



Non-invasive
electromyography-based
sensing for proportional prosthesis control

by

Mr. H. Esterhuyse

A dissertation submitted for the partial fulfillment of the requirements for the degree

MASTER OF ENGINEERING
in
COMPUTER AND ELECTRONIC ENGINEERING

North-West University - Potchefstroom Campus

Supervisor: Dr. K.R. Uren

Potchefstroom

April 2012

ABSTRACT

The best design of a multi-function tool is the human hand. Normal limb functionality is taken for granted until the day it is lost. Maslow's theory of human motivation suggests self-actualisation and control of one's own situation being most needed.

The psychological implications of any disability are described in Maslow's theory of human motivation, based on human hierarchy of needs. "Self-actualisation" is placed on top of all needs. By having the ability to function normal and independent and the feeling of being in control of one's own life or actions, usually associated with being successful in life. An amputation has a major impact on a person's self-esteem and affects their life style. People tend to have the urge to replace what they had, at least with a counterpart with equal performance. Should patients have a limb amputated, the question is, what functionality remains in the surrounding muscles and nerves?

Biomechatronics is introduced at the North West University (NWU), with the aim to research a complete proportional powered prosthetic hand. The versatility of the human hand suggests that it is a complex part of the body, and the future goal of the development of proportional prosthesis control is divided into several studies. This particular study focuses on the human-machine interface (HMI) or the sensing component for prosthesis control. The HMI has to be able to provide Matlab®/Simulink® with the sensed data as Matlab®/Simulink® will be used for future research.

The HMI makes use of surface electromyography (sEMG). sEMG could be the most elegant design approach, as no medical surgery procedures are required to have a device implanted. By considering the rate at which technology improves, it would also be unwise to insert an implant that becomes outdated in a short time. The sEMG electrodes consist of a set of five electrodes in a wristband fitted to a patient's forearm. This interfaces the patient with the sEMG platform. The electrodes sense antagonist muscle activity through the patient's skin, and is regarded as a non-invasive HMI.

The sEMG sensing platform is an interface board that acts as a serial emulator (COM port) that connects the sEMG sensors to the Matlab®/Simulink® environment via USB. The platform's circuitry converts the dual-channel analogue input sEMG signals into digital format. A calibration algorithm calibrates the sensors with the push of a button, using automatic gain control (AGC). A pulse duration modulation (PDM) servo is used to test the effect of visual feedback on the accuracy of performing a gesture according to an animation.

The proportional control algorithm is implemented in Simulink® and has the capability of decoding dual-channel antagonist muscles' sEMG signal into position and force information. The algorithm and platform is evaluated by making use of a gesture animation that asks the user to mimic the gesture. The power of visual feedback on the accuracy of human gestures should not be underestimated, and is demonstrated in this study.

The results obtained from this study verify the functionality of the sEMG platform and demonstrates the possibility of proportional control through sEMG.

OPSOMMING

Die hand word beskou as die mees bruikbare meganiese stelsel. Normaal funksionerende ledemate word as vanselfsprekend gevind tot die dag aanbreek wanneer 'n amputasie onvermeidelik is.

Maslow is bekend vir sy teorie wat handel oor menslike gedrag en motivering. Hy maak die stelling dat die vermoë van 'n persoon om in beheer van 'n situatsie as een van die belangrikste prioriteite vir 'n mens aangesien die persoon nie meer self basiese funksies kan verrig nie.

'n Gewrigsamputasie verander 'n persoon se selfbeeld en self-motivering aansienlik, aangesien 'n persoon nie meer basiese funksies self kan verrig nie. Hierdie mense se behoefte is om die verlore hand te vervang wat hulle gehad het, met 'n plaasvervanger wat soortgelyk funksioneer. Die vraag is, met 'n gewrigsamputasie, watter funksies bly in hul omliggende spiere en senuwees agter, om te gebruik vir prostese beheer?

