



US007604603B2

(12) **United States Patent**  
**Sackner et al.**

(10) **Patent No.:** **US 7,604,603 B2**  
(45) **Date of Patent:** **\*Oct. 20, 2009**

(54) **METHOD AND SYSTEM FOR EXTRACTING CARDIAC PARAMETERS FROM PLETHYSMOGRAPHIC SIGNALS**

(75) Inventors: **Marvin Sackner**, Miami Beach, FL (US); **Desmond Keenan**, Santa Barbara, CA (US); **Dana Michael Inman**, Seabrook, TX (US)

(73) Assignee: **VivoMetrics, Inc.**, Ventura, CA (US)

(\*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 514 days.

This patent is subject to a terminal disclaimer.

4,433,693 A	2/1984	Hochstein
4,452,252 A	6/1984	Sackner
4,456,015 A	6/1984	Sackner
4,648,407 A	3/1987	Sackner
4,753,088 A	6/1988	Harrison et al.
4,777,962 A	10/1988	Watson et al.
4,800,495 A	1/1989	Smith
4,807,640 A	2/1989	Watson et al.
4,815,473 A	3/1989	Watson et al.
4,817,625 A	4/1989	Miles
4,834,109 A	5/1989	Watson
4,860,766 A	8/1989	Sackner
4,911,167 A *	3/1990	Corenman et al. .... 600/324
4,934,372 A *	6/1990	Corenman et al. .... 600/324
4,960,118 A	10/1990	Pennock
4,966,155 A	10/1990	Jackson

(Continued)

(21) Appl. No.: **10/886,994**

FOREIGN PATENT DOCUMENTS

(22) Filed: **Jul. 8, 2004**

WO WO2005115242 12/2005

(65) **Prior Publication Data**

US 2006/0036183 A1 Feb. 16, 2006

OTHER PUBLICATIONS

**Related U.S. Application Data**

A.M. Bianchi et al., "Extraction Of The Respiration Influence From The Heart Rate Variability Signal By Means Of Lattice Adaptive Filter", IEEE Transactions On Biomedical Engineering, pp. 121-122 (1994).

(63) Continuation-in-part of application No. 10/107,078, filed on Mar. 26, 2002, now Pat. No. 6,783,498.

(Continued)

(51) **Int. Cl.**  
**A61B 5/02** (2006.01)  
**A61B 5/04** (2006.01)

*Primary Examiner*—Charles A Marmor, II  
*Assistant Examiner*—Navin Natnithidha  
(74) *Attorney, Agent, or Firm*—Winston & Strawn LLP

(52) **U.S. Cl.** ..... **600/500; 600/483; 600/509; 600/521; 600/513; 600/526**

(58) **Field of Classification Search** ..... **600/481, 600/483, 500-503, 506-526, 536; 607/17-26**  
See application file for complete search history.

(57) **ABSTRACT**

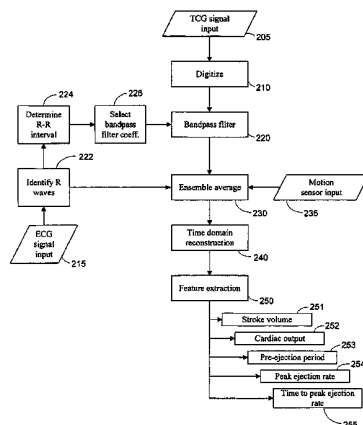
A method and system for extracting cardiac parameters from a plethysmographic signal is described wherein the plethysmographic signal is passed through a first filter to remove non-cardiac components of the signal. A second filter averages a plurality of cardiac cycles and cardiac parameters are extracted from the averaged cardiac signal.

(56) **References Cited**

U.S. PATENT DOCUMENTS

4,016,868 A	4/1977	Allison
4,308,872 A	1/1982	Watson et al.
4,373,534 A	2/1983	Watson

**15 Claims, 3 Drawing Sheets**



U.S. PATENT DOCUMENTS

4,986,277	A	1/1991	Sackner	
5,007,427	A	4/1991	Suzuki et al.	
5,040,540	A	8/1991	Sackner	
5,074,129	A	12/1991	Matthew	
5,159,935	A	11/1992	Sackner et al.	
5,178,151	A	1/1993	Sackner	
5,224,479	A	7/1993	Sekine	
5,301,678	A	4/1994	Wilson et al.	
5,331,968	A	7/1994	Williams et al.	
5,348,008	A	9/1994	Bornn et al.	
5,353,793	A	10/1994	Bornn et al.	
5,416,961	A	5/1995	Vinay	
5,447,164	A	9/1995	Shaya et al.	
RE35,122	E	12/1995	Corenman et al.	128/633
5,533,511	A	7/1996	Kaspari et al.	128/672
5,544,661	A	8/1996	Davis et al.	
5,564,429	A	10/1996	Bornn et al.	
5,588,425	A	12/1996	Sackner et al.	
5,820,567	A	10/1998	Mackie	
5,913,830	A	6/1999	Miles	
5,991,922	A	11/1999	Banks	
6,002,952	A *	12/1999	Diab et al.	600/310
6,015,388	A	1/2000	Sackner et al.	
6,047,203	A	4/2000	Sackner et al.	
6,066,093	A	5/2000	Kelly et al.	
6,067,462	A	5/2000	Diab et al.	600/310
6,223,072	B1	4/2001	Mika et al.	
6,254,551	B1	7/2001	Varis	
6,341,504	B1	1/2002	Istook	
6,361,501	B1 *	3/2002	Amano et al.	600/500
6,413,225	B1	7/2002	Sackner et al.	
6,449,504	B1	9/2002	Conley et al.	
6,551,252	B2	4/2003	Sackner et al.	
6,604,115	B1	8/2003	Gary et al.	
6,633,772	B2	10/2003	Ford et al.	
6,699,194	B1 *	3/2004	Diab et al.	600/481
6,702,752	B2 *	3/2004	Dekker	600/484
6,709,402	B2 *	3/2004	Dekker	600/529
6,721,594	B2	4/2004	Conley et al.	
6,783,498	B2	8/2004	Sackner et al.	
7,001,337	B2 *	2/2006	Dekker	600/484
2004/0019289	A1 *	1/2004	Ross	600/519
2005/0054941	A1	3/2005	Ting et al.	
2005/0228234	A1	10/2005	Yang	

OTHER PUBLICATIONS

P. Grossman et al., "A Comparison Of Three Quantification Methods For Estimation Of Respiratory Sinus Arrhythmia", *Psychophysiology*, vol. 27, No. 6, pp. 702-714 (1990).

P. Anderer et al., "Artifact Processing In Computerized Analysis Of Sleep EEG- A Review" *Neuropsychobiology*, vol. 40 pp. 150-157 (1999).

H.J. Park et al., "Automated Detection And Elimination Of Periodic ECG Artifacts In EEG Using The Energy Interval Histogram Method", *IEEE Transactions On Biomedical Engineering*, vol. 49, No. 12 pp. 1526-1533 (2002).

Micro-Coax, "About Micro-Coax", [www.microcoax.com](http://www.microcoax.com) (visited Aug. 2004).

T.G. McNaughton et al., "Metallized Polymer Fibers As Leadwires And Intrafascicular Microelectrodes", *J. Neurosci. Methods*, 70(1):103-10 (1996).

Signal Consulting Inc., "Inductance Of Circular Loop", [www.sigcon.com](http://www.sigcon.com) (visited Aug. 2005).

Gore Electronic Products, "Expanded PTFE Insulation Material", [www.goreelectronics.com](http://www.goreelectronics.com) (visited Aug. 2005).

R.E. Klabunde, "Electrocardiogram (EKG, ECG)", *Cardiovascular Physiology Concepts*, [www.cvphysiology.com](http://www.cvphysiology.com) (visited Mar. 2005).

M. Bonnet et al., "EEG Arousals: Scoring Rules And Examples", *American Sleep Disorders Association and Sleep Research Society*, vol. 15, No. 2 pp. 173-184 (1992).

6th Portuguese Conference on Biomedical Engineering, "BioEng' 2001 Conference Papers", 5 pages (Jun. 2001).

D. E. O'Donnell, "Ventilatory Limitations In Chronic Obstructive Pulmonary Disease", *Medicine & Science In Sports & Exercise*, pp. S647-S655, (2001).

D. E. O'Donnell et al., "Dynamic Hyperinflation And Exercise Intolerance In Chronic Obstructive Pulmonary Disease", *Am. J. Respir. Crit. Care Med.*, vol. 164, pp. 770-777, (2001).

