

Estimation of Fingertip Force from Surface EMG

A Multivariate Bayesian Mixture of Experts Approach

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Abstract: Improving the dexterity of active prostheses is a major research area amalgamating machine learning algorithms and biosignals. A recent research niche has emerged from this- providing proportional control to a prosthetic hand by modelling the force applied at the fingertips using surface electromyography (sEMG). The publicly released NinaPro database contains sEMG recording for 6 degree-of-freedom force activations for 40 intact subjects. In this preliminary study the authors successfully perform multivariate force regression using Bayesian mixture of experts (MoE). The accuracy of the model is compared to the benchmark set by the authors of NinaPro; comparable performance is achieved, however in this work a lower dimensional feature extraction representation obtains the best modelling accuracies, hence reducing training time. Inherent to the Bayesian framework is the inclusion of uncertainty in the model structure, providing a natural step in obtaining confidence bounds on the predictions. The MoE model used in this paper provides a powerful method for modelling force regression with application to actively controlling prosthetic and robotic arms for rehabilitation purposes, resulting in highly refined movements.

1 INTRODUCTION

The rapidly developing state of the art in hand prosthetics is seeing the advancement of active prostheses capable of highly dexterous kinematics with a high degree-of-freedom (DoF). The advent of this new generation of prostheses provides a challenge for the bio-robotics and rehabilitation engineering communities in developing sophisticated control strategies that are capable of accurately predicting a large range of human movements from user intent.

The feasibility of fine movement detection of the upper limb has progressed rapidly in recent years, partially due to advances in machine learning techniques. There has been a bridging of the machine learning and rehabilitation robotics communities, bringing together state-of-the-art robots/prosthetics and advanced algorithms (Castellini and van der Smagt, 2009). A variety of techniques are available for obtaining biosignals for use as a human-machine-interface (HMI), (Lebedev and Nicolelis, 2006). Surface electromyography (sEMG) has become increasingly popular as an HMI because of distinct advantages in providing a non-invasive, relatively simple and low cost method for voluntary activation.

Harnessing sEMG signals for the control of hand prosthetics has a long history (Saridis and Gootee, 1982). However, until recently the control of prosthetics via sEMG was largely restricted to on-off control, often achieved by the classification of various hand/wrist movements (Peleg et al., 2002). Most of the literature concentrates on classifying these movements using sEMG signals by applying appropriate classifier techniques, see (Ferguson and Dunlop, 2002; Farrell and Weir, 2008; Atzori et al., 2012) among others. A more recent and exciting new area is the domain of proportional control by performing regression between sEMG and the force applied at the fingertips. This has the potential to provide the user with a much greater functionality in multiple DoF (Muceli and Farina, 2012).

Previous studies aimed at achieving proportional control have met with some success. One of the first investigations into force regression was done by (Castellini and van der Smagt, 2009) where feed-forward neural networks and support vector machines (SVM) were used for both classification of movements, then separately for force control at the fingertips. More recently finger force control has been performed using; SVMs (Castellini and Kõiva, 2012) and

different nonlinear kernel functions trained via ridge regression (Gijsberts et al., 2014). Linear and nonlinear techniques were analysed in (Hahne et al., 2014) for regression analysis of wrist movements, including a mixture of experts (MoE) model limited to two experts and trained using iterative reweighted least squares separately for each DoF.

In this work the authors propose a novel framework for performing force regression for finger control using a flexible multivariate Bayesian MoE model. To the authors' knowledge, using both a Bayesian approach and MoE models to identify finger force regression from sEMG signals has not been performed before. The adoption of a MoE model describes the natural sEMG/force relationship by breaking down different movements into individual linear models. Furthermore, the neuromuscular and biomechanics of finger movements are typical of biological systems in that they are subject to uncertainty, which the authors desire to characterise as an intrinsic part of the modelling algorithm. Therefore the approach proposed here is to perform the estimation using Bayesian inference. The Bayesian framework inherently incorporates uncertainty into the training of the model via distributions over the parameters. It also naturally allows the evaluation of confidence bounds of the predicted signal thus providing a performance check of the model at hand.

