

Real-time Machine Learning for Assistive Medical Robotics

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Outline

- ▶ **The University of Alberta**
- ▶ **Toward Intelligent Artificial Limbs**
- ▶ **Reinforcement Learning**
- ▶ **Real-time Prediction in a Clinical Setting**
(General Value Functions & Nexting)
- ▶ **Results (Able-bodied & Clinical)**





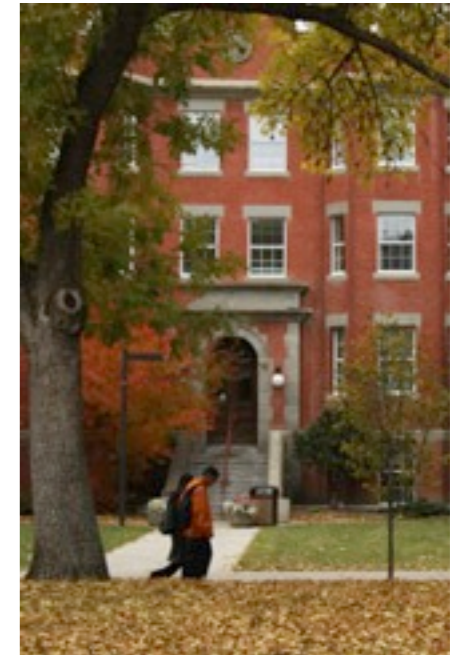




Alberta Nature



The University of Alberta



- Opened in 1908
- 6,000 Graduate students
- 30,000 Undergraduate students
- 1 of the top 100 universities in the world

Department of Computing Science University of Alberta





rlai.net

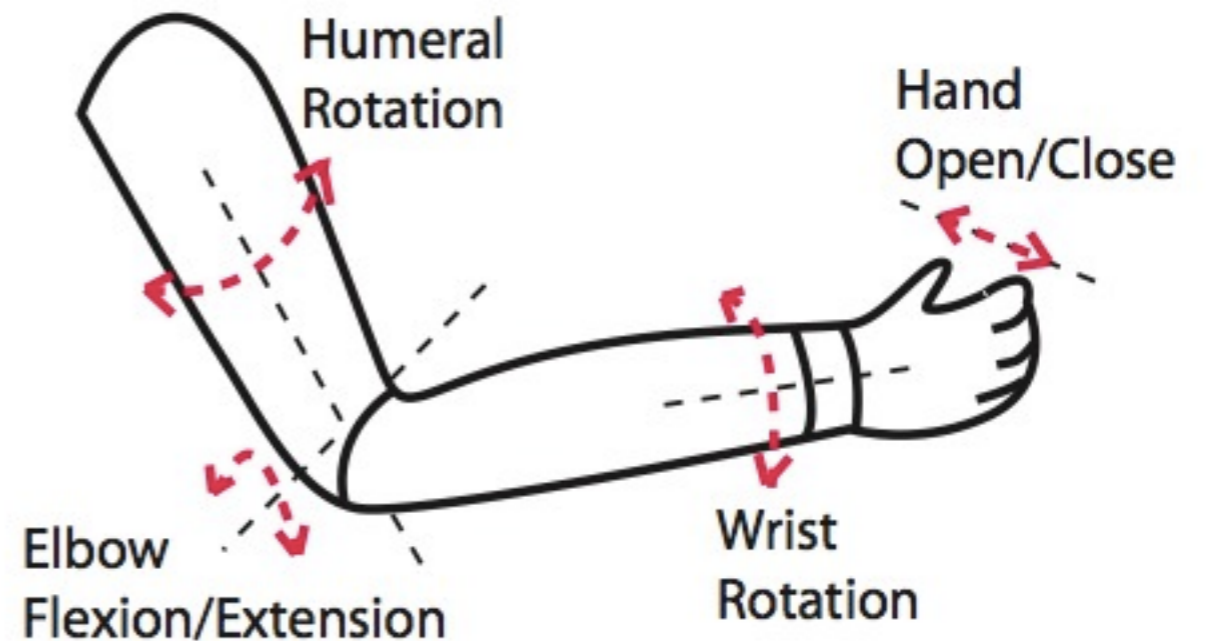
Reinforcement Learning & Artificial Intelligence Lab

*PIs: Rich Sutton, Csaba Szepesvari
Michael Bowling, Dale Schuurmans*

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Multifunction Myoelectric Prostheses



Otto Bock's Dynamic Arm combined with myoelectric wrist rotator and prehensor.

(Image: Otto Bock; Schematic: Dawson, Ph.D.Thesis, 2011.)

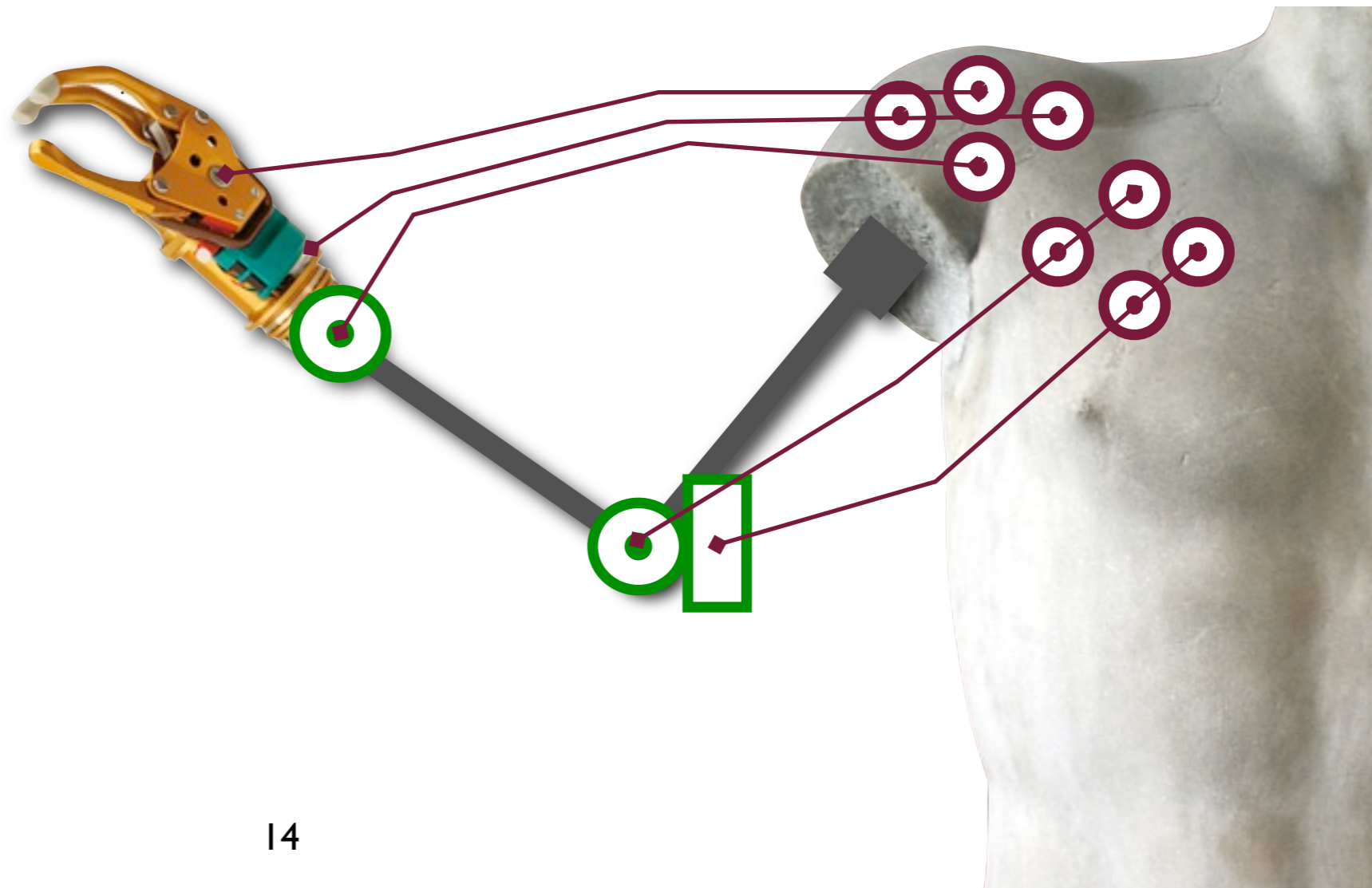
Three Known Barriers

“Three main problems were mentioned as reasons that amputees stop using their ME prostheses: *nonintuitive control, lack of sufficient feedback, and insufficient functionality.*”

— Peerdeman et al., JRRD, 2011.

Intelligent Interfaces

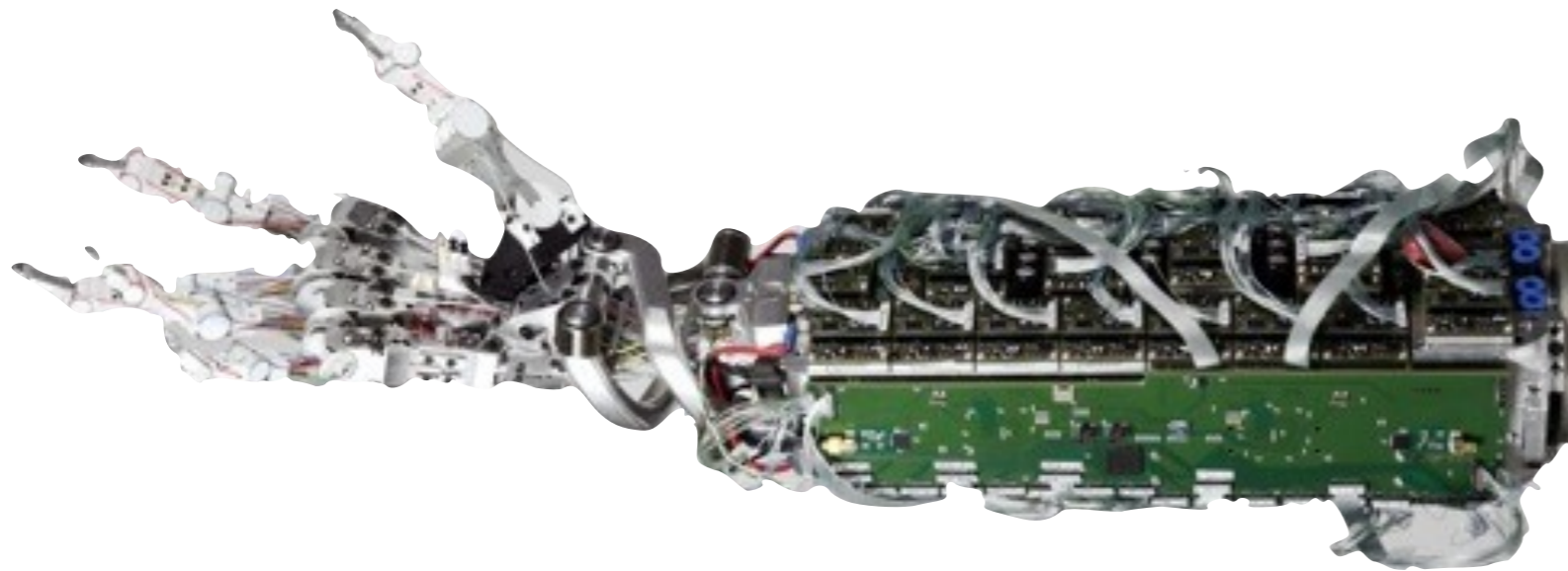
(Prostheses that approach and someday exceed the abilities of a biological limb.)



MyoHand VariPlus Speed
Hand Image: Otto Bock

Intelligent Interfaces

(Prostheses that approach and someday exceed the abilities of a biological limb.)

