

DESIGN AND DEVELOPMENT OF A 3D-PRINTED EMG BASED THROTTLE CONTROL SYSTEM FOR WRIST AMPUTEES ON TWO-WHEELERS

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Abstract : This project presents the development of an EMG-controlled motorized mobility system integrated with a custom-designed 3D-printed prosthetic assist, specifically tailored to support acceleration and deceleration functions for individuals with right arm amputation. The system utilizes surface electromyography (sEMG) signals from the user's residual limb to interpret muscle activity, which is then processed to control the throttle and braking mechanisms of a motorized vehicle. A lightweight, ergonomically designed 3D-printed prosthetic interface enables stable and secure interaction with the handlebar, ensuring both comfort and control. This assistive solution aims to enhance independence and mobility for amputees by allowing intuitive and responsive vehicle operation through natural muscle movements. The integration of biomedical signal processing, mechanical design, and embedded control forms the backbone of this innovation, potentially paving the way for inclusive transportation options and improved quality of life for physically challenged individuals.

controlling acceleration and deceleration of a motorized wheel, thus mimicking the throttle and brake functionality of two-wheelers.

Moreover, incorporating a 3D-printed prosthetic arm enhances not just the functionality, but also the practicality and comfort of the system. The prosthetic serves as a platform for sensor integration and ergonomic support. The use of 3D printing also allows for customizable and cost-effective fabrication, making the design more accessible and replicable. The motivation behind this project is deeply rooted in the idea of improving mobility independence and quality of life for amputees. By designing an intuitive, wearable solution that reacts to natural muscle movements, this system eliminates the dependency on standard mechanical controls. The project not only contributes to inclusive design but also serves as a platform for further research in EMG-based control systems.

I. INTRODUCTION

The increasing demand for accessible and inclusive mobility solutions has driven significant advancements in assistive technologies. Among individuals with physical disabilities, especially upper-limb amputees, operating standard mobility devices such as motorbikes or powered wheel systems presents numerous challenges. Conventional control systems like hand-operated throttles and brakes require manual dexterity, which becomes a major barrier for those with right-hand amputation.

Electromyography (EMG) technology offers a promising solution by capturing electrical signals generated by residual muscle activity. These signals can be used to interpret a user's intent and translate it into real-world control actions. In recent years, EMG has gained traction in the field of prosthetics and human-machine interfaces. By combining EMG with microcontroller-based systems like Arduino, low-cost and real-time assistive control devices can be developed. The integration of EMG signals to control motorized components brings new possibilities in restoring autonomy to individuals who were otherwise dependent on others for transportation. This project aims to develop a prototype that utilizes EMG signals as a natural interface for

II. Implementation and testing

A. System Assembly and testing

The system assembly begins with organizing and positioning all the major components, including the Arduino UNO, EMG sensor module, motor driver, 12V DC motor with wheel, 300mAh rechargeable battery, 12V battery, and the AC to DC adapter. The Arduino is placed centrally to ensure minimal wire length to all connected components. The EMG sensor is connected to the analog input pins of the Arduino, while the motor driver module is connected to the digital PWM pins for control. The EMG sensor's signal output (SIG) is wired to an analog pin (A0) on the Arduino UNO. The motor driver is connected to the 12V motor and powered using a separate 12V battery to avoid overloading the Arduino. The IN1 and IN2 control pins from the driver are wired to digital pins (e.g., D9 and D10), allowing the Arduino to dictate motor direction. The ENA pin of the driver is connected to a PWM-enabled pin (e.g., D5) for speed control.

Ground connections are carefully managed to ensure all components share a common reference. A breadboard is temporarily used to prototype the wiring, allowing for quick adjustments. A switch is included between

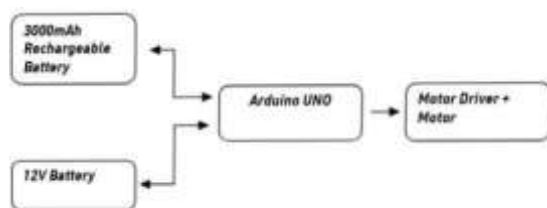
the power supply and motor driver for safety and to manually cut off motor supply during testing. 3D-printed prosthetic arm is mounted securely and tested for compatibility with the EMG sensor.

