

# non-invasive adaptive hand prosthetics

---

**claudio CASTELLINI<sup>1</sup>**, emanuele GRUPPIONI<sup>2</sup>, angelo emanuele  
FIORILLA<sup>1,4</sup>, patrick VAN DER SMAGT<sup>3</sup>, angelo DAVALLI<sup>2</sup>, giulio  
SANDINI<sup>1,4</sup>

<sup>1</sup> *advanced robotics laboratory, university of genova, italy*

<sup>2</sup> *inail prosthetics research center, bologna, italy*

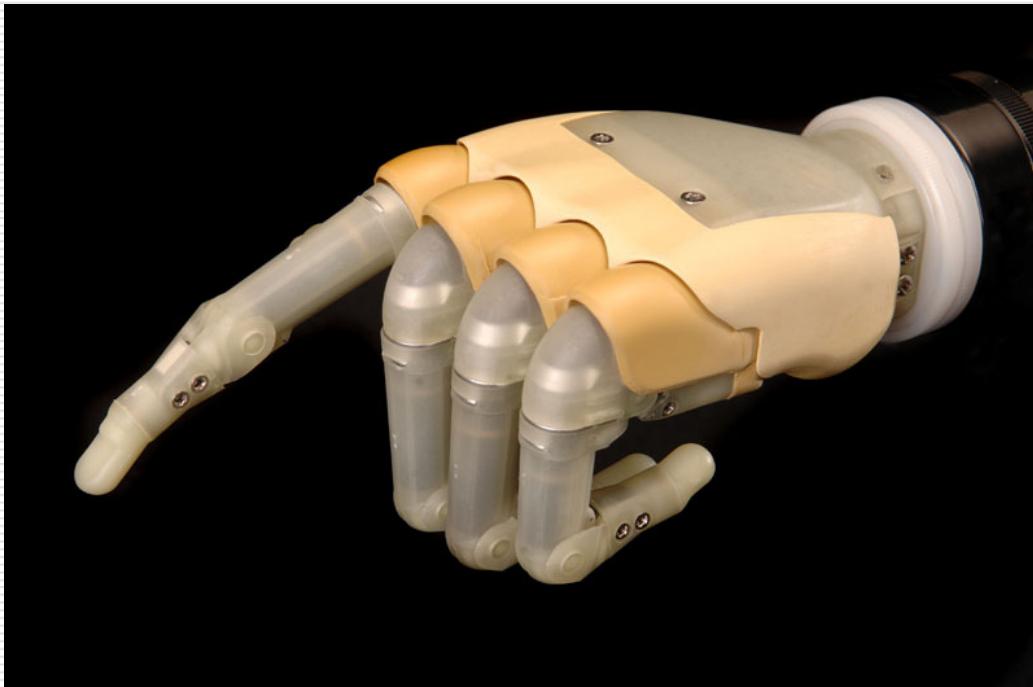
<sup>3</sup> *german aerospace research center, oberpfaffenhofen, germany*

<sup>4</sup> *italian institute of technology, genova, italy*

# emg and prosthetic hands

---

- claim: surface electromyography suffices to finely control dexterous prosthetic hands



commercial s.o.a.:  
touch bionics's **i-Limb**  
prosthetic hand  
(reproduced from  
[www.touchbionics.com](http://www.touchbionics.com))

