



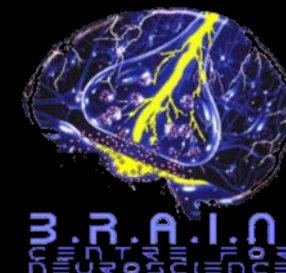
Neuromotor Rehabilitation by Neurofeedback

P. Paolo Battaglini

Bibione, 26 ottobre 2018



BRAINNEW Project



The problem



In order to produce movements, brain must be connected to muscles via spinal cord and nerves. If these pathways are disrupted ...



... here is no way to restore communication through biology or medicine (till now)

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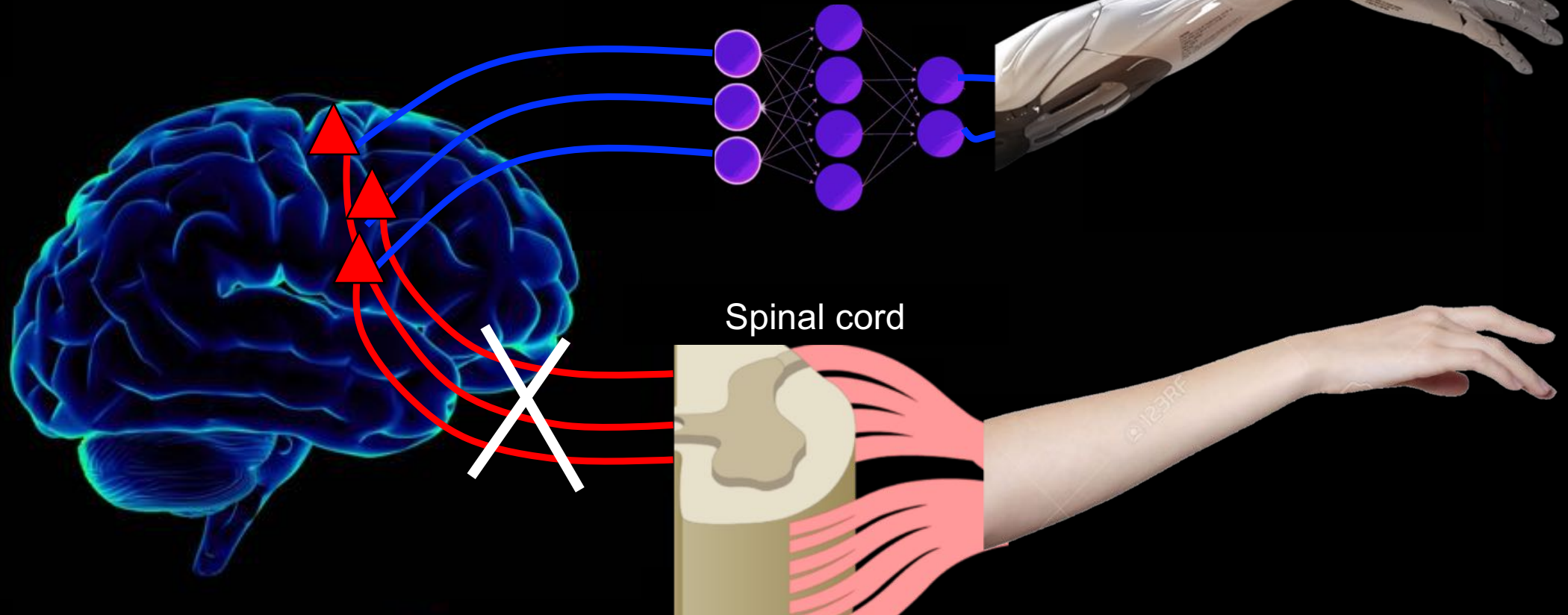


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Progetto standard co-finanziato dal Fondo europeo di sviluppo regionale
Standardni projekt sofinancira Evropski sklad za regionalni razvoj

What can it be done?

Brain Computer Interface



Brain Computer Interfaces allow to **bypass** the lesion by creating an alternative pathway

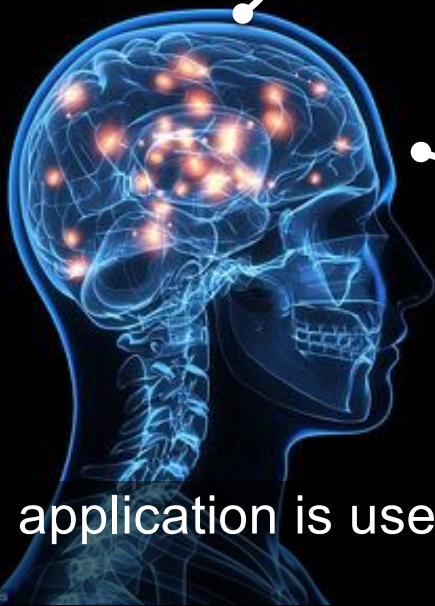
Brain-computer interfaces



ACQUISITION OF THE SIGNAL

ANALYSIS
IDENTIFICATION
CLASSIFICATION

APPLICATIONS



When the application is used to modulate the activity of the brain itself, it takes the name of **Neurofeedback**

