



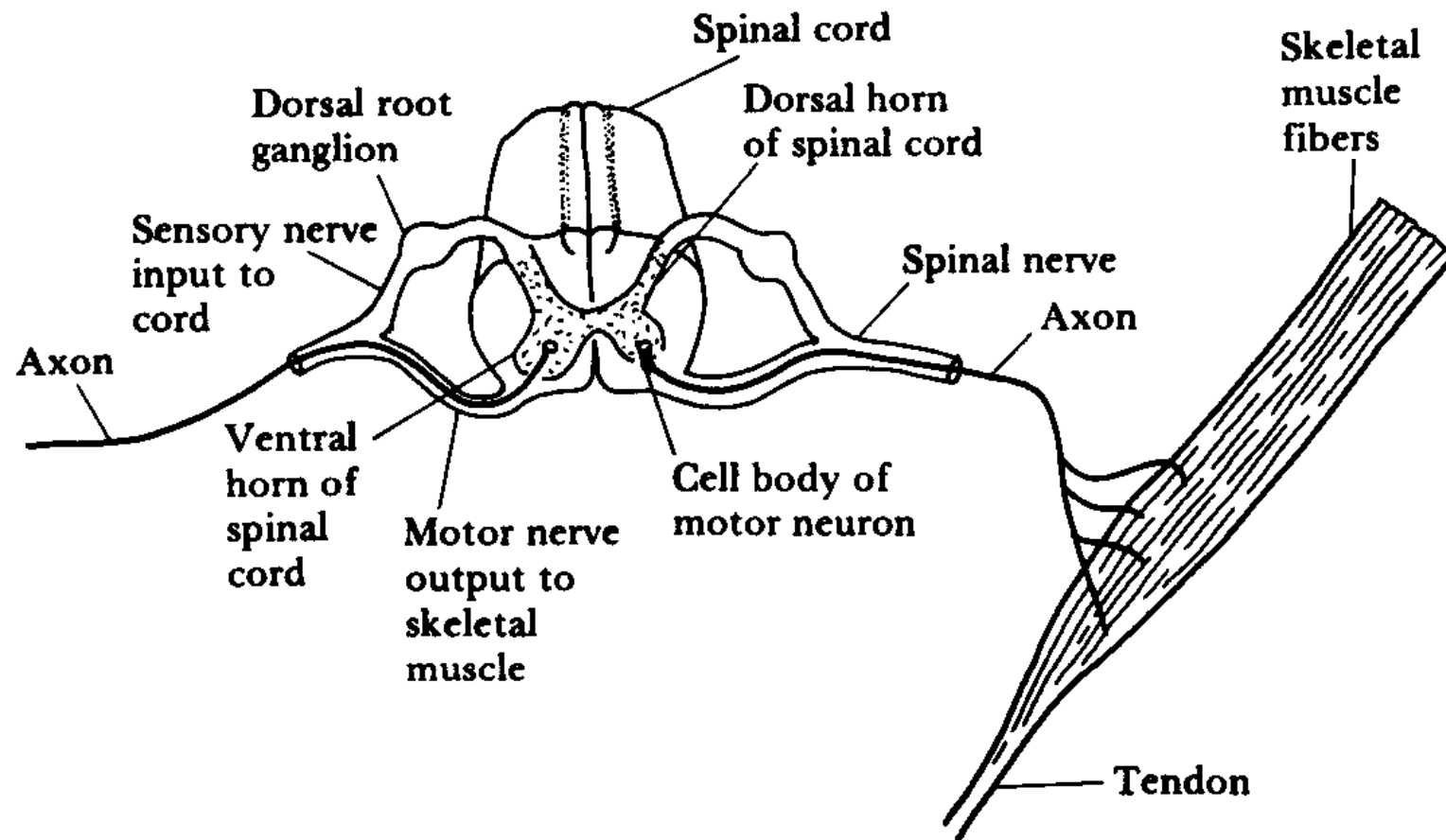
# Electromyogram (EMG)

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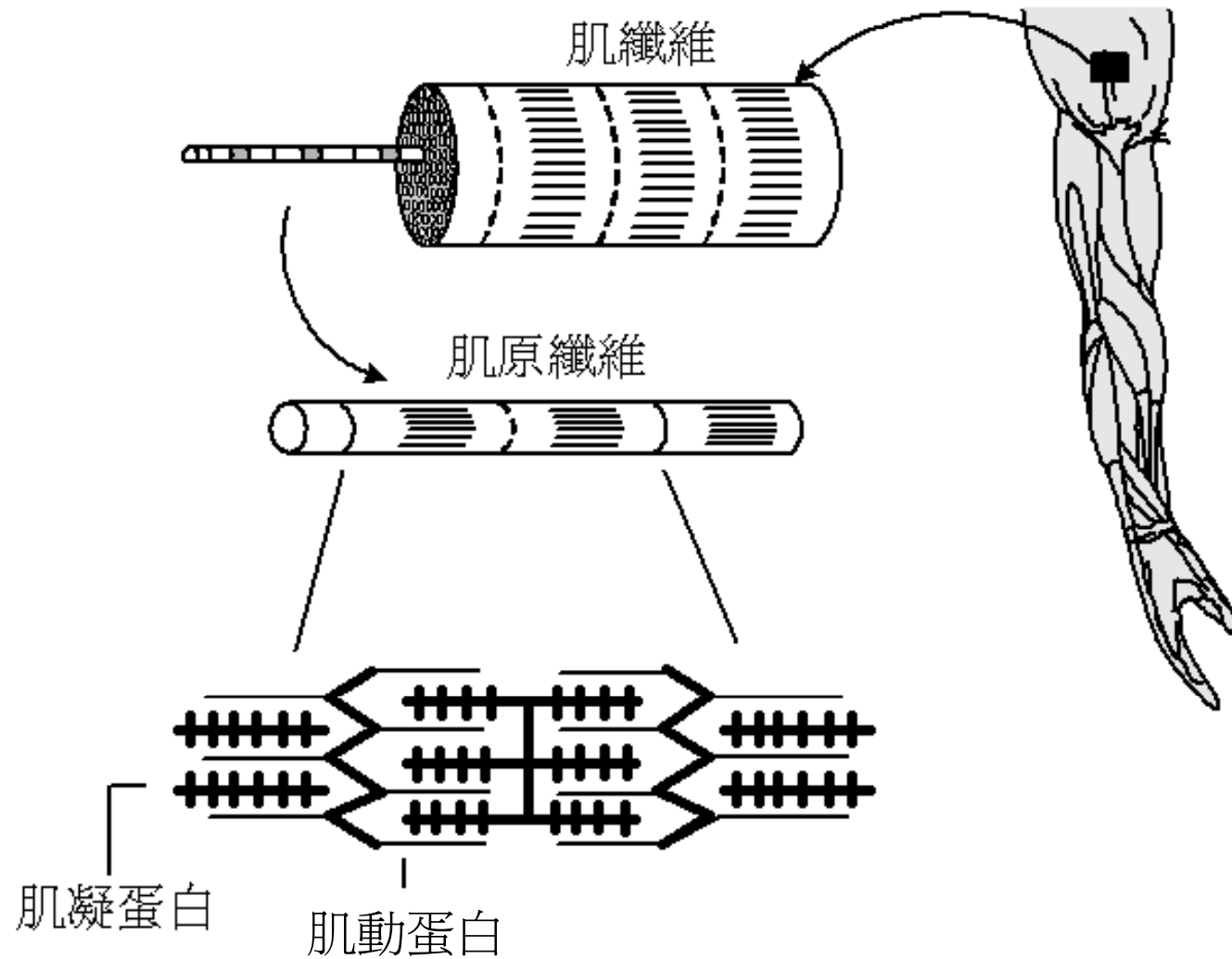
Hsiao-Lung Chan, Ph.D.  
Dept Electrical Engineering  
Chang Gung University, Taiwan  
[chanhl@mail.cgu.edu.tw](mailto:chanhl@mail.cgu.edu.tw)

# Single motor unit

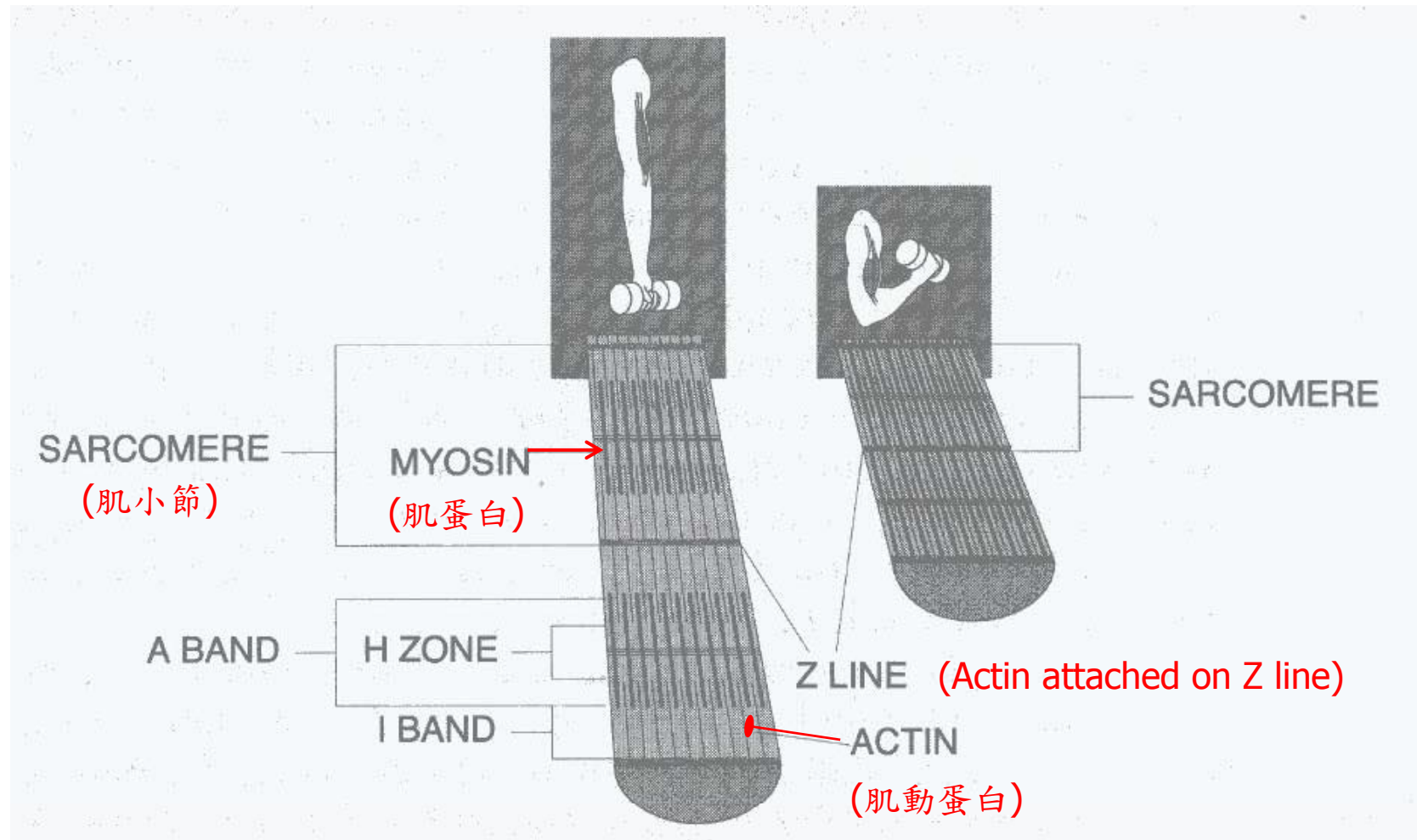
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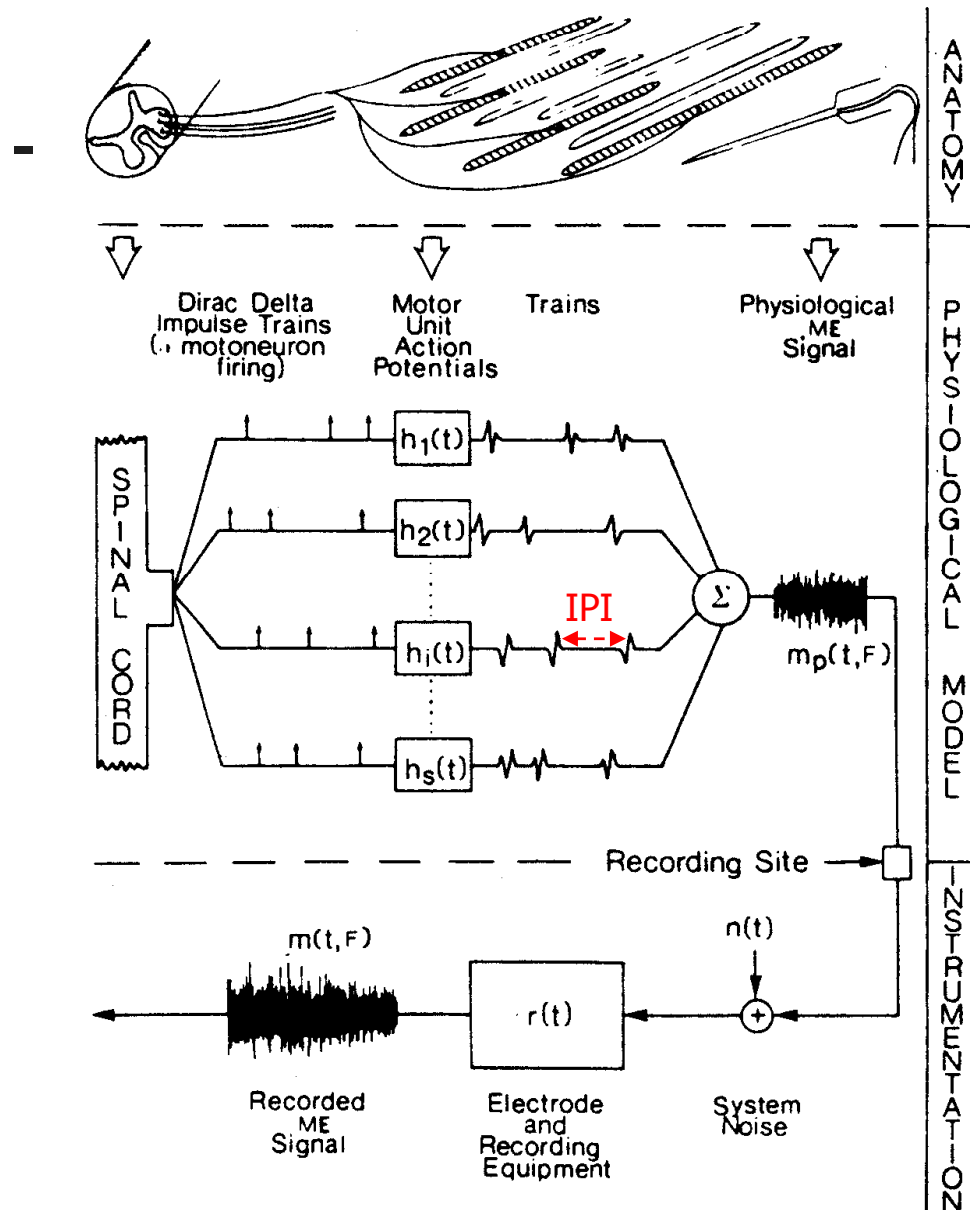
# Skeletal muscle (骨骼肌)



