

Faculty of Mathematics,

Biomechanical model of the primates' upper limb

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- 1 Introduction
- 2 Modelling
- 3 Validation
- 4 Experiments
- 5 Conclusion

Introduction



Motivation

Worldwide, **50 000 people a year** suffer a Spinal Cord Injury (SCI), with **lifetime consequences**.

Half of the patients are **under 30 years old**.

The injury is often **localized**, leaving hope to one day find a treatment.

But after 40 years of research, we cannot restore **basic limb functionality**.



Instead, Grégoire Courtine's **pragmatical** approach focuses on electrically stimulating the proprioceptive feedback into the spinal cord below the SCI, in order to **recruit the reflex loop**. It has been shown to **restore walking capabilities** in humans with partial SCI.



Prof. Courtine



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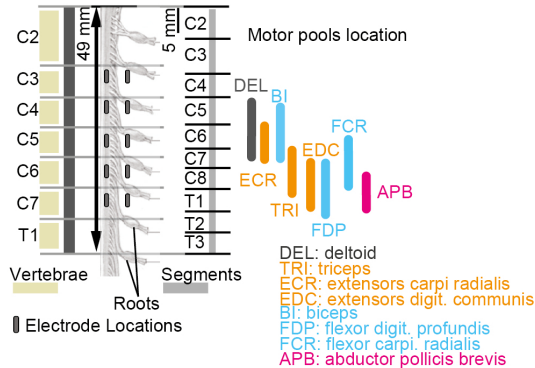
Prof. Courtine

Adapt the methodology to stereotypical motion of the upper limb.
Start with Non Human Primates (NHP).



Electrical Epidural Stimulation (EES)

Primate cervical spinal cord

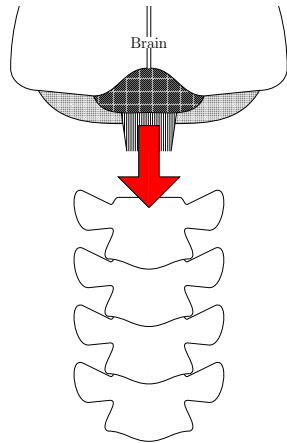
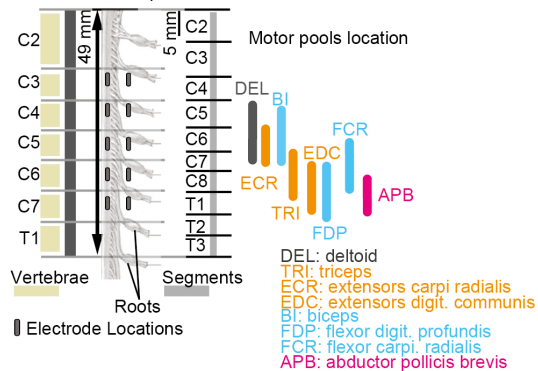


An epidural electrode stimulates groups of actuators' **sensory neurons' afferent fibres' firing rates**, to recruit the sensorimotor limb control.



Electrical Epidural Stimulation (EES)

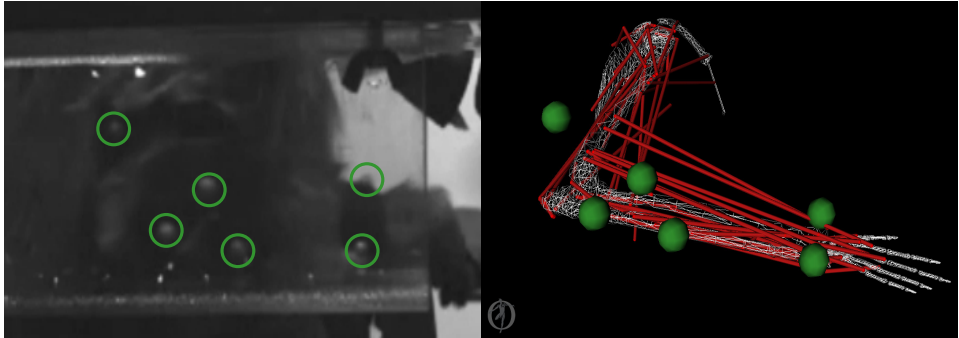
Primate cervical spinal cord



An epidural electrode stimulates groups of actuators' **sensory neurons' afferent fibres' firing rates**, to recruit the sensorimotor limb control.