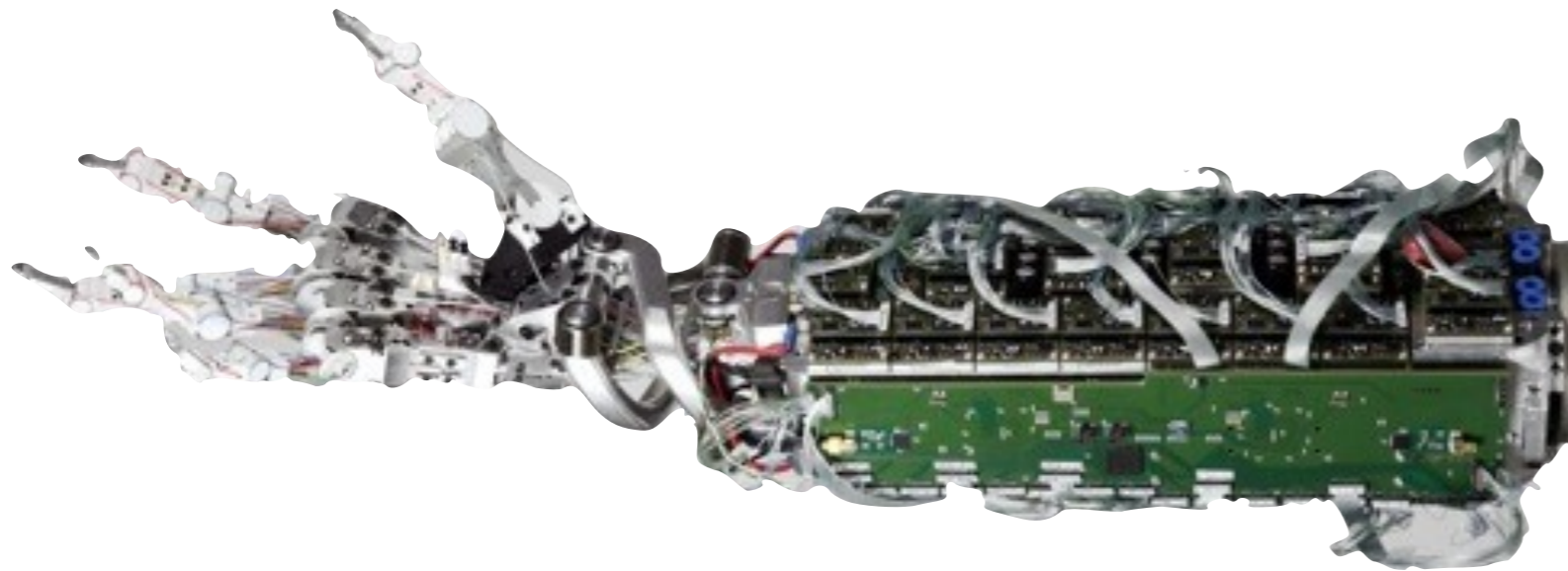


DLR Hand Arm System

Image: German Aerospace Center (DLR) & IEEE Spectrum

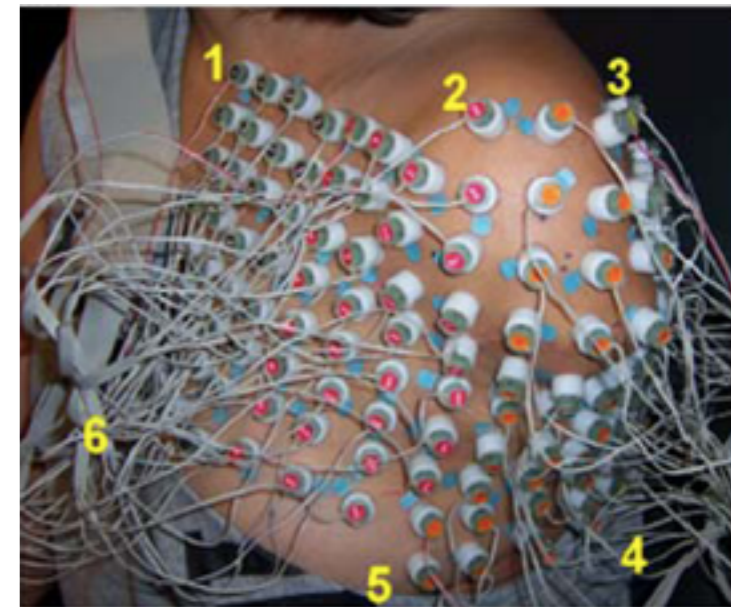
Intelligent Interfaces

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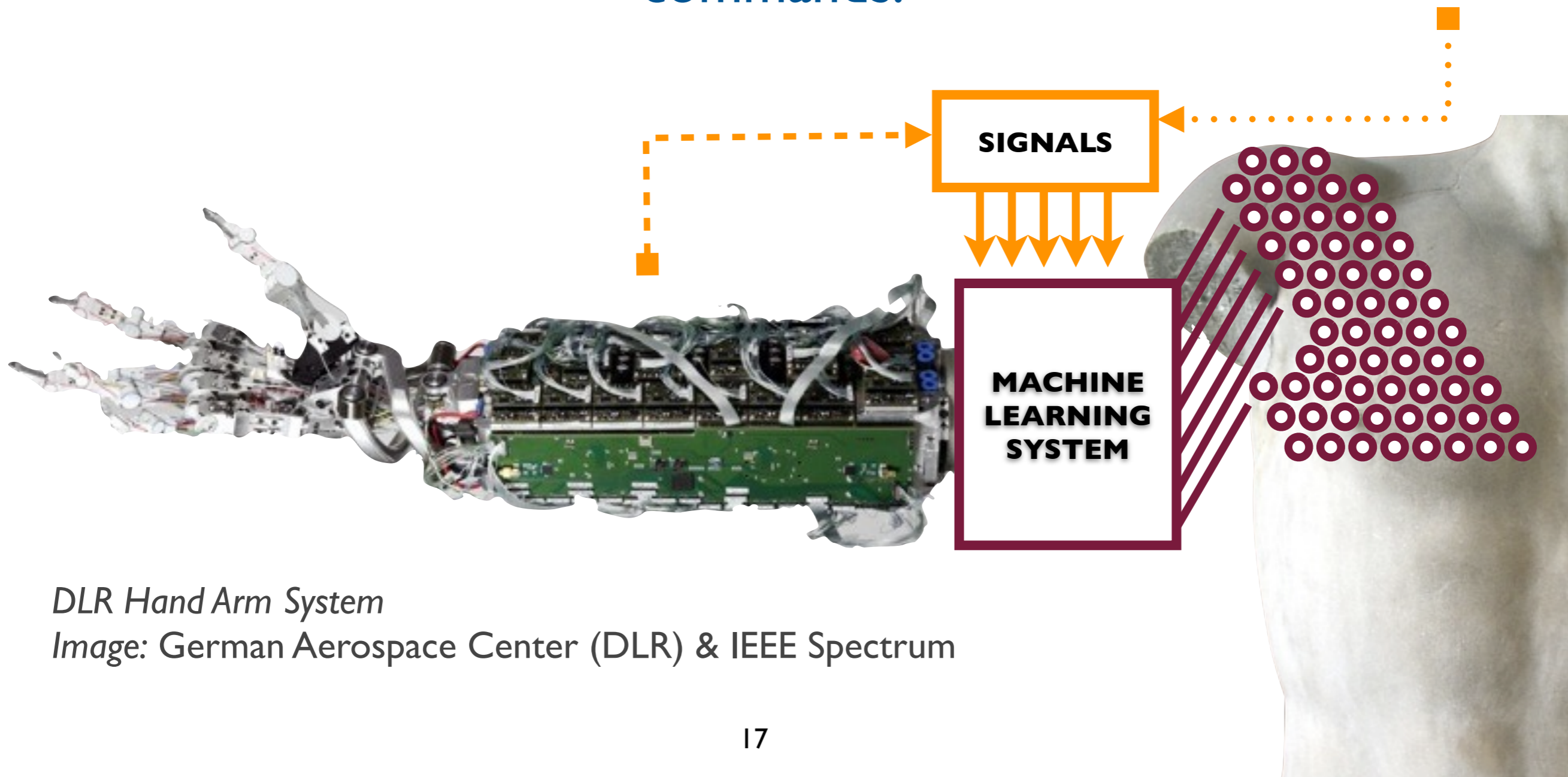
Image: German Aerospace Center (DLR) & IEEE Spectrum



Huang et al., *Ann. Biomed. Eng.*, 37:9 (2009).

Machine Learning

In the face of growing complexity, *learn* the correct way to map numerous EMG signals to actuator commands.



DLR Hand Arm System

Image: German Aerospace Center (DLR) & IEEE Spectrum

State of the Art

- Excellent examples of machine learning work in classifying EMG patterns for use in limb control (e.g. Oskoei and Hu '08, Parker et al. '06, Sensinger et al. '09).
- However, most contemporary learning approaches rely on external knowledge of their domain to guide learning, and function primarily in offline or batch learning scenarios.
- This breaks down as the complexity and individuality of the input and output space increases; very hard to determine the “correct” thing to do.

Three Missing Elements

- **Real-time machine learning.**
(Online, adaptive algorithms; noted by Sensinger et al. '09, Scheme & Englehart '11)
- **Generalized interfaces.**
(Blank-slate human-machine interaction & collaboration; e.g. Pilarski et al. 2011)
- **Data-respecting biomedical pattern analysis.**
(Complexity is good: interpreting myriad signals without reducing the sensorimotor space)

Ongoing Projects

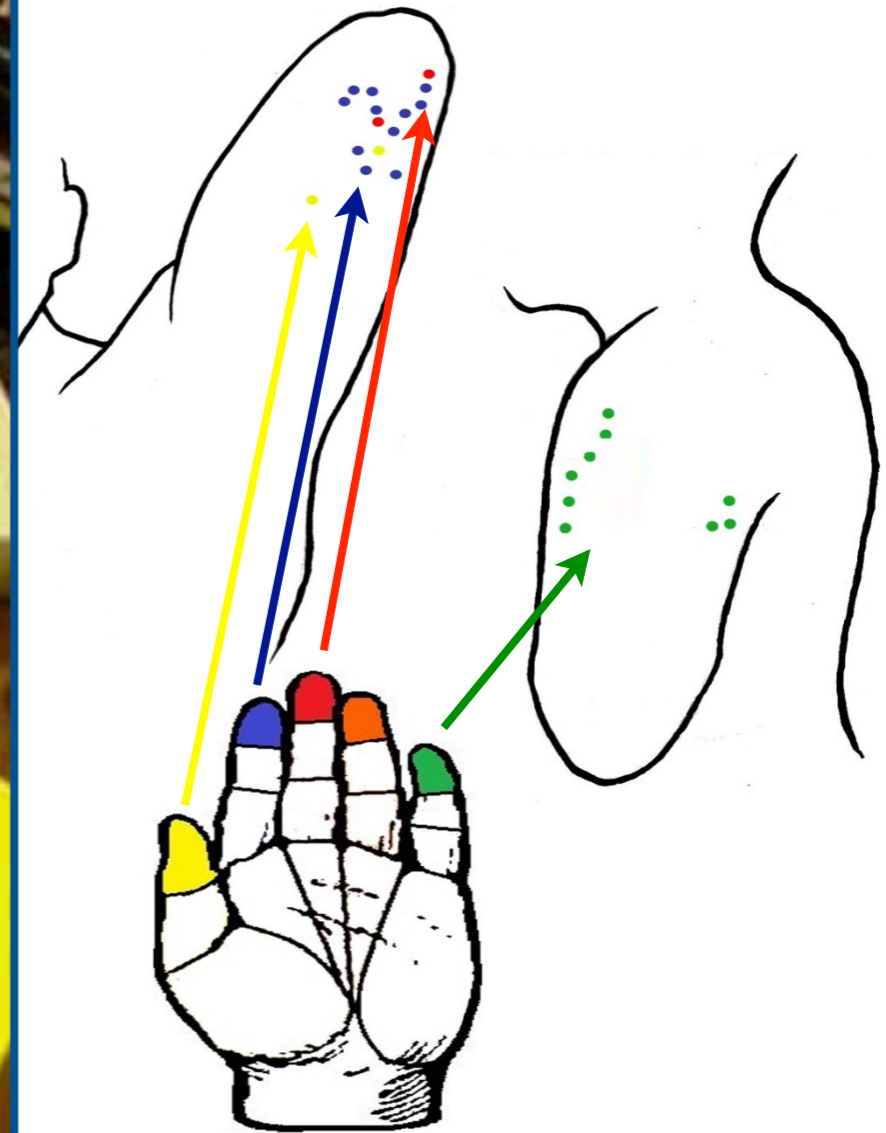
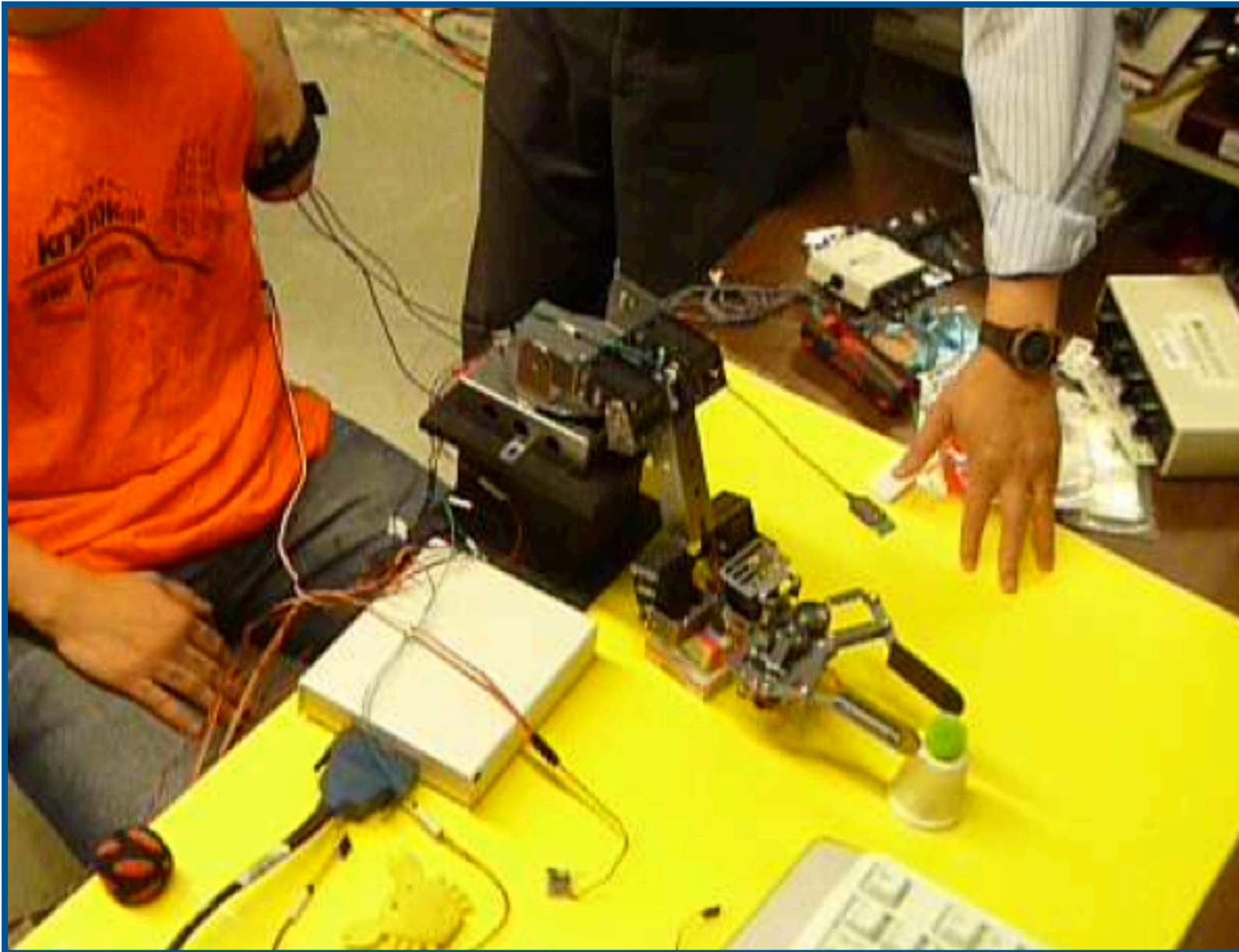
- Real-time control learning without *a priori* information about a user or device.
- Prediction and anticipation of signals during patient-device interaction.
- Collaborative algorithms for the online human improvement of limb controllers.

Team

- **RLAI / AICML**: new methods for improved control, feedback, and online interaction.
- **Mec. Eng.**: new mechanical limbs and platforms for amputee training (MTT).
- **Glenrose / Medicine**: new surgeries (TMR & TSR), patients, and clinical expertise.



