C02018: Doctor of Philosophy CRICOS Code: 036570B January 2021

> Multi-mode Stroke Rehabilitation System Using Signal-Controlled Human Machine Interface

> > Kairui Guo

School of Biomedical Engineering Faculty of Engineering and Information Technology University of Technology Sydney NSW - 2007, Australia

Multi-mode Stroke Rehabilitation System Using Signal-Controlled Human Machine Interface

A thesis submitted in partial fulfilment of the requirements for the degree of

> Doctor of Philosophy in Biomedical Engineering

> > by

Kairui Guo

to

School of Biomedical Engineering Faculty of Engineering and Information Technology University of Technology Sydney NSW - 2007, Australia

January 2021

© 2021 by Kairui Guo All Rights Reserved

ABSTRACT

S troke has become one of the most devastating health problems due to post-stroke disabilities. Rehabilitation is the necessary process for stroke survivors following discharging from the intensive care units. Of those stroke survivors, 82% of them cannot regain full arm functions, in turn, their daily lives are dramatically affected since they cannot perform daily activities such as eating, dressing, or taking showers independently. In recent years, technology-assisted rehabilitation is introduced using functional electrical stimulation, robotic devices, and virtual reality. Although technology-based systems have demonstrated advantages in early research, there are numerous aspects needed to be further investigated to ensure more stable physiological analysis of the affected upper limb and broader usage in the clinical field.

This thesis proposes a complete upper-limb rehabilitation system with multimodal motor function training using neuroelectric signals. First, motion intent recognition and emotion classification is analysed using electroencephalogram (EEG) signal. The EEG-based motion intent recognises the desired motion of stroke patients before the motion is executed. At the same time, emotions of the patients are monitored to ensure safety while the patients are doing exercises. Novel designed classifiers, including hybrid Support Vector Machine and hidden Markov Model and a Fuzzy-based Support Vector Machine, are demonstrated. The EEG-based classifiers are able to achieve 78% accuracy using novel machine learning algorithms, which improves 10-15% comparing with the classical methods.

Second, electromyography (EMG) is one of the most frequently used parameters since it reveals the electrical activity of a specific muscle that is related to the muscle force. In this thesis, EMG connectivity analysis using multivariable autoregression is proposed to analyse the inter-relationship between muscles. Using EMG connectivity analysis, the paretic arm is considered as the abnormal system, and the non-paretic arm is the reference side. The rehabilitation strategy is to control the abnormal system to generate identical EMG connectivity patterns as the reference side.

After integrating the layers controlled by physiological signals, a wearable exoskeleton is built as a rehabilitation device by mimicking human-like movements. The exoskeleton guides and supports rehabilitation movements based on the patients' physiological signals. After consolidating with physiotherapists and stroke patients, features such as wireless communication, low-power consumption, touch screen user interface, etc., are implemented to promotes the ease-of-use and expand the possible applications in the clinical field. At the moment, a clinical study that has recruited nine stroke patients is conducted regarding outcome assessment and rehabilitation prediction. Followed by this study, the developed exoskeleton will be evaluated on stroke patients.

AUTHOR'S DECLARATION

C, *Kairui Guo* declare that this thesis, submitted in partial fulfilment of the requirements for the award of Doctor of Philosophy, in the School of Biomedical Engineering, Faculty of Engineering and Information Technology at the University of Technology Sydney, Australia, is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis. This document has not been submitted for qualifications at any other academic institution. This research is supported by the Australian Government Research Training Program.

Production Note: SIGNATURE: Signature removed prior to publication.

[Your Name]

DATE: 13th January, 2021 PLACE: Sydney, Australia

ACKNOWLEDGMENTS

I would first like to express my sincere gratitude to my primary supervisor A.Prof Steven Su. None of these work presented in this thesis can be achieved without his supports. I could never forget the patient and enlightening teaching and discussions we had. The domestic and international collaboration opportunities Prof Su brought have made this project become much more productive.

I wish to express my heartfelt thanks to my co supervisor Prof Joanne Tipper for her continuous support on my research throughout the years. Her experiences in collaboration with medical facilities and leadership in managing research teams have inspired me in many ways.

