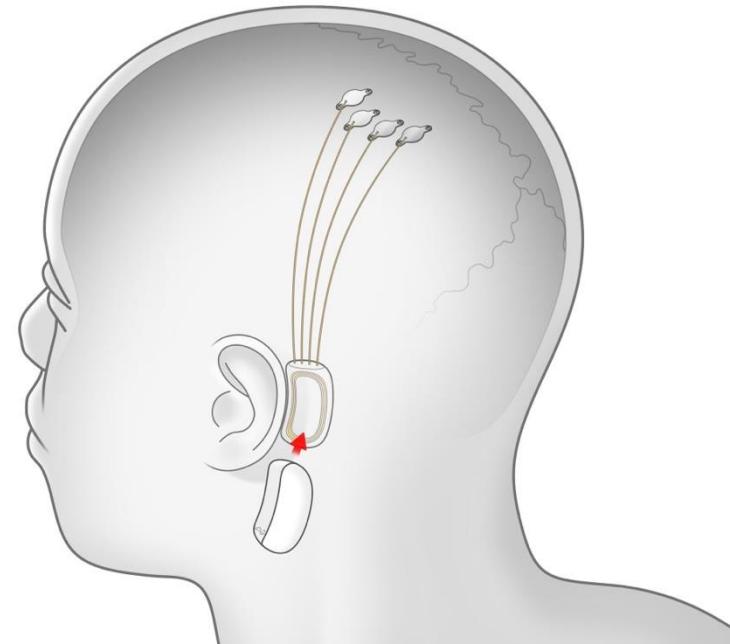


## Bionic artificial limbs Translational neuroengineering

Dr. Solaiman Shokur  
Prof. Silvestro Micera  
Translational Neural Engineering lab, EPFL



# Bionic artificial hand



# The Motivation

- The loss of the upper limb is a traumatic event that changes the **quality of life** radically
- Reduction of
  - Ability in **reaching, grasping, and manipulation**
  - Ability to sense through the sense of touch
  - **Gesture** (communication)
- Causes:
  - Vascular deficiencies
    - Peripheral arterial disease
    - Diabetes (10% of people with diabetes have a foot ulcer)
  - Trauma:
    - Car Accident
    - Work accidents
  - Land mines
- Estimate of 0.1% to 0.5% of world population with amputation
- There are more than 1 million annual limb amputations globally

**Few innovations** in the past 50 years

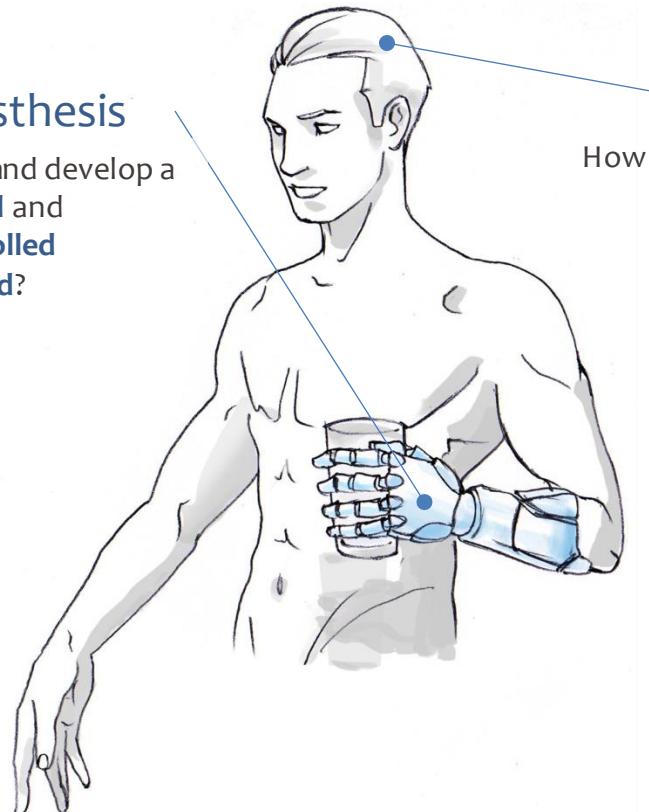
Actual prostheses **do not satisfy** amputees' requirements and are very different from the natural model

# The big challenges

## Hand Prosthesis

How to design and develop a  
**more functional and naturally controlled prosthetics hand?**

Dexterity  
Functionality  
Reliability



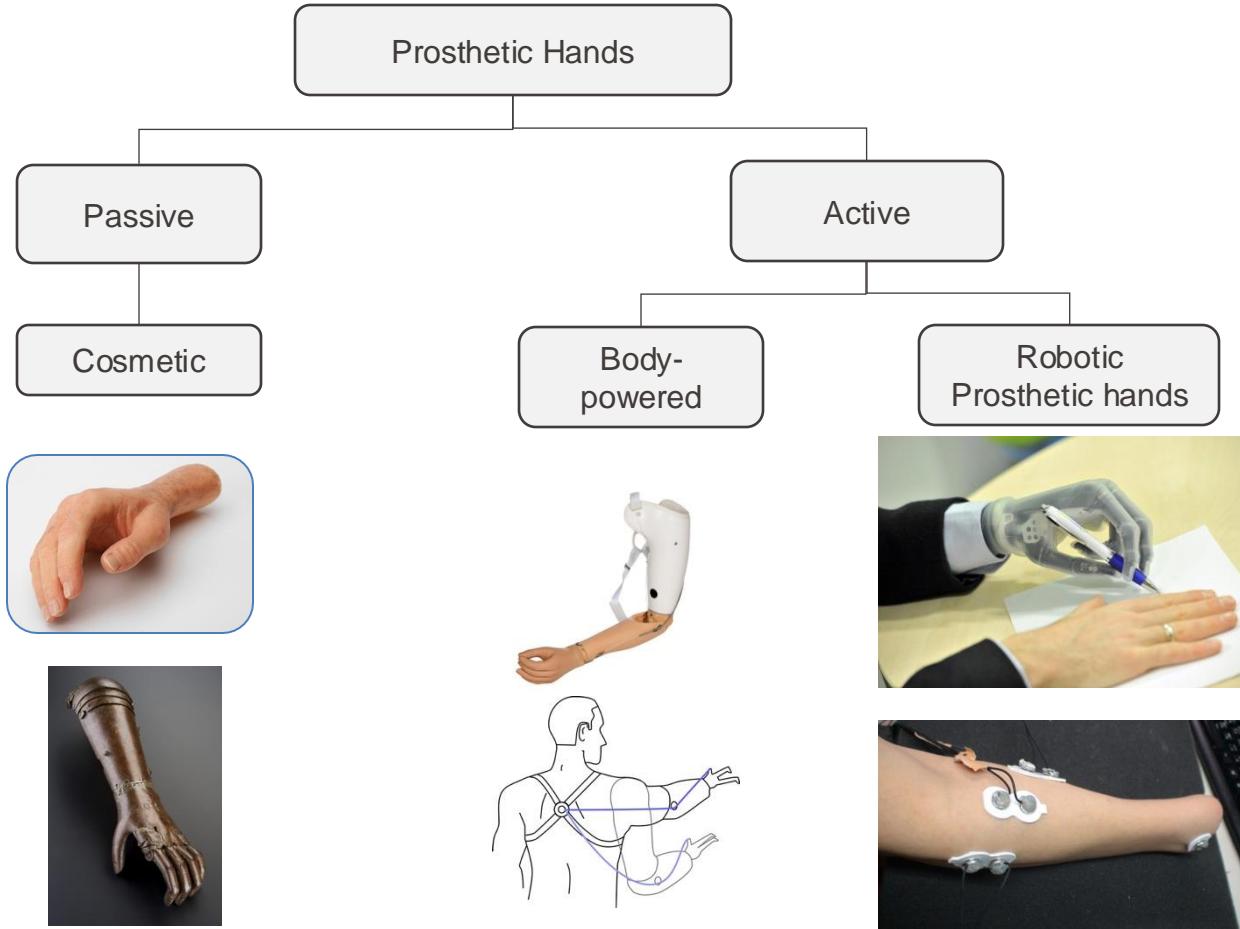
## Human Prosthesis Interface

How to **control** this dexterity?

Sources  
Cognitive Effort  
Reliability

...  
...

# Existing solutions for the actuation



# Examples of robotic prosthetic hands



Be bionic hand  
Ottobock (GE)



IH2 Azzura Hand  
Prensila (IT)



Open Bionics  
Hero arm

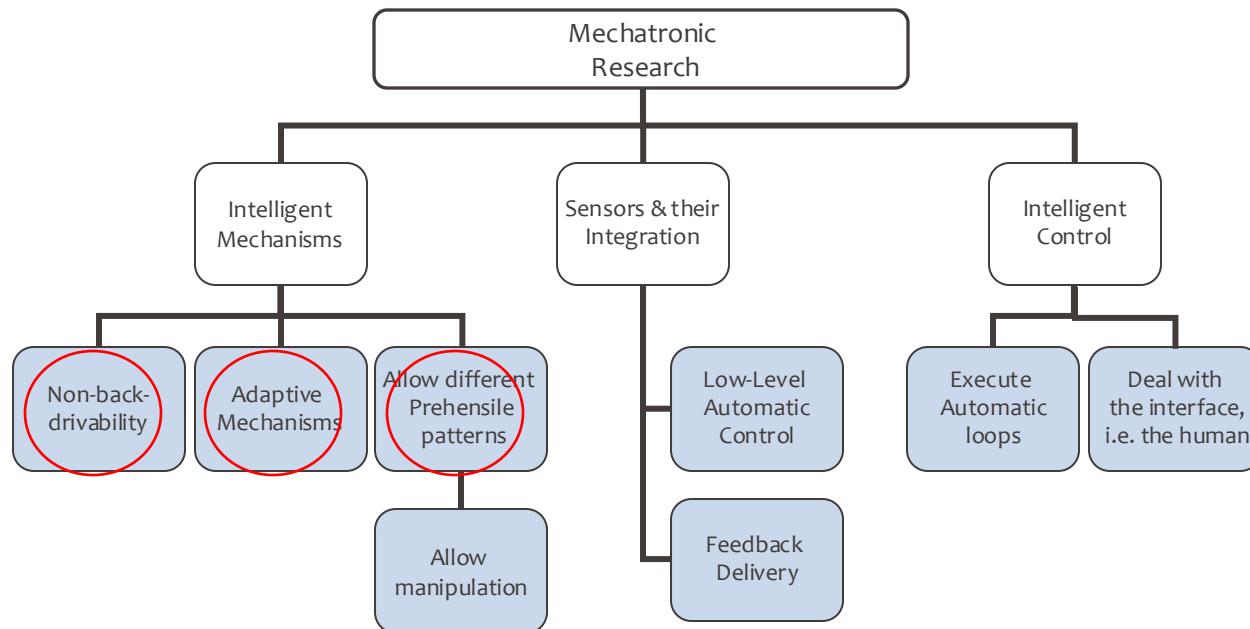


Hannes Hand  
IIT (IT)



Darpa Prosthetic  
Hand (USA)

# Key issues



# Mechatronic

## Design issues: non back drivability

Mechanisms wherein motions generated by the input (motor) drive are **transmitted** to the output (i.e. fingers) and wherein motions originated from the output are **blocked**



In a prosthesis it allows to maintain the grasp once the power supply is switched off  
**Non back drivable transmission = Power saving!= key in prosthetics!**



Lead Screw



Worm Gear



Gear heads with high reduction rate



Brakes/ clutches

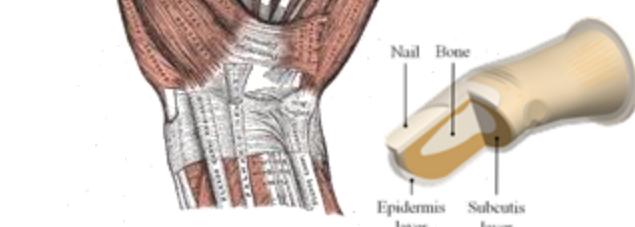
# Mechatronic

## Design issues: adaptability

**Problem:** It's an hard task to **design, actuate, and control** a self-contained artificial hand with a number of degrees of freedom (DoF) equal or close to those in the biological human hand!



Adaptation also improves **grasp stability** as it increases the **contact areas** while grasping



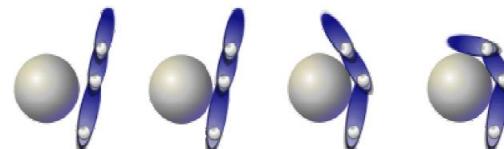
Phalanx adaptation mechanisms

**Possible solutions** (to simplify the problem):

- Cut DoFs; Rigidly couple DoFs;
- Implement adaptable mechanisms.



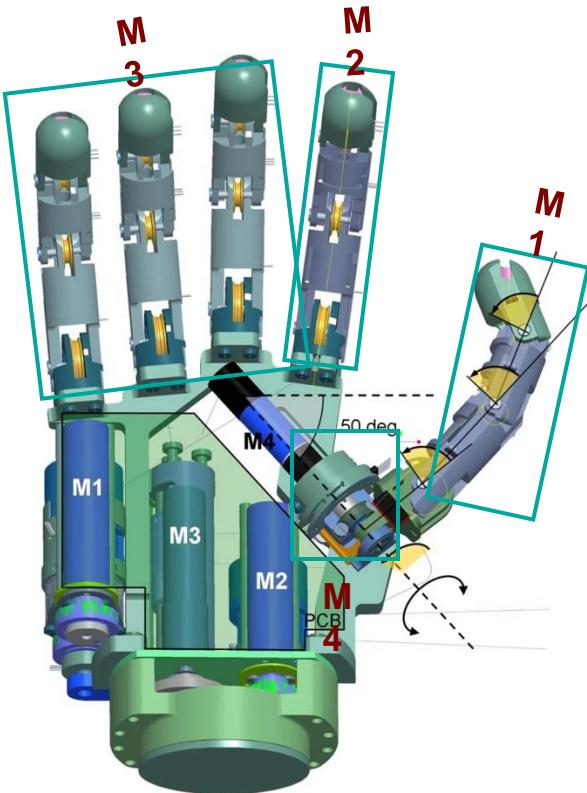
Hand adaptation mechanisms



Finger adaptation mechanisms

Underactuated mechanisms

# Case Study



## The SmartHand prototype

### The SmartHand at glance

#### Mechanical Spec

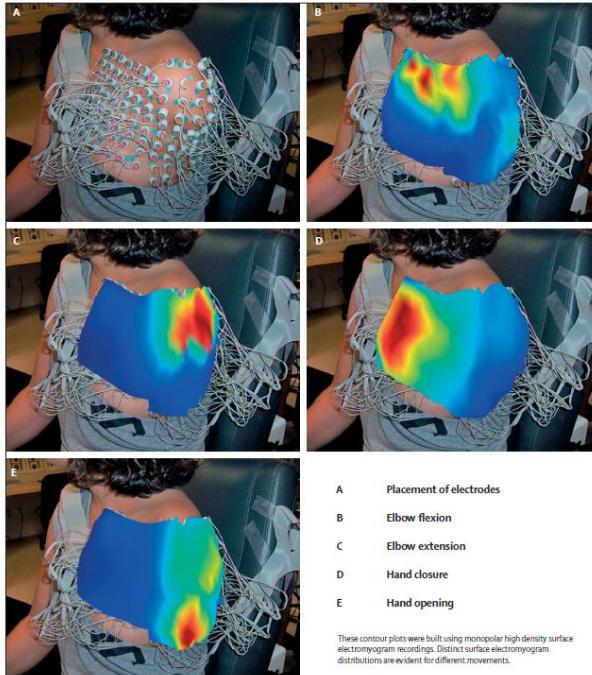
Weight	600 gr
Size	Human inspired
Degrees of freedom	16
Degrees of actuation	4
Full flexion speed	<1.5 s
Tendon max active force	45 N
Grasp force (Cyl, Lat, Lift)	<30, <5,100 N

#### Sensory System

Position (digital encoder)	4
Position (Joint Hall sensors)	15
Position (Potentiometer)	2
Tension Sensors (strain gauges)	5
Limit switch (digital)	8

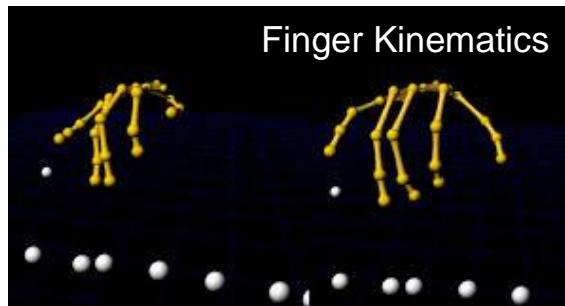
#### Electrical Spec

Power req.	12V /3A
Control loops	Position and tension (1kHz)
Reading delays	< 1 ms
Total preset grasps	10 (programmable)
Communication	RS232 /USB



# Motor decoding

# What to decode



## Grasping types

**A**

### Prehensile

Power



Medium wrap

Palmar

Intermediate



Power sphere

Fixed hook

Precision

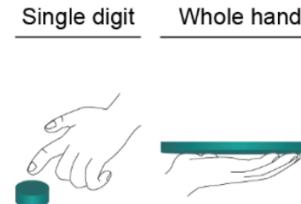


Lateral

Palmar pinch

### Non-prehensile

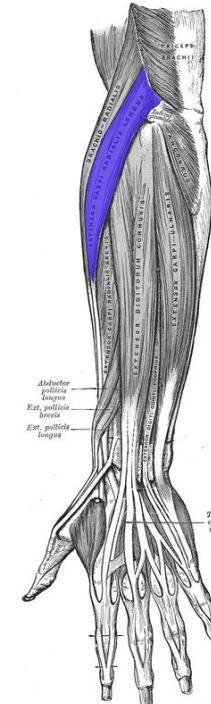
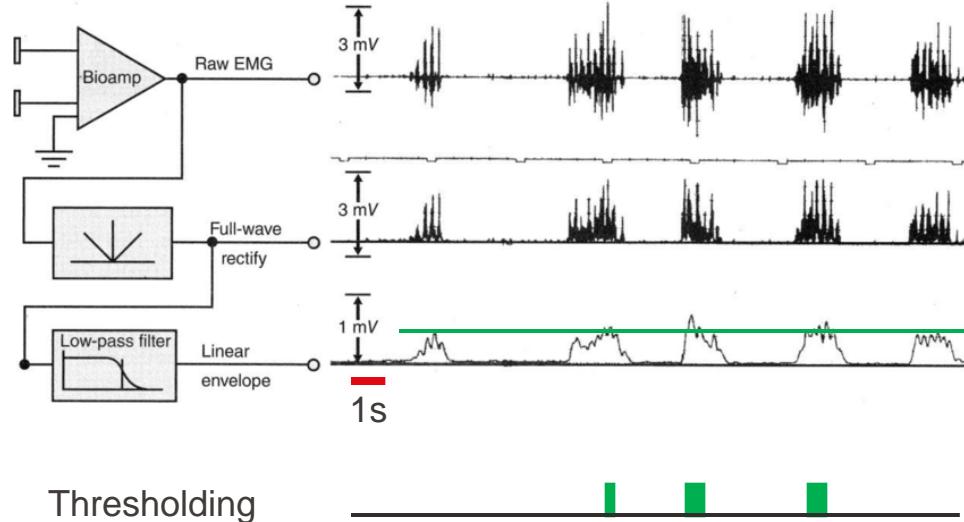
Single digit



Whole hand

# Electromyography (EMG) decoding: basic approach

Extensor carpi radialis longus muscle (wrist extension)



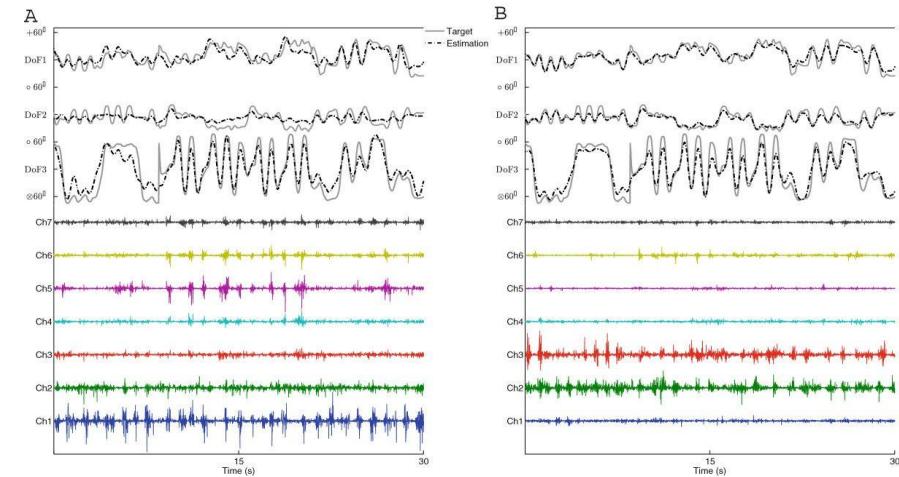
# EMG decoding: basic approach

- The majority of commercially available RPHs use threshold-based sEMG decoding over a few surface electrodes
- Generally, control of 1 DoF
- Sometimes more DoF, by cycle through different types of grasps:
  - Non intuitive
  - Cannot be used for multi DoF



# EMG decoding: machine learning approach

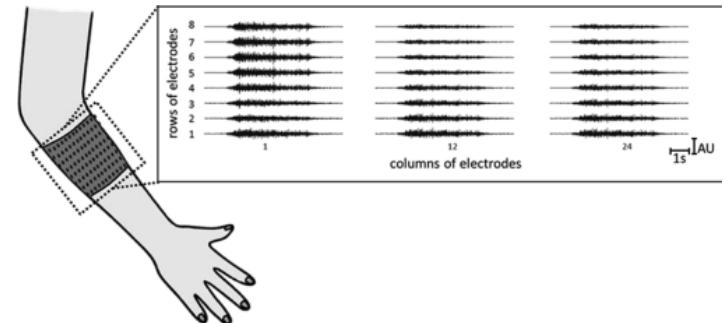
- Using machine learning approach (artificial neural network, ANN): proportional and simultaneous control of 3 DoFs of the wrist joint (flexion/extension, radial/ulnar deviation, and pronation/supination).



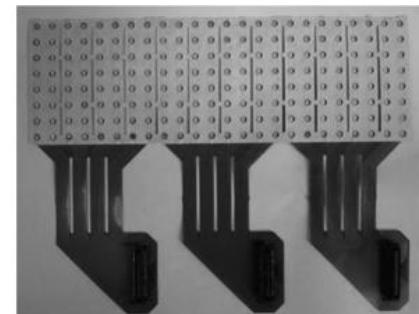
# High density EMG

- In general, robustness and reliability of classical pattern recognition systems are influenced by **electrode shift during don and doff**, and by the presence of **malfunctioning channels**
- HD EMG grid of electrodes is an ensemble of sensors that records data spatially correlated.
- The variogram is a function that describes the spatial correlation between observations.

