

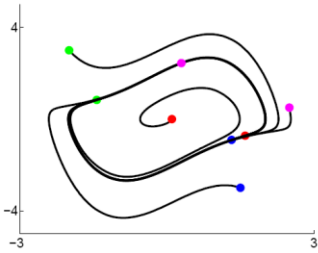
# Computational Motor Control

## Lecture 11:

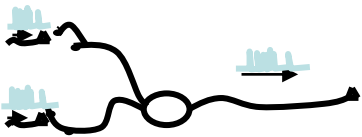
# Modeling human locomotion and neuroprosthetics

Auke Jan Ijspeert

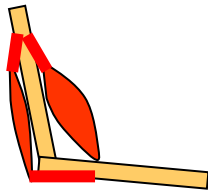
# Contents of lectures



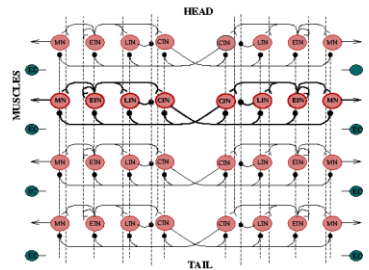
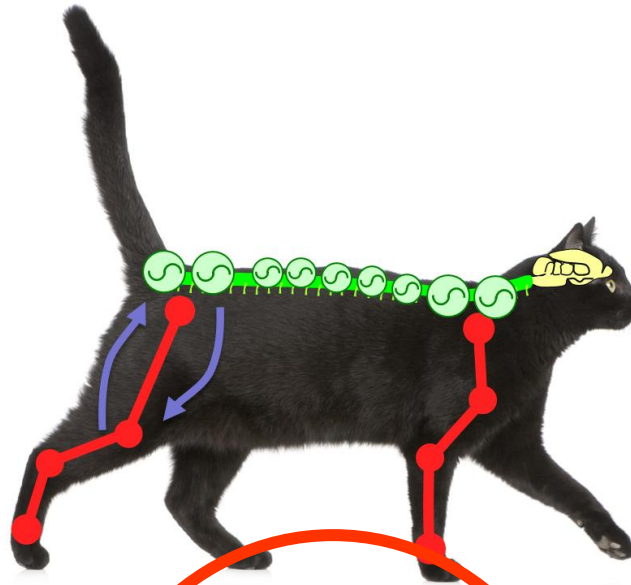
Dynamical  
systems



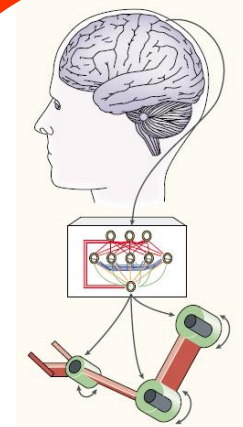
Neuron models



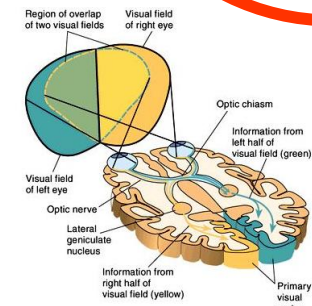
Muscle and  
Biomech. models



Motor system  
models



Neuroprosthetics



Visual system  
models

# Lecture: Modeling human locomotion and neuroprosthetics

- Neuromechanical simulations of human locomotion
- Restoring mobility:
  - Prostheses
  - Orthoses
  - Spinal cord stimulation
  - Functional Electromyographic stimulation
- Restoring upper limb movements:
  - Arm/hand replacement
  - Cortical implants and population coding



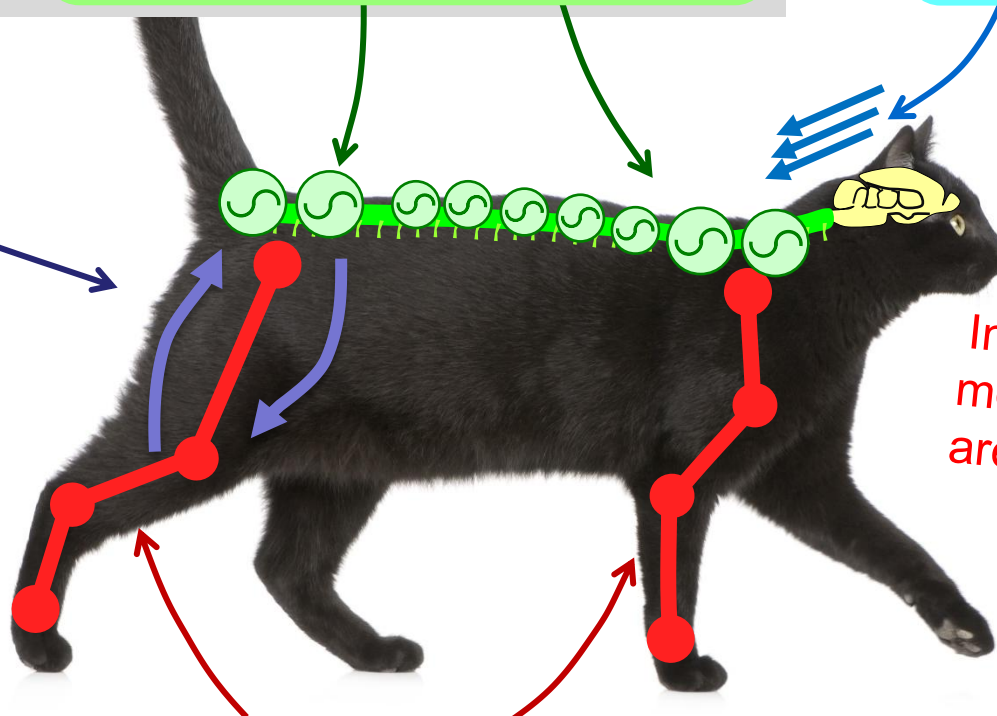
# Four essential ingredients in animal motor control

Spinal cord

Reflexes

Central pattern  
generators

Descending  
modulation

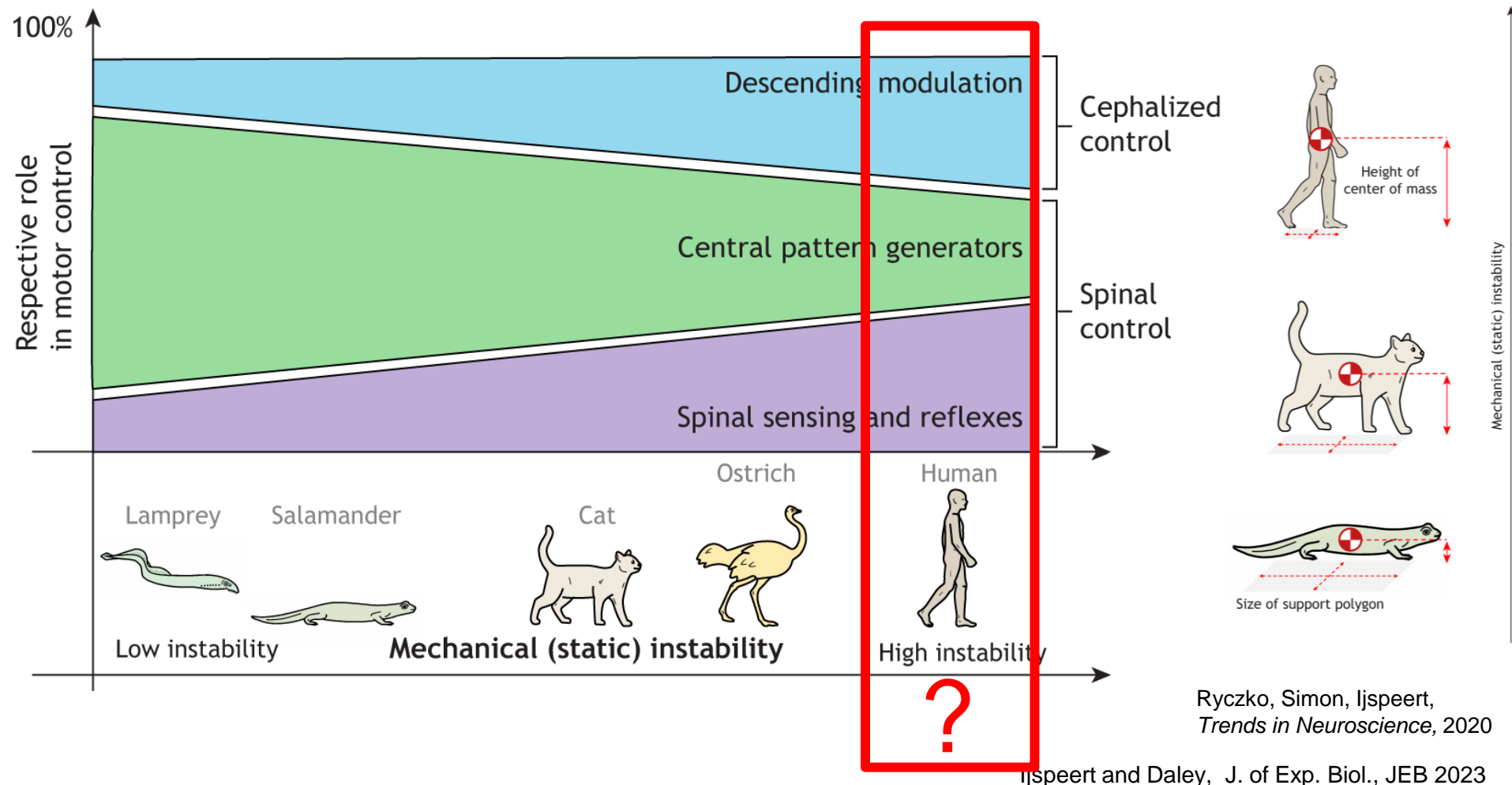


Musculoskeletal system, “Clever” mechanics

# Reflexes vs CPGs vs descending modulation

It looks like CPGs are fundamental in lower vertebrates, possibly less so in higher vertebrates.

Locomotion that is **mechanically instable** requires **more sensing** and **more sophisticated descending modulation** for posture control and feet placement



Ryczko, Simon, Ijspeert,  
*Trends in Neuroscience*, 2020

Ijspeert and Daley, *J. of Exp. Biol.*, JEB 2023

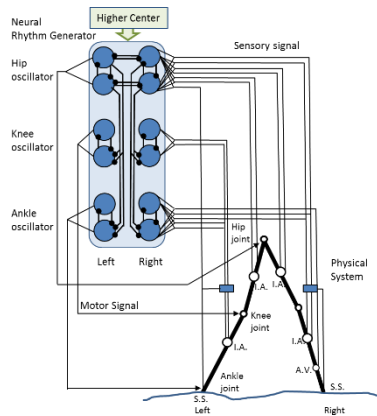
Surprisingly, the circuits underlying human locomotion are not yet well understood.

There is still a debate to which extent human locomotion depends on neural oscillators (CPGs), and there is no direct evidence of CPGs.

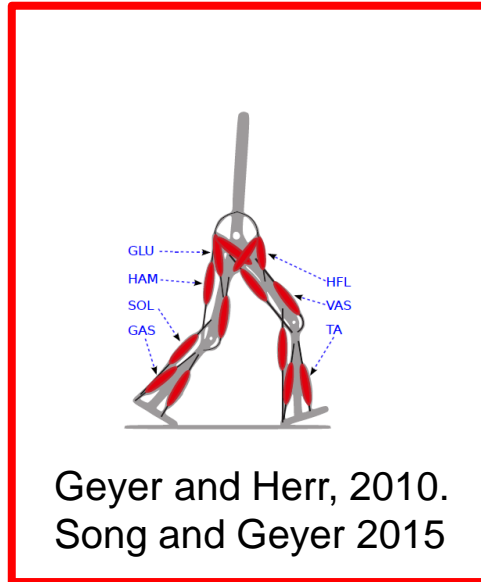
But there is **strong indirect evidence that CPGs exist in humans**. See this review paper:

The Human Central Pattern Generator for Locomotion: Does It Exist and Contribute to Walking? Karen Minassian, Ursula S. Hofstoetter, Florin Dzeladini, Pierre A. Guertin, and Auke Ijspeert. The Neuroscientist, 1-15, 2017

# Neuromechanical models of human locomotion



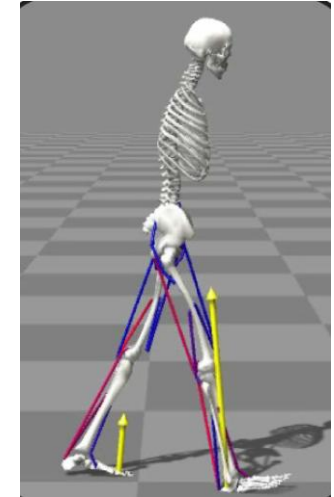
Taga 1991, 1995



Geyer and Herr, 2010.  
Song and Geyer 2015



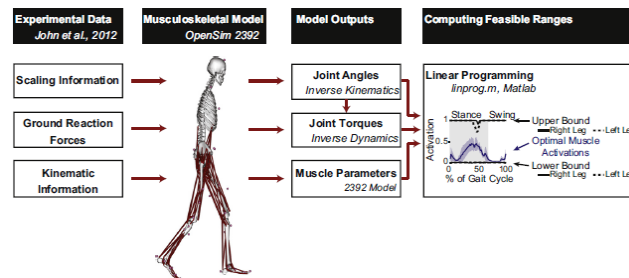
Lee et al 2019



Ong et al 2019



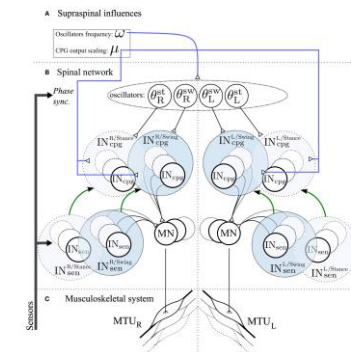
Y. Nakamura lab  
(Sreenivasa et al 2012)



L. Ting lab (Simpson et al 2015)



Falisse et al 2019



Dzeladini et al 2014



## References:

- Taga, G., Yamaguchi, Y., & Shimizu, H. (1991). Self-organized control of bipedal locomotion by neural oscillators in unpredictable environment. *Biological cybernetics*, 65(3), 147-159.
- G. Taga. A model of the neuro-musculo-skeletal system for human locomotion. I. emergence of basic gait. *Biological Cybernetics*, 73(2):97-111, 1995
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- Geyer, H., and H. Herr. 2010. "A Muscle-Reflex Model That Encodes Principles of Legged Mechanics Produces Human Walking Dynamics and Muscle Activities." *IEEE Transactions on Neural Systems and Rehabilitation Engineering* 18 (3): 263–73. <https://doi.org/10.1109/TNSRE.2010.2047592>.
- Song, Seungmoon, and Hartmut Geyer. 2015. "A Neural Circuitry That Emphasizes Spinal Feedback Generates Diverse Behaviours of Human Locomotion." *The Journal of Physiology* 593 (16): 3493–3511. <https://doi.org/10.1113/JP270228>.
- Lee, Seunghwan, Moonseok Park, Kyoungmin Lee, and Jehee Lee. 2019. "Scalable Muscle-Actuated Human Simulation and Control." *ACM Trans. Graph.* 38 (4): 73:1–73:13. <https://doi.org/10.1145/3306346.3322972>.
- Ong, Carmichael F., Thomas Geijtenbeek, Jennifer L. Hicks, and Scott L. Delp. 2019. "Predicting Gait Adaptations Due to Ankle Plantarflexor Muscle Weakness and Contracture Using Physics-Based Musculoskeletal Simulations." *PLOS Computational Biology* 15 (10): e1006993. <https://doi.org/10.1371/journal.pcbi.1006993>.
- Simpson, Cole S., M. Hongchul Sohn, Jessica L. Allen, and Lena H. Ting. 2015. "Feasible Muscle Activation Ranges Based on Inverse Dynamics Analyses of Human Walking." *Journal of Biomechanics* 48 (12): 2990–97. <https://doi.org/10.1016/j.jbiomech.2015.07.037>.
- Dzeladini, Florin, Jesse van den Kieboom, and Auke Ijspeert. 2014. "The Contribution of a Central Pattern Generator in a Reflex-Based Neuromuscular Model." *Frontiers in Human Neuroscience* 8. <https://doi.org/10.3389/fnhum.2014.00371>.



