RESEARCH ON THE APPLICATION OF WEARABLE COLD AND HOT COMPRESS THERAPY BELT IN POSTOPERATIVE REHABILITATION OF TKA

Limin Cheng (Meng Xu, Ying Xi, Zhouqi Wei, Zhixian Ma), master; 228th 1st year master

Zhi Tang, doctor, professor, doctoral supervisor

Donghua university

Shanghai, China

Introduction. Total knee arthroplasty (TKA) is currently the best treatment for knee osteoarthritis (KOA). Due to significant surgical trauma, patients may experience varying degrees of pain in their surgical limbs, and pain care is an important part of postoperative care.

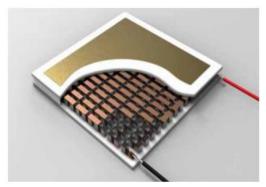
Clinical studies have shown that alternating cold and hot treatment after surgery has a significant pain relief effect, but excessive cold or heat during the use of cold and hot therapy can cause frostbite or scalding in patients, and the treatment effect cannot be achieved when the temperature is insufficient. At the same time, the physical therapy products on the market are mainly focused on single heat therapy and health care, and the combination of cold and heat therapy is still in a blank stage in the market. Moreover, the performance and quality of heat therapy vary, and there is significant room for development and improvement.

Wei helped users better recover, and this study will use a semiconductor refrigeration device to design a cold and hot compress therapy belt.

Research Method. This article will focus on the postoperative recovery of total knee arthroplasty, and plan to design a wearable intelligent physical therapy product using semiconductor refrigeration elements as heating and cooling sources to achieve postoperative pain care for total knee arthroplasty. It includes the analysis of the electrothermal characteristics of the semiconductor refrigeration chip, the analysis of the heat transfer of the semiconductor refrigeration element fabric skin, the design and processing of the temperature control system of the cold and hot compress physiotherapy belt, and the Functional verification experiment of the cold and hot compress physiotherapy belt to ensure the feasibility of the scheme.

Research Contents. The calculation model in this article refers to a certain company's bismuth telluride based TEC1-127xx series semiconductor cooler on the market, and its internal structure is shown in Figure 1. The cross-sectional size of the device is 40mm × 40mm, the height varies with the model. The higher the device power, the lower the height, and the smaller the internal resistance. It can generate greater current under the same input voltage. The device contains 127 pairs of semiconductor thermoelectric components, and the dimensions of P-type and N-type

semiconductor thermoelectric components are the same, with a cross-sectional area of $1.4 \text{mm} \times \text{A} 1.4 \text{mm}$ square, the lower the height of the component, the lower the height of the component. The independent PN junction is electrically connected in series and thermally connected in parallel by welding with copper conductive sheets. The thickness of the upper and lower ceramic sheets is 0.75 mm, which serves as electrical



insulation and thermal conductivity.

Fig 1 Schematic diagram of the internal structure of semiconductor refrigerators

The following assumptions are made regarding the heat transfer and thermoelectric conversion during the operation of semiconductor refrigeration devices:

- (1) The research process is regarded as a steady state, that is, the temperature and potential fields at various points in space do not change with time;
- (2) There is no convective heat transfer between various components inside the device;
- (3) There is no radiation heat transfer between various components inside the device;
- (4) There is no heat exchange between the sides of the device and the outside world;
- (5) The semiconductor component materials inside the device are evenly distributed, and the material properties are the same.

The differential equation describing the physical problem in steady-state is:

$$\nabla \cdot (\lambda_i \nabla T) + \frac{j^2}{\sigma_i} - \beta_i \vec{j} \cdot \nabla T = 0$$

$$\nabla \cdot (\lambda_p \nabla T) + \frac{j^2}{\sigma_p} - \beta_p \vec{j} \cdot \nabla T = 0$$

$$\nabla \cdot (\lambda_p \nabla T) + \frac{j^2}{\sigma_p} - \beta_n \vec{j} \cdot \nabla T = 0$$

$$\beta = T \frac{d\alpha}{dT}$$

105801.3

The cold and hot compress therapy belt should use low-power semiconductor refrigeration chip components, that is, components with the model TEC-12703.

By combining and integrating the internal components of semiconductor refrigerators as shown in the figure, the internal structure for semiconductor refrigerators is formed.

