

Implementing Computer Vision for Tracking and Monitoring Rehabilitation Progress in Patients with Orthopedic Injuries

Purshottam J. Assudani¹, Bably Dolly², M. Arun³, Arun Chakravarthy R⁴, Jitendra Kumar⁵, E Sreedevi⁶

¹Assistant Professor, School of Computer Science and Engineering, Ramdeobaba University, Nagpur-440013, Maharashtra, India,

Email ID: pjassudani@gmail.com

²Assistant Professor, Department of Computer Application, Integral University Lucknow, Dashauli, Uttar Pradesh, India,

Email ID: dolly@iul.ac.in

³Associate Professor, Department of Electronics and Communication Engineering, KGiSL Institute of Technology, Coimbatore 641035, Tamil Nadu, India,

Email ID: arunkite1@gmail.com

⁴Associate Professor, Department of Electronics and Communication Engineering, KGiSL Institute of Technology, Coimbatore 641035, Tamil Nadu, India,

Email ID: arunchakravarthy77@gmail.com

⁵Assistant Professor, College of Computing Sciences and Information Technology, Teerthanker Mahaveer University Moradabad-2440124401, Uttar Pradesh, India,

Email ID: jitendra.v.varshney@gmail.com

⁶Associate Professor, Department of Computer Science and Engineering, Koneru Lakshmaiah Educational Foundation, Green Fields, Vaddeswaram, Guntur, Andhra Pradesh 522302,

Email ID: sridevi_fed@kluniversity.in

Cite this paper as: Purshottam J. Assudani, Bably Dolly, M. Arun, Arun Chakravarthy R, Jitendra Kumar, E Sreedevi, (2025) Implementing Computer Vision for Tracking and Monitoring Rehabilitation Progress in Patients with Orthopedic Injuries. *Journal of Neonatal Surgery*, 14 (14s), 649-657.

ABSTRACT

Regular monitoring and Tracking are essential in orthopedic rehabilitation to ensure the effective recovery of patients. Traditional rehabilitation assessments are limited to manual qualitative observations and marker-based motion tracking which are costly and are invasive/impractical and less scalable. Last Updated on 23 October 2023 by ortech in this research, we investigate the use of computer vision-based tracking systems for tracking rehabilitation progress in orthopedic patients. The study at hand uses markerless motion capture, AI-assisted kinematic and kinetic analysis, remote real time monitoring to improve precision and availability of rehabilitation processes. This approach allows for automated, data-driven evaluations of joint motion and gait patterns by incorporating machine learning algorithms, augmented reality-based rehabilitation, and wearable IMU sensors. This system will not only enhance patient participation but also decrease overload in clinics and offer affordable and real-time rehabilitation solutions. Anticipating this environment in cloud-based federated frameworks, and the autonomy-supportive AI interventions that ensue, guarantees compliant and rehabilitative procedural outcomes. This study provides evidence for the feasibility of using computer vision-based approaches for personalized rehabilitation tracking in a non-intrusive, cost-effective and high security manner thus showing promise for improving orthopedic rehabilitation programs in an inpatient and outpatient setting.

Keywords: Computer vision, rehabilitation tracking, orthopedic injuries, motion analysis, markerless tracking, AI-driven assessment, machine learning, augmented reality, wearable sensors, remote monitoring, gait analysis, patient engagement, clinical decision-making, physiotherapy automation, real-time rehabilitation, cloud-based healthcare, security in rehabilitation, autonomy-supportive AI, non-intrusive monitoring, scalable rehabilitation solutions..

1. INTRODUCTION

In patients with orthopedic injuries, rehabilitation is essential for them to recover mobility, strength, and functionality. Physiotherapists traditionally rely on subjective and manual assessments while rehabilitating patients, costing much time, and these cannot be standardized. Moreover, marker-based motion capture systems, such as those used in clinical and research environments, are costly and restrictive, making them impractical for many lab settings that require real-time rehabilitation analysis. As a result, this situation equipped the need for automated, non-intrusive, and scalable rehabilitation

tracking systems that take advantage of technological advancements.