J.M. Marin et al., "Inspiratory Capacity, Dynamic Hyperinflation, Breathlessness, And Exercise Performance During The 6-Minute-Walk Test In Chronic Obstructive Pulmonary Disease", *Am. J. Respir. Crit. Care Med.*, vol. 163., pp. 1395-1399, (2001).

M.A. Coyle et al., "Home Measurement Of Cough Indicates Circadian Frequency Pattern and Abnormal Distribution During Sleep", *LifeShirt System*, study sponsored by Pfizer, Inc., Jun. 2004.

Niskanen et al., "Software for Advanced HRV Analysis", *University Of Kuopio Department of Applied Physics Report Series*, pp. 1-11 (Feb. 2002).

Habib et al., "Microcontroller-Based Underwater Acoustic ECG Telemetry System", *IEE Transactions On Information Technology In Biomedicine*, vol. 1, No. 2, pp. 150-154 (Jun. 1997).

Almeida et al., "Wavelet Transform Based Matlab System for the Detection and Delineation of QRS Complexes in Ambulatory ECG Records", *6th Portuguese Conference On Biomedical Engineering* (Jun. 2001).

Pietraszek et al., "Simple Telemetry System for ECG Recording", *Polish J. Med. Phys. & Eng.* 2002; 8(3): 193-198.

Van Dijk et al., "Determinants of Brachial Artery mean 24 h Pulse Pressure in Individuals with Type II Diabetes Mellitus and Untreated Mild Hypertension", *Clinical Science* (2002), 102, pp. 177-186.

\* cited by examiner



FIG. 1C



FIG. 1B

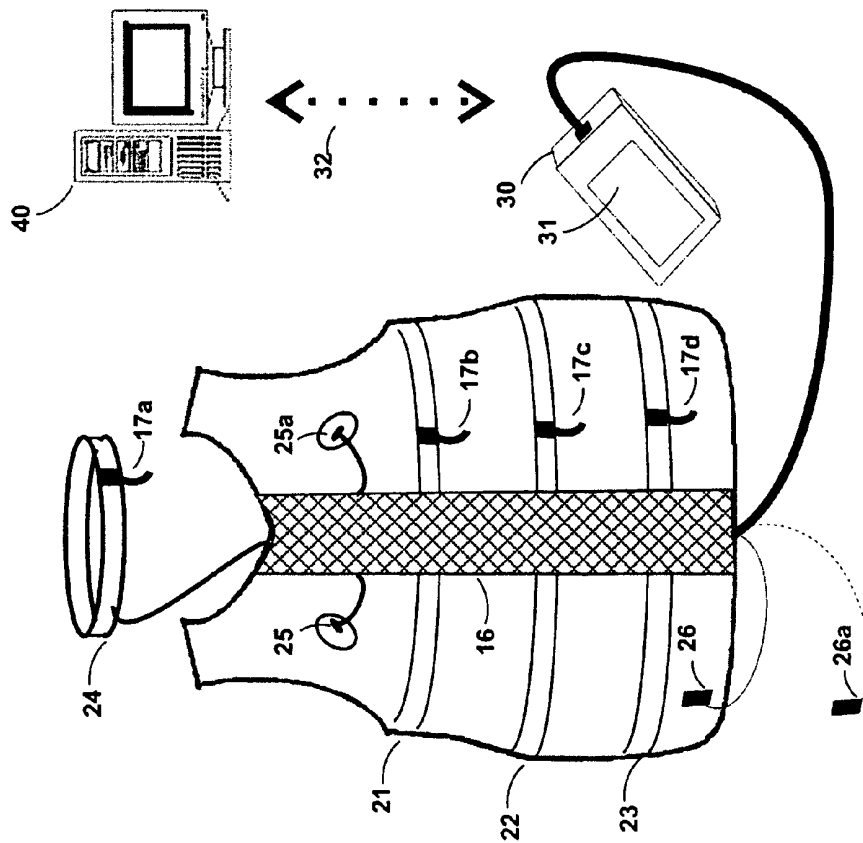


FIG. 1A

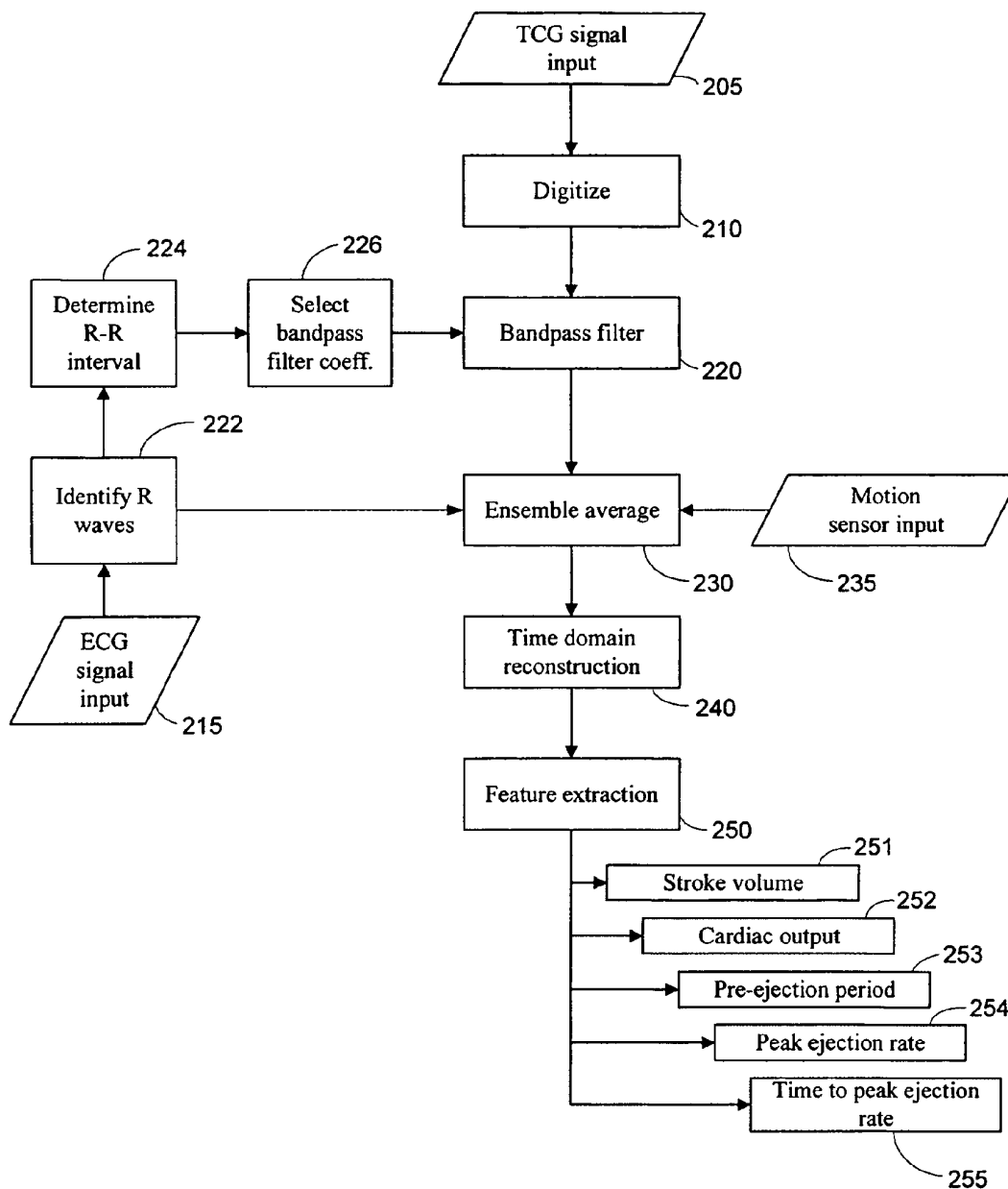
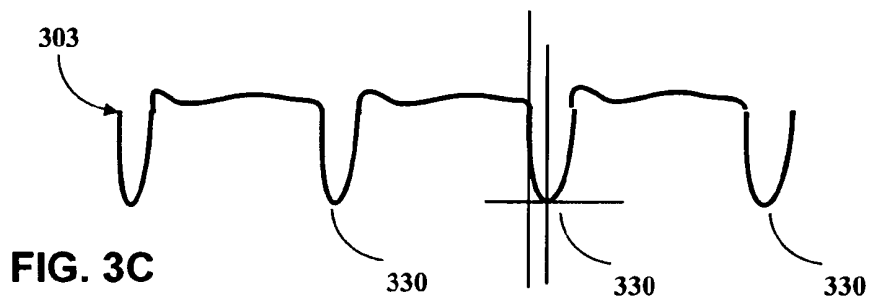
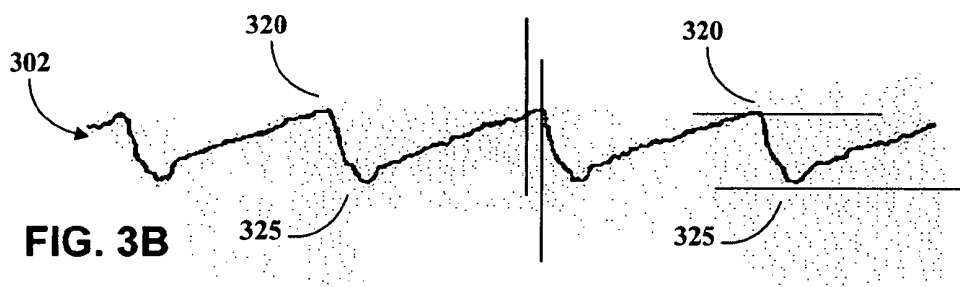
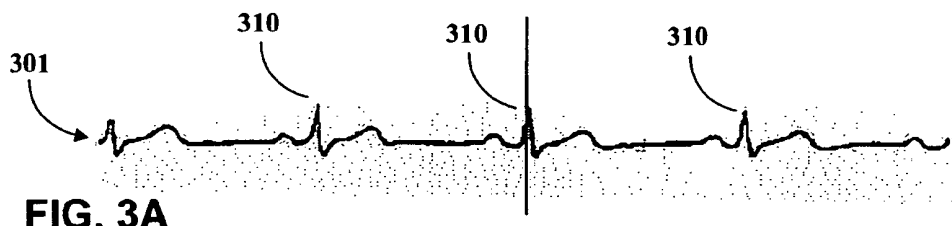


