Raw Photoplethysmography as an Enhancement for Research-Grade Wearable Activity Monitors

Paul R Hibbing¹, PhD; Maryam Misal Khan^{1,2}, MS

¹Department of Kinesiology and Nutrition, University of Illinois Chicago, Chicago, IL, United States ²Department of Kinesiology and Health Sciences, University of Waterloo, Waterloo, ON, Canada

Corresponding Author: Paul R Hibbing, PhD Department of Kinesiology and Nutrition University of Illinois Chicago 1919 W Taylor St Rm 650, Mail Code 517 Chicago, IL, 60612 United States Phone: 1 312 355 1088 Fax: 1 312 413 0319 Email: phibbing@uic.edu

Abstract

Wearable monitors continue to play a critical role in scientific assessments of physical activity. Recently, research-grade monitors have begun providing raw data from photoplethysmography (PPG) alongside standard raw data from inertial sensors (accelerometers and gyroscopes). Raw PPG enables granular and transparent estimation of cardiovascular parameters such as heart rate, thus presenting a valuable alternative to standard PPG methodologies (most of which rely on consumer-grade monitors that provide only coarse output from proprietary algorithms). The implications for physical activity assessment are tremendous, since it is now feasible to monitor granular and concurrent trends in both movement and cardiovascular physiology using a single noninvasive device. However, new users must also be aware of challenges and limitations that accompany the use of raw PPG data. This viewpoint paper therefore orients new users to the opportunities and challenges of raw PPG data by presenting its mechanics, pitfalls, and availability, as well as its parallels and synergies with inertial sensors. This includes discussion of specific applications to the prediction of energy expenditure, activity type, and 24-hour movement behaviors, with an emphasis on areas in which raw PPG data may help resolve known issues with inertial sensing (eg, measurement during cycling activities). We also discuss how the impact of raw PPG data can be maximized through the use of open-source tools when developing and disseminating new methods, similar to current standards for raw accelerometer and gyroscope data. Collectively, our comments show the strong potential of raw PPG data to enhance the use of research-grade wearable activity monitors in science over the coming years.

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KEYWORDS

measurement; optical sensors; sensor fusion; wearable electronic devices; accelerometry; photoplethysmography; digital health; exercise; sedentary behavior

Introduction

Wearable monitors are increasingly used to measure physical activity in research, and new tools and techniques are continually emerging [1]. Recent innovations have improved the cost, size, and technical capability of various monitors [2], but accuracy has not increased at a commensurate pace [3-6]. Thus, there is a need for further innovation. Successful innovation will likely entail novel measurement paradigms, rather than incremental improvements on current techniques [6]. One of the most

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promising and underexplored paradigms is to integrate data from multiple types of sensors, rather than the traditional use of only accelerometer sensors [7,8].

Photoplethysmography (PPG) is an optical technology that may have potential to enhance physical activity measurement when combined with established inertial sensors (accelerometers and gyroscopes) [9]. Although PPG was first described nearly 90 years ago, it has only recently gained a high level of visibility for physical activity assessment [10-12]. This growth is reflected in Figure 1, which shows the results of a Scopus search for

documents addressing physical activity and PPG. Roughly half of the identified studies (183/385, 48%) were published in 2020 or later, and roughly three-quarters (285/385, 74%) were published in 2017 or later.

To date, most applications of PPG for physical activity assessment have involved consumer-grade smartwatches [13-16]. A wealth of developmental research has also been reported in the engineering literature [17-20], but commercial products for research have rarely incorporated PPG sensors and even more rarely given access to raw PPG data (ie, the data recorded by the sensor itself, without any preprocessing applied) [21]. This is beginning to change, and as it does, there is a need to raise awareness of PPG and its potential contribution to monitor-based physical activity assessment. In particular, awareness is needed for *raw* PPG data since it provides an avenue for device-agnostic measurement and iterative, open-source refinement, similar to the standard for inertial sensing [22].

In this viewpoint paper, we present raw PPG as a new frontier in monitor-based methodology. To do this, we first provide an overview of the fundamentals of PPG for physical activity assessment, after which we describe the importance and availability of raw PPG data, as well as specific applications where it holds the most potential. Throughout, we highlight ways that raw PPG data can synergize with raw data from inertial sensors to overcome long-standing challenges (eg, measurement during cycling).

Figure 1. Annual publication counts over time, drawn from a Scopus.com search for "TITLE-ABS-KEY (physical AND activity AND photoplethysmography OR ppg)," conducted on December 6, 2023.



Fundamentals of PPG for Physical Activity Assessment

Technology, Techniques, and Theory

There are 2 types of PPG, namely, transmission and reflectance [23]. Transmission PPG is common in clinical settings where it is used for pulse oximetry [12]. It typically involves red and near-infrared lights, which are shone into one side of a tissue (commonly a finger or an earlobe) and measured upon exiting the other side [10,24,25]. In physical activity assessments, transmission PPG has limited use compared with reflectance PPG. Therefore, we do not provide further comments on transmission PPG.

Reflectance PPG has been investigated using both "wearable" and "remote" instruments, the latter referring to cameras that do not touch the skin. Similar to transmission PPG, remote applications of reflectance PPG have minimal relevance for physical activity assessment, and thus we forgo additional comments on them. Instead, we focus our comments on wearable applications of reflectance PPG, particularly those embedded in wrist-worn devices. Hereafter, we use the term "PPG" to refer exclusively to such applications.

As noted by Mannheimer [26], the term "reflectance" is a misnomer, since there are no mirrors in the skin. Instead, light is scattered by various components of the tissue, and portions of the scattered light return to the surface where they can be measured by a photodetector. Thus, the defining characteristic of this PPG technique is that emission and measurement of light occur on the same side of the tissue [27].

There is some debate around what exactly PPG captures, but the prevailing theory is that it detects pulsatile changes in blood volume [28-30]. Figure 2 depicts the mechanics of this proposed process, with light being shone into the skin while cyclical fluctuations in scatter are monitored. These fluctuations occur because blood concentration is increased when a pulse wave passes under the light, resulting in more light absorption in accordance with the Beer-Lambert law [26,31]. Consequently, a waveform emerges in the PPG signal, which can be analyzed to detect pulse waves and calculate related parameters such as heart rate [9,10,23]. Green light is typically used because it offers shallower penetration and greater robustness against motion artifacts and other noise [17,19,32-35].

Figure 2. Basic representation of PPG technology. An emitter shines light into the skin. The light is absorbed by some components—mainly hemoglobin and melanin—and scattered by others toward a photodetector. Pulse waves cause increases in local blood concentration, leading the balance of absorption and scatter to shift in favor of more absorption. The photodetector signal thus diminishes as the pulse wave passes, creating a waveform that can be analyzed to predict cardiovascular parameters such as heart rate and blood pressure. Public domain icons from PubChem are shown for melanin (CID 6325610) and (deoxy)hemoglobin (CID 135310457).



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Common Difficulties and Sources of Error

It is important to understand not only the theoretical workings of PPG but also practical issues that affect its operation. Fine et al [36] have grouped such issues into 3 categories (individual differences, physiology, and external factors), while Bent et al [37] have highlighted the unique importance of one overarching individual factor (skin type) and 2 external factors (motion artifact and signal crossover). In this section, we provide a brief overview of these latter 3 factors and their potential implications for physical activity research, with additional comments on broader sources of error for general applications of PPG.

