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Movement Of Wheelchair Using EEG Signal

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ABSTRACT

One of the primary roles of the responsible members of society is to ensure that the elderly and disabled receive the proper care at the appropriate time and that their quality of life is improved. The elderly and disabled frequently use wheelchairs as a form of transportation, albeit they can be challenging to use. It is essential to design wheelchairs that are easy to use and innovative. In this line, a thought-controlled wheelchair has been proposed, which analyzes collected signals from the eyes and brain to control the wheelchair. Using an electrode cap applied to the user's scalp, the Electroencephalography (EEG) signals acquisition is performed using E-motive device and the signal are processed and given to wheelchair for movement. These EEG signals are then converted into movement orders by an Arduino microcontroller, which moves the wheelchair. For the aged and disabled this wheelchair offers excellent support.

Key words: Electroencephalography, wheelchair, Brain-computer interface, EMOTIVE Device

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1 INTRODUCTION:

Wheelchair users are the most visible members of the disabled population; they have high jobs, low jobs, and less jobs. The elderly are the group that uses books and power chairs the most. Wheelchair users report difficulty with activities of daily living and visual impairment [1]. Using the electric chair is not easy for disabled and elderly people. Many technologies have emerged in recent years to assist people with disabilities. These checks are specifically designed to assist people with physical disabilities. This competitive process replaces the self-service process.

These machines can help people with limited mobility. People with more severe paralysis can also use these machines because they need precise control. In order to help improve the lifestyle of disabled people, this project aims to create a wheelchair that moves according to signals received from neurons in the brain through the

ear. Because the brain consists of many neurons that process information, this project aims to explore the signals collected by electroencephalograms to help with wheelchair replacement. Brain-computer interface (BCI) is a technology that provides a direct connection between the human brain and a computer [2]. BCI techniques are broadly divided into invasive and noninvasive techniques. Non-invasive techniques are becoming popular and more research is being done on the subject. There are many non-invasive braincomputer interface technologies, electroencephalography (EEG) and electrooculography. EEG technology connects different scalp potentials through various movements using an electrode head placed on the user's scalp to receive EEG signals [3]. It has advantages over traditional BMI due to its noninvasive nature and does not harm health. As technology has improved, EEG recorders have become compact, convenient and wireless. Using the above technology, this article introduces a simple thought-controlled wheelchair[4]. The study and creation of braincontrolled rehabilitative technologies has seen a significant upsurge in interest lately. Some attempts have been made to create a brain-actuated wheelchair after the 2004 demonstration of brain-actuated robot control [5]. Certain devices employ one of the typical event-related potentials (evoked potentials in the human brain associated with external stimuli [6] to synchronize the EEG signals with external cues in accordance with the therapeutic protocol. For instance, the wheelchair created in Bremen [7] and Singapore [8] both use P300 potentials and steady-state potentials, respectively, to choose high-level primitives (such going to the kitchen) in a menu-driven system. To operate the power wheelchair as though it were controlled by a joystick, the user's motion commands are transmitted from the head controller to the adapting unit, which then generates motion commands in the x or y direction. The wheelchair will then travel in the chosen direction, and

by holding down the switch for the appropriate amount of time, you can change its pace [9]. The brain-computer interface has an accuracy rate of over 94%, and the sensor-based motion system's adaptability enables navigation in populated and unprepared environments.

2. METHODOLOGY:

The primary goals of this work are to facilitate attention and meditation by using the information gathered by the headset to move the wheelchair in the desired directions. The suggested methodology involves using EEG signals for moving the wheelchair [10-12].

In this project, the non-invasive method uses the scalp's electrophysiological signals to measure various physiological parameters. The EEG is the most widely used medium because it is user-friendly and straightforward, and it satisfies BCI system requirements. Figure 2.1 shows the signal acquisition using E-motive device and the signal are processed and given to wheelchair for movement.

