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IJIE

Journal homepage: http://penerbit.uthm.edu.my/ojs/index.php/ijie
ISSN: 2229-838X e-ISSN: 2600-7916

The International Journal of Integrated Engineering

A Review on Design Parameters of Hand-operated Product that Influence Hand Grip of Senior Citizen

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DOI: https://doi.org/10.30880/ijie.2020.12.04.018 Received 28 November 2019; Accepted 3 March 2020; Available online 30 April 2020

Abstract: The number of senior citizens worldwide is growing and therefore ergonomically designed handoperated products are necessities and play a vital role in their everyday lives. However, designing hand-operated products for senior citizen users pose distinct challenges because the design parameters are different from the young adults' requirements. Some senior citizens are vulnerable to hand-related diseases such as arthritis, stroke or impairment of the motor and Parkinson that can limit them to carry and hold hand-operated products. The aim of this paper is to present a comprehensive overview of design parameters of hand-operated products that influence hand grip of senior citizens. The authors searched the information of design parameters from journal articles, conference proceedings, doctoral dissertations and guidelines from online databases such as Google Scholar, ScienceDirect and Pubmed. The following keywords were used throughout the search: hand-operated products; hand grip; hand dexterity; product weight; product shape; product contact surface; grip span; force and torque requirements; handle diameter, length and orientation; product size; product materials; spring stiffness. Based on review of 140 journal articles, six main design parameters of hand-operated products were identified to influence hand grip of senior citizens. The design parameters can be categorized as: 1) weight; 2) shape, grip span, size; 3) materials, contact surface, friction coefficient; 4) force, torque and spring stiffness; 5) diameter, length and orientation of handle; 6) clearance or allowance. These parameters met the principles of ergonomic designs that allow senior citizens to operate hand-operated products with neutral wrist posture, less muscle effort and ease of

Keywords: Hand-held products, design parameters, ergonomics, elderly, hand grip, hand dexterity

1. Introduction

The demand for ergonomically designed hand-operated products for senior citizens continues to increase in tandem with significant growth of senior citizens population around the world. The terms senior citizen, elderly and older adults have been used interchangeably [1]. A recent literature pointed that there is a lack of definitive classification of the word 'elderly' as this term is differently perceived in different cultures and generations [2]. For example, in the UK, male and female aged over 65 years old are classified as senior citizen [3]. Japanese researchers proposed to redefine the elderly as those over 75 years of age [4]. However, the United Nations Population Funds describes that elderly is referred to citizens with the age of 60 years and above [5]. A study pointed that by 2060, the population of senior

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citizens aged over 65 years old in the United States will be expected to double in size [6]. According to the Department of Economic and Social Affairs of United Nations in the World Population Prospects 2019 Report, the number of citizens aged 65 years and above has increased substantially in the recent years. As tabulated in Table 1, in 2019 the citizen aged 65 years old and above is approximately 9.1 % of the whole population and it is projected to reach nearly 12 % in 2030, 15.9 % in 2050 and up to 22.6 % by 2100. Currently, Europe and Northern America have the largest proportion of senior citizens (18 % of the total population) and projected to increase to almost 30 % by 2100 [7].

Table 1 - Percentage of population aged 65 years old and above

Regions	2019	2030	2050	2100
World	9.1	11.7	15.9	22.6
Eastern and South-Eastern Asian	11.2	15.8	23.7	30.4
Australia/ New Zealand	15.9	19.5	22.9	28.6
Europe and Northern America	18.0	22.1	26.1	29.3

Physical strength is the ability of a muscle to produce force to perform activities which require effort. A contemporary study suggested that human strength is low at child age, greatest during the young adults of 35 to 50 years old range [8], and return to child strength at older age. A study pointed that an average 70 years old has comparable strength to a 10 years old child [9]. In female senior citizens aged 75 years old, their torque mean strength is less than 3.2 Nm - the mean jar opening torque [9]. Due to decline in physical capabilities, the senior citizens may be facing difficulties and limitations in performing daily living activities such as setting up the car seat for an optimal driving position [10], holding a handrail [11] and toileting [12]. Low force exertion may result in inadequate hand grip ability, while maintaining exertion may lead to faster rate of muscle fatigue.

The strength of a senior citizen may declines due to aging factors and health problems. A decrease in muscle strength with aging has been well documented [11, 13-18]. As the age increases, the muscle strength deteriorates significantly, especially among men [19-21]. Consequently, the hand grip strength also decreases [17, 22-26] as well as a decline of abilities to maintain a steady finger posture, handling speed and hand sensation [27]. A study reported that a person of above 65 years old can attain only about 75 % of their young age capacities in grip strength and endurance [28]. The aging process has been recognized to induce muscle wasting (or sarcopenia) whereby the muscle decreases in size, strength and physical performance [29-30]. Due to this phenomenon, senior citizen's hands are relatively smaller, weaker and slower movement than healthy adults. Beside physical strength deficiencies due to age, some senior citizens are also prone to have hand related diseases [28] such as arthritis [31], stroke or motor impairments of the upper extremities and can cause loss of arm function [32] and Parkinson disease [33]. These diseases cause limitation in strength, functional and range of motion of hand and wrist which result to difficulty to operate hand-operated products. A cross-sectional study pointed that senior citizens aged 81 years and older experienced difficulty in opening medicine containers due to hand functional deficiencies [34].

A hand-operated product can be referred as a hand-held tool or device which uses hand to operate, examples include computer input devices such as mouse and keyboard, food packages [35], can opener and handsaw. In designing a hand-operated product, end-users' age is one of the characteristics which requires careful attention from the designers. A hand-operated product such as a smartphone may work well to a dexterous-fingers youth but it is likely to pose physical challenges to a senior citizen with hand arthritis. Fig. 1 shows posterior and anterior views of hand arthritis experienced by a senior citizen. The ability of muscle to generate adequate force and maintaining body balance is a must to enable senior citizen to operate any product or object without triggering further health risk such as muscle sprain. Manipulating hand-operated products are highly influenced by users' physical capacities such as muscle and sensorimotor which is likely to decline with age. Many senior citizens utilize hand-operated products such as walking sticks, tin/ can openers and wheelchairs to compensate for their deteriorating physical capacities and sensorimotor functions, and to practice independent lifestyle. Operating the hand-operated products is one of activities of daily living (ADL) which requires hand grip strength and dexterity. Studies revealed that the following hand-operated products and activities cause pain in the hand: holding a reading tablet, ironing clothes, using vacuum and holding razor for shaving [36], activating fire extinguisher [37], pressing remote control units [38], operating vehicle interior switches [39], using inhaler devices [40], gripping handle of pans and kettles, opening jar lids and turning taps [41].





Fig. 1 - Hand with arthritis: Posterior (A), Anterior (B)

As depicted in Fig. 2, among common physical deficiencies experienced by senior citizens can be classified into four impairments: vision deficit, hearing loss and motion problem, muscle wasting (sarcopenia). Abundant literature already described vision impairment in senior citizens [42-47]. The review on hearing loss been performed by former studies [42, 48-54]. The limitation on motion and activities of daily living been reviewed by past researches [55-58]. Meanwhile the hand grip and dexterity was reviewed by previous articles [59-61]. A recent systematic review by Carli and Hellström [62] focusing on physical functionality and user capability studies of packaging products which addressing child-resistant containers and opening the medication. Even though the published review articles have reported the effects of aging on vision, hand grip and dexterity, hearing and motion; however, collective and comprehensive information on the design parameters of hand-operated product that can influence the hand grip strength and dexterity of senior citizens is still lacking. Due to this limitation, the product designers, researchers and manufacturers acquire inadequate information to design and manufacture ergonomic products for the use of senior citizen. For this reason, this paper is presented to review specific parameters of hand-operated products that can affect hand grip and dexterity which consequently causing difficulty to senior citizen users to operate them.

The aim of this article was to review the literature about design parameters of hand-operated products in relation to hand grip of senior citizens. The question explored through this study was "what are design parameters of hand-operated products that can influence hand grip and dexterity of senior citizens?"

