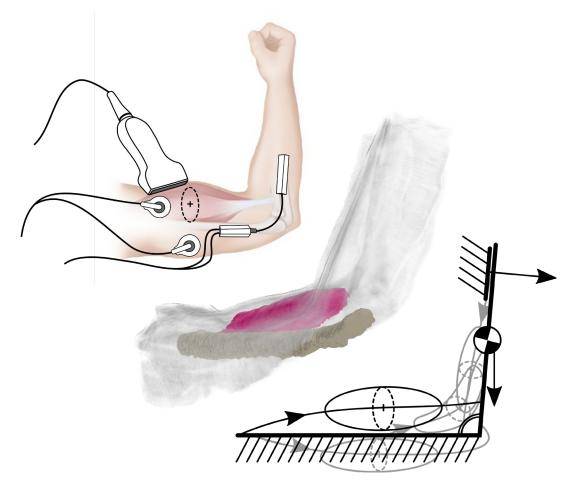
A systematic modeling framework for deformation-based muscle force inference

Laura Hallock STU Visit 2019.07.30







"Despite great scientific efforts, we have **no accurate, non-invasive, and simple way of measuring** [or predicting] individual muscle forces . . . during human movement. I believe [solving this problem] will catapult our understanding of animal movements and locomotion into new and exciting dimensions."

- Walter Herzog, 2017



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Safe and Expressive Device Control



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Safe and Expressive Device Control

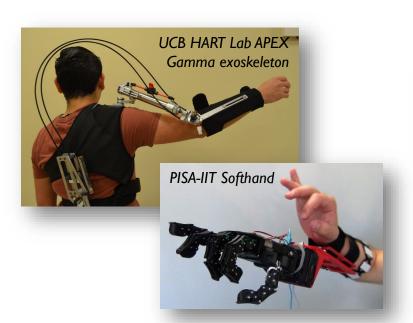
Understanding of Highly Dexterous Movements





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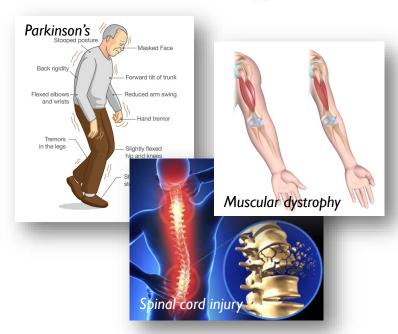


Understanding of Highly Dexterous Movements



— Walter Herzog, 2017

Diagnosis and Rehabilitation of Pathology



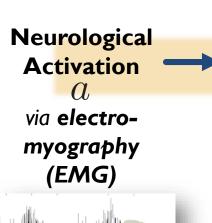


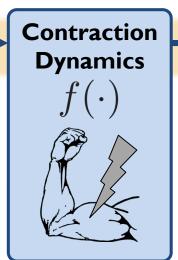
Muscle Force Inference: State-of-the-Art Shortcomings

Muscle Output

Force

 $F_m = f(a)$





Muscle Force Inference: State-of-the-Art Shortcomings

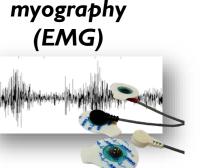
Muscle Output

Force

 $F_m = f(a)$

Neurological
Activation

(l)
via electro-



Contraction Dynamics

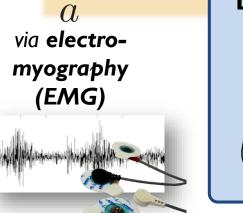


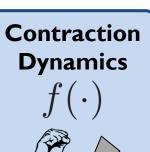
EMG is:

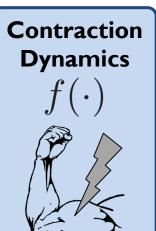
- noisy
- surface-only (if non-invasive)
- sensitive to electrode placement
- aggregate
- based on neurological signals (not directly correlated with force output)

Muscle Force Inference

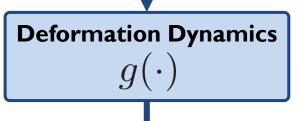
Neurological **Activation** via **electro**myography







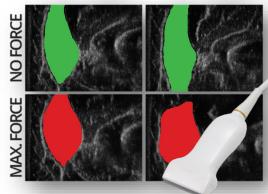




Muscle Deformation

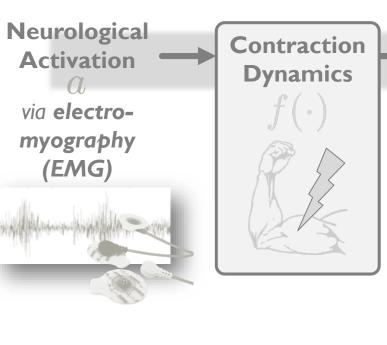
$$D = g(F_m)$$

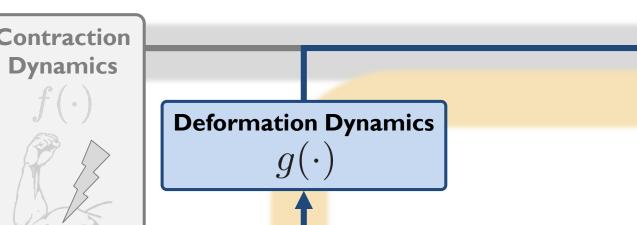
$$\theta = 25^{\circ}$$
 $\theta = 69^{\circ}$



via **ultrasound**

Muscle Force Inference: Our Approach





Muscle Output Force

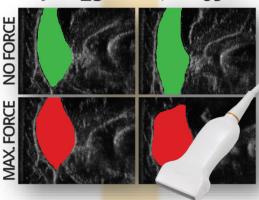
$$F_m = f(a)$$

$$= g^{-1}(D)$$

Muscle Deformation

$$D = g(F_m)$$

$$\theta = 25^{\circ}$$
 $\theta = 69^{\circ}$



via **ultrasound**

Deformation is a highly localized mechanical signal, allowing for measurement of individual muscle force without considering the neurological feedback loop. (Until we want to explicitly study it!)



Muscle Force Inference: Our Approach

Neurological Activation

> via electromyography (EMG)



CORE HYPOTHESIS

Individual muscle force can be inferred from muscle **deformation**, which can be detected via ultrasound.

This relationship can be measured and quantified because changes in muscle shape reflect changes in tendon length, and therefore tendon stiffness, the mechanism by which force is imparted to the skeleton.

Muscle Output Force

$$= f(a)$$

$$= a^{-1}(D)$$

nechanical individual the we want



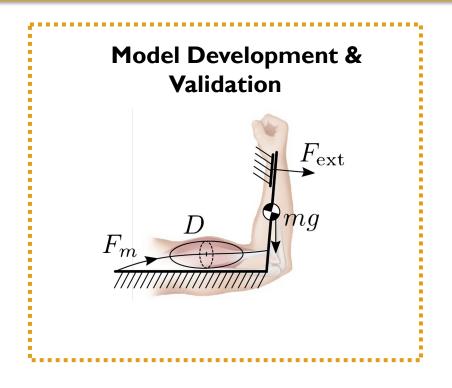
13

CORE OBJECTIVE

We seek to measure **individual muscle forces** in vivo via **ultrasound** based on **shape changes** under loading.

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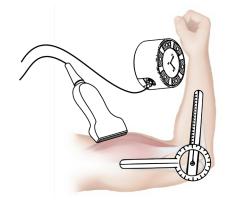




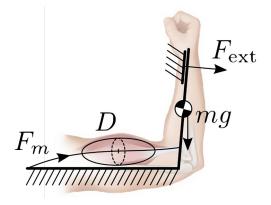
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We seek to measure **individual muscle forces** in vivo via **ultrasound** based on **shape changes** under loading.

I Exploratory Data Set Generation



II Model Development & Validation

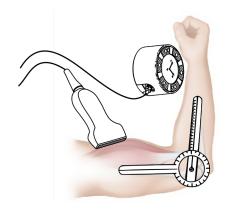




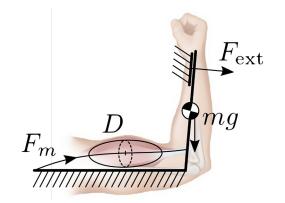
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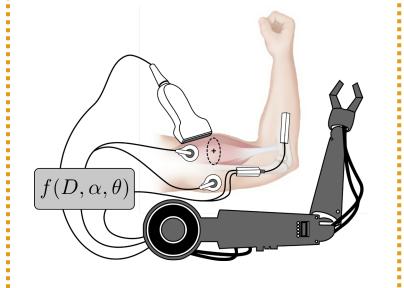
| Exploratory Data Set | Generation



II Model Development & Validation



III Proof-of-Concept Applications

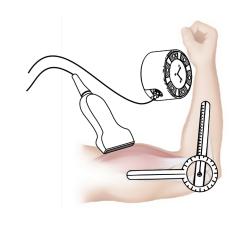


Alternate Modalities, Schedule, & Conclusions

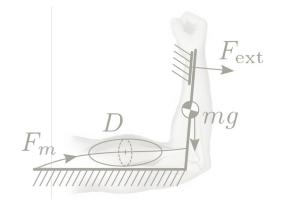
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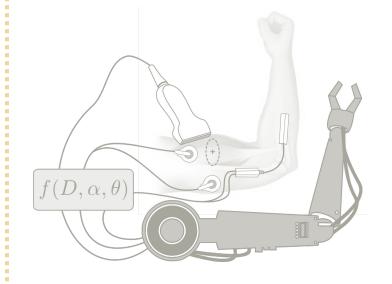
| Exploratory Data Set | Generation



II Model Development & Validation



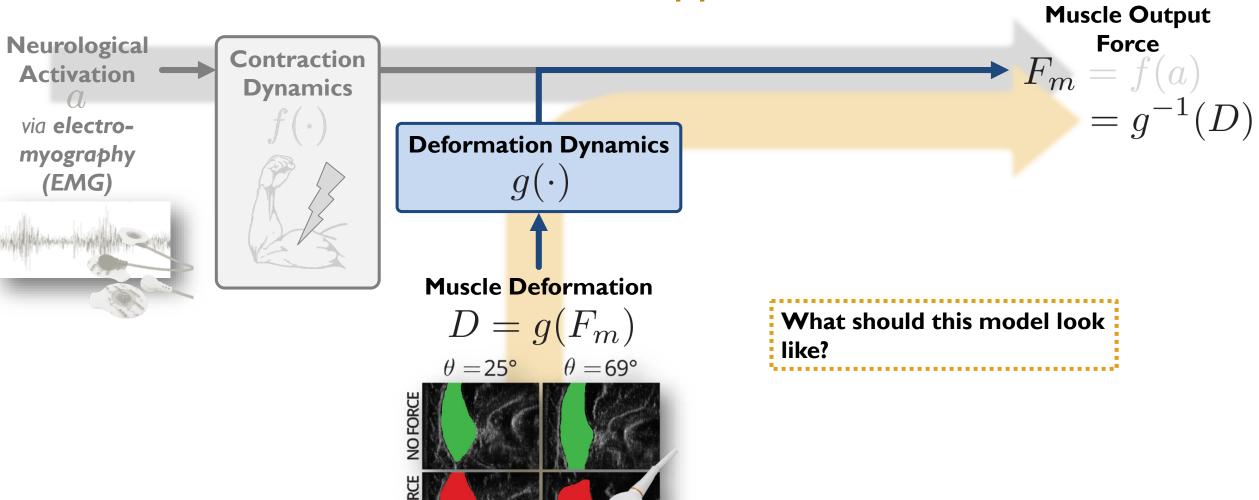
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Alternate Modalities, Schedule, & Conclusions

