

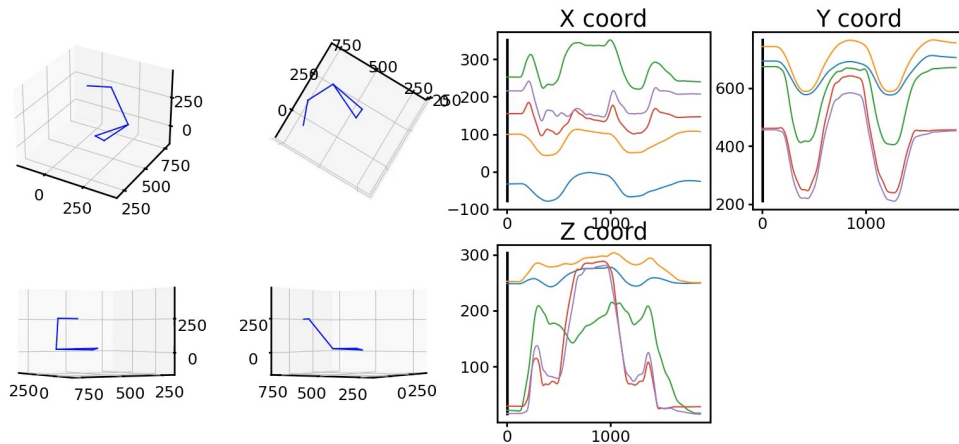
# Stroke Subject Dexterity Evaluation

Gavin Zhu

Lab Meeting

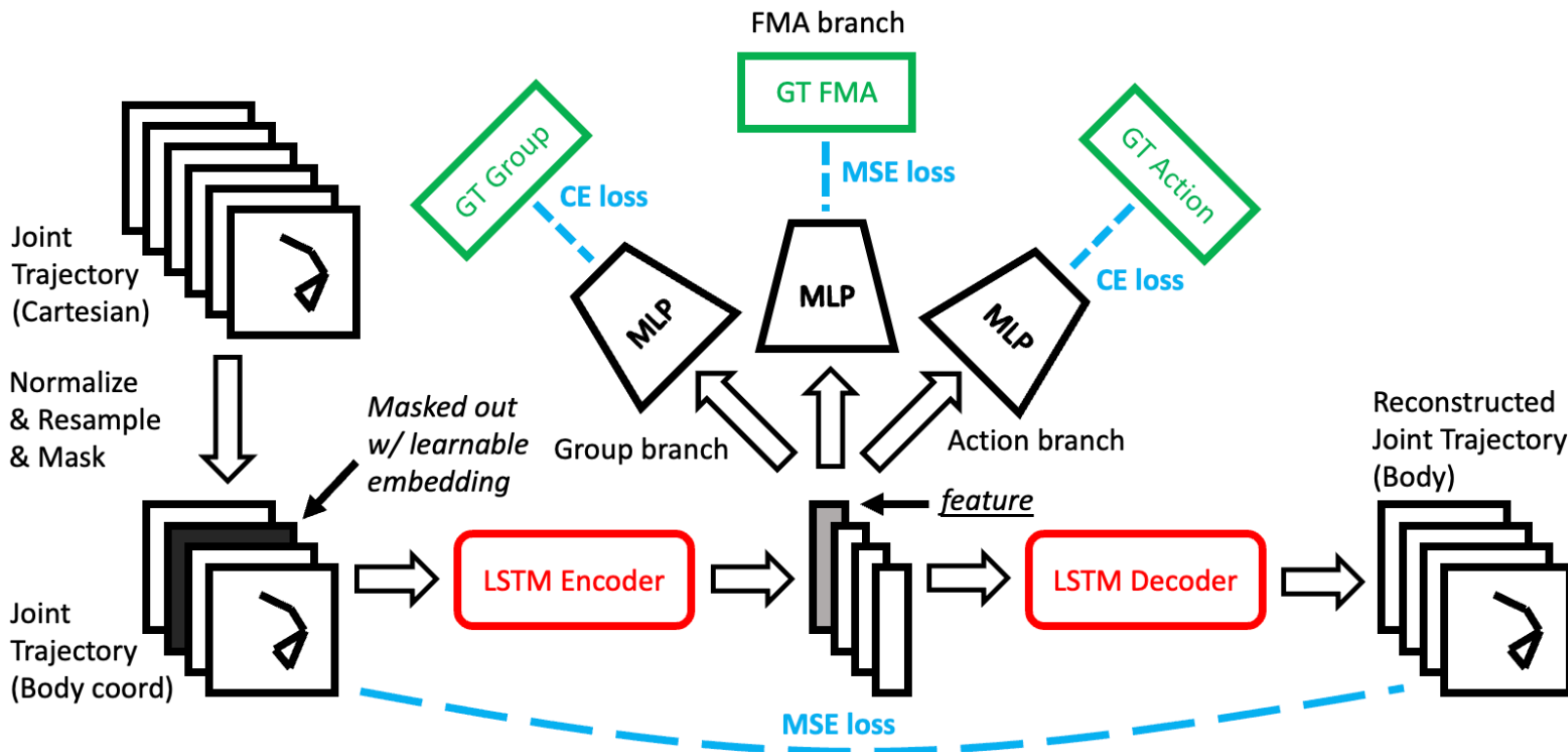
- Stroke causes great socio-economical burden
- Evaluation metric needed to guide personalized rehabilitation

# Problem Definition: Building FMA Estimator for Motion Trajectories in The Wild



- Fugl-Meyer Assessment:
  - Clinical dexterity evaluation base on a set of *script actions* on joints
- Project Goal:
  - Build FMA estimator for *unscripted actions* in daily activities (cooking)
  - (more generally) Construct feature descriptor for motion trajectories

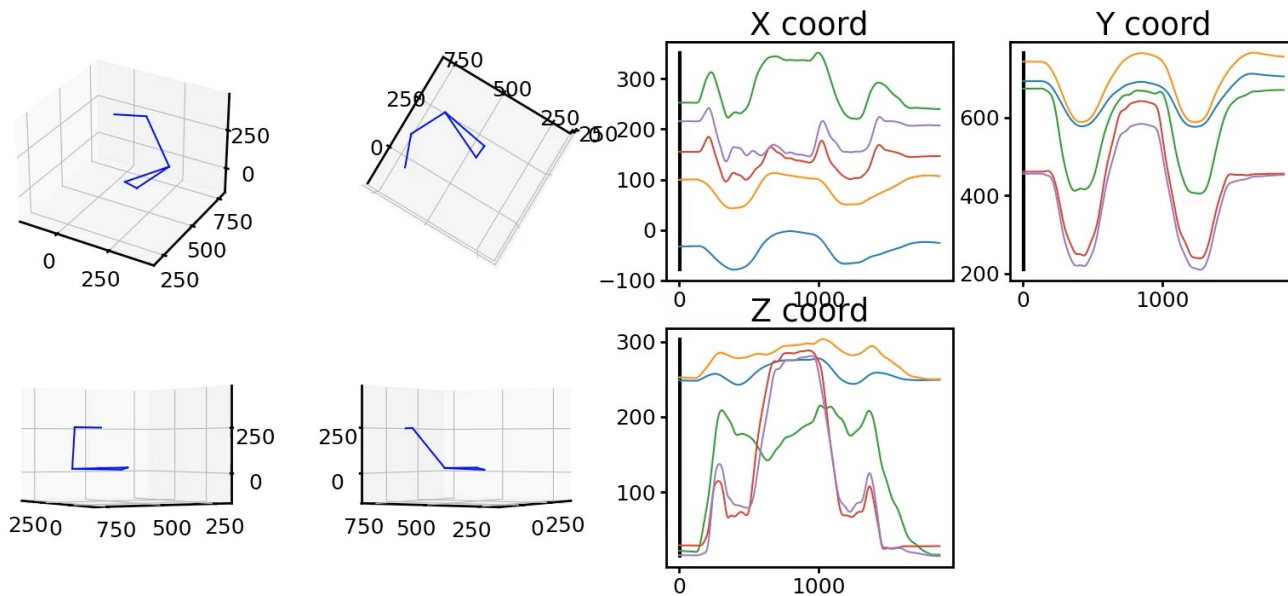
# Current Approach: LSTM Based Feature Descriptor



	Action Classification (Accuracy $\uparrow$ )		Group Classification (Accuracy $\uparrow$ )		FMA Regression (MAE $\downarrow$ )	
	Coordinates	FPCA	Coordinates	FPCA	Coordinates	FPCA
Adaboost	0.08	0.05	0.06	0.03	0.41	0.49
Random Forest	0.31	0.14	0.17	0.11	0.59	0.57
Linear SVM	0.20	0.15	0.13	0.09	0.50	0.51
MLP	0.04	0.12	0.03	0.16	0.51	0.52
Integrated	0.91		0.95		0.36	
Single Head	-		-		0.23	
Split by Subject	-		0.68		1.25	

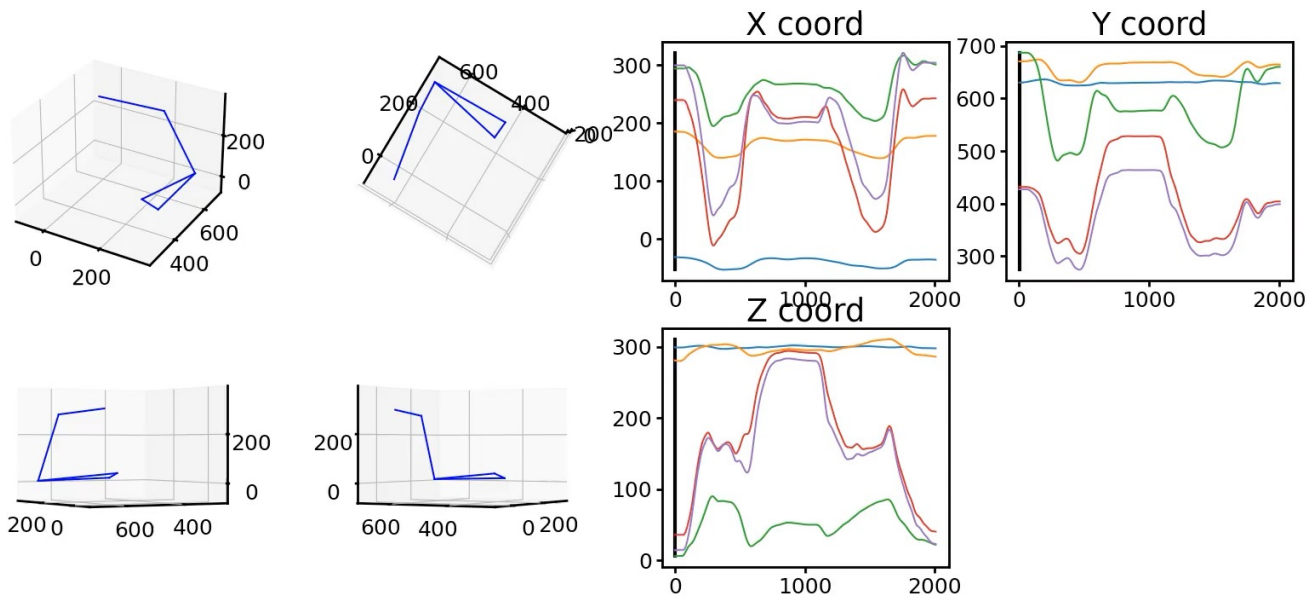
- Overfitting in by-subject split
  - Caused by limited data (only two with severe stroke)
  - More data augmentation
  - Augment action, original length, and/or other information at input
  - Local feature descriptor
- No large-scale unscripted action dataset for stroke patients
  - Learn healthy motion space from unscripted action of healthy subjects