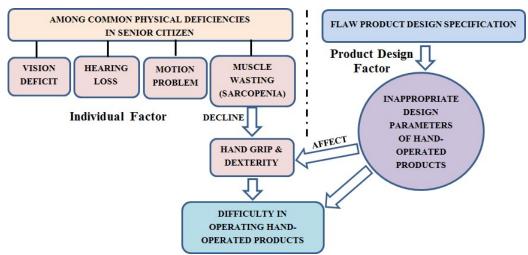


Fig. 2 - Individual factor (decline in hand grip and dexterity) and product design factor (flaw product design specification) cause difficulty to senior citizens for operating hand-operated products

2. Methodology

The authors searched relevant articles from the electronic databases such as PubMed, Scopus, Web of Science, and Google Scholar for the publication period 2005 to November 2019. The following keywords were typed throughout the search: hand-operated products; hand grip; hand dexterity; product weight; product shape; product contact surface; grip span; force and torque requirements; handle diameter, length and orientation; product size; product materials; spring stiffness. Then the full texts of journal articles include original research and review article which written in English were downloaded. The authors examine and comprehend the title and the abstract whereby any article with unclear title and abstract was excluded. Additionally, the authors examined the reference lists of all articles to find additional relevant articles. To justify the relevancy of studies, articles will be included in the further review if they meet the following inclusion criteria: at least 80% of the participants or subjects in the study were elderly aged 60 years old and above; hand grip strength, hand dexterity or both were the variables of the study; hand-operated products were used as a sample (object) in the study. The journal name, authors, and institution were not considered as criteria to minimize bias in selection of the articles. Quality of the selected articles was assessed by fulfilling these requirements: was the method of hand grip strength and hand dexterity measurement is reliable (this is to ensure data validity)? Were the subjects participated in the studies are given suffice time to familiarize the experimental setup and procedures (this is to ensure data reliability)? Were the statistical tools to analyze the data are correct? Finally, 140 journal articles, 6 conference proceedings, 2 doctoral dissertations, 1 ergonomics guideline and 1 statistical report were included in the paper writing. Preparation of this manuscript was started by identifying the key features of hand-operated products that can influence hand grip and dexterity of senior citizen users. Six design parameters identified: 1) lightweight; 2) shape, span, size; 3) materials, contact surface, friction coefficient; 4) force, torque and spring stiffness; 5) diameter, length and orientation of handle; 6) clearance or allowance. Key findings of previous research works pertaining to identified design features were then reviewed and summarized in form of table. Additionally, relevant pictures were attached to support explanation.

3. Results

This section presents the design parameters of hand-operated products that can influence hand grip and dexterity of senior citizens users.

3.1 Weight

The weight refers to the amount of gravitational force acting on the product held by a person. A study pointed that repetitive holding of a 2 kg object was perceived to be strenuous to senior citizens and may lead to significant fatigue in the hand muscles [63]. Muscle fatigue occurs when the person is unable to generate suffice force or power capacity in response to muscular contraction [64]. Senior citizens with arthritis in their hands refuse to use hand-operated products which designed in heavy weight [65]. Additionally, a continuous gripping or high repetitive of handling of a heavy product can increase muscle effort which accelerating muscle fatigue rate. Senior citizen users might be prefer to utilize a light product (e.g. a light walking stick) as it can lessen the effort to operate and easy to use. As an impact of lightweight, the senior citizen can avoid strenuous muscle effort and energy drain while using the product. Table 2 summarizes key findings of previous studies related to weight of hand-operated products.

Table 2 - Studies related to weight of hand-operated products

Studies	Product studied *weight in the bracket	Key findings
[66]	Pruner	Pruner's weight of less than 250 g is recommended. Pruner's weight of greater than 250 g should be avoided for senior citizen with weak hand.
[67]	Blood pressure monitor (270 g) Blood glucose monitor (55 g) Pulse oximeter (28 g) Spirometer (35 g) Electronic fever thermometer (50 g) Portable heart scan (130 g)	Hand-operated products used by senior citizen should be designed with low physical effort to avoid discomfort, fatigue or strain.
[68]	Four blender models with different materials (glass, plastic and combination of aluminum and plastic)	The most preferred feature is light weight blender jars.
[37]	Portable fire extinguisher	A portable fire extinguisher with a total weight of 2 kg (when full) would be a good target weight to be tested.

3.2 Shape, Grip Span, Size

The shape, grip span and size of hand-operated products influence the ability of senior citizens for gripping activities. Shape defines the form and geometry of product or part of the product. Shape is crucial because it is intimately related to grip function. As shown in Fig. 3, water containers with taper shape allow better grip and would not slip easily. Vertical computer mouse promotes neutral wrist posture compared to horizontal mouse (Fig. 3). Another example a pencil is designed in hexagonal to ease grip and can prevent from rolling. Another function of shape is to support the wrist torque strength. Previous studies pointed that rectangular and triangular handle shapes were most favorable to acquire greater torque exertion [69-70]. An experimental work tested grasped spherical surfaces varied from concave with radius of 20 mm to convex with radius of 5 mm. It was proved that there is a correlation between shape and grip force during object manipulation - more convex the curvature, the higher the applied grip force [71]. Table 3 tabulates key findings related to shape of hand-operated products.





Fig. 3 - Tapered containers (A) for better grip. Vertical mouse (B) allows neutral posture, but not horizontal mouse (C)

Table 3 - Studies related to shape of hand-operated products

Studies	Product studied *shape in the bracket	Key findings
[72]	Food jars (circular and square)	The square shape allowed more torque exertion than the circular.
[73]	Handles (A, D, I, and V)	Older subjects exerted largest grip force with I-shape handle and the smallest with V-shape handle.
[74]	Jar lids (circular, square, hexagonal and combination of circular and rectangular)	The more favored designs for the smaller lids were the ones with non-circular top shapes, or a concave side shape.
[75]	Sun spray bottle (oval cylindrical), tablet sweetener bottle (cylindrical), a deodorant bottle (cylindrical) and shower gel bottle (cylindrical).	The shape needs to be carefully considered with older people as it influences the grip strength and dexterity.
[76]	Jar lids (cone, concave, reverse cone, convex, octagonal, hexagonal, circular)	Preferred shapes for smaller diameter lids were non-circular and concave. Traditional circular shape was the less preferred.
[77]	Jar lids (circular, flat, hexagonal and convex)	Taller height, hexagonal top shape and convex side shape were the best designs for 42 mm diameter jar lids. Taller height and hexagonal top shape were the best designs for 28 mm diameter jar lids.

The grip span (Fig. 4) is the inter distance of two handles of a hand-operated product. Food tongs, pliers and tweezers are examples of hand-operated product which designed with two handles to ease tasks associated with gripping, cutting and crushing. To operate these products, a user has to exert a forceful squeezing action across two pivoting handles. An appropriate grip span allows senior citizens to hold the handles firmly thus generate maximum force for gripping. On the other hand, too large grip span results in stress in the flexor tendons consequently affect the grip strength. Similarly, if the span is too small then the force that can be applied by the hands decreases. Optimum grip spans for senior citizens are given in Table 4.



Fig. 4 - Grip span (A)

Table 4 - Grip span for senior citizens

Studies	Grip span studied	Key findings
[78]	51, 76 and 102 mm	Grip span of 51 mm produced greater hand grip strength. Increasing the grip span resulted in decline of grip force.
[79]	35, 45, 55, 75, 95 mm	Maximum grip strength was obtained between 45 to 55 mm for both men and women.

The size of a hand-operated product can be measured through its dimensions include the height, width, length and circumference. The products should be designed in appropriate size (neither too small nor too big), so that the senior citizen can grip them easily with one hand and can operate any control of the product using the thumb or fingers of the same hand. In scooping soup, spoon handles which designed with small and medium sizes allowed senior citizens with Parkinson's disease to move faster and smoother than the large size spoon. Moreover, small and medium sizes of spoon gained higher subjective comfort than the large-handled spoon [80]. In other study of consumer products, Yoxall [81] observed that senior citizens will struggle to open the closure of a large jar size. Fig. 5 shows a senior citizen with hand

arthritis having difficulty to rotate a large diameter of power cable drum. Table 5 presents the existing size of several hand-operated products.



Fig. 5: Senior citizen with hand arthritis having difficulty in rotating cable drum

Table 5 - Studies related to size of various hand-operated products

Studies	Product studied	Size in mm (height x width x length)
[67]	Blood pressure monitor	157 x 74 x 34
	Blood glucose monitor	96 x 52 x 22
	Pulse oximeter	58 x 32 x 34
	Spirometer	73 x 53 x 16
	Electronic fever thermometer	94 x 45 x 58
	Portable heart scan	121 x 67 x 24
[82]	Pharmacy container (tablets bottles)	28 (top diameter)
	•	32 (body diameter)
		48 (height)
F021	Tan 1: Ja	1:
[83]	Jar lids	diameter around 73 mm is easy to open
[76]	Jar lids	Lids smaller than 40 mm need to increase
		their height and diameter.

3.3 Materials, Friction Coefficient, Contact Surface

Materials used in the construction of a hand-operated product determine its ability to resist slippage, weight, strength and life span [84]. The presence of water, moisture and oil between the hands and the handle can cause slippage when opening bottles, cans and jars or holding handrails. This can be avoided by applying anti-slip materials between the hand and the contact area to ensure a secure grip and to avoid slippage [36]. A soft material such as rubber can provide a firm grip, averts the handle from slipping out of the hand and minimizes contact stress in skin and soft tissue of the palm when holding the handle. Slippery or low-friction materials such as plastics and smooth-surface steels should be avoided.

The contact surface plays a vital role in operating and manipulating a hand-operated product. The contact surface characteristics such as surface roughness, texture and hardness determine effortlessness and comfort level in gripping the products. Industrial designers should pay special attention on the surface texture to allow senior citizens to hold the products with a firm grip. Adequate friction on the product surface plays a significant role in grip function [85]. Many senior citizens with arthritis in their hands struggle to hold firmly the frictionless products such as a wet glass. The condition worsens when the contact surface does not have adequate friction property, for example, opening or gripping product with damp or oily hands may reduce the friction coefficient between the hands and the product such that senior citizens may not have sufficient strength to hold firmly [86]. Application of a low-friction handle would result in a 16 – 42 % reduction in grip force compared to high-friction handle [87].