The MoE model was introduced in (Jacobs et al., 1991). It probabilistically divides the input space of a system using gates and allows experts to specialise on certain regions of the input space. A powerful feature of MoE models is that the gates allow soft splits of the input space that are functions of some or all of the input variables. There are various different structures of the MoE model, and numerous methods for training the model, see (Yuksel et al., 2012), and references therein, for a recent review. The MoE model is trained using variational Bayesian expectation maximisation (VBEM) using analytical closed form equations providing fast training times. Also, this form of MoE described is capable of modelling several outputs simultaneously at little additional cost compared to training a single output MoE, and hence it is referred to as multivariate Bayesian MoE. The MoE model structure and training framework used in this paper follows the work in (Baldacchino et al., 2014b), and further developed in (Baldacchino et al., 2014a).

The rest of the paper is structured as follows. Section 2 describes the sEMG/force dataset used in this paper, along with preprocessing methods for sEMG signals. The multivariate Bayesian MoE framework is given in Section 3, and results on the sEMG/force dataset are presented in Section 4.

2 NinaPro DATA

This section gives a brief description of the data used in this paper: the second version of the publicly released NinaPro (Non-invasive Adaptive Prosthetics) database. Details of the preprocessing performed on the data are also given.

2.1 The Dataset

The NinaPro database contains surface sEMG recordings collected from 40 intact subjects while performing a large number of common hand movements and grasp positions, including measurement of the applied forces at the fingertips (Gijsberts et al., 2014).

The data analysed in this paper consists of sEMG recordings collected while subjects produce a set of nine force patterns given in Table 1, by pressing down with one or more digits. Corresponding force measurements were considered (6 signals): flexion of the five digits as well as abduction of the thumb. sEMG signals were recorded by 12 electrodes on the arm. The 12 electrodes consisted of: 8 equally spaced around the forearm at the height of the radio-humeral joint, one on the finger extensor and flexor muscles respectively, and one each on the biceps and triceps (Figure 1). Each subject had to perform each of the 9 movements 6 times. In order to prevent muscle fatigue, a rest period was enforced in between each movement and each repetition. More information and detail regarding the setup and data collection can be found in (Atzori et al., 2012; Gijsberts et al., 2014).

Table 1: Description of the 9 force movements.

#	Movement Description
F1-F4	Flexion of little through to index fingers.
F5/F6	Abduction/Flexion of the thumb.
F7	Flexion of the index and little finger.
F8	Flexion of the ring and middle finger.
F9	Flexion of the index finger and the thumb.

2.2 Data Preprocessing

The data preprocessing employed in this paper follows the proposed control scheme found in (Gijsberts et al., 2014). All the data was first standardised to be zero mean and unit variance using statistics calculated solely from the training set. The data was then split into a training and testing set based on the repetition of movements; the second and fifth repetitions were used for testing and the four remaining repetitions were used for training.

The signals were segmented into windows and FE was performed on the windowed data. The signals

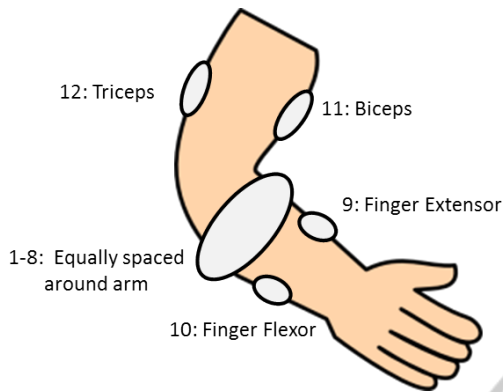


Figure 1: Placement of the 12 sEMG electrodes on the arm.

were segmented into windows of 400ms (800 samples) with a sliding window increment of 10ms (20 samples). Regression was then performed on the extracted features using the method described in Section 3. For computational feasibility the training set was subsampled by a factor of 10 (at regular intervals) resulting in approximately 3000 data points for training.