Skin type encompasses adiposity, pigmentation, and other factors that influence tissue composition (see the study by Fine et al [36] for a detailed listing). Differences in tissue composition can affect optical scattering and absorption in ways that are difficult to predict. Accordingly, prior work has shown the accuracy of PPG-based estimates to vary depending on age, sex, obesity status, and skin tone [13,20,38-40]. The latter is an especially important variable to consider because melanin is one of the skin's main absorbers of light at various wavelengths [41,42]. When using PPG for the measurement of physical activity, there is thus a clear need to ensure that new methods have consistent accuracy across diverse skin types. This is especially important given the implications for equity in health research.

Motion artifact is movement-induced noise in the PPG signal, which can occur due to both mechanical and physiological aspects of the movement [43]. Efforts to address motion artifact often rely on frequency-domain analyses, since it is expected that the rhythmicity of the pulse will create a sharper contrast between signal and noise in that domain [44]. Increasingly, these analyses involve cross-referencing PPG against data from concurrently worn accelerometer and gyroscope sensors to aid in differentiating between inertial and cardiovascular signal [45]. Thus, when using PPG for physical activity assessments, future studies may benefit from using devices that provide access to raw data from both PPG and inertial sensors.

Signal crossover is closely related to motion artifact and refers to confusion between rhythmic motions of the monitor itself (eg, during locomotion) and the inherent rhythmicity of the from PPG Specifically, cardiovascular signal [37]. cardiovascular signal is expected to have dominant frequencies between roughly 1.0 Hz and 3.5 Hz (corresponding to heart rates between 60 and 210 beats per minute), and human movements can generate considerable amplitude in the same range [46-48]. Thus, it is likely that some motions will result in overlap of inertial and pulsatile signal components, making it hard to tell which is which. This is one reason that PPG-based devices have frequently been shown to have lower accuracy during physical activity than during other behaviors [37,49,50]. Signal crossover is uniquely important to highlight because it suggests that device accuracy may vary based on not only the amount of movement but also the type of movement. This could have major implications for physical activity assessments, making it crucial to address in future work.

Apart from skin type, motion artifact, and signal crossover, Fine et al [36] have highlighted difficulties posed by physiological

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factors (respiration, venous pulsations, attachment site of the device, and body temperature) and additional external factors (ambient light and pressure of the sensor on the skin). These difficulties are important to acknowledge and address, but their implications may not be substantively different for physical activity research than what has been described for other disciplines.

Many of the difficulties with raw PPG resemble what is already faced when dealing with inertial data from accelerometers and gyroscopes [51]. The latter sensors have enhanced the measurement of physical activity despite their limitations [52], and thus PPG may have similar potential. Furthermore, the impact of device limitations may diminish over time through ongoing innovation in technology and analytics. Thus, the difficult aspects of PPG can be viewed as opportunities for refinement rather than insurmountable barriers.

Importance and Availability of Raw PPG Data

To understand the revolutionary potential of raw PPG data for physical activity assessment, it is helpful to consider a similar revolution that has already taken place with accelerometer data [53-55]. Historically, accelerometer-based devices provided only proprietary "activity counts" as their output, which led to intermonitor differences and a lack of flexibility to innovate with new data processing techniques [56-58]. Over time, raw acceleration data became commonplace, opening doors for standardization and innovation in physical activity research [2]. An especially noticeable result was that many researchers began to focus on techniques that combined research-grade products with open-source tools for data processing and analysis, thereby promoting streamlined and coordinated progress in the field [59-64].

The potential parallels for PPG data are striking. To date, most research with PPG has relied on proprietary outputs from consumer-grade devices, which have been used to track heart rate, atrial fibrillation, blood pressure, and more [65-76]. Intermonitor differences and lack of flexibility are thus limitations of current standards for PPG, in much the same way as they once were for accelerometry. Furthermore, concerns have frequently been raised about unannounced algorithm and firmware updates that can make consumer-grade technology undesirable in certain research contexts [77-81]. The advent of raw PPG data therefore offers many of the same benefits that have already been derived from raw accelerometer data, especially when pairing research-grade devices with open-source resources. But the full potential of raw PPG for physical activity research cannot be realized unless the market provides devices that are scalable for use in large studies.

Existing research involving raw PPG data has generally involved small-scale devices (sometimes custom-made) [19,21,27,30,82], specialized tools for hospital use [83-86], or smartphone technology [87-89]. While these studies have shown strong proof-of-concept, they have only sometimes been oriented toward physical activity research, and the availability of suitable devices for large assessments remains an issue. The best-known

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research-grade devices are likely the E4 and EmbracePlus from Empatica Inc, the Shimmer3+ GSR from Shimmer Sensing, and the LEAP from ActiGraph LLC. Each device has strengths and limitations, with major points of comparison being cost, comfort, and access to raw data. The Shimmer3+ GSR is the most affordable option and provides access to fully raw data from both PPG and inertial sensors. However, a potential limitation is its reliance on physical components (eg, wired probes that wrap around the fingers) that may be unappealing or uncomfortable for some participants. The EmbracePlus is the most expensive device and is a replacement for the E4. It is designed like a standard smartwatch and is therefore very comfortable, but it does not provide truly raw PPG data (nor did the E4 [21]). Specifically, the EmbracePlus preprocesses PPG data using a proprietary algorithm that produces a blood volume pulse waveform, which resembles but does not replace raw data as it would appear in a direct recording from the photodetector. The LEAP device falls between the other 2 in terms of cost and comfort but does provide access to fully raw data from PPG and inertial sensors.

As new and upgraded devices continue to emerge and provide access to raw PPG data, a key objective will be to apply, extend, and standardize the techniques from earlier proof-of-concept studies for use in large-scale physical activity assessments for research. The following section outlines several specific areas in which there may be greatest warrant for these efforts.

Potential Applications of Raw PPG in Assessments of Physical Activity

The most obvious application of raw PPG for physical activity assessment is heart rate monitoring, where a notable contrast exists between the wrist-based optical approach and standard electrode-based approaches involving chest-worn monitors (eg, heart rate straps and Holter monitors). The latter tend to have greater accuracy than the former [90,91] and yet can also be uncomfortable to wear, especially over long periods [92]. Conversely, wrist-based PPG devices can be comfortably worn over long periods and yet have lower accuracy than chest-worn monitors. One implication is that raw PPG may encourage participant compliance in long assessment protocols (eg, lasting a week or more, which is common in physical activity research). This could be especially valuable for interventions that assess change over time, since responsiveness is generally a greater concern than accuracy in those contexts. Moreover, the diminished accuracy compared with chest-worn monitors may be less of an issue in cases where the key outcome is categorical intensity rather than continuous heart rate (eg, if assessing time in heart rate zones, where measurement error would be a concern only at the boundaries between zones, rather than across the spectrum of continuous heart rates). Nevertheless, there is a definite trade-off between accuracy and comfort, and neither chest-worn nor wrist-worn monitors are the optimal choice for every research question. This makes the accuracy-comfort trade-off a critical consideration when selecting a monitor for research. With continued innovation and refinement, the accuracy gap may narrow between chest- and wrist-worn devices, and trade-off-related considerations may change

XSL•FC RenderX accordingly. But it is unlikely that the issue will ever disappear completely.

While heart rate monitoring is an obvious application for raw PPG, it may not be the most impactful one. Rather, there may be greater promise when combining raw data from PPG and inertial sensors to predict other physical activity-related outcomes such as energy expenditure. This multimodal approach not only allows for robust correction of motion artifact in the PPG signal (as described previously) but also enables concurrent analysis of movement and cardiovascular data. While this is not an entirely new concept, the ability to carry it out using purely raw data from a single wrist-worn device is quite recent. Thus far, the primary multimodal methods have relied on either separately worn movement and cardiovascular monitors [93-95] or the chest-worn Actiheart device (CamNtech Ltd) [96-99] when predicting energy expenditure. These approaches have shown clear synergy between movement and cardiovascular data but have ultimately had limited uptake compared with the widespread use of wrist-worn monitors in field-based research. Furthermore, heart rate has been the only cardiovascular parameter emphasized with the earlier methods, whereas raw PPG can potentially lead to enhanced predictions through the capture of additional aspects of cardiovascular response to activity (eg, pulse wave parameters and variability). This highlights the warrant for translating and extending earlier concepts of multimodal assessment to the use of raw PPG and inertial data from wrist-worn devices.

