

EMI Evaluation and Immunity Testing Method for Wearable Devices

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About Wearable Devices



- A wearable device usually consists of a sensor and a transceiver. It is worn on the body, either as an accessory or as part of material used in clothing.
- The sensor is used to acquire various data such as vital signs in daily life, and the transceiver enables data to be exchanged between a network and the device.
- Body area network (BAN), a short range communication and networking technique in the vicinity of, or inside, a human body, is essential for a wearable device.

Medical and healthcare application	Assistance to people with disabilities	Consumer electronics and user identification
Medical check-up	Blind person	Wireless headphone
Medical diagnosis and	Speech disability	Audio/video streaming share
treatment	Artificial hands and legs	User identification
Physical rehabilitation	Accident prevention for elder	Automatic payment
Physiological monitoring	people	

✓ Categorization of Applications

Typical Examples of Wearable Devices and Representative Detection Methods





Glasses Type





http://biz.chosun.com/site/data/html_dir/2014/09/18/2014091802812.html

Conducting electrodes
 Conductors directly touching skin
 Ex) ECG, heartbeat, EMG

Capacitive coupling electrodes
 Non-contact & a few mm detection
 Bed, chair, and wearable application



Healthcare and Medical BAN Developed in NITech at Extremely Weak Radio Band 10-60 MHz



J. Wang, T. Fujiwara, T. Kato, and D. Anzai, "Wearable ECG based on impulse radio type human body communication", IEEE Trans. Biomed. Eng., vol.63, no.9, pp.1887-1894, Sept. 2016



- Each sensor with a transceiver is used to collect vital data and send them to an on-body coordinator
- ✓ Wireless link to the on-body coordinator employs human body communication (HBC)
- ✓ Data transmission to a hospital or medical centre employs cellular systems or LANs



- Increasing aging population is leading to a wide-scale demand in healthcare and medical applications. This makes various wearable devices with vital signal sensing and communication functions be developed and put into the market in a high speed.
- However, EMI evaluation and immunity testing method for these wearable devices have not been well established because of their too rapid advances.





This talk consists of two parts:

- 1. We show a two-step approach to quantitatively evaluate the EMI for a wearable device in the design stage. The approach combines electromagnetic field analysis and electronic circuit analysis, and clarifies the main EMI mechanism in wearable devices.
- 2. We show an immunity testing system which consists of a pseudo vital signal generator and a biological-equivalent phantom. By applying this testing system to a myoelectric artificial hand in an electrostatic discharge (ESD) test, we demonstrate its usefulness for immunity testing of wearable devices.



(1) EMI Evaluation of Wearable Devices

Human Body Communication – Based Wearable ECG



J. Wang, T. Fujiwara, T. Kato, and D. Anzai, "Wearable ECG based on impulse radio type human body communication", IEEE Trans. Biomed. Eng., vol.63, no.9, pp.1887-1894, Sept. 2016



HBC Transceiver





Function	Specification				
Pulse width	10 ns				
Pulse number per bit	8				
Frequency band	10 – 60 MHz				
Modulation	IR-MPPM				
Data rate	1.25 Mbps				
Maximum output	-15 dBm				
Demodulation	Envelope detection				
Tx consumption power	4.8 mW				









- ECG signals acquired from the two sensing electrodes are filtered and differentially amplified with an operational amplifier.
- LPF and HPF are used respectively to remove DC component, drift noises, and high frequency interference noises.

Wearable ECG Performance Verification (1)







R	F-	E	C	G
		_		-

Specification
Micro Medical Device, Inc.
2.4 GHz
1 mW (0dbm)
1 Mbps
15 m
204 Hz

Comparison for RR50 [Sample/min]

Comparison for SDNN [Sec]

Subject	Α	В	С	D	E	F	Average	Subject	Α	В	С	D	E	F	Average
HBC- ECG	12	16	12	15	13	11	13.2	HBC- ECG	0.069	0.051	0.069	0.053	0.066	0.041	0.0582
RF-ECG	15	13	14	14	14	11	13.5	RF-ECG	0.066	0.043	0.069	0.049	0.067	0.039	0.0555
Relative diff. (%)	20.0	23.1	14.3	7.1	7.1	0.0	11.9	Relative diff. (%)	4.3	15.7	0.0	7.5	1.5	4.9	5.65

Relative difference \sim 10%

Wearable ECG Performance Verification (2)



Frequency domain parameters



The same performance as commercial RF-ECG







- Increasing EM wave applications imply a potential EMI problem with a wearable device.
- Frequencies below several MHz, which are especially near the ECG signal frequencies, are being used not only for commercial power supply and broadcast but also for rising wireless power transfer and in-car.