FIG. 2



## METHOD AND SYSTEM FOR EXTRACTING CARDIAC PARAMETERS FROM PLETHYSMOGRAPHIC SIGNALS

This application is a continuation-in-part of U.S. patent application Ser. No. 10/107,078, filed Mar. 26, 2002 now U.S. Pat. No. 6,783,498, which application is included by reference herein in its entirety for all purposes.

### FIELD OF THE INVENTION

The present invention relates to the field of ambulatory and non-invasive monitoring of an individual's physiological parameters. In particular, the invention relates to an apparatus and method for extracting a cardiac signal from plethysmographic signals that may also contain respiratory and motion/noise signals.

### BACKGROUND OF THE INVENTION

As used herein, "plethysmography", and its derivative words, refer to an externally-determined (non-invasive) measurement of a size of a body part, usually of a cross-sectional area or circumference of the body part. Also, "inductive plethysmography", as used herein, is a plethysmographic measurement based on determination of an inductance or a mutual inductance. A "plethysmographic signal" is a signal generated by plethysmography, and usually by inductive plethysmography. The part of the body measured by plethysmography may include, singly or in combination, one or more portions of the chest, abdomen, neck, arm, or the like. Finally, a thoracocardiogram (TCG), and its derivative words, refers to a plethysmographic measurement that is at least partially responsive to cardiac size.

The inductance sensor determined may be that of a conductive loop (or loops) wrapped around a cross-section of the body part. The loop may be attached to a close-fitting garment that expands and contracts with the body cross-section. As the body cross-section expands (and contracts), the area enclosed by the loop also expands (and contracts) thereby changing the inductance of the loop. The inductance change of the loop may be converted to an electrical signal using methods known to one of skill in the electrical art.

If the loop is placed around the chest, the changes in the loop inductance may be correlated to respiration volumes. For example, U.S. Pat. No. 4,308,872 ("872 patent"), issued Jan. 5, 1982 and titled "Method and Apparatus for Monitoring Respiration," discloses a method and apparatus for monitoring respiration volumes by measuring variations in the patient's chest cross sectional area and is herein incorporated by reference in its entirety.

In addition to measuring respiration volumes, plethysmography may also measure cardiac volumes and aortic pulses as described in U.S. Pat. No. 5,178,151 ("151 patent"), issued Jan. 12, 1993 and titled "System for Non-invasive Detection of Changes of Cardiac Volumes and Aortic Pulses," and herein incorporated by reference in its entirety.

U.S. Pat. No. 6,047,203 ("203 patent"), issued Apr. 4, 2000 and titled "Physiologic Signs Feedback System," discloses a non-invasive physiologic signs monitoring device which includes a garment that may be worn and has a plurality of sensors disposed on the garment such that respiratory and cardiac signs may be measured and either recorded locally or transmitted remotely. The '203 patent is herein incorporated by reference in its entirety.

U.S. Pat. No. 6,551,252 B2 ("252 patent"), issued Apr. 22, 2003 and titled "Systems and Methods for Ambulatory Moni-

toring of Physiological Parameters," discloses a system and method for non-invasive, ambulatory monitoring of pulmonary and cardiac parameters. The '252 patent is herein incorporated by reference in its entirety.

The plethysmographic, or TCG, signal generated preferably by inductive measurement of a chest cross-sectional area (or circumference) will be composed of essentially three components generated from different sources. The first, and largest component of the TCG signal is caused by respiration and has a characteristic frequency that varies from about 12 breaths per minute to about 30 breaths per minute. The second, and smaller, component of the TCG signal is generated by the expansion and contraction of the heart within the chest cavity and is characterized by a frequency that varies from about 50 beats per minute to about 100 beats per minute (or more) in the resting state. The third component of the TCG signal is caused by motion or noise and cannot be characterized by an a priori range of frequencies. In order to extract cardiac parameters from the TCG signal, the cardiac component must be separated from the respiratory and noise components of the TCG signal. Although no further mention of the noise component of the TCG signal will be made, when referring to the respiratory, or pulmonary, component of the TCG signal, it should be understood to include the noise or motion component of the TCG signal as well.

Separating the cardiac component from the pulmonary component in the plethysmographic signal is difficult for two reasons. First, the cardiac and pulmonary components are composite having component frequencies close to each other (for example, 0.8-1.7 Hz cardiac frequency, 0.2-0.5 Hz pulmonary frequency). Moreover, the harmonics of the component frequencies of the respiratory signal lie directly within the cardiac component spectrum. Complete separation of the cardiac and respiratory signals, however, is not required for cardiac parameter extraction but will affect the resolution and accuracy of the extracted cardiac parameter. Furthermore, the frequencies of both the cardiac and pulmonary signals may change at different rates depending on the physical exertion of the subject. Second, the relative amplitude of the cardiac signal may be approximately 20 times smaller than the pulmonary signal and can vary by as much as a factor of three depending on the level of physical exertion thereby requiring efficient removal of the pulmonary signal in order to recover the cardiac signal.

Two methods for separating the cardiac signal from the pulmonary signal are disclosed in the '151 patent. The first method takes cardiac measurements only during breath-holding thereby eliminating the pulmonary contribution to the plethysmographic signal. Breath-holding is intrusive, however, and may cause discomfort to the subject. The second method averages the plethysmographic signal based on an external trigger signal associated with a cardiac event such as the R wave of an EKG or the upstroke of a systemic arterial pulse. The disadvantage of the average method is the loss of fine details due to the averaging.

Therefore, there remains a need for more efficient signal processing of the plethysmographic signal and extraction of the cardiac signal.

A number of references are cited herein, the entire disclosures of which are incorporated herein, in their entirety, by reference for all purposes. Further, none of these references,

regardless of how characterized above, is admitted as prior to the invention of the subject matter claimed herein.

#### SUMMARY OF THE INVENTION

One aspect of the present invention is directed to a method for extracting cardiac parameters from a plethysmographic signal, the plethysmographic signal being responsive to at least one cardiac parameter, the method comprising the steps of: performing a frequency domain filtering operation on the plethysmographic signal producing a first filtered signal; performing a time domain filtering operation on the first filtered signal, producing a second filtered signal; and extracting the cardiac parameter from the second filtered signal. The frequency domain filtering operation may include a band-pass filter and furthermore be characterized by a lower corner frequency that is determined by a heart rate.

