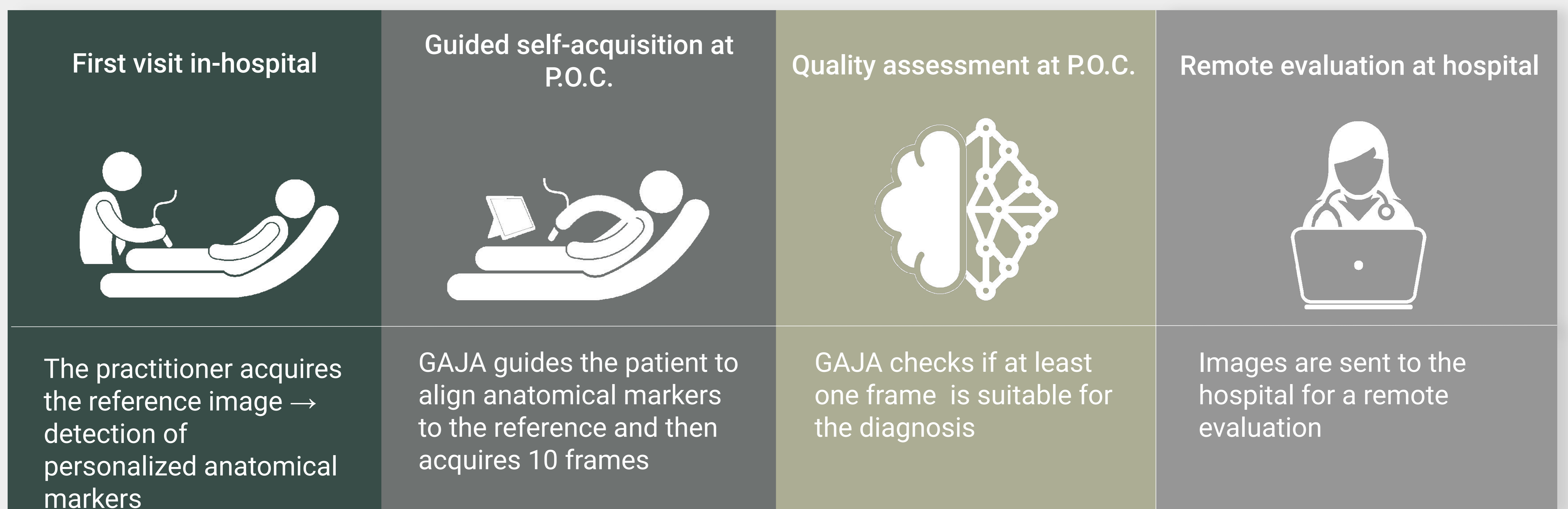




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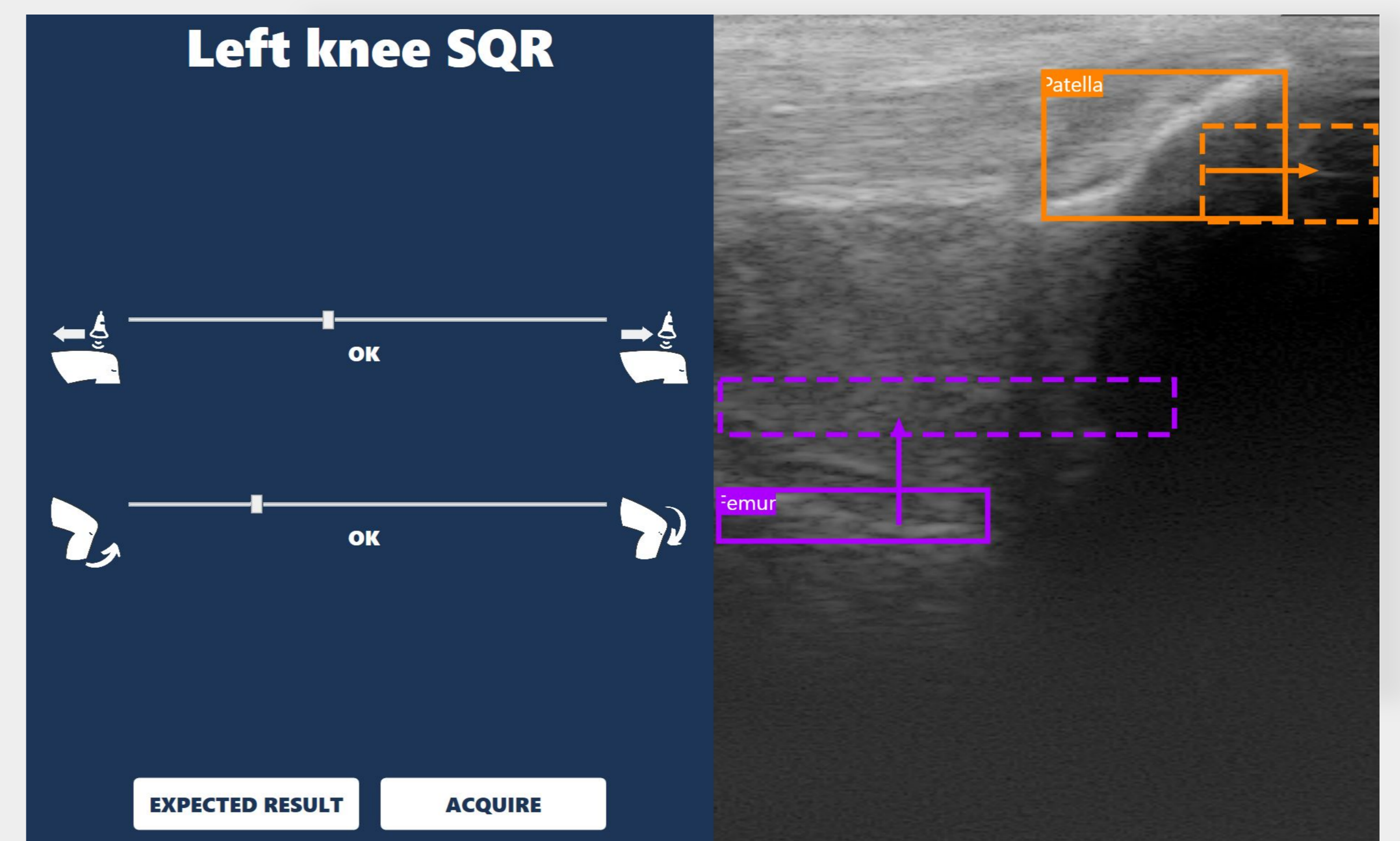
## Introduction

- Hemofilia, if not promptly treated, can lead to permanent joint damage
- In-hospital visits are costly and not always feasible when required
- The adoption of portable US probes enables point-of-care (P.O.C.) evaluation
- Existing approaches to P.O.C. self-acquisition of MSK-US:
  - The practitioner supervises the procedure remotely → time consuming for the practitioner
  - The patient is autonomous after a long training → patients tend to forget the procedure



## Design principles

1. **Automate**: some operations are automated in the system (e.g. probe depth and gain setting)
2. **Guide**: the application guides in real-time the alignment of anatomical markers (solid lines) to the reference anatomical markers (dotted line) with visual indications
3. **Remind**: basic operation are left to the patient, and reminded before the acquisition page (e.g. how to position the probe, to apply gel etc...)



## Conclusion

GAJA shows on a preliminary evaluation:

- Conducted on **23 healthy participants**
- Only **one** in-hospital visit, with a **short** training time: ~1-5 minutes
- **High** suitable acquisition rate: ~87% of patients collected at least one suitable image
- Patients acquired the images in **less** than 1 minute.

We conjecture that the **Automate-Guide-Remind** principle will ensure the quality of the acquired images during **time**

Reference: Colussi M., Mascetti S., Ahmetovic D., Civitarese G., Cacciatori M., Peyvandi F., Gualtierotti G., Arcudi S. and Bettini C.. GAJA - Guided self-Acquisition of Joint ultrAsound images. International Workshop on Advances in Simplifying Medical Ultrasound,2023.