Deep Heterogeneous Dilation of LSTM for Transient-phase Gesture Prediction through High-density Electromyography: Application in Neurorobotics

Tianyun Sun, Qin Hu, Student Member, IEEE, Jacqueline Libby, S. Farokh Atashzar*, Member, IEEE

Abstract—Deep networks have been recently proposed to estimate motor intention using conventional bipolar surface electromyography (sEMG) signals for myoelectric control of neurorobots. In this regard, deepnets are generally challenged by long training times (affecting the practicality and calibration), complex model architectures (affecting the predictability of the outcomes), a large number of trainable parameters (increasing the need for big data), and possibly overfitting. Capitalizing on our recent work on homogeneous temporal dilation in a Recurrent Neural Network (RNN) model, this paper proposes, for the first time, heterogeneous temporal dilation in an LSTM model and applies that to high-density surface electromyography (HD-sEMG), allowing for decoding dynamic temporal dependencies with tunable temporal foci. In this paper, a 128-channel HD-sEMG signal space is considered due to the potential for enhancing the spatiotemporal resolution of human-robot interfaces. Accordingly, this paper addresses a challenging motor intention decoding problem of neurorobots, namely, transient intention identification. The aforementioned problem only takes into account the dynamic and transient phase of gesture movements when the signals are not stabilized or plateaued, addressing which can significantly enhance the temporal resolution of human-robot interfaces. This would eventually enhance seamless real-time implementations. Additionally, this paper introduces the concept of “dilation foci” to modulate the modeling of temporal variation in transient phases. In this work a high number (i.e. 65) of gestures is included, which adds to the complexity and significance of the understudied problem. Our results show state-of-the-art performance for gesture prediction in terms of accuracy, training time, and model convergence.

Keywords—Human-centered Robotics, Neurorobotics, High Density sEMG, Temporal Dilation, Recurrent Neural Networks

I. INTRODUCTION

As of 2005, more than 1.6 million people in the United States were living with the loss of a biological limb. This population is estimated to double by 2050. Besides, accidents and congenital conditions, some medical conditions can lead to amputation, such as cancer, vascular diseases, diabetes, peripheral arterial diseases [1]. The population of people who have such conditions is also growing in an accelerated manner. Thus, the research in fabrication and seamless control of prostheses is in substantially high demand. For upper-limb functions, due to the complexity and diversity of tasks, intuitive and agile (fast in response) control are technically challenging. Addressing these problems can help amputees with Activities of Daily Living (ADLs) beyond essential hand functions. Furthermore, existing gesture detection algorithms have low accuracy and high latency, leading to a high rejection rate in commercial systems [2]–[4].

Surface electromyography (sEMG) has been used extensively in the literature to implement myoelectric control of bionic limbs, allowing for peripheral interfacing of the human motor intention to robotic actions in a non-invasive manner [5]. Deep learning techniques have been increasingly used in recent work to decode the complex human neurophysiological responses to motor commands, exploiting the rich information present in the sEMG signals. Deep learning techniques can vary in structure, with linear and nonlinear temporal/spatial connections between layers. Convolutional neural networks (CNNs) have been leveraged in sEMG-based prosthetic studies [6]–[12] because of their ability to perform localization and to perform weight sharing through kernel sliding. A CNN model can detect and locate human neurophysiological features appearing anywhere in a given segment of muscle-activity signal. Recurrent Neural Networks (RNNs) have also been used [13]–[17] for the control of prosthetic systems. An RNN model can capture the underlying temporal dynamics from sEMG signals since each hidden cell comprises the information from all previous hidden cells and the observation of the current timestamp. Some recent articles (for example [18], [19]), including our previous work [20], [21], have proposed hybrid models that leverage the benefits of both CNNs and RNNs for motor intention detection using sEMG signals. In [20], we proposed a hybrid approach that achieves high performance on conventional user-specific and generalized gesture classi-
fication, with reduced need for re-training and re-calibration. However, traditional bipolar sEMG signals have challenges in capturing muscle group activities, due to limited numbers of sensors and sparse sensor placement. Therefore, the models still suffer from the lack of versatility and agility. In this context, versatility refers to the number of gestures which can be detected for the control of neuroprosthetic systems, and agility refers to the corresponding temporal resolution. Most of the existing literature only uses the plateau phase of contraction, which is a steady-state phase during highly-controlled and instructed task conduction when signals does not represent a dynamic contraction. The use of the steady segment of the signal results in low temporal resolution, late reaction, and incorrect classification during transient phases which can affect the practicality, and intuitiveness. In this paper we aim to address the aforementioned issues by proposing a new computational model that can process high-density surface electromyography (HD-sEMG) signals to enhance the spatiotemporal resolution of intention decoding.

