

# Thomas Jefferson University Jefferson Digital Commons

Department of Occupational Therapy Faculty Papers

**Department of Occupational Therapy** 

2-2020

#### Appendix 10: Neurotechnology Descriptions

Namrata Grampurohit, PhD, OTR/L Thomas Jefferson University

Follow this and additional works at: https://jdc.jefferson.edu/otfp

Part of the Neurosciences Commons, and the Occupational Therapy Commons

Let us know how access to this document benefits you

#### **Recommended Citation**

Grampurohit, PhD, OTR/L, Namrata, "Appendix 10: Neurotechnology Descriptions" (2020). *Department of Occupational Therapy Faculty Papers*. Paper 71. https://jdc.jefferson.edu/otfp/71

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Department of Occupational Therapy Faculty Papers by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

## Neurotechnologies

Neurotechnology	Medical term	Description	Benefits	Risks	
NON-INVASIVE PROCEDURES					
E1. Electrical stimulation over the surface of the arm or hand  https://www.strokengine.ca/en/patient-info/functional-electrical-stimulation-upper-extremity-info/	Electrical stimulation (E-stim) OR Transcutaneous Electrical Nerve Stimulation (TENS) OR Neuromuscular Electrical Stimulation (NMES) OR Functional Electrical Stimulation (FES)	Electrical stimulation uses surface electrodes (adhesive pads or stickers) over the skin which are attached to a machine. The machine sends a small amount of electrical current to weak or paralyzed muscles. Tingling sensation is experienced over the skin in the area of stimulation.	-Increase in muscle contraction <sup>1</sup> -Increase in blood circulation <sup>2</sup> -Reduces spasticity <sup>3</sup> -Reduce pain <sup>4</sup> -Increase aerobic fitness <sup>5</sup>	-Skin irritation <sup>6</sup> -Burning sensation <sup>4</sup> -Muscle tears -Pain <sup>4</sup> -Tingling below application site <sup>4</sup>	
E2. Electrical stimulation over the surface of the spine  http://depts.washington.edu/moritlab/?page_id=718	Transcutaneous Spinal Cord Stimulation	Electrical stimulation uses surface electrodes (adhesive pads or stickers) over the skin of the lower back and abdomen that are attached to a machine. The machine sends small amount of electrical current that can stimulate nerves in the spinal cord from outside the body.	-Immediate effect while the stimulator is on <sup>3</sup> -Controlling locomotion <sup>7</sup> -Long-lasting effects (up to a week) <sup>3</sup> -Reduced pain <sup>4</sup> -Reduced spasticity <sup>3</sup>	-Skin irritation <sup>6</sup> -Burning sensation <sup>4</sup> -Pain <sup>4</sup> -Tingling below application site <sup>4</sup>	

E3. Electrical stimulation over the surface of the head  https://www-ncbi-nlm-nih-gov.proxy1.lib.tju.edu/pmc/articles/PMC57 02643/  Stroke, Depression, anxiety,	Transcranial Direct Current Stimulation (TDCS)	Electrodes are placed over the scalp directly over the brain area to be stimulated. A small amount of electric current is passed through.	-Temporary improvement in emotion and mental functioning <sup>8</sup> -Fatigue <sup>9</sup> -Improvement of language in aphasia <sup>10</sup>	-Tickling or burning sensation over the head <sup>11</sup> -Headache <sup>11,12</sup> -Skin lesions or burns <sup>11</sup> -Nausea <sup>11,12</sup> -Difficulty concentrating <sup>12</sup> -Fatigue <sup>11</sup> -Redness <sup>12</sup> -Mood changes <sup>11,12</sup>
pain, Parkinson's disease	Transportation	A manufic call is also also	I	Compath a vest letter
E4. Magnetic stimulation over the surface of the head  https://www.medpagetoday.com/psychiatry/depression/56168	Transcranial Magnetic Stimulation (TMS), Repetitive TMS (rTMS)	A magnetic coil is placed over the head, creating changing magnetic fields over the surface of the brain. It is used to create electric current at a specific area in the brain. (FDA approved)	-Improves mood <sup>13</sup>	-Cannot be used with metal objects near the head -Headache <sup>14</sup> -Pain over scalp -Loud machine noise -Crying -Seizure <sup>14</sup>
Cost: \$200 to \$300 per				
session (20 min) – Needs 5 sessions/wk for 4-6 wks				
E5. Braces that are powered to amplify movements  https://myomo.com/what-is-a-myopro-orthosis/	Myoelectric brace	The electrical signals from weak muscles are converted into large movement of the brace to allow improved movement.	-Improved movement <sup>15, 16, 17</sup> -Allows the patient to perform movement they otherwise are unable to complete <sup>15, 16, 17</sup> -Effective in improving motor control <sup>15, 16, 17</sup> -Improvement in self- reported function and	-Pressure sores -Chafing of the skin -Mechanical irritation

