



THE UNIVERSITY OF  
**SYDNEY**

# ASSISTIVE TECHNOLOGY FOR COMMUNICATION, MOBILITY, AND COGNITION

—

## A SNAPSHOT OF CURRENT RESEARCH AT CEREBRAL PALSY ALLIANCE RESEARCH INSTITUTE, AUSTRALIA

Dr. Petra Karlsson

May 2024

[pkarlsson@cerebralpalsy.org.au](mailto:pkarlsson@cerebralpalsy.org.au)



Christmas Island

Ashmore and Cartier Islands

Cocos (Keeling) Islands

Western Australia

Northern Territory

Queensland

South Australia

New South Wales

Coral Sea Islands

Norfolk Island

Jervis Bay Territory

Australian Capital Territory

Tasmania

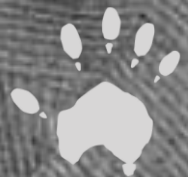


**Cerebral Palsy  
Alliance –  
Head office  
Sydney**



**Cerebral Palsy**  
ALLIANCE

# The McLeod's motto 'Nothing is Impossible'



**Cerebral Palsy**  
ALLIANCE

Audrie , Jennifer and Neil McLeod



# Cerebral Palsy Alliance

Cerebral Palsy Alliance is a ground-breaking, global centre of expertise for cerebral palsy services and support, research, technology and innovation, and advocacy. Our alliance of great minds work together to deliver a world of opportunity for people with cerebral palsy and similar disabilities, and their families.



## Services & support

Providing services and strategies for every stage of life.

[Learn more](#)

## Research

Finding ways to prevent, treat, and cure cerebral palsy.

[Learn more](#)

## Technology & innovation

Developing technologies to improve how you live.

[Learn more](#)

## Advocacy

Becoming a champion for changes that matter.

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THE UNIVERSITY OF  
SYDNEY



# Our four research programs

Our research priorities, informed by people with cerebral palsy and their families, are;



## Early Detection & Intervention

Detecting, diagnosing, and intervening early to make a lifetime of difference for children with cerebral palsy and their families.

[Learn more](#)



## Epidemiology

Unearthing trends, prevalence and causes of cerebral palsy.

[Learn more](#)



## Technology

Pioneering innovations to support inclusion for people with disabilities.

[Learn more](#)



## Regenerative Medicine

Leading the way in stem cell clinical trials for cerebral palsy and exploring the frontier of new therapies.

[Learn more](#)

# PROGRAM OF TECHNOLOGY TEAM

**DR PETRA KARLSSON,  
PROGRAM LEAD,  
TECHNOLOGY**



**PROF  
ALISTAIR MCEWAN,  
CHAIR OF INNOVATION  
AND TECHNOLOGY**



**DARRYL CHIU,  
RESEARCH ASSISTANT**



**AMELIA MITCHELL,  
RESEARCH  
PSYCHOLOGIST**



**ANNEMARIE MURPHY,  
RESEARCH OFFICER**



**DR INGRID HONAN,  
SENIOR RESEARCH  
FELLOW**



**DR NICOLA POSTOL,  
RESEARCH FELLOW**



**AHa Engineering Lab**

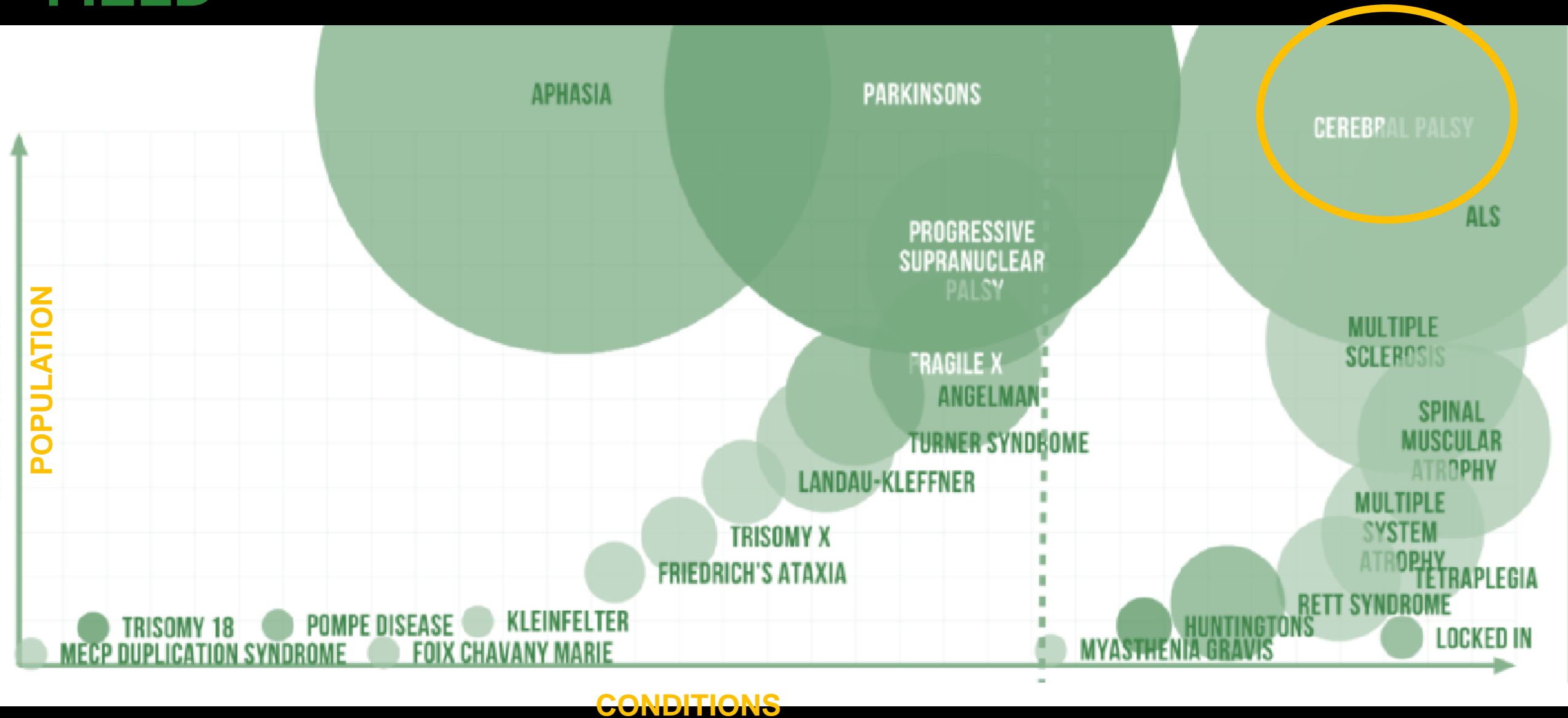
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2024



