

Design of Special Purpose Printed Circuit Board (Or -CADD Designing) for E.M.G. Signal Controlled Artificial Arm

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Abstract

An electromyogram (EMG) signal is the signature of a muscle contraction by which our limbs can be moved. When part of a limb is lost due to any reason, there will be no hardware but muscular signals are still there. An amputee person can then use those muscular signals to activate a myoelectric prosthesis and be able to produce some movements. Myoelectric prostheses are capable of many degrees of freedom. This paper presents a design of hardware for artificial arm controller. But some problem of delays and prosthesis mismatching occurs at time in performing some daily activities. Using this hardware the patients can save time and get quick response. On-board microcontroller controlled joints are making prosthetic arms and legs more responsive and easier to control by the user.

Keywords: *Electromyogram (EMG) signal, EMG-based control, Motor Unit Action Potential (MUAP), Myo-Electric Arm*

1. Introduction

Biomedical signal means a collective electrical signal acquired from some organs that represents a physical variable of interest. A person who has lost his natural limb but EMG signal is still present in the remaining part. This signal is normally a function of time and is describable in terms of its amplitude, frequency and phase. The EMG signal is a biomedical signal that measures electrical currents generated in muscles. EMG signal is a complicated signal, which is controlled by the nervous system and is dependent on the anatomical and physiological properties of muscles. The shapes and firing rates of Motor Unit Action Potentials (MUAPs) in EMG signals provide an important source of information for the diagnosis of neuromuscular disorders. Muscle tissue conducts Bioelectrical potential called as muscle action potential. Surface EMG is a method of recording the information present in these muscle action potentials.

Two types of electrodes have been used to acquire muscle signal, invasive electrode and non-invasive electrode. When EMG is acquired from electrodes mounted directly on the skin, the signal is a composite of all the muscle fibre action potentials occurring in the muscles underlying the skin.

A person who has lost his natural limb has no hardware to do daily activities. Once appropriate algorithms and methods for EMG signal analysis are readily available, the nature and characteristics of the signal can be properly understood and

hardware implementations can be made for various EMG signal related applications. Work has been done to enhance traditional control schemes and more advanced methods based on machine learning techniques. There are some problems for research to make a comfortable artificial arm to patient and control the movement of artificial arm to get quick response for movement.

2. Methods

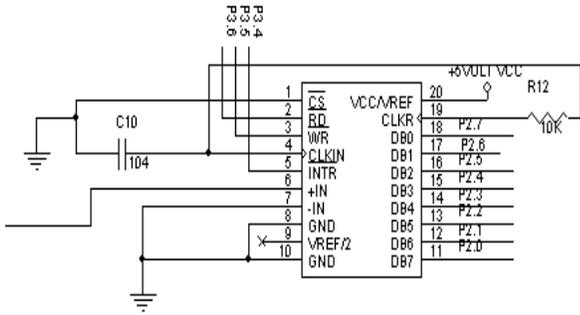
The most commonly used prostheses are body powered. These devices capture remaining shoulder motion with a harness and transfer this movement through a cable to operate the hand, wrist, or elbow. With this control method, only 1 joint can be operated at a time. Myoelectric prostheses use the EMG signal to control motors at arm joints.

The biceps and triceps muscles control the elbow, wrist, and hand movements. The EMG signal is first picked up by electrodes and amplified. Signal must be processed to eliminate low or high frequency noise, or any other factors that may affect the outcome of the data. The point of interest of the signal is the amplitude, which can range between 0 to 10 m volts (peak-to-peak) or 0 to 1.5 m volts. The frequency of an EMG signal is between 0 to 500 Hz. However, the usable energy of EMG signal is dominant between 50-150 Hz. The design of an intelligent prosthesis, for arms, involves a lot of issues that have to be solved if good results must be achieved. We have to focus our efforts on the prosthesis' hardware quality and patient's comfort to use such prosthesis.

2.1 Design Consideration

The designed hardware implements the EMG signals acquisition and process functions. The data amplification and acquisition module acquires signals from electrodes, amplifies them and implement the preprocessing functions. The output of this module is a digitized signal. The patient EMG signals are acquired by using two electrodes. These signals are amplified by the EMG amplification block. Signal is converted into digital form, then processed, time multiplexed and sent to microcontroller and output of microcontroller is used to run the different motors attached to the Myo-Electric Arm for different degree of freedoms. Here we are concentrating on four motors for different motions.

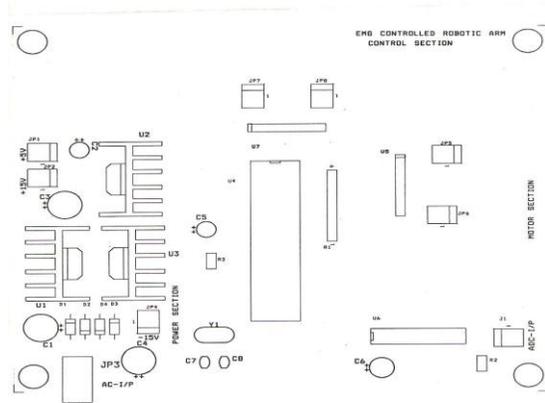
ADC SECTION



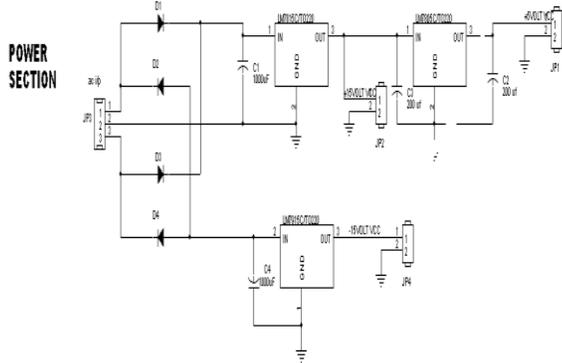
(Fig. 3 A.D.C.)

