Estimation of Clinical Tremor using ST-AAE

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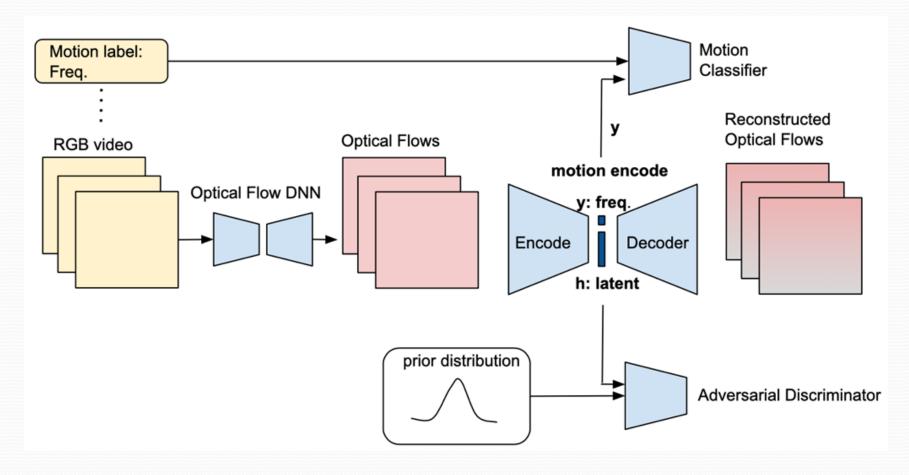
Background

- Clinical Tremor
 - Rhythmic, involuntary oscillatory movement
 - Diagnostic feature of multiple central system disorders
 - Parkinson's disease
 - essential tremor,
 - medication side effect
- Monitor across diverse population with limited mobility
- Clear value in automated methods for remote assessments

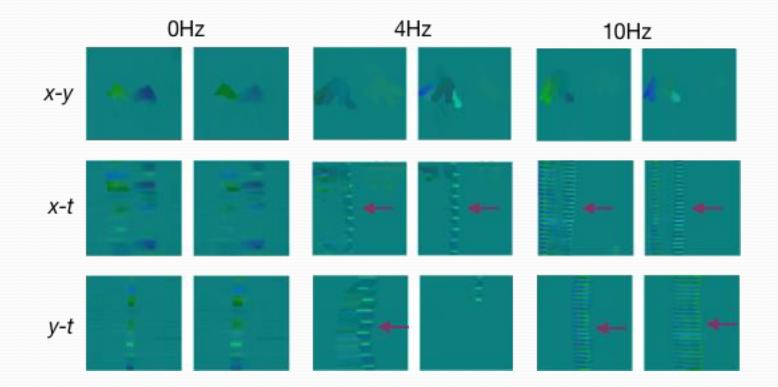
Why Spatio-Temporal Adversarial AutoEncoder?

- Limitation of hand detection and tracking
 - Bounded by accuracy and robustness of underlying detection
 - Motion blurring, occlusions, and/or complex hand poses
 - End-to-end training frameworks should be more suitable
- Challenge of data collection
 - Very large amount data requires major effort, or not possible
 - Intra- or inter- observer variability
- Spatio-temporal adversarial autoencoder (ST-AAE)
 - Integrates spatial and temporal information
 - Adversarial generative model boosts learning
 - 3D Optical extracts only motion

