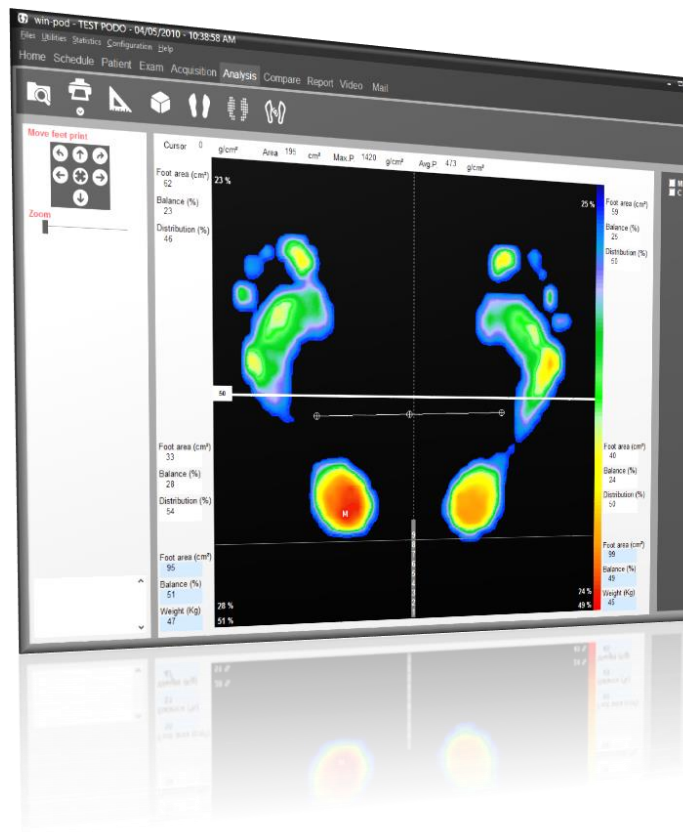


# User's Manual



# FUSYO



« Les Espaces de Balma »  
18 avenue Charles de Gaulle - Bât. 34  
31130 BALMA  
Tel : 33 (0) 562 571 571  
[www.medicapteurs.fr](http://www.medicapteurs.fr)



# Foreword

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We appreciate your trust in the MEDICAPTEURS Company and we would like to thank you for choosing our product.

The "FUSYO Software" has been designed to be user friendly and only requires basic computer skills. The friendliness of the software however, does not replace **the necessity of reading this manual** to guide you step by step through the procedures to properly use the "FUSYO Software", and it will also help you save valuable time.

In addition to this manual, you will find the **Installation Manual** for the platform and the software, on your Medicapteurs CD or USB key.

Enjoy your reading and welcome to the privileged "FUSYO" users' Club.

# Contents

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WARRANTY.....	6
HISTORICAL BACKGROUND.....	8
<b>IMPORTANT NOTICE .....</b>	<b>9</b>
FUSYO SOFTWARE START UP.....	10
EXIT FUSYO SOFTWARE.....	10
FUSYO SOFTWARE NAVIGATION .....	11
MENU BAR.....	12
"FILES" MENU.....	12
"UTILITIES" MENU .....	13
"STATISTICS" MENU.....	15
"CONFIGURATION" MENU .....	16
WELCOME PAGE.....	21
<b>SCHEDULE.....</b>	<b>22</b>
SCHEDULE PARAMETERS .....	22
SCHEDULE BROWSING .....	23
MAKING AN APPOINTMENT .....	24
VISIT FLOW CHART .....	25
<b>"PATIENT" TAB .....</b>	<b>26</b>
TOOL BAR .....	26
CREATING A NEW PATIENT FILE.....	27
SEARCHING FOR AN EXISTING PATIENT FILE .....	27
MODIFYING AN EXISTING PATIENT FILE.....	27
<b>"EXAM" TAB.....</b>	<b>28</b>
TOOL BAR.....	28
CREATING A NEW EXAM .....	29
SEARCHING FOR AN EXISTING EXAM .....	29
MODIFYING AN EXAM FILE .....	29
ATTACHING DOCUMENTS TO AN EXAM.....	30
PREVIOUS EXAMS .....	31
FPI© CALCULATION.....	31
<b>"ACQUISITION" TAB.....</b>	<b>33</b>
TOOL BAR.....	33
CREATING A MEASUREMENT (ACQUISITION).....	35
STATIC ACQUISITION .....	36
BASIC DYNAMIC ACQUISITION (ONE GAIT CYCLE) .....	37
MULTIPLE DYNAMIC ACQUISITIONS (MULTIPLE STEPS) .....	39
MIX ACQUISITION .....	41
<b>DETAILED STATIC ANALYSIS.....</b>	<b>42</b>
TOOL BAR .....	42
FOOT PRINT ANALYSIS.....	43
"STANDARD" VIEW .....	44
"ISOPRESSURE" VIEW .....	45
"PERCENTS" VIEW .....	45
"3D" VIEW .....	46
"MEASUREMENTS" OPTION.....	47
"SCANNER" OPTION .....	49
"LINE OF BESSOU" .....	50

<b>DETAILED DYNAMIC ANALYSIS .....</b>	<b>52</b>
TOOL BAR.....	53
FOOT PRINT ANALYSIS.....	54
CPEI CALCULATION .....	56
MULTIPLE VIEWS .....	58
"MOSAIC" VIEW.....	59
STEP PHASES ANALYSIS.....	60
<b>GRAPHS – DYNAMIC .....</b>	<b>61</b>
TOOL BAR .....	61
SELECTING A GRAPH .....	62
GRAPHIC OPTIONS .....	62
REFERENCES .....	63
SUPPORT PHASES CALCULATIONS.....	63
LEFT FOOT AND RIGHT FOOT SYNTHESIS.....	64
ANALYSIS 7 AREAS.....	65
ANALYSIS 12 AREAS.....	66
COMPARING 2 MEASUREMENTS.....	67
MEDIO-LATERAL ANALYSIS .....	68
<b>DETAILED MIX ANALYSIS .....</b>	<b>69</b>
TOOL BAR .....	69
FOOT PRINT ANALYSIS.....	71
THE DIFFERENT VIEWS .....	74
"MOSAIC" VIEW .....	75
<b>GRAPHS - MIX ANALYSIS .....</b>	<b>76</b>
GRAPHS DISPLAY OPTIONS .....	76
GRAPH SELECTION .....	77
FFT .....	78
<b>MEASUREMENTS COMPARISON AND ROMBERG QUOTIENT .....</b>	<b>79</b>
ACQUISITION.....	79
ANALYSIS.....	79
<b>"COMPARISON" TAB .....</b>	<b>80</b>
GENERAL INFORMATION .....	80
UP TO 4 MEASUREMENTS COMPARISON .....	81
<b>"REPORT" TAB .....</b>	<b>82</b>
TOOL BAR.....	82
CREATING A PERSONAL NOTE.....	83
INSERTING AN IMAGE .....	83
<b>"VIDEO" TAB.....</b>	<b>84</b>
TOOL BAR.....	84
SIMULTANEOUS RECORDING VIDEO / PODOMETRY .....	85
POST-SYNCHRONIZATION OF THE VIDEO WITH THE DYNAMIC FOOT PRINT .....	85
<b>"MAILING" TAB.....</b>	<b>86</b>
<b>PRINTING.....</b>	<b>88</b>
<b>SCALE 1 PRINTING .....</b>	<b>89</b>
<b>EXPORTING DATA .....</b>	<b>90</b>
<b>PATIENT DATABASE BACK UP .....</b>	<b>91</b>
PATIENT DATABASE BACK UP .....	91
RELOADING A BACKED UP PATIENT DATABASE .....	91

# Warranty

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For a period ending on the date of the twelfth month anniversary of the date of delivery (such period being the "Warranty Period"), the equipment, used under normal operating conditions and not subject to misuse or abuse, shall be free from defects in material, workmanship and design and shall operate and conform to the performance capabilities, specifications, functions and other descriptions and standards as described in the specifications.

During the Warranty Period and subject to the exclusions below, Manufacturer at its option and expense, shall promptly repair or replace equipment that does not conform to the warranty. The procedure for effecting warranty replacement or repair will be as specified by Manufacturer. Purchaser shall ship Equipment for warranty replacement or repair to Manufacturer at Purchaser's expense, and Manufacturer shall ship repaired or replaced equipment to Purchaser at Manufacturer's expense.

For proper shipping of the equipment to MEDICAPTEURS for repair or maintenance, Purchaser shall include complete sender's information, the equipment serial number and a brief description of the problem.

Purchaser shall use preferably the original shipping package. If it is not available, Purchaser shall contact a professional shipping service company which will assist Purchaser with proper packaging instructions and materiel.

## Limitations of warranty and disclaimer

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### **The Software:**

The Software is and shall remain the exclusive property of Manufacturer. This license confers no title or ownership in the Software and is not a sale of any rights in the Software. No license other than that specifically stated herein is granted to Purchaser, and Purchaser shall have neither right to sublicense the Software nor any right under any patent, trademark, copyright, trade secret or other intellectual property of Manufacturer other than that granted by this Agreement.

Manufacturer grants Purchaser, a personal, non-exclusive, non-transferable, perpetual license to use the Software in the product under the terms and conditions stated herein. If the license is transferred by the Purchaser to a third party without the company's written consent and approval, the Purchaser and the Third Party shall be held jointly responsible for payment to the Manufacturer of a minimal compensation of 20 times the price of the software, without prejudice as to any other damage and interest. The software travels at the Purchaser's risk and expenses.

Purchaser shall not make any modifications to the Software or remove any proprietary, regulatory or safety notices of Manufacturer in or on the Software. Purchaser further agrees not to reverse engineer, decompile or otherwise reverse assemble any portion of the software or create derivative works based upon the Software.

This Software Agreement does not grant Purchaser any rights in connection with any trademarks or service marks of Product.

Manufacturer warrants to purchaser that, in case of any software it has identified at its own property, the software will substantially conform to the applicable Manufacturer's specifications in the date of installation and for a period that is consistent with the warranty offered herein. Manufacturer's sole obligation under this agreement is limited to responding to purchaser's contact and to using commercially reasonable efforts to correct reported problems by supplying purchaser with a corrected version of the Software.

# Warranty

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## **Copyright:**

All title and intellectual property rights in and to the content that may be accessed through use of the Software is the property of the respective content owner and may be protected by applicable copyright or other intellectual property laws and treaties. This agreement grants Purchaser no rights to use such content except as accessed through the Software. If the Software contains documentation that is provided only in electronic form, Purchaser may print copy of such electronic documentation.

## **Disclaimer:**

Manufacturer does not warrant that operation of its Software will be uninterrupted or error free, or that any defects in the Software are correctable or will be corrected; or that functions contained in the Software will operate in the combinations which may be selected for use by purchaser to meet Purchaser's requirements. Manufacturer's warranty and seller's obligations will be void if the Software is modified without the prior written consent of Manufacturer.

Except for the express limited Software warranty for the Software, Manufacturer and seller expressly disclaim and exclude all other warranties, whether express, implied in law or otherwise to the fullest extent permitted by law, and the above limited Software warranty is in lieu of all obligations and liabilities on the part of the Manufacturer for damages arising out of or in connection with the Software, including without limitation any warranty of merchantability, satisfactory quality or fitness for a particular purpose.

Exclusions: Seller and Manufacturer shall have no obligations with respect to any defects, damage, or non-conformances of Equipment that result from: improper installation, operation or maintenance; unauthorized repair; tampering; any use of the Equipment not in conformance with the relevant Equipment specifications or from accidents, or "acts of God"; or other such occurrences after delivery. If any Equipment returned by Purchaser for repair or replacement is not defective or nonconforming or contains a defect or nonconformance caused by a factor outside the scope of Manufacturer's warranty, Manufacturer shall bill Purchaser at Manufacturer's normal service rate for services performed with respect to such defective returned Equipment or for "no fault found" with respect to returned Equipment which is not defective.

## **LIMITATION ON WARRANTY:**

MANUFACTURER AND SELLER MAKE NO WARRANTIES REGARDING THE EQUIPMENT TO BE PROVIDED HEREUNDER OTHER THAN THE EXPRESS WARRANTIES IN THIS SECTION AND THERE SHALL BE NO IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR NONINFRINGEMENT. THE SOLE REMEDIES OF PURCHASER FOR ANY BREACH OF WARRANTY ARE THE REMEDIES SET FORTH IN THIS SECTION. MANUFACTURER AND SELLER SPECIFICALLY DISCLAIMS ANY AND ALL WARRANTIES TO CUSTOMERS OF PURCHASER.

Limitation of Liability: In no event shall Manufacturer or its Affiliates, Seller or suppliers be liable for indirect, special, incidental, consequential, punitive or other damages (including lost revenue, lost profit, lost data, downtime costs,), arising out of the use, inability to use, or the result of the use of the Equipment whether based on warranty, breach of warranty, contract, tort, or other legal theory, and whether or not advised of the possibility of such damages. In no event shall Manufacturer or its Affiliates, Seller or suppliers be liable to Purchaser for any damages, however based, in excess of the amount paid by the Purchaser to Seller for the Equipment.

# Historical background

---

The first recording of plantar support was performed in 1880 through the work of MAREY and DEMENY.

As early as 1947, SCHWARTZ used piezo-electric sensors positioned under the plantar surface of the feet to perform a dynamic gait analysis.

In 1962, CARLSON and TAILLARD further the studies on dynamic analysis.

In 1966, significant studies were conducted using the electro podography method established by INSERM research institute in Montpellier, France. It studied the static and dynamic behavior of plantar support with sensors/insoles and a dynamometric mat.

In 1983, the studies performed by Professor RABISCHONG led to the development of sensitive insoles using « artificial skin » technology (Registered by ANVAR/CNRS).

Simultaneously, Mr. CLOT's and Mr. ESTEVE's studies from the research labs of the LAAS/CNRS in Toulouse, France resulted in the design of an **Electronic Podometer**: a Platform for the Analysis of Static and Dynamic Plantar Supports.

In **1985**, the company MIDI-CAPTEURS manufactured and commercialized the **Electronic Podometer PEL 38**.

PEL 38 became the reference not only for the quality level of the analysis results but also for the design of the software and positioned MIDI-CAPTEURS as the European leader in the field of Electronic Podometers.

The **WIN-POD** system was born in 2003, using the latest calibrated sensors' technology for continuously improving performance.

In **2004**, MEDICAPTEURS launched the **FUSYO platform**, and became the only manufacturer of a system integrating an electronic podometer into a posturology platform built according to APE specifications.

With the introduction of **WIN-TRACK** in 2009, MEDICAPTEURS strengthened its leadership position in the design and manufacturing of podiatry, posturology, and biomechanical analysis platforms, serving more than 5000 customers and numerous renowned distributors, resulting in a constant progression in the global market.



# IMPORTANT NOTICE

---

Your "FUSYO Software" integrates a patient database (**patient files**) which contains private health information related to the patients and their specific measurements.

In order to avoid losing the studies performed with your software, it is **necessary to perform a BACK UP to save the patient database on a regular basis**; in fact any technical problem on your computer may affect and destroy such valuable data.

We highly recommend a minimum of one Back Up on a weekly basis on an external drive, CD RW, etc. (see page 91).

# FUSYO Software Start Up




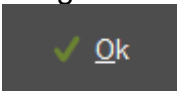
- ✓ Launch the "FUSYO Software", by double clicking on the following icon
- ✓ Within a few seconds, a window will open asking for the user's password :  
**Note:** this security option is now mandatory for software utilizing confidential patient information.

**The default user in the software is: "ADMIN" which does not require a password. To create your own user's name and password please refer to page 20.**

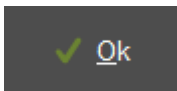
- ✓ Click  to start the program.

## Exit FUSYO Software

With the « Exit » button:

- ✓ Click on the  located in the upper right corner of the screen.
- ✓ Confirm your action by clicking on .

With the "File Menu"

- ✓ Click on "File".
- ✓ Select "Quit".
- ✓ Confirm by clicking on .

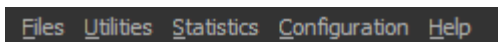
# FUSYO Software Navigation

## Title Bar



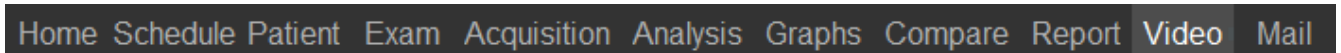
It includes the name of the software, the patient's last name and first name, the exam date and time of the recording.

## Menu Bar



It contains the menu: **Files – Utilities - Statistics - Configuration - Help.**

## Selection Bar



It allows access to all the phases of a podiatry assessment.  
The typical process is done by clicking on the tabs from the left to the right.

## Tool Bar



It includes the icons for quick access to the software functions.

Several tool bars are available according to the displayed screens.

# Menu Bar

## "Files" Menu

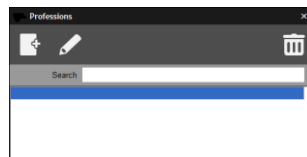
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This menu can be used for creating or changing pre-established lists which can be opened when completing the patient file and the exam file.


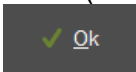
### **Available Lists**

- Correspondents
- Clinical exam
- Standards
- Complaints
- Professions
- Protocols


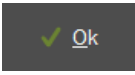
### **Adding Data to the List**



For example: For the above mentioned lists, perform the following operations:

- ✓ Click on .
- ✓ Insert the text (Start with an upper case!)
- ✓ Click on .

### **Deleting Data from the List**

- ✓ Click on the item to erase
- ✓ Select .
- ✓ Confirm by clicking .

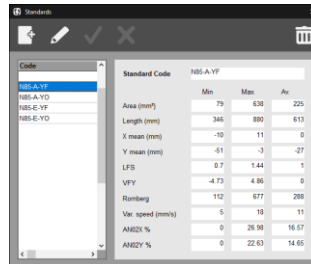
### **Special case: clinical exam**



For the parameters of the clinical exam, you can modify each list as written above but also the name of the parameter. So you can entirely personalize the clinical exam.

# Menu Bar

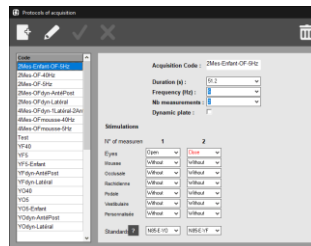
## "Utilities" Menu

### Creating a standard





- ✓ Click on .
- ✓ Enter a code for the new standard.
- ✓ Add or modify the parameters of the standard.  
**Tip:** You can increment numeric data and move from one box to another by pressing the "tab" key.
- ✓ Click on .

### Creating a protocol



A protocol corresponds to an **automatic sequence of acquisitions** to be performed with a reminder of the situation in which the patient must be before each acquisition.

The protocol can be both an **isolated measurement** (for example: open eyes at 5 Hz - YO5 -) that a **series of situations** (for example: the eyes open at 5 Hz and then the eyes closed at 5 Hz - YOYF5 -) .

- ✓ Click on .
- ✓ Enter a title or code for the new protocol.
- ✓ To change the protocol settings, choose the options that suit you using the drop-down menu ▼.
- ✓ Click on .

# Menu Bar

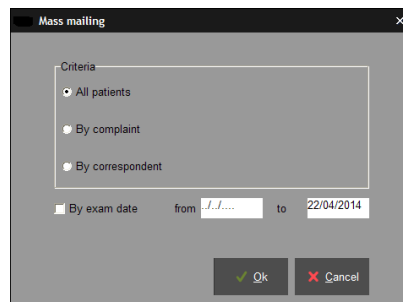
## "Utilities" Menu

---

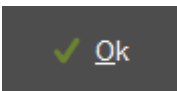
### **Exporting and importing exams**

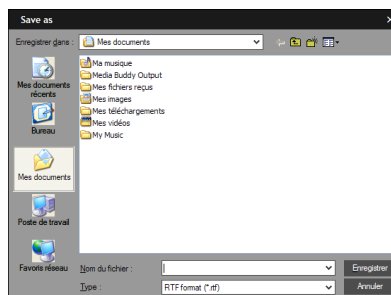
Exams can be imported or exported between "FUSYO Software" users.  
Click on the option you selected and follow instructions.

### **Mass Mailing**



The « Mass Mailing » function allows database selection according to specific categories:

- By exam date
  - By complaint
  - By correspondent
- ✓ Choose your type of selection by clicking on exam date or a time range of exam dates.
- ✓ Click  and the following window will open :



- ✓ Save your data as a text document :

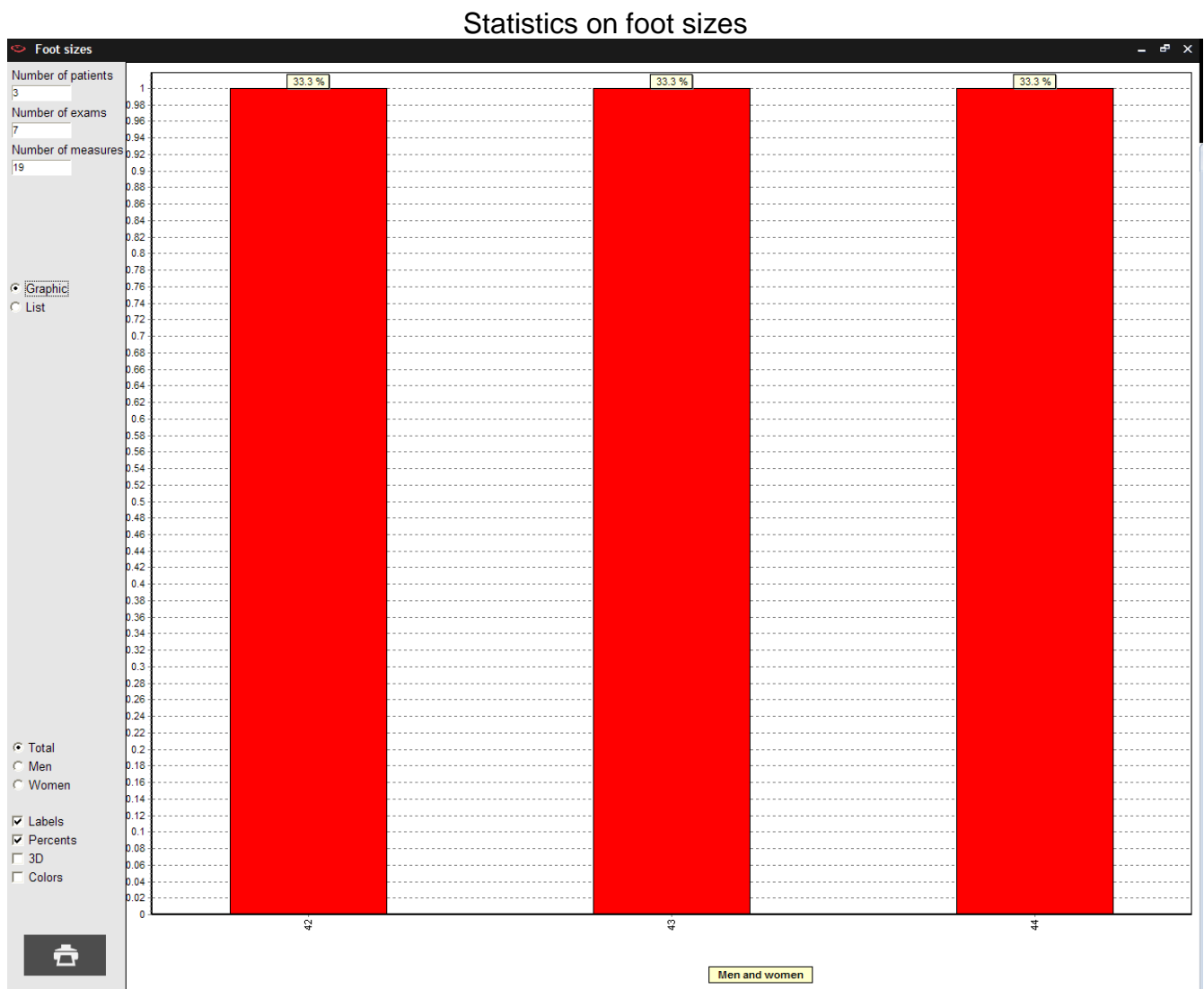
To open the selected listing in a table format :

- ✓ Open a table (Excel for example).
- ✓ Load the table in a text format ".txt".  
The lines and columns will be automatically created in your mail message.

# Menu Bar

## "Statistics" Menu

This menu allows the user to graph or list data by pathologies, practitioners, users, foot size, professions, and by gender.



