

Neurosymbolic AI for scaling Computational Medical XR



George Papagiannakis

ORamaVR co-founder, CEO

george@oramavr.com

&

Prof. University of Crete,

Affiliated Researcher at FORTH

Visiting Prof. University of Geneva



FORTH

Foundation for Research & Technology - Hellas

ORama | 



**UNIVERSITÉ
DE GENÈVE**

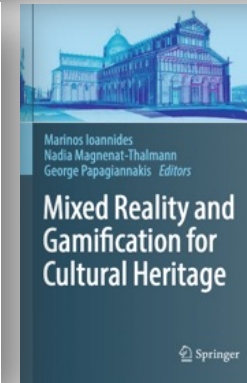
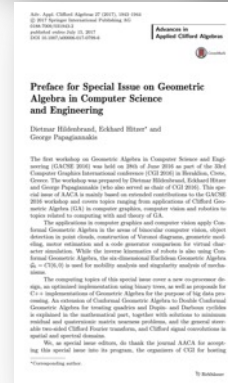
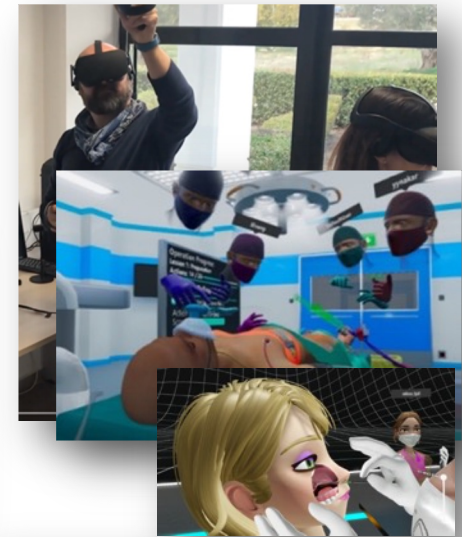


Overview

- From VR and AI to Computational Medical XR
- Neurosymbolic AI for XR?
- Our approach

Midjourney prompt:
"a there and back again hobbit house looking from inside towards outside through the open door, cinematic, atmospheric lighting"

From computer graphics systems to virtual human algorithms to geometric computational models



Augmenting Human intellect?



Republished in abridged form in *Vistas in Information Handling*, Howerton and Weeks [Editors], Spartan Books, Washington, D.C., 1963, pp. 1-29, titled "A Conceptual Framework for the Augmentation of Man's Intellect."

October 1962

AFOSR-3223

Summary Report

AUGMENTING HUMAN INTELLECT: A CONCEPTUAL FRAMEWORK

Prepared for:

DIRECTOR OF INFORMATION SCIENCES
AIR FORCE OFFICE OF SCIENTIFIC RESEARCH
WASHINGTON 25, D.C.

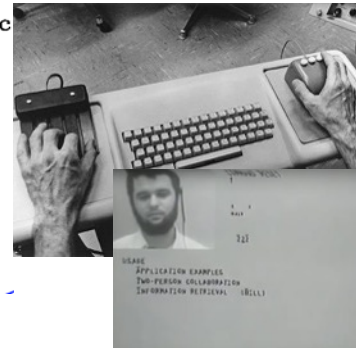
CONTRACT AF 49(638)-1024

By: D. C. Engelbart

SRI Project No. 3578

Let us consider an "augmented" architect at work. He sits at a working station that has a visual display screen some three feet on a side; this is his working surface, and is controlled by a computer (his "clerk") with which he can communicate by means of a small keyboard and various other devices.

He is designing a building. He has already dreamed up several basic layouts and structural forms, and is trying them out on the screen. The surveying data for the layout he is working on now have already been entered, and he has just coaxed the "clerk" to show him a perspective view of the steep hillside building site with the roadway above, symbolic representations of the various trees that are to remain on the lot, and the service tie points for the different utilities. The view occupies the left two-thirds of the screen. With a "pointer," he indicates two points of interest, moves his left hand rapidly over the keyboard, and the distance and elevation between the points indicated appear on the right-hand third of the screen.



Engelbart, Douglas. "Augmenting human intellect: A conceptual framework. Summary report." *Stanford Research Institute*, on Contract AF 49, no. 638 (1962): 1024.

"Mother of all demos": <https://youtu.be/B6rKUf9DWRI>, 1968

Simulating the human brain?

Establishment of a new research program at Cornell Aeronautical Laboratory, Inc. is proposed, with the objective of designing, fabricating, and evaluating an electronic brain model, the photoperceptron. The proposed pilot model will be capable of "learning" responses to ordinary visual patterns, or forms. The system will employ a new theory of memory storage, (the theory of statistical separability), which permits the recognition of complex patterns with an efficiency far greater than that attainable by existing computers. Devices of this sort are expected ultimately to be capable of concept formation, language translation, collation of military intelligence, and the solution of problems through inductive logic.

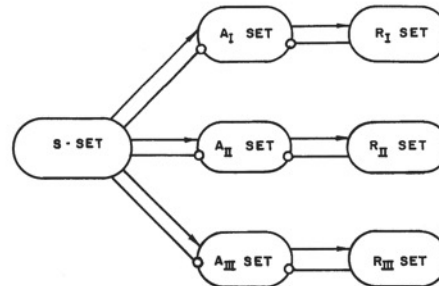
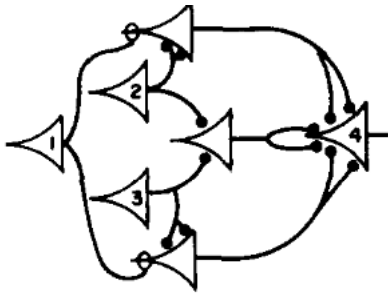


FIGURE 2
ORGANIZATION OF A PERCEPTRON WITH
THREE INDEPENDENT OUTPUT-SETS



CORNELL AERONAUTICAL LABORATORY, INC.
BUFFALO, N. Y.

REPORT NO. 85-460-1

THE PERCEPTRON
A PERCEIVING AND RECOGNIZING AUTOMATON
(PROJECT PARA)

January, 1957

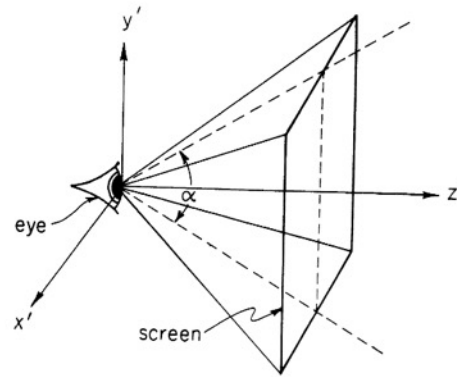
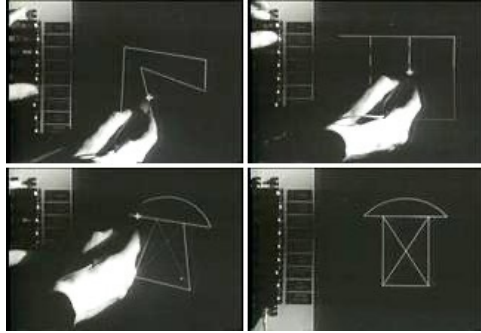
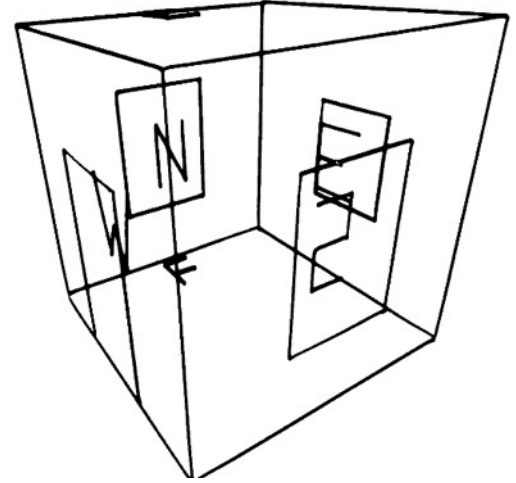
Prepared by: Frank Rosenblatt
Frank Rosenblatt,
Project Engineer

Approved by: Alexander Stieber
Alexander Stieber
Head, Air Defense Section
Systems Research Dept.

Approved by: Robert H. Shatz
Robert H. Shatz, Head
Systems Research Dept.

- F. Rosenblatt, the perceptron - a perceiving and recognizing automaton, 1957
- McCulloch, W. & Pitts, W. A LOGICAL CALCULUS OF THE IDEAS IMMANENT INNERVOUS ACTIVITY. Bulletin of Mathematical Biophysics, Vol. 5, pp. 115-133 (1943)

Head Mounted Displays and natural user interaction?

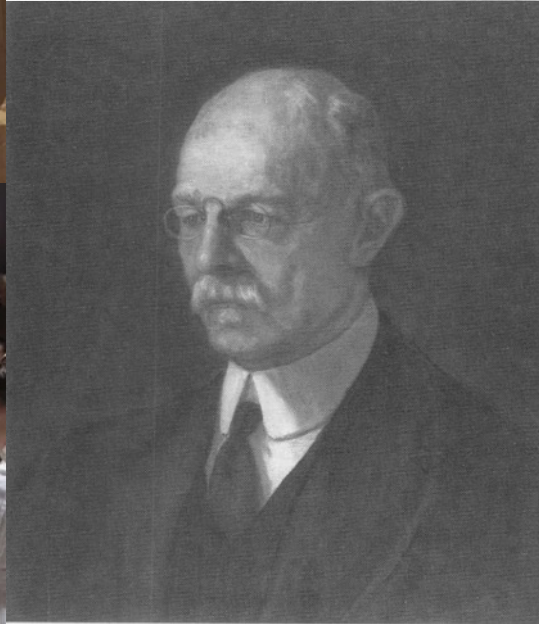
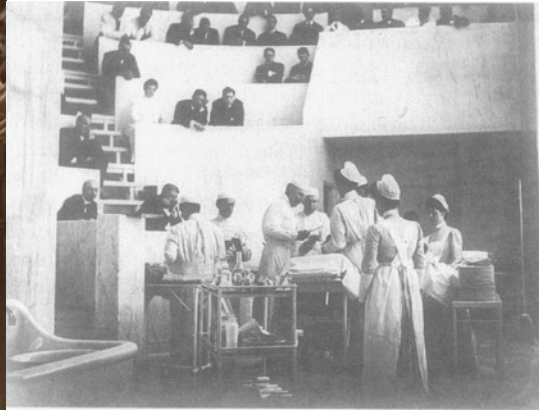


The sketchpad demo: https://youtu.be/6orsmFndx_o, 1963

Sutherland, I. E. A head-mounted three dimensional display. *AFIPS Fall Joint Computing Conference* 757–764 (1968)

doi:10.1145/1476589.1476686. <https://youtu.be/eVUgfUvP4uk>

Modern medical training apprenticeship era (residency model)