Additionally, senior citizens tend to have skin-dryness which predominantly leads to insecure grasping of hand-operated products due to a reduced coefficient of friction [88]. Textured surface on the handle might be may be helpful to avoid slippery and where high grip forces need to be exerted. Textured surface functioned as slip resistant and the senior citizens do not have to grip the handle hardly because the texture provides a good friction for better grip. A study pointed that surface texture could influence the energy consumption in gripping. A handle without texture causes slip, consequently consume more force and energy for senior citizens to hold [65]. Imrhan and Loo [89] in their experimental study observed that jar lids with rough texture increases wrist-twisting strength (average of 5.01 Nm), in contrast, jar lids with smooth texture decreases the wrist torque strength (average of 0.6 Nm). A recent study on jar lid usability concluded that lid diameter of 28 mm, flat shape and serrate surface texture offered some benefits, particularly for older women with more severe hand dysfunction [77]. Table 6 provides key findings of previous studies related to friction coefficient.

Table 6 - Key findings of previous studies related to friction coefficient

Studies	Gender and age group	Key findings
[90]	51 to 60 years, males and	Gloves (kitchen and latex) increased coefficients of friction.
	females	Friction coefficient for kitchen glove and latex glove is 0.72 and 0.57 respectively.
[83]	Males, 60 years and above	Recommended friction coefficient is 0.20
	Females, 60 years and above	Recommended friction coefficient is 0.41
[91] Males, 81 years and above Females, 82 years and above	Friction coefficient for bamboo viscose is 0.38,	
	polytetrafluoroethylene is 0.31, mix of cotton and polyester is 0.42	
		Friction coefficient for bamboo viscose is 0.37, polytetrafluoroethylene is 0.30, mix of cotton and polyester is 0.43

3.4 Force, Torque, Spring Stiffness

The amount force and torque that a human can exert to tighten or loosen any hand-operated product is greatly influenced by the age. Torque is a rotational force required to twist the cap or part of a product, for instance, tightening or loosening a jar lid (Fig. 6). Senior citizens demonstrated poor control of finger forces in gripping and manipulating hand-operated objects due to decline in dexterous behavior [92-93]. The human strength starts to decrease enormously when the age more than 60 years old [94]. It was found that the peel force of senior citizens aged over 65 years was generally lower than the young adults [95]. Voorbij and Steenbekkers [96] performed a study on wrist torque among senior citizens whom over 50 years old. Their study suggested that the required torque for opening a 66 mm diameter jar lid should be limited to 2 Nm for senior citizens. A study suggested that medicine containers with child resistant closure (CRC) require torque of 0.5 Nm to ease senior citizens to open them [82]. Notenboom [97] observed that breaking scored tablets by hand is less successful in senior citizens compared to youngsters. Another study pointed that there is a fair relationship between grip strength and the forces used to open the large prescription medicine bottle and to operate the aerosol spray can performed by senior citizens. Table 7 provides key findings of previous studies related to torque needed to operate hand-operated products.



Fig. 6 – Applying torque to rotate the bottle closure

Table 7 - Key findings of previous studies related to torque needed to operate products

Studies	Product studied	Measured torque (Nm)	Participants
[72]	Pickled onions	4.52	
	Peanut butter	1.79	
	Lemon juice	2.06	M 1 ((0 01) 1
	Beetroot	6.13	Males $(69 - 81 \text{ yrs})$ and
	Marmalade	6.16	females $(60 - 72 \text{ yrs})$
	Ketchup	1.69	
	Jam	3.25	

	Coffee Mustard	1.29 1.49	
[98]		6.6 - 32.3	
[96]	Door lever		
		14.5 - 29.5 $2.4 - 4.9$	
	Door knob		
		5.2 - 7.8	
	Tap	3.5 - 7.4	
	ıαp	$\begin{array}{c} 8.0 - 8.6 \\ 1.6 - 3.4 \end{array}$	Female $(61 - 70 \text{ yrs})$
	Circular knob	1.6 - 3.4	Male $(61 - 70 \text{ yrs})$
	C11	2.3 - 5.3	, , ,
	Ridged knob	$\begin{array}{c} 2.3 - 5.3 \\ 1.6 - 2.9 \end{array}$	
	Kluged Kiloo	3.1 - 5.0	
		2.0 - 3.3	
	Butterfly nut	2.7 - 3.6	
[00]	21 55 111		M-1- ((0 07)
[89]	31 – 55 mm lid	1.9 - 3.9	Male $(60 - 97 \text{ yrs})$
	74 – 113 mm lid	5.0 - 6.0	
	31 - 55 mm lid	1.5 - 3.0	Female (60 -87 yrs)
	74 – 113 mm lid	3.7 - 4.4	
[99]	Faucet handles	2.7 - 10.0	Female (65 -90 yrs)
[96]	Jar lid	4.0	Female (65 -69 yrs)
		6.5	Male (65 -69 yrs)
		3.7	Female (70 - 74 yrs)
		5.4	Male (70 - 74 yrs)
		3.5	Female (75 - 79 yrs)
		5.0	Male (75 - 79 yrs)
[9]	75 mm diameter jar and lid	3.2	Female (8 - 95 yrs)
[2]	75 mm diameter far and na	3.2	Male (8 - 93 yrs)
[100]	112 mm diameter rough lid	5.01	Male and female (60 –
[100]	113 mm diameter rough lid		· ·
	74 mm diameter rough lid	4.20	97 yrs)
	55 mm diameter rough lid	3.30	
	31 mm diameter rough lid	1.62	
	113 mm diameter smooth lid	3.29	
	74 mm diameter smooth lid	4.19	
	55 mm diameter smooth lid	3.25	
	31 mm diameter smooth lid	1.53	
[101]	Peanut butter, 123 mm lid diameter	4.41	Female (62 - 92 yrs)
		7.94	Male (62 - 91 yrs)
	Peanut butter, 103 mm lid diameter	4.41	Female (62 - 92 yrs)
	,	7.53	Male (62 - 91 yrs)
	Instant coffee, 86 mm lid diameter	4.12	Female (62 - 92 yrs)
	mstant correc, oo min na diameter	6.91	Male (62 - 91 yrs)
	Tomato juice, 67 mm lid diameter	3.62	Female (62 - 92 yrs)
	Tomato juice, 07 mm na diameter	6.50	
	01' 40 1' 1 1' 4		Male (62 - 91 yrs)
	Olives, 48 mm lid diameter	2.47	Female (62 - 92 yrs)
	0 1 1 1 1 40 11 11	3.89	Male (62 - 91 yrs)
	Salad dressing, 40 mm lid diameter	1.58	Female (62 - 92 yrs)
		2.33	Male (62 - 91 yrs)
	Nyquil, 29 mm lid diameter	1.05	Female (62 - 92 yrs)
		2.04	Male (62 - 91 yrs)
	Coca-cola, 27 mm lid diameter	0.92	Female (62 - 92 yrs)
		1.51	Male (62 - 91 yrs)

Some hand-operated products such as car's door handle, rollator's hand brake and car's hand brake switch use a spring to operate them. An example of spring application in the hand-operated products (pruner) is shown in Fig. 7. The spring is used to enable handles or switches to return to their original position in response to the grip or push actions. Sometimes senior citizen users may encounter considerable difficulties to operate the hand-operated products (e.g. clamping cutting tools such as pruning shears) due to hard spring. This is due to mechanical properties of the spring called as stiffness (measured in N/m). The spring stiffness refers to magnitude of force required to compress or stretch a spring by unit distance. The force and spring stiffness is positive correlated, means that high stiffness requires high effort (force) to operate the hand-operated products. You [102] highlighted the use of spring represented a tradeoff

effect on handle operation. The negative effect of spring might be due to an additional effort required against the spring force. Meanwhile the positive effect could be due to assistance of releasing the handles. Dayanidhi [103] in their study applied a helical compression spring (stiffness = 0.86 N/cm) to measure pinch strength and strength—dexterity in a cross-sectional population of 98 participants (aged 18 to 89 years old). The study found that the poorest hand manipulation ability occurred among individuals older than 65 years. This is due to deterioration of neuromuscular control over the age. Selection of spring stiffness is crucial in designing a hand-operated product, however, very minimal studies been performed to investigate appropriate stiffness of spring for senior citizen users. Table 8 lists the key findings of previous studies related to spring stiffness.



Fig. 7 - Spring is used in operating a pruner

Table 8 - Key findings of previous studies related to spring stiffness

Studies	Key findings
[103]	A decline of neuromuscular associated with age can be detected by fingertip force dynamics during spring compression (stiffness = 0.86 N/cm).
[88]	Lack of tactile feedback leads to a constant or even increasing grip force for the elderly.
[24]	Spring stiffness should not exceed 11 kg for products related to gripping task. Spring stiffness should not exceed 4 kg for products related to pinching task.

