Two Methods of SAR Measurement for Wearable Electronic Devices

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Abstract—In recent years, there has been public concern about the possibility of biological hazards from human exposure to electromagnetic radiation (EMR) emitted by wearable sensors or devices. Specific absorption rate (SAR), is used as a factor to estimate health risks and needs to be measured to meet the safety limits recommended by the IEEE/FCC. Two SAR measurement methods, namely, the Electric-field probe method and the thermographic method, are reviewed in this paper with respect to the measurement system and procedure.

Index Terms—Wireless Body Area Network (WBAN), specific absorption rate (SAR), tissue-equivalent phantom, Electric-field probe method, thermographic method.

I. INTRODUCTION

WEARABLE electronics are increasingly prevailing because of the extensive applications for wireless body area networks (WBANs), wireless sensor area networks (WSANs) and wireless local area networks (WLANs). Wireless body area networks, as body centric communication technology, have the potential to provide unprecedented opportunities for monitoring in a variety of domains, such as ubiquitous real-time healthcare and fitness, sports and military. Antennas play a pivotal role in body-centric communications and arouse significant attention in research, especially regarding possible health risks. The general performance requirements for WBAN antennas are listed in the following:

--low mutual influence between antennas and the human body for high antenna efficiency and low specific absorption rate (SAR);

--small size and low profile;

--antenna polarization is normal to the body surface, especially in on-body communications [1].

There has been increasing public concern about the

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possibility of biological hazards arising from human exposure to electromagnetic radiation (EMR) emitted by wearable sensors or devices in response to their increased usage over recent years. The current basic safety limits applicable to the wireless device are defined in terms of specific absorption rate (SAR), which is defined as the rate at which a person absorbs Electromagnetic energy per unit mass; where SAR averaged over X grams of tissue can be denoted by X-g SAR. The SAR in a biological body exposed to a radio frequency (RF) field depends on a number of factors, including tissue geometry and dielectric properties and the orientation of the body relative to the source [2]. There exist three different limits defined by: 1) a whole-body average SAR; 2) a local peak SAR; and 3) a specific absorption (SA), which limits the power of short pulses. 1) and 2) must be averaged over a defined period of time. In wireless devices at frequencies above 300 MHz, the absorption affects only parts of the body, which are close to the device. Hence, the most critical value is the local peak SAR limit. Localized SAR averaged over 10-g and 1g of tissue i.e. peak 10-g SAR and peak 1-g SAR not exceeding 2.0 W/kg and 1.6 W/kg respectively, are recommended by the IEEE/ANSI/FCC as the upper safety limit [3].

Evaluating the SAR distributions associated with electronic devices is a complex task, usually accomplished by measurement techniques or numerical modeling. Two experimental methods to evaluate compliance with specific SAR requirements use measurement of either, the electric field (E-field) strength or, the rate of temperature increase in a tissue-equivalent liquid using anthropomorphic models of the human head or other part. In this paper, evaluation of SAR distributions by E-field probe and by thermographic measurement is reviewed.

II. THE COMMON PHANTOM

Electronic devices or antennas resulting in microwave radiation exposure to humans require safety limits to avoid potential health hazards. In order to evaluate the near-field exposure produced by wireless on-body devices, phantom models simulating the human body are used. There are some common phantoms adopted for SAR measurements.

A. The Averaged Tissue-equivalent Liquid Phantom

An averaged tissue-equivalent liquid phantom is required in order to simulate the human body dielectric environment when measuring antennas or estimating SAR values near the human body. This phantom is commonly a mixture of sugar, Sodium Chloride, De-ionized water, Hydroxyethyl Cellulose, Bactericide, Diethylene Glycol Butyl Ether, Triton X-100, Diacetin, 1,2-Propanediol [4]. Proceedings of the International MultiConference of Engineers and Computer Scientists 2016 Vol II, IMECS 2016, March 16 - 18, 2016, Hong Kong

When an averaged tissue-equivalent liquid phantom is used to estimate an SAR distribution, the dielectric properties of the phantom need to be checked to ensure agreement with the required conductivity and dielectric constant. The method involved in using an open-ended coaxial probe to measure liquid dielectric properties is presented in [5-6]. In using the open-ended coaxial method to measure the dielectric properties of the phantom, the error value between the phantom and realistic human tissue can be minimized, to provide an accurate SAR evaluation over the human-body phantom.

