

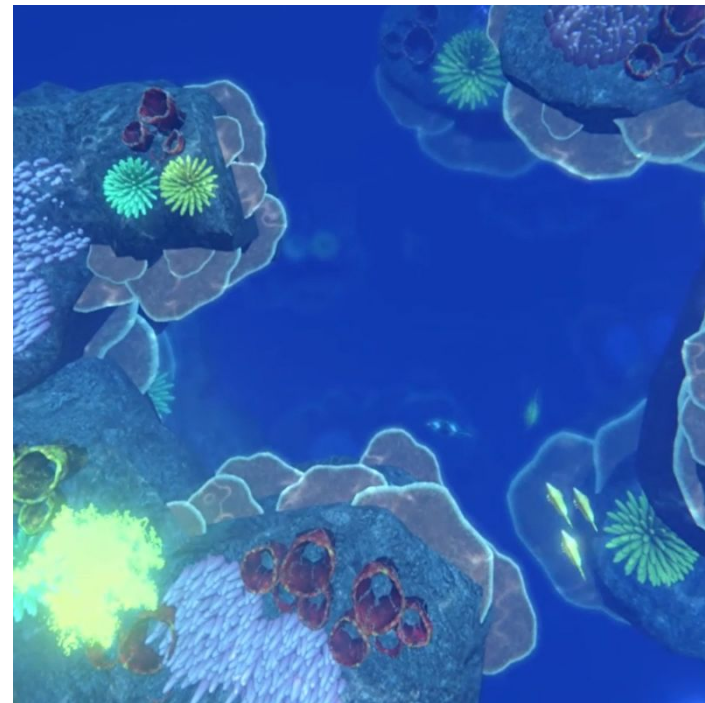
# Design and Evaluation of ProneVR: Constraint-Aware Interaction for Prone-Position Immersive Virtual Reality

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VIDi Lab Presentation  
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# Background: Procedural Pain & Anxiety

- Acute procedural pain and anxiety are common during medical procedures (Teh et al., 2024)
  - **motivates real-time management during care**
- Current clinical practice historically relies on pharmacological approaches

## Sedatives

- Diazepam
- Propofol

## Opioids

- Hydromorphone
- Morphine
- Fentanyl

# Background: Pharmacologic Limitations

- Pharmacologic approaches introduce challenges:
  - Safety & monitoring complexity
  - Variable patient response and side effects
  - Risk of long-term opioid exposure
- Increased clinical resource utilization (monitoring, staffing, equipment)  
*(e.g., Teh et al., 2024)*

# Background: Pharmacologic Limitations

- Pain experience is not purely physiological
  - ⇒ Strongly influenced by attention, emotion, and perception  
(*Shaygan et al., 2016*)
- **Motivates demand for non-pharmacological, perception-driven intervention**

# Background: Static Visual Pain Relief

Pain perception can be modulated by **simple visual input** (Vincent et al., 2010; Shaygan et al., 2017).

- Early work shows that **static 2D images** influence pain through **emotional engagement and attention**, not sensory blocking.
- These interventions operate within the **normal visual field** and require no specialized hardware.



Vincent et al. (2010)

**Limitation:** Prior environmental preparation, limited disengagement from clinical room

# Background: Static Visual Pain Relief

- Previous studies show visual content can change pain experience; studies manipulate pleasure, receptiveness, and attention load (e.g. Shaygan et. al., 2017)

## Case Study:

- Study used multiple photographs across various domains
- Viewing “loved-ones” significantly reduced pain unpleasantness compared to other control conditions (e.g. strangers and neutral images).

<i>VARIABLE</i>	<i>PICTURE</i>							
	<i>LOVED ONES</i>		<i>STRANGERS</i>		<i>LANDSCAPES</i>		<i>OPTICAL ILLUSIONS</i>	
	<i>MEAN</i>	<i>SD</i>	<i>MEAN</i>	<i>SD</i>	<i>MEAN</i>	<i>SD</i>	<i>MEAN</i>	<i>SD</i>
Valence*	8.50	1.39	6.33	2.00	7.56	2.02	6.29	2.00
Arousal†	6.66	2.54	7.75	1.78	7.84	1.59	6.53	2.05

\*Valence ratings (picture pleasantness) (1–9).  
†Arousal ratings (1–9).

(Shaygan et al. (2017))

# Background: Static Visual Pain Relief

## Findings:

- **Positive emotional enforcement, not distraction alone, drove the effect**  
→ high-“valence” images were more effective than emotionally neutral stimuli (e.g. optical illusions).

