

Bone Fracture Detection Using Machine Learning

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ABSTRACT

Bone fractures are among the most common traumatic injuries, requiring accurate and timely diagnosis for effective treatment. Conventional diagnostic techniques, such as manual interpretation of X-ray images by radiologists, are subject to human error and limited by workload and experience. In recent years, machine learning (ML) has emerged as a powerful tool to enhance diagnostic accuracy and efficiency in medical imaging. This paper presents a machine learning-based approach for automated bone fracture detection using convolutional neural networks. A curated dataset of annotated X-ray images was used to train and evaluate the model. The proposed system achieved an accuracy, precision and recall of demonstrating its potential for real-world clinical applications. The integration of ML into diagnostic workflows can support radiologists in identifying fractures more reliably, reduce diagnostic delays, and improve patient outcomes. Future work will focus on extending the model to 3D imaging modalities and incorporating multi-class classification for different types of fractures.

Keywords: *Bone fracture, machine learning, medical imaging, convolutional neural network, X-ray analysis, automated diagnosis.*

I. INTRODUCTION

One of the most common medical conditions that affect people of all ages is bone fractures. These injuries occur when the bone is cracked or broken by external force or stress. Some of the most common causes of bone fractures are falls, sports injuries, accidents, and age-related conditions like osteoporosis. Traditionally, orthopedic specialists or radiologists have relied heavily on manual examination of X-ray images to diagnose such fractures. However, manual diagnosis takes a long time, is heavily dependent on the medical professional's expertise, and is prone to human error. Automated and precise

diagnostic tools are becoming increasingly required to support the healthcare system in light of the rising number of medical cases and limited healthcare resources. Advances in artificial intelligence (AI), particularly machine learning (ML) and deep learning (DL), have transformed medical imaging and diagnostics in recent years. The ability to accurately predict and analyze intricate patterns in images using these technologies has shown tremendous promise. A promising strategy that, in addition to assisting physicians in the process of diagnosis, has the potential to lessen the likelihood of missed or incorrect diagnoses is the application of machine learning to the detection of bone fractures. By

training machine learning models on a large dataset of labelled X-ray images, the system can learn to distinguish between fractured and unfractured bones with high accuracy.

Incorporating machine learning into medical diagnostics has numerous advantages, particularly when it comes to detecting fractures. First and foremost, it speeds up diagnosis, which is crucial in emergency situations. Improves diagnostic accuracy by eliminating fatigue or oversight associated with manual reading of images. Lastly, it makes diagnostic services available to people who live in remote or under resourced areas where specialized medical professionals might be hard to find. These aspects emphasize the significance of machine learning applications in healthcare and the need for ongoing machine learning research and development. In conclusion, this project is an important first step toward using machine learning to automate fracture detection. Using the power of deep learning, it aims to make a tool that will be useful to doctors, improve diagnostic accuracy, and improve patient outcomes. Because they have the potential to be incorporated into clinical workflows, such systems pave the way for a future in which artificial intelligence acts as a trustworthy partner in the provision of effective and efficient healthcare.

II. LITERATURE REVIEW

Pranav Rajpurkar et al. [1] This paper introduces CheXNet, a 121-layer convolutional neural network trained on a large dataset of chest X-rays to detect pneumonia. Although the primary focus is

on chest X-rays, the methodology of using deep CNN architectures for medical image classification is highly relevant to fracture detection. The study demonstrates that deep learning models can outperform practicing radiologists in certain diagnostic tasks, suggesting that similar architectures could be used effectively for bone fracture detection as well. R. Lindsey, S. Daluiski, C. Chopra et al., "Deep neural network improves fracture detection by clinicians," Proceedings of the National Academy of Sciences, vol. 115, no. 45, pp. 11591-11596, 2018. This paper explores the application of deep neural networks in improving the detection of fractures, particularly in the distal radius. The system was able to outperform clinicians, highlighting the potential of AI to assist in diagnosing bone fractures with high accuracy. The study's findings underscore the value of deep learning in clinical settings, particularly in emergency departments where quick and accurate fracture detection is crucial.