# HIGH TECHNOLOGY NEEDS IN THE DISABILITY FIELD



# AHa Engineering Lab



## PRIORITY 1 COGNITION

CogTEST-Children

Brain-Computer Interface



## PRIORITY 2 COMMUNICATION

My Voice Library

SwitchApp

Eyes On Communication

Eyes On Communication -  
Clinicians

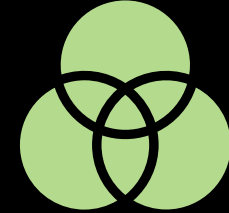
Eye-gaze technology  
and tele practice



## PRIORITY 3 MOBILITY

Car Survey

Soft Robotics



## VENN OF THEMES

TechToys

# COGNITION

# CogTEST-Children

# Neuropsychological Assessment for Children with Cerebral Palsy and Severe Motor Impairment

CogTEST-C

Cognitive Testing on Eye-gaze and  
Switch Technologies - Children

Ingrid Honan, PhD, MClinNeuroPsy

Amelia Mitchell, MClinPsych, PgDipPsych, BPsych(Hons)

Petra Karlsson, PhD, Ms(OT)



Cerebral Palsy  
ALLIANCE

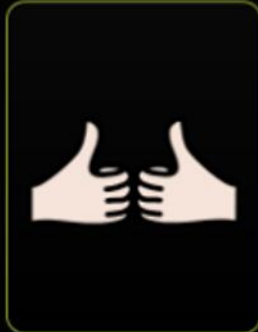
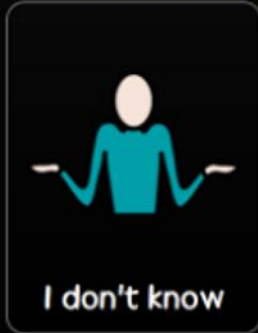
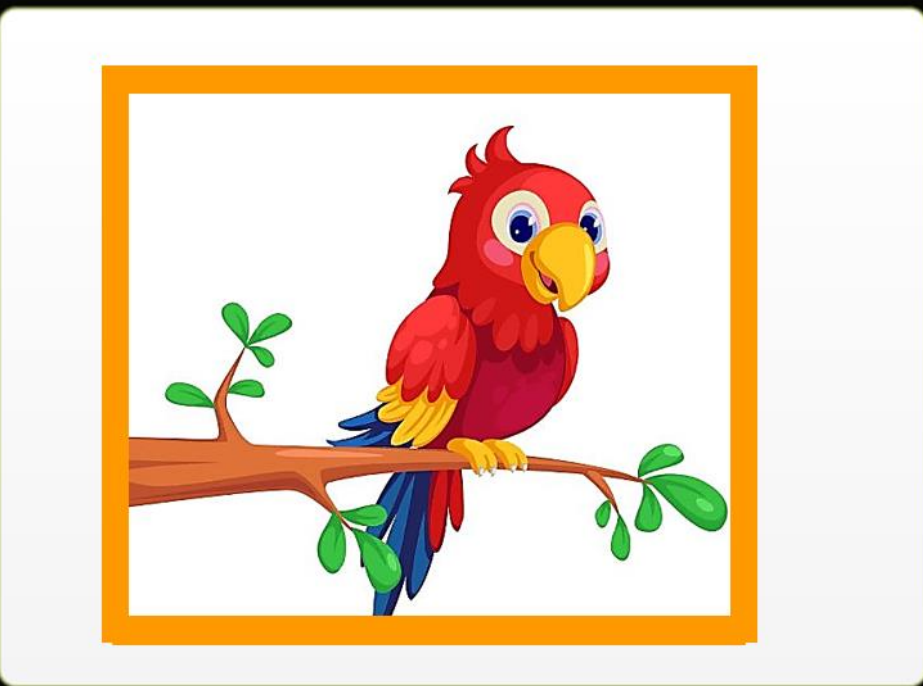






## What does this all have to do with Neuropsychology?

- ◆ Less than 1/3<sup>rd</sup> of children with CP have undergone standardised cognitive assessment
- ◆ Most standardised cognitive assessment tools require:
  - ◆ Verbal responses
  - ◆ Fine motor control
  - ◆ Are timed
- ◆ These are inaccessible for many children with CP, especially those with severe motor and/or speech impairment
- ◆ Assessment using these tools would be expected to under estimate ability



We are researching how typically developing children complete

anking

**Who can be involved?**

Typically developing children aged 5-15 years.

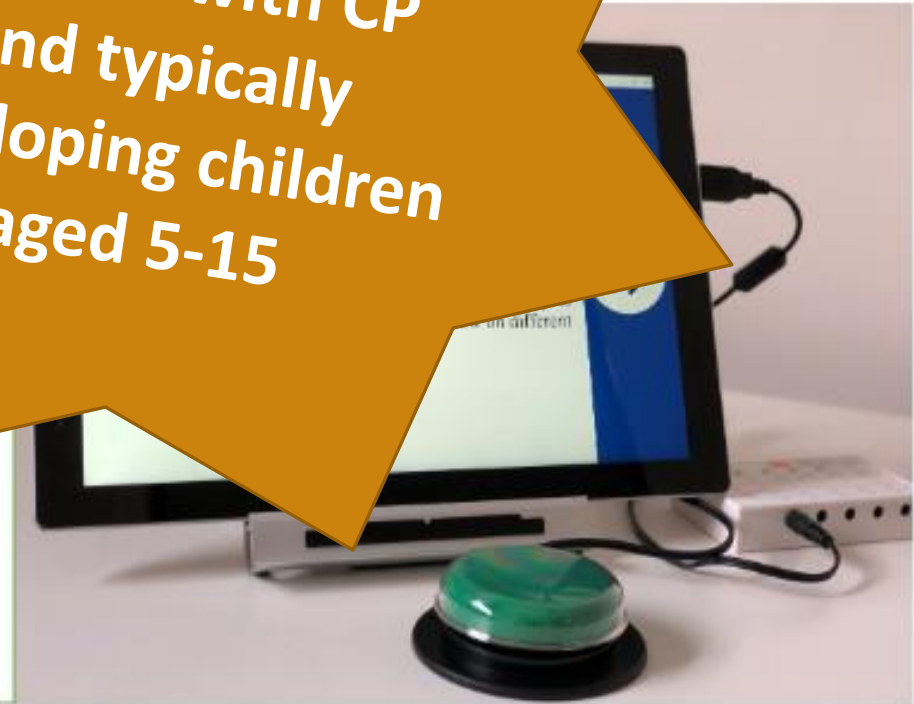
**What's involved?**

Your child will come in for 2 sessions of approximately 3-hours each. In one session they will complete the measures using paper and pencil, and in the other session they will complete the same measures on the computer using eye-gaze technology. We will teach them how to use the technology. You will also be asked some questions.

