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# Multi-Threaded Integration of HTC-Vive and MeVisLab

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## ABSTRACT

This work presents how Virtual Reality (VR) can easily be integrated into medical applications via a plugin for a medical image processing framework called MeVisLab. A multi-threaded plugin has been developed using OpenVR, a VR library that can be used for developing vendor and platform independent VR applications. The plugin is tested using the HTC Vive, a head-mounted display developed by HTC and Valve Corporation.

**Keywords:** Virtual Reality, HTC Vive, Valve Corporation, Threads, MeVisLab, Module.

## 1. DESCRIPTION OF PURPOSE

Virtual Reality (VR) [1]-[3] is increasingly used in entertainment [4]-[6], training [7], simulations [8], [9] and also in the medical domain [10]. It has been used in applications such as the therapy of phantom limb pain [11], the rehabilitation of stroke patients [12], the treatment of autistic individuals [13] or the training of wheelchair usage for patients suffering from spinal cord injuries [14]. In 2002, Morgan et al. [15] showed how VR can improve the learning success of medical students when it comes to skills in clinical routines [16]. Even higher potential for VR may be in visualization of datasets acquired with computed tomography (CT) or magnetic resonance imaging (MRI) [17]. Farahani et al. [18] have demonstrated how to explore pathology data in a head-mounted display (Oculus Rift). Others have investigated on how VR can be used in surgery [19], [20].

Previous work in our group [21], [22] demonstrated how to integrate the HTC Vive head-mounted display [23]-[26] with the medical image processing framework MeVisLab (<http://mevislab.de>) [27]-[35] using OpenVR (<https://github.com/ValveSoftware/openvr>). This approach leverages the larger tracked space of the Vive for a more flexible inspection of medical data. In this paper, we present a multi-threaded implementation of the Vive-MeVisLab integration, which significantly improves performance. The multi-threaded approach allows continuous manipulation of the MeVisLab dataflow network while the VR experience keeps running. Changes applied in MeVisLab can be transferred to the VR view at any time. This opens up advanced medical image processing operations like medical segmentations [36]-[45] or simulations [46]-[48] to be triggered within a VR interface.

## 2. METHODS

**Data** – In order to develop, test and evaluate our module, we have used the dataset provided by Gall et al. [49]. It consists of several high resolution CT scans from real patients. A single scan is made up of a few hundred slices, each of them containing 512x512 voxels. They vary in anatomy and pathology. To ensure that our module is suitable to clinical routine, we have not downsampled or altered the scans, but rather visualized raw data in VR.

**Implementation** – The overall goal of the HTC-Vive MeVisLab module is to connect MeVisLab to VR (Figure 1). Whenever triggered in MeVisLab, the integration module retrieves the current medical dataset and forwards it to the VR view. A back channel communicates the position orientation of the headset to MeVisLab.

The implementation of the HTC-Vive MeVisLab module consists of three parts. The first part is responsible for wrapping the VR application into a module that can be used by MeVisLab. The module spawns multiple threads to enable a concurrent execution of MeVisLab and the VR view. The second part generates a stereoscopic rendering (for left and right eye) of the medical data into an off-screen buffer, using Phong shading [50]-[52] in OpenGL [53]. The third part outputs the buffer to the VR headset using OpenVR.

**Network** – MeVisLab uses dataflow networks (Figure 2) to connect modules for image processing and other purposes. The VR integration module expects a 3D model. For example, we can connect a WEMLoad module to load a DICOM dataset [54]-[56] and convert it into a 3D mesh internally in the VR integration module. If desired, additional modules can be inserted to modify (WEMModify) the data or display it for debugging inside MeVisLab (SoWEMRenderer).