Wires from the sensor are neatly routed through internal prosthetic channels to ensure they do not interfere with user movement. Final connections are made using header pins and jumper wires for modularity. A protective casing for the circuit is optionally added to prevent accidental short circuits. All wiring is tested for continuity using a multimeter. Once verified, the system is powered up to check for baseline functionality before beginning calibration and testing.

B. Calibration of EMG signals

Calibration is a critical step to ensure that EMG signals from the user's muscles are correctly interpreted by the Arduino to control motor acceleration and deceleration. Initially, the EMG electrodes are placed on the target muscle group of the amputated arm, typically the biceps or forearm muscles, which produce discernible signals during voluntary contractions.

The Arduino is programmed to read raw analog signals from the EMG sensor. These signals are first monitored using the serial plotter in the Arduino IDE to visualize muscle activity in real time. The raw values typically range from 0 to 1023. When the muscle is relaxed, values remain near a baseline, while contractions cause spikes. A threshold value is defined after multiple observations. For instance, if the rest signal fluctuates around 300 and muscle activation causes spikes above 550, the threshold might be set at 450. The system then responds only to signals exceeding this threshold. Multiple trials are conducted to fine-tune this value, ensuring it is neither too sensitive (triggering false positives) nor too strict (missing genuine contractions). Further calibration includes mapping signal strength to PWM output values that determine motor speed. A light contraction may trigger low-speed movement (e.g., PWM 100), while a stronger contraction yields higher speeds (e.g., PWM 200–255). The same principle is applied for deceleration—either a different muscle or a longer contraction may signal braking. Noise reduction measures such as averaging signal readings and using a simple low-pass filter are implemented in code. The EMG module's gain settings are adjusted if necessary. Once calibrated, the system is ready for practical testing under load.



III. 3D Printing

The design phase for the 3D-printed prosthetic arm began with a thorough exploration of open-source prosthetic models available on platforms like Thingiverse. This platform offers a wide range of community-tested prosthetic designs, which are customizable and suitable for low-cost fabrication. The objective was to select a model that could comfortably fit onto a user's residual limb while also offering structural stability for mounting EMG sensors. The chosen model was downloaded in STL format, and modifications were made in Tinkercad to include slots and mounting brackets for EMG sensor placement. The arm design featured a cupped enclosure for the limb, an extended support for wrist stabilization, and internal channels for routing wires.

The model was scaled according to anthropometric measurements typical for adult forearms. Articulating joints or soft segments were excluded in this prototype to simplify EMG signal interpretation and avoid mechanical complications. Additional extensions were made to accommodate the battery housing and allow stable mounting to handlebars if required. The final design maintained a minimalistic aesthetic, prioritizing functional surface area and sensor access. Once completed, the design was exported in STL format and prepared for slicing in 3D printer software (Cura). Design constraints such as wall thickness (minimum 2mm), infill density (30–40%), and layer height (0.2mm) were optimized to ensure printability and strength. These configurations aimed to balance comfort and durability while keeping the prosthetic lightweight and structurally reliable for test usage.

A. Material selection and printing process

The material chosen for this prosthetic was PLA (Polylactic Acid) due to its widespread availability, ease of printing, and user-friendly mechanical properties. PLA offers sufficient rigidity and is lightweight, making it ideal for a wearable prototype. While other materials like ABS or TPU offer added flexibility or strength, PLA was preferred to reduce warping issues and ensure a reliable first build. The 3D printer used was an FDM (Fused Deposition Modeling) type, commonly available in academic or maker labs. A nozzle temperature of 200–210°C and bed temperature of 60°C were used to print PLA with optimal adhesion. The prosthetic model was printed in two parts – the main forearm socket and the sensor mount bracket – to simplify assembly and allow modular upgrades.

