



# THOR

## Simplified Option Packages

### ADM

Instrumentation options for the integrated THOR. Packaged for convenience, usability and simplification.

A tier of standardized option menus have been created for the THOR as part of the ATD complexity reduction initiative in an effort to simplify the purchasing process for integrated ATDs.

These package options offer sets of predetermined channel counts of load cells, accelerometers, and angular rate sensors conveniently bundled together for optimal usability. Moreover, the standard delivery time will be greatly reduced as a result of streamlining the ATD production and assembly processes.

Historically, most integrated ATDs are coupled with a choice of on-board data acquisition systems with

customer specific instrumentation, and they have typically been engineer-to-order items that require unique build designs for each dummy. To minimize the sometimes unnecessary customization, customers now have the option to purchase the standardized packages with preset instrumentation. This allows a simplified ordering and build process that will not only meet the customer's data collection needs, but also come with a much quicker delivery time and savings in cost.



## THOR 50M - Simplified Instrumentation Package Options

CHANNEL	QTY	INSTRUMENTATION/LOCATION	99 CH	118 CH	139 CH	151 CH
<b>LOAD CELL/IR-TRACC</b>						
12	4	IR-TRACC Assy, 3D Thorax	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	2	IR-TRACC Assy, 3D Abdomen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	2	Skull Spring Load Cell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	5	Face Load Cell			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	1	Upper Neck Load Cell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	1	Lower Neck Load Cell		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	2	A.S.I.S Load Cell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	1	Clavicle Load Cell (Left)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	1	Clavicle Load Cell (Right)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	1	Thoracic Spine Load Cell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	1	Acetabulum Load Cell (Left)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	1	Acetabulum Load Cell (Right)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	1	Upper Arm Load Cell (Left)				<input checked="" type="checkbox"/>
6	1	Upper Arm Load Cell (Right)				<input checked="" type="checkbox"/>
12	2	Leg femur Load Cell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	2	Achilles Load Cell		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	2	Upper Tibia Load Cell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	2	Lower Tibia Load Cell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ACCELEROMETER</b>						
3	3	Head	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	3	T1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	3	T4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	3	T12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1	Mid-Sternum	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	1	Upper Abdomen	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	3	Pelvis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	2	Tibia (Left)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	2	Tibia (Right)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	3	Foot (Left)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	3	Foot (Right)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ANGULAR RATE SENSOR (ARS)</b>						
3	3	Head	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	3	Chest			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	3	Pelvis			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>POTENTIOMETER</b>						
1	1	Neck Rotational		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	2	Knee (BKKS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	3	Ankle Joint (Left)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>