Setting: TMR/TSR



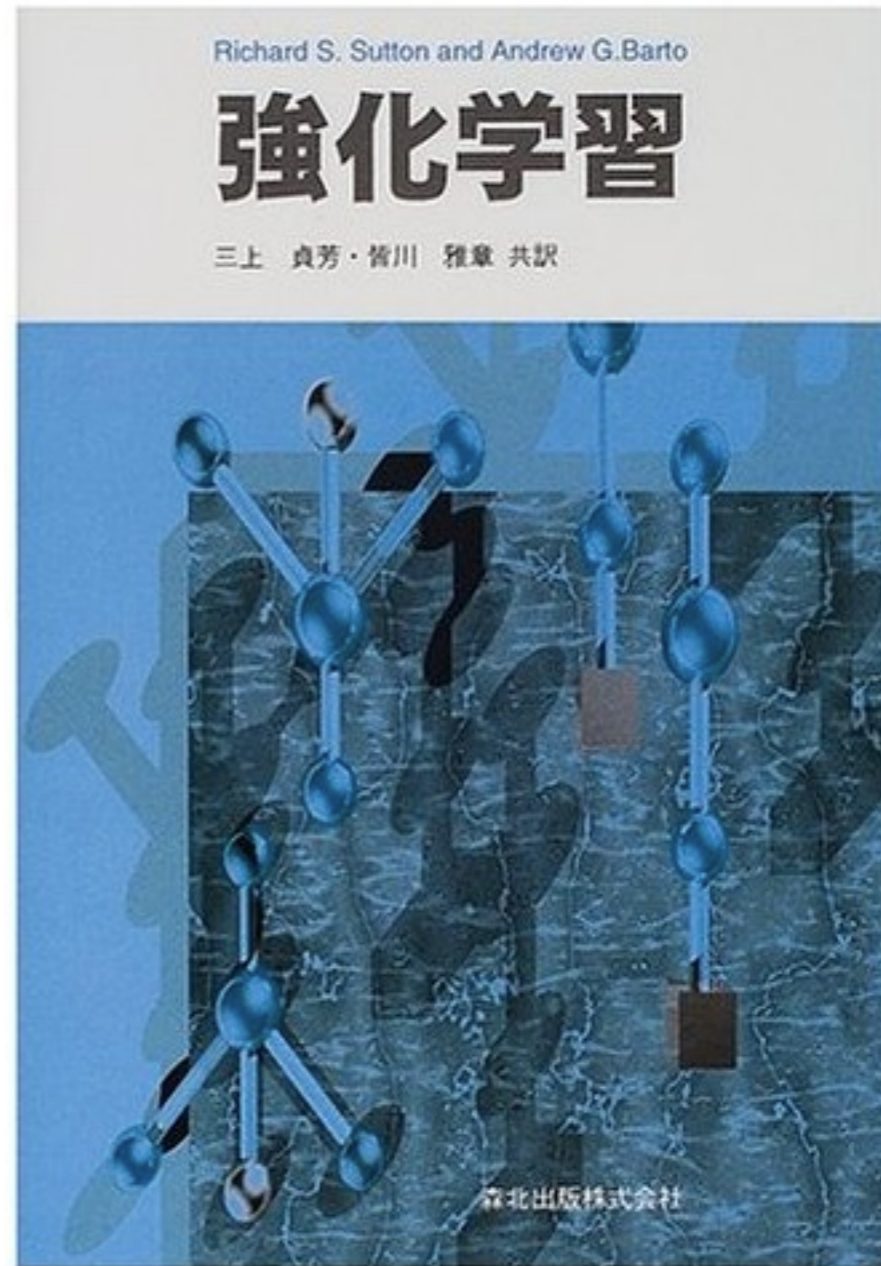
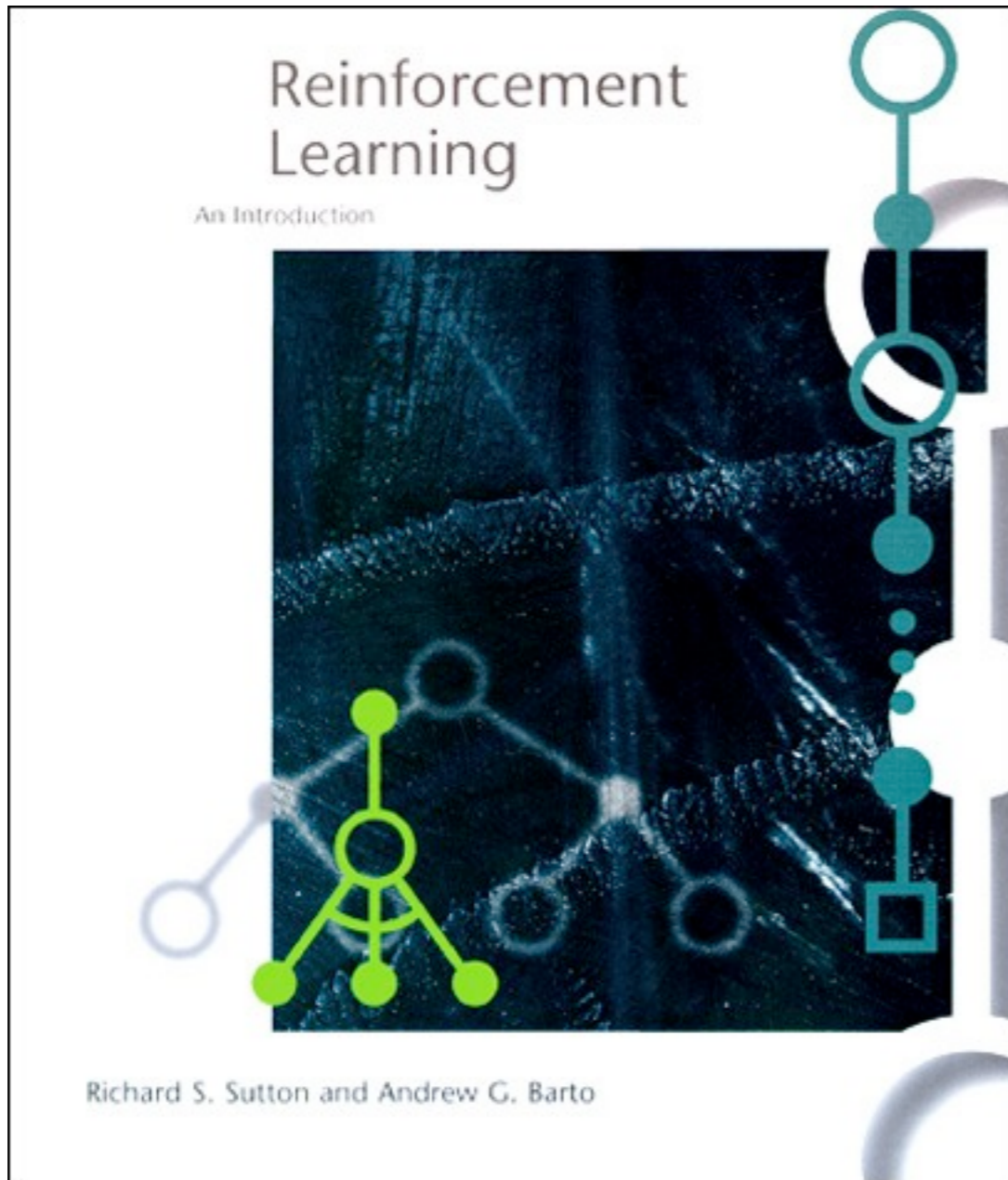
Useful Predictions

- Assuming we continue as usual (on-policy):
 - What will the force sensor report over the next few seconds? (*Slippage/gripping.*)
 - Where will the limb be in the next 30s? (*Safety; fluid multi-joint motion.*)
 - How strong will each user EMG signal be in 250ms? (*User intent; preemptive motion.*)

* Address key issues, as per Scheme and Englehart, JRRD, 2011; Peerdeman et al., JRRD, 2011.

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Reinforcement Learning is an approach to:

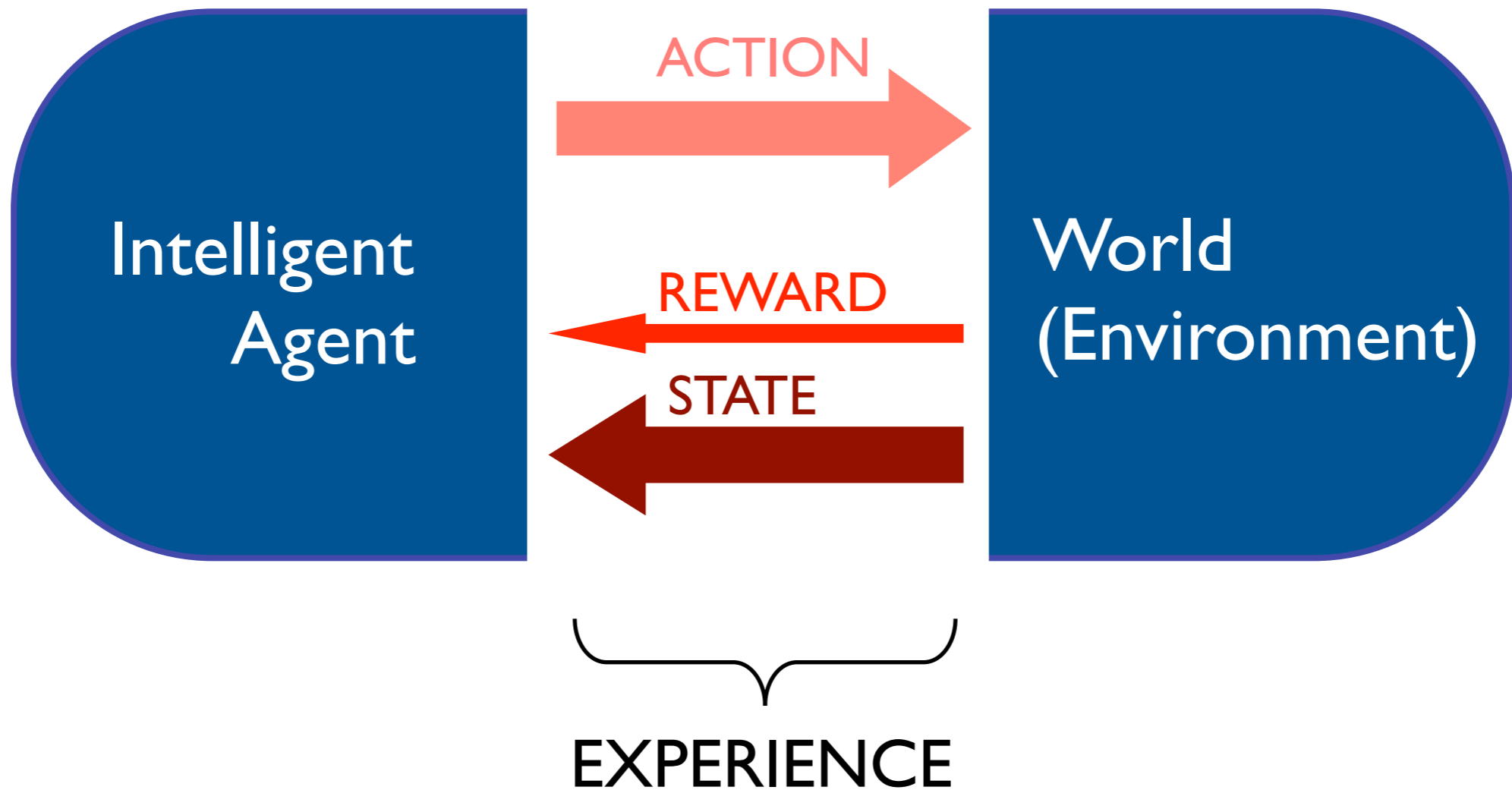
- Natural intelligence
- Artificial intelligence
- Optimal control
- Operations research
- Solving partially observable Markov decision processes

(and the perspective that all of these are the same)

Main Ideas

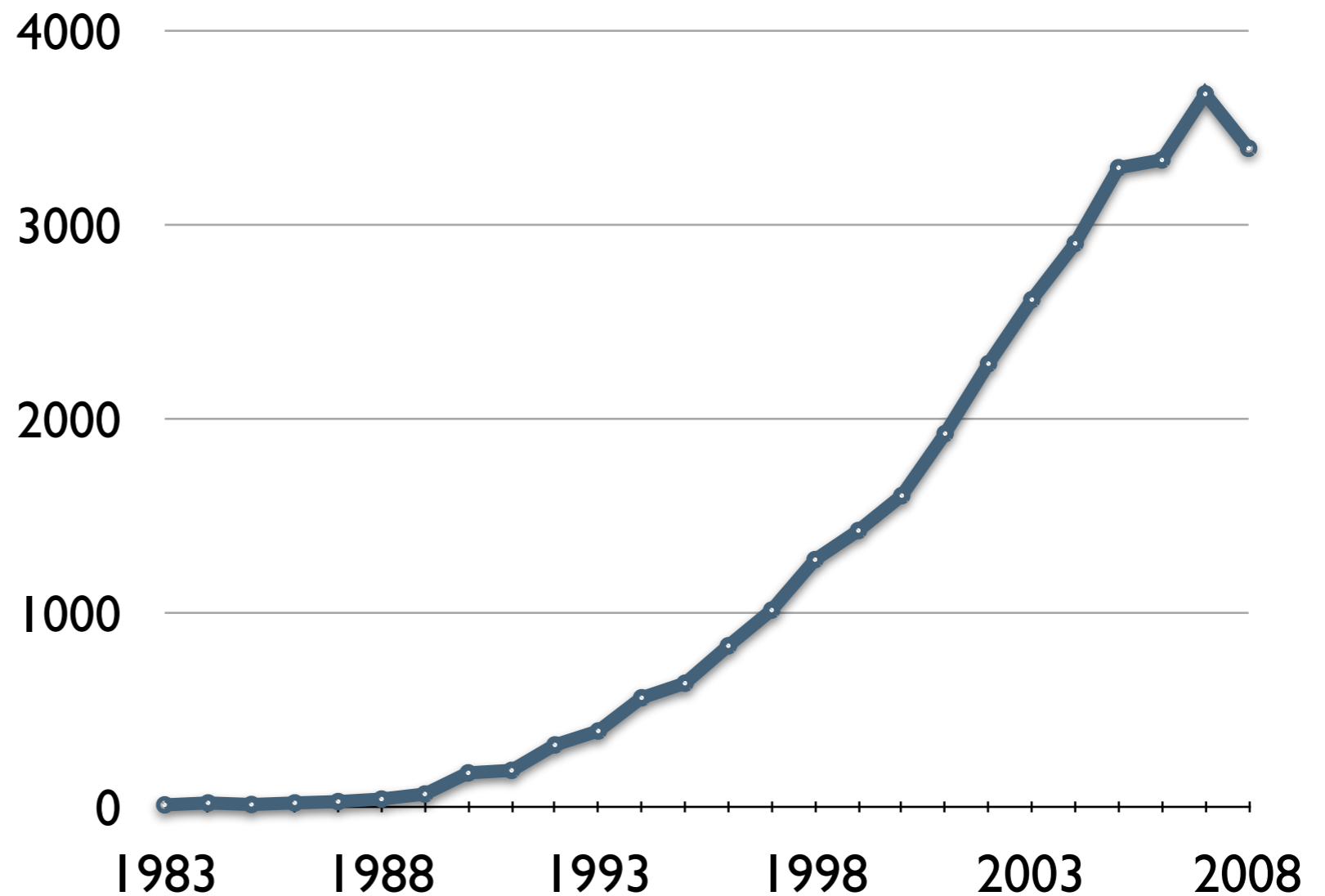
- Reinforcement learning involves an **agent** and an **environment**.
- The learning system (agent) perceives the state of the environment via a set of **observations** and takes **actions**.
- It then receives a new set of observations and a **reward**.
- These observations and rewards are used to predict *future* rewards, and to change the agent's **policy** (how it selects actions).
- **Key point:** A single, scalar reward signal drives learning.