⇒ Images associated with **positive context** provided **better results**

<i>VARIABLE</i>	<i>PICTURE</i>							
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(Shaygan et al. (2017))

# Background: Static Visual Pain Relief

## Observed limitations:

- Effects depend strongly on **personal relevance** (e.g., one's own photos).
- Visuals are passive and provide little adaptation to patient state or posture.
- Limited control over **attention dynamics** during longer or more intense procedures.

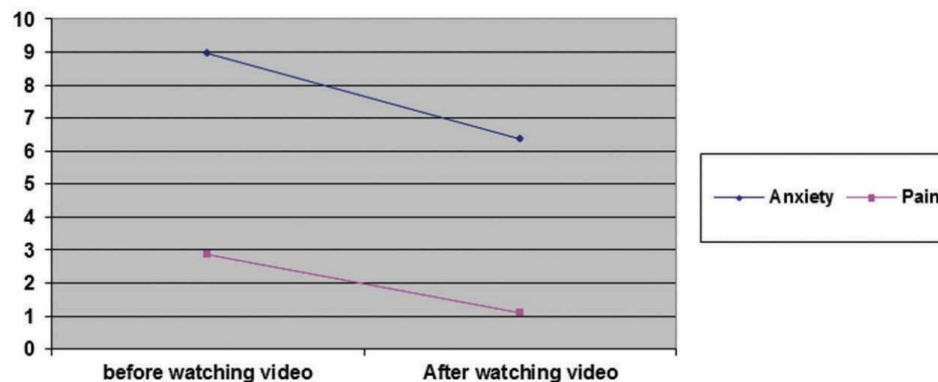
## Implication:

- Static images demonstrate *that* vision matters —  
but offer limited tools for **sustained or adaptive pain modulation**.

# Background: Passive Video and Animated Visual Interventions

## Extending beyond static images:

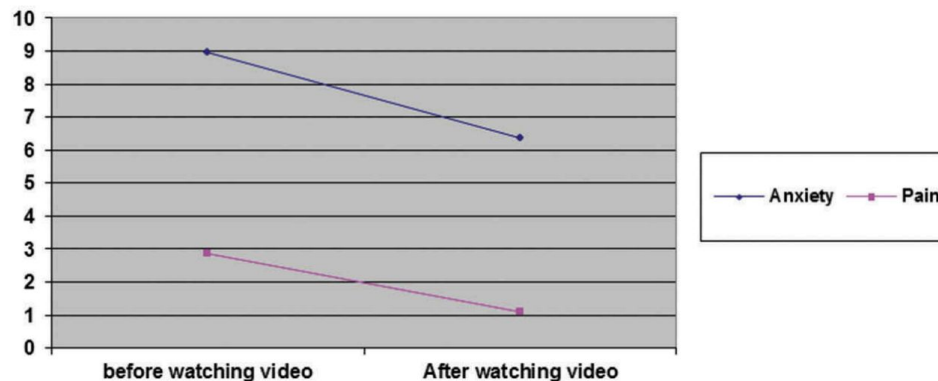
- Some studies use **animated or video-based visual content** during procedures
- Content is **scripted and passive**, often narrative or hypnotic in structure
- No interaction, no embodiment



Arnon et al. (2018)

# Background: Passive Video and Animated Visual Interventions

- Designed to maintain attention and induce relaxation through imagery and narration
- Short animated videos reduced **stress and pain ratings** in pediatric surgery settings



Arnon et al. (2018)

# From Passive Stimuli to Active Perceptual Engagement

- Interactive digital interventions extend pain modulation by actively engaging attention and perception (e.g. Peña et al., 2023) beyond visual stimuli
- **Virtual Reality (VR)** proven an effective non-medical method to reduce pain and anxiety during procedures
- Effects driven by immersive audiovisual engagement



# Immersive VR for Procedural Pain

Immersive VR extends visual modulation by introducing immersion, presence, and spatial consistency.

- Head-mounted displays create a **controlled visual environment**
- Immersion **reduces awareness** of the **clinical setting**
- Systems may be **interactive or non-interactive**