03/03/2025



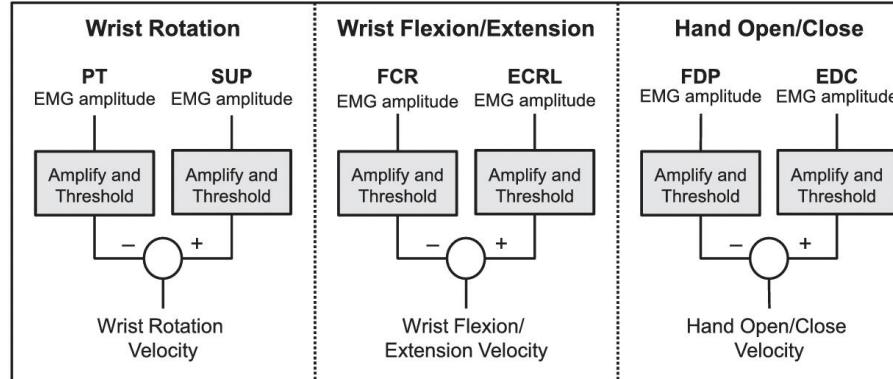
(a)



(b)

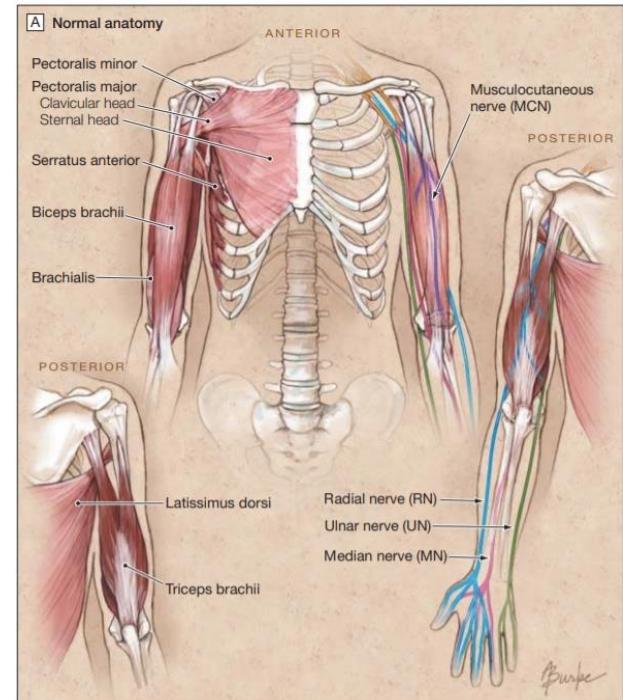
# Intramuscular EMG (iEMG) control

- Clinically available myoelectric control strategies do not allow simultaneous movement of multiple degrees of freedom (DOFs)
- The use of implantable devices that record intramuscular EMG signals could overcome this constraint
- Intramuscular EMG signals can be recorded using percutaneous fine wire electrodes inserted using needles
- The use of iEMG can allow to use proportional control (but of course also pattern recognition)

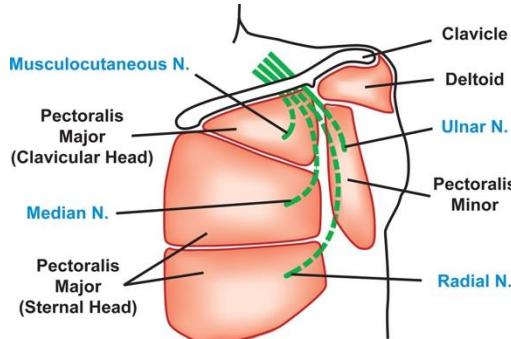
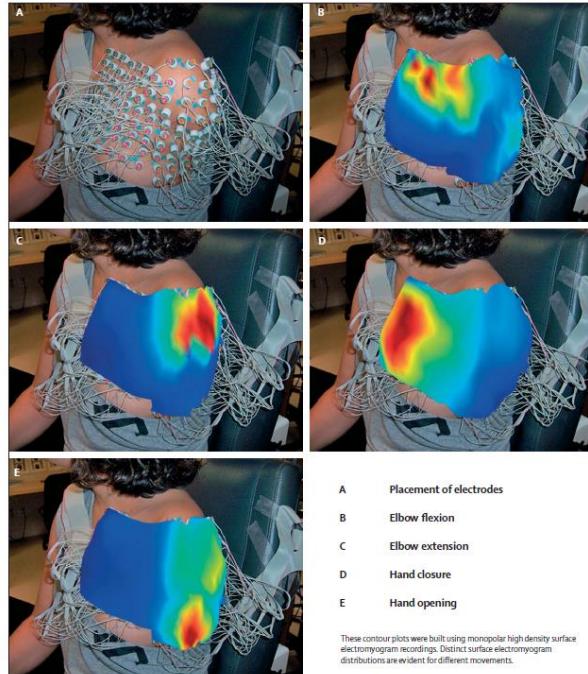


# Improve intuitiveness for prosthetic users: targeted muscle reinnervation (TMR)

- Years after amputation, severed nerves still carry information about movements.
- **But**, these nerves no longer have muscle effectors → this important neural information is unavailable via classic EMG recording.
- **Solution**: nerves severed because of arm amputation could be surgically transferred to **spare** ‘target’ muscles i.e., muscles rendered biomechanically redundant after loss of the arm. This technique is called **Targeted muscle Reinnervation (TMR)**



# Targeted muscle Reinnervation



Muscles could be used as *bioamplifiers*

- After reinnervation, contraction of target muscles and EMG signal generation occurs in response to neural control information intended for the missing limb.
- Example: The patient wants to close their missing hand, the transferred median nerve causes depolarization of its target muscle, generating EMG signals that are used to close the prosthetic hand.
- This results in a faster, easier and more intuitive control of the prosthesis control.

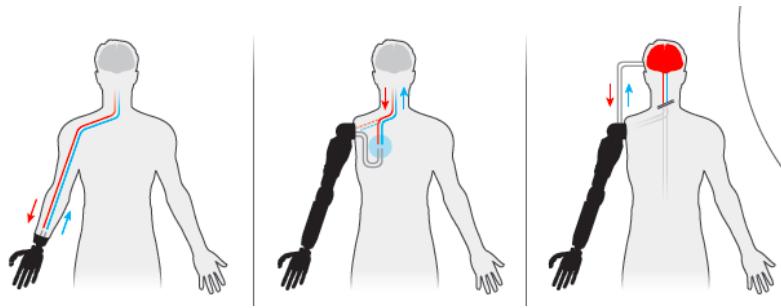
**MOTHERBOARD**

- As a form user  
+ use indicators (e.g. icons, T, form, colors, etc.)
- Start a company
- Lead a community

As a user I want

- View all teams
- Create a team

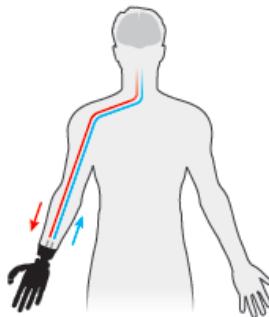




# Sensory feedback

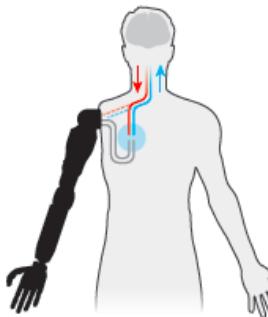
# Sensory feedback

Real-time, and natural feedback from the hand prosthesis to the user is essential in order to enhance the control and functional impact of prosthetic hands in daily activities, prompting their full acceptance by the users



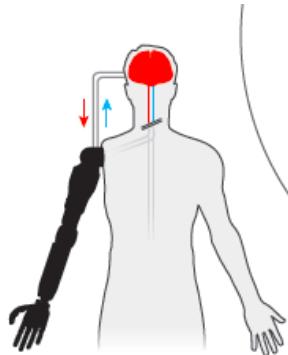
## *Use the remaining nerves*

Electrical leads from the prosthetic's sensors stimulate nerves in the person's stump that once served the real limb.



## *Move the nerves*

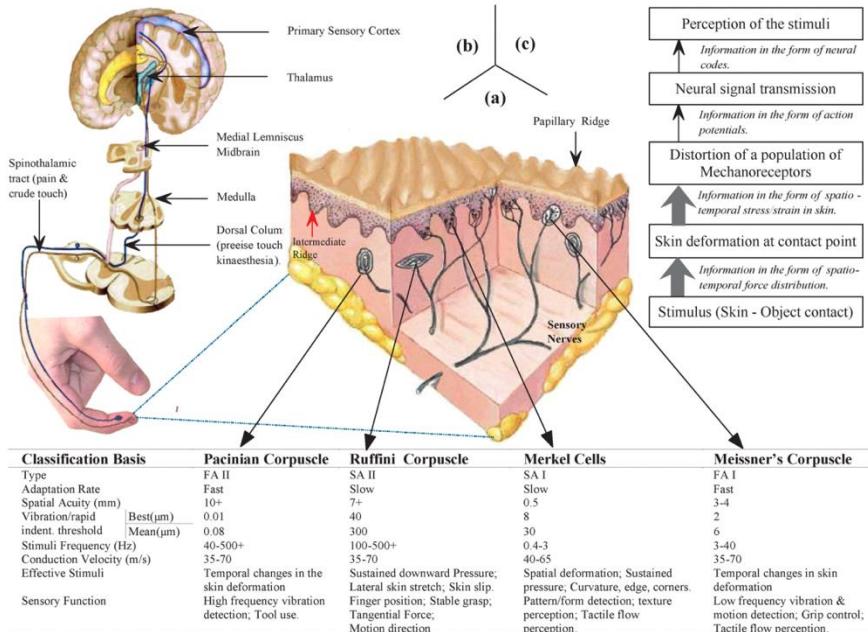
Re-routed nerves grow new endings into muscle and skin, where external devices translate signals going to and from the prosthesis.



## *Stimulate the brain*

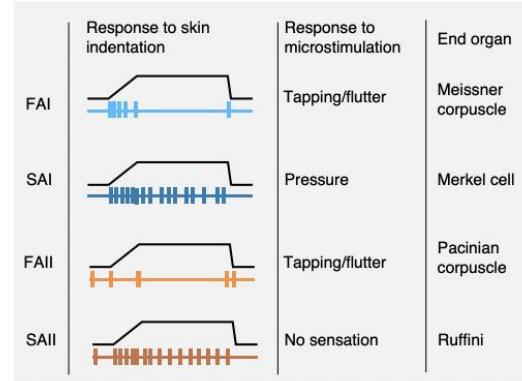
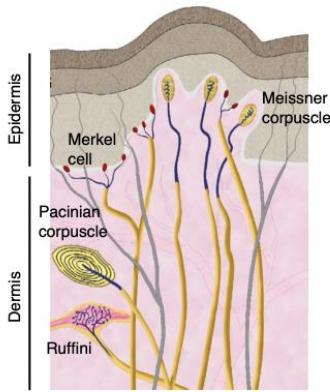
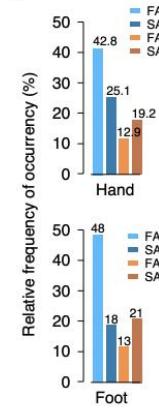
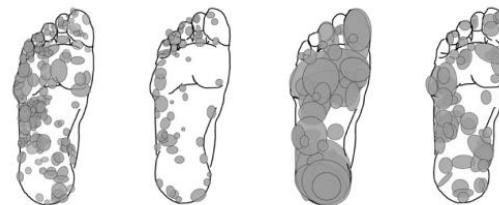
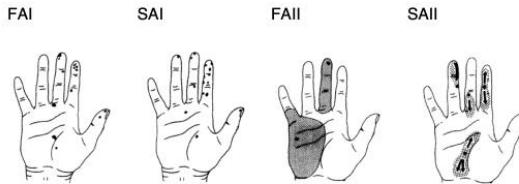
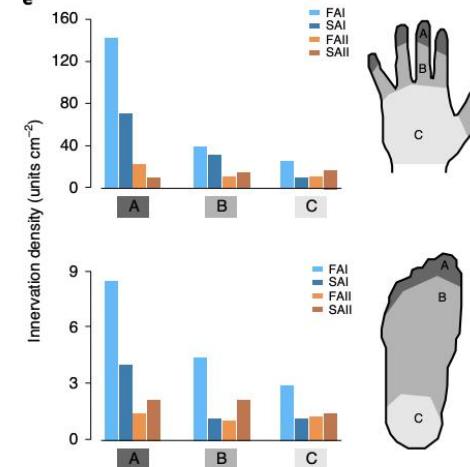
Sensory signals are routed around a severed spinal cord and into the brain, where they produce sensations by direct stimulation of the cortex.

# Human touch system

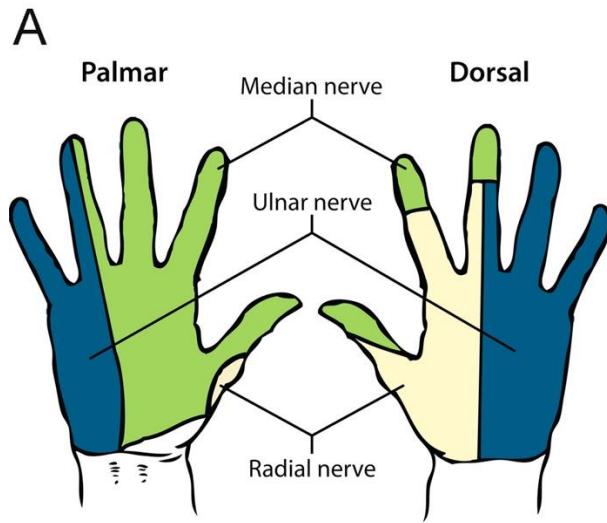
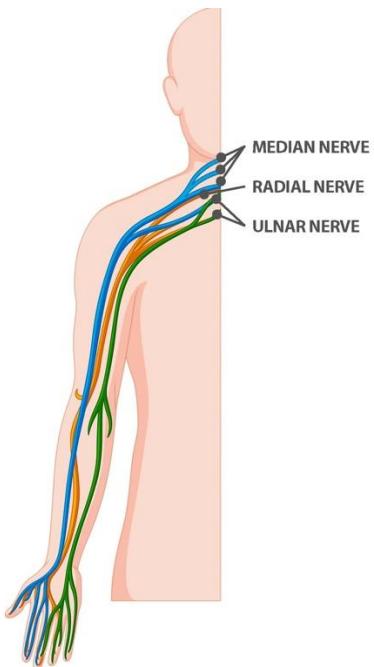
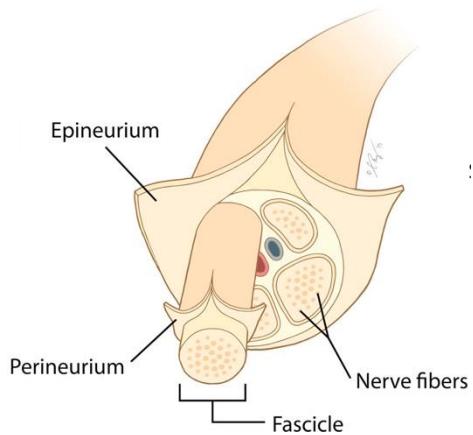


- During object manipulation and tactile exploration, the glabrous skin of the hand undergoes complex spatiotemporal mechanical deformations, which in turn, drive very precise spiking responses in individual afferents
- Coarse object features, such as edges and corners, are reflected in spatial patterns of activation in slowly adapting type I (SA1) and rapidly adapting (FA) fibers, which are densely packed in the fingertip
- At the same time, interactions with objects and surfaces elicit high-frequency, low-amplitude surface waves that propagate across the skin of the finger and palm and excite vibration-sensitive Pacinian (PC) afferents all over the hand

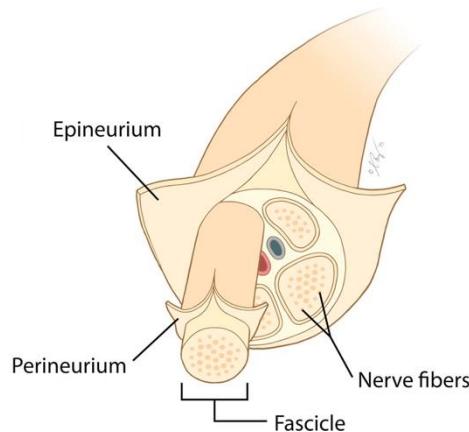
# Human touch system

**b****c****d****e**

# Structure of the nerve



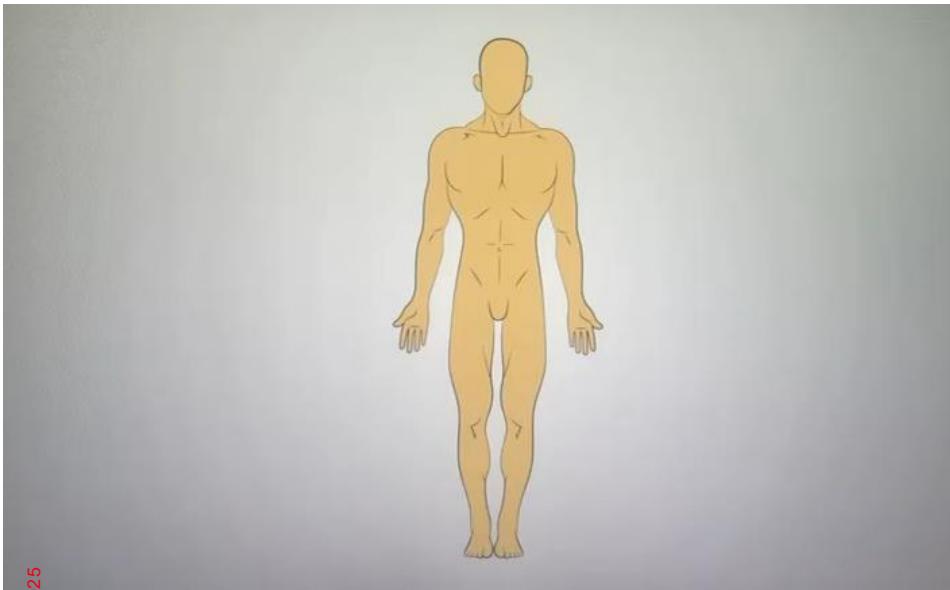
# Structure of the nerve



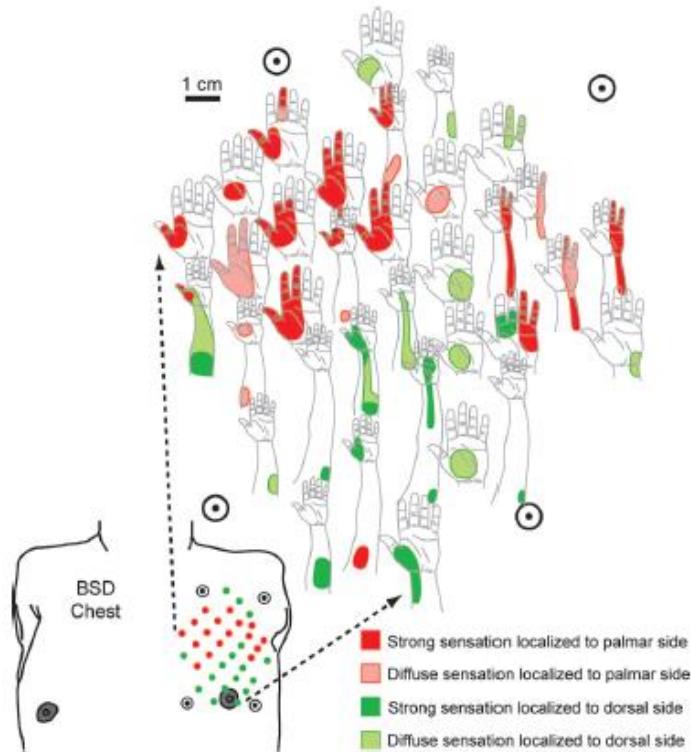
Fiber type	Fiber size ( $\mu\text{m}$ )	Function
A $\alpha$	12–20	Somatomotor, proprioception
A $\beta$	5–12	Touch, pressure
A $\gamma$	3–6	Muscle spindle
A $\delta$	2–5	Pain and temperature
B	<3	Preganglionic autonomic
C	0.4–1.2 (unmyelinated)	Postganglionic autonomic, pain, temperature

Adapted from Snell (2010).