B. The Brain-equivalent Phantom

The composition of the brain-equivalent phantom in accordance with the COST244 as an example is deionized water, agar, sodium chloride, sodium azide TX-151 and polyethylene power [7]. The agar is utilized for maintaining the shape of the phantom by itself. The relative permittivity is controlled with additional rate of polyethylene powder. In order to mix water with the polyethylene, the TX-151 is selected for stickiness. Owing to the stickiness, both sides of the surfaces of the split phantom cling to each other. The sodium azide is a preservative. In addition, the loss factor is dependent on the concentration of the sodium chloride.

C. The Skull-equivalent Phantom

The recipe of the skull-equivalent solid phantom is silicone emulsion, agar, glycerol, TX-151 and polyethylene powder; the glycerol is used as a solvent. Skull tissue is a low-loss media, therefore, the solvent should be low loss and of the hydrophilic type. However, because the relative permittivity is too small only using glycerol, silicone emulsion is added [8].

The dielectric properties of a human body vary with frequency; detailed dielectric constants for human tissues are available in [9]. Therefore, the proportions of ingredients required to formulate the equivalent phantom depend on the operating frequency at which an antenna or a wireless device works. This phantom can be used in the measurement of on-body or in body electronics. The brain-equivalent phantom has the merit of ease to control the relative permittivity and conductivity by modifying the quantity of the polyethylene powder and sodium chloride. The electric constant can be controlled by changing the mixture of the glycerol emulsion and silicone concerning the skull-equivalent phantom [10]. For mobile phones or other devices used in close proximity to the brain, the brain-equivalent and skull-equivalent phantoms are proper to conduct SAR measurements. It is essential to optimize the phantom based on the operating frequency and application in order to obtain valid results.

III. EXPERIMENTAL METHODS FOR SAR MEASUREMENT

Two methods are currently available for SAR measurements, used to estimate the SAR in the human models exposed to microwave sources, these are the Electric-field probe method and the thermographic method.

A. The Electric-field Probe Method

The electric-field probe method, as a rapid and non - invasive SAR measurement solution, is based on utilizing

automatic positioning systems to move an E-Field measuring probe in a liquid phantom to assess SAR values [11].

Experimental Theory

The specific absorption rate (SAR) is usually used as the primary dosimetric parameter of EM wave exposure for standardization [12], expressed as:

$$SAR = \frac{\sigma |E|^2}{\rho} \qquad [W / kg]$$

(1)

Where, $\sigma[S/m]$ is the conductivity of the tissue, ρ [kg/m3] is the density of the tissue, and E [V/m] is the electric field intensity within the tissue.

Measurement System (DSAY-5)

Due to the FCC adopted limits for safe exposure to radiofrequency (RF) energy where the limits are defined in terms of SAR. DSAY-5 [13] (as shown in Fig.1), is the latest SAR fully automated test system. It has the capability to provide faster and more accurate SAR test and measurement than previously available test systems.



Fig 1. The schematic of DASY-5

Measurement Setup

The system of DASY-5 consists of a PC, data acquisition Unit (DAE), E-field probe, robot controller, phantom shell with tissue, equipment under test (EUT) and device holder, as shown in Fig 2.



Fig 2. The structure of SAR measurement system by using DASY-5

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The SAR measurement setup [14] is shown in Fig.3.



Fig 3. The flow chart of SAR measurement setup

Firstly, is the SAR reference measurement. Prior to the SAR test, local SAR shall be measured at a stationary reference point where the SAR exceeds the lower detection limit of the measurement system. Alternatively, the conducted power may be measured if the drift assessment from SAR measurements is not sensitive enough.

Secondly, is the Area scan. The area scan aims to determine peak SAR locations. An E-field probe moves through the tissue-equivalent liquid in a SAM or a flat phantom to find approximate location(s) of SAR peak(s). The distance between phantom and probe should be more than half the probe diameter, otherwise, an increased measurement uncertainty occurs. The measured values are interpolated to identify peak locations. Typically, the local peak SAR values occur at the surface of homogeneous phantoms, which are not directly measurable by the field sensors that are located 0.5 mm to 4 mm behind the probe tip.