**What are the benefits of the study?**

You will receive a copy of a report outlining how your child did on each task they complete in the first session. While this will be done for research purposes, it can be useful information for teachers, parents and therapists.

**Recruitment of children with CP and typically developing children aged 5-15**



To find out more and to get involved please contact Petra Karlsson by phone: 0447 508 661 or by email: [pkarlsson@cerebralpalsy.org.au](mailto:pkarlsson@cerebralpalsy.org.au)

# Brain-Computer Interface

Participant number	Age (Mean age: 26yrs, 5mth)	Gender	Able to complete the dichotomous choice screen	Able to try BCI	Able to try eye-gaze technology	GMFCS Level	MACS Level	CFCS Level	VSS Level
310	20	F	✓	✓	✓	IV	IV	IV	III
311	14	F	✓	✓	✓	IV	IV	IV	III
318	21	F	✓	✓	✓	V	V	V	IV
319	43	M	✓	✗	✓	V	V	V	IV
320	22	F	✓	✓	✗	V	V	V	IV
321	42	F	✓	✗	✓	IV	IV	IV	IV
373	14	M	✓	✓	✓	V	IV	IV	IV
375	26	M	✓	✗	✓	IV	V	IV	IV
378	34	F	✓	✓	✓	IV	V	IV	IV
383	29	F	✓	✗	✓	V	V	V	IV



# CXN ONE

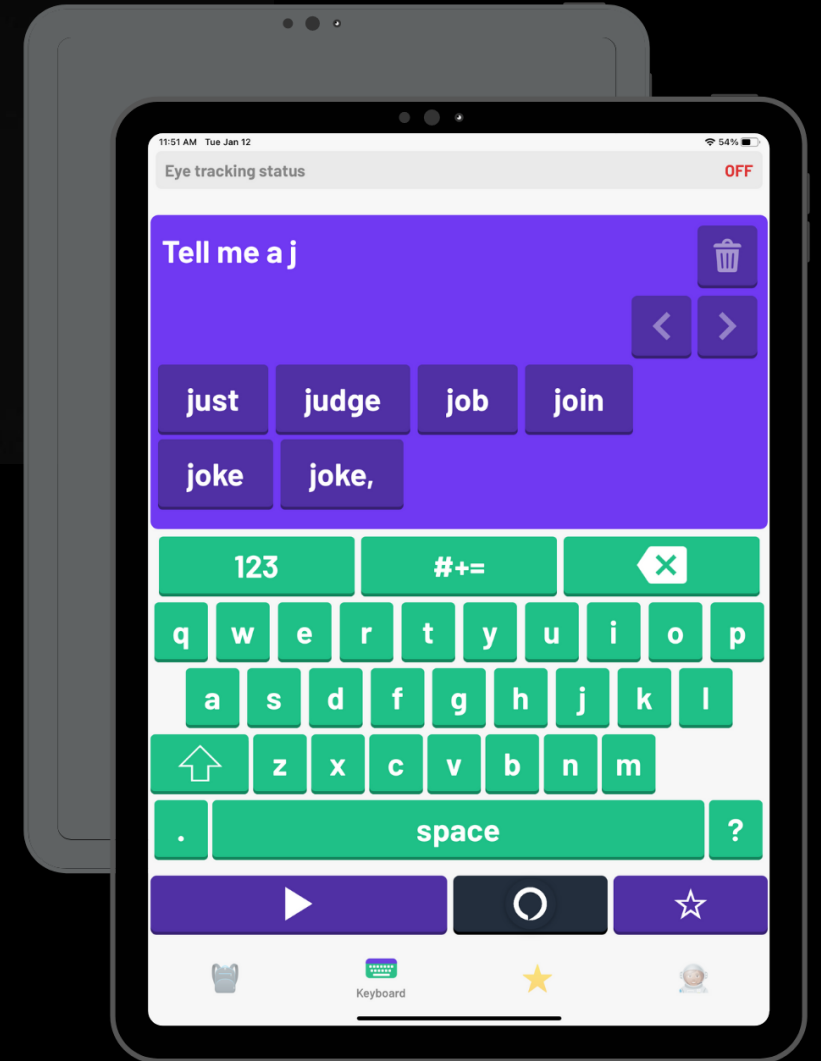
**The World's First Brain Computer Interface with Augmented Reality  
Wearable Speech™ Generating Device**

©2020 Cognixion, Patents Pending

# ADVANCEMENTS IN AAC

## COGNIXION

- BCI with AR wearable speech generating device
- Wireless headset
- 8 dry passive non-invasive electrodes – no gel needed
- 3 different predictive keyboard options
  - Alphabetical
  - QWERTY
  - Linotype
- Save and access favourite phrases



# COMMUNICATION



# My Voice Library

torgo  
idea  
dysarthric speech  
voiced Database  
nemours  
euphonia whitaker

stardust

voiceitt

vivoca

homeservice

corpus

capisciamme

ixoice

# MY VOICE LIBRARY RESEARCH TEAM



**DR PETRA  
KARLSSON**



**PROF ALISTAIR  
MCEWAN**



**MRS MARIA  
DALMON**



**A PROF SILVIA  
ORLANDI**



**A PROF MICHELLE  
MCINERNEY**



**A PROF ANDREA  
BANDINI**

# MY VOICE LIBRARY SOFTWARE DEVELOPMENT TEAM - KABLAMMO



UX PROCESS

# Discovery phase

Through our research and discovery process  
we found that...







X Cancel

### Break preferences

TO LIKE TO...

#### Watch animal videos

We've got a selection of funny

TO LIKE TO...

#### Be surprised

Not sure what you're looking for?  
We'll surprise you with something  
and exciting.

TO LIKE TO...

#### Watch video games

Sit back and relax with videos  
about Minecraft, Super Mario, and  
everything in between.

# Empowering players

TO LIKE TO...

#### Practice mindfulness

Practice your breathing with these  
fun mindfulness exercises.