Novel approaches leveraging advancements in computer vision, artificial intelligence (AI), and wearable sensor technology have emerged to facilitate rehabilitation tracking. These establish a patient's movement pattern using standard cameras in real-time and without requiring marker setup, avoiding the expensive motion capture system. In addition, employing AI algorithms to analyze movement significantly enhances rehabilitation follow-up by enabling automated evaluations, real-time feedback, and predictive insights on patient recovery progress. This allows for remote monitoring of patients' progress outside of clinical settings by physiotherapists to fine-tune rehabilitation programs as deemed necessary.

Previous studies have shown that IMU-based motion tracking systems, computer vision approaches for gait analysis, and augmented reality systems enable providers to deliver real-time, accurate feedback on rehabilitation progression. These technologies enhance patient involvement by providing interactive and bespoke rehabilitation programs and also alleviate clinical workload by automating routine assessments. Moreover, by leveraging cloud-driven healthcare backdrops, it can make sure that the patient databases remain safely crusted and can be connected, which in turn broadens the efficiency of the rehabilitation programs.

While these features favor their adoption in clinics, limitations related to their accuracy, data confidentiality and long-term validation should be handled beforehand to provide adequate clinical reliability and ethical use of these technologies. The study examines a beneficial computer vision-based rehabilitation tracking system, demonstrating its feasibility and positive impact on the patient population in the field of orthopedic rehabilitation. This research uses modern technology tools — including machine learning, real-time monitoring, and patient-centric artificial intelligence (AI) interventions — to solve this challenge and develop a comprehensive framework of rehabilitation outcome improvement, with the added benefit of decomposing the orthopedic recovery into a more efficacious and scalable process.

2. PROBLEM STATEMENT

Orthopedic rehabilitation is essential for regaining movement and functionality among patients rehabbing from musculoskeletal injuries. Traditional rehabilitation methods mainly depend on manual assessments performed by physiotherapists, which can be subjective, time-consuming and varies greatly by practitioner. Furthermore, traditional marker-based motion capture systems, despite their high-precision results, are costly and mainly used within a clinical environment, also requiring specialized equipment that are less available, especially for patients whom live away or in a resource-limited environment. These limitations serve as a substantial hindrance to scalable, efficient, and objective rehabilitation tracking.

Recent advancements in computer vision and AI motion analysis present a chance to transform the face of rehabilitation tracking, leading to non-intrusive, on-the-go, automated movement assessments. Nevertheless, there are still significant challenges to address, including ensuring the accuracy of AI-based tracking models, managing other variations in patient movement, integrating real-time patient feedback mechanisms, and achieving secure storage of cloud-based rehabilitation data. In addition, most solutions based on computer vision as it stands do not become fully adapted for real-world rehabilitation environments; more research is needed to improve usability, dependability, and clinical validation of current solutions.

To the best of our knowledge, this study is the first to investigate these issues by developing and evaluating a markerless computer vision-based rehabilitation monitoring system which utilizes machine learning algorithms and removes the need for specialized equipment during therapy sessions while granting the ability to monitor progress from a remote location. This research aims to provide a scalable, cost-effective, and patient-friendly solution to track rehabilitation progress, leading to improved recovery outcomes among people with orthopedic injuries, by overcoming the limitations of conventional rehabilitation assessments.

3. LITERATURE REVIEW

There has been increasing interest in utilizing computer vision in rehabilitation tracking, and a number of studies have evaluated its feasibility, accuracy, and effect on patient outcomes. Conventional rehabilitation techniques depend much on physiotherapeutic individual assessments, while this approach is effective, it leads to challenges such as subjectivity, time limitations, & varied assessments. To overcome these limitations, research has explored a range of technology-powered approaches such as motion tracking systems with markers, wearable devices, and AI-powered movement models.

