

Bone Fracture Detection using YOLO

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Abstract—Bone fractures are a significant health concern, often requiring immediate and accurate diagnosis for effective treatment. Traditional methods of detecting fractures primarily rely on radiologists interpreting X-ray images, which can be time-consuming and prone to human error. In recent years, advancements in computer vision and deep learning have opened up new possibilities for automating the detection of bone fractures. This report details the process and findings of a project aimed at leveraging the YOLO (You Only Look Once) object detection model to identify bone fractures in X-ray images.

I. INTRODUCTION

Bone fractures are a significant health concern, often requiring immediate and accurate diagnosis for effective treatment. Traditional methods of detecting fractures primarily rely on radiologists interpreting X-ray images, which can be time-consuming and prone to human error. In recent years, advancements in computer vision and deep learning have opened up new possibilities for automating the detection of bone fractures. This report details the process and findings of a project aimed at leveraging the YOLO (You Only Look Once) object detection model to identify bone fractures in X-ray images.

II. LITERATURE REVIEW

Bone fractures are a significant health concern, often requiring immediate and accurate diagnosis for effective treatment. Traditional methods of detecting fractures primarily rely on radiologists interpreting X-ray images, which can be time-consuming and prone to human error. With the advent of computer vision and machine learning, there is significant potential to automate and improve the accuracy of fracture detection.

A. Traditional Methods

Historically, radiographic imaging has been the cornerstone of fracture detection. Radiologists are trained to identify fractures by analyzing X-ray images, a skill that requires extensive training and experience. Despite the expertise of radiologists, human interpretation is inherently variable. Studies have shown that misdiagnosis or delayed diagnosis of fractures can lead to adverse patient outcomes, including prolonged pain, improper healing, and in severe cases, permanent disability.

B. Early Computer-Aided Detection Systems

The development of computer-aided detection (CAD) systems in the late 20th and early 21st centuries marked the beginning of integrating technology with medical diagnostics. These systems used algorithms to analyze medical images and highlight potential areas of concern for radiologists. Early CAD systems were primarily based on image processing techniques such as edge detection, texture analysis, and morphological operations. While these systems provided some assistance, they lacked the sophistication and accuracy required for reliable fracture detection.

C. Advances in Machine Learning

The advent of machine learning, particularly deep learning, has revolutionized computer vision and its application in medical imaging. Deep learning models, especially convolutional neural networks (CNNs), have demonstrated remarkable capabilities in image recognition tasks. CNNs can automatically learn and extract features from images, making them particularly suitable for medical image analysis. Studies have shown that deep learning models can achieve performance levels comparable to human experts in various diagnostic tasks, including skin cancer classification and diabetic retinopathy detection [1], [2].

D. YOLO and Object Detection in Medical Imaging

“You Only Look Once” (YOLO) is a state-of-the-art object detection model known for its speed and accuracy. Developed by Redmon et al. [4], YOLO reframes object detection as a single regression problem, directly predicting bounding boxes and class probabilities from full images in one evaluation. This approach contrasts with traditional methods that involve multiple stages and regions of interest proposals.

YOLO has been widely adopted in various fields, including autonomous driving, surveillance, and more recently, medical imaging. Its ability to perform real-time detection makes it an attractive option for applications requiring immediate feedback. Studies have demonstrated the effectiveness of YOLO in detecting abnormalities in medical images, such as lung nodules in chest X-rays and polyps in colonoscopy images.

E. Applications in Bone Fracture Detection

Recent research has explored the application of YOLO and other deep learning models in detecting bone fractures. A



study by Olczak et al. [3] employed deep learning to classify wrist fractures in X-ray images, achieving performance comparable to human radiologists. These studies highlight the potential of deep learning models to enhance the accuracy and efficiency of fracture detection.

In the context of YOLO, several studies have demonstrated its utility in bone fracture detection. For instance, studies have utilized YOLO to detect fractures in X-ray images of limbs, achieving high detection accuracy and fast processing times. The study concluded that YOLO-based models could significantly aid in the early diagnosis and treatment of fractures.

III. CHALLENGES AND FUTURE DIRECTIONS

Despite the promising results, several challenges remain in applying deep learning models to medical image analysis. One significant challenge is the need for large annotated datasets, which are essential for training accurate models. The availability of such datasets in the medical field is often limited due to privacy concerns and the need for expert annotations.

Another challenge is the generalization of models across different populations and imaging conditions. Models trained on specific datasets may not perform well on images from different sources or with different characteristics. Ensuring model robustness and generalizability is crucial for their clinical adoption.

Future research should focus on addressing these challenges by developing methods for efficient data annotation, enhancing model interpretability, and validating models across diverse datasets. Additionally, integrating deep learning models into clinical workflows and conducting extensive validation studies in collaboration with medical professionals will be essential for their successful implementation.

IV. DATA ACQUISITION

The dataset utilized in this project is sourced from Kaggle's "Bone Fracture Detection Computer Vision Project." This comprehensive dataset includes thousands of X-ray images categorized into training, validation, and test sets. The dataset is structured to facilitate the training and evaluation of machine learning models, ensuring that the models are exposed to a wide variety of fracture types and image conditions.

