### SIT-UP: Smart-Integrated Technology for Upright Posture

Developing a posture correction system with minimal disruptions



## **Motivation**

Posture is how you hold your body.

We were not evolved to sit for hours in an unnatural position.

Essentially, your desk work causes bad posture.\*



Maintaining good posture requires a constant engagement of core and back muscles.



As people tire mentally, they pay less attention to their posture.



As you work for long hours, you slouch unconsciously, reinforcing poor postural habits.

## **Related Work**



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**Wearable technologies:** Smart necklace system to detect poor posture and sends reminders to the user's smartphone, belts to provide real-time feedback through vibration and visual cues.

**Computer vision approaches:** Some studies have utilized video-based methods to measure neck angles and assess posture, can provide accurate posture detection but may raise privacy concerns.

**Furniture-based solutions:** Developed "smart chairs" with pressure sensors to monitor seated posture. These provide valuable data on sitting habits, but has not led to long-term behavioral change.



**Mobile device sensors:** Leveraged built-in sensors in smartphones and other mobile devices to track posture, such as using accelerometers to address device tilt.



# SIT-UP, our posture solution

A solution that integrates computer-vision with haptic and sound feedback to aid posture correction.

We use a standing desk that autonomously adjusts height when poor posture is detected.



A comprehensive user study was conducted where the effectiveness of different stimuli for posture correction was evaluated.



Extensive posture logging was carried out to provide a quantitative basis to verify if posture was successfully corrected.





# What's measured?

Torso inclination: angle between hip (x,y,z) and shoulder (x, y, z) Neck angle: relative angle between ear, shoulder and hip (3D coordinates) Spine length: distance between hip and shoulder (3D frame) Level: difference in y-coordinates of left and right shoulder Lean: difference in mean-z values between ear and shoulder Neck\_: normalized neck angle based on thresholded neck\_min, neck\_max Torso\_: normalized torso inclination based on torso\_min, torso\_max Level\_: normalized level based on level\_min, level\_max Lean\_: normalized lean based on lean\_min, lean\_max Front score: 40 x (1 - level\_) + 60 x (1 - lean\_) Side score: 70 x neck\_ + 30 x torso\_

**Composite:** 55 x neck\_ + 40 x torso\_ + 3 x (1 - lean\_) + 2 x (1 - level\_)

## Thresholds:

Notification cooldown: 30 seconds Bad posture time: 10 seconds Composite threshold: 77 Study time, calibration, vibration, sound: 35, 5, 15, 15 minutes



(a) Side (true score)



(a) Front (eval score)

# User Study Design

The study goes on for 40 minutes -5 minutes of calibration, 30 minutes of study, and 5 minutes of post-study questions. A total of 15 participants were needed.



### Control (n=5)

Users work on their laptops while their posture measurements are logged.

Passive (n=5)

15 mins of vibration feedback and 15 mins of sound feedback.

Active (n=5)

Automatic table height adjustments to be made if the user is found to lean too close.





A single user within the passive group. Posture data tends to drop during the vibration phase. They noted they hardly felt the vibration but definitely heard the sound.

Values



Posture Measurements Over Time with Events



## **Statistical Tests**

Hypothesis

Result



The mean composite score will be higher than calibration during periods where passive intervention was used. **Kruskal**: p = 0.914. No significant difference between the mean composite score during the calibration phase, the noise intervention, and the vibration intervention.

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The mean composite score will improve after a passive intervention.

**Sound**: p = 0.69. No significant difference between mean composite score before and after sound intervention. **Vibration**: p = 1. There is no significant difference between mean composite score before and after vibration intervention.



## **User Survey**



No significant differences were observed between genders. The user demographics show a nearly even distribution.

# User Survey

	Control	Passive	Δ(P-C)
Effectiveness	1x5	4+3+4+4+4	19-5=14
Productivity	3x5	3+3+4+3+4	17-15=2
Intelligence	1x5	4+3+4+4+3	18-5=13
Comfort	5x5	3+3+3+5+3	17-25=-8
Fatigue	1x5	4+2+5+2+3	16-5=11
Intrusiveness	1x5	4+3+4+4+2	17-5=12

## **User Feedback**



The desk-moving user study could address these issues by being less distracting than sound, more assertive than vibrations, and allowing users to infer the reason for the shift.

## Limitations



#### **Defining "Good Posture"**

It's hard to mathematically codify due to individual body differences. Requires for extensive calibration for personalized evaluation.



#### **Study Design Constraints**

Lack of within-participants testing limits direct comparison of responses. Participants may "try too hard" due to awareness of being studied.



#### **Technical and Setup Challenges**

Script interruptions due to power issues, mitigated with study resumptions. Vibration feedback not integrated into the chair, reducing effectiveness.



#### Small Sample Size

Single-person control group with perturbed data limits baseline accuracy. User shortages required compromises in experimental design.









#### Active Intervention

Launch user studies with the active adjustment desk to explore its impact and refine its capabilities.

### Data Deep-Dive

Perform advanced analyses to uncover trends, which stimuli influence neck vs torso inclination.

**Improved Studies** 

Explore studies with fewer, longer-interval stimuli. Rerun studies affected by technical difficulties.

This pilot study highlighted key areas for improving posture detection and will inform future research directions and the potential for broader implementation.