

ASK: A Framework for Data Acquisition and Activity Recognition

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Abstract: This work puts forward a framework for the acquisition and processing of biosignals to indicate strain on the knee inflicted by human everyday activities. Such a framework involves the appropriate equipment in devices and sensors to capture factors that inflict strain on the knee, the long-term recording and archiving of corresponding multi-sensory biosignal data, the semi-automatic annotation and segmentation of these data, and the person-dependent or person-adaptive automatic recognition of strain. In this paper we present first steps toward our goal, i.e. person-dependent recognition of a small set of human everyday activities. The focus here is on the fully automatic end-to-end processing from signal input to recognition output. The framework was applied to collect and process a small pilot dataset from one person for a proof-of-concept validation and achieved 97% accuracy in recognizing instances of seven daily activities.

1 INTRODUCTION

Arthritis is the most common joint disease worldwide and is associated with a significant reduction in the quality of life. The largest proportion is made of gonarthrosis, which causes high economic damage due to sick leave, surgeries, invalidity and early retirement. Due to the demographic change, increasing numbers are expected and since replacement surgery carries secondary risks, early treatment becomes of more importance.

Moderate movement is one of the main building blocks of such treatment. It fosters functional maintenance of the joints by muscular stabilization and improvement of proprioception. In addition, movement is essential for the nutrition of both healthy and diseased cartilage. However, the movement should not overload the diseased knee joint, as this activates gonarthrosis and leads to an inflammation in the joint, which in turn causes more pain.

The main challenge is therefore to find the right dose of movement, which positively affects the functionality of the joint while preventing movement-induced overload of the damaged joint.

We envision an application based on a technical system which continuously keeps track on the dose of everyday activity movements aka the strain inflicted on a user's knee. Therefore, the technical system is required to capture everyday activities based on relevant biosignals, to process and recognize the per-

formed everyday activities and estimates the resulting strain on the knee. For this purpose we established a framework called ASK (*Activity Signals Kit*).

Human activity recognition is intensively studied and a large body of research shows results of recognizing all kinds of human daily activities, including running, sleeping or performing gestures.

For this purpose a large variety of biosignals are captured by various sensors, e.g. (Mathie et al., 2003) applied wearable triaxial accelerometers attached to the waist to distinguish between rest (sit) and active states (sit-to-stand; stand-to-sit and walk). Five biaxial accelerometers were used in (Bao and Intille, 2004) to recognize daily activities such as walking, riding escalator and folding laundry. In (Kwapisz et al., 2010) the authors placed an Android cell phone with a simple accelerometer into the subjects' pocket and discriminated activities like walking, climbing, sitting, standing and jogging. Furthermore, (Lukowicz et al., 2004) combined accelerometers with microphones to include a simple auditory scene analysis.

Muscle activities captured by ElectroMyoGraphy (EMG) is another useful biosignal. It even provides the option to predict a person's motion intention prior to actually moving a joint, like investigated in (Fleischer and Reinicke, 2005) for the purpose of an actuated orthosis. Moreover, some researchers like (Rowe et al., 2000) and (Sutherland, 2002) applied electrogoniometers to study kinematics.

The majority of studies applies one type of sensors

as, i.e. either accelerometers, EMG sensors or electrogoniometers. However, the combination of sensors and thus the fusion of biosignals may improve the robustness of the system or the accuracy of recognition. (Rebelo et al., 2013) studied the classification of isolated human activities based on all of the three above described sensors (acceleration, EMG, goniometer) attached to the knee. They successfully recognized seven types of activities, i.e. sit, stand, sit down, stand up, walk, ascend and descend, with an accuracy of about 98% in person dependent recognition. While these results are very encouraging, it still remains challenging to robustly recognize a large variety of human everyday activities in the real world. The first step to achieve this goal is to build a framework for recording, annotating and processing biosignals and applying the processed biosignal data to activity recognition and strain prediction. Such a framework includes:

- a high-quality wireless biosignal data recording device with appropriate sensors,
- a mobile data acquisition and archiving system,
- an alignment method to semi-automatically annotate the biosignal data,
- a real-time system to robustly recognize everyday activities,
- a strain prediction system based on recognized activities and biomechanical as well as medical expert knowledge.