Produces motion if synchronous with descending modulation from the brain.

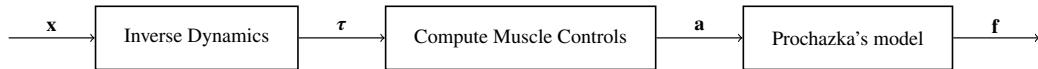
**What are the patterns of afferents'
firing rates?**



Kinematic recordings are reproduced in **OpenSim** simulations in order to predict them.

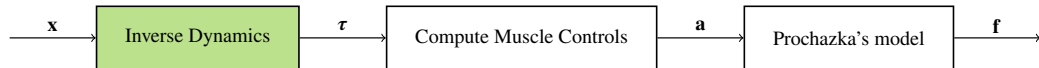


3 algorithms to process the recorded kinematics into the afferents' firing rates:





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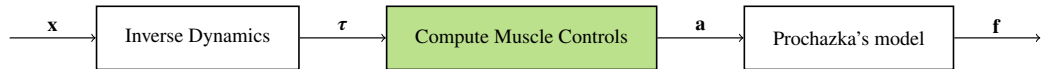
Joint angles that **minimize the error in marker position** are used to **calculate** joint torques.

$$\mathbf{q} = \arg \min_{\mathbf{q}} \sum_i \omega_i \left\| \mathbf{x}_i^{exp} - \mathbf{x}_i(\mathbf{q}) \right\|^2,$$

$$\boldsymbol{\tau} = \mathbf{M}(\mathbf{q})\ddot{\mathbf{q}} + \mathbf{C}(\mathbf{q}, \dot{\mathbf{q}}) + \mathbf{G}(\mathbf{q}).$$



3 algorithms to process the recorded kinematics into the afferents' firing rates:



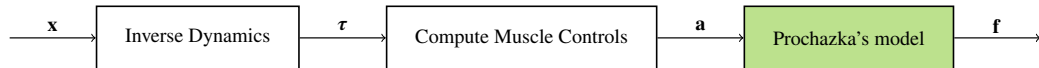
Muscle activations able to render the torques **minimize muscle fatigue** (Anderson, 2001).

$$\begin{aligned} \min \quad & \sum_m a_m^2 + \sum_i \omega_i (\ddot{q}_i^* - \ddot{q}_i)^2, \\ \text{s. t.} \quad & \tau_j = \sum_m F_m(t) \cdot r_{j,m}(\mathbf{q}). \end{aligned}$$



Computational model

3 algorithms to process the recorded kinematics into the afferents' firing rates:



Afferent firings are estimated from stimuli different fibres respond to (Prochazka, 1999).

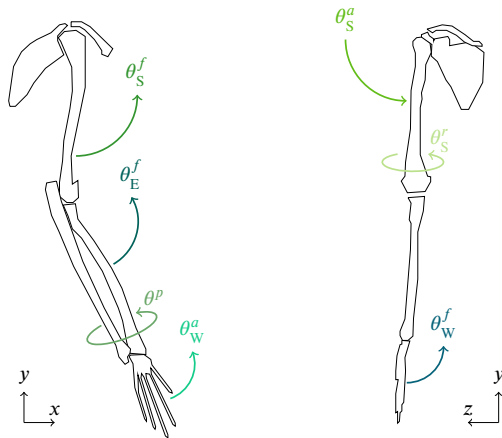
$$\begin{pmatrix} f_{Ia} \\ f_{Ib} \\ f_{II} \end{pmatrix} = \begin{pmatrix} \alpha_l & \alpha_v & \alpha_a & 0 & c_{Ia} \\ 0 & 0 & 0 & \beta_F & 0 \\ \gamma_l & 0 & \gamma_a & 0 & c_{II} \end{pmatrix} \begin{pmatrix} \Delta l \\ v^p \\ a \\ F \\ 1 \end{pmatrix} = \mathbf{A} \zeta_m(t).$$

