Corticomuscular coherence in the acute and subacute phase after stroke

Objective Stroke is one of the leading causes of physical disability due to damage of the motor cortex or the corticospinal tract. In the present study we set out to investigate the role of adaptations in the corticospinal pathway for motor recovery during the subacute phase after stroke. Methods We examined 19 patients with clinically diagnosed stroke and 18 controls. The patients had unilateral mild to moderate weakness of the hand. Each patient attended two sessions at approximately 3 days (acute) and 38 days post stroke (subacute). Task-related changes in the communication between motor cortex and muscles were evaluated from coupling in the frequency domain between EEG and EMG during movement of the paretic hand. Results Corticomuscular coherence (CMC) and intermuscular coherence (IMC) were reduced in patients as compared to controls. Paretic hand motor performance improved within 4–6 weeks after stroke, but no change was observed in CMC or IMC. Conclusions CMC and IMC were reduced in patients in the early phase after stroke. However, changes in coherence do not appear to be an efficient marker for early recovery of hand function following stroke. Significance This is the first study to demonstrate sustained reduced coherence in acute and subacute stroke.
Sensation of movement: An introduction

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Sense of moving: Moving closer to the movement

To be active through indoor-climbing: an exploratory feasibility study in a group of children with cerebral palsy and typically developing children

Background: Cerebral Palsy (CP) is the most common cause of motor disabilities in children and young adults and it is also often associated with cognitive and physiological challenges. Climbing requires a multifaceted repertoire of movements, participants at all levels of expertise may be challenged functionally and cognitively, making climbing of great potential interest in (re) habilitation settings. However, until now only few research projects have investigated the feasibility of climbing as a potential activity for heightening physical activity in children with CP and the possible beneficial effects of climbing activities in populations with functional and/or cognitive challenges. The aim of this study was therefore to test the feasibility of an intensive 3 weeks indoor-climbing training program in children with CP and typically developing (TD) peers. In addition we evaluated possible functional and cognitive benefits of 3 weeks of intensive climbing training in 11 children with cerebral palsy (CP) aged 11-13 years and six of their TD peers.

Method: The study was designed as a feasibility and interventional study. We evaluated the amount of time spent being physically active during the 9 indoor-climbing training sessions, and climbing abilities were measured. The participants were tested in a series of physiological, psychological and cognitive tests: two times prior to and one time following the training in order to explore possible effects of the intervention.

Results: The children accomplished the training goal of a total of nine sessions within the 3-week training period. The time of physical activity during a 2:30 h climbing session, was comparably high in the group of children with CP and the TD children. The children with CP were physically active on average for almost 16 h in total during the 3 weeks. Both groups of participants improved their climbing abilities, the children with CP managed to climb a larger proportion of the tested climbing route at the end of training and the TD group climbed faster. For the children with CP this was accompanied by significant improvements in the Sit-to-stand test (p <0.01), increased rate of force development in the least affected hand during an explosive pinch test and increased muscularmuscular coherence during a pinch precision test (p <0.05). We found no improvements in maximal hand or finger strength and no changes in cognitive abilities or psychological well-being in any of the groups.

Conclusions: These findings show that it is possible to use climbing as means to make children with CP physically active. The improved motor abilities obtained through the training is likely reflected by increased synchronization between cortex and muscles, which results in a more efficient motor unit recruitment that may be transferred to daily functional abilities.