3.5 Diameter, Length and Orientation of Handle

Handle is one of the important parts in the design of hand-operated products. The handle acts as an interface between the user's hand and the product which enable his/ her to hold the product firmly. The design of handle including diameter, length and orientation can influence the grip strength while users manipulating a hand-operated product. Handgrip diameter can be defined as diameter of a round handle that a user can grasp with contact between the middle finger and thumb. A study confirmed that the handle diameter is one of significant factors to influence grip strength [104]. Inappropriate diameter such as too small or too large handle results in discomfort and less grip force. Edgren [105] observed that the hand grip strength increased 34.8 N when the handle diameter increased from 25.4 to 38.1 mm and then monotonically declined 103.8 N as the handle diameter increased to 76.2 mm. Based on a study by Saran [106], a 25 mm handle diameter is most preferred than 19 mm or 32 mm. Other study found that a 38 mm diameter of handle is optimum size based on the ratio between force and muscle activity [107]. Drury [108] recommended that the handle should be designed with a range of 25 – 40 mm diameter rather than a single optimum size. However, the abovementioned handle diameter studies were conducted among young adults, hence, their findings might not be suitable for senior citizens due to weaker muscle strength and smaller palm size.

Based on a literature [67], the grip diameter of senior citizens varies in terms of gender and dexterity impairment. The 50th percentile grip diameters of male and female without dexterity impairment are 52 mm and 48 mm respectively. On the other hand, the grip diameter of both genders with dexterity impairment is 40 mm (50th percentile). Cylindrical handrails between 28 mm diameter to 32 mm are more suitable for a bathroom to enable senior citizens to apply high forces on [109]. There is a study concerning to handle diameter among 61 to 90 years old Malaysian whereby three diameters (32 mm, 34 mm and 38 mm) of walking stick handle were studied. The study found that walking stick handle with a diameter of 34 mm is more suitable to apply high grip force on [110]. Due to growing of senior citizens, extensive studies on handle diameter are needed to satisfy both males and females. Fig. 8 shows an arthritis hand performing a pinch grip of three different handle diameters.

Fig. 9 shows the position of palm (hand) and fingers when gripping the handle of a hand-operated product. An appropriate handle length can be obtained by measuring the palm breadth (a). Population (or ethnics) and gender factors should be taken into account when designing a handle for hand-operated products for senior citizens. This is due to different population (or ethnics) and gender has different anthropometry dimension [111]. For example, Haitao [112] showed that the anthropometry dimensions differences were found between Chinese (Beijing) and Japanese senior citizens. Rosnah [113] observed that the hand length of Malay ethnic senior citizens has a significant difference with non-Malays. Another study pointed that there is a significant correlation between the hand size and grip strength of senior citizens [26]. In product design, anthropometry dimensions measured from young adults or children may not be

accurate to design handle length for senior citizens. Very few studies reported the palm breadth dimension (Table 10) even though a lot of studies have been conducted on anthropometry of senior citizens. This indicates further study is needed to establish a comprehensive database of hand anthropometry of senior citizens. As an alternative to determine the handle length, the palm breadth of senior citizen can be estimated based on the palm breadth of young adults (95th percentile). Using this estimation, it will results in longer handle length, but it can accommodate everyone including senior citizens. Table 9 tabulates recommended handle length for senior citizens based on palm breadth.



Fig. 8 - Gripping of three different handle diameters



Fig. 9 - Handle length follows the palm breadth (a)

Table 7 - Recommended namue length for electry based on pain of each			
Studies	Population	Gender	Handle length = palm breadth
[114]	British	Male	90 mm (95 th percentile)
		Female	80 mm (95 th percentile)
[114]	American	Male	100 mm (95 th percentile)
	Aged 19-65	Female	85 mm (95 th percentile)
[115]	Australian	Male	92 mm (95 th percentile)
		Female	81 mm (95 th percentile)
[116]	Malaysian	Male	94 mm (95 th percentile)
[117]	Malaysian	Male and female	89.9 mm (50 th percentile)

Table 9 - Recommended handle length for elderly based on palm breadth

Handle orientation is the angular position of the handle measured from the horizontal surface to the handle axis. A proper handle orientation allows user to maintain wrist in neutral posture. On the other hand, improper handle orientation leads to awkward posture in the wrist and can cause compression of nerves and blood vessels in the hand. This condition may also detriment the grip strength. Handle orientation can be found in horizontal, vertical, rotated and tilted to ease user for gripping a product. Horizontal handle orientation is effective for product which lifting is needed, for example kettle or iron. Young [118] found that grip strength is greatest in horizontal orientation. In general, vertical handle orientation is recommended for hand-operated products which require precise manipulation such as pen and screwdriver. Combination of 45° handle rotation and 15° handle tilt allows highest push force when pushing a trolley at elbow height [119].

3.6 Clearance or Allowance

Clearance is a gap or space provided to allow hand or fingers for accessing handles or openings so that the hand can have a certain degree of freedom for movement. As illustrated in Fig. 10, anthropometry dimensions of hand such as palm breadth (a), hand thickness (b) and maximum hand thickness (c) are crucial in providing clearance to the hand, for example, the width (a1) and the height (b1) of a drawer latch. A handle which is designed in adjustable (can move in and out) allows a better clearance; consequently accommodate different sizes of palm. In designing a rectangular opening, Delphi suggested minimum height of 5 cm and minimum width of 10 cm to permit the hand to enter.

Moreover, 2 cm should be added for each dimension when wearing hand gloves [120]. Suffice clearance around the handle and opening promotes better grip (d) and can avoid the hands or fingers from contact stress (e) and feeling of discomfort (Fig. 11). Table 10 provides handle clearance of door knob, handrail and toilet grab bar.

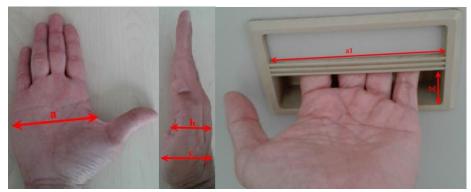


Fig. 10 - Palm breadth (a), hand thickness (b) and maximum hand thickness (c) and relevant clearance



Fig. 11 – Good clearance around the handle (d) and contact stress due to insufficient clearance (e)

Table 10 – Minimum clearance of handle				
Studies	Products	Minimum clearance		
[121]	Door knob	2.54 cm		
		(between knob and door)		
	Handrail	3.8 cm		
		(between wall and railing)		
[122]	Handrail	86 cm to 96 cm		
		(between handrails for a wheelchair)		
[123]	Toilet grab bar	2.54 cm		
	_	(between armrest and grab bar)		

4. Discussion

This study aimed to review the design parameters of hand-operated products that can influence hand grip and dexterity of senior citizens. Based on the literatures studied, the major findings can be summarized as follow:

- 1) Weight A lightweight hand-operated product is meaningful for preventing strenuous muscle effort and ease of use. A hand-operated product weighed over 2 kg object was regarded as strenuous for seniors and can lead to significant fatigue in the hand muscles [63].
- 2) Shape, span and size A hand-operated product with a taper shape handle allows for better grip and greater grip strength. The grip span between 45 to 55 mm allowed the senior to grip the hand-operated product with maximum strength [79]. Meanwhile product lids about 73 mm in diameter are regarded as easy to open [83].
- 3) Materials, contact surface, friction coefficient A soft material such as rubber can provide a firm grip, avoid slipping the handle out of the hand and reduce contact stress in the palm's skin and soft tissue while holding the product handle. Among males and females over 60 years of age, the suggested coefficient of friction is 0.20 and 0.41 respectively [83].
- 4) Force, torque and spring stiffness It is recommended that senior citizens exert very minimal force to grip, rotate and push the hand-operated products. To make seniors feel comfortable, any product's cover such as jar lid should be lower than 2 Nm of torque to open [96]. Additionally, product manufacturers are suggested to apply spring stiffness less than 11 kg in designing hand-operated products [24].

- 5) Handle diameter, length and orientation To provide comfort and greater grip power, handle diameter of 52 mm and 48 mm is suggested for male and female seniors respectively [67]. It is recommended that the length of handle for males between 90 and 100 mm and for females between 80 and 89.9 mm [114 117]. Young et al. [118] proposed horizontal orientation of handle for greater grip strength.
- 6) Clearance or allowance A rectangular opening with minimum height of 5 cm and minimum width of 10 cm can allow the hand to reach comfortably [120].

Before incorporating the above values in the hand-operated products, however, it is recommended that designers consider human variability such as population or ethnicity, body dimension, gender and health status, as they determine the strength of the hand grip.

Extensive studies have been conducted regarding the relationship between age, hand grip and dexterity among senior citizens, in which the increase in age directly related to reduce in muscle strength, poor hand coordination and lack of smooth performance [124–126]. In addition, arthritis is one of the most prevalent medical conditions among senior citizens, whereby most of the senior citizens who suffered from the arthritis will experience clinical symptoms such as joint pain, limited range of movement and reduce muscle strength especially in small joints such as hand and fingers [127-128]. The above-mentioned issues may cause the senior citizens to have difficulty in using the available hand-operated tools which require certain amount of grip force to perform instrumental activities of daily living (IADL). A heavy product requires the hand to exert more force and torque into the affected arthritic joints and muscles thus indirectly increases the clinical symptoms such as pain [129-130].

