

**HART Lab**

*Human-Assistive Robotic Technologies*

# INDIVIDUALISED HUMAN MODELS FOR CYBERPHYSICAL INTERACTIONS

RUZENA BAJCSY

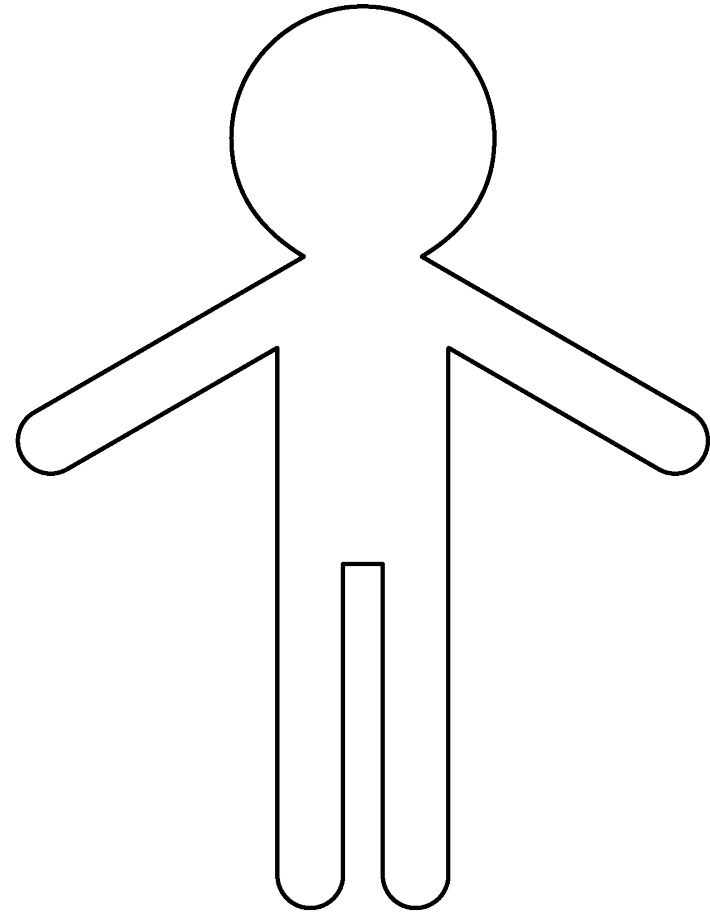
2016.05.12

**Berkeley**  
UNIVERSITY OF CALIFORNIA

# MOTIVATION

## Large variations between individuals

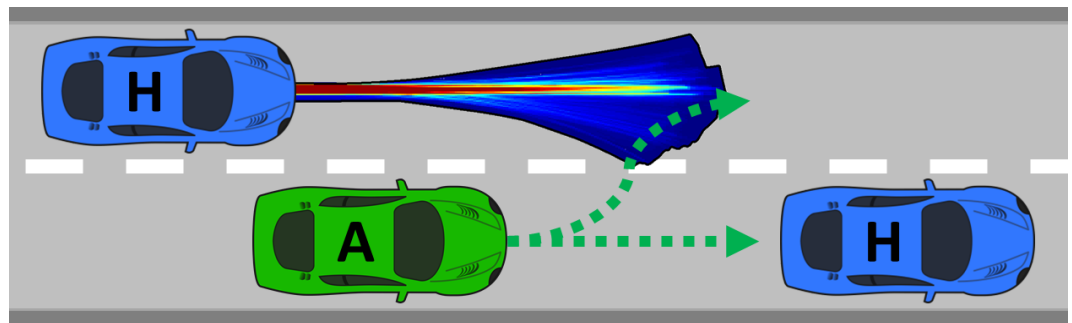
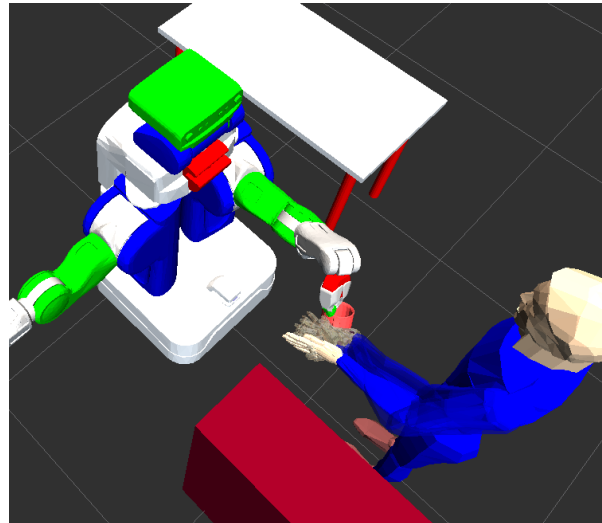
- Genetic variation
- Age
- Illness
- Injury
- Treatment



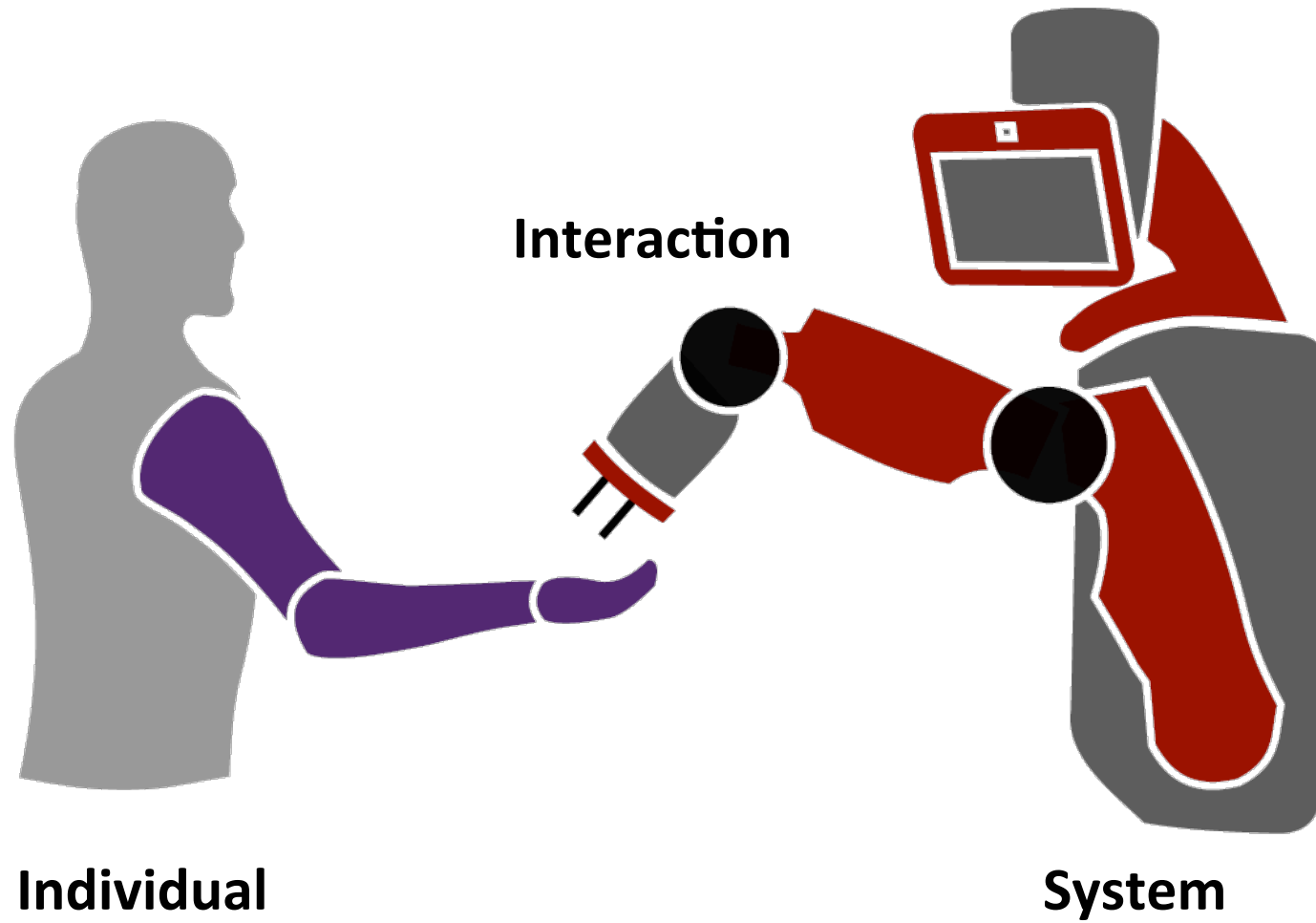
# MOTIVATION

Large variations between individuals, and tasks

- Genetic variation
- Age
- Illness
- Injury
- Treatment



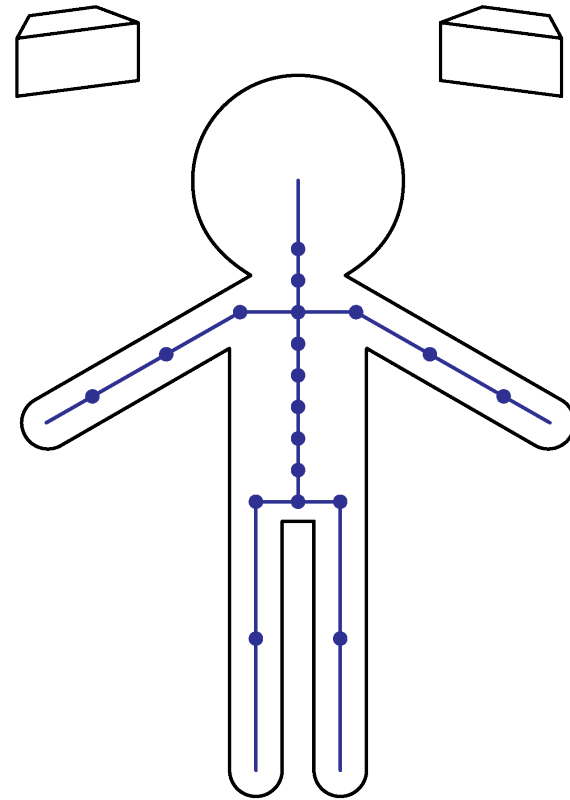
# LAB GOALS:



# KINEMATIC MODELLING

## Kinematics- Motion capture

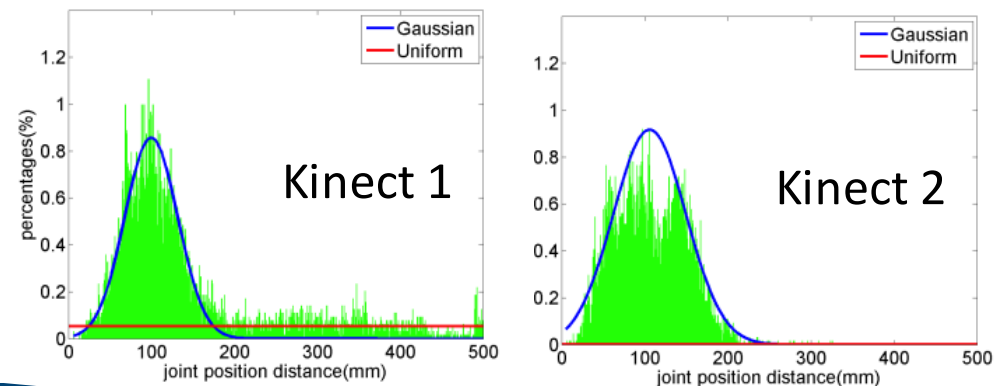
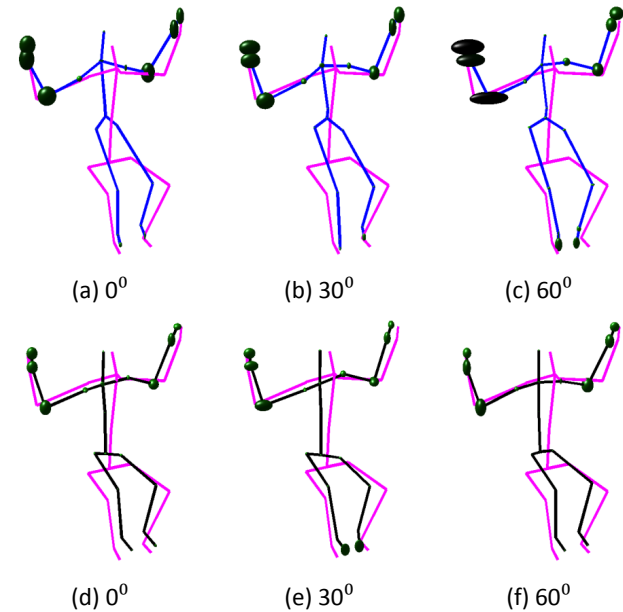
- Kinect 1, 2, Phasespace Impulse X2
- Adafruit 9DoF IMU
- Recovery via rigid skeletonisation, inverse kinematics