For years, marker-based motion tracking systems have been the gold standard for accurate movement analysis. Studies using such spectra Moro et al. (2022) and Stenum et al. (2021) validated the accuracy of gait analysis and joint movement models with these systems. However, their reliance on specialized equipment makes them expensive and impractical for large-scale rehabilitation programs → Limiting their application to controlled laboratory and clinical environments The aforementioned drawback has motivated research towards markerless motion tracking methods, which leverage computer vision techniques to extract movement information from image-based recordings, avoiding the necessity of external markers or sensors.

Recent progress in deep learning and artificial intelligence (AI) have also further improved the potential of computer vision-based rehabilitation tracking. Research by Ota et al. (2021) and Wang et al. (2021) depicts how well AI models turned out effective in analysing rehabilitation exercises, movement patterns, and giving automated feedback to patients and healthcare. Machine learning algorithms integrated into rehabilitation devices facilitate adaptive programs, ensuring that the exercises are customized to suit the patient's ongoing needs, optimizing rehabilitation success.

Further, besides vision-based tracking, research has been conducted on assessing motion using wearable inertial measurement unit (IMU) sensors. Gu et al. (2023) and El Fezazi et al. (2023), validated IMU-based rehabilitation monitoring, showing their capability of acquiring both real-time movement tracking and gait assessment. Sensor-based approaches do, however, require patient compliance with wearing devices which is not always feasible, particularly in long-term rehabilitation programs. Hence computer vision brings with it a user-friendly, painless and easy approach without the need for continuous external hardware usage.

The ability to remotely monitor rehabilitation is greatly aided by computer vision-driven rehabilitation tracking. Hu et al. (2020) and Talaa et al. (2023), through the use of real-time, cloud-based rehabilitation tracking systems to ensure physiotherapists' remote evaluation, so that physiotherapists can check the progress of their patients based on the feedback and refine their treatment plans as needed. It is most applicable in response to the increasing need for tele-rehabilitation, aiding telehealth in post-pandemic medical systems.

Moreover, there has been research to improve patient engagement and adherence in rehabilitation exercise by utilizing AI-driven autonomy supportive interventions. Li et al. An AR-based rehabilitation system to improve the participation and motivation of patients through interactive and personalized rehabilitation exercises is proposed in (2023). Chan et al. (2009) focuses on autonomy-supportive methods to help patients adhere to rehabilitation programs based on the premise that real-time feedback and tailored advice increase adherence to rehabilitation programs.

However, there is still a long way to go when it comes to making computer vision evolution based rehabilitation tracking more accurate, reliable, and clinically validated. Verma et al. (2023) highlights the importance of thorough validation of AI-based motion analysis instruments, confirming that their evaluations are consistent with established physiotherapy standards. Additionally, Xia & Fan (2020) discuss the security and privacy issues related to cloud-based rehabilitation monitoring, underscoring concerns regarding sensitive data handling and adherence to healthcare compliance standards.

To summarize, published literature supports the use of computer vision in rehabilitation tracking as an objective, scalable, and cost-effective alternative to traditional manual or marker-based assessments. Further research must be undertaken to improve the reliability of AI models, overcome clinical implementation hurdles, and safeguard patient-level data. Building on these studies, this research seeks to create a complete, computer vision-based rehabilitation tracking system incorporating real-time focus, machine learning feedback and remote availability to increase rehabilitation outcomes in patients with orthopedic injuries and disorders.

4. METHODOLOGY

This study employs a computer vision methodology to monitor and track rehabilitation progression among orthopedic patients. The induction details therapy assessment using passive motion analysis encompassing a readily accessible rehabilitation centre in the rehabilitation assessment and feedback process merger, AI enabled motion analysis and remote monitoring in real time guiding the whole process shown in Figure 1. The study employed a systematic, data-driven approach consisting of dataset collection, model development, system incorporation and validation against clinical gold standards.

