

Transcranial Stimulation: From Cortical Mapping to Clinical Implications

Mia Fox PT, DPT

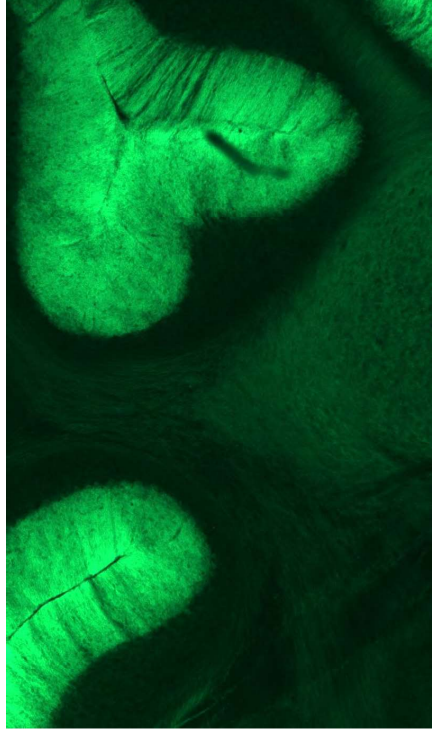
Mia Fox PT, DPT

Education

- Ithaca College
- University of Tennessee Health Science Center

Clinical

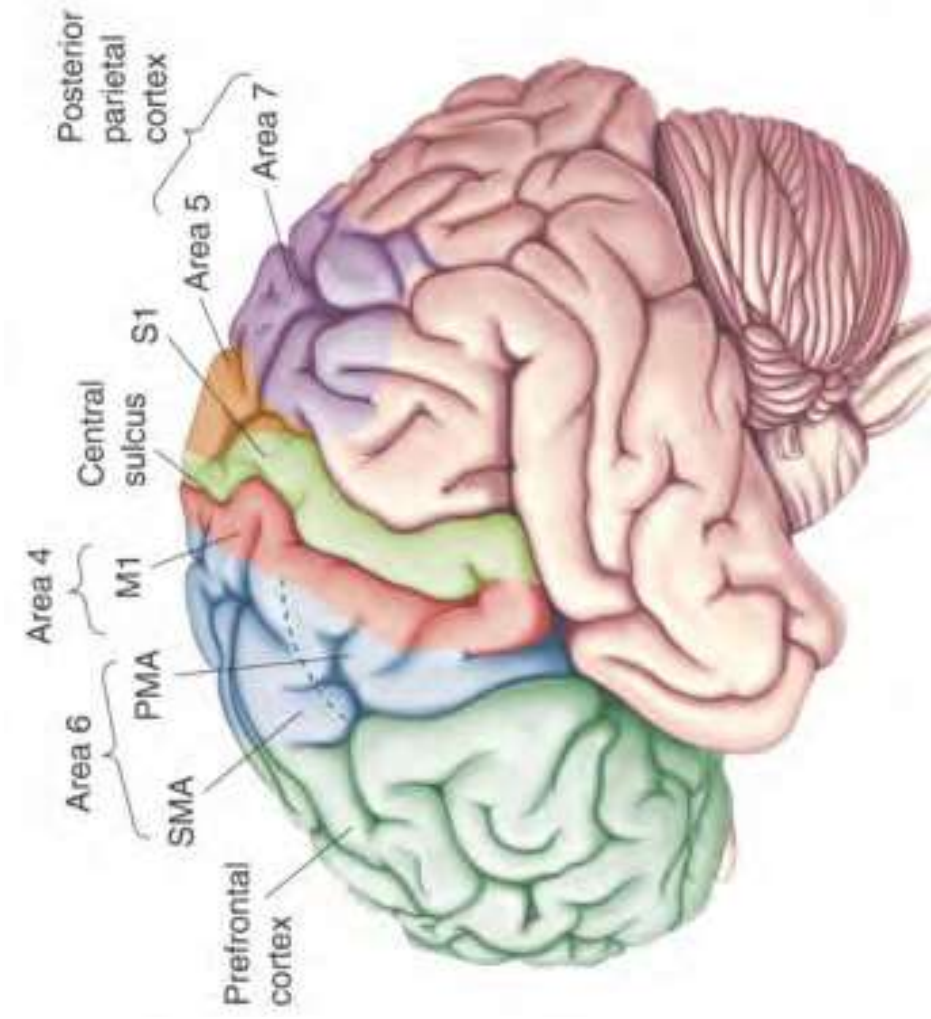
- HealthPro Heritage: Pediatrics/ Outpatient Orthopedics
- Roam Yoga & Physio, LLC
- Memphis Rox Climbing + Community



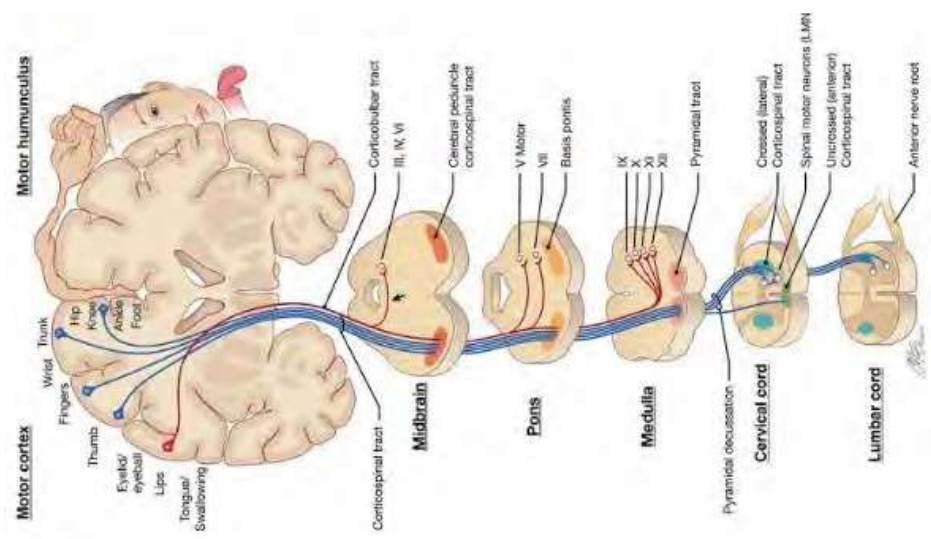
Overview

- Review Neuroanatomy
- Transcranial Magnetic Stimulation
- Cortical Oscillations/ Synchrony/ Coherence
- TMS + Peripheral Nerve Stimulation and Cortico-muscular Coherence

Cortical Centers



Corticospinal tracts



Interhemispheric Inhibition (IHI)

Inhibition between L/ R hemisphere **unbalanced**:

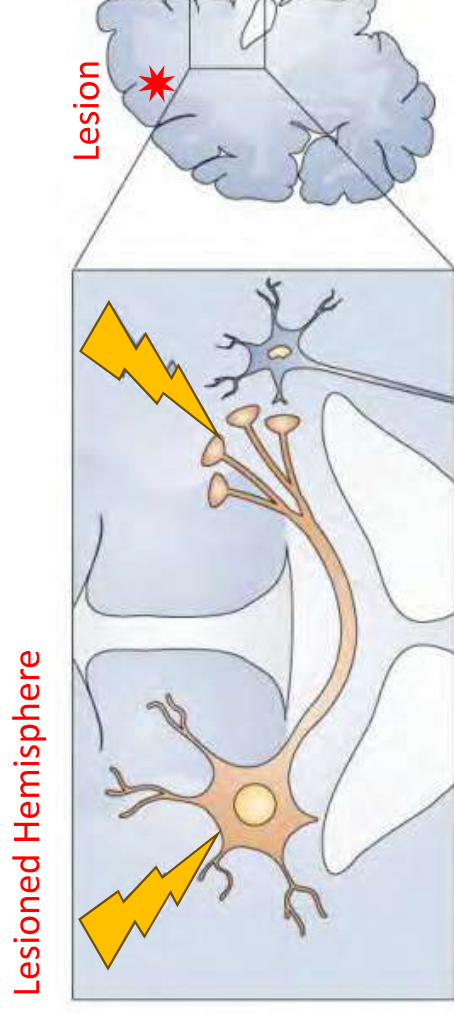
- lesioned hemisphere
- ↓ inhibition of unaffected hemisphere
- ↑ excitability of unaffected hemisphere
- excessive inhibition of lesioned hemisphere from unaffected hemisphere

