



gipsa-lab



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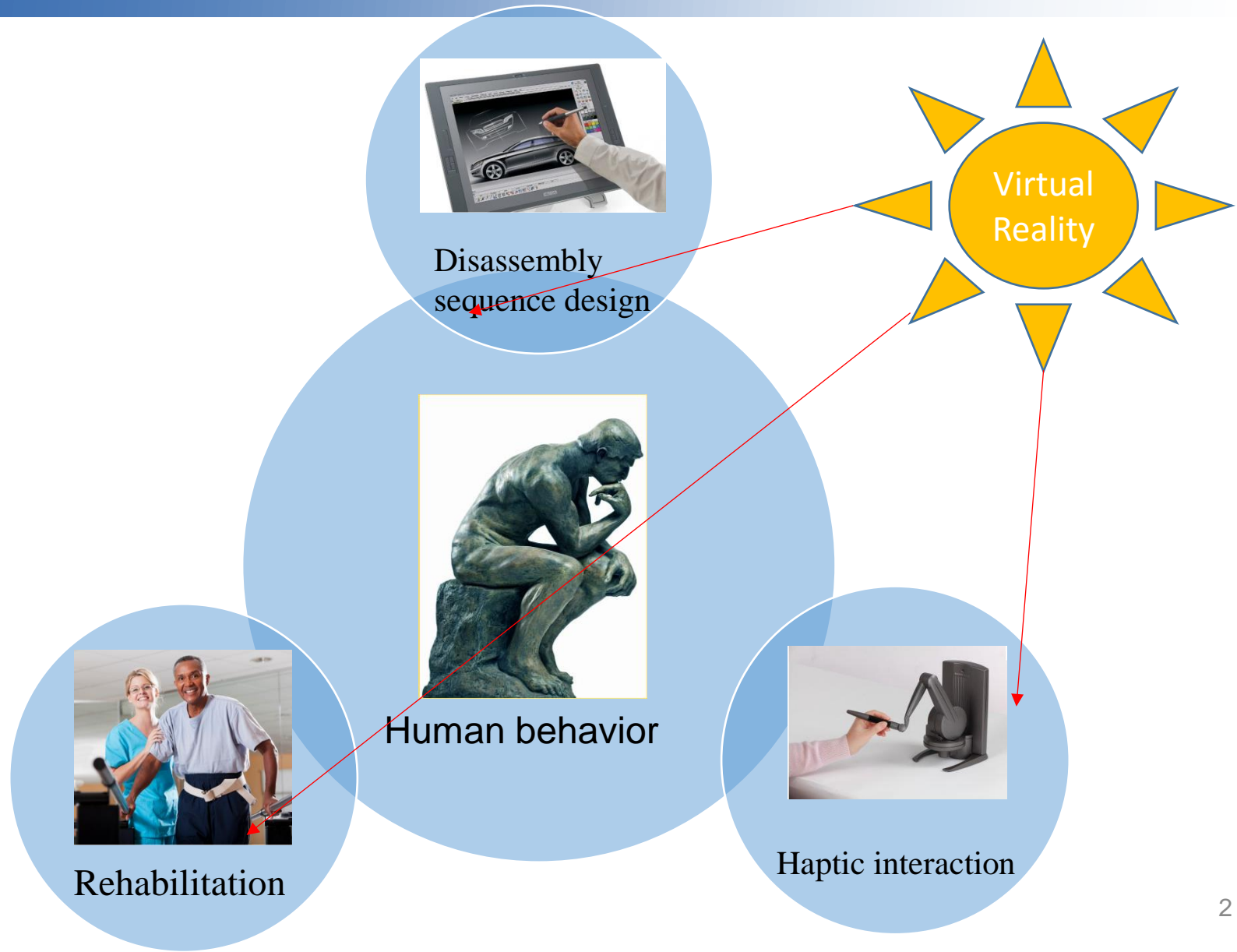
Biomechanical analysis of different aspects in virtual reality. Application

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Franck QUAINÉ
Sabine COQUILLART

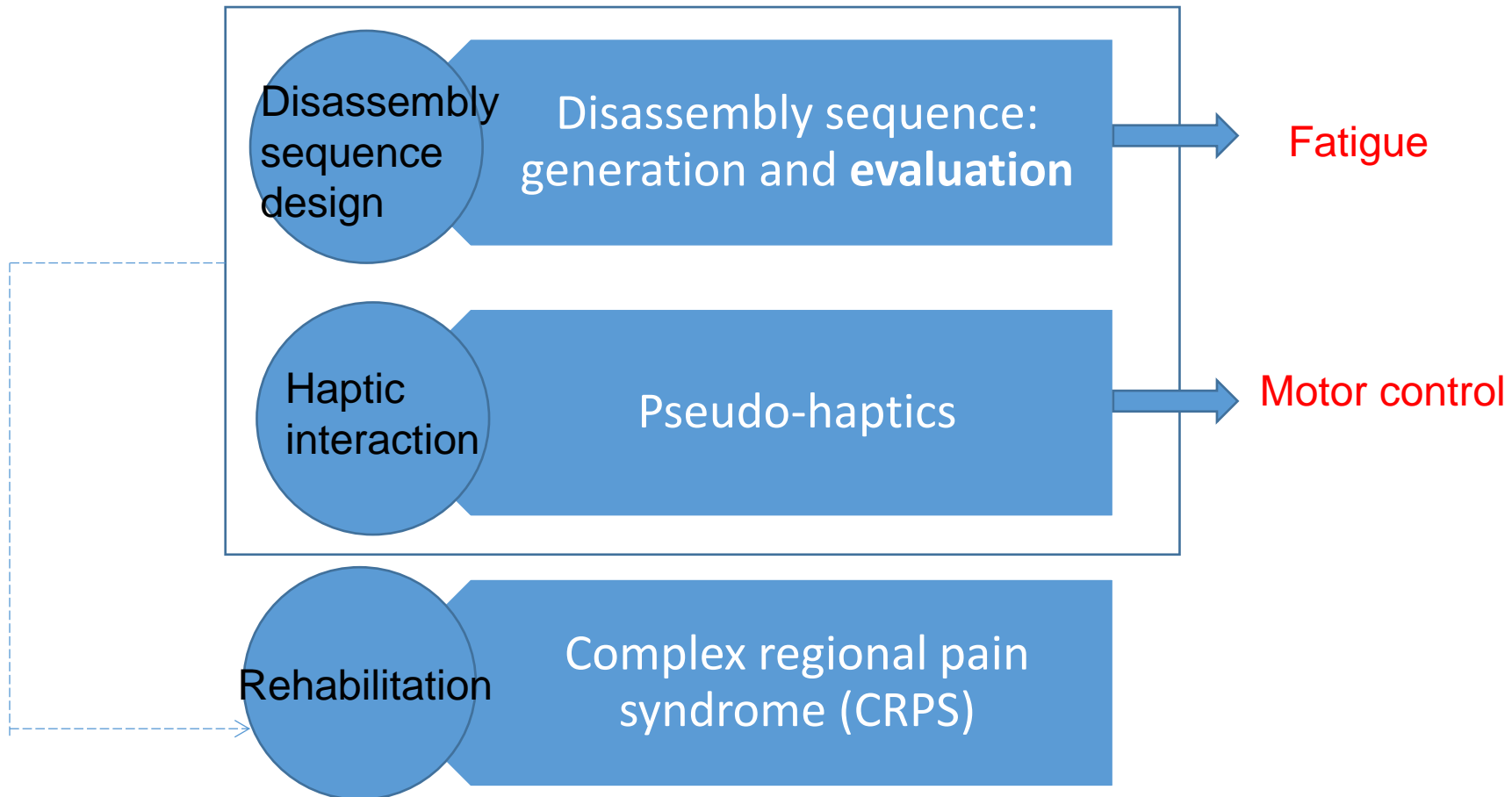
This work has been partially supported by the LabEx PERSYVAL-Lab (ANR-11-LABX-0025-01) funded by the French program Investissement d'avenir

General introduction



General introduction

How virtual reality influence human behavior?



Part I. Biomechanical analysis of haptic-based concept

1. Evaluation of fatigue levels during disassembly
2. Motor behavior analysis of pseudo-haptic in stiffness discrimination

Part II. Application in CRPS (Complex regional pain syndrome)

1. Computer-based application and CRPS rehabilitation

Part I. Biomechanical analysis of haptic-based concept

- 1. Evaluation of fatigue levels during disassembly**
2. Motor behavior analysis of pseudo-haptic in stiffness discrimination

Disassembly sequence simulation

Part I:
Fatigue

Issue

Previous work

Objective

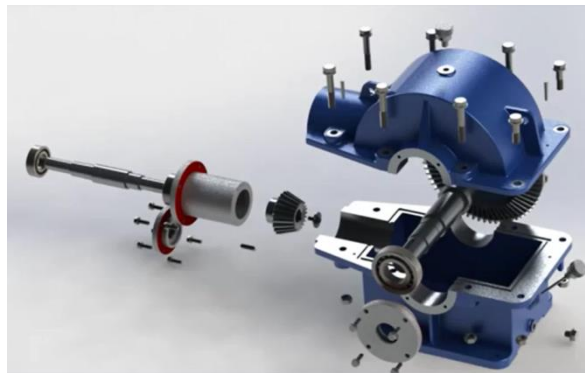
Proposed
method

Verification and
validation

Limits of model

Part I:
Pseudo-
haptics

Part II:
Application



Design process

Disassembly
sequence

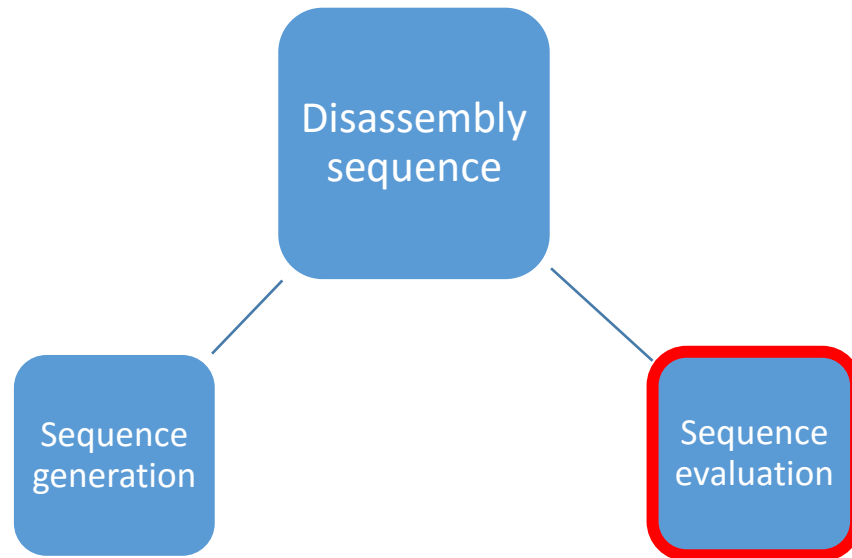
Verification with real
prototype



Verification with haptic
device in virtual reality



Disassembly sequence simulation



Disassembly types:

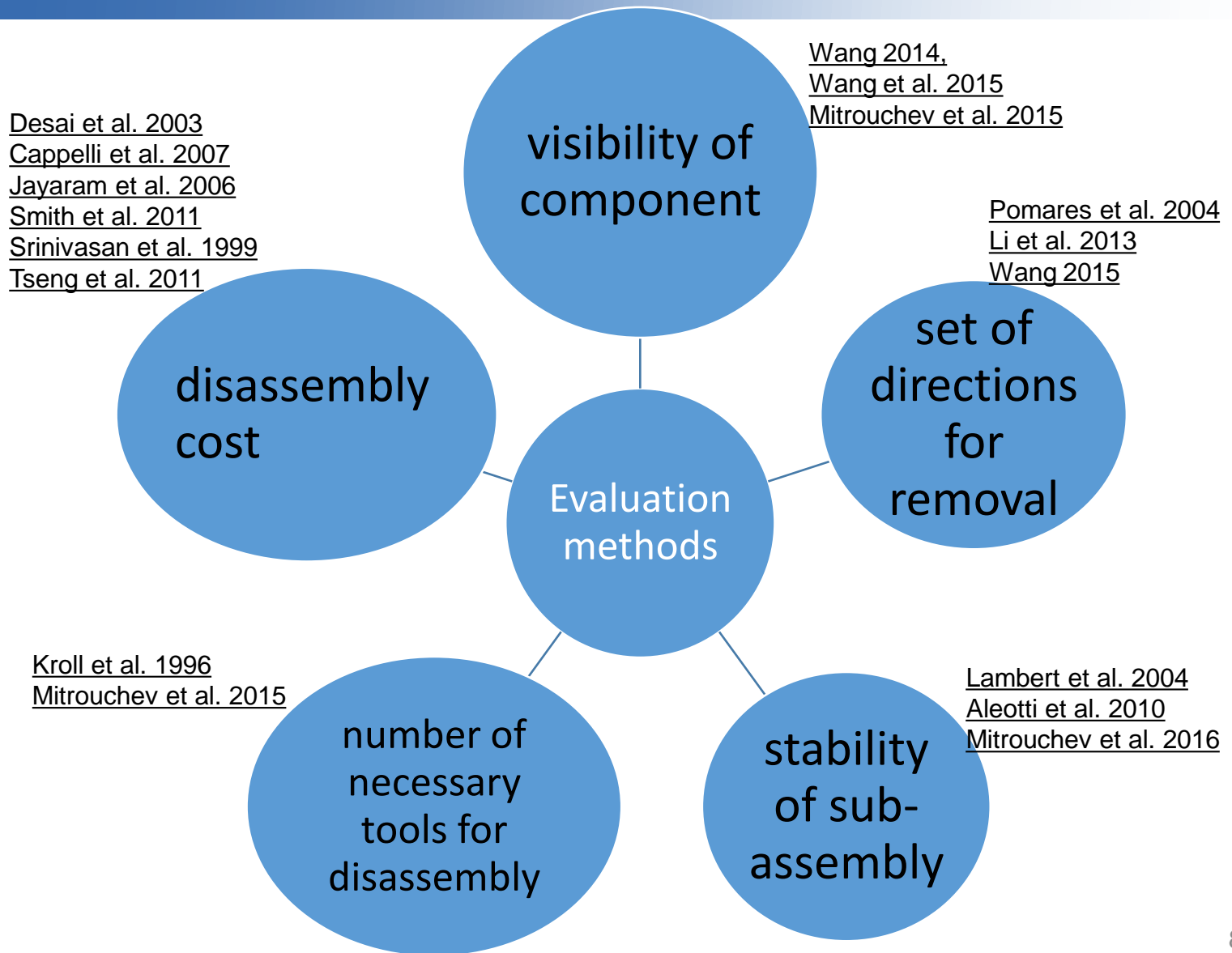
Complete, Selective
Destructive, **No-destructive**
Sequential, Parallel
...

