Todas las imágenes/fotografías contenidas en esta presentación se han referenciado a sus respectivos autores o son de elaboración propia

A Neural Network for

Stance Phase detection

in smart cane users



J.R Caro-Romero, J. Ballesteros, F. Garcia-Lagos,

C. Urdiales and F. Sandoval





HOW TO ASSESS CONDITION IN PEOPLE?



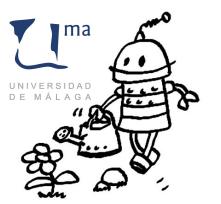
@brandalley.fr





HOW TO ASSESS CONDITION IN PEOPLE WITH DISABILITIES?





Gold standard method Non-invasive Multiple measurements can be recorded simultaneously Information on functional abilities Guide rehabilitative and treatment plans Improve functional outcome following a treatment Feedback to patients on progress

Evidence of its benefits

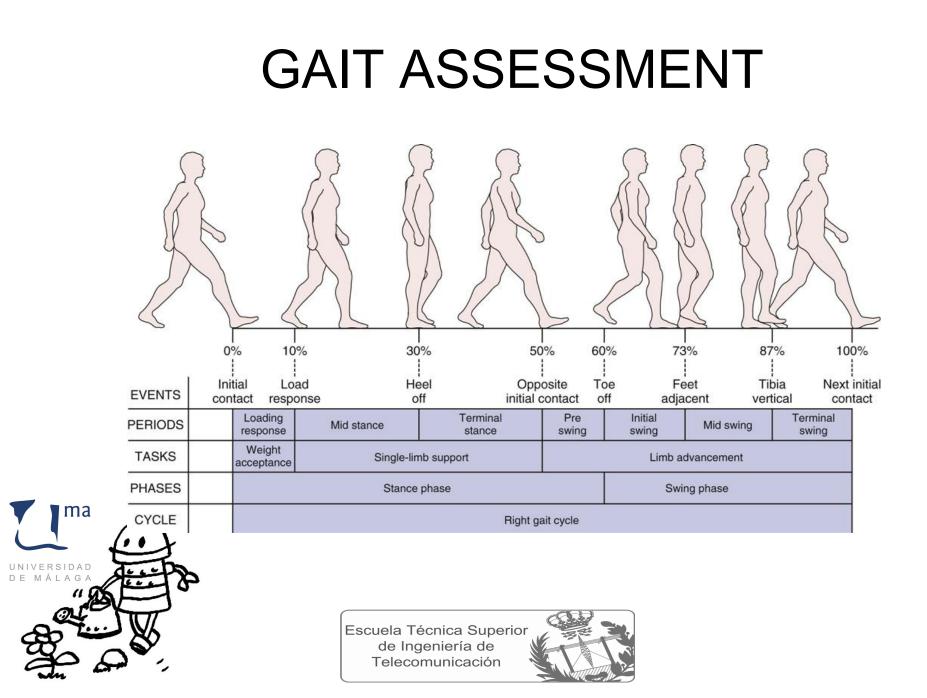


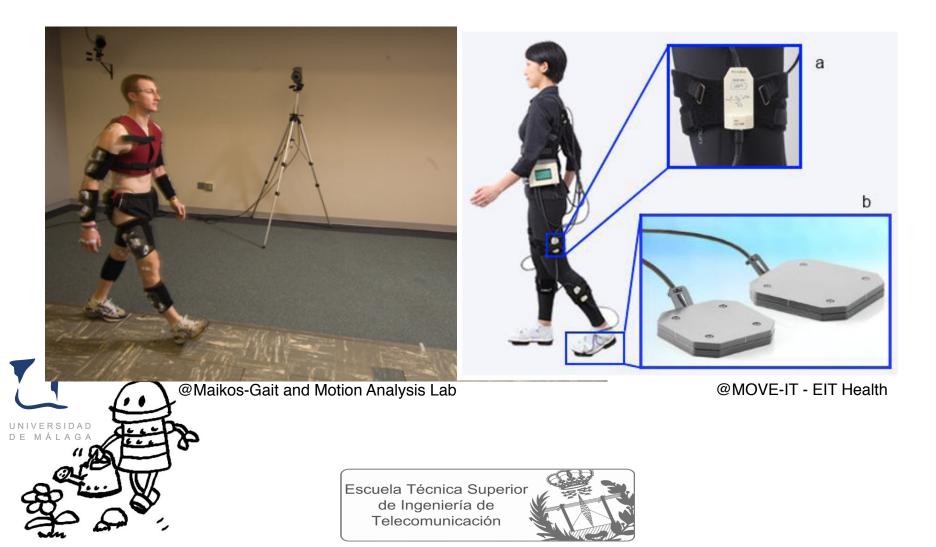


- •Vestibular disorder
- •Parkinson
- •Amputees
- •Neurologic rehabilitation
- •Spinal Cord Injury
- •Stroke disorder
- •Fall estimation











@CSM 2017: San Antonio, Texas

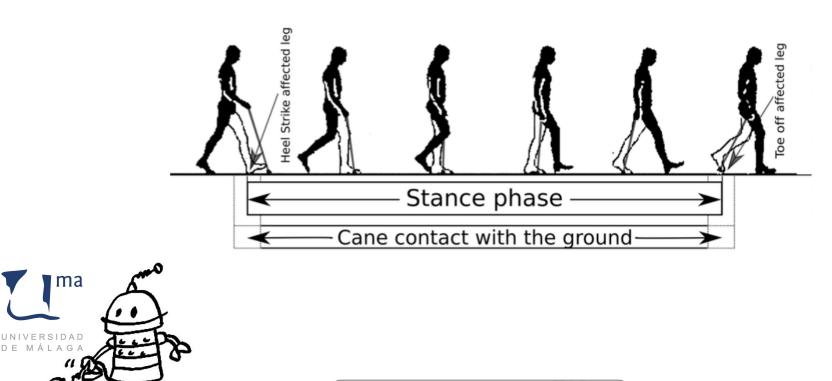




MOBILITY ASSISTIVE DEVICES

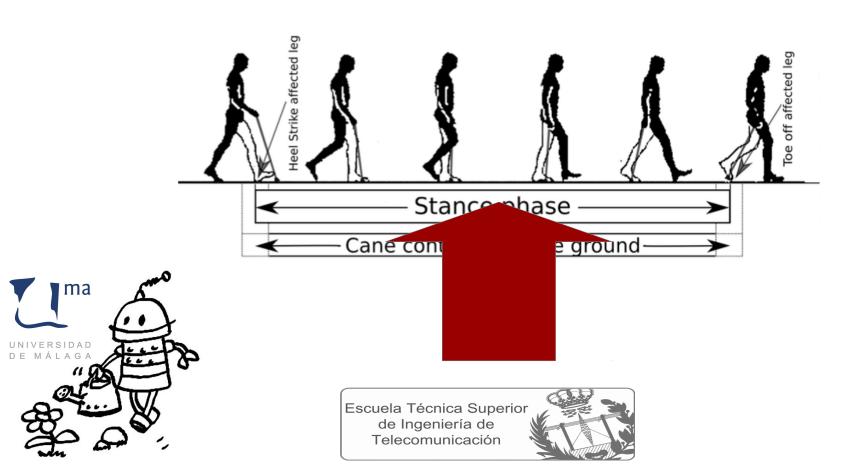


GAIT CYCLE (AFFECTED STANCE PHASE)

