

Locating the Upper Body of Covered Humans in application to Diagnosis of Obstructive Sleep Apnea

Ching-Wei Wang*, Amr Ahmed and Andrew Hunter

Abstract—Obstructive Sleep Apnea is increasingly seen as a common and important condition, contributing to sleep disturbance and consequential daytime sleepiness. According to recent research findings, the best predictors of morbidity in individual patients, as assessed by improvements with CPAP (continuous positive airway pressure therapy), are nocturnal oxygen saturation and movements during sleep. Although pulse oximetry is a well-established technique to analyze oxygen saturation, video monitoring and interpretation is less well developed both from a processing and analysis viewpoint. This is due to the relative computational complexity of video processing analysis, as well as application-related technical challenges, involving night vision, the body being obscured by cover, variation on human size and behavior and massive video and audio data. In this paper, we propose a novel approach to locate upper body parts of the covered human body. The locations of the upper body parts allow further analysis of covered body postures and human activity recognition in sleep. The experimental results show that the proposed model is promising to estimate the head and torso locations of the covered human body with various postures, body activities and filming environmental settings.

Index Terms—biomedical pattern analysis, covered human body, image analysis, obstructive sleep apnea.

1. INTRODUCTION

Obstructive Sleep Apnea is increasingly seen as a common and important condition, contributing to sleep disturbance and consequential daytime sleepiness. This has potentially serious consequences for the individual, employers and society as a whole. A wide range of parameters including EEG (electroencephalogram) sleep staging, snoring, change in airway resistance, airflow and respiratory effort as well as oxygen saturation and body movement during “normal sleep” in a Sleep Lab lead to an understanding of the pathophysiology

Manuscript received March 6, 2007. This work is supported jointly by the United Lincolnshire Hospital NHS Trust and the University of Lincoln, UK.

Ching-Wei Wang is with the Video Surveillance and Machine Perception Research Centre, University of Lincoln, Brayford Pool, Lincoln LN6 7TS, United Kingdom (phone: +44 (0)1522837107; fax: +44 (0)1522886771; e-mail: cweiwang@lincoln.ac.uk).

Amr Ahmed is with the Video Surveillance and Machine Perception Research Centre, University of Lincoln, Brayford Pool, Lincoln LN6 7TS, United Kingdom (e-mail: aahmed@lincoln.ac.uk).

Andrew Hunter is with the Video Surveillance and Machine Perception Research Centre, University of Lincoln, Brayford Pool, Lincoln LN6 7TS, United Kingdom (e-mail: ahunter@lincoln.ac.uk).

of sleep apnea [1]. According to recent research findings [2]—[4], the best predictors of morbidity in individual patients, as assessed by improvements with CPAP (continuous positive airway pressure therapy), are nocturnal oxygen saturation and movements during sleep. In addition, these parameters have the advantage of being relatively non-intrusive.

Video Monitoring has been adopted to assist diagnosis on obstructive sleep apnea. Sivan *et al* [6] indicate that results from traditional Polysomnography, which requires intrusive measurements and costly measurement equipment, are highly correlated with video test results. Although pulse oximetry is a well-established technique to analyze oxygen saturation, video monitoring and interpretation is less well developed both from a processing and analysis viewpoint. This is due to the relative computational complexity of video analysis, as well as application-related technical challenges, involving night vision / low illumination, body obscured by cover, variation on human size and behavior and massive video and audio data.

Recognition of covered human body activity appears to be a challenging task. Existing monitoring techniques in the sleep lab [5] utilize motion sensors, patterned sheets and infrared light to compute gross degrees of motion from video recorded throughout the night. However, gross motion suggests only periods of time with movements rather than identifying what the activities are, which still require clinicians to look into substantial amounts of video data for analyzing detailed human sleep activities. This is thus a time-consuming and expensive process.

Laser rangefinders are commonly used in 3D object geometry capture. A major barrier to adoption of this technology is the safety for patients’ eyes as lasers can be dangerous. Although some laser rangefinders claim to be eye-safe, a technique must be thoroughly tested before it is applied to patients. The pressure sensitive mattress is an alternative non-intrusive approach to identify occurrence of movements, and the technique was proposed for monitoring patients’ respiratory activities [22]. However, it is rarely used for activity recognition. To the authors’ best knowledge, the pressure sensitive mattress approach does not seem to have been utilized to analyze human activities. In this project, we did not adopt it because of the high development cost, which also requires additional hardware instead of utilizing existing measurement equipment, such as a video monitoring system. We have evaluated a thermal imaging system [20] for obtaining the covered body posture. However, due to heat retention

properties, the thermal imaging system often fails to locate a true human posture because the heat tends to remain on the sheet or over the bed after the body posture has changed. Figure 1 illustrates the issue, showing an image shortly after a leg movement. The image of the leg on the right indicates the current position; the ghost on the left indicates its previous location.