Another aspect of the present invention is directed to a method for extracting cardiac parameters from a plethysmographic signal, the plethysmographic signal being responsive to at least one cardiac parameter, the method comprising the steps of: performing a frequency domain filtering operation on the plethysmographic signal producing a first filtered signal; performing a time domain filtering operation on the first filtered signal, producing a second filtered signal; and extracting the cardiac parameter from the second filtered signal wherein the time domain filtering operation that includes an ensemble averaging operation.

The ensemble averaging operation further comprises the steps of: associating a plurality of segments of the plethysmographic signal with events characteristic of a cardiac cycle; shifting a plurality of segments to align the events associated with each of the plurality of events characteristic of the cardiac cycle; constructing an ensemble averaged cardiac cycle signal from the average of the plurality of aligned segments. The event characteristic of a cardiac cycle comprises an indicia derived from the electrocardiographic R-wave. The ensemble averaging operation further includes the step of reconstructing a thoracocardiograph signal from the ensemble averaged cardiac cycle signal.

Another aspect of the present invention is directed to a method for extracting cardiac parameters from a plethysmographic signal, the plethysmographic signal being responsive to at least one cardiac parameter wherein the cardiac parameter is a stroke volume.

Another aspect of the present invention is directed to a method for extracting cardiac parameters from a plethysmographic signal, the plethysmographic signal being responsive to at least one cardiac parameter wherein the cardiac parameter is a cardiac output.

Another aspect of the present invention is directed to a method for extracting cardiac parameters from a plethysmographic signal, the plethysmographic signal being responsive to at least one cardiac parameter wherein the cardiac parameter is a pre-ejection period.

Another aspect of the present invention is directed to a method for extracting cardiac parameters from a plethysmographic signal, the plethysmographic signal being responsive to at least one cardiac parameter wherein the cardiac parameter is a peak ejection rate.

Another aspect of the present invention is directed to a method for extracting cardiac parameters from a plethysmographic signal, the plethysmographic signal being responsive to at least one cardiac parameter wherein the cardiac parameter is the time to peak ejection rate.

Another aspect of the present invention is directed to a system for extracting cardiac parameters from a plethysmo-

graphic signal, the plethysmographic signal being responsive to at least one cardiac parameter, the system comprising: a first frequency-domain filter receiving the plethysmographic signal, having a dynamic lower cutoff frequency, and producing a first-filtered signal, a second time-domain filter receiving the first filtered signal and producing a second filtered plethysmographic signal; and a processor for extracting the cardiac parameter from the second filtered signal.

Another aspect of the present invention is directed to a system for generating a thoracocardiograph signal comprising: a first digitizer for converting a first signal generated by an inductive plethysmographic sensor to a digitized first signal; a first digital filter for transforming the digitized first signal into a first filtered signal, the first filter characterized by a frequency pass-band based on a heart rate; and a second digital filter for transforming the first filtered signal into a thoracocardiograph signal, the second filter characterized by averaging segments of the first filtered signal based on events characteristic of the cardiac cycles.

Another aspect of the present invention is directed to a computer-readable medium comprising instructions for controlling a computer to generate a thoracocardiograph signal from a plethysmographic signal responsive to cardiac activity by frequency domain filtering the plethysmographic signal producing a first filtered signal; and time domain filtering the first filtered signal producing thoracocardiograph signal.

Another aspect of the present invention is directed to a method for extracting cardiac parameters from a plethysmographic signal characterized by a heart rate, the method comprising the steps of: performing a first band-pass filtering operation on the plethysmographic signal producing a first filtered signal, the first filtering operation characterized by a lower corner frequency less than the heart rate; performing a second band-pass filtering operation on the plethysmographic signal producing a second filtered signal, the second filtering operation characterized by a lower corner frequency greater than the lower corner frequency of the first filtered operation; interpolating the first filtered signal and the second filtered signal based on the heart rate to produce a filtered plethysmographic signal; and extracting cardiac parameters from the filtered plethysmographic signal.

Another aspect of the present invention is directed to a system for extracting cardiac parameters from a plethysmographic signal comprising: means for receiving a heart rate; a first filter characterized by a first lower corner frequency, the first lower corner frequency not greater than the heart rate, the first filter capable of receiving the plethysmographic signal and generating a first filtered signal; a second filter characterized by a second lower corner frequency, the second lower corner frequency greater than the first lower corner frequency, the second filter capable of receiving the plethysmographic signal and generating a second filtered signal; and a processor for generating a filtered plethysmographic signal by interpolating the first filtered signal and the second filtered signal based on the heart rate and extracting a cardiac parameter from the filtered plethysmographic signal.

Another aspect of the present invention is directed to a method for extracting a cardiac component from a plethysmographic signal, the plethysmographic signal being responsive to cardiac motion, the method having the steps of: performing a frequency domain filtering operation on the plethysmographic signal producing a first filtered signal; performing a time domain filtering operation on the first filtered signal to produce a second filtered signal; and outputting the second filtered signal.

Variants of the several aspects of this invention further include one or all of: storing the output signal; extracting from

the output signal one or more cardiac parameters selected from the group consisting of stroke volume, cardiac output, pre-ejection period, peak ejection rate, and time to peak ejection rate; a frequency domain filtering operation that comprises applying a band-pass filter having a lower corner frequency that varies in dependence on current heart rate; a time domain filtering operation that comprises ensemble averaging timed by the occurrences of electrocardiographic R waves; an ensemble average of a signal at a current time sample that is a weighted average of the signal at the current time sample with one or more signals at displaced time samples, the displaced time samples differing from the current time sample by one or more electrocardiographic R-wave intervals; determining R-wave intervals by: detecting R waves in a concurrent electrocardiogram; and discarding a detected R wave that occurs in an ectopic temporal location or during a period of increased motion; finding an R-wave to occur in an ectopic temporal location if it occurs more than a threshold time before or after an R-wave occurrence time expected in dependence on a recent mean heart rate; and finding an R wave to occur in a period of increased motion if it occurs when motion sensor signals exceed a threshold.

Another aspect of the present invention is directed to a method for extracting a cardiac component from a plethysmographic signal, the plethysmographic signal being responsive to cardiac motion, the method having the steps of: performing a frequency domain filtering operation on the plethysmographic signal producing a filtered signal, wherein the frequency domain filtering operation comprises applying a band-pass filter having a lower corner frequency that varies in dependence on current heart rate; and outputting the filtered signal.

Variants of the several aspects of this invention further include one or all of: prior to outputting the filtered signal, performing a time domain filtering operation which comprises ensemble averaging timed by the occurrences of electrocardiographic R waves; and extracting from the output signal one or more cardiac parameters selected from the group consisting of stroke volume, cardiac output, pre-ejection period, peak ejection rate, and time to peak ejection rate.

Another aspect of the present invention is directed to a system for extracting a cardiac component from a plethysmographic signal, the plethysmographic signal being responsive to cardiac motion, the system having a processor coupled to a memory, wherein the memory includes stored instructions for causing the processor to: perform a frequency domain filtering operation on the plethysmographic signal producing a filtered signal, wherein the frequency domain filtering operation comprises applying a band-pass filter having a lower corner frequency that varies in dependence on current heart rate; and output the filtered signal.

Variants of the several aspects of this invention further include one or all of: the processor further, prior to outputting the filtered signal, performing a time domain filtering operation which comprises ensemble averaging timed by the occurrences of electrocardiographic R waves; the processor further extracting from the output signal one or more cardiac parameters selected from the group consisting of stroke volume, cardiac output, pre-ejection period, peak ejection rate, and time to peak ejection rate;

Another aspect of the present invention is directed to a system for extracting a cardiac component from a plethysmographic signal, the plethysmographic signal being responsive to cardiac motion, the system having a processor coupled to a memory, wherein the memory includes stored instructions for causing the processor to: perform a frequency domain filtering operation on the plethysmographic signal producing a

filtered signal, wherein the frequency domain filtering operation comprises applying a band-pass filter having a lower corner frequency that varies in dependence on current heart rate; performing a time domain filtering operation on the first filtered signal to produce a second filtered signal, wherein the time domain filtering operation comprises ensemble averaging timed by the occurrences of electrocardiographic R waves; and output the second filtered signal.

Variants of the several aspects of this invention further include one or all of: the processor further extracting from the output signal one or more cardiac parameters selected from the group consisting of stroke volume, cardiac output, pre-ejection period, peak ejection rate, and time to peak ejection rate; the processor performing ensemble averaging of a signal at a current time sample by forming a weighted average of the signal at the current time sample with one or more signals at displaced time samples, the displaced time samples differing from the current time sample by one or more electrocardiographic R-wave intervals; the processor further determining R-wave intervals by detecting R waves in a concurrent electrocardiogram; and discarding a detected R wave that occurs in an ectopic temporal location or during a period of increased motion.