The combination of raw PPG and inertial data may also help overcome known limitations of movement-only techniques in the prediction of energy expenditure. For example, wrist-worn monitors are generally unable to register any motion during cycling despite the level of lower-limb exertion, resulting in poor measurement validity [100]. In contrast, PPG may still detect exertion during cycling because it relies on optical and physiological signal rather than inertial signal. This advantage reflects the known benefit of using not only multiple sensors but multiple types of sensors [51,56]. Similar benefits may also arise for other activities where the body's inertial profile is altered, such as when carrying an external load or pushing a stroller [101,102]. The potential to overcome these limitations with virtually no change in participant burden highlights the strong potential of raw PPG to improve physical activity research, especially in the area of energy expenditure prediction.

Combining raw PPG and inertial data may also be beneficial for activity recognition, promoting greater understanding about certain elements of activity context [103]. Activity recognition is also important as a precursor to energy expenditure prediction, since it is much easier to predict energy expenditure if the type of activity is first known [104-106]. This is the basis for several prior models of energy expenditure, including well-known 2-regression models [107-114]. The utility of raw PPG for activity recognition was recently highlighted by Hnoohom et al [115], who calibrated models using data from 3 open-access datasets [116-118]. The parent studies used devices from Shimmer, Empatica, and Maxim Integrated (Analog Devices Inc), and the models were calibrated using deep learning and different combinations of accelerometer, PPG, and electrocardiographic data. When combining accelerometer and

PPG data, the dataset-specific models each achieved near-perfect accuracy during 10-fold cross-validation. However, external validations are needed to confirm the effectiveness of the models and apply them with scalable devices, as described previously.

Outside of energy expenditure and activity recognition, raw PPG may have use for measuring a range of other physical activity-related variables as well, from specific hemodynamic parameters related to exertion (eg, pulse transit time [119]) to consequences of physical activity such as fatigue and recovery [120]. Steps warrant mention as well, given their status as a well-known output of most wearable activity monitors. Raw PPG could potentially enhance or refine the measurement of steps and related variables (eg, cadence), including during periods where the inertial movement profile is altered, as described previously for energy expenditure. The combination of raw data from PPG and inertial sensors could also enable automated measurement of highly specialized outcomes in free-living settings, such as cardiac-locomotor coupling (ie, synchrony of footfalls with systole or diastole) [121].

Finally, although our focus has been on physical activity-related applications of raw PPG, it is important to acknowledge potential contributions in the broader context of 24-hour measurement as well. This refers to the growing emphasis on interrelationships between physical activity, sedentary behavior, and sleep as part of a daily composite [122,123]. The importance of the concept is reflected in the release of 24-hour movement guidelines from numerous governments and the World Health Organization over the last few years [124-129], and there are at least 2 key contributions raw PPG can make to 24-hour assessments. One is to differentiate between nonwear, sedentary behavior, and sleep, all of which produce minimal accelerometer and gyroscope signal and are therefore hard to tell apart using only inertial data. Raw PPG may exhibit richer variation across the categories, thereby assisting with disambiguation. Some proof-of-concept already exists in this area as well, given the amount of prior work using PPG for sleep measurement [130]. The other benefit may be to assist with classifying posture (seated or lying vs upright) [131], which is essential for differentiating sedentary behavior from light-intensity physical activity [132]. These possibilities highlight the strong potential and exceptional flexibility of raw PPG, which will be an asset for a broad range of movement-oriented research in the coming years.

Discussion and Conclusion

In this viewpoint paper, we have introduced raw PPG and highlighted its potential benefits for physical activity assessments. Our specific focus on raw PPG data (as opposed to preprocessed or aggregated data) was critical and timely, given the recent emergence of mainstream devices that provide access to them. A key strength of raw PPG is that its optical basis complements the inertial basis of familiar accelerometer and gyroscope sensors. Furthermore, raw PPG can be used to assess not only heart rate but also broader aspects of cardiovascular physiology. These are the driving forces behind the potential we laid out in the prior sections.

Going forward, it will be critical to obtain raw data from both PPG and inertial sensors, not only to facilitate merging them but also to make new algorithms both transparent and device agnostic (ie, applicable to data from any PPG-inclusive device). These characteristics help combat the "black box" phenomenon of closed-source devices [133]. Device agnosticism also plays an important role in "future proofing" new methods by reducing dependence on individual monitors that can leave the market at any time (eg, as seen with the SenseWear Armband, Phillips Actiwatch, Empatica E4, and ActiGraph GT9X). The use of raw PPG can be further advanced by using open-source channels when developing and disseminating of new resources, consistent with growing standards for existing wearable devices in physical activity assessment [59-64].

This viewpoint paper was among the first to suggest the value of integrating raw PPG data into large-scale assessments of physical activity, where the importance of raw accelerometer and gyroscope data has already been established. In doing so, the viewpoint paper serves to orient new users to the wealth of prior work on PPG from other research areas, where critical reference points have been provided that can spur a paradigm shift in physical activity research. A noteworthy limitation of the viewpoint paper was that it was not a systematic review. As such, it did not fully summarize the available literature, whether in general or focused specifically on physical activity assessment. Nevertheless, our overall conclusion is that there is warrant for vigorous exploration of raw PPG going forward.

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Conflicts of Interest

PRH has received funding from ActiGraph LLC, who recently released a photoplethysmography-inclusive monitor to the market. ActiGraph had no role in the preparation of this paper.

References

- Arvidsson D, Fridolfsson J, Börjesson M. Measurement of physical activity in clinical practice using accelerometers. J Intern Med. 2019;286(2):137-153. [FREE Full text] [doi: 10.1111/joim.12908] [Medline: 30993807]
- Troiano RP, McClain JJ, Brychta RJ, Chen KY. Evolution of accelerometer methods for physical activity research. Br J Sports Med. 2014;48(13):1019-1023. [FREE Full text] [doi: 10.1136/bjsports-2014-093546] [Medline: 24782483]

