



PROJET CORO-IMARO

# Analyse des signaux électromyographiques

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# ANALYSE DES SIGNAUX EMG

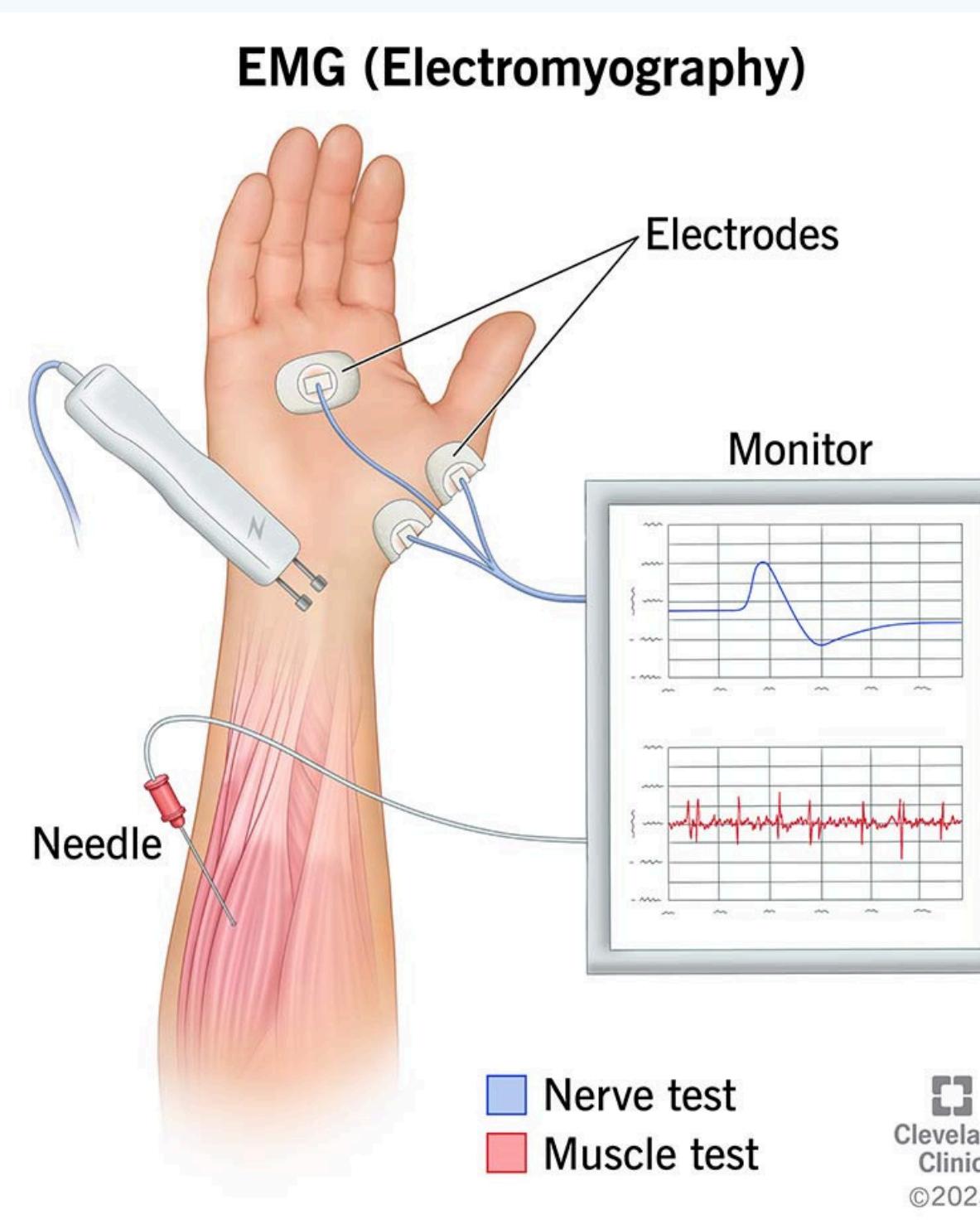
## PLAN

### I - Partie clinique

1. Qu'est-ce qu'un signal EMG ?
2. Physiologie d'une unité motrice
3. Les différents types de signaux
4. Exemple de tracés
5. Pourquoi analyser les tracés EMG ?

### II - Partie de traitement des données

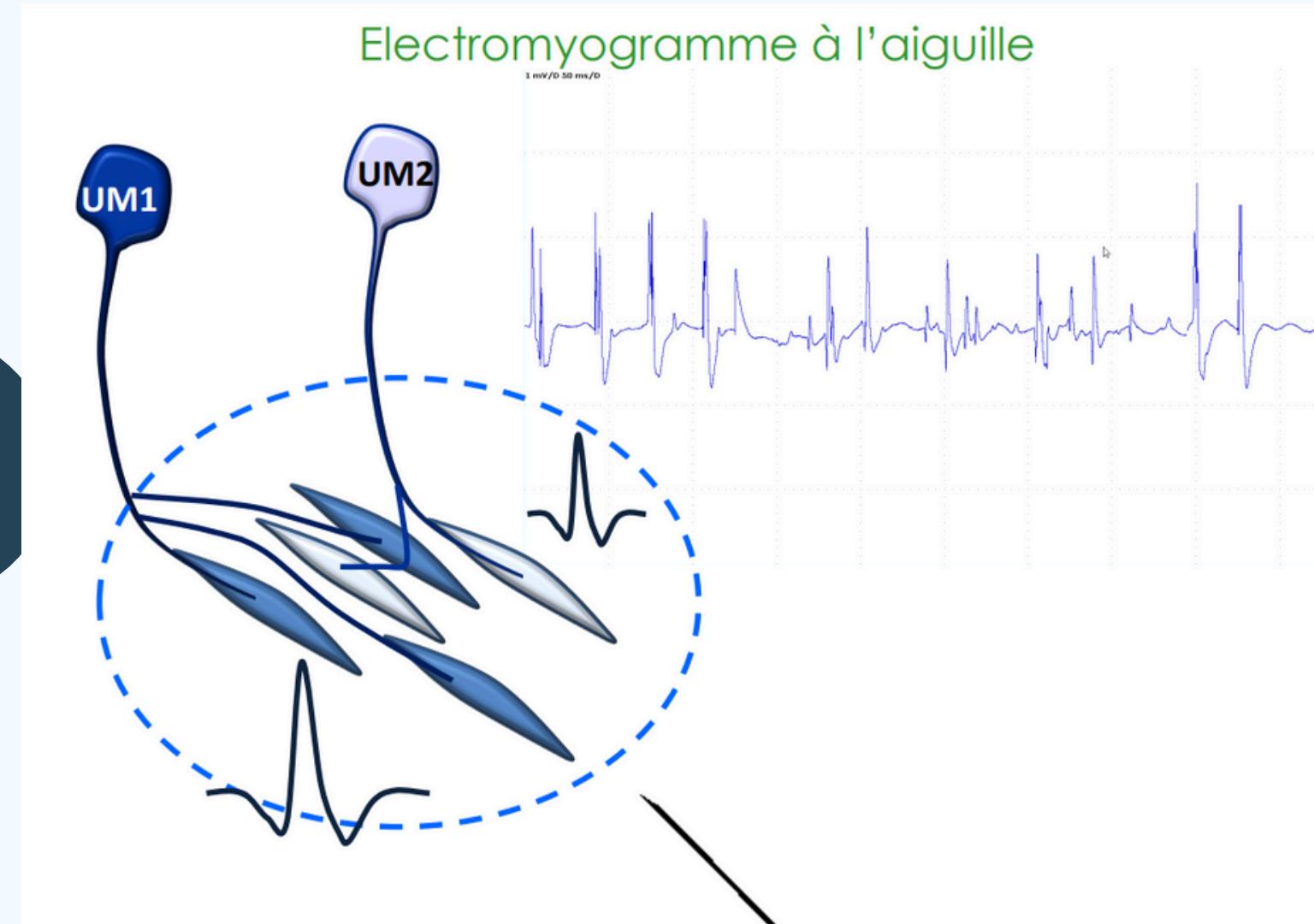
1. L'analyse des signaux EMG
2. La création d'une base de données
3. Le traitement des signaux
4. L'apprentissage automatique