# Supplementary: Qualitative Comparison Severe Stroke: FMA 14



# Supplementary: Qualitative Comparison

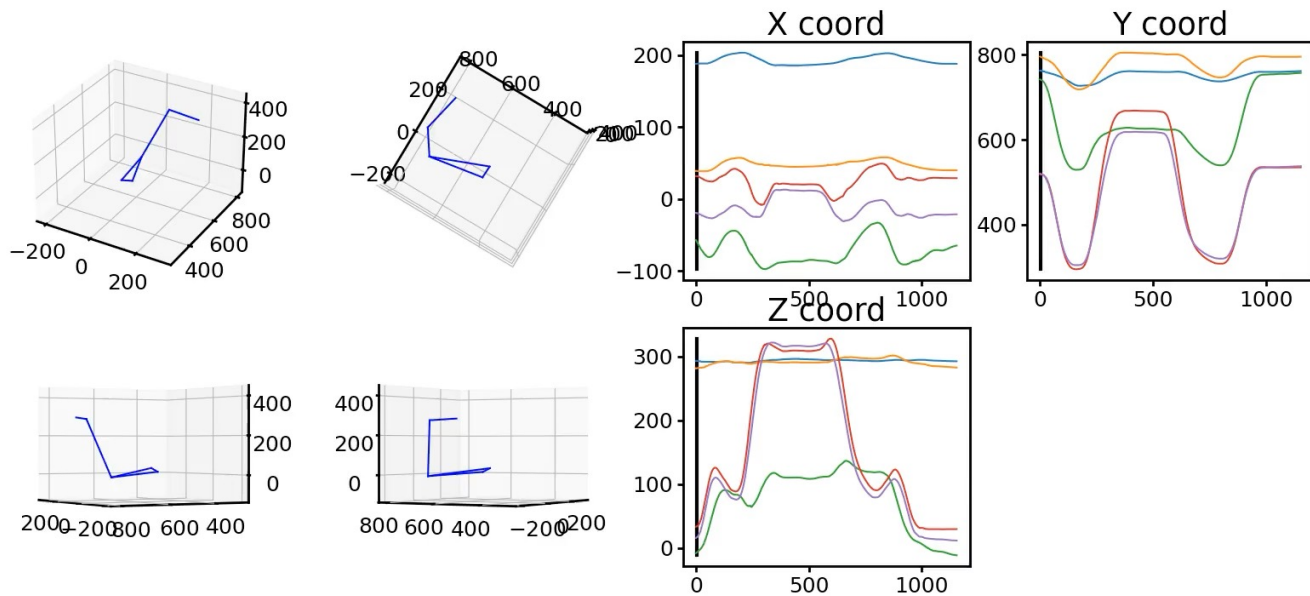
## Moderate Stroke: FMA 17



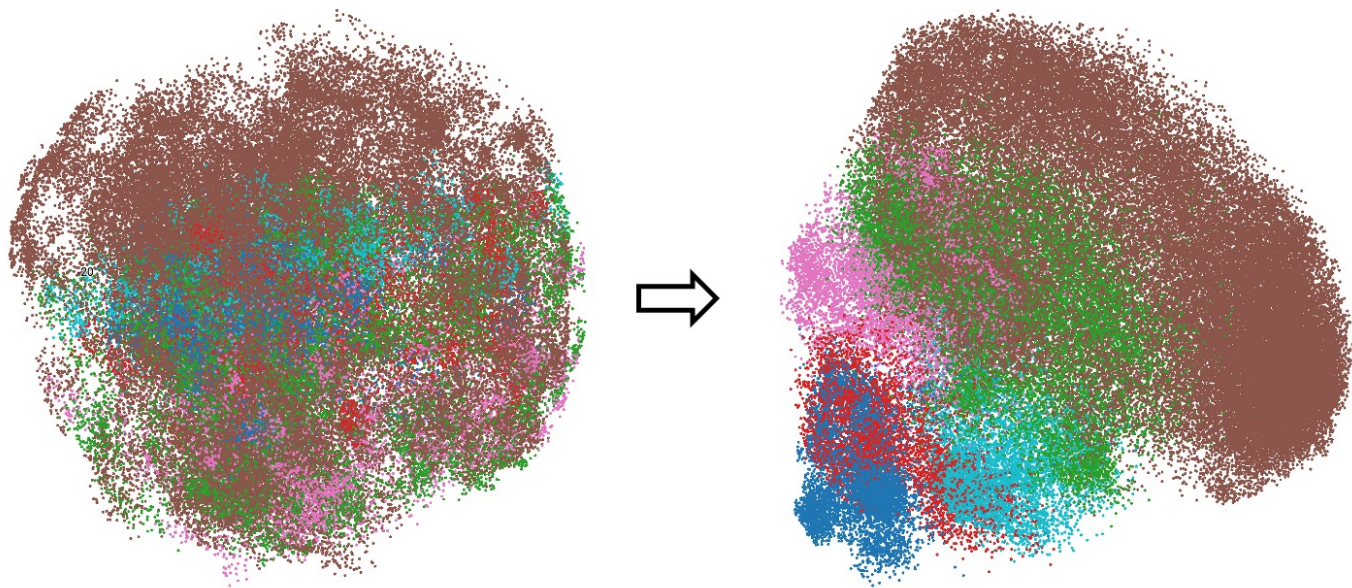


# Supplementary: Qualitative Comparison

## Healthy Subject: FMA 20



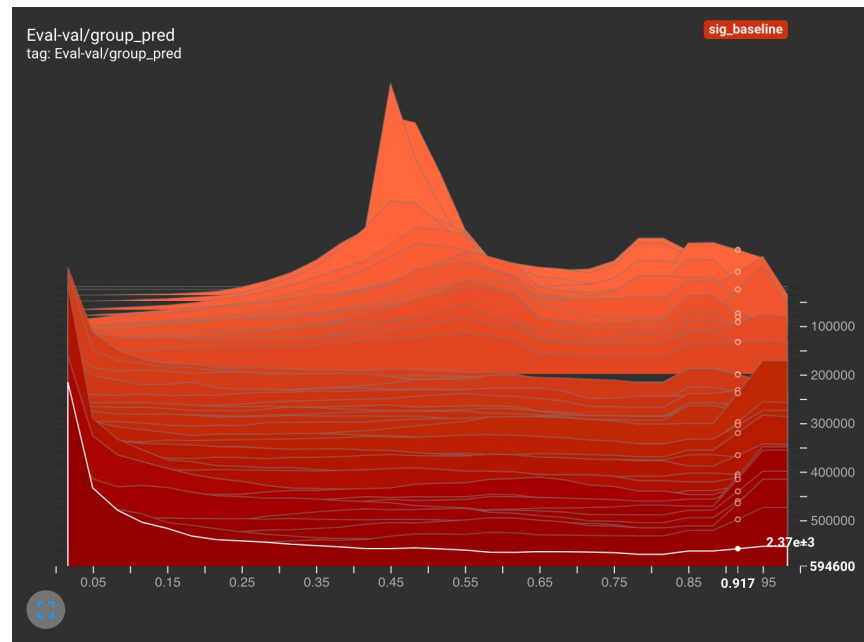
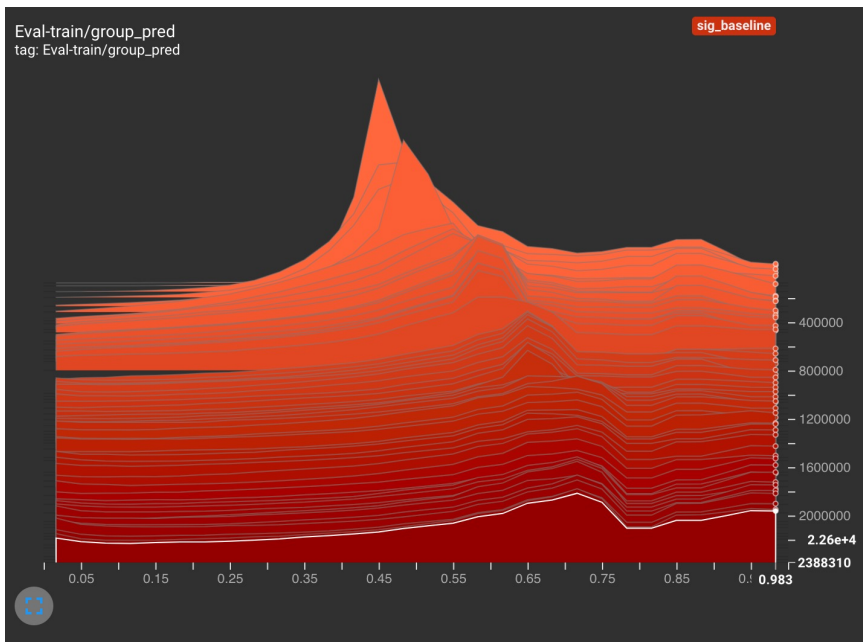
# Supplementary: Feature Space After Training (colored by FMA score, PCA @ 27 variance)

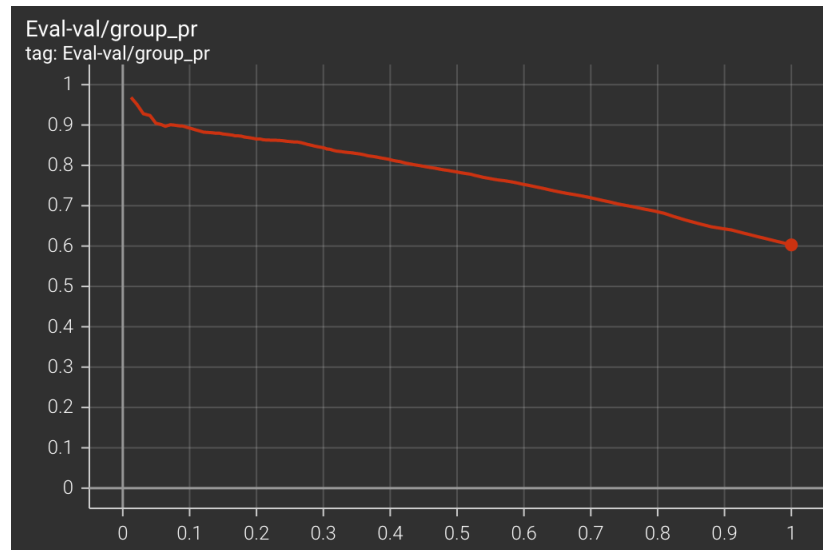
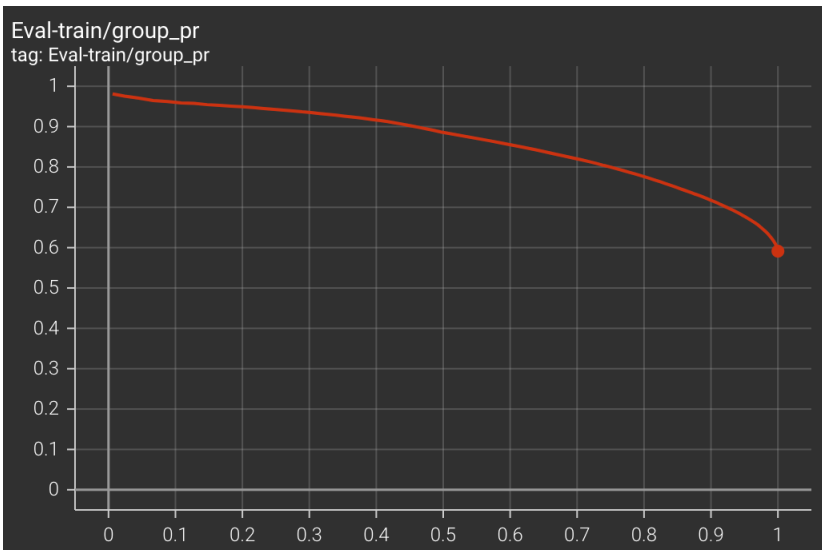


