BCI Assistance in Simple Hand Movements to Enable IMC/CMC-Based Rehabilitation for Post-Stroke Patients



Objective

Utilize intermuscular coherence (IMC) and corticomuscular coherence (CMC) as features to an online BCI for the purpose of developing a motor rehabilitation therapy for stroke survivors.

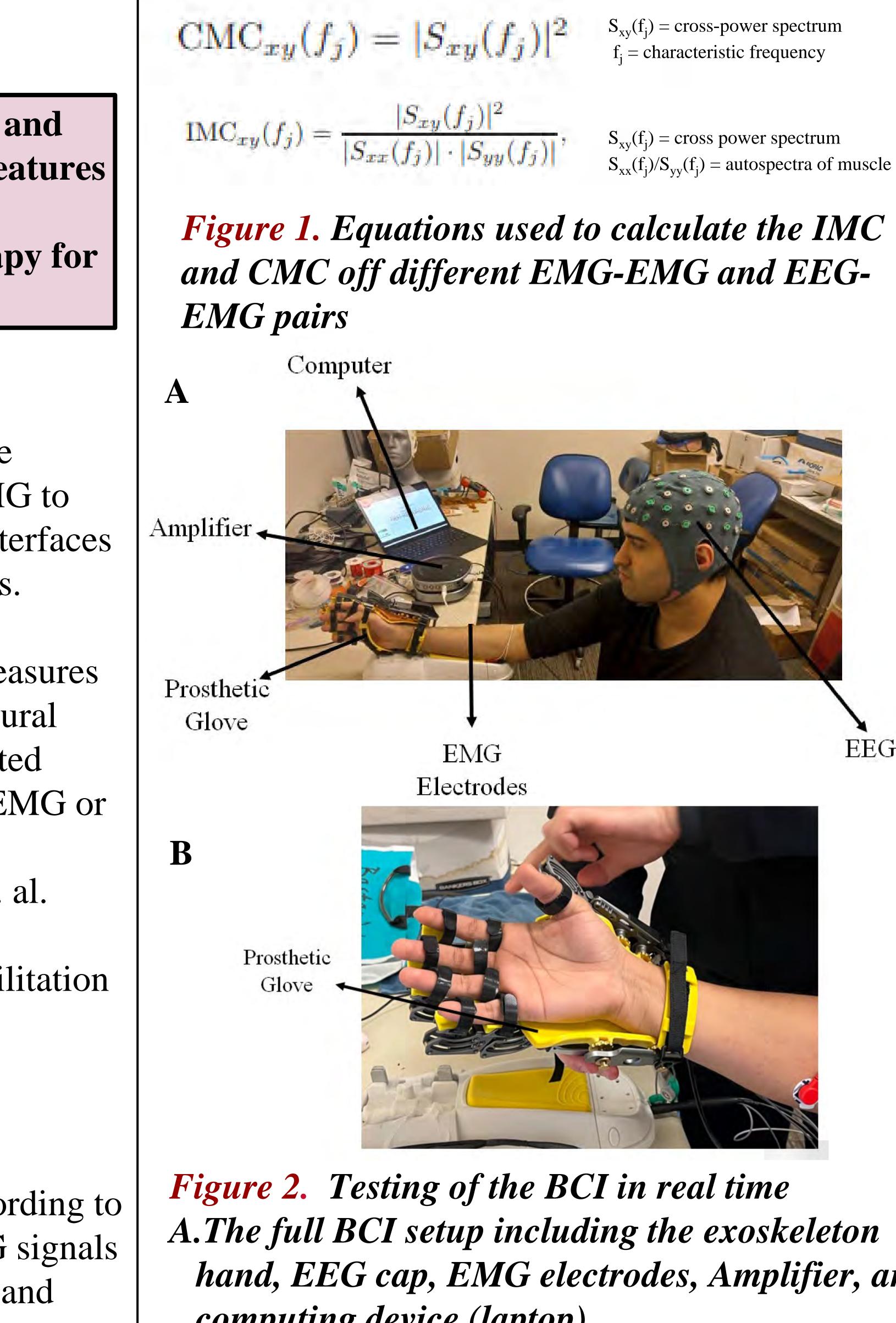
Background

- In recent years work has been done on the addition of alternative signals such as EMG to traditionally EEG based brain machine interfaces (BCI's). These are known as hybrid BCI's.
- Intermuscular coherence (IMC) and corticomuscular coherence (CMC) are measures of connectivity and synchronization of neural pathways within the body and are calculated using the cross power spectrum of EEG-EMG or EMG-EMG pairs.
- In particular, according to Colamarino et. al. 2021, CMC and IMC show promise in classification for post-stroke motor rehabilitation