Die veelsydigheid van die menslike hand impliseer dat dit 'n komplekse taak is om 'n plaasvervanger te onwikkel. Die vooruitsig vir handprosteses duï daarop dat werk gedoen behoort te word op proporsionele beheer gebaseerde prosteses. Biomechatronika is onlangs bekend gestel by die Noord-Wes University (NWU), met die doel om 'n volledige elektroniese aangedreve prostese te ontwikkel.

Die navorsingplan verdeel die proporsionele beheer aangedreve prostese navorsing die in verskeie sub-projekte. Hierdie loodsprojek fokus op die mens-masjien koppelvlak (MMK) en dien as platform vir die toets van nuwe beheeralgoritmes en seinverwerkingsstegnieke. Matlab®/Simulink® is geïdentifiseer as sageware platform vir die reeks studies wat volg. The koppelvlak moet in staat wees om inligting beskikbaar te stel aan Matlab®/Simulink® aangesien Matlab®/Simulink® gebruik gaan word vir navorsing wat volg.

Die gebruik van oppervlak Elektromyografie (sEMG) tegnologie word gebruik as die mens-masjien koppelvlak (MMK). sEMG word beskou as die mees elegante manier om spierbeweging mee te karakteriseer, aangesien geen mediese operasies of prosedures benodig word om die tegniek te gebruik nie. Teen die tempo waarteen tegnologie verbeter, sou dit ook onverstandig wees om 'n sensor in 'n pasiënt in te plant, wat tegnologies gou kan uitfaseer. Die sEMG elektrodes bestaan uit 'n stel van vyf elektrodes vervat in 'n armband, en koppel die pasiënt se voorarm aan die sEMG platform. Die elektrodes tel antagonistiese spieraktiwiteit deur die pasiënt se vel op, en word dus beskou as 'n nie-indringende MMK.

Die sEMG platform dien as 'n nagemaakte seriale koppelvlak (COM-poort). Die koppeling tussen die sEMG sensors en Matlab®/Simulink® word deur middel van die rekenaar se USB poort gemaak. Die platform bevat al die stroombane om dubbel-kanaal analoog sEMG insette om te skakel na digitale formaat. 'n Kalibrasie algoritme kalibreer die sensors met die druk van 'n knoppie. Hierdie algoritme maak gebruik van digitaal-verstelbare weestande om die seinsterkte te verstel.

Die dekoderings algoritme het die vermoë om, van dubbel-kanaal, antagonistiese spier sEMG insette, die posisie en die krag wat die pasiënt wil uitvoer met sy/haar hand te dekodeer. Hierdie inligting demonstreer die moontlikheid vir die proporsionele beheer van 'n prostese.

DECLARATION

I, Henno Esterhuyse, hereby declare that the thesis entitled “Non-invasive electromyography-based sensing for proportional prosthesis control” is my own original work and has not already been submitted to another university or institution for examination.

H. Esterhuyse
Student Number: 20067232
Signed on 30th day of April 2012

ACKNOWLEDGEMENTS

Firstly I would like to thank God for the privilege of opportunities, for the knowledge to pursue them, and the strength to succeed. I would like to show my thankfulness of my health and the opportunity to help disabled people, through my passion for engineering.

I would also like to acknowledge the following people, in no particular order, for their contribution:

- Dr. Kenny Uren, my supervisor, for his guidance, motivation, inspiration and effort.
- A thank to my parents for their love, support and the facilitation of my studies. My father for medical background on this project, and my mother for the proofreading of my work.
- Family and friends for their love, support and interest.
- Bijanka Coetsee for her love, support and understanding.
- Jaco Smith for his time and expertise on neurology.
- Steven Baard from Otto Bock® South Africa for his time and expertise on prosthetics.