# Geyer and Herr's sensory-driven model

**Sensory-driven model**

+

7 muscles per leg

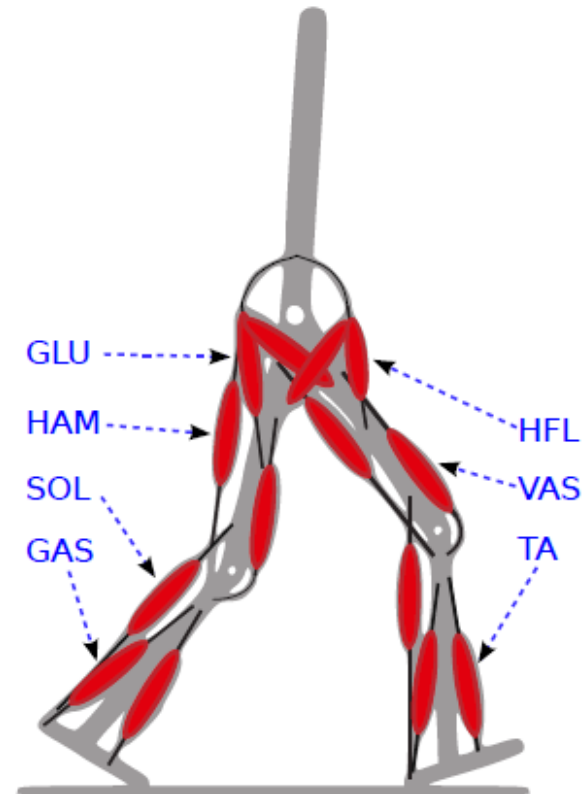
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Different reflexes

(positive and negative force feedback,  
limits of overextension, ...)

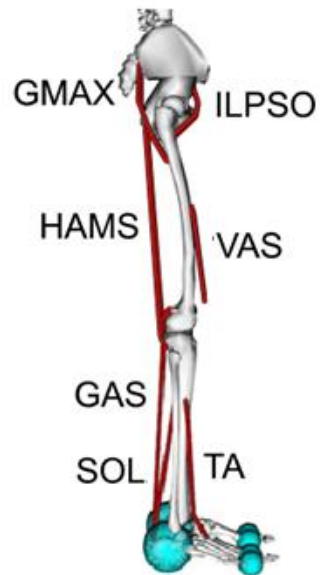
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Posture control (torso angle)



The model is based on a series of **phase-dependent reflexes** and **tonic feedforward signals** that are activated at specific moments during the whole cycle.

**ES**: early stance, **MS**: mid-stance, **PS**: pre-swing **S**: swing, **LP**: landing preparation



	Stance			Swing	
	ES	MS	PS	S	LP
GMAX	PD		C	F+	
HAMS	PD			F+	
ILPSO	PD		C	L+ , PD	
				L- <sub>(HAMS)</sub>	
VAS	F+ , C				
GAS	F+				
SOL	F+				
TA	L+				
	F- <sub>(SOL)</sub>				

PD: proportional-derivative control based on the pelvis tilt angle

C: constant (feedforward) signal

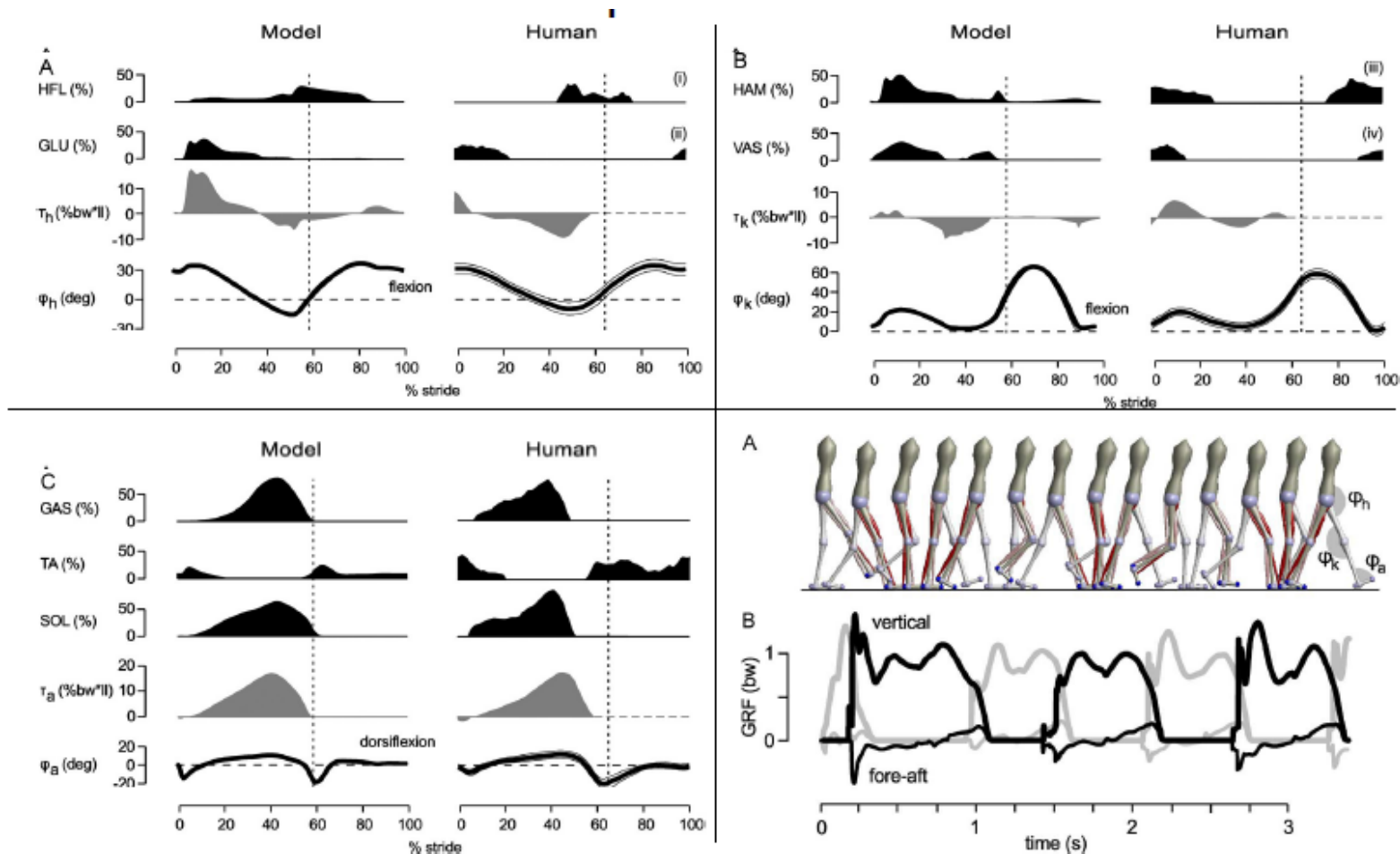
F: Force feedback

L: Length feedback

+/-: Positive/negative feedback

H Geyer, HM Herr. A muscle-reflex model that encodes principles of legged mechanics produces human walking dynamics and muscle activities. IEEE Trans Neural Syst Rehabil Eng 18(3): 263-273, 2010.

The model properly replicates human joint kinematics, EMG signals and ground reaction forces.



# Benefits of a CPG?

- Since the sensory-driven controller is producing human-like gait features, it worth adding a CPG to the sensory-driven network?
- Yes, we think so!

Hypotheses: adding a CPG to the feedback-driven controller can

- 1) Improve the **control of speed**
- 2) Improve **robustness against sensory noise**
- 3) Improve **robustness against sensory failure**
- 4) Reduce **transient times**.

This can be seen as adding a feedforward controller to a feedback controller



Florin Dzeladini



N. van der Noot



A. Wu

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Florin Dzeladini



N. van der Noot



A. Wu

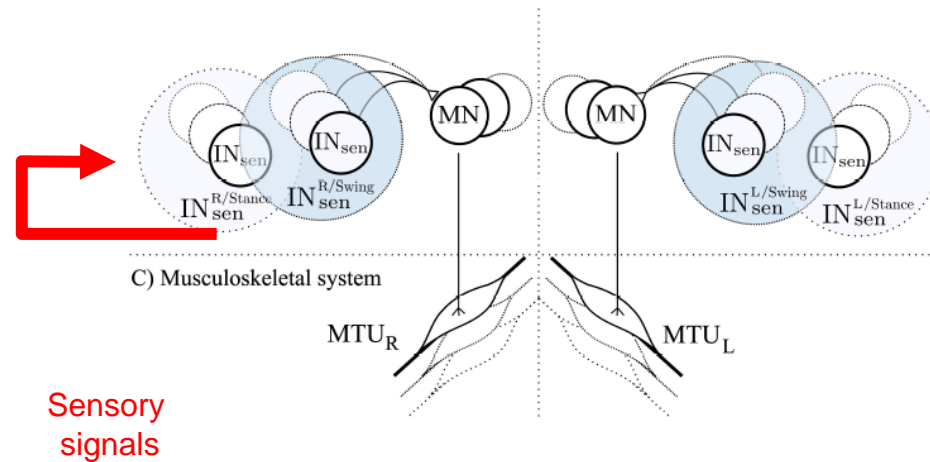
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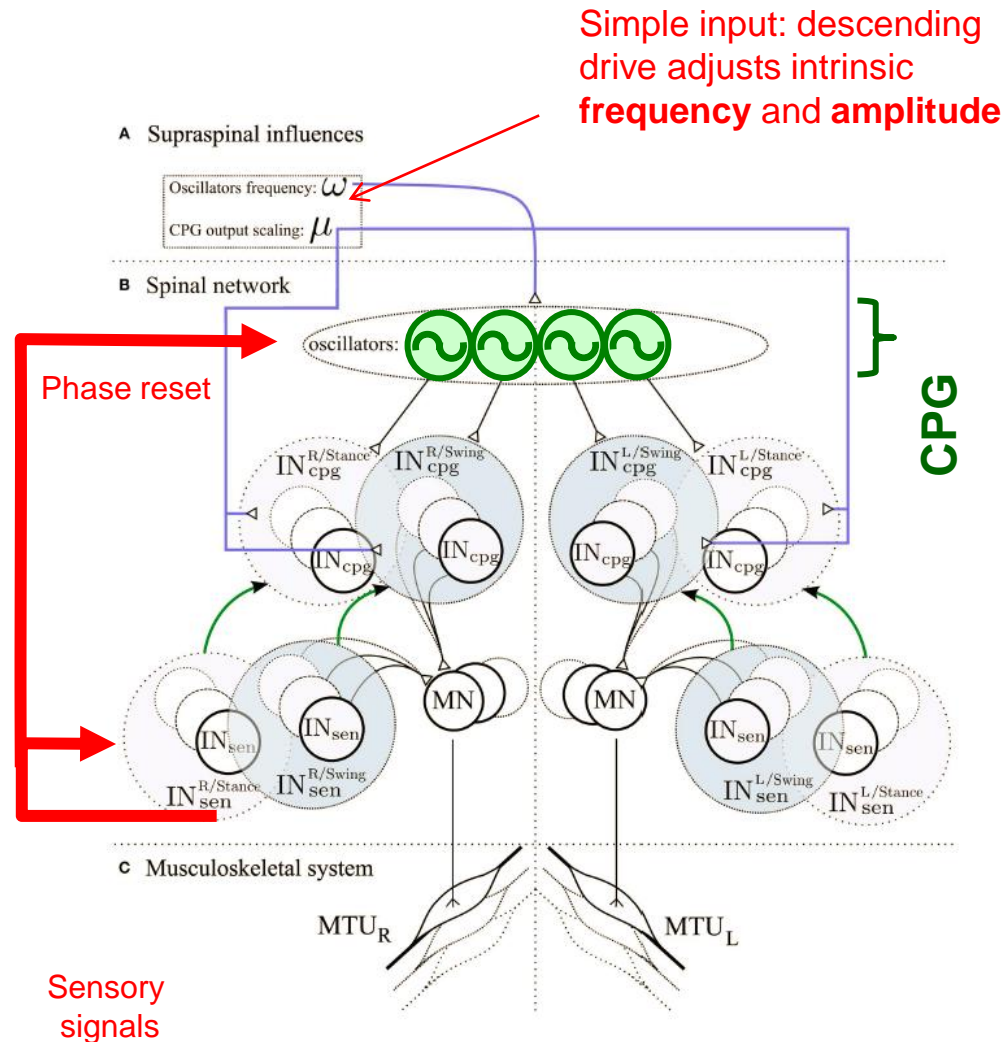
# CPG construction

We start with the sensory-driven model:



# CPG construction

... and add a **CPG** that replicates the control signals produced during steady-state





# CPG construction

For every joint, we tested what is the best mix of feedback and feedforward control signals

## Feedback & CPG network

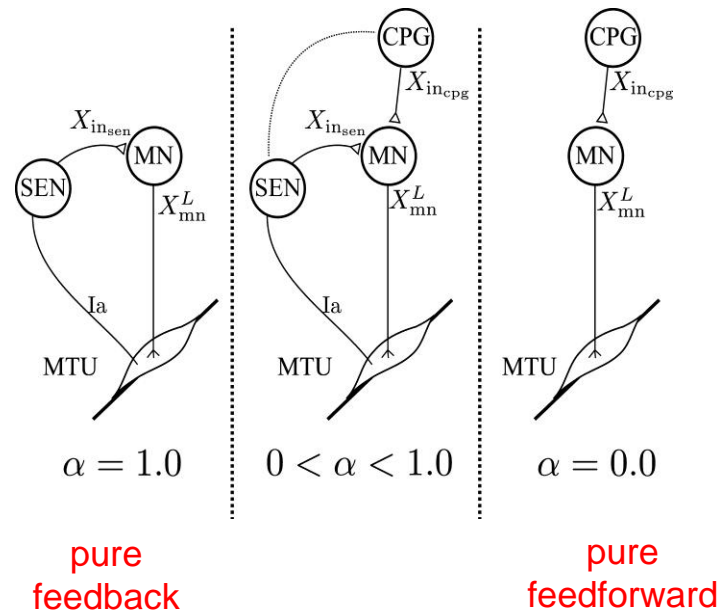
$$X_{mn} = f(X_{in_{sen}}, X_{in_{cpg}}) + X_{mn}^0$$

$$f(x_{fb}, x_{ff}) = G^s(x_{ff} + \alpha(x_{fb} - x_{ff}))$$

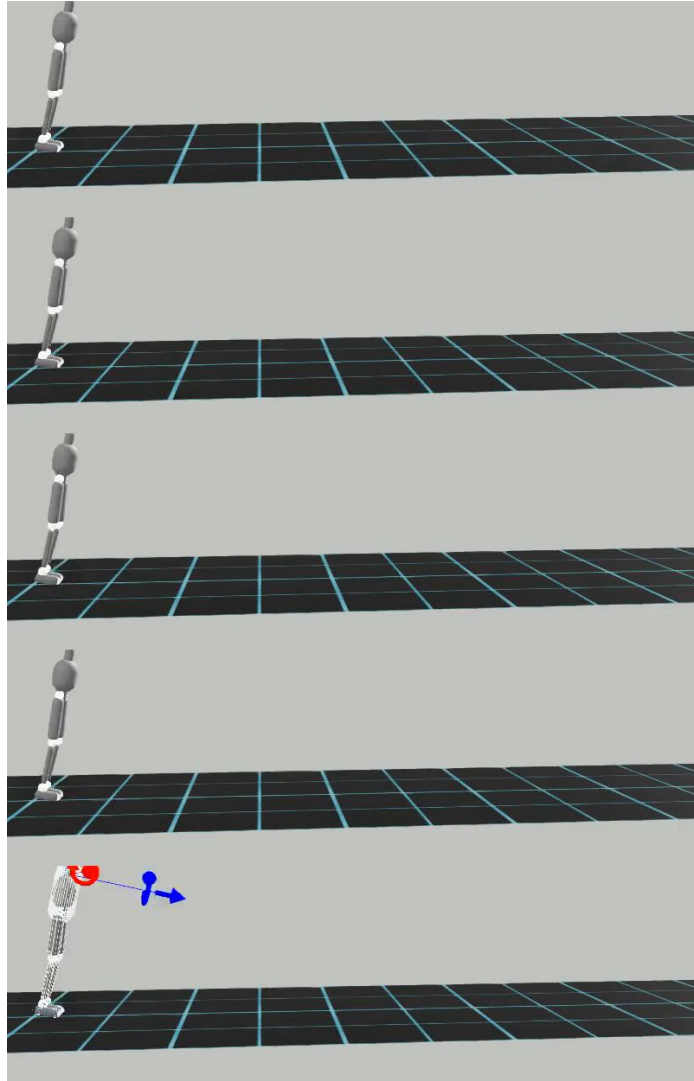
$\alpha = 0 \rightarrow$  pure feedforward

$\alpha = 1 \rightarrow$  pure feedback

Similarly to Kuo 2002, Motor Control



We found that **adding CPG signals to the hip muscles** has the best effect on modulating the speed.