18

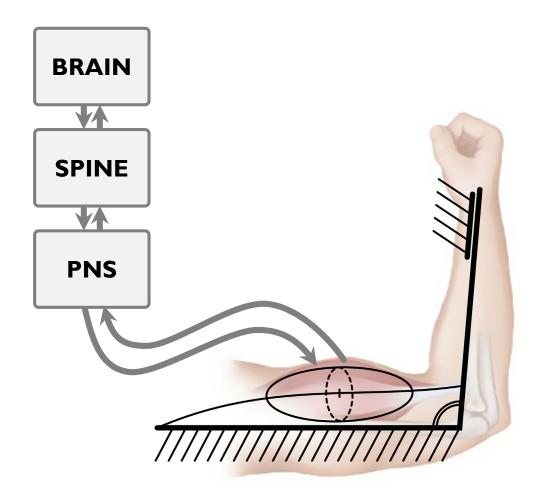
Muscle Force Inference: Our Approach





via **ultrasound**

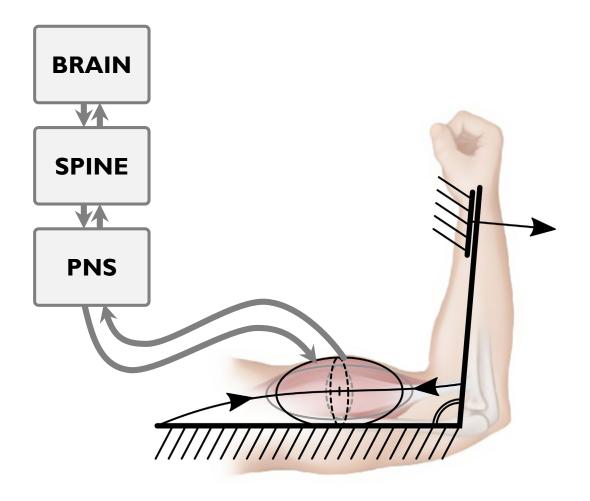
(Simplified) Biological Mechanism



When muscles are activated by the nervous system, they contract, extending springlike **tendons**, which impart force to the skeleton.

Muscles are **isovolumetric**, so **decreases in muscle length** result in **increases in crosssectional area** that should be visible in our data set.

(Simplified) Biological Mechanism

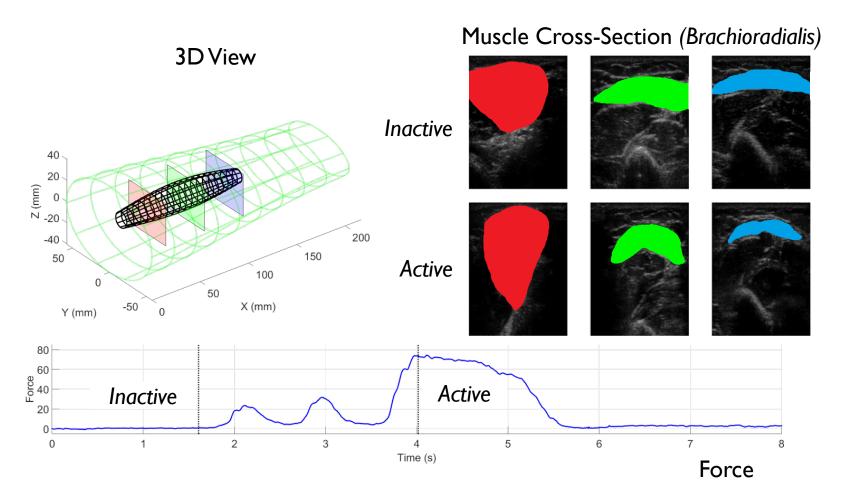


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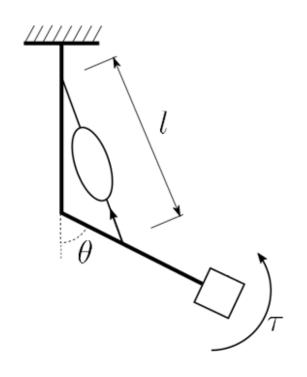
Deformation Modeling Challenges

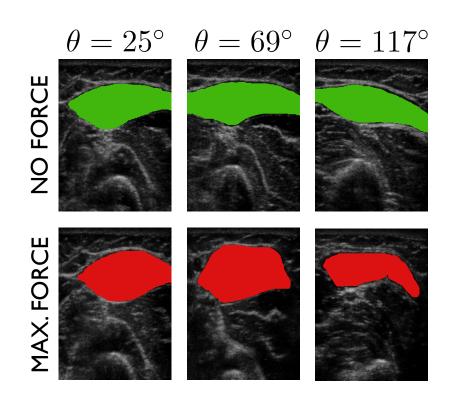
1. Observed deformation varies substantially with sensor location.



Deformation Modeling Challenges

- 1. Observed deformation varies substantially with sensor location.
- 2. Deformation occurs under changes in both kinematic configuration and force output.





Deformation Modeling Challenges

- 1. Observed deformation varies substantially with sensor location.
- 2. Deformation occurs under changes in both kinematic configuration and force output.

To build a model that can robustly infer muscle force, we need to observe the **entire muscle** under **multiple** (ideally, factorial) **joint positions** and **loading conditions**.



Data Collection Setup: Ultrasound + Motion Capture

Raw Data Collection
via Ultrasound & Motion Capture

Volumetric Reconstruction
via PLUS Toolkit

In ITK-SNAP

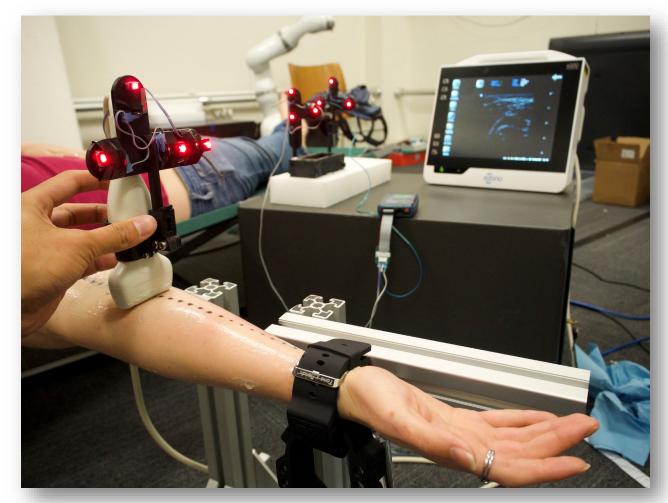
Using motion capture to track the ultrasound probe position, we can generate full 3D scans of the arm under static conditions.

Preliminary Data Set

Model target: elbow flexors (biceps brachii, brachialis, brachioradialis)

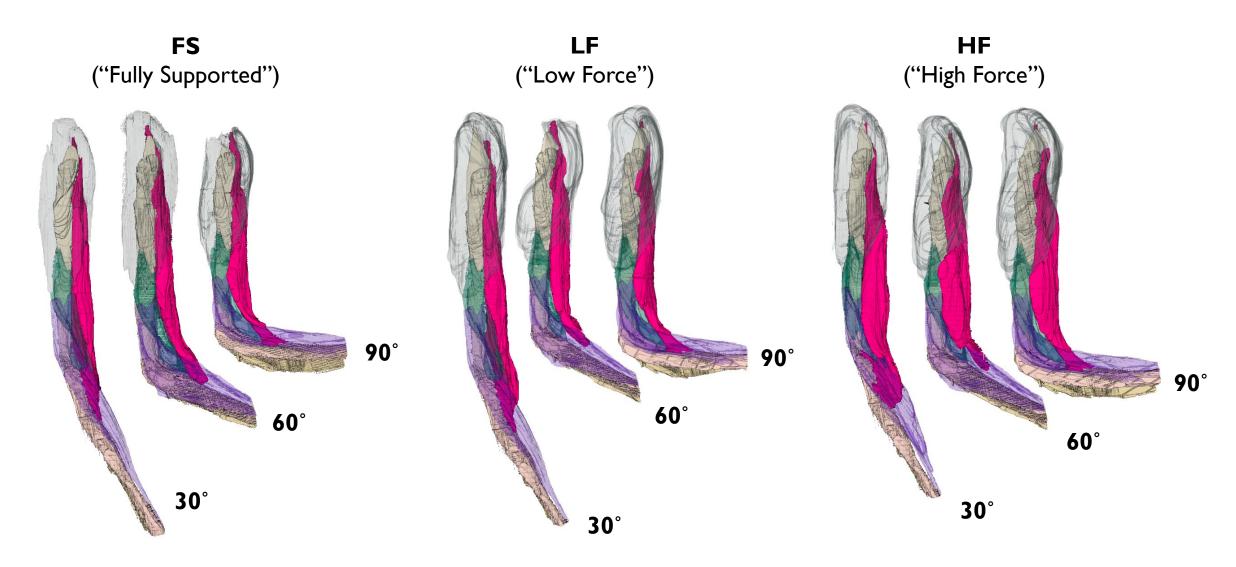
Data set:

- 3 subjects (1 F, 2 M)
- full arm ultrasound volumetric scan
- 4 elbow flexion angles, 0–90°
- 5 loading conditions
 - FS: fully supported
 - GC: gravity compensation only
 - LF: light wrist weight (~225g)
 - MF: medium wrist weight (~725g)
 - HF: heavy wrist weight (~950g)