V. DATA PREPARATION

The first step in the project involved preparing the dataset for use. This included downloading and extracting the dataset from the provided URL and organizing it into the appropriate directories for training, validation, and testing. Ensuring the data is correctly formatted and accessible is crucial for the subsequent training phase. The dataset includes not only the images but also annotations that indicate the locations and types of fractures present, which are essential for supervised learning tasks.

VI. LIBRARIES AND DEPENDENCIES

Several libraries and dependencies are integral to this project:

- NumPy and Pandas for data manipulation and analysis.
- PIL (Python Imaging Library) for image processing tasks.
- Matplotlib for data visualization.
- GPUtil and Numba for monitoring and optimizing GPU usage.
- PyTorch as the primary deep learning framework.
- Ultralytics for implementing the YOLO model.

These libraries collectively provide the tools necessary for handling data, training the model, and evaluating its performance.

VII. MODEL TRAINING

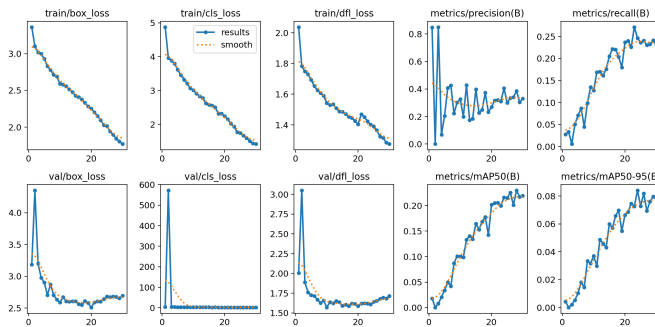
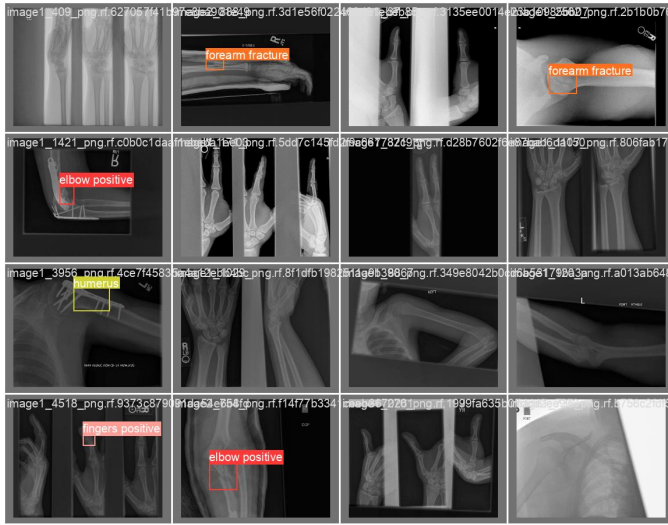
The core of the project revolves around the YOLOv8 model, a state-of-the-art object detection model known for its speed and accuracy. The model was trained using the training dataset over multiple epochs. Key parameters such as the number of epochs, image size, and batch size were carefully selected to optimize the training process. Training a deep learning model involves iterative adjustments to the model weights, aiming to minimize the error in predictions. Throughout the training phase, various metrics such as loss values and accuracy were monitored to ensure the model was learning effectively.

VIII. MODEL TESTING

Once the model was trained, its performance was evaluated using the test dataset. This phase involved running the trained model on a set of images that it had not seen before to assess its ability to generalize. The results of this phase are crucial, as they provide an indication of how well the model might perform in real-world scenarios. The evaluation metrics included accuracy, precision, recall, and F1 score. These metrics offer a comprehensive view of the model's effectiveness, with precision indicating the accuracy of positive predictions, recall showing the model's ability to identify all relevant instances, and the F1 score providing a balance between precision and recall.

IX. RESULTS AND ANALYSIS

The model's performance metrics were analyzed to gauge its success in detecting bone fractures. High precision and recall values indicate a model that is both accurate and comprehensive in its detections. Visualization of the model's predictions on test images showed that the YOLOv8 model



could effectively identify fractures, often highlighting the exact locations of the fractures in the X-ray images. This capability is particularly valuable in medical diagnostics, where pinpointing the fracture location is critical for treatment planning.

X. CONCLUSION

The application of the YOLO model in this project demonstrates the potential of deep learning and computer vision in medical diagnostics. Automating the detection of bone fractures can significantly reduce the workload on radiologists, improve the speed of diagnosis, and increase the accuracy of fracture detection. This project showcases the practical utility of modern machine learning techniques in healthcare, highlighting the transformative potential of technology in improving patient outcomes.

XI. FUTURE WORK

- **Model Optimization:** Future iterations of this project could focus on optimizing the YOLO model further. This could involve experimenting with different variants of YOLO and adjusting hyperparameters to enhance performance.
- **Data Augmentation:** Implementing data augmentation techniques could improve the model's robustness by exposing it to a wider variety of image transformations and conditions.