High-density surface electromyography (HD-sEMG) has attracted considerable attention in recent years because it encodes distributed activities of motor units across the muscles and the gradient of changes in time and space, which are critical factors for distinguishing intended motor tasks. HD-sEMG signals are noninvasively collected from a large number of electrodes arranged in a two-dimensional array. The dense placement (e.g., 5-10mm inter-electrode space) of electrodes in a 2D grid describes the muscle activities both as a function of time and topologically (in space) for the muscle group. Some recent efforts have been conducted to utilize various representations of HD-sEMG signals for detecting human intention. Examples are as follows: time-domain representation [22]–[24], image-based muscle activity heatmap representation [19], [22], [25], and motor unit action potentials (MUAPs) and the corresponding spike trains derived through decomposition of HD-sEMG [26]–[28]. In the literature noted above, HD-sEMG has shown ability to secure high accuracy. However, there are some critical limitations, as follows: (a) signals are often down-sampled to reduce the volume of high-density information in some (not all) cases, (b) relatively low number of classified gestures (<27 gestures) are considered, (c) low number of subjects is included, and (d) the plateaued phases of contraction is considered under controlled environments and long signal windows. In this paper, we utilize a new open dataset (see Section II-A), and specifically address the transient-phase decoding problem for a high number of gestures using a novel algorithm proposed in this work. We conduct a comprehensive comparative study to support state-of-the-art results.

Despite the diversity of model structures (CNNs, RNNs, or hybrid models), the literature suffers from the most common deep-learning problems, including long training times, vanishing/exploding gradients, and short dependen-
II. MATERIAL AND METHODS

A. Data Acquisition Process

In order to design a robust, light-weight, and efficient prosthesis control interface that can support versatile ADLs beyond essential hand functions, this paper is based on a high-quality HD-sEMG database that includes 65 isometric hand gestures with different Degrees of Freedom (DoFs) recently published in the scientific data of Nature [30]. The movements consist of 16 1-DoF finger and wrist gestures, 41 2-DoF compound gestures of fingers and wrist, and eight multi-DoF gestures of grasping, pointing, and pinching. The database was collected from 20 healthy participants, 14 males and six females, with wide-ranging ages between 25 and 57 years old (mean: 35 years old). We only use the signals from 19 subjects because the data from subject 5 is not available. The HD-sEMG signals were recorded using a Quattrocento (OT Bioelettronica) biomedical amplifier system through two 8 × 8 electrode grids (a total of 128 channels) with a 10mm inter-electrode distance, at a sampling rate of 2048 Hz. The two grids were positioned on the dorsal (outer forearm) and the volar (inner forearm) of the upper forearm. The recording was performed in a differential manner, where the channel $i$ signal is the signal difference between electrode $i + 1$ and electrode $i$, to reduce common-mode noise. Each subject was asked to perform each gesture for five repetitions before switching to the next one. Each repetition lasts for five seconds, followed by an equal-duration rest. Fig. 1 shows muscle-activity heatmaps from the two 8 × 8 electrode grids (inner and outer forearm) for the best-performing subject. Due to space limitations, we only show 16 out of the 65 gestures, and choose the simplest most visually intuitive examples. We show the heatmaps for the two grids, for a total of 32 heatmaps. It can be observed, for instance, that for Movement 2 “ring finger: bend”, which is an extension of the little finger, more muscle activity is observed on the outer forearm (which contains the extensors) than on the inner forearm. Independent forces from each finger and the wrist were utilized to assist the temporal relabeling in aligning the movement labels with the segments of the hand gestures once they have reached a plateau. This paper uses the labels before the temporal adjustment to include the transient phase. In our experiments, repetitions 1, 3, and 4 are used for training and the remaining repetitions 2 and 5 are used to test the trained model.

