**Progress Report**

Experimental Process:

* Try to prevent reference points from the subject’s shorts and the chair they are sitting in
* Draw out a 10-inch ruler with ¼ inch increments (41 points) on the upper leg
  + Use a white board marker (it comes off easily)
* Have the subject keep their eyes closed until you say open – sometimes the testing filament leaves a lasting indentation mark, which we don’t want them to see
* For Phase 1, use Point 15 as 0 and 25 as 10 – touch 16-25 each 10 times in random order
* During intervention, hold the box just above the skin so that they cannot feel it but so that they cannot see the tip of the probe
* The piece of black tape on the probe is aligned with the direction in which the tip is bent, so point the tape towards the subject’s knee
* Cover the dots with the box – there are light marks on the middle of the bottom edge to line up with Point 15
* Do the intervention for 1 minute (constantly touching the subject with the probe)
* For Phase 3, repeat Phase 1 but this time use points 21-30
* Analysis: we were comparing the average (mean) responses between phases and looking for the subject’s responses to shift in Phase 3 in the direction of where they were deceptively touched
  + We also looked at average errors and standard deviations of the ordered points as well as the randomly ordered points as they were administered in the test

Future:

* Design better box
  + The size is good for the current model to prevent the subject from seeing any blanching in their skin under the edges of the box
  + Try a plastic/rubber model (I was looking at the shape of a swim goggle container)
* Before Phase 1, do an intervention to give the subject an accurate reference point
  + Use an identical container to the intervention before Phase 3, but have the wand tip be straight rather than bent
* Figure out another way to analyze the data
  + For example, Ava’s results were drastically off, all in the proximal direction, so what is the best way to analyze data for subjects with similar results?
* We were also considering touching only 5 points 20 times each and spacing out these points by ½ inch rather than ¼ inch
* Be prepared with a good explanation for what the purpose of the box is (ex: to look at the effect of not seeing the tip of the wand, etc.)
* Maybe show the subject the intervention device for Phase 1 so that they see the straight wand and rubber tip, then they will assume it’s the same device when it is used again before Phase 3
* Test amputees – it may not work as well on TR subjects who have more nerves in their upper leg
* Some subjects in preliminary testing said they were getting tired during the test because it takes a while and is monotonous. They also felt that they are was being desensitized because that one region was being touched so often that the whole area simply felt inflamed.