



A Novel Approach to Correct Knee Flexion Angle for Cerebral Palsy

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Cerebral Palsy



2-3 children are diagnosed for every 1,000 births around the world [2]



Movement and posture disorder due to damage of immature brain [3]

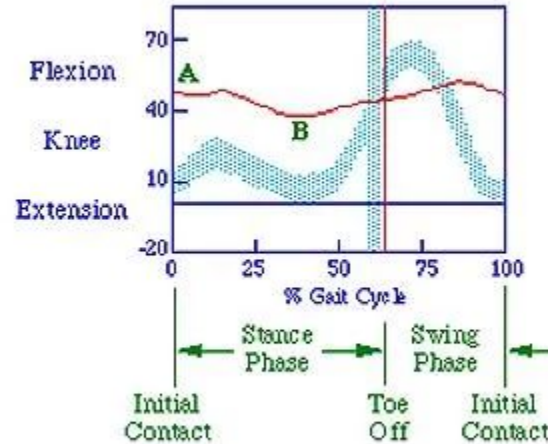


Adverse gait, physiological, and psychological impacts [4]

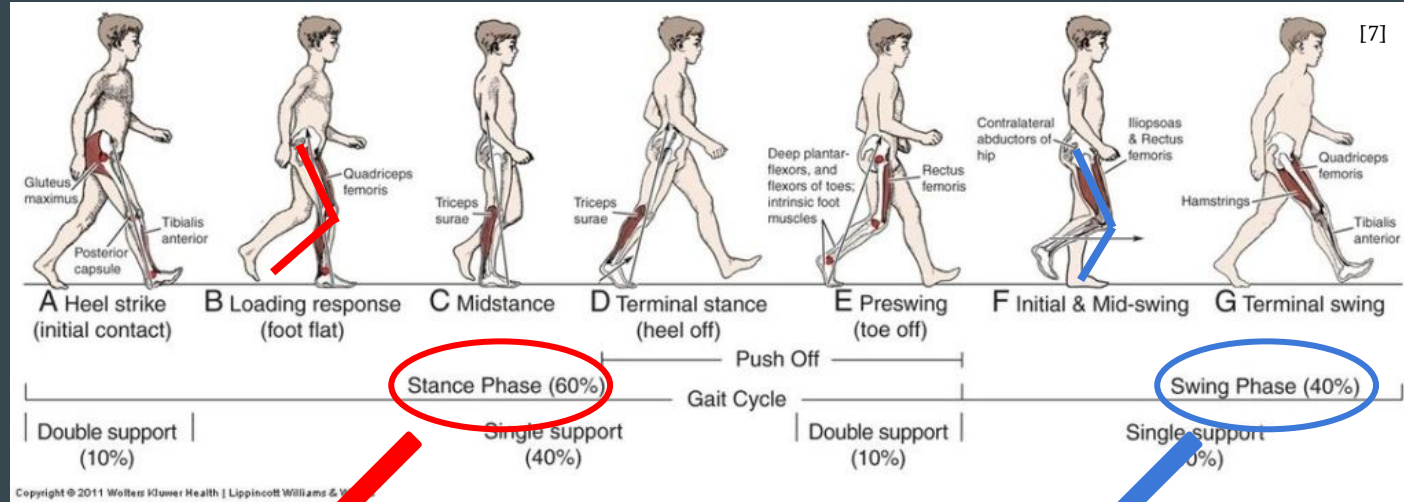
- Spastic Cerebral Palsy is the most common type
- Incorrect information sent to motor units to control muscle movement due to motor cortex damage [5]
- Lack of coordination, involuntary movement

Knee Problems

- Stiff Knee Gait
 - Decreased flexion angle
 - Swing phase of gait
 - Causes ground clearance issues and abnormal gait
- Flexed Knee Gait
 - Increased flexion angle
 - Stance phase of gait and standing
 - Causes abnormal gait, knee degradation, and pain



Muscles activated during the Gait Cycle



Flexed Knee Gait

- Hamstring spasticity
- Quadricep weakness
- Patella tendon lengthening
- Soleus weakness