Further aspects of the present invention are directed to computer readable mediums comprising stored instructions for causing a processor to perform the methods of this invention.

Specific embodiments of this invention will be appreciated from the following detailed descriptions and attached figures, and various of the described embodiments are recited in appended claims.

#### BRIEF DESCRIPTION OF THE DRAWINGS

The present invention may be understood more fully by reference to the following detailed description of preferred embodiments of the present invention, illustrative examples of specific embodiments of the invention, and the appended figures in which:

FIGS. 1A-C are illustrations of inductive plethysmographic sensors;

FIG. 2 is a block diagram of a preferred embodiment of the present invention; and

FIGS. 3A-C illustrate representative signals produced by the preferred embodiment.

#### DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

In the following, and in the application as a whole, headings are used for clarity and convenience only.

##### Preferred Inductive Plethysmographic Sensors

For brevity and concreteness but without limitation, this invention is described herein largely in terms of signals obtained from the preferred inductive plethysmographic ("IP") sensor technologies. It should be understood, however, although the processing methods and systems described herein are primarily responsive to, and can utilize, signals reflecting body cross sectional areas, or circumferences, or their geometric or physical equivalents (generally known as plethysmographic signals), whether or not the signals are sensed by IP-based sensors. Accordingly, FIGS. 1A-C are diagrammatic representations showing the preferred IP sensors and their placement about a human torso. The ribcage ("RC") or chest sensor **21** (FIGS. 1A and B) is preferably positioned just inferior to the axilla. The thoracic sensor **22** is

preferably positioned just below the level of the xiphoid process. The abdominal (“AB”) sensor **20** is preferably positioned 1 to 2 cm superior to the umbilicus. The chest sensor **21** and abdominal sensor **20** are primarily responsive to breathing patterns and are collectively referred to as a respiratory sensor. The position of the thoracic sensor **22** just below the xiphoid process enables the thoracic sensor **22** to also be responsive to cardiac pulsation thereby generating the TCG signal. The respiratory sensor generates a respiratory plethysmographic signal that may be optional for generation of the TCG. Further sensors may be used in alternative embodiments.

Optional plethysmographic sensors may include a neck sensor **24** positioned around the neck, limb sensors (not illustrated) positioned around the wrist or elbow, and hemithoracic sensors (not illustrated) positioned around the left and right sides of the upper thorax.

In a preferred embodiment, each sensor is attached to, or embedded in, a garment **15** worn by the subject. The garment **15** is fitted using fastening devices **16** such as Velcro strips or zippers so that the garment and the sensors closely follow the expansion and contraction of the subject’s body. Each sensor may be individually adjusted with individual tightening devices **17a-d**. Alternatively, the IP sensors may be mounted on a form fitting garment with sufficient elasticity to follow the expansion and contraction of the subject’s body without requiring supplemental fastening devices. Further garment options include, for example, one or more separate bands each having one or more IP sensors. The IP sensors are preferably conductive coils encircling the appropriate portions of the body. Referring to FIG. **1C**, each coil **18** is preferably disposed in a predetermined curvilinear pattern in an elastic band **19**.

The coil, which may be a single loop of a conductor or may comprise a plurality of conductive loops, acts as an inductor in an electronic oscillator circuit known to one of skill in the art. Each coil is incorporated into a sensor electronic circuit that generates a signal having an oscillation frequency that varies in proportion to the expansion or contraction of the coil.

Referring again for FIG. **1A**, the sensor electronics may be attached to, or embedded in, the garment **15** near each coil. Alternatively, the sensor electronics may be incorporated into a separate controller unit **30** that may be mounted directly to the garment **15** or may be carried by the subject. In addition to the sensor electronics, the controller **30** may contain additional electronics for data logging of the sensor signals, communication **32** with a remote computer **40**, audio or visual communication with the subject, and signal processing of the sensor signals. In this embodiment, the controller may include a programmable device, such as a microprocessor or a digital signal processor, program and data memory, and interfaces all configured as is known in the art. Alternatively, signal processing of the sensor signals may be performed on the remote computer **40** and controller communication with the subject limited primarily to alarms in order to reduce the size and complexity of the controller unit **30** thereby making the monitoring process less intrusive on the subject. Communication **32** may be by wire, wireless or by computer readable media such as mini or micro drives, memory cards, and the like.

In a preferred embodiment, electrocardiograph (ECG) electrodes **25a** and **25b** are also in contact with the subject, by being, for example, mounted to the garment **15** and connected to the controller **30** or connected by means of wires to a data collection module (not shown) that also collects data from the

inductance sensors, thereby enabling the measurement, processing, and/or recording of the subject’s ECG.

Optionally, one or more accelerometers **26** and **26a** may be in contact with the subject (also by being, for example, mounted to the garment **15**) and connected to the controller **30** or to a data collection module (not shown). Alternatively, accelerometer, also referred to as a posture sensor, may be located on the ventral center-line on the abdomen band **23**. Posture sensor **26a** may be alternatively positioned on the thigh and function as a “sit vs. stand” sensor.

The controller **30** may process the signal from the accelerometers to determine the orientation of the subject and use the orientation information to modify the signal processing of the plethysmographic sensor signals, or simply present orientation information to the persons analyzing the data.

#### Details of IP Technology

Details of the preferred IP technology, its disposition in garments, its processing and interpretation, and certain closely allied sensor technologies can be most readily appreciated from the following U.S. patents, all of which are incorporated by reference in their entireties herein for all purposes. Patents disclosing IP technology and its disposition in fabrics and garments include, for example, U.S. Pat. No. 6,551,252, issued Apr. 22, 2003 (an improved ambulatory IP system and sensor garment); U.S. Pat. No. 6,341,504, issued Jan. 29, 2002 (stretchable conductive fabric for IP sensors); U.S. Pat. No. 6,047,203, issued Apr. 4, 2000 (an ambulatory IP system including a sensor garment); U.S. Pat. No. 5,331,968, issued Jul. 26, 1994 (IP sensors and circuitry); U.S. Pat. No. 5,301,678, issued Apr. 12, 1994 (stretchable IP transducer); and U.S. Pat. No. 4,807,640, issued Feb. 28, 1989 (stretchable IP transducer).

Patents disclosing processing of IP signals to obtain measures of respiratory function include, for example, U.S. patent application Ser. No. 10/822,260, by M. Coyle, DB Keenan, A P Derchak, M Sackner, F Wilhelm, K Gilroy, E M Gummels, D M Inman, P Kennedy, M Mitchnik, and A Behar; (the “EVENT APPLICATION”) (improved methods for processing respiratory IP signals and for detecting respiratory events from processed signals); U.S. application Ser. No. 10/457,097, filed Jun. 6, 2004 (object oriented methods for monitoring of physiological parameters); U.S. Pat. No. 6,413,225, issued Jul. 2, 2002 (improved methods for calibrating IP breathing monitors); U.S. Pat. No. 6,015,388, issued Jan. 18, 2000 (methods for measuring respiratory drive providing various outputs, including control signals for mechanical ventilators or continuous positive air pressure (CPAP) devices); U.S. Pat. No. 5,159,935, issued Nov. 3, 1992 (measurements of individual lung functions); U.S. Pat. No. 4,860,766, issued Aug. 29, 1989 (noninvasive methods for measuring and monitoring intrapleural pressure in newborns by surface IP of cranial bones); U.S. Pat. No. 4,834,109, issued May 30, 1989 (methods for calibrating IP breathing monitors); U.S. Pat. No. 4,815,473, issued Mar. 28, 1989 (methods for monitoring respiration volumes); U.S. Pat. No. 4,777,962, issued Oct. 18, 1988 (methods and systems for distinguishing central, obstructive, and mixed apneas from signals which monitor the respiratory excursions of the rib cage and the abdominal); U.S. Pat. No. 4,648,407, issued Mar. 10, 1987 (methods for detecting and differentiating central and obstructive apneas in newborns); U.S. Pat. No. 4,373,534, issued Feb. 15, 1983 (methods for calibrating IP breathing monitors); and U.S. Pat. No. 4,308,872, issued Jan. 5, 1982 (methods for monitoring respiration volumes).

