

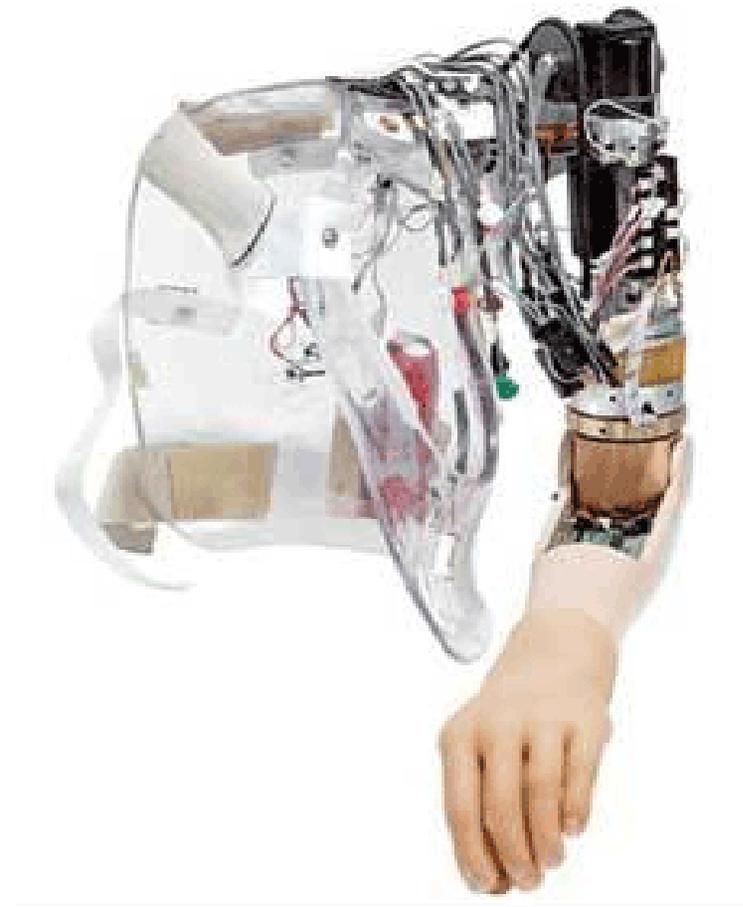


# Review: Upper Limb Prostheses

By Edward Yip

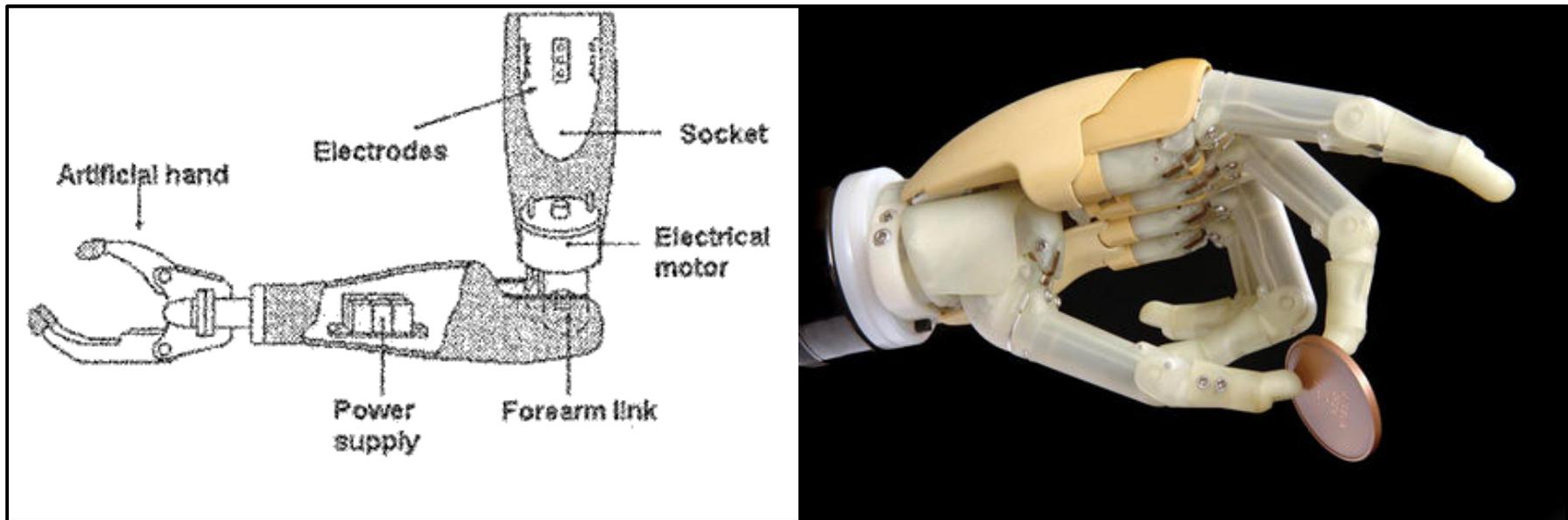
# ULP Classifications

- Cosmetic
- Body-powered
- Externally-powered
  - Open/Close
  - Multi-finger
  - Multi-functional