Designing hand-operated products for senior citizens requires knowledge from multiple engineering fields such as ergonomics (e.g. body dimension and physical strength), manufacturability, maintenance and services, aesthetics, hygiene, affordability, ease of storage and transportation for greater user experience and better usability. Application of universal design principles such as low physical effort to use the product would be appreciated by the senior citizens [131]. In addition, hand-operated tools should consider ergonomics design principles to meet physical dimension and capabilities of senior citizens. Some examples include proper handle to allow wrist stays in its neutral posture [132], handhold to minimize exertion of the hands while lifting a heavy bucket, cushioned and contoured grip handle to minimize contact pressure and slippage, and sufficient clearance between hand and openings. Design information such as gripping force which measured by hydraulic gauge (Fig. 12a) and dexterity test using peg-board (Fig. 12b) will certainly support designers to deploy appropriate force exertion and to study finger motor coordination when designing hand-operated products for senior citizens use [133-135].



Fig. 12 - Grip strength measurement (a) [110]. Dexterity test using grooved peg-board (b) (Lafayette Instrument, USA)

Nowadays, with the advancement of digital product and technology, the application of hand-operated products not only relies on physical efforts, but cognitive functions as well. An abundance of digital mobile devices and mobile health applications (apps) in market today is rapidly rising among senior citizens. For instances, smartphones and tablets are popularly used by senior citizens to enable them to find information, updating events in the community, to enjoy hobbies such as mobile games [136] and to stay communicated with the love ones. Furthermore those devices are installed with helpful apps to take care the senior citizens [137-138], for examples, medication assistance [139], mobile health monitoring [140-142], well-being checking [143] and diet and lifestyle monitoring [144]. Besides physical efforts (e.g. holding or gripping the device and touching the screen) senior citizens need cognitive functions (mental processing such as thinking, remembering and decision making) to use these devices. Similar to physical strength, reduce in cognitive functions are prevalent concomitants among senior citizens [42, 145-147]. According to Rodríguez [148] the existing digital products require further consideration on cognitive study to benefit senior citizens. For example, one of the common issues associated with mobile devices among senior citizen users is usability of the devices and mobile health apps [149]. In the devices, they may have difficulty to press button for adjusting screen brightness and sound volume. Meanwhile, in the mobile health apps, senior citizens are facing understandability problems [150]. A usability study on congestive heart failure management apps observed that senior citizen users struggling to understand the graphical information because the graphs contain numerous features such as grid lines, multiple data points and different factors [151]. During the design stage, usability study on the hand-operated product is

highly recommended in order to maximize satisfaction and acceptance levels of senior citizen users. Additionally, providing a hands-on training and a user manual guide to potential users could enhance product usability [152]. These efforts can make the senior citizen users to operate the products and complete the task accurately with a pleasant state both physical and mental.

In this paper, the authors have reviewed a substantial volume of research work on design parameters of handoperated products which focusing on ergonomics requirements of hand grip to facilitate senior citizens in executing their IADL. The outcomes of this study will certainly benefit to industrial designers to develop a hand-operated product for senior citizens which known to have hand grip and dexterity deterioration compared to young adults.

5. Conclusion

The major discovery in this study was a series of key design parameters of hand-operated products, focusing on a consideration of how the products fit the capabilities of senior citizens so that grip force and dexterity can be enhanced. The key parameters highlighted by this study meet the principles for good ergonomic designs which rely on six fundamental requirements that can be applied to any hand-operated product. Based on a comprehensive review from 140 journal articles, this study concluded that the following design parameters of hand-operated products can influence hand grip and dexterity of senior citizens: 1) weight; 2) shape, grip span, size; 3) materials, contact surface, friction coefficient; 4) force, torque and spring stiffness; 5) diameter, length and orientation of handle; 6) clearance or allowance.

Acknowledgement

The authors would like to thank the Faculty of Manufacturing Engineering, Universiti Teknikal Malaysia Melaka for continuous support in this study.

References

- [1] Pornpattananangkul, N., Chowdhury, A., Feng, L., & Yu, R. (2019). Social discounting in the elderly: Senior citizens are good Samaritans to strangers. The Journals of Gerontology: Series B, 74(1), 52-58.
- [2] Almegbel F. Y., Alotaibi I. M., Alhusain F. A., Masuadi E. M., Al Sulami S. L., Aloushan A. F. & Almuqbil B. I. (2018). Period prevalence, risk factors and consequent injuries of falling among the Saudi elderly living in Riyadh, Saudi Arabia: a cross-sectional study. BMJ Open, 8, 1-9.
- [3] Office for National Statistics (2017). Overview of the UK population: July 2017. Newport: Office for National Statistics.
- [4] Hajime O., Hideki I., Takao S., Atsushi A., Takayuki H. & Motoji S. (2006). Reviewing the definition of "elderly". Geriatrics & Gerontology International, 6, 149-158.
- [5] UNFPA and HelpAge. Ageing in the twenty-first century: a celebration and a challenge. 2012. https://www.unfpa.org/public/home/publications/pid/11584
- [6] McLaughlin, A. C., Pryor, M., & Feng, J. (2019). Design the technological society for an aging population. In Critical Issues Impacting Science, Technology, Society (STS), and Our Future. IGI Global. 218-250
- [7] Department of Economic and Social Affairs of United Nations in the World Population Prospects 2019 Report. https://population.un.org/wpp/
- [8] Malhotra, R., Ang, S., Allen, J. C., Tan, N. C., Østbye, T., Saito, Y., & Chan, A. (2016). Normative values of hand grip strength for elderly Singaporeans aged 60 to 89 years: A cross-sectional study. Journal of the American Medical Directors Association, 17(9), 864.e1-864.e7.
- [9] Yoxall, A., Janson, R., Bradbury, S. R., Langley, J., Wearn, J., & Hayes, S. (2006). Openability: producing design limits for consumer packaging. Packaging Technology and Science: An International Journal, 19(4), 219-225.
- [10] Karali, S., Mansfield, N. J., & Gyi, D. E. (2017). An approach to vehicle design: in-depth audit to understand the needs of older drivers. Applied Ergonomics, 58, 461-470.
- [11] Wagner, P. R., Ascenço, S., & Wibelinger, L. M. (2014). Hand grip strength in the elderly with upper limbs pain. Revista Dor, 15(3), 182-185.
- [12] Dekker, D., Buzink, S. N., Molenbroek, J. F., & de Bruin, R. (2007). Hand supports to assist toilet use among the elderly. Applied Ergonomics, 38(1), 109-118.
- [13] Imrhan, S. N. (1994). Muscular strength in the elderly-Implications for ergonomic design. International Journal of Industrial Ergonomics, 13(2), 125-138.
- [14] Julie et al., 2014. Muscle weakness and falls in older adults: A systematic review and meta-analysis. Journal of the American Geriatrics Society, 52, 1121-1129.
- [15] Stessman J, Rottenberg Y, Fischer M, Hammerman A, Jacobs J. (2017). Handgrip strength in old and very old adults: mood, cognition, function, and mortality. Journal of the American Geriatrics Society, 65(3), 526–532.