Patents disclosing processing of IP signals to obtain measures of cardiac function include, for example, U.S. applica-

tion Ser. No. 10/107,078, filed Mar. 26, 2002 (signal processing techniques for extraction of ventricular volume signal); U.S. Pat. No. 5,588,425, issued Dec. 31, 1996 (methods and systems for discriminating between valid and artifactual pulse waveforms in pulse oximetry); U.S. Pat. No. 5,178,151, issued Jan. 12, 1993 (methods for IP measurement of cardiac output); U.S. Pat. No. 5,040,540, issued Aug. 20, 1991 (IP measurement of central venous pressure); U.S. Pat. No. 4,986,277, issued Jan. 22, 1991 (IP measurement of central venous pressure); U.S. Pat. No. 4,456,015, issued Jun. 26, 1984 (IP measurement of neck volume changes); and U.S. Pat. No. 4,452,252, issued Jun. 5, 1984 (determining cardiac parameters from neck and mouth volume measurements).

Collectively these patents are referred to herein as the "IP" patents, and are currently assigned to the current assignee of this application.

#### Alternative Plethysmographic Sensors

However, this invention is not limited to inductively-based plethysmographic sensors, and alternative plethysmographic-type sensor technologies can be employed. Preferred alternative sensor technologies make measurements equivalent to or functionally related to the measurements made by inductive-plethysmographic-based sensors, that is measurements reflective of cross-sectional areas, or circumferences, or their geometric or physical equivalents, at one or more levels through the thorax, abdomen, or other body structures. For example, although an alternative sensor may directly measure circumference, circumference of a given body part can be calibrated and related to cross-sectional area of that body part at least for a given individual subject, or even for a population of reasonably homogenous subjects. Other alternative sensors can make measurements that are geometrically equivalent or can be geometrically transformed into a circumference and/or a cross-sectional area. Such sensors can be based on radiant energy (such as sound, or electric or magnetic fields, or electromagnetic radiation) and its reflection and transmission in a body and directly return distances that can be geometrically transformed into circumferences and/or cross-sectional areas.

Further alternative sensors make measurements physically equivalent or transformable into circumferences and/or cross-sectional areas. For example, measurement of stress can be calibrated to change in length for a given elastic material, and then into circumference or cross-section area. Such alternative sensors can be based on thread and fabric technologies being (and to be) developed: a sensor may measure the resistance of conductive threads having strain-dependent resistance that are incorporated into garments or bands; or a sensor may measure by optical or electrical means the local strain of a fabric woven so that local strain is reflective of overall circumferential strain.

Alternative sensors preferably generate data samples at the necessary rates: generally 25-75 Hz for respiratory measurements; and 150-250 Hz for cardiac measurements.

More precisely, therefore, "plethysmographic signals" refers herein not only to signals (externally and non-invasively determined) directly responsive to the size of a body part, but also to signals from such preferred alternative sensors that are equivalent to or transformable, by geometric, physical, or other rules, into size-responsive signals. Thus, plethysmographic signals (measurements from preferred alternative sensors) can be processed by the methods already developed for IP signals (primarily and directly dependent on

cross-section areas). Generally, only preliminary rescaling (or other functional mapping) need be done.

#### Preferred Embodiments of the Methods of this Invention

FIG. 2 is a block diagram of the preferred embodiment of the present invention. The TCG signal **205** is directed into a digitizer **210** that samples the frequency of the TCG signal and generates a digital signal representing the cross-sectional area circled by the plethysmographic sensor. In a preferred embodiment, the TCG signal is sampled at 200 Hz although any sampling rate substantially (1.3x) greater than the Nyquist sampling rate, which is twice the highest frequency of interest (about 10 Hz) is acceptable. The harmonics of the base frequency are important to the shape of the signal and carry the information needed for analysis. The selection of the sampling rate balances the desired level of detail in the signal against the signal processing hardware constraints and costs and is known to one of skill in the art.

In one embodiment, the TCG signal is quantized to a level such that the measured cross-sectional area is accurate to at least 10 ppm, more preferably to at least 5 ppm, and most preferably to 1 ppm.

The digitized TCG signal is directed to a frequency-domain band-pass filter **220** wherein the portion of the signal corresponding to the cardiac signal is passed through the frequency domain filter. The upper corner frequency is selected to minimize artifact signals arising from subject movement or noise. The inventors have discovered that increasing the upper corner frequency from 10 Hz to 30 Hz does not result in clinically apparent improvement in the cardiac signal. Therefore, in one embodiment of the present invention, the upper corner frequency of the band-pass filter may be selected in the range from 10-30 Hz. In a preferred embodiment, the upper corner frequency is about 10 Hz.

The lower corner frequency is dynamically adjusted according to the cardiac, or heart, rate (HR) determined, for example, from ECG electrodes **25** and **25a**. Varying the lower corner frequency according to the heart rate allows the band-pass filter to separate the cardiac signal from the pulmonary signal over a range of physical exertions by the subject. The lower corner frequency is preferably above the frequency range of the pulmonary signal (usual between 0.2-0.5 Hz, which corresponds to a respiratory rate between 10 and 30 per minute) but sufficiently below the frequency range of the cardiac signal (usually between 0.7-2.0 Hz, which corresponds to a cardiac rate between 40 and 120 per minute) to allow the cardiac signal to pass through the filter without significant distortion from the filter roll-off. If the lower corner frequency is set too low, the cardiac signal will have a larger respiratory artifact signal but if the lower corner frequency is set too high, the attenuation of part of the TCG signal will distort the TCG waveform. A range from  $0.6 \cdot \text{HR}$  to  $0.8 \cdot \text{HR}$  for the lower corner frequency provides a reasonable balance between cardiac signal discrimination and cardiac signal distortion. In a preferred embodiment, the lower corner frequency is dynamically adjusted to  $0.7 \cdot \text{HR}$ .

In a preferred embodiment, R-wave occurrences (used later in ensemble averaging) and heart rate are determined **222** from the ECG signal **215** generated by the ECG electrodes mounted on the subject. R-waves are large-amplitude, short-duration pulses relative to the remainder of the ECG signal. FIG. 3a shows an ECG signal that exhibits the sharply peaked and easily identified R-waves **310** signaling ventricular depolarization. Other easily identified markers of ventricular systole may be used if available.

To determine R-wave occurrences, first, candidate R-wave occurrences are identified **422** in the input ECG signals with a preferred accuracy of 1-5 msec by one of the many software methods or hardware devices known in the art, for example, by a threshold filter or other such filter known to one of skill in the art. Next, candidate R wave occurrences more likely to be temporally ectopic and/or artifact are discarded **426**. Candidate R waves are considered ectopic if they occur in an unexpected temporal position **426** with respect to adjacent candidate R waves by, for example, being more than approximately selected threshold time (either before or after) from an occurrence time expected in view of the recent mean heart rate, which can in turn be determined **424** from a, preferably, approximately 10 sec. running average (or other averaging time sufficient to give stable but responsive heart rates) of observed R-R intervals. A preferred threshold is 100 msec. Further, candidate R waves are considered artifact **426** if they occur during a period of sufficiently intense subject motion, preferably determined when motion sensor (for example, accelerometer) signals **408** exceed a threshold value.

Once R-wave occurrences are identified in **222**, the time interval between successive R-waves (the inverse of the heart rate) is calculated in **224**. Several successive R-R intervals may be averaged to obtain a better estimate of the heart rate. In one embodiment, 15-50 R-R intervals are averaged to estimate the heart rate. In a preferred embodiment, a weighted average on a window comprising 25 R-R intervals centered on the current heart beat is used to determine the heart rate. The weights may be set equal to 1/N where N is the number of heartbeats averaged. Alternatively, the weights may be adjusted to give more weight to the heartbeats closest to the current heartbeat and less weight to the more distant (from the current heartbeat) heartbeats.

The sampled heart rate signal is converted from discrete values to a continuous time signal and low pass filtered at a sampling rate of 25 Hz as is known to one of skill in the art. The smoothing of the heart rate signal by low pass filtering reduces the discontinuities in the heart rate and in the interpolated TCG signal.

The heart rate is used to select a set of filter coefficients corresponding to a band-pass filter having a lower corner frequency closest to the calculated heart rate in **226**. In order to reduce the computational load on the processor, a plurality of band-pass filters having an upper corner frequency of 10 Hz and a range of lower corner frequencies covering the expected range of heart rates are designed using tools known to one of skill in the signal processing art. For example, one such design tool is the Matlab® computer program available from The MathWorks of Natick, Mass. The sets of filter coefficients defining each band-pass filter are stored in memory for quick access by the processor. As used herein, the term processor refers to any of a type of processor commonly used by one of skill in the signal processing art and may include DSPs, FGAs, and the like. In addition, the term processor as used herein also includes supporting circuitry and components such as memory, system bus, and I/O interfaces and the like.