III. METHODOLOGY

The collection of a significant dataset of labeled X-ray images is the first step in the machine learning-based method for detecting bone fractures. The images come from public datasets like the MURA dataset, which includes radiographs of the musculoskeletal system that have been labeled with labels for fracture and for non fracture. The images were taken from these datasets. The next step, data preprocessing, involves enhancing the images with techniques like rotation, flipping, and cropping to increase variability and prevent overfitting after the dataset has been acquired. In

addition, in order to speed up the model's processing, the images are normalized to standardize the pixel values. Due to their exceptional ability to extract features from images, Convolutional Neural Networks (CNNs) are utilized for model selection. In a transfer learning approach, pretrained models like VGG16 and ResNet50 are utilized. The model can use previously learned features from large datasets like ImageNet before fine-tuning the fracture dataset. After the dataset is divided into training, validation, and testing subsets, supervised learning techniques are used to train the model. During the training phase, grid search or random search are used to optimize hyperparameters like learning rate and batch size. The validation set ensures that the model does not overfit, while the test set is used to evaluate the final performance.

The confusion matrix is used to evaluate the model's ability to differentiate between fracture and non-fracture cases. Various metrics, such as accuracy, precision, recall, and F1 score, are used to evaluate the model's performance. Once the model is working well, it is put to use in a real-world environment where doctors can upload X rays and get results from an automated fracture detection system. As a result, doctors are able to make decisions and diagnose patients more quickly.

3.1 Data Collection

The phase of data collection is an essential component of the development of the bone fracture detection model because the performance of the machine learning model is significantly

influenced by the quality and variety of the dataset. The "MURA dataset" (Musculoskeletal Radiographs) is the primary dataset used in this project. It is a comprehensive and freely accessible collection of radiographs that focuses specifically on musculoskeletal images. There are thousands of labelled images from the hand, wrist, elbow, shoulder, knee, and other body parts in the MURA dataset. A wide variety of bone types and fracture variations are depicted in these images. The dataset must be properly divided into training, validation, and test sets in addition to image preprocessing. The model is taught in the training set, its hyperparameters are tweaked in the validation set, and its final performance is checked in the test set. To avoid bias and overfitting, each subset of the dataset's images is carefully selected to ensure that they are representative of the whole. In this way, the data collection process lays the foundation for the development of a robust and accurate bone fracture detection system.

3.2 Data Preprocessing

When dealing with medical images like X rays, preprocessing plays a crucial role in preparing the dataset for effective model training. The primary goal of preprocessing is to enhance the quality of the images and standardize them to ensure the model can learn efficiently. **Image resizing** is the first step in preprocessing, where each image is resized to a consistent dimension to keep the dataset uniform. Since neural networks, especially Convolutional Neural Networks (CNNs), require fixed input sizes, resizing ensures that all images fit the expected input dimensions of the model,

typically in the range of 224x224 or 256x256 pixels. Additionally, cropping and padding are utilized when the aspect ratio must remain constant or when the images must be focused on particular areas of interest, such as the bone structure. The model can learn to detect fractures with greater precision by concentrating on the most probable locations. Lastly, "noise reduction" techniques like "Gaussian smoothing" can be used to remove any unnecessary background noise from the images so that the model can focus on the bone structures without being distracted by details that don't matter. The quality and variety of the dataset are enhanced during these preprocessing steps, allowing the model to learn from and perform well on unseen data during the testing phase.

3.3 Implementation

The machine learning-based bone fracture detection system requires a well-organized procedure that begins with the collection of data and ends with the implementation of a predictive model. The process begins with the collection of X-ray images from publicly available datasets or hospital sources. For the purpose of supervised learning, these images are typically labeled to include samples of both fractured and unfractured bone. After the dataset has been prepared, the images are preprocessed to improve quality and ensure uniformity. In order to increase the diversity of training samples, all images are resized to a standard size, pixel values are normalized to a common scale, noise is removed, and augmentation techniques like rotation, flipping, and zooming are utilized. The model is trained on a

clean, balanced, and diverse dataset as a result of these steps. After preprocessing, the dataset is divided into training, validation, and testing sets. In the training set, the model is trained, hyperparameters are changed in the validation set to prevent overfitting, and the testing set is where the model's final performance is evaluated. Due to its efficiency in analyzing visual data, the primary model is a Convolutional Neural Network (CNN). The CNN architecture consists of fully connected layers for classification, pooling layers to reduce dimensionality, and multiple convolutional layers for feature extraction. At a variety of points, activation functions like ReLU and softmax are used to predict non-linearity and class probabilities. The model is built using an optimizer like Adam and a loss function like binary cross-entropy or categorical cross-entropy, depending on the classification task. The model learns to recognize intricate patterns in the images that distinguish healthy bones from fractured ones during training. Regularization methods like dropout are included to avoid overfitting. Performance metrics like accuracy, precision, recall, and the F1-score are tracked to see how well the model works. The model is tested on the testing set following training to make sure it works well with unknown data. The model can be integrated into hospital systems for clinical use or deployed using web-based access platforms like Flask or Django if the performance is satisfactory. The trained model in the final system can predict whether a bone fracture is present by processing an input X-ray image. A robust and scalable system that can assist healthcare professionals in quickly and accurately detecting fractures is guaranteed by

this implementation strategy.

