Human Musculoskeletal Dynamic Modeling: Current Research and Objectives

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Human-Assistive Robotic Technologies (HART) Lab

OVERVIEW





Levels of human modeling abstraction



Why model musculoskeletal dynamics?

Human dynamical modeling is essential for many applications.

- understanding forces imperative in physical HRI
- non-physiological models cannot sufficiently predict dynamics



Gamma exoskeleton, HART Lab 2016





Why model musculoskeletal dynamics?

Human dynamical modeling is essential for many applications.

- understanding forces imperative in physical HRI
- non-physiological models cannot sufficiently predict dynamics

It's also difficult.

- complex dynamical system
- morphological variation
- limited sensing (esp. non-invasive)





Objectives & Approach

We seek to:

- develop a dynamical modeling framework of the human arm
- understand the assumptions made when simplifying these models



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For clarity, we define:

- **Project I**: multi-sensor minimal modeling of the human arm (UCB)
- **Project II**: multi-subject MRI data analysis and dynamical simulation (Stanford-UCB collaboration)





parameters that must be measured precisely



PROJECT I (UCB)

Multi-Sensor Minimal Modeling of the Human Arm



Goal: Predictive Upper-Limb Model

- predicts contact forces / joint torques of interest
- accommodates musculoskeletal pathology
 - injury
 - disease (e.g., MD)
- individualized
- computationally tractable





Existing Human Dynamical Models





Our Objective





Starting Point: Simplified Model



- single individual
- elbow joint (hinge)
- single aggregate "muscle"
- static
- Inputs:
 - $\bar{a}\,$ normalized activation (sEMG)
 - heta joint angle (motion capture)
- Outputs:
 - au elbow torque



Starting Point: Simplified Model

Assuming muscle force-length relation

$$F_m(\bar{l}) = F_0(\beta_1 \bar{l}^2 + \beta_2 \bar{l} + \beta_3)$$

and normalized muscle activation and length





the dynamics relation of each (\bar{a}, τ, θ) pair is described by

$$\begin{bmatrix} \tau_{in,1} + rF_{in,1} - \frac{1}{2}mg\sin\theta_{1}r\\ \vdots\\ \tau_{in,n} + rF_{in,n} - \frac{1}{2}mg\sin\theta_{n}r \end{bmatrix} = \begin{bmatrix} \tau_{1}\\ \vdots\\ \tau_{n} \end{bmatrix} = F_{0}r_{l}r_{u} \begin{bmatrix} \frac{l_{1}}{l_{opt}^{2}}\sin\theta_{1}\bar{a}_{1} & \frac{1}{l_{opt}}\sin\theta_{1}\bar{a}_{1} & \frac{1}{l_{1}}\sin\theta_{1}\bar{a}_{1}\\ \vdots\\ \frac{l_{n}}{l_{opt}^{2}}\sin\theta_{n}\bar{a}_{n} & \frac{1}{l_{opt}}\sin\theta_{n}\bar{a}_{n} & \frac{1}{l_{n}}\sin\theta\bar{a}_{n} \end{bmatrix} \begin{bmatrix} \beta_{1}\\ \beta_{2}\\ \beta_{3} \end{bmatrix}$$

$$T$$

$$W$$



Simplified Model Validation

Can we expect to learn muscle force-length relation from the data we have?

Hypothesize Approximate System

- Set morphological parameters to approximate biceps
- Assume force-length curve:





Simplified Model Validation

Can we expect to learn muscle force-length relation from the data we have?

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Simplified Model Validation

Can we expect to learn muscle force-length relation from the data we have?



base parameters



Experimental Setup

~400 (\bar{a}, τ, θ) data points

- \bar{a} via single-channel sEMG (Myo on upper arm)
- τ via F/T sensor (mounted to UR5 robot)
- θ calculated from images (15 waypoints)





Preliminary Results

The generated (\bar{a}, τ, θ) surface is qualitatively reasonable and fits the data well, and the predicted force-length relation is biologically reasonable.