Technological factors

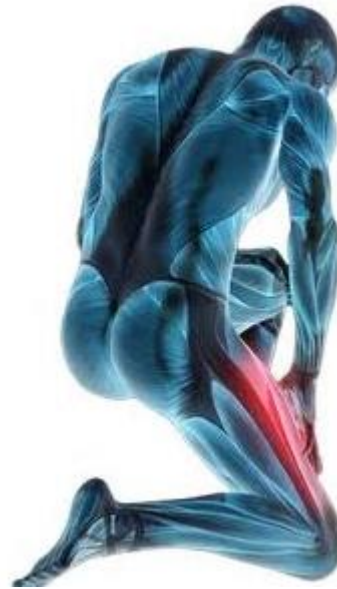
Ergonomic factors

visibility
risk of injury
Muscle fatigue
working posture

Disassembly sequences evaluation



Improvement of disassembly sequences evaluation



Evaluating the muscle fatigue associated with different disassembly sequences (tasks)

Part I:
Fatigue
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Part II:
Application

Human fatigue

$$\bullet FA = f(FA_c, FA_p)$$



FA_c: Fatigue in *central* nervous system

Brazil-Neto et al. 1993
David and Bailey, 1997
David et al. 2003



FA_p: Fatigue in *peripheral* system
(muscle)

Merton 1954
Sahlin 1985
Lamber et al. 2005
Dempsy et al. 2008

Our approach

Using **mechanical energy expenditure** to evaluate the **muscle fatigue**:

$$FA_p = f(E(F, t, v))$$

E: mechanical energy

F: force

t: time

v: velocity

$$\frac{dFA_p}{dF} = \frac{\partial FA_p}{\partial E} \cdot \frac{\partial E}{\partial F} \left\{ \begin{array}{l} \frac{dFA_p}{dF} > 0 \text{ (Rose et al. 2014)} \\ \frac{\partial E}{\partial F} > 0 \end{array} \right.$$

- FA_p : monotonically increasing function of *mechanical energy expenditure*

Mechanical energy expenditure (ΔE_{S1})

$$\Delta E_{S1} = \sum_{i=1}^n [m_i g (h_{iu} + h_{id}) + 2m_a g h_{aiu}] \quad (i = 1, 2, 3 \dots n)$$

- m_i : mass of component
- h_{iu} and h_{id} : vertical displacements of end of hand in upward and downward direction
- m_a : mass of *arm*
- h_{aiu} : vertical displacement of the arm's mass center

Validation

Task 1 and Task 2

Theoretical

Propose method

Calculate ΔE_{T1} and ΔE_{T2}

Which task induces more fatigue

Experimental

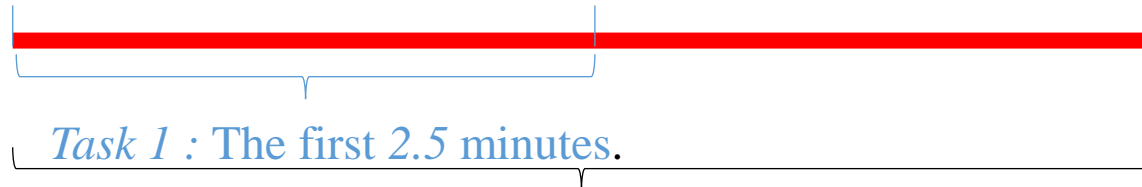
Perform T1 and T2

Record and analyze
EMG signals

Which task induces more fatigue

Experimental setup, GINOVA Grenoble INP

VIRTUOSE 6D35-45 haptic device



Task 2: The total 5 minutes



Subjects

9 subjects



Age : 24 to 58

Duration: 30 minutes

Part I:
Fatigue

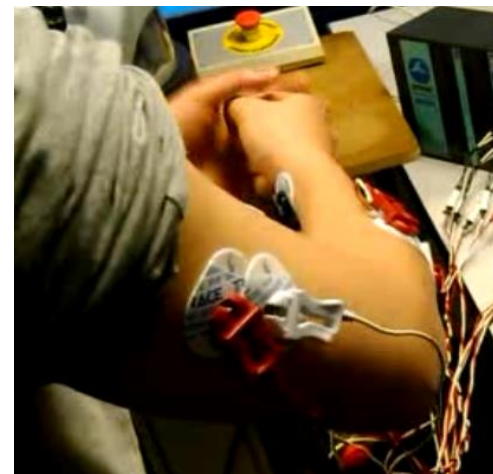
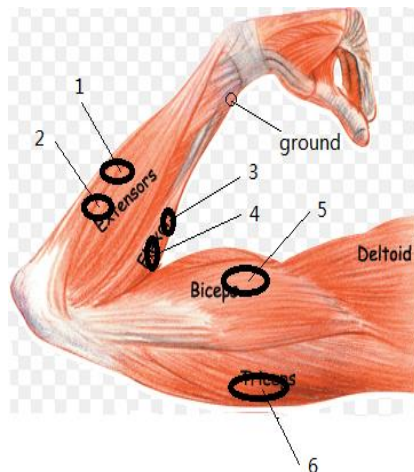
Issue
Previous work
Objective
Proposed
method
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validation
Limits of model

Part I:
Pseudo-
haptics

Part II:
Application

EMG muscle testing

Position of electrodes (SENIAM recommendations)



Fatigue evaluation

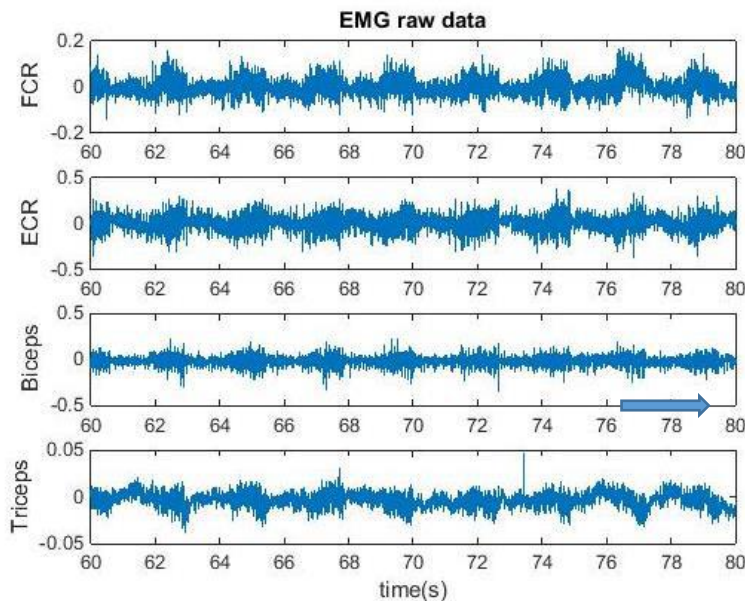
Median frequency:

- The more the slope of median frequency decreases, the more muscle fatigue there is (Don et al. 1999)

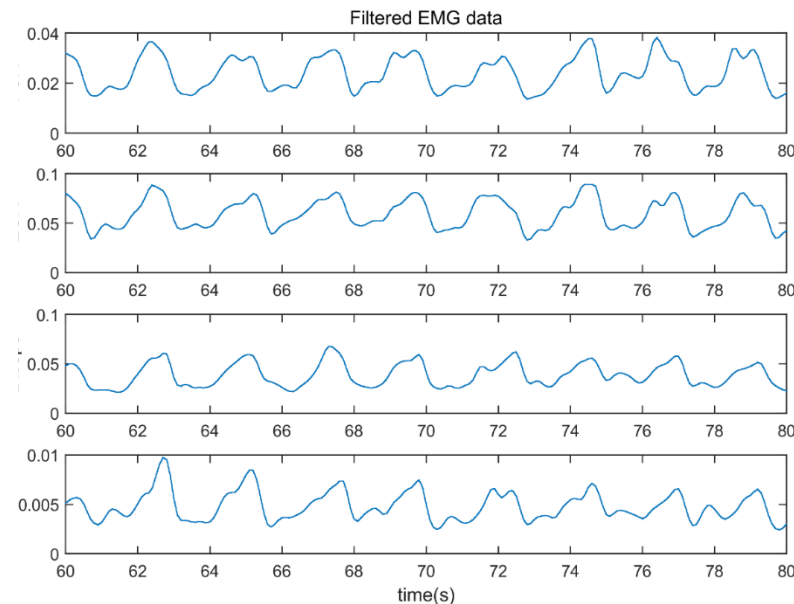
Peak value of EMG

- Higher peak indicates more fatigue (Boyas et Guevel 2014)

