



Review: AI-Driven Advances in Physiotherapy Stimulation Devices

Mohamed Saber^{1,*}

¹ Electronics and Communications Engineering Department, Faculty of Engineering, Delta University for Science and Technology, Gamasa City 11152, Egypt

Emails: Mohamed.saber@deltauniv.edu.eg

Received: October 29, 2024 Revised: December 11, 2024 Accepted: January 03, 2025 ★ Corresponding author

ABSTRACT

This embraces rehabilitation medicine as it significantly boosts the doctor's way of working and presents new ways or new tools that the doctor might consider to enhance or augment the results that the patients benefit from physically. This review focuses on applying AI technologies such as robotic systems, virtual reality (VR), machine learning algorithms, wearable devices and predictive analytics in different fields, including stroke recovery, neuromuscular disorder rehabilitation, orthopedic and critical care. AI utilization improves patient treatment, the accuracy of therapy, and the administration of evaluation to deal with issues such as a lack of therapists, comparative analysis, and the expensive nature of conventional treatment. Although the outlook for its progress is positive, there are twofold problems: ethical questions, data privacy and policy concerns, and regulatory challenges. Future directions indicate directions for research and practice and call for increased interdisciplinary cooperation, large-scale validation studies and appropriate ethical standards to unlock the full potential of AI in reinventing rehabilitation medicine and rendering patient-centered care possible.

Keywords: Artificial Intelligence ▪ Rehabilitation Medicine ▪ Personalized Therapy ▪ Robotic Systems ▪ Virtual Reality ▪ Neuromuscular Disorders

1. INTRODUCTION

Artificial intelligence and other technological developments have impacted rehabilitation medicine, and broader opportunities exist for improved patient care and results. The background of this literature review is based on adopting AI-driven tools and systems in diverse rehabilitation practices. It demonstrates their improvement across multiple areas, such as stroke, neuromuscular disorders, orthopedic rehabilitation, and intensive care. Specific uses, including wearable technology, VR or robotic devices, and tests and assessments, are discussed, and their capacity to meet individual patient requirements with a scalable result is encouraged. Such progress transforms rehabilitation by solving several

crucial issues, including the lack of qualified therapists, the reliance on subjective assessments, and high-fidelity, expensive classic rehabilitation paradigms. This section arranges the discussion into serious topics: artificial intelligence in stroke rehabilitation, AI in neuromuscular disorder rehabilitation, relevance of AI in orthopedic rehabilitation, AI robots for critical care, and trends and challenges of rehabilitation technology that discusses specific issues related to present and future application of AI in rehabilitation medicine.

2. AI IN STROKE RECOVERY

AI plays an increasingly important role in stroke rehabilitation, as it helps make therapy more individual, implement VR

interventions and perform assessments automatically.

2.1 Individualized Rehabilitation Programs

AI can deliver effective therapy because data determines the therapy regimens that best serve a patient. That way, it helps enhance the recovery process, making it efficient and effective. For instance, AI applications in computing can dynamically set the intensity of exercise following the patient's performance [1].

2.2 Virtual Reality-Based Interventions

Integrating AI and VR provides places that mimic functional settings where the patient can develop a specific motor task. This also increases patient activity and interest during the therapy process. A literature review has established that using video-based games for rehabilitation can go a long way in helping stroke patients. Waterman et al. also demonstrated that VR-based rehabilitation can enhance balance and gait in stroke patients [2, 17].

2.3 Automated Assessments

Implementing decision-support AI to grade patient progress excludes the need to rely on human opinions. The algorithms interpret movements to offer accurate information and assist therapists in supervising and modifying the therapy process. AI studies have been supported by finding a high correlation with the assessor's evaluation made by the therapist, making the AI approaches reliable [3].

The adoption of AI technology in stroke rehabilitation improves the approach to therapy and patient participation as well as the assessment of the results of the stroke treatment, thus improving stroke patients' rehabilitation.

3. AI AND NEUROMUSCULAR DISORDER REHABILITATION

Robotic therapy, machine learning algorithms, and neuro-fuzzy systems have improved the rehabilitation of neuromuscular disorders among patients.