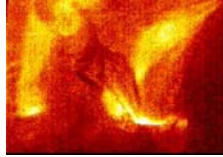


Fig. 1. Test on a Thermal Imaging System, which fails to locate a true body posture since the heat remains on the bed after movements. The right leg in the image is the real leg and the left one is the heat left on the bed.

There is clearly a need for more automated non-invasive methods to recognize human activities during sleep. Thus, our research is focused on developing an intelligent video monitoring system, which will be capable of identifying body postures for covered humans and recognizing human activities during sleep, such as leg movement, body rotation, arm movement, and head movement. To minimize sleep disturbance, monitoring is done using invisible IR lights and cameras.

This research addresses the problem of detecting and segmenting the covered human body. In our case, difficulties arising from night vision, the shifts of the cover surface with movements, obscure body borders under cover, and wrinkle noises are compounded by human articulated deformation. Traditional computer vision methods such as correlation, template matching, background subtraction, contour models and related techniques for object tracking become ineffective [7], [8] because of the large degree of occlusion for long periods. Current research in machine vision [9]—[14] for monitoring or tracking occluded objects focuses on temporary occlusion rather than constant obscuration. The main technical difficulty here is to observe objects constantly under fully or partially cover. Jaeggli *et al.* [15] developed a learned statistical model to predict unobserved features based on partial measurements. However, the method requires data without occlusion to train first and initialize the model, which is not applicable in our case, as each patient comes for one night only. Huang and Jiang [7] presented an iterative method of weighted region consolidation to track a camouflaged object in an outdoor environment. As obscured or camouflaged objects become visible only (or mainly) while in motion, the method locates the object based on pixels with high motion probabilities. However, movements of covered objects lead to motion of the surface around rather than the exact area of the objects, leading to difficulties in segmentation in comparison to camouflaged objects.

In this paper, we propose an approach to locate the upper body parts of a covered human body. The location of the upper body parts allow further analysis on covered body postures and human activity recognition in sleep. The method includes a combination of image processing techniques for extracting object features effectively, an edge box map for further shape abstraction to locate the torso, a hierarchical-ensembles head

detector and a torso detector (See Figure 2). The experimental results show that the proposed model is promising to estimate the head and torso locations of the covered human body precisely with various postures, body activities and smoothness of the cover.

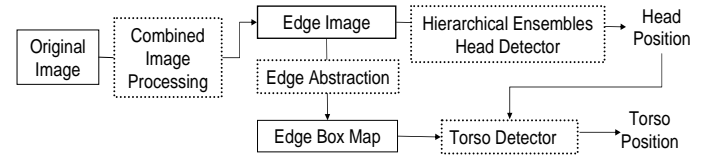


Fig. 2. System Framework

The structure of this paper is as follows. In section 2 we describe methods used for feature extraction. Section 3 and 4 provides the details of the head and torso detectors respectively. The experimental results are presented in section 5. Finally, we discuss the conclusion and future works in section 6.

2. FEATURE EXTRACTION

As the surface of the cover has uniform texture and color, segmentation methods utilizing texture or color information are not applicable. Hence, the edge information is employed here for extracting object features. Nonetheless, due to the nature of the sheet, large amounts of wrinkle noise are produced. Thus, the first step is to explore a solution that obtains important edges and removes redundant ones at the same time. A combined image processing technique is proposed in section 2.A, producing edge images, which then are used for detecting the head in section 3.

As the remaining edges in the edge images tend to be discontinuous and scattered, an edge box map is created for shape abstraction, which proves to generate a robust and clear outline of the human body. The method is demonstrated in section 2.B. The edge box map is utilized in searching for the torso part in section 4.

