 20 | M | 65.0 | 1.70 | 174 | 31.3 | 33.5 | 61.0 | 57.2 |
| Male mean | | 81.0 | 1.76 | 187 | 29.0 | 29.4 | 67.7 | 69.5 |
| Male STD | | 13.2 | 0.07 | 5 | 1.7 | 3.9 | 5.0 | 6.9 |

F, female; M, male; STD, standard derivation.

| Table 2
| Average angular relationships on seven handles |
| Gender | 25 mm | 30 mm | 40 mm | 50 mm | 60 mm | 70 mm |
| --- | --- | --- | --- | --- | --- | --- |
| Left hand | Right hand | Left hand | Right hand | Left hand | Right hand | Left hand | Right hand | Left hand | Right hand |
| \(\beta (\degree)\) | 25.9 | 25.3 | 26.3 | 24.3 | 28.1 | 27.8 | 29.6 | 28.9 | 29.9 | 28.5 | 30.4 | 31.1 |
| \(\gamma (\degree)\) | 6.6 | 6.1 | 1.8 | 1.3 | 3.3 | 5.3 | 5.2 | 9.9 | 8.5 | 14.3 | 10.5 | 4.2 |

F, female; M, male.

Fig. 10. Relationships among three BD coordinate systems of a hand holding cylindrical handles (30 mm, 40 mm, and 50 mm) and the principal/maximum grip direction in the three systems: \(z_{BD}\)—the standard hand BD system [11]; \(z_{Thenar}\)—the thenar region-based BD system [51], and \(z_{MJH}\)—the coordinate system based on the MJH of the index finger [42]. BD, biodynamic; h-BD, hand biodynamic; MJH, metacarpal joint head.
hand–arm postures and biodynamic responses of the hand–arm system. Their general principles, as clarified in this study, are as follows: (1) the coordinate systems should be easily visually identifiable, conveniently implementable, and technically reliable for measuring vibration exposure, biodynamic responses, and hand forces; and (2) they should be as convenient as possible for measuring or estimating the relationships between various BC and BD systems such that the experimental data measured in different systems can be transformed for direct comparisons and analyses with minimal efforts; in other words, the BC and BD systems should be defined such that at least some of their coordinates are approximately aligned with each other under some operation conditions and/or in laboratory experiments.

Without clearly describing these general principles, the international standard requires the BD coordinate systems to be precisely defined based on bony anatomy, as stated in its introduction [15]. The requirement is actually a technical tactic for effectively implementing the general principles to define some BD coordinate systems. Unfortunately, this tactic is inappropriately treated as the fundamental principle/criterion that overrides the above-described general principles in the definitions of all the BD coordinate systems in the standard. While this tactic is acceptable for defining a BD system for measuring bone and joint responses, it is not necessarily suitable for hand–arm vibration studies. This is primarily because, unlike the human whole body, skeleton of the hand–arm system is not symmetrical; orientations of the tool handle coordinates are not naturally aligned with those of any visually recognizable bone landmark in the hand–arm system in the general vibration exposure; and the hand–hand relationship may vary greatly with tools, left and right hands, working pieces, individuals, and exposure duration. These characteristics indicate that it is neither necessary nor convenient to define and implement a precise bony anatomy-based coordinate system for measuring hand-transmitted vibration exposure, biodynamic responses, and related hand forces.

This review also confirms that multiple BD coordinate systems are generally required in hand–arm vibration studies, but only one BD system is defined in the standard to represent the hand coordinate system. It is basically defined according to the orientation of the third metacarpal bone. This bone does not have any unique biological significance in the vibration effects. The principle biodynamic response is not generally along its axis. More critically, orientation of this bone is not naturally aligned with the tool handle orientation. Therefore, it is neither meaningful nor convenient to use such a BD system to represent the hand coordinate system in hand-transmitted vibration exposure studies, which explains why it has rarely been used in practice. By contrast, the thenar region-based BD system is defined based on the general principles. Its convenience and reliability have also been tested in some studies [55,56]. It is also anticipated that the thenar region-based BD system can serve as a bridge between the tool-specific BC system and other hand–arm BD systems to determine their relationships, which may be useful for further studying the effects of postures on vibration health effects. These observations suggest that the thenar region-based BD system may be considered a candidate for the replacement of the hand BD system in the current standard if only one BD system can be included in the standard. The results of this study also confirm that the principal direction of grip force on cylindrical handles is approximately correlated with the index fingertip location on cylindrical handles. When the principal grip force is of concern, the index fingertip-based coordinate system can be considered to perform the measurement.

This study also found that the use of the unsuitable bony anatomy principle in the standard does not significantly affect the definition of the standard BC system. However, the BC system defined in the standard is confusing and can be interpreted differently. As a result, inconsistent BC systems were used in many application standards and studies. Based on the above-described general principles, some revisions are proposed to improve the definition of the standard BC system. Different from the standard approach, the proposed revisions use the longitudinal axis of a handle as the first reference and the action direction of a tool as the secondary reference to define the BC system.

Conflicts of interest

All authors declare no conflicts of interest. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the National Institute for Occupational Safety and Health.