TO LIKE TO...

#### Listen to music

Take a breather with some relaxing  
tunes, or have a dance with our  
popular playlists.

Save changes





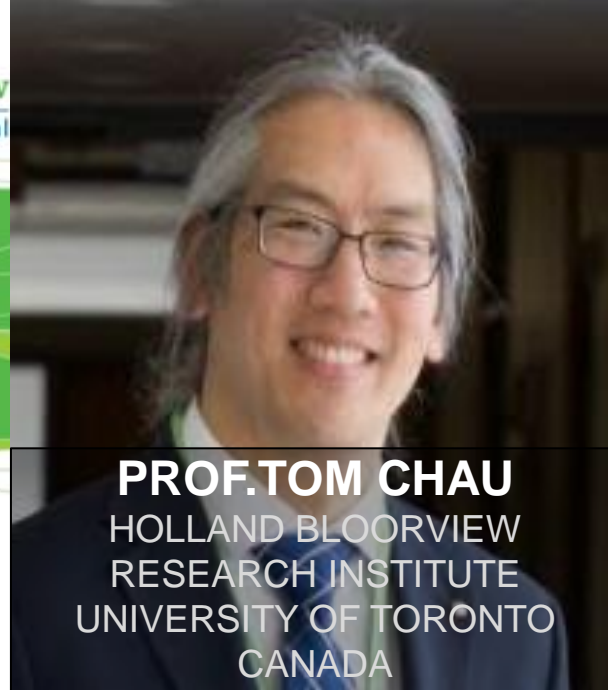
“My cerebral palsy is who I am and I am very proud of it. I really can’t imagine life without cerebral palsy. But my biggest disability is my speech, and not being able to have instant communication without planning the best way to get my message across. In future, **our My Voice Library** research will make communication easier for people with cerebral palsy, and I’m proud to be involved.”

[Maria](#)

A thick yellow arrow pointing to the right, centered horizontally on a black background. The text 'SwitchApp' is written in white inside the arrow.

