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Author name: Louise Moody; A. Waterworth; J.G. Arthur; A.D. McCarthy; P.J. Harley and R.H. Smallwood.

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2 **Beyond the visuals: tactile augmentation and sensory**
3 **enhancement in an arthroscopy simulator**

4 Louise Moody · Alan Waterworth · John G. Arthur ·
5 Avril D. McCarthy · Peter J. Harley ·
6 Rod H. Smallwood

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9 **Abstract** This paper considers tactile augmentation, the
10 addition of a physical object within a virtual environment
11 (VE) to provide haptic feedback. The resulting mixed
12 reality environment is limited in terms of the ease with
13 which changes can be made to the haptic properties of
14 objects within it. Therefore sensory enhancements or illu-
15 sions that make use of visual cues to alter the perceived
16 hardness of a physical object allowing variation in haptic
17 properties are considered. Experimental work demonstrates
18 that a single physical surface can be made to ‘feel’ both
19 softer and harder than it is in reality by the accompanying
20 visual information presented. The strong impact visual
21 cues have on the overall perception of object hardness,
22 indicates haptic accuracy may not be essential for a real-
23 istic virtual experience. The experimental results are

related specifically to the development of a VE for surgical 24
training; however, the conclusions drawn are broadly 25
applicable to the simulation of touch and the understanding 26
of haptic perception within VEs. 27
28

Keywords Tactile augmentation · Sensory enhancement · 29
Sensory illusion · Surgical simulator · Mixed reality 30
31

1 Introduction 32

This paper explores tactile augmentation as a means to 33
generating a sense of touch within a virtual environment 34
(VE) given the challenges of accurately simulating the 35
haptic properties of virtual materials. 36

Tactile augmentation involves the addition of physical 37
objects into a VE. It is cheaper and simpler than incorpo- 38
rating a haptic device, and more realistic than a purely 39
visual environment. However, the incorporation of a real 40
object limits the potential variability of the haptic envi- 41
ronment. Therefore the potential of using visual cues to 42
allow alteration of the physical object is demonstrated. 43

It is argued that the interrelated nature of our sensory 44
systems and the dominance of the visual sensory channel 45
(Welch and Warren 1986) can be used to support simula- 46
tion design. The utilization of visual cues to create a 47
‘sensory illusion or enhancement’ and alter the haptic 48
experience by making a surface ‘feel’ harder or softer than 49
it is in reality is explored. This is significant given the 50
relative ease of producing high fidelity visual cues com- 51
pared to accurate haptic feedback. 52

Sensory enhancements are demonstrated as a means to 53
create haptic variability and improve the realism offered by 54
tactile augmentation. The research informs the design of 55
the Sheffield knee arthroscopy training system (SKATS), a 56

A1 L. Moody (✉)
A2 Industrial Design, School of Art and Design,
A3 University of Coventry, Coventry CV1 5FB, UK
A4 e-mail: Louise.moody@coventry.ac.uk

A5 A. Waterworth · R. H. Smallwood
A6 The Kroto Research Institute, University of Sheffield,
A7 Broad Lane, Sheffield S3 7HQ, UK

A8 J. G. Arthur
A9 Department of Statistics, Risk Initiative and Statistical
A10 Consultancy Unit (RISCU), University of Warwick,
A11 Coventry CV4 7AL, UK

A12 A. D. McCarthy
A13 Medical Engineering Section, Medical Physics
A14 and Medical Imaging, Sheffield Teaching Hospitals Trust,
A15 I Floor, Royal Hallamshire Hospital, Sheffield S10 2JF, UK

A16 P. J. Harley
A17 Department of Applied Mathematics, University of Sheffield,
A18 Hicks Building, Hounsfield Road, Sheffield S3 7RH, UK

57 virtual reality (VR) simulator for training knee surgery
58 skills.

59 1.1 The Sheffield knee arthroscopy training system

60 SKATS (illustrated in Fig. 1) is a VE for training basic
61 skills associated with knee arthroscopy (keyhole surgery of
62 the joint) (McCarthy 2000).

63 Arthroscopy involves the surgeon working with an
64 arthroscope (camera) for viewing the joint, and various
65 instruments including a probe, for the manipulation of
66 structures resulting in an impoverished sensory environ-
67 ment. All procedures involve coordination of the patient's
68 limb position, vision and tool movement, to navigate the
69 joint and examine structures to ascertain the condition of
70 the knee.

71 The original version of SKATS was PC-based and
72 included a hollow plastic model of the limb, replica tools
73 and a monitor displaying the virtual internal view of the
74 knee joint via a monitor (McCarthy and Hollands 1998).
75 A 3D computer-generated environment provided a real-
76 time, interactive simulation of the tissue.

77 The lack of haptic feedback was a shortcoming of the
78 system as only a restricted understanding of virtual tissue
79 properties was offered and it was possible to pass through
80 apparently solid structures. Furthermore research shows
81 that multi-sensory information improves the quality of

perception and the sense of presence offered by a VE 82
(Klatzky and Lederman 2002; Schultz and Petersik 1994; 83
Boshra and Zhang 1994). 'Touching' a real or virtual 84
object and receiving a multi-modality sensation, (haptic as 85
well as visual cues), results in a more compelling and 86
immersive experience and improves task performance 87
(England 1995; Burdea and Coiffet 1994; Srinivasan and 88
Basdogan 1997; Petzold et al. 2004). 89

1.2 Haptic feedback 90

Mechanical generation of haptic feedback is the approach 91
taken to the development of physical resistance in many 92
surgical simulations (Niemeyer et al. 2004; Agus et al. 93
2003; Webster et al. 2001). However, the technical chal- 94
lenges and expense involved are well documented 95
(Srinivasan 1996; Bro-Nielson 1997; Chen and Marcus 96
1998; Zivanovic et al. 2003). Most available devices are 97
not technically advanced enough for this application, where 98
to meet the bimanual nature of the task, two sufficiently 99
compact devices would need to fit within a manipulable 100
limb model and generate a large range of forces to cater for 101
different tissue properties (Zivanovic et al. 2003; Basdogan 102
et al. 2004). 103