# Sarcomere (basic unit of skeletal muscles)



# Motor-unit firing pattern



SMUAP wave

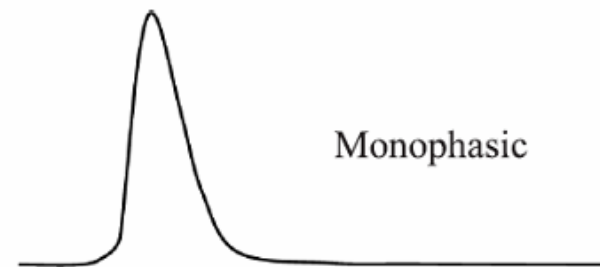
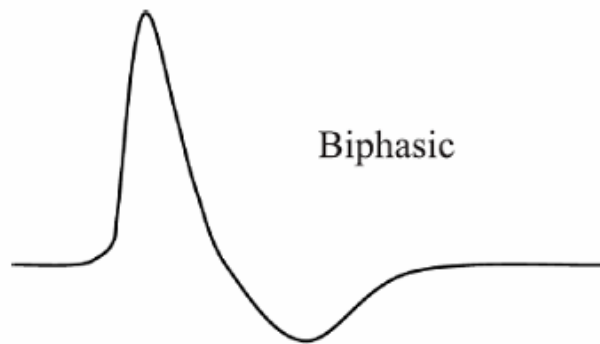
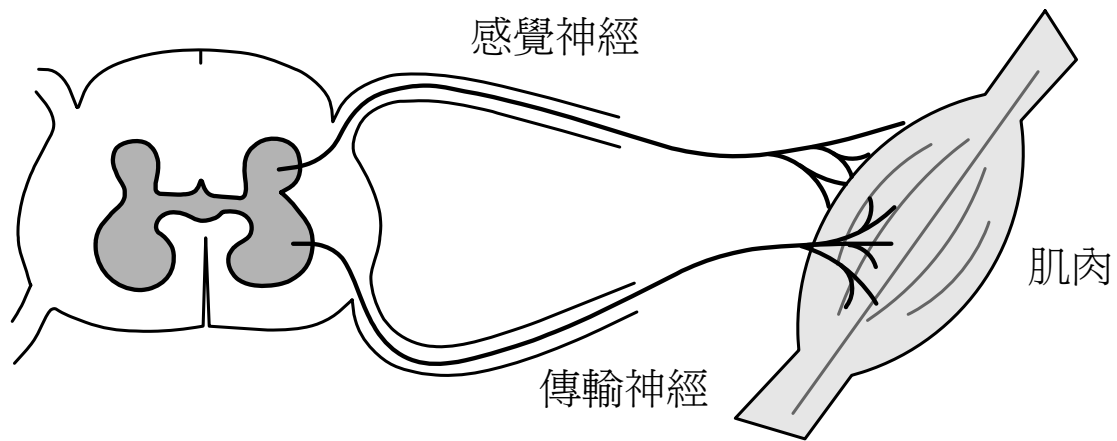
$$y(t) = \int_0^t h(t - \tau) x(\tau) d\tau$$

Point process:

A series of impulse or Dirac delta function

Inter-pulse interval (IPI) >  
SMUAP duration

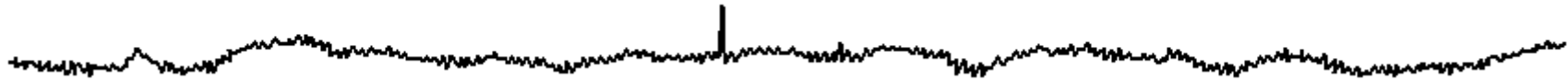
# Single-motor-unit action potential (SMUAP)



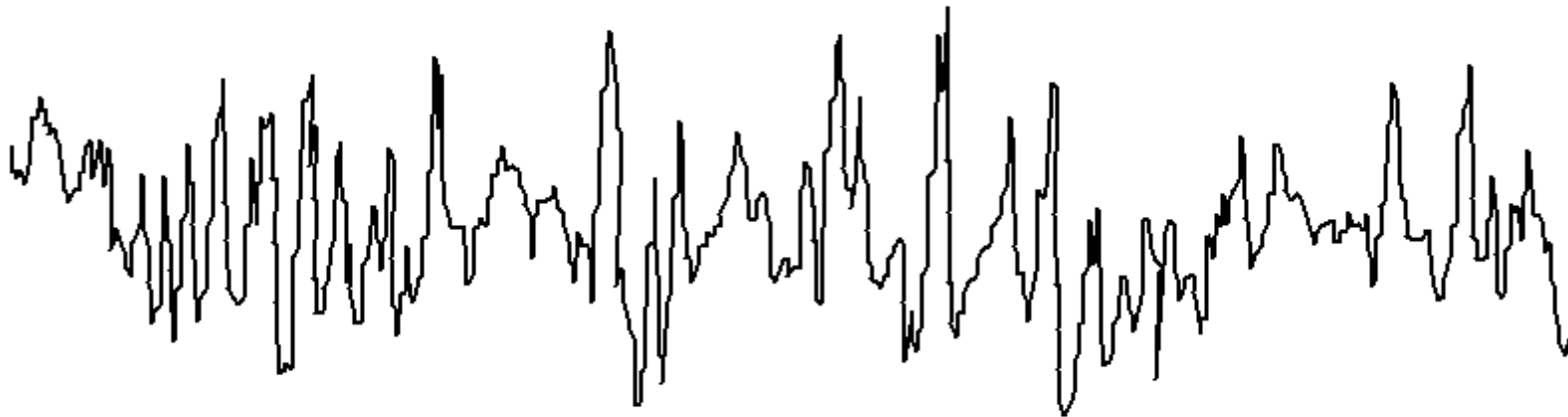
# Electromyography (EMG, 肌電圖)

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Resting state



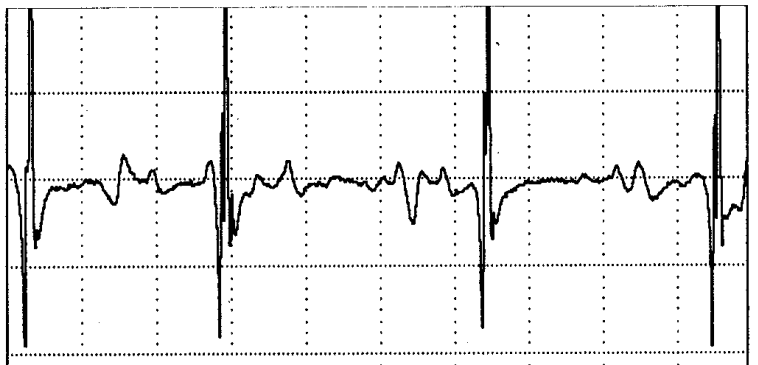
Muscle contraction



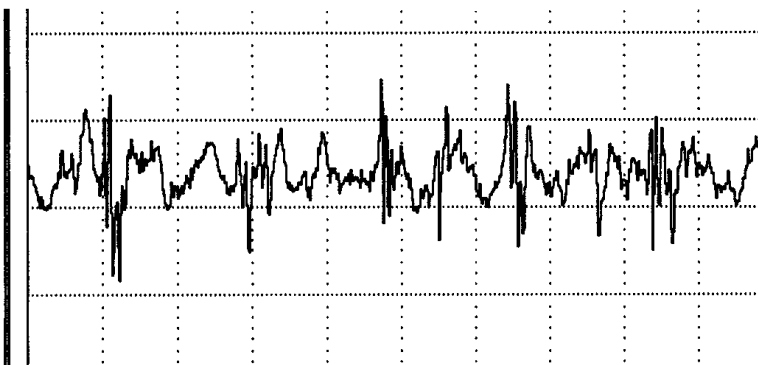
## SMUAP (Cont.)