And this is the confidence that we have towards Him, that if we ask anything according to His will, He hears us. – 1John 5:14

TABLE OF CONTENT

Abstract.....	i
Opsomming.....	ii
Declaration.....	iii
Acknowledgements.....	iv
Chapter 1: Introduction	1
1.1. Background	1
1.2. Problem statement.....	3
1.3. Scope of project problem	3
1.4. Assumptions.....	3
1.5. Issues to be addressed	4
1.5.1. Sensor platform design.....	4
1.5.2. Matlab®/Simulink® interface.....	4
1.5.3. EMC.....	4
1.5.4. Sensor Platform Validation.....	4
1.5.4. HIL VerificatioN.....	4
1.5.5. Research group expectations.....	4
1.6. Overview of dissertation	6
Chapter 2: Literature survey	7
2.1. Introduction.....	7
2.2. Biomechatronic research.....	7
2.2.1. Biometrics	7
2.2.2. Biomimetics (biomimicry)	8
2.3. Bio-inspired designs: advantages and disadvantages.....	8
2.4. Biomechatronic problem solving	9
2.5. Human-machine interface (HMI) research	9
2.6 Human anatomy in muscle control	10
2.6.1. Nerve cells	10
2.6.2. Central nervous system (CNS):.....	11
2.6.3. Peripheral nervous system (PNS).....	12
2.7. Natural input methods inside the human body.....	13
2.8. Artificial input methods	14
2.9. sEMG choice for HMI	16
2.9.1. Non-invasive sensor choice	16
2.9.2. Motivation for a sEMG sensor.....	16
2.10. EMG Concepts.....	17
2.10.1 Nerve function.....	17

2.10.2. Voltage range of sEMG signals	20
2.10.3. Sensing of EMG signals.....	20
2.10.4. Electrodes used	20
2.11. sEMG-based prosthesis components	21
2.12. Previous research on proportional control algorithms	22
2.13. Previous research on sensor calibration and conditioning	25
2.13.1. Utah Artificial Arm (1981)	25
2.13.2. Utah Artificial Arm 2 (1997)	25
2.13.3. Utah Artificial Arm 3 (2004)	25
2.13.4. Otto Bock® Development – The Michelangelo Hand (2010)	25
2.14. Control Possibilities through sEMG	26
2.15. Limits of existing EMG-based systems	28
2.15.1. Functionality	28
2.15.1. Precision.....	28
2.15.1. Responsiveness	28
2.16. Areas of improvements	28
2.16.1. Hugh Herr's PowerFoot®	28
2.16.2. non-invasive HMI methods.....	29
2.16.3. sEMG in prosthesis control.....	29
2.16.4. sEMG system design.....	29
2.16.5. Control algorithms	29
2.17. Ethical considerations	30
2.17.1 Risk/benefit analysis	30
2.17.2. Social issues	30
2.18. Conclusion	30
Chapter 3: Literature study	31
3.1. Introduction.....	31
3.2. System modelling and parameter estimation	31
3.2.1. Muscle modelling.....	31
3.2.2. Hill's muscle model and the PNS	32
3.2.3. Muscle model and EMG relationship	32
3.2.4. Linear and non-linear systems tranfer functions.....	33
3.2.5. The muscle model transfer function.....	33
3.2.6. Skin-electrode impedance model	34
3.3. Variance in parameters in humans	34
3.4. Noise and interference issues.....	35
3.4.1. Passive components	35
3.4.2. Active Components.....	35

3.4.3. Parasitic components.....	35
3.5. Information derived from sEMG	35
3.5.1. Remove DC-offset	35
3.5.2. Rectify signal	36
3.5.3. Low-pass filter	36
3.5.4. Total muscle effort.....	36
3.6. sEMG electrodes	37
3.6.1. Electrode Types.....	37
3.6.2. Electrode material selection	37
3.6.3. Number of electrodes	38
3.6.4. Placement of electrodes	39
3.7. The Matlab [®] /Simulink [®] interface	39
3.8. Conclusion	40
Chapter 4: Conceptual design	41
4.1. Introduction.....	41
4.2. Requirements	41
4.3. The cost of the system.....	41
4.4. Functional analysis.....	42
4.5. System architecture	43
4.6. sEMG decoding algorithm.....	43
4.6.1. Muscle activity and visual feedback	43
4.6.2. Antagonist muscle model.....	44
4.6.3. Amputated antagonist muscle model	46
4.6.4. Proportional control	48
4.7. Control algorithm.....	50
4.8. Electrode model	51
4.9. Conclusion	53
Chapter 5: Detailed design	54
5.1. Introduction.....	54
5.2. Design for criteria	55
5.2.1. Functional capability.....	55
5.2.2. Design for reliability	55
5.2.3. Design for usability.....	55
5.2.4. Design for affordability.....	55
5.2.5. Design for testability	55
5.3. Hardware preliminary design.....	55
5.3.1. Detailed functional block diagram.....	55
5.3.2. Sensing electrode prototyping.....	57