Psychological research into training simulator use sug- 104
gests that accurate haptic modelling is not always 105
necessary. Simulator design is always approximate and 106
adequacy depends on the limits of human perception and 107
performance (Srinivasan and Basdogan 1997; Tan 1994). 108
Therefore, haptic feedback needs to match human abilities 109
and limitations in terms of sensory perception and skill 110
acquisition within the context of the real task rather than 111
accurately replicating the environment and actual forces 112
(Moody et al. 2003). Here we are interested in under- 113
standing more about necessary haptic accuracy to inform 114
simulator design. This is considered in respect to tactile 115
augmentation, an alternative to mechanically generated 116
haptic feedback. 117

1.3 Tactile augmentation 118

Tactile augmentation is a form of mixed reality whereby a 119
synthetic model is employed within a virtual space to 120
provided tactile cues (Hoffman et al. 1996; Milgram 1994). 121
Tactile augmentation is believed to improve the realism 122
and quality of a VE, enhance the sense of presence over a 123
purely visual representation (Hoffman et al. 1996) and 124
improve human performance (Hoffman 1998; Wang 2000). 125
It is proposed to redevelop SKATS through tactile aug- 126
mentation and integrate a physical knee model within the 127
VE. It is assumed that contact with structural elements of 128
the knee will support the development of basic surgical 129
skills, boost user satisfaction, and offer a platform for 130



Fig. 1 The SKATS system

131 further investigation of the necessary haptic requirements
132 of the task domain.

133 One major shortcoming of tactile augmentation over
134 mechanically generated haptic feedback is the lack of
135 system flexibility. In a fully VE making changes to the
136 knee environment, (e.g. introducing pathologies such as
137 chondral defects), would be straightforward through com-
138 puter-based changes in visual and force feedback
139 properties. In a tactile augmentation model this would
140 require the permanent presence of the condition, or
141 replacement of the physical model. Sensory enhancements
142 are posited as a potential means to address this. It may be
143 possible to create variation, and increase the fidelity of the
144 model by utilizing visual cues and characteristics of sensory
145 perception.

146 1.4 Sensory interaction and dominance

147 The senses do not work independently but are interrelated,
148 active systems. Touch cues are gathered and combined with
149 information from the other senses to form a complex
150 impression (Gibson 1966). Studies of perception indicate
151 that stimuli in one modality are not only combined with, but
152 can also influence the experience of cues from another
153 (Welch and Warren 1980; Ernst 2002). Welch and Warren
154 describe ‘visual capture’ whereby the dominance of the
155 visual sensory channel suggests that it can influence the
156 interpretation of haptic information. When a visual and a
157 haptic cue are in slight contradiction (for example, a surface
158 may look harder than it feels), the visual cue overpowers the
159 haptic information (Srinivasan and Basdogan 1997; Ernst
160 2002; Ellis and Lederman 1993). Klatzky and Lederman
161 (2002) emphasize that the success of such an effect is
162 determined by the relative appropriateness of the task for the
163 sensory modality. The appropriateness, defined in terms of
164 accuracy, precision and cue utilization, determines how the
165 individual distributes attention amongst the available sources
166 of information. For example, if a task requires fine spatial
167 resolution, vision is likely to dominate. However, touch is
168 likely to perform as well in discriminating differences in
169 surface roughness.

170 1.5 Pseudo-haptic feedback: sensory illusions 171 and enhancements

172 These ideas have been applied to VR where the dominance
173 of vision in the performance of some real world tasks could
174 compensate for shortcomings in haptic technology. More
175 advanced visual simulation technology could be used to
176 augment impoverished haptic feedback improving the
177 overall fidelity of a VE. Lindeman et al. (Lindeman et al.
178 2002) argue that simple haptic feedback combined with
179 high-quality visual images or ‘pseudo-haptics’ could create

a comparable sense of contact to that produced by more
expensive haptic devices. Pseudo-haptics’ are ‘*systems
providing haptic information generated, augmented or
modified, by the influence of another sensory modality*’
(Lecuyer et al. 2001, p 115). Biocca et al. (2001) similarly
describe sensory illusions and enhancements occurring
when stimulation in one sensory channel leads to the per-
ception of stimulation in another, such as the illusion of a
haptic sensation from visual or audio cues (Petzold et al.
2004; DiFranco et al. 1997).

Experiments by Lecuyer et al. (Lecuyer et al. 2000a, b)
have investigated haptic illusions through the manipulation
of virtual springs using the Spaceball, a passive, isometric
device providing a constant level of force feedback, and
varying levels of visual feedback. The springs were per-
ceived to deform varyingly, with force cues comparable to
real ones, despite little movement of the user’s fingers. The
perception relied on visual displacement rather than the
‘feel’ of the device; the participants needed to feel resis-
tance, but did not need the force to be accurate.

Studies by Srinivasan et al. (1996) and Durfee et al.
(1997) have shown similar effects when using haptic
devices and an increasing misperception of stiffness with
greater mismatch between visual and haptic information.
Miner et al. (1996) have shown that visual stimuli can be
used to influence perception of both smaller and a larger
forces when using a haptic interface (Miner et al. 1996) and
the illusion is most effective when the visual and haptic
cues specified are non-contradictory (Hillis et al. 2002).

The discussed research suggests that haptic illusions
using visual stimuli can be exploited to enhance the haptic
experience. Here, we build upon this to consider whether
sensory enhancements can be used to influence the haptic
perception generated through tactile augmentation.

