

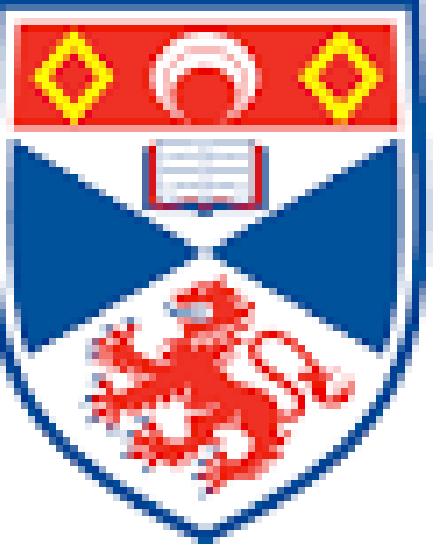
Transspinal Stimulation: From Neuro-Modulation to Neuro-Recovery

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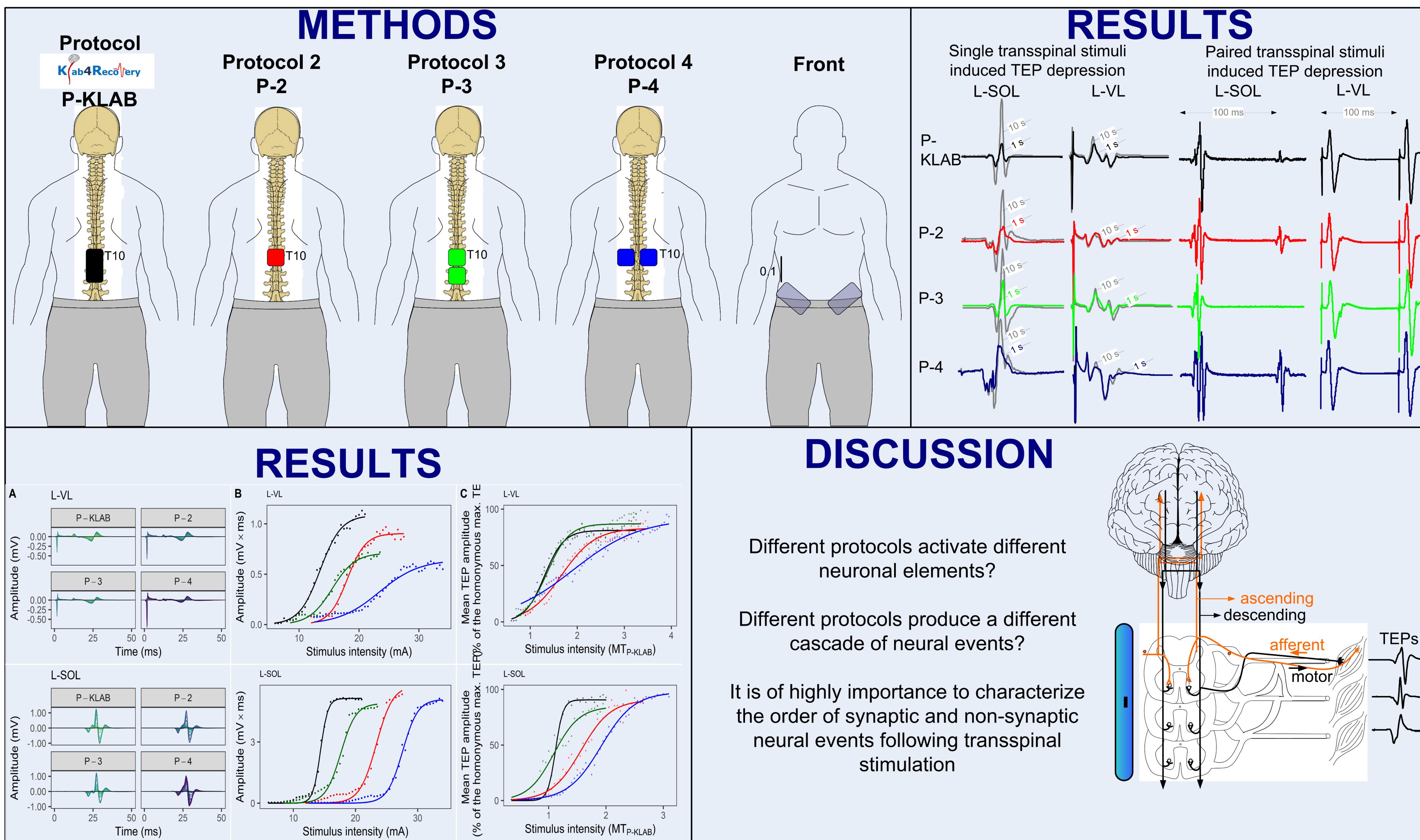
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Symposium "Motor Control:
Spinal Circuits & Beyond", St.
Andrews, Scotland, UK,
June 20- 23, 2023