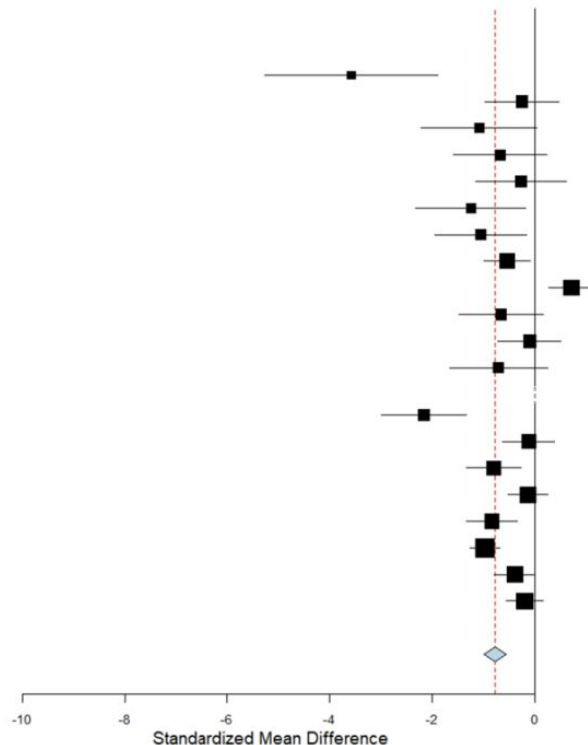
# Immersive VR for Procedural Pain

## Case Study:

- Large-scale meta-analysis of Randomized Controlled Trials (RCTs) shows VR significantly reduces pain across medical procedures.
- Effects observed in both adults and pediatric populations.

Studies	Estimate (95% C.I.)
Hoffman(a) 2001	-3.57 (-5.26, -1.89)
Sander Windt 2002	-0.25 (-0.98, 0.47)
Das 2005	-1.09 (-2.21, 0.04)
Wolitzky 2005	-0.68 (-1.58, 0.22)
Gold 2006	-0.27 (-1.15, 0.61)
Chan 2007	-1.25 (-2.32, -0.18)
Hoffman(b) 2008	-1.06 (-1.95, -0.16)
Carrougner 2009	-0.54 (-0.99, -0.09)
Konstantinos 2009	0.71 (0.27, 1.14)
Maani 2011	-0.66 (-1.48, 0.16)
Kipping 2012	-0.10 (-0.71, 0.51)
Jeffs 2014	-0.71 (-1.66, 0.25)
...	
Pathoulas 2022	-2.16 (-2.99, -1.34)
Perdue 2022	-0.11 (-0.63, 0.40)
Ryu 2022	-0.81 (-1.33, -0.28)
Thybo 2022	-0.14 (-0.52, 0.25)
Wang 2022	-0.84 (-1.34, -0.35)
Xie 2022	-0.97 (-1.26, -0.68)
Yildirim 2022	-0.39 (-0.79, 0.01)
Bosso 2023	-0.20 (-0.56, 0.16)
<b>Overall (I<sup>2</sup>=93.4 % , P&lt; 0.01)</b>	<b>-0.78 (-1.00, -0.57)</b>

Teh et al. (2024)



# Motivation and Research Gap

## Most VR systems assume:

- Upright orientation
- Head-Motion Support
- Controller or free-arm input



## Gap: Prone posture breaks these assumptions

- Standard VR apps induce disorientation and visual discomfort when face-down
- A large number of interventional pain procedures are performed prone
- Minimal head motion → large perceptual instability

**Safety risk:** Existing VR implementations are unstable or disorienting when face-down

# Design Implications: Interaction Under Physical Constraints

- Conventional VR interaction also applies to **interactive arm/controller input**.
- In prone medical procedures, patients exhibit **minimal head motion, restricted limb movement**, and **orientation mismatch** between the physical body and virtual camera.
- These conditions amplify **perceptual instability, increase discomfort**, and make controller/gesture-based interaction **unsafe or infeasible** (Palmisano et al., 2023).

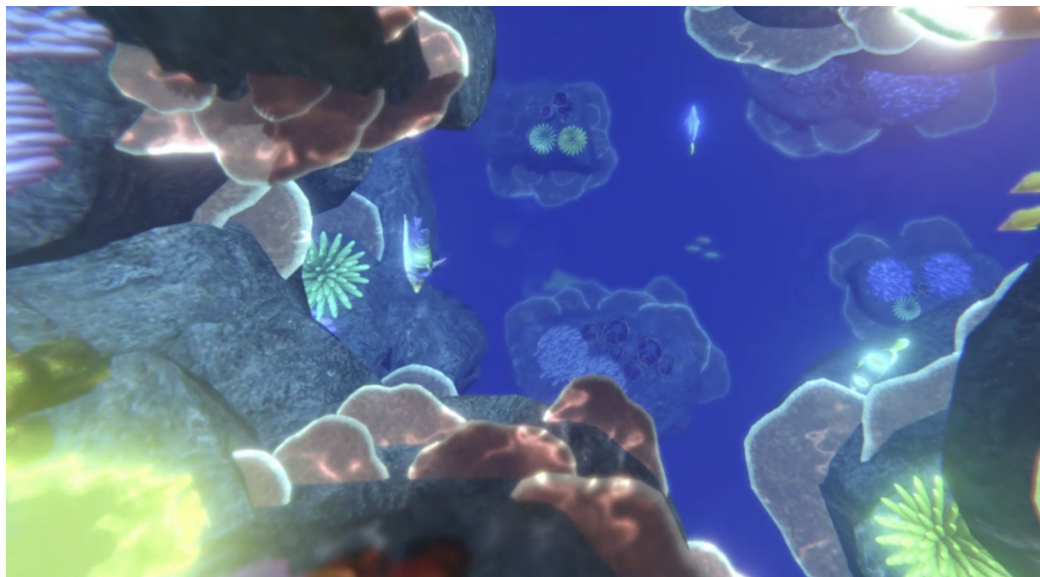
# Project Goals and Approach

**ProneVR:** a constraint-aware VR system for prone procedures

Designed for:

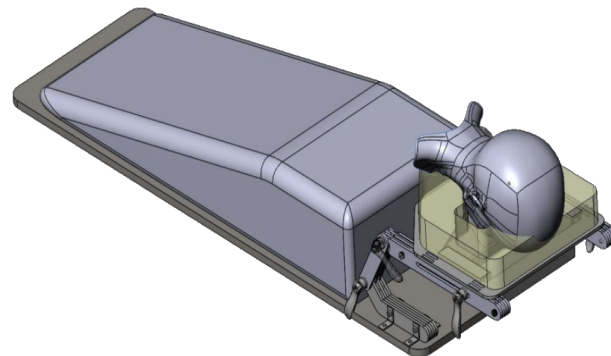
- Immersive visual interaction for perceptual engagement
- Controller-free user interaction
- Horizontal (Prone) application viewing
- Minimal physical movement

Built for clinical safety and procedural compatibility



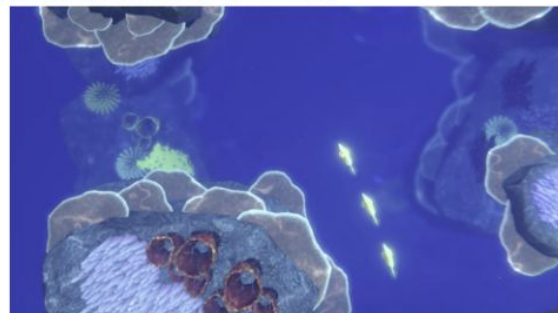
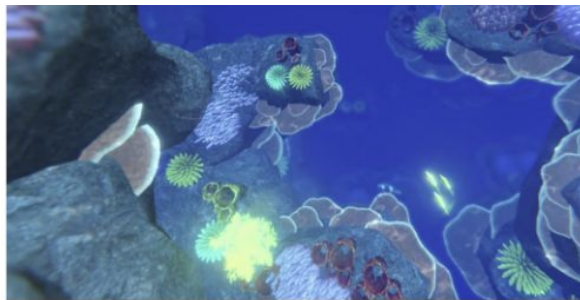
# Key Technical Contributions

- VR system explicitly designed for prone viewing
- Graphics-driven immersion designed to dominate visual attention
- Audiovisual co-motion between camera, agents, and sound sources
- Spatial audio integrated as a depth and presence cues
- Latency optimization
- Shader-based visual effects for depth, opacity, and atmospheric perspective



# Our Research Development

- Developed underwater VR scene with stabilized motion and depth cues
  - Implemented spline-based organism animation and atmospheric rendering effects
  - Integrated perceptual tuning to reduce discomfort during prone viewing
- ⇒ Iteratively refined through user testing at the VIDi lab



[Video Demo Link](#) (Martin et al., 2025)

# Clinical Evaluation and Demonstration



## ***ProneVR - Design and Evaluation of a Controller-Free Immersive VR for Pain Management***

Michael R. Martin; Garrick Chan; Michael J. Jung; Kwan-Liu Ma  
Pain Medicine Department, UC Davis Health, November 24, 2025

<https://github.com/MichaelMartinTech/ProneVR-Demo>

# Deployment Plan

- Deploy ProneVR in live clinical procedures
- User studies with patients in prone position
- Design and Develop VR comfort metrics through measured physiological sensing
- Assess user comfort under constrained head motion
- Validate system behavior outside controlled lab settings

# Future Directions

1. Explore Interactive Elements in Physically Limited Environments (eye tracking)
2. User-tuned scenes, adjusted based on comfort level
  - Generative scene experimentation with Generative AI (GenAI)
3. Formal evaluation of adaptive input models across diverse prone-constrained postures.
  - Sensors for Psychophysiological state-informed adaptation

# Direction 1: Exploring Interactivity in Physically Limited Environments

## Design implication: interaction must follow perception, not movement

- Under physical constraints, interaction cannot rely on motor execution.
- Instead, interaction must be derived from **what the user attends to**, rather than **what the user manipulates**.