2 Aims and hypotheses

Whilst of wider interest to VR research and haptic simu-
lation, the aim of this research was to consider how sensory
enhancements might be used in conjunction with tactile
augmentation to improve the realism of SKATS.

A purpose-built test rig developed at the University of
Sheffield was used. As well as providing a platform to align
and calibrate the real and virtual model, and for developing
advanced tissue deformation techniques, the system pro-
vides an environment for carrying out controlled
experimentation relating to force perception. The rig and
visual interface were simple (as opposed to realistic tissue
graphics within a surgical context) to avoid introducing
confounding effects. This is in line with research carried
out by Biocca et al. (2001) who found the success of the
illusion was not affected by whether the environment was

230 composed of meaningful, vivid human organs or abstract
231 geometric primitives.

232 The experimental approach taken is novel in several
233 ways. Firstly, it is specifically related to minimal access
234 (keyhole) surgery where contact with surfaces is indirect
235 and force feedback is received via a surgical probe. Sec-
236 ondly, the studies previously discussed describe the
237 enhancement of force perception using an isotonic device
238 (Lecuyer 2000b) or haptic interface (Petzold et al. 2004;
239 Srinivasan 1996; DiFranco et al. 1997; Durfee et al. 1997;
240 Miner et al. 1996; Hillis et al. 2002). Here, it is considered
241 in relation to a fixed physical object as is relevant to tactile
242 augmentation. It is hypothesized that:

- 243 a. The perceived hardness of a structure can be enhanced
- 244 through its visual appearance
- 245 b. The effect will be dependent upon the discrepancy
- 246 between the visual and haptic information

247 3 Method

248 3.1 Participants

249 Twenty participants took part in the experiment, ten female
250 and ten male. They had a mean age of thirty-three years

(range 22–53). Sixteen were right handed and the
251 remainder left hand dominant. A within-subjects design
252 was applied in which all participants completed testing in
253 each condition.
254

3.2 Equipment

255
256 A physical rig and visual simulation were designed and
257 produced at the University of Sheffield (pictured in
258 Fig. 2a). The hardware rig consisted of a box (Fig. 2b)
259 containing a plate of 6 identical pads made of silicone sheet
260 with the same material properties and arranged in the for-
261 mation shown in Fig. 2c. The silicone sheet was chosen by
262 an orthopedic surgeon to resemble the properties of path-
263 ological knee cartilage thereby relating to the wider
264 interests of our research. A probe could be inserted into the
265 box through a small hole to contact the silicone pads
266 physically without direct visualization.

267 The VE was written in Microsoft Visual C++ using
268 WorldToolkit (Sense8 Inc, San Rafael, California) and run
269 on a laptop. The user was presented with an image on the
270 monitor, representing the plate of physical structures within
271 the box, as shown in Fig. 2a. The position and orientation
272 of the VE were registered (mapped) to the physical model,
273 and a FASTRAK system (Polhemus, Colchester, Vermont)
274 used to track the position and orientation of the real

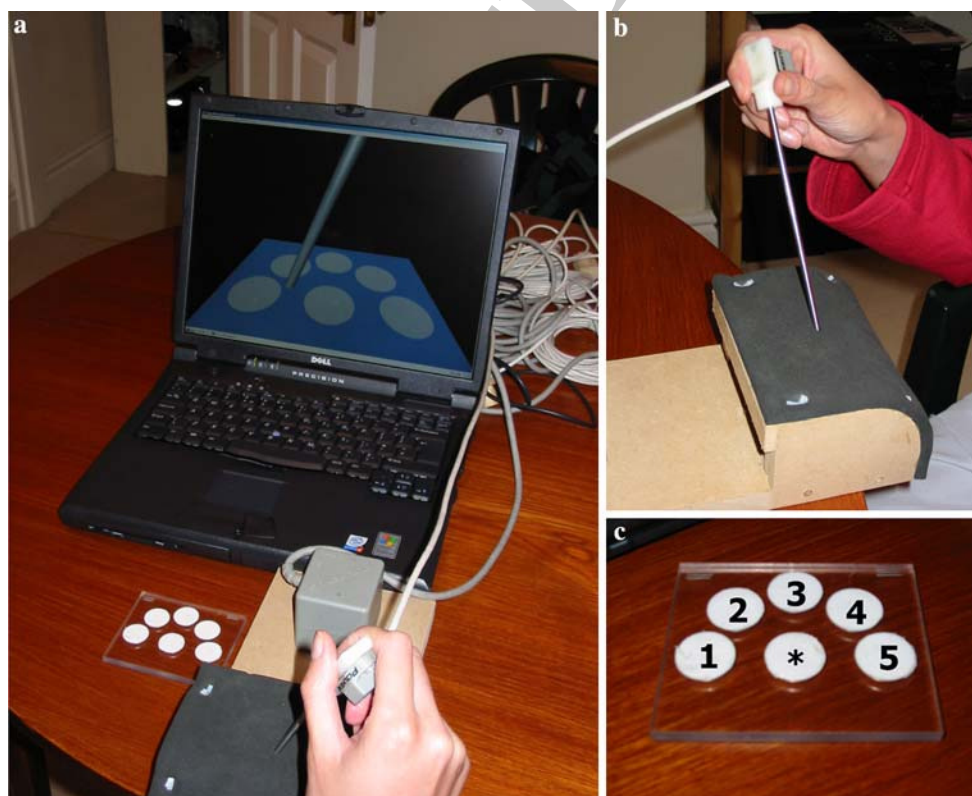


Fig. 2 Experimental rig and virtual environment. **a** The experimental set-up and virtual environment. **b** The box containing the plate of silicone pads (c)

275 probing instrument in space. Contact between the real
 276 probe and silicone pad, resulted in deformation of the
 277 virtual surface in response to contact with the virtual probe.
 278 Although the physical pads provided uniform actual force
 279 feedback to the user, the visual deformation in the VE was
 280 varied.