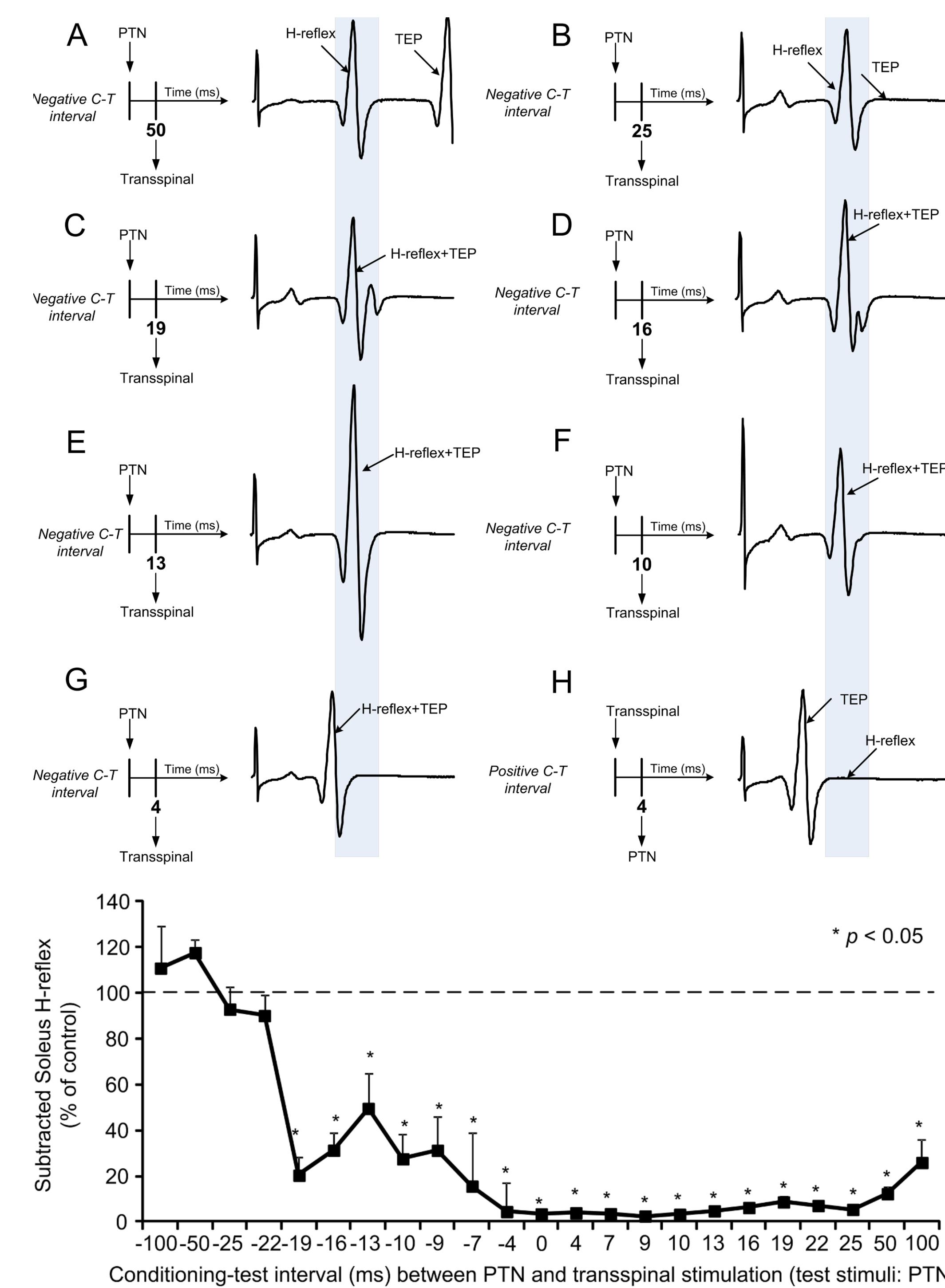


NEUROMODULATION

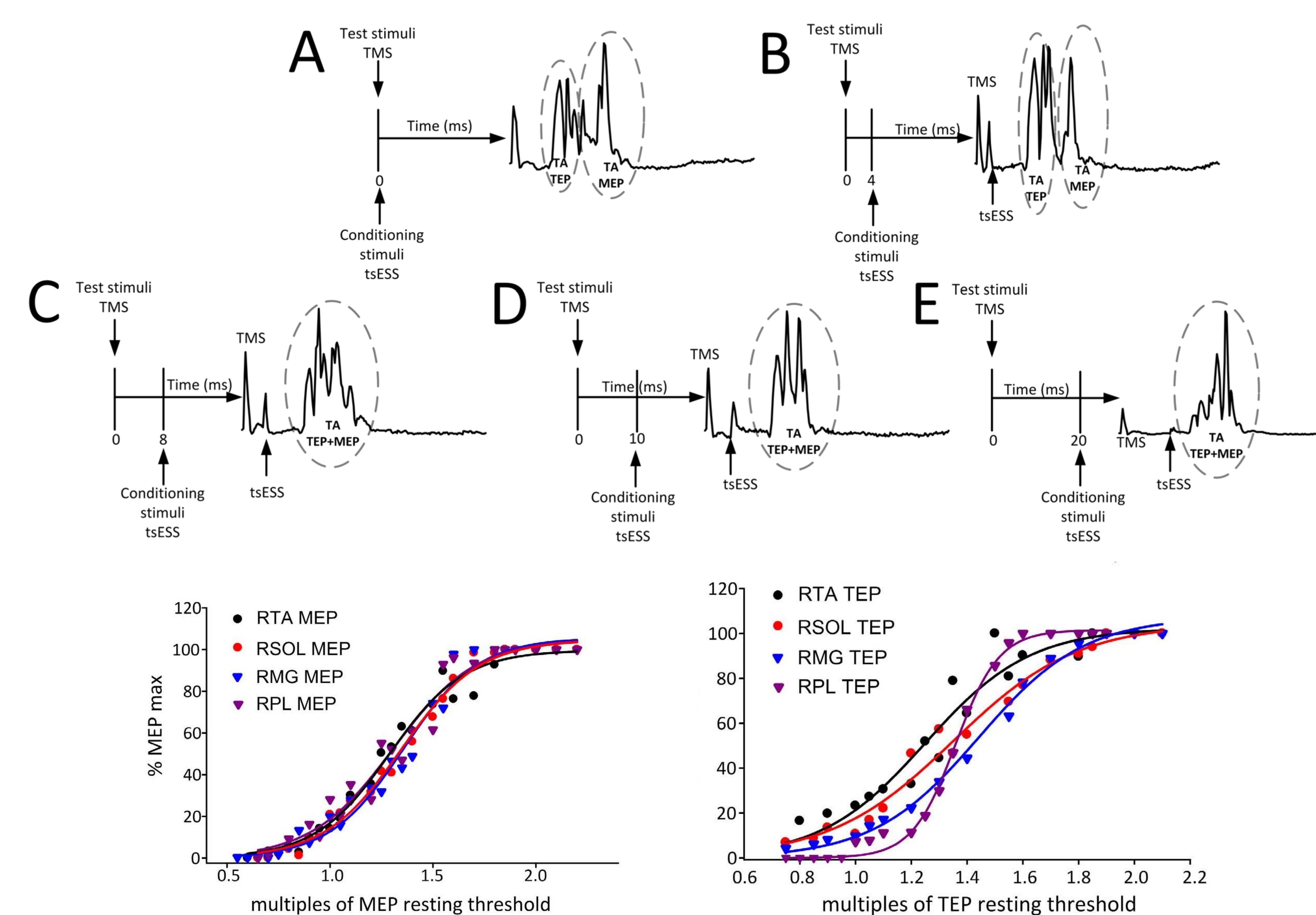
Transspinal stimulation with different size, position, and number of cathode electrode: spinal inhibition and recruitment of motor pools



Summation and/or occlusion of soleus H-reflexes and soleus transspinal evoked potentials (TEPs) on surface EMG