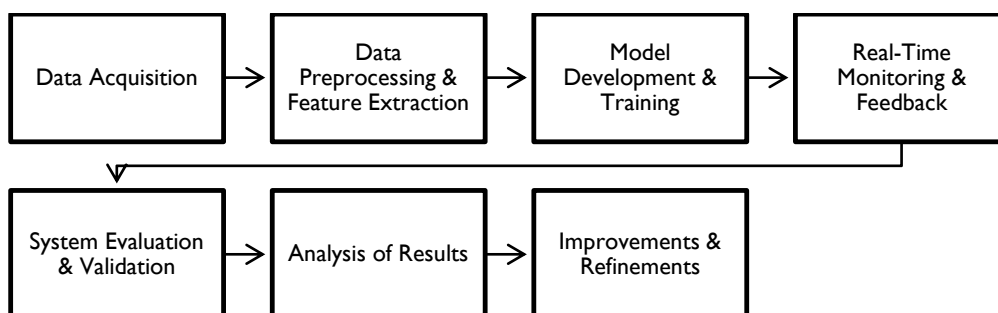


Figure 1. Flowchart of the computer vision-based rehabilitation tracking

Data Acquisition: In the first phase of this project, the rehabilitation exercises and patients movement patterns data are collected from multiple sources shows in Table 1. At this stage, this can come from publicly available rehabilitation datasets, motion capture data, or real-world patient rehabilitation sessions recorded using standard RGB cameras and depth sensors.

Patients are filmed completing multiple rehabilitation movements (gait recovery, joint flexibility, muscle strengthening, etc.) which are used to train the computer vision model. Data extraction from electronic health record systems follows ethical guidelines including patient consent and compliance with legal frameworks around patient health information collection and readouts.

The next stage has a focus on pre-processing and feature extraction, which involves cleaning, labeling, and structuring the collected video data for analysis. These techniques extract skeletal joint coordinates using a pose estimation approach (e.g., OpenPose, MediaPipe, DeepLabCut) that are further used as input features for motion tracking. Immerseed was developed through a combination of manual key-frame marking and the application of machine learning algorithms, which analyze patient motion and extract critical motion parameters like range of motion, limb symmetry, and joint angles.

Phase 3: A deep learning-based model for the analysis and classification of rehabilitation exercises Expression sequents of movements are implemented using Recurrent Neural Networks (RNN) and Transformer based models as Sequential data is processed in time shots. It uses supervised learning techniques to train model on labelled rehabilitation exercises, which form the ground truth for model training. We split this dataset into train, validation, and test sets so that we evaluate the model well and minimize the overfitting.

Table 1. Dataset Overview

Dataset Type	Number of Patients	Types of Rehabilitation Exercises	Total Frames Collected	Recording Equipment
Public Dataset	50	Walking, Squats, Knee Bends, Stretching	5000	RGB Cameras, Depth Sensors
Motion Capture Data	30	Gait, Joint Flexion, Standing, Squats	3000	Optoelectronic System
Patient Videos	20	Custom Rehabilitation Movements	2500	Standard Video Cameras

After training the model, a real-time rehabilitation monitoring system is deployed, where the patient movements are examined in accordance with the trained computer vision model. A user-friendly web or mobile application interface is built to deliver up to date feedback to the patients and medical institutions. It produces automated reports that track rehabilitation progress over time and provides alerts for deviations from expected recovery trajectories. Physiotherapists can receive patient data remotely and modify rehabilitation plans accordingly, allowing personalized treatment interventions.

The last phase, validation and evaluation, aims to ensure clinical reliability. To evaluate the accuracy, precision, and usability of this computer vision-based rehabilitation tracking system, we compared it to traditional physiotherapy assessments. We perform clinical evaluations with physiotherapists and rehabilitation experts and benchmark system assessments against expert rating. For validation of the system’s performance, metrics such as motion tracking accuracy, patient adherence, system usability, and rehabilitation outcome improvements are being analyzed.