# surface emg

---

## □ pros:

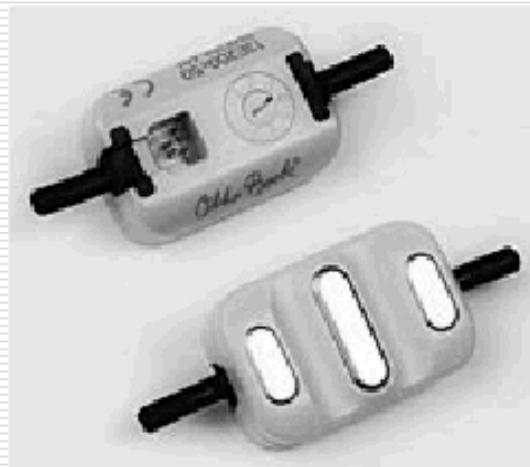
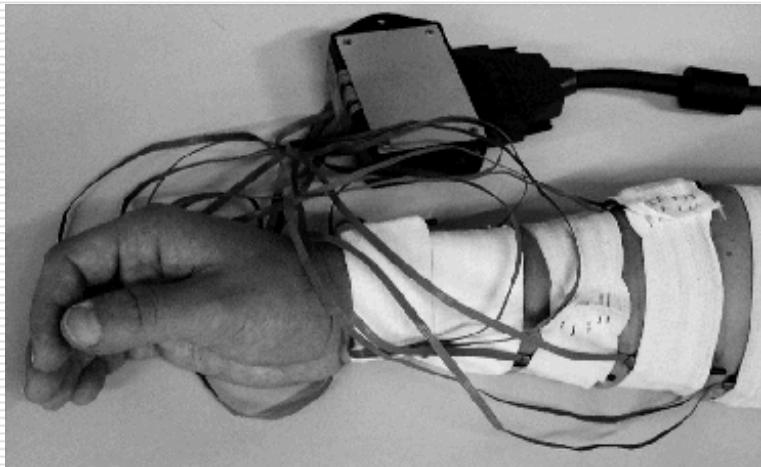
- non-invasive
- cheap
- well known

## □ cons:

- badly conditioned
- noisy
- subject to sweat / muscle fatigue etc.
- feeling: not accurate enough

# experiment 1 (dlr)

---



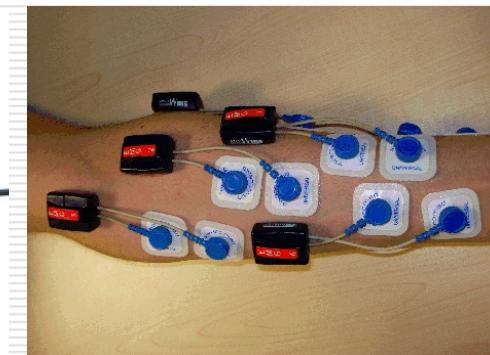
- 10 ottobock surface electrodes
- one healthy subject in controlled conditions
- position *and* force control

*movie!*

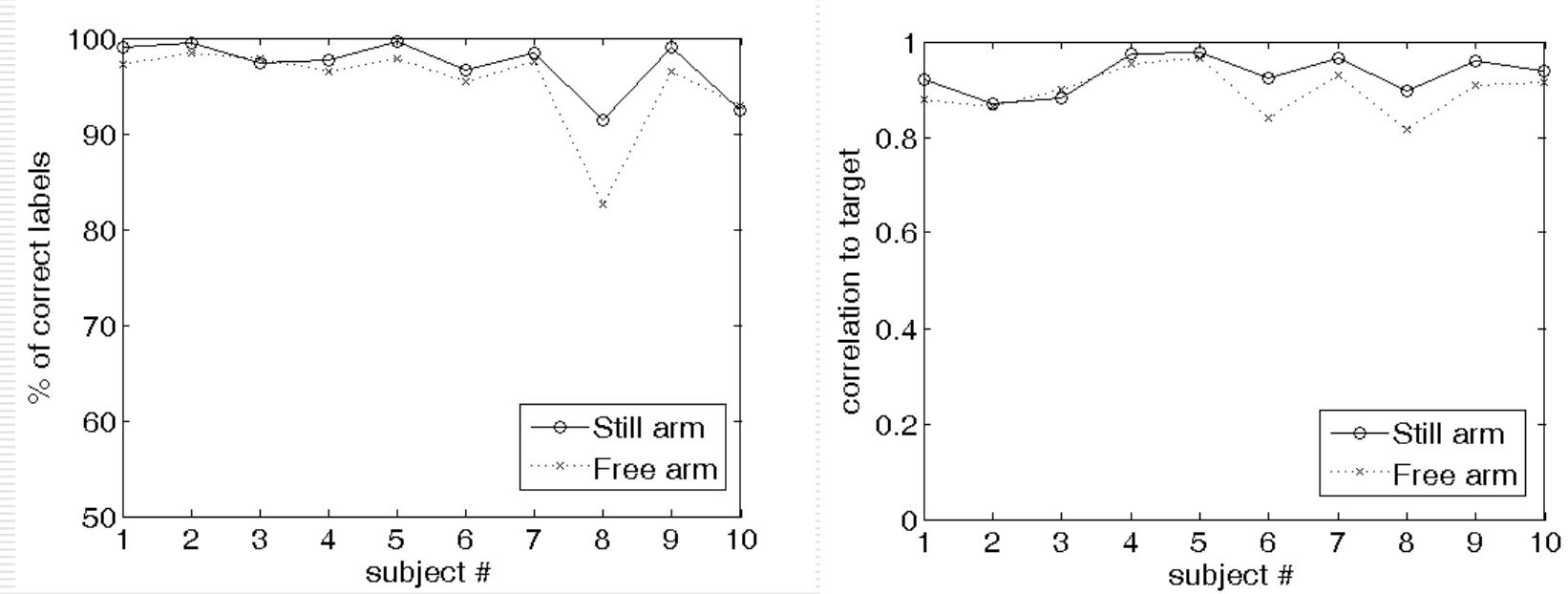
# experiment 2 (iit)