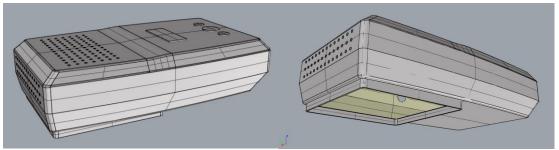


Fig 2 Semiconductor refrigeration system shell

The same geometric modeling was used in this experiment. The outer layer of skin tissue (epidermis 0.08mm, dermis 0.2mm, subcutaneous tissue 1mm) was covered with fleece (thickness 1.2mm, thermal conductivity 0.028W • M⁻¹ • K⁻¹), and the inner layer of fabric in direct contact with the skin was pure cotton lining (thickness 0.018mm, thermal conductivity 0.072W • M⁻¹ • K⁻¹). Set the ambient temperature to 22 °C and the convective heat transfer coefficient to 5.82W(m²k).

This article applies a modular approach to the design of a temperature control system, completing a closed-loop control system through collaborative cooperation among various modules, achieving the function of cold and hot compress therapy. To meet the design constraints and functional requirements, this article selects the semiconductor refrigeration chip TEC1-12703 as the heating and cooling source for the cold and hot compress therapy belt.

This article uses the STM32F103C8T6 microprocessor to implement the algorithm, which not only supports a large number of control algorithms, but also provides a good development environment for the software design of the lower computer of the temperature control system.



Fig 3 Screenshot of Keil development interface

After the hardware connection is completed, first conduct a power on test to see if there are any open or short circuits. As shown in the following figure 5.

105801.4 18-21 апреля 2023 г.



Fig 6 System test results (Left: Heating Right: Cooling)

The results indicate that the hardware system of this article has been processed and all functional modules are running normally and can be used. According to the housing design, the installation situation is shown in the figure 7:



Fig 7 Installing the housing

In summary, the hardware design and processing part of this article has been successfully implemented. And the system is running normally, achieving the expected effect and accurate temperature control.

Taking into account the design of the appearance style of the cold and hot compress therapy strip, we aim to break through the traditional single and rigid appearance style. Therefore, in terms of style color matching, based on the color preferences of middle-aged and elderly people in user research, three color combinations are selected: sports silver green, Chinese retro red, and classic blue, using simple and popular geometric sporty graphics and textures.

In summary, the hardware design and processing part of this article has been successfully implemented. And the system is running normally, achieving the expected effect and accurate temperature control.

105801.5 18-21 апреля 2023 г.

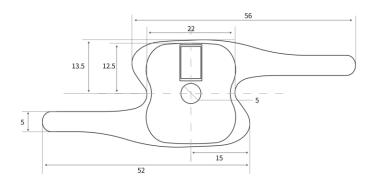


Fig 8 Sketch



Fig 9 Physical therapy tape fabric part sample

Experimental results:



Fig 10 2-minute test results (cooling)

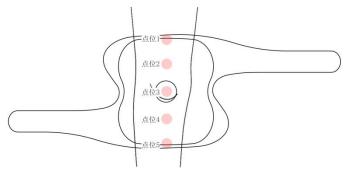


Fig 11 Schematic diagram of measurement points

a) Temperature measurement results

105801.6 **18-21** ап

Calculate the average of the three measurement results of six experimenters, and obtain the final measurement results for different locations of each sample, as shown in figure 12.

Point Person	2min	4min	6min	8min	10min	12min	14min	16min	18min	20min	Person	2min	4min	6min	8min	10min	12min	14min	16min	18min	20min
1	12. 6	12.8	12. 5	12. 7	13. 0	12.8	12. 7	12. 9	13. 1	14.8	1	55. 8	56. 0	56. 1	55. 6	55. 8	56. 6	55. 1	55. 6	55.8	55. 5
2	11. 2	11.5	11.0	11.3	11.9	11.6	11.4	11.8	12.0	11.4	2	64. 6	64. 0	63.8	63. 5	63. 8	64. 1	63. 3	63. 4	63. 6	63. 3
3	13. 2	13. 2	13. 1	13. 5	13.8	13. 6	13. 5	13. 7	13. 9	13. 5	3	50. 3	50. 4	50. 2	49.8	50. 3	50. 9	50. 2	50. 5	50.6	50. 2
4	16.8	17. 0	16.6	16. 9	17. 1	16. 7	16. 5	16.8	17. 2	16.8	4	44. 2	44. 5	44. 3	43. 9	44. 1	44. 6	43.8	44. 2	44. 4	44. 1
5	17. 4	17.6	17. 3	17. 5	18. 0	17. 9	17. 6	17.8	18. 1	17. 6	5	42. 4	43.0	43. 2	42.8	43. 1	43. 3	42.8	43. 1	43. 2	42. 9