In this paper we focus on a proof-of-concept validation of everyday activity recognition. For this purpose we collected a pilot dataset consisting of biosignals captured by two accelerometers, four EMG sensors and one electrogoniometer. Subsequently, the dataset was used to evaluate the recognition system.

To model human activities we followed the approach as described in (Rebelo et al., 2013) and used *Hidden-Markov-Models (HMM)*. HMMs are widely used to a wide range of activity recognition tasks, such as in (Lukowicz et al., 2004) and (Amma et al., 2010). In the latter, the authors present a wearable system that enables 3D handwriting recognition based on HMMs. In this so-called *Airwriting* system the users write text in the air as if they were using an imaginary blackboard, while the handwriting gestures are captured wirelessly by accelerometers and gyroscopes attached to the back of the hand (Amma et al., 2010).

In this paper we focus on a seven basic daily activities to validate our framework, i.e. the activities "sit", "stand", "sit-to-stand", "stand-to-sit", "walk", "curve-left" and "curve-right". Five of these activities correspond to those described in (Rebelo et al.,

2013), while the remaining two activities "ascend" and "descend" in (Rebelo et al., 2013) were replaced by "curve-left" and "curve-right". Thus, the total number of seven activities is the same in both studies.

2 THE ACTIVITY SIGNALS KIT (ASK)

The goal of our pilot study is to validate the end-to-end activity recognition system of the *ASK* framework. We first selected a suitable device and sensors to continuously capture the activity data. Subsequently they are automatically archived and processed for the recognition and validation steps.

2.1 Equipment and Setup

2.1.1 Device

We chose the *biosignalsplux* Research Kits¹ as recording device. One *PLUX* hub² records signals from 8 channels (each up to 16 bits) simultaneously. We used two hubs for recording data and connected the hubs with a synchronization cable which synchronizes signals between the hubs at the beginning of each recording. This procedure ensures the time-alignment of sensor data during the entire recording.

2.1.2 Biosignals and Sensors

Similar to (Mathie et al., 2003), we used two triaxial accelerometers³, four bipolar EMG sensors⁴ (instead of six) and both channels of one biaxial electrogoniometer⁵ together. Instead of using only one channel of the electrogoniometer as in (Mathie et al., 2003), we used both channels to measure both the frontal and sagittal plain since we need to recognize rotational activities like "curve-left" and "curve-right".

One channel on the hub1 was plugged with a pushbutton⁶. It is used for the semi-automatic annotation mechanism (See Section 2.3.1). The signals of all sensors were recorded wirelessly at different sampling rate. Table 1 shows the sampling rate of each sensor.

¹biosignalsplux.com/researcher

²store.plux.info/components/263-8-channel-hub-820201701.html

³biosignalsplux.com/acc-accelerometer

⁴biosignalsplux.com/emg-electromyography

⁵biosignalsplux.com/ang-goniometer

⁶biosignalsplux.com/pushbutton

Table 1: Sampling rates of sensors.

Sensor	Sampling rate
Accelerometer	100Hz
Electrogoniometer	100Hz
EMG	1000Hz
Pushbutton	1000Hz

Accelerometer and Electrogoniometer signal are both slow signals, while the nature of EMG signals require higher sampling rates. "Pushbutton" is not a biosignal but a signal which supports annotation. While this signal only requires low sampling rates, we plugged it into the "faster" hub at 1000Hz because the "slower" channels were already taken. Low-sampled channels at 100Hz are up-sampled to 1000Hz to be synchronized and aligned with high-sampled channels. Table 2 and Table 3 show the arrangement of the sensors on both hubs.

Table 2: Channel layout of PLUX Hub1 ("faster").

Channel	Sensor
1	EMG 1
2	EMG 2
3	EMG 3
4	EMG 4
5	Pushbutton
6	-
7	-
8	-

Table 3: Channel layout of PLUX Hub2 ("slower").

