

Motor system: Stroke a (motor) network disorder (NX-423)

Prof. Dr. med. Friedhelm Hummel

Defitech Chair for Clinical Neuroengineering,
Neuro-X Institute (INX) & Brain Mind Institute (BMI)
Ecole Federale Polytechnique de Lausanne (EPFL)

Department of Clinical Neuroscience, University Hospital of Geneva

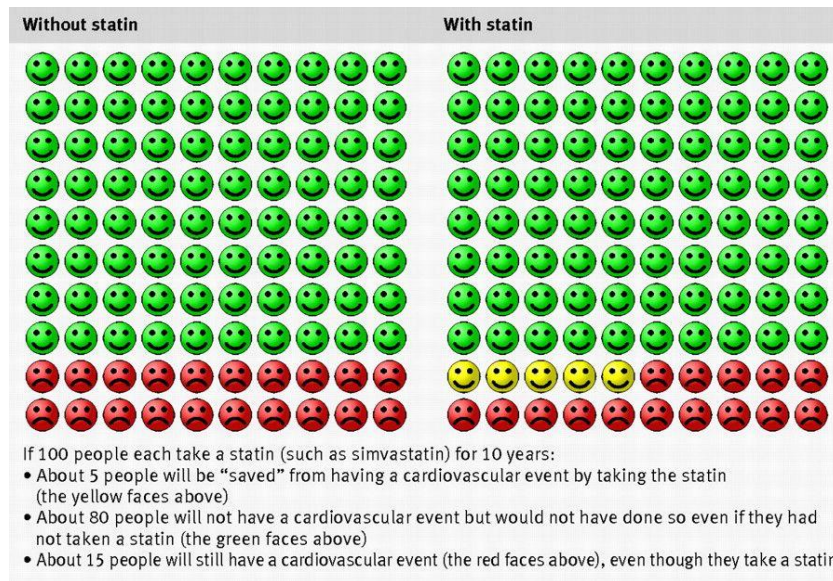
Stroke

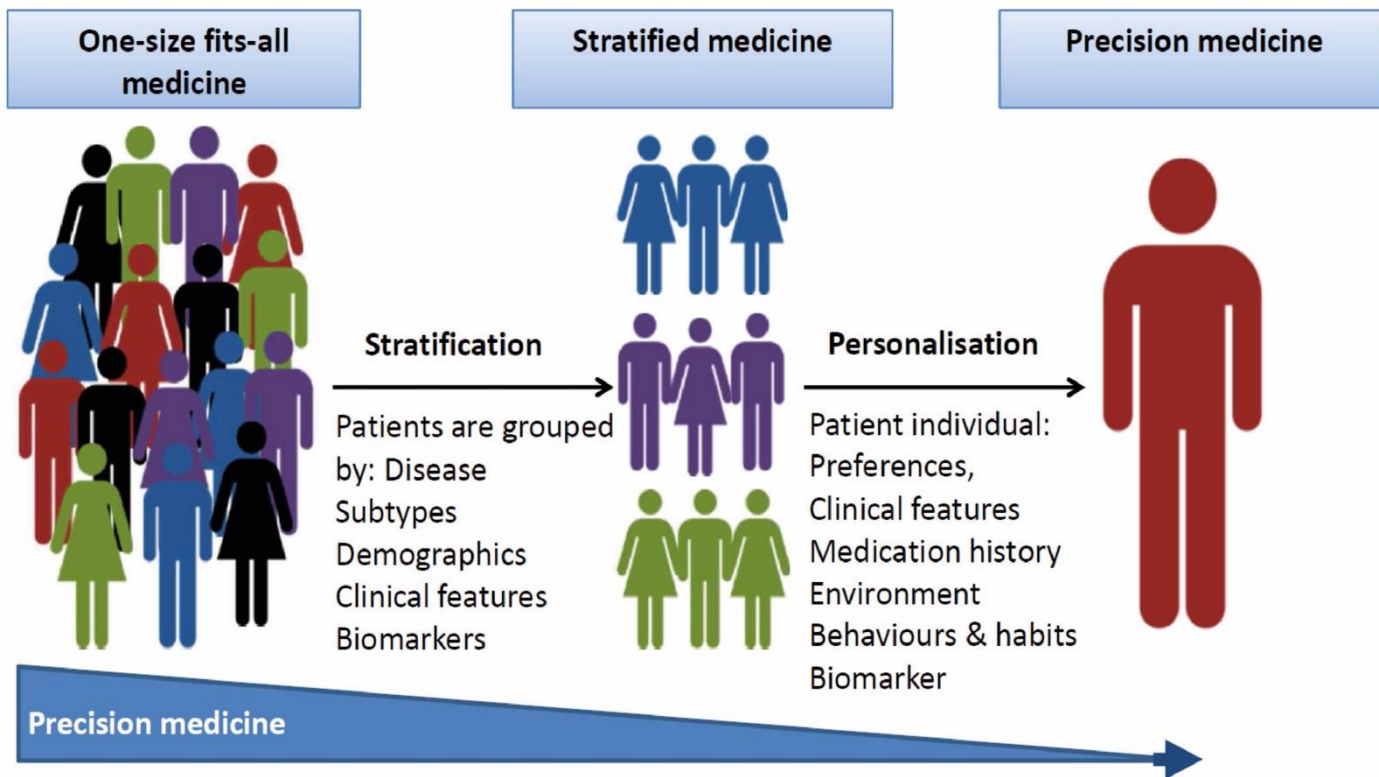
- Epidemiology
- Relevance of personalization
- Acute personalized stroke treatment, example wake-up stroke
- Prediction of stroke recovery trajectory by means of brain connectomics
- Underlying model for target treatment for neurorehabilitation (interhemispheric competition model)
- Different approaches to enhance neurorehabilitation (e.g. BCI, NIBS)
- Means of evaluating behavior/deficits of patients (e.g., SMART Kitchen)

Why do we need personalized health for neurological disorders

- **Ideal Case Scenario Precision Medicine**

- Good prediction of outcome
- Good prediction of course of the disorder
- Good prediction of treatment response
- Tailored Treatment for the individual patient
- Ideally NNT = 1



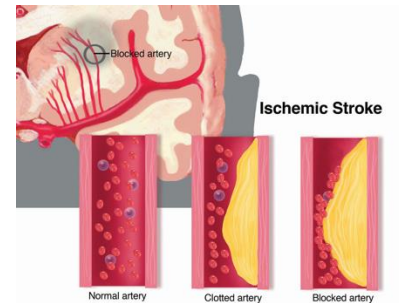
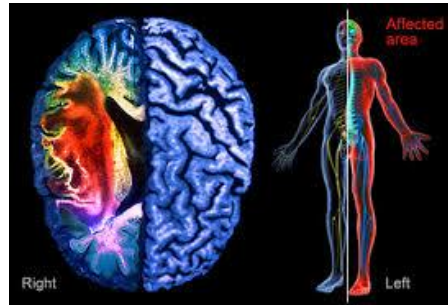


Why do we need personalized health for neurological disorders

- **Ideal Case Scenario Precision Medicine**
 - Good prediction of outcome
 - Good prediction of course of the disorder
 - Good prediction of treatment response
 - Tailored Treatment for the individual patient
 - Ideally NNT = 1
- **What is needed for this**
 - Excellent understanding of the disorder (mechanisms, course of disorder)
 - Biomarkers to provide prediction
 - Patient-tailored treatment strategies
 - Health technologies
 - Respective health care system for this
 - Ethical framework

Examples of how different neurotechnology can drive personalized precision medicine

- Stroke -



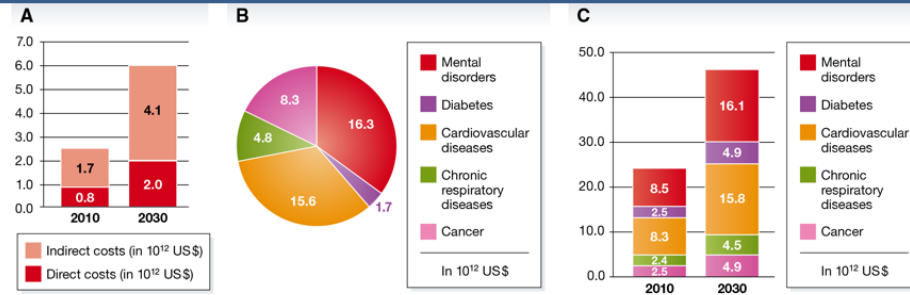


Figure 2. Economic costs of mental disorders in trillion US\$ using three different approaches: direct and indirect costs (A), impact on economic growth (B), and value of statistical life (C).
Based on data from [6].

Trautmann et al. (2016) *EMBO reports*

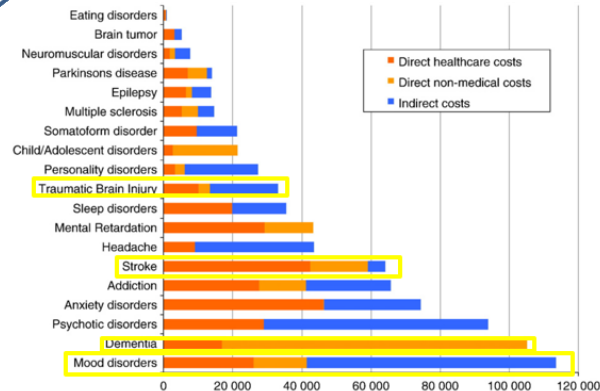


Figure 3 Total cost by disorder and type of cost (€PPP million, 2010), all disorders.

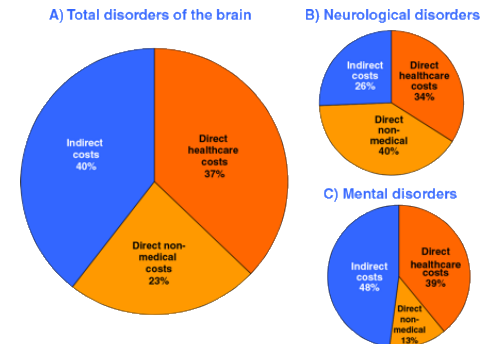


Figure 5 Distribution of costs.

Gustavsson et al. (2011) *European Neuropsychopharmacology*



Around the world, there are
12.2 MILLION new strokes per year
ONE EVERY 3 SECONDS

101 MILLION

people worldwide are living
with stroke aftermath

**THIS NUMBER HAS ALMOST
DOUBLED OVER THE LAST 30 YEARS**

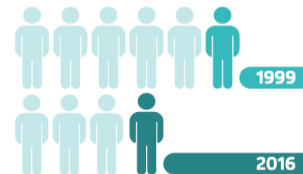


1990



2019

1 in 4 people will have a
stroke in their lifetime
**THIS NUMBER HAS
INCREASED 50% OVER
THE LAST 17 YEARS**



1999

2016



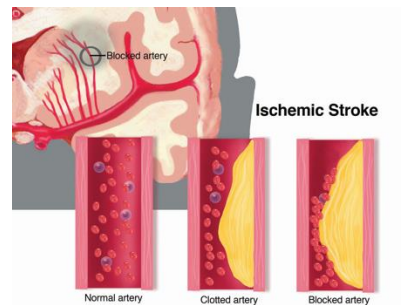
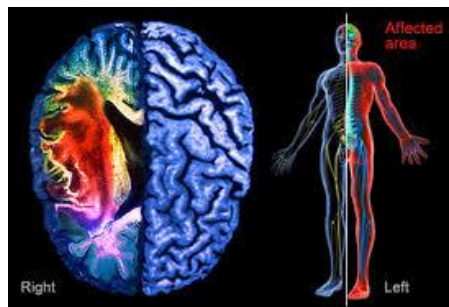
In 2019, **63%** of stroke happened in
people younger than 70 years old.

**STROKE IS NO LONGER A
DISEASE OF THE ELDERLY**

Motor impairment

- Occurs in 50 to 80% of stroke survivors
- Complete recovery occurs in less than 15% of the patients

Example Stroke



<http://www.compehvisuals.com>

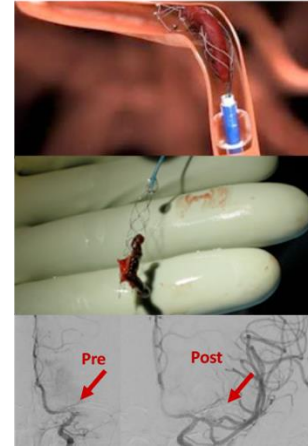
Only 15-20% fully recover!

- ❑ **85%** with **persisting** symptoms
- ❑ only **15%** fully recover
- ❑ **>20%** of patients age **<55a!**



- ❑ **Impact on daily life**

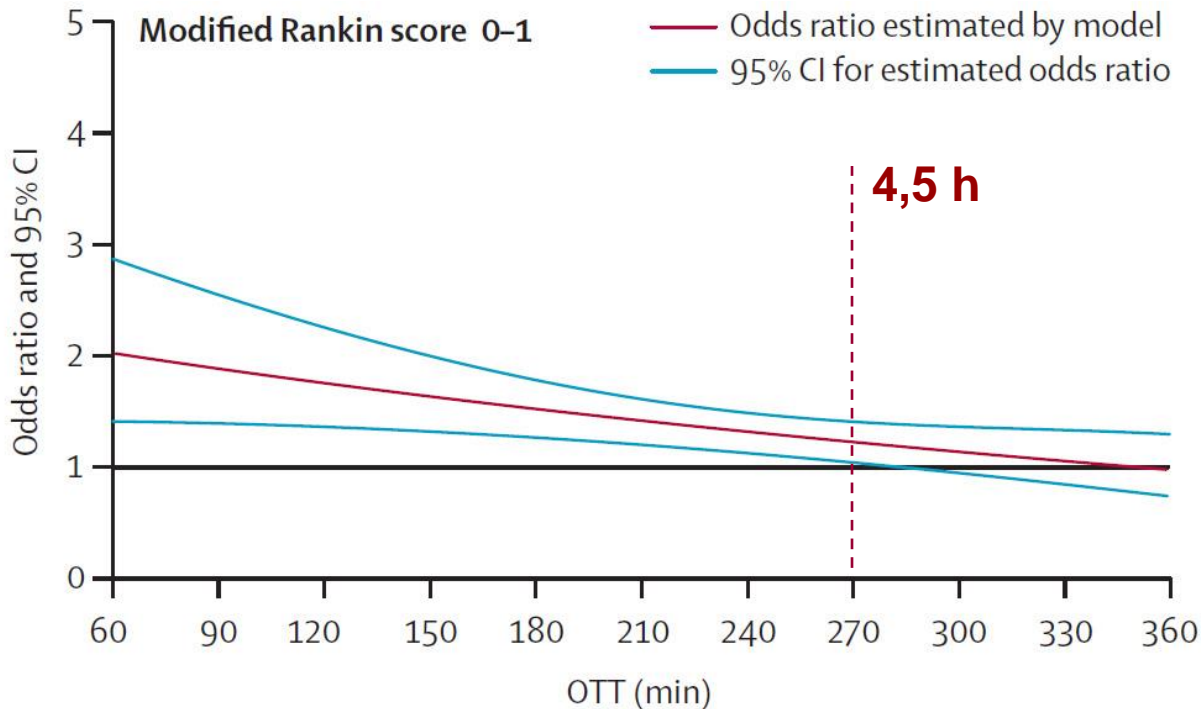
ACUTE

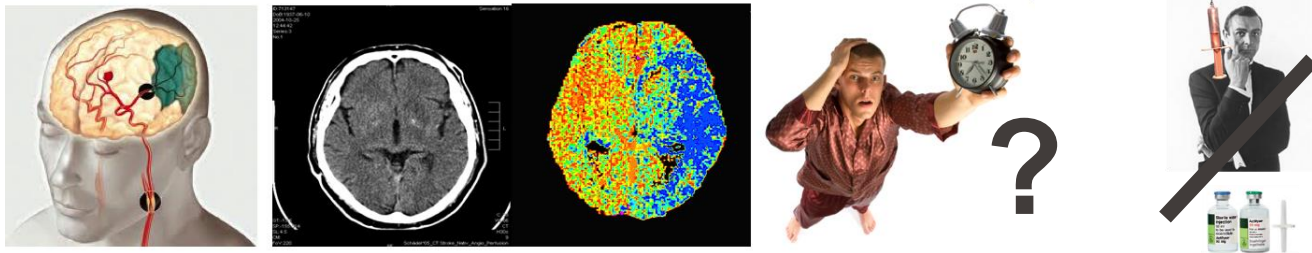


CHRONIC



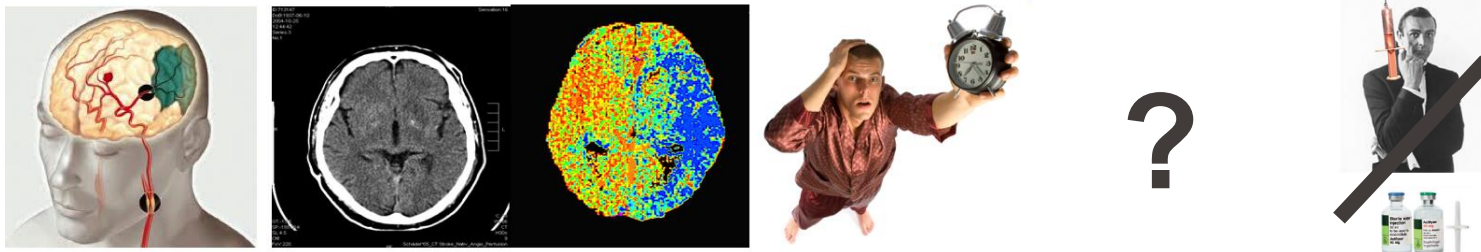
The relevance of time for the success of thrombolysis? Towards personalized prediction of outcome