# Myoelectric Prostheses

- Using biological signals to control movement of prosthetic

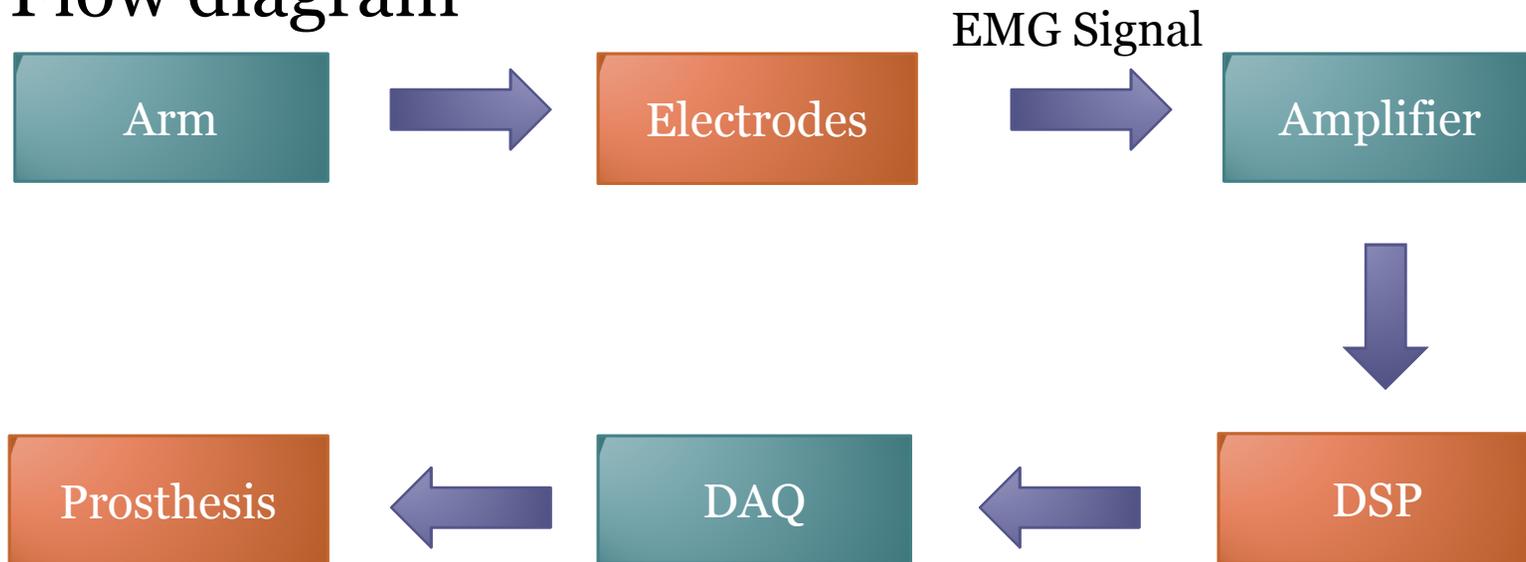


# Myoelectric Prostheses

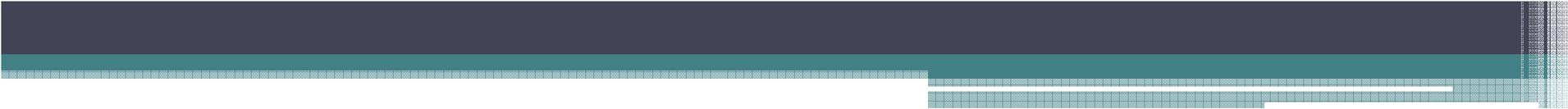
- Uses electrodes to measure action potential
  - Normally obtains signal from two positions for opening/closing
- Emissions measured on skin surface
  - Microvolt level
- Electrodes
  - Signal amplified to use as controls for prosthetic motors
  - External source (6V battery) needed to operate motor

# Myoelectric Prostheses

- Flow diagram



1. Feature extraction
2. Classification of signal

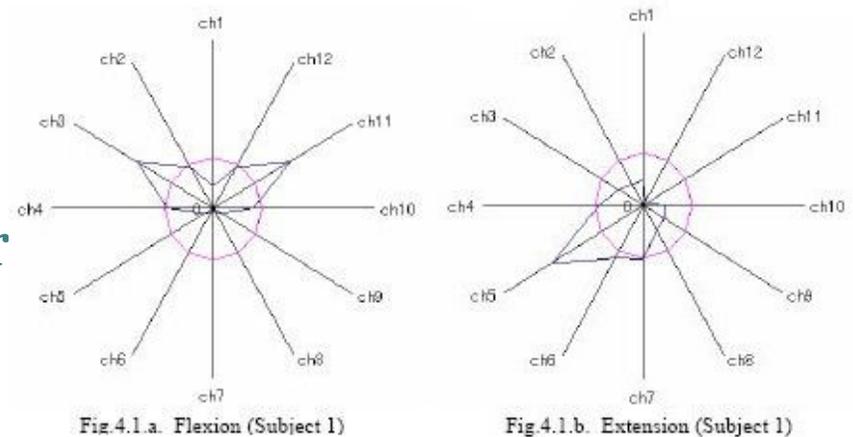


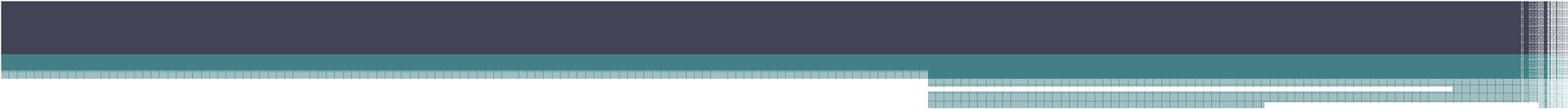
# Electrode Considerations

- Factors affecting EMG signal
  - Muscle atrophy
  - Muscle displacement after amputation or injury
- Changes in signal pattern over time
  - Electrode position
  - Sweat
  - Fatigue

# Electrode Considerations

- Konishi et al.
  - Purpose: find optimal electrode position
  - Band-type multi-electrode
    - Ag-AgCl (10mm diameter)
    - Impedance converter
  - Myoelectric signal amplifier
    - Amplifier gain: 60dB
  - Data processing
    - Sampling Freq at 1 kHz
    - Two processing types: full wave rectification & 10Hz low-pass filtering to get IEMG
  - Display data: Radar plot IEMG





# Electrode Considerations

- Factors affecting EMG signal
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  - Electrode position
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  - Fatigue

# Classifier

- Classifies extracted features into desired motion patterns
  - Herle et al:
  - Ex: Feed-forward neural network (FFNN)
    - Extension, flexion, pronation, supination
  - Feature extraction: amplitude, power spectrum, time-domain