A. Edge Image

We attempt to extract important edges from the outline of the human body while discounting the wrinkles in the sheet. General edge detectors such as Sobel Kernels, Prewitt Kernels, Kirsch Compass Kernels and Laplacian [18] inevitably produce noisy information from wrinkles. Due to the horizontal layout of the bed, we propose an oriented horizontal edge detector to effectively generate object edges aligned with the body, and to remove noise. The oriented horizontal edge detector can be formulated in Equation 1.

$$\begin{aligned}
 I'(x, y) &= I(x, y) \otimes g(\omega, \nu) \\
 &= \sum_{\omega=-N}^N \sum_{\nu=-N}^N I(x-\omega, y-\nu) g(\omega, \nu) \quad (1)
 \end{aligned}$$

, where

$$\begin{aligned}
 I(x, y) &: \text{input image} , \\
 I'(x, y) &: \text{output image} , \\
 2N + 1 &= \text{size of } g(\omega, \nu)
 \end{aligned}$$

$$g = \begin{bmatrix} -1 & -1 & -1 & -1 & -1 & -1 & -1 \\ 0 & 0 & 0 & 0 & 0 & 0 & 0 \\ 1 & 1 & 1 & 1 & 1 & 1 & 1 \end{bmatrix}$$

In addition, in order to preserve stability of the edge quality and avoid influences from environment factors, a Gaussian blur filter [19] is applied before the edge detector. Moreover, the image dimension is reduced initially. There are two advantages using down-scale images: scene abstraction; and an increase in computational speed. Figure 3 displays the sequence of the combined image processing techniques for generating edge images, and Figure 4 compares different edge detectors over a sample image, showing that the proposed approach outperforms others in both producing the outline of the human body and removing noisy edge information.

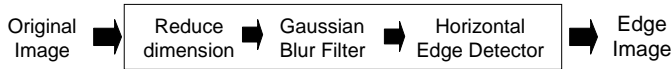


Fig. 3. Image Processing for Edge Image

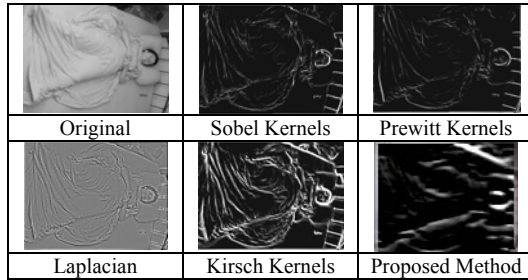


Fig. 4. Resulting images by general edge detectors and the proposed method.

B. Edge Box Map

As the targeted human body is covered, a portion of the edge information is lost. Hence, we develop an edge box map approach for further shape abstraction, to deal with the issue of discontinuous and scattered edges. Figure 5 displays two edge box maps calculated from edge images, which extract edge information from the original images in the left column. The resulting edge box maps are then utilized by the torso detector to find the covered torso part. The torso detector is introduced in section 4.

Given an $(m \times n)$ edge image and an $(s \times s)$ edge box, we generate an edge box map $B(i, j)$, which can be formulated as follows.

$$B(i, j) = \begin{cases} 1 & \text{if } \sum f_{ij}(k, l) \geq \tau \\ 0 & \text{otherwise} \end{cases} \quad (2)$$

, where $i \in \{1, \dots, \lfloor m/s \rfloor\}$ $j \in \{1, \dots, \lfloor n/s \rfloor\}$ $k, l \in \{1, \dots, s\}$

$$f_{ij}(k, l) = \begin{cases} 1 & \text{if } I((i-1)s + k, (j-1)s + l) \geq \nu \\ 0 & \text{otherwise} \end{cases} \quad (3)$$

where $I(x, y)$ is the intensity value of the edge image at location (x, y) . In this work, the following values are used based on our experiments. $(s = 3, \tau = 50, \nu = 30)$.

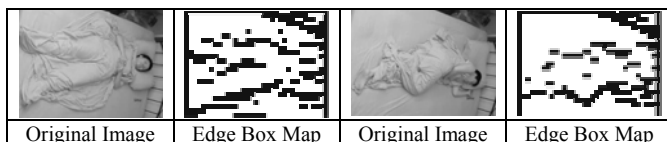


Fig. 5. Original Images and Edge Box Maps.

3. HEAD DETECTOR: HIERARCHICAL ENSEMBLES

There has been considerable work on face detection in computer vision research over the past ten years. However, most of the face detection systems require at least portions of the face to be shown, such as both eyes. Patients may sleep on their side, presenting only half or less of the face. Here, a head detector invariant to facial direction is built, utilizing an ensemble machine learning algorithm [17], which is presented below.

Ensemble Machine Learning Algorithm

Inputs:

1. A training set $T \langle X, Y \rangle$, where X represents the instances and Y are the classes.
 X : a set of instances: $\{x \mid x = \langle a_1, \dots, a_q \rangle\}$, where a_i is an attribute value and q is the number of attributes.
 Y : a set of classes (with z different classes)
 T : $\{\langle x_1, y_1 \rangle, \dots, \langle x_n, y_n \rangle \mid x \in X, y \in Y\}$, where n is the size of the training set.
 R : Number of base classifiers. $R=10$.
 L : The limit value of bootstrap times. $L=10$.
 4. Base Learner / Inducer: C4.5 decision tree [16].