1878

Dr. W. Halsted, after finishing medical school in Yale, went to Europe to study with the finest doctors of his time, including Dr. Kölliker in Switzerland and Dr. Braun in Germany

1890

Halsted introduces staggering contributions to surgery while at J. Hopkins and a new formal training model

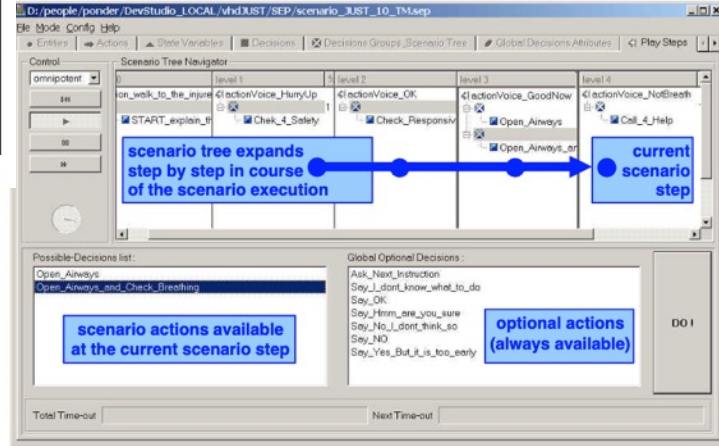
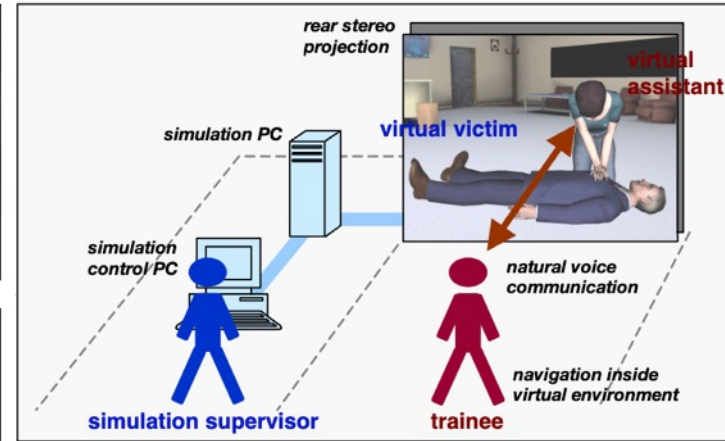
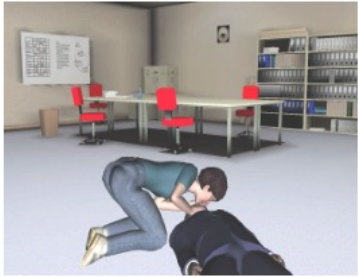
See one, do one, teach one

Medical residency model:
master – apprentice training
program till today

Augmented Reality for education?



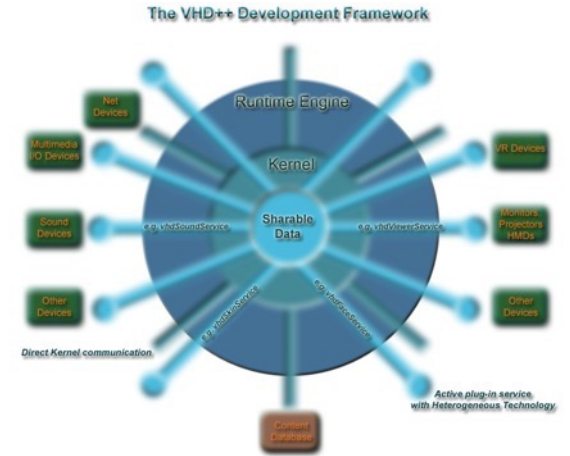
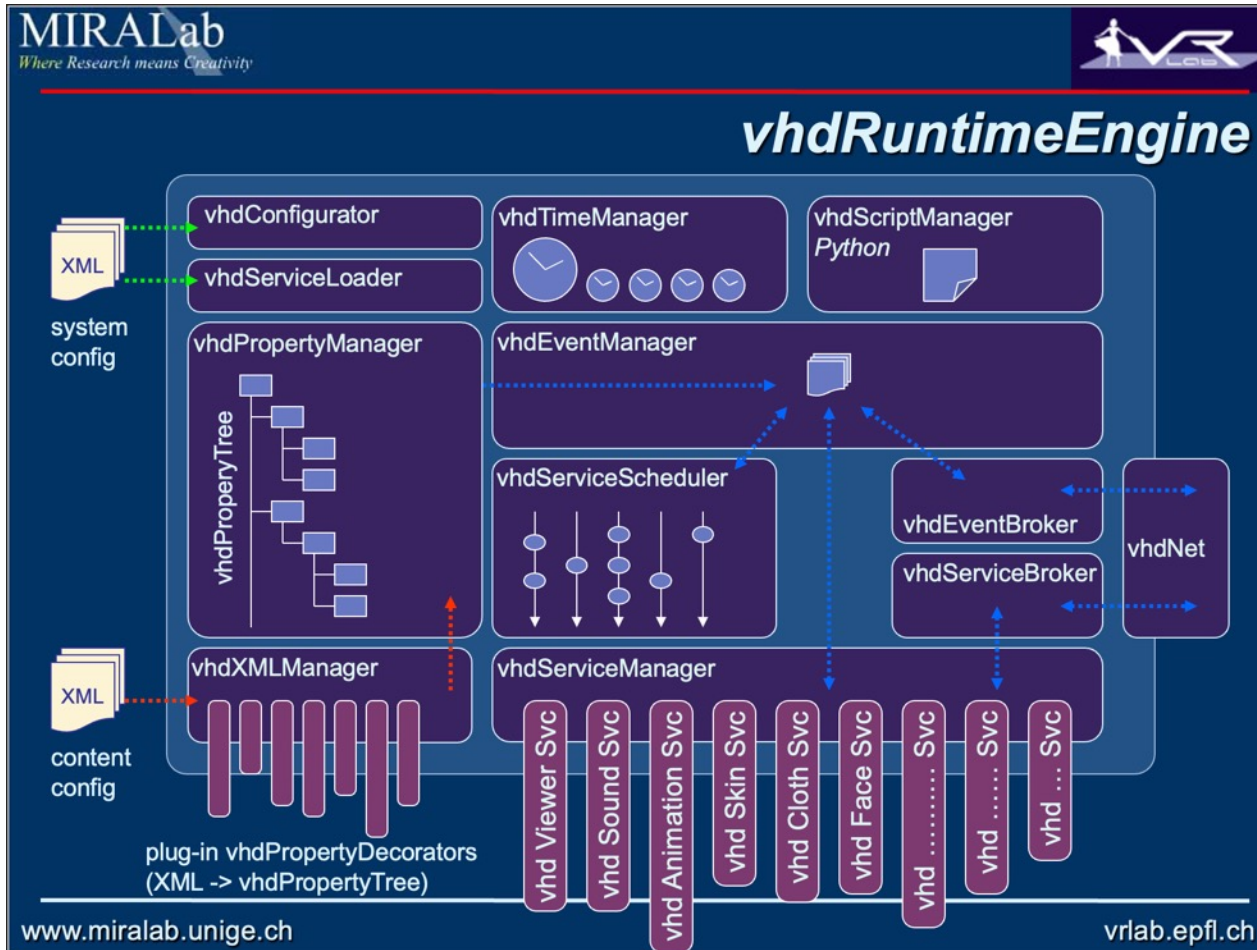
Virtual Reality for medical training?



Michal Ponder, Bruno Herbelin, Tom Molet, Sebastien Schertenlieb, Branislav Ulicny, **George Papagiannakis**, Nadia Magnenat-Thalmann, and Daniel Thalmann. 2003. Immersive VR decision training: telling interactive stories featuring advanced virtual human simulation technologies.

DOI:<https://doi.org/10.1145/769953.769965>

Authoring systems for VR/AR virtual human simulations?



Ponder, M., **Papagiannakis, G.**, Molet, T., Magnenat-Thalmann, N. & Thalmann, D. VHD++ Development Framework: Towards Extendible, Component Based VR/AR Simulation Engine Featuring Advanced Virtual Character Technologies. (Computer Graphics International 2003). doi:10.1109/cgi.2003.1214453.



WAKING UP TO A NEW REALITY

**Building a responsible future for
immersive technologies**

Key bibliography

"A deeply human, highly personal, and beautifully told story."

—DAVE EGGERS

JARON LANIER

Author of the *New York Times* bestseller *You Are Not a Gadget*

Dawn of the New Everything

ENCOUNTERS
with REALITY
and VIRTUAL
REALITY

PICADOR



OCULUS, FACEBOOK,

AND THE REVOLUTION

THAT SWEEPED

VIRTUAL REALITY

THE HISTORY OF THE FUTURE



WITH A FOREWORD
BY ERNEST CLINE,
AUTHOR OF
READY PLAYER ONE

BLAKE J. HARRIS

AUTHOR OF *CONSOLE WARS*

Computer Science Workbench

Editor: Tosiyaasu L. Kunii

Nadia Magnenat Thalmann
Daniel Thalmann

Computer Animation

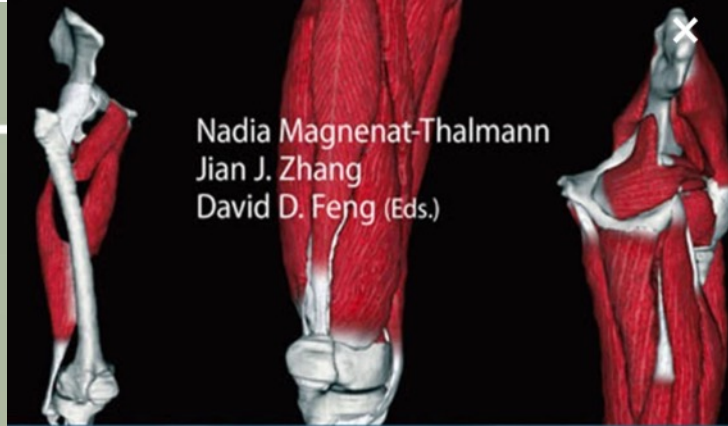
Theory and Practice

Second Revised Edition




Springer-Verlag

Copyright



Nadia Magnenat-Thalmann
Jian J. Zhang
David D. Feng (Eds.)