SwitchApp

# SWITCH-APP



**PROF. TOM CHAU**  
HOLLAND BLOORVIEW  
RESEARCH INSTITUTE  
UNIVERSITY OF TORONTO  
CANADA

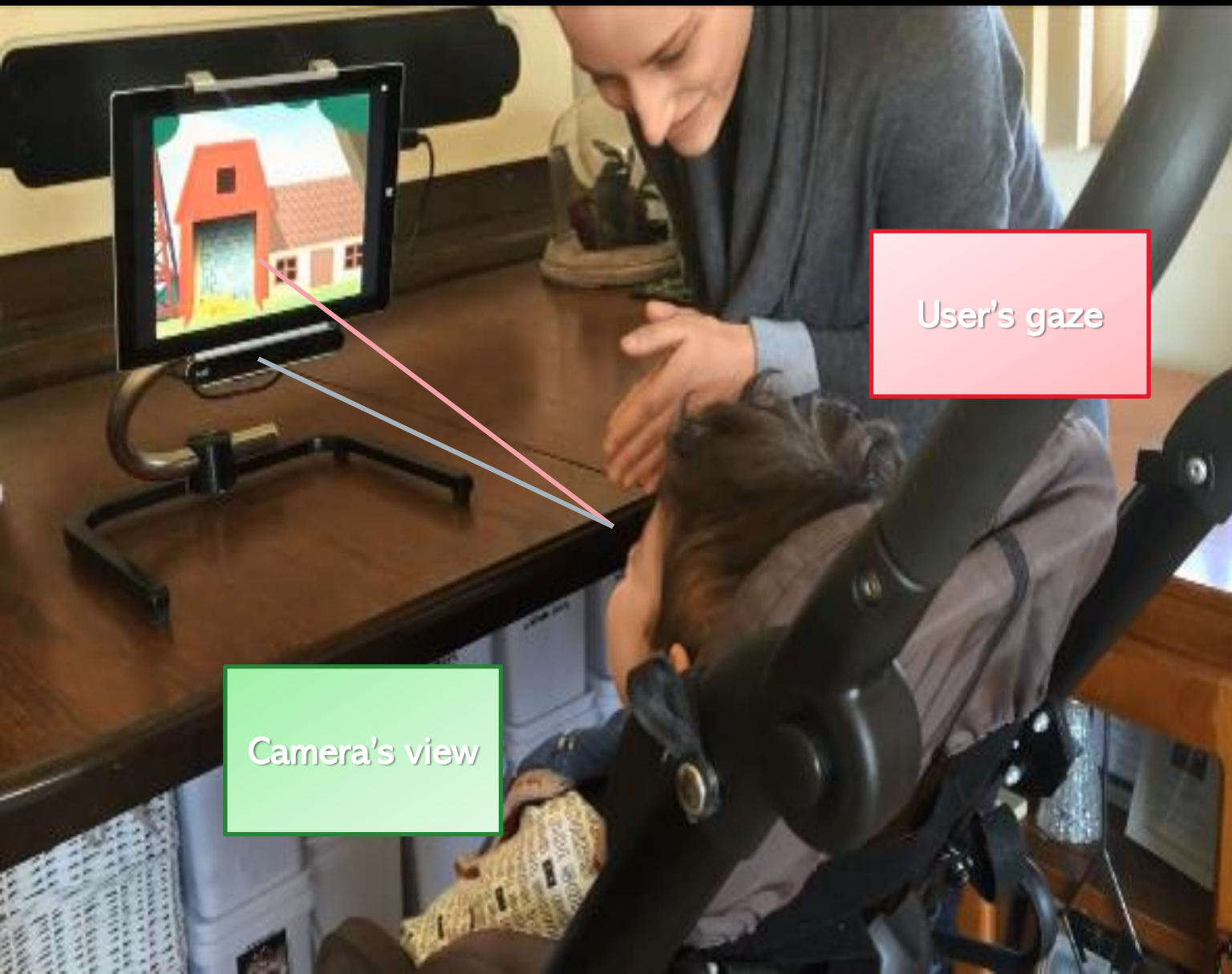


**A PROF. SILVIA ORLANDI**  
HOLLAND BLOORVIEW  
RESEARCH INSTITUTE  
CANADA



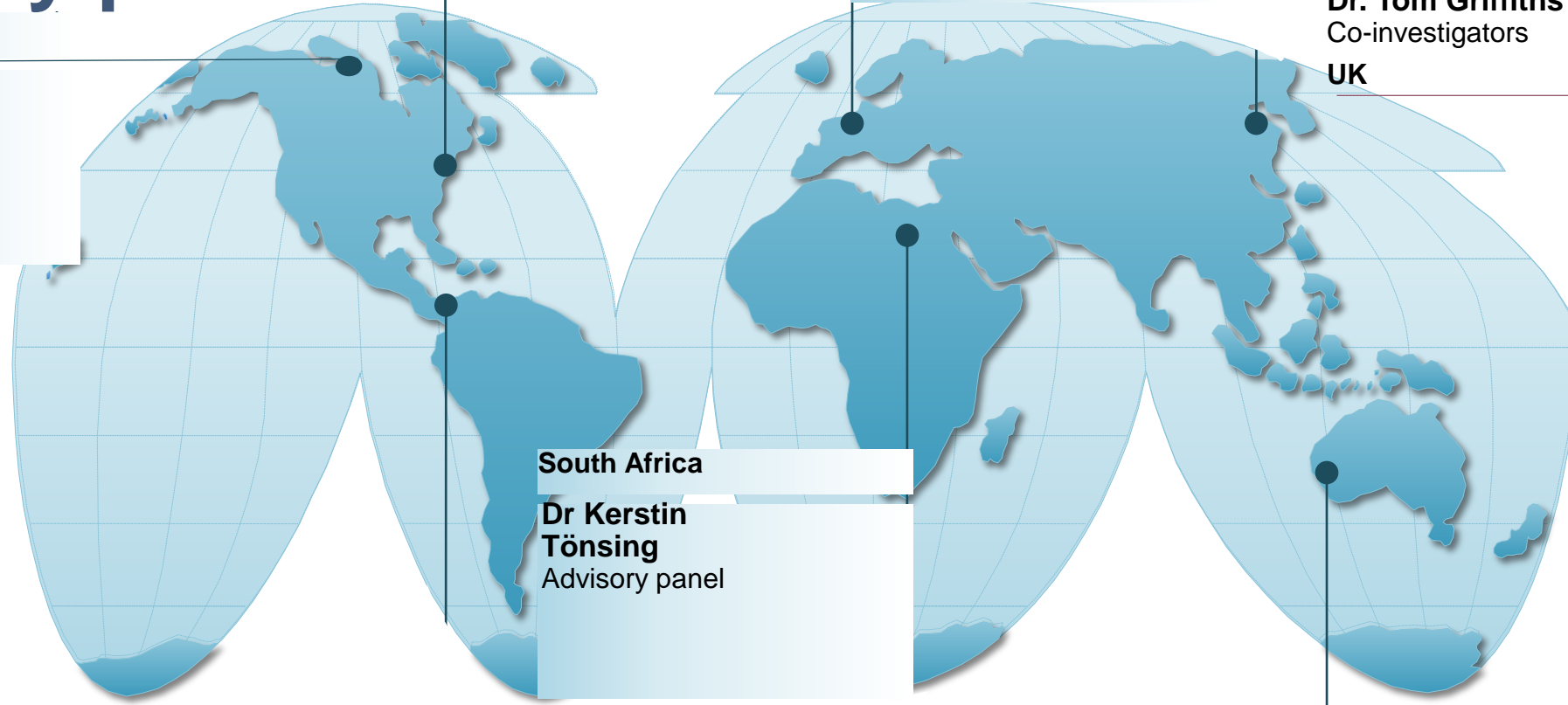
# Eyes On Communication

# THE NEED FOR CLINICAL GUIDELINES FOR EYE-GAZE TECHNOLOGY



- Who does eye-gaze control technology work best for?
- How much time will it take?
- What to assess?
- How to set up a trial?
- How to evaluate if a trial was successful to inform a funding application?
- How and where to start upon receiving the technology?

# Research team and Advisory panel



**USA**  
Pennsylvania  
**Sandra Masayko**  
Advisory panel

**Europe**  
Sweden  
Belgium  
UK  
Norway

**Prof. Elegast Monbaliu**  
**Saranda Bekteshi**  
Co-investigators  
**Belgium**

**Dr. Mike Clarke**  
**Dr. Tom Griffiths**  
Co-investigators  
**UK**

**Andreas Larsson**  
Eye-gaze control technology user  
Advisory panel  
**Eva**

**Holmqvist**  
Occupational therapist  
Advisory panel  
**Maria**

**Borgestig**  
Advisory panel  
**A Prof. Kate Himmelman**  
Co-investigator  
**Sweden**

**Dr. Kristine Stadskleiv**  
Advisory panel  
**Norway**

**Canada**

**A Prof. Beata Batorowicz**  
Advisory panel  
**A Prof. Claire Davies**  
Advisory panel

**South Africa**  
**Dr Kerstin Tönsing**  
Advisory panel

**Australia**  
Sydney  
Melbourne  
Western Australia  
Tasmania

**Dr. Petra Karlsson**  
Principal investigator and Project Lead  
**Dr. Margaret Wallen**  
Co-investigator  
**Australia**