---

- 7 wireless emg electrodes
- 10 healthy subjects
- freely moving condition: walking, raising the arms, etc.



# experiment 2: results



classification accuracy (left) and regression correlation (right) per subject. still arm vs. freely moving

# experiment 3 (inail)

---



**subject 1**



**subject 2**



**subject 3**

1. male, aged 63, trans-radial one-third proximal, amputated in 1963, 9cm stump
2. male, aged 56, trans-radial one-third distal, amputated in 1972, 20 cm stump
3. male, aged 25, trans-carpal, amputated in 2007, complete forearm

# experiment 3: setup

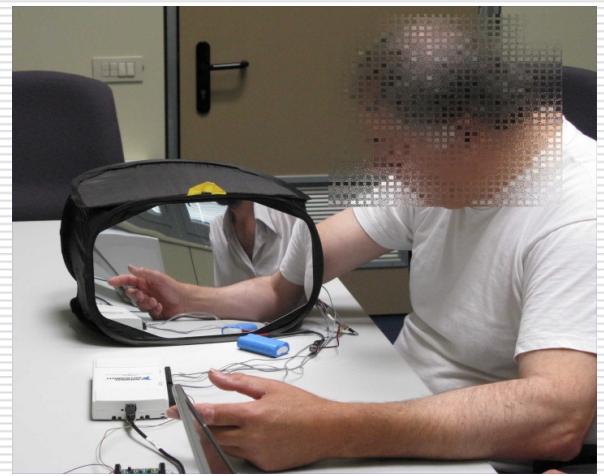


5 Otto Bock  
electrodes and a  
force sensor



electrodes are positioned in a uniform, non-supervised way

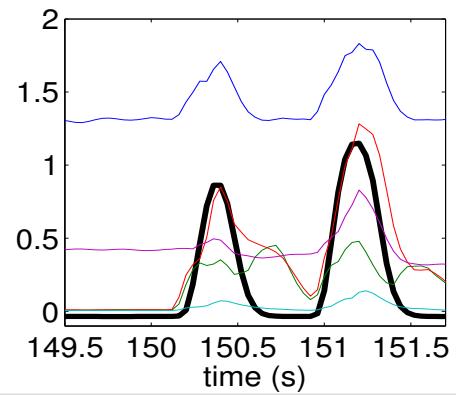
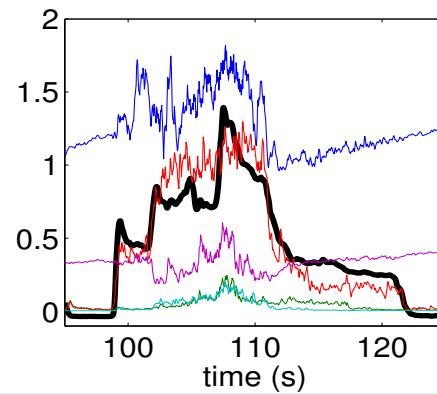
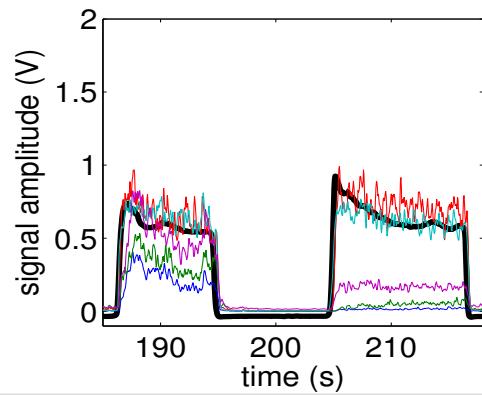
# experiment 3: training