# Targeted Sensory Reinnervation

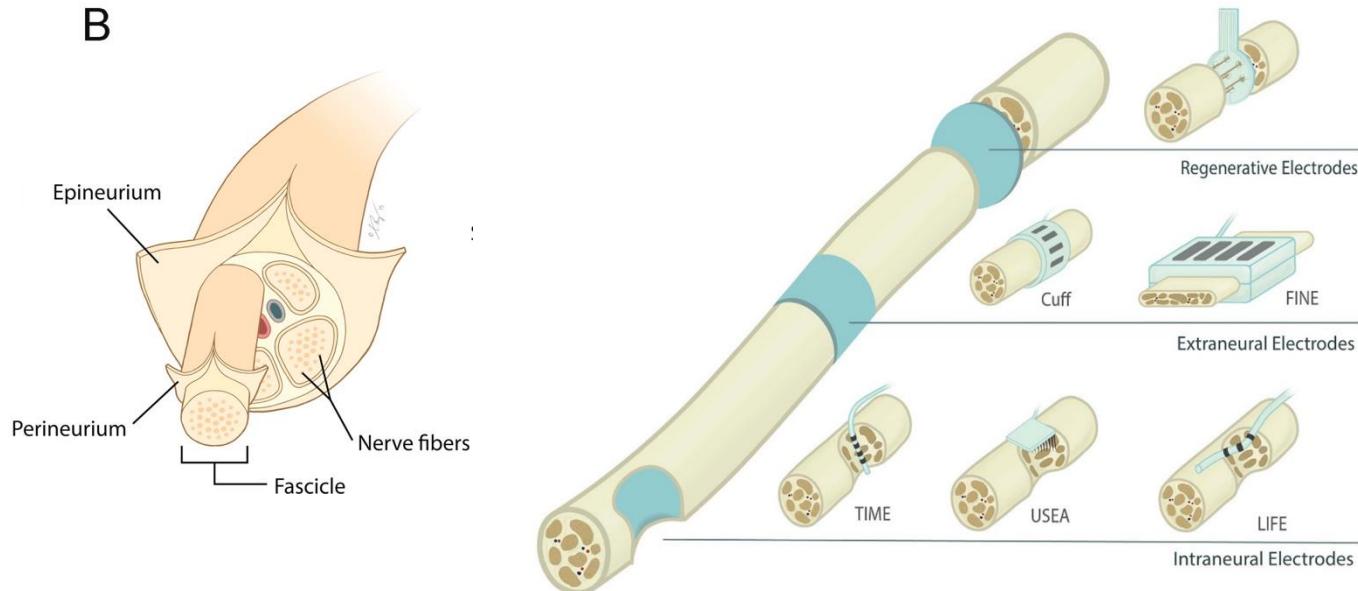


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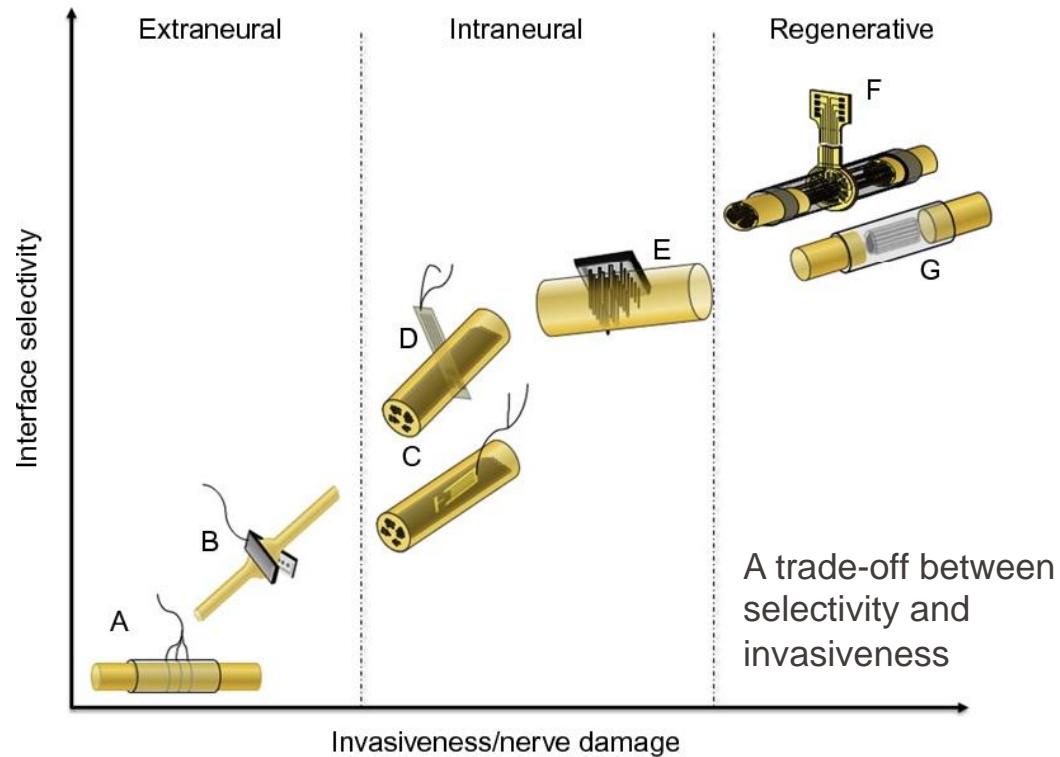
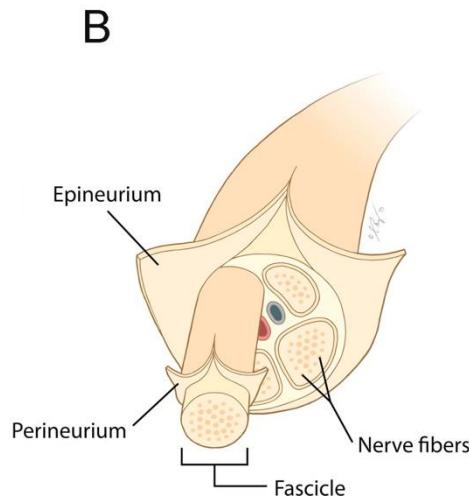


Kuiken et al., 2007, 2008, Gardetto 2025

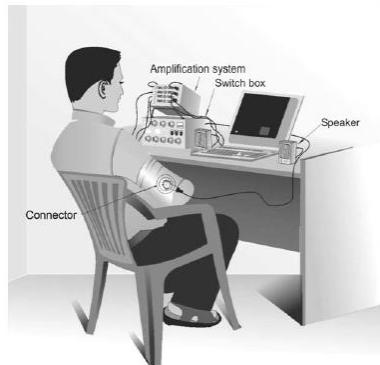
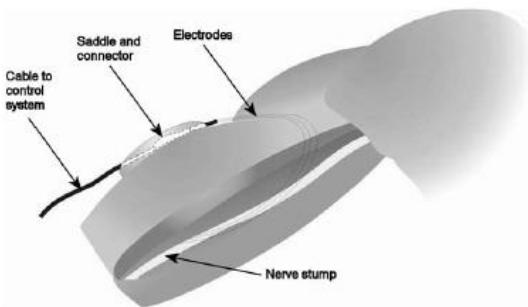
# Peripheral neural interfaces



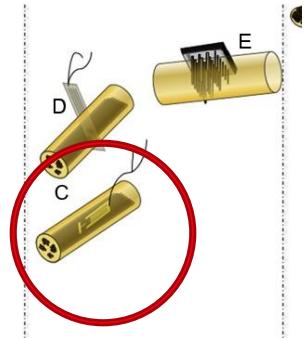
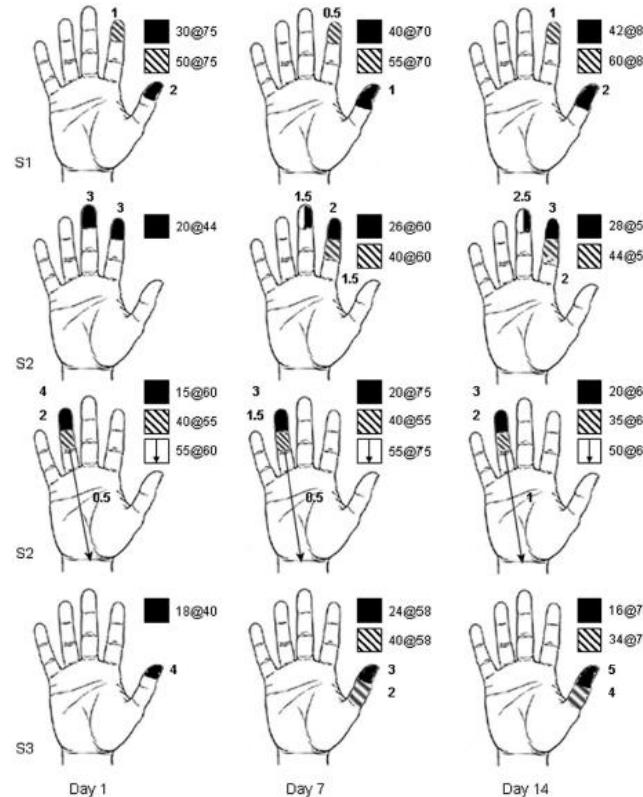
# Peripheral neural interfaces



# Example of intraneural stimulation

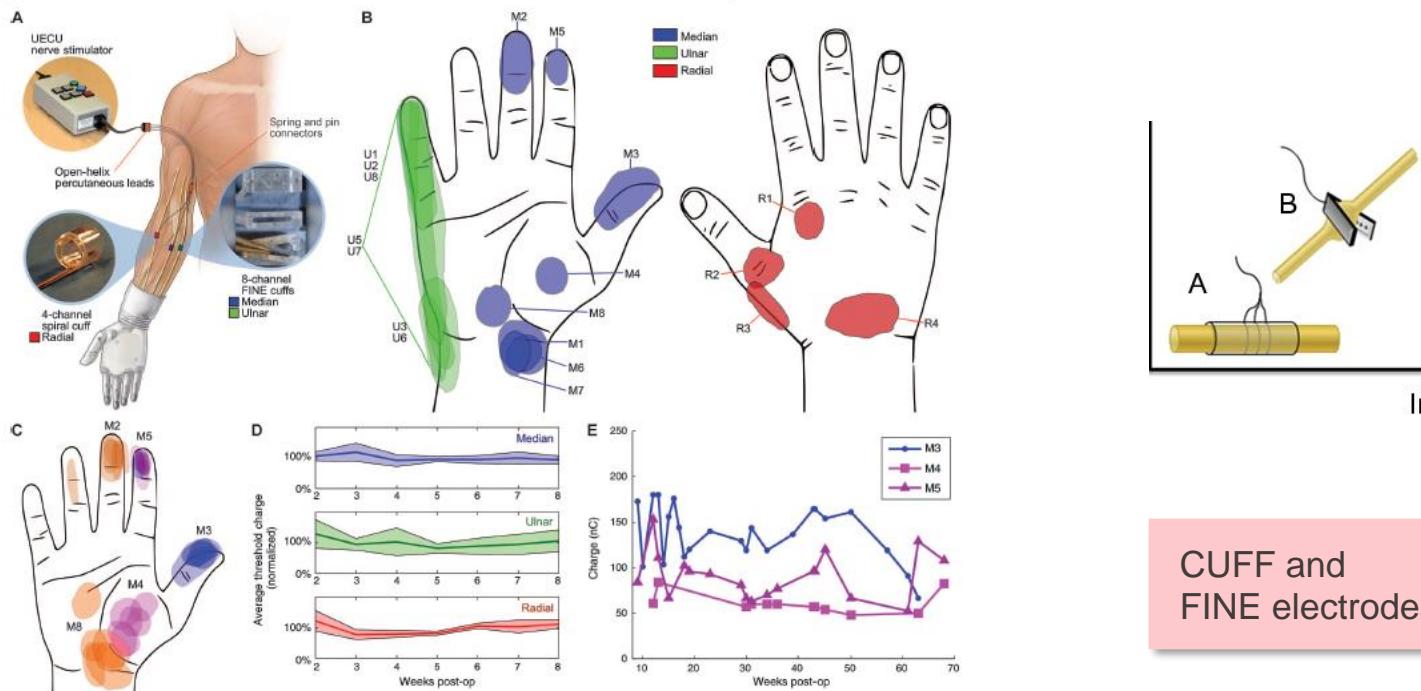


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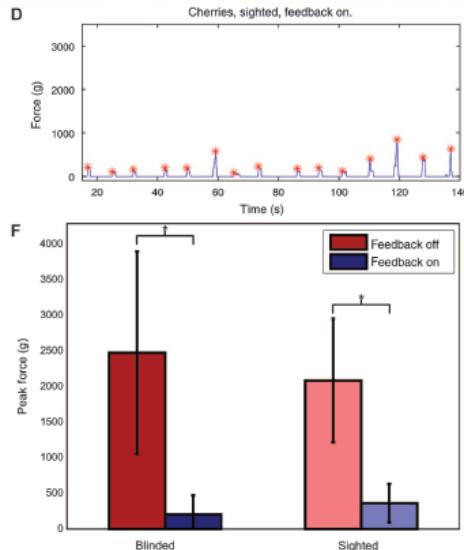
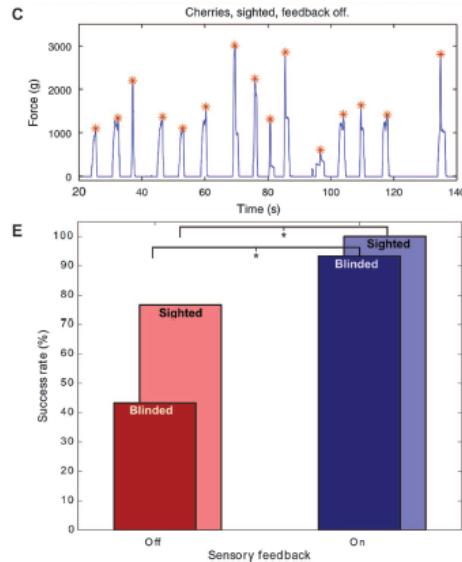
LIFE electrode

# Example of extraneural stimulation

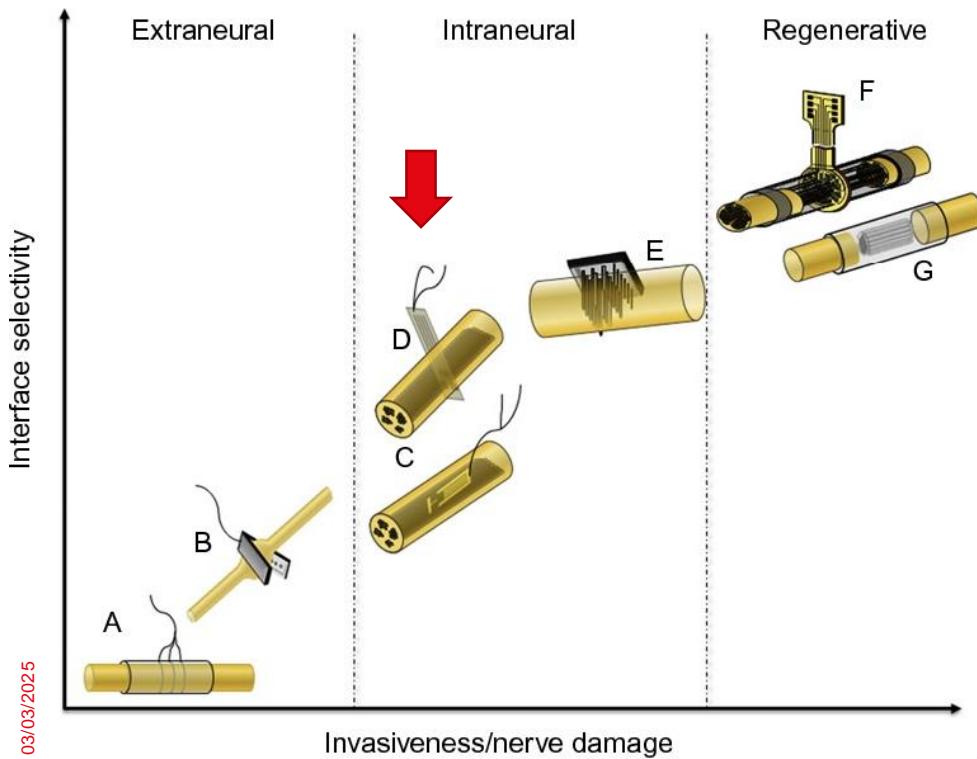


CUFF and  
FINE electrodes

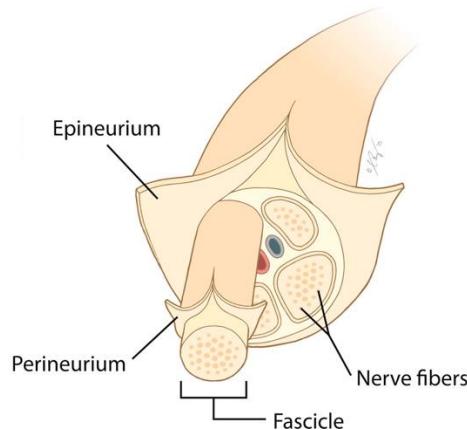
# Example of extraneural stimulation



Improvement in a functional task when sensory feedback was present.

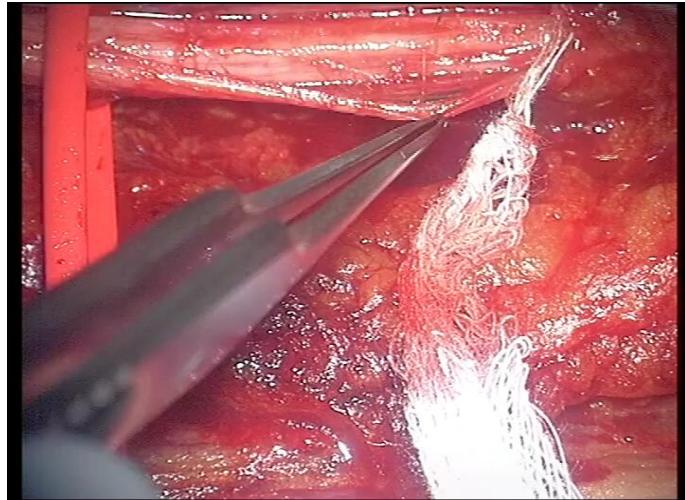
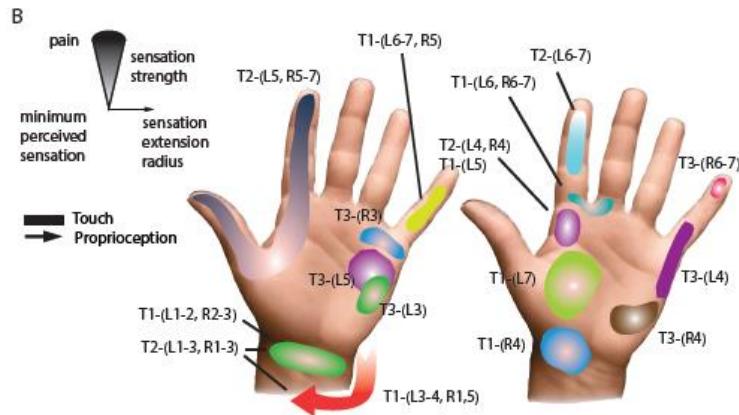


### Transverse Intrafascicular Multichannel Electrode (TIME)

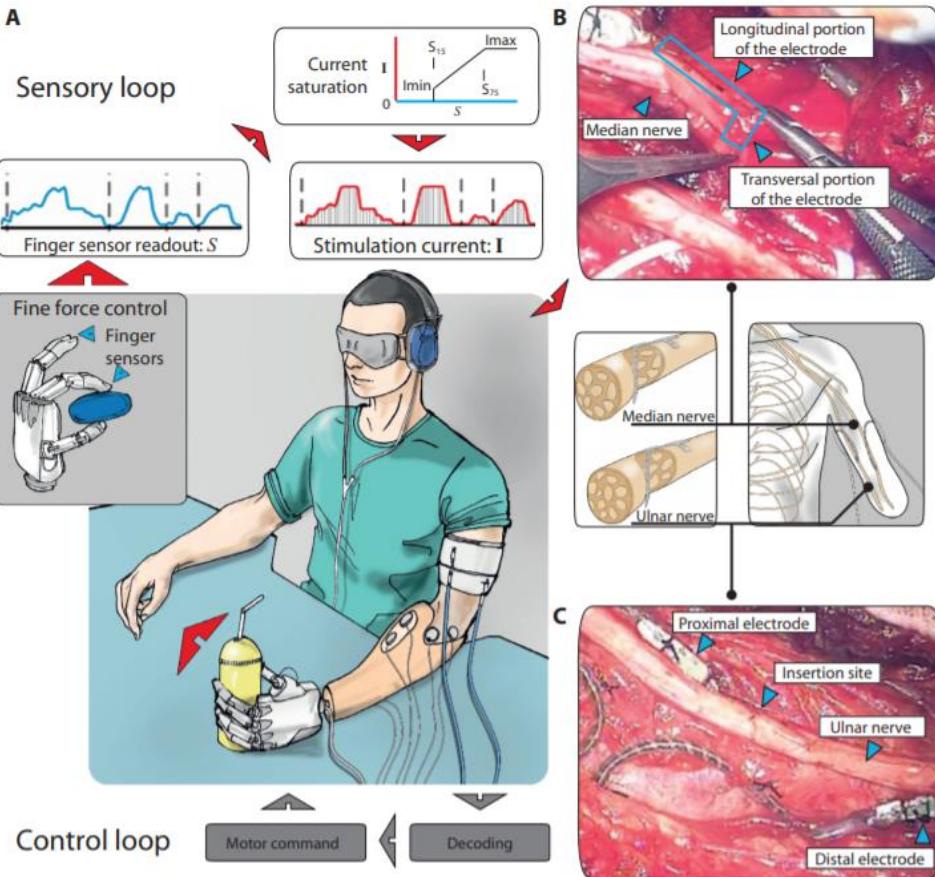


# Bidirectional neuro controlled hand prostheses

- Four week implant in a 35-year-old man, from Denmark with a trans-radial amputation in 2004 (fireworks accident)
- Two TIMEs in the median and two in the ulnar nerve

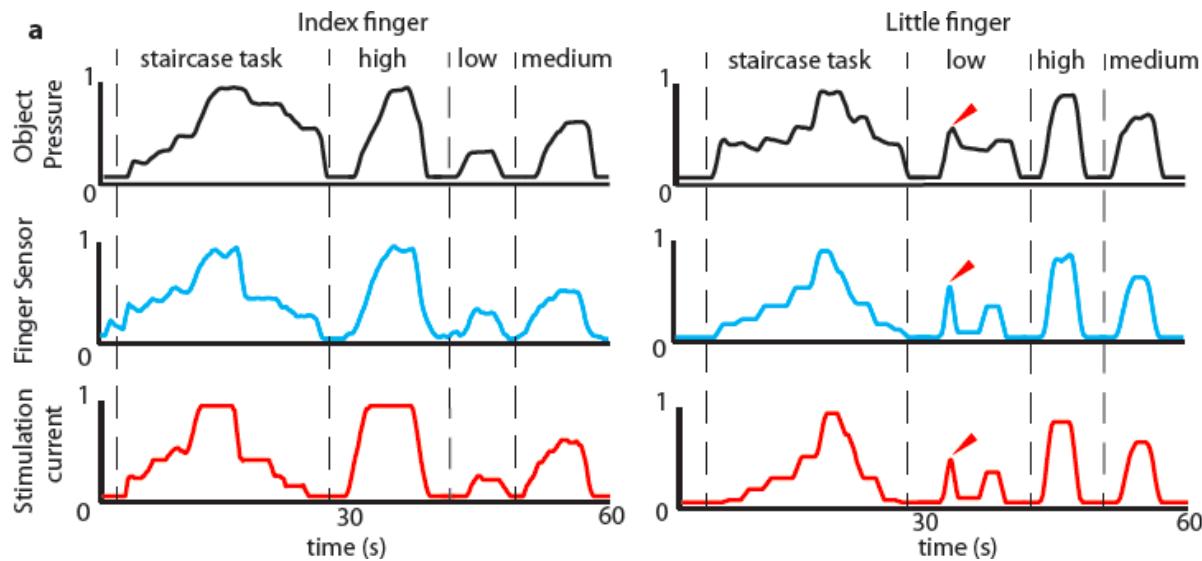


TIME electrodes

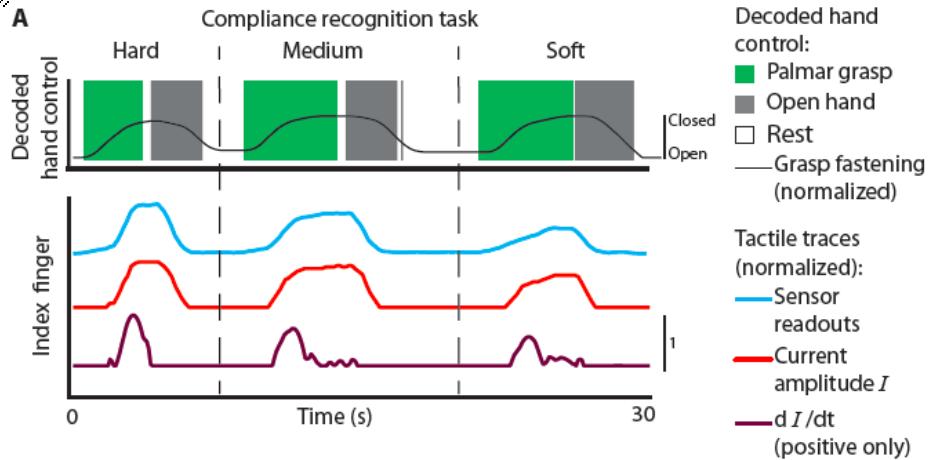


Test the possibility for the subject to use the sensory information during closed-loop control and manipulation experiments