References

[1] Griffin MJ. Handbook of human vibration. London (UK): Academic Press; 1990.
[2] McDowell TW, Warren C, Welcome DE, Dong RC. Laboratory and field measurements of vibration at the handles of selected riveting hammers. Ann Occup Hyg 2012;56:911–24.
[3] Dong RC, Welcome DE, Peterson DR, Xu XS, McDowell TW, Warren C, Asaki T, Kudematsch S, Brammer A. Tool-specific performance of vibration-reducing gloves for attenuating palm-transmitted vibrations in three orthogonal directions. Int J Ind Ergon 2014;44:827–39.
[4] Besa AJ, Valero P, Suher J, Carballiera J. Characterisation of the mechanical impedance of the human hand–arm system: the influence of vibration direction, hand–arm posture and muscle tension. Int J Ind Ergon 2007;37:225–31.
[5] Dong RC, Welcome DE, Xu XS, Warren C, McDowell TW, Wu JZ, Rakheja S. Mechanical impedances distributed at the fingertips and palm of the human hand in three orthogonal directions. J Sound Vib 2012;331:1191–206.
[6] Welcome DE, Dong RC, Xu XS, Warren C, McDowell TW, Wu JZ. An examination of the vibration transmissibility of the hand-arm system in three orthogonal directions. Int J Ind Ergon 2015;45:21–34.
[7] Dong RC, Welcome DE, McDowell TW, Wu JZ. Theoretical relationship between vibration transmissibility and driving-point response functions of the human body. J Sound Vib 2013;332:6193–202.
[8] Dong RC, Welcome DE, McDowell TW, Xu XS, Krajnak K, Wu JZ. A proposed theory on biodynamic frequency weighting for hand-transmitted vibration exposure. Ind Health 2012;50:412–24.
[9] Miwa T. Evaluation methods for vibration effect: part 3. Measurements of threshold and equal sensation contours on hand for vertical and horizontal sinusoidal vibrations. Ind Health 1967;5:213–20.
[10] Moritaka M, Griffin MJ. Magnitude-dependence of equivalent comfort contours for fore-and-aft, lateral and vertical hand-transmitted vibration. J Sound Vib 2006;295:633–48.
[11] ISO 5349–1: Mechanical vibration—measurement and evaluation of human exposure to hand-transmitted vibration — part 1: general requirements. Geneva (Switzerland): International Organization for Standardization; 2001.
[12] ISO 10686: Mechanical vibration and shock—free, mechanical impedance of the human hand–arm system at the driving point. Geneva (Switzerland): International Organization for Standardization; 2012.
[13] ISO 10819: Mechanical vibration and shock—hand–arm vibration—method for the measurement and evaluation of the vibration transmissibility of gloves at the palm of the hand. Geneva (Switzerland): International Organization for Standardization; 2013.
[14] ISO 28927: Hand-held portable power tools—test methods for evaluation of vibration emission (part 2 to part 12). Geneva (Switzerland): International Organization for Standardization; 2009–2012.
[15] ISO 8277: Mechanical vibration and shock—human exposure—biodynamic coordinate systems. Geneva (Switzerland): International Organization for Standardization; 1997.
[16] ISO 5349: Mechanical vibration—guidelines for the measurement of human exposure to hand-transmitted vibration. Geneva (Switzerland): International Organization for Standardization; 1986.
[17] Pelmeur PL, Wasserman DE. Hand–arm vibration: a comprehensive guide for occupational health professionals. 2nd ed. Beverly Farms (MA): OEM Press; 1998.
[18] Chaffin DB, Andersson GBJ, Martin BJ. Occupational biomechanics. 3rd ed. New York (NY): John Wiley & Sons; 1999.
[19] Mansfield NJ. Human response to vibration. Boca Raton (FL): CRC Press; 2005.
[20] Karwowski W, Marras WS. The occupational ergonomics handbook. New York (NY): CRC Press; 1998.
[21] ANSI S2.70: Guide for the measurement and evaluation of human exposure to vibration transmitted to the hand (revision of ANSI S3.34-1986). New York (NY): American National Standards Institute (ANSI); 2006.
Kinne J, Latzel K, Schenk T. Application of two-hand impedance as basis for biodynamic response of the hand-\textendash arm system subject to sinusoidal vibration. Int Arch Occup Environ Health 1988;61:213–6.

Gurram R, Rakheja S, Gouw GJ. Biodynamic response of the human hand-\textendash arm system to sinusoidal and stochastic excitations. Int J Ind Ergon 1995;6:135–45.

ISO 5349–2: Mechanical vibration—measurement and evaluation of human exposure to hand-transmitted vibration—part 2: practical guidance for measurement at the workplace. Geneva (Switzerland): International Organization for Standardization; 2001.

Starck J. High impulse acceleration levels in hand-held vibratory tools. An additional factor in the hazards associated with the hand-\textendash arm vibration syndrome. Scand J Work Environ Health 1984;10:171–8.