Modelling



Imported **SIMM** arm model (Chan, 2006):

- **Macacca Mulatta**
- Right arm
- 7 bones (6 monkey + human hand)
- 3 of them **fixed**
- 7 degrees of freedom
- 39 musculo-tendon units
- 18 of them **unparametrized**

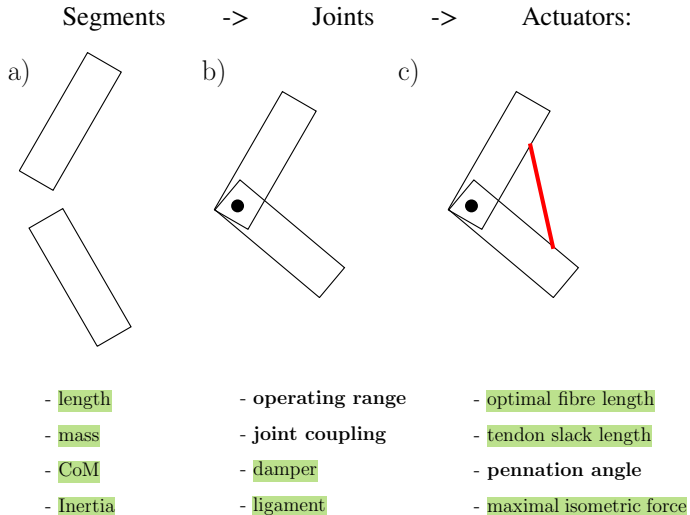


Geometry, leeway of the modelled arm.



Model adaptations

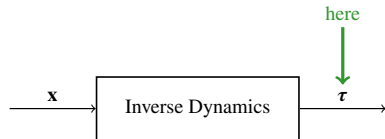
Fix the model in OpenSim in order to use it for the computations, at different levels of the musculoskeletal modelling.



Validation



Where to validate the model?

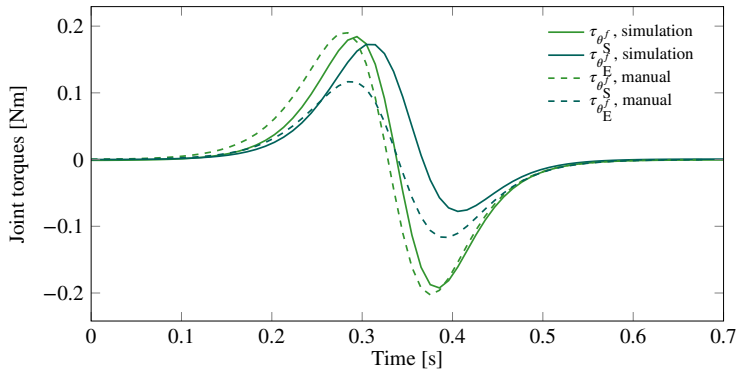


- Validate the torques, before even trying to compute muscle activities

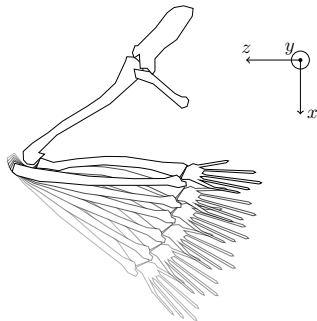


Published results of the study of humans' **planar elbow flexion** are used (Gribble, 1999).