# Selection of grasping force levels

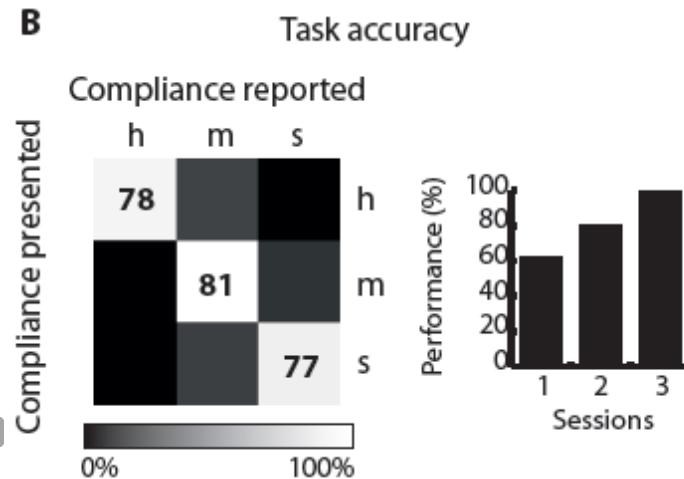


# Compliance recognition



Three objects with  
different stiffness  
properties

Quite good performance  
and interesting learning  
ability



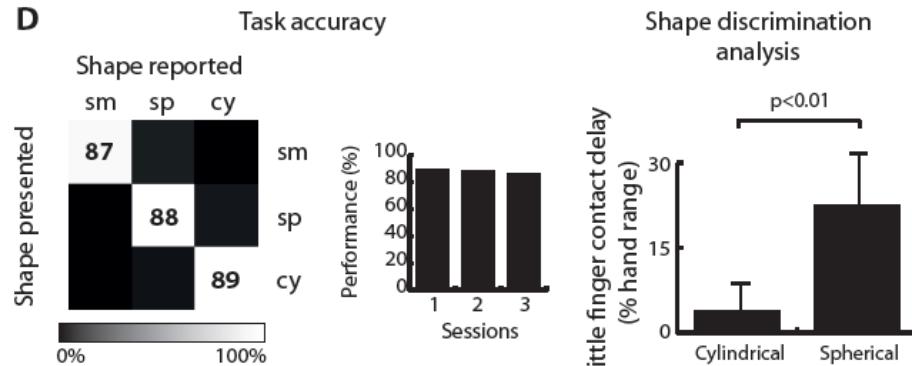
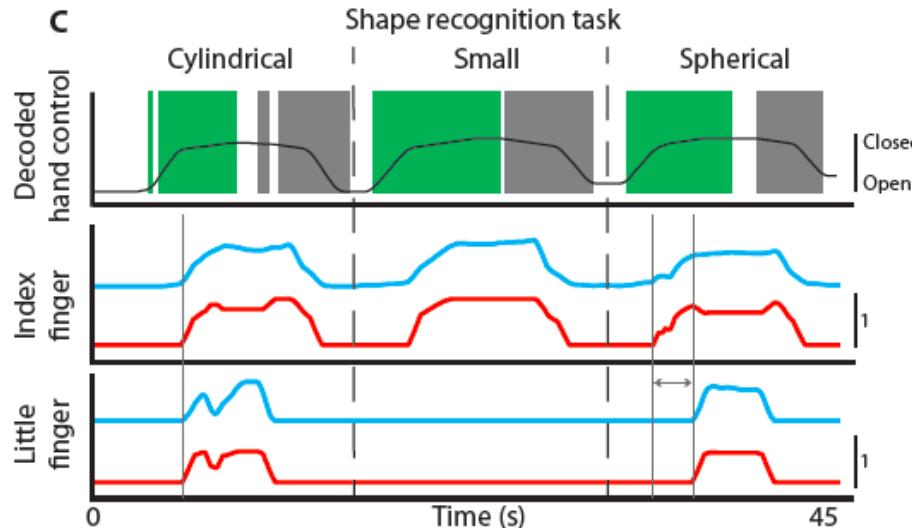
Decoded hand control:

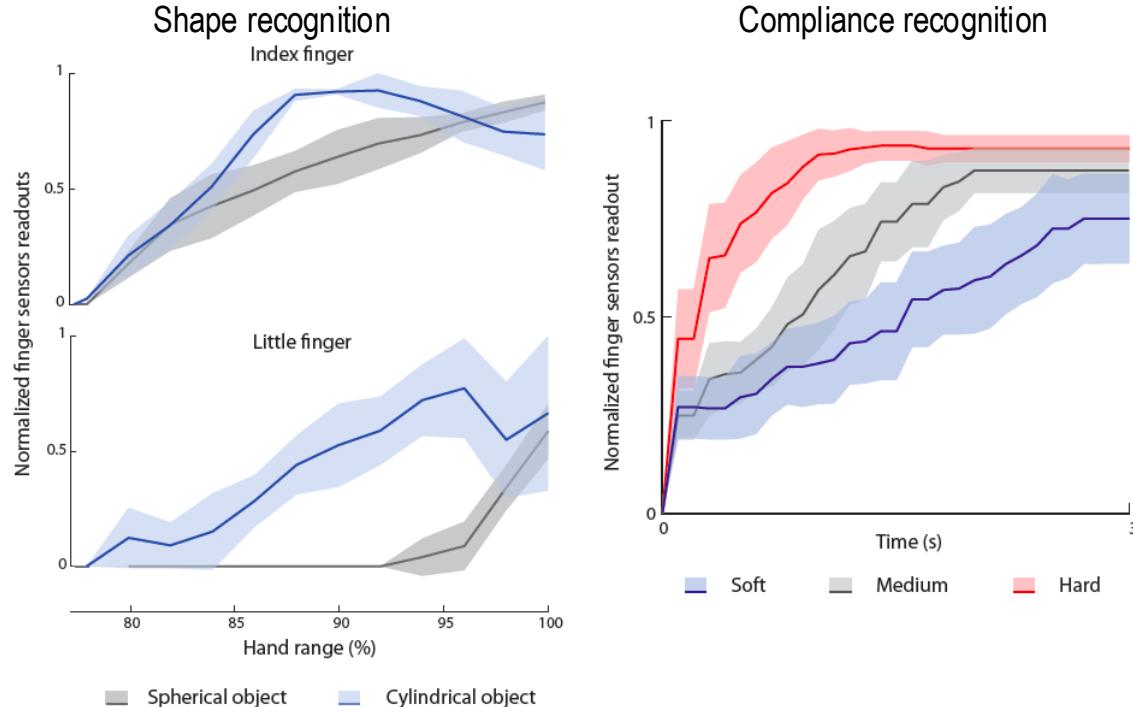
- Palmar grasp
- Open hand
- Rest

— Grasp fastening (normalized)

Tactile traces (normalized):

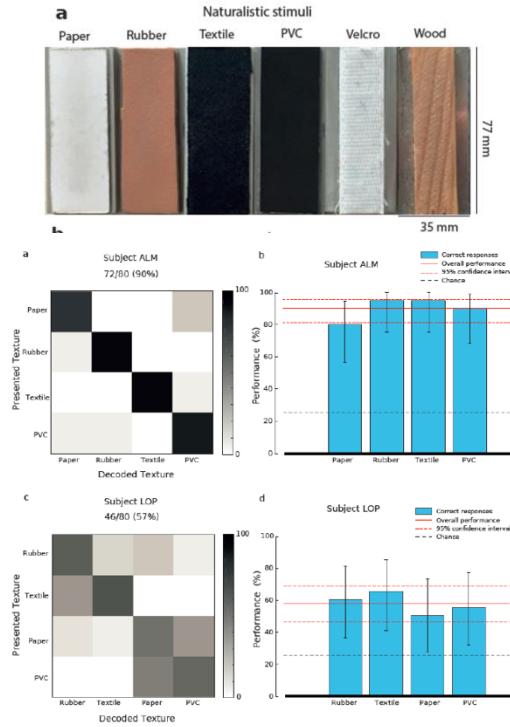
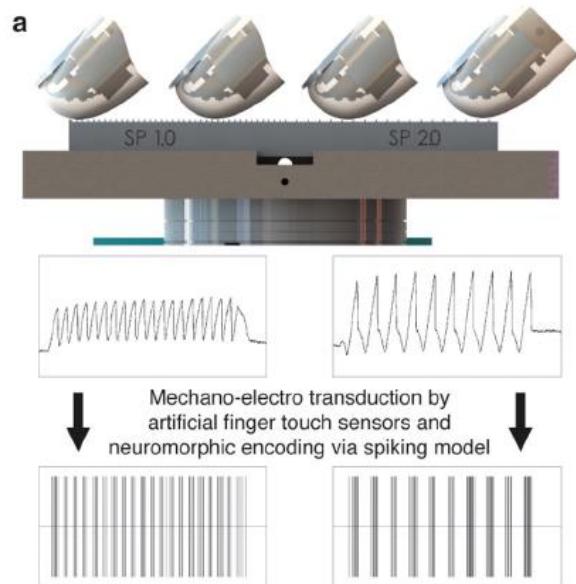
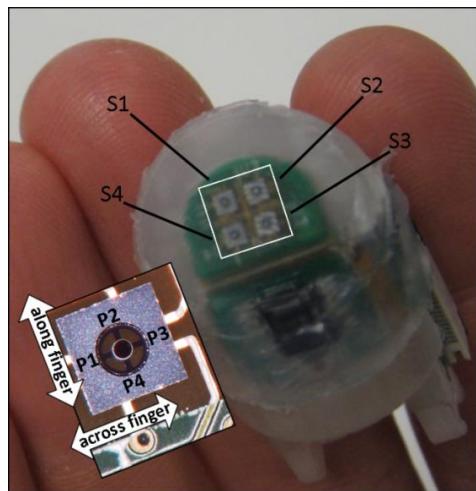
- Sensor readouts
- Current amplitude  $I$
- $dI/dt$  (positive only)



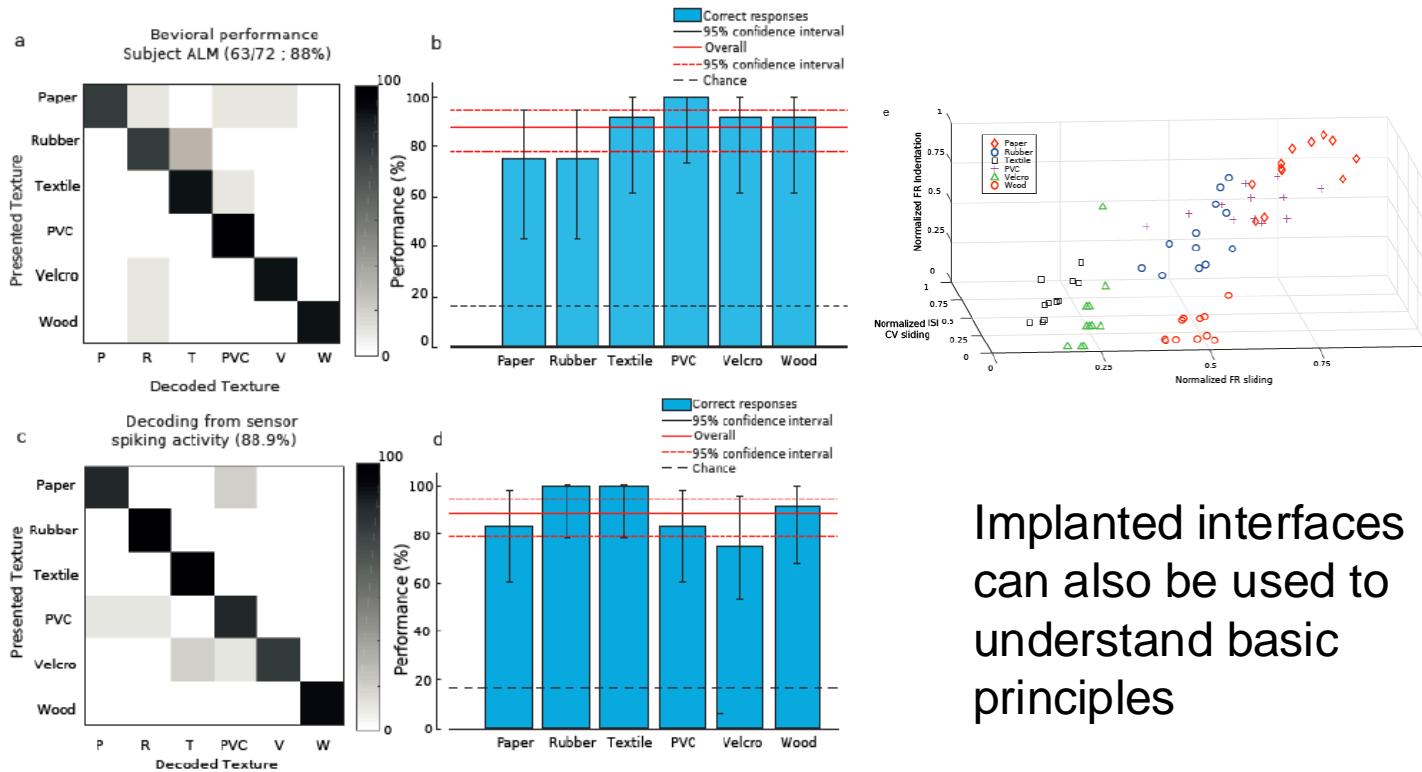


Different force profiles were provided to the users using the afferent stimulation  
→ this is **NOT** on-off sensation!

# Detecting texture via FA-type stimulation

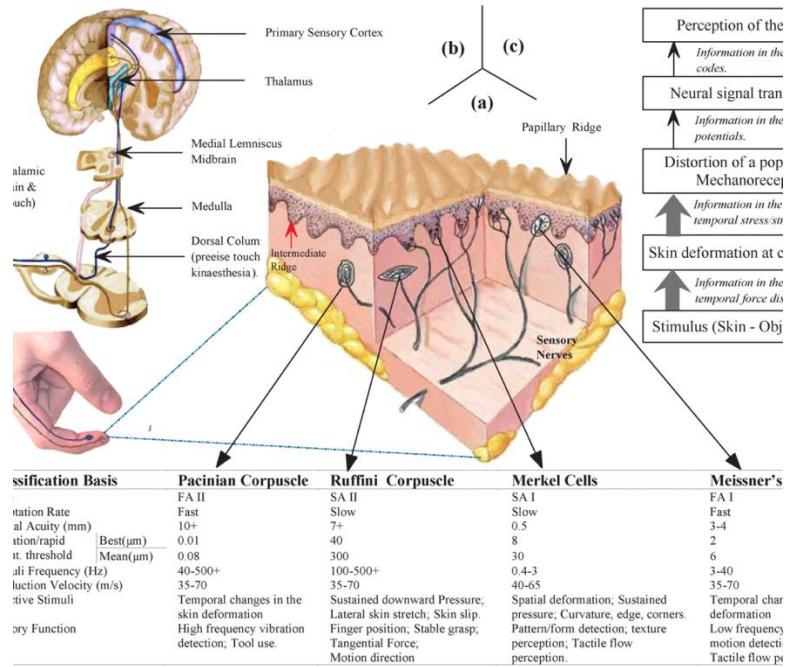


# Restoring perception of real textures

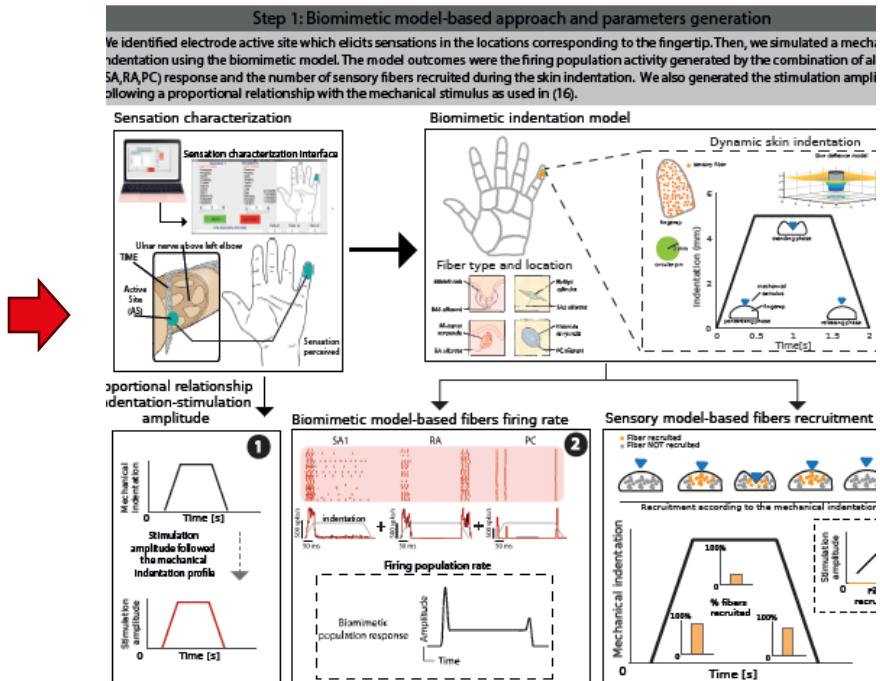


Implanted interfaces  
can also be used to  
understand basic  
principles

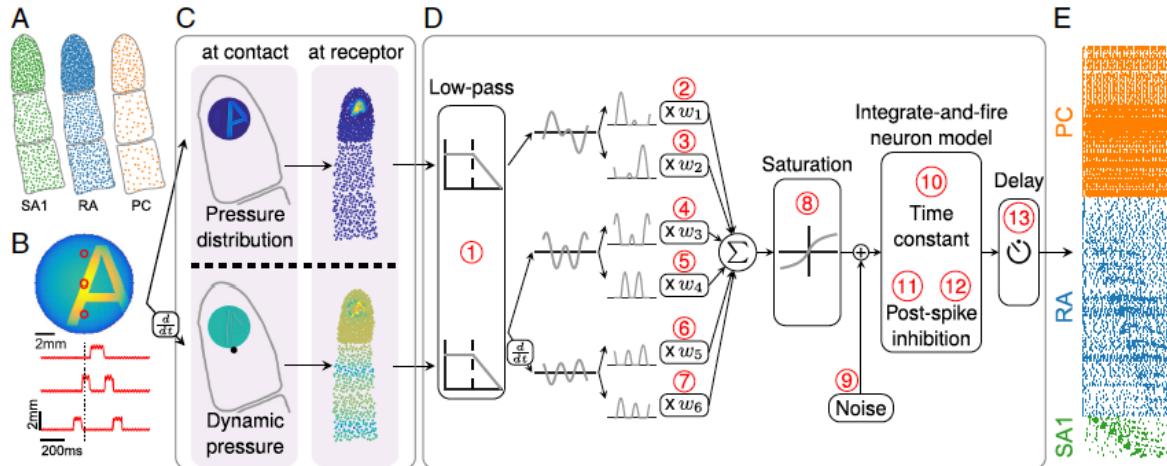
# Human touch system



# Biomimetic encoding strategy

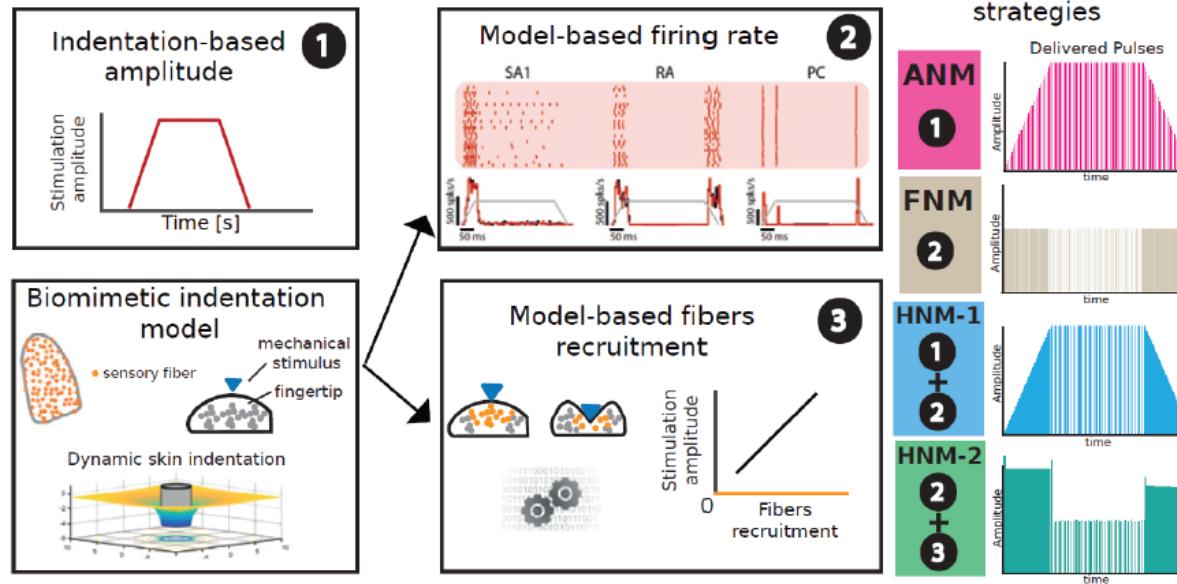


# Biomimetic encoding strategy



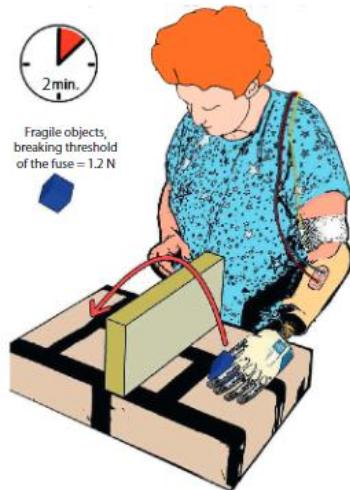
**Fig. 1.** Overview of the model. (A) Receptors are distributed across the skin given the known innervation densities of SA1, RA, and PC afferents. (B) The stimulus—in this case, a vibrating embossed letter A scanned across the skin—is defined as the time-varying depth at which each small patch of skin (here dubbed a pin) is indented (with a spatial resolution of 0.1 mm). The traces in Lower show the time-varying depth at the three locations on the skin indicated by the red dots in Upper. (C) The mechanics model relies on two parts: (Upper) modeling the distribution of stresses using a quasistatic elastic model and (Lower) modeling dynamic pressure and surface wave propagation. Left shows the surface deformation of the skin, and Right shows the resulting pattern of stresses at the location of the receptors. (D) The spiking responses are determined by leaky IF models using different sets of up to 13 parameters (marked in red numbers) for individual SA1, RA, and PC afferents fit based on peripheral recordings to skin vibrations. Adapted from ref. 71. (E) The output of the model is the spike train of each afferent in the population. Raster of the response of the afferent population sampled as in A to the stimulus shown in B (only active afferents are included). Note that the SA1s (in contact) only encode the spatial aspect of the stimulus, that the PCs encode from the whole finger phase-lock with the 200-Hz vibration, and that the RAs show mixed spatial and vibration responses.