(a)



(b)



(c)

### Normal:

- Mostly biphasic, 3-5 ms duration

### Neuropathy (brachial plexus injury):

- Slow conduction
- Polyphasic, large amplitude (800  $\mu\text{V}$ )

### Myopathy:

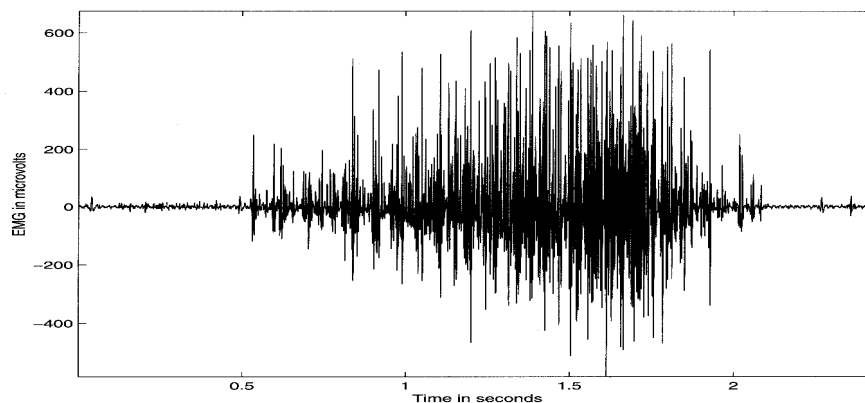
- Loss of muscle fibers in motor unit
- Recruitment of more motor units at a low level of effort



# Gradation of muscular contraction

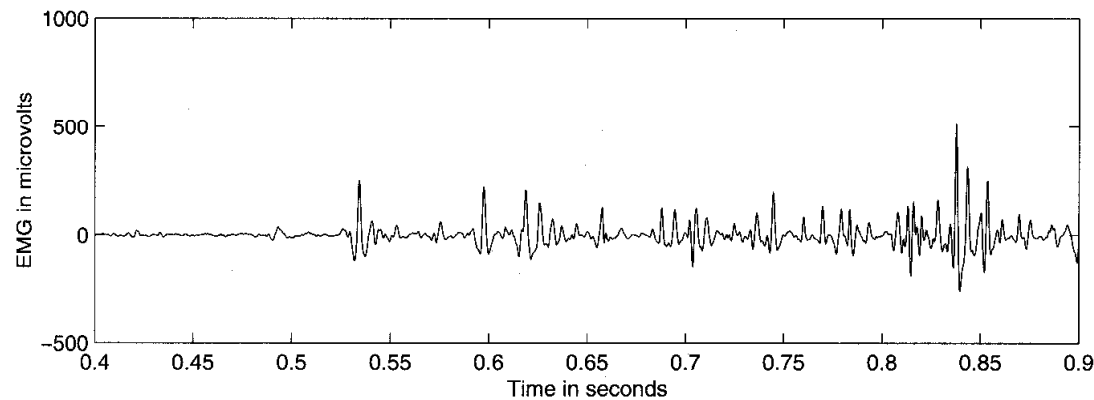
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- Spatial recruitment
  - Activating new motor units with increasing effort
- Temporal recruitment
  - Increasing frequency of firing rate of each motor unit with increasing effort

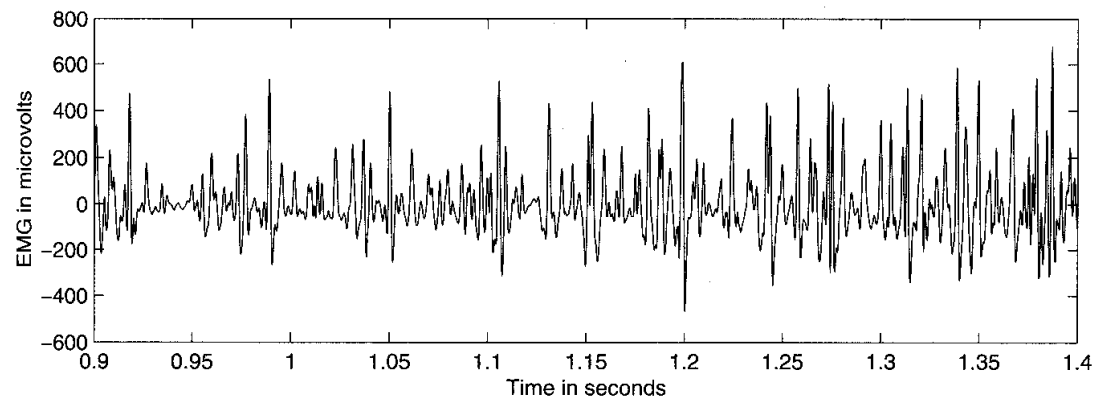


EMG at diaphragm muscle

## Gradation of muscular contraction (cont.)

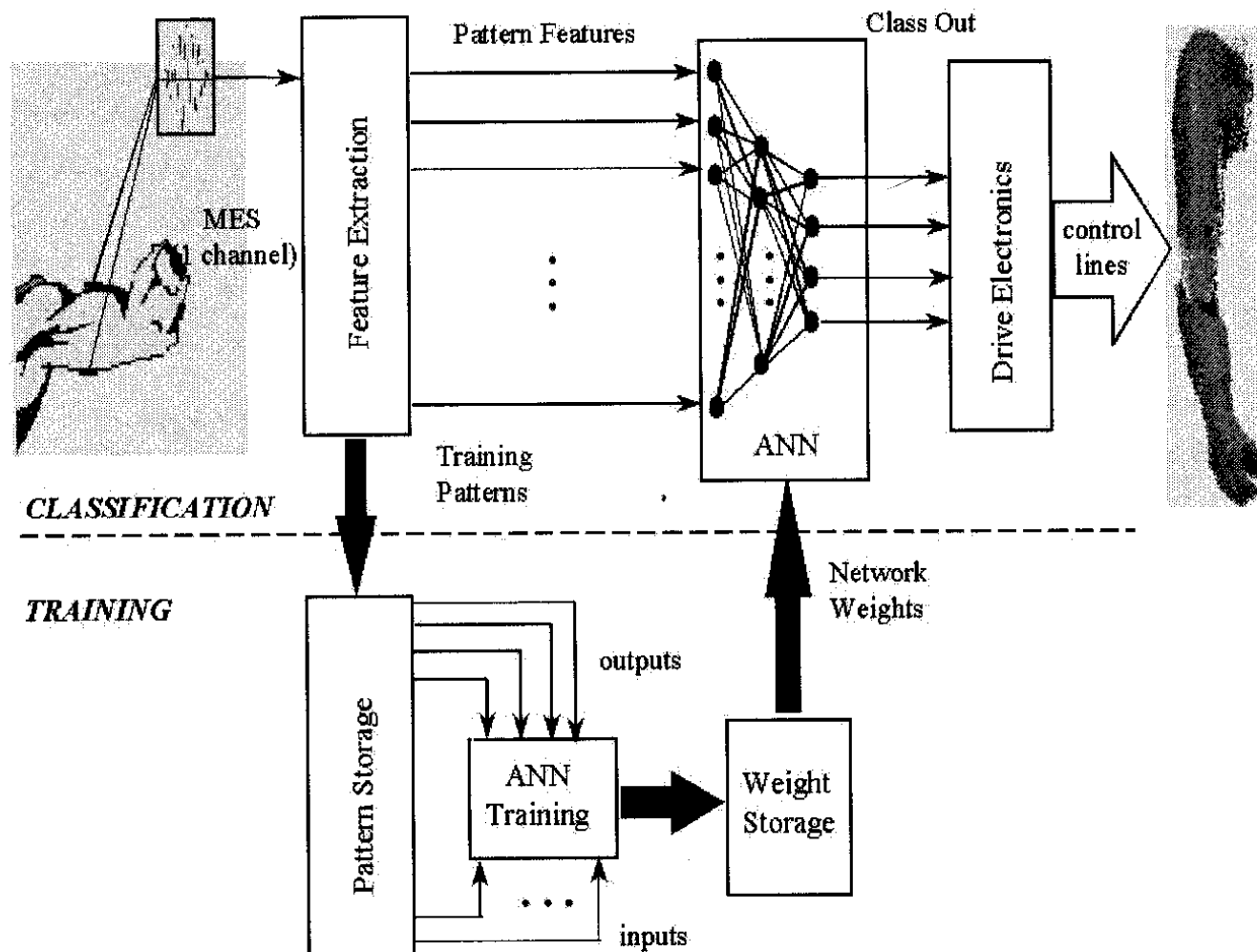


**SMUAPs at initial stages of contraction, following by increasing of several MUAP**



# Electromyography (EMG) processing in prosthesis control

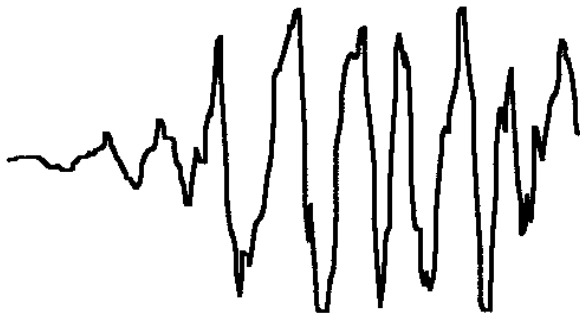
(Myoelectric Control System at University of New Brunswick, Canada)