Channel	Sensor
1	Accelerometer (upper) X-axis
2	Accelerometer (upper) Y-axis
3	Accelerometer (upper) Z-axis
4	Electrogoniometer - sagital plain
5	Accelerometer (lower) X-axis
6	Accelerometer (lower) Y-axis
7	Accelerometer (lower) Z-axis
8	Eletrogoniometer - frontal plain

2.1.3 Sensor Placement

Figure 1 and Table 4 describe the sensor placement.

2.2 Data Acquisition

The official *OpenSignals* software from the company *PLUX* supports neither annotation nor real-time data piping, where the former doesn't meet our needs of automatic segmentation at the present stage, and the latter prohibits the real-time end-to-end activity recognition of our goal. In this regard we pro-

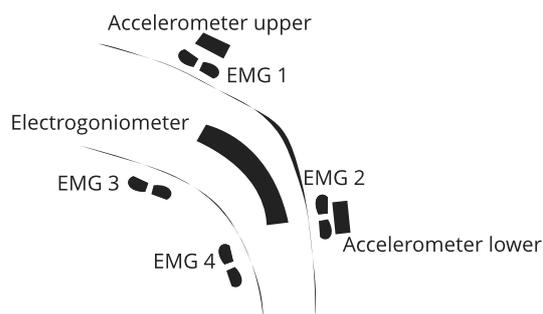


Figure 1: Schematic view of Sensor placement on the Knee.

Table 4: Sensor placement and captured muscles.

Sensor	Position / Muscle
Accelerometer (upper)	Thigh, proximal ventral
Accelerometer (lower)	Shank, distal ventral
EMG 1	Musculus vastus medialis
EMG 2	Musculus tibialis anterior
EMG 3	Musculus biceps femoris
EMG 4	Musculus gastrocnemius
Electrogoniometer	Knee of the right leg, lateral

grammed an ASK software with graphic user interface and abundant functionalities using the driver library provided by *PLUX*. The ASK software connects and synchronizes several *PLUX* hubs easily and automatically, then collects data from all hubs simultaneous and constantly. All recorded data are archived orderly with date and time stamps for further use. More functionalities of the ASK software like semi-automatic annotation, automatic segmentation, automatic recognition and validation are introduced in the following sections.

2.3 Annotation and Segmentation

We implemented a semi-automatic annotation mechanism within the framework of the ASK software. When the annotation mode is switched on in the ASK software, a pre-defined acquisition protocol is loaded, which prompts the user to perform the activities one after the other. For this purpose each activity is displayed on the screen one-by-one while the user controls the activity recording by pushing, holding and releasing the pushbutton (See Figure 2).

2.3.1 Annotation Mechanism

The user follows the instructions of the ASK software step-by-step. For example the prompted activity states "walk", the user sees the instruction "Please hold the pushbutton and do: walk". The user prepares for it, then pushes the button and starts to "walk" She/he keeps holding the pushbutton while walking

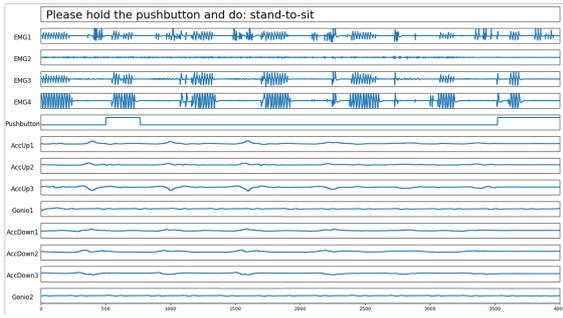


Figure 2: Screenshot of the ASK software with annotation mode: the next activity to do is "stand-to-sit".

for a duration at will, then releases the pushbutton to finish this activity. With the release, the system displays the next activity instruction, e.g. "curve-left", the process continues until the predefined acquisition protocol is fully processed.

2.3.2 Acquisition Protocol

For the proof-of-concept of our framework, we intended to efficiently record a first pilot dataset. Therefore, we organized the seven activities in two clusters - "stay-in-place" and "move-around", which results in two activity lists for the acquisition protocol as follows:

Activity list 1 "Stay-in-place" (40 repetitions):
sit → sit-to-stand → stand → stand-to-sit.