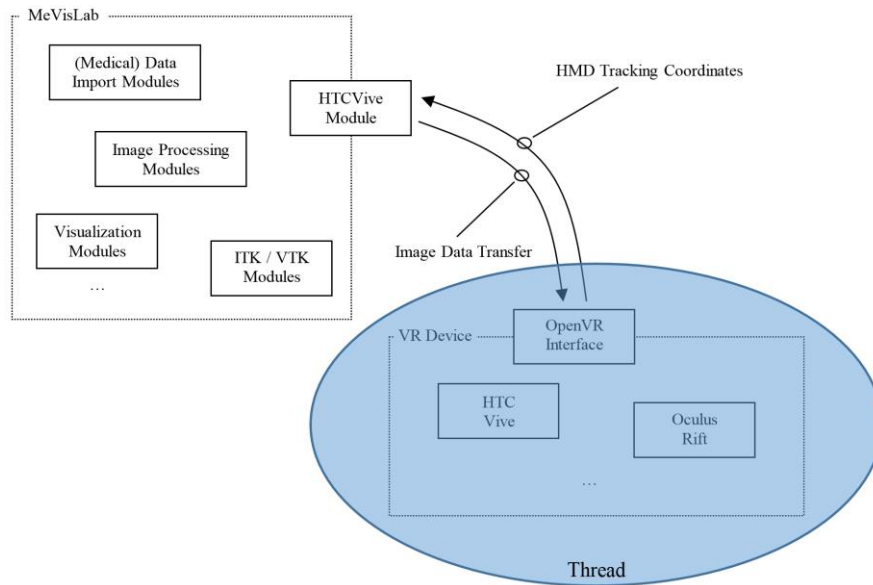


Fig. 1: High-level workflow diagram showing the communication and interaction between MeVisLab and the HTC Vive via OpenVR encapsulated into a dedicated thread.

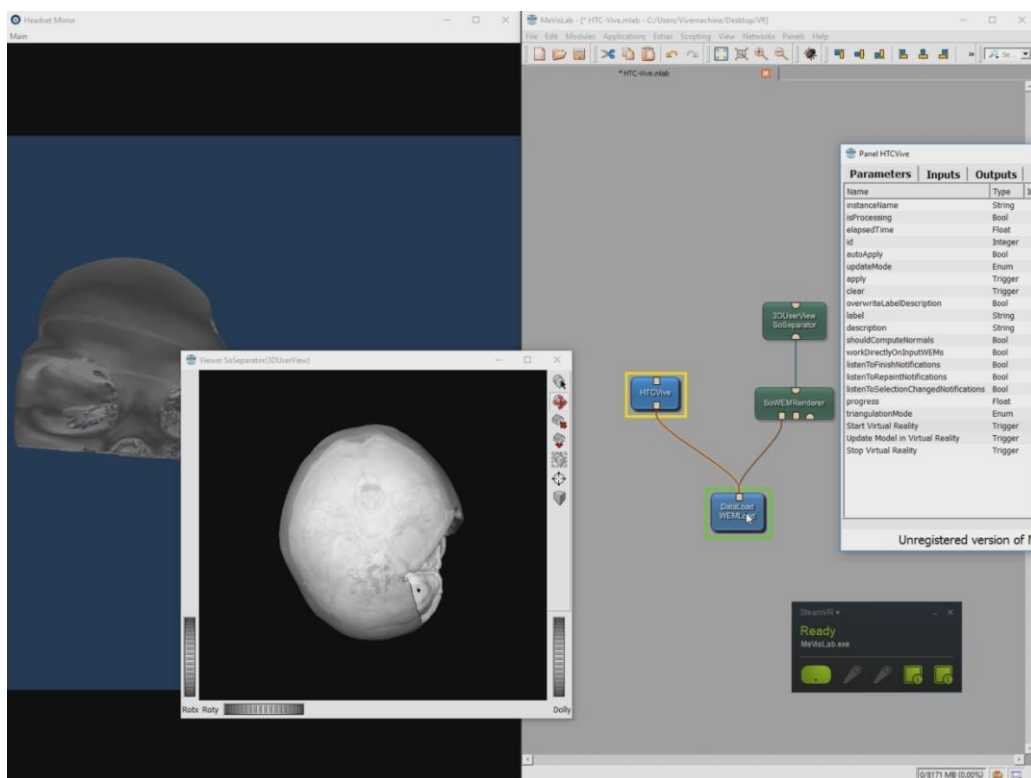


Fig. 2: A simple MeVisLab network with the multi-threaded HTCVive module, showing interface and parameters on the right side. The left side shows a headset mirror window in the back and a standard 3D viewer window from MeVisLab.