5.3.3. PCB prototyping	57
5.3.4. Firmware functional layout.....	58
5.3.5. Software (Matlab [®] /Simulink [®]).....	62
5.3.6. acquisition and decoding algorithm	67
5.3.7. Data capturing procedure	67
5.4. Hardware detailed design.....	68
5.4.1. Analog and digital isolation	68
5.4.2. Power and ground planes	69
5.4.3. EMI	70
5.4.4. Dimensions	71
5.5. Conclusion	71
Chapter 6: Results	72
6.1. Introduction.....	72
6.2. Biometric data.....	72
6.3. Biomimetic data (biomimicry).....	72
6.4. Performance measurement.....	74
6.5. biomimetic results of the proportional control model.....	74
6.5.1. Individual results.....	76
6.5.2. Most prcise results	76
6.5.3. Worst results	78
6.5.4. Average results.....	78
6.6. Circuit performance	78
6.6.1. Experimental results.....	78
6.6.2. Frequency response.....	78
6.6.2. Calibration algorithm results.....	80
6.7. Interesting cases	82
6.7.1. Thalidomide patients.....	82
6.7.2. Toddlers	82
6.8. Conclusion	82
Chapter 7: Validation and verification.....	83
7.1. Introduction.....	83
7.2. Design for criteria	83
7.2.1. Functional capability.....	83
7.2.2. Design for reliability	86
7.2.3. Design for usability.....	86
7.2.4. Design for affordability.....	86
7.2.5. Design for testability	87
7.5. Conclusion	87

Chapter 8: Conclusion and recommendations	88
8.1. Introduction.....	88
8.2. Summary of work done.....	88
8.3. Most significant results	88
8.4. Evaluation of method.....	89
8.5. FUTURE work.....	89
8.7. Closing remarks	89
References.....	91
Appendix A: Human machine interfaces	94
A.1 Invasive HMI Methods	94
A.1.1. Targeted Muscle Reinnervation (TMR).....	94
A.1.2. Sensor Implant	95
A.2 Non-invasive Methods	96
A.2.1. Electroencephalography (EEG)	97
A.2.2. Surface Electromyography (sEMG).....	97
A.2.3. Magnetoencephalography (MEG).....	97
A.2.4 NIRS and FMRI	97
Appendix B: Hardware Design.....	98
B.1. sEMG platform schematic.....	98
B.1.1. Electrodes	98
B.1.2. Differential Amplifier.....	98
B.1.3. High-pass filter	98
B.1.4. Low-pass filter.....	99
B.1.5. Gain control.....	99
B.1.6. Final Amplifier	100
B.1.7. ADC	100
B.1.8. Microcontroller and USB Interface	100
B.1.9. Analog power supply.....	100
B.1.10. Digital power supply, EMI Filtering and connectors	101
B.1.11. Peripheral devices.....	102
B.1.12. User input/output.....	102
B.2. PCB layout	103
Appendix C: Data Disk	104
C.1. Solidworks® Drawings	104
C.2. Altium® Schematic and PCB layout.....	104
C.3. Firmware for PIC18F2550 microcontroller	104
C.4. Simulink® files.....	104
C.5. Photos	104