- Crouter SE, DellaValle DM, Haas JD, Frongillo EA, Bassett DR. Validity of ActiGraph 2-regression model, Matthews cut-points, and NHANES cut-points for assessing free-living physical activity. J Phys Act Health. 2013;10(4):504-514.
 [FREE Full text] [doi: 10.1123/jpah.10.4.504] [Medline: 22975460]
- 4. Bersch SD, Azzi D, Khusainov R, Achumba IE, Ries J. Sensor data acquisition and processing parameters for human activity classification. Sensors (Basel). 2014;14(3):4239-4270. [FREE Full text] [doi: 10.3390/s140304239] [Medline: 24599189]
- Toth LP, Park S, Springer CM, Feyerabend MD, Steeves JA, Bassett DR. Video-recorded validation of wearable step counters under free-living conditions. Med Sci Sports Exerc. 2018;50(6):1315-1322. [doi: <u>10.1249/MSS.000000000001569</u>] [Medline: <u>29381649</u>]
- 6. O'Driscoll R, Turicchi J, Beaulieu K, Scott S, Matu J, Deighton K, et al. How well do activity monitors estimate energy expenditure? A systematic review and meta-analysis of the validity of current technologies. Br J Sports Med. 2020;54(6):332-340. [FREE Full text] [doi: 10.1136/bjsports-2018-099643] [Medline: 30194221]
- Liu S, Gao RX, John D, Staudenmayer JW, Freedson PS. Multisensor data fusion for physical activity assessment. IEEE Trans Biomed Eng. 2012;59(3):687-696. [doi: <u>10.1109/TBME.2011.2178070</u>] [Medline: <u>22156943</u>]
- Intille SS, Lester J, Sallis JF, Duncan G. New horizons in sensor development. Med Sci Sports Exerc. 2012;44(1 Suppl 1):S24-S31. [FREE Full text] [doi: 10.1249/MSS.0b013e3182399c7d] [Medline: 22157771]
- Castaneda D, Esparza A, Ghamari M, Soltanpur C, Nazeran H. A review on wearable photoplethysmography sensors and their potential future applications in health care. Int J Biosens Bioelectron. 2018;4(4):195-202. [FREE Full text] [doi: 10.15406/ijbsbe.2018.04.00125] [Medline: 30906922]
- Allen J. Photoplethysmography and its application in clinical physiological measurement. Physiol Meas. 2007;28(3):R1-R39. [doi: 10.1088/0967-3334/28/3/R01] [Medline: 17322588]
- 11. Hertzman A, Spielman C. Observations on the finger volume pulse recorded photo-electrically. Am J Physiol. 1937;119:334-335.
- 12. Alian AA, Shelley KH. Photoplethysmography. Best Pract Res Clin Anaesthesiol. 2014;28(4):395-406. [doi: 10.1016/j.bpa.2014.08.006] [Medline: 25480769]
- Shcherbina A, Mattsson CM, Waggott D, Salisbury H, Christle JW, Hastie T, et al. Accuracy in wrist-worn, sensor-based measurements of heart rate and energy expenditure in a diverse cohort. J Pers Med. 2017;7(2):3. [FREE Full text] [doi: 10.3390/jpm7020003] [Medline: 28538708]
- 14. Bai Y, Hibbing P, Mantis C, Welk GJ. Comparative evaluation of heart rate-based monitors: apple watch vs fitbit charge HR. J Sports Sci. 2018;36(15):1734-1741. [doi: 10.1080/02640414.2017.1412235] [Medline: 29210326]
- Boudreaux BD, Hebert EP, Hollander DB, Williams BM, Cormier CL, Naquin MR, et al. Validity of wearable activity monitors during cycling and resistance exercise. Med Sci Sports Exerc. 2018;50(3):624-633. [doi: <u>10.1249/MSS.000000000001471</u>] [Medline: <u>29189666</u>]
- 16. Benedetto S, Caldato C, Bazzan E, Greenwood DC, Pensabene V, Actis P. Assessment of the fitbit charge 2 for monitoring heart rate. PLoS One. 2018;13(2):e0192691. [FREE Full text] [doi: 10.1371/journal.pone.0192691] [Medline: 29489850]
- 17. Cui WJ, Ostrander LE, Lee BY. In vivo reflectance of blood and tissue as a function of light wavelength. IEEE Trans Biomed Eng. 1990;37(6):632-639. [doi: 10.1109/10.55667] [Medline: 2354845]
- Reddy KA, George B, Kumar JV. Use of fourier series analysis for motion artifact reduction and data compression of photoplethysmographic signals. IEEE Trans Instrum Meas. 2009;58(5):1706-1711. [doi: <u>10.1109/TIM.2008.2009136</u>]
- Lee J, Matsumura K, Yamakoshi KI, Rolfe P, Tanaka S, Yamakoshi T. Comparison between red, green and blue light reflection photoplethysmography for heart rate monitoring during motion. Annu Int Conf IEEE Eng Med Biol Soc. 2013;2013:1724-1727. [doi: 10.1109/EMBC.2013.6609852] [Medline: 24110039]
- 20. Preejith SP, Alex A, Joseph J, Sivaprakasam M. Design, development and clinical validation of a wrist-based optical heart rate monitor. 2016. Presented at: IEEE International Symposium on Medical Measurements and Applications (MeMeA); 2016 May 15-18; Benevento, Italy.
- 21. Wolling F, Van Laerhoven K. The quest for raw signals: a quality review of publicly available photoplethysmography datasets. 2020. Presented at: Proceedings of the Third Workshop on Data: Acquisition To Analysis; 2020 November 16-19:14-19; Virtual Event, Japan.
- 22. Welk GJ, Bai Y, Lee JM, Godino J, Saint-Maurice PF, Carr L. Standardizing analytic methods and reporting in activity monitor validation studies. Med Sci Sports Exerc. 2019;51(8):1767-1780. [FREE Full text] [doi: 10.1249/MSS.000000000001966] [Medline: 30913159]
- 23. Kamal AA, Harness JB, Irving G, Mearns AJ. Skin photoplethysmography—a review. Comput Methods Programs Biomed. 1989;28(4):257-269. [doi: 10.1016/0169-2607(89)90159-4] [Medline: 2649304]
- 24. Webster JG. Design of Pulse Oximeters. Boca Raton, FL. CRC Press; 1997.
- 25. Shelley KH. Photoplethysmography: beyond the calculation of arterial oxygen saturation and heart rate. Anesth Analg. 2007;105(6 Suppl):S31-S36. [doi: 10.1213/01.ane.0000269512.82836.c9] [Medline: 18048895]
- 26. Mannheimer PD. The light-tissue interaction of pulse oximetry. Anesth Analg. 2007;105(6 Suppl):S10-S17. [doi: 10.1213/01.ane.0000269522.84942.54] [Medline: 18048891]