# Biomimetic encoding strategy

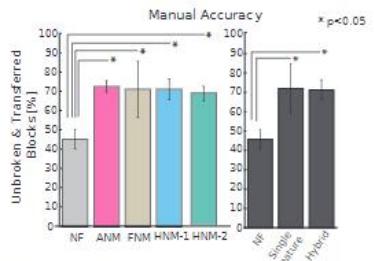
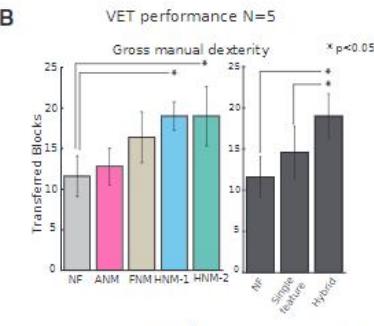


# Biomimetic encoding strategy

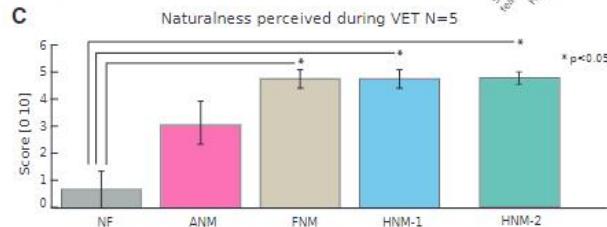
## A Setup - Virtual Eggs Test (VET)



## B



## C



The two hybrid models are better to perform the virtual egg task.

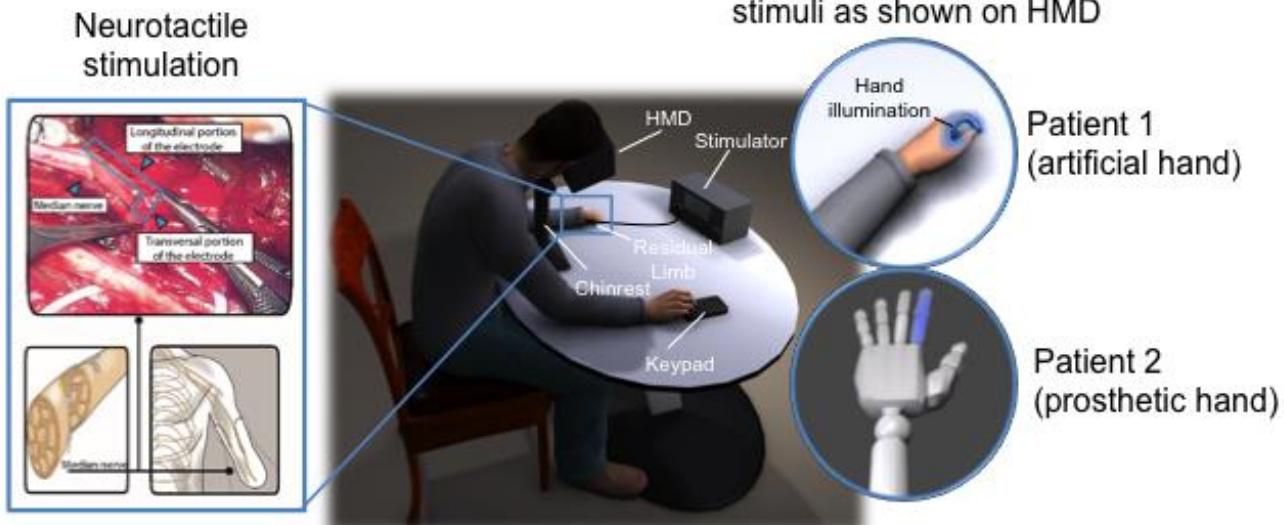
The biomimetic approaches were judged more natural

# Embodiment

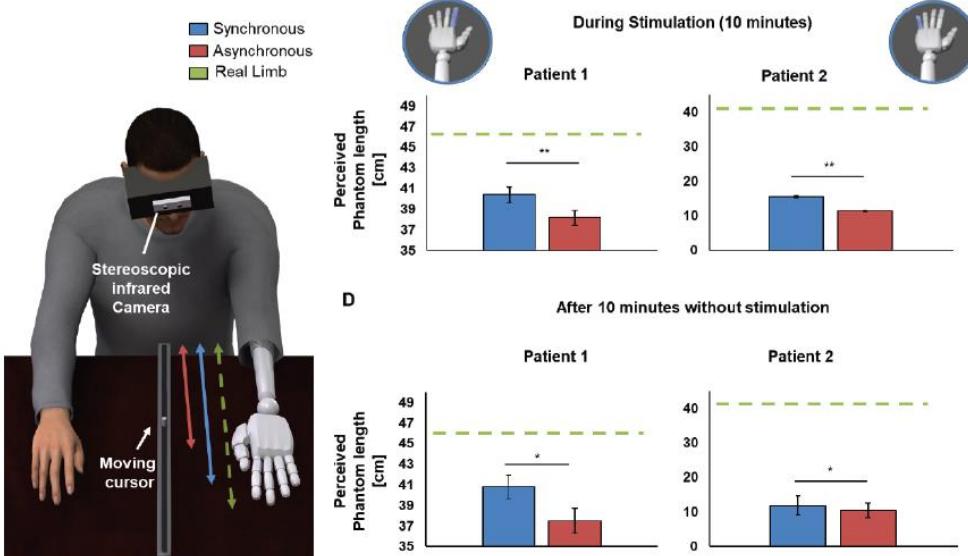


O. Blanke

G. Rognini



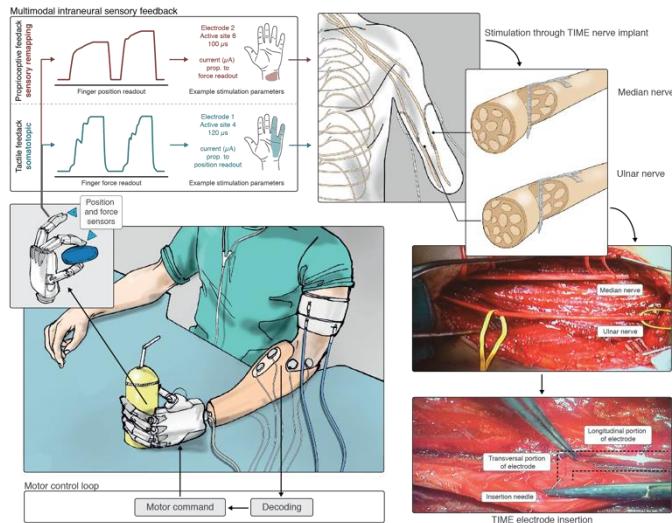
# Sensory feedback



Synchronous Tactile feedback (via intraneuronal stimulation) and Visual feedback (illumination of the region corresponding to phantom touch) feedback increased prosthesis embodiment and reduced the telescoping effect (perception that limb is shorter).

# Bidirectional neurocontrolled hand prostheses

## “Multimodal” sensory feedback



**a** Experimental setup

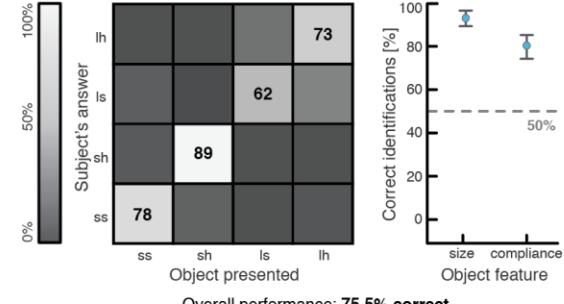
ss – small soft    sh – small hard



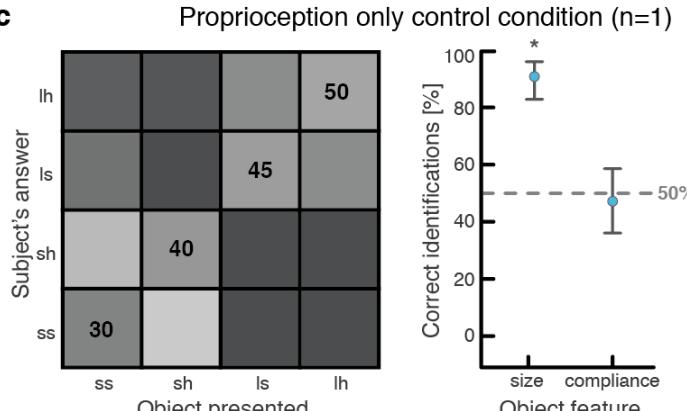
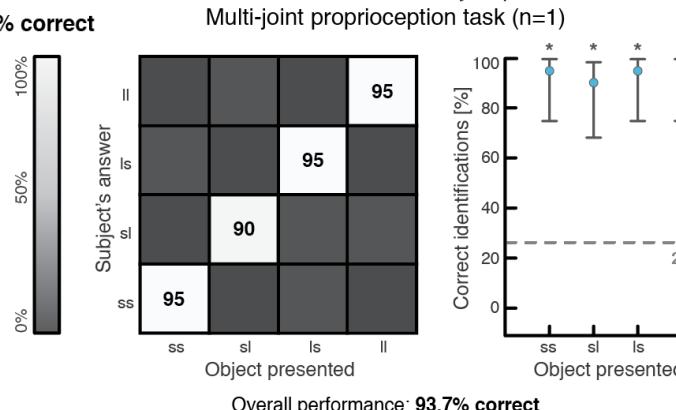
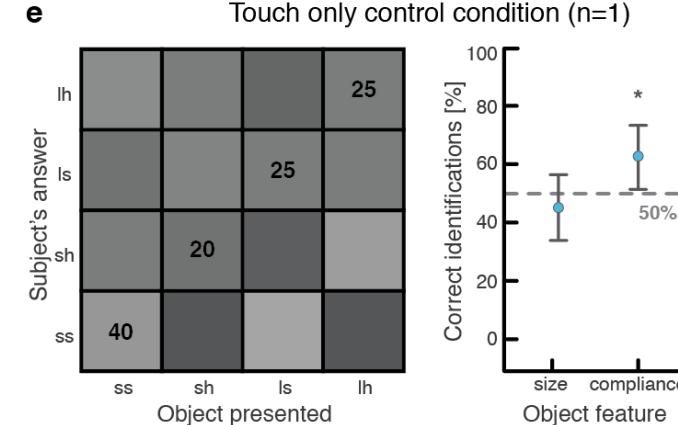
ls – large soft    lh – large hard



**b** Task performance with touch and proprioception (n=2)

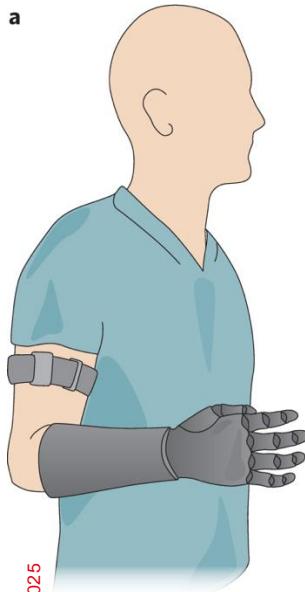


# Restoration of proprioception and tactile feedback

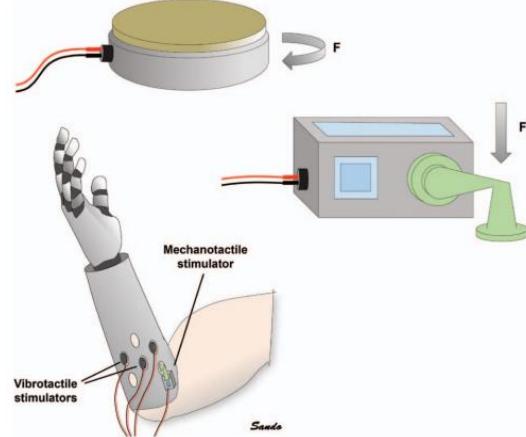
**c****e**

# Tactile feedback via non-invasive solutions

a



03/03/2025



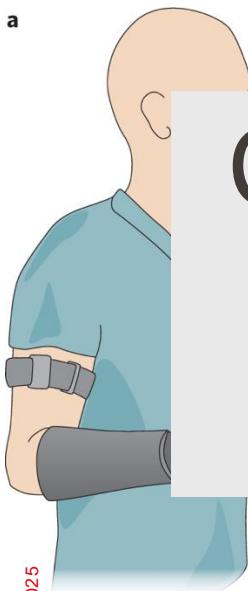
a



# Tactile feedback via non-invasive solutions

a

Can we exploit phantom sensations to provide thermal information?

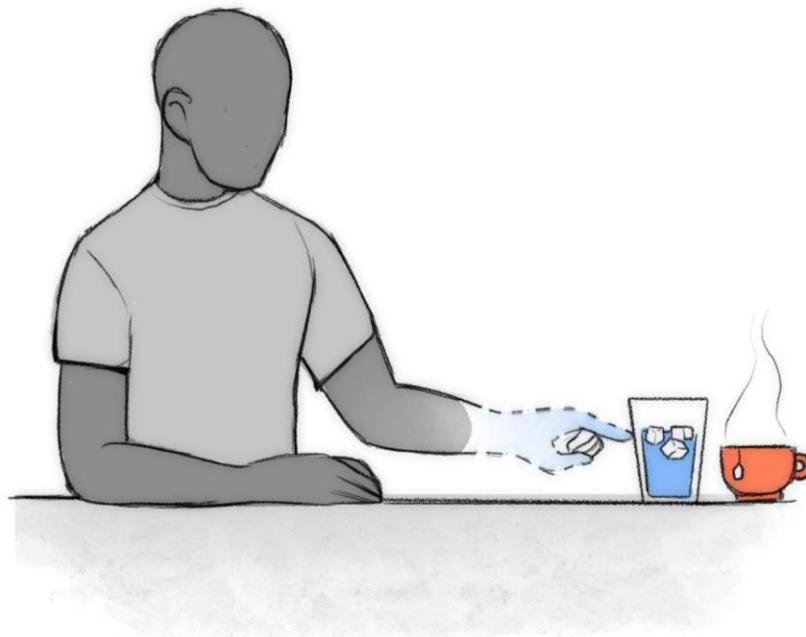


03/03/2025



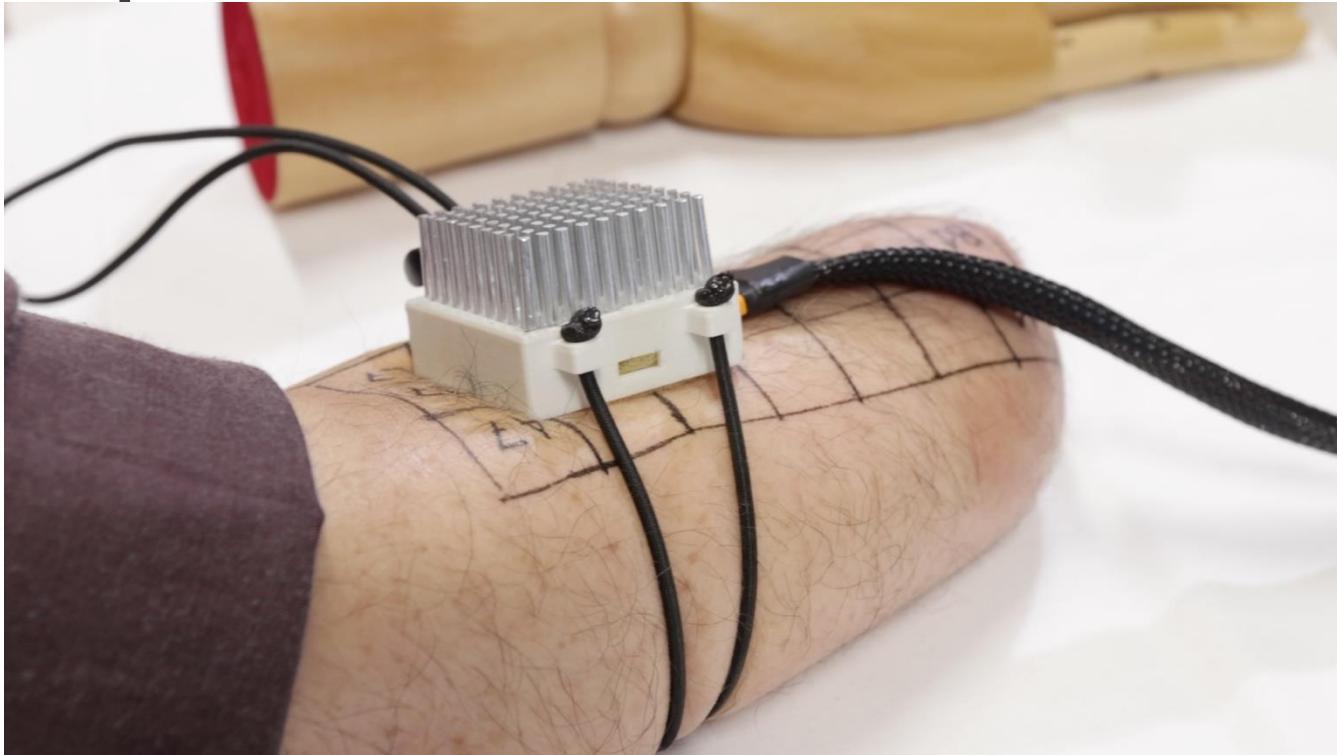
Digit 4  
Digit 5

# Why thermal feedback?

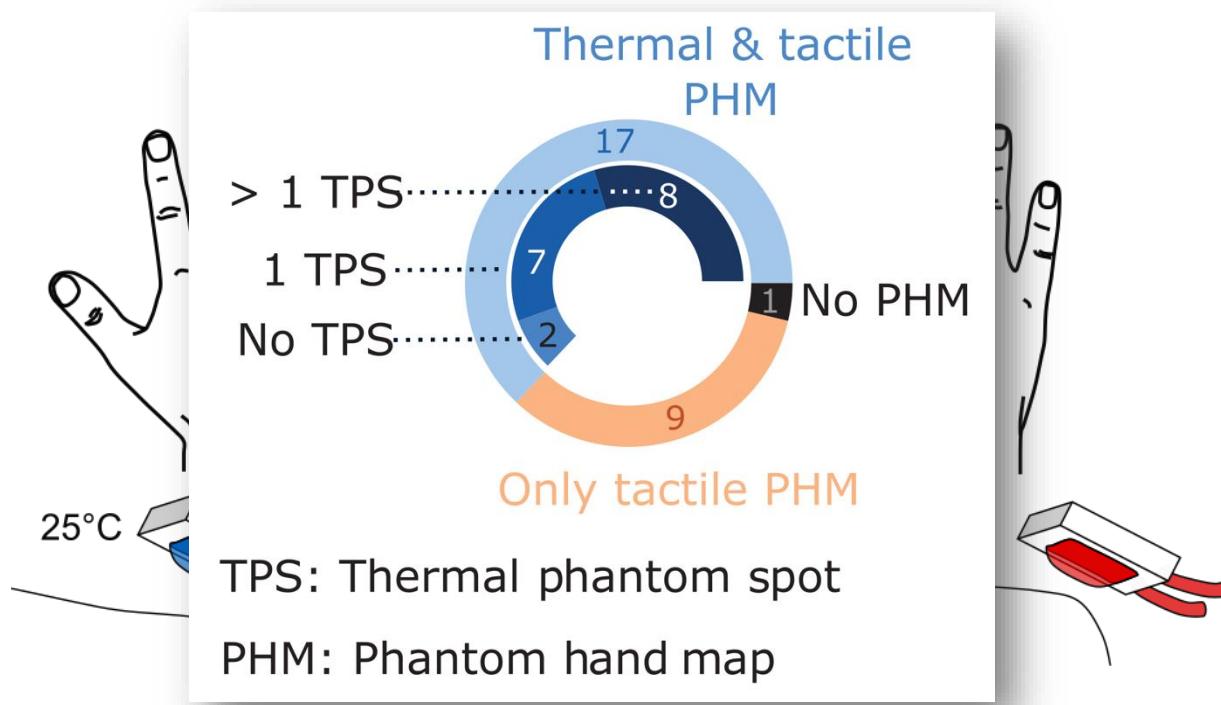


- Convey thermal information
  - Cold, warm, dangerously hot
- More complex modalities:
  - **Material** detection
  - **Moisture** detection
  - Contact with a **body**
- **Social** and **affective** aspects of touch