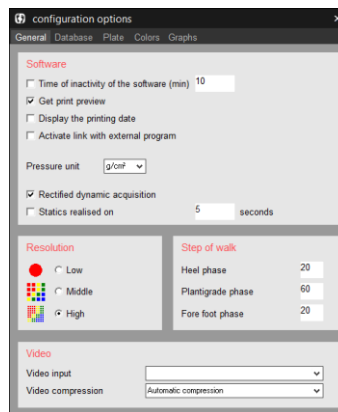
# Menu Bar

## "Configuration" Menu

### Parameters

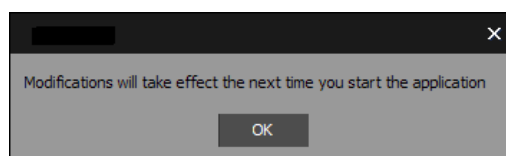
The Parameters window includes several tabs

- The "**General**" tab allows to modify the following parameters :



- **Software Standby Mode** : Allows you to set a timer for the software to go on standby mode. The password is required to access the software when leaving the standby mode.
- **Print preview** : Activated or not.
- **Activation of Links with External Software** : Allows you to share patient data and recordings between "FUSYO Software" and other software (example : RM informatics).
- **Rectified dynamic acquisition** : Allows you to automatically rectify a dynamic mesure at the end of an acquisition.
- **Statics average**: Allows you to create a single static image using a static acquisition's measures, during a defined length of time (default : 5 secs).
- **Resolution** : Allows you to modify the cartography's type of visualization.
- **Phases of Gait**: Personalized norms of the three phases of the gait cycle (see page 60): you need to enter the relative timing of each phase of the cycle (in %) Heel Strike, Plantar, and Toe Off (by default: 20, 60 and 20%).
- **Measuring System**: Allows you to choose between Kpa and g/cm².

After completing your selection, the following window opens:



Exit "FUSYO Software" and re-open it for your selections to be activated.

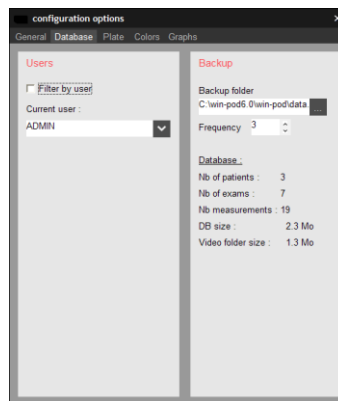


# Menu Bar

## "Configuration" Menu

### Parameters

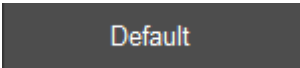
- "Data Base" tab



- **Users**: When more than one person uses the software, the database can be filtered according to the end user (practitioner, clinic, assistant, etc.) Select the "Filter by user" icon and then select one particular user; the software will only access the selected user's database.
- **Saving** : Allows to establish database back up folder and saving frequency (based on the number of times the user's has used the software)
- "Colors" tab is used to redefine the screen and printing colors used in the software.



To change a color, click on it. A color palette appears on screen. Click on the desired color then validate.

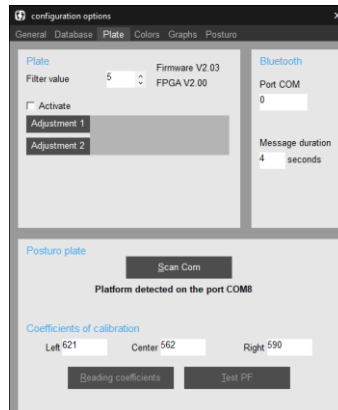
**Note**: Selecting  will reset all colors to the software original colors.

# Menu Bar

## "Configuration" Menu

### Parameters

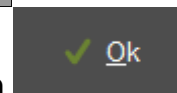
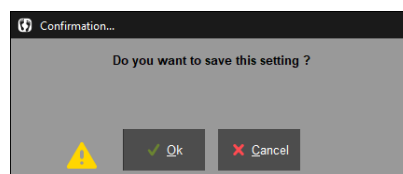
- "Plate" tab



- **Plate** is reserved for hardware maintenance.
- **Posturo plate**:

Check that the platform is connected to the PC and powered.

- **Scan Com** : allows you to save the PC / Platform connection setting.  
If the error message "Posturo platform missing or defective" appears when opening the software, click on "Scan Com" to establish the PC / Platform connection.



Then save your configuration by clicking on

**IMPORTANT NOTE** : You will have to restart "Scan Com" whenever a change will occur in the connection configuration of your platform on the PC.

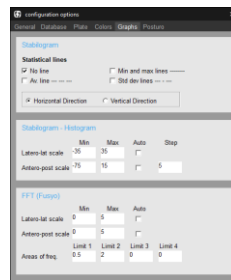
- **Calibration coefficients** : calibration value of the sensors after initialization of the platform.  
If you recover your platform after a round trip to our premises for troubleshooting, you must reset the calibration coefficients by clicking on "Reading coefficients".
- **Test PF** : allows to test the platform empty (reserved for maintenance).

# Menu Bar

## "Configuration" Menu

### Parameters

- "Graphs" tab allows establishing preferences and parameters for visualizing graphs.



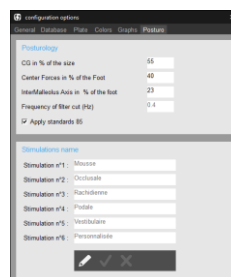
➤ **Stabilogram** :

- Statistical lines : allows to visualize or not certain statistical lines.
- Horizontal or vertical : position of the curves.

➤ **Stabilogram / Histogram / FFT** : You can choose the minimum value and the maximum value of the scales on these 3 types of curves.  
If you check the "Auto" mode, the software will automatically choose the scale for maximum resolution.

➤ **Areas of freq.** : Parameterization of the terminals of the energy distribution tables (see page 78).

- "Posturo" tab



➤ **Posturology** : modifies the reference parameters of the stabilometric measurements.

➤ **Stimulations name** : to describe the stimuli included in the protocols. This customization allows you to better adapt the creation of protocols in relation to your practice.

**Warning** : 6 stimulations will only be taken into account.

# Menu Bar

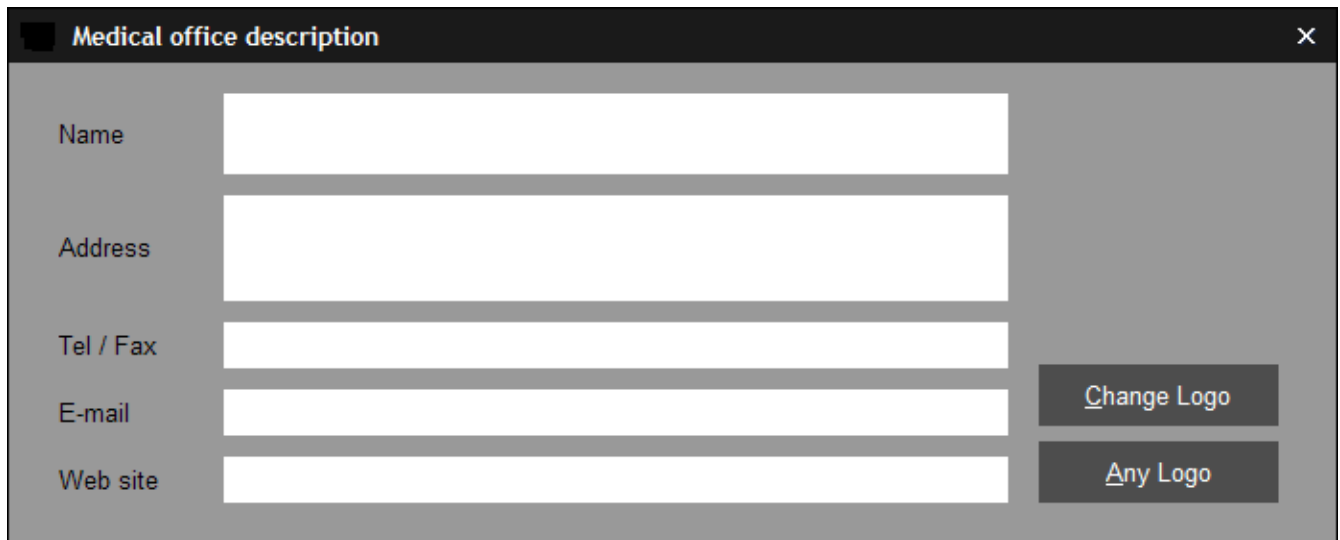
## "Configuration" Menu

---

### **Medical Office**

Enter your office contact information and logo to be displayed at the top of printed documents.

Please perform this procedure when using the software for the first time.



The screenshot shows a window titled "Medical office description" with a close button (X) in the top right corner. The window contains five input fields for text entry, each with a label to its left: "Name", "Address", "Tel / Fax", "E-mail", and "Web site". To the right of these fields are two buttons: "Change Logo" and "Any Logo".

### **Access Rights**

The Software Administrator is the only person allowed to access this function. This function allows the administrator to set up other practitioners/users and their respective passwords.

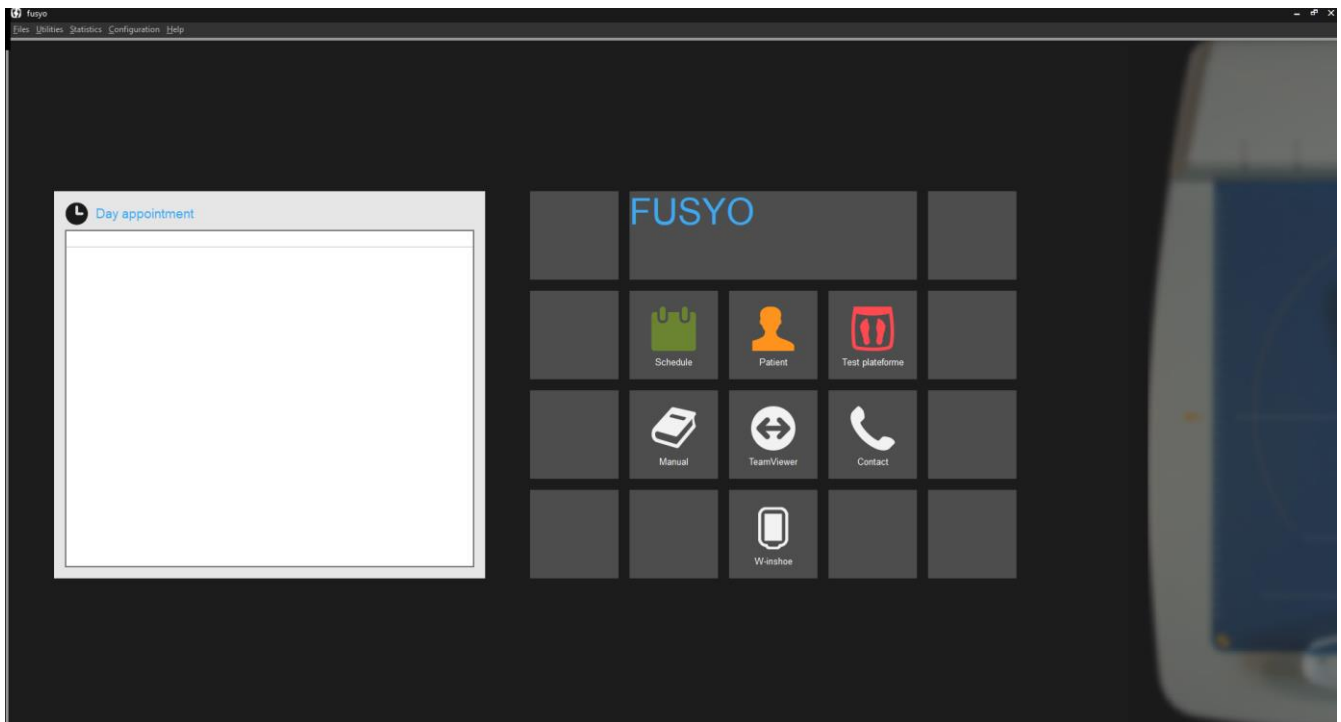
More than one user can work on the same system (clinic setting). This function needs to be performed when using the software for the first time or when changes in users are necessary.

### **Language**

Select the language you want and the software will translate automatically.

# Welcome Page

Upon launching the software, the welcome page opens up so you can quickly access the software's main functions. The daily appointment list will also be found.



You have direct access to:



Schedule.



Patients' files.



Live plate testing.



User manual



Secure software that, upon selection, allows you to grant access of your computer to our maintenance team.



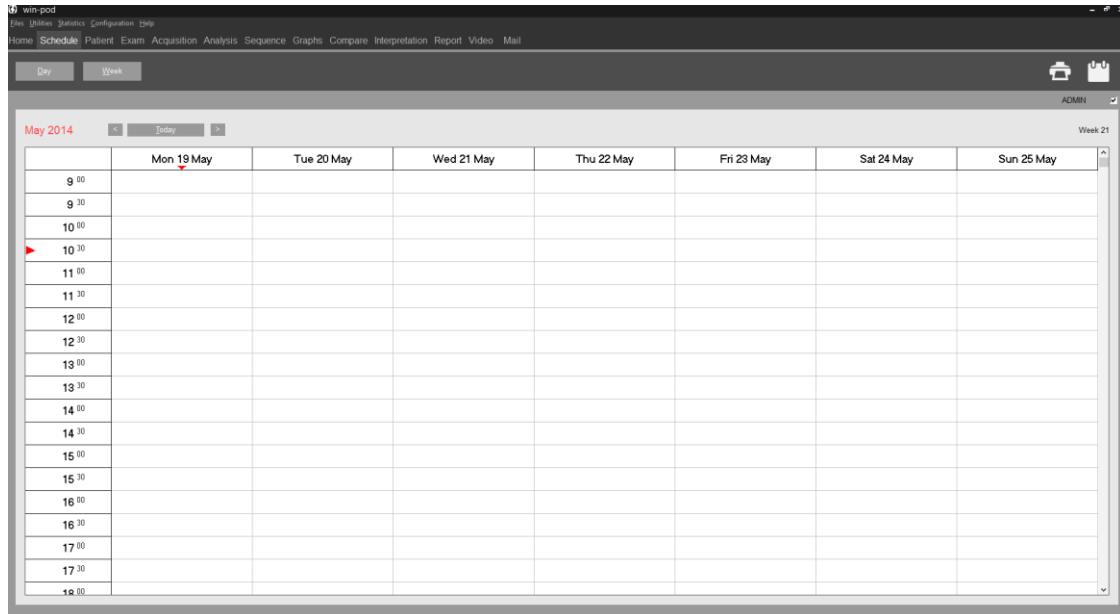
MEDICAPTEURS' contacts list.



If W-inshoe is installed on the computer, this button appears and allows you to start it from your software.

# Schedule

The scheduling screen can be accessed via the welcome page. The tabs allows you to manage the scheduled appointments.

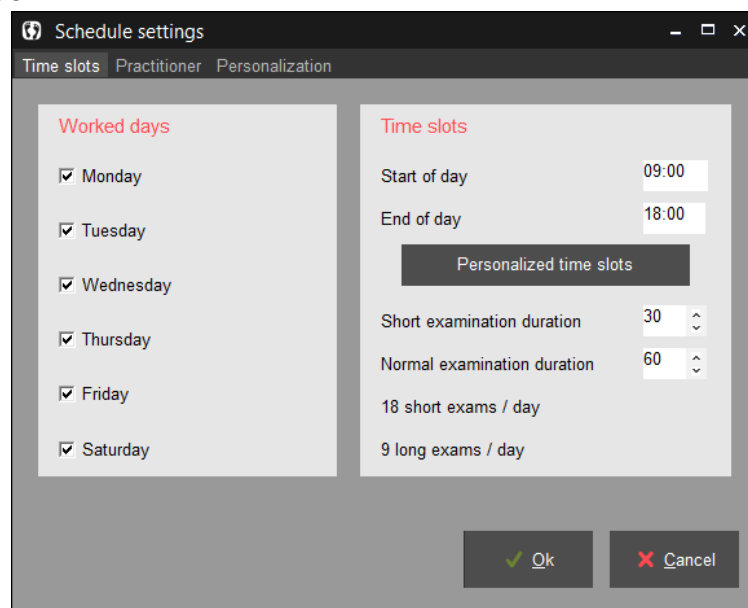


## Schedule parameters

Configuration -> Schedule allows you to set the scheduling parameters.

- The tab « Time slots » allows you to define work days and daily schedule time slots.

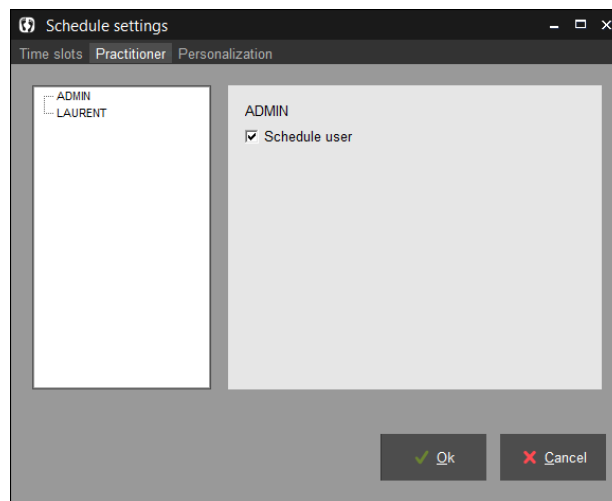
By clicking on **Personalized time slots**, you can define the time slots for each day of the week.






# Schedule


## Schedule parameters

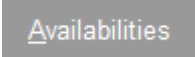
- The tab « Practitioner » allows to manage the schedule for multiple software users (maximum 4 users).  
It is mandatory to select the “Schedule user” icon for the user to appear on the schedule.

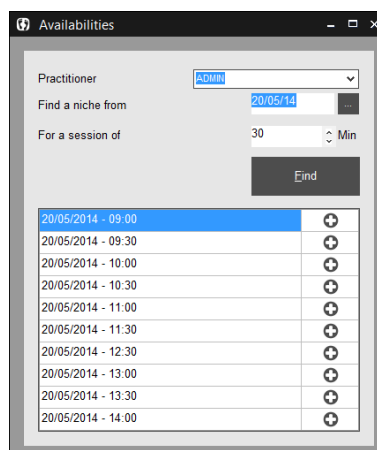


## Schedule browsing

You can display the schedule per day, week, or month. When the display mode is selected you can browse on the calendar by using the  and  and return to the current day by clicking on .

The icon  allows to display a specific day selected in the calendar.

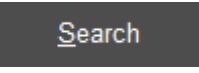


And by clicking on , you can find available times starting at a specific date.



# Schedule

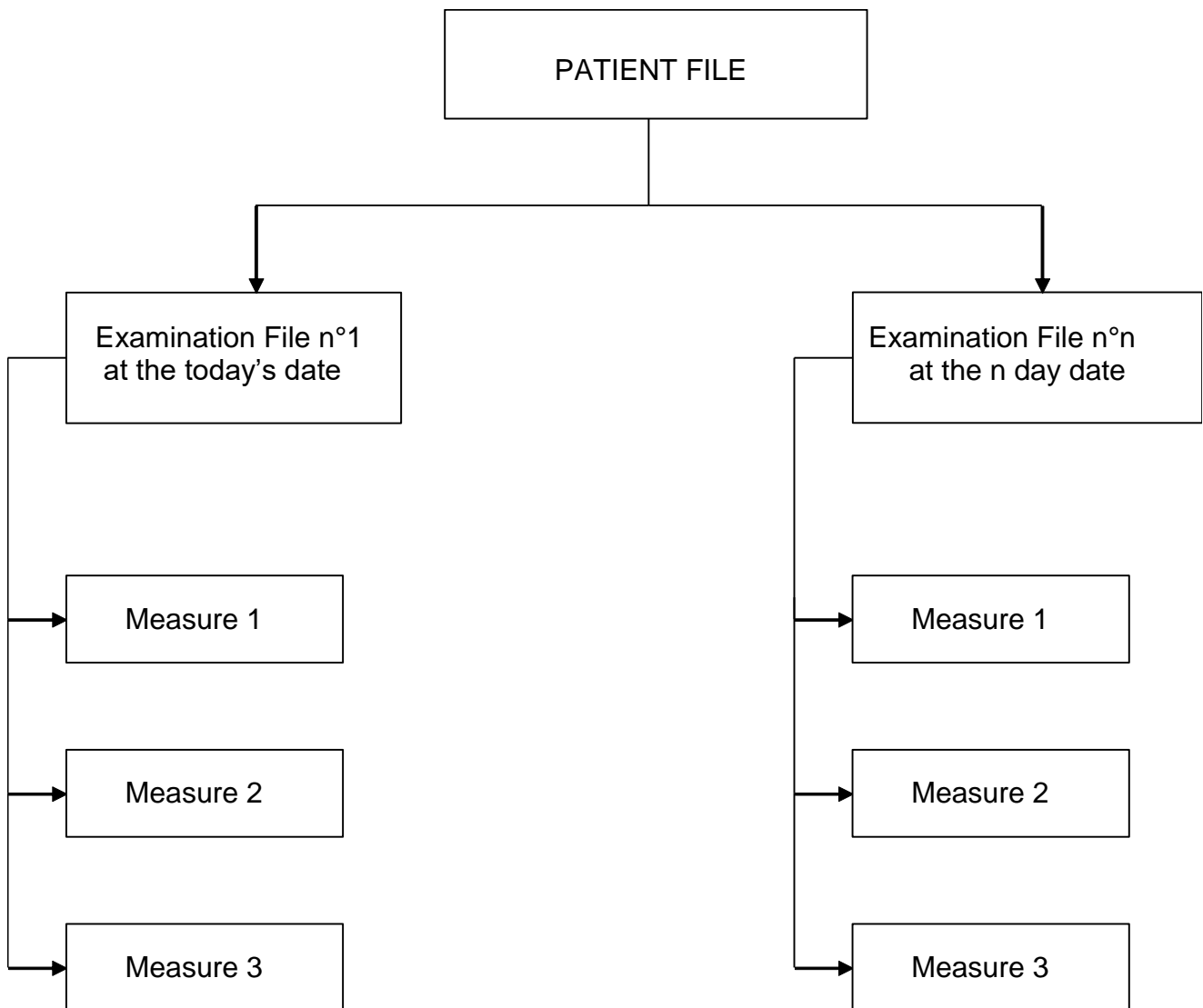
## Making an appointment

After selecting the day, double click on the time slot you want. The following window opens :

- ✓ The selected patient is the currently active patient in the software by default. You can select another patient by clicking on  or by creating a new one by clicking on . If you create a new patient, you must also enter mandatory information necessary for the patient visit (refer to page 27, « Creating a new patient file »).
- ✓ Complete the required fields.
- ✓ Click on  to validate the appointment.
- ✓ The color for the appointment on the schedule varies according to the type of procedure: Clinical exam in green, Patient care in blue, Providing orthotics in yellow, Check up in gray, and Personal in red.



# Visit Flow Chart



An assessment includes the following phases:

- 1) All the data from the **Patient File** including the patient's personal information and measurements.
- 2) All information from the **Exam File** related to the type of exam and patient's pathology.
- 3) Selecting the type of **Measurements** to be performed : static, dynamic or mix measurements. More than one measure can be done through one exam.
- 4) Recording the selected measurements on the hard disc through **Acquisition**.
- 5) **Analysis** of the measurements.

# "Patient" Tab

**fusyo - TEST FUSYO**

Files Utilities Statistics Configuration Help

Home Schedule **Patient** Exam Acquisition Analysis Graphs Compare Report Video Mail

**Patient** Folder 9

Created on 06/04/2004 By ADMIN

Name TEST

First name FUSYO

Birth date 09/05/1976 42 years Birth place

Sex F Profession

Foot size 42, Height 180 cm Weight 65 Kg

**Contact**

**Address**

City code City

**Phone**

Landline

Mobile

Office

E-mail

**Note**

## Tool Bar



New: Creating a new patient file.



Search: Search the database for an existing patient file.



Modify: Modify an existing patient file.



Validate.



Cancel.



Print a patient file.



Print the entire patients listing.





Permanently delete a patient file and all measurements.

# "Patient" Tab


## Creating a new patient file

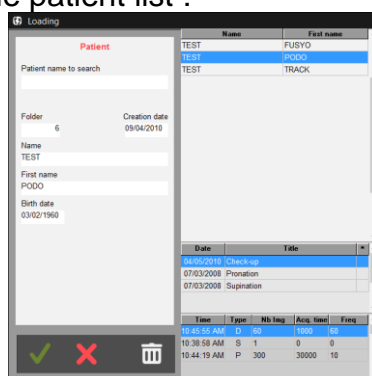
---

- ✓ Select .
- ✓ Enter patient data.  
**Mandatory information fields** will appear in blue: Name, First Name, Birth Date, Foot Size, Weight and Height.
- ✓ Use pre-defined list (see « Files » menu) for the fields where a down arrow key is present ▼ "Gender" and "Profession".
- ✓ Once the patient file is completed, click on .

## Searching for an existing patient file

---

- ✓ Click on  to access the patient list :




Name	First name
TEST	FUSYO
TEST	POOD
TEST	TRACK

Date	Title
01/05/2018	Check-up
07/03/2008	Prenation
07/03/2008	Supination



  

Time	Type	Nb	Ing	Acc	time	Price
10:45:55 AM	D	50	1500	50		
10:38:58 AM	S	1	0	0		
10:44:19 AM	P	300	30000	10		

- ✓ Type the first letters of the name in the field «Patient name to search ».
- ✓ Click on  or double-click directly on the patient's name.

## Modifying an existing patient file

---

- ✓ Click on .
- ✓ Modify the relevant fields.
- ✓ Click on  to validate changes.