Result:

- Impede neuroplasticity
- limit motor recovery of lesioned hemisphere

Inhibition between L/ R hemisphere equal

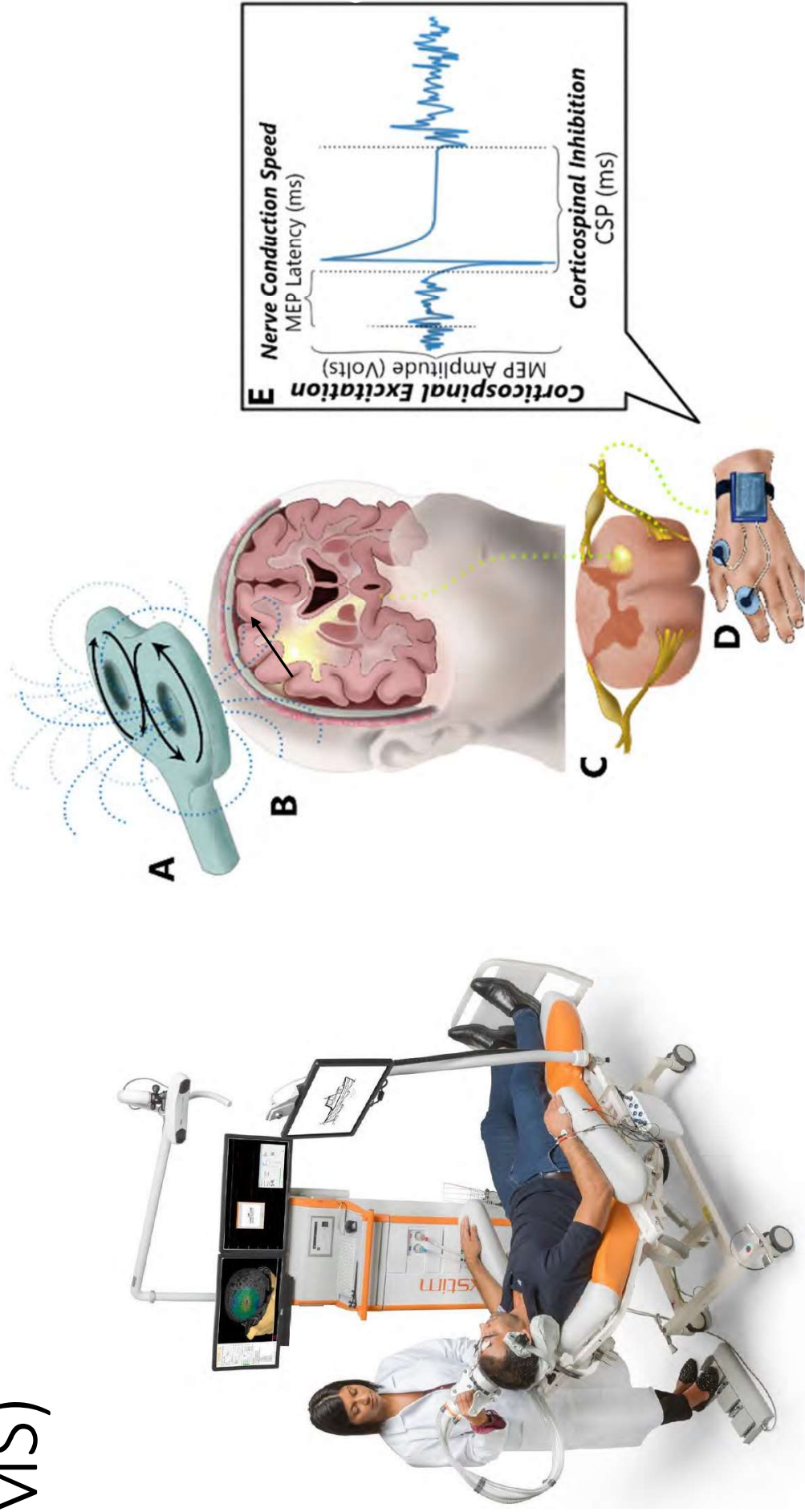
- baseline inhibition bilaterally
- ↑ inhibition of the ipsilateral hemisphere during unimanual movements



Result:

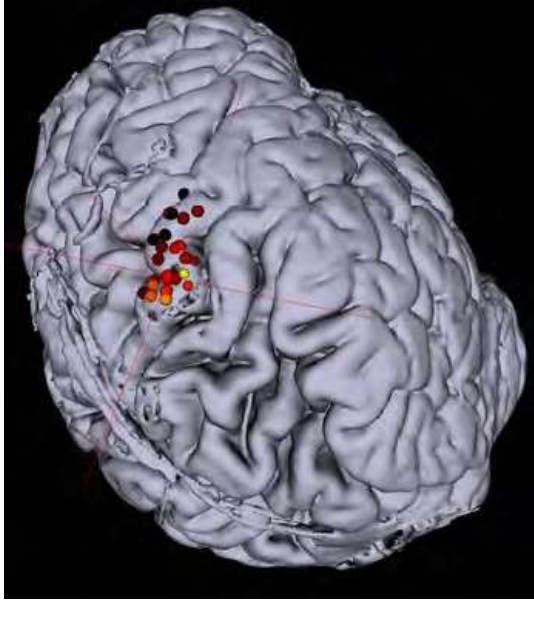
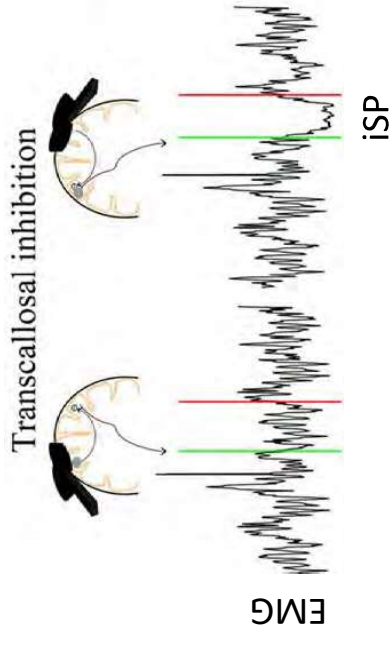
- Suppress “mirrored” movements

Mechanism of Transcranial Magnetic Stimulation (TMS)



Neurophysiological measurements of TMS

- **Cortical excitability**
 - Measured by the electrical field required to evoke a MEP (V/m)
- **Inhibitory balance**
 - Transcallosal inhibition (or IHI): Visible ipsilateral silent period (iSP) with stimulation of the ipsilateral hemisphere or isometric contraction of the contralateral extremity
 - Measured by SICI/ LICI
- **Nerve conduction velocity**
 - Latency of MEP
- **Motor mapping**
 - Presented as center of gravity value for each muscle tested

