Neuroplasticity and Functional Electrical Stimulation (FES) Cycling

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Members of the **SMART Network**: **Multi-disciplinary and Multi-sector Stakeholders**

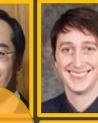














Neuroscience, Engineering, Cell **Biology, Computer Science,** Magnetic Resonance, Medicine, **Rehabilitation**, Health Economics, **Clinical Trials, Consumers**





















Rehabilitation Technology

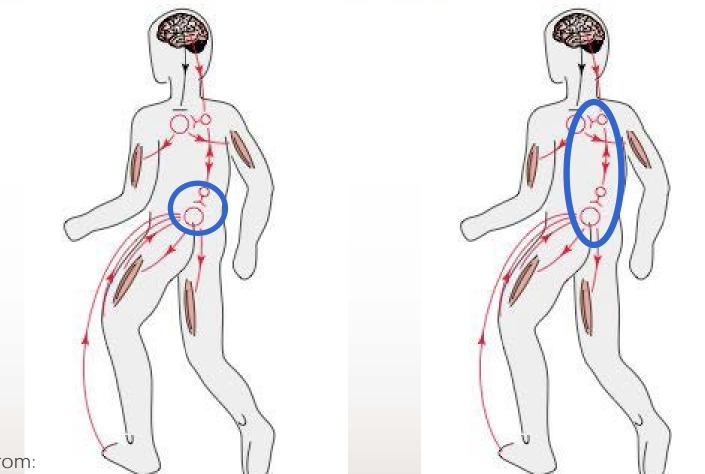
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Objectives

- Demonstrate that FES-assisted cycling translates to improvements in walking
- These improvements are the result of functionally-beneficial neuroplasticity
- Simultaneous arm AND leg cycling produces larger improvements in walking than current rehabilitation interventions



Activation of Spinal Networks throughout the Cord



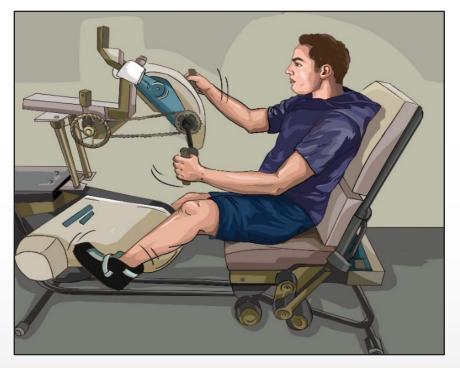


FES Cycling Systems





Is FES-Cycling an Efficient Intervention for Improving Walking?



- Coordinated activation of the arms and leg
- Electrical stimulation for assisting movement generation

Zhou et al, 2018



Participants

<u>A&L cycling (n=7)</u>

- AIS: C or D
- 6 male, 1 female
- Age: 52 ± 7 year old
- Level of injury: C3 to T12
- Years since injury: 9 ± 12

Leg cycling (n=8)

- AIS: C or D
- 4 male, 4 female
- Age: 47 ± 11 year old
- Level of injury: C4 to T10
- Years since injury: 12 ± 14



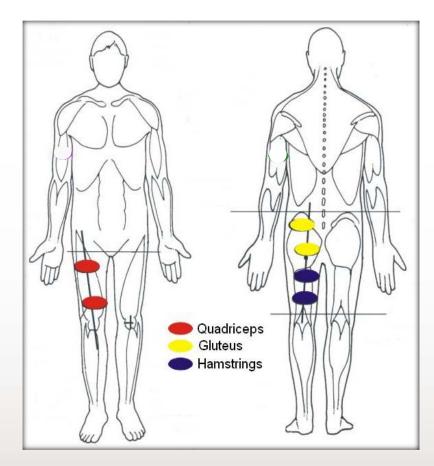
Training Protocol and Assessments:

Training:

- 1 hr/day, 5 days/week, 12 weeks
- Electrical stimulation applied to the leg extensors

Assessments (no stim):