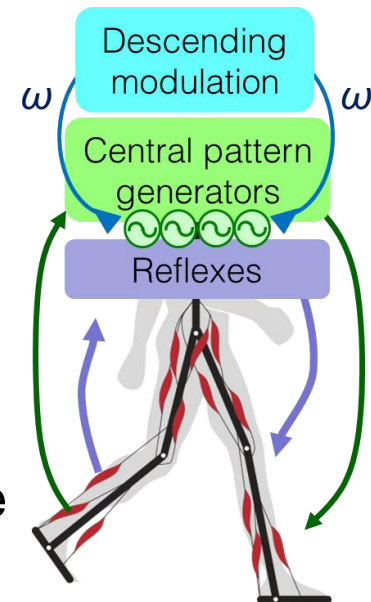


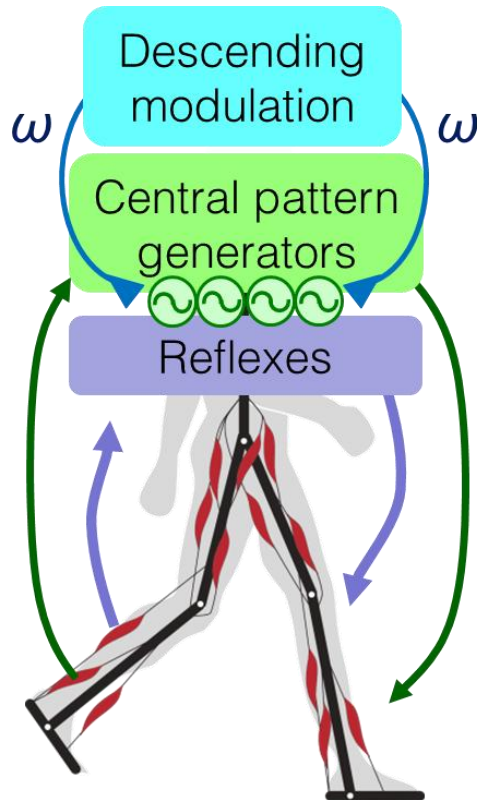
Optimizer:  
Particle Swarm optimization

Open parameters (25):  
Reflex gains and thresholds

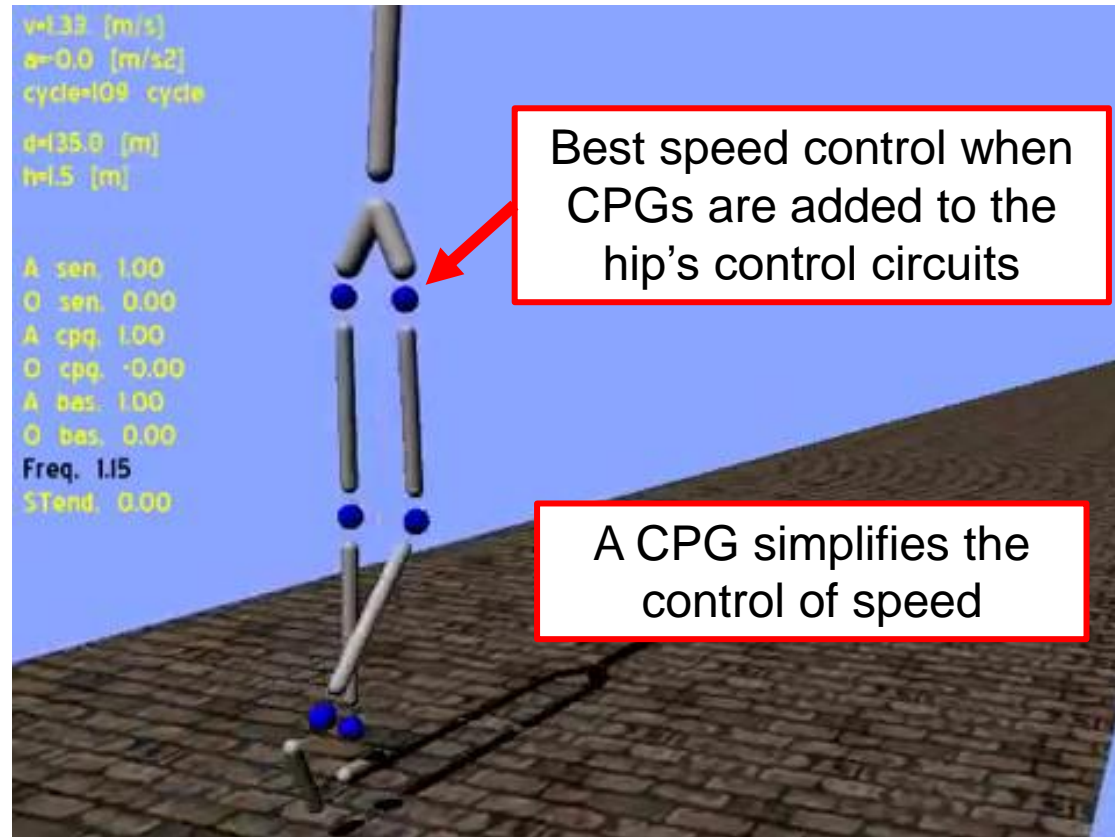
Fitness function (staged evol.):

- 1) Reach a minimum distance
- 2) Reach a **desired speed**
- 3) Limit knee over extension
- 4) **Minimize energy**



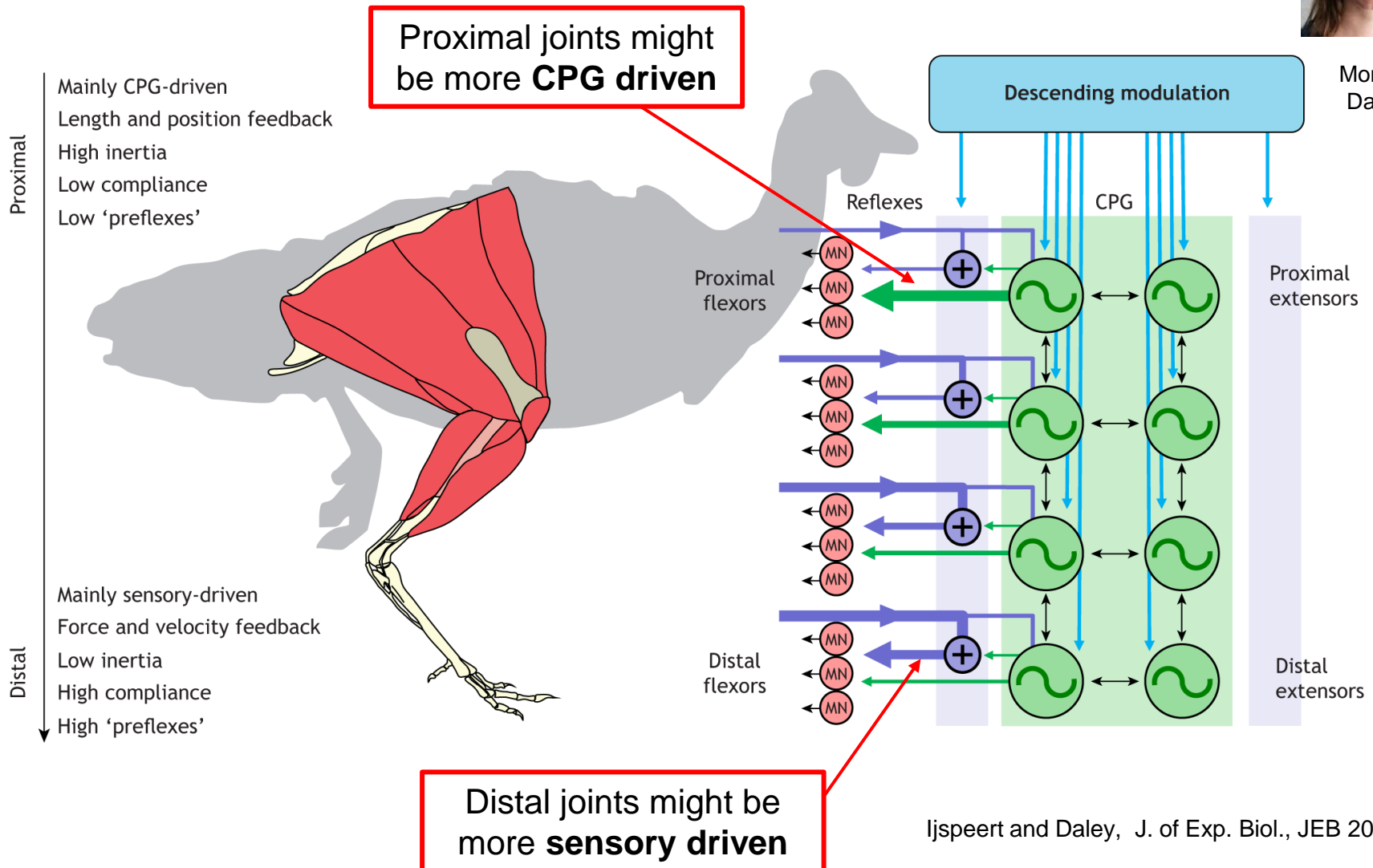


Symbi tron





Monica Daley



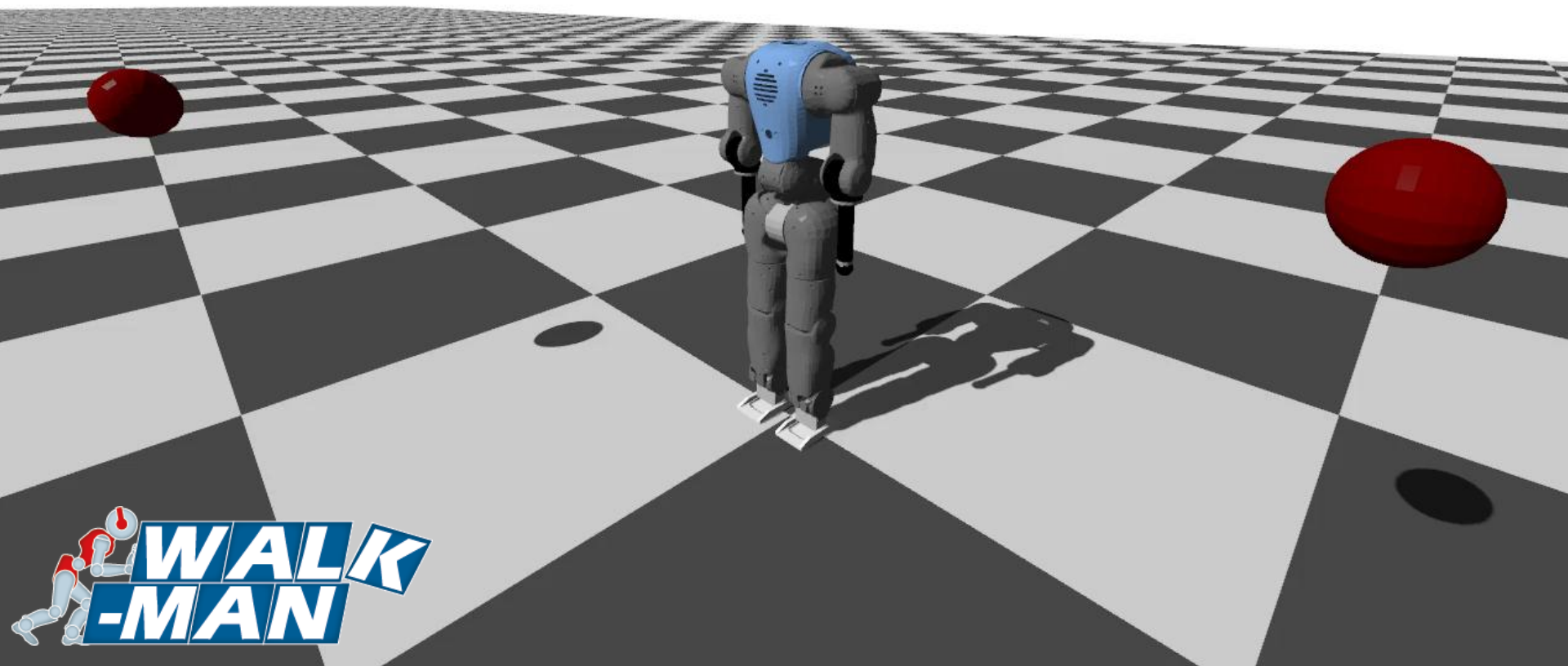
# High robustness against perturbations



Nicolas  
Van der  
Noot



Renaud  
Ronsse



**Human locomotion strongly relies on reflexes** and on descending modulation

**CPGs** likely play an important role to help **modulate locomotion** and to be more **robust against noise**.

More experiments and models are needed

Interestingly, there are impressive examples of restoring locomotion in paraplegic patients through spinal cord stimulation, see next.