# "Exam" Tab

An exam file consists of all the measurements performed (acquisitions) for a given patient, **on a given date**. A new exam file must be created at each patient visit.

An exam may contain an extensive number of measurements (acquisitions) from the same exam type or different types (static, dynamic, or mix measurements).

## Tool bar



New: Creation of a new exam file.



Search: Search for an existing exam file.



Modify: Modify an existing exam file.



Validate.



Cancel.



View previous exam notes.



Attach documents to an exam.



FPI© calculation





Print an exam file.





Permanently delete an exam file and all associated measures.

# "Exam" Tab

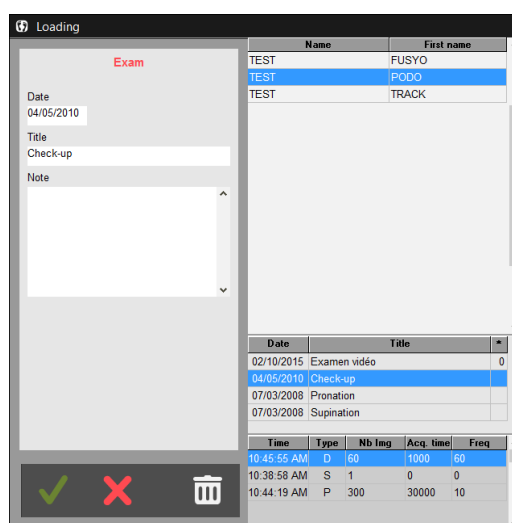
## Creating a new exam

- ✓ For an existing patient, click on .
- ✓ Complete the different sections.
- ✓ Validate by clicking on .

## Searching for an existing exam

- ✓ Click on .
- ✓ Click on  or double-click directly on the exam.

**Note:** You can only modify measurements in an existing exam on the date of the exam. Later on, you have to create a new exam file.





Name	First name
TEST	FUSYO
TEST	PODO
TEST	TRACK

Date	Title	
02/10/2015	Examen vidéo	0
04/05/2010	Check-up	1
07/03/2008	Pronation	1

Time	Type	Nb tag	Acq. time	Freq
10:45:55 AM	D	60	1000	60
10:38:58 AM	S	1	0	0
10:44:19 AM	P	300	30000	10

## Modifying an exam file

- ✓ Click on .
- ✓ Modify the different sections you selected.
- ✓ Click on  to validate changes.

# "Exam" Tab

## Attaching documents to an exam

---



This function allows you to attach documents (word, pdf, picture, video) to an exam.


Name	First name	Birth date
TEST	PODO	03/02/1960

Date	Title
04/05/2010	Check-up
07/03/2008	Pronation
07/03/2008	Supination

Date	Filename

- ✓ Select an exam, by default the displayed exam is selected.
- ✓ Click on  to search on your computer the document to be attached. The software will generate a copy of this document in the directory *c:\win-pod\Documents\Attached* in order to group all attached documents.

The following icons will allow you to manage attached documents:




Undo a document attachment. This function does not erase the document from the computer.



Rename the document



Erase a document from the computer.

The software also allows you to automatically attach pdf prints to the current exam, when the arrow is located on the print icon: , or attach images when you right click on the footprint (menu "Attach to the exam").

# "Exam" Tab

## Previous exams



View and print previous exam notes to facilitate patient care.

Do not forget to fill in "Title" area and the **exam notes** if you desire to see patient notes history throughout care.

Previous exams

Name: TEST First name: PODO Birth date: 03/02/1960

Date: 04/05/2010 Title: Check-up

Date: 07/03/2008 Title: Pronation

Date: 07/03/2008 Title: Supination

## FPI© calculation

FPI©

Foot Posture Index (©Antony Redmond) is a score that allows to determine the posture of the foot from 6 items and thus classifies the foot into 3 morphological groups: normal, potentially pathological and pathological.

Foot Posture Index ©Antony Redmond

Score 1

Date: 10/02/2015

Notes:

	Facteur	Plan	Gauche -2 à +2	Droite -2 à +2
Arrière-pied	Palpation de la tête du talus	Transverse	1	0
	Courbures au-dessus et en-dessous de la malléole latérale	Frontal / transverse	2	2
	Inversion / éversion du calcaneus	Frontal	1	1
Avant-pied	Congruence talo-naviculaire	Transverse	0	-1
	Hauteur de l'arche médial	Sagittal	-2	2
	Abd-Adduction de l'avant-pied	Transverse	-2	2
	Total		6	6

Valeurs de références

Normal = 0 à +5

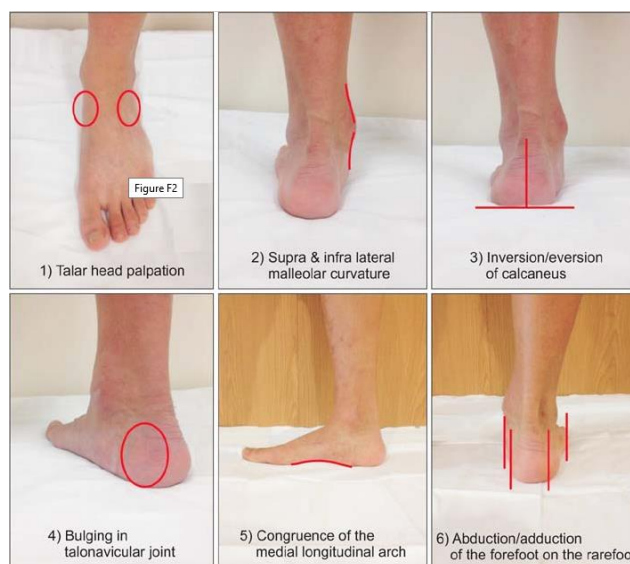
En pronation = +6 à +9  
En supination = -1 à -4

Hautement en pronation >= 10  
Hautement en supination <= -5

# "Exam" Tab

## FPI© calculation

The 6 items to be scored from -2 to +2, so 5 possibilities knowing that - corresponds to a deviation in lateral (external) and + to deviation in medial (internal) are:



The normative values of the FPI © :

	-2	-1	0	1	2
Talar head palpation	Talar head palpable on lateral side/ but not on medial side	Talar head palpable on lateral side/ slightly palpable on medial side	Talar head equally palpable on lateral and medial side	Talar head slightly palpable on lateral side/ palpable on medial side	Talar head not palpable on lateral side/ but palpable on medial side
Supra and infra lateral malleolar curvature	Curve below the malleolus either straight or convex	Curve below the malleolus concave, but flatter/ more than the curve above the malleolus	Both infra and supra malleolar curves roughly equal	Curve below the malleolus more concave than curve above malleolus	Curve below the malleolus markedly more concave than curve above malleolus
Calcaneal frontal plane position	More than an estimated 5° inverted (varus)	Between vertical and an estimated 5° inverted (varus)	Vertical	Between vertical and an estimated 5° everted (valgus)	More than an estimated 5° everted (valgus)
Prominence in the region of the talonavicular joint (TNJ)	Area of TNJ markedly concave	Area of TNJ slightly, but definitely concave	Area of TNJ flat	Area of TNJ bulging slightly	Area of TNJ bulging markedly
Congruence of the medial longitudinal arch	Arch high and acutely angled towards the posterior end of the medial arch	Arch moderately high and slightly acute posteriorly	Arch height normal and concentrically curved	Arch lowered with some flattening in the central portion	Arch very low with severe flattening in the central portion – arch making ground contact
Abduction/adduction of the forefoot on the rarefoot	No lateral toes visible. Medial toes clearly visible	Medial toes clearly more visible than lateral	Medial and lateral toes equally visible	Lateral toes clearly more visible than medial	No medial toes visible. Lateral toes clearly visible

The final score makes it possible to say if the foot is:

- normal (0 à 5),
- supinator (-4 à -1) ou highly supinator (-12 à -5)
- pronator (6 à 9) ou highly pronator (greater than or equal to 10)



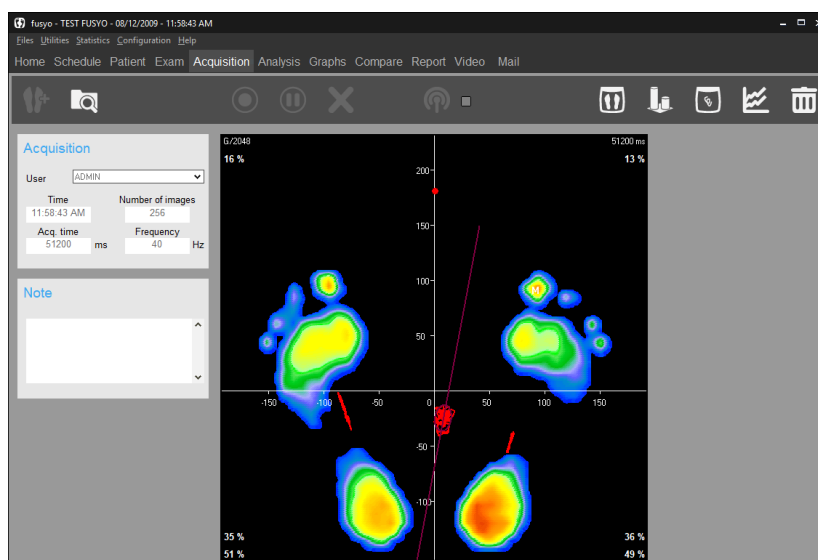
# "Acquisition" Tab

A measurement consists of the recording (**acquisition**) of data in in Static, Dynamic (Gait) or simultaneous acquisition of plantar supports and stabilometric data (displacement of the center of pressure) in Mix (Podo+Postural).

For each acquisition, all the data are **automatically saved** on the hard disc.  
A measurement is always related to a particular exam.

In the course of an exam, you can perform as many measurements as you want (for example, you can carry out 3 static acquisitions and 1 dynamic acquisition).

**Note:** The comments entered during the creation of an exam file are included on the analysis screens, comparison studies and prints (under the title).



## Tool bar



New: Creating a new measurement file.



Search: Searching for previous recordings.



Modify: Modify an existing measurements file.



Validate.



Cancel.



Bluetooth connection to use the Medicapteurs Remote.



Permanently delete a measurement.

# "Acquisition" Tab

## Tool bar



**Plate Connection Test:** View "real time" images of pressure mapping. This function is very useful to verify proper connection of system and to perform a quick visualization of foot mapping without saving the data.

**Warning:** This function does not allow acquisitions.



View « real time » images of the **Center of Pressure** with an option to select a limited zone of sway to train the patient to control their body's oscillations (Bio feedback).

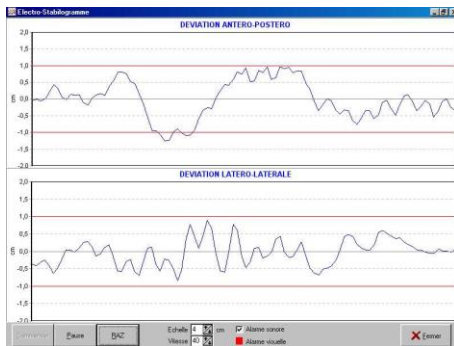
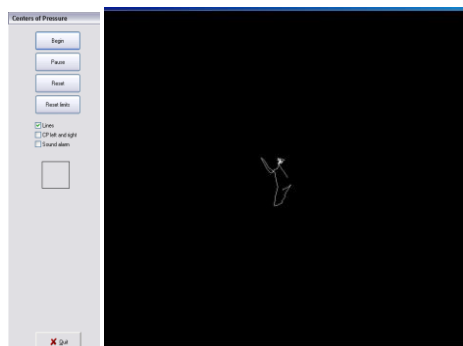
To delineate the zone, click on the screen and move the mouse diagonally toward the bottom while maintaining left click on the mouse to delineate the Center of Pressure (COP).



View simultaneously « real time » images of antero-posterior and left-right deviations. You can set speed, high, and low limits for visual or sound alarm. (Bio feedback).



View « real time » images of left-right thrust.



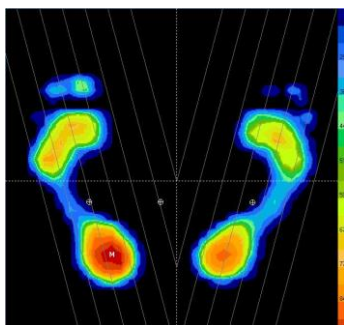
Real Time Display of the COP

Antero-Posterior and  
Latero-lateral Deviations

Left-right thrust

- « **Shortcut Options** » : virtual landmarks can be inserted during acquisition

To make landmarks appear on the screen, select the following keys:



/ : 30° Axis lines

- : Horizontal lines to control heel alignment

+ : Orthogonal axis to divide the screen in 4 quadrants

# "Acquisition" Tab

## Creating a measurement (Acquisition)

---




You can choose 3 types of acquisition:

- **Static**: To record the bipedal cartography of the plantar pressures.
- **Dynamic**: To record the foot progression on the platform through the gait cycle. A high acquisition frequency (up to 200 images per second) allows an accurate analysis of the evolution of plantar support.
- **Mix**: Posturology is in a way "**the dynamic of static upright posture** ». Instead of recording the patient's plantar supports at a particular time to obtain a single (static) image, recordings of the patient's bipedal support are performed during an established time period in order to analyze the variations of plantar support and the displacement of the foot pressure centers.

It is used for evaluating postural instability or analyzing plantar supports during movements for specific activities (sports, rehab, etc.).

It is in this mode of acquisition that the FUSYO platform is used to the maximum of its capacities: the plantar pressure maps and the pressure center movement are simultaneously recorded according to the APE 85 standards.

To create a new measure, you can :

- Click on the  icon, then choose the type of acquisition.
- Use the remote you have installed on your mobile device (for more information on the remote's installation and setup, please refer to its users guide).
  - Click on  to open the Bluetooth link from your software. The square indicator next to this icon lits green when the connection is made.
  - Tap on  to open the Bluetooth link from your mobile device. The indicator on this button lits when the connection is made.
  - Then select, validate, or cancel acquisitions from your mobile device.  
**Comment :** The setting windows for dynamic or posturological measures won't appear when you use the remote ; the latest software settings will be used.



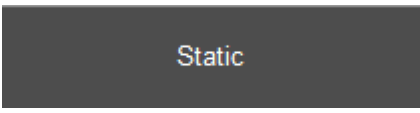
# "Acquisition" Tab

## Static Acquisition

---


- ✓ If you use the positioner to position the patient, check **"With positioner"** in the "Type of Measurements" window


Static

- ✓ Click on .
- ✓ If you have the Medicapteur scanner, you can set the software so that the foot scan starts automatically after static acquisition. To do this, select the "Scan" check box on the "Static" button.
- ✓ Position the patient on the platform.

On the screen, you will see a real time image of the cartography of the plantar pressures and the **Center of Pressure (displayed as ⊕ )**

You can type comments related to observations in the « Measurements Notes » section.

- ✓ Positioning the patient: in natural position or in standardized position using the virtual landmarks (see page 34) or the horizontal landmarks drawn on the surface of the platform. It is important to **align the heels** on the same line (use the horizontal half lines displayed behind each foot).
- ✓ Start acquisition by clicking on .

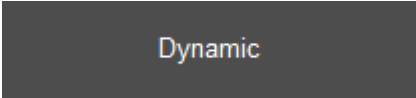
When the "Acquisition" key turns gray, the acquisition is completed and the patient may step down. Data is recorded on the computer disc. You can delete by clicking on .

You may now either start a new acquisition or go on to another operation.

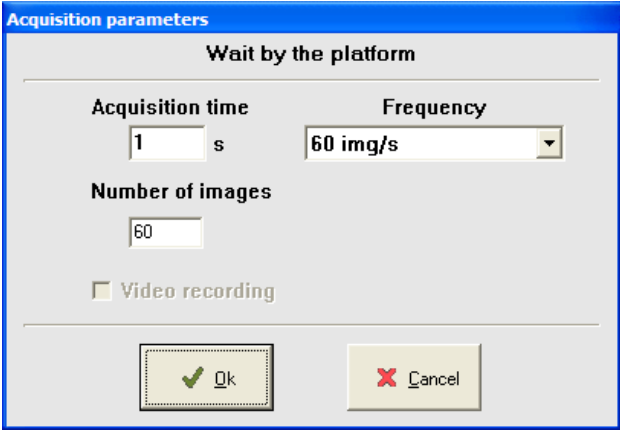
# "Acquisition" Tab

## Basic Dynamic Acquisition (one gait cycle)

**WARNING** : The use of your FUSYO platform in "Dynamic" (unrolled on the platform) requires the use of a walking track (optional).

- ✓ Click on  in the "Type of Measurements" window.
- ✓ The **Acquisition Parameters** screen appears.

Instruct the patient to step down from platform.



The image shows a software window titled "Acquisition parameters". Inside, there is a section titled "Wait by the platform". Below this, there are three input fields: "Acquisition time" with a value of "1" and a unit "s", "Frequency" with a dropdown menu showing "60 img/s", and "Number of images" with a value of "60". There is also a checkbox labeled "Video recording" which is currently unchecked. At the bottom of the window, there are two buttons: "Ok" with a green checkmark icon and "Cancel" with a red X icon.

### Acquisition Parameters

#### *Time (in seconds)*

Time required by the patient to complete an entire step on the platform. Acquisition time is set by default at 1 second. If the patient's gait is extremely slow due to difficulty in moving, this parameter may be changed to 2 to 3 seconds. The "normal timing" for a full step progression is between 700 and 900 ms.

#### Frequency

Click on ▼ to select the acquisition frequency. This selection determines the number of images recorded per second (up to 200).

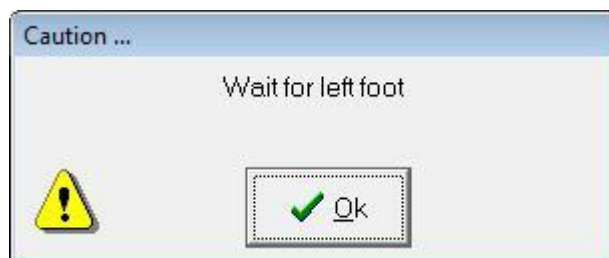
# "Acquisition" Tab

## Basic Dynamic Acquisition (one gait cycle)

---

- ✓ Once you have selected the acquisition parameters, click on « OK ».

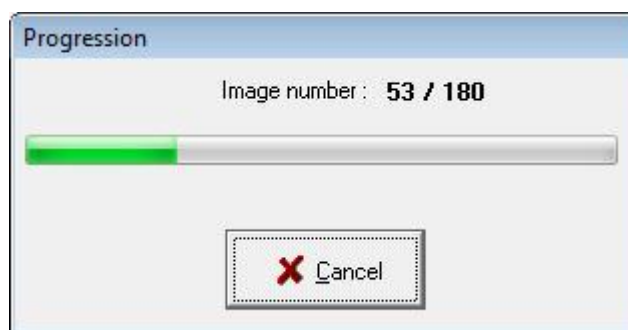
The following screen appears:



- ✓ Instruct the patient to step a couple times on the platform in order to feel relax and get accustomed to stepping properly on the platform.
- ✓ Then click « OK » to activate the platform and ask the patient to walk across the platform (striking the center portion of the platform) with the left foot.

The following screen appears.

**Note** : recording starts as soon as contact is made with the platform!



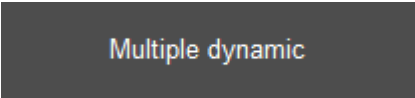
The patient may then step across the platform with the left foot (recording starts as soon as the heel strikes the platform).

- ✓ Repeat the same sequence for the **Right Foot**.

You may now either start a new acquisition or go on to another operation.

# "Acquisition" Tab

## Multiple Dynamic Acquisitions (Multiple Steps)

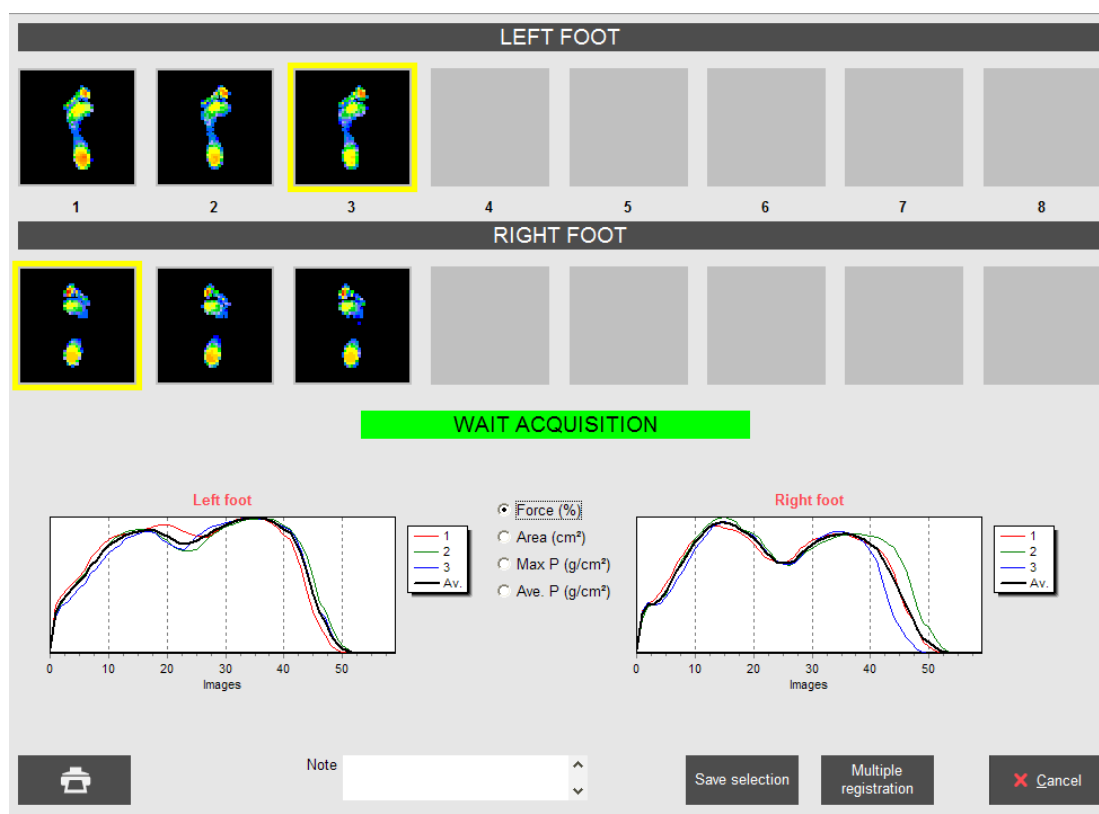
- ✓ Click on  in the "Type of Measurements" window.
- ✓ Select your acquisition parameters (see page 37) and click on « OK ».
- ✓ When the screen appears (see below), the 16 icons "Left Foot" and "Right Foot" are empty. You can now start acquisitions.

### Description

The Multi Steps Option allows acquiring up to 16 dynamic steps (8 for each foot). The software identifies automatically the left and right foot recordings.

From these multiple acquisitions, calculations and graphs can be displayed for each foot to describe the evolution of **force**, **maximum pressures**, **average pressures**, **surface areas** during the gait cycle as well as averages throughout the entire 16 step process.

The software automatically selects the right and left Foot Prints which are the closest to the average, allowing the user to visualize the 2 most significant steps.

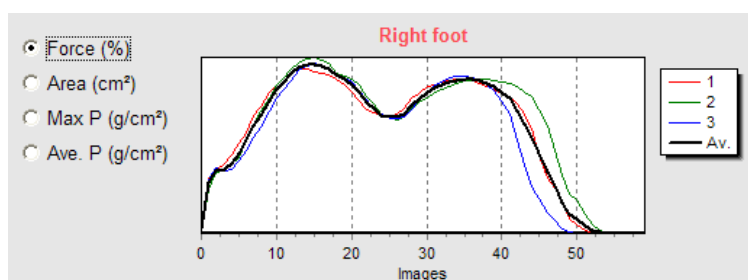


# "Acquisition" Tab

## Multiple Dynamic Acquisitions (Multiple Steps)

### Recording

- ✓ Walk on the platform successively with the left and right foot (up to 8 steps for each foot) in which ever direction you prefer always striking the gray portion of the platform.
- ✓ Verify that the **automatic sequence** "Left Foot" and "Right Foot" is correct. In certain walking situations, the software may switch the "Left Foot" and "Right Foot" which will affect calculations and averages.  
In such instances, right click on the image which is improperly displayed and select proper action (delete, switch right/left).
- ✓ After verification and proper selection of images you want to keep (you can **zoom on each image** by double-clicking on it), click on one of the parameters (we recommend "**Force**").



The software automatically selects the Left Foot and Right Foot images which are the closest to the average.

- ✓ Verify that the automatic selection of each foot is correct (yellow box).
- ✓ If you choose to modify this selection, you can select another image by clicking on it and moving the yellow box.
- ✓ You can also **print the screen** to keep a record of the images and graphs.
- ✓ Click on **Save selection** to save the 2 dynamic recordings selected in the patient file or on **Multiple registration** to save several couple "Left foot / Right foot".

You may now either start a new acquisition or go on to another operation.