**Rachelle Baldock**  
Advisory panel  
**Abigail Allsop**  
Co-investigator

**Noah Callan**  
Eye-gaze control technology user  
Advisory panel

**Shelley Hansom-Brown**  
Parent to an eye-gaze control technology user  
Advisory panel

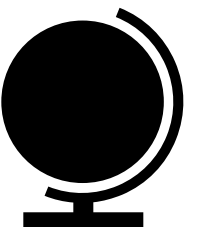
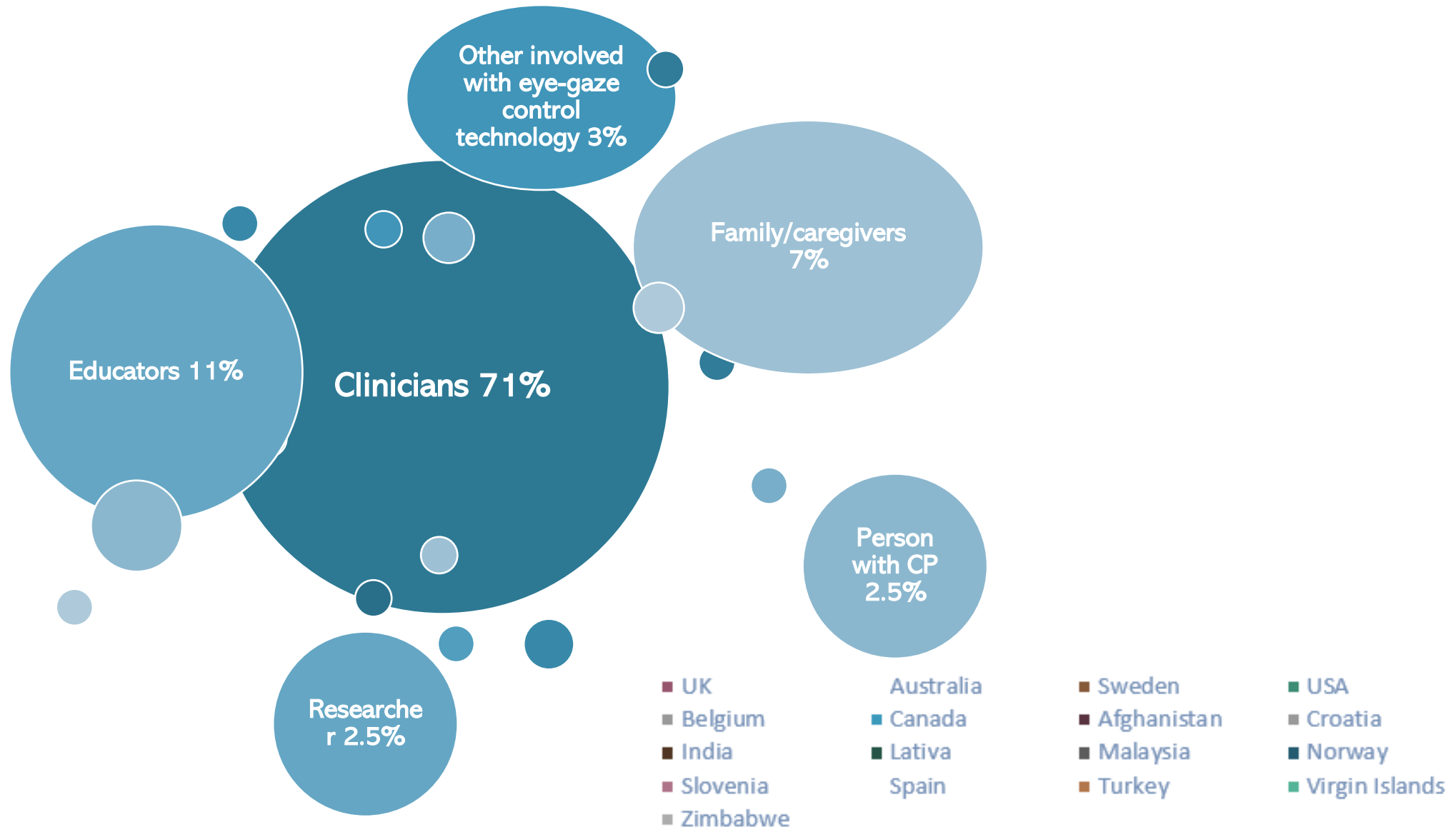
**Belinda Deramore Denver**  
Occupational therapist  
Advisory panel

**Karyn Muscat**  
Advisory panel  
**Claire Galea**  
Statistician  
Co-investigator

**Nicky Arthur**  
Speech pathologist  
Advisory panel  
**Kayla Chapman**  
Advisory panel

**Rene Perekles**  
Parent to an eye-gaze control technology user  
Co-investigator

# Who heard our call to take part in the Delphi study?





# Eye-gaze control technology for people with cerebral palsy

## CLINICAL GUIDELINES 2021

 [@EyesonComm](https://twitter.com/EyesonComm)



Eyes on C  mmunication



Eyes on C  mmunication

## Eye-gaze control technology for people with cerebral palsy – Clinical Guidelines

This document sets out guidelines for the assessment, trial, implementation, support and review of eye-gaze technology and discusses recommendations for when eye-gaze technology is not currently an appropriate access method. The Clinical Guidelines are the result of extensive consultation with many stakeholder groups including people with cerebral palsy, their families, professionals from health and education, researchers and biomedical engineers.

The Clinical Guidelines are intended for use by people with cerebral palsy, their support networks and professionals making decisions about eye-gaze control technology.

Download a free copy [here](#):

For those interested in learning more about how the guidelines were developed, the paper explaining this is available free [here](#):



# THE CONTENT FOR THE CLINICAL GUIDELINES

<b>Unique features of eye-gaze control technology</b> <b>Section 1</b>	
<b>Assessment</b>	<b>Initial assessment</b> <b>Section 2</b>
	<b>The trial</b> <b>Section 3</b>
<b>Implementation</b>	<b>Learning, practise &amp; support</b> <b>Section 4</b>
	<b>The follow-up</b> <b>Section 5</b>
	<b>Outcome measurement</b> <b>Section 6</b>
	<b>Funding considerations</b> <b>Section 7</b>
<b>Preparation for future use of eye-gaze control technology</b> <b>Section 8</b>	

# EXAMPLE OF RECOMMENDATIONS FOR

## Learning, practise & support Section 4

### WHAT IS IMPORTANT TO KNOW ABOUT THE **RESOURCES NEEDED**

4.3.1 a) guidelines for the assessment of eye pointing

### WHAT IS IMPORTANT TO KNOW ABOUT THE PERSON'S **FREQUENCY OF PRACTISE AND SUPPORT**

- 4.3.2
- a) in regular, frequent sessions
  - b) in short sessions, to reduce the effects of fatigue
  - c) start by focusing on skills (e.g., cause and effect, targeting, dwell) through activities or games
  - d) be supported by professionals who will guide direction and identify areas to work on
  - e) receive face-to-face support (through tele-health or in person) using the technology in their usual settings
  - f) be provided with clear modelling, demonstration and direction
  - g) have an individualised practise plan
  - h) have practise embedded in their current routines

### WHAT IS IMPORTANT TO KNOW ABOUT THE PERSON'S **ENVIRONMENT AND SUPPORT NETWORK** **FREQUENCY OF PRACTISE AND SUPPORT**

- 4.3.3
- a) should receive regular training and support to use, repair and upgrade the technology and the support the person
  - b) training in technical aspects of the device
  - c) timely technical support in person / by phone / online
  - d) support from multiple professionals as relevant and required (speech language therapist/speech pathologist, occupational therapist, physiotherapist/physical therapist, psychologist, assistive technology consultant, education professional)

# EXAMPLE RESOURCE PAGE FOR

Learning, practise & support  
Section 4



Parent perspective of helpful activities when learning to use eye-gaze control technology