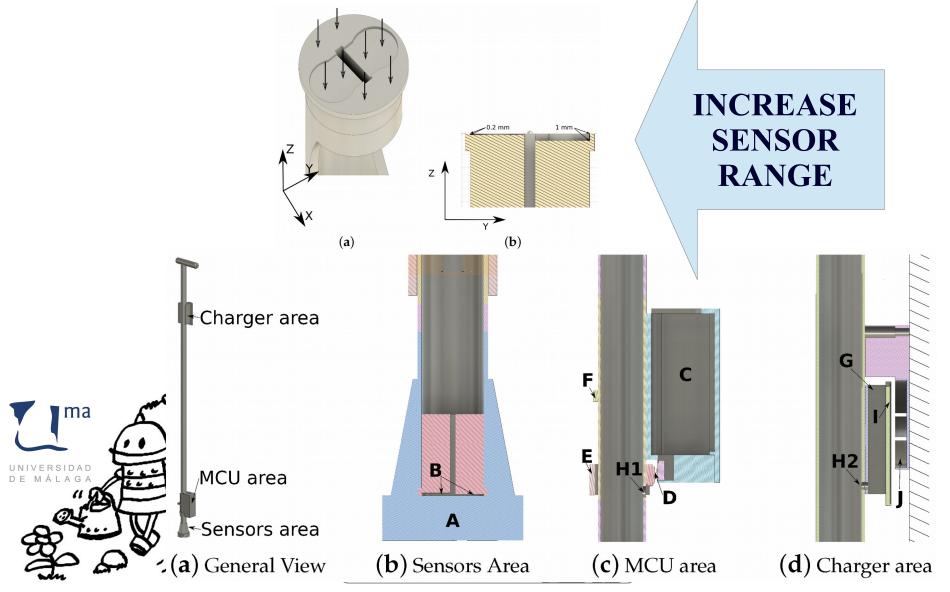




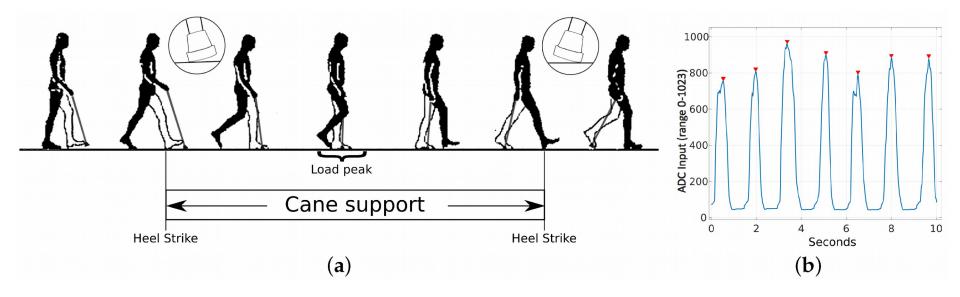
GAIT CYCLE (AFFECTED STANCE PHASE)