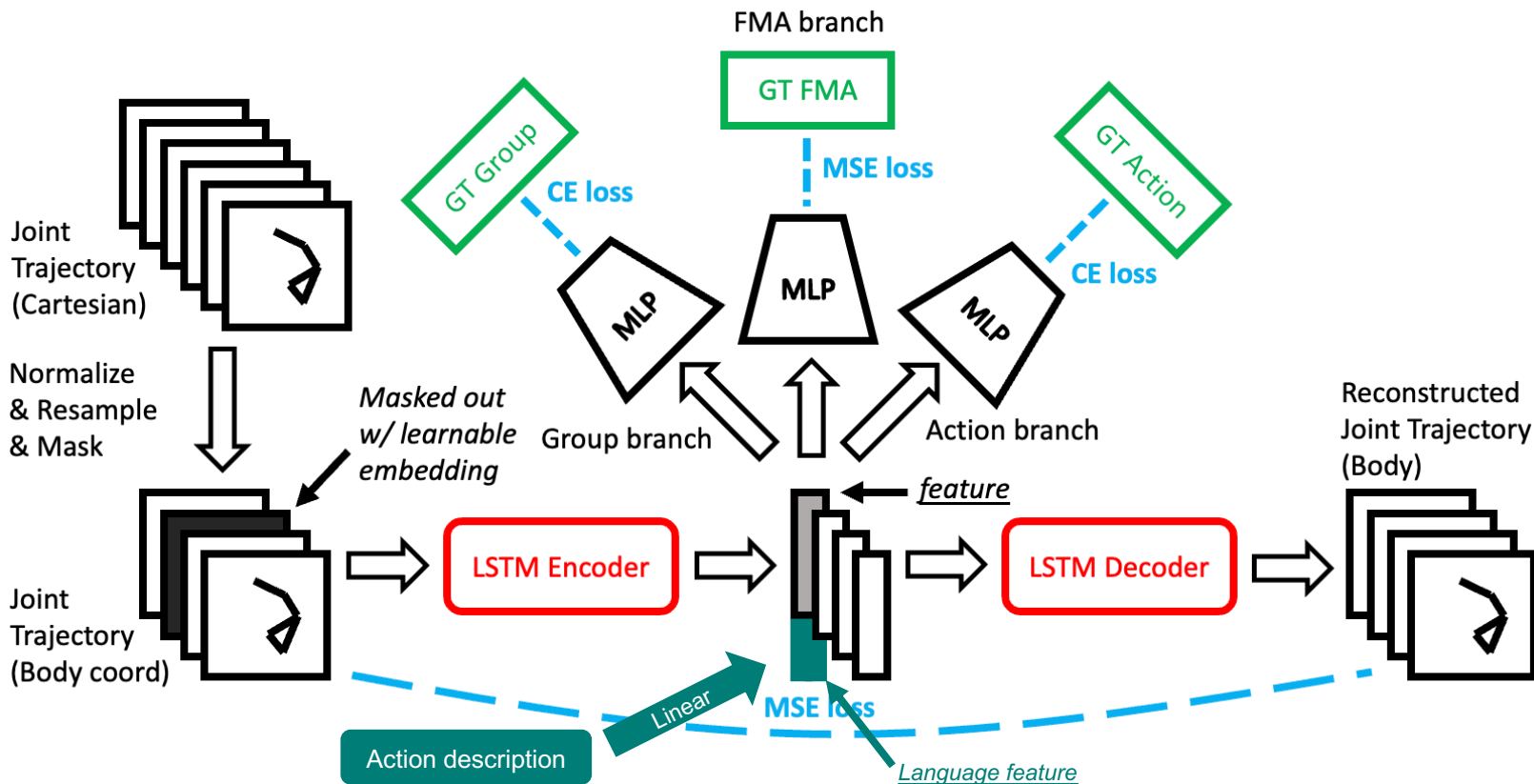
# Stroke Analysis Discussion

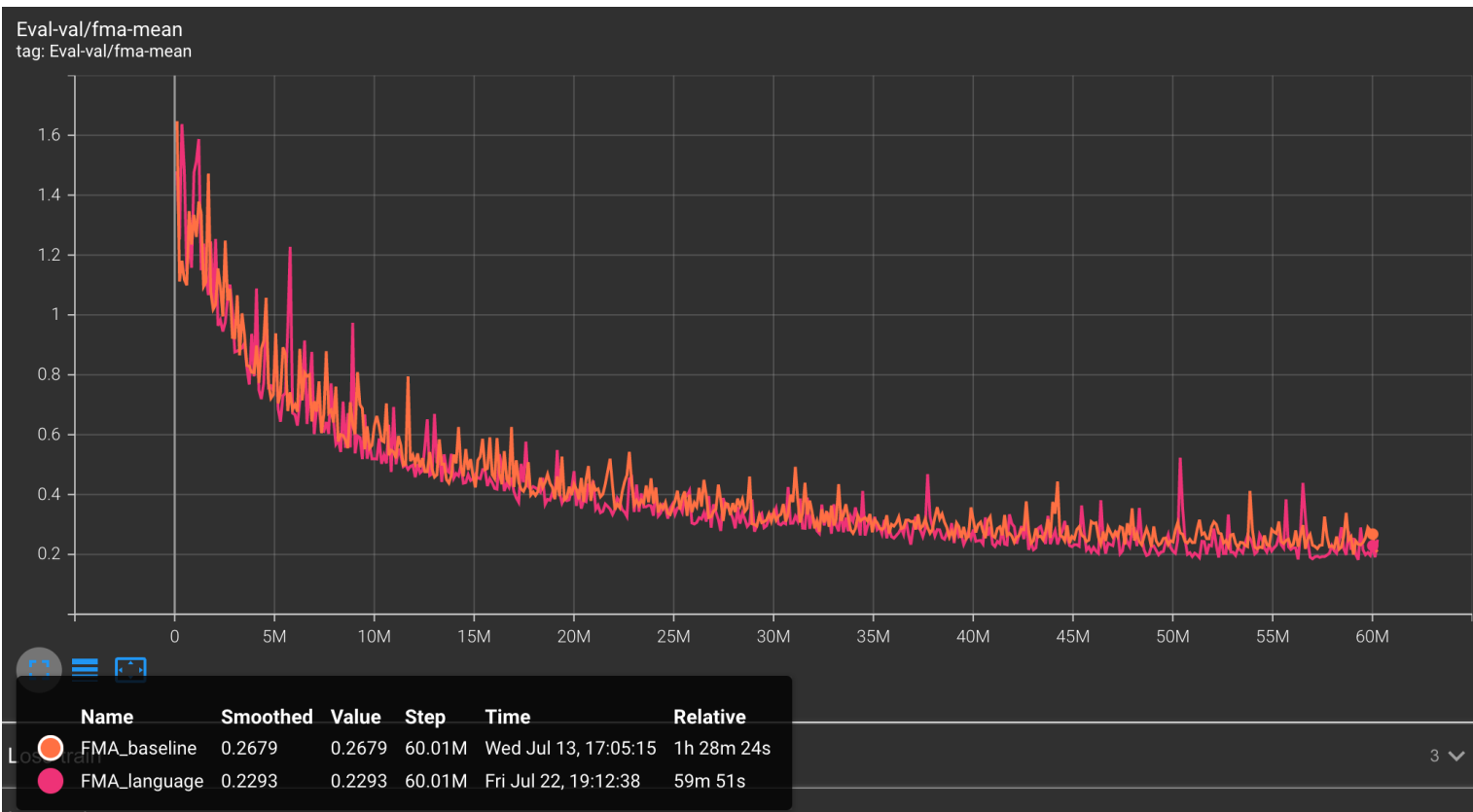
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- Exploring local feature descriptor
- Action embedding integration