Activity list 2 "Move-around" (25 Repetitions):
walk → curve-left → walk → (turn around) → walk → curve-right → walk → (turn around).

2.3.3 Segmentation

The ASK software records all sensor data along with the timestamps/frame numbers of each button push and button release. These data are archived in csv files as annotation results for each activity. Table 5 shows an annotation result example of a recording with activity list "Stay-in-place".

Table 5: Example of Annotation file.

No	Activity	From frame	To frame
1	sit	3647	6163
2	sit-to-stand	6901	9467
3	stand	11388	14181
4	stand-to-sit	16265	18882
5	sit	19396	22119
...

Since we synchronized all data at 1000Hz, i.e. each frame represents data from 1 millisecond. As shown in Table 5, the first activity segment labeled

"sit" lasts 2.517 seconds. The corresponding 2517 frames are used in one block for training the activity model "sit", as described below.

The time at the beginning of each recording and time between the release and push of the button, e.g. 0s–3.646s or 6.164s–6.900s in Table 5 corresponds to the preparation time. Therefore, the respective frames are neither used for model training nor applied to decoding. However, these samples are still meaningful for continuous recognition and natural scenarios.

2.3.4 Caveats on the Annotation Mechanism

The semi-automatic annotation mechanism in the ASK Framework was implemented to reduce the time and costs of manual annotation. However, this mechanism is not suitable for the acquisition and recognition of everyday activities in real life. (Rebelo et al., 2013) used simultaneous video recordings of the experiments to create references. Though it seems that video or other capturing technologies are required for ground truth generation, the ASK semi-automatic annotation mechanism is still valid method to support the tuning of preprocessing parameters, pre-training models and proof-of-concepts.

3 EXPERIMENTAL DATA

We applied the described framework to the collection of a pilot data set for a proof-of-concept study.

We collected four recordings from one male subject, two for each activity list. Table 6 summarizes the recordings.

Table 6: Content and duration of recordings.

No.	Activity list	Total length (sec)
1	1-"Stay-in-place"	189.442
2	1-"Stay-in-place"	197.951
3	2-"Move-around"	177.809
4	2-"Move-around"	309.076
Sum	Seven activities	874.278 (14.57min)

Due to the organization of activity sequences in terms of activity lists, recordings were done very efficiently with only small amounts of wasted frames ("preparation time") or redundancy. The total length of the four recordings adds up to about fifteen minutes. While this pilot data set is very small, we performed activity recognition experiments to validate the implemented framework.

With the annotation mode switched on, the ASK software allows to accumulate recording statistics such as the number of occurrences and total length

Table 7: Experimental Data: Activity Analysis.

Activity	Occurrences	Minimum length	Maximum length	Total length
sit	25	1.637s	7.777s	79.916s
stand	23	1.491s	17.818s	81.405s
sit-to-stand	24	1.444s	2.566s	47.308s
stand-to-sit	23	1.189s	2.836s	44.109s
walk	67	1.351s	4.566s	172.933s
curve-left	17	1.811s	12.997s	61.950s
curve-right	16	1.563s	18.117s	66.250s
Total	195	Global min.: 1.189s	Global max.: 18.117s	553.871s (9.23min)

for each activity over all segmentations. As can be seen from Table 7 the recorded data are reasonably balanced, with some noticeable exceptions:

- **walk**: the amount and duration of the activity "walk" is considerably larger than other activities;
- **sit-to-stand & stand-to-sit**: these two activities are inherently shorter than the other activities;
- **curve-left & curve-right**: the maximum length of these two activities is unusual but under control. The subject walked in circle sometimes in order to produce data of some special situation for testing the stability of the decoder.

From Table 7 we can also see that, no activity in the pilot dataset is shorter than 1.189 seconds. This a priori information helps us to decide some important parameters such as window length and window overlap length of our recognition model.

4 EXPERIMENTAL RESULTS AND ANALYSIS

Based on the recorded pilot dataset and the automatically generated reference labels for each segment from the ASK software, we performed several experiments to validate our activity recognition system.