Three commonly used sEMG feature extractions (FEs) are considered and compared in this work; the root mean square (RMS), the marginal discrete wavelet transform (mDWT) and sEMG histogram (HIST). These FEs were chosen in order to compare with the benchmark set in (Gijsberts et al., 2014), and details can be found there. The RMS is a low dimensional FE where the dimensionality of the feature space is the same as the number of inputs (in this case 12), whilst the mDWT and HIST are high dimensional FEs having effective input dimensions of 36 and 240 respectively.

3 MULTIVARIATE BAYESIAN MIXTURE OF EXPERTS

In Section 3.1 the multivariate MoE regression model, including a probabilistic model, is defined based on the MoE model developed in (Baldacchino et al., 2014a). Training of the MoE model within a Bayesian framework is discussed in Section 3.2.

3.1 Multivariate MoE Regression Model

A MoE model with M regression experts, at time instant n , is given by

$$\mathbf{y}_n = \sum_{i=1}^M g_i(\mathbf{x}_n, \theta_i^g) f_i(\mathbf{x}_n, \mathbf{W}_i), \quad (1)$$

where $\mathbf{x}_n = [x_n^1, \dots, x_n^{d^x}] \in \mathcal{R}^{1 \times d^x}$ is the input vector, and $\mathbf{y}_n = [y_n^1, \dots, y_n^{d^y}] \in \mathcal{R}^{1 \times d^y}$ is the corresponding output vector. The i^{th} expert function is restricted to be linear such that $f_i(\mathbf{x}_n, \mathbf{W}_i) = \mathbf{W}_i^T [\mathbf{x}_n \ 1]$ (the 1 represents a bias term). $\mathbf{W}_i \in \mathcal{R}^{d^x+1 \times d^y}$ is the matrix representing the expert weights. The i^{th} gating function, $g_i(\cdot)$, is a normalised Gaussian function.

Given that N training data points are available, then $X = [\mathbf{x}_1, \dots, \mathbf{x}_N] \in \mathcal{R}^{N \times d^x}$ and $Y = [\mathbf{y}_1, \dots, \mathbf{y}_N] \in \mathcal{R}^{N \times d^y}$. The joint complete-data likelihood is expressed as

$$p(X, Y, Z | \boldsymbol{\pi}, \boldsymbol{\Theta}) = \prod_{n=1}^N \prod_{i=1}^M \left(\pi_i \mathcal{N}(\mathbf{x}_n | \boldsymbol{\mu}_i, \boldsymbol{\Lambda}_i^{-1}) \times \mathcal{N}(\mathbf{y}_n | \mathbf{W}_i^T [\mathbf{x}_n \ 1], \boldsymbol{\chi}_i^{-1}) \right)^{z_{ni}}, \quad (2)$$

where \mathcal{N} is the Gaussian distribution. $Z = \{z_{ni}\}_{i=1, n=1}^{M, N} \in \mathcal{R}^{N \times M}$, are the latent variables such that if $(\mathbf{x}_n, \mathbf{y}_n)$ was generated from the i^{th} expert then $z_{ni} = 1$, else it is 0. The gate parameters are $[\boldsymbol{\pi}, \boldsymbol{\theta}^g] = [\boldsymbol{\pi}, \{\boldsymbol{\mu}, \boldsymbol{\Lambda}\}]$, where $\boldsymbol{\mu} = \{\boldsymbol{\mu}_i\}_{i=1}^M$ is the mean and $\boldsymbol{\Lambda}^{-1} = \{\boldsymbol{\Lambda}_i^{-1}\}_{i=1}^M$ is the covariance matrix. $\boldsymbol{\pi} = \{\pi_i\}_{i=1}^M$ are the mixing coefficients satisfying $\pi_i \geq 0$ and $\sum_{i=1}^M \pi_i = 1$. The expert parameters are $\boldsymbol{\theta}^e = [\mathbf{W}, \boldsymbol{\chi}]$, where $\mathbf{W} = \{\mathbf{W}_i\}_{i=1}^M$ is the multidimensional parameter weight matrix and $\boldsymbol{\chi}^{-1} = \{\boldsymbol{\chi}_i^{-1}\}_{i=1}^M$ is the covariance matrix. The set of unknown model parameters is given by $[\boldsymbol{\pi}, \boldsymbol{\Theta}] = [\boldsymbol{\pi}, \boldsymbol{\theta}^g, \boldsymbol{\theta}^e]$.