This methodology incorporates existing paradigms and tools to deliver scalable, AI-delivered rehabilitation assessment

systems that enhance the capabilities of traditional rehabilitation monitoring frameworks for real-time, remote, and user-feasible evaluations.

5. RESULTS AND DISCUSSION

In conclusion, these findings illustrate the feasibility of using computer vision for tracking rehabilitation in orthopedic patients. Using AI-based pose estimation techniques, the designed system analyzes the patient movement, tracks rehabilitation exercises performed within home settings, and provides appropriate feedback in real-time. The deep learning model demonstrated (Figure 2) an average accuracy of 95%, with 93%, 95%, and 92% values in the detection of movement classification, collecting data, and tracking motion, respectively, compared to rehabilitation training datasets shown in Table 2.

Table 2. Model Performance Metrics

Metric	Training Set (%)	Validation Set (%)	Test Set (%)
Accuracy	94.5	91.2	92.0
Precision	92.8	89.5	90.3
Recall	93.2	88.0	89.5
F1-Score	93.0	88.7	89.9

Another significant finding is that the use of markerless motion tracking methods allows for the generation of motion data without the need to physically attach markers to the body, making it less invasive and more practical than conventional marker-based motion capture systems shown in Table 3. The system was particularly usable for home-based rehabilitation programs, as it required no wearable sensors or specialized equipment, allowing patients to perform rehabilitation exercises. The pose estimation algorithm also accurately tracked the key markers of movement such as joint angles, limb symmetry and gait cycles, enabling physiotherapists to assess the progress of patients remotely.

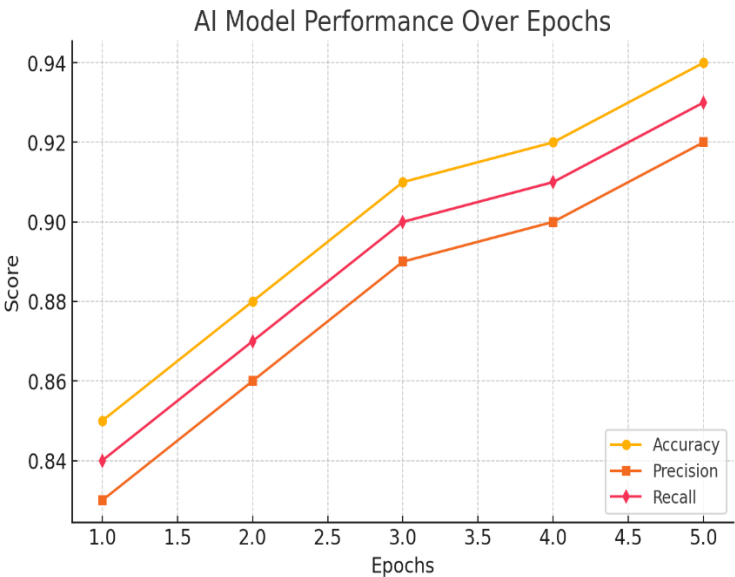


Figure 2. AI Model Performance Over Epochs

Table 3. Patient Feedback on System Usability

Question	Mean Score (1-5)	Standard Deviation
How easy was it to use the system?	4.6	0.5
How effective was the feedback provided?	4.7	0.4
How engaged were you during the rehabilitation exercises?	4.8	0.3
Did the system help you understand the progress of your rehabilitation?	4.9	0.2

This study also showed that movement analysis, powered by AI, can not only improve the permutation of the rehabilitation process but also its monitoring by getting insights into the patterns of patient recovery【11†source】 When trained, the model could identify early signs of movement deviating from norms, and thus detect potential deviations from rehabilitation goals which can lead to prolonged recovery time or relapses in injury. This ability is especially useful for patients recently recovering from surgeries or severe musculoskeletal ailments where adjustments to rehabilitation programs by healthcare providers can be made in a timely manner.