4.1 Processing and Feature Extraction

First, a mean normalization is applied to the acceleration and EMG signals to reduce the impact of Earth acceleration and to set the baseline of the EMG signals to zero. Next, the EMG signal is rectified, a widely adopted signal processing method.

Prior to feature extraction the signals are windowed using a rectangular window function with overlapping windows. Based on initial experiments we chose a window length of 400ms with a window overlap of 200ms since these values gave best recognition results on a tuning test set.

Subsequently, features were extracted for each of the resulting frames. We denote number of samples per window by N and the samples in the window by (x_1, \dots, x_N) . We adopted the features from (Rebelo et al., 2013) and extracted for each window the *average* for the accelerometer and electrogoniometer signal, defined as:

$$avg = \frac{1}{N} \sum_{n=1}^N x_n, \tag{1}$$

For the EMG signal we extracted for each window the *Root Mean Square*:

$$RMS = \sqrt{\frac{1}{N} \sum_{k=1}^N x_k^2} \tag{2}$$

As we focus in this work on the validation of our framework, the studies of the feature selection, combination and evaluation is out of the scope of this paper but will be investigated in follow-up studies.

4.2 Modeling, Training and Decoding

We applied our HMM-based inhouse decoder *BioKIT* to model and recognize the described activities. *BioKIT* supports the training of *Gaussian-Mixture-Models (GMMs)* to model the HMM emission probabilities. Each activity is modeled by a one-state HMM, where each state is modeled by 9 Gaussians. This setup gave best results on a tuning test set. To evaluate the recognition error rate, we performed a 10-fold cross validation, i.e. we applied 10 folds with each time 90% of data for training the GMM and 10% for testing the resulting models.

4.3 Recognition Results for Validation

We performed a leave-one-out cross-validation for our pilot dataset. Figure 3 shows the confusion matrix of the recognition results using all sensors in Table 2 and Table 3.

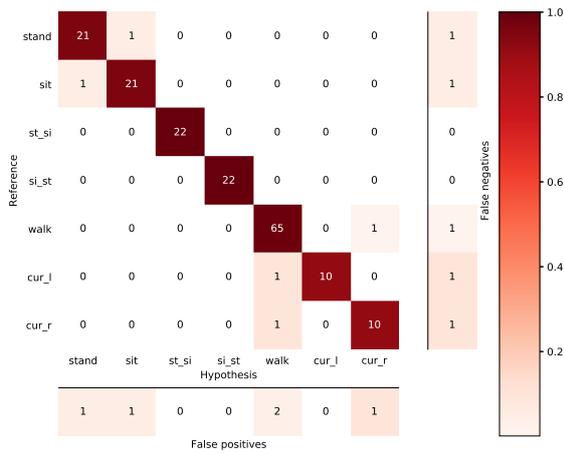


Figure 3: Confusion matrix for recognition results based on signals from two accelerometers, four EMG sensors and both channels of one electrogoniometer. st_si: stand-to-sit; si_st: sit-to-stand; cur_l: curve-left; cur_r: curve-right.

Table 8 gives the criteria *Precision*, *Recall*, *F-Score* and *Classification Accuracy* of the recognition results.

Table 8: Recognition results based on signals from two accelerometers, four EMG sensors and both channels of one electrogoniometer.

Activity	Precision	Recall	F-Score
stand	0.95	0.95	0.95
sit	0.95	0.95	0.95
stand-to-sit	1.00	1.00	1.00
sit-to-stand	1.00	1.00	1.00
walk	0.97	0.98	0.98
curve-left	1.00	0.91	0.95
curve-right	0.91	0.91	0.91
Classification accuracy	0.97		

The activity recognition results for our pilot small-scale dataset are encouraging. The classification accuracy reached 97%. Activities "sit-to-stand" and "stand-to-sit" were correctly recognized. Since both are transitional activities, signal changes might be more prominent than in other activities. "Stand" and "sit" give mixed result, for they are both static activities. The activities "walk", "curve-left" and "curve-right" exhibit to be confusable, which corresponds to our expectation.