- Clinical
- Biomechanical
- Neurophysiological





Assessments

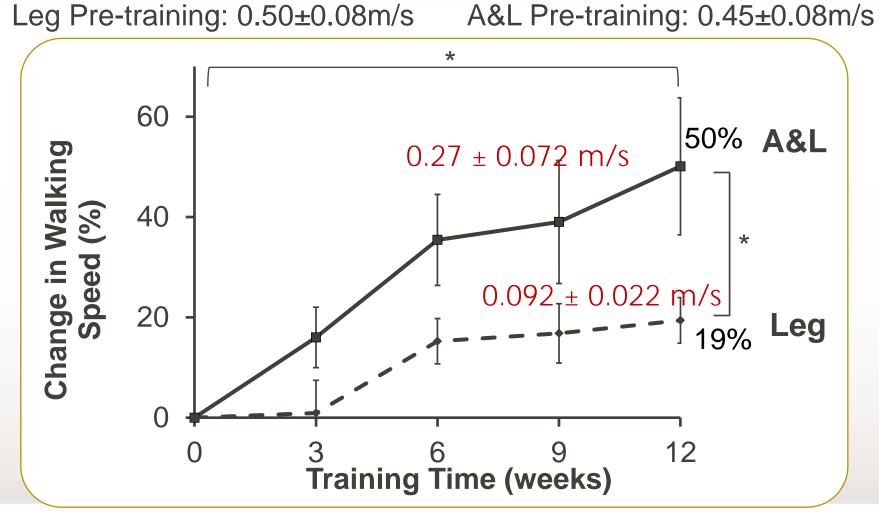
Clinical

• 10m WT, 6min WT

- Berg Balance Scale
- AIS Motor and Sensory Scores
- Neurophysiology
 - Descending drive
 - Intraspinal modulation (propriospinal)
 - EMG activity
- Biomechanics
 - Kinematics of walking (stride length, step symmetry, etc.)
 - Joint angles
 - Inter-joint coordination