Output:

Function C^*

Steps:

1. Initialize instances' weights, Weight: $W_1(i) = 1/n$, where $i = 1$ to n
2. Generate a copy of the training data(T) as S , where T is for evaluating base classifiers and S is for building them.
3. Repeat 3.1 to 3.9 R times
 - 3.1 Data-Bootstrap S dataset from previous round S dataset
 - 3.2 Build a new base Classifier $C_i(X)$ using weighted S dataset (X, W_i) by base learner.
 - 3.3 Evaluate the base classifier $C_i(X)$ with training data T . Error rate = Sum of the weights of the misclassified instances by the base classifier $C_i(X)$
 - 3.4 Check if the error rate equals to 0 and the number of bootstrap $\leq L$. If both true, go back to 3.1 to do the bootstrap.
 - 3.5 If error > 0.5 , go to step 4.
 - 3.6 $B_i = \text{error rate} / (1 - \text{error rate})$
 - 3.7 Set sum of instance weights for next round to 0: $\text{Sum}W_{i+1} = 0$
 ** Update instances' weights
 - 3.8 For $i = 1$ to n , check if C_i misclassifies instance i .
 3.8.1 If true, $W_{i+1}(i) = W_i(i) * B_i$. Otherwise, $W_{i+1}(i) = W_i(i)$
 3.8.2 $\text{Sum}W_{i+1} = \text{Sum}W_{i+1} + W_{i+1}(i)$
 ** Normalise instances' weights
 - 3.9 For $i = 1$ to n , $W_{i+1}(i) = W_{i+1}(i) / \text{Sum}W_{i+1}$
4. Produce the ensemble model Function $C^*(\text{instance})$ by Voting

Auxiliary algorithm: Data Bootstrapping

Input: A dataset with n instances

Output: A bootstrapped dataset with the same size of the input dataset

Steps:

1. Generate n random numbers: R_1 to R_n .
2. Compute n accumulated probabilities: $P(i) = \sum R_i$, where $i = 1$ to n .
3. Normalize probabilities' values: $P(m) = [P(m) / \sum P(i)] * \sum W(i)$, where $m = 1$ to n , $i = 1$ to n .
4. Initialize two indices: $k = 1$, the index of the probability list; $x = 1$, the index of the weight list.
 ** Compare accumulated probabilities with accumulated weights
5. Check if $k \leq n$ and $x \leq n$
 - 5.1 If true, $\text{sum}W(x) = \sum W(i)$, where $i = 1$ to x .
 5.1.1 Check if $k \leq n$ and $P(k) < \text{sum}W(x)$
 5.1.1.1 If true, add instance x to the output dataset, set the weight of instance k of the output dataset as x and plus 1 to k .
 5.2 Otherwise, plus 1 to x .
6. Terminate with the output dataset

Auxiliary algorithm: Voting

Function $C^*(\text{instance})$

Steps:

1. Initialise votes of classes $y_1 \sim y_z$ to 0: $V(i) = 0$, where $i = 1$ to z
2. For $j = 1$ to R , $V(i) = V(i) + \log(1/B_j)$, where $j = 1$ to R and i = the class index generated by base classifier j .
3. Terminate with the predicted class y_i with the largest vote $V(i)$

Importantly, we employ edge information instead of original pixels as the input source, avoiding influences from different facial appearance, expression and direction. This helps to learn more robust patterns and rules. The entire machine learning

model for head detection is constituted of 3-layer hierarchical ensembles. Each ensemble consists of 10 decision tree base classifiers. The training procedure is decomposed as follows, and the overview of the training scheme is presented in Figure 6(b).

- Step 1: Prepare Training Data (See Figure 6(a))
 - Step 1.1: Select 15 different frontal head images
 - Step 1.2: Select 15 different head images on sides
 - Step 1.3: Randomly select 10 different non-head images
 - Step 1.4: Set the head images as class T and non-head images as class F.
- Step 2: Train 1st layer ensemble machine learning head model using the data collected in Step 1.
- Step 3: Test 1st layer machine learning model and generate a number of false positive instances
- Step 4: Prepare Training Data for 2nd layer model
 - Step 4.1: Randomly select 10 different false positive instances from Step 3
 - Step 4.2: Set the instances from step 4.1 as class F.
- Step 5: Train 2nd layer ensemble machine learning head model using the data collected in Step 1 and Step 4.
- Step 6: Test 2 layers hierarchical machine learning models and generate a number of false positive instances
- Step 7: Prepare Training Data for 3rd layer model
 - Step 7.1: Randomly select 10 different false positive instances from Step 6
 - Step 7.2: Set the instances from step 7.1 as class F.
- Step 8: Train 3rd layer ensemble machine learning head model using the data collected in Step 1, Step 4 and Step 7.
- Step 9: Terminate with 3 layers ensemble machine learning models.