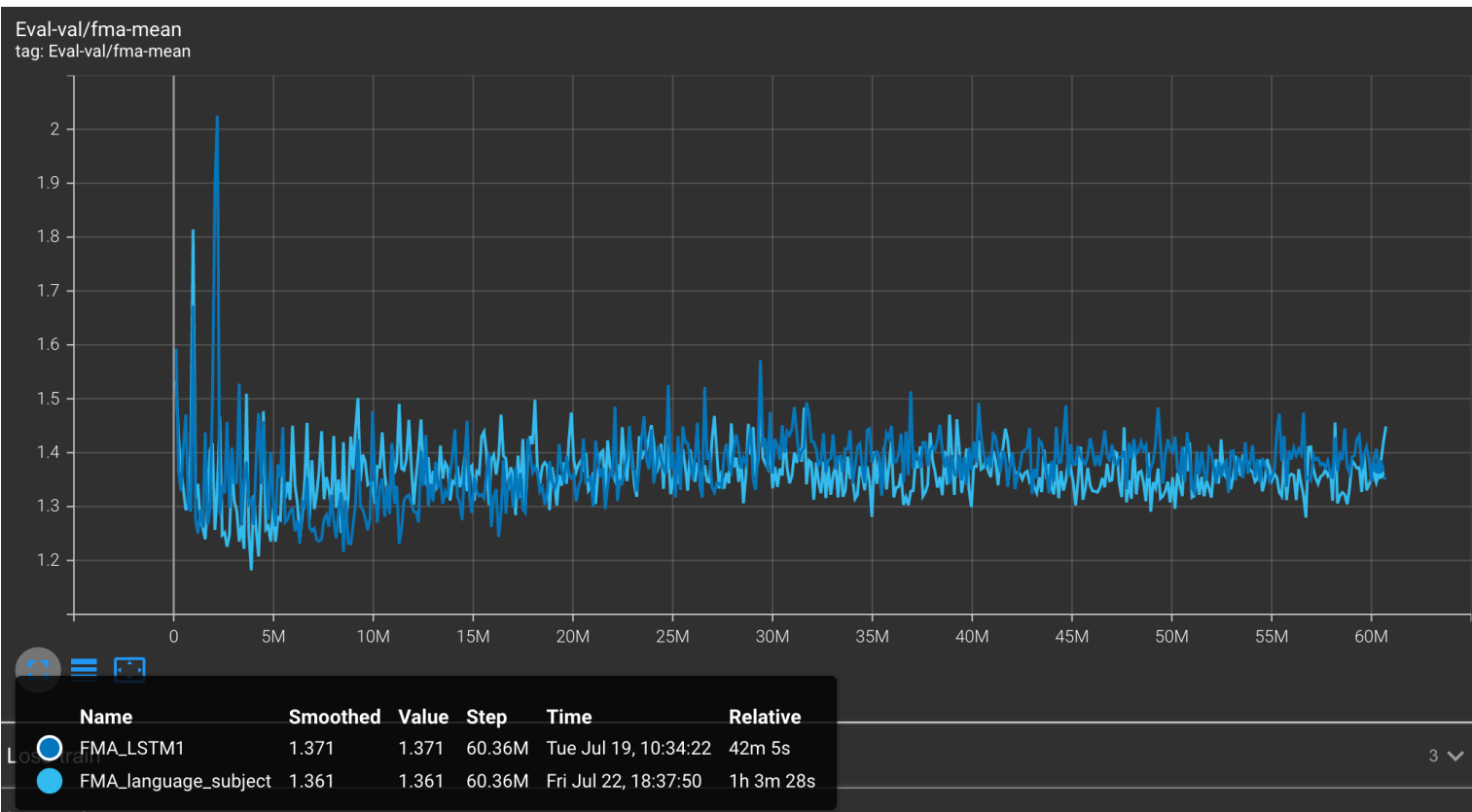












# Stroke Subject Dexterity Evaluation Progress Report

Gavin Zhu

Lab Meeting

## Problems & Potential Solutions

- Overfitting in by-subject split
  - Caused by limited data (only two with severe stroke)
  - More data augmentation
  - Augment action, original length, and/or other information at input
  - Local feature descriptor
- No large-scale unscripted action dataset for stroke patients
  - Learn healthy motion space from unscripted action of healthy subjects

## Problems & Potential Solutions

- Overfitting in by-subject split
  - ➔ ~~Caused by limited data (only two with severe stroke)~~ **No new data**
    - More data augmentation
    - Augment action, original length, and/or other information at input
    - Local feature descriptor
- No large-scale unscripted action dataset for stroke patients
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## Problems & Potential Solutions

Rotation  
Translation



Rotation  
Translation  
Reflection  
Scaling w.r.t time


- Overfitting in by-subject split

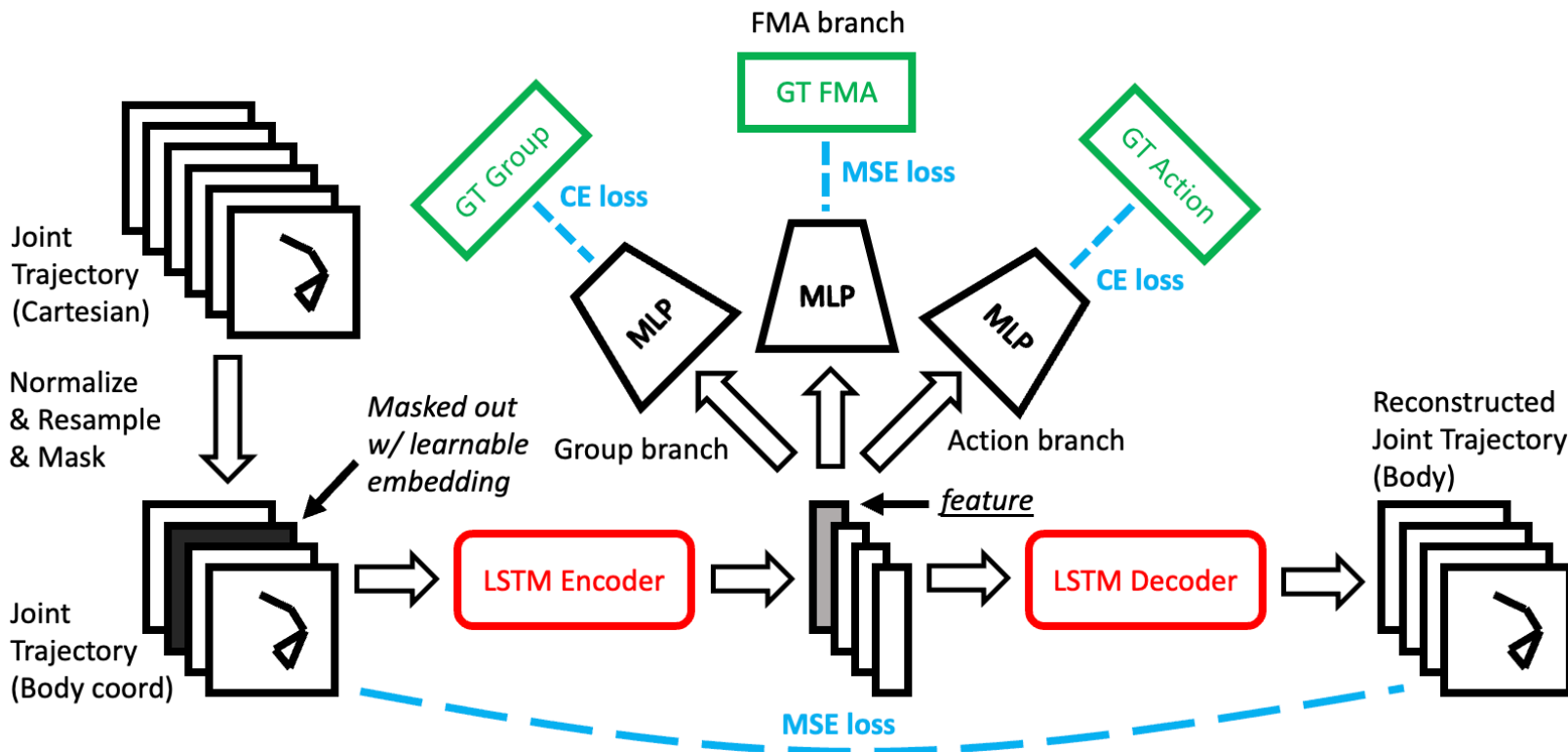
~~Caused by limited data (only two with severe stroke)~~

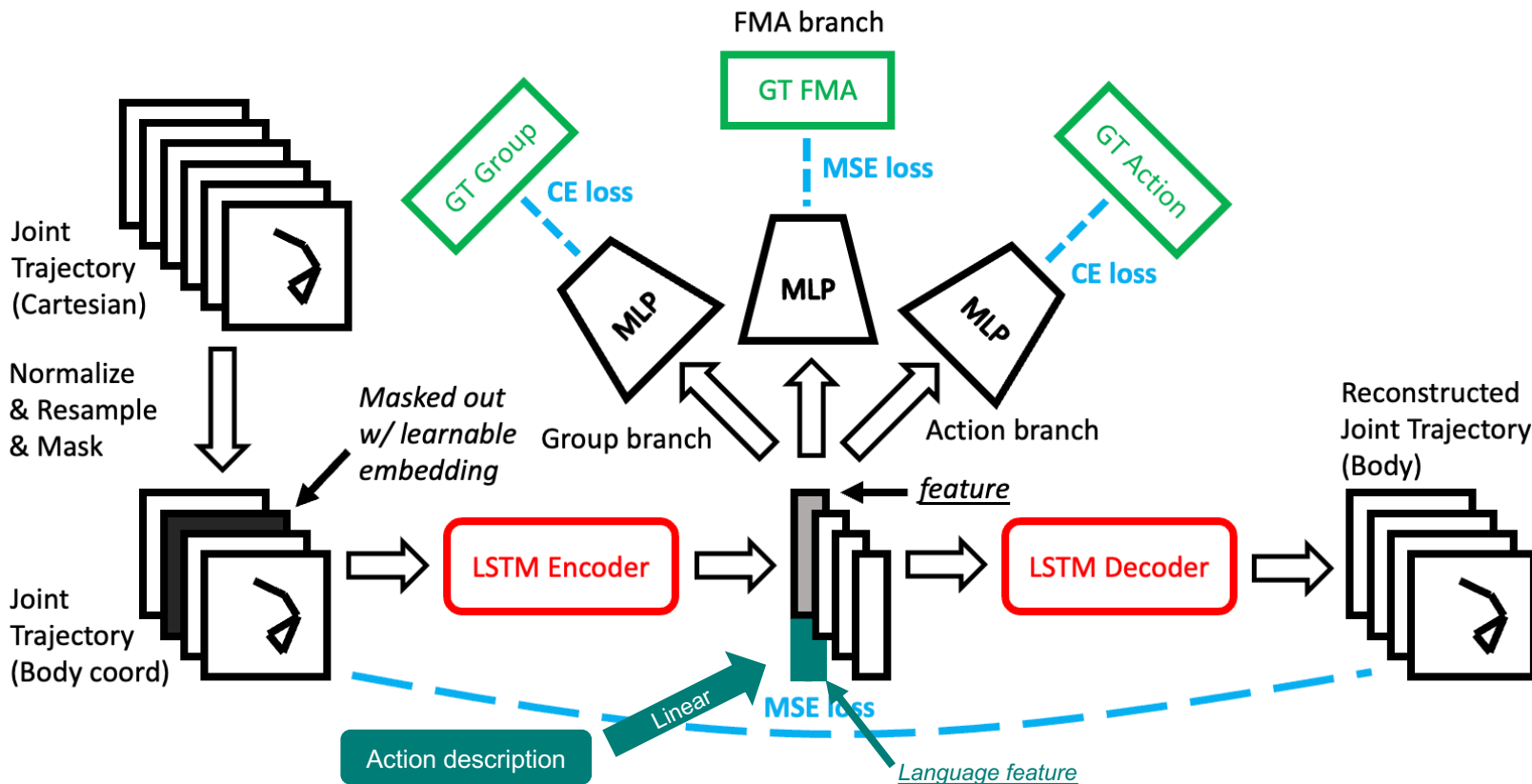


- More data augmentation
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## Problems & Potential Solutions

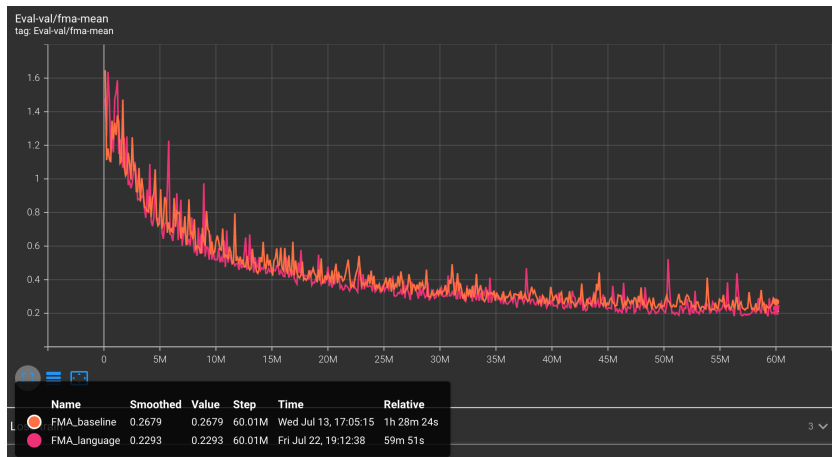
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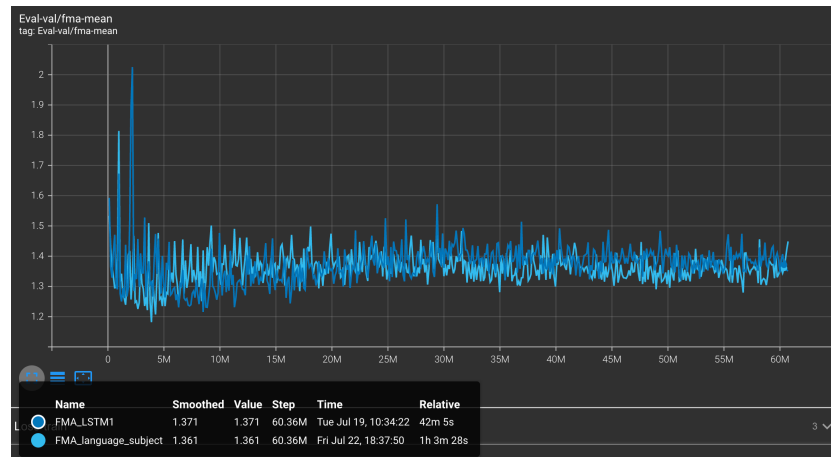