Fig 12 The average of the measurement results of 6 experimenters

Afterwards, the subjects continued to wear clothes for 20 days, starting with 30 minutes of heat therapy every day, followed by normal mild activity. After the activity, they were given a cold compress for 20 minutes, during which time other treatment and health care were stopped. The experimental personnel conduct visits every 5 days to track the fitting situation, and then conduct an NRS evaluation based on the knee level of the fitting personnel.







Fig 13 Partial subjects

According to result, there is a significant difference in pain before and after fitting, and it can be considered that cold and hot compress therapy bands can effectively alleviate knee joint pain.

Reference

- [1] Effects of Intensive Diet and Exercise on Knee Joint Loads, Inflammation, and Clinical Outcomes Among Overweight and Obese Adults With Knee Osteoarthritis: The IDEA Randomized Clinical Trial [J] . Stephen P. Messier, Shannon L. Mihalko, Claudine Legault, Gary D. Miller, Barbara J. Nicklas, Paul De Vita, Daniel P. Beavers, David J. Hunter, Mary F. Lyles, Felix Eckstein, Jeff D. Williamson, J. Jeffery Carr, Ali Guermazi, Richard F. Loeser. JAMA . 2013 (12)
- [2] Predictors of periprosthetic fracture after total knee replacement: an analysis of 21,723 cases. [J] . Singh Jasvinder A,Jensen Matthew,Lewallen David. Acta orthopaedica . 2013 (2)

- [3] Cementing techniques for the tibial component in primary total knee replacement. [J] . Cawley D T,Kelly N,McGarry J P,Shannon F J. The bone & joint journal . 2013 (3)
- [4] The lifetime risk of total hip and knee arthroplasty: results from the UK general practice research database [J] . D.J. Culliford, J. Maskell, A. Kiran, A. Judge, M.K. Javaid, C. Cooper, N.K. Arden. Osteoarthritis and Cartilage . 2012 (6)
- [5] Cao Pengkai, Wang Xiaomeng, Bai Weixia, Niu Yingzhen, Wang Fei. Interpretation of the 2018 edition of the "Guidelines for the Diagnosis and Treatment of Osteoarthritis" [J]. Journal of Hebei Medical University, 2018,39 (11): 1241-1243
- [6] Yang Weimin, Li Siming. Application of the concept of accelerated rehabilitation surgery in the perioperative period of hip and knee arthroplasty [J]. Chinese Journal of Orthopedic and Joint Surgery, 2018,11 (03): 182-185
- [7] Wang Bin, Xing Dan, Dong Shengjie, Tie Ruxiu, Zhang Zhiqiang, Lin Jianhao, Wei Xiaochun. Systematic evaluation of the epidemiology and disease burden of knee osteoarthritis in China [J]. Chinese Journal of Evidence Based Medicine, 2018,18 (02): 134-142
- [8] Tie Xiaojia, Zheng Rugeng, Zhao Meng, Han Yajun, Guo Hongliang, Wang Zhizhou, Ma Guoju. Meta analysis of the prevalence of knee osteoarthritis in middle-aged and elderly people in China [J]. China Tissue Engineering Research, 2018,22 (04): 650-656
- [9] Chen Yu, Luo Chunmei, Wang Juan, Luo Shulan. Meta analysis of the effectiveness of home rehabilitation treatment for patients after knee arthroplasty [J]. Nursing Research, 2018,32 (01): 102-107
- [10] Liu Jinsong, Li Zhiyao. Imaging observation of changes in blood supply around knee osteoarthritis [J]. Chinese Journal of Osteoarthritis, 2017,30 (08): 701-706
- [11] Shen Yali, Liu Jinghua, Fu Ying, Xuan Yuhong, Chen Shuling, Zhang Zongqun, Chen Yan. Evaluation of the effect of WeChat guidance on functional exercise in patients after knee arthroplasty [J]. Hebei Medical Journal, 2018,24 (10): 1758-1760
- [12] Chen Shaoyuan, Xie Yunqing, Liu Meiling, Wu Xiangyan, Lin Haining, Chen Ying. Observation of the application effect of evidence-based nursing in preoperative functional training of artificial total knee arthroplasty [J]. Tianjin Nursing, 2018,26 (01): 22-25
- [13] Fang Hanping, Zhang Yanli, Yu Hongxing, Liu Hongjuan, Liao Zongfeng. Application of functional exercise decision aid in accelerated rehabilitation of patients undergoing hip and knee replacement [J]. Journal of nursing, 2018,33 (04): 11-13
- [14] Chao Jing. The impact of medical and nursing cooperation responsibility system nursing on patients undergoing total knee arthroplasty [J]. Qilu Journal of Nursing, 2018,24 (02): 22-24
- [15] Liu Dongzhe, Ju Nannan. Observation of the therapeutic effect of cold and hot