Recorded EMG



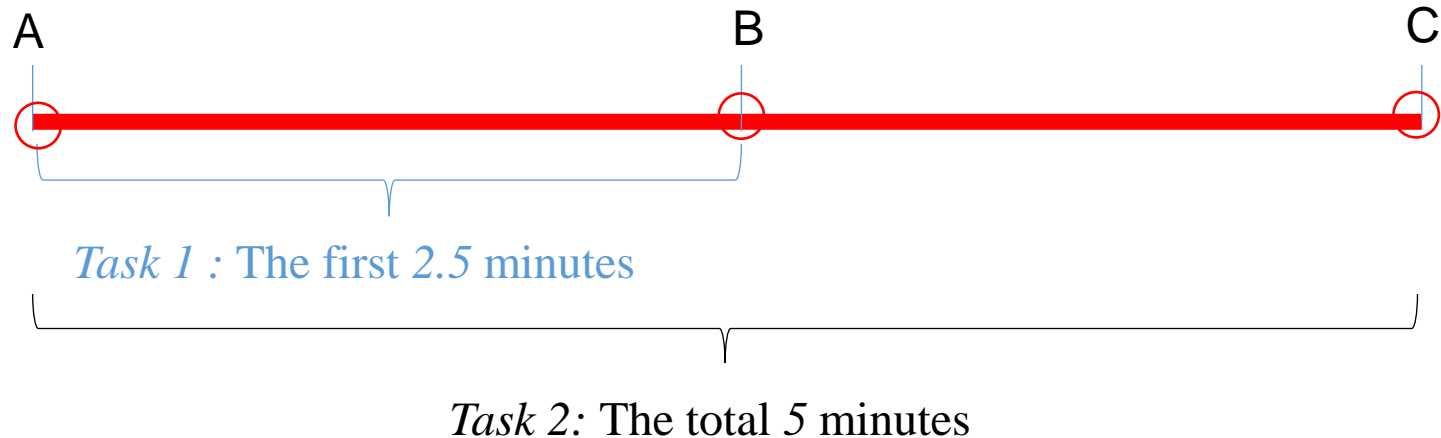
20s period EMG raw signals



20s period filtered EMG signals

200 order of bandpass FIR filter between 20Hz and 500Hz

EMG at three moments

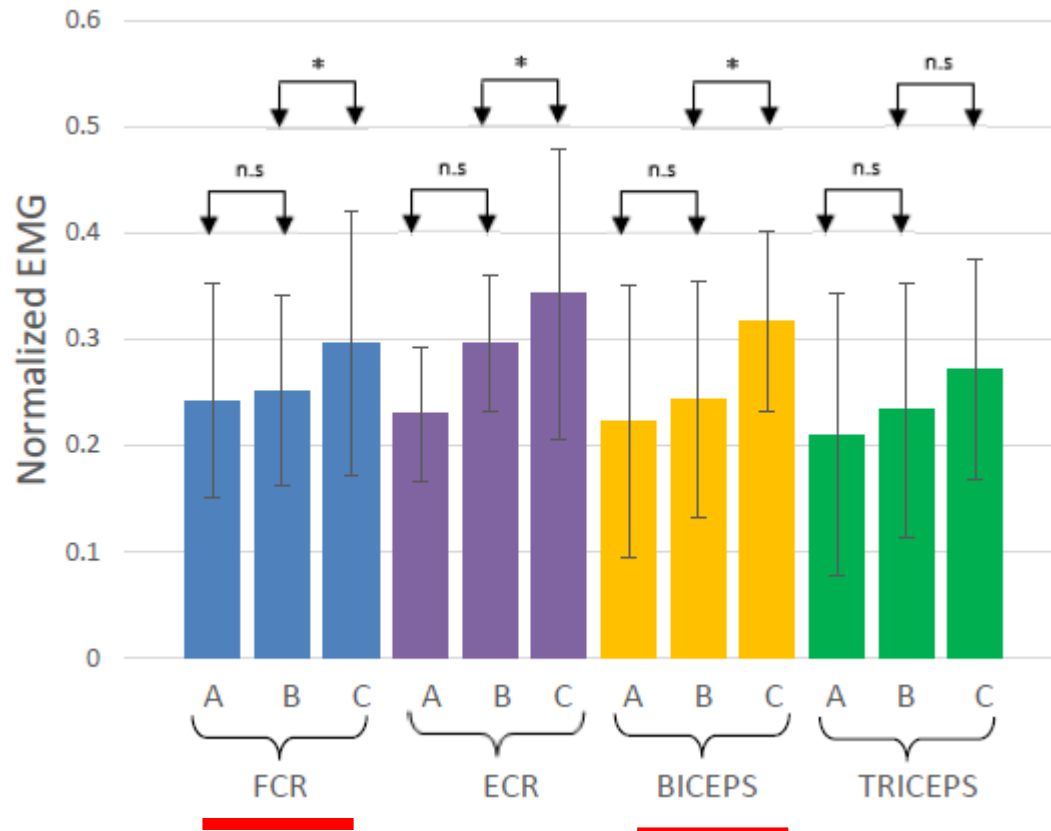


A – start time of tasks

B – end time of task 1

C – end time of task 2

EMG Peaks



fatigue induced by
T1 is less than T2

FCR: flexor carpi radialis

ECR: extensor carpi radialis

B – end time of task 1

C – end time of task 2

*: significant difference

n.s.: no significant difference

Verification and validation

EMG analysis results



Fatigue induced by
 $T1$ is less than $T2$



Caculation results



$\Delta ET1=308 J$ and $\Delta ET2=616 J$



Fatigue induced by $T1$
is less than $T2$

Limits

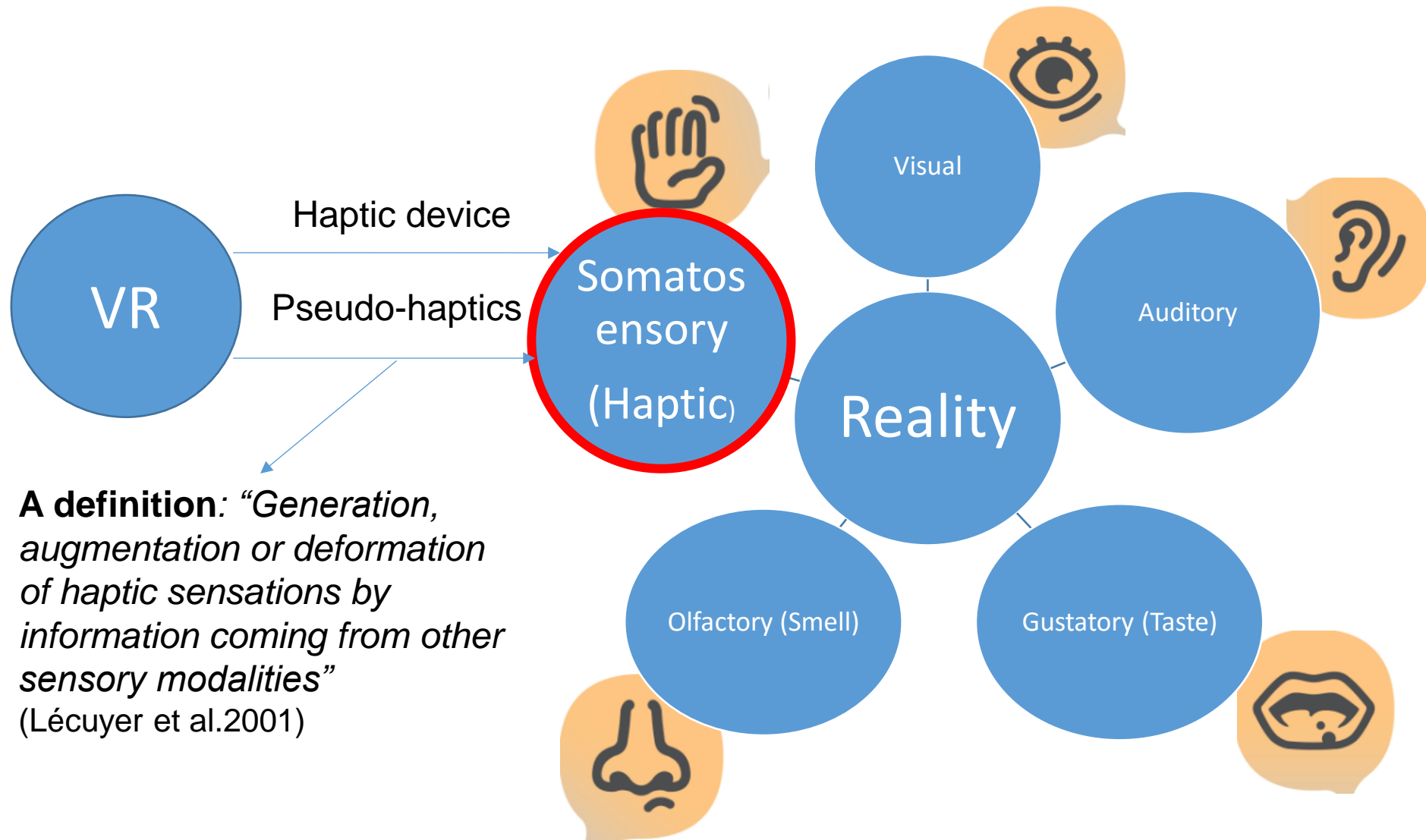
- Energy consumption of rotation movement is not considered
- Considering one hand disassembly operation simulation

Limit the generalization of the proposed method into real disassembly task

Part I. Biomechanical analysis of haptic-based concept

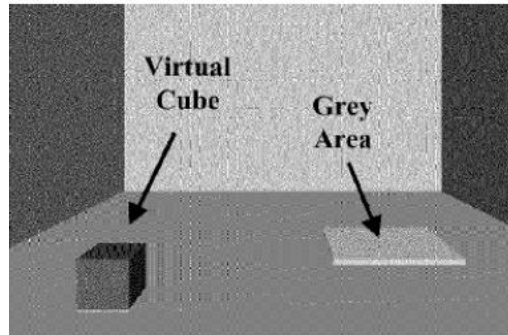
1. Evaluation of fatigue levels during disassembly
- 2. Motor behavior analysis of pseudo-haptics in stiffness discrimination**

Issue: Pseudo-haptics

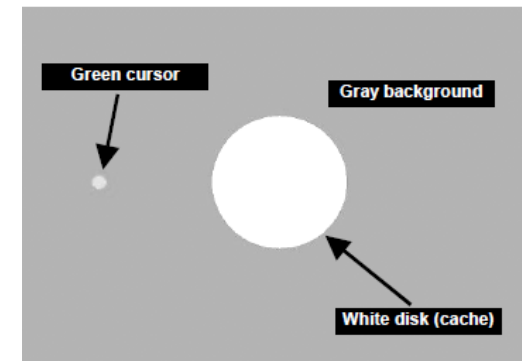


Simulating different physical properties

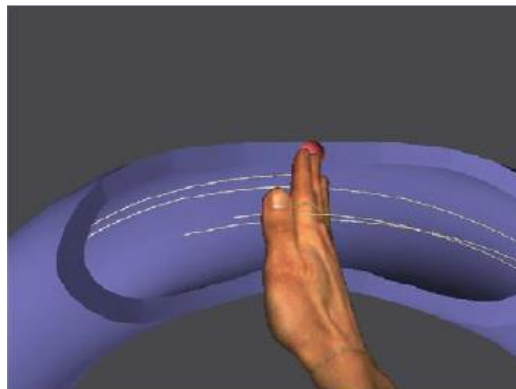
Friction (Lécuyer et al.2001)



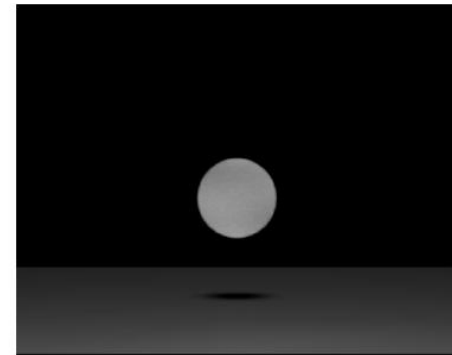
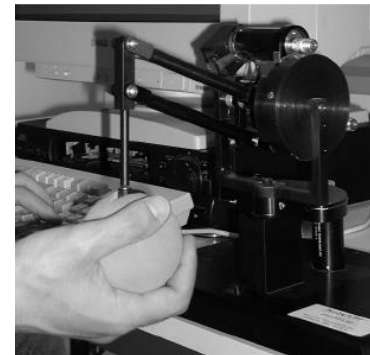
Texture and shape (Lécuyer et al.2004)



Force field (Pusch et al.2009)



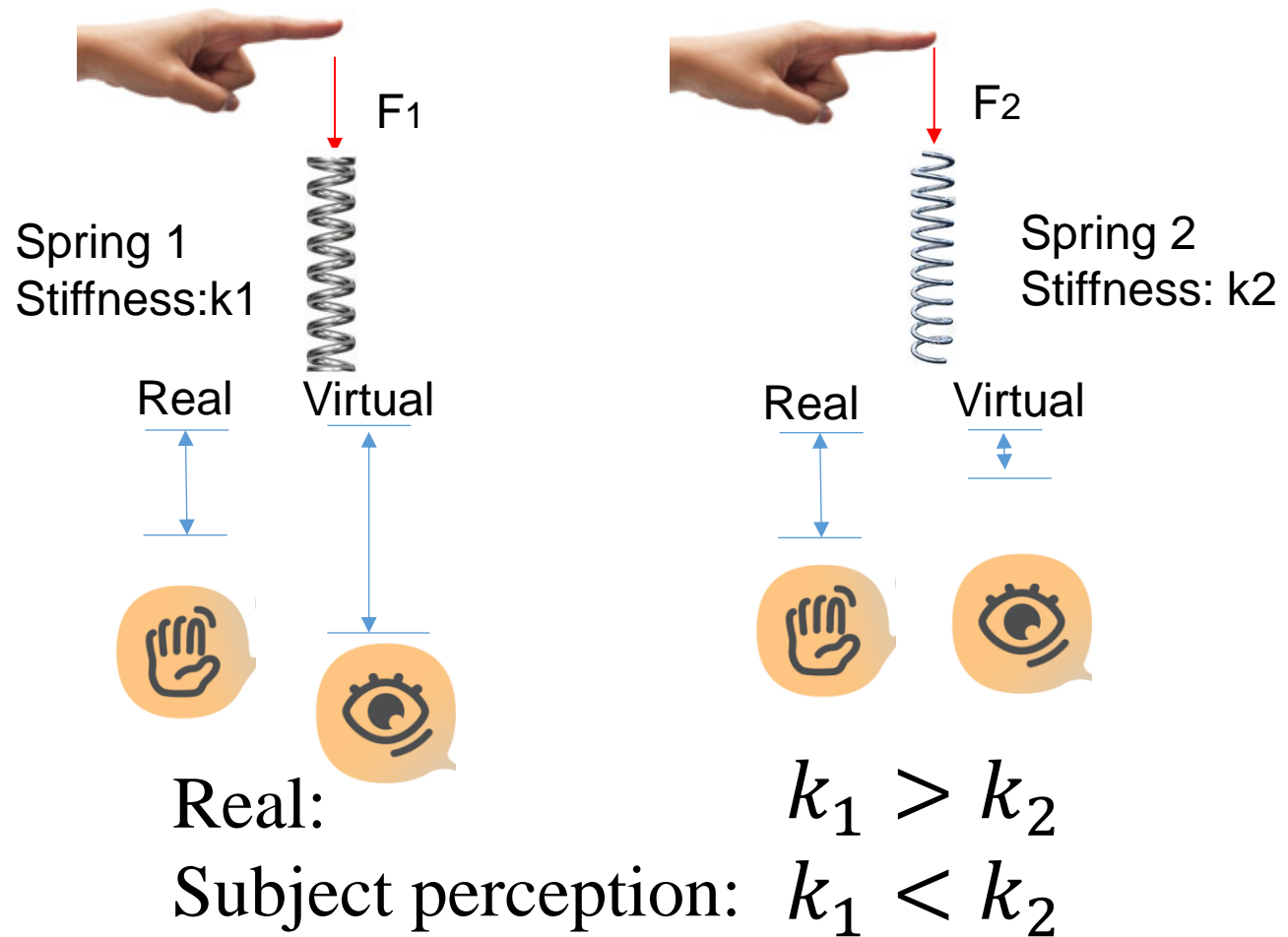
Weight (Dominjon et al.2005)



.....

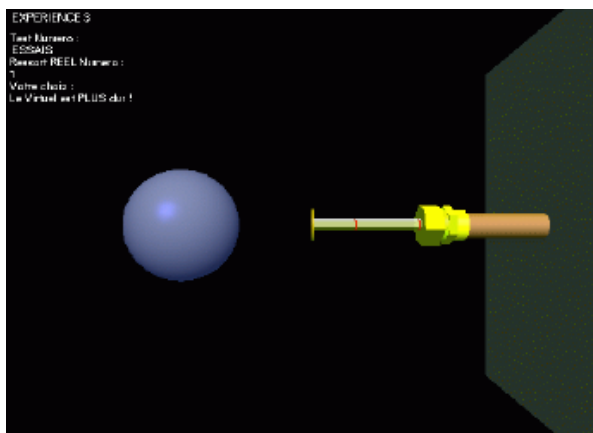
Stiffness perception

Influence of vision (Srinivasan et al. 1996)



Pseudo-haptic feedback

Stiffness discrimination between real and pseudo-haptic spring



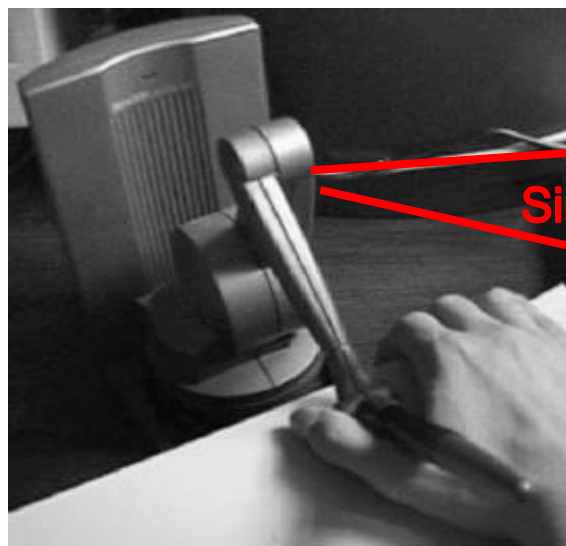
Stiffness
discrimination



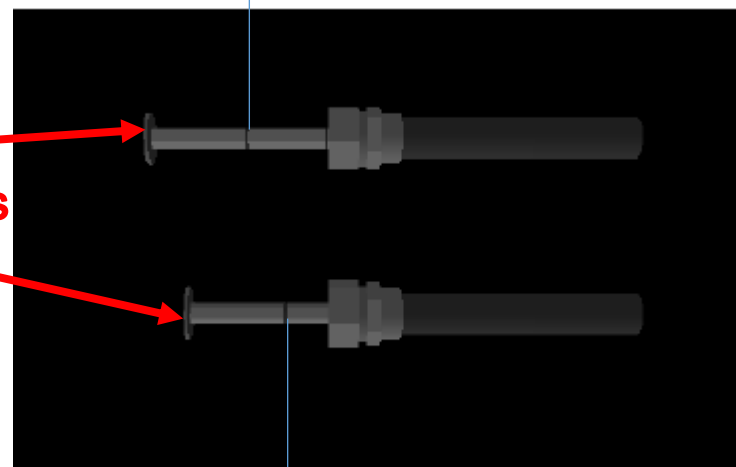
Changing the **stiffness of virtual spring** can change subjects' stiffness **perception results** in different levels (Lécuyer et al. 2000)

Pseudo-haptic feedback

Stiffness discrimination between real and pseudo-haptic spring ?



Force feedback device

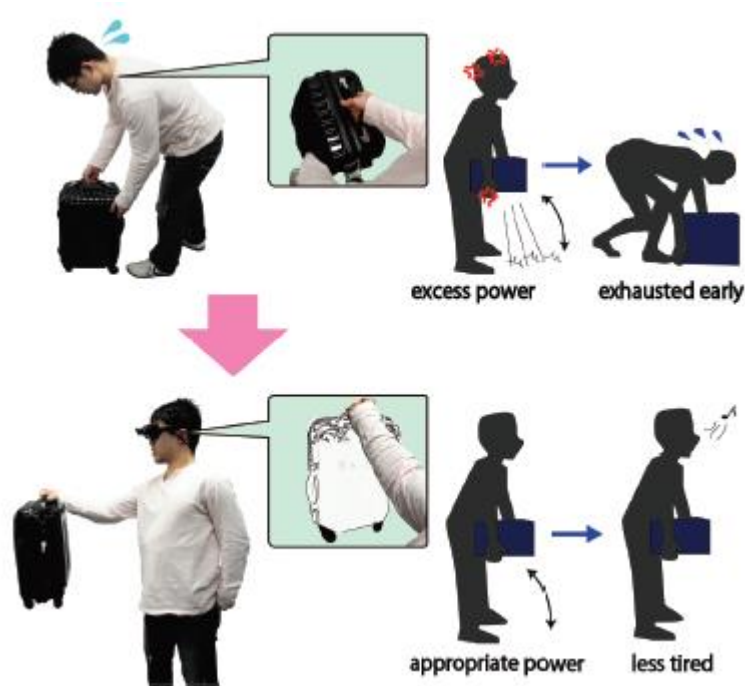


Pseudo-haptic spring

Subject answers change following the changes of stiffness of pseudo-haptic spring

Discrimination result is different when the subject relies on his/her haptic sense rather than on his/her visual sense (*Lécuyer et al. 2001*)

Pseudo-haptic feedback



Pseudo-haptic feedback can influence muscle fatigue during lifting objects
(Yuki et al. 2014)



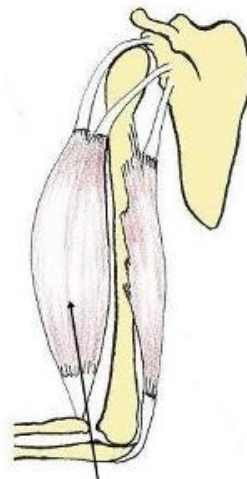
Muscle involvement

Muscle co-activation

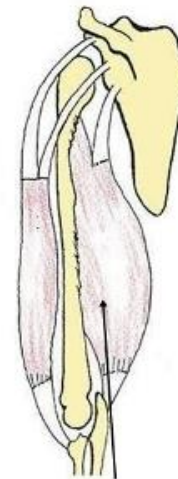
Muscle co-activation: simultaneous contraction of both agonist and antagonist muscles

Agonist

Antagonist



The biceps brachii is the agonist which flexes the elbow.