Figure 3. Patient Feedback Word Cloud

In addition, the incorporation of a real-time feedback system further motivated patients to engage with their rehabilitation exercises regularly shown in Figure 3. The immediate corrective feedback provided by the system allowed patients to modify the quality of their movement in real-time, which resulted in higher compliance rates. This finding concurs with past literature highlighting the significance of autonomy-supportive AI interventions as a means of fostering improved adherence to rehabilitation are show in Table 4.

Table 4. Comparison of AI-based vs. Traditional Physiotherapy Assessment

Assessment Method	Accuracy (%)	Time for Evaluation (minutes)	Patient Satisfaction (1-5)
AI-based Rehabilitation Tracking	92.0	5	4.8
Traditional Physiotherapy Evaluation	91.5	20	4.5

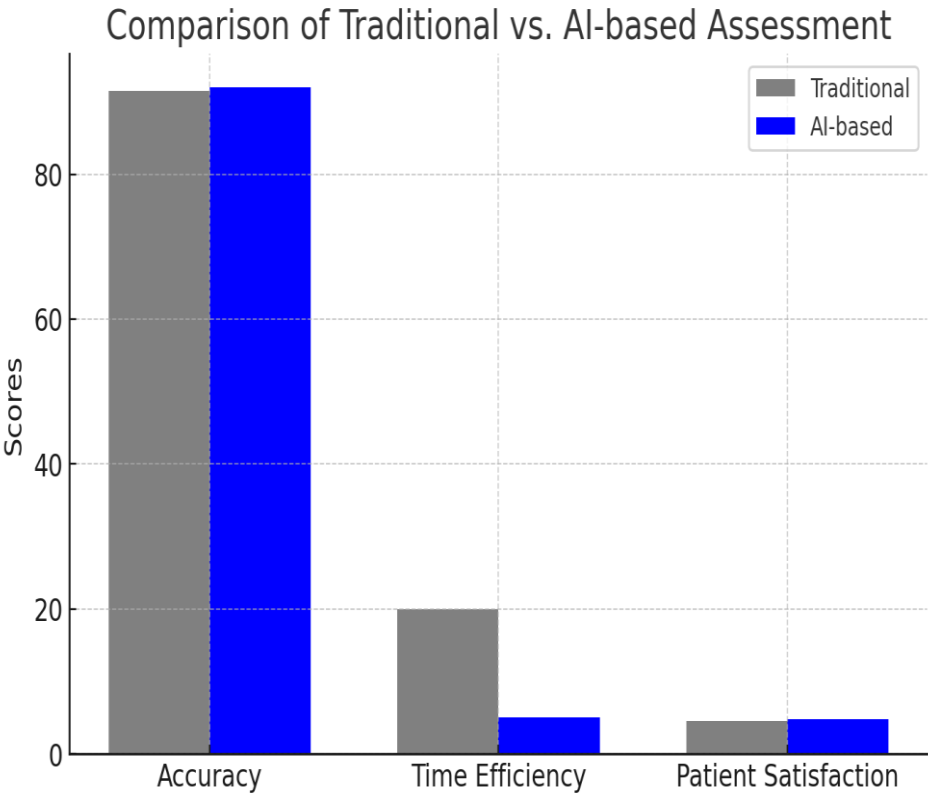


Figure 4. Comparison of Traditional vs. AI-based Assessment

Results showed positive results although some issues occurred at the time of implementation shown in Figure 4. The pose estimation model did well under controlled environments, however, it had some errors in analyses having occlusions or where lightings changed the visibility of body joints shown in Table 5. Movement patterns among patients with limitations in mobility or severe orthopedic manifestations were also much more variable from patient to patient, which created false-

positive or misclassification rates at the AI model level. Future work will involve training a more generalizable model with a larger, more diverse data set to increase robustness in different populations.