I would also like to thank my external supervisor A.Prof Michael Lee. He showed me the professionalism as a member of front-line medical staff. His views on the demands of the patients and communication between hospitals and research centres have made this project avoid many obstacles.

Many thanks to the School of Biomedical Engineering, Faculty of Engineering and Information Technology. The friendly and helpful staffs at the school create a great environment for the research study. The resources provided by the school and the faculty is the key of the success in the research.

I am truly appreciate the efforts from our international collaborators: Sun Yatsen University, Shanghai Jiao Tong University and HEALTH Rehabilitation Hospital. Although we are physically thousands of kilometres away, the willingness to help patients brings us close.

I would take this opportunity to thank the funding bodies: the Australia-China Joint Institute for Health Technology and Innovation, the Lam Yuen Trust and the Australia China Economics Trade and Culture Association, John Heine Memorial Foundation International, and UTS Techcelerator. They supported my research journey not only financially but also by believing this project and giving me the opportunities to present my research to more people.

I would like to thank my colleagues for their encouragement and making the workplace a fun place to be.

Last but not least, I am grateful for having my wife and my family to support my research journey.

LIST OF PUBLICATIONS AND AWARDS

PUBLICATIONS:

- 1. K. Guo, et al., 'EEG-based Emotion Classification Using Innovative Features and Combined SVM and HMM Classifier', IEEE EMBC 2017. (Chapter 2)
- 2. K. Guo, et al., 'EMG-Based Robot-Assisted Stroke Rehabilitation For Upper-limb Impairment,' ABEC 2018, Australia, 2018, p. 9. (Chapter 3)
- K. Guo, et al., 'A Hybrid Fuzzy Cognitive Map / Support Vector Machine Approach for EEG-based Emotion Classification Using Compressed Sensing', International Journal of Fuzzy Systems, S.I.: Fuzzy System Big Data Mining, 2019. (Chapter 2)
- 4. K. Guo, et al., 'A Hybrid Physiological Approach of Emotional Reaction Detection Using Combined FCM and SVM Classifier', IEEE EMBC 2019. (Chapter 2)
- 5. K. Guo, et al., 'Puzzle-based Upper Limb Functional Electrical Stimulation Strategy Using EMG Connectivity Analysis', IEEE EMBC 2020. (Chapter 3)

AWARDS:

- 1. Lam Yuen Trust and ACETCA Medical Research Award at University of Technology Sydney in 2017
- 2. DST Group and UTS Student Innovation Competition, Emerging Disruptive Technology Assessment Symposium 2017
- 3. UTS, FEIT HDR Collaboration Experience Award 2019
- 4. 2019 John Heine Memorial Foundation International PhD Prize
- 5. 2020 UTS Techcelerator, Most Feasible Prototype Award

TABLE OF CONTENTS

List of Publications			vii	
Li	ist of	Figure	S	xi
Li	List of Tables			xv
1	Intr	oducti	on and Literature Review	1
	1.1	Introd	uction: Human Brain, Neural Signals and Measurements	2
		1.1.1	Computed Tomography and Positron Emission Tomography \ldots	6
		1.1.2	Magnetoencephalography	7
		1.1.3	Magnetic Resonance Imaging and Functional Magnetic Resonance	
			Imaging	8
		1.1.4	Functional Near-infrared Spectroscopy	9
	1.2	Electro	oencephalography	11
	1.3	Electro	omyogram	15
	1.4	Stroke	Rehabilitation and Wearable Robotics	18
	1.5	Overv	iew of the Thesis	20
2	Em	otion R	lecognition and Brain-Computer Interfaces	23
	2.1	Introd	uction	23
	2.2	Mater	ial	25
	2.3	Solutio	on One: novel parameter with combined support vector machine and	
		hidder	Markov model classifier	27
		2.3.1	Methods	27
		2.3.2	Results	30
	2.4	Solutio	on Two: hybrid fuzzy cognitive map / support vector machine using	
		compr	essed sensing	32
		2.4.1	Methods	32