Reinforcement Learning



Number RL Papers per Year

Google scholar hits
for the phrase
“reinforcement
learning”



RL Headlines

- RL is widely used in robotics
- RL algorithms have found the best known approximate solutions to many games
(RL is part of the revolution in solving Go)
- RL algorithms are now the standard model of reward processing in the brain
- RL breaks the curse of dimensionality

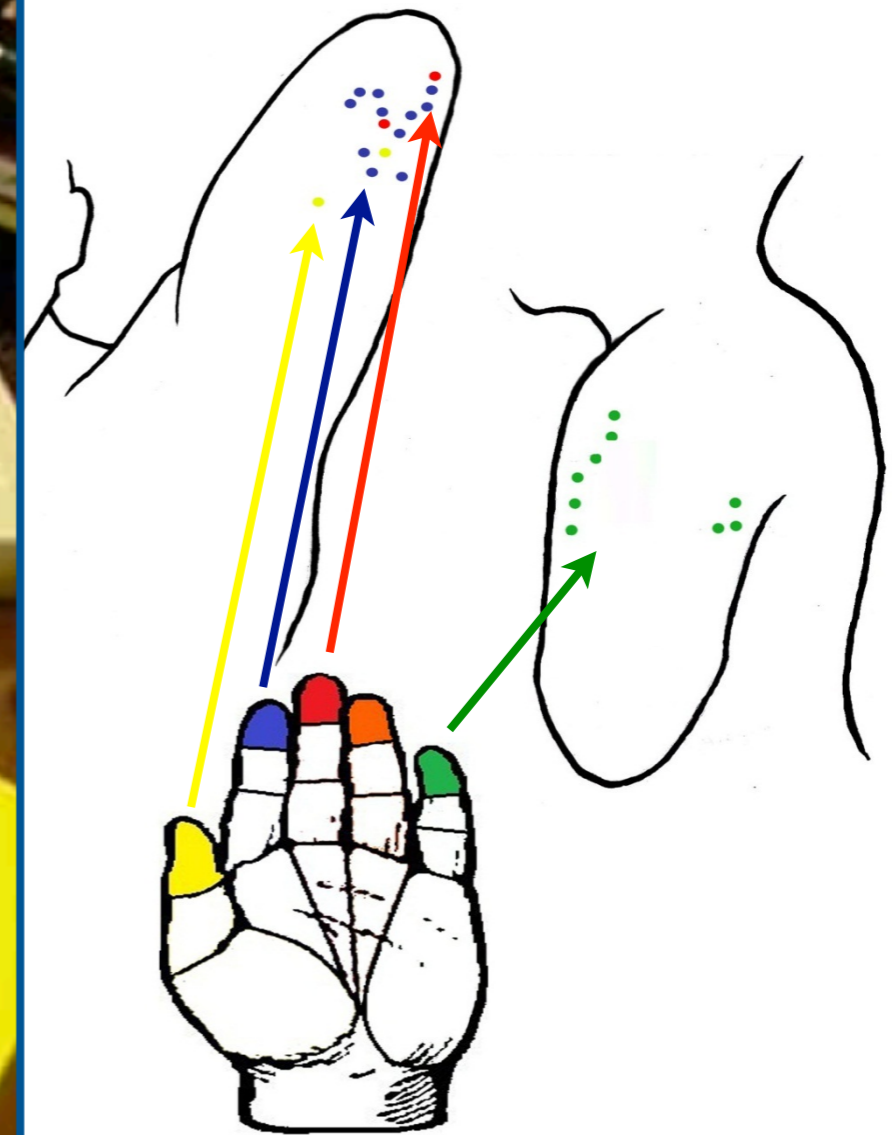
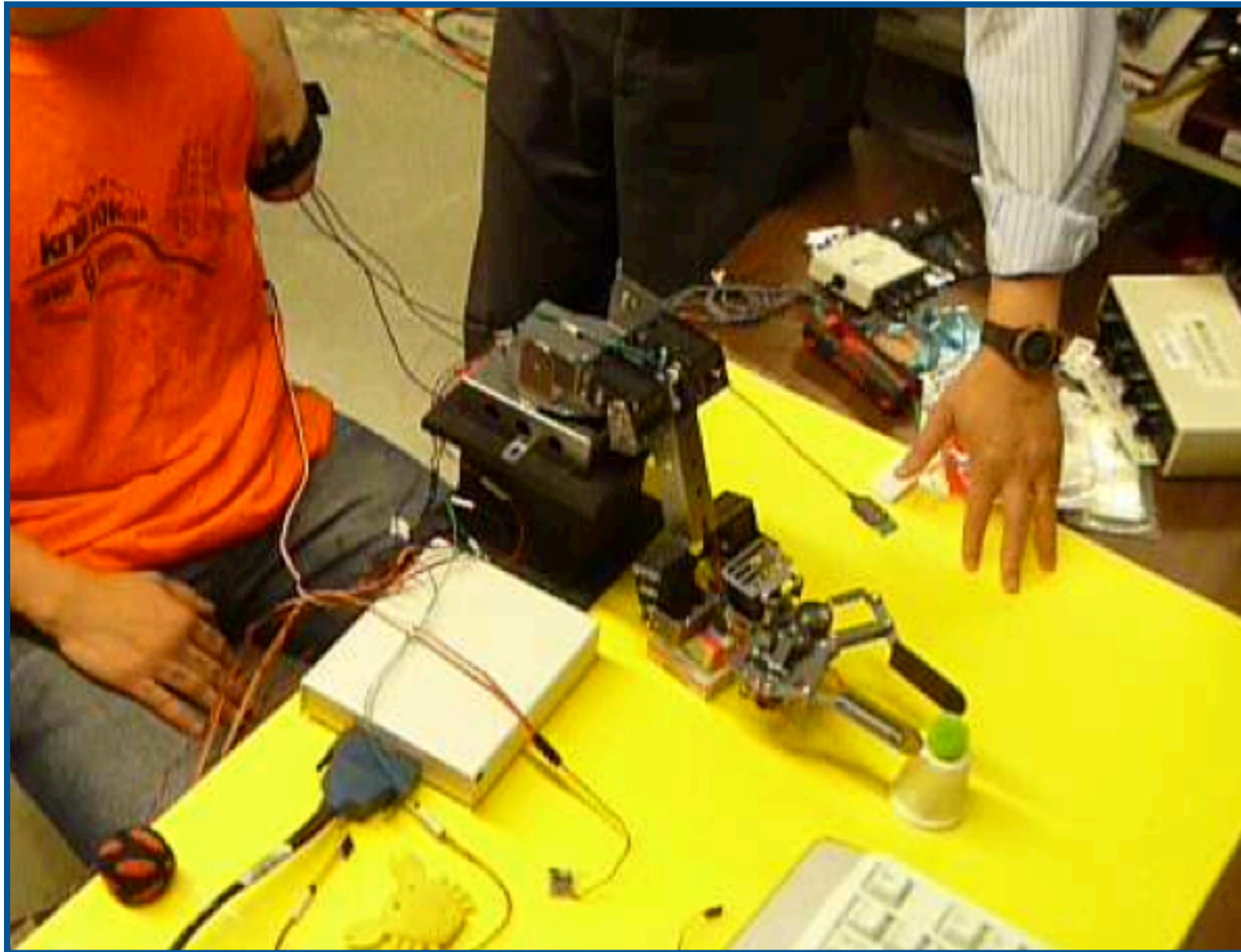
What is Special About RL?

- Radical generality
- None of the signals are given any interpretation
 - ... no reference signals or labels
 - ... no human interpretation, no calibration
- Just data in the form of signals
 - ... one of which is to be maximized (reward)

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Setting



Useful Predictions

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Online Nexting

- **General Value Functions.**
(Sutton et al., 2011, AAMAS)
- GVF form questions; “what will happen next?” (**Nexting**)
- **In brief:** instead of reward, learn anticipations (expectations of real-valued signals).
- Can learn many **temporally extended** predictions in parallel.

General Value Functions

- Conventional value functions are predictions w.r.t. the rewards, discount, and terminal values of the problem, for a given policy

$$\begin{aligned} Q^\pi(s, a) &= \mathbb{E}[r_1 + \gamma r_2 + \gamma^2 r_3 + \dots \mid s_0 = s, a_0 = a, a_{1:\infty} \sim \pi] \\ &= \mathbb{E}[r_1 + \dots + r_k + z_k \mid s_0 = s, a_0 = a, a_{1:k} \sim \pi, k \sim \gamma] \end{aligned}$$

- *General value functions* are predictions w.r.t. to four given functions:

$$Q^{\pi, r, \gamma, z}(s, a) = \mathbb{E}[r(s_1) + \dots + r(s_k) + z(s_k) \mid s_0 = s, a_0 = a, a_{1:k} \sim \pi, k \sim \gamma]$$

 these four functions define the semantics of the prediction

General Value Functions

$$Q^{\pi, r, \gamma, z}(s, a) = \mathbb{E}[r(s_1) + \dots + r(s_k) + z(s_k) \mid s_0 = s, a_0 = a, a_{1:k} \sim \pi, k \sim \gamma]$$

 these four functions define the semantics of the prediction

policy $\pi : \mathcal{A} \times \mathcal{S} \longrightarrow [0, 1]$

reward $r : \mathcal{S} \longrightarrow \mathbb{R}$

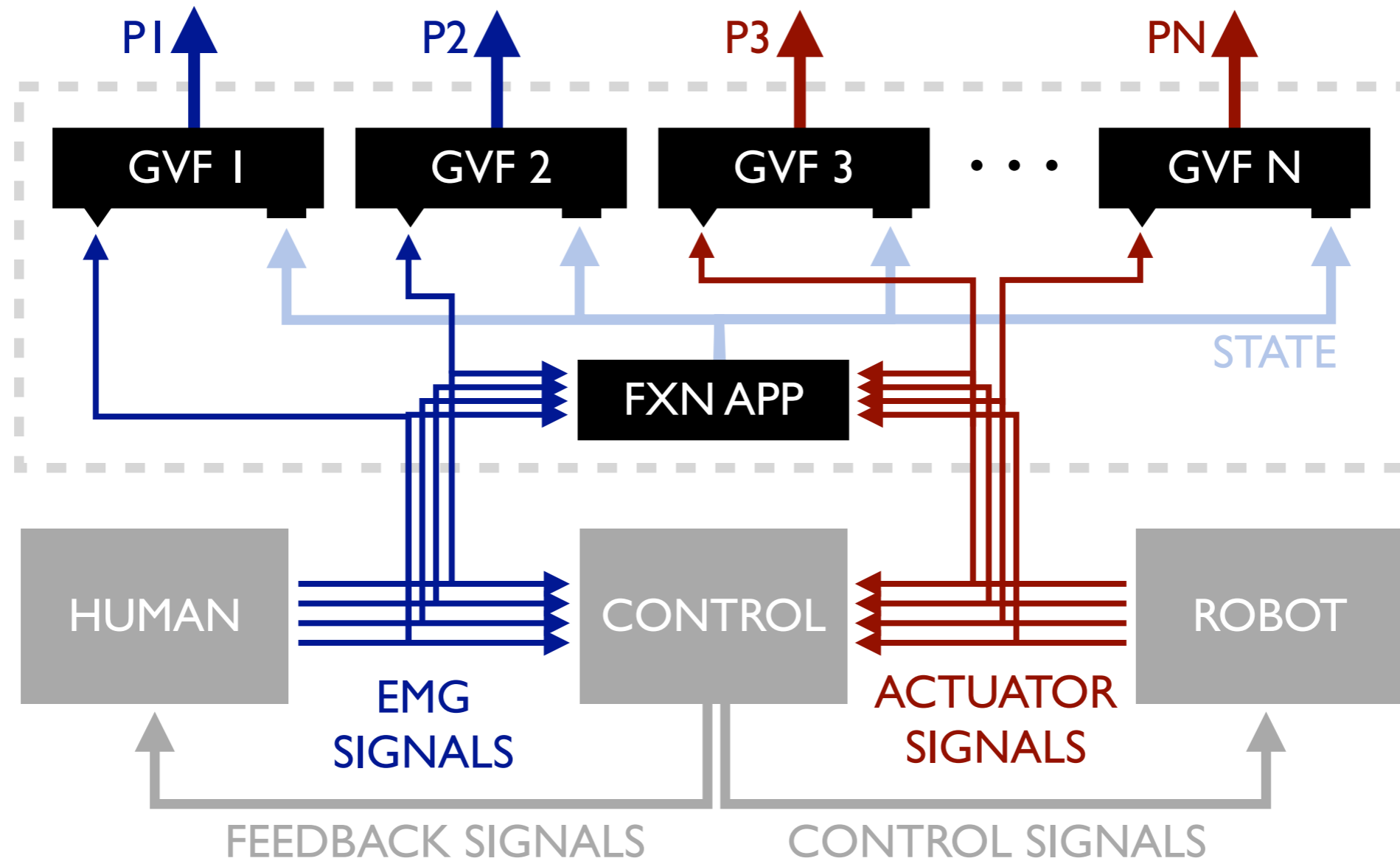
termination $\gamma : \mathcal{S} \longrightarrow [0, 1]$

terminal value $z : \mathcal{S} \longrightarrow \mathbb{R}$

Why GVPs?

- Thousands of accurate predictions can be made and learned in real time (i.e., 10hz)
- A single state representation be used to accurately predict many different sensors at many different time scales.
- A model-free algorithm that can learn fast enough to be useful.

