

Robotic Ultrasound Assistance

via Hand-Over-Hand Control

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Paper Critique

R. Finocchi, F. Aalamifar, T. Fang, R. Taylor and E. Boctor, "Co-robotic ultrasound imaging: a cooperative force control approach", *Medical Imaging 2017: Image-Guided Procedures, Robotic Interventions, and Modeling,* 2017. Available: 10.1117/12.2255271.



Project Summary

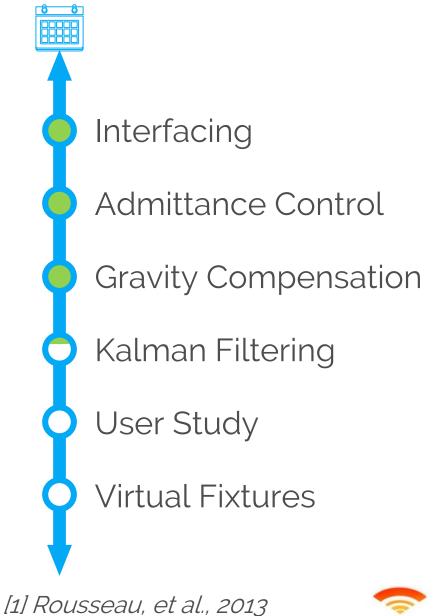
• Problem

Sonographers develop work-related musculoskeletal issues [1] by holding probe in static, contorted positions and applying large forces [2]

• Overall Goal

Provide sonographers with a hand-guidable, ultrasound wielding robot to hold probe for them

 Personal Goal Improve the "transparency" of robot motion from previous prototypes

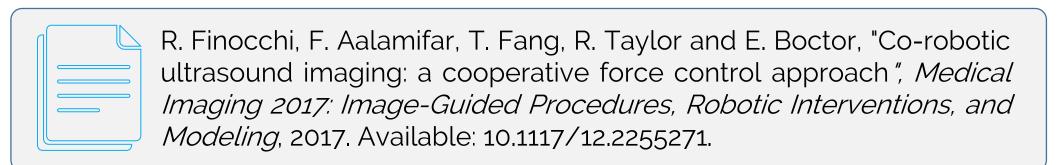


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[2] Schoenfeld, et al., 1999







- First prototype of robotic ultrasound assistance at JHU
- Very relevant to my work (which is improving Finocchi's methods)
 - Will use the same physical setup: robot, sensor housing, ...
 - Can use algorithms as starting point
 - Filtering
 - Force/Torque (F/T) \rightarrow velocity conversion
 - Results can be directly compared to gauge my success



Co-robotic ultrasound imaging: a cooperative force control approach

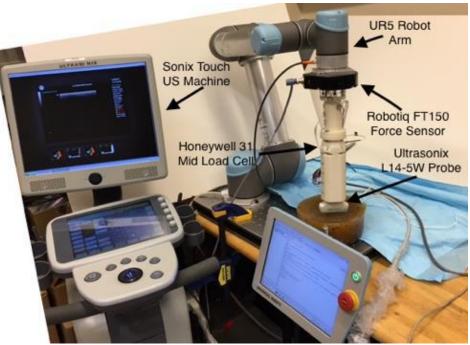
R. Finocchi, F. Aalamifar, T. Fang, R. Taylor and E. Boctor

Johns Hopkins University

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Summary

- Design & develop robotic
 ultrasound assist prototype
- User study on strenuousness, contact force stability, image quality



[3] Finocchi, et al., 2013

Key Results

- Robotic assist system was less strenuous, allowed more stable contact force and therefore better image quality
- Alleviated hand tremor, minimized hand readjustments due to fatigue



Significance

Lowered strenuousness

- Fewer sonographic acquisition-related injuries
- Potentially longer careers for sonographers



Human

factors

Better image stability

- Better resolution in synthetic aperture imaging
 - o Zhang, et al., 2016 [4]
- Better tomographic reconstruction
 - o Aalimafar, et al., 2016 [5]



Necessary Background

- <u>Admittance control</u>: translating forces at robot's end effector (EE) into Cartesian linear and rotational EE velocities
- 1. Multiply EE F/T by gains to get EE velocity
- 2. Resolve velocity to world frame

3. Calculate individual joint velocities via constrained optimization problem

$$\dot{x}_e = K\left(\begin{bmatrix}F_e\\T_e\end{bmatrix}\right)$$

$$\acute{x}_w = Ad_{g_{we}}\acute{x}_e$$

$$\acute{x}_w = J\acute{q}_w$$

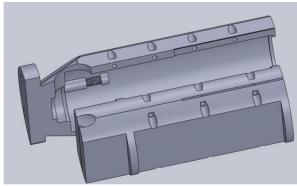
Optionally constrained by:

$$\begin{aligned} H\dot{q}_{w} \leq h \\ \begin{bmatrix} -I_{6x6} \\ I_{6x6} \end{bmatrix} \dot{q}_{w} \leq \begin{bmatrix} \dot{q}_{low} \\ \dot{q}_{up} \end{bmatrix} \end{aligned}$$