## Reframing Interaction for ProneVR

- Interaction not treated as task execution, but as **attention-aware modulation of the visual experience**.
  - Enables lightweight, clinically compatible interaction **without violating safety, sterility, or comfort constraints**.

# Direction 1: Exploring Interactivity in Physically Limited Environments

## Eye tracking as an attention-based interaction primitive

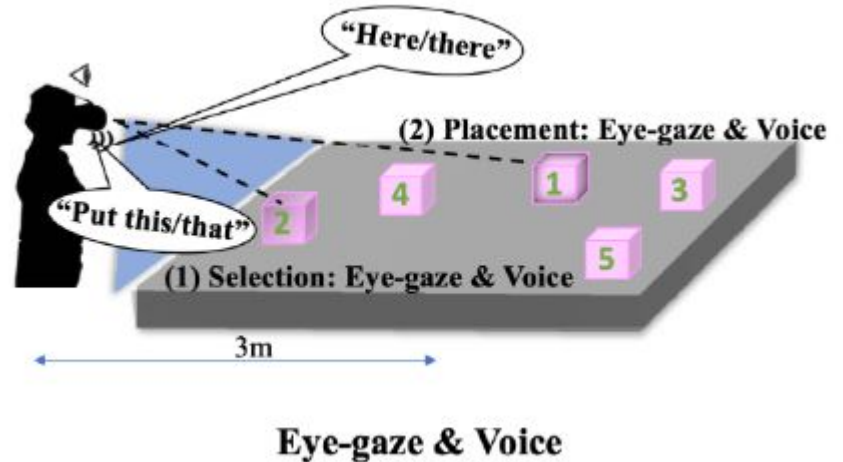
- Provides **hands-free, posture-independent signal** that remains available even under severe physical limitation.
- Gaze-based selection enables effective interaction in VR when traditional inputs are impaired

⇒ Shifts control from motor action to **perceptual intent** (Isomoto et al., 2022; Monteiro et al., 2023).

# Direction 1: Attention-Based Interaction

## Case Study:

- Gaze-based interactions remains usable under mobility impairment (Ghasemi & Jeong, 2022)
- **Example:** Gaze + Voice Interaction
- Reduces physical workload and fatigue compared to hand-based input



# Direction 1: Attention-Based Interaction

- Interaction where attention is directed rather than how actions are performed

a1) Searching a target



b1) Dwelling on the target



c1) Display is shown



d1) Dwelling on the "X" button

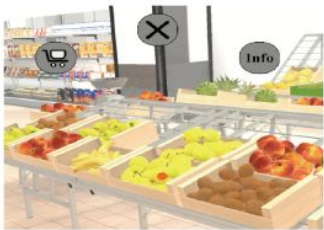


e1) Display is closed



## Head-gaze selection

a2) Searching a target



b2) Dwelling on the "Info" button



c2) Display is shown



d2) Dwelling on the "X" button



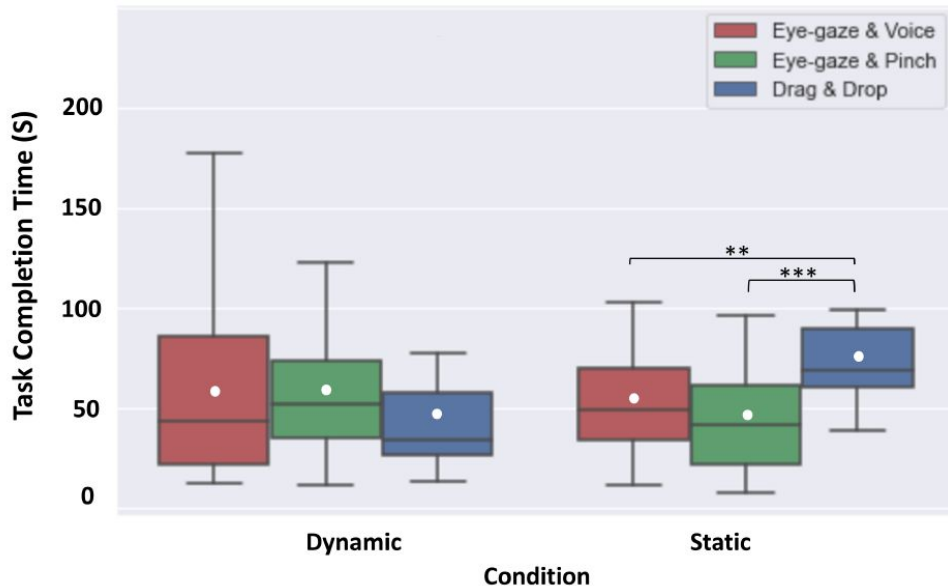
e2) Display is closed



Ghasemi & Jeong, (2022)

# Direction 1: Attention-Based Interaction

- In non-time-critical and therapeutic contexts, **slower but reliable selection mechanisms** (e.g., dwell-based gaze) are acceptable and often preferred (Mutasim et al., 2021).