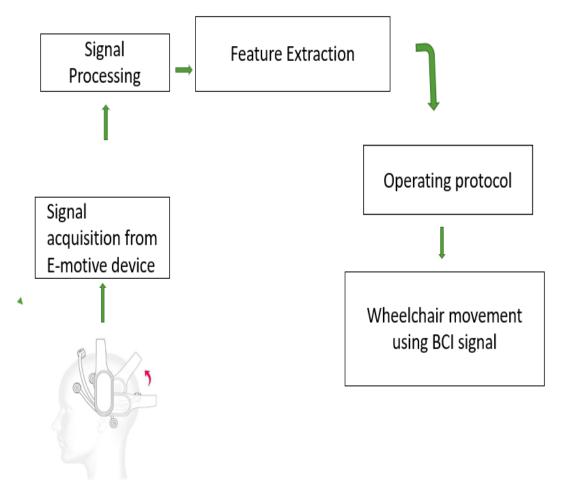


Figure 2.1 Proposed wheelchair movement using EMOTIVE Device

A wearable EEG headset that can wirelessly transmit brainwave data to a smartphone or computer. Figure 2.2 and Figure 2.3 shows 14 EEG electrodes and 2 reference electrodes. The Insight 2.0 has 20 hours of battery life

and Bluetooth 5.0 connectivity. A near headset with 16 electrodes that was originally designed to work as a BCI input device.

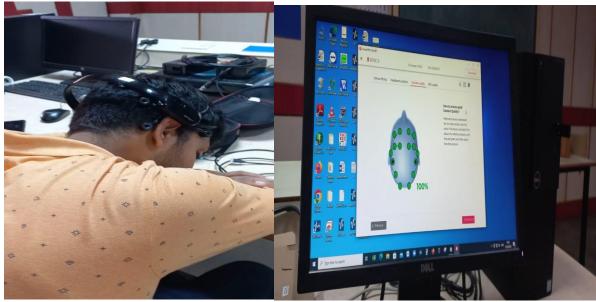


Figure 2.2 Wearable headset

Figure 2.3 Electrode position

2.1 .SIGNAL PROCESSING:

Signal processing can be used to extract information or data that is only needed. In this method the EEG signal

is processed in the form of a csv file. Figure 2.4 shows nearly 5000+ datasets of EEG. From the acquired dataset features are extracted for actuating the wheelchair.

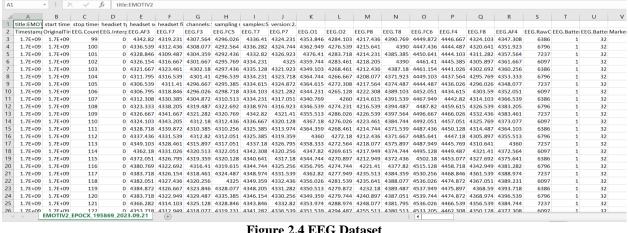


Figure 2.4 EEG Dataset

2.2 ARDUINO:

A microcontroller board based on the ATmega328 is called the Arduino Uno was used. It contains a 16 MHz ceramic resonator, 6 analog inputs, 14 digital input/output pins (six of which can be used as PWM outputs), a USB port, a power jack, an ICSP header, and a reset button. They operate at 5 Volts.

3. RESULTS:

EEG signals are acquired using E-motive device using 16 electrodes. Figure 3.1 shows the graph values of 16 electrodes

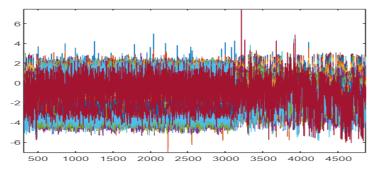


Figure 3.1 Graph values of 16 electrode

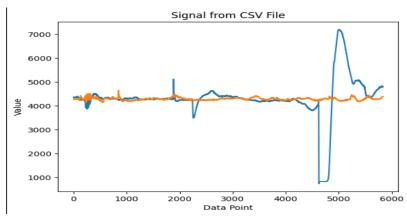


Figure 3.2 Graph for occipital region

Moving to Figure 3.2 after separating the occipital region separately from other electrodes, it has been divided into 2 electrodes. This is done by taking the absolute signal from csv file format.

The occipital region consists of 2 electrodes O1 and O2 from the figure 3.3 and figure 3.4.