The triceps is the antagonist which resists flexion and extends the elbow.

$$CI = \frac{2 \times EMG_{Ant}}{EMG_{Ago} + EMG_{Ant}} \times 100\% \quad (\text{Ervilha et al. 2012})$$


EMG_{Ant} and EMG_{Ago} : peak values of the most involved antagonist muscle (extensors) and agonist muscle (flexors)

Muscle co-activation

Dynamic task (Suzuki et al. 2001, Gribble et al. 1998)	Static task (Yang et Winter 1983, Hébert et al. 1991)
$V \uparrow$ $Co \uparrow$	$F \uparrow$ $Co \uparrow$
Control of limb movement	Control of joint stability

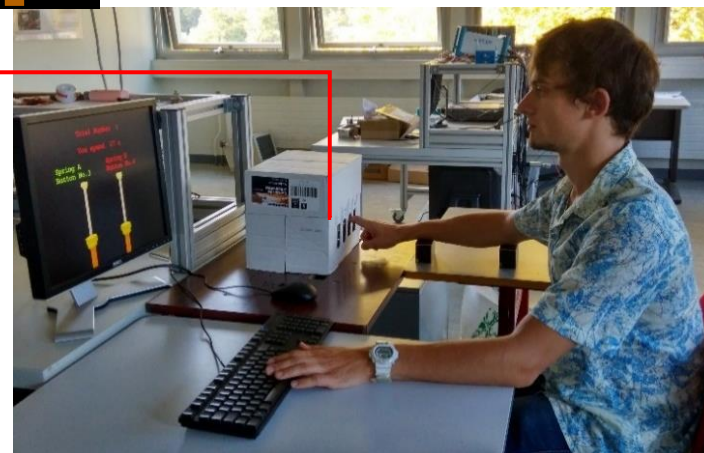
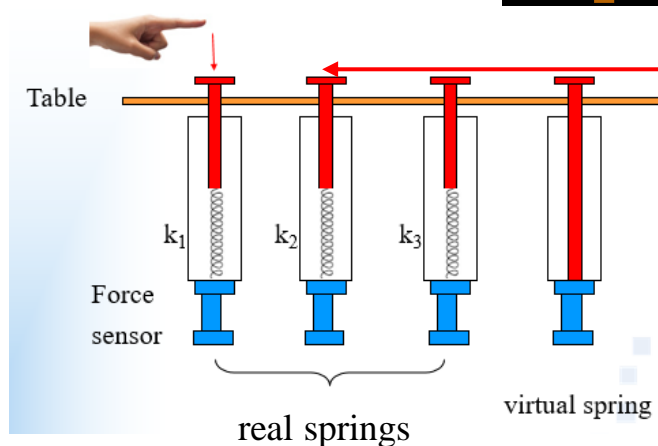
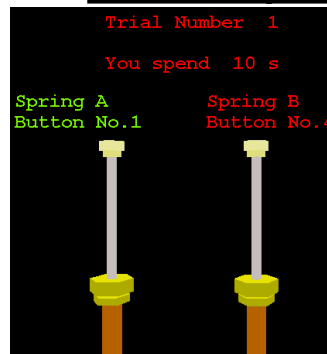
- V - joint velocity
- Co - muscle co-activation
- F - applied force

Research question

Assessment of previous work	Pseudo-haptics influence on perception
Problematic	<ul style="list-style-type: none"> Does pseudo-haptic influence on biomechanical aspects of human movement and muscle involvement in stiffness discrimination ?  <p>Better understand the pseudo-haptics</p>

Experimental setup

Stiffness discrimination task: virtual spring vs. real spring



$$k_v = k_i(1 + p) \quad (i = 1, 2, 3)$$

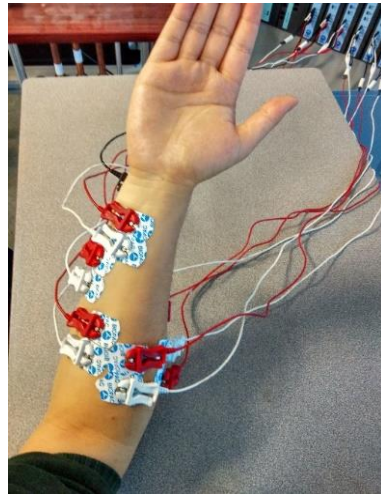
k_i : stiffness of real spring ($k_1 = 202N/m$, $k_2 = 304N/m$, $k_3 = 608N/m$)

