Eye Gaze Patterns after Stroke: Correlates of a VR Action Execution and Observation Task

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ABSTRACT
The concept of a partially shared neural circuitry between action observation and action execution in healthy participants has been demonstrated through a number of studies. However, little research has been done in this regard utilizing eye movement metrics in rehabilitation contexts. In this study we approach action observation and action execution by combining a virtual environment and eye tracking technology. Participants consisted of stroke survivors, and were required to perform a simple reach-and-grab and place-and-release task with both their paretic and non-paretic arm. Results showed congruency in gaze metrics between action execution and action observation, for distribution and duration of gaze events. Furthermore, in action observation, longer smooth pursuit segments were detected when observing the representation of the paretic arm, thus providing evidence that the affected circuitry may be activated during observation of the simulated action. These results can lead to novel rehabilitation methods using virtual reality technology.

Categories and Subject Descriptors
J.3 [Computer Applications]: Life and Medical Sciences - health; K.4.2 [Computers and Society]: Social Issues - assistive technologies for persons with disabilities

General Terms
Measurement, Performance, Experimentation

Keywords
Action execution, action observation, eye gaze, stroke, virtual reality

1. INTRODUCTION
Stroke is one of the primary causes of permanent disability among the current population [6]. In this regard, rehabilitation of post-stroke patients presents a great and costly challenge, and the mechanisms underlying stroke recovery have yet to be fully understood. These mechanisms have been the focus of several functional neuroimaging and electrophysiological studies that showed the importance of brain plasticity in the recovery process of post-stroke patients [3,8]. Some approaches proposed the activation of mirror neurons for stroke rehabilitation, showing that observing behaviors performed by others (action observation) elicits motor activity in the brain of the observer similar to that which occurs when the individual plans his/her own actions (action execution) [7].

Through neuroimaging techniques, such as functional magnetic resonance imaging (fMRI), researchers have been able to locate specific areas of brain activation and determine the spatial and temporal congruency between observing, executing, and imagining actions. As a result, there is now a better understanding that the covert elements (attention, motor planning) of action execution, action observation and movement imagery share, at least to some extent, similar neural networks and mechanisms [2,4].

In addition to imaging techniques, one promising method of quantifying imagery and observation of goal-oriented actions is by measuring eye movements during these conditions, which can highlight the involvement of attention and cognitive processes [5]. In regards to healthy participants, studies have demonstrated that there is, in fact, congruency in gaze metrics (fixation duration and number of fixations) between action execution and action observation, supporting the idea that these processes have a partially shared neural network [1].

In this study we aim at validating these findings in stroke patients, by comparing gaze metrics in eye-controlled action execution and action observation with both the paretic and non-paretic arm. The eye gaze of participants is analyzed in tasks where they observe their paretic and non-paretic arms in a virtual environment while executing reaching and grasping actions, and when they control the virtual arm directly with their eye gaze. Under the assumption of interference between the neuronal circuits underlying execution and observation, we expect to detect some differences in the paretic vs. non-paretic arm conditions that may eventually be used for diagnostic and rehabilitation purposes.

In particular, we aim at verifying the following hypotheses:

a) the congruency in gaze metrics between action execution and action observation in stroke patients;

b) differences in gaze metrics in stroke patients during action observation using their paretic arm when compared to their non-paretic arm, due to the interference between action observation and action execution circuits;
In order to verify these hypotheses, a series of experimental trials was conducted with stroke patients, using a virtual environment as stimulus and eye tracking technology for data acquisition.

2. METHODS

2.1 Participants
Ten stroke survivors (5 male, 5 female), with a mean age of 66.1 years (SD = 10.6 years) and a mean of 221.2 days after stroke (SD = 157.4 days), participated in the study. 7 patients suffered an ischemic stroke and 3 patients suffered an intra-cerebral hemorrhage. 4 patients had a left-sided lesion and 6 patients had a right-sided lesion. All the participants were naive to the system and hypotheses being tested. All of them supplied written informed consent prior to participation. The study was approved by the Ethical Committee of the Regional Health System of Madeira (SESARAM).

Table 1. Characteristics of the participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age (years)</th>
<th>Lesion side</th>
<th>Lesion type</th>
<th>Days since stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>54</td>
<td>Left</td>
<td>Hemorrhagic</td>
<td>34</td>
</tr>
<tr>
<td>Participant 2</td>
<td>78</td>
<td>Left</td>
<td>Hemorrhagic</td>
<td>202</td>
</tr>
<tr>
<td>Participant 3</td>
<td>68</td>
<td>Right</td>
<td>Ischemic</td>
<td>474</td>
</tr>
<tr>
<td>Participant 4</td>
<td>78</td>
<td>Right</td>
<td>Ischemic</td>
<td>293</td>
</tr>
<tr>
<td>Participant 5</td>
<td>79</td>
<td>Right</td>
<td>Hemorrhagic</td>
<td>209</td>
</tr>
<tr>
<td>Participant 6</td>
<td>60</td>
<td>Right</td>
<td>Ischemic</td>
<td>140</td>
</tr>
<tr>
<td>Participant 7</td>
<td>52</td>
<td>Left</td>
<td>Ischemic</td>
<td>80</td>
</tr>
<tr>
<td>Participant 8</td>
<td>56</td>
<td>Left</td>
<td>Ischemic</td>
<td>489</td>
</tr>
<tr>
<td>Participant 9</td>
<td>62</td>
<td>Right</td>
<td>Ischemic</td>
<td>80</td>
</tr>
<tr>
<td>Participant 10</td>
<td>74</td>
<td>Right</td>
<td>Ischemic</td>
<td>211</td>
</tr>
</tbody>
</table>

2.2 System
For the purpose of this study, a custom virtual reality (VR) task was developed using the Unity 3D game engine (Unity Technologies, San Francisco, USA). The VR environment was displayed on a 4:3 monitor (1024 x 768 pixels resolution) with an integrated eye tracking system, the Tobii T120 Eye Tracker (Tobii Technology, Stockholm, Sweden). Eye movements were recorded at a sampling rate of 60 Hz. A laptop computer connected to the eye tracker ran the custom VR software during the trials.