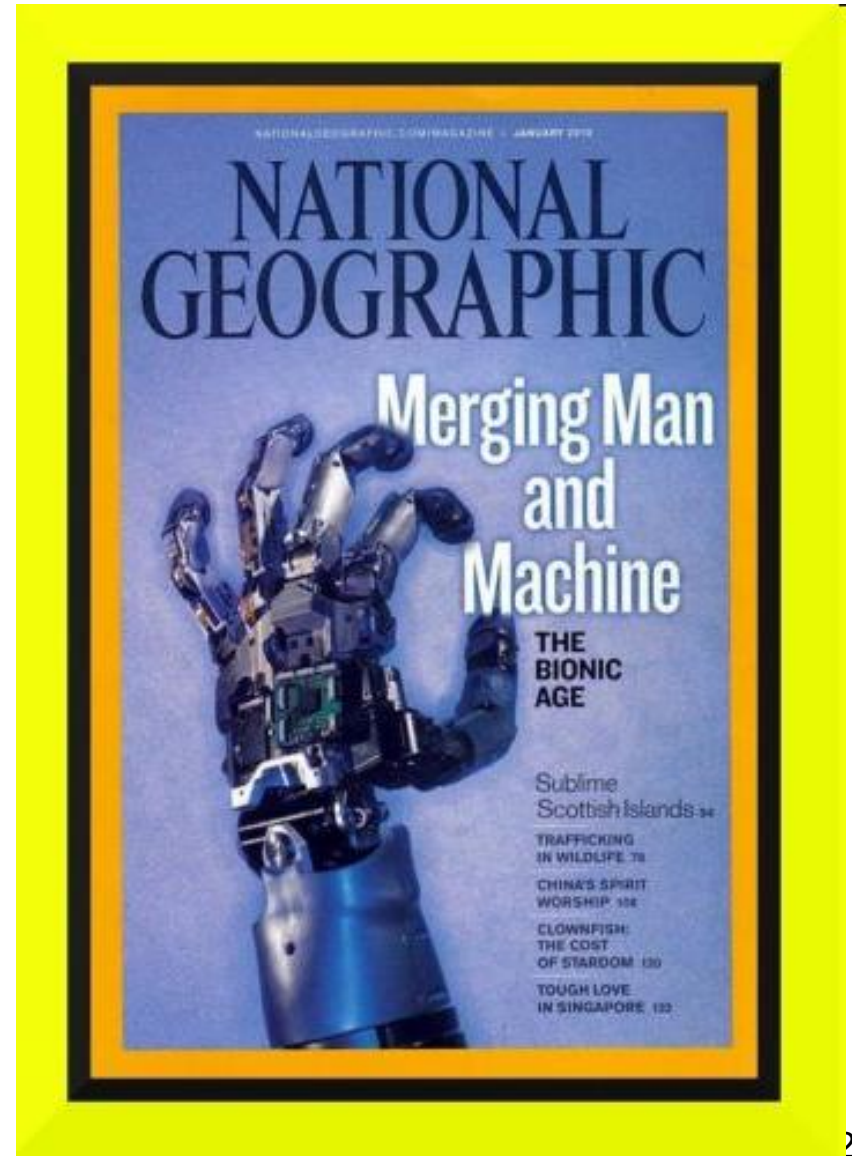
# Lecture: Modeling human locomotion and neuroprosthetics

- Neuromechanical simulations of human locomotion
- **Restoring mobility:**
  - Prostheses
  - Orthoses
  - Spinal cord stimulation
  - Functional Electromyographic stimulation
- Restoring upper limb movements:
  - Arm/hand replacement
  - Cortical implants and population coding





# Neuroprosthetics



# Prosthesis versus orthosis

**Prosthesis** = limb replacement



COVVI, UK



Otto Bock, Germany

**Orthosis** = limb support



Emovo Care, Switzerland



HAL, Tsukuba University

# Leg prostheses

- Different types:
  - Ankle or ankle-knee
  - Rigid or Passively articulated or Actuated
  - Every-day use or for sports



Flex-Foot Cheetah, Ossur



C-Leg, Otto Bock

- Main companies:
  - Otto Bock, <http://www.ottobock.com/>
  - Ossur, <http://www.ossur.com>



# Example: C-Leg by Otto Bock

**Active change of stiffness** of the knee using a **hydraulic system**, load sensors and a microprocessor

Sensors estimate the phase, and whether the leg is in swing or stance

**Rapid increase of stiffness during stance**, low stiffness during swing.



# Example: C-Leg by Otto Bock



<https://www.youtube.com/watch?v=pm2r-K9MxPM>

# Example: Biom (Hugh Herr)

- TED talk by Hugh Herr:

<https://www.youtube.com/watch?v=CDsNZJTWw0w>

Interesting part after 8:00

**Active generation of torques, use of simulated muscles and reflex loops like in Geyer's neuromechanical model**

M. F. Eilenberg, H. Geyer, H. Herr,  
IEEE Trans. Neural Syst. Rehabil.  
Eng. 18, 164–173 (2010).



# Example: Biom (Hugh Herr)

M. F. Eilenberg, H. Geyer, H. Herr, IEEE Trans. Neural Syst. Rehabil. Eng. 18, 164–173 (2010).

Interesting features:

- Compared to other approaches that play a fixed torque pattern, the controller can **adjust the torque produced** by the prosthesis **depending on the slope of the terrain and the size of steps**.
- Tests on level ground and up and down a ramp
- Energy provided by the prosthesis was adapted to the type of terrain and was directly correlated to the ground slope angle.
- Gait characteristics were close to those of intact locomotion in terms of the measured ankle torque and ankle angle profiles.
- Compared to a passive-elastic prosthesis: **decreases metabolic cost by 8%** and **increases preferred walking speed by 23%** (H. M. Herr, A. M. Grabowski, Proc. R. Soc. B 279, 457–464 (2012).)



# Lecture: Modeling human locomotion and neuroprosthetics

- Neuromechanical simulations of human locomotion
- Restoring mobility:
  - Prostheses
  - **Orthoses**
  - Spinal cord stimulation
  - Functional Electromyographic stimulation
- Restoring upper limb movements:
  - Arm/hand replacement
  - Cortical implants and population coding



# Orthoses and exoskeletons, some examples



**XOS, Sarcos (Raytheon)**

<http://www.youtube.com/watch?v=Nhj3Z9o6t0g>



**HULC, Berkeley Bionics (Lockheed Martin)**

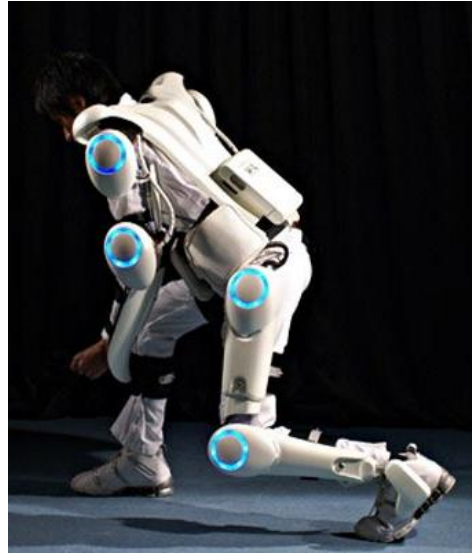
<http://www.youtube.com/watch?v=EdK2y3lphmE>

# Orthoses and exoskeletons, some examples

Full mobilization  
Needs crutches



Partial mobilization  
Needs crutches



Full mobilization  
Needs crutches



Full mobilization  
No crutches



**ReWalk**  
<https://www.youtube.com/watch?v=2Xd27c-pz4Y#t=120>

**HAL Cyberdine**  
<https://www.youtube.com/watch?v=8VhW9JlwUk>

**Ekso Bionics eLEGS**  
<https://www.youtube.com/watch?v=WcM0ruq28dc>

**REX**  
<https://www.youtube.com/watch?v=t2Q4UrxmwYE>

Most exoskeletons aim at **full mobilization**, e.g. for fully paraplegic patients  
Some aim at **partial support**, for myopathy or partially paraplegic patients



# At EPFL TWIICE



M. Bouri

Recently adapted to back country skiing

One of the most  
lightweight exoskeletons  
for full mobilization



<http://twiice.ch/>



<https://actu.epfl.ch/news/wiite-the-exoskeleton-for-backcountry-skiing/>

Tristan Vouga, Mohamed Bouri, and others



# TWICE (EPFL)



Pilot: Silke Pan

# REX exoskeleton





Exoskeletons:  
ReWalk (ReWalk Robotics, Israel)  
Twice (EPFL)

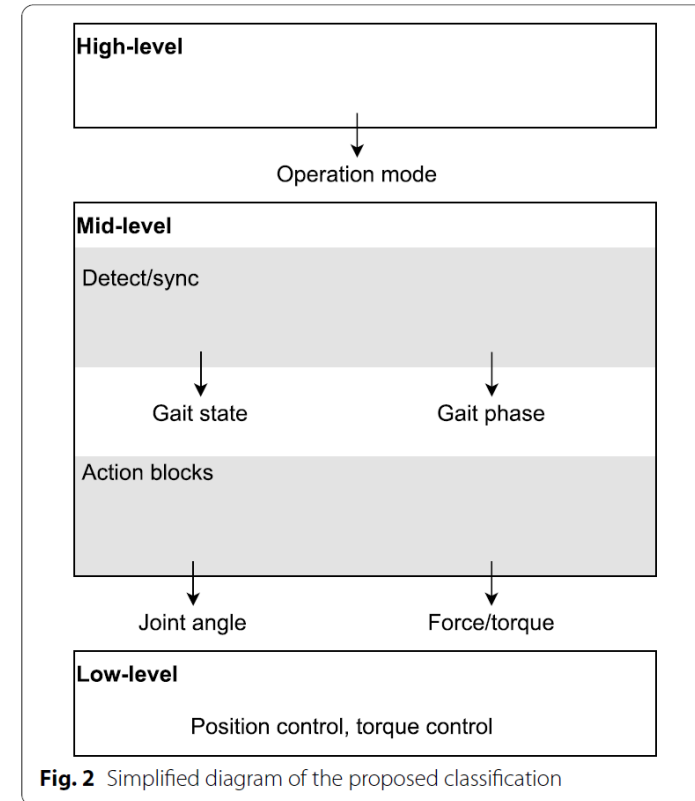


Zurich, October 2016



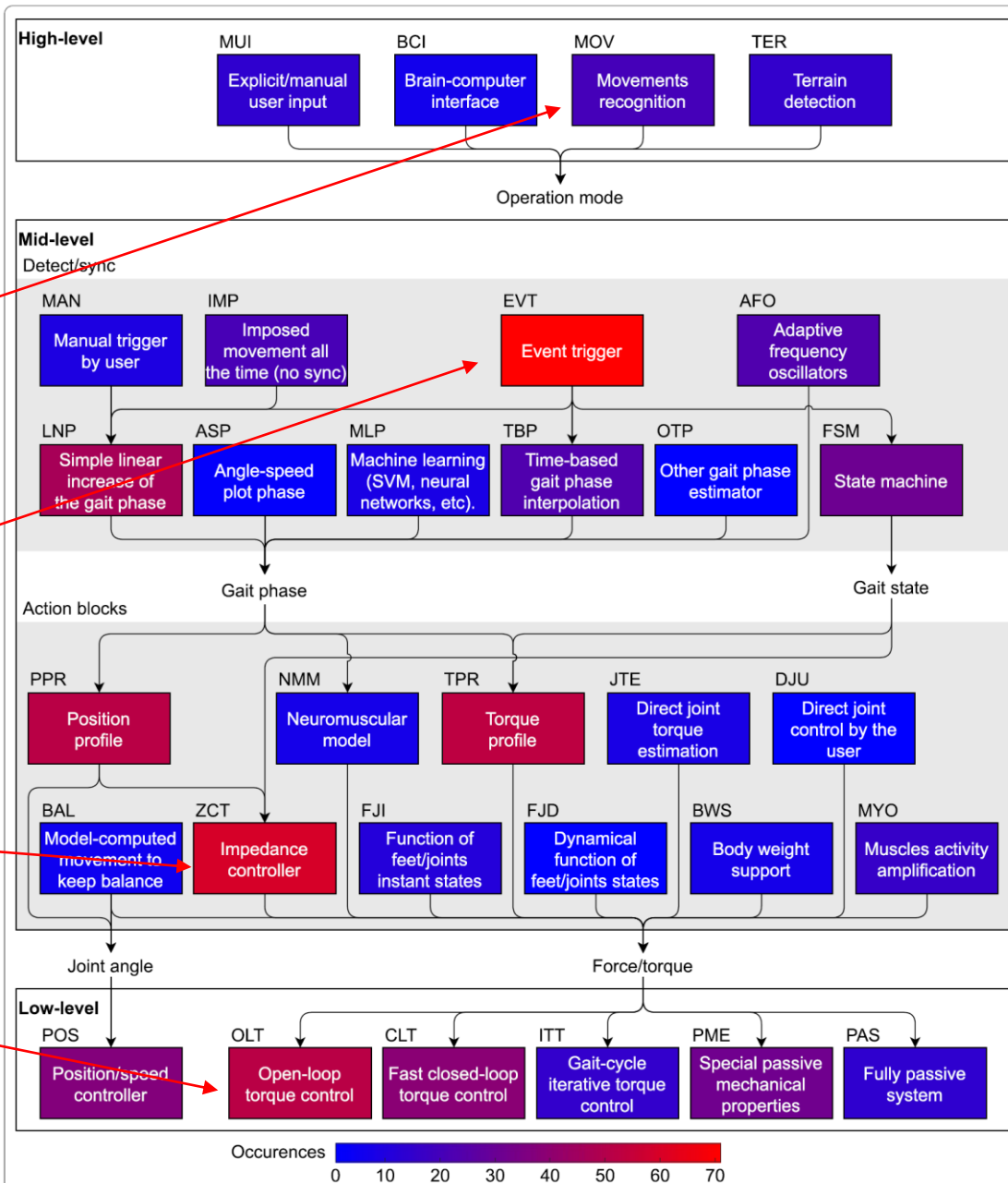
# Recent review paper

- Baud, R., Manzoori, A. R., Ijspeert, A., & Bouri, M. (2021). Review of control strategies for lower-limb exoskeletons to assist gait. *Journal of NeuroEngineering and Rehabilitation*, 18(1), 1-34.
- Comparison of different control approaches
- Classification depending on choice of high-level, mid-level and low-level control
- Covers 291 articles



Most approaches use:

- Movements recognition
- Together with event trigger (e.g. touch-down)
- Impedance controller
- Torque control



**Fig. 3** Block diagram of the proposed classification of the control strategies subparts. The idea of this classification is that any controller in the literature can be represented by a path that joins the used control blocks. The path does not have to start from the high-level layer, and may start directly in the mid-level. A controller can have several parallel paths if the controller combines several strategies at the same time, or successively during the gait. Connecting lines show the common paths identified in the literature. However, it should be noted that the lack of a line between two blocks does not mean they cannot be related. For instance, the outcome of the high-level layer, the "operation mode", could affect any of the blocks of the middle-level, but it is not connected to them for the sake of readability

# Lecture: Modeling human locomotion and neuroprosthetics

- Neuromechanical simulations of human locomotion
- Restoring mobility:
  - Prostheses
  - Orthoses
  - **Spinal cord stimulation**
  - Functional Electromyographic stimulation
- Restoring upper limb movements:
  - Arm/hand replacement
  - Cortical implants and population coding



# Spinal cord stimulation

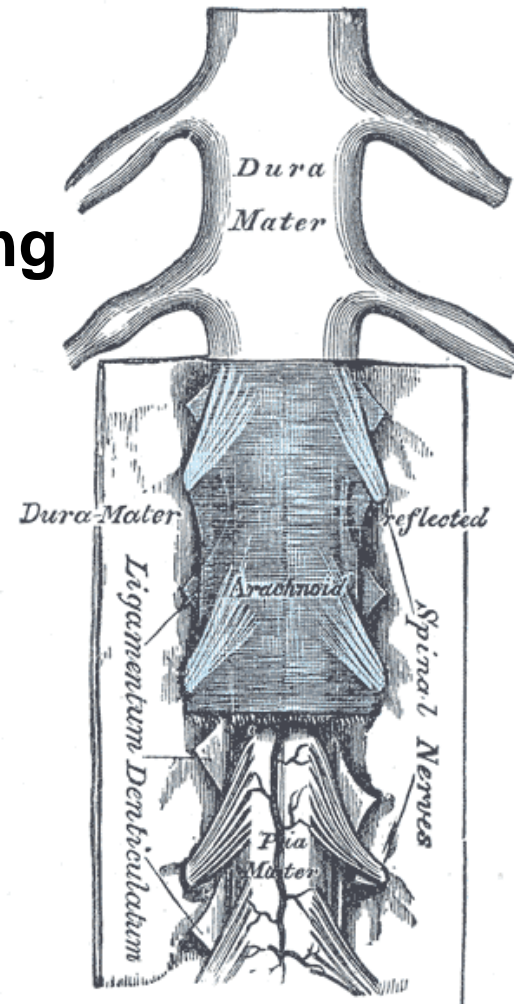
Already done to **relieve chronic pain**.