k_v : stiffness of virtual spring

$p = -40\%, -30\%, \dots, 0\%, \dots, +60\%$

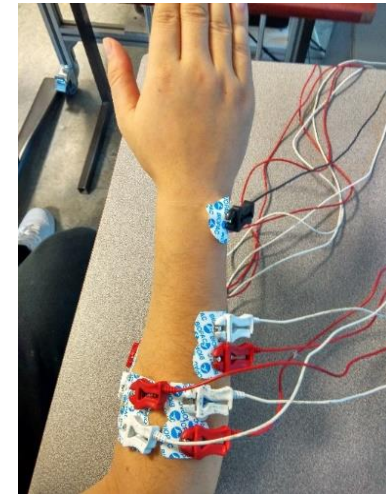
Experimental protocol

Flexors



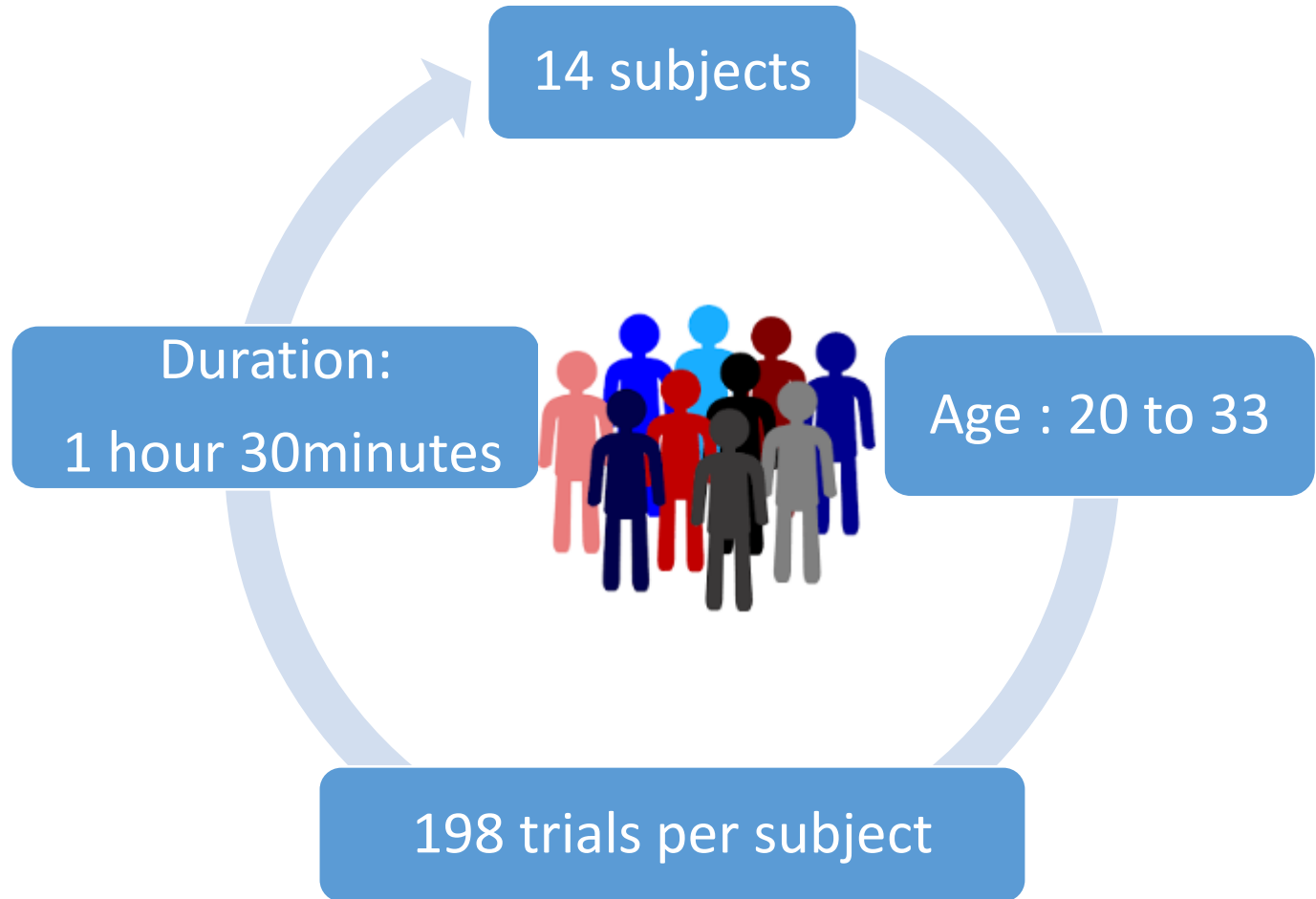
Four sets of electrodes

Extensors

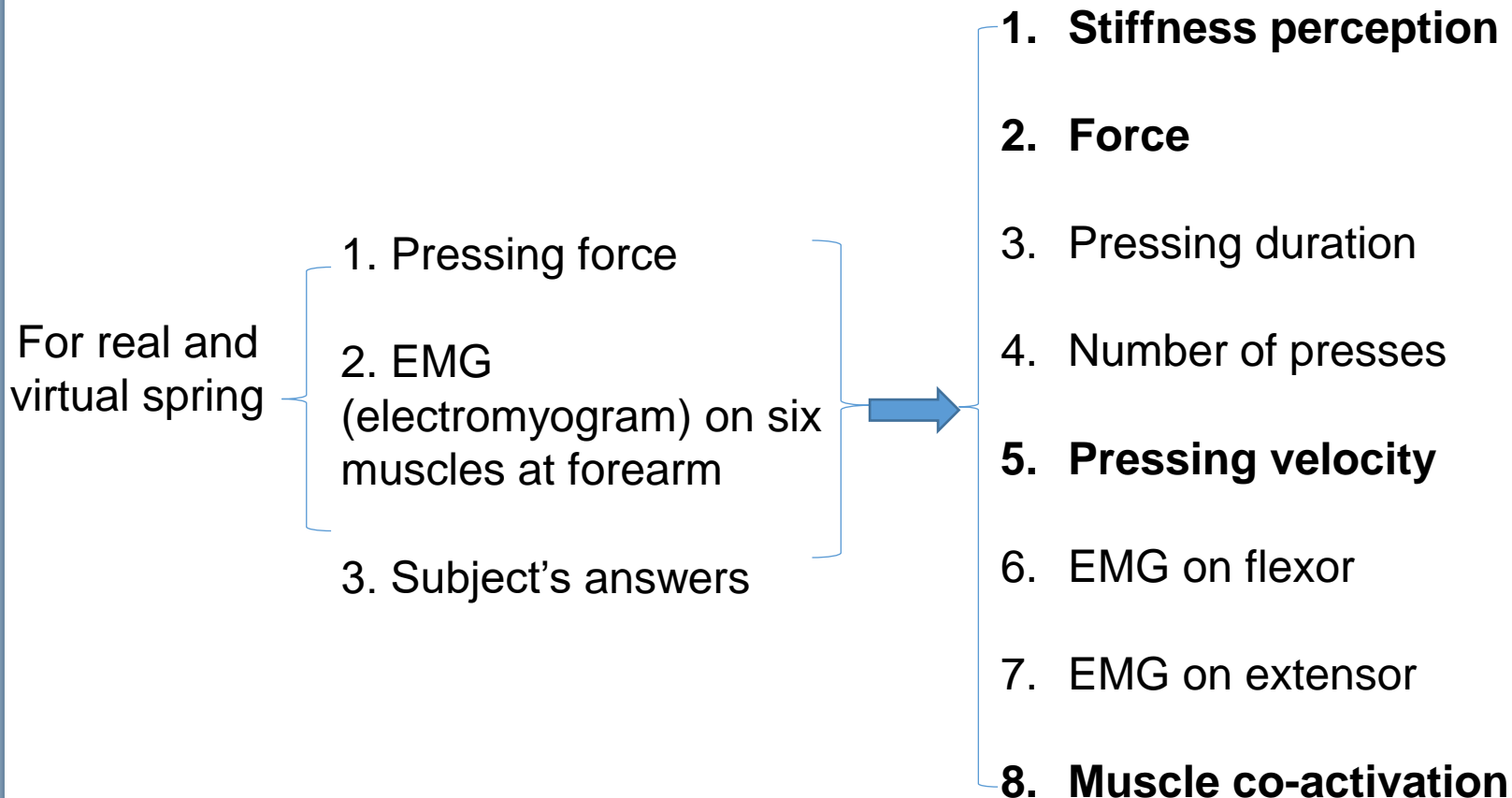


Two sets of electrodes

Subjects



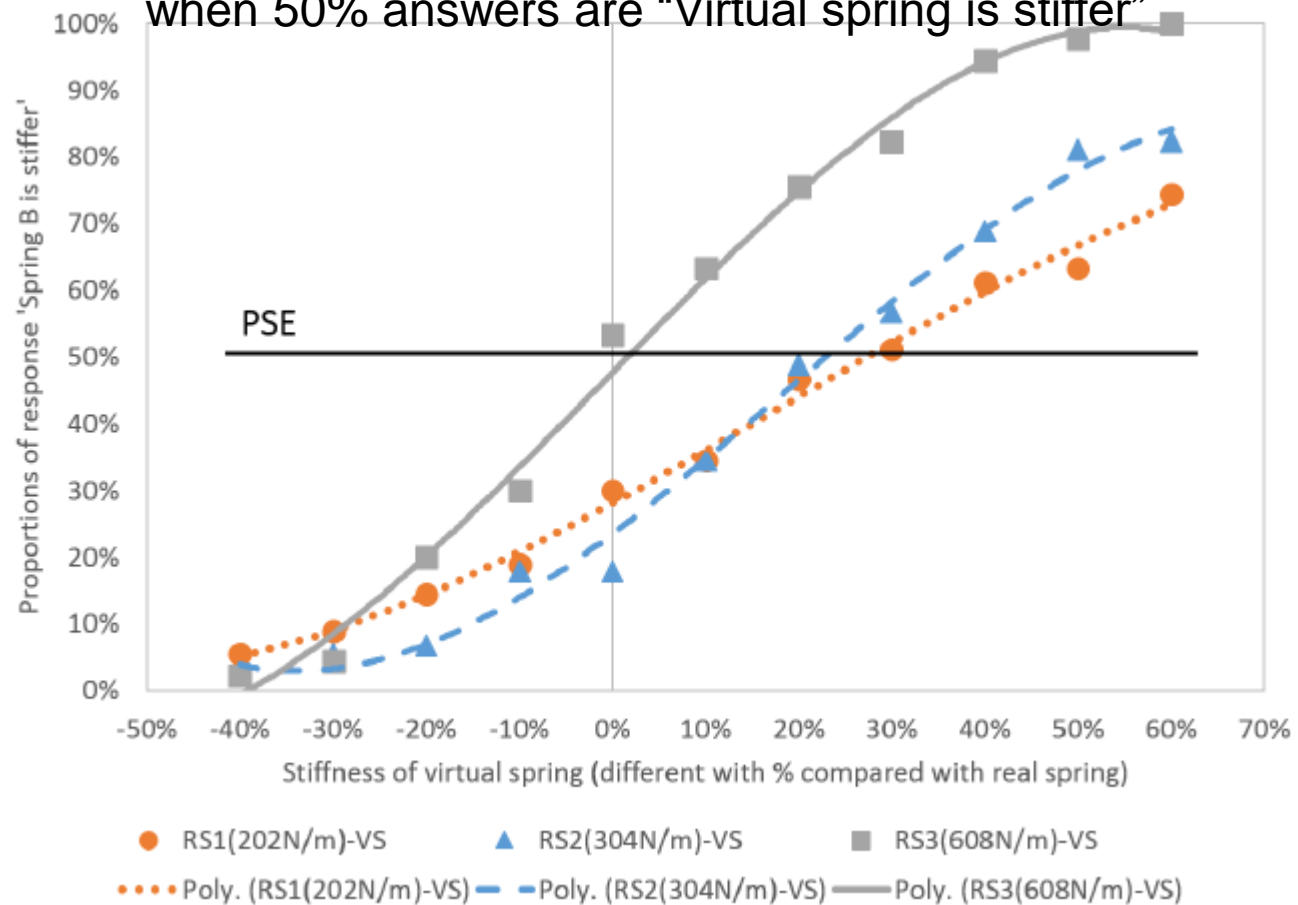
Experimental data



Stiffness perception

PSE=point of subjective equal

when 50% answers are “Virtual spring is stiffer”



Results confirm that the experiment induces pseudo-haptic effect

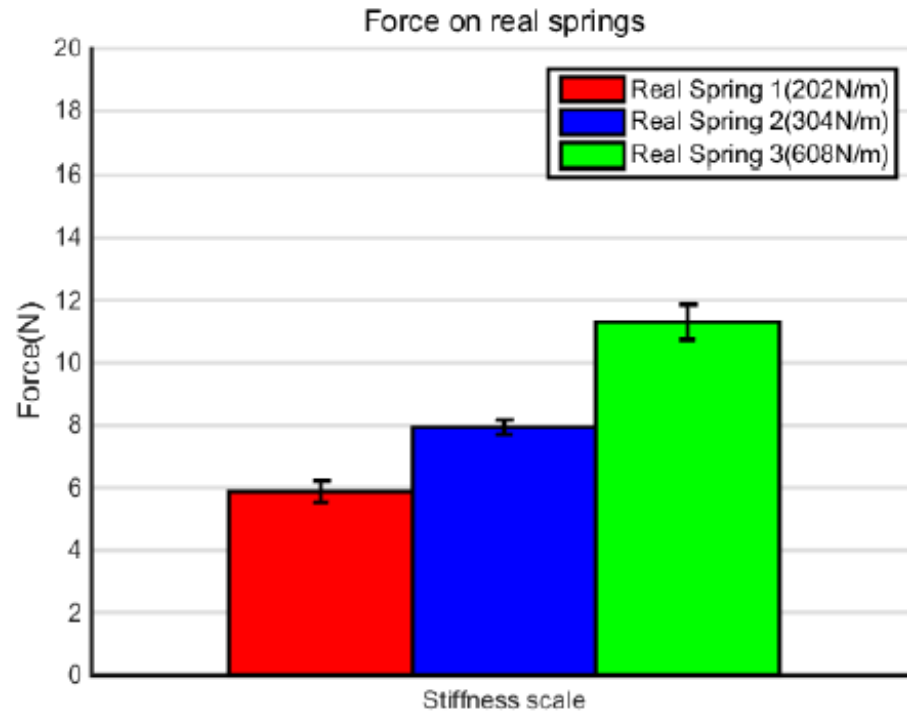
Statistical analysis

Two-way ANOVA tests with repeated measures

Independent variables:

- stiffness scale (202N/m, 304N/m, 608N/m)
- change percentage(-40%,-30%,...,0%,...+60%)

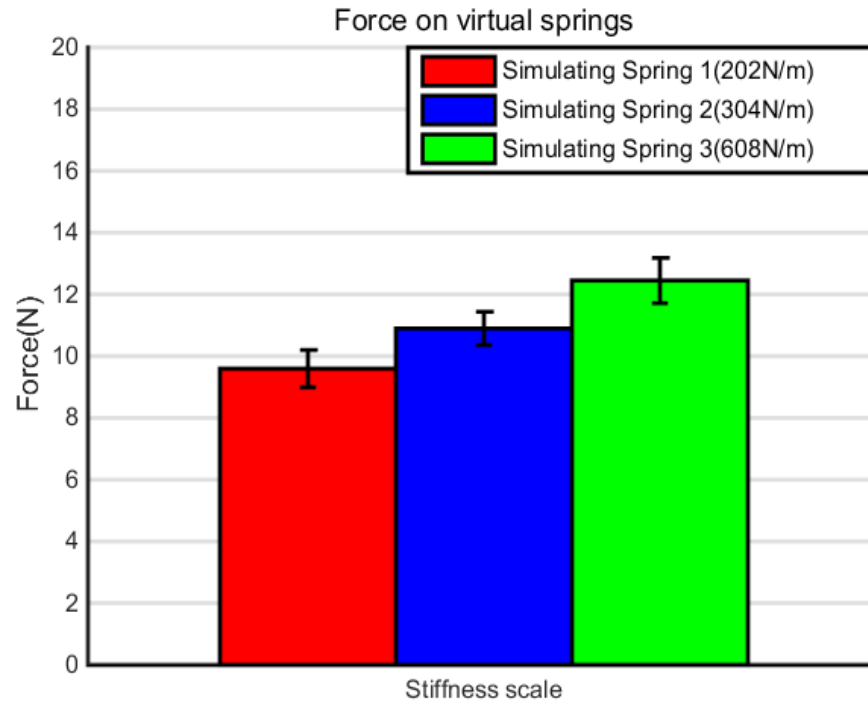
Force on real springs



$$F=9.9012, p\text{-value}<0.001$$

Force applied on real spring increases significantly with the increase of stiffness of real spring

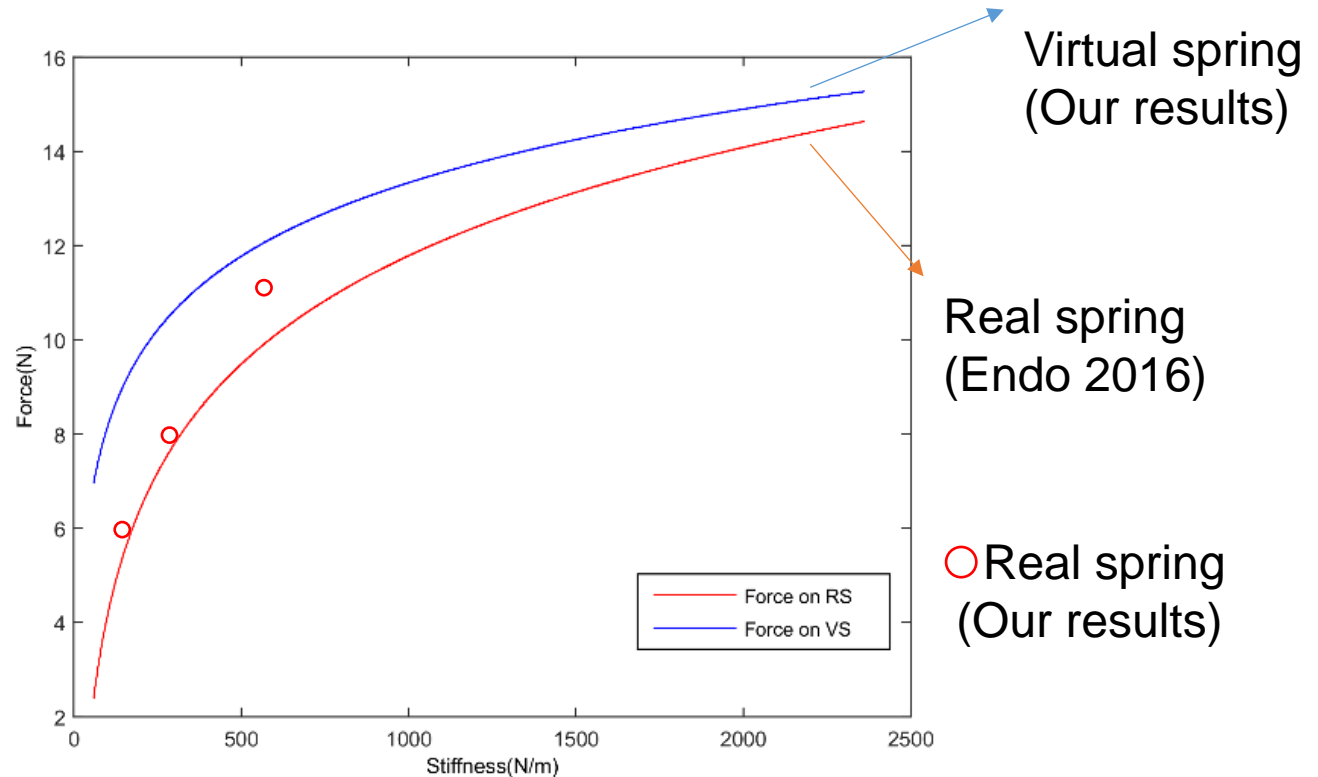
Force on virtual spring



$$F=31.495, p\text{-value}<0.001$$

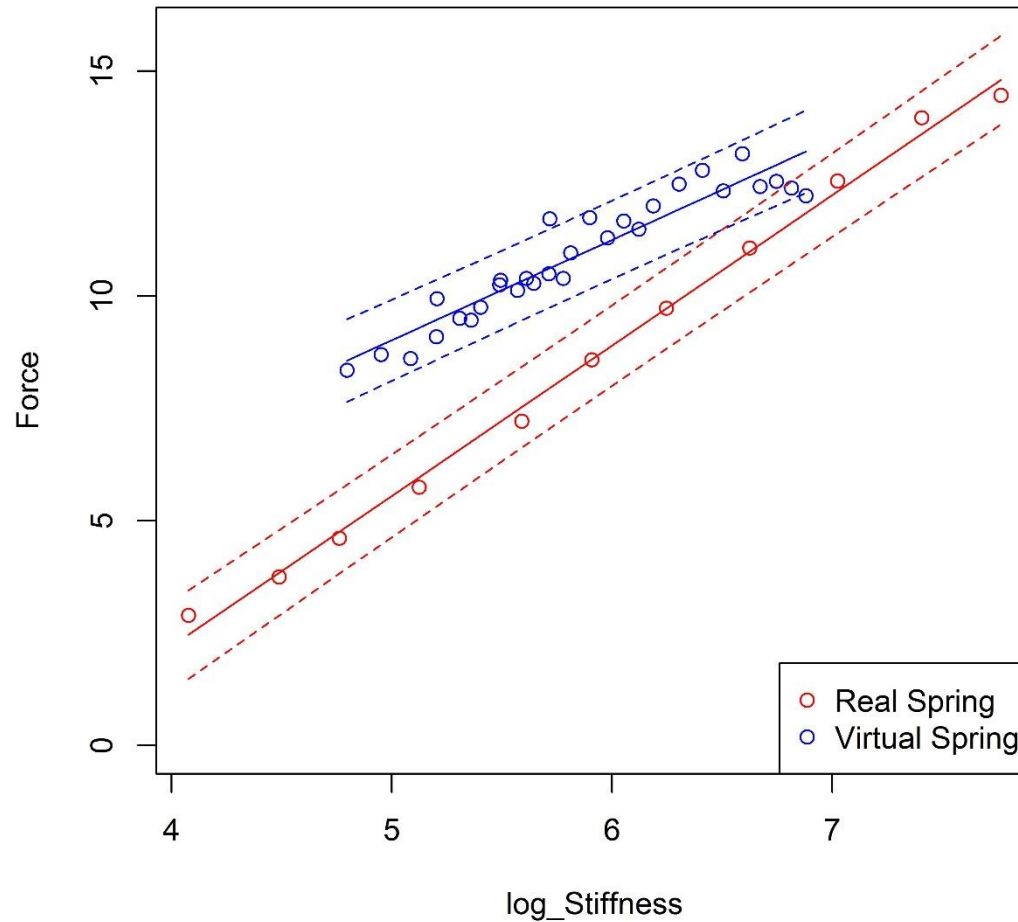
Force applied on virtual spring increases when the stiffness of virtual spring increases