Massively Parallel Prediction



Predictions (Nexting)

$$p_t^i = \mathbf{f}_t^\top \mathbf{w}^i = \sum_j f_t(j) w^i(j) \approx r_{t+1}^i + \gamma^i r_{t+2}^i + (\gamma^i)^2 r_{t+3}^i + (\gamma^i)^3 r_{t+4}^i + \dots$$

- Where each prediction has its own **reward** r_t^i and **discount rate** $\gamma^i \in [0, 1)$
- Ideal predictions are the convolution of the reward with an exponential kernel

Learning GVFs

- Temporal-Difference (TD) learning
- Linear TD(λ) (Sutton, 1988)

$$\mathbf{w}_{t+1}^i = \mathbf{w}_t^i + \alpha \left[r_{t+1}^i + \gamma^i \mathbf{f}_{t+1}^\top \mathbf{w}_t^i - \mathbf{f}_t^\top \mathbf{w}_t^i \right] \mathbf{e}_t^i$$

$$\mathbf{e}_t^i = \gamma^i \lambda \mathbf{e}_{t-1}^i + \mathbf{f}_t$$

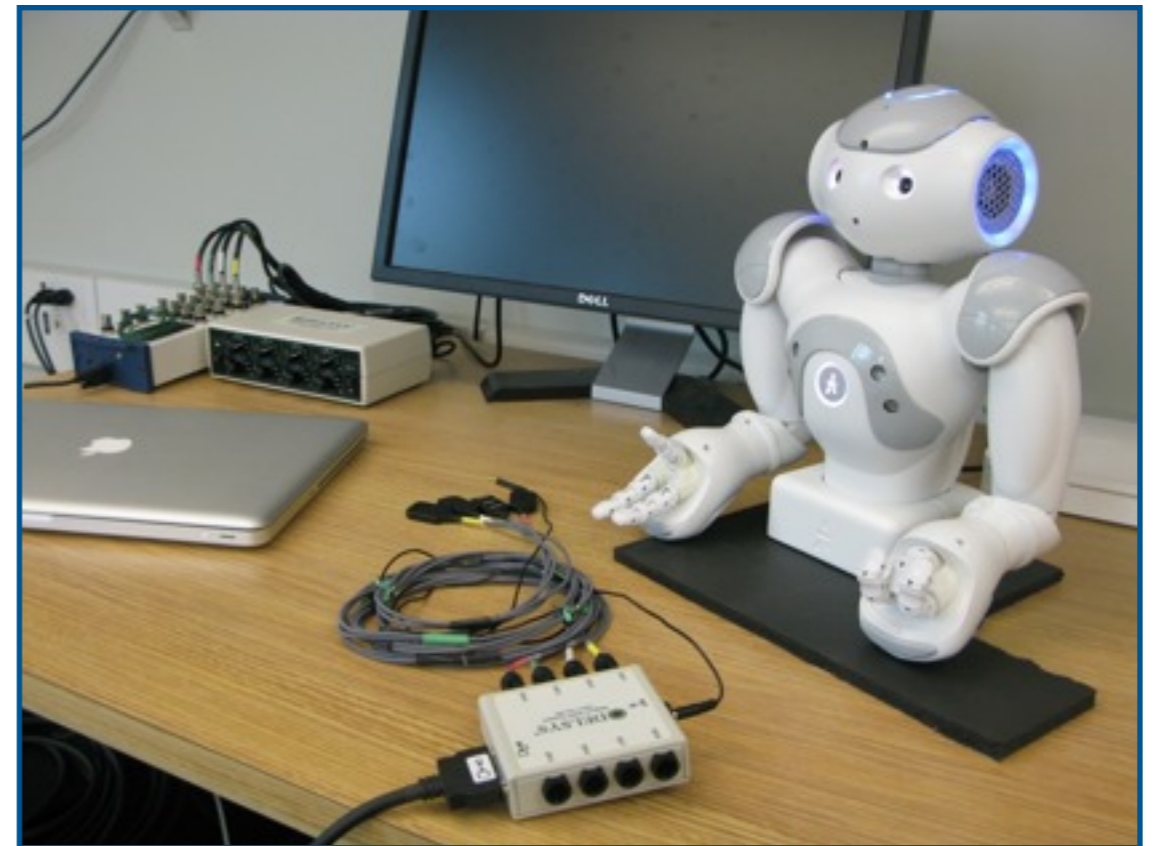
just \mathbf{f}_t
if $\lambda=0$

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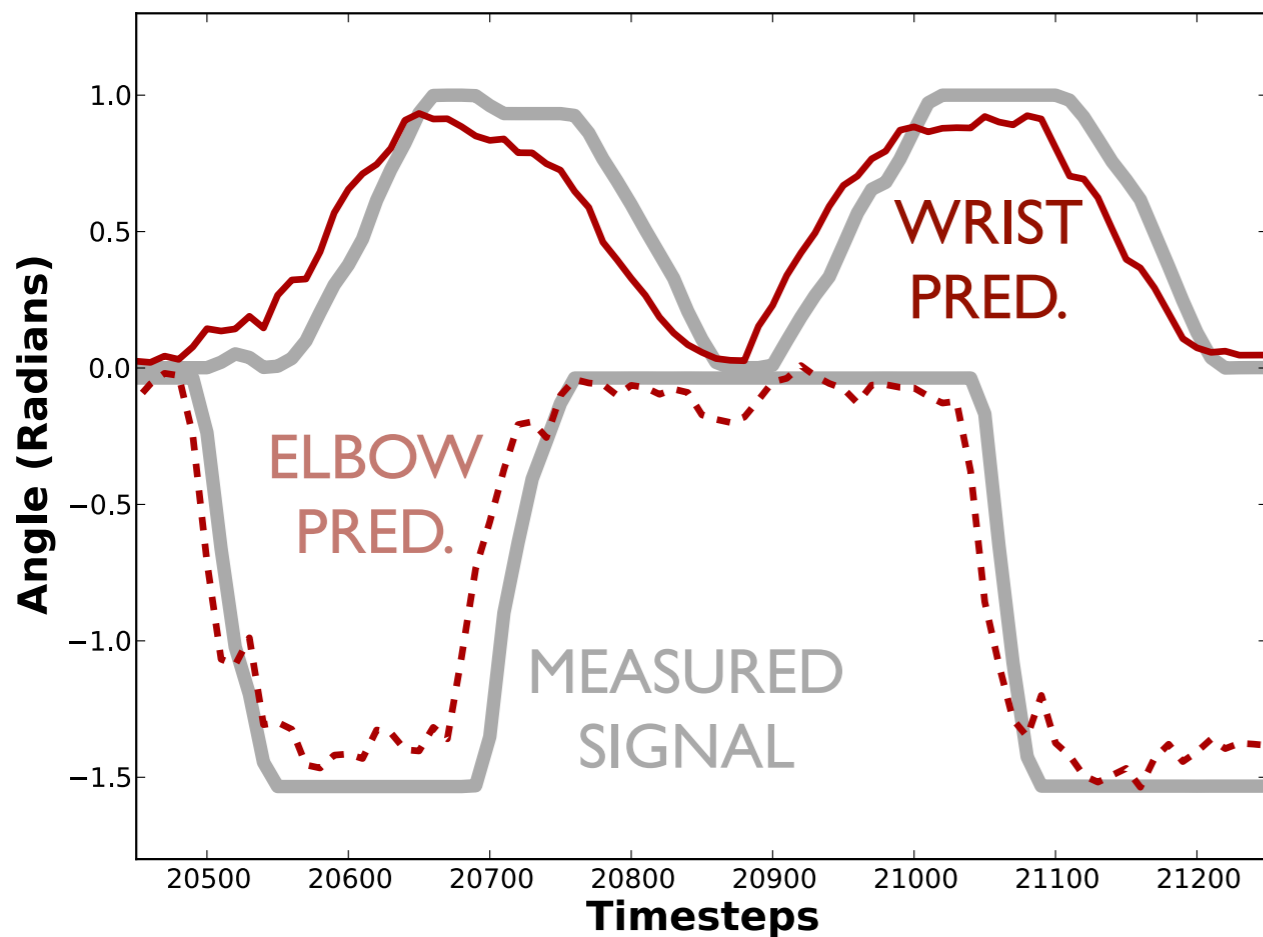
Able-Bodied Study

- Eight runs at 5–10 min (12k–25k timesteps).
- Record EMG signals and joint angles.
- Recording and learning at 40Hz.
- GVF state = $\text{TileCoder}(8, 10) \{ \text{C-EMG} \times 2, \text{elbow joint angle, wrist joint angle} \}$.

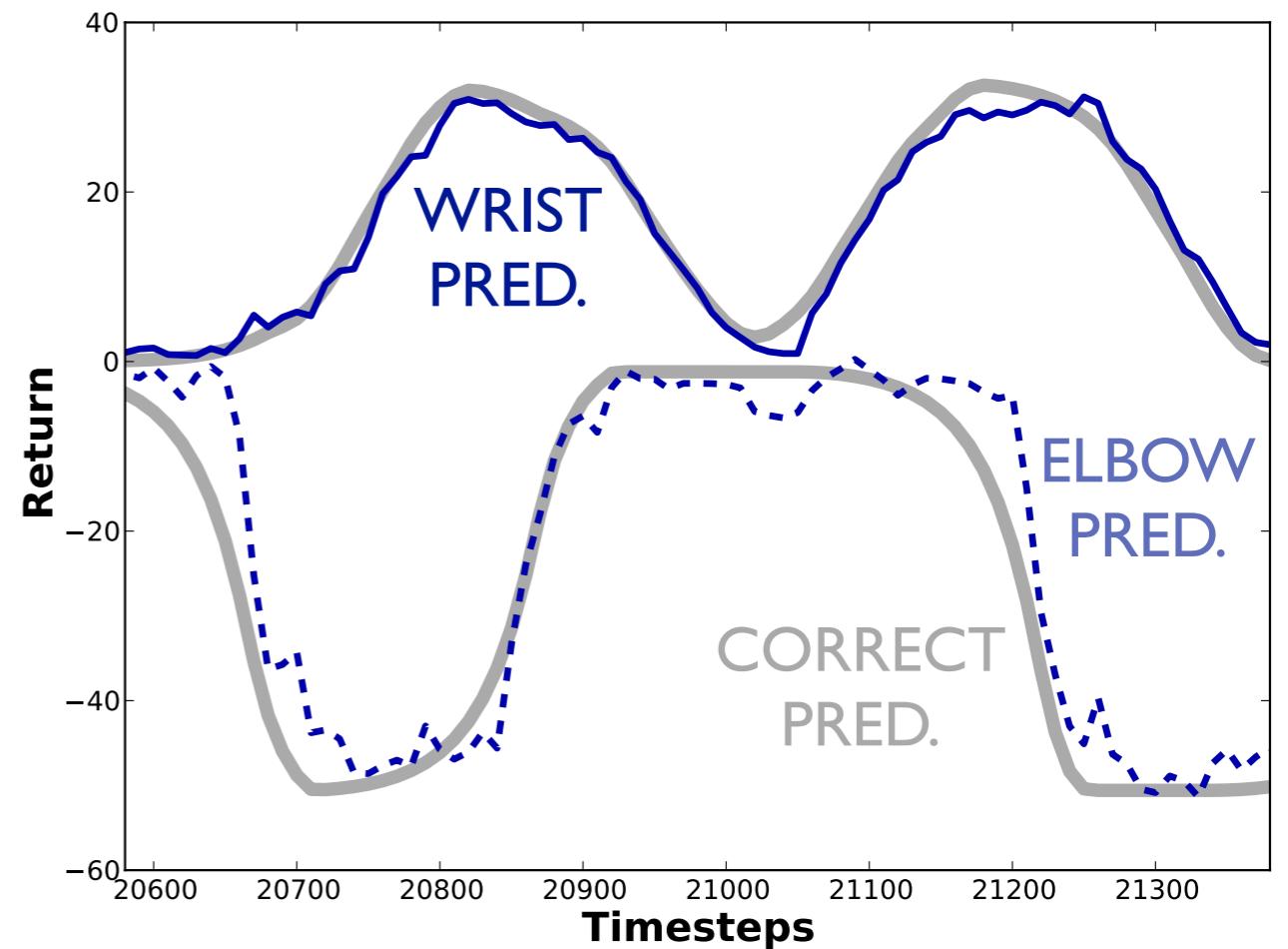


Prediction Results

For joint angle signals after ten minutes of online learning ($\gamma=0.97$).