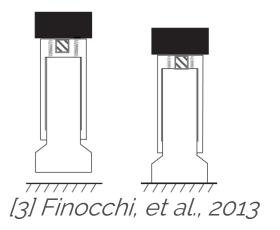


Contributions

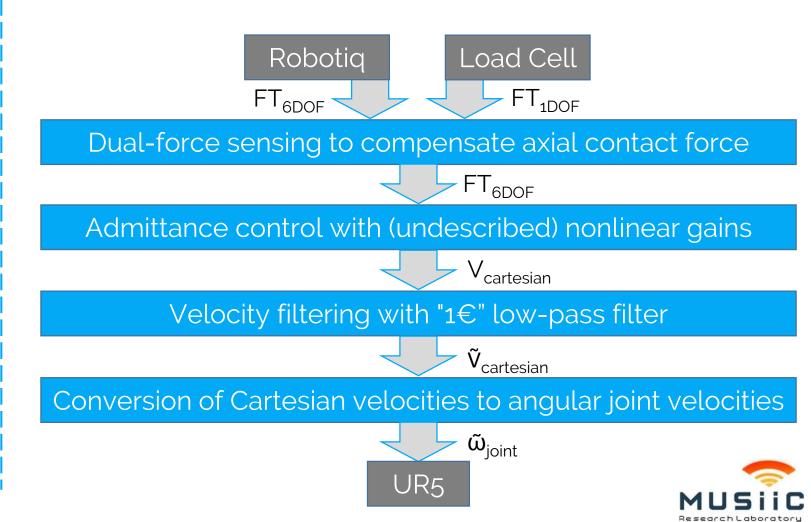
1. Probe and force/torque (F/T) sensor housing



[3] Finocchi, et al., 2013

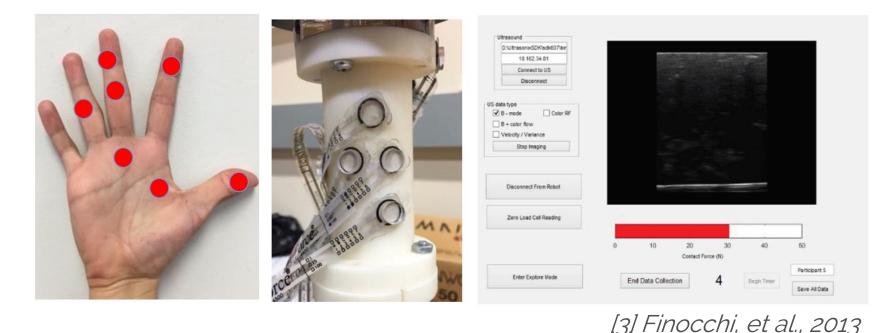


2. Admittance control workflow



User Study Experiment [1/2]

- Measuring: grip force via FlexiForce film in 7 locations
 - perceived strenuousness via questionnaire
- Participants apply steady 5N, 15N, 25N, 35N, 45N force against a phantom for 10 sec with and without robotic assist, while given visual feedback





User Study Experiment [2/2]

• Measuring: ultrasound image stability via sum of square differences (SSD)

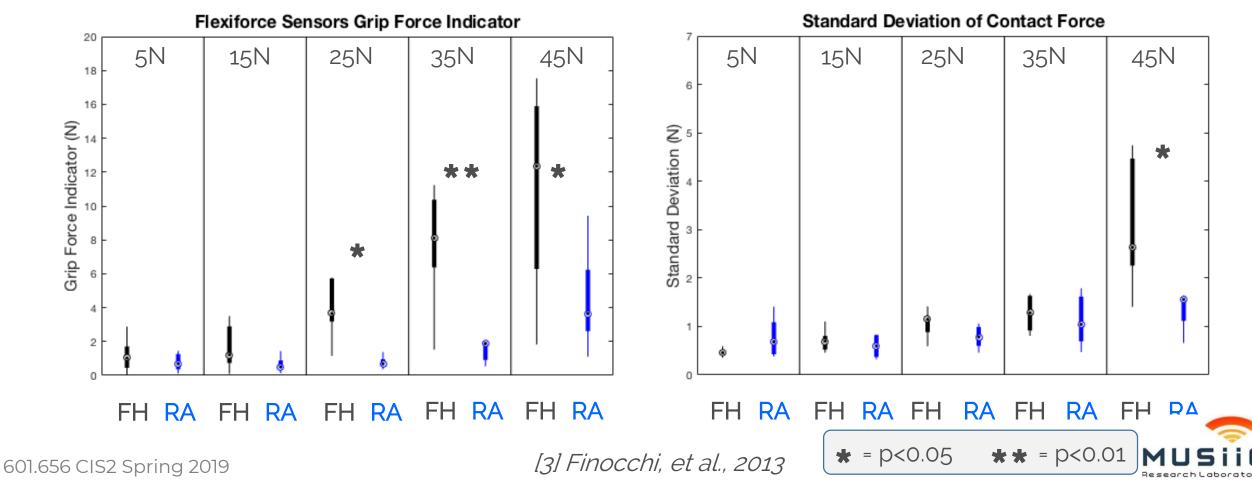
$$SSD = \sum_{m} \sum_{n} (I_{ref} - A_i)^2$$