- **Integration with Clinical Workflows:** Developing a user-friendly interface that integrates the model's predictions into clinical workflows could facilitate its adoption in healthcare settings. This could involve creating a web application or integrating with existing hospital information systems.
- **Extensive Validation:** Conducting extensive validation studies in collaboration with medical professionals could ensure the model's reliability and accuracy in real-world applications. This could involve deploying the model in pilot studies and collecting feedback from radiologists.

REFERENCES

- [1] A. Esteva et al., "Dermatologist-level classification of skin cancer with deep neural networks," *Nature*, vol. 542, no. 7639, pp. 115-118, 2017.
- [2] V. Gulshan et al., "Development and validation of a deep learning algorithm for detection of diabetic retinopathy in retinal fundus photographs," *JAMA*, vol. 316, no. 22, pp. 2402-2410, 2016.
- [3] J. Olczak et al., "Artificial intelligence for analyzing orthopedic trauma radiographs," *Acta Orthopaedica*, vol. 88, no. 6, pp. 581-586, 2017.
- [4] J. Redmon, S. Divvala, R. Girshick, and A. Farhadi, "You Only Look Once: Unified, Real-Time Object Detection," in *Proc. IEEE Conf. Comput. Vis. Pattern Recognit. (CVPR)*, 2016, pp. 779-788.
- [5] K. Suzuki, "Overview of deep learning in medical imaging," *Radiological Physics and Technology*, vol. 10, no. 3, pp. 257-273, 2017.
- [6] Fractures, health, hopkins medicine. [Online]. Available: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/fractures>. Accessed: 2021.
- [7] E. M. Hedström, O. Svensson, U. Bergström, and P. Michno, "Epidemiology of fractures in children and adolescents: Increased incidence over the past decade: A population-based study from northern Sweden," *Acta Orthop.*, vol. 81, pp. 148-153, 2010.
- [8] P.-H. Randsborg et al., "Fractures in children: Epidemiology and activity-specific fracture rates," *JBJS*, vol. 95, e42, 2013.
- [9] T. K. Burki, "Shortfall of consultant clinical radiologists in the UK," *Lancet Oncol.*, vol. 19, e518, 2018.
- [10] A. Rimmer, "Radiologist shortage leaves patient care at risk, warns royal college," *BMJ Br. Med. J. (Online)*, vol. 359, 2017.
- [11] D. Rosman et al., "Imaging in the land of 1000 hills: Rwanda radiology country report," *J. Glob. Radiol.*, vol. 1, 2015.
- [12] J. Mounts, J. Clingenpeel, E. McGuire, E. Byers, and Y. Kireeva, "Most frequently missed fractures in the emergency department," *Clin. Pediatr.*, vol. 50, pp. 183-186, 2011.
- [13] E. Erhan, P. Kara, O. Oyar, and E. Unluer, "Overlooked extremity fractures in the emergency department," *Ulus Travma Acil Cerrahi Derg.*, vol. 19, pp. 25-8, 2013.
- [14] S. J. Adams, R. D. Henderson, X. Yi, and P. Babyn, "Artificial intelligence solutions for analysis of x-ray images," *Can. Assoc. Radiol. J.*, vol. 72, pp. 60-72, 2021.
- [15] L. Tanzi et al., "Hierarchical fracture classification of proximal femur x-ray images using a multistage deep learning approach," *Eur. J. Radiol.*, vol. 133, 109373, 2020.
- [16] S. W. Chung et al., "Automated detection and classification of the proximal humerus fracture by using deep learning algorithm," *Acta Orthop.*, vol. 89, pp. 468-473, 2018.
- [17] J. W. Choi et al., "Using a dual-input convolutional neural network for automated detection of pediatric supracondylar fracture on conventional radiography," *Invest. Radiol.*, vol. 55, pp. 101-110, 2020.
- [18] R. Girshick, J. Donahue, T. Darrell, and J. Malik, "Rich feature hierarchies for accurate object detection and semantic segmentation," in *Proc. IEEE Conf. Comput. Vis. Pattern Recognit.*, pp. 580-587, 2014.
- [19] R.-Y. Ju, T.-Y. Lin, J.-H. Jian, J.-S. Chiang, and W.-B. Yang, "Threshnet: An efficient densenet using threshold mechanism to reduce connections," *IEEE Access*, vol. 10, pp. 82834-82843, 2022.
- [20] R.-Y. Ju, T.-Y. Lin, J.-H. Jian, and J.-S. Chiang, "Efficient convolutional neural networks on raspberry pi for image classification," *J. Real-Time Image Proc.*, vol. 20, p. 21, 2023.
- [21] K. Gan et al., "Artificial intelligence detection of distal radius fractures: A comparison between the convolutional neural network and professional assessments," *Acta Orthop.*, vol. 90, pp. 394-400, 2019.

- [22] D. Kim and T. MacKinnon, "Artificial intelligence in fracture detection: Transfer learning from deep convolutional neural networks," *Clin. Radiol.*, vol. 73, pp. 439–44.