		2.4.2 Results	36	
	2.5 Solution Three: joint EEG and facial expression features \ldots .		41	
		2.5.1 Methods	41	
		2.5.2 Results	44	
3	Elec	ctromyogram and Post Stroke Movement Analysis	49	
	3.1	sEMG-based Statistic and Frequency Analysis	49	
	3.2	EMG Connectivity Analysis in Stroke Rehabilitation	51	
		3.2.1 Materials	52	
		3.2.2 EMG Connectivity Analysis	53	
		3.2.3 Graph Theory Analysis	55	
		3.2.4 Discussion	56	
	3.3	An EMG Connectivity Application: Functional Electrical Stimulation-		
		based Stroke Rehabilitation System	58	
		3.3.1 Introduction	58	
		3.3.2 Methods	59	
		3.3.3 Results and Discussion	60	
	3.4	Conclusion	63	
4	Hyb	orid Biosignal-based Rehabilitation System Using A Wearable Robot	65	
4	Hyb 4.1	orid Biosignal-based Rehabilitation System Using A Wearable Robot AI Exoskeleton: a Self-developed Rehabilitation Robot	65 65	
4	Hyb 4.1 4.2	Orid Biosignal-based Rehabilitation System Using A Wearable Robot AI Exoskeleton: a Self-developed Rehabilitation Robot Virtual Reality-based Motor Imagery	65 65 70	
4	Hyb 4.1 4.2 4.3	orid Biosignal-based Rehabilitation System Using A Wearable Robot AI Exoskeleton: a Self-developed Rehabilitation Robot Virtual Reality-based Motor Imagery Human-Machine Interface: Upper Limb Movement Prediction	65 65 70 75	
4	Hyb 4.1 4.2 4.3 4.4	orid Biosignal-based Rehabilitation System Using A Wearable Robot AI Exoskeleton: a Self-developed Rehabilitation Robot Virtual Reality-based Motor Imagery Human-Machine Interface: Upper Limb Movement Prediction Fatigue and Safety: an Application for Emotion Classification	65 65 70 75 76	
4	Hyb 4.1 4.2 4.3 4.4 4.5	AI Exoskeleton: a Self-developed Rehabilitation Robot	65 70 75 76 77	
4	Hyb 4.1 4.2 4.3 4.4 4.5	AI Exoskeleton: a Self-developed Rehabilitation Robot	65 70 75 76 77 77	
4	Hyb 4.1 4.2 4.3 4.4 4.5	AI Exoskeleton: a Self-developed Rehabilitation Robot	65 70 75 76 77 77 77	
4	Hyb 4.1 4.2 4.3 4.4 4.5	AI Exoskeleton: a Self-developed Rehabilitation Robot	 65 70 75 76 77 78 79 	
4	Hyb 4.1 4.2 4.3 4.4 4.5	AI Exoskeleton: a Self-developed Rehabilitation Robot	 65 70 75 76 77 78 79 93 	
4	Hyb 4.1 4.2 4.3 4.4 4.5 4.6 Sun	orid Biosignal-based Rehabilitation System Using A Wearable Robot AI Exoskeleton: a Self-developed Rehabilitation Robot Virtual Reality-based Motor Imagery Human-Machine Interface: Upper Limb Movement Prediction Fatigue and Safety: an Application for Emotion Classification A Clinical study: EMG analysis and Upper Limb Fugl-Meyer Assessment 4.5.1 Intruduction 4.5.2 Experimental Protocol 4.5.3 Results and Discussion Conclusion Amary and Future Work	 65 70 75 76 77 78 79 93 95 	
4	Hyb 4.1 4.2 4.3 4.4 4.5 4.6 Sun 5.1	brid Biosignal-based Rehabilitation System Using A Wearable Robot AI Exoskeleton: a Self-developed Rehabilitation Robot Virtual Reality-based Motor Imagery Human-Machine Interface: Upper Limb Movement Prediction Fatigue and Safety: an Application for Emotion Classification A Clinical study: EMG analysis and Upper Limb Fugl-Meyer Assessment 4.5.1 Intruduction 4.5.2 Experimental Protocol Conclusion Amary and Future Work Summary	 65 70 75 76 77 78 79 93 95 	
4	Hyb 4.1 4.2 4.3 4.4 4.5 4.6 5.1 5.2	AI Exoskeleton: a Self-developed Rehabilitation Robot	 65 70 75 76 77 78 79 93 95 97 	
4 5 A	 Hyb 4.1 4.2 4.3 4.4 4.5 4.6 Sum 5.1 5.2 App	AI Exoskeleton: a Self-developed Rehabilitation Robot Virtual Reality-based Motor Imagery Human-Machine Interface: Upper Limb Movement Prediction Fatigue and Safety: an Application for Emotion Classification A Clinical study: EMG analysis and Upper Limb Fugl-Meyer Assessment 4.5.1 Intruduction 4.5.2 Experimental Protocol Conclusion Conclusion Future Work Summary Future Work	 65 70 75 76 77 78 79 93 95 97 99 	