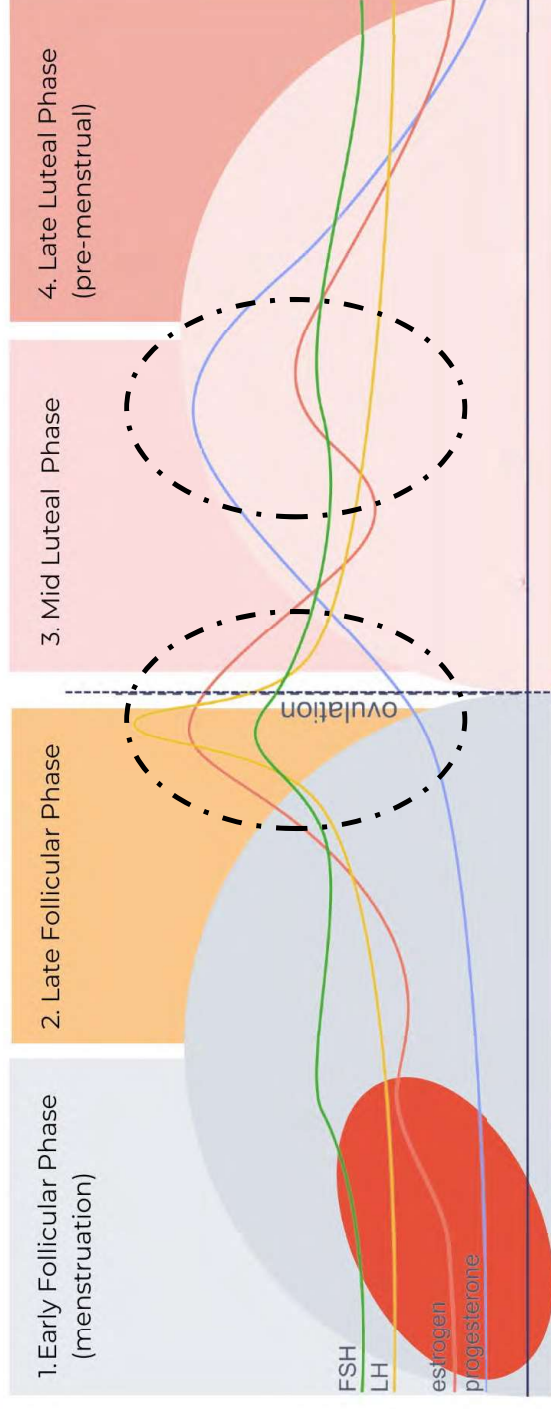


Considerations for Cortical Excitability

- Caffeine/Nicotine intake
 - Medications (i.e. Antiepileptic Meds, Birth Control)
- Sleep / Circadian cycle
 - Menstrual Cycle Phase

- Age

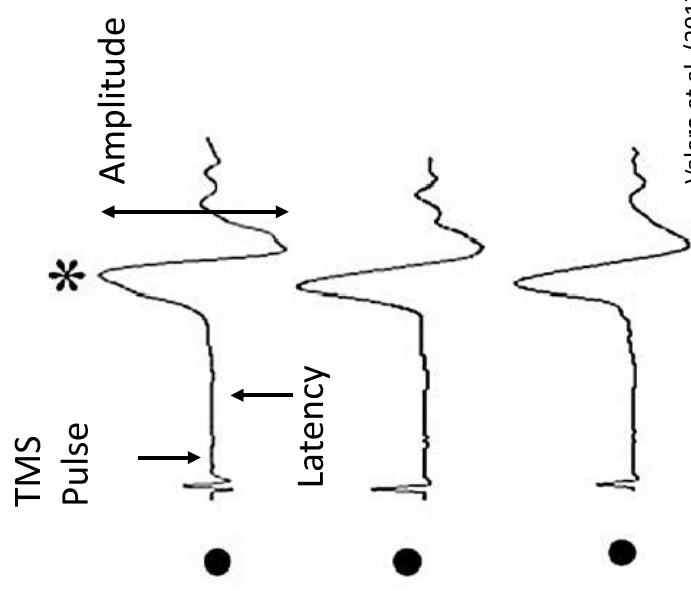
Menstrual cycle Phases



Types of TMS

SINGLE PULSE TMS (spTMS)

- Single Pulse (spTMS)



Types of TMS

- Paired Pulse (ppTMS)
 - Short ISI (1 - 6 ms)
 - Short interval intracortical inhibition (SICI) → Subthreshold CS + Suprathreshold TS
 - Short interval intracortical facilitation (SICF) → Suprathreshold CS + Subthreshold TS
 - Moderate ISI (10 - 15 ms)
 - Intracortical facilitation → Subthreshold CS + Suprathreshold TS
 - Long ISI (50 - 200 ms)
 - Long Interval intracortical inhibition (LICI) → Suprathreshold CS + TS
 - Long Interval intracortical inhibition (LICF) → Subthreshold CS + Suprathreshold TS

PAIRED PULSE TMS (ppTMS)

- Test Stimulus
- Conditioning Stimulus



Test Stimulus Alone



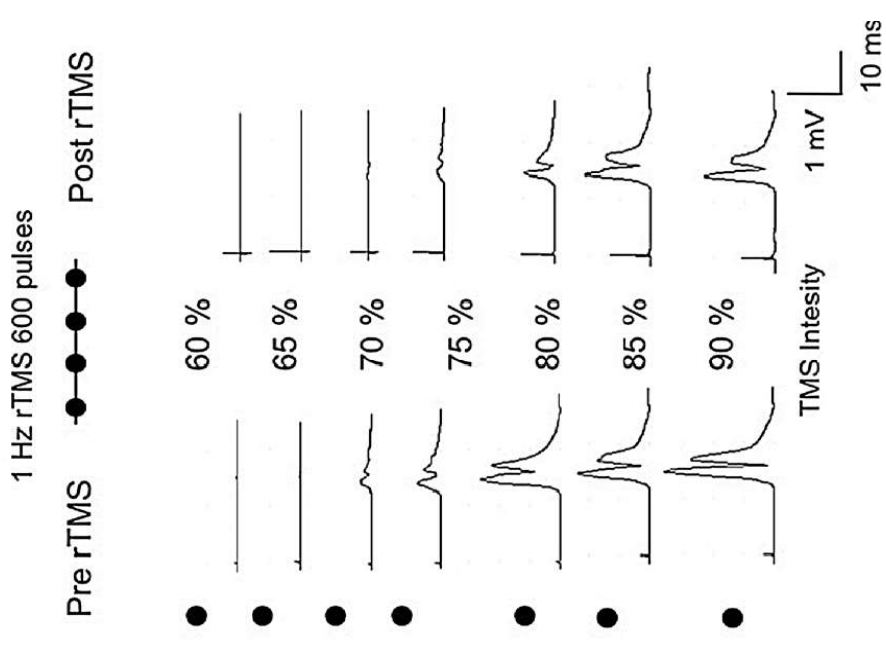
Paired Pulse TMS
ISI=1 ms



Paired Pulse TMS
ISI=12 ms

Types of TMS

REPETITIVE TMS (rTMS)



- Repetitive (rTMS)
 - Slow trains (≤ 1 Hz) \rightarrow decreases excitability
 - Fast trains (>1 Hz) \rightarrow increases excitability