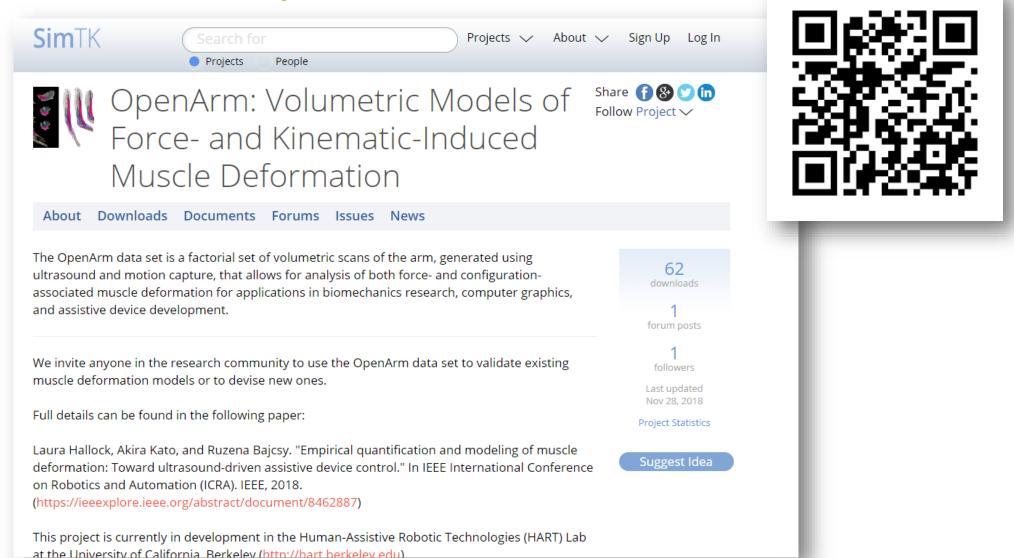


Ultrasound volumetric data collection, HART Lab 2017

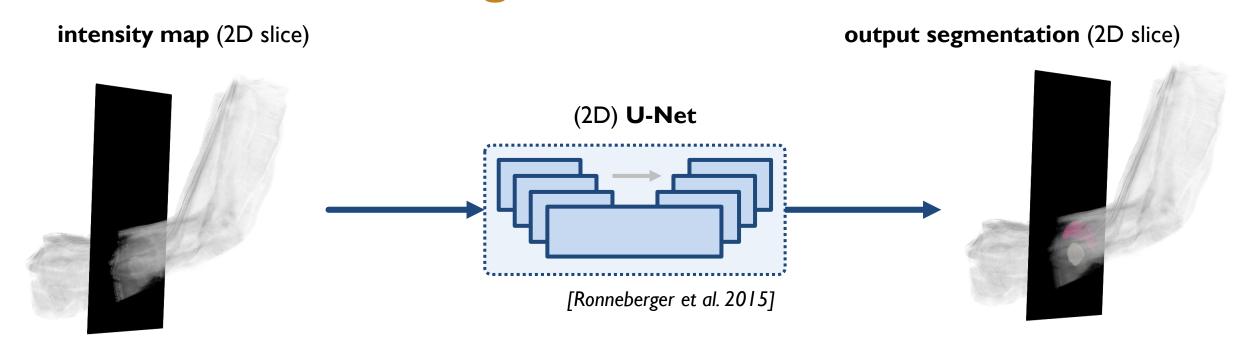
Preliminary Results: Qualitative

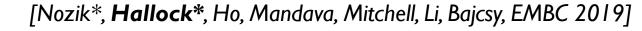


Data Set Release: OpenArm 1.0









intensity map (2D slice)

(2D) U-Net

[Ronneberger et al. 2015]



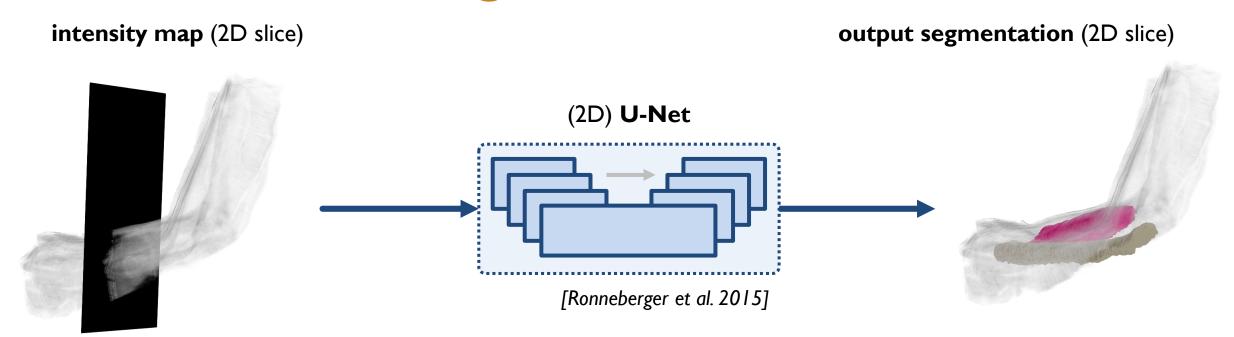
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CNN-based segmentation performs better than classical registration on the **center of the muscle**, where we focus our modeling analyses.





CNN-based segmentation performs better than classical registration on the center of the muscle, where we focus our modeling analyses.



Automated Tissue Segmentation: Preliminary Results

Ground Truth Registration **U-NET** U-NET+EA Multi-Subject U-NET+EA **new** angle, same force, same subject (Sub1, 60°, FS) same angle, **new** force, same subject (Sub1, 30°, P3) same angle, same force, **new** subject (Sub2, 30°, FS)



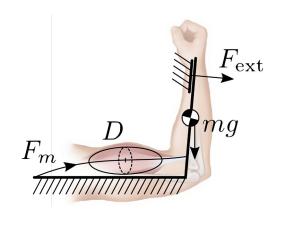
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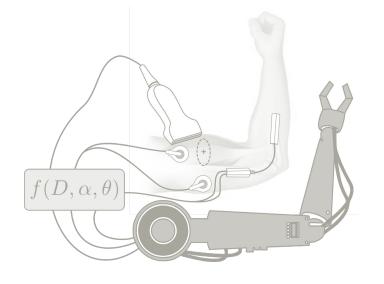
Exploratory Data Set Generation



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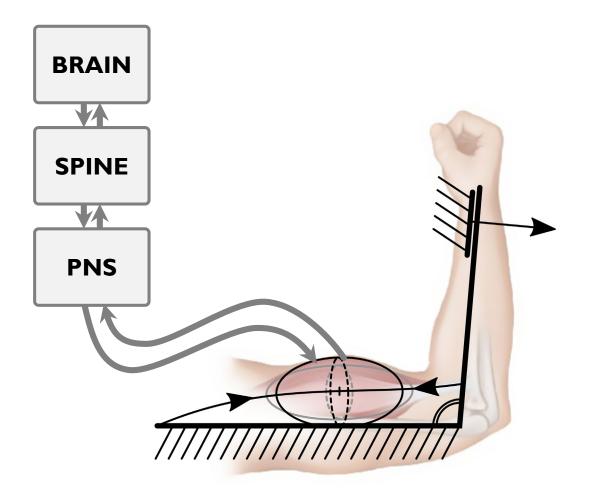


III Proof-of-Concept Applications



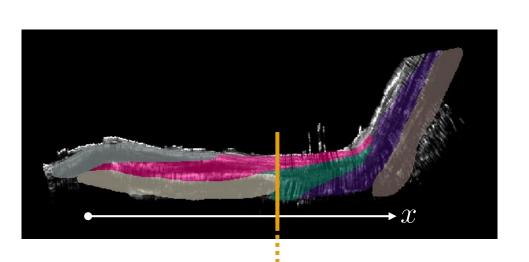
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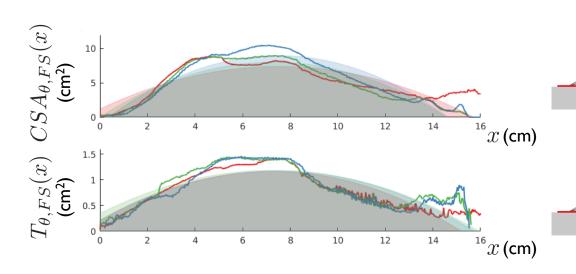
(Simplified) Biological Mechanism



How close is what we observe to the simplified model?