<https://my.clevelandclinic.org/health/diagnostics/4825-emg-electromyography>

# Partie Clinique

## QU'EST-CE QU'UN SIGNAL EMG ?



- EMG = électromyogramme.
- Déetecte l'activité électrique musculaire : les potentiels d'action d'unité motrice
- Unité motrice = motoneurone + fibres musculaire qu'il innerve
- Tracé EMG -> activité électrique d'un ensemble d'unités motrices

Partie Clinique

# Physiologie des unités motrices

# Partie Clinique

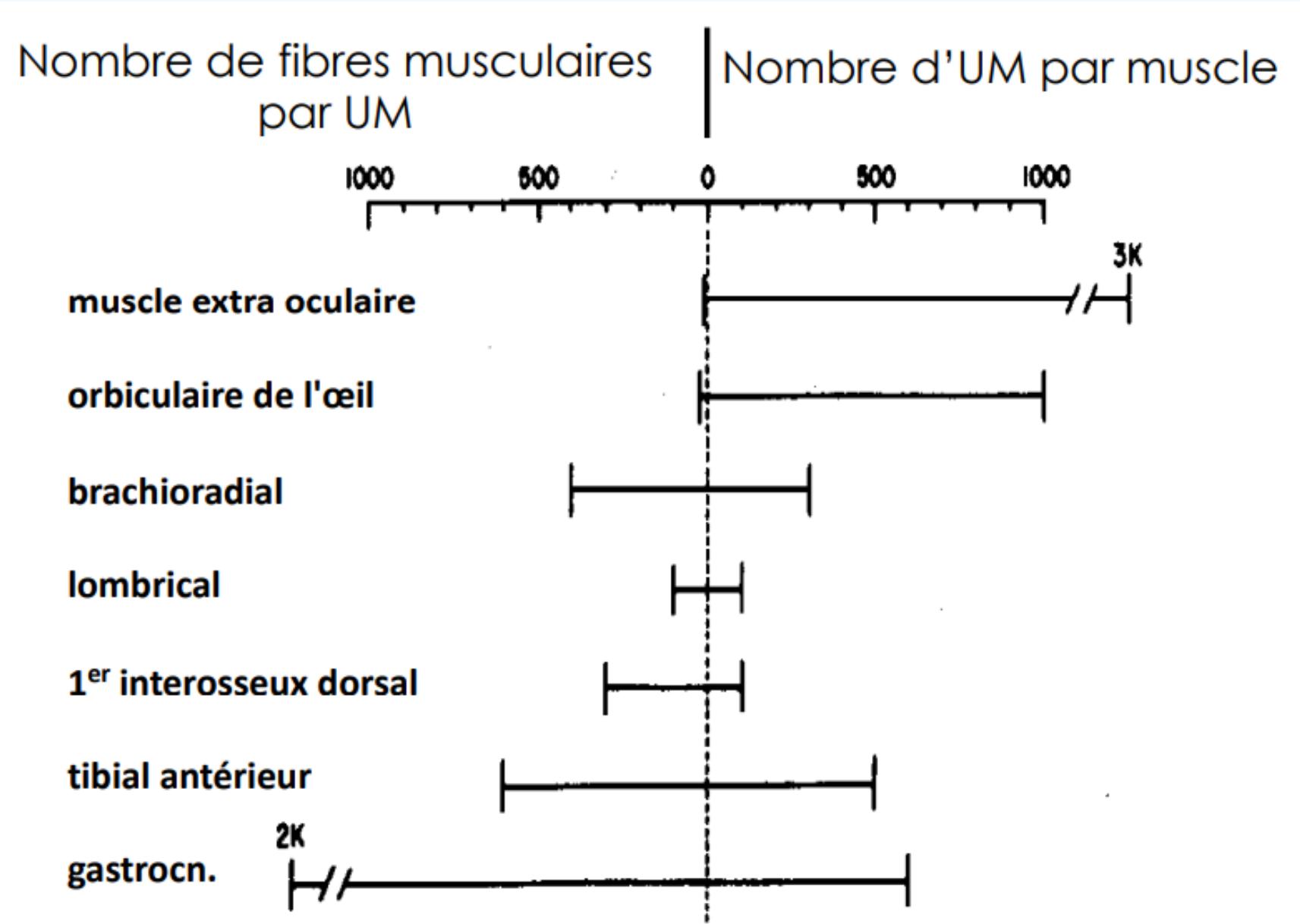
## Unité de base du **contrôle moteur**

Adaptation de l'activité des unités motrices **selon la force exercée**

- Recrutement spatial
  - Recrutement temporel
- = *Dépendant du seuil d'excitation*

Variation du nombre et de la taille des unités motrices **selon le muscle**

## PHYSIOLOGIE DES UNITÉS MOTRICES



# Les différents types de signaux EMG

## SAIN

Pas d'atteinte nerveuse ni musculaire.  
Tracé EMG non altéré.

## MYOGÈNE

Atteinte musculaire : myosite, myopathie génétique, ...  
Tracé EMG riche en unités motrices mais avec une amplitude faible.