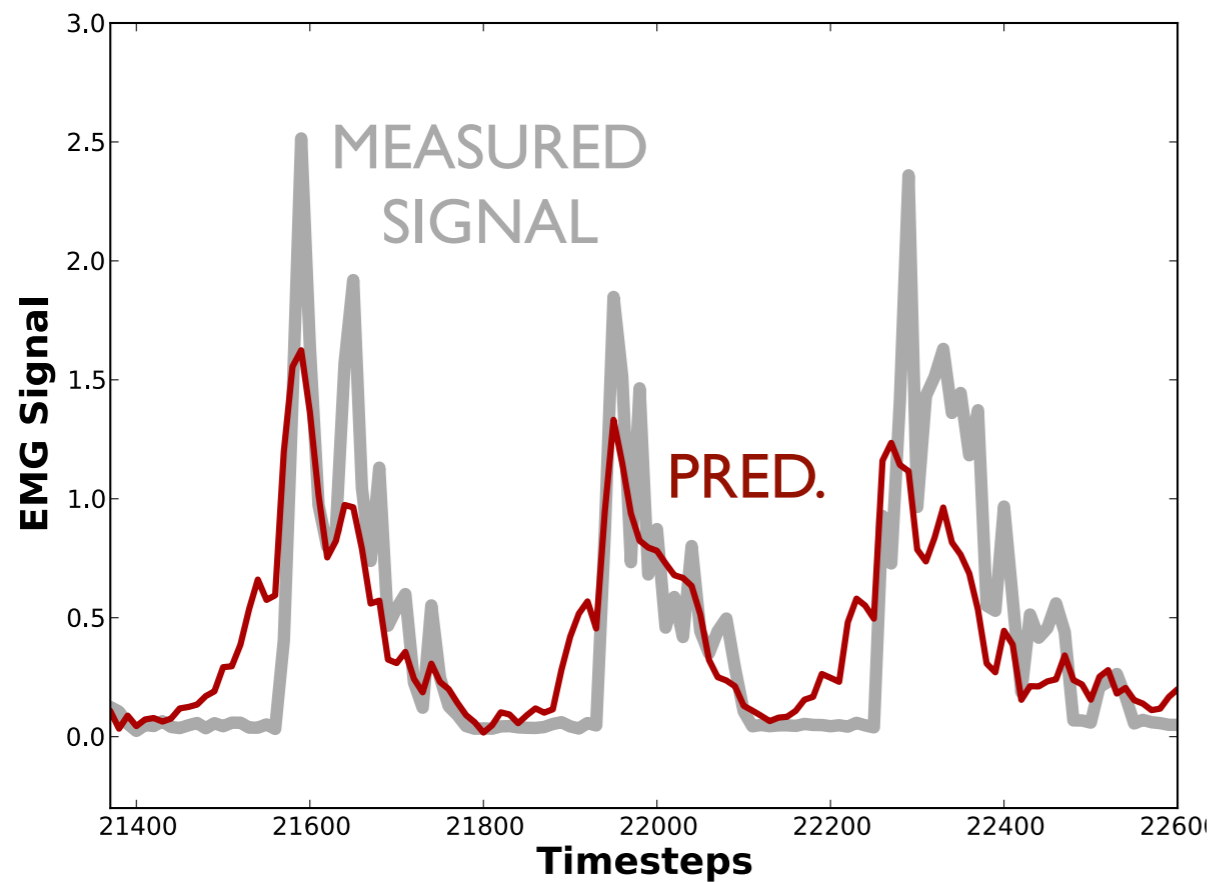
**ANTICIPATION
RESULTS**



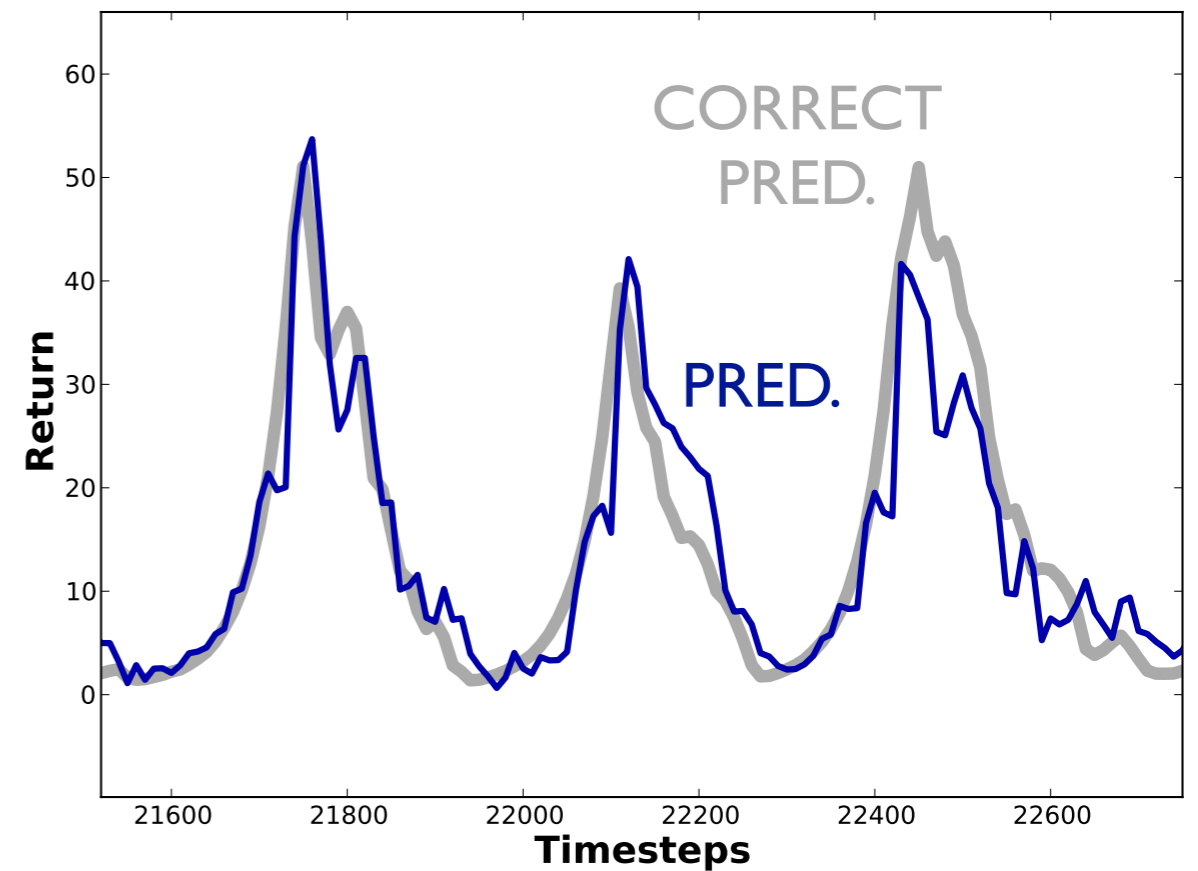
**VALIDATION
RESULTS**

Prediction Results

For EMG signals after ten minutes of online learning ($\gamma=0.97$).



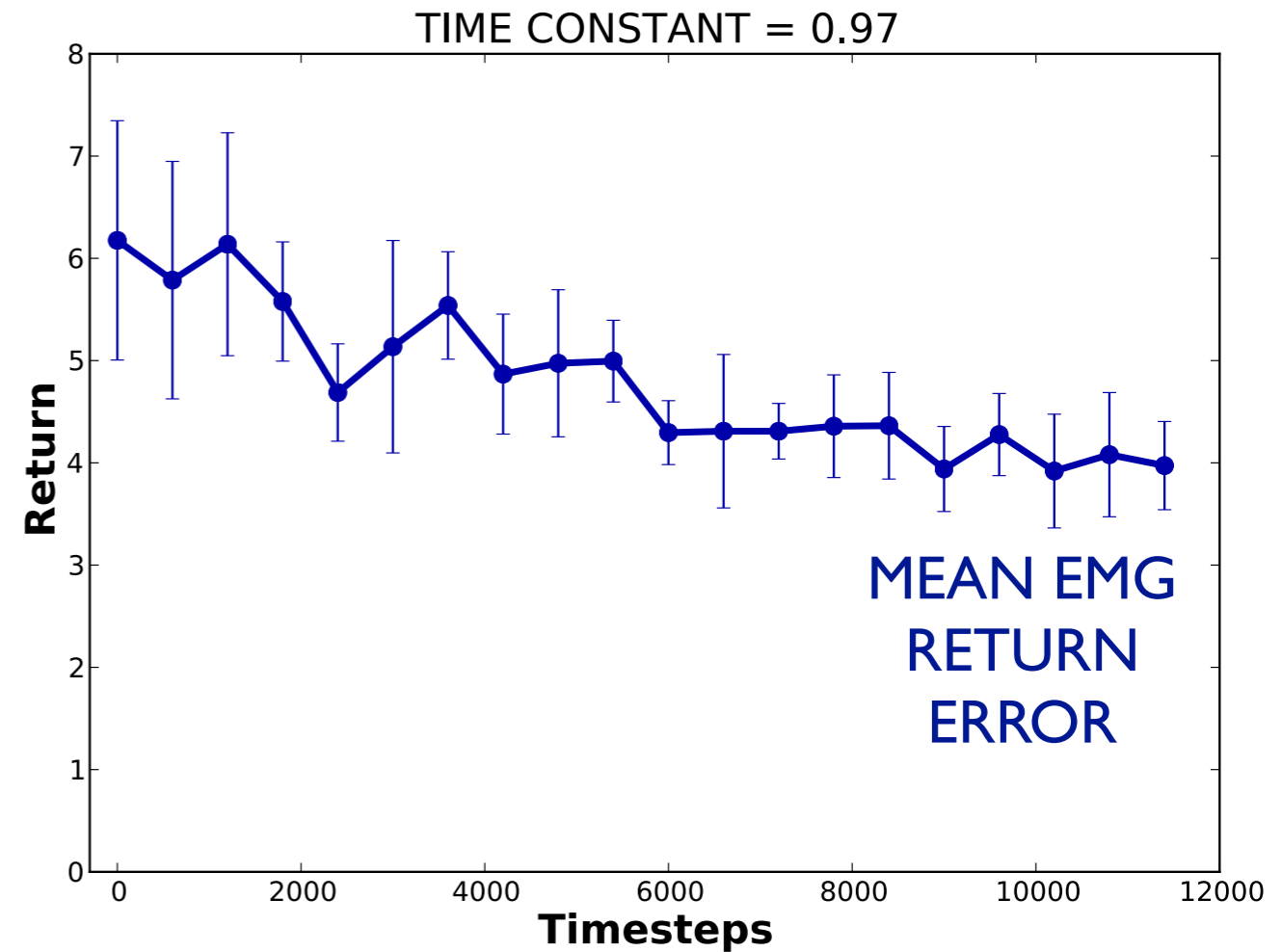
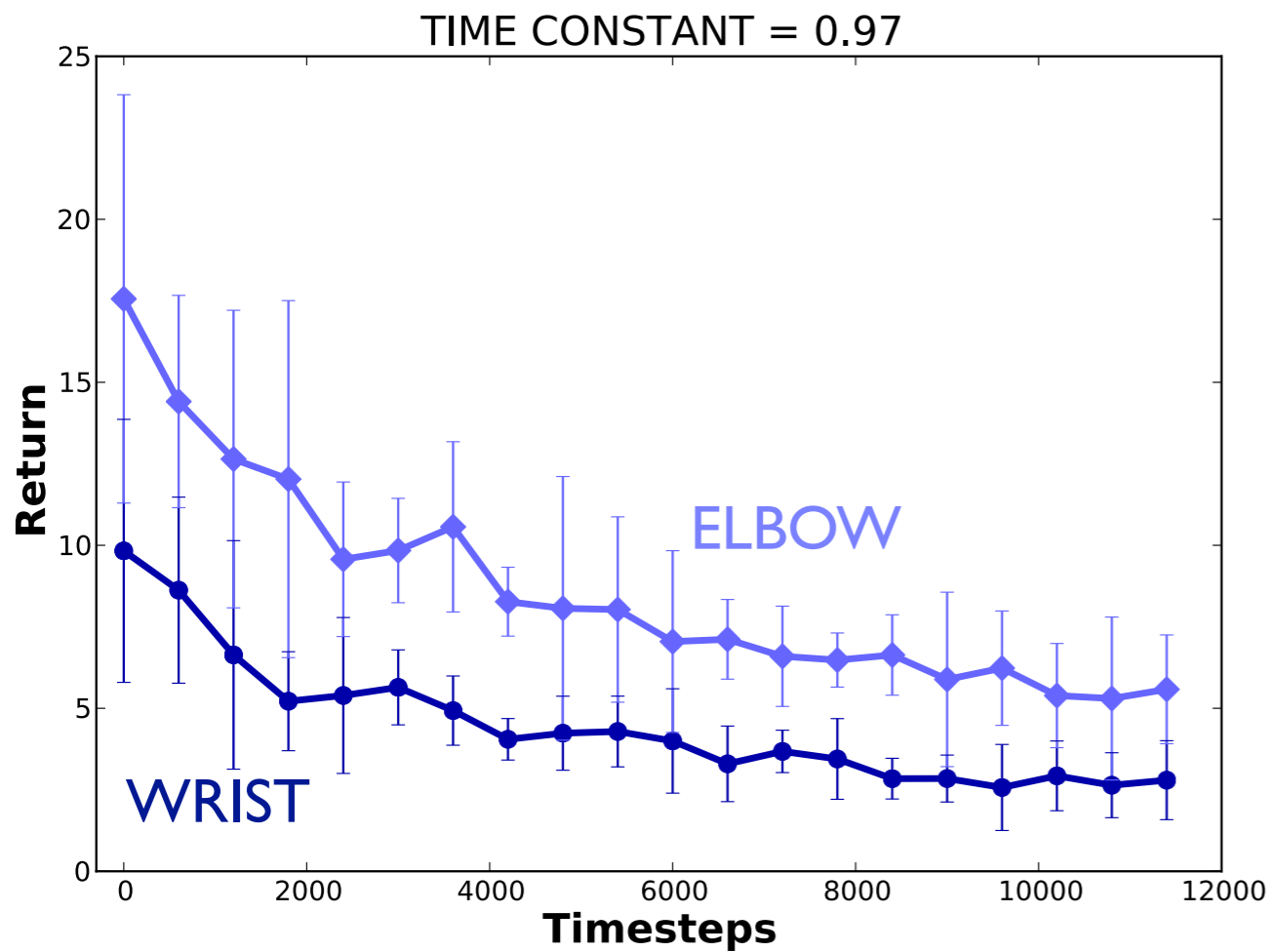
**ANTICIPATION
RESULTS**



**VALIDATION
RESULTS**

Learning Curves

Over eight independent runs.



ACTUATOR SIGNALS

EMG SIGNALS

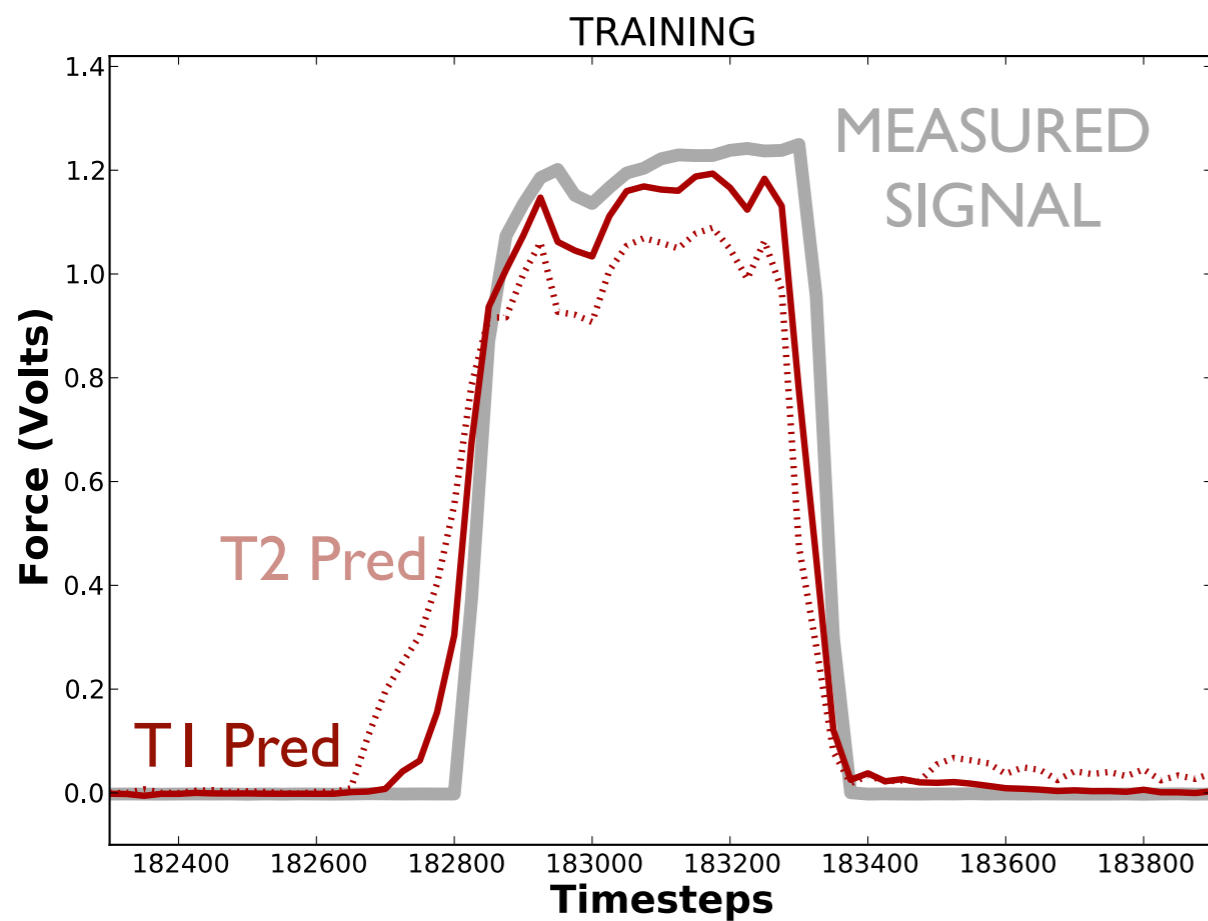
Clinical Experiments

- Approximately 20min of patient interaction with the MTT system (~60k timesteps).
- Recorded EMG signals, force signals, joint angle, joint speed, joint temp., joint load.
- Recording samples at 50Hz.
- GVF state = TileCoder(8, 10) { EMG x 2, force, joint angle, joint speed}.