B. Data Preprocessing

In this work, we define the length of the transient phase by averaging the corresponding force signals of each gesture across all subjects. For instance, the force signals of the “ring finger: bend” movement were measured by the strain gauge on the ring finger. The length of the transient phase of a 2-DoF or multi-DoF gesture is the average length of the transient phases indicated by the corresponding force signals measured by multiple strain gauges. The HD-sEMG signals of each repetition have been truncated after 0.5 secs to capture the computed transient phase average. Fig. 2 shows the 0.5-second transient phases (indicated by dashed lines) of the corresponding force signals of Movement 1 (1-DoF), Movement 26 (2-DoF), and Movement 61 (multi-DoF). In the next step, this paper scales up the signal magnitudes using Min-Max normalization only based on training data, followed by Mu-law transformation [31] on each data scalar in a logarithmic and nonlinear manner. Mu-law transformation is applied as can be seen in (1) to enhance the discriminability of the information from different channels.

$$F(x_t) = \text{sign}(x_t) \frac{\ln(1 + \mu|x_t|)}{\ln(1 + \mu)}.$$  \hspace{1cm} (1)

In (1), $x_t$ denotes each data scalar and $\mu = 2048$. We conduct signal windowing and evaluate the effect of varying window sizes in compliance with the real-time implementation standards in myoelectric control [29], [32]–[35]. We investigate sliding short window sizes of 100ms, 200ms, and 300ms with the same step size of 10ms. Each short window is a data point for training the model. As a result, the model input has a shape of 204 × 128 for a 100ms window, 409 × 128 for a 200ms window, and 614 × 128 for a 300ms window. 128 is the number of channels (two 8 × 8 grids). Thus, for a 200ms window size, we are feeding only 20 minutes of calibration/training data to the model for each subject. It is commendable that a 65-class model can work with such little data, which enhances the practicality and reduces the need for extensive calibration.

III. MODEL STRUCTURE

Based on our previous research and recent literature, it should be mentioned that for smaller numbers of gestures and the steady-phase of contraction, deep neural networks can achieve higher performance when given large datasets. However, deep structures and the need for large datasets are two primary factors leading to complex model architectures and long training times. Motivated by this issue, and capitalizing on our recent work on linear dilation of RNNs, in this paper we propose heterogeneous temporal dilation, for the first time, aiming at adding longer, nonlinear, and more diverse temporal reach to the LSTM model. This paper also proposes one new degree of freedom, dilation focus, to the model structure, indicating the skewness of the connection density of the dilated LSTM cells on each layer.

A. Regular Baseline Model and Dilated Baseline Model

In this paper, we compare the model performance of the proposed heterogeneously dilated model with two baseline models, a regular LSTM model (see Fig. 3a) and a homogeneously dilated LSTM model. (See Fig. 3b for the dilated baseline model). The study using the regular
Fig. 1: 32 muscle-activity heatmaps associated with 16 1-DoF movements from the best-performing subject (15). Each gesture has two heatmaps (forearm extensor and flexor). Each heatmap is an $8 \times 8$ grid, consisting 64 electrodes.

Baseline model evaluates the effect of any dilation, while the study on the dilated baseline model compares the effect of different temporal dilation strategies (homogeneous vs. heterogeneous). In this work, for consistency, the regular baseline model consists of four LSTM layers, each having a number of LSTM cells equal to window size × sample rate (e.g., 409 LSTM cells for a 200ms window) and 128 hidden units. The 128 hidden units of the last LSTM cell of the fourth LSTM layer are fed into the classifier (i.e., a fully connected neural net which fuses the decoded information for gesture prediction). The classifier contains three fully connected layers, sequentially including 64, 32, and 65 nodes, to conduct gesture prediction. The dilated baseline model has a similar architecture to the regular baseline model, but the 3rd-order homogeneous dilation is injected into the LSTM layers. Refer to our previous work [21] for more details on the homogeneous model and the aggressiveness of temporal dilation. Early stopping (a common technique to prevent overfitting in the literature [16], [36], [37]) with a patience factor of 30 is used. This means that the model will stop training after 30 iterations past the point at which the accuracy has plateaued.