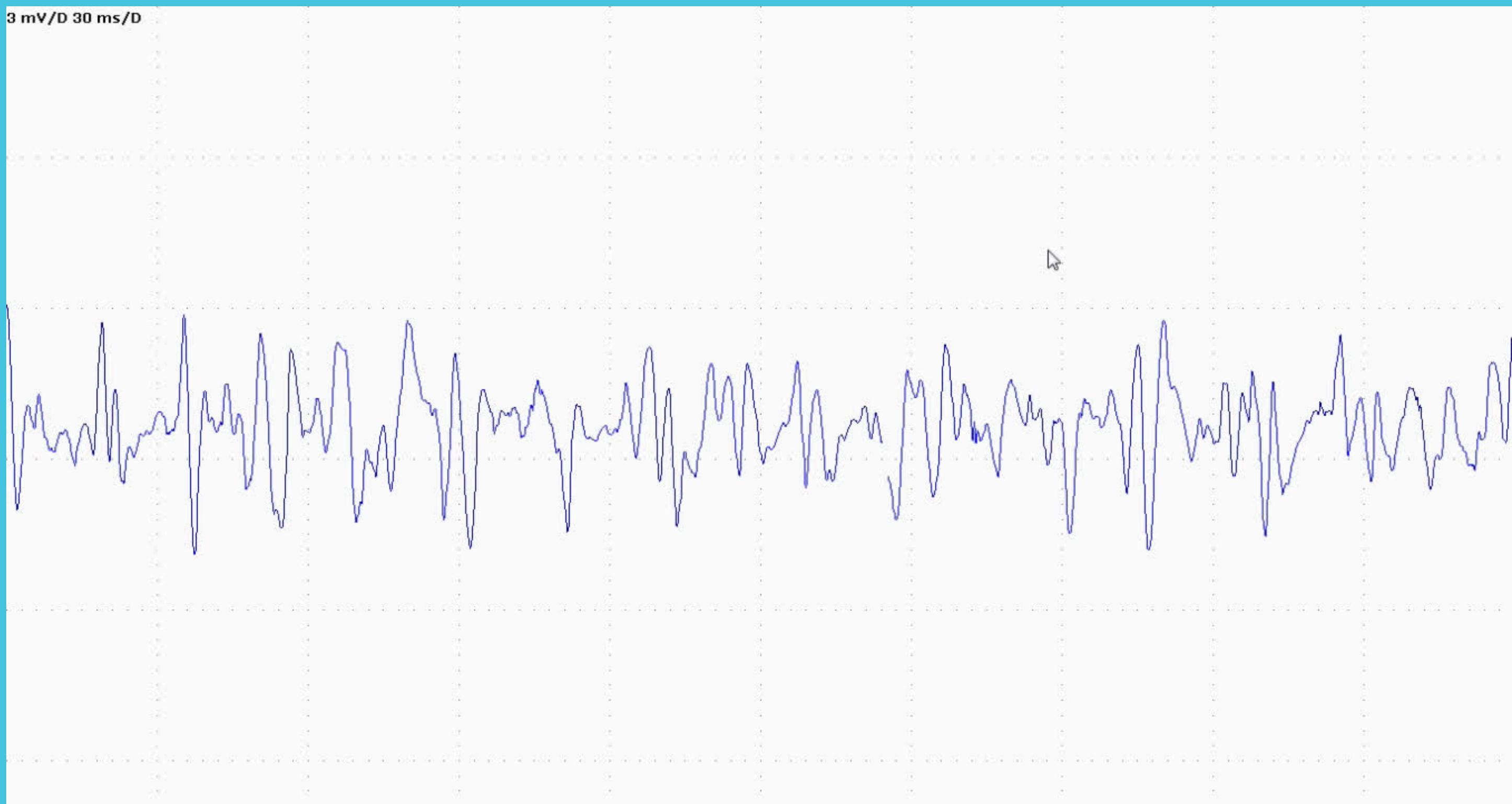
## NEUROGÈNE

Atteinte neuronale : neuropathies, syndromes canalaires, atteinte plexique, ...  
Tracé EMG pauvre en unités motrices mais avec une amplitude haute.

