Advances in Rehabilitation

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Disclosures

• I have no conflicts/financial disclosures

Objectives

Become familiar with:

- 1. Neuroplasticity
- 2. Activity Based Restorative Therapy principles
- 3. Technology utilized to improve function

Key Concepts

- Care & Cure
- Hope vs Hype
- Longevity = chronic condition management

Neuroplasticity = the central nervous system's ability to change

The aim of neuroplasticity – optimization of neural network function during development, learning and after injury

Post-injury main neuroplastic interventions are all based on ACTIVITY:

3 interventions:

- Activity Based Restorative Therapy (ABRT)
- Central Nervous System (CNS) stimulation (spinal stimulation, dual stimulation)
- Acute Intermittent Hypoxia

Why Activity?

- "Regular Physical Activity throughout life is important for maintaining a healthy body. Nevertheless, 60% of the global population fails to achieve the minimum physical activity recommendations. Persons with chronic physical condition are at greater risk due to inactivity than able-bodied persons because they are often restricted in performing normal everyday activity such as walking, housekeeping, gardening, shopping, and participating in sports". van- den Berg-Emoms, Bussmann, Stam, (2010)
- "But we already have strong and compelling evidence that physical activity is very close to a magic bullet for good health, and it is important to encourage our patients to be physically active; consider writing prescriptions for physical activity. These could be among the most important prescriptions that we write all day". Manson, JE (2019)

ACTIVITY BASED RESTORATIVE THERAPY

What is Activity-Based Restorative Therapy?

- Repeated near-normal activity above and below injury level
- Characterized by high intensity practice and taskspecificity
- Goal:
 - Restore CNS function
 - Promote neural recovery and regeneration

Compensate vs. Restore

Traditional Therapy

- Activate nervous system above the level of the lesion
- Low intensity practice (1 hour per day)
- Non-patterned movements
- Compensates for loss function
- Uses compensatory devices

ABRT

- Activate nervous system above and below the level of the lesion
- High intensity practice (2-5 hours per day)
- Non-patterned and patterned movements
- Restores lost function
- Minimizes or eliminates compensatory devices

Key Components of ABRT

- 1. Functional Electrical Stimulation (FES)
- 2. Locomotor Gait Training
- 3. Weight Bearing
- 4. Massed Practice
- 5. Task-Specific Practice
- + Aquatherapy, Vibration