<https://www.dropbox.com/s/n06ogd4z7bv0azy/Delphi%20interview%204.mp4?dl=0>

## EXAMPLES OF ONLINE RESOURCES



### Freely available resources for communication and learning

- <https://www.vgregion.se/ov/dart/dart/forskning/projekt/delaktig-i-ogonblicket/> [in Swedish]
- <https://www.cogain.org>
- <https://staging.ilc.com.au/wp-content/uploads/2016/12/Keys-to-Developing-Eye-Gaze-Skills.pdf>
- <https://www.rockybay.org.au/resources/aackit/>

### Ac Elsevier publications without needing a subscription

<https://www.elsevier.com/connect/access-for-patients-and-other-ways-get-elsevier-articles-without-a-subscription>

Eyes on Communication - clinicians

# Implementation of Clinical Practice Guidelines of Eye-Gaze Control Technology for People with Cerebral Palsy: *Barriers and facilitators identified by clinicians*

## Introduction

In this study we identified clinicians' perceptions of barriers and facilitators to the use of the Clinical Practice Guidelines for Eye-Gaze Control Technology (CPG-EGCT), and resources to support assessment, tailor intervention, and enhance decision-making about EGCT.

## Method

A two-phased mixed methods explanatory sequential design (online survey) identified clinicians' perceptions of the CPG-EGCT, and the findings further explored (online focus groups) and analysed using a reflective thematic content analysis.

## Conclusion

This study contributes by identifying barriers and enablers to implementing the CPG-EGCT, and the resources needed to enhance implementation in practice and outcomes for people with cerebral palsy.

## Results

97 survey responses were received, (response rate=17.2%). Respondents were predominately speech pathologists (66%), female (89%), mean age 42 years (SD=11). Four speech and language therapists and one occupational therapist attended online focus groups.

*Survey results:* Most **agreed with the content (92%)** and believed the CPG will improve service delivery (96%) **and improve outcomes (88%)**. **The main barrier to implementation was lack of time (n=16);** and main facilitators ease of use (n=10) and having time to read the CPG-EGCT (n=7).

*Focus group results:* Four themes were identified: **Complexity of learning to use and implement EGCT; Time and resources; Teamwork; and CPG informing practice.** Resources to support implementation were in-person training; **online modules; clinical discussion; and case studies.**

Breyana Stevens-Hofer <sup>3</sup>, **Petra Karlsson** <sup>1,2</sup> Michell McInerney <sup>4</sup>, and Margaret Wallen <sup>3</sup>



1. Cerebral Palsy Alliance, Australia
2. The University of Sydney, Australia
3. The Australian Catholic University, Australia
4. The University of Limerick, Ireland



[pkarlsson@cerebralpalsy.org.au](mailto:pkarlsson@cerebralpalsy.org.au)  
[cerebralpalsy.org.au](http://cerebralpalsy.org.au)



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# Eye-gaze technology and tele practice



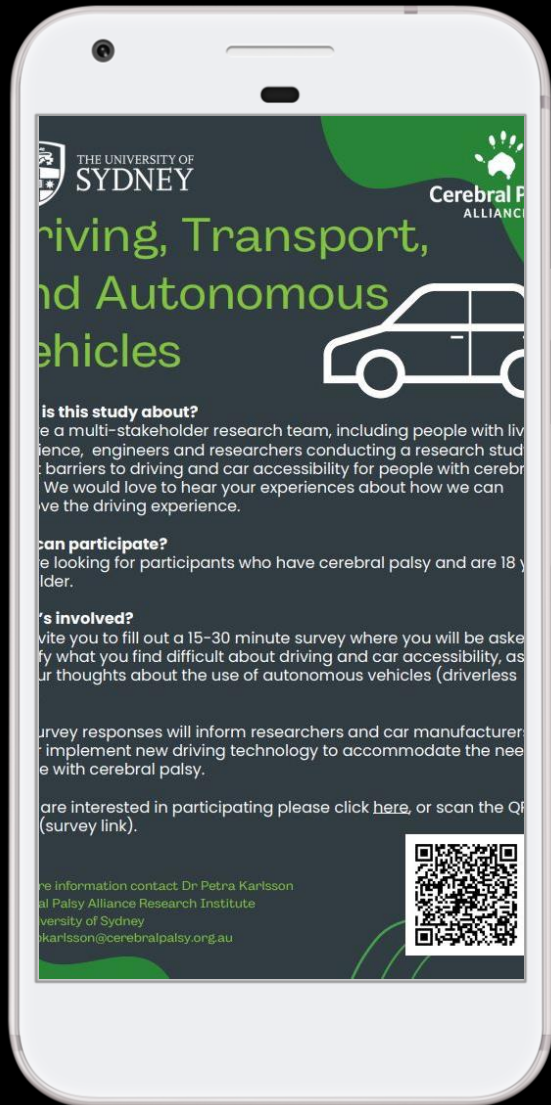
Collaboration with Joshua Aaron,  
Founder of SQUIDLY EYES