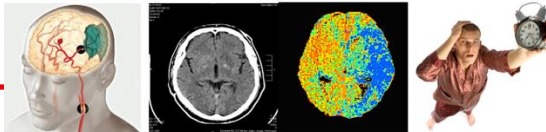


- The **personalization** of treatment here is **based** on the (**subjective**) information when the **symptoms started**
- **Problem:** start of the symptoms is often **not** clear (e.g. stroke during sleep (20%), patient cannot communicate or did not him/herself realize the symptoms)

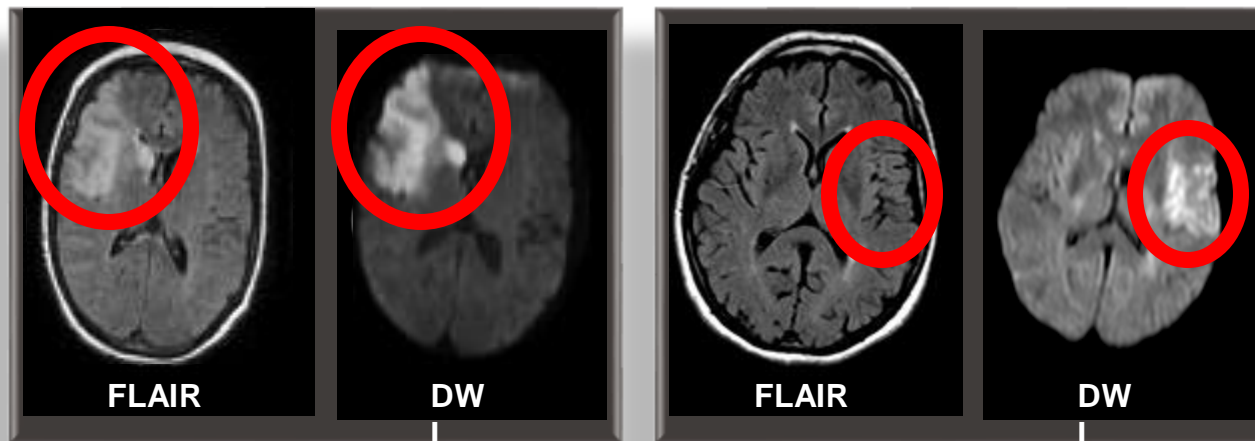
==> **no** treatment for these patients (thrombolysis)?



Can this problem be solved by applying technology?

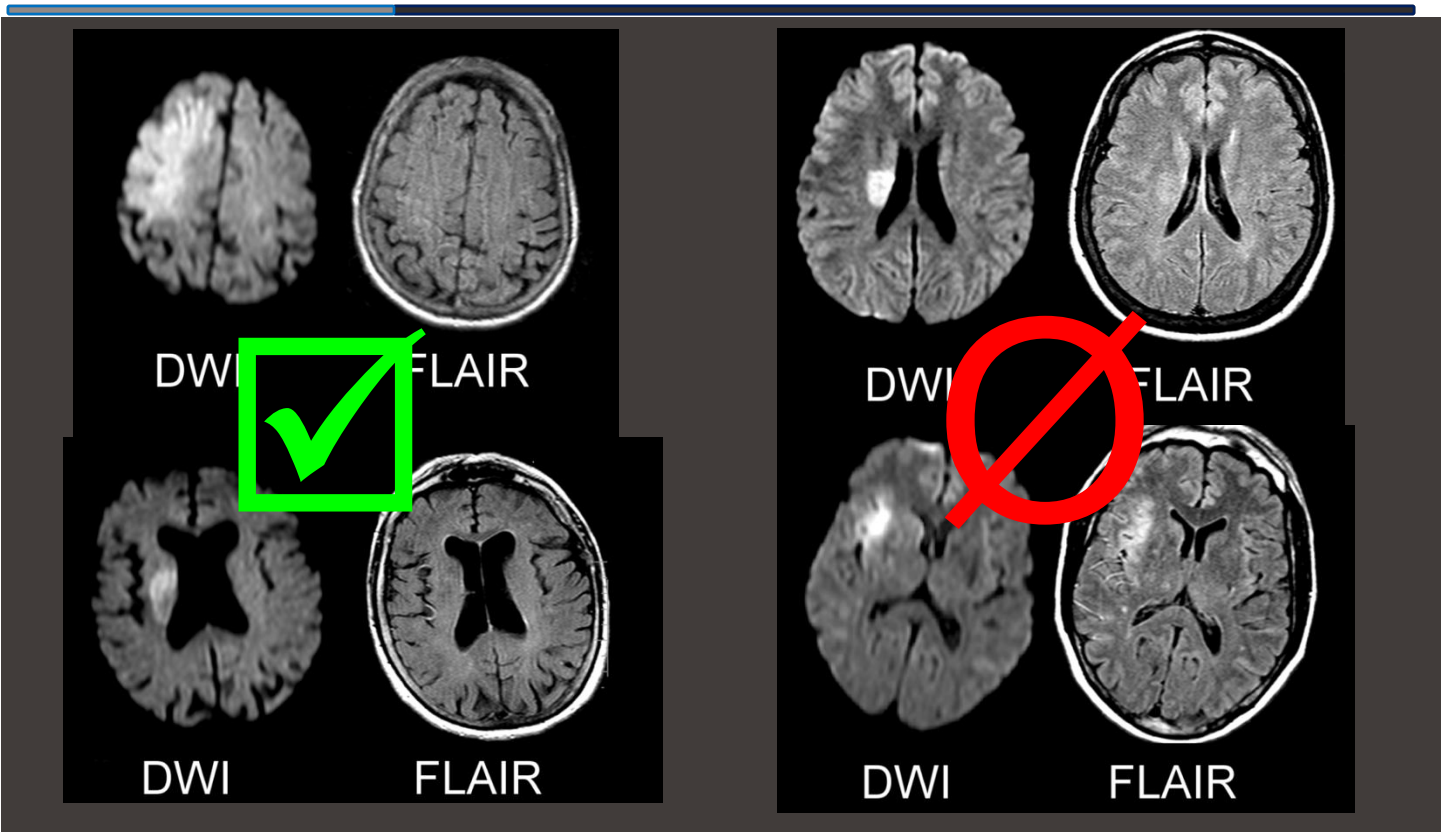
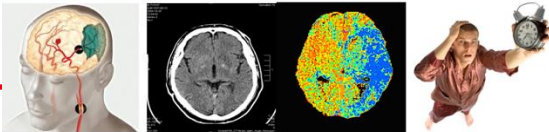


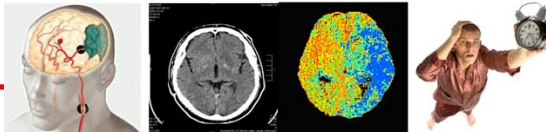
- FLAIR persistent damage, DWI probable reversible damage



- DWI-FLAIR-Mismatch = patients might be within a time window for thrombolysis (<4.5h)?

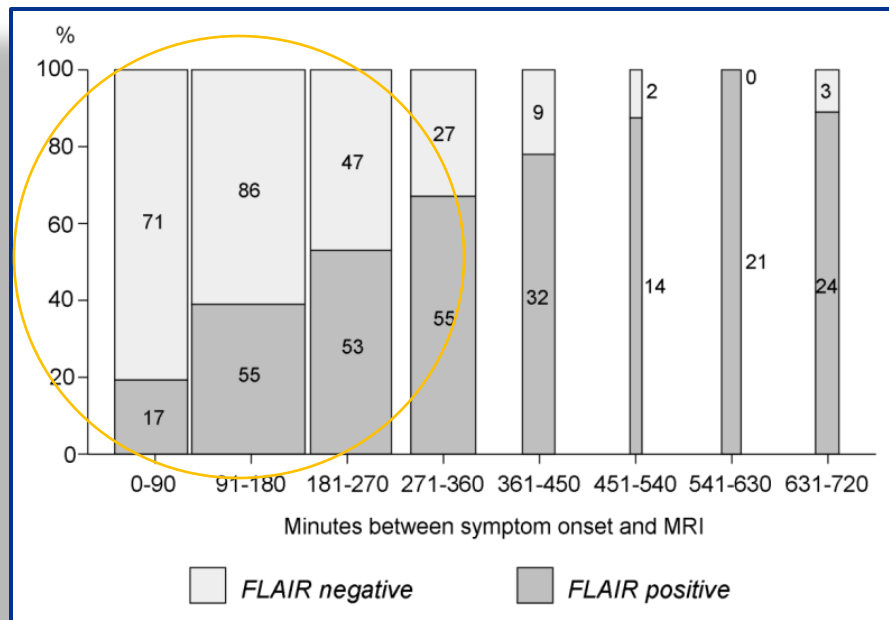
Tissue clock?

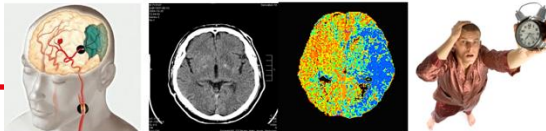




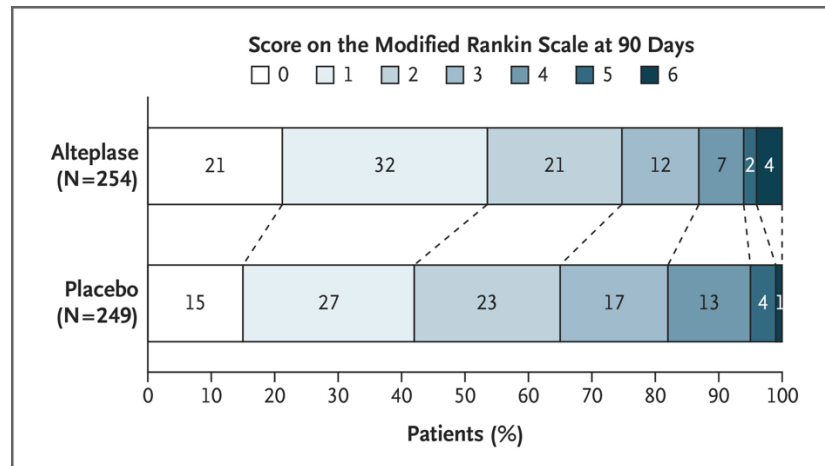
Existing big regular clinical data sets (n=543)

- search for a tissue clock -





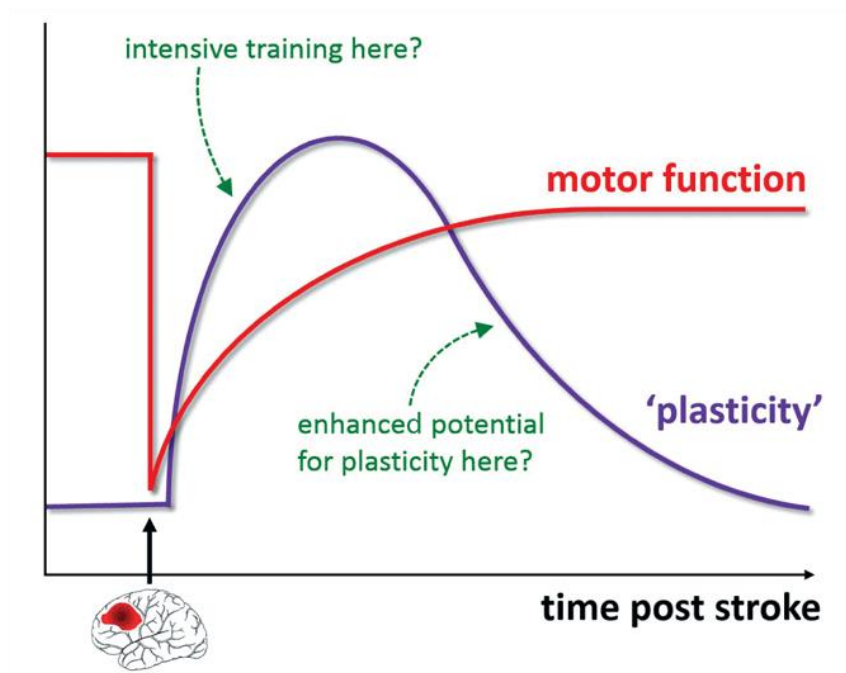
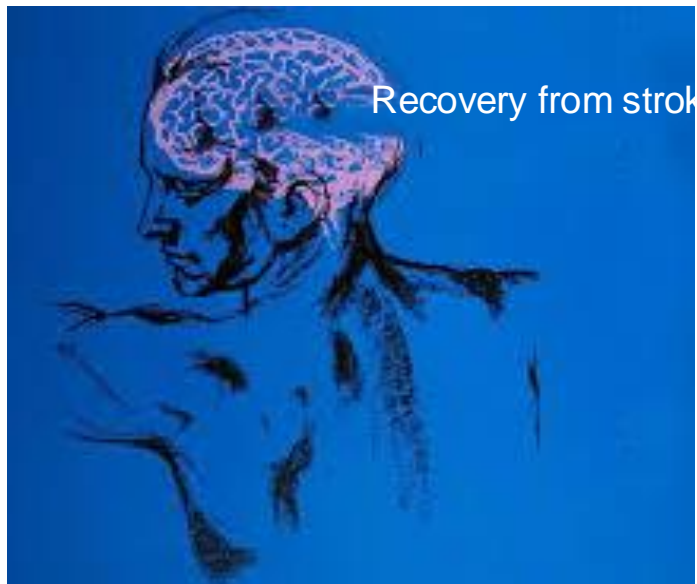
Translation into a large clinical treatment trial: Wake-Up trial



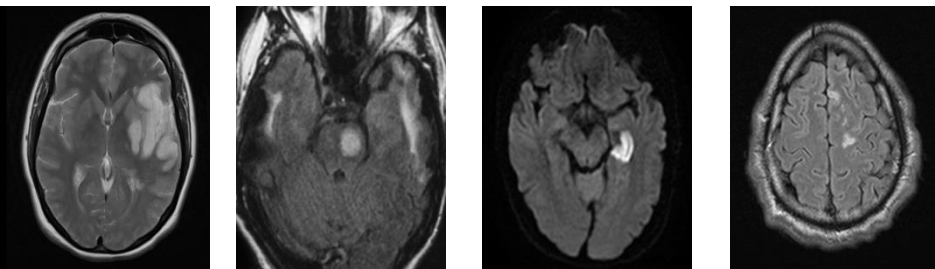
Thomalla et al. (2018) *NEJM*

Successful extension of thrombolysis based on a tissue clock (MRI)

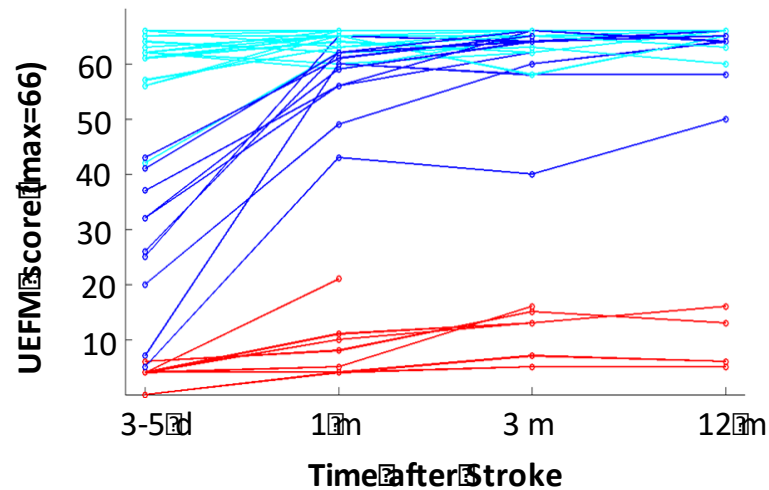
- ❑ Using (neuro-) technology, here advanced MRI imaging, allows to provide a **'tissue clock'** to achieve **patient specific** information about the stroke
- ❑ This allows **patient-tailored** treatment
- ❑ Enhances the **individual** access to an approved treatment in a **safe** and **effective** way