- [16] Liu C-j., Marie D., Fredrick A., Bertram J., Utley K. & Fess EE. (2017) Predicting hand function in older adults: evaluations of grip strength, arm curl strength, and manual dexterity. Aging Clinical and Experimental Research, 29(4), 753-760.
- [17] Lenardt, M. H., Carneiro, N. H. K., Betiolli, S. E., Binotto, M. A., Ribeiro, D. K. D. M. N., & Teixeira, F. F. R. (2016). Factors associated with decreased hand grip strength in the elderly. Escola Anna Nery, 20(4).
- [18] Moreland, J. D., Richardson, J. A., Goldsmith, C. H., & Clase, C. M. (2004). Muscle weakness and falls in older adults: a systematic review and meta analysis. Journal of the American Geriatrics Society, 52(7), 1121-1129.
- [19] Schibye B., Hansen A. F., Sogaard K., Christensen H. (2001). Aerobic power and muscle strength among young and elderly workers with and without physically demanding work tasks. Ageing Physique, 18, 92-97.
- [20] Leblanc A., Pescatello L. S, Taylor B. A., Capizzi J. A., Clarkson P.M., et al. (2015). Relationships between physical activity and muscular strength among healthy adults across the lifespan. SpringerPlus, 4(1) 1-11.
- [21] Chaari, N., Merchaoui, I., Melki, A., Chebel, S., Malchaire, J., & Akrout, M. (2017). Influence of occupations on physical and cognitive abilities among aging workers, Avid Science, 2-87.
- [22] Brickman, D. B. (1990). Factors affecting hand grip strength literature review. Safety Brief, 6(2), 1-15.
- [23] Mathiowetz, V., Kashman, N., Volland, G., Weber, K., Dowe, M., & Rogers, S. (1985). Grip and pinch strength: Normative data for adults. Archives of Physical Medicine and Rehabilitation, 66(2), 69-74.
- [24] Taha, Z., & Sulaiman, R. (2011). A biomechanical study of grip and pinch strength among Malaysian elderly population. Pertanika Journal of Science & Technology, 19(2), 293-305.
- [25] Manoharan, V. S., Sundaram, S. G., & Jason, J. I. (2015). Factors affecting hand grip strength and its evaluation: A systemic review. International Journal of Physiotherapy and Research, 3(6), 1288-1293.M.
- [26] Shahida, M. N., Zawiah, M. S., & Case, K. (2015). The relationship between anthropometry and hand grip strength among elderly Malaysians. International Journal of Industrial Ergonomics, 50, 17-25.
- [27] Ranganathan, V. K., Siemionow, V., Sahgal, V., & Yue, G. H. (2001). Effects of aging on hand function. Journal of the American Geriatrics Society, 49(11), 1478-1484.
- [28] Haigh, R. (1993). The ageing process: a challenge for design. Applied Ergonomics, 24(1), 9-14.
- [29] Brioche, T., Pagano, A. F., Py, G., & Chopard, A. (2016). Muscle wasting and aging: Experimental models, fatty infiltrations, and prevention. Molecular Aspects of Medicine, 50, 56-87.
- [30] Morley, J.E., Abbatecola, A.M., Argiles, J.M., Baracos, V., Bauer, J., Bhasin, S., et al., 2011. Sarcopenia with limited mobility: an international consensus. Journal of the American Medical Directors Association 12 (6), 403-409.
- [31] Sormunen, E., Nevala, N., & Sipilä, S. (2014). Critical factors in opening pharmaceutical packages: a usability study among healthcare workers, women with rheumatoid arthritis and elderly women. Packaging Technology and Science, 27(7), 559-576.
- [32] Neuendorf, T., Zschäbitz, D., Nitzsche, N., & Schulz, H. (2017). Movement therapy of the upper extremities with a robotic ball in stroke patients: Results of a randomized controlled crossover study. Neurology International Open, 1(04), E326-E335.
- [33] Todd, G., Haberfield, M., Faulkner, P. L., Rae, C., Hayes, M., Wilcox, R. A. & Piguet, O. (2014). Hand function is impaired in healthy older adults at risk of Parkinson's disease. Journal of Neural Transmission, 121(11), 1377-1386.
- [34] Beckman, A., Bernsten C, Parker MG, Thorslund M, Fastbom J. (2005). The difficulty of opening medicine containers in old age: a population-based study. Pharmacy World Science, 27(5), 393-8.
- [35] Maidin, S., & Latiff, A. N. (2015). Nasi lemak packaging: a case study of food freshness and design flexibility. Journal of Advanced Manufacturing Technology, 9(1), 13-19.
- [36] Baptista, M., Kugel, J., Javaherian, H., & Krpalek, D. (2018). Functional outcomes of a community occupation-based hand therapy class for older adults. Physical & Occupational Therapy in Geriatrics, 36(4), 380-398.
- [37] Amos, M., & Lawson, G. (2017). User-centered design of a portable fire extinguisher. Ergonomics in Design, 25(3), 20-27.
- [38] Parsons H. M, Jessica T. & Greg K. (1994) Design of remote control units for seniors. Experimental Aging Research: An International Journal Devoted to the Scientific Study of the Aging Process, 20:3, 211-218
- [39] Fernandes, S. C., Esteves, J. L., & Simoes, R. (2017). Characteristics and human factors of older drivers: improvement opportunities in automotive interior design. International Journal of Vehicle Design, 74(3), 167-203.
- [40] Ciciliani, A. M., Langguth, P., & Wachtel, H. (2019). Handling forces for the use of different inhaler devices. International Journal of Pharmaceutics, 560, 315-321.
- [41] Maguire, M., Peace, S., Nicolle, C. A., Marshall, R., Sims, R., Percival, J., & Lawton, C. (2014). Kitchen living in later life: Exploring ergonomic problems, coping strategies and design solutions. International Journal of Design, 8(1), 73-91.

- [42] Farage, M. A., Miller, K. W., Ajayi, F., & Hutchins, D. (2012). Design principles to accommodate older adults. Global Journal of Health Science, 4(2), 2-25.
- [43] O'Brien, M. A., Fausset, C. B., Mann, E. L., & Harrington, C. N. (2014, September). Using impairment simulation tools to demonstrate age-related challenges in everyday tasks and promote universal design. In Proceedings of the Human Factors and Ergonomics Society Annual Meeting, 58(1), 2402-2405.
- [44] Ribeiro, M. V. M. R., Júnior, H. R., Nogueira, H., Ribeiro, E. A. N., Jucá, M. J., Barbosa, F. T., & Sousa-Rodrigues, C. F. D. (2015). Association between visual impairment and depression in the elderly: a systematic review. Arquivos Brasileiros de Oftalmologia, 78(3), 197-201.
- [45] Reed-Jones, R. J., Solis, G. R., Lawson, K. A., Loya, A. M., Cude-Islas, D., & Berger, C. S. (2013). Vision and falls: a multidisciplinary review of the contributions of visual impairment to falls among older adults. Maturitas, 75(1), 22-28.
- [46] Gruber, N., Mosimann, U. P., Müri, R. M., & Nef, T. (2013). Vision and night driving abilities of elderly drivers. Traffic Injury Prevention, 14(5), 477-485.
- [47] Smeeth, L. L., & Iliffe, S. (2006). Community screening for visual impairment in the elderly. Cochrane Database of Systematic Reviews, (3).
- [48] Sprinzl, G. M., & Riechelmann, H. (2010). Current trends in treating hearing loss in elderly people: a review of the technology and treatment options—a mini-review. Gerontology, 56(3), 351-358.
- [49] Gennis, V., Garry, P. J., Haaland, K. Y., Yeo, R. A., & Goodwin, J. S. (1991). Hearing and cognition in the elderly: new findings and a review of the literature. Archives of Internal Medicine, 151(11), 2259-2264.
- [50] Arlinger, S. (2003). Negative consequences of uncorrected hearing loss-a review. International Journal of Audiology, 42, 2517-2520.
- [51] Hanratty, B., & Lawlor, D. A. (2000). Effective management of the elderly hearing impaired-a review. Journal of Public Health, 22(4), 512-517.
- [52] Ng, J. H. Y., & Loke, A. Y. (2015). Determinants of hearing-aid adoption and use among the elderly: A systematic review. International Journal of Audiology, 54(5), 291-300.
- [53] Fook, L., & Morgan, R. (2000). Hearing impairment in older people: a review. Postgraduate Medical Journal, 76(899), 537-541.
- [54] Laplante-Lévesque, A., Hickson, L., & Worrall, L. (2010). Rehabilitation of older adults with hearing impairment: A critical review. Journal of Aging and Health, 22(2), 143-153.
- [55] Giordani, B. M., & Cinelli, M. J. (2018). Aging and Hand Functions Declining: Assistive Technology Devices for Assistance in Daily Life Activities Performance, In Congress of the International Ergonomics Association, 68-77.
- [56] Whelan, M., Langford, J., Oxley, J., Koppel, S., & Charlton, J. (2006). The elderly and mobility: A review of the literature, Monash University Accident Research Centre, 1-118.
- [57] Fortington, L. V., Rommers, G. M., Geertzen, J. H., Postema, K., & Dijkstra, P. U. (2012). Mobility in elderly people with a lower limb amputation: a systematic review. Journal of the American Medical Directors Association, 13(4), 319-325.
- [58] de Oliveira Melo, M., Aragão, F. A., & Vaz, M. A. (2013). Neuromuscular electrical stimulation for muscle strengthening in elderly with knee osteoarthritis—a systematic review. Complementary Therapies in Clinical Practice, 19(1), 27-31.
- [59] Diermayr, G., McIsaac, T. L., & Gordon, A. M. (2011). Finger force coordination underlying object manipulation in the elderly–a mini-review. Gerontology, 57(3), 217-227.
- [60] Kobayashi-Cuya, K. E., Sakurai, R., Suzuki, H., Ogawa, S., Takebayashi, T., & Fujiwara, Y. (2018). Observational evidence of the association between handgrip strength, hand dexterity, and cognitive performance in community-dwelling older adults: a systematic review. Journal of Epidemiology, JE20170041.
- [61] Clerke, A., & Clerke, J. (2001). A literature review of the effect of handedness on isometric grip strength differences of the left and right hands. American Journal of Occupational Therapy, 55(2), 206-211.
- [62] Carli Lorenzini, G., & Hellström, D. (2017). Medication packaging and older patients: A systematic review. Packaging Technology and Science, 30(8), 525-558.
- [63] Kinoshita, H., & Francis, P. R. (1996). A comparison of prehension force control in young and elderly individuals. European Journal of Applied Physiology and Occupational Physiology, 74(5), 450-460.
- [64] Kent-Braun, J. A. (2009). Skeletal muscle fatigue in old age: whose advantage? Exercise and Sport Sciences Reviews, 37(1), 3.
- [65] Chung, C. Y., Mann, W. C., Mullick, A., & Tomita, M. (1997). Comparisons of cane handle designs for use by elders with arthritic hands. Technology and Disability, 7(3), 183-198.
- [66] Pitt-Nairn, E. J., Relf, P. D., & McDaniel, A. R. (1993). Analysis of factors which can affect the preferences of older individuals for hand pruners. Physical & Occupational Therapy in Geriatrics, 10(4), 77-90.
- [67] Harte, R., Glynn, L., Broderick, B., Rodriguez-Molinero, A., Baker, P., McGuiness, B., ... & ÓLaighin, G. (2014). Human centred design considerations for connected health devices for the older adult. Journal of Personalized Medicine, 4(2), 245-281.

