



# **ABSTRACT**

MR imaging is used to study pulmonary blood flow in hypertensive patients before and after exercise. The goal of this project is to create a device which will exercise the lower extremities to 40% of a predetermined maximal workload in both healthy subjects and patients with hypertension. A prototype was made and tested using ultrasound imaging. Using Bernoulli's equation, initial results show an increase in pulmonary systolic pressure of 5.54 mmHg. Future work will involve making the cycle completely MR compatible, increasing resistance, and developing a proper biofeedback mechanism to maintain constant workload.

# **PROBLEM DEFINITION**

- Studying pulmonary blood flow in hypertensive patients
- Using imaging to estimate pulmonary arterial pressure
  - MR and Doppler Ultrasound
  - Look at Tricuspid jet regurgitation
- Imaging patient before and after exercise

# **EXISTING DEVICES**

- •Northeastern Univ. Design Proj.
- •Lode Ergometer
- •Problems
- Very Expensive
- Contains extra features
- Used to image joint mechanics

## **DESIGN CRITERIA**

- MRI-compatible
- Adjustable for scanner bed
- Exercise patient at maximal workload and at 40%
- Recruits multiple muscle groups
- Repeatable
- Ergonomic and comfortable
- Accurate biofeedback



**Pulmonary Arteries (in blue)** 





**Tricuspid Regurgitant Jet** 



# **MRI-Compatible Lower Leg Exerciser**

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FINAL DESIGN







**Our final prototype design** 

# BUDGET

# Approximate Cost: \$170.00

ltem
HDPE Rods and Sheet
Brass Screws, Brackets and Plates
Timing Pulleys/Belt
Pedals/Toe Clips
Resistance Fan
Crank Axle and Fan Axle
Axel Spacers, Plywood, Glue, Velcro

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## **Department of Biomedical Engineering**



Cost
43.00 (given free)
30.00
26.95
20.00
21.95
7.00
22.00

### Images acquired from ultrasound test. Left shows Tricuspid Regurgitant (TR) velocity, and right shows the tricuspid valve.





**Exercise and ultrasound testing data:** A: Exercise comparison to determine optimal method

**B: TR Velocity and PA diameter increases** during exercise via ultrasound test. Shown is modified Bernoulli equation and calculated value.

**C: Comparison of vitals before and after** exercise



 Increase resistance with braking or additional fans •Reconstruct device using custom made supports •Secure device to scanner bed •Fabricate ergonomically designed pedals •Add wheels and handle for easy transportation REFERENCES

LifelineHR. (2004). http://lifelineehr.com/MyRecord/demo/llcd/adam/imagepages/18091.htm Consultants in Cardiology (CIC). (2005). http://www.cicmd.com/images/cicmd/anatomy%20images/arteries-pulmanary.gif Doane, D. et al. (2007). fMRI compatible mechatronic ankle device. Technical Design Report. Department of Mechanical, Industrial, and Manufacturing Engineering. Northeastern University. Dr. Bill Schrage (personal communication, October 13, 2009) Holverda, S. et al. (2009). Stroke volume increase to exercise in chronic obstructive pulmonary disease is limited by increased pulmonary artery pressure. *Heart*. Vol. 95: 137-141.

Lode Ergometers. (2009). http://www.lode.nl/en/products/mri ergometer push pull. Mereles, D. et al. (2006). Exercise and Respiratory Training Improve Exercise Capacity and Quality of Life in Patients With Severe Chronic Pulmonary Hypertension. *Circulation*. Vol. 114: 1482-1489. Porges, S. (1992). Vagal Tone: A physiologic marker of stress vulnerability. *Pediatrics*. Vol. 90: 498-504. Primary Pulmonary Hypertension News (PPH). (2009). <u>http://www.pph-news.com/html/causes.html</u>. Raymer, H. et al. (2006). Characteristics of a MR-compatible ankle exerciser ergometer for a 3.0 Thead-only MR scanner. *Medical Engineering* and Physics. Vol. 28:489-494.



# TESTING



**Exercise testing with ultrasound imaging** 





# **FUTURE WORK**

Handoko, M. et al. (2009). Opposite Effects of Training in Rats with Stable and Progressive Pulmonary Hypertension. *Circulation*. Vol. 120:42-49.