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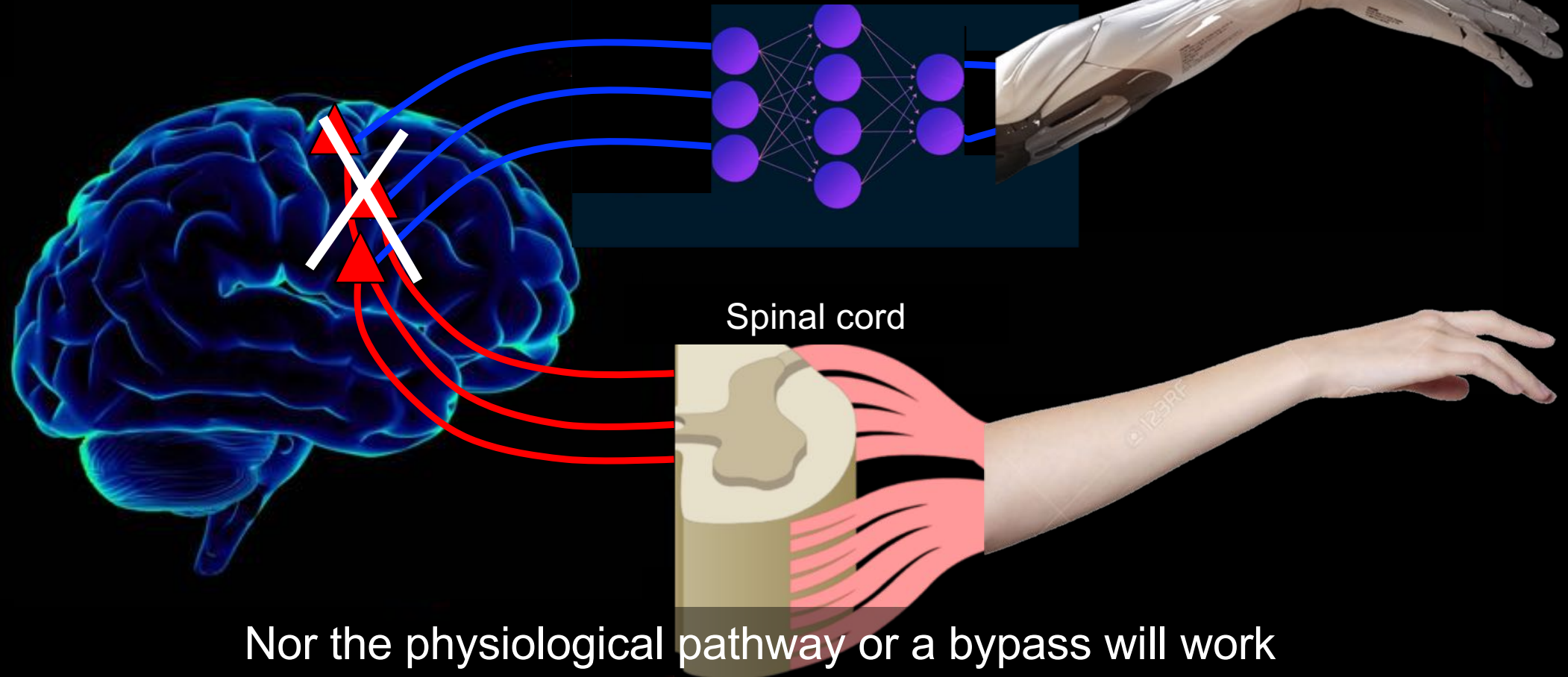


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But what if the lesion is at the beginning?