- Yan J, Ye Z, Shi F, Dai Y, Yang L, Wu J, et al. Reflection-type photoplethysmography pulse sensor based on an integrated optoelectronic chip with a ring structure. Biomed Opt Express. 2021;12(10):6277-6283. [FREE Full text] [doi: 10.1364/BOE.437805] [Medline: 34745736]
- 28. de Trafford J, Lafferty K. What does photoplethysmography measure? Med Biol Eng Comput. 1984;22(5):479-480. [doi: 10.1007/BF02447713] [Medline: 6482540]
- 29. Lindberg LG, Oberg PA. Optical properties of blood in motion. Opt Eng. 1993;32(2):253. [doi: 10.1117/12.60688]
- 30. Shvartsman LD, Fine I. Optical transmission of blood: effect of erythrocyte aggregation. IEEE Trans Biomed Eng. 2003;50(8):1026-1033. [doi: 10.1109/TBME.2003.814532] [Medline: 12892330]
- 31. Lambert J. Photometria Sive de Mensura et Gradibus Luminis, Colorum et Umbrae. Klett, Norway. Nabu Press; 1760:586.
- Bergstrand S, Lindberg LG, Ek AC, Lindén M, Lindgren M. Blood flow measurements at different depths using photoplethysmography and laser Doppler techniques. Skin Res Technol. 2009;15(2):139-147. [doi: 10.1111/j.1600-0846.2008.00337.x] [Medline: 19622122]
- Spigulis J, Gailite L, Lihachev A, Erts R. Simultaneous recording of skin blood pulsations at different vascular depths by multiwavelength photoplethysmography. Appl Opt. 2007;46(10):1754-1759. [doi: <u>10.1364/ao.46.001754</u>] [Medline: <u>17356618</u>]
- 34. Maeda Y, Sekine M, Tamura T. Relationship between measurement site and motion artifacts in wearable reflected photoplethysmography. J Med Syst. 2011;35(5):969-976. [doi: 10.1007/s10916-010-9505-0] [Medline: 20703691]
- 35. Matsumura K, Rolfe P, Lee J, Yamakoshi T. iPhone 4s photoplethysmography: which light color yields the most accurate heart rate and normalized pulse volume using the iPhysioMeter application in the presence of motion artifact? PLoS One. 2014;9(3):e91205. [FREE Full text] [doi: 10.1371/journal.pone.0091205] [Medline: 24618594]
- Fine J, Branan KL, Rodriguez AJ, Boonya-Ananta T, Ajmal, Ramella-Roman JC, et al. Sources of inaccuracy in photoplethysmography for continuous cardiovascular monitoring. Biosensors (Basel). 2021;11(4):126. [FREE Full text] [doi: 10.3390/bios11040126] [Medline: 33923469]
- 37. Bent B, Goldstein BA, Kibbe WA, Dunn JP. Investigating sources of inaccuracy in wearable optical heart rate sensors. NPJ Digit Med. 2020;3:18. [FREE Full text] [doi: 10.1038/s41746-020-0226-6] [Medline: 32047863]
- 38. Colvonen PJ. Response to: investigating sources of inaccuracy in wearable optical heart rate sensors. NPJ Digit Med. 2021;4(1):38. [FREE Full text] [doi: 10.1038/s41746-021-00408-5] [Medline: 33637822]
- Nowara EM, McDuff D, Veeraraghavan A. A meta-analysis of the impact of skin type and gender on non-contact photoplethysmography measurements. 2020. Presented at: 2020 IEEE/CVF Conference on Computer Vision and Pattern Recognition Workshops (CVPRW); 2020 June 14-19; Seattle, WA, USA.
- 40. Puranen A, Halkola T, Kirkeby O, Vehkaoja A. Effect of skin tone and activity on the performance of wrist-worn optical beat-to-beat heart rate monitoring. 2020. Presented at: 2020 IEEE SENSORS; 2020 October 25-28; Rotterdam, Netherlands.
- Lister T, Wright PA, Chappell PH. Optical properties of human skin. J Biomed Opt. 2012;17(9):90901. [FREE Full text] [doi: 10.1117/1.JBO.17.9.090901] [Medline: 23085902]
- 42. Anderson RR, Parrish JA. The optics of human skin. J Invest Dermatol. 1981;77(1):13-19. [FREE Full text] [doi: 10.1111/1523-1747.ep12479191] [Medline: 7252245]
- 43. Hayes MJ, Smith PR. Artifact reduction in photoplethysmography. Appl Opt. 1998;37(31):7437-7446. [doi: 10.1364/ao.37.007437] [Medline: 18301578]
- 44. Han H, Kim J. Artifacts in wearable photoplethysmographs during daily life motions and their reduction with least mean square based active noise cancellation method. Comput Biol Med. 2012;42(4):387-393. [doi: 10.1016/j.compbiomed.2011.12.005] [Medline: 22206810]
- 45. Ismail S, Akram U, Siddiqi I. Heart rate tracking in photoplethysmography signals affected by motion artifacts: a review. EURASIP J Adv Signal Process. 2021;2021(1):5. [doi: <u>10.1186/s13634-020-00714-2</u>]
- 46. Bhattacharya A, McCutcheon EP, Shvartz E, Greenleaf JE. Body acceleration distribution and O2 uptake in humans during running and jumping. J Appl Physiol Respir Environ Exerc Physiol. 1980;49(5):881-887. [doi: <u>10.1152/jappl.1980.49.5.881</u>] [Medline: <u>7429911</u>]
- 47. Antonsson EK, Mann RW. The frequency content of gait. J Biomech. 1985;18(1):39-47. [doi: <u>10.1016/0021-9290(85)90043-0</u>] [Medline: <u>3980487</u>]
- 48. Sun M, Hill JO. A method for measuring mechanical work and work efficiency during human activities. J Biomech. 1993;26(3):229-241. [doi: 10.1016/0021-9290(93)90361-h] [Medline: 8468336]
- 49. Parak J, Korhonen I. Evaluation of wearable consumer heart rate monitors based on photopletysmography. Annu Int Conf IEEE Eng Med Biol Soc. 2014;2014:3670-3673. [doi: 10.1109/EMBC.2014.6944419] [Medline: 25570787]
- 50. Jo E, Lewis K, Directo D, Kim MJ, Dolezal BA. Validation of biofeedback wearables for photoplethysmographic heart rate tracking. J Sports Sci Med. 2016;15(3):540-547. [FREE Full text] [Medline: 27803634]
- Chen KY, Janz KF, Zhu W, Brychta RJ. Redefining the roles of sensors in objective physical activity monitoring. Med Sci Sports Exerc. 2012;44(1 Suppl 1):S13-S23. [FREE Full text] [doi: 10.1249/MSS.0b013e3182399bc8] [Medline: 22157770]
- 52. Esliger DW, Copeland JL, Barnes JD, Tremblay MS. Standardizing and optimizing the use of accelerometer data for free-living physical activity monitoring. J Phys Act Health. 2005;3(3):366-383.