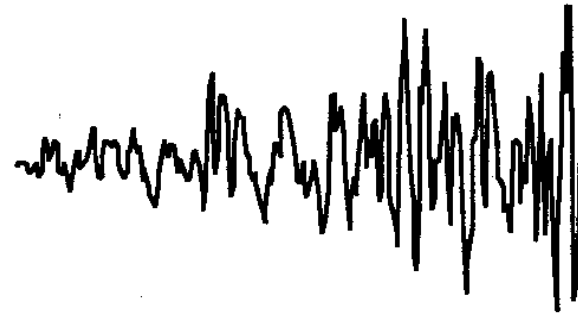
# EMG during different movements

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*Elbow Flexion*



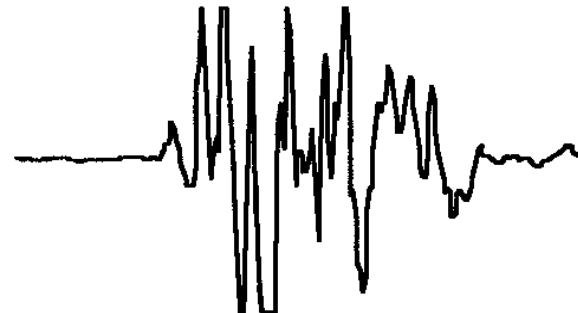
*Elbow Extension*



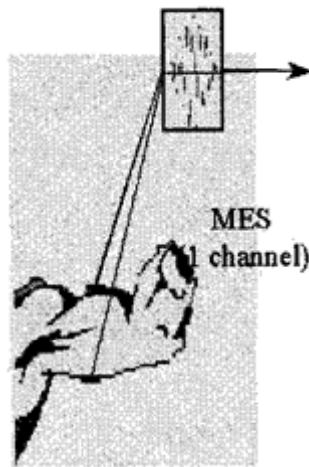
*Forearm Pronation*



*Forearm Supination*



# Integrated EMG (IEMG)

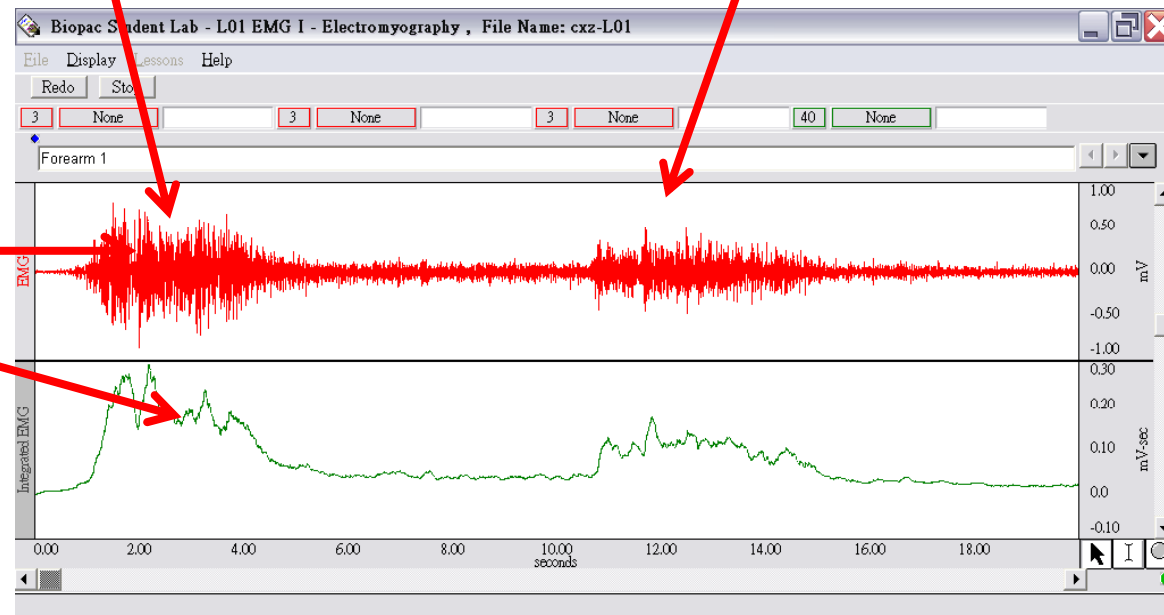


手使力彎曲

手用力放下

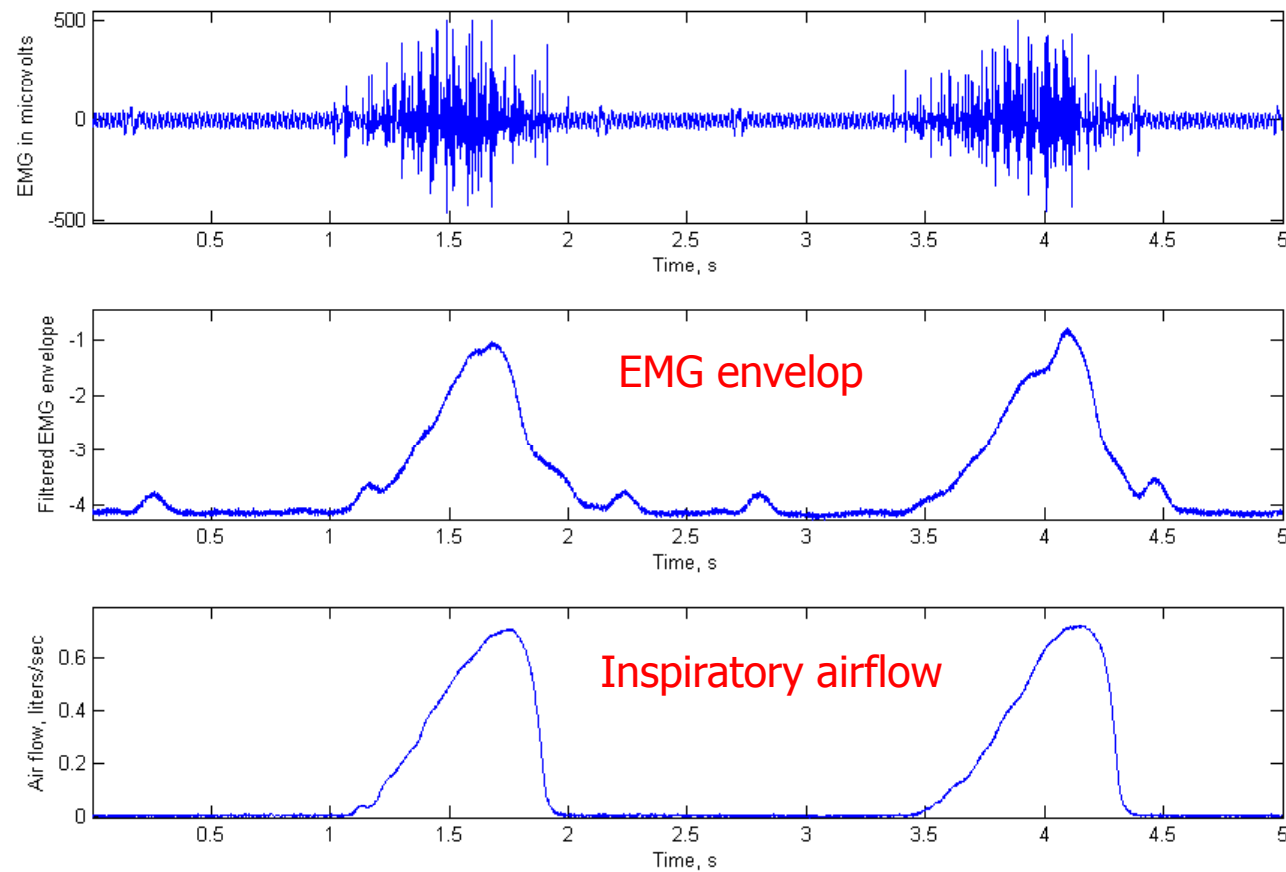
Original EMG

Integrated EMG



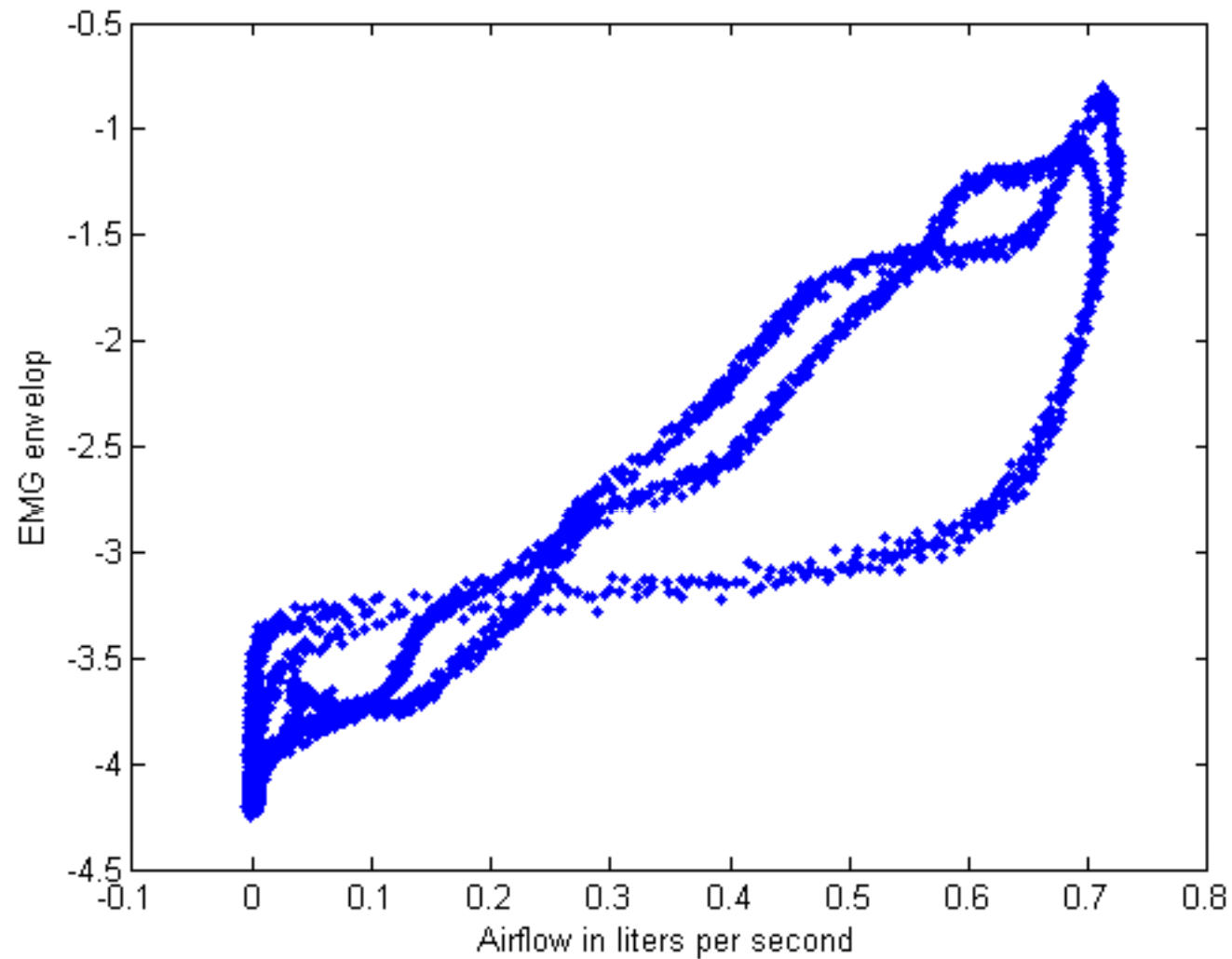
# Analysis of EMG activity

EMG over two breath cycles from paraternal intercostal muscle of a dog



## Relation between EMG activity and airflow

---



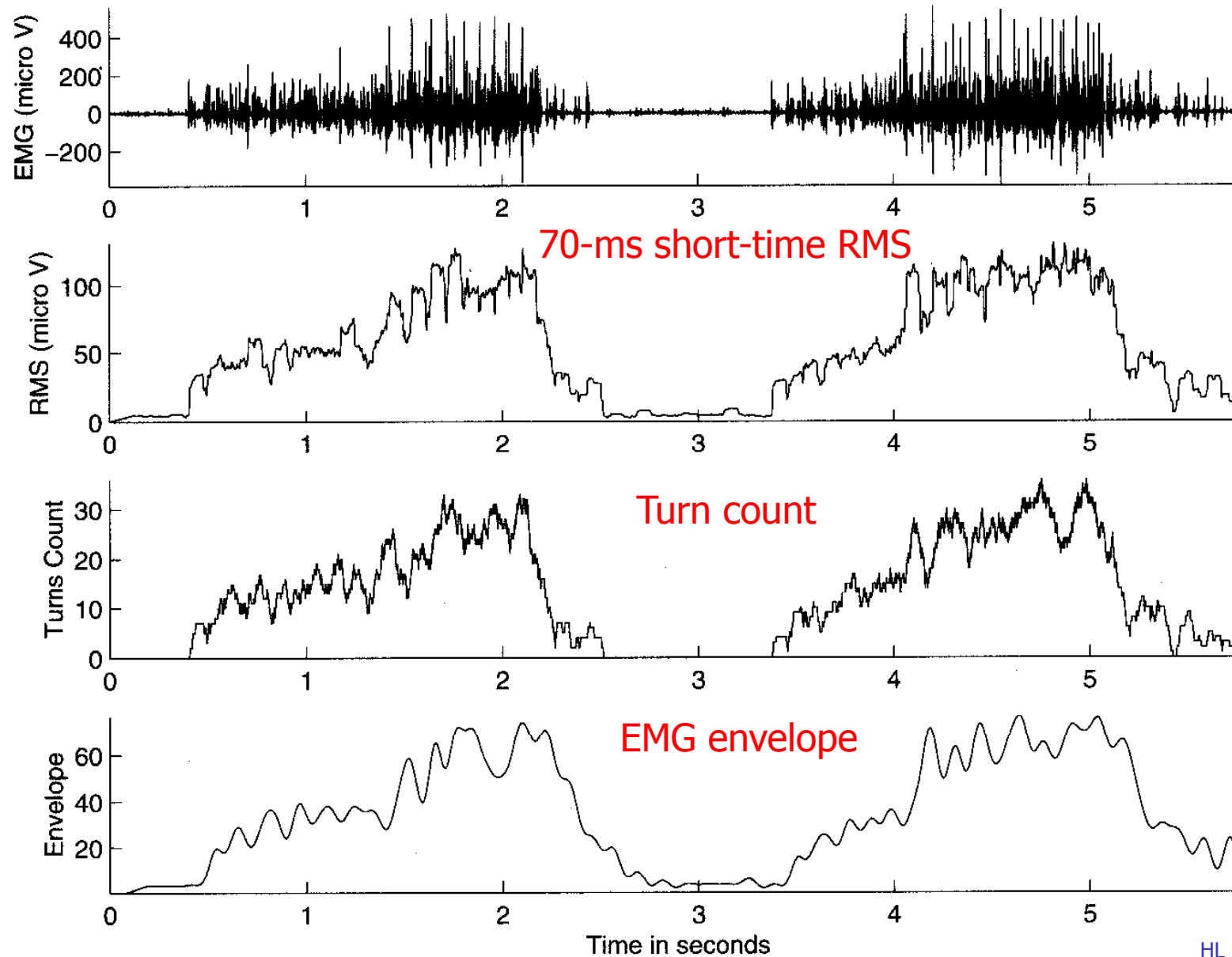
# Methods to compute EMG envelop

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- Root-mean-square (RMS) method
- Turn count
- Hilbert transform-based method
- Using a full-wave rectifier and a lowpass filter