Two Step Approach



- Derive the EMI voltage induced between the human body and the ground as a common mode voltage Vc by EM field simulation or measurement
- Evaluate the differential mode interference voltage Vab at the ECG detector output by a circuit analysis or simulation

$$V_{ab} = \frac{R_2(Z_{ea} - Z_{eb})}{(Z_{ea} + Z_{eb} + 2R_1)Z_{cs} + (Z_{ea} + R_1)(Z_{eb} + R_1 + R_2)}V_c$$

- The external EM field induces a common mode voltage Vc between the human body and the earth ground.
- ➤ The two contact impedances (either contact resistance or coupling capacitance) are usually imbalanced due to their different contact conditions, i.e., Zea ≠ Zeb, which results in a differential output at the differential amplifier.
- This imbalance in the contact impedance is the main reason to change the common mode input voltage Vc into a differential mode interference voltage Vab at the output of the differential amplifier.

EMI mechanism : Zea ≠ Zeb





Step I : Calculate the Common Mode Voltage Vc 🤀

- Running EM simulator to obtain E-field at interested frequency
- ➤ Integrating E-field along route① and ② to obtain the common mode voltage Vc



Ground plane



FDTD-simulated electric field distribution at 10 MHz



Plane-wave incident electric field : 1V/m



- > The component inside the human body is very small and increases with frequency.
- The total component is mainly due to the outside electric field between the human body and the ground, and is almost flat with respect to frequency at below several MHz.

Step II: Calculate Differential Mode Voltage Vab



Table 1 Orcuit parameter	Table	1 C	ircuit	parameters
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R_e , average of R_{ea} and R_{eb}	$10 \ \mathrm{k}\Omega$ - $100 \ \mathrm{k}\Omega$
C_e , average of C_{ea} and C_{eb}	30 pF - 300 pF
Z_{in} , input impedance	$100 \ \mathrm{M}\Omega$
R_1	$5 \text{ k}\Omega$
R_2	$5~\mathrm{M}\Omega$
Differential amplifier gain	60 dB
C_{s}	$20~\mathrm{pF}$ - $200~\mathrm{pF}$
LPF cutoff freq.	100 Hz
HPF cutoff freq.	$10~{ m Hz}$
Attenuation outside pass band	60 dB

$$V_{ab} = \frac{R_2(Z_{ea} - Z_{eb})}{(Z_{ea} + Z_{eb} + 2R_1)Z_{cs} + (Z_{ea} + R_1)(Z_{eb} + R_1 + R_2)} V_c$$

Interference Voltage vs. Frequency



for Different Imbalance of Contact Resistances

Plane-wave incident electric field strength : 10V/m



The differential interference voltage V_{ab} is induced by the common mode voltage Vc due to the imbalance of the contact resistances

- ➢ increases with frequency between 1 kHz and 100 kHz, and keeps constant after 100 kHz.
 → HPF characteristic
- > may achieve nearly 0.2 V above100 kHz when the imbalance is 30%.

Interference Voltage vs. Frequency



for Different Imbalance of Coupling Capacitances



10

1000

100

Average Ce=300pF

Symbol: SPICE Line: Theory

The differential interference voltage V_{ab} is induced by the common mode voltage Vc due to the imbalance of the coupling capacitance

10

➢ increases with frequency between 1 kHz and 150 kHz, and then decreases after 150 kHz.
 → BPF characteristic

Frequency, kHz

➤ may achieve nearly 0.8 V at 150 kHz when the imbalance is 30%.
 → completely mask the ECG signal

0.2

0.1

0 -

Experimental Validation



Plane-wave incident electric field strength : 10V/m



- > Vab vs. average contact resistance was measured for validation.
- Fair agreement between SPICE-simulated and measured ones
 - \rightarrow confirmed the validity of the proposed approach.
- The interference voltage Vab was found to increase with the decrease of the average contact resistance.
 - \rightarrow more sensitive to small contact impedance

EMI Evaluation for a Wireless Power Transfer Scaling System at 6.8 MHz dB normalized to 0



V/m

Get Max of Slice

Autoscale

Contours

Grayscale

Wireless power transfer system at 6.8 MHz for consumer electric devices







-10

-20

-30

-40

1



Drive loop and transmit coil

Produced common mode voltage

Arrangement	d = 1 cm	d = 10 cm
Horizontal	0.50 V	0.39 V
Vertical	1.36 V	1.24 V

Transmit coil current = $1 A_{rms}$

SPICE Simulation Parameters in the Common Mode Equivalent Circuit





Relationship between Impedance Imbalance and EMI Voltage



Table 3. Differential mode interference voltage V_{ab} [mV] under direct contact condition for 1 A_{rms} transmit coil current

Contact electrodes
Resistive

Non-contact electro

Capacitive

	d = 1	cm	d = 10 cm		
Imbalance	Horizontal	Vertical	Horizontal	Vertical	
10%	63.3	172.2	49.4	157.0	
30%	171.0	465.1	133.4	424.1	
50%	262.7	714.4	204.9	651.4	