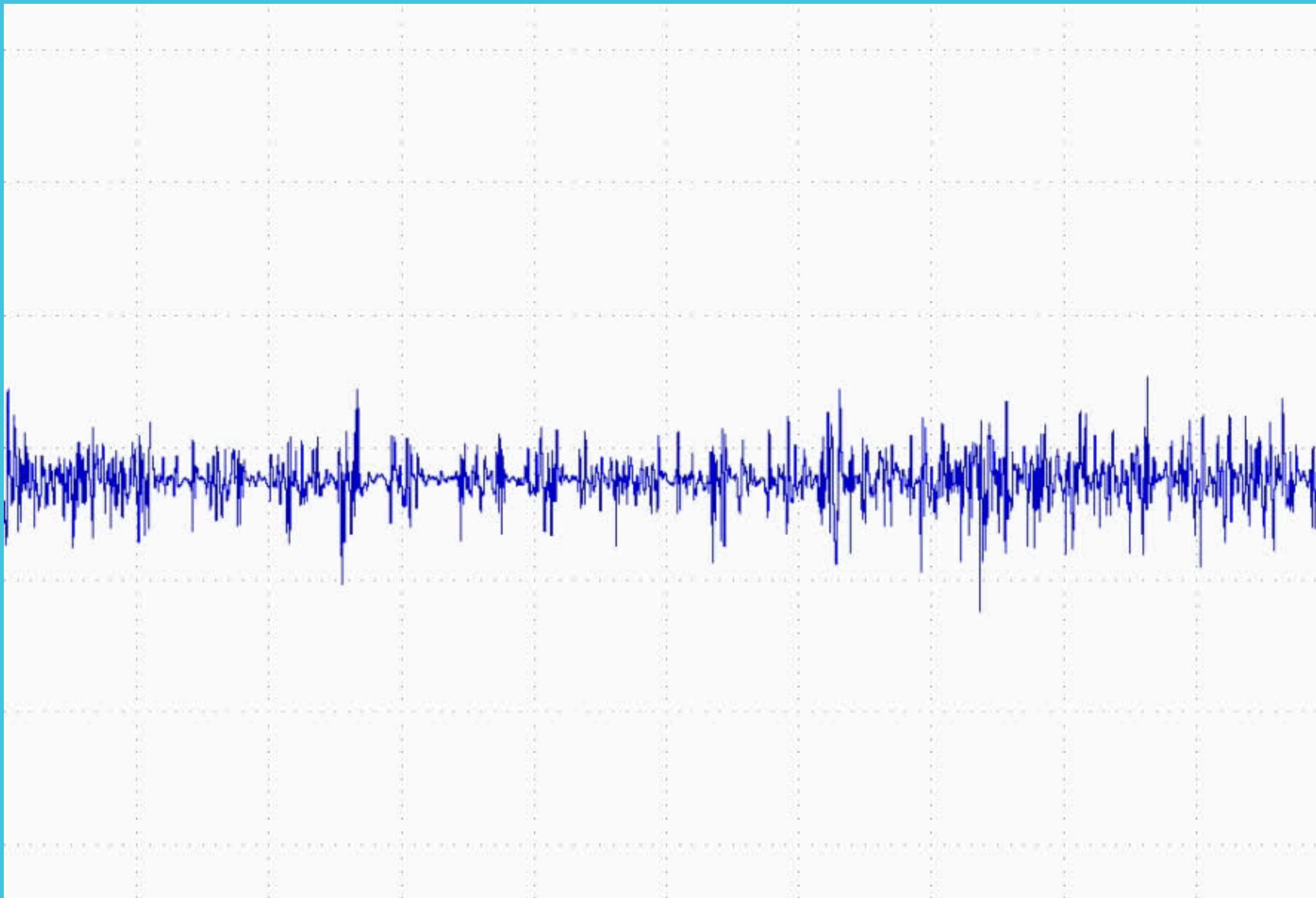
# EXEMPLE DE TRACÉ EMG

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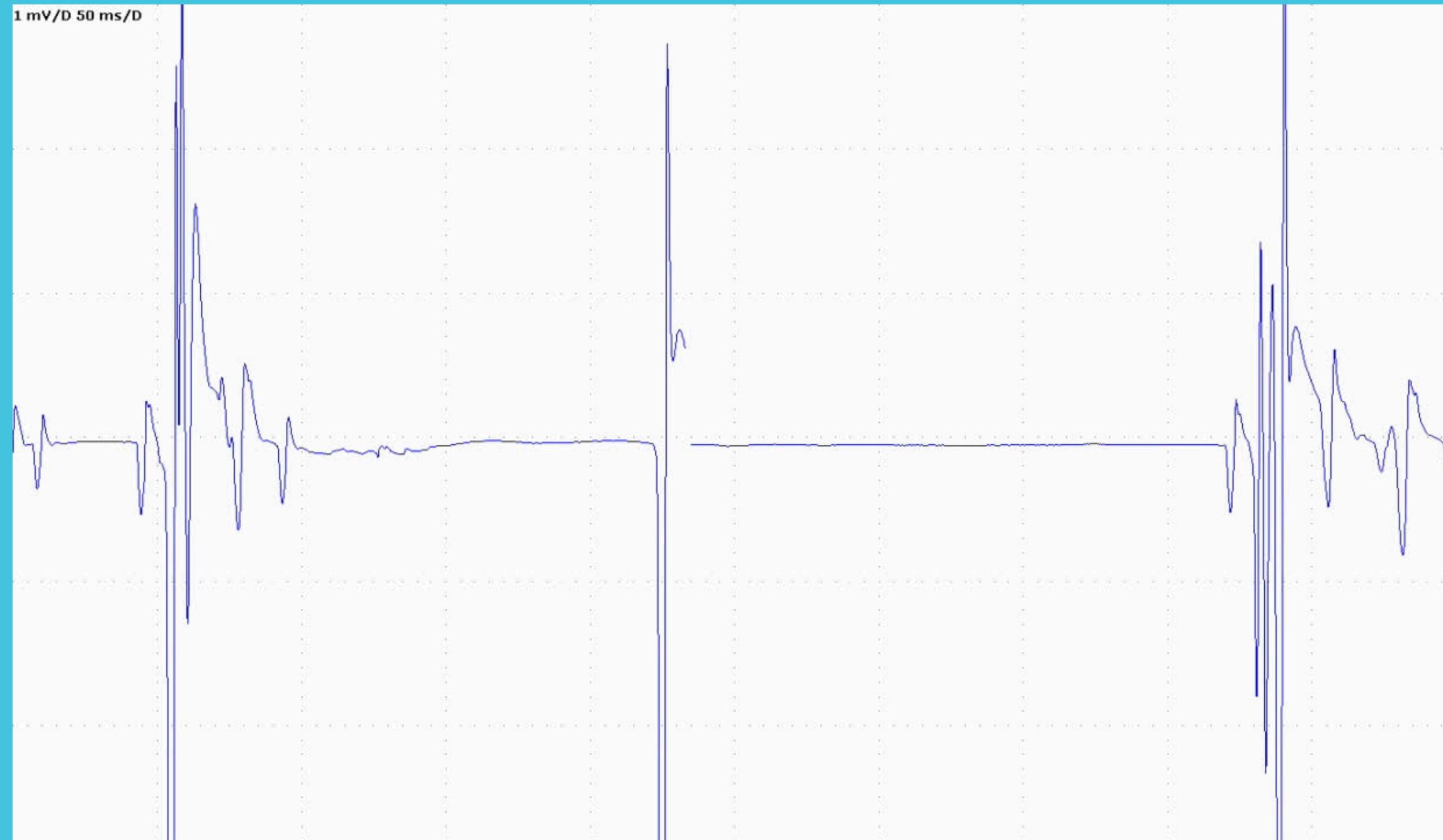
# Sain



# Myogène



# Neurogène



# Partie Clinique

## POURQUOI ANALYSER LES TRACÉS EMG ?

### Problème

L'interprétation des résultats EMG est clinicien dépendant  
Variabilité des tracés en fonction des muscles  
Tracés où l'interprétation diagnostique peut s'avérer compliquée

### Objectif

Créer une banque de signaux EMG pour différents muscles -> identifier des caractéristiques uniques à chaque muscle  
Créer un système d'analyse automatique de signaux EMG pour diagnostiquer les maladies neuromusculaires

### Intérêt clinique

Améliorer la prise en charge des patients  
Augmenter la fiabilité de l'examen  
Aider le clinicien à poser la diagnostic  
Limiter l'erreur humaine

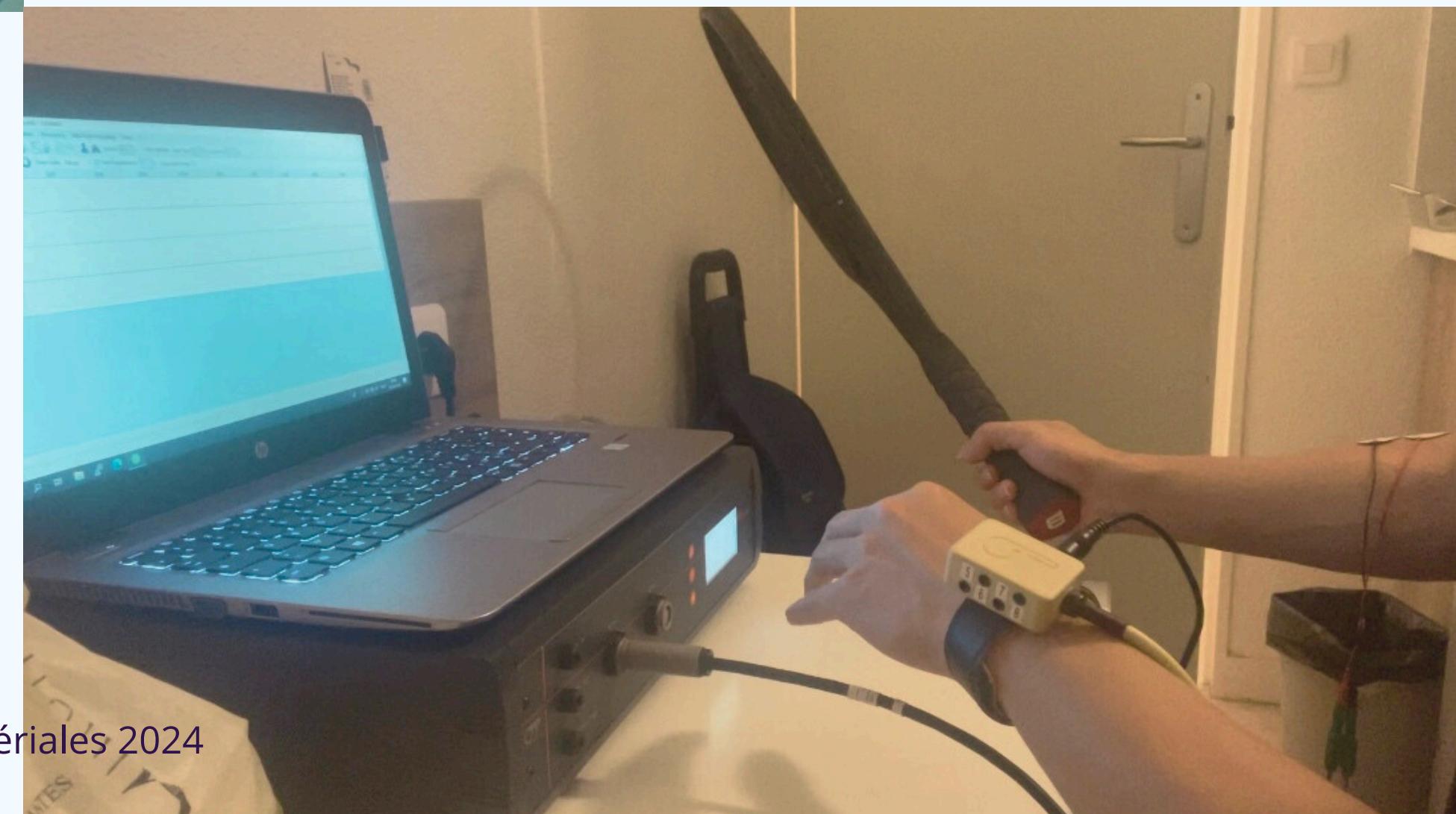


## SURFACE EMG

Based on bipolar electrodes, sEMG signals are **much easier** to be acquired. Such as the brachioradialis of the right arm, we can easily obtain sEMG generated by gripping and swinging.