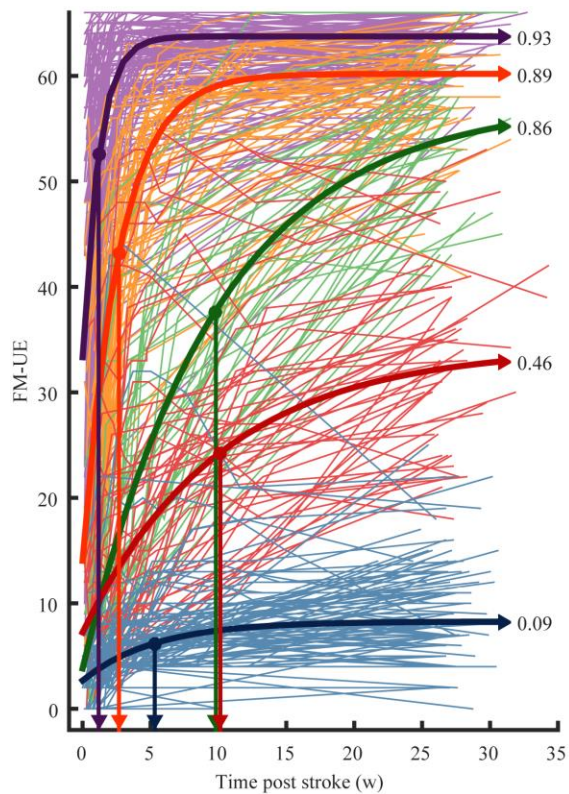
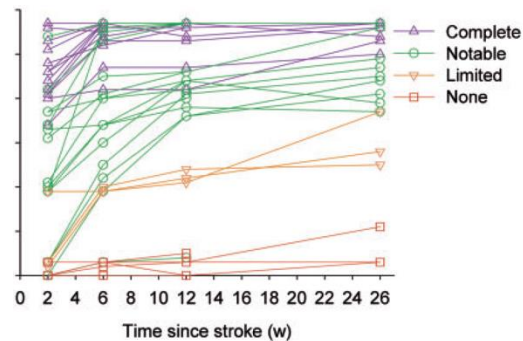
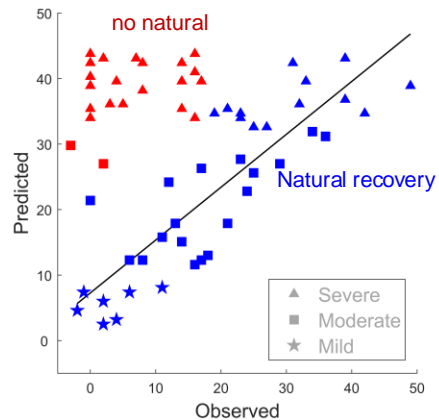


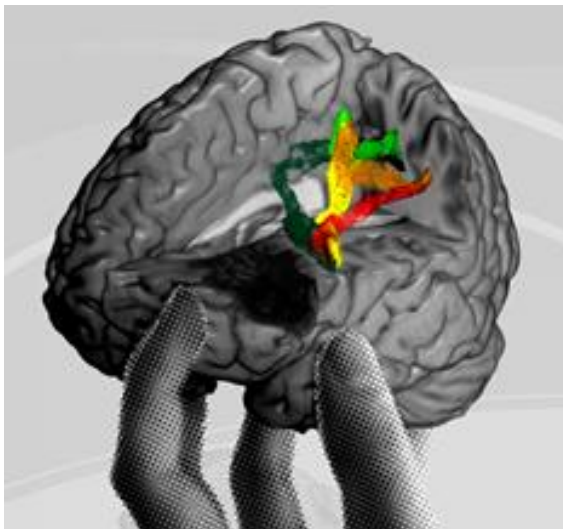
Heterogeneity in lesion location



Heterogeneity in recovery

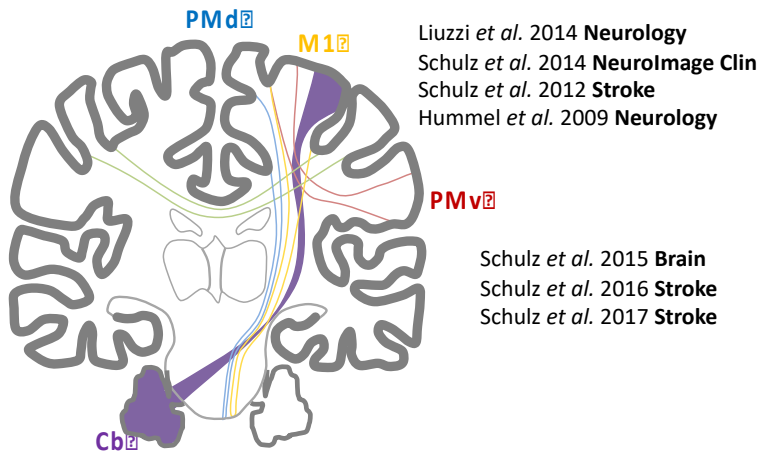


Van der Vliet *et al.* (2020) Ann NeurolStinear *et al.* (2011) Lancet NeurolKoch *et al.* (2021) Brain



Boenstrup *et al.* 2015 **RNN**

Cheng *et al.* 2012 **J Cereb Blood Flow Metab**



Liuzzi *et al.* 2014 **Neurology**

Schulz *et al.* 2014 **NeuroImage Clin**

Schulz *et al.* 2012 **Stroke**

Hummel *et al.* 2009 **Neurology**

Schulz *et al.* 2015 **Brain**

Schulz *et al.* 2016 **Stroke**

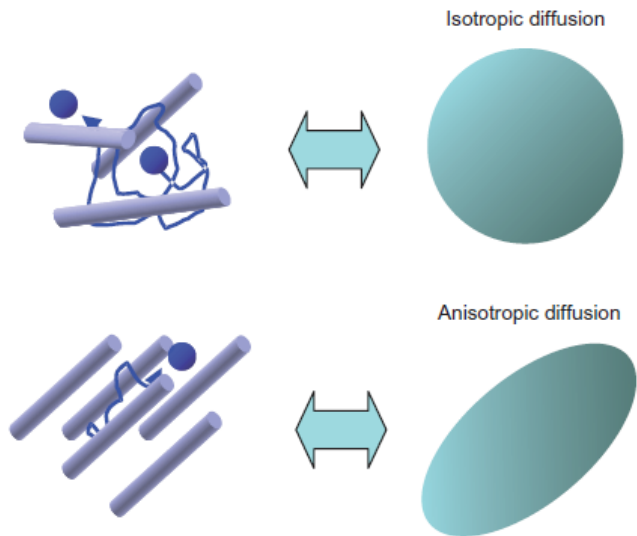
Schulz *et al.* 2017 **Stroke**

Schulz *et al.* 2015 **NeuroImage Clin**

Schulz *et al.* 2017 **Cerebral Cortex**

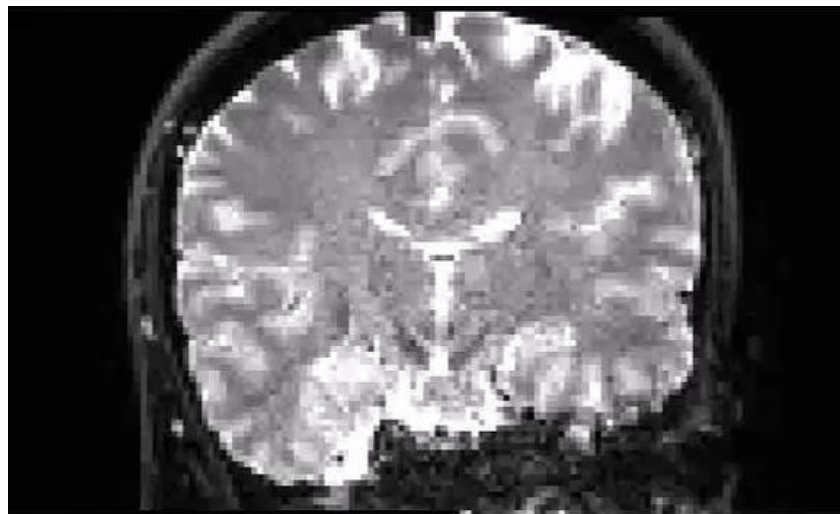
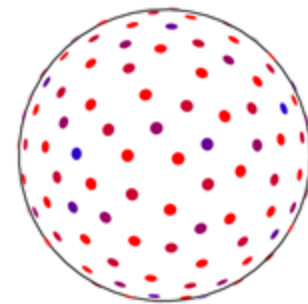
- ❑ **Brain: a network with well orchestrated hubs and interactions for optimal functioning**
- ❑ **Stroke is a network disease** (Schulz *et al.* 2012, 2015, 2017, for review Koch & Hummel 2017; Grefkes & Fink 2014)
- ❑ **Massive changes and reorganization during the course of recovery**

Diffusion weighted imaging (DWI)

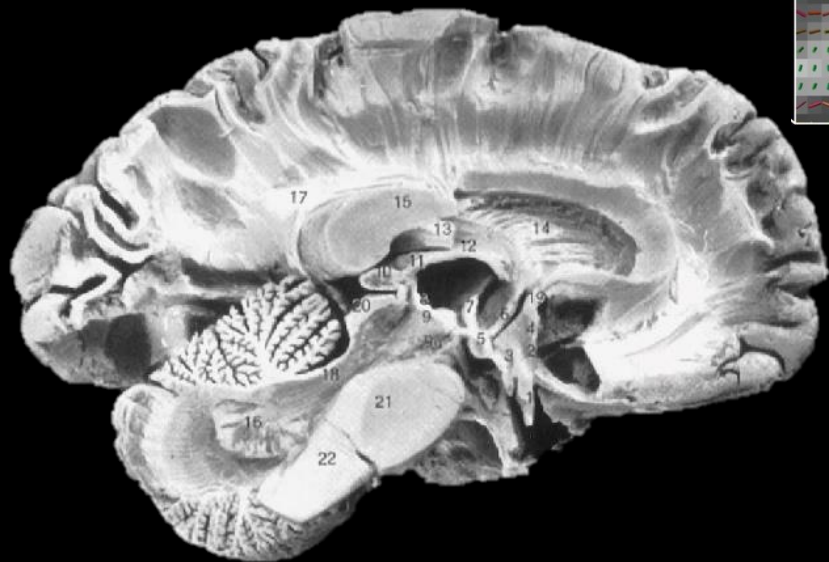


Mori 2014

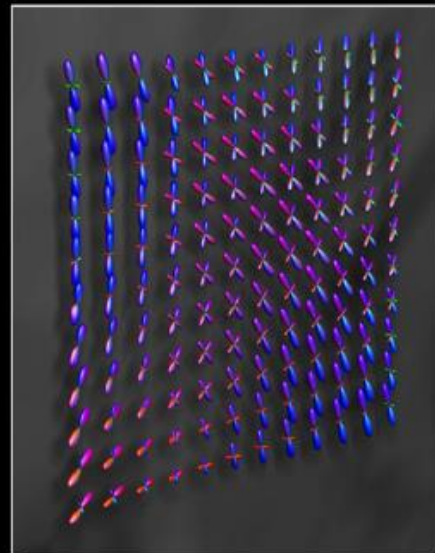
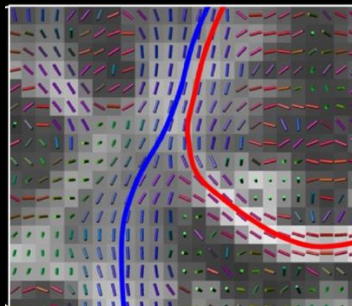
Diffusion vector scheme



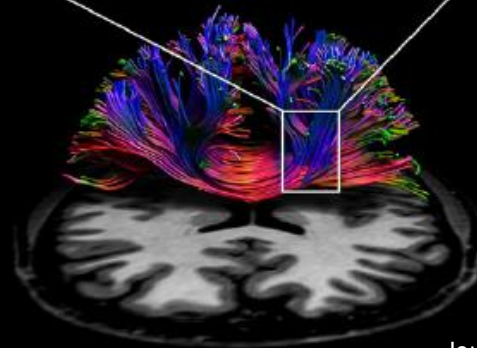
1. Tractography

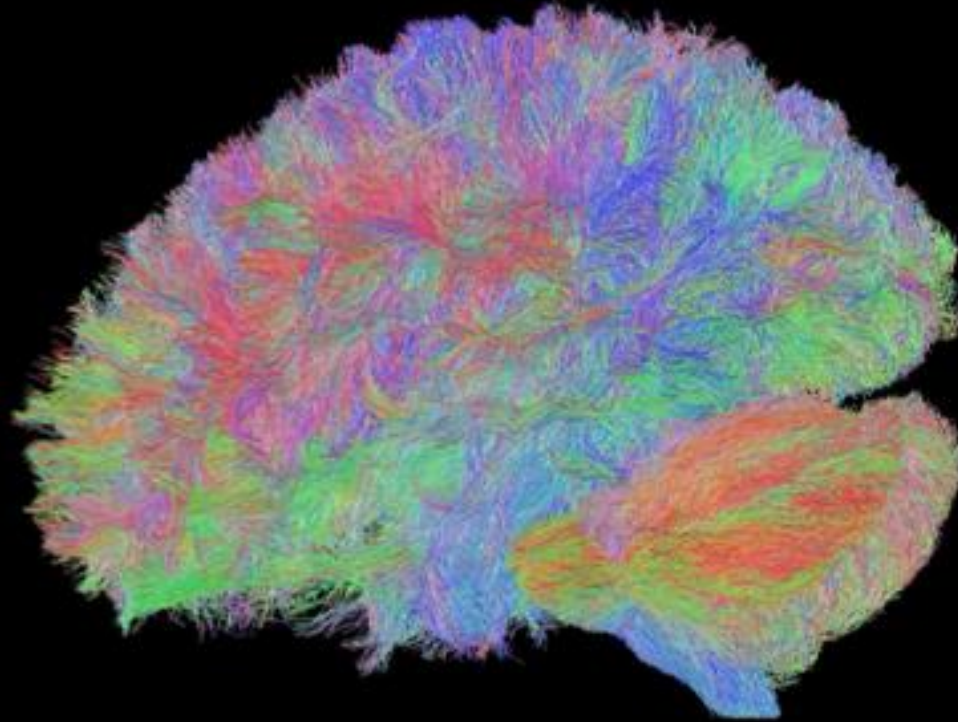


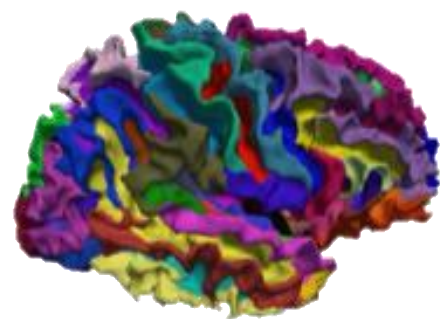
Huber 1971



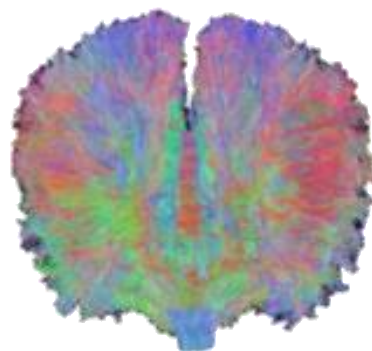
Non invasive



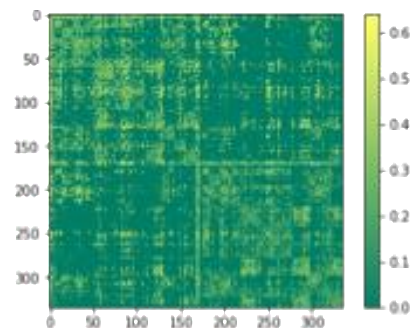
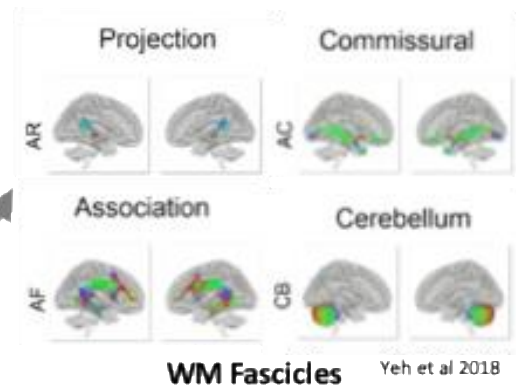




Brain parcellation



Tractography

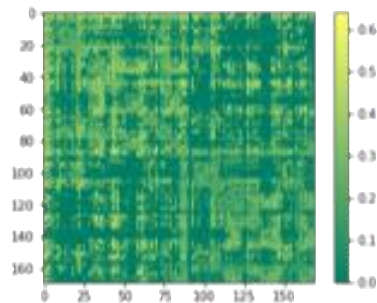


Connectome

Koch *et al.* **Brain** (2021)

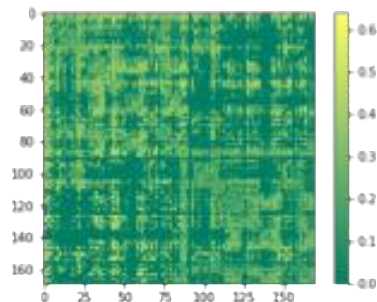
Can we predict Fitter and non Fitter using the connectome?