### 3. RESULTS

The goal of this work was to show the feasibility of an enhanced multi-threaded integration of VR into MeVisLab. A MeVisLab module that allows users to visualize medical 3D image data in Virtual Reality has been implemented (Figure 3). The module is able to render models from various file formats such as Object File Format, Wavefront, Polygon File Format, Standard Tessellation Language, VRML or Winged Edge Mesh. When loaded into Virtual Reality, models are automatically scaled and placed in the center of the viewport. In addition, the module illuminates the rendered scene using the Phong shading model.

The multi-threaded design allows the simultaneous use of the MeVisLab interface. This allows a user to apply image processing operations provided by MeVisLab [57]-[63] to the model before reloading it into Virtual Reality again. The module offers a possibility to mirror onto screen what a user sees in Virtual Reality. The module has been developed and tested under Microsoft Windows 8.1 Enterprise Edition. In addition, MeVisLab SDK Version 2.8.1 for Windows Visual Studio 2015 X64 (<http://www.mevislab.de/download>) has been used. For rendering medical 3D image data, OpenGL 4.0 (<https://www.opengl.org/>) has been used in combination with GLEW 2.0.0 (<http://glew.sourceforge.net/>), GLFW 3.2.1 (<http://www.glfw.org/>) and GLM 0.9.8.4 (<http://glm.g-truc.net/0.9.8/index.html>). For visualizing the rendered 3D scene in Virtual Reality, the OpenVR SDK Version 1.0.2 (<https://github.com/ValveSoftware/openvr>) has been used. Development and testing have been done on a desktop PC with an Intel Core i7-3770 CPU @ 3.40GHz, 16 GB RAM and a NVIDIA GeForce GTX 970 graphics card.

The module has been tested using several medical scans with different anatomy and pathology. All tests resulted in a smooth visual experience in Virtual Reality. The source code is freely available from GitHub (<https://github.com/simon-gunacker/vive>).