# KINEMATIC EVALUATION OF HUMAN MOTION

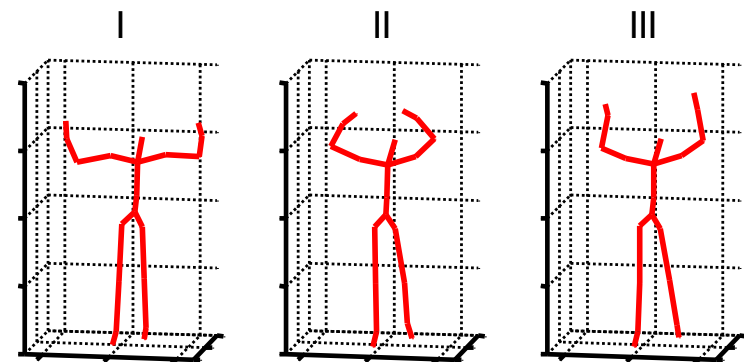
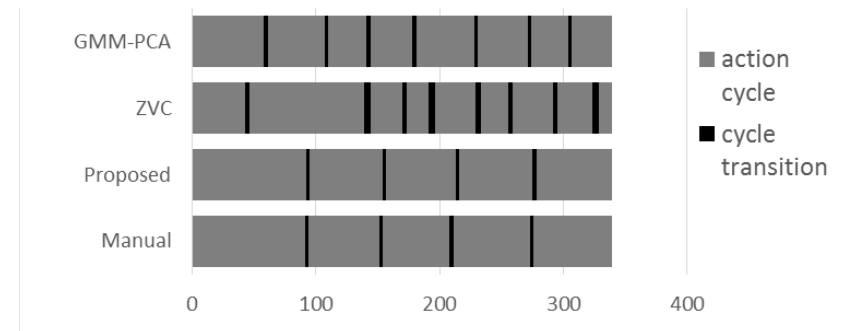
- **Goal: Evaluation of low-cost methods for capturing human motion kinematics**
- We compared Kinect v1 and v2 with motion capture to determine the error distributions for different joints
- **Outlier exclusion: using a mixed Gaussian (on-track motion data) and uniform (random motion data due to tracking loss) distribution to model the overall motion data**

$$p(\theta) = \rho \times N(\mu, \sigma) + (1 - \rho) \times U(x_1, x_2)$$



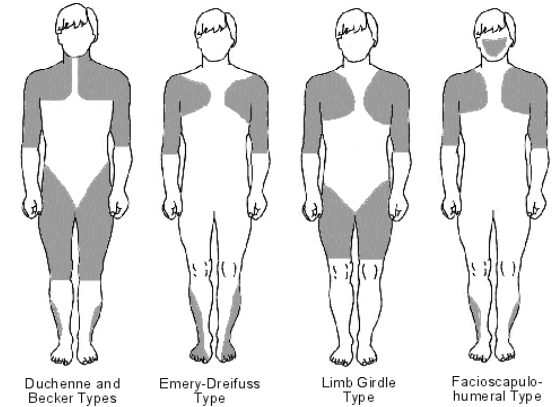
# ACTION SEGMENTATION

- **Goal: Develop a robust unsupervised method for segmenting repetitive actions based on the human kinematics**
- We use unscented Kalman filter (UKF) to extract kinematics and reduce effect of noise
- We apply frequency analysis to determine most representative kinematic parameters
- We developed robust method for segmentation using zero-velocity crossing with based k-means classification to determine motion phases
- Applications: Physical rehabilitation, exercise coaching, robotic manipulation



# APPLICATION: DIAGNOSTICS

- **Goal: Development of new upper-extremity outcome measure for functional evaluation in muscular dystrophy and other disorders.**
- Reachable workspace obtained from kinematic measurements from 3D vision camera (MS Kinect) is used as a proxy of upper-limb function.
- Validation of reachable workspace outcome measure using standardized clinical tests (over 200 controls & patients).
- **Applications:** Physical therapy, testing of drug effectiveness, remote health care, assistive devices, ergonomics.

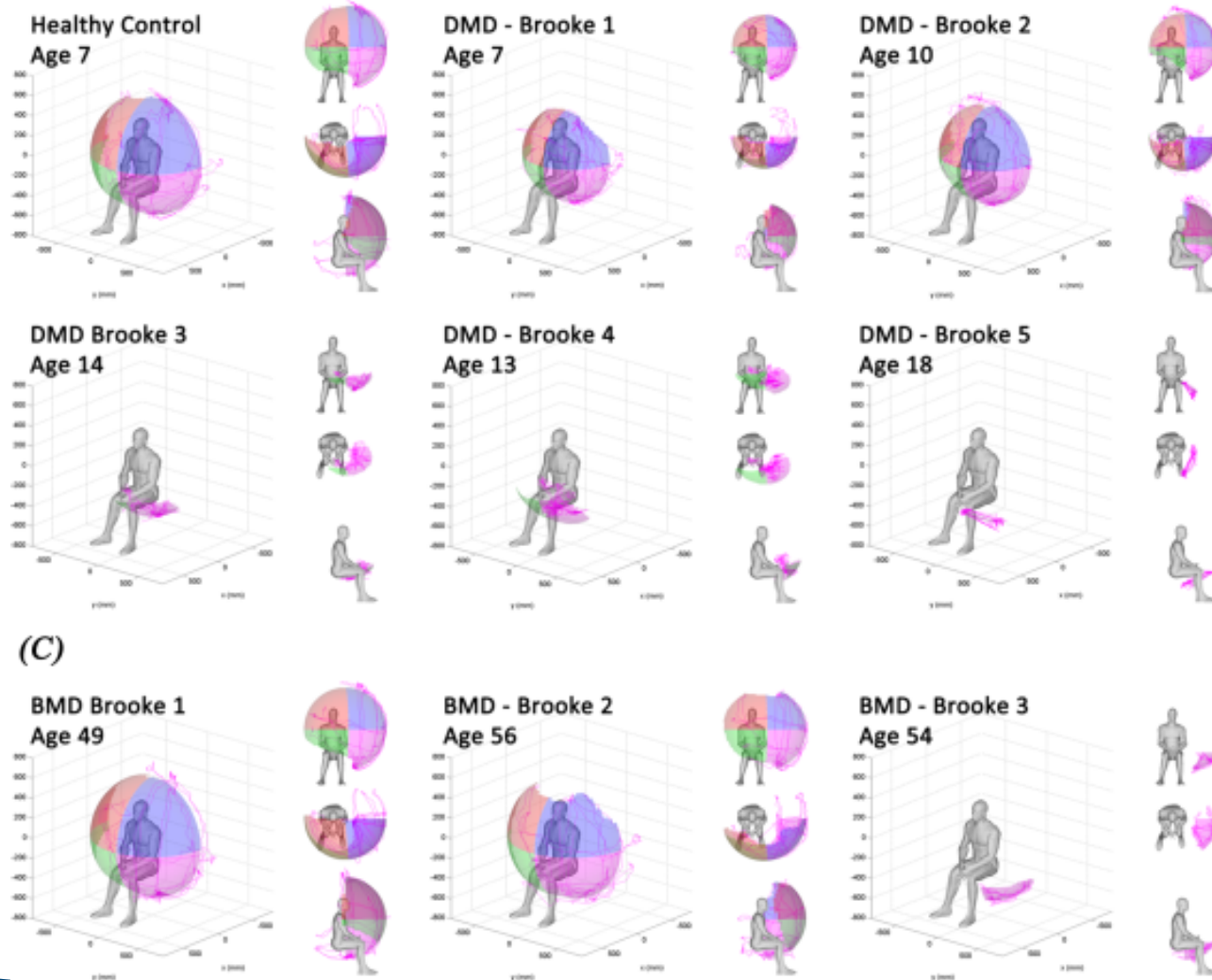


Parent Project  
Muscular Dystrophy



UC DAVIS  
MEDICAL CENTER

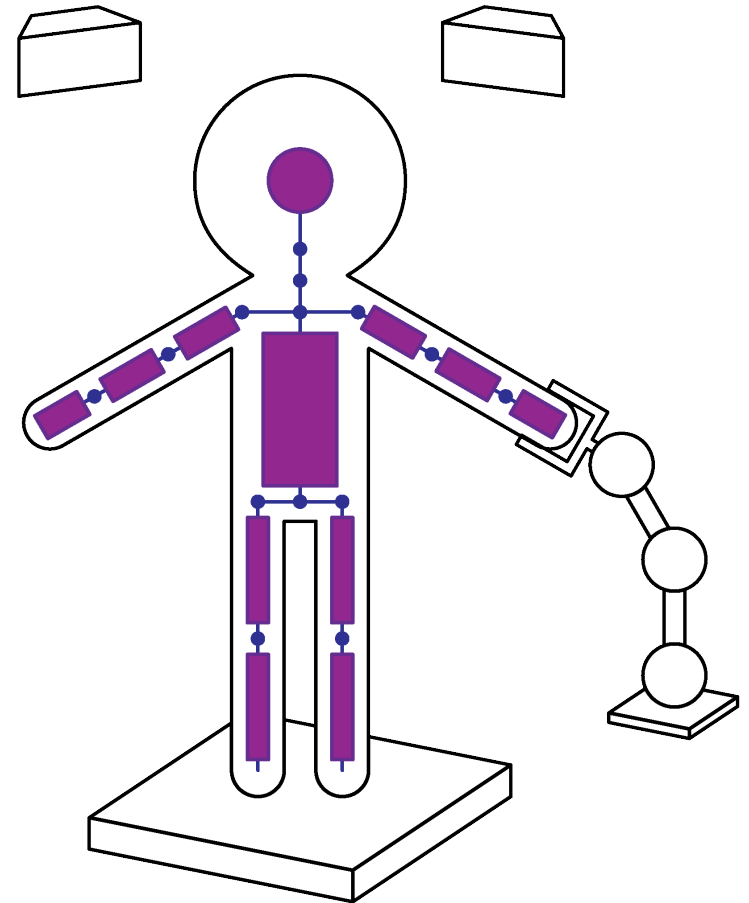
# APPLICATION: DIAGNOSTICS



# DYNAMIC MODELLING

## Dynamics- Force sensing

- AMTI Force platform
- ATI Force sensors
- UR5 Robot manipulator



# DYNAMIC MODELLING

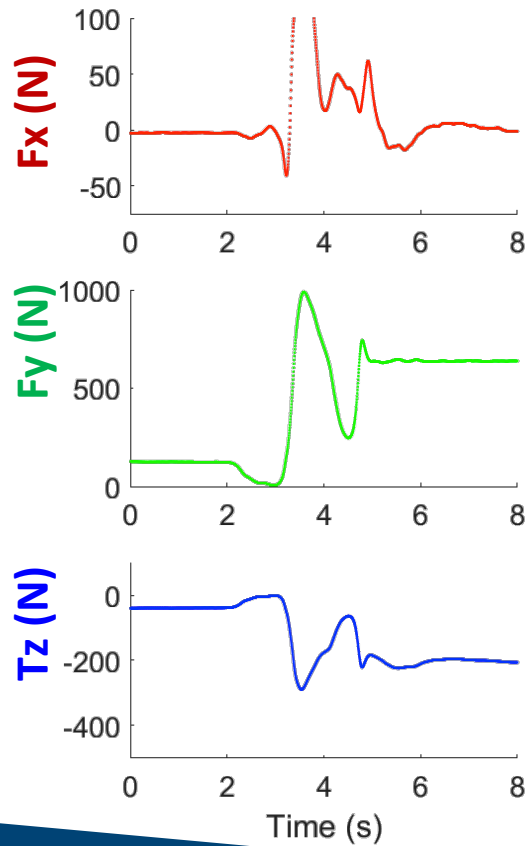
## Investigation into standing

- Given motion capture data and contact force data, can we recover the masses, and skeleton of the user?
- Can we predict contact forces from just this model and motion capture?