In one embodiment, each point of the TCG signal is an interpolation of two filters having lower corner frequencies bracketing the sampled heart rate. For example, in one embodiment, ten filters are stored in memory having lower corner frequencies from 0.4 Hz through 2.2 Hz in increments of 0.2 Hz. If the desired lower corner frequency (0.7\*HR) is below 0.4 Hz, the 0.4 Hz filter is used to filter the TCG signal. Similarly, if the desired lower corner frequency is above 2.2 Hz, the 2.2 Hz filter is used to filter the TCG signal. If the desired lower corner frequency is in the range from 0.4 Hz to

2.2 Hz, the filtered TCG signal is an interpolation of the two filters bracketing the desired lower corner frequency.

In another embodiment, an interpolated filter is created and used to filter the TCG signal. The interpolated filter is created by interpolating the filter coefficients from two of the pre-designed band-pass filters stored in the processor's memory that bracket the sampled heart rate. By way of example, if the sampled heart rate of 1.0 Hz, the preferred lower corner frequency of the band-pass filter should be 0.7 Hz. If the processor has stored the filter coefficients of band-pass filters having a lower corner frequency of 0.6 Hz and 0.8 Hz, the processor creates an interpolated filter having filter coefficients given by

$$\hat{\omega}_i = (1-\alpha)\omega_i^{0.6} + \alpha\omega_i^{0.8} \quad (1)$$

where  $\hat{\omega}_i$  is the i-th coefficient for the interpolated filter,  $\hat{\omega}_i^{0.6}$  is the i-th coefficient of the pre-designed band-pass filter having a lower corner frequency below that of the desired lower corner frequency (in this example, the filter having a lower corner frequency of 0.6 Hz),  $\hat{\omega}_i^{0.8}$  is the i-th coefficient of the pre-designed band-pass filter having a lower corner frequency above that of the desired lower corner frequency (in this example, the filter having a lower corner frequency of 0.8 Hz), and  $\alpha$  is the interpolation factor given by

$$\alpha = \frac{0.7HR - lcf^-}{lcf^+ - lcf^-} \quad (2)$$

where  $lcf^-$  is the lower corner frequency of the pre-designed filter below the desired corner frequency and  $lcf^+$  is the lower corner frequency of the pre-designed filter above the desired corner frequency.

The computational load on the processor may be further reduced by down-sampling the digitized TCG signal prior to the band-pass filter. In one embodiment, the digitized TCG signal is re-sampled from 200 Hz to 25 Hz by performing an 8-point running average. The TCG signal is up-sampled to 200 Hz after the band-pass filter by interpolation using a spline fit to the filtered signal.

Although band-pass filtering **220** removes most of the respiratory component from the TCG signal, the filtered signal still contains a respiratory artifact that affects the accuracy of the extracted cardiac features. In order to reduce the respiratory artifact to a level sufficient for accurate and automatic extraction of cardiac features during normal activities of daily living, a time domain filter is used to "smooth" the TCG signal. The band-pass filtered signal is thus next directed to a time-domain averaging filter **230** that performs an ensemble average on the band-pass filtered signal.

The time-domain averaging filter **230** uses the R-wave signal **222** from the ECG electrode as a "clock" to indicate the same point in time relative to each cardiac cycle. The TCG component representing the cardiac signal will be correlated to the R-wave "clock" whereas the remaining components of the TCG signal, such as the respiratory component, will not be correlated to the R-wave "clock." The averaging filter **230** averages segments of the filtered TCG signal corresponding to a cardiac cycle, delimited by the R-wave "clock", by time shifting each cardiac cycle such that the R-wave for each cardiac cycle is aligned. The filter takes the average of several aligned cycles at each point along the cycle. Equation 1 describes the mathematical operation of the filter.

$$\hat{f}(n, t) = \sum_{i=-W}^{i=W} w_i f(t + (R_{n+i} - R_n)) \quad (3)$$

In equation 1,  $\hat{f}(n, t)$  is the ensemble averaged signal for the  $n$ -th cardiac cycle as a function of time,  $t$ ,  $\hat{f}(t)$  is the (frequency-domain) band-pass filtered TCG signal,  $R_n$  is the time of the  $n$ -th cardiac cycle R-wave,  $w_i$  are the cycle weights, and  $2W+1$  is the ensemble size.

The “beginning” and “end” of a cardiac cycle referenced to the R-wave “clock” may be determined to give clinically useful data. In a preferred embodiment, a cardiac cycle “begins” at approximately 20% of the R-R period before the R-wave and ends at approximately 80% of the R-R period after the R-wave. The cardiac component of the TCG signal will “reinforce” each other because they are correlated to the R-wave “clock. The respiratory component, however, will tend to cancel out because it is not correlated to the R-wave “clock”.

The size of the ensemble or the number of cardiac cycles averaged should be large enough to allow the non-stationary (not correlated to the R-wave) components to average to zero or to an insignificant level, but small enough to remain responsive to changes in cardiac activity. The ensemble size may be between 20 beats and 500, preferably between 25 or 50 beats and 250 beats and most preferably approximately 100 or 150 beats (where  $W=75$ ). The ensemble size may also be adjusted to higher or lower values depending on, for example, the physical exertion of the person. Preferably, if it is known that the non-stationary components have a greater presence in an TCG signal, then longer ensemble averages are advantageous to eliminate these artifacts, for example, 200, 250, and to 500 beat ensemble averages. If the contrary is known, then shorter ensemble averages are advantageous to preserve greater detail in the cardiac signal, for example, 100, 50, and down to 25 beat ensemble averages.

Optional motion sensors, such as accelerometers **26** and **26a** in FIG. 1A, may be used, in optional step **235**, to provide information about the extent of subject motion and current posture that can be used in this adjustment of  $W$ . The respiratory sensor may be used to provide information about the amplitude of respiration, such as subject breath holding, that may also be used for adjustment of  $W$ .

The cycle weights,  $w_i$ , may be set to  $1/(2W+1)$  for a simple average. Preferably,  $w_i$  may be adjusted to give more weight to the cardiac cycles closer to the current cardiac cycle and less weight to the cycles more distant (in time) from the current cardiac cycle. More preferably,  $w_i$  may be adjusted by means of the previously described tools so that, when considered as defining a standard digital filter (the “equivalent” filter) operating on a signal sampled at a fixed time increment instead of relative to the R-wave clock, they define a low-pass equivalent filter with a narrow pass band and maximum stop band attenuation. Thereby, the cardiac signal, which is substantially constant (or has substantially zero frequency) at times fixed relative to the R-wave clock, may be filtered from the respiratory and other components, which are not constant with respect to times fixed relative to the R-wave (or have non-zero frequencies).

However, the pass band of the equivalent, low pass filter defined by  $w_i$  should not be so narrow as to cause loss of clinically useful cardiac information. Most preferably, then  $w_i$  define an equivalent low pass filter, perhaps adjusted separately for each subject according to the subject’s observed

cardiac performance. Simply stated, the ensemble weights also serve to soften the onset of large “step” transition artifacts which pass the bandpass filter. As the step transition is rising slowly through the weights, other artifacts tend to cancel it before it achieves significant amplitude. Without the softening of the filter weights, the step would appear all at once, then be slowly “knocked back down” by canceling artifacts as they happen.

The TCG signal is reconstructed in step **240** by “stitching together” the ensemble averaged signal (where each output cardiac cycle is the ensemble average of  $(2*W+1)$  bandpass filtered, raw TCG signals). For example, the beginning of the  $n$ -th ensemble averaged cardiac cycle is stitched to the ending of the  $(n-1)$ -th ensemble average cardiac cycle and the ending of the  $n$ -th ensemble averaged cardiac cycle is stitched to the beginning of the  $(n+1)$ -th ensemble averaged cardiac cycle. Any discontinuities between successive cycles are smoothed by performing a preferably linear interpolation between the two successive cycles over a transition region. In one embodiment, the transition region is between 10 and 30% of the cardiac period and in a preferred embodiment, the transition occurs over 20% of the cardiac period. Also, non-linear interpolation, such as spline interpolation and least square error fits may be used.