# Classifier

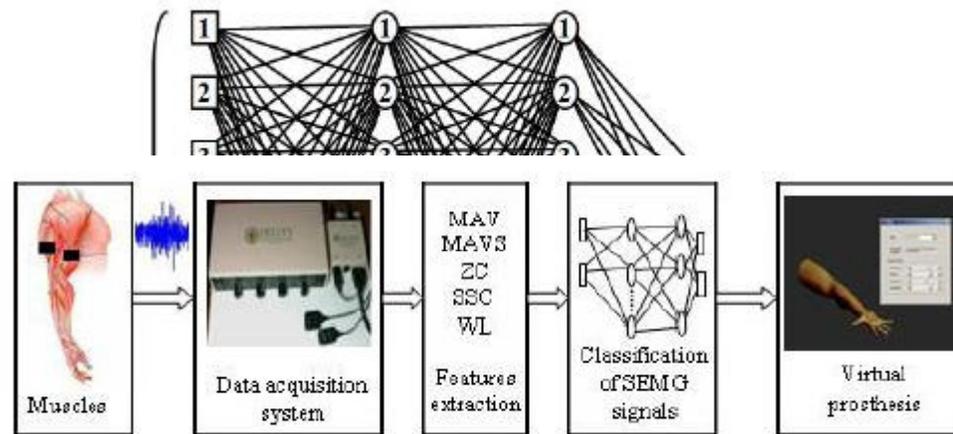


Figure 1. System architecture

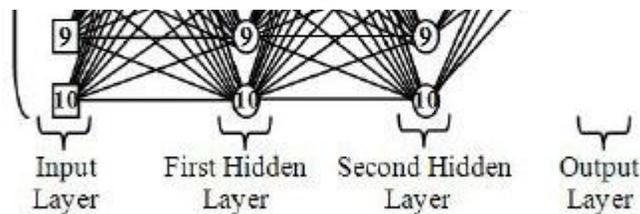
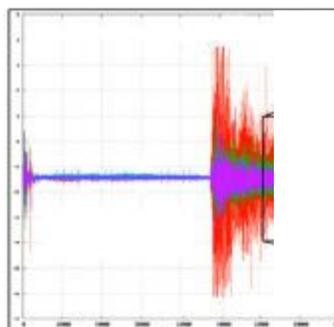


Figure 5. Neural network architecture

# Classifier

- More degrees of freedom requires
  - More motors and more complex classification system
- Boschman
  - Support 'compreh

for robust,



(a)



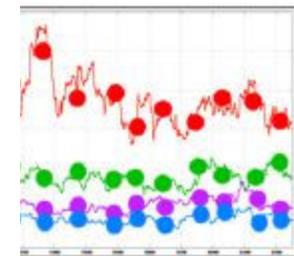
Radial Deviation Ulnar Deviation Hand Open Wrist Extension Wrist Flexion



Key Grip Chuck Grip Rest State Forearm Pronation Forearm Supination

(b)

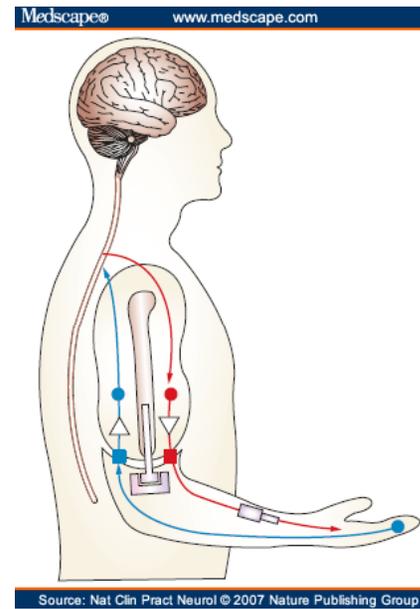
(c)



(d) Image, data source [8,9]

# Myoelectric Prostheses

- **Pros**
  - Robust
  - Simple to implement
  - Non-invasive
- **Cons**
  - “Switch” operated
    - Limited number of channels of control
    - One joint movement at a time (2 D.O.F.)
  - Number of signal sources decreases with level of amputation
  - No sensory function