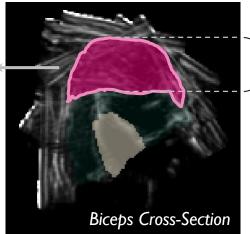






Cross-Sectional Area $CSA_{\theta,LC}(x)$





Thickness

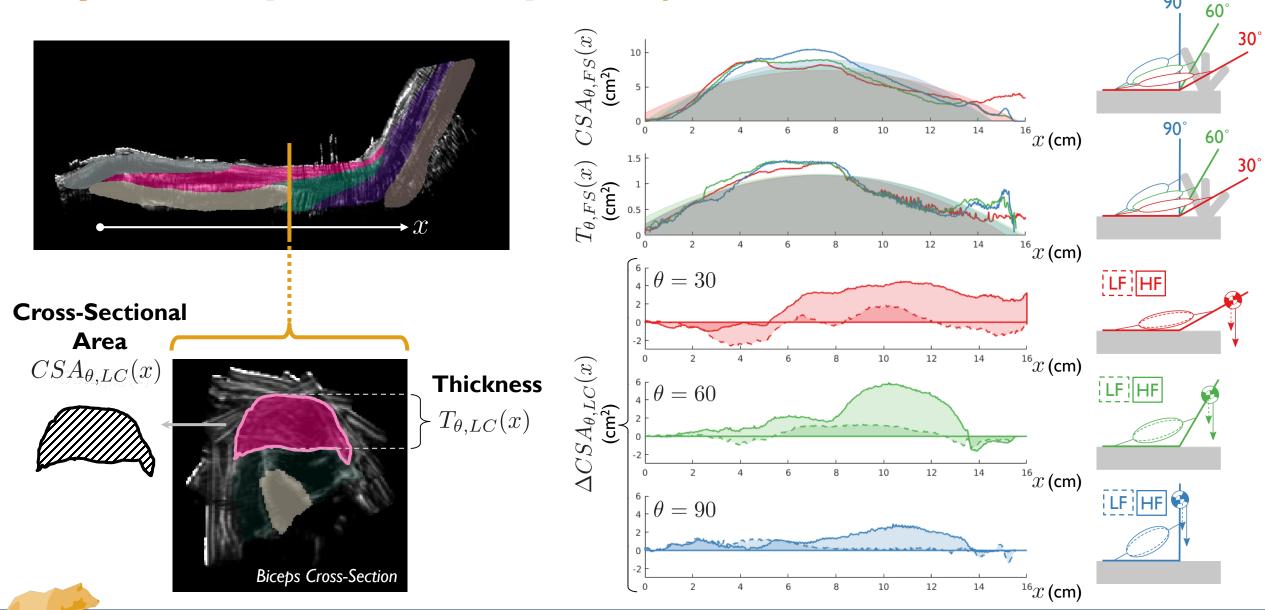
 $T_{\theta,LC}(x)$

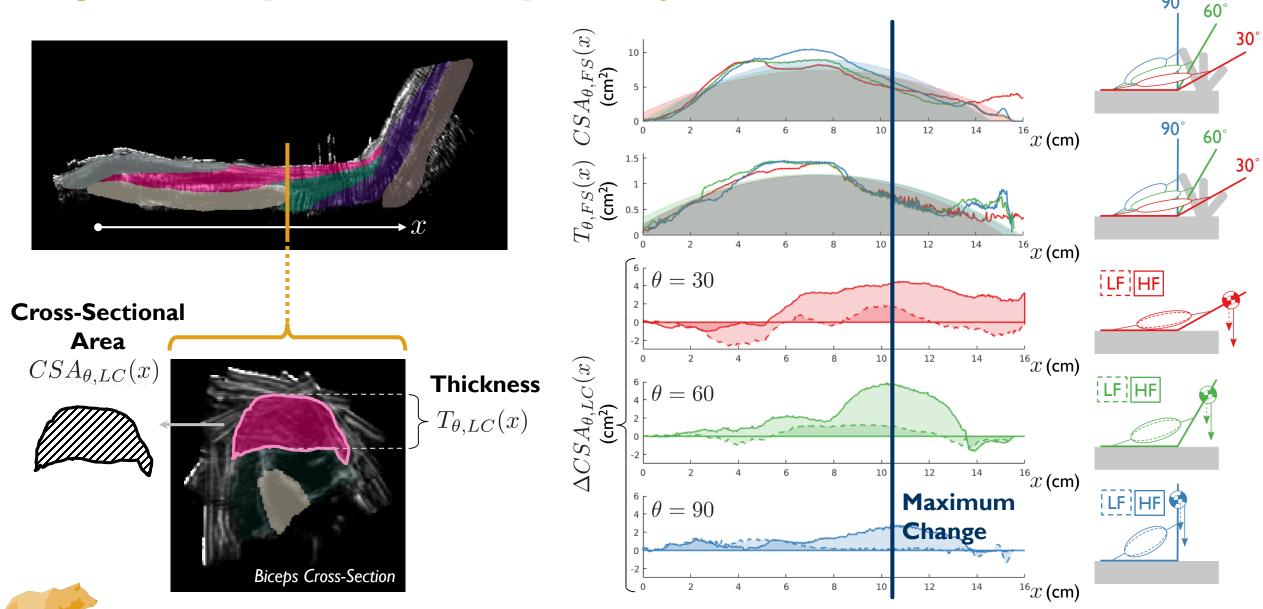
53

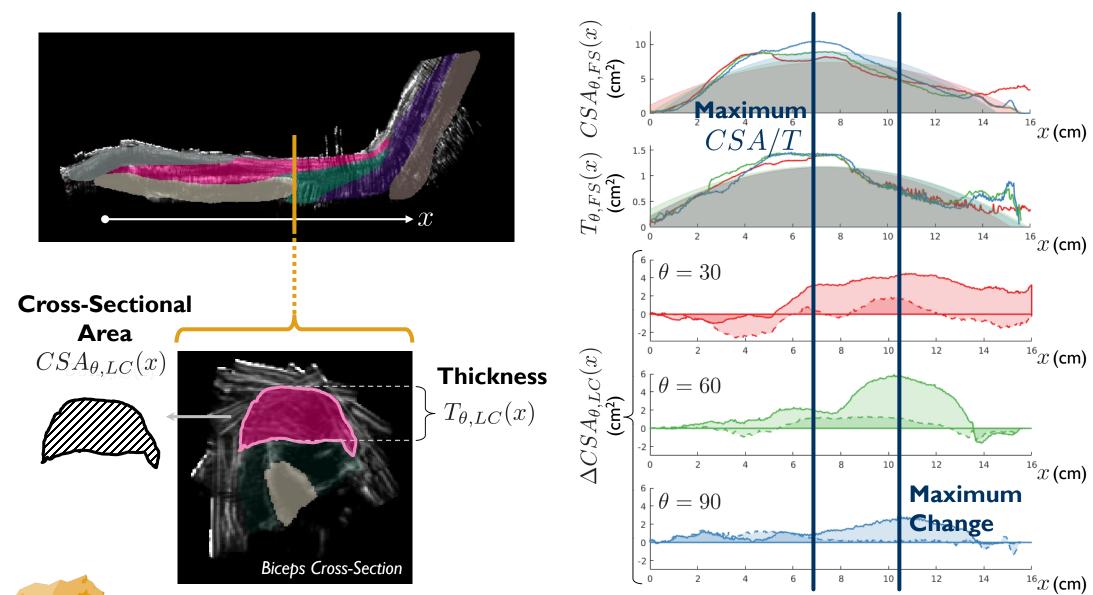
60°

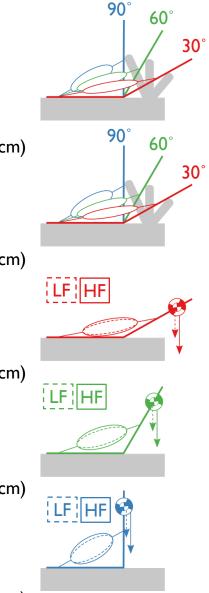
30°

30°

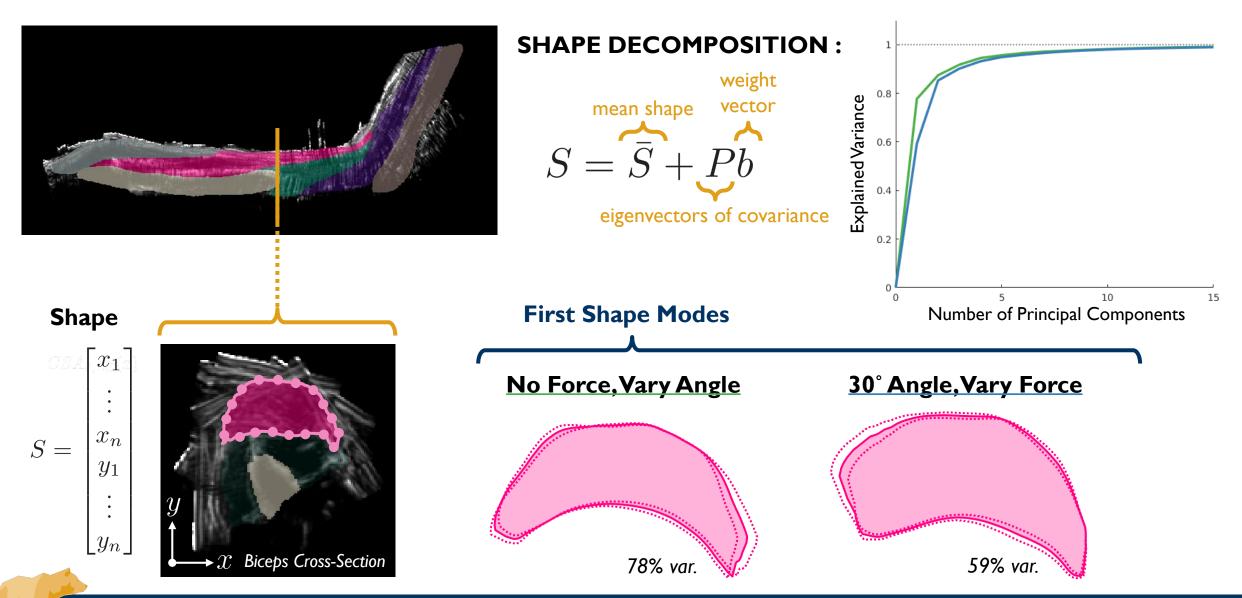


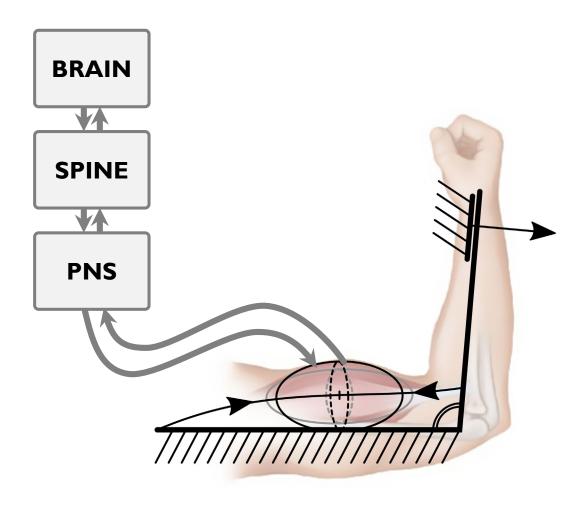






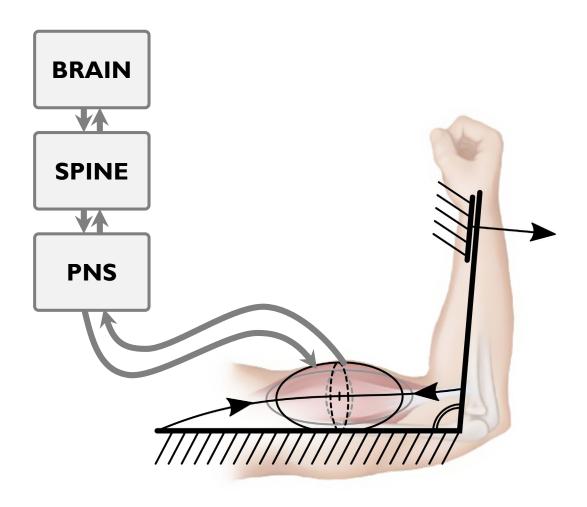
Exploratory Data Analysis: Statistical Shape Modeling





Multi-muscle dynamics

- synergies
- contact forces

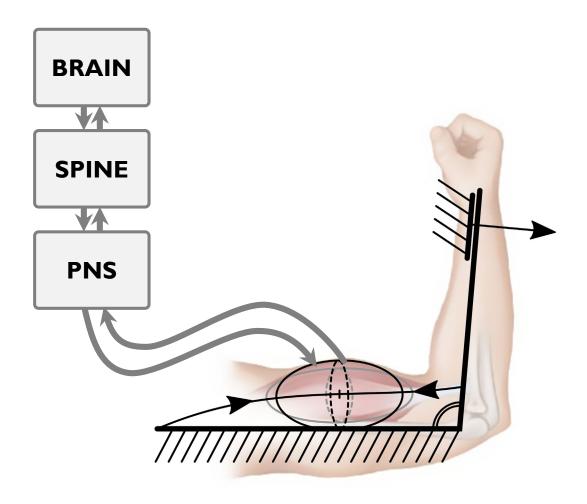


Multi-muscle dynamics

- synergies
- contact forces

Geometric complexity

- nonlinear, config-specific "line of action"
- pennation angle
- tendon/aponeurosis thickness