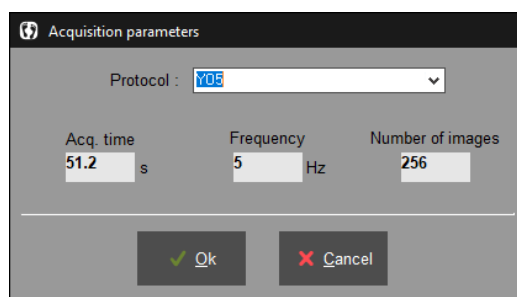
# "Acquisition" Tab

## Mix Acquisition

- ✓ If you use the positioner to position the patient, check **"With positioner"** in the "Type of Measurements" window.
- ✓ Click on "Couplage" in the "Type of Measurements" window.

**Warning:** Make sure that the patient is not on the platform, as the software is recalibrated before each new type of acquisition.

- ✓ The protocol selection screen appears.



### Acquisition parameters

**Protocol :** Select the protocol you want to use (see page 12).

**Acq. time (in seconds) :** The duration of the postural analysis recording.

**Frequency :** Number of images recorded per second.

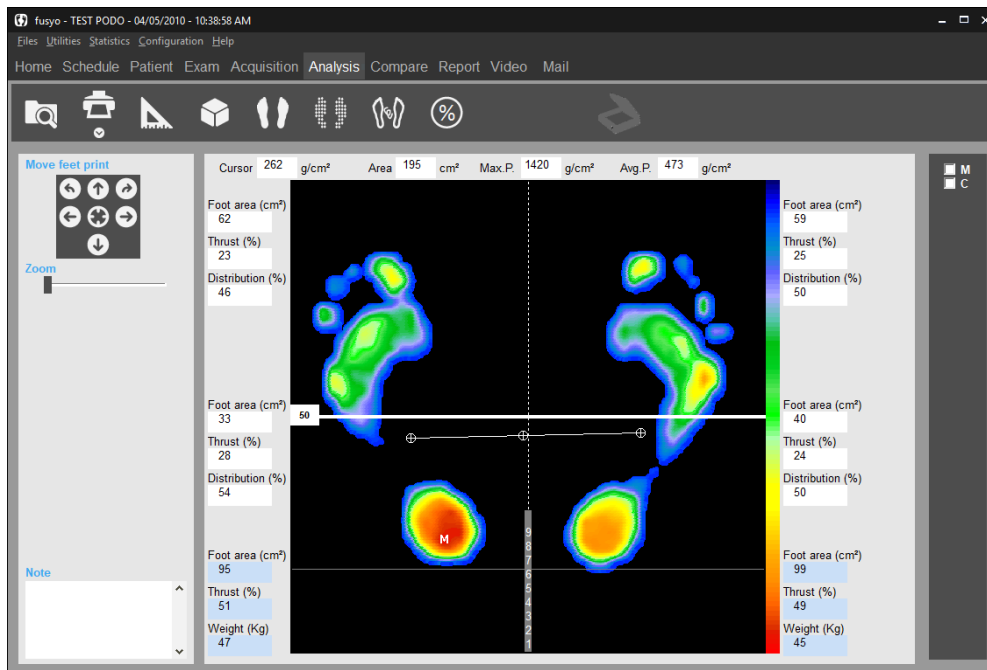
**Number of images :** Number of images saved during a measurement.

- ✓ When the protocol is selected, click on « OK ».
- ✓ Follow the instructions of the software by placing your patient in the different situations of your protocol

**Warning :** Acquisitions use all computer resources and therefore other computer functions cannot be performed during acquisitions ! Particularly live applications such as: antivirus, scan modem, downloading, skype... and with applications requiring large memory use such as: large word files, keyboard, etc.

When acquisition is completed, you may now either start a new acquisition or go on to another operation.

# Detailed Static Analysis



## Tool Bar



Search : Opens the patient database to review a measurement.



Print. The arrow gives access to "Scale 1 Printing" menu (see page 89) and "Attaching documents to an exam" (see page 30).



Foot Print Measurements.



3D view.



Standard view.



Isopressure view.



Center of Pressure visualization.



Percents view



Superposition d'un scan des pieds et de l'empreinte podométrique



Foot print centered and calculation of « Bessou Line Analysis » according to the center of pressure.



Foot print centered and calculation of « Bessou Line Analysis » according to the point of maximum pressure.

# Detailed Static Analysis

## Foot Print Analysis

---

### Centering the Foot Print



These keys are used for framing or rotating the foot print for easier review when your patient is not correctly positioned during acquisition or to modify the forefoot/heel limits used for calculations by sectors.

**Important Note** : When you re-frame a print, the initial print file is automatically replaced by a re-framed print file, on the hard disk (if you then open the print file, you will be able to see the re-framed print ).

### Cartography

The following information is displayed on the **cartography** :



: Point of maximum pressure (the value is displayed in Max P.

⊕ : These 3 marks depict the COP (Left foot, Right foot, and Center). The center ⊕ is the **Center of Pressure**.

### Calculation on both feet

Cursor	1203	g/cm <sup>2</sup>	Area	195	cm <sup>2</sup>	Max.P.	1420	g/cm <sup>2</sup>	Avg.P.	473	g/cm <sup>2</sup>
--------	------	-------------------	------	-----	-----------------	--------	------	-------------------	--------	-----	-------------------

- **Cursor** : The pressure measured at the point where the cursor is located(g/cm<sup>2</sup>). Use the mouse to navigate this tool.
- **Area** : Surface Area covered by both feet (total support surface) in cm<sup>2</sup>.
- **Max P.** : The maximum pressure point measured.
- **Avg P.** : Average pressure calculated over both feet.

# Detailed Static Analysis

## Foot Print Analysis

---

### Calculation per quadrant

Several calculations are performed in each of the 4 podometer sectors as defined by an axis on the cartography.

A white Cross represents the axis on the platform.

The following parameters are available :

#### *For each quadrant (in white)*

- **Area** : Support surface in the quadrant (cm<sup>2</sup>).
- **Thrust** : Percentage of Thrust in a quadrant, as a proportion of the total pressure through **both feet**.
- **Distribution** : Percentage of support in the front and back halves of the foot.

#### *For each foot (in blue)*

- **Area** : Support surface of the foot(cm<sup>2</sup>).
- **Thrust** ; total thrust of the foot.
- **Weight** applied on the foot.

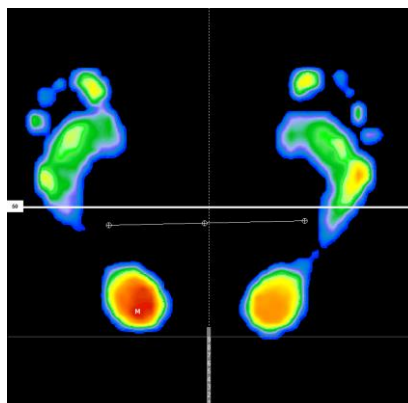
## "Standard" View

---



The plantar pressures mapping is represented with a palette of different colors from blue (**low pressure**) to red (**high pressure**).

**Note** : The image resolution, screen display and the colors can be changed in the Configuration Menu : Configuration/Parameters/ Colors (see page 17).



You can select « Virtual Positioning » axis on the screen (see page 34).

# Detailed Static Analysis


## "Isopressure" View



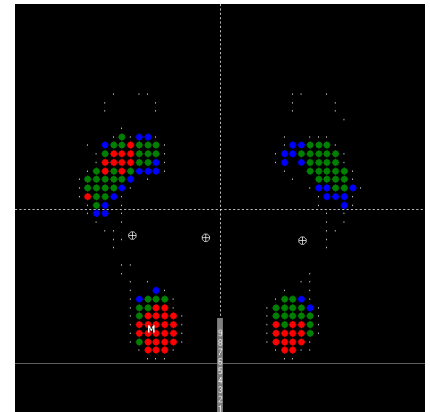
In the standard view, the different levels of plantar pressures are represented with a continuous palette of colors from blue to red.

In the isopressure view, there are only 3 colors available (red, green and blue) corresponding to 3 pressure intervals :

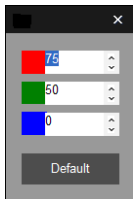
- Blue : Low pressures.
- Green : Intermediate pressures.
- Red : High pressures

The pressure level which determines each color can be adjusted by the user by **increasing or decreasing** the pressure level corresponding to a color by clicking on  (see example below).

The value which is on the right of the color square represents the pressure level (expressed as a percentage of the maximum pressure point "M").



Example :



**Red** represents areas of pressure **above 75%** of the max pressure.

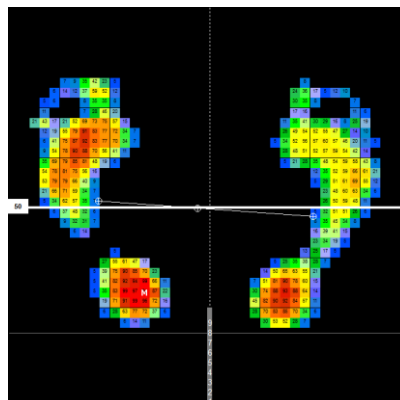
**Green** represents areas of pressure **between 50% and 75%** of the max. pressure.

**Blue** represents area of pressure **between 0% and 50%** of the max. pressure.

## "Percents" View



In this mode, the pressure points are expressed in % of max.pressure. The max.pressure points are represented with the sign %.

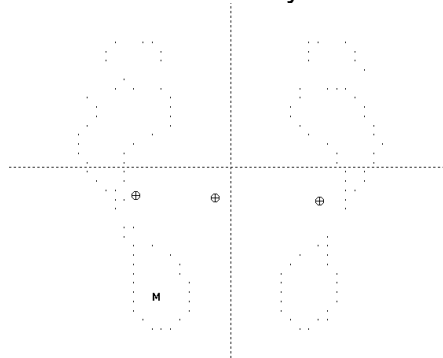


# Detailed Static Analysis

## “Center of Pressure” View



This mode is used for visualizing the foot shape, the centers of pressure ( $\oplus$ ) and the max. pressure point (M). It is often used in dynamic analysis to display the “Gail Line”.





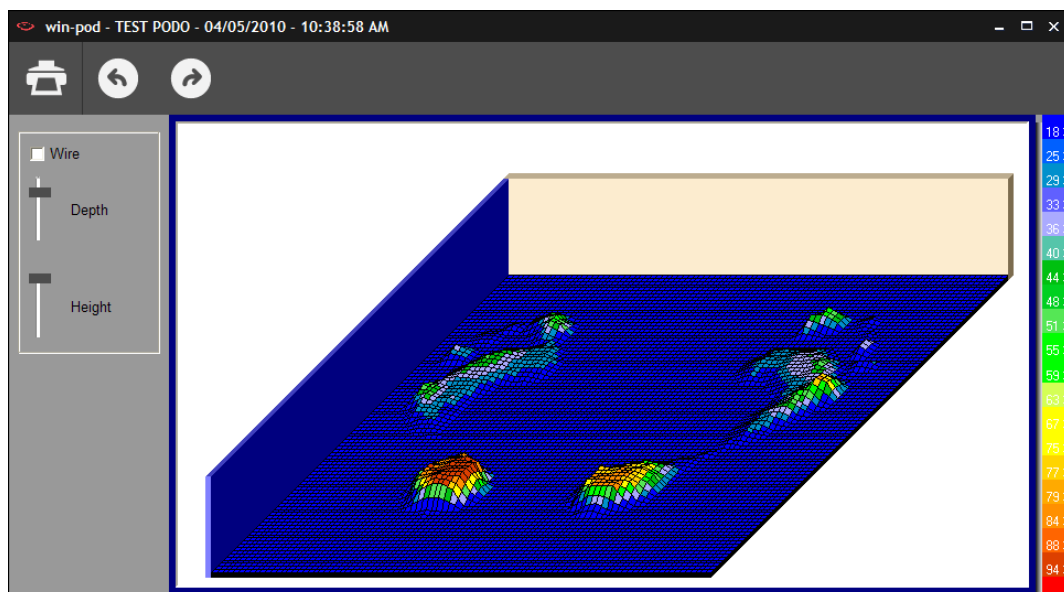
## "3D" View



The cartography of pressures is visualized in **3 dimensions**.

The object of this image is not to permit an accurate analysis of support, but rather to produce an easily understandable and highly visible image for the patient.

The picture can be moved and rotated by clicking on these arrows   or by moving along the “Depth” cursor.



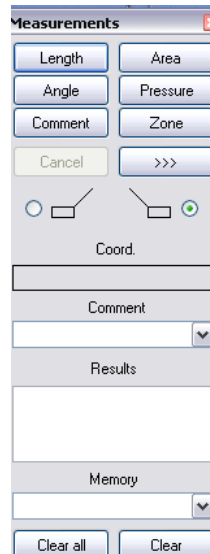
# Detailed Static Analysis

## "Measurements" Option

---



**Measurements** can be carried out and **comments** can be added on the cartographies. It will appear on the screen and printing but **it is not recorded**.



Click on the option to select :

- **Length** : Measuring one or more distance on the cartography in cm.  
Point and click (once) to define the first point of the segment to be measured. Move mouse, point at a second point, then click.
- **Angle** : Measuring an angle on the cartography. Point and click the 3 points forming the 2 generating lines of the angle to be measured.
- **Area** : Click once, and then move mouse to form an ellipse. Click a second time to display the surface area within the ellipse.

# Detailed Static Analysis



## "Measurements" Option

---

- **Zone**: Maximum Pressure, Average Pressure, Surface Area, Timing calculations in a selected area (following the captors' distribution).  
To open a zone, click on the upper left corner of the selected zone, keep the pressure on the mouse and move it towards the right lower corner. When you release the mouse, the measurements values will appear.

**Pressure**: Click on point on the cartography to display the pressure at that particular point. You can click on the box with pressure value to move it and then double click to leave it at the position you selected.

- **>>>**: Insert an **icon** directly on the foot print.
- **Comment**: Used for inserting comments on the cartography (will appear when printing)

- ✓ Click on 
- ✓ Click on the beginning of the line 
- ✓ Type comment on the selected foot print area.
- ✓ Click on point to insert the comment.
- ✓ Move mouse to position comment box.
- ✓ Click a second time to have comment fixed.

- **Results**: Displays the results of the last measurement performed (length, angle or surface).
- **Coord.**: Displays the Cartesian coordinates (x,y) of the position of the mouse cursor.
- **Clear**: Deletes the **last** performed measurements.
- **Clear all**: Deletes **all** the performed measurements.

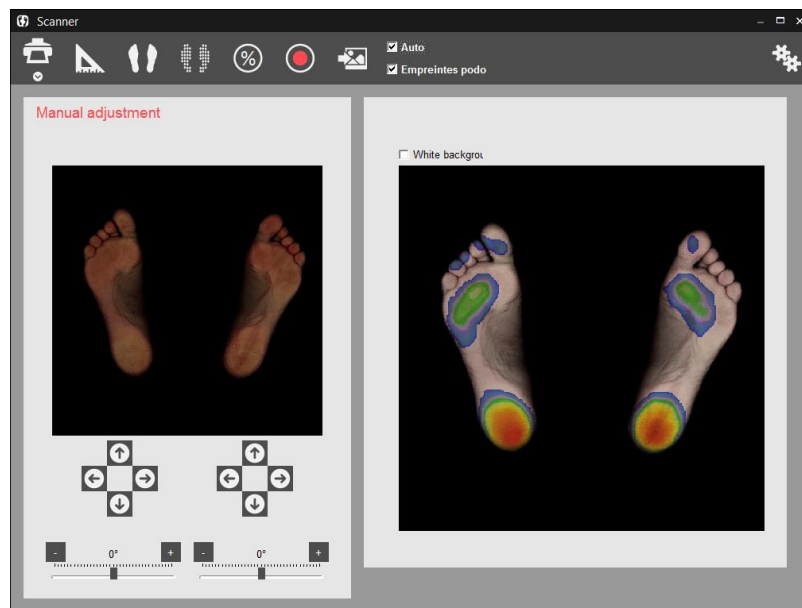


# Detailed Static Analysis

## "Scanner" Option



If you have the Medicauteur scanner, you can superimpose the image from the scanner with the podometric image from the platform.



Print. The arrow gives access to "Scale 1 Printing" menu (see page 89).



Measurements.



Standard view of the podometric image.



Isopressure view of the podometric image.



Percents view of the podometric image.



Scan feet.

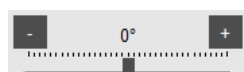



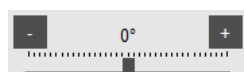
Link an existing scan to live exam recording.

This key allows exploring the hard drive to load an image in **jpg**, **jpeg** or **bmp** format.



Capture parameters.





The buttons  and  allow to adjust the scan of the feet to the podometric image if the automatic overlay is not exact.



# Detailed Static Analysis

## "Lines of Bessou"

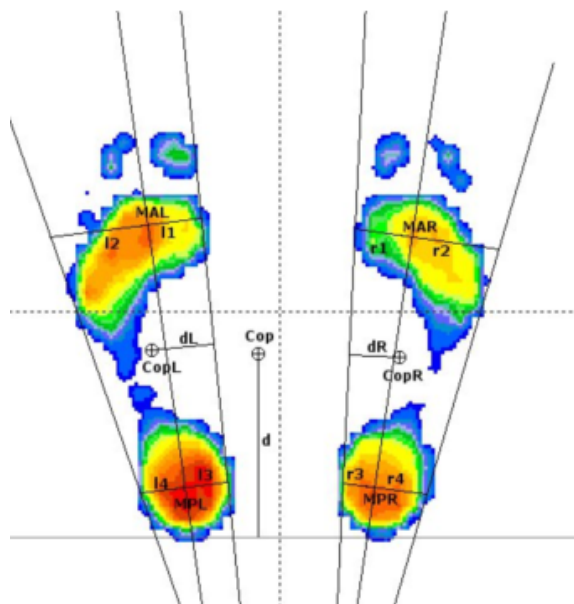
### Presentation

Professor Paul Bessou, affiliated with the Podiatry School of Toulouse, France presented new description methods to clearly define static foot prints and particularly compare to measurements with or without treatment plans (for example with or without orthotics).

In the "Detailed Analysis » tab section, you can click on ,  the following lines and calculations appear :

- Internal and external foot tangents.
- The lines passing through the fore foot and heel centers of pressure (.
- The lines passing through the maximum pressure points in the fore foot and heel (.
- The line connecting the back of the heels ( which should be aligned)

A reference was given for each of these parameters :



**MAL** : Max Anterior Left  
**MPL** : Max Posterior Left  
**MAR** : Max Anterior Right  
**MPR** : Max Posterior Right

**i1** : MAL – internal left tangent distance  
**i2** : MAL – external left tangent distance  
**l3** : MPL – internal left tangent distance  
**l4** : MPL – external left tangent distance

**r1** : MAR – internal right tangent distance  
**r2** : MAR – external right tangent distance  
**r3** : MPR – internal right tangent distance  
**r4** : MPR – external right tangent distance

**Cop** : Center of pressure  
**CopL** : Center of pressure Left  
**CopR** : Center of pressure Right

**d** : Cop and heels line distance  
**dL** : CopL and internal tangent distance  
**dR** : CopR and internal tangent distance  
**Angle** : angle between internal tangents

Find out how to use the references on the next page.

# Detailed Static Analysis

## "Lines of Bessou"

---

### Use

From the lines automatically displayed, the software calculates multiple measurements of distances to define the forefoot degrees of **rotation** (**I1** and **I2** for the left foot, **r1** and **r2** for the right foot) or for the heel (**I3** and **I4**, **r3** and **r4**).

The calculation of the **distance "d"** between the line posterior to the heels and the global center of pressure provide information on the antero posterior positioning of the patient: the greater the distance the greater the anterior positioning of the patient.

Finally, between the distances **dL** and **dR** between the lines passing through the global center of pressure of each foot and the internal tangents quantifies the global rotation of each foot.

The explanation of these parameters is extensive however they are really **easy to use** and it allows quantifying the effects of treatments on patients:

- ✓ Perform to successive recordings that you want to compare (typically with and without orthotics).
- ✓ Display the « lines of Bessou » according to M or C.
- ✓ Select the parameters you want to study and compare them with the results of the 2<sup>nd</sup> recording.

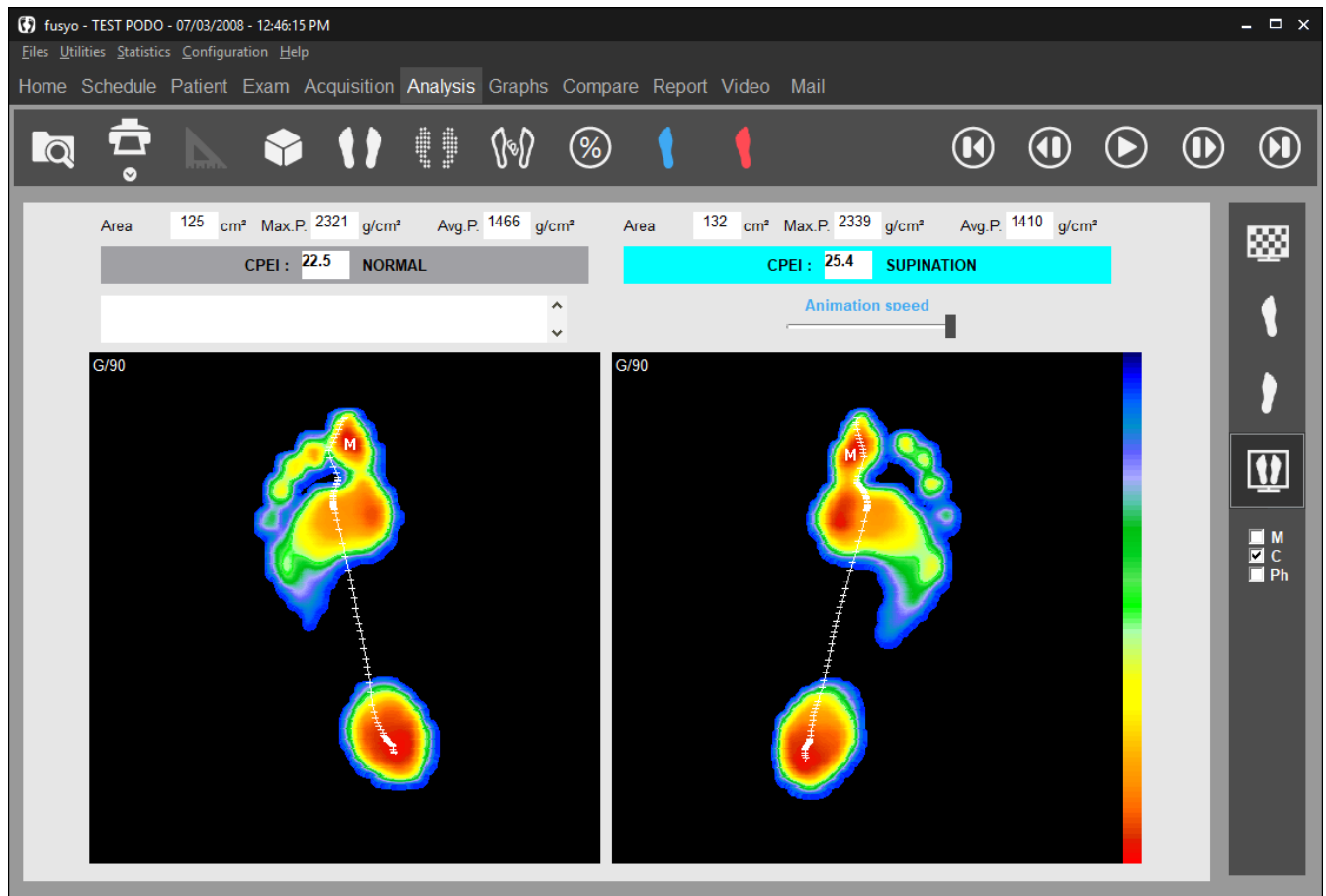
For example for the correction of excessive forefoot external rotation, compare the distances r1/r2 and I1/I2.

Similarly, study the evaluation of the parameter "d" to verify the effect of the treatment on the patient's antero-posterior position.

In 2006, the National Association for Research In Podiatry (ANREP) launched a study with MEDICAPTEURS and the French post graduate institutes on the effect of the supination corner on plantar pressures.

The WIN-POD system was selected for this particular study and the software was modified to include the « lines of Bessou » used for quantifying plantar pressure changes.









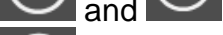






# Detailed Dynamic Analysis



# Detailed Dynamic Analysis

## Tool bar

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	Search : Access to patient file to load measurement.
	Print. The arrow gives access to "Scale 1 Printing" menu (see page 89) and "Attaching documents to an exam" (see page 30).
	Foot print measurements.
	3D view.
	Standard view.
	Isopressure view.
	Foot Outline view, Gait line and Max line.
	Percents view
	Contact duration.
	Impulse view (Time x Pressure).
	Start or stop the step progress.
	and  In mode pause, you can see a forward or backward image by image replay.
	Displays the first image of the step progress.
	Displays the mean results of all the progress images(global view).
	Left Foot Display.
	Right Foot Display.
	2 Feet Display.
	Mosaic : display all the progress images on one screen.
	Displays the curve of displacement of the Max. support(Maxline).
	Displays the curve of displacement of the center of thrust (Gaitline).
	Displays the three phases of the step.