Compare torques **manually computed** with OpenSim's:

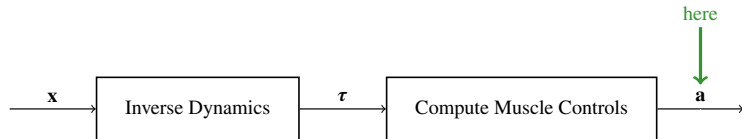


Task:





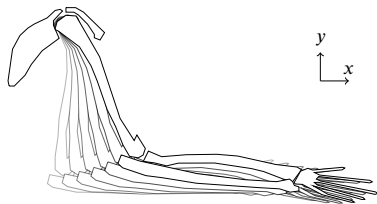
Where to validate the model?



- Validate the torques, before even trying to compute muscle activities
- Validate individual actuators' properties (Hicks, 2015)
Recently enforced by implementation (Millard, 2013)
- Validate the muscle activities



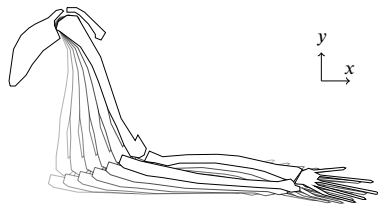
69 EMG-kinematic simultaneous recordings of NHP frontal centre-out tasks are shared with us (Miller, Chowdhury, 2017). **22 muscles are monitored.**



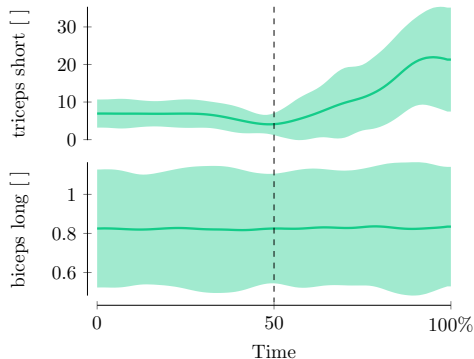
Frontal centre-out task.



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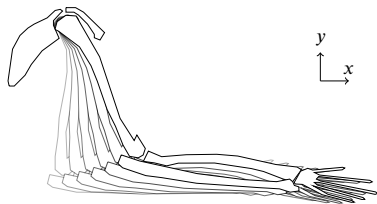
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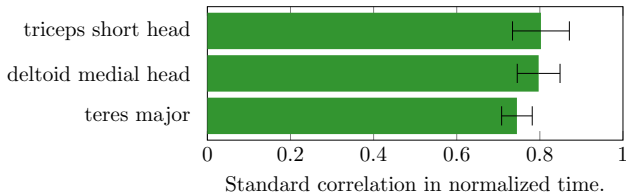
Example (filtered) EMG signals.



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Frontal centre-out task.



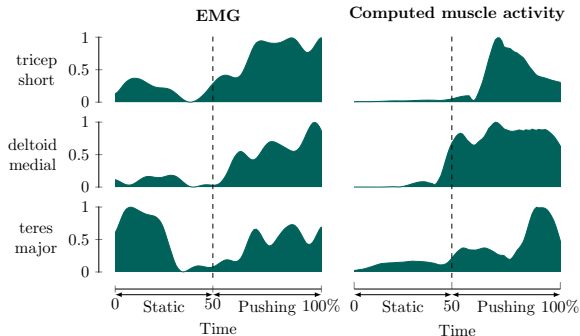
Mean and variance of the correlation between all EMG recordings.



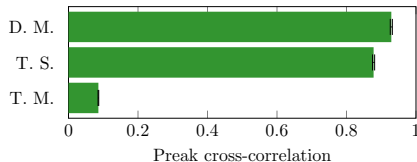
Muscular model validation: muscle controls

Compare EMGs of important muscles to computed controls.

Allow the computed activity to be earlier than the EMG: $\Delta t \leq .1s$ (Miller, 1993).



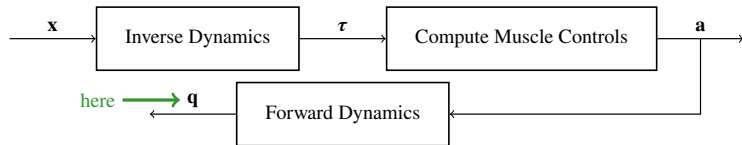
$$\max_{\Delta t} \int_{t_0}^{t_f} \text{EMG}(t) \cdot a(t + \Delta t) dt,$$



Profiles of muscle activity, recorded and computed.