Hope for **locomotion**: stimulate the **descending pathways** to initiate and modulate locomotion

**Different types of stimulation:**

- **Electromagnetic stimulation**
- **Epidural stimulation**
- **Stimulation + pharmacology + robotic support**

**Epidural:** On or around the dura mater, in particular, (of an anesthetic) introduced into the space around the dura mater of the spinal cord.

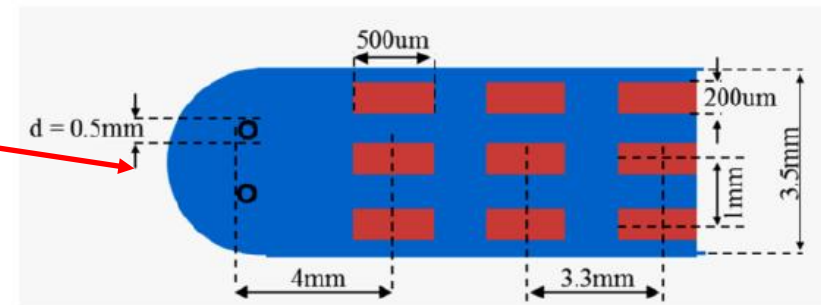
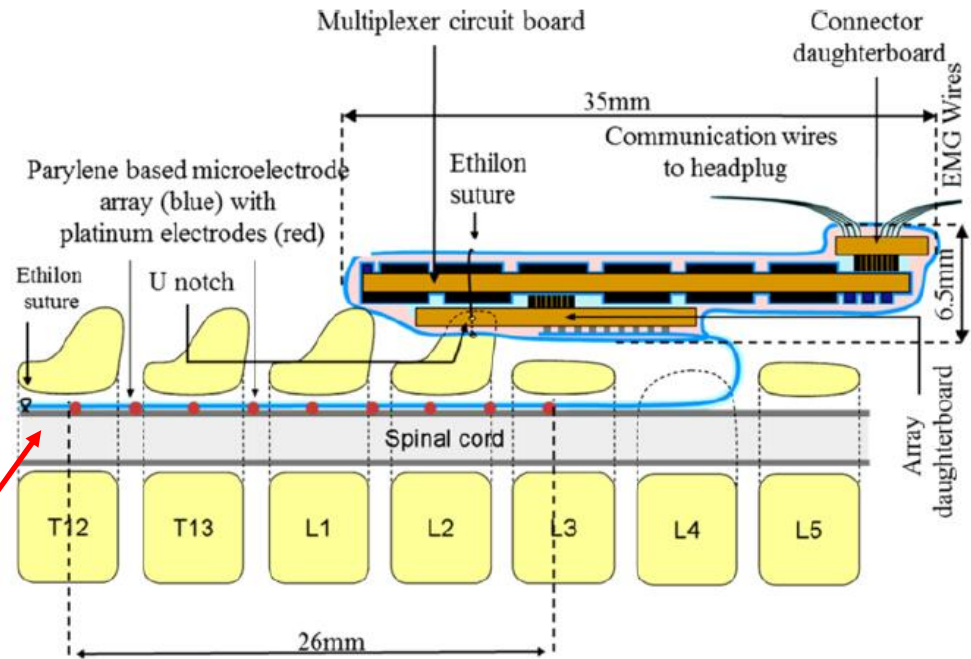









# Example of electrode for epidural spinal stimulation

Gad, Parag, et al. "Development of a multi-electrode array for spinal cord epidural stimulation to facilitate stepping and standing after a complete spinal cord injury in adult rats." *Journal of neuroengineering and rehabilitation* 10.1 (2013): 2.

Flexible electrode,  
9x3 channels



-  Ethilon suture
-  Teflon coated stainless steel wire (Cooner wires)
-  Parylene - C
-  MDX 4-4210 Biomedical grade silicone
-  M-121HP Medical device epoxy



# Spinal cord stimulation: chronic pain

- Key idea: **stimulate the dorsal roots** (sensory feedback) to relieve pain sensation.
- The stimulation can **replace pain with a pleasant sensation**.
- Used for various conditions: chronic back and leg pain, phantom limb pain, limb ischaemia (problems due to lack of blood flow),...
- 50-70 report % decrease of pain
- **Leads to reduction or stop of taking painkillers**
- Allows some patients to return to active lives



- CAMERON, TRACY. "Safety and efficacy of spinal cord stimulation for the treatment of chronic pain: a 20-year literature review." *J Neurosurg (Spine)* 100 (2004): 254-267.
- <http://www.spine-health.com/treatment/back-surgery/spinal-cord-stimulation-chronic-pain>
- <http://www.spine-health.com/video/spinal-cord-stimulator-implant-video>

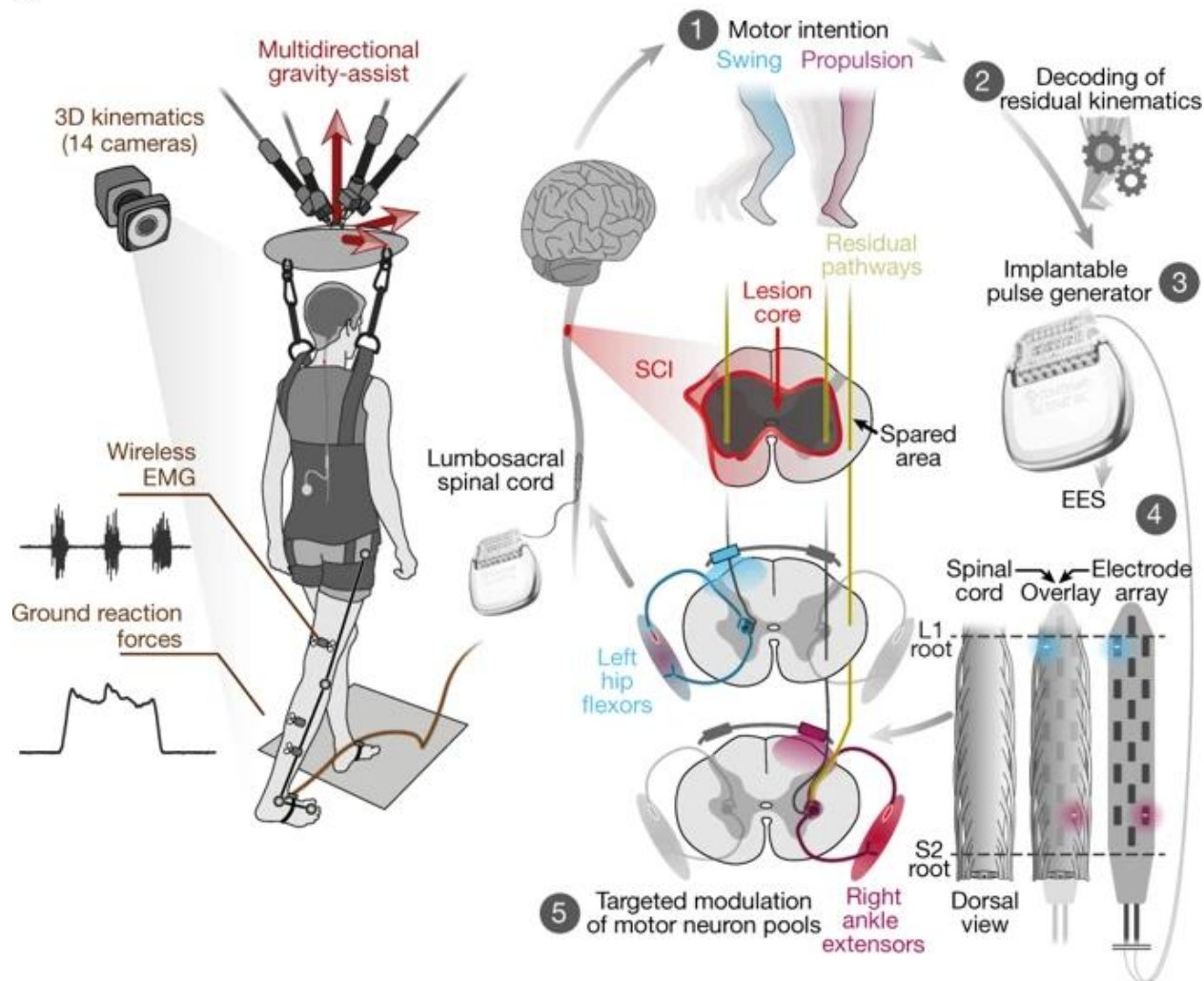
# Restoring locomotion in humans (Courtine)

- Very impressive results in recent years.
- For instance:

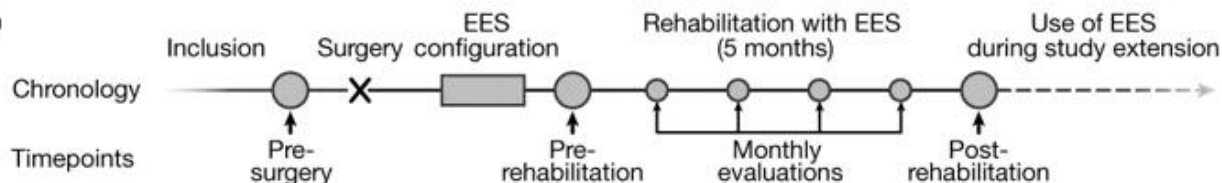
Wagner, F. B., Mignardot, J.-B., Goff-Mignardot, C. G. L., Demesmaeker, R., Komi, S., Capogrosso, M., ... Courtine, G. (2018). Targeted neurotechnology restores walking in humans with spinal cord injury. *Nature*, 563(7729), 65.  
<https://doi.org/10.1038/s41586-018-0649-2>
- Epidural electrical stimulation (EES) of the spinal cord
- Key ideas:
  - Careful selection of which parts of the spinal cord to stimulate
  - **State-dependent phasic stimulation**
  - **Robotic gravity assistance**, important to unload limbs

# Restoring locomotion in humans (Courtine)

**a**



**b**

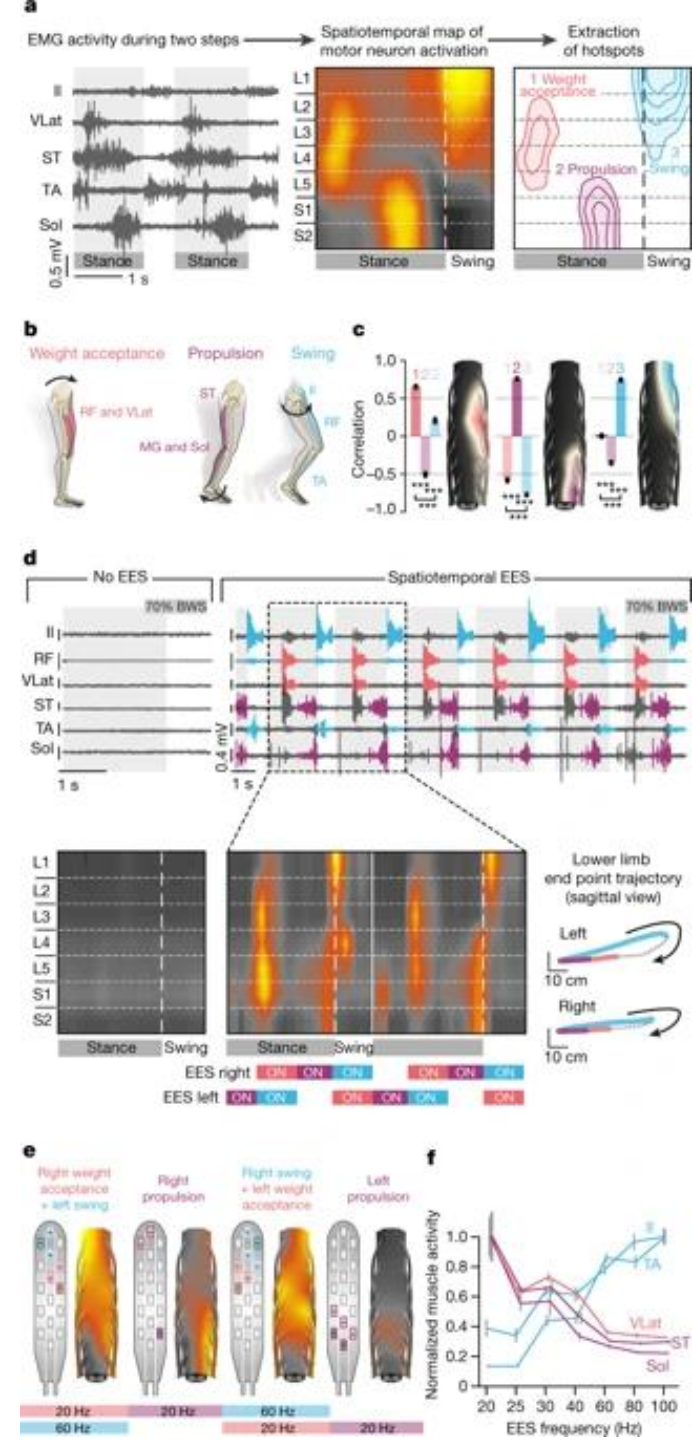


# Phasic stimulation

The **spatial stimulation pattern** is carefully chosen (i.e. which electrodes)

The **stimulation is phasic** (as opposed to tonic, as in previous work) and **depends on the estimated phase of the movement** (e.g. different between swing and stance).

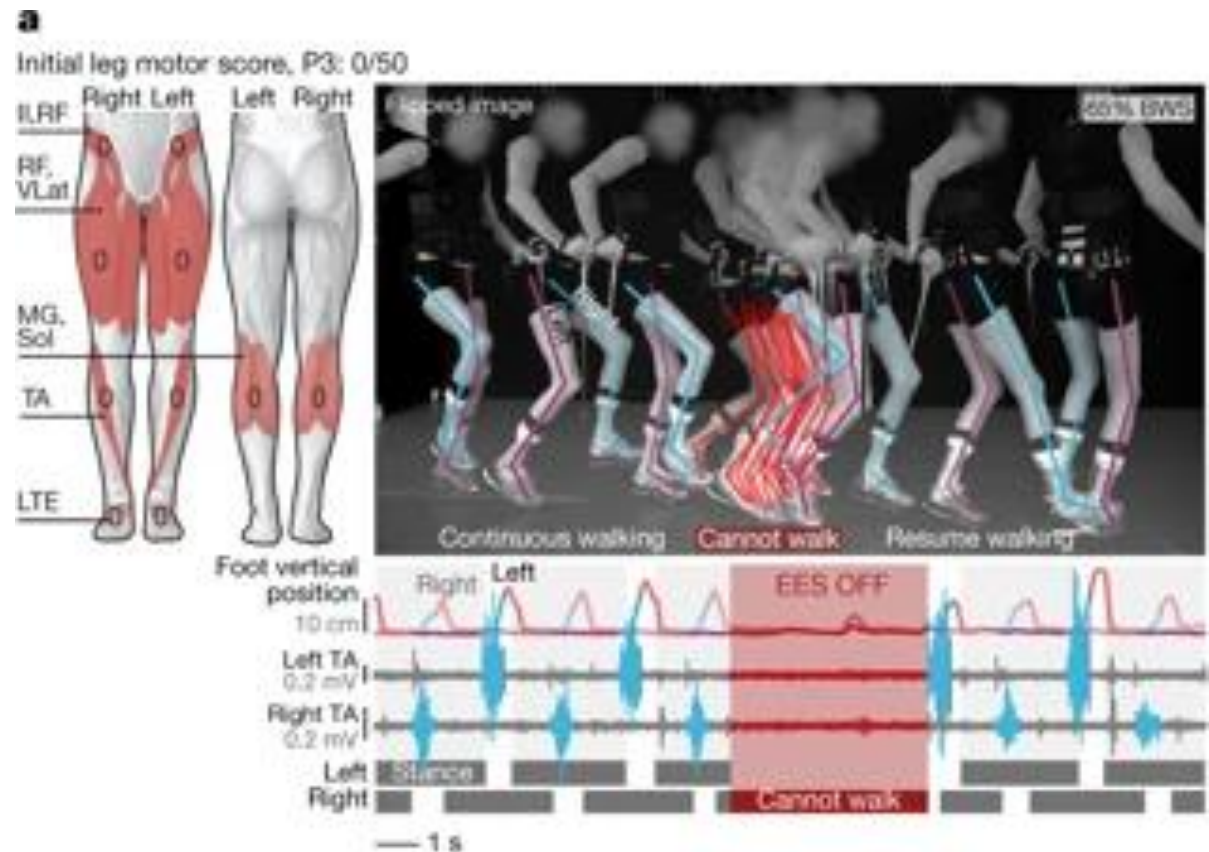
The stimulation is done through the dorsal roots, i.e. stimulation of sensory pathways



# Restoring locomotion in humans (Courtine)

The EES is necessary for locomotion, at least at the beginning.