4.4 Single Sensor Results

We performed experiments on single sensor setups. Table 9 summarizes the single-sensor recognition results.

Results from Table 9 indicate that the use of accelerometers alone achieves an accuracy of 0.93, out-

Table 9: Single-Sensor recognition accuracy for each activity.

Sensor	Recognition Accuracy
Accelerometer	0.93
EMG	0.63
Electrogoniometer	0.74
All	0.97

performing the single-sensor results when using EMG or electrogoniometer. However, both enhance the performance if we compare the results between all sensors combination and accelerometers alone.

Figure 4 - 6 illustrate the confusion matrices of the decoding results.

5 CONCLUSION

In this paper, we introduced a framework *ASK* for biosignal data acquisition, processing and human activity recognition. The framework includes the selection of appropriate equipment, the acquisition software for long-term recording and archiving, the semi-automatic annotation and segmentation, and the automatic activity recognition based on *Hidden-Markov-Models*. As a first step toward our goal, we evaluated the framework based on a pilot dataset of human everyday activities. Initial results of a person-dependent recognition system achieved 97% accuracy of seven everyday activities.

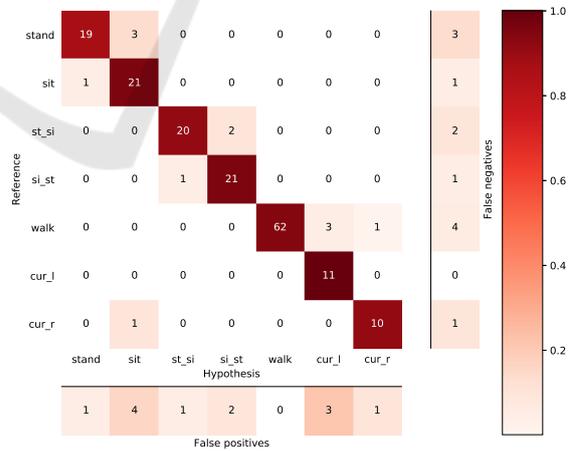


Figure 4: Confusion matrix from recognition based on accelerometer signal.

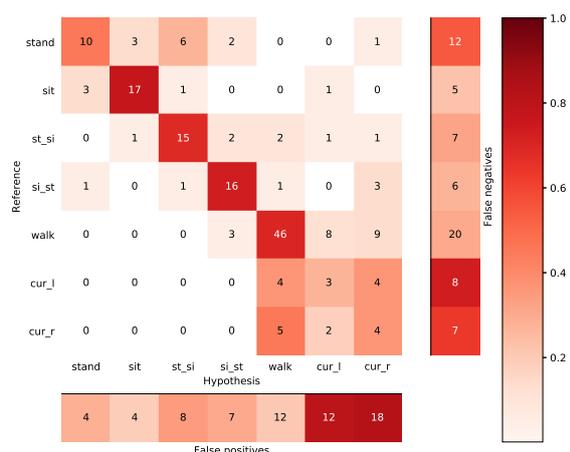


Figure 5: Confusion matrix from recognition based on EMG signal.

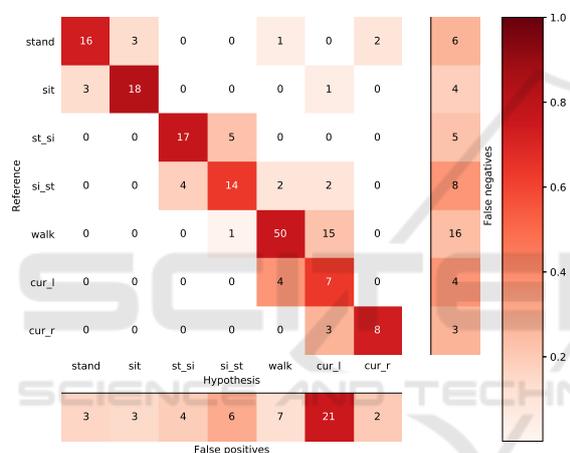


Figure 6: Confusion matrix from recognition based on electrogoniometer signal.

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