- Asked participants to apply steady 20N against a phantom for 20 sec
 - 1. Freehand
 - 2. With robotic assist, variable admittance
 - 3. With robotic assist, maximum allowed force of 20N



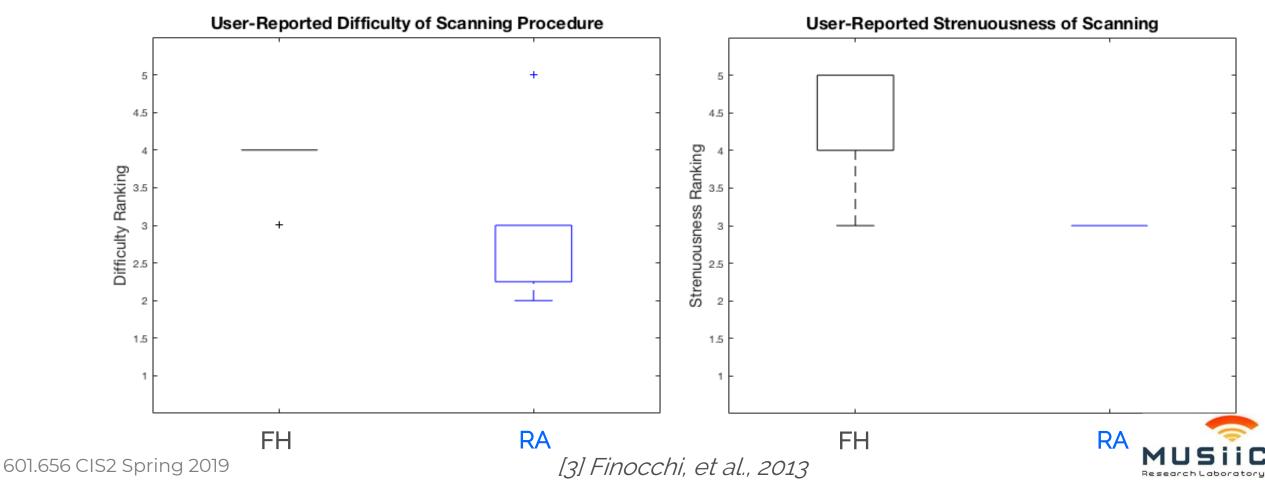
Results [1/2]: Grip Force Indicator

- Comparing Freehand (FH) versus Robot Assisted (RA) grip force, n=6
- Robot assist: \downarrow avg grip force, \downarrow contact force std dev (above 5N)



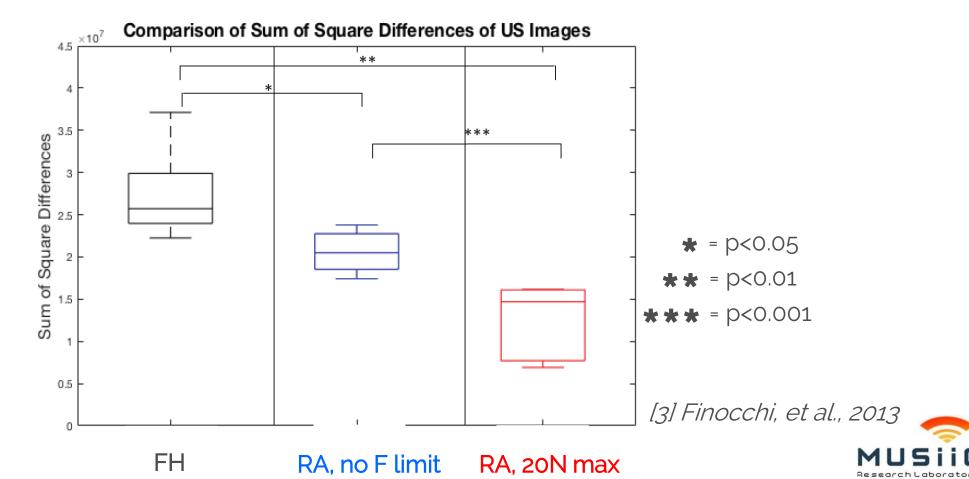
Results [1/2]: Questionnaire

- Comparing FH vs RA operator reported difficulty and strenuousness, n=6
- Robot assist: \checkmark difficulty (one outlier), \checkmark strenuous