281 3.3 Procedure

282 Each participant was given standardized instructions and a
 283 few minutes to familiarize themselves with the task and the
 284 VE. The participants were asked to probe, using their
 285 dominant hand, each of the five target pads displayed on
 286 the monitor (1–5 in Fig. 2c) and compare it to a sixth
 287 control pad (* in Fig. 2c). They were instructed to touch
 288 each target and then the control pad once and make a
 289 decision as to whether the target felt harder, softer or the
 290 same as the control. The experimenter recorded the verbal
 291 response.

292 After each of the five target pads was compared to the
 293 control (i.e. one set of trials), the experimenter adjusted the
 294 visual parameters. The physical plate in the box simulator
 295 was also changed for an identical plate to suggest that the
 296 surfaces were not constant across the experiment. Whilst
 297 all of the pads had the same force feedback properties
 298 (described to the participants as hardness) there were five
 299 visual conditions based upon the level of deformation in
 300 the VE.

301 The visual deformation of the control pad and condi-
 302 tion 3 were appropriate for the material properties.
 303 However the level of visual deformation was adjusted for
 304 conditions 1, 2, 4 and 5 as shown in Table 1.

305 In condition 1 the level of visual deformation was
 306 reduced by a factor of two to suggest a harder surface. In
 307 contrast, in condition 5 the visual deformation was
 308 increased, so that the surface appeared to be softer. The
 309 surface of the virtual plate was constructed of a set of
 310 connecting nodes forming polygons. As a polygon inter-
 311 section algorithm detected a collision between the probe tip
 312 and virtual plate surface, nodes belonging to the intersected
 313 polygon belonging to the plate were displaced in relation to

Table 1 Experimental visual conditions

Condition	Visual simulation and scaling		Intended visual illusion
	K	$\frac{1}{\log_{10} K}$	
Control pad	$K = 0$	1 (Appropriate)	
1	$K = -0.3$	0.5 (100% harder)	Very hard
2	$K = -0.1$	0.79 (25 % harder)	Harder
3	$K = 0$	1 (Appropriate)	Same
4	$K = 0.1$	1.26 (20% softer)	Soft
5	$K = 0.2$	1.58 (35% softer)	Very soft

the tracked displacement of the probe tip. The level of
 deformation was determined by a scaling (or deformation)
 factor (K) applied to the measured displacement (y) in the
 vertical direction calculated as: $\frac{1}{\log_{10} K}$. Thus, a scaling of
 0.5 reduced the visual deformation by one-half or could be
 considered to have increased the stiffness by a factor of 2,
 while a scaling of 2 doubled the deformation or softness.
 The lighting model was updated accordingly to behave
 appropriately for the deformation. The scaling was
 informed by a small pilot study to determine the boundaries
 of realistic deformation.

The participants were presented with the five pads for
 comparison ten times, completing fifty trials in total. For
 each participant the experiment lasted between 20 and
 30 min. The visual hardness was randomized across the
 pad position, trials and participants. The independent var-
 iable manipulated was the level of visual deformation. The
 dependent variable was the perceived hardness of the target
 pad compared to the control.

4 Results

In describing the results, responses were termed as correct
 or incorrect. A correct response was defined as the partic-
 ipant conforming to the visual enhancement. That is, the
 response was correct in terms of the visual appearance of
 the pad, not the haptic properties (which would have
 resulted in the response ‘the same’ for each trial).

The mean number of correct responses and the type of
 incorrect responses across participants for each condition
 are provided in Table 2.

Figure 3 illustrates the percentage of responses overall.
 There were more correct than incorrect responses indicat-
 ing that the participants were influenced by the visual
 enhancements. The application of the Binomial test sup-
 ported this conclusion ($P < 0.01$).

Table 2 Responses provided for each condition

Condition	Mean number of responses for each condition (/10)							
	Correct		Incorrect					
	Mean	SD	Same	Harder	Softer	Mean	SD	
1 very hard	7.3	2.59	1.6	1.85		1.1	1.77	
2 hard	3.6	2.23	3.45	2.33		2.95	2.14	
3 same	4.25	2.26		1.4	1.47	4.35	2.46	
4 soft	6.8	2.28	2.3	1.95	0.9	1.07		
5 very soft	7.8	1.43	1.7	1.54	0.5	1.05		

Author Proof

Participant responses across conditions

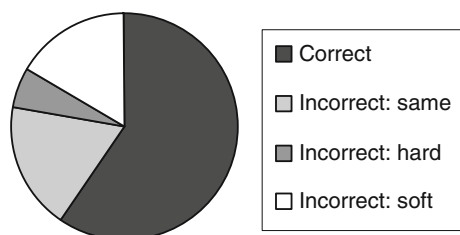


Fig. 3 Chart indicating the participant's responses

348 The mean values in Table 2 show that more correct
 349 responses were given when there was a greater disparity
 350 between the visual and haptic cues (i.e. in conditions 1 and
 351 5). There were fewest correct responses when simulating a
 352 hard surface in condition 2. This suggests that an illusion
 353 of a softer surface can be created more easily than a harder
 354 surface with less proportional change of the visual
 355 environment.

356 A two way ANOVA was used to analyze the effect of
 357 the two independent variables; condition (the level of
 358 visual deformation) and plate position. Application of the
 359 Mauchly statistic gave a P value for plate of 0.358 and of
 360 condition of 0.368 indicating no heterogeneity of covari-
 361 ance indicating appropriate use of the F test.