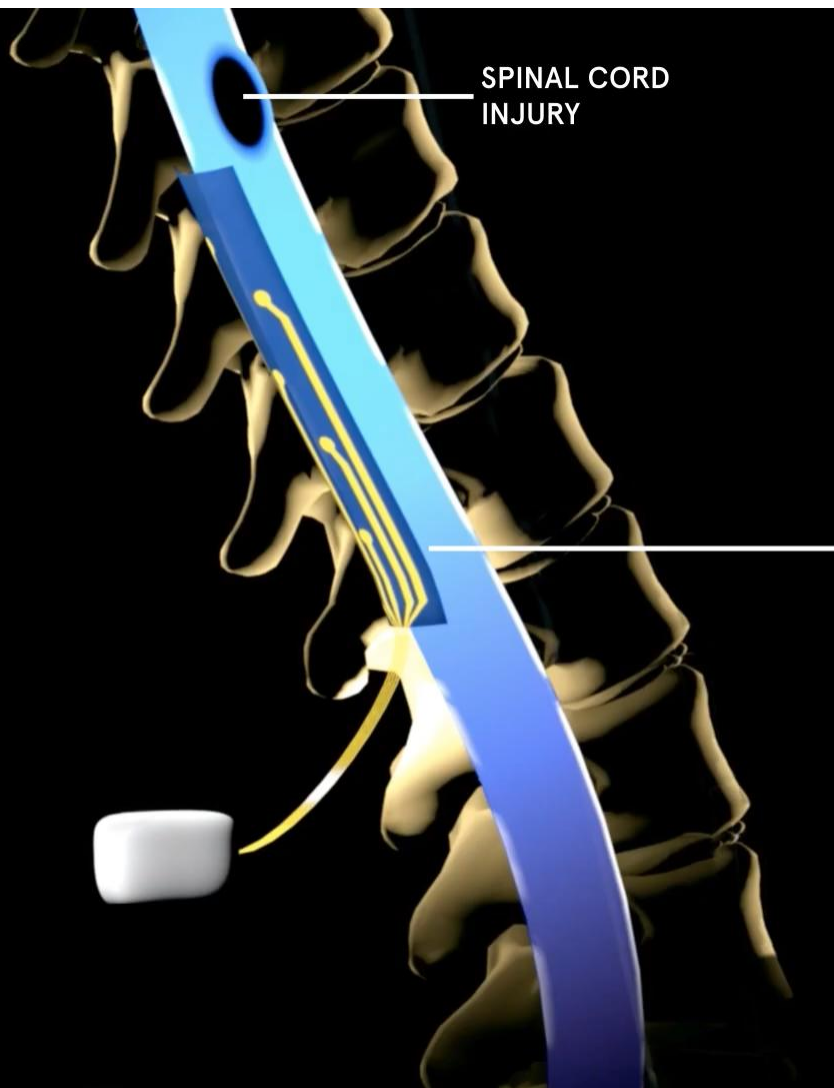
For some patients, voluntary leg movements and walking capacities without EES appeared over the course of the rehabilitation program



Supplementary Video 2 Spatiotemporal EES enables voluntary walking

[https://static-content.springer.com/esm/art%3A10.1038%2Fs41586-018-0649-2/MediaObjects/41586\\_2018\\_649\\_MOESM4\\_ESM.mp4](https://static-content.springer.com/esm/art%3A10.1038%2Fs41586-018-0649-2/MediaObjects/41586_2018_649_MOESM4_ESM.mp4)





CONTINUOUS  
STIMULATION

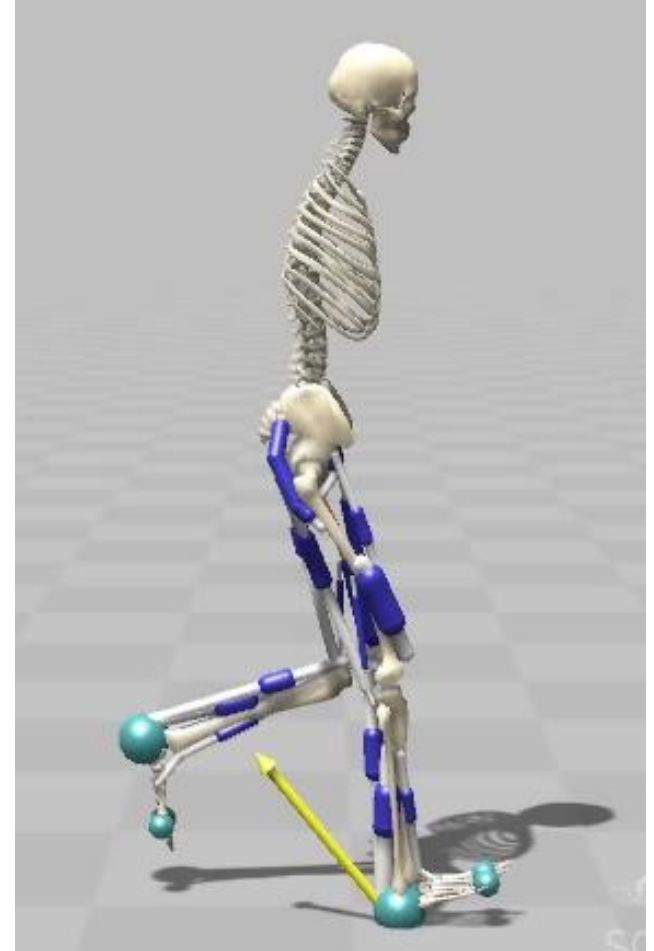


Wagner, et al. "Targeted Neurotechnology Restores Walking in Humans with Spinal Cord Injury." *Nature* 563, no. 7729, 2018



# Link to neuromechanical simulations

- Neuromechanical simulations could help:
  - To **understand how the stimulation affect the spinal circuits** (stimulation of dorsal roots and sensory pathways)
  - To **optimize the stimulation patterns**
  - Possibly **to tune them for different motor behaviors** (e.g. larger steps, larger ground clearance, etc.)



# Lecture: Modeling human locomotion and neuroprosthetics

- Neuromechanical simulations of human locomotion
- Restoring mobility:
  - Prostheses
  - Orthoses
  - Spinal cord stimulation
  - **Functional Electromyographic stimulation**
- Restoring upper limb movements:
  - Arm/hand replacement
  - Cortical implants and population coding



# FES- Functional Electromyographic stimulation

Idea: use surface or implanted electrodes for stimulating muscles

Interesting aspect: **use the body's own actuators**

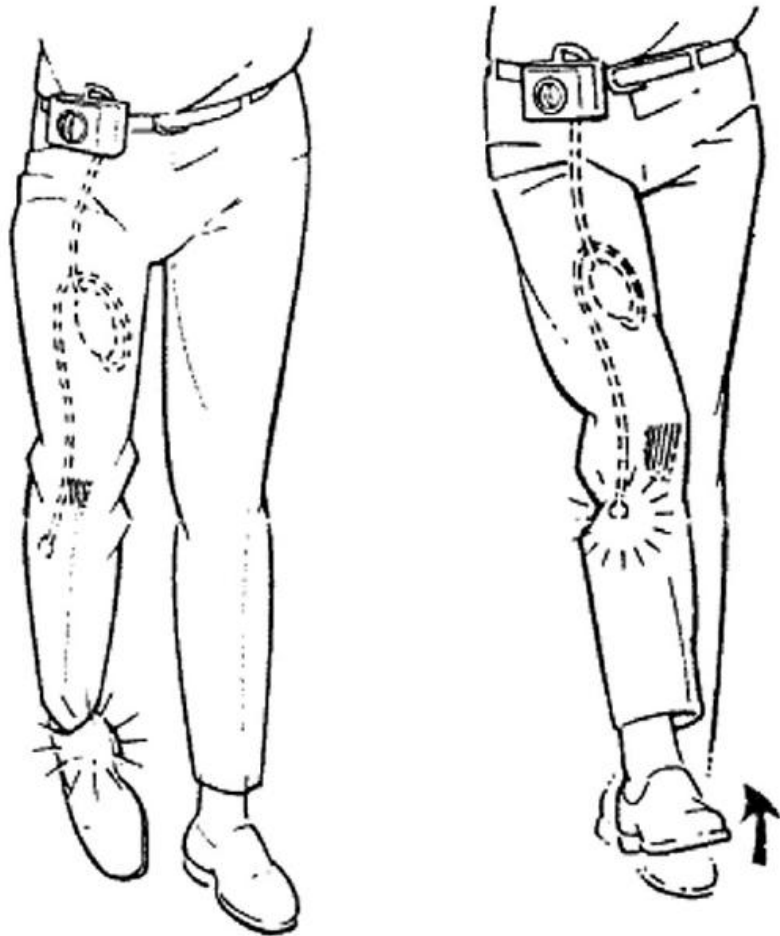
Has been used for: Standing up, drop foot, bladder function, simple locomotion, sometimes together with exoskeletons (Walktrainer project) or with bikes.

Electrodes: on surface, or implanted (e.g. BIONS)

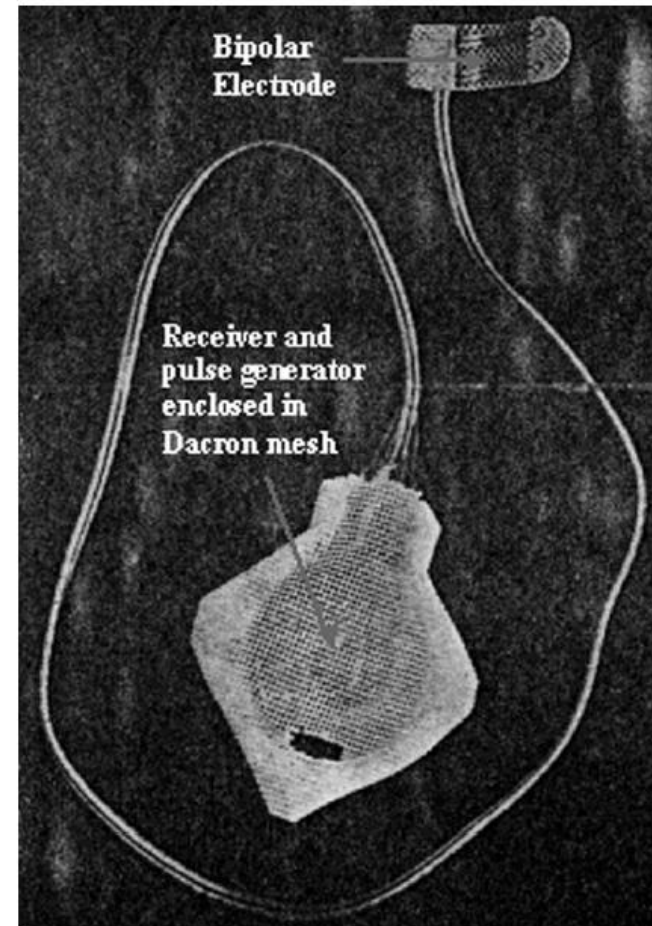
**Problems: invasive, muscle fatigue, difficult control.**

Needs a good understanding of muscle properties to get the right torques out of electrical stimulation.

# FES- Drop Foot after stroke



(a)



(b)

Fig. 5. (a) Representation of the Rancho Los Amigos implanted DFS. (b) Implanted assembly of the Rancho Los Amigos implanted peroneal stimulator (Waters *et al.* 1975, reproduced with permission).

For a review, see Lyons et al 2002

# FES- standing up and locomotion

For a review see (Graupe 2005)



<http://www.youtube.com/watch?v=1AoH7fr9iMI>

Parastep system by <http://www.sigmedics.com>

# Lecture: Modeling human locomotion and neuroprosthetics

- Neuromechanical simulations of human locomotion
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  - Functional Electromyographic stimulation
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# Arm/hand replacement



Rehabilitation Institute of Chicago

Multiple problems need to be solved:

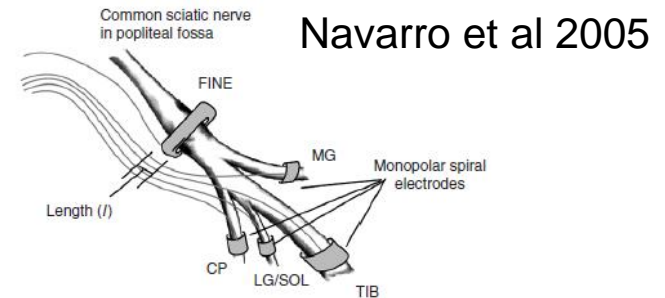
- Mechatronics
- Interface: Where and how?
- The control of a arm-hand prosthesis is more complicated than a lower-limb prosthesis.

# Neural interfaces for arm prostheses

Different options:

1. **Recording of EMGs** (e.g. of biceps)

2. **Nerve cuffs as electrodes**



3. **Targeted Reinnervation for Transhumeral Amputees**

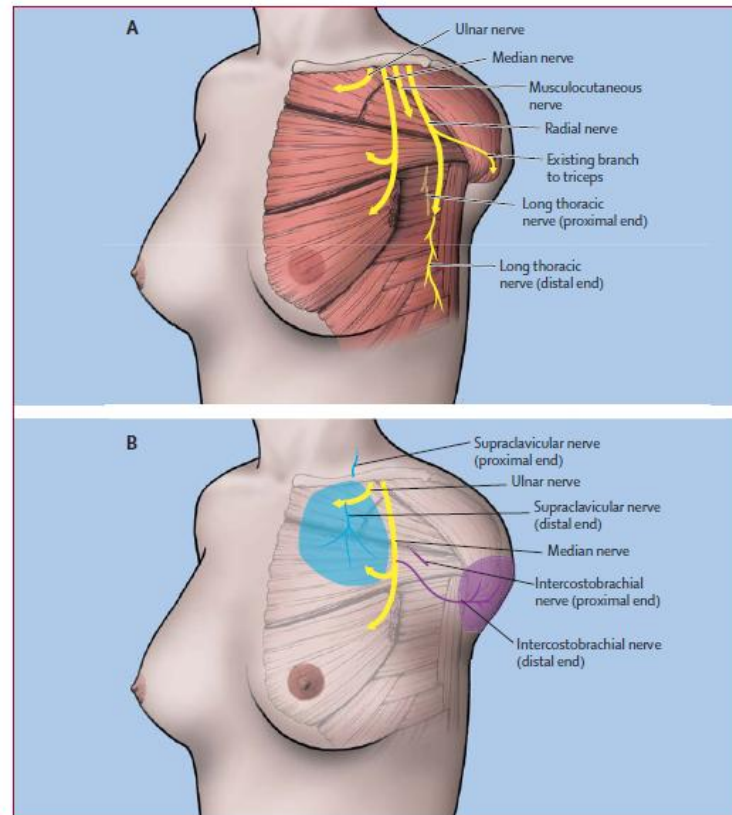
4. **EEG recordings**

5. **Cortical implants**

# Targeted Reinnervation for Transhumeral Amputees

- **Technique developed at the** Rehabilitation Institute of Chicago.
- Idea: use a surgical technique called targeted muscle reinnervation (TMR). The goal of TMR surgery is to utilize the brain commands that still attempt to reach the missing limb. These commands travel down nerves that were severed during amputation and are no longer received by muscles. **If these nerves are connected to different muscle sites, they can cause these other muscles to contract, producing the signals used to control myoelectric prostheses.** The control is intuitive since the “right” nerves are used.
- **The targeted muscle acts as a natural amplifier** for the neuronal signals produced by the transferred residual nerves **(Wikipedia).**

# Targeted Reinnervation for Transhumeral Amputees



**Figure 7: Diagram of targeted reinnervation surgery**

(A) Targeted muscle reinnervation. The musculocutaneous, ulnar, and median nerves were transferred to separate segments of the pectoralis major muscle. The long thoracic nerve innervating the inferior three slips of serratus anterior was divided and the distal segment was coapted to the radial nerve. (B) Targeted sensory reinnervation. The supraclavicular cutaneous nerve was cut and the distal segment was coapted to the side of the ulnar nerve. The intercostobrachial cutaneous nerve was cut and the distal end was coapted to the side of the median nerve.