MEASURING GAIT WITH A CANE



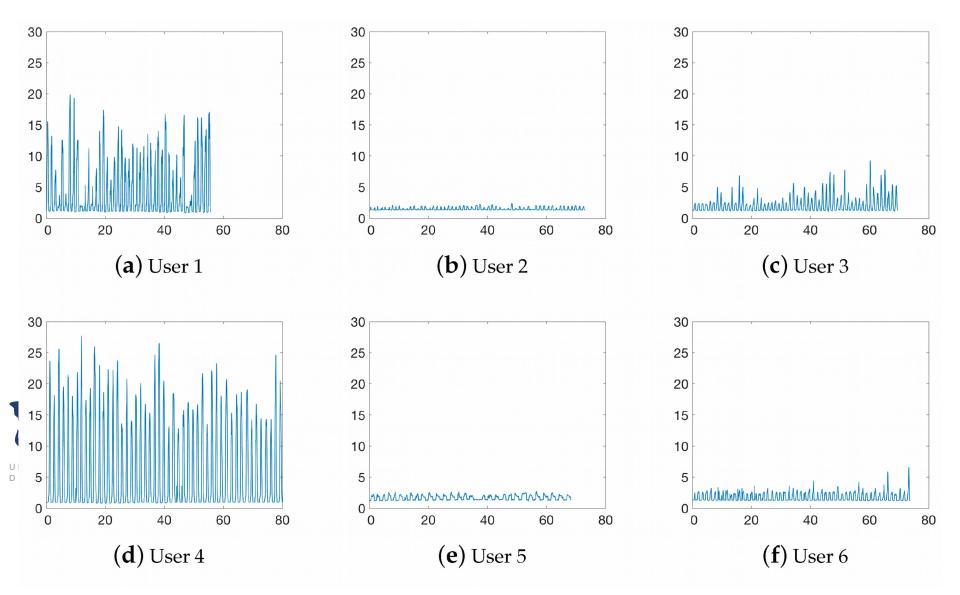
MEASURING GAIT WITH A CANE

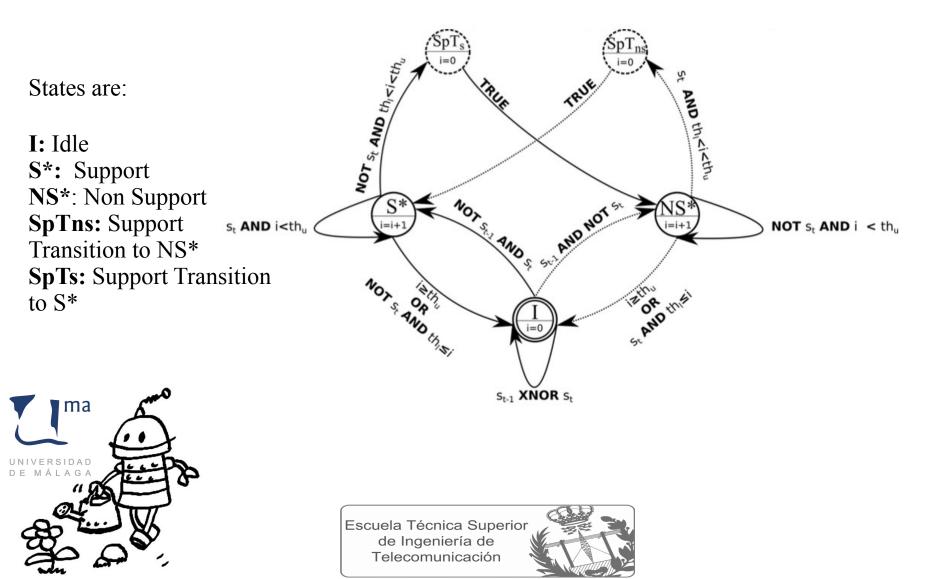


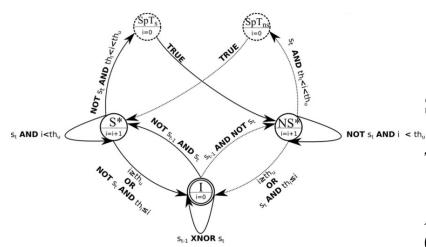




ISSUES WITH THRESHOLDING







Best solution meeting performance criteria (accuracy, sensitivity and specificity).