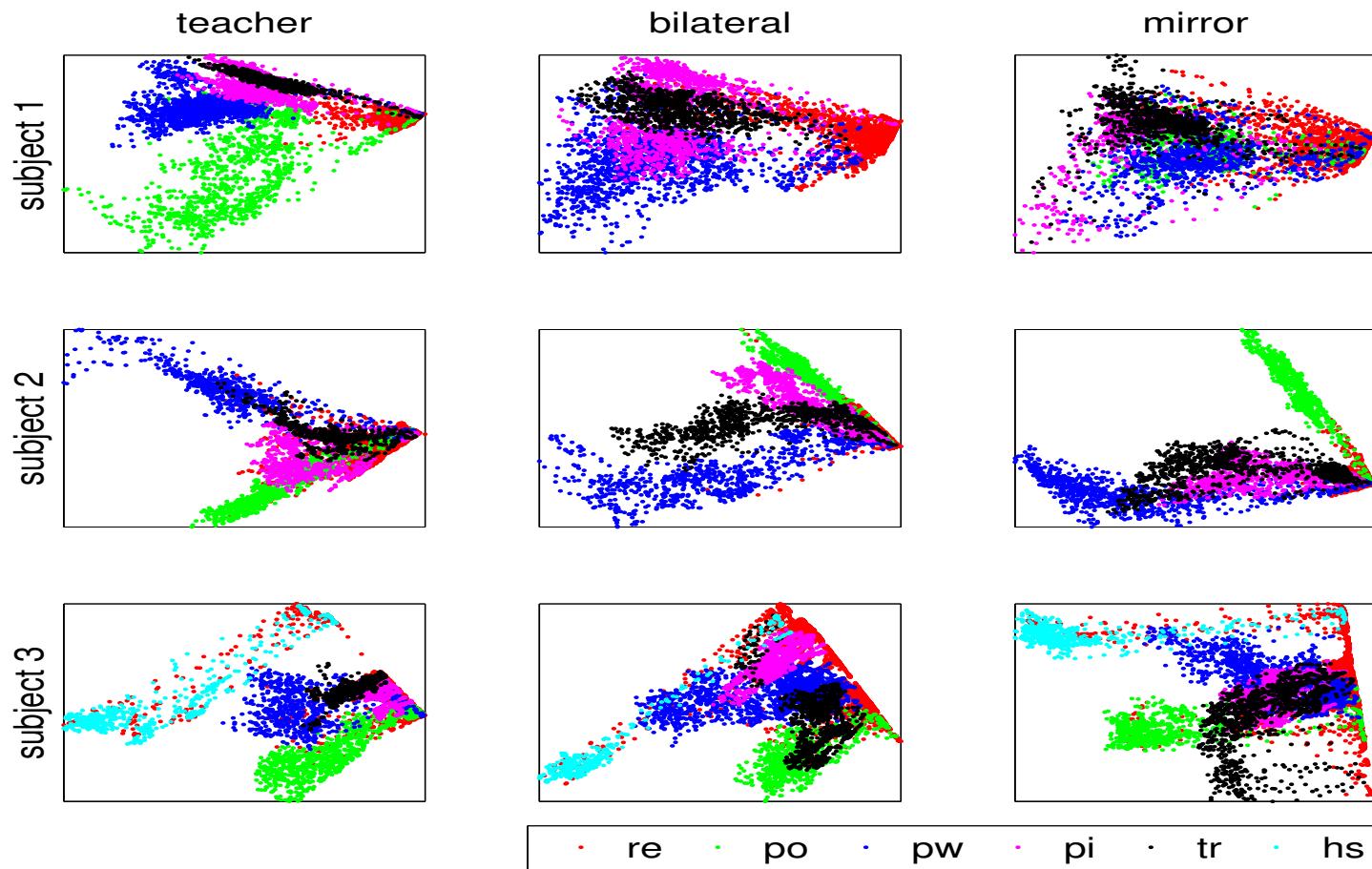
teacher imitation

bilateral action