Kuiken TA, Miller LA, Lipschutz RD, Lock BA, Stubblefield K, Marasco PD, Zhou P, Dumanian GA. Targeted reinnervation for enhanced prosthetic arm function in a woman with a proximal amputation: a case study. *Lancet*. 2007 Feb 3;369(9559):371-80. 57

# Targeted Reinnervation for Transhumeral Amputees

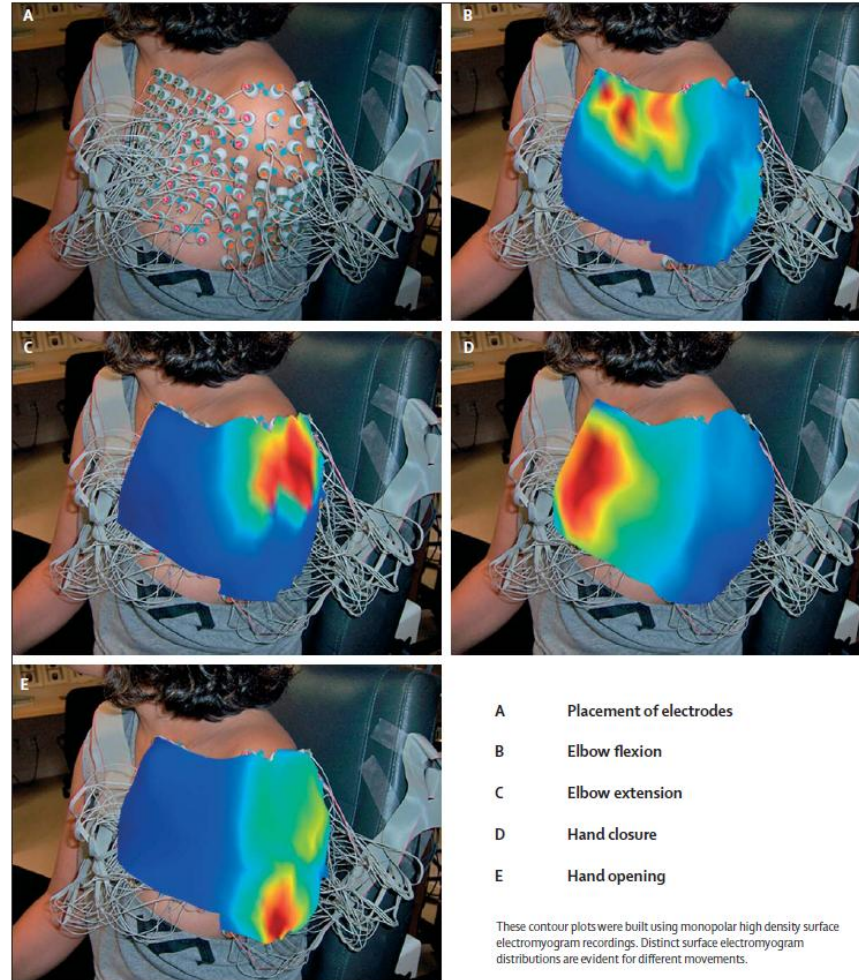
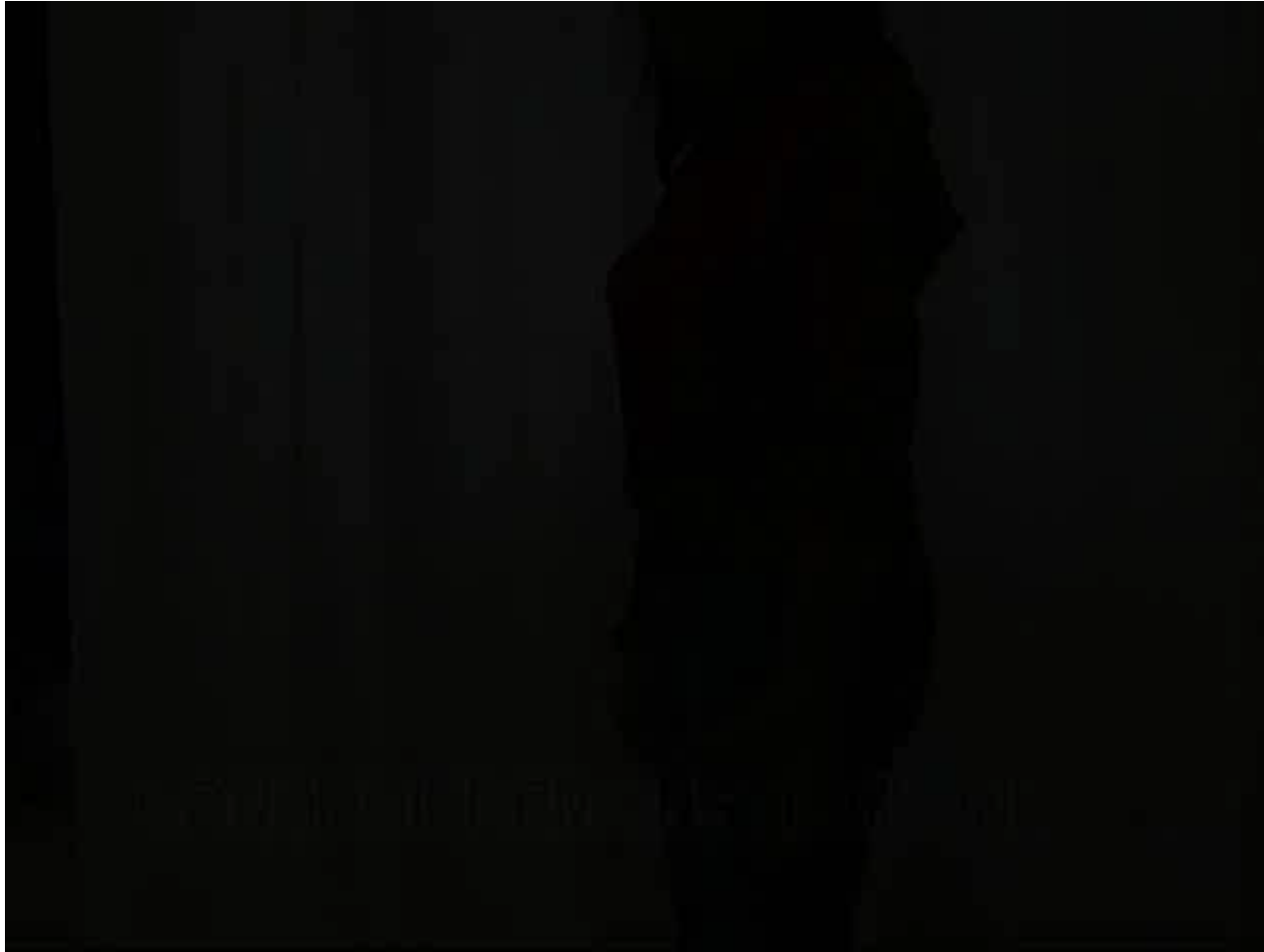


Figure 9: Map of surface electromyogram amplitude for four different movements

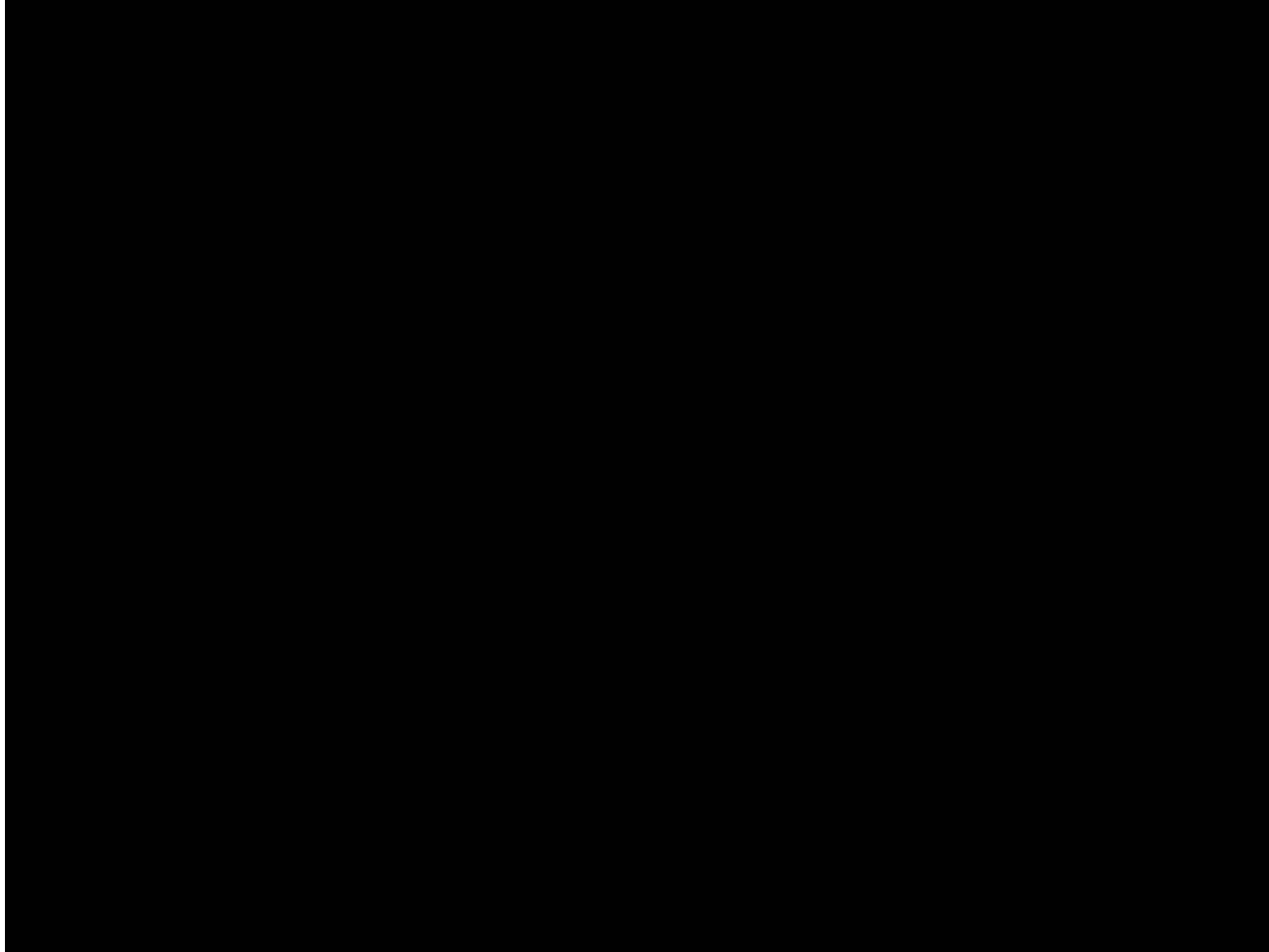
Kuiken TA, Miller LA, Lipschutz RD, Lock BA, Stubblefield K, Marasco PD, Zhou P, Dumanian GA. Targeted reinnervation for enhanced prosthetic arm function in a woman with a proximal amputation: a case study. *Lancet*. 2007 Feb 3;369(9559):371-80. 58

# Targeted Reinnervation for Transhumeral Amputees





# Targeted Reinnervation for Transhumeral Amputees



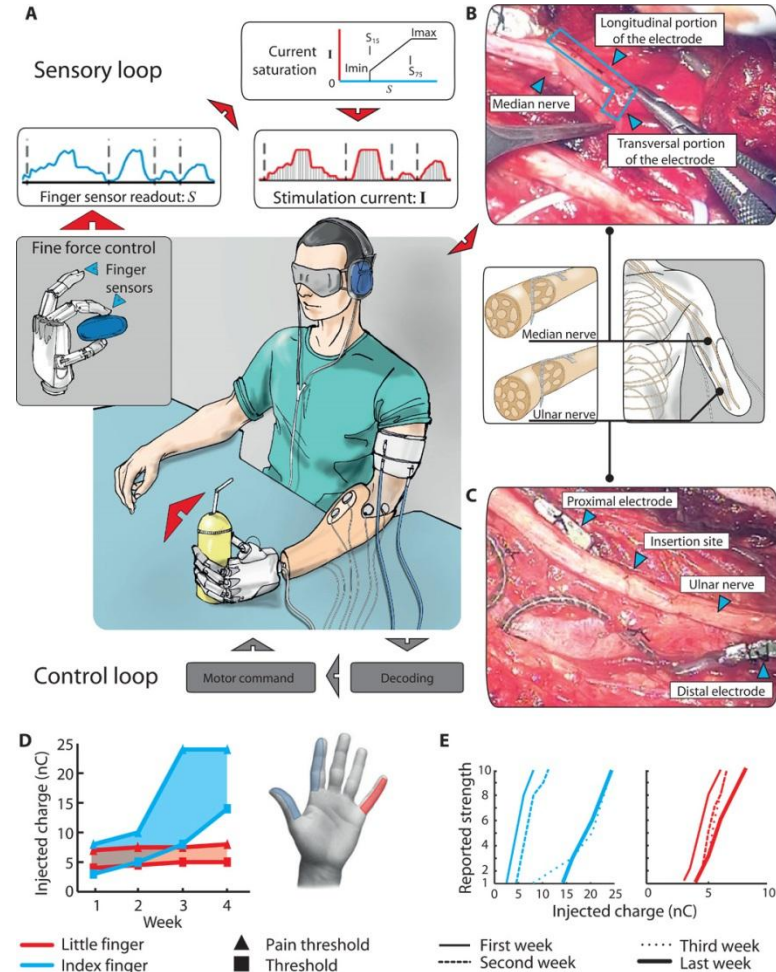
# Challenge: sensory feedback

One big challenge: **how to provide sensory feedback to the user.**

Nice work by Micera, Courtine, and colleagues at EPFL with **nerve stimulation** using transversal multichannel **intrafascicular electrodes**

S. Raspopovic et al. Restoring Natural Sensory Feedback in Real-Time Bidirectional Hand Prostheses, in Science Translational Medicine, vol. 6, num. 222, 2014.