Brain Computer Interface



Nor the physiological pathway or a bypass will work

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It is the case of STROKE

What it is needed, here, is an **alternative source** of signals



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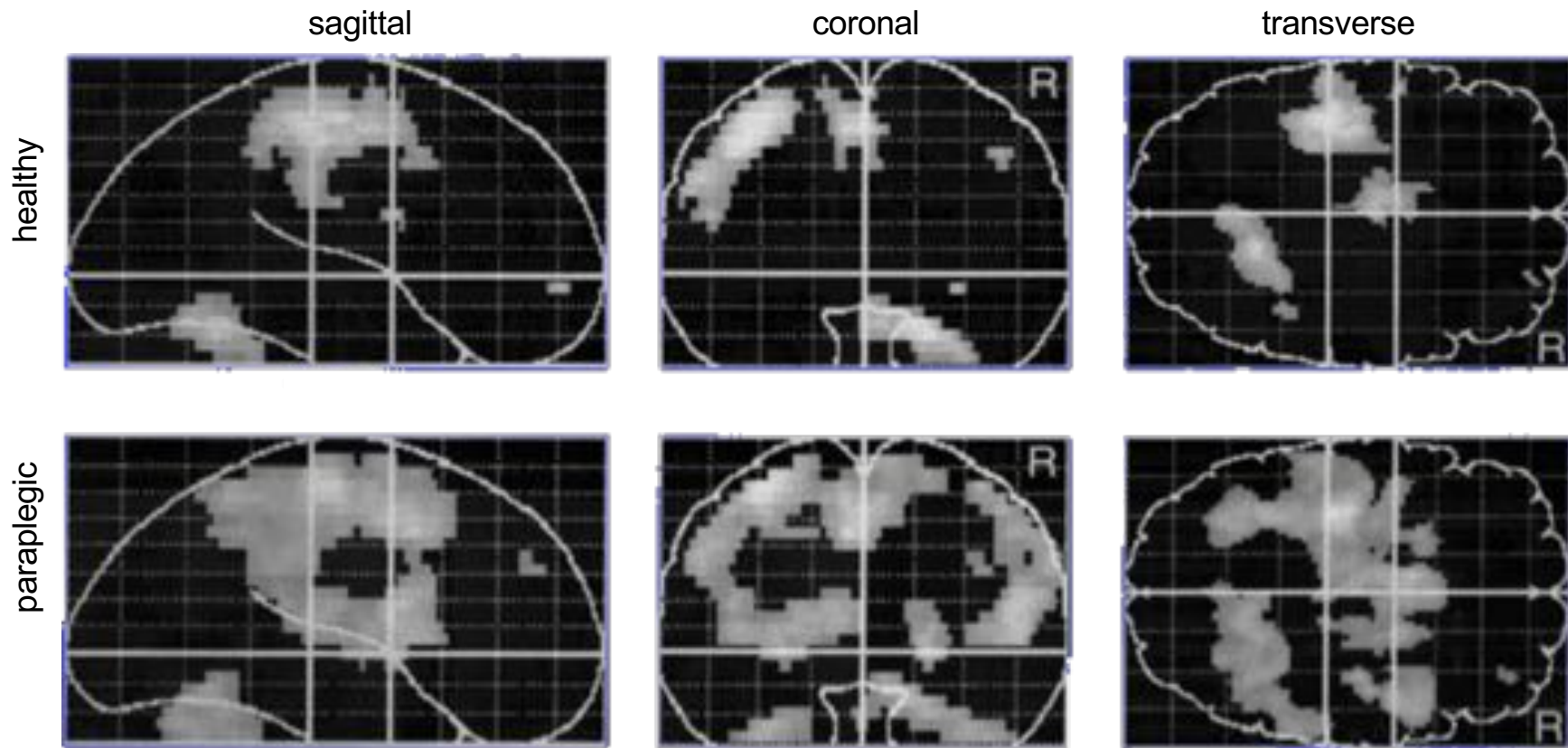
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The winning card may be **Neurofeedback**



Why should it work?

Reorganization of the cerebral cortex after de-afferentation and de-efferentation