## Split by trial



## Split by subject

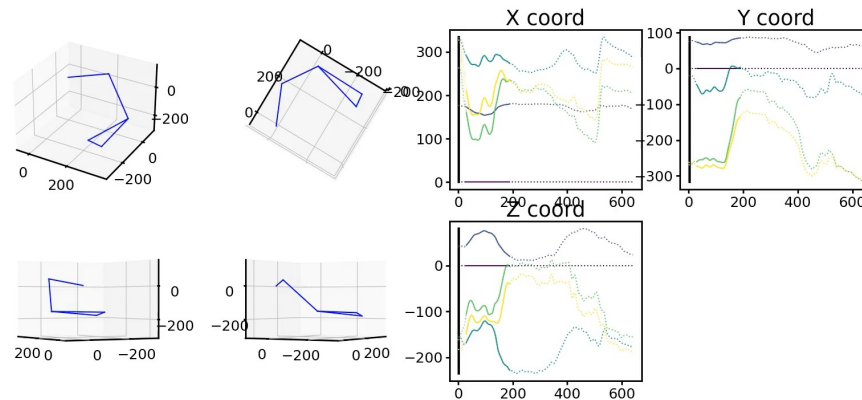


Takeaway: integrating action description does not improve performance

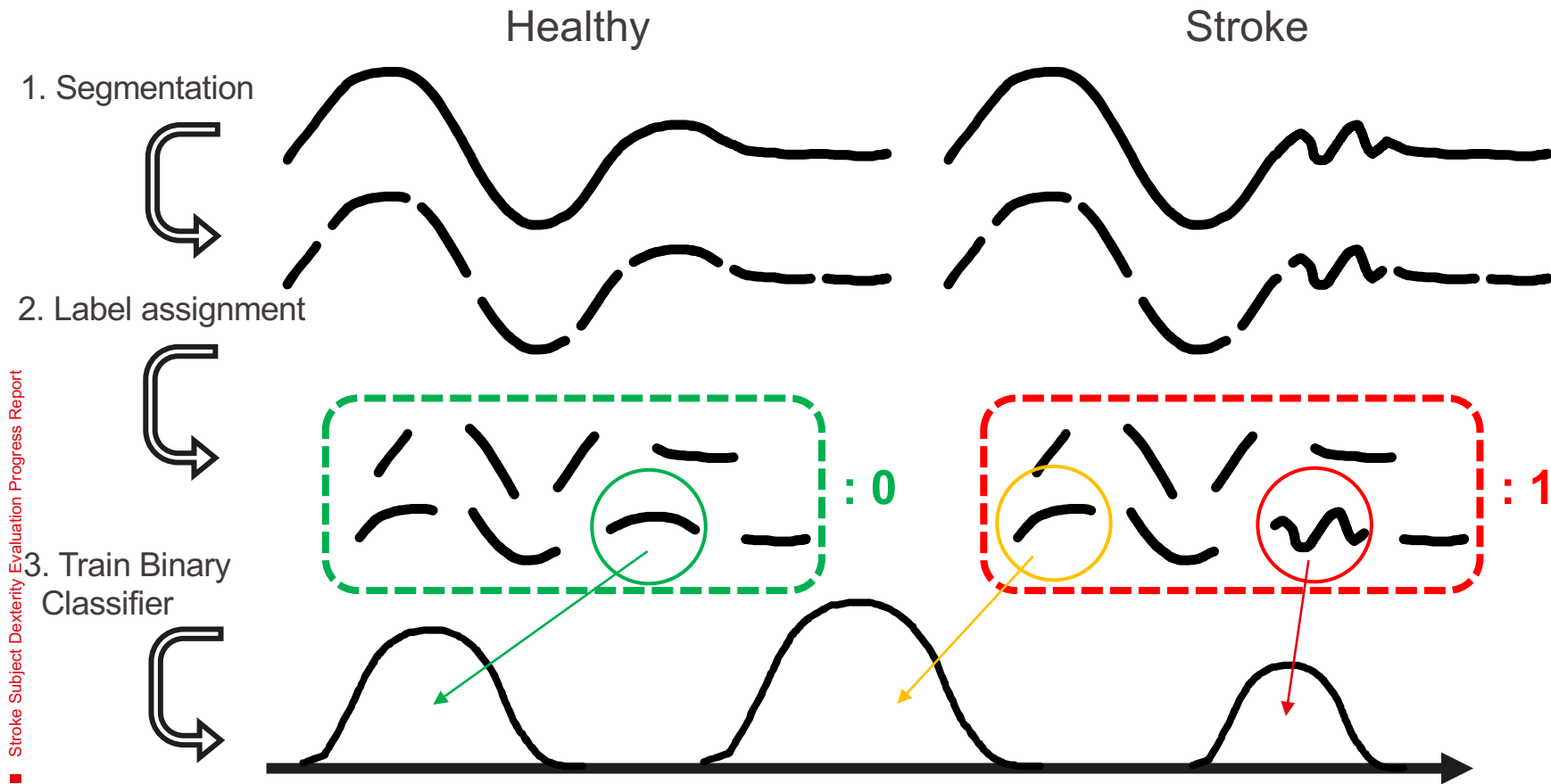
## Problems & Potential Solutions

- Overfitting in by-subject split
  - ~~• Caused by limited data (only two with severe stroke)~~
  - More data augmentation ✓
  - ~~• Augment action, original length, and/or other information at input~~
  - ➔ • Local feature descriptor
- No large-scale unscripted action dataset for stroke patients
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- Problem Definition
  - Given a (potentially stroke/healthy) trajectory, try to locate it's stroke-related segments (with weak supervision)
- Motivation
  - Not the entire trajectory of stroke subject is stroke related
  - Fixed time-scale
  - Action agnostic



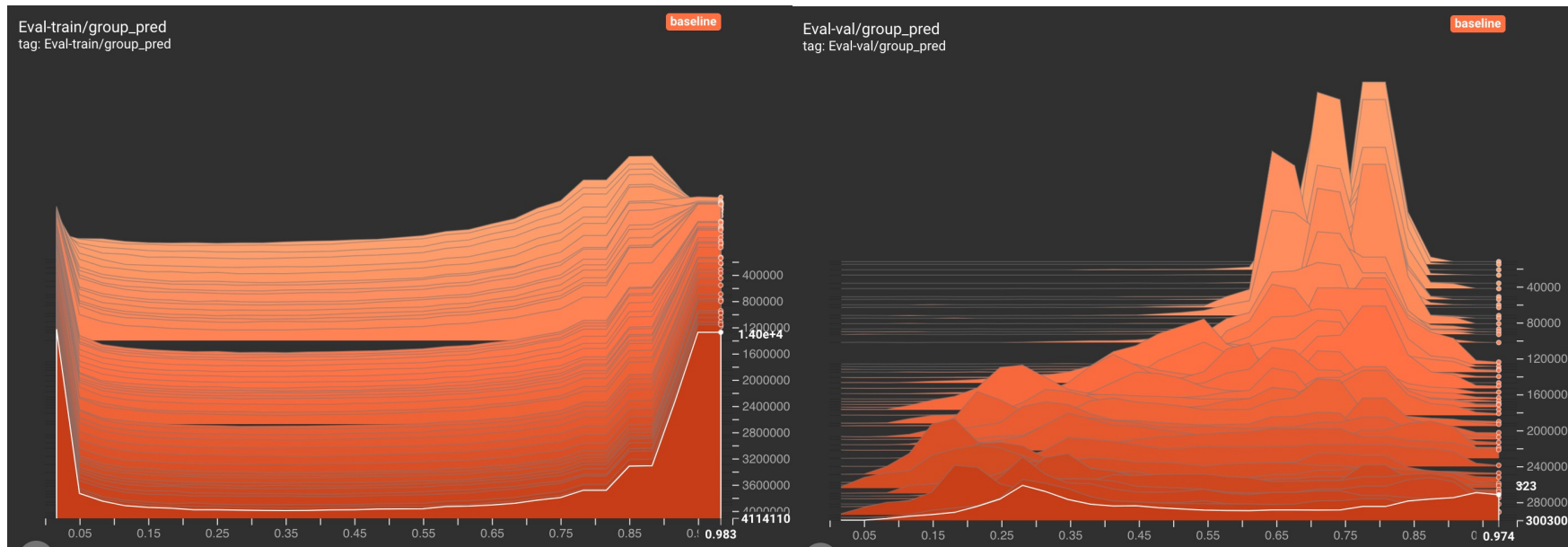
# Naïve Training Schema (in Theory)