Multi-muscle dynamics

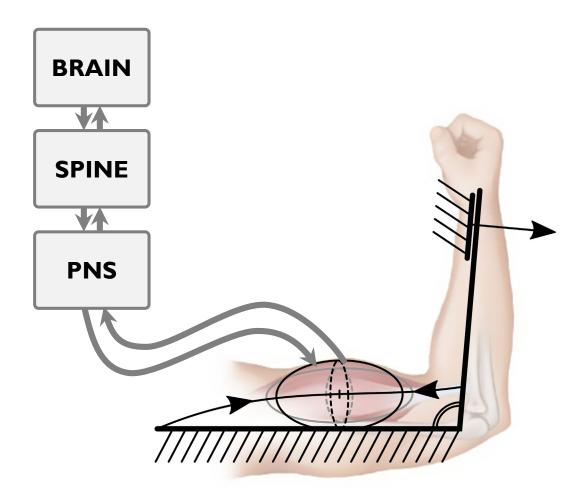
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- fiber type (I or II)
- hysteresis
- concentric vs. eccentric contraction
- fatigue



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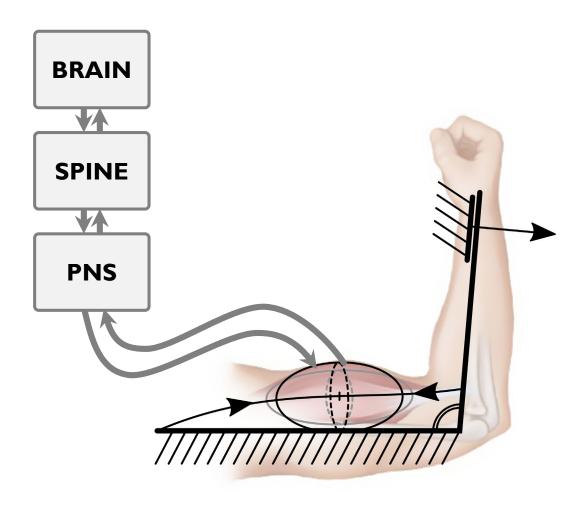
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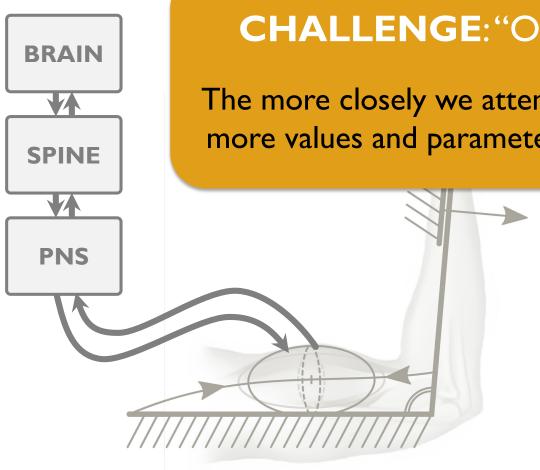
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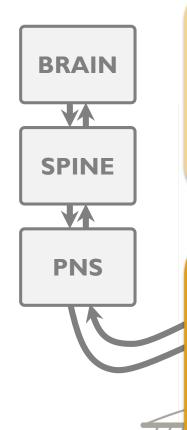


CHALLENGE: "One step forward, one step back"

The more closely we attempt to model biological mechanisms, the more values and parameters we must assume based on literature.

permacion angle

- tendon/aponeurosis thickness
- Mechanical complexity
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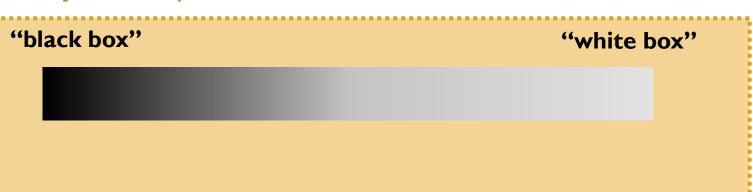
GOAL

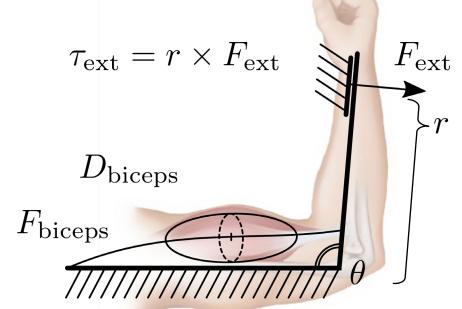
build up a **principled suite of models** that make varying tradeoffs between **collected data** and **literature values** in a **quantifiable manner**

(sidenote: this work can also help validate those literature values!)

feedback vs. feedforward control



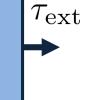




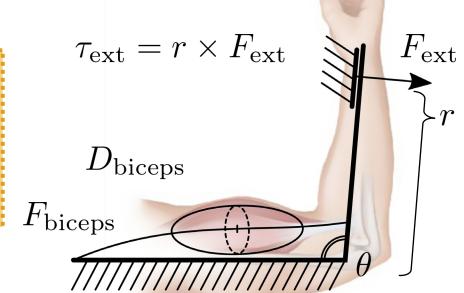


 D_{biceps}

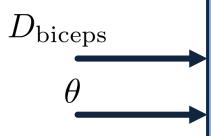
Musculoskeletal Dynamics







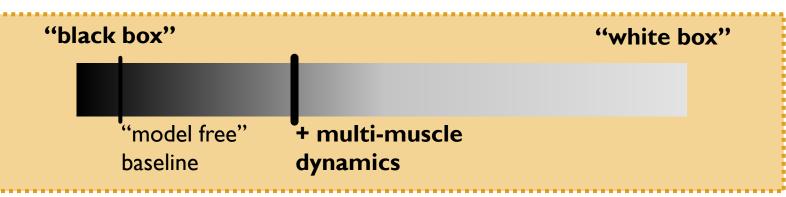


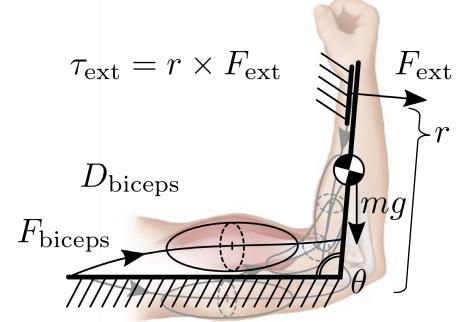


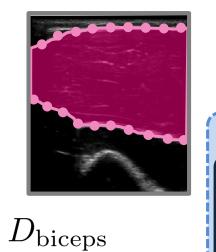
Musculoskeletal Dynamics

$$\tau_{\rm ext} = f_0(\theta, D_{\rm biceps})$$

 $au_{
m ext}$



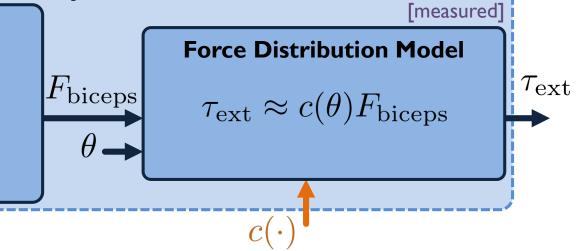




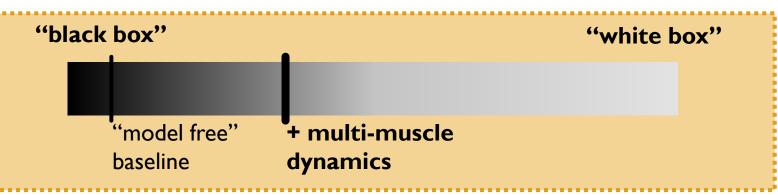
Biceps Contraction Dynamics

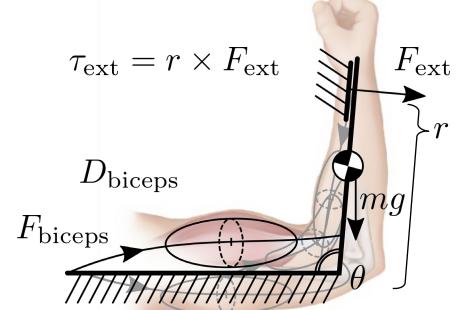
Musculoskeletal Dynamics

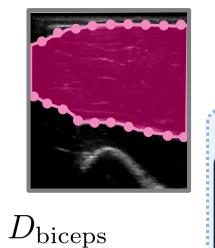
 $F_{\text{biceps}} = f_1(\theta, D_{\text{biceps}})$



[assumed]









Musculoskeletal Dynamics

 $F_{\text{biceps}} = f_1(\theta, D_{\text{biceps}})$

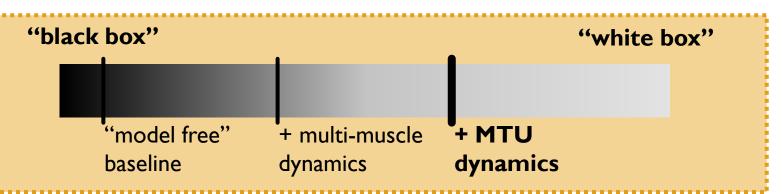
Force Distribution Model

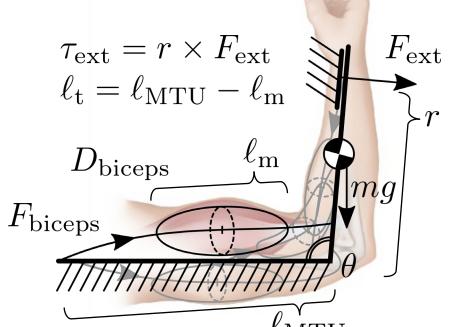
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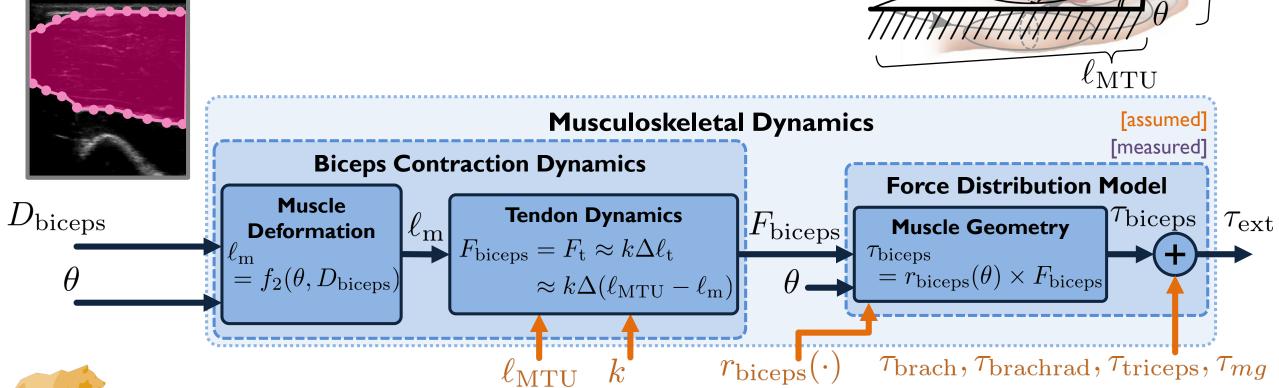
Muscle Geometry