Future Work: sEMG → AMG

sEMG

- sensitive, noisy
- aggregate
- based on neurological signals (neurological disorder → poor signal)
- well-explored



AMG (acoustic myography)

- improved SNR
- aggregate
- based on physiological signals
- novel





Future Work: sEMG \rightarrow Ultrasound





Future Work: Model Improvements

- Extract morphological parameters from
 - MRI (bone volumes, muscle volumes, muscle attachment points)
 - ultrasound (PCSA, tendon length)
- Maintain "minimal modeling" framework while **increasing complexity**
 - multiple muscles
 - dynamic conditions (Hill model)



PROJECT II (Stanford-UCB collaboration)

Multi-Subject MRI Data Analysis and Dynamical Simulation



Motivation

There exist **frameworks for human modeling** ...

- OpenSim / AnyBody
- task-specific models
- our project I model



Motivation

There exist **frameworks for human modeling**

- OpenSim / AnyBody
- task-specific models
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... but there do not exist frameworks that tell us **how good these models are**.



Goal: Quantify Model Accuracy

We seek to examine

- morphological variation across subjects
- existing frameworks' **ability to account for this variation**
- **impact of this variation** on dynamical model prediction accuracy



Dataset: Upper-Limb MRI Scans

- 8-10 subjects, full arm (hand through torso)
- vary in
 - age
 - health
 - height/weight
 - gender



Hand MRI, intermediate phalanx manually segmented, Berkeley 2016



Approach

- extract parameters of interest
 - bone/muscle volumes
 - bone/muscle length
 - muscle-bone attachment points



Segmented muscle data, Stanford 2016



Approach

- extract parameters of interest
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- compare parameters
 - across subjects
 - across perturbed subjects
 - with best canonical model approximation (e.g., OpenSim)



Segmented muscle data, Stanford 2016



Approach

- extract parameters of interest
 - bone/muscle volumes
 - bone/muscle length
 - muscle-bone attachment points
- compare parameters
 - across subjects
 - across perturbed subjects
 - with best canonical model approximation (e.g., OpenSim)
- evaluate each parameter's impact on predicted dynamics (contact forces, joint torques) using Stanford's SCL



Segmented muscle data, Stanford 2016



Preliminary Results: Hand/Auto





Preliminary Results: Hand/Manual





Preliminary Results: Forearm/Auto





Preliminary Results: Forearm/Manual





Preliminary Results: Comparison















SUBJECT 2







SUBJECT 3

Preliminary segmentation results **show significant morphological variation across subjects** that cannot be modeled in existing frameworks.



Preliminary Results: Comparison



Subject-Specific Model Bone (radius)

MRI vs. canonical, Stanford 2016



Preliminary Results: Simulation



Model resolution comparison, Stanford 2016



PROJECT I & II CONCLUSIONS



Conclusions

By investigating both

- multi-sensor modeling of a single subject, and
- large-scale morphological modeling of many subjects,

we seek to generate a modeling framework that surpasses existing models in predictive accuracy while remaining useful in a wide range of applications.



People (Musculoskeletal Modeling)

UC Berkeley















R. Bajcsy

L. Hallock

R. Matthew

S. Seko

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Stanford Collaborators







S. Menon





SIEMENS

Berkeley

Artificial Intelligence Research Laboratory







Conference Papers

L.A. Hallock, R.P. Matthew, S. Seko, and R. Bajcsy. "Sensor-Driven Musculoskeletal Dynamic Modeling." International Conference of the IEEE Engineering in Medicine and Biology Society (EMBC), 2016. (late-breaking report)

S. Menon, T. Migimatsu, and O. Khatib." A Parameterized Family of Anatomically Accurate Human Upper-Body Musculoskeletal Models for Dynamic Simulation & Control." *IEEE RAS International Conference on Humanoid Robots*, 2016.

Technical Reports

L.A. Hallock, R.P. Matthew, S. Seko, and R. Bajcsy. (2016) "Sensor-Driven Musculoskeletal Dynamic Modeling." UC Berkeley EECS, Tech. Rep. UCB/EECS-2016-66.