			perception of	
E6. Brain computer interface with a cap  https://www.odtmag.com/contents/view_breaking-news/2017-08-30/stroke-patients-motor-function-improved-with-brain-computer-interface/	EEG driven brain computer interface	Brain computer interfaces or brain machine interfaces are hardware and software systems that allow brain activity to control a hand brace to move the hand. Some brain computer interfaces are implanted in the brain and others use an external cap.	recovery <sup>15, 16, 17</sup> -Communication <sup>19</sup> -Movement control <sup>19</sup> -Control of external devices <sup>19</sup> -Improved motor function <sup>19</sup>	-BCIs placed outside of the skull have a limited ability to read brain signals <sup>20</sup> -Signal connection problems <sup>20</sup> -Quality of electroencephalography signals is affected by scalp, skull, and many other layers as well as background noise <sup>20</sup> -Skin irritation or hair loss secondary to cap pulling
				on hair follicles <sup>21</sup>
	1	NVASIVE PROCEDURES		
E7. Baclofen pump  http://www.emdocs.net/core-emintrathecal-baclofen-withdrawal/	Intrathecal Baclofen Therapy (ITB)	The medicine Baclofen is placed in a round metal disc under the skin of the abdomen and delivered by a pump and a catheter directly into the spine. Refills are done every 1 to 6 months and battery is changed every 5 to 7 years. (FDA approved)	-Reduces spasticity <sup>22</sup> -Improved ambulation/wheelchair seating -Reduced spasticity- related pain -Improved sleep	-Dosing errors -Weakness <sup>23</sup> -Sleepiness <sup>23</sup> -Upset stomach <sup>23</sup> -Nausea <sup>23</sup> -Vomiting -Headache -Dizziness -Confusion -Catheter, Battery or pump malfunction (CSF leakages) <sup>23</sup> -Hypotonia <sup>23</sup> -Infection -ITB withdrawal syndrome (rare) <sup>23</sup>

E8. Implanted stimulators for the nerves of the arm and hand Implanted stimulator telemeter system  Transmitting/receiving call implants atmulator telemeter system  In-line connectors  MES recording electrodes  Stimulation electrodes  https://connect.springerpub.com/cont ent/book/978-0-8261-3775-3/part/part05/chapter/ch48	Peripheral nerve and field stimulators (PNFS)	Peripheral nerve and field stimulation involves placing the electrodes directly on nerves or under the skin in the painful region. It is a minimally invasive procedure, requiring a small incision over the targeted area.	-Pain reduction for chronic pain <sup>24</sup>	30 to 40% rate of complications -Hardware complication: movement, breaking or malfunction of the electrode -Infection, pain over electrode -Rare: headache, neurological damage
E9. Implanted stimulators for the spine  https://www.spinalcord.com/blog/what-to-know-epidural-stimulation-spinal-cord-injury  Spinal cord injury – traumatic and non-traumatic: Cost: \$15 - 50K without insurance, Covered by some insurance such as Medicare and Blue Cross and Blue Shield	Epidural Electrical stimulation (EES) or Epi-stim	Stimulators for the spinal cord are surgically placed directly on the cord for continuous electrical current.	-Increases muscle contraction <sup>25, 26</sup>	-Programming issues for the device -Movement, leakage of current, & failure of electrode -Nerve injury <sup>27,28</sup> -Infection <sup>28</sup> -Pain at the site <sup>28</sup> -Equipment failure <sup>27,28</sup>