3.2 Variational Bayesian Learning

Conjugate priors are assigned to all the parameters except for the mixing coefficients $\boldsymbol{\pi}$ (which are treated as non-random variables). The assignment of prior distributions follows that found in the literature (Ueda and Ghahramani, 2002; Baldacchino et al., 2014a) and appropriately adjusted for use with multivariate output signals. The joint distribution of all the random variables can be expressed hierarchically as,

$$p(Y, X, Z, \boldsymbol{\Theta} | \boldsymbol{\pi}) = p(Y, X | Z, \boldsymbol{\pi}, \boldsymbol{\Theta}) p(Z | \boldsymbol{\pi}) p(\boldsymbol{\mu}, \boldsymbol{\Lambda}) p(\mathbf{W}, \boldsymbol{\chi} | \mathbf{a}) p(\mathbf{a}) \quad (3)$$

as shown in Figure 2.

An approximate Bayesian framework is used in order to find the posterior distribution of the parameters $p(\boldsymbol{\Theta}, \mathbf{a} | Y)$, since the marginal likelihood $P(Y)$ consists of a complex integral. The choice of conjugate prior distributions, along with a latent variable model is elegantly accommodated by the variational Bayes expectation-maximisation (VBEM) framework (Beal and Ghahramani, 2003). The VBEM algorithm is an iterative process which updates approximate posterior distributions for the latent variables

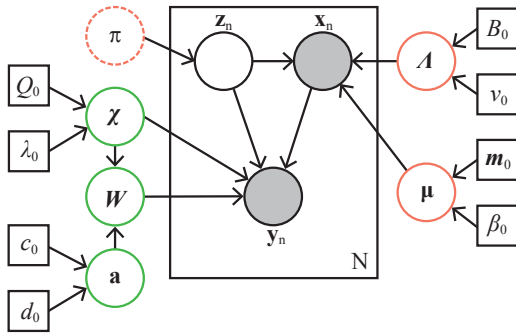


Figure 2: Graphical model for Bayesian multivariate MoE model: the plate denotes N i.i.d observations (observed=grey shading, unobserved=no shading), red circles=gate parameters, green circles=expert parameters, square boxes=known hyperparameters and dashed circle indicates a non-random parameter.

and model parameters sequentially. The approximate posterior distributions are denoted by $q(\cdot)$ and referred to as variational posterior distributions.

The variational distributions of both the latent variables and the parameters for the MoE model described in this paper can be expressed in a factorised form as follows,

$$q(Z, \mu, \Lambda, \mathbf{W}, \boldsymbol{\chi}, \mathbf{a}) = q(Z)q(\mu, \Lambda)q(\mathbf{W}, \boldsymbol{\chi})q(\mathbf{a}). \quad (4)$$

Since conjugate priors for the model parameters were used, the functional form of the variational distributions will be the same as the priors. The update equation for $\boldsymbol{\pi}$ is obtained using maximum likelihood techniques. A posterior predictive distribution can also be obtained such that predictions of the output to new unseen inputs can be performed. This distribution is expressed as $p(y_{n'} | \mathbf{x}_{n'}, \mathcal{D})$, where $\mathcal{D} = [Y, X]$ is the training data, and $n' = N + 1$ is the new data point. Details of the necessary equations can be found in (Baldacchino et al., 2014a), and they are omitted here for brevity (due to a lack of space).

4 RESULTS

Before implementing the training algorithm described in the previous sections, the windowed data was standardised to zero mean and unit variance again. This was done in order to simplify the assignment of hyperparameter values for the prior distributions which were set in such a way so as to define broad priors.