# Detailed Dynamic Analysis

## Foot Print Analysis

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### Tools of visualization

- Moving the foot print:




These buttons allow to center or rotate the footprint when the cartography is not properly positioned.

**Important Note** : when you perform foot print framing, the initial foot print file is automatically replaced on the hard disc with the properly framed file (if you check this file later, you will view the properly centered view).


- Speed of progression : by moving the cursor, the speed of image display can be changed.
- **The 2 feet display** with  disable some functionalities like the foot print measurements. It is necessary to go to the monopodal display to reach these functions.

### On the cartography


On the cartography, the following information is available :

 : Time elapsed since the beginning of acquisition. Expressed in milliseconds (ms).

If the  **M** and  **C** are not selected :

 : Point of maximum pressure.

⊕ : Centre of de thrust calculated on the displayed image.

If  **C** and/or  **M** is/are selected :

Visualization of the **Gaitline** (curve representing the evolution of the thrust center) and/or the curve representing the evolution of maximum point of support (**Maxline**).

# Detailed Dynamic Analysis

## Foot Print Analysis

---

### Calculations on displayed image

Cursor	266	g/cm <sup>2</sup>	Area	140	cm <sup>2</sup>	Max.P.	2608	g/cm <sup>2</sup>	Avg.P.	1516	g/cm <sup>2</sup>
--------	-----	-------------------	------	-----	-----------------	--------	------	-------------------	--------	------	-------------------

- **Cursor** : The pressure value of the support point which is pointed at with the mouse arrow is displayed in this box (g/cm<sup>2</sup>).
- **Area** : Total surface area of support (cm<sup>2</sup>).
- **MaxP.** : Value of the M point: maximum Pressure (g/cm<sup>2</sup>).
- **Avg P.** : Average Pressure.

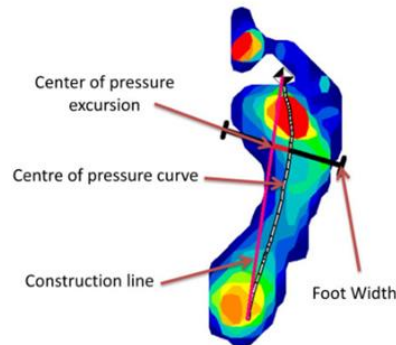
# Detailed Dynamic Analysis

## CPEI calculation

CPEI : 22.5 NORMAL

CPEI : 25.4 SUPINATION

Center of Pressure Excursion Index (CPEI) is a parameter which makes it possible to characterize the foot: pronator, normal or supinator.

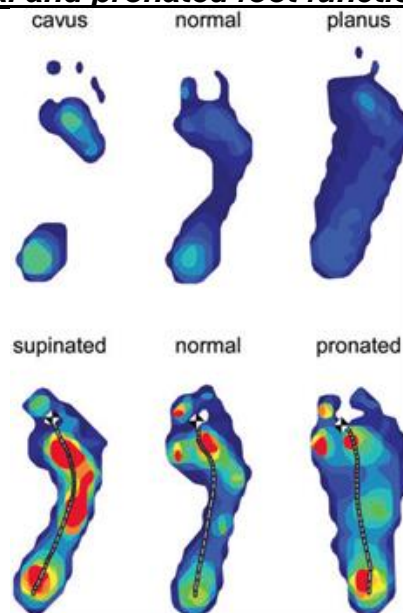


$$\text{CPEI} = \frac{\text{Center of Pressure}}{\text{Foot Width}} \times 100$$

The cut-off scores to define each category were as follows:

- for men: supinated (23.6 - 42.2), the normal reference group (10.3 - 23.4) and pronated (-25.3 - 10.2),
- for women: supinated (19.3 - 37.9), the reference group (6.2 - 19.2) and pronated (-11.2 - 6.1).

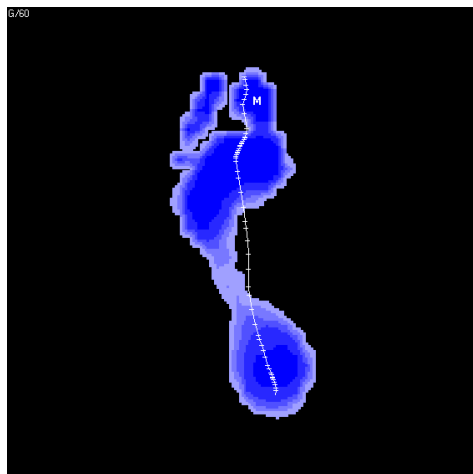
**Typical examples of cavus, normal and planus foot posture categories (top)**  
**and supinated, normal and pronated foot function categories (bottom):**



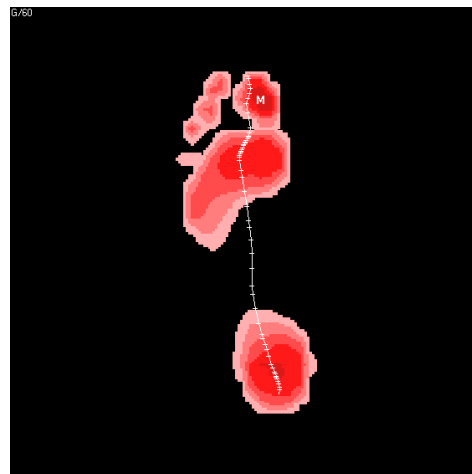
Extract from the article Foot posture, foot function and low back pain: the Framingham Foot Study by Hylton B. Menz, Alyssa B. Dufour, Jody L. Riskowski, Howard J. Hillstrom and Marian T. Hannan



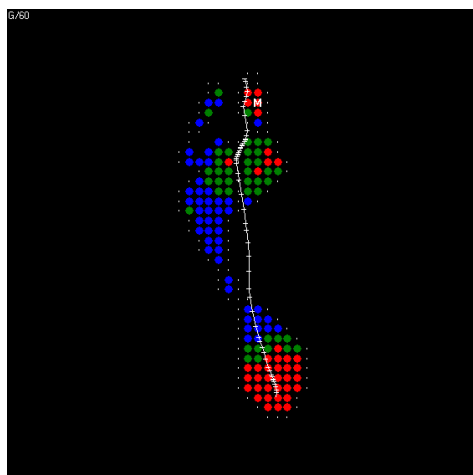
# Detailed Dynamic Analysis



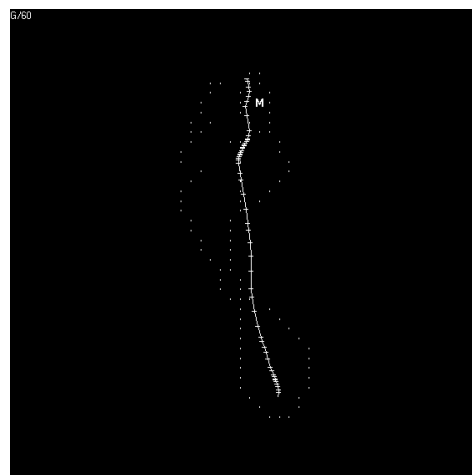
Contact Duration



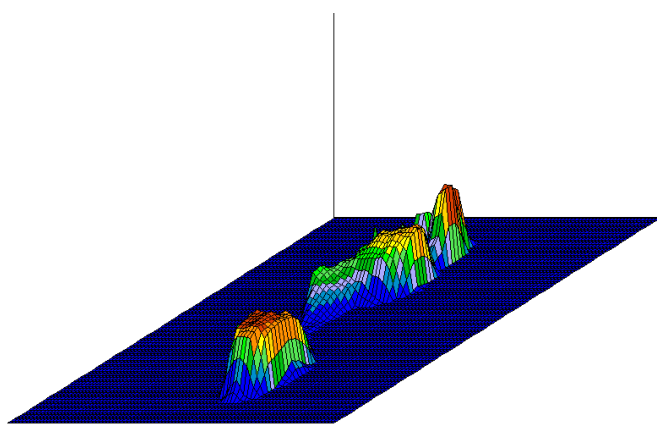
Impulse



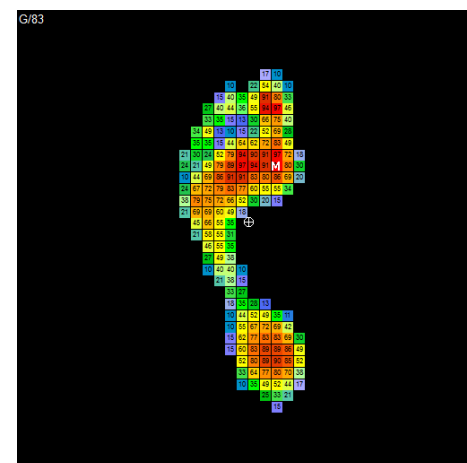
Isopressure



Center of Pressure



3D



Percents

# Detailed Dynamic Analysis

## Multiple Views

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**Standard view** (See page 44).



**Isopressure view** (See page 45).



**Percents view** (See page 45).



**Center of Pressure view** (See page 46).



**« Duration of contact » view.**

This image displays the time length of foot support in each foot area during the step process : the darker the blue color, the longer the foot support lasts.



**"Time x Pressure" view (or "Impulse").**

In dynamic analysis, hyper pressures and duration of contact can be studied, however the most interesting parameter is the "**Time x Pressure**" which defines "**Quantity of Charge**" applied for each foot area and allows to outline potential "risk areas" (particularly as a preventive measure for the "diabetic foot").

The cartography "**Time x Pressure**" can be easily analyzed : the darker the red color, the greater the charge quantity.



**3D view** (see page 46).



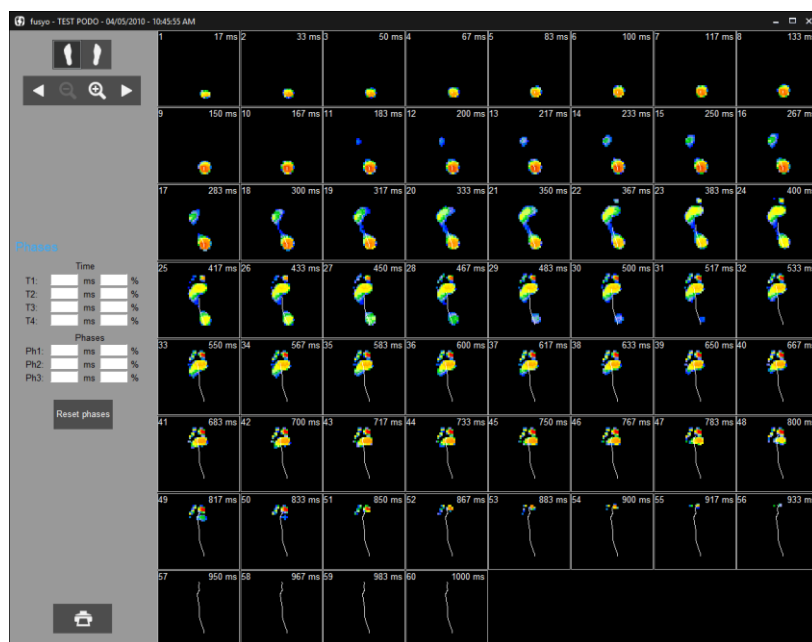
**Measurements options** (see page 47).

# Detailed Dynamic Analysis

## "Mosaic" View



Display all the successive images of the step progression :



Select the foot to be displayed.



Front Zoom.



Back Zoom.



and Forward or backward rewinding.



Printing

	Time		
T1:	17	ms	1.7 %
T2:	183	ms	18.3 %
T3:	533	ms	53.3 %
T4:	1000	ms	100.0 %

	Phases		
Ph1:	167	ms	16.7 %
Ph2:	350	ms	35.0 %
Ph3:	467	ms	46.7 %

Reset phases

**Note** : when you double-click an image from mosaic, you can directly open a detailed analysis of this image.

If you click on an image you can position 4 cursors (T1 to T4). The software will calculate the time between the cursors either in ms or in % to the whole duration of the step progress.

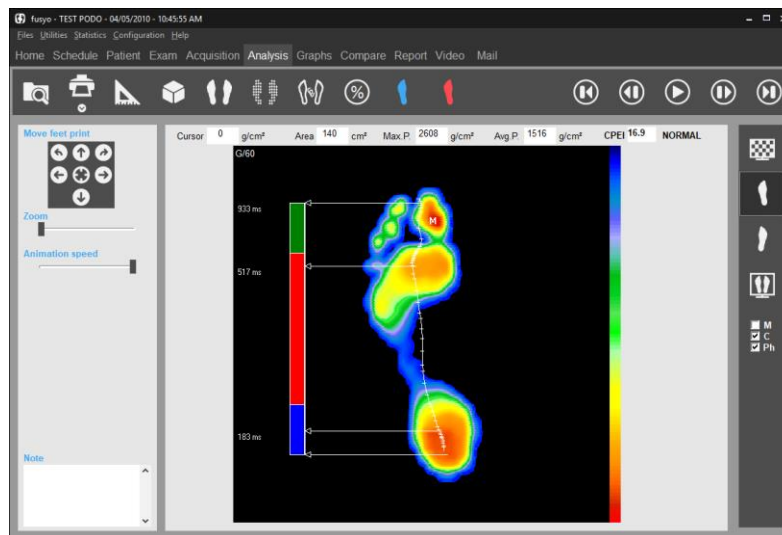
This option is very useful to estimate the **“timing “of the step progress by selecting the heel strike, plantar, and toe off phases.**

Click on Reset phases to clear the calculations for these phases.

# Detailed Dynamic Analysis

## Step Phases Analysis

By clicking on ☒ **Ph** the 3 phases of the step can be defined (Heel strike, Plantar, and Toe off phase) and compared with personalized normative values.




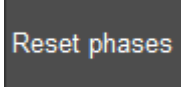

For this function, there are 2 steps :

### 1. Initializing normative data

The duration of each of the step phases can be captured by clicking successively on : *Configuration/Parameters/General* (see page 16).

By default, the phases' distribution are : 20%/60%20%.

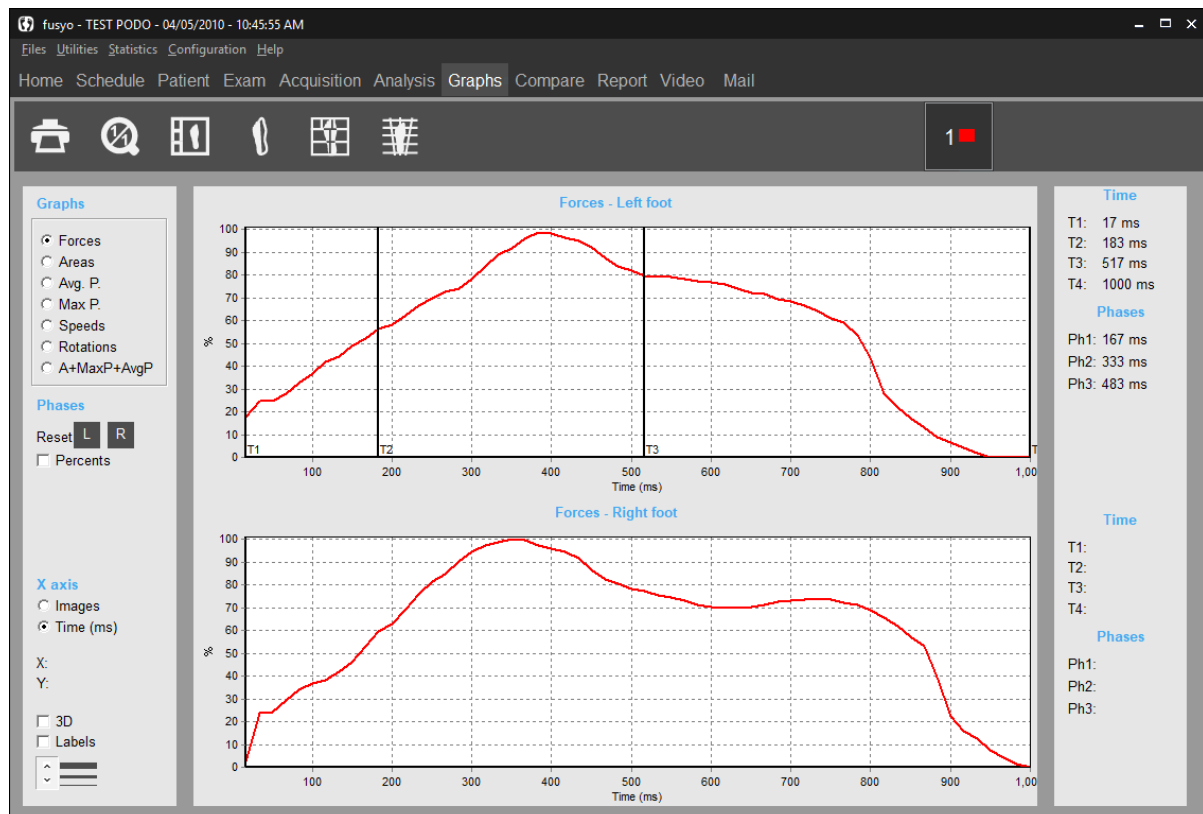
### 2. Outline the 3 phases

- ✓ Click on . Select a foot.
- ✓ Click on  and then click on the transition images to position the two cursors to delineate the three phases Heel strike (**T2**) and the end of plantar (**T3**). The cursors T1 and T4 relate to the beginning and end of the step and are automatically positioned on the display.
- ✓ Perform the same procedures on the other foot.
- ✓ Return to the “detailed analysis” view and click on ☒ **Ph** for visualizing the 3 phases and compare them to the normative data. Click on  to display and compare the 2 feet.

# Graphs – Dynamic

A certain number of parameters are calculated for each image of the dynamic progress (surface, Max. Pressure, Aver. Pressure, Thrust center, etc).

The evolution of these parameters throughout the step cycle can be visualized by selecting the "Graphs" tab.



## Tool Bar



1 : 1 scale. You can zoom in on a graph by opening a rectangle with the mouse on the selected portion of the graph to be enlarged. This button allows bringing back the original image.



Printing graphs.



Synthesis of the left foot and the right foot.



Analysis 7 areas.



Analysis 12 areas.



Medio-Lateral Analysis.

# Graphs – Dynamic

## Selecting a graph

---

Click on the curve you want to be displayed :

- **Forces** : Evolution of the force during step progression (%).
- **Area** : Evolution of the support surface during step progression (cm<sup>2</sup>).
- **Avg. P.** : Evolution of the average pressure calculated for each image (kg/cm<sup>2</sup>).
- **Max P.** : Evolution of the value of the « Max.pressure» through the images of the step progression (kg/cm<sup>2</sup>).
- **Speed** : Variation in speed during step progression. A very « irregular » speed curve betrays an irregularity in the gait/walk that may be due to poor acquisition (patient's hesitation).
- **Rotation** : Position of the thrust center line as a proportion of the theoretical axis of progression. This graph is valid only if the patient steps along the platform axis or parallel to it.
- **Area + Max.P. + Avg.P.** : Superposition on the same screen of the area, average pressure and maximum pressure graphs.

## Graphic options

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- **X axis** : For each dynamic analysis graph, you can select to display "Images" or "Temps" (en ms) on the abscissa axis.
- **3D** : 3D Visualization of the graphs.
- **Labels** : Displays the values of each image ( to be used in conjunction with the zoom function to facilitate reading the values).



- : Selecting the thickness of the graph lines.
- **X, Y** : Cartesian coordinates for each point you select on the graph.

# Graphs – Dynamic

## References

In order to assist you with the graphs interpretation, we have carried out a **statistical study** of several hundreds of patients.

Selecting « a wide spectrum » sampling enables us to determine the low and high values reference graphs for several parameters.

By clicking on "**Visibles**" in the "**References**" area 2 dotted graphs (Min and Max) are displayed for each foot.

You must "**re-frame**" these graphs according to the patient's step progression.



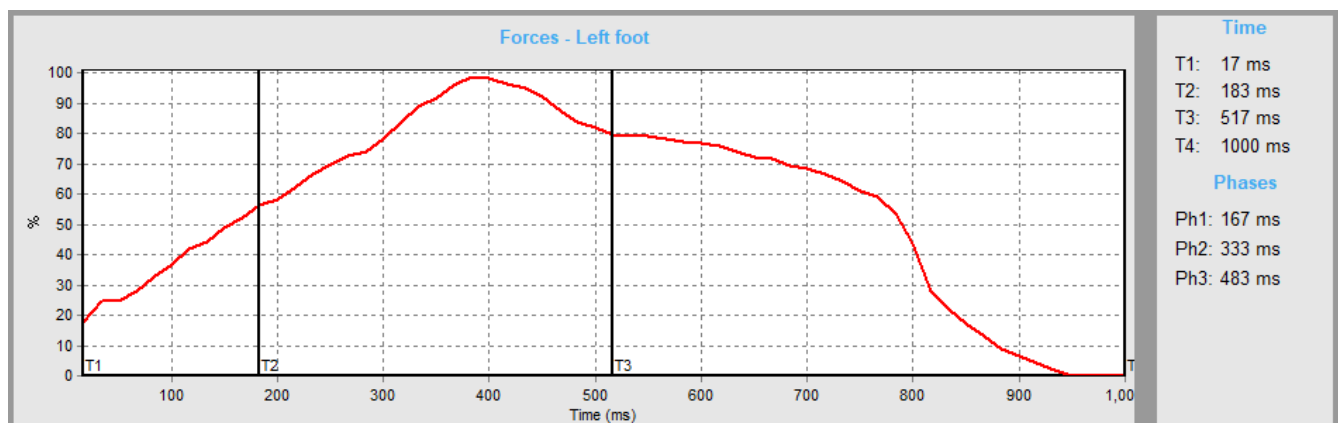
Use the 4 arrow keys keyboards , one on the left for the left foot and one on the right for the right foot.


The objective is to better center the patient's graphs with the Min and Max graphs.

The purpose of the reference graphs is not to establish an automatic diagnosis but rather **to draw your attention to a specific phase of the step process** where a problem may be detected and to refine your analysis. These references also provide a general view of what a "normal" graph should look like.

## Support phases calculations

By clicking on different points on the graph's abscissa, you can position 4 cursors (T1 to T4) which allow to measure the duration of each phase of the step progression either in ms or in % of the entire duration of the step process:



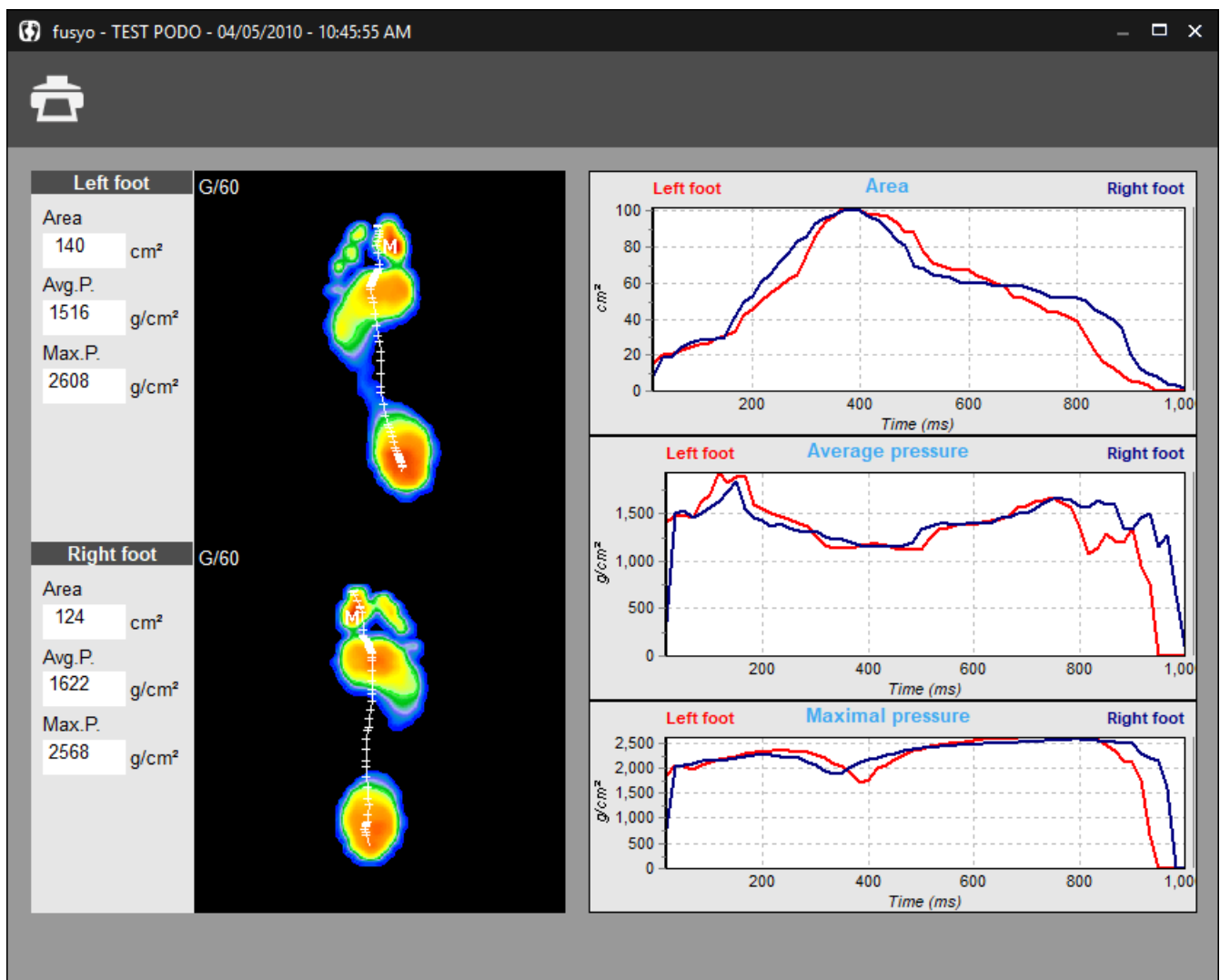
The keys  allow resetting the different phases, for the left foot and for the right foot.