LIST OF FIGURES

F	'IGURE Pa	ge
1.1	The anatomic planes of the human brain	3
1.2	Lobes of the human brain and their functions	3
1.3	The limbic system of the human brain	4
1.4	The motor cortex of the human brain	5
1.5	An example of a computed tomography machine	6
1.6	CT (left) and PET/CT (right) images of the human brain	7
1.7	An example of the MEG machine	7
1.8	MEG scan images of the human brain	8
1.9	An overview of the MRI system	9
1.10	An fNIRS image showing the oxygenated and deoxygenated haemoglobin levels	10
1.11	An example of fNIRS used in a stroke-related clinical study	10
1.12	The cycle of a neuron's membrane potential	11
1.13	The international 10-20 system for EEG sensor placement	12
1.14	Examples of BCI Applications	14
1.15	A schematic representation of motor control mechanisms $\ldots \ldots \ldots \ldots$	15
1.16	An example of needle EMG	16
1.17	A summary of this thesis	20
2.1	2D Emotion Planes	26
2.2	Functional Block Diagram	27
2.3	Valence Plane Classification Accuracy: all 32 participants are demonstrated	
	on the x-axis. The y-axis indicates the classification accuracy in decimal	
	numbers. The yellow dash line represents the traditional SVM classification,	
	and the blue solid line is accuracy for the novel combined SVM and HMM	
	classifier	30

2.4	Arousal Plane Classification Accuracy: all 32 participants are demonstrated	
	on the x-axis. The y-axis indicates the classification accuracy in decimal	
	numbers. The green dash line represents the traditional SVM classification,	
	and the red solid line is accuracy for the novel combined SVM and HMM	
	classifier	31
2.5	Average Accuracy: SVM vs Combined Classifier	32
2.6	An example of Fuzzy Cognitive Map	33
2.7	Functional Block Diagram	34
2.8	Hybrid SVM & FCM Classifier. First two features are relative wavelet energy	
	and relative wavelet entropy, entering the SVM classifier. The output of the	
	SVM classifier together with these two feature establish the FCM, which	
	presents the final output of the classified emotions. \ldots \ldots \ldots \ldots \ldots	36
2.9	A Segment of EEG and its recovered signal from CS $\ldots \ldots \ldots \ldots \ldots$	36
2.10	Accuracy on Valence-Arousal Plane	38
2.11	Accuracy on Dominance-Liking Plane	39
2.12	Average Accuracy with standard deviation on four Emotion Planes. Blue bar	
	represents classical SVM classifier. Red bar represents hybrid SVM and FCM	
	classifier using epoch. Yellow bar represents hybrid SVM and FCM classifier	
	using video	40
2.13	Emotion Model: Negative Neutral Positive	41
2.14	Functional block diagram.	42
2.15	The sample facial image after auto-screenshot from the videos	43
2.16	Examples of texture primitives which can be detected by LBP (white circles	
	represent ones and black cirlces zeros).	44
2.17	Accuracy on Valence Plane	45
2.18	Accuracy on Arousal Plane	45
2.19	Accuracy on 'Negative Neutral Positive' Plane	46
2.20	Average Accuracy on Three Different Emotional Planes. Yellow indicates	
	valence, and green indicates arousal plane. The blue bars use the NNP model.	47
3.1	An Example of 8-puzzle Problem	59
3.2	Patient 9 Non-paretic Sides 25% MGF DTF Representation Using 8x8 Matrix	60
3.3	Patient 9 Paretic Sides 25% MGF DTF Representation Using 8x8 Matrix	61
3.4	Permutation Format: Three-dimensional Human Model	62
3.5	8-Puzzle Solver	62