E10. Braces powered by implanted sensors in the brain  https://www.extremetech.com/extreme/102927-brain-computer-interfaces-creep-closer-to-bionic-mecha-dream	Brain computer interface (BCI), Neural-control interface (NCI), Direct neural interface (DNI), Brain machine interface (BMI)	A small chip is surgically placed in the brain and connects to an external brace that can move the arm or hand.	-Increased movement Communication <sup>29</sup> -Increased perception <sup>29</sup> -Increased motor activity <sup>29</sup> -Increased sensation <sup>29</sup>	-Infection -Anesthesia risk -Scarring over brain -Pain at location site, headaches
E11. Deep Brain Stimulation for Parkinson's disease  https://www.nejm.org/doi/full/10.1056 /NEJMct1208070	Deep Brain Stimulation	A brain pacemaker is placed surgically on specific areas of the brain. (FDA approved)	-Reduces tremor <sup>30</sup> and epilepsy -Reduced dyskinesia <sup>31</sup> -Increased control with movements	-Infection -Electrode movement, damage or malfunction -Scarring over brain -Worsening of gait, balance, and/or speech <sup>31</sup>
E12. Nerve transfers  Make years  Involved affine to the property of the prope	Nerve transfer	A nerve transfer is a surgical procedure where a nerve with a less important role is transferred surgically to another more important nerve that is not functioning.	Regain important movement 32, 33, 34	-Anesthesia risk -Infection

E13. Tendon transfers    Endon   Endo   Endo   Endo   Endo   Endo   Endo   Endo   Endo   Endo   Endo	Tendon transfer	A tendon transfer is a surgical procedure where a tendon with a less important role is transferred to serve the function of a weak tendon with a crucial role.	Regain important movement <sup>32</sup>	-Anesthesia risk -Infection
http://blog.handcare.org/blog/2017/0 4/26/4-reasons-you-may-need- tendon-transfer-surgery/				

#### References

<sup>1</sup>Ashida Y, Himori K, Tatebayashi D, Yamada R, Ogasawara R, Yamada T. Effects of contraction mode and stimulation frequency on electrical stimulation-induced skeletal muscle hypertrophy. *J. Appl. Physiol.* 2018;124(2):341-348. doi:10.1152/japplphysiol.00708.2017.

<sup>2</sup>Yamabata S, Shiraishi H, Munechika M, et al. Effects of electrical stimulation therapy on the blood flow in chronic critical limb ischemia patients following regenerative therapy. *SAGE Open Med.* 2016;4:2050312116660723. doi:10.1177/2050312116660723.

<sup>3</sup>Hofstoetter US, Freundl B, Danner SM, et al. Transcutaneous Spinal Cord Stimulation Induces Temporary Attenuation of Spasticity in Individuals with Spinal Cord Injury. *J. Neurotrauma* 2019. doi:10.1089/neu.2019.6588.

<sup>4</sup>Cogiamanian F, Vergari M, Pulecchi F, Marceglia S, Priori A. Effect of spinal transcutaneous direct current stimulation on somatosensory evoked potentials in humans. *Clin. Neurophysiol.* 2008;119(11):2636-2640. doi:10.1016/j.clinph.2008.07.249.

<sup>5</sup>Wilbanks SR, Rogers R, Pool S, Bickel CS. Effects of functional electrical stimulation assisted rowing on aerobic fitness and shoulder pain in manual wheelchair users with spinal cord injury. *J. Spinal Cord Med.* 2016;39(6):645-654. doi:10.1179/2045772315Y.0000000052.

<sup>6</sup>Johnson MI, Ashton CH, Thompson JW. An in-depth study of long-term users of transcutaneous electrical nerve stimulation (TENS). Implications for clinical use of TENS. *Pain* 1991;44(3):221-229. doi:10.1016/0304-3959(91)90089-g.