4.1 Multivariate Bayesian MoE for sEMG Data

The multivariate Bayesian MoE model is trained on the data obtained from all 40 subjects, and all the 6 forces are trained together at negligible additional cost compared to a single output. The algorithm is initialised with 10 experts since there are 9 movements and a rest period. Preliminary results indicated that the HIST FE is impractical in the context of this work due to such a high dimensionality of the feature space. Thus the algorithm was run for the mDWT and RMS FEs, and a comparison between the two is considered. The performance of the final models is analysed using a normalised root mean square error (NRMSE, which is the RMSE divided by the range of the output), and the coefficient of determination (R^2).

Figure 3 shows the average NRMSE across all subjects (averaged over the 6 DoF force activations) for the two FE representations (mDWT and RMS).

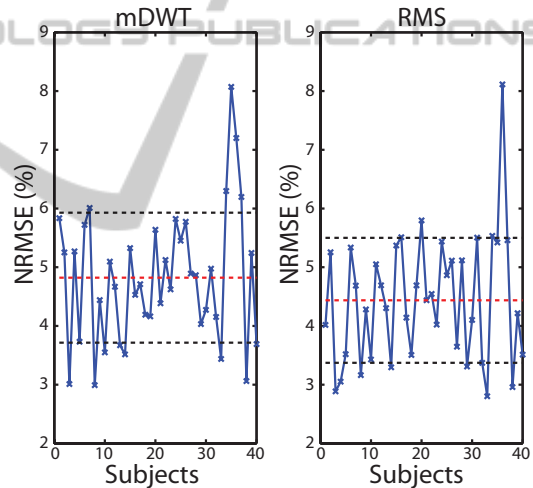


Figure 3: A plot of average NRMSE for the model obtained for each subject for the mDWT and RMS FEs. The red dashed line represents the mean NRMSE (over the 40 subjects), while the black dashed lines represent \pm one std.

All subjects achieve an acceptable level of performance, with Subject 35 for mDWT and Subject 36 for RMS having the worst NRMSE of 8.07% and 8.11% respectively. The best performance was achieved by Subject 8 for mDWT and Subject 33 for RMS having an NRMSE of 2.99% and 2.8% respectively. The values of the NRMSE are comparable to those reported by (Castellini and van der Smagt, 2009) where the authors analyse finger force regression using SVM for a different dataset, and report an average NRMSE of 7.89%. The mean and unit standard deviation (std) for both R^2 and NRMSE are reported in Table 2.

Both types of FE techniques achieve comparable

Table 2: % average R^2 and NRMSE \pm one std.

Feature type	Average R^2	Average NRMSE
mDWT	$88.21 \pm 5.30\%$	$4.82 \pm 1.11\%$
RMS	$89.81 \pm 5.00\%$	$4.44 \pm 1.06\%$

performance, however it is interesting to note that the RMS FE performs better than the mDWT. This is in contrast to that reported in (Gijsberts et al., 2014), where they obtain R^2 values of 91.74% and 88.93% for mDWT and RMS respectively for a $\exp\text{-}\chi^2$ kernel ridge regression. The RMS feature provides a much simpler FE representation, which also results in much faster training of the data (on average RMS took 5.47min compared to 13.3min for mDWT for 100 runs). The RMS FE is also quicker to compute, and for this training data the preprocessing time took on average 5.9s for RMS versus 417.5s for mDWT. RMS FE also allows a natural interpretation between the inputs and outputs, because the inputs are the physical sEMG signals themselves.

To investigate the performance of the models on each of the 9 force patterns, the average NRMSE per pattern is shown in Figure 4. Patterns involving the individual activation of the four fingers (F1-F4) are all characterised by high performance, and adduction/abduction of the thumb (F5) achieves comparable performance (but with a slightly higher variance). The rest of the four movements (F6-F9) have a slightly worse performance, especially those movements involving flexion of the thumb (F6 and F9).

