

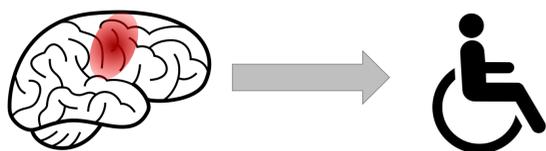
Rehabilitation of Reaching Movement after Stroke using a Hybrid Robotic System and paired with the motor intent

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INTRODUCTION



Motor impairment is the most typical consequence after stroke [1], [2]

Hybrid Robotic System
Functional Electrical Stimulation
+
Robotic Device

Brain state-dependent afferent stimulation

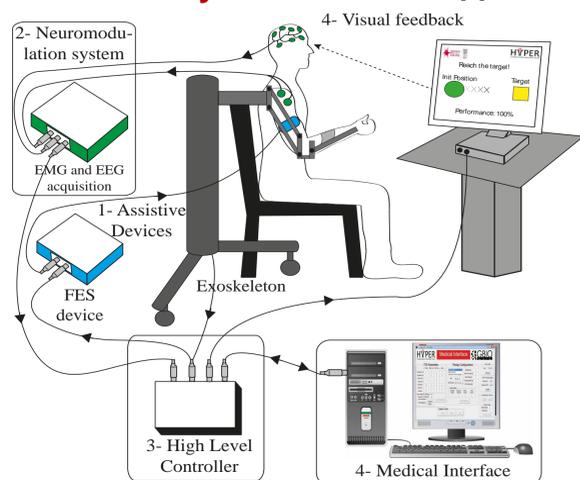
Recent studies propose improvements in motor recovery after stroke by coupling specific movement-related brain states with afferent feedback but further research is needed [3], [4], [5]

Longitudinal study: FES paired with motor intent during reaching task supported by upper limb exoskeleton

Neurophysiological, clinical and kinematic ASSESSMENT

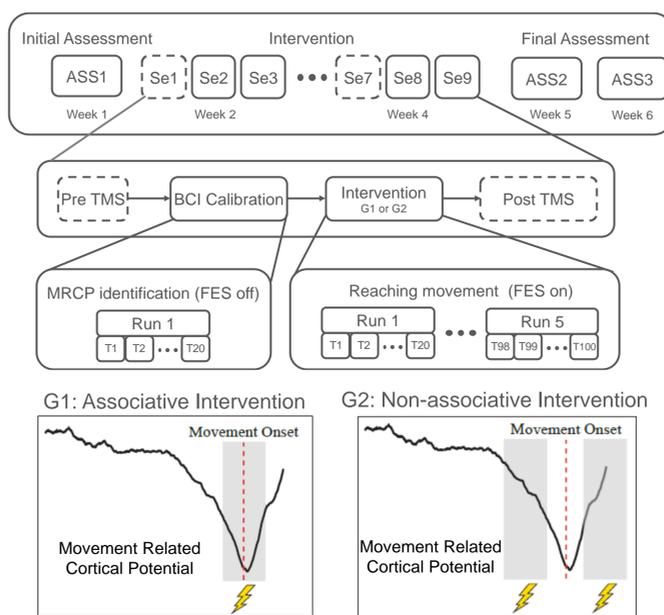
MATERIALS AND METHODS

System overview [5]



- Assistive devices: Armeo Spring + FES
- FES adaptive control strategy based on FEL [5]
- Target: anterior deltoids, triceps and wrist extensors
- Reaching task guided by Visual Feedback