Initial Connectome 3 weeks



Residual/
Prerequisite

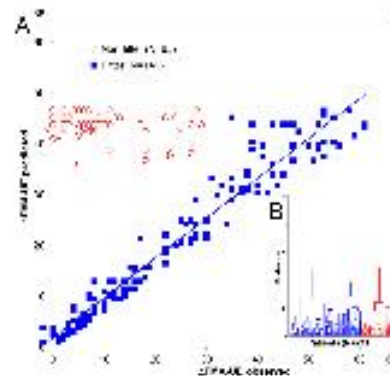
Change in Connectome 3months – 3 weeks

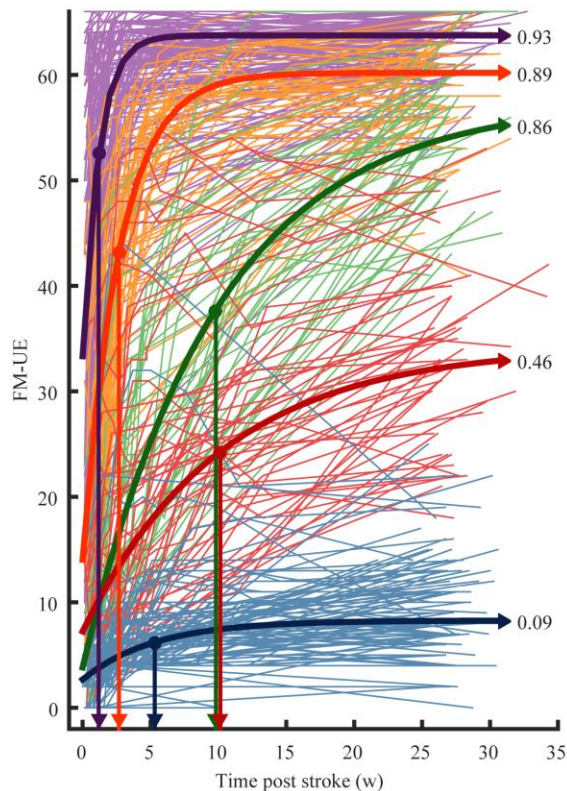


Degeneration/
Reorganization

SVM - Classifier

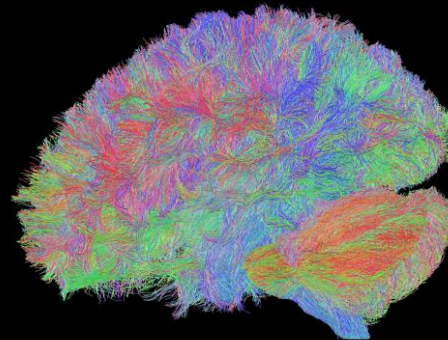
Non fitters
VS.
Fitters



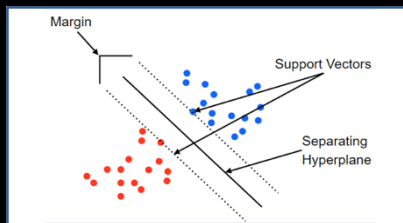


Van der Vliet *et al.* (2020) Ann Neurol

Structural connectome



Support Vector Machine (SVM)
Classifiers (**recovery**-no **recovery**)



Connectome allows
Classification /prediction

Subgroup	Accuracy	Precision
Severely impaired patients	0.92	0.93
2 weeks after stroke		
Subgroup	Accuracy	Precision
Severely impaired patients	0.92	0.93
2 weeks to 3 months		

Koch *et al.* (2021) Brain

Multifocal stimulation

(Wessel *et al.* 2023; Salamanca *et al.* 2021; Raffin *et al.* 2020)

Intensive rehabilitative training

+

Gamifaction (Ozgur *et al.* 2022)

+

Combination with neurotechnology

(Bigoni *et al.* 2022 Front Neurol; Bigoni *et al.* 2023 Med)



<https://healthinfo.healthengine.com.au>

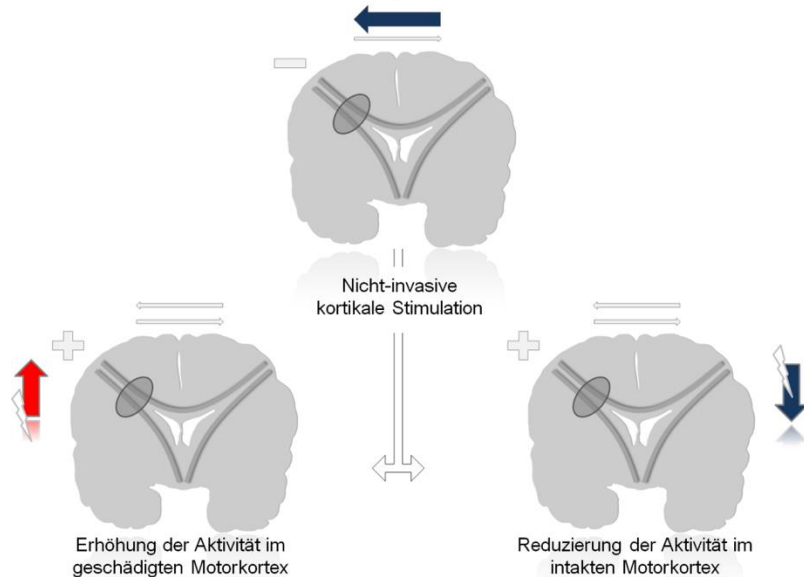
Stimulation of deep brain structures

Striatum (Wessel, Beanato *et al.* 2023 Nat Neuroscience)

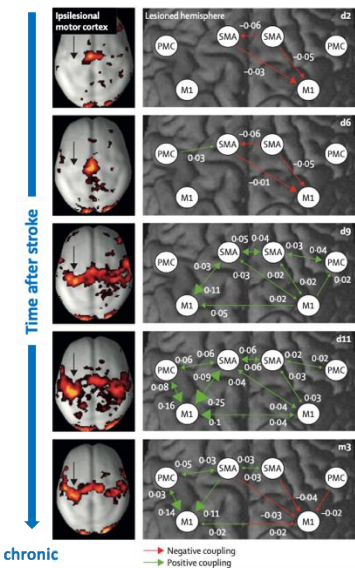
Spinal cord stimulation (Cervical)

(Powell *et al.* Nat Med 2023)

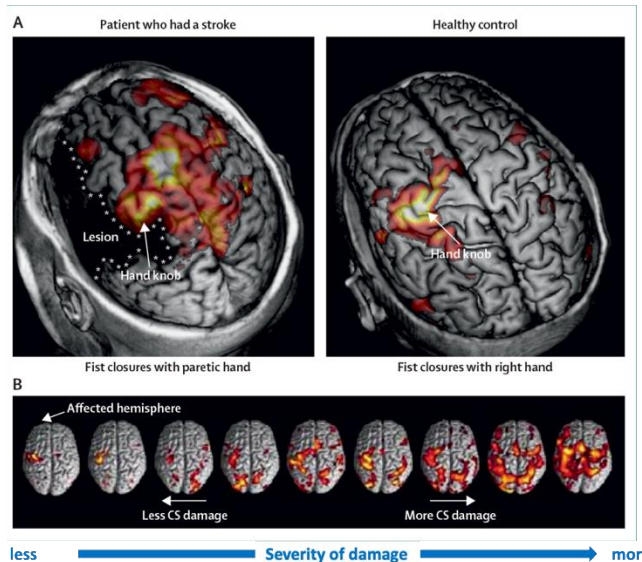
Abnorme interhemisphärische Inhibition

For review Di Pino *et al.* (2014); Hummel & Cohen (2006)

acute



chronic

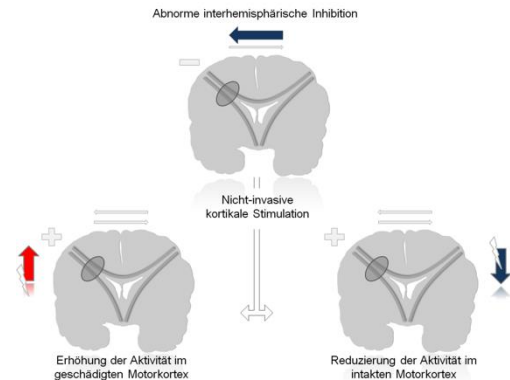


less

Severity of damage

more

For review Guggisberg *et al.* (2019); Koch *et al.* (2017); Grefkes & Fink (2014)



For review Di Pino *et al.* (2014); Hummel & Cohen (2006)

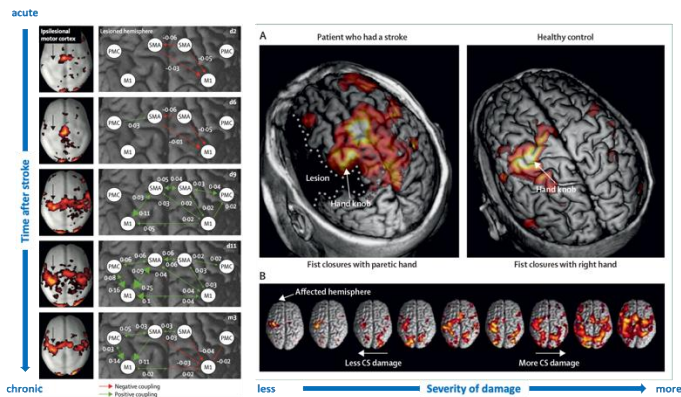


Intact hemisphere impairs residual function/recovery

- maladaptive changes
- enhanced inhibitory impact on the lesioned hemisphere

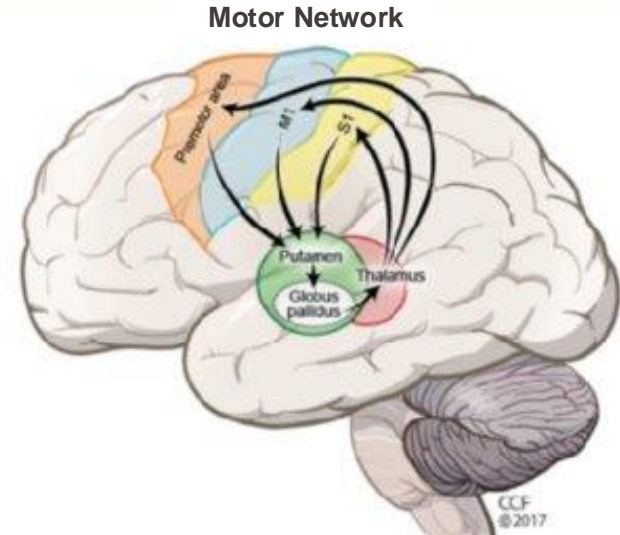
Intact hemisphere supports residual function/recovery

- by additional 'computational' power
- enhanced connectivity with the lesioned hemisphere
- by uncrossed projections



Impacts massively on the **NIBS strategy**
(inhibitory vs. facilitatory)

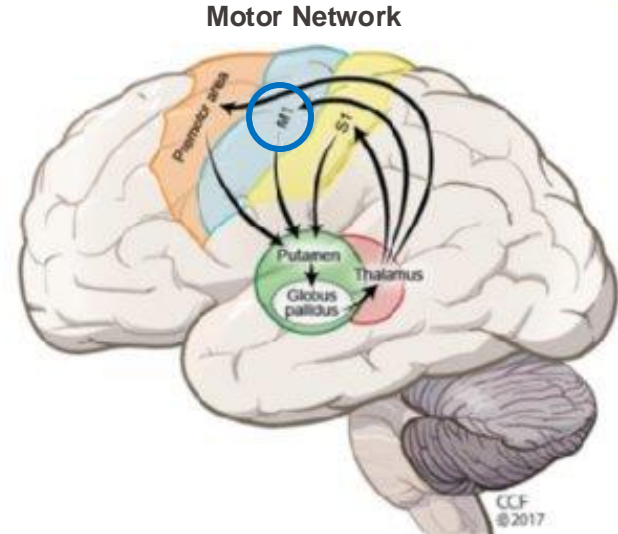
Knowledge of **individual** functional role will lead NIBS intervention, more homogenous and maximized effects of NIBS



e.g., Maceira-Elvira *et al.* 2022 Sci Adv, Grover *et al.* 2022 Nat Nsc; Zimmerman *et al.* 2013 Ann Neurol; Draaisma *et al.* 2022 BrainStimulation

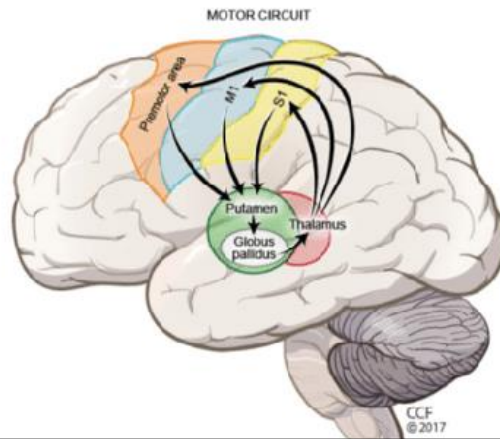


Non-invasive brain stimulation

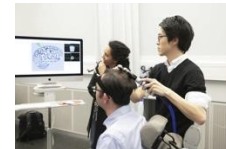


e.g., Maceira-Elvira *et al.* 2022 Sci Adv, Grover *et al.* 2022 Nat Nsc; Zimmerman *et al.* 2013 Ann Neurol; Draaisma *et al.* 2022 BrainStimulation

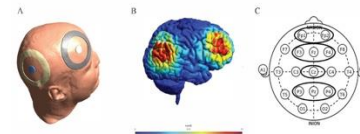
Motor



monofocal cortical NIBS



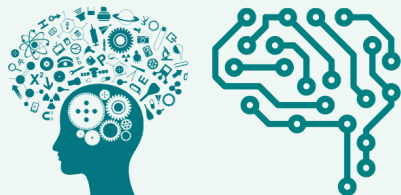
multifocal cortical NIBS

multidomain stimulation
(efferent-afferent)

non-invasive deep brain stimulation (nDBS)



Neuroplasticity

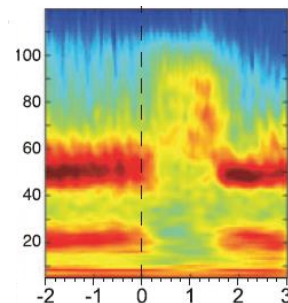


<https://integratedlistening.com>

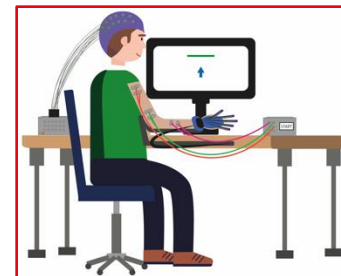
Neuronal entrainment



Interference



Multi-technology



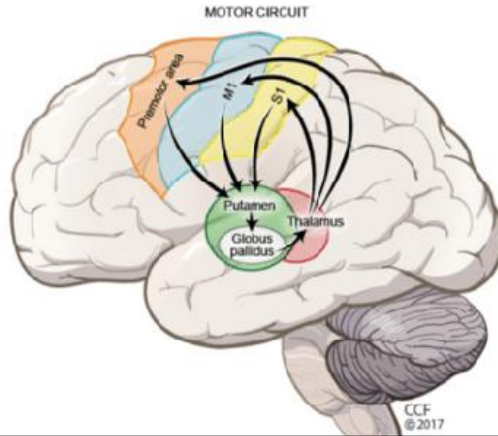
Bevilacqua *et al.* (2025) *Brain*
 Beanato, Moon *et al.* (2024) *Science Advances*
 Wessel, Beanato *et al.* (2023) *Nature Neuroscience*
 Maceira-Elvira *et al.* (2022) *Science Advances*
 Wessel *et al.* (2023) *Cerebellum*
 Wessel *et al.* (2021) *Sci Rep*
 Zimmerman *et al.* (2014) *Ann Neurol*
 Hummel *et al.* (2005) *Brain*

Raffin *et al.* under review
 Bevilacqua *et al.* (2024) *BrainStimulation*
 Draaisma *et al.* (2022) *BrainStimulation*
 Salamanca *et al.* (2021) *NeuroImage*
 Wessel *et al.* (2020) *Sci Rep*
 Sauseng *et al.* (2009) *Curr Biol*
 Plewnia *et al.* (2008) *EJN*

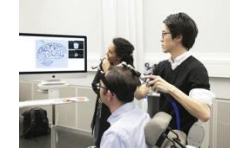
Vassiliadis *et al.* (2024) *Nature Hum Beh*
 Renzi *et al.* (2013) *J Cogn Neurosci*
 Liuzzi *et al.* (2010) *Curr Biol*
 Fridman *et al.* (2004) *Brain*

Bigoni *et al.* (2023) *MED*
 Bigoni *et al.* (2022) *Front Neurol*

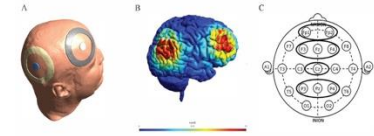
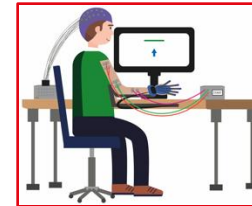
Motor



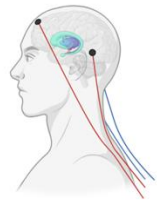
monofocal cortical NIBS



multifocal cortical NIBS

multidomain stimulation
(efferent-afferent)

non-invasive deep brain stimulation (nDBS)



doi:10.1093/brain/awh369

Brain (2005), **128**, 490–499

Effects of non-invasive cortical stimulation on skilled motor function in chronic stroke

Friedhelm Hummel,^{1,2} Pablo Celnik,¹ Pascal Giraux,¹ Agnes Floel,¹ Wan-Hsun Wu,¹ Christian Gerloff² and Leonardo G. Cohen¹

Rapid Review

Non-invasive brain stimulation: a new strategy to improve neurorehabilitation after stroke?