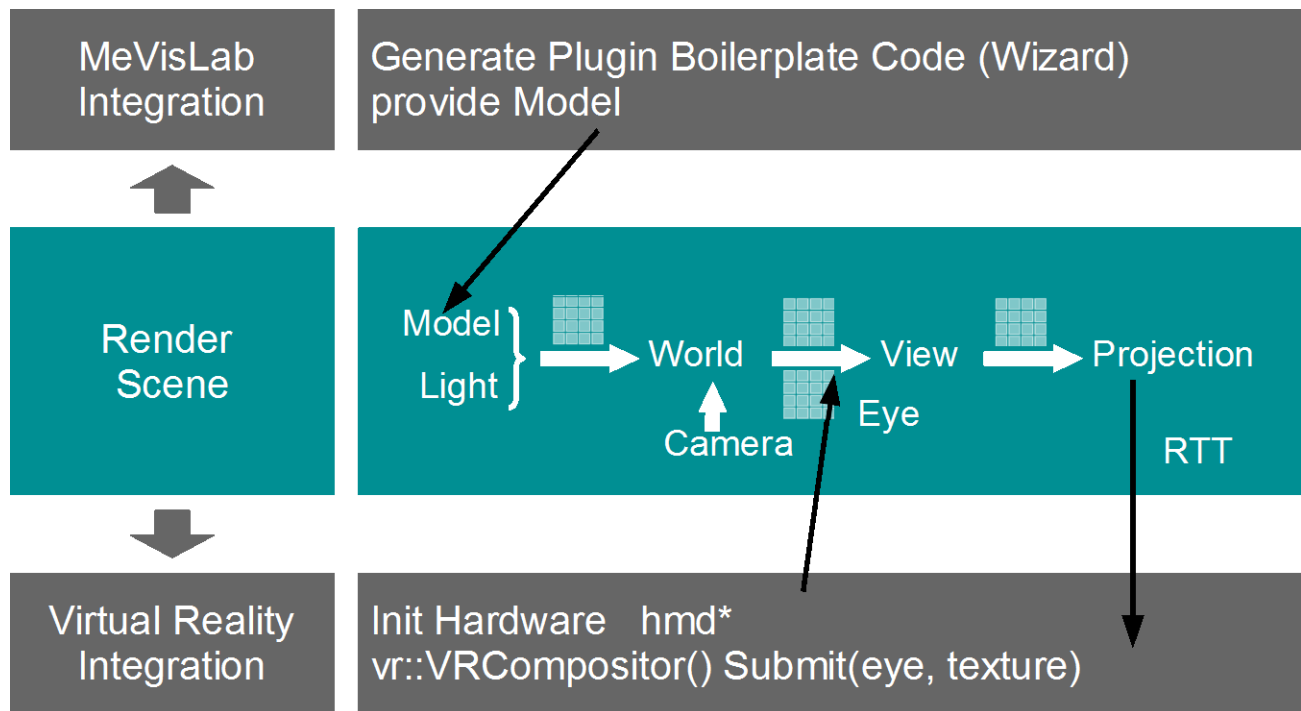


Fig. 3: Diagram showing the three parts of the implementation of the HTC Vive MeVisLab plugin: the first part is responsible for integrating the plugin into MeVisLab providing a 3D model to the second part, which is then responsible for rendering a scene. The third part sets up the VR environment, provides the rendering part with information about the user's position in VR and finally visualizes the rendered scene in VR.

## 4. CONCLUSIONS

In this contribution, we presented a MeVisLab module enabling the simultaneous use of MeVisLab an immersive Virtual Reality view via OpenVR. The module can be integrated into any network created by MeVisLab. As these networks are used to perform various tasks, the HTC Vive MeVisLab module can be a good visual support, whenever it comes to the inspection of 3D medical data. The main achievements of this work are:

- The successful thread-based integration of the HTC Vive into MeVisLab;
- Making the source code available to the research community.

Future work will involve the deeper integration of Virtual Reality into MeVisLab: by improving the communication from MeVisLab to Virtual Reality, modifications performed in MeVisLab could be rendered to Virtual Reality in real-time. Moreover, different Virtual Reality systems provide handheld controllers to interact with the virtual world [64]-[66]. Integrating these controllers into the module would allow users to perform some operations on the model in Virtual Reality. These operations could reach from simple geometric transformations, such as moving, scaling or rotating the model to operations that have more clinical meaning, such as fitting an implant [67], [68] or performing virtual surgery on the model [69]. The integration of controllers could lead to further improvements regarding the communication from Virtual Reality to MeVisLab: Modifications on the model in Virtual Reality could be communicated to and adopted by MeVisLab in real-time, as a user might perform some operations on the model in Virtual Reality. Aside from these functional improvements, the module could be tested with other Virtual Reality systems such as the Oculus Rift [70]-[73]. An additional and promising improvement may be support for Google Cardboard [74]-[78], which uses inexpensive smartphones as displays. The module could also be integrated into other medical imaging platforms. We believe that integrating Virtual Reality into clinical routines has high potential to improve medical procedures.