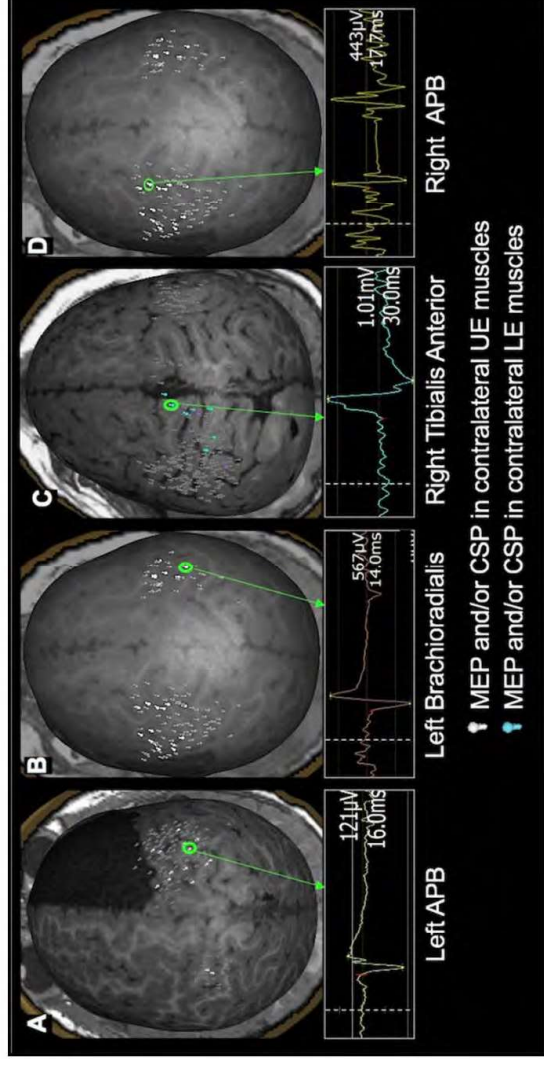
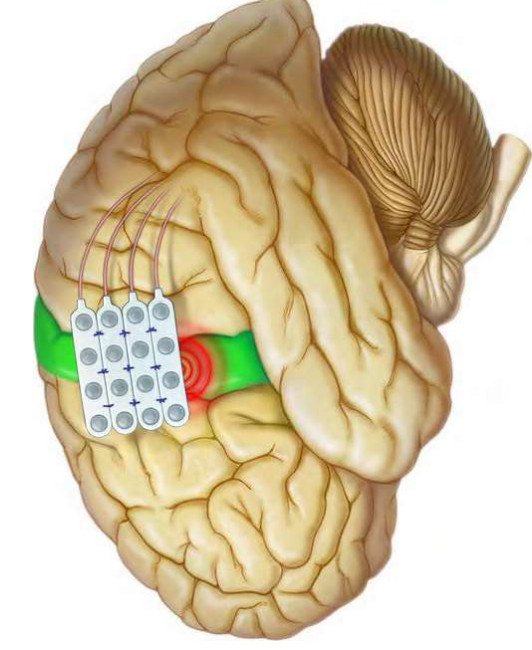
Transcranial Magnetic Stimulation (TMS) Contraindications

- Contraindications
 - Metallic objects implanted in head
 - Deep brain stimulators
 - Vagus Nerve Stimulators
- Adverse Effects
 - Seizures (atypical)
 - Irritation from the sensation of stimulation
 - Feels like a tapping sensation – similar to nerve conduction study/ NMES

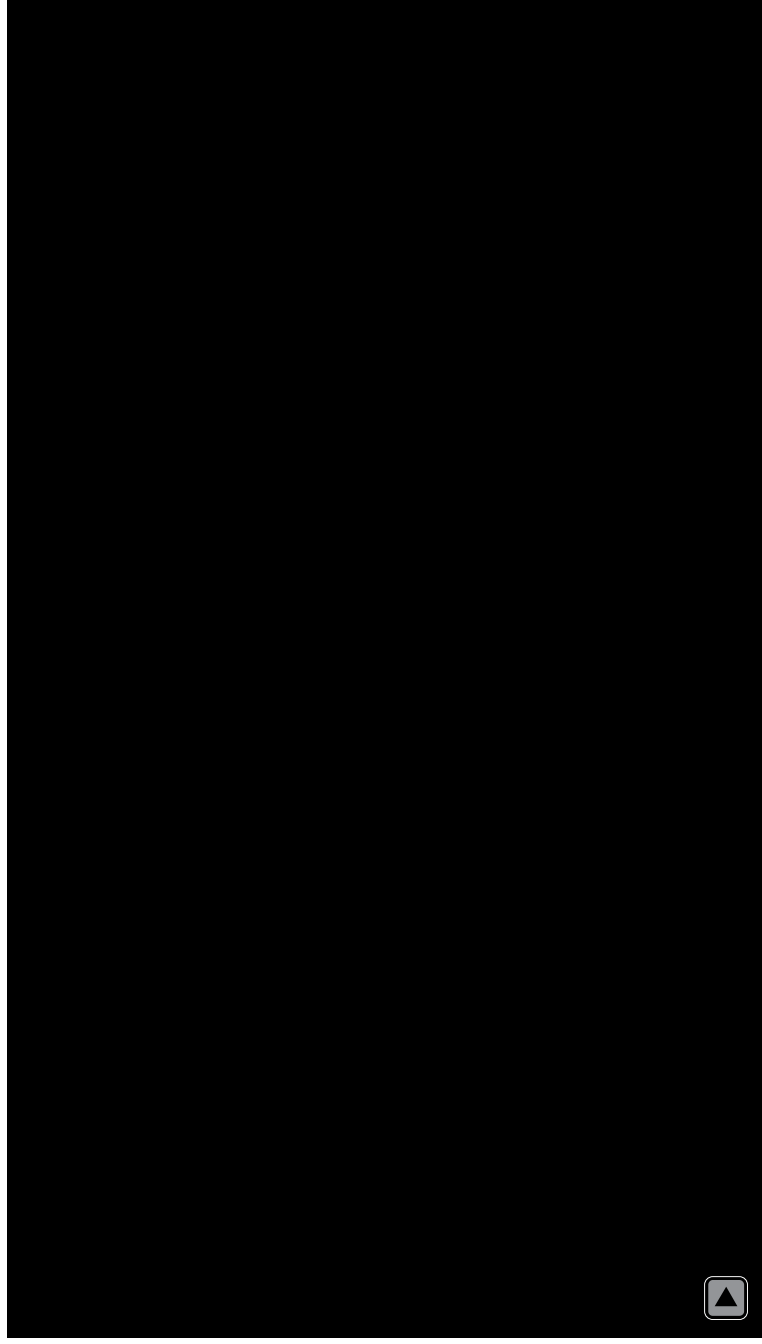


TMS Uses

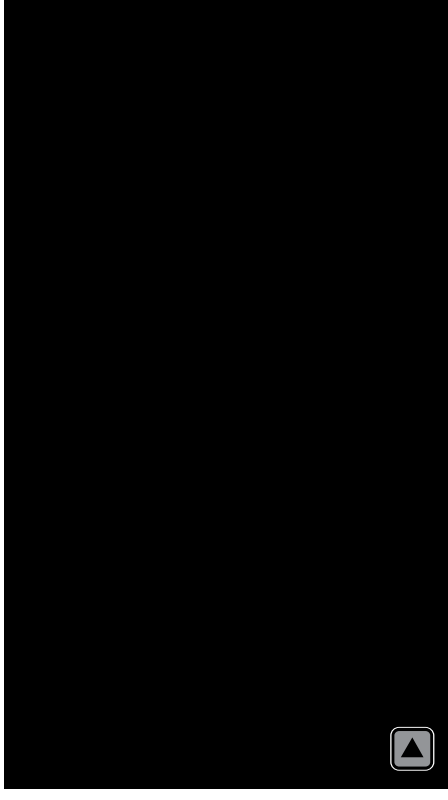
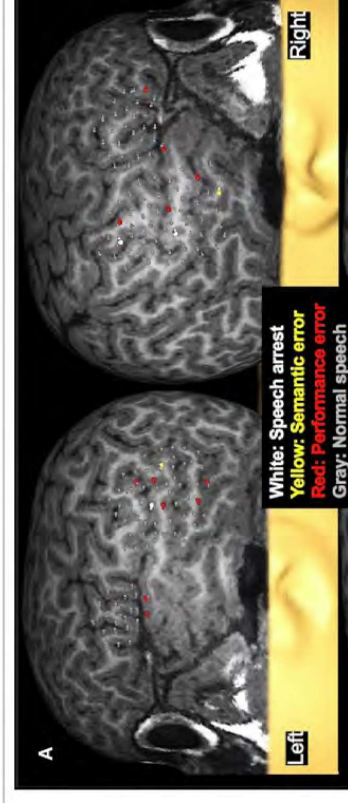
- FDA approved
 - Major Depressive Disorder (2008)
 - Migraines (2013)
 - Obsessive Compulsive Disorder (2018)
 - Smoking Cessation (2020)
 - Anxious Depression (2021)
 - PTSD (2023)
- Presurgical Mapping of Motor + Speech Areas
 - Alternatives: Cortical stimulation (invasive), fMRI, and MEG
- Current Research
 - UE/ LE motor function after CVA
 - Gait training for PD
 - Fatigue for fibromyalgia
 - Cortico-muscular Coherence