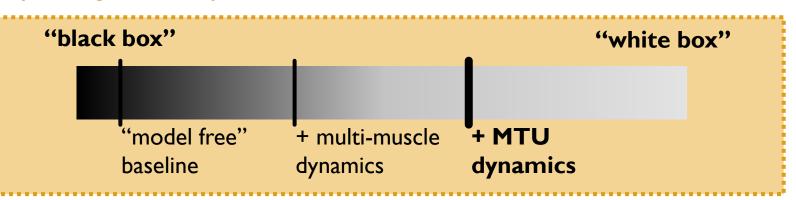
Tbiceps $r_{\text{biceps}}(\cdot)$ Tbrach, T_{brachrad} , T_{triceps} , T_{mg}

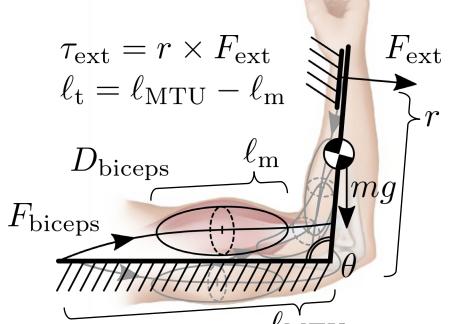
[assumed]

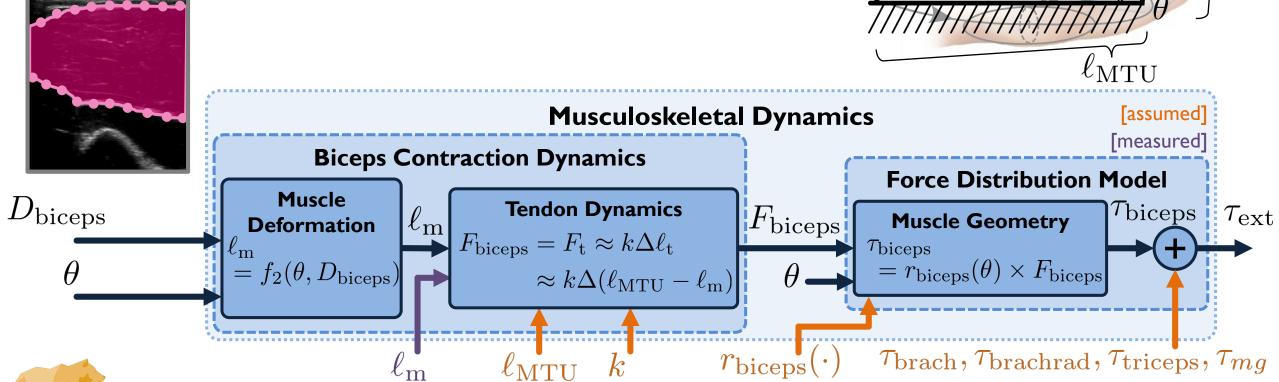


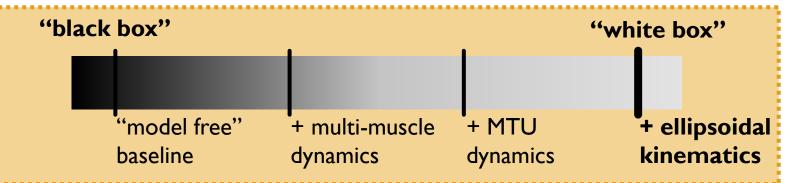


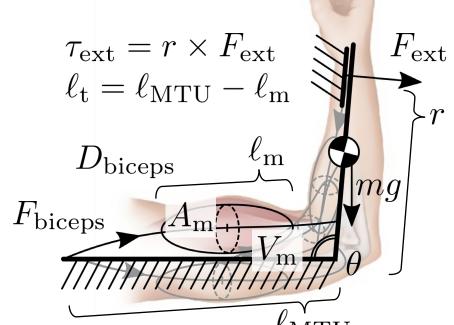


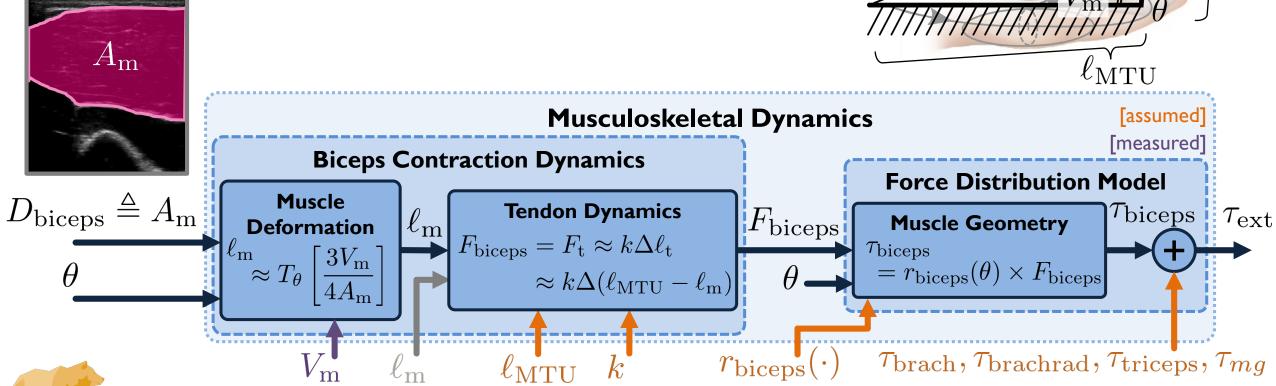










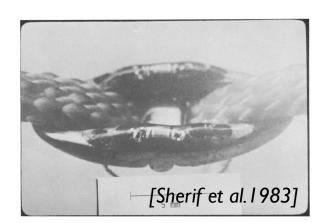


Model Validation

Direct, Invasive Force Measurement

Bridge Ultrasound EMG Transit Strain gauge (spindle length) Force

[Barnes & Pinder 1974]

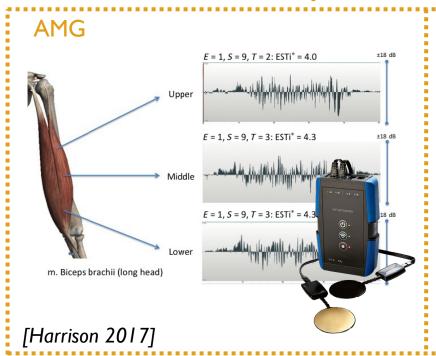


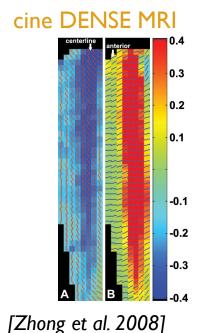
[Hoffer et al. 1989]

[Salmons 1969] [Yager 1972]

Consistency Across Sensors

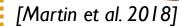
Tapper

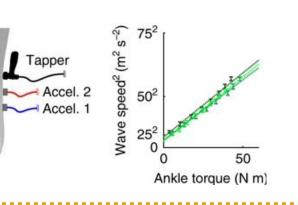




"tapping tendons"







Roadmap

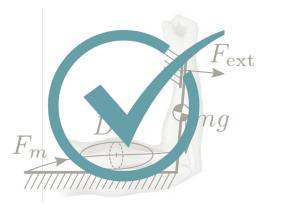
CORE OBJECTIVE

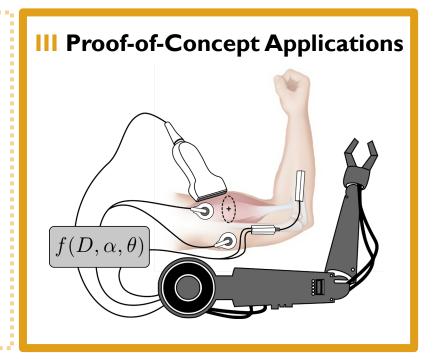
We seek to measure individual muscle forces in vivo via ultrasound based on shape changes under loading.

| Exploratory Data Set | Generation



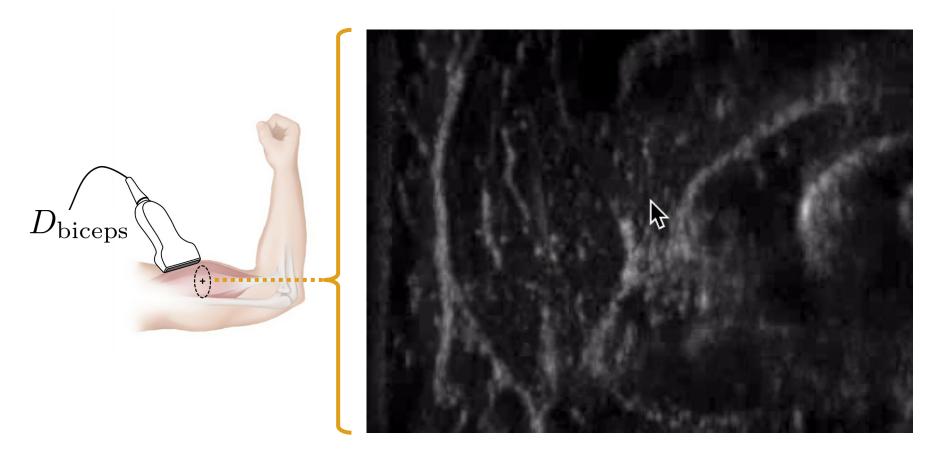
II Model Development & Validation





Alternate Modalities, Schedule, & Conclusions

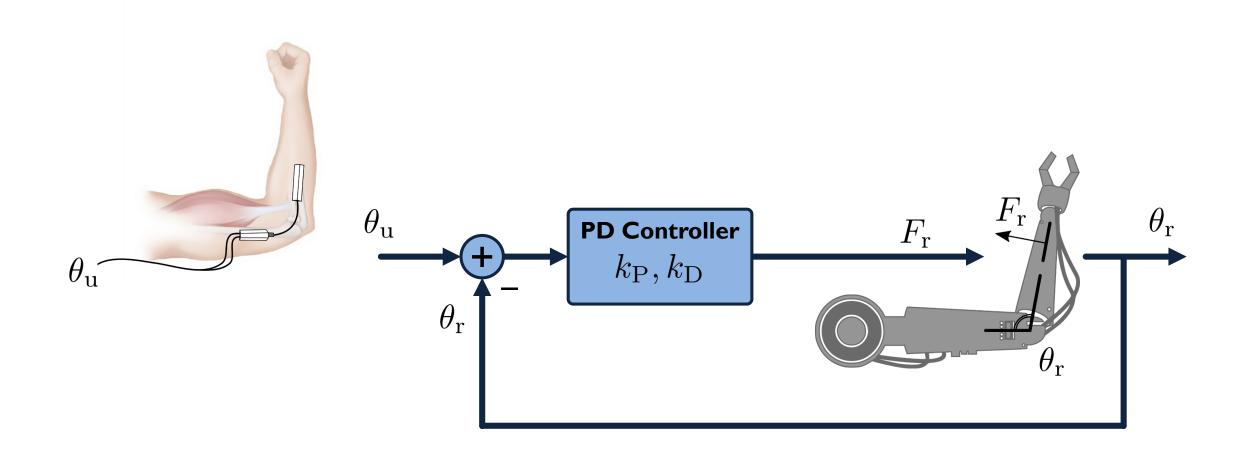
Preliminary Deformation Signal Tracking



Points along the muscle fascia can be **reliably tracked in real time** via Lucas-Kanade optical flow.