Methods

- Binary classification was done on hand open/hand closed movements
- Recording of EEG signals was done according to the 10-20 international system, and EMG signals were be recorded for extensor digitorum and flexor digitorum superficialis muscles
- IMC and CMC were calculated and averaged over 3 frequency bands (alpha, beta, gamma)
- A k-nearest neighbors model was utilized to classify selected features into the two movement classes

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A.The full BCI setup including the exoskeleton hand, EEG cap, EMG electrodes, Amplifier, and computing device (laptop) **B.** "Hand of Hope" Exoskeleton hand from **Rehab-Robotics Company Ltd.**

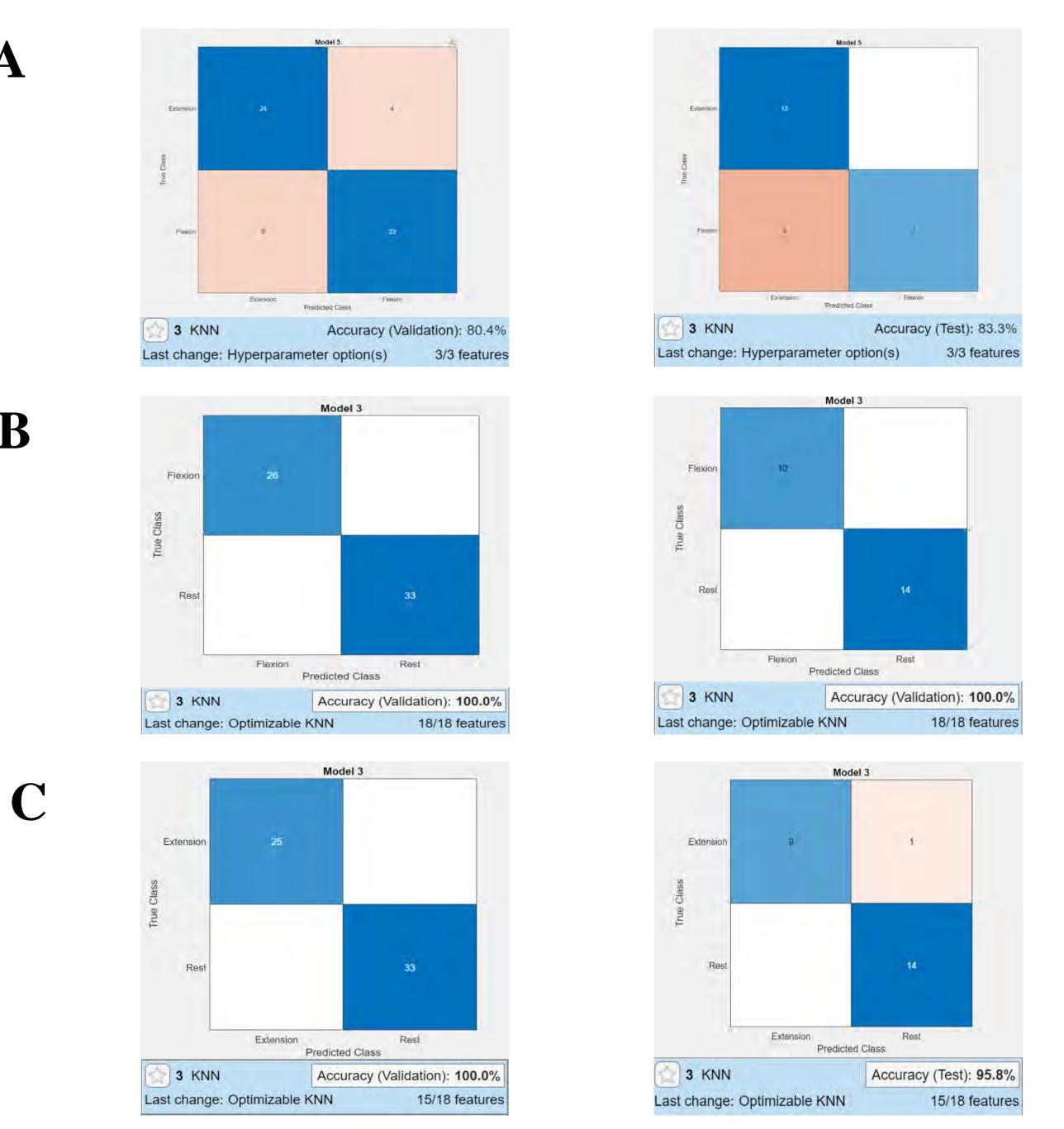
Hand exoskeleton was utilized in order to assist hand closed movement and complete proprioceptive feedback loop