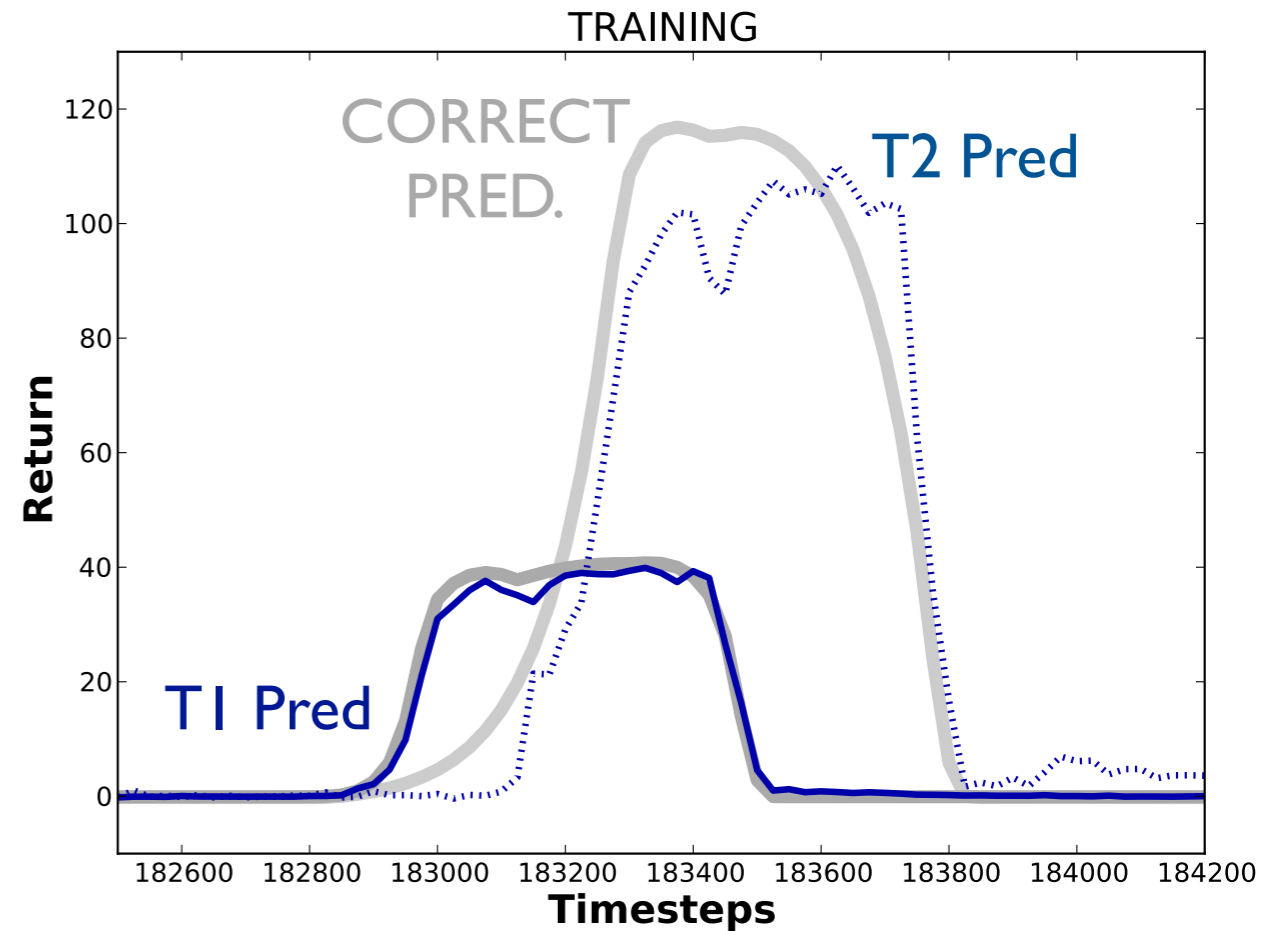
Prediction Results

After three iterations through the training data.

$T1=0.97$ $T2=0.99$



**ANTICIPATION
RESULTS**

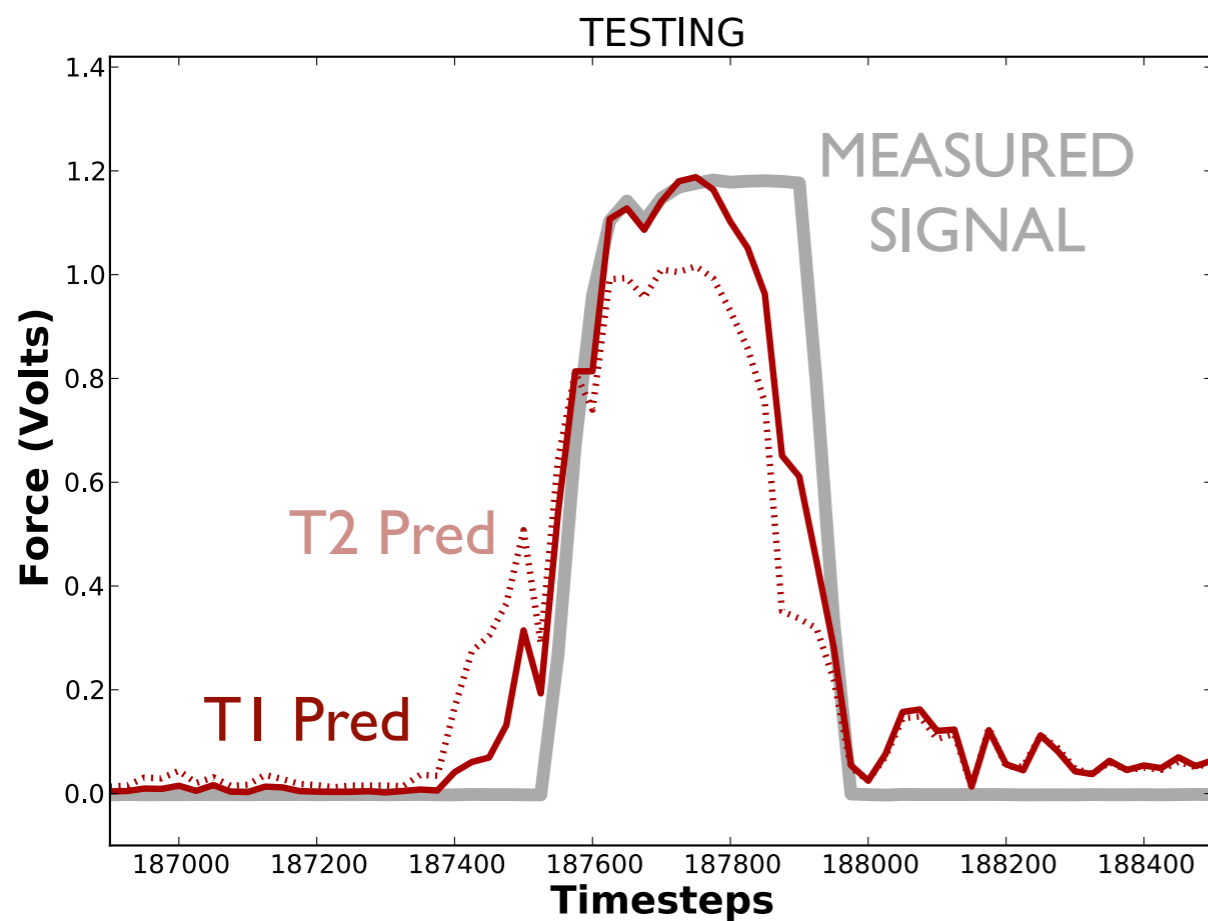


**VALIDATION
RESULTS**

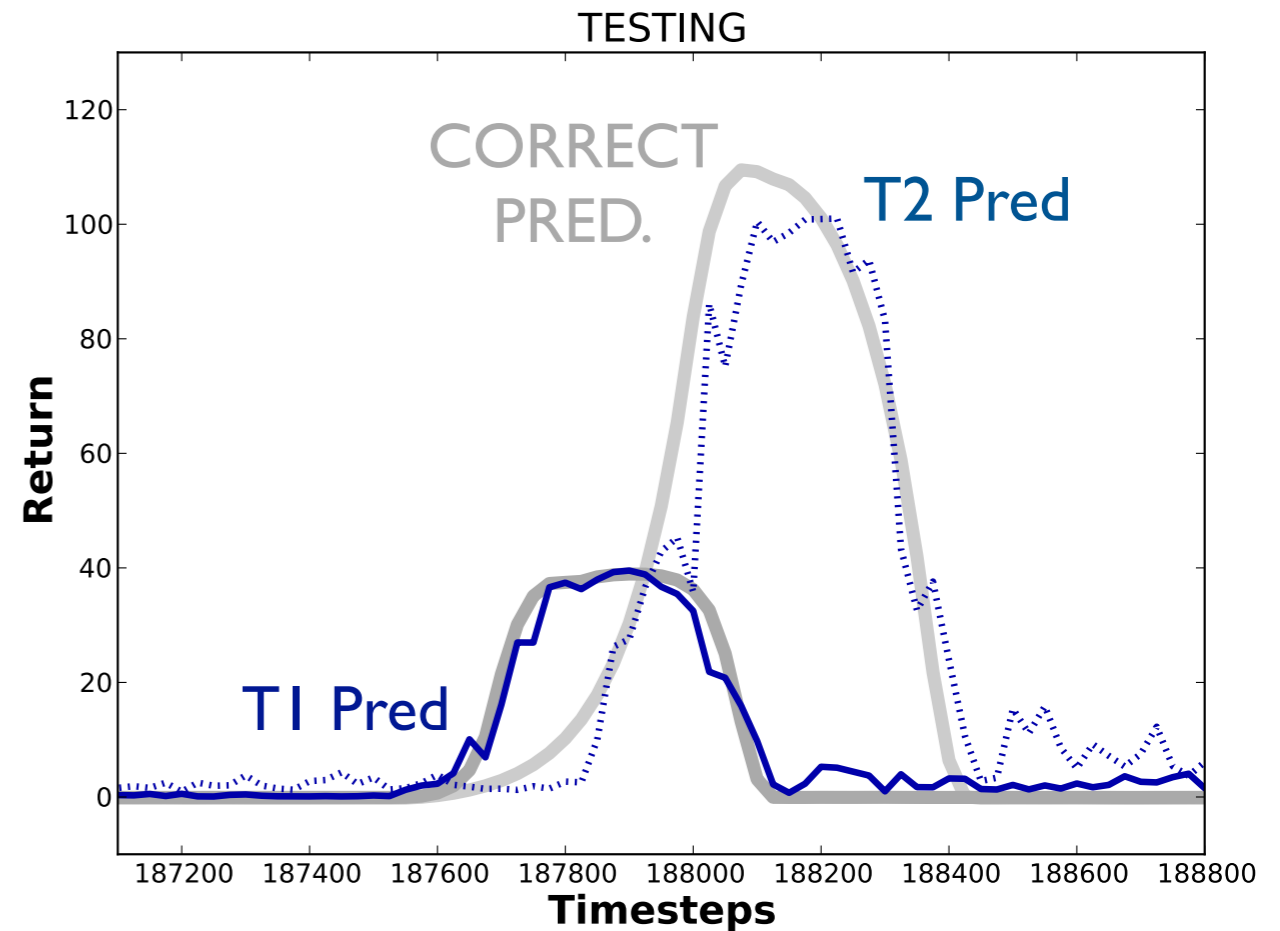
Results on Test Data

After three iterations through the training data.

Testing data previously unseen by the system; no learning during testing evaluation.