## Diaphragm EMG over two breath cycles



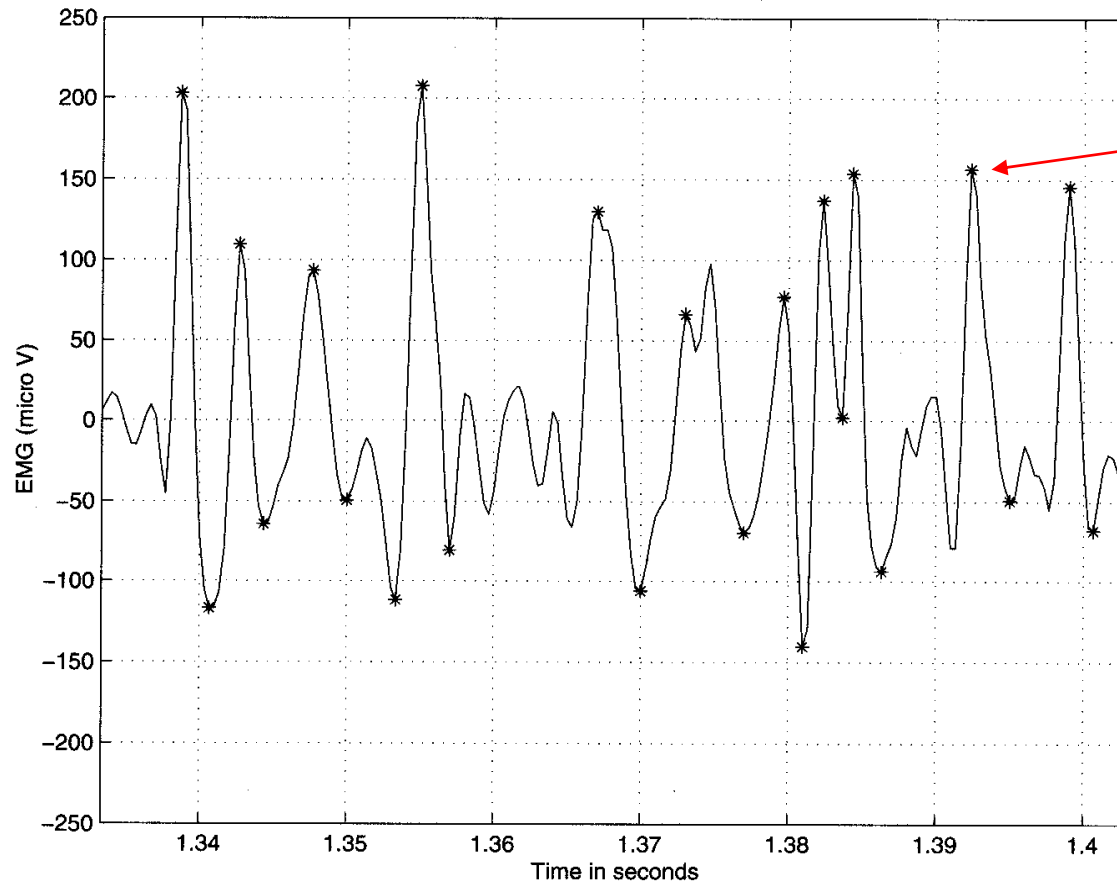
# Analysis of activity by RMS

---

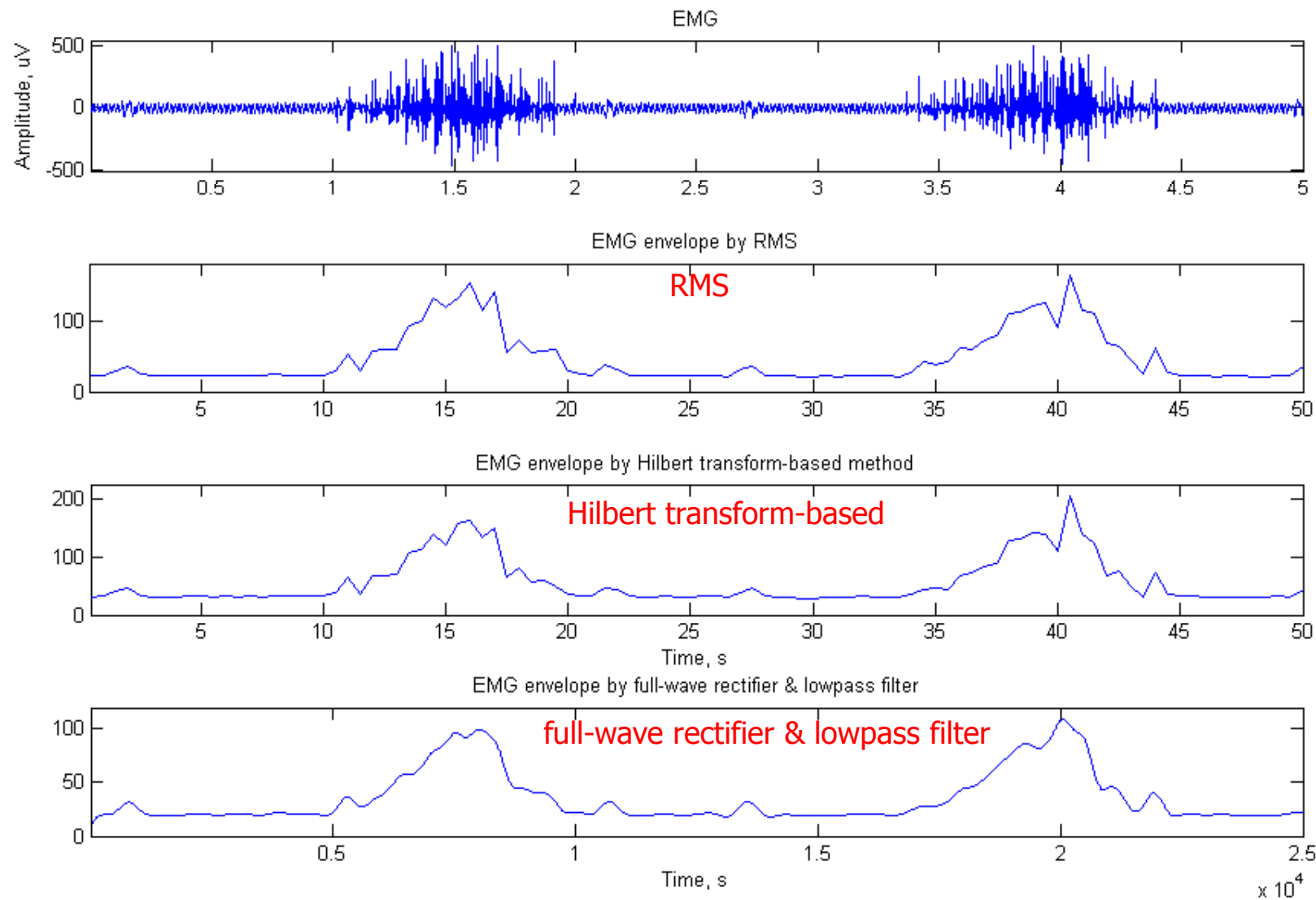
- Root mean-squared value

$$RMS(n) = \left[ \frac{1}{M} \sum_{k=0}^{M-1} x^2(n-k) \right]^{1/2}$$

# Turns count



\*Willison define turns to have difference greater than 100μV



# Hilbert transform and analytic signal

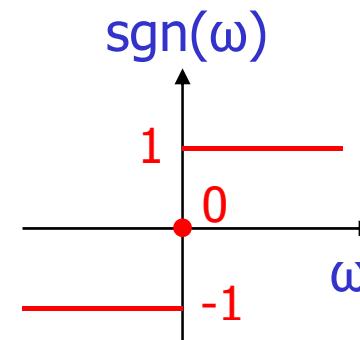
## Analytic signal

$$y(t) = x(t) + jx_H(t) = |x(t)| e^{j\phi(t)}$$

where  $x_H(t)$  is Hilbert transform of  $x(t)$

$$x_H(t) = x(t) * \frac{1}{\pi t} = \int_{-\infty}^{\infty} \frac{x(\tau)}{\pi(t - \tau)} d\tau$$

$$Y(\omega) = X(\omega) + X(\omega) \operatorname{sgn}(\omega)$$

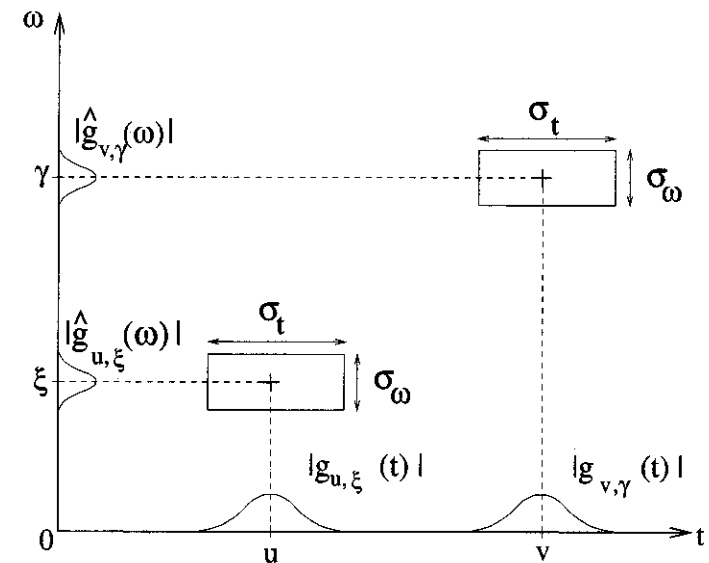
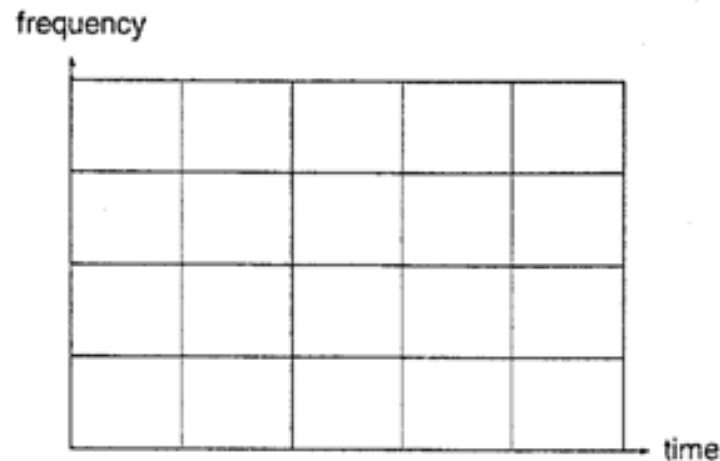


$Y(\omega)$  Contain only positive frequency components

# Short-time Fourier transform (spectrogram)

- Compute time-varying spectra
- Time-frequency distribution
- Tradeoff between time resolution and frequency resolution
  - Uncertainty principle (Heisenberg inequality)

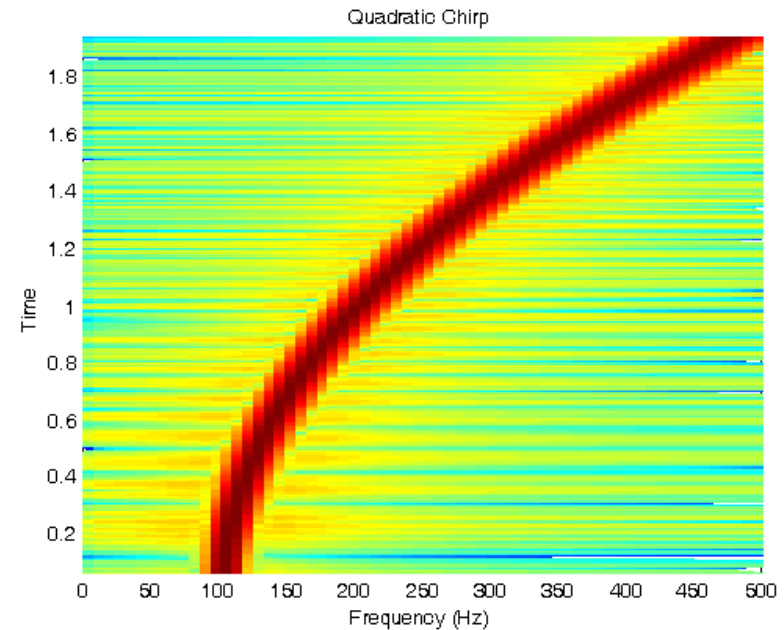
$$\text{Time - Bandwidth product} = \Delta t \Delta f \geq \frac{1}{4\pi}$$