Sensor Threshold to determine activity: Sth= 15s

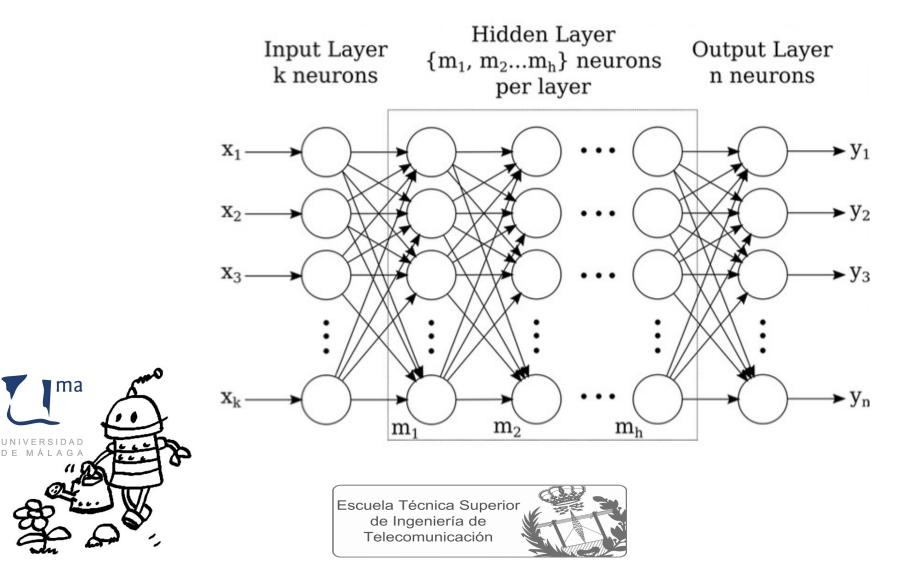
Time Threshold to revert to Idle state:

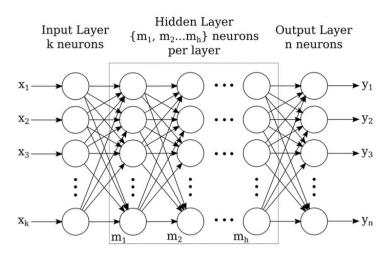
Average cane support time (elderly cane users) 0.77±0.09s (male) 0.67±0.08s (female)

(for normal distribution) th = 0.51s / thh= 0.95s (95% population)









Least computationally expensive NN meeting performance criteria (accuracy, sensitivity and specificity).

Training: Levenberg-Marquardt BackpropagationNumber of Hidden Layers: 1 Activ. Func. Hidden Layer: Sigmoid and Softmax

Table 1. Condition and characteristics per users

Id	Age	Gender	Gait Speed	Physical Issues			
1	80	M	0.615 m/s	Visual impairment; osteoarthritis; low back pain			
2	87	M	0.498 m/s	Osteoarthritis (left knee)			
3	86	M	0.687 m/s	Heart surgery; Lower limbs weakness			
4	91	M	0.597 m/s	Vestibular disorder			
5	74	M	0.792 m/s	Right knee prosthesis			