<sup>7</sup>Gerasimenko Y, Gorodnichev R, Moshonkina T, Sayenko D, Gad P, Reggie Edgerton V. Transcutaneous electrical spinal-cord stimulation in humans. *Ann. Phys. Rehabil. Med.* 2015;58(4):225-231. doi:10.1016/j.rehab.2015.05.003.

<sup>8</sup>Ferrucci R, Bortolomasi M, Vergari M, et al. Transcranial direct current stimulation improves patients with severe major depression. *Brain Stimulat*. 2008;1(3):259. doi:10.1016/j.brs.2008.06.042.

<sup>9</sup>Ferrucci R, Vergari M, Cogiamanian F, et al. Transcranial direct current stimulation (tDCS) for fatigue in multiple sclerosis. *NeuroRehabilitation* 2014;34(1):121-127. doi:10.3233/NRE-131019.

<sup>10</sup>Monti A, Ferrucci R, Fumagalli M, et al. Transcranial direct current stimulation (tDCS) and language. *J. Neurol. Neurosurg. Psychiatr.* 2013;84(8):832-842. doi:10.1136/innp-2012-302825.

<sup>11</sup>Matsumoto H, Ugawa Y. Adverse events of tDCS and tACS: A review. Clin. Neurophysiol. Pract. 2017;2:19-25. doi:10.1016/j.cnp.2016.12.003.

<sup>12</sup>Thair H, Holloway AL, Newport R, Smith AD. Transcranial direct current stimulation (tdcs): A beginner's guide for design and implementation. *Front. Neurosci.* 2017;11:641. doi:10.3389/fnins.2017.00641.

<sup>13</sup>Berlim MT, Van den Eynde F, Daskalakis ZJ. A systematic review and meta-analysis on the efficacy and acceptability of bilateral repetitive transcranial magnetic stimulation (rTMS) for treating major depression. *Psychol. Med.* 2013;43(11):2245-2254. doi:10.1017/S0033291712002802.

- <sup>14</sup>Bae EH, Schrader LM, Machii K, et al. Safety and tolerability of repetitive transcranial magnetic stimulation in patients with epilepsy: a review of the literature. *Epilepsy Behav*. 2007;10(4):521-528. doi:10.1016/j.yebeh.2007.03.004.
- <sup>15</sup>Dunaway S, Dezsi DB, Perkins J, Tran D, Naft J. Case Report on the Use of a Custom Myoelectric Elbow-Wrist-Hand Orthosis for the Remediation of Upper Extremity Paresis and Loss of Function in Chronic Stroke. *Mil. Med.* 2017;182(7):e1963-e1968. doi:10.7205/MILMED-D-16-00399.
- <sup>16</sup>Peters HT, Page SJ, Persch A. Giving Them a Hand: Wearing a Myoelectric Elbow-Wrist-Hand Orthosis Reduces Upper Extremity Impairment in Chronic Stroke. *Arch. Phys. Med. Rehabil.* 2017;98(9):1821-1827. doi:10.1016/j.apmr.2016.12.016.
- <sup>17</sup>Stein J, Narendran K, McBean J, Krebs K, Hughes R. Electromyography-controlled exoskeletal upper-limb-powered orthosis for exercise training after stroke. *Am. J. Phys. Med. Rehabil.* 2007;86(4):255-261. doi:10.1097/PHM.0b013e3180383cc5.
- <sup>18</sup>Herberts P. Myoelectric signals in control of prostheses: studies on arm amputees and normal individuals. *Acta Orthop. Scand.* 1969;40(sup124):1-83. doi:10.3109/ort.1969.40.suppl-124.01.
- <sup>19</sup>Shih JJ, Krusienski DJ, Wolpaw JR. Brain-computer interfaces in medicine. *Mayo Clin. Proc.* 2012;87(3):268-279. doi:10.1016/j.mayocp.2011.12.008.
- <sup>20</sup>Nicolas-Alonso LF, Gomez-Gil J. Brain computer interfaces, a review. Sensors Basel Sensors 2012;12(2):1211-1279. doi:10.3390/s120201211.
- <sup>21</sup>Ferree TC, Luu P, Russell GS, Tucker DM. Scalp electrode impedance, infection risk, and EEG data quality. *Clin. Neurophysiol.* 2001;112(3):536-544. doi:10.1016/S1388-2457(00)00533-2.
- <sup>22</sup>Pucks-Faes E, Hitzenberger G, Matzak H, et al. Eleven years' experience with Intrathecal Baclofen Complications, risk factors. *Brain Behav.* 2018;8(5):e00965. doi:10.1002/brb3.965.
- <sup>23</sup>Mohammed I, Hussain A. Intrathecal baclofen withdrawal syndrome- a life-threatening complication of baclofen pump: a case report. *BMC Clin. Pharmacol.* 2004;4:6. doi:10.1186/1472-6904-4-6.
- <sup>24</sup>Mitchell B, Vivian D, Verrills P, Sinclair C. Peripheral nerve field stimulation: A novel treatment for chronic low back pain. *Medicine & Science in Sports & Exercise* 2008;40(Supplement):S4-S5. doi:10.1249/01.mss.0000321464.52452.9a.
- <sup>25</sup>Mayr W, Krenn M, Dimitrijevic MR. Epidural and transcutaneous spinal electrical stimulation for restoration of movement after incomplete and complete spinal cord injury. *Curr. Opin. Neurol.* 2016;29(6):721-726. doi:10.1097/WCO.000000000000382.
- <sup>26</sup>Hofstoetter US, Freundl B, Binder H, Minassian K. Common neural structures activated by epidural and transcutaneous lumbar spinal cord stimulation: Elicitation of posterior root-muscle reflexes. *PLoS ONE* 2018;13(1):e0192013. doi:10.1371/journal.pone.0192013.