# MOBILITY

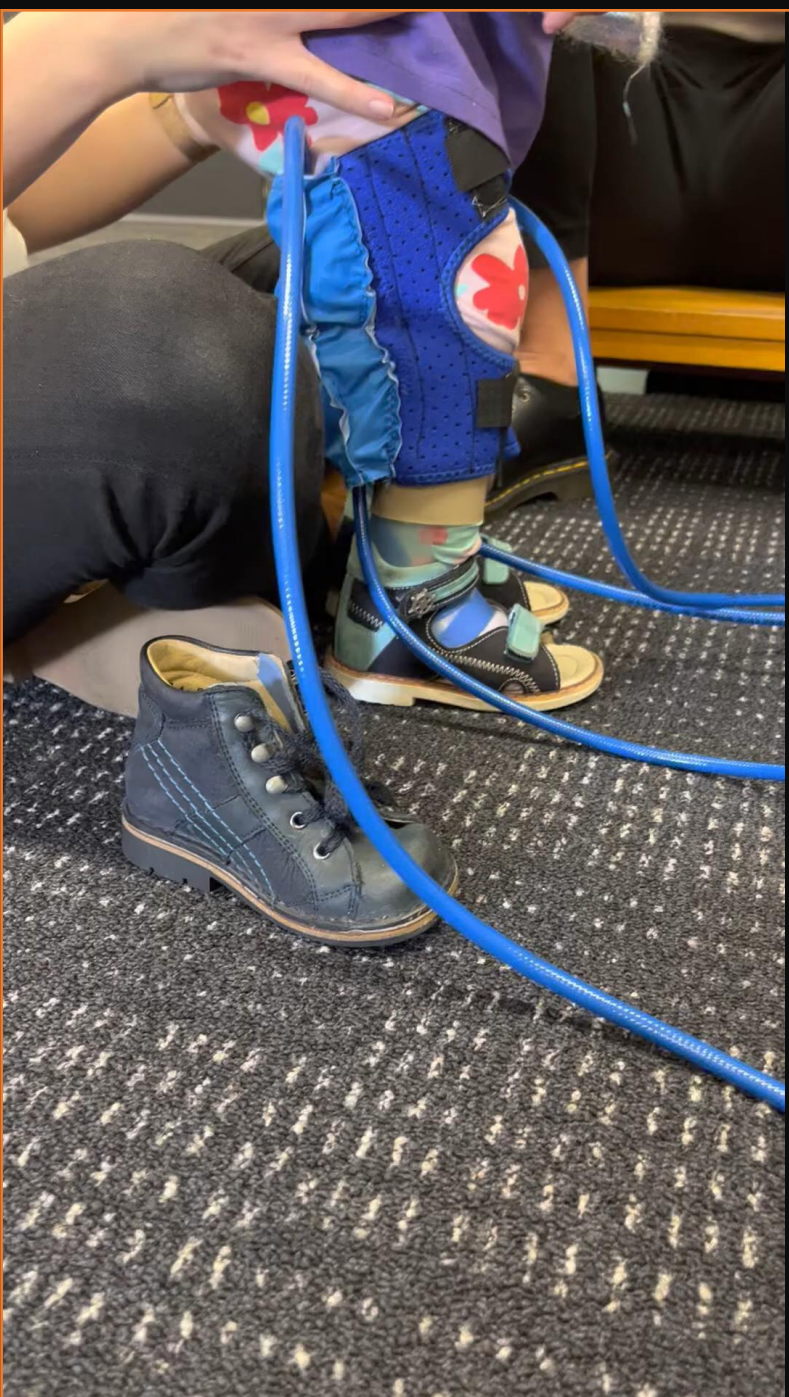
# Car Survey

# SURVEY RECRUITMENT



Investigators: Dr. Petra Karlsson, Darryl Chiu, A Prof. Silvia Orlandi, Ismail Sadozai, Jerusha Mather, Kiara Dolso, Prof Alistair McEwan

# Soft Exoskeleton

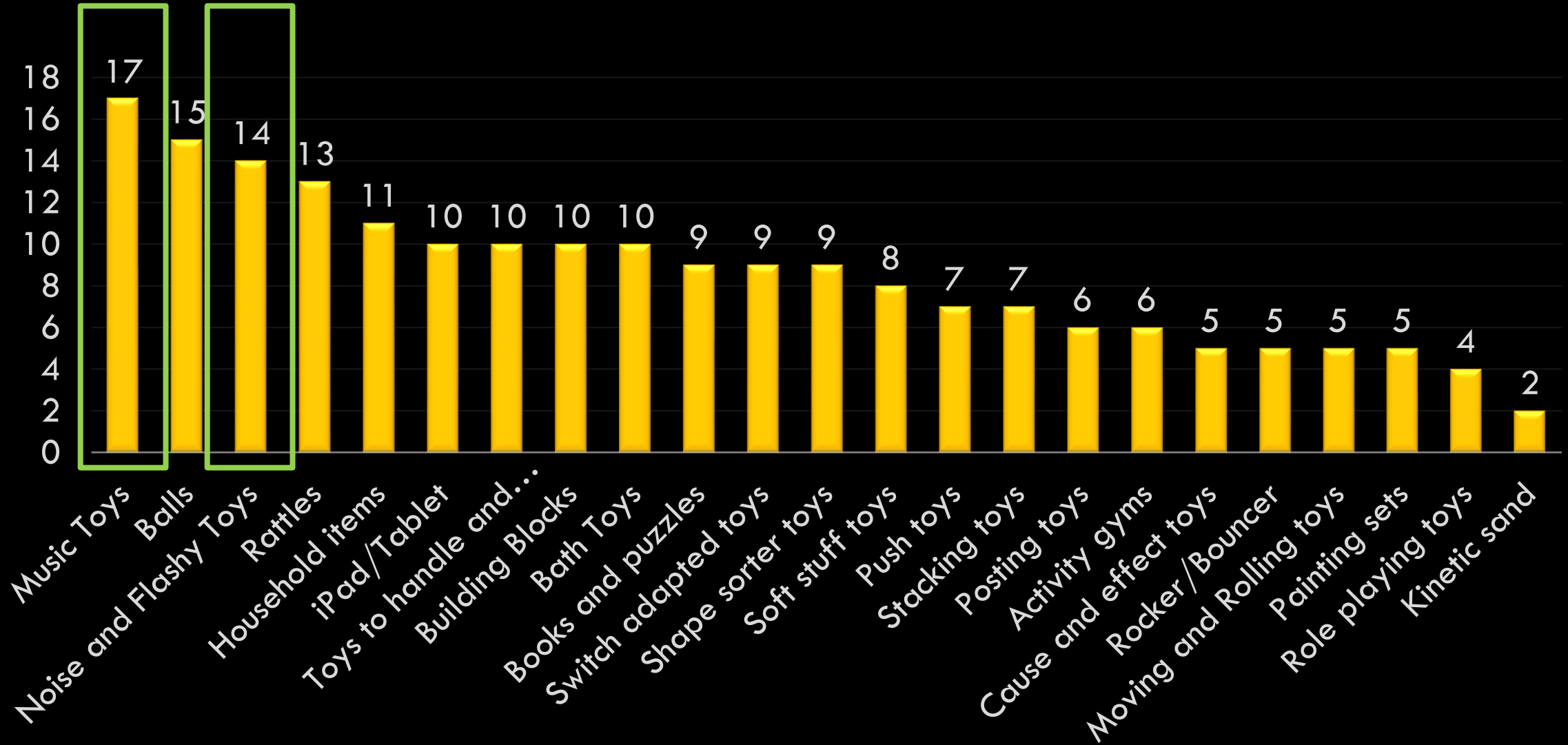


# SOFT ROBOTICS



TechToys

# TechToy survey results



Frequency count from 31 parents n2= 6 -11 months old's; n=15 1-1 year 11 months old's; n=14 2- 2 years 11 months old's; Mini-MACS: III=16; IV=10; V=4; GMFCS E&R: II=1; III= 9; IV=16; V=4.



**Music Toy - Theramin**

Biomedical engineering - Internship: Michael Laporte





Biomedical engineering - Honours student: Wesley Zhang