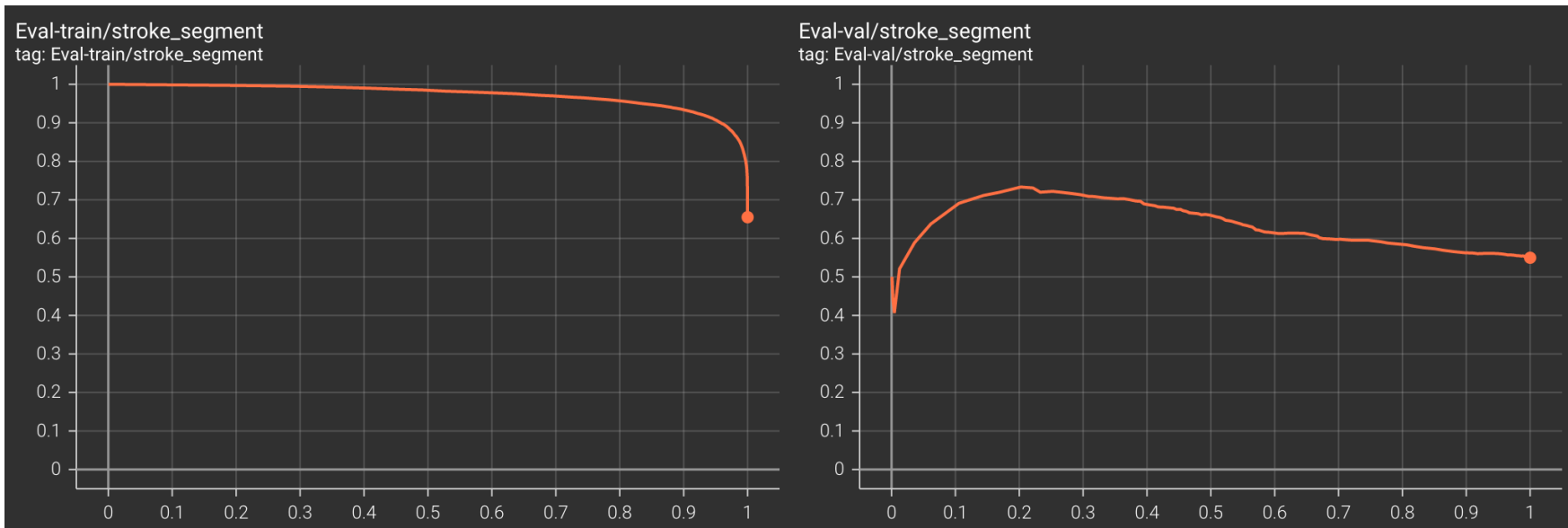


# Naïve Training Schema (in Practice)



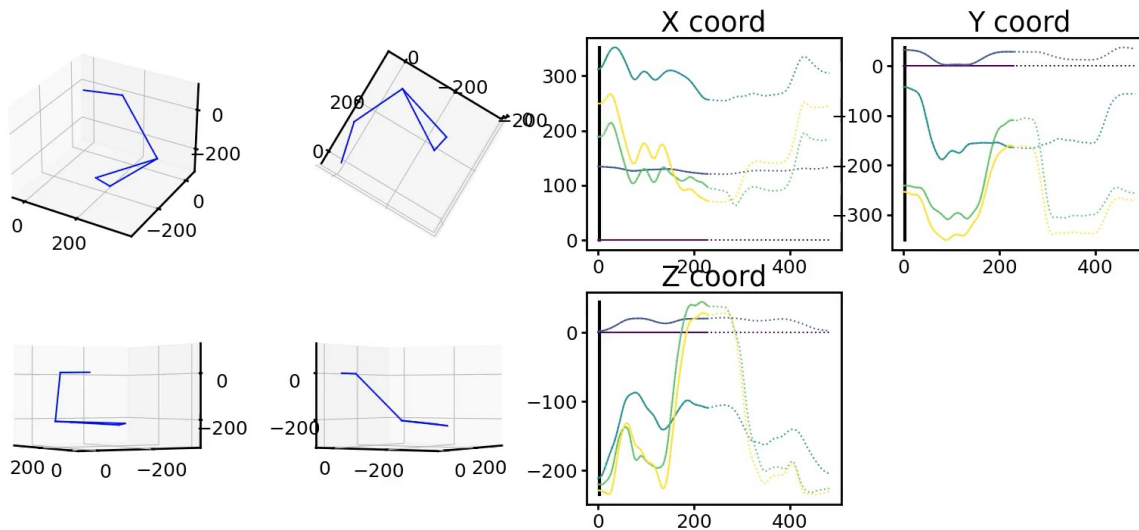
# Naïve Training Schema (in Practice)





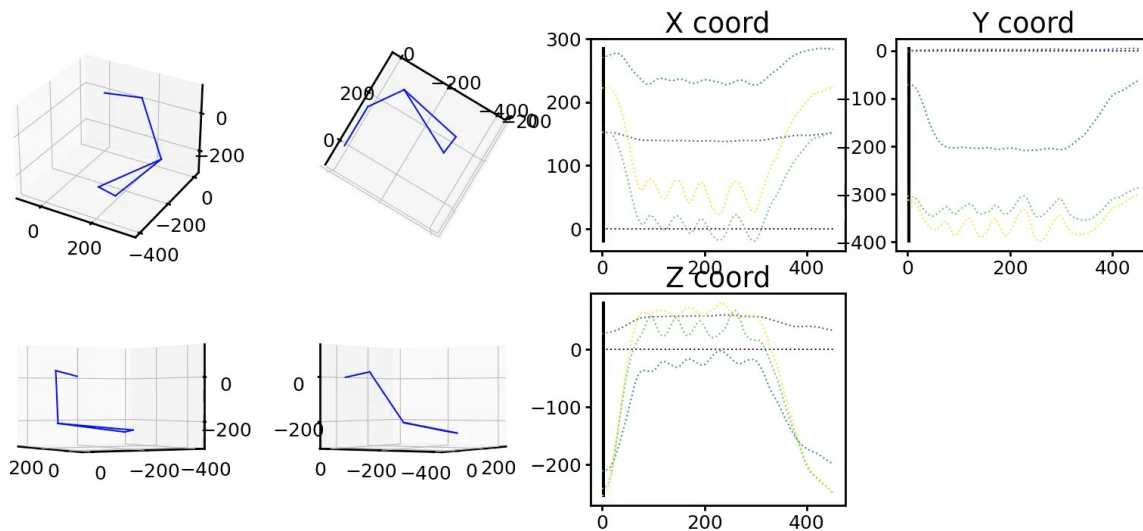
Seemingly overfitting but all kinds of hyper-parameter tuning does not help

# Naïve Training Schema Case Study (Good Case: Reasonable Localization)

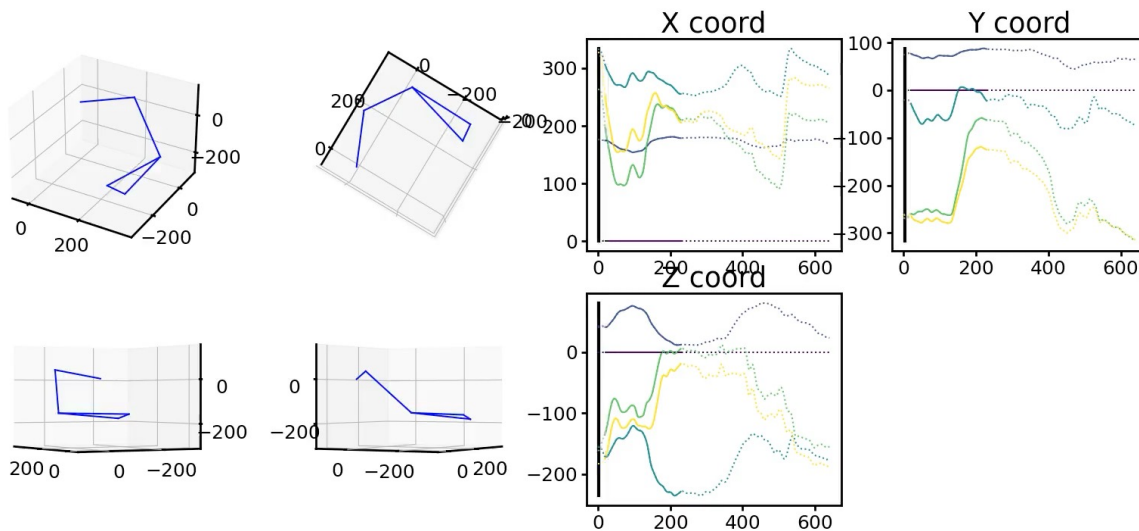




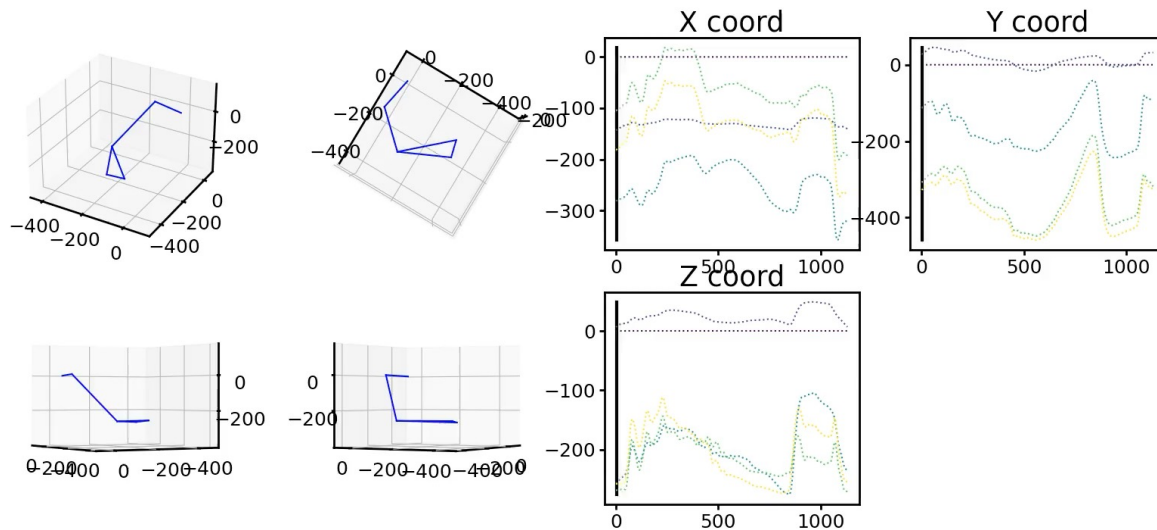
# Naïve Training Schema Case Study (Good Case: Robust to Repeated Actions)



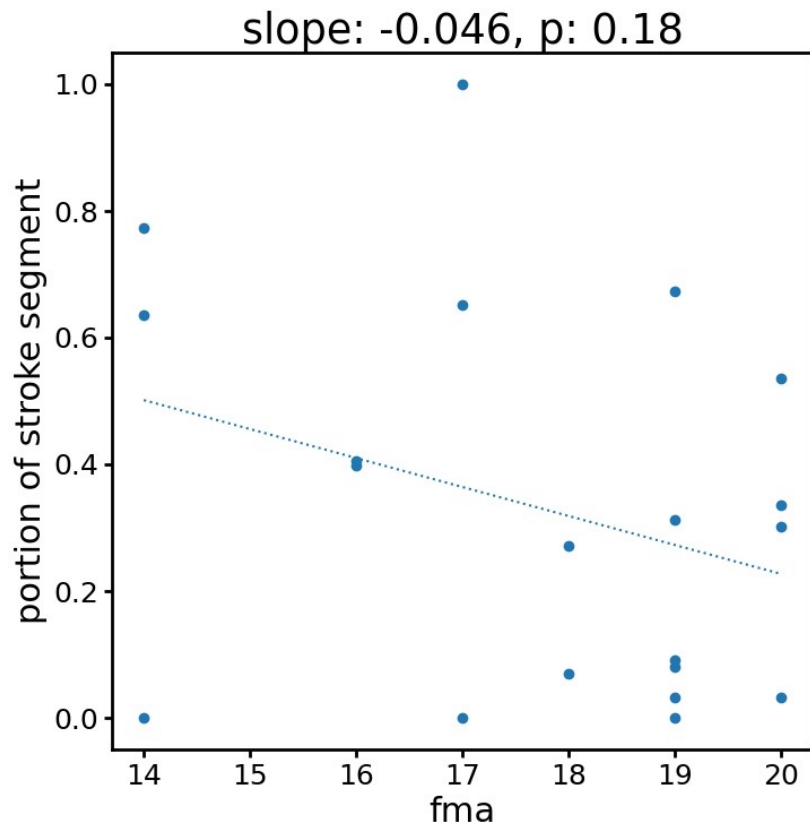
# Naïve Training Schema Case Study (False Negative)