AI Exoskeleton	67
Hand section of the AI Exoskeleton	68
AI Exoskeleton performing pinch grip	68
AI Exoskeleton holding a cup	69
AI Exoskeleton: wrist and forearm with actuators	69
AI Exoskeleton: elbow, upper arm and shoulder with actuators	70
EEG sensor placement (in red) for MI experiment	71
Timeline for the ME/MI trial	72
An example of the visual cue: a computer-based movement instruction \ldots .	72
VR-based movement instruction: drinking water from a cup	73
EMG sensor location for the EMG-FMA experiment	78
Patient 1 FMA score. Category 1 (C1) is volitional movement within synergies	
(flexor) in navy. Category 2 (C1) is volitional movement within synergies	
(extensor) in organe. Category 3 (C1) is volitional movement mixing synergies	
in yellow. Category 4 (C1) is volitional movement within little or no synergies	
in purple. Category 5 (C1) includes movements on wrists in green. Category 6	
(C1) are motions related to hands in blue. Category 7 (C1) is coordination and	
speed in maroon	80
Patient 1 Movement 12 EMG Analysis	81
Patient 1 Movement 28 Affected Side EMG Connectivity	81
Patient 1 Movement 28 Non-affected Side EMG Connectivity	82
Patient 2 FMA score	82
Patient 2 EMG Analysis for Movement 23	83
EMG Connectivity analysis on Movement 28. Affected Arm	84
EMG Connectivity analysis on Movement 28. Non-affected Arm	84
Patient 3 FMA score	85
Patient 3 Movement 2 EMG Analysis	86
EMG Connectivity analysis on Movement 21. Affected Arm Week 3	86
EMG Connectivity analysis on Movement 21. Affected Arm Week 4	87
EMG Connectivity analysis on Movement 21. Non-affected Arm Week 4	87
Patient 4 FMA score	88
Patient 4 Movement 17 EMG Analysis	89
Patient 5 FMA score	89
EMG Connectivity analysis on Movement 19. Affected Arm Week 1	90
EMG Connectivity analysis on Movement 19. Affected Arm Week 2	91
	AI Exoskeleton Hand section of the AI Exoskeleton AI Exoskeleton performing pinch grip AI Exoskeleton holding a cup AI Exoskeleton wrist and forearm with actuators AI Exoskeleton: elbow, upper arm and shoulder with actuators AI Exoskeleton: elbow, upper arm and shoulder with actuators AI Exoskeleton: elbow, upper arm and shoulder with actuators AI Exoskeleton: elbow, upper arm and shoulder with actuators AI Exoskeleton: elbow, upper arm and shoulder with actuators AI Exoskeleton: elbow, upper arm and shoulder with actuators AI Exoskeleton: elbow, upper arm and shoulder with actuators AI Exoskeleton: elbow, upper arm and shoulder with actuators AI exoskeleton: elbow, upper arm and shoulder with actuators AI exoskeleton: elbow, upper arm and shoulder with actuators AI exoskeleton: elbow, upper arm and shoulder with actuators AI exoskeleton: elbow, upper arm and shoulder with actuators AI exoskeleton: elbow, upper arm and shoulder with actuators AI exoskeleton: elbow, upper arm and shoulder with actuators AI exoskeleton: elbow, upper arm and shoulder with actuators AI exoskeleton: elbow, upper arm and shoulder with elbow Watter from a cup Patient 1 FMA score Patient 1 Movement 28 Affected Side EMG Connectivity

4.30	EMG Connectivity analysis on Movement 19. Affected Arm Week 3	91
4.31	EMG Connectivity analysis on Movement 19. Affected Arm Week 4	92
4.32	EMG Connectivity analysis on Movement 19. Non-affected Arm Week 4	92

LIST OF TABLES

r	FABLE P	age
2.1	average accuracy for different feature combinations	30
2.2	Confusion matrix for the three designed classifiers	40
3.1	Permutation Format: Cycle Notation	61