Recent Advances in the 3D Physiological Human

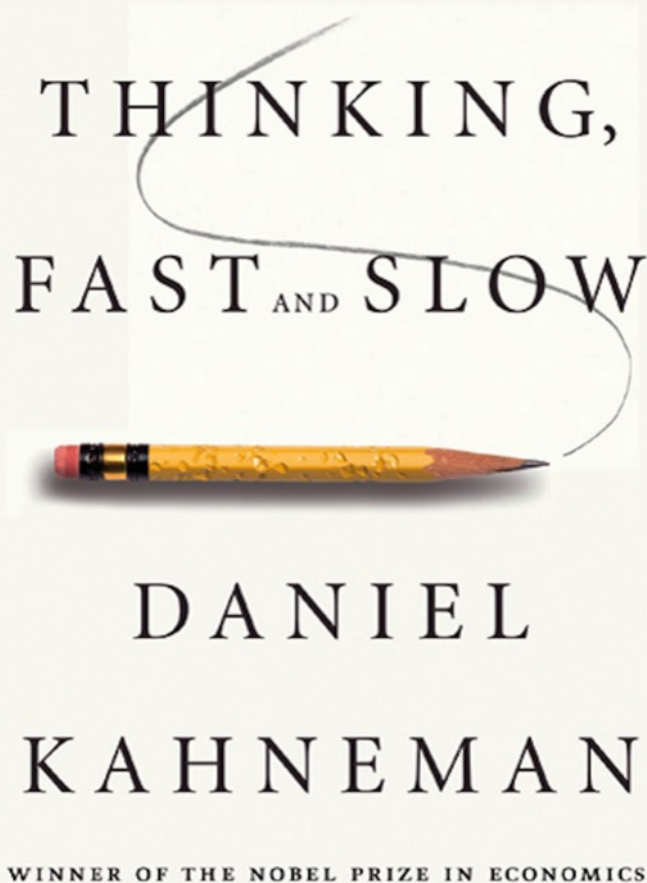
 Springer

Virtual Human Research

Prof. Nadia Magnenat-Thalmann established the field of virtual human research in 1977



System 1 and System 2



“...as far as I’m concerned, **System 1** certainly knows **language**...

System 2 does involve certain **manipulation** of **symbols**”. *D. Kahneman, AAAI-2020*

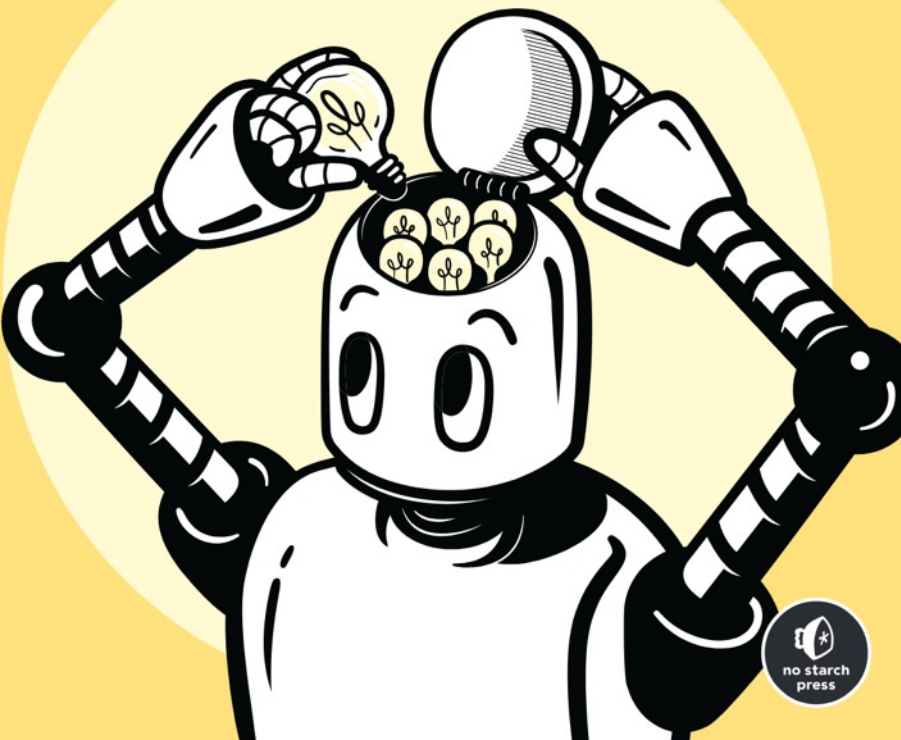
which would in principle be modelled by deep learning and symbolic reasoning, respectively! [Sheth et al 2023]

Sheth, A., Roy, K. & Gaur, M.
Neurosymbolic AI - Why, What, and How. *arXiv* (2023)
doi:10.48550/arxiv.2305.00813.

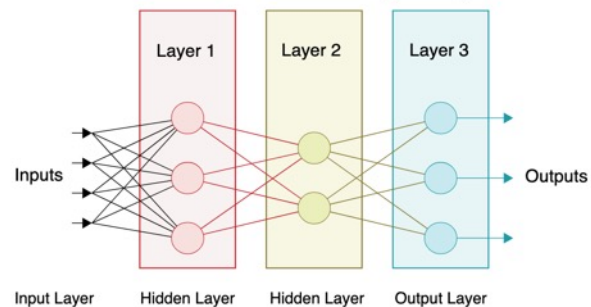
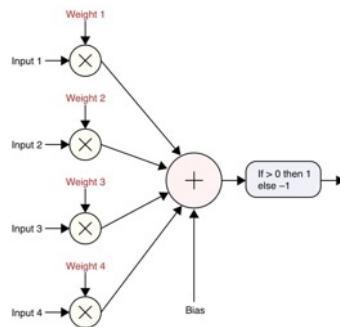
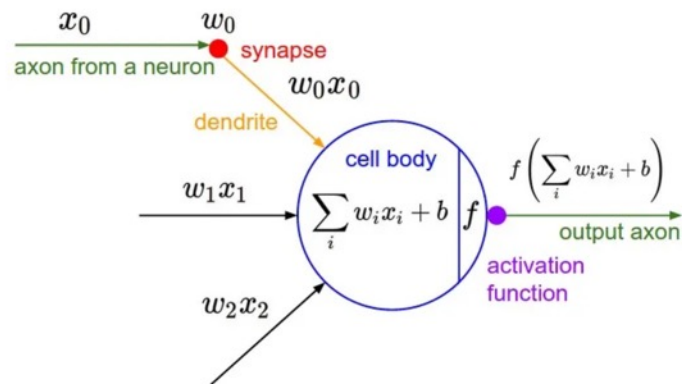
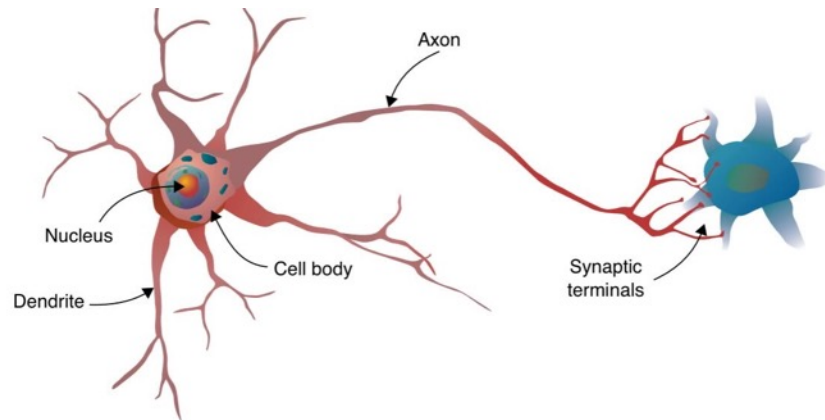
DEEP LEARNING

A VISUAL APPROACH

ANDREW GLASSNER



FULL COLOR



DEEP MEDICINE

HOW ARTIFICIAL
INTELLIGENCE
CAN MAKE
HEALTHCARE
HUMAN AGAIN

ERIC TOPOL

With a foreword by
ABRAHAM VERGHESE,
author of *Cutting for Stone*



Three components of the deep medicine model



[About](#) [Committees](#) [Program](#) [Venue/Travel](#) [Sponsors & Exhibitors](#) [Registration](#) [Access Accepted Papers](#)



Conference Theme

Deep Medicine and AI for Health

Important Information

- **Inception of 8-page papers in IEEE JBHI format:** 8-page J-BHI format papers will be evaluated by JBHI (IF: 7.7) EIC and a selected subset of the accepted papers will be published in JBHI Special Issue.
- **Opportunities for regular conference papers (4-8 pages) and 1-page abstracts**
- **Open Access:** BHI 2024 proudly features Open-Access publishing for accepted regular papers.
- **Accepted regular conference papers for publishing in IEEE Xplore**
- **Open Double-Blind Review for high quality:** BHI 2024 will use openreview for establishing open review processes. [Learn more!](#)
- **Best paper awards for recognizing innovative and excellence research**
- **Continuing Medicine Education (CME) credits for clinicians**
- **Travel Awards:** for undergraduate and graduate students from US Institutions are available through a National Science Foundation (NSF) grant.
- **Data competition and awards for students**



COMING TO OUR SENSES

**The world of immersive technology
is no longer hype—we're living it.**

AI needs XR and XR needs AI



Metaverse* = Internet(3D)^{AI} ↔ XR

The Rules

**

Rule #1: There is only one Metaverse.

Rule #2: The Metaverse is for everyone.

Rule #3: Nobody controls the Metaverse.

Rule #4: The Metaverse is open.

Rule #5: The Metaverse is hardware-independent.

Rule #6: The Metaverse is a Network.

Rule #7: The Metaverse is the Internet.

* A. Graylin, HarvardXR, April 2023

** [Tony Parisi, https://medium.com/meta-verses/the-seven-rules-of-the-metaverse-7d4e06fa864c](https://medium.com/meta-verses/the-seven-rules-of-the-metaverse-7d4e06fa864c)

Stable Diffusion prompt:

"a girl in VR glasses experiencing metaverse worlds"

What about 'Spatial Computing'?

START

WIRED 31.09

EXPIRED

TIRED

WIRED

"Virtual reality"

"The metaverse"


"Spatial computing"

"Virtual reality"

"The metaverse"

"Spatial computing"

*"human interaction with a machine in which the **machine** retains and manipulates referents to **real** objects and spaces"* [Greenwold 2003]



AN EU INITIATIVE ON WEB 4.0 AND VIRTUAL WORLDS: A head start in the next technological transition

11 July 2023
#DigitalEU
#VirtualWorldsEU

The Commission has adopted a strategy on Web 4.0 and virtual worlds to steer the next technological transition and ensure an open, secure, trustworthy, fair and inclusive digital environment for EU citizens and businesses and public administrations.

4 PILLARS

1

**Empowering people
and reinforcing skills**
to foster awareness,
access to trustworthy
information and build
a talent pool of virtual
world specialists.

2

**Business:
supporting a
European Web
4.0 industrial
ecosystem** to scale up
excellence and address
fragmentation.

3

**Government:
supporting societal
progress and virtual
public services**
to leverage the
opportunities virtual
worlds can offer.