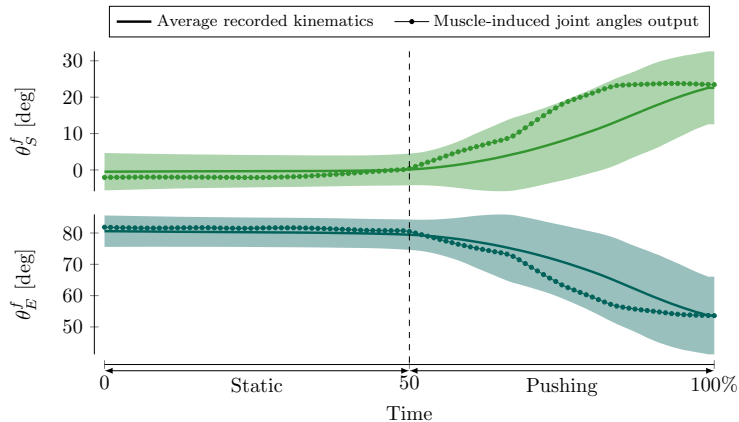
Where to validate the model?



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- Validate the muscle activities
- Validate the invertibility of computations if possible



Model validation: feed-forward kinematics



Principal joint angle evolutions, frontal-centre out task.

a



τ

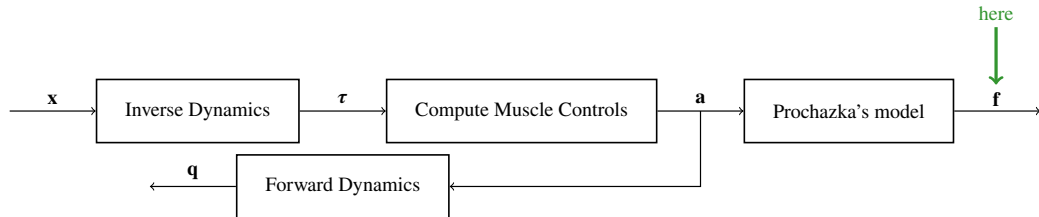


q

Inverting the previous computations enables us to feed the model muscle activities, and observe the resulting kinematics.



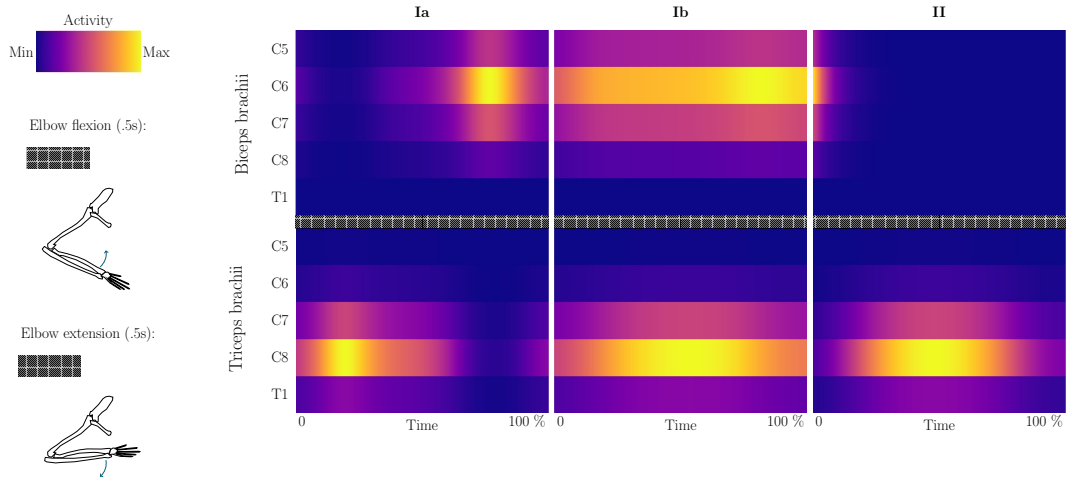
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- Validate the invertibility of computations if possible
- Validate the firing rates



Validation: firing rates predictions



Afferent fibres activities with parameters tuned to the cat's normal locomotion (Prochazka, 1999), based on motor pools distributions in the Non Human Primate (Jenny, 1983).