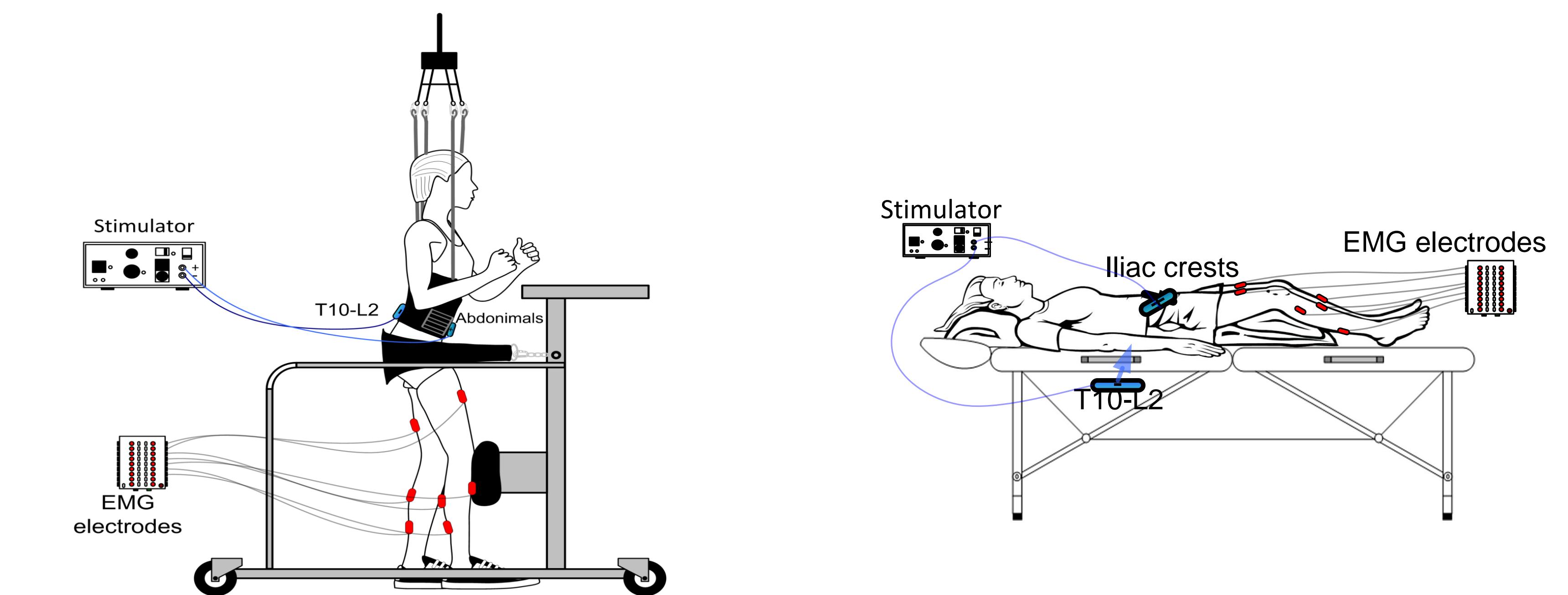
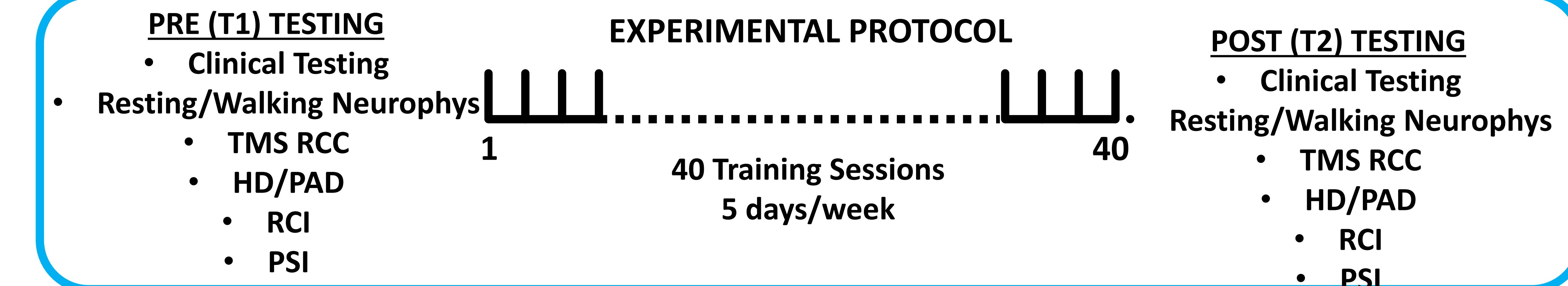
Summation of motor evoked potentials (MEPs) and transspinal evoked potentials (TEPs) on surface EMG



NEURORECOVERY

Priming locomotor training with transspinal stimulation in people with spinal cord injury:
study protocol of a randomized clinical trial

ClinicalTrials.gov: NCT04807764



STAND TRAINING w/ BWS

- BWS with NO knee buckling
- Knees fully extended
- BWS progressive overload

STIMULATION

- 30 Hz tonic stim (1ms pulses)
- 30 min total (for active)
 - 10 min @ paresthesia threshold
 - 10 min @ supra-paresthesia threshold
 - 10 min @ paresthesia threshold
- Or (for sham)
 - 1 min @ paresthesia threshold
 - 28 min @ 0 mA
 - 1 min @ paresthesia threshold

ALL FOLLOWED BY

- LOCOMOTOR TRAINING w/ BWS
 - BWS with NO knee buckling
 - Minimum LFG needed
 - Minimum toe strap for toe clearance
 - Progressive overload

- KLAB4RECOVERY SPINAL CORD INJURY RESEARCH PROGRAM IS SUPPORTED BY:**
- New York State Department of Health, Spinal Cord Injury Research Board (Contracts C32095GG)
 - National Institute of Child Health and Human Development, NIH (R01 HD1005440)
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NIH
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Healthy pregnancies. Healthy children. Healthy and optimal lives.



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