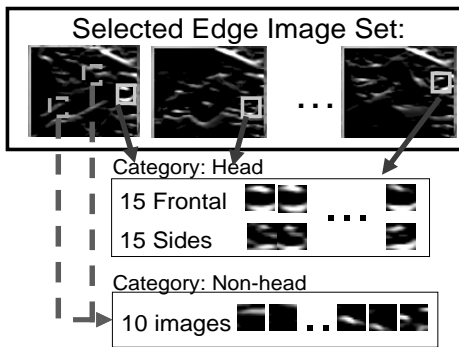


Fig. 6 (a). Collect Training Data Procedure: The format of the training data is intensity values of a 14×14 edge image. $I[x, y]$, where x is valid from 1 to 14 and y is valid from 1 to 14.

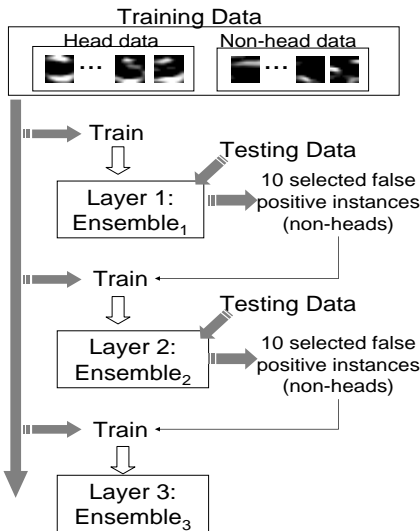


Fig. 6 (b). Training Scheme. Hierarchical structure allows continuously refining patterns and rules by focusing on the false positive instances from previous learning experiences.

The hierarchical structure allows patterns and rules to be continuously refined by focusing on the false positive instances from the previous learning experience. The proposed method utilizes a relatively small number of instances to build the machine learning models, and moreover all training data is selected from one single video clip. In evaluation, the experimental results show that the head detector works robustly for locating the head in testing all 17 video data, which are recorded with 4 different filming angles and in 2 different environments. Figure 7 presents the head searching scheme.

Search head over the Region with starting point (x, y) , width (w) and height (h) .

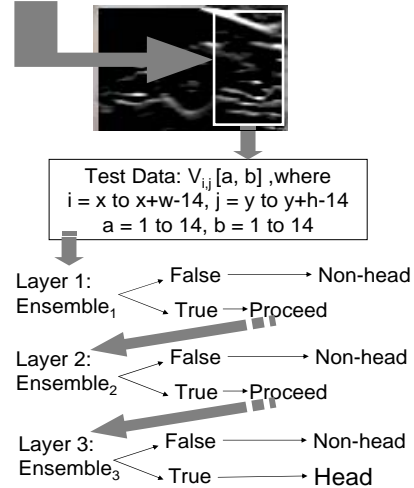


Fig. 7. Search Scheme of the Head Detector.

4. TORSO DETECTOR

Humans are articulated objects composed of connecting parts. Hence, the coordinates of the head position are used as the starting point to locate the torso. The torso detector searches over the edge box maps, which largely abstract the output images from edge images and hence reduce the data complexity. Figure 8 presents several edge box maps with the head region found, illustrating more clean views for segmentation of the torso part.

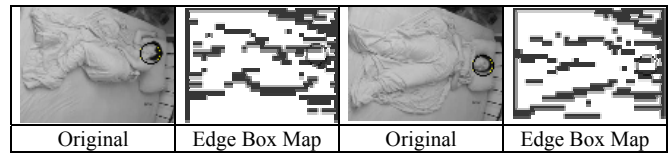


Fig. 8. Edge Box Maps with the Head found.

The core idea to find the torso is to search for a relatively smooth region with reasonable distance and angle from the head, i.e. an area near to the head with a low interior edge box count. Hence, a constrained search range is used to keep limited distance and angle between the head and the torso. Moreover, the location of the search range is adjusted by the relative level of the head position on margins of the bed considering general body posture (See Figure 9). Also, the size of the region is proportional to the size of the head. Hence, the width of the search range is equal to $1\frac{1}{2} \times$ width of the head and the height

of the range is $2 \times$ height of the head.