C.6. Videos.....	104
C.7. Documentation	104
C.8. References	104

LIST OF FIGURES AND TABLES

Figure 1: Maslow's hierarchy of human needs [2].....	1
Figure 2: A prosthetic toe in the Cairo Museum [3]	1
Figure 3: Biomechatronics at the NWU.....	3
Figure 4: Approaches to biology-inspired design [24]	9
Figure 5: Basic nerve cell terminology [30]	10
Figure 6: Parts of the Central Nervous System (CNS) [30].....	11
Figure 7: Reflex arc demonstration of the PNS [30].....	12
Figure 8: Interaction between CNS and PNS.....	13
Figure 9: Sensors found in the PNS muscle control loop [31].....	14
Figure 10: Prosthesis control research summary	15
Figure 11: Natural and EMG-based control.....	16
Figure 12: Example of an EEG cap	17
Figure 13: Typical action potential waveform [26]	18
Figure 14: The anatomy of the human muscle [30]	18
Figure 15: The principle of EMG signal sensing.....	19
Figure 16: Response of a single MUAPT [26]	19
Figure 17: Typical EMG recording example	20
Figure 18: Typical sEMG recording system	21
Figure 19: Typical EMG based prosthetic control.....	22
Figure 20:Comparison of control signals generated by “digital” and proportional control.....	23
Figure 21: One-channel Amplitude-coded control [25]	23
Figure 22: Two-channel amplitude-coded control [16]	24
Figure 23: Single-channel Rate coded control [25]	24
Figure 24:Proportional control circuit of the Utah arm [15].....	25
Figure 25: Flexor and extensor muscle mechanics [22].....	26
Figure 26: Side to side finger movement	27
Figure 27: Natural feedback loop and the biomechatronic circuit	27
Figure 28: Images of the PowerFoot [1]	28
Figure 29: Hill's three-element muscle model [38].....	31
Figure 30: The natural muscle and the muscle model [39].....	32
Figure 31: Linear approximation of a non-linear model [40]	33
Figure 32: Skin-electrode interface and its electrical equivalent circuit [41]	34
Figure 33: sEMG DSP example.....	36
Figure 34: Example of a passive EMG/ECG electrode	37
Figure 35: Circuit model for bio-potential electrode [44].....	37
Figure 36: Pictorial outline of the decomposition [45]	38
Figure 37: sEMG sensor 4-pin array [45].	38
Figure 38: Frequency dependency on the differential electrode placement [46]	39
Figure 39: Cost versus functionality graph	42
Figure 40: Functional block diagram of sEMG hardware platform.....	42
Figure 41: System architecture of sEMG hardware platform	43
Figure 42: Pulley system of antagonist muscles' joints in hand	44
Figure 43: Antagonist muscle model diagram	44
Figure 44: Antagonist muscle model simplified for flexor muscle.....	45
Figure 45: Equivalent electrical circuit for mechanical antagonist muscle model.....	45
Figure 46: Antagonist muscle model simplified for extensor muscle.....	46
Figure 47: Pulley system removed by a wrist amputation	46
Figure 48: Amputated antagonist muscle model.....	47
Figure 49: Amputated flexor muscle model	47