4. Conclusions

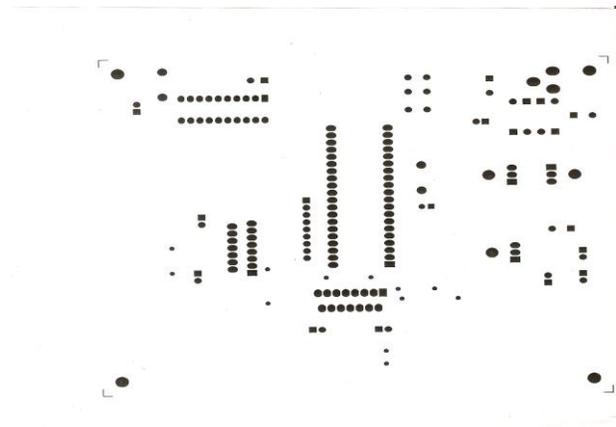
In the designing of P.C.B. Layout Outlooks are obtained as:



(Fig. 6 Silk Screen Top)

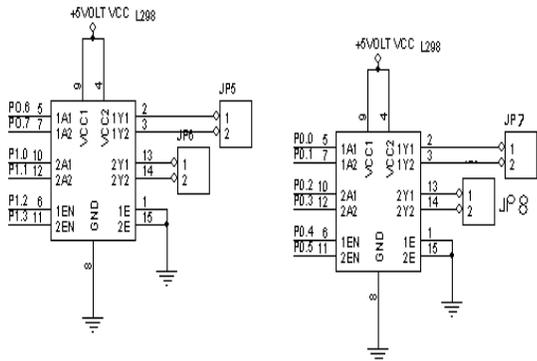


(Fig. 4 Power Supply)

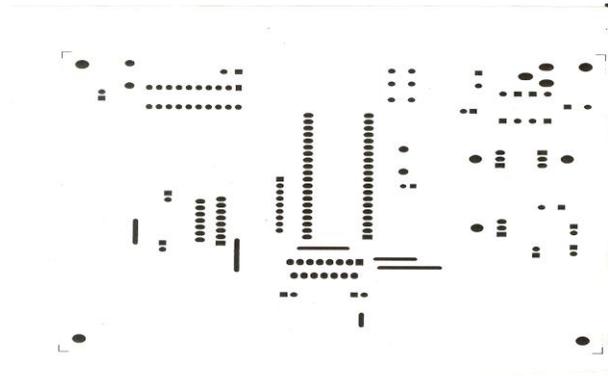


(Fig. 7 Solder Mask Top)

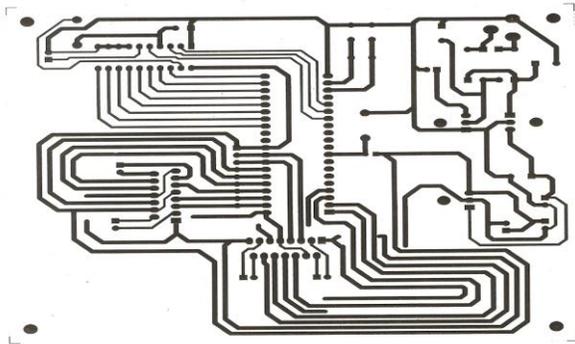
MOTOR SECTION



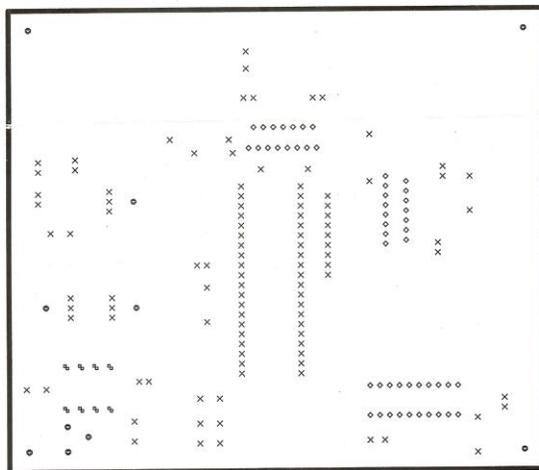
(Fig. 5 Motor Drivers)



(Fig. 8 Top Layer)



(Fig. 9 Bottom Layer)



DRILL CHART				
SYM	DIAM	TOL	QTY	NOTE
x	0.032		108	
o	0.039		50	
%	0.047		8	
o	0.120		10	
TOTAL			176	

(Fig. 10 Drill & Drill Chart)

On applying the signal stepper motors rotation with step angle 7 degree is rotating at different modes.

Programming for microcontroller is done in the Embedded "C" to run the motors. When electrodes are placed properly at the upper arm of amputee, following results are observed.

1. While moving arm, up & down: 4th motor is running
2. While moving hand left & right: 2nd motor is running
3. While capturing the weight: 3rd motor is running
4. While releasing the weight: 1st motor is running

It is observed that all motors are running with quick response so hardware and circuit is much suitable for prosthetic Arm control than a general purpose PCB.

The EMG signal is easily acquired and processed by EMG sensors and amplifiers. The work so far reported is the beginning of the development of a system intended to assist people suffering of Neuro-motor diseases, including people with severe dysfunctions. A person who has disability

of prosthetic limb will be beneficial by this hardware. On implementing this hardware on artificial arm, this hardware response to the movements will be fast. Disable person will feel better control on the Myoelectric Arm for his daily activities.

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