## INTRAMUSCULAR EMG

Injection-based detection of iEMG signals is hindered by the complexity of the procedure, making it **difficult to obtain a large amount** of data for model training. As a result, it can only be used to detect whether the subject has potential muscle diseases.



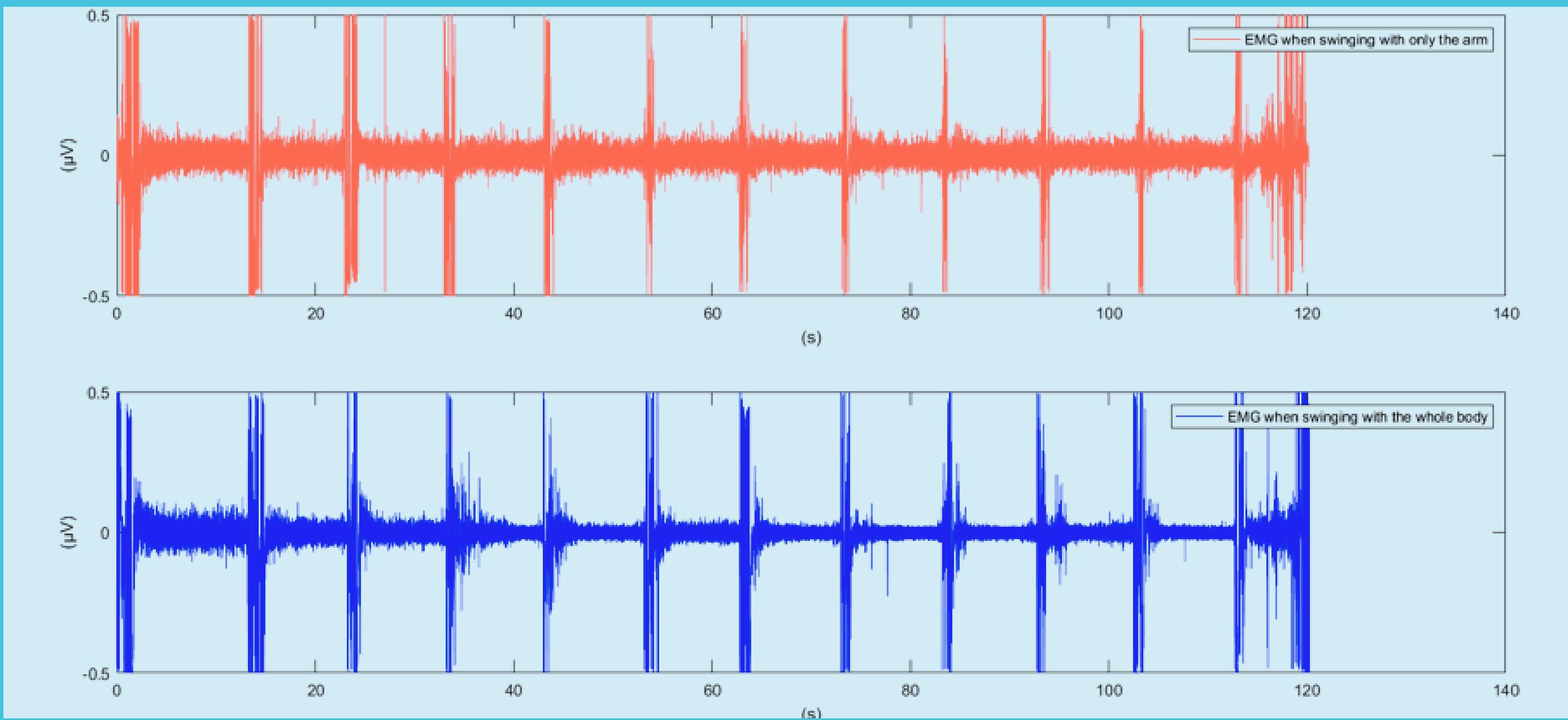
# MY WORK

- 1.DATABASE BUILDING**
- 2.SIGNAL PROCESSING**
- 3.MACHINE LEARNING**

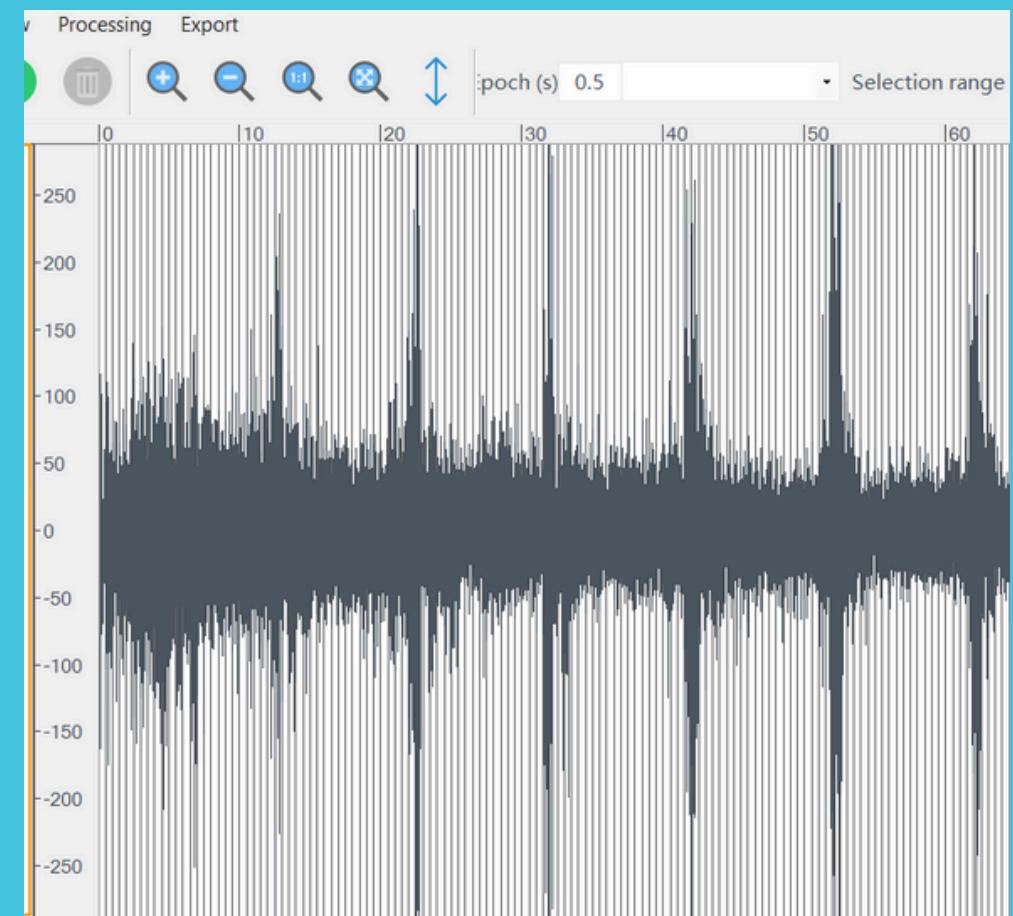
The aims is to investigate the pathology of **tennis elbow** by acquiring EMG signals from the brachioradialis muscle, processing, classifying, and predicting,