Forces on real and virtual springs



- Force increases with the increasing of stiffness
- Approaching a limit

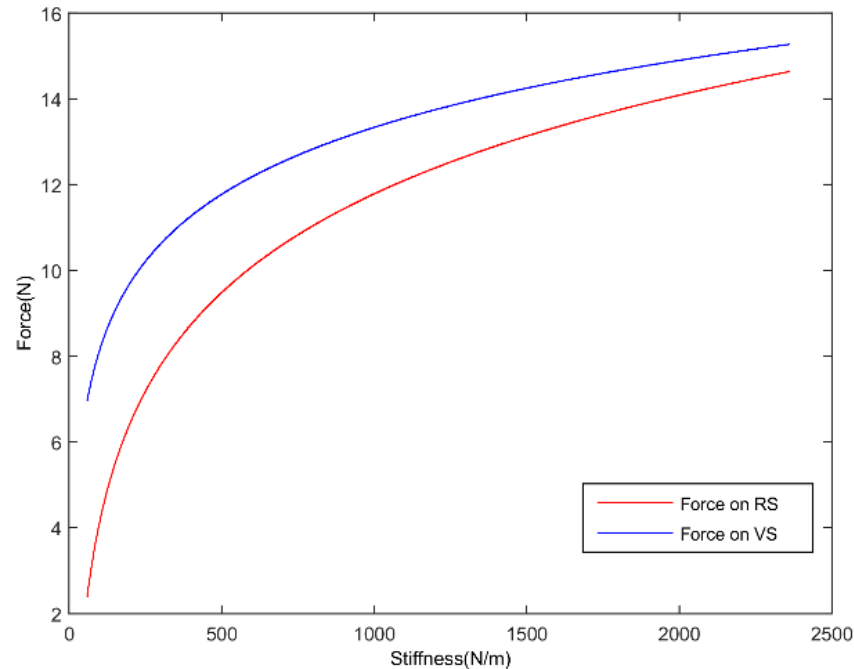
Force experimental results: 1st order linear regression



$$F_R = -11.175 + 3.345 \cdot \ln(k_R)$$

$$F_V = -2.148 + 2.232 \cdot \ln(k_V)$$

Experimental results: forces



$$F_R = -11.175 + 3.345 \cdot \ln(k_R)$$

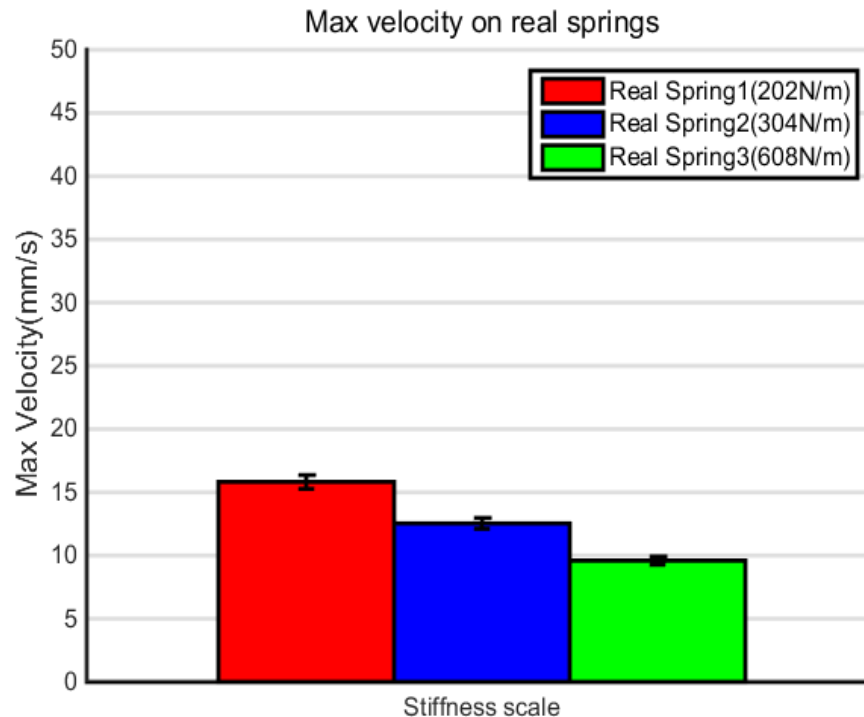
$$F_V = -2.148 + 2.232 \cdot \ln(k_V)$$



$$\frac{dF_R}{dk_R} = \frac{3.345}{k_R}$$

$$\frac{dF_V}{dk_V} = \frac{2.232}{k_V}$$

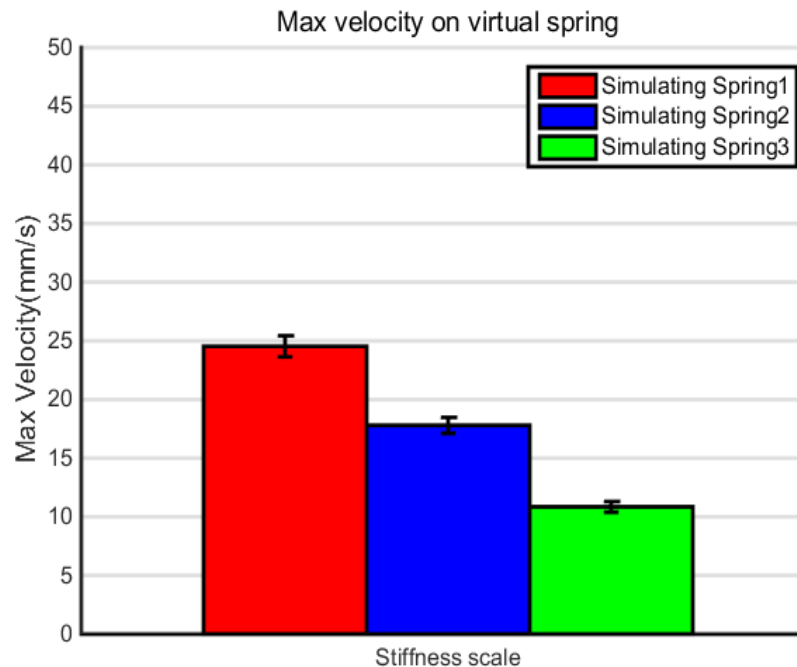
Maximal pressing velocity (real spring)



$$F=440.62, p\text{-value}<0.001$$

The velocity decreases when the stiffness of real spring increases

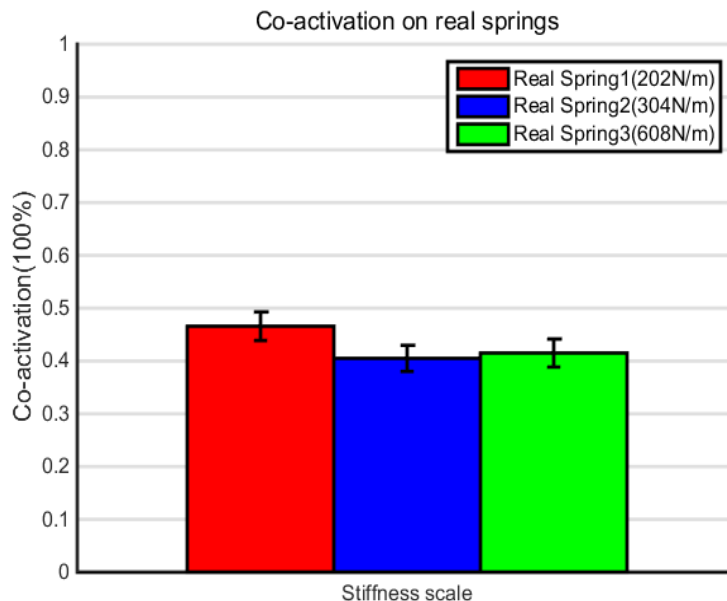
Maximal pressing velocity (virtual spring)



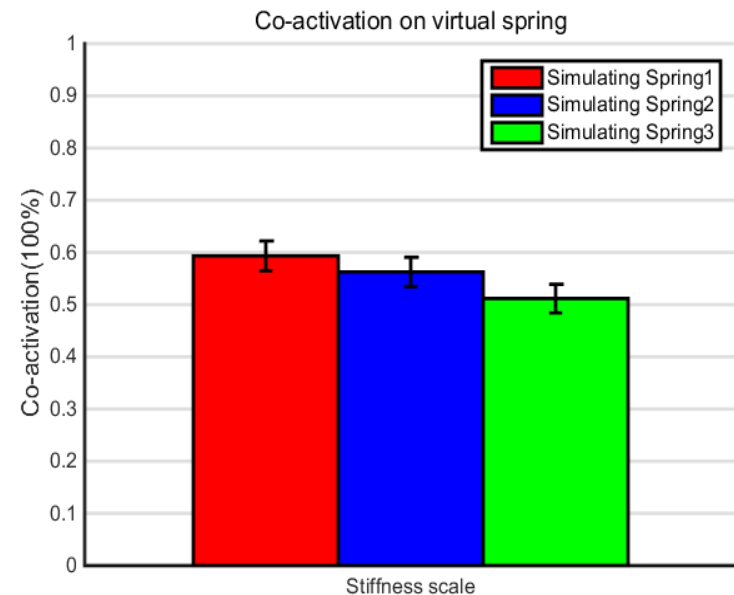
$$F = 950.81, p\text{-value} < 0.001$$

The pressing velocity decreases following with increase of the stiffness of virtual spring

Muscle co-activation



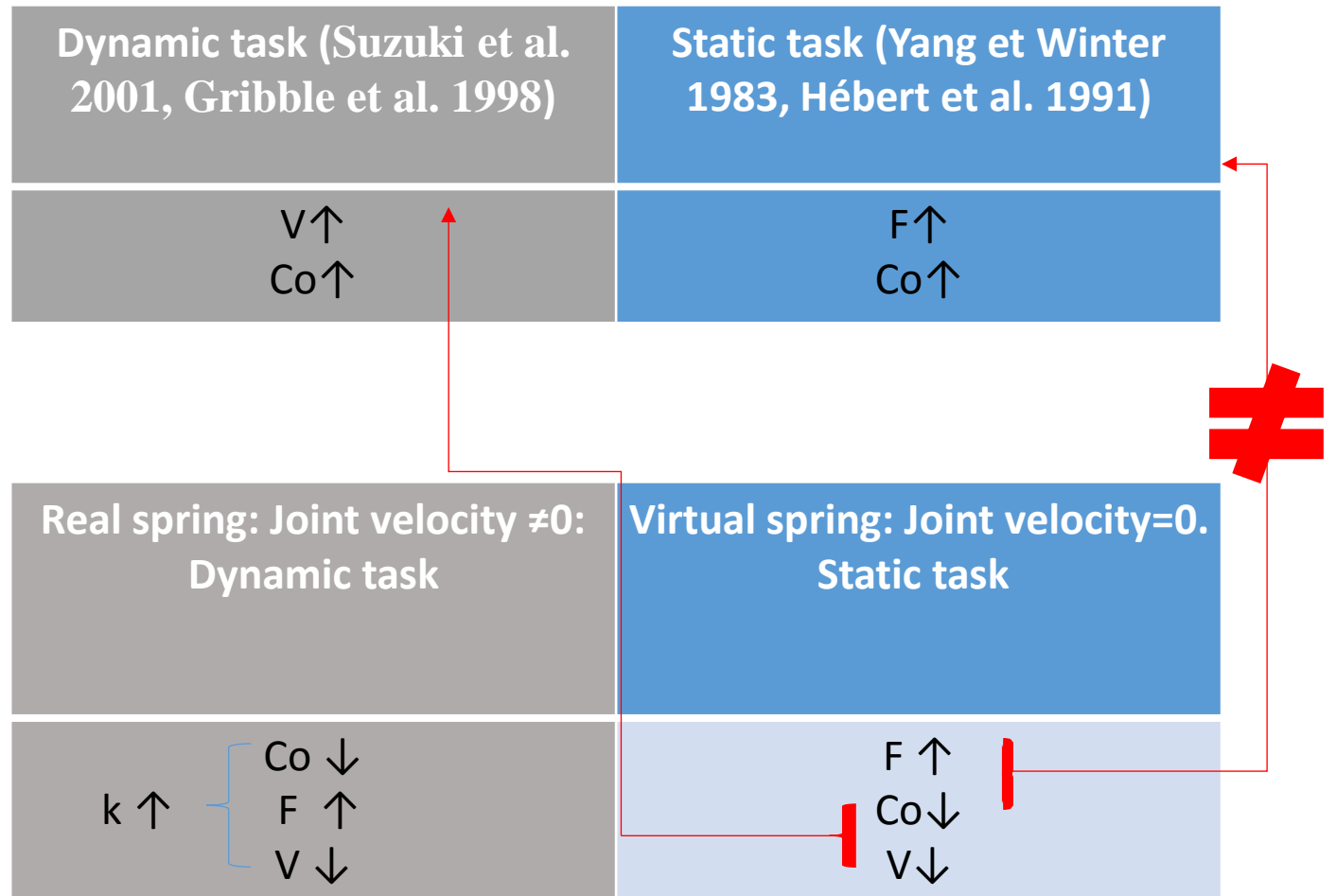
$F=440,62, p\text{-value}<0.001$



$F=29.93, p\text{-value}<0.0001$

Muscle co-activation of wrist decrease for stiffer spring

Experimental results and comparison with previous work results



Co=muscle co-activation; F=force; V=maximal pressing velocity

Main conclusions

- Pseudo-haptics can induce the similar force behavior as in real spring
- Pseudo-haptics can induce different levels of muscle co-activation
- Co-activation does not depend solely on mechanical constraints, but also component associated with the cognitive and/or central nervous system for muscle involvement planning

Part II Application in CRPS (Complex regional pain syndrome) SDRC (Syndrome douloureux régional complexe)

Computer-based application and CRPS rehabilitation

CRPS (Complex regional pain syndrome)

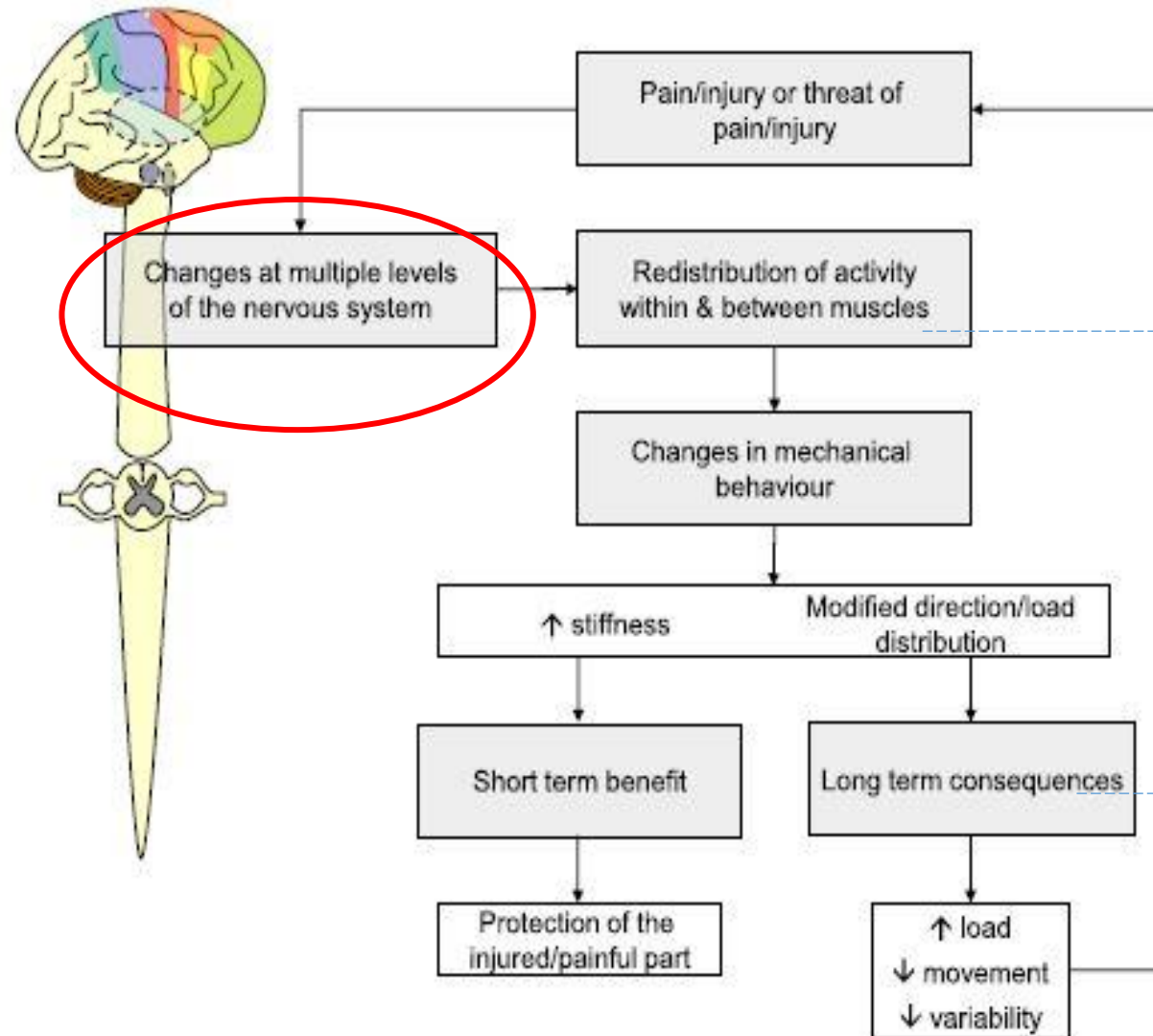
Key CRPS symptoms :