Stiff Knee Gait

- Rectus femoris spasticity

Traditional Treatment Options

Nonoperative Treatments

- Physiotherapy
- Orthosis
- Neuromuscular blocks



Operative Treatments

- Hamstring Lengthening with ST Transfer
- Distal Femur Extension Osteotomy
- Guided Growth



Cutting-Edge Approaches

Functional Electrical Stimulation (FES)

- Creates localized action potentials to initiate muscle contractions [9]
- Manually-adjusted FES approach to improve gait in CP [10]
- Spinal cord injury [9]
- Poststroke gait [11]

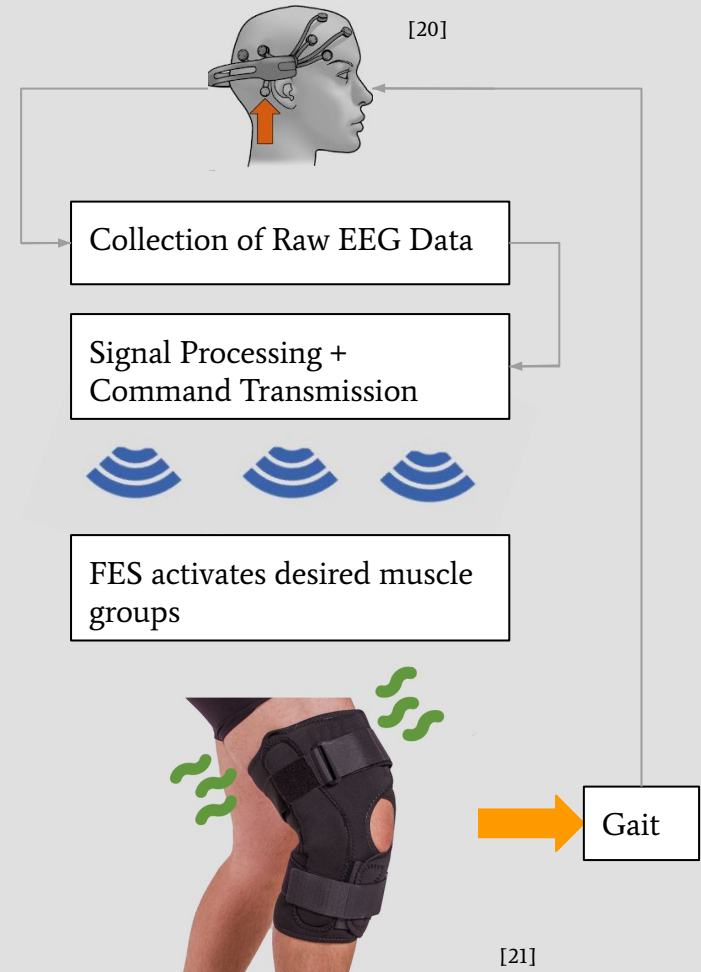
Brain-Computer Interfaces (BCI)

- A communication pathway between the brain and an external device [12] [13]
- Paralysis [14]
- Parkinsons [15]
- Kinesthetic motor imagery [16]

Preliminary successes of **BCI and FES integration** for ankle movement of Parkinson's disease [17]

Our Proposal

- Non-operative treatments are often insufficient [3]
 - Issues recur after surgical CP treatment for hip[18], knee [3], and ankle [19]
 - Progress in FES and BCI technology development
- **We propose an investigation into a novel approach to use BCI and FES to reconnect the brain to muscles for improved gait in cerebral palsy**



Aim 1: Determine FES muscle stimulation strategies

Goals

- Characterize activated muscles through electromyography (EMG)
- Optimize individualized coordination of FES devices
- Evaluate FES effects on knee flexion angles