362 The analysis indicated a main effect of condition [F (4,
 363 76) = 14.99; P < 0.01]. Therefore it can be concluded that
 364 the amount of visual deformation had an effect on the
 365 response to the visual stimuli and the effectiveness of the
 366 enhancement. As Fig. 4 suggests there were more correct
 367 responses for conditions 1, 4 and 5.

368 Further analysis of the incorrect responses (see Fig. 4)
 369 suggested that when an incorrect response was given in a
 370 soft condition, the plate was more often identified as being
 371 the same rather than harder than the control. Post hoc
 372 analysis using the Binomial test supported this statistically
 373 for conditions 4 (P < 0.01) and 5 (P < 0.01). In condi-
 374 tion 3, the plate was more often identified as being softer,

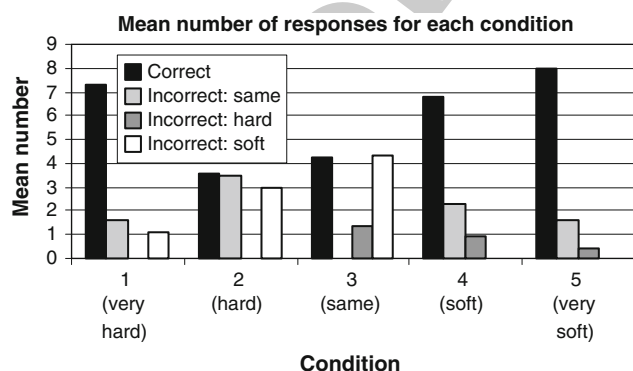


Fig. 4 Graph of the mean type of response for each condition

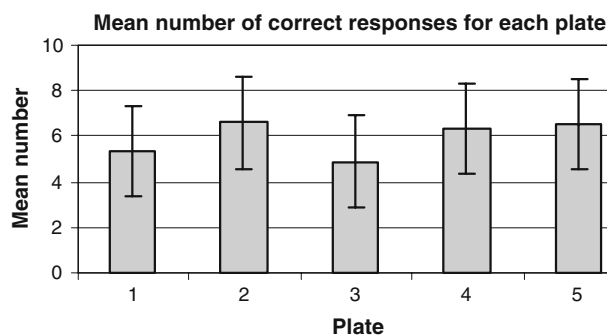


Fig. 5 Mean number of correct judgments for each pad position

375 than correctly identified as being the same, or incorrectly as
 376 harder (P < 0.01). In condition 1 and 2 there was less
 377 difference in the type of incorrect response given.

378 Figure 5 illustrates the correct responses by pad position
 379 on the plate. The two way ANOVA indicated a main effect
 380 of plate position [F (4, 76) = 4.194; P < 0.01]. A post
 381 hoc Bonferroni comparison revealed the difference to lie
 382 between the responses given for pad 3 compared to pad 2
 383 (P < 0.05) and pad 5 (P < 0.05). An interaction between
 384 pad position and condition [F (4,304) = 2.728, P < 0.01]
 385 was also indicated.

5 Discussion

386 The experiment produced two main findings. Firstly,
 387 participants were influenced in their perception of hardness
 388 by the presentation of visual information. Secondly, the
 389 success of the enhancement varied based on the discrep-
 390 ancy between the visual and haptic information. These
 391 findings are discussed further in the following sections.

5.1 Effect of visual enhancement on haptic perception

392 The results indicate that the participants were influenced by
 393 the visual stimuli in the judgments they made. The
 394 expected response for each comparison (based on the
 395 haptic properties) was that the target and the control were
 396 of the same hardness. Any other response suggested that
 397 the participants were responding to the enhancement cre-
 398 ated through the visual deformation of the VE. The results
 399 supported the hypothesis that some users experience sen-
 400 sory enhancements and respond to the visual stimuli when
 401 presented with discrepant visual and haptic information.

5.2 Effect of condition (degree of visual and haptic displacement)

402 The effectiveness of the haptic illusion was found to vary
 403 based upon the level of visual deformation (condition).

408 Decreased deformation to give the illusion of a harder
409 surface proved effective in condition 1 (100% harder), but
410 unsuccessful in condition 2 (25% harder). In conditions 4
411 (20% softer) and 5 (35% softer) increasing the level of
412 deformation to enhance the softness of the surface proved
413 successful. When the target (condition 3) and control plate
414 both had the same (appropriate) level of visual deformation
415 for the physical object, the participants could not always
416 determine this and in fact more often identified the target as
417 being softer than the control.

418 Further analysis of the incorrect responses indicated that
419 when an incorrect response was given for increased visual
420 deformation (the softer conditions 4,5) the response tended
421 to be that the plate was the same as the control rather than
422 providing the opposite response (i.e. that the target plate
423 was harder). In conditions 1 and 2 there was little differ-
424 ence in the type of incorrect response given, but more often
425 the target was identified as being the same not softer.

426 The results in condition 2 (25% harder) and 4 (20%
427 softer) are interesting. Whilst conditions 2 and 4 are cre-
428 ated through a similar proportionate change in visual
429 deformation, in condition 4 the participants were con-
430 vinced by the enhancement but in condition 2 they were
431 not; often stating that the plate was the same as the control.
432 This suggests greater sensitivity to an increase in defor-
433 mation compared with a reduction. In other words, a larger
434 proportionate visual change is required to enhance the
435 hardness of a surface than to soften it.

436 There will of course be limits to the effect; where the
437 visual change is too small to be discernable and an upper
438 threshold where the mismatch between haptic and visual
439 cues is too large to be convincing. Further investigation of
440 the perceptual boundaries and appropriate scaling to under-
441 stand and achieve the desired enhancement effect is required.

442 5.3 Effect of plate position

443 The technique used to create the visual enhancement was
444 the degree of surface deformation. The experimenter

445 observed that due to the angle of probe contact determined
446 by the pad position on the plate (Fig. 2c), the appearance of
447 the deformation varied. Therefore a comparison of correct
448 responses based on pad position was performed. This
449 revealed an effect of position and a significant interaction
450 between the pad position and condition.