Benchmarking: 200 FPS video camera





5000

0000 000F operations

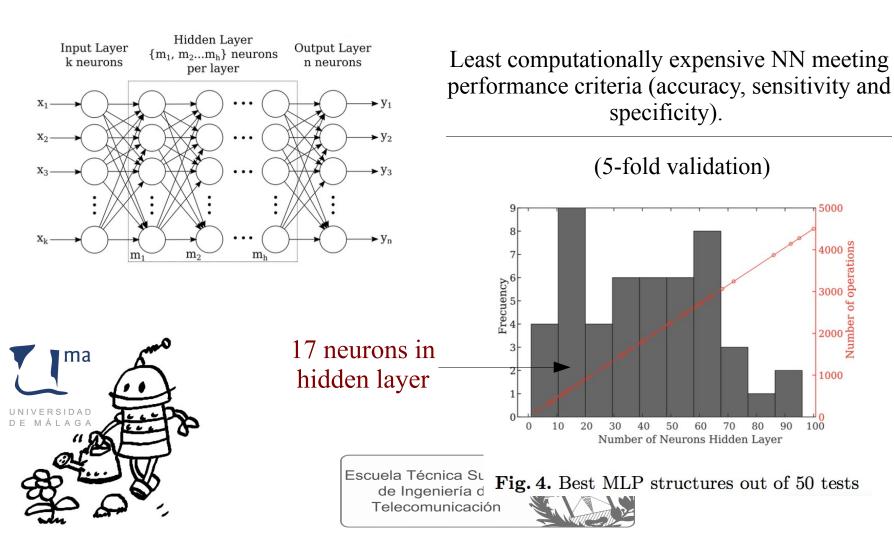
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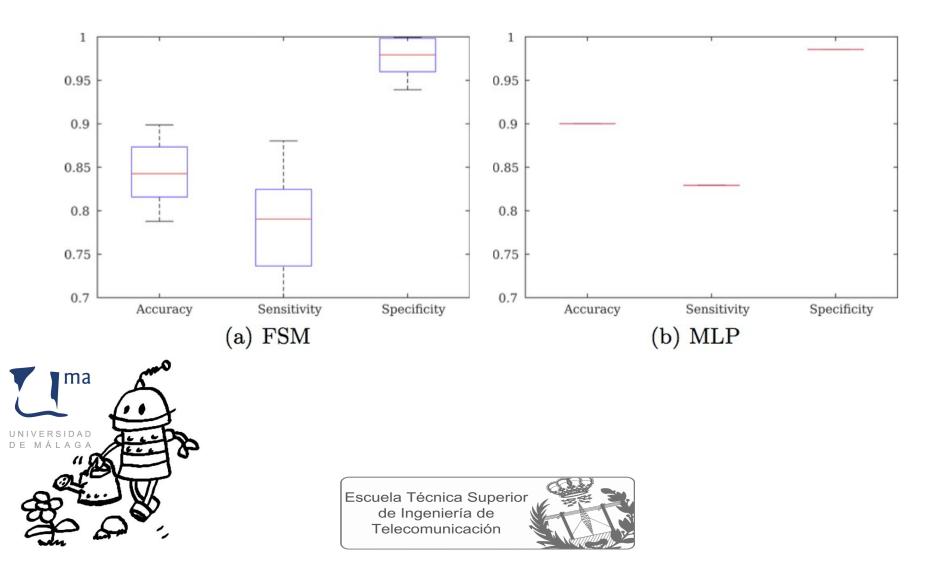
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RESULTS: FSM VS MLP



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		Volunteers					
		1	2	3	4	5	Average
FSM	Accuracy	0.8987	0.8649	0.7878	0.8251	0.8426	0.8438
	Specificity	0.9392	0.9994	0.9668	0.998	0.9793	0.9766
	Sensitivity	0.8804	0.8061	0.6948	0.7503	0.7903	0.7844
MLP	Accuracy	0.9583	0.8802	0.8762	0.8996	0.8861	0.9001
	Specificity	0.9996	0.9922	0.9596	0.9776	0.9986	0.9855
	Sensitivity	0.9004	0.7921	0.8263	0.8385	0.7888	0.8292





RESULTS: FSM VS MLP

TRUE NEGATIVE RATE

		1	2	3	4	5	Average
FSM	Accuracy	0.8987	0.8649	0.7878	0.8251	0.8426	0.8438
	Specificity	0.9392	0.9994	0.9668	0.998	0.9793	0.9766
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	Sensitivity	0.9004	0.7921	0.8263	0.8385	0.7888	0.8292



Worse condition (in terms of gait speed)



CONCLUSIONS AND FUTURE WORK

- •Thresholding for support based gait assessment is not valid for users with **high assymmetries** not those who **support little weight** on the cane
- MLP (1 input neuron, 10-20 neurons in hidden layer and 1 output neuron) achieve **90% accuracy using less than 800 operations**.
- •MLP adapts better to persons' condition, i.e. results present lower variance
- •Only 5 volunteers were tested. **Further tests** are needed to confirm results and, then, extract more gait parameters.





THANK YOU FOR YOUR ATTENTION

This work has been supported by: Proyectos Puente and programa operativo de empleo juvenil (UMAJI58) and Plan Propio de Investigación at University of Malaga; and the Swedish Knowledge Foundation (KKS) through the research profile Embedded Sensor Systems for Health (ESS–H) at Malardalen University, Sweden. Authors would like to acknowledge PONIENTE and LOS NARANJOS senior centers for their support during tests.