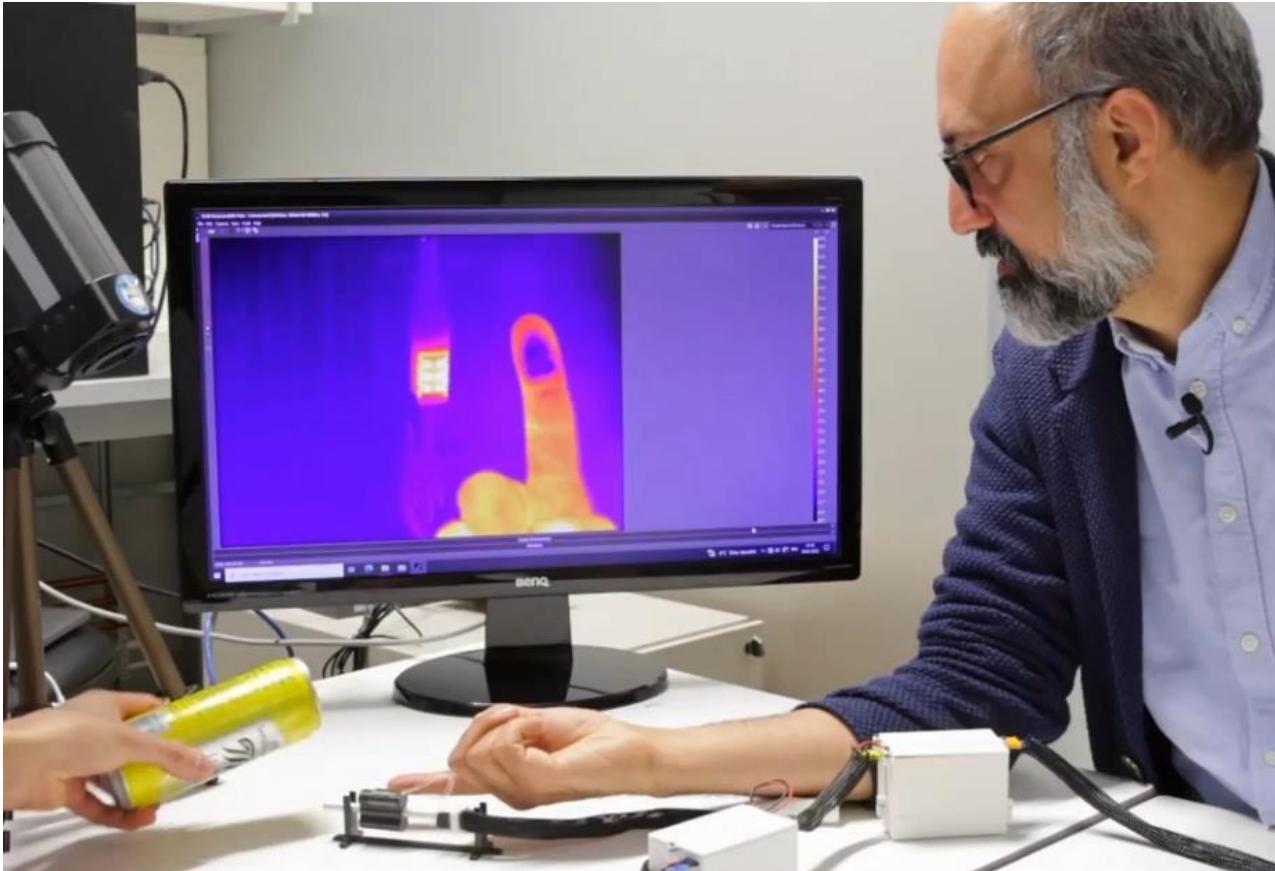
# Phantom tactile and thermal maps



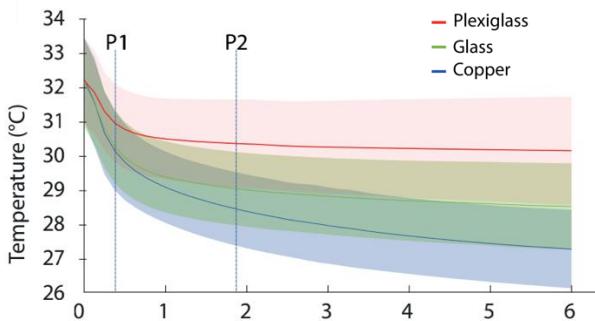
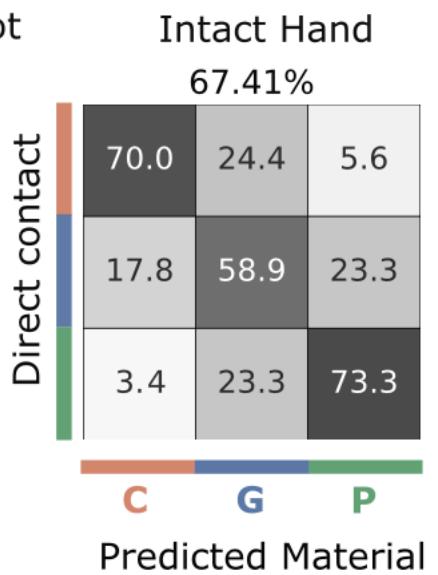
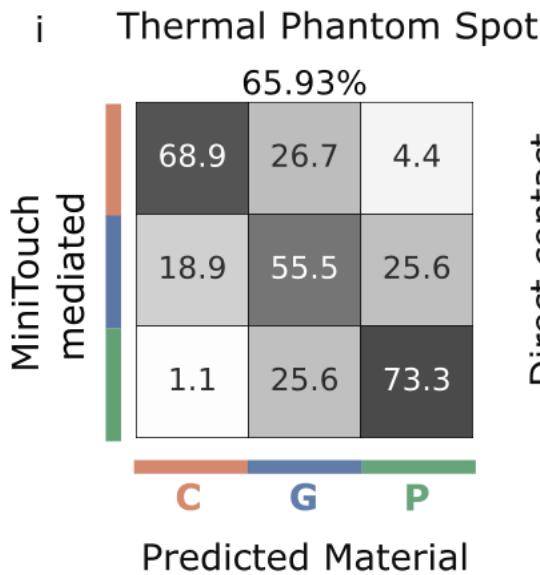
# Phantom tactile and thermal maps



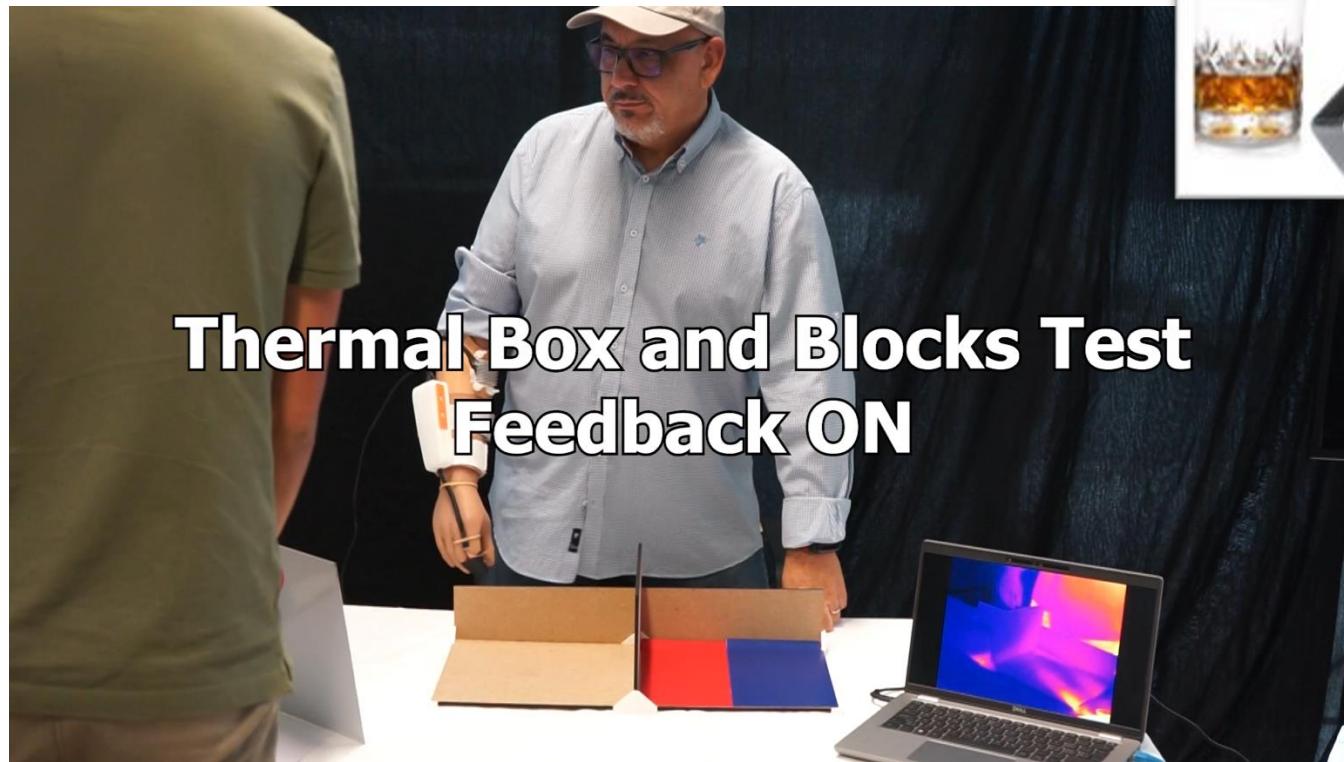
# Wearable solution



# Material detection

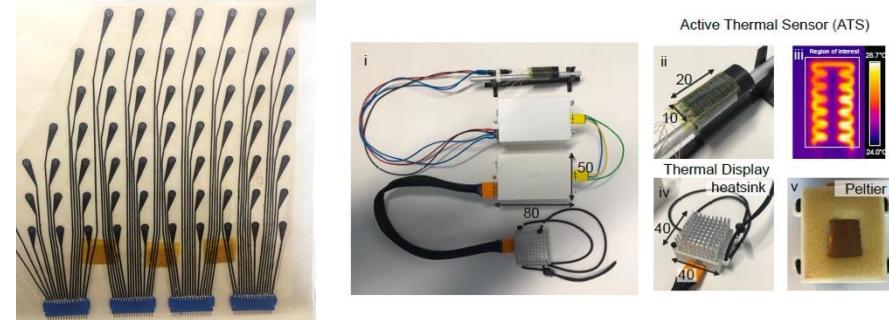
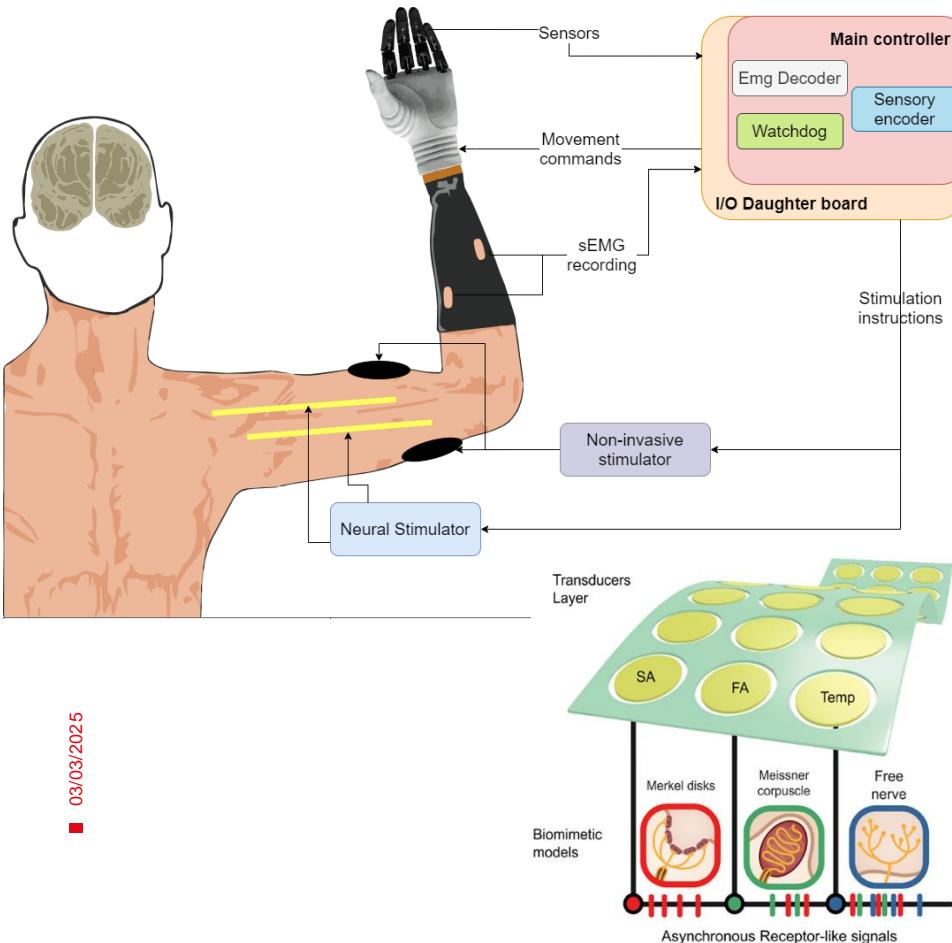


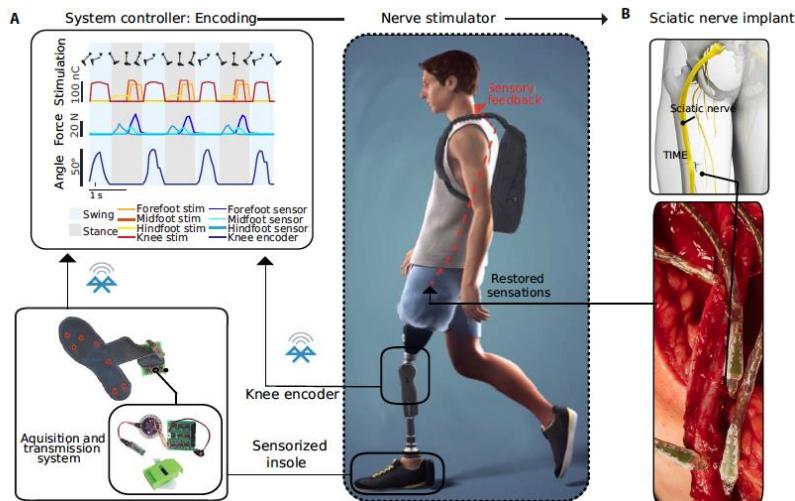
# Sensory motor tasks with real-time feedback



**Thermal Box and Blocks Test  
Feedback ON**

# NEXT STEP – Going chronic at home





# Lower limb bionics

# Bidirectional neurocontrolled leg prostheses

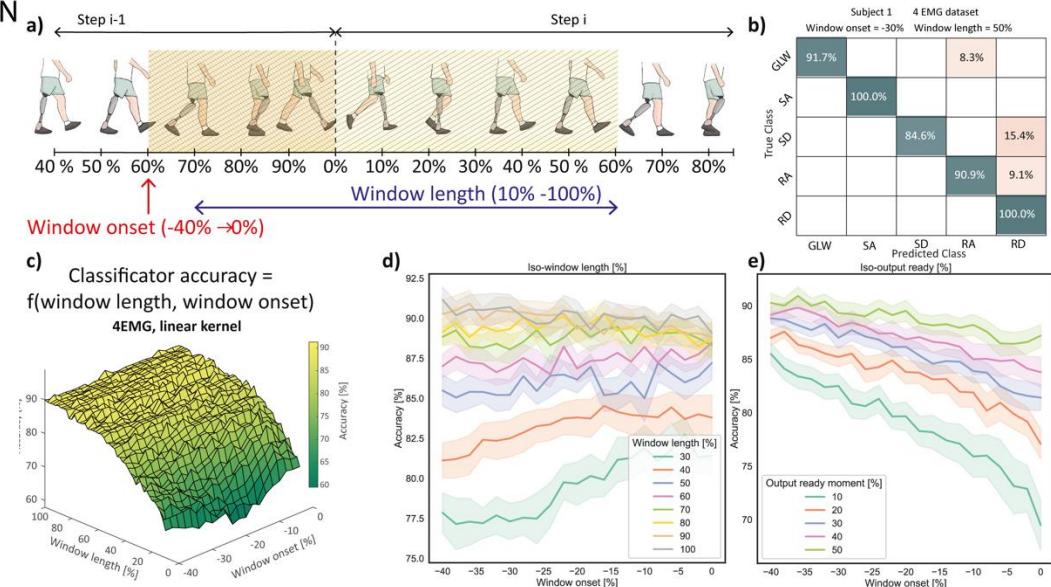
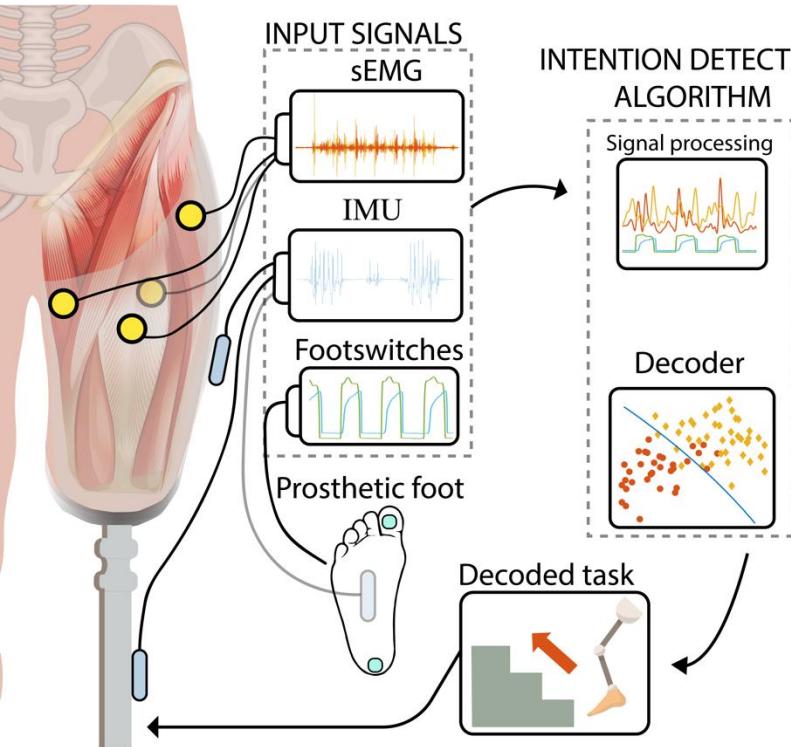


Leg Prosthetics

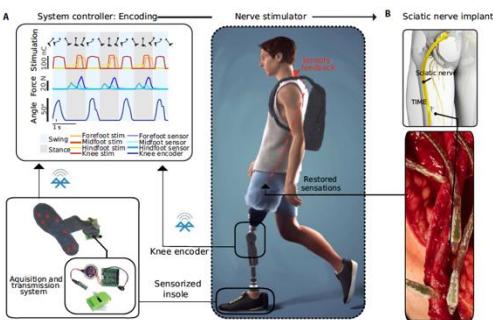
## Utah Bionic Leg



# Bidirectional neurocontrolled leg prostheses



## Enhancing functional abilities and cognitive integration of the lower limb prosthesis



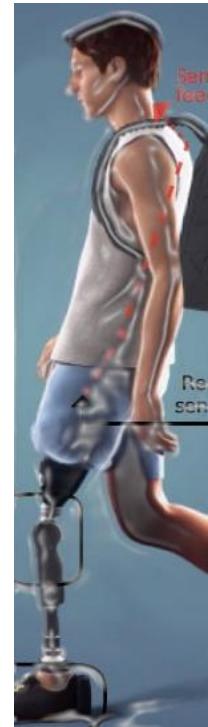
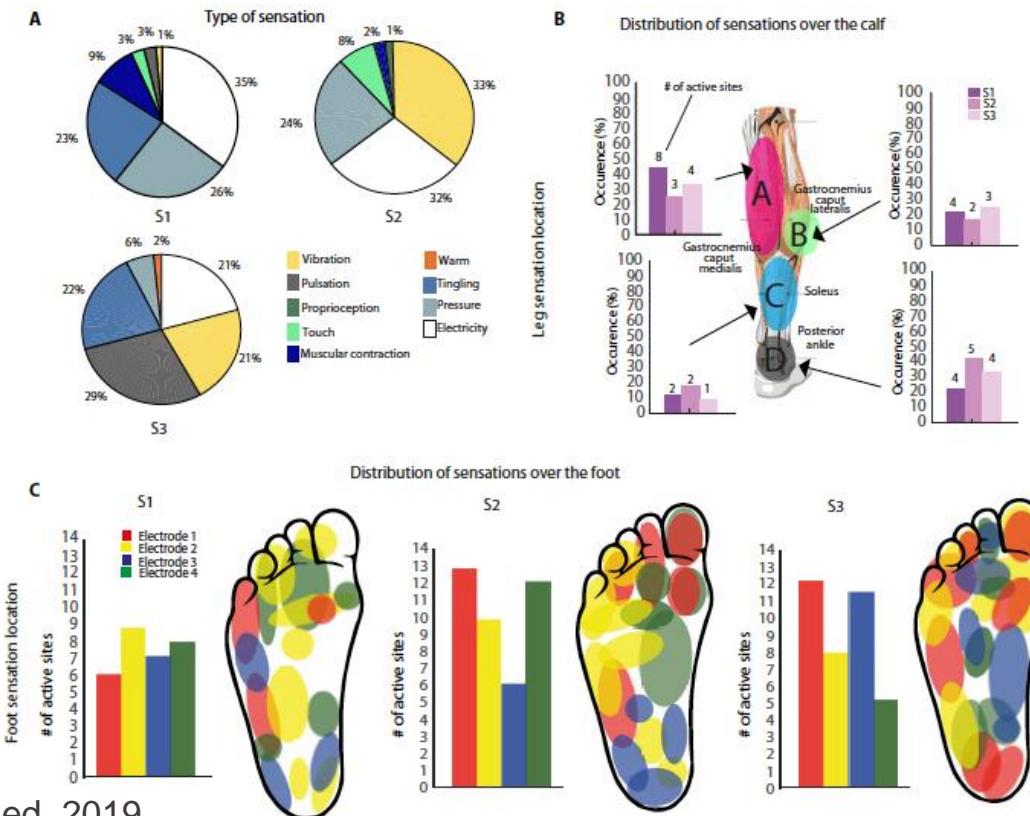
## Movie S2:

## Neuroprosthesis working principle and active tasks

**Caution: Investigational device**

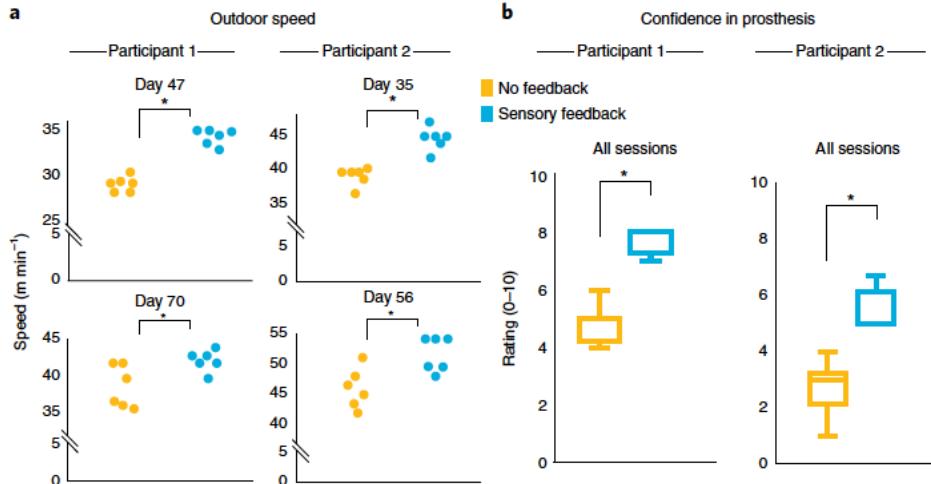
# Bidirectional neurocontrolled leg prostheses

## Sensory feedback



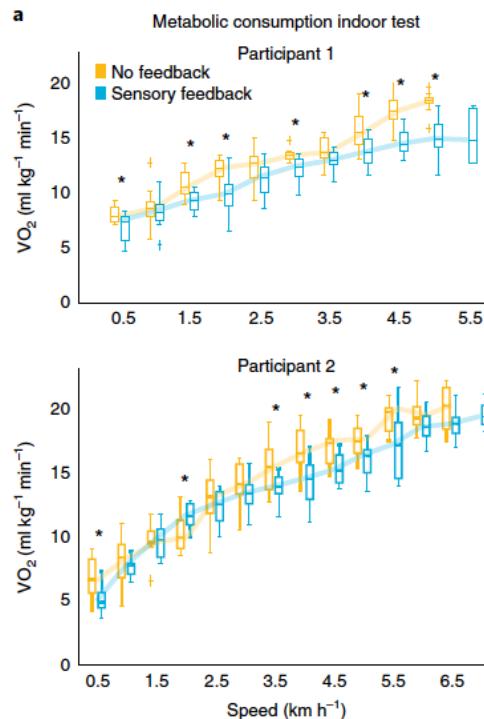
# Bidirectional neurocontrolled leg

## Sensory feedback



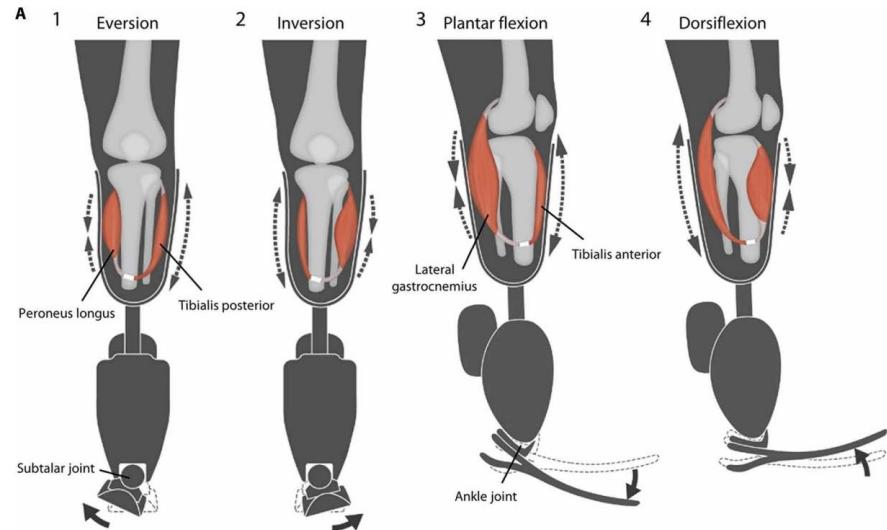
Walking speed and self-reported confidence increased while mental and physical fatigue decreased for both participants

Participants exhibited reduced phantom limb pain with neural sensory feedback.