 $S_{xx}(f_i)/S_{yy}(f_i)$ = autospectra of muscle signals

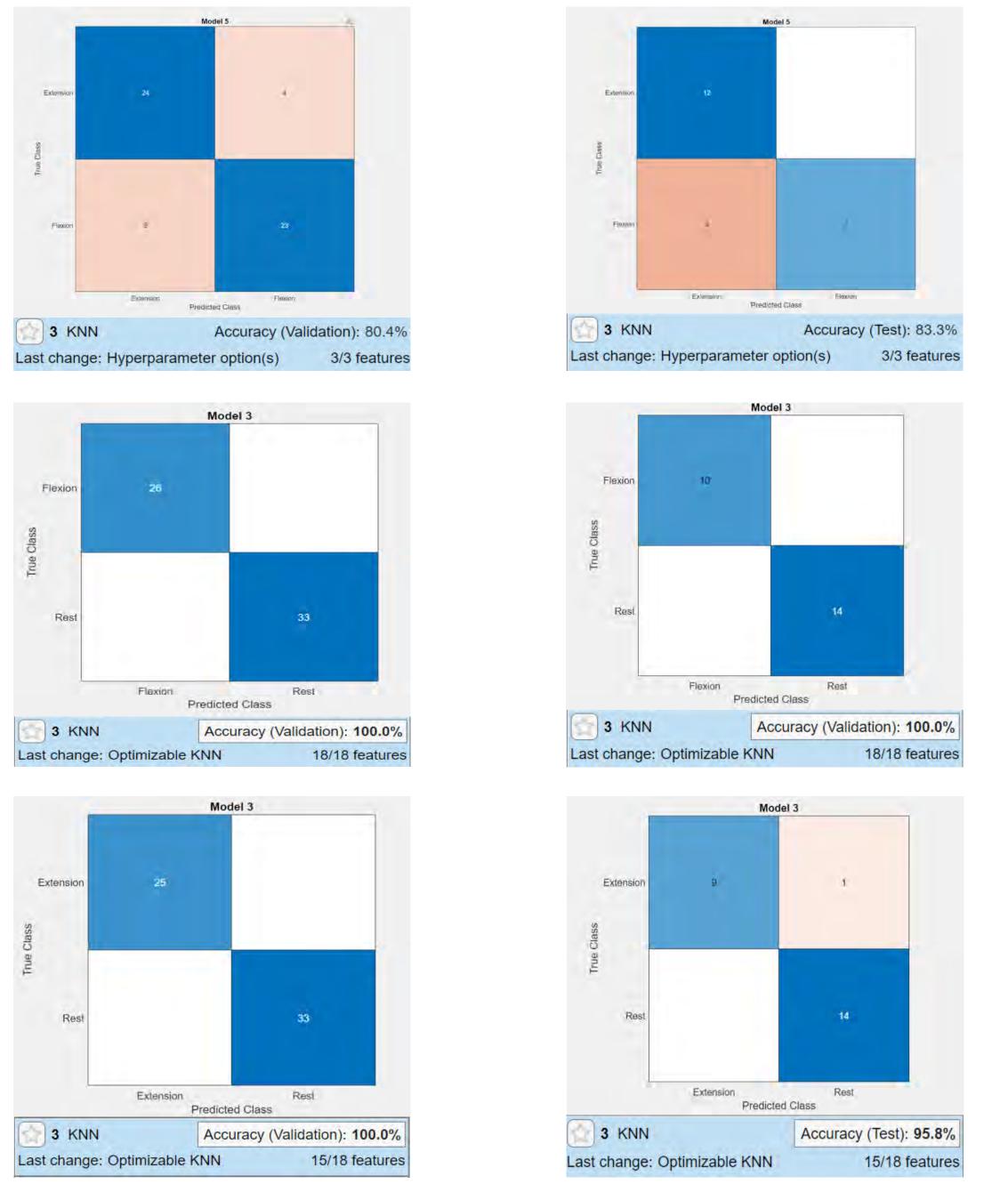
EEG Cap

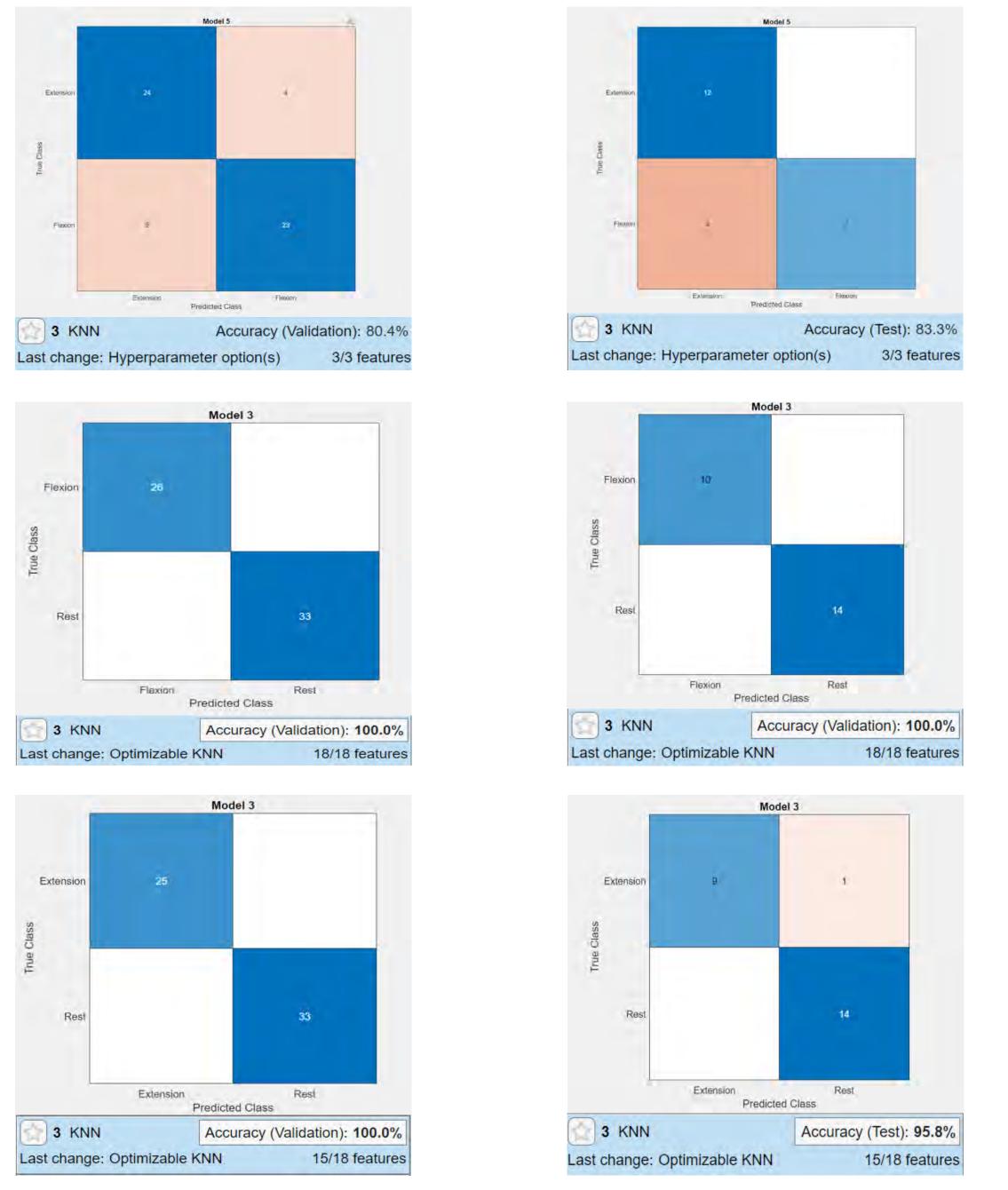
Results

- **100% accuracy**



B





Conclusion

- reasonable degree of accuracy
- need to be adjusted.





• Utilizing both IMC and CMC the model was able to classify between flexion/rest and extension/rest with 95

• Utilizing IMC, the model was able to distinguish between flexion and extension with a validation accuracy of 80.4% and a test accuracy of 83.3%

Figure 3. Validation and testing confusion matrices for extension/flexion (A), flexion/rest(B), extension/rest(C)

• The BCI was able to successfully utilize IMC to classify extension/felxion movements to a • Further studies should be done on the use of CMC in this specific application. In particular the positioning and relaxation of the hand/arm may