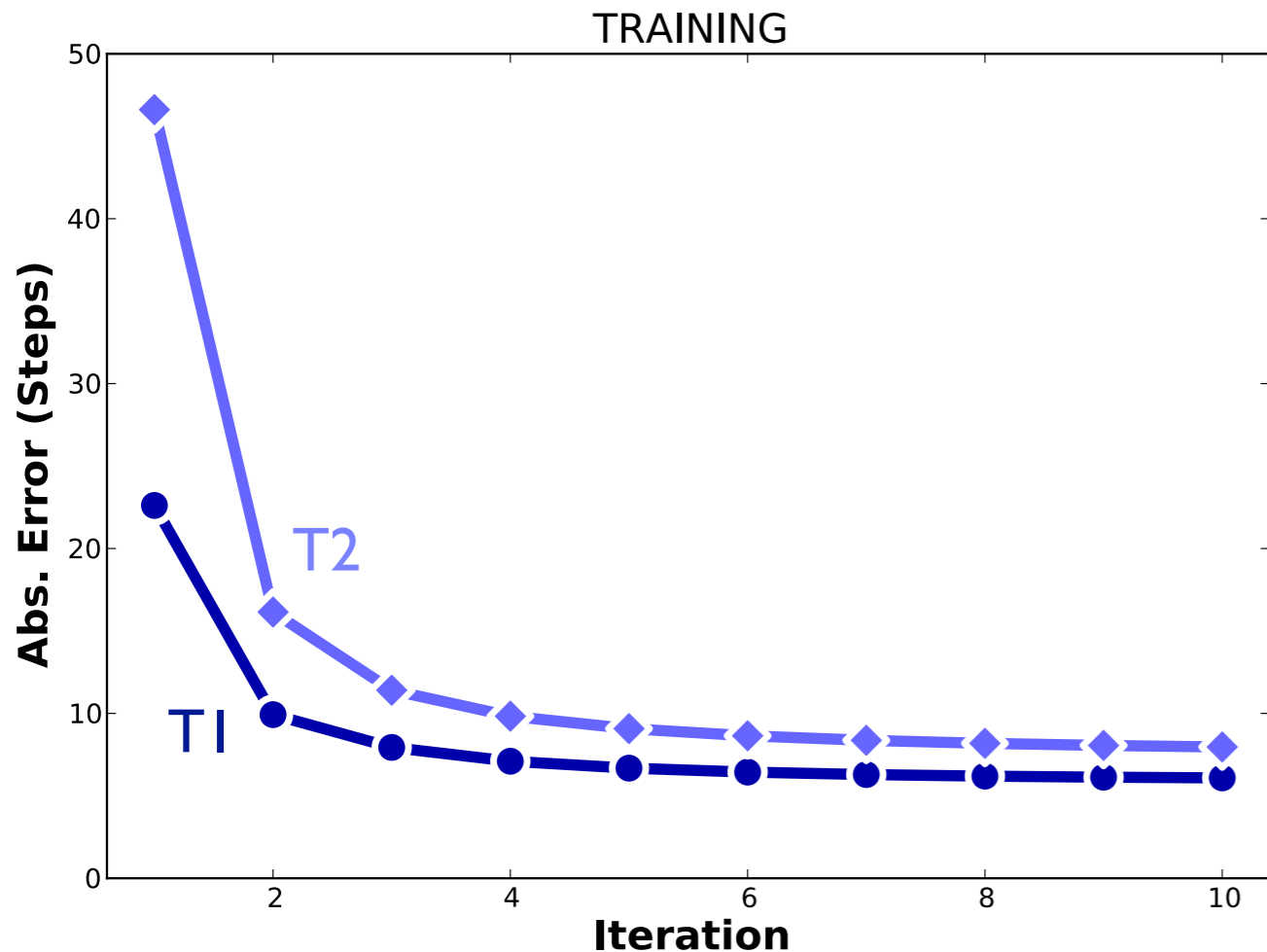
**ANTICIPATION
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**VALIDATION
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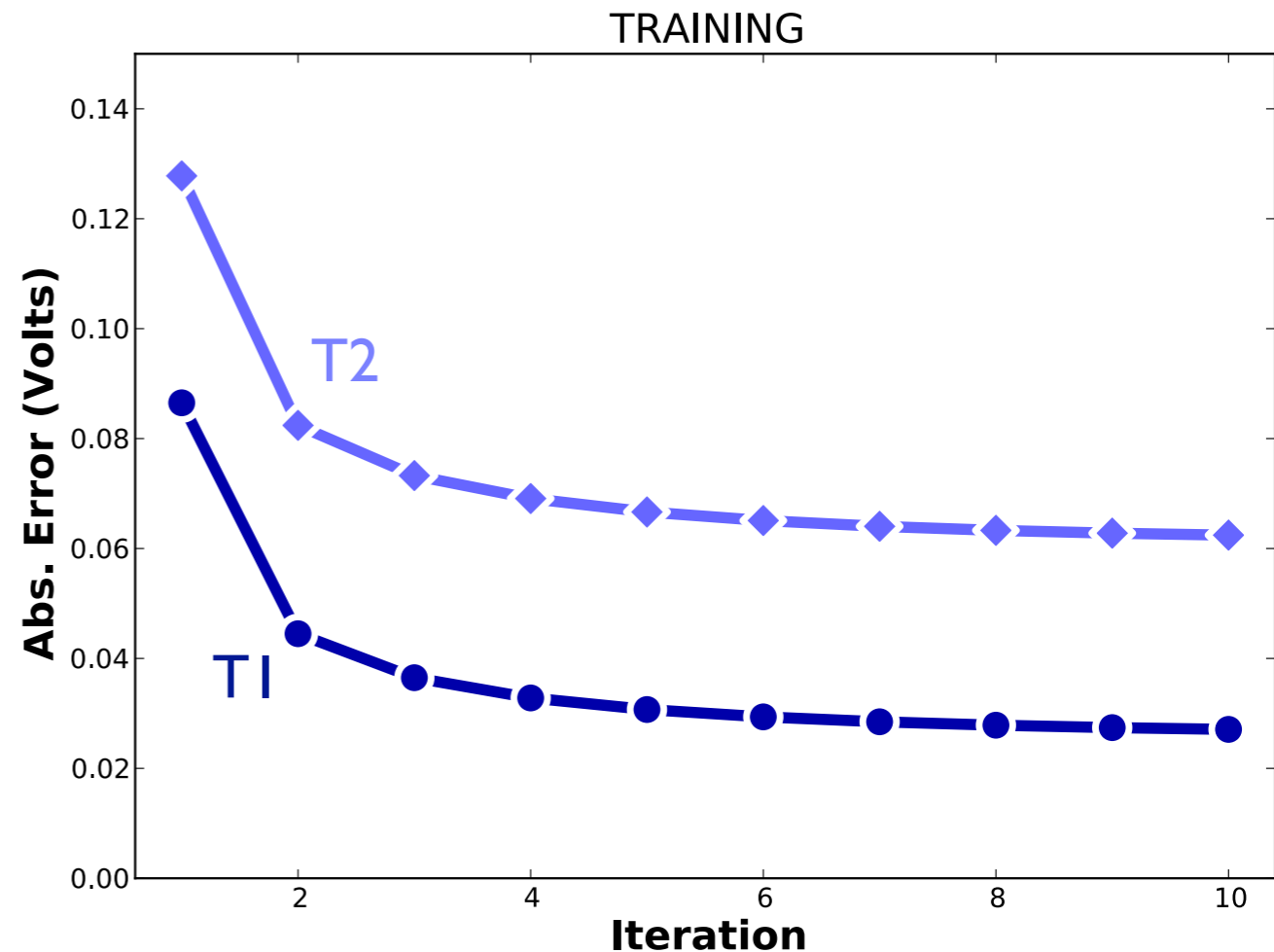
Learning Curves

Over ten iterations through the training data.



HAND ANGLE

Active Angular Range: 500–700
Mean Abs. Error on testing data
after first iteration : <7%

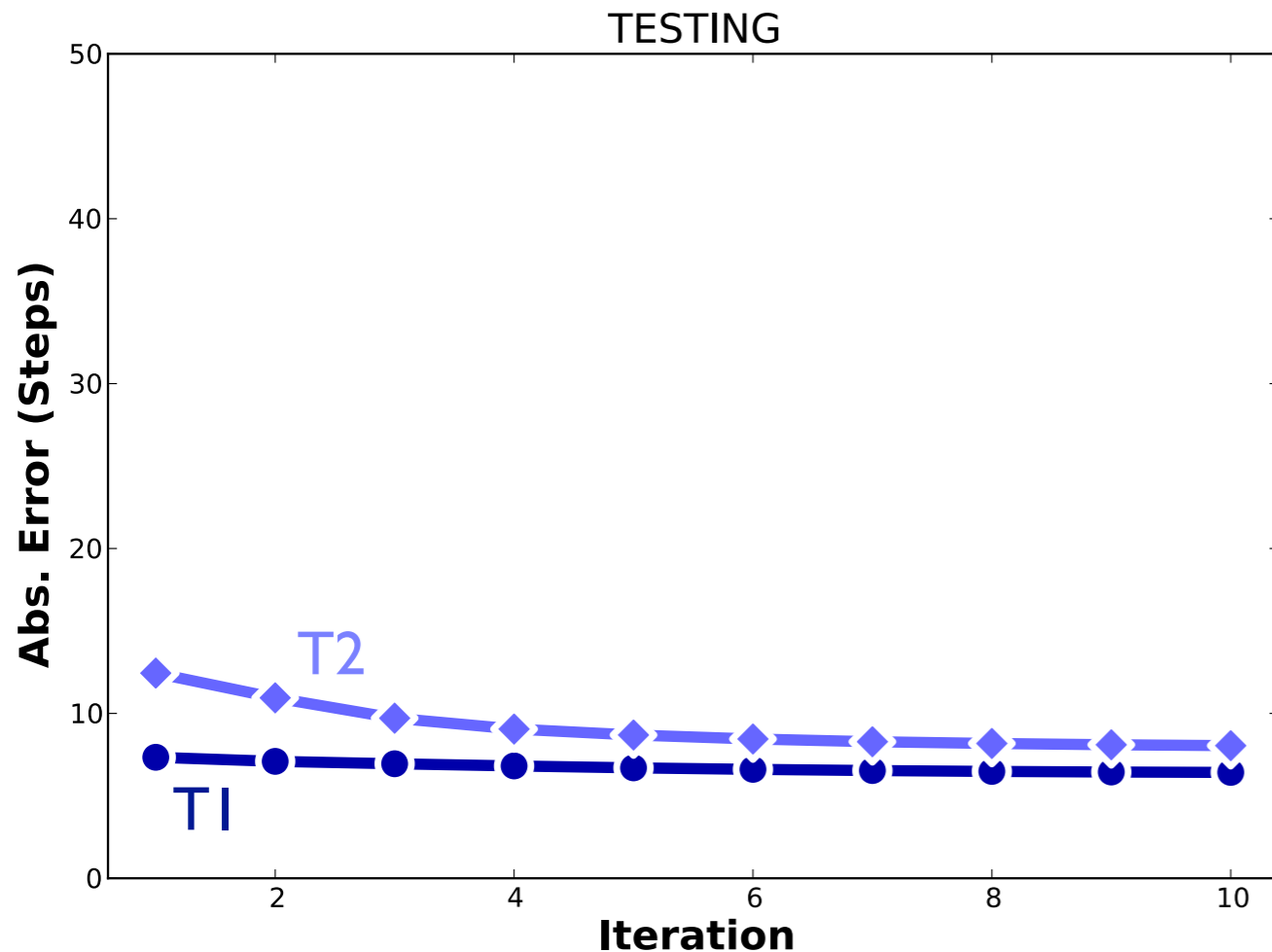


CONTACT FORCE

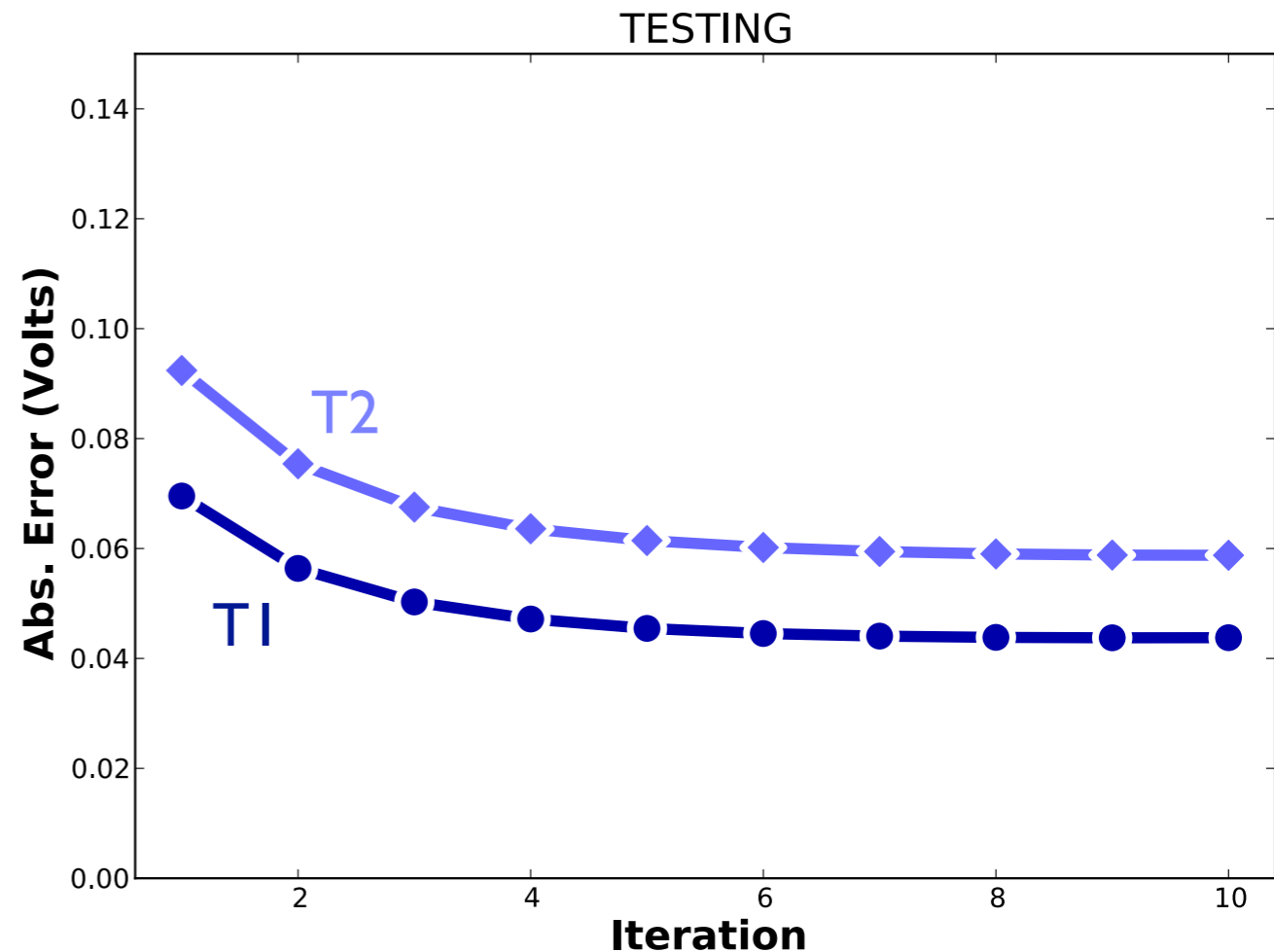
Sensor Range: 0–3V
Mean Abs. Error on testing data
after first iteration : <6%

Learning Curves

Over ten iterations through the training data.



HAND ANGLE
Active Angular Range: 500–700
Mean Abs. Error on testing data
after first iteration : <7%



CONTACT FORCE
Sensor Range: 0–3V
Mean Abs. Error on testing data
after first iteration : <6%

Summary

- *Real-time machine learning* can help alleviate barriers to assistive rehabilitation robotics.
- Recent work is on *prediction* and *anticipation* for improving the control of artificial limbs.
- **Results:** successful on-policy nexting for both patient data and able-bodied subject data.
- **Big picture:** artificial limbs that learn and improve through on-going user interaction.



- **Dr. Richard S. Sutton, Dr. Thomas Degris**
RLAI, Dept. Computing Science, University of Alberta
- **Michael R. Dawson, Dr. Jacqueline S. Hebert, Dr. K. Ming Chan**
Glenrose Rehabilitation Hospital & University of Alberta
- **Dr. Jason P. Carey**
Dept. of Mechanical Engineering, University of Alberta
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Questions

... and thank you very much for your
hospitality and attention.

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