- Prolonged pain
- Changed stiffness of joint
- Sensitive skin
- Painful swelling
- Abnormal posture
- Deficient muscle activation



CRPS (Complex regional pain syndrome)

Motor adaptation to pain (Hodges et al. 2011)



loss of voluntary modulation of muscle activity.
(Bank et al. 2013)

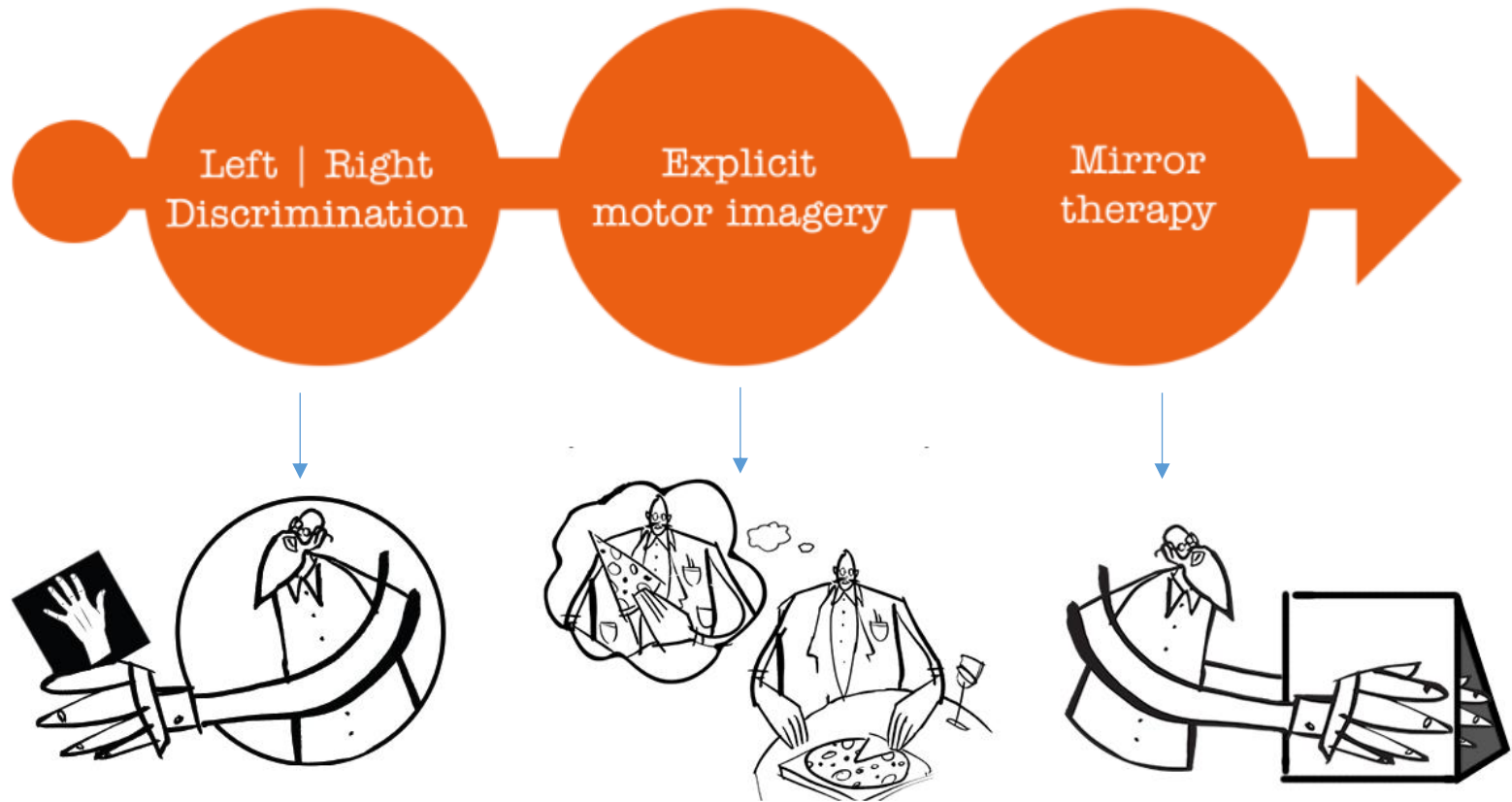
Negative consequence
(Hug et al. 2015)

Treatments for CRPS

- Intervention on patient's nervous system (Schwartzman et McClellan 1987, O'Connell et al. 2013)
 - paravertebral sympathetic block technique
 - removal of peripheral arterial sympathectomy
- Physical therapy (Moseley 2013)
 - Movement therapy
 - Graded motor imagery
 - Mirror Box Therapy

Physical therapy

Graded motor imagery (Moseley 2004)



Physical therapy (continue)

Mirror therapy (Cacchio et al. 2009)

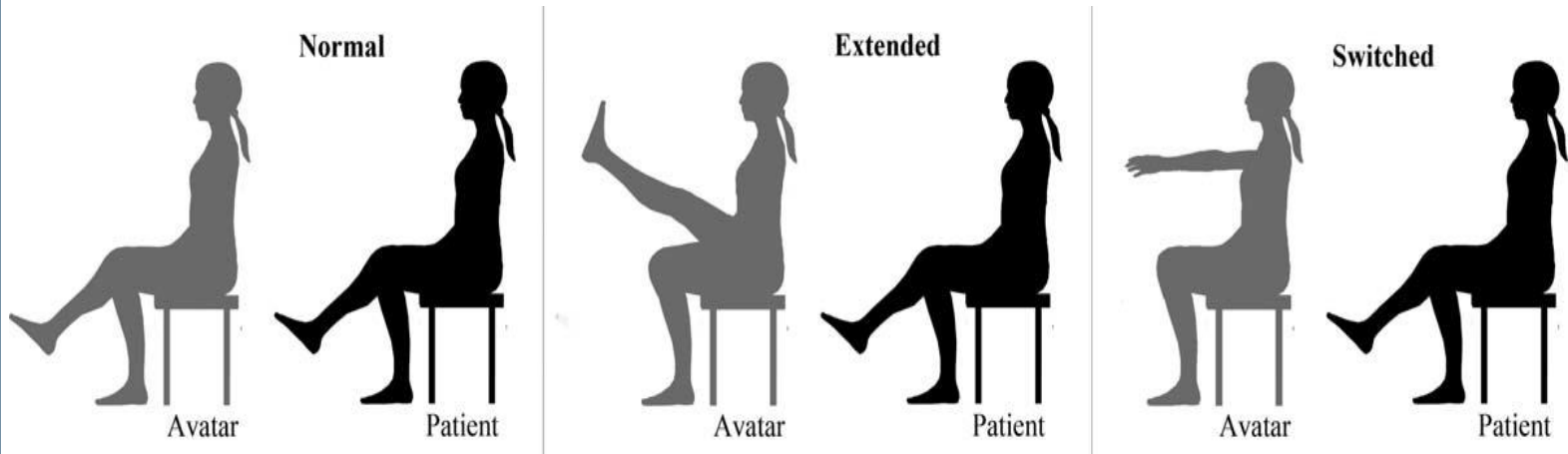


CRPS (Complex regional pain syndrome)

Physical therapy

VR therapy (Won et al. 2016)

Avatar control conditions:



(a). Normal condition; (b). Extended condition; (c). Switched condition

Pain tolerance

- Pain cognition influences the physical performance (Moseley 2004)
- Altered somatic vigilance may lead to a change in pain threshold (Geisser et al. 1993)

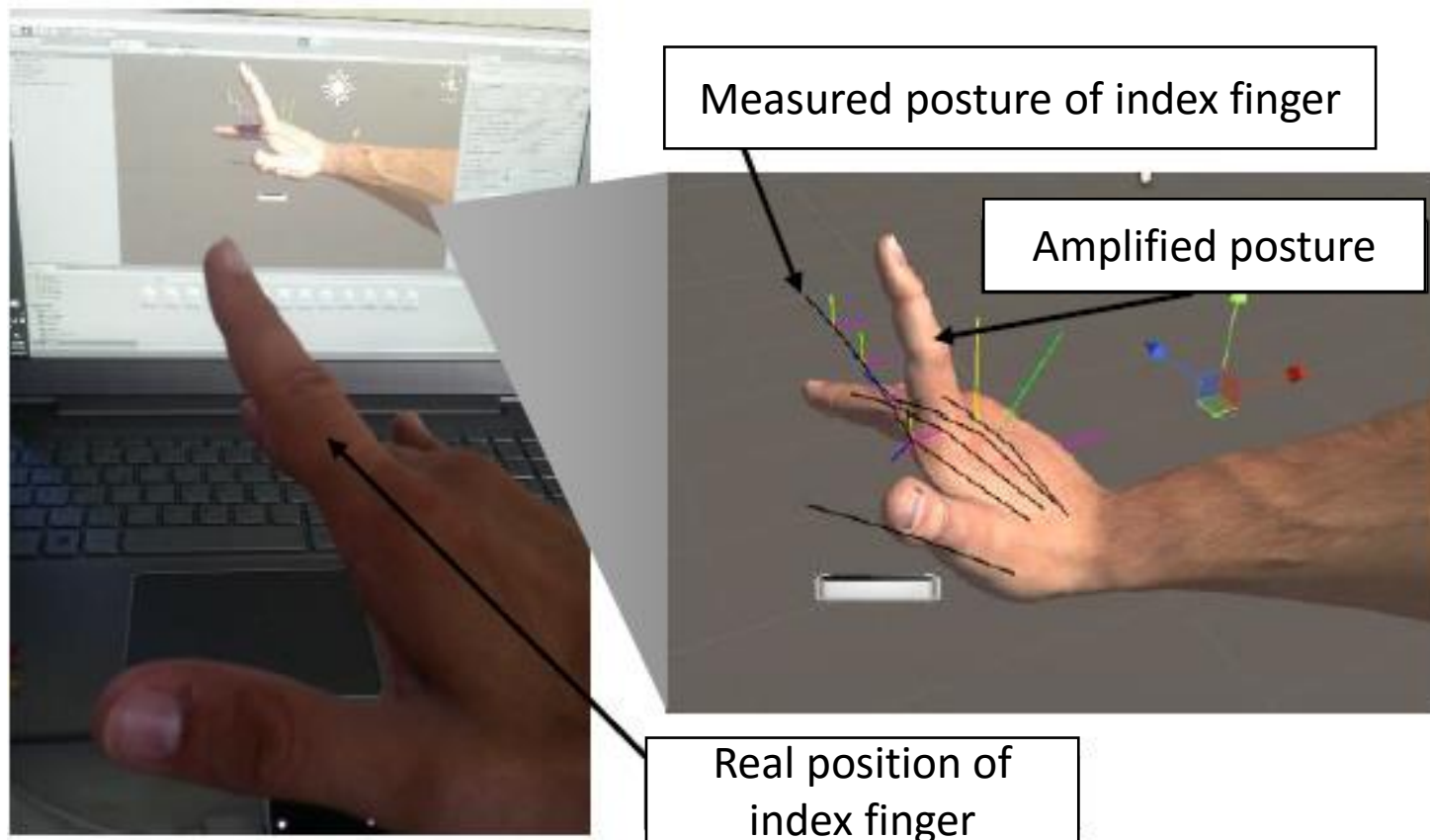
Propose method

Can VR (modified visual feedback) change the pain tolerance?