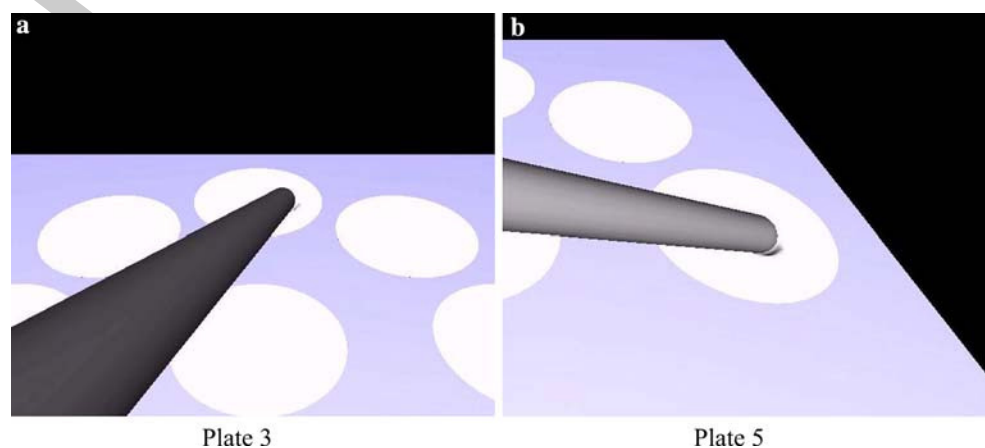
451 This is explained by the positioning of the light source
452 causing varying visibility of the reflection effect at differ-
453 ent angles. The light position in the VE is fixed and is
454 directed straight onto the control pad and pad 3. In the case
455 of pads 1, 2, 4 and 5 the light is cast at an angle and is
456 reflected differently. The direct angle in the case of pad 3
457 and the control reduces the amount of reflection and visual
458 information and appears to have masked some of the
459 enhancement effect. These effects are demonstrated in
460 Fig. 6.

461 Since the presentation of the conditions was randomized
462 across the pads this does not have major implications for
463 the conclusions of this study. Furthermore the effect is
464 typical of interaction within a real environment where
465 visual cues are affected by the angle of contact with an
466 object and the position of the light source. In a repeat of
467 this study, moving the position of the control pad should
468 moderate this effect. Further consideration of how this
469 effect influences perception in the real surgical environ-
470 ment would be of value. (Fig. 6)

471 6 Implications for ve design

472 The findings have demonstrated the potential of visual cues
473 through sensory enhancement to alter the perception of a
474 physical surface. It has been shown that a surface can be
475 made to feel either harder or softer through the provision of
476 visual information. This could be useful for the incorpo-
477 ration of simple, cheap yet effective haptic feedback into
478 VEs through tactile augmentation, as well as informing
479 haptic device development. The results imply that haptic
480 accuracy is not essential, as humans in an indirect contact

Fig. 6 Screen shots of the VE demonstrating the effect of the pad position on the deformation effect



481 task do not display a strong reliance on the actual haptic
482 properties of a surface. They are easily led by a visual
483 image and the interaction between visual and haptic
484 information.

485 The experiment was carried out to inform the design of
486 SKATS. It is aimed to provide an improved sensory per-
487 ception from the complete simulator experience as opposed
488 to a strong technical development focus. A human-centered
489 approach is taken rather than one focused on exact repli-
490 cation of the surgical environment. Whatever form the
491 haptic display takes, it should be designed in conjunction
492 with visual feedback and knowledge of human perfor-
493 mance characteristics.

494 6.1 Viability of tactile augmentation

495 Tactile augmentation has been described as an alternative
496 to a mechanical haptic interface. It is a simpler and cheaper
497 means to provide resistance. This supports the project aim
498 of producing a simulator that is commercially viable within
499 a hospital setting. Whilst this suits the immediate design
500 requirements, long-term the primary disadvantage is the
501 challenge of simulating any variation in the force feedback
502 offered, for example pathology within the knee. Therefore,
503 sensory enhancements have been discussed as a means to
504 adjust the force feedback parameters and improve the
505 fidelity of the physical models by altering the combined
506 sensory experience.

507 The experimental work has shown that the perceived
508 hardness of a physical surface can be altered through vari-
509 ation in the visual information provided. It is argued that
510 skewing the relationship between the haptic and visual
511 displays can enhance the haptic feedback that would be
512 offered by a physical simulation alone. The indication from
513 the results that hard surfaces can be successfully manipu-
514 lated to appear soft is particularly useful for the simulation
515 of specific pathology within the knee (chondral defects)
516 where there is seen to be a softening of the cartilage
517 surfaces.

518 Before such information can be assimilated into a
519 system, the limits of the effect should be considered. The
520 results suggest that the degree of visual deformation was
521 important in determining whether the enhancement was
522 successful in softening or hardening the surface. Further
523 experimental work is necessary to establish the parameters
524 of this effect. Subjective evaluation of the effectiveness of
525 the illusion should also be made, as it is unclear whether
526 the tendency of the participants to respond to the visual
527 illusion was the result of successful sensory enhancement
528 or whether it was a conscious decision to respond to the
529 visual information presented.