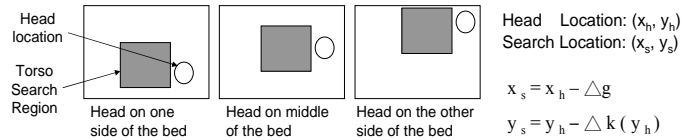


Fig. 9. The location of the torso search region (x_s, y_s) is derived from the head location (x_h, y_h) . Given the head size (w, h) and the bed size (W, H) , $\Delta g = 1\frac{1}{2} \times w$ and $\Delta k(y_h) = (1) 0$, where $y_s < H/3 - h/3$; (2) h , where $y_s > 2H/3 - h/3$; (3) $h/2$, otherwise.

A voting mechanism is created to locate the torso by find the most flat region inside the search area. Given the search area, it is divided into 4 rows equally. We then select two connecting rows with the lowest edge box count (See Figure 10).

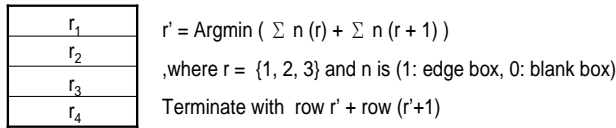


Fig. 10. Voting mechanism to select the smoothest area. $\sum n(r)$ is the accumulation of valid edge boxes within row r .

5. EXPERIMENTS

In evaluation, the experiments are conducted on a number of video clips in two different environments with various body postures, human activities and camera shooting angles. The human activities include head movements, limb movements and body rotation. For a quantitative evaluation on the proposed method, we firstly systematically sample 2090 frames from 17 video clips, secondly generate 200 non-repeating random numbers between 1 and 2090, and then select 200 frames according to those random numbers. The randomly sub-selected frames are then manually marked to produce a reference standard by an independent individual. The output of the system is then compared to the reference standard. Given the overlapped area ζ of the manually marked area and the estimated area by the proposed algorithm ω , the precision rate P of each frame is equal to ζ / ω . Furthermore, a recognition rate is defined as $R(P) = n(P) / N$, where $n(P)$ is the sum of frames with precision rate P and N is the total number of frames sampled from individual video clip. Figure 8 presents the recognition rates of the head detector and the torso detector with three levels of precision rate, i.e. $P \geq 0.7$, $P \geq 0.5$ and $P < 0.5$. The recognition rates are presented in Table 1.

Table I. Recognition Rates.

R(P)	$P \geq 0.7$	$P \geq 0.5$	$P < 0.5$
Head Detector	0.79	0.99	0.01
Torso Detector	0.9	0.96	0.04

$R(P) = n(P) / N$, where $n(P)$ is the sum of frames with precision rate P and N is the total number of frames sampled.

Although the proposed model is trained and built by using a small number of frames from one single video clip, the experimental results on 200 randomly selected frames from 17 video clips show that the proposed approach works robustly despite different environmental set-up, camera shooting angles,

and variations of body postures and movements. Figure 11 illustrates some image outputs from our system, presenting that the approach is invariant to different body postures, human activities and environmental set-up.