3.1 Robotic-Assisted Therapy

Robotic systems integrated with artificial intelligence help patients needing particular, repetitive motions. These systems improve the recovery of motor function by providing consistent therapy. For instance, a cooperative bilateral upper-limb rehabilitation robotic system derived from mirror therapy has been designed to help hemiplegic patients train in rehabilitation. The system employs an adaptive proportional–integral–derivative controller with radial basis function neural networks to enhance tracking performance for the affected side of the robotic arm [4].

3.2 Machine Learning Algorithms

Machine learning algorithms can analyze neuromuscular data, identify movement patterns, and recommend treatment adjustments. These models are useful for tailoring therapy intensity and for supporting clinicians in recognizing small changes in function during rehabilitation. Their value is especially apparent when large streams of sensor data must be interpreted quickly and consistently [5].

3.3 Neuro-Fuzzy Systems

Neuro-fuzzy systems combine the learning capacity of neural networks with the interpretability of fuzzy logic. In rehabilitation, they can translate uncertain clinical observations into structured decision rules, making them suitable for adaptive stimulation and therapy planning where patient responses are variable [6].

4. AI IN ORTHOPEDIC REHABILITATION

AI is now widely discussed in orthopedic rehabilitation because recovery pathways often depend on individualized risk prediction, post-operative monitoring, and precise physical therapy planning.

4.1 Predictive Analytics

Predictive analytics enables clinicians to estimate the likelihood of complications, delayed recovery, or the need for additional interventions. By analyzing clinical records, imaging data, and functional measures, AI models can guide treatment planning and improve resource allocation [7, 8].

4.2 Wearable Devices

Wearable devices provide continuous measurements of movement, gait, joint loading, and activity levels. When connected to AI algorithms, these sensors support real-time assessment and feedback, allowing therapy programs to be modified based on actual patient performance rather than occasional clinic observations [5, 9].

4.3 Customized Treatment Strategies

AI-based decision support can help design customized rehabilitation plans for patients with different injury types, surgical histories, ages, and activity goals. This contributes to patient-centered care by matching rehabilitation intensity and modality to the expected recovery profile [7, 10].

5. AI ROBOTS IN CRITICAL CARE

AI robots are increasingly relevant in critical care because they can assist with monitoring, patient mobilization, and clinician workload reduction. In intensive care units, robotic systems can support repetitive tasks, remote interaction, and early rehabilitation when patients are medically fragile. AI also helps interpret vital signs and mobility data so that therapy is delivered safely and at appropriate intensity [11, 12].

AI-based robots may help overcome shortages in trained staff, particularly in environments where prolonged monitoring is required. However, their deployment must be supported by strong clinical validation, clear accountability, and ethical standards that protect patients and staff [13, 14].

6. REHABILITATION TECHNOLOGY CURRENT STATE, ISSUES AND FUTURE DIRECTIONS

The rehabilitation technology landscape is expanding through robotics, immersive VR, wearable devices, predictive analytics, and AI-enabled clinical decision support. These tools are increasingly being tested across stroke recovery, neuromuscular disease, orthopedic care, and critical care. Their greatest promise lies in personalized rehabilitation, objective

assessment, and improved access to therapy.

Nevertheless, several challenges remain. Technical barriers include the need for robust algorithms, interoperability between devices, and high-quality datasets. Clinical barriers include validation across diverse patient populations and integration into everyday workflows. Ethical and governance barriers include data privacy, informed consent, algorithmic bias, transparency, and regulatory approval [15, 16, 14].

Table 1 presents a comprehensive systematic review of important studies on AI integration in different rehabilitation domains. The studies show that AI improves rehabilitation through personalization, sensor-based monitoring, robotic assistance, virtual environments, and predictive modeling. At the same time, they indicate the need for rigorous evidence, ethical safeguards, and practical implementation strategies.

6.1 AI in Stroke Recovery

AI in stroke recovery focuses on individualized rehabilitation, VR-based interventions, and automated assessments. These technologies support adaptive therapy planning, objective movement analysis, and more engaging patient experiences. Their combined use can improve the consistency and scalability of stroke rehabilitation.

6.2 AI in Neuromuscular Disorder Rehabilitation

AI applications in neuromuscular disorder rehabilitation include robotic-assisted therapy, machine learning, and neuro-fuzzy decision systems. These technologies help clinicians interpret complex signals, deliver repetitive motor training, and design therapy plans responsive to patient condition.

