

#### PROJECT REVIEW - 2

# Artificial Intelligence-Enabled Surveillance of Knee Osteoarthritis Through Gait Analysis

Project Category: Research

Guide:

Dr. S. Karthick

Student Name & Registration Number:

Mr. Karthik B – RA2112701010014

Mr. Udhaya M – RA2112701010021



## **OBJECTIVE**



Develop an Al-Based Gait Analysis Model Implement computer vision and deep learning algorithms to extract movement features from video data.



Detect Post-Surgical Abnormalities and Deviations Identify gait deviations, improper joint mobility, weight distribution issues, and other complications.



Automate the Post-Operative Assessment Process

Generate reports with key recovery metrics



# DATASET OVERVIEW

- The KOA-NM dataset is designed for Knee Osteoarthritis (KOA) detection using gait analysis.
- It contains video recordings of individuals categorized based on KOA severity levels.
- A set of 6 red-colored passive reflective markers has been attached to the subject's body joints.
- The dataset is collected using a single NIKON DSLR 5300 camera placed 8m away from the walking mat.
- Videos are in .MOV format
- KOA-NM Dataset consists of gait videos classified into four categories:
  - NM (Normal Movement)
  - KOA\_EL (Easy KOA)
  - KOA\_MD (Moderate KOA)
  - KOA\_SV (Severe KOA)



# PRE PROCESSING

#### 1. Video Format Conversion

• Converted .MOV files to .MP4 for compatibility.

#### 2. Frame Extraction

• Extracted frames from videos at a uniform **FPS** (**Frames Per Second**).

#### 3. Noise Reduction & Enhancement

• Applied Gaussian Blur and contrast enhancement for better feature extraction.

### 4. Pose Estimation

• Used **Mediapipe** to extract joint movement key-points.

### 5. Key-Points Detection

• Identify the maker placed in joints of subject and store.

### 6. Data Augmentation

• Introduced rotation, flipping, and brightness variations to improve model generalization.



## PRE PROCESSING

### 1. Challenges:

- Unreadable .MOV files
- Inconsistent FPS
- Blurred frames
- Missing joint key-points

### 2. Solutions:

- 1. Converted to .MP4
- 2. Standardized to fixed FPS
- 3. Applied sharpening & noise reduction
- 4. Improved pose estimation accuracy



# FEATURE EXTRACTION

### **Input Data:**

MOV format videos of patients walking **from left to right (side view)** across an **8-meter distance** in front of a fixed camera.

## **Pose Estimation with MediaPipe:**

Extracts key body landmarks per frame:(x, y, z, visibility) for each joint.

Emphasis on lower-body joints (hip, knee, ankle) to assess post-knee replacement recovery.



# FEATURE EXTRACTION

## **Preprocessing Steps:**

Convert video to frames (e.g., 30 fps). Normalize and resize frames for uniformity. Side view improves joint movement visibility during gait cycle.

### **Data Structuring:**

Landmark data arranged as time series sequences:

Format: (frames, joints, features)

Example: 300 frames  $\times$  33 joints  $\times$  4 features

Padding/truncation applied for fixed sequence length.



# Model Architecture

### Architecture

- 1. Feature Extraction (CNNs) Extracts spatial features from each frame.
- 2. LSTM Layer Captures temporal dependencies in gait patterns.
- 3. Fully Connected Layer Classifies severity levels of KOA.

#### LSTM for KOA Detection

- Handles sequential gait data effectively.
- Remembers long-term dependencies in walking patterns.
- Outperforms traditional CNNs in analysing movement over time.
- Improves KOA severity classification by learning time-series variations in gait