- <sup>27</sup>Deer TR, Stewart CD. Complications of spinal cord stimulation: identification, treatment, and prevention. *Pain Med.* 2008;9(suppl 1):S93-S101. doi:10.1111/j.1526-4637.2008.00444.x.
- <sup>28</sup>Smith CC, Lin JL, Shokat M, Dosanjh SS, Casthely D. A report of paraparesis following spinal cord stimulator trial, implantation and revision. *Pain Physician* 2010;13(4):357-363.
- <sup>29</sup>Felton EA, Wilson JA, Williams JC, Garell PC. Electrocorticographically controlled brain-computer interfaces using motor and sensory imagery in patients with temporary subdural electrode implants. Report of four cases. *J. Neurosurg.* 2007;106(3):495-500. doi:10.3171/jns.2007.106.3.495.
- <sup>30</sup>Mahlknecht P, Limousin P, Foltynie T. Deep brain stimulation for movement disorders: update on recent discoveries and outlook on future developments. *J. Neurol.* 2015;262(11):2583-2595. doi:10.1007/s00415-015-7790-8.
- <sup>31</sup>Okun MS. Deep-brain stimulation for Parkinson's disease. N. Engl. J. Med. 2012;367(16):1529-1538. doi:10.1056/NEJMct1208070.
- <sup>32</sup>Compton J, Owens J, Day M, Caldwell L. Systematic review of tendon transfer versus nerve transfer for the restoration of wrist extension in isolated traumatic radial nerve palsy. *J. Am. Acad. Orthop. Surg. Glob. Res. Rev.* 2018;2(4):e001. doi:10.5435/JAAOSGlobal-D-18-00001.
- <sup>33</sup>Siqueira M, Martins R, Faglioni Junior W, Foroni L, Heise C. Restoration of Elbow Flexion in Traumatic Upper Brachial Plexus Palsy in Adults: Outcome with Intraplexus Distal Nerve Transfers in 78 Patients. *Arq. Bras. Neurocir.* 2018;37(04):285-290. doi:10.1055/s-0038-1676533.
- <sup>34</sup>Sturma A, Hruby LA, Farina D, Aszmann OC. Structured motor rehabilitation after selective nerve transfers. *J. Vis. Exp.* 2019;(150). doi:10.3791/59840.