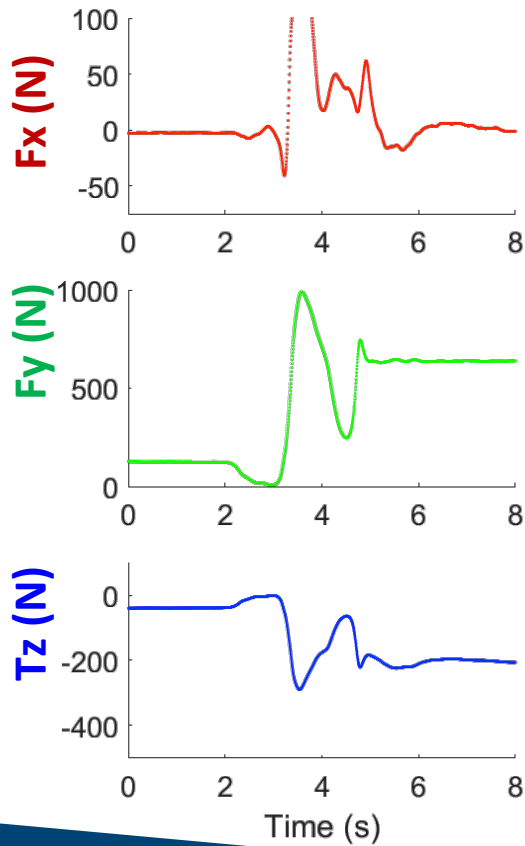
# DYNAMIC MODELLING

## Measure contact forces

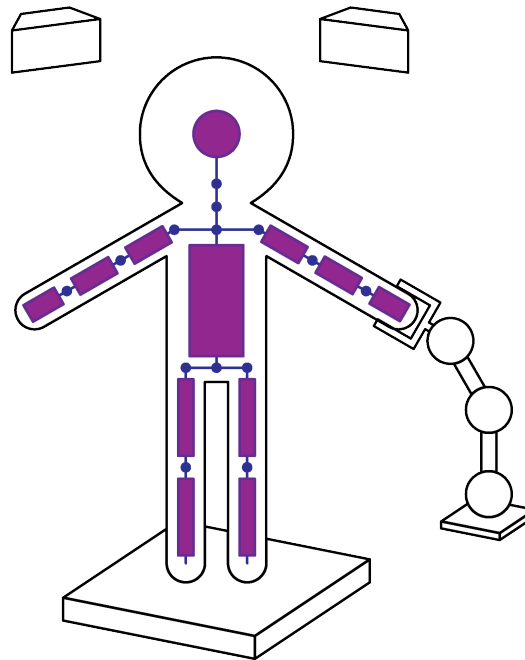


# DYNAMIC MODELLING

## Measure contact forces

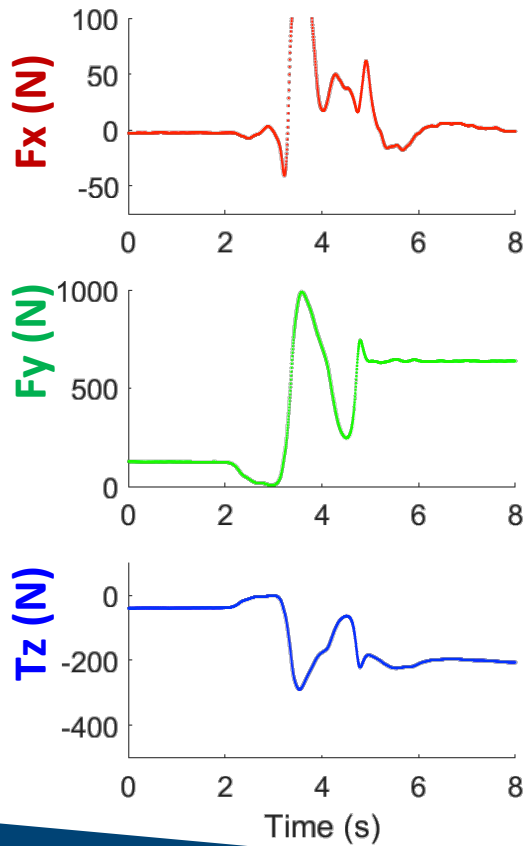


## Recover Dynamic Parameters

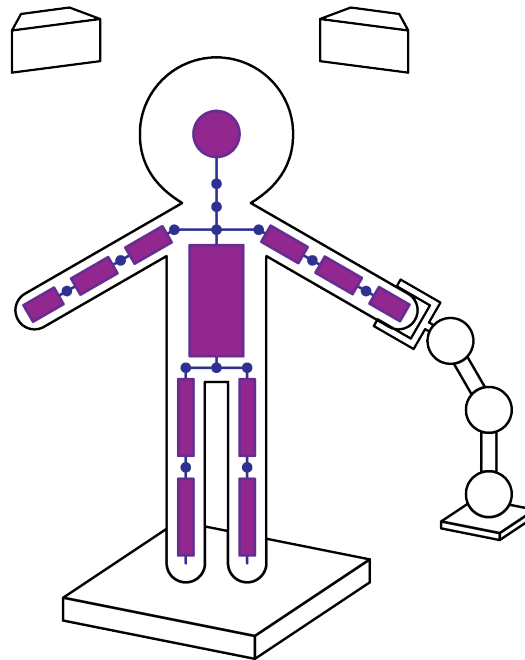


# DYNAMIC MODELLING

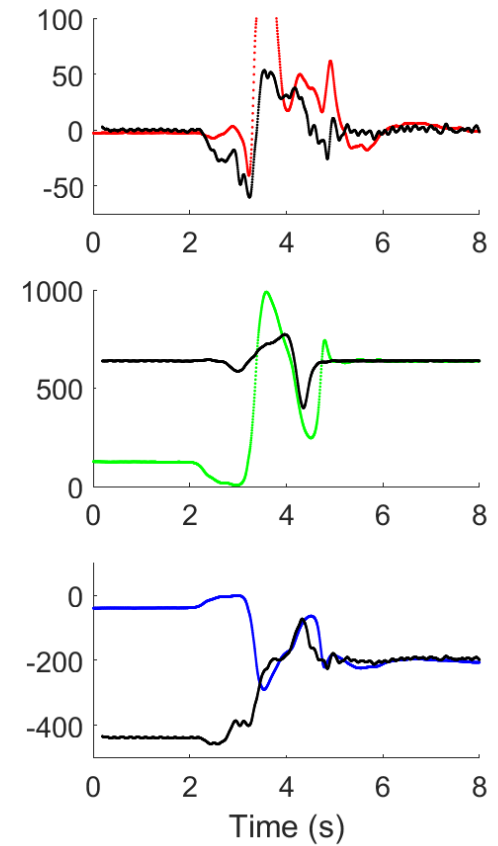
## Measure contact forces



## Recover Dynamic Parameters

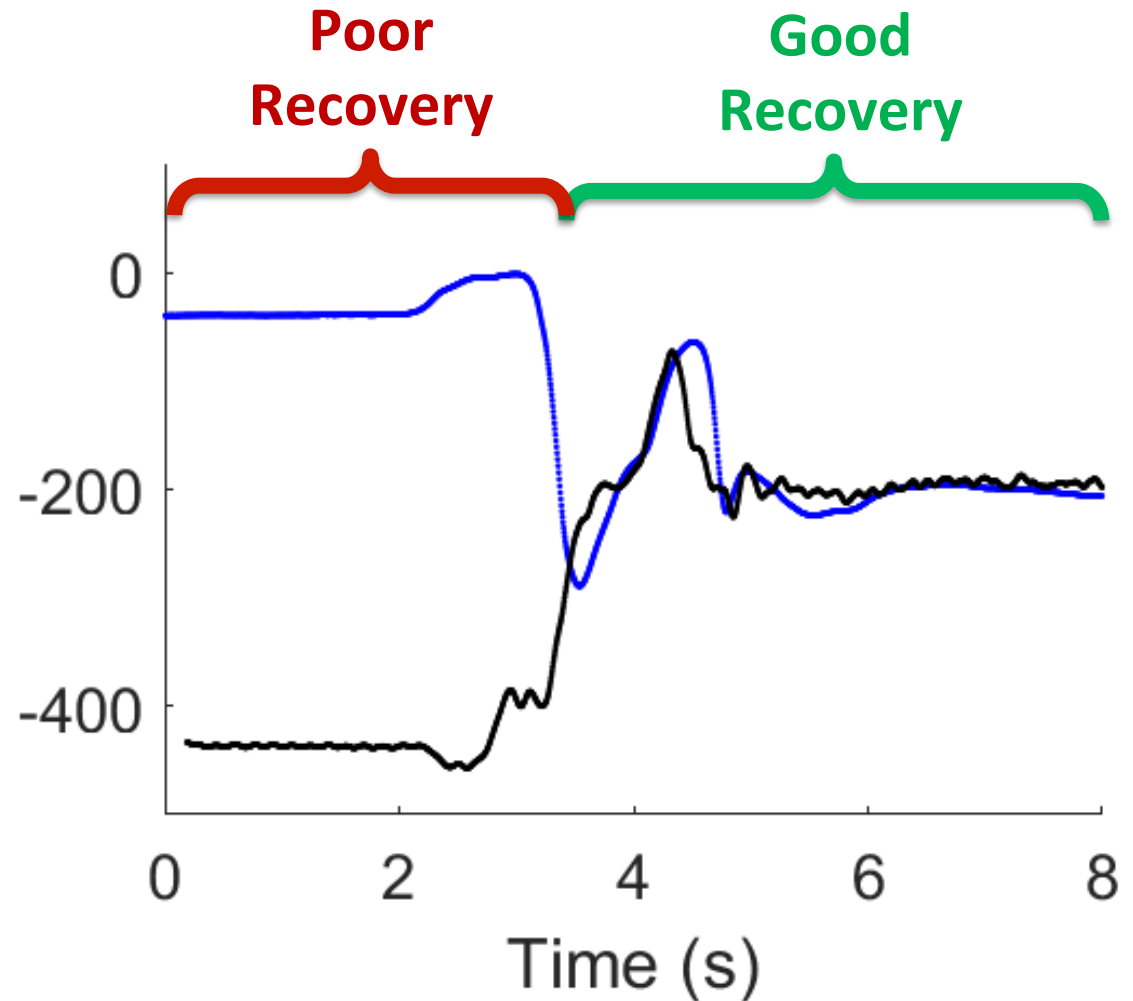


## Validate recovered forces



# DYNAMIC MODELLING

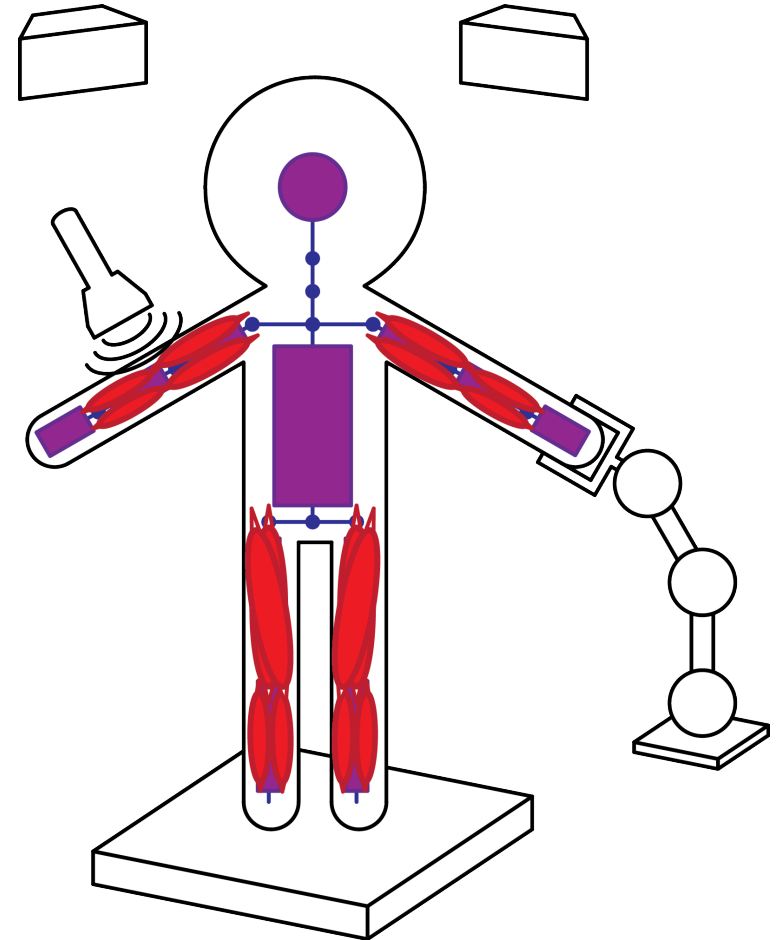
- Presence of two hybrid modes:
  - In contact with chair,
  - Not in contact with chair