# Spectrogram of chirp signal

---

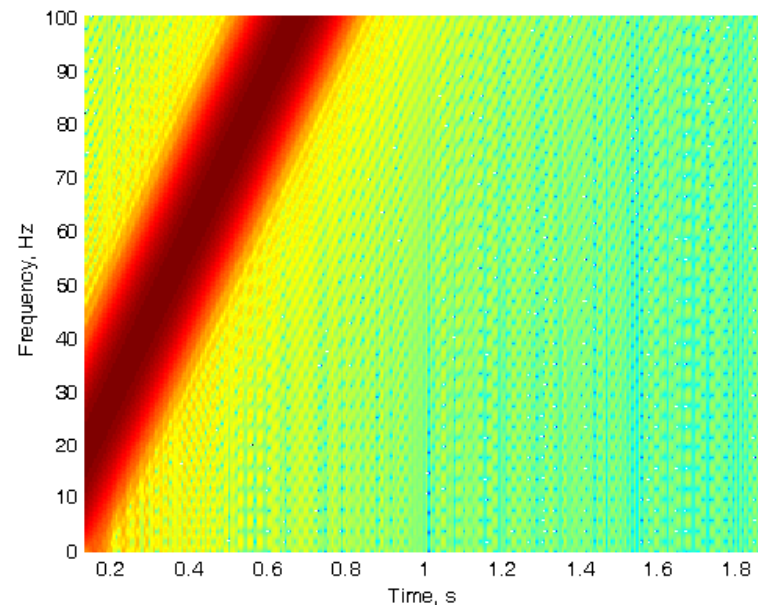
```
T = 0:0.001:2;  
X = chirp(T,100,1,200,'q');  
spectrogram(X,128,120,128,1E3);  
title('Quadratic Chirp');
```



## Spectrogram of chirp signal (cont.)

---

```
T = 0:0.001:2;  
X = chirp(T,0,1,150);  
F = 0:.1:100;  
[Y,F,T,P] = spectrogram(X,256,250,F,1E3,'yaxis');  
surf(T,F,10*log10(abs(P)),'EdgeColor','none');  
axis xy; axis tight; colormap(jet); view(0,90);  
xlabel('Time, s');  
ylabel('Frequency, Hz');
```





# Muscle fatigue

---

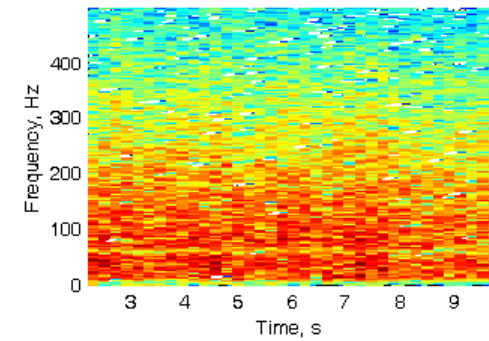
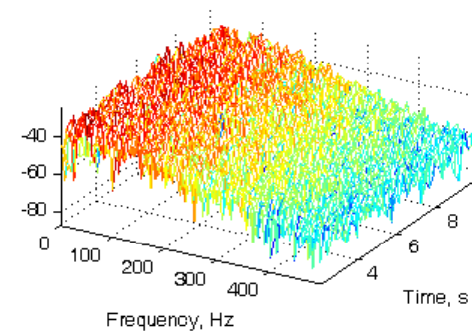
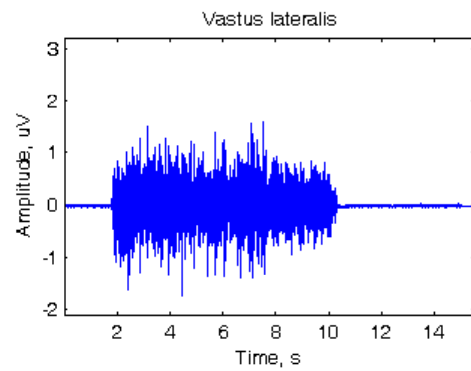
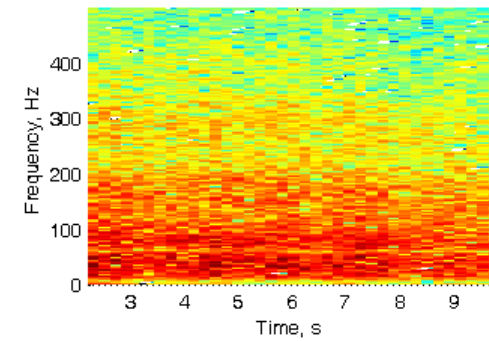
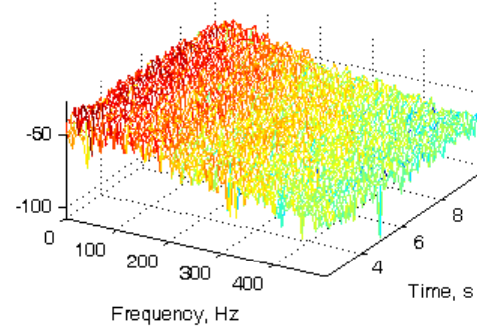
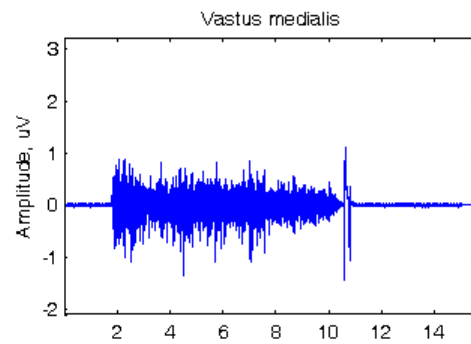
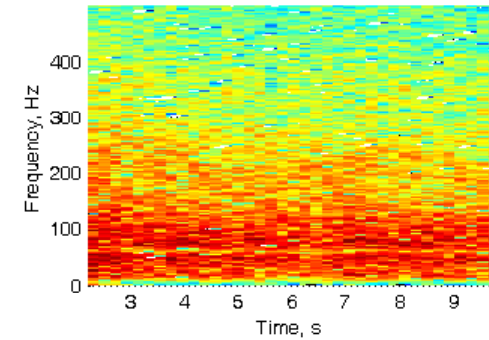
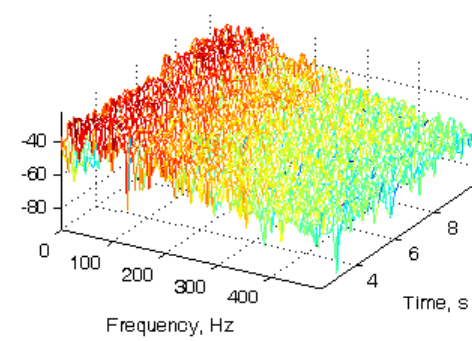
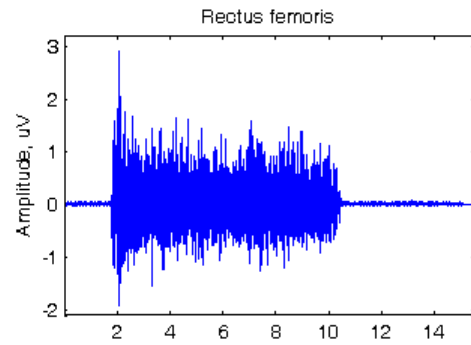
- Nervous fatigue

- After a period of maximum contraction, nerve's signal reduces in frequency and force generated by the contraction diminishes.
- No sensation of pain or discomfort, muscle appears to simply 'stop listening' and gradually cease to move.

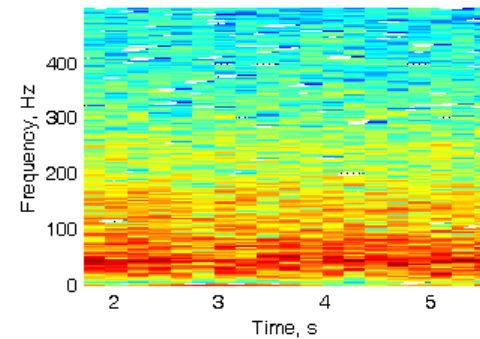
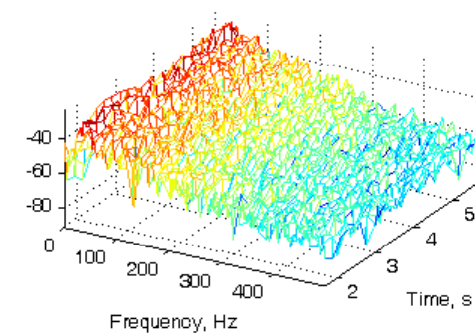
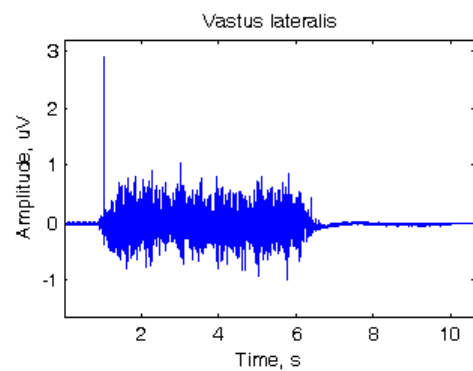
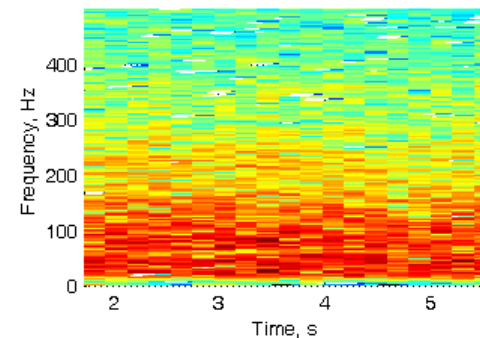
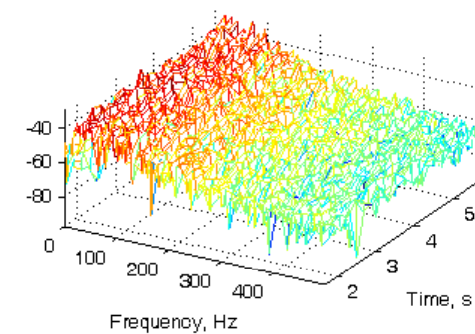
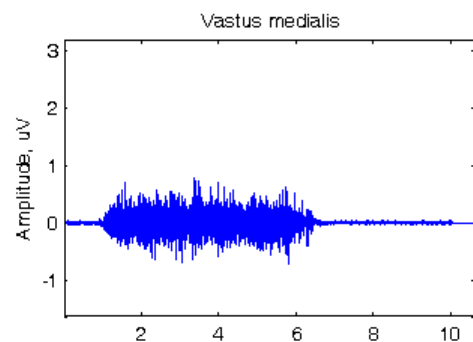
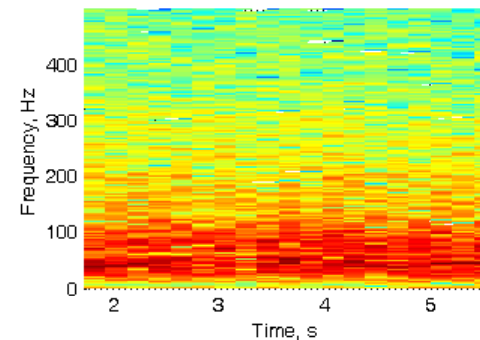
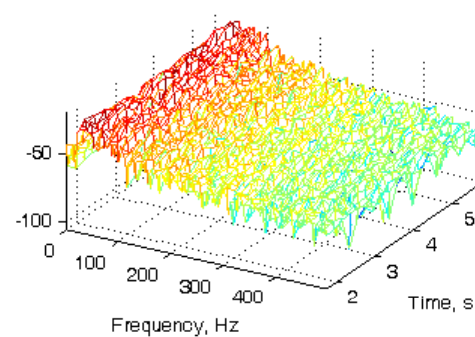
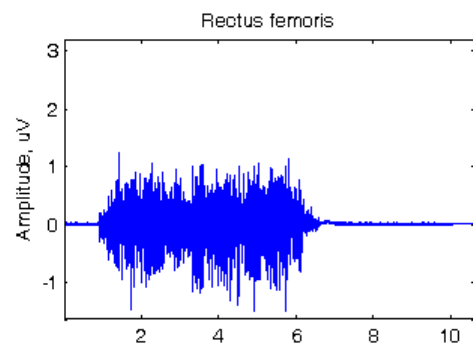
- Metabolic fatigue

- Reduction in contractile force due to the direct or indirect effects of the reduction of substrates or accumulation of metabolites within the muscle fiber.
- Occur through a simple lack of energy to fuel contraction, or interference with the ability of  $\text{Ca}^{2+}$  to stimulate actin and myosin to contract.