- [68] Kim, T. (2017). Perceived difficulties in using blenders by user groups and product features. Archives of Design Research, 30(4), 37-55.
- [69] Cochran, D. J., & Riley, M. W. (1986). The effects of handle shape and size on exerted forces. Human Factors, 28(3), 253-265.
- [70] Shih, Y. C., & Wang, M. J. J. (1996). Hand/tool interface effects on human torque capacity. International Journal of Industrial Ergonomics, 18(2-3), 205-213.
- [71] Goodwin, A. W., Jenmalm, P., & Johansson, R. S. (1998). Control of grip force when tilting objects: effect of curvature of grasped surfaces and applied tangential torque. Journal of Neuroscience, 18(24), 10724-10734.
- [72] Crawford, J. O., Wanibe, E., & Nayak, L. (2002). The interaction between lid diameter, height and shape on wrist torque exertion in younger and older adults. Ergonomics, 45(13), 922-933.
- [73] Kong, Y. K., Sohn, S. T., Kim, D. M., & Jung, M. C. (2009). Grip force, finger force, and comfort analyses of young and old people by hand tool handle shapes. Journal of the Ergonomics Society of Korea, 28(2), 27-34.
- [74] Yen, W. T., Sommerich, C., Lavender, S., Flinn, S., & Sanders, E. (2011). Product Physical interface design characteristics for older adults with hand use limitations: Exploration of users' experiences. In Proceedings of the Human Factors and Ergonomics Society Annual Meeting (Vol. 55, No. 1, pp. 182-186).
- [75] Chavalkul, Y., Saxon, A., & Jerrard, R. N. (2011). Combining 2D and 3D design for novel packaging for older people. International Journal of Design, 5(1).
- [76] Yen, W. T., Flinn, S. R., Sommerich, C. M., Lavender, S. A., & Sanders, E. B. N. (2013). Preference of lid design characteristics by older adults with limited hand function. Journal of Hand Therapy, 26(3), 261-271.
- [77] Yen, W. T., Sommerich, C. M., Lavender, S. A., Flinn, S. R., & Sanders, E. B. N. (2016). Evaluation of jar lid design characteristics by older women with hand use limitations. Applied Ergonomics, 52, 177-184.
- [78] Yan, J. H., & Downing, J. H. (2001). Effects of aging, grip span, and grip style on hand strength. Research Quarterly for Exercise and Sport, 72(1), 71-77.
- [79] Pheasant, S. (1996). Bodyspace: Anthropometry, ergonomics and the design of work. Philadelphia, PA: Taylor & Francis Inc.
- [80] Ma, H. I., Hwang, W. J., Chen-Sea, M. J., & Sheu, C. F. (2008). Handle size as a task constraint in spoon-use movement in patients with Parkinson's disease. Clinical Rehabilitation, 22(6), 520-528.
- [81] Yoxall, A., Langley, J., Janson, R., Lewis, R., Wearn, J., Hayes, S. A., & Bix, L. (2010). How wide do you want the jar?: the effect on diameter for ease of opening for wide mouth closures. Packaging Technology and Science: An International Journal, 23(1), 11-18.
- [82] Ward, J., Buckle, P., & Clarkson, P. J. (2010). Designing packaging to support the safe use of medicines at home. Applied Ergonomics, 41(5), 682-694.
- [83] Yoxall, A., & Janson, R. (2008). Fact or friction: a model for understanding the openability of wide mouth closures. Packaging Technology and Science: An International Journal, 21(3), 137-147.
- [84] Flemmer, C. L., & Flemmer, R. C. (2016). A review of manual wheelchairs. Disability and Rehabilitation: Assistive Technology, 11(3), 177-187.
- [85] Adams, M. J., Johnson, S. A., Lefevre, P., Lévesque, V., Hayward, V., André, T., & Thonnard, J. L. (2013). Finger pad friction and its role in grip and touch. Journal of the Royal Society Interface, 10(80), 20120467.
- [86] Canty, L. A., Lewis, R., & Yoxall, A. (2013). Investigating openability of rigid plastic containers with peelable lids: The link between human strength and grip and opening forces. Proceedings of the Institution of Mechanical Engineers, Part C: Journal of mechanical engineering science, 227(5), 1056-1068.
- [87] Johnson, S. (1988). Evaluation of powered screwdriver design characteristics. Human Factors: The Journal of the Human Factors and Ergonomics Society, 30(1), 61-69.
- [88] Janny, B., & Maier, T. (2015). Optimization of hand-operated human-machine interfaces for the elderly through internal grip force measurement. Procedia Manufacturing, 3, 5366-5372.
- [89] Imrhan, S. N., & Loo, C. H. (1988). Modelling wrist-twisting strength of the elderly. Ergonomics, 31(12), 1807-1819.
- [90] Lewis, R., Menardi, C., Yoxall, A., & Langley, J. (2007). Finger friction: grip and opening packaging. Wear, 263(7-12), 1124-1132.
- [91] Gerhardt, L. C., Lenz, A., Spencer, N. D., Münzer, T., & Derler, S. (2009). Skin–textile friction and skin elasticity in young and aged persons. Skin Research and Technology, 15(3), 288-298.
- [92] Enoka R, Christou E, Hunter S, Kornatz K, Semmler J, Taylor A, Tracy B (2003). Mechanisms that contribute to differences in motor performance between young and old adults. Journal of Electromyography and Kinesiology, 13, 1-12
- [93] Parikh, P. J., & Cole, K. J. (2012). Handling objects in old age: forces and moments acting on the object. Journal of Applied Physiology, 112(7), 1095-1104.
- [94] Rahman, N., Thomas, J. J., & Rice, M. S. (2002). The relationship between hand strength and the forces used to access containers by well elderly persons. The American Journal of Occupational Therapy, 56(1), 78-85.
- [95] Yoxall, A., Pisuchpen, S., Nilmanee, S., Jarupan, L., & Jinkarn, T. (2018). Seal strength evaluation of flexible plastic films by machine testing and human peeling. Journal of Testing and Evaluation, 46(4), 1508-1517.

- [96] Voorbij, A. I. M., & Steenbekkers, L. P. A. (2002). The twisting force of aged consumers when opening a jar. Applied Ergonomics, 33(1), 105-109.
- [97] Notenboom, K., Vromans, H., Schipper, M., Leufkens, H. G., & Bouvy, M. L. (2016). Relationship between age and the ability to break scored tablets. Frontiers in Pharmacology, 7, 222.
- [98] Peebles, L., & Norris, B. (2003). Filling 'gaps' in strength data for design. Applied Ergonomics, 34(1), 73-88.
- [99] Bordett, H. M., Koppa, R. J., & Congelton, J. J. (1988). Torque required from elderly females to operate faucet handles of various shapes. Human Factors, 30(3), 339-346.
- [100] Imrhan, S. N., & Loo, C. (1986). Torque capabilities of the elderly in opening screw top containers. In Proceedings of the Human Factors Society Annual Meeting, 30(12), 1167-1171.
- [101] Rohles Jr, F. H., Moldrup, K. L., & Laviana, J. E. (1983). Opening jars: an anthropometric study of the wrist-twisting strength of the elderly. In Proceedings of the Human Factors Society Annual Meeting, 27(1), 112-116.
- [102] You, H., Kumar, A., Young, R., Veluswamy, P., & Malzahn, D. E. (2005). An ergonomic evaluation of manual Cleco plier designs: Effects of rubber grip, spring recoil, and work surface angle. Applied Ergonomics, 36(5), 575-583.
- [103] Dayanidhi, S., & Valero-Cuevas, F. J. (2014). Dexterous manipulation is poorer at older ages and is dissociated from decline of hand strength. Journals of Gerontology Series A: Biomedical Sciences and Medical Sciences, 69(9), 1139-1145.
- [104] McDowell, T. W., Wimer, B. M., Welcome, D. E., Warren, C., & Dong, R. G. (2012). Effects of handle size and shape on measured grip strength. International Journal of Industrial Ergonomics, 42(2), 199-205.
- [105] Edgren, C., Radwin, R., & Irwin, C. (2004). Grip force vectors for varying handle diameters and hand sizes. Human Factors: The Journal of the Human Factors and Ergonomics Society, 46(2), 244-251.
- [106] Saran, C. (1973). Biomechanical evaluation of T-handles for a pronation supination task. Journal of Occupational Medicine, 15, 712-716.
- [107] Ayoub, M., & Presti, P. (1971). The determination of an optimum size cylindrical handle by use of electromyography. Ergonomics, 14(4), 509-518.
- [108] Drury, C. (1980). Handles for manual materials handling. Applied Ergonomics, 11(1), 35-42.
- [109] Dam-Huisman, J.F.M., Molenbroek, E.W. Thomassen, R.H.M., & Goossens (2015). Ergonomic design requirements for a safe grip to prevent falling in the bathroom. Proceedings 19th Triennial Congress of the IEA, Melbourne 9-14 August 2015, 1-4.
- [110] Saptari, A., Halim, I., Mohamed, M. S. S., & Fauzi, A. M. (2019). Hand Parameters and Walking Stick Design: A Case Study among Elderly Malaysian. International Journal of Human and Technology Interaction, 3(1), 11-18.
- [111] Rosnah, M. Y., Sharifah Norazizan, S. A. R., Nurazrul, S. H., Tengku Aizan, H., Ahmad, H. H., Aini, M. S., ... & Mohd Rizal, H. (2006). Comparison of elderly anthropometry dimensions amongst various population. Asia-Pacific Journal of Public Health, 18, 20-25.
- [112] Haitao, H., Zhizhong, L., Jingbin, Y., Xiaofang, W., Hui, X., Jiyang, D., & Li, Z. (2007). Anthropometric measurement of the Chinese elderly Living in the Beijing. International Journal of Industrial Ergonomics, 37(4), 303-311.
- [113] Rosnah, M. Y., Mohd Rizal, H., & Sharifah Norazizan, S. A. R. (2009). Anthropometry dimensions of older Malaysians: comparison of age, gender and ethnicity. Asian Social Science, 5(6), 133-140.
- [114] M. Pheasant, S (1998) Bodyspace. Anthropometry, Ergonomics and the Design of Work. (2nd Ed.) London: Taylor & Francis
- [115] Kothiyal, K., & Tettey, S. (2000). Anthropometric data of elderly people in Australia. Applied Ergonomics, 31(3), 329-332.
- [116] Rashid, S. N. S. A., Hussain, M. R., & Yusuff, R. M. (2008). Designing homes for the elderly based on the anthropometry of older Malaysians. Asian Journal of Gerontology Geriatrics, 3(3), 75-83.
- [117] Ng, K., & Poh & Saptari, A. (2013). Hand Anthropometry: A descriptive analysis on elderly Malaysians. Adult and Elderly Anthropometry, 193-198.
- [118] Young, J. G., Woolley, C., Armstrong, T. J., & Ashton-Miller, J. A., (2009). Hand-handhold coupling: Effect of handle shape, orientation, and friction on breakaway strength. Human Factors, 51, 705–717.
- [119] Lin, J. H., McGorry, R. W., & Chang, C. C. (2012). Effects of handle orientation and between-handle distance on bi-manual isometric push strength. Applied Ergonomics, 43(4), 664-670.
- [120] Delphi Ergonomics Council (2010) Design-In Ergonomics Guidelines. https://www.delphisuppliers.com/vendor_documents/delphi-h/BlueBook/07%20Environmentatl-Health-Safety-Ergonomics-Industrial%20Hygiene/7B%20Ergonomics/Design%20in%20Ergonomics%20Guideline.pdf
- [121] Allsteel, S. O., & Allsteel, E. T. (2006). Ergonomics and design a reference guide. Muscatine (IO): Allsteel Incorporation.