# Graphs – Dynamic

## Left foot and right foot synthesis



This function allows to on the same screen the Area, Avg. P. and Max. P graphs with the step progression view. This is a great page to print to provide **a report of the dynamic analysis on only one page.**



**Note :** You have the option to visualize the foot pressure mapping (on the left side of the screen) at any time of the step process. Just click on the graph, hold and move the mouse from left to right.

To see the global image, move the cursor to the right side of the graphs.

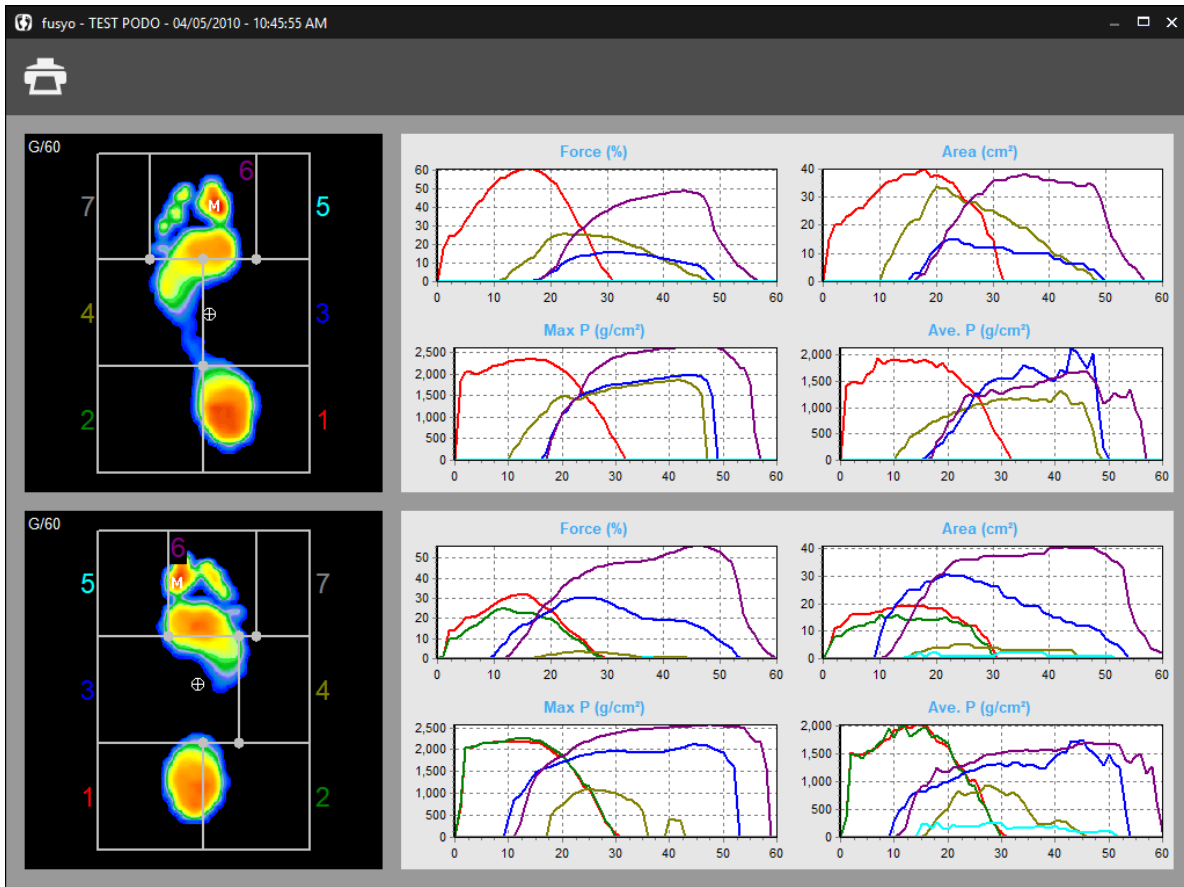


# Graphs – Dynamic

## Analysis 7 areas



This function allows studying the evolution of several parameters in selected areas of the foot.



The foot is divided into **7 areas** which can be re-sized by the user (click and shift the intersection points of the frame). A specific number and color is associated with each area and correspond to the same color graphs.

The progression of **forces**, **areas**, **maximum pressures** and **average pressures** are displayed on the right portion of the screen for each area.

**Note** : You have the option to visualize the foot pressure mapping (on the left side of the screen) at any time of the step process. Just click on the graph, hold and move the mouse from left to right.

To see the global image, move the cursor to the right side of the graphs.

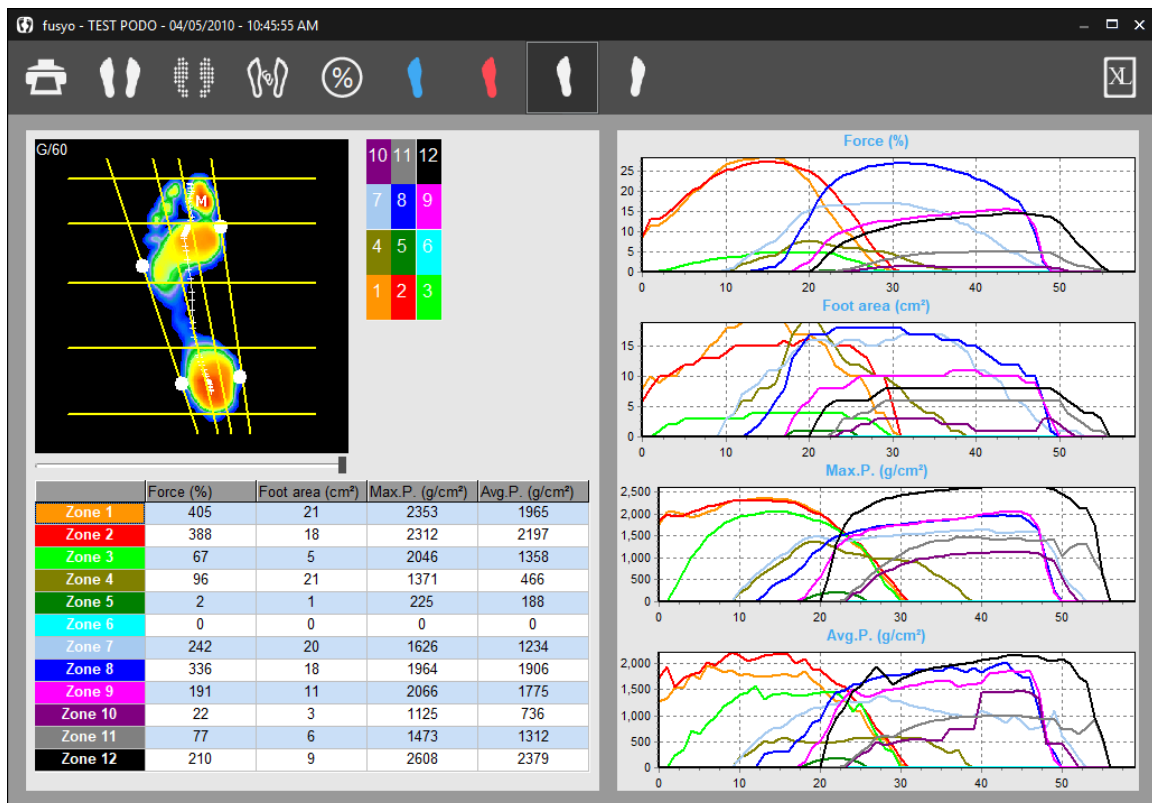
This advanced function of the dynamic analysis is very helpful to study the pronation / supination phenomena and the timing of the step process.

# Graphs – Dynamic

## Analysis 12 areas



This function allows studying the evolution of several parameters in selected areas of the foot.



The foot is divided into **12 areas**. From the anterior to the posterior portion of the foot, the foot is divided in 4 bands : the toes, the fore foot, the medial foot and the heel. From the lateral to the medial portion, the foot is divided in 3 areas determined by the line of the mechanical axis of the foot and the line bisecting the mechanical axis and the external edges of the foot. Normally these lines will position themselves automatically on the image however you can adjust their position manually by clicking on the white points and moving the line with the mouse.

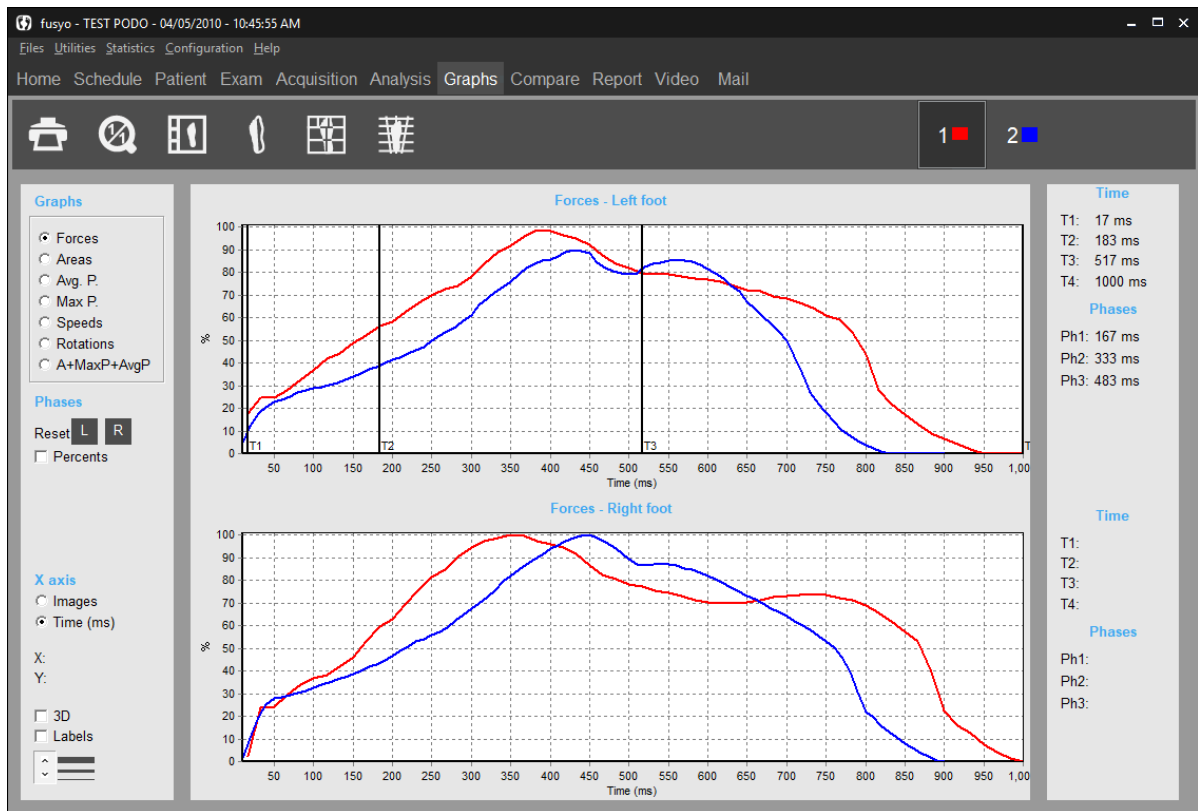
A numbered and colored reference table assigns a particular number and color for each particular area of the foot. To visualize a particular area, you just need to click on the colored and numbered box corresponding in the table located next to the foot analysis display.

On the right portion of the screen, graphs display the evolution of the **forces**, **surfaces**, **pressures maximum** and **average pressures over time** for each area. On the left lower portion of the screen a table displays these parameters for each zone for the selected image of the foot. To select a different image of the foot in the gait cycle, just move the cursor under the image.

# Graphs – Dynamic

## Comparing 2 measurements

When 2 dynamic recordings are loaded in the "Compare" tab section, you can superimpose the graphs associated with each recording in the "Graphs" tab :



The icons allow managing the measurements to be compared.

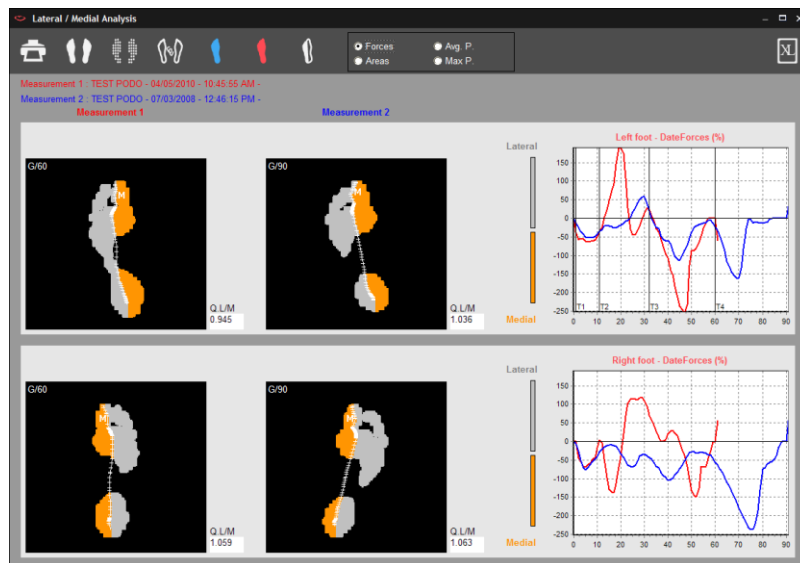
- By bringing the mouse on these icons, a message is displayed indicating the name, first name, date and time of the recording.
- When a button is selected, the active measurements which are the measurements displayed in the "Detailed Analysis" tab or the measurements displayed when clicking on the icon or .
- To stop visualizing a measurement (measurement is still loaded in the software), right click on the corresponding icon. A « cross-like » icon appears on the screen to replace the previous icon . Follow the same procedure to visualize the measurements again.

# Graphs – Dynamic

## Medio-Lateral Analysis



This function allows studying the evolution of several parameters in selected medial and lateral areas of the foot.



The foot is divided into 2 zones on both sides of the "**Gaitline**" (evolution curve for the center of pressure). The **Gray** Color (for the **Lateral**, external side of the foot) and **Orange color** (for the **Medial**, interior side) make it possible to display the zones used for calculations.

**The graphs** represent the evolution over time of the **difference between the forces on the lateral side and the forces on the medial side of the foot (FL - FM)**. If the lateral value is stronger than the medial value, the curve is positive, and indicates the prevalence of the lateral forces.

These curves are very useful to evaluate and quantify **the torsion of the foot** during the gait cycle as well as the phases of **Heel strike**, **stabilization** and **propulsion** which are difficult to evaluate clinically.

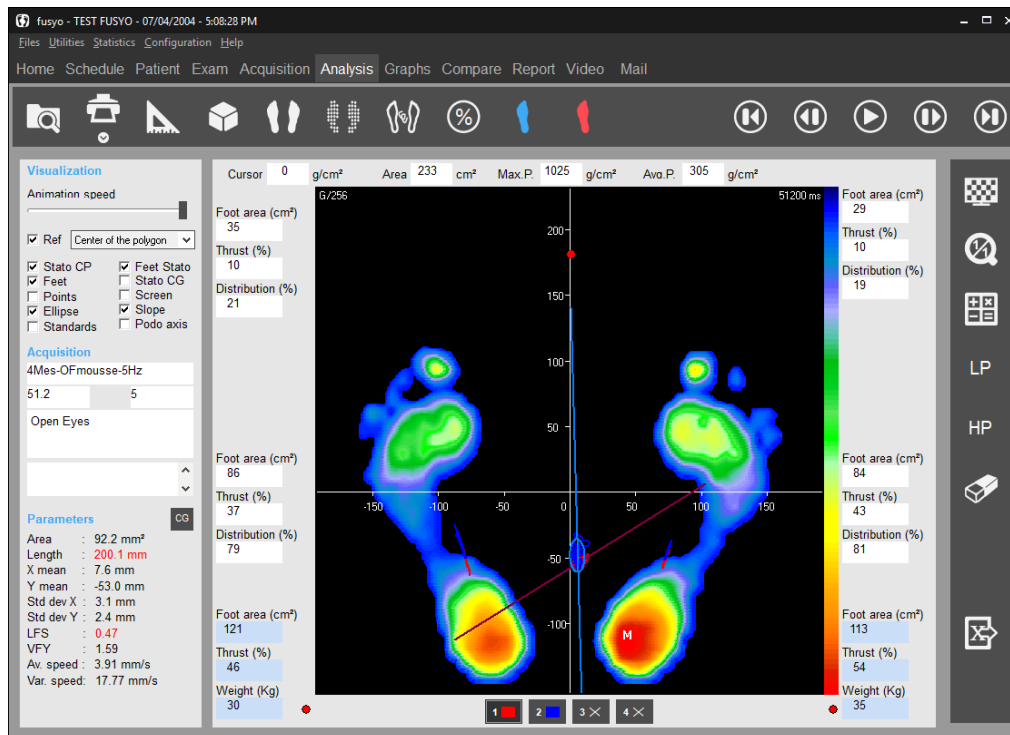
The studies of these functions have been of particular interest to orthopedic surgeons.

**L/M index** is located on the bottom right corner of each screen displaying the calculation of the relationship between the lateral and medial forces. When the index is equal to "1" it indicates that the medial and lateral forces are equal (which corresponds to a curve passing through the origin of the graph:  $FL - FM = 0$ ).

By moving the mouse cursor on the curves, the particular foot print and L/M index will be displayed for that selected time of the gait cycle.

**Note :** If 2 dynamic measurements are loaded in "Comparaison", you can compare the medio-lateral analysis of these 2 measurements.

# Detailed Mix Analysis



## Tool Bar



Search : Access to database to load a measurement.



Print. The arrow gives access to "Scale 1 Printing" menu (see page 89) and "Attaching documents to an exam" (see page 30).



Performing Foot Print Measurements.



3D view.



Standard view.



Isopressure view.



Visualization of the foot print shape and Center of Pressure.



Percents view



Contact duration.



Impulse view (Time x Pressure).

# Detailed Mix Analysis

## Tool Bar

---




Return to normal scale 1 : 1.



Starts or stops the step progression.



and  In « pause » mode, it permits visualizing one image after another (forward or backward).



Display the first image of the step.



Display the mean results image of all the images of the step process (global image).



Mosaic : display all the images of the step process.



Visualization of all stabilometric data in digital form.



Apply the Low Pass Filter.



Apply the High Pass Filter.





Unload the active measure.

**Tip** : "Ctrl" + this icon unloads all measurements.

Buttons  manage the measures loaded in the software.

**You can load up to 4 measures.**

- By pointing these icons, a bubble recalls the name and surname of the patient and the date and time of the measurement.
- The pressed button indicates the active measurement, ie the measurement whose podometer footprints and posturo parameters are displayed in the "Analysis" tab.
- To no longer view a measurement (but it remains loaded in the software), right-click on the corresponding button. A cross  will appear in place of . Do the same to view the measurement again.

# Detailed Mix Analysis

## Foot Print Analysis

---

### Display tools

- **Animation** : By moving the mouse you can adjust the speed of the progression of the recorded images.
- **Frame of Reference** : Allows to display and to change the **frame of reference** in which the statokinesigram is depicted.  
5 frames of reference can be utilized for stabilometry analysis:
  - The **center of the triangle** formed by the 3 force gauges of the platform.
  - The **center of statistical forces**, which is a statistical definition of the normal positioning of the center of forces recorded on 18 normal subjects (Schieppati et al. 1994).
  - The **inter-maleoli axis which represent the axis between the ankles**.
  - The **center of gravity of the polygon** of sustentation, which is the geometrical figure displaying the region of the plantar surface on the platform.
  - The **center of the pedometer platform** (used in podometer to have significant pressure distribution percentages).
- **Stato G.** : Displays the **statokinesigram**, in a frame of reference where the origin of the Y axis (Antero-Posterior) is the center of the polygon (of sustentation). This frame of reference is recommended by the Posture and Balance Association (Association Posture Equilibre previously known as the French Association of Posturology).
- **Feet Stato** : Affiche les centres de poussée sur chaque pied.
- **Feet** : Affiche la cartographie des pressions des pieds.
- **Ellipse** : Display the **ellipse of confidence at 90%** (which is the base for the calculation of the normalized stabilometry parameter of « **Surface** »).
- **Slope** : Displays the General Axis of the preferred oscillations of the Center of Pressure.
- **Points** : Displays the successive positions of the **center of pressure** (instead of the curve).
- **Podo axis** : Divides each foot into 2 zones: Forefoot and Backfoot, which are included for sectoral calculations.
- **Grid** : Display a grid.
- **Standards** : Displays a rectangle defining the position of the statokinesigram relative to the standards associated with the acquisition.

# Detailed Mix Analysis

## Foot Print Analysis

---

### Cartography

On the **cartography display**, the following information is available:



: Maximal pressure point (the absolute value is displayed in the Max P box).



: These three graphs (oscillograms) display the center of thrust under each foot and the global center of thrust primarily used in mix analysis.



: Time elapse since the beginning of the acquisition in milliseconds (ms).

### Calculations per sectors

Several calculations are performed in each of the **4 sectors** (quadrants) of the podometer defined by a visible cross on the cartography.

The cross corresponds with the white arrow drawn on the platform surface.

The following parameters are:

#### *For each sector (in white)*

- **Area** : total foot print surface area in the sector (cm<sup>2</sup>).
- **Thrust** : Percentage of thrust in the sector, proportionally to the **2 feet** total thrust.
- **Distribution** : Percentage of support in the anterior sector and the posterior sector for each foot.

#### *For each foot (in blue)*

- **Area** : foot print surface area (cm<sup>2</sup>).
- **Thrust** total foot thrust.
- **Weight** distribution by foot.



# Detailed Mix Analysis

## Foot Print Analysis

---

### Calculation on both feet


Cursor	838	g/cm <sup>2</sup>	Area	209	cm <sup>2</sup>	Max.P.	1515	g/cm <sup>2</sup>	Avg.P.	544	g/cm <sup>2</sup>
--------	-----	-------------------	------	-----	-----------------	--------	------	-------------------	--------	-----	-------------------

- **Cursor** : In this box is displayed the foot pressure value on the point selected with the mouse (g/cm<sup>2</sup>).
- **Area** : Total surface area of both feet (cm<sup>2</sup>).
- **Max. P.** : Point M value : Maximal pressure on both feet (g/cm<sup>2</sup>).
- **Avg P.** : Average pressure on both feet.

### Postural parameters

- **Surface** of the ellipse of confidence at 90%.
- **Length** of the statokinesigram.
- **Average Position X** of the Center of Pressure (COP) upon the Left-Right axis (X).
- **Average Position Y** of the COP upon the Antero-Posterior Axis (Y).
- **Standard deviation** upon X or Y measures the dispersion of the COP in comparison its average position. From a statistical standpoint, 68% of the des oscillations of the COP have amplitude between +1 and -1 standard deviation; and 95% of the oscillations are between +2 and -2 standard deviations.
- **LFS** : Length per Surface Ratio (relates to the energy spent by the body to stay in upright position).
- **VFY** : Variance of the speed of displacements along the Y positioning of the COP.
- **Ave. Speed** : Average speed of the displacement of the COP.
- **Speed Var.** : Variance of the speed of the displacement of the COP.

When normatives data are defined for specific exams, the parameters out of the normative data appear in red.

To access a **complete report** of the stabilometry results, click on .

# Detailed Mix Analysis

## The different views

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**Standard View** (See page 44).



**Isopressure View** (See page 45).



**Percents view** (See page 45).



**Center of Pressure View** (See page 46).

In this view, you can perform one or several **zooms on the oscillograms**.

For zooming function:

- ✓ Click while pressing the key in the top left corner of the area to be zoomed.
- ✓ Move diagonally the mouse toward the bottom right area.
- ✓ Adjust the size of the area to frame the graph or the portion of the graph to be zoomed and then release the mouse key.



To return to the initial view, click on



**Contact duration** (See page 58).



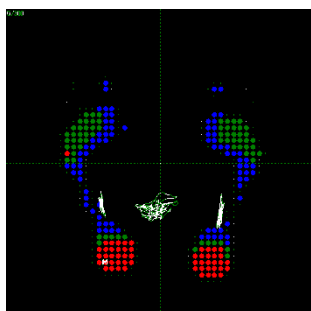
**Impulse View (Time x Pressure)** (See page 58).