B. Heterogeneous Dilation and Dilation Focus

Compared with the homogeneous dilation that has vertical aggressiveness within each layer, in heterogeneous dilation, we examine different aggressiveness horizontally within the second layer. The number of skipped LSTM cells between two connected cells exponentially increases/decreases, determined by the dilation focus. In a left-focused model (see Fig. 4a), the model is divided into three equal-length time segments. The number of skipped cells (denoted as $N_k$) of each time segment can be derived from an exponential function shown in (2).

$$N_k = n \cdot (2^k - 1), \quad k = 1, 2, 3$$ (2)

$k$ denotes the k-th time segment, and $n$ represents the maximum number of skip connections given the time segment. In a right-focused model (see Fig. 4c), the model is also segmented into three equal parts on the time axis. The number of the skipped cells of each time segment can be calculated from the same exponential function but with $k$ in the reverse order. In a middle-focused model (see Fig. 4b), we first find the median cell of each layer, and then divide the LSTM model into two submodels, each having three equal-length (one-sixth of the window size) time segments. The submodel on the left is equivalent to a right-focused dilated model, whereas the submodel on the right is equivalent to a left-focused dilated model. Early stopping with a patience factor of 30 is again used.

<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4-Layer, Regular Baseline Model</td>
</tr>
<tr>
<td>2</td>
<td>4-Layer, Dilated Baseline Model</td>
</tr>
<tr>
<td>3</td>
<td>4-Layer, Heterogeneous Dilation, Left Focus</td>
</tr>
<tr>
<td>4</td>
<td>4-Layer, Heterogeneous Dilation, Middle Focus</td>
</tr>
<tr>
<td>5</td>
<td>4-Layer, Heterogeneous Dilation, right Focus</td>
</tr>
</tbody>
</table>
Fig. 2: This figure shows the corresponding forces of three gestures with different DoFs on each repetition. The dashed lines indicate the end (0.5 seconds) of transient phases. Force indices 0-5 denote strain gauges on index finger, middle finger, ring finger, little finger, thumb finger flexion/extension, thumb finger abduction/adduction, respectively. Line colors denote five different repetitions. (a) Little finger force of little finger bend gesture; (b) Ring finger force and thumb forces of ring finger bend and thumb down gesture; (c) All five fingers forces of palmar grasp gesture.

IV. Experiments and Results

A. Experiment Models

Following the previously explained model structures, we perform a comprehensive analysis on five LSTM-based models listed in Table I. Model 1 is a regular 4-layer LSTM network. Model 2 adds 3rd-order homogeneous dilation, skipping 7 out of every 8 cells on the second layer. (Refer to [21] for details on the upper layers.) Based on model 2, we extend to models 3-5, where we replace the homogeneously dilated second layer with the three versions of heterogeneous dilation. We adapt the heterogeneous dilation only on one layer because experiments showed that applying dilation of the same focus on too many layers results in an overall condensing of information in one area and too much loss in the other areas, therefore affecting the performance. A left-focused dilation is used on the second layer of model 3, a middle-focused dilation is used on model 4 and a right-focused dilation is used on model 5. We train user-specific models for each of the 19 subjects.

B. Results and Statistical Analysis

To demonstrate the influence of our proposed model structures on accuracy and training speed, we perform statistical analysis on all previously mentioned models across all 19 subjects. We first perform D’Agostino-Pearson test for normality, which validates our comparisons of the experiment results using paired t-tests. The significance threshold for p-value is 0.05. We also applied Bonferroni correction to the observed p-values, a commonly used method for a more conservative result by reducing the probability of false positives. Markers are used in the comparisons to identify significance levels, based on the Bonferroni-corrected p-values as following: (a) The ns marker (for not significant) denotes corrected p-values between 0.05 and 1; (b) The * marker denotes corrected p-values between 0.01 and 0.05; (c) ** denotes corrected p-values between 0.001 and 0.01; (d) *** denotes corrected p-values between 0.0001 and
Fig. 5: (a) Accuracy box plots of models using 100ms window size, (b) 200ms window, (c) 300ms window.

0.001; and (e) **** denotes corrected p-values smaller than 0.0001. In Fig. 5, we show the comparisons of model performances using box plots. As can be seen, the dilated models are consistently performing better than the base models, demonstrating the power of dilation in terms of prediction accuracy. Among the dilated versions, the middle-focused heterogeneous dilation model (model 4) shows the best result. In Table II, we list the median accuracy of each model for different window sizes to present more clearly that the middle-focused heterogeneous dilation model gives the best accuracy across all the models. Out of all the experiments, we got the best performance of 82.006% using the middle-focused heterogeneous dilation structure and the 200ms window size. In particular, for models with window sizes of 100ms and 300ms, the middle-focused model achieves fastest convergence.