- [122] Demirbilek, O. (1999). Involving the elderly in the design process: a participatory design model for usability, safety and attractiveness (Doctoral dissertation, Bilkent University).
- [123] Xiang, W. (2013). Design of a new grab bar for older adults (Doctoral dissertation, Georgia Institute of Technology).
- [124] Carmeli, E., Patish, H., & Coleman, R. (2003). The aging hand. The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, 58(2), M146-M152.
- [125] Martin, J. A., Ramsay, J., Hughes, C., Peters, D. M., & Edwards, M. G. (2015). Age and grip strength predict hand dexterity in adults. PloS one, 10(2), e0117598.
- [126] Lin, C. H., Sung, W. H., Chiang, S. L., Lee, S. C., Lu, L. H., Wang, P. C., & Wang, X. M. (2019). Influence of aging and visual feedback on the stability of hand grip control in elderly adults. Experimental Gerontology, 119, 74-81.
- [127] M. Okely, J. A., Cooper, C., & Gale, C. R. (2016). Wellbeing and arthritis incidence: the survey of health, ageing and retirement in Europe. Annals of Behavioral Medicine, 50(3), 419-426.
- [128] van Onna, M., & Boonen, A. (2016). The challenging interplay between rheumatoid arthritis, ageing and comorbidities. BMC Musculoskeletal Disorders, 17(1), 184.
- [129] Çakmak, B., & Ergül, E. (2018). Interactions of personal and occupational risk factors on hand grip strength of winter pruners. International Journal of Industrial Ergonomics, 67, 192-200.
- [130] Mital, A., & Kilbom, A. (1992). Design, selection and use of hand tools to alleviate trauma of the upper extremities: Part II—The scientific basis (knowledge base) for the guide. International Journal of Industrial Ergonomics, 10(1-2), 7-21.
- [131] Butlewski, M. (2015). Unit package opening design for the elderly by applying the principles of universal design. Applied Mechanics and Materials, 809, 1263-1268.
- [132] Wu, H. C., Chiu, M. C., & Hou, C. H. (2015). Nail clipper ergonomic evaluation and redesign for the elderly. International Journal of Industrial Ergonomics, 45, 64-70.
- [133] Bodranghien, F., Mahé, H., Baude, B., Manto, M., Busegnies, Y., Camut, S., ... & van Dun, K. (2017). The click test: A novel tool to quantify the age-related decline of fast motor sequencing of the thumb. Current Aging Science, 10(4), 305-318.
- [134] Chaari, N., Merchaoui, I., Melki, A., Chebel, S., Malchaire, J., & Akrout, M. (2017). Influence of occupations on physical and cognitive abilities among aging workers, Avid Science, 2-87.
- [135] Hamilton, L. D., Thomas, E., Almuklass, A. M., & Enoka, R. M. (2017). A framework for identifying the adaptations responsible for differences in pegboard times between middle-aged and older adults. Experimental Gerontology, 97, 9-16.
- [136] Cota, T. T., Ishitani, L., & Vieira Jr, N. (2015). Mobile game design for the elderly: A study with focus on the motivation to play. Computers in Human Behavior, 51, 96-105.
- [137] Silva, B. M., Rodrigues, J. J., de la Torre Díez, I., López-Coronado, M., & Saleem, K. (2015). Mobile-health: A review of current state in 2015. Journal of Biomedical Informatics, 56, 265-272.
- [138] Gilbert, B. J., Goodman, E., Chadda, A., Hatfield, D., Forman, D. E., & Panch, T. (2015). The role of mobile health in elderly populations. Current Geriatrics Reports, 4(4), 347-352.
- [139] Wildenbos, G. A., Jaspers, M. W., Schijven, M. P., & Dusseljee-Peute, L. W. (2019). Mobile health for older adult patients: Using an aging barriers framework to classify usability problems. International Journal of Medical Informatics, 124, 68-77.
- [140] Wildenbos, G. A., Peute, L., & Jaspers, M. (2018). Aging barriers influencing mobile health usability for older adults: A literature based framework (MOLD-US). International Journal of Medical Informatics, 114, 66-75.
- [141] Harte, R., Hall, T., Glynn, L., Rodríguez-Molinero, A., Scharf, T., Quinlan, L. R., & ÓLaighin, G. (2018). Enhancing home health mobile phone app usability through general smartphone training: usability and learnability case study. JMIR Human Factors, 5(2), e18.
- [142] Isaković, M., Sedlar, U., Volk, M., & Bešter, J. (2016). Usability pitfalls of diabetes mHealth apps for the elderly. Journal of Diabetes Research, 2016, 1-9.
- [143] Ray, P., Li, J., Ariani, A., & Kapadia, V. (2017). Tablet-based well-being check for the elderly: development and evaluation of usability and acceptability. JMIR Human Factors, 4(2), e12.
- [144] Salim, M., Hidir, M., Ali, N. M., Noah, M., & Azman, S. (2017). Mobile application on healthy diet for elderly based on persuasive design. International Journal on Advanced Science, Engineering and Information Technology, 7(1), 222-227.
- [145] F. Huang, H. C., Chen, Y. T., Chen, P. Y., Hu, S. H. L., Liu, F., Kuo, Y. L., & Chiu, H. Y. (2015). Reminiscence therapy improves cognitive functions and reduces depressive symptoms in elderly people with dementia: A meta-analysis of randomized controlled trials. Journal of the American Medical Directors Association, 16(12), 1087-1094.
- [146] Obisesan, T. O., & Gillum, R. F. (2009). Cognitive function, social integration and mortality in a US national cohort study of older adults. BMC Geriatrics, 9(1), 33.

- [147] Lee, S. H., & Kim, Y. B. (2016). Which type of social activities may reduce cognitive decline in the elderly?: a longitudinal population-based study. BMC Geriatrics, 16(1), 165.
- [148] Rodríguez, C. I. R. (2012). Seniors and technology, ergonomic needs and design considerations. Work, 41(Supplement 1), 5576-5578.
- [149] Liew, M. S., Zhang, J., See, J., & Ong, Y. L. (2019). Usability challenges for health and wellness mobile apps: mixed-methods study among mHealth experts and consumers. JMIR mHealth and uHealth, 7(1), e12160.
- [150] Zapata, B. C., Fernández-Alemán, J. L., Idri, A., & Toval, A. (2015). Empirical studies on usability of mHealth apps: a systematic literature review. Journal of Medical Systems, 39(2), 1.
- [151] Morey, S. A., Stuck, R. E., Chong, A. W., Barg-Walkow, L. H., Mitzner, T. L., & Rogers, W. A. (2019). Mobile Health Apps: Improving usability for older adult users. Ergonomics in Design, 1-10.
- [152] Ishak, A., Din, R., & Mohamed, H. (2018). Usability of ReSt module using four-step approach based on case study example and infographic for SPSS novice users. International Journal on Advanced Science, Engineering and Information Technology, 8(4-2), 1513-1519.