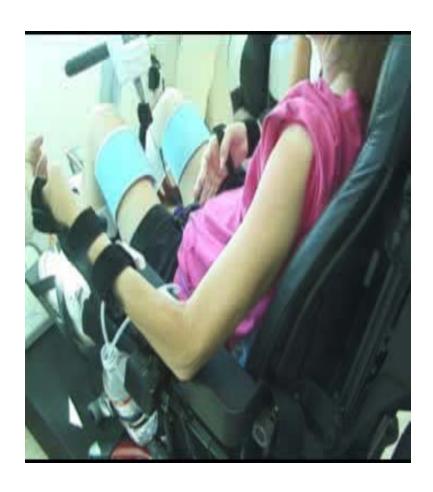
1. FES - RT 300 SL



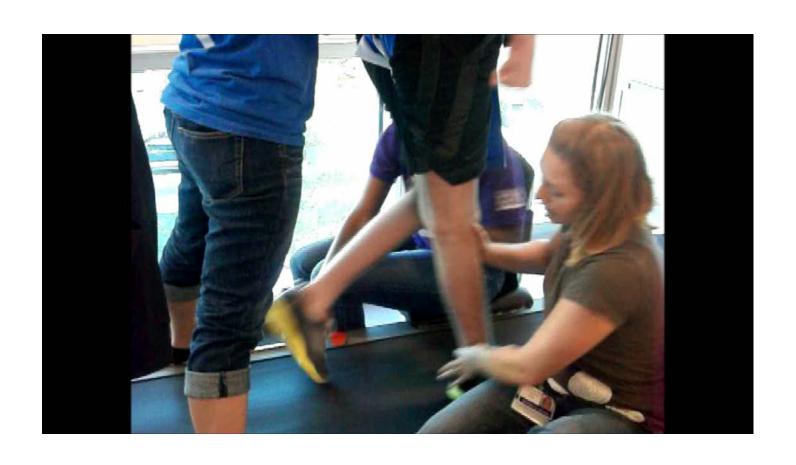
2. FES – RT 300 SA



There's more to it



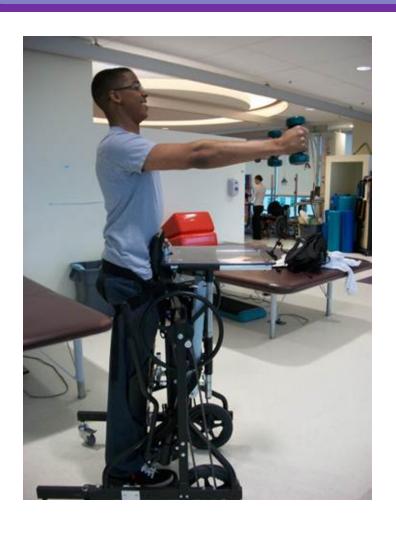
2. LOCOMOTOR GAIT TRAINING



3. WEIGHT LOADING - RT 600

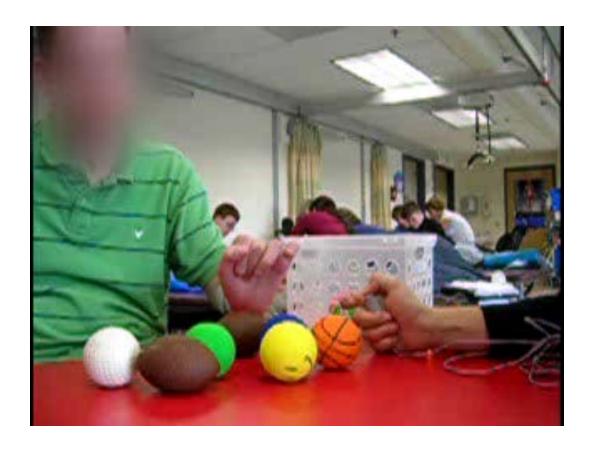


WEIGHT LOADING - Stander





4. MASSED PRACTICE



Repetitions in traditional rehab

• 312 therapy sessions in post-stroke rehab

•	Average	duration	(min)	36 min
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•	UE	(functional	movement)	32 min
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• [_E	(functional	movement)	6 min
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Gait (steps)	357
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NOT ENOUGH!

 "Amount of practice...is small compared with animal models...Current doses...during rehabilitation are not adequate to drive neural reorganization needed to promote function post-stroke optimally."

5. TASK-SPECIFIC PRACTICE



TASK-SPECIFIC PRACTICE

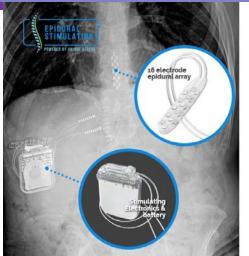


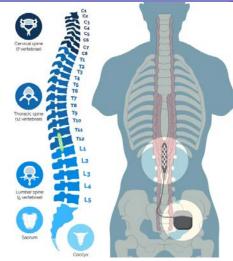
CNS STIMULATION

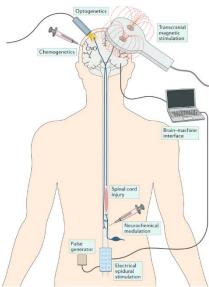
CNS stimulation

- 1. Spinal transcutaneous
- Spinal epidural
 Dual spinal and cortical









ACUTE INTERMITTENT HYPOXIA

Acute Intermittent Hypoxia

 Training under repeated exposure to low oxygen enhances neuroplastic changes by enhancing serotonin release.