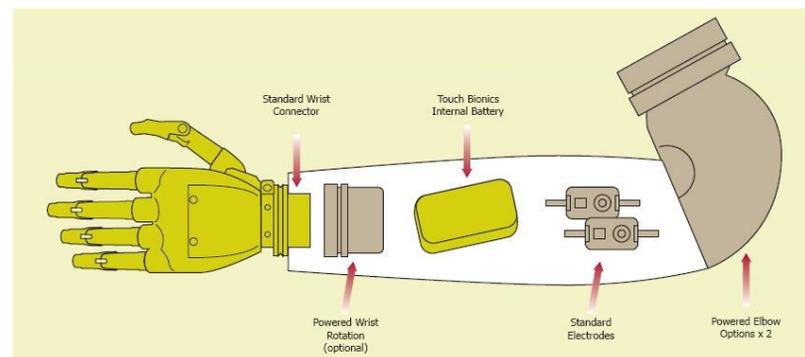
# Myoelectric Prosthetic

- Touch Bionics – i-LIMB
  - First commercially available “true 5-finger hand prosthesis”
  - Controlled by action potential
  - Two input myoelectric (SEMG)
    - Open/close fingers
  - Independently driven motor in each finger
    - Computer in the back of the hand: interprets signals from electrodes



# i-LIMB cont'd

- Drawback
  - Finger control coupled with open/close function, so not completely independent
  - No sensory control to control grip strength
    - Pre-programmed grip patterns to learn
  - Signal not physiologically relevant

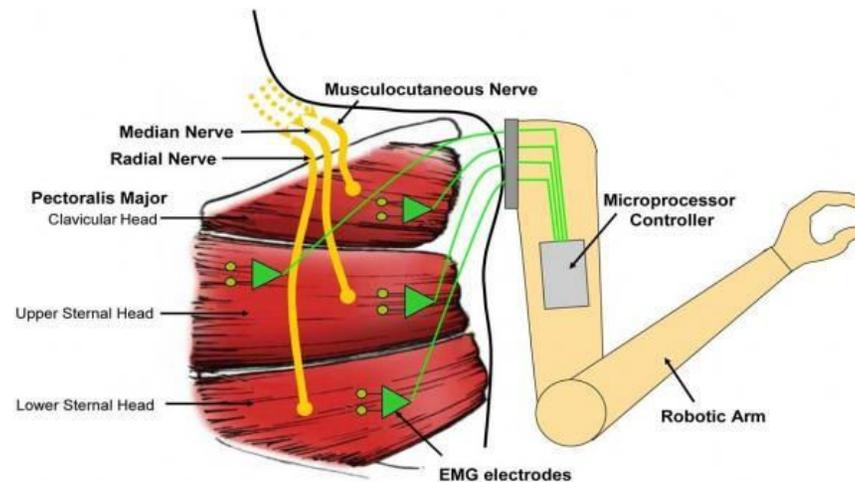


# Multi-function

- Myoelectric Summary
  - Effective but limited
  - Non-physiologically relevant signals
    - Causes control complexity, complicates user training
- To circumvent:
  - Targeted Muscle Reinnervation (TMR)
  - Implanted electrodes

# Targeted Muscle Reinnervation

- Neural-machine interface
  - Takes nerves that innervated severed limb, redirects them to proximal muscle and skin sites
  - Redirect high to low functional significance



# Targeted Muscle Reinnervation

- Muscles serve as biological amplifiers of motor commands
- Bipolar EMG electrodes placed on skin over reinnervated muscles