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				Lac				1 1 1 1 1 1		

		d = 1	cm	d = 10 cm			
des	Imbalance	Horizontal	Vertical	Horizontal	Vertical		
	10%	6.7	18.1	5.2	16.5		
	30%	21.7	58.9	16.9	53.7		
	50%	43.8	119.1	34.2	108.6		
	The errore	an C of C o	rdC = 2i	OmE and C	20 - 1		

The average C_e of C_{ea} and $C_{eb} = 30$ pF, and $C_{eg} = 30$ pF

 \succ EMI voltage V_{ab} increases with the imbalance of electrode impedances

> A 50% imbalance produces an EMI voltage of 0.6V, which may mask the ECG signal

Influence of Ground Electrode's Contact States





Non-contact ground electrode

Good contact state of ground electrode is effective to reduce EMI voltage

 \triangleright R \rightarrow 0 or C $\rightarrow \infty$: Vab =0

Summary for EMI Evaluation of Wearable Device

- For EMI evaluation of wearable devices, we need a two-step approach, the 1st step is an EM field analysis or measurement , and the 2nd step is an electric circuit analysis or measurement -> This approach is especially useful in the design stage
- The two-step approach has been applied to our developed wearable ECG to demonstrate its validity and find some basic design guidelines
 - For a 6.8 MHz wireless power transfer system, the 1 A transmit coil current may produce an interference voltage of 0.6 V at an impedance imbalance of 50%
 which may mask ECG signal
- In a wearable device, the main reason for changing the common mode interference voltage into a differential mode voltage is due to an imbalance between the contact impedances of the sensing electrodes.
 - to suppress such interferences , the imbalance between the two contact impedances should be reduced as much as possible -> an automatic cancelling circuit is effective
 - a good ground electrode is also effective



(2) Immunity Testing Method for Wearable Devices

Immunity Test System for Wearable Devices



- The wearable device has some sensing electrodes attached on human body for detecting the vital signals.
- A test system with human body is unreal from the consideration of human safety and reproducibility.
- In place of human body, we employ a bio-equivalent phantom.
- In order to produce the vital signals inside the phantom for detecting by the wearable devices, we need a pseudo vital signal generator.



Pseudo Vital Signal Generator



- Vitals signals acquired from human body in advance are stored in PC in digital format.
- PC sends these data to control circuit, and the control circuit divide them to different channels.
- In each channel, after DA and filtering the vitals signals are output as an analog signal.



Structure of Myoelectric Artificial Hand



- Three sensing electrodes are use to acquire the myoelectric signals.
- > The myoelectric signals are sent to the control circuit and changed to PWM pulses.
- > The PWM pulses are sent to the motor controller to move the motor and then hand.



Generated Pseudo Myoelectric Signals





-Real myoelectric signal

-Pseudo myoelectric signal

Correlation coefficient : 0.999

20 25

Time[ms]

30

35

40

45

50

5

4

3

2

-1 -2

-3

-4

-5

0

5

10 15

Voltage[V] 0

- (1) Superficial flexor muscle of fingers
- (2) Musculus extensor digitorum communis
- (3) Chief thumb extensor

0.4

0.3

0.2

0.1 Voltage[V]

0

-0.2

-0.3

-0.4

0

5



0.981











Detected signal at the phantom surface differs from the output of pseudo signal generator because the human body is a frequency-dependent dielectric object which results in a distortion when the signal propagates through it.

Signal Correction based on Transfer Function

- > Desired myoelectric signal at the phantom surface is V_{Dec}
- Output of the pseudo signal generator is V_{Gen}
- Using the transfer function of bio-equivalent phantom H(f), we produce the pseudo signal as follows

$$V_{Gen}(f) = \frac{V_{Dec}(f)}{H(f)}$$



Corrected Myoelectric Signals





	Before correction	After correction	
(1)	0.69	0.99	
(2)	0.72	0.85	
(3)	0.67	0.78	

Correlation coefficients



Blue lines: Original myoelectric signals Red lines: Corrected signals detected by the sensing electrodes of wearable device

Demonstration of ESD Immunity Test



Human body



Proposed system



Validation of Immunity Test System





Very similar noise characteristics

Comparison of ESD Testing Results



Human arm



Voltage	Positive	Negative
OkV	1	1
2kV	2	2
4kV	2	2
6kV	2	3
8kV	3	3

Pseudo immunity system



Voltage	Positive	Negative
OkV	1	1
2kV	2	1
4kV	2	2
6kV	2	2
8kV	3	2

1: Normal 2: Partial work 3: Not work





- A pseudo vital signal generator has been developed to produce various signals in wearable devices such as ECG, EMG, EEG, EOG, etc.
- An immunity test system for wearable devices, with the pseudo vital signal generator and bio-equivalent phantom, has also been developed
- Applying it to ESD immunity test for a myoelectric artificial hand has demonstrated its usefulness
 - ---> Further improvement and standardization