4

**Governance:
to set up the
structures for
the EU to steer
the openness of
virtual worlds.**

23 RECOMMENDATIONS

The Commission hosted a *European Citizens' Panel on Virtual Worlds*. A representative group of citizens made 23 recommendations on citizens' expectations for the future, principles and actions to ensure that virtual worlds in the EU are fair and citizen-friendly.

***Virtual worlds:** persistent, immersive environments based on 3D and extended reality (XR) technologies.
***Web 4.0:** digital and real objects and environments integrated and communicating between each other, enabling immersive experiences.

Virtual Worlds and Web 4.0 *

Virtual Worlds:

Persistent, immersive environments based on 3D and extended reality (XR) technologies

Web 4.0:

Digital and real objects and environments integrated and communicating between each other, enabling immersive experiences

* Source:

<https://digital-strategy.ec.europa.eu/en/library/virtual-worlds-and-web-4.0-factsheet>



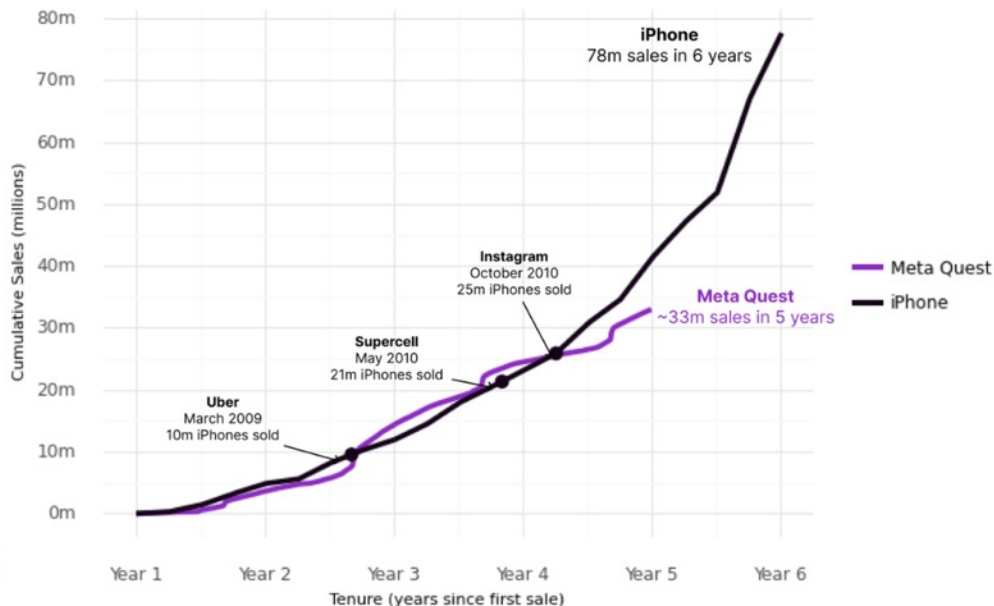
13) We believe the moment is ripe for ARVR apps.

Reflecting on the iPhone's impact, consider:

- Uber launched when 10m iPhones were sold
- Supercell at the 21m mark
- Instagram at 25m

Who will be the equivalent defining companies of ARVR?

Who is building the Supercell, Instagram, and Uber of **VR**?



* Meta Quest sales are estimated based on app downloads. The Meta Quest app is only useful if you buy a headset, and app download is a required part of NUX. Undercounts repeat purchasers, overcounts multi-account headsets.

** iPhone sales are US only from Business Insider, who received their data from an Apple Patent Trial. <https://shorturl.at/alsyP>

Is now the right moment for VR/AR?

The 3 Stages of XR



2014-2017

Oculus Acquisition
HOT



2017-2023

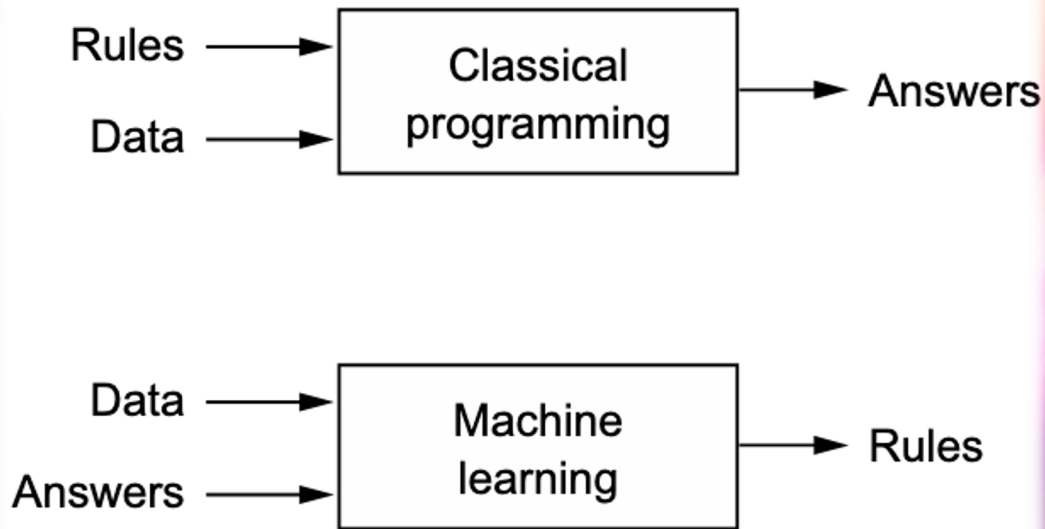
"VR is dead"
COLD

2024-Now

Apple Vision
???

<https://x.com/jacksoslow/status/1783297751629123860?s=46&t=iEblN9skT-JfsYUDKLznVw>

<https://analyticsindiamag.com/smartphones-will-be-obsolete-in-10-years-says-metas-ai-chief/>



Machine/Deep learning and intelligence

“Machine/Deep learning takes **data points** and turns them into a **query-able structure** that enables **retrieval** and **interpolation** between the points.

You could think of it as a continuous **generalization** of **database** technology.”

“It is categorically **different** from even the simplest of **embodied biological agents**. As in, it's an entirely different category, with no shared characteristics.

Analogies to the brain are just as misleading as when people used the same analogies to describe computers in the 1950s.”

F. Chollet, Deep learning with Python, Second Edition

AI's greatest impact? healthcare

“**Healthcare** as an industry has been slow to **adopt** technology, reluctant to burden **overwhelmed** IT teams, and **train** burned-out staff on **new** systems.

We believe that any new technology has to be **10 times better** to successfully **displace** the last one—marginal improvements aren't worth the effort. Enterprise software struggled to clear that 10x bar in healthcare; **AI clears** it easily.

With AI, healthtech companies no longer need to fight the uphill battle of **training people** on **software**. Instead, they can sell AI that **acts** like a **person** and takes more and more of the work off healthcare professionals' plates, **enabling them** to **work** on more **interesting** problems and **practice** at the **top** of their **licenses**.”

Daisy Wolf and Vijay Pande, <https://a16z.com/2023/08/02/where-will-ai-have-the-biggest-impact-healthcare/>



Stable Diffusion prompt:
“doctors and nurses with 3D VR and AR glasses in digital and real objects and environments integrated and communicating between each other based on immersive experiences”

Virtual Reality Technology For Medicine



- Current technologies and concepts are founded on more than *30 years of research and development*
- Recent changes in cost and access make VR affordable
- VR tech is currently used for prevention, evaluation, treatment and chronic disease management
- *After years of validation and use by early adopters - VR technology is poised to move to the mainstream*
- On the horizon: enhanced, ubiquitous, informative and integrated

Dr. Walter Greenleaf,
Stanford Health Care & Virtual Human Interaction Lab



The scene is set for massive change

Computational Medical XR

Science, Computational Science and Computer Science?

Science, Computational Science, and Computer Science: At a Crossroads

T

he U.S. Congress passed the High Performance Computing and Communications Act, commonly known as the HPCC, in December 1991. This act focuses on several aspects of computing technology, but two have received the most attention: computational science as embodied in the Grand Challenges (Table 1) and the National Research and Educational Network (NREN). The Grand Challenges are engineering and scientific problems considered vital to the economic well-being of the U.S. Many of these problems, such as drug design and global climate modeling, have worldwide impact. The NREN is to be an extremely high speed network, capable of transmitting in the terabit-per-second range—approximately ten times faster than we can currently transmit data. The exact goals of the HPCC are published in a pamphlet and updated annually [7].

The science and engineering components of the HPCC require an interdisciplinary approach to solving very difficult problems. The solutions require the concerted actions of physical scientists, engineers, mathematical scientists, and computer scientists. Computational science embraces this collaborative effort among many diverse disciplines. In the final analysis, the "answer" may have to be pieced together from the many viewpoints.

Our purpose is to ask whether today's computer scientists are able to take up the challenge of computational science. Some might argue that computational science is not an interest of computer science; that current areas of interest comprise the total domain. Indeed, it is strange that one has to argue for scientific applications as a part of computer science, since, after all, modern computing's roots are in scientific and engineering applications.

An exact definition of *computational science* is open to debate. There are many programs in the U.S. and elsewhere that use the term, and each program probably has its own view of computational science. We outline the Clemson University view of computational science as one possible approach. That view recognizes three components to computational science: applications, algorithms, and architectures. We visualize this as a pyramid supporting the science and engineering. Applications need not be restricted to the traditional science and engineering applications; for example, complex econometric models can also benefit from computational science.

The conduct of computational science, in the Clemson view, is interdisciplinary. This interdisciplinary thinking demands that the constituent disciplines (physical sciences, engineering, mathematics, computer science) maintain their autonomy. Within computational science, a computer scientist retains expertise in computer science, but emphasizes applications in science or engineering.