# Agonist-antagonist myoneural interface

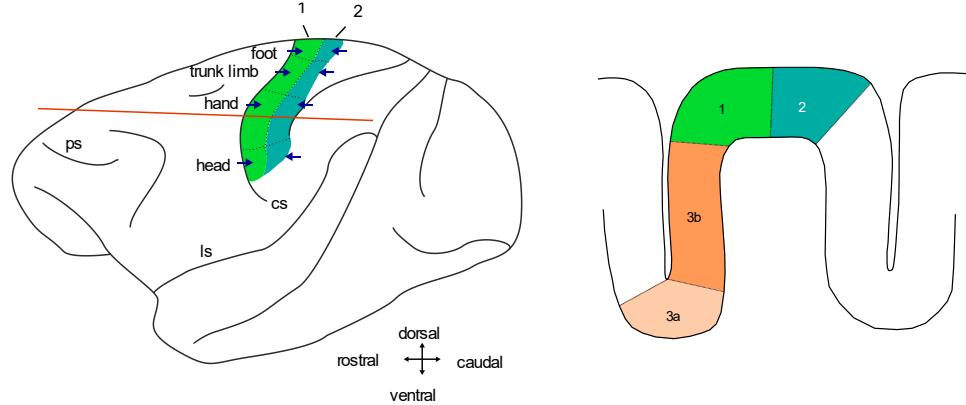
- As a methodology of improving efferent (neural pathways that relay commands from the central nervous system to a muscle or other end organ) prosthetic control and providing afferent proprioceptive sensation, we present an agonist-antagonist myoneural interface (AMI)
- An AMI is made up of an agonist and an antagonist muscle tendon connected mechanically in series: When the agonist contracts, the antagonist is stretched and vice versa
- The purpose of an AMI is to control and interpret proprioceptive feedback from a bionic joint.





# Sensory feedback via brain stimulation

# Cortical anatomical organization for Primary Somatosensory Cortex (NHP)

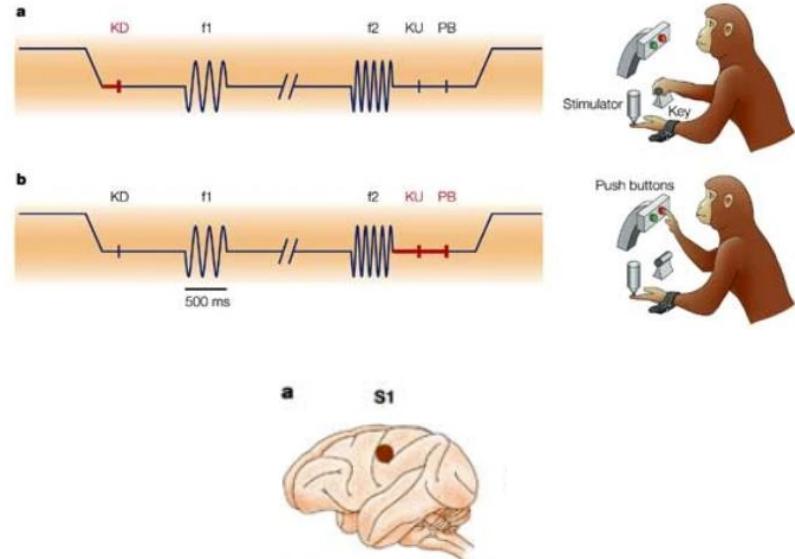


- Neurons in area 3a respond primarily to joint movements. Proprioceptive afferents are multimodally processed in this region.
- Neurons in areas 3b and 1 respond to light touch. Phase-locked responses to vibrations are primarily seen in area 3b, they gradually disappear in area 1 and area 2.

cs: central sulcus; ips: intraparietal sulcus; pcd: precentral dimple; asu: arcuate sulcus; ps: principal sulcus; ls: lateral sulcus; BA: Brodmann area. Modified from (James et al., 2007; Pons et al., 1985, 1987).

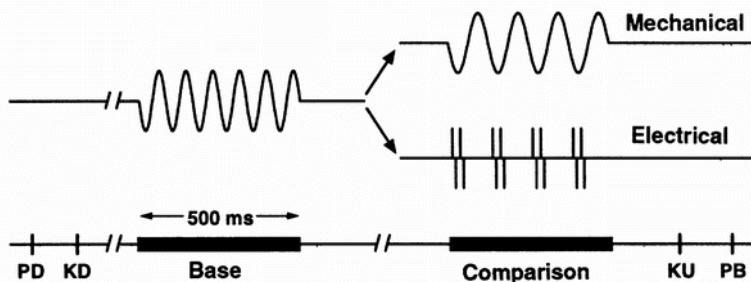
# Sensory feedback cortical mechanisms

- Test with nonhuman primates (NHP) showed that the sensation of flutter is produced with mechanical vibrations in the range of 5–50 Hz
- The stimulus activates neurons in S1 that somatotopically map to the site of stimulation.
- A subset of neurons in area 3b— those with quickly adapting properties— are strongly entrained by periodic flutter vibrations, firing with a probability related to the input frequency
- Hence, quickly adapting neurons provide a dynamic representation of such flutter stimuli.

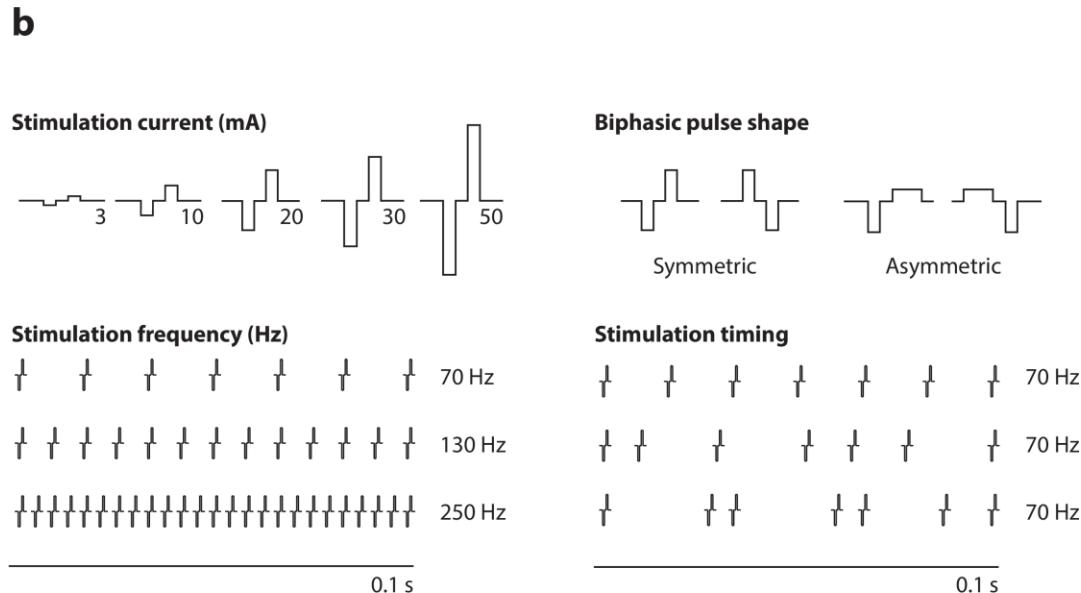
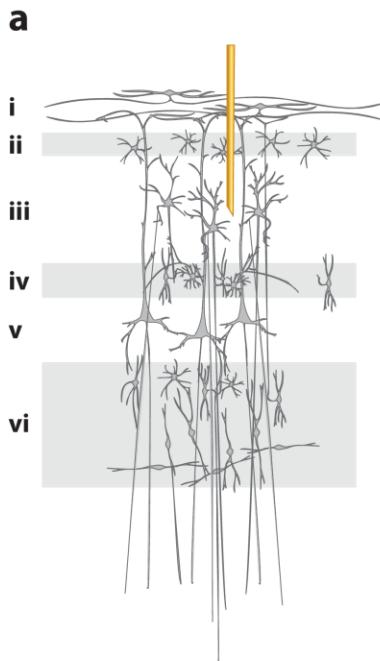


# Intracortical micro stimulation

- **Method:**
  - Microelectrodes implanted into area 3b of S1
  - Biphasic current pulses (lasted 0.2 ms, with 0.05 ms between phases), amplitude 65  $\mu$ A and 100  $\mu$ A
- **Results:** Animals reliably indicated whether electrical signal was higher or lower than that the mechanical signal
- **Conclusion:** the neural code underlying the sensation of flutter can be manipulated.

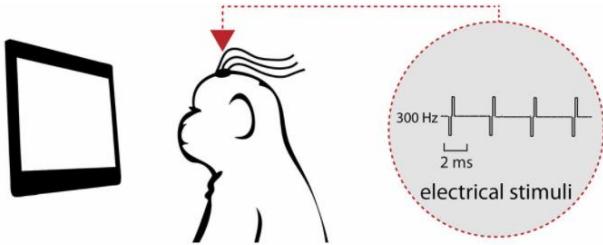


# Cortical anatomical organization for Primary Somatosensory Cortex (NHP)

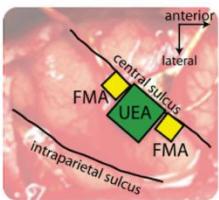


# Encoding via ICMS

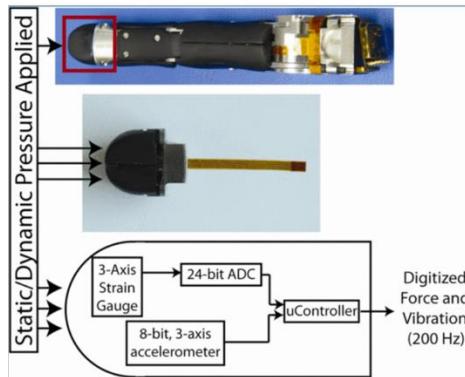
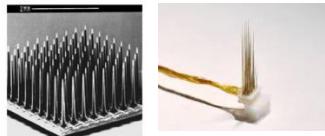
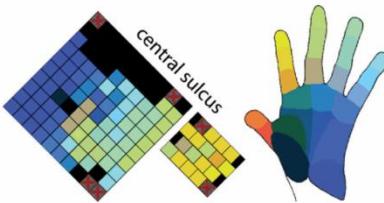
A



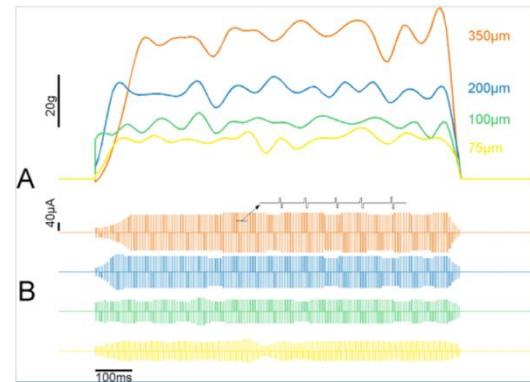
C



D

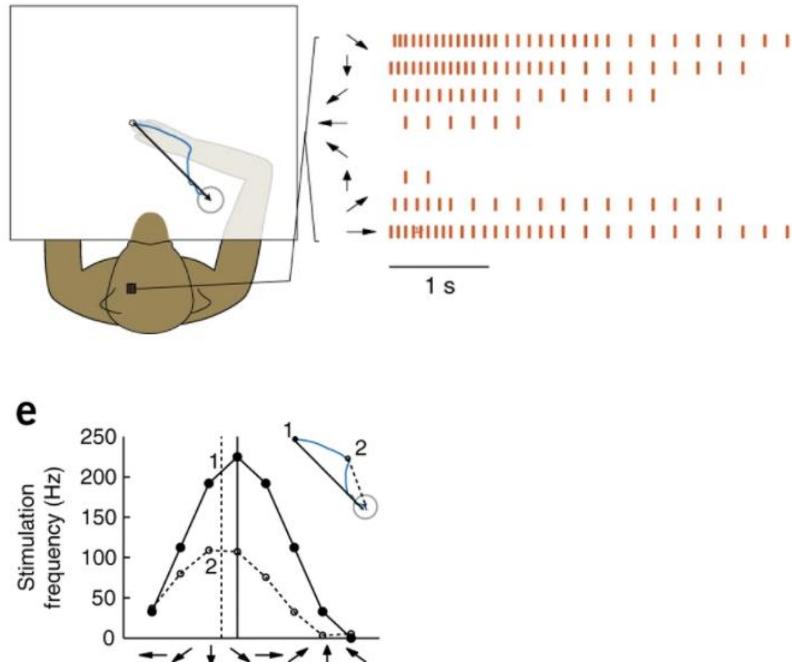


Pressure sensors on the finger-tip of a prosthetic hand



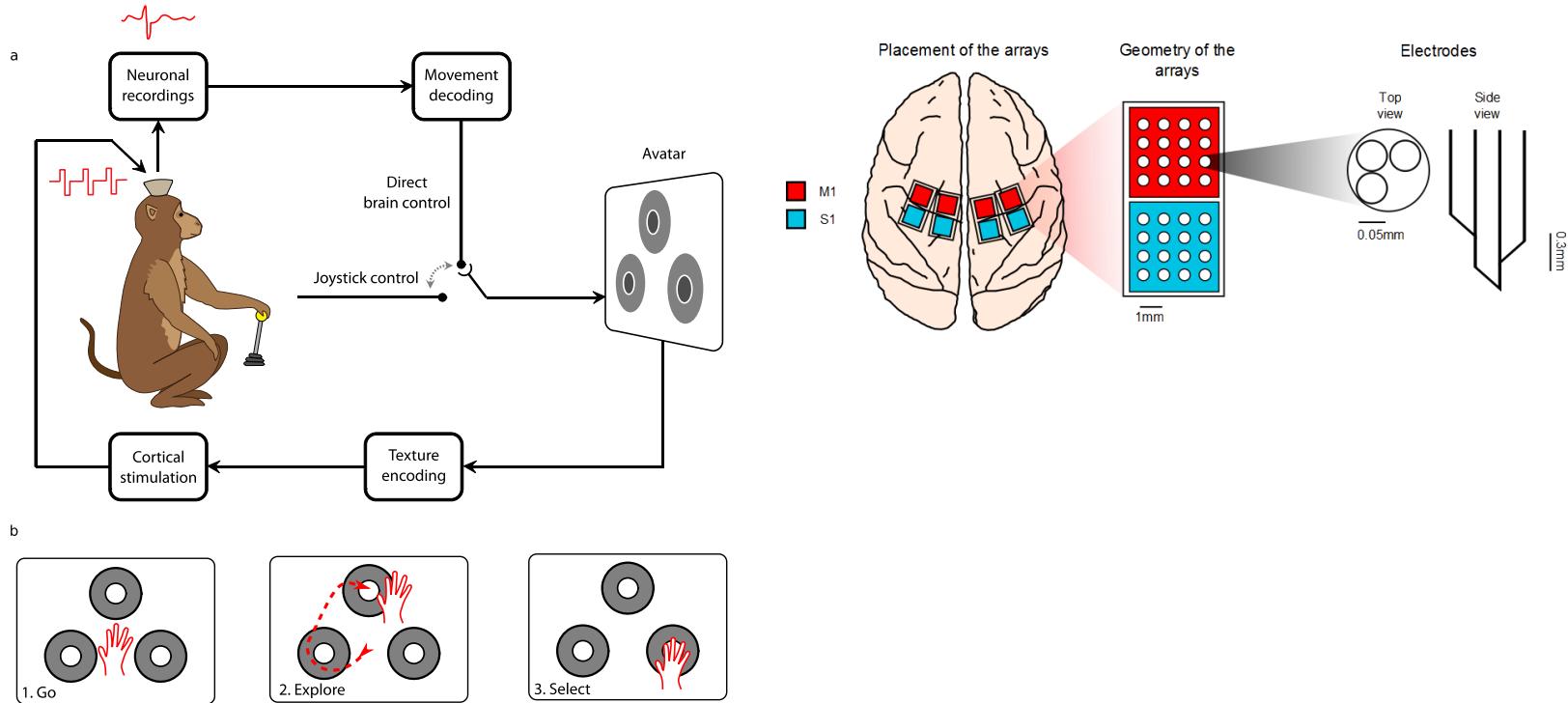
Conversion from time-varying force to ICMS pulse trains of varying amplitude. (A) Time-varying force output of the prosthetic finger on four detection trials with four different amplitudes. (B) Resulting electrical stimulation pulse trains

# Sensory encoding using a learning-based ICMS approach



- Stimulation on 8 electrodes.
- Non-biomimetic approach, but rather a learning-based approach
  - Spatiotemporal correlations between a visual signal and novel artificial signal in a behavioral context would be sufficient for a monkey to learn to integrate the new modality.
- Provide continuous information about the hand state during reaching via ICMS
- **Result:** artificial kinesthetic feedback can be efficiently learned by the monkey and can provide rich insights for directing movements.

# Bidirectional brain machine interface



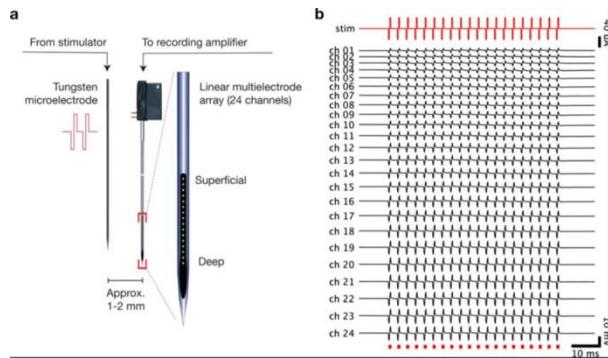
03/03/2025

O'Doherty, J. E., Lebedev, M. A., Ifft, P. J., Zhuang, K. Z., Shokur, S., Bleuler, H., & Nicolelis, M. A. (2011). Active tactile exploration using a brain-machine-brain interface. *Nature*, 479(7372), 228-231.

# Stimulation paradigm

## Problem

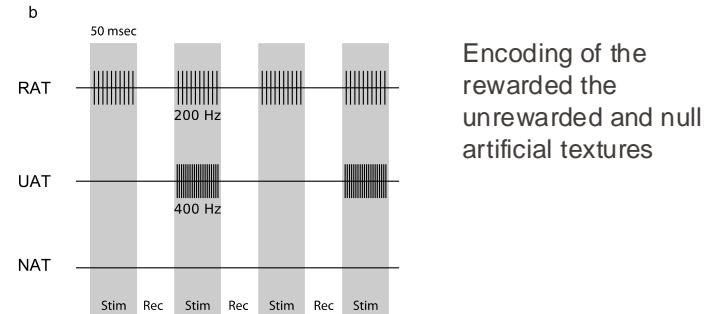
Complex signal artifact during the stimulation periods -> corrupts the signals recorded in the motor cortex



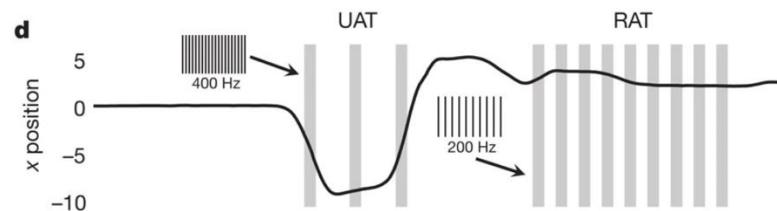
O'Shea, D. J., & Shenoy, K. V. (2018). ERAASR: an algorithm for removing electrical stimulation artifacts from multielectrode array recordings. *Journal of neural engineering*, 15(2), 026020.