530 The scenario considered in this experiment is a sim-
531 plistic representation of a probing task performed during

knee arthroscopy. The focus of the experiment was spe- 532
cifically to differentiate the level of force feedback 533
(described to the participants as hardness) between two 534
items. However, in the training of a procedure, task per- 535
formance is far more complex with combined sensory 536
inputs and attention allocation to multiple tasks. Future 537
research should consider whether, when attention is allo- 538
cated to more complex task completion, the success of 539
haptic enhancements remains. It is suggested that success is 540
likely to be greater within a multi-sensory training envi- 541
ronment employed by users motivated to 'believe in' the 542
VE and learn a surgical procedure. 543

544 6.2 Implications for haptic devices

545 This research has implications not just for tactile aug- 545
mentation, but also for the necessary accuracy of haptic 546
device design. As discussed previously, there are a num- 547
ber of technical challenges in the design of mechanical 548
haptic feedback devices based on the replication of tissue 549
properties and surgical force applications. Nevertheless, 550
from a human factors approach, through an understanding 551
of the characteristics of the haptic system (i.e. its sus- 552
ceptibility to sensory enhancements and its combinatorial 553
relationship with other sensory systems), techniques may 554
be developed to exploit these characteristics whilst cre- 555
ating a 'realistic' haptic experience. For example, 556
adjusting the visual parameters of objects may increase 557
the range of properties that can be simulated without 558
accurate force modeling, thereby lowering the specifica- 559
tion of the required haptic device. Future work on SKATS 560
aims to extend these ideas to mechanical haptic device 561
development, as it is believed that the design of visual and 562
haptic feedback devices should be undertaken in con- 563
junction with each other for the formation of a complete 564
sensory experience. 565

566 7 Conclusions

567 The aim of this paper has to been to consider the use of 567
tactile augmentation and sensory enhancements in VR 568
design. SKATS is undergoing iterative development to 569
provide visual and physical resistance to movement of 570
surgical tools in response to training requirements and user 571
acceptance criteria. The challenges of developing a suitable 572
haptic device for surgery simulation have been discussed. 573
The SKATS system with tactile augmentation enhances the 574
VE whilst offering a means to collect and validate user 575
requirements. Hence, this acts as a stepping-stone to inform 576
the development of an innovative haptic feedback device to 577
be implemented in a later version, aimed at training a wider 578
skills base including diagnostic tasks. 579

580 This work has offered benefits in terms of the technical
581 development of SKATS. A technique has been developed
582 to align and calibrate the real and virtual model. Further-
583 more a means to deform a material, such as cartilage,
584 effectively in the VE has been demonstrated. It is recom-
585 mended that alternative means of varying the visual
586 appearance of hardness such as lighting and textural effects
587 and other more complex paradigms should be investigated
588 for achieving sensory illusions.

589 The demonstrated combinatorial nature of haptic
590 perception and susceptibility to sensory enhancements
591 could be exploited more broadly in simulator design to
592 improve the viability of tactile augmentation and overcome
593 the challenges of developing accurate haptic feedback.
594 This phenomenon is likely to be valuable to VR research
595 where it is easier to produce high fidelity visual cues than
596 effective haptic feedback devices. However the necessary
597 fidelity of haptic training systems for many applications
598 (including surgery), are not yet known. Whether a
599 mechanical device or a physical structure generates the feel
600 of a surface, a greater understanding is required to ensure
601 functional fidelity and skill transfer.

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606 References

607 Agus M, Giachetti A, Gobetti E, Zanetti G, Zorcolo A, Picasso B,
608 Selari Franceschini S (2003) A haptic model of a bone-cutting
609 burr. In: Westwood JD et al (eds) *Medicine meets virtual reality:*
610 *NextMed: Health Horizon 11*. IOS Press, Amsterdam, pp 4–10
611 Basdogan C, De S, Kim J, Muniyandi M, Kim H, Srinivasan MA
612 (2004) Haptics in minimally invasive surgical simulation and
613 training. *IEEE Comput Graph Appl* 24(2):56–64
614 Biocca F, Kim J, Choi J (2001) Visual touch in virtual environments:
615 An exploratory study of presence, multimodal interfaces, and
616 cross-modal sensory illusions. *Presence, Teleoperators Virtual*
617 *Environ* 10:247–265
618 Boshra M, Zhang H (1994) Use of tactile sensors in enhancing the
619 efficiency of vision-based object localization. *Proc IEEE Int*
620 *Conf Multi-sensor Fusion* 2(10):243–250
621 Bro-Nielson M (1997) Simulation techniques for minimally invasive
622 surgery. *Minim Invasive Ther Allied Technol* 6:106–110
623 Burdea GC, Coiffet P (1994) *Virtual reality technology*. Wiley,
624 New York
625 Chen E, Marcus B (1998) Force feedback for surgical simulation.
626 *Proc IEEE* 86(3):524–530
627 DiFranco DE, Beauregard GL, Srinivasan MA (1997) The effect of
628 auditory cues on the haptic perception of stiffness in virtual
629 environments. *Proc ASME Dyn Syst Control Div ASME Int*
630 *Mech Eng Congr Exhib, Dallas, Nov 15–21 1997, DSC-Vol*
631 *61:17–22*
632 Durfee WK, Hendrix CM, Cheng P, Varughese G (1997) Influence of
633 haptic and visual displays on the estimation of virtual