6.3 Orthopedic Rehabilitation

Orthopedic rehabilitation benefits from predictive analysis, wearable devices, and customized treatment strategies. AI can help estimate recovery trajectories, detect complications early, and personalize post-operative rehabilitation plans for different patient profiles.

6.4 Critical Care and ICU Support

AI robots and intelligent monitoring systems can support critical care by assisting with patient observation, early mobilization, and clinical decision-making. Their use is promising but must be carefully introduced because ICU patients are vulnerable and care environments are complex.

6.5 Trends and Challenges

Major trends include the increasing use of wearable sensors, hybrid AI–robotic systems, immersive VR, and predictive models. Major challenges include data privacy, clinical validation, cost, staff acceptance, regulatory uncertainty, and the need for transparent algorithms.

6.6 Future Directions

Future research should emphasize interdisciplinary collaboration among clinicians, engineers, data scientists, and ethicists. Large-scale validation studies are needed to establish safety, effectiveness, and generalizability. Future systems should be patient-centered, explainable, interoperable, and designed for real clinical workflows.

7. CONCLUSION

This review highlights the transformative potential of artificial intelligence in physiotherapy stimulation devices and rehabilitation medicine. AI-driven tools can support individualized therapy, robotic-assisted movement training, VR rehabilitation, wearable monitoring, predictive analytics, and automated assessment. These capabilities are especially relevant in stroke recovery, neuromuscular disorder rehabilitation, orthopedic rehabilitation, and critical care.

Despite these benefits, the implementation of AI in rehabilitation must address ethical, privacy, regulatory, and validation challenges. Future progress depends on high-quality clinical evidence, responsible data governance, and interdisciplinary cooperation. If these requirements are met, AI can help reinvent rehabilitation medicine and make patient-centered care more accessible, precise, and effective.

Table 1. Summary of Literature Review

Area	AI Technology	Application	Main Findings
Stroke recovery	ML and decision support	Personalized rehabilitation and assessment	Adaptive exercise intensity, monitoring, and objective evaluation [1, 3].
Virtual rehabilitation	VR and intelligent games	Balance, gait, and function	Increased engagement and improved gait, balance, and daily function after stroke [2, 17, 18].
Neuromuscular disorders	Robotic-assisted therapy	Repetitive upper-limb training	Consistent task-specific therapy with adaptive motor-control support [4, 19].
Neuromuscular disorders	ML and sensors	Monitoring and therapy adjustment	More precise movement-data analysis and rehabilitation monitoring [5].
Orthopedic rehabilitation	Predictive analytics	Surgical and recovery planning	Complication prediction and personalized post-operative decisions [7, 8].
Orthopedic rehabilitation	Wearables and digital platforms	Activity tracking	Improved monitoring of gait, activity, and recovery outside clinics [9].
Critical care	AI robots and monitoring	ICU support and early rehabilitation	Assistance with monitoring and care delivery under ethical oversight [11, 12].
Cross-cutting issues	Data governance and ethics	Privacy and accountability	Secure data, external validation, transparency, and responsible governance [15, 16, 14].