Fig. 6 compares training validation accuracies between the base model and the best performing middle-focused heterogeneous dilation model with a 200ms sliding window size for all subjects. The plot shows the progression of accuracy with training iterations. We can see that the proposed heterogeneous dilation model brings significant and consistent improvements in accuracy, convergence speed, and smoother convergence patterns.

V. COMPARATIVE STUDY

In the previous experiments, we compared different RNN models’ performance (regular and homogeneously dilated LSTM models) with our proposed model. We observed that the heterogeneously dilated models with different dilation foci outperform the other two sequential models in most circumstances. In this section we conduct a comparative study to compare the proposed heterogeneously dilated model with conventional nonsequential deepnets. We compare our best proposed model (middle focused) with two conventional deepnets, i.e., a Convolutional Neural Net (CNN) and a Multilayer Perceptron (MLP). The comparison is based on a window size of 200ms for consistency. The comparative study also shows the superiority of the proposed approach in capturing underlying temporal dynamics and the robustness and adaptability of heterogeneous dilation in reducing the model complexity, improving the model convergence, and shifting the model focus for varying tasks. The CNN model consists of two CNN blocks, each having a convolutional layer, a batch normalization layer, and a Parametric Rectified Linear Unit (PReLU) activation function. The first convolutional layer has 16 filters and the second has 24 filters. Each layer has a kernel size of $15 \times 5$. A max-pooling layer with a kernel size of $2 \times 2$ is defined between CNN blocks. The outputs of the last CNN block are flattened and fed to a

<table>
<thead>
<tr>
<th>Table II: Model accuracy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window</td>
</tr>
<tr>
<td>100ms</td>
</tr>
<tr>
<td>200ms</td>
</tr>
<tr>
<td>300ms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table III: Number of converge iterations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window</td>
</tr>
<tr>
<td>100ms</td>
</tr>
<tr>
<td>200ms</td>
</tr>
<tr>
<td>300ms</td>
</tr>
</tbody>
</table>
**Fig. 6:** Validation accuracy per iteration (blue line is the proposed and red line is the conventional technique). (Subject 5 missing from the online database.)

**TABLE IV:** Results for comparing the proposed heterogeneously dilated LSTM model with conventional deepnets.

<table>
<thead>
<tr>
<th>Model</th>
<th>Average Acc (%)</th>
<th># Parameters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best (Middle-focused) Model</td>
<td>77.387</td>
<td>538,817</td>
</tr>
<tr>
<td>MLP</td>
<td>49.877</td>
<td>6,562,113</td>
</tr>
<tr>
<td>CNN</td>
<td>59.561</td>
<td>32,476,265</td>
</tr>
</tbody>
</table>

Note: Acc - Accuracy; # - The number of.

This paper proposes a nonlinear temporal dilation, named as “heterogeneous dilation”, into the LSTM layers to overcome the aforementioned issues. We have shown that the proposed structure significantly improves the training times and convergence speeds (>20 times faster) when compared with a non-dilated counterpart LSTM, and boosts the accuracy when predicting 65 diverse gestures from each subject using only transient phase information. This paper brings research one step closer to real-time implementation of prosthesis control by training the proposed model only on the transient phases, using just 10% of information at the beginning of each repetition. Moreover, the conducted study on the impact of varying window sizes has found that our proposed model achieves state-of-the-art performance when using a sliding window size of 200ms, which is shorter than the real-time implementation requirement of 300ms. The introduction of dilation focus to the proposed model adds another novel degree of freedom into the structure, shifting the model focus to prioritize the deep observations and hidden states of a particular segment of information. Hence, the heterogeneously dilated model becomes more robust, agile, and adaptable to various tasks an the transient underlying neurophysiology changes. The fast speed of convergence for the proposed model opens the door for ubiquitous outside-the-lab applications and for researchers who do not have access to high-performance computers.

**VI. CONCLUSION**

Accuracy and agility of human-robot interfaces are two critical factors in improving the performance of the current commercialized prosthesis systems. Deepnets have the potential power of extracting the underlying neurophysiological features from the muscle activities to classify a high number of gestures and reach considerably high performance. However, these models cannot achieve agility due to the structure complexity, long training time, and vanishing/exploding gradients, and thus model convergence deteriorates. These challenges worsen as the classified gestures increase, model architecture deepens, and the data space grows.

**REFERENCES**