# MUSCLE MODELLING

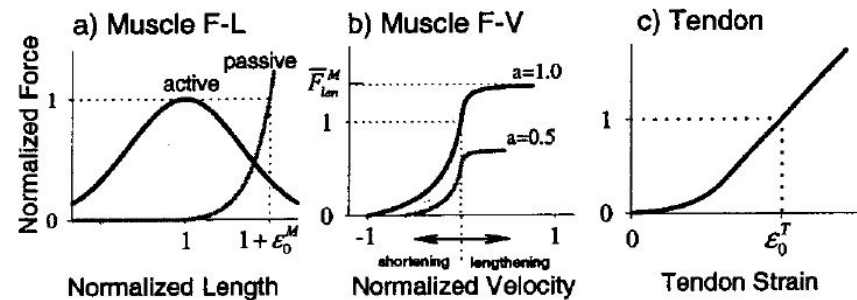
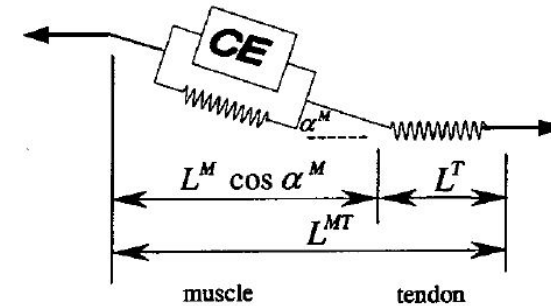
## Muscle sensing

- Electromyography
- Near Infrared Sensing
- Ultrasound



# MUSCLE MODELLING

- Estimation of muscle force from is an open problem
- Hill model used extensively
  - Highly parameter sensitive- tendon length
  - Typically EMG driven- highly noisy



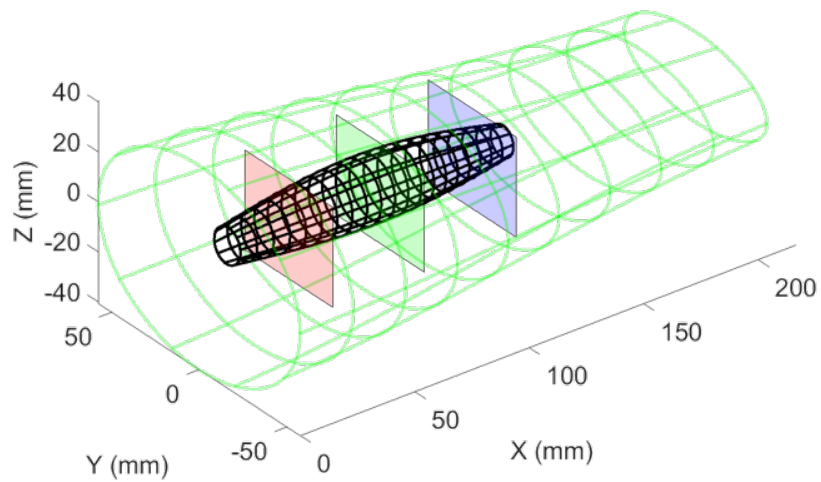
## Hill Muscle Model

Hill, A. V. "The heat of shortening and the dynamic constants of muscle." Proceedings of the Royal Society of London B: Biological Sciences 126.843 (1938): 136-195.

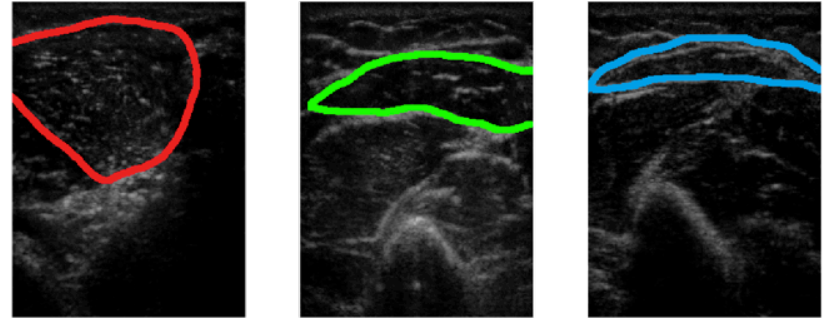
Zajac, Felix E. "Muscle and tendon: properties, models, scaling, and application to biomechanics and motor control." Critical reviews in biomedical engineering 17.4 (1988): 359-411.

# MUSCLE MODELLING

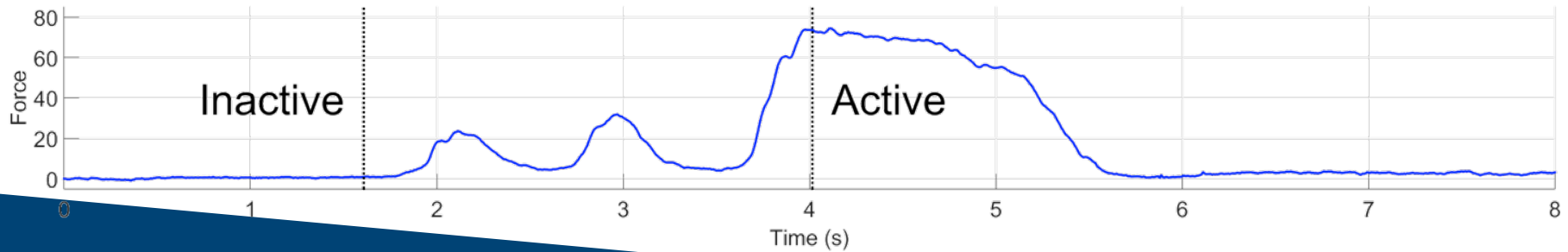
3D View



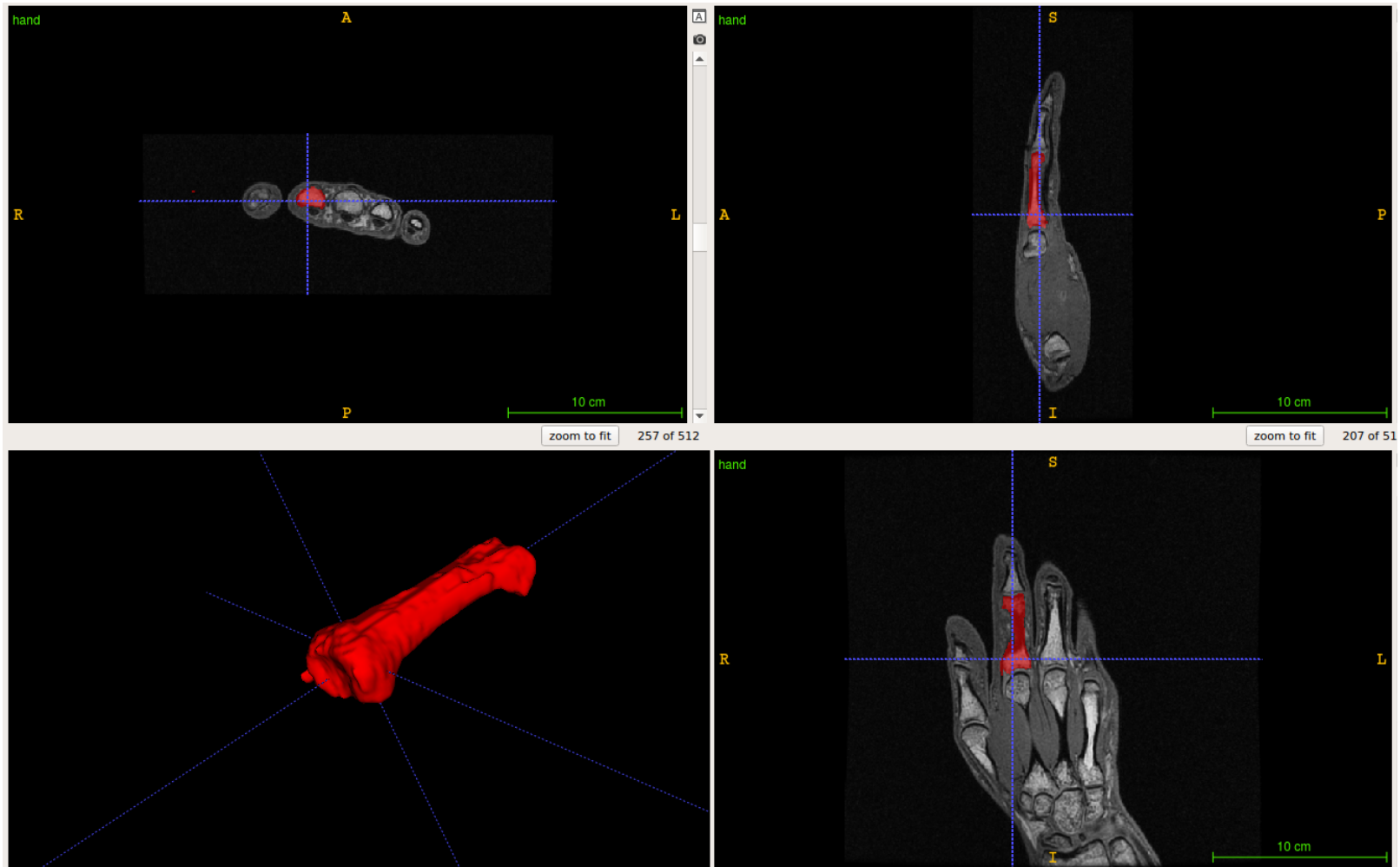
Inactive



Active



# VERIFICATION: MRI

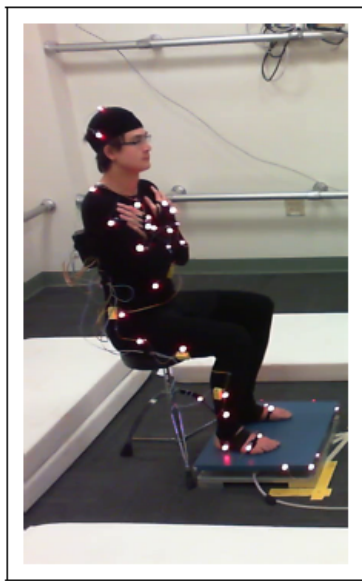


# STABILITY OF THE INDIVIDUAL

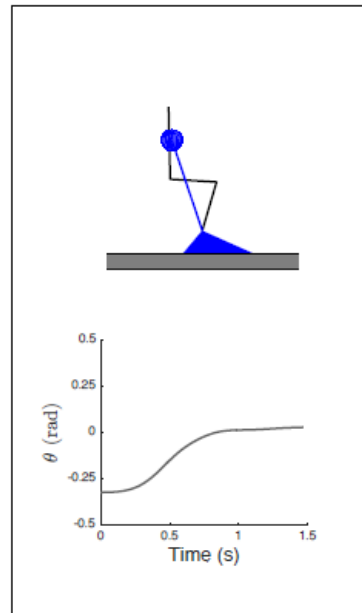
## Falling

- 2.5 million ED visits per year
- Cause over 95% of hip fractures
- Annual cost ~\$34 billion
- Multiple causes for falls
- Can fall while walking
- Can fall while trying to stand
- Focusing work on Sit-to-Stand (STS) stability