3.4 Algorithm

used AI Calculations in Prescient Support: Utilizing a different arrangement of calculations — from strategic relapse and choice trees to cutting edge troupe techniques like slope helping and irregular woods — empowers strong prescient upkeep arrangements. Every calculation offers exceptional qualities, whether in taking care of perplexing information designs, further developing precision, or guaranteeing computational proficiency, critical for upgrading classification. Initially, hardware dependability and functional effectiveness.

1. Stochastic Slope Plunge Classifier (SGDC): - SGDC is a variation of Slope Plunge upgraded for huge scope datasets and web based learning. It iteratively refreshes model boundaries utilizing slope data from a subset of preparing information (smaller than expected clump), making it computationally productive for preparing direct classifiers.

2. Logistic Regression: - Calculated Relapse is a direct model utilized for paired grouping. It displays the likelihood of a parallel result utilizing a strategic (sigmoid) capability, which maps the result to a likelihood esteem somewhere in the range of 0 and 1. It's interpretable and powerful for errands where the connection among highlights and the parallel result is straight.

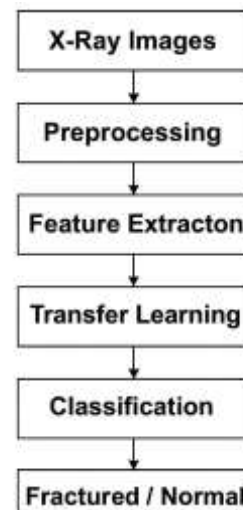


Figure 3.4.1: System Architecture

3.5 Techniques

The bone fracture detection system leverages advanced machine learning techniques, primarily focusing on deep learning with Convolutional Neural Networks (CNNs) for accurate image classification. Initially, X-ray images undergo preprocessing steps such as noise reduction, normalization, and contrast enhancement to improve feature visibility. Following this, feature extraction is performed automatically by the CNN layers, which learn spatial hierarchies and edge patterns crucial for identifying fractures. Transfer learning techniques, using pretrained models like VGG16 or ResNet, are also applied to boost performance and reduce training time. Finally, a classification layer outputs the result, determining whether the bone is fractured or normal, often enhanced by Softmax or sigmoid

activation functions for binary or multi-class classification. This approach ensures high accuracy and reliability in medical diagnostics.

3.6 Flow chart

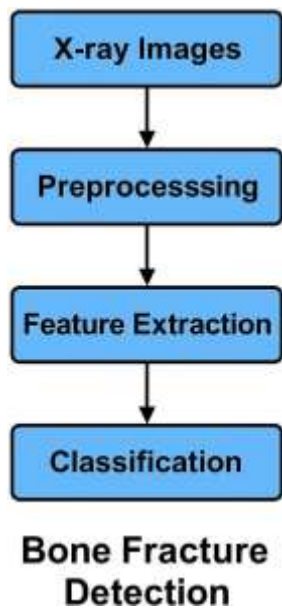


Figure 3.6.1: Flow chart



IV. RESULTS



V. CONCLUSION

The application of machine learning to the field of medical imaging can be clearly seen in this project, which focuses on the detection of bone fractures. From collecting and preprocessing X ray image data to designing, training, and evaluating a convolutional neural network model that can accurately identify bone fractures, this study examined the entire process of building a fracture detection system. The system was able to automatically and without the need for human intervention extract complex features from medical images by utilizing the power of deep learning, particularly CNN architectures. The model demonstrated strong performance in classifying fractured and non-fractured bones, highlighting the reliability and efficiency of AI-assisted diagnosis. The study also offers a number of opportunities for improvement, such as the development of real-time mobile or web based diagnostic tools, the expansion of datasets, the application of multimodal imaging, and the incorporation of multi class classification for the

purpose of determining the various kinds of fractures. Integrating explainable AI techniques may also provide the much-needed transparency and earn the trust of healthcare professionals. In conclusion, this project provides a solid foundation for the use of artificial intelligence in orthopedics. Without additional research, clinical collaboration, and technological advancement, it will not be possible to turn this prototype into a diagnostic tool that can be used in the real world, despite the fact that the current model works. The long-term goal is to support doctors with intelligent, accurate, and fast fracture detection systems that can significantly reduce diagnostic errors, save time, and ultimately improve patient outcomes, especially in areas with limited access to expert radiologists.

VI. REFERENCES

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