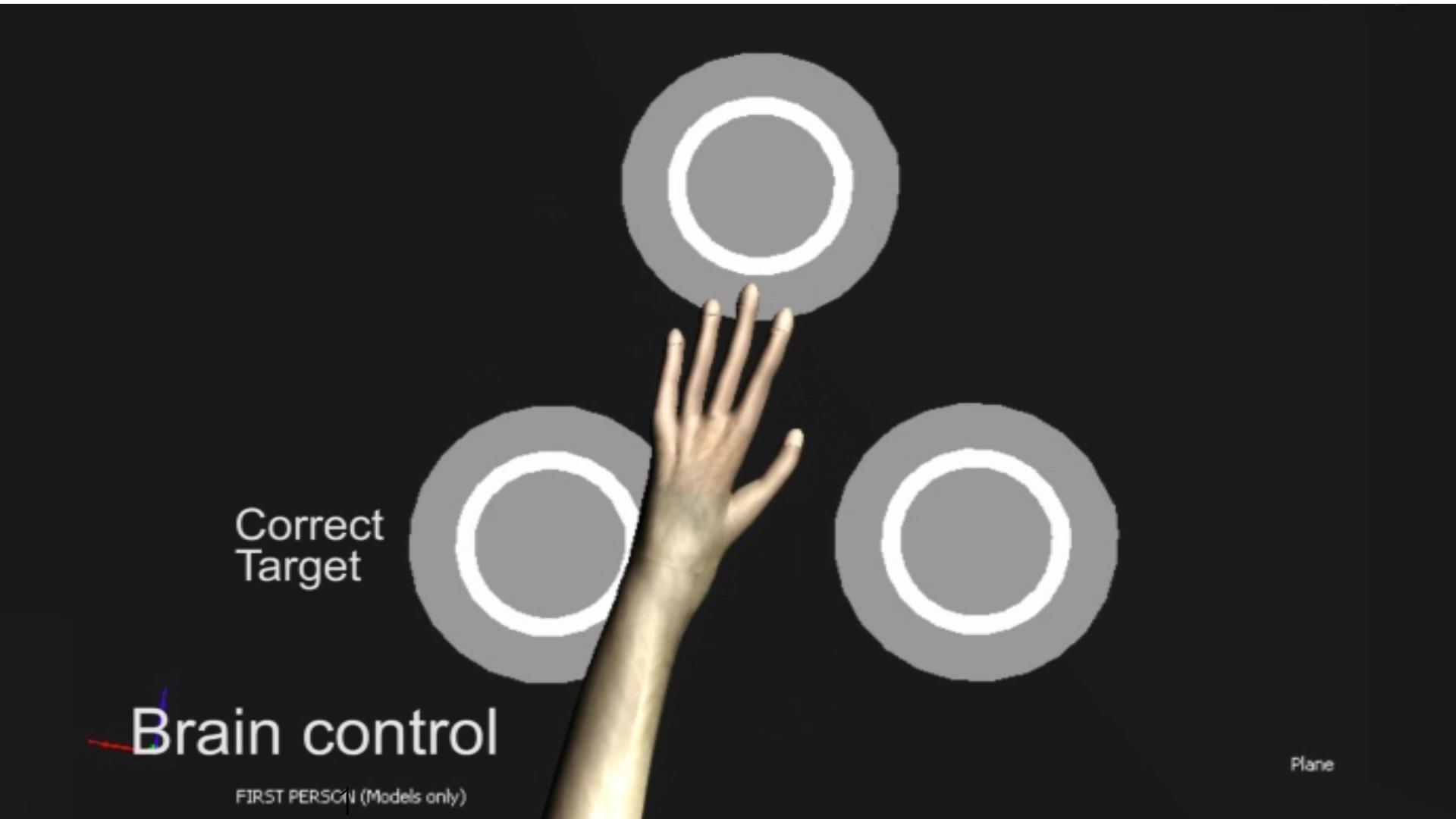
## Solution (for this study):

Multiplexing of sensory encoding and motor decoding periods



Encoding of the rewarded the unrewarded and null artificial textures





Correct  
Target

Brain control

FIRST PERSON (Models only)

Plane

# Texture perception



monkey view

experimenter view

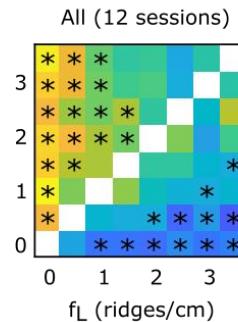
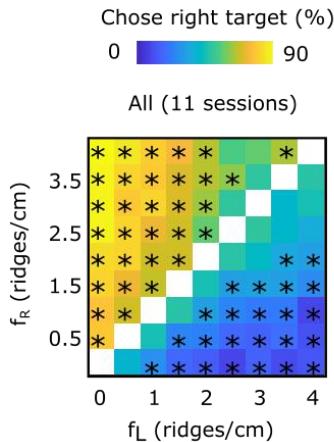


Note: microstimulation artifact NOT audible to monkey

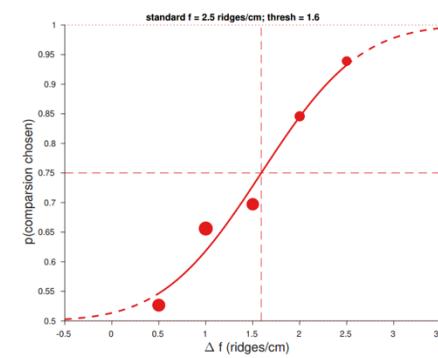


# Active tactile exploration of textures: results

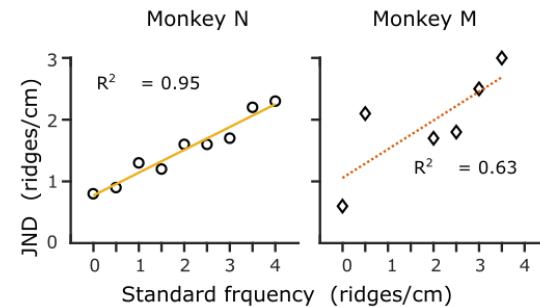
Monkeys discriminated spatial gratings based on self-generated temporal ICMS



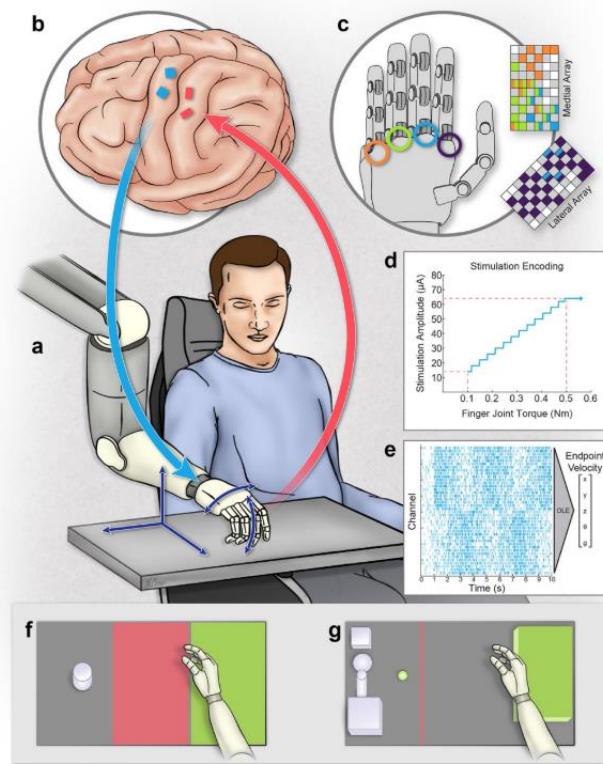
Psychometrics analysis of Just noticeable difference (JND)



JND increases proportionally to  $f$ , consistent with the Weber–Fechner/Steven's law



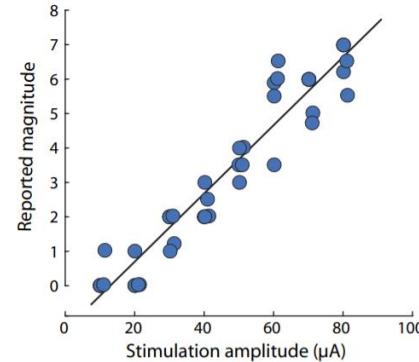
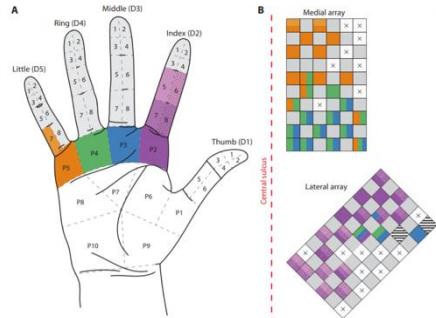
# Clinical test with implanted electrodes in Tetraplegic patients



## Patient:

- A 28-year-old male participant with tetraplegia
- Two microelectrode arrays implanted in area 1 of S1
- Electrode implanted in M1 as part of a larger protocol

# How does it feel ?

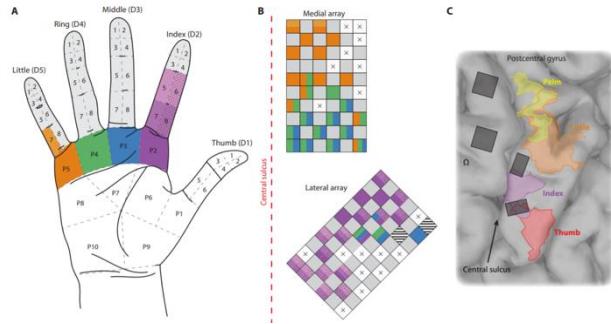


There is a linear relation between perceived intensity of tactile feedback and the amplitude of stimulation

**Table 1. Percept qualities evoked by intracortical microstimulation.** The number of trials evoking each response type is shown. The totals in each category (naturalness, depth, etc.) differ because the participant did not always provide a complete response for every case where he could detect a stimulus. In 79 cases, a sensation of "tingle" was described without being further described by one of the subcategories.

Naturalness (250)	Depth (247)	Pain (280)	Somatosensory quality (190)
..	...	.....	
..	...	.....	
..	...	.....	
..	...	.....	

# How does it feel ?

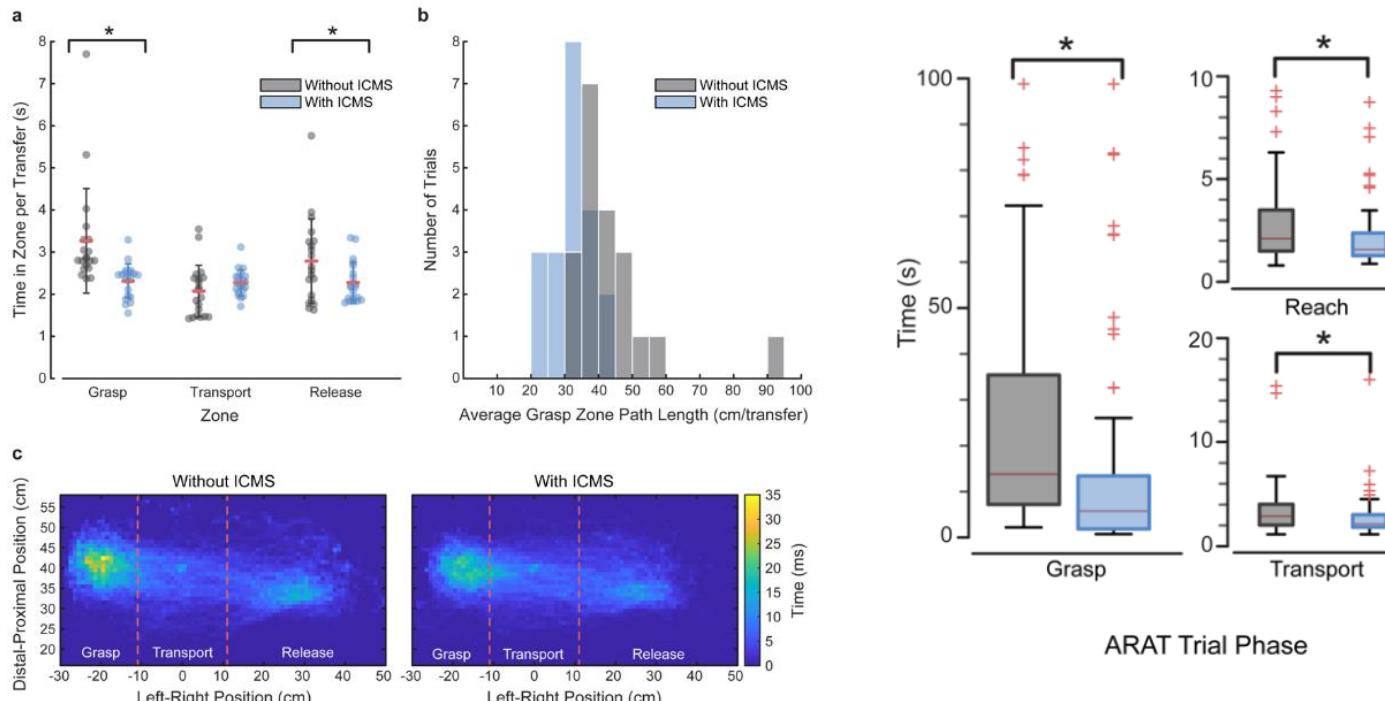


There is a linear relation between perceived intensity of tactile feedback and the amplitude of stimulation

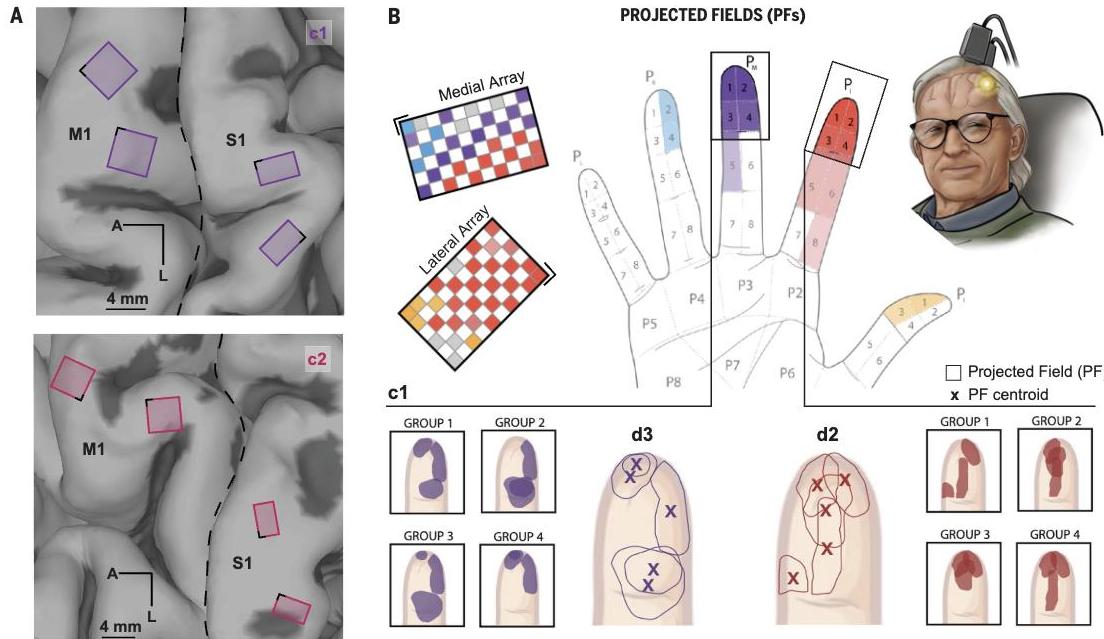
**Table 1. Percept qualities evoked by intracortical microstimulation.** The number of trials evoking each response type is shown. The totals in each category (naturalness, depth, etc.) differ because the participant did not always provide a complete response for every case where he could detect a stimulus. In 79 cases, a sensation of "tingle" was described without being further described by one of the subcategories.

Naturalness (250)		Depth (247)		Pain (280)		Somatosensory quality (190)	
Totally natural	0	Skin surface	9	0 (no pain)	280	Mechanical	Touch (2), pressure (128), sharp (0)
Almost natural	12	Below skin	5	1, 2, 3	0	Movement	Vibration (1), movement (0)
Possibly natural	233	Both	233	4, 5, 6	0	Temperature	Warm (30), cool (0)
Rather unnatural	5			7, 8, 9	0	Tingle (79)	Electrical (29), tickle (0), itch (0)
Totally unnatural	0			10 (most pain)	0		

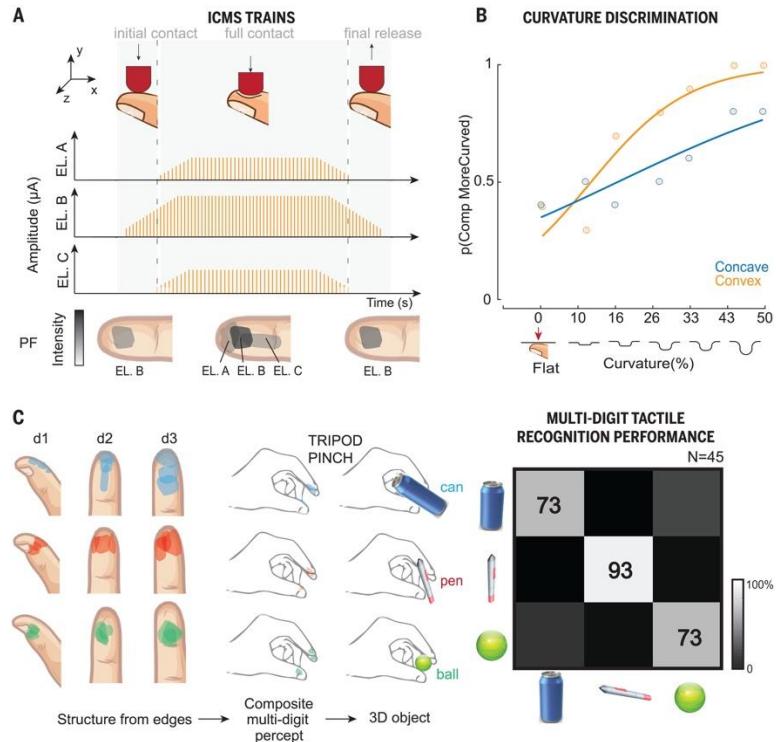
# Functional improvement using a bidirectional BMI



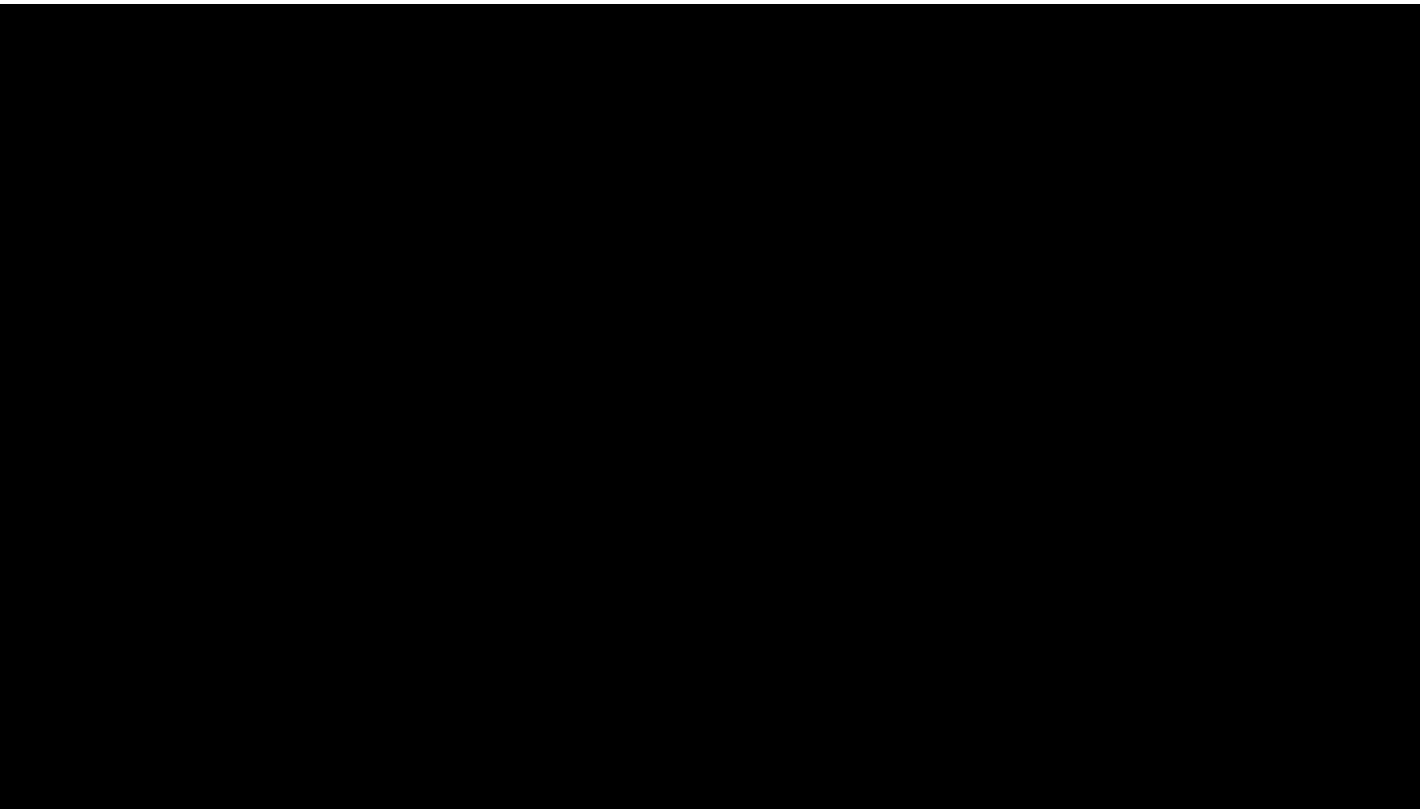
# Brain-to-machine-to-brain interface in a quadriplegic subject



# Brain-to-machine-to-brain interface in a quadriplegic subject



# Brain-to-machine-to-brain interface in a quadriplegic subject



- Artificial limbs can be bidirectionally controlled in several ways
  - Non-invasive interfaces for decoding (EMG, EEG) and encoding (vibrators, transcutaneous electrical stimulation)
  - Invasive interfaces for decoding and encoding (ECoG, intracortical, peripheral implants)
- The choice must be done taking into account the residual skills of the subjects AND their preferences
- The different neurotechnological “tools” must be integrated accordingly