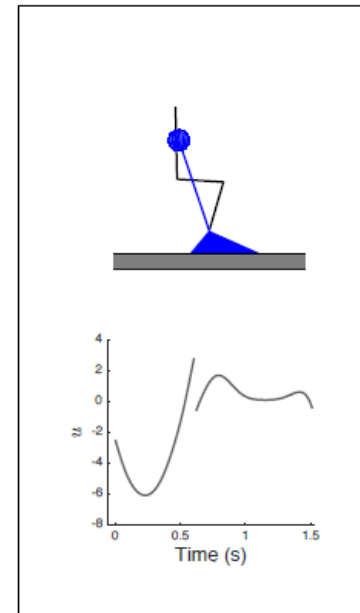
# STABILITY OF THE INDIVIDUAL



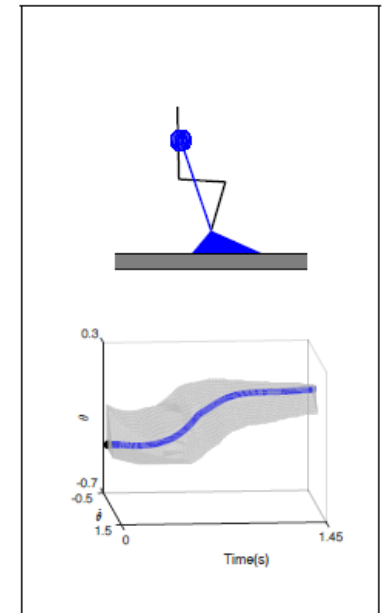
Data Collection



Modeling

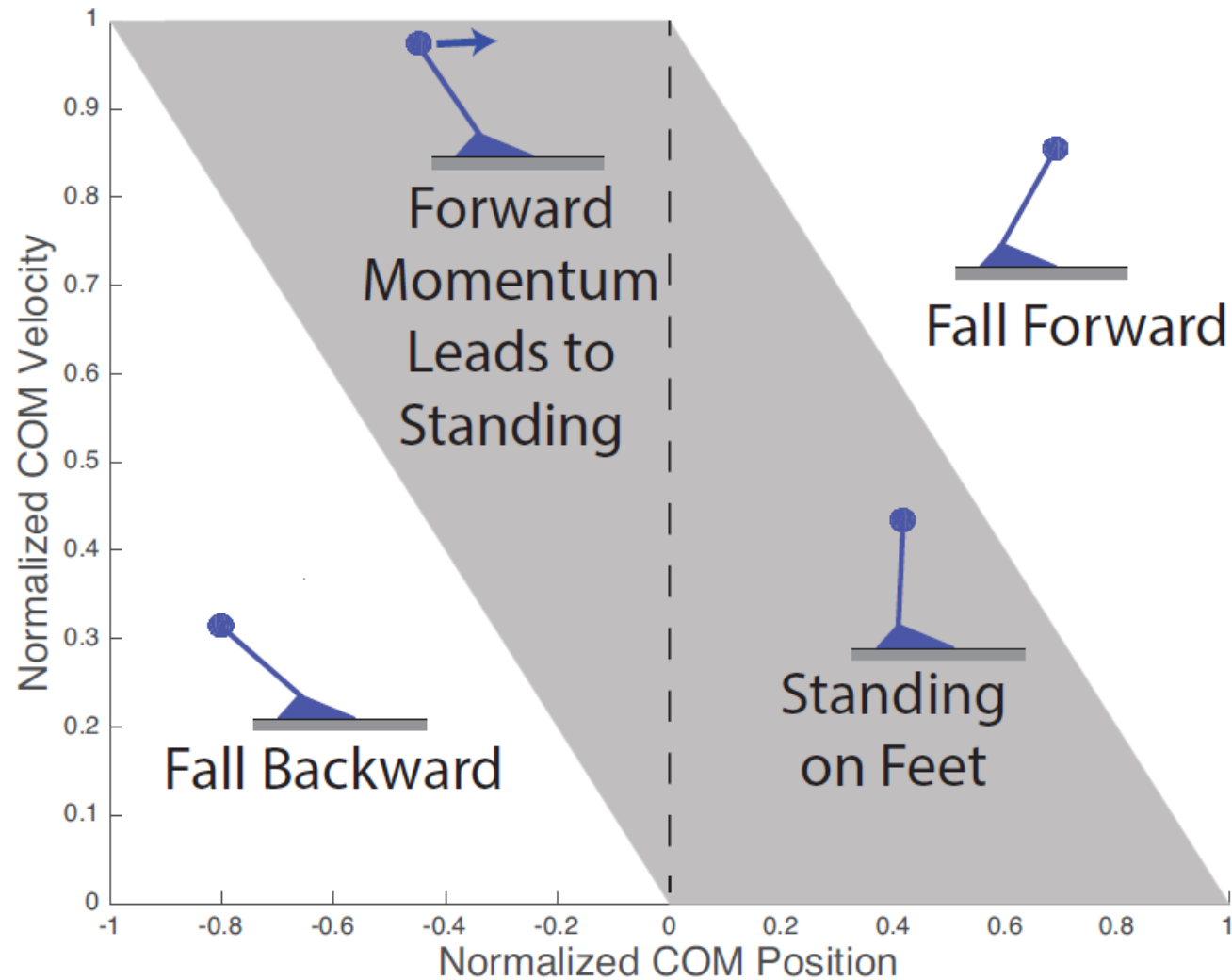


Input ID

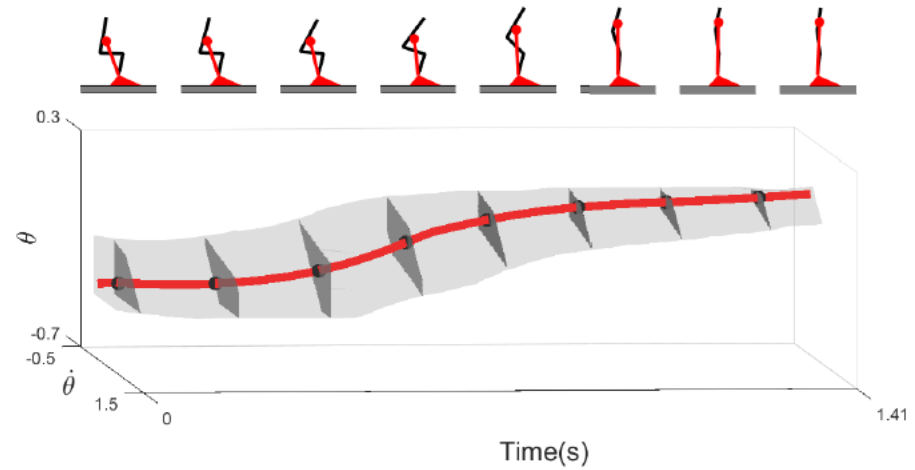
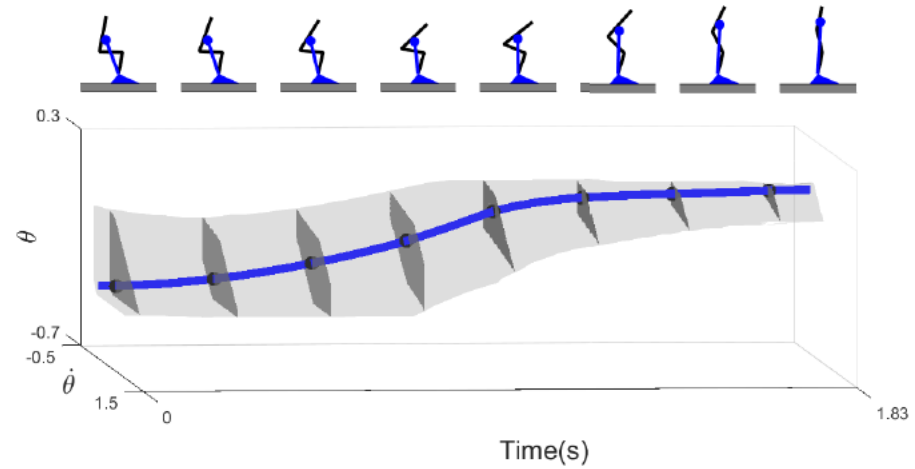
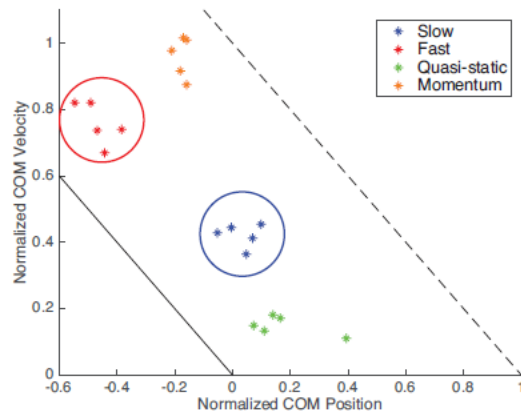


Compute BOS

# STABILITY OF THE INDIVIDUAL



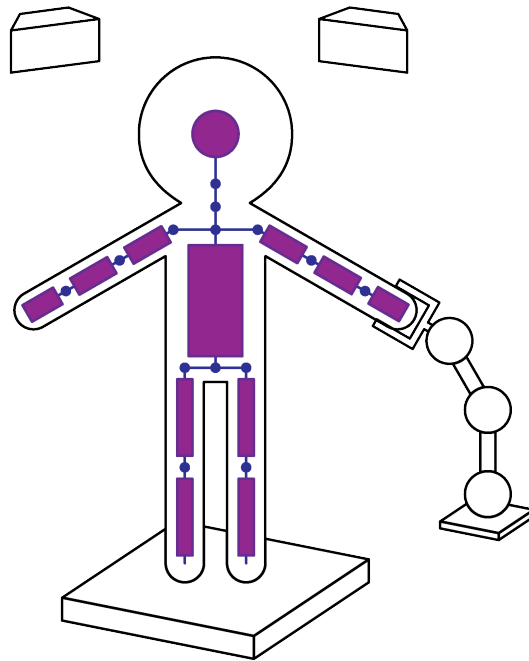
# STABILITY OF THE INDIVIDUAL



# PRESCRIPTION OF ASSISTIVE DEVICES

## MEASUREMENT

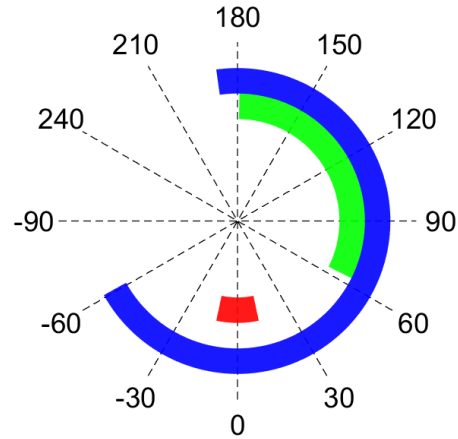
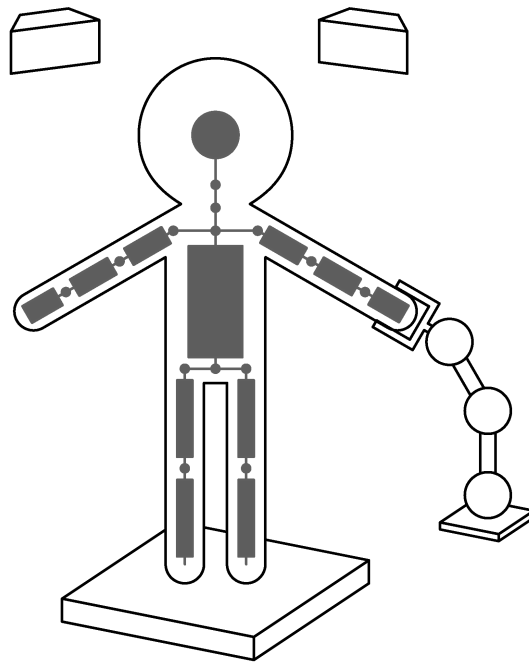
- Kinematics
- Dynamics



# PREScription OF ASSISTIVE DEVICES

## MEASUREMENT $\rightarrow$ PRESCRIPTION

- Kinematics
- Dynamics
- Customise assistance

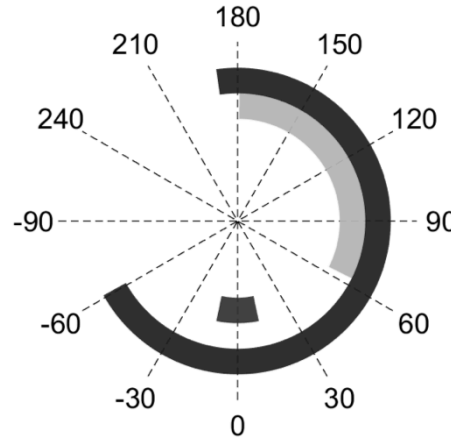
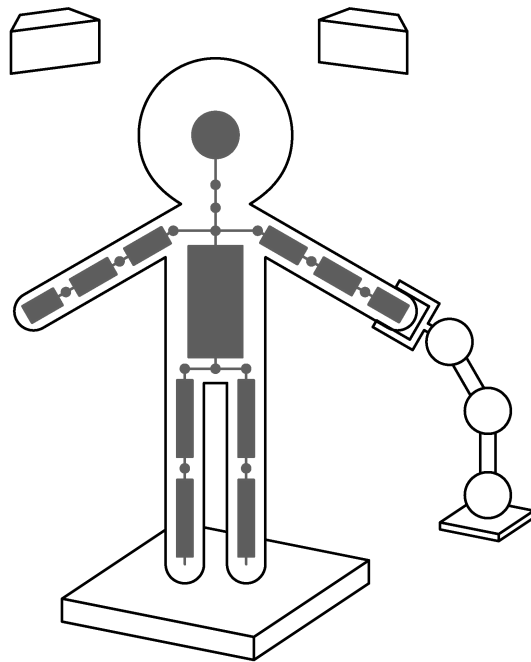