Although computational science is not for every computer scientist, computational science is an idea whose time has come—again. Our premises:

1. Computational science is addressing problems that have important implications for humankind. These problems are complex and their

COMMUNICATIONS OF THE ACM December 1994 Vol. 37, No. 12 85

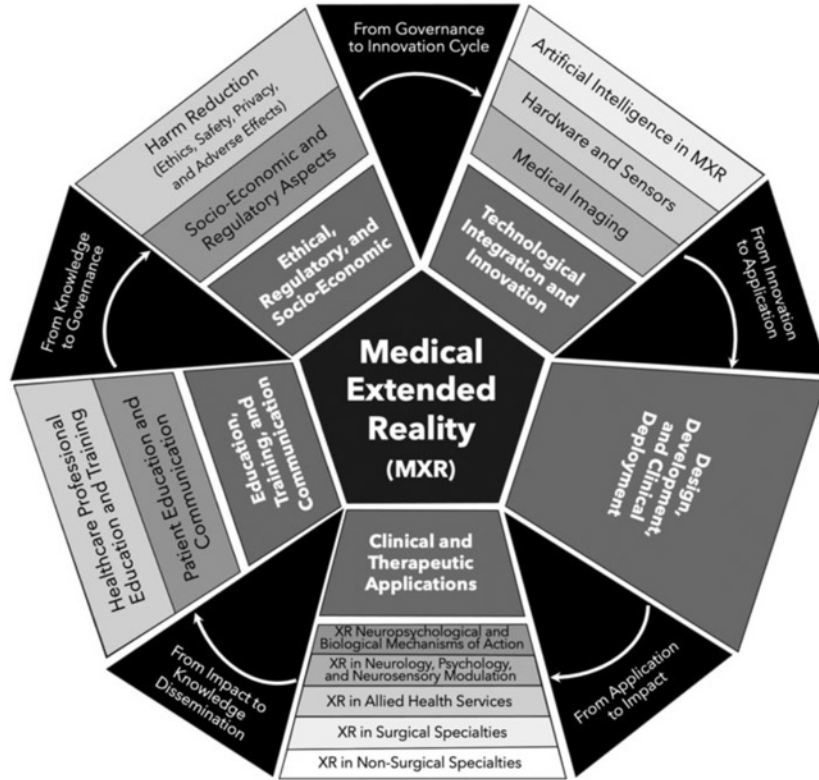
Why Computational Science?

An interdisciplinary field (physical sciences, life sciences, engineering, mathematics, computer science) whose time has come – again:

- Addressing **complex** problems that have **important** implications to **humankind**
- Unlikely to succeed in near term without further **advances** in **software** and **hardware**
- Computer science has been **generally not** participating in science or engineering applications or preparing students to do so – except very recently (Nobel Physics & Chemistry 2024)

D. E. Stevenson. 1994. *Science, computational science, and computer science: at a crossroads*. *Commun. ACM* 37, 12 (Dec. 1994), 85–96. DOI:<https://doi.org/10.1145/198366.198386>

Definition of medical XR?

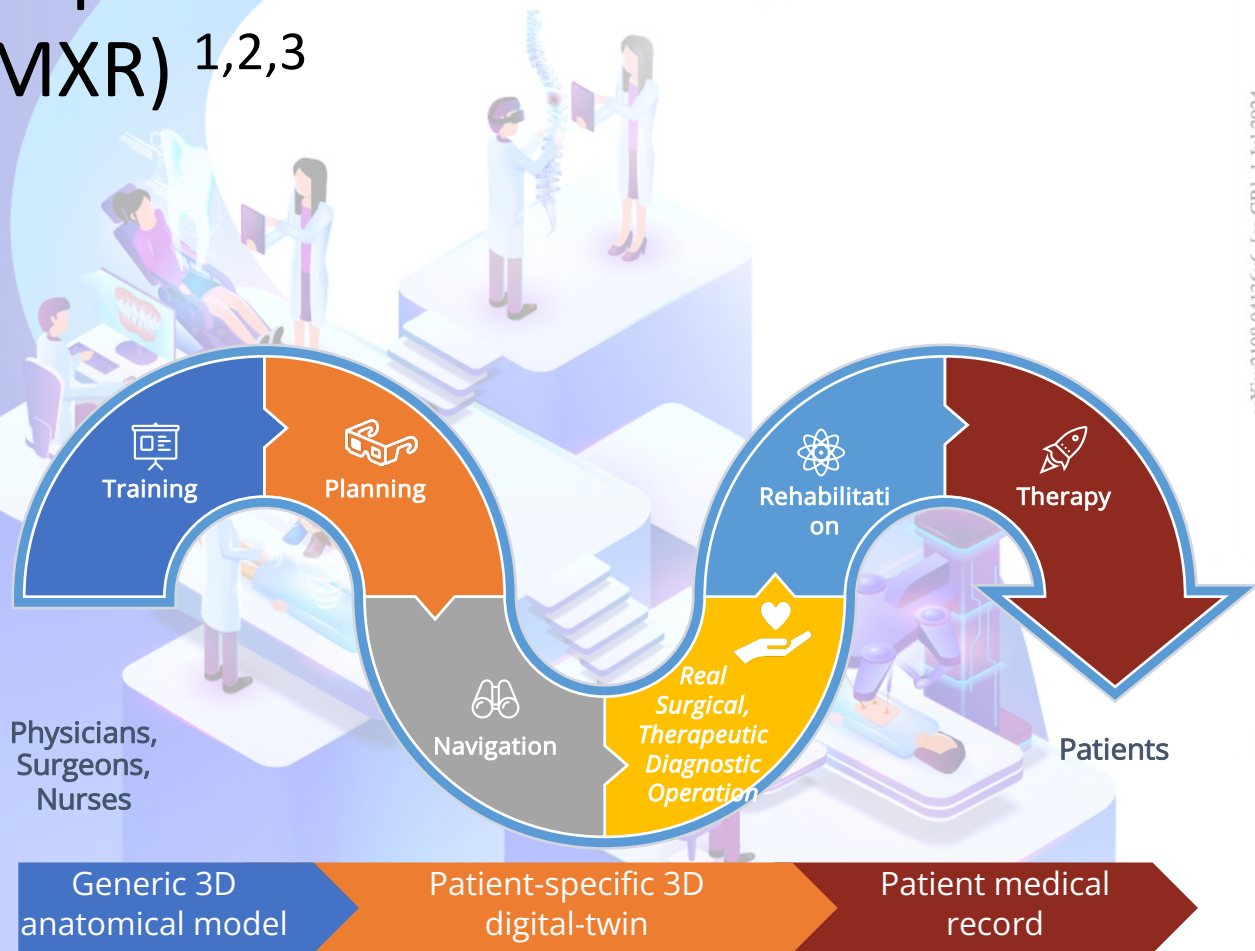


"What Is Medical Extended Reality? A Taxonomy Defining the Current Breadth and Depth of an Evolving Field ", Spiegel, Brennan M.R.; Rizzo, Albert; Persky, Susan; Liran, Omer; Wiederhold, Brenda; Woods, Susan; Donovan, Kate; Sarkar, Korak; Xiang, Henry; Joo, Sun; Jotwani, Rohan; Lang, Min; Paul, Margot; Senter-Zapata, Mike; Widmeier, Keith; Zhang, Haipeng, Doi: 10.1089/jmxr.2023.0012, <https://www.liebertpub.com/doi/10.1089%2Fjmxr.2023.0012>

Journal of Medical Extended Reality



Computational Medical XR (CMXR) ^{1,2,3}



A Computational Medical XR Discipline

George Papagiannakis
FORTH - ICS Greece, University of
Crete Greece, OramaVR Switzerland

Walter Greenleaf
Stanford University USA

Michael Cole
University of Michigan Medical
School USA

Mark Zhang
Brigham and Women's Hospital
Harvard University USA

Rabi Datta
University Hospital of Cologne
Germany

Mathias Delahaye
Geneva University Hospitals
Switzerland

Eleni Grigoriou
University of Crete Greece, OramaVR
Switzerland

Manos Kamarianakis
FORTH - ICS Greece, University of
Crete Greece, OramaVR Switzerland

Antonios Protopsaltis
University of Western Macedonia
Greece, OramaVR Switzerland

Philippe Bijlenga
Geneva University Hospitals
Switzerland

Nadia Magnenat Thalmann
University of Geneva & MIRALab
SARL Switzerland

Eleftherios Tsiroidis
Aristotle University of Thessaloniki
Greece, Imperial College London UK

Eustathios Kenanidis
Aristotle University of Thessaloniki
Greece

Kyriakos Vamvakidis
Henry Dunant Hospital Greece

Ioannis Koutelidakis
Aristotle University of Thessaloniki
Greece

Oliver A Kannge
Geneva University Hospitals &
MindMaze S.A. Switzerland

ABSTRACT

Computational Medical Extended Reality (CMXR) brings together life sciences and neuroscience with mathematics, engineering, and computer science. It unifies computational science (scientific computing) with intelligent extended reality and spatial computing for the medical field. It significantly differs from previous "Clinical XR" and "Medical XR" terms, as it is focusing on how to integrate computational methods from neural simulation to computational geometry, computational vision and computer graphics with deep learning methods to solve hard problems in medicine and neuroscience from low-code-to-code (no/low) authoring platforms to deep learning XR systems for training, planning, real-time operative navigation, therapeutics, and rehabilitation.

1 INTRODUCTION

Today, 5 billion people lack access to surgical and anesthesia care, as traditional medical training methods struggle to keep up. According to OECD, over 1 billion jobs worldwide, nearly 30% of all jobs, are likely to be transformed by technology within the next decade. In that respect, the World Health Organization predicts a shortage of 10 million healthcare professionals by 2035. Evidently, this growing need for training and continuous upskilling and reskilling of medical personnel, has become more crucial in the post-pandemic era. Extended Reality (XR) coupled with spatial computing technologies emerges as a frontier in medical training, education, and empowerment, offering innovative solutions for psychomotor and cognitive skill development. In this position-nurvey paper, we present some of the most recent advances in the computational

medical XR field, based on its definition (see figure 1), using state-of-the-art examples of research on simulation protocols, immersive and embodied research approaches, and steps towards more effective, user-centered empowerment, therapy, rehabilitation, planning, navigation, upskilling and reskilling in the post-pandemic world.

2 CMXR MOTIVATION AND PROGRESS BEYOND THE STATE OF THE ART

Recent CMXR-related articles [11] [13] and case study review articles [3] in industry [11] as well as dedicated academic special journal issues [3] highlight the facilitation of Virtual, Augmented, Mixed-reality VR, AR, MR technologies (grouped by the industry as XR) to transform and modernize the medical training model. An increasing number of published clinical trials [17] [14] [4] [5] measured and testified the efficacy of medical XR training and skills transfer from virtual to real. In that frame, another recent policy report [29] highlights that XR technologies can offer significant boost in experiential and collaborative learning of healthcare professionals. XR can provide the means for remote qualitative education (knowledge) and training (skills), using affordable technology with personalized, on-demand and smooth learning curves. Based on recent major advances in the fields of 5G edge computing [20], neuroscience [36], MR [36] and spatial computing:

"VR/AR shares with our brain the same basic mechanism: embodied simulation" [36]

Such immersive technologies can facilitate continuous learning, provide curriculum programs and self-improvement opportunities.

Research teams in the field of medical XR are working on the development of XR-based training systems, which can provide a more immersive and interactive learning experience. These systems are designed to simulate various medical procedures, allowing healthcare professionals to practice their skills in a safe and controlled environment. The use of XR in medical training is expected to revolutionize the way healthcare professionals learn and improve their skills, leading to better patient outcomes and reduced medical errors.