REFERENCES

- [1] S. Rahman, S. Sarker, A. K. M. N. Haque, M. M. Uttsha, M. F. Islam, and S. Deb, "AI-driven stroke rehabilitation systems and assessment: A systematic review," *IEEE Transactions on Neural Systems and Rehabilitation Engineering*, vol. 31, pp. 192–207, 2023, doi: 10.1109/TNSRE.2022.3219085.
- [2] H. Waterman, J. C. McCracken, and colleagues, "Virtual-reality-based rehabilitation and functional recovery after stroke," 2010.
- [3] I. Senadheera et al., "AI applications in adult stroke recovery and rehabilitation: A scoping review using AI," *Sensors*, vol. 24, no. 20, p. 6585, 2024, doi: 10.3390/S24206585.
- [4] R. de Filippis and A. Al Foysal, "Harnessing the power of artificial intelligence in neuromuscular disease rehabilitation: A comprehensive review and algorithmic approach," *Advances in Bioscience and Biotechnology*, vol. 15, no. 5, pp. 289–309, 2024, doi: 10.4236/ABB.2024.155018.
- [5] X. Han, X. Zhou, B. Tan, L. Jiao, and R. Zhang, "AI-based next-generation sensors for enhanced rehabilitation monitoring and analysis," *Measurement*, vol. 223, p. 113758, 2023, doi: 10.1016/J.MEASUREMENT.2023.113758.
- [6] T. S. Ogedengbe, O. M. Ikumapayi, S. A. Afolalu, A. T. Ogundipe, and E. S. Nnochiri, "An overview of neural networks, fuzzy systems and neuro-fuzzy systems," *AIP Conference Proceedings*, vol. 3007, no. 1, 2024, doi: 10.1063/5.0197104.
- [7] A. Lakhani, "Revolutionizing orthopedic care: The impact of AI in predictive analysis, surgical precision, and personalized rehabilitation," *The Journal of Community Health Management*, vol. 11, no. 3, pp. 120–132, 2024, doi: 10.18231/J.JCHM.2024.022.
- [8] N. D. Clement and A. H. R. W. Simpson, "Artificial intelligence in orthopaedics: What level of evidence does it represent and how is it validated?" *Bone Joint Research*, vol. 12, no. 8, pp. 494–496, 2023, doi: 10.1302/2046-3758.128.BJR-2023-0199.
- [9] S. Sali, R. Chai, and B. Ganesan, "Recent trends and digital technology applications in lower limb injury rehabilitation," in *Digital Technology in Public Health and Rehabilitation Care*, pp. 99–124, 2025, doi: 10.1016/B978-0-443-22270-2.00007-1.
- [10] E. R. McDermott, M. T. DeFoor, T. J. Dekker, and N. N. DePhillipo, "Artificial intelligence in rehabilitation," in *Artificial Intelligence in Orthopaedic Surgery Made Easy*, pp. 197–204, 2024, doi: 10.1007/978-3-031-70310-2_19.
- [11] Y. Li et al., "Advances in the application of AI robots in critical care: Scoping review," *Journal of Medical Internet Research*, vol. 26, p. e54095, 2024, doi: 10.2196/54095.
- [12] J. Montomoli et al., "Algor-ethics: charting the ethical path for AI in critical care," *Journal of Clinical Monitoring and Computing*, vol. 38, no. 4, pp. 931–939, 2024, doi: 10.1007/S10877-024-01157-Y.
- [13] C. H. Rushton et al., "Mindful ethical practice and resilience academy: Equipping nurses to address ethical challenges," *American Journal of Critical Care*, vol. 30, no. 1, pp. e1–e11, 2021, doi: 10.4037/AJCC2021359.
- [14] C. Mennella, U. Maniscalco, G. De Pietro, and M. Esposito, "Ethical and regulatory challenges of AI technologies in healthcare: A narrative review," *Heliyon*, vol. 10, no. 4, p. e26297, 2024, doi: 10.1016/J.HELIYON.2024.E26297.
- [15] D. Sargiotis, "Data security and privacy: Protecting sensitive information," in *Data Governance*, pp. 217–245, 2024, doi: 10.1007/978-3-031-67268-2_6.
- [16] J. W. Ban, L. Abel, R. Stevens, and R. Perera, "Research inefficiencies in external validation studies of the Framingham Wilson coronary heart disease risk rule: A systematic review," *PLOS ONE*, vol. 19, no. 9, 2024, doi: 10.1371/JOURNAL.PONE.0310321.
- [17] B. Zhang, K. P. Wong, R. Kang, S. Fu, J. Qin, and Q. Xiao, "Efficacy of robot-assisted and virtual reality interventions on balance, gait, and daily function in patients with stroke: A systematic review and network meta-analysis," *Archives of Physical Medicine and Rehabilitation*, vol. 104, no. 10, pp. 1711–1719, 2023, doi: 10.1016/J.APMR.2023.04.005.
- [18] C. N. W. Geraets, E. C. D. van der Stowe, R. Pot-Kolder, and W. Veling, "Advances in immersive virtual reality interventions for mental disorders: A new reality?" *Current Opinion in Psychology*, vol. 41, pp. 40–45, 2021, doi: 10.1016/J.COPSYC.2021.02.004.
- [19] V. Rajalaxmi and R. Karthik, "Emerging role of artificial intelligence and robotics in physiotherapy: Past, present, and future perspective," pp. 200–214, 2024, doi: 10.4018/979-8-3693-5946-4.CH015.