$$k=34\text{mNm/deg}$$
$$\theta_0=319\text{deg}$$

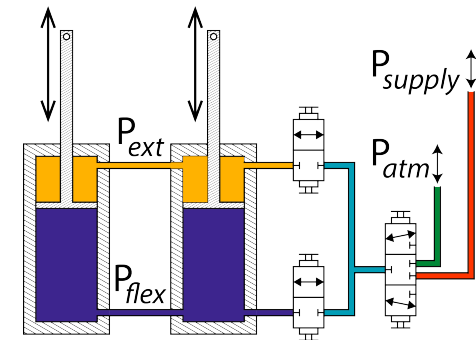
# PREScription OF ASSISTIVE DEVICES

MEASUREMENT  $\rightarrow$  PRESCRIPTION  $\rightarrow$  INTERVENTION

- Kinematics
- Dynamics
- Customise assistance
- Optimise actuation



$k=34\text{mNm/deg}$   
 $\theta_0=319\text{deg}$



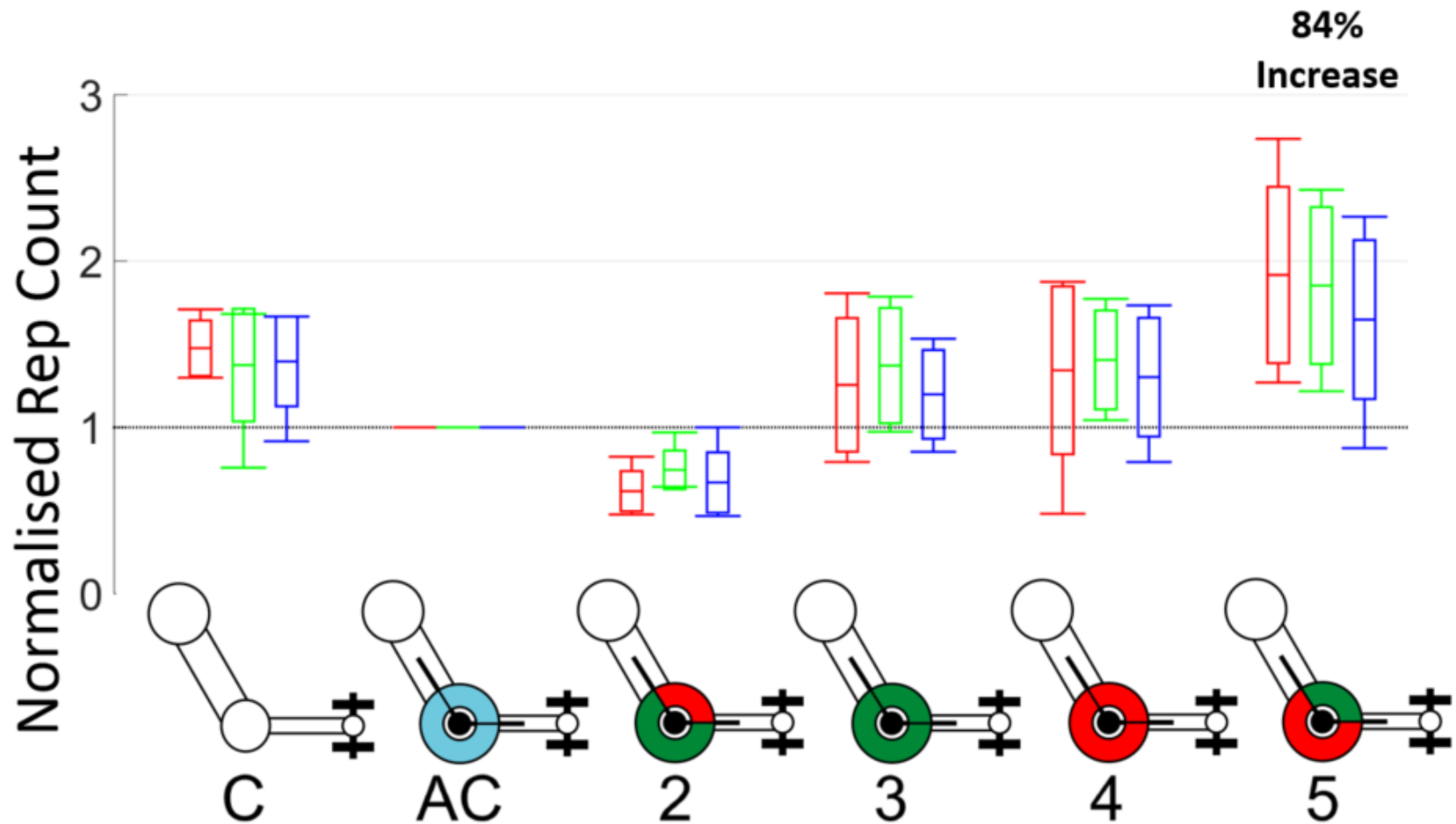
Variable stiffness  
actuation

# PRESCRIPTION OF ASSISTIVE DEVICES

- Implement **optimal device**
  - Novel, **low-power** actuators
  - **Variable** device stiffness
  - Stiffness passively maintained: **energy only required to actively change stiffness**

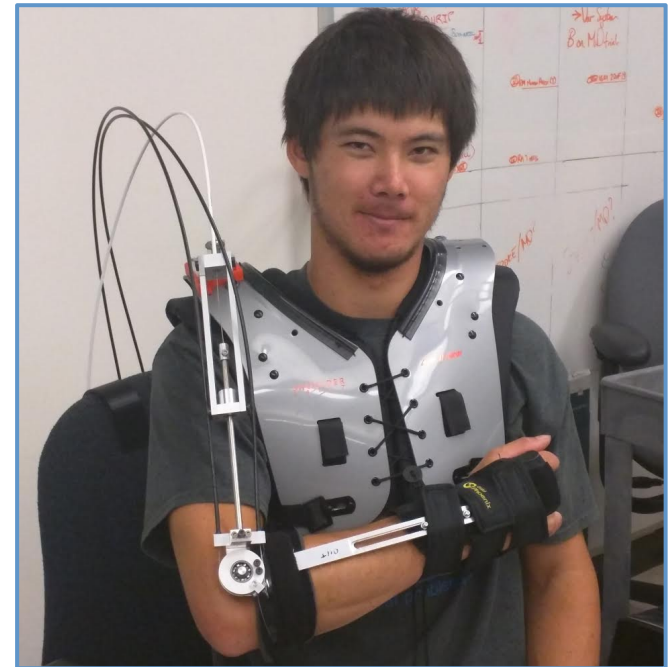
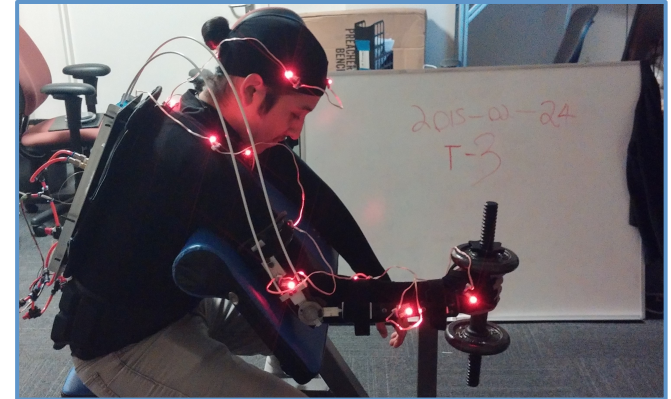


# PRESCRIPTION OF ASSISTIVE DEVICES



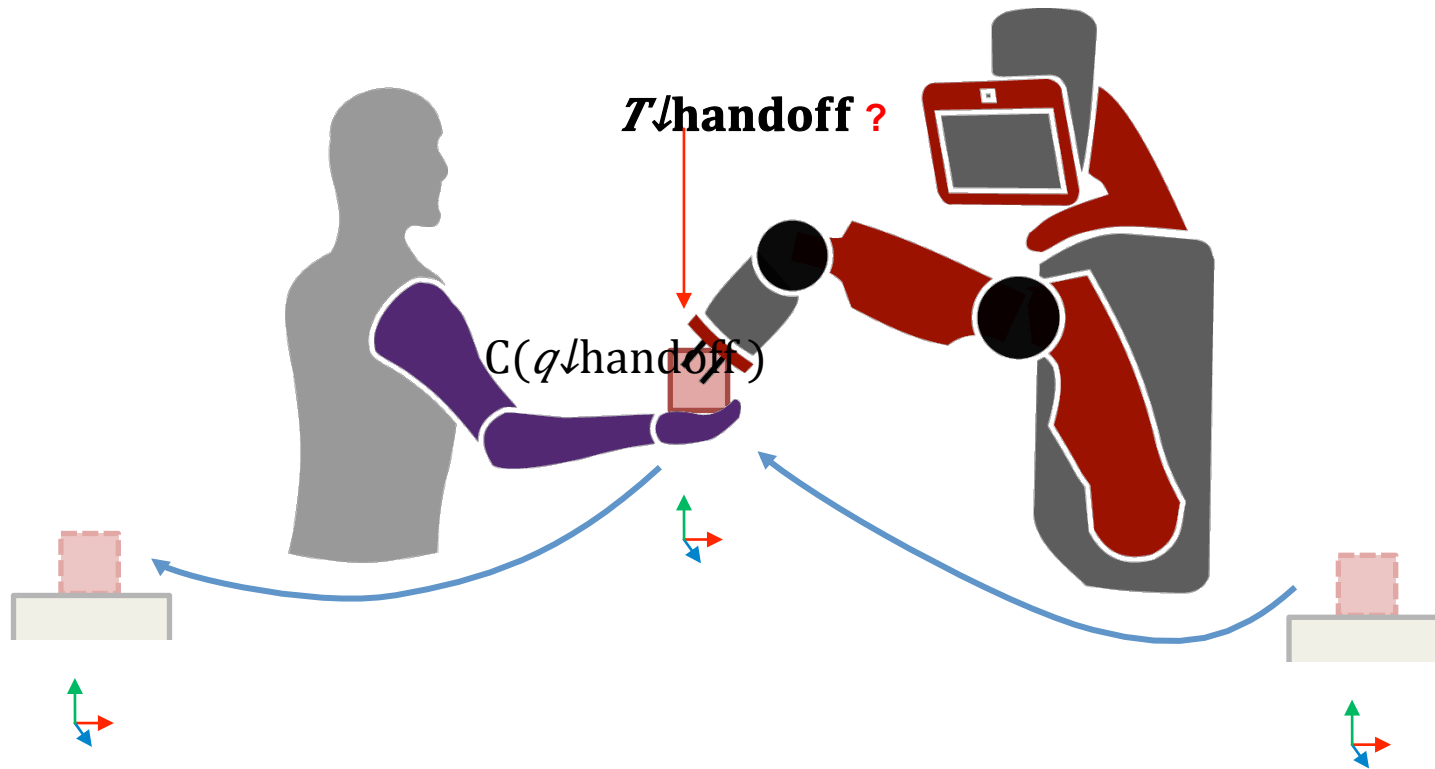
# PRESCRIPTION OF ASSISTIVE DEVICES

- **Low mass**
  - 2.54kg total
  - 0.39kg on arm
- **Low power**
  - 12g CO<sub>2</sub>
  - 9V Battery
  - no energy required during operation
- **Low cost**
  - <\$1,000