Friedhelm C Hummel, Leonardo G Cohen

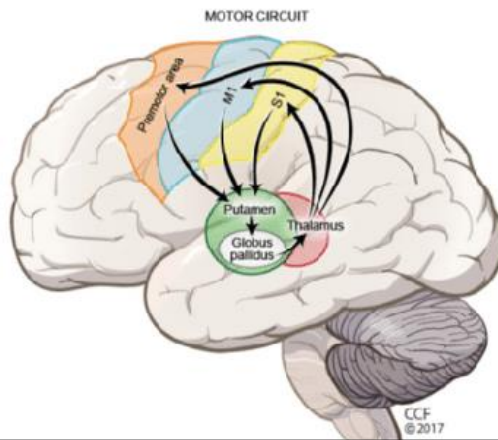
Lancet Neurol 2006; **5**: 708–12

REVIEWS

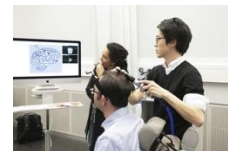
Modulation of brain plasticity in stroke: a novel model for neurorehabilitation

Giovanni Di Pino, Giovanni Pellegrino, Giovanni Assenza, Fioravante Capone, Florinda Ferreri, Domenico Formica, Federico Ranieri, Mario Tombini, Ulf Ziemann, John C. Rothwell and Vincenzo Di Lazzaro

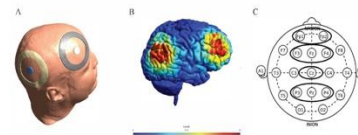
Motor



monofocal cortical NIBS



multifocal cortical NIBS

multidomain stimulation
(efferent-afferent)

non-invasive deep brain stimulation (nDBS)



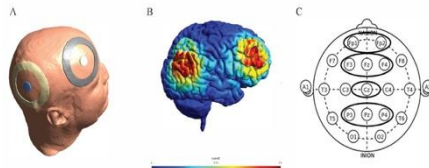
Targeting the frontoparietal network using bifocal transcranial alternating current stimulation during a motor sequence learning task in healthy older adults

L.R. Draaisma^{a,b}, M.J. Wessel^{a,b,c}, M. Moyné^{a,d}, T. Morishita^{a,b}, F.C. Hummel^{a,b,d,*}

No Memory Load

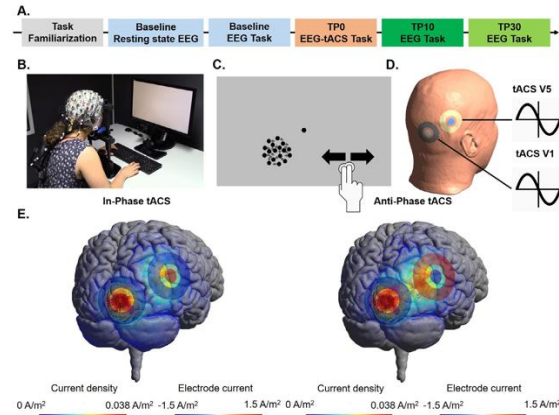


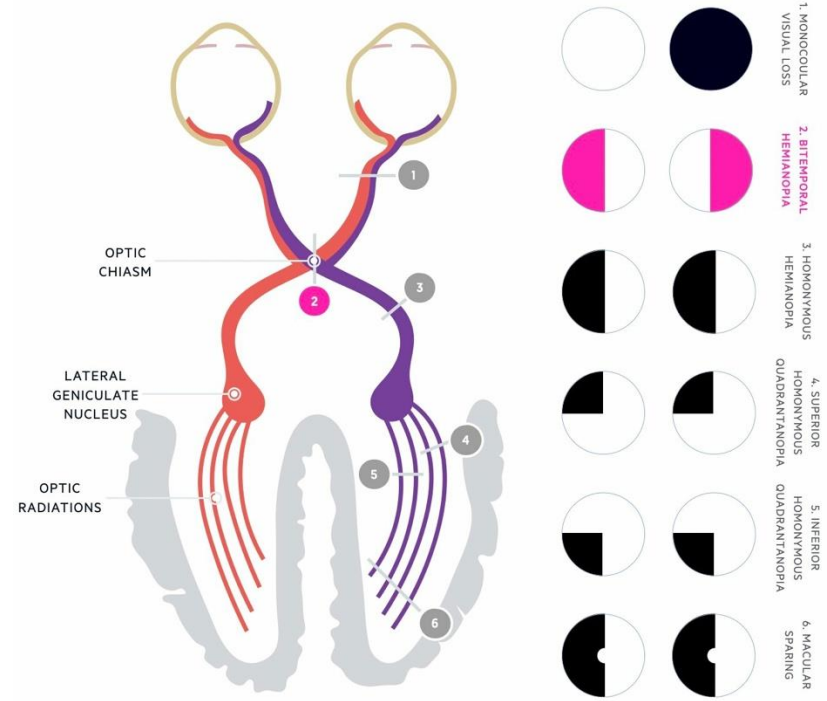
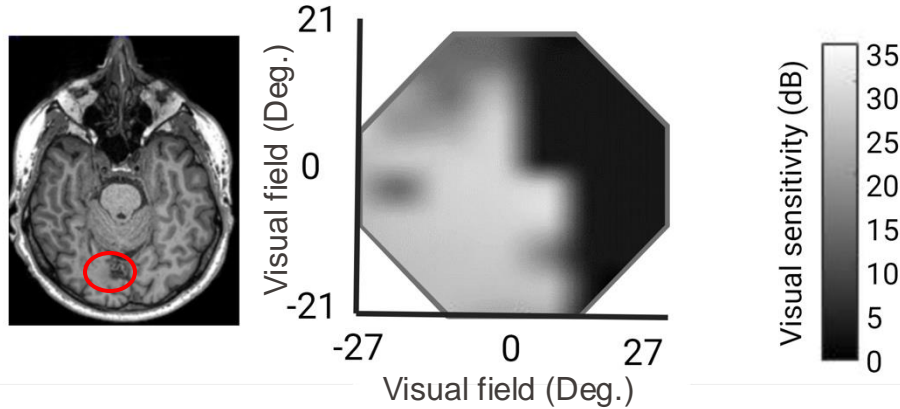
Memory Load

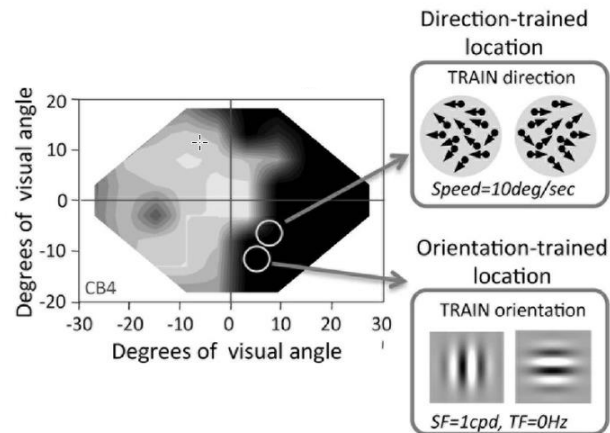
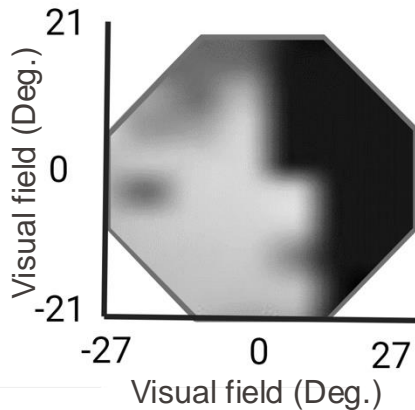
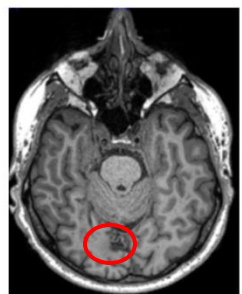


Enhancing visual motion discrimination by desynchronizing bifocal oscillatory activity

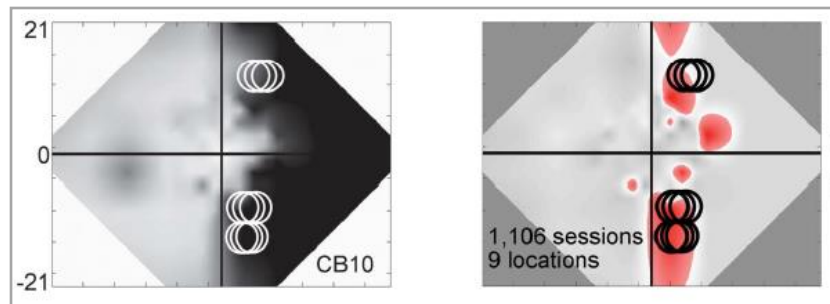
Roberto F. SALAMANCA-GIRON^{a,b}, Estelle RAFFIN^{a,b}, Sarah B. ZANDVLIET^{a,b}, Martin SEEBER^c, Christoph M. MICHEL^{a,d}, Paul SAUSENG^d, Krystel R. HUXLIN^e, Friedhelm C. HUMMEL^{a,b,d,e,*}



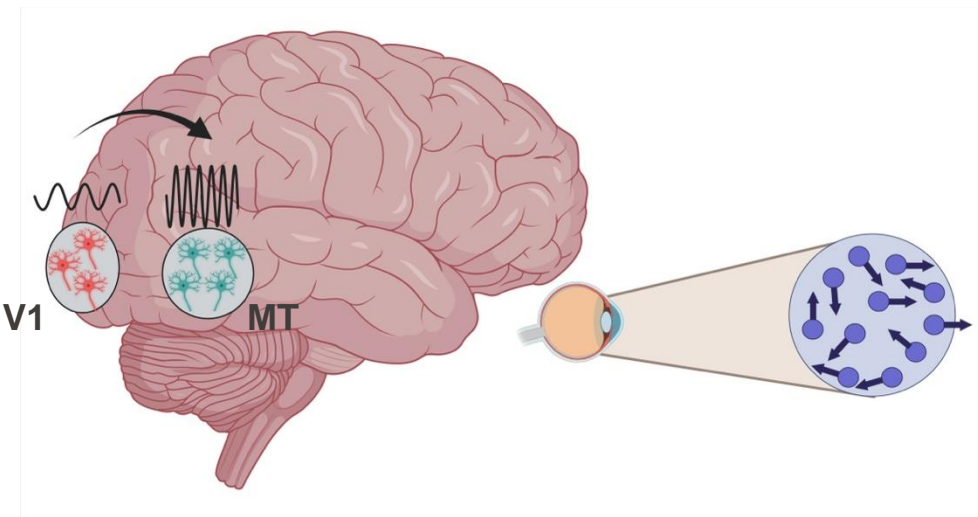




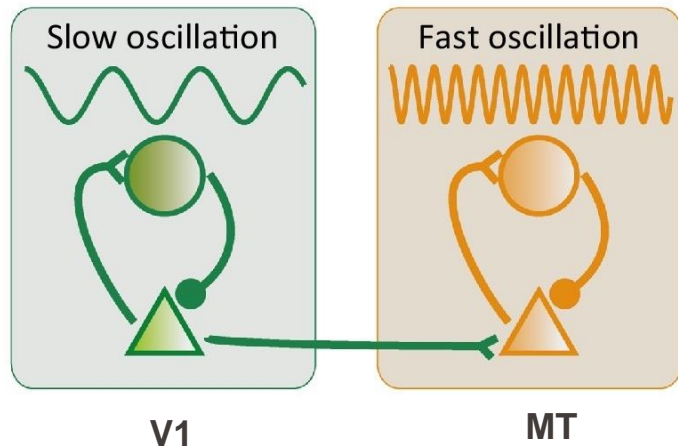
Extensive training over months



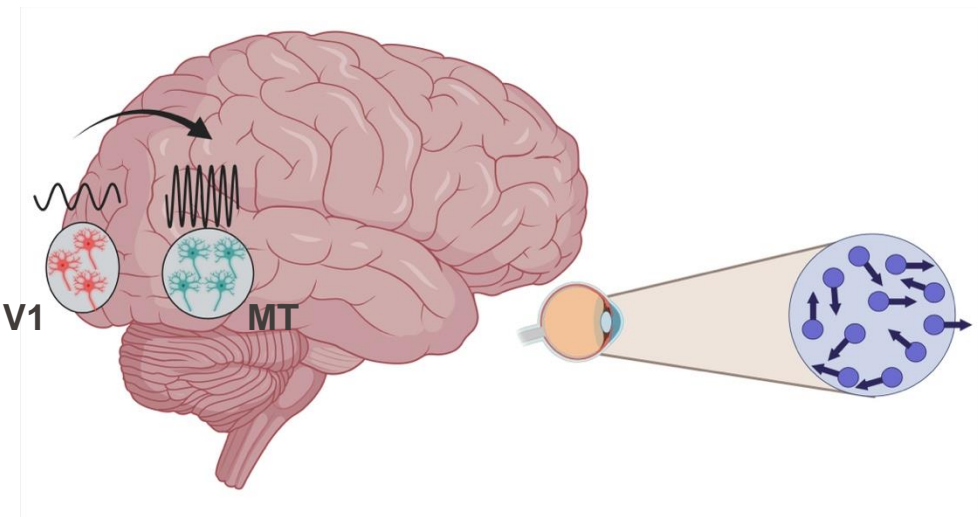
Motion processing



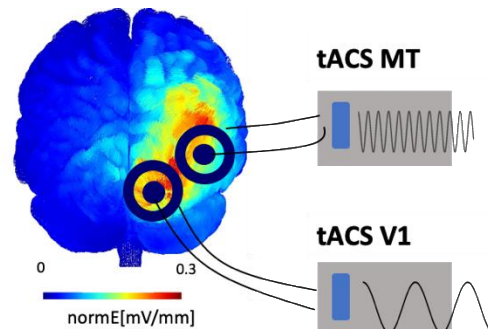
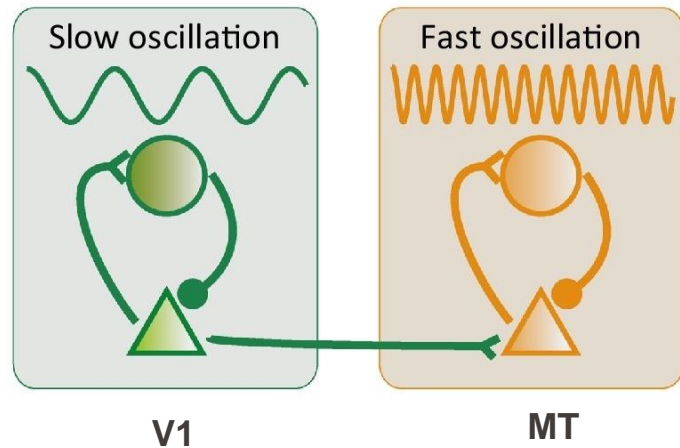
Cross-frequency inter-regional interactions