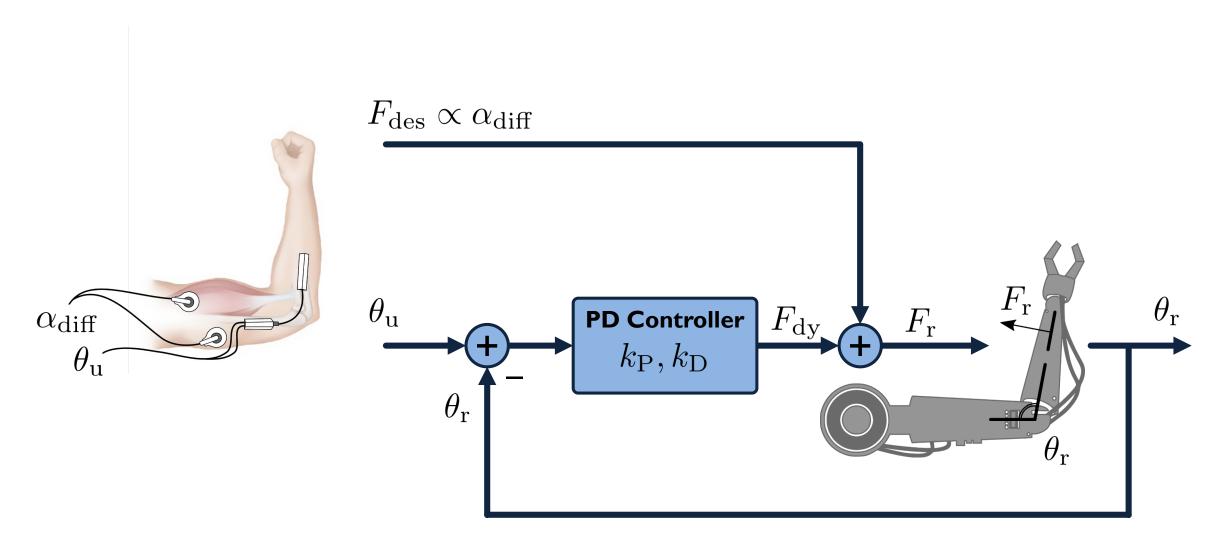


Real-Time Device Control: Robot Teleoperation



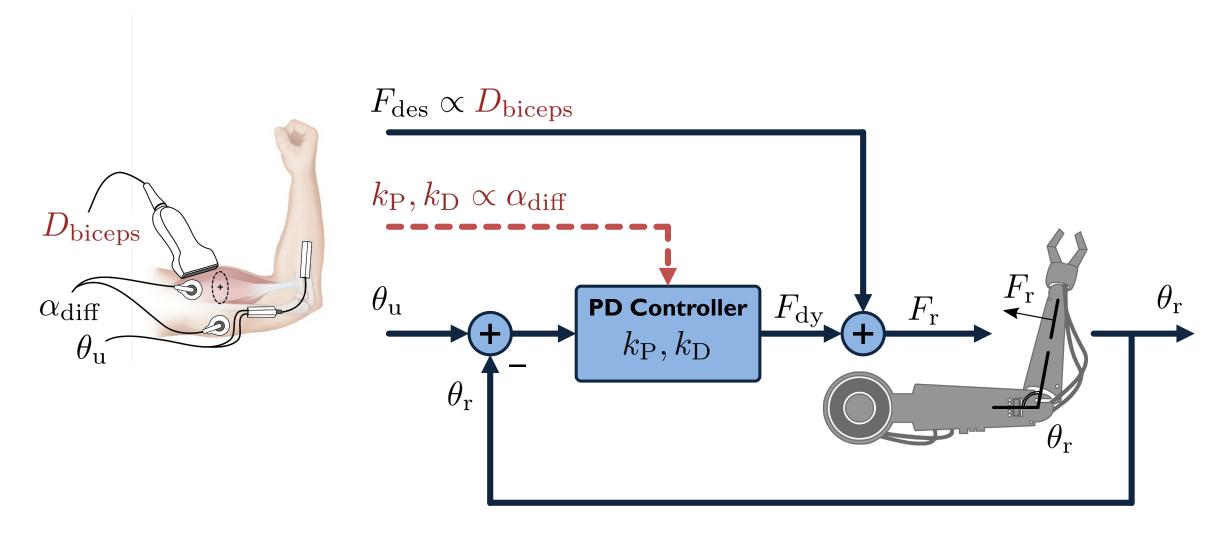


Real-Time Device Control: Baseline sEMG Control



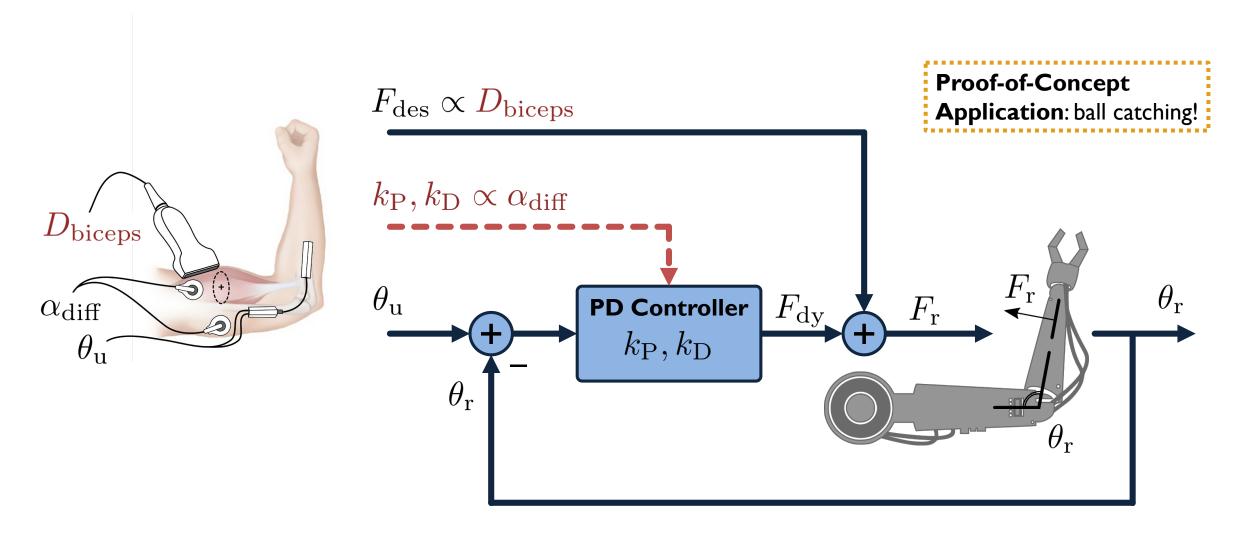


Real-Time Device Control: Proposed Control



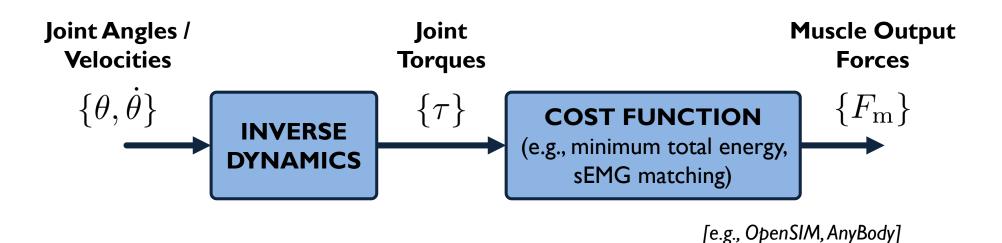


Real-Time Device Control: Proposed Control

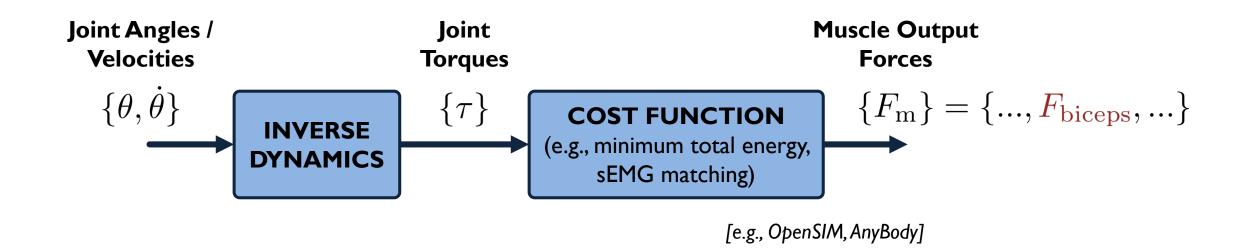




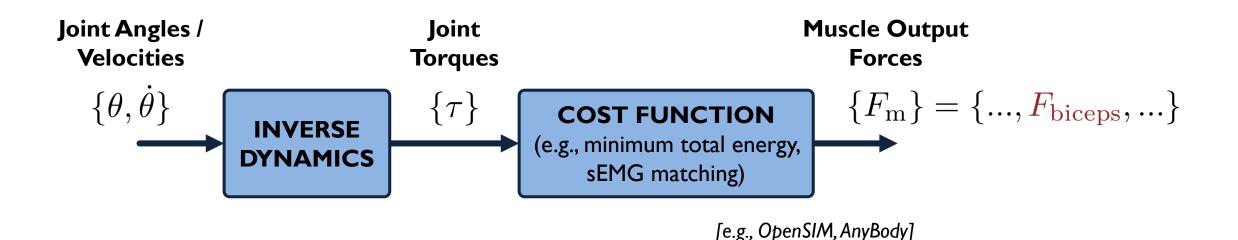
In Vivo Muscle Force Inference: State-of-the-Art

