

Generalized Kinematics for Deformable Patient-Specific Soft Robots

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I. INTRODUCTION

Cosserat modeling underpins the success of concentric tube robots [1], [2]. Unfortunately, neither concentric tubes nor Cosserat rods apply to fully deformable, stretchable soft actuators. This does not benefit patient-specific soft robots, particularly for under-served ‘no option’ patients requiring novel deformations (Fig. 1a). We introduce a general kinematic framework to model deformable soft actuators (as Cosserat rods model concentric tube robots). We require that it generalize traditional robot kinematics like Denavit-Hartenberg (D-H) and product of exponentials (POE). We demonstrate this with an application to patient-specific soft robot actuator design.

II. METHODS

Similar to concentric tube robots, this model includes links with the traditional generalized joint angle $q: q_i \leq q \leq q_f \in \mathfrak{R}$ and a new link localization parameter $l: l_s \leq l \leq l_e \in \mathfrak{R}$, both scaled to $[0, 1]$. Given desired initial and final shapes as in Fig. 1a with centerlines $c_i, c_f \in \mathfrak{R}^3$ and surfaces $\hat{S}_i, \hat{S}_f \in \mathfrak{R}^3$, our method is as follows.

1) **Define Link Centerline:** Blend centerlines as $c(q, l) = (1 - q)c_o(l) + qc_f(l)$. This may include intermediate steps. Compute tangent (\mathbb{T}), normal (\mathbb{N}), and binormal (\mathbb{B}) unit vectors using Frenet-Serret formulas along $c(q, l)$.

2) **Define Link Start-End Frames:** Attach start frame $\{S\}$ at $c_0(l_s)$ and end frame $\{E\}$ at $c_0(l_e)$ s.t. z-translation from $\{S\}$ is link length (Fig. 1b). Choose final and intermediate $\{E\}$ frames to coincide with $c(q_f, l_e)$ and $c(q, l_e)$.

3) **Express Link Ends with DH Parameters and POE:** For DH Parameters, the translation from $\{S\}$ to $\{E\}$ at any $q \in [q_0, q_f]$ can be written as $c(q, l_e)$ and direction cosines provide the relative orientation ${}^S R_e$ of $\{E\}$ w.r.t $\{S\}$.

For POE formulation, decouple transformation from above as ${}^S T_e = e^{\hat{\xi}_1 \theta_1} e^{\hat{\xi}_2 \theta_2}$ where direction $\hat{\xi}_1$ and magnitude θ_1 refer to prismatic translation, axis $\hat{\xi}_2$ and magnitude θ_2 to rotation.

4) **Construct Full Robot Kinematics:** For each link j , project desired surface points \hat{S}_j onto $c_j(q_j, l_j)$ via $(\mathbb{T}, \mathbb{N}, \mathbb{B})$. This may include a least squares fit and surface spline interpolants with end matching constraints for $S_j(q, l)$. Then,

$$S_{robot}(\bar{q}, \bar{l}) = \sum_{j=1}^N S_j(q_j, l_j) + c_{j-1}(q_{j-1}, l_{f,j-1}).$$

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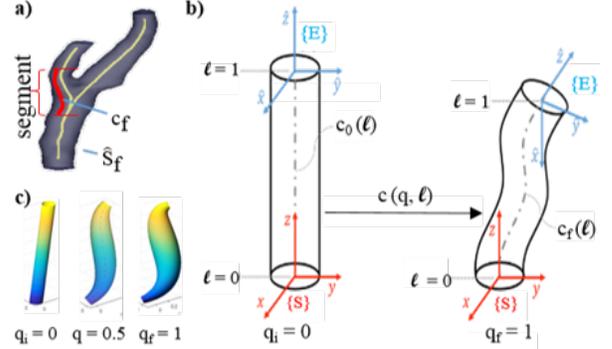


Fig. 1: (a) Sample centerline and surface \hat{S}_f extracted from patient artery scan via VMTK [3]. (b) Labeling convention with initial q_i and final q_f where final link surface S matches \hat{S}_f . (c) Results of an axially-symmetric robot morphing from generalized joint angle $q_i = 0$ to $q_f = 1$.

III. RESULTS

See Fig. 1. The general DH parameters for each link are:

$${}^S T_e = \begin{bmatrix} \mathbb{N}(q, l) & \mathbb{B}(q, l) & \mathbb{T}(q, l) & c(q, l) \\ 0 & 0 & 0 & 1 \end{bmatrix}_{l=l_e}$$

The resulting general POE formulation results in:

$$\theta_1 = \|c(q, l_e) - c(q, l_s)\|, \quad \theta_2 = \text{acos}[(\mathbb{N}_x + \mathbb{B}_y + \mathbb{T}_z - 1)/2],$$

and

$$\hat{\xi}_1 = \begin{bmatrix} \rightarrow \\ 0_{3 \times 3} \\ \rightarrow \\ 0_{1 \times 3} \end{bmatrix} \frac{c(q, l_e) - c(q, l_s)}{\|c(q, l_e) - c(q, l_s)\|},$$

$$\hat{\xi}_2 = \frac{1}{2 \sin(\theta_2)} \begin{bmatrix} 0 & \mathbb{B}_x - \mathbb{N}_y & \mathbb{T}_x - \mathbb{N}_z & 0 \\ \mathbb{N}_y - \mathbb{B}_x & 0 & \mathbb{T}_y - \mathbb{B}_z & 0 \\ \mathbb{N}_z - \mathbb{T}_x & \mathbb{B}_z - \mathbb{T}_y & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix}, \quad \theta_2 \neq 0.$$

IV. DISCUSSION & CONCLUSION

The results (Fig. 1c) show that our method kinematically describes deformable robot links with stretchable surfaces that match desired shapes. It generalizes the kinematics of soft robots as a superset of both D-H and POE, providing intuitive use for roboticists. Future work will include incorporating realistic stress and strain metrics and automated design of multi-link soft robots from patient-specific data.

REFERENCES

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