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A video demonstrating the thread-based integration of the HTC Vive into the medical platform MeVisLab is available on YouTube: <https://www.youtube.com/c/JanEgger/videos>

## REFERENCES

- [1] Garner, T. A. “The Domain of Virtual Reality,” In: *Echoes of Other Worlds: Sound in Virtual Reality*. Palgrave Studies in Sound. Palgrave Macmillan, Cham, pp. 13-46 (2017).
- [2] Rheingold, H. “Virtual Reality: Exploring the Brave New Technologies of Artificial Experience and Interactive Worlds - From Cyberspace to Teledildonics,” Martin Secker & Warburg Ltd, pp. 1-384 (1991).
- [3] Bowman, D. A. & McMahan, R. P. “Virtual reality: How much immersion is enough?,” *IEEE Computer*, 40(7):36-43 (2007).
- [4] Kodama, R. et al. “COMS-VR: Mobile virtual reality entertainment system using electric car and head-mounted display,” *IEEE Symposium on 3D User Interfaces (3DUI)*, pp.130-133 (2017).
- [5] Zhang, X. et al. “Exploring users views on immersive adult entertainment applications,” *Ninth International Conference on Quality of Multimedia Experience (QoMEX)*, pp. 1-3 (2017).
- [6] Hock, P. et al. “CarVR: Enabling In-Car Virtual Reality Entertainment,” *Proceedings of the 2017 CHI Conference on Human Factors in Computing Systems*, pp. 4034-4044 (2017).
- [7] Parsons, S. and Mitchell, P. “The potential of virtual reality in social skills training for people with autistic spectrum disorders,” *J Intellect Disabil Res.*, 46(5):430-43 (2002).
- [8] Zyda, M. “From visual simulation to virtual reality to games,” *Computer*, 38(9):25-32 (2005).
- [9] Cox, D. J. et al. “Can Youth with Autism Spectrum Disorder Use Virtual Reality Driving Simulation Training to Evaluate and Improve Driving Performance? ,” *An Exploratory Study. J Autism Dev Disord.*, 47(8):2544-2555 (2017).
- [10] Dascal, J. et al. “Virtual Reality and Medical Inpatients: A Systematic Review of Randomized, Controlled Trials,” *Innov Clin Neurosci.*, 14(1-2):14-21 (2017.)