- 53. Rowlands AV, Stiles VH. Accelerometer counts and raw acceleration output in relation to mechanical loading. J Biomech. 2012;45(3):448-454. [FREE Full text] [doi: 10.1016/j.jbiomech.2011.12.006] [Medline: 22218284]
- 54. van Hees VT, Gorzelniak L, Dean León EC, Eder M, Pias M, Taherian S, et al. Separating movement and gravity components in an acceleration signal and implications for the assessment of human daily physical activity. PLoS One. 2013;8(4):e61691. [FREE Full text] [doi: 10.1371/journal.pone.0061691] [Medline: 23626718]
- 55. Hildebrand M, VAN Hees VT, Hansen BH, Ekelund U. Age group comparability of raw accelerometer output from wristand hip-worn monitors. Med Sci Sports Exerc. 2014;46(9):1816-1824. [doi: <u>10.1249/MSS.00000000000289</u>] [Medline: <u>24887173</u>]
- 56. Chen KY, Bassett DR. The technology of accelerometry-based activity monitors: current and future. Med Sci Sports Exerc. 2005;37(11 Suppl):S490-S500. [doi: 10.1249/01.mss.0000185571.49104.82] [Medline: 16294112]
- 57. Trost SG, McIver KL, Pate RR. Conducting accelerometer-based activity assessments in field-based research. Med Sci Sports Exerc. 2005;37(11 Suppl):S531-S543. [doi: 10.1249/01.mss.0000185657.86065.98] [Medline: 16294116]
- Welk GJ. Principles of design and analyses for the calibration of accelerometry-based activity monitors. Med Sci Sports Exerc. 2005;37(11 Suppl):S501-S511. [doi: 10.1249/01.mss.0000185660.38335.de] [Medline: 16294113]
- 59. Procter DS, Page AS, Cooper AR, Nightingale CM, Ram B, Rudnicka AR, et al. An open-source tool to identify active travel from hip-worn accelerometer, GPS and GIS data. Int J Behav Nutr Phys Act. 2018;15(1):91. [FREE Full text] [doi: 10.1186/s12966-018-0724-y] [Medline: 30241483]
- 60. John D, Tang Q, Albinali F, Intille S. An open-source monitor-independent movement summary for accelerometer data processing. J Meas Phys Behav. 2019;2(4):268-281. [FREE Full text] [doi: 10.1123/jmpb.2018-0068] [Medline: 34308270]
- 61. Carlson JA, Ridgers ND, Nakandala S, Zablocki R, Tuz-Zahra F, Bellettiere J, et al. CHAP-child: an open source method for estimating sit-to-stand transitions and sedentary bout patterns from hip accelerometers among children. Int J Behav Nutr Phys Act. 2022;19(1):109. [FREE Full text] [doi: 10.1186/s12966-022-01349-2] [Medline: 36028890]
- 62. Migueles JH, Rowlands A, Huber F, Sabia S, van Hees VT. GGIR: a research community? Driven open source R package for generating physical activity and sleep outcomes from multi-day raw accelerometer data. J Meas Phys Behav. 2019;2(3):188-196.
- 63. de Looff P, Duursma R, Noordzij M, Taylor S, Jaques N, Scheepers F, et al. Wearables: an R package with accompanying shiny application for signal analysis of a wearable device targeted at clinicians and researchers. Front Behav Neurosci. 2022;16:856544. [FREE Full text] [doi: 10.3389/fnbeh.2022.856544] [Medline: 35813597]
- 64. Helsel BC, Hibbing PR, Montgomery RN, Vidoni ED, Ptomey LT, Clutton J, et al. agcounts: an R package to calculate ActiGraph activity counts from portable accelerometers. J Meas Phys Behav. 2024;7(1):1-7.
- Zhang Y, Weaver RG, Armstrong B, Burkart S, Zhang S, Beets MW. Validity of wrist-worn photoplethysmography devices to measure heart rate: a systematic review and meta-analysis. J Sports Sci. 2020;38(17):2021-2034. [doi: 10.1080/02640414.2020.1767348] [Medline: 32552580]
- 66. Nachman D, Gepner Y, Goldstein N, Kabakov E, Ishay AB, Littman R, et al. Comparing blood pressure measurements between a photoplethysmography-based and a standard cuff-based manometry device. Sci Rep. 2020;10(1):16116. [FREE Full text] [doi: 10.1038/s41598-020-73172-3] [Medline: 32999400]
- Nachman D, Gilan A, Goldstein N, Constantini K, Littman R, Eisenkraft A, et al. Twenty-four-hour ambulatory blood pressure measurement using a novel noninvasive, cuffless, wireless device. Am J Hypertens. 2021;34(11):1171-1180. [doi: 10.1093/ajh/hpab095] [Medline: 34143867]
- Nachman D, Eisenkraft A, Goldstein N, Ben-Ishay A, Fons M, Merin R, et al. Influence of sex, BMI, and skin color on the accuracy of non-invasive cuffless photoplethysmography-based blood pressure measurements. Front Physiol. 2022;13:911544.
 [FREE Full text] [doi: 10.3389/fphys.2022.911544] [Medline: 35846008]
- 69. Solà J, Vybornova A, Fallet S, Grossenbacher O, De Marco B, Olivero E, et al. Aktiia bracelet: monitoring of blood pressure using off-the-shelf optical sensors. 2019. Presented at: 41st Annual International Conference of the IEEE Engineering in Medicine and Biology Society (EMBC; 2019 July 24; Berlin, Germany. URL: <u>https://embc.embs.org/2019/wp-content/uploads/sites/42/2019/07/EMBC-2019-Program.pdf</u>
- Vybornova A, Polychronopoulou E, Wurzner-Ghajarzadeh A, Fallet S, Sola J, Wuerzner G. Blood pressure from the optical Aktiia bracelet: a 1-month validation study using an extended ISO81060-2 protocol adapted for a cuffless wrist device. Blood Press Monit. 2021;26(4):305-311. [FREE Full text] [doi: 10.1097/MBP.000000000000531] [Medline: 33675592]
- 71. Sola J, Vybornova A, Fallet S, Polychronopoulou E, Wurzner-Ghajarzadeh A, Wuerzner G. Validation of the optical Aktiia bracelet in different body positions for the persistent monitoring of blood pressure. Sci Rep. 2021;11(1):20644. [FREE Full text] [doi: 10.1038/s41598-021-99294-w] [Medline: 34667230]
- 72. Seshadri DR, Bittel B, Browsky D, Houghtaling P, Drummond CK, Desai MY, et al. Accuracy of Apple Watch for detection of atrial fibrillation. Circulation. 2020;141(8):702-703. [doi: <u>10.1161/CIRCULATIONAHA.119.044126</u>] [Medline: 32091929]
- 73. Walch O, Huang Y, Forger D, Goldstein C. Sleep stage prediction with raw acceleration and photoplethysmography heart rate data derived from a consumer wearable device. Sleep. 2019;42(12):zsz180. [FREE Full text] [doi: 10.1093/sleep/zsz180] [Medline: 31579900]