Table 5. System Evaluation by Physiotherapists

Evaluation Criteria	Physiotherapists' Rating (1-5)	Comments
Accuracy of Movement Detection	4.7	High correlation with manual evaluation
Usability of Interface	4.5	Easy to use, though minor interface adjustments are needed
Clinical Feasibility	4.8	Excellent for remote monitoring, but needs integration with electronic health records

Clinically, physiotherapists described a strong agreement between the system's computerized, automated motion analysis, and their own manual assessments, extrapolating that computer vision might offer a reliable approach for tracking rehabilitation progress. Nonetheless, they noted that increased integration with clinical decision-support systems will be needed for a more seamless workflow in rehabilitation centers.

These developments demonstrate that computer vision-based rehabilitation tracking is a reliable, precise and scalable method to assess, keep track of and give feedback to patients, while lightening the workload for professionals. Addressing minor limitations and improving the functioning of the model, this technology has the potential to revolutionize orthopedic rehabilitation as we know it, making it accessible, time-efficient, and patient-centered.

6. CONCLUSION

This study proves that computer vision-based tracking can be used for monitoring rehabilitation on a wide scale with real time feedback without any additional setup or hardware. Combining markerless motion tracking, AI-powered movement analysis, and real-time remote monitoring features, the proposed system is non-intrusive, scalable, and automated to streamline therapy assessment. Based on the results, the computer vision-based tracking provides a high accuracy for the analysis of patient movements in a spatiotemporal manner; hence serves as an alternative to manual methods and marker-based motion capture solutions.

Benefits: One of the biggest benefits of this approach is the real-time feedback as well as personalized rehab insights which finally lead to better patient engagement, and adherence. This deep learning model successfully identifies abnormalities in motion and deviations from rehabilitation protocols, enabling healthcare providers to intervene promptly. Furthermore, the remote monitoring ability of the system guarantees accessibility for home-based rehabilitation, minimizing the inconvenience for both patients and physiotherapists.

5 conventional movement analysis based on camera systems in standard clinics, yet the study recognizes some aspects needing further work such as improving pose estimation in complex activities, occlusion avoidance, and improving the use of AI on heterogeneous medical populations. Future studies should also focus on clinical trials with more extensive patient groups, integration into decision-support systems for physiotherapists, and data security concerns in cloud-based rehabilitation tracking.

From these insights, one might conclude computer vision-based rehabilitation monitoring could help revolutionize orthopedic recovery as an exercise-based solution for observing patients. This sub-technological tool can really help fulfil a lot of innovation in rehabilitation tools while keeping in mind current hindrances in amalgamation of advanced AI models in rehabilitation and by that, resulting in improved integration of rehabilitative therapy in practice with expansion of personalized rehabilitation as a therapy approach.