- [11] Bach, F. et al. "Using interactive immersive vr/ar for the therapy of phantom limb pain," Proceedings of the 13<sup>th</sup> International Conference on Humans and Computers (HC'10), Fukushima-ken, Japan, University of Aizu Press, pp. 183-187 (2016).
- [12] Saposnik, G. & Levin, M. "Virtual reality in stroke rehabilitation: A meta-analysis and implications for clinicians," *Stroke*, 42(5):1380-1386 (2011).
- [13] Newbutt, N. et al. "Brief Report: A Pilot Study of the Use of a Virtual Reality Headset in Autism Populations," *J Autism Dev Disord.*, 46(9):3166-76 (2016).
- [14] Nunnerley, J., Gupta, S., Snell, D. & King, M. "Training wheelchair navigation in immersive virtual environments for patients with spinal cord injury - end-user input to design an effective system," *Disabil Rehabil Assist Technol.*, 4:1-7 (2016).
- [15] Morgan, P. J. et al. "Simulation Technology," *Anesthesiology*, 96(1):10-16 (2002).
- [16] Seymour, N. E. et al. "Virtual Reality Training Improves Operating Room Performance: results of a randomized, double-blinded study," *Ann Surg.*, 236(4):458-63 (2002).
- [17] King, F. "An immersive virtual reality environment for diagnostic imaging," Thesis (Master, Computing), Queen's University, Kingston, Ontario, Canada, pp. 1-60 (2015).
- [18] Farahani, N. et al. "Exploring virtual reality technology and the Oculus Rift for the examination of digital pathology slides," *J Pathol Inform.* 7:22, eCollection (2016).
- [19] McCloy, R. & Stone, R. "Virtual reality in surgery," *BMJ*, 323(7318):912-915 (2001).
- [20] Reitinger, B., Bornik, A., Beichel, R. et al. "Liver surgery planning using virtual reality," *IEEE Comput Graph Appl.*, 26(6):36-47 (2006).
- [21] Gall, M. et al. "Integration of the HTC Vive into the medical platform MeVisLab," *SPIE Medical Imaging Conference*, Paper 10138-41 (2017).
- [22] Egger, J., Gall, M., et al. "HTC Vive MeVisLab integration via OpenVR for medical applications," *PLoS ONE*, 12(3): e0173972 (2017).
- [23] Niehorster, D. C. et al. "The Accuracy and Precision of Position and Orientation Tracking in the HTC Vive Virtual Reality System for Scientific Research," *Iperception.*, 8(3):2041669517708205 (2017).
- [24] Deb, S. et al. Deb, S. et al. "Efficacy of virtual reality in pedestrian safety research," *Appl Ergon.*, 65:449-460 (2017).
- [25] Johnston, A. P. R. et al. "Journey to the centre of the cell: Virtual reality immersion into scientific data," *Traffic.*, pp. 1-6, (2017).
- [26] Li, C. et al. "Earthquake Safety Training through Virtual Drills," *IEEE Trans Vis Comput Graph.*, 23(4):1275-1284 (2017).
- [27] Egger, J. et al. "Integration of the OpenIGTlink network protocol for image guided therapy with the medical platform MeVisLab," *The international Journal of medical Robotics and Computer assisted Surgery*, 8(3):282-390 (2012).
- [28] Kuhnt, D. et al. "Fiber tractography based on diffusion tensor imaging (DTI) compared with High Angular Resolution Diffusion Imaging (HARDI) with compressed sensing (CS) – initial experience and clinical impact," *Neurosurgery*, Volume 72, pp. A165-A175 (2013).
- [29] Egger, J. et al. "Manual refinement system for graph-based segmentation results in the medical domain," *Journal of medical systems* 36 (5), 2829-2839 (2012).
- [30] Lu, J. et al. "Detection and visualization of endoleaks in CT data for monitoring of thoracic and abdominal aortic aneurysm stents," *Proc. of SPIE Vol 6918*, 69181F-1 (2016).
- [31] Greiner, K. et al. "Segmentation of Aortic Aneurysms in CTA Images with the Statistic Approach of the Active Appearance Models," *Proceedings of Bildverarbeitung für die Medizin (BVM)*, Berlin, Germany, Springer Press, 51-55 (2008).
- [32] Egger, J. et al. "Simulation of bifurcated stent grafts to treat abdominal aortic aneurysms (AAA)," *Proceedings of SPIE Medical Imaging Conference*, Vol. 6509, pp. 65091N(1-6), San Diego, USA (2007).
- [33] Egger, J. et al. "A medical software system for volumetric analysis of cerebral pathologies in magnetic resonance imaging (MRI) data," *Journal of medical systems* 36 (4), 2097-2109 (2012).
- [34] Bauer, M. et al. "Boundary estimation of fiber bundles derived from diffusion tensor images," *International journal of computer assisted radiology and surgery* 6 (1), 1-11 (2011).
- [35] Egger, J. et al. "Modeling and Visualization Techniques for Virtual Stenting of Aneurysms and Stenoses," *Computerized Medical Imaging and Graphics*, 36(3), pp. 183-203 (2012).
- [36] Zukic, D. et al. "Robust Detection and Segmentation for Diagnosis of Vertebral Diseases using Routine MR Images," *Computer Graphics Forum*, Volume 33, Issue 6, Pages 190-204 (2014).
- [37] Zukic, D. et al. "Segmentation of Vertebral Bodies in MR Images," *Vision, Modeling, and Visualization (VMV)*, The Eurographics Association, pp. 135-142, (2012).
- [38] Bauer, M. et al. "A fast and robust graph-based approach for boundary estimation of fiber bundles relying on fractional anisotropy maps," *20th International Conference on Pattern Recognition (ICPR)*, Istanbul, Turkey, pp. 4016-4019 (2010).
- [39] Egger, J. et al. "Pituitary Adenoma Segmentation," In: *Proceedings of International Biosignal Processing Conference*, Charité, Berlin, Germany (2010).
- [40] Egger, J., Kapur, T., et al. "Square-Cut: a segmentation algorithm on the basis of a rectangle shape," *PLoS ONE* 7(2), e31064 (2012).
- [41] Krupinski, E. A. et al. "The potential of pigeons as surrogate observers in medical image perception studies," *Proc. SPIE 9787*, *Medical Imaging 2016: Image Perception, Observer Performance, and Technology Assessment*, 97870J, pp. 1-6 (2016).