Approach

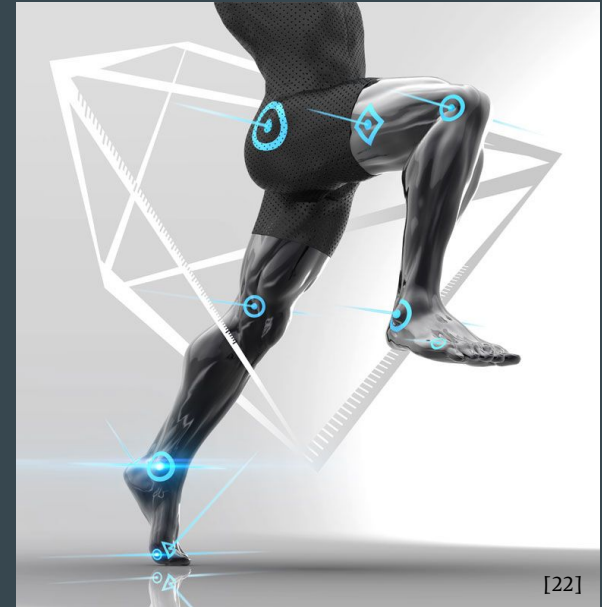
- 25 subjects with crouch gait
- 50 unassisted gait cycles
- Motion Capture Software

Expected Results

- Factors affecting gait will be unique to the individual [3]
- FES device will modulate the activation of key muscle groups [9]

Hypothesis

FES technology will improve the knee flexion angles and improve gait.



Aim 2: Optimize BCI model to control FES system

Goals

- Correlate EEG data to identified gait phases
- Optimize BCI platform for FES stimulation of specific muscle groups

Approach

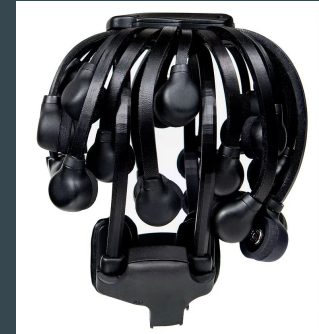
- Non-invasive data collection: 32-channel headset
- 50 labeled three minute unassisted walking samples

Expected Results

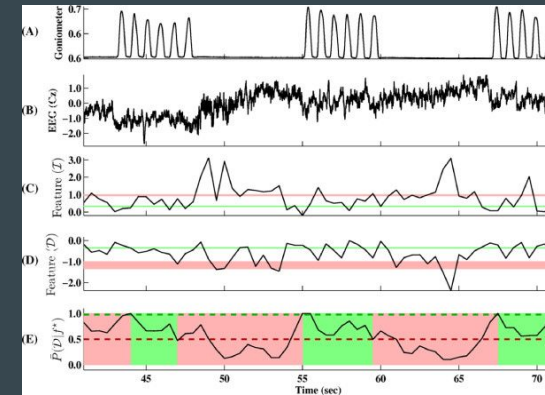
- Identifiable stop and start points [23]
- Primary evidence for leg extension in primary motor cortex [24]

Hypothesis

A patient-specific BCI model will allow for successful stimulation of the correct muscle groups during the gait phase.



[25]



[26]

Aim 3: Evaluate the efficacy of the BCI-FES system

Goals

- Analyze holistic effects of BCI-FES system on gait

Approach

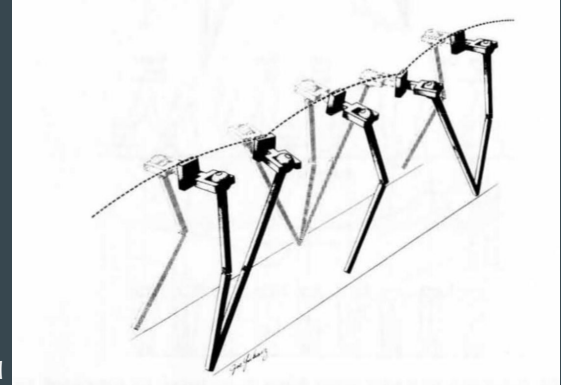
- Motion capture system for analysis of gait smoothness
 - Hip movement variation
 - Stride-to-stride lengths
- Radiographic images to evaluate knee degradation
- Visual Analog Scale (VAS) to monitor knee pain

Expected Results

- BCI-FES system can successfully interact to change gait [17]
- BCI-FES system will allow for smoother gait [11]

Hypothesis

BCI-FES system will improve gait mechanics and aesthetics and will reduce knee degradation and associated pain.



In Summary

- Cerebral palsy is a widespread condition that limits motor function
- Current treatment methods are improving but are not sufficient
- Integrating BCI and FES could reconnect the control system for gait for cerebral palsy patients



[28]

The potential to develop a long-term solution for cerebral palsy gait problems from cutting-edge research is worth your investment!

Questions?

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