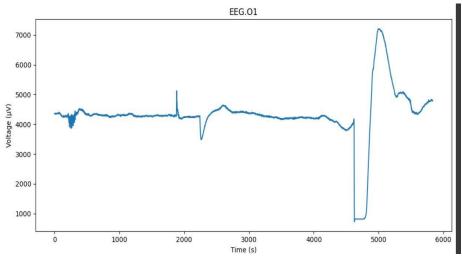


Figure 3.3 Signal acquisition using O1 electrode

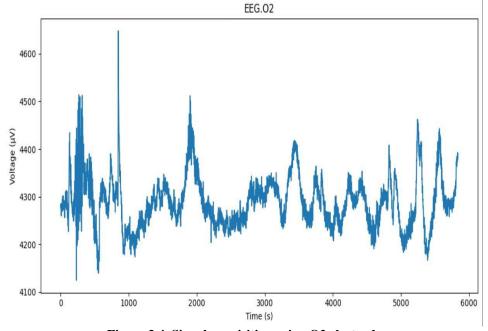


Figure 3.4 Signal acquisition using O2 electrode

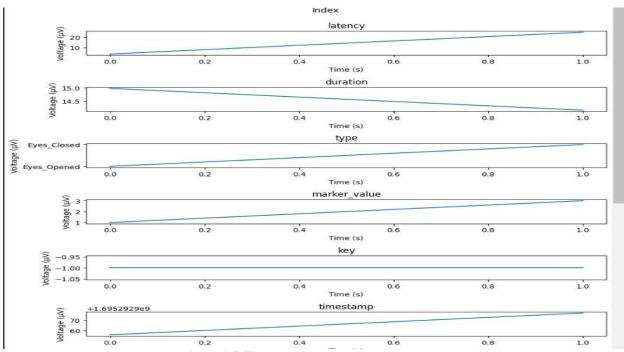


Figure 3.5 Signal during eye open and eye close

Figure 3.5 illustrates latency, duration, marker value, timestamp of eye open and close in graphical representation form. The eye open determines the motor is on and the eye closes as the motor is off. The value of eye open and closed is given as input to the arduino board which makes the motor on or off, along this value the frequency of occipital region of electrode O1 and O2

is also given as support and to make the decision quick and strong. Thus the wheelchair motor is turned off or on with the help of arduino using the eye open and close data acquired from the E-motive device in the format of csv file. Figure 3.6 and 3.7 shows Power in frequency band for EEG O1 and EEG O2 respectively.

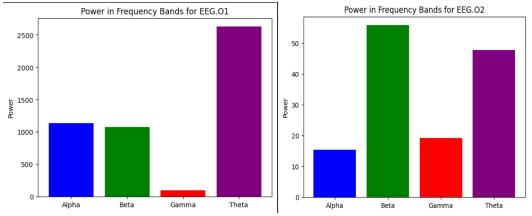


Figure 3.6 Power in frequency band for EEG O1 and EEG O2

SI.NO	ALPHA	BETA	GAMMA	THETA
01	1137.319465934372	1075.059551319446	99.53899042463433	2627.808647072417
O2	15.477497000239824	55.87042883248077	19.32326570154969	47.84475764538897

Figure 3.7 Power in frequency band values for EEG O1 and EEG O2

The output of the O1 and O2 dataset of the EEG signal has been extracted and plotted as a graph. The mean and variance of the electrode O1 and O2 is also extracted.

4. DISCUSSION

Even though much progress has been made in the area of intelligent wheelchairs, the design of such devices has received relatively little focus up until this point. Along with this various health measuring parameters, obstacle distance and positioning of the wheelchair will also be

designed and proposed for the future. A microprocessor and a Bluetooth connectivity module form the foundation of the system was used in most advanced wheelchair. It is made to be as adaptable as possible with the least amount of resources [13]. The classifier in Hidden Markov models learns each person's chosen class from muscle activation patterns, leading to a

natural control actuation. The uninterrupted performance of intricate manipulation sequences involving numerous joints is made possible by the continuous decision stream [14].

Typically, these projects include rigid hardware and software designs that are out of reach for the majority of potential customers. As a result, the research direction should attempt to develop a user-centered smart wheel chair that takes into account several limitations without compromising user comfort. Designing a smart wheelchair will be a productive study field for many years. Finally, in conclusion, this methodology offers a promising approach for real-time consciousness monitoring, demonstrating effectiveness and potential for widespread adoption across diverse domains with opportunities for further validation and refinement.

5. CONCLUSION

The wheelchair based on the E-motive device, is presented in this study. Control purposes involve an evaluation of the user's emotional and musculoskeletal conditions. In order to maneuver turn on or off a wheelchair, the design of a brain-controlled interface (BCI) has been implemented, utilizing eye movements such as opening and closing. With the use of the E-motive device, a mind-controlled wheelchair has been developed and put into use, marking a significant breakthrough in assistive technology and providing new opportunities for people with physical disabilities. Transitioning from conventional wheelchair controls to an autonomous brain-signaling system has enormous potential to improve mobility, self-sufficiency, and general quality of life.

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