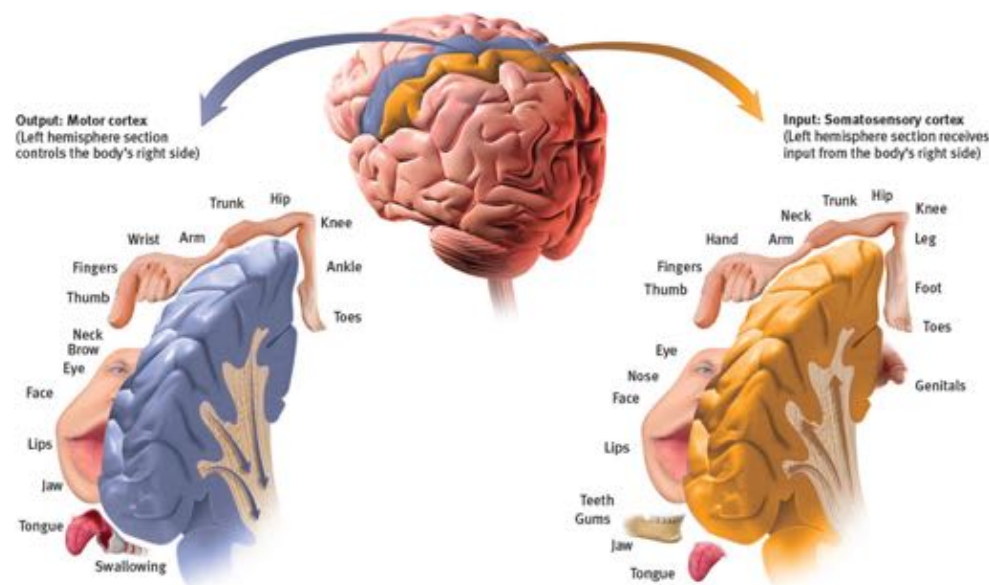
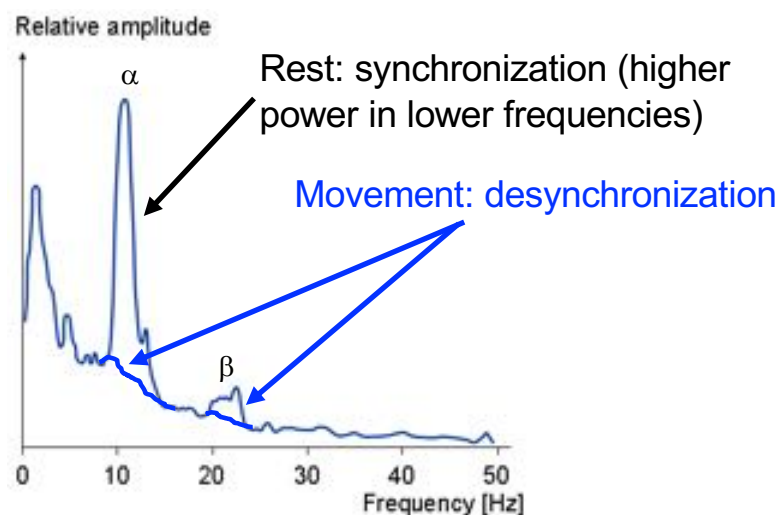


PET activation during the movement of a joystick with the right hand *Modified from Bruehlmeier et al., Eur. J. Neurosci., 10 :3918-3922, 1998*

Which brain signals may be used?

The activation of a region in the cerebral cortex causes increase in the EEG frequencies and consequent reduction of amplitude.

It is said that the previously synchronized pattern becomes desynchronized.



This happens in the sensorimotor cortex, when the subject is requested to move.



Motor Imagery (MI) relies on the same brain systems that are used for actual movement.

MOVEMENT



IMAGERY



NEUROFEEDBACK



ECoG-based brain activation maps for tongue movement, imagined movement, and feedback-based BCI control of cursor (imagery of tongue movements).
Modified from Miler KJ, Schalk G, Fetz EE, Nips M, Ojemann JG, Rao RP (2010). Cortical activity during motor execution, motor imagery and online-based imagery feedback. Proc Nat Acad Sci USA 107:4430-5

We believe that MI sustained by Neurofeedback can increase rehabilitation gain in patients who have difficulty to move.



Objectives, waiting for patients

1 To set-up a **procedure** to find which brain regions are involved in motor imagery and are best modulated by neurofeedback.

2 To build a low cost and portable **instrument** to control the neurofeedback procedure both in the clinic and at home.



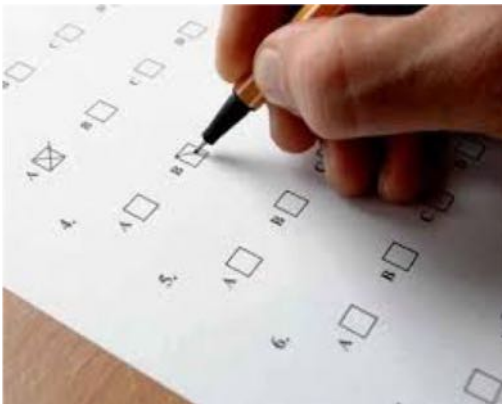
3 To develop a new **neurofeedback treatment** to be associated to conventional rehabilitation procedures in order to speed-up the recovery after stroke.

To achieve these objectives, we started with healthy subjects, examining the **impact of limb non-use** by means of arm immobilization, beginning from the sensorimotor cortex.