¹ https://s2023.siggraph.org/presentation/?id=ftalk_101&sess=sess408

² https://s2023.siggraph.org/presentation/?id=fwork_109&sess=sess287, 2023

³ Papagiannakis, G., et al "A computational medical XR discipline", 2024, <https://arxiv.org/abs/2108.04136, CGI2024, Springer LNCS>

Who are the leading hospitals in this field?



NEUROCENTRE

HOME PAGE

THE CENTRE

RESEARCH & INNOVATION

CENTRE FOR VIRTUAL MEDICINE



NEUROCENTRE » Centre for virtual medicine

CENTRE DE MÉDECINE VIRTUELLE

Un centre pionnier dans l'intégration des nouvelles technologies de réalité virtuelle et de l'Internet des objets à la recherche clinique et aux pratiques médicales.



NEUROCENTRE

Homepage

The Centre

Research & innovation

Centre for virtual medicine

CENTRE FOR VIRTUAL MEDICINE


Share

Print

CONTACT

Dr. Oliver Kannape,
Mindmaze &
University Hospital of
Geneva





Neurosymbolic AI:
The Future of AI
Reasoning?

What is Neurosymbolic AI?

- Neurosymbolic AI combines neural networks (perception) with symbolic reasoning (cognition).
- What is the role of symbols and programs?
- Build them or let them emerge?
- What's the best way to integrate them with DL?

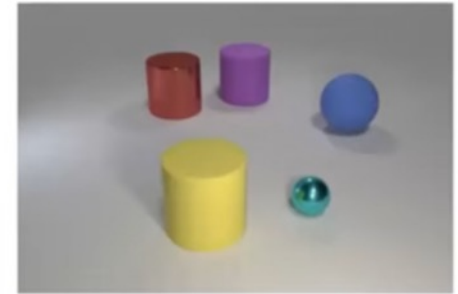
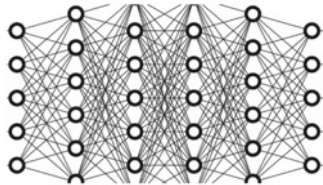
Kautz, H. A. The third AI summer: AAAI Robert S. Englemore Memorial Lecture. *AI Mag.* **43**, 105–125 (2022).

What is the shape of the red object left of the sphere?

$$[[\lambda z. \exists x \exists y. \text{shape}(y, z) \wedge \text{color}(y, \text{red}) \wedge \text{leftOf}(y, x) \wedge \text{sphere}(x)]]$$

Query(Shape, Filter(Red, Relate(Left, Filter(Sphere))))

Artificial Neural Networks





Why Neurosymbolic AI Matters

- Neural networks (& most ML models) are **correlation engines**
- They have **weak inductive bias**
 - Structure is considerably learned from **massive amounts of training data**
- They often do not work well when doing transfer to a **dissimilar runtime domain** or doing **few-shot learning**
- They often don't demonstrate **systematic generalization** or **compositionality**
- **Neuro-symbolic machines might help fix these problems?**

- **Explainability:** Provides clear decision-making steps.
- **Flexibility:** Adapts to various tasks and improves learning.
- **Scalability:** Large-scale data processing and reasoning.



Sheth, A., Roy, K. & Gaur, M.
Neurosymbolic AI - Why, What, and How. *arXiv* (2023)
doi:10.48550/arxiv.2305.00813.



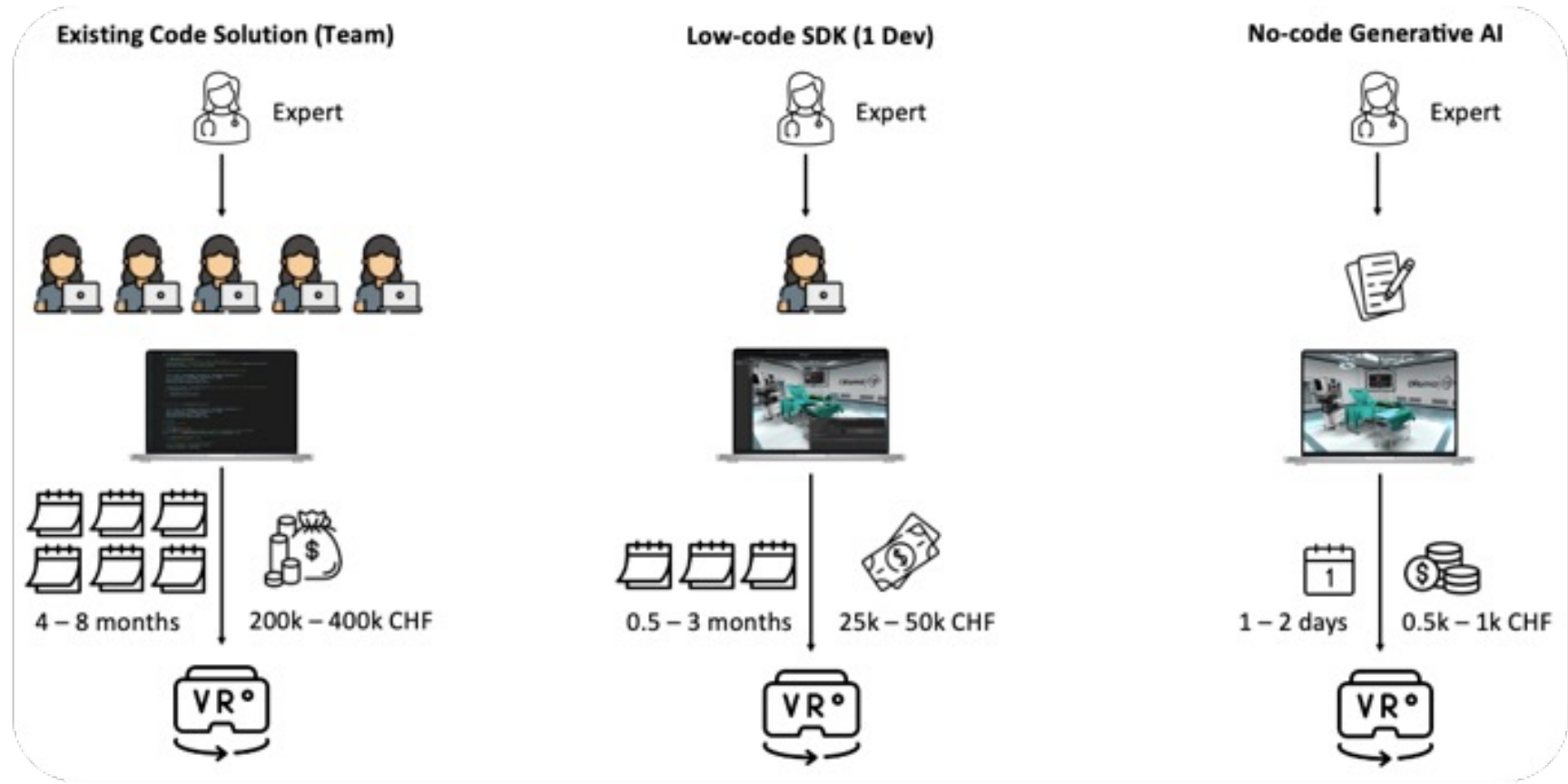
The scene is set for massive change

**State-of-the-art in
medical XR training**

METaverse GENERATION (VIRTUAL WORLDS): CODE -> LOW-CODE -> NO-CODE (GENERATIVE AI)

"For most of the technology's history, however, virtual experiences have been hard to build and maintain. This has been one of V.R.'s biggest problems."

Jaron Lanier, <https://www.newyorker.com/tech/annals-of-technology/where-will-virtual-reality-take-us>, Feb, 2024



State-of-the-art in computational medical XR training: Applications*

The increase of virtual hospitals

The gamification of healthcare

AR/VR-powered surgeries



- Surgical/ Diagnostic/ Therapeutic training
- Anatomy education
- Disaster Preparedness
- Patient Education
- Patient Counselling

Education & Training

Health & Nutrition

Teleconsultation

Collaborative Surgeries

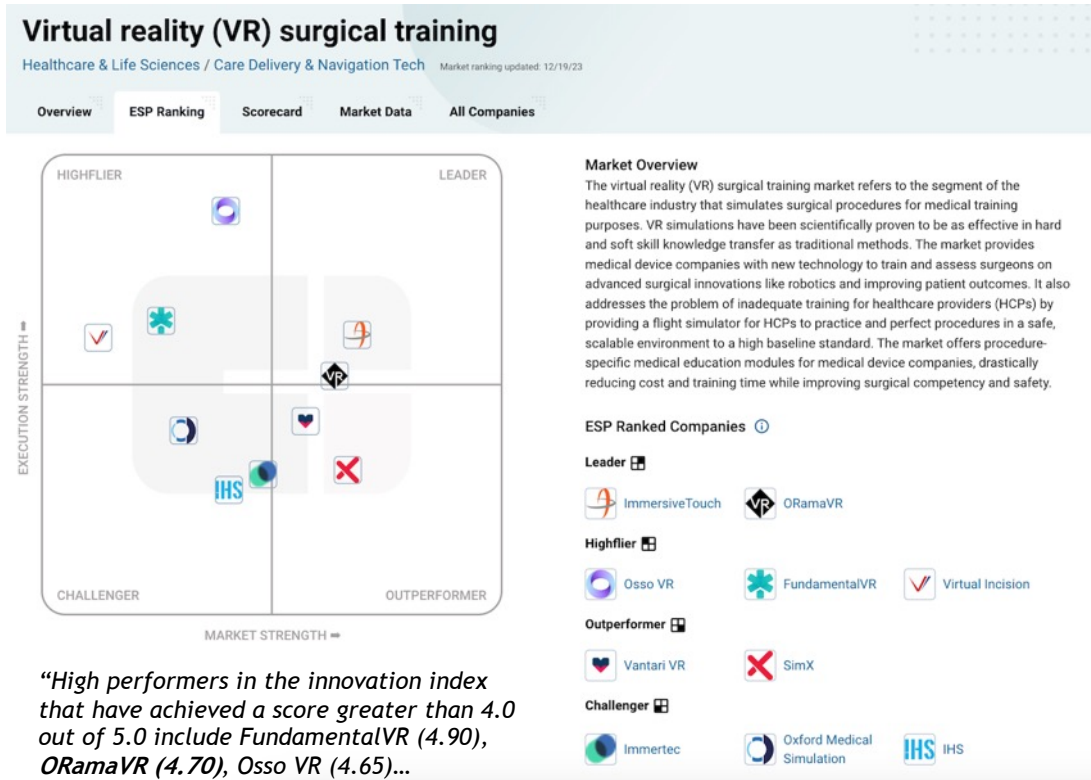
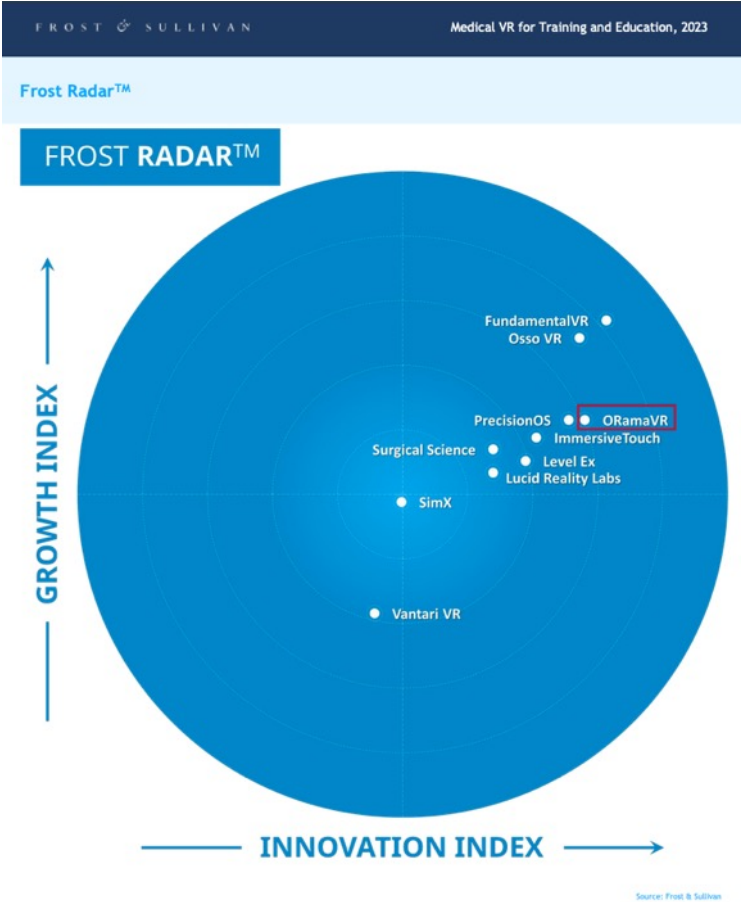
* Bashir, A. K. *et al.* A Survey on Federated Learning for the Healthcare Metaverse: Concepts, Applications, Challenges, and Future Directions. *Arxiv* (2023).