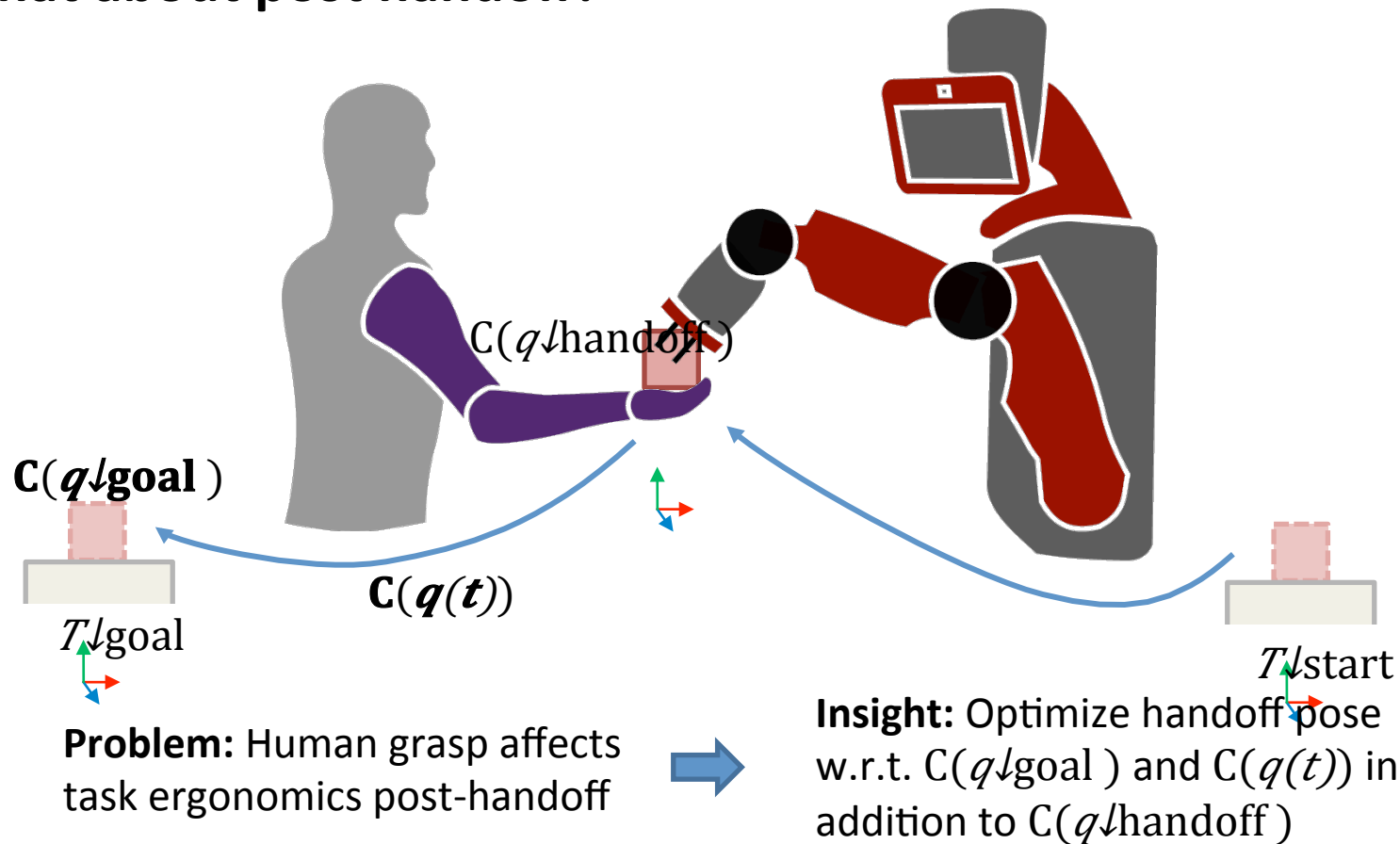
# ROBOTS: HUMAN-ROBOT INTERACTIONS

## Existing Work: Static handoff pose planning



# ROBOTS: HUMAN-ROBOT INTERACTIONS

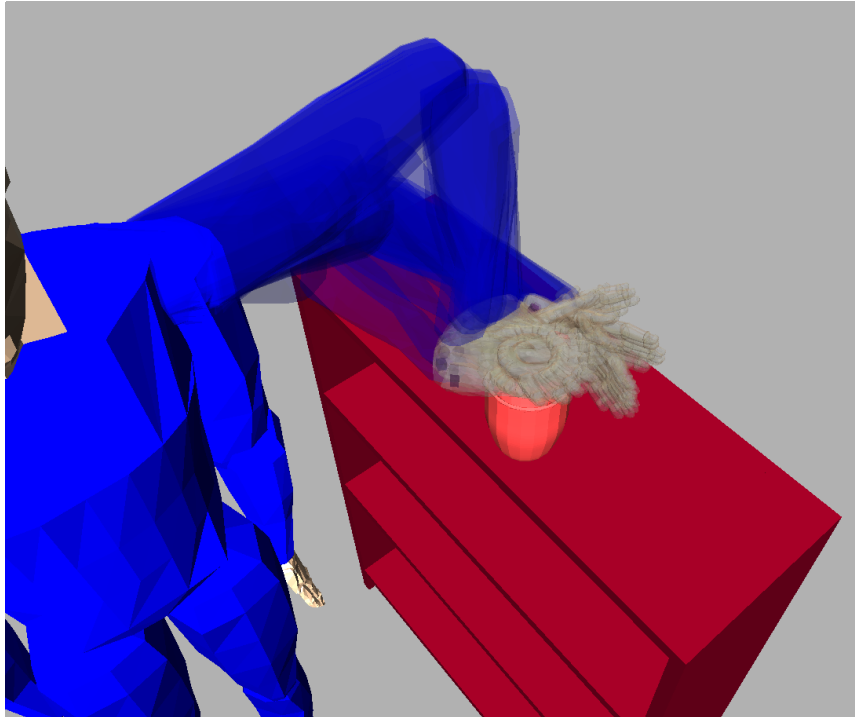
What about post handoff?



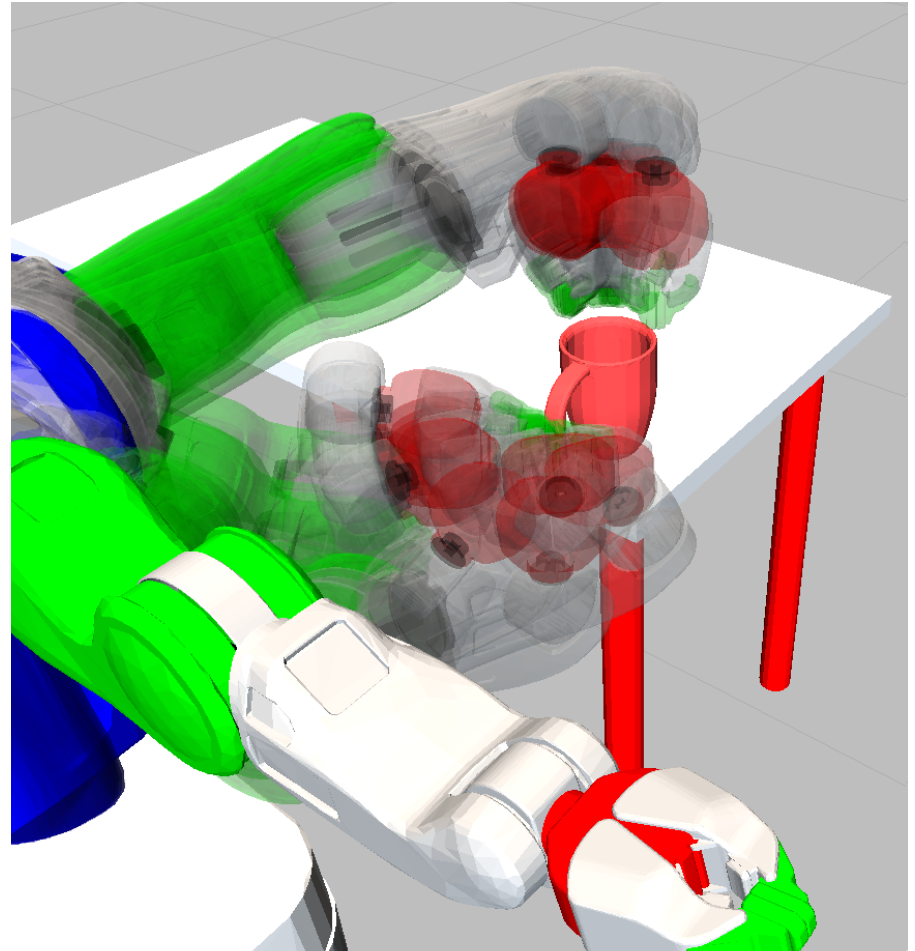
**Idea:** Optimize the *robot's* motion with respect to the *human's* ergonomic cost function

# ROBOTS: HUMAN-ROBOT INTERACTIONS

## Step 1: Sample Start/End Goals



$G \downarrow H$



$G \downarrow R$

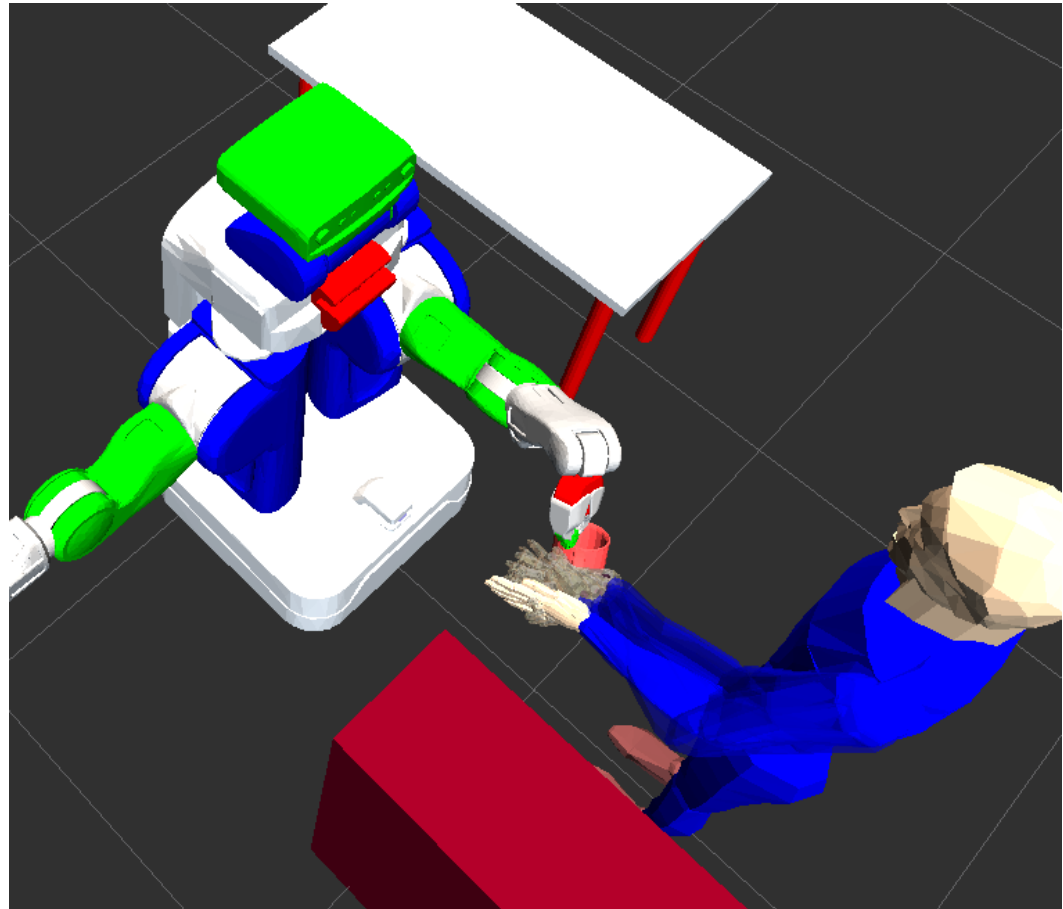
# ROBOTS: HUMAN-ROBOT INTERACTIONS

## Step 2: Find feasible human grasps

Compute  $H$

$\forall g \downarrow R \in G \downarrow R,$

$\forall T \downarrow \text{handoff} \uparrow w \in SE(3)$



$H(g \downarrow R, T \downarrow \text{handoff} \uparrow w)$

# ROBOTS: HUMAN-ROBOT INTERACTIONS

## Step 3: Find optimal handoff pose

Choose the optimal  $g \downarrow r$  and  $T \downarrow \text{handoff} \uparrow w$  according to:

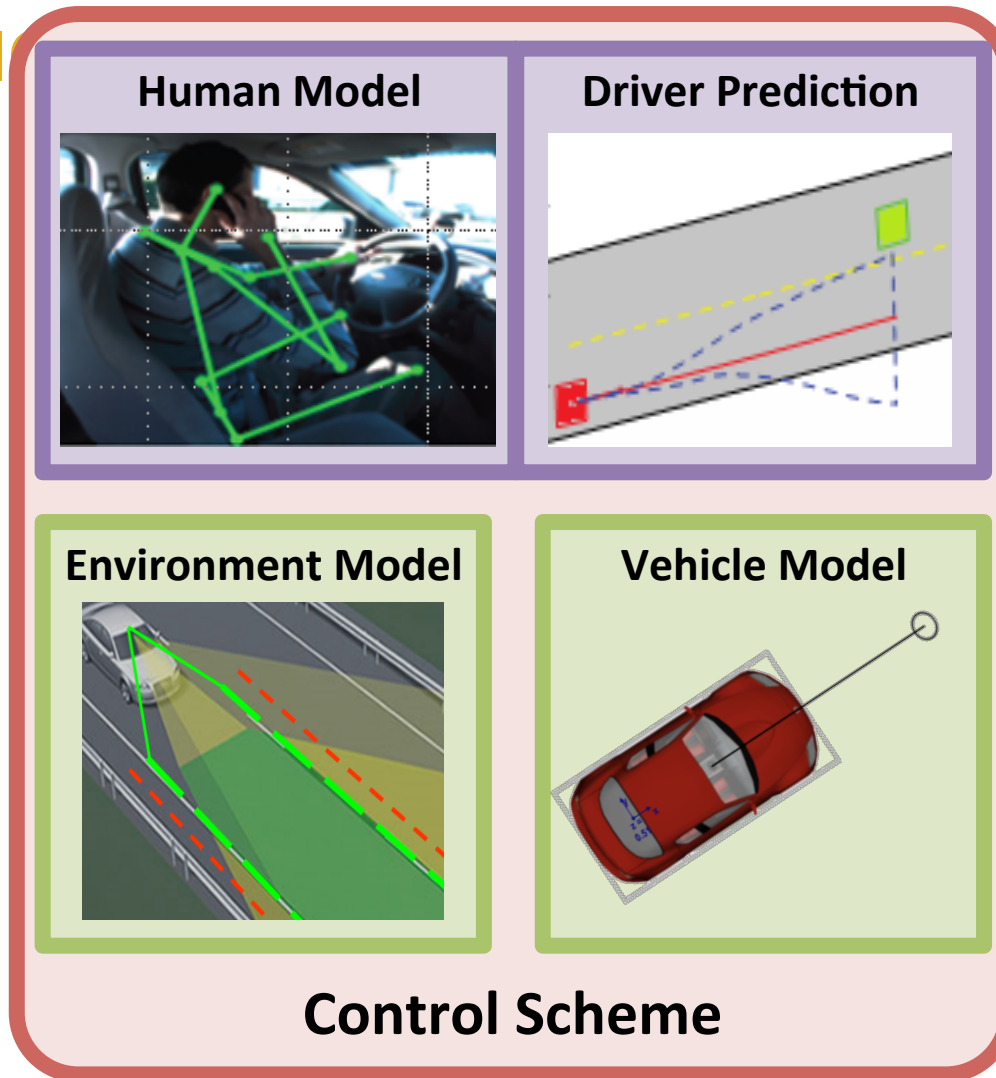
1)  $\max |H(g \downarrow R, T \downarrow \text{handoff} \uparrow w)|$  s.t.  $h \uparrow^* \in H$  (most options and allows ergonomically optimal choice)

2)  $\min |H(g \downarrow R, T \downarrow \text{handoff} \uparrow w)|$  s.t.  $h \uparrow^* \in H$  (least options and allows ergonomically optimal choice)

3)  $\max |H(g \downarrow R, T \downarrow \text{handoff} \uparrow w)|$  (most options)

4)  $\min \sum_{h \in H(g \downarrow R, T \downarrow \text{handoff} \uparrow w)} C(h) / |H(g \downarrow R, T \downarrow \text{handoff} \uparrow w)|$  (minimum average ergonomic cost)

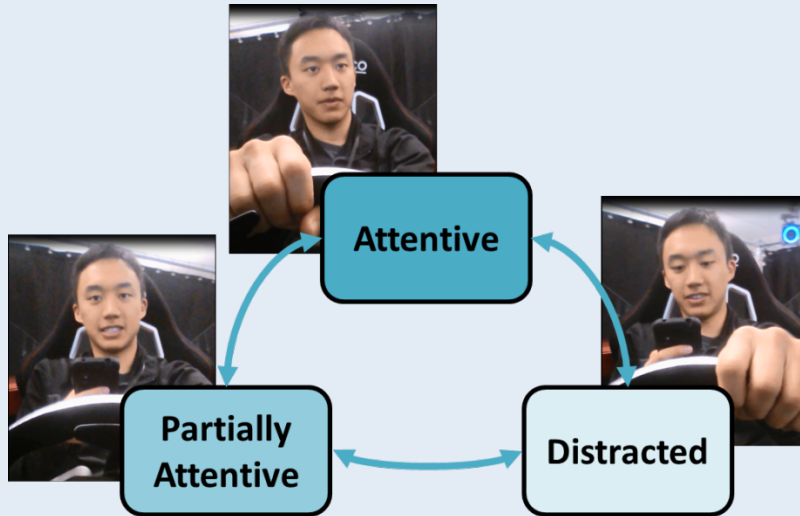
# DRIVING: HUMAN IN THE LOOP INTERVENTIONS



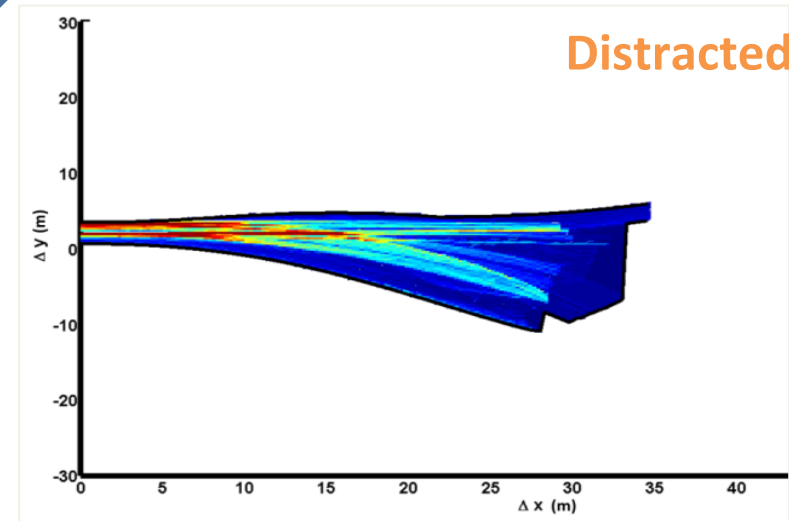
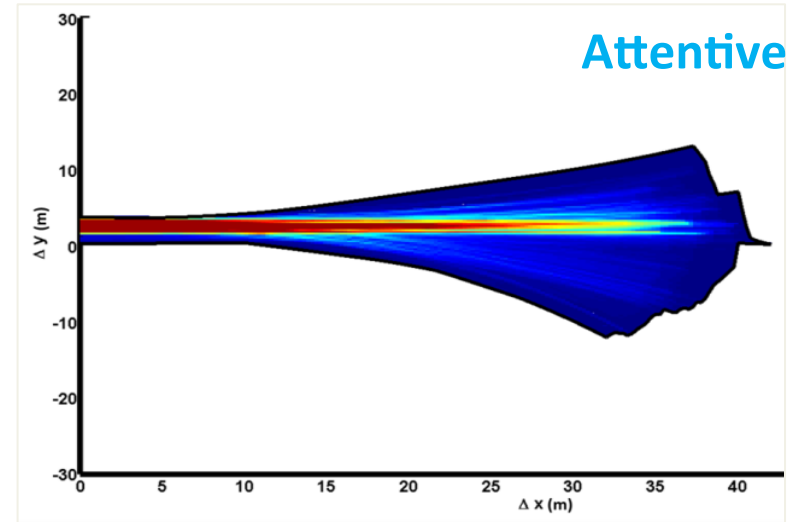
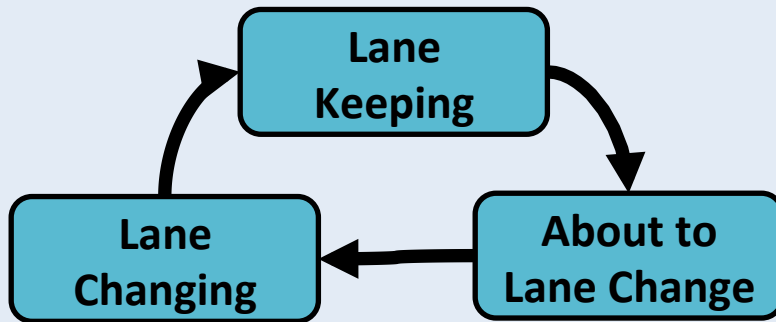
# DRIVING: PREDICTING BEHAVIOR

## Potential Human Models

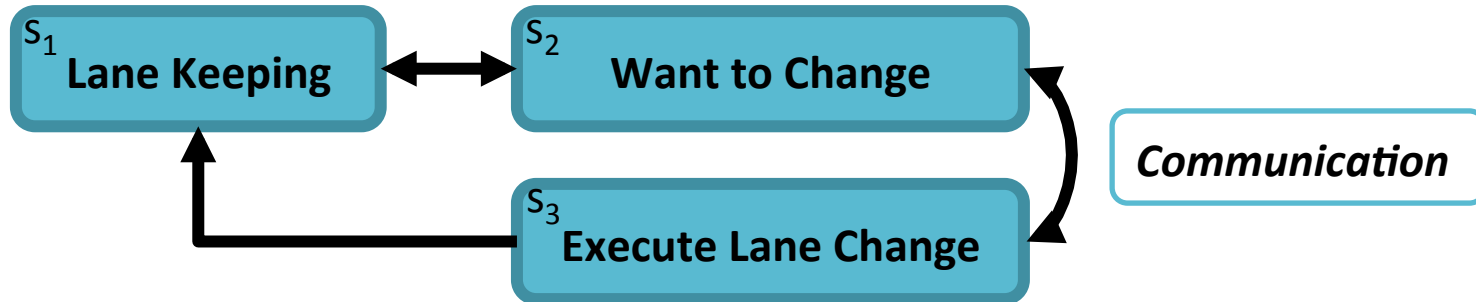
Driver  
Distraction



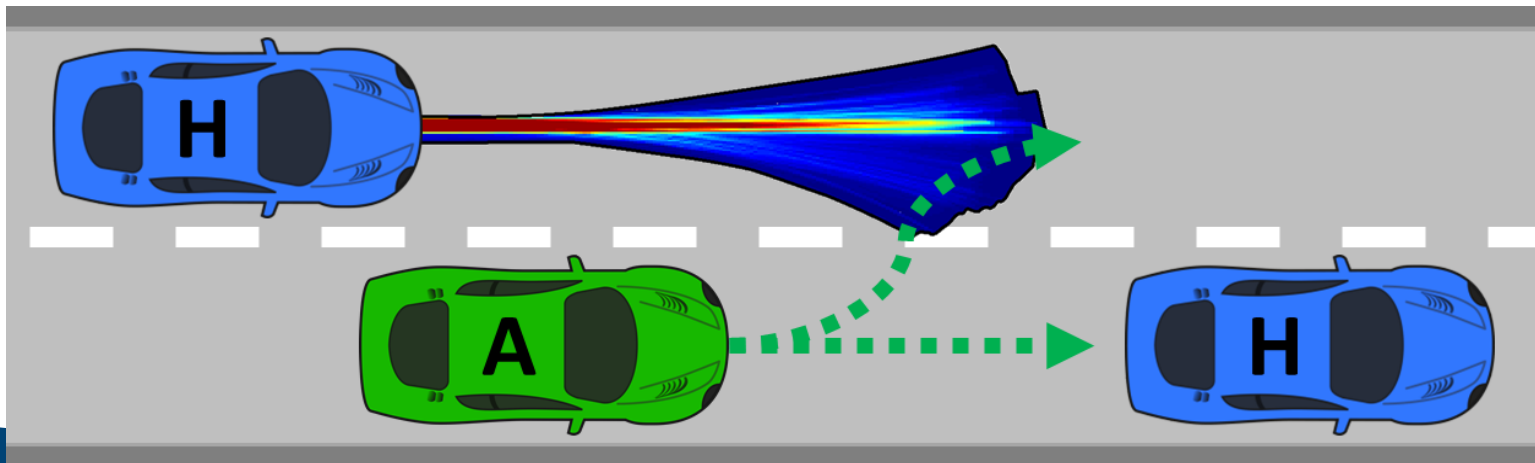
Driver Intent



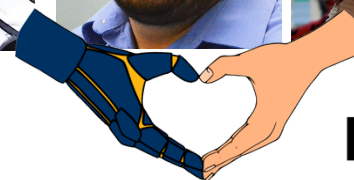
# DRIVING: AGENT INTERACTIONS



$$\begin{aligned} & \operatorname{argmin} \Delta \subset \mathbb{R}^n \quad |\Delta \downarrow H| \\ & \text{subject to} \quad P[(X \downarrow H(k) - x \downarrow H(0)) \subset \Delta \downarrow H(0, T) | s \downarrow A] \geq \alpha \\ & \quad \quad \quad \forall k \in \{0, \dots, N\} \end{aligned}$$



# THANK YOU



**HART Lab**

*Human-Assistive Robotic Technologies*