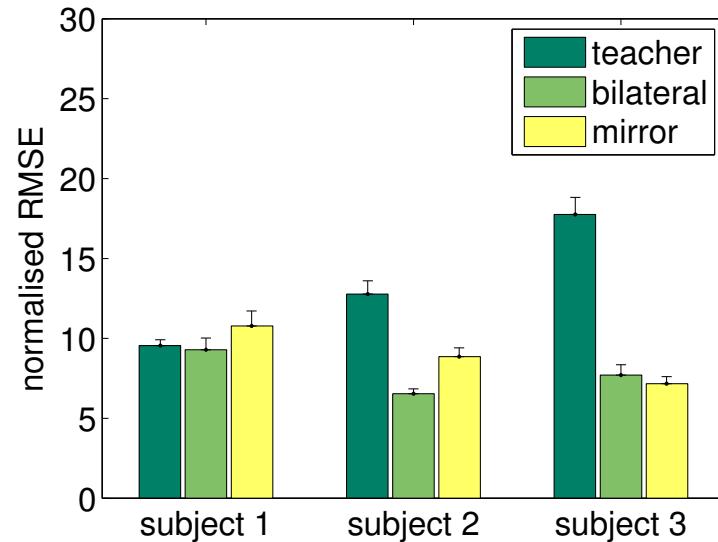
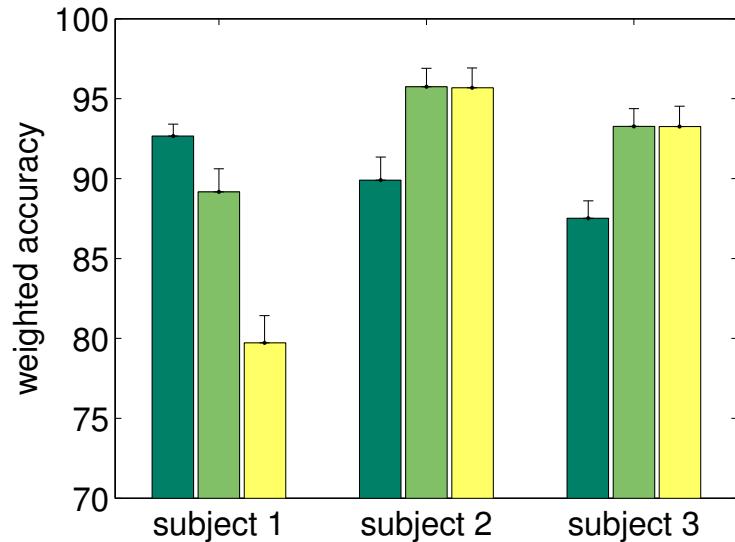
mirror-box