Participants sat in front of the eye tracker, with their head at around 60 cm distance from the screen, and with both hands over the table in front of them. The VR environment, shown in the eye tracker display, presented the user with a virtual arm that performed a sequence of movements (see Figure 1). In order to study the proposed hypotheses, the system was used in 2 different configurations: action observation, and action execution with eye gaze. In the particular case of the action execution, the eye movement data was fed back to the system to control the movements of the virtual arm. For both conditions, eye movement data together with virtual arm movements were collected for later analysis.

2.3 Task
Participants were presented with a simple reach-and-grab and place-and-release task in the virtual environment. The environment was presented in a first person perspective, allowing the virtual arm to be consistent with the participant’s point of view. The task consisted of grabbing a virtual ball (either with a left or right virtual arm), moving it to a target destination (which would make the ball disappear), then come back to the initial position and wait 3 seconds for the task to restart (see Figure 2). There were four pre-defined points for the ball's initial position, all equidistant to the target and symmetrical horizontally.

For the experimental trials, participants were presented with 2 different conditions, in the following order: (i) action observation – the participants were required to observe a pre-recorded
execution of the virtual arm grabbing the ball and taking it to the target destination; and (ii) action execution with eye gaze – the participants were required to actively grab the ball with the virtual arm using their eye gaze and take it to the target destination. For each condition, each participant had to perform (or observe) 40 repetitions of the task for each arm, with each repetition lasting around 5 s. The order of the initial position of the virtual ball was chosen randomly (out of the 4 predefined positions) for every repetition making sure that all initial positions were presented 10 times.

2.4 Data Analysis
All data analysis was performed with Matlab (MathWorks Inc., Natick, MA, USA). Eye tracking data was filtered with a Gaussian window of 1.6 seconds with $SD = 0.16$ s. Eye tracking data (X,Y) was then converted to screen coordinates. Data was removed from the segments where eye tracking data was missing and also during the resting periods. According to the velocity profile of the data, eye tracking behavior was classified into 1) fixations, 2) saccadic movements, and 3) smooth pursuit. For each behavior detected, the number of occurrences and their duration were assessed. In addition, the accumulated travelled distance was also computed.

Out of the 10 participants, 1 dataset of the action observation condition was corrupt and only 6 patients could complete the action execution task due the interference of stroke derived attentional or cognitive deficits.

The 2-sided Lilliefors test revealed that data was not normally distributed. A non-parametric test, matched pairs Wilcoxon test, was used to assess differences between paretic and non-paretic data on the same participants. To test against different conditions, where size groups differ in size (9 and 6), the non-parametric Mann-Whitney test was used to report differences.

3. RESULTS
A total of 9 stroke patients performed the action observation conditions whereas only 6 could complete the action execution condition.

A first analysis of the data classifying eye gaze patterns into fixations, saccadic movement, and smooth pursuit movements revealed very different spatial distributions (see Figure 3). In the context of the VR task presented here, fixations are mostly clustered around the location of targets (release place at the top-center and resting position at the bottom-center of the screen) or virtual objects (2 on the right and 2 on the left halves of the screen). Saccadic movements were detected mostly between the target position and the resting position. These two positions are always presented sequentially since every release at the target position is followed by a movement to the resting position to trigger the next sequence of actions. Because these two elements are at opposite ends of the screen they generate more saccadic movements. Smooth movements are detected mostly in the areas between virtual objects and their respective targets, which is congruent with the task at hand. Further, there is consistency when we compare eye gaze patterns between the 2 experimental conditions. There are no major differences between conditions and the distribution of eye gaze patterns triggered in response, finding congruent eye gaze patterns in action observation and action execution.

For the following analysis, we used 7 different metrics extracted from the eye tracking data: number of fixations, saccades and smooth pursuit segments, their duration and the overall accumulated eye gaze distance travelled (see table 2). An analysis of the number of fixations reveals clear differences between action observation (Median=1283) and action execution (Median=3241), $U=252$, $p<0.01$. Similarly, the number of saccades is significantly
When we perform a within subject analysis to the different eye gaze patterns in response to the presentation of the paretic vs. non-paretic arm, we find that patients do perform longer smooth pursuit when observing the paretic arm ($Mdn=587$ ms) than when observing the non-paretic arm ($Mdn=519$ ms). Furthermore, a trend to longer fixation duration in the paretic arm ($Mdn=567$ ms) was found in both conditions. No differences were found between the fixation count or saccade count in the paretic vs. non-paretic arm presentation in the action execution condition. Considering hypothesis c, this could indicate that eye-controlled action execution does not involve, at least to a large extent, the neural mechanisms of motor control affected by stroke.

The findings of this study suggest that eye tracking can be used to assess motor deficits derived from stroke. Future studies mapping the relation between brain areas that are affected by stroke and changes in gaze metrics could further extend the understanding between the shared neural mechanisms in action observation and action execution. Further, with the increasing appearance of low cost eye tracking devices, treatments aiming at exploiting the shared mechanisms between eye gaze control and action observation can become a cost effective continuous assessment and rehabilitation tool for at home use after hospital discharge.

### 5. ACKNOWLEDGMENTS

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### 6. REFERENCES