From VR training simulators to XR simulations: 5 Generations of training

- **1.0** high-fidelity, haptic-based 3D and (VR) simulators (*non true-VR*)
- **2.0** 360-VR simulations or mobile-3D interactive (*non true-VR*)
- **3.0** true-VR simulators (*APIE: agency, presence, immersion, embodiment*) + off-the-shelf haptics
- **4.0** CMXR, Low/no-code SDK-based, fully customizable and extensible simulations (*today*)
- **5.0** CMXR genAI-based with human-in-the-loop simulations (*forthcoming*)



MEDICAL XR FIELD IS GROWING!



“High performers in the innovation index that have achieved a score greater than 4.0 out of 5.0 include FundamentalVR (4.90), OramaVR (4.70), Osso VR (4.65)...

..Growth Leaders—include FundamentalVR (4.55) and Osso VR (4.40), OramaVR (3.70)...

Frost & Sullivan Medical VR for Training and Education report 2023



• https://www.linkedin.com/posts/fundamentalvr_frost-radar-leader-in-medical-vr-training-activity-7141463504510750720-7uRX?utm_source=share&utm_medium=member_desktop

• [https://www.cbinsights.com/esp/healthcare-&-life-sciences/care-delivery-&-navigation-tech/virtual-reality-\(vr\)-surgical-training](https://www.cbinsights.com/esp/healthcare-&-life-sciences/care-delivery-&-navigation-tech/virtual-reality-(vr)-surgical-training)

• <https://metaverseinsider.tech/2024/02/19/top-7-vr-training-companies-in-2024-revolutionizing-learning/>, <https://tryspecter.com/report/fastest-growing-vr-ar-companies>

From no-code to neurosymbolicAI

for CMXR training simulations



The solution



Neurosymbolic AI-powered medical XR platform that automates training reducing costs, time 10X



Clear Benefits in 9+ published high-impact peer-reviewed journal studies by our partners

80%

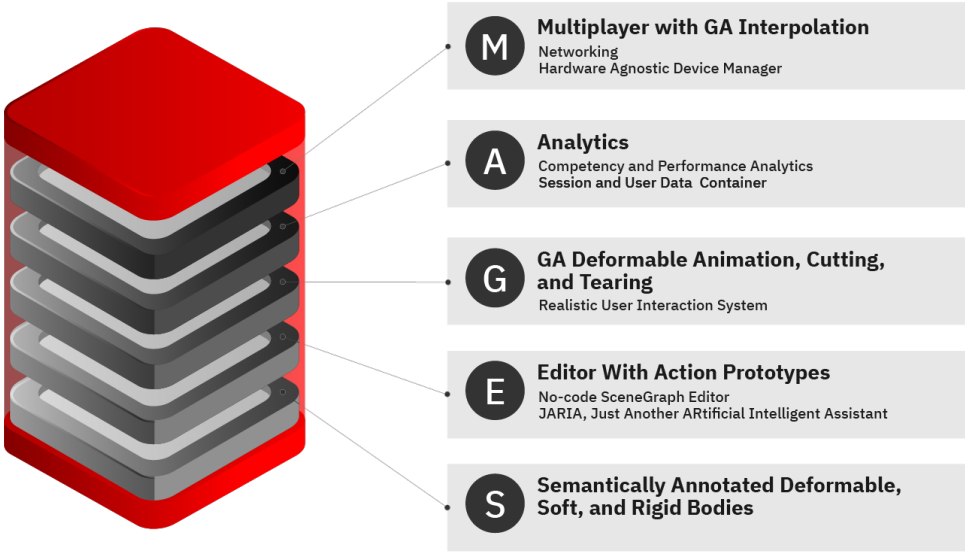
error
reduction

32%

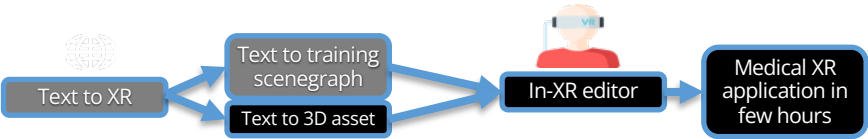
skill
improvement

MAGES SUITE

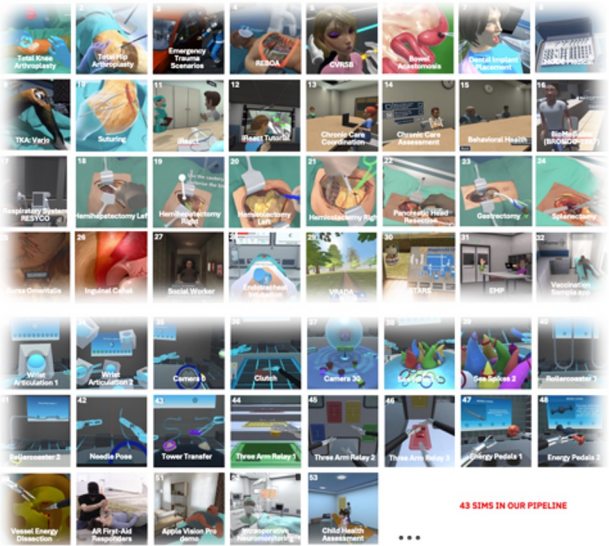
MAGES SDK - Software Development Kit- SaaS, proprietary deep-tech (*patent pending*)
(USP: no-code AI-based CMXR simulation creation/authoring platform, *available today*)



MAGES OMEN-E text2XR SaaS, (Proprietary Gen-AI based, 'ChatGPT for CMXR', forthcoming)



MAGES SIM Service, 66 fully customizable, open medical XR training simulations authored so far



Unique proprietary dataset used to train OMEN-E & future CMXR app-store for revenue share with partners

DOES IT WORK?

41

We have proven that medical XR training facilitates

- a) skills transfer from the virtual world to the real
- b) reduction of medical errors

- 9+ published medical XR clinical trials & pilot studies:
- <https://oramavr.com/case-studies-testimonials/>
- 60+ scientific publications on computational medical XR:
- <https://oramavr.com/publications/>

International Orthopaedics
<https://doi.org/10.1007/s00264-023-06038-8>

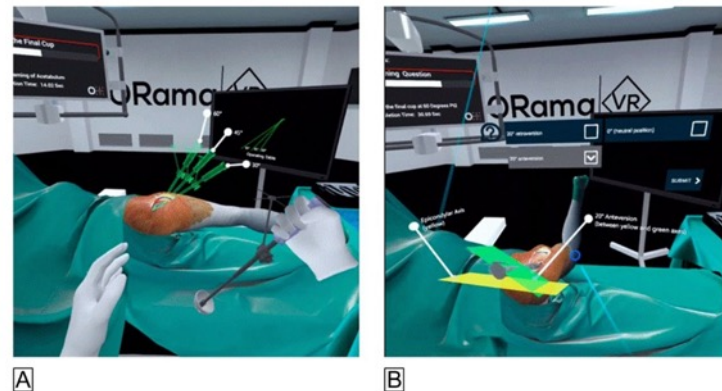
ORIGINAL PAPER



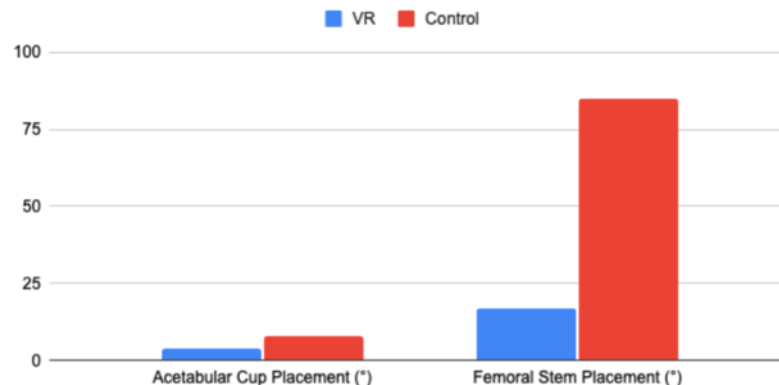
Effectiveness of virtual reality compared to video training on acetabular cup and femoral stem implantation accuracy in total hip arthroplasty among medical students: a randomised controlled trial

Eustathios Kenanidis^{1,2} · Panagiotis Boutos² · Grigorios Voulgaris² · Aikaterini Zgouridou² · Eleni Gkoura² · Zakareya Gamie² · George Papagiannakis^{3,4} · Eleftherios Tsiridis^{1,2}

Received: 3 October 2023 / Accepted: 10 November 2023
© The Author(s) 2023



VR and Control groups in Kenanidis et al 2023



e.g. Kenanidis et al 2023, Aristotle University, (N=101), Journal of International Orthopedics, 80% reduction on errors for Femoral Stem Placement and 50% for Acetabular Cup Placement after VR training

DOES IT WORK II?