Figure 50: Simplified amputated flexor muscle model.....	48
Figure 51: Amputated antagonist muscle model simplified for extensor muscle	48
Figure 52: Antagonist muscle sEMG for proportional control algorithm.....	49
Figure 53: Transfer function of the CE.....	49
Figure 54: Decoding algorithm circuit diagram.....	51
Figure 55: SEMG using identical electrodes and differential amplifier [41].....	52
Figure 56: Summary of system components.....	54
Figure 57: Revised functional block diagram for sEMG sensor.....	56
Figure 58: 3D model of the wristband design.....	57
Figure 59: Electrode circuit diagram	58
Figure 60: sEMG platform firmware algorithm.....	59
Figure 61: Proportional control calibration algorithm	61
Figure 62: Sine wave sample signal amplitude coded	64
Figure 63: Position reference animation	64
Figure 64: Simulink® model screenshot.....	66
Figure 65: Simulink® algorithm.....	67
Figure 66: Basic gestures compared to the animation	68
Figure 67: Modular component layout of the sEMG platform	69
Figure 68: Power planes connections.....	69
Figure 69: Power planes in platform.....	70
Figure 70: EMI provision in platform.....	70
Figure 71: The prototype (left) and the final sEMG platform (right)	71
Figure 72: The three body types	73
Figure 73: sEMG recording example	73
Figure 74: Accuracy and precision [50].....	74
Figure 75: Results with and without visual feedback	75
Figure 76: Interpretation of correlation coefficient [50]	76
Figure 77: Best mimic results	77
Figure 78: Measured frequency spectrum of sEMG signal	78
Figure 79: Worst mimic results.....	79
Figure 80: Pass-band of the band-pass filter	80
Figure 81: Calibration algorithm results	81
Figure 82: Typical sEMG results Frequency spectrum [43].....	84
Figure 83: Calibration algorithm results	85
Figure 84: Targeted muscle reinnervation	94
Figure 85: Example of the mapping of nerve to muscle activity	95
Figure 86: Basic communication channel for invasive bio-sensors [52]	95
Figure 87: Example of an ECoG implant electrode	96
Figure 88: Placement of ECoG array on the patient's brain	96
Figure 89: Differential amplifier circuit.....	98
Figure 90: High-pass filter circuit	99
Figure 91: Low-pass anti-aliasing filter circuit.....	99
Figure 92: Digital gain control circuit.....	99
Figure 93: Final gain stage.....	100
Figure 94: Microcontroller connection diagram	100
Figure 95: 2.5 V reference circuit	101
Figure 96: Connectors and EMI filtering circuits	101
Figure 97: LED and push button connections.....	102
Figure 98: PCB layout top view.....	103
Figure 99: PCB layout bottom view	103

Table 1: Relationship between muscle model and PNS [39]	32
Table 2: User inputs and outputs.....	60
Table 3: Bin names and thresholds	63
Table 3: Datastructure of .mat file	65
Table 4: Simulation Results	76

LIST OF ABBREVIATIONS AND ACRONYMS

AC	Alternating Current
ADC	Analog to Digital Converter
AGC	Automatic Gain Control
ANN	Artificial Neural Network
ANS	Autonomic Nervous System
BCI	Brain-Computer Interface
BMI	Brain-Machine Interface
CAD	Computer Aided Design
CCVS	Current Controlled Voltage Source
CER	Crossover Error Rate
CMRR	Common Mode Rejection Ratio
CNS	Central Nervous System
DC	Direct Current
DE	Differential Equation
DET	Detection Error Trade-off
DOF	Degree Of Freedom
DSP	Digital Signal Processing
DVD	Digital Versatile/Video Disc
ECoG	Electrocorticography
EEG	Electroencephalography
EER	Equal Error Rate
EMG	Electromyography
EMI	Electromagnetic Interference
ERS	Event-Related Synchronization
ERD	Event-Related Desynchronization
FAR	False Accept Rate
FER	Failure to Enroll Rate
FMR	False Match Rate
FMRI	Functional Magnetic Resonance Imaging
FNMR	False Non-Match Rate
FRR	False Rejection Rate
FER	Failure to Enroll Rate
GUI	Graphical User Interface
iEMG	Intramuscular Electromyography
I/O	Input and Output
HMI	Human-Machine Interface
KSPS	Kilo Samples per Second
LED	Light Emitting Diode
MEG	Magnetoencephalography
NWU	North West University
MUAPT	Motor Unit Action Potential Trains
NIRS	Near-infrared reflectance spectroscopy
NIS	Neural Interface System
PC	Personal Computer
PDM	Pulse Duration Modulation
PCB	Printed Circuit Board
PNS	Peripheral Nervous System
ROC	Relative Operating Characteristic
sEMG	Surface Electromyography
SIL	Single In-Line connector
SNR	Signal to Noise Ratio

SNS	Somatic Nervous System
SPI	Spinal Cord Injury
TMR	Targeted Muscle Reinnervation
USB	Universal Serial Bus

LIST OF SYMBOLS

Ag	Silver
AgCl	Silver-Chloride
g	Gram (mass)
Hz	Hertz (Frequency)
I	Through-variable current (electrical) or force (mechanical) measure in Ampere
Ω	Ohm (Resistance)
V	Across-variable potential difference measured in Voltage (electrical) or tension (mechanical) in Newton