Methods

Participants: 16 right handed adults (age range:19-25; mean age: 22; sd: 1.9)

Experimental group: 8 subjects; Control Group (no neurofeedback): 8 subjects



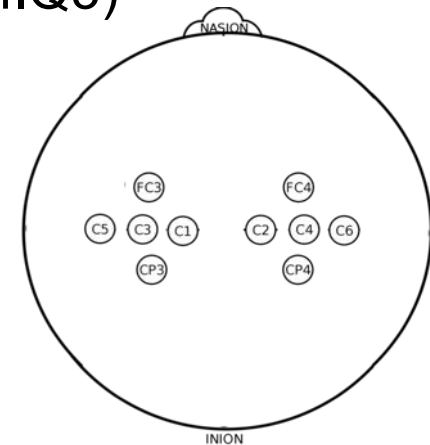
QUESTIONNAIRES:

Edinburgh Handedness Inventory (EHI)

Movement Imagery Questionnaire-3 (MIQ3)

EEG:

10 electrodes in fronto-centro-parietal positions
(only data from the contralateral hemisphere will be reported here)



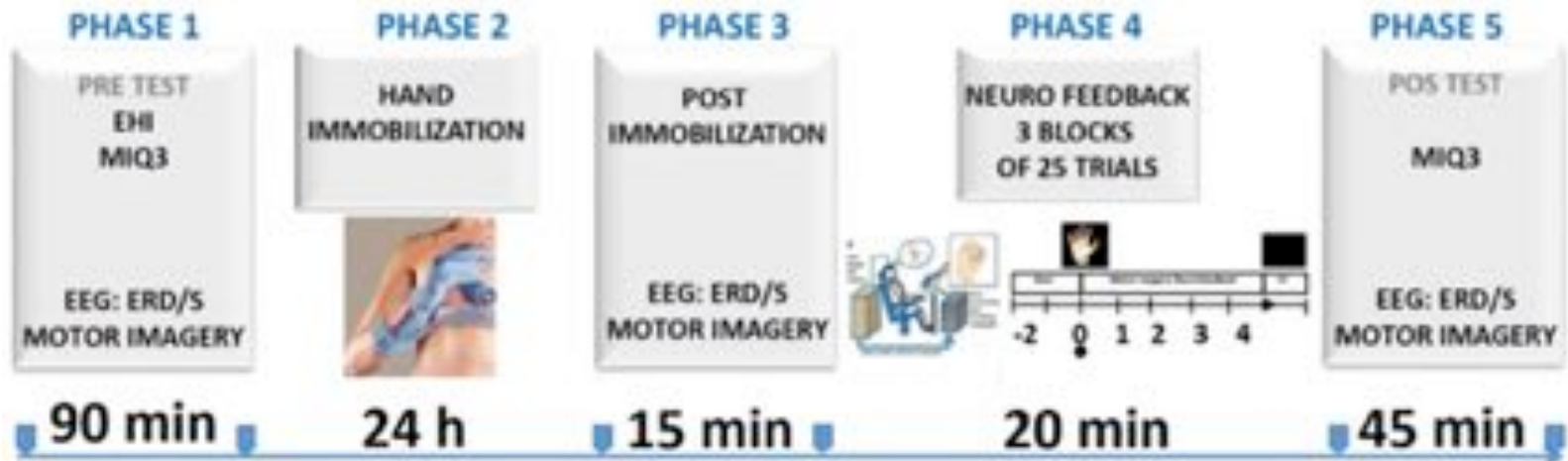
Neurofeedback

I am making the hand move by imaging related sensations

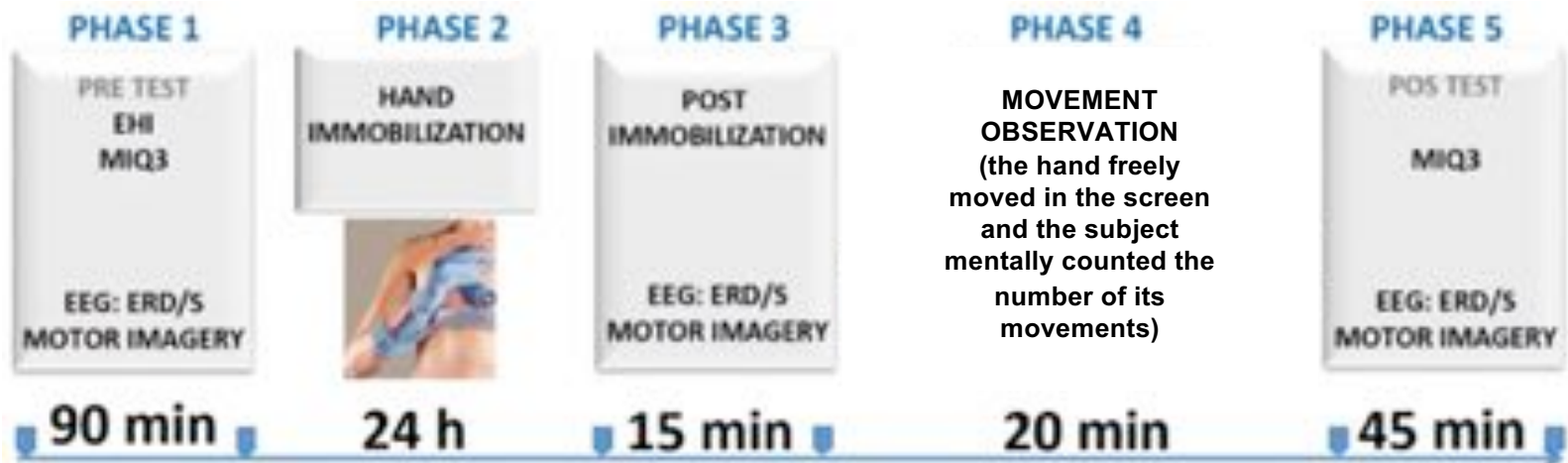


Protocols

EXPERIMENTAL GROUP



CONTROL GROUP



Effect of hand immobilization on MI

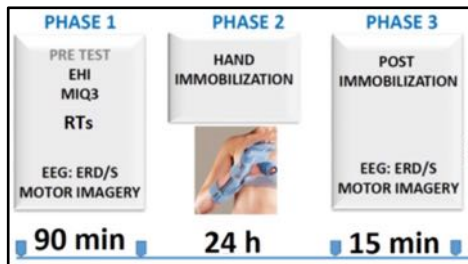
(Time frequency plots, contralateral electrodes, all experimental subjects, mean values)