Task completion time for each session Ghasemi & Jeong, (2022)

## Direction 2: Generative AI (GenAI)

- From Curated Scenes to Procedurally Generated 360° Environments (Wang et al., 2025)
- Extending set of immersive scenes to **on-demand generation of calming 360° environments.**
- Provides:
  - **Personalization**
  - **Content diversity**
  - **Long-term deployment** without manual asset creation



Fang et al., (2025)

# Direction 2: GenAI Panoramic Video

Naive multi-view stitching fails in VR due to **global inconsistency and wrap-around artifacts**, which are especially disruptive in immersive settings.



Martin (2026)

# Direction 2: GenAI Panoramic Video

Panorama generation requires explicit architectural changes, not just prompt engineering:

- Dual-branch diffusion separates **global panorama structure** from **local perspective realism**.
- Circular padding and rotation-aware training are required to maintain seam continuity.



“A living room with a chandelier.”

“A bedroom with a bed and a table.”

Loop Inconsistency (red), Distorted Lines (yellow), Repetitive Objects / Bad Layout (blue)

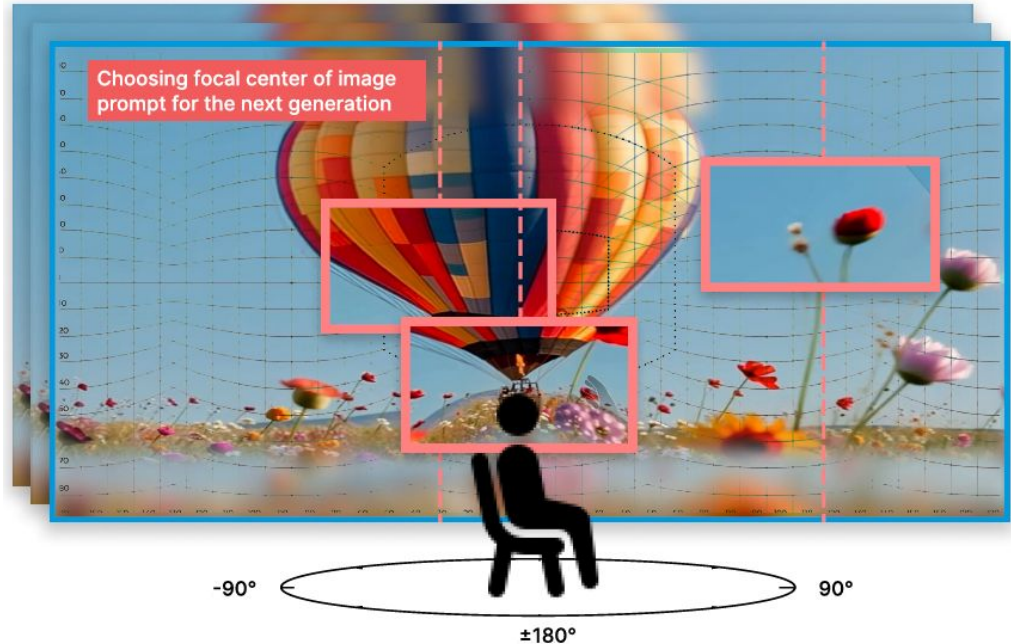
# Direction 2: GenAI Panoramic Video

- Iterative video generation conditioned on prior frames
- Continuous spatial context beyond fixed camera framing
- Adaptive content creation
- Serve as emerging alternative to manually authored VR scenes

User's current first person field of view.

The full display of generated panorama video.

Sequence of panorama video segments generated:



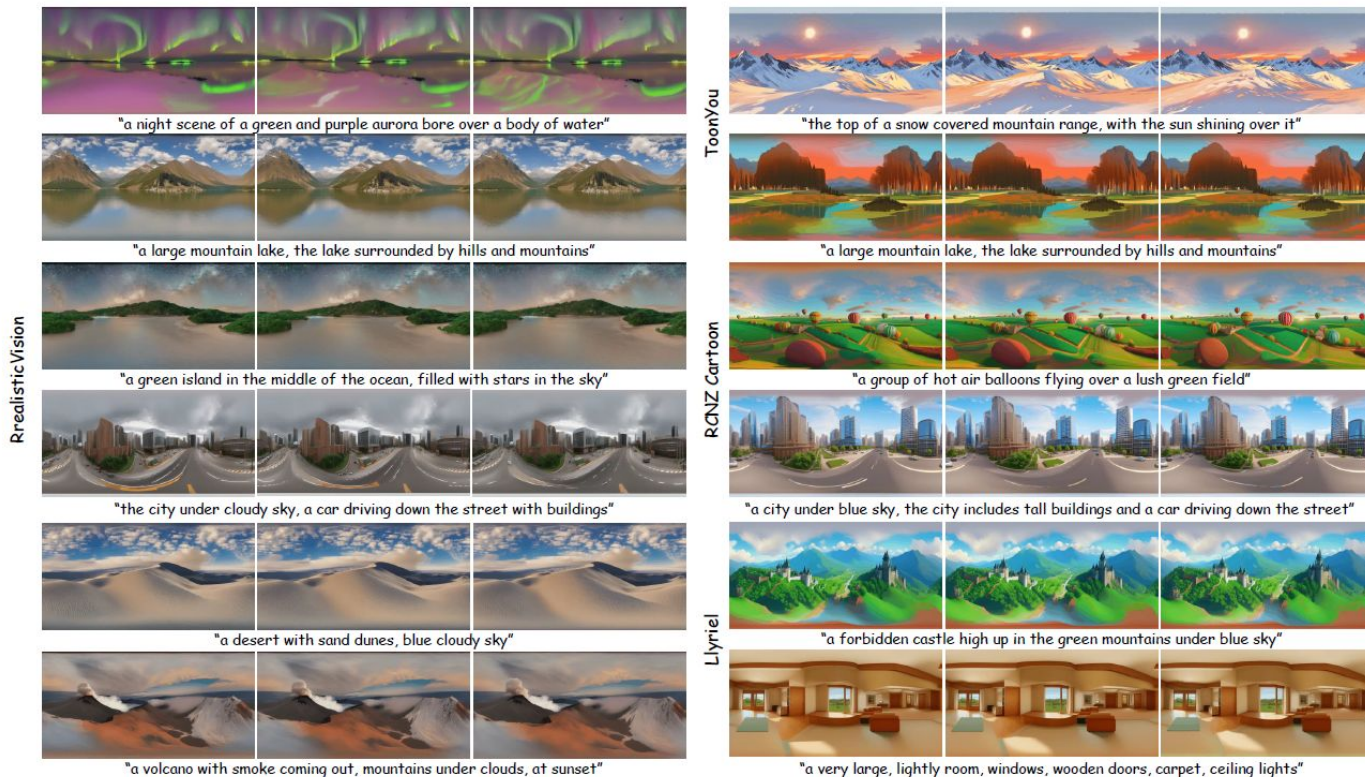
The VR Immersive environment setup for video panorama generation, where users can rotate and make creative decisions based on what they see. Wen (2025)

# Direction 2: GenAI Panoramic Video

Example: 360DVD

- **WEB360 dataset** align training data w/ panoramic motion distributions.
- Retrofits pretrained video diffusion models without retraining from scratch
  - Lightweight 360-Adapter

<https://akanegwg.github.io/360DVD/>

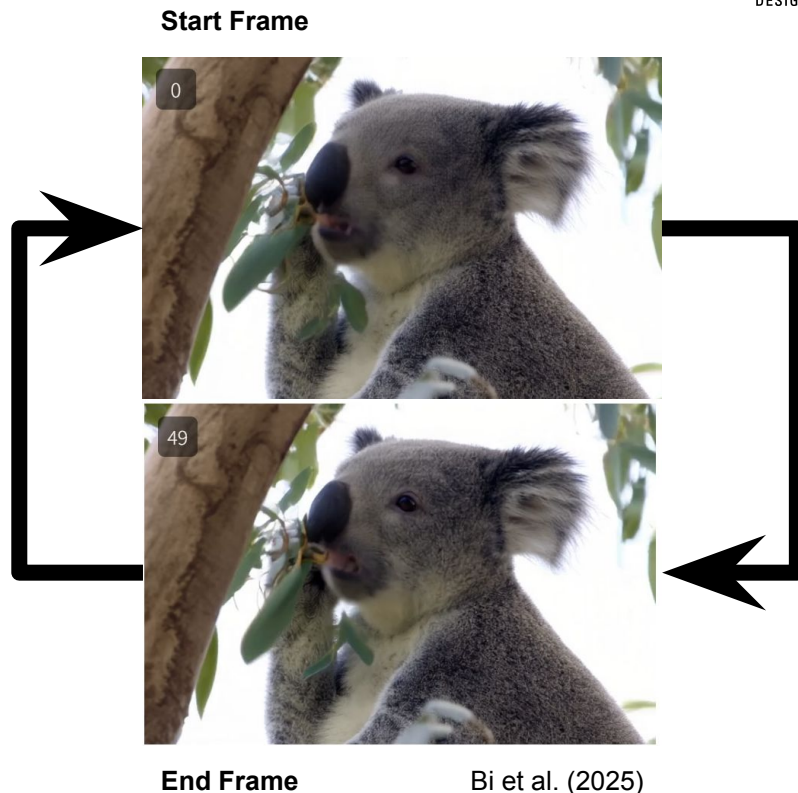


Wang et al. (2024)

## Direction 2: Seamless GenAI Video

- Video clips with **intrinsically seamless motion**, avoiding perceptual resets that draw attention back to the clinical context.