<http://infoscience.epfl.ch/record/198047?ln=en>



# Wearable Robotics: sensorized hand

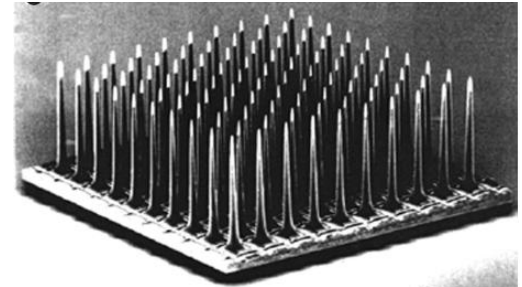
Micera



<https://www.youtube.com/watch?v=QtPs8d4JbwY>

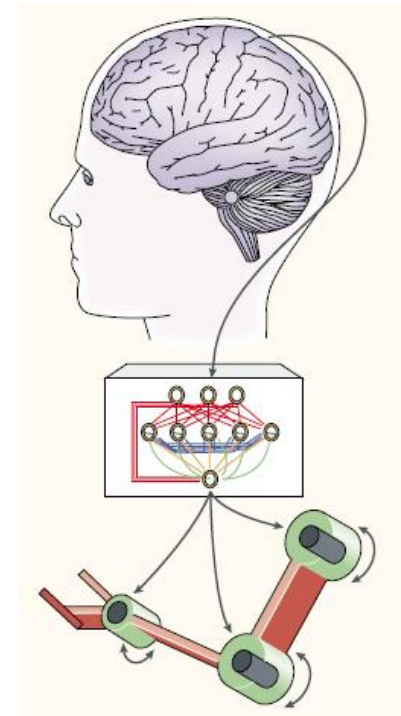
# Cortical implants and population coding

Advances in **multi-array electrodes**



And in the **understanding of  
movement coding in the cortex**

have allowed the design of **cortical  
interfaces**



(Nicolelis 2003)

# Motor cortex, arm movements

Works very well in many cases!

E.g. **encoding of arm movements in the motor cortex**

The direction of motion can be predicted from the population vector

$$\vec{v}_{\text{pop}} = \sum_{a=1}^N \left( \frac{r}{r_{\text{max}}} \right)_a \vec{c}_a.$$

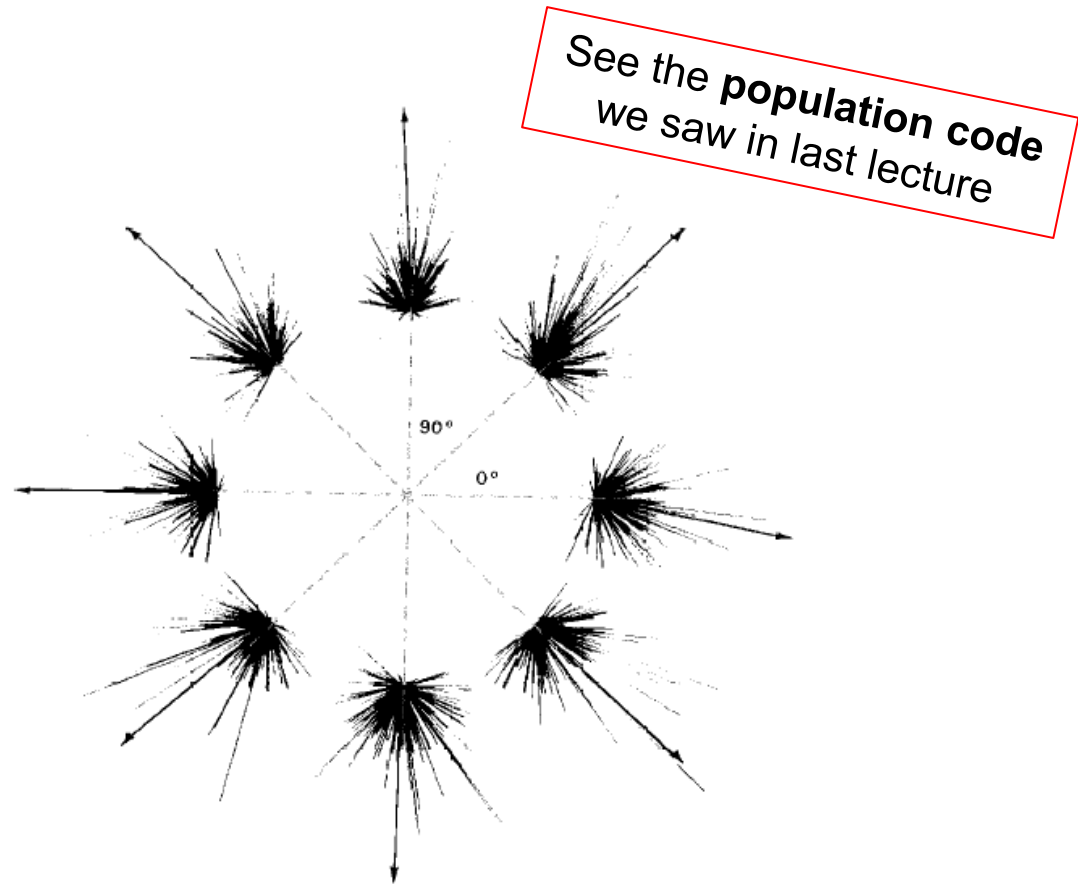
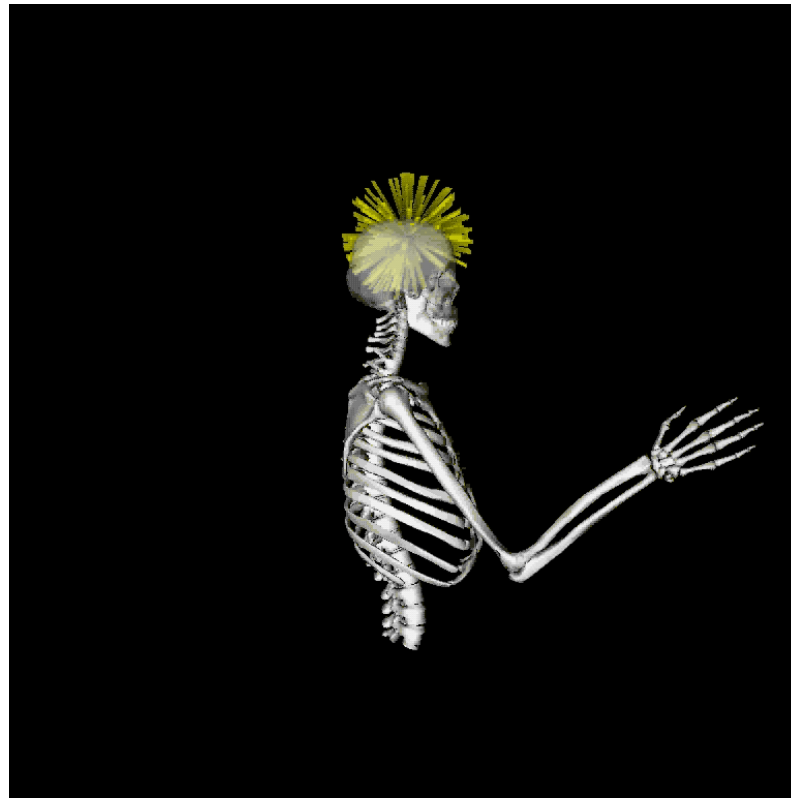


Figure 3.6: Comparison of population vectors with actual arm movement directions. Results are shown for eight different movement directions. Actual arm movement directions are radially outward at angles that are multiples of  $45^\circ$ . The groups of lines without arrows show the preferred direction vectors of the recorded neurons multiplied by their firing rates. Vector sums of these terms for each movement direction are indicated by the arrows. The fact that the arrows point approximately radially outward shows that the population vector reconstructs the actual movement direction fairly accurately. (Figure adapted from Kandel et al., 1991 based on data from Kalaska et al., 1983.)

# Interfacing with a robot

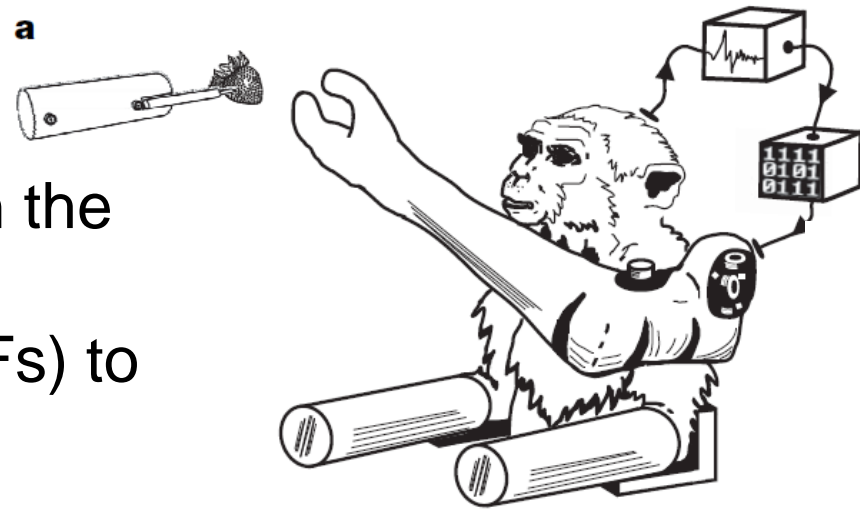
- Understanding this population coding has allowed the design of **neuroprosthetic interfaces with robot arms**.



Andrew Schwarz and colleagues, U. of Pittsburgh  
Meel Velliste, et al, *Cortical control of a prosthetic arm for self-feeding*,  
Nature, Vol 453, pp 1098-1101, 2008



# Experimental setup

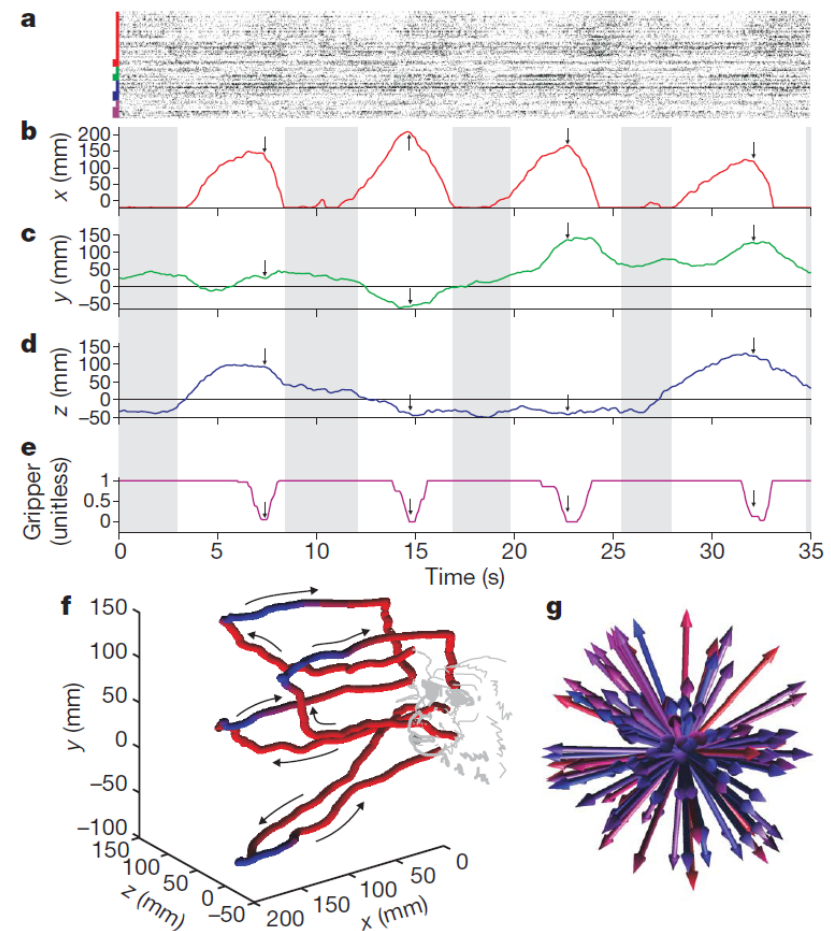


- **Intracortical microelectrodes** in the primary cortex
- **Control of a robotic arm** (5 DOFs) to feed itself
- Monkeys first learned to control the arm with a joystick
- Then **control from the cortical recordings using real-time extraction algorithms**: encoding of the velocity of the endpoint + decision to open/close the gripper

Andrew Schwarz and colleagues, U. of Pittsburgh  
Meel Velliste, et al, *Cortical control of a prosthetic arm for self-feeding*,  
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# Extraction algorithms

- Population vector algorithm
- **Uses directional tuning of each recorded unit**
- Vector sum of the preferred directions weighted by the instantaneous firing rates.
- **3D velocity of end-point + aperture velocity of fingers**
- These signals are integrated to get positions.
- Inverse kinematics to get joint angles
- 30ms time steps (~continuous)
- Interestingly, bell-shaped velocity profile



**Figure 2 | Unfiltered kinematic and spike data.** **a**, Spike rasters of 116 units used for control. Rows represent spike occurrences for each unit, grouped by major tuning component (red, x; green, y; blue, z; purple, gripper). Groups are further sorted by negative major tuning component (thin bar) versus positive (thick bar). **b-d**, The x, y, and z components, respectively, of robot endpoint position. Grey background indicates inter-trial intervals. Arrows indicate gripper closing at target. **e**, Gripper command aperture (0, closed; 1, open). **f**, Spatial trajectories for the same four trials. Colour indicates gripper aperture (blue, closed; purple, half-closed; red, open). Arrows indicate movement direction. **g**, Distribution of the four-dimensional preferred directions of the 116 units used. Arrow direction indicates x, y, z components, colour indicates gripper component (blue, negative; purple, zero; red, positive).

# Interfacing with a robot



Andrew Schwarz and colleagues, U. of Pittsburgh

# Emergent licking behavior



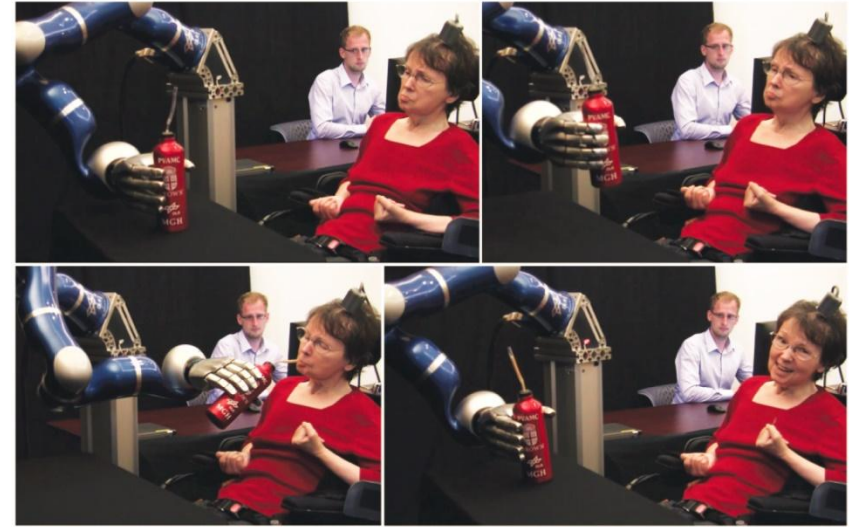
Andrew Schwarz and colleagues, U. of Pittsburgh

# Cortical interface in humans

Has now been tested in a few **tetraplegic patients**, see for instance:

Hochberg, Leigh R., et al.  
"Reach and grasp by people with tetraplegia using a neurally controlled robotic arm." *Nature* 485.7398 (2012): 372-375.

<https://www.youtube.com/watch?v=cg5RO8Qv6mc>



**Figure 2 | Participant S3 drinking from a bottle using the DLR robotic arm.** Four sequential images from the first successful trial showing participant S3 using the robotic arm to grasp the bottle, bring it towards her mouth, drink coffee from the bottle through a straw (her standard method of drinking) and place the bottle back on the table. The researcher in the background was positioned to monitor the participant and robotic arm. (See Supplementary

# Conclusion

This was just a rapid overview of neuroprosthetics with some bridges to topics of the course.

Take home message: **computational modeling has a key role to play in neuroprosthetics.**

For going more in-depth, follow courses by Silvestro Micera and Gregoire Courtine (neuroprosthetics center)



End of the lecture and the course

Deadline for Project 2: **Friday 06/06/2025 23:59**

Please evaluate the course online, many thanks!!

THANK YOU  
FOR FOLLOWING THE COURSE !!