TMS Motor Mapping



TMS Language Mapping



Semantic Error



Performance Error



Speech Arrest

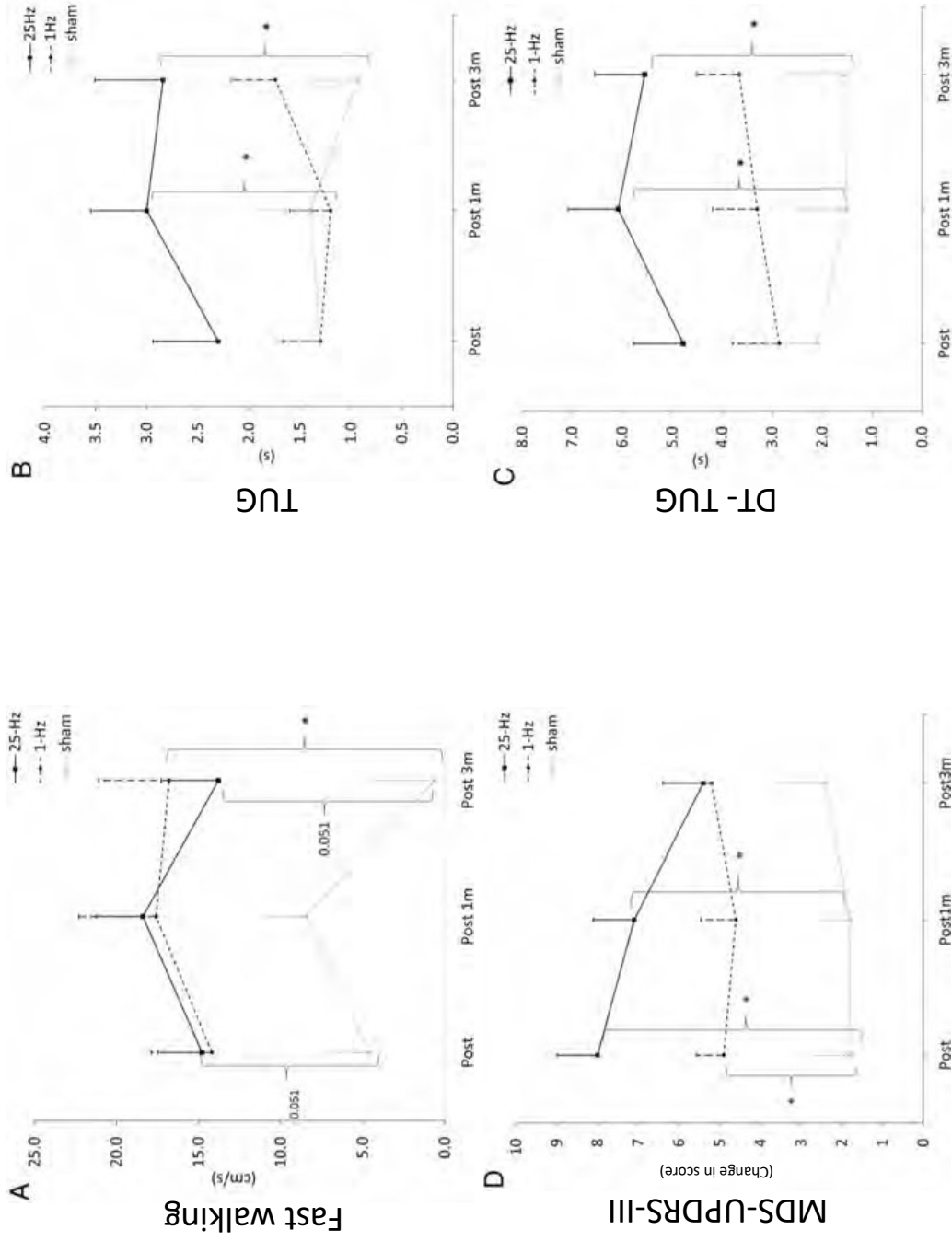
rTMS effects on rehabilitation from CVA

- **Lesioned hemisphere**
 - Most studies used high-frequency rTMS (3 – 20 Hz) with variable results
 - Dependent on white matter volume and subcortical lesion presence
- **Unaffected hemisphere**
 - Goal: reduce inhibitory control of the unaffected hemisphere on lesioned hemisphere thus making it more excitable
- **Low-frequency rTMS (<1 Hz) or Theta Burst Stimulation**
 - Improved hand function/ reach-to-grasp movements
 - Associated with reduced inhibition to lesioned M1
- **High-frequency rTMS**
 - Improved motor performance of paretic hand
 - Decreased unaffected hemisphere activity during affected UE movement
 - Improved connectivity between SMA/ M1 in the lesioned hemisphere

TMS promotes gait training in patients with PD

	1 Hz rTMS (n = 17)	25 Hz rTMS (n = 17)	Sham rTMS (n = 16)
Intervention	<ul style="list-style-type: none"> • 600 pulses in 10 minutes 	<ul style="list-style-type: none"> • 600 pulses in 4 second trains with ISI 50 sec 	<ul style="list-style-type: none"> • Disconnected coil on head + connected coil making sounds
Assessment	<ul style="list-style-type: none"> • TMS + 30-min Treadmill training (4x/week x 3 weeks) <ul style="list-style-type: none"> • ↑ speed by 0.2 km/hr every 5 minutes • Maintained max speed until end of session 		
Results	<ul style="list-style-type: none"> • ↑ fast walking speed • Improved TUG⁺ and DT-TUG • ↓ MDS-UPDRS-III 	<ul style="list-style-type: none"> • ↑ fast walking speed⁺ • Improved TUG⁺⁺ and DT-TUG⁺⁺ • ↓ MDS-UPDRS-III⁺⁺ 	<ul style="list-style-type: none"> • ↑ fast walking speed

TMS promotes gait training in patients with PD



High-frequency TMS + exercise for Women with Fibromyalgia

Physical Exercise Group - PEG (n=16)	• 2 x 60 min low-intensity exercise/ week x 8 weeks
TMS Group - TMSG (n=17)	• 5 x 20 min high-frequency TMS/ week x 2 weeks
Control group - CG (n = 16)	• No intervention