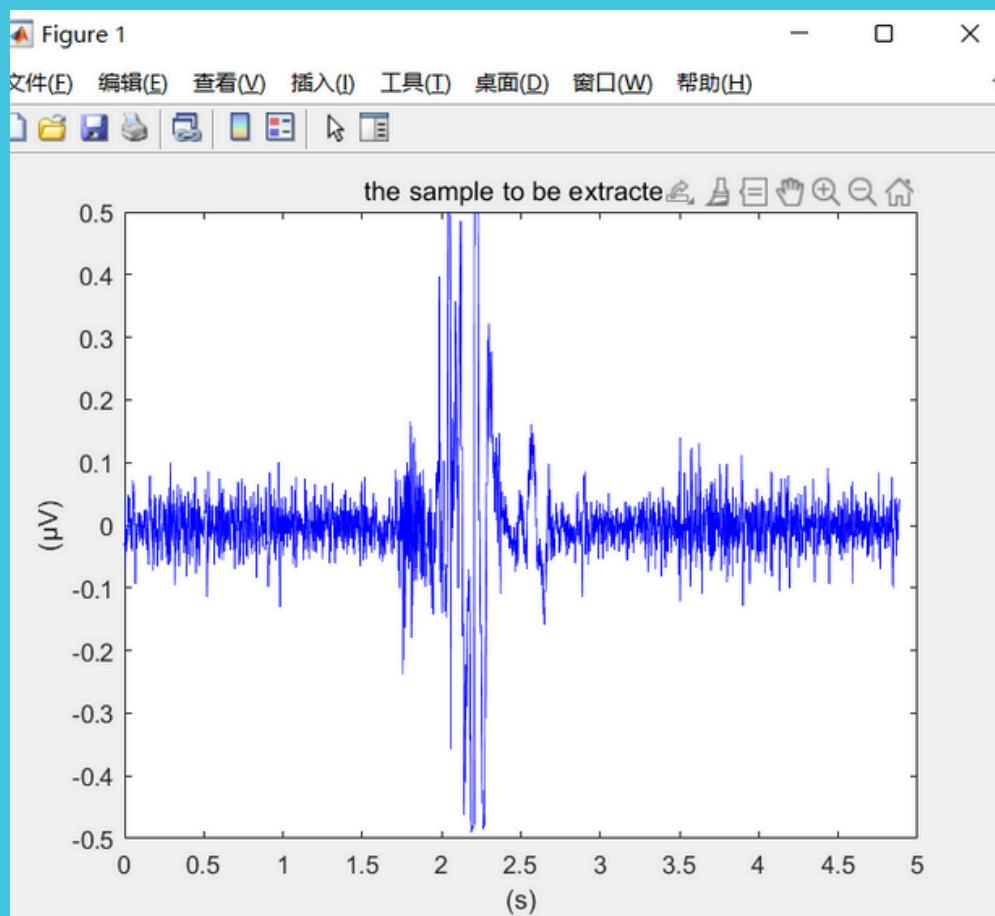
# COMPARISION OF TWO TYPES(aim to determine)