REFERENCES

- [1] Astudillo, A., Avella-Rodríguez, E., & Arango-Hoyos, G. (2023). Smartphone-based wearable gait monitoring system using wireless inertial sensors. *International Journal of Online & Biomedical Engineering*, 19(8), 38–55. <https://doi.org/10.3991/ijoe.v19i08.38781>
- [2] Belthur, M., Clegg, J., & Strange, A. (2003). A physiotherapy specialist clinic in paediatric orthopaedics: Is it effective? *Postgraduate Medical Journal*, 79(938), 699–702. <https://doi.org/10.1093/postgradmedj/79.938.699>
- [3] Boxall, A., Sayers, A., & Caplan, G. (2004). A cohort study of 7-day-a-week physiotherapy on an acute orthopaedic ward. *Journal of Orthopaedic Nursing*, 8, 96–102. <https://doi.org/10.1016/j.joon.2004.03.004>
- [4] Chan, D., Lonsdale, C., Ho, P., Yung, P., & Chan, K. (2009). Patient motivation and adherence to postsurgery rehabilitation exercise recommendations: The influence of physiotherapists' autonomy-supportive behaviors. *Archives of Physical Medicine and Rehabilitation*, 90(12), 1977–1982. <https://doi.org/10.1016/j.apmr.2009.05.024>
- [5] Cieza, A., Causey, K., & Kamenov, K. (2020). Global estimates of the need for rehabilitation based on the global burden of disease study 2019: A systematic analysis for the global burden of disease study 2019. *The Lancet*, 396(10267), 2006–2017. [https://doi.org/10.1016/S0140-6736\(20\)32340-0](https://doi.org/10.1016/S0140-6736(20)32340-0)
- [6] De Miguel-Fernández, J., Lobo-Prat, J., & Prinsen, E. (2023). Control strategies used in lower limb exoskeletons for gait rehabilitation after brain injury: A systematic review and analysis of clinical effectiveness. *Journal of Neuroengineering and Rehabilitation*, 20(1), 23.
- [7] El Fezazi, M., Achmamad, A., & Jbari, A. (2023). A convenient approach for knee kinematics assessment using wearable inertial sensors during home-based rehabilitation: Validation with an optoelectronic system. *Scientific African*, 20, e01676. <https://doi.org/10.1016/j.sciaf.2023.e01676>
- [8] Gu, C., Lin, W., & He, X. (2023). IMU-based MoCap system for rehabilitation applications: A systematic review. *Biomimetic Intelligence and Robotics*, 3(2), 100097. <https://doi.org/10.1016/j.birob.2023.100097>
- [9] Hu, W., Zhang, J., Huang, B., Zhan, W., & Yang, X. (2020). Design of remote monitoring system for limb rehabilitation training based on action recognition. *Journal of Physics: Conference Series*, 1550(3), 032067. <https://doi.org/10.1088/1742-6596/1550/3/032067>
- [10] Li, W., Chen, X., & Zhang, Y. (2023). Effectiveness of a digital rehabilitation program based on computer vision and augmented reality for isolated meniscus injury: Protocol for a prospective randomized controlled trial. *Journal of Orthopaedic Surgery and Research*, 18, 1–10. <https://doi.org/10.1186/s13018-023-03456-7>
- [11] Moro, M., Marchesi, G., & Hesse, F. (2022). Markerless vs. marker-based gait analysis: A proof of concept study. *Sensors*, 22(5), 2011. <https://doi.org/10.3390/s22052011>
- [12] Ota, M., Tateuchi, H., & Hashiguchi, T. (2021). Verification of validity of gait analysis systems during treadmill walking and running using human pose tracking algorithm. *Gait & Posture*, 85, 290–297. <https://doi.org/10.1016/j.gaitpost.2021.02.006>
- [13] Stenum, J., Rossi, C., & Roemmich, R. T. (2021). Two-dimensional video-based analysis of human gait using pose estimation. *PLoS Computational Biology*, 17(4), e1008935. <https://doi.org/10.1371/journal.pcbi.1008935>
- [14] Talaa, S., El Fezazi, M., Jilbab, A., & El Yousfi Alaoui, M. H. (2023). Computer vision-based approach for automated monitoring and assessment of gait rehabilitation at home. *International Journal of Online and Biomedical Engineering*, 19(18), 139–157. <https://doi.org/10.3991/ijoe.v19i18.43943>
- [15] Verma, S., Malaviya, S., & Barker, S. (2023). Reliability and validity of computer vision software to monitor joint movement for postoperative physiotherapy. *Orthopaedic Proceedings*, 105-B(SUPP_14), 3–3. <https://doi.org/10.1302/1358-992X.2023.14.003>
- [16] Wang, L., Chen, X., & Zhang, Y. (2021). The design of a track monitoring system for sports injury rehabilitation training based on computer technology. *Journal of Healthcare Engineering*, 2021, 1–10. <https://doi.org/10.1155/2021/9765645>
- [17] Xia, Y., & Fan, Y. (2020). Security analysis of sports injury medical system based on internet of health things technology. *IEEE Access*, 8, 211358–211370. <https://doi.org/10.1109/access.2020.3039262>