# Pre-fatigue



# Post-fatigue



# Measures derived from spectrum

---

- Mean frequency
  - Measurement of concentration of signal power

$$TP = \sum_{k=0}^{N/2} S_{xx}(k)$$

$$\bar{f} = \sum_{k=0}^{N/2} \left( f(k) \times \frac{S_{xx}(k)}{TP} \right)$$

## Measures derived from spectrum (cont.)

---

- Median frequency
  - The frequency that divides spectrum into two parts with the same total energy

- Matlab function

```
function [f]=medfre(Sxx,NFF,fs)
```

```
    index=1:NFFT/2;
```

```
    tp=sum(Sxx(index));
```

```
    lfp=0;
```

```
    k=0;
```

```
    while lfp<tp/2
```

```
        lfp=lfp+Sxx(k);
```

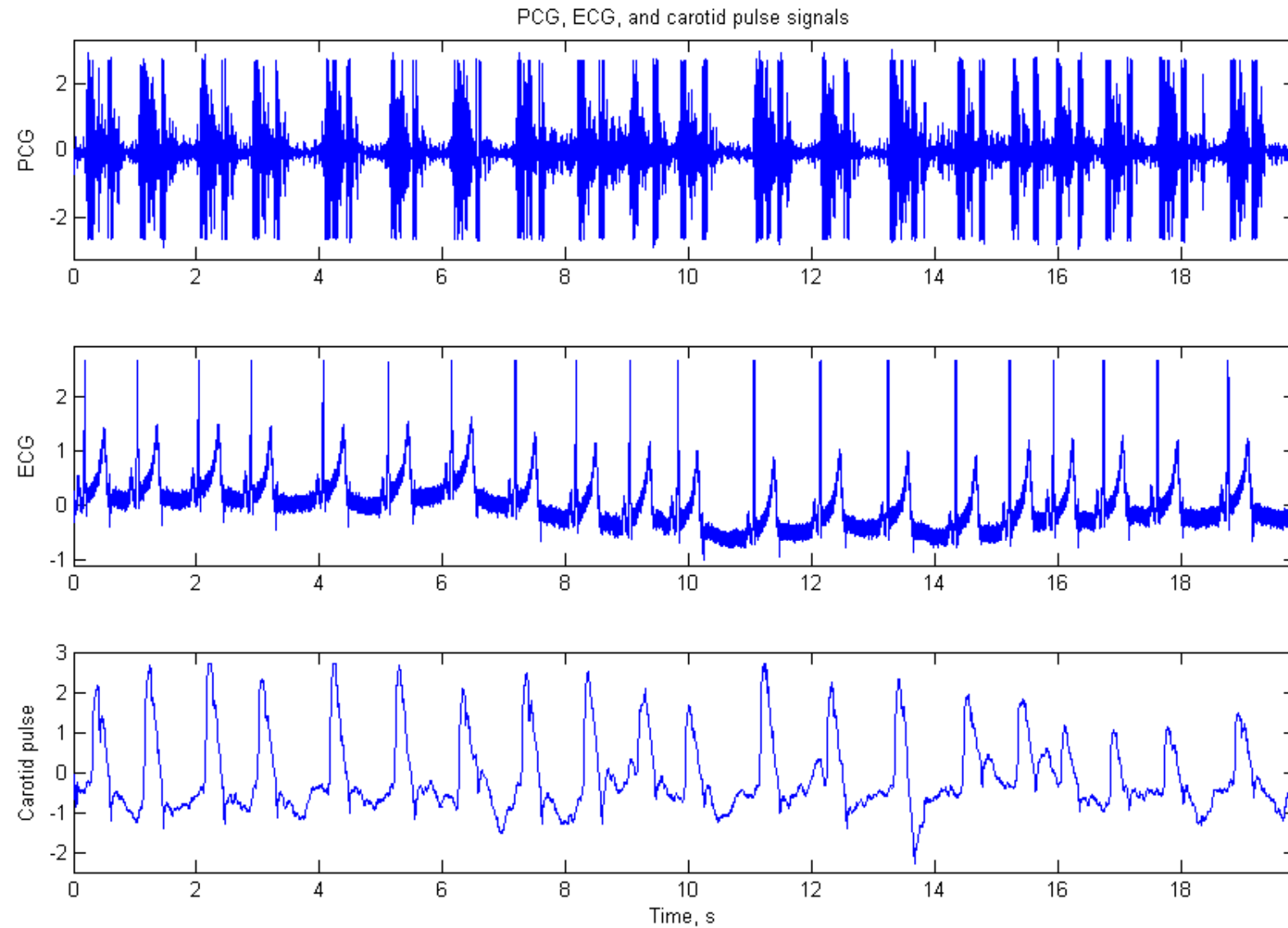
```
        k=k+1;
```

```
    end
```

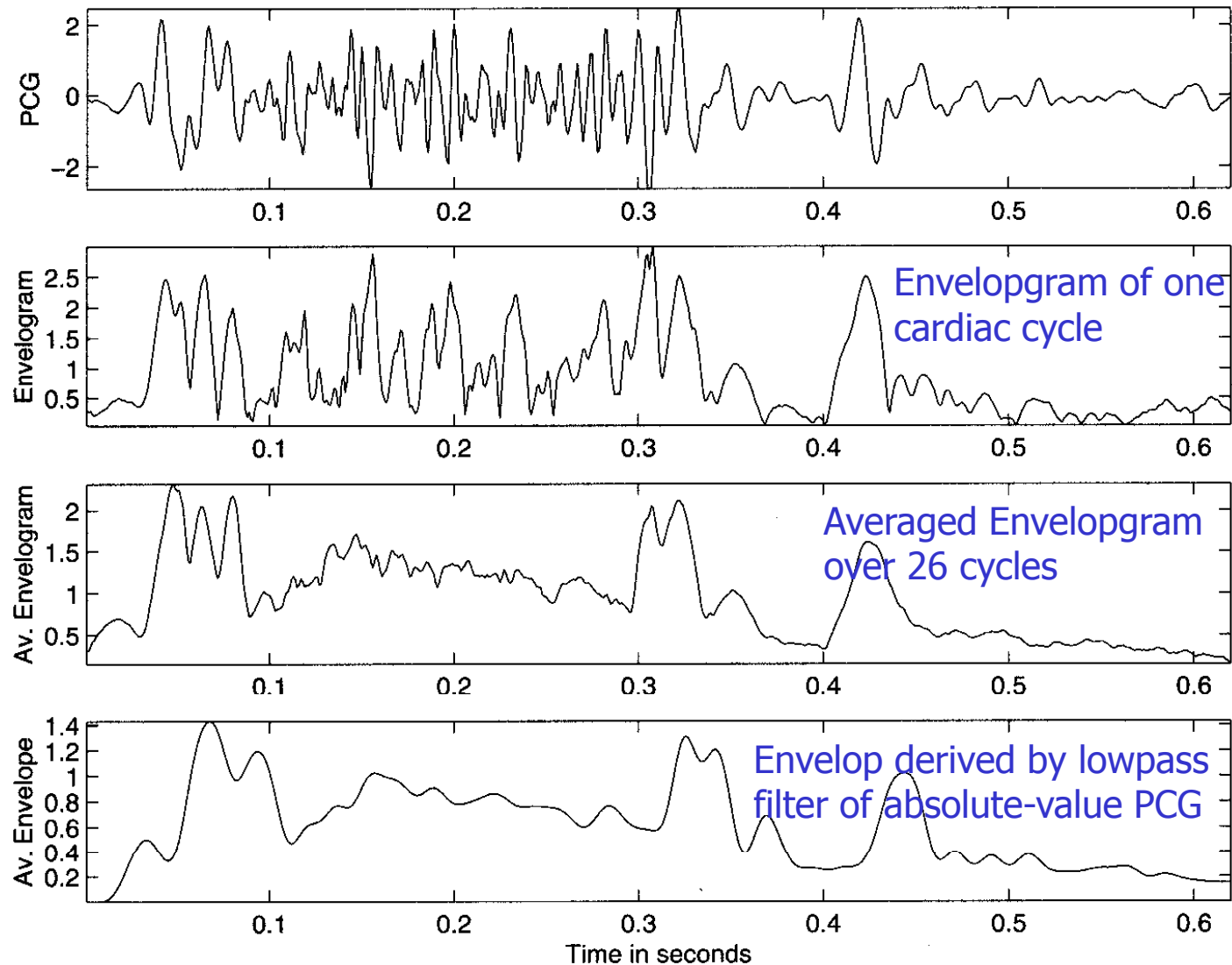
```
    f=(k-1)*fs/NFFT;
```

***mf=medfre(Sxx,512,5000);***

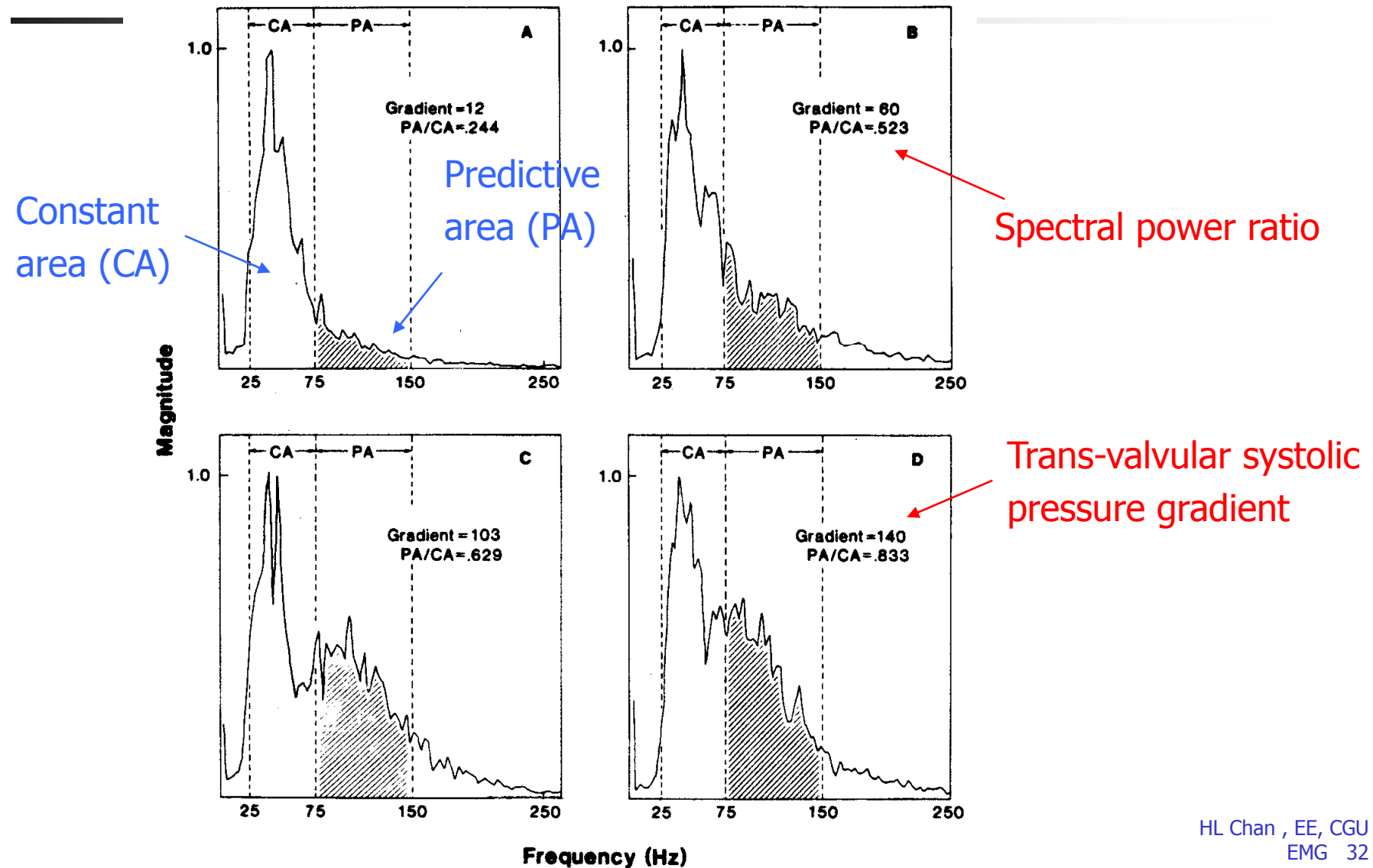