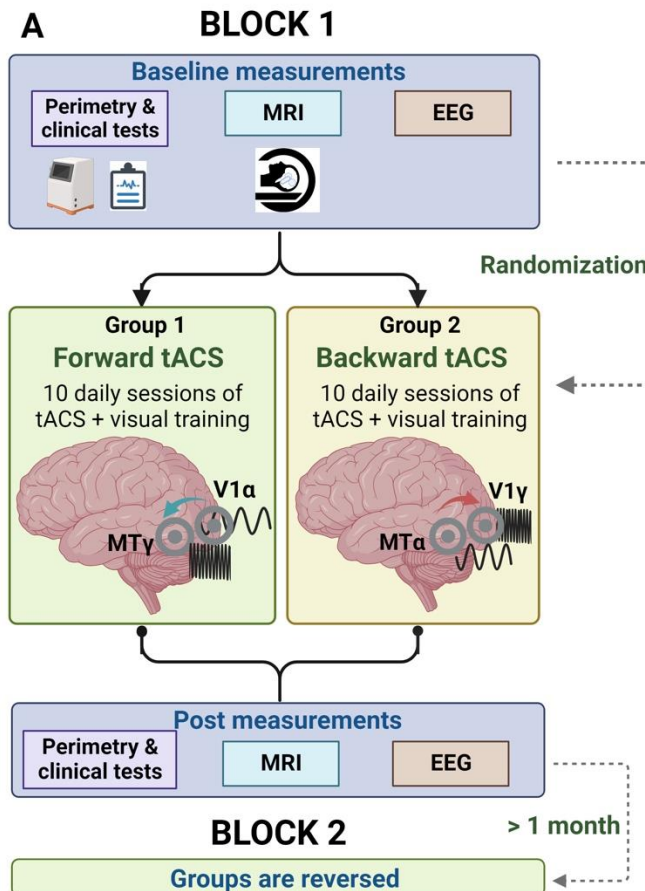
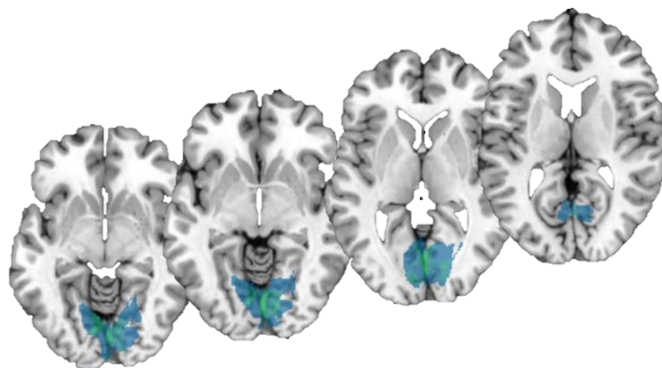
Motion processing

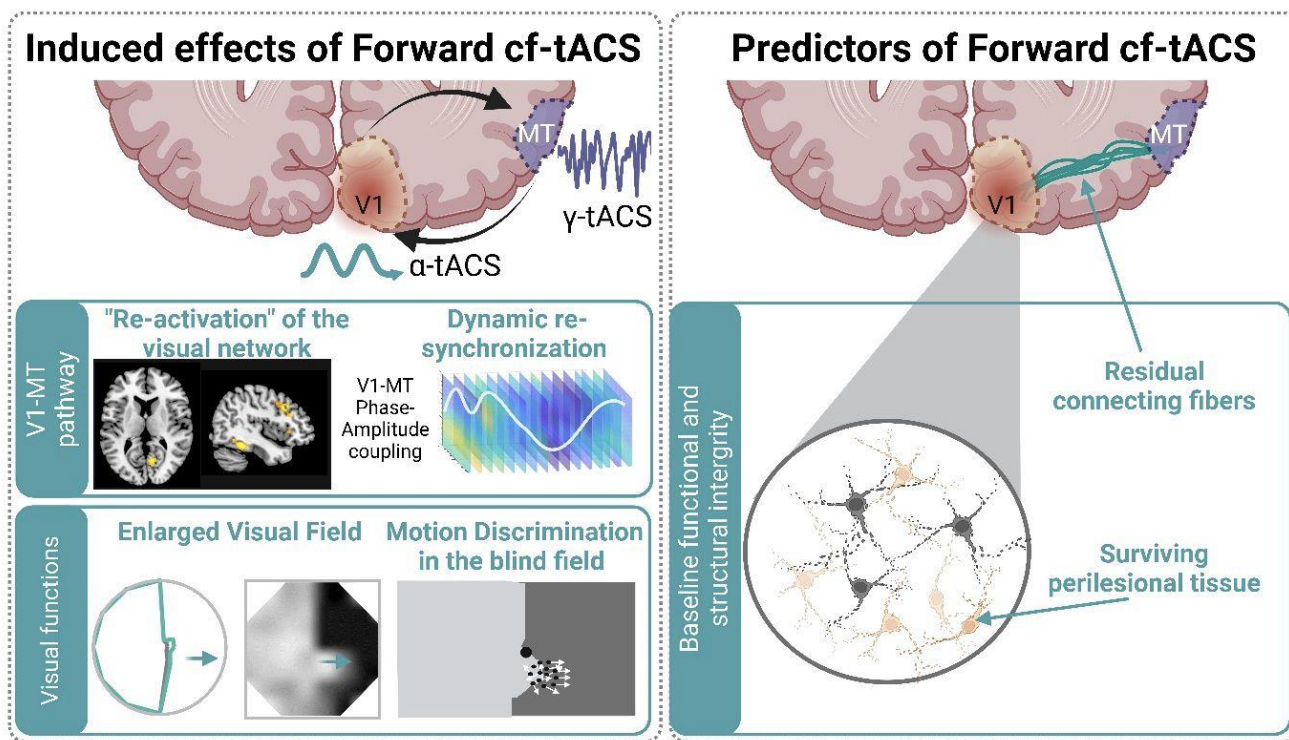


Cross-frequency inter-regional interactions



Physiology-inspired tACS

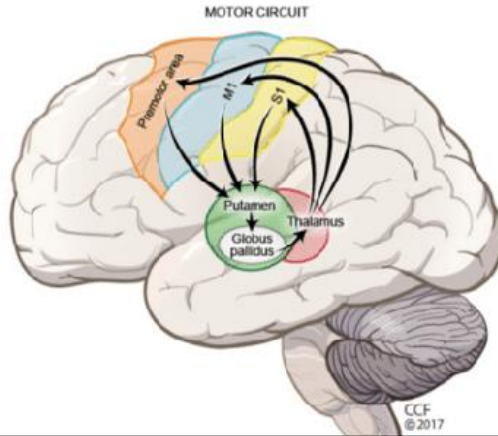




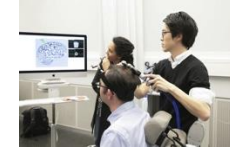
Orchestrated neuromodulation combined with visual **training** led to significant **reduction** of visual **deficits** in stroke patients

Treatment **effects** were achieved in **10 sessions** over 2 weeks whereas **without neuromodulation**, training of **several months** is required for comparable effects (Cavaunaugh *et al.*, 2017)

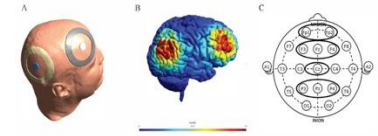
Motor



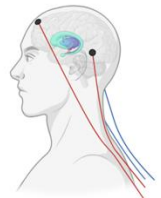
monofocal cortical NIBS



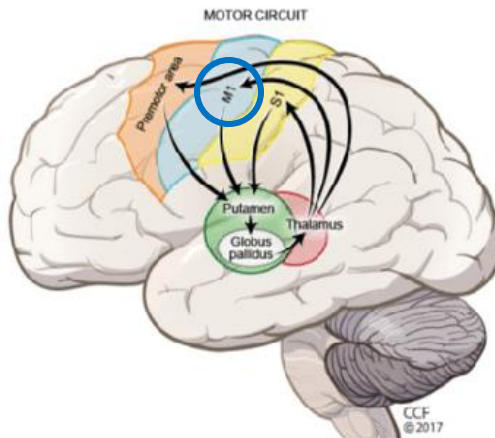
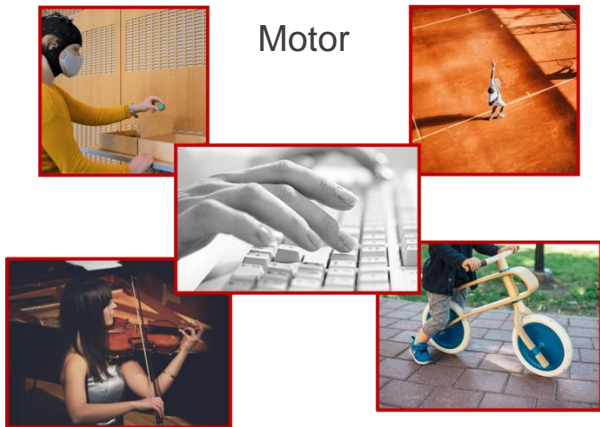
multifocal cortical NIBS

multidomain stimulation
(efferent-afferent)

non-invasive deep brain stimulation (nDBS)



Motor



SCIENCE ADVANCES | RESEARCH ARTICLE

2022 Jul 22;8(29):eabo3505.

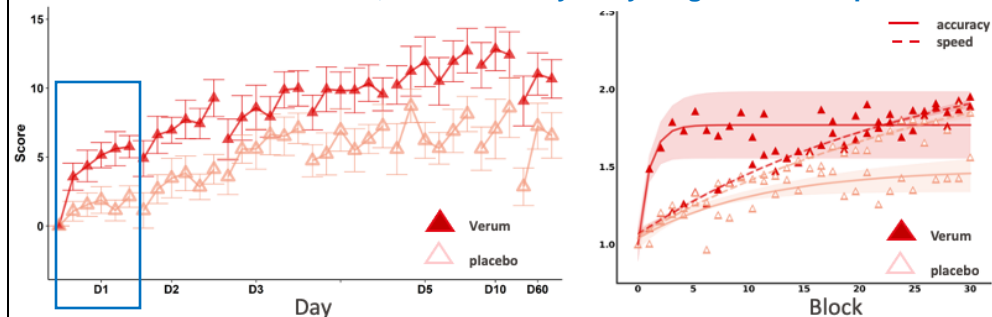
NEUROSCIENCE

Dissecting motor skill acquisition: Spatial coordinates take precedence

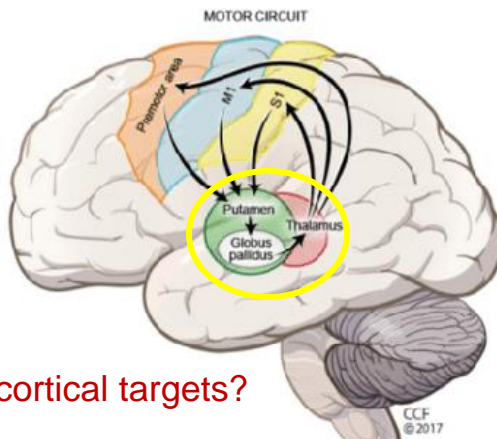
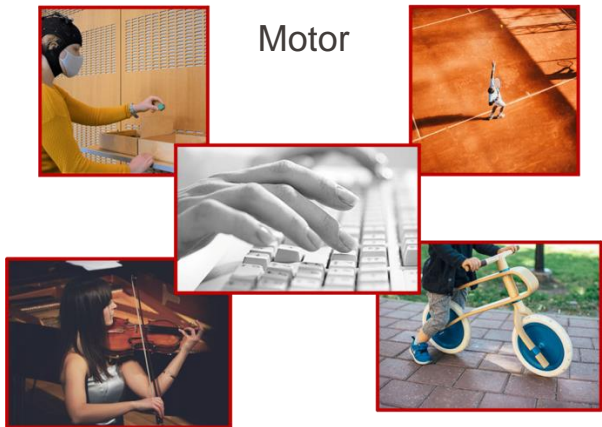
Pablo Maceira-Elvira^{1,2†}, Jan E. Timmermann^{3†}, Traian Popa^{1,2‡}, Anne-Christine Schmid^{1,2‡}, John W. Krakauer⁴, Takuya Morishita^{1,2}, Maximilian J. Wessel^{1,2,5}, Friedhelm C. Hummel^{1,2,6*}



Effect of M1 stimulation, limited to very early stage of skill acquisition



Motor



SCIENCE ADVANCES | RESEARCH ARTICLE

2022 Jul 22;8(29):eabo3505.

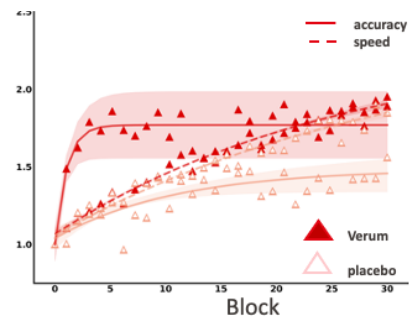
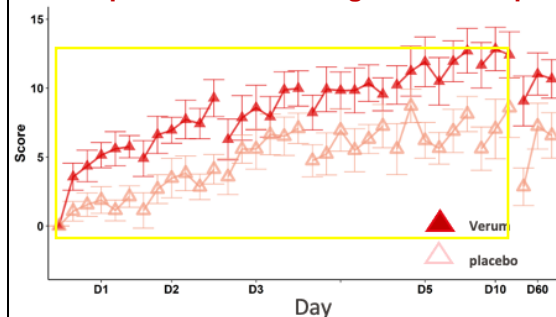
NEUROSCIENCE

Dissecting motor skill acquisition: Spatial coordinates take precedence

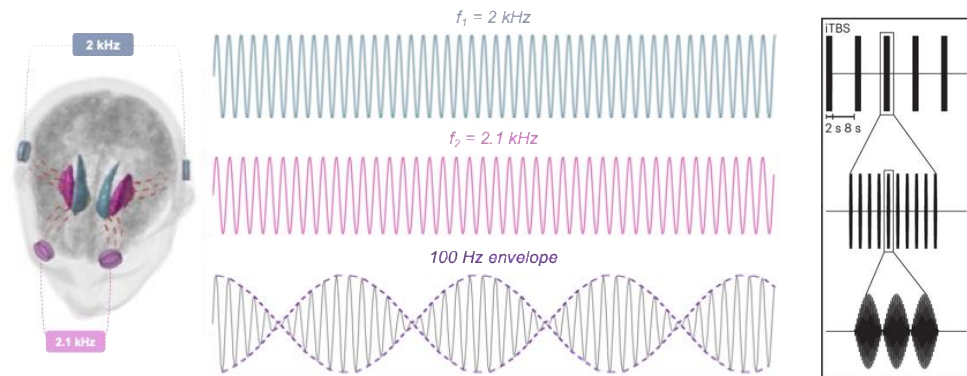
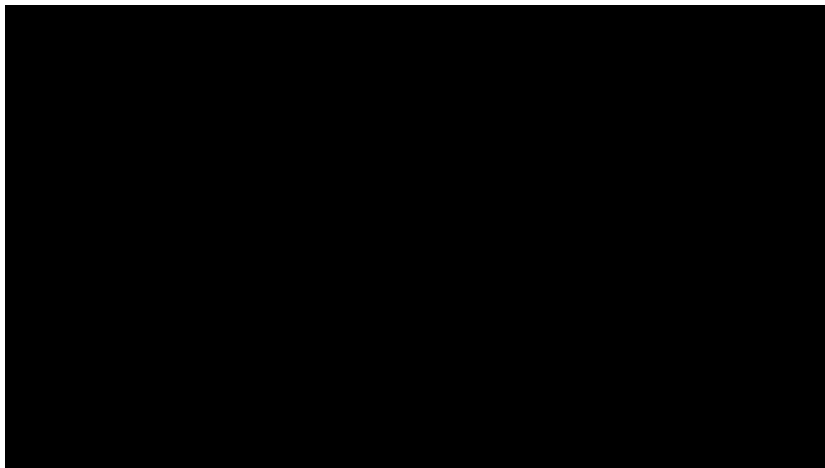
Pablo Maceira-Elvira^{1,2†}, Jan E. Timmermann^{3†}, Traian Popa^{1,2‡}, Anne-Christine Schmid^{1,2‡}, John W. Krakauer⁴, Takuya Morishita^{1,2}, Maximilian J. Wessel^{1,2,5}, Friedhelm C. Hummel^{1,2,6*}



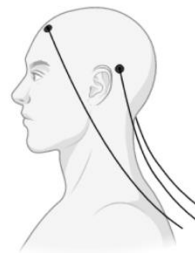
Impact on several stage of skill acquisition?



Can striatal tTIS modulate striatal activity and improve motor learning?