Spatio-Temporal AAE for Tremor

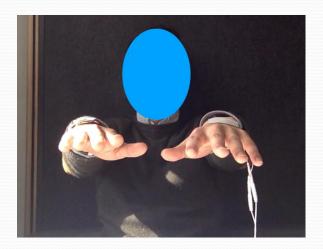


Optical Flows at Different Frequencies



Volunteer Data Collection

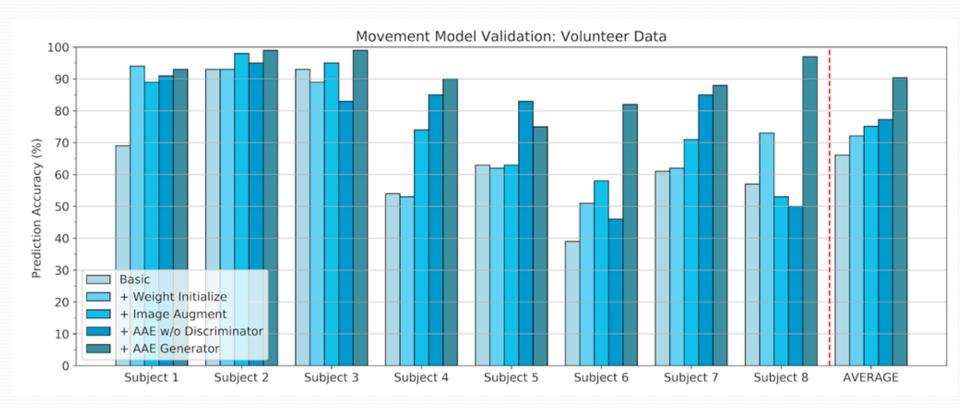
- Simulate tremor using an electronic pulse massager
 - Deliver electrical stimulus to hand via two 2x2 electrodes
- 3 frequencies
 - o Hz (no stimulus), 4 Hz, and 10 Hz
- 3068 video segments of 53 videos from 28 subjects
 - each segment of 2 seconds



Validation on Volunteer Data

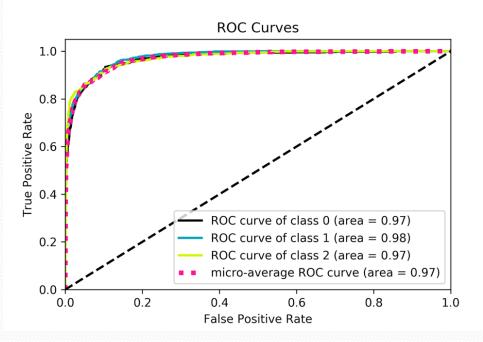
- Videos from selected 8 subjects were used to perform ablation study
 - Basic
 - Basic + Weight Initialization
 - Basic + Weight Initialization + Image Augment
 - Basic + Weight Initialization + Image Augment + AutoEncoder (w/o adversarial discriminator)
 - Basic + Weight Initialization + Image Augment + AAE Generator

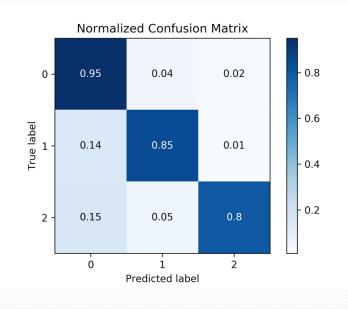
Results



Volunteer Data Results

- Leave-one-out cross validation:
 - Testing video segments from one subject
 - Videos from 3-4 subjects in the other subjects were selected as validation data
 - Videos from the remaining subjects were training data



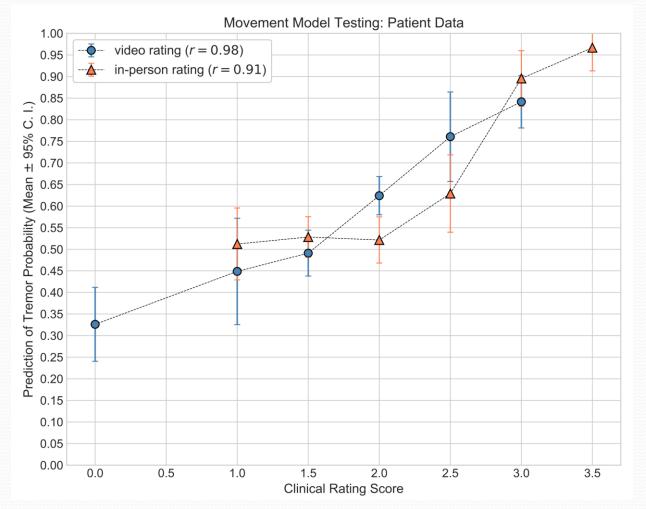


Validation on Clinical Data

- 33 clinical videos from 9 essential tremor patients
 - Left / right hand
 - Hand forward position
- Clinical videos were coupled with clinical TETRAS scores

Hand	0	1	1.5	2	2.5	3	3.5	4
R-forward	I none	barely visible	<1 cm	1- <3 cm	3- <5 cm	5- <10 cm	10-20 cm	>20 cm
L-forward	I none	barely visible	<1 cm	1- <3 cm	3- <5 cm	5- <10 cm	10-20 cm	>20 cm

Results of Clinical Validation



Conclusion

- ST-AAE can be trained with limited data
- Can be used for a data-driven paradigm of healthcare applications, limiting the raters' impact on reliability and accuracy of assessment