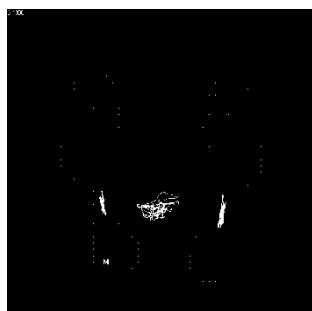
**3D View** (See page 46).



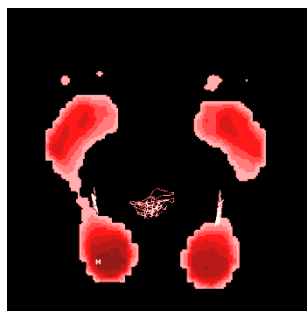
**Measurements Option** (See page 47).



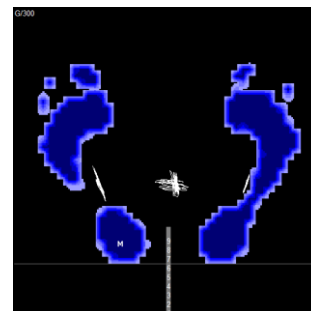
Isopressure



Center of Pressure



Impulse



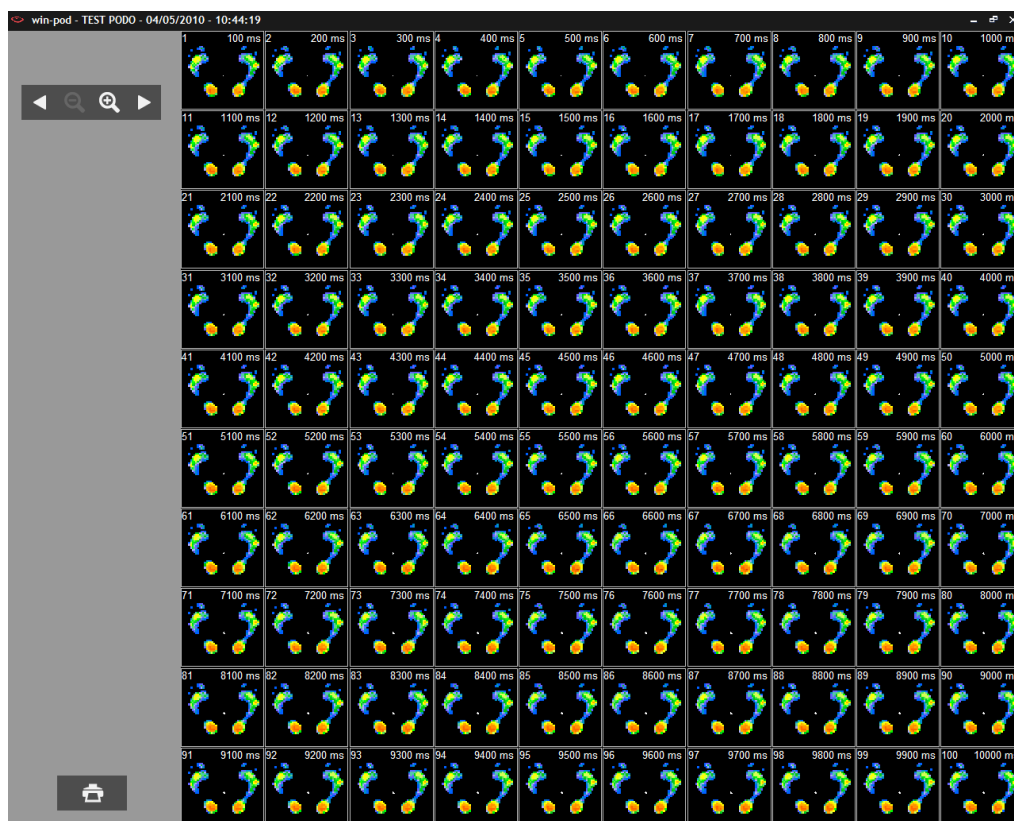
Contact duration

# Detailed Mix Analysis

## "Mosaic" view



This mode is used for the analysis of major movements or high instability. It allows viewing all the acquisition images simultaneously and looking for the movement phases.



Front Zoom.



Back Zoom.



and Forward or Backward display.

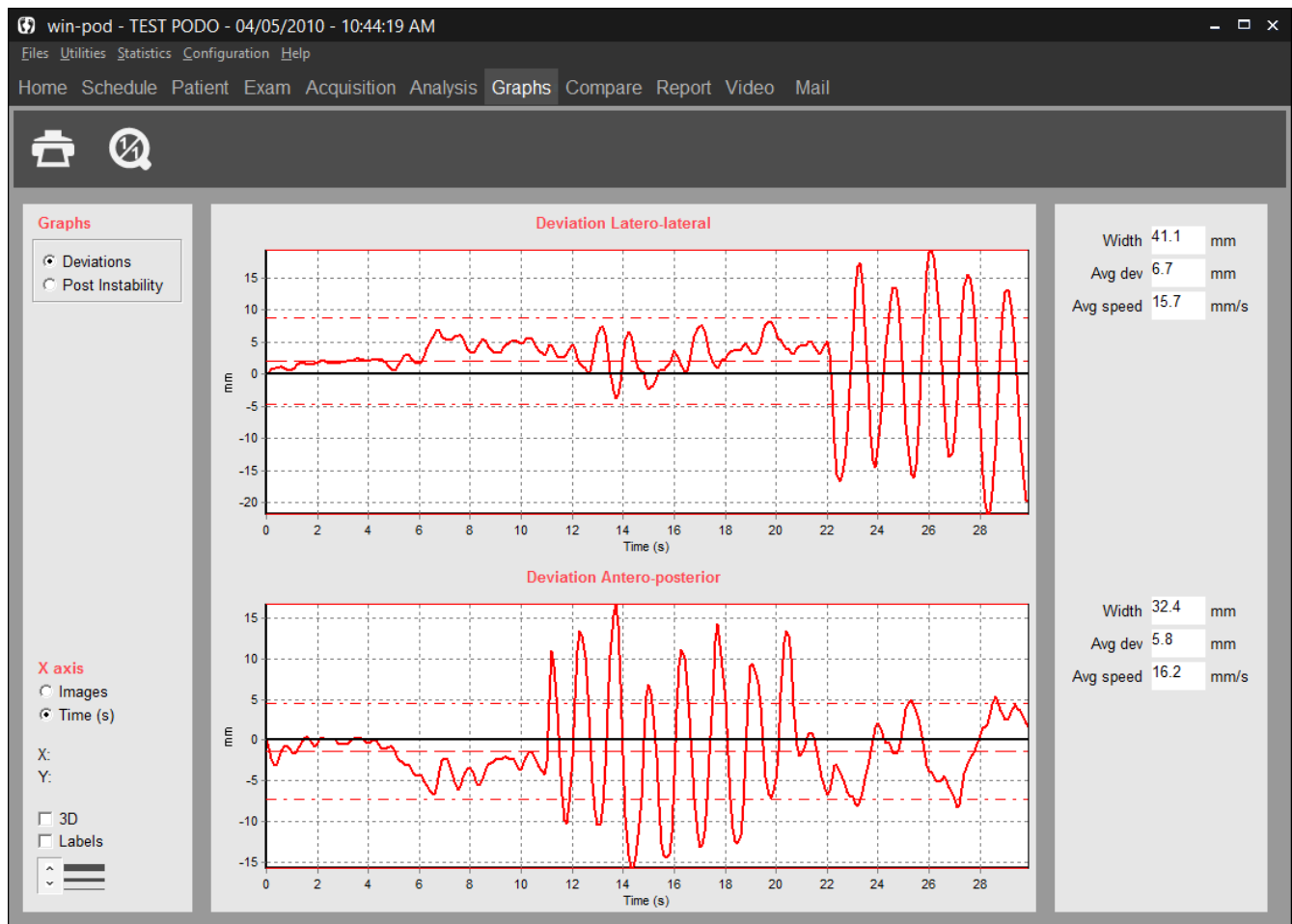


Print.

**Note** : When you double-click on one image in the mosaic view, you directly access the detailed analysis of that image.

# Graphs - Mix Analysis

Stabilometry analysis is performed through the study of 3 graphs associated with calculations of several physical parameters.



## Graphs display options

- **X axis** : For each dynamic analysis graph, you can select to display "Images" or "Temps" (en ms) on the abscissa axis.
- **3D** : 3D Visualization of the graphs.
- **Labels** : Displays the values of each image ( to be used in conjunction with the zoom function to facilitate reading the values).



- : Selecting the thickness of the graph lines.
- **X, Y** : Cartesian coordinates for each point you select on the graph.

# Graphs - Mix Analysis

## Graph selection

---

Click on the graph to be selected:

- **Stabilograms** : these graphs display the displacement of the Center of Pressure (COP) during the recording along the Left-Right Axis (X) or the Antero-Posterior Axis (Y).  
The portion of the graph located above the reference axis represents a forward displacement of the COP (Y) or a right displacement of the COP (X), and the portion of the graph located below the reference axis represents a posterior displacement of the COP (Y) or a left displacement of the COP (X).
  - On the **Abscissa Axis**: "Images" or "Time" (in seconds) can be selected to be displayed on this axis.
  - By checking "**Origin**", a horizontal line is displayed indicating the position of the origin.
- **Histograms** : these graphs display the evolution of the displacement of the Center of Pressure (COP) along one of the axis X and Y (in terms of absolute positioning in relation to the center of the referential axis, click **Abs**" or in relation with its own average position, click "**Ave**").
- **Sectional Histo** : This particular histogram provides information on the distance and frequency of the displacements of the center of pressure in the different directions in space.  
The angular resolution is 10°. Space is therefore divided in 36 sections in which the number of positions of the COP is calculated.  
The length of the histogram "picks" in each section is proportional to the number of times the center of pressure has been recorded in that particular angular section.
- **FFT** : FFT or Fast Fourier Transform is a mathematical method for the analysis of the recording signal, in our particular application, it provides an analysis according to the frequencies of oscillation of the patient. The range of these frequencies is known as « Frequencies Spectrum ».  
Please note that for practical reason, the FFT graphic displays a continuous curve which would indicate the presence of oscillations in the entire frequency spectrum. In reality, the spectrum is not a continuous curve because all frequencies are not present; and it would appear as spectral rays.
- **Auto Correlation** : Index of correlation in X or in Y fluctuating between -1 and +1.
- **Inter Correlation** : Index of correlation in XY fluctuating between -1 and +1.

# Graphs - Mix Analysis

## FFT

**FFT Parameters** : Activate a selection on numeric filters on the FFT graphic display.

**Log Scale** : Switch to logarithmic scale to better view the details in low frequencies.

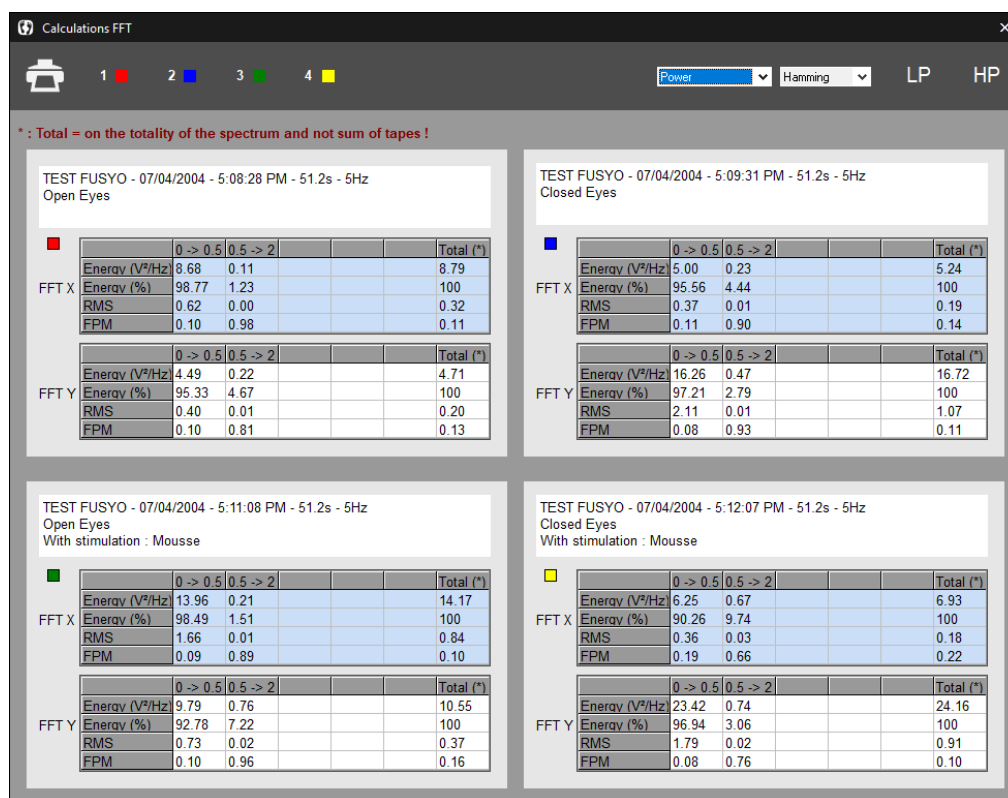
**Rays** : Display a spectral curve of rays (non-continuous spectrum).



Link with the optional software "Posturo Pro" (wavelets, fractals, diffusion analysis, for more information contact us).



Display detailed calculation of FFT including the calculation of energy in selected frequency bands (see page 19).  
Up to 4 FFT calculations can be compared.



Display detailed analysis of up to 4 FFT picks simultaneously.



Display energy tables on the FFT graphs.

# Measurements comparison and Romberg quotient

**Romberg Quotient** is calculated based on the length and surface parameters of 2 specific mix recordings : the first measurement is based on a recording with **eyes open** and the second with the **eyes closed**.


## Acquisition

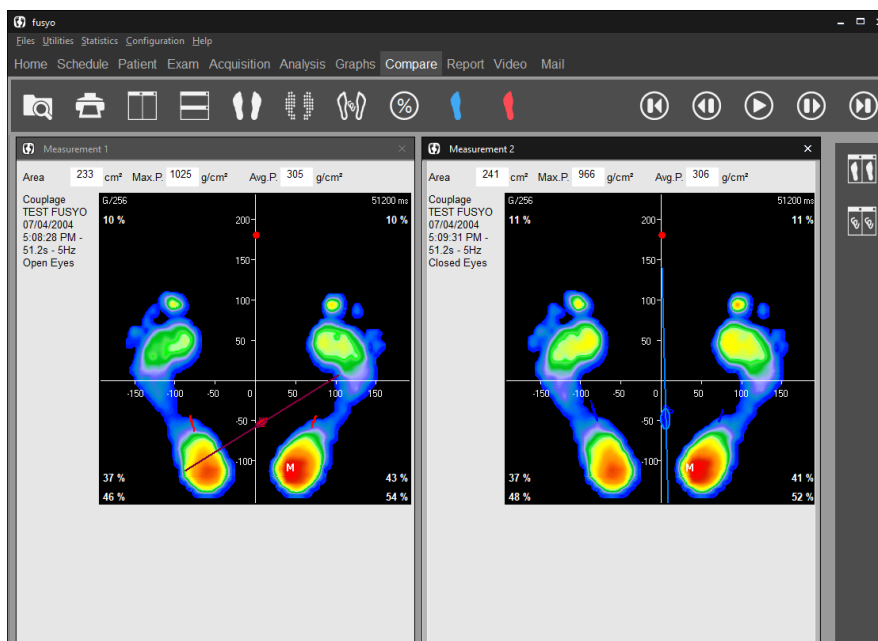
The **recording procedure** is described in the « mix acquisition » paragraph. If you want to perform the test of Romberg, you need to record 2 different postural measurements (in the same exam file).

- ✓ Open the patient's database.
- ✓ Create a new exam.
- ✓ Perform the first recording (eyes open).
- ✓ Perform a second recording (eyes closed).

## Analysis

For calculating Romberg's quotient, you need to :

- ✓ Click on the "**Comparison**" tab in the software.
- ✓ Load the "**eyes open**" and "**eyes closed**" recordings.
- ✓ Visualize the quotients "Area" and "Length" by clicking on  (you can also compare postural measurements).



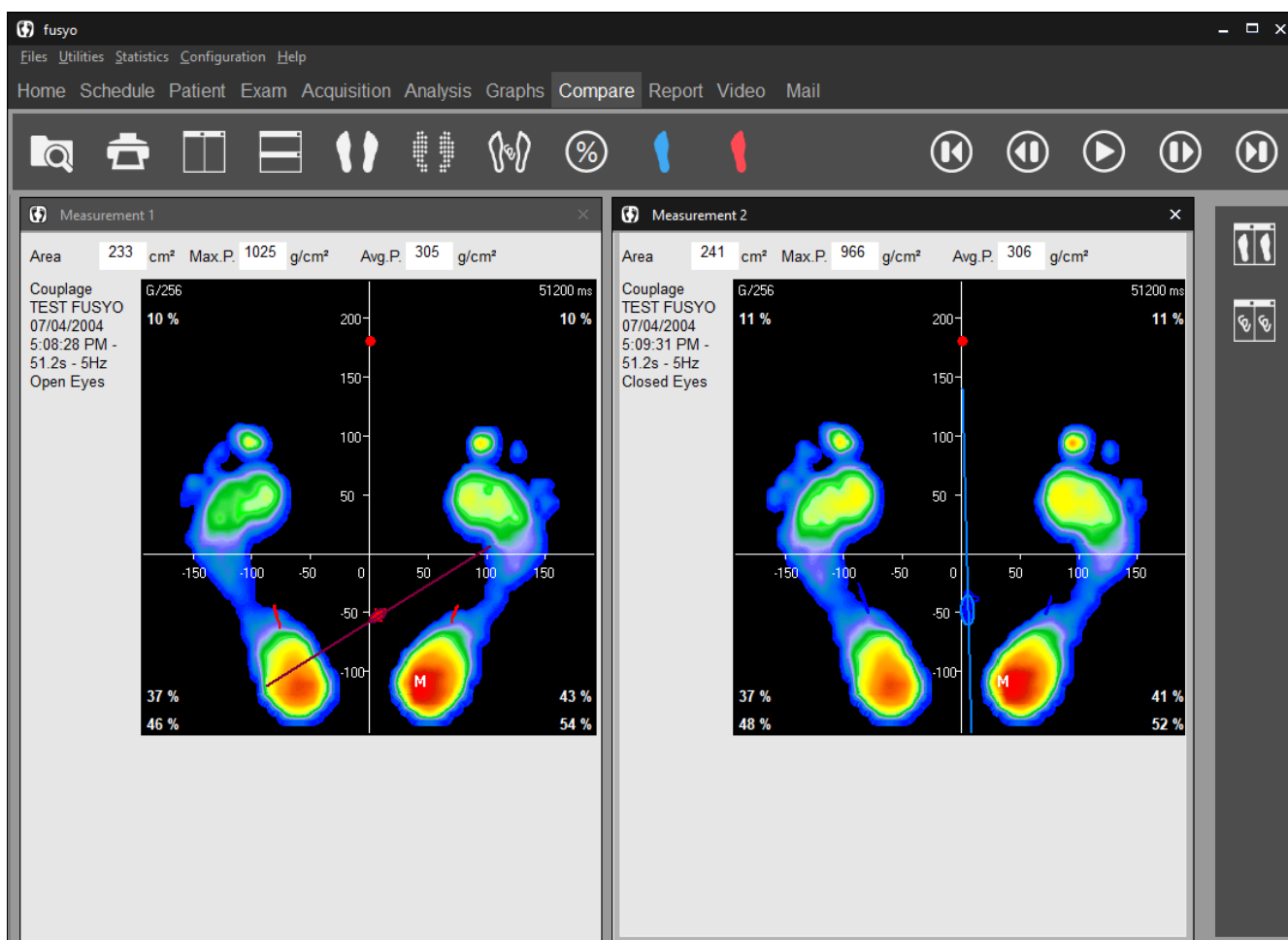
# "Comparison" Tab

## General information

It allows viewing up to 4 measurements simultaneously on the same screen.

This viewing mode provides the following options :





- **Patient follow up** : viewing measurements on different dates.
- **Comparative study** (Test / Re-Test) : for example, viewing a static measurements without corrective procedure and with correction.
- **Comparison and correlation** of different types of measurements (viewing simultaneously a static, dynamic and mix measurement on the same patient).
- **Comparison between patients.**
- View a measurement in **different modes** of visualization (for example in Standard mode and Isopressure mode).





# "Comparison" Tab

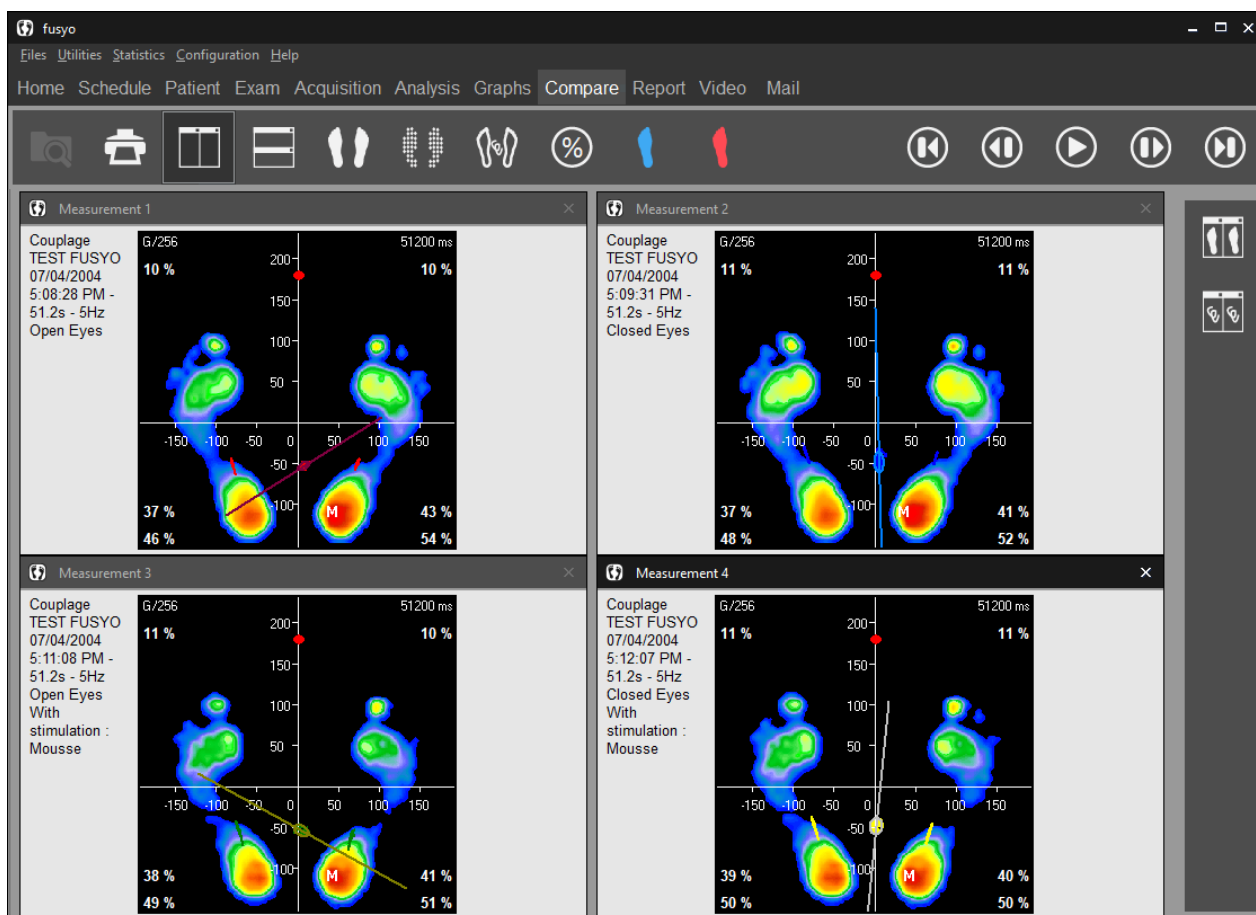
## Up to 4 measurements comparison

- ✓ Load the measurement to compare by clicking on . Select the measurement in your patient database.
- ✓ Repeat the same procedure for all the measurement to compare (4 max).  and  allows viewing respectively vertical and horizontal mosaic.
- ✓ To unload one measurement, click on  located in the upper right corner of the screen.