Thirdly, is the Zoom scan. The goal of the zoom scan is to determine cube averaged SAR. Zoom scans surrounding one or more of these peak locations are subsequently executed to determine the peak spatial-average SAR value. When the frequency is lower than 3 GHz, it uses $5\times5\times7$ points in a $3\times3\times3$ cm³ cube. When the frequency is between 3 GHz and 6 GHz, then more than $7\times7\times7$ points should be adopted. 1-g SAR is computed by extrapolating measured values to the phantom surface. After the zoom-scan measurement, extrapolations from the closest measured points to the surface, along lines parallel to the zoom-scan centerline, and interpolations to a finer resolution between all measured and extrapolated points are performed.

Finally, is the SAR drift measurement. The local SAR (or conducted power) is measured at exactly the same location as in Step 1. The absolute value of the measurement drift (the difference between the SAR measured in Step 4 and Step 1) is then recorded and the drift should be maintained within \pm 5% for accuracy to be sufficient. SAR drift measurements are made after each zoom scan to assess accuracy continuing accuracy, with drift always compared to the initial measurement.

rement.

B. The Thermographic Method

The thermographic method offers a more efficiency route to establishing SAR over a two-dimensional internal plane within an exposed model. This method is described specifically in [15-16], and is valid for both far- and near-zone fields. It involves the use of a thermographic camera to record temperature distributions produced by energy absorption in phantom models after exposure to radiating fields. The model is first disassembled along a plane where SAR be determined and is to а thermograph-temperature scan is made over the plane. The model is then reassembled and exposed to a high power density signal for a short time; followed by disassembly and another thermographic scan.

Experimental Theory

Thermographic experiments [17-18] are carried out using the brain and skull-equivalent solid phantom models to estimate the SAR distribution in human heads. If heat diffusion is negligibly small during the exposure period, the SAR at an arbitrary point is given by

$$SAR = c \frac{\Delta T}{\Delta t} \quad [W / kg] \tag{2}$$

where, c [J/kg·K] is the specific heat of the phantom, ΔT [K] is the temperature rise at the point, and Δt [second] is the exposure time. Hence, the temperature rise profile is proportional to the SAR distribution on the above assumption. The specific heat of the brain and skull-equivalent phantom are 3750 and 2850 J/kg·K, respectively. This equation describes that the SAR distribution is proportional to the temperature rise.

Measurement System



The components of the thermographic SAR measurement system are a thermographic camera, a phantom, an antenna, radio anechoic chamber, oscillator, power amplifier and a computer, as shown in Fig.4.

Measurement Procedure

The measurement procedure [19] is shown in Fig.5. At first, a phantom with uniform temperature is placed in a radio anechoic chamber and exposed to UHF radio waves by a nearby source for 2 minutes or so. The exposure duration is determined to yield a temperature rise of at least 1 K. The

phantom is split to observe the inside before the exposure. After the exposure period, the phantom is reopened quickly in front of a thermographic camera. A thermographic image is immediately captured to map the temperature rise profile on a section or a surface of the phantom.



Fig. 5. SAR measurement procedure

Generally, SAR measurements in the neighborhood of the phantom boundary are difficult using the E-field probe method, though they are possible using the thermographic method as described. The use of a solid phantom in the theormographic method offers the advantage of being able to measure SAR in mediums with complicated shapes.

Some disadvantages of the thermographic method include: an inability to test real mobile telecommunication devices, due to the high power necessary for the experiment; SAR images are limited to two-dimensional cuts [10]. Therefore, the thermographic method is not suitable for the testing of real RF devices.

IV. CONCLUSION

Advancements in hi-technology are taking place at an accelerated rate in present-day society. Electronic apparatuses are continuously emerging on the market, from on-body devices to in-body devices for applications ranging from health to entertainment. Also, people are showing an increasing concern about the health risks associated with the use of such wearable and implanted devices. As a consequence, the measurement of SAR distributions and quantification of the effects of these devices on human tissue is of increasing importance. Results from such investigations should feed in to device design considerations for example of the antenna.

Two measurement methods are currently available for conducting SAR analysis; one is the Electric-field probe method, the other is the thermographic method. The current state of the art Electric-field probe facility is the DSAY-5, however this is time consuming and expensive. The thermographic method on the other hand requires more components but it is relatively cost-efficient. However, the thermographic method is not suitable for the testing of real RF devices, though it is more adaptable for the measurement of complex shape phantoms such as inner ears and earlobes.

These two methods of SAR measurement have their own advantages and disadvantages and the most appropriate

method can be selected dependent on individual measurement requirements. In future research, the deviation and accuracy of these two methods will be compared.

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