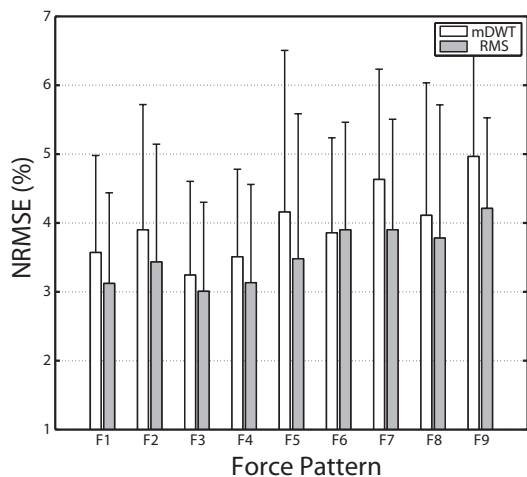


Figure 4: A plot of the average NRMSE for each force pattern for mDWT and RMS FEs. The error bars indicate unit std.

Several authors, for example (Castellini and Kõiva, 2012), have attributed the fact that predictions of thumb movements are worse than for other fingers due to no sEMG activity being recorded from the majority of the thumb muscles which are located at the

wrist. The RMS performs better than mDWT overall, and again the values for the NRMSE are comparable to those reported in the literature, such as (Castellini and Kõiva, 2012). The R^2 values are not reported for the individual force patterns since the condition $\sum_n e_n = \sum_n (y_n - \hat{y}_n)$ is not necessarily 0 and so the R^2 value can go negative even though the model provides a good fit. Thus, direct comparison to the benchmark is not possible since it would result in an incorrect interpretation. However, the NRMSE values reported here highlight what the authors in (Gijsberts et al., 2014) established: single finger movements are easier to predict than multiple finger and thumb movements.

4.2 Predictions for RMS FE

The results reported in this section concern the models obtained when the RMS FE technique was used, since it shows better performance than the mDWT and it is computationally cheaper to work with RMS.

The top plot given in Figure 5 shows the predictions (red) obtained on the testing data (blue) for the fourth force DoF (index flexion) for Subject 1. The signals are plotted on a background of colours where each colour indicates a particular expert. The 99% confidence intervals are also plotted (black dashed), since these arise naturally from the Bayesian inference framework. The confidence intervals comfortably enclose most of the observed data (blue). In both cases the model predictions of the force follow the observed data well. Even more interesting is the assignment of experts; the experts identified in the training set are also the same ones used in the test set. The rest period is almost always identified, and it is assigned its own expert (bright green). Movements corresponding to individual fingers along with flex thumb, flex index and little, and flex index and thumb are again assigned individual experts. Two experts are needed to model abduction of the thumb, and this could be due to no sEMG activity being recorded from the majority of the thumb muscles, and so this presents difficulty in modelling it accurately. Flexion of the ring and middle finger is modelled using the experts from both their corresponding individual finger movements (dark green and pink). This assignment of experts has the potential for further investigatory work for classification of finger movements.

The bottom plot of Figure 5 shows the predictions for all 6 DoF force measurements of all the nine force patterns. Again, all the forces and force patterns are predicted accurately, and similar to (Gijsberts et al., 2014) the model even learned the involuntary negative forces which they attribute to synergistic or compensatory mechanisms.