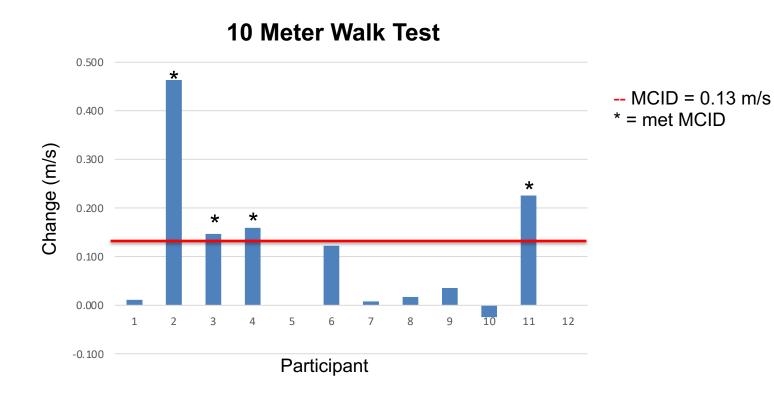


HYP-123 Generator



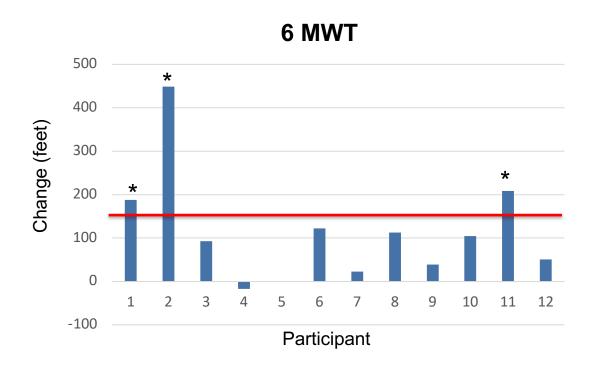
Non-re-breather mask + neoprene sleeve

Outcomes



KennedyKrieger.org Kennedy Krieger Institute

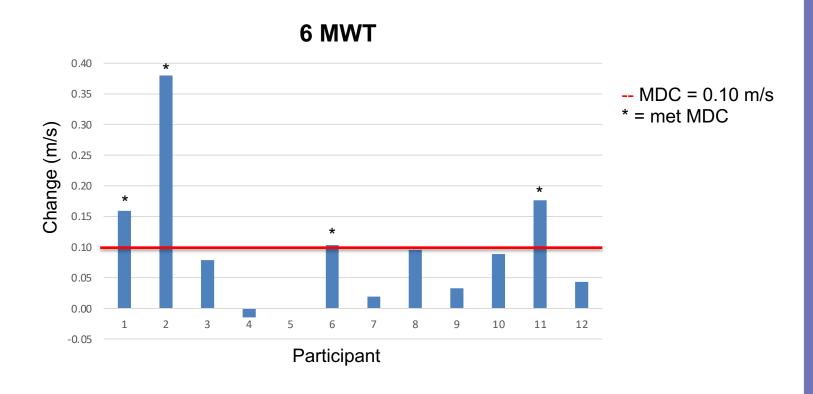
Outcomes



-- MCID = 150 feet * = met MCID

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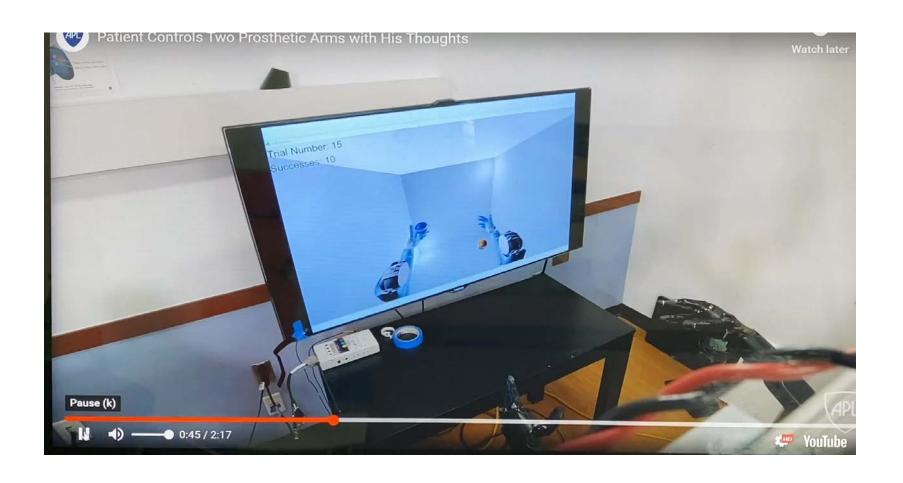
Outcomes



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TECHNOLOGY TO MAKE IT WORK

Brain Computer Interface



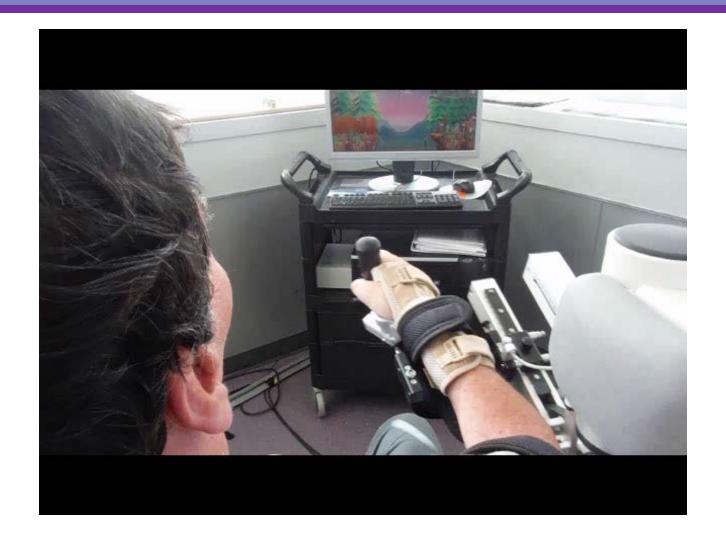
Robotics Myomo



Amadeo



Armeo



Exoskeletons- EKSO



Nothing will ever be attempted if all possible objections must be first overcome

Samuel Johnson

Knowing is not enough; we must apply. Willing is not enough; we must do.

Goethe

2020 RNDS



Michael Levy, MD, PhD

Associate Professor, Harvard Medical School Director, Neuromyelitis Optica Clinic and Research Laboratory Research Director, Division of Neuroimmunology & Neuroinfectious Disease, Massachusetts General Hospital

Long-term Treatments for Preventing Relapses