# Envelope of PCG with systolic murmurs



# Envelope of PCG with systolic murmurs

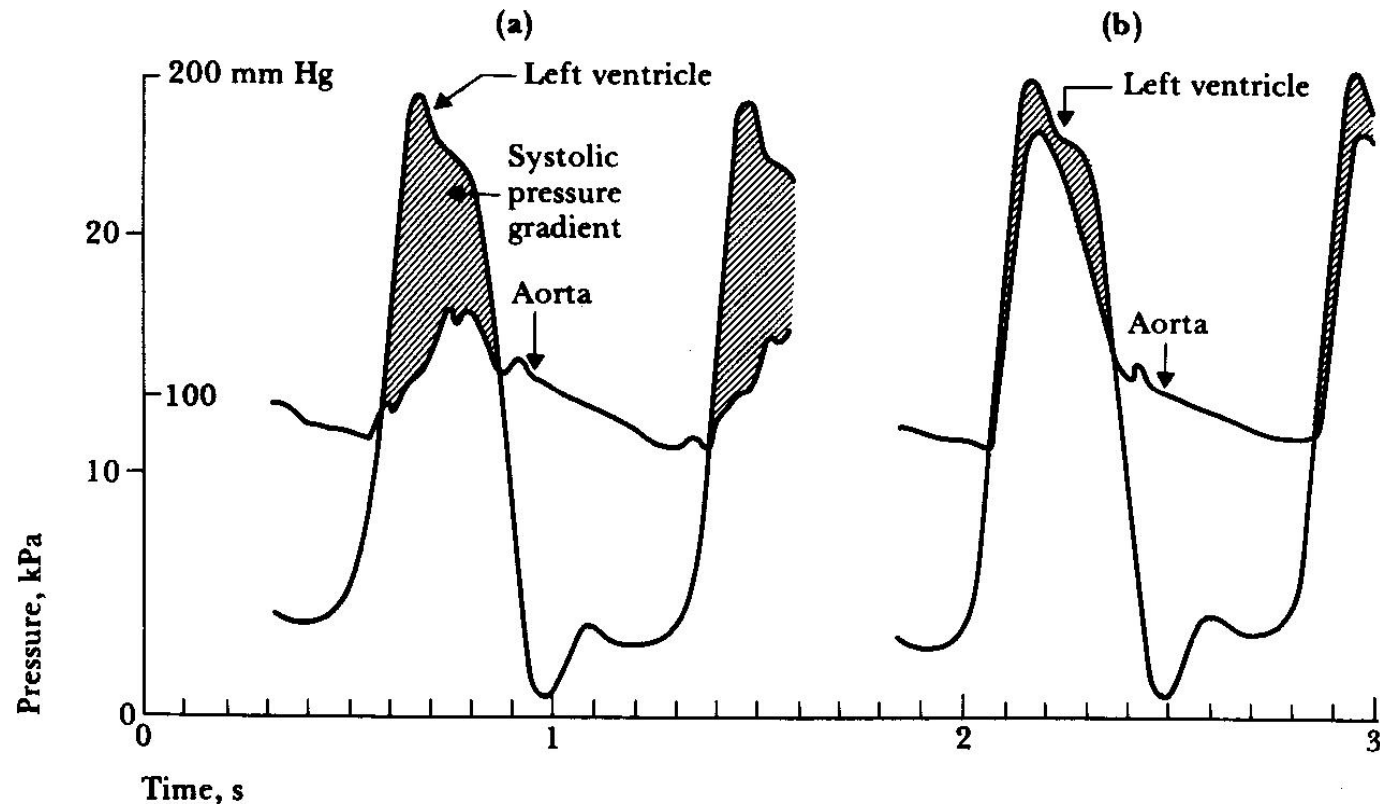


# Spectra of systolic murmur due to aortic stenosis



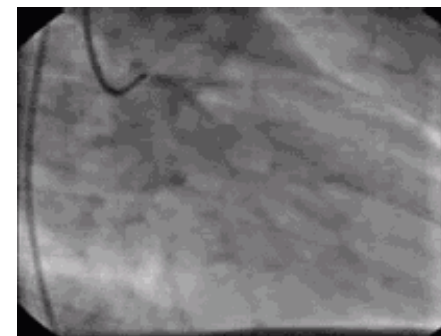
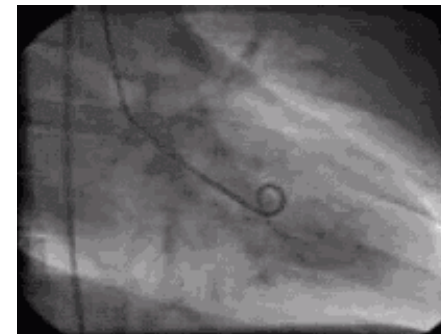
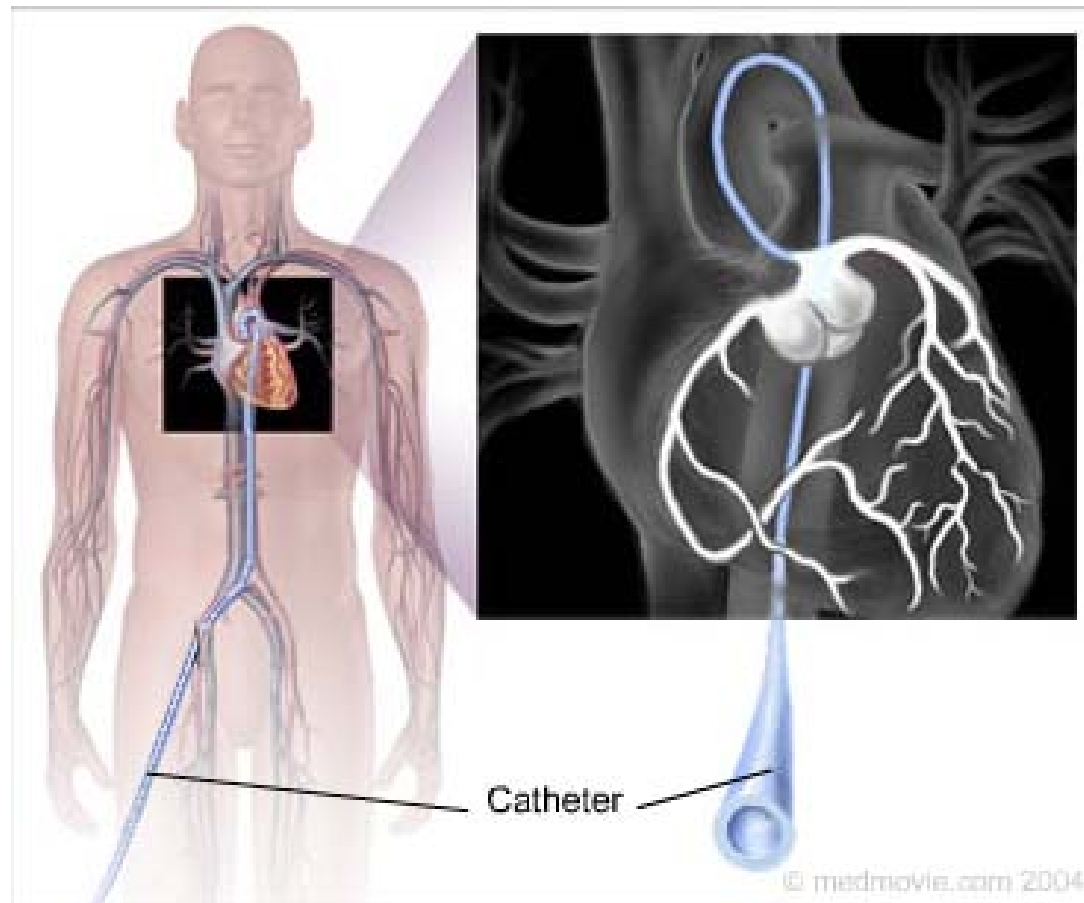


# Pressure gradient



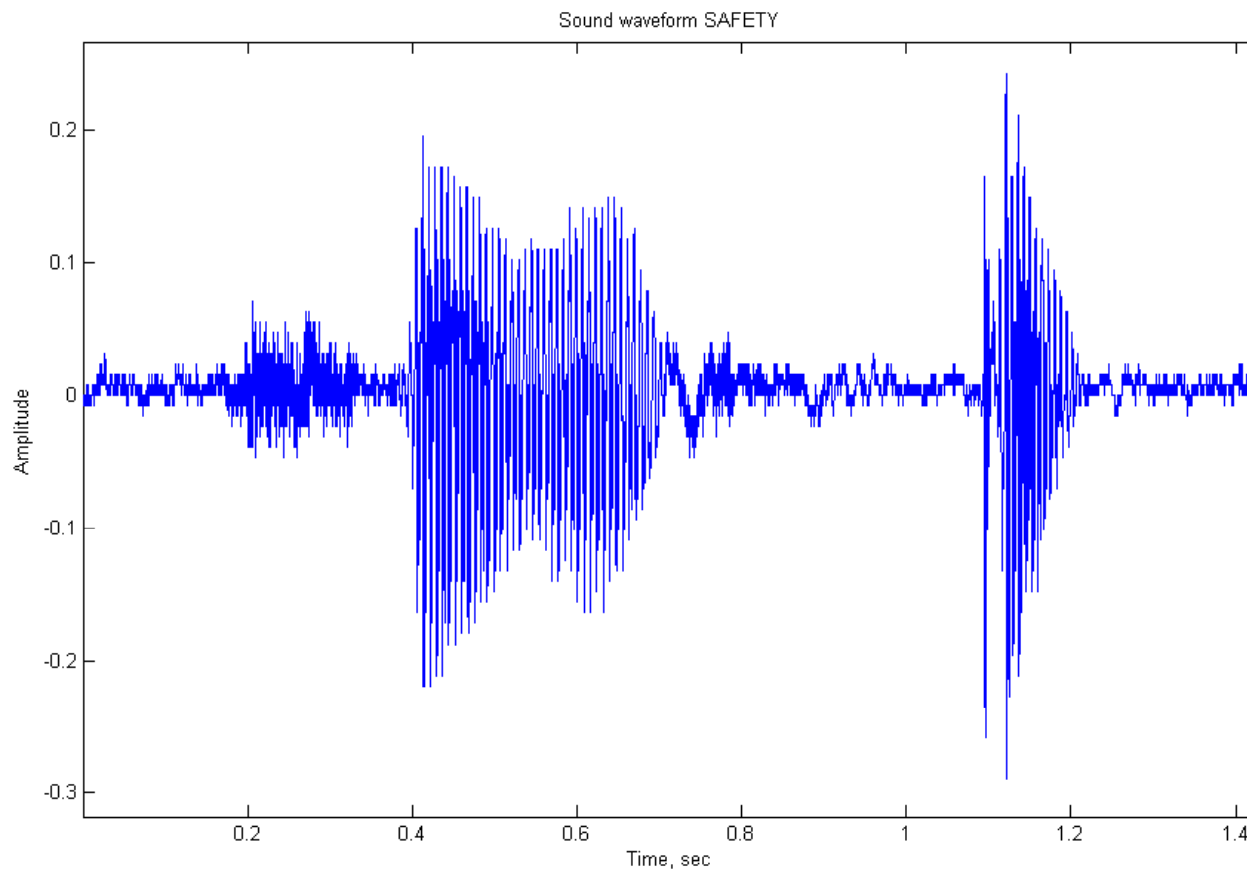
**Figure 7.18** (a) Systolic pressure gradient (left ventricular-aortic pressure) across a stenotic aortic valve. (b) Marked decrease in systolic pressure gradient with insertion of an aortic ball valve.

# Cardiac catheterization



# Speech signal

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Data retrieved by safety.m

## Reference

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- R. Rangayyan, Biomedical Signal Analysis, John Wiley & Sons, 2002.
- John G. Webster, Medical Instrumentation, application and design, 3rd Ed., Houghton Mifflin, 2000.
- Wikipedia, the free encyclopedia