# Naïve Training Schema Case Study (False Negative II)



# Naïve Training Schema Best Correlation



# Naïve Training Schema: Part II (with Handcrafted Features)

- Statistical feature of time series data
  - extreme value, variance, # of peaks, max change, skewness, etc.
- Used in anomaly detection and all kinds of other competitions
- (Comparatively) explainable & robust

# Naïve Training Schema: Part II

## (Bootstrapping Handcrafted Features)

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**Algorithm 1:** Bootstrapping Relevant Features


---

**Input:** Potentially useful features  $\mathcal{F}$  ( $|\mathcal{F}| \sim 12k$ )  
**Input:** A set of segments  $\mathcal{S}$  ( $|\mathcal{S}| \sim 400k$ ) and their FMA  $f : \mathcal{S} \rightarrow [0, 1]$   
**Output:** A subset of  $\mathcal{F}$  indicating relevant features

```
1 cnt  $\leftarrow$  0
2 while cnt < 5 do
3   relevant  $\leftarrow$   $\emptyset$ 
4   visited  $\leftarrow$   $\emptyset$ 
5   foreach batch  $\mathcal{B} \subseteq \mathcal{S}$  do
6      $F \leftarrow$  sample( $\mathcal{F}$ )
7     selected  $\leftarrow$  KendalTest( $F, (\mathcal{B}, f(\mathcal{B}))$ )
8     relevant  $\leftarrow$  relevant  $\cup$  selected
9     visited  $\leftarrow$  visited  $\cup F$ 
10  end
11  if relevant  $\neq$  visited then
12     $\mathcal{F} \leftarrow \mathcal{F} \setminus$  visited  $\cup$  relevant
13    cnt  $\leftarrow$  0
14  else
15    cnt  $\leftarrow$  cnt + 1
16  end
17 end
18 return  $\mathcal{F}$ 
```

---

## Problems & Potential Solutions

- Overfitting in by-subject split
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# Weakly Supervised Stroke Evaluation

Gavin Zhu

Discussion



- Current Work
  - Segment classification / stroke related segment localization
  - Regressing FMA from activities of daily living
- Potential Usage
  - Pinpoint impairment
  - Select representative evaluation action
- Future directions

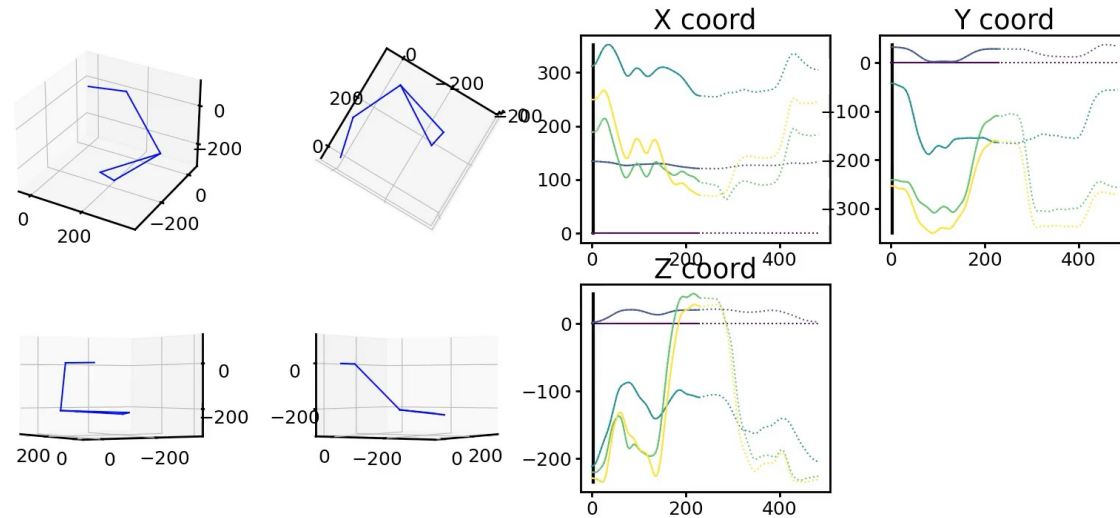
- 40 subjects (20 stroke)
  - FMA-UE (out of 20) count: 3@14, 2@16, 4@17, 2@18, 6@19, 4@20
- 30 activities of daily living in three categories
  - Simple: lifting hand from the table
  - Transitive: Reach and grasp a glass, drink for 3 seconds, and replace it in the initial position
  - Tool related: Reach and grasp a bottle, pour water into a glass, and replace the bottle in the initial position
- Each subject perform each trial 3 times

# Segment Classification: Overview

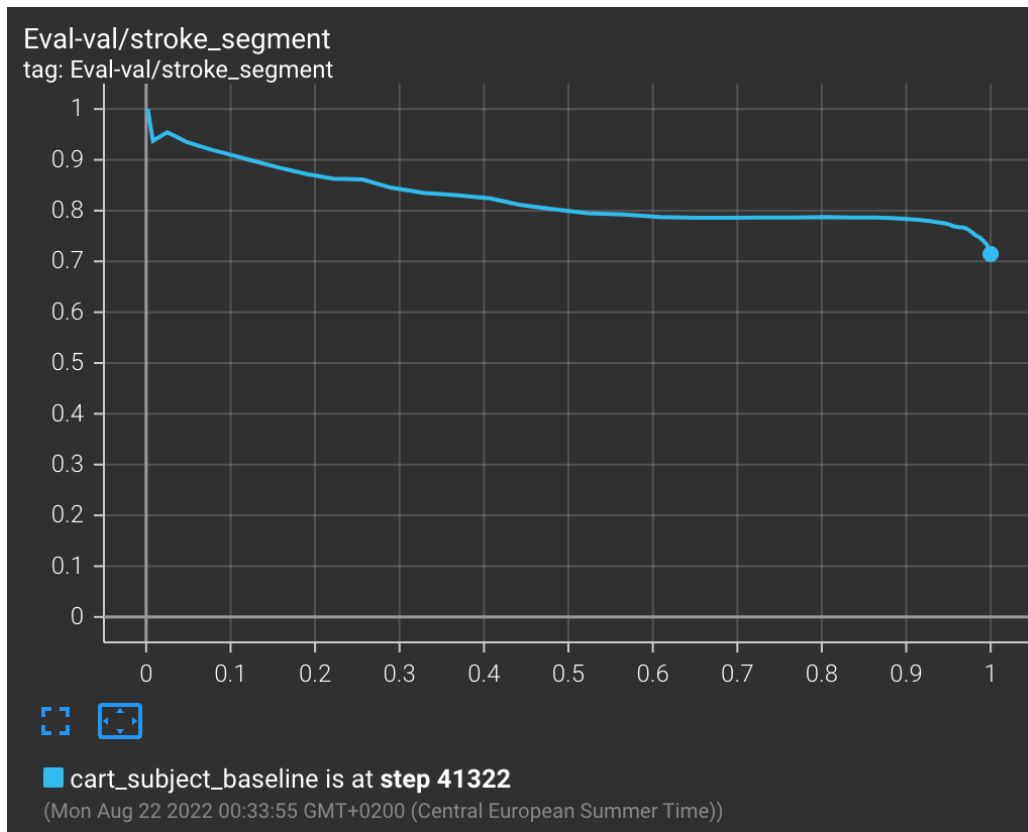
- Motivation
  - Many stroke behavior is “local” and *action agnostic*
  - Healthy subjects normally *do not* demonstrate stroke related segment
- Approach
  - Break a motion trajectory into fixed-length *segments*, design an estimator of the probability that a given segment is *only demonstrated by stroke subjects*
- Method
  - Classification formulation
    - CNN based feature extractor + MLP classifier
    - Handcrafted time series feature extractor + Boosting classifier
  - Anomaly detection formulation (TODO)
    - Train a model on healthy subject only, and inference on stroke for discrepancy

# Segment Classification: Jerk Demo

“Reach and grasp an apple, mimic biting, and replace it in the initial position”