- 74. Gayathri Priyadarshini R, Kalimuthu M, Nikesh S, Bhuvaneshwari M. Review of PPG signal using machine learning algorithms for blood pressure and glucose estimation. IOP Conf Ser Mater Sci Eng. 2021;1084(1):012031.
- Chu J, Yang WT, Lu WR, Chang YT, Hsieh TH, Yang FL. 90% Accuracy for photoplethysmography-based non-invasive blood glucose prediction by deep learning with cohort arrangement and quarterly measured HbA1c. Sensors (Basel). 2021;21(23):7815. [FREE Full text] [doi: 10.3390/s21237815] [Medline: 34883817]
- 76. Althobaiti MM, Al-Naib I. Optimization of dual-channel near-infrared non-invasive glucose level measurement sensors based on monte-carlo simulations. IEEE Photonics J. 2021;13(3):1. [doi: <u>10.1109/jphot.2021.3079408</u>]
- 77. Evenson KR, Goto MM, Furberg RD. Systematic review of the validity and reliability of consumer-wearable activity trackers. Int J Behav Nutr Phys Act. 2015;12:159. [FREE Full text] [doi: 10.1186/s12966-015-0314-1] [Medline: 26684758]
- 78. Wright SP, Hall Brown TS, Collier SR, Sandberg K. How consumer physical activity monitors could transform human physiology research. Am J Physiol Regul Integr Comp Physiol. 2017;312(3):R358-R367. [FREE Full text] [doi: 10.1152/ajpregu.00349.2016] [Medline: 28052867]
- Collins T, Woolley SI, Oniani S, Pires IM, Garcia NM, Ledger SJ, et al. Version reporting and assessment approaches for new and updated activity and heart rate monitors. Sensors (Basel). 2019;19(7):1705. [FREE Full text] [doi: 10.3390/s19071705] [Medline: 30974755]
- 80. Leung W, Case L, Jung J, Yun J. Factors associated with validity of consumer-oriented wearable physical activity trackers: a meta-analysis. J Med Eng Technol. 2021;45(3):223-236. [doi: 10.1080/03091902.2021.1893395] [Medline: 33750250]
- LaMunion SR, Blythe AL, Hibbing PR, Kaplan AS, Clendenin BJ, Crouter SE. Use of consumer monitors for estimating energy expenditure in youth. Appl Physiol Nutr Metab. 2020;45(2):161-168. [FREE Full text] [doi: 10.1139/apnm-2019-0129] [Medline: 31269409]
- 82. Liang Y, Chen Z, Liu G, Elgendi M. A new, short-recorded photoplethysmogram dataset for blood pressure monitoring in China. Sci Data. 2018;5:180020. [FREE Full text] [doi: 10.1038/sdata.2018.20] [Medline: 29485624]
- 83. Liang Y, Chen Z, Ward R, Elgendi M. Photoplethysmography and deep learning: enhancing hypertension risk stratification. Biosensors (Basel). 2018;8(4):101. [FREE Full text] [doi: 10.3390/bios8040101] [Medline: 30373211]
- Saeed M, Villarroel M, Reisner AT, Clifford G, Lehman LW, Moody G, et al. Multiparameter intelligent monitoring in intensive care II: a public-access intensive care unit database. Crit Care Med. 2011;39(5):952-960. [FREE Full text] [doi: 10.1097/CCM.0b013e31820a92c6] [Medline: 21283005]
- Johnson AEW, Pollard TJ, Shen L, Lehman LH, Feng M, Ghassemi M, et al. MIMIC-III, a freely accessible critical care database. Sci Data. 2016;3:160035. [FREE Full text] [doi: 10.1038/sdata.2016.35] [Medline: 27219127]
- 86. Sun X, Zhou L, Chang S, Liu Z. Using CNN and HHT to predict blood pressure level based on photoplethysmography and its derivatives. Biosensors (Basel). 2021;11(4):120. [FREE Full text] [doi: 10.3390/bios11040120] [Medline: 33924324]
- Plews DJ, Scott B, Altini M, Wood M, Kilding AE, Laursen PB. Comparison of heart-rate-variability recording with smartphone photoplethysmography, Polar H7 chest strap, and electrocardiography. Int J Sports Physiol Perform. 2017;12(10):1324-1328. [doi: 10.1123/ijspp.2016-0668] [Medline: 28290720]
- 88. De Ridder B, Van Rompaey B, Kampen JK, Haine S, Dilles T. Smartphone apps using photoplethysmography for heart rate monitoring: meta-analysis. JMIR Cardio. 2018;2(1):e4. [FREE Full text] [doi: 10.2196/cardio.8802] [Medline: 31758768]
- 89. Dey J, Gaurav A, Tiwari V. InstaBP: cuff-less blood pressure monitoring on smartphone using single PPG sensor. Annu Int Conf IEEE Eng Med Biol Soc. 2018;2018:5002-5005. [doi: 10.1109/EMBC.2018.8513189] [Medline: 30441464]
- 90. Gillinov S, Etiwy M, Wang R, Blackburn G, Phelan D, Gillinov A, et al. Variable accuracy of wearable heart rate monitors during aerobic exercise. Med Sci Sports Exerc. 2017;49(8):1697-1703. [doi: <u>10.1249/MSS.000000000001284</u>] [Medline: <u>28709155</u>]
- 91. Laukkanen RM, Virtanen PK. Heart rate monitors: state of the art. J Sports Sci. 1998;16 Suppl:S3-S7. [doi: 10.1080/026404198366920] [Medline: 22587712]
- 92. Pasadyn SR, Soudan M, Gillinov M, Houghtaling P, Phelan D, Gillinov N, et al. Accuracy of commercially available heart rate monitors in athletes: a prospective study. Cardiovasc Diagn Ther. 2019;9(4):379-385. [FREE Full text] [doi: 10.21037/cdt.2019.06.05] [Medline: 31555543]
- Strath SJ, Bassett DR, Swartz AM, Thompson DL. Simultaneous heart rate-motion sensor technique to estimate energy expenditure. Med Sci Sports Exerc. 2001;33(12):2118-2123. [doi: <u>10.1097/00005768-200112000-00022</u>] [Medline: <u>11740308</u>]
- 94. Strath SJ, Bassett DR, Thompson DL, Swartz AM. Validity of the simultaneous heart rate-motion sensor technique for measuring energy expenditure. Med Sci Sports Exerc. 2002;34(5):888-894. [doi: <u>10.1097/00005768-200205000-00025</u>] [Medline: <u>11984311</u>]
- Strath SJ, Brage S, Ekelund U. Integration of physiological and accelerometer data to improve physical activity assessment. Med Sci Sports Exerc. 2005;37(11 Suppl):S563-S571. [doi: <u>10.1249/01.mss.0000185650.68232.3f</u>] [Medline: <u>16294119</u>]
- 96. Brage S, Brage N, Franks PW, Ekelund U, Wareham NJ. Reliability and validity of the combined heart rate and movement sensor actiheart. Eur J Clin Nutr. 2005;59(4):561-570. [doi: <u>10.1038/sj.ejcn.1602118</u>] [Medline: <u>15714212</u>]
- 97. Crouter SE, Churilla JR, Bassett DR. Accuracy of the actiheart for the assessment of energy expenditure in adults. Eur J Clin Nutr. 2008;62(6):704-711. [doi: 10.1038/sj.ejcn.1602766] [Medline: 17440515]