Gurram R, Rakheja S, Brammer AJ. Driving-point mechanical impedance of the hand-\textendash arm system: synthesis and model development. J Sound Vib 1995;180:437–58.

Kihlberg S. Biodynamic response of the hand-\textendash arm system to vibration from an impact hammer and a grinder. Int J Ind Ergon 1995;16:1–8.

Kinne J, Latzel K, Schenk T. Application of two-hand impedance as basis for mechanical modeling. In: Proceedings of the 9th International Conference on Hand-\textendash arm Vibration, Nancy (France); INRS, June 2001. p. 113–20.

Marcotte P, Aldien Y, Boileau PE, Rakheja S, Boutin J. Effect of handle size and hand-handle contact force on the biodynamic response of the hand-\textendash arm system under zh-axis vibration. J Sound Vib 2005;283:1071–91.

Welcome DE, Dong RG, Welch AE, Warren C, McDowell TW. Effect of vibration-reducing gloves on finger vibration. Int J Ind Ergon 2014;44:45–59.

Xu XS, Dong RG, Welcome DE, Warren C, McDowell TW. An examination of and adapter method for measuring the vibration transmitted to the human arm. Measurement 2015:73:318–34.

McDowell TW, Dong RG, Welcome DE, Xu XS, Warren C. Vibration-reducing gloves: transmissibility at the palm of the hand in three orthogonal directions. Ergonomics 2013;56:1823–40.

Dong RG, Rakheja S, McDowell TW, Welcome DE, Wu JZ. Estimation of the biodynamic responses distributed at fingers and palm based on the total response of the hand-\textendash arm system. Int J Ind Ergon 2010;40:425–36.

ISO 15230: Definition and guidelines for the measurement of the coupling forces for operators exposed to hand-\textendash arm vibration. Geneva (Switzerland): International Organization for Standardization; 2007.

Welcome DE, Rakheja S, Dong RG, Wu JZ, Schopper AW. An investigation of the relationship between grip, push, and contact forces applied to a tool handle. Int J Ind Ergon 2004;34:507–18.

Chadwick EKJ, Nicol AC. A novel force transducer for the measurement of grip force. J Biomech 2001;34:125–8.

Edgren CS, Radwin RG, Irwin CB. Grip force vectors for varying handle diameters and hand sizes. Hum Factors 2004;46:244–51.

Dong RG, Wu JZ, Welcome DE, McDowell TW. A new approach to characterize grip force applied to a cylindrical handle. Med Eng Phys 2008;30:20–33.

Aldien Y, Welcome D, Rakheja S, Dong R, Boileau P-E. Contact pressure distribution at hand-\textendash handle interface: role of hand forces and handle size. Int J Ind Ergon 2005;35:267–86.

Amis AA. Variation of finger forces in maximal isometric grip tests on a range of cylinder diameters. J Biomech Eng 1987;109:313–20.

Sinesii EW, Gloeckler DE, Winer BM, Warren CM, Wu JZ, Buzcek FL. A novel technique quantifying phalangeal cylinder reaction forces during gripping. In: Proceedings of the 7th World Congress of Biomechanics, Boston, MA, USA 2014.

ISO 8041: Human response to vibration—measuring instrumentation. Geneva (Switzerland): International Organization for Standardization; 2005.

Xu XS, Dong RG, Welcome DE, Warren C, McDowell TW. An examination of the handheld adapter approach for measuring hand-transmitted vibration exposure. Measurement 2014;47:64–77.

Ainsa I, Gonzalez D, Lizarazu M, Bernad C. Experimental evaluation of uncertainty in hand-\textendash arm vibration measurements. Int J Ind Ergon 2011;41:167–79.

Moschioni G, Saggin B, Tarabini M. Uncertainty in hand arm vibration measurements due to the fixation method. In: Proceedings of the 11th International Conference on Hand-Arm Vibration, Bologna (Italy); June 2007. p. 457–64.

Dong RG, Welcome DE, Warren C, Dong C, McDowell TW, Wu JZ. An novel theory: ellipse of grip force. In: Proceedings of the 1st American Conference on Human Vibration, Morgantown (WV); 2006.

Welcome DE, Dong RG, Xu XS, Warren C, McDowell TW. An evaluation of the proposed revision of the anti-vibration glove test method defined in ISO 10819 (1996). Int J Ind Ergon 2012;42:143–55.

Pyykölä I, Färkkilä M, Toivanen J, Korhonen O, Hyvärinen J. Transmission of vibration in the hand-\textendash arm system with special reference to changes in compression force and acceleration. Scand J Work Environ Health 1976;2:87–95.

Reynolds DD, Angevine EN. Hand-\textendash arm vibration, part II: vibration transmission characteristics of the hand and arm. J Sound Vib 1977;51:255–65.

Winer BM, Dong RG, Welcome DE, Warren C, McDowell TW. Development of a new dynamometer for measuring grip strength applied on a cylindrical handle. Med Eng Phys 2009;31:695–704.

McDowell TW, Winer BM, Welcome DE, Warren C, Dong RG. Effects of handle size and shape on measured grip strength. Int J Ind Ergon 2012;42:199–205.