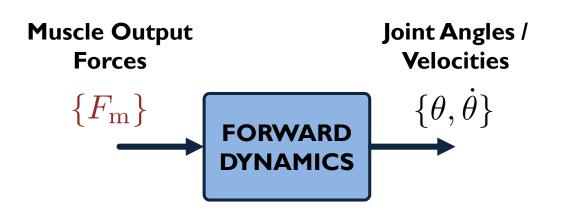


Deformation-Enhanced In Vivo Muscle Force Inference



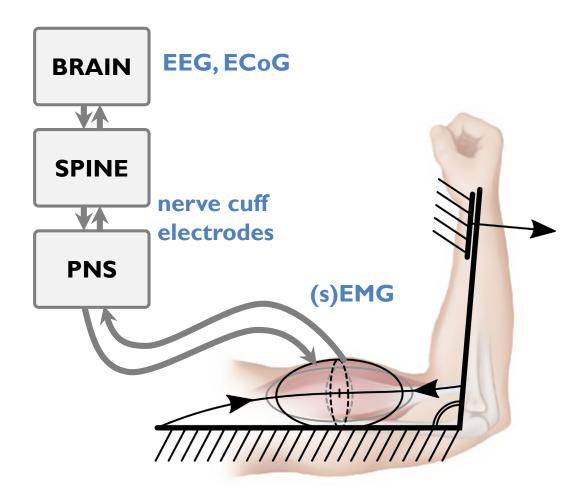
Deformation-Enhanced In Vivo Muscle Force Inference





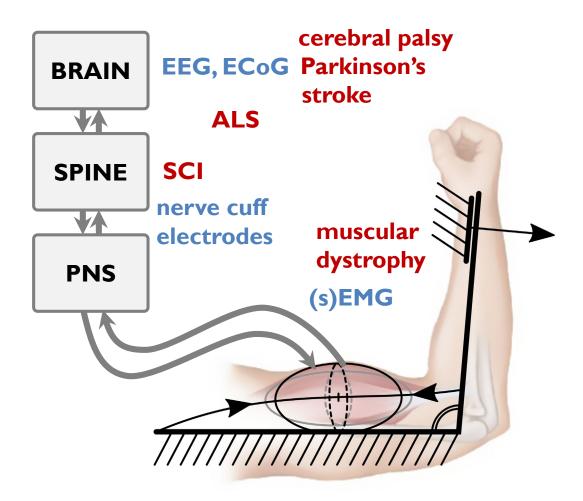
Measuring individual muscle forces allows for probing / validating current ID inference models and developing FD measurement systems with reasonable behavior.

Future Directions: Closing the Loop



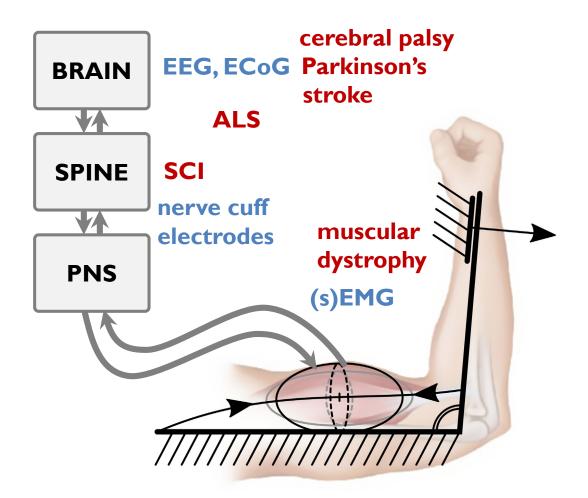


Future Directions: Closing the Loop





Future Directions: Closing the Loop



Measuring muscle output force directly would allow for improved interpretation of existing sensing modalities, as well as better understanding, diagnosis, and treatment of neuromuscular pathology.

Roadmap

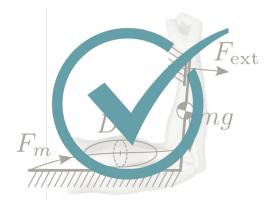
CORE OBJECTIVE

We seek to measure individual muscle forces in vivo via ultrasound based on shape changes under loading.

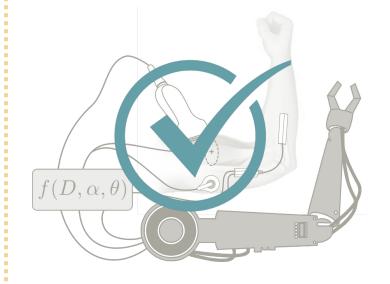
I Exploratory Data Set Generation



II Model Development & Validation



III Proof-of-Concept Applications



Alternate Modalities, Schedule, & Conclusions

Muscle Force Inference: AMG

Neurological
Activation
via electromyography
(EMG)



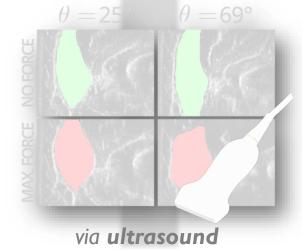
Deformation Dynamics $g(\cdot)$ Muscle Deformation

Vibration Dynamics $h(\cdot)$

Muscle Vibration

$$V = h(F_m)$$

Vibration (as measured via AMG) also serves as a mechanical signal of muscle force.



 $D = g(F_m)$



via acoustic myography (AMG)

Muscle Output

Force

 $= h^{-1}(V)$

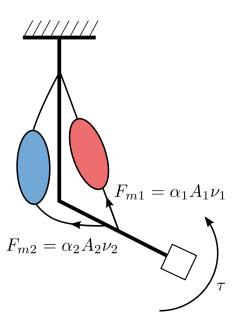
 $ightharpoonup F_m = f(a)$

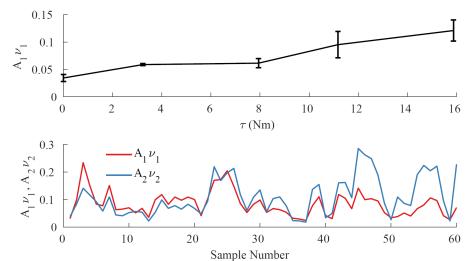
Preliminary AMG-Force Model

AMG amplitude $A \propto \text{ [# activated muscle fibers]}$ **AMG** frequency $\nu \propto$ [mean fiber force]

[Harrison '18]







- Preliminary data show significant correlation of $A\nu$ quantity with muscle output force
- Currently working to validate model and investigate its spatial/temporal resolution

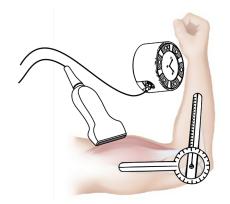
[Hallock, Bajcsy, EMBC 2018]

Roadmap: Recap

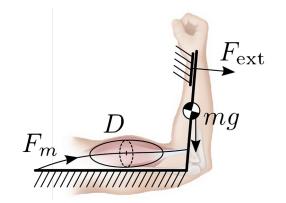
CORE OBJECTIVE

We seek to measure **individual muscle forces** in vivo via **ultrasound** based on **shape changes** under loading.

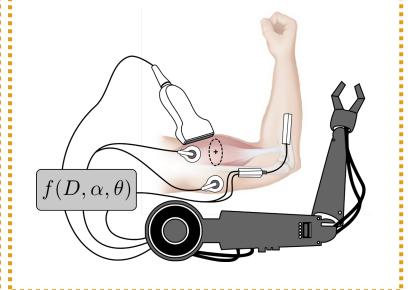
| Exploratory Data Set | Generation



II Model Development & Validation



III Proof-of-Concept Applications



Alternate Modalities, Schedule, & Conclusions

Roadmap: Recap of Planned Contributions

CORE OBJECTIVE

We seek to measure individual muscle forces in vivo via ultrasound based on shape changes under loading.

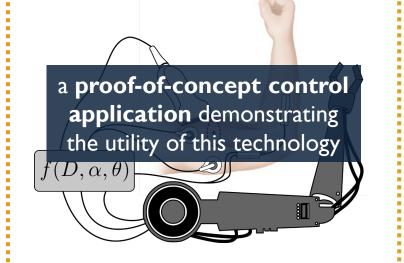
| Exploratory Data Set | Generation

a first-of-its-kind muscle
deformation data set, with
accompanying processing and
analysis code, useful to a
variety of fields (biomechanics,
animation, etc.)

II Model Development & Validation

a suite of models resulting in the first in vivo non-invasive individual muscle force measurement

III Proof-of-Concept Applications



Alternate Modalities, Schedule, & Conclusions



Acknowledgments & Sponsors

THANKS TO:

Ruzena Bajcsy

Claire Tomlin

Robert Full

Hannah Stuart

Neville Hogan

Gregorij Kurillo

Akira Kato

Sara Fridovich-Keil

Jeffrey Zhang

Daniel Ho

Ian McDonald

Yonatan Nozik

Sai Mandava

Chris Mitchell

Thomas Li

David Wang

Sachiko Matsumoto

Nandita lyer

Stella Seo

Prerana Kiran

Shivani Sharma

Michelle He

Evan Shu

Jason Liu

Aaron Sy

Amanda Schwartz

Akash Velu



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List of Publications

Y. Nozik*, **L.A. Hallock***, D. Ho, S. Mandava, C. Mitchell, T. H. Li, and R. Bajcsy. "OpenArm 2.0: Automated Segmentation of 3D Tissue Structures for Multi-Subject Study of Muscle Deformation Dynamics." *International Conference of the IEEE Engineering in Medicine and Biology Society (EMBC)*, 2019. *equal contribution

L.A. Hallock, A. Kato, and R. Bajcsy. "Empirical Quantification and Modeling of Muscle Deformation: Toward Ultrasound-Driven Assistive Device Control." *IEEE International Conference on Robotics and Automation (ICRA)*, 2018.

J. Zhang, S. Gajjala, P.Agrawal, G. H.Tison, **L.A. Hallock**, L. Beussink-Nelson, M. H. Lassen, E. Fan, M.A.Aras, C. Jordan, K. E. Fleischmann, M. Melisko, A. Qasim, S. J. Shah, R. Bajcsy, and R. C. Deo. "Fully automated echocardiogram interpretation in clinical practice: feasibility and diagnostic accuracy." *Circulation*, vol. 138, no. 16, pp. 1623–1635, 2018.

L.A. Hallock and R. Bajcsy. "A Preliminary Evaluation of Acoustic Myography for Real-Time Muscle Force Inference." International Conference of the IEEE Engineering in Medicine and Biology Society (EMBC), 2018. (late-breaking report)

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)