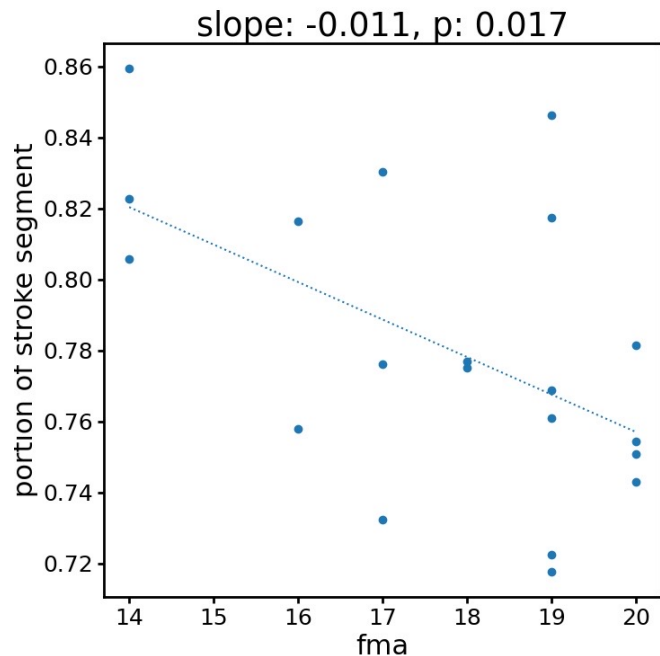


# Segment Classification: PR Curve

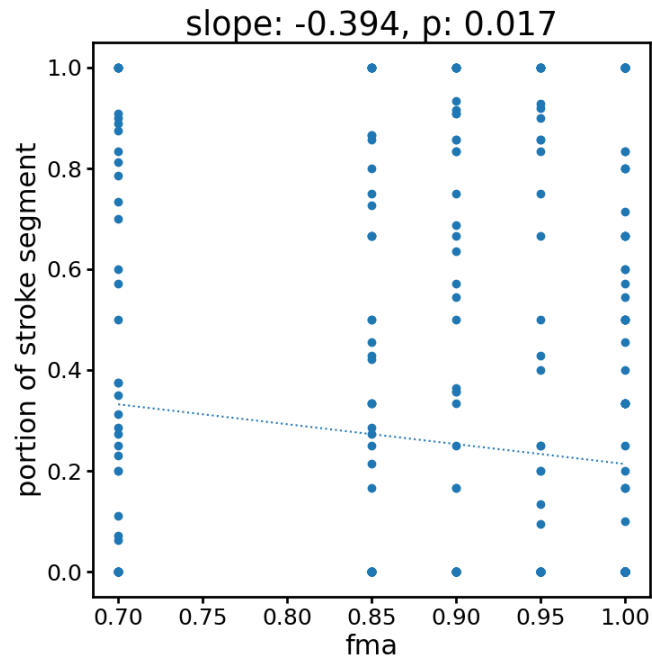


# Segment Classification: Stroke Relevance

- CNN based per subject

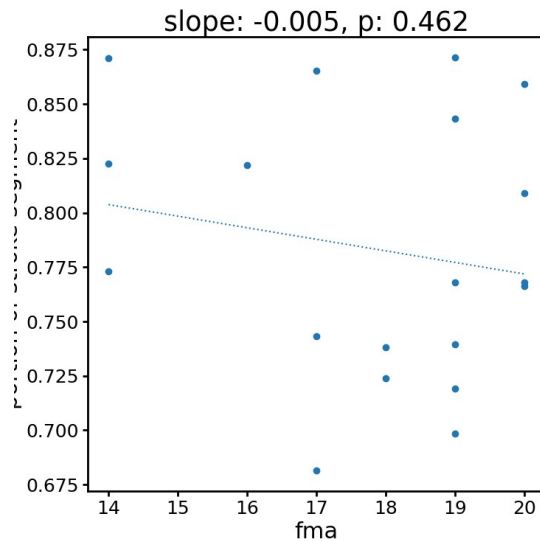
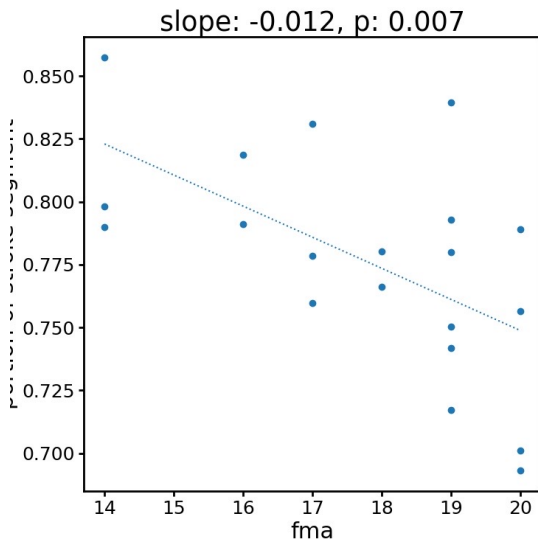


- Handcrafted feature per trial



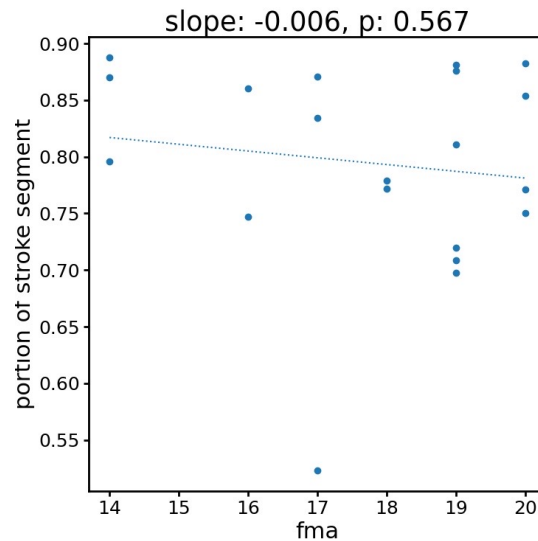
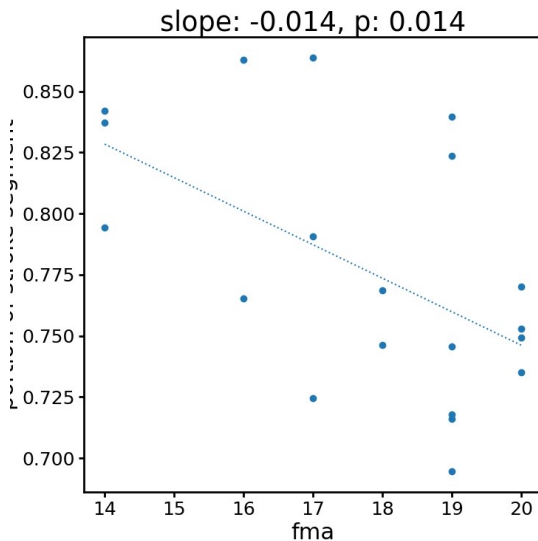
# Potential Usage: Select Testing Actions

- Reach and grasp a phone receiver, carry it to own ear and hold for 3 seconds, and replace it in the initial position
- Reach and grasp a book, put it on the table, and open it (from right side to left side)



# Potential Usage: Select Testing Actions

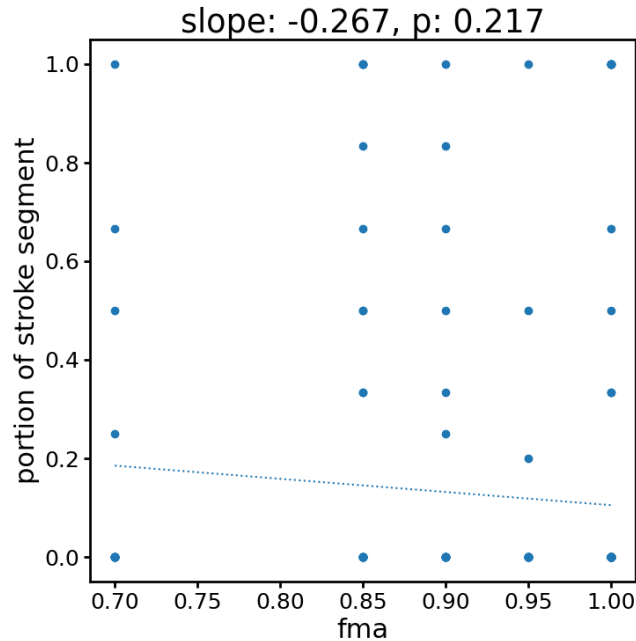
- Reach and grasp a toothbrush, brush teeth, and put it inside a holder (on the right side of the table)
- Reach and grasp a laptop, then open it with one hand



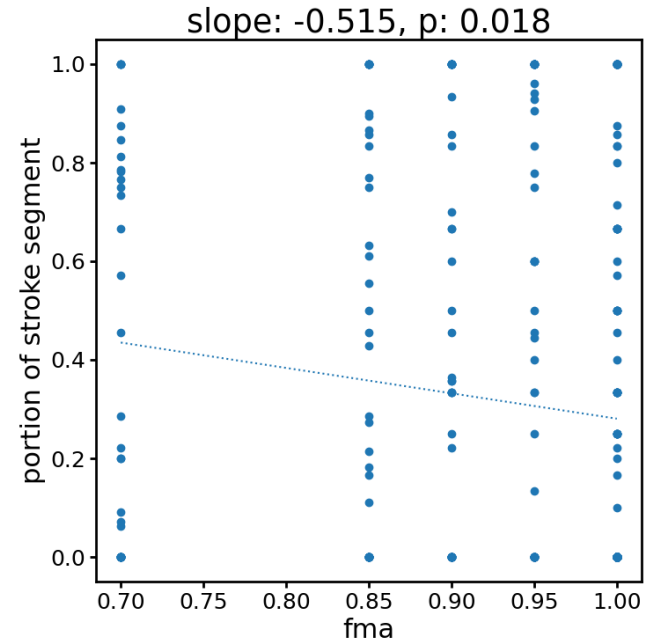


# Potential Usage: Select Testing Actions

## ■ Simple Actions



## ■ Non-simple Actions

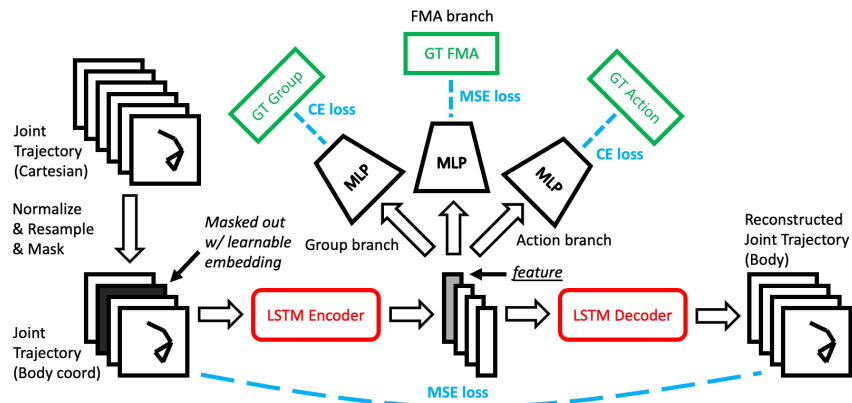


# Future Directions

- Anomaly detection model for segment classification
- Segment / trial level annotation for better training / evaluation
- (Potentially) transfer the same method onto animal stroke model

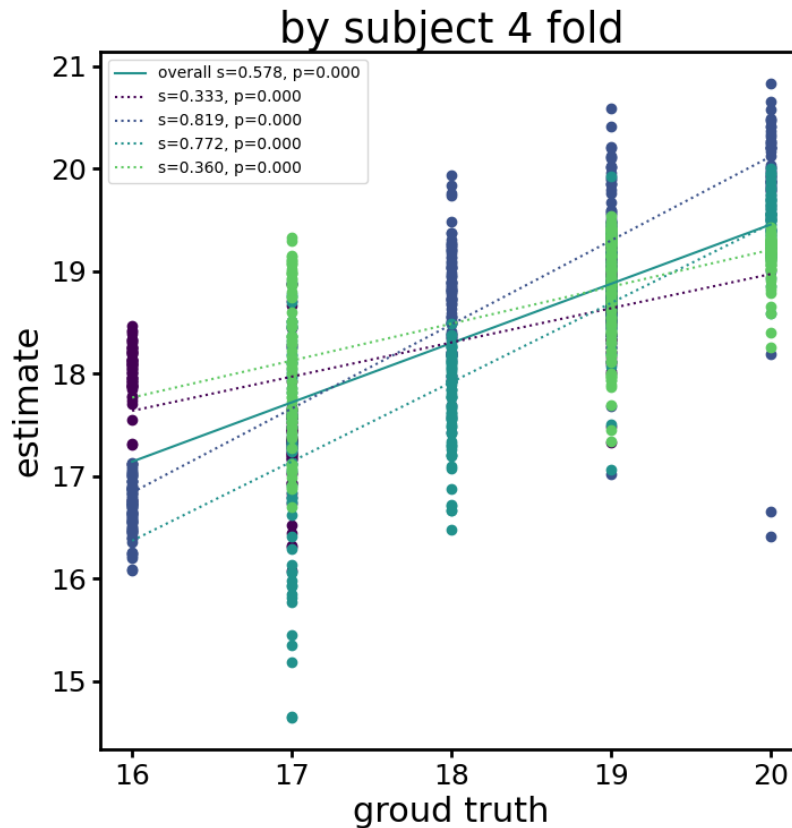
# Direct FMA Estimator: Overview

- Motivation
  - Activities of daily living are more related to *functional* evaluation and provide more *home-based flexibility*
- Approach
  - Resample all actions into the same length, and perform regression
- Method



# Direct FMA Estimator: Results

- Good by-trial train-test split
  - Mean Absolute Error: 0.23
  - Round to correct: 88%
- Poor by-subject train-test split
  - Mean Absolute Error: 0.73
  - Round to correct: 50%
  - Performance may be impacted by noisy label



# Publication Formulation

- Central idea: local feature in stroke evaluation
- Useful
  - Pathological standpoint
  - Usage in stroke segment localization
  - Evaluation design (action ranking)
  - Direct FMA estimator (vs. global feature as baseline)
- Feasible
  - Baseline models that are significant
  - (Potentially) a dataset suitable for the task