**Note 1 :** the screen not boxed in gray relates to the measurements visualized in the « Detailed analysis » tab".

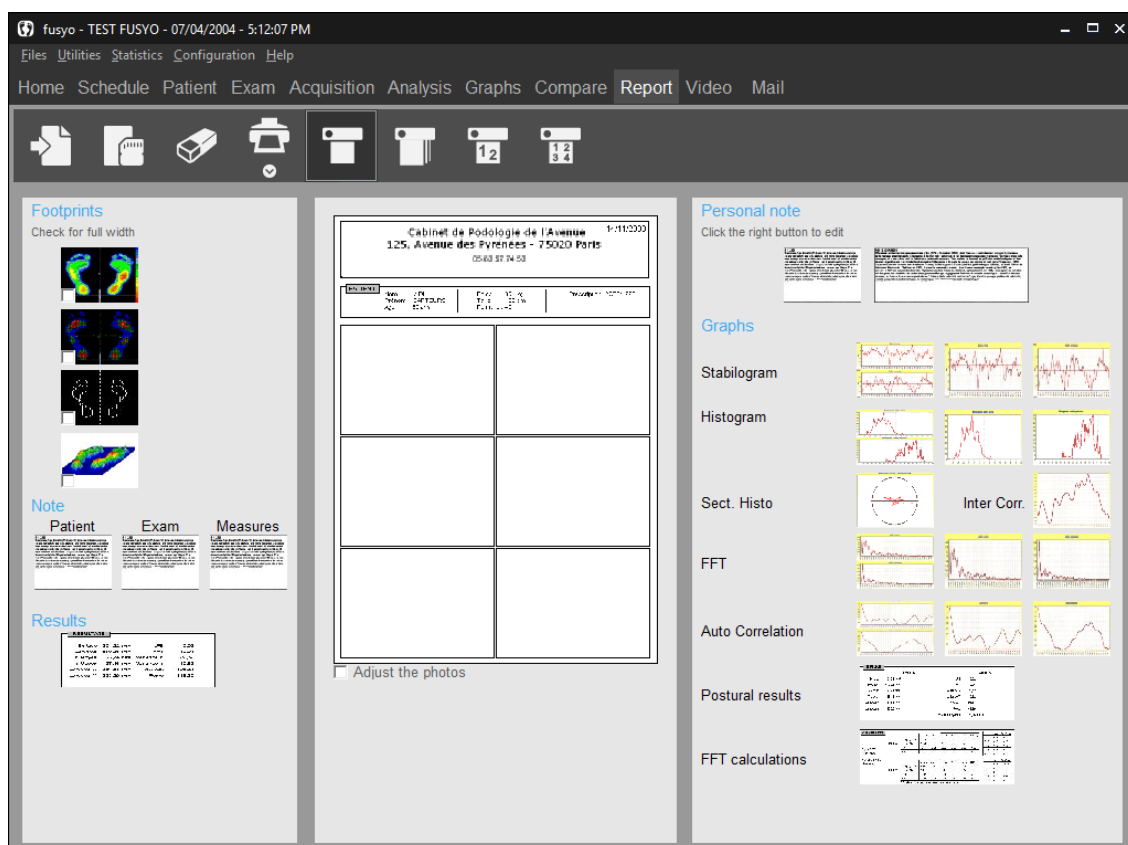
**Note 2 :** If you load dynamic measurements, 2 screens are required. So you can visualize only 2 dynamic measurements.

**Note 3 :** You can also compare podometric measurements by clicking on .



# "Report" Tab

A.K.A. "Pizza" report, this report printing option provides a practical way to create **"personalized" reports** from different screens available in the program.



All the available information which can be printed (cartography, graphs, notes, etc.) are located on each side of the central blank page (divided in 6 areas or 3 areas if you select "Full width").

Create your report by moving the information screens you selected from the sides to the central page areas. When your report is created, you can print it directly or save it as a model to use later with another recording.

## Tool bar



Print a report. The arrow gives access to "Attaching documents to an exam" (see page 30).



Save a model report.



Load an existing report model.



Erase the central page to make it blank.

# "Report" Tab

## Tool bar

---

If **all the loaded measurements are of the same type** (Static, Dynamic or Mix) 2 printing modes are available :



Printing of an active measurement.



Printing of all measurements **without preview**.



Print 2 superposed measurements (accessible if all loaded measurements are of Couplage type).



Print all superposed measurements (accessible if all loaded measurements are of Couplage type).



Select the printing mode by clicking on  to start printing.

## Creating a personal note

---

- ✓ Move/drop the **textbox "Personal Note"** in the location you selected.
- ✓ Right click on the textbox "Personal Note" and select "Edit a personal note".



The following textbox appears :

- ✓ Type your text and click on  when finished.

## Inserting an image

---

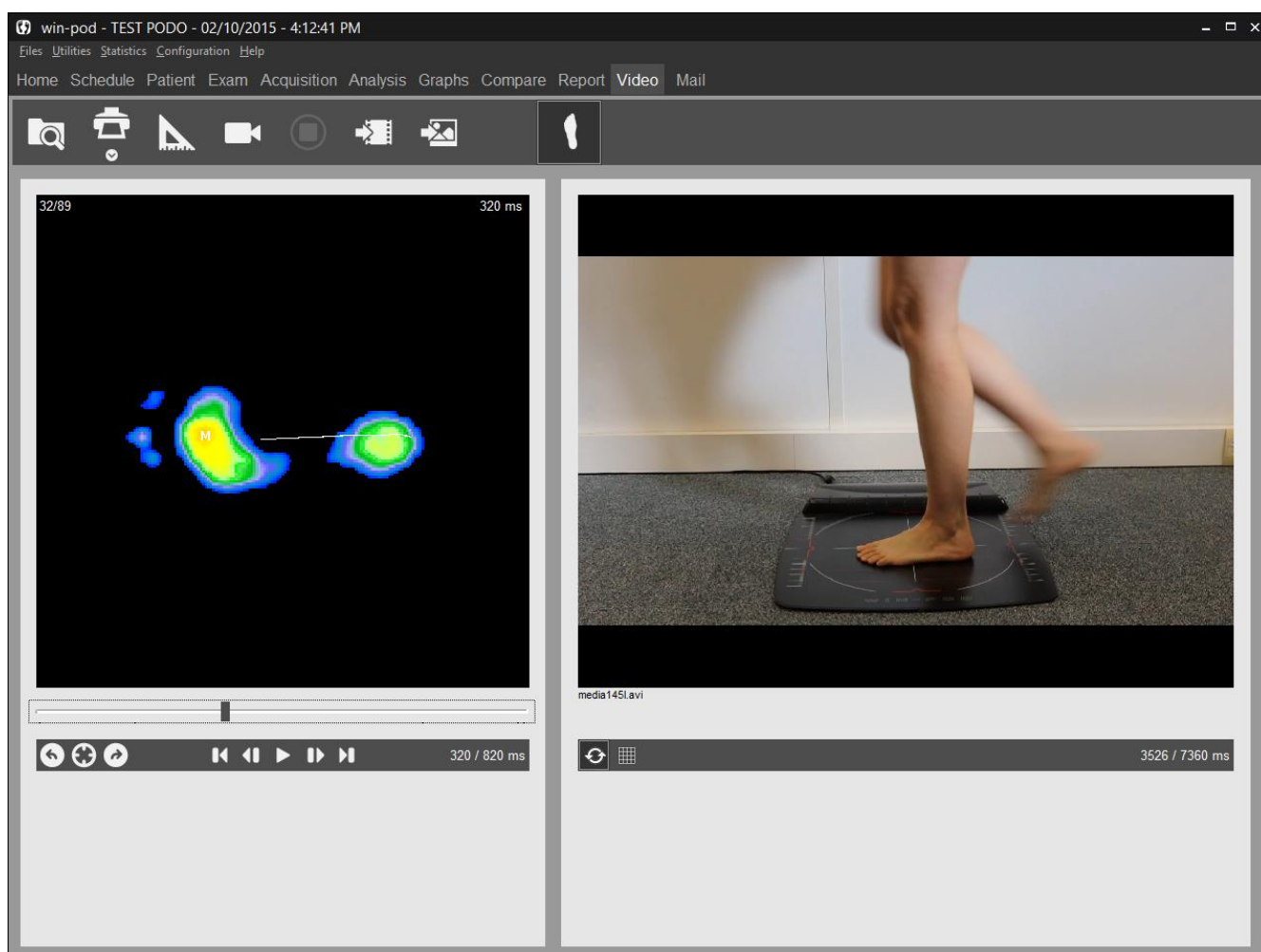
To insert an image in the report :

- ✓ Right click on an empty box in the report and select "Load image".
- ✓ Search for the image on your computer using the explorer and click on "Open".

**It is not possible to mix static, dynamic or mix images on the « pizza » report.**

**To visualize measurement of different types (for example to compare a static and a dynamic foot print on a patient), select the "Comparison" tab.**

# "Video" Tab



## Tool bar



Print the podometry image and the video image associated. The arrow gives access to "Attaching documents to an exam" (see page 30).



Link an existing video to live exam recording.  
This key allows exploring the hard drive to load a video in **asf**, **avi** or **wmv** format.



Link an existing image to live exam recording.  
This key allows exploring the hard drive to load an image in **jpg**, **jpeg** or **bmp** format.



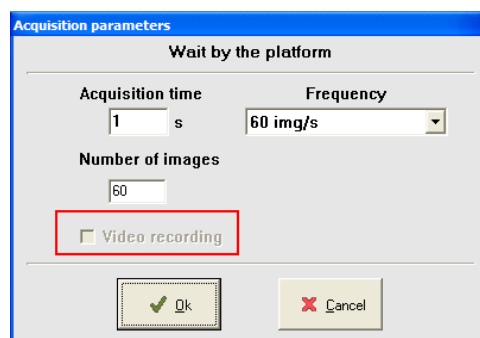
Allow recording video at a different time than the podometry acquisition.

# "Video" Tab

## Simultaneous recording Video / Podometry

Only available with a Basic Dynamic (see page 37) acquisition.

- ✓ In the "Acquisition" tab, select "Dynamic".








- ✓ Check mark "Video Recording" (not available in "Multiple dynamic" acquisition).

**Note** : When the "Video Recording" message has a gray background, the computer did not detect the video acquisition system. Verify that the webcam is properly connected and device properly installed.

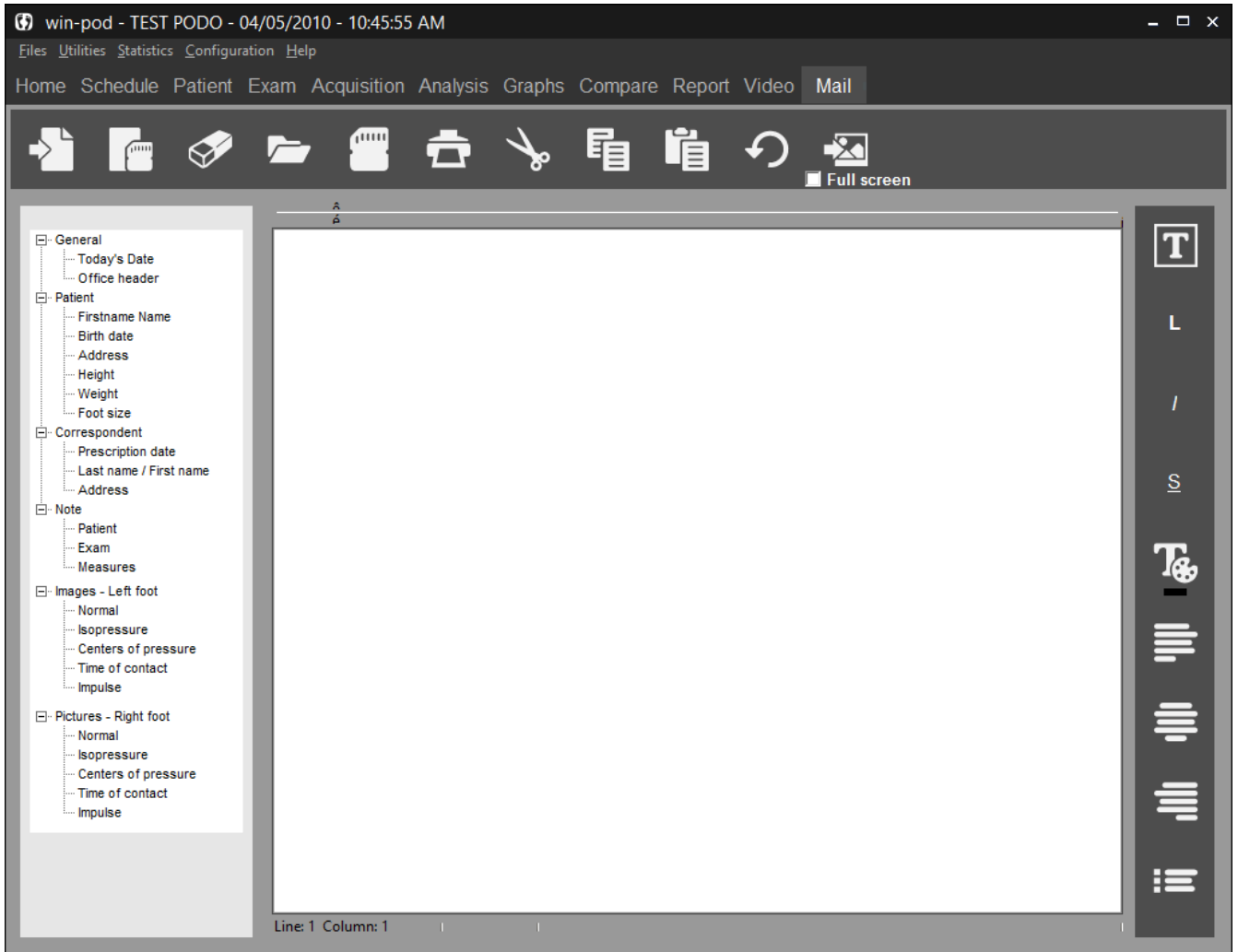
- ✓ Perform a normal measurement. The software will launch the video acquisition automatically.

## Post-synchronization of the video with the dynamic foot print

- ✓ After the video is recorded, it is automatically synchronized with the podometry acquisition. In the "Video" tab, the buttons  and  under the video allow to perfect this synchronization. You must go to the first podometry image to access them and so fix the first video image.
- ✓ If you recorded the video with an other software, you can also synchronize it in the "Video" tab by clicking on right menu . When the two screens are « locked in position », click on .
- ✓ The left menu  then becomes the unique control bar for the 2 animations.



## "Mailing" Tab

Allow to generate model letters to attach with your reports.



On the left side of the screen, you have access to the information categories from the patient file, exam and feet images.

To compose your letter, type your text and then double click on the line or image you wish to include in the letter.

You can also save a model letter by clicking on . Then you will only have to reload it by clicking on  and complete it with the specific patient informations.

# "Mailing" Tab

## Tool bar

---



Search for an existing model letter.



Save model letter.



Erase the page.



Open an old patient letter.



Save the letter in txt format (to export in Word).



Print letter.

To format the letter, you have the following functions :



Cut the selected text.



Copy the selected text.



Paste the selected text.



Undo the last modification.



Change the font.



Put respectively in bold, italic or underlined the selected text.



Change the selected text color.



Justify the selected text respectively on left, center or right side.

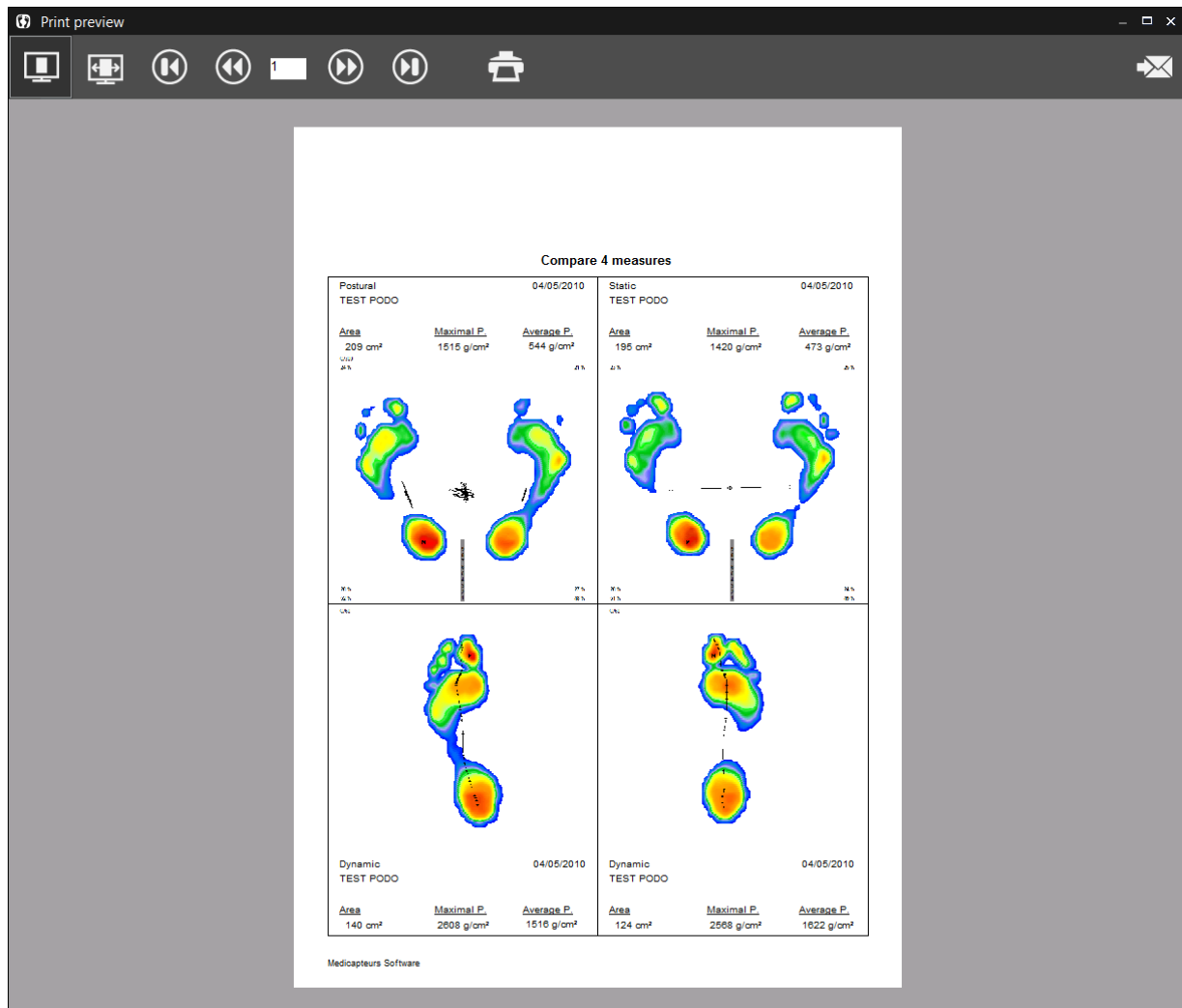


Add chips.



Insert an image. By clicking on "Full screen", the image will occupy the width of the page.

# Printing



## Tool bar




Click on this key to access print menu.

Full page print preview.

View full screen preview.

Print.

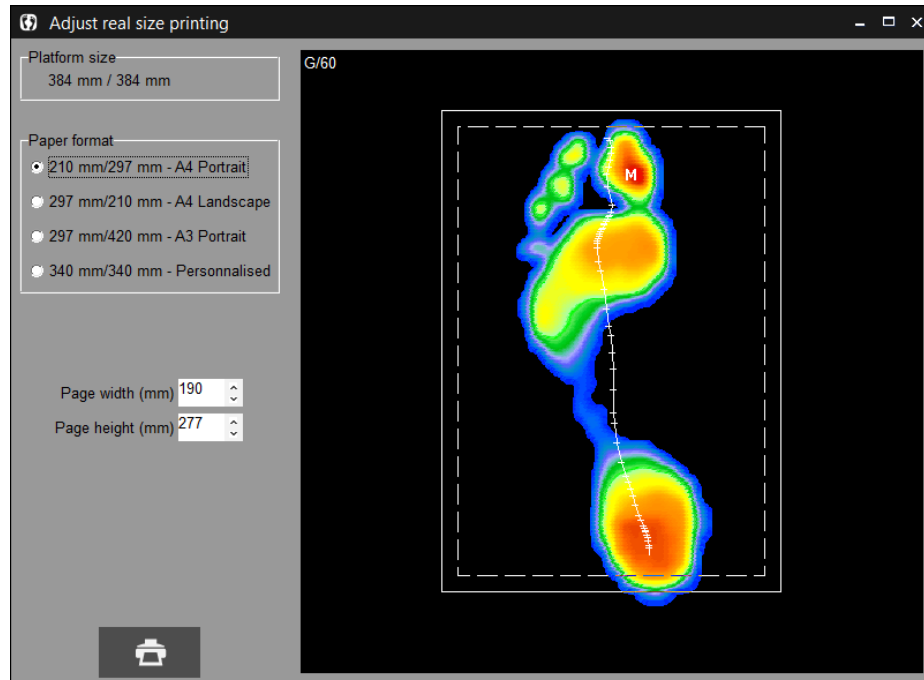
You can remove the print preview and printing will be launched when you click on  in one of the tabs in the software. Go to *Configuration/Parameters/General* (see page 16).

**Note** : You can download and install pdf Creator or FOXIT, free softwares which appear as a printer and allow to create PDF format files.



# Scale 1 Printing

In the "**Detailed Analysis**" section, you can print the foot pressure mapping in **real size** (within one captor resolution level).



Click on the arrow and select the menu "Print real size".

The "Centering of the real size footprint" appears :

This particular screen allows **defining the area to print**. In fact the regular paper size is smaller than the active surface of the podometer; therefore it is necessary to select the portion of the cartography you want to print.

Usually, you print one foot after the other.

The "**Format Paper**" window allows selecting a box which is superposed to the cartography. This box coincides with the printable area which is properly displayed according to your paper size.

To position the box on the area to be printed, position the mouse inside the box. Left click and press on the mouse and move the box to the selected area.

**Note 1** : You can reduce the pre selected "width" and "height" by clicking on the arrows .

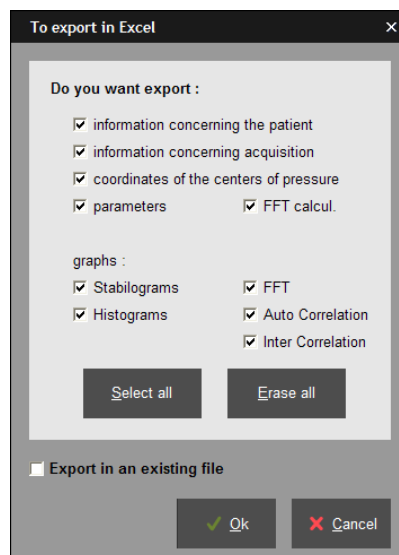
**Note 2** : If you have a printer with A3 paper, you can print the 2 feet at the same time.

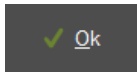
When the box is properly positioned on the footprint, click on  to access to the printing menu (see previous page).

# Exporting Data

By right clicking with the mouse on the “detailed analysis” tab or on a graph in the “graphs” tab, you can :

- **Copy in the clipboard** the selected image.
- **Save on a database** the selected image in Bitmap format. A window appears to target the file name and the folder.
- **Export a video** allow to create an AVI video of a dynamic or mix acquisition. A window appears to specify the name and the folder of the created video.
- **Exporting series of recordings to Excel**. The window appears :



- ✓ Select the information to be exported.
  - ✓ If you have to export in an existing file, click on the corresponding check box.
  - ✓ Click on . An excel file is open including multiple pages where each type of available information is presented.
  - ✓ Record the excel file on the hard drive.
- **Exporting matrix** (in the “detailed analysis” tab). It allows creating a text file which contains all the captors’ numeric values. A window appears to specify the name and location of the file that is getting created.
  - **Full page**, **other graph** or **2 graphs** (in the "Graphs" tab) allow to display graphs on a full page or to return to 2 graphs visualization.

# Patient database back up

## WARNING!

It is necessary to frequently backup the "FUSYO Software" patient database which includes all patients. In fact, a technical computer dysfunction may damage, even destroy all your data which then cannot be retrieved.

One back up per week is recommended.

## Patient database back up

---

Copy the folders **Data**, **Documents** and **Movies** located in **C:\win-pod** to a back up unit, such as :

- CD or DVD writer
- ZIP Drive
- Another Hard drive
- USB Key

## Reloading a backed up patient database

---

If you are not certain of the procedure, please contact us.

Procedure to follow when installing the back up database on a new computer configuration :

- ✓ Install "FUSYO Software" following the instruction manual.
- ✓ Launch the DBManager utility function which can be accessed through **Start/All programs/ Medicauteurs**.
- ✓ In the DBManager section :
  - Click on the command "**Import a database**".
  - The following window opens "Assistant for importing a database".
  - Select your back up unit.
  - Double-click on your back up DATA folder.
  - Then click on "**Next**" and then on "**Start**".
- ✓ When the import is completed all the patients are directly integrated in the patient database of the "FUSYO Software". You can verify that importation was successfully completed by opening the "FUSYO Software" and then by clicking on "search" in the "Patient" tab.  
Verify then the displayed list and that the associated measurements are present.

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# Notes

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## Notes

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« Les Espaces de Balma »  
18 avenue Charles de Gaulle - Bât. 34 - 31130 BALMA  
Tel :33 (0) 562 571 571  
[www.medicapteurs.fr](http://www.medicapteurs.fr)

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