# experiment 3: data

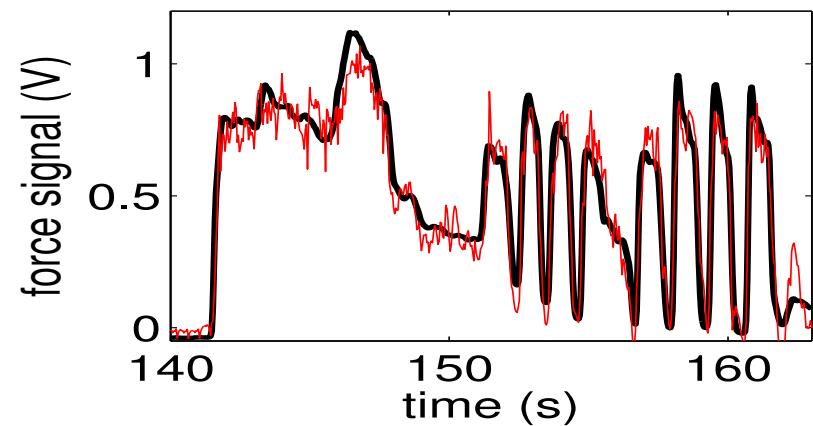
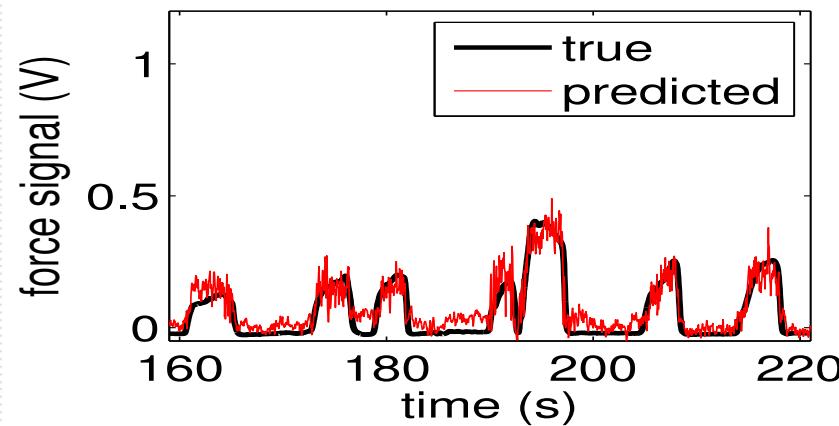
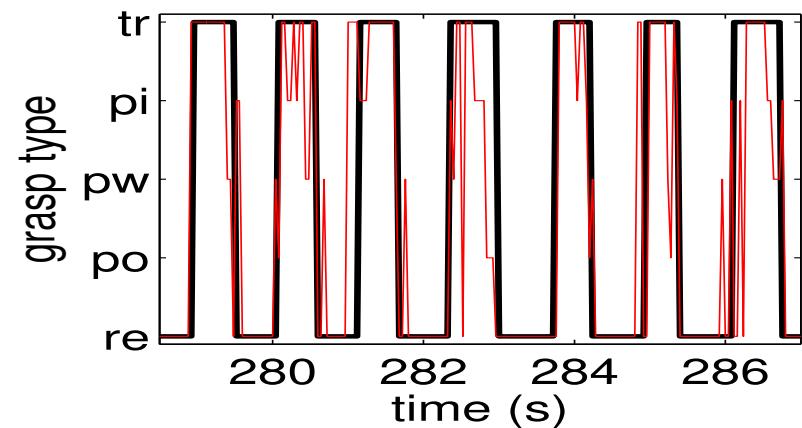
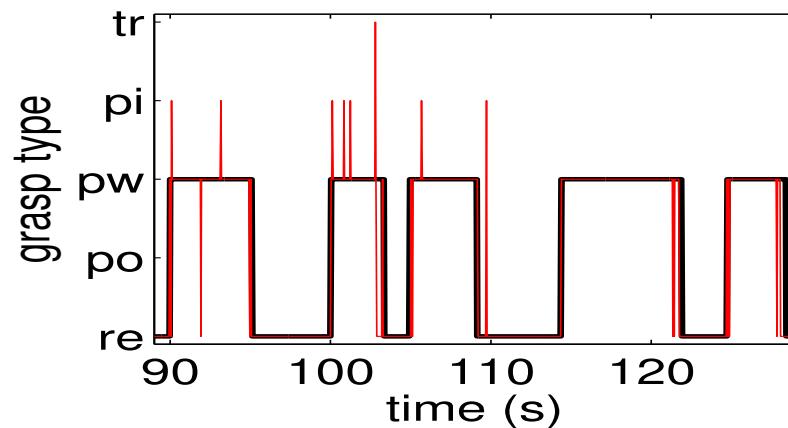


