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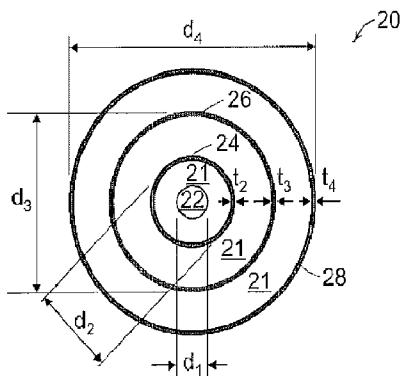
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(54) Titre : ELECTRODE BIOMEDICALE

(54) Title: BIOMEDICAL ELECTRODE



(57) Abrégé/Abstract:

A biomedical electrode is disclosed that includes at least first and second electrical nodes for connection to medical equipment. The biomedical electrode includes a first electrical node including a disc of conductive material having a diameter d_1 and a second electrical node including a ring of conductive material. The ring is concentric with the disc and has a diameter d_2 that is larger than d_1 and having a ring thickness t_2 such that $(4 \leq d_1 / t_2 \leq 6)$. It is further disclosed a biomedical electrode providing at least first, second, third and fourth electrical nodes for connection to medical equipment, said biomedical electrode comprising said first electrical node including a disc of conductive material having a diameter d_1 ; said second electrical node including a first ring of conductive material, said first ring being concentric with the disc and having a radius a that is larger than $d_1/2$; and said third electrical node including a second ring of conductive material, said second ring also being concentric with the disc and having a radius β that is larger than $d_2/2$; said fourth electrical node including a third ring of conductive material, said third ring also being concentric with the disc and having a radius of thirty millimeters that is larger than $d_3/2$, such that $(3 \alpha \beta)^2$ is less than about 0.225 cm^4 .

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A61B 5/0478 (2006.01) *A61N 1/04* (2006.01)(74) Agents: **HILTON**, William, E. et al.; Gauthier & Connors LLP, 225 Franklin Street, Suite 2300, Boston, MA 02110 (US).(21) International Application Number:
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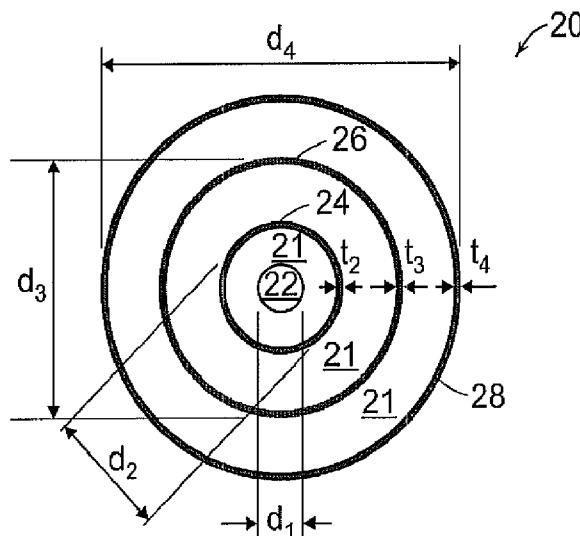
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(54) Title: BIOMEDICAL ELECTRODE



(57) **Abstract:** A biomedical electrode is disclosed that includes at least first and second electrical nodes for connection to medical equipment. The biomedical electrode includes a first electrical node including a disc of conductive material having a diameter d_1 and a second electrical node including a ring of conductive material. The ring is concentric with the disc and has a diameter d_2 that is larger than d_1 and having a ring thickness t_2 such that $(4 \leq d_1 / t_2 \leq 6)$. It is further disclosed a biomedical electrode providing at least first, second, third and fourth electrical nodes for connection to medical equipment, said biomedical electrode comprising said first electrical node including a disc of conductive material having a diameter d_1 ; said second electrical node including a first ring of conductive material, said first ring being concentric with the disc and having a radius α that is larger than $d_1/2$; and said third electrical node including a second ring of conductive material, said second ring also being concentric with the disc and having a radius β that is larger than $d_2/2$; said fourth electrical node including a third ring of conductive material, said third ring also being concentric with the disc and having a radius of thirty millimeters that is larger than $d_3/2$, such that $(3 \alpha \beta)^2$ is less than about 0.225 cm^4 .

FIG. 2

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BIOMEDICAL ELECTRODE

PRIORITY

This application claims priority to U.S. Provisional Patent Application Ser. No. 61/255,635 filed October 28, 2009.

5

BACKGROUND

The invention generally relates to biomedical electrodes and relates in particular to biomedical electrodes for detecting localized electrical signals within a subject as well as biomedical electrodes for providing electrical stimulation to a subject.

10 Conventional disc biomedical electrodes have generally changed little since Hans Berger first recorded the human electroencephalogram (EEG) in 1924. One drawback of conventional EEG methods that are recorded with disc electrodes, is that the procedure lacks high spatial resolution. This is primarily due to the blurring affects of the different conductivities of the volume conductor such as the cerebrospinal fluid, skull, and the
15 scalp. Conventional EEG signals recorded with disc electrodes also have reference electrode problems as idealized references are not available with EEG. Placing the reference at different locations changes the characteristics of the EEG signals.

There are previous reports of concentric ring electrodes. Many such reports however, such as "Exploration du Champ Electrique Precordial a l'aide de deux
20 Electrodes Circulaires, Concentrique et Rapproches" by V. Fattorusso and J.Tilmant, *Arch Mal du Coeur*, v.42, pp 452-455 (1949); "Body Surface Laplacian Mapping in Man" by B. He and R.J. Cohen, *IEEE EMBS*, v.13, no.2, pp. 784 – 786 (1991); and "Computing the Lead Field of Electrodes with Axial Symmetry" by A. van Oosterom and

J. Strackee, *Medical & Biological Engineering & Computing*, no.21, pp.473 – 481 (1983) only disclose bipolar concentric electrodes. The article “Concentric-Ring Electrode Systems For Non-Invasive Detection of Single Motor Unit Activity” by D. Farina and C. Cescon, *IEEE, Transactions in Biomedical Engineering*, v.48, no.11, pp.1326 – 1334 . 5 (Nov. 2001) describes various concentric electrodes with up to four rings, but there is no specific description of how the signals were acquired (for example including electronic connectivity) other than the fact that weights are employed. U.S. Patent Application Publication No. 2004/0199237 (to Mills et al.) discloses a method and device for testing whether an electrode is functioning properly by passing small currents between a ring and 10 a disc electrode. U.S. Patent Application Publication No. 2003/0125786 (to Gliner et al.) describes a tripolar concentric electrode for implantable neurostimulation use.

To increase the spatial frequency and selectivity the surface Laplacian has been utilized. Concentric ring electrodes automatically estimate the surface Laplacian significantly better than by processing conventional EEG signals (see “Development of 15 Tri-Polar Concentric Ring Electrode for Acquiring Accurate Laplacian Body Surface Potentials”, by W.Besio, R.Aakula, K.Koka and W.Dai, *Annals of Biomedical Engineering*, Vol.34, No. 3, March 2006) and significantly improves the signal-to-noise level in EEG applications, (see “Tri-Polar Concentric Ring Electrode Development for Laplacian Electroencephalography, by W.Besio, R.Aakula, K.Koka and W.Dai, *IEEE 20 Transactions on Biomedical Engineering*, Vol.53, No.5, May 2006), as well as spatial selectivity, and mutual information (see “Improvement of Spatial Selectivity and Decrease of Mutual Information of Tri-Polar Concentric Ring Electrodes”, by K.Koka and W.Besio, *Journal of Neuroscience Methods*, Vol.165, pp.216 – 222, June 9, 2007).

The reference problem is alleviated as well since bipolar differences are taken at closely spaced electrode elements.

Theory has shown that the elements of the electrodes should have equal area to prevent electrode offset potentials due to electrode half-cell potentials (see "Body Surface Laplacian ECG Mapping" by B. He and R.J. Cohen, *IEEE Transactions in Biomedical Engineering*, v.39, no.11, pp. 1179 - 1191 (1992); and "Medical Instrumentation Application and Design 3rd ed." by J. Webster, *John Wiley & Sons, Inc.* (1998)). To use the finite difference approximation of the Laplacian described in "Numerical Methods for Partial Differential Equations" by W.F. Ames, Barnes & Noble, Inc., NY, pp. 15 - 19 (1969) and the methods of "Difference Formulas for the Surface Laplacian on a Triangular Surface" by G. Huiskamp, *J.Computational Physics*, v.95, no.1, pp. 477 - 496 (1991) to relate the finite difference method to a concentric ring electrode, the implied theory is that the center disc is a ring whose radius is equal to the ring and the outer ring is the same thickness as the ring of the disc. When the rings are of equal thickness the diameter of the central disc is twice the thickness of the outer ring. "Numerical Methods for Partial Differential Equations" by W.F. Ames, Barnes & Noble, Inc., NY, pp. 15 - 19 (1969) also states that the spacing between the rings, and disc, should be equal. For example, Figure 1 shows a prior art concentric ring electrode 10 that includes a disc 12, an inner ring 14 a middle ring 16 and an outer ring 18. As discussed above, conventionally, the thickness of each ring is the same (t) and the diameter of the disc 12 is $2t$. The spacing between the disc and each of the rings (which includes a dielectric material 8) is also conventionally t .

Further, an electrode gel (e.g., an electrolyte) has conventionally been used to bridge between electrodes and a cleaned surface of a subject (e.g., the scalp). The spacing required between electrodes may be so small that smearing of the electrolyte (and thus short circuiting of the bioelectric signal) may occur. Additionally, and perhaps most 5 importantly, the application and removal of electrolyte gels is an unpleasant process for the subject, and time-consuming for the clinician or care giver. There are also toxicological concerns with electrolyte gels where dermatological responses are common.

To avoid the problems of electrolytes, dry electrodes (not using a gel) have been introduced. With dry electrodes, however, movement artifacts are more prevalent due to 10 the absence of a thick electrolyte layer (as is present in gels, which provides a *shock absorber* function). The introduction of active electrodes (where buffering/amplification takes place at the electrode site) provides much less emphasis on the skin-electrode impedance. An added concern with dry electrodes is that the large RC constant, which exists at the input of the unity gain amplifiers typically used for this application, prolongs 15 the effect of large artifacts.

There is a need therefore, for an improved biomedical electrode that may be used without the current drawbacks yet may also provide consistent and reliable high resolution signals.

20 SUMMARY

In accordance with an embodiment, the invention provides a biomedical electrode that includes at least first and second electrical nodes for connection to medical equipment. The biomedical electrode includes a first electrical node including a disc of

conductive material having a diameter d_1 , and a second electrical node including a ring of conductive material. The ring is concentric with the disc and has a diameter d_2 that is larger than d_1 and having a ring thickness t_2 such that $(4 \leq d_1 / t_2 \leq 6)$.

In accordance with another embodiment, the invention provides a biomedical 5 electrode including at least first, second and third electrical nodes for connection to medical equipment. The first electrical node includes a disc of conductive material having a diameter d_1 , the second electrical node includes a first ring of conductive material, wherein the first ring is concentric with the disc and has a diameter d_2 that is larger than d_1 and having a ring thickness t_2 such that $(4 \leq d_1 / t_2 \leq 6)$. The third electrical 10 node includes a second ring of conductive material, and the second ring is also concentric with the disc and has a diameter d_3 that is larger than d_2 and a ring thickness t_3 such that $(4 \leq d_1 / t_3 \leq 6)$.

In accordance with a further embodiment, the invention provides a biomedical electrode including at least first, second, third and fourth electrical nodes for connection 15 to medical equipment. The first electrical node includes a disc of conductive material having a diameter d_1 . The second electrical node includes a first ring of conductive material, wherein the first ring is concentric with the disc and has a radius α that is larger than $d_1/2$. The third electrical node includes a second ring of conductive material, wherein the second ring is also concentric with the disc and has a radius β that is larger 20 than $d_2/2$. The fourth electrical node includes a third ring of conductive material, wherein the third ring is also concentric with the disc and has a radius of thirty millimeters that is larger than $d_3/2$, such that $(3 \alpha \beta)^2$ is less than about 0.225 cm^4 .

According to one aspect of the present invention, there is provided a biomedical electrode system including a biomedical electrode, said biomedical electrode providing at least first, second and third electrical nodes for connection to medical equipment, said first electrical node including a disc of conductive material having a diameter d_1 , said second electrical node including a first ring of conductive material, said first ring being concentric with the disc and having a radius α and having a ring thickness t_2 such that $(4 \leq d_1/t_2 \leq 6)$, and said third electrical node including a second ring of conductive material that is concentric with the disc and having a radius β , wherein $(3 \alpha \beta)^2 \leq 0.225 \text{ cm}^4$.

According to another aspect of the present invention, there is provided a biomedical signal transmission system including a biomedical electrode including at least first, second and third electrical nodes for connection to medical equipment, said first electrical node including a disc of conductive material having a diameter d_1 , said second electrical node including a first ring of conductive material, said first ring being concentric with the disc and having a diameter d_2 that is larger than d_1 and having a ring thickness t_2 such that $(4 \leq d_1/t_2 \leq 6)$, and said third electrical node including a second ring of conductive material that is concentric with the disc and having a diameter d_3 that is larger than d_2 , and a switching circuit coupled to said first electrical node, said second electrical node and said third electrical node, wherein said switching circuit selectively provides unipolar, bipolar and tripolar outputs for the biomedical electrode.

According to still another aspect of the present invention, there is provided a method of providing a biomedical signal transmission system, said method comprising the steps of: providing a biomedical electrode including at least first, second and third electrical nodes for connection to medical equipment, said first electrical node including a disc of conductive material having a diameter d_1 , said second electrical node including a first ring of conductive material, said first ring being concentric with the disc and having a diameter d_2 that is larger than d_1 and having a ring thickness t_2 such that $(4 \leq d_1/t_2 \leq 6)$, and said third electrical node including a second ring of conductive material that is concentric with the disc and having a diameter d_3 that is larger than d_2 , and coupling said first electrical node, said second electrical node and said third electrical node to a switching circuit, and wherein said switching circuit selectively provides unipolar, bipolar and tripolar outputs for the biomedical electrode.

BRIEF DESCRIPTION OF THE ILLUSTRATED EMBODIMENTS

The following description may be further understood with reference to the accompanying drawings in which:

Figure 1 shows an illustrative diagrammatic view of a prior art biomedical
5 electrode;

Figure 2 shows an illustrative diagrammatic view of a biomedical electrode in
accordance with an embodiment of the invention;

Figure 3 shows an illustrative diagrammatic side view of the biomedical electrode
of Figure 2 applied to a subject.

10 Figure 4 shows a graphical illustration of the relationship between first and
second ring radii of the quadra-polar layout of Figure 2 and the associated error
approximating the Laplacian where the diameter of the outermost ring is set to thirty
millimeters;

15 Figure 5 shows an illustrative diagrammatic view of a multiple output electronic
circuit for use with a biomedical electrode in accordance with an embodiment of the
invention;

Figure 6 shows an illustrative diagrammatic view of a biomedical electrode in
accordance with another embodiment of the invention

20 Figure 7 shows an illustrative diagrammatic bottom view of the biomedical
electrode of Figure 6 taken along line 7 - 7 thereof;

Figure 8 shows an illustrative diagrammatic top view of the biomedical electrode
of Figure 6 taken along line 8 - 8 thereof;

Figure 9 shows an illustrative diagrammatic cross-sectional view of one protruding electrode in the biomedical sensor of Figure 6;

Figure 10 shows an illustrative diagrammatic view of an array of electrodes of an embodiment of the present invention; and

5 Figure 11 shows an illustrative diagrammatic side view of an article including a fabric electrode in accordance with an embodiment of the invention; and

Figure 12 shows an illustrative diagrammatic view of electric field profiles extracted across an x-axis for three different stimulation currents.

The drawings are shown for illustrative purposes only.

10

DETAILED DESCRIPTION.

It has been discovered that the diameters of the conductive discs and the thickness of conductive rings significantly impacts performance of biomedical electrodes. For example, suitable results were not achieved when concentric electrodes were used for 15 stimulation with an outer ring having a diameter that is less than approximately 2.0 cm. Also, when the diameter of the inner disc is about two times the thickness of the outer ring, suitable results were not obtained.

Applicant has discovered that suitable electrodes should include an outer diameter of at least about 3.0 cm, and that the ratio of the center disc diameter to the outer ring 20 thickness should be at least about four and less than about six, and preferably less than about five, with the ratio increasing for smaller diameter electrodes.

For a bipolar electrode therefore, if the outer ring thickness, is t_2 then the diameter of the inner ring d_1 should be t_2 multiplied by at least about four but less than about five

($4 \leq d_1 / t_2 \leq 5$). For example, for an electrode with an outer ring diameter of 16 mm and thickness of 1.0 mm the electrode works well if the diameter of the center disc is 4.0 mm. In another embodiment, when the outer ring diameter is 6.0 mm and thickness of 0.4 mm the electrode works well when the center disc diameter is 2.0 mm. The improvements 5 gained with this ratio for stimulation also allow for high-fidelity signal acquisition as well.

Figure 2, for example, shows a quadra-polar biomedical electrode design in accordance with an embodiment of the invention. The biomedical electrode design 20 includes a center conductive ring 22, two concentric mid-conductive rings 24 and 26, and 10 an outer concentric conductive ring 28. The inner ring has a diameter d_1 as shown, the rings 24 and 26 have diameters of d_2 and d_3 as shown, and the outer ring has a diameter d_4 as shown. The conductive rings 24, 26 and 28 each have ring thickness t_2 , t_3 and t_4 as shown, and the diameters d_2 , d_3 and d_4 are measured to the outer edge of each of the conductor thicknesses. In certain embodiments, $t_1 \geq t_2 \geq t_3$ and in an embodiment, $t_1 = t_2$ 15 = t_3 . A dielectric material is provided in the spaces 21 between the disc and rings as shown. The conductive material used for the rings may include silver/silver chloride, gold, tin etc.

It has also been discovered that the distance between the ring conductors affects 20 performance as well, and that an optimal spacing that is contrary to the conventional approach provides surprising results. Mathematical analysis has shown that there are certain gap sizes that provide the most accurate approximation to the Laplacian. For this theoretical exercise, three rings concentric to a central disc were used in a quadra-polar concentric ring configuration as shown in Figure 2. The outer ring diameter was fixed

and the two middle rings were allowed to be adjusted to minimize the error approximating the Laplacian. The first ring 24 radius ($d_2/2$) was constrained to be greater than the radius of the central disc 22 ($d_1/2$) but less than the radius of the outermost ring 28 ($d_4/2$) and the radius of the second ring 26 ($d_3/2$). The radius of the second ring 26 5 ($d_3/2$) was greater than the radius of the first ring 24 ($d_2/2$) but less than the radius of the outer ring 28 ($d_4/2$).

It has been found that there are ranges of radii for each ring that minimize the error approximating the Laplacian. For example, if the first ring 24 radius is α and the radius of the second ring 26 is β , and if the outer ring radius is fixed at 3.0 (arbitrary 10 units) then the optimal radii for the electrode are the points where the function $(3 \alpha \beta)^2$ is minimized. Figure 4 shows for example, at 40 a relationship between the error approximating the Laplacian as a function of the radius of a first inner ring 24 and the radius of a second inner ring 26 when the radius of the outermost ring 28 is fixed to 30.0 mm. If $\alpha = 3.0$ mm and $\beta = 5.0$ mm, with the outer radius fixed to 30.0 mm, the above 15 function yields $202,500$ mm⁴, or 0.2025 cm⁴. Preferably, the function yields less than about 0.225 cm⁴.

Assuming an outer ring diameter of 30 mm and that the ring thicknesses of all the rings is 1.0 mm then the center disc diameter would be 2.0 mm. The radius at the center of the first ring could vary from 1.5 mm to 14 mm and the second ring radius at the center 20 could vary from 2.5 mm to 14 mm. To minimize the error approximating the Laplacian if β is kept large, say at 13 mm, then α must be small, e.g., 4.0 mm. Keeping the radius of the first inner ring 24 and the radius of the second inner ring 26 both small is preferred

such as $d_2 = 6.0$ mm and $d_3 = 10.0$ mm. When not maximizing the approximation to the Laplacian, the insulating gaps may be proportioned equally.

Electrodes of the invention may be used for the acquisition of biopotentials in clinical and research applications. The new electrodes may be used for recording the 5 electroencephalogram (EEG), electrocardiogram (ECG), electromyogram (EMG), electrooculogram (EOG) etc. Use of the electrodes is also not limited to noninvasive recording; as they may also be used as implantable electrodes. They could also be used in any application where potentials need to be measured on a non-biological surface where movement artifact suppression is beneficial. Concentric electrodes take the 10 differences of signals that are impressed on electrode elements very closely spaced (for EEG typically within 1.0 mm or less). The interference is nearly the same on both elements of the electrode and is automatically cancelled by common mode rejection. It may further be possible that electrodes of the invention are used in an application that permits or requires that a subject be mobile while monitoring their bio-potentials.

15 A biomedical electrode of the invention may include conductive rings that themselves contact a patient's skin either with or without the use of a hydrogel. For example, Figure 3 shows a side view of the biomedical electrode 20 as applied to a patient 32 using an electrolytic gel 30. In various embodiments, different electrically conductive elements (22, 24, 26, 28) may be coupled together. In an embodiment for 20 example, the central disc 22 and the outermost ring 28 may be coupled together and to ground.

For example, electrodes of tri-polar biomedical electrodes of various embodiments may have the following dimensions as shown in Table 1 below.

Electrode dimensions

TYPE (Dia.)	central disc radius	1 st ring inner radius	1 st ring outer radius	2 nd ring inner radius	2 nd ring outer radius
0.6 cm	1.0 mm	1.6 mm	2.0 mm	2.6 mm	3.0 mm
1.0 cm	1.4 mm	2.6 mm	3.2 mm	4.4 mm	5.0 mm
1.6 cm	2.0 mm	3.0 mm	4.0 mm	7.0 mm	8.0 mm

Table 1

5

Analyses of the electrode element ratios for these are as shown in Table 2 below.

Analysis of electrode element ratio

Electrode Dia. (cm)	disc dia. (mm)	outer ring thickness (mm)	dd/orw ratio
0.6	2.0	0.4	5
1.0	2.8	0.6	4.67
1.6	4.0	1.0	4

10

Table 2

The electrode element areas are shown in Table 3 below.

Electrode element area

Electrode Dia. (cm)	disc (mm ²)	mid ring (mm ²)	outer ring (mm ²)
0.6	3.1	4.5	7.0
1.0	6.2	10.9	17.7
1.6	12.6	22.0	47.1

15

Table 3

For the above calculations for the electrode having an electrode outer diameter of 0.6cm, the disc has a diameter of 2.0mm, a disc radius of 1.0mm, a disc area of 3.14mm², a first ring inner radius of 1.6mm, a first ring outer radius of 2.0mm, a first ring area of 4.52mm², a second ring inner radius of 2.6mm, a second ring outer radius of 3.0mm, and 20 a second ring area of 7.04mm². For the electrode having an electrode outer diameter of 1.0cm, the disc has a diameter of 2.8mm, a disc radius of 1.4mm, a disc area of 6.16mm²,

a first ring inner radius of 2.6mm, a first ring outer radius of 3.2mm, a first ring area of 10.93mm², a second ring inner radius of 4.4mm, a second ring outer radius of 5.0mm, and a second ring area of 17.72mm². For the electrode having an electrode outer diameter of 1.6cm, the disc has a diameter of 4.0mm, a disc radius of 2.0mm, a disc area of 12.57mm², a first ring inner radius of 3.0mm, a first ring outer radius of 4.0mm, a first ring area of 21.99mm², a second ring inner radius of 7.0mm, a second ring outer radius of 8.0mm, and a second ring area of 47.12mm².

Figure 5 shows a switching circuit system 100 for communicating with an electrode in accordance with an embodiment of the invention that provides for multiple outputs. In particular, the quad output concentric electrode 102 simultaneously provides two forms of unipolar, a bipolar output, as well as tripolar output using a series of switches 104, 106, and 108 that selectively couple the inner conductor 110, a middle conductor 112 and an outer conductor 114 to amplifiers 120, 122, 124 and 126 as shown. The system also includes switches 130 and 132 for selectively coupling the center conductor 110 to either the middle conductor 112 or the outer conductor 114 respectively or both.

The amplifier 120 receives its positive input from the outer conductor 114 and its negative input from the center conductor 110, and the output of the amplifier 120 provides a bipolar output signal 140. The amplifier 124 receives its positive input from the outer conductor 114 and its negative input is coupled to ground. The output of the amplifier 124 provides an outer ring monopolar output signal 142 when the switch 132 is open and the switch 104 is closed. The amplifier 126 receives its positive input from the middle conductor 112 and 114 and its negative input is coupled to ground. The output of

the amplifier 126 provides a switched monopolar output signal 144 when switches 130 and 132 are closed. Switches 104, 106 and 108 should be opened with the inputs to amplifiers 120, 122 and 124 connected to a reference or to a sample and hold circuit while, switches 130 and 132 are shorted. The amplifier 122 receives its positive input 5 from the middle conductor 112 (via switch 108) and receives its negative input from the inner conductor 110 (via switch 106). The output of the amplifier 122 is provided to a positive input of a further amplifier 152 via a resistor 150 (R1 of e.g., 1 k Ohm) and the negative input of the amplifier 152 is coupled to the inner conductor 110. The output of the amplifier 152 is feedback coupled to the positive input through a resistor (R2 of e.g., 10 16 k Ohm) and is also coupled to the positive input of a further amplifier 156. The negative input of the amplifier 156 is coupled to the output of the amplifier 120, and the output of the amplifier 156 provides a tripolar output signal (16(M - D) - (O - D)).

The outputs differ in spatial selectivity. This system produces a surface Laplacian output by taking the second radial spatial derivative of the surface signals and providing 15 two forms of virtual unipolar output signals. The Laplacian operator is commonly performed in software to localize cortical activity since it approximates underlying cortical potentials from scalp voltage distributions. However, there may be circumstances when the tripolar concentric ring electrodes (TCRE)'s high spatial selectivity might also limit its utility, such as source reconstruction. The rationale for the 20 proposed quad output concentric electrode is that it will maintain compatibility with existing EEG electrode methods, while also providing outputs with improved spatial localization of cortical activity. The spatial derivative outputs are self-referential, unlike unipolar electrodes, and are potentially less sensitive to most EEG artifacts. The above

applies to EEG signals but is also appropriate for ECG, EMG, EOG, and other signal recordings.

Figure 6 shows a biomedical electrode 50 in accordance with another embodiment of the invention. The biomedical electrode 50 in accordance with an embodiment 5 includes a plurality of protruding electrodes 54 that extend through and protrude from a common base 56. Each electrode includes a fixed protruding portion 58 and a resilient protruding portion 60 that extends from the fixed protruding portion 58 as further shown in Figure 6, which shows a bottom view. As further shown in Figure 8 (which shows a top view), each electrode also includes a mounting post 62 that extends through the base 10 56. Each mounting post 62 is threaded, and a nut 64 is used to fasten each electrode onto the base 56 as further shown in Figure 9. In accordance with further embodiments, each protruding electrode may be attached to the base by a variety of known techniques, including for example, using solder, glue and/or press fit insertion.

In accordance with various embodiments the protruding electrodes 54 may be 15 connected to monitoring equipment in such a way that they remain electrically independent of one another, or in some embodiments, one or more groups of electrodes may be commonly coupled via conductors. For example, Figure 8 shows a first outer conductor 66 that electrically joins together the outer ring of electrodes. A second conductor may similarly electrically joins together an inner ring of electrodes. The 20 innermost electrode is electrically independent of the others. Each conductor (e.g., 66) is coupled to its associated electrode 54 by being captured between the conductive fastening nut and the base 56 as shown in Figure 9. Each electrode, therefore, is electrically conductive from the post 62, through the fixed and resilient protrusion sections 58 and

60. In accordance with further embodiments an electrically conductive material may also be included within each electrode to further enhance the electrical conductivity of each electrode. Each conductive ring may have any number of protruding electrodes. For example, the inner ring may have one electrode, the first ring may have six electrodes, the 5 second ring may have nine electrodes, and the third (outermost) ring may have nine electrodes.

With reference again to Figure 7, the electrodes may be positioned at a plurality of locations along the outer conductor. For example, four electrodes may be positioned along the X and Y axes as shown, and additional electrodes may be positioned that are 10 rotationally displaced from the X and Y axes such as on the X' and Y' axes as shown. The spacing between electrodes coupled to a common conductor may vary as long as sufficient contact is made with the patient through the protruding electrodes 54.

The fixed and resilient protruding portions may pass through the hair on a subject, and the biomedical sensors of the invention may be used either with or without a gel. 15 The individual electrodes, in accordance with an embodiment, are shaped of tubular rods such that the resilient protruding portion 60 penetrates through hair reaching the scalp of a subject. With reference as well to Figure 9, there is force exerted on the resilient protruding portion, from inside the fixed protruding portion, keeping the electrode 54 in contact with the patient. This force may be provided by a spring 69 in accordance with 20 an embodiment. In further embodiments, such a force may be provided by any of a variety of techniques such as the use of pneumatic or hydraulic pressure within the protruding electrodes 54. In certain embodiments, spring loaded electrical connector pins

such as the long-stroke spring-loaded pin product (product number 0914), sold by Mill-Max Mfg. Corp. of Oyster Bay, New York may be used.

Another benefit of making the biomedical sensor out of independent protruding electrodes is that the force will keep the individual electrodes contacting the scalp even if
5 the scalp is not flat. The electrodes 60 will follow the contour of the scalp or other body part to which the electrode is applied. Conversely, with a conventional solid ring, if there is a protrusion the ring may be raised up, not touching the scalp, altering the skin-to-electrode impedance. If a muscle contracts for example, protruding the skin upward below the surface of a conventional disc electrode, then part of the electrode may lose
10 contact with the skin surface altering the skin-to-electrode impedance causing an artifact.

Adding active electronics directly to the electrode matches the skin-to-electrode impedance better, permitting low impedance signals to be transmitted via wires to avoid AC power line interference. A conventional electrolytic gel may also be used to facilitate electrical conductivity with the subject.

15 During movements of the subject, therefore, the force on the electrodes will keep them in contact with the skin limiting signal loss or distortion from movement artifacts. As the shape of the skin changes, the independent elements automatically reshape to conform to the contour, retaining contact, reducing signal loss or distortion. In accordance with certain embodiments, a gel may be applied through the resilient
20 protruding portion in accordance with an embodiment. Connecting the electrodes together in such a way as to provide effective concentric ring electrodes and/or virtual concentric ring electrodes may be employed to achieve significantly better signal to noise ratios, spatial selectivity, approximation of the Laplacian, and mutual information, i.e.,

signals from areas of the subject that are outside of the target area of interest below the sensor. The virtual concentric electrodes would automatically attenuate distant sources such as eye blinks, jaw movements, ECG and ballistic ECG. Electrode preparation time will also be significantly improved.

5 To make the flat-type electrodes so that they conform to the skin surface typically a skin-to-electrode paste is used. The paste has three functions: (1) matching skin-to-electrode impedance, (2) holding the electrode in place, and (3) acting as a shock absorber to lessen mechanical vibrations. With a dense array of electrodes (e.g., 64 or more), it may be advantageous to use a cap, or some other type of electrode fixation 10 device, to hold the electrodes on the scalp or other skin surface. Under these circumstances it would be difficult to apply the paste and be certain the paste and electrode are making good contact with the scalp or skin. To overcome this obstacle a fabric type of electrode may be used.

In accordance with a further embodiment therefore, an array of biomedical 15 electrodes 70 may be provided in a fabric 98 of a garment 89 (shown in Figure 11) as fabric electrodes as shown in Figure 10. The garment 89 also includes a support fabric 93 on the surface of the fabric electrodes opposite the subject contact surface 91 of the electrode as further shown in Figure 11. The electrodes may be coupled to monitoring equipment via a connector 97 attached to the electrodes 70 via a connector cable 95.

20 The fabric could be made of conductive yarns that take the shape of the electrodes. If the yarn has branches or protruding hairs the conductive yarns could help bridge through hair to connect the electrode to the scalp or skin. A liquid gel could also be applied to the fabric electrode that would help wet the hair and make contact with the

scalp or skin. It is known that metallic conductors could be inserted into yarns to make the yarns conductive. It is also known that yarns may be soaked in carbon nanotube solutions to make the yarns conductive. Carbon foams, or other types of conductive foams, could also be used that would help bridge the gap and provide a shock absorber effect. Attaching the electrodes, whether fabric or other composition, could be accomplished with electrically conductive tape, such as ARcare® 8881 and ARcare® 90366 adhesive products sold by Adhesives Research, Inc. of Glen Rock, Pennsylvania. This type of attachment may be advantageous for stabilizing the skin-to-electrode contact.

10 The fabric 98 may, for example, include conductive yarns (e.g., as sold under the brand name NOVONIC by W.Zimmermann GmbH & Co. of Germany) that may be used for data transfer and/or power transfer (as well as textile-based heating). In particular, the conductive yarns may include a flexible core to ensure sufficient mechanical stability combined with high flexibility, wires that are shaped as a spiral to provide stretch resistance of the electrical conductor, and an outer textile to protect against overstretching and abrasion. In accordance with further embodiments, the garment may include textile-based electrodes as disclosed, for example, in U.S. Patent No. 7,308,294. The textile interface (97) may be a NOVONIC a textile interface between electronics and textiles, which provides integration of sensors and communication in washable textiles.

15 The array of electrodes 70 includes biomedical electrodes 72, 74, 76, 78, 80, 82, 84, 86, 88, 90, 92, 94, 96 as disclosed in the above embodiments. In particular, the electrodes 72 – 96 each have a central disc and two concentric outer rings. For a particular application, for example, a five point configuration may be employed using

electrodes 72 ~ 80. In particular, electrode 72 provides a central node, while electrodes 74 ~ 80 provide a ring.

For the five point configuration using bipolar electrodes the potentials from the outer ring and disc difference (outer ring potential - disc potential) of each of the five 5 electrodes, would be combined using the following formula by Hjorth:

$$V_{FPM} = (V_{72}-V_{74}) + (V_{72}-V_{76}) + (V_{72}-V_{78}) + (V_{72}-V_{80})$$

Where V_{FPM} is the estimate of the Laplacian at the center of the central electrode who's potential is V_{72} and $V_{74} - V_{80}$ are the potentials of electrodes 74 - 80 respectively. The potentials $V_{72} - V_{80}$ would be the Laplacian estimates that are recorded from bipolar 10 electrodes (outer ring potential - disc potential) or if using tripolar concentric ring electrodes $V_{72} - V_{80}$ would each be $16^*(\text{middle ring potential} - \text{disc potential}) - (\text{outer ring potential} - \text{disc potential})$ for each of the 5 electrodes. This could also be extended to nine points as well using the following relationships:

$$V_{NPM} = 16^*[(V_{74}-V_{72}) + (V_{76}-V_{72}) + (V_{78}-V_{72}) + (V_{80}-V_{72})] - \\ 15 [(V_{82}-V_{72}) + (V_{84}-V_{72}) + (V_{86}-V_{72}) + (V_{88}-V_{72})]$$

where $V_{72} - V_{88}$ are either the bipolar or tripolar Laplacian potential estimates at electrodes 72 - 88. In accordance with other embodiments, electrodes 72 - 88 could be of other configurations having more or less rings and using other Laplacian estimation algorithms.

20 For stimulation, an array of electrodes could be used and stimulation could be targeted by using a subset of the electrodes such as electrodes 72 - 80 to reach a deeper central location than with just electrode 72. The electrodes 72 - 80 could be used to

penetrate even deeper, and electrodes 72 - 96 to go deeper yet with less stimulation intensity on each electrode but covering a larger area.

If short the elements of the electrodes were shorted to make a disc, or virtual disc of electrodes, then the stimulation depth and area stimulated may be adjusted by using 5 similar configurations only the center virtual disc electrodes will form one concentric electrode element, such as 72, and the surrounding virtual disc electrodes will form the outer ring, such as 74 - 80.

With a single tripolar electrode the stimulation depth, and volume of tissue, assuming stimulation intensity remains the same, can be adjusted by changing the 10 diameter of the outer ring. However, the spatial resolution of where the stimulation is directed decreases inversely to the outer ring radius. To recover the fine depth of stimulation with a larger radius outer ring, stimulation can also be applied to the middle ring such as applying potential to a grid of a tube. This method has been tested with computer and physical models. The computer model was of four concentric spheres with 15 different conductivities for the brain, cerebrospinal fluid (CSF), skull, and scalp. For instance, if the current applied through the outer ring of a 20 mm diameter tri-polar concentric electrode was 90 mA the depth of activation could be fine tuned by adjusting the current on the middle electrode. Figure 12 shows the electric field profiles extracted across the x-axis of the model 49 mm into the brain generated from stimulation with the 20 mm diameter tri-polar concentric ring electrode. By keeping the outer ring stimulation current constant at 90 mA and changing the currents applied to the inner ring to 60 mA (shown at 200), 30 mA (shown at 202), and 10 mA (shown at 204) results in the electric field profiles shown in Figure 12. The peak electric field values at a depth of 49 mm into

the brain region of the model produced from stimulation with the electrode varied between 303 μ V/mm and 256 μ V/mm.

The magnitudes of the electric field (μ V/mm) produced from stimulation with the 20 mm diameter tri-polar electrode at different depths in the brain layer of the model 5 along the z-axis are presented in Table 4. The values other than those for the 77 mm (center) are of sufficient magnitude to provide neuronal modulation.

Input Stimulus (mA) (Outer/Middle)	10 mm	20 mm	30 mm	40 mm	77 mm (center)
90/60	5467	2002	938	489	90
90/30	4937	1813	851	443	82
90/10	4504	1687	792	413	76

Table 4

10 Further implementation details and combinations of electrodes and conductive areas of electrodes are disclosed, for example, in U.S. Published Patent Application Publication No. 2006/0173510.

Those skilled in the art will appreciate that numerous modifications and variations 15 may be made to the above disclosed embodiments without departing from the spirit and scope of the invention.

CLAIMS:

1. A biomedical electrode system including a biomedical electrode, said biomedical electrode providing at least first, second and third electrical nodes for connection to medical equipment, said first electrical node including a disc of conductive material having a diameter d_1 , said second electrical node including a first ring of conductive material, said first ring being concentric with the disc and having a radius α and having a ring thickness t_2 such that $(4 \leq d_1/t_2 \leq 6)$, and said third electrical node including a second ring of conductive material that is concentric with the disc and having a radius β , wherein $(3 \alpha \beta)^2 \leq 0.225 \text{ cm}^4$.

10

2. The biomedical electrode system as claimed in claim 1, wherein said biomedical electrode further includes a plurality of protruding electrodes, at least one of which extends from a common base that is coupled to the first electrical node, and at least two of which are coupled to the second electrical node.

15

3. The biomedical electrode system as claimed in claim 1, wherein each of the first and second rings has the same ring thickness.

4. The biomedical electrode system as claimed in claim 1, wherein said second ring of conductive material has a diameter d_3 that is larger than d_2 and has a ring thickness t_3 such that $(4 \leq d_1/t_3 \leq 6)$.

5. The biomedical electrode system as claimed in claim 1, wherein said biomedical electrode further includes a fourth electrical node that includes a third ring of conductive material, said third ring being concentric with the disc and having a diameter d_4 that is larger than d_2 and having a ring thickness t_4 such that $(4 \leq d_1/t_4 \leq 6)$.

6. The biomedical electrode system as claimed in claim 1, wherein said biomedical electrode is provided in a fabric garment.

30

7. A biomedical signal transmission system including a biomedical electrode including at least first, second and third electrical nodes for connection to medical equipment, said

first electrical node including a disc of conductive material having a diameter d_1 , said second electrical node including a first ring of conductive material, said first ring being concentric with the disc and having a diameter d_2 that is larger than d_1 and having a ring thickness t_2 such that $(4 \leq d_1/t_2 \leq 6)$, and said third electrical node including a second ring of conductive material that is 5 concentric with the disc and having a diameter d_3 that is larger than d_2 , and

a switching circuit coupled to said first electrical node, said second electrical node and said third electrical node, wherein said switching circuit selectively provides unipolar, bipolar and tripolar outputs for the biomedical electrode.

10 8. The biomedical electrode system as claimed in claim 7, wherein said second ring of conductive material has a diameter that is less than or equal to about 3 cm.

9. The biomedical electrode system as claimed in claim 7, wherein said second ring of conductive material has a ring thickness t_3 such that $(4 \leq d_1/t_3 \leq 6)$.

15 10. The biomedical electrode system as claimed in claim 7, wherein said first and third electrical nodes are coupled together.

11. The biomedical electrode system as claimed in claim 7, wherein said biomedical 20 electrode further includes a fourth electrical node that includes a third ring of conductive material, said third ring being concentric with the disc and having a diameter d_4 that is larger than d_2 and having a ring thickness t_4 such that $(4 \leq d_1/t_4 \leq 6)$.

12. The biomedical electrode system as claimed in claim 7, wherein said biomedical 25 electrode is provided in a fabric garment.

13. A method of providing a biomedical signal transmission system, said method comprising the steps of:

30 providing a biomedical electrode including at least first, second and third electrical nodes for connection to medical equipment, said first electrical node including a disc of conductive material having a diameter d_1 , said second electrical node including a first ring of conductive material, said first ring being concentric with the disc and having a diameter d_2 that is larger than

d_1 and having a ring thickness t_2 such that ($4 \leq d_1/t_2 \leq 6$), and said third electrical node including a second ring of conductive material that is concentric with the disc and having a diameter d_3 that is larger than d_2 , and

coupling said first electrical node, said second electrical node and said third electrical node
5 to a switching circuit, and wherein said switching circuit selectively provides unipolar, bipolar and tripolar outputs for the biomedical electrode.

14. The method as claimed in claim 13, wherein the diameter d_3 is less than or equal to about 3 cm.

10

15. The method as claimed in claim 13, wherein said biomedical electrode is provided in an array of biomedical electrodes that are employed for stimulation as well as sensing.

15

16. The method as claimed in claim 13, wherein said first and third electrical nodes are coupled together.

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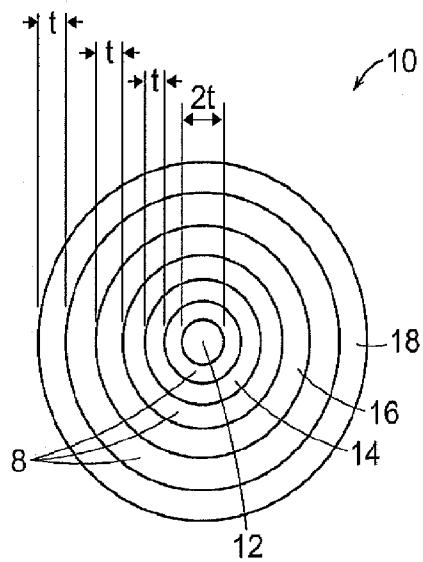


FIG. 1
PRIOR ART

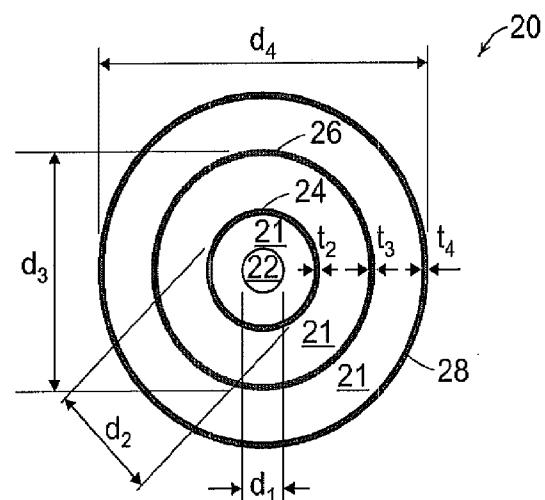


FIG. 2

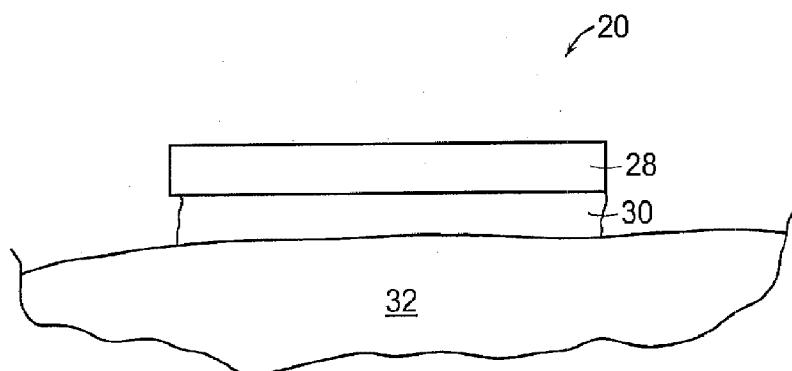


FIG. 3

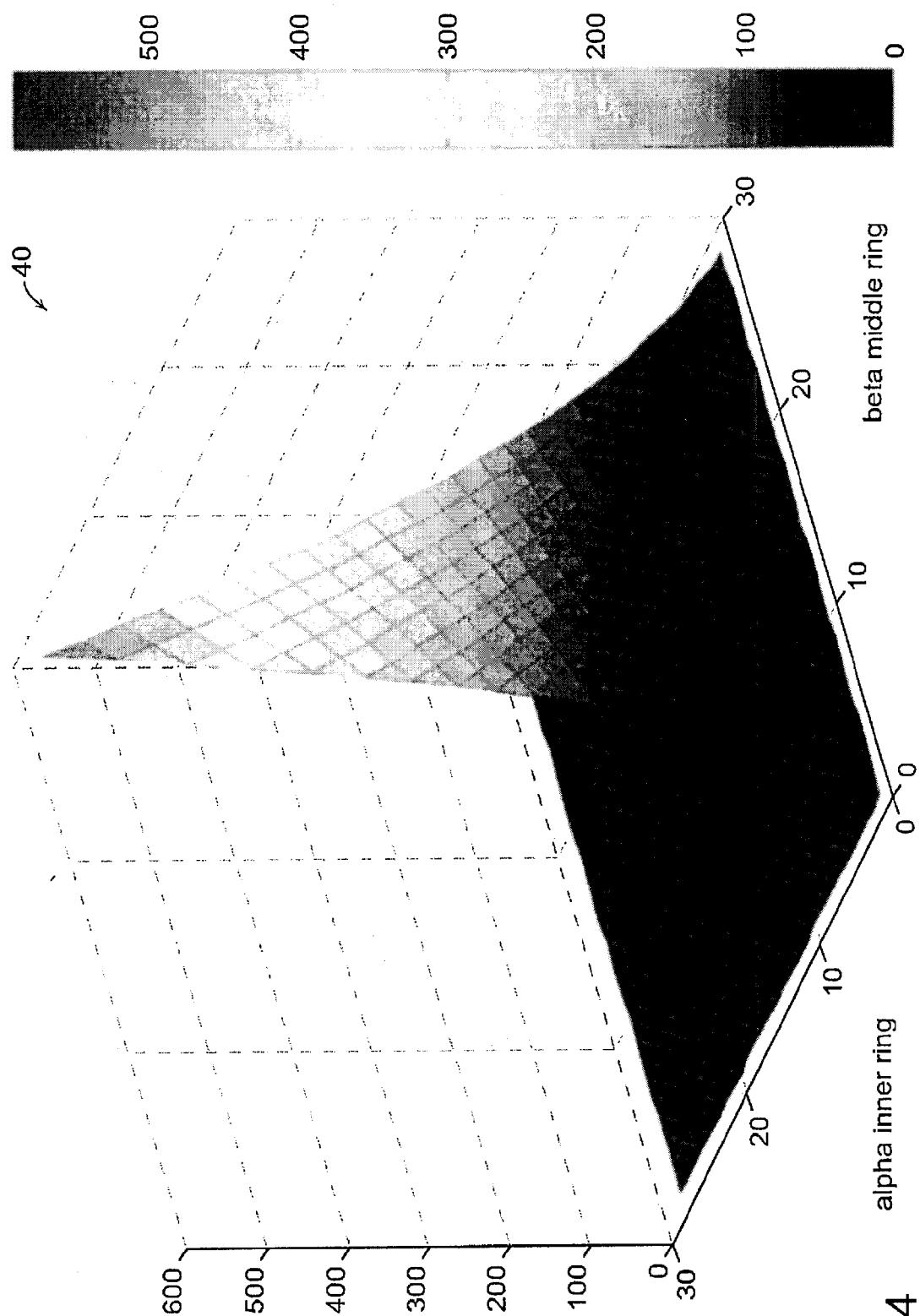


FIG. 4

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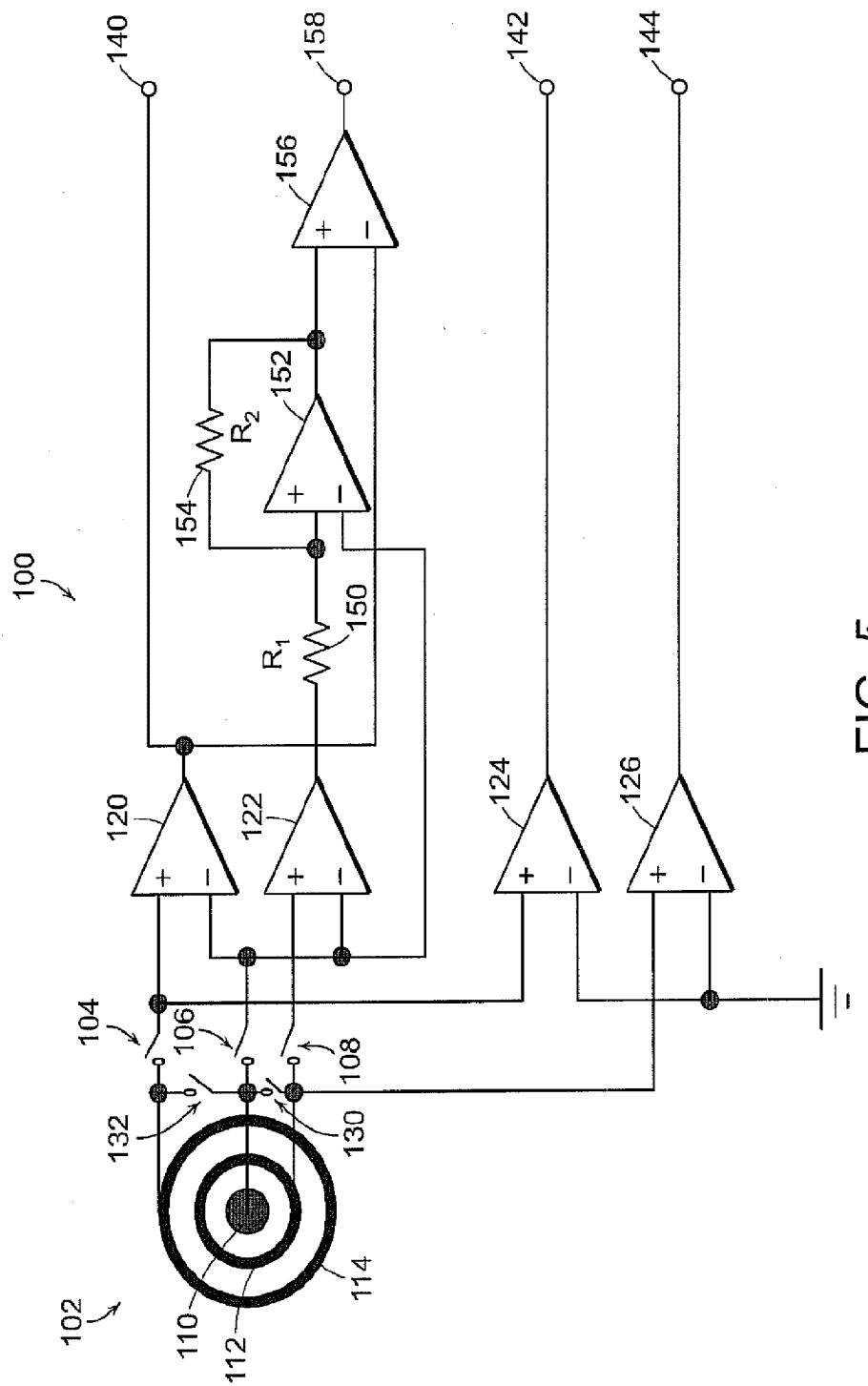


FIG. 5

REPLACEMENT SHEET

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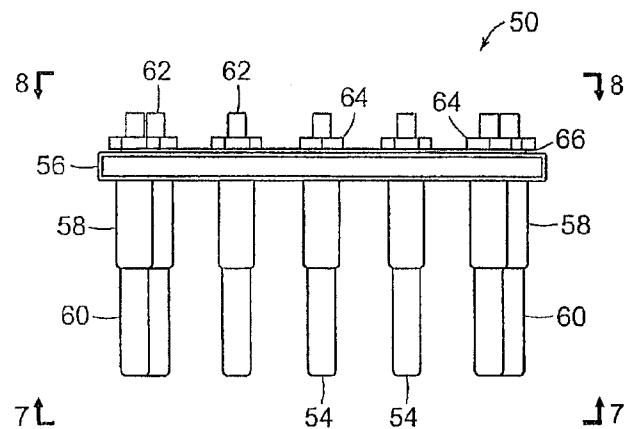


FIG. 6

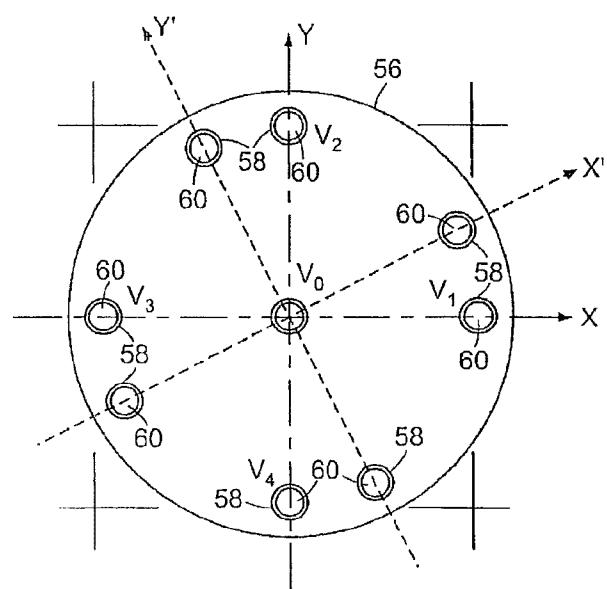


FIG. 7

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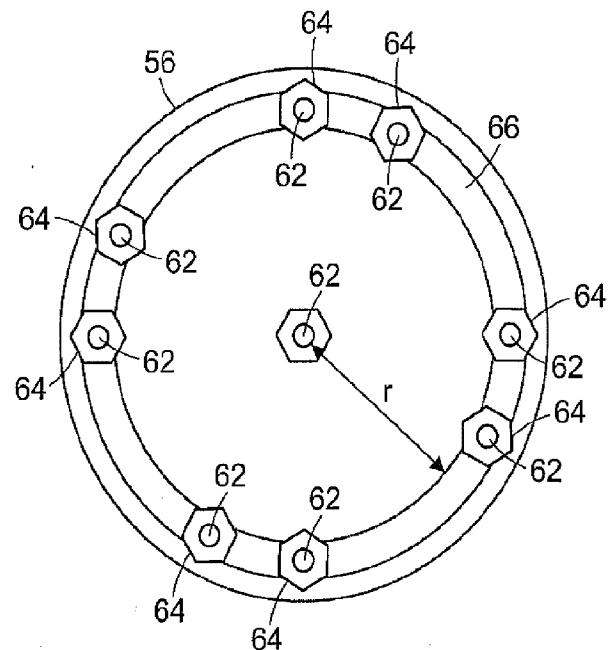


FIG. 8

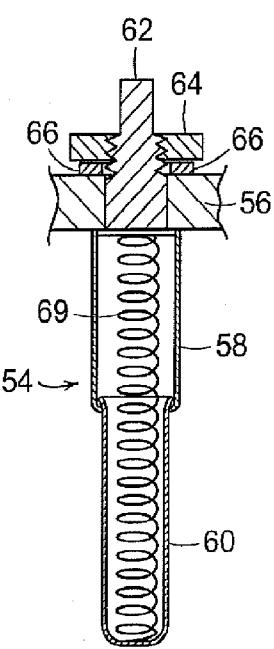


FIG. 9

REPLACEMENT SHEET

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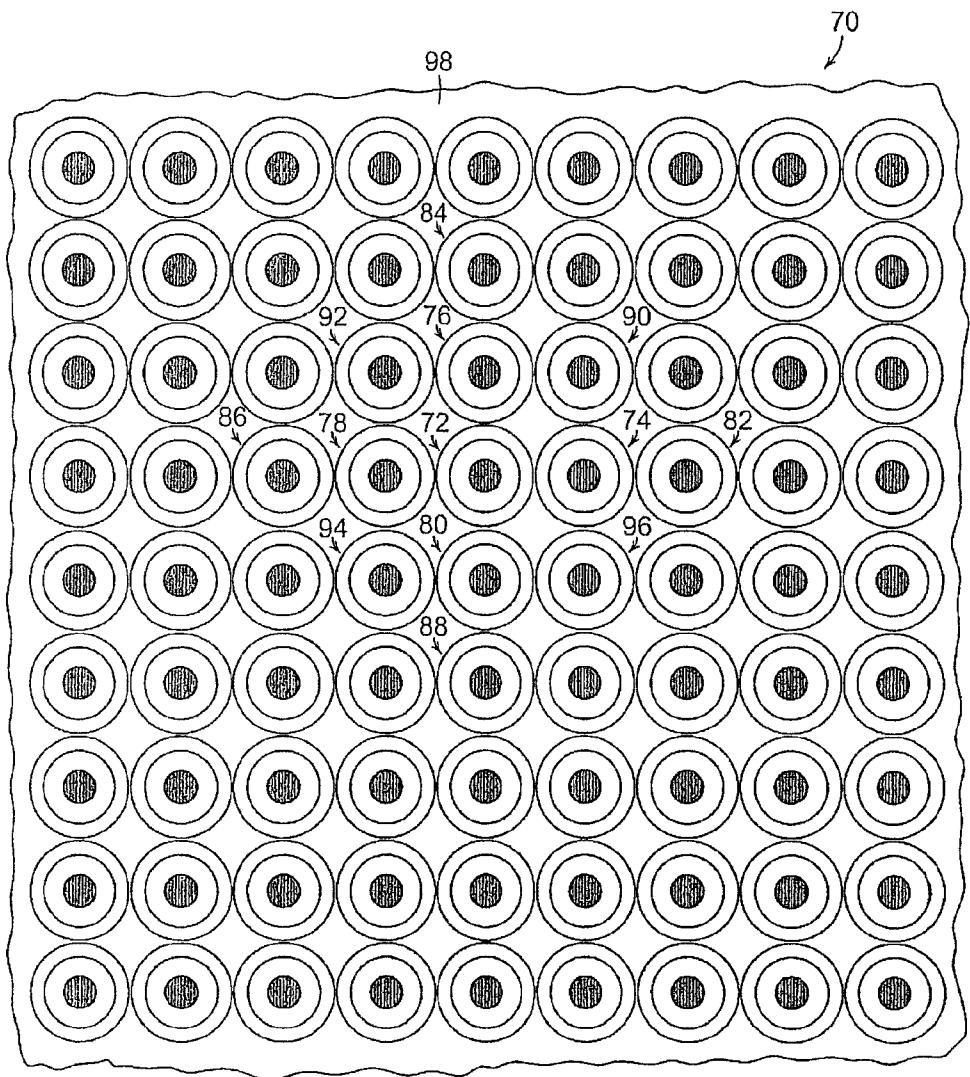


FIG. 10

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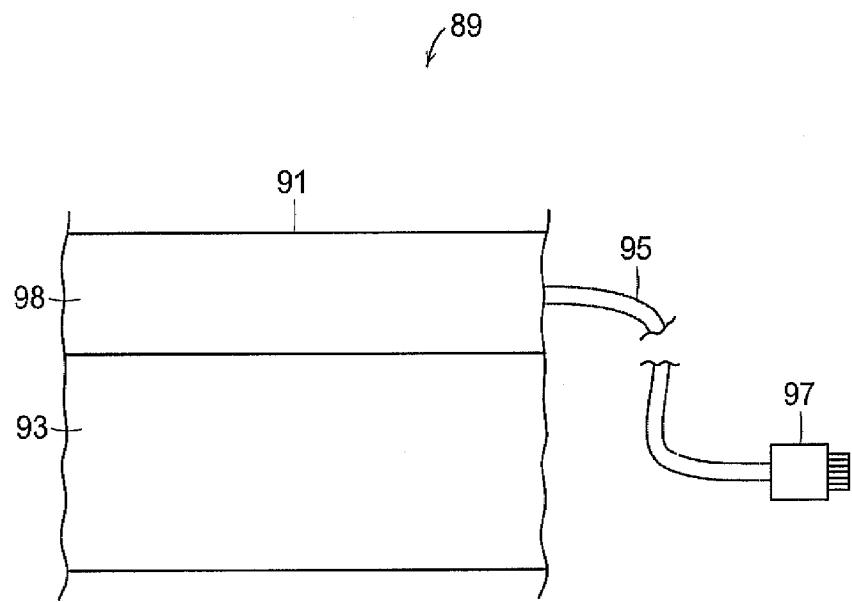


FIG. 11

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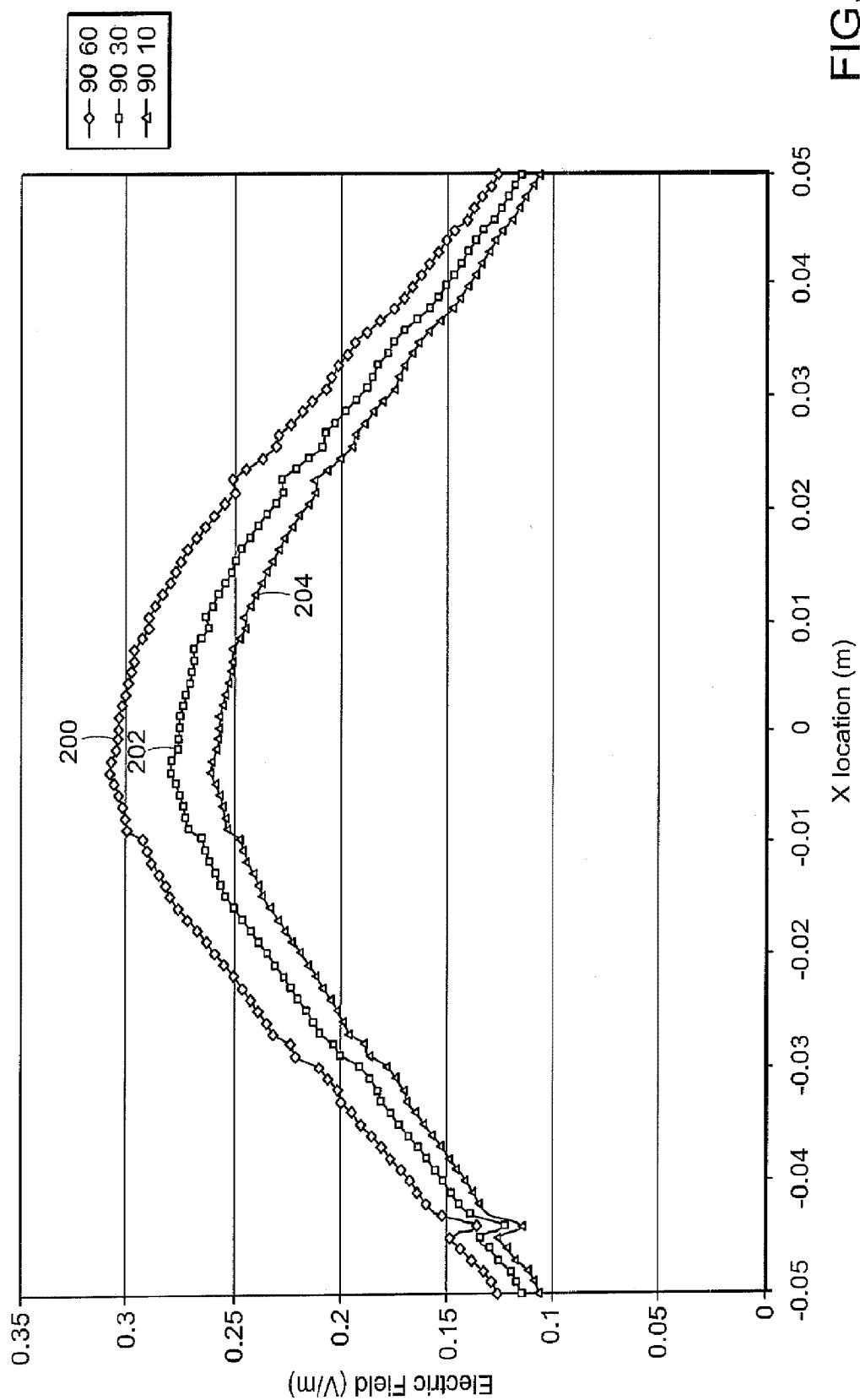


FIG. 12