# Database building



ACQUIRE ORIGINAL SIGNALS

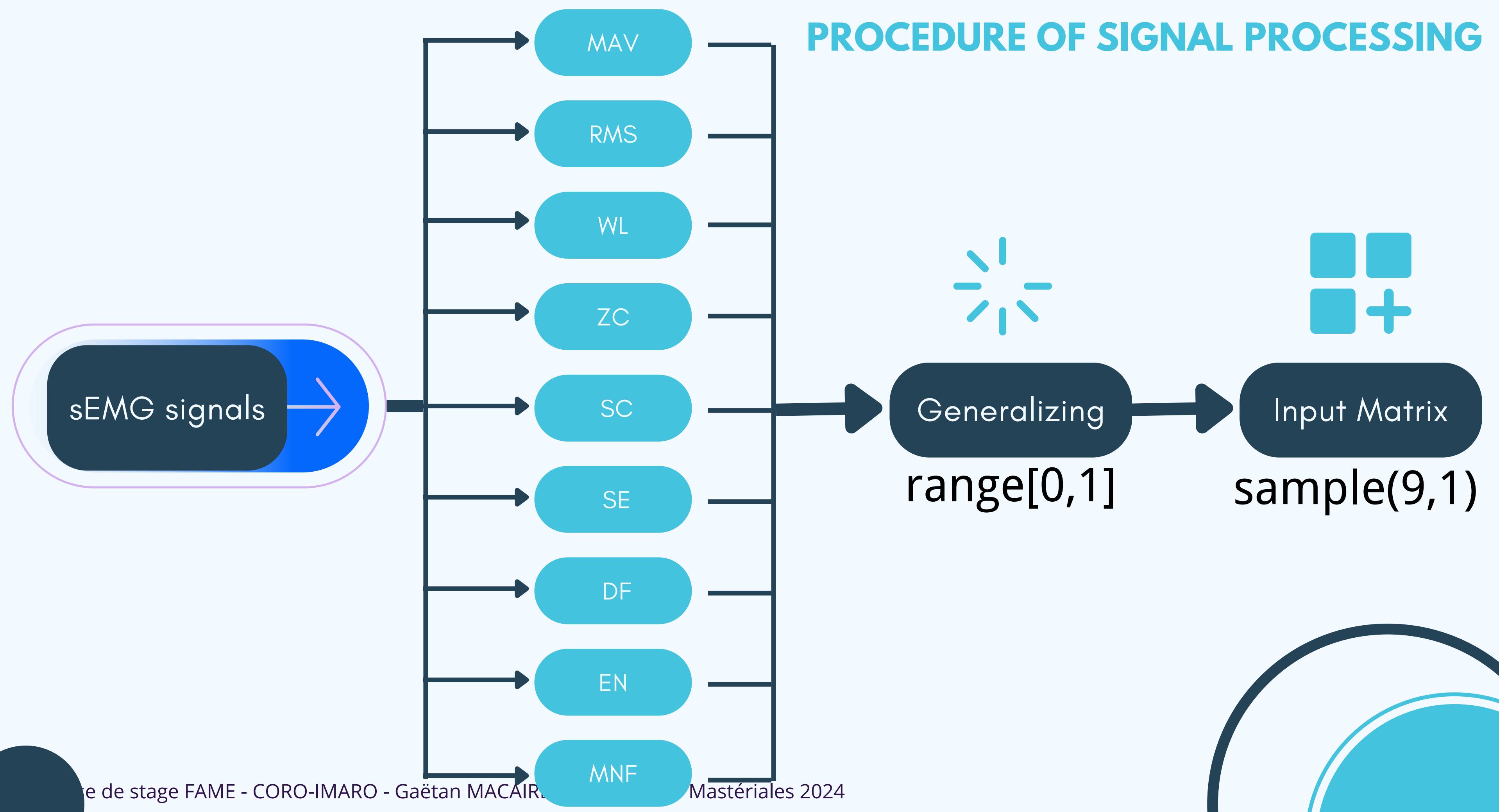


EXTRACT SAMPLES

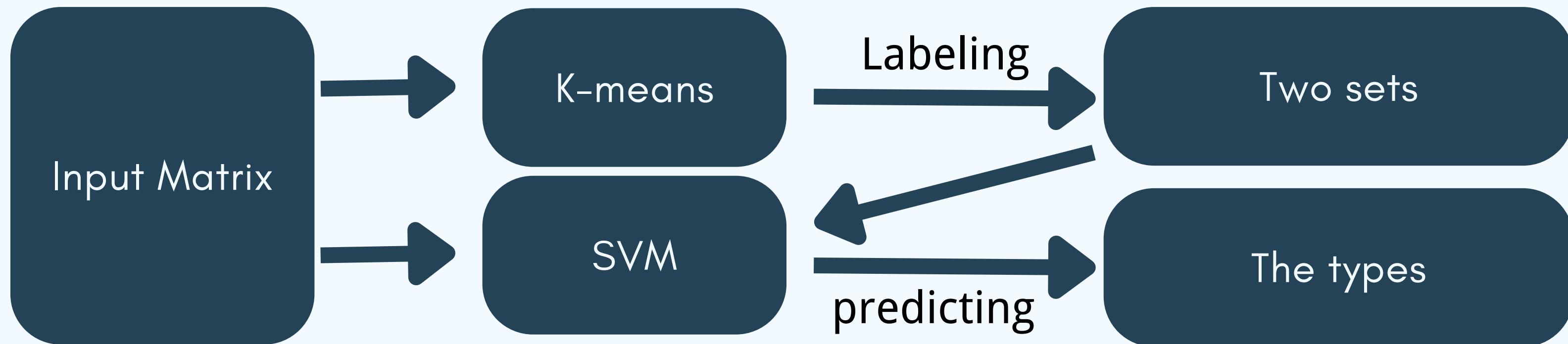
training_lab0_167	2024/6/12 2:27	Microsoft Acc
training_lab0_168	2024/6/12 2:27	Microsoft Acc
training_lab0_169	2024/6/12 2:27	Microsoft Acc
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BUILD A DATABASE