Alternatively, ensemble averaging may be performed directly without stitching by determining an ensemble averaged signal,  $\hat{f}(t)$ , at a particular time sample,  $t$ , having a nearest R wave,  $R_0$ , simply as the weighted average of the signals at time samples that are displaced from time sample  $t$  by R-wave intervals, that is by the intervals between  $R_0$  and its adjacent R waves. Equation (3a) represents such an embodiment of such an ensemble average:

$$\hat{f}(t) = \sum_{i=-W}^{i=V} w_i f(t + R_i - R_0) \quad (3a)$$

Here,  $R_0$  is the R wave occurrence nearest to time sample  $t$ ;  $R_1$  to  $R_V$  are the  $V$  future R waves nearest to  $R_0$ ;  $R_{-1}$  to  $R_{-W}$  are the  $W$  previous R waves nearest to  $R_0$ ; and  $V$  and  $W$  need not be equal. The weights,  $w_i$ , may be fixed or variable.

Once the time domain reconstruction (if needed) is completed, the extracted cardiac signal may be stored for later use or directly output for current use, uses including manual examination by health card personnel or others, further processing optionally in combination with other physiological signals such as, for example, the ECG and the like. One preferred use is cardiac feature extraction **250** performed on the processed TCG signal. FIGS. 3a-c shows the ECG **301**, processed TCG **302**, and the processed TCG derivative **303** signals aligned temporally and shows certain cardiac features for each cardiac cycle extracted from the processed TCG signal. The derivative of the processed TCG signal **303** is generated from the processed TCG signal **302** using any of the common techniques for differentiating a signal known to one of skill in the art. The times of local maximums and minimums of the TCG signal **302** may be determined by locating the zero-crossing of the derivative signal **303** through the x-axis **335**.

The stroke volume indicia (SV) **251** is the amplitude from the maximum **320** of the processed TCG sample to the next minimum **325** of the processed TCG signal **302**. The cardiac output indicia (CO) **252** is the product of the stroke volume and the heart rate ( $CO=SV*HR$ ). The peak ejection rate (PER) **254** is the minimum **330** of the processed TCG deriva-

tive signal **303**. The SV and the CO so determined have been discovered by the inventors to be sufficiently accurate relative indicia of these cardiac parameters to be useful in clinical applications. Where a transformation has been measured relating the processed TCG signal to the actual cardiac volume, it may be used to obtain the actual SV and CO. Although measurement of such transformation currently requires such invasive techniques as thermal or dye dilution, such a measurement in a selected posture may serve to later normalize processed TCG signals obtained when the subject again assumes the selected posture.

The pre-ejection period (PEP) **253** is the time from the R-wave peak **310** to the maximum **320** of the processed TCG signal **302**. The time to peak ejection rate (TPER) **255** is the time from the maximum **320** of the processed TCG signal **302** to the Peak Ejection Rate (PER) **330**. Identification of the minimums and maximums of a signal is known to one of skill in the signal processing art and requires no further discussion.

After the minimums and maximums in signals **302** and **303** are identified, the cardiac parameters are determined by the processor and may be stored for later evaluation or displayed for evaluation. Other features of the cardiac volume signal may be extracted according to their known definitions.

The methods described herein may be programmed in any convenient computer language, such as assembly language, C, or C++, compiled into an executable form and stored on a computer readable medium for loading into the program memory of a programmable device. The present invention encompasses program products including such computer readable media. The present invention further encompasses systems, such as controller **30** or computer **40**, configured by such executable software to carry out the described methods.

The invention described and claimed herein is not to be limited in scope by the preferred embodiments herein disclosed, since these embodiments are intended as illustrations of several aspects of the invention. Any equivalent embodiments are intended to be within the scope of this invention. Indeed, various modifications of the invention in addition to those shown and described herein will become apparent to those skilled in the art from the foregoing description. Such modifications are also intended to fall within the scope of the appended claims.

A number of references are cited herein, the entire disclosures of which are incorporated herein, in their entirety, by reference for all purposes. Further, none of these references, regardless of how characterized above, is admitted as prior to the invention of the subject matter claimed herein.

What is claimed is:

1. A method for extracting a cardiac component from a plethysmographic signal comprising:
  - performing, by a computer, a frequency domain filtering operation on a plethysmographic signal producing a first filtered signal, the plethysmographic signal comprising a cardiac component responsive to cardiac motion and a non-cardiac component;
  - performing, by a computer, a time domain filtering operation on the first filtered signal to produce a second filtered signal, the second filtered signal comprising the cardiac component and a reduced non-cardiac component;
  - outputting the second filtered signal.
2. The method of claim **1** further comprising storing the output signal.
3. The method of claim **1** further comprising extracting from the output signal one or more cardiac parameters

selected from the group consisting of stroke volume, cardiac output, pre-ejection period, peak ejection rate, and time to peak ejection rate.

4. The method of claim **1** wherein the frequency domain filtering operation comprises applying a band-pass filter having a lower corner frequency that varies in dependence on current heart rate.

5. The method of claim **1** wherein the time domain filtering operation comprises ensemble averaging timed by the occurrences of electrocardiographic R waves.

6. The method of claim **5** wherein the ensemble average of a signal at a current time sample is a weighted average of the signal at the current time sample with one or more signals at displaced time samples, the displaced time samples differing from the current time sample by one or more electrocardiographic R-wave intervals.

7. The method of claim **5** wherein R-wave intervals are determined by:

- detecting R waves in a concurrent electrocardiogram; and
- discarding a detected R wave that occurs in an ectopic temporal location or during a period of increased motion.

8. The method of claim **7** wherein an R-wave occurs in an ectopic temporal location if it occurs more than a threshold time before or after an R-wave occurrence time expected in dependence on a recent mean heart rate.

9. The method of claim **7** wherein an R wave occurs in a period of increased motion if it occurs when motion sensor signals exceed a threshold.

10. A system for extracting a cardiac component from a plethysmographic signal comprising a processor coupled to a memory, wherein the memory includes stored instructions for causing the processor to

- perform a frequency domain filtering operation on a plethysmographic signal producing a filtered signal, wherein the plethysmographic signal comprises a cardiac component responsive to cardiac motion and a non-cardiac component, and wherein the frequency domain filtering operation comprises applying a band-pass filter having a lower corner frequency that varies in dependence on current heart rate;
- performing a time domain filtering operation on the first filtered signal to produce a second filtered signal, wherein the time domain filtering operation is based on the occurrences of electrocardiographic R waves, and wherein the second filtered signal comprises the cardiac component and a reduced non-cardiac component; and
- output the second filtered signal.

11. The system of claim **10** wherein the processor further extracts from the output signal one or more cardiac parameters selected from the group consisting of stroke volume, cardiac output, pre-ejection period, peak ejection rate, and time to peak ejection rate.

12. The system of claim **10** wherein the processor performs ensemble averaging of a signal at a current time sample by forming a weighted average of the signal at the current time sample with one or more signals at displaced time samples, the displaced time samples differing from the current time sample by one or more electrocardiographic R-wave intervals.

**17**

13. The system of claim 12 wherein the processor further determines R-wave intervals by detecting R waves in a concurrent electrocardiogram; and discarding a detected R wave that occurs in an ectopic temporal location or during a period of increased motion.

**18**

14. A computer readable medium comprising stored instructions for causing a processor to perform the method of claim 1.

15. The system of claim 10 wherein the time domain filtering operation further comprises ensemble averaging.

\* \* \* \* \*

专利名称(译)	从体积描记信号中提取心脏参数的方法和系统		
公开(公告)号	<a href="#">US7604603</a>	公开(公告)日	2009-10-20
申请号	US10/886994	申请日	2004-07-08
[标]申请(专利权)人(译)	VIVOMETRICS		
申请(专利权)人(译)	VIVOMETRICS INC.		
当前申请(专利权)人(译)	VIVOMETRICS INC.		
[标]发明人	SACKNER MARVIN KEENAN DESMOND INMAN DANA MICHAEL		
发明人	SACKNER, MARVIN KEENAN, DESMOND INMAN, DANA MICHAEL		
IPC分类号	A61B5/02 A61B5/04 A61B5/00 A61B5/0205 A61B5/113		
CPC分类号	A61B5/0205 A61B5/6804 A61B5/0245 A61B5/0535 A61B5/725 A61B5/1135 A61B5/721 A61B5/7278 A61B5/0816 A61B5/02438		
其他公开文献	US20060036183A1		
外部链接	<a href="#">Espacenet</a> <a href="#">USPTO</a>		

摘要(译)

描述了一种用于从体积描记信号中提取心脏参数的方法和系统，其中体积描记信号通过第一滤波器以去除信号的非心脏成分。第二滤波器平均多个心动周期，并从平均心脏信号中提取心脏参数。