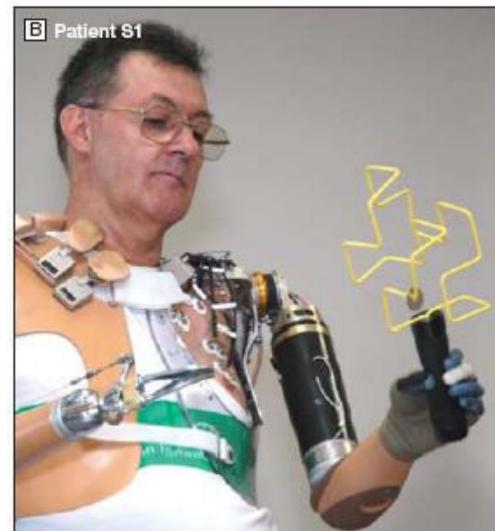


Image source [14,17], Data source [16]

# Targeted Muscle Reinnervation

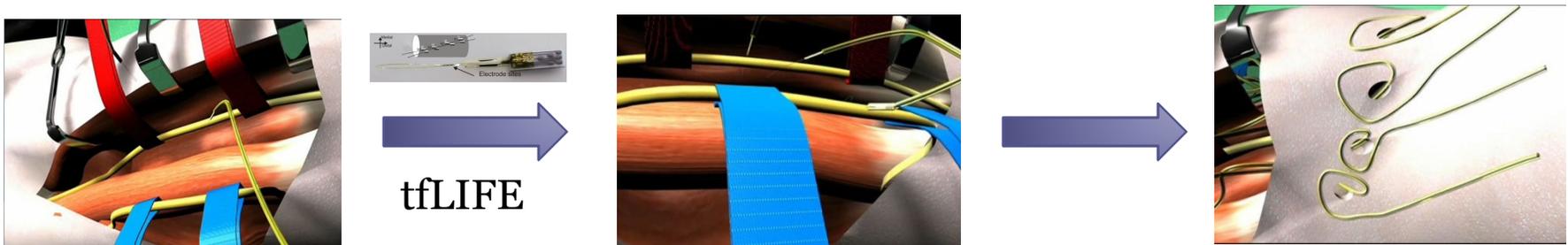


# Targeted Muscle Reinnervation

- Pros
  - Simultaneous control of multiple D.O.F.
    - 14/21 D.O.F. (DeKa)
  - Natural feel, connection to nervous system
  - Potential for sensory feedback
    - TSR
- Cons
  - Invasive
  - Controlling EMG signal isolation
  - SEMG concerns

# Implanted Electrodes

- Neuroprosthetic interface
  - Allows for sensory feedback and higher number of control channels
  - Four miniature electrodes (thin-film longitudinal intra-fascicular electrodes [tfLIFE]) implanted in the nerve



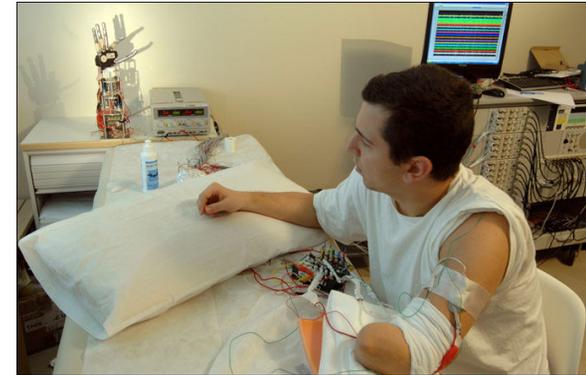
# Implanted Electrodes

- Pros

- Accurate, complex hand movement allowed
- Hand movement truly controlled by thought

- Cons

- Implant remains in patient only a month at a time
- Technology not yet perfected
- Invasive



# Future Steps

- Ultimate goal:
  - Arm that ties directly into nervous system
- Increase degrees of freedom of prosthetic arm
- Feature Extraction
  - Optimizing classifier
- Sensory Functions
  - Targeted Sensory Reinnervation
  - FILMskin

# Future Steps

- Electrode technology (tfLIFE)
  - Biocompatibility
  - Integrity of signal
- Darpa Funded
  - JHU Applied Physics Laboratory
  - Rehabilitation Institute of Chicago
  - DeKa Research (Dean Kamen)
- European Union Funded
  - University of Rome (Bio-Medical Campus)

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