# experiment 3: performance



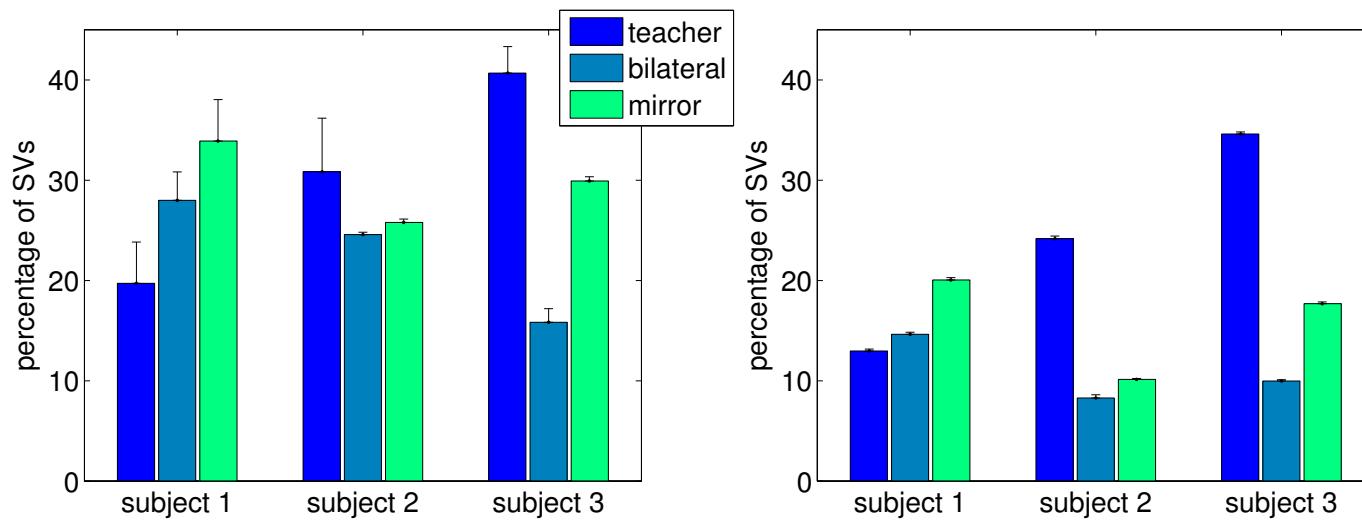
(left) classification accuracy, (right) regression on force

# experiment 3: examples



(upper) classification accuracy, (lower) regression on force

# experiment 3: hardness



(left) classification SV%, (right) regression SV%

# discussion

---

- performance is comparable to experiment 1:  
it will work!
- non-invasive; no medically-assisted  
electrode positioning required; essentially  
no patient preparation
- surprisingly good muscular activity in elderly  
patients, operated a long time ago, with  
diverse types of amputations (matches  
emg/tms experiments of 2006)
- from the p.o.v. of machine learning, the  
problem is easy

# main references

---

- [1] C. Castellini and P. van der Smagt,  
**Surface EMG in Advanced Hand Prosthetics**, *Biological Cybernetics*, 100(1)
- [2] C. Castellini, E. Fiorilla and G. Sandini,  
**Multi-subject/DLA analysis of surface EMG control of mechanical hands**,  
submitted to the *Journal of Neuroengineering and Rehabilitation*
- [3] C. Castellini, E. Gruppioni, A. Davalli and G. Sandini, **Fine detection of grasp force and posture by amputees via surface electromyography**, *Journal of Physiology (Paris)*, in press