- [42] Levenson, R. M. et al. "Pigeons (*Columba livia*) as Trainable Observers of Pathology and Radiology Breast Cancer Images," *PLoS ONE*, 10(11): e0141357 (2015).
- [43] Egger, J. et al. "A flexible semi-automatic approach for glioblastoma multiforme segmentation," *Proceedings of International Biosignal Processing Conference*, Charité, Berlin, Germany (2010).
- [44] Schwarzenberg, R. et al. "A Cube-Based Approach to Segment Vertebrae in MRI-Acquisitions," *Proceedings of Bildverarbeitung für die Medizin (BVM)*, Springer Press, 69-74 (2013).
- [45] Egger, J. et al. "Nugget-Cut: A Segmentation Scheme for Spherically- and Elliptically-Shaped 3D Objects," *32nd Annual Symposium of the German Association for Pattern Recognition (DAGM)*, LNCS 6376, pp. 383-392, Springer Press, Darmstadt, Germany (2010).
- [46] Egger, J., Mostarkic, Z., Grosskopf, S. and Freisleben, B. "A Fast Vessel Centerline Extraction Algorithm for Catheter Simulation," *20th IEEE International Symposium on Computer-Based Medical Systems*, Maribor, Slovenia, pp. 177-182, IEEE Press (2007).
- [47] Egger, J. et al. "Aorta Segmentation for Stent Simulation," *12th International Conference on Medical Image Computing and Computer Assisted Intervention (MICCAI)*, Cardiovascular Interventional Imaging and Biophysical Modelling Workshop, 10 pages, London, UK (2009).
- [48] Egger, J. et al. "A Software System for Stent Planning, Stent Simulation and Follow-Up Examinations in the Vascular Domain," *22nd IEEE International Symposium on Computer-Based Medical Systems*, Albuquerque, New Mexico, USA, IEEE Press, ACM/SIGAPP, pp. 1-7 (2009).
- [49] Gall, M., Li, X., Chen, X., Schmalstieg, D. & Egger, J. "Cranial Defect Datasets," *ResearchGate*, (2016).
- [50] Phong, B. "Illumination for computer generated pictures," *Communications of the ACM* 18, 6: 311-317 (1975).
- [51] Watt, A. H. & Watt, M. "Advanced Animation and Rendering Techniques: Theory and Practice," *Addison-Wesley Professional.*, pp. 21-26 (1992).
- [52] Foley, J. et al. "Computer Graphics: Principles and Practice," (2nd ed. in C). *Addison-Wesley Publishing Company.*, pp. 738-739 (1996).
- [53] Segal, M. and Akeley, K. "The design of the OpenGL graphics interface," *Silicon Graphics Computer Systems*, pp. 1-10 (1994).
- [54] Mildnerberger, P., Eichelberg, M. and Martin, E. "Introduction to the DICOM standard," *European Radiology*, Volume 12, Issue 4, pp 920-927 (2002).
- [55] Panykh, O. S. "Digital imaging and communications in medicine (DICOM): a practical introduction and survival guide," *Springer*, pp. 1-417 (2011).
- [56] Graham, R. N. J. et al. "DICOM demystified: A review of digital file formats and their use in radiological practice," *Clinical Radiology*, Volume 60, Issue 11, pp. 1133-1140 (2005).
- [57] Egger, J. "PCG-Cut: Graph Driven Segmentation of the Prostate Central Gland," *PLOS ONE* 8 (10), e76645 (2013).
- [58] Egger, J. et al. "Interactive-cut: Real-time feedback segmentation for translational research," *Computerized Medical Imaging and Graphics* 38 (4), 285-295 (2014).
- [59] Egger, J. et al. "Preoperative Measurement of Aneurysms and Stenosis and Stent-Simulation for Endovascular Treatment," *IEEE International Symposium on Biomedical Imaging: From Nano to Macro*, Washington (D.C.), USA, pp. 392-395, IEEE Press (2007).
- [60] Schwarzenberg, R. et al. "Cube-Cut: Vertebral Body Segmentation in MRI-Data through Cubic-Shaped Divergences," *In: PLoS One*, (2014).
- [61] Egger, J. "Refinement-Cut: User-Guided Segmentation Algorithm for Translational Science," *Sci Rep*, 4:5164 (2014).
- [62] Egger, J., Busse, H., Brandmaier, P., Seider, D., et al. "Interactive Volumetry of Liver Ablation Zones," *Sci Rep*, 5:15373 (2015).
- [63] Egger, J., Freisleben, B., Nimsy, C. and Kapur, T. "Template-Cut: A Pattern-Based Segmentation Paradigm," *Sci Rep*, 2:420 (2012).
- [64] Stone, R. J. "Haptic feedback: a brief history from telepresence to virtual reality," *Haptic Human-Computer Interaction*, pp. 1-16 (2001).
- [65] Seo, J. H. et al. "Anatomy builder VR: Applying a constructive learning method in the virtual reality canine skeletal system," *Virtual Reality (VR)*, pp. 399-400 (2017).
- [66] Duncan, D., Newman, B. et al. "VRAIN: Virtual Reality Assisted Intervention for Neuroimaging," *Virtual Reality (VR)*, pp. 467-468 (2017).
- [67] Gall, M., et al. "Computer-Aided Planning and Reconstruction of Cranial 3D Implants," *IEEE Engineering in Medicine and Biology Society (EMBC'16)*, Orlando, FL, August USA, IEEE Press, pp. 1179-1183 (2016).
- [68] Gall, M. et al. "Computer-Aided Planning of Cranial 3D Implants," *Int J CARS* 11 (Sup. 1):S241, Heidelberg, Germany (2016).
- [69] Chen, X. et al. "Development of a Surgical Navigation System based on Augmented Reality using an Optical see-through Head-mounted Display," *J Biomed Inform.*, 2015 Jun;55:124-31. doi: 10.1016/j.jbi.2015.04.003 (2015).
- [70] Foerster, R. M. et al. "Using the virtual reality device Oculus Rift for neuropsychological assessment of visual processing capabilities," *Sci Rep.*, 6:37016 (2016).