Longitudinal study protocol



Assessment



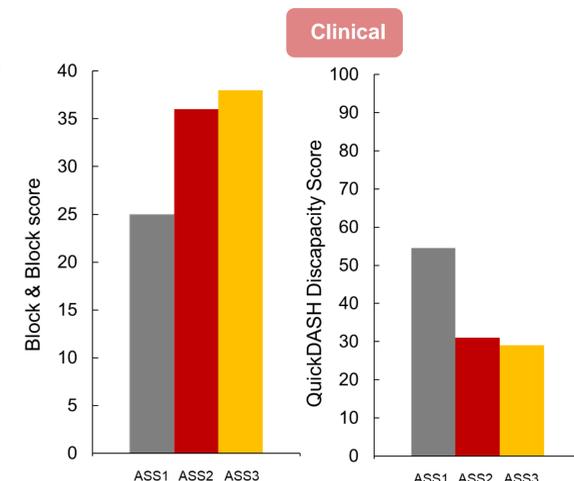
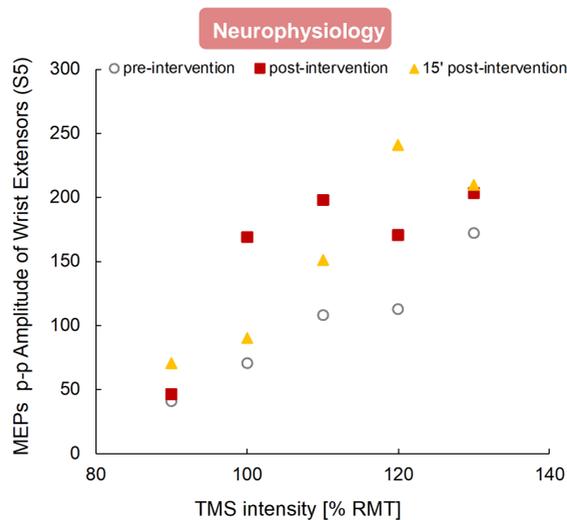
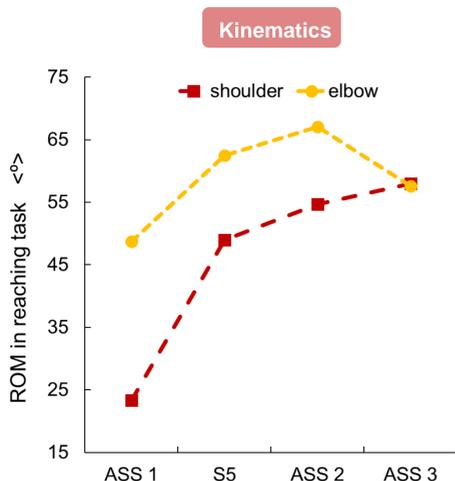
Experimental setup

- Kinematics**
- Range of Movement (ROM)
- Neurophysiology**
- p-p Motor Evoked Potentials (MEPs) of the target muscles
- Clinical**
- Box and Block test and QuickDASH

RESULTS

Case Study

37 years
Ischemic stroke
Left Hemisphere
5 months post-lesion
ARAT score: 57
FIM score: 118
Associative protocol



CONCLUSIONS

- The **hybrid robotic platform**, which usability was validated in prior studies [6], improved **functional recovery** in this stroke case study.
- **Paired FES** with motor intent (MRCP) protocol can **induce corticospinal plasticity and functional improvement** as it already has been demonstrated [4].
- The **sample size must be increased**, including the non-associative group, to determine the effects of the paired FES in long term study in upper limb.
- The **protocol** here applied along with **traditional therapies** performed by the patient in the center **must be considered when interpreting the results**.

REFERENCES

- [1] Hendricks, H. T., van Limbeek, J., Geurts, A. C., & Zwarts, M. J. Motor recovery after stroke: a systematic review of the literature. Archives of physical medicine and rehabilitation, 2002, vol. 83, no 11.
- [2] Hunter, S. M., & Crome, P. Hand function and stroke. Reviews in Clinical gerontology, 2002, vol. 12, no 1, p. 68-81.
- [3] Kwakkel, G., et al. Effects of augmented exercise therapy time after stroke: a meta-analysis. Stroke, 2004, vol. 35, no 11, p. 2529-2539.
- [4] Mrachacz-Kersting, N., Kristensen, S. R., Niazi, I. K. and Farina, D. Precise temporal association between cortical potentials evoked by motor imagination and afference induces cortical plasticity. The Journal of Physiology, 2012, vol. 590, no 7, p. 1669-1682.
- [5] Resquín, F., Gonzalez-Vargas, J., Ibáñez, J., Brunetti, F., & Pons, J. L. Feedback error learning controller for functional electrical stimulation assistance in a hybrid robotic system for reaching rehabilitation. European journal of translational myology, 2016, vol. 26, no 3.
- [6] Resquín, F., et al. Adaptive hybrid robotic system for rehabilitation of reaching movement after a brain injury: a usability study. Journal of neuroengineering and rehabilitation, 2017, vol. 14, no 1, p. 104.