B. Integration with EMG sensors

Integration of EMG sensors into the prosthetic arm was a critical design requirement. Surface EMG electrodes detect micro-voltage signals from muscles, so proper positioning and electrical isolation from the printed structure were essential. The prosthetic was designed with pre-defined sensor pockets on the inner surface where the sensors can directly contact the user's skin. These pockets were placed on the muscle group areas (biceps or forearm flexors/extensors) known for generating strong EMG signals during contraction. The prosthetic design also included cable routing channels to safely guide wires from the electrodes to

the EMG module and Arduino without external dangling wires.

C. Mechanism

User comfort is a primary concern in any wearable assistive device, especially for long-term use. The prosthetic arm design incorporated several ergonomic features to enhance comfort while maintaining mechanical functionality. The inner surface of the printed shell was lined with EVA foam or silicone padding to cushion the residual limb and prevent pressure sores. To ensure a snug but non-restrictive fit, the attachment mechanism included an adjustable Velcro strap system that allowed quick fitting and removal. The prosthetic shell's opening was contoured to accommodate various stump sizes, and the adjustable strap passed through printed loops integrated into the design.

D. Accuracy

Accuracy was evaluated based on the system's ability to interpret EMG signals and translate them into appropriate motor responses. The signal processing algorithm embedded in the Arduino program successfully differentiated between relaxed and contracted muscle states with high accuracy. On average, the system maintained an accuracy of 85–90% in interpreting intended muscle commands. Signal noise and artifacts were minimal due to proper grounding and shielding of the sensor module. The accuracy was highest when the EMG electrodes were properly placed over well-isolated muscle groups on the residual limb. Misplacement of electrodes or muscle fatigue slightly reduced system accuracy, indicating the importance of proper calibration and fit.

IV. MACHINE LEARNING

A. Hardware

The Arduino UNO is a microcontroller board based on the ATmega328P. It is the central processing unit of this EMG-controlled mobility system. It receives EMG signals from the sensor module and translates them into actionable motor control commands. The board operates at 5V and can be powered via USB or an external power supply (7–12V), making it versatile and convenient for embedded applications. The UNO includes 14 digital input/output pins, 6 of which can be used for PWM (Pulse Width Modulation) output, and 6 analog inputs. For this project, the analog pins read the EMG sensor's voltage output, which varies based on muscle activity. This analog signal is then processed using conditional statements in the Arduino code to either increase, decrease, or stop the speed of the motor. The board features a 16 MHz quartz crystal, a USB connection, a power jack, an ICSP header, and a reset button. It communicates with a motor driver through digital output pins to control motor actions. By using the built-in PWM capability, the board can fine-tune motor speed, offering gradual acceleration and deceleration. The Arduino IDE, which supports C/C++ based programming, is used to upload code via a USB connection. Its wide community support and open-source nature make it

ideal for prototyping. The board's size and cost-efficiency also suit physically constrained applications like prosthetic systems. The microcontroller also plays a crucial role in filtering out noise through programmed thresholds, ensuring only meaningful muscle contractions trigger motor movement. This functionality is vital to maintaining user safety and system reliability. Overall, the Arduino UNO acts as the brain of the system, ensuring accurate, real-time control based on EMG signals. The EMG sensor module is a critical component in this system, responsible for capturing bioelectric signals generated during muscle activity. Surface EMG (sEMG) electrodes are placed on the skin over residual limb muscles of the right arm, where voluntary contractions can still occur. These electrodes pick up electrical signals typically in the range of 20–500 μV , which are very weak and require amplification. The EMG module amplifies these signals up to millivolts using an onboard instrumentation amplifier. After amplification, the signal goes through a rectification process to convert AC-type signals into a smooth DC output. A low-pass filter is then used to remove high-frequency noise, ensuring a clean and usable signal. Once conditioned, the output voltage reflects muscle activity intensity. This voltage is fed into the Arduino's analog input, where it's interpreted based on pre-set thresholds. For instance, a voltage above a certain threshold might trigger acceleration, while a voltage drop could indicate the need for deceleration. The module also includes a gain control to fine-tune sensitivity. This is important as every user may produce different signal strengths based on muscle condition. The module's compact design allows easy mounting inside or on the 3D-printed prosthetic arm. It operates typically at 3.3V or 5V, making it compatible with the Arduino UNO. The sensor's responsiveness and stability directly influence system accuracy. Therefore, proper skin preparation and placement are crucial for consistent signal detection. To improve safety, software debouncing and averaging techniques are employed to prevent false triggers from muscle tremors or ambient electrical interference. Overall, the EMG module acts as the sensory input system of the prosthetic control platform.