environment stiffness. *Proc ASME Dyn Syst Control Div,*
DSC-Vol 61:139–144 634
635
636 Ellis RR, Lederman SJ (1993) The role of haptic versus visual volume
637 cues in the size-weight illusion. *Percept Psychophys* 55:315–324
638
639 England R (1995) Sensory-motor systems in virtual manipulation. In:
640 Carr K, England R (eds) *Simulated and virtual realities*. Taylor
641 and Francis, London, pp 131–177
642
643 Ernst Banks (2002) Humans integrate visual and haptic information in
644 a statistically optimal fashion. *Nature* 415:429–432
645
646 Gibson JJ (1966) *The senses considered as perceptual systems*.
647 Houghton Mifflin, Boston
648
649 Hillis JM, Ernst MO, Banks MS, Landy MS (2002) Combining
650 sensory information: mandatory fusion within, but not between
651 senses. *Science* 298:1627–1630
652
653 Hoffman HG (1998) Physically touching virtual objects using tactile
654 augmentation enhances the realism of virtual environments. In:
655 *Proceedings of the IEEE virtual reality annual international*
656 *symposium '98, Atlanta GA*. IEEE Computer Society, Los
657 Alamitos, California, pp 59–63
658
659 Hoffman H, Groen J, Rousseau A, Winn W, Wells M, Furness T
660 (1996) Tactile augmentation: Enhancing presence in virtual
661 reality with tactile feedback from real objects. In: *Proceedings of*
662 *1996 Convention of the American Psychological Society*. San
663 Francisco, CA. <http://hitl.washington.edu/publications/p-96-1>
664
665 Klatzky RL, Lederman SJ (2002) Touch, Chap. 6. In: Healy AF,
666 Procter RW (eds) *Experimental psychology*. Wiley, New York,
667 pp 147–176
668
669 Niemeyer G, Kuchenbecker KJ, Bonneau R, Mitra P, Reid AM, Fiene
670 J, Weldon G (2004) THUMP: An immersive haptic console for
671 surgical simulation and training. In: Westwood JD et al (eds)
672 *Medicine meets virtual reality 12. Building a better you: the next*
673 *tools for medical education, diagnosis and care*. IOS Press,
674 Amsterdam, pp 272–274
675
676 Lecuyer A, Coquillart S et al (2000a) Simulating haptic information
677 with haptic illusions in virtual environments. *NATO RTA/*
678 *Human Factors and Medicine Panel Workshop, The Hague,*
679 Netherlands
680
681 Lecuyer A, Coquillart S et al (2000b) Pseudo-haptic feedback: Can
682 isometric input devices simulate force feedback? *IEEE Interna-*
683 *tional Conference on Virtual Reality, New Brunswick, US*
684
685 Lecuyer A, Burkhardt J-M et al (2001) Boundary of Illusion: an
686 experiment of sensory integration with a pseudo-haptic system.
687 *IEEE International Conference on Virtual Reality, Yokohama,*
688 Japan
689
690 Lindeman RW, Templemen JN, Sibert JL JRC (2002) Handling of
691 virtual contact in immersive virtual environments: beyond
692 visuals. *Virtual Real* 6:130–139
693
694 McCarthy AD (2000) Development and validation of a virtual
695 environment as a training tool for surgeons in knee arthroscopy.
696 *Dissertation, Department of Medical Physics and Clinical*
697 *Engineering, University of Sheffield, UK*
698
699 McCarthy AD, Hollands RJ (1998) A commercially viable virtual
700 reality knee arthroscopy training system *Medicine Meets Virtual*
701 *Reality: 6*. San Diego, USA, pp 302–308
702
703 Milgram P, Kishino F (1994) A taxonomy of mixed reality visual
704 displays. *IEICE Trans Inf Syst* E77-D(12):1321–1329
705
706 Miner N, Gillespie B, Caudell T (1996) Examining the influence of
707 audio and visual stimuli on a haptic display. In: *Proceedings of*
708 *the 1996 IMAGE Conference, Phoenix, AZ, 23–25 June 1996*.
709 <http://members.aol.com/nadine505/papers/img96.htm>
710
711 Moody L, Arthur J, Dibble E, Zivanovic A (2003) Haptic accuracy in
712 a virtual reality arthroscopy simulator. In: de Waard D,
713 Brookhuis KA, Sommer SM, Verwey WB (eds) *Human factors*
714 *in the age of virtual reality*. Shaker Publishing, Maastricht, the
715 Netherlands, pp 43–60 698

- 699 Schultz LM, Petersik JT (1994) Visual-haptic relations in a two-
700 dimensional size-matching task. *Percept Mot Skills* 78:395–402
701 Srinivasan MA, Basdogan C (1997) Haptics in virtual environments:
702 taxonomy, research status, and challenges. *Comput Graph*
703 21(4):293–404
704 Srinivasan MA, Beauregard GL, Brock DL (1996) The impact of
705 visual information on haptic perception of stiffness in virtual
706 environments. *ASME dynamic systems and control division,*
707 *DSC*, vol 58. pp 555–559
708 Tan HZ, Srinivasan MA, Eberman B, Cheng B (1994) Human factors
709 for the design of force-reflecting haptic interfaces. *Dyn Syst*
710 *Control* 55(1):353–359
711 Wang Y, Mackenzie CL (2000) The role of contextual haptic and
712 visual constraints on object manipulation in virtual environ-
713 ments. *CHI 2000*. 1–6 April, pp 532–539
714 Webster RW, Zimmerman DI, Mohler BJ, Melkonian MG, Haluck
715 RS (2001) A prototype haptic suturing simulator. In: Westwood
JD et al (eds) *Medicine meets virtual reality 9*, IOS Press,
Amsterdam, pp 567–569
Welch RB, Warren DH (1980) Immediate perceptual response to
intersensory discrepancy. *Psychol Bull* 88:638–667
Welch RB, Warren DH (1986) Intersensory interactions. In: Boff KK,
Kaufman L, Thomas JP (eds) *Handbook of perception and*
human performance. Wiley, New York, pp 25.1–25.36
Petzold B, Zaeh MF, Faerber B, Deml B, Egermeier H, Schilp J,
Clarke S (2004) A study on visual, auditory and haptic feedback
for assembly tasks. *Presence* 12(3):16–21
Zivanovic A, Dibble E, Davies B, Moody L, Waterworth A (2003)
Engineering requirements for a haptic simulator for knee
arthroscopy training. In: Westwood JD et al (eds) *Medicine*
meets virtual reality 11. NextMed: Health Horizon. IOS Press/
Ohmsha, Amsterdam, pp 413–417