PHASE 1

PRE-IMMOBILIZATION

High beta desynchronization

Poor alpha synchronization



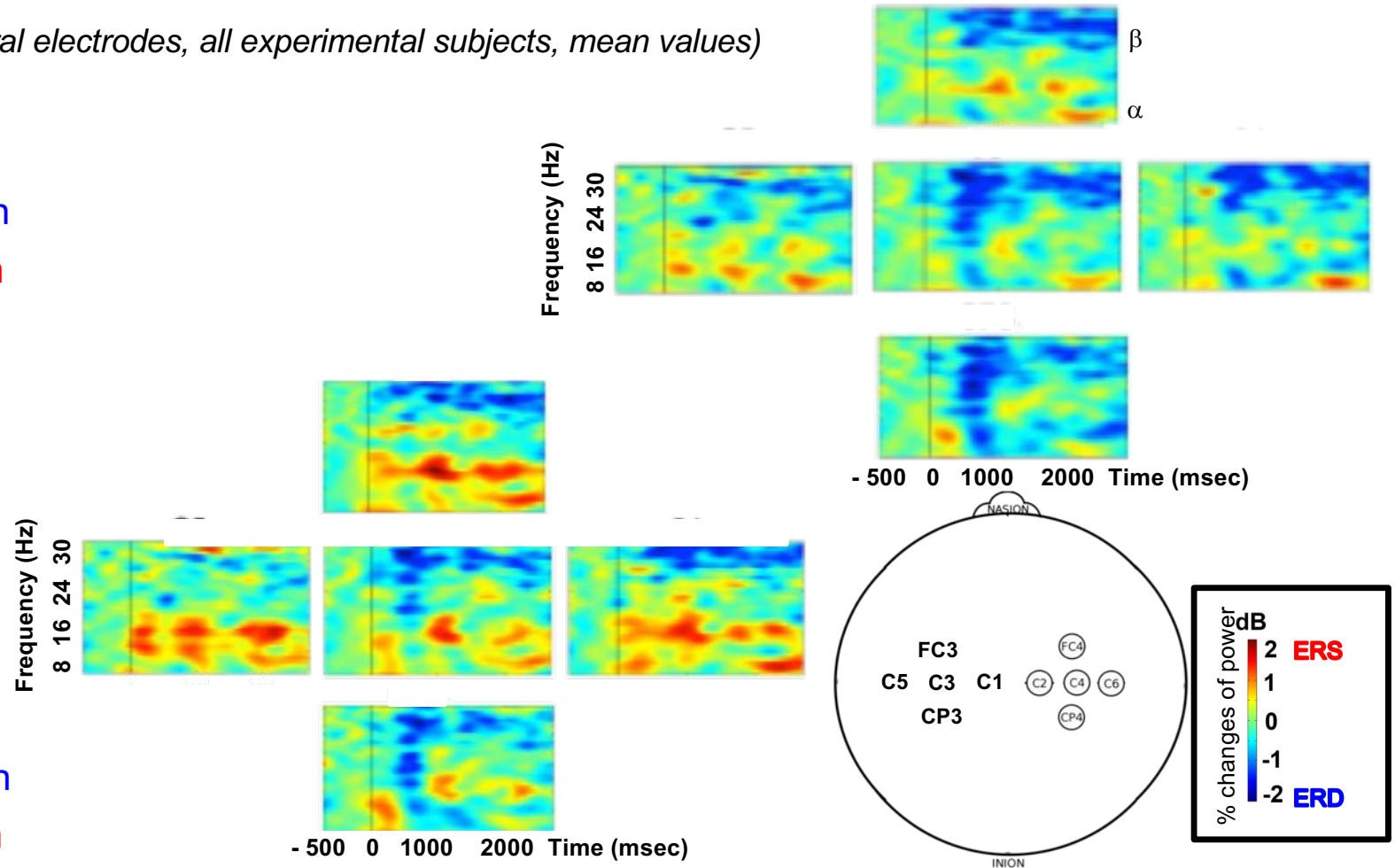
PHASE 3

POST-IMMOBILIZATION

(no neurofeedback)

Less beta desynchronization

More alpha synchronization



Effect of neurofeedback on MI

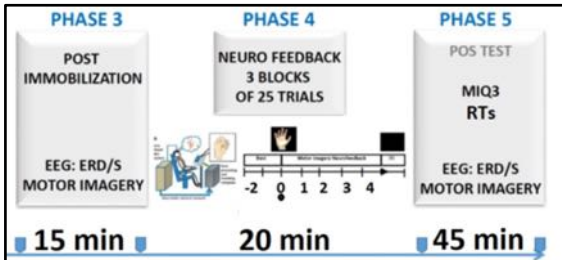
(Time frequency plots, contralateral electrodes, all experimental subjects, mean values)

PHASE 3

POST-IMMOBILIZATION

(no neurofeedback)