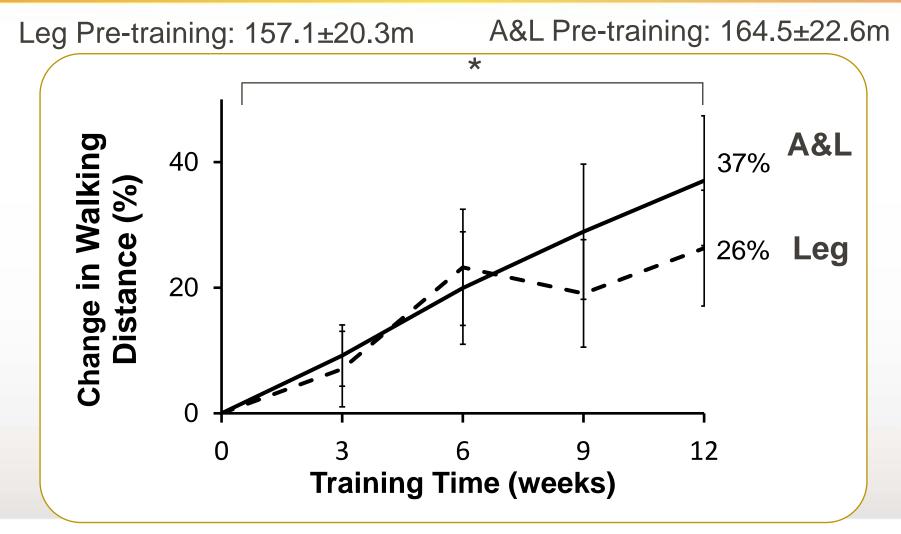


Significant Improvements in Walking speed: 10 m walking test



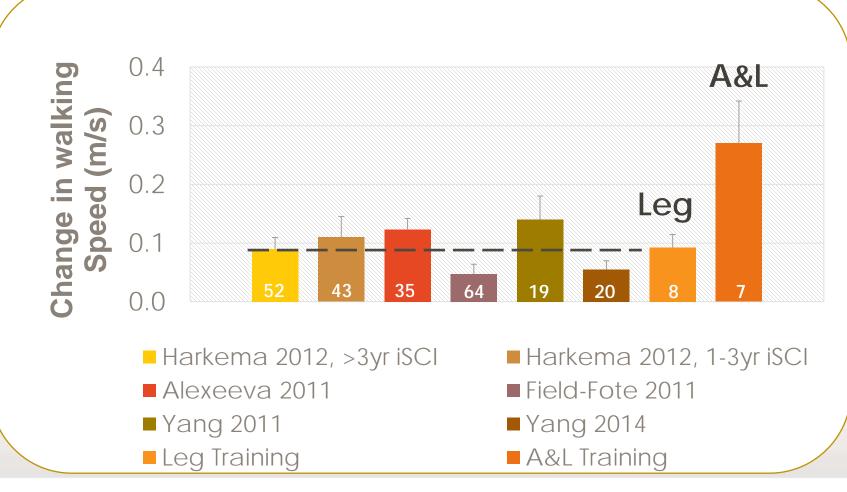


Significant Improvements in Walking speed: 6 min walking test



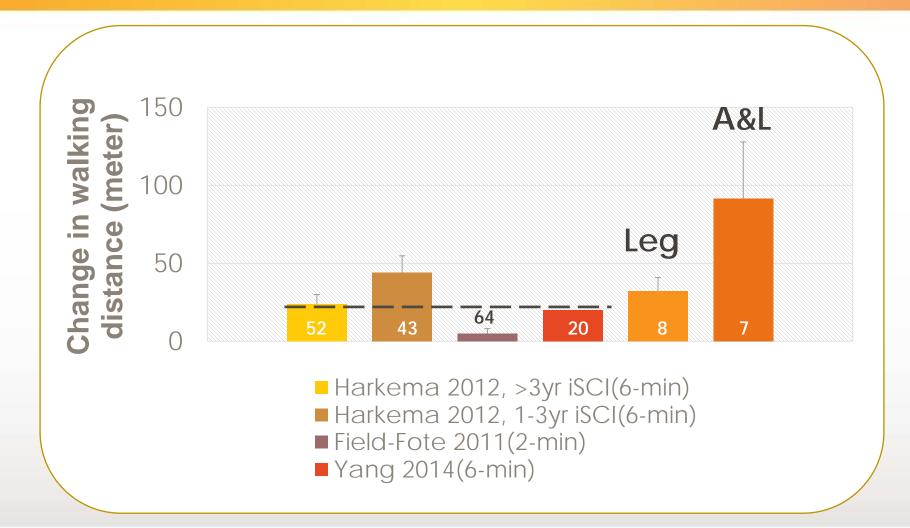


Results relative to Current Approaches: Walking Speed





Our Results relative to Current Approaches: Walking Distance

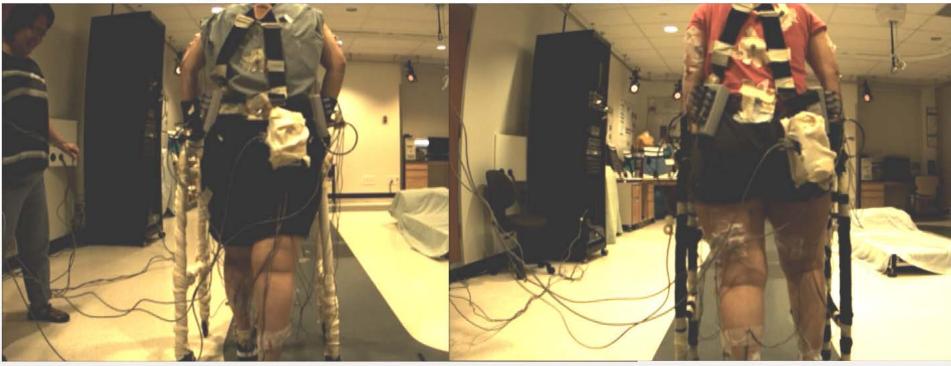




Improvement in walking after Leg cycling

Pre-training:

Post-training:





Improvement in walking after A&L cycling

Pre-training:



Post-training:



- No weight-support
- Harness used for safety only



Neurophysiological Outcomes

- Improved balance
- Improved cortico-spinal drive
- Improved modulation within the spinal cord
- Improved EMG activity in the legs
- Reduced spasticity
- Improved sensation



Summary of Findings and Ongoing Work

- Cycling translates to improvements in walking
- Active engagement of the arms (cervico-lumbar networks) leads to larger improvements in walking
- Underlying mechanisms include improvements in corticospinal drive and cervico-lumbar modulation
- Addition of transcutaneous spinal cord stimulation to the cervical / lumbar cord during cycling
- Effect of A&L cycling with transcutaneous stimulation in people with more severe SCIs (e.g., AIS B)

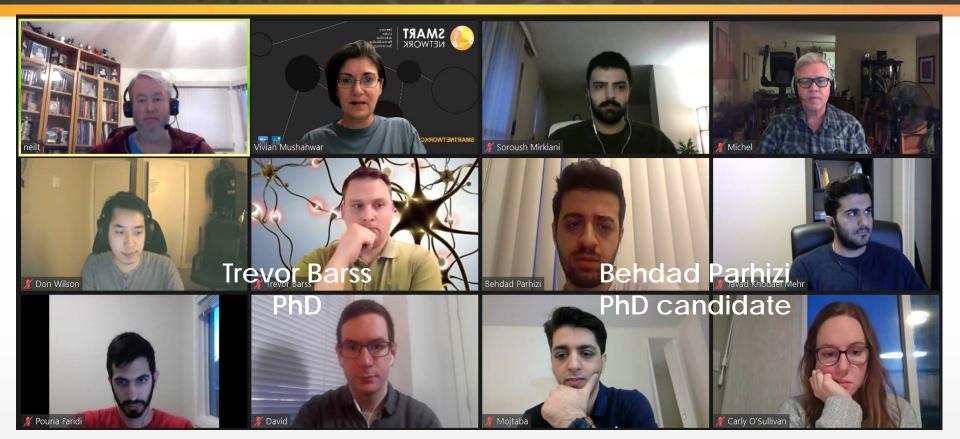


Importantly...

- Participants highly receptive of FES cycling and wanted to continue
- FES cycling is less physically demanding on the physiotherapy staff than current walking interventions
- More clients with SCI can receive therapy than possible with current interventions
- FES cycling can be used very early after SCI to retain muscle mass and reduce neural disorganization



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