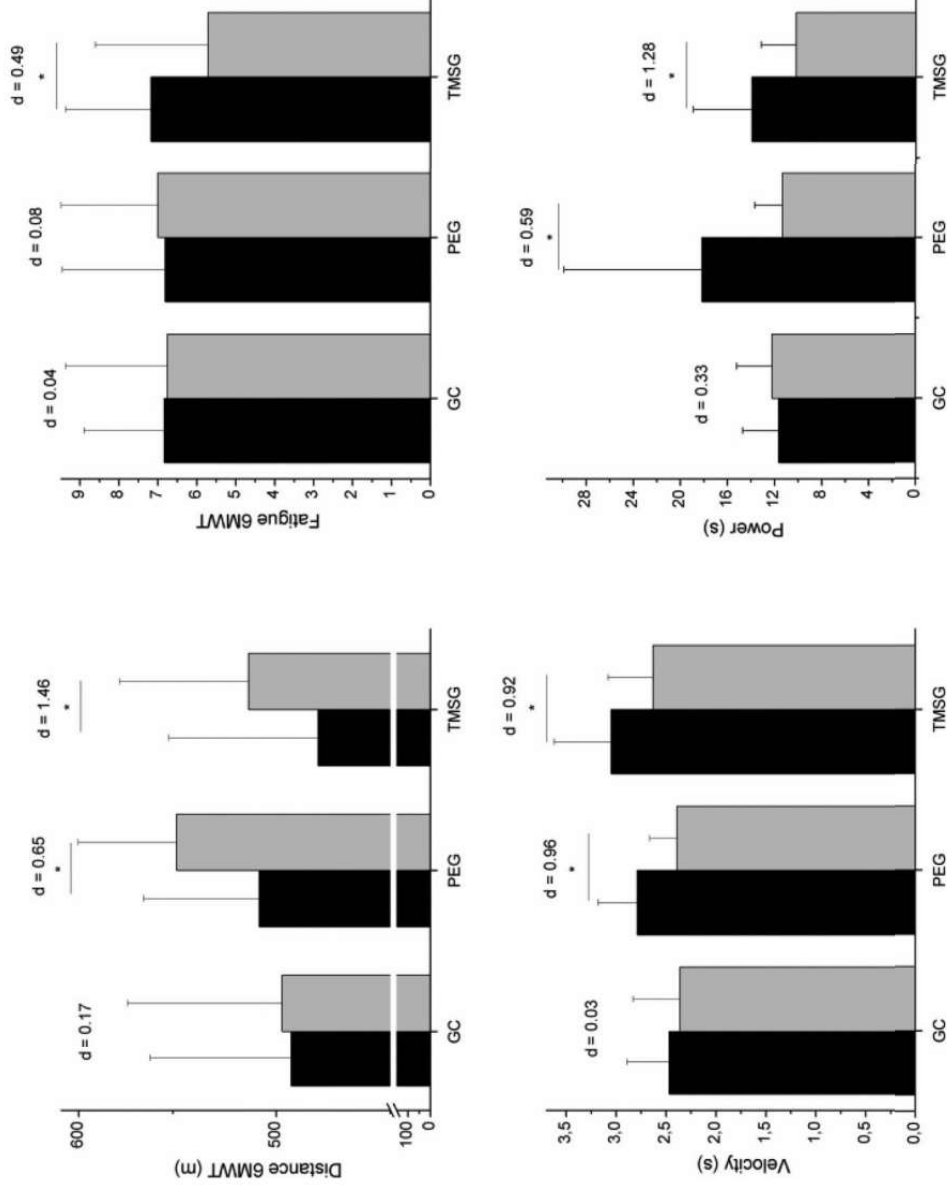
High-frequency TMS + exercise for Women with Fibromyalgia

- Perceived Pain
 - 10 cm VAS at rest
- Average Pressure pain Threshold
 - Algometer at 18 different points on body (used to dx FM)
- QOL
 - Revised Fibromyalgia Impact Questionnaire (FIQR) – subsections include physical function, overall impact, and severity of symptoms
- Endurance
 - 6-Minute Walking test (heart rate, SpO₂, Borg rate of perceived fatigue)
- Induced Fatigue
 - CR-10 Borg Scale (after 6MWT)
- Gait Velocity
 - 4-meter gait speed test
- Sit-up power
 - 5 repetitions sit-to-stand
- Anxiety
 - Hospital Anxiety and depression Scale (7-item anxiety subscale)
- Depression
 - Beck Depression Inventory-Second Edition
- Stress
 - Perceived Stress Scale-10





High-frequency TMS + exercise for Women with Fibromyalgia

Physical Exercise Group - PEG (n=16)	TMS Group - TMSG (n=17)	Control group - CG (n = 16)
<ul style="list-style-type: none"> • 2 x 60 min low-intensity exercise/ week x 8 weeks 	<ul style="list-style-type: none"> • 5 x 20 min high-frequency TMS/ week x 2 weeks 	<ul style="list-style-type: none"> • No intervention
<ul style="list-style-type: none"> • ↑ pressure pain threshold • ↑ QOL (FIQR) - in overall impact only • ↑ distance in 6MWT • ↓ anxiety, depression, + stress 	<ul style="list-style-type: none"> • ↓ perceived pain • ↑ pressure pain threshold • ↑ QOL (FIQR)* - in physical function, overall impact, severity of sx • ↑ distance + ↓ fatigue in 6MWT • ↓ anxiety, depression*, + stress* 	<ul style="list-style-type: none"> • No significant changes in all measures tested

High-frequency TMS + exercise for Women with Fibromyalgia



Gait-Phase Modulates Alpha and Beta Oscillations in the Pedunculopontine Nucleus

Shenghong He,^{1,2} Alceste Deli,³  Petra Fischer,^{1,2} Christoph Wiest,^{1,2} Yongzhi Huang,⁴ Sean Martin,³ Saed Khawaldeh,^{1,2,5} Tipu Z. Aziz,^{2,3}  Alexander L. Green,^{2,3}  Peter Brown,^{1,2} and  Huiling Tan^{1,2}

¹MRC Brain Network Dynamics Unit, University of Oxford, Oxford OX1 3TH, United Kingdom, ²Nuffield Department of Clinical Neurosciences, University of Oxford, Oxford OX3 9DU, United Kingdom, ³Nuffield Department of Surgical Sciences, University of Oxford, Oxford OX3 9DU, United Kingdom, ⁴Academy of Medical Engineering and Translational Medicine, Tianjin University, Tianjin 300072, People's Republic of China, and ⁵Oxford Centre for Human Brain Activity, Wellcome Centre for Integrative Neuroimaging, University of Oxford, Oxford OX3 7IX, United Kingdom

Brain Network Oscillations During Gait in Parkinson's Disease

Doris D. Wang^{1*} and Julia T. Choi²

¹ Department of Neurological Surgery, University of California, San Francisco, San Francisco, CA, United States,

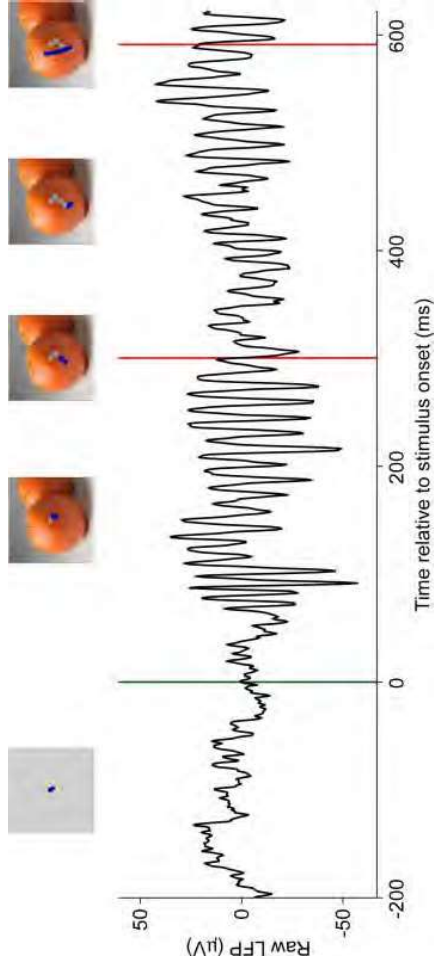
² Department of Applied Physiology and Kinesiology, University of Florida, Gainesville, FL, United States