- therapy on postoperative rehabilitation of knee joint replacement [J]. General Nursing, 2013,11 (02): 111-112
- [16] Yang Ying. Nursing Care of Knee Joint Replacement Surgery [J]. Electronic Journal of Integrated Traditional Chinese and Western Medicine in Cardiovascular Disease, 2018,6 (25): 90-91. DOI: 10.16282/j.cnki.cn11-9336/r.2018.25.065
- [17] Shen Yali, Liu Jinghua, Fu Ying, Xuan Yuhong, Chen Shuling, Zhang Zongqun, Chen Yan. Evaluation of the effect of WeChat guidance on functional exercise in patients after knee arthroplasty [J]. Hebei Medical Journal, 2018,24 (10): 1758-1760
- [18] Wen Donglan, Sun Xueqin. Application of cold and hot therapy in functional rehabilitation after joint replacement surgery [J]. Journal of Nurse Continuing Education, 2008 (21): 2009-2010. DOI: 10.16821/j.cnki. hsjx. 2008.21.045
- [19] Huang SW, Liu SY, 'Tang HW, et al.Relationship between severity of shoulder subluxation and soft-tissue injury inhemiplegic stroke patients [].JRehabil Med,2012,44(9):733739.
- [20] Li Chunde, Frangione V,Rovati S,et al. Diclofenac epolamine medicated plaster in the treatment of minor soft tissue injuries: a multicenter randomized controlled trial L.Curr Med Res Opin,2013,29(9):1137-1146.
- [21] 徐杰,刘洋,李玉璞.软组织损伤患者采用冷热疗法治疗的护理分析[J].吉林医药 学 院 学 报,2015,36(05):340-342. DOI:10.13845/j. cnki.issn1673-2995.2015.05.008.
- [22] Enwemeka CS. Allen C. Avila P.Soft tissue thermodynamics before, during, and after cold pack therapy [J].Medicine & Science in Sports &Exercise. 2002,34(1): 45-50
- [23] Nicole DD., John T., Eileen R. Ice reduces edema: a study of micro-vascular permeability in rats [J]. Journal of Bone & Joint Surgery, 2002, 84-A (9): 1573-1578
- [24] Merrick MA, Rankin JM, Andres FA, Hinman CL. Apreliminary examination of cryotherapy and secondary injury in skeletal muscle[J].Med Sci Sports Exerc.1999, 31 (11):1516-21
- [25] Yu Dezhun, Cold treatment of acute closed ankle sprain, Modern Rehabilitation [J]. 2000, 6 (4): 916
- [26] Zhang Bo, Luo Congfeng, Local cold treatment of orthopedic related soft tissue injury, International Journal of osteology, 2009, 9 (5): 293-295
- [27] Chou SY, Liu HE. Comparison of effectiveness between moist and dry cryotherapy in reducing discomfort after orthograthic surgery. J Clin Nurs, 2008; 17(13):1735-1741
- [28] Dykstra JH,Hill HM, Miller MG, et al. Comparisons of cubed ice, crushed ice, and wetted ice onintramuscular and surface temperature changes, J Athl Train, 2009;44 (2): 136-141