Intermittent theta bursts tTIS



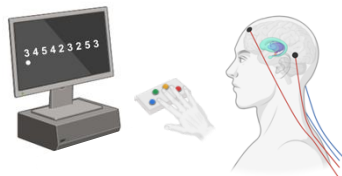
**15 TBI patients**

3 female, 12 male

age: 52.67 ± 13.6

double-blind

Cross-over

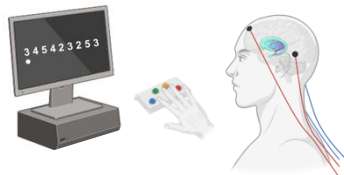


Motor Learning
tTIS or Control

- Training
- Post - assessment
- Follow-up 1 (90 min)
- Follow-up 2 (24h)

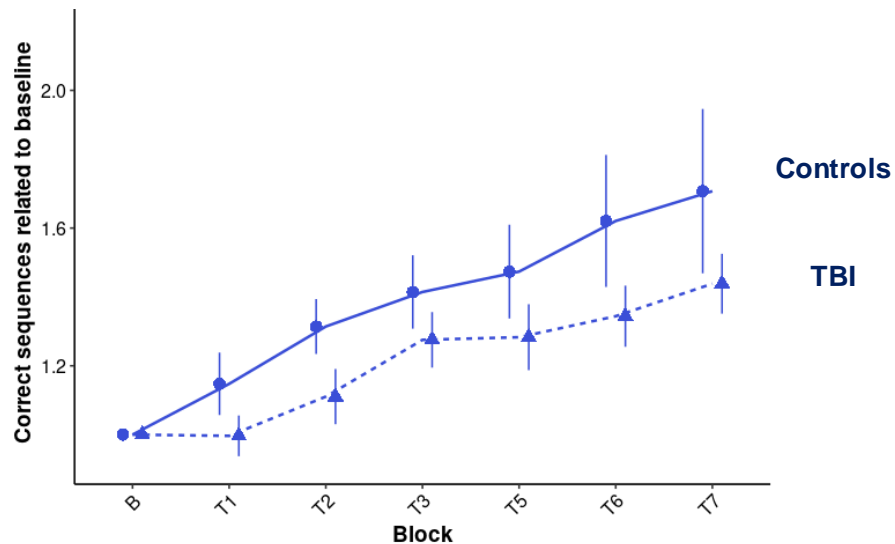
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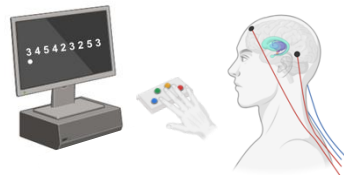
Motor Learning
tTIS or Control

- Training
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- Follow-up 1 (90 min)
- Follow-up 2 (24h)

TBI vs Age-matched controls - behavior

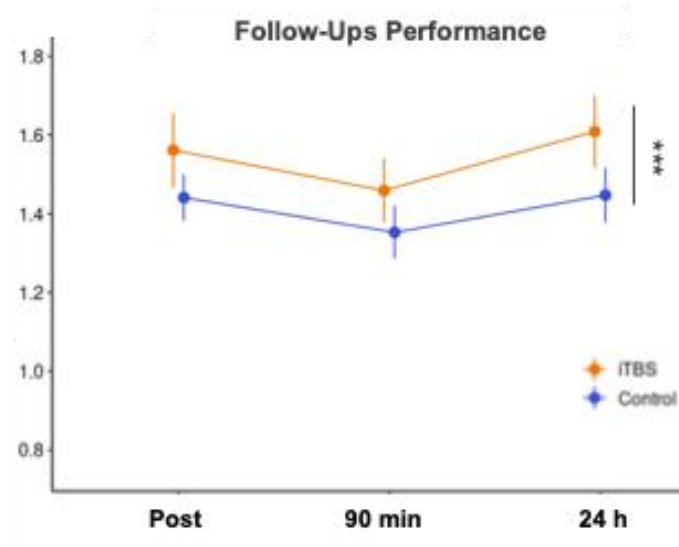
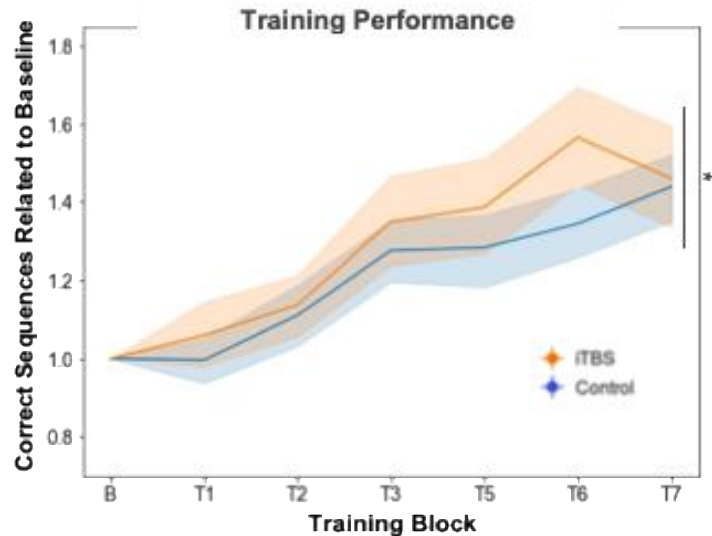
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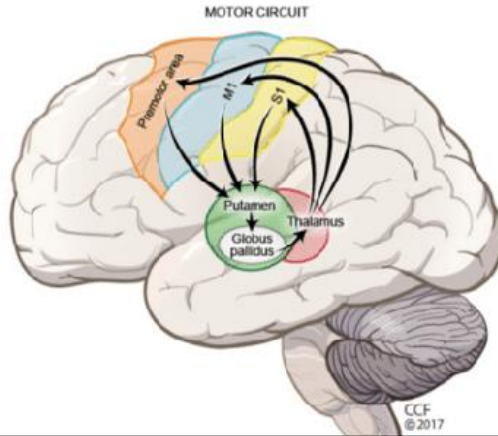


Motor Learning
tTIS or Control

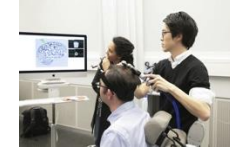
- Training
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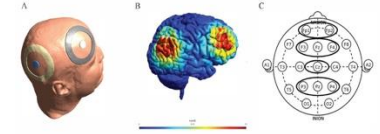
Motor



monofocal cortical NIBS



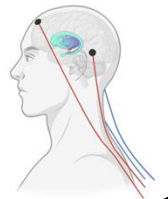
multifocal cortical NIBS



**multidomain stimulation
(efferent-afferent)**



non-invasive deep brain stimulation (nDBS)

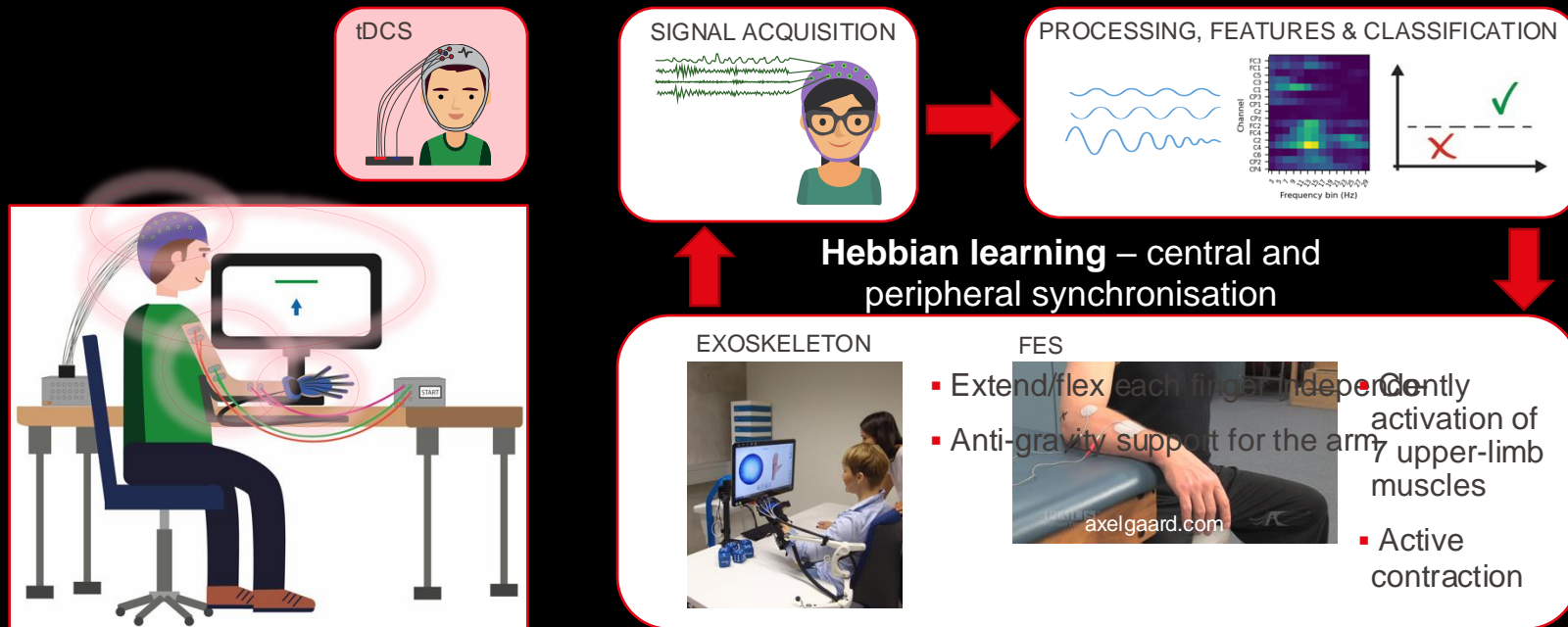


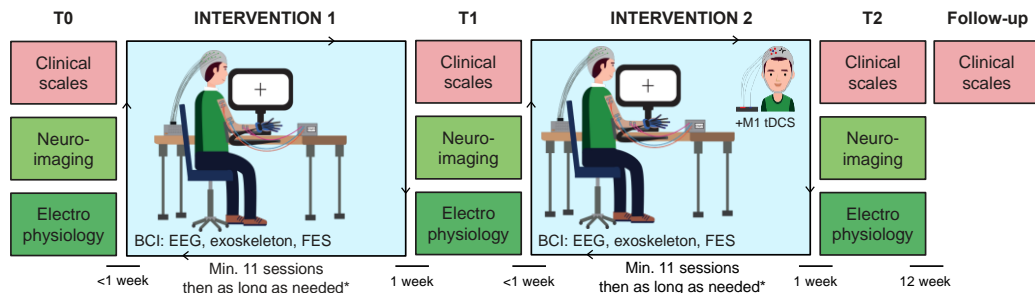
- Severely impaired patients: UEFME < 20/66, chronic stage



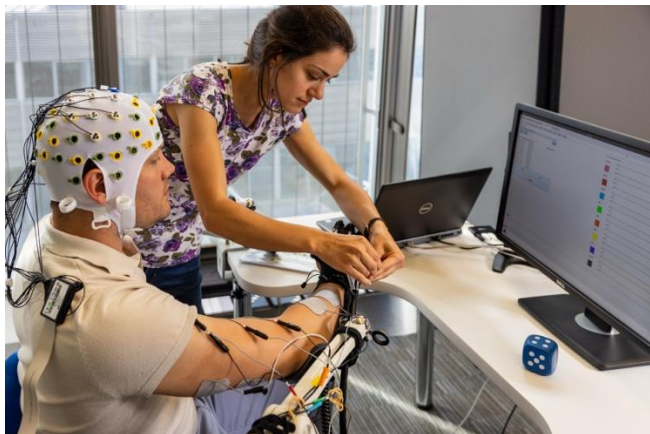
- **Combination of neurotechnologies** given in hierarchical manner:
 - brain-computer interface (BCI), hand exoskeleton, functional electrical stimulation (FES)
 - transcranial direct current stimulation (tDCS)
- **Personalized-therapy:**
 - Therapy duration
 - Single session – tailored exercises

- **Combination of neurotechnologies** given in hierarchical manner:
 - hand exoskeleton, functional electrical stimulation (FES), brain-computer interface (BCI)
 - Anodal transcranial direct current stimulation (tDCS) to motor cortex lesioned hemisphere

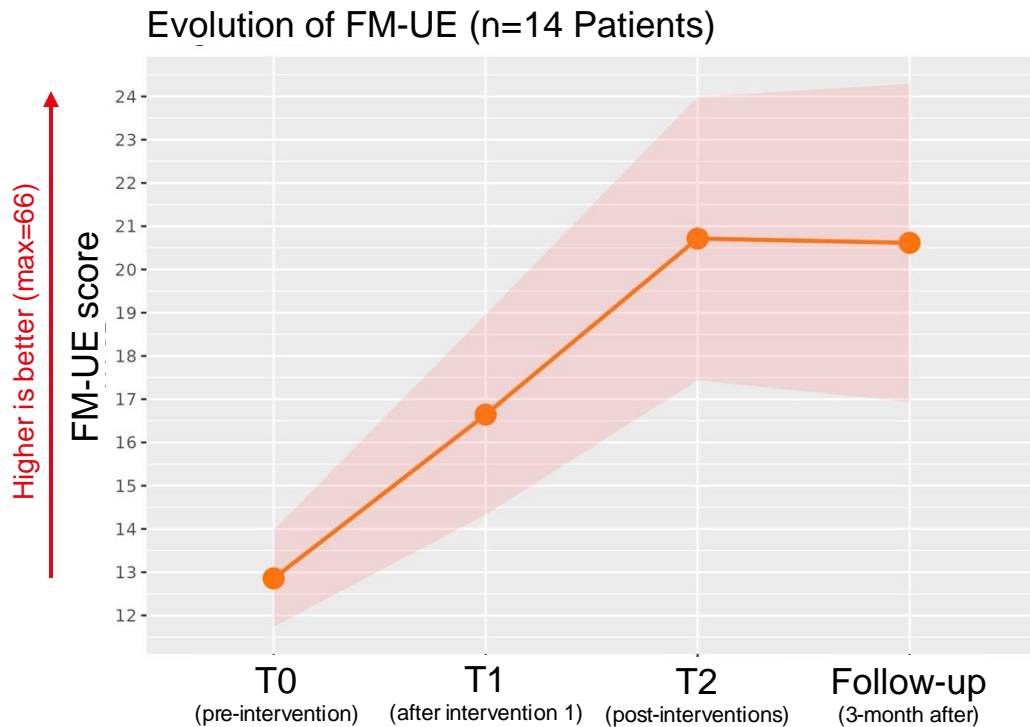




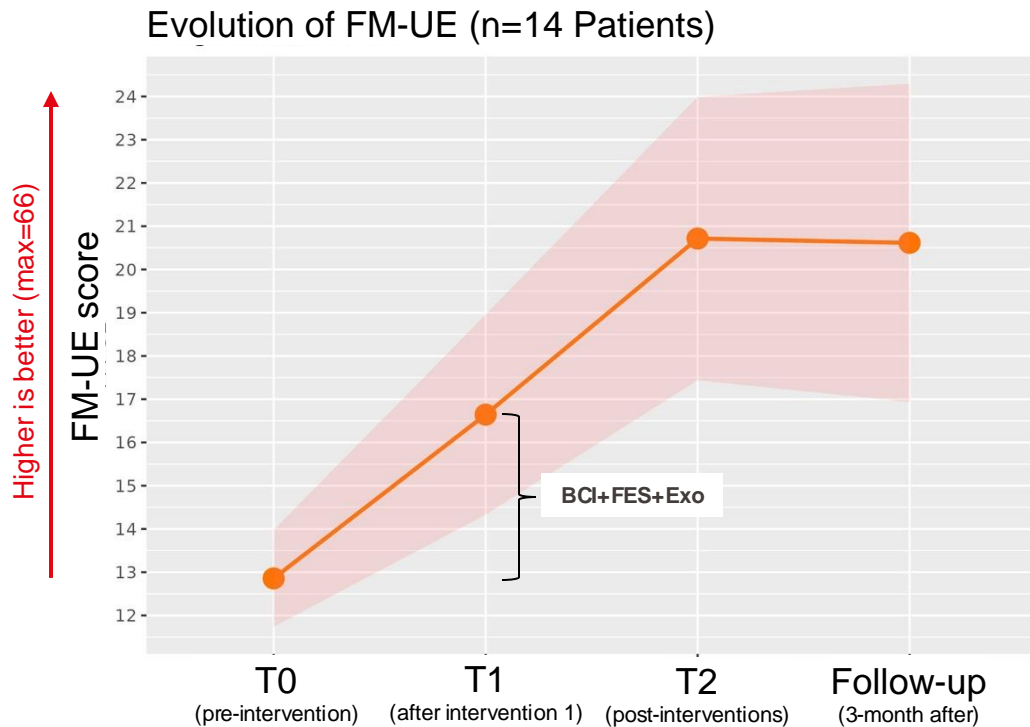
*According to motor improvement:
 $FM-UE_{Si} \leq \text{median}(FM-UE_{Si-2}, FM-UE_{Si-4}, FM-UE_{Si-6})$
 $Si = i^{\text{th}}$ (current) session