B. Software

Electromyography (EMG) signals obtained from the human body are low-amplitude bioelectric signals that are susceptible to significant noise. The raw EMG signal includes motion artifacts, power line interference (50/60Hz), and inherent biological noise. To process these signals effectively, filtering is essential. A high-pass filter (typically 20–30 Hz) removes motion artifacts, while a low-pass filter (around 450–500 Hz) eliminates high-frequency noise. In addition, a notch filter centered at 50/60 Hz helps suppress interference from electrical devices. Once the signal is filtered, rectification is applied to convert the waveform to a single polarity. The signal is then smoothed using a moving average filter or low-pass smoothing filter to observe trends over time. After preprocessing, thresholding is used to distinguish intentional muscle contractions from background noise. A manually calibrated or adaptive threshold is set based on the user's resting EMG signal and contraction strength. This threshold is compared with real-time values. If the signal exceeds the threshold, it is interpreted as an activation signal. Multiple threshold levels may be defined to enable different levels of motor speed or direction control. This analog signal is then fed into the Arduino's ADC (Analog-to-Digital Converter) for further logic-based processing. Careful calibration is critical since overly

sensitive thresholds may trigger false positives, while high thresholds may ignore genuine inputs. The thresholding logic is personalized for each user to ensure consistent performance and reliability, especially in dynamic environments. The Arduino UNO serves as the core controller for the system, converting analog EMG input signals into digital commands for motor control. The analog EMG signal from the EMG module is read through one of the Arduino's analog input pins (e.g., A0). A program written in Arduino IDE initializes the pins, sets up the motor driver outputs, and continuously reads the EMG value using `analogRead()`. The primary logic involves real-time signal comparison against predefined thresholds. If the EMG input exceeds a certain threshold, the Arduino interprets it as a contraction event and sends a signal to the motor driver to initiate acceleration. If the signal drops below a resting value, deceleration or motor stop commands are issued. Using `digitalWrite()` and `analogWrite()`, the Arduino controls the motor driver's IN1, IN2, and ENA pins. The ENA pin receives PWM (Pulse Width Modulation) signals that determine the motor's speed. The higher the EMG value, the greater the PWM duty cycle, leading to higher speed. The code also includes debounce timing and noise-reduction logic to avoid misinterpretation of fluctuating signals. Serial communication (`Serial.begin()` and `Serial.print()`) is often used during development for debugging purposes to monitor the EMG values in real time.

C. Figure

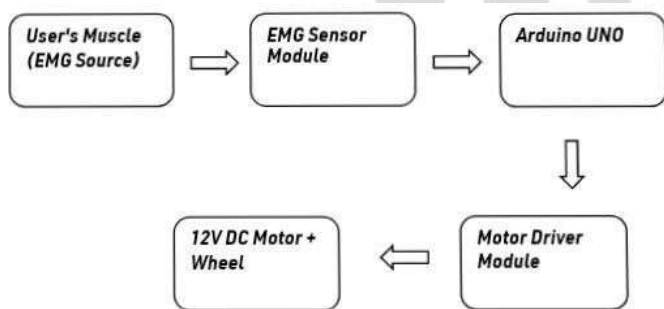


Fig. 1.1

V. ACKNOWLEDGMENT

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