Less beta desynchronization
 More alpha synchronization

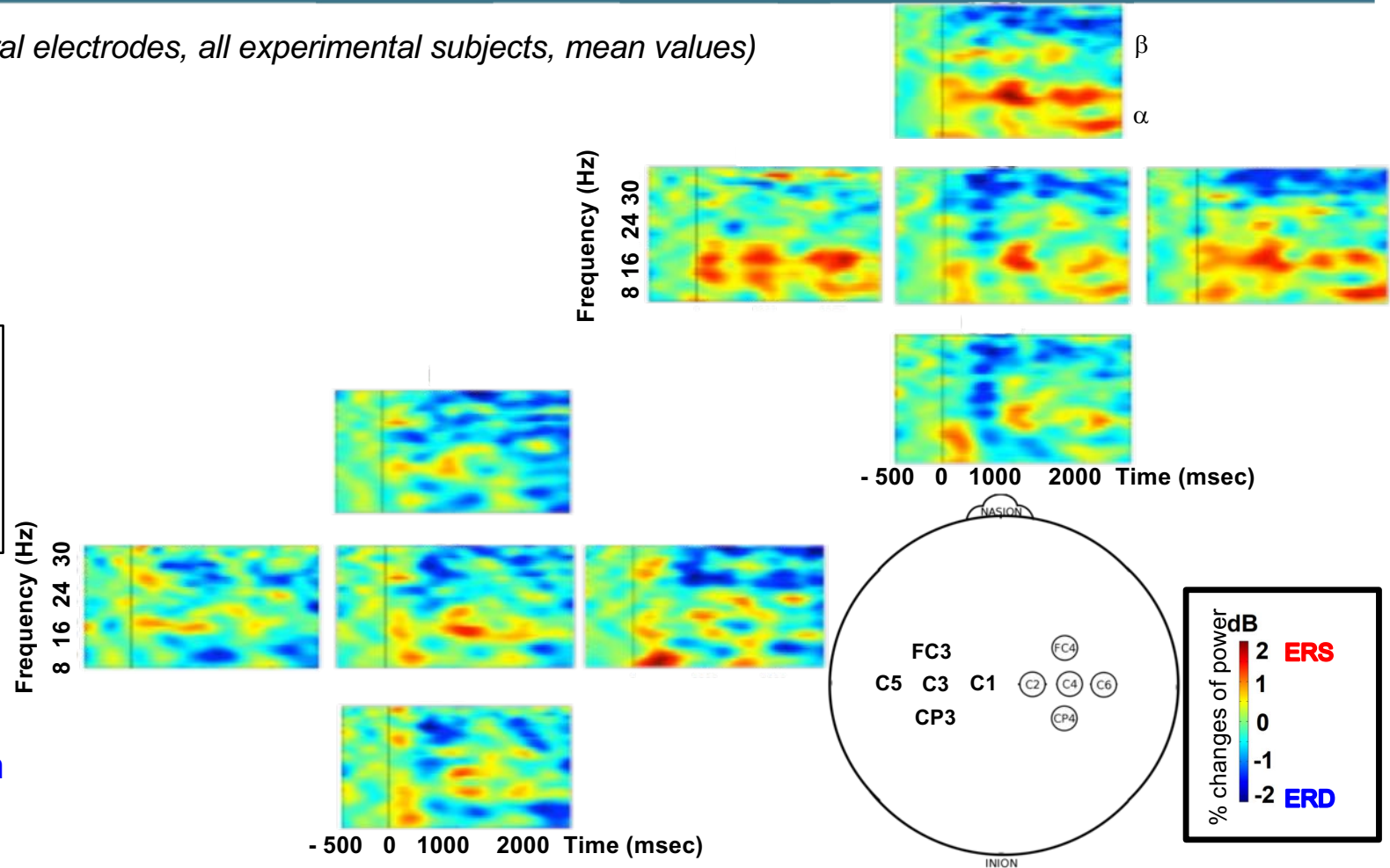


PHASE 5

POST-IMMOBILIZATION

(neurofeedback)

Hight beta desynchronization
 Poor alpha synchronization





The hardware

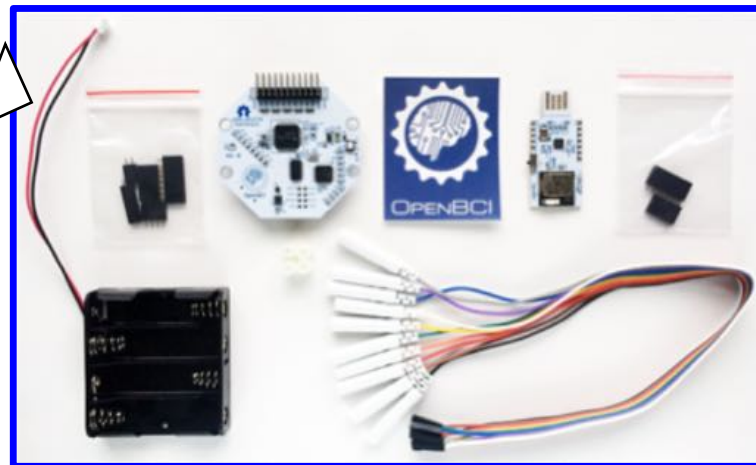
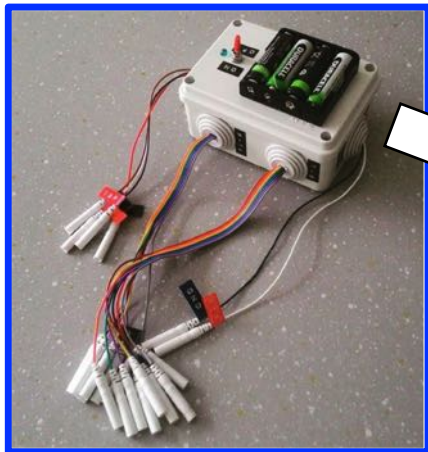
A new easy-to-use NF procedure for limb rehabilitation has been developed and it is:

- not expensive
- portable

19 electrodes CAP: SpesMedica (about 500 €)



16 channels amplifier: OpenBCI (about 1.200 €)

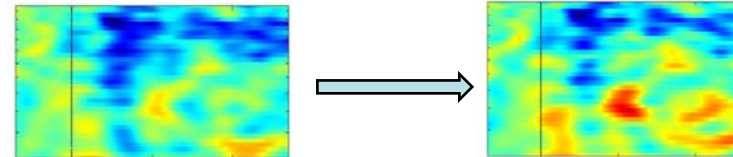


Custom software: A.M. (to be patented)



Custom video

Conclusions



Immobilization of the hand induces **rapid effects**



Motor imagery **reverts** the effects of hand immobilization

Conclusions

A first prototype of the hardware is working in Isola

A second prototype has been ordered in Trieste

A third one is going to be ordered in Jesolo

Operators are under training in Isola and Jesolo

Four patients were seen in Isola (none of them is performing neurofeedback)

Preliminary results have been presented at the meeting “New Insight into Stroke” of the Neurological Society of Slovenia and a related short paper has been published in a dedicated book



Who really worked

Joanna Jarmolowska¹, Marco Colussi², Aleksandar Miladinović³

¹ Science and Research Centre, Koper, Slovenia

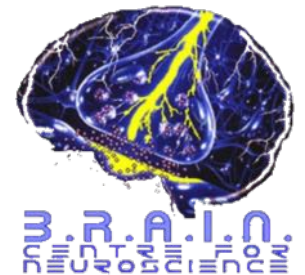
² Department of Life Sciences, University of Trieste, Italy

³ Department of Engineering and Architecture, University of Trieste, Italy



BRAINERW Project

THANKS FOR THE ATTENTION





Grazie per l'attenzione!
Hvala za pozornost!