Real clinical-trial based evidence published in high-impact medical journals in our field

Hooper et al 2019, NYU, USA (N=14),
Journal of Arthroplasty*¹,
32% improvement in procedural skills



Virtual Reality Simulation Facilitates Resident Training in Total Hip Arthroplasty: A Randomized Controlled Trial

Jessica Hooper, MD^{1,2}, Eleftherios Tzindis, MD, PhD^{1,2}, James E. Fong, MD¹,
Ran Schwarzkopf, MD, MSc¹, Daniel Warren, MS¹, William J. Long, MD, FRCS¹,
Lazaros Poultsides, MD, PhD¹, William Macaulay, MD¹, the NYU Virtual Reality
Consortium³

¹Department of Orthopaedic Surgery, New York University Langone Health, New York, NY
²Arthritis University Medical School, Department of Orthopaedic Surgery, Langone Medical Center, Brooklyn, NY
³Center of Orthopaedic and Regenerative Medicine, C-OR, 2, C-OR, A-OR, B-OR, C-OR, D-OR, E-OR, F-OR, G-OR, H-OR, I-OR, J-OR, K-OR, L-OR, M-OR, N-OR, O-OR, P-OR, Q-OR, R-OR, S-OR, T-OR, U-OR, V-OR, W-OR, X-OR, Y-OR, Z-OR

Abstract: The purpose of this study was to evaluate the effectiveness of a virtual reality (VR) simulation for training residents in total hip arthroplasty (THA). The study was a randomized controlled trial comparing a VR simulation group to a control group. The VR simulation group showed a 32% improvement in procedural skills compared to the control group.

Keywords: Virtual Reality, Simulation, Training, Total Hip Arthroplasty, Resident Training, Procedural Skills, Improvement.

Introduction: Virtual reality (VR) simulation is a promising tool for training residents in total hip arthroplasty (THA). The purpose of this study was to evaluate the effectiveness of a VR simulation for training residents in THA.

Methods: The study was a randomized controlled trial comparing a VR simulation group to a control group. The VR simulation group showed a 32% improvement in procedural skills compared to the control group.

Results: The VR simulation group showed a 32% improvement in procedural skills compared to the control group. The improvement was statistically significant (p < 0.05).

Conclusion: The VR simulation is an effective tool for training residents in total hip arthroplasty (THA). The VR simulation group showed a 32% improvement in procedural skills compared to the control group.

Discussion: The VR simulation is a promising tool for training residents in total hip arthroplasty (THA). The VR simulation group showed a 32% improvement in procedural skills compared to the control group.

Future studies: Future studies should evaluate the long-term effectiveness of the VR simulation for training residents in total hip arthroplasty (THA).

References: [1] Hooper J, Tzindis E, Fong J, et al. Virtual Reality Simulation Facilitates Resident Training in Total Hip Arthroplasty: A Randomized Controlled Trial. J Arthroplasty. 2019;34(1):1-8.

Conflicts of interest: The authors have nothing to disclose.

Correspondence: Jessica Hooper, MD, Department of Orthopaedic Surgery, New York University Langone Health, 516 First Avenue, New York, NY 10016. E-mail: jhooper@nyu.edu

Received: 10 October 2018; Accepted: 10 October 2018; Published: 10 October 2018

Copyright: © 2019 Hooper et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Reprints: For reprints, please contact the publisher at reprints@elsevier.com

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

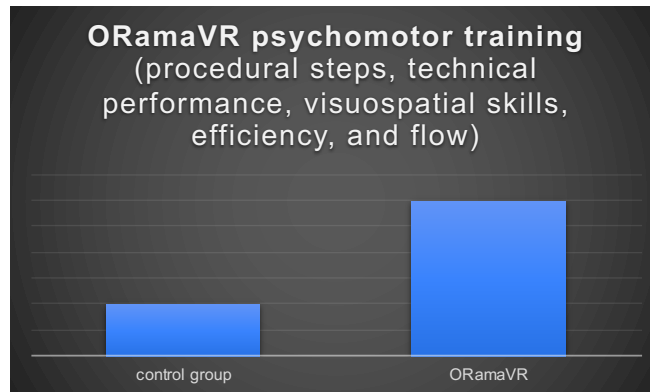
Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

Supplementary material: Supplementary material is available for this article online at <https://www.sciencedirect.com/science/article/pii/S0883540319303341>



Birrenbach et al 2021, Inselspital, Switzerland (N=29),
Journal of Medical Internet Research *²,
16% increased user satisfaction

JMIR SERIOUS GAMES Birrenbach et al

Original Paper

Effectiveness and Utility of Virtual Reality Simulation as an Educational Tool for Safe Performance of COVID-19 Diagnostics: Prospective, Randomized Pilot Trial

Tanja Birrenbach^{1,2}, MME, MD; Jonas Zbinden¹, George Papagiannakis^{3,4}, PhD; Aristomenis K. Exadaktylos¹, MD, PhD; Martin Müller¹, MD, PhD; Wolf E. Haerz¹, MME, MD; Thomas Christian Sauter¹, MME, MD

¹Department of Emergency Medicine, Inselspital, University Hospital Bern, Bern, Switzerland

²Center for Health Sciences Education, Faculty of Medicine, University of Ohio, Ohio, Norway

³ORamaVR SA, Geneva, Switzerland

⁴Institute of Computer Science, Foundation for Research and Technology, Thessaloniki, Greece

⁵Department of Computer Science, University of Crete, Heraklion, Greece

⁶Department of Computer Science, University of Crete, Heraklion, Greece

⁷Department of Computer Science, University of Crete, Heraklion, Greece

⁸Department of Computer Science, University of Crete, Heraklion, Greece

⁹Department of Computer Science, University of Crete, Heraklion, Greece

¹⁰Department of Computer Science, University of Crete, Heraklion, Greece

¹¹Department of Computer Science, University of Crete, Heraklion, Greece

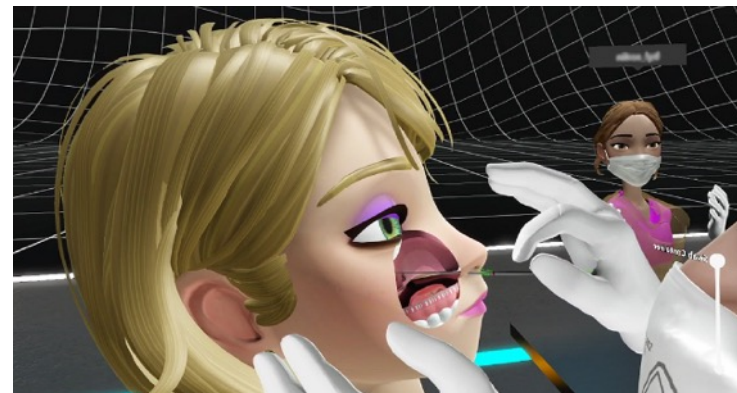
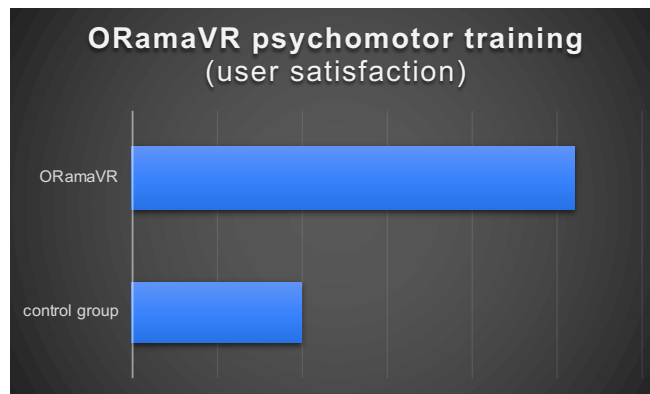
¹²Department of Computer Science, University of Crete, Heraklion, Greece

¹³Department of Computer Science, University of Crete, Heraklion, Greece

¹⁴Department of Computer Science, University of Crete, Heraklion, Greece

¹⁵Department of Computer Science, University of Crete, Heraklion, Greece

¹⁶Department of Computer Science, University of Crete, Heraklion, Greece



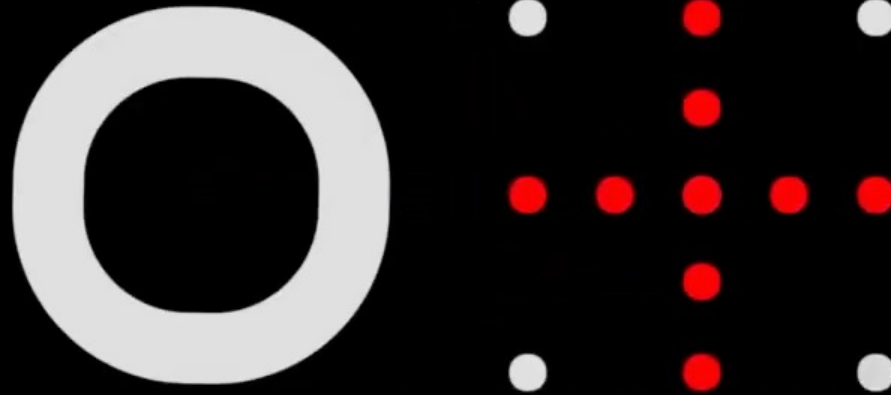
*1 <https://www.sciencedirect.com/science/article/pii/S0883540319303341>

*2 <https://games.jmir.org/2021/4/e29586/>

MAGES 4.0

MAGES SDK NXT

MAGES No-Code NXT 5.0 Software Development Kit



ORama | 

Conclusions

**ARE YOU READY TO
TRANSFORM
LEARNING
IN YOUR
ORGANIZATION?**



- Neurosymbolic AI and computational XR tools have arrived and are transforming medicine and healthcare – CMXR
- Questions on how to scale creation, adoption, deployment remain
- AI and XR technologies will not replace humans in healthcare!



Swiss Accelerator innovation project supported by



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

Innosuisse – Swiss Innovation Agency



Funded by the
European Union
NextGenerationEU

Greece 2.0
NATIONAL RECOVERY AND RESILIENCE PLAN

fidal
field trials
beyond 5G



INDUX-R



Dr. George Papagiannakis
Prof. University of Crete,
Affiliated Researcher at FORTH
Visiting Prof. University of Geneva
&
ORamaVR co-founder, CEO
george@oramavr.com



FORTH

Foundation for Research & Technology - Hellas



Stanford
University

ORama | 



**UNIVERSITÉ
DE GENÈVE**

*Let's accelerate world's transition to
Deep Medicine & CMXR!*