Experiments



Experiment: reaching & grasping task

Recorded kinematics

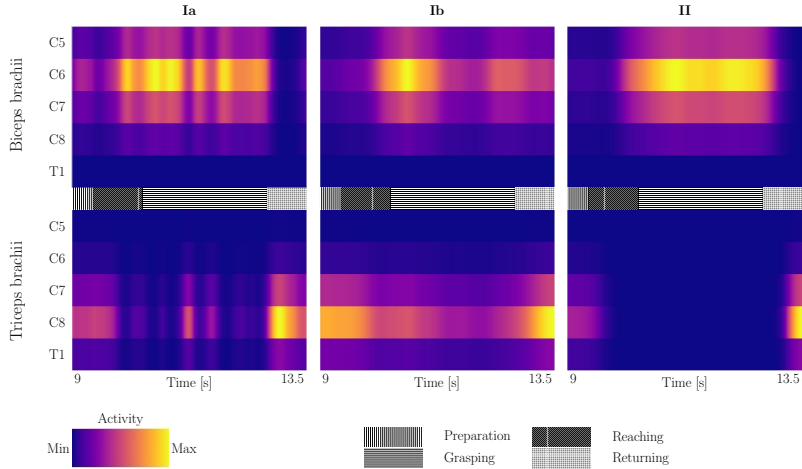


Forward control

Principal joint angle evolutions, reaching & grasping task.

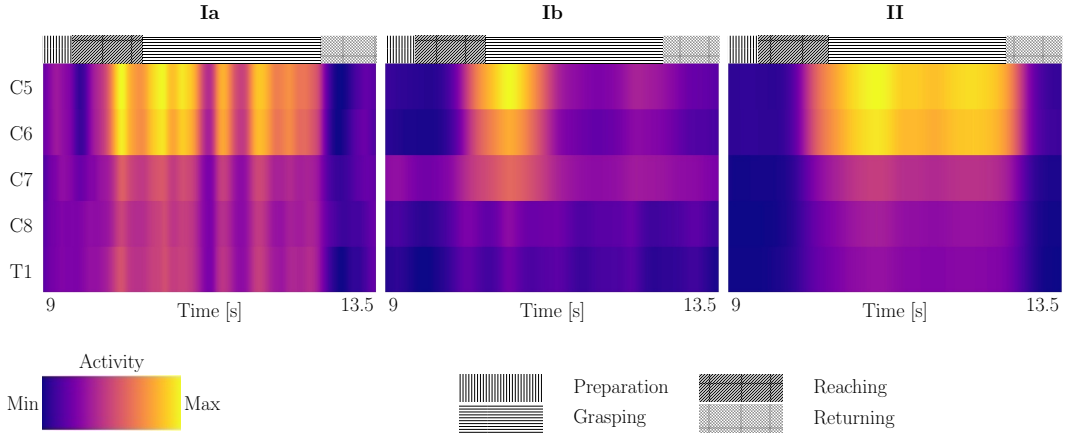


Biceps and Triceps afferent activities





Averaged afferent activities



Afferent fibres activities with parameters tuned to the cat's normal locomotion, based on motor pools distributions in the NHP.

Conclusion



Current State:

- Macacca fascicularis right arm
- Fully parametrized
- Integrated in computations chain
- Estimates sensorineural activity



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Future developments:

- ① Add functionality
- ② Improve physiological correctness
- ③ Replace cost function
- ④ Use spinal maps to tune the EES

THANK YOU!