Results [2/2]: Image Stability

- Comparing FH vs RA image stability via SSD of frames with first frame
- Robot assist: \uparrow stability, further improved with 20N max limit



Assessment – Results

Promising for high force sonographic tasks

- ✓ Lowered strenuousness
- ✓ Lower mean grip force
- Lower standard deviation of contact force
- ✓ Higher image stability



Paper Assessment – The Good and Bad

- Strong demonstration of robot kinematic knowledge
- Good presentation of results

- Unclear pictures
 - o Cluttered experimental image
 - No "cross-section" of probe holder showing usage
- Not reproducible
 - No discussion of gravity compensation
 - No discussion of nonlinear F/T \rightarrow velocity conversion
- Not much description of the programmatic implementation



Good

Bad

Research Assessment – The Good and Bad

- Accomplished full implementation of an admittance controlled system
- Good mechanical clamshell design to allow dual force sensing

- Only compensated axial forces of probe
- User study with N=6 and N=7
- Uncertain relation of grip force and "exerted effort"
- Grip force measurement completely ignores typical sonographer grips. No sonographer feedback





Good

Bad

Assessment – Future Work

Future improvements

- More user testing
- Use second 6DOF F/T to measure nonaxial probe forces
- Investigate better ways to characterize sonographer "exertion"

Future applications

- Virtual fixtures
- Synthetic tracked aperture ultrasound (STRATUS) imaging
- Tomography
- Catheter tracking
- "Repeatable biopsies"



Conclusion – Relevance to Me

Adopting:

- Physical setup (with slight housing mod by Fang, 2017 [6])
- Nonlinear admittance control gains (to start with)

Modifying:

- Load cell to be 6DoF F/T sensor to compensate non-axial probe forces
- User study to include sEMG sensing for quantifying exertion
 regardless of grip

Changing:

 Filtering to be done by adaptive Kalman filter instead of 1€ filter to infer inter-packet F/T values and command the robot faster



Additional References



[1] T. Rousseau, N. Mottet, G. Mace, C. Franceschini and P. Sagot, "Practice Guidelines for Prevention of Musculoskeletal Disorders in Obstetric Sonography", *Journal of Ultrasound in Medicine*, vol. 32, no. 1, pp. 157-164, 2013. Available: 10.7863/jum.2013.32.1.157.

[2] A. Schoenfeld, J. Goverman, D. Weiss and I. Meizner, "Transducer user syndrome: an occupational hazard of the ultrasonographer", *European Journal of Ultrasound*, vol. 10, no. 1, pp. 41-45, 1999. Available: 10.1016/s0929-8266(99)00031-2.

[3] R. Finocchi, F. Aalamifar, T. Fang, R. Taylor and E. Boctor, "Co-robotic ultrasound imaging: a cooperative force control approach*", Medical Imaging 2017: Image-Guided Procedures, Robotic Interventions, and Modeling*, 2017. Available: 10.1117/12.2255271.

[4] H. Zhang, A. Cheng, N. Bottenus, X. Guo, G. Trahey and E. Boctor, "Synthetic tracked aperture ultrasound imaging: design, simulation, and experimental evaluation", *Journal of Medical Imaging*, vol. 3, no. 2, p. 027001, 2016. Available: 10.1117/1.jmi.3.2.027001.

[5] [3]F. Aalamifar, H. Zhang, A. Rahmim and E. Boctor, "Image reconstruction for robot assisted ultrasound tomography", *Medical Imaging 2016: Ultrasonic Imaging and Tomography*, 2016. Available: 10.1117/12.2216518.

[6] T. Fang, H. Zhang, R. Finocchi, R. Taylor and E. Boctor, "Force-assisted ultrasound imaging system through dual force sensing and admittance robot control", *International Journal of Computer Assisted Radiology and Surgery*, vol. 12, no. 6, pp. 983-991, 2017. Available: 10.1007/s11548-017-1566-9.



Image References

Title <u>https://www.universal-robots.com</u>

Ultrasound Probe <u>https://www.radiology.ca/services/ultrasound</u>

Check mark https://en.wikipedia.org/





Thank you!

Questions?