Enhancement of long-range EEG coherence by synchronous bifocal transcranial magnetic stimulation

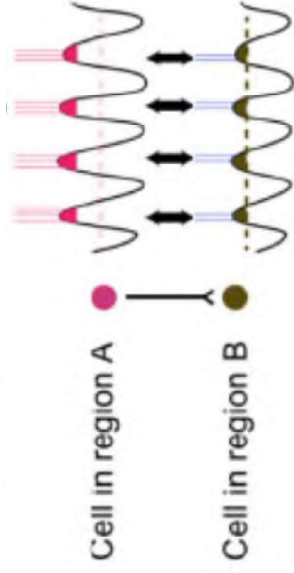
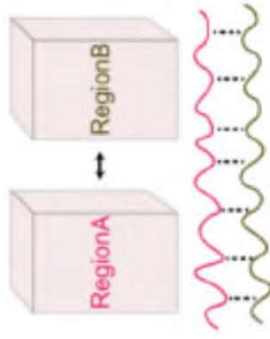
Christian Plewnia, Albrecht J. Rilk, Surjo R. Soekadar, Carola Arfeller, Heiko S. Huber, Paul Sauseng, Friedhelm Hummel, Christian Gerloff

Connectivity Terms

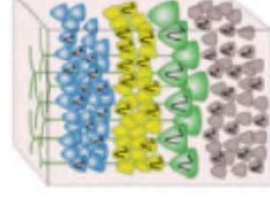
- Oscillations
- Synchrony
- Frequency (Hertz)



Long-range synchronization



Local synchronization



Strong power

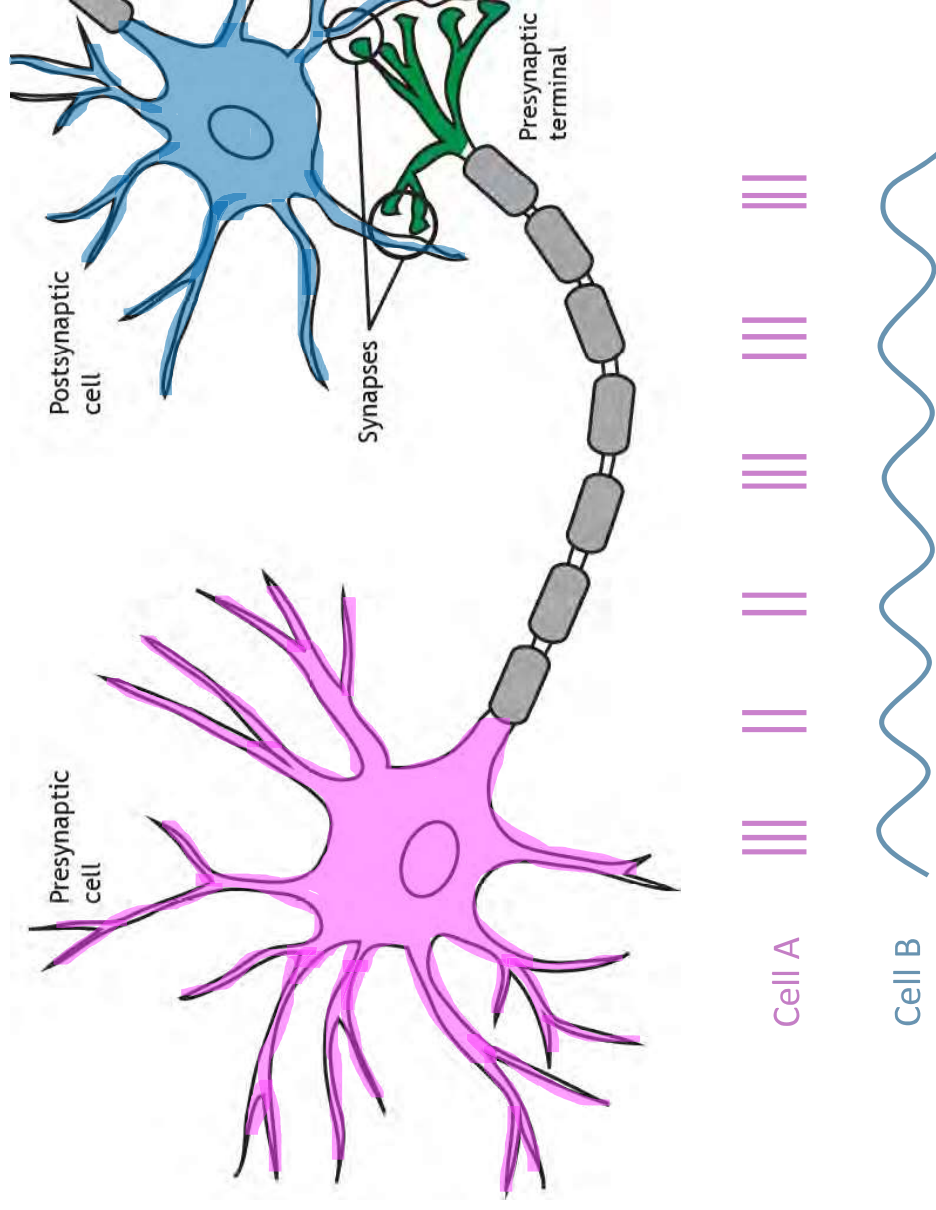
Weak power

Behavioral States are Represented in Frequency Bands

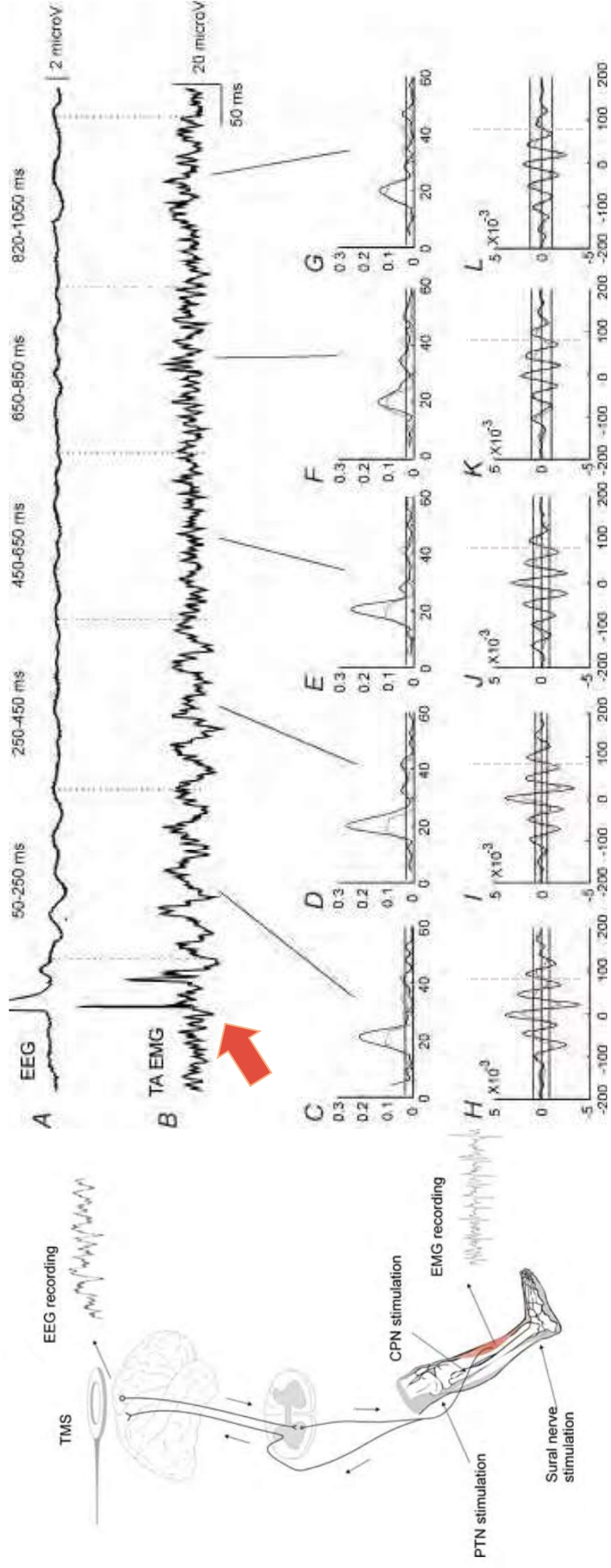
Cortical Oscillation	Brain/ Behavioral State
Delta (1-4 Hz)	Slow Wave Sleep
Theta (4-8 Hz)	Meditation, Drowsiness, Navigation
Alpha / Mu (8-12 Hz)	Wakeful rest, Movement Intention
Beta (12-32 Hz)	Wakeful Consciousness, Motor Processing
Gamma(25-140 Hz)	REM Sleep, Sensory Perception , Cognition/ Decision Making