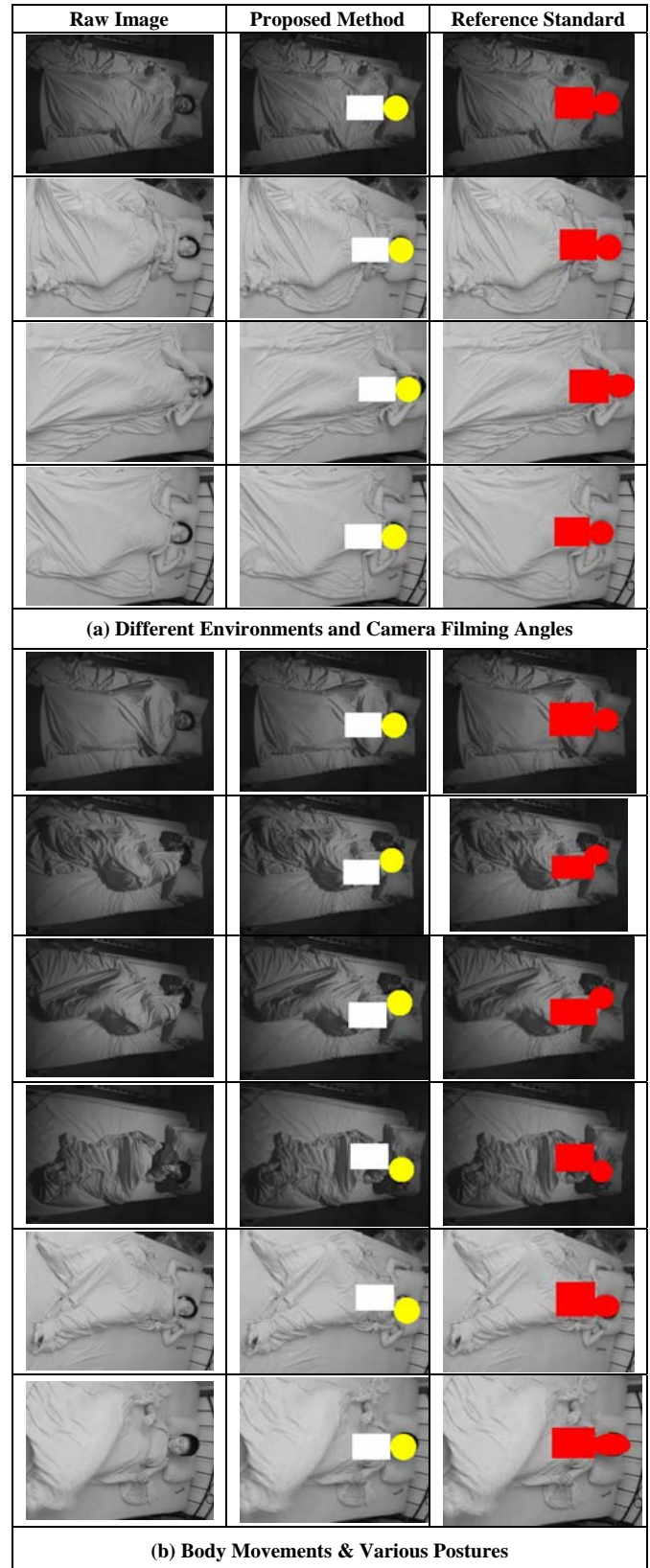


Fig. 11. System output images with manually marked images.

Regarding the computing efficiency, the system is implemented in C# and able to process 25 fps on a P4 2.4GHz CPU power. The video was acquired with a resolution of 320*240, using a SONY infrared camcorder (DCR-HC-30E).

6. CONCLUSIONS & FUTURE WORKS

Analysis of the covered human body is a challenging task. We have presented a novel technique for locating the upper body parts on the covered human. The method includes a combination of image processing techniques for extracting object features effectively, an edge box map for further shape abstraction to locate the torso, a hierarchical-ensembles head detector and a torso detector. Although the proposed model is trained and built by using a small number of frames from one single video clip, the experimental results show that the proposed approach works robustly to estimate the positions of the head and the torso on the covered human on 17 video clips despite different environmental set-up, camera shooting angles, and variations of body postures and movements.

The proposed method allows further analysis of the activities of the covered human body. The locations of the upper body parts and the proposed edge box map can be utilized to identify the limb posture, allowing recovering / estimating a full human body posture and advanced recognition on covered human body activities, such as leg movements, arm movements, body rotation, getting up, head movements, going to bed, etc.

Apart from assisting diagnosis of obstructive sleep apnea, the monitoring technique can be applied to other sleeping disorders or syndromes.

We will continuously develop and enhance methods to locate the rest of the body parts and to recognize human activities during sleep. Currently, we are investigating methods for tracking the covered human body parts. As the detection is applied to every frame in the initial stage, tracking will be added to associate temporal relationships among frames, to stabilize locations of detected body parts and to further improve the computational speed.

Amounts of experiments will be conducted using patients and volunteers in the Sleep Lab at the Lincoln County Hospital to determine performance on a large scale and to generalize across the variations in human sizes, shapes, and behavior. Furthermore, we will develop a system to diagnose movements characteristic of sleep disturbances.

ACKNOWLEDGMENT

We thank Yen-Ting, Fang for marking the head and the torso of the covered human on the 200 randomly selected images as the reference standard in evaluation of the proposed method.