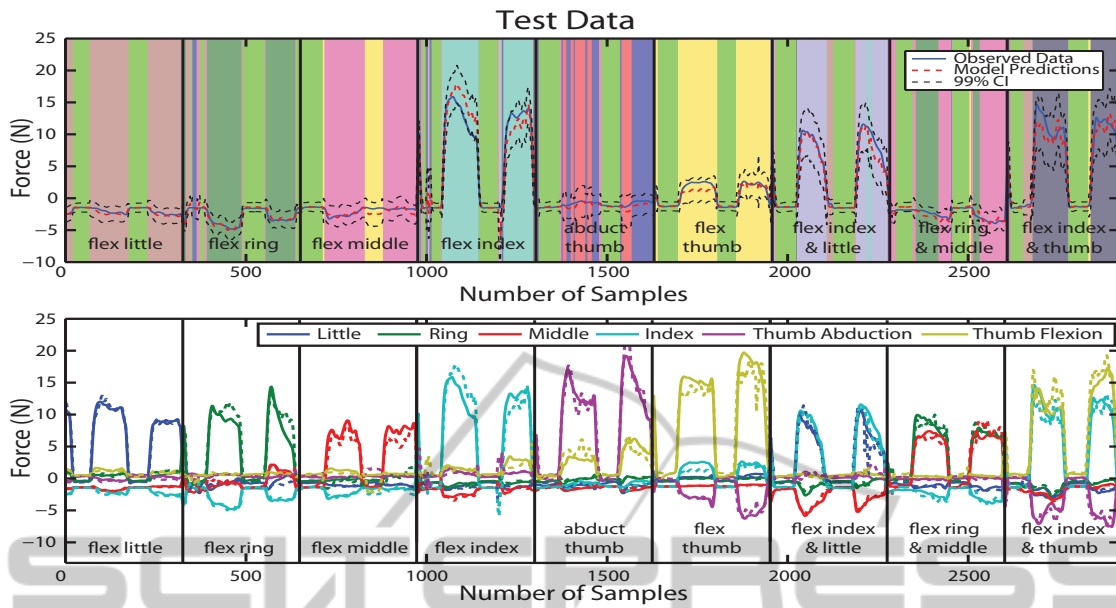


Figure 5: Top plot: Predictions (red) versus observed data (blue) including 99% confidence intervals (dashed black) on the test data of the fourth DoF force activation. The background of colours represent the individual experts. Bottom plot: A plot of observed (solid) and predicted (dashed) forces for the second and fifth repetitions of all nine force patterns. Each colour corresponds to a force measurement. For both plots, black vertical lines indicates when a movement starts.

Integral to the Bayesian training is the use of automatic relevance determination (ARD), whereby non influential inputs are 'turned off' thus avoiding overfitting and allowing the possibility of removing surplus electrodes. The ARD values obtained from updating the appropriate hyperparameters are analysed. Figure 6 shows a box plot of the average ARD for each sEMG input signal for all 40 subjects. Large ARD values indicate that an input is heavily weighted while low ARD values indicate that the particular input is heavily attenuated. Not surprisingly, electrodes 11 and 12 (biceps and triceps) seem to have the least effect on finger movement.

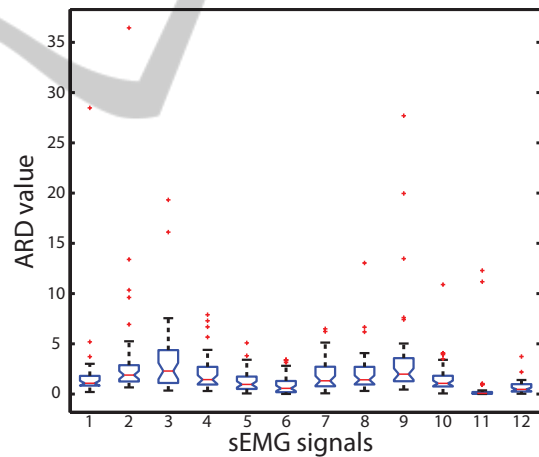


Figure 6: Box plot of average ARD values (over the number of experts) for each sEMG input signal.

5 CONCLUSION

In this paper the authors propose a novel method for the modelling of force regression from sEMG signals for the purpose of proportional control of prosthetic hands employing a multivariate Bayesian MoE model. The algorithm presented provides fast learning of the data due to analytical closed form equations. The results on the 40 subjects are encouraging since accurate predictions for several finger movements are achieved. This method also highlighted that better results can be achieved with a low dimensional FE representation than with a higher one, thus reducing computational effort even further. The low dimensional FE allows investigation into the influence of the

inputs on the force regression as the inputs are the physical sEMG signals themselves. The fast manner in which predicted outputs are generated suggests that this method will be easily transferable to an online situation for instantaneous proportional control of a prosthetic hand (for a single data point it takes on average $16.8\mu s$ to generate a predicted output value). It has been well documented within the literature that for a method to be successful within a clinical application, it should require minimum user training, have low computational complexity and perform adequately with few electrodes. The method presented

in this work achieves all the above criteria. It will be interesting to apply this framework to sEMG/force data collected from amputees. As future work, the authors are investigating the possibility of a simultaneous regression-classification framework for finger force control.

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