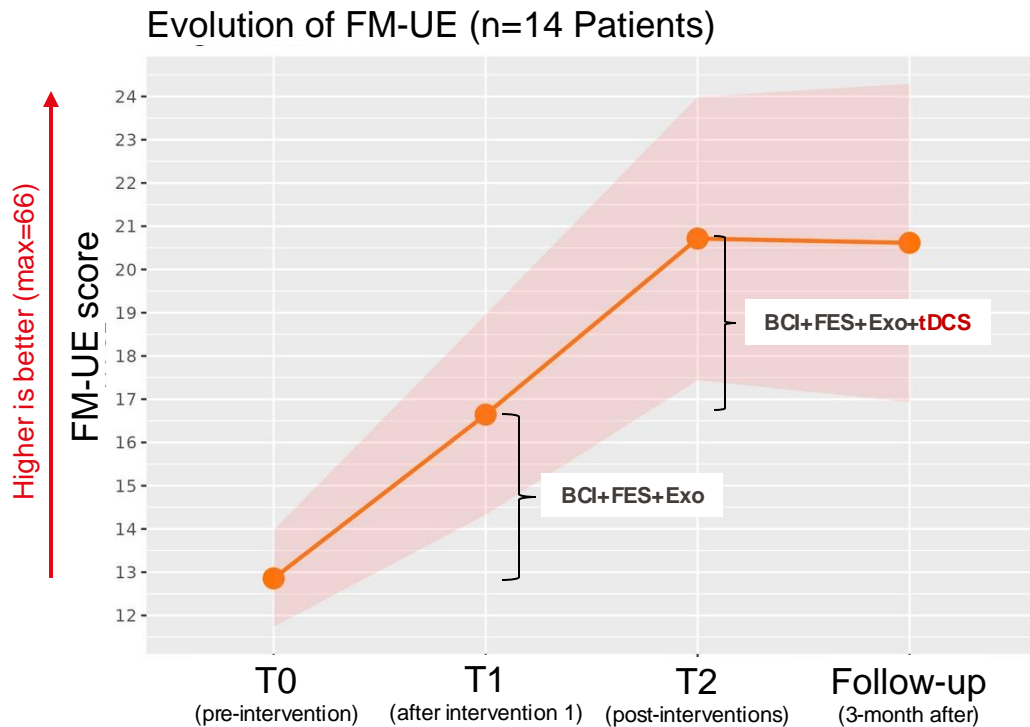
Severely impaired stroke patients: UEFME < 20/66, chronic stage



- Primary outcome met
- Average increase of **7.8 points**
- Max increase = **30 points**
- $FM-UE_{T2} > FM-UE_{T0}$
- $FM-UE_{Follow-up} \sim FM-UE_{T2}$
→ **improvement retained**



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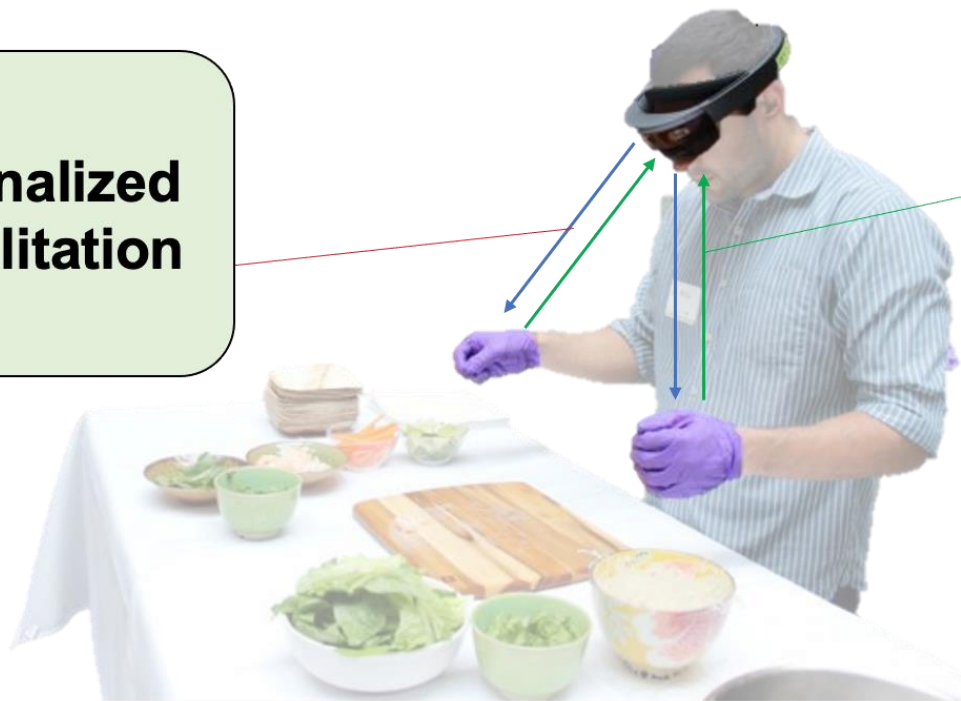
Goal:

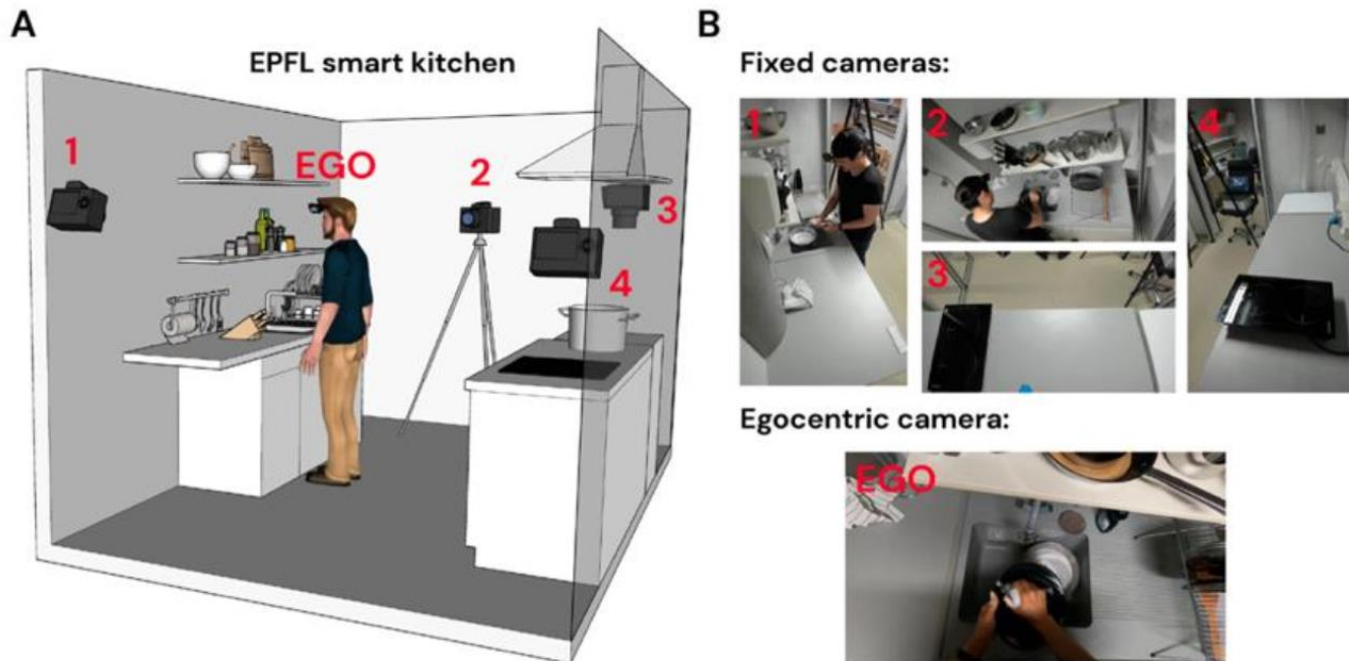
Functional assessment platform for daily life functions for neurological patients

**Personalized
rehabilitation**

**Motor
behavior
assessment**

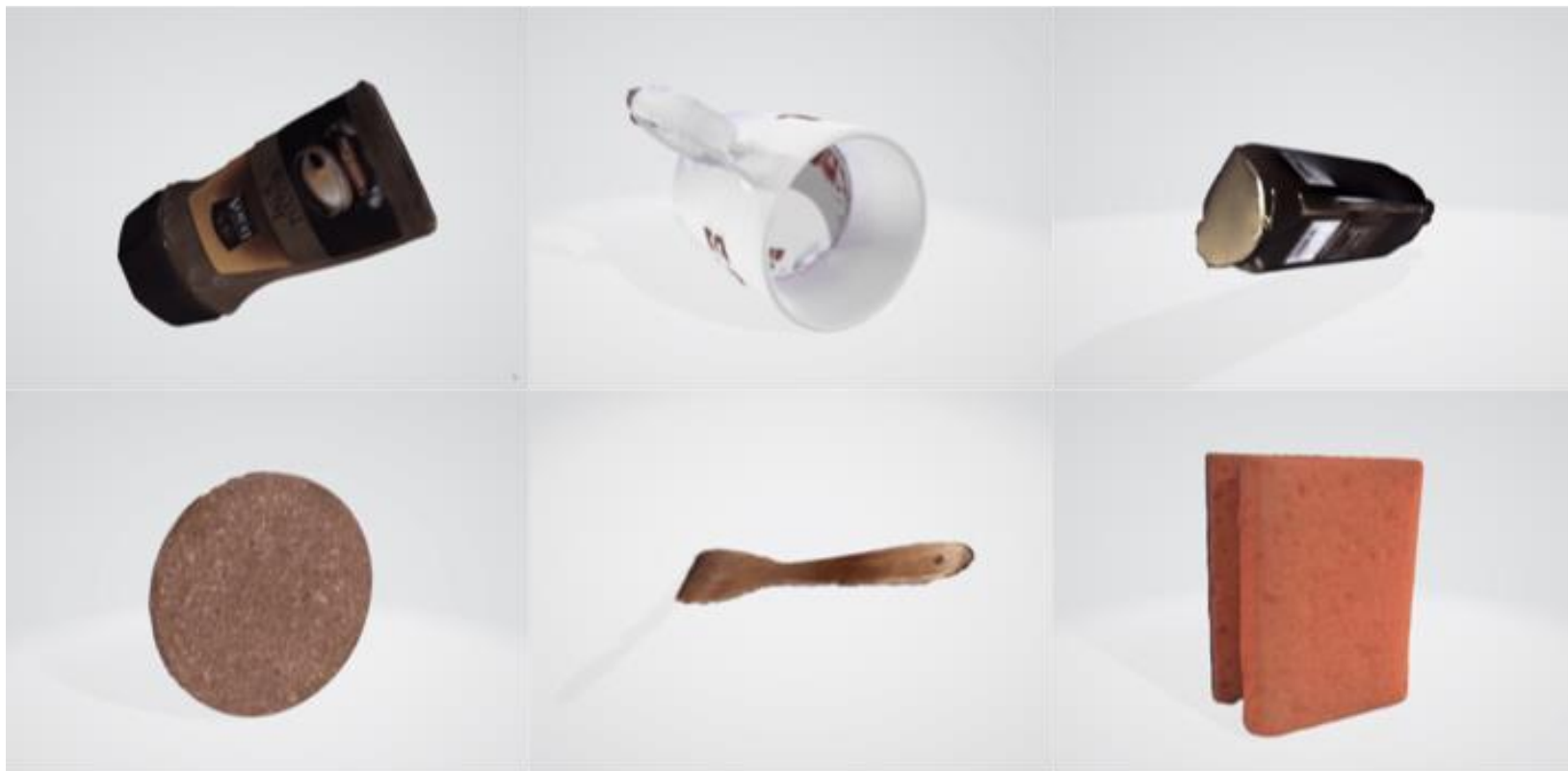
**Fatigue
assessment**





EPFL smart kitchen,

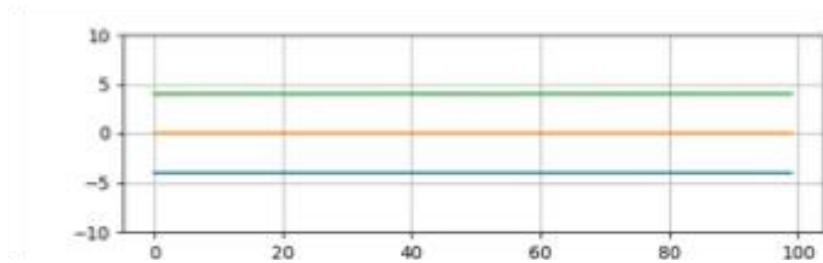
- Collect benchmarking data using multi-view RGBD cameras and sensors
 - 3D hand posture
 - 3D object pose for interactions
 - **100 subjects** including patients
 - **5 Hours** for each subject



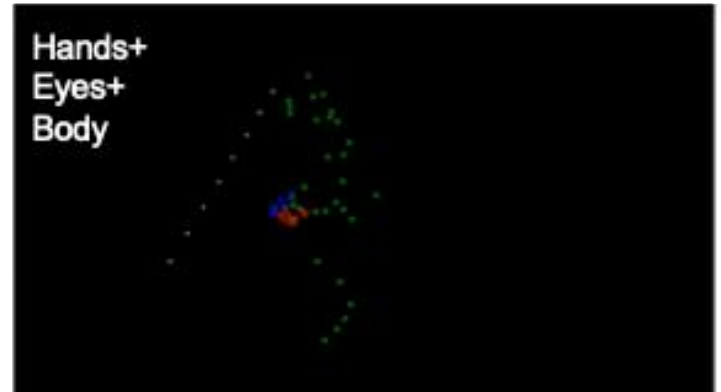
Hololens view



Kinect view



IMU data from knife



Sensory perception

Attached IMU sensors

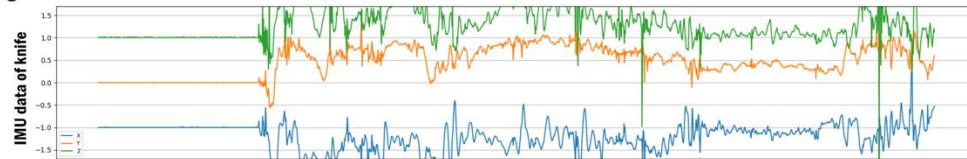
Human annotation

Action segments

Vision-based perception

3D hand poses
3D body pose
3D eye gaze ray

c

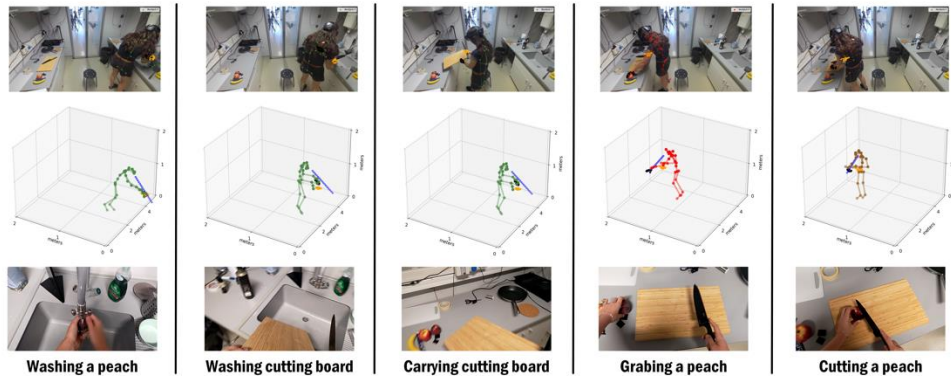


b

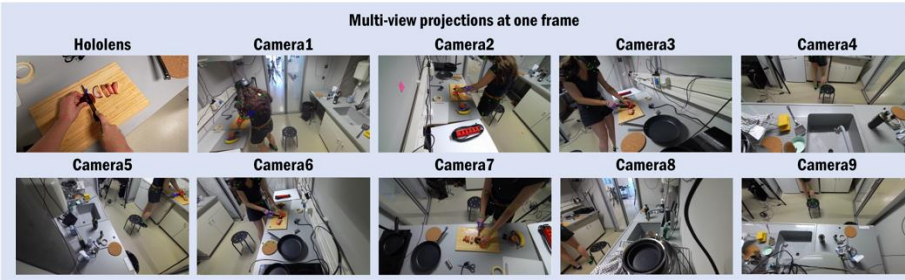
Projections on Camera1

3D Pose

Actions



a



Stroke is

Network disorder

Personalized treatments in the acute and chronic stage are needed

Structural connectomics for prediction of course of recovery

Interhemispheric competition model as a basis for interventional strategies (but has limitations)

Different interventional approaches

Better evaluation of stroke deficits and treatment effects (SMART kitchen)

Questions?