<https://mobius-diffusion.github.io/>



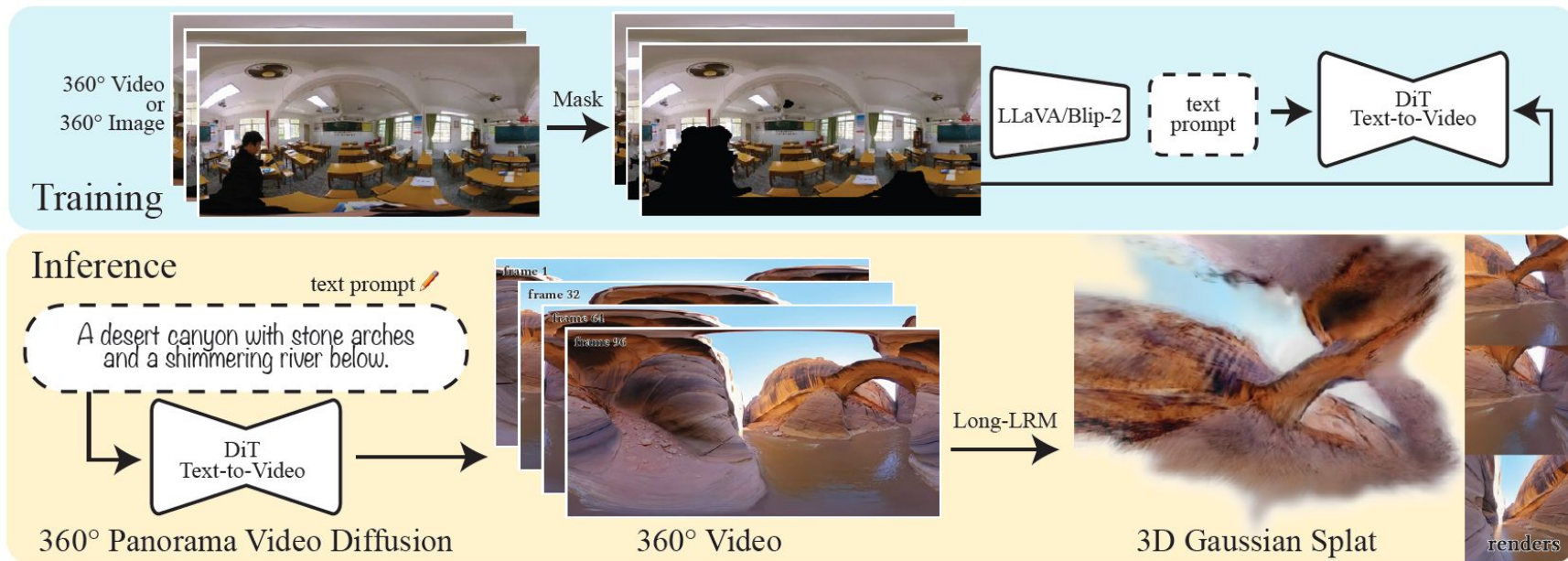
# Direction 2: Generated 3D Scenes



The Framework for Text-Driven 360-Degree 3D Scene Generation using Text-Driven 360-Degree Panorama Generation. This framework accommodates both Text-Only Generation and Text-Driven N FoV Outpainting methods. The input N FoV image is omitted when employing text-driven N FoV outpainting methods for simplicity. “3D lifting” denotes the transformation from a generated 360-degree panoramic image to a 3D scene representation by inferring the underlying geometry of the scene.

(Wang et al., 2025)

# Direction 2: Generated 3D Scenes



(Zhang et al., 2025)

# Summary

- Designed and implemented an immersive therapeutic VR system
- Integrated real-time rendering with shader-based visual effects
- Developed spatial audio-visual synchronizations
- Built interactive simulation tuned for perceptual stability
- Implemented AI-driven ecosystem with camera-aware behavior
- Validated through clinical demonstration and planned patient studies

We aim to integrate these future Directions: Exploring Interactivity, GenAI, Patient Evaluation

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# Thank you!



Project Summary



Personal Website