1. Develop an application
2. Test the feasibility

Developed application

Based on Leap Motion and Unity (Dufetel 2015)



Amplify or decrease the joint motion

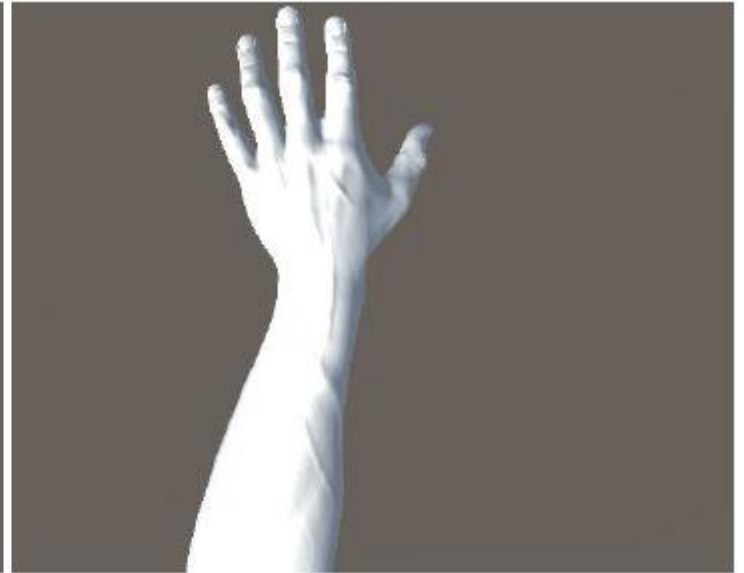
Subjects can see some movement they cannot see in reality

Pilot study: experiment in CHU

Types of hand models for right and left hands



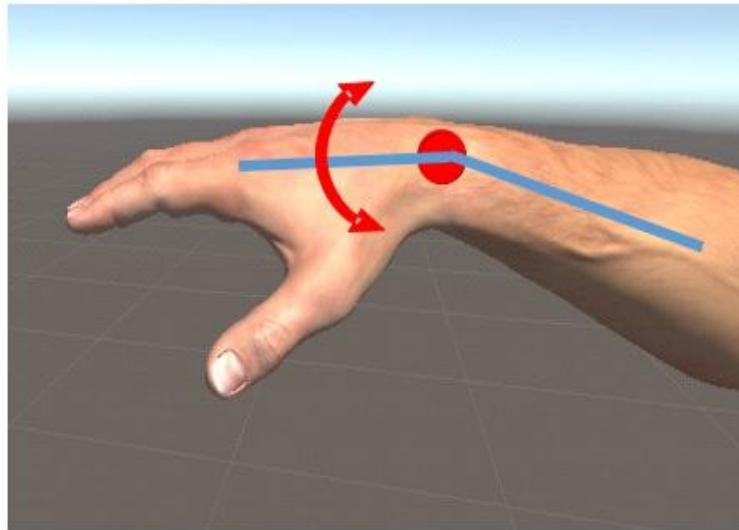
Natural skin



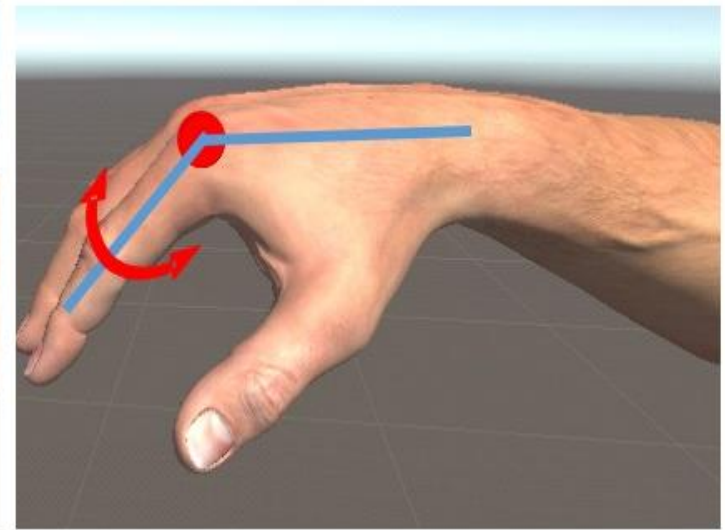
Silver skin

Pilot study: experiment in CHU (Hand surgery service)

Movement amplification



Task 1: Flexion and extension of wrist



Task 2: Flexion and extension of MCP (metacarpophalangeal) joint

Rotation angle of the joint (wrist or MCP) in avatar hand (θ_A)

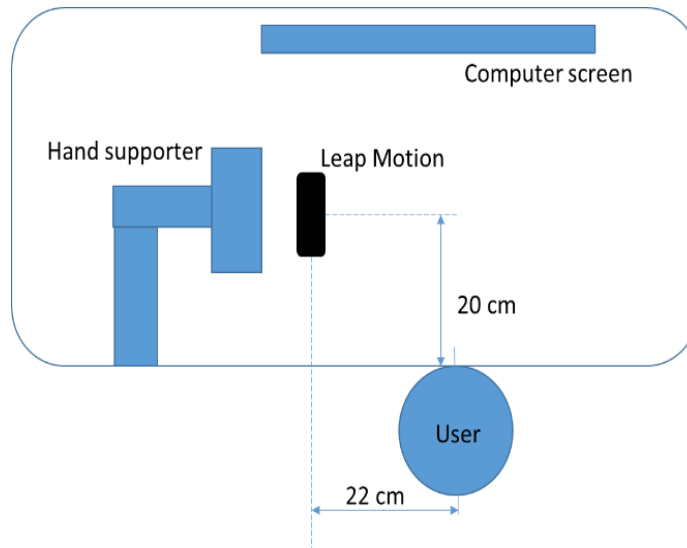
$$\theta_A = C_A \cdot \theta_U$$

C_A : amplification coefficient (0.25, 0.5, 1, 2, 4)

θ_U : rotation angle of user hand joints

Pilot study: experiment in CHU

Experimental setup

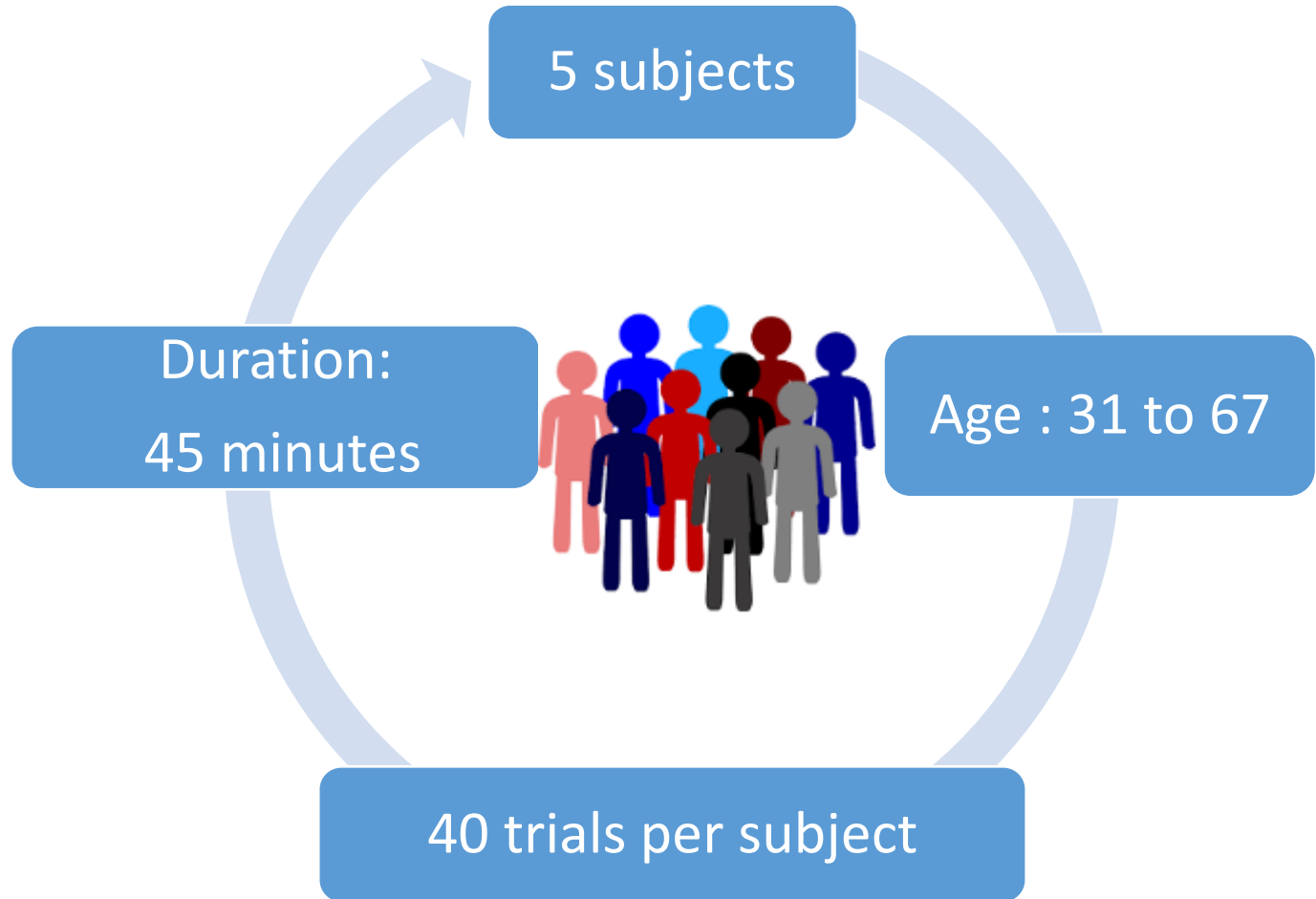


Top view



Experimental scenario

Subjects



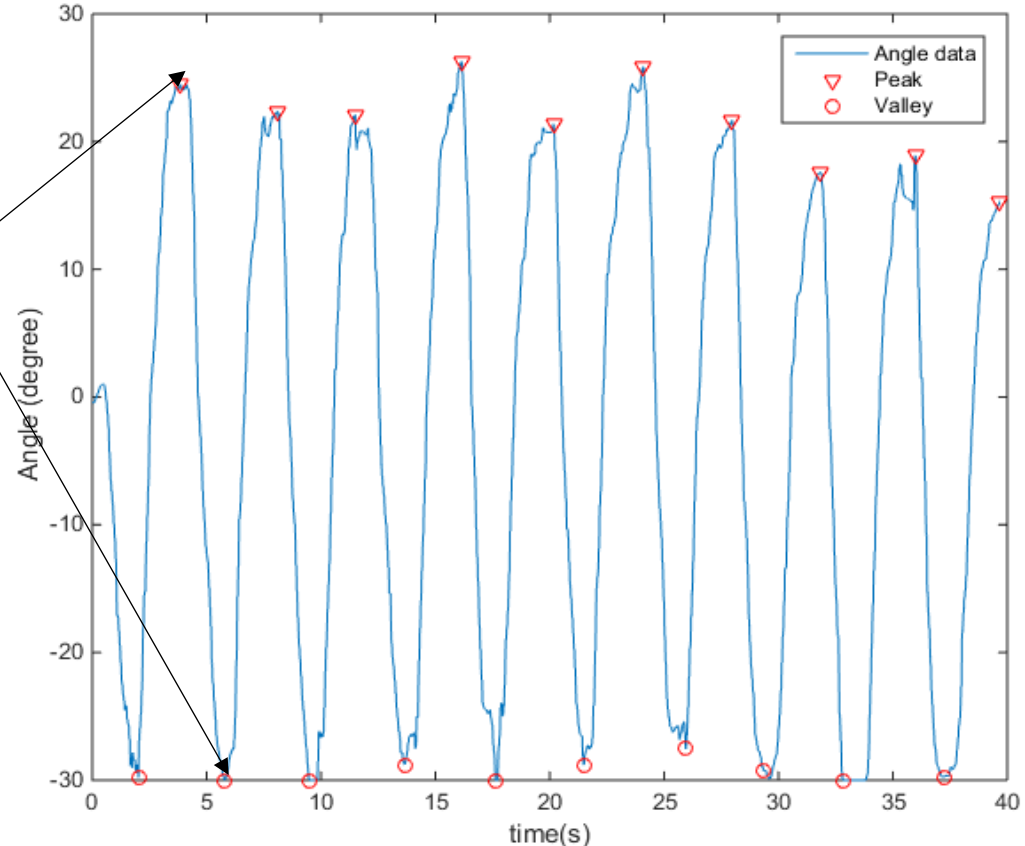
Pain evaluation

Method:

Wong-Baker FACES Pain Rating Scale
(Hockenberry et al. 2001)



Recorded angles on avatar hand



findpeaks
function of
MATLAB

$$D_{\min} = L_D / n$$

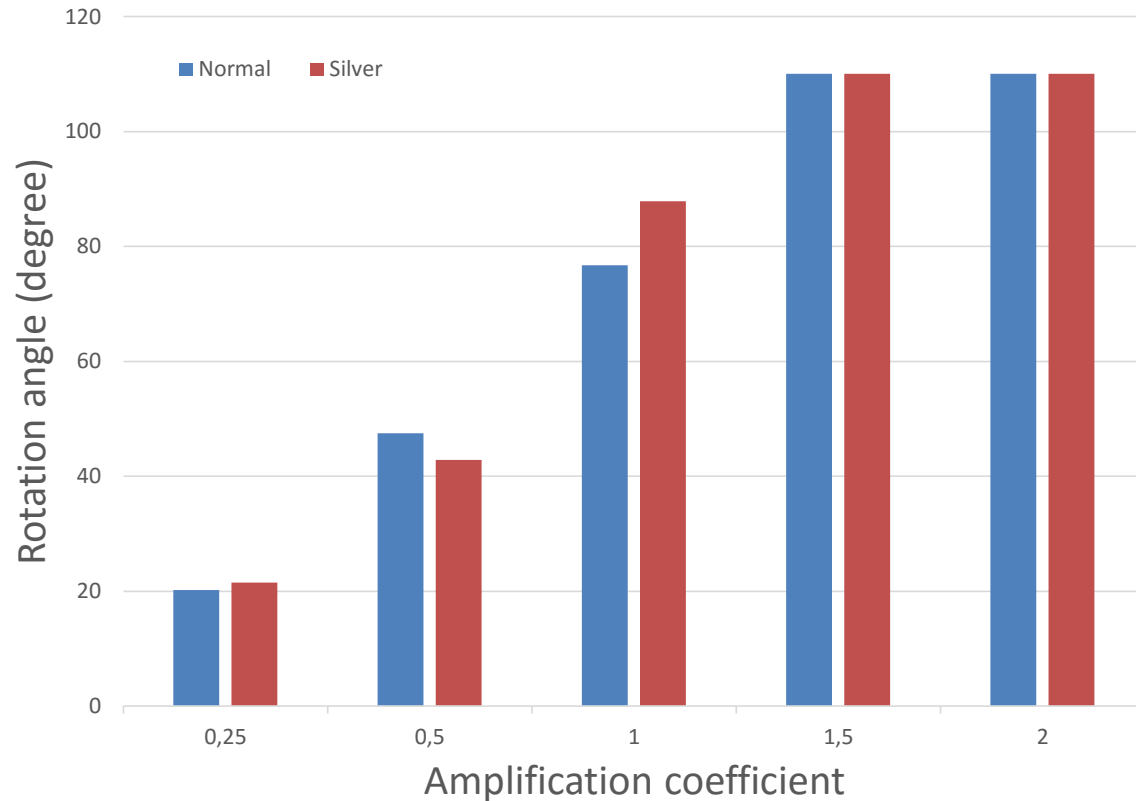
D_{\min} : minimal sample number between two peaks

L_D : length of the recorded data

n : total number for flexion and extension movements (here $n=10$).

Range of movement

Wrist of avatar hand



$$\overline{ROM} = \frac{1}{n} \sum_{i=1}^n ROM_i$$

\overline{ROM} : range of movement in the joint

Main achievements

- Application allows to amplify or decrease the user's hand movement
- The rotation angles of joint can be recorded

Subjects' opinions

More than half of the subjects preferred the silver hand

General conclusion

- New method for quantifying fatigue associated with disassembly tasks performed in VR was proposed
- Pseudo-haptics
 - Force behavior of finger while pressing the pseudo-haptic spring is similar as pressing the real springs
 - Changing visual information of pseudo-haptic feedback can induce the muscle co-activation as in a dynamic task for finger even if the fingertip is static
- Application for CRPS
 - Proposing the first step toward an application for hand rehabilitation of CRPS patients
 - Subjects prefer the less realistic avatar hand

In future

- To confirm effect of pseudo-haptics on muscle co-activation in a more simple biomechanical task
- To combine the proposed application and the pseudo-haptics
 - using pseudo-haptic as a static task to avoid the pain in dynamic rehabilitation task
 - using pseudo-haptic feedback to strengthen patient's deficient muscle
- To improve hand motion tracking of application
 - accuracy
 - stability
 - ...
- To test whether modified visual feedback can increase pain threshold

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Thank you for your attention!

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