# PROCEDURE OF SIGNAL PROCESSING



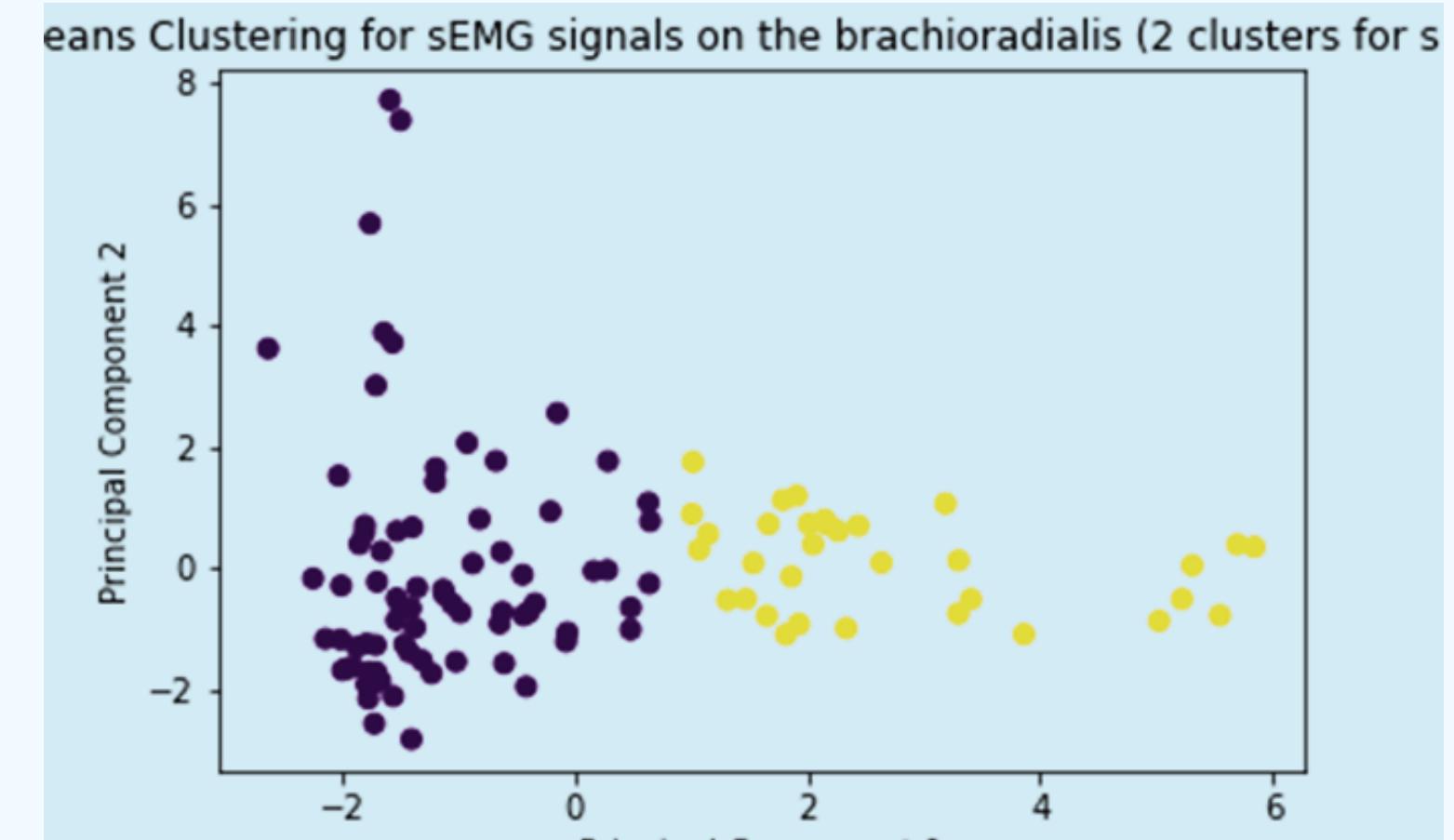
# PROCEDURE OF MACHINE LEARNING



# K-MEANS ALGORITHM CLUSTERING SAMPLES

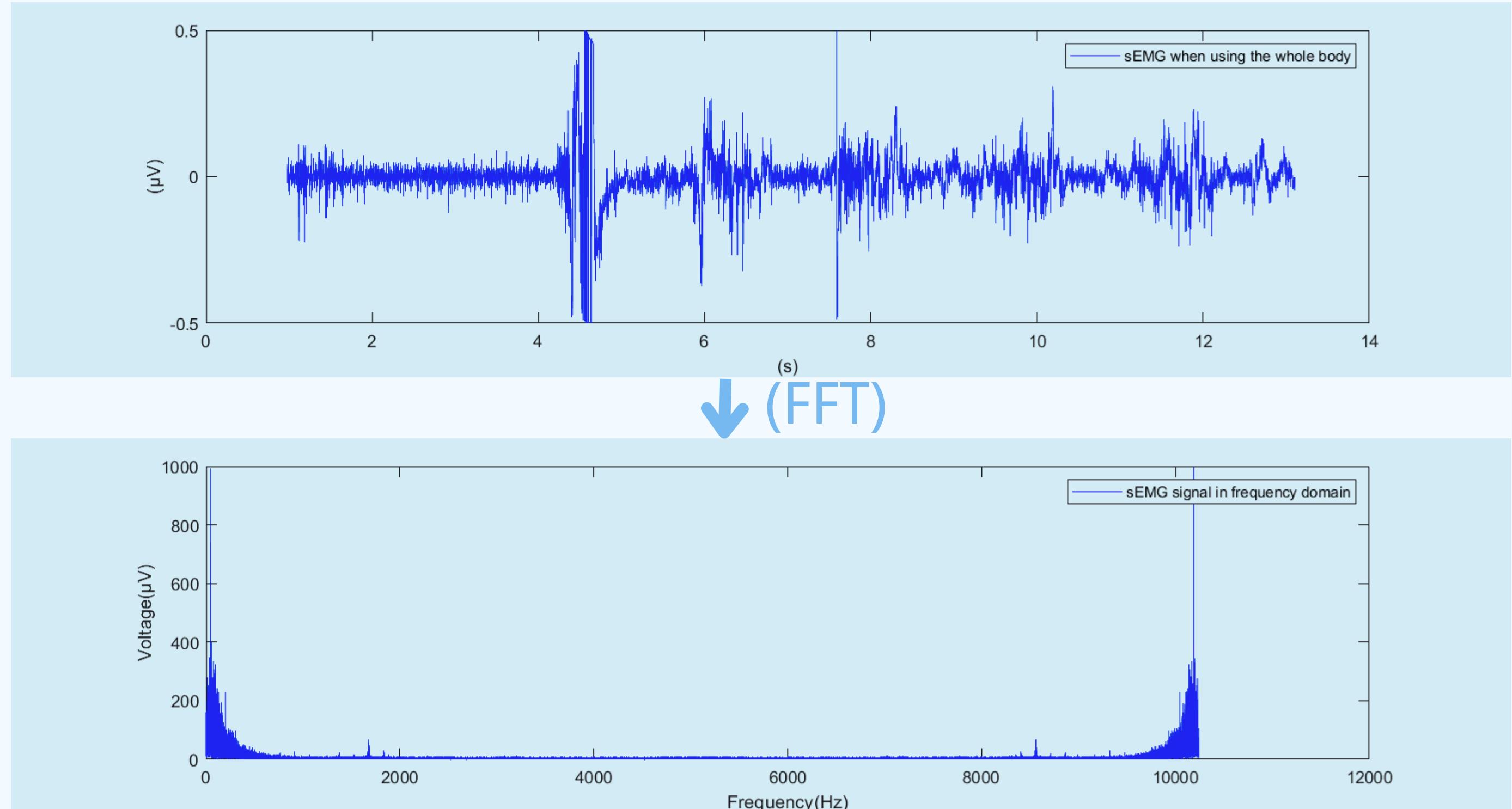
Applying K-means to the samples, we can find the **critical plane** between being injured and not being injured. That means we can answer the question that “at what percentage of body usage can we avoid the occurrence of tennis elbow?”

Actually due to the lack of signal decomposition, we are **unable to accurately identify** the characteristics of each signal. Finally the data is **artificially** divided into two sets.



```
Total files in folder: 10
loading file: D:/xu/Datatest_EMG\training_lab0_1.mat
loading file: D:/xu/Datatest_EMG\training_lab1_1.mat
loading file: D:/xu/Datatest_EMG\training_lab0_2.mat
loading file: D:/xu/Datatest_EMG\training_lab1_2.mat
loading file: D:/xu/Datatest_EMG\training_lab0_3.mat
loading file: D:/xu/Datatest_EMG\training_lab1_3.mat
loading file: D:/xu/Datatest_EMG\training_lab0_4.mat
loading file: D:/xu/Datatest_EMG\training_lab1_4.mat
loading file: D:/xu/Datatest_EMG\training_lab0_5.mat
loading file: D:/xu/Datatest_EMG\training_lab1_5.mat
New sample cluster belongs to: [0 1 0 0 0 0 0 0 0]
```

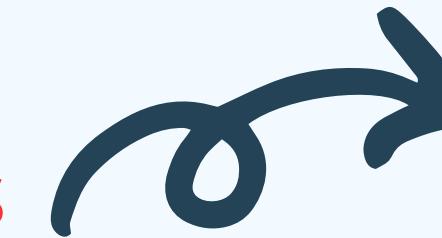
# TIME-DOMAIN AND FREQUENCY-DOMAIN ANALYSIS OF SIGNAL COMPOSITION



# SVM ALGORITHM

## REDUCE ERRORS BY INCREASING THE SAMPLE SIZE.

120 samples



240 samples



360 samples

The large proportion of errors leads to **low** accuracy.

With samples increasing, the accuracy becomes more **satisfying**

Once the sample size reaches a certain point, its impact on accuracy becomes **marginal**

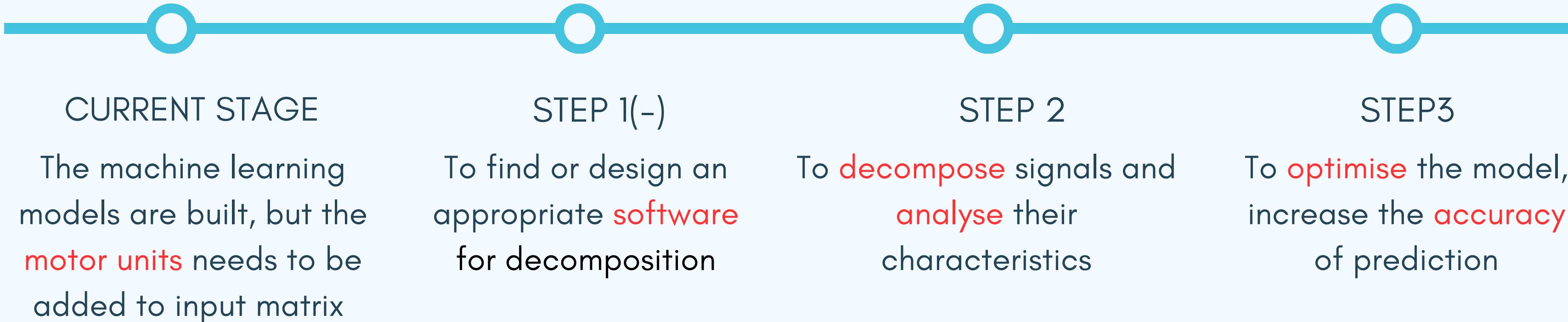
Classification report:			
	precision	recall	f1-score
0. 0	0. 67	0. 67	0. 67
1. 0	0. 67	0. 67	0. 67
accuracy			0. 67
macro avg	0. 67	0. 67	0. 67
weighted avg	0. 67	0. 67	0. 67
Accuracy:	0. 6666666666666666		

Classification report:			
	precision	recall	f1-score
0. 0	0. 69	0. 78	0. 73
1. 0	0. 73	0. 63	0. 68
accuracy			0. 71
macro avg	0. 71	0. 71	0. 71
weighted avg	0. 71	0. 71	0. 71
Accuracy:	0. 7083333333333334		

Classification report:			
	precision	recall	f1-score
0. 0	0. 72	0. 65	0. 68
1. 0	0. 71	0. 77	0. 74
accuracy			0. 71
macro avg	0. 71	0. 71	0. 71
weighted avg	0. 71	0. 71	0. 71
Accuracy:	0. 7129629629629629		

# FUTURE WORK

## FOCUS ON AUTO-DECOMPOSITION





# MERCI POUR VOTRE ATTENTION

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