Communication Through Coherence

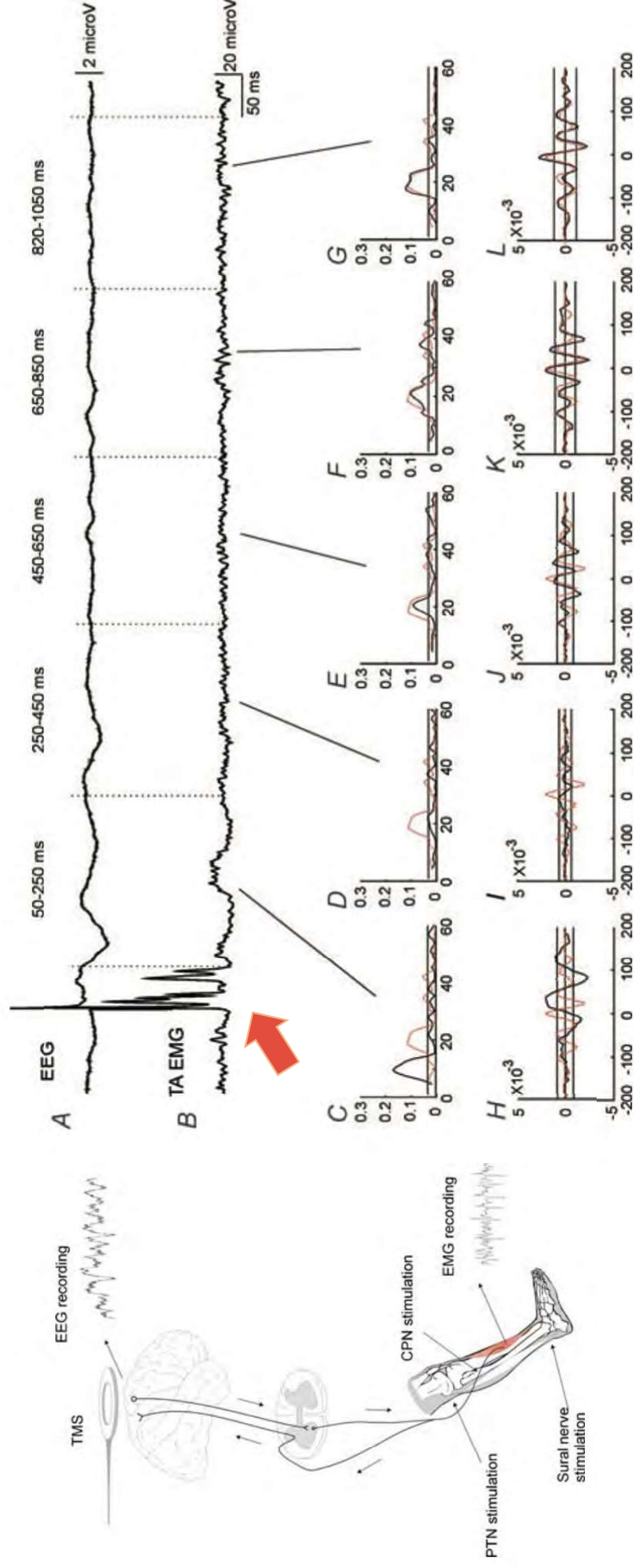
- Synchronous firing of neurons entrained by presynaptic cell
- Stable relationship between presynaptic cell AP transmission and postsynaptic cell excitable
- Frequency of oscillations encodes information about signal input



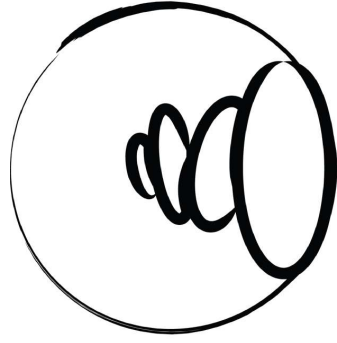
TMS + Peripheral Nerve Stimulation on Cortico-muscular Coherence



TMS + Peripheral Nerve Stimulation on Cortico-muscular Coherence



Thank you



**ROAM YOGA
& PHYSIO**

Contact me:

Mia Fox PT, DPT

RoamYogaFLX@gmail.com



Shalini Narayana, MBBS, MS, PhD
Neuroscience Institute, Le Bonheur
Dept. of Pediatrics, UTHSC

References

1. Valero-Cabré A, Amengual JL, Stengel C, Pascual-Leone A, Coubard OA. Transcranial magnetic stimulation in basic and clinical neuroscience: A comprehensive review of fundamental principles and novel insights. *Neurosci Biobehav Rev.* 2017;83(October):381-404. doi:10.1016/j.neubiorev.2017.10.006
2. Auriat AM, Neva JL, Peters S, Ferris JK, Boyd LA. A review of transcranial magnetic stimulation and multimodal neuroimaging to characterize post-stroke neuroplasticity. *Front Neurol.* 2015;6(OCT):1-20. doi:10.3389/fneur.2015.00226
3. Chung CLH, Mak MKY, Hallett M. Transcranial Magnetic Stimulation Promotes Gait Training in Parkinson Disease. *Ann Neurol.* 2020;88(5):933-945. doi:10.1002/ana.25881
4. Izquierdo-Alventosa R, Inglés M, Cortés-Amador S, Gimeno-Mallench L, Sempere-Rubio N, Serra-Añó P. Effectiveness of high-frequency transcranial magnetic stimulation and physical exercise in women with Fibromyalgia: A randomized controlled trial. *Phys Ther.* 2021;101(10):1-11. doi:10.1093/ptj/pzab159
5. Hansen NL, Nielsen JB. The effect of transcranial magnetic stimulation and peripheral nerve stimulation on corticomuscular coherence in humans. *J Physiol.* 2004;561(1):295-306. doi:10.1113/jphysiol.2004.071910
6. Luo W, Guan JS. Do Brain Oscillations Orchestrate Memory? *Brain Sci Adv.* 2018;4(1):16-33. doi:10.26599/bsa.2018.9050008
7. Fries P. A mechanism for cognitive dynamics: neuronal communication through neuronal coherence. *Trends Cogn Sci.* 2005 Oct;9(10):474-80. doi: 10.1016/j.tics.2005.08.011. PMID: 16150631.
8. Fries P. Communication Through Coherence (CTC 2.0). *Neuron.* 2015;88(1):220-235. doi:10.1016/j.neuron.2015.09.034.Rhythms
9. Hansen NL, Nielsen JB. The effect of transcranial magnetic stimulation and peripheral nerve stimulation on corticomuscular coherence in humans. *J Physiol.* 2004;561(1):295-306. doi:10.1113/jphysiol.2004.071910