- [71] Kim, J. et al. "The Oculus Rift: a cost-effective tool for studying visual-vestibular interactions in self-motion perception," *Front Psychol.*, 6:248 (2015).
- [72] Xu, X. et al. "The accuracy of the Oculus Rift virtual reality head-mounted display during cervical spine mobility measurement," *J Biomech.*, 48(4):721-4 (2015).
- [73] Munafo, J. et al. "The virtual reality head-mounted display Oculus Rift induces motion sickness and is sexist in its effects," *Exp Brain Res.*, 235(3):889-901 (2017).
- [74] Yoo, S. and Parker, C. "Controller-less interaction methods for Google cardboard," *SUI '15 Proceedings of the 3rd ACM Symposium on Spatial User Interaction*, pp. 127-127 (2015).
- [75] Eghrari A. O., Wang, A. and Brady, C. J. "Google Cardboard indirect Ophthalmoscopy," *Retina.*, 37(8):1617-1619 (2017).
- [76] MacIsaac, D. "Google Cardboard: A virtual reality headset for \$10?," *The Physics Teacher* 53, 125 (2015).
- [77] Fabola, A., Miller, A. and Fawcett, R. "Exploring the past with Google Cardboard," *Digital Heritage*, pp. 277-284 (2015).
- [78] Butcher, P. W. S., Roberts, C. J. and Ritsos, P. D. "Immersive Analytics with WebVR and Google Cardboard," *IEEE VIS*, pp. 1-2 (2016).