REFERENCES

- [1] W. W. Flemons, M. R. Littner, J. A. Rowley, P. Gay, W. M. Anderson, D. W. Hudgel, R. D. McEvoy, and D. I. Loube, Home Diagnosis of Sleep Apnea: A Systematic Review of the Literature An Evidence Review Cosponsored by the American Academy of Sleep Medicine, the American Thoracic Society CHEST 124(4), 2003, pp. 1543-1579. Available: <http://www.chestjournal.org/cgi/reprint/124/4/1543>
- [2] J. C. T. Pepperell, R. J. O. Davies, and J. R. Stradling, Sleep studies for sleep apnoea, *Physiological Measurement*, 23, 2002, pp. R39 – R74. Available: <http://www.iop.org/EJ/article/0967-3334/23/2/201/pm22r1.pdf>
- [3] L. S. Bennett, B. A. Langford, J. R. Stradling, and R. J. O. Davies, Sleep fragmentation indices as predictors of daytime sleepiness and nCPAP response in obstructive sleep apnea, *Am J Respir Crit Care Med*, 158, 1998, pp. 778 – 786.
- [4] R. N. Kingshott, M. Vennelle, C. J. Hoy, H. M. Engleman, I. J. Deary, and N. J. Douglas, Predictors of improvements in daytime function outcomes with CPAP therapy, *Am J Respir Crit Care Med*, 161, 2000, pp. 866 – 871.
- [5] Visi-3 Digital Video System, <http://www.stowood.co.uk/page26.html>
- [6] Y. Sivan, A. Kornecki, and T. Schonfeld, Screening obstructive sleep apnoea syndrome by home videotape recording in children, *Eur Respir J*, 9, 1996, pp. 2127 – 2131.
- [7] Z. Q. Huang and Z. Jiang, Tracking Camouflaged Objects with Weighted Region Consolidation, *Proceedings of the IEEE Digital Image Computing: Techniques and Applications*, 2005, pp. 161 – 168.
- [8] T. E. Boulton, R. Micheals, X. Gao, P. Lewis, C. Power, W. Yin, and A. Erkan, Frame-Rate Omnidirectional Surveillance & Tracking of Camouflaged and Occluded Targets, *Proceedings of the Second IEEE Workshop on Visual Surveillance*, 1999, pp. 48 – 55.
- [9] H. T. Nguyen and A. W. M. Smeulders, Fast Occluded Object Tracking by a Robust Appearance Filter, *IEEE Transactions on Pattern Analysis and Machine Intelligence*, 26, 2004, pp. 1099 – 1104.
- [10] A. Ghafoor, R. N. Iqbal, and S. Khan, Robust image matching algorithm. *Proceedings of Video/Image Processing and Multimedia Communications*, 4th EURASIP Conference focused on Vol. 1, 2003, pp. 155 – 160.
- [11] H. L. Eng, J. Wang, A. H. Kam, and W. Y. Yau, A Bayesian framework for robust human detection and occlusion handling using human shape model. *Proceedings of the 17th International Conference on Pattern Recognition*, 2004, pp. 257 – 260.
- [12] J. Winn and J. Shotton, The Layout Consistent Random Field for Recognizing and Segmenting Partially Occluded Objects. *Proceedings of IEEE Computer Vision and Pattern Recognition*, 2006, pp. 37 – 44.
- [13] B. Chalmond, B. Francesconi, and S. Herbin, Using Hidden Scale for Salient Object Detection. *IEEE Transactions on Image Processing*, 2004, pp. 2644 – 2656.
- [14] R. T. Collins, Y. Liu, and Leordeanu, M., Online Selection of Discriminative Tracking Features. *IEEE Transactions on Pattern Analysis and Machine Intelligence*, Vol. 27, 2005, pp. 1631 – 1643.
- [15] T. Jaeggli, G. Caenen, R. Fransens, and L. V. Gool, Analysis of Human Locomotion Based on Partial Measurements. *Proceedings of IEEE Motion*, 2005, pp. 248 – 253.
- [16] J. R. Quinlan, Bagging, boosting, and C4.5. *Proceedings of the Thirteenth National Conference on Artificial Intelligence*, 1996, pp. 725 – 730.
- [17] C. W. Wang, New Ensemble Machine Learning Method for Classification and Prediction on Gene Expression Data. *Proceedings of 28th IEEE EMBS Annual International Conference*, 2006, pp. 3478 – 3481.
- [18] M. Seul, L. O’Gorman, and M. J. Sammon, *Practical Algorithms for Image Analysis with CD-ROM*. Cambridge University Press, 2000.
- [19] X. Jiang, *Advanced Techniques for Assessment Surface Topography*. Kogan Page, 2003.
- [20] Raytek Corporation, Fluke ThermoView Ti30 thermal imager, Available: <http://www.radir.com/thermalimager.htm>
- [21] S. Matusiewicz [Position: Consultant Physician], Personal Interview, Medical Physics Department of Lincoln County Hospital in United Kingdom, 2006
- [22] D. Mack, M. Alwan, B. Turner, P. Suratt, and R. Felder, A Passive and Portable System for Monitoring Heart Rate and Detecting Sleep Apnea and Arousals: Preliminary Validation, *Proceedings of the Transdisciplinary Conference on Distributed Diagnosis and Home Healthcare (D2H2)*, 2006. Available: http://marc.med.virginia.edu/projects_naps.html