- Villars C, Bergouignan A, Dugas J, Antoun E, Schoeller DA, Roth H, et al. Validity of combining heart rate and uniaxial acceleration to measure free-living physical activity energy expenditure in young men. J Appl Physiol (1985). 2012;113(11):1763-1771. [FREE Full text] [doi: 10.1152/japplphysiol.01413.2011] [Medline: 23019315]
- 99. McMinn D, Acharya R, Rowe DA, Gray SR, Allan JL. Measuring activity energy expenditure: accuracy of the GT3X+ and Actiheart monitors. Int J Exerc Sci. 2013;6(3):29.
- 100. Swartz AM, Strath SJ, Bassett DR, O'Brien WL, King GA, Ainsworth BE. Estimation of energy expenditure using CSA accelerometers at hip and wrist sites. Med Sci Sports Exerc. 2000;32(9 Suppl):S450-SS46. [doi: 10.1097/00005768-200009001-00003] [Medline: 10993414]
- Chen M, Kuo C, Pellegrini C, Hsu M. Accuracy of wristband activity monitors during ambulation and activities. Med Sci Sports Exerc. 2016;48(10):1942-1949. [doi: <u>10.1249/MSS.00000000000984</u>] [Medline: <u>27183123</u>]
- 102. Donisi L, Cesarelli G, Pisani N, Ponsiglione AM, Ricciardi C, Capodaglio E. Wearable sensors and artificial intelligence for physical ergonomics: a systematic review of literature. Diagnostics (Basel). 2022;12(12):3048. [FREE Full text] [doi: 10.3390/diagnostics12123048] [Medline: 36553054]
- 103. Kern N, Schiele B, Schmidt A. Multi-sensor activity context detection for wearable computing. In: Aarts E, Collier RW, van Loenen E, de Ruyter B, editors. Ambient Intelligence. EUSAI 2003. Lecture Notes in Computer Science. Berlin, Heidelberg. Springer; 2003.
- 104. Bonomi AG, Plasqui G, Goris AHC, Westerterp KR. Improving assessment of daily energy expenditure by identifying types of physical activity with a single accelerometer. J Appl Physiol (1985). 2009;107(3):655-661. [FREE Full text] [doi: 10.1152/japplphysiol.00150.2009] [Medline: 19556460]
- 105. Bonomi AG, Plasqui G. "Divide and conquer": assessing energy expenditure following physical activity type classification. J Appl Physiol (1985). 2012;112(5):932-933. [FREE Full text] [doi: 10.1152/japplphysiol.01403.2011] [Medline: 22383498]
- 106. Plasqui G. Smart approaches for assessing free-living energy expenditure following identification of types of physical activity. Obes Rev. 2017;18 Suppl 1:50-55. [doi: 10.1111/obr.12506] [Medline: 28164455]
- 107. Heil DP. Predicting activity energy expenditure using the actical activity monitor. Res Q Exerc Sport. 2006;77(1):64-80.
 [doi: 10.1080/02701367.2006.10599333] [Medline: 16646354]
- 108. Crouter SE, Clowers KG, Bassett DR. A novel method for using accelerometer data to predict energy expenditure. J Appl Physiol (1985). 2006;100(4):1324-1331. [FREE Full text] [doi: 10.1152/japplphysiol.00818.2005] [Medline: 16322367]
- 109. Crouter SE, Bassett DR. A new 2-regression model for the actical accelerometer. Br J Sports Med. 2008;42(3):217-224. [doi: <u>10.1136/bjsm.2006.033399</u>] [Medline: <u>17761786</u>]
- 110. Crouter SE, Kuffel E, Haas JD, Frongillo EA, Bassett DR. Refined two-regression model for the ActiGraph accelerometer. Med Sci Sports Exerc. 2010;42(5):1029-1037. [FREE Full text] [doi: 10.1249/MSS.0b013e3181c37458] [Medline: 20400882]
- 111. Rothney MP, Brychta RJ, Meade NN, Chen KY, Buchowski MS. Validation of the ActiGraph two-regression model for predicting energy expenditure. Med Sci Sports Exerc. 2010;42(9):1785-1792. [FREE Full text] [doi: 10.1249/MSS.0b013e3181d5a984] [Medline: 20142778]
- Crouter SE, Horton M, Bassett DR. Use of a two-regression model for estimating energy expenditure in children. Med Sci Sports Exerc. 2012;44(6):1177-1185. [FREE Full text] [doi: 10.1249/MSS.0b013e3182447825] [Medline: 22143114]
- Hibbing PR, Lamunion SR, Kaplan AS, Crouter SE. Estimating energy expenditure with ActiGraph GT9X inertial measurement unit. Med Sci Sports Exerc. 2018;50(5):1093-1102. [doi: <u>10.1249/MSS.000000000001532</u>] [Medline: <u>29271847</u>]
- 114. Crouter SE, Oody JF, Bassett DR. Estimating physical activity in youth using an ankle accelerometer. J Sports Sci. 2018;36(19):2265-2271. [FREE Full text] [doi: 10.1080/02640414.2018.1449091] [Medline: 29517959]
- 115. Hnoohom N, Mekruksavanich S, Jitpattanakul A. Physical activity recognition based on deep learning using photoplethysmography and wearable inertial sensors. Electronics. 2023;12(3):693. [doi: 10.3390/electronics12030693]
- 116. Jarchi D, Casson A. Description of a database containing wrist PPG signals recorded during physical exercise with both accelerometer and gyroscope measures of motion. Data. 2016;2(1):1. [FREE Full text] [doi: 10.3390/data2010001]
- Reiss A, Indlekofer I, Schmidt P, Van Laerhoven K. Deep PPG: large-scale heart rate estimation with convolutional neural networks. Sensors (Basel). 2019;19(14):3079. [FREE Full text] [doi: 10.3390/s19143079] [Medline: 31336894]
- 118. Biagetti G, Crippa P, Falaschetti L, Saraceni L, Tiranti A, Turchetti C. Dataset from PPG wireless sensor for activity monitoring. Data Brief. 2020;29:105044. [FREE Full text] [doi: 10.1016/j.dib.2019.105044] [Medline: 31989005]
- Jang DG, Park SH, Hahn M. A Gaussian model-based probabilistic approach for pulse transit time estimation. IEEE J Biomed Health Inform. 2016;20(1):128-134. [doi: 10.1109/JBHI.2014.2372047] [Medline: 25420274]
- 120. Adão Martins NR, Annaheim S, Spengler CM, Rossi RM. Fatigue monitoring through wearables: a state-of-the-art review. Front Physiol. 2021;12:790292. [FREE Full text] [doi: 10.3389/fphys.2021.790292] [Medline: 34975541]
- 121. Constantini K, Stickford ASL, Bleich JL, Mannheimer PD, Levine BD, Chapman RF. Synchronizing gait with cardiac cycle phase alters heart rate response during running. Med Sci Sports Exerc. 2018;50(5):1046-1053. [FREE Full text] [doi: 10.1249/MSS.00000000001515] [Medline: 29240004]
- 122. Rosenberger ME, Fulton JE, Buman MP, Troiano RP, Grandner MA, Buchner DM, et al. The 24-hour activity cycle: a new paradigm for physical activity. Med Sci Sports Exerc. 2019;51(3):454-464. [FREE Full text] [doi: 10.1249/MSS.00000000001811] [Medline: 30339658]

- 123. Vandelanotte C. A journal dedicated to studying the combined effects of activity, sedentary and sleep behaviours. J Act Sedentary Sleep Behav. 2022;1(1):1. [doi: 10.1186/s44167-022-0008-y]
- 124. Tremblay MS, Carson V, Chaput JP, Connor Gorber S, Dinh T, Duggan M, et al. Canadian 24-hour movement guidelines for children and youth: an integration of physical activity, sedentary behaviour, and sleep. Appl Physiol Nutr Metab. 2016;41(6 Suppl 3):S311-S327. [FREE Full text] [doi: 10.1139/apnm-2016-0151] [Medline: 27306437]
- 125. Okely AD, Ghersi D, Hesketh KD, Santos R, Loughran SP, Cliff DP, et al. A collaborative approach to adopting/adapting guidelines the Australian 24-hour movement guidelines for the early years (birth to 5 years): an integration of physical activity, sedentary behavior, and sleep. BMC Public Health. 2017;17(Suppl 5):869. [FREE Full text] [doi: 10.1186/s12889-017-4867-6] [Medline: 29219094]
- 126. World Health Organization. Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. Geneva, Switzerland. World Health Organization; 2019.
- 127. Tremblay MS, Rollo S, Saunders TJ. Sedentary behavior research network members support new Canadian 24-hour movement guideline recommendations. J Sport Health Sci. 2020;9(6):479-481. [FREE Full text] [doi: 10.1016/j.jshs.2020.09.012] [Medline: 33071162]
- 128. Ross R, Chaput JP, Giangregorio LM, Janssen I, Saunders TJ, Kho ME, et al. Canadian 24-Hour movement guidelines for adults aged 18-64 years and adults aged 65 years or older: an integration of physical activity, sedentary behaviour, and sleep. Appl Physiol Nutr Metab. 2020;45(10 (Suppl 2):S57-S102. [FREE Full text] [doi: 10.1139/apnm-2020-0467] [Medline: 33054332]
- 129. Draper CE, Tomaz SA, Biersteker L, Cook CJ, Couper J, de Milander M, et al. The South African 24-hour movement guidelines for birth to 5 years: an integration of physical activity, sitting behavior, screen time, and sleep. J Phys Act Health. 2020;17(1):109-119. [FREE Full text] [doi: 10.1123/jpah.2019-0187] [Medline: 31877557]
- Ryals S, Chiang A, Schutte-Rodin S, Chandrakantan A, Verma N, Holfinger S, et al. Photoplethysmography-new applications for an old technology: a sleep technology review. J Clin Sleep Med. 2023;19(1):189-195. [FREE Full text] [doi: 10.5664/jcsm.10300] [Medline: 36123954]
- 131. Linder SP, Wendelken SM, Wei E, McGrath SP. Using the morphology of photoplethysmogram peaks to detect changes in posture. J Clin Monit Comput. 2006;20(3):151-158. [doi: 10.1007/s10877-006-9015-2] [Medline: 16688391]
- 132. Tremblay MS, Aubert S, Barnes JD, Saunders TJ, Carson V, Latimer-Cheung AE, et al. SBRN Terminology Consensus Project Participants. Sedentary Behavior Research Network (SBRN)—terminology consensus project process and outcome. Int J Behav Nutr Phys Act. 2017;14(1):75. [FREE Full text] [doi: 10.1186/s12966-017-0525-8] [Medline: 28599680]
- 133. Albrecht BM, Flaßkamp FT, Koster A, Eskofier BM, Bammann K. Cross-sectional survey on researchers' experience in using accelerometers in health-related studies. BMJ Open Sport Exerc Med. 2022;8(2):e001286. [FREE Full text] [doi: 10.